REPORT FOR THE 2023/2024 ACADEMIC YEAR

SUBSTANCE ABUSE PREVENTION & INTERVENTION PROGRAM (SAPIP)

LAS ANIMAS SCHOOL DISTRICT, BENT COUNTY, COLORADO



Source: Terri Schreiber. Las Animas Junior High School. October 2023



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Funded by the Colorado Trust Prepared by The Schreiber Research Group (TSRG) in partnership with the Las Animas School District (LASD)

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ACRONYMS

CAS: Colorado Academic Standards CCP: Colorado Constellation Project **CDC:** Centers for Disease Control and Prevention **CDE:** Colorado Department of Education **CDHS:** Colorado Department of Human Services **CDPHE:** Colorado Department of Public Health and Environment **CDPS:** Colorado Department of Public Safety Consortium: Colorado Consortium for Prescription Drug **Abuse Prevention CSPH:** Colorado School of Public Health **CSPV:** Center for the Study and Prevention of Violence **CTC:** Communities That Care **D.A.R.E.:** Drug Abuse Resistance Education **DEA:** Drug Enforcement Agency DHAC: District Health Advisory Council F.L.A.S.H.: Family Life and Sexual Health HKCS: Healthy Kids Colorado Survey **HRSA:** Health Resources and Services Administration **IOM:** Institute of Medicine LASD: Las Animas School District RE-1 LEO: Law Enforcement Officer LST: Botvin LifeSkills Training NASRO: National Association of School Resource Officers NFP: National Family Partnership **NHES:** National Health Education Standards NIDA: National Institute of Drug Abuse NYPUM: National Youth Project Using Minibikes **PA:** Positive Action PATHS: Promoting Alternative Thinking Strategies **PAYS:** Pennsylvania Youth Survey **PRSS:** Peer Recovery Support Specialist

RAC: Rise Above Colorado

RRW: Red Ribbon Week

SAMHSA: Substance Abuse and Mental Health Services Administration

SAPIP: Substance Abuse Prevention and Intervention Program

SCYD: Southern Colorado Youth Development

SDOH: Social Determinants of Health

SDS: Social Development Strategy

SECAHEC: Southeastern Colorado Area Health Education Center

SIS: Office of Standards and Instructional Support

SME: Subject Matter Expert

SRO: School Resource Officer

TSRG: The Schreiber Research Group

WSCC: Whole School, Whole Community, Whole Child

PROJECT TEAM

Las Animas School District

The Las Animas School District (LASD) is in Bent County, Colorado. The district has five schools spanning pre-Kindergarten through 12th grade. This report did not include the online school or the pre-Kindergarten school. In the LASD, 25.43% of the population have income below the poverty line compared to 9.56% in the state of Colorado.¹ The initial target audience for the SAPIP program were students from elementary, junior high, and high school. Students in grades 7, 8 & 10 were targeted for more in-depth drug prevention programming.

The Health and Wellness Coordinator, Grant Writer/Manager for Health Education, partners with a variety of internal and external stakeholders and organizations on drug prevention. Key partners within the district regarding the SAPIP project include the Superintendent, Assistant Superintendent, the secondary school Principal, and a Health Educator for grades 7, 8, & 10. The Health and Wellness Coordinator also partners with Communities That Care (CTC), the local public health department and The Schreiber Research Group (TSRG) for this project.

Communities That Care

Communities That Care (CTC) is an evidence-based prevention program that foundationally focuses on risk and protective factors. CTC is structured to provide high level guidance in communities to engage stakeholders to create a shared vision. CTC in the Southeast region of Colorado is located within the Otero County Health Department. CTC maintains a community coalition of partner organizations, including the LASD to provide support in determining prevention strategy for LASD. Through the project period, the CTC team and the LASD are working to expand their coalition for Bent, Crowley and Otero counties.

The Schreiber Research Group

TSRG is a Colorado-based nonprofit organization composed of public health, public policy, economics, and health care experts who work to fill knowledge gaps concerning public health policy and management. TSRG specializes in building grassroots-level responses to the opioid crisis and other substance abuse related problems in communities. The team conducts rigorous research and collaboration within communities to help policy makers, government leaders, and community stakeholders make organizational and implementation choices.

EXECUTIVE SUMMARY

The LASD and TSRG received funding from the Colorado Trust to identify and implement a Substance Abuse Prevention and Intervention Program (SAPIP) that aims to decrease the prevalence of youth substance use and affect students' attitudes towards use of alcohol and drugs in LASD.

To accomplish this goal, TSRG conducted a literature review and

performed key informant interviews with experts in prevention science and education to identify a program to implement for each of the targeted grade levels. TSRG also consulted experts and literature to better understand lessons learned from past youth drug prevention programs, particularly Drug Abuse Resistance Education (D.A.R.E.). The report summarizes key findings and informs the LASD on how to implement programming in the 2023/2024 academic year and beyond.

Elements of effective drug prevention interventions include lesson plans that are short in duration but are delivered over several years, collaboration among a multi-sectoral community coalition to identify strengths and gaps in local program delivery, and programming that addresses risk and protective factors at the root of substance use in the community.⁵ Prevention programs require repetition to be successful, so interventions like Red Ribbon Week (RRW) that occur for only one week out of the year, are insufficient to have long-lasting effects. However, these may be used as a method to engage students in continuous discussion.

Use of law enforcement, "scared-straight" techniques, stories about the danger of drug use, and instructors that are not properly trained in delivering prevention program lessons can be ineffective and often have unintended negative consequences for youth prevention programs.^{4,6} Rather than dissuading students from engaging in risky behavior, these strategies can entice adolescents by glamorizing drug use.⁴

TSRG research suggests full implementation of LST into the school health education curriculum and designing engaging, creative activities during RRW to foster anti-substance use norms in the school communities. This includes training student leaders on the Rise Above Colorado (RAC) curriculum and exploring additional prevention curriculum for elementary and high school students. It is also recommended that if School Resource Officers (SROs) participate in RRW activities that they are properly trained on how to deliver effective drug prevention messaging and how to partner with student leaders and faculty health educators.

INTRODUCTION

The Colorado Trust provided grant funding for TSRG to investigate and write a summary report on current best practices for drug prevention in rural middle and high schools. Specifically, TSRG was asked to complete a summary report that could guide the drug prevention intervention decision-making for the LASD across grades 7 – 12. The goal was to tailor evidence-based best practices to the unique characteristics of the student population in the LASD. To complete this task, TSRG performed a literature review of journal articles, online materials published by the National Institute of Drug Abuse (NIDA), the Center for Disease Control (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA) andother sources. In addition, TSRG team members met with subject matter experts on prevention science from the University of Colorado Institute of Behavioral Science, Colorado State University Prevention Research Center, RAC, and a representative from the

Colorado Department of Education (CDE). The report includes a detailed overview of core principles outlined by NIDA and the role of risk and protective factors. The report also includes a summary

distillation of the Healthy Kids Colorado Survey (HKCS) and the Smart Source Survey findings specific to the LASD. The goal is to summarize this material in a digestible format so that the LASD can deliver cost-effective, outcome-driven, evidence-based prevention material to their students to reduce the rates of substance use and the associated risks.

The LASD partners include a variety of internal and external people and organizations to deliver drug prevention programming. Key partners within the district regarding the SAPIP project include the Health and Wellness Coordinator, the Superintendent, Assistant Superintendent, the secondary school Principal, and a Health Educator for grades 7, 8, & 10. LASD also partners with a District Health Advisory Council (DHAC) and CTC.

BACKGROUND DRUG PREVENTION INTERVENTION

Prevention programs can be organized into three categories, as defined by the Institute of Medicine (IOM) Classification System. Categories are universal, selective, and indicated prevention.⁷ Universal prevention is defined as a program that targets the general population and not a specific group. Selective prevention is defined as a program that targets a specific group that is known to be at risk for substance use. Indicated prevention is defined as a program that targets a specific individual that is experiencing signs of substance abuse. Most of the programs offered in school settings are universal prevention programs.

Drug Abuse Resistance Education

D.A.R.E. program was created in 1983 and became a well-known and widely used universal substance use prevention program in the United States and globally. Though the program was widely adopted, several independent evaluations found that not only was the program ineffective in decreasing substance use in adolescents, but in some cases actually increased these behaviors.⁸

Through literature review and interviews with experts in the field of prevention science, TSRG identified several key issues and limitations of the D.A.R.E. program. First, the program delivery method was not conducive to effective learning for youth. The program was taught primarily lecture-style with minimal interaction and engagement from students. Additionally, the program was created to be taught by uniformed Law Enforcement Officers (LEOs). Research has indicated that to optimize efficacy, programming should be highly interactive and taught by appropriate messengers.⁶ This could be peers and teachers in combination with law enforcement. However, it is essential that the trainers can respond in real time to questions or challenges that emerge through curriculum delivery. Further, there needs to be an understanding of the training skills of all the trainers. Fear-based messaging is not considered effective and can result in harmful outcomes. Engagement and opportunities to talk through and or apply skills learned from curriculum are key components to many of the current programs that have demonstrated success in schools.

School Resource Officers

SROs are members of law enforcement who work full-time in

one or several schools, where they are responsible for creating safe environments for students to learn. These officers monitor school grounds and respond to any incidents of drug activity, safety concerns, or other potential crises. The National Association of School Resource Officers (NASRO) uses a triad model to explain the role of an SRO. The triad describes the three main roles of an SRO, which is an educator, counselor/mentor, and LEO.⁹

To better understand the role of the SRO in a neighboring rural Colorado school, TSRG interviewed Krystan Foulk, a SRO employed by the Lamar School District, which neighbors LASD. This officer described that her primary responsibility as an SRO is to build connections with staff and students to keep schools safe and provide students with a positive relationship to law enforcement. She explained that although the school district pays half of her salary, she is an employee of the Lamar Police Department, and, therefore, it is her responsibility to enforce criminal law rather than school rules. SROs are members of law enforcement and subject to different rules and regulations than school staff and administrators. For example, where school administrators can search a student's bag without parental permission, the SRO would have to gain parental permission before searching student belongings.¹⁰

At the time of the interview, Foulk had been employed as an SRO for approximately one month and had received only basic level training to prepare her for her position in schools. When asked about training she received regarding youth substance use, she explained that her expertise could be better defined by substance identification or intervention rather than drug prevention. She can identify substance samples and recognize side effects of different drugs, but she has not yet received training in preventing substance use among youth. She does plan to facilitate RRW activities such as a student coloring contest and slam poetry.

In April 2023, the Colorado legislature passed a bill that created new training requirements for SROs. It also requires that SROs meet annually to discuss best practices for keeping school environments safe and responding to Safe2Tell reports, which is an anonymous reporting system that connects law enforcement and school communities.¹¹ These new training requirements will be in effect August 2024, though their implications for SROs in drug prevention is still unclear to the project team.

Literature reports that engagement of LEOs in school-based drug prevention programming can have mixed results and can sometimes have unintended harmful consequences.¹² There is also limited information on best practices for engaging law enforcement in prevention efforts, though some recommendations include pairing LEOs with other school staff to provide classroom instruction and ensuring that the officers receive proper training in drug prevention.¹³ Moving forward, TSRG would like to meet with the LASD SRO to better understand their expected role in the district's drug prevention programming and how the new state mandated training requirements may impact their contributions.

Prevention Programs Box

- Universal program that targets the general population and not a specific group
- Selective program that targets a specific group that is known to be at risk for substance use
- **Indicated** program that targets a specific individual that is experiencing signs of substance abuse.

Prevention Program Principles

There are several principles to consider for substance use prevention programs. NIDA published some guidance on Preventing Drug Use in children and adolescents in a 2003 report. These key principles are still relevant and align with many current programs and can inform the planning for a program within LASD.¹⁴

School Based Program Principles:

- **1** School based prevention programs can be designed to intervene early to address risk factors for drug abuse.
- 2 Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse and focus on skills such as: self-control, emotional awareness, communication, social problem-solving, and academic support.

Prevention programs for middle or junior high and high school students should increase academic and social competence with skills such as: study habits and academic support, communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, reinforcement of antidrug attitudes, and strengthening of personal commitments against drug abuse.

Source: 2003. National Institute of Drug Abuse¹⁴

Red Ribbon Week

The main goal of RRW is to spread awareness and spark the mobilization of communities in drug prevention efforts in their youth. RRW began as a response to the kidnapping and killing of Special Agent Enrique (Kiki) S. Camarena with the Drug Enforcement Agency (DEA) by members of a drug cartel. Each year following his death members of Calexico, where he was from, wore red ribbons and vowed to live drug free lives. The campaign gained momentum across the United States and was formalized in 1988 by the National Family Partnership (NFP), a nonprofit organization.¹⁵

The NFP was originally formed as a nonprofit by parents who believed they could play a prominent role in drug prevention. The mission of NFP is to lead and support the nation's families and communities in nurturing the full potential of healthy, drug free youth. A main component of NFP's work is the sponsorship of the annual National RRW campaign. RRW occurs each year from October 23rd through October 31st. RRW is considered a universal prevention program, and the NFP provides guidance for schools, parents, and students on what information should be disseminated and how. There are a variety of educational and art activities throughout the week that aim to get the entire school and home involved in prevention activities.¹⁶

TSRG could not find any scientific study focused solely on the effectiveness of RRW. However, other prevention literature and commentary from prevention science experts support the idea that on its own, RRW would show no significant reduction in adolescent drug use.¹⁷ Prevention science recommends that programming is consistent and includes repetitive interventions and that annual



Source: The Las Animas School District 2023.

events alone are insufficient.^{4,14} Based on the timing of RRW, LASD and TSRG decided it would be a benefit to use this opportunity to kick off activities focused on drug prevention for the 2023-2024 school year to be followed up with the plan for a more sustainable and longer-term implementation of a substance abuse prevention intervention.

Rise Above Colorado

RAC is a Colorado statewide prevention organization that measurably impacts teen perceptions and attitudes about the risks of substance misuse to help youth make empowered, healthy choices. RAC has been a successful leader in promoting healthy youth behavior and preventing substance misuse since its inception in 2008 as the Colorado Meth Project. Their public awareness work in correcting misperceptions about youth substance use is called Positive Community Norming. This evidence-based approach is based on The Montana Institute's Science of the Positive framework and leverages RAC's unique insight and experience in effectively communicating with teens in a compelling, relatable, and accurate way. RAC is a universal prevention program that provides a shared risk and protective factor approach to prevention, connects with and educates teens using honesty and data, ultimately paving a path to a healthy future for Colorado's teens without the negative influence of druas.18

METHODS

TSRG utilized interviews with subject matter experts, existing literature, and the Blueprints for Healthy Youth Development registry to investigate current best practices in prevention science to formulate a drug prevention strategy for the LASD. TSRG also formed a coalition of subject matter experts to meet monthly to discuss the report, potential interventions, and challenges the project team was encountering while delivering the SAPIP.

Subject Matter Expert Interviews

The project team met with each of the following subject matter experts (SMEs) on at least one occasion to discuss the project goals and ask questions about current evidence-based best practices in prevention science, the goals of the CDE in linking standards to the prevention curriculum, or possible program delivery choices for the LASD in drug prevention. All sessions were recorded and transcribed using Otter.ai for review and to discuss with members of the project team as needed.

Follow-up emails and/or coalition meetings were utilized to dig deeper into the specific choices or challenges the project team was

1 Diane Ballard is the Director of Operations Botvin LST Program, University of Colorado Boulder. Diane has been at University of Colorado Boulder replicating research-proven healthy youth development programs for more than two decades. She has been part of the leadership team conducting a wide-scale implementation of the LST program in schools across the country. Before coming to Boulder, she managed several projects at the University of Wisconsin Madison, including a comprehensive longitudinal survey of the U.S. adult population.

2 Brian Bumbarger, PhD is a Senior Distinguished Fellow in Juvenile Justice at Child Trends. Child Trends is a leading research organization focused on improving the lives of vulnerable children and youth. Dr. Bumbarger's work focuses on community collective impact and the adoption and scaling of effective practice. He also holds adjunct faculty positions at Arizona State University, Colorado State University, Penn State University and as an Adjunct Senior Research Fellow at Griffith University Institute of Criminology in Australia.

3 Jenna Garrow, BS is the Director of Prevention Education at Rise Above Colorado. As Director of Prevention Education, her role is to further create and disseminate substance use prevention strategies and resources for youth across CO, while guiding the evolution of our community partnerships and collaborative learning communities. Jenna brings 18 years of direct experience in public schools as an educator, case manager and school leader where she has loved leading and collaborating with adults and youth to found and improve public schools in service of more equitable educational outcomes for all.

4 Karl Hill, PhD is a leading expert on Prevention Science and has worked over two decades in the field. He is currently a co-principal investigator of the Blueprints for Healthy Youth Development registry. Dr. Hill is the director of the Prevention Science Program at the University of Colorado, Boulder. He is director of the Prevention Science Program which includes The Center for the Study and Prevention of Violence, Blueprints for Healthy Youth Development, and a newly funded Center for Resilience and Well-Being, which is a resource center for traumafocused school-based services in the Rocky Mountain region.

Sources of Evidence

Blueprints for Healthy Youth Development

The Blueprints for Healthy Youth Development registry provides certifications for programs that are evidence-based and proven to be effective through rigorous scientific testing. The Blueprints Registry was originally funded by the CDC, Colorado and Pennsylvania state funding, and the Office of Juvenile Justice and Delinquency Prevention to focus on reducing violence and drug programs. It facing (e.g., how to maximize one-year grant funding or how parents and students be notified that their child is at-risk for drug use). Below is a list of the SMEs and information on their backgrounds.

5 Jamie Hurley, PhD is skilled in Nonprofit Organizations, Prevention, Instructional Design, and Facilitation. He is the primary contact from the Colorado Department of Education (CDE) for the LASD Comprehensive Health Education grant implementation. His activities include overseeing research and evaluation, curriculum selection and alignment to core standards, policy changes, lesson development training for teachers, and finding a health educator.

6 M. Amanda Lain is the Project Director of the Botvin LST Program grants awarded to the University of Colorado Boulder where she leads the effort to partner with schools across the nation to implement the LST middle school and high school programs with fidelity. The LST programs are research-based universal prevention programs that teach personal self-management skills, social skills, and general refusal skills to equip adolescents with the knowledge and skills to develop healthy attitudes and behaviors. Amanda has been involved with this wide-scale LST implementation effort since 2010.

7 Craig PoVey, MSW. Craig was the prevention director for the state of Utah for over 20 years. During his tenure, his focus was on translating research to practice with an emphasis on scaling up evidence-based systems, programs, and strategies throughout the entire state. He is now a Technical Expert Lead at JBS International working with rural communities throughout the nation.

8 Nathaniel Riggs, PhD is the executive director of the Prevention Research Center at Colorado State University where he focuses on translating research in developmental neuroscience to interventions with schools and families that aim to prevent child and adolescent behavioral health problems. Dr. Riggs studied psychology at the University of Washington and human development and family studies at Pennsylvania State University.

started in 1996 and has evolved in the scope and funding stream to continue to support the work of establishing a clear scientific standard for evaluation of programs aimed at reducing negative behaviors and promoting positive ones among youth and also now adults. Each program in the registry is classified into one of three different certifications based on the available evidence of the program's effectiveness.

At the lowest level, Promising programs have intervention specificity, which requires clearly defined population, specified

outcomes, a theoretic rational or logic model that outlines how outcomes are achieved, and documentation that describes details of intervention content, timeline, and implementation process. Programs that achieve a Promising label also must have high quality evaluations that demonstrate their effectiveness, findings from evaluations must consistently demonstrate the intended outcome and no harmful effects, and the intervention is prepared for dissemination.²

At the next level, Model programs meet all criteria of Promising programs, but also have higher quality evaluations and the intervention impact is demonstrated to have long-lasting effects. The highest quality intervention is classified as Model Plus. In addi tion to all standards represented by the first two program certifications, Model Plus programs have been successfully evaluated by an independent research team. It is important to note that the Blueprints registry only considers programs with a certification of Model or Model Plus as ready for scale.² In the process of identifying an effective intervention to implement in the LASD, TSRG utilized the Blueprints for Healthy Youth Development registry to review a variety of prevention programs. Three school-based drug prevention programs in the Blueprint registry achieve Model or Model Plus standard. These programs include PA, Project Towards No Drug Abuse, and LifeSkills Training (LST). Of these three programs, only LST achieves Model Plus recognition.

Risk and Protective Factors

Things that increase the likelihood of negative health behaviors are considered risk factors, and those that decrease the likelihood of negative health behaviors are protective factors. Risk factors are shown to be correlated with increased potential for an individual to abuse substances. Conversely, protective factors are correlated with a decreased potential for an individual to abuse substances.¹⁴ Due to the power risk and protective factors can have on substance abuse, many prevention and intervention programs use them to influence adolescents.

The concept of risk and protective factors appears to have emerged in the 1990s from researchers at the University of Washington who identified factors that could be applied to prevention programs to decrease adolescent substance abuse. The idea is to reduce risk factors and increase protective factors to create a balance that is weighted more heavily in protective factors, to decrease the probability of substance abuse.²⁰

Risk factors for substance abuse operate similarly to risk factors for a disease. For example, some risk factors for Type 2 Diabetes are inadequate physical activity and being overweight. In this same way, having favorable attitudes toward substance use is considered a risk factor for adolescent substance abuse.²¹ Risk factors can be additive in the way they influence the trajectory of a child. This means, if a child is exposed to more than one risk factor, the child is likely at greater risk of abusing substances. Additionally, not all risk factors are equal in influence. Some risk factors may have more weight in influencing a child, and not all risk factors affect every child in the same way.

In addition to individual risk factors, there are also time periods throughout childhood that are of higher risk. These periods tend to be during times of major transition. This can include both physical changes that youth are experiencing, such as puberty, or changes in social settings, like moving from elementary to middle school. At these time periods, youth are at a greater risk for substance abuse.¹⁴

Protective factors have been shown to be related to the strength of bonds a child has to a set of domains, as well as attitudes and beliefs with regard to what type of behavior is healthy and appropriate.²² These domains are community, school, family, and peer/individual. Factors such as attitudes, beliefs, behaviors, relationships, and others are seen across domains. These factors can defend a child from the effects of risk factors that are present. It is important to note that protective factors. Additionally, literature tends to focus more heavily on risk factors than protective factors. Some argue that focusing on reducing risk factors is more important than strengthening protective factors is ultimately the key to prevention program development.²⁰

Many resources and surveys conducted across the U.S. reference risk and protective factors as key predictors of youth substance abuse and recommend programs to focus on influencing them to improve outcomes.^{14,21-23} While most sources reviewed cite researchers at the University of Washington for originally defining these, there is some variation in language and the explicit risk and protective factors. However, sources do align on the four categorized domains for risk and protective factors.

The HKCS links many of the questions asked to a relevant risk or protective factor, to provide a deeper understanding of the status of the population surveyed on where an intervention may be appropriate to decrease risk factors or increase protective factors. For the LASD, the survey results provide insight on a variety of risk and protective factors further outlined in <u>Appendix 5</u>. These results can show a program planner that this may be an issue in their school or district, and it may be beneficial to implement a program in younger grades that targets the prevention of early initiation of substance use. This example highlights how results from surveys that are directly correlated with a risk or protective factor can guide

TOLEKAN

OPTIMISTIC

Prevention science focuses heavily on risk and protective factors. Individuals have various biologic and physiologic traits that when combined with environmental stressors may make them more susceptible to negative health behaviors.¹⁹

Source: Terri Schreiber. Las Animas Junior High School and High School. October 2023

decision makers to implement programs appropriate for their student population.

The Healthy Kids Colorado Survey

The HKCS is a widely administered survey assessing the health and well-being of young people. Surveys are conducted in the fall of odd-numbered years. HKCS is supported by the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Human Services (CDHS), the Colorado Department of Public Safety (CDPS), the CDE, and an advisory group of state and local partners. An investigative team of researchers from the Colorado School of Public Health (CSPH) at the University of Colorado Anschutz Medical Campus administers the survey. Aggregated findings are published by CDPHE and the CSPH team supports the access and interpretation of local results.

The TSRG project team reviewed the 2019 and 2021 HKCS results for the LASD and compared the results to the 2021 results for Region 6 and the State of Colorado. The comparisons were made to determine the level of risk within the LASD student population. The attached reports are included below and, in the appendix, (<u>Table</u> <u>7</u>). A full summary analysis of this comparison is included in the discussion section (see page 14). Please note that between 2021-2023 there were no interventions implemented in the schools, so they do not anticipate any change in the HKCS results between these years. Because of the SAPIP project, it is recommended that a full review of the 2025 HKCS be evaluated to measure the impact of the SAPIP interventions.

Smart Source 2021 Results for LASD

Colorado Healthy Schools Smart Source assesses school health policies and practices by utilizing an inventory to provide quality actionable data back to schools. While researching the HKCS, the project team identified Smart Source as a reporting tool that might provide additional insight into the health and wellness of the LASD. However, upon further review, the report only included one Health Education topic that related to substance abuse. The alcohol, tobacco and other drug abuse prevention data indicate that 92% of the State, 100% of the SE Region are implementing best practices and that the LASD is also implementing best practices. This tool is designed for school districts to understand policies and practices and is not intended to provide detailed understanding of student-related issues.

FINDINGS

Interventions

The project team reviewed current LASD interventions and interventions recommended by the SMEs. Some of the interventions included are for consideration for future interventions by the LASD because they have been vetted by the Blueprints team (e.g., LST). Current interventions that are not included in the Blueprints are listed with summary language and recommendations (e.g., HealthSmart, The Great Body Shop, and MOTOVATE). There are many interventions included in the Blueprints that are not listed. The ones that are included were identified because of their potential efficacy for the LASD. Tables are shown to visually depict the categorization of each intervention as universal, selective, or indicated, as well as identify if an intervention has been recognized by Blueprints for Health Youth Development and has been aligned with either the Colorado Academic Standards or the National Health Education Standards. It is important to note that interventions that do not indicate they have been aligned with the standards may be aligned, however, the project team was unable to obtain documentation confirming this.

Communities that Care

CTC is a coalition-based community prevention program. CTC aims to prevent youth problem behaviors including drinking alcohol, use of tobacco, substance use, delinquency and school dropout, and violence. The community board assesses risk and protective factors among the youth in their community and works to implement programs and interventions to address the issues. This is ranked as a Promising program in the Blueprints registry and is a universal prevention intervention.

There are five steps associated with the implementation of CTC that help guide community leaders and the prevention coalition that is created through the program.⁴¹ The CTC framework was originally developed by Drs. J. David Hawkins and Richard Catalano from the Social Development Research Group at the University of Washington The Social Development Strategy (SDS) aims to increase protective factors in youth to improve outcomes and promote positive youth development. SDS is based on control theory, social learning theory, and differential association theory. These theories provide a foundational understanding of how prosocial and antisocial bonding and behavior affect the development of behavioral itself.⁴²



Source: 2023. The Center for Communities that Care⁴³

Communities That Care		
\checkmark	Universal	
\checkmark	Blueprints: Promising	

Great Body Shop

The Great Body Shop is a comprehensive health education curriculum that is sequential, developmentally appropriate, culturally sensitive, and medically accurate. The program is not recognized on the Blueprints registry and is a universal prevention intervention. The Great Body Shop is aligned to state and national standards for health education. The curriculum is designed primarily for children and their families. For grades K-6 Student Issues are sent to the

school to be used in the classroom monthly. The Student Issue looks like a health magazine and is used like an informational text. Teachers and students work with the instructional materials, typically once a week, to understand the health issues found in the magazine. At the end of the month, students take the Student Issue home for family activities, discussions, and homework. The program sensitive, and medically accurate. The program is not recognized on the Blueprints registry and is a universal prevention intervention. The Great Body Shop is aligned to state and national standards for health education. The curriculum is designed primarily for children and their families. For grades K-6 Student Issues are sent to the school to be used in the classroom monthly. The Student Issue looks like a health magazine and is used like an informational text. Teachers and students work with the instructional materials, typically once a week, to understand the health issues found in the magazine. At the end of the month, students take the Student Issue home for family activities, discussions, and homework. The programaims to help students be healthy, safe, drug free, and ready to meet future challenges.

Topics include all aspects of physical, mental, social, emotional health and safety. There are ten health content strands that run through all the curriculum, these include: substance abuse and violence prevention, injury and personal safety, fitness and nutrition, disease and illness prevention, body systems, growth and development, illness and disease prevention, and consumer and environmental health. Social and emotional learning, substance abuse and violence prevention skills and messages are integrated into every unit. The curriculum is available for Pre-K, K-6, and Middle School (7th-8th grade).²⁵

Universal	Great Body Shop				
Colorado Academic Standards Alignment; National Health Education Standards Alignment					

Family Life and Sexual Health

Family Life and Sexual Health (F.L.A.S.H.) is a comprehensive science-based sexuality education curriculum developed by Public Health Seattle-King County. This program is not recognized on the Blueprints registry and is a universal prevention intervention. The program is designed to prevent unintended pregnancies, sexually transmitted diseases, and sexual violence. The curriculum includesstrong family involvement to create opportunities to talk with their children about important sexual health topics. It is inclusive and highly interactive, including examples and activities that will resonate with youth from various geographical regions, racial identities, and sexual orientations. **Topics include the following but additional content as well:**

Abstinence Birth Control Methods Coercion & Consent Communication & Decision Making Condom Usage Healthy Relationships HIV Prevention Hygiene and Puberty Online Safety Pregnancy Prevention Preventing STIs Reproductive System Sexual Orientation & Gender Identity Sexual Violence Prevention Family Life and Sexual Health

Universal

HealthSmart

HealthSmart is a curriculum focused on essential concepts and skills to enable students to develop, practice and support specific healthy behaviors. One component of the curriculum is substance use education/prevention. This program offers K-12 curriculum meeting the National Health Education Standards (NHES). This is not a program on the Blueprints registry and is a universal prevention intervention. Content includes posters, teacher guides, PowerPoint slides, printable student workbooks and activity sheets. The LASD began delivering the full HealthSmart program in the 2021-2022 school year when they had a dedicated health teacher for the secondary school levels and were able to implement this program district wide.

Elementary content (K-5) covers the following topics:

Emotional & Mental Health					
	Personal Health & Wellness				
Injury & Violence Prevention					
Nutrition & Physical Activity					
Tobacco & Alcohol Prevention					
iii Sexual Health (Grade 5) - additional optional content					
Middle School and High School content covers:					
P	Emotional & Mental Health				
® T	Tobacco, Alcohol & Other Drug Prevention				
Violence & Injury Prevention					
Nutrition & Physical Activity					
Personal Health & Wellness					
Abstinence, Puberty & Personal Health – additional optional content					
	HIV, STI (sexually transmitted infections) & Pregnancy Prevention - additional optional content				
	HealthSmart				

HealthSi

Universal

Colorado Academic Standards Alignment; National Health Education Standards Alignment While the NYPUM program that MOTOVATE was mirrored from is used in many states and organizations, experts caution the creation of peer groups comprised solely of at-risk youth. This has been shown to be counterproductive and can create an atmosphere for these youth to perpetuate the behaviors the program was created to discourage.^{4,31}

Botvin LifeSkills Training

Botvin LST is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.²⁶ LST is rated as a Model Plus program through Blueprints for Healthy Youth Development and is a universal prevention intervention.

LST curriculum teaches about risks to drug/substance use and alternatives through activities based on three components: drug resistance skills, personal management skills, and general social skills. Additional prescription drug use modules and education virtual games are available.

Middle School curriculum is taught in sequence over three years in either middle or junior high school. This content can be taught insessions over a longer time frame during the school year, weekly, or more intensive with daily lessons over a few weeks.



2nd

3rd

15 class sessions (plus 3 optional violence prevention sessions)

10 sessions (plus 2 optional violence prevention sessions)

5 sessions (plus 4 optional violence prevention sessions)

High School program comprises 10 class sessions. Usually taught in 9th or 10th grade and can be used alone or as a maintenance program with other Life Skills training programs such as following the Middle School curriculum or other content.

Training for instructors who teach LST is available virtually or in person for larger groups. Resources also include evaluation tools (surveys) for pre and post intervention monitoring of knowledge and attitudes and fidelity tools to ensure consistent implementation. Additional teacher resources and teaching guides are available with the curriculum.

LST is evidence-based and has demonstrated outcomes consistent with decreased drug use over time in longitudinal studies. In studies conducted in coordination with the Botvin team results have shown a decrease in overall lifetime drug use for those students receiving LST in school compared to a control group 13 years post intervention.²⁷

Additional studies on LST showed that students who received the training had a significantly lower probability of ever having used prescription opioids for nonmedical purposes by 12th grade compared to a control group of students (control v. LST alone: 3.9%-4.9% reduction).²⁸

Several additional research studies have been done on LST and many are available as an overview directly on the Botvin website at

https://www.lifeskillstraining.com/evaluation-studies/. Additionally, LST has been mapped to the NHES (see Appendix 4).

Botvin LifeSkills Training			
\sim	Universal		
\checkmark	Blueprints: Model Plus		
\checkmark	National Health Education Standards Alignment		

MOTOVATE Program

The National Youth Project Using Minibikes (NYPUM) program began in 1969 with the goal of increasing interaction between juveniles at elevated risk and community leaders to build skills that lead to better outcomes for the youth.²⁹ Southern Colorado Youth Development (SCYD), a nonprofit organization, began its implementation of the NYPUM program in 2016, funded by Honda. Honda ceased its funding of the program in 2021. However, SCYD wanted to continue to provide this program to the youth in their area.

As a response to the loss of funding, SCYD began implementing their MOTOVATE program. This program was built on the same principles of youth mentorship and the use of minibikes with youth to improve outcomes.³⁰ MOTOVATE uses dirt bikes as a tool for trainers who serve as mentors and the youth participants in the program to build relationships. MOTOVATE describes its programming as adaptive and claims to make a positive impact on youths' social, emotional, and psychological development and wellbeing.³⁰ NYPUM and MOTOVATE programs are not currently rated through the Blueprints for Healthy Youth Development registry and are an indicated prevention intervention. NYPUM and MOTOVATE programs are not currently rated through the Blueprints for Healthy Youth Development registry and are an indicated prevention intervention.

MOTIVATE Program

Indicated

Positive Action

PA is a "school-based social emotional learning program for students in elementary and middle schools to increase positive behavior, reduce negative behavior, and improve social and emotional learning and school climate."³² PA is a universal style program that aims to change the climate of the school. PA is rated as a Model program through Blueprints for Healthy Youth Development and is a universal prevention intervention.

PA is based on philosophy that when we feel good about ourselves, we do positive actions. The curriculum is based on the following 6 units:



PA curriculum is already cross walked with the Colorado Academic Standards to show alignment with curriculum requirements in schools and is done based on grade level. PA is kit based and materials can be purchased for specific age groups and additional supplies can be purchased to replenish materials for future years. Middle School kits are available by grade and the High School content has four different kits that are not grade specific.³³

Positive Action			
\checkmark	Universal		
\sim	Blueprints: Model		
\checkmark	Colorado Academic Standards Alignment		

Promoting Alternative Thinking Strategies

PATHS uses a program called Emozi (R) Social Emotional Learning Curriculum. This program is available for middle and high school students. Emozi (R) is a student focused, teacher led, hands on program that develops life skills and future readiness. The best results are achieved when the content is implemented 2-3 times perweek in 20 minute or longer sessions. PATHS is rated as a Model program through Blueprints for Healthy Youth Development and is a universal prevention intervention.

The middle school curriculum contains 180 hands-on activities including role playing, journaling, group projects and service learning.

The high school curriculum is focused on meeting social-emotional, career, and life needs of students. Emozi is developed as a web-based design for instructors to access all modules, teacher materials, guidelines and supplemental materials that can be printed and accessed with a yearly subscription.³⁴

Ρ	romoting	Alternative	Thinking	Strategies

\checkmark	Universal
\checkmark	Blueprints: Model

Rise Above Colorado

RAC is a statewide substance use prevention program developed by the Colorado Meth Project in 2014. The program fosters healthy behavior among Colorado youth by changing attitudes and perceptions about teen substance use. Using the Science of Positive framework, Rise Above encourages healthy decision making through "Positive Community Norming." Rise Above has developed a network of partnerships with Colorado teens, educators, community leaders, other prevention programs, and proponents of community health through their Colorado Constellation Project (CCP). This coalition allows RAC to facilitate shared learning, distribution of resources, and collective action across the state to address youth substance use prevention. Rise Above is not rated through the Blueprints for Healthy Youth Development registry and based on the community focus it appears to be a universal prevention intervention.

On their website's resources page, RAC provides several free lesson plans that can be implemented in a classroom setting or on a virtual platform. Their virtual "Not Prescribed" lesson combines video instruction and discussion questions to teach students why prescription drug misuse is dangerous. "Closing the Gap" is another lesson which can be taught in-person or remotely, and addresses misperceptions about substance use by demonstrating to teens that most of their peers do not use substances. The "Meth Prevention Lesson" demonstrates the consequences of meth use. "Media Smart Youth – Not Prescribed" is an extended three-to-four-week program that provides teens with media literacy skills and the ability to accurately navigate information about substance use.

Teens can get involved with RAC's programming at https:// iriseaboveco.org/. This website was created by Colorado youth and provides teens with a platform for sharing creative expressions of successes and concerns around substance misuse. For the SAPIP project, RAC will provide content and instruction for the virtual "Not Prescribed" lessons. The LASD has dedicated two one-hour sessions to present the material. One session will occur during RRW, and one is scheduled for January 2024. In preparation, students will be selected and trained by the RAC team in September and October of 2023. Rise Above will also be a partner and subject matter expert throughout the SAPIP project period.

Rise Above Colorado
Universal
Colorado Academic Standards Alignment; National Health Education Standards Alignment

"

When deciding to implement a prevention program that targets youth who are deemed at elevated risk, it is important to consider the following components: identification, notification, messaging, selection of mentors, & group dynamics.

"

It was discovered through literature review and discussions with experts that programs which seek to evoke behavior change and have long term impact need to be conducted over several years.

Suggested Techniques For Working with Youth at Elevated Risk

NIDA suggests that prevention programs focused on changing behaviors of the entire school population are more effective and avoid singling out any particular student or group and labeling them as "at-risk," which can be internalized and cause negative self-esteem.¹⁴

Through TSRG's investigation, the project team did not identify a consistent use of terms to describe youth at greater risk of substance abuse in the literature. Terms such as at-risk and high-risk were used interchangeably to describe this population. However, TSRG's discussion with experts lead to a consensus that the term "elevated risk" is preferable to avoid negative connotation and stigma that could be internalized in youth who may be categorized as such. Through the remainder of the report, this will be the terminology used by TSRG. Identification of students at elevated risk should be conducted in an intentional way. The categorization of youth at elevated risk does not have a universally agreed upon definition, and thus can be left up to interpretation. Risk factors for some youth may not be considered risk factors for others. These can be highly individualized and many youths that are deemed at risk never use or become addicted to drugs or other substances.¹⁴ When considering who to select, program providers can consider youth with high-risk factors and low protective factors. This can include factors such as students with high stress, low parental support or supervision, low academic performance, youth at transitional ages, students who are known to have already experimented with substances, those showing signs of aggressive behavior, and others.¹⁴ Experts recommend, however, that programs are structured with open enrollment, rather than only selecting youth at elevated risk. This recruitment strategy aims to create a mix of youth. This mixture allows the opportunity for positive modeling from those who have skills developed that the program aims to target in the high-risk youth. To ensure a balance, the program could have a fee associated with it, but provide stipends to incentivize youth at elevated risk to participate.35

Notifying parents that their child has been selected for a prevention program is not only required but is an essential component in the process. Parental influence can have a large effect on a child's behavior either as a risk or protective factor.¹⁴ To ensure that parents are engaged and accepting of their child being part of a prevention program, it is important to have honest communication. To develop trust with parents it is necessary to be clear that the role of a program such as this is to support and empower them, rather than focusing on what they are doing wrong and attempting to correct it.³⁶ Notifying parents in a one-on-one rather than a group setting may help reduce external pressures or judgement.

Once youth are selected to take part in programs such as the MOTOVATE program and parents have been notified and given consent, it is important to keep messaging positive and avoid labeling or stigmatizing the youth who will participate.¹⁴ Self-esteem is a key component of many prevention programs, so ensuring youth do not feel singled out in a negative way is important to avoid increasing their risk for substance abuse. Emphasis should be placed on the program being an opportunity to take part in an exciting activity where youth are able to develop a relationship with a mentor and ride dirt bikes, rather than framing in a way that conveys to the youth that there is something wrong with them that an adult in their life is trying to fix.³⁷

Notifying Youth of their Participation in Programming

NIDA provides a variety of techniques to notify youth at elevated risk about their selection to participate in a drug prevention intervention¹⁴:

- Have a school counselor or other trusted adult inform the adolescent about the program and its benefits.
- Have the adolescent's parent or guardian notified and have them inform the adolescent.
- Inform the adolescent in a confidential and non-judgmental manner.
- Ensure the adolescent is aware that their participation in the program is voluntary.
- Convey that the goal of the program is to help them make informed decisions about drug use and provide them with necessary skills to resist outside influences, such as peer pressure, that may lead them to use drugs.

Mentorship

The MOTOVATE program relies heavily on the relationship of mentors and mentees. Mentorship has been shown to be a beneficial component of prevention, when implemented correctly. However, there is data to support that mentorship can create an adverse effect when not implemented with fidelity. Mentors must be provided with sufficient training, access to resources and ongoing support when working with youth. Additionally, procedures for mentors such as completing logs that note the length of time spent with allow those overseeing the program to track progress, review implementation fidelity, and make adjustments if necessary.³⁸

Group dynamics play a role in the behaviors of youth by way of peer pressure or mirroring behaviors. This can encourage positive or negative behaviors, depending on the peers. Studies and experts caution this, stating that research has shown the creation of groups that are made of youth at elevated risk can lead to negative outcomes.¹⁴ Mentors play an essential role in controlling group dynamics and maintaining a positive atmosphere that focuses on the program's goal.

The project team also considered introducing peer recovery support specialists (PRSS) to deliver curriculum. PRSSs are individuals who provide support services to people in active addiction and are typically individuals in recovery themselves. However, experts in prevention science cautioned that improper training and program delivery can have harmful effects and stories about past drug use can entice students to engage in risky behaviors. As a result, for the 2023/2024 academic year, there is not enough time or resources to include PRSS as trainers.

Lessons learned from the issues with the D.A.R.E. program further support these findings.³⁹ LASD and TSRG received funding from the Colorado Trust for a one-year SAPIP project, which literature has demonstrated is an insufficient timeframe to have long-lasting effects on youth drug prevalence. The LASD team is also pursuing additional funding through Southeast Colorado Opioid Region 19 (SECOR) Opioid Settlement Funds.

Healthy Kids Colorado Survey Noteworthy Result

TSRG reviewed the HKCS results for the LASD over the period 2019 to 2021. Where possible, comparisons were made year-over-year and between LASD, the Southeast Region of Colorado, and the State of Colorado. We have selected key data points to share in the <u>Appendix</u>. The following results indicate trends impacting the LASD student population regarding smoking, vaping and some social determinants of health (SDOH). Sometimes the data are positive and sometimes the data are negative and reflect risk factors. For example, there was a noticeable reduction in cigarette use with a corresponding increase in vaping. For complete details, please refer to <u>Appendix 5</u>. While a number of data points changed during COVID, it will also be important to track future HKCS results overtime and especially following the drug prevention interventions.

DISCUSSION AND RECOMMENDATIONS

Please note that recommendations by TSRG were informed by best practices found in the literature, through interviews with SMEs, and through observations made through the investigative phase of the project. These recommendations were adjusted based on available resources, time and funding for the one-year implementation grant. TSRG encourages LASD to consider moving towards best practices for SAPIP with a multi-year strategy focused on substance abuse prevention.

Substance Use Prevention Program Adoption In Rural Colorado

Opportunities

The partnership between LASD and TSRG was intended to provide additional resources to the LASD. While the LASD has ample knowledge of the demographics, needs, perceptions, and personal beliefs of the population and provides crucial insight into the navigation of relationships and community and school governance to lead to a successful program, TSRG can provide additional skills and support. TSRG brings research, project management, and coalition building skills. For more than three years, TSRG has been building a coalition of community partnerships within the Southeast region of Colorado. TSRG can also leverage the knowledge acquired through its implementation of a Health Resources and Services Administration (HRSA) grant to expand the reach to Bent County and the LASD.

 $\ensuremath{\mathsf{TSRG}}$ convened a coalition of expert prevention scientists. These

researchers provided an understanding of the scientific literature and evidence-based practices that show program effectiveness and served as a sounding board as questions and challenges surface throughout the project period. Experts from CU Boulder and CSU will continue to support the LASD following the completion of this project.

There is also an opportunity to learn from other rural counties that are implementing LST programming. For example, Custer County, another rural Colorado county, received a \$500,000 Substance Use Block Grant in 2020 to implement the LST program. The grant also helps fund the provision of youth prevention services in the community and some social events for the students in the school district. The county is three years into the 5-year grant and has reported they are pleased with LST curriculum. They note that the curriculum covers real life topics with interesting text that allows for sharing and conversations among students about their experiences and opinions. The facilitator noted there was benefit in the role-playing situations that allowed students to discuss and practice alternative strategies when confronted with substance use situations. There are additional rural counties in Colorado that have implemented Botvin LST in the past few years including Huerfano, Park, and Fremont counties to name a few. There are likely additional opportunities to learn from these other rural counties about their implementation of LST regarding successes and challenges they may have encountered.



Source: Terri Schreiber. Las Animas Jr. HS and High School. October 2023

Challenges

In any school district, incorporating an evidence-based substance use prevention program into a school system has inherent challenges. Teachers already carry heavy workloads, and adding new curriculum and corresponding teacher training can increase that workload. After-school programs were considered, but these interventions typically receive low engagement from students and face barriers such as lack of transportation and disinterest among students. Further, it can be challenging to build a stakeholder coalition when there are competing demands for prospective team members in rural communities. Specifically, in the LASD, there are a set of idiosyncratic challenges that need to be overcome to effectively deliver drug prevention that will have lasting impact. These include creating support by the faculty, administration, stakeholders and students that is commensurate with risks associated with the social determinants of health and corresponding overdose death rates in the region. There is a workforce shortage, a time availability shortage, and a potential lack of understanding of the role each of the leaders can play in improving outcomes. This may put a heavy burden on the people that are consistently performing leadership roles within the LASD. Limited time remains a factor for all participants, and with so many competing demands, it could be difficult to make drug prevention a priority.

An additional challenge faced by the project team is the decision of who will deliver lessons to students. The Health Educator from the LASD for grades 7–12 has attended a self-based, 6-hour course. The TSRG team attended an LST instructor training to learn the material and support the training. In addition, TSRG learned there are additional opportunities to work with the CU Boulder Botvin LifeSkills team to identify opportunities to attend future training in the Swink School District.

Recommendations on how to overcome challenges:

- Work to gain full support from stakeholders, students and coalition members through identifying project champions, selecting student leaders, and building an engaged coalition.
- Recognize that until drug prevention becomes a priority at the state-level for educators through comprehensive health education, it will be difficult for the school districts to prioritize reducing associated risk factors as identified in data collection tools.
- Consider how to utilize incentives such as payment, food and gift cards to maximize participation by investigating what this student population values most.
- Begin to monitor the Colorado Department of Public Health and Environment Drug Overdose Dashboard to assess the overdose drug rates and other indicators of risk for the community (Workbook: Drug Overdose Dashboard (state.co.us).
- Train stakeholders, students, and coalition members on the current state of overdose death rates, other drug prevention topics, the role of trusted adults in helping prevent drug use,

and how to build coalitions.

- Evaluate how to widely communicate available incentives to ensure the students and parents are aware and can make informed choices as to whether they will participate.
- Investigate funding streams to ensure the school is fully supported beyond the project period to continue drug prevention programming.

Recommended Training Program

TSRG recommends implementation of Botvin LST program across the 7th, 8th, and 10th grades in school year 2023-2024. The recommendation is based on several factors. LASD already purchased a copy of the middle school curriculum. In addition, the Center for the Study and Prevention of Violence (CSPV) through University of Colorado Boulder, had some materials they provided to LASD. These materials included 4 LST middle school teacher manuals each with an accompanying student guide, 1 LST high school teacher manual and student guide, a few copies of the DVDs and CDs that accompany the middle school curriculum, and two Blueprints books that explain the theory and research behind the LST program as well as the core components of the program. Note: there are some additional online resources that may be helpful including slides for instructors to use when teaching lessons and some optional content. LST middle school is aligned to the NHES and CASEL Social Emotional Learning Alignment, among other standards. LST has been at least basically aligned against the ColoradoEducational Standards, however, TSRG has not yet located a comprehensive source for a full alignment of the curriculum with the Colorado standards. The high school curriculum is not yet mapped to the national standards or a source has not been identified for this yet.

LASD can continue with the Great Body Shop program already being used in 5th grade. The Great Body Shop is not recognized through the Blueprints registry but is matched with national and state health educational standards. Then the recommendation is to implement the initial year of LST training for Middle School with grades 7th and 8th and the high school curriculum with the 10th graders. It is recommended that the LASD work to secure additional funding so they may continue with the Botvin training for the recommended time and sequencing. This would include 3 full years of the Middle School curriculum and 1 year of the High School curriculum. The LASD will also need to make some decisions on whether the 6th grade teachers can be trained and support this timeline so programming can begin in 6th grade and continue through 8th grade for the Middle School curriculum. Best practice has shown good outcomes when implemented as stated. Given that the Colorado Trust grant is only for one year, adjustments to the recommended schedule in Table 1 have been made to maximize the benefit to the students. (See Table 1 for proposed intervention schedule)

An additional benefit of adopting LST this school year is an opportunity to partner with the University of Colorado Boulder, CSPV, and other rural Colorado school districts and counties to have LASD staff (Health and Wellness Coordinator and up to four additional staff) attend a training with other new LST instructors in Colorado.



Source: Terri Schreiber. Las Animas Junior High School and High School. October 2023

Table 1: Potential Intervention Implementation Schedule

The intention of the training for the Middle School curriculum is to have the students participate for three years beginning in 6th grade. This is not possible in a one-year grant cycle, so the project team met with the experts from the University of Colorado and the below schedule is recommended. In year one, the 8th grade curriculum will need to be adapted by teachers to be age appropriate. The high school curriculum can be completed in either grade 9 or 10. This color scheme was utilized to track the training progression for each class of students. (e.g., red are 7th graders in 2023 - 2024 school year, green are 8th graders in 2023-2024 school year).

School Year	Grade	Intervention / Curriculum	
	7th	Life Skills Training - Middle School Year 1	
2022 2024	8th	Life Skills Training - Middle School Year 1 (needs to be adapted by teachers to be age appropriate)	
2023-2024	9th	Life Skills Training - High School (complete one year training)	
	10th	Life Skills Training - High School (complete one year training)	
	7th	Life Skills Training - Middle School Year 1	
2024-2025	8th	Life Skills Training - Middle School Year 2	
	9th	Life Skills Training - High School Year (completed Middle School Year 1 and will move directly to high school one year training)	
	10th	Completed high school training in 9th grade	
	7th	Life Skills Training - Middle School Year 1	
0005 000/	8th	Life Skills Training - Middle School Year 2	
2025-2026	9th	Life Skills Training - Middle School Level 3 (completed Middle School Year 2)	
	10th	Completed high school training in 9th grade	

While this goal is still being considered, as of this writing, the CSPV team has not identified a scheduled training, so the LASD Health in-person training date get scheduled, the coordinated training will require staff time to attend and possible substitutes to cover while they are away for the one-day training but there will be no cost to LASD to bring the instructors into Colorado (travel costs typically include flight, hotel, meals, in addition to cost of training) as CSPV will cover those expenses.

TSRG also recommends that LASD instructors utilize the Fidelity Checklists and other planning/implementation tools available on the Botvin LST website to ensure full and proper implementation of the program. Additionally, there are middle school and high school evaluation surveys that should be utilized to help track success of the curriculum in the targeted classes. LST has more resources available on their website to ensure the program is implemented fully and aligned with the best evidence for the program's success. It would be prudent for the district to also assess outcomes and possible improvements in data over time using the evaluation surveys available from the LST program.

Conclusions

The Colorado Trust provided funding for SAPIP which allowed TSRG to investigate the most current evidence-based drug prevention program available to the LASD. While the one-year project period is not sufficient to deliver everything recommended, the funding provides a solid foundation to start what could become a multi-year program that is approved by leading experts in the field of prevention. Drug prevention should include consistent and repeated programing that is evidence-based and comprehensive. Given that LASD has not had interventions for the last couple of years focusing on drug prevention, there will be a period of playing catch-up. Notwithstanding, the LASD now has a well-defined plan, support from leading experts in prevention, a partnership with RAC, a plan to train health educators, a network of student leaders who can be trained on the RAC "As Prescribed" lessons, and support from the CTC. The suggested programming is the most well tested and efficacious in the country and Colorado. The combination of Botvin LST and HealthSmart is comprehensive, and the efficacy can be measured based on the HKCS in 2025 by comparing the results to 2021, 2023, 2025 and beyond.

The sequencing of the proposed plan will allow the LASD to catch up for the years without consistent and repeated interventions. The faculty and students will be trained, and the Health and Wellness Coordinator will have a foundation from which to build future programming and secure additional funds.

Sustainability

The SAPIP project received funding for one year from the Colorado Trust, which will be used to assist LASD in implementing the first year of LST. To fully complete the entire LST curriculum, LASD has agreed to provide the recommended three years of LST with funding from sources other than the Colorado Trust because of the proven efficacy of the full implementation. The project team has discussed with the LASD the importance of securing additional funding beyond the one-year project to support a sustainable drug prevention strategy to ensure students from all grade levels will benefit from the SAPIP interventions in the LASD.

The LASD has applied for a grant in partnership with the OCHD, CTC and the CSU Prevention Center to continue implementing prevention through the Bent, Crowley, Otero region. Further, given the support of the University of Colorado Botvin LifeSkills team, LASD has applied for future Botvin specific funding. Given the support of the University of Colorado Botvin LifeSkills team, LASD has applied for future funding. There is also ongoing discussion that will need to occur on how to engage the LASD in a multi-year effort to prioritize drug prevention and educating the community on the risks of drug use because of the social determinants of health and the known overdose drug rates in this community.⁴⁰

TSRG is grateful for the opportunity to support the LASD and hopes our investigation and engagement was valuable to the administrators and beneficial for the current and future LASD students.



Source: Terri Schreiber. Las Animas Middle School and High School. October 2023

APPENDICES/TABLES

ID	Name	Description	
Table 1	Proposed Intervention Implementation Schedule	Recommendation on how to implement the most effection drug prevention program in the time available and given the funding	
Appendix 1	Acknowledgements	Thank you to all the contributors to this report.	
Appendix 2	Stakeholders	Organizations and individuals who have an interest in this project.	
Appendix 3	Bent County, Colorado	Details and demographics of the county the LASD is located in.	
Table 2	Demographic Measures	Bent County Demographic data	
Table 3	Population Estimates by Age	Bent County population estimates	
Table 4	Race/Ethnicity	Detailed percentages and numerical counts of the race and ethnicity of the population of Bent County in 2021	
Appendix 4	Standards	Description of Colorado, National, and comparison of the Colorado Health Education Standards to Botvin's LST standards.	
Table 5 National Health Education Standards Key		Reference for NHES.	
Appendix 5 Healthy Kids Colorado Survey		Comparisons of HKCS and what can be learned from the data presented.	
Table 6	Risk and Protective Factors Associated with Substance Use	List of domains and risk and protective factors identified by CDPHE	
Table 7	Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: Junior High School	Comparative results for HKCS pre-covid and post-covid for the LASD Junior High	
Table 8	Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: High School	Comparative results for HKCS pre-covid and post-covid for LASD High School	
Table 9	Las Animas School District Junior High School Demographic Data Healthy Kids Colorado Survey	Demographic data from the HKCS survey respondents LASD Junior High	
Las Animas School District High School Demographic Data Healthy Kids Colorado Survey		Demographic data from the HKCS survey respondents LASD High School	
<u>Table 11</u>	High School Las Animas School District v. Region 6 v. State of Colorado	Comparative results for HKCS: LASD, Region, State of Colorado	
<u>Table 12</u>	Social Determinants Of Health chart for Junior High School 2021	HKCS data on the SDOH for the LASD Junior High 2021	
Table 13 Social Determinants Of Health chart for High School 2021 School 2021		HKCS data on the SDOH for the LASD High School 2021	

Appendix 1: Acknowledgements

This report was made possible by funding from the Colorado Trust.

TSRG would like to thank all employees of the LASD and the CTC team for their contribution to this report. Through our investigation, the project team identified current evidence-based best practices in prevention science that could support rural school districts in delivering drug prevention programming. TSRG also identified additional resources in the community to help support future funding needs and to answer questions when/if the LASD faced challenges. Special thanks to the Colorado community partners and experts who provided input for this project:

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- a. Mia Ramirez, MPH, Program Manager
- 2. Las Animas School District
 - a. Ronda Bucholz, *Health and Wellness Coordinator, Grant Writer/Manager*

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- a. Dee Leyba, Program Director
- b. Krissy Phillips, Program Support

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- a. Terri Schreiber, MBA, MPA Lead Researcher
- b. Heidi McNeely, PhD Senior Researcher
- c. Cassidy Fonzi, MPH Researcher
- d. Maddie Peloff, MPH Candidate Researcher
- e. Will Swann, PhD Senior Researcher
- 5. Kate Williams Graphic Designer

Appendix 2: Stakeholders

Bent County Commissioners

District 1: *Kim MacDonnell* District 2: *Alan Stump* District 3: *Jean Sykes*

Key Stakeholders from the Las Animas School

District

Superintendent: *Elsie Goines* Assistant Superintendent: *Giget Brubacher* Principal of the Junior High and High School: *Addie Wallace* Health Educator: *Katie Lockhart* Health and Wellness Coordinator: *Ronda Bucholz*

Public Health Department

The Public Health Director for Bent County is Joni Wilk, and she is an a Registered Nurse). Joni has been a nurse for 25 years with 15 of those years devoted to home health. She has been the Home Health Director at Bent County Public Health for the last 3 years. Raised in Holly, Joni truly understands small town/rural community healthcare dynamics. Providing excellent patient care and being a strong patient advocate is core to Joni's nursing practice.

School Board

President: Steven Gallegos Vice-President: Alex Netherton Secretary: Dustin Wallace Treasurer: Jaxon Meardon Board Member: Matthew Miller Recording Secretary: Kelly Ortiz

Southeastern Colorado AHEC

SECAHEC provides health education services and health classes to the Southeastern Colorado area. SECAHEC is proudly serving the following counties: Baca, Bent, Crowley, Custer, Fremont, Kiowa, Huerfano, Las Animas, Otero, Prowers, and Pueblo Year Established: 1978

Services Provided

Health Education Health Education Classes Healthcare Student Housing Community Health Programs Specialties Quality Health Education Student Healthcare Pipeline Programs Quality Health Education for Students, Healthcare Professionals, and Community Members

Appendix 3: Bent County, Colorado

The Las Animas School District (LASD) is located in Bent County, Colorado in the Southeast Region of the State of Colorado.⁴⁴ Bent County is considered a rural and agricultural county covering 1541 square miles (about the area of Rhode Island) along the Arkansas River valley. In Bent County, 38% of the population lives in an area with 500 or fewer people per square mile or an estimate of 4 people per square mile.

Bent County ranks 58 of 59 counties that are ranked in Colorado and is considered one of the least healthy counties in the State of Colorado. The table below provides demographic data for the county.



Source: 2023. Valley-Wide Health Systems⁴⁷

Las Animas School District

The LASD is in Bent County, Colorado and contains five schools with grades Pre-Kindergarten through 12th grade. The community contains 2141 households with a total population of 5,723. Within the school district, 25.43% of the students have families who have income below the poverty line¹ and 36.5% of families with food stamps or SNAP benefits.⁴⁷ For this report, the LASD requested that the project team focus on grades 7, 8 and 10 from the elementary school, junior high school, and high school. The online school and early childhood program (Jump Start) were not included.

LASD's mission is to ensure students are equipped to achieve their future academic goals through healthy, safe, engaged, supported, and challenged learning environments that tend to mental, emotional, and physical health leading to positive behaviors and outcomes for a lifetime. LASD's vision is to provide every student the opportunity to develop a solid foundation for social, emotional, mental, and physical health through implementation of the Whole School, Whole Community, Whole Child (WSCC) model. Identifying and implementing a proven SAPIP will support these goals, along with other wellness programs and interventions provided through the district.

Table 2: Bent County Demographic Measures

Торіс	Value	Rank in Colorado
% living in poverty	25.43%	1
% with a bachelor's degree	14.22%	63
Median Household Income	\$40,972	60
Median Home Value	\$88,900	63
Median Gross Rent	\$703	54

Source: 2023. County Health Rankings⁴⁵

Table 3: Bent County Population Estimates by Age

Age	Number 2020	Number 2021	2030 Forecast
Total	5624	5723	5564
0-17	839	842	818
18-24	445	436	410
25-44	1901	1952	1925
45-64	1311	1304	1355
65+	1128	1189	1056

Source: 2017-2021. National Center for Education Statistics⁴⁸

Table 4: Bent County Race/Ethnicity

Race/Ethnicity	Percentage, 2021	Number, 2021
Hispanic	32.3%	1907
White Alone	56.7%	3246
Black or African American Alone	6.54%	347
Asian Alone	1.09%	62
Native Hawaiian or Other Pacific Islander	0.01%	5
American Indian and Alaska Native Alone	1.37%	78
Two or more	0.89%	51

Source: 2020-2022. United States Census Bureau⁴⁶

Appendix 4: Standards

Colorado Academic Standards

The Office of Standards and Instructional Support (SIS) within the CDE develops and regularly updates a set of academic standards that are unique to each grade level for kindergarten through 8th grade and one set of standards for high school students. The CAS are divided into ten different content areas that reflect the state's academic priorities. The CAS are designed to guide local school districts in developing curriculum and educators implementing curriculum in the classroom.

The Comprehensive Health standards are a division of the CAS that address health education and physical education among Colorado students. There are four distinct standards within the Comprehensive Health division, which include movement competence and understanding, physical and personal wellness, social and emotional wellness, and prevention and risk management. Each standard is represented by different learning and developmental expectations by grade level, and CDE emphasizes the importance of interactive classroom learning where students are given the opportunity to practice and develop skills that will help them make informed decisions and live healthy lives.⁵⁶ Initially, TSRG investigated whether the LST curriculum needed to be aligned with the Colorado Comprehensive Health standards to ensure that the agreed-upon, statewide expectations and outcomes are represented in classroom instruction. It was decided that because the LST was aligned with the NHES and that other organizations have aligned the curriculum with the Colorado standards, that additional alignment was not necessary.

National Health Education Standards

NHES were established in 1995 and revised in 2007. They were developed to establish, promote and support health-enhancing behaviors through essential skill and knowledge development for students in grades kindergarten through 12.⁵⁷ Specific guidance on what students should know at each grade level exist to support educators in designing curricula and instruction. Below is a list of the current standards. The LST aligns with these standards, so the LASD did not need to realign the LST with the CAS.

There are 8 current NHES⁵⁸:



Students comprehend functional health knowledge to enhance health.

2nd STANDARD Students analyze the influence of family, peers, culture, social media, technology, and other determinants on health behaviors.



Students demonstrate health literacy by accessing valid and reliable health information, products, and services to enhance health.



Students demonstrate effective interpersonal communication skills to enhance health.



Students demonstrate effective decision-making skills to enhance health.





Students demonstrate observable health and safety practices.



Students advocate for behaviors that support personal, family, peer, school, and community health.

Middle School Level 1

The Botvin Program's NHES Alignment helps providers match the objectives of the LST curriculum with NHES, published in 1995. NHES provides a written framework for what students should know and be able to do to promote personal, family, and community health as articulated by performance indicators that serve as a blueprint for organizing student assessment.

Why align the LST Program with NHESs? Many school districts find that conducting an alignment of the goals and objectives of the lessons in the LST program with the NHESs has many benefits:

- Assists in identifying ways to incorporate the LST program into existing curriculum requirements
- Increases fidelity-based implementation of the program, which increases effectveness in outcomes to reduce and prevent health risk behovior in elementary and middle school students
- Encorages faculty and administrative adoption and support for inclusion of prevention education in the overall curriculum rather than viewing it as an add-on or supplemental curriculum that has to be fit into existing requirements

Table 5: National Health Education Standards Key

	National Health Education Standards Key	Кеу
1	Students will comprehend concepts related to health promotion and disease prevention to enhance health	NHES1
2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors	NHES2
3	Students will demonstrate the ability to access valid information, products, and services to enhance health	NHES3
4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks	NHES4
5	Students will demonstrate the ability to use decision-making skills to enhance health	NHES5
6	Students will demonstrate the ability to use goal-setting skills to enhance health	NHES6
7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks	NHES7
8	Students will demonstrate the ability to advocate for personal, family, and community health	NHES8

Additional detail for each year of Middle School curriculum and each lesson are available on the Botvin LifeSkills website at: LST Curriculum Alignment Tools -Botvin LifeSkills TrainingBotvin LifeSkills Training

Appendix 5: Healthy Kids Colorado Survey

Risk and Protective Factors

Risk and protective factors are organized by four domains as indicated in Table 6. The listed risk and protective factors within each domain are those defined by the State of Colorado's HKCS. Through our investigation, it was determined that 29 HKCS questions are not linked to a risk or protective factor. As of this publication, the project team has not been able to verify why this is the case, but in Table 11 each question not linked to a risk or protective factor has been identified.

Table 6: Risk and Protective Factors Associated with Substance Use

Risk Factor Protective Factor				
Domains	Risk or Protective Factor			
	Availability of substances			
	Community Laws and Norms Favorable to Substance Use			
	Low Neighborhood Attachment and Community Disorganization			
Community/Society	Transitions and Mobility			
	Extreme Economic Deprivation			
	Opportunities for Prosocial Involvement			
	Recognition for Prosocial Involvement			
	Academic Failure Beginning in Late Elementary School			
School	Lack of Commitment to School			
	School Opportunities for Prosocial Involvement			
	Family Management Problems			
Family	Family History of Substance Misuse			
ramity	Favorable Parental Attitudes and Involvement in Substance Use			
	Family Opportunities for Prosocial Involvement			
Individual	Favorable Attitudes Toward Substance Use			
	Early Initiation of Substance Use			

Source: 2019. Colorado Department of Public Health and Environment²¹

Comparison of Youth Surveys

Through interviews with prevention science experts, TSRG learned about the Pennsylvania Youth Survey (PAYS). Through our investigation and analysis, the project team determined there was an opportunity to examine how PAYS v. the HKCS survey instruments correlated the questions to the risk and protective factors.

Similar to Colorado, Pennsylvania employs a CTC operating system. CTC organizes stakeholders into a coalition of community partners who collaborate to collect specific epidemiologic data on risk and protective factors relevant to youth substance use, delinquency, mental health, or other outcomes.⁴ In Pennsylvania, the CTC coalition has its own youth survey called the PAYS. Like the HKCS, PAYS is distributed every two years to a sample of school districts in Pennsylvania and ask questions that correlate with specific risk and protective factors.²² Each state produces biennial reports with survey results for the state overall and county or regional results.

One area where PAYS excels over HKCS is in its reporting of risk and protective factors. HKCS reports results for each question and includes a paired risk or protective factor for relevant questions. PAYS extrapolates results from each question and reports the specific prevalence of risk and protective factors for the state and for each county.²²

Table 7: Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison:

Junior High School

Data is Better in 2021 than 2019

Data is Worse in 2021 than 2019

Health Measures*	LASD 2019 Total % (95% CI)	LASD 2021 Total % (95% CI)	State 2019 Total % (95% CI)	State 2021 Total % (95% CI)**
Торассо				
Percentage of students who ever tried cigarette smoking, even one or two puffs	22.6 (14.5 - 30.6)	10.0 (3.7 - 16.3)	7.9 (6.0 - 9.8)	3.9 (3.0 - 4.8)
Percentage of students who ever smoked a whole cigarette before the age of 11	3.1 (1.0 - 5.3)	.()	2.3 (1.6 - 3.1)	1.8 (1.3 - 2.3)
Percentage of students who smoked cigarettes on one or more of the past 30 days	6.7 (1.9 - 11.4)	.()	1.4 (0.9 - 1.9)	1.3 (0.9 - 1.7)
Among students who were younger than 16 and who reported current cigarette use, the percentage who usually got their own cigarettes by buying them in a store or gas station during the past 30 days	.()	.()	2.0 (0.0 - 4.2)	.()
Percentage of students who feel it would be sort of easy or very easy to get cigarettes if they wanted	36.4 (25.8 - 46.9)	15.5 (8.4 - 22.6)	25.7 (24.0 - 27.3)	18.7 (16.6 - 20.7)
Percentage of students who think people who smoke one or more packs of cigarettes per day have a moderate or great risk of harm	80.4 (74.4 - 86.3)	83.7 (76.4 - 90.9)	85.8 (82.2 - 89.3)	88.5 (85.9 - 91.0)
Percentage of students who think their parents or guardians would feel it is wrong or very wrong if they smoked cigarettes	93.9 (89.5 - 98.3)	93.3 (88.4 - 98.2)	97.7 (97.0 - 98.4)	97.3 (96.7 - 97.9)
Percentage of students who have ever used an electronic vapor product	30.7 (19.2 - 42.3)	29.8 (20.9 - 38.7)	17.7 (14.2 - 21.2)	11.3 (8.5 - 14.1)
Percentage of students who used an electronic vapor product in the past 30 days	9.2 (3.2 - 15.3)	45.2 (26.6 - 63.7)	8.2 (5.9 - 10.5)	5.7 (3.9 - 7.4)
Percentage of students who think people who use electronic vapor products every day have a moderate or great risk of harm	72.2 (64.4 - 79.9)	80.4 (72.6 - 88.2)	77.9 (73.4 - 82.3)	82.8 (79.3 - 86.4)
Percentage of students who think it is wrong or very wrong for someone their age to use electronic vapor products	79.2 (70.0 - 88.4)	74.8 (66.2 - 83.3)	87.3 (84.7 - 90.0)	89.4 (87.0 - 91.8)
Alcohol				
Percentage of students who had ever had a drink of alcohol, other than a few sips	27.6 (22.6 - 32.6)	22.1 (14.0 - 30.2)	16.9 (14.0 - 19.8)	11.2 (9.2 - 13.2)
Percentage of students who had their first drink of alcohol, other than a few sips, before the age of 11	9.3 (3.7 - 14.9)	.()	7.4 (5.9 - 8.8)	4.9 (3.8 - 6.0)
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	10.4 (2.9 - 17.8)	.()	6.6 (5.0 - 8.1)	3.9 (2.8 - 5.1)
Percentage of students who thought 5 or more out of every 10 students in their grade drank alcohol in the past 30 days	24.4 (14.8 - 34.0)	21.8 (13.6 - 30.0)	23.9 (20.4 - 27.3)	17.7 (14.4 - 20.9)
Percentage of students who feel it would be sort of easy or very easy to get alcohol if they wanted	29.5 (21.3 - 37.7)	24.3 (15.9 - 32.7)	33.1 (30.9 - 35.2)	27.0 (24.3 - 29.8)

Source: 2019. Colorado School of Public Health⁵⁰

Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: Junior High School Continued

Health Measures*	LASD 2019 Total % (95% CI)	LASD 2021 Total % (95% CI)	State 2019 Total % (95% CI)	State 2021 Total % (95% CI)**
Alcohol Continued				
Percentage of students who think people who drink one or two drinks nearly every day have moderate or great risk of harm	75.1 (66.8 - 83.5)	78.6 (70.6 - 86.7)	75.9 (73.3 - 78.6)	79.4 (77.1 - 81.7)
Percentage of students who think it is wrong or very wrong for someone the same age to drink alcohol regularly (at least once or twice per month)	89.3 (83.7 - 94.9)	83.5 (76.2 -90.8)	89.1 (87.3 - 90.8)	90.5 (88.6 - 92.4)
Percentage of students who think their parents or guardians would feel it is wrong or very wrong if they drank alcohol regularly (once or twice per month)	95.0 (92.1 - 97.8)	88.2 (81.9 - 94.6)	92.7 (91.6 - 93.7)	94.0 (92.9 - 95.1)
Marijuana				
Percentage of students who have ever used marijuana	25.4 (12.6 - 38.2)	13.6 (6.9 - 20.3)	9.9 (6.9 - 12.9)	5.2 (3.3 - 7.2)
Percentage of students who tried marijuana for the first time before the age of 11	7.4 (3.4 - 11.5)	.()	2.5 (1.3 - 3.6)	1.5 (0.8 - 2.1)
Percentage of students who used marijuana one or more times during the past 30 days	5.8 (3.3 - 8.3)	.()	5.2 (3.3 - 7.2)	3.0 (1.7 - 4.3)
Percentage of students who thought 5 or more out of every 10 students in their grade used marijuana in the past 30 days	22.8 (14.7 - 30.8)	27.5 (18.6 - 36.3)	24.8 (19.1 - 30.5)	16.7 (12.5 - 20.9)
Percentage of students who feel it would be sort of easy or very easy to get marijuana if they wanted	25.5 (20.9 - 30.2)	15.5 (8.4 - 22.6)	18.7 (15.8 - 21.6)	13.4 (11.1 - 15.8)
Percentage of students who think people who use marijuana regularly have moderate or great risk of harm	58.0 (52.3 - 63.8)	76.7 (68.4 - 85.0)	72.6 (68.1 - 77.1)	81.6 (77.8 - 85.5)
Percentage of students who think it is wrong or very wrong for some- one the same age to use marijuana	74.7 (66.2 - 83.2)	82.5 (74.8 - 90.2)	87.9 (85.3 - 90.5)	91.2 (88.6 - 93.7)
Percentage of students who think their parents would feel it is wrong or very wrong if they used marijuana	80.4 (72.2 - 88.5)	93.1 (88.1 - 98.1)	95.2 (93.8 - 96.6)	96.3 (95.2 - 97.4)
Drugs				
Percentage of students who ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high	10.1 (2.9 - 17.2)	13.5 (6.8 - 20.1)	6.7 (5.4 - 8.0)	4.9 (3.9 - 5.8)
Percentage of students who feel it would be sort of easy or very easy to get drugs like cocaine, LSD, amphetamines, or another illegal drug, if they wanted	4.9 (0.0 - 9.9)	3.9 (0.1 - 7.8)	5.6 (4.5 - 6.8)	4.7 (3.8 - 5.7)
School				
Percentage of students who say their school grades are better than the grades of most students in their class	46.1 (40.9 - 51.4)	69.6 (60.5 - 78.7)	59.8 (56.6 - 63.0)	68.3 (65.3 - 71.3)
Percentage of students who participate in extracurricular activities at school	81.1 (73.4 - 88.8)	71.6 (62.7 - 80.5)	63.7 (59.5 - 67.9)	63.7 (59.2 - 68.1)
Percentage of students who think it is important or very important to finish high school	95.5 (91.3 - 99.7)	90.3 (84.5 - 96.1)	96.9 (96.1 - 97.6)	96.4 (95.6 - 97.2)

*Data are suppressed, shown by a period (.), when the number of student responding 'yes' to a question is fewer than 3, the number of students responding to a question overall is fewer than 30, or results represent 0% or 100% of students.

**Slight discrepancies may occur in the 95% confidence interval for 2021 results in this tab compared to the other tabs that only show 2021 results. This is due to the type of statistical analysis comparing two years of results and does not reduce the accuracy of the findings.

Source: 2019. Colorado School of Public Health⁵⁰

Table 8: Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: High School

Data is Better in 2021 than 2019

Data is Worse in 2021 than 2019

Health Measures*	LASD 2019 Total % (95% CI)	LASD 2021 Total % (95% CI)	Region 6 2019 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2019 % (95% CI)	State of CO 2021 % (95% CI)
Торассо			1	L		
Percentage of students who have ever smoked a cigarette, even one or two puffs	51.1 (44.1 - 58.2)	27.3 (15.1 - 39.4)	34.7 (31.4 - 38.0)	28.2 (22.9 - 33.5)	20.7 (19.8 - 21.6)	20.8 (20.0 - 21.6)
Percentage of students who smoked a cigarette, even one or two puffs, for the first time before age 13	21.0 (13.5 - 28.4)	10.9 (2.4 - 19.4)	15.6 (12.8 - 18.5)	10.8 (8.0 - 13.5)	7.6 (7.1 - 8.1)	6.9 (6.3 - 7.5)
Percentage of students who smoked cigarettes on one or more of the past 30 days	14.8 (10.7 - 18.9)	.()	7.6 (4.6 - 10.5)	4.0 (2.2 - 5.8)	5.7 (5.3 - 6.2)	3.3 (2.9 - 3.8)
Among students who smoked in the past 30 days, the percentage who smoked menthol cigarettes	.()	.()	38.4 (25.9 - 50.8)	52.4 (44.2 - 60.5)	30.0 (27.6 - 32.4)	33.2 (28.1 - 38.3)
Among students who reported current cigarette use, the percentage who ever tried to quit smoking cigarettes during the past 12 months	.()	.()	37.7 (24.1 - 51.3)	.()	48.1 (44.0 - 52.3)	41.5 (33.4 - 49.6)
Percentage of students who think it would be sort of easy or very easy to get cigarettes if they wanted	65.1 (58.0 - 72.1)	35.2 (22.0 - 48.3)	58.5 (53.6 - 63.5)	45.0 (40.0 - 49.9)	52.3 (51.4 - 53.3)	41.7 (40.7 - 42.6)
Percentage of students who think people who smoke one or more packs of cigarettes per day have a moderate or great risk of harm	80.8 (74.4 - 87.1)	.()	91.3 (87.9 - 94.7)	88.6 (83.7 - 93.5)	85.6 (84.7 - 86.6)	91.0 (89.7 - 92.4)
Percentage of students who think it is wrong or very wrong for someone the same age to smoke cigarettes	59.4 (49.1 - 69.6)	.()	81.1 (77.8 - 84.5)	85.8 (79.5 - 92.1)	81.3 (80.7 - 82.0)	83.3 (82.2 - 84.5)
Percentage of students who think adults in their neighborhood think it is wrong or very wrong for kids to smoke cigarettes	55.5 (46.2 - 64.9)	.()	79.4 (76.3 - 82.6)	88.4 (87.2 - 89.7)	87.5 (86.9 - 88.1)	91.7 (90.4 - 92.9)
Percentage of students who have used cigars, chewing tobacco, hookah or bidis in the past 30 days	14.2 (8.3 - 20.1)	.()	11.9 (7.3 - 16.4)	4.5 (2.6 - 6.3)	7.2 (6.7 - 7.7)	3.6 (3.2 - 3.9)
Percentage of students who have ever used an electronic vapor product	59.8 (51.8 - 67.9)	36.4 (23.2 - 49.5)	59.6 (52.7 - 66.6)	40.4 (27.0 - 53.8)	45.9 (44.7 - 47.1)	30.4 (29.1 - 31.7)
Among students who have used vapor products, the percentage who tried it for the first time before age 13	.()	.()	10.1 (8.0 - 12.3)	25.5 (18.4 - 32.6)	13.2 (12.3 - 14.2)	22.3 (21.0 - 23.7)
Percentage of students who used an electronic vapor product in the past 30 days	37.5 (28.7 - 46.3)	16.4 (6.3 - 26.5)	35.5 (29.4 - 41.5)	20.5 (15.0 - 26.1)	25.9 (24.9 - 26.9)	16.1 (15.5 - 16.7)
Among students who have used vapor products, the percentage who used them because friend(s) or family used them	.()	.()	45.0 (38.6 - 51.4)	43.1 (31.6 - 54.6)	45.5 (44.3 - 46.7)	46.7 (44.5 - 49.0)
Among students who have used vapor products, the percentage who used them because they were trying to quit other tobacco products	.()	.()	3.0 (1.5 - 4.6)	1.6 (0.0 - 3.5)	4.2 (3.7 - 4.6)	2.6 (1.9 - 3.4)
Among students who have used vapor products, the percentage who used them because they cost less than other tobacco products	.()	.()	2.5 (1.4 - 3.5)	2.5 (1.1 - 4.0)	3.5 (3.2 - 3.9)	2.6 (2.2 - 3.0)
Among students who have used vapor products, the percentage who used them because it is easier to get them than other tobacco products	.()	.()	4.6 (3.2 - 6.1)	8.0 (3.4 - 12.7)	6.1 (5.5 - 6.7)	9.2 (8.3 - 10.0)
Among students who have used vapor products, the percentage who used them because they are less harmful than other tobacco products	.()	.()	14.6 (7.5 - 21.7)	8.2 (1.9 - 14.5)	12.3 (11.5 - 13.1)	12.2 (11.2 - 13.1)
Among students who have used vapor products, the percentage who used them because they are flavored	.()	.()	23.1 (15.0 - 31.2)	19.0 (15.7 - 22.3)	18.4 (17.4 - 19.4)	22.6 (20.8 - 24.4)

Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: High School Continued

Health Measures*	LASD 2019 Total % (95% CI)	LASD 2021 Total % (95% CI)	Region 6 2019 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2019 % (95% CI)	State of CO 2021 % (95% CI)
Tobacco Continued	<u>I</u>		I	l.	1	l.
Among students who have used vapor products, the percentage who used them because they are allowed in areas where other products are not	.()	.()	8.0 (4.2 - 11.9)	7.4 (2.9 - 12.0)	7.3 (6.6 - 8.1)	6.8 (5.0 - 8.6)
Among students who used electronic vapor products in the past 30 days, the percentage who tried to quit in the past 12 months	.()	.()	52.1 (44.7 - 59.6)	59.6 (43.3 - 75.9)	53.4 (51.4 - 55.5)	50.8 (46.1 - 55.6)
Percentage of students who feel it would be sort of easy or very easy to get electronic vapor products if they wanted	58.1 (45.3 - 70.9)	44.1 (26.5 - 61.7)	69.7 (67.1 - 72.3)	54.5 (50.8 - 58.2)	63.2 (61.8 - 64.6)	51.4 (50.0 - 52.8)
Percentage of students who think people who use electronic vapor products every day have a moderate or great risk of harm	81.2 (72.8 - 89.5)	67.6 (51.1 - 84.2)	70.8 (65.4 - 76.3)	72.9 (68.9 - 77.0)	73.0 (72.1 - 73.9)	79.6 (78.5 - 80.6)
Percentage of students who think it is wrong or very wrong for someone of the same age to use electronic vapor products	60.6 (51.0 - 70.1)	58.8 (41.4 - 76.3)	57.7 (51.7 - 63.6)	71.2 (64.9 - 77.5)	65.5 (64.6 - 66.4)	70.2 (69.2 - 71.2)
Percentage of students who think most adults in their neighborhood think kids using electronic vapor products is wrong or very wrong	68.6 (62.1 - 75.0)	73.5 (57.9 - 89.2)	78.7 (74.3 - 83.2)	78.7 (74.6 - 82.8)	81.9 (80.9 - 82.9)	85.0 (82.8 - 87.3)
Percentage of students who think parents or guardians would feel it is wrong or very wrong for you to use electronic vapor products	79.7 (71.8 - 87.7)	.()	89.5 (85.8 - 93.1)	93.4 (91.1 - 95.7)	90.3 (89.7 - 90.8)	93.6 (93.0 - 94.3)
Percentage of students who think 5 or more out of every 10 students at school use electronic vapor products	78.0 (70.8 - 85.1)	55.9 (38.3 - 73.5)	60.8 (49.4 - 72.2)	55.5 (47.8 - 63.2)	64.1 (62.3 - 66.0)	50.3 (47.6 - 53.1)
Percentage of students who think breathing second hand vapor has a moderate or great risk	63.6 (54.6 - 72.6)	55.9 (38.3 - 73.5)	50.8 (45.1 - 56.4)	62.7 (58.0 - 67.4)	55.1 (54.1 - 56.0)	59.4 (58.1 - 60.8)
Percentage of students who were inside their home while someone was smoking a cigarette, cigar, pipe, or using an electronic vapor product for one or more days in the past 7 days	41.7 (32.2 - 51.2)	11.8 (0.4 - 23.2)	32.2 (28.1 - 36.4)	19.1 (17.8 - 20.5)	18.5 (17.7 - 19.2)	15.8 (14.2 - 17.4)
Percentage of students who were inside their car while their parent or guardian was smoking a cigarette, cigar, pipe, or using an electronic vapor product for one or more days in the past 7 days	30.0 (16.1 - 43.8)	23.5 (8.5 - 38.6)	23.1 (19.0 - 27.2)	16.6 (12.9 - 20.2)	11.8 (10.9 - 12.6)	9.3 (8.2 - 10.5)
Alcohol						
Percentage of students who had their first drink of alcohol, other than a few sips, before age 13	29.8 (22.0 - 37.6)	23.6 (12.0 - 35.2)	27.4 (23.8 - 31.0)	19.0 (15.4 - 22.5)	17.6 (16.9 - 18.2)	15.0 (13.7 - 16.3)
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	17.6 (11.7 - 23.6)	14.5 (4.9 - 24.2)	35.4 (31.3 - 39.6)	26.0 (19.9 - 32.0)	29.6 (28.3 - 30.8)	23.6 (21.9 - 25.4)
Percentage of students who thought 5 or more out of every 10 students in the same grade had 5 or more drinks on at least one day in the past 30 days	58.1 (49.9 - 66.3)	.()	46.7 (37.4 - 55.9)	40.0 (31.0 - 49.1)	40.6 (39.4 - 41.9)	34.1 (32.3 - 35.8)
Percentage of students who feel it would be sort of easy or very easy to get alcohol if they wanted	59.0 (51.2 - 66.8)	.()	60.2 (55.0 - 65.4)	57.3 (49.7 - 65.0)	59.0 (57.7 - 60.3)	53.1 (50.3 - 56.0)
Percentage of students who think people who have one or two drinks nearly every day have moderate or great risk of harm	63.9 (58.7 - 69.2)	.()	66.4 (64.4 - 68.5)	82.1 (73.5 - 90.8)	69.6 (68.7 - 70.5)	79.9 (79.0 - 80.8)
Percentage of students who think it is wrong or very wrong for someone the same age to drink alcohol regularly (at least once or twice per month)	57.1 (47.0 - 67.1)	.()	58.2 (54.0 - 62.5)	67.5 (61.2 - 73.9)	62.2 (60.8 - 63.5)	65.3 (63.6 - 67.1)
Percentage of students who think their parents or guardians would usually or definitely catch them if they drank beer, wine, or hard liquor without permission	38.6 (30.9 - 46.3)	.()	44.0 (39.6 - 48.4)	57.7 (48.4 - 67.0)	46.8 (45.6 - 48.1)	56.7 (55.5 - 57.9)

Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: High School Continued

Health Measures*	LASD 2019 Total % (95% CI)	LASD 2021 Total % (95% CI)	Region 6 2019 Total % (95% Cl)	Region 6 2021 Total % (95% CI)**	State of CO 2019 % (95% CI)	State of CO 2021 % (95% CI)
Alcohol Continued				-		
Percentage of students who think their parents or guardians would feel it is wrong or very wrong if they drank alcohol regularly (at least once or twice per month)	82.6 (75.5 - 89.8)	.()	79.6 (76.0 - 83.1)	81.6 (79.1 - 84.0)	82.1 (81.2 - 83.0)	84.3 (83.4 - 85.1)
Percentage of students who think adults (over 21) in their neighborhood think it is wrong or very wrong for kids to drink alcohol	55.6 (44.5 - 66.7)	.()	65.0 (60.1 - 70.0)	77.8 (74.8 - 80.8)	78.0 (77.2 - 78.8)	82.2 (81.3 - 83.1)
Marijuana						
Percentage of students who used marijuana one or more times during their life	55.2 (48.3 - 62.1)	37.7 (24.2 - 51.2)	43.1 (35.5 - 50.7)	27.6 (24.5 - 30.6)	35.8 (34.1 - 37.6)	26.1 (24.4 - 27.9)
Percentage of students who tried marijuana for the first time before age 13	22.0 (12.3 - 31.8)	.()	11.9 (7.6 - 16.2)	5.5 (2.9 - 8.1)	6.7 (6.0 - 7.3)	5.0 (3.9 - 6.1)
Percentage of students who used marijuana one or more times during the past 30 days	28.1 (19.2 - 37.0)	17.6 (6.8 - 28.5)	22.5 (15.8 - 29.3)	11.7 (9.0 - 14.5)	20.6 (19.3 - 21.9)	13.3 (12.5 - 14.1)
Among students who used marijuana in the past 30 days, the percentage who smoked it	.()	.()	86.3 (77.5 - 95.0)	83.5 (57.2 - 100.0)	77.9 (76.2 - 79.6)	79.5 (76.0 - 83.0)
Among students who used marijuana in the past 30 days, the percentage who ate it	.()	.()	34.0 (28.1 - 39.9)	35.1 (29.6 - 40.6)	35.6 (33.8 - 37.4)	36.6 (34.1 - 39.0)
Among students who used marijuana in the past 30 days, the percentage who vaporized it	.()	.()	20.9 (13.4 - 28.3)	18.6 (1.7 - 35.5)	34.3 (32.0 - 36.7)	39.1 (34.6 - 43.6)
Among students who used marijuana in the past 30 days, the percentage who dabbed it	.()	.()	60.5 (49.2 - 71.8)	53.7 (39.9 - 67.4)	52.0 (49.7 - 54.3)	49.2 (43.1 - 55.3)
Percentage of students who feel it would be sort of easy or very easy to get marijuana if they wanted	66.3 (56.8 - 75.9)	.()	54.3 (46.5 - 62.1)	46.0 (42.7 - 49.3)	51.4 (50.1 - 52.6)	40.3 (38.5 - 42.2)
Percentage of students who thought 5 or more out of every 10 students in their grade used marijuana in the past 30 days	65.0 (53.5 - 76.5)	52.9 (35.3 - 70.6)	47.7 (27.2 - 68.2)	36.8 (16.6 - 57.0)	48.4 (46.2 - 50.5)	39.5 (35.1 - 43.8)
Percentage of students who think people who use marijuana regularly have moderate or great risk of harm	36.8 (32.3 - 41.2)	48.1 (34.4 - 61.9)	46.1 (36.4 - 55.8)	61.9 (56.6 - 67.1)	50.1 (48.9 - 51.4)	60.4 (58.1 - 62.7)
Percentage of students who think it is wrong or very wrong for someone of the same age to use marijuana	52.8 (48.4 - 57.3)	58.5 (44.8 - 72.2)	55.9 (46.4 - 65.4)	67.3 (59.5 - 75.0)	58.9 (57.4 - 60.3)	64.1 (62.0 - 66.2)
Percentage of students who think their parents or guardians feel it is wrong or very wrong if they used marijuana	78.3 (73.8 - 82.9)	81.5 (70.8 - 92.2)	80.9 (73.6 - 88.2)	89.0 (84.7 - 93.4)	85.5 (84.6 - 86.5)	88.1 (86.7 - 89.4)
Percentage of students who think adults (over 21) in their neighborhood think it is wrong or very wrong for kids to use marijuana	49.9 (42.0 - 57.7)	.()	66.4 (56.3 - 76.5)	79.3 (70.9 - 87.6)	79.0 (77.5 - 80.5)	84.4 (81.8 - 87.0)
Prescription Pain Medication			-			
Percentage of students who have taken prescription pain medicine without a doctor's prescription one or more times during their life	17.9 (13.4 - 22.4)	13.0 (3.7 - 22.2)	16.0 (14.8 - 17.1)	11.2 (8.1 - 14.3)	15.2 (14.7 - 15.8)	14.5 (13.9 - 15.1)
Percentage of students who took prescription pain medicine without a doctor's prescription one or more times in the past 30 days	7.4 (3.8 - 10.9)	.()	6.6 (4.9 - 8.3)	4.2 (0.8 - 7.5)	6.9 (6.5 - 7.3)	5.9 (5.5 - 6.3)
Percentage of students who think it is sort of easy or very easy to get prescription drugs without a prescription	26.6 (20.3 - 32.8)	5.6 (0.0 - 11.9)	25.7 (23.0 - 28.3)	17.7 (14.2 - 21.3)	25.1 (24.5 - 25.7)	19.0 (17.6 - 20.4)
Percentage of students who think it is wrong or very wrong to use prescription drugs without a prescription	88.9 (84.5 - 93.4)	96.3 (91.1 - 100.0)	90.2 (88.1 - 92.2)	93.9 (90.8 - 97.1)	88.9 (88.4 - 89.4)	91.0 (90.1 - 92.0)

Healthy Kids Colorado Survey Pre-Covid (2019) vs. Post-Covid (2021) Comparison: High School Continued

Health Measures*	LASD 2019 Total % (95% CI)	LASD 2021 Total % (95% CI)	Region 6 2019 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2019 % (95% CI)	State of CO 2021 % (95% CI)
Other Drugs		1			<u>I</u>	
Percentage of students who feel it would be sort of easy or very easy to get drugs like cocaine, LSD, or amphetamines if they wanted	24.3 (16.3 - 32.3)	.()	15.6 (12.6 - 18.6)	10.8 (7.1 - 14.6)	17.8 (17.0 - 18.6)	14.4 (13.8 - 15.1)
Percentage of students who were offered, sold, or given an illegal drug on school property during the past 12 months	10.0 (5.6 - 14.4)	7.4 (0.2 - 14.6)	8.9 (6.2 - 11.6)	5.1 (3.5 - 6.6)	14.9 (14.2 - 15.6)	9.2 (8.8 - 9.7)
Home Life						
Percentage of students who usually slept somewhere other than their home during the past 30 days	9.0 (4.5 - 13.5)	11.3 (2.5 - 20.1)	8.3 (6.1 - 10.4)	6.8 (3.7 - 9.9)	6.6 (6.3 - 7.0)	5.5 (5.1 - 5.9)
Percentage of students who usually or definitely feel the rules in their family are clear	85.6 (81.4 - 89.8)	.()	92.0 (89.4 - 94.6)	98.3 (97.5 - 99.1)	91.7 (91.2 - 92.3)	93.3 (92.7 - 93.9)
Percentage of students who usually or definitely could ask their parents or guardians for help with a personal problem	69.0 (64.1 - 73.9)	81.5 (70.8 - 92.2)	83.9 (80.4 - 87.4)	81.9 (80.0 - 83.8)	82.3 (81.7 - 83.0)	82.4 (81.1 - 83.8)
Percentage of students who usually or definitely have parents or guardians who ask if their homework is done	63.5 (53.0 - 74.1)	.()	72.8 (68.6 - 77.0)	77.5 (73.6 - 81.4)	75.9 (74.9 - 76.9)	78.7 (77.5 - 79.9)
Percentage of students who usually or definitely think they would be caught by their parents or guardians for skipping school	84.4 (77.9 - 90.8)	.()	90.2 (86.8 - 93.6)	92.2 (87.6 - 96.9)	86.1 (84.9 - 87.4)	88.3 (85.1 - 91.4)
Percentage of students who usually or definitely have chances to do fun things with their parents or guardians	65.3 (60.3 - 70.4)	.()	75.7 (71.4 - 80.0)	80.0 (76.0 - 84.1)	76.3 (75.5 - 77.1)	79.6 (77.9 - 81.4)
Percentage of students who usually or definitely have parents or guardians who ask them what they think before most family decisions	54.6 (45.7 - 63.4)	.()	65.4 (59.9 - 70.9)	69.2 (60.2 - 78.3)	66.4 (65.5 - 67.2)	68.0 (65.8 - 70.2)
School						
Percentage of students who usually or definitely think their grades are better than most students in class	65.1 (59.3 - 70.8)	.()	68.2 (65.8 - 70.6)	70.2 (62.1 - 78.3)	63.4 (62.3 - 64.4)	68.9 (67.5 - 70.4)
Percentage of students who participated in organized community services as a non-paid volunteer one or more times during the past 30 days	33.6 (26.5 - 40.7)	.()	43.6 (36.7 - 50.5)	41.3 (30.0 - 52.6)	44.8 (43.5 - 46.2)	35.9 (33.6 - 38.2)
Percentage of students who participate in extracurricular activities at school	75.1 (67.0 - 83.3)	.()	78.4 (71.5 - 85.4)	67.0 (52.1 - 81.9)	67.3 (65.9 - 68.8)	59.6 (55.8 - 63.4)
Percentage of students who skipped one or more whole days of school during the past four weeks	14.1 (9.8 - 18.3)	.()	21.6 (17.6 - 25.6)	15.4 (11.9 - 18.9)	25.9 (24.5 - 27.3)	24.2 (20.8 - 27.5)
Percentage of students who usually or definitely feel safe at school	71.7 (66.1 - 77.3)	.()	86.5 (80.6 - 92.4)	88.2 (84.3 - 92.2)	86.2 (85.3 - 87.1)	90.0 (87.4 - 92.6)
Percentage of students who think it is important or very important to go to college, technical or vocational school	88.9 (85.2 - 92.6)	.()	88.7 (84.4 - 93.0)	88.0 (85.5 - 90.6)	88.9 (88.2 - 89.5)	86.5 (84.8 - 88.1)
Percentage of students who usually or definitely think their school lets their parents or guardians know when they have done something well	44.8 (37.3 - 52.4)	.()	35.2 (29.8 - 40.6)	48.4 (39.5 - 57.2)	35.8 (34.6 - 36.9)	47.3 (43.4 - 51.3)
Percentage of students who usually or definitely think their teacher notices when they do a good job and lets them know about it	52.9 (45.1 - 60.6)	.()	55.5 (49.6 - 61.3)	56.4 (54.2 - 58.6)	49.4 (48.1 - 50.6)	59.2 (57.8 - 60.7)
Percentage of students who think the things they are learning in school are going to be important or very important for later in life	61.0 (51.8 - 70.2)	.()	64.3 (59.8 - 68.8)	59.2 (54.9 - 63.4)	53.2 (52.1 - 54.3)	52.4 (50.8 - 53.9)

*Data are suppressed, shown by a period (..), when the number of student responding 'yes' to a question is fewer than 3, the number of students responding to a question overall is fewer than 30, or results represent 0% or 100% of students.

**Slight discrepancies may occur in the 95% confidence interval for 2021 results in this tab compared to the other tabs that only show 2021 results. This is due to the type of statistical analysis comparing two years of results and does not reduce the accuracy of the findings.

Table 9: Las Animas School District - Junior High School - Demographic Data HealthyKids Colorado Survey - 2021

Demographic	Number of Respondents	Number/Total Sample
Participants	109	100%
Gender		
Female	54	50.0%
Male	46	42.6%
Genderqueer/Nonbinary	5	4.6%
Grade		
6th	38	36.9%
7th	38	36.9%
8th	27	26.2%
Race/Ethnicity		
White	37	35.6%
Hispanic/Latinx	23	22.1%
Black/African American	2	1.9%
Asian	0	0.00%
American Indian/Alaska Native	6	5.8%
Native Hawaiian/Other Pacific Islander	0	0.0%
Multi-racial	29	27.9%
Sexual Orientation		
Heterosexual (Straight)	62	63.3%
Bisexual	20	20.4%
Gay or Lesbian	4	4.1%
Not sure	3	3.1%
Gender Identity		
Cisgender	97	93.3%
Transgender	2	1.9%
Not Sure	5	4.8%

Table 10: Las Animas School District - High School - Demographic Data Healthy Kids Colorado Survey - 2021

Demographic	Number of Respondents	Number/Total Sample
Participants		
Total	57	100.00%
Gender		
Female	25	43.9%
Male	28	49.1%
Genderqueer/Nonbinary	4	7%
Grade		
9th	19	35.2%
10th	15	27.8%
11th	7	13.0%
12th	13	24.1%
Race/Ethnicity		
White	24	42.1%
Hispanic/Latino	5	8.8%
Black/African American	0	0.0%
East/Southeast Asian	0	0.0%
South Asian	0	0.0%
American Indian/Alaska Native	2	3.5%
Native Hawaiian/Other Pacific Islander	0	0.0%
Middle Eastern/North American/Arab	0	0.0%
Multi-racial	26	45.6%
Other	0	0.0%
Sexual Orientation		
Heterosexual (Straight)	44	77.2%
Bisexual	7	12.3%
Gay or Lesbian	2	3.5%
Asexual	1	1.8%
Not Sure	1	1.8%
Other	2	3.5%
Gender Identity		
Cisgender	50	94.3%
Transgender	1	1.9%
Not Sure	2	3.8%

Table 11: Las Animas School District - High School v. Region 6 v. State of Colorado - 2021

LASD data is better, more positive than state data LASD data is worse than state data 2019

** No risk or protective factor identified. Need to determine if a risk or protective factor could be applied.

Health Measures*	Risk & Protective Factor	LASD 2021 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2021 % (95% CI)
Торассо				
Percentage of students who have ever smoked a cigarette, even one or two puffs	Risk Factor: Early Initiation of Substance Use	27.3 (15.1 - 39.4)	28.2 (22.9 - 33.5)	20.8 (20.0 - 21.6)
Percentage of students who smoked a cigarette, even one or two puffs, for the first time before age 13	Risk Factor: Early Initiation of Substance Use	10.9 (2.4 - 19.4)	10.8 (8.0 - 13.5)	6.9 (6.3 - 7.5)
Percentage of students who smoked cigarettes on one or more of the past 30 days	**	.()	4.0 (2.2 - 5.8)	3.3 (2.9 - 3.8)
Among students who smoked in the past 30 days, the percentage who smoked menthol cigarettes	**	.()	52.4 (44.2 - 60.5)	33.2 (28.1 - 38.3)
Among students who reported current cigarette use, the percentage who ever tried to quit smoking cigarettes during the past 12 months	**	.()	.()	41.5 (33.4 - 49.6)
Percentage of students who think it would be sort of easy or very easy to get cigarettes if they wanted	Risk Factor: Availability of Substances in Community	35.2 (22.0 - 48.3)	45.0 (40.0 - 49.9)	41.7 (40.7 - 42.6)
Percentage of students who think people who smoke one or more packs of cigarettes per day have a moderate or great risk of harm	Risk Factor: Youth Perception of Substance Use Risk	.()	88.6 (83.7 - 93.5)	91.0 (89.7 - 92.4)
Percentage of students who think it is wrong or very wrong for someone the same age to smoke cigarettes	Risk Factor: Youth Peer Attitudes Favorable Towards Substance Use	.()	85.8 (79.5 - 92.1)	83.3 (82.2 - 84.5)
Percentage of students who think adults in their neighborhood think it is wrong or very wrong for kids to smoke cigarettes	Risk Factor: Community Norms Favorable Toward Substance Use	.()	88.4 (87.2 - 89.7)	91.7 (90.4 - 92.9)
Percentage of students who have used cigars, chewing tobacco, hookah or bidis in the past 30 days	**	.()	4.5 (2.6 - 6.3)	3.6 (3.2 - 3.9)
Percentage of students who have ever used an electronic vapor product	**	36.4 (23.2 - 49.5)	40.4 (27.0 - 53.8)	30.4 (29.1 - 31.7)
Among students who have used vapor products, the percentage who tried it for the first time before age 13	Risk Factor: Early Initiation of Substance Use	.()	25.5 (18.4 - 32.6)	22.3 (21.0 - 23.7)
Percentage of students who used an electronic vapor product in the past 30 days	**	16.4 (6.3 - 26.5)	20.5 (15.0 - 26.1)	16.1 (15.5 - 16.7)
Among students who have used vapor products, the percentage who used them because friend(s) or family used them	**	.()	43.1 (31.6 - 54.6)	46.7 (44.5 - 49.0)
Among students who have used vapor products, the percentage who used them because they were trying to quit other tobacco products	**	.()	1.6 (0.0 - 3.5)	2.6 (1.9 - 3.4)
Among students who have used vapor products, the percentage who used them because they cost less than other tobacco products	**	.()	2.5 (1.1 - 4.0)	2.6 (2.2 - 3.0)
Among students who have used vapor products, the percentage who used them because it is easier to get them than other tobacco products	**	.()	8.0 (3.4 - 12.7)	9.2 (8.3 - 10.0)
Among students who have used vapor products, the percentage who used them because they are less harmful than other tobacco products	**	.()	8.2 (1.9 - 14.5)	12.2 (11.2 - 13.1)

Las Animas School District - High School v. Region 6 v. State of Colorado - 2021 Continued

Health Measures*	Risk & Protective Factor	LASD 2021 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2021 % (95% CI)	
Tobacco Continued					
Among students who have used vapor products, the percentage who used them because they are flavored	**	.()	19.0 (15.7 - 22.3)	22.6 (20.8 - 24.4)	
Among students who have used vapor products, the percentage who used them because they are allowed in areas where other products are not	**	.()	7.4 (2.9 - 12.0)	6.8 (5.0 - 8.6)	
Among students who used electronic vapor products in the past 30 days, the percentage who tried to quit in the past 12 months	**	.()	59.6 (43.3 - 75.9)	50.8 (46.1 - 55.6)	
Percentage of students who feel it would be sort of easy or very easy to get electronic vapor products if they wanted	Risk Factor: Availability of Substances in Community	44.1 (26.5 - 61.7)	54.5 (50.8 - 58.2)	51.4 (50.0 - 52.8)	
Percentage of students who think people who use electronic vapor products every day have a moderate or great risk of harm	Risk Factor: Youth Perception of Substance Use Risk	67.6 (51.1 - 84.2)	72.9 (68.9 - 77.0)	79.6 (78.5 - 80.6)	
Percentage of students who think it is wrong or very wrong for someone of the same age to use electronic vapor products	Risk Factor: Youth Peer Attitudes Favorable Towards Substance Use	58.8 (41.4 - 76.3)	71.2 (64.9 - 77.5)	70.2 (69.2 - 71.2)	
Percentage of students who think most adults in their neighborhood think kids using electronic vapor products is wrong or very wrong	Risk Factor: Community Norms Favorable Toward Substance Use	73.5 (57.9 - 89.2)	78.7 (74.6 - 82.8)	85.0 (82.8 - 87.3)	
Percentage of students who think parents or guardians would feel it is wrong or very wrong for you to use electronic vapor products	Risk Factor: Parental Attitudes Favorable Toward Substance Use	.()	93.4 (91.1 - 95.7)	93.6 (93.0 - 94.3)	
Percentage of students who think 5 or more out of every 10 students at school use electronic vapor products	**	55.9 (38.3 - 73.5)	55.5 (47.8 - 63.2)	50.3 (47.6 - 53.1)	
Percentage of students who think breathing second hand vapor has a moderate or great risk	Risk Factor: Youth Perception of Substance Use Risk	55.9 (38.3 - 73.5)	62.7 (58.0 - 67.4)	59.4 (58.1 - 60.8)	
Percentage of students who were inside their home while someone was smoking a cigarette, cigar, pipe, or using an electronic vapor product for one or more days in the past 7 days	**	11.8 (0.4 - 23.2)	19.1 (17.8 - 20.5)	15.8 (14.2 - 17.4)	
Percentage of students who were inside their car while their parent or guardian was smoking a cigarette, cigar, pipe, or using an electronic vapor product for one or more days in the past 7 days	**	23.5 (8.5 - 38.6)	16.6 (12.9 - 20.2)	9.3 (8.2 - 10.5)	
Alcohol					
Percentage of students who had their first drink of alcohol, other than a few sips, before age 13	Risk Factor: Early Initiation of Substance Use	23.6 (12.0 - 35.2)	19.0 (15.4 - 22.5)	15.0 (13.7 - 16.3)	
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	**	14.5 (4.9 - 24.2)	26.0 (19.9 - 32.0)	23.6 (21.9 - 25.4)	
Percentage of students who thought 5 or more out of every 10 students in the same grade had 5 or more drinks on at least one day in the past 30 days	**	.()	40.0 (31.0 - 49.1)	34.1 (32.3 - 35.8)	
Percentage of students who feel it would be sort of easy or very easy to get alcohol if they wanted	Risk Factor: Availability of Substances in Community	.()	57.3 (49.7 - 65.0)	53.1 (50.3 - 56.0)	
Percentage of students who think people who have one or two drinks nearly every day have moderate or great risk of harm	Risk Factor: Youth Perception of Substance Use Risk	.()	82.1 (73.5 - 90.8)	79.9 (79.0 - 80.8)	

Las Animas School District - High School v. Region 6 v. State of Colorado - 2021 Continued

Health Measures*	Risk & Protective Factor	LASD 2021 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2021 % (95% CI)	
Alcohol Continued					
Percentage of students who think it is wrong or very wrong for someone the same age to drink alcohol regularly (at least once or twice per month)	Risk Factor: Youth Peer Attitudes Favorable Towards Substance Use	.()	67.5 (61.2 - 73.9)	65.3 (63.6 - 67.1)	
Percentage of students who think their parents or guardians would feel it is wrong or very wrong if they drank alcohol regularly (at least once or twice per month)	Risk Factor: Parental Attitudes Favorable Toward Substance Use	.()	81.6 (79.1 - 84.0)	84.3 (83.4 - 85.1)	
Percentage of students who think adults (over 21) in their neighborhood think it is wrong or very wrong for kids to drink alcohol	Risk Factor: Community Norms Favorable Toward Substance Use	.()	77.8 (74.8 - 80.8)	82.2 (81.3 - 83.1)	
Percentage of students who think their parents or guardians would usually or definitely catch them if they drank beer, wine, or hard liquor without permission	Risk Factor: Limited Parent Time to Monitor Youth Behavior	.()	57.7 (48.4 - 67.0)	56.7 (55.5 - 57.9)	
Marijuana					
Percentage of students who used marijuana one or more times during their life	**	37.7 (24.2 - 51.2)	27.6 (24.5 - 30.6)	26.1 (24.4 - 27.9)	
Percentage of students who tried marijuana for the first time before age 13	Risk Factor: Early Initiation of Substance Use	.()	5.5 (2.9 - 8.1)	5.0 (3.9 - 6.1)	
Percentage of students who used marijuana one or more times during the past 30 days	**	17.6 (6.8 - 28.5)	11.7 (9.0 - 14.5)	13.3 (12.5 - 14.1)	
Among students who used marijuana in the past 30 days, the percentage who smoked it	**	.()	83.5 (57.2 - 100.0)	79.5 (76.0 - 83.0)	
Among students who used marijuana in the past 30 days, the percentage who ate it	**	.()	35.1 (29.6 - 40.6)	36.6 (34.1 - 39.0)	
Among students who used marijuana in the past 30 days, the percentage who vaporized it	**	.()	18.6 (1.7 - 35.5)	39.1 (34.6 - 43.6)	
Among students who used marijuana in the past 30 days, the percentage who dabbed it	**	.()	53.7 (39.9 - 67.4)	49.2 (43.1 - 55.3)	
Percentage of students who feel it would be sort of easy or very easy to get marijuana if they wanted	Risk Factor: Availability of Substances in Community	.()	46.0 (42.7 - 49.3)	40.3 (38.5 - 42.2)	
Percentage of students who thought 5 or more out of every 10 students in their grade used marijuana in the past 30 days	**	52.9 (35.3 - 70.6)	36.8 (16.6 - 57.0)	39.5 (35.1 - 43.8)	
Percentage of students who think people who use marijuana regularly have moderate or great risk of harm	Risk Factor: Youth Perception of Substance Use Risk	48.1 (34.4 - 61.9)	61.9 (56.6 - 67.1)	60.4 (58.1 - 62.7)	
Percentage of students who think it is wrong or very wrong for someone of the same age to use marijuana	Risk Factor: Youth Peer Attitudes Favorable Towards Substance Use	58.5 (44.8 - 72.2)	67.3 (59.5 - 75.0)	64.1 (62.0 - 66.2)	
Percentage of students who think their parents or guardians feel it is wrong or very wrong if they used marijuana	Risk Factor: Parental Attitudes Favorable Toward Substance Use	81.5 (70.8 - 92.2)	89.0 (84.7 - 93.4)	88.1 (86.7 - 89.4)	
Percentage of students who think adults (over 21) in their neighborhood think it is wrong or very wrong for kids to use marijuana	Risk Factor: Community Norms Favorable Toward Substance Use	.()	79.3 (70.9 - 87.6)	84.4 (81.8 - 87.0)	
Prescription Pain Medication					
Percentage of students who have taken prescription pain medicine without a doctor's prescription one or more times during their life	**	13.0 (3.7 - 22.2)	11.2 (8.1 - 14.3)	14.5 (13.9 - 15.1)	

Las Animas School District - High School v. Region 6 v. State of Colorado - 2021 Continued

Health Measures*	Risk & Protective Factor	LASD 2021 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2021 % (95% CI)	
Prescription Pain Medication Continued					
Percentage of students who took prescription pain medicine without a doctor's prescription one or more times in the past 30 days	**	.()	4.2 (0.8 - 7.5)	5.9 (5.5 - 6.3)	
Percentage of students who think it is sort of easy or very easy to get prescription drugs without a prescription	Risk Factor: Availability of Substances in Community	5.6 (0.0 - 11.9)	17.7 (14.2 - 21.3)	19.0 (17.6 - 20.4)	
Percentage of students who think it is wrong or very wrong to use prescription drugs without a prescription	Risk Factor: Youth Peer Attitudes Favorable Towards Substance Use	96.3 (91.1 - 100.0)	93.9 (90.8 - 97.1)	91.0 (90.1 - 92.0)	
Other Drugs					
Percentage of students who feel it would be sort of easy or very easy to get drugs like cocaine, LSD, or amphetamines if they wanted	Risk Factor: Availability of Substances in Community	.()	10.8 (7.1 - 14.6)	14.4 (13.8 - 15.1)	
Percentage of students who were offered, sold, or given an illegal drug on school property during the past 12 months	**	7.4 (0.2 - 14.6)	5.1 (3.5 - 6.6)	9.2 (8.8 - 9.7)	
Home Life					
Percentage of students who usually slept somewhere other than their home during the past 30 days	Risk Factor: Home Instability	11.3 (2.5 - 20.1)	6.8 (3.7 - 9.9)	5.5 (5.1 - 5.9)	
Percentage of students who usually or definitely feel the rules in their family are clear	Risk Factor: Limited Parent Time to Monitor Youth Behavior	.()	98.3 (97.5 - 99.1)	93.3 (92.7 - 93.9)	
Percentage of students who usually or definitely could ask their parents or guardians for help with a personal problem	Protective Factor: Family Opportunities for Prosocial Involvement	81.5 (70.8 - 92.2)	81.9 (80.0 - 83.8)	82.4 (81.1 - 83.8)	
Percentage of students who usually or definitely have parents or guardians who ask if their homework is done	Risk Factor: Limited Parent Time to Monitor Youth Behavior	.()	78.7 (77.5 - 79.9)	78.7 (77.5 - 79.9)	
Percentage of students who usually or definitely think they would be caught by their parents or guardians for skipping school	Risk Factor: Limited Parent Time to Monitor Youth Behavior	.()	92.2 (87.6 - 96.9)	88.3 (85.1 - 91.4)	
Percentage of students who usually or definitely have chances to do fun things with their parents or guardians	Protective Factor: Family Opportunities for Prosocial Involvement	.()	80.0 (76.0 - 84.1)	79.6 (77.9 - 81.4)	
Percentage of students who usually or definitely have parents or guardians who ask them what they think before most family decisions	Protective Factor: Family Opportunities for Prosocial Involvement	.()	69.2 (60.2 - 78.3)	68.0 (65.8 - 70.2)	
School					
Percentage of students who usually or definitely think their grades are better than most students in class	Risk Factor: Limited Academic Success	.()	70.2 (62.1 - 78.3)	68.9 (67.5 - 70.4)	
Percentage of students who participated in organized community services as a non-paid volunteer one or more times during the past 30 days	Protective Factor: Community Opportunities for Prosocial Involvement and Connection	.()	41.3 (30.0 - 52.6)	35.9 (33.6 - 38.2)	
Percentage of students who participate in extracurricular activities at school	Protective Factor: School Opportunities for Prosocial Involvement	.()	67.0 (52.1 - 81.9)	59.6 (55.8 - 63.4)	
Percentage of students who skipped one or more whole days of school during the past four weeks	Risk Factor: Limited Commitment to the Value of School	.()	15.4 (11.9 - 18.9)	24.2 (20.8 - 27.5)	
Percentage of students who usually or definitely feel safe at school	Risk Factor: Limited Commitment to the Value of School	.()	88.2 (84.3 - 92.2)	90.0 (87.4 - 92.6)	

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Las Animas School District - High School v. Region 6 v. State of Colorado - 2021 Continued

Health Measures*	Risk & Protective Factor	LASD 2021 Total % (95% CI)	Region 6 2021 Total % (95% CI)**	State of CO 2021 % (95% CI)
School Continued				
Percentage of students who think it is important or very important to go to college, technical or vocational school	Protective Factor: Future School Aspiration	.()	88.0 (85.5 - 90.6)	86.5 (84.8 - 88.1)
Percentage of students who usually or definitely think their school lets their parents or guardians know when they have done something well	Protective Factor: School Rewards for Prosocial Involvement	.()	48.4 (39.5 - 57.2)	47.3 (43.4 - 51.3)
Percentage of students who usually or definitely think their teacher notices when they do a good job and lets them know about it	Protective Factor: School Rewards for Prosocial Involvement	.()	56.4 (54.2 - 58.6)	59.2 (57.8 - 60.7)
Percentage of students who think the things they are learning in school are going to be important or very important for later in life	Risk Factor: Limited Commitment to the Value of School	.()	59.2 (54.9 - 63.4)	52.4 (50.8 - 53.9)

*Data are suppressed, shown by a period (.), when the number of student responding 'yes' to a question is fewer than 3, the number of students responding to a question overall is fewer than 30, or results represent 0% or 100% of students.

**Slight discrepancies may occur in the 95% confidence interval for 2021 results in this tab compared to the other tabs that only show 2021 results. This is due to the type of statistical analysis comparing two years of results and does not reduce the accuracy of the findings.

Source: 2021. Colorado School of Public Health at the University of Colorado Anschutz Medical Campus^{52,53,55}

SDOHs impact an individual's health, well-being and quality of life. They can include safe housing, food insecurity, housing, health care access and quality, education access and quality, income and racism.

The project team reviewed the HKCS questions to identify some of the questions related to SDOH that existed and included some of those responses.

Table 12: Las Animas School District - Junior High - Social Determinants Of Health - 2021

LASD Data is Better than State Data LASD Data is Worse than State Data

Health Measures*	Social Determinant of Health	LASD Total % (95% CI)	State Total % (95% CI)
Percentage of students who sometimes, most of the time, or always went hungry because there was not enough food in the home during the COVID-19 pandemic	Food insecurity	11.7 (5.3 - 18.0)	10.2 (7.8 - 12.6)
Percentage of students who did not usually sleep at home during the past 30 days	Safe home environment	14.6 (7.6 - 21.5)	11.5 (9.8 - 13.2)
Percentage of students who most of the time or always feel safe in their neighborhood	Safe neighborhood	72.8 (64.1 - 81.6)	82.8 (79.3 - 86.3)
Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	Safe neighborhood, Access to education	13.1 (6.6 - 19.6)	19.1 (15.1 - 23.1)
Percentage of students who could sort of easily or very easily get a gun	Safe home environment & neighborhood	23.5 (15.2 - 31.9)	9.8 (7.8 - 11.7)
Percentage who were treated badly or unfairly in school because of their race or ethnicity in the past 12 months	Racism	9.2 (3.4 - 15.0)	5.9 (4.3 - 7.4)
Percentage of students who were sometimes, most of the time, or always put down, insulted or sworn at by parent or other adult in the home during the COVID-19 pandemic	Safe home environment	30.7 (21.5 - 39.8)	22.9 (20.9 - 25.0)
Percentage of students who were sometimes, most of the time, or always physically hurt by a parent or other adult in the home during the COVID-19 pandemic	Safe home environment	8.0 (2.6 - 13.4)	5.0 (3.5 - 6.5)

Table 13: Las Animas School District - High School - Social Determinants Of Health - 2021

Data is Better than State Data

Data is Worse than State Data

Health Measures*	Social Determinant of Health	LASD Total % (95% CI)	Region 6 Total % (95% CI)	State Total % (95% CI)
Percentage of students who sometimes, most of the time, or always went hungry in the past 30 days because of a lack of food at home	Food insecurity	22.2 (10.8 - 33.7)	15.3 (11.9 - 18.6)	12.4 (10.9 - 13.9)
Percentage of students who usually slept somewhere other than their home during the past 30 days	Safe home environment	11.3 (2.5 - 20.1)	6.8 (3.7 - 9.9)	5.5 (5.1 - 5.9)
Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	Safe neighborhood & access to education	7.0 (0.2 - 13.9)	7.9 (2.5 - 13.2)	9.5 (6.5 - 12.5)
Percentage of students who most of the time or always feel safe in their neighborhood	Safe neighborhood	74.1 (62.0 - 86.1)	84.1 (79.5 - 88.6)	89.3 (87.3 - 91.2)
Percentage of students who skipped one or more whole days of school during the past four weeks	Education	.()	15.4 (11.8 - 18.9)	24.2 (20.8 - 27.5)
Percentage of students who usually or definitely feel safe at school	School environment	.()	88.2 (84.2 - 92.3)	90.0 (87.4 - 92.6)
Percentage of students who sleep eight or more hours per night on average school nights	Sleep	37.0 (23.7 - 50.3)	26.1 (20.7 - 31.5)	26.2 (25.2 - 27.2)
Percentage of students who could sort of easily or very easily get a gun	Safe home & neighborhood environment	20.4 (9.3 - 31.5)	30.0 (23.3 - 36.8)	16.8 (15.8 - 17.9)
Percentage who were treated badly or unfairly in school because of their race or ethnicity in the past 12 months	Racism	11.5 (2.6 - 20.5)	5.0 (3.5 - 6.4)	5.3 (4.4 - 6.1)
Percentage of students who were sometimes, most of the time, or always put down, insulted or sworn at by parent or other adult in the home during the COVID-19 pandemic	Safe home environment	20.6 (6.3 - 34.9)	28.8 (25.7 - 31.8)	26.6 (25.4 - 27.8)
Percentage of students who were sometimes, most of the time, or always physically hurt by a parent or other adult in the home during the COVID-19 pandemic	Safe home environment	.()	5.3 (2.9 - 7.8)	3.8 (3.3 - 4.3)

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The Summary Report on the Substance Abuse Prevention and Intervention Program (SAPIP) December 2023

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