Alliance for Healthy Communities
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Alliance for Healthy Communities 2014 Community Assessment Report
Executive Summary
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Alliance for Healthy Communities (AHC) is a grant-funded community coalition serving the area of St. Louis County bounded by the Parkway School District footprint. AHC seeks to reduce rates of youth substance abuse and suicidality by addressing *community conditions* that enable these long-standing challenges. AHC's mission is to build stakeholder partnerships through which action can be taken to improve local communities on behalf of youth health.

In 2014, AHC undertook a large-scale community needs assessment for the purpose of (a) detailing current incidence rates of substance abuse and risk for suicide and (b) identifying the primary conditions in our communities that fuel these health issues. Incorporating the Search Institute's *Attitudes and Behaviors Survey*, stakeholder focus groups, online surveys and key informant interviews, AHC's community assessment spanned seven months and included more than 2600 community members.

Throughout October 2014, nine AHC stakeholders collaborated in analyzing the large body of data collected. At the heart of these efforts was the focus of identifying the conditions in our communities that fuel underage drinking, youth substance abuse and risk for suicide. What follows is a snapshot of the six most prominent community conditions identified in the data analysis. With each condition statement is a brief summary and a "vision" of the changes necessary for youth to thrive in our communities. **For readers who wish to review the full AHC Community Assessment Report and/or the data sets on which the report is based, please visit our web site ahc-stl.org**.

1) **Alcohol, marijuana (and other drugs) are easy (or very easy) for youth to get.**
   It's clear: If area youth want it, whatever "it" might be, they have little difficulty getting it. In the local administration of the 2012 MO Student Survey, 77% of 10th grade students indicated alcohol was "easy or very easy" to get and 66% said the same about marijuana. Importantly, "underage sales" are not a significant means of access for alcohol (or cigarettes). Rather, family and friends are identified as the main portals to these dangers.
   For youth to thrive, parents and other community adults will consciously restrict youth access to alcohol and medications in their homes, vehicles and places of business.

2) **Our communities are characterized by adult inconsistencies in participating with, and prioritizing, the health and safety of our children. These inconsistencies appear to increase as children age.**
   Youth report insufficient access to adults for meaningful conversation and participation. While 76% of area youth describe family life as "loving and supportive", only 34% report having meaningful communication and guidance. Additionally, half of youth surveyed report that family and neighborhood boundaries are unclear and inconsistent. Concurrently, area parents report difficulty with finding time for meaningful involvement with their children and many express ambivalence about how to insert themselves into their children's lives. Both students and parents report area communities as rife with inconsistent rules and messages regarding underage drinking, and, to a lesser extent, youth marijuana use.
   For youth to thrive, area communities will become characterized by meaningful communications between youth and adults and by clarity and uniformity of boundaries that prioritize youth health and safety.

3) **Emotional and mental health problems are prevalent among area youth. Social stigma and confusion about area resources inhibit help-seeking behaviors by youth and families suffering mental health and substance abuse problems.**
   In addition to substance abuse problems, as many as 20% of area youth struggle with anxiety, depression and other mental health problems. Comments in focus groups reveal that youth are reluctant to tell their friends, parents and other adults about these struggles, fearing anger, judgment and rejection. Area professionals report that the stigma associated with needing and seeking help inhibits youth and parents from acting. Further, parents

concerned about a child's mental health or substance use report that they are uncertain about what constitutes a child's need for help, what resources exist, and how to gain timely access to these resources.

For youth to thrive, parents/caregivers and families will seek help more quickly for mental health and substance abuse problems.

4) Area youth lack the life skills to effectively cope with the stress and pressures they experience. These skill deficits, and/or the complexities of life stresses, appear to increase with age.

A slim majority of area youth, 52%, report the ability to resist peer pressure, 35% indicate they can adequately plan ahead and make good decisions and only 43% feel they have any control over what happens to them: three skills commonly associated with interpersonal competence and effective life management. And, as area youth get older, fewer report having these capabilities. This trend collides with community expectations that, with age, youth become *more* capable. Parents report that they often 'dial back' controls as children get older. In combination, these reports suggest area youth are expected to be better at managing problems and taking care of themselves than they actually are.

For youth to thrive, youth will have more diverse opportunities to develop personal problem solving and social-emotional skills while parents and other adults become better at basing expectations on youth capabilities.

5) Our success-driven culture imposes high expectations regarding youth performance and capabilities without providing the necessary community supports.

Area youth struggle with significant degrees of frustration and alienation in reaction to what they perceive as adult's "obsessive" concern with academics and sports. Yet, only 35% of youth report their parents are actively involved with their schooling. In the eyes of area youth, adults over-value academics and sports at the expense of the broader range of priorities and issues with which youth identify. Further, area counselors, educators and social workers observe that students are increasingly "on their own" when it comes to handling academic pressures and that there has been a growing trend to push increasing numbers of students into advanced classes, whether students will benefit from such placement or not.

If youth are to thrive, our communities will balance cultural expectations with the provision of meaningful supports.

6) **Communities do not include youth as resources in problem solving or for meaningful participation in local governance.**

Truly small numbers of area youth feel they are "valued by their communities" (28%) and only 37% see youth included in the processes of community decisions. While community service appears to have grown in importance regarding college applications and other post-high school pursuits, it does not appear that youth involvement in community service fosters their experience of *being of value* in their communities or that their service involvements render them more confident in addressing community issues. Area youth express both the frustration of being undervalued and also the expectation that "others" (parents, adult authorities) will "take care" of things.

If youth are to thrive, our communities will provide more diverse opportunities for youth to be included as resources in community problem solving and local governance.

In sum, our communities are characterized as providing easier access to harm than support. The community portrait painted by the data collected shows that too many area youth have an easier time finding a drink or drugs than they do an adult they can trust. Further, the "work hard, play hard" norms of our communities seem to include a tolerance of "acceptable losses" as part of the imposition of unrealistic expectations on youth absent the necessary social-emotional supports. In such a context, it is not surprising that many youth and families need professional help in dealing with substance abuse, depression, self-harm or thoughts of suicide. Yet, it appears that to have such need is met with blame and disdain. Anticipated shame and stigma too often block or disrupt the path to appropriate help, a path that by itself can be unclear and confusing.

For youth to thrive, our communities will actively prioritize their health, engagement and safety.

Earnest conversations are needed to raise the collective awareness of the "disconnections" between youth and adults, between youth and their communities: disconnections that raise the risks of substance abuse, depression and suicidality. **Alliance for Healthy Communities intends to spearhead initiatives targeting all six conditions.** To learn more about our efforts, or to view the full report on our findings, please visit us at ahc-stl.org.