# **2024 Community Risk Profile Summary Douglas County**

May 2024

Indicators associated with substance use prevention and mental health promotion. Presented at the State, County, and School District level for use by communities in directing their resources and in seeking additional funding.



#### **CONTRIBUTORS**

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### **ABOUT THIS REPORT**

This summary report has been developed for the Community Prevention and Wellness Initiative (CPWI) to assist coalitions in their prevention strategic planning. We have included data from your county, presented by school district, for the assessment of problems associated with substance use. This report is intended to serve as a starting point for your planning and assessment work. Additional data that can only be collected locally will help with the interpretation of the data and in other ways enhance this assessment process.

The Community Prevention and Wellness Initiative is a project of the Health Care Authority's Division of Behavioral Health and Recovery (DBHR) in collaboration with the Office of the Superintendent of Schools (OSPI). The Department of Social and Health Services' Division of Research and Data Analysis is a key partner that leads the publication of this report and the associated data.

## ABOUT THE DATA

The CORE contains archival indicators (or social indicators) that are highly correlated with adolescent substance use, and the risk factors that predict substance use. There are currently 47 indicators, most of which originate from the Department of Health, Department of Social and Health Services, Uniform Crime Report/National Incident-Based Reporting System, and the Office of the Superintendent of Public Instruction. The data are published twice a year on a public website, and reported at the lowest feasible geography level: state, county, school district/community, and locale (a geography that incorporates more than one school district when the base population of the school district is too low for reliable reporting). See <a href="https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles">https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles</a>.

The Risk Rankings table(s) and maps have been developed using the data from CORE and Healthy Youth Survey (HYS). School district-level and more detailed HYS data are password protected and require a data sharing agreement with the Department of Health. State and county reports are available to the public at AskHYS.net.

**ATTENTION! HYS 2023 and 2021 were different** from past surveys in several ways, so caution should be used when examining the long-term trends before and after the 2021 HYS:

- The pandemic likely influenced student behaviors and responses to the survey.
- There was a three-year gap (2018 to 2021) instead of the usual two-year gap delaying the survey by a year changed the group/cohort of students being surveyed.
- The 2021 and 2023 HYS were conducted electronically while previous surveys were conducted using paper and pencil.
- Results from the 2021 HYS showed dramatic changes compared to prepandemic trends, calling for cautious interpretation. The 2023 data are beginning to provide a more complete understanding of adolescent health during and after the height of the pandemic. The 2025 survey may further clarify the impact of 2021 on students both that year and going forward.

## FOR MORE INFORMATION

Questions about this report or the Community Prevention and Wellness Initiative may be directed to the DBHR Training team at <u>PxTraining@hca.wa.gov</u>.

DOUGLAS COUNTY		<b>RISK RANKING</b>		RISK CATEGORY RANK		CONTEXTUAL INDICATORS	
School District	Population: Age 10-17*	Rank for Variable	Indicators with Data	ATMO Consumption	Consequence	Economic Deprivation	Troubled Family
Bridgeport	499	83	22	High	High	High	Average
Eastmont	3,898	60	22	Average	Average	Average	Average
Mansfield	42		0	No Data	No Data	Average	High
Waterville	184	3	21	Very Low	Low	Average	Average

#### NOTES:

\* This is a 5-year average value.

This risk profile reflects the risk levels of this county as of May 2024. School districts with no high schools are not included in this summary. Please note risk levels and risk rankings may change over time. The ATMO consumption risk score is calculated from prevalence of alcohol, tobacco, marijuana, and prescription opioids use. The consequence risk score is calculated from school performance, youth delinquency, and mental health indicators. The overall risk ranking is not computed if either consumption or consequence score is missing.

A Risk Category Rank of "Very High" indicates the referenced School District Risk Score was in the top 10% of School Districts in the risk category.

A Risk Category Rank of "High" indicates the referenced School District Risk Score was in the top 25% of School Districts in the risk category.

A Risk Category Rank of "Average" indicates the referenced School District Risk Score was between 25% and 75% of School Districts in the risk category.

A Risk Category Rank of "Low" indicates the referenced School District Risk Score was in the bottom 25% of School Districts in the risk category.

A Risk Category Rank of "Very Low" indicates the referenced School District Risk Score was in the bottom 10% of School Districts in the risk category.

#### **Review Considerations**

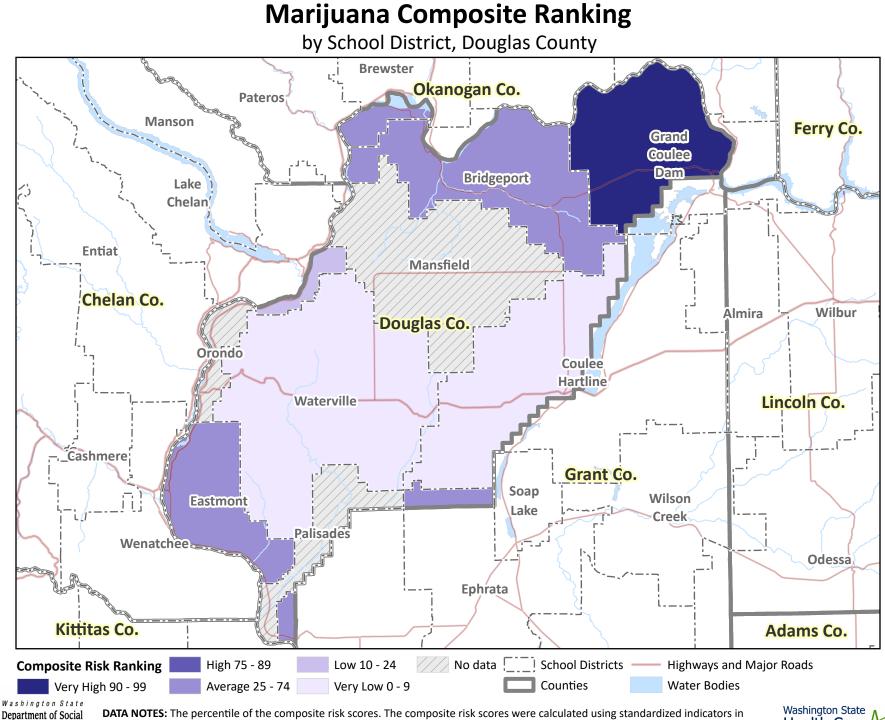
1) To get an overall sense of risk severity for both consumption and consequence, examine the "Risk Percentile". It reflects what % of School District had a Risk Score LOWER than the referenced School District.

2) To ensure that the risk score is meaningful, examine the "Indicators with data" column. Risk scores based on few indicators should be interpreted with caution. In total, 22 indicators were used.

3) To consider other contextual information, examine the "Population: Age 10-17", "economic deprivation" indicator, and the "troubled family" indicator. Note the "Population 10-17 year olds" value may be greater than district enrollment as it accounts for kids not in school as well as those in private schools.

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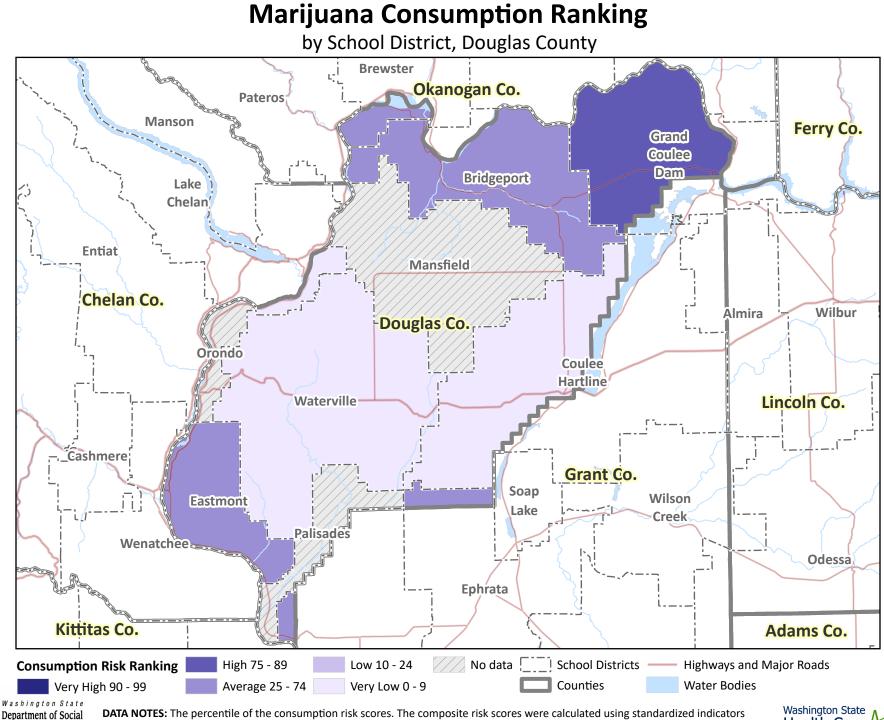
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- There was a three-year gap (2018 to 2021) instead of the usual two-year gap delaying the survey by a year changed the group/cohort of students being surveyed.
- The 2021 and 2023 HYS were conducted electronically while previous surveys were conducted using paper and pencil.
- Results from the 2021 HYS showed dramatic changes compared to prepandemic trends, calling for cautious interpretation. The 2023 data are beginning to provide a more complete understanding of adolescent health during and after the height of the pandemic. The 2025 survey may further clarify the impact of 2021 on students both that year and going forward.



DATA NOTES: The percentile of the composite risk scores. The composite risk scores were calculated using standardized indicators in marijuana consumption and consequence. Based on 2023 HYS data. CARTOGRAPHY: Irina Sharkova and Steve Leibenguth. SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS). Washington State Health Care Authority

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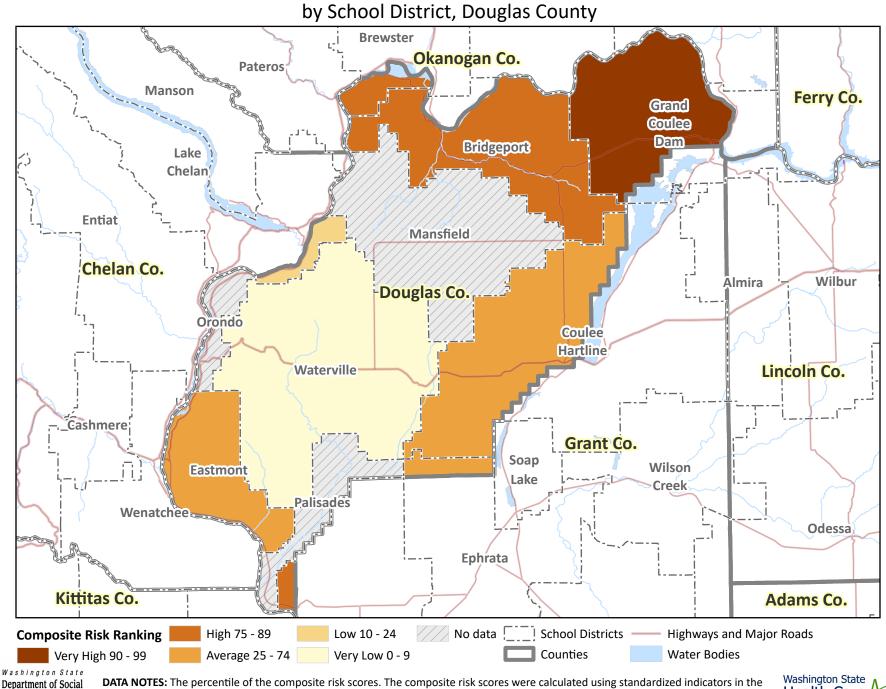
& Health Services



in marijuana consumption. Based on 2023 HYS data. CARTOGRAPHY: Irina Sharkova and Steve Leibenguth. **SOURCE:** DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS). Washington State Health Care Authority

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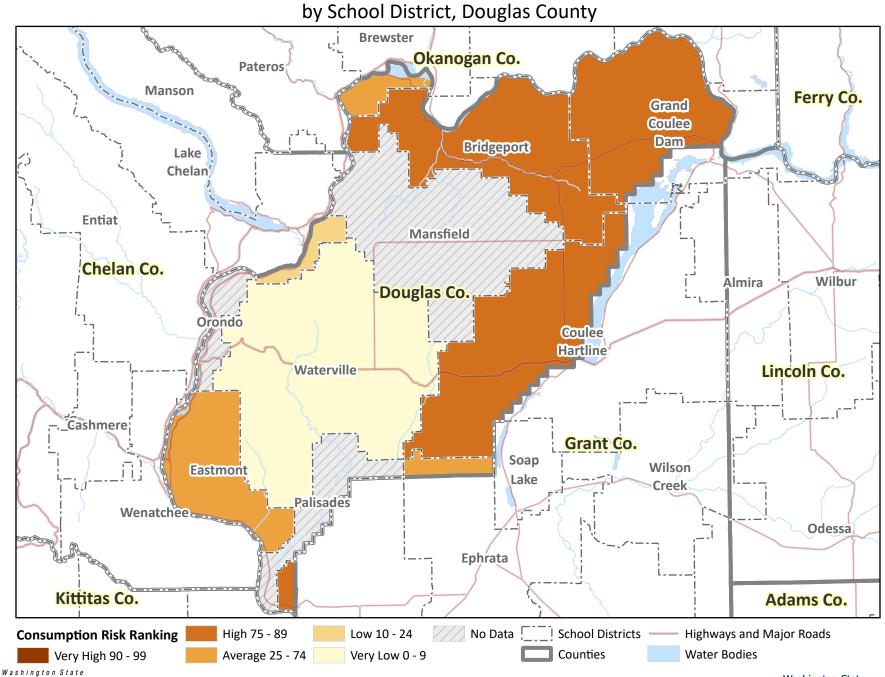
## Alcohol, Tobacco, Marijuana and Prescription Opioids Composite Ranking

alcohol, tobacco, marijuana and prescription opioids (ATMO) consumption and consequence. Based on 2023 HYS data. CARTOGRAPHY: Irina Health Care Huthority Sharkova and Steve Leibenguth.

SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS).

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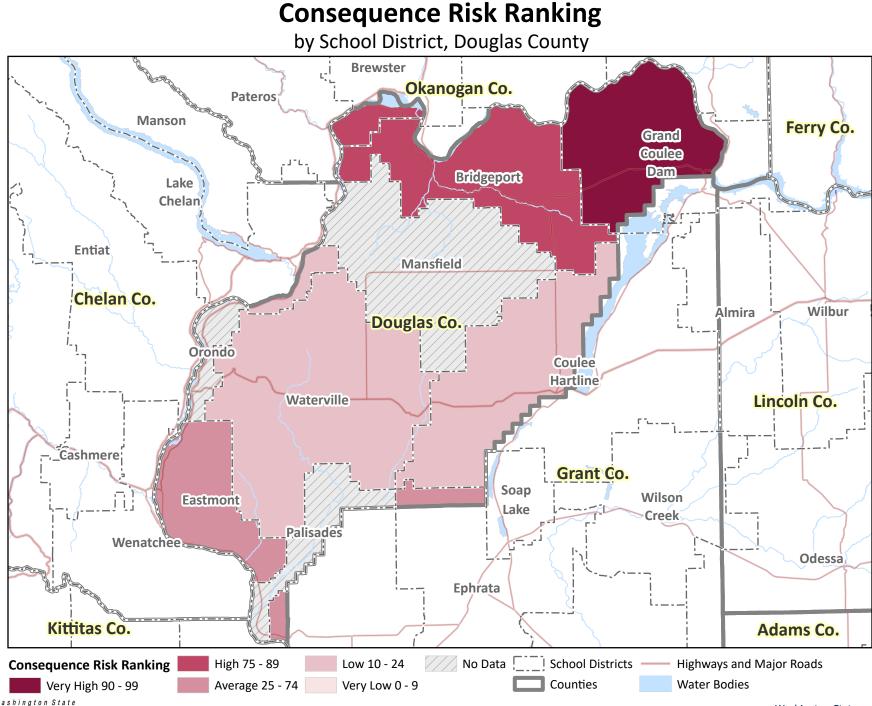


## Alcohol, Tobacco, Marijuana and Prescription Opioids Consumption Ranking

Department of Social & Health Services The percentile of the consumption risk scores. The consumption risk scores were calculated using standardized indicators in the alcohol, tobacco, marijuana and prescription opioids (ATMO) consumption. Based on 2024 HYS data. CARTOGRAPHY: Irina Sharkova and Steve Leibenguth.

Washington State Health Care Authority

SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS).





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**DATA NOTES:** The percentile of the consequence risk scores. The consequence risk scores were calculated using standardized indicators in three sub-domains: school performance, youth delinquency, and mental health. Based on 2023 HYS data. CARTOGRAPHY: Irina Sharkova and Steve Leibenguth.

Washington State Health Care Authority

SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS).