

UNIVERSITY OF NEVADA COOPERATIVE EXTENSION

A COUNTY–STATE–FEDERAL PARTNERSHIP

Fact Sheet 00-12

Lovelock Paiute Tribe Youth-At-Risk Needs Assessment

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It is estimated that approximately 25% of the nation's youth are involved in "high risk" activities such as alcohol use, drug and tobacco use, and delinquency (William T. Grant Commission on Work, Family, and Citizenship, 1988). Because of these high-risk activities, youth become a burden to society rather than contributors (Boyd, Herring, and Briers, 1992). As a result, Cooperative Extension has initiated youth-at-risk programming in several states. However, this problem is not something that Cooperative Extension can solve independently. Extension efforts usually involve collaborating with other agencies that also have mandates to work with young people.

One such effort involves the New Frontier Prevention Program of Fallon, the Pershing County Cooperative Extension office, and the Lovelock Paiute Tribal Colony. This collaborative effort included a youth-at-risk needs assessment and strategic plan for implementing prevention services with the Lovelock Paiute Tribe. Pershing County Cooperative Extension provided expertise and assistance during the assessment phase and New Frontier took the lead in developing the strategic plan. Both

components involved close collaboration with the tribal leadership. New Frontier Prevention Program, formerly Churchill Council on Alcohol and Other Drugs, has been providing prevention services to rural Nevada communities since 1971. The prevention services that are provided through this program focus on reducing risk factors while increasing protective factors throughout each participant's individual development. Through these specialized services they are able to help reduce the rate of personal and social conflict while promoting healthy, pro-social growth.

Needs Assessment

Before implementing a prevention program for the Lovelock tribal community it was imperative to identify the risk factors that needed to be addressed within the contracted service area. A review of literature found several research-based risk factors that have been shown to increase the chances of developing health and behavioral problems (Reed, 1999). Reed also compiled a listing of "best practices" for prevention programs. Additional literature sites also indicated that a modified-Delphi approach (Butler and Howell, 1980) was an appropriate method

for this type of need assessment. The Delphi is a method of obtaining input for ideas and problem solving which utilizes a series of questionnaires based upon feedback from previous responses and can be modified in several different forms. It was decided to use two different questionnaires for this assessment, one for the tribal community and one for community agencies (e.g. police, sheriff, juvenile authorities, and social service personnel, etc.).

The tribal community questionnaire consisted of 14 risk factors identified by Reed (1999). In addition to input from Reed's work (1999), the questionnaire was also based upon New Frontier's previous prevention work with Native American groups and with assistance from Pershing County Cooperative Extension. Tribal members were asked to rank the 14 risk factors for importance using a nine-point scale (i.e. 1=most important, 9=least important). Thirty-three individual adult tribal members participated in face-to-face home-interviews conducted by New Frontier personnel. These individuals represented 20 percent of all tribal adults between the ages of 16 and 64 years of age.

Local Community Agencies

The scores ranged from a high of 1.5 (with 1.0=most important) to a low of 5.2 (with 9.0=least important).

Parent Involvement	1.5
Lack of Tribal Support	1.5
Family History of Substance Abuse	2.6
Availability of Drugs	2.6
Family Management Problems	2.7
Community Laws/Enforcement	3.0
Friends Who Engage in Problem Behavior	3.2
Academic Failure	4.5
Unemployment Rate	5.2

The agency questionnaire was developed using a different format than the tribal community questionnaire. Participating agency personnel were first requested to list up to five risk factors that affect youth in the tribal community. Nine different risk factors were identified by the participating agencies. After compiling this list, a second questionnaire asked the participants to rank the previously identified nine risk factors. The agency questionnaire was utilized for two reasons. In addition to gaining a non-tribal perspective on risk factors, the results of this questionnaire were intended to confirm the risk factor rankings made by the tribal community. This was important since many of the risk factors that were ranked by the tribal community involve non-tribal agencies, organizations, and/or private businesses.

Results of the Assessment

Local community agencies identified and ranked nine risk factors. The tribal community residents ranked fourteen risk factors that were identified through a review of documented research-based youth-at-risk literature sources. Tribal members also prioritize three age groups for need.

Local Tribal Community Residents

The scores ranged from a high of 1.9 (with 1.0=most important) to a low of 4.4 (with 9.0=least important).

Availability of Drugs	1.9
Community Disorganization	2.1
Family History of Substance Abuse	2.3
Community Laws/Enforcement	2.4
Friends Who Engage in Problem Behavior	2.5
Family Conflict	2.6
Family Management Problems	2.7
Alienation/Rebelliousness	2.7
Early Initiation of Problem Behavior	3.4
Parent Involvement	3.5
Academic Failure Beginning in Early Elementary School	3.9
School/Grade Changes	4.1
Early and Persistent Anti-Social Behavior	4.3
Lack of Commitment to School	4.4

At Risk Age Groups:

3-10 years of age:	ranked number one
10-18 years of age:	ranked number two.
18 years of age and over:	ranked number three.

Summary and Conclusions

It is clear that both community agencies and tribal members acknowledge similar concerns with regard to the risk factors although in different ranking order. In fact, of the 14 risk factors identified from the documented literature, agency participants also identified seven. However, the practical implication is that all factors listed are important. Therefore, based upon the results of this needs assessment, and in close consultation with tribal leaders it was decided to combine several of the risk factors identified.

Among the risk factors rated, four of them can be paired into similar categories for selecting and implementing specific prevention strategies. The risk factors below are accompanied with prevention strategy recommendations to serve as examples of positive services that can be

utilized by the Lovelock Tribe to improve the prevention of substance abuse within the community.

Availability of Drugs: Strategies to target the easy availability of drugs within the community should focus on intense community anti-drug campaigns, increased monitoring of alcohol and tobacco sales to minors, and strict adherence to local laws as they pertain to substance purchase/use/abuse. Prevention programs could assist local law enforcement in working with local tobacco and alcohol retailers to ensure the continuous compliance of tribal and state laws regarding sales to minors. In addition, a prevention program could develop anti-drug campaigns centering on youth participation.

Community Disorganization / Lack of tribal support: Possible strategies for this specific

category should focus on promoting more intense collaboration, networking, and follow-up of services provided. This could include, but is not limited to, the services of the justice and tribal courts, city/sheriff/tribal law enforcement agencies, and state/county/tribal family services that enable the tribe to access a wider range of more complete services. A prevention program could assist in bringing together tribal law enforcement, tribal courts and tribal government to develop and implement effective programs to address this highly rated area.

Parent Involvement / Family History of Substance Abuse: Considering the high level of concern and sensitivity that encompass personal family issues, two possible target strategies should be considered. The first strategy includes alternative family activities that will promote healthy family growth while excluding substance use. A second strategy focuses on building healthy relationships while promoting cultural identity and positive self-image. A prevention program could assist in the development and presentation of family wellness courses for interested families, as well as families in need, including assisting in the coordination of local parent support groups. Prevention programs should develop and implement creative strategies in which to present substance abuse education information to program participants while maintaining group interest and continual

participation based on the enjoyment and comfort level participants experience throughout the delivery of the lessons.

NOTE: It would be possible to make many different pairings and/or combinations of the identified risk factors. However, it should be noted that the groupings of identified risk factors and their suggested strategies were developed and agreed upon in a collaborative effort between the Lovelock tribal community and New Frontier.

References

Boyd, B.L., Herring, D.E., and Briers, G.E. (winter, 1992). Developing Life Skills in Youth. Journal of Extension, 30(4).

Butler L.M. and Howell, R.E. (1980). Coping with Growth: Community Needs Assessment Techniques. Washington State University. WREP 44.

Reed, K. (1999). Building a Successful Prevention Program. Western Regional Center for the Application of Prevention Technologies <www.unr.edu/westcapt/>.

William T. Grant Commission on Work, Family, and Citizenship. (1988). The Forgotten Half: Pathways to Success for America's Youth and Young Families. Washington, D.C.

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