

HANCOCK COUNTY COMMUNITY PARTNERSHIP
LOGIC MODEL – *Delay the Onset*
Fiscal Years 2023-2028 (July 1, 2023 – June 30, 2028)

THEORY OF CHANGE (*If we do X, we can expect Y*):

If we reinforce the importance of and provide tools for delaying the onset of first use of substances among youth, then we can expect our youth to adopt healthy behaviors which will reduce the likelihood of substance use disorders, build resilience, and create wellness.

PROBLEM STATEMENT (*What is the issue you want to address in order to achieve your Theory of Change?*):

We know that the average age for first use of substances (alcohol and tobacco) is 12.6 years old¹; the earlier someone uses substances, the more likely they are to develop a substance use disorder and/or psychosocial problem later in life.^{2,3,4} However, for every year onset of drug use was delayed, the likelihood of lifetime drug use and dependence is reduced by 5%²

(In 2011, the majority of substance use treatment admissions aged 18-30 began substance use at the age of 17 or younger; 10.2 percent initiated use at the age of 11 or younger.)³

ROOT CAUSE (*What proves this is a real issue?*):

- The vast majority of people who were past year initiates of cigarette smoking or alcohol use tried cigarettes or alcohol for the first time before age 26.⁵
- Only about one fourth of people aged 12 or older in 2020 (27.4%) perceived great risk of harm from smoking marijuana once or twice a week.
- Young adults aged 18-25 were less likely than adolescents ages 12-17 or adults aged 26 or older to perceive great risk of harm from smoking marijuana weekly.
- The human brain is still developing during adolescent years; substance use during this time can compromise healthy brain development.^{6,7}

LOCAL CONDITION (*Why is this a real issue in your community?*):

RISK FACTORS

- In Hancock County, the average age of first use of tobacco and alcohol is 12.6 years old.¹
- In Hancock County, 4% of youth (age 12-18) use tobacco, alcohol, or other illegal drugs to cope¹
- 49% of youth reported (age 12-18) parents/guardians talked to them about healthy choices; 24% reported parents/guardians talked about drugs or alcohol¹
- 10% of youth (ages 12-18) reported parents/guardians did not talk to them about drugs or alcohol use¹

PROTECTIVE FACTORS

- 79% of youth (age 12-18) indicated parents as the biggest influencer for not using drugs.¹
- 82% of youth (age 12-18) disapprove of smoking; 72% disapprove of electronic cigarettes; 73% disapprove of alcohol use; 79% disapprove of marijuana use.¹
- 89% of youth (age 12-18) participated in extracurricular activities.¹
- Children of parents who talk to their teens about drugs are 50% less likely to use⁸

STRATEGIES (What will you do?):

**Hancock County ADAMHS Board Strategic Plan – Approved October 22, 2019
Priorities for Fiscal Year 2020-2024 (July 1, 2019 – June 30, 2024)**

Promotion of Population and Community Health with a Focus on Prevention and Early Intervention

- Conduct a public awareness campaign aimed at involving the community and to promote prevention messages.
- Develop adult prevention services, including a focus on the importance of connection.
- Restructure the delivery of school-based services; create access to universal screening (streamline with System of Care Grant changes).
- Advance the discussion of a whole health model including the importance of mind/body connection.

Hancock County Community Partnership Workplan – Fiscal Years 2023-2028

The Hancock County Community Partnership has made a commitment to advancing the Youth Thrive Protective and Promotive Factor Model. This model emphasizes the importance of understanding adolescent brain development; building strong social connections; providing concrete supports in times of need; increasing social, emotional, and cognitive competence, and strengthening youth resilience. All strategies employed and or supported by the Partnership are evaluated through the Model to ensure the protective and promotive factors are continuously reinforced.

Strategic Imperative	Tactics	Anticipated Outcomes	Target Audience
Creating Connections Between Youth and Trusted Adults	<ul style="list-style-type: none"> • Prevention & Wellness Program • Community-Based Toolkit 	<i>Youth Thrive PPF:</i> -Concrete Supports -Social Connections -Youth Resilience	<ul style="list-style-type: none"> • Youth • Adults
Promotion of Positive, Healthy, Alternative Activities	<ul style="list-style-type: none"> • Provide scholarships to attend activities • HIPS – Include meals • Community Dinners/Millstream Café/Family Dinner Vouchers • Strengthening Families 	<i>Youth Thrive PPF:</i> -Social Connections -Youth Resilience -Cognitive and Social-Emotional Competence	<ul style="list-style-type: none"> • Youth • Families
<i>Altering Your Mind Can Change Your Life</i>	<ul style="list-style-type: none"> • Community-based education opportunities • CSSP/Youth Thrive • Video about adolescent brain development • Presentations at school sports/PTO/open house meetings • HIPS – Include education regarding adolescent brain development 	<i>Youth Thrive PPF:</i> -Knowledge of Adolescent Brain -Development -Cognitive and Social-Emotional Competence <ul style="list-style-type: none"> • Increased awareness and understanding of adolescent brain development 	<ul style="list-style-type: none"> • Youth • Families • School-based groups (coaches/teachers)
Data Collection	<ul style="list-style-type: none"> • Implement OHYES Survey 	<ul style="list-style-type: none"> • Increased youth-based data accessible to HCCP for planning purposes 	<ul style="list-style-type: none"> • Youth

OUTCOMES (*What do you expect to accomplish through your strategy?*):

OBSERVABLE AND MEASURABLE CHANGES IN KNOWLEDGE, ATTITUDES, BEHAVIORS, AND STATUS

To be accomplished by June 30, 2028

Demonstrated change in Local Condition

- 50% of Hancock County youth (age 12-18) will report that a trusted adult talked to them about drugs and/or alcohol.

Demonstrated change in Root Cause

- Targeted audiences will demonstrate an increase in the understanding of adolescent brain development (how will this be measured?).

Demonstrated change in Problem Statement

- Average age of first use increased by one year (14 years old).

¹2018 Hancock County Community Health Assessment

² Grant, B.F., & Dawson, D.A. (2018) Age of onset of drug use and its association with DSM-IV drug use and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of substance abuse*, 10(2), 163-173

³ The TEDS Report, SAMHSA, July 17, 2014

⁴ Poudel, A, & Gautam S (2016) Age of onset of substance use and psychosocial problems among individuals with substance use disorders. *BMC Psychiatry*, 17:10

⁵ 2020 National Survey on Drug Use and Health

⁶ Winters, K.C., & Arria, Amelia (2012) Adolescent brain development and drugs. HHS Public Access

⁷ Youth Thrive Protective and Promotive Factors for Healthy Development. Center for the Study of Social Policy.

⁸ Start Talking! Building a Healthier Ohio, www.starttalking.ohio.gov