Power of Protective Factors for Minnesota Youth: Findings from the 2016 Minnesota Student Survey

Introduction

Protective factors are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a lower likelihood of negative outcomes such as substance use and mental health issues. Risk factors are characteristics associated with a higher likelihood of negative outcomes. Risk and protective factors are not evenly or equitably distributed; some youth experience a greater number of risk factors while simultaneously experiencing fewer protective factors. Further, risk and protective factors can have a cumulative effect on the development, or reduced development, of behavioral health issues. Importantly, protective factors can buffer the impact of risk factors.[1]

Which protective factors are available from the Minnesota Student Survey?

The Minnesota Student Survey (MSS) is a valuable source of data on a range of protective factors from each social-ecological level: individual, family, peer, school and community. The social-ecological model allows us to consider the different contexts in which each protective factor exists and how they interact.[2] This allows communities to build layers of protection in order to achieve the greatest impact. Just as Minnesotans dress in layers before heading out into wintry weather, we can enhance youth protective factors through relationships and interactions in each setting—at home, in neighborhoods, at school and throughout the community. See the appendix for definitions of each factor.

PROTECTIVE FACTORS

Community
- Feel adults in community care
- Participate in 1-5 activities
- Feel safe in neighborhood

School
- Educational engagement
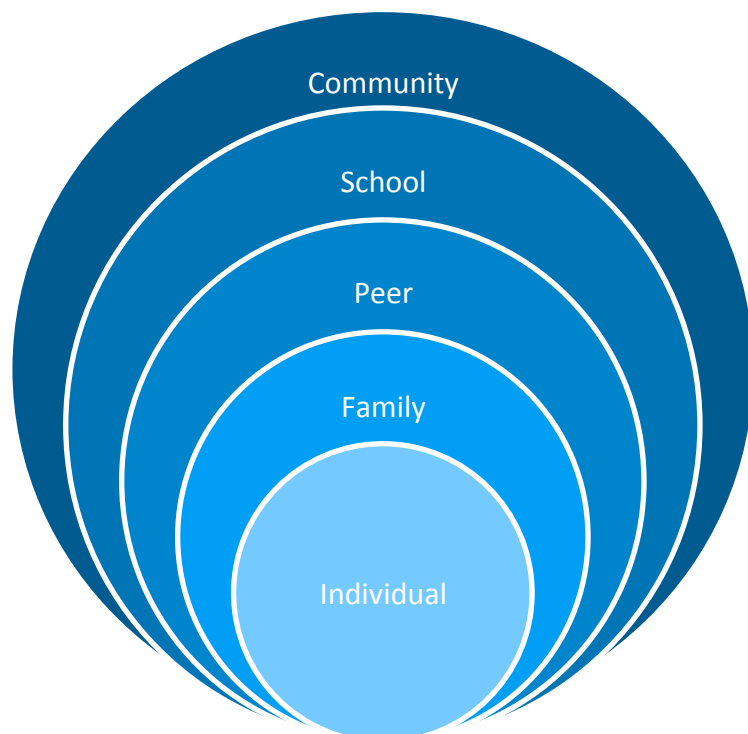- Feel teachers and other school staff care
- Feel safe at school

Peer
- Feel friends care

Family
- Feel parents care
- Can talk to parents about problems
- Feel other relatives care

Individual
- Positive identity
- Social competency
- Empowerment

How prevalent are these protective factors among Minnesota youth?

Of the protective factors included on the MSS, Minnesota youth are most likely to report feeling safe in their neighborhoods and schools, feeling their parents care about them, and being able to talk with their parents about problems. Our youth are least likely to report positive identity, social competency, and feeling that adults in the community care. Older students tend to be less likely to report protective factors than younger students (see Table 1). While there are some variations by grade level, this report includes data on 8th, 9th, and 11th graders combined.

Table 1. Percent of Minnesota youth reporting protective factors, by specific factor and grade level (2016 MSS)				
	8th Grade	9th Grade	11th Grade	Total
Community				
Feel adults in community care	45%	40%	37%	41%
Participate in 1-5 activities	80%	79%	74%	78%
Feel safe in neighborhood	95%	96%	97%	96%
School				
Educational engagement	77%	77%	73%	76%
Feel school staff care	51%	46%	44%	47%
Feel safe at school	92%	92%	93%	92%
Peer				
Feel friends care	77%	76%	75%	76%
Family				
Feel parents care	91%	90%	89%	90%
Can talk to parents	91%	89%	89%	90%
Feel other relatives care	85%	83%	80%	83%
Individual				
Positive identity	37%	34%	31%	34%
Social competency	36%	34%	31%	34%
Empowerment	58%	56%	53%	56%

Statewide, 7.5% of Minnesota 8th, 9th, and 11th graders experienced fewer than five of the protective factors listed in the table above. That's about 1 in 13 students. Fortunately, almost half (47.1%) experience ten or more of the protective factors (see Figure 1).

Figure 1. Number of protective factors experienced by 8th, 9th, and 11th graders (2016 MSS)
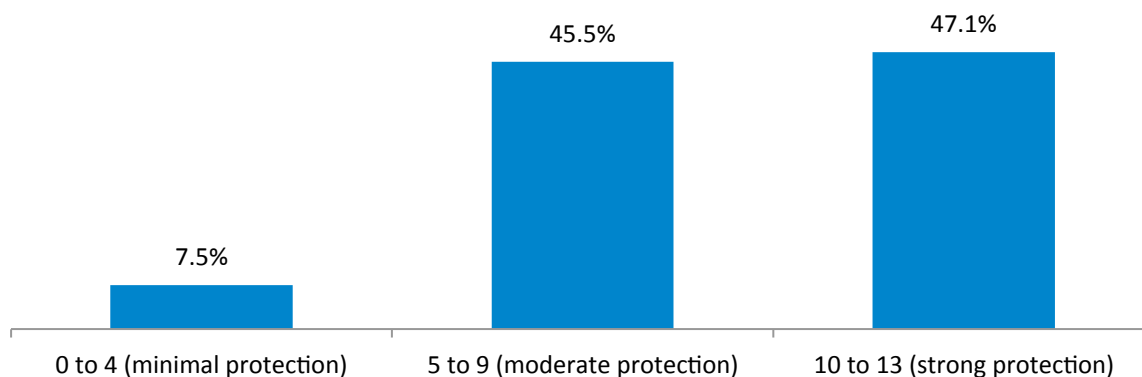
To what extent are protective factors associated with substance use and suicidal thoughts?

Statewide Minnesota Student Survey data show us that each of the protective factors listed in Table 1 are associated with lower rates of past-month substance use and past-year suicidal thoughts/ideation. For example, youth who feel teachers and other adults at school care about them are 3 times less likely to report past-month marijuana use: 4% vs. 12% (see Figure 2). Further, youth with greater educational engagement are 2.5 times less likely to report past-month alcohol use: 10% vs. 25% (see Figure 3). While not described in this brief, we also see associations with reduced rates of depression and self-harm.

Figure 2. Feeling that teachers and other school staff care is associated with reduced rates of past month-alcohol and cigarette use, past-year suicidal thoughts, past-month marijuana use, and past-month prescription drug misuse among Minnesota 8th, 9th, and 11th graders (2016 MSS)

Students who feel **TEACHERS AND SCHOOL STAFF CARE ABOUT THEM** are much less likely to use substances or experience mental health problems.

19% → 9%
18% → 12%
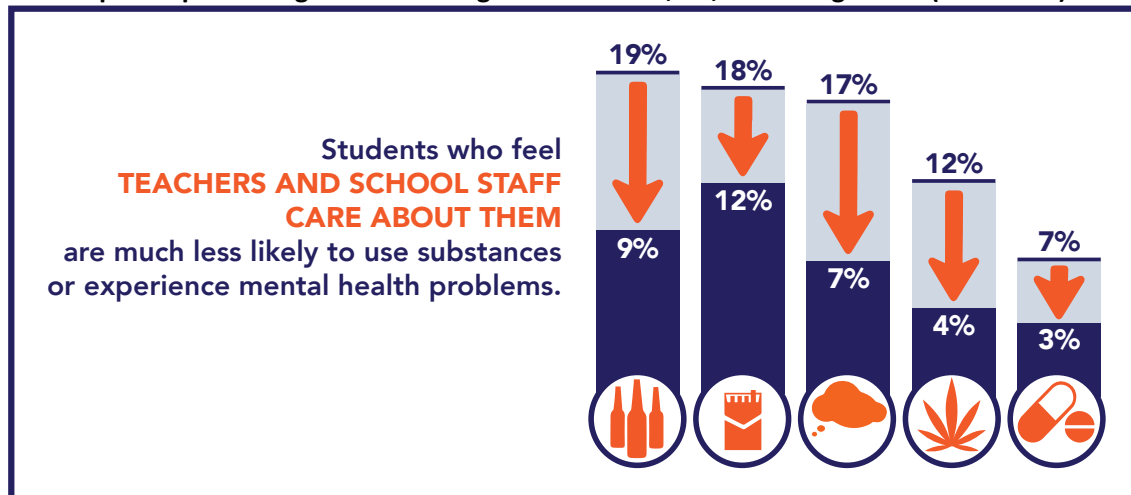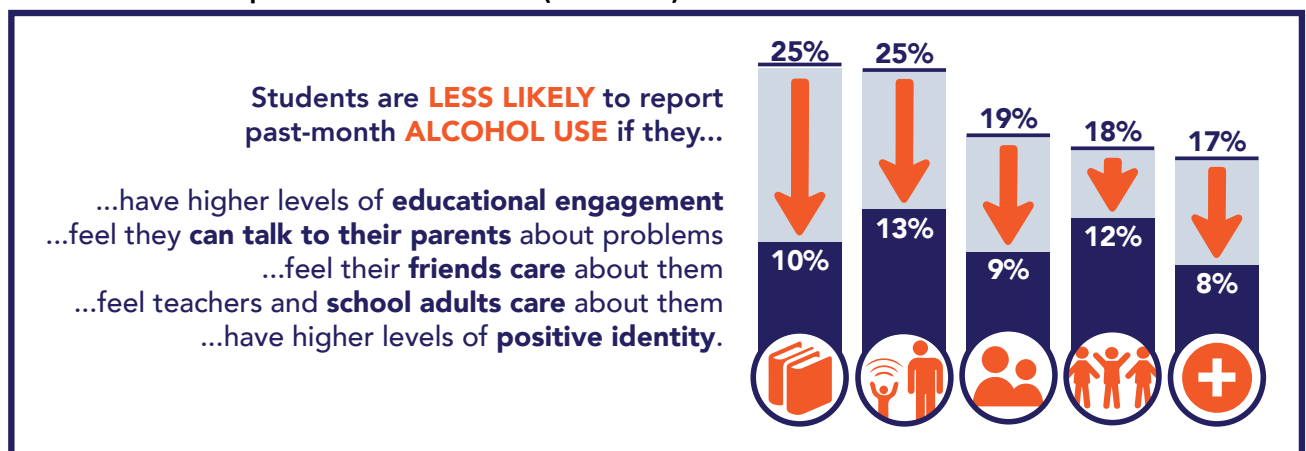17% → 7%
12% → 4%
7% → 3%

Figure 3. Educational engagement, being able to talk with parents about problems, feeling friends care, feeling teachers and other adults at school care, and having positive identity are all associated with lower rates of past-month alcohol use (2016 MSS)

Students are **LESS LIKELY** to report past-month **ALCOHOL USE** if they...

...have higher levels of **educational engagement**
...feel they **can talk to their parents** about problems
...feel their **friends care** about them
...feel teachers and **school adults care** about them
...have higher levels of **positive identity**.

25% → 10%
25% → 13%
19% → 9%
18% → 12%
17% → 8%

For more information of the strength of those associations (the extent to which each individual protective factor reduces the likelihood of each negative outcome), see Table 2 on page 10.

Is more protection better?

An increased number of protective factors is associated with lower rates of substance use and mental health issues (see Figures 4 and 5).

Figure 4. Minnesota 8th, 9th, and 11th graders reporting past-month alcohol use and past-year suicidal ideation, by number of protective factors experienced (2016 MSS)

Number of Protective Factors Experienced

■ Past month alcohol use   ■ Past year suicidal ideation
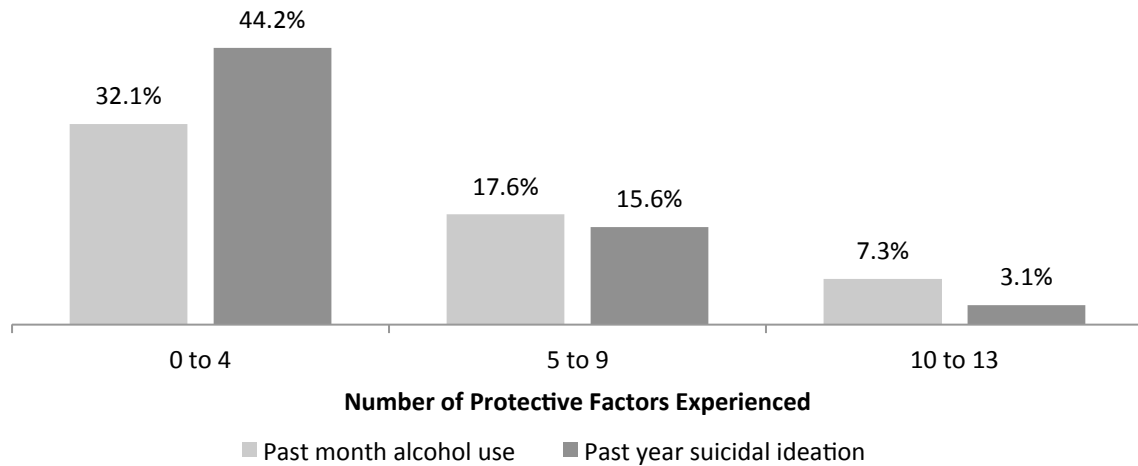
> **> How to read Figure 4:**
>
> *Youth experiencing 10 or more protective factors are about four and a half times less likely to report any past-month alcohol use (7.3% vs. 31.2%), and over 14 times less likely to report past-year suicidal ideation (44.2% vs. 3.1%) compared to youth with fewer than five protective factors.*

Figure 5. Minnesota 8th, 9th, and 11th graders reporting past-month tobacco use, marijuana use, and prescription drug misuse, by number of protective factors experienced (2016 MSS)

Past month tobacco use

Past month marijuana use

Past month prescription drug misuse

Number of Protective Factors Experienced
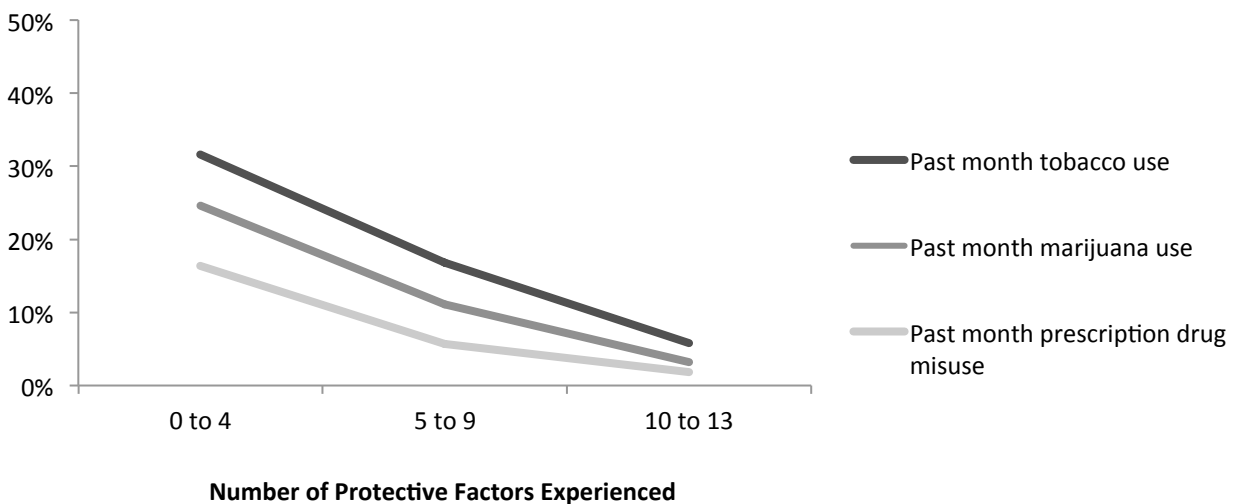
Each individual protective factor described in this brief is associated with lower rates of past-month substance use and past year suicidal ideation. **Layering** protective factors from each socio-ecological level is associated with *even further* reduced rates.

In Figure 6 below, we see that students who feel empowered are almost 3 times less likely to report past-month marijuana use compared to those who do not feel empowered. Layering on parental, peer, school, and community protective factors brings that 4.8% down even further to 2.8%. While a two percent difference may seem small, it represents over 1,300 of the 8th, 9th, and 11th graders in Minnesota who feel empowered.
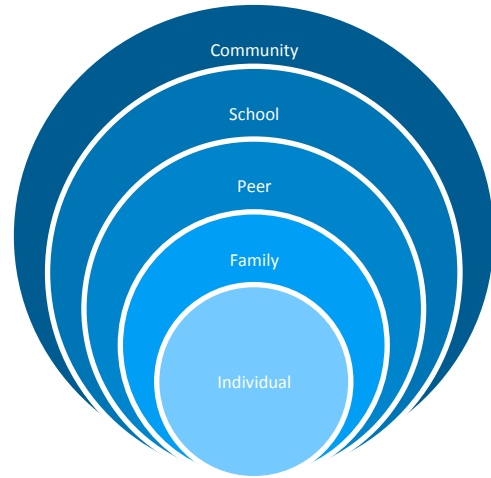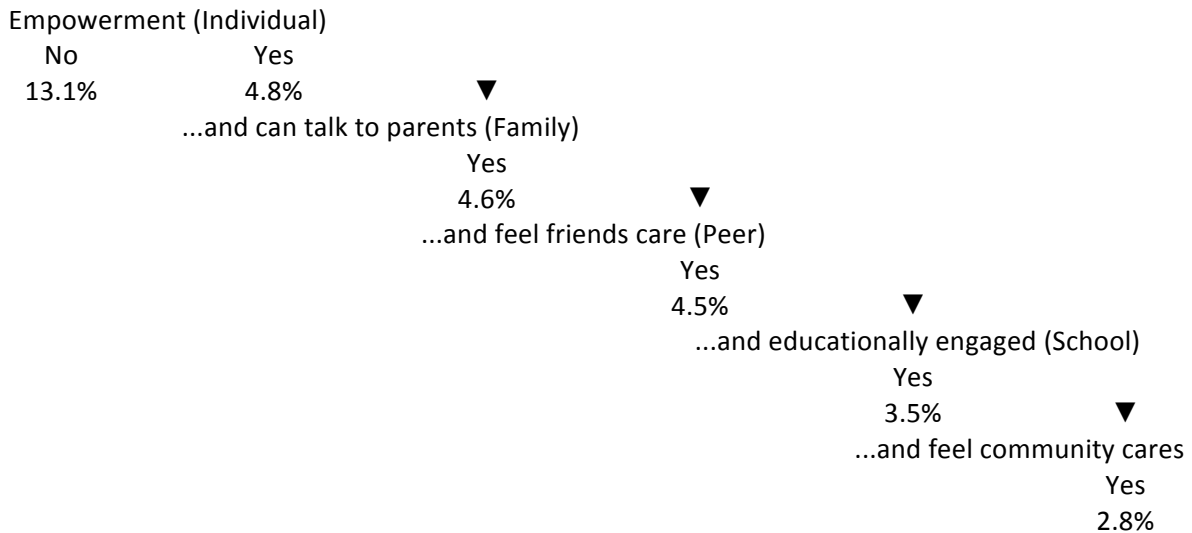
Figure 6. Minnesota 8th, 9th, and 11th graders reporting any past-month marijuana use (2016 MSS)

Empowerment (Individual)
No   Yes
13.1%   4.8%   ▼
          ...and can talk to parents (Family)
                       Yes
              4.6%   ▼
                   ...and feel friends care (Peer)
                                Yes
                       4.5%   ▼
                            ...and educationally engaged (School)
                                         Yes
                                3.5%   ▼
                                     ...and feel community cares
                                                  Yes
                                         2.8%

> **How to read Figure 6:**

Let's say you have a student in your school district who feels empowered. That means they feel valued and appreciated by others, are included in family tasks and decisions, and are given useful roles and responsibilities. That student is 3 times less likely to report using marijuana in the past month as compared to students who don't feel empowered: 4.8% vs. 13.1%. Now layer on the fact that they can talk to one or both of their parents about problems they're having...that reduces their likelihood of reporting past-month use from 4.8% to 4.6%. While each added layer only drops the past-month use rate by a small percentage, the cumulative impact adds up!

How do protective factors relate to risk factors?

Risk factors from across socio-ecological levels are associated with an increased likelihood of negative outcomes like substance use.[3] Protective factors, in addition to independently reducing rates of negative outcomes, can buffer the impact of cumulative risk factors.[4] Further, increasing or enhancing protective factors may be more feasible for prevention practitioners and their community partners to address, as compared to reducing risk factors, and therefore have greater potential for impact.[5]

In addition to protective factors, the Minnesota Student Survey allows us to assess a number of risk factors. Adverse Childhood Experiences or ACEs are one category of risk factors. These include:

- Having a parent/guardian who is currently in jail, and/or has ever been in jail (reported by 17% of Minnesota 8th, 9th, and 11th graders)
- Living with someone who drinks too much alcohol (10%)
- Living with someone who uses illegal drugs or abuses prescription drugs (5%)
- Having been verbally abused by a parent or adult in the household (14%)
- Having been physically abused by a parent or adult in the household (12%)
- Witnessing domestic abuse of parents/adults in household (7%)
- Having been sexually abused by an older or stronger family member and/or and adult or other person outside the family (5%)

The number of ACEs reported by youth are often summed to calculate an ACE score from 0 to 7. By adding two other adverse experiences, experiencing bullying at school weekly or more often in the past-month and having ever experienced dating violence, a risk factor score from 0 to 9 can be calculated. Among Minnesota 8th, 9th, and 11th graders, 16% experienced bullying weekly or more and 4% experienced dating violence.

Fortunately, almost 3 in 5 Minnesota youth did not report any of these risk factors. About 6% of 8th, 9th, and 11th graders reported 4 to 9 risk factors—over 6,700 students. More than one-third reported 1 to 3 risk factors.

Figure 7. Number of risk factors experienced by 8th, 9th, and 11th graders (2016 MSS)
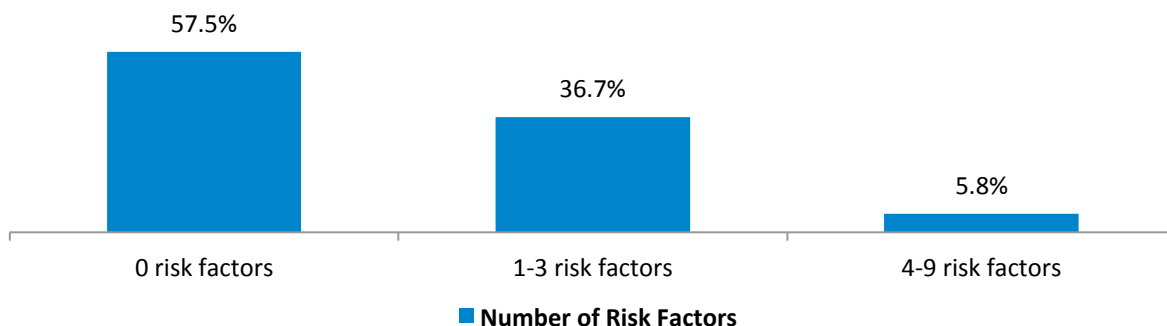
Each of these risk factors is associated with increased rates of past-month substance use and past-year suicidal ideation. While communities simultaneously work to prevent and reduce risk factors, enhancing protective factors can buffer the negative impact of risk factors. Two examples of this buffering effect are shown on the next page.

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Social competency is a composite measure comprising eight items from the Minnesota Student Survey measuring healthy decision making and relationship building (for a list of the items included, see the appendix). Even among youth reporting 4 to 9 risk factors, those with more social competency were over 2 times less likely to report past-month alcohol use compared to those with less social competency: 20.0% vs. 44.0%. Further, students with 1 to 3 risk factors but more social competency were less likely than students with 0 risk factors but less social competency to report past-month alcohol use: 7.0% vs. 11.6%.

Figure 8. Minnesota 8th, 9th, and 11th graders reporting any past-month alcohol use, by number of risk factors experienced and level of social competency (2016 MSS)
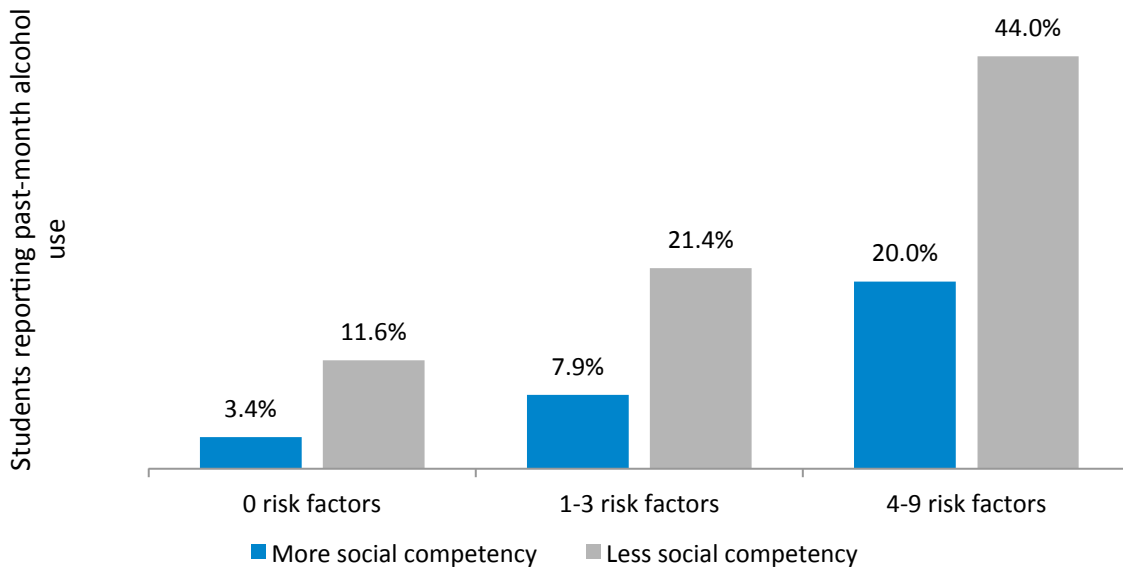

> **How to read Figure 8:**
>
> *Even among youth reporting four to nine risk factors, those with more/greater social competency were over 2 times less likely to report past-month alcohol use compared to those with less social competency: 20.0% vs. 44.0%.*
>
> *Further, students with 1 to 3 risk factors but more/greater social competency were less likely than students with 0 risk factors but less social competency to report past-month alcohol use: 7.0% vs. 11.6%.*

Similarly, feeling that teachers and other adults at school care quite a bit or very much can buffer the risk of past-year suicidal ideation among youth experiencing risk factors (see Figure 9). These are just two examples; we see similar patterns when measuring the buffering impact of each protective factor on each negative outcome.

Figure 9. 8th, 9th, and 11th graders reporting any past-year suicidal ideation, by number of risk factors experienced and extent to which they feel teachers and other adults at school care (2016 MSS)
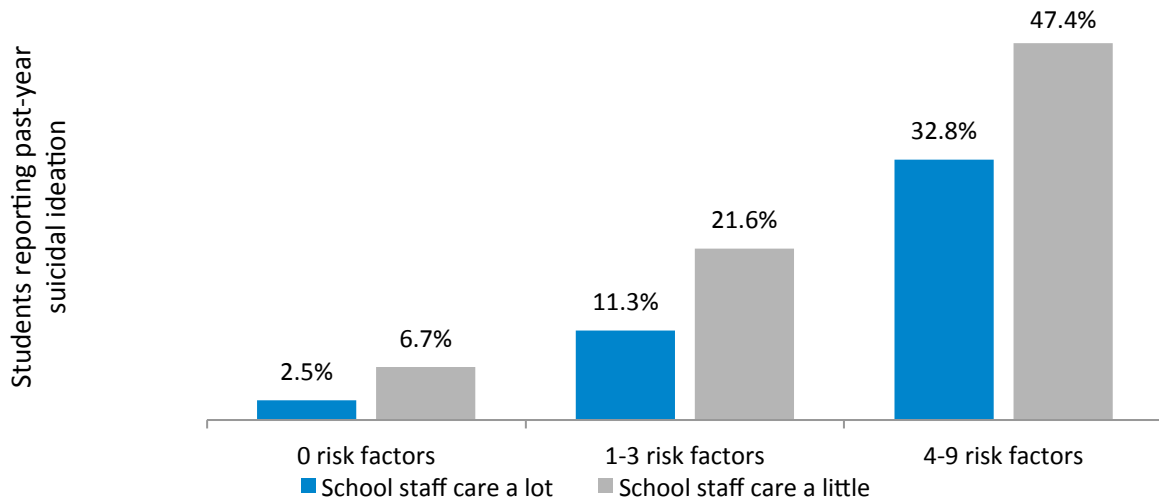
Similar to Figures 4 and 5, an increase in the number of risk factors experienced (as compared to a decrease in number of protective factors experienced) is strongly associated with rates of past-month alcohol use, marijuana use, and prescription drug misuse. Compared to youth experiencing zero risk factors, those with 4 to 9 risk factors were 5.4, 8.2 and 11.4 times more likely to report alcohol use, marijuana use, and prescription drug misuse, respectively (see Figure 10).

Figure 10. Minnesota 8th, 9th, and 11th graders reporting past-month substance use, by number of risk factors experienced (2016 MSS)
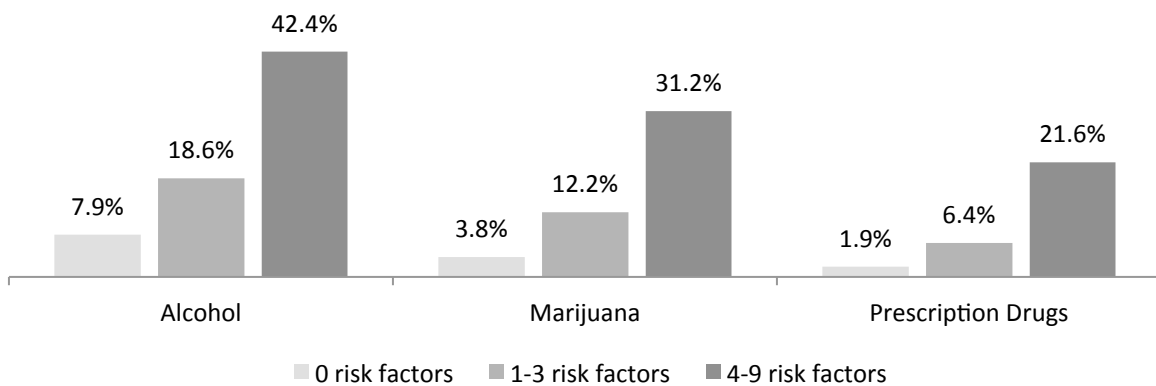
Even among youth experiencing 4 to 9 risk factors, the presence of protective factors can help. Compared to those with *high risk* and minimal protection (0 to 4 protective factors), those with *high risk* and strong protection (10 to 13 protective factors) were:
- 1.9 times less likely to report past-month alcohol use: 26.7% vs. 49.6%
- 2.2 times less likely to report past-month marijuana use: 17.0% vs. 38.1%
- 2.5 times less likely to report past-month prescription drug misuse: 11.7% vs. 29.6%

What do we know about disparities?

As noted in the introduction, risk and protective factors are not evenly or equitably distributed. Some youth experience a greater number of risk factors while simultaneously experiencing fewer protective factors. A health disparity, simply put, is a difference in health between populations or groups of people. Disparities are linked with social, economic and/or environmental disadvantage. Disparities affect groups who have systematically experienced greater levels of risk factors linked to discrimination or exclusion. Equality means providing the same level of prevention services to all populations in your community. **Equity** means giving each population the level of support they need to achieve healthy outcomes, and for some populations with lower numbers of protective factors that may mean *more* support and services.

Minnesota 9th and 11th graders identifying as bisexual, or gay or lesbian, are considerably more likely than heterosexual students to have fewer than five protective factors and considerably less likely to have ten or more protective factors (see Figure 11). While not shown here, students identifying as transgender, genderfluid, genderqueer or unsure about their gender identity were less likely (compared to those not identifying as such) to have ten or more protective factors: 16.0% vs. 45.9%.

Figure 11. Number of protective factors experienced by Minnesota 9th and 11th graders, by sexual orientation (2016 MSS)
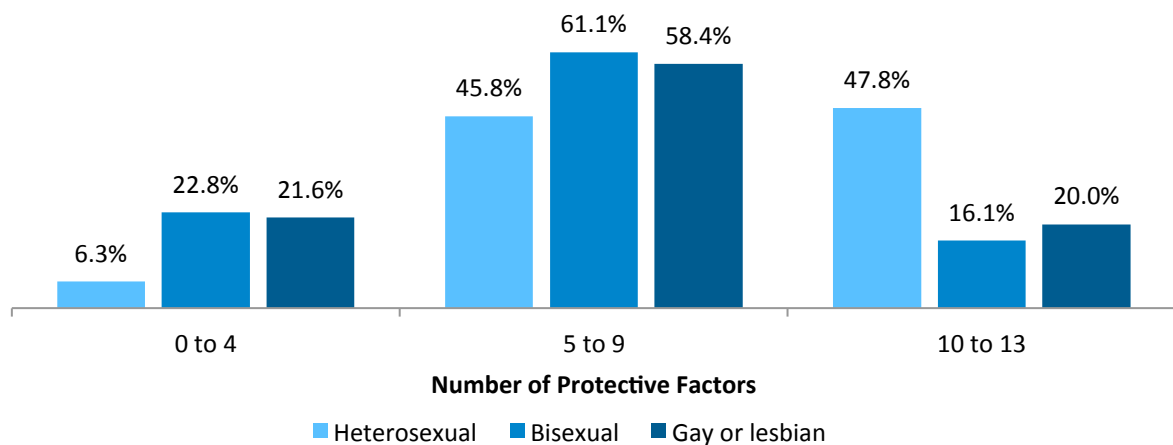
Minnesota Student Survey data also show disparities by race/ethnicity (the categories in the chart below are not mutually exclusive). Youth who identified as Somali were most likely to report 10 to 13 protective factors (52.9%), followed by youth identifying as white. Native Hawaiian or other Pacific Islander students, American Indian or Alaska Native youth, and Hmong youth were least likely to report a high number of protective factors (see Figure 12 on page 10).

It is important to note that some of the protective factors used in this report may not be culturally relevant. They were selected based on their availability from the survey. For example, questions about participation in activities include mention of 4-H, Scouts, and tennis but not cultural activities.

Figure 12. Minnesota 8th, 9th, and 11th graders reporting 10-13 protective factors, by race/ethnicity (2016 MSS)
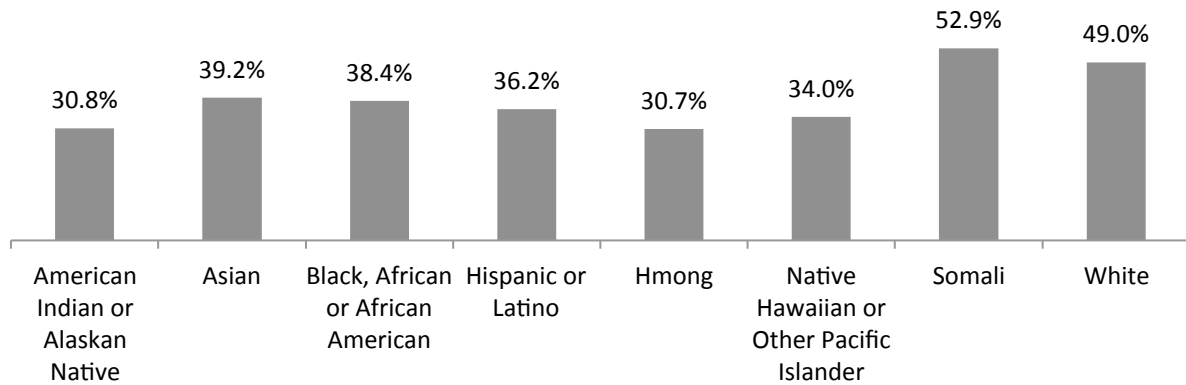
So in addition to prioritizing protective factors, it's important to address disparities. For example, if you live in a community with a large number of Native American youth or a large number of Hmong youth, you may wish to take steps to ensure efforts to increase and enhance protective factors are especially focused on those populations exposed to the least number of protective factors. You can use Census data to determine which populations facing disparities are most prevalent in your community. You can also use MSS data to determine which populations (based on race, ethnicity, sexual orientation, and gender identity) are prevalent in your community.

How can communities use protective factor data?

Review your community's Minnesota Student Survey protective factor data. Consider these guiding questions:

- Which protective factors are youth in your community most likely to report? Least likely? You may want to address factors for which there is more room for improvement.
- For which protective factors are your community's lower than the statewide average? The statewide average can serve as a benchmark.
- How have your community's protective factor rates changed over time? For example, were youth in 2016 more or less likely to feel that teachers and other adults at school care about them as compared to youth in 2010?
- Which protective factors does your community have the resources and readiness to address? For example, does your community have a strong history of engaging parents and caregivers or does more work need to be done before trying to enhance family-level protective factors?
- Which protective factors have the strongest association in terms of reducing the likelihood of your priority community concerns (i.e., youth alcohol use, youth suicidal ideation)—see Table 2
- Which populations in your community face the greatest disparities in terms of low levels of protective factors?

Risk ratios can help us show the strength of association between a protective factors and outcomes of interest. For example, youth who feel that adults in the community care about them very much or quite a bit are 2 times less likely to report past-month alcohol use as compared to youth who feel that adults in the community care some, a little or not at all. The larger the risk ratio, the stronger the association.

Table 2. Association of protective factors with reduced rates of past-month substance use and past-year suicidal ideation among Minnesota 8th, 9th, and 11th graders (2016 MSS)

| | **Risk Ratios** | | | | |
	Alcohol	Tobacco	Marijuana	Rx Drugs	Suicidal Ideation
Community					
Feel adults in community care	2.0	2.1	2.5	2.4	3.3
Participate in 1-5 activities	1.4	1.7	2.0	1.7	1.5
Feel safe in neighborhood	1.8	1.9	2.1	3.1	2.8
School					
Educational engagement	2.5	3.0	3.2	2.9	2.3
Feel school staff care	2.2	2.4	2.7	2.6	3.0
Feel safe at school	1.9	2.1	2.2	2.8	3.1
Peer					
Feel friends care	1.5	1.7	1.8	2.2	2.9
Family					
Feel parents care	2.4	2.5	2.9	3.7	4.8
Can talk to parents	1.9	2.1	2.4	2.6	3.4
Feel other relatives care	2.1	2.2	2.6	3.2	4.0
Individual					
Positive identity	2.1	2.4	2.7	3.0	8.0
Social competency	4.0	5.1	7.1	4.3	5.1
Empowerment	2.1	2.4	2.7	3.0	5.9

> **How to read Table 2:**

As compared to students who feel adults in their community care about them some, a little, or not at all, those who feel adults in the community care about them very much or quite a bit are two times less likely to report past-month alcohol use and over three times less likely to report past-year suicidal ideation.

Further, lower rates of past-month alcohol use are most strongly associated with higher levels of social competency, educational engagement, and feeling like parents care.

Importantly, Table 2 shows us that if your community is working to increase and enhance protective factors in order to reduce past-month alcohol use, you may also end up seeing a reduction in use of other substances as well as reductions in suicidal thoughts/ideation. This can serve as a call for increased collaboration with community partners addressing other priorities, as you can work to jointly improve the overall health and wellbeing of young people.

The template below can serve as a planning tool for identifying which protective factors your community wants to prioritize addressing. For a comprehensive approach, try to enhance protective factors from multiple socio-ecological levels.

Planning tool for enhancing youth protective factors					
	2016 Rate	Statewide Comparison	Trend	Readiness + Resources	Strength of Association
Community					
Feel adults in community care					
Participate in 1-5 activities					
Feel safe in neighborhood					
School					
Educational engagement					
Feel school staff care					
Feel safe at school					
Peer					
Feel friends care					
Family					
Feel parents care					
Can talk to parents					
Feel other relatives care					
Individual					
Positive identity					
Social competency					
Empowerment					

2016 Rate: Enter the percentage of youth reporting each protective factor.

Statewide Comparison: Enter the percentage of youth statewide reporting each protective factor, and/or simple note whether the statewide average is higher than, the same as, or lower than your community's rate.

Trend: Note whether the protective factor rate has improved overtime, stayed the same, or declined. This could be simply done with arrows as well (▲, ►, and ▼)

Readiness + Resources: Based on conversations with community partners and other stakeholders, note whether resources and readiness are high, moderate, or low for addressing each protective factor.

Strength of Association: Use the risk ratios from the table on page 3 to note the strength of association for your community's priority concern—whether that's alcohol use, tobacco use, marijuana use, prescription drug misuse, or suicidal thoughts. Add columns if your community has multiple priorities.

What resources are available?

You can access Minnesota Student Survey data in multiple ways.

- County-level data on protective factors, as well as statewide data by race/ethnicity and sexual orientation, can be found at the Substance Use in Minnesota website (www.sumn.org)
- Both county- and school district-level data on protective factors can be accessed via the Minnesota Department of Education's Data and Analytics webpage: https://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=242
- County-level data tables can be accessed through the Minnesota Center for Health Statistics: http://www.health.state.mn.us/divs/chs/mss/

If your community is working to address youth substance use, you can receive technical assistance on using risk and protective factor data in prevention planning from your Regional Prevention Coordinator. Find the coordinator for your region on the RPC's website: http://rpcmn.org/

Also, the Minnesota State Epidemiological Outcomes Workgroup, funded by the Minnesota Department of Human Services Behavioral Health Division, has created a number of data products housed at www.sumn.org in the 'Toolbox'. This report, "Power of Protective Factors for Minnesota Youth," can be found in the SUMN Toolbox under 'Special Topics' > 'Protective Factors'. There you will also find various fact sheets providing more detail about specific protective and risk factors included in the report.

The Minnesota Department of Health has resources relevant to suicide prevention data, health disparities, and health equity. Learn more by visiting:

- MDH's Suicide Prevention Program webpage (and click on 'Data'): http://www.health.state.mn.us/injury/topic/suicide/
- MDH's Health Equity webpage: http://www.health.state.mn.us/divs/che/
- Race Rate Disparity in Drug Overdose Deaths on MDH's Opioid Dashboard: http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/racedisparity.html

References

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2. McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
3. Catalano, R.F., Kosterman, R., & Hawkins, J.D. (1996). Modeling the etiology of adolescent substance use: a test of the social development model. *J Drug Issues*, 26(2), 429-455.
4. Mackin, J., Perkins, T., and Furrer, C. (2012). The power of protection: a population-based comparison of Native and non-Native youth suicide attempters. *Am Indian Alsk Native Ment Health Res*; 19(2): 20-54.
5. Borowsky, I.W., Resnick, M.D, Ireland, M., & Blum, R.W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine*, 153, 573-580.

Appendix

Adverse Childhood Experiences (ACEs): ACEs are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction. ACE scores are calculated by adding up the number of adverse experiences reported by each student (from zero to seven):
- Having a parent/guardian who is currently in jail, and/or has ever been in jail
- Living with someone who drinks too much alcohol
- Living with someone who uses illegal drugs or abuses prescription drugs
- Having been verbally abused by a parent or adult in the household
- Having been physically abused by a parent or adult in the household
- Witnessing domestic abuse of parents/adults in household
- Having been sexually abused by an older or stronger family member and/or and adult or other person outside the family

Bullied weekly or more: Students were asked how frequently they were bullied in the past 30 days. The report includes data on students who reported experiencing bullying behavior weekly or more often during the past 30 days. This measure includes students who reported experiencing one or more of five types of behaviors:
- Students spread mean rumors or lies about you once or more in past month
- Students excluded you from friends, other students, or activities in past month
- Students made sexual jokes, comments, or gestures towards you in past month
- Students pushed, shoved, slapped, hit or kicked you once or more in past month
- Students threatened to beat you up once or more in past month

Can talk to parents about problems: This combines two MSS questions, and includes students who say they can talk to their father and/or their mother "most of the time" or "some of the time" about problems they are having. This is compared to youth who answer "not very often", "not at all", or "my father/mother is not around" to both questions.

Dating violence: Students reporting they've ever had a boyfriend or girlfriend in a dating or serious relationship who hit, slapped, or physically hurt them on purpose.

Educational engagement: Students have greater educational engagement if they answered all/most of the time or strongly agree/agree to *each* the following questions:
- How often do you care about doing well in school?
- How often do you pay attention in class?
- How often do you go to class prepared?
- If something interests me, I try to learn more about it.
- I think the things I learn at school are useful.
- Being a student is one of the most important parts of who I am.

Empowerment*: For *each* of the three MSS items below, students responding with "very or often" or "extremely or always" were considered to have empowerment:
- I feel valued and appreciated by others
- I am included in family tasks and decisions
- I am given useful roles and responsibilities

Feel adults in community care: Students who feel other adults in the community care about them "very much" or "quite a bit," as compared to "some," "a little," or "not at all."

Feel friends care: Students who feel their friends care about them "very much" or "quite a bit," as compared to "some," "a little," or "not at all."

Feel other relatives care: Students who feel other adult relatives care about them "very much" or "quite a bit," as compared to "some," "a little," or "not at all."

Feel parents care: Students who feel their parents care about them "very much" or "quite a bit," as compared to "some," "a little," or "not at all."

Feel safe at school: Students who strongly agree or agree that they feel safe at school.

Feel safe in neighborhood: Students who strongly agree or agree that they feel safe in their neighborhoods.

Feel school staff and teachers care: Students who feel teachers and other adults at school care about them "very much" or "quite a bit," as compared to "some," "a little," or "not at all."

Participate in 1-5 activities: Students reporting that they participate in one to five activities (outside of the regular school day) on one or more days per week during a typical week. Data show that participation in some activities is beneficial, but that participation in too many activities can pose as much risk as no participation at all. Activities asked about on the MSS include:
- Sports teams (i.e., park and rec teams, school teams, in-house teams or traveling teams)
- School sponsored activities or clubs other than sports (i.e., drama, music, chess, science club)
- Tutoring, homework help or academic programs
- Leadership activities such as student government, youth councils or committees
- Artistic lessons (i.e., music, dance)
- Physical activity lessons (i.e., tennis, karate)
- Other community clubs and programs (i.e., 4-H, Scouts, Y-clubs or Community Ed)
- Religious activities (i.e., religious services, education or youth groups)

Positive identity*: For *each* of the six MSS items below, students responding with "very or often" or "extremely or always" are considered to have positive identity:
- I feel in control of my life and future
- I feel good about myself
- I feel good about my future
- I deal with disappointment without getting too upset
- I find ways to deal with the things that are hard in my life
- I am thinking about what my purpose in life is

Social Competency*: For *each* of the eight MSS items below, students responding with "very or often" or "extremely or always" are considered to have social competency:
- I say no to things that are dangerous or unhealthy
- I build friendships with other people
- I express my feelings in proper ways
- I plan ahead and make good choices

- I stay away from bad influences
- I resolve conflicts without anyone getting hurt
- I accept people who are different from me
- I am sensitive to the needs and feelings of others

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