

### 3.2 Target Population and Need for Program

The communities targeted by this request to the Illinois Teen REACH Program are located in a predominantly rural region of east central Illinois. The school districts of Neoga (Cumberland County) and Cumberland (located between the communities of Toledo and Greenup in Cumberland County), Casey (Clark County) and Sullivan (Moultrie County) have a combined enrollment of 2,190 students in their elementary schools. None of the counties has a community larger than 5,000 persons, and school districts commonly overlap county lines. Clark, Cumberland and Moultrie Counties have a collective population of 42,548 persons residing in a 1,200-square-mile area. A relatively high percentage of the population is living at or below the federal poverty level, and recent closures of key industries have increased the region's numbers of unemployed and low-wage workers. The table below provides data for specific socio-economic indicators (data are from the 1990 Census unless otherwise indicated.)

*Table 1. Socio-Economic Indicators*

<b>Indicator</b>	<b>Clark</b>	<b>Cumberland</b>	<b>Moultrie</b>	<b>State</b>
Percent of population in poverty	35.2	37.3	31.8	27.1
Percent of population rural	59.4	99.9	68.7	15.4
Percent of population >25 who are not high school graduates	28.8	27.8	29.8	23.9
Percent of children <18 living in a single-parent household	19.6	14.8	12.1	25.0
Percent of children <18 with both parents working or living in single, working-parent household	68.3	73.0	65.2	63.9
Percent of births to teens (1999)	5.1	3.6	4.4	4.3
Percent population enrolled in Medicaid (1995)	10.5	10.8	6.6	11.9
Percent of population unemployed (1994)	5.3	5.9	5.3	5.7
Percent population receiving food stamps (1993)	7.7	9.1	4.7	9.6
Percent of persons receiving TANF (2002)	0.22	0.19	0.15	1.24
Source: U.S. Census and Illinois Dept of Human Services (TANF figures).				

The rural setting and sparse population, which are viewed by some as protective factors inherent in a mythical idyllic countryside, contribute in their own way to increase the risks faced by our youth. For example, the region has not escaped the recent increase of methamphetamine

labs in rural areas, as noted by the East Central Illinois Drug Task Force. Between May 1999 and February 2000, nearly 60 seizures of meth labs have occurred in the region, with the majority in the Charleston-Mattoon community. This compares to a seizure of only 6 meth labs in the area prior to May 1999.<sup>1</sup>

Between 1994 and 1998, the following trends in the region's crime statistics compare unfavorably with other rural counties in Illinois:<sup>2</sup>

- the arrest rate for all drug law violations increased four-fold in Moultrie County, three-fold in Cumberland County, compared with only doubling in other rural counties;
- in Clark County, the 1998 drug arrest rate was 21 percent higher than the rate in other rural counties;
- the delinquency petition-filing rate increased nearly ten-fold in Moultrie County, compared with only a 26 percent increase for other rural counties;
- the number of juveniles supervised by the county juvenile probation departments more than doubled in Moultrie and Clark Counties, compared to a 13 percent increase in juvenile probation caseloads in other counties;
- the number of verified cases of child abuse and neglect in Clark County increased 14 percent, from 58 to 66 cases (for a county whose total population of persons under age 18 is less than 5,000 persons).

Additional factors plaguing the region include infrastructure shortages, lack of essential services, and limited recreational facilities for youth. The region suffers from an acute shortage of primary health and mental health care professionals to address critical needs of the community. All three counties are federally designated mental health professional shortage areas, and Cumberland County is listed as a federal (primary) health professional shortage area. Although the YMCA has facilities in Coles and Edgar Counties, there are no such facilities in the targeted counties, and there are no Boys and Girls Clubs of America in the region. Children and youth in Cumberland County have no public swimming pool in their county, and public transportation in the region, when it exists, offers only limited service to certain geographic regions or specific populations

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<sup>1</sup> "Meth awareness program available," *Times-Courier*, Charleston, IL, February 25, 2000, p. A3.

(e.g., seniors or disabled persons). Only one transportation service open to the general public operates in the targeted geographic area, but it does not serve Clark or Cumberland Counties, and does not operate after 4:30 p.m.

The region’s award-winning adolescent risk-behavior prevention project, “I Sing the Body Electric,” conducts a biennial survey of high school students to assess their health risk behaviors, and data from the most recent survey illustrate that rural youth are no less active than their urban counterparts when it comes to underage drinking, carrying weapons, school violence, and other risk behaviors. Selected indicators are compared with state and national data in the table below.

*Table 2. Youth Risk Behaviors – Region vs. State and National*

<b>Youth Risk Behaviors</b>	<b>East Central Illinois †</b>	<b>State of Illinois ‡</b>	<b>Nation ‡</b>
Percent of high school students reporting they:			
Drank alcohol before age 13 (other than a few sips)	29.1%	27.2%	32.3%
Smoked a whole cigarette before age 13	27.7	19.9	24.7
Carried a weapon on school property in prior 30 days.	9.2	6.5	6.9
Threatened or injured with weapon at school w/in the last 12 mos.	7.7	7.5	7.7
Attempted suicide requiring medical treatment	3.4	2.2	2.6
Participated in binge drinking	36.7	33.1	31.5
Have been pregnant/gotten someone pregnant at least one time	5.1	3.4	6.3
Used a needle one or more times to inject an illegal drug	3.4	1.4	1.8
† <i>I Sing the Body Electric Youth Risk Behavior Survey, 2000</i> , data collected March-May 2000 from 4,496 9th-through 12th-grade students at 24 schools in Clark, Coles, Cumberland, Douglas, Edgar, Moultrie and Shelby counties. A confidence factor of $\pm 2.0$ was calculated for survey results. ‡ Centers for Disease Control and Prevention. 1999. Youth Risk Behavior Surveillance -- United States, 1999. <i>Morbidity and Mortality Weekly Report</i> 49 (No. SS-5), 1-98.			

Implementation of an integrated after-school program is impractical for most rural communities because of the competing demands for limited resources. Schools, churches, and health and human services agencies in the region have struggled to support after-school programs but are confronted with the barriers of cost and transportation to serve the small numbers of participants which are typical for rural programs. Some after-school homework assistance programs exist for elementary students, and “I Sing the Body Electric” and the “Body Electric

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<sup>2</sup> Illinois Criminal Justice Information Authority.

Tobacco Refusal Program” deliver life skills programming to high school and middle school students, respectively.

The coalition planning this project determined that a collaborative approach to these needs can successfully deliver an after-school program targeting children ages 6-10 in the school districts of Neoga, Casey, Cumberland and Sullivan. A Teen REACH project designed to increase students’ academic performance and attachment to school, increase problem-solving skills, and provide opportunities for parental involvement, positive adult mentoring, recreation and creative activities will decrease the likelihood that students will engage in risk behavior as they enter their teen years. The proposed program is staffed for a total capacity of 200 (based on 10:1 staffing ratios), and an average daily enrollment of 130 participants is expected.

Presently, out-of-school programs exist in Sullivan and Casey, but these programs will not be duplicated or supplanted by Teen REACH. In Sullivan, a school-sponsored homework help program enrolls elementary students whose academic performance falls below expectation, and students are required to attend it. The Teen REACH program will work in conjunction with this program, not supplanting its existence, but serving as a transitional (and incentive) program for students who complete requirements for the school-based program. In Casey, three small programs run by local churches combine homework assistance with church choir practice. We do not expect that students enrolled in these programs will be targeted by Teen REACH, and the projected number of at-risk children in Casey reflects a need for additional services.

We believe that by combining our resources and expertise in a collaborative effort to develop and administer a multi-site Teen REACH program in the rural communities of Neoga, Casey, Cumberland and Sullivan, we can strengthen the health of families, schools, and the community.