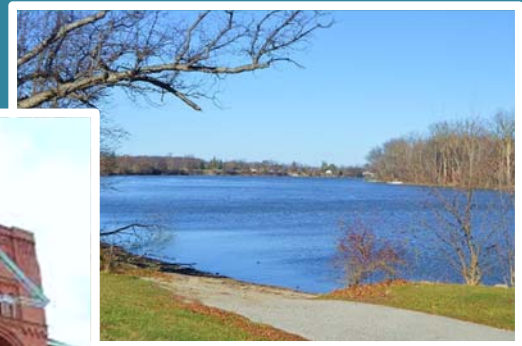
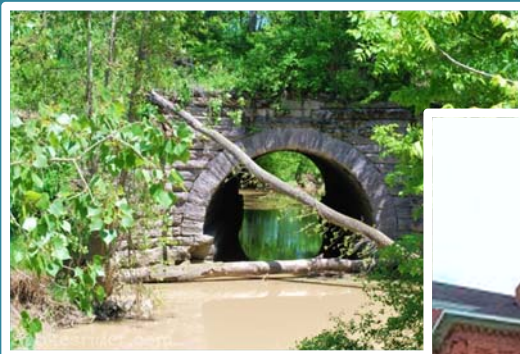


2018

Paulding County

Youth Health Assessment



Examining the health of Paulding County Youth

Released on 05.09.2018

Foreword

Dear Community Member;

Thank you for your interest in the data presented in this publication. It is the result of the 2018 health assessment of Paulding County youth. The data collected is reported along with health information from the Ohio Department of Health and relevant national, state, and local data sources.

This health assessment is invaluable because it serves as a guide for strategic planning and decision-making. It can help our community to identify new health concerns, measure the impact of current effort, and guide the judicious use of local resources. However, this is only one planning tool. A true plan of action for community health improvement will require taking a closer look at these survey results, seeking additional information from service providers and others, identifying population (s) at risk for specific health conditions, and choosing effective strategies that will truly improve the health of Paulding County youth when put into action.

This report would not exist without the support of community organizations and assistance of community leaders who all care about your health. The project was supported by the following organizations: Paulding County Health Department, Paulding County Hospital, Paulding County Senior Center, Paulding County Juvenile Court, PARC Lane Training Center, Paulding Board of DD, Area Office on Aging, Paulding County Commissioners, Tri County ADAMHS Board, Paulding County Economic Development, Paulding County OSU Extension, Paulding/Defiance Job and Family Services, United Way of Paulding County, NOCAC, Paulding County Vision Board, Village of Paulding, Western Buckeye Education Service Center, Paulding Exempted Village Schools, Wayne Trace Local Schools, and Antwerp Local Schools. Special thanks are given to the Hospital Council of Northwest Ohio for guiding the health assessment process.

While data is useful, it is how people utilize this information that ultimately benefits the community. We are happy to assist you in your efforts to improve the health and well-being of Paulding County youth. We encourage you to be open to new ideas and collaborations. We also encourage you to remain optimistic and positive about the excellent work this community can do together.

Sincerely,

Bill Edwards
Administrator
Paulding County Health Department

Acknowledgements

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Shawn Klaidelich, Area Office on Aging

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Jerry Zieklke, Paulding County Economic Development

Contact Information

Bill Edwards

Administrator

Paulding County Health Department

800 East Perry Street

Paulding, OH 45879

Phone:419-399-3921

bille@pcohhd.com

Project Management, Secondary Data, Data Collection, and Report Development

Britney L. Ward, MPH

Director of Community Health Improvement

Selena Coley, MPH

Community Health Improvement Coordinator

Emily A. Golias, MPH, CHES

Community Health Improvement Coordinator

Alyssa Miller

Graduate Assistant

Emily Soles

Graduate Assistant

Margaret Wielinski, MPH

Assistant Director of Community Health Improvement

Tessa Elliott, MPH

Community Health Improvement Coordinator

Emily Stearns, MPH, CHES

Community Health Improvement Coordinator

Erin Rauschenberg

Graduate Assistant

Carolynn McCartney

Undergraduate Assistant

Data Collection & Analysis

Joseph A. Dake, Ph.D., MPH

Professor and Chair
School of Population Health
University of Toledo

To see Paulding County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

<http://www.hcno.org/community-services/data-link/>

The 2018 Paulding County Health Assessment is available on the following websites:

Paulding County Health Department

www.pauldingcountyhealth.com

Hospital Council of Northwest Ohio

<http://www.hcno.org/community-services/community-health-assessments/>

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Executive Summary

This executive summary provides an overview of health-related data for Paulding County youth in grades 6-12 who participated in a county-wide health assessment survey from February to March 2018. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention (CDC) for their national and state Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This youth health assessment was cross-sectional in nature and included an online survey of adolescents within Paulding County. From the beginning, community stakeholders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

An online survey instrument was designed for this study. As a first step in the design process, members from Paulding County Health Partners and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adolescents. The investigators decided to derive majority of the survey items from the YRBSS. This decision was based on being able to compare local data with state and national data. Based on input from Paulding County Health Partners, the project coordinator composed a draft containing 76 items on the adolescent survey. The draft was reviewed and approved by health education researchers at The University of Toledo, as well as Paulding County Health Partners.

SAMPLING | Adolescent Survey

Youth in grades 6-12 in Paulding County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 1,988 youth ages 12 to 18 years old live in Paulding County. A sample size of 322 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). Students were selected at random and surveyed in the schools.

PROCEDURE | Adolescent Survey

In January 2018, staff from HCNO received consent from Paulding County superintendents to administer the assessment from February to March 2018 and the survey instrument was approved by all participating superintendents. Individual schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the classroom that was selected, such as a home room or health class. Classrooms were randomly chosen by the school principal or designee. Passive permission slips were mailed home to the parents of any student whose class was selected to participate. The response rate was 90% (n=380; CI=± 4.47).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

LIMITATIONS

As with all health assessments, it is important to consider the findings in light of limitations that are present in all assessment methods. HCNO uses survey questions and a sampling method based on the CDC's YRBSS which involves randomly selecting schools and grade levels. Probability of selection is weighted by the size of grade levels within each school. Upon selection, the school principal (or designee) selects a general education classroom within the selected grade level to survey.

This sampling method is used to ensure the inclusion of a representative sample of youth across the county. This is in contrast to population surveying in which all students, in all schools, complete the survey. While population surveying provides the strongest set of data which can be broken down by district or school to gain insight into the behaviors of that subgroup of students, it is also very time consuming and expensive. Many schools that HCNO has been working with for more than a decade have indicated that the reduced testing burden is better for their teachers and students due to the significant level of mandatory testing that already exists (standardized testing).

While the method applied is a strong and efficient procedure, it is important to also understand its limitations. First, if the random selection (or the school assignment) of general education classrooms resulted in a group of students that was not reflective of the county, this represents a threat to the external validity of the results (the generalizability of the results to the student population of Paulding County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Second, the sample sizes selected for this assessment were to examine student behaviors at the county level.


Due to sample size limitations, it is not recommended to select a particular district, school, age, or gender and assume that the results will accurately reflect that smaller subset of the county. Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey. Finally, as is the case with all self-reported surveys, to the extent that students responded in a socially desirable manner which is inconsistent with reality, this would represent a threat to the internal validity of the results.

Secondary Data Collection Methods

HCNO collected secondary data from multiple websites, including county-level data, wherever possible. HCNO utilized sites, such as YRBSS, numerous CDC sites, U.S. Census data, Healthy People 2020, etc. All of the data is included in the section of the report it corresponds with. All primary data collected in this report is from the 2018 Paulding County Youth Health Assessment. All other data will be sourced accordingly.

2016 Ohio State Health Assessment (SHA)

The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

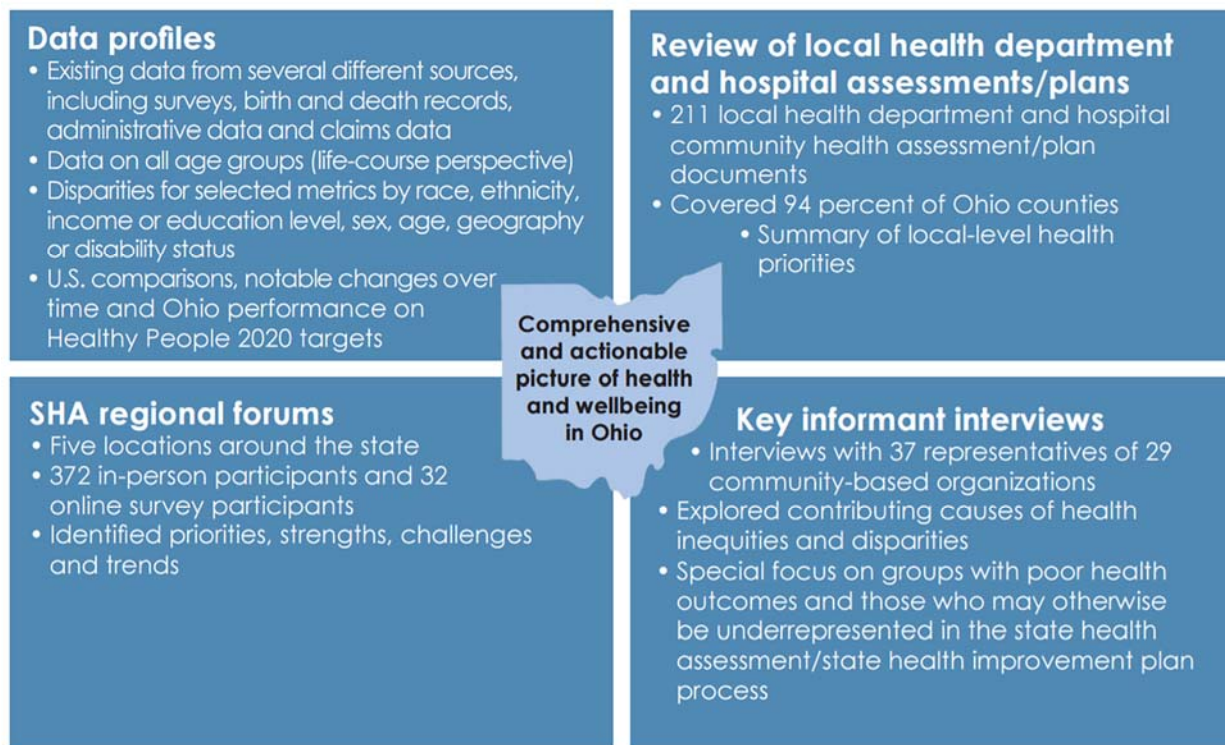
Similar to the 2016 Ohio SHA, the 2018 Paulding County Youth Health Assessment examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

Note: The 2016 Ohio SHA primarily focuses on adult data and outcomes, therefore youth-related indicators are limited.

FIGURE 1.1 | State Health Assessment (SHA) Sources of Information

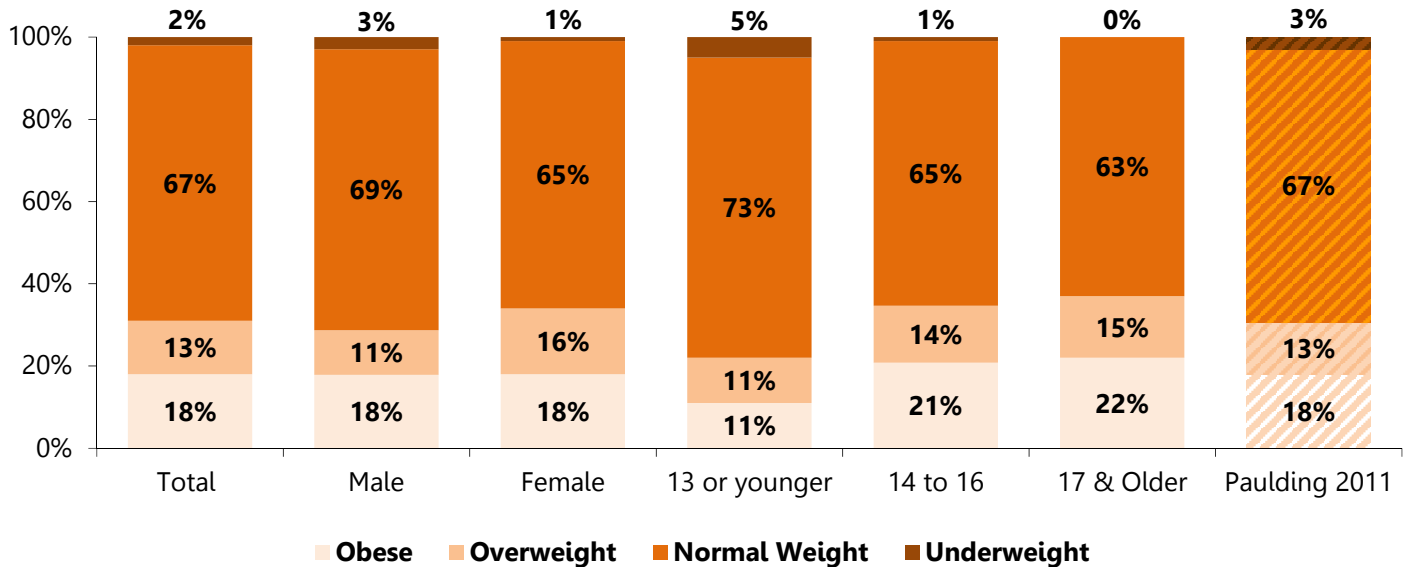


Data Summary

YOUTH WEIGHT STATUS

Almost one-fifth (18%) of Paulding County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 34% of Paulding County youth reported that they were slightly or very overweight. One in nine (11%) youth did not participate in at least 60 minutes of physical activity on any day in the past week.

Paulding County Youth BMI Classifications

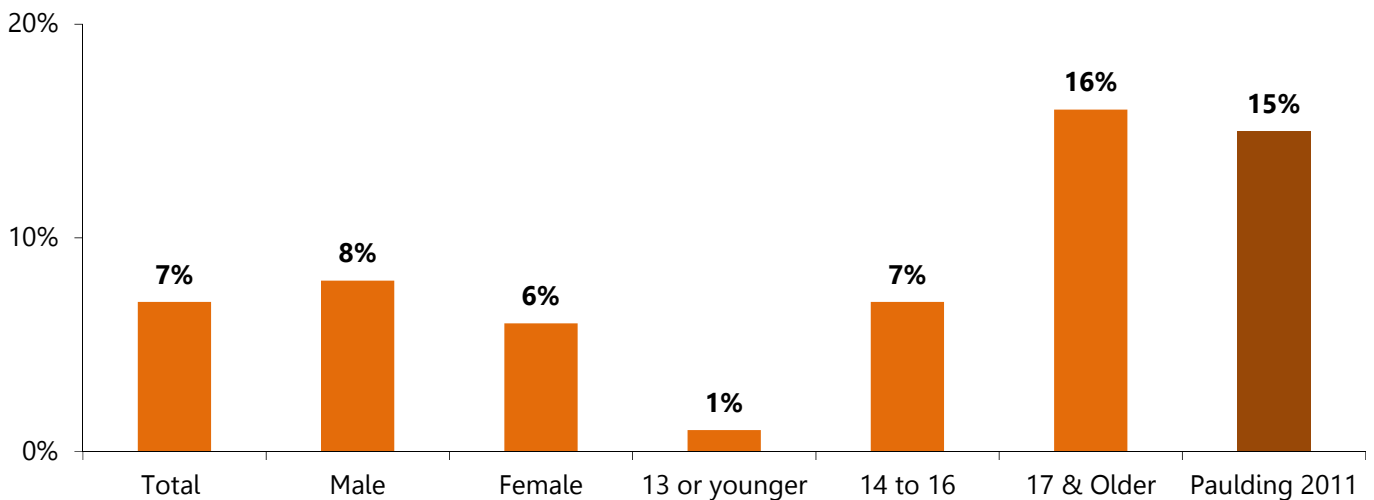


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH TOBACCO USE

One in fourteen (7%) Paulding County youth were current smokers. Twenty-three percent (23%) of those who had smoked a whole cigarette did so at 10 years old or younger. One in nine (11%) youth used chewing tobacco, snuff, or dip in the past 30 days.

Paulding County Youth Who Were Current Smokers

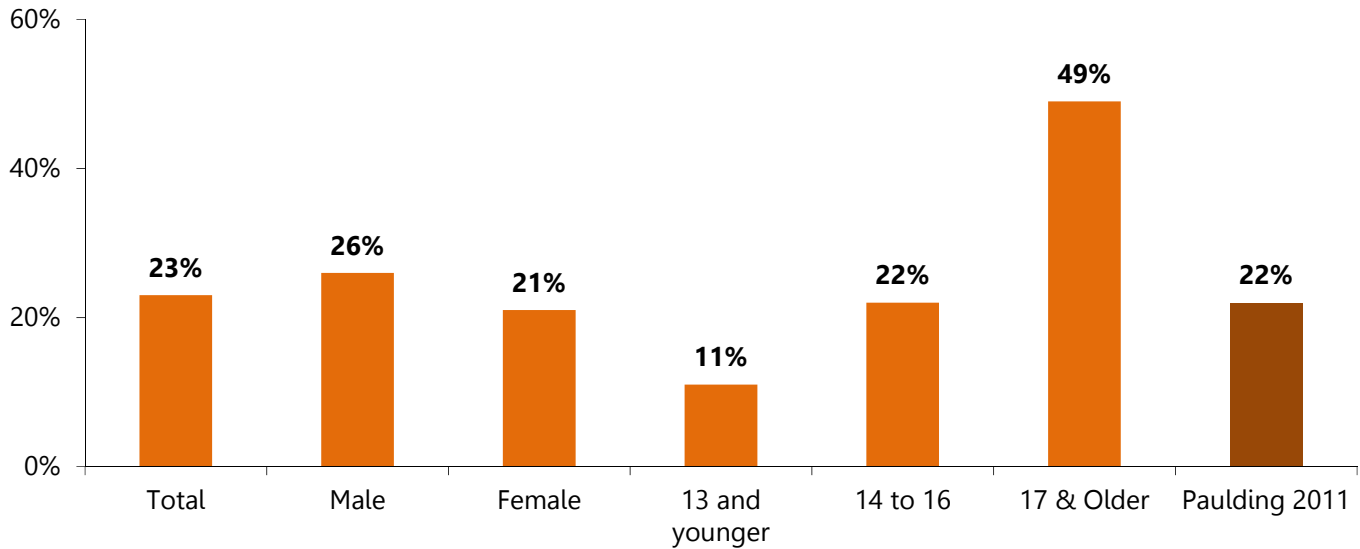


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH ALCOHOL USE

Almost one-quarter (23%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 52% were defined as binge drinkers, increasing to 61% of those ages 17 and older. More than one-third (34%) of current drinkers reported that their parent gave them alcohol.

Paulding County Youth Who Were Current Drinkers

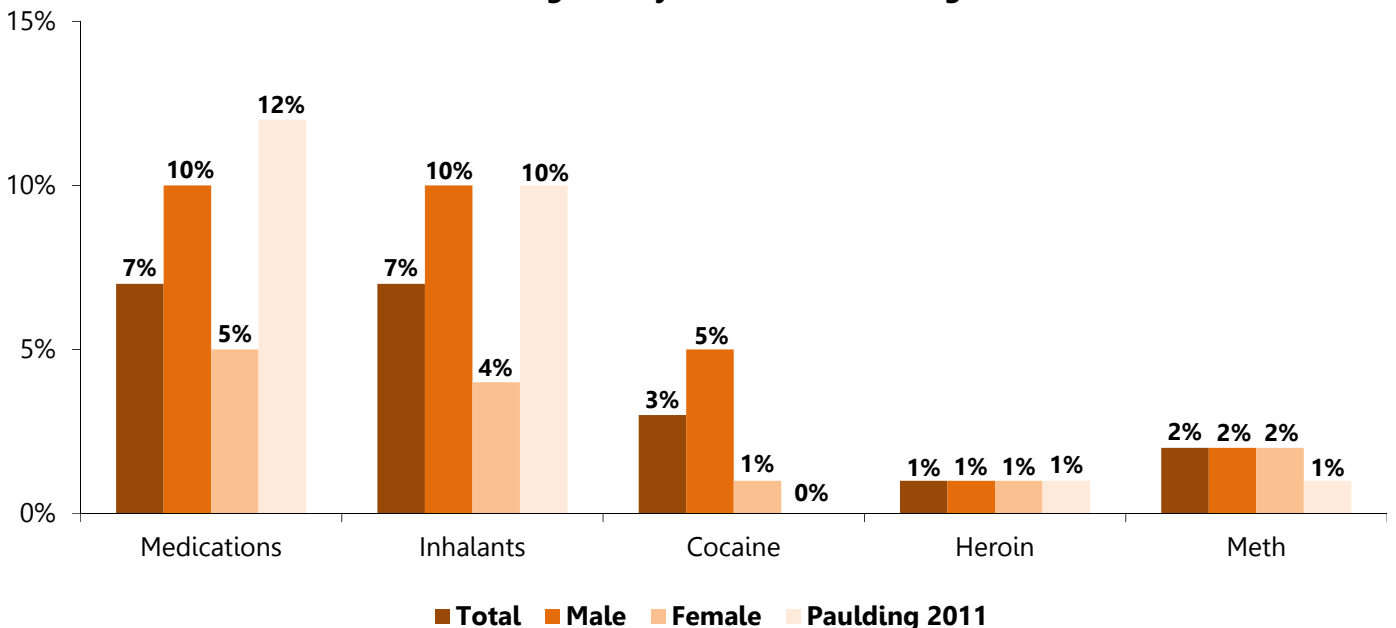


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH DRUG USE

Sixteen percent (16%) of Paulding County youth had used marijuana at least once in their lifetime, increasing to 29% of those ages 17 and older. Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. In the past 12 months, 5% of youth reported being offered, sold, or given an illegal drug on school property.

Paulding County Youth Lifetime Drug Use

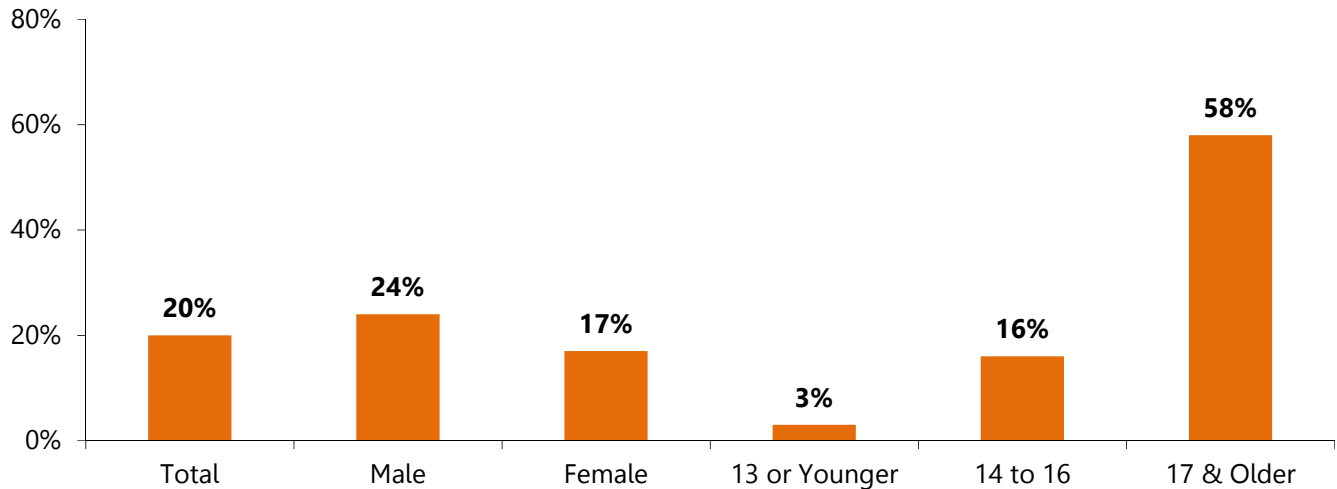


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH SEXUAL BEHAVIOR

One-fifth (20%) of Paulding County youth had sexual intercourse. Thirteen percent (13%) of youth engaged in intercourse without a reliable method of protection, and 4% reported they were unsure if they used a reliable method. Nine percent (9%) of youth had not been taught about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, or the use of condoms.

Paulding County Youth Who Had Sexual Intercourse

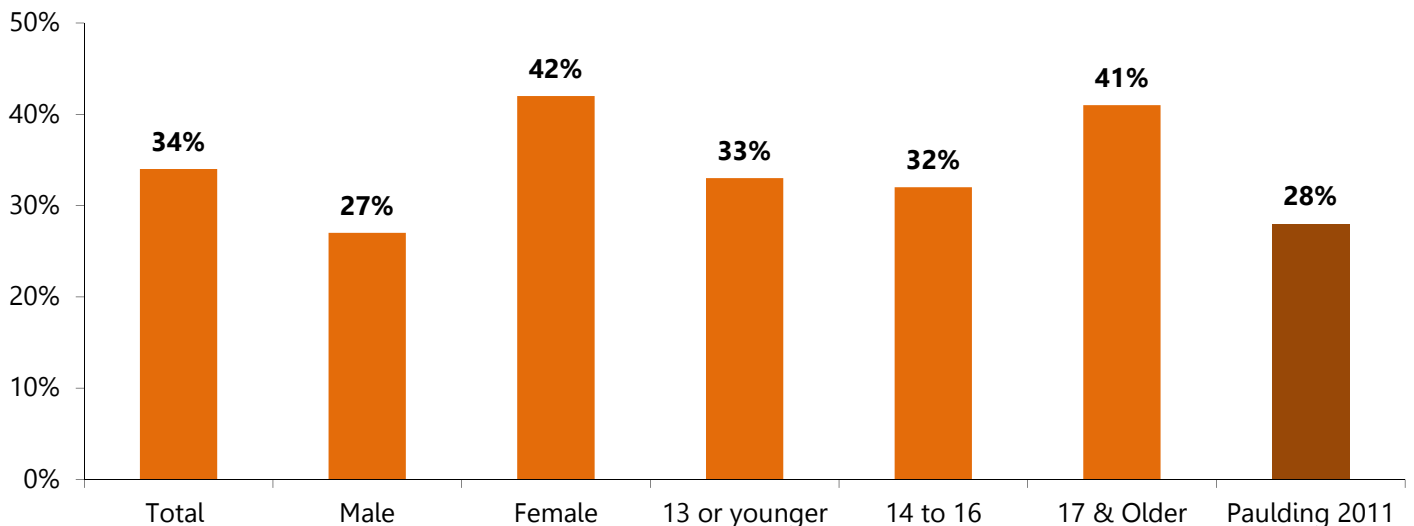


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH MENTAL HEALTH

About one in three (34%) youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year. Almost one in five (19%) youth reported they had seriously considered attempting suicide in the past 12 months. Seventeen percent (17%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

Paulding County Youth Who Felt Sad or Hopeless for Two or More Weeks in a Row



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

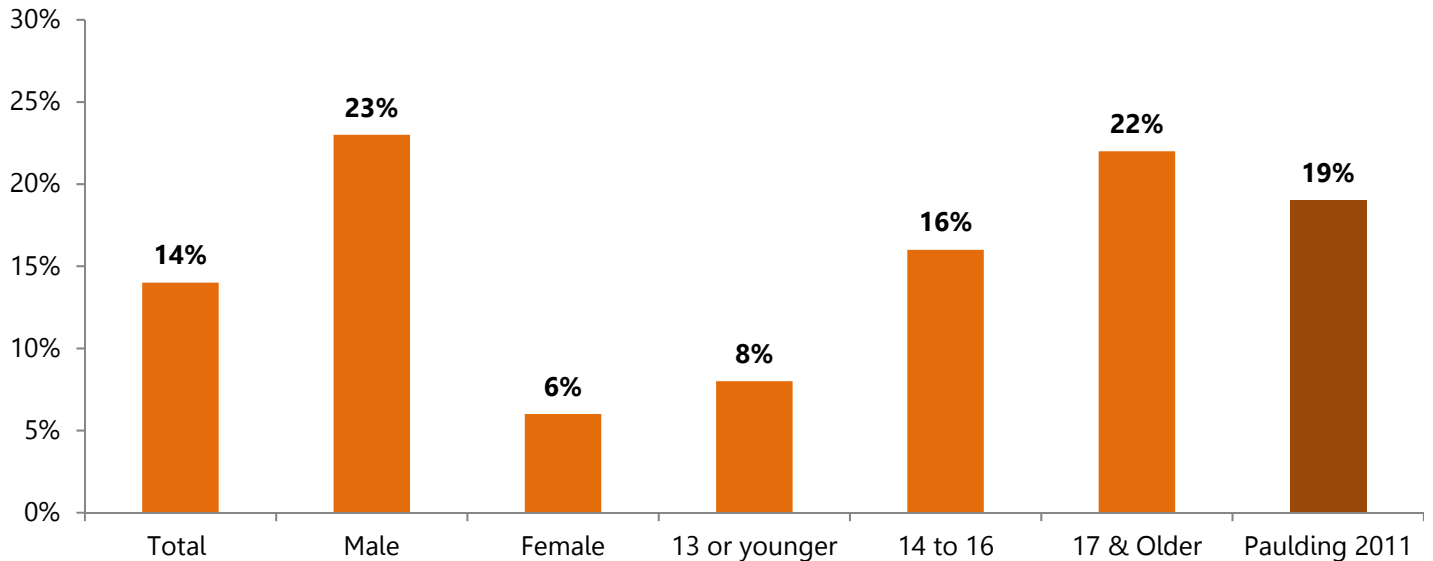
YOUTH SOCIAL DETERMINANTS OF HEALTH

More than four-fifths (85%) of youth had been to the doctor for a routine check-up in the past year. Nearly one-quarter (24%) of youth experienced three or more adverse childhood experiences (ACEs). Eighteen percent (18%) of youth reported going hungry in some capacity during the past 30 days.

YOUTH VIOLENCE


One in seven (14%) Paulding County youth carried a weapon (such as a gun, knife or club) in the past month. Twenty-three percent (23%) of youth had been involved in a physical fight, increasing to 35% of males. Just over two-fifths (41%) of youth had been bullied in the past year.

Paulding County Youth Who Carried a Weapon in the Past 30 Days




Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Trend Summary

Youth Variables	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control					
Obese 	18%	18%	20%	13%	14%
Overweight	13%	13%	15%	16%	16%
Described themselves as slightly or very overweight	33%	34%	42%	28%	32%
Were trying to lose weight	51%	45%	49%	41%	46%
Exercised to lose weight (in the past 30 days)	52%	50%	58%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	33%	31%	38%	N/A	N/A
Went without eating for 24 hours or more (in the past 30 days)	7%	6%	6%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	2%	3%	4%	5%	5%*
Vomited or took laxatives (in the past 30 days)	3%	3%	4%	5%	4%*
Ate 5 or more servings of fruits and/or vegetables per day	N/A	21%	19%	N/A	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	5%	3%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	30%	28%	27%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	53%	54%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	10%	11%	10%	13%	14%
Watched 3 or more hours per day of television (on an average school day)	38%	17%	20%	28%	25%
Safety and Violence					
Always wore a seatbelt (when riding in a car or other vehicle driven by someone else)	30%	46%	42%	92%	94%
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	18%	4%	6%	8%	6%
Carried a weapon (in the past 30 days)	19%	14%	17%	14%	16%
Were in a physical fight (in the past 12 months)	31%	23%	17%	20%	23%
Threatened or injured with a weapon on school property (in the past 12 months)	9%	7%	4%	N/A	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	5%	6%	5%	6%
Electronically bullied (in the past year)	13%	8%	6%	15%	16%
Bullied (in the past year)	50%	41%	34%	N/A	N/A
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	1%	2%	N/A	10%
Mental Health					
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	28%	34%	37%	26%	30%
Seriously considered attempting suicide (in the past 12 months)	16%	19%	22%	14%	18%
Attempted suicide (in the past 12 months)	5%	9%	9%	6%	9%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

 Indicates alignment with Ohio SHA

Youth Variables	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Alcohol Consumption					
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	22%	23%	35%	30%	33%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	16%	12%	20%	16%	18%
Drank for the first time before age 13 (of all youth)	25%	15%	12%	13%	17%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	44%	38%	43%	38%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	19%	13%	14%	17%	20%
Drove when they had been drinking alcohol (of youth drivers on 1 or more occasion during the past 30 days)	4%	5%	5%	4%	8%
Tobacco Use					
Ever tried cigarette smoking (even one or two puffs)	32%	23%	32%	N/A	32%
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	10%	10%	12%	N/A	7%
Current smoker (smoked on at least 1 day during the past 30 days)	15%	7%	12%	15%	11%
Smoked cigarettes frequently (of current smokers on 20 or more days during the past 30 days)	6%	3%	5%	7%	3%
Smoked cigarettes daily (of current smokers on all 30 days during the past 30 days)	5%	2%	4%	5%	2%
Currently use electronic vapor products (used e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens on at least 1 day during the past 30 days)	N/A	2%	3%	N/A	24%
Currently used smokeless tobacco (chewing tobacco, snuff, or dip on at least 1 day during the past 30 days)	N/A	11%	14%	9%	7%
Sexual Behavior					
Ever had sexual intercourse	N/A	20%	35%	43%	41%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	2%	2%	4%	4%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	7%	14%	12%	12%
Used a condom (during last sexual intercourse)	N/A	36%	34%	51%	57%
Used birth control pills (during last sexual intercourse)	N/A	25%	26%	24%	18%
Used an IUD (during last sexual intercourse)	N/A	4%	4%	2%	3%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	4%	4%	8%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	N/A	13%	12%	12%	14%
Drug Use					
Ever used marijuana (one or more times during their life)	N/A	16%	25%	36%	37%
Ever used methamphetamines (in their lifetime)	1%	2%	3%	N/A	3%
Ever used cocaine (in their lifetime)	0%	3%	6%	4%	5%
Ever used heroin (in their lifetime)	1%	1%	1%	2%	2%
Ever used inhalants (in their lifetime)	10%	7%	8%	9%	7%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	3%	4%	N/A	5%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	12%	7%	12%	N/A	17%
Ever took steroids without a doctor's prescription (in their lifetime)	2%	2%	2%	3%	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	8%	5%	7%	20%	22%
Personal Health					
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	68%	78%	77%	75%	74%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

Youth Health: Weight Status

Key Findings

Almost one-fifth (18%) of Paulding County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 34% of Paulding County youth reported that they were slightly or very overweight. One in nine (11%) youth did not participate in at least 60 minutes of physical activity on any day in the past week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- Nearly one-fifth (18%) of Paulding County youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015); 13% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 2015 YRBS reported 16% for the U.S.); 67% were normal weight; and 2% were underweight.
- Approximately one-third (34%) of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 2015 YRBS reported 32% for the U.S.). Just over half (51%) of youth described themselves as being about the right weight, and 15% of youth described themselves as being slightly or very underweight.
- Youth reported they were trying to either lose weight (45%), gain weight (12%), or stay the same weight (16%). More than one-quarter (27%) of youth reported they were not trying to do anything about their weight.
- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (50%)
 - Drank more water (48%)
 - Ate less food, fewer calories, or foods lower in fat (31%)
 - Ate more fruits (30%)
 - Ate more vegetables (23%)
 - Skipped meals (17%)
 - Went without eating for 24 hours or more (6%) (2013 YRBS reported 10% for Ohio and 13% for the U.S.)
 - Took diet pills, powders, or liquids without a doctor's advice (3%) (2013 YRBS reported 5% for Ohio and the U.S.)
 - Vomited or took laxatives (3%) (2013 YRBS reported 5% for Ohio and 4% for the U.S.)
 - Smoked cigarettes or e-cigarettes to lose weight (2%)
 - Used illegal drugs (1%)
- More than one-third (37%) of youth did not do anything to lose or keep from gaining weight.

Nutrition

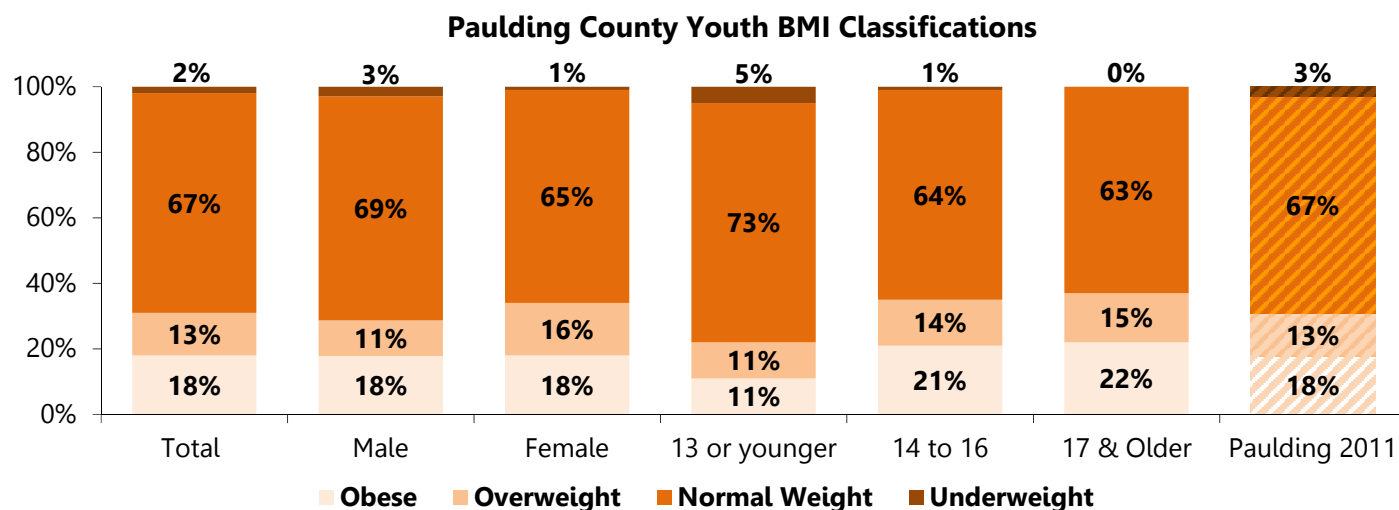
- Five percent (5%) of youth ate five or more servings of fruit per day; 15% of youth ate 3-4 servings; and 70% of youth ate 1-2 servings. One in ten (10%) youth ate zero servings of fruit per day.
- Three percent (3%) of youth ate five or more servings of vegetables per day; 13% of youth ate 3-4 servings; and 70% of youth ate 1-2 servings. One in seven (14%) youth ate zero servings of vegetables per day.
- About one-fifth (21%) of youth ate five or more servings of fruits **and/or** vegetables per day; 35% of youth ate 3-4 servings; and 39% of youth ate 1-2 servings. Five percent (5%) of youth ate zero servings of fruits and/or vegetables per day.

- Seven percent (7%) of youth drank five or more servings of sugar-sweetened beverages per day; 20% of youth drank 3-4 servings; and 58% of youth drank 1-2 servings. Fifteen percent (15%) of youth drank zero servings of sugar-sweetened beverages per day.
- One percent (1%) of youth drank five or more servings of caffeinated beverages per day; 7% of youth drank 3-4 servings; and 30% of youth drank 1-2 servings. Sixty-two percent (62%) of youth drank zero servings of caffeinated beverages per day.
- Youth reported eating out or bringing home take-out food at the following frequencies: 1 to 2 meals per week (66%), 3 to 4 meals per week (12%), and 5 or more meals per week (3%). Youth ate out or brought home take-out an average of 1.9 times per week.
- Youth reported the following sources of calcium were available at home: milk (97%); other dairy products, such as cheese (86%); yogurt (73%); calcium fortified juice (24%); other calcium sources (20%); and calcium supplements (19%). Less than one percent (<1%) of youth reported that there were no sources of calcium available to them at home.

Physical Activity

- Seventy-one percent (71%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week; 53% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 2015 YRBS reports 49% for the U.S.); and 28% did so every day in the past week (2013 YRBS reports 26% for Ohio and 2015 YRBS reports 27% for the U.S.). One in nine (11%) youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 2015 YRBS reports 14% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Youth spent an average of 3.3 hours on their cell phone, 1.5 hours on their computer/tablet, 1.3 hours watching TV and 1.3 hours playing video games on an average day of the week.
- Seventeen percent (17%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 2015 YRBS reports 25% for the U.S.).

The following graph shows the percentage of Paulding County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 67% of all Paulding County youth were classified as normal weight, 18% were obese, 13% were overweight, and 2% were underweight for their age and gender.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Paulding County 2018	Ohio 2013	U.S. 2015	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	18% (6-12 Grade) 20% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	15%*

Note: The Healthy People 2020 target is for children and youth aged 2-19 years.

(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 U.S. YRBS, 2018 Paulding County Youth Health Assessment)

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	18%	18%	20%	13%	14%
Overweight	13%	13%	15%	16%	16%
Described themselves as slightly or very overweight	33%	34%	42%	28%	32%
Were trying to lose weight	51%	45%	49%	41%	46%
Exercised to lose weight (in the past 30 days)	52%	50%	58%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	33%	31%	38%	N/A	N/A
Went without eating for 24 hours or more (in the past 30 days)	7%	6%	6%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	2%	3%	4%	5%	5%*
Vomited or took laxatives (in the past 30 days)	3%	3%	4%	5%	4%*
Ate 5 or more servings of fruits and/or vegetables per day	N/A	21%	19%	N/A	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	5%	3%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	30%	28%	27%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	53%	54%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	10%	11%	10%	13%	14%
Watched 3 or more hours per day of television (on an average school day)	38%	17%	20%	28%	25%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

THE MORE THEY BURN THE BETTER THEY LEARN



YOUR
CHILD

AMOUNT OF
ACTIVITY

VARIOUS
ACTIVITIES

ACADEMIC
ACHIEVEMENT

Did you know that kids who are physically active get better grades?

Research shows that students who earn mostly **A**s are almost twice as likely to get regular physical activity than students who receive mostly **D**s and **F**s.

Physical activity can help students focus, improve behavior and boost positive attitudes. Do what you can to help your child be physically active, be it running, biking or swimming. Any type of physical activity is good, and 60 minutes a day is best. Their grades will thank you!



FOR MORE INFORMATION, VISIT
[MakingHealthEasier.org/BurnToLearn](https://www.makinghealtheasier.org/burntolearn)

SOURCES

CDC. Physical Inactivity and Unhealthy Dietary Behaviors and Academic Achievement.

CDC. The association between school based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. DHHS; 2010.

Youth Health: Tobacco Use

Key Findings

One in fourteen (7%) Paulding County youth were current smokers. Twenty-three percent (23%) of those who had smoked a whole cigarette did so at 10 years old or younger. One in nine (11%) youth used chewing tobacco, snuff, or dip in the past 30 days.

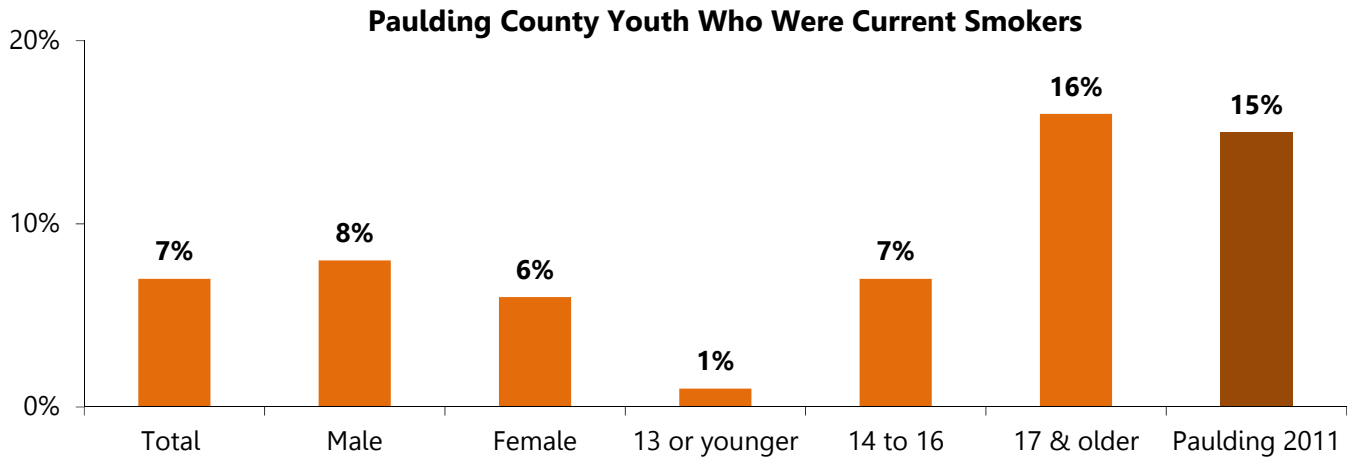
Youth Tobacco Use Behaviors

- Almost one-quarter (23%) of Paulding County youth had tried cigarette smoking, increasing to 33% of those ages 17 and older (YRBS reported 32% for the U.S. in 2015).
- Ten percent (10%) of all youth had smoked a whole cigarette for the first time before the age of 13 (YRBS reported 7% for the U.S. in 2015).
- Twenty-three percent (23%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 5% had done so by 12 years old. The average age of onset for smoking was 12.5 years old.
- Seven percent (7%) of youth were current smokers, having smoked at some time in the past 30 days (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).
- Three percent (3%) of all youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported 7% for Ohio and 3% for the U.S. in 2015).

In 2018, 7% of Paulding County youth were current smokers, having smoked at some time in the past 30 days.

- Two percent (2%) of youth smoked cigarettes every day during the past month (2013 YRBS reported 5% for Ohio and 2% for the U.S. in 2015).
- About eight out of ten (81%) youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth used the following forms of tobacco in the past year: cigarettes (38%); cigarillos (14%); bidis (12%); Swishers (12%); e-cigarettes (11%); chewing tobacco, snuff, or dip (11%); pouch [snus] (9%); hookah (7%); Black and Milds (6%); little cigars (6%); and cigars (5%).
- Youth used the following forms of tobacco in the past 30 days: chewing tobacco, snuff, or dip (11%); cigarettes (7%); pouch [snus] (5%); bidis (4%); cigars (4%); Black and Milds (3%); e-cigarettes (2%); Swishers (2%); cigarillos (1%); hookah (1%); and little cigars (1%).
- Youth smokers reported the following ways of obtaining cigarettes:
 - Borrowed (or bummed) cigarettes from someone else (27%)
 - Gave someone else money to buy them (27%)
 - Bought cigarettes from a store such as a convenience store, supermarket, discount store, or gas station (24%)
 - A person 18 year or older gave them the cigarettes (22%)
 - Took them from a store or family member (22%)
 - Some other way (24%)

The following graph shows the percentage of Paulding County youth who were current smokers. Examples of how to interpret the information include: 7% of all Paulding County youth were current smokers, including 8% of males and 6% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 96% of current smokers participated in extracurricular activities, compared to 90% of non-current smokers.

Behaviors of Paulding County Youth
Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Currently participate in extracurricular activities	96%	90%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	85%	30%
Had at least one drink of alcohol (in the past 30 days)	81%	19%
Used marijuana (in their lifetime)	80%	11%
Bullied (in the past 12 months)	72%	39%
Seriously considered attempting suicide (in the past 12 months)	69%	16%
Had sexual intercourse (in their lifetime)	65%	16%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	63%	21%
Misused medications (in their lifetime)	50%	4%
Attempted suicide (in the past 12 months)	31%	7%

"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days.

Healthy People 2020
Tobacco Use (TU)

Objective	Paulding County 2018	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	7% (6-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*
	12% (9-12 Grade)			

*The Healthy People 2020 target is for youth in grades 9-12.

(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 YRBS, 2018 Paulding County Youth Health Assessment)

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarette smoking (even one or two puffs)	32%	23%	32%	N/A	32%
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	10%	10%	12%	N/A	7%
Current smoker (smoked on at least 1 day during the past 30 days)	15%	7%	12%	15%	11%
Smoked cigarettes frequently (of current smokers on 20 or more days during the past 30 days)	6%	3%	5%	7%	3%
Smoked cigarettes daily (of current smokers on all 30 days during the past 30 days)	5%	2%	4%	5%	2%
Currently use electronic vapor products (used e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens on at least 1 day during the past 30 days)	N/A	2%	3%	N/A	24%
Currently used smokeless tobacco (chewing tobacco, snuff, or dip on at least 1 day during the past 30 days)	N/A	11%	14%	9%	7%

N/A – Not Available

Youth Tobacco Use

- If smoking continues at the current rate among youth in this country, 5.6 million of today's Americans younger than 18 (about 1 in 13 Americans aged 17 years or younger alive today) will die early from a smoking-related illness.
- Nearly 9 out of 10 cigarette smokers first tried smoking by age 18.
- 11 out 100 high school students reported in 2016 that they use electronic cigarettes in the past 30 days.
- In 2016, more than 31 of every 100-high school student said they had ever tried two or more tobacco products.
- There is a strong relationship between youth smoking and depression, anxiety, and stress with mental health.
- Some social and environmental factors have been found to be related to lower smoking levels among youth. Among these are:
 - Religious participation
 - Racial/ethnic pride and strong racial identity
 - High academic achievement and aspirations

(Source: CDC: Smoking & Tobacco Use: Youth and Tobacco Use, September 20, 2017)

Youth Health: Alcohol Use

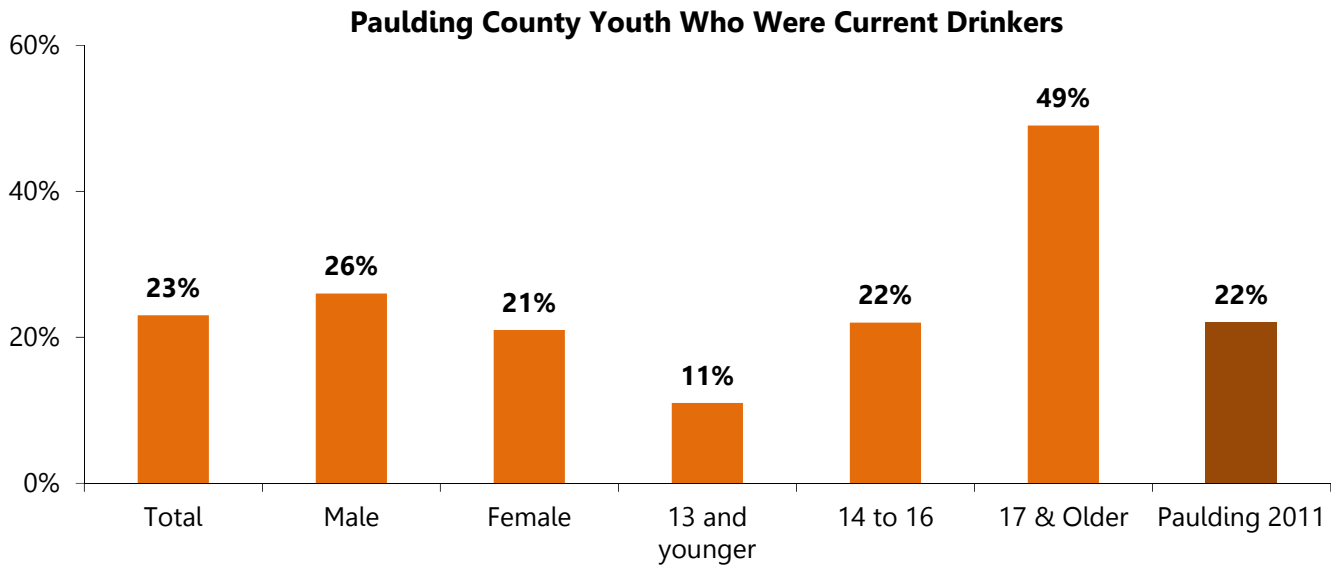
Key Findings

Almost one-quarter (23%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 52% were defined as binge drinkers, increasing to 61% of those ages 17 and older. More than one-third (34%) of current drinkers reported that their parent gave them alcohol.

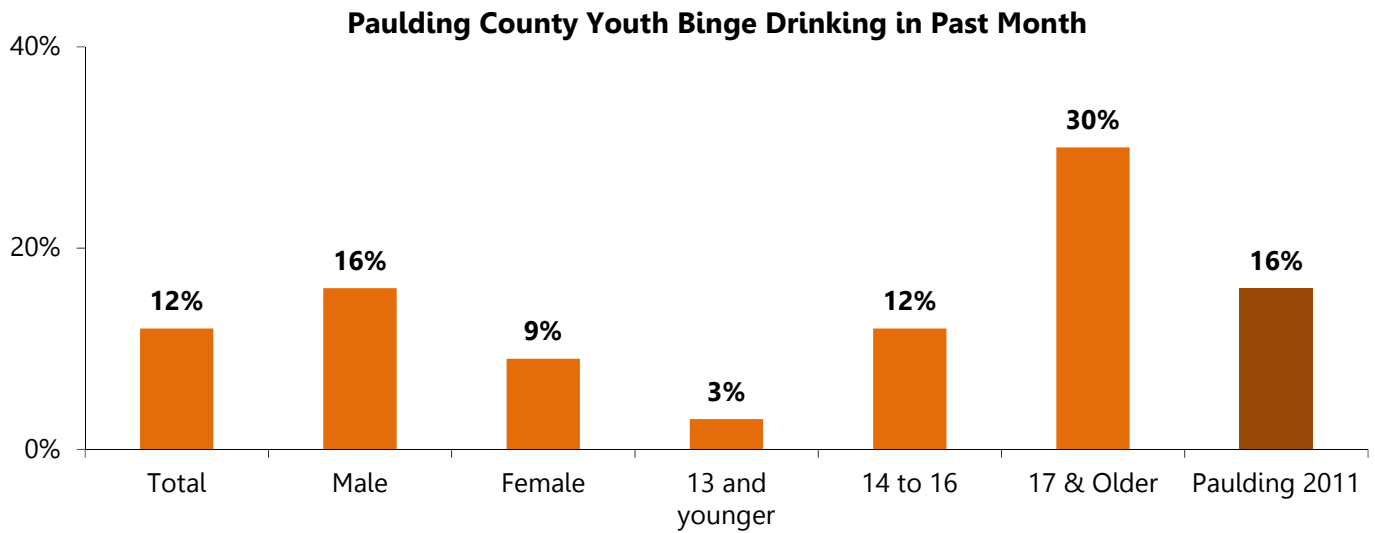
Youth Alcohol Consumption

- Almost one-quarter (23%) of youth had at least one drink in the past 30 days, increasing to 49% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Based on all youth surveyed, 12% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 30% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015).
- Of those who drank, 52% were defined as binge drinkers, increasing to 61% of those ages 17 and older.
- Of all youth, 15% drank alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 in 2013 and 17% for the U.S. in 2015).
- More than one-third (35%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 33% took their first drink between the ages of 13 and 14, and 32% started drinking between the ages of 15 and 18. The average age of onset was 12.9 years old.
- Youth drinkers reported they got their alcohol from the following: someone gave it to them (38%) [2013 YRBS reports 38% for Ohio and 2015 YRBS reports 44% for the U.S.]; a parent gave it to them (34%); someone older bought it (18%); an older friend or sibling bought it to them (13%); took it from a store or family member (12%); a friend's parent gave it to them (5%); bought it with a fake ID (2%); bought it in a liquor store/convenience store/gas station (1%); and some other way (22%).
- Youth drinkers reported drinking alcohol at the following places in the past 30 days: in their home (65%); at a friend's home (42%); at another person's home (22%); at a restaurant, bar or club (7%); at a public event such as a concert or sporting event (6%); while riding in or driving a car or another vehicle (4%); on school property (2%); and at a public place such as a park, beach, or parking lot (1%).
- Paulding County youth reported the following reasons for drinking alcohol:
 - Fun (40%)
 - Helps them relax/relieve stress (27%)
 - Enjoy the taste (27%)
 - Social events/parties (26%)
 - They like the way it makes them feel (24%)
 - Nothing to do/boredom (18%)
 - Their friends drink (17%)
 - Curiosity (8%)
 - Culture/heritage (6%)
 - Peer pressure (5%)
 - Easily available (4%)
 - Want to feel like a grownup (2%)
 - No extracurricular activities (1%)
 - Media/TV/Internet (1%)
 - Other reasons (15%)
- One in eight (13%) youth reported that they rode in a car or other vehicle with a driver who had been drinking alcohol (YRBS reports 17% for Ohio in 2013 and 20% for the U.S. in 2015). Of those who rode with a driver that had been drinking alcohol, 22% did so six or more times.
- Five percent (5%) of youth drivers reported that they drove a car or other vehicle when they had been drinking alcohol, increasing to 9% of those ages 17 and older (YRBS reports 4% for Ohio in 2013 and 8% for the U.S. in 2015).

The following graphs show the percentage of Paulding County youth who were current drinkers and binge drinkers. Examples of how to interpret the information include: 23% of all Paulding County youth were current drinkers, including 26% of males and 21% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Teen Binge Drinking: On the Decline

- From 2015 to 2016, statistically significant declines in underage drinking were recorded for 8th and 10th grades lifetime and annual consumption and been drunk in the past year and lifetime, 8th grade past 30-day consumption and binge drinking (5 or more drinks in a row in the last two weeks), and 12th grade daily alcohol consumption.
- 77% 8th graders report they have never consumed alcohol, down 67% proportionally from 70% in 1991 to 23% in 2016. Lifetime consumption of alcohol among tenth graders and twelfth graders declined proportionally 48% and 30%, respectively, since 1991
- One in five eighth grade students (18%), 38% of tenth graders, and 56% of twelfth graders report they consumed alcohol in the past year.

(Source: Foundation for Advancing Alcohol Responsibility: Underage Drinking Statistics)

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 95% of current drinkers participated in extracurricular activities, compared to 89% of non-current drinkers.

Behaviors of Paulding County Youth
Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Currently participate in extracurricular activities	95%	89%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	56%	27%
Had sexual intercourse (in their lifetime)	51%	9%
Bullied (in the past 12 months)	49%	38%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	44%	17%
Used marijuana (in their lifetime)	44%	7%
Seriously considered attempting suicide (in the past 12 months)	36%	15%
Smoked cigarettes (in the past 30 days)	24%	2%
Misused medications (in their lifetime)	23%	2%
Attempted suicide (in the past 12 months)	13%	8%

"Current drinkers" indicate youth who self-reported having had at least one drink of alcohol during the past 30 days.

Healthy People 2020
Substance Abuse (SA)

Objective	Paulding County 2018	Ohio 2013	U.S. 2015	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	12% (6-12 Grade) 20% (9-12 Grade)	16% (9-12 Grade)	18% (9-12 Grade)	9%*

**Note: The Healthy People 2020 target is for youth aged 12-17 years.
(Sources: Healthy People 2020 Objectives, 2015 YRBS, 2018 Paulding County Youth Health Assessment)*

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	22%	23%	35%	30%	33%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	16%	12%	20%	16%	18%
Drank for the first time before age 13 (of all youth)	25%	15%	12%	13%	17%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	44%	38%	43%	38%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	19%	13%	14%	17%	20%
Drove when they had been drinking alcohol (of youth drivers on 1 or more occasion during the past 30 days)	4%	5%	5%	4%	8%

Youth Health: Drug Use

Key Findings

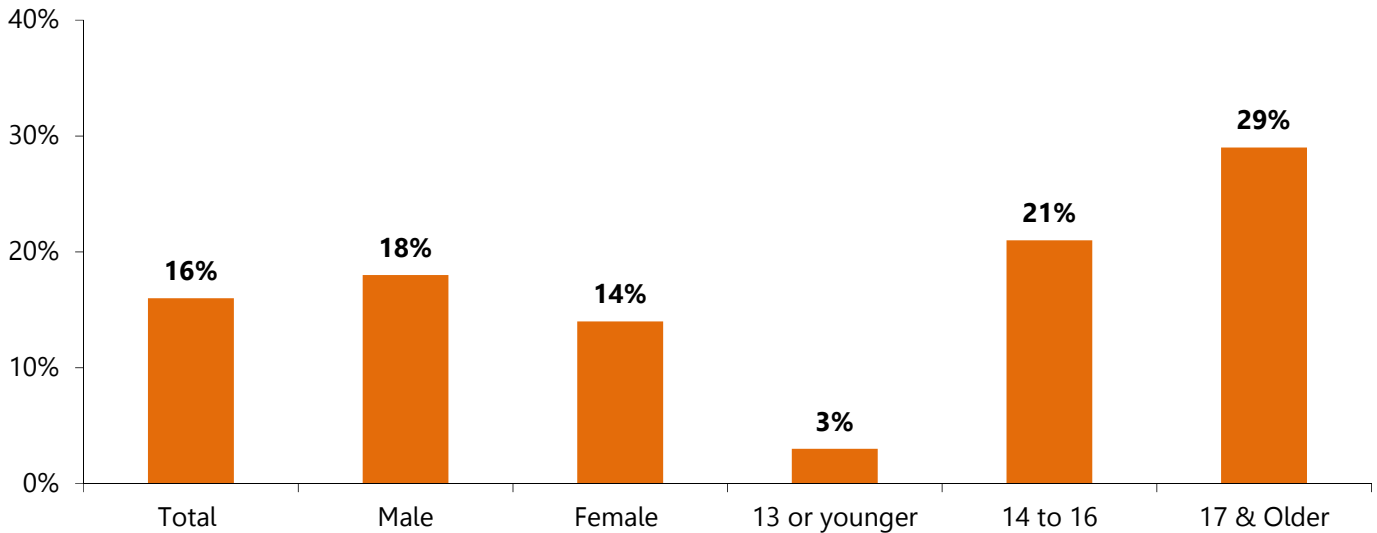
Sixteen percent (16%) of Paulding County youth had used marijuana at least once in their lifetime, increasing to 29% of those ages 17 and older. Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. In the past 12 months, 5% of youth reported being offered, sold, or given an illegal drug on school property.

Youth Drug Use

- Sixteen percent (16%) of all Paulding County youth had used marijuana at least once in their lifetime, increasing to 29% of those ages 17 and older (YRBS reports 36% for Ohio in 2013 and 37% for the U.S. in 2015). Of those youth who reported using marijuana in their lifetime, 25% used the substance 100 times or more.
- Paulding County youth have tried the following in their life:
 - Inhalants (7%) (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - Liquid THC (4%)
 - Hallucinogenic drugs, such as LDS, acid, PC, angel dust, mescaline, or mushrooms (3%)
 - Misused cough syrup (3%)
 - Ecstasy/MDMA/Molly (3%) (YRBS reports 5% for the U.S. in 2015)
 - Cocaine (3%) (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - Misused over-the-counter medications (3%)
 - Methamphetamines (2%) (YRBS reports 3% for the U.S. in 2015)
 - K2/spice (2%)
 - Posh/salvia/synthetic marijuana (2%)
 - Bath salts (1%)
 - Went to a pharm party (1%)
 - Misused hand sanitizer (1%)
 - Heroin (1%) (YRBS reports 2% for Ohio in 2013 and 2% for the U.S. in 2015)
 - GhB (<1%)
- Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life (YRBS reports 17% for the U.S. in 2015).
- Youth reported using the following medications that were not prescribed for them or took more than prescribed to get high at some time in their life:
 - Tranquilizers such as Valium or Xanax (4%)
 - OxyContin (3%)
 - Vicodin (3%)
 - Codeine, Demerol, Morphine, Percodan or Dilaudid (3%)
 - Steroids (2%) (YRBS reports 3% for Ohio in 2013 and 4% for the U.S. in 2015)
 - Ritalin, Adderall, Concerta, or other ADHD medications (2%)
 - Pentanyl (1%)
 - Suboxone or Methadone (1%)
- In the past 12 months, 5% of youth reported being offered, sold, or given an illegal drug on school property (YRBS reports 20% for Ohio in 2013 and 22% for the U.S. in 2015).
- Paulding County youth reported they knew where to get the following drugs: alcohol (73%), tobacco (63%), e-cigarettes/vapes (60%), marijuana (30%), prescription drugs not prescribed to them (20%), synthetic marijuana (12%), other synthetic drugs (K2, spice, etc.) (8%), heroin (5%), and methamphetamines (5%).

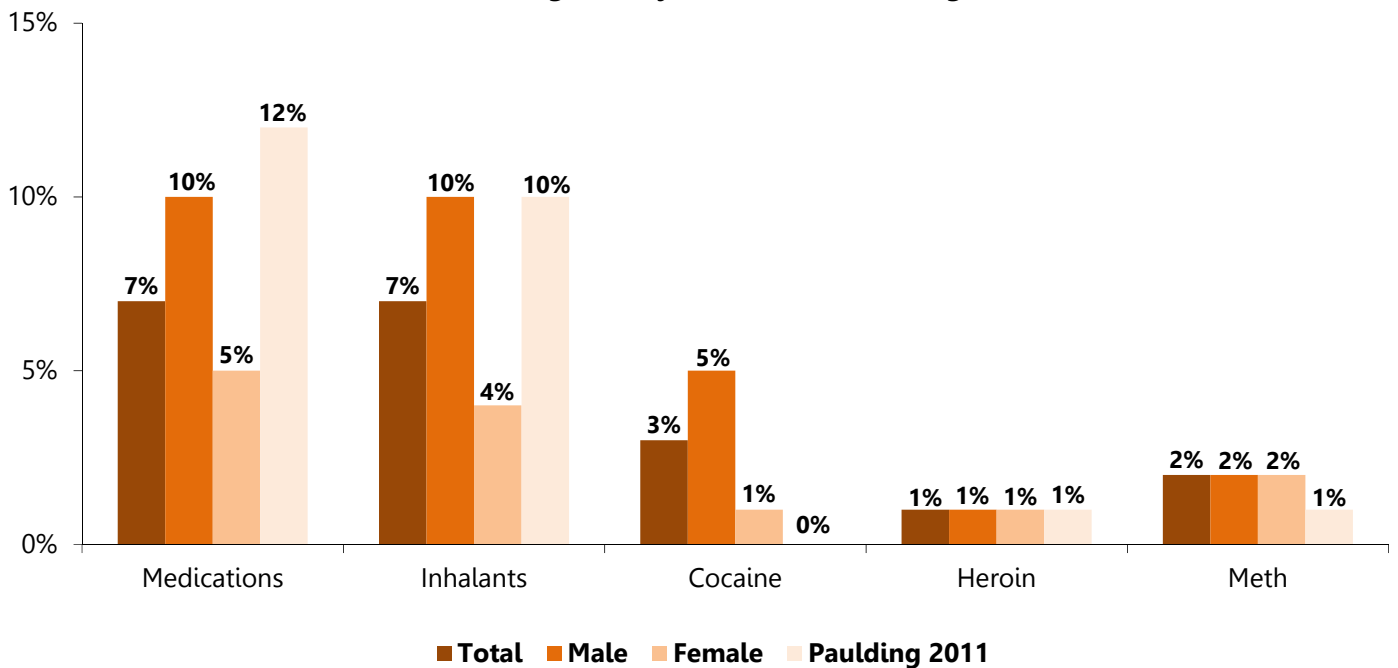
The following graphs indicate youth lifetime marijuana use and lifetime drug use. Examples of how to interpret the information include: 16% of youth have used marijuana at some point in their lives, including 18% of males and 14% of females.

Paulding County Youth Lifetime Marijuana Use



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Paulding County Youth Lifetime Drug Use



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between lifetime marijuana use and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 95% of marijuana users participated in extracurricular activities, compared to 90% of non-marijuana users.

Behaviors of Paulding County Youth
Lifetime Marijuana Use vs. Non-Lifetime Marijuana Use

Youth Behaviors	Lifetime Marijuana Use	Non-Lifetime Marijuana Use
Currently participate in extracurricular activities	95%	90%
Had sexual intercourse (in their lifetime)	72%	10%
Have had at least one drink of alcohol (in the past 30 days)	64%	16%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	63%	17%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	59%	29%
Bullied (in the past 12 months)	54%	38%
Seriously considered attempting suicide (in the past 12 months)	54%	13%
Misused medications (in their lifetime)	36%	2%
Smoked cigarettes (in the past 30 days)	34%	2%
Attempted suicide (in the past 12 months)	27%	6%

Lifetime marijuana use indicates youth who self-reported using marijuana at any time during the past 12 months.

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever used marijuana (one or more times during their life)	N/A	16%	25%	36%	37%
Ever used methamphetamines (in their lifetime)	1%	2%	3%	N/A	3%
Ever used cocaine (in their lifetime)	0%	3%	6%	4%	5%
Ever used heroin (in their lifetime)	1%	1%	1%	2%	2%
Ever used inhalants (in their lifetime)	10%	7%	8%	9%	7%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	3%	4%	N/A	5%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	12%	7%	12%	N/A	17%
Ever took steroids without a doctor's prescription (in their lifetime)	2%	2%	2%	3%	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	8%	5%	7%	20%	22%

N/A – Not Available

Youth Prescription (Rx) Drug Misuse

Prescription drug misuse has become a large public health problem, because misuse can lead to addiction, and even overdose deaths. For teens, it is a growing problem:

- After marijuana and alcohol, prescription drugs are the most commonly misused substances by Americans age 14 and older.
- Teens misuse prescription drugs for many reasons, including to get high, to stop pain, or because they think it will help them with school work.
- Many teens get prescription drugs they misuse from friends and relatives, sometimes without the person knowing.
- Boys and girls tend to misuse some types of prescription drugs for different reasons. For example, boys are more likely to misuse prescription stimulants to get high, while girls tend to misuse them to stay alert or to lose weight.

(Source: National Institute on Drug Abuse for Teens, Prescription Drugs, revised March 2017)

Youth Health: Sexual Behavior

Key Findings

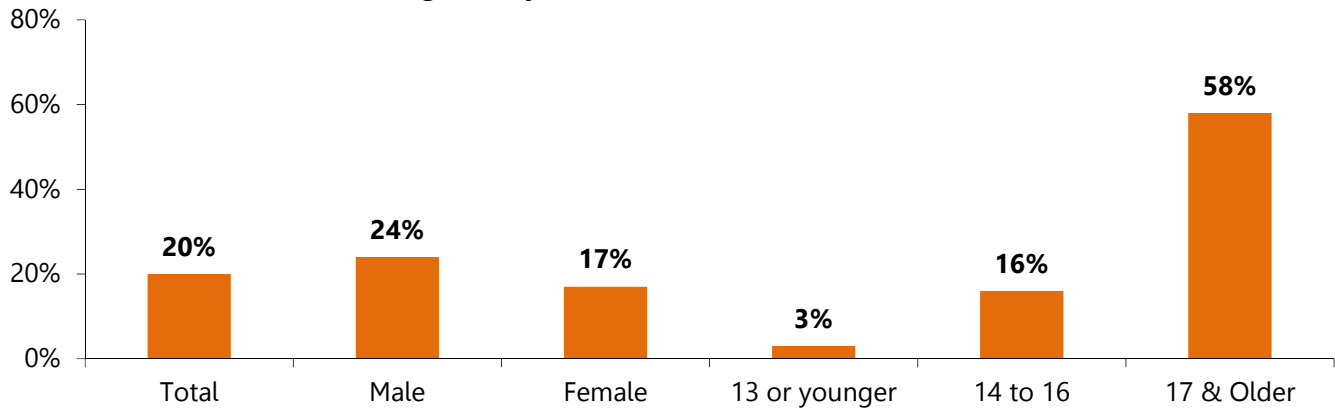
One-fifth (20%) of Paulding County youth had sexual intercourse. Thirteen percent (13%) of youth engaged in intercourse without a reliable method of protection, and 4% reported they were unsure if they used a reliable method. Nine percent (9%) of youth had not been taught about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, or the use of condoms.

Youth Sexual Behavior

- One-fifth (20%) of Paulding County youth had sexual intercourse, increasing to 58% of those ages 17 and older (YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- Twenty-two percent (22%) of youth had participated in oral sex, increasing to 54% of those ages 17 and older.
- Seven percent (7%) of youth had participated in anal sex, increasing to 17% of those ages 17 and older.
- More than one-quarter (28%) of youth had participated in sexting, increasing to 46% of those ages 17 and older.
- Twenty-nine percent (29%) of youth had viewed pornography, increasing to 44% of males.
- Of sexually active youth, 47% had one sexual partner and 53% had multiple partners.
- Thirty-four percent (34%) of sexually active youth had 4 or more sexual partners (2013 YRBS reports 28% for Ohio).
- Seven percent (7%) of all youth had 4 or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- Of sexually active youth, 9% had done so by the age of 13, and another 32% had done so by 15 years of age. The average age of onset was 14.7 years old
- Of all youth, 2% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015)
- More than one-third (36%) of youth who were sexually active used condoms to prevent pregnancy; 25% used birth control pills; 7% used the withdrawal method; 4% used a shot, patch or birth control ring; 4% used an IUD; 4% were gay or lesbian and 5% used some other method. However, 13% were engaging in sexual intercourse without a reliable method of protection, and 4% reported they were unsure.
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, and the use of condoms from school (84%), their parents (53%), their friends (23%), the internet or social media (21%), their siblings (17%), their doctor (16%), church (5%), and somewhere else (6%). One in eleven (9%) of youth had not been taught about these subjects.
- Two percent (2%) of youth reported they have engaged in some type of sexual activity in exchange for something of value, such as food, drugs, shelter, or money.
- In the past 30 days, Paulding County youth reported the following situations applied to them: they received a text or an e-mail with a revealing or sexual photo of someone (16%); they texted, emailed, or posted electronically a revealing or sexual photo of themselves (13%); or a revealing or sexual photo of them was texted, e-mailed, or posted electronically without their permission (2%).

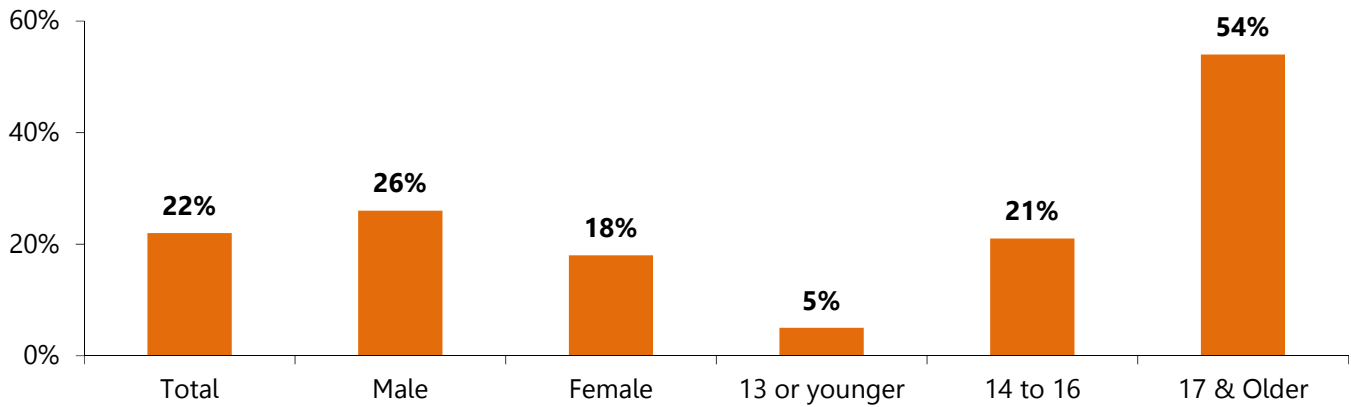
The following graphs show the percentage of Paulding County youth who participated in sexual intercourse, oral sex, and sexting. Examples of how to interpret the information include: 20% of all Paulding County youth had sexual intercourse, including 24% of males, and 17% of females.

Paulding County Youth Who Had Sexual Intercourse



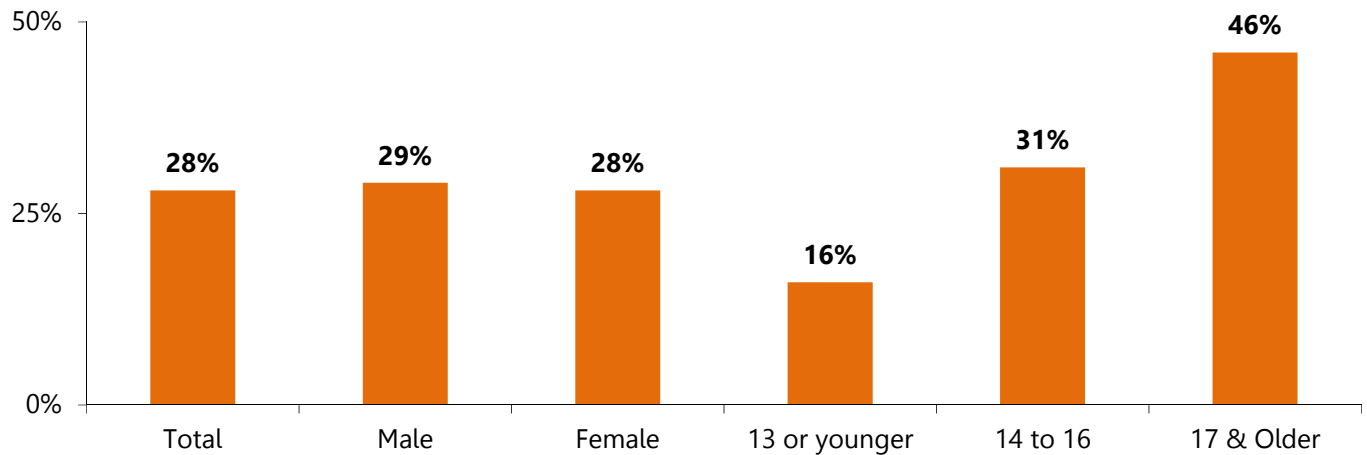
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Paulding County Youth Who Participated in Oral Sex



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Paulding County Youth Who Participated in Sexting



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	N/A	20%	35%	43%	41%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	2%	2%	4%	4%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	7%	14%	12%	12%
Used a condom (during last sexual intercourse)	N/A	36%	34%	51%	57%
Used birth control pills (during last sexual intercourse)	N/A	25%	26%	24%	18%
Used an IUD (during last sexual intercourse)	N/A	4%	4%	2%	3%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	4%	4%	8%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	N/A	13%	12%	12%	14%

N/A – Not Available

Sexual Risk Behavior

- Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2015:
 - 41% had ever had sexual intercourse
 - 30% had sexual intercourse during the previous 3 months. Of those who were sexually active in the past 3 months: 43% did not use a condom the last time they had sex, 14% did not use any method to prevent pregnancy, and 21% had drunk alcohol or used drugs before last sexual intercourse.
 - Only 10% of sexually experienced students have ever been tested for HIV
- Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy.
- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2016, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15–24.
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, *Adolescent and School Health*, updated April 11, 2018)

Youth Health: Mental Health

Key Findings

About one in three (34%) youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year. Almost one in five (19%) youth reported they had seriously considered attempting suicide in the past 12 months. Seventeen percent (17%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

Youth Mental Health

- About one in three (34%) youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year, increasing to 42% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- Almost one in five (19%) youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 25% of female and youth ages 17 and older. YRBS indicates 18% for U.S. youth in 2015 and the 14% for Ohio youth in 2013.
- In the past year, one in eleven (9%) of youth had attempted suicide. Four percent (4%) of all youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and a 2013 YRBS rate of 6% for Ohio youth.
- Almost three-quarters (72%) of youth reported the following caused them anxiety, stress or depression: academic success (45%); self-image (35%); fighting with friends (29%); death of close family member or friend (29%); sports (27%); peer pressure (24%); fighting at home (24%); stress at home (22%); being bullied (20%); dating relationship (17%); breakup (16%); parent divorce/separation (16%); poverty/no money (12%); caring for younger siblings (9%); parent is sick (7%); alcohol or drug use in the home (6%); sexual orientation (4%); not having enough to eat (1%); not having a place to live (1%); and other (17%).
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (38%); texting someone (33%); hobbies (27%); exercising (25%); talking to someone in their family (22%); eating (20%); talking to a peer (19%); praying/reading the Bible (17%); using social media (10%); drinking alcohol, smoking/using tobacco, using illegal drugs (9%); breaking something (7%); writing in a journal (7%); and shopping (7%).
- More than half (53%) of youth reported they talked to the following when they had feelings of depression or suicide: best friend (29%); girlfriend or boyfriend (15%); parents (12%); brother/sister (6%); an adult relative such as a grandparent, aunt or uncle (4%); caring adults (4%); adult friend (4%); teacher (4%); professional counselor (2%); school counselor (2%); coach (2%); pastor/priest/youth minister (2%); religious leader (2%); Teen Line or First Call for Help (<1%); and other (4%). Seventeen percent (17%) of youth reported they had no one to talk to when they had feelings of depression or suicide.
- Forty-seven percent (47%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Reasons for not seeking help included the following: they can handle it themselves (36%), worried what others might think (26%), no time (13%), cost (12%), did not know where to go (12%), their family would not support them (11%), their friends would not support them (7%), they were already in treatment (6%), and transportation (5%).

The table below indicates correlations between those who contemplated suicide in the past 12 months and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 67% of those who contemplated suicide were bullied in the past 12 months, compared to 35% of those who did not contemplate suicide.

Behaviors of Paulding County Youth
Contemplated Suicide vs. Did Not Contemplate Suicide

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Bullied (in the past 12 months)	67%	35%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	55%	16%
Used marijuana (in their lifetime)	44%	9%
Have had at least one drink of alcohol (in the past 30 days)	43%	19%
Had sexual intercourse (in their lifetime)	35%	16%
Smoked cigarettes (in the past 30 days)	25%	3%

Healthy People 2020
Mental Health and Mental Disorders (MHMD)

Objective	Paulding County 2018	Ohio 2013	U.S. 2015	Healthy People 2020 Target
MHMD-2 Reduce suicide attempts by adolescents[‡]	9% (6-12 Grade) 9% (9-12 Grade)	1% (9-12 Grade)	9% (9-12 Grade)	2%*

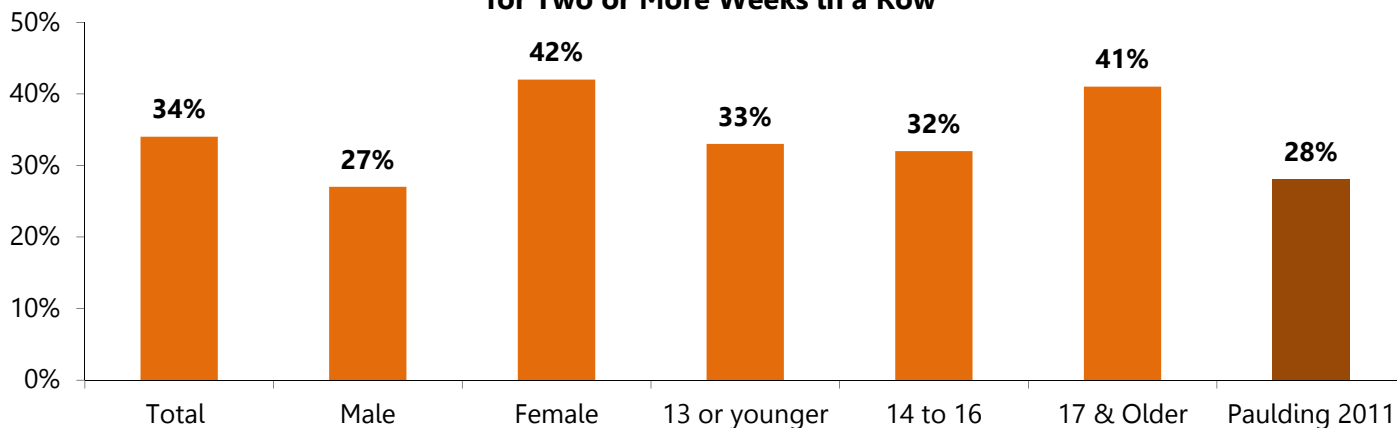
**Note: The Healthy People 2020 target is for youth in grades 9-12.*

*‡This objective is based upon attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
 (Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 YRBS, 2018 Paulding County Youth Health Assessment)*

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	28%	34%	37%	26%	30%
Seriously considered attempting suicide (in the past 12 months)	16%	19%	22%	14%	18%
Attempted suicide (in the past 12 months)	5%	9%	9%	6%	9%

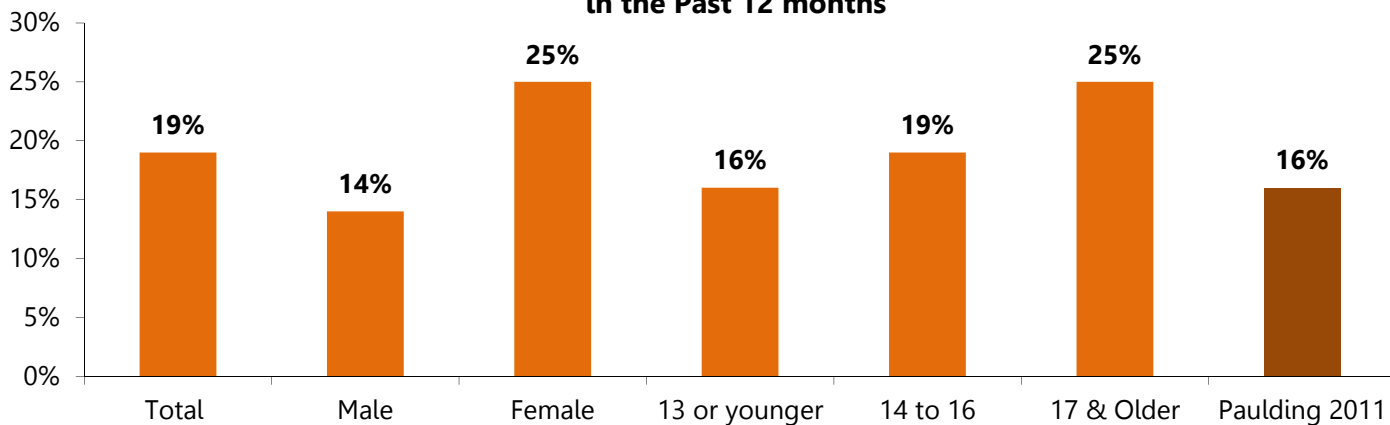
The following graphs show Paulding County youth who felt sad or hopeless for two or more weeks in a row, seriously considered attempting suicide in the past year and had attempted suicide in the past year. Examples of how to interpret the information include: 34% of youth felt sad or hopeless for two or more weeks in a row, including 27% of males, and 42% of females.

Paulding County Youth Who Felt Sad or Hopeless for Two or More Weeks in a Row



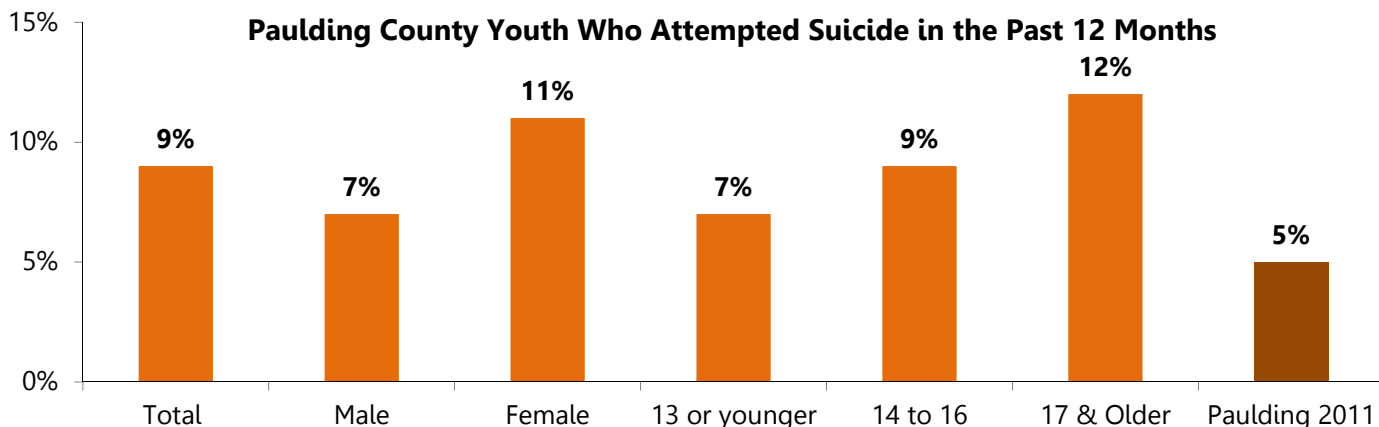
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Paulding County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Paulding County Youth Who Attempted Suicide in the Past 12 Months



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Health: Social Determinants of Health

Key Findings

More than four-fifths (85%) of youth had been to the doctor for a routine check-up in the past year. Nearly one-quarter (24%) of youth experienced three or more adverse childhood experiences (ACEs). Eighteen percent (18%) of youth reported going hungry in some capacity during the past 30 days.

Personal Health

- More than four-fifths (85%) of youth had been to the doctor for a routine check-up in the past year, increasing to 87% of those ages 17 and older.
- More than three-quarters (78%) of youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work within the past year (YRBS reported 75% for Ohio in 2013 and 74% for the U.S. in 2015).
- On an average school night, youth reported sleeping for: 4 or less hours (7%), 5 hours (9%), 6 hours (18%), 7 hours (28%), 8 hours (23%), 9 hours (13%), and 10 or more hours (3%). Youth slept for an average of 6.9 hours on the average school night.

Personal Safety

- In the past month, youth drivers did the following while driving: wore a seatbelt (88%), ate (48%), drove while tired or fatigued (40%), talked on their cell phone (39%), texted (37%), used their cell phone other than for talking or texting (34%), applied makeup (5%), used marijuana (4%), used illegal drugs (3%), drank alcohol (3%), misused prescription drugs (2%), and reading (1%).
- When riding in a car driven by someone else, youth reported they wore a seatbelt: always (45%), most of the time (34%), sometimes (14%), rarely (4%), and never (2%).
- Ninety-one percent (91%) of youth had a Twitter, Instagram, Facebook, online gaming, or other social network account.
- Of those who had an account, they reported the following:
 - Their account was currently checked private (50%)
 - They knew all of their “friends” (50%)
 - They knew all of the people they play online (24%)
 - Their parents had their password (20%)
 - Their friends had their password (10%)
 - They were bullied because of their accounts (6%)
 - They had been asked to meet someone they met online (6%)
 - They share personal information, such as where they live (6%)
 - Their parents do not know they have an account (5%)
 - They had participated in sexual activity with someone they met online (2%)
- Forty-five percent (45%) of youth who had a Twitter, Instagram, Facebook, online gaming, or other social network account believed that sharing information online is dangerous.

Neighborhood and Built Environment

- Paulding County youth lived in the following places: house (96%), mobile home (4%), apartment (3%), in a relative's home (2%), shelter (1%) and other (1%).
- Youth reported they have the following issues in their household:
 - Insects (7%)
 - Rodents (4%)
 - Fleas (4%)
 - Temperature regulation (4%)
 - Plumbing problems (4%)
 - Mold (3%)
 - Bed bugs/lice (1%)

Social and Community Context

- Paulding County youth reported living with the following individuals: both parents (61%), mother and step-father (14%), father and step-mother (10%), parents have joint custody (7%), mother only (9%), grandparents (4%), father only (3%), mother and her partner (2%), another relative (2%), father and his partner (2%), guardians/foster parents (1%) and on their own or with friends (1%).
- In the past 30 days, youth reported how often they went hungry because there was not enough food in their home: never (82%), rarely (13%), sometimes (4%), and most of the time (1%).
- Approximately two-thirds (66%) of youth participated in the following extra-curricular activities: sports or intramural program (56%), exercise outside of school (40%), school club or social organization (35%), church youth group (28%), church or religious organization (25%), part-time job (22%), take care of siblings after school (19%), babysit for other kids (19%), some other organized activity (18%), volunteer in the community (15%), and take care of parents or grandparents (5%). One in eleven (9%) youth did not participate in any extra-curricular activities.
- Youth did not participate in extra-curricular activities for the following reasons: they were not interested (25%), they had a job (8%), transportation (6%), they could not afford it (5%), they had to watch younger siblings (4%), the activity did not exist or was not offered (3%), their parents would not take them (1%), and they had to take care of their grandparents (1%).
- On an average school day, youth were unsupervised at the following frequencies: less than one hour (28%), 1 to 2 hours (31%), 3 to 4 hours (9%), and more than 4 hours (11%). Twenty-two percent (22%) of youth reported they were never left unsupervised.
- Youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (29%); parents or adults in home swore at them, insulted them or put them down (27%); family did not look out for each other, feel close to each other, or support each other (17%); lived with someone who was depressed, mentally ill or suicidal (16%); lived with someone who was a problem drinker or alcoholic (14%); lived with someone who served time or was sentenced to serve in prison or jail (14%); lived with someone who used illegal street drugs or abused prescription drugs (11%); parents were not married (10%); parents or adults in home abused them (6%); parents or adults in the home abused each other (6%); did not have enough to eat, had to wear dirty clothes, and had no one to protect them (5%); an adult or someone 5 years older than them tried to make them touch them sexually (3%), someone 5 years older than them touched them sexually (2%); and an adult or someone 5 years older than them forced them to have sex (1%).
- Almost one-quarter (24%) of youth experienced three or more ACEs.

- Paulding County youth indicated the following plans for their future:
 - Will graduate from high school (72%)
 - Will attend a 4-year college (62%)
 - Will follow their career path (55%)
 - Will attend a community college or technical/trade school (21%)
 - Will join the military (9%)
 - No hope for their future (3%)
 - Won't finish high school (2%)

The table below indicates correlations between those who experienced 3 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 90% of those who experienced 3 or more ACEs participated in extracurricular activities, compared to 91% of those who did not experience any ACEs.

Behaviors of Paulding County Youth
Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Currently participate in extracurricular activities	90%	91%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	61%	19%
Have had at least one drink of alcohol (in the past 30 days)	45%	12%
Seriously considered attempting suicide (in the past 12 months)	45%	7%
Used marijuana (in their lifetime)	40%	5%
Had sexual intercourse (in their lifetime)	30%	9%
Attempted suicide (in the past 12 months)	22%	2%
Smoked cigarettes (in the past 30 days)	17%	2%
Misused medications (in their lifetime)	16%	4%

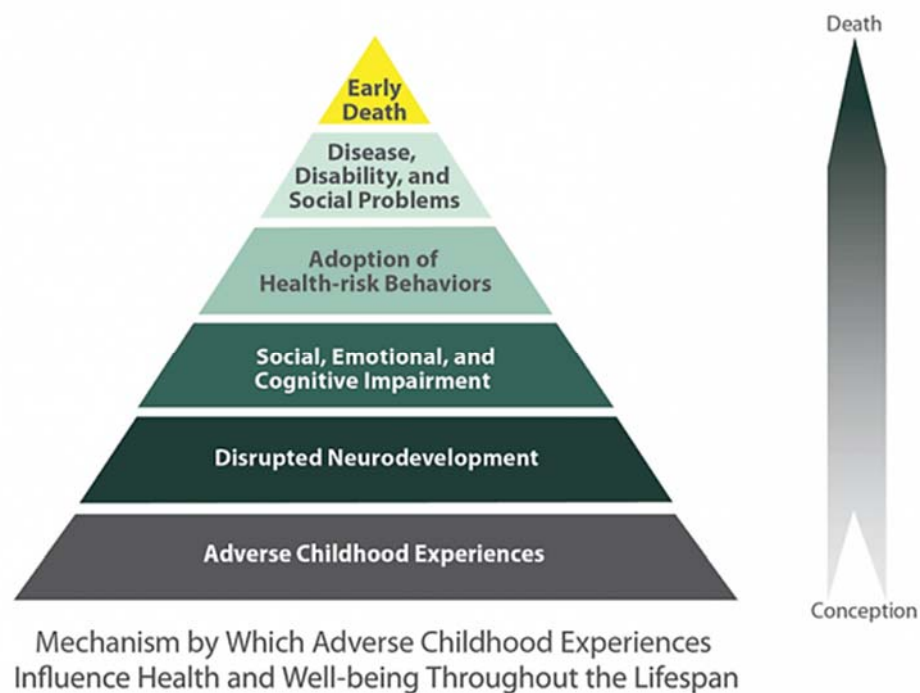
"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	68%	78%	77%	75%	74%
Always wore a seatbelt (when riding in a car or other vehicle driven by someone else)	30%	45%	42%	92%	94%
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	18%	4%	6%	8%	6%
Did not have 8 or more hours of sleep (on an average school night)	N/A	62%	75%	N/A	73%

N/A – Not Available

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STD's
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - Chronic Obstructive Pulmonary Disorder (COPD)
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



(Source: CDC, Adverse Childhood Experiences, June 2016)

Youth Health: Violence

Key Findings

One in seven (14%) Paulding County youth carried a weapon (such as a gun, knife or club) in the past month. Twenty-three percent (23%) of youth had been involved in a physical fight, increasing to 35% of males. Just over two-fifths (41%) of youth had been bullied in the past year.

Violence-Related Behaviors

- One in seven (14%) youth carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 23% of males (YRBS reported 14% for Ohio in 2013 and 16% for the U.S. in 2015).
- Seven percent (7%) of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- One in eleven (9%) youth were threatened or injured with a weapon off school property in the past year.
- Five percent (5%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (YRBS reported 5% for Ohio in 2013 and 6% for the U.S. in 2015).

Physical and Sexual Violence

- In the past year, 23% of youth had been involved in a physical fight, increasing to 35% of males (YRBS reported 20% for Ohio in 2013 and 23% for the U.S. in 2015).
- Of those who had been in a physical fight, 56% had been in a fight on more than one occasion.
- During the past 12 months, youth were hit, slapped or physically hurt on purpose by the following: another teen/student (21%), a parent or caregiver (5%), and other adult (2%).
- One percent (1%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2015 YRBS reported 10% for the U.S.).
- Eight percent (8%) of youth had been forced to participate the following sexual activities when they did not want to: touched in an unsafe way (5%), sexual intercourse (3%), oral sex (2%), and other sexual activity (2%).
- Almost one-third (32%) of youth purposefully hurt themselves in their lifetime. Of those youth, 33% had purposefully hurt themselves 10 or more times.
- During their life, youth have purposely hurt themselves by: scratching (17%), burning (15%), cutting (14%), hitting (12%), biting (6%), and self-embedding (4%).
- More than one-fifth (22%) of youth purposefully hurt themselves in the past year, increasing to 27% of females. Of those youth, 23% had purposefully hurt themselves 10 or more times.
- During the past year, youth have purposely hurt themselves by: burning (20%), biting (19%), scratching (17%), cutting (13%), hitting (9%), and self-embedding (9%).
- Eleven percent (11%) of youth purposefully hurt themselves in the past 30 days.
- During the past 30 days, youth have purposely hurt themselves by: cutting (17%), hitting (7%), scratching (6%), burning (5%), biting (4%), and self-embedding (1%).

Bullying

- Just over two-fifths (41%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 31% of youth were verbally bullied (teased, taunted or called harmful names)
 - 21% youth were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 8% of youth were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 15% for Ohio in 2013 and 16% for the U.S. in 2015)
 - 8% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)

Types of Bullying Paulding County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 Years and Younger	14-16 Years Old	17 Years and Older	Middle School Grades 6-8	High School Grades 9-12
Verbally Bullied	31%	29%	33%	35%	33%	21%	38%	24%
Indirectly Bullied	21%	14%	28%	18%	26%	18%	22%	20%
Cyber Bullied	8%	5%	11%	9%	6%	9%	10%	6%
Physically Bullied	8%	11%	6%	15%	6%	1%	14%	3%
Sexually Bullied	3%	0%	5%	3%	3%	1%	2%	3%

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 89% of those who were bullied participated in extracurricular activities, compared to 92% of those who were not bullied.

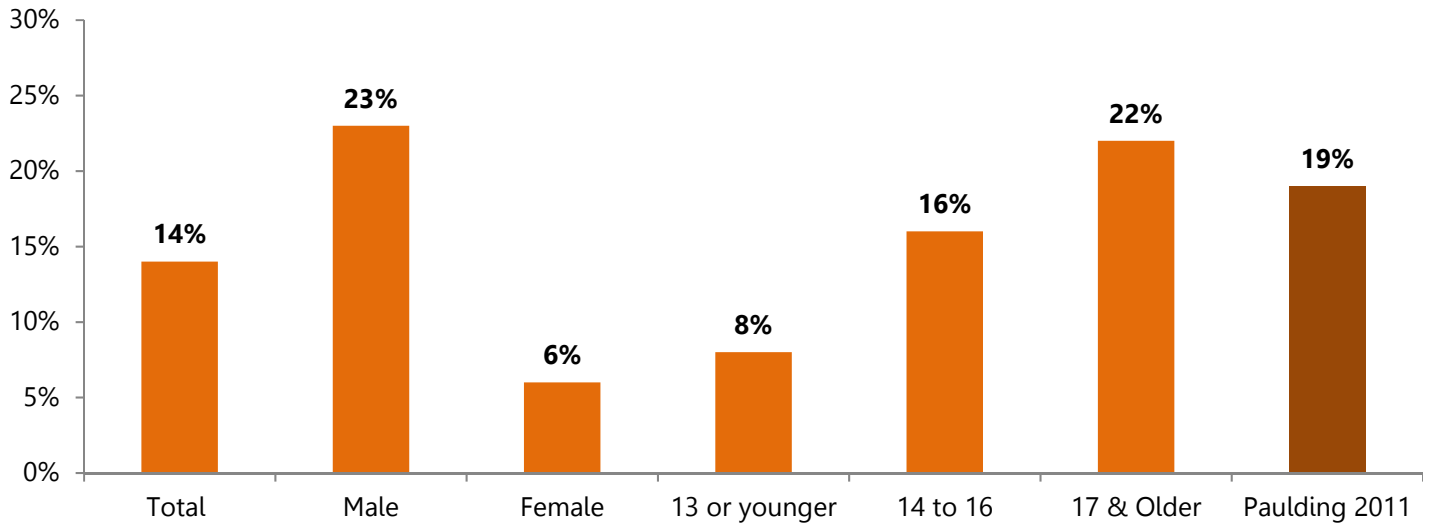
Behaviors of Paulding County Youth

Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Currently participate in extracurricular activities	89%	92%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	52%	22%
Overweight or obese	38%	26%
Seriously considered attempting suicide (in the past 12 months)	32%	11%
Participated in a physical fight (in the past 12 months)	30%	17%
Have had at least one drink of alcohol (in the past 30 days)	29%	20%
Used marijuana (in their lifetime)	21%	12%
Attempted suicide (in the past 12 months)	16%	5%
Smoked cigarettes (in the past 30 days)	12%	3%
Carried a weapon (in the past 30 days)	12%	16%
Misused medications (in their lifetime)	10%	6%

The following graph shows Paulding County youth who carried a weapon in the past 30 days. Examples of how to interpret the information include: 14% of all youth had carried a weapon in the past 30 days, including 23% of males and 6% of females.

Paulding County Youth Who Carried a Weapon in the Past 30 Days



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Paulding County 2011 (6 th -12 th)	Paulding County 2018 (6 th -12 th)	Paulding County 2018 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried a weapon (in the past 30 days)	19%	14%	17%	14%	16%
Were in a physical fight (in the past 12 months)	31%	23%	17%	20%	23%
Threatened or injured with a weapon on school property (in the past 12 months)	9%	7%	4%	N/A	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	5%	6%	5%	6%
Electronically bullied (in the past year)	13%	8%	6%	15%	16%
Bullied (in the past year)	50%	41%	34%	N/A	N/A
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	1%	2%	N/A	10%

N/A – Not Available

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Centers for Disease Control and Prevention (CDC), Adolescent and School Health	<ul style="list-style-type: none"> • Sexual Risk Behavior • Health and Academics • Whole School, Whole Community, Whole Child Model 	www.cdc.gov/healthyyouth/sexualbehaviors/index.htm
CDC, Alcohol and Public Health	<ul style="list-style-type: none"> • Fact Sheets- Underage Drinking 	https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
CDC, Healthy Living	<ul style="list-style-type: none"> • E-Cigarettes and Young People: A Public Health Concern 	https://www.cdc.gov/features/ecigarettes-young-people/index.html
CDC, Gateway to Health Communication & Social Marketing Practice	<ul style="list-style-type: none"> • Suicide Among Youth 	www.cdc.gov/healthcommunication/toolstemplates/entertained/tips/suicideyouth.html
CDC, Physical Activity	<ul style="list-style-type: none"> • Youth Physical Activity Guidelines 	https://www.cdc.gov/physicalactivity/resources/recommendations.html
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> • Youth Tobacco Use 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
CDC, Violence Prevention	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACE's) 	https://www.cdc.gov/violenceprevention/acestudy/about.html
Foundation for Advancing Alcohol Responsibility	<ul style="list-style-type: none"> • Underage Drinking Statistics 	https://www.responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> • All Healthy People 2020 Target Data Points 	www.healthypeople.gov/2020/topicsobjectives2020
National Institute of Health, National Institute on Drug Abuse	<ul style="list-style-type: none"> • Drugged Driving 	https://www.drugabuse.gov/publications/drugfacts/drugged-driving
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> • 2013-2015 Youth Ohio and U.S. correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II: Acronyms and Terms

ACE	A dverse C hildhood E xperiences
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
Binge Drinking	Consumption of five or more alcoholic beverages or more on one occasion.
CDC	C enters for D isease C ontrol and P revention.
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 1 cigarette in the past 30 days
HCNO	H ospital C ouncil of N orthwest O hio
HP 2020	H ealthy P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
IVP	I njury and V iolence P revention, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NWS	N utrition and W eight S tatus, Topic of Healthy People 2020 objectives
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
PPEC	P artners for P revention of E rie C ounty
SA	S ubstance A buse, Topic of Healthy People 2020 objectives
TU	T obacco U se, Topic of Healthy People 2020 objectives
Weapon	Defined in the YRBS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
Youth BMI Classifications	U nder w eight is defined as BMI-for-age \leq 5 th percentile O ver w eight is defined as BMI-for-age 85 th percentile to < 95 th percentile. O bese is defined as \geq 95 th percentile.
YRBS	Y outh R isk B ehavior S urvey, a youth survey conducted by the CDC survey conducted by the CDC

Appendix III: School Participation

The following schools were randomly chosen and agreed to participate in the 2018 Paulding County Youth Health Assessment:

Antwerp Local Schools

Antwerp Local High School
Antwerp Local Middle School

Paulding Exempted Village Schools

Paulding High School
Paulding Middle School
Oakwood Elementary School

Wayne Trace Local Schools

Wayne Trace High School
Payne Elementary School

Appendix IV: Youth Demographic Profile*

Youth Variable	2018 Youth Survey Sample
Age	
12 years old or younger	17.9%
13 years old	18.2%
14 years old	13.2%
15 years old	11.6%
16 years old	17.4%
17 years old	12.9%
18 years old or older	7.4%
Gender	
Male	47.0%
Female	51.7%
Race/Ethnicity	
White	95.2%
American Indian and Alaska Native	7.4%
Black or African American	1.6%
Hispanic or Latino	7.5%
Asian	0.5%
Native Hawaiian or Other Pacific Islander	0.3%
Other	4.6%
Grade Level	
Middle School (6-8)	47.7%
High School (9-12)	52.3%
Individual Grade Level	
6 th grade	11.9%
7 th grade	21.4%
8 th grade	14.0%
9 th grade	11.3%
10 th grade	17.9%
11 th grade	12.7%
12 th grade	9.8%

*Percents may not equal 100% due to missing data (non-responses) and/or multiple response questions.

Appendix V: Demographics and Household Information

Paulding County Population by Age Groups and Gender U.S. Census 2010

Age	Total	Males	Females
Paulding County	19,614	9,703	9,911
0-4 years	1,361	678	683
1-4 years	1,096	550	546
< 1 year	265	128	137
1-2 years	529	273	256
3-4 years	567	277	290
5-9 years	1,341	688	653
5-6 years	543	277	266
7-9 years	798	411	387
10-14 years	1,359	684	675
10-12 years	784	390	394
13-14 years	575	294	281
12-18 years	1,988	1,031	957
15-19 years	1,335	701	634
15-17 years	877	464	826
18-19 years	458	237	221
Total 19 years and over	14,410	7,936	6,474

PAULDING COUNTY PROFILE

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2016)

2012-2016 ACS 5-year estimate

Total Population

2016 Total Population 19,057

Largest City-Paulding

2016 Total Population 3,615 100%

2010 Total Population 3,893 100%

Population By Race/Ethnicity

Total Population 19,057 100%

White Alone 18,123 95.1%

Hispanic or Latino (of any race) 858 4.5%

African American 210 1.1%

Asian 76 0.4%

Two or more races 286 1.5%

Other 362 1.9%

American Indian and Alaska Native 38 0.2%

Population By Age

Under 5 years 1,143 6.0%

5 to 17 years 3,411 17.9%

18 to 24 years 1,391 7.3%

Median age (years) 41.3

Household by Type

Total Households 7,659 100%

Family Households (families) 5,350 41.0%

 With own children <18 years 1,998 26.1%

 Married-Couple Family Households 4,324 56.5%

 With own children <18 years 1,480 19.3%

 Female Householder, No Husband Present 659 8.6%

 With own children <18 years 274 3.6%

Non-family Households 2,309 30.1%

 Householder living alone 6,862 89.6%

 Householder 65 years and > 3,117 40.7%

Households With Individuals < 18 years 2,305 30.1%

Average Household Size 2.48 people

Average Family Size 2.97 people

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2016)

2012-2016 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	4,346	100%
Nursery & Preschool	347	8.0%
Kindergarten	232	5.3%
Elementary School (Grades 1-8)	2,102	48.4%
High School (Grades 9-12)	1,028	23.7%
College or Graduate School	637	14.6%

Educational Attainment

Population 25 Years and Over	13,115	100%
< 9 th Grade Education	323	2.5%
9 th to 12 th Grade, No Diploma	956	7.3%
High School Graduate (Includes Equivalency)	6,520	49.7%
Some College, No Degree	2,561	19.5%
Associate Degree	1,044	8.0%
Bachelor's Degree	1,101	8.4%
Graduate Or Professional Degree	610	4.7%

Percent High School Graduate or Higher	*(X)	90.2%
Percent Bachelor's Degree or Higher	*(X)	13.0%

*(X) – Not available

Appendix VI: Community Stakeholder Perceptions

1. What surprised you the most? (n=15)

- Number of sexual partners that kids have (6)
- Lack of protection use during sexual behaviors (4)
- Age of sexually active (3)
- High rate of depression (3)
- Percentage of youth who attempted suicide (3)
- As teenagers get older (17+), are more likely to think about suicide
- Mental health issues in youth
- Number of youth who had no one to turn too
- Youth involved in extracurricular activities is high in drug and alcohol use
- Percent of youth who viewed pornography
- The action step for sexual behavior is only targeting birth control use
- Use of drugs/alcohol at the early age of 12.5 years old
- Types of tobacco and drugs being tried
- Females are more likely to be bullied
- 36% who considered suicide as drinkers or smokers compared too non-smokers/drinkers

2. What would you like to see covered in the report next time? (n=12)

- Youth pregnancy and abortion information (2)
- Opened ended questions about problems that were not addressed (2)
- Screen time vs. mental health
- Same information
- Correlation with parents
- Opiates included on the list of substances used by children not just on the graph
- Common diseases of concern among youth
- Number of suicide deaths
- How many youths are in foster care/not with parents
- More dentist who accept Medicaid in the area
- When discussing percentages, have an actual number along with it
- Paulding County Court Juvenile offenders
- Breakdown of cases involving alcohol and drugs

3. What will you or your organization do with this data? (n=13)

- Increase awareness (3)
- Make an article for the newspaper (2)
- Bring it to the attention of school staff
- Offer information and assistance in areas needed
- Implement the plan
- Focus on the points brought to our attention and address these concerns
- Get involved with education and testing if possible
- Use it to educate community about safe sex, risky behaviors, STDS, HIV, and prevention.
- Pray for the youth
- Be more observant
- Grant writing
- Make the report available
- Speak to parents about their at-risk youth

4. Are there any groups or agencies you think would be valuable resources or partners to work towards the priority health issues? (n=10)

- Churches (3)
- Paulding County Health Department (3)
- Schools (2)
- Equitas Health (2)
- More involvement from school superintendents
- Chamber of Commerce
- Girl Scouts
- Westwood Behavioral Health Center
- Public agencies such as committees
- Library
- Law
- Parent Project
- Food pantry
- Historical society
- Boy Scouts
- 4-H groups
- N.O.C.A.C.
- Youth organizations
- Paulding County Hospital

5. What are some barriers people may face regarding the issues identified? (n=16)

- Lack of resources especially in mental health (2)
- Community acceptance and willingness to get involved (2)
- Stigma (2)
- Education (2)
- Difficulty recruiting licensed behavioral healthcare providers in Paulding County
- Access to the data if only accessible online
- Culture of Westwood Behavioral Health is not always well received
- Not having adequate information regarding services some of the agencies offer
- Privacy concerns from the survey
- Denial
- Communication
- Transportation
- Funding for programs to address issues
- Not knowing how to help
- No youth organizations outside of school
- No support systems
- Non-caring parents
- Family values
- Conservative culture

6. In your opinion, what is the best way to communicate the information from the Community Health Assessment and Community Health Improvement Plan to the rest of public? (n=15)

- Social media (9)
- Newspaper (6)
- Meetings (5)
- Websites (2)
- Copies offered at public places (libraries, health dept., etc.) (2)
- Radio
- Progress
- Crescent News
- Public event
- Schools
- TED Talk videos
- YouTube links
- Present at the schools in front of family

7. Other comments or concerns: (n=3)

- Education is key, but education with condoms is important as “birth control” is targeted to females.
- Separating mental health and addiction is an old treatment model
- Were those who were sexually bullied asked any additional questions to ensure they weren’t involved in trafficking because of that bullying?