

Foreword

On behalf of the Williams County Family and Children First Council it is our pleasure to present this document to the citizens of Williams County.

This 2010 Youth Health Assessment is the result of the continued support, commitment and dedication of our community partners to work together to improve the health and well being of the citizens of Williams County. The information presented in this report is intended to support the collaborative efforts that began with the Partnership for Success Initiative and the 2007 Youth Health Assessment

This document gives us the opportunity to glance into our community as well as our region, state and nation. The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. This data will also allow stakeholders to write better grants, formulate strong strategic plans and answer a call to action. The result is a community that focuses on wellness, improving the general health status, increasing the access to services and addressing unmet needs. By partnering with the Healthy Communities Foundation of the Hospital Council of Northwest Ohio we have ensured the reliability of this assessment through scientific methods.

It is our hope that this assessment will prove to be invaluable to you as an agency, organization and community member. As we review the results of this assessment, we will continue to work collaboratively and strive to initiate quality, evidence-based programs to improve the health and well-being of our youth. We encourage you to be open to new ideas and collaborations as you use this information. By all of us working together we can positively impact the health of Williams County youth. It is our desire that community groups will persevere in meeting the challenges presented by the findings in this assessment.

On behalf of the Williams County Family and Children First Council,

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Funding for the Williams County Health Assessment Provided by:

Williams County Family and Children First: Access to Better Care Initiative
United Way of Williams County
Bryan Area Health Education Center
Williams County Health Department
Community Advocates for Healthy Families
Acus Therapy Services, LLC

Acknowledgements

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

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School Participation

The following schools participated in the 2009 Williams County Health Assessment. Grade levels and classrooms were randomly chosen:

Bryan High School
Bryan Middle School
Edgerton High School
Edgerton Elementary School
Edon High School
Edon Middle School
Hilltop High School
Montpelier Junior/Senior High School
North Central High School
North Central Elementary School
Stryker High School

Preface

Health-Related Status of American Youth

Most data presented are for 2006, the most recent year for comprehensive national data on youths. There were 73.7 million youths who comprised 25% of the population. American youths are predominately white (60%), the rest were Hispanic (18%), African American (15%), Asian (4%), American Indian (1%), or multiracial (2%). The percent of youths in poverty was 18%, and extreme poverty (below 50% of the federal poverty level) was 8%. The highest poverty rate occurs in the youngest children. Almost one-third (32%) of youths lived in single-parent families. About 17% of youths (12.6 million) lived in households that were food insecure (not enough food) for at least part of the year.

Health insurance helps provide needed access to continuity of health care. About 13% of youths lack health insurance (24.2 million). Hispanic youth were most likely to be uninsured (21.4%). There were 56.6% of children covered by private health insurance and 31.4% covered by public health insurance (Medicaid or SCHIP). Private insurance coverage is rapidly declining for youths as public health insurance increases.

By most traditional measures, adolescents are healthy. Self-assessment of health finds 98% of adolescents 10 to 17 years of age report themselves to be in excellent, very good, or good health. Such high levels of physical well-being help contribute to a feeling of invincibility. The result of such feelings is a variety of adolescent behaviors that place adolescents at increased risk for premature mortality.

The leading cause of mortality (n=6,819) in youths is motor vehicle accidents (MVA) (19 per 100,000). For every MVA death there are 161 nonfatal injuries to youths. Alcohol is involved in almost 1 in 4 fatal MVAs in youths. Drivers who use cell phones while driving are four times as likely to cause a crash as drivers who do not use cell phones while driving.

The second leading cause (n=1,704) of death for youths is homicide (9 per 100,000). Homicide disproportionately involves Black males, for whom homicide is the leading cause of death (203 per 100,000). The leading method of homicide in youth is firearms (82%).

The third leading cause of death (n=1,650) is cancer and the fourth leading cause of death is congenital anomalies (birth defects). Prevention through education is likely to be less successful than prevention education for the other leading causes of death.

Suicides are the fifth leading cause of deaths (n=940) in youths (7 per 100,000). One in five adolescents experience significant emotional distress, most often depression. The most frequent method of completed suicide is by firearms.

Another method of examining youth health problems is to examine the most costly health conditions in youths. In 2006, \$98.8 billion was spent for health care and treatment of youths (ages 0-17 years). The top five conditions in terms of health care expenditures were as follows: mental disorders (\$8.9 billion), asthma (\$8.0 billion), trauma-related disorders (\$6.1 billion), acute bronchitis (\$3.1 billion), and infectious diseases (\$2.9 billion). The number of youths with these disorders were, in order of frequency: asthma (13 million), acute bronchitis (12.8 million), trauma-related disorders (7 million), mental disorders (4.6 million), and infectious diseases (4.5 million). The highest average expenditures per youth were for mental disorders (\$1,931). The largest percentage of expenditures for these conditions was paid for by private insurance. Whereas, the condition least likely to be covered by private insurance, requiring more out-of-pocket payments, was

for mental disorders. Of the mental health problems in not adequately treated early in the diagnosis stage will be much less treatable and more debilitating in adulthood.

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Williams County Youth Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Williams County youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2009. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Youth Risk Behavior Surveillance System (YRBSS). The Healthy Communities Foundation of the Hospital Council of Northwest Ohio 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 community health assessment was cross-sectional in nature and included a written survey of adolescents within Williams County. From the beginning, community leaders 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

The survey instrument was designed and pilot tested for this study: As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adolescents. The investigators decided to derive the majority of the survey items from the Youth Risk Behavior Surveillance System survey.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Williams County. During these meetings, banks of potential survey questions from the YRBSS survey were reviewed and discussed. Based on input from the Williams County planning committee, the Project Coordinator composed a draft of a survey containing 75 items. This draft was reviewed and approved by health education researchers at the University of Toledo.

Sampling

The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 353 youth was needed to ensure this level of confidence.

Procedure

Superintendents reviewed and approved the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 95% (n=422). The survey contained 75 questions and had a multiple choice response format.

Primary Data Collection Methods

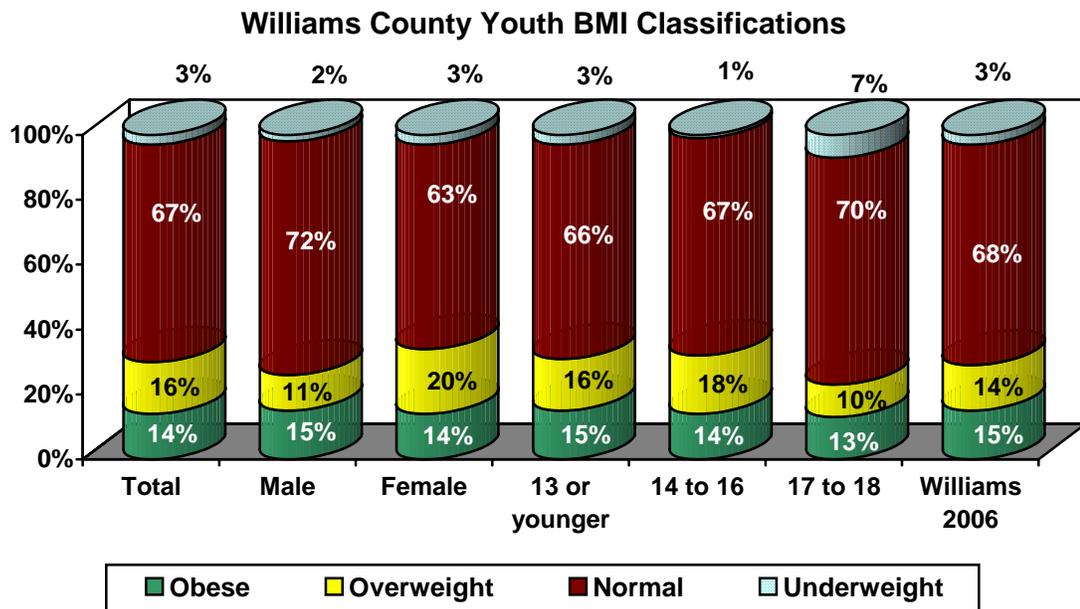
Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 14.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

Data Summary

Weight Control

The 2009 Health Assessment identified that 14% of Williams County youth were obese, according to Body Mass Index (BMI) by age for males and females. When asked how they would describe their weight, 26% of Williams County youth reported that they were slightly or very overweight. Females (54%) were more likely to be trying to lose weight.

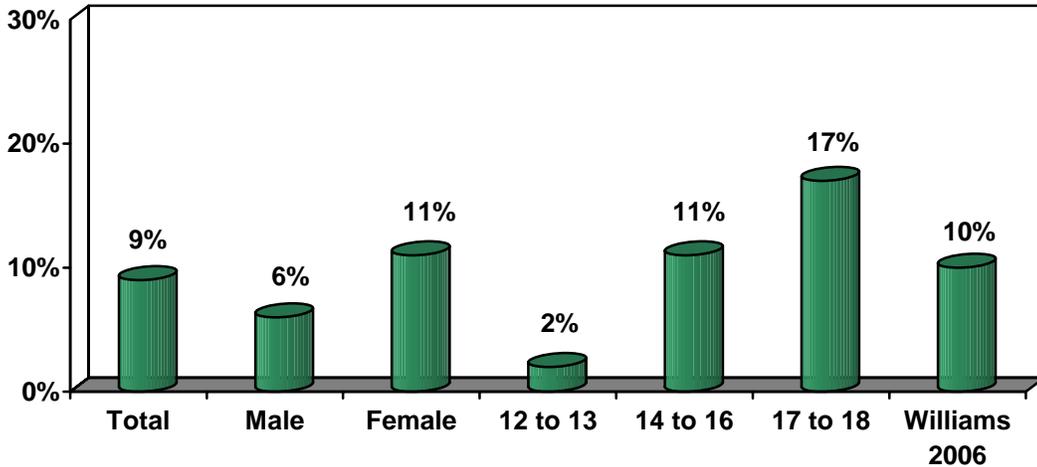


Tobacco Use

The 2009 health assessment identified that 9% of Williams County youth (ages 12-18) were smokers increasing to 17% of those who were 17-18 years old. Overall, 7% of Williams County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 39% had tried to quit.

Data Summary

Williams County Youth Who Are Current Smokers

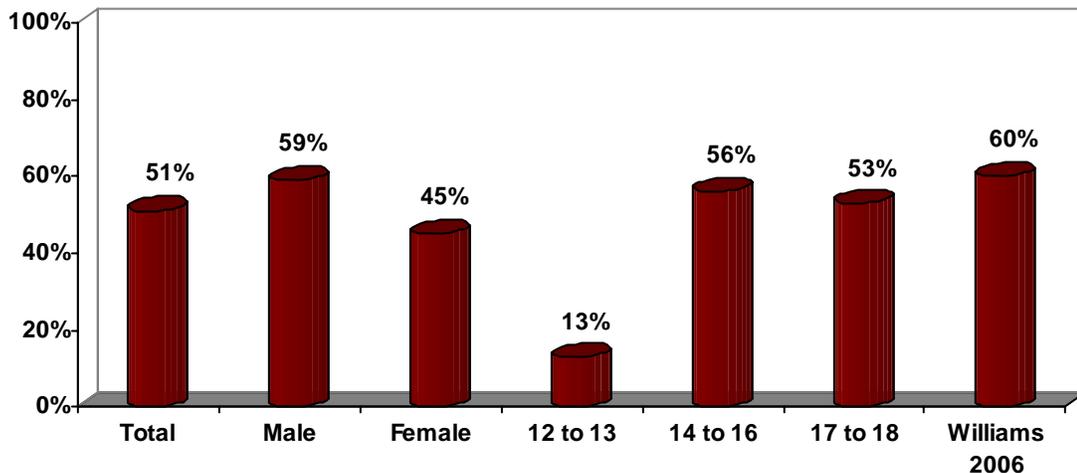


Current smokers are those who have smoked at any time during the past 30 days.

Alcohol Consumption

In 2009, the health assessment results indicated that 49% of Williams County youth drank at least one drink of alcohol in their life increasing to 76% of youth seventeen and older. About two-fifths (41%) of those who drank, took their first drink before the age of 12. Less than one-fifth (18%) of all Williams County youth and 26% of those 17-18 years had at least one drink in the past 30 days. About half (51%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 2% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Williams County Youth Current Drinkers Binge Drinking in Past Month*

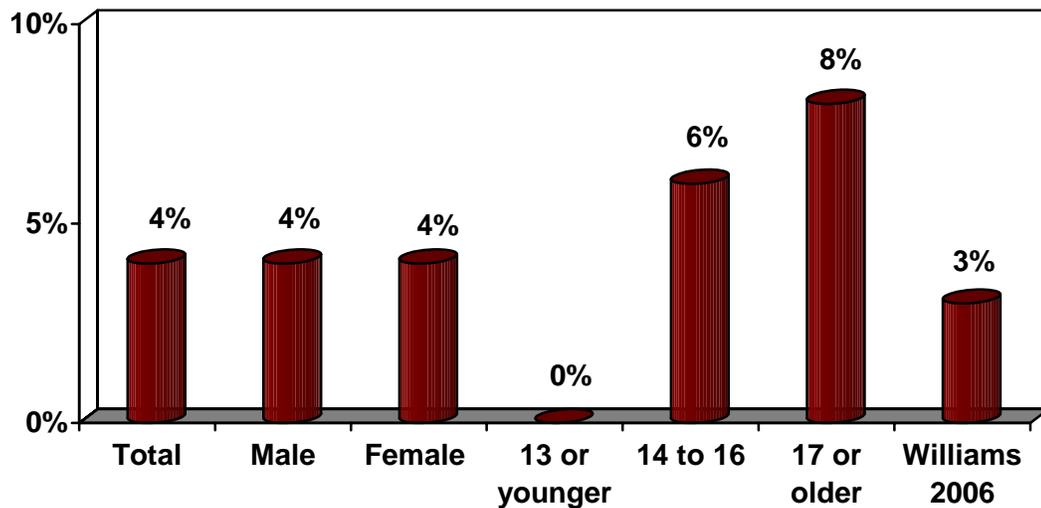


Data Summary

Marijuana and Other Drug Use

In 2009, 4% of Williams County youth had used marijuana at least once in the past 30 days, increasing to 7% of high school youth. During the past 12 months, 6% of Williams County youth had someone offer, sell, or give them an illegal drug on school property.

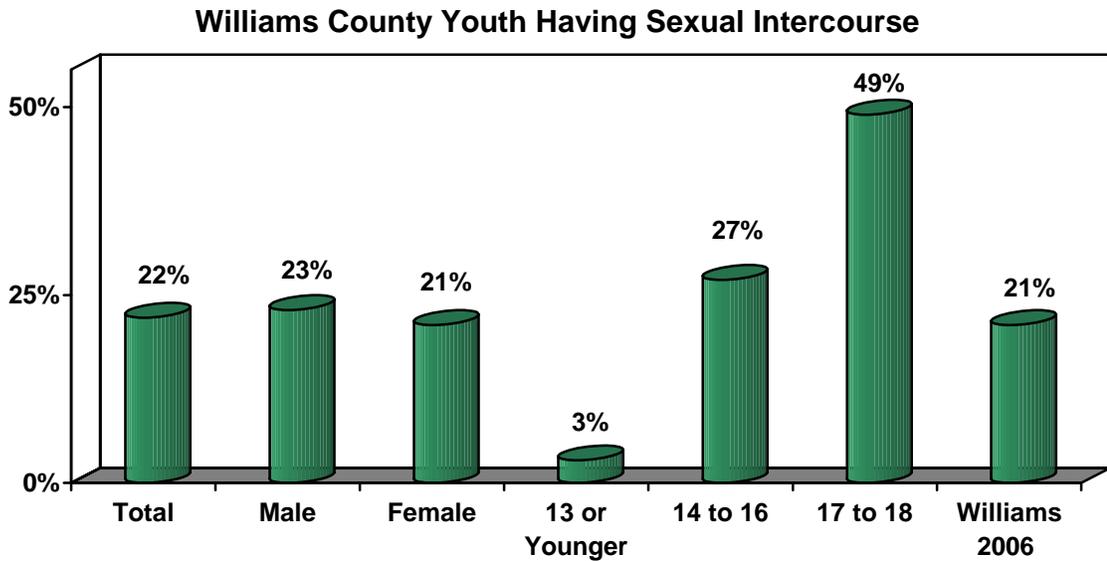
Williams County Youth Marijuana Use in Past Month



Sexual Behavior & Pregnancy Outcomes

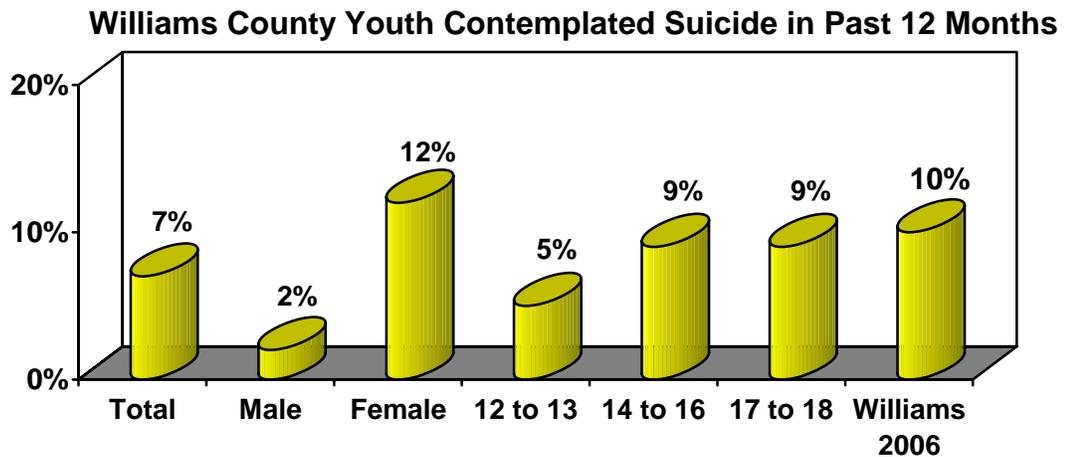
Hilltop Middle School and Stryker Middle School did not participate in the sexual health section of the survey. In 2009, under one-quarter (22%) of Williams County youth have had sexual intercourse, increasing to 49% of those ages 17 and over. Of those who were sexually active, 54% had one sexual partner. According to the Centers for Disease Control and Prevention (CDC), early sexual activity is associated with unwanted pregnancy, sexually transmitted diseases (STDs), and negative effects on social and psychological development. In addition, activities that may contribute to early sexual activity include alcohol and drug abuse. (Source: CDC, *Youth Risk Behavior Surveillance System (YRBSS) Question Rationale, Sexual Behaviors, 2007*)

Data Summary



Mental Health and Suicide

In 2009, the health assessment results indicated that 7% of Williams County youth had seriously contemplated suicide in the past year and 3% admitted actually attempting suicide in the past year.



Data Summary

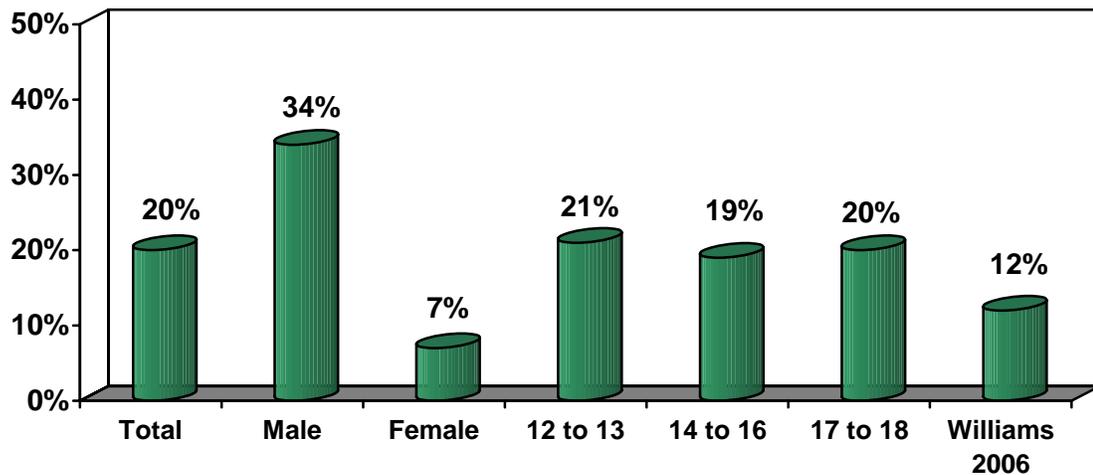
Youth Safety

In 2009, about one-quarter (26%) of youth drivers texted while driving. 63% of Williams County youth had been to the doctor for a routine check-up in the past year.

Youth Violence

In Williams County, 20% of the youth had carried a weapon in the past month. 3% of youth had been threatened or injured by a weapon on school property. 22% of youth had purposefully hurt themselves by cutting, scratching, hitting, biting, or burning.

Williams County Youth Carrying a Weapon during the Past 30 Days



Youth Data Summary

Youth Variables	Williams County 2006 (6-12 grade)	Williams County 2009 (6-12 grade)	Williams County 2009 (9-12 grade)	Ohio 2007 (9-12 grade)	U.S. 2007 (9-12 grade)
Injury-Related Behaviors					
Rode with a drunk driver in past 30 days	16%	15%	16%	23%	29%
Carried a weapon in past 30 days	12%	20%	19%	17%	18%
Involved in a physical fight in past 12 months	34%	30%	29%	30%	36%
Threatened or injured with a weapon on school property in past 12 months	5%	3%	5%	8%	8%
Seriously considered suicide in past 12 months	10%	7%	8%	13%	15%
Attempted suicide in past 12 months	5%	3%	4%	7%	7%
Alcohol Use					
Ever had at least one drink of alcohol in lifetime	54%	49%	68%	76%	75%
Used alcohol during past 30 days	23%	18%	29%	46%	45%
Binged during past 30 days (5 or more drinks in a couple of hours on an occasion)	14%	9%	17%	29%	26%
Tobacco Use					
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	30%	26%	39%	51%	50%
Used cigarettes on one or more of the past 30 days	10%	9%	14%	22%	20%
Used smokeless tobacco in past 30 days	5%	7%	12%	10%	8%
Sexual Behaviors					
Ever had sexual intercourse	21%	22%	35%	45%	48%
Had four or more sexual partners	4%	4%	6%	14%	15%
Used a condom at last sexual intercourse	62%	76%	80%	60%	62%
Used birth control pills at last sexual intercourse	20%	28%	29%	17%	16%
Drug Use					
Used marijuana in the past 30 days	3%	4%	7%	18%	20%
Used cocaine in their lifetime	2%	1%	1%	8%	7%
Used heroin in their lifetime	1%	<1%	<1%	4%	2%
Used methamphetamines in their lifetime	1%	1%	1%	6%	4%
Used steroids in their lifetime	1%	1%	<1%	5%	4%
Used prescription medication in order to get high or feel good	5%	5%	6%	N/A	N/A
Used inhalants in order to get high in their lifetime	8%	6%	9%	12%*	13%
Offered, sold or given an illegal drug on school property during the past 12 months	6%	6%	8%	27%	22%
Weight Control					
Classified as obese	15%	14%	15%	12%	13%
Went without eating for 24 or more hours	5%	4%	5%	11%	12%
Trying to lose weight	44%	49%	49%	47%	45%

N/A= not available

Demographics

Williams County Population by Age Groups and Gender U.S. Census 2000

Category	Total	Males	Females
Williams County	39,188	19,466	19,722
0-4 years	2,515	1,274	1,241
1-4 years	2,014	1,007	1,007
< 1 year	501	267	234
1-2 years	1,018	521	497
3-4 years	996	486	510
5-9 years	2,844	1,449	1,395
5-6 years	1,108	553	555
7-9 years	1,736	896	840
10-14 years	2,992	1,535	1,457
10-12 years	1,802	906	896
13-14 years	1,190	629	561
12-18 years	4,281	2,262	2,019
15-19 years	2,973	1,592	1,381
13-15 years	1,880	1,020	860
15-17 years	1,912	1,010	902
16-18 years	1,797	940	857
18-19 years	1,061	582	479

Williams County Profile

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2000)

Population By Race/Ethnicity

Total Population	39,188	(100%)
White Alone	37,821	(96.5%)
Hispanic or Latino (of any race)	1,049	(2.7%)
Two or more races	324	(0.8%)
African American	283	(0.7%)
Asian	202	(0.5%)
American Indian and Alaska Native	89	(0.2%)

Population By Age

Under 5 years	2,515	(6.4%)
5 to 17 years	7,748	(19.8%)
18 to 24 years	3,269	(8.3%)

Household By Type

Total Households	15,105	(100%)
Family Households (families)	10,666	(70.6%)
With own children <18 years	5,028	(33.3%)
Married-Couple Family Households	8,680	(57.5%)
With own children <18 years	3,728	(24.7%)
Female Householder, No Husband Present	1,354	(9.0%)
With own children <18 years	887	(5.9%)
Non-family Households	4,439	(29.4%)
Householder living alone	3,760	(24.9%)
Householder 65 years and >	1,592	(10.5%)
Households With Individuals < 18 years	5,402	(35.8%)
Households With Individuals 65 years and >	3,701	(24.5%)
Average Household Size	2.52 people	
Average Family Size	3.00 people	

Williams County Profile

Selected Social Characteristics (Source: U.S. Census Bureau, Census 2000)

School Enrollment

Population 3 Years and Over Enrolled In School	9,356	(100%)
Nursery & Preschool	566	(6.0%)
Kindergarten	580	(6.2%)
Elementary School (Grades 1-8)	4,841	(51.7%)
High School (Grades 9-12)	2,386	(25.5%)
College or Graduate School	983	(10.5%)

Grandparents As Caregivers

Grandparent Living in Household with 1 or More Own Grandchildren <18 years	562	(100%)
Grandparent Responsible for Grandchildren	194	(34.7%)

Disability Status of the Civilian Non-institutionalized Population

Population 5 to 20 Years	9,296	(100%)
With a Disability	642	(6.9%)

Selected Economic Characteristics (Source: U.S. Census Bureau, Census 2000)

Employment Status

Population 16 Years and Over	30,122	(100%)
In Labor Force	20,753	(68.9%)
Not In Labor Force	9,369	(31.1%)
Females 16 Years and Over	15,297	(100%)
In Labor Force	9,745	(63.7%)
Population Living With Own Children <6 Years	2,913	(100%)
All Parents in Family in Labor Force	2,221	(76.2%)

National Public Health Performance Standards: The Essential Public Health Services

The 2009 Williams County Community Health Assessment is linked to the NPHPSP framework. The “Public Health System” must build the bridges to providing the 10 Essential services to our communities. Please review these services and refer to the 2008 NPHPSP local public health system report for more details.

The Essential Public Health Services provide the fundamental framework for the NPHPSP instruments, by describing the public health activities that should be undertaken in all communities. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. This steering committee included representatives from US Public Health Service agencies and other major public health organizations. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. (*Source: CDC, OCPHP: The Essential Public Health Services*)

The 10 Essential Public Health Services are:

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform**, educate, and empower people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Essential Health Service #1 Monitor Health Status to Identify Community Health Problems

At the local level, this service includes:

- ◆ Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs
 - Identification of health risks and determination of health service needs.
 - Attention to the vital statistics and health status of groups that are at higher risk than the total population.

National Public Health Performance Standards: The Essential Public Health Services

- Identification of community assets and resources that support the local public health system (LPHS) in promoting health and improving quality of life.
- ◆ Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences.
- ◆ Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

The report will assist the Williams County Health District in facilitating Essential Health Service #1:

- ◆ Every section of this report monitors health status and identifies community health problems.

Essential Health Service #2

Diagnose and Investigate Health Problems and Health Hazards in the Community

At the local level, this service includes:

- ◆ Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- ◆ Active infectious disease epidemiology programs.
- ◆ Access to a public health laboratory capable of conducting rapid screening and high volume testing.

The following sections of this report will assist the Williams County Health Department in facilitating Essential Health Service #2:

- ◆ Safety and General Health

Essential Health Service #3

Inform, Educate, and Empower People about Health Issues

At the local level, this service includes:

- ◆ Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- ◆ Health communication plans and activities such as media advocacy and social marketing.
- ◆ Accessible health information and educational resources.
- ◆ Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

National Public Health Performance Standards: The Essential Public Health Services

The report will assist the Williams County Health Department in facilitating Essential Health Service #3:

- ◆ Every section of this report will inform, educate, and empower people about health issues.
- ◆ The presentation of the 2009 Williams County Health Assessment Report at a community event will make the information accessible and will facilitate partnerships with other organizations to implement and reinforce health promotion programs and messages.

Essential Health Service #4 Mobilize Community Partnerships to Identify and Solve Problems

At the local level, this service includes:

- ◆ Identifying potential stakeholders who contribute to or benefit from public health, and increase their awareness of the value of public health.
- ◆ Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- ◆ Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in understanding defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

The report will assist the Williams County Health Department in facilitating Essential Health Service #4:

- ◆ Community partners will be invited to a community event to release the 2009 Williams County Health Assessment Report. At this time, the Williams County Health Department can mobilize community partnerships, build stronger coalitions, and create a strategic plan to solve the problems found in the report.

Essential Health Service #5 Develop Policies and Plans that Support Individual and Community Health Efforts

At the local level, this service includes:

- ◆ An effective governmental presence at the local level.
- ◆ Development of policy to protect the health of the public and to guide the practice of public health.
- ◆ Systematic community-level and state-level planning for health improvement in all jurisdictions.
- ◆ Alignment of LPHS resources and strategies with the community health improvement plan.

The entire report will assist the Williams County Health Department in facilitating Essential Health Service #5.

National Public Health Performance Standards: The Essential Public Health Services

Essential Health Service #6 Enforce Laws and Regulations that Protect Health and Ensure Safety

At the local level, this service includes:

- ◆ The review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- ◆ Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.
- ◆ Enforcement activities in areas of public health concern, including, but not limited to the protection of drinking water; enforcement of clean air standards; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; review of new drug, biologic, and medical device applications; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; and childhood immunizations.

The following sections of this report will assist the Williams County Health Department in facilitating Essential Health Service #6:

- ◆ Alcohol Use
- ◆ Tobacco Use
- ◆ Safety and General Health

Essential Health Service #7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

At the local level, this service includes:

- ◆ Identifying populations with barriers to personal health services.
- ◆ Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.
- ◆ Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

The following sections of this report will assist the Williams County Health Department in facilitating Essential Health Service #7:

- ◆ Every section of this report will identify populations that are disproportionately affected by health issues.

National Public Health Performance Standards: The Essential Public Health Services

Essential Health Service #8 Assure a Competent Public and Personal Health Care Workforce

At the local level, this service includes:

- ◆ Assessment of workforce (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- ◆ Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professional and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.
- ◆ Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

The entire report will assist the Williams County Health Department in facilitating Essential Health Service #8:

- ◆ To be used as a basis for policy, development, and assurance by our workforce.

Essential Health Service #9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

At the local level, this service includes:

- ◆ Assessing the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided.
- ◆ Providing information necessary for allocating resources and reshaping programs.

The entire report will assist the Williams County Health Department in facilitating Essential Health Service #8:

Essential Health Service #10 Research for New Insights and Innovative Solutions to Health Problems

At the local level, this service includes:

- ◆ A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.
- ◆ Linkages with institutions of higher learning and research.
- ◆ Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.

National Public Health Performance Standards: The Essential Public Health Services

The following sections of this report will assist the Williams County Health Department in facilitating Essential Health Service #10:

- ◆ This report is the first step in the Williams County Health Departments goal to research solutions to health problems.
- ◆ The Williams County Health Department is working with the University of Toledo through this health assessment process.

Youth Weight Status

Key Findings

The 2009 Health Assessment identified that 14% of Williams County youth were obese, according to Body Mass Index (BMI) by age for males and females. When asked how they would describe their weight, 26% of Williams County youth reported that they were slightly or very overweight. Females (54%) were more likely than males to be trying to lose weight.

Youth Weight Control

- ◆ BMI is used differently in children than with adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, body mass index is used to assess underweight, normal weight, overweight, and obesity.
- ◆ In 2009, 14% of youth were classified as obese by Body Mass Index (BMI) calculations (2007 YRBS reported 12% for Ohio and 13% for the U.S.). 16% of youth were classified as overweight, 67% were normal weight, and 3% were underweight.
- ◆ 26% of youth described themselves as being either slightly or very overweight (2007 YRBS reported 30% for Ohio and 29% for the U.S.)
- ◆ About half (49%) of all Williams County youth were trying to lose weight (2007 YRBS reported 47% for Ohio and 45% for the U.S.) increasing to 54% of Williams County female youth.
- ◆ In the past 30 days, 4% of all Williams County youth (2007 YRBS reported 11% for Ohio and 12% for the U.S.) and 6% of females reported going without eating for 24 hours or more. 2% of Williams County youth vomited or took laxatives to lose weight. 1% of all youth took diet pills, powders, or liquids without a doctor's advice to lose weight.
- ◆ 22% of youth ate less food, fewer calories, or foods lower in fat to try to lose weight or keep from gaining weight in the past month and 44% exercised to try to lose weight or keep from gaining weight. 2% reported going to the doctor for advice on how to lose weight.
- ◆ 37% of youth had drunk 100% fruit juices at least once per day in the past week and 40% had eaten vegetables such as green salad, carrots and potatoes.
- ◆ Almost half (46%) of youth drank energy drinks. They gave the following reasons for drinking energy drinks: to stay awake (20%), to get pumped up (15%), before games or practice (5%), to mix with alcohol (3%), to help them perform (3%), and for some other reason (24%).
- ◆ 67% of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week and 59% did so on 5 or more days in the past week. 12% of youth did not participate in any physical activity in the past week.
- ◆ Williams County youth spent an average of 2.2 hours texting, 2.1 hours watching TV, 1.6 hours socializing on the computer, 1.5 hours doing homework, 1.2 hours reading, and 0.9 hours playing non-active video games on an average day of the week.
- ◆ 33% of youth spent 3 or more hours watching TV on an average day of the week (2007 YRBS reported 32% for Ohio and 35% for the U.S.)
- ◆ 89% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (65%), church youth group (41%), school club or social organization (33%), church or religious organization (32%), or some other organized activity (Scouts, 4H, etc) (18%).

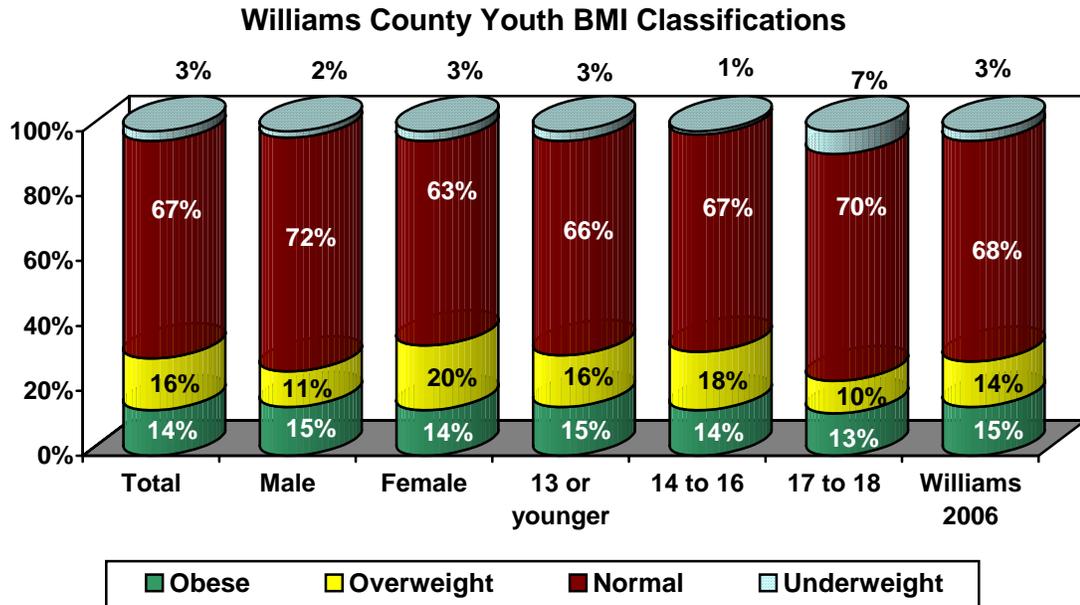
Obese Adolescents

- ◆ Obese adolescents have a 70% chance of being overweight or obese as adults. If the parents are overweight as well, the risk increases to 80%.
- ◆ Poor self-esteem and depression are additional consequences of childhood obesity.
- ◆ Sedentary activities, such as television, computer and video games, contribute to the children's inactive lifestyles.
- ◆ Youth who are obese have an increased frequency for heart disease, diabetes, and other health problems than those children who have a healthy weight.

(Source: Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity 2001 and 2007 YRBS)

Youth Weight Control

The following graph shows the percentage of Williams County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). The table shows the unhealthy ways youth lost weight. Examples of how to interpret the information in the first graph include: 67% of all Williams County youth were classified as normal weight, 14% were obese, 16% were overweight, and 3% were calculated to be underweight for their age and gender.



Williams County Youth did the following to lose weight in the past 30 days:	Percent
Exercised	44%
Ate less food, fewer calories, or foods lower in fat	22%
Went without eating for 24 hours	4%
Vomited or took laxatives	2%
Took diet pills, powders, or liquids without a doctor's advice	1%

2006/2009 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th - 12 th)	Williams County 2009 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2007 (9 th -12 th)
Obese	15%	14%	15%	12%	13%
Went without eating for 24 hours or more	5%	4%	5%	11%	12%
Trying to lose weight	44%	49%	49%	47%	45%

Youth Tobacco Use

Key Findings

The 2009 health assessment identified that 9% of Williams County youth (ages 12-18) were smokers increasing to 17% of those who were 17-18 years old. Overall, 7% of Williams County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 39% had tried to quit.

Youth Tobacco Use Behaviors

- ◆ About two-fifths (39%) of Williams County youth had tried smoking cigarettes and the 2007 YRBS reports that 51% of Ohio youth had done the same.
- ◆ About one-fifth (22%) of those who have smoked a whole cigarette did so under 10 years old and 56% had done so under the age of 12. The average age of onset for smoking was 12.6 years old.
- ◆ In 2009, 9% of Williams County youth were current smokers, having smoked at some time in the past 30 days (2007 YRBS reported 22% for Ohio and 20% for the U.S.). 17% of 17-18 year olds were current smokers compared to 2% of 12-13 year olds and 11% of 14-16 year olds.
- ◆ Of those who smoked, 31% smoked less than 1 cigarette per day and 11% smoked 11 or more cigarettes per day.
- ◆ 14% of current smokers smoked cigarettes daily.
- ◆ Almost two-thirds (64%) of the Williams County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ One-third (33%) of youth smokers borrowed cigarettes from someone else, 31% asked someone else to buy them cigarettes, 8% bought cigarettes from a store or gas station, 8% said an adult gave them the cigarettes, and 8% took them from a store or family member.
- ◆ 77% of youth smokers were not asked to show proof of age when they bought cigarettes in a store during the past month.
- ◆ In the past 30 days, 7% of Williams County youth used chewing tobacco or snuff (2007 YRBS reported 10% for Ohio and 8% of the U.S.) increasing to 14% of males and 13% of those 17-18 years old.
- ◆ 5% of youth smoked cigars, cigarillos or little cigars in the past 30 days, increasing to 11% of those 17-18 years old.
- ◆ Over one-third (39%) of Williams County youth smokers had tried to quit smoking in the past year (2007 YRBS reported 49% for Ohio and 50% of the U.S.).

2008 Ohio Youth Tobacco Survey

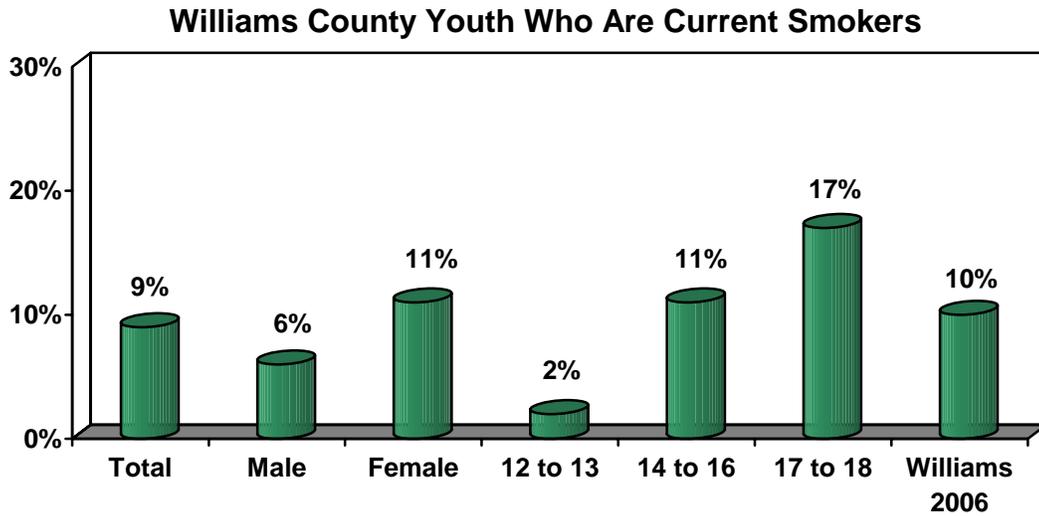
- ◆ In 2008, 57.2% of Ohio high school students had used some form of tobacco during their lifetime.
- ◆ 6% of high school students and 4.8% of middle school students had started smoking by age 11.
- ◆ 10.4% of high school and 4.9% of middle school students had ever smoked a bidi.
- ◆ 11% of middle school and 20.8% of high school students reported using smokeless tobacco in their lifetime.
- ◆ According to the survey results, 19.1% of middle school students and 20.6% of high school students had never smoked a cigarette.

(Source: Ohio Youth Tobacco Survey, 2008, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program)

2006/2009 Youth Comparisons	Williams County 2006 (6 th – 12 th)	Williams County 2009 (6 th – 12 th)	Williams County 2009 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2007 (9 th – 12 th)
Ever tried cigarettes	30%	26%	39%	51%	50%
Current smokers	10%	9%	14%	22%	20%
Used chewing tobacco or snuff	5%	7%	12%	10%	8%
Tried to quit smoking	63%	39%	34%	49%	50%

Youth Tobacco Use

The following graph shows the percentage of Williams County youth who smoke cigarettes. Examples of how to interpret the information include: 9% of all Williams County youth were current smokers, 6% of males smoked, and 11% of females were current smokers. The table shows differences in specific risk behaviors between current smokers and non-current smokers (nonsmokers).



Current smokers are those who have smoked at any time during the past 30 days.

Behaviors of Williams Youth *Current Smokers vs. Non-Current Smokers*

Youth Behaviors	Current Smoker	Non-Current Smoker
Have had sexual intercourse*	78%	16%
Have had at least one drink of alcohol in the past 30 days	64%	14%
Have been in a physical fight in the past 12 months	50%	28%
Have seriously considered attempting suicide in the past 12 months	28%	5%
Have used marijuana in the past 30 days	22%	2%
Involved in extracurricular activities	89%	89%

Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.

**The sexual health questions were not asked in Hilltop and Stryker middle school grades.*

Youth Alcohol Consumption

Key Findings

In 2009, the health assessment results indicated that 49% of Williams County youth drank at least one drink of alcohol in their life increasing to 76% of youth seventeen and older. About two-fifths (41%) of those who drank, took their first drink before the age of 12. Less than one-fifth (18%) of all Williams County youth and 26% of those 17-18 years had at least one drink in the past 30 days. About half (51%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 2% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Youth Risk Behavior Survey Results, 2007 Alcohol Use

- ❖ 46% of Ohio high school students drank alcohol in the past month compared with 45% of U.S. high school youth.
- ❖ 29% of Ohio and 26% of U.S. high school students reported binge drinking in the past month.
- ❖ Current drinking prevalence was the same for female (45%) and male (45%) U.S. high school students: binge drinking incidence was higher for males (28%) than females (24%).

(Source: CDC: YRBSS, Updated 5/20/08)

Youth Alcohol Consumption

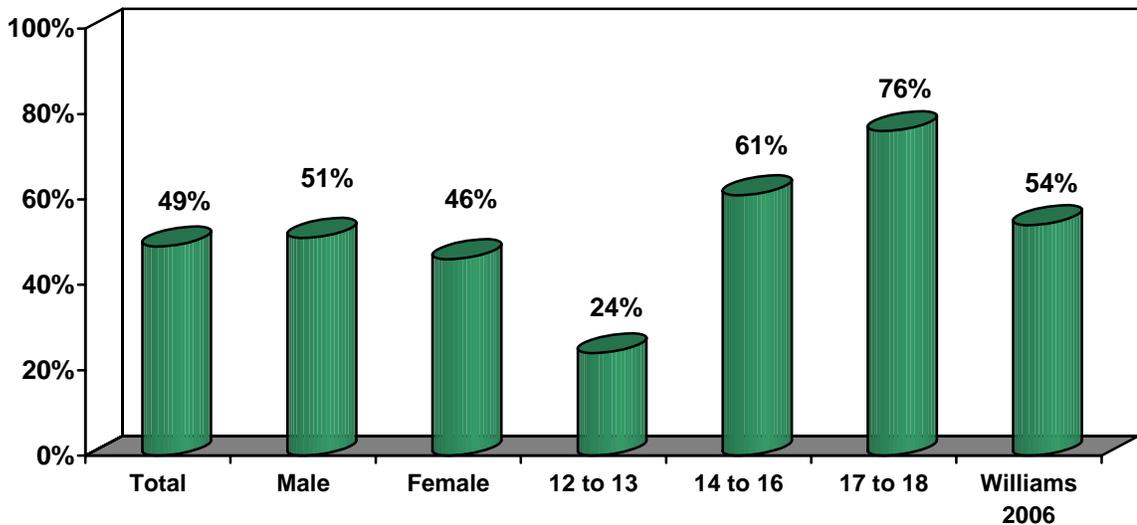
- ◆ In 2009, the health assessment results indicate that almost half (49%) of all Williams County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 76% of 17-18 year olds (2007 YRBS reports 76% for Ohio and 75% for the U.S.).
- ◆ Less than one-fifth (18%) of the youth had at least one drink in the past 30 days, increasing to 26% of 17-18 year olds (2007 YRBS reports 46% for Ohio and 45% for the U.S.)
- ◆ Of those who drank, 51% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 56% of those ages 14-16 years old.
- ◆ Based on all youth surveyed, 9% were defined as binge drinkers (2007 YRBS reports 29% for Ohio and 26% for the U.S.).
- ◆ 6% of Williams County youth who reported drinking in the past 30 days, drank on at least 10 or more days during the month.
- ◆ About two-fifths (41%) of Williams County youth who reported drinking at sometime in their life had their first drink under the age of 12, 36% took their first drink between the ages of 13 and 14, and 21% drank for the first time between the ages of 15 and 18. The average age of onset was 12.4 years old.
- ◆ Williams County youth drinkers reported they got their alcohol from the following: someone gave it to them (61%), a parent gave it to them (17%), took it from a store or family member (3%), and some other way (16%).
- ◆ During the past month 15% of all Williams County youth had ridden in a car driven by someone who had been drinking alcohol (2007 YRBS reports 23% for Ohio and 29% for the U.S.)
- ◆ 2% of all youth drivers had driven a car in the past month after they had been drinking alcohol increasing to 5% of high school youth (2007 YRBS reports 10% for Ohio and 11% for the U.S.)

2006/2009 Youth Comparisons	Williams County 2006 (6 th – 12 th)	Williams County 2009 (6 th – 12 th)	Williams County 2009 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2007 (9 th – 12 th)
Ever tried alcohol	54%	49%	68%	76%	75%
Current drinker	23%	18%	29%	46%	45%
Binge drinker	14%	9%	17%	29%	26%
Rode with someone who was drinking	16%	15%	16%	23%	29%
Drank and drove	4%	2%	5%	10%	11%

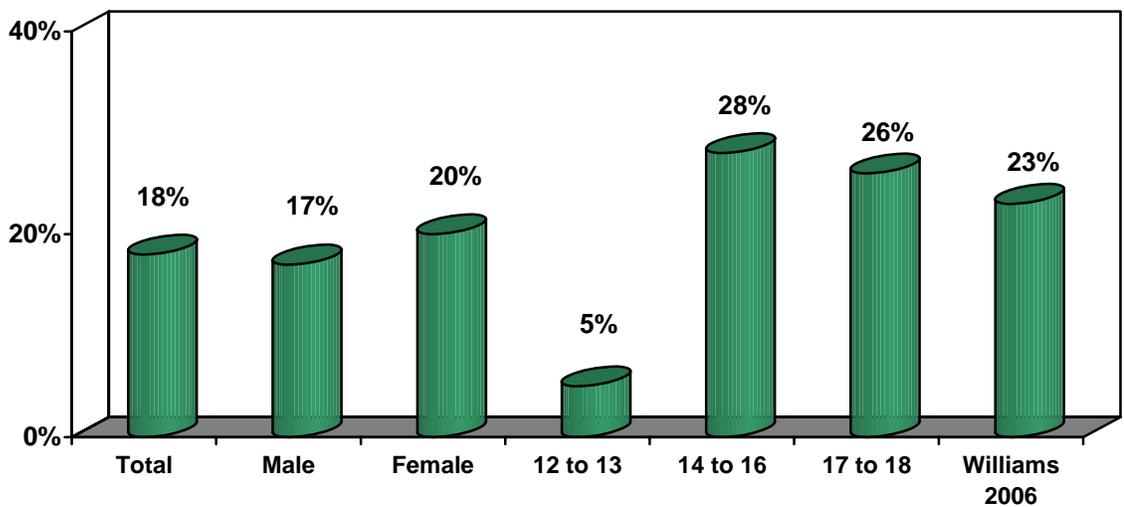
Youth Alcohol Consumption

The following graphs show the percentage of Williams County youth who have drunk in their lifetime and current drinkers (drank in the past month). Examples of how to interpret the information include: 49% of all Williams County youth have drunk at some time in their life, 51% of males, and 46% of females had drank.

Williams County Youth Having At Least One Drink In Their Lifetime



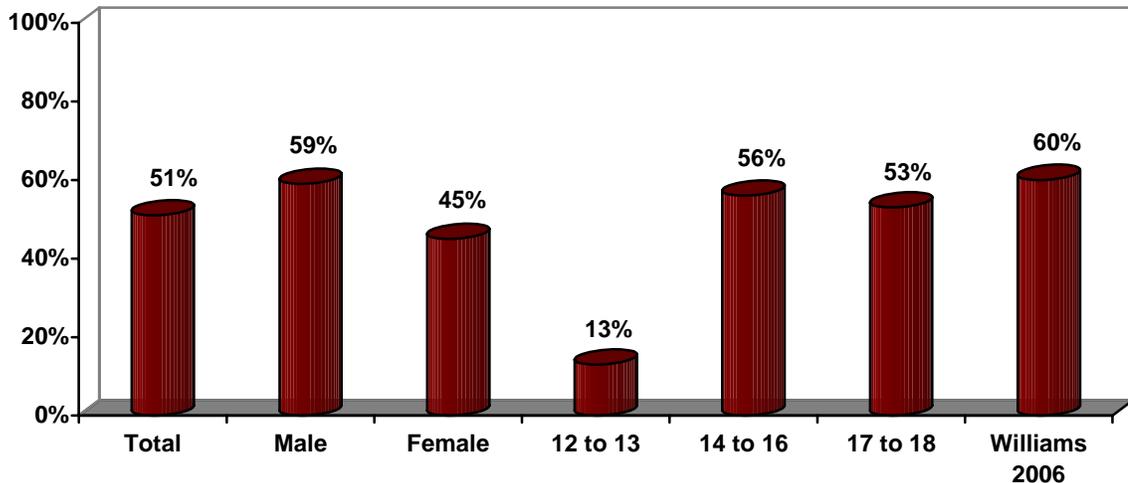
Williams County Youth Current Drinkers



Youth Alcohol Consumption

The following graph shows the percentage of Williams County youth who were binge drinkers. Examples of how to interpret the information include: 51% of current drinkers binge drank in the past month, 59% of males, and 45% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.

Williams County Youth Current Drinkers Binge Drinking in Past Month*



**Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

Behaviors of Williams Youth *Current Drinkers vs. Non-Current Drinkers*

Youth Behaviors	Current Drinker	Non-Current Drinker
Have had sexual intercourse*	53%	15%
Have been in a physical fight in the past 12 months	52%	25%
Have smoked in the past 30 days	30%	4%
Have used marijuana in the past 30 days	16%	1%
Have seriously considered attempting suicide in the past 12 months	15%	5%
Involved in extracurricular activities	92%	89%

Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.

**The sexual health questions were not asked in Hilltop and Stryker middle school grades.*

Youth Marijuana and Other Drug Use

Key Findings

In 2009, 4% of Williams County youth had used marijuana at least once in the past 30 days, increasing to 7% of high school youth. During the past 12 months, 6% of Williams County youth had someone offer, sell, or give them an illegal drug on school property.

Youth Drug Use

- ◆ In 2009, 4% of all Williams County youth had used marijuana at least once in the past 30 days, increasing to 7% of high school youth. The 2007 YRBS found a prevalence of 18% for Ohio youth and 20% of U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ One in twenty (5%) of Williams County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, 6% used inhalants, 1% used cocaine, 1% used methamphetamines, 1% used steroids, and <1% used heroin.
- ◆ During the past 12 months, 6% of all Williams County youth reported that someone had offered, sold, or given them an illegal drug on school property increasing to 8% of high school youth (2007 YRBS reports 27% for Ohio and 22% for the U.S.). 13% of current marijuana users had been offered, sold, or given illegal drugs on school property, as compared to 5% of non-marijuana users.
- ◆ 4% of youth had taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high.
- ◆ 2% of youth had been to a pharm party (skittle party). 81% of youth had never heard of a pharm party.

Ohio Drug and Drug Abuse Facts

- ❖ Marijuana is the most abused drug in Ohio.
- ❖ The number of treatment center admissions for 2006 for cocaine in Ohio was 11,600 as reported by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).
- ❖ According to ODADAS, youth abusers of OxyContin have begun abusing heroin since they can no longer obtain or afford OxyContin.
- ❖ In regards to prescription drugs, benzodiazepines (such as Valium or Xanax) and alprazolam were reported as the most commonly abused and diverted prescriptions in Ohio.

(Source: U.S. Department of Justice : DEA Briefs & Background, Drugs and Drug Abuse)

2006/2009 Youth Comparisons	Williams County 2006 (6 th - 12 th)	Williams County 2009 (6 th - 12 th)	Williams County 2009 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2007 (9 th - 12 th)
Marijuana in past 30 days	3%	4%	7%	18%	20%
Youth who reported that someone offered, sold, or gave them an illegal drug on school property	6%	6%	8%	27%	22%
Lifetime cocaine use	2%	1%	1%	8%	7%
Lifetime inhalant use	8%	6%	9%	12%*	13%
Lifetime heroin use	1%	<1%	<1%	4%	2%
Lifetime methamphetamine use	1%	1%	1%	6%	4%
Lifetime steroid drug use	1%	1%	<1%	5%	4%
Lifetime injectable drug use	1%	<1%	<1%	3%	2%
Lifetime medication misuse	5%	5%	6%	N/A	N/A

*2005 YRBS Data

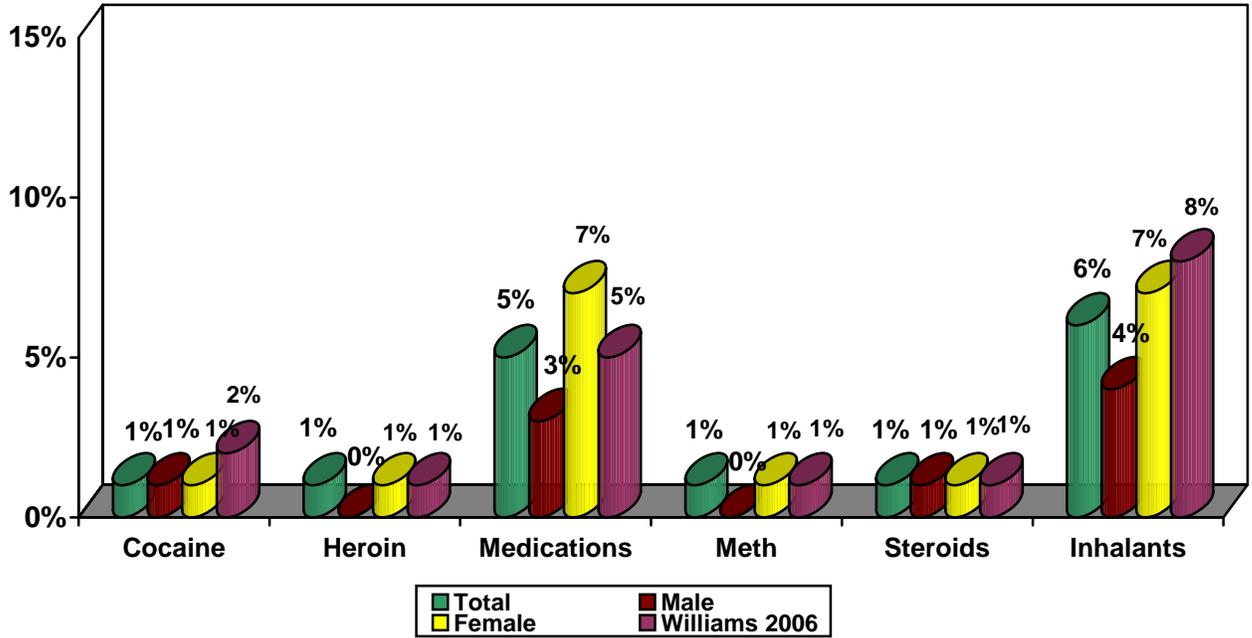
2007 National Survey on Drug Use and Health (NSDUH)

- ❖ Rates of current use remained stable from 2006 to 2007 among youths aged 12 to 17 for all drugs except use of heroin, which decreased.
- ❖ From 2002 to 2007, rates of current use among youths aged 12 to 17 declined significantly for illicit drugs overall and for several specific drugs, including marijuana, cocaine, hallucinogens, LSD, Ecstasy, prescription-type drugs used non-medically, pain relievers, stimulants, and methamphetamine.
- ❖ The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 6.7 percent in 2007.

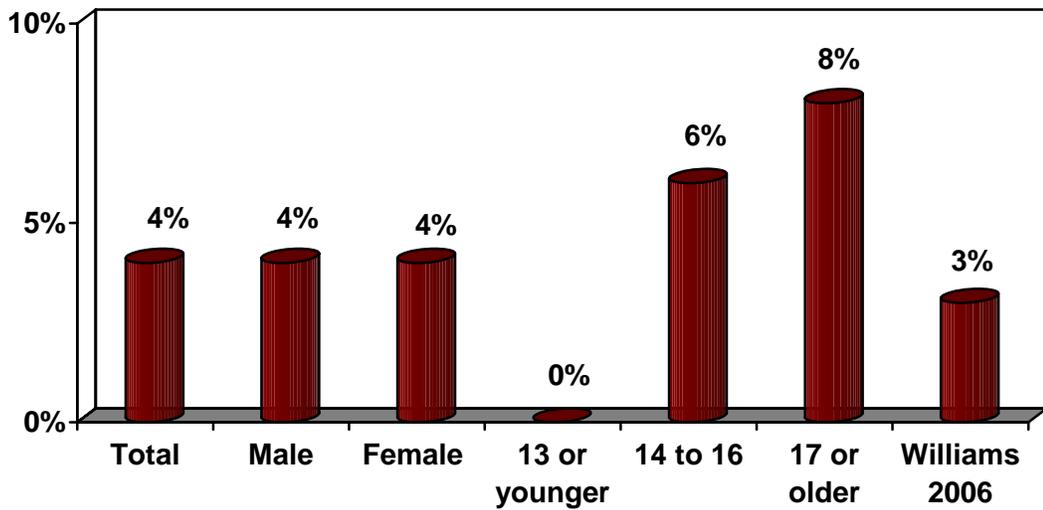
(Source: Department of Health and Human Services, SAMHSA, NSDUH, 2007)

Youth Marijuana and Other Drug Use

Williams County Youth Lifetime Drug Use

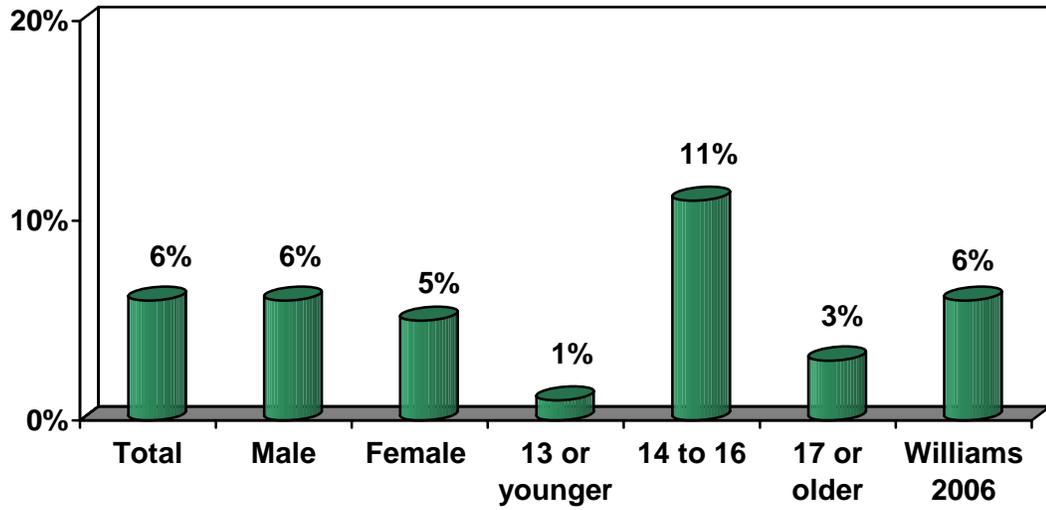


Williams County Youth Marijuana Use in Past Month



Youth Marijuana and Other Drug Use

Williams County Youth Offered, Sold, or Given Illegal Drugs by Someone on School Property in Past 12 Months



Youth Sexual Behavior and Teen Pregnancy Outcomes

Key Findings

Hilltop Middle School and Stryker Middle School did not participate in the sexual health section of the survey.

In 2009, under one-quarter (22%) of Williams County youth have had sexual intercourse, increasing to 49% of those ages 17 and over. Of those who were sexually active, 54% had one sexual partner. According to the Centers for Disease Control and Prevention (CDC), early sexual activity is associated with unwanted pregnancy, sexually transmitted diseases (STDs), and negative effects on social and psychological development. In addition, activities that may contribute to early sexual activity include alcohol and drug abuse. (Source: CDC, Youth Risk Behavior Surveillance System (YRBSS) Question Rationale, Sexual Behaviors, 2007)

Youth Sexual Behavior

- ◆ Hilltop Middle School and Stryker Middle School did not participate in the sexual health section of the survey.
- ◆ Just under one-quarter (22%) of Williams County youth have had sexual intercourse, increasing to 49% of those ages 17 and over. The 2007 YRBS shows that 45% of Ohio youth and 48% of U.S. youth have had sexual intercourse.
- ◆ 19% of youth had participated in oral sex, increasing to 46% of those 17 years of age and older.
- ◆ 5% of youth had participated in anal sex, increasing to 11% of those 17 years if age and older.
- ◆ 11% of youth had participated in sexting, increasing to 15% of those 14-16 years old and those 17 and older.
- ◆ 64% of youth were planning to stay abstinent until marriage, increasing to 82% of those under the age of 13 and 70% of females. 46% of those ages 17 and over were planning to stay abstinent until marriage.
- ◆ Of those youth who were sexually active in their lifetime, 54% had one sexual partner and 46% had multiple partners. 4% of all Williams County youth had 4 or more partners (2007 YRBS reports 14% for Ohio and 15% for the U.S.).
- ◆ Of those youth who were sexually active, 26% had done so by the age of 13. Another 44% had done so by 15 years of age. The average age of onset was 14.6 years old.
- ◆ Of all youth, 6% were sexually active by the age of 13 (2007 YRBS reports 6% for Ohio and 7% for the U.S.).
- ◆ 12% of sexually active youth used alcohol or drugs before they had sexual intercourse the last time.
- ◆ 91% of youth were taught about sexual practices, sexually transmitted diseases, HIV or AIDS infection, or the use of condoms. They were taught about these issues at the following: school (86%), home (38%), their doctor (16%), family planning clinic (2%), and somewhere else (8%). (Totals are greater than 100% because more than one answer could be chosen)
- ◆ About three-fourths (76%) of youth who were sexually active used condoms to prevent pregnancy, 28% used birth control pills, 2% used Depo-Provera, and 19% used the withdrawal method. However, 3% were engaging in intercourse without a reliable method of protection. (Totals are greater than 100% because more than one answer could be chosen)

Facts on American Teens' Sexual and Reproductive Health

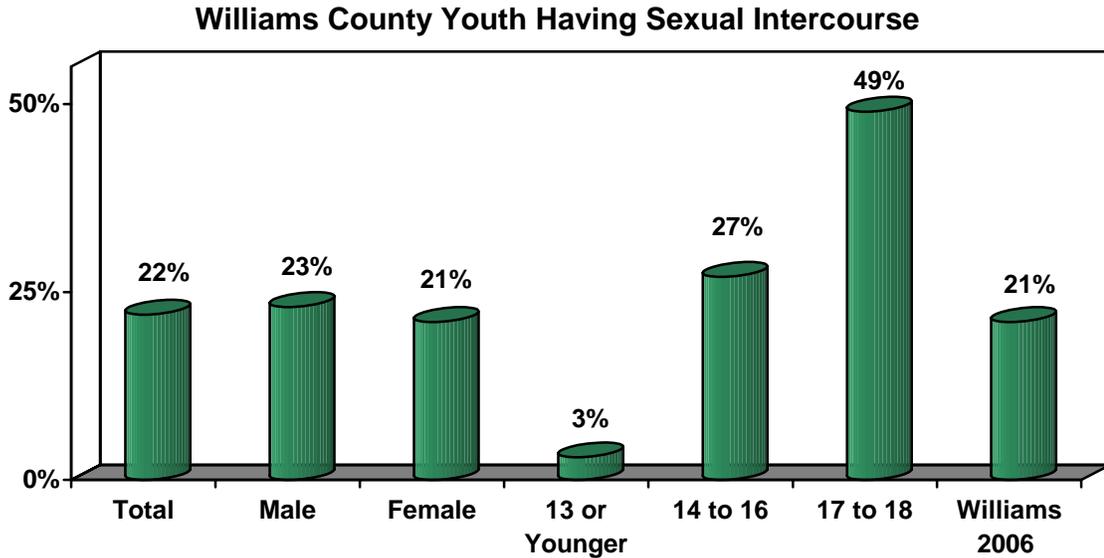
- ❖ Almost half (46%) of all 15-19 year olds in the U.S. have had sex at least once.
- ❖ By age 15, 13% of teens have had sex, increasing to 70% by age 19.
- ❖ About 25% of sexually active teens acquire an STD.
- ❖ A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year.
- ❖ Eleven percent of all U.S. births are to teens.
- ❖ The majority of decline in teen pregnancy rates is due to more consistent contraceptive use; the rest is due to higher proportions of teens choosing to delay sexual activity.

(Source: The Alan Guttmacher Institute, Facts on American Teens' Sexual and Reproductive Health)

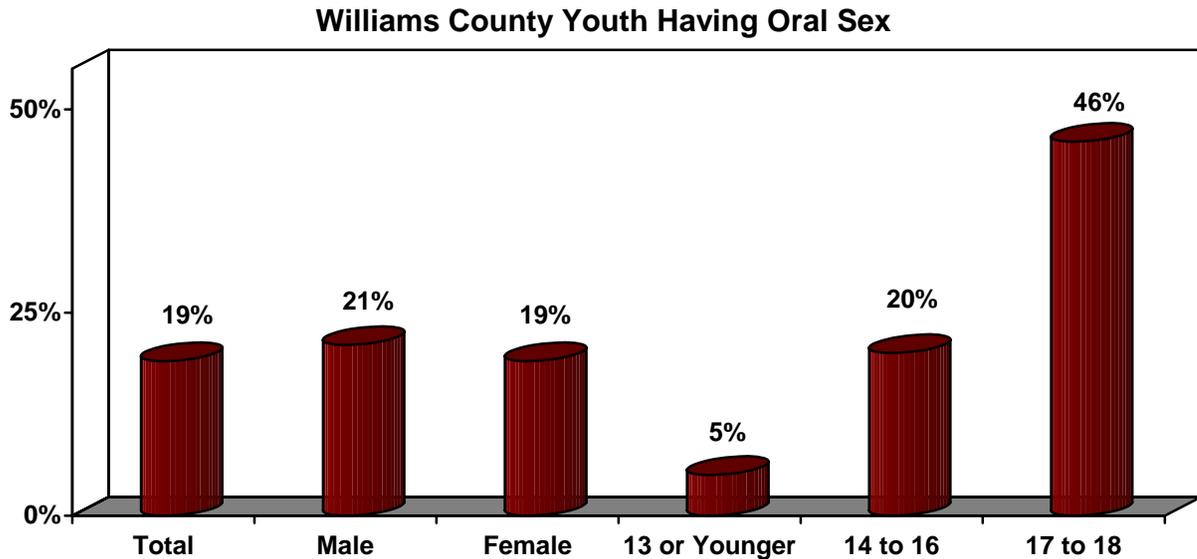
2006/2009 Youth Comparisons	Williams County 2006 (6 th – 12 th)	Williams County 2009 (6 th – 12 th)	Williams County 2009 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2007 (9 th – 12 th)
Ever had sexual intercourse	21%	22%	35%	45%	48%
Used a condom at last intercourse	62%	76%	80%	60%	62%
Used birth control pills at last intercourse	20%	28%	29%	17%	16%
Had multiple sexual partners	49%	46%	44%	N/A	N/A

Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graphs show the percentage of Williams County youth who participated in sexual intercourse, oral sex, and anal sex. Examples of how to interpret the information include: 22% of all Williams County youth had sexual intercourse, 23% of males, and 21% of females had sex.



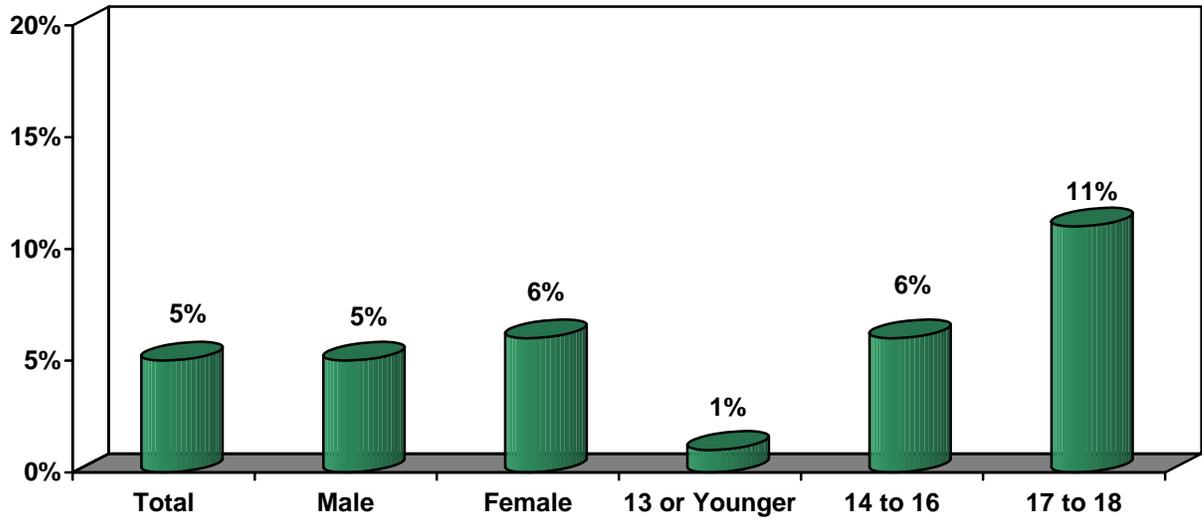
**The sexual health questions were not asked in Hilltop and Stryker middle school grades.*



**The sexual health questions were not asked in Hilltop and Stryker middle school grades.*

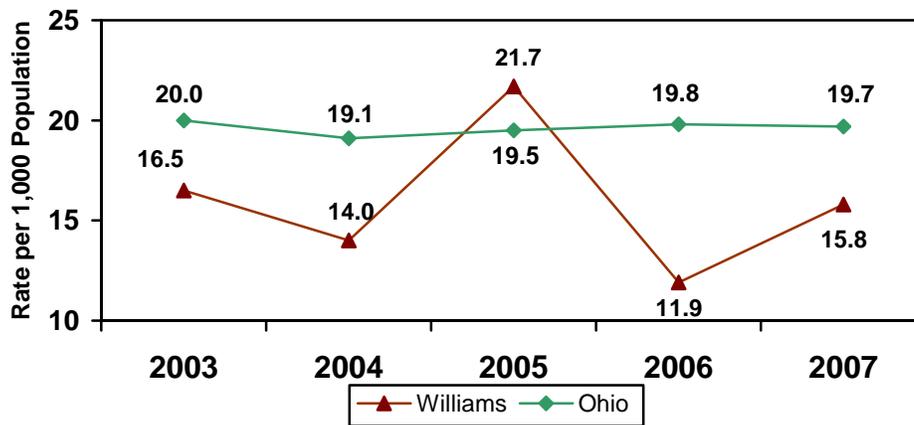
Youth Sexual Behavior and Teen Pregnancy Outcomes

Williams County Youth Having Anal Sex



**The sexual health questions were not asked in Hilltop and Stryker middle school grades.*

Teen Birth Rates for Williams County and Ohio*



**Teen birth rates include women ages 15-17
(Source: Ohio Department of Health Information Warehouse Updated 1-14-09)*

Mental Health and Suicide

Key Findings

In 2009, the health assessment results indicated that 7% of Williams County youth had seriously contemplated suicide in the past year and 3% admitted actually attempting suicide in the past year.

Youth Mental Health

- ◆ In 2009, 7% of Williams County youth reported seriously considering attempting suicide in the past twelve months compared to the 2007 YRBS rates of 15% for the U.S. and 13% for Ohio youth.
- ◆ In the past year, 3% of Williams County youth had attempted suicide and 1% had made more than one attempt. The 2007 YRBS reported a suicide attempt prevalence rate of 11% for the U.S. and 10% for Ohio youth. Of those who attempted suicide, 27% of them resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- ◆ Almost one-fifth (16%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2007 YRBS reported 25% for Ohio and 29% for the U.S.).
- ◆ Of those youth who felt depressed or suicidal, 34% were very likely to seek help, 25% were somewhat likely, and 27% were very unlikely to seek help. 56% of youth report never feeling depressed or suicidal.
- ◆ On a typical day, Williams County youth rated their stress level as the following: very low or low (50%), moderate (37%), high or very high (13%).
- ◆ Williams County youth do the following to deal with anxiety, stress, or depression: talk to someone (48%), hobbies (39%), sleep (35%), exercise (30%), eat (21%), journal (7%), smoke (5%), drink alcohol (4%), use medication (4%), and use illegal drugs (2%).

Mental Health and Suicide Facts

- ◆ Suicide is the 3rd leading cause of death among 15-24 year olds.
- ◆ Firearms were used most often in suicides among males, while poisoning was the most common method for females.
- ◆ 7.2% of Ohio high school youth actually attempted suicide in the past 12 months (9.4% of all females and 4.9% of all males). 2.3% of Ohio high school youth indicated that their suicide attempt required medical attention by a doctor or nurse in the past 12 months.

(Sources: CDC, NCIPC, *Suicide*, 2008; CDC, *National Center for Chronic Disease Prevention and Health Promotion, YRBS, Unintentional Injuries and Violence*, 5/20/2008)

2006/2009 Youth Comparisons	Williams 2006 (6 th -12 th)	Williams 2009 (6 th -12 th)	Williams 2009 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2007 (9 th -12 th)
Youth who had seriously considered suicide	10%	7%	8%	13%	15%
Youth who had attempted suicide	5%	3%	4%	10%	11%

Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

- ◆ Depression
- ◆ Alcohol abuse
- ◆ Aggressive or disruptive behaviors

In 2005, the *American Psychiatric Association* advises one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

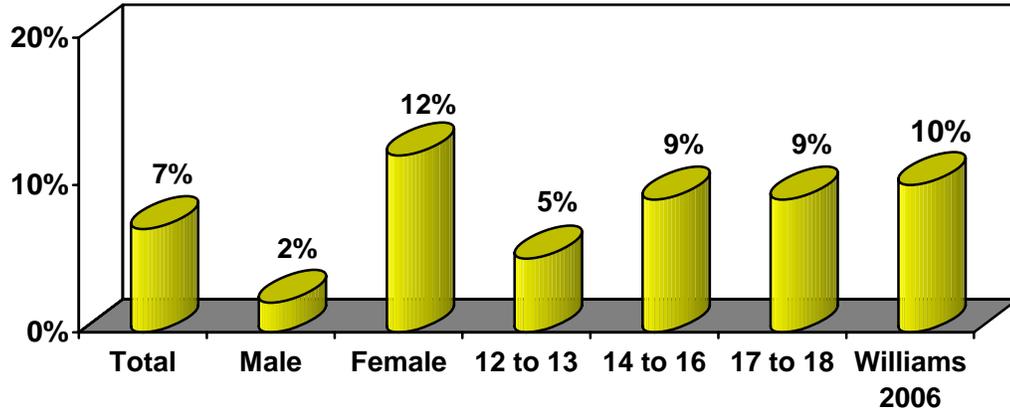
- ◆ Depressed mood
- ◆ Substance abuse
- ◆ Difficulties in dealing with sexual orientation
- ◆ Family loss or instability; significant problems with parents
- ◆ Unplanned pregnancy
- ◆ Frequent episodes of running away or being incarcerated
- ◆ Withdrawal from family and friends
- ◆ Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- ◆ Loss of interest in or enjoyment in activities that were once pleasurable
- ◆ Impulsive, aggressive behavior, frequent expressions of rage

(Source: CDC, *National Depression and Manic Depression Association*)

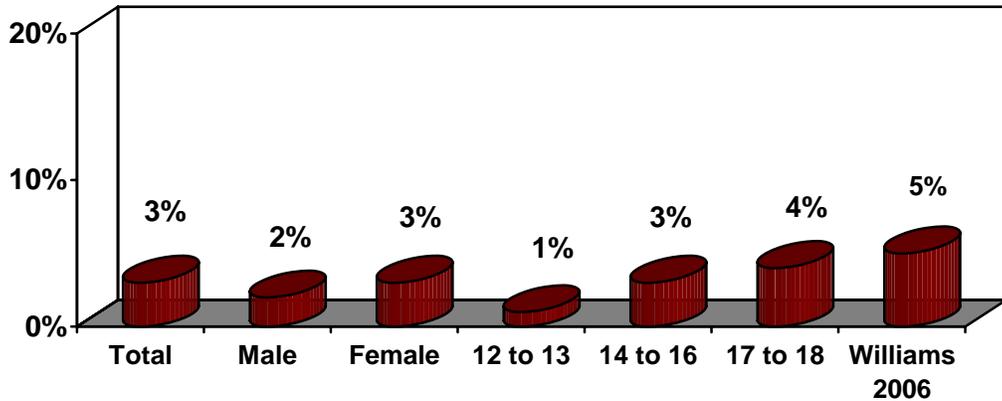
Mental Health and Suicide

The following graphs show the percentage of Williams County youth who contemplated and/or attempted suicide in the past 12 months (i.e., the first graph shows that 7% of all youth had contemplated suicide, 2% of males and 12% of females).

Williams County Youth Contemplated Suicide in Past 12 Months



Williams County Youth Who Attempted Suicide in Past 12 Months



Mental Health and Suicide

Suicide Risk Factors

A risk factor is anything that increases the likelihood that persons will harm themselves including:

- ❖ Previous suicide attempt(s)
- ❖ History of alcohol and substance abuse
- ❖ Family history of child maltreatment
- ❖ Impulsive or aggressive tendencies
- ❖ Feeling socially isolated
- ❖ Barriers to accessing mental health treatment
- ❖ Loss (relational, social, work, or financial)
- ❖ Has easy access to lethal suicide methods (for instance, firearms)
- ❖ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- ❖ Cultural and religious beliefs (i.e., the belief that suicide is not a resolution of a personal dilemma)
- ❖ Local epidemics of suicide
- ❖ History of mental disorders, particularly depression
- ❖ Family history of suicide
- ❖ Feelings of hopelessness
- ❖ Physical illness

(Source: CDC, National Center for Injury Prevention and Control, Suicide Fact Sheet)

Suicide Protective Factors

Protective factors defend people from the risks associated with suicide and include:

- ❖ Effective clinical care for mental, physical, and substance abuse disorders
- ❖ Easy access to a variety of clinical interventions and support for those seeking help
- ❖ Family and community support
- ❖ Support from ongoing medical and mental health care relationships
- ❖ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts

(Source: CDC, National Center for Injury Prevention and Control, Suicide Fact Sheet)

Warning Signs of Suicide

Recognizing Warning Signs of Suicide in Others

- ❖ Feelings of despair or hopelessness
- ❖ Drug or alcohol abuse
- ❖ Shows signs of improvement, but in reality, relief comes from having made the decision to commit suicide
- ❖ Taking care of business-preparing for the family's welfare
- ❖ Rehearsing suicide or seriously discussing specific suicide methods

(Source: CDC, National Depression and Manic Depression Association)

For additional resources please see:

U.S. Public Health Service, *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC: 1999.

U.S. Department of Health and Human Services, *National Strategy for Suicide Prevention*. Washington, DC: 2001.

Youth Safety

Key Findings

In 2009, about one-quarter (26%) of youth drivers texted while driving. 63% of Williams County youth had been to the doctor for a routine check-up in the past year.

Personal Safety

- ◆ In the past 30 days, 15% of youth had ridden in a car driven by someone who had been drinking alcohol and 2% had driven a car themselves after drinking alcohol, increasing to 6% of 17-18 year olds.
- ◆ Williams County youth talked to the following when they were dealing with personal problems, depression, anxiety or stress: best friend (61%), parents (50%), girlfriend/boyfriend (21%), brother/sister (22%), no one (14%), youth leader (8%), teacher/school staff (6%), pastor/priest (4%), scout master (1%) and other (10%).
- ◆ Williams County youth never wore a helmet when they used the following in the past year: inline skating (91%), a bicycle (82%), moped/scooter (67%), or ATV (48%).
- ◆ 6% of youth had played the choking game. 45% of youth had never heard of the choking game.
- ◆ 26% of youth drivers texted while driving in the past month, increasing to 63% of those ages 17 years and older.

Williams County Youth Leading Causes of Death 2005-2007

Total Deaths: 20

- ◆ Accidents (Unintentional injuries)
- ◆ Influenza and Pneumonia
- ◆ Diabetes

(Source: ODH Information Warehouse, updated 3-15-09)

General Health

- ◆ Almost two-thirds (63%) of youth had been to a doctor for a routine check-up in the past year.
- ◆ In the past year, 72% of Williams County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 12% reported more than one year but less than 2 years, and 4% responded more than 2 years ago.

2006/2009 Youth Comparisons	Williams County 2006 (6 th – 12 th)	Williams County 2009 (6 th – 12 th)	Williams County 2009 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2007 (9 th – 12 th)
Rode in a vehicle in the past 30 days driven by someone who had been drinking	16%	15%	16%	23%	29%
Drove a vehicle in the past 30 days after drinking	4%	2%	5%	10%	11%
Played the choking game	11%	6%	9%	N/A	N/A

Youth Violence Issues

Key Findings

In Williams County, 20% of the youth had carried a weapon in the past month. 3% of youth had been threatened or injured by a weapon on school property. 22% of youth had purposefully hurt themselves by cutting, scratching, hitting, biting, or burning.

Violence-Related Behaviors

- ◆ In 2009, 20% of Williams County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 34% of males. (2007 YRBS reported 17% for Ohio and 18% for the U.S.)
- ◆ 2% of youth carried a weapon on school property.
- ◆ 3% of youth were threatened or injured with a weapon on school property.
- ◆ 1% 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 (2007 YRBS reported 4% for Ohio and 6% for the U.S.).
- ◆ 22% of youth purposefully hurt themselves. They did so by doing the following: cutting (11%), scratching (11%), hitting (10%), biting (6%), and burning (4%).
- ◆ Of those who cut themselves, 35% had considered attempting suicide compared to 3% of those who did not cut themselves and 16% had attempted suicide compared to <1% of those who did not cut themselves.
- ◆ 50% of youth had been bullied in the past year. The following types of bullying were reported:
 - 36% were verbally bullied (teased, taunted or called you harmful names)
 - 26% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 15% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 8% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ In the past year, 30% of youth had been involved in a physical fight; 16% on more than one occasion. The 2007 YRBS reports 30% of Ohio youth had been in a physical fight and 36% of U.S. youth.
- ◆ 9% of youth reported they had been in a physical fight on school property.
- ◆ Over half (53%) of youth reported that firearms were kept in or around their home.
- ◆ Williams County youth were hit, slapped, or physically hurt on purpose by the following: a teen/student (18%), a parent or caregiver (5%), a boyfriend or girlfriend (3%), or another adult (1%).
- ◆ 4% of youth were physically forced to have sexual intercourse when they did not want to, compared to 10% of Ohio youth and 8% of U.S. youth. (*Source: 2007 YRBS*)
- ◆ 10% of youth were touched in an unsafe sexual way, increasing to 15% of females.

Facts Concerning Youth Violence

- ❖ Youth violence is defined by the CDC as “harmful behaviors that can start early and continue into young adulthood.”
- ❖ In 2005, 5,686 youth ages 10-24 were murdered, averaging 16 per day.
- ❖ Emergency rooms treated in excess of 720,000 youth ages 10-24 for violence-related injuries in 2006.
- ❖ Approximately 30% of kids (6th to 10th grade) reported being involved in bullying.
- ❖ Youth violence costs society over \$158 billion each year, according to the CDC.

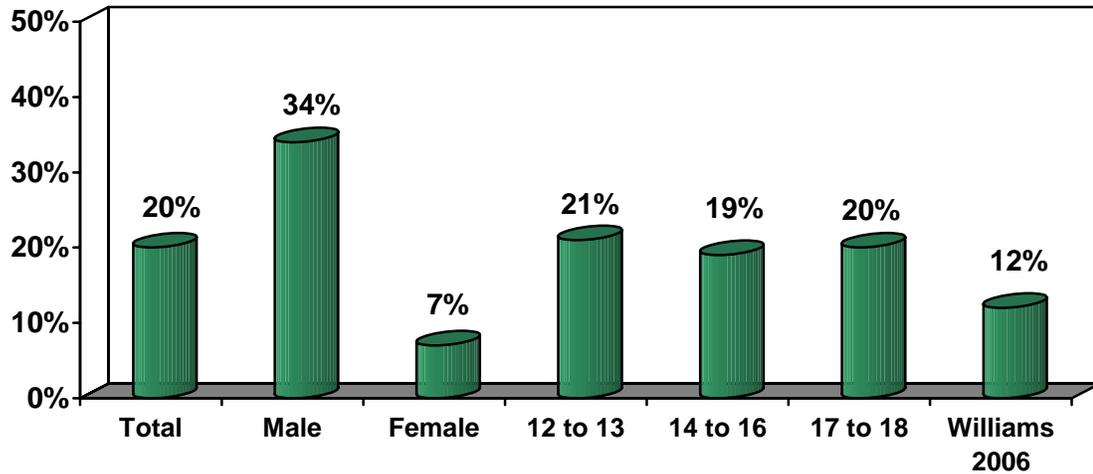
(Source: CDC, Understanding Youth Violence Fact Sheet, 2008)

2006/2009 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2009 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2007 (9 th -12 th)
Carried a weapon in past month	12%	20%	19%	17%	18%
Been in a physical fight in past year	34%	30%	29%	30%	36%
Did not go to school because felt unsafe	2%	1%	1%	4%	6%
Had been bullied in the past year	49%	50%	48%	N/A	N/A
Had been forced to have sexual intercourse	5%	4%	6%	10%	8%
Touched in an unsafe sexual way	9%	10%	15%	N/A	N/A

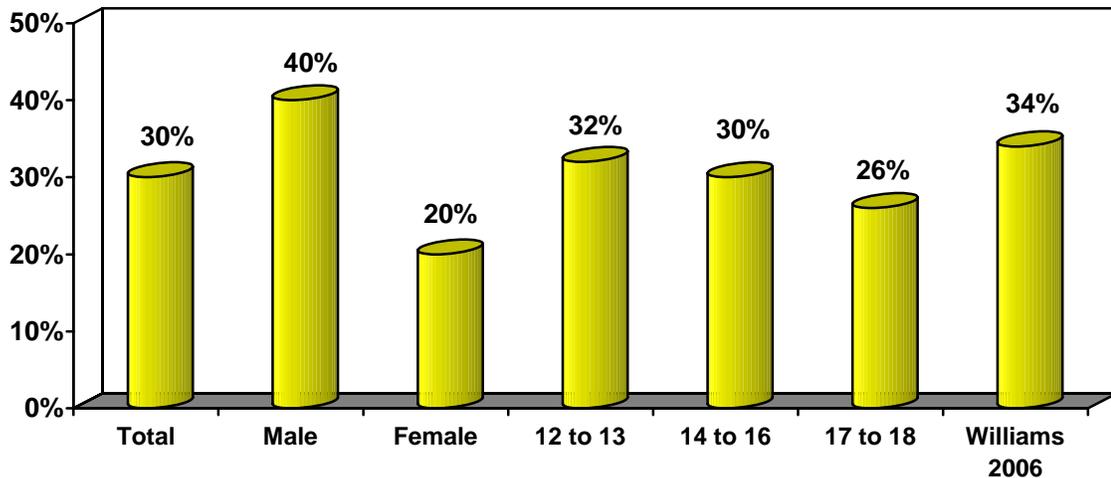
Youth Violence Issues

The following graphs show Williams County youth carrying a weapon in the past 30 days and those involved in a physical fight in the past year. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 20% of all youth carried a weapon in the past 30 days, 24% of males and 7% of females).

Williams County Youth Carrying a Weapon during the Past 30 Days



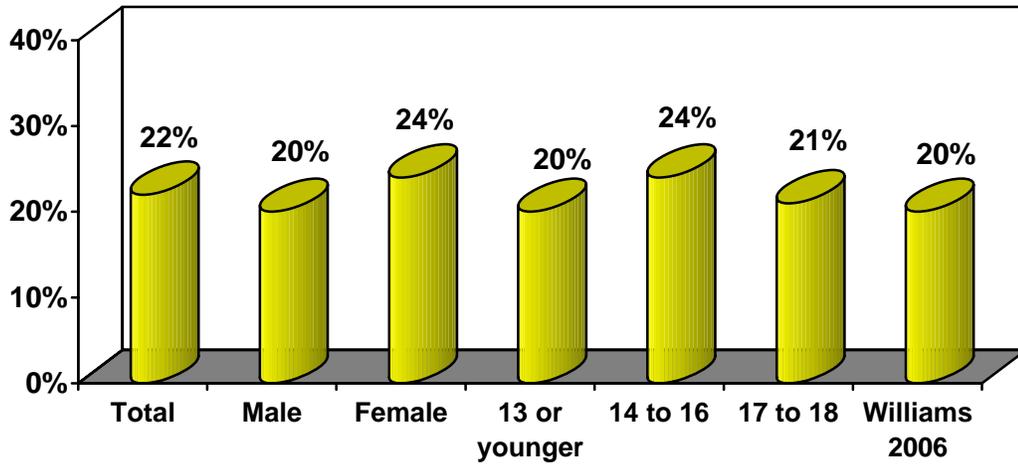
Williams County Youth Involved in a Physical Fight in the Past Year



Youth Violence Issues

The following graph shows Williams County youth who purposefully hurt themselves at some time in their life. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 22% of all youth hurt themselves at some time in their life, 20% of males and 24% of females). The table shows those who were bullied.

Williams County Youth Who Purposefully Hurt Themselves During Their Life



Types of Bullying Williams County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older	Williams 2006
Physically Bullied	15%	21%	10%	20%	15%	7%	10%
Verbally Bullied	36%	31%	40%	41%	31%	38%	31%
Indirectly Bullied	26%	15%	37%	23%	30%	24%	23%
Cyber Bullied	8%	5%	12%	7%	10%	10%	4%

Information Sources

Source	Data Used	Website
American Psychiatric Association Let's Talk Facts About Teen Suicide	◆ Teen suicide statistics	www.psych.org/public_info/teen.cfm
Centers for Disease Control and Prevention, Youth Violence & Suicide Prevention	◆ Understanding youth violence fact sheet	http://www.cdc.gov/ncipc/dvp/dvp.htm
Centers for Disease Control and Prevention, The Obesity Epidemic and United States Students	◆ Obesity	www.cdc.gov/healthyouth/yrbs/pdf/yrbs07_us_obesity.pdf
Facts in Brief, The Alan Guttmacher Institute	◆ Teen sex and its risks	N/A
National Center for Chronic Disease Prevention and Health Promotion, CDC	◆ Nutrition and physical activity ◆ Alcohol and public health	www.cdc.gov
National Center for Injury Prevention & Control, Suicide Facts at a Glance Sheet, CDC	◆ Suicide statistics	http://www.cdc.gov/ncipc/dvp/suicide/SuicideDataSheet.pdf
National Mental Health Information Center, National Strategy for Suicide Prevention Goals & Objectives for Action	◆ Suicide prevention goals and objectives	N/A
National Survey on Drug Use and Health, SAMHSA, DHHS, 2007	◆ Prescription Drug Abuse Facts	https://nsduhweb.rti.org/
Ohio Department of Health, Information Warehouse	◆ Leading Causes of Death ◆ Teen birth rates	www.odh.state.oh.us
Ohio Youth Tobacco Survey, 2008	◆ Youth tobacco statistics	http://www.odh.ohio.gov/odhPrograms/hpr/tob_risk/tob_surv1.aspx
U.S. Public Health Service, <i>The Surgeon General's Call To Action To Prevent Suicide</i> . Washington, DC: 1999	◆ Suicide as a public health problem	N/A
U.S. Public Health Service, <i>The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity</i> . Washington, DC: 2001	◆ Obese Adolescent statistics	N/A
U.S. Census Bureau, United States Department of Commerce	◆ Ohio and Williams County 2000 Census demographic information	www.census.gov
U.S. Department of Justice: DEA Briefs & Background, Drugs and Drug Abuse	◆ Ohio drug and drug abuse facts	http://www.usdoj.gov/dea/index.htm
Youth Risk Behavior Surveillance System, U.S. Department of Health and Human Services, Public Health Service, CDC	◆ Youth prevalence rates for Ohio, U.S.	www.cdc.gov

List of Acronyms and Terms

Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Binge drinking	Consumption of five alcoholic beverages or more on one occasion.
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
CDC	Centers for Disease Control and Prevention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCF	Healthy Communities Foundation of the Hospital Council of Northwest Ohio.
HP 2010	Healthy People 2010, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
N/A	Data not available.
ODH	Ohio Department of Health
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. Overweight is defined as BMI-for-age 85^{th} percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC