

Prepared by The Delaware General Health District in collaboration with the Delaware County Family & Children First Council





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Publication date: February, 2016

This document can be accessed at:
www.gohealthydelaware.org



EXECUTIVE SUMMARY

The Delaware County Family Children First Council (FCFC) in collaboration with the Delaware General Health District (DGHD) is excited to release the 2014 Delaware County Youth Health Assessment Report. This report will accompany the 2014-2018 Delaware County Community Health Improvement Plan (CHIP) which was released in January 2014 by the Partnership for a Healthy Delaware County (the Partnership). This youth report will work in conjunction with the CHIP to improve the health and safety of all Delaware County residents as identified by health priorities in both the youth and adult populations through 2018.

In 2013, the Partnership analyzed community health data from four separate health assessments conducted through the Mobilizing for Action through Planning and Partnerships (MAPP) planning process. Upon this review, it was determined that the Partnership did not have adequate local health data from youth to further gauge the health needs of this population. This key piece of data for youth is the local Youth Risk Behavior Survey (YRBS) administered by the Delaware/Morrow Mental Health Recovery Services Board (DMMHRSB), also a member of the Partnership. Because the data analysis of this survey was not available, the Partnership voted to conduct a separate youth health assessment until more specific local youth data become available.

To assist in conducting a separate youth health assessment, the DGHD with support from the Partnership, approached the Delaware County FCFC in 2014 to request their participation as the guiding community coalition for this rapid youth health assessment which would eventually support the larger CHIP. The Delaware County FCFC was a natural partner for this project as they are a partnership of public and private non-profit and for-profit child and family serving agencies and organizations committed to improving the well-being of children and families in Delaware County. Through their vision, *a place where families and children thrive and are empowered to maximize their potential*, this group promotes various child centered prevention and intervention services. In September 2014, the Delaware County FCFC voted to have a steering committee of members from the Early Childhood Subcommittee to be the guiding force for the Youth Health Assessment (Appendix A). The steering committee commenced their work in October 2014 to plan, implement and assess youth health across Delaware County.

This Youth Health Assessment Report is a product of multiple youth health assessments completed by both the DGHD and the DMMHRSB in 2014-2015. Upon data analysis in the fall of 2015, the steering committee identified five youth health priorities which are addressed in this report:

- Environmental Health
- Family Support
- Mental Health
- Overweight & Obesity
- Substance Use

In September 2015, the Delaware County FCFC adopted these five priorities for Delaware County youth and action planning commenced in November 2015 to identify evidence-based strategies and create specific measurable goals and objectives to improve youth health. It is the intent to publish these action steps with community stakeholders in 2016, with a full adoption of the youth improvement plan integrated into the existing CHIP by March 2016.



METHODOLOGY & DATA ANALYSIS

The DGHD completed four separate health assessments specific to youth for the creation of the 2014 Delaware County Youth Health Assessment. Additional information for each of these assessments can be found at www.gohealthydelaware.org. Methodology and data analysis for each of these four assessments are outlined below.

- Parent Surveys
- Key Informant Surveys
- Height & Weight Data Collection
- Youth Photovoice Project

PARENT SURVEYS

Methodology

In October 2014, the Youth Health Assessment Steering Committee convened to determine what information to gather about parent behaviors in Delaware County. Over the course of four months, the committee chose what data to assess, which populations to assess, and how to distribute the surveys. After reviewing several validated surveys, the committee chose to administer a broad based survey that included data collection on topics such as breast feeding, immunization, nutrition, physical activity, mental health, developmental disabilities, parent support, financial wellness, and academic achievement. The committee chose to categorize the surveys by age group of child, creating four different surveys: birth to Pre-kindergarten, Kindergarten to fifth grade, sixth through eighth grade, and ninth through twelfth grade. The survey was released to the public and was sent via email to all members of the Delaware County FCFC, the four local school districts, and members of coalitions coordinated by the DGHD. The web address for the surveys was provided in a press release and hard copies were available upon request. Parents were instructed on the first page of the survey to only complete one survey per age group regardless of the number of children in that age group per household. Data collection lasted for six months.

A total of 503 parent surveys were collected:

- 92 for birth to Pre-kindergarten
- 201 for Kindergarten to fifth grade
- 135 for sixth to eighth grade
- 75 for ninth to twelfth grade

This fell short of the original goal of 200 per age group, but the committee felt that all reasonable distribution channels had been attempted and made the decision to end the survey and move forward with analysis.

Data Analysis

The surveys were analyzed using the online survey tool Survey Monkey. The survey was primarily multiple choice, with some open-ended response and Likert scale questions included. Basic analysis included percentage of parents indicating each response. To analyze the open-ended response, a search

term function was used to count the number of times identified words were used to gauge their prevalence in the results.

In August and September 2015, the Steering Committee met to analyze the results of the Parent Surveys. The August meeting identified preliminary priorities. Because the committee felt more data needed to be collected to solidify the choices, a second meeting was held to review additional data available from secondary sources. Among the data that was collected in the parent surveys, the group identified some key issues that were determined to be more of a priority in Delaware County. These issues included bullying, specifically whether the child had been bullied, harassed, or abused (Table 1). The results showed that among parents of Kindergarten through fifth grade students, 16.4% (n=31) of respondents indicated that their child had been bullied, harassed, or abused. Among parents of sixth through eighth grade students, 24.4% (n=133) responded the same.

Table 1:

During the past 6 months, has your child ever been harassed, bullied, or abused?

<i>Age Group</i>	<i>Yes</i>	<i>Don't Know</i>
Birth–Pre-K	3.6%	1.2%
K-5th	16.4%	13.2%
6th - 8th	24.4%	12.6%
9th - 12th	10.3%	13.5%

The group also identified diagnosed respiratory issues as a point of concern. When considering the entirety of the data as a whole, the group chose to group respiratory issues, asthma, and allergies with environmental health, citing the effect that air quality has on health (Table 2). The results of the survey showed that 24.1% (n=42) of parents of Kindergarten through fifth grade students and 36.4% (n=43) of parents of sixth through eighth grade students reported that their child had been diagnosed by a health care provider with allergies or hay fever. In addition, 31.2% (n=19) of parents of ninth through twelfth grade students reported an allergy diagnosis and 17% (n=20) of parents of sixth through eighth graders reported their child having an asthma diagnosis.

Table 2:

Has your child ever been diagnosed with the following?

<i>Age Group</i>	<i>Allergies or hay fever</i>	<i>Asthma</i>	<i>Respiratory Problems</i>
Birth-Pre-K	15.4%	24.1%	36.4%
K-5th	6.4%	7.5%	17%
6th - 8th	6.4%	0.6%	2.5%
9th - 12th	31.2%	11.5%	3.3%

The surveys included a question about possible exposure to Adverse Childhood Experiences (ACE). The most frequently reported ACE was exposure to excessive alcohol use (Table 3). The question did not define excessive or exposure, leaving the answers subjective. The results stated that 18.8% (n=13) of parents of ninth through twelfth grade students reported that it was somewhat likely that their child had been exposed to excessive alcohol use and 8.7% (n=6) of that group reported that the exposure was very likely.

Table 3:

How likely is it that your child has been exposed to Excessive Alcohol Use?

<i>Age Group</i>	<i>Not at all likely</i>	<i>Somewhat unlikely</i>	<i>Somewhat likely</i>	<i>Very likely</i>
Birth – Pre-K	94.1%	3.5%	1.2%	1.2%
K-5th	89.4%	6.4%	2.1%	2.1%
6th -8th	80.5%	11.7%	3.9%	3.9%
9th -12th	58%	14.5%	18.8%	8.7%

The committee also identified obesity and overweight as a priority, specifically indicating behaviors contributing to obesity as an area for concern. The results are highlighted in Table 4 below. Most concerning was the reduction in physicians speaking with parents about certain health behaviors

(healthy eating and physical activity) and screen time (television and computer). Emphasis on academic screen time was noted as a limitation being able to affect any major change in this.

Table 4

<i>Parent Survey Questions</i>	<i>Birth – Pre-K</i>	<i>K - 5th</i>	<i>6th - 8th</i>	<i>9th - 12th</i>
Doctor talked about eating healthy	86.1%	76%	66.1%	49.3%
Doctor talked about being physically active	54.9%	56.3%	51.2%	25.4%
Doctor talked about child being overweight	1.2%	6.8%	11.8%	5.6%
Less than 2 servings of fruit per day	14.8%	19.4%	31.3%	27.5%
Less than 2 servings of vegetables per day	44.4%	48.4%	50%	41.8%
2 or more sugar sweetened beverages a day	8.5%	7.8%	14.1%	14.5%
Watch TV for 3 or more hours	8.1%	6.8%	15.8%	14.7%
On a computer and/or other “screen” for 3 or more hours	0%	7.3%	13.3%	42%

KEY INFORMANT SURVEYS

Methodology

In October 2014, the Youth Health Assessment Steering Committee convened to determine what information they wanted to gather about youth in Delaware County. Over the course of four months, the committee chose what data they wanted to assess, which populations to assess, and how to distribute the surveys. After reviewing several validated surveys, the committee chose to administer a targeted survey to groups that work with youth, specifically mental health practitioners, social workers, juvenile justice workers, school resource officers, pediatricians and family practice doctors, child care workers, and early intervention case workers. The committee chose these groups because they are not usually the focus of surveys to gather data and was thought to have a unique perspective on the health of youth in Delaware County. The survey consisted of five questions, primarily open-ended response. The survey was sent out via web link to coalition networks of the Delaware County FCFC members and DGHD staff that work with the chosen populations, as well as included in the press release. Data collection lasted for six months and a total of 62 surveys were collected.

Data Analysis

In August and September 2015, the steering committee met to discuss the results of the Key Informant Surveys. The August meeting identified preliminary priorities. Because the committee felt more data needed to be collected to solidify the choices, a second meeting was held to review additional data available from secondary sources. Of the multiple choice questions, the biggest health issues identified by the group were mental health. Due to the results of the key informant survey the group chose to classify mental health into child abuse and neglect; and bullying, depression, and suicide. A word search function was performed on the open-ended response questions to analyze for common themes. Among the open-ended responses, lack of transportation and lack of social support services were identified as priorities.

HEIGHT & WEIGHT COLLECTION

Methodology

In April and May of 2015, a total of 1,240 student heights and weights from a convenience sample of 3rd and 7th graders were collected anonymously by trained DGHD staff and volunteers. A quality assurance check of those heights and weights using the Ohio Department of Health (ODH) criteria reduced that total to 1,217 anonymous paired heights and weights. This final sample of 1,217 is representative for Delaware County 3rd and 7th grade students (99% confidence level with 5% margin of error).

The eligible paired heights and weights were then calculated into Body Mass Index (BMI) measures and analyzed for placement on standardized BMI-for-age growth charts. BMI placement on standardized growth charts determines which descriptive weight category of underweight, healthy weight, overweight or obese applies.

Data Analysis

To adequately assess the health of Delaware County youth, it was essential to measure children’s heights and weights. Height and weight is a standard measure of health in youth, a classic measure of how well a child is growing. Using heights and weights to find how many Delaware County children fall in overweight and obese categories is also a vital check on the health of youth. Overweight and obese youth now develop chronic diseases previously experienced only by adults, and for some children before they even reach high school—conditions like high blood pressure, high cholesterol, insulin resistance and type 2 diabetes.

During the 2005-2007 school years, the DGHD collected heights and weights on 1st through 8th graders, and found 29% of 3rd graders and 30% of 7th graders were either overweight or obese. The current Youth Health Assessment gave the DGHD a key opportunity to update that older local data. For 2015, the good news is the majority of 3rd and 7th graders (70%) were found to be growing at a healthy weight (Table 5).

Of greater health concern is the persistent percentage of students found in 2015 to be either overweight or obese. For 3rd graders, 28% were either overweight or obese, and 29% of 7th graders were either overweight or obese. While the combined percentages of overweight and obese students measured in the spring of 2015 are slightly lower compared to 2005-2007, the reductions are unfortunately not statistically significant and cannot be considered a trend.

Unhealthy weights in childhood can predict obesity later in life with worsening health conditions. These 2015 height and weight data are representative of all Delaware County 3rd and 7th grade students and show a continued significant portion of youth on a path toward obesity as adults. For some, it could also mean greater risk for developing early and worsening chronic diseases.

Table 5

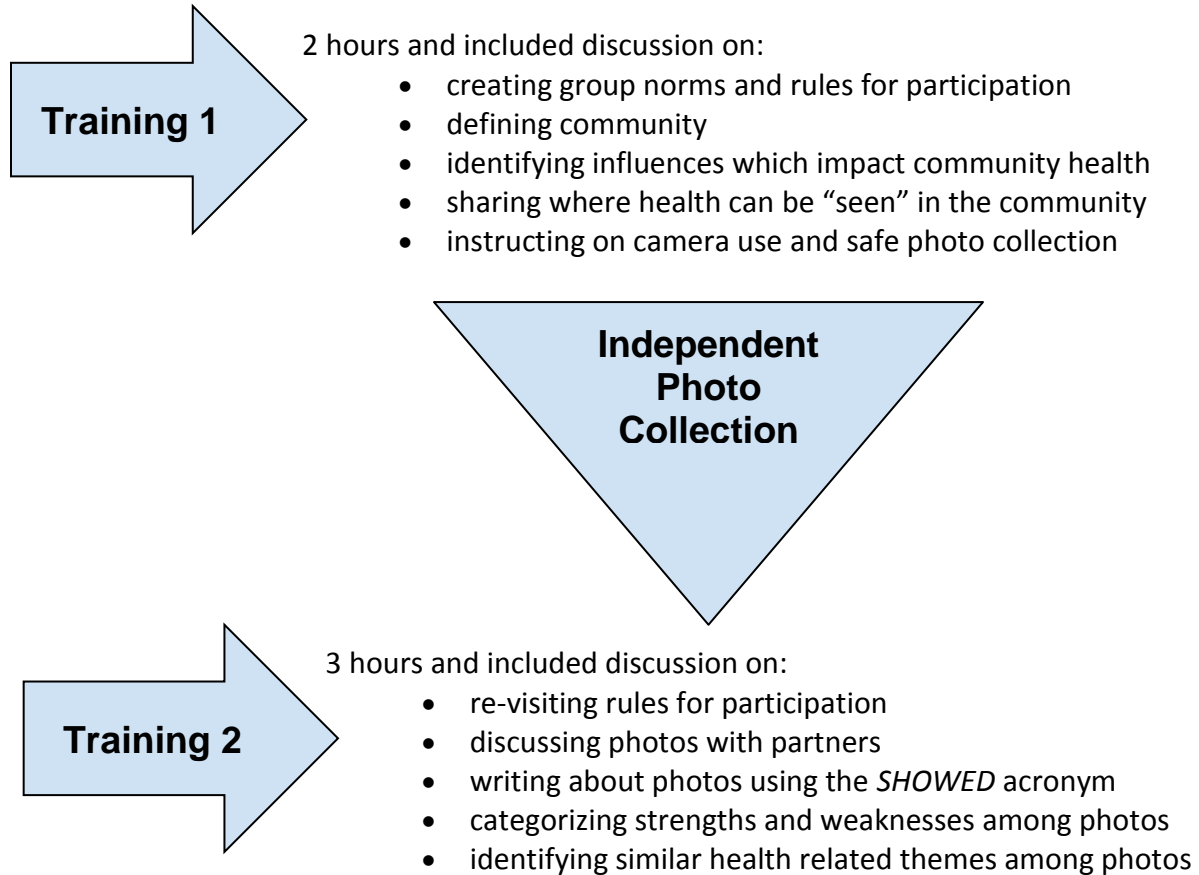
Weight Category	2005/2006 & 2006/2007 3rd Grade	2014-15 3rd Grade	2005/2006 & 2006/2007 7th Grade	2014-15 7th Grade
Obese	13%	13%	14%	13%
Overweight	16%	15%	16%	16%
Healthy Weight	69%	70%	69%	70%
Underweight	2%	2%	1%	1%

PHOTOVOICE

Methodology

In October 2014, the Steering Committee gave their approval to have the DGHD staff facilitate the only qualitative assessment in this health assessment cycle. In December 2014, the ODH granted Institutional Review Board (IRB) approval to the DGHD to conduct a Youth Photovoice Project across Delaware County. In the spring of 2015, 24 youth ages 12-18 were recruited to participate in the DGHD's first ever Youth Photovoice Project. Photovoice is a type of assessment that is community based participatory research (CBPR) where participants volunteer to collect information regarding their community. For this assessment, students were specifically asked to identify their community's strengths & weaknesses (related to health) by taking photos and use their "voice" to describe why each photo has an impact on health.

The Photovoice Project involved students attending two community trainings with individual data (photo) collection in between trainings. To assist with data collection, youth were provided with digital cameras owned by the DGHD to ensure consistency among participants. The DGHD worked with several community partners to help publicize, facilitate, and implement this assessment. Partners for this project included all four public school districts, Delaware City Community YMCA and Liberty/Powell YMCA as well as the Delaware County District Library. HelpLine of Delaware and Morrow Counties, Inc. also assisted by providing staff to co-facilitate youth trainings. Youth trainings were held in small group settings (no more than 10 students) and co-facilitated to ensure the safety for all participants. Youth were only allowed to participate after parental consent was completed and returned prior to the first training they attended. To help maximize participation, the DGHD was able to provide gift cards for the participants for each training they completed. Students that completed both trainings were put into a drawing for a \$30 movie gift card at the end of the project. Further details on the implementation of this assessment can be found below.



Data Analysis

For this assessment, the DGHD conducted four separate training cycles with a total of 24 youth. As described in the diagram above, each participant was instructed to prioritize five photos based on the quality of the image and the health message portrayed in the photo. Working with partners, students then shared their images with each other and discussed why each photo was taken, giving ‘voice’ or meaning to each photo by explaining how the image impacts health in their community. To aid students in this process, each selected photo had to have a *SHOWED* writing activity completed to help further examine the photo in terms of health. The *SHOWED* acronym stands for:

- S - what do you “SEE” happening in the photo?
- H - “HOW” does it relate to health?
- O - is the photo a positive “OR” negative in the community?
- W - “WHY” are things like this in our community?
- E – does this exist “EVERYWHERE” in Delaware County?
- D - what can be “DONE” about this?

Once students completed the *SHOWED* activity for each of their selected photos, they shared their ‘voice’ by summarizing their *SHOWED* activities with each other. Students then grouped each photo into a strength or weakness category along with other participant’s images. Next, students worked within each group (strength or weakness) to pair similar type photos together looking for common health

themes such as safety, physical activity, nutrition, and so on. Once these common health themes were identified, the group decided on a theme name to accurately represent the photos and words represented by the images. Lastly, each photo was given a label to put on the back to later identify the photographer, theme, and whether the image was a strength or weakness image related to health. Individual themes for each training group can be seen below.

YMCA Teen Leaders

Weaknesses

Abandoned Buildings, Drugs, Electronics, Food, Pollution

Strengths

Car Safety, Education, Family/Social Places, Healthy Lifestyles, Physical Activity, Recycling

Orange Library

Weaknesses

Bad Addictions, Crime, Graffiti, Hazards, Pollution, Unhealthy Food

Strengths

Companionship/Love, Environment, Green Space, Healthy Food, Physical Activity, Positive Mental Health, Safe Neighborhoods/Family

STAND Up

Strengths

Mental Health, Music, Car Safety, Healthy Lifestyle

Shanahan Middle School

Weaknesses

Mental Health

Strengths

Access to Health Food, Enjoyment, Exercise

Once separate photo themes were identified for all four groups, the information was synthesized by the DGHD into a comprehensive strength or weakness categorization for Delaware County. The result was a compilation of photos (at least one from each participant) arranged into an iMovie to capture how youth see their community and the factors that either negatively or positively influence health. This video can be viewed at the DGHD's YouTube Channel, search word Photovoice.

The Photovoice Project was unique to the larger assessment cycle as it was the only qualitative assessment completed in the youth data cycle, and the only assessment that asked youth directly to share their opinions in a safe, open forum.

DELAWARE COUNTY YOUTH RISK BEHAVIOR SURVEY

The steering committee also used data from the Delaware County Middle School and High School Youth Risk Behavioral Surveys (YRBS) which were administered by the DMMHRBS in the school years 2013/2014 and 2014/2015. This survey is an anonymous survey taken by middle and high school students in the four public school districts across Delaware County. The local YRBS survey is a key primary data source since it's modeled after both state and federal Youth Risk Behavior Surveillance System (YRBSS) surveys administered by the Centers for Disease Control and Prevention (CDC). The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth including, but not limited to—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

Since these surveys were administered to different school districts during different school years, it should be noted that for purposes of identifying youth priorities the steering committee used the 2013/2014 YRBS results. When action planning commenced in November 2015, goals and objectives for the priorities used the more recent data from the 2014/2015 YRBS survey. More information regarding the Delaware County YRBS data can be found at www.drug-freedelaware.org.

ENVIRONMENTAL HEALTH



PROBLEM

LITTER and graffiti present across the county
HIGH rates of respiratory problems in youth
TRAFFIC congestion at railroad crossings

OBJECTIVES

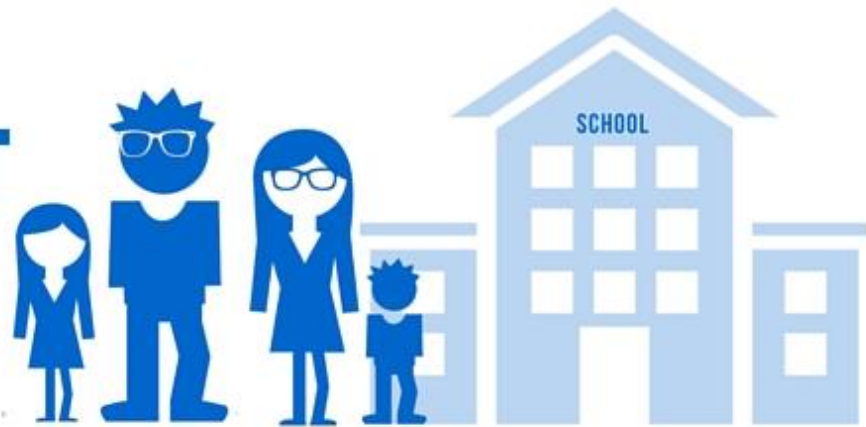
INCREASE knowledge of Ohio Litter laws & reduce litter and graffiti.
INCREASE safety features at railroad crossings.
EDUCATE schools about improving air quality & asthma.



STRATEGIES

DEVELOP social media messages to reduce litter & graffiti.
CONDUCT Ohio Litter Law Enforcement Workshops.
INCREASE railroad safety messages at targeted locations .
IMPLEMENT storm sewer labeling across Delaware City.
IMPLEMENT asthma education programs within public schools.

FAMILY SUPPORT



PROBLEM

INSUFFICIENT mentoring and modeling programs for parents or children.

INADEQUATE number of after-school safe public spaces for youth to access.

OBJECTIVES

CREATE environments where children are safe in their homes, developmentally on track, and prepared to enter school.

INCREASE knowledge of parenting skills.

INCREASE youth participation in quality after-school programs.



STRATEGIES

COORDINATE a network of early childhood providers to identify gaps in services for strengthening families.

PROVIDE additional after-school sites for youth to access.

MENTAL HEALTH



PROBLEM

YOUTH are at risk for depression and experiencing bullying.

OBJECTIVES

DECREASE the number of high school students reporting they feel sad/or hopeless.

DECREASE the percentage of high and/or middle school youth who report being bullied on school property.

STRATEGIES

IMPLEMENT mental health trainings for school staff.

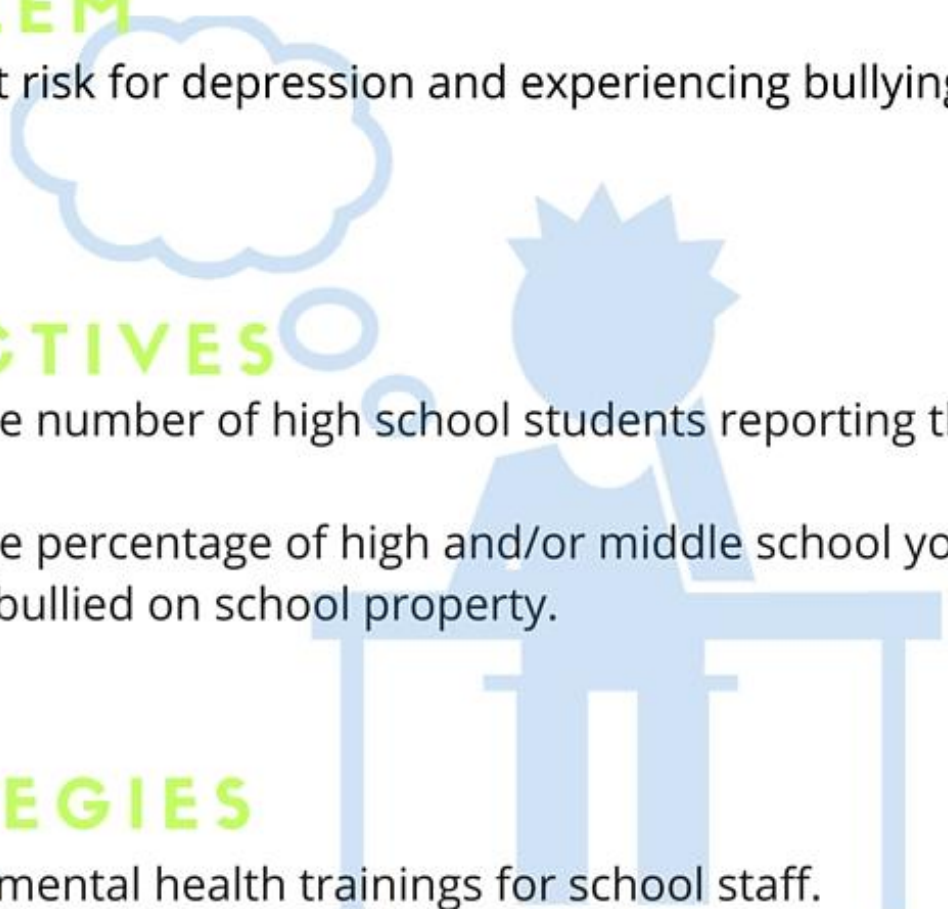
DEVELOP a social media campaign to normalize mental health.

EDUCATE students on the warning signs of depression.

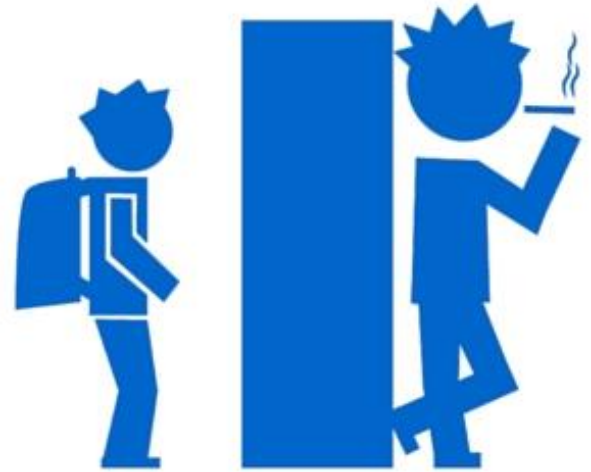
RESEARCH age-appropriate mental health screenings.

INCREASE opportunities for youth empowerment.

PROVIDE anti-bullying school curricula in all grade levels.



SUBSTANCE USE



PROBLEM

YOUTH are abusing prescription drugs, heroin and marijuana.



OBJECTIVES

REDUCE the number of students who have used prescription drugs without a prescription.

DECREASE the number of high school students who have used heroin.

REDUCE the number of youth reporting they have ever used marijuana or currently use marijuana.

STRATEGIES

EDUCATE families on the dangers of prescription drug abuse & heroin use.

INCREASE awareness and change perceptions about marijuana abuse.

PARTNER with the health care community to reduce illegal use of prescription drugs.

OVERWEIGHT & OBESITY



PROBLEM

YOUTH rates of overweight/obesity are high.
UNHEALTHY food choices and lack of physical activity.

OBJECTIVES

- INCREASE** the percentage of students who are physically active for at least 60 minutes a day.
- DECREASE** the percentage of students who play video and/or computer games 3 or more hours a day.
- INCREASE** the percentage of high school students who do not drink soda on a daily basis.

STRATEGIES

- IMPLEMENT** a community-wide campaign to promote healthier eating and active living for families.
- PROVIDE** behavior weight-management programs for families.





CONCLUSION

In 2013, the Partnership not having all relevant local youth data to complete a comprehensive county health assessment, decided to wait on assessing youth health until data became available. In the fall of 2014, collaborative efforts between the DGHD and the Delaware County FCFC resulted in the completion of the 2014 Youth Health Assessment. This small assessment cycle focused only on youth, and analyzed data from the local YRBS as well as four additional assessments outlined in this report. From this work, the Delaware County FCFC identified five youth priorities: Environmental Health, Family Support, Mental Health, Obesity/Overweight, and Substance Use.

Successful implementation of the youth action plans depends largely on the entire community and several community partners. Since this assessment cycle focused completely on the youth population, every effort was made to include the youth voice where appropriate. In January, 2016 two separate focus groups were conducted with local youth. The Substance Use workgroup conducted a focus group with six high school teens who are members of Delaware County's STAND Up Leadership Team. Participants were asked to provide their comments and thoughts related to marijuana and heroin use as well as how to communicate messages to youth in general. The second focus group was conducted at the Delaware City YMCA to provide additional input regarding the identified youth priorities. Working with the Teen Leaders Program, 43 youth (28 county middle school and 15 county high school students) participated in small group discussions for four of the five priorities. Youth were asked to respond to the suggested strategies and provide any other vital ideas to the adopted priorities. Lastly, all Photovoice participants were invited to a community focus group to review the objectives and strategies and provide feedback on those ideas. However, due to low attendance those sessions were cancelled.

The action plans for each identified youth health priority will be aligned with the 2014-2018 Delaware County CHIP. Full implementation of the youth action plans will begin in January 2016 and the Partnership will formally adopt this report in March 2016 at its bi-annual meeting. Since many of the same community organizations listed in the CHIP are members of both the Delaware County FCFC and the Partnership, the Partnership will continue to be a key resource for the implementation of the CHIP through 2018. The Partnership will continue its leadership role by monitoring the progress and implementation of the action plans in both the adult and youth populations. The next Community Health Assessment will be conducted in 2017 and will incorporate both adult and youth data.



APPENDICES

- A. Youth Health Assessment Steering Committee Members & Priority Work Group Members
- B. Youth Health Assessment Preliminary Findings
- C. Health Objectives for Adult & Youth Populations
- D. Feedback from Youth Focus Groups
- E. Glossary of Terms
- F. Timeline

Appendix A

Youth Health Assessment Steering Committee Members

Members of the Steering Committee for the Youth Health Assessment came from volunteers who already served on FCFC’s Early Childhood Sub-committee and included:

- Michele Armstrong**, Olentangy Local School District*
- Kenton Beachy**, Recovery & Prevention Resources of Delaware and Morrow Counties, Inc.*
- Beth Brown**, Delaware County Board of Developmental Disabilities*
- Amy Hawthorne**, Helpline of Delaware/Morrow Counties, Inc.
- Amy Hill**, Delaware-Morrow Mental Health & Recovery Services Board
- Sauna Hoover**, Mid-Ohio Psychological Services
- Shancie Jenkins**, Delaware County Department of Job & Family Services*
- Peggy Kroon Van Diest**, Help Me Grow
- Kerri Robe**, Big Brothers, Big Sisters of Central Ohio*
- Stephanie Scribner**, Family Children First Council of Delaware County
- Suzanna Twining**, Action For Children

Delaware General Health District Steering Committee Members:

- Kelly Bragg**, Health Educator
- Kelsey Kuhlman**, Health Educator
- Laurie Thuman**, Health Promotion Program Manager

* Indicates a partner no longer serving in that capacity

Priority Work Group Members

Environmental Health

Steering Committee Members: None

Community Representatives: Linda Diamond (American Lung Association of Ohio), Kristin Piper (City of Delaware)

DGHD Staff: Susan Sutherland, Jackie Bain, Jenifer Way-Young

Family Support

Steering Committee Members: Peggy Kroon Van Diest, Stephanie Scribner

Community Representatives: Deana Arseneau (Grace Clinic), Karen Jackson (Delaware City Schools), Connie Pottle (Delaware County Library), Katie Stenman (Delaware County Juvenile Court)

DGHD Staff: Joan Bowe, Shelia Hiddleson

Mental Health

Steering Committee Members: Kerri Robe, Suzanna Twining, Amy Hill, Amy Hawthorne

Community Representatives: Jessica Combs (Buckeye Valley Local Schools), Kristin Comyns (Directions for Youth & Families), Kelsey Fox (United Way of Delaware County), Sue Hanson (HelpLine of Delaware/Morrow Counties), Heidi Koon (Big Walnut Local Schools), Mindy Rich (Delaware City Schools), Kerri Robe (Big Brothers/Big Sisters of Central Ohio), Joey Thompson (Big Walnut Local Schools), Mark Travis (Central Ohio Mental Health Center), Erica Wood (Grace Clinic)

DGHD Staff: Laurie Thuman, Kelsey Kuhlman

Overweight & Obesity

Steering Committee Members: None

Community Representatives: Marie Jirousek (CareStar/Help Me Grow), Amy Mosser (Delaware Community YMCA), Andrea Norris (Liberty Township YMCA), Larry Walters (Resident)

DGHD Staff: Connie Codispoti

Substance Use

Steering Committee Members: None

Community Representatives: Douglas Althaus (Delaware County Juvenile Court), Chuck Bulick (Heart of Ohio Homeless Shelter), Steve Hedge (Delaware-Morrow Mental Health & Recovery Svcs. Board), Julie Krupp (Drug-Free Delaware/Recovery & Prevention Resources), Rhonda Milner (Maryhaven), Kassie Neff (Delaware County Sheriff's Office), Brande Urban (United Way of Delaware County), Sue Ware (Delaware County Job & Family Services)

DGHD Staff: Lori Kannally, Jackie Bain

Appendix B

2015 Delaware County Youth Health Assessment

Preliminary Findings

September 2015



Delaware County 23

Family & Children First Council

Delaware County Youth Health Assessment Preliminary Findings

The 2015 Delaware County Youth Health Assessment is a collaborative project between the Delaware General Health District (DGHD) and the Family and Children First Council of Delaware County (FCFC). The assessment and prioritization components began in 2014 and will conclude in 2015, resulting in an action plan that will feed into the overall Delaware County Community Health Improvement Plan to work towards improving the prioritized health issues. The project began with the formation of a steering committee, made up of members of FCFC and facilitated by DGHD. There were 4 assessments conducted in Delaware County:

- 1. Parent Surveys:** Four Parent Surveys were distributed across Delaware County. The surveys were grouped by age of child: birth to pre-kindergarten, Kindergarten to fifth grade, sixth grade to eighth grade, and ninth to twelfth grade. A total of 503 surveys were collected using both online and paper surveys. The surveys asked parents about a wide range of health related issues, including nutrition, physical activity, mental health, breastfeeding, immunizations, academic information, and safety.
- 2. Photovoice:** Four photovoice sessions were held in various locations across the county. Photovoice is a research method where participants are given cameras and asked to take pictures of things that make their community healthy or not. After the pictures are taken, an analysis session occurs where strengths and weaknesses are identified. This unique method offers youth an opportunity to identify health issues in their community.
- 3. BMI Collection:** Height and weights were collected by DGHD staff and volunteers for 1217 third and seventh graders in three school districts in Delaware County. DGHD epidemiologist analyzed the data to provide overweight and obesity prevalence among students in Delaware County.
- 4. Key Informant Survey:** A survey was distributed to targeted groups that work with youth including physicians, juvenile justice workers, social workers and child care workers. A total of 62 surveys were collected using both online and paper surveys. The surveys asked respondents to identify the top 5 priorities among Delaware County youth and gaps in services to address those issues. In this data packet, the percentages listed indicate that percentage of respondents selected that priority as one of Delaware County's top 5 Health Priorities among youth.

After the assessments were completed, the steering committee came together and reviewed the data collected, along with other data from local, state, and national sources. Five priorities were selected:

1. Alcohol, Tobacco, and Other Drugs
2. Environmental health
 - A. Pollution
 - B. Allergies, asthma, respiratory issues
3. Family Support
 - A. Transportation
 - B. Lack of social support
4. Mental health
 - A. Bullying, suicide, depression
 - B. Child abuse and neglect
5. Overweight and Obesity
 - A. Lifestyle

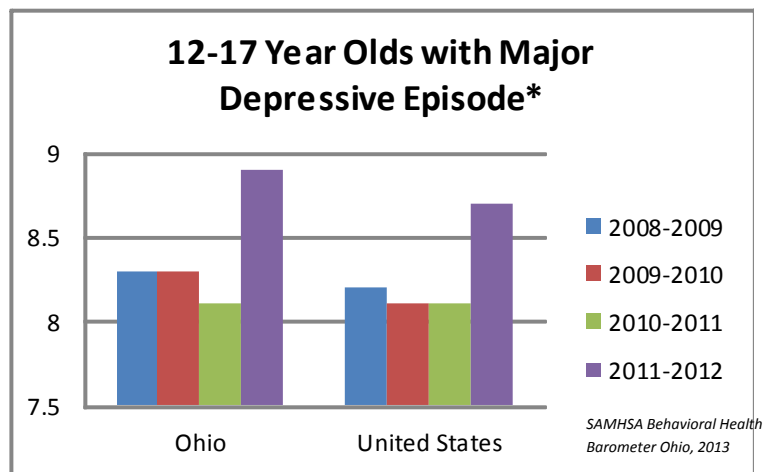
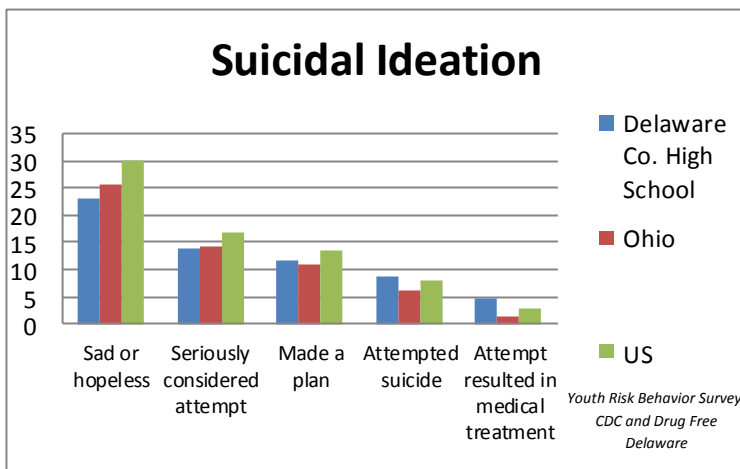
Data supporting these priorities is included in this packet.

Mental Health

Suicide, Depression, Bullying

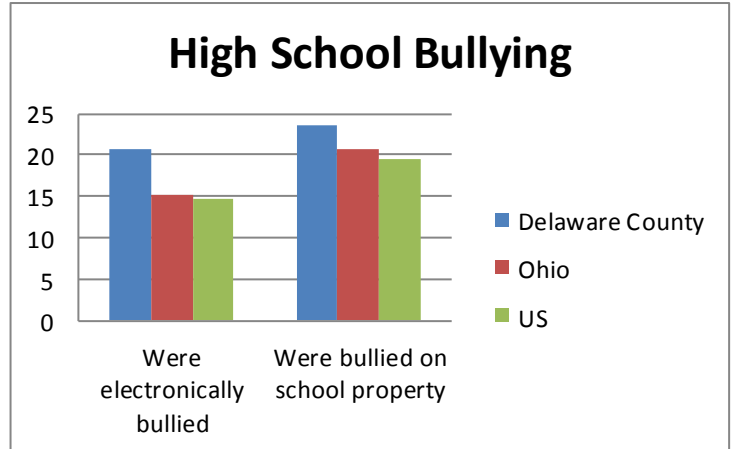
Youth Risk Behavior Survey The Youth Risk Behavior Survey (YRBS) is a national survey administered by the CDC on a national and state level. Locally, the survey is administered by Drug-Free Delaware. Survey data for Ohio is not available for middle school, so any data reported for Ohio or the United States represents the results of the high school population only. Data reported for Delaware County were collected in 2013 and 2014. Data reported for Ohio and the United States were collected in 2013. The survey asks students about various health topics, including mental health, sexual behavior, drug use, physical activity and nutrition. The results of this survey are included several times throughout this report. A blank space indicates the question was not available for that age group or location. Rates given are all percent of the population.

Question	Delaware Co. Middle School	Delaware Co. High School	Ohio	US
Sad or hopeless		22.9	25.8	29.9
Seriously considered attempting suicide	15.8	13.8	14.3	17.0
Made a plan about how they would attempt suicide	9.6	11.6	11.1	13.6
Attempted suicide	4.0	8.8	6.2	8
Attempt resulted in medical treatment		4.7	1.4	2.7



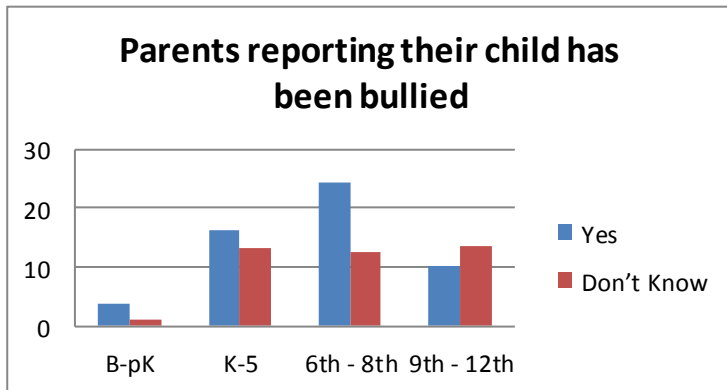
SAMHSA Behavioral Health Barometer Ohio, 2013 The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the US Department of Health and Human Services and focuses on substance abuse and mental health. According to their report, “Behavioral Health Barometer Ohio, 2013”, the percentage of Ohio youth aged 12-17 who experienced a Major Depressive Episode (MDE) went from 8.3% in 2008-2009 to 8.9% in 2011-2012. Also included in this report was that the rate of treatment among persons aged 12-17 with MDE was 40.1%.

Question	Delaware Co. Middle School	Delaware Co. High School	Ohio	US
Electronically bullied	27.4	20.8	15.1	14.8
Bullied on school property	47.5	23.5	20.8	19.6



Parent Survey Results

Question: During the past 6 months, has your child ever been harassed, bullied, or abused?



Age Group	Yes	Don't Know
Birth -preK	3.57	1.19
Kindergarten -5th	16.4	13.23
6th - 8th	24.41	12.6
9th - 12th	10.29	13.53

Photovoice Results

Weaknesses: Mental Health

Key Informant Survey Results

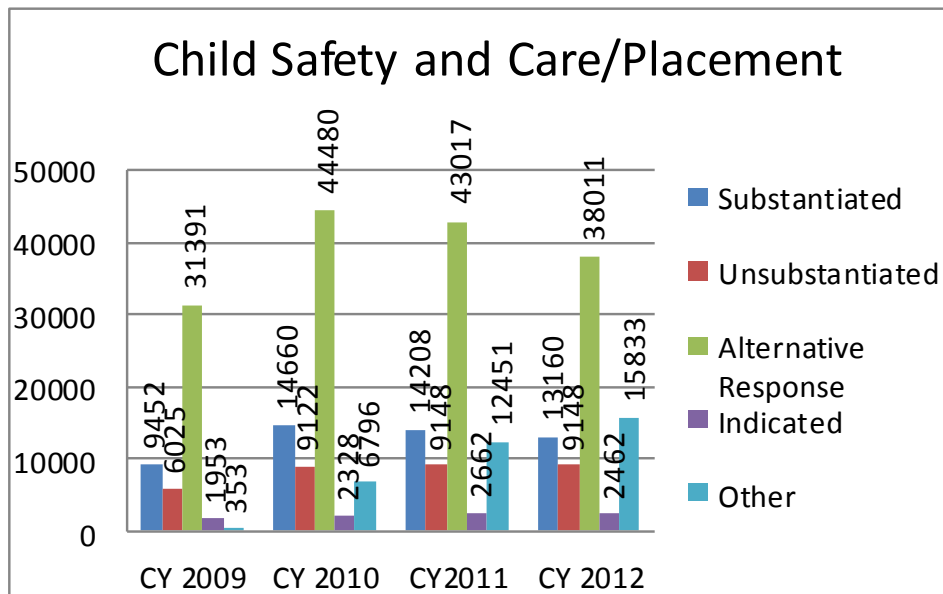
In your opinion, what is the biggest health issue facing the youth of Delaware County? (please choose no more than 5)

- Childhood mental disorders: 47.46%**
- Bullying: 23.73%**
- Depression: 20.34%**
- Stress: 20.34%**
- Attention Deficit/ hyperactivity disorder: 11.86%
- Autism spectrum disorders: 5.08%
- Suicide: 1.69%

Mental Health

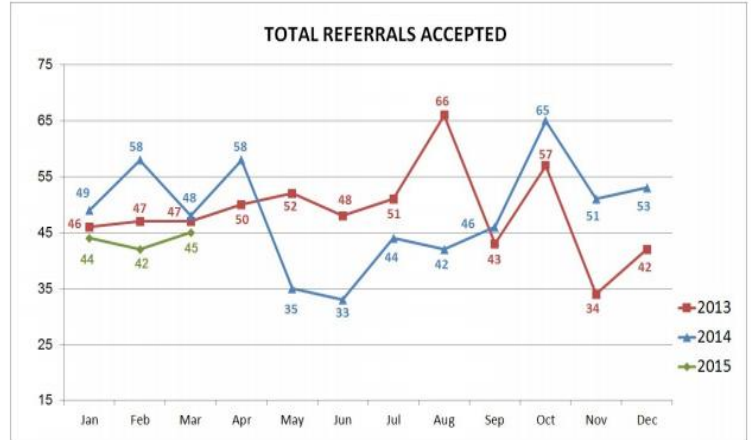
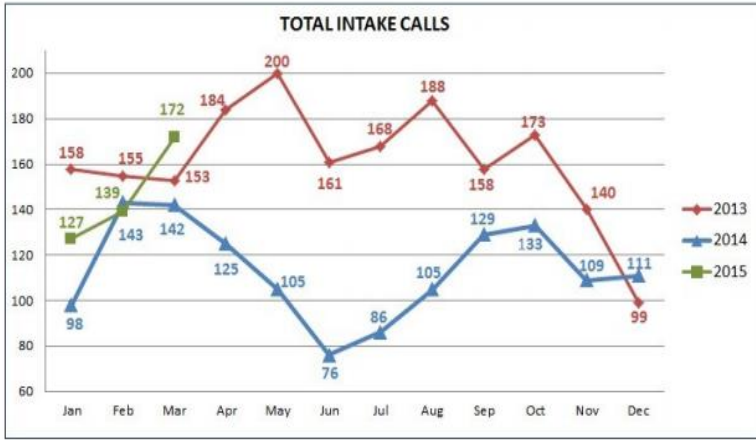
Child Abuse and Neglect

2013 Delaware County Job and Family Services Profile is a report provided by Delaware County Job and Family Services providing information on services provided. According to this profile, Delaware County uses a differential response system, which offers child welfare agencies options for responding to accepted reports of child abuse and neglect. Reports are assigned to either the “Traditional Responses” pathway (substantiated or unsubstantiated) or “Alternative Responses” pathway, which applies only to reports that do not allege serious or imminent harm. Alternative Response is used to connect families to needed services.



Delaware County Job and Family Services 2015 First Quarter Report

Children's Services



Key Informant Survey Results

In your opinion, what is the biggest health issue facing the youth of Delaware County? (please choose no more than 5)

Child Abuse and Neglect 29.63%

Environmental Health

Pollution

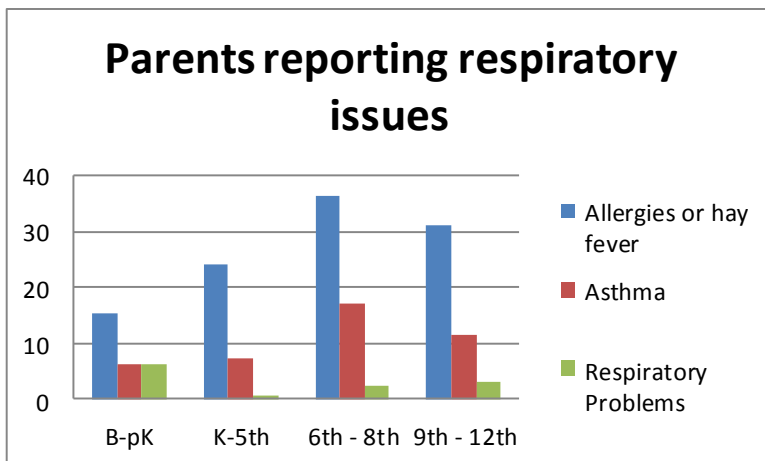
Allergies, Asthma, Respiratory problems

Photovoice Results

Weaknesses: Abandoned buildings, pollution, graffiti

Parent Survey Results

Question: Has your child ever been diagnosed with the following (percentage of parents reporting a diagnosis):



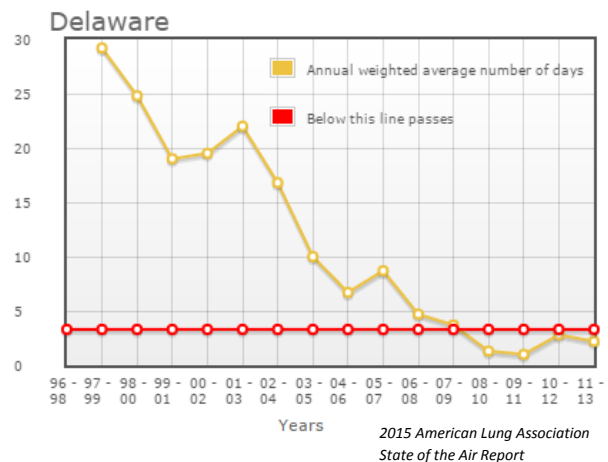
	B-pK	K-5th	6th - 8th	9th - 12th
Allergies or hay fever	15.38	24.14	36.44	31.15
Asthma	6.41	7.47	16.95	11.48
Respiratory Problems	6.41	0.57	2.54	3.28

Ohio Department of Health Burden of Asthma in Ohio 2012 Is a report highlighting the impact asthma has on the State of Ohio. According to this report, 4.1% of children in Delaware County have been diagnosed with asthma compared to 15.4% of Ohio children. In the United States, according to the Centers for Disease Control and Prevention (CDC), 9.3% of children have been diagnosed with asthma.

Youth Risk Behavior Survey According to the YRBS, in 2013 21% of American high school students reports having an asthma diagnosis compared to 23.8% of Delaware County high school students. 15.4% of Delaware County middle school students reported an asthma diagnosis. (The information was not collected for the State of Ohio).

American Lung Association State of the Air Report

Provides grades for each county in America on air quality issues including High Ozone Days and Particle Pollution. Delaware County's grade was a C in 2013 and a D in 2015.



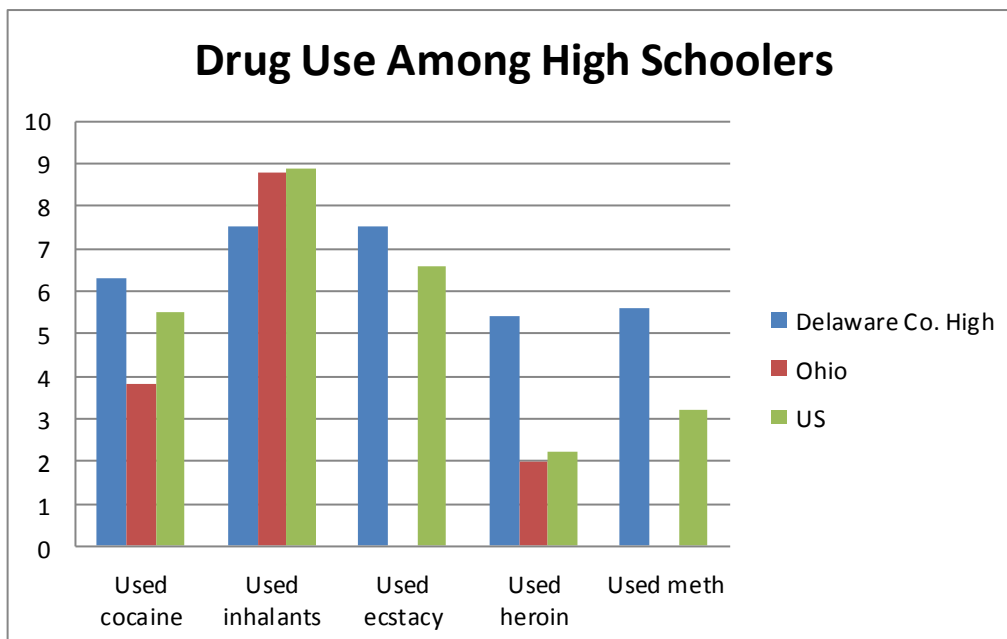
Alcohol, Tobacco, and Other

Youth Risk Behavior Survey 2013-2014

Question	Delaware Co. Middle	Delaware Co. High	Ohio	US
Ridden in car with someone who had been drinking in past month	18.7	17.5		
Driven after drinking in past month		7.2		
Ever drank	12.7	46.9		66.2
Drank in past month	3.4	26.2	29.5	34.9
Binge drank in past month		16.1	16.1	20.8
Drank alcohol before age 13		11.4	16.1	20.8
Drank on school property in past month		5.3		
Reported that their largest number of drinks in a row was 10 or more		3.4	3.7	6.1
Ever tried smoking	4	17.8		41.1
Currently smoke cigarettes	0.9	9.1	15.1	15.7
Smoked cigarettes on school property in past month		4.6		3.8
Currently use smokeless tobacco	1.1	7.8	8.6	8.8

Question	Delaware Co. Middle	Delaware Co. High	Ohio	US
Ever used marijuana	2.8	21.4	35.7	40.7
Currently use marijuana	1.9	14.4	20.7	23.4
Ever used cocaine	1.2	6.3	3.8	5.5
Ever used inhalants	3.8	7.5	8.8	8.9
Ever used ecstasy		7.5		6.6
Ever used heroin		5.4	2	2.2
Ever used methamphetamines		5.6		3.2
Prescription drug abuse	2.1	11.6	17.8	
Offered or sold illegal drug on school property		19.6	19.9	22.1

Youth Risk Behavior Survey

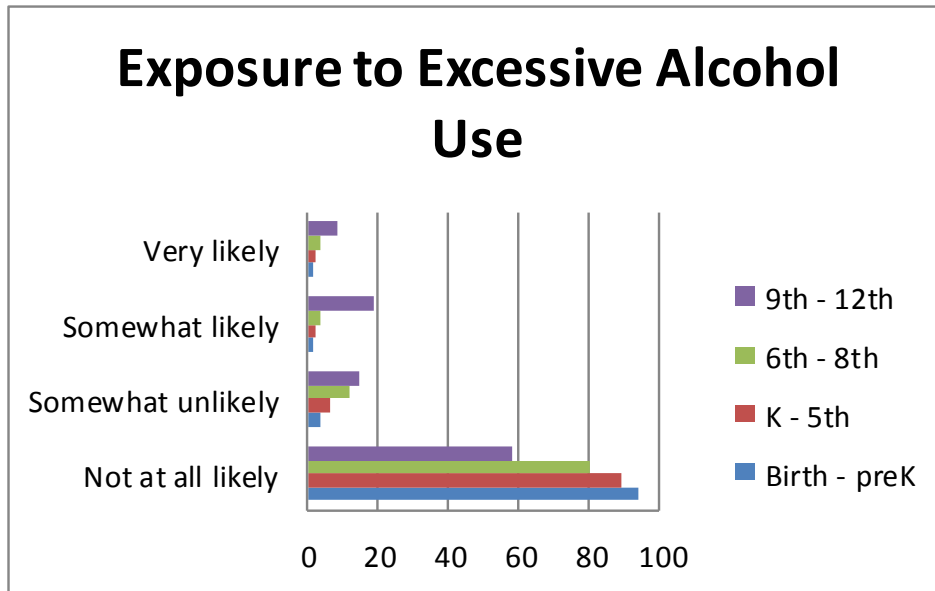


Photovoice Results

Weaknesses: Drugs

Parent Survey Results:

Question: How likely is it that your child has been exposed to Excessive Alcohol Use:



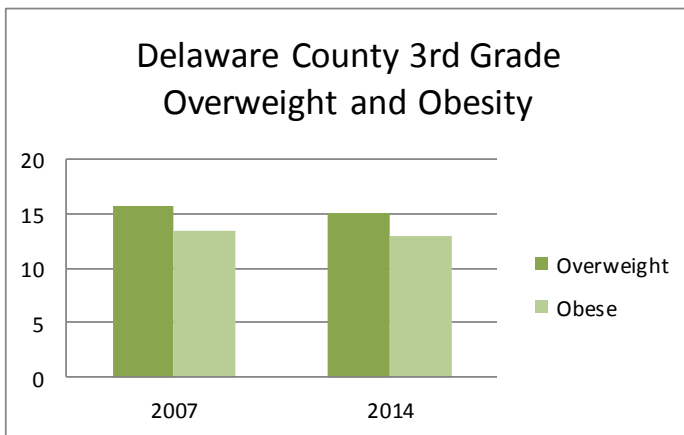
Overweight and Obesity

Lifestyles contributing to overweight/obesity

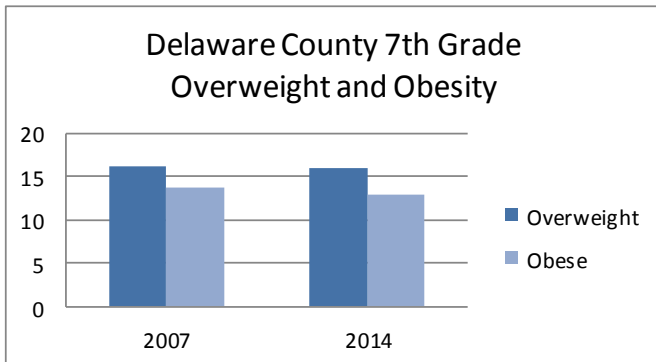
Child and Family Health Services (CFHS) & Reproductive Health and Wellness Program

(RHWP) are programs of the Ohio Department of Health that aim to improve health outcomes among women and children. According to the CFHS & RHWP 2014 Delaware County Report, in Delaware County 17.0% of 2-5 year olds were overweight compared to 15.7% of Ohio 2-5 year olds. Similarly, 14.5% of Delaware County 2-5 year olds were obese compared to 12.4% of Ohio 2-5 year olds.

DGHD BMI Collection, percentage of students classified as overweight and obese.



	3rd Grade		7th Grade	
	2007	2014	2007	2014
Overweight	15.75	15	16.3	16
Obese	13.33	13	13.83	13



Ohio Department of Health BMI Report, 2004-2010 is a report provided by the Ohio Department of Health reporting on rates of overweight and obesity among 3rd graders in Ohio. According to this report, the percentage of third graders classified as overweight and obese went from 29.7 in 2004-2005 to 25.7 in 2009-2010.

Photovoice Results - Weaknesses: Unhealthy food,

Parent Survey Results:

	Birth - preK	K - 5th	6th - 8th	9th - 12th
Doctor talked about eating healthfully	86.05	76.04	66.14	49.3
Doctor talked about being physically active	54.88	56.25	51.18	25.35
Less than 2 servings of fruit	14.82	19.37	31.25	27.54
Less than 2 servings of vegetables	44.44	48.44	50	41.79
2 or more sugar sweetened beverages a day	8.54	7.81	14.06	14.5
Doctor talked about child being overweight	1.23	6.77	11.81	5.63
TV 3 or more hours	8.14	6.77	15.75	14.71
Computer 3 or more hours	0	7.29	13.28	42.03

Youth Risk Behavior Survey - Screen Time and perception of weight.

	Delaware Co Middle	Delaware Co High	Ohio	US
Watched television 3 or more hours per day	17.7	17.8	28.2	32.5
Played computer games 3 or more hours per day	30.7	24.8	37.3	41.3
Self-reported slightly or very overweight	21	25.7	28.2	31.1

Family Support

Lack of Social Support

Transportation

Key Informant Survey Results:

Top Health Priority:

Lack of Social Support: 25.93%

Also listed:

- “family instability, lack of parental skills/support”
- “need more mental health support information to share with families”
- “Lots of families do not qualify for Head Start or Title XX but still cannot afford childcare. Lots of families are isolated and/or ashamed that they are having difficulties with drugs, mental health, and social supports”

What does the county need to fix it?

- “More peer support opportunities. Assemblies aren't effective according to the youth”
- “I think we need to have more centers accept a sliding fee scale for families that cannot afford childcare or find funding through the school systems for this. Those daycare centers or schools need financial support to make this happen. I have started to see more support groups for those struggling with mental illness, drug abuse but it is still a need. We need more sponsored family groups for those that are isolated.”

Gaps in services:

- “support groups (or ways to come together) families w/ young children”
- “Need more support for childcare centers and staff in working with children with special needs (autism, ADHD, etc)”
- “Family support for school aged children support for mental illness Child care, particularly summers for mentally ill or handicapped children”
- “Transportation remains an issue even though Data bus exists. It does not offer a varied enough schedule or go far enough in distance for residents' needs.”
- “Transportation; youth need reliable transportation to and from services, where there is no transportation there is a gap. Additionally, some areas of our county have more, and/or better quality services than other areas of our county. Also, technology causes a gap. Youth and families may think that they can get all the help they need on the internet. They may access incorrect information, interpret it incorrectly, or misunderstand all together. Additionally, technology limits us, it limits us from seeking contact with people because we are 'glued to', if you will, our devices. We aren't able to

realize what we need for good health because we are blinded by, and bound to, what we are holding in our hands. Youth who have access to technology seem to be less likely to go outside to play, less likely to interact with peers, less likely to study, more likely to witness inappropriate postings, more likely to friend a stranger. What services exist for youth in our county anyway? What is your definition of 'services'?"

- "For some families, access to transportation"
- "Mental Health Services for families without transportation and agencies working together to serve all families in need."

What prevents us from fixing it?

- "Lack of available resources, family transportation issues, the parents' mental health issues"
- "Need additional resources such as mental health services and transportation services. I think lack of community awareness of what resources are available to families."

Appendix C

Health Objectives for Adult & Youth Populations

This appendix outlines how each youth priority aligns with the existing Community Health Improvement Plan (CHIP).

Key:

A = Adult

Y = Youth

ENVIRONMENTAL HEALTH *(identified as a youth priority only)*

Youth Outcome Objectives

- Y-1. By December 31, 2018, increase by 25% the number of areas in Delaware County with a litter and graffiti index score of 2 (slightly littered; 1-2 small graffiti tags).
- Y-2. By December 31, 2018, increase by 25% the storm sewers in Delaware City that are labeled.
- Y-3. By December 31, 2018, increase by 20% the number of traffic congested railroad crossings that have safety features installed to prevent motorists from stopping or queuing on the tracks during rush hours.
- Y-4. By December 31, 2018, 100% of the Delaware City Elementary Schools will be trained in the American Lung Association's Asthma 1-2-3 program.
- Y-5. By December 31, 2018, 20% of Delaware County Organizations will receive an American Lung Association presentation on improving air quality through energy efficiency and the use of alternative energy.

Strategies

1. Develop and implement social media messaging for anti-littering and anti-graffiti (Y-1)
2. Conduct Ohio Litter Law Enforcement Workshops (Y-1)
3. Implement storm sewer labeling program in Delaware City (Y-2)
4. Develop grade crossing safety plan (Y-3)
5. Implement railroad safety social media messaging campaign (Y-3)
6. Implement the American Lung Association's (ALA) Asthma 1-2-3 program (Y-4)
7. Implement ALA air quality presentations (Y-5)

FAMILY SUPPORT *(identified as a youth priority only)*

Youth Outcome Objectives

- Y-1. By 2018, children are safe in their homes, developmentally on track and prepared to enter school.
- Y-2. By 2018, parents maintain a healthy lifestyle for themselves and their children and feel competent in their knowledge and skills to be a parent.
- Y-3. By 2018, youth participating in after-school programs will show positive outcomes in academic, behavioral, and self-esteem measures.

Strategies

- 1. Coordinate network of early childhood providers to identify gaps in services for strengthening families (Y-1, Y-2)
- 2. Provide additional after-school sites for youth to access (Y-3)

MENTAL HEALTH

Adult Outcome Objectives

- A-1. By 12/31/2018, increase the number of adults getting treatment in the public sector for major depressive episodes (MDE) by 5% each year from 700 to 895.
- A-2. By 12/31/2018, decrease the rate of reported adult suicide attempts from 144 per 100,000 people to 108 per 100,000 people, a reduction of 25% or 36 attempts over 5 years.
- A-3. By 12/31/2018, increase annually by 5% the number of new suicidal clients who receive referral services for mental health services.
- A-4. By 12/31/2018, increase annually by 5% the number of referred suicidal clients who enter into public mental health treatment who were contacted through Crisis Outreach Follow-Up.
- A-5. By 12/31/2018, increase the number of Delaware County healthcare providers who receive training on how/why to implement adult depression screenings annually by 5%.

Youth Outcome Objectives

- Y-1. By 12/31/2018, decrease the percentage of high school students reporting they feel sad and/or hopeless by 5%.
- Y-2. By 12/31/2018, decrease the percentage of high school and/or middle school students who self-report being bullied on school property by 5%.

Strategies

- 1. Implement Mental Health First Aid (MHFA) trainings (A-1, A-2, Y-1)
- 2. Implement community trainings to prevent suicide attempts (A-2, Y-1)
- 3. Develop and implement a community-wide campaign to educate people about mental health (A-1, Y-1)
- 4. Research a tool for age appropriate mental health screenings (A-5, Y-1)
- 5. Implement Crisis Intervention Follow-Up (A-3, A-4)
- 6. Implement evidenced based anti-bullying prevention programming at all grade levels (Y-2)
- 7. Implement a community wide campaign to empower students to use their “voice” to prevent incidents of bullying (Y-2)

OBESITY/OVERWEIGHT

Adult Outcome Objectives

- A-1. By 12/31/2018, increase the average servings of fruit & vegetables consumed by Delaware Co. adults (Fruits from 2.0 per day to 2.5 per day, Vegetables from 2.1 per day to 2.5 per day).
- A-2. By 12/31/2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.
- A-3. By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.
- A-4. By 12/31/2018, increase the percentage of adults who use lunch or work breaks to do physical activity or exercise at least 10 minutes at a time from 25% to 30%.

Youth Outcome Objectives

- Y-1. By 12/31/2018, increase the percentage of students who during the past 7 days were physically active for a total of 60 minutes for 4 or more days by 3 percentage points; middle school students from 77.1% to 80.1%; high school students from 65.8% to 68.8%.
- Y-2. By 12/31/2018, decrease the percentage of students who play video or computer games 3 hours or more by 5 percentage points; middle school students from 40.7% to 35.7%; high school students from 28.4% to 23.4%.
- Y-3. By 12/31/2018, increase the percentage of high school students who during the past 7 days did not drink a can, bottle or glass of soda (such as Coke, Pepsi or Sprite) from 30.0% to 35.0%.

Strategies

1. Implement a method to accept Supplemental Nutrition Assistance Program (SNAP) benefits at farmers' markets (A-1)
2. Implement a community-wide campaign to promote healthy eating and active living (A-1, A-3, A-4, Y-1, Y-2, Y-3)
3. Ensure access to fruits and vegetables in the workplace (A-1)
4. Continue a menu labeling program (A-2)
5. Implement a community-wide campaign to increase public awareness of caloric information on restaurant menus (A-2)
6. Implement community-wide screen time reduction campaign (A-3)
7. Establish shared use agreements to increase areas for the public to be physically active (A-3)
8. Implement evidence-based behavior weight management programs (A-1, A-2, A-3, A-4, Y-1, Y-2, Y-3)

SUBSTANCE USE

Adult Outcome Objectives

- A-1. By 12/31/2018, reduce the percent who had at least (5 for men, 4 for women) drinks on one occasion in the past month from 19% to 17%.
- A-2. By 12/31/2018, reduce the annual number of opiate and pain reliever doses per patient in Delaware County from 523.36 doses per patient per year to 417.09 doses per patient per year, a 20% reduction.
- A-3. By 12/31/2018, reduce the number of Delaware County death due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.
- A-4. By 12/31/2018, reduce the number of families/children who are assigned to out-of-home placement due to substance use in Delaware County from 59% to 47.2%, a 20% reduction.

Youth Outcome Objectives

- Y-1. By 12/31/2018, reduce the number of Delaware County High School students who have used prescription drugs without a prescription from 14.5% to 11.6%, a 20% reduction.
- Y-2. By 12/31/2018, reduce the number of Delaware County High School students who have used heroin from 3.4% to 2.7%, a 20% reduction.
- Y-3. By 12/31/2018, reduce the number of Delaware County high school students who have ever used marijuana from 28.7 % to 23%, a 20% reduction, and the number who currently use from 17.7% to 14.2%, a 20 % reduction.

Strategies:

1. Educate and provide training on Trauma-Informed Service/ Care (TIC) Systems (A-3, A-4)
2. Increase physician screens of adult patients (A-1, A-2, A-3, A-4)
3. Implement age-appropriate education (A-1, A-2, A-3, A-4)
4. Educate on an overdose response mechanism, with the use of naloxone (A-3)
5. Collaborate with the health care community to impact illegal use of prescription drugs by both youth and adults (Y-1)
6. Implement a multi-faceted educational campaign on the dangers of prescription drug abuse and heroin use (Y-1, Y-2)
7. Use mass media along with school-based reinforcement to increase public concern about marijuana use and change normative perceptions (Y-3)

Appendix D

Feedback from Youth Focus Groups

This information reflects comments, thoughts and themes from two separate focus groups held with Delaware County youth regarding the YHA priorities and strategies.

STAND Up Leadership Team Discussion on Substance Use Priority – 1/19/16

Why do teens use marijuana?

- Fun
- They think it is not harmful... heroin is worse... at least they are not doing the “bad” drugs
- Teens make stupid decisions while on it
- Some teens say that it helps them focus; makes calculus and AP physics easier by allowing them to focus on this hard subjects
- Teens don’t care about the risks
- Teens are too young to realize the effects
- Teens think that they can stop at any time and that marijuana is not addictive
- Songs portray positive use- marijuana use is in the songs that teens listen to
- They have heard from peers that some parents buy marijuana for their kids to use it
- They believe that marijuana has medicinal values

How do we educate high school teens on marijuana use?

- High school teens won’t listen as they believe it is information that they already know
- In 8th grade they spend two days on drug information
- Don’t pass out papers (looked at as work) and numbers (statistics) don’t work
- Meet them (teens) at their level; look at it from their perspective for them to understand
- Do not make materials “wordy” – keep them simple
- When young people from Maryhaven were brought in to talk about how drugs affected them – these young people discussed the before and after drug use - these were actual people that the students could relate to. This type of presentation is helpful to middle school students because they are impressionable. High school students won’t listen.
- They liked the “Tyler’s Light” presentation
- Tend to have the same thing every year – one young person commented that she had the same education three years in a row (watched the same video for three years)
- Statistics don’t work
- Speakers work – but teachers will not take the time to process afterwards because they do not want to take the time out of their classrooms. The valuable material is then forgotten due to lack of discussion and processing.
- Schools need better programs to combat problems – young people use substances as coping mechanisms
- Don’t see marijuana as harmful just like teens do not think of drinking socially as really “drinking”
- Teens don’t use because of peer pressure, but more as a coping mechanism

How do we get messages across on marijuana use and heroin use?

- Suggested sharing information by using the flat screens that are scattered throughout their school (purchased through a grant) to show messages. Right now, the flat screens are hardly used.
- Show actual effects of use.
- Suggested not using a high school drug-free club (such as T.I.) as a means to get messages/ info out- as it would not be effective as the group has different goals
- Perhaps implement some programming through groups like START
- Drug-free middle school clubs should be implemented beginning in 7th grade, when kids have a chance to know each other. When students come to 6th grade they are afraid to join clubs because they don't know many people because they are feeding into the middle school.
- When bringing in people to discuss the negative effects of marijuana, bring in teens or young adults to share because it is easier to relate to them versus older adults
- Or bring in older students or young adults that go/ went to other schools so that they can remain anonymous
- Liked it when the school admin. brings in people their own age or like when the young people from Maryhaven came in and shared their experiences
- Listening to experiences is more impactful
- When doing presentations or assemblies break up the presentation groups by grades (or if possible into smaller subset/groups) as the younger students tend to follow the older students' lead – if the older students are trying to act "cool" or not pay attention the younger students will not pay attention. Naturally, older students will act like they don't care to portray an "image" to the younger students if they are in the same presentation.

Tips for programming/ presentations:

- Create a timeline – with a plan that includes different messages supporting the same topic and integrate them over time. Don't use the same materials over and over with the same group of students. (For example, students said that they saw the same video three years in a row to illustrate a topic when there was limited time to learn about the issue in the first place.)
- Don't use social media to educate. Teens don't read social media posts if they don't know the person behind the user name.
- Do interactive activities/ trainings/ discussion with teens for them to retain information.
- Perhaps in order to educate teens on substance use, take the approach that the school is sharing this information with them so that if teens are exposed to a situation where their peers are using, they can relate or react appropriately in order for them to help their peers. Use the angle that we are teaching them the signs of abuse so that they can help others (their peers or friends). *(Perhaps by using this angle, teens will actually listen and be willing to learn the material.)*

Delaware YMCA Teen Leaders Discussion - 1/28/16

Environmental Health

- Offer a free dump - trash pick-up twice a week
- Instead of arresting people who do graffiti - offer another outlet such as an art program so they can do their art in a productive way

- More severe punishments
- Offer service projects
- Create signs for incoming trains and more crosswalks with lights. Put trash cans by railroads
- Plant more trees
- Do more emission testing
- Use more electric and solar powered cars
- Use more solar panels
- Have more public transportation
- Use “strainers” for sewage drains
- Use solar powered trash cans
- Less CFC’s
- Designate spots for graffiti (if appropriate)

Mental Health

- Don’t just focus on anti-bullying, there should be a class or something that talks about everything related to MH
- No one “sees” the bullying - it’s all online. The victims don’t tell anyone if it’s happening, because they’re afraid it will get worse, and the bullies don’t get tough enough consequences, or the situation gets worse if someone (adult) steps in and tries to handle it
- All cyber-bullying and very verbal, rare that’s it physical, but that still happens sometimes
- We need to talk about it more - the victims don’t talk because they’re afraid, the witnesses don’t talk because they’re afraid it will turn on them OR if they see it happening, they blow it off cause it doesn’t involve them - so it’s the no big deal mentality
- Posters of positive messages don’t “work” - they’re fine, but they don’t cut down how often it happens, but others felt like posters create awareness for some kids so they know who/where to turn to. Ex. LGBT Club example
- More advisors of kids in Middle Schools

Overweight/Obesity

“how to increase being physically active”

- Start more clubs at school - running clubs, jump rope clubs
- Have competitions between teams (7-1 v. 7-2)
- Offer healthier foods at school

“decrease the number of hours kids are on screens”

- Combine games with exercise - like Just Dance or X-Box Kinect
- Have a no phone zone at schools where kids can leave their phones safely
- Let kids play Kinect if don’t want to go to DOARM???

“increase # of kids who don’t drinking SSB daily”

- Show the kids what drinking those beverages does to your body - talk about the risks more and explain why doing it is going to hurt them – give them context, just don’t tell them no, you can’t have that, explain why
- Don’t have as many sugary options at school - don’t offer pop at school

Substance Use

- Don't shelter the kids - EDUCATE them, talk about it and risks involved
- Work from the source (i.e. Drug Dealers) - this goes along with how easy it is to get drugs.
 - "we all know how easy it is to get anything that you're looking for"
 - "I can go to the gym right now and get whatever I want"
 - "you know who and where to get them"
- Bring people in who have dealt with/used heroin, marijuana/all drugs. Let them talk to us so we can learn from them
- There's much more power and credibility that comes from an experienced user sharing
- We have to deal with the people in poverty and people who are using drugs to escape something else that's going on
- Don't dodge the subject - be straight forward
- Other comments -
 - "Drugs are very accessible - I can go to the gym right now and get whatever I might need"
 - Roger shared that the kids in discussion spoke about a youth mindset that adults have demonized marijuana as awful, but once they use it once and see that its "no big deal", the kids start to wonder what else adults have "lied" about when it comes to drugs - meaning, well they "lied" about pot - so they're probably lying about other stuff to they tell us not to do"
 - With the legalization of pot issue...lots of kids think there are certain medical uses for marijuana that are acceptable...and if it "works" for that medical purpose...then how big of a deal is it really?

Appendix E

Glossary of Terms

ACE – Adverse Childhood Event
ADHD – Attention Deficit Hyperactivity Disorder
ALA – American Lung Association
BMI – Body Mass Index
CBPR – Community Based Participatory Research
CDC – Centers for Disease Control and Prevention
CFHS – Child and Family Health Services
CHIP – Community Health Improvement Plan
DGHD – Delaware General Health District
DMMHRBS – Delaware-Morrow Mental Health and Recovery Services Board
FCFC – Family Children First Council
IRB – Institutional Review Board
MAPP – Mobilizing for Action through Planning & Partnerships
MDE – Major Depressive Episode
ODH – Ohio Department of Health
PHDC – Partnership for a Healthy Delaware County (The Partnership)
RHWP – Reproductive Health and Wellness Program
SAMHSA – Substance Abuse and Mental Health Services Administration
SNAP – Supplemental Nutrition Assistance Program
YHA – Youth Health Assessment
YRBS – Youth Risk Behavior Survey
YRBSS – Youth Risk Behavioral Surveillance System

Appendix F

Timeline

March 27, 2014	Partnership meeting to discuss YHA separate from MAPP
June 11, 2014	First presentation to full FCFC council regarding the CHIP & integration of YHA
July-August, 2014	Secondary data collection
September 10, 2014	Present YHA data overview to full council – Steering Committee created
September 24, 2014	Brainstorming session with Local School Districts
October 24, 2014	Steering Committee Meeting – creation of Parent Surveys
November 21, 2014	Steering Committee Meeting
December, 2014	IRB approval granted for Photovoice
December 19, 2014	Steering Committee Meeting – creation of Key Informant Surveys
January-March, 2015	Assessment planning
March-June, 2015	Assessment implementation
June 30, 2015	Data review with Steering Committee
August 20, 2015	Data review with Steering Committee - preliminary priorities identified
September 9, 2015	Adoption of YHA priorities by full FCFC Council
November 3, 2015	Action planning sessions held with community partners
November 18, 2015	Presented to the Partnership regarding action planning sessions for YHA
December 9, 2015	Presented update to full FCFC Council on action planning for YHA
January 6, 2016	Final Steering Committee meeting
January 19, 2016	STAND UP Leadership discussion group held
January 28, 2016	Teen Leaders youth discussion group held at Delaware YMCA
February 10, 2016	YHA Report presented to full FCFC Council
March, 2016	Adoption of the YHA Report by the Partnership