



2022 | DELAWARE COUNTY

COMMUNITY HEALTH ASSESSMENT



Report Published June 1, 2022

Data Collection:

Adult Survey (Delaware County Health Survey) October, 2021

Youth Survey (Delaware County Youth Risk Behavior Survey) 2019/2020 School Year

Child Survey (Delaware County Children's Community Survey) October, 2021

Report Updated (December 7, 2023)

2023 CHA Annual Update – Appendix XI (pg. 131)

FOREWORD

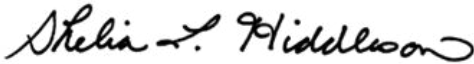
What a time for public health! It is with great pride that we are delighted to share the most recent edition of the Delaware County Community Health Assessment (CHA). This assessment, while published by the Delaware Public Health District, is the work of a larger system, a public health system that has shown its true collaborative nature over the last several years in the wake of Covid-19. The last time The Partnership for a Healthy Delaware County (The Partnership) conducted a CHA was five years ago, when Covid-19 wasn't even on public health's radar, much less impacting 200,000+ Delaware County residents in some way.


Today, public health in 2022 looks dramatically different from the way we think about communicable disease prevention to the importance of social-emotional health. And while public health has many roles and responsibilities to keep our residents healthy and safe, few hurdles have tested our community in the ways that the Covid-19 virus has over the last two years. But through the dark days of this pandemic, our community rose together to continue to protect the health of all our citizens. It is because of this strong community collaboration that sharing this report brings us much joy. Whether Delaware County is fighting a pandemic together, or just collaborating because it's the "right thing to do" - Delaware County is better when we work together.


One of the core functions of public health is to assess the health status of a community – and this report captures just that. This report will outline the results from two recent surveys aimed at evaluating the health status of adults as well as our youngest residents – newborn to 11 years old. Evaluating this type of data allows the local public health system to capture a snapshot of how residents explain their health in real time and allows the community at large to prioritize our most relevant health needs. This report also includes data from our school aged youth, specifically grades 6-12. This report comes from the 2019/2020 school year, before the start of the pandemic. We are hopeful that The Partnership will be able to capture additional data from this population in the near future.

As with all the community health assessments before, the data will be used by multiple partners to harness resources and the infrastructure needed to tackle Delaware County's most pertinent health needs. This data will lead us to our next Community Health Improvement Plan, which will commence in 2023.

We cordially invite you to be a part of this movement and see why Delaware County continues to be a healthy place to live, work and play.


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Delaware Public Health District


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This report is funded by:



ACKNOWLEDGEMENTS

This report has been commissioned by The Delaware Public Health District and members of the Partnership for a Healthy Delaware County (The Partnership): The Partnership members include:

American Red Cross Greater Columbus Chapter
Andrews House
Brown Township
Big Brothers Big Sisters of Central Ohio
Big Walnut Local Schools
Buckeye Valley Local Schools
Cancer Support Community of Central Ohio
City of Delaware Parks and Natural Resources
Common Ground Free Store Ministries
Delaware City Schools
Delaware City Fire Department
Delaware County
Delaware County – Adult Court Services
Delaware County Board of Developmental Disabilities
Delaware County District Library
Delaware County Regional Planning Commission
Delaware County Sheriff’s Office
Delaware County Task Force on Aging
Delaware County Transit
Delaware-Morrow Mental Health & Recovery Services Board
Delaware Ohio Pride
Delaware Police Department
Delaware Public Health District
Delaware Public Health District Board of Health
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NAMI Delaware & Morrow Counties
OhioHealth - Grady Memorial Hospital
Ohio State Wexner Medical Center
Ohio Wesleyan University
Olentangy Local Schools
People in Need
Powell Police Department
Preservation Parks of Delaware County
Prevention Awareness Support Services
Recreation Unlimited
Safe Harbor
Salvation Army
Scioto Township
SourcePoint
Syntero
The Center for Family Safety & Healing
Turning Point

This report has been commissioned by The Delaware Public Health District and members of the Partnership for a Healthy Delaware County (The Partnership): The Partnership members include (continued):

United Way of Delaware County
Unity Community Center
Wornstaff Memorial Public Library

Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health assessments and planning processes in 50+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology, policy, and health education.

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The 2022 Delaware County Health Assessment is available on the following websites:

Delaware Public Health District

www.delawarehealth.org

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Delaware County adults (ages 19 and older) and children (ages 0 to 11) who participated in a county-wide health assessment survey in the fall of 2021. Adult and child data was collected from October 2021 to December 2021. 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 Behavioral Risk Factor Surveillance System (BRFSS) and the National Survey of Children's Health (NSCH) which was developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the adult and child data, guided the needs assessment process, and integrated sources of primary and secondary data into the final report. This executive summary will provide data collection methods and alignment with the 2019 Ohio State Health Assessment (SHA). Following the alignment with the Ohio SHA, data and trend summaries will provide an overview of the data found in the full 2022 Delaware County Health Assessment.

Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health. The Delaware Public Health District received initial accreditation in 2015 and has since then completed one round of re-accreditation in 2020.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2022 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with members of the Partnership for a Healthy Delaware County (The Partnership) representing a variety of community sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health*, can be found throughout the report. For a more detailed approach on primary and secondary data collection methods, please see the section below.

**Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Source: Social Determinants of Health, Healthy People 2030).*

Primary Data Collection Methods

DESIGN

The adult and child community health assessments were cross-sectional in nature and included a written survey of adults and parents. 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. Comparisons to local, state and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.

INSTRUMENT DEVELOPMENT | Adult and Child Surveys

Two survey instruments were designed and pilot tested for this study: one for adults and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and children. The investigators decided to

derive the majority of the adult survey items from the BRFSS, and the majority of the survey items for parents of children ages 0-11 from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from the HCNO conducted a series of meetings with The Partnership. During these meetings, HCNO and The Partnership reviewed and discussed banks of potential survey questions from the BRFSS and NSCH surveys. Based on input from The Partnership, the Delaware Public Health District composed drafts and finalized the surveys containing a reduced number of questions compared to the previous 2017 community health assessment. The adult survey consisted of 70 questions and the child survey consisted of 50 questions.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Delaware County. Using U.S. Census Bureau data (2020 5-year estimates), it was determined that 156,220 persons ages 19 and older resided in Delaware County at the time of the survey collection in the fall of 2021. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error of the survey findings). A sample size of at least 266 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Delaware County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Child Survey

The sampling frame for the child survey consisted of children ages 0-11 residing in Delaware County. Using U.S. Census Bureau data (2020 5-year estimates), it was determined that 34,153 children ages 0-11 resided in Delaware County at the time of the survey collection in the fall of 2021. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children aged 0-11 was 265. The random sample of mailing addresses of parents from Delaware County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed in September of 2021 to 2,000 adults in Delaware County. This advance letter was personalized and printed on Delaware Public Health District stationery. The letter was signed by Shelia Hiddleston, RN, MS, Health Commissioner, Delaware Public Health District; Chris Fink, PHD, Ohio Wesleyan University, Partnership Co-Chair; and Fara Waugh, LISW-S, SourcePoint, Partnership Co-Chair. The letter introduced the county health needs assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

In October of 2021 (six weeks following the advance letter), a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand-signed cover letter (on Delaware Public Health District stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 24% (n=464; CI=± 4.54). This return rate and sample size means that the responses in the needs assessment should be representative of the entire county.

PROCEDURE | Child Survey

Prior to mailing the survey to parents of 0-11-year-olds, in September of 2021, the project team mailed an advance letter to 5,000 parents in Delaware County. This advance letter was personalized and printed on Delaware Public Health District stationery. The letter was signed by Shelia Hiddleston, RN, MS, Health Commissioner, Delaware Public

Health District; Chris Fink, PHD, Ohio Wesleyan University, and Fara Waugh, LISW-S, SourcePoint, Partnership Co-Chair. The letter introduced the county needs assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

In October of 2021 (six weeks following the advance letter), a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand-signed cover letter (on Delaware Public Health District stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 10% (n=438: CI=± 4.65).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Delaware County, the adult data collected was weighted by age, gender, race, and income using 2019 Census 1-year estimate data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III. Additional 2019 Census 1-year estimates are included in Appendix V - Demographic and Household Information.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities or the differences in health outcomes between different groups of people (including age, gender, and income-based disparities) can be identified throughout each section of the 2022 Delaware County Health Assessment. Income and age-based disparities are particularly prevalent in Delaware County. For example, those most likely to rate their general health as fair or poor were adults with annual household incomes under \$50,000 (16%) compared to the general population (7%). Additionally, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, etc.), were higher among those with annual household incomes under \$50,000 compared to the general population.

As part of the community health improvement plan (CHIP) process, The Partnership will identify specific populations that face disparities as part of the prioritization phase of the process.

RESOURCES TO ADDRESS NEEDS

Numerous resources will be identified through the MAPP planning process, resulting in a comprehensive community health improvement plan (CHIP). Community resources (such as food, mental health, clothing, transportation, housing, etc.) can be found on HelpLine's free online database (click [here](#)) or by calling or texting below:

Call 2-1-1 or 800-684-2324

Text "helpline" to 898211

LIMITATIONS

As with all county health assessments, it is important to consider the findings in light of all possible limitations. First, the Delaware County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Delaware County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. The CDC adult data and NSCH child data were collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than as a mail survey.

This survey asked parents questions regarding their young children. Should enough parents have felt compelled to respond in a socially desirable manner inconsistent with reality, this would represent a threat to the internal validity of the results.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, wherever possible. HCNO utilized sites, such as the BRFSS, NSCH, numerous CDC sites, U.S. Census data, Healthy People 2030, Ohio Department of Health (ODH), etc. All of the data is included in the section of the report it corresponds with. All other data will be cited accordingly.

The ODH data was obtained from the Ohio Public Health Information Warehouse. The Ohio Public Health Information Warehouse is a self-service online tool where anyone can obtain the most recent public health data available in Ohio (for example, leading causes of death, cancer mortality, etc.). 2019 mortality data is used as the most recent data available due to 2020-2021 noted as partial and may be incomplete. ODH specifically disclaims responsibility for any analyses, interpretation, or conclusions.

Please note that secondary data labeled as "Delaware County" refers to the county as whole. The Delaware Public Health District data may slightly differ due to their service area. The Delaware Public Health District is a Combined Health District, serving Delaware County (except portions annexed to Westerville, Columbus, and Dublin), Delaware City and Powell.

Key Report Sections

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., binge drinker) can be found in appendix II (Acronyms and Terms) of this report.

Data Summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found further in the report. Please refer to the table of contents regarding placement of the full section.

Adult and Child Trend Summary: The adult and child trend summaries consist of data from the previous 2017 Delaware County Community Health Assessment. Additionally, state and national adult and child data is included for comparison purposes. The trend summary highlights all sections found in the report.

Individual Sections: The data throughout the report is broken into individual sections based on the discretion of The Partnership. Each individual adult section consists of data from adults ages 19 and older in Delaware County. Each individual child section consists of data from parents of children ages 0-11 in Delaware County. The adult individual sections fall under three main categories: health behaviors, chronic disease, and social conditions. The adult social conditions section consists of topics such as food insecurity, housing, COVID-19, etc. The child data follows the adult data, which includes five individual sections. Please reference the table of contents to review placement of individual sections.

Appendix: The appendices is included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, etc. Additionally, please see the appendix for the full 2019-2020 Delaware County Youth Risk Behavior Survey (DCYRBS). The DCYRBS was conducted in September 2018 and published in April 2019.

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2022 CHA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community, to which makes up The Partnership coalition. The Community Health Improvement Process (CHIP) follows the CHA process, which will involve the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners, and uses participant's time well, and results in a plan that can be realistically implemented.

2. Visioning

During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. The four assessments

Each of the four assessments generates valuable information. The results of the assessments are particularly valuable when looking at the results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The Partnership considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which The Partnership members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives, and strategies are presented to the Partnership to meet the prioritized health needs.

6. Action cycle


The Partnership begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

Figure 1.1 The MAPP Framework



2019 Ohio State Health Assessment (SHA)

The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health.

Similar to the 2019 Ohio SHA, the 2022 Delaware County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA.**

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

To view the full 2019 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/>

FIGURE 1.2 | Components of the 2019 State Health Assessment (SHA)*



**Acronyms:*

HCNO - Hospital Council of Northwest Ohio

HPIO - Health Policy Institute of Ohio

ODH - Ohio Department of Health

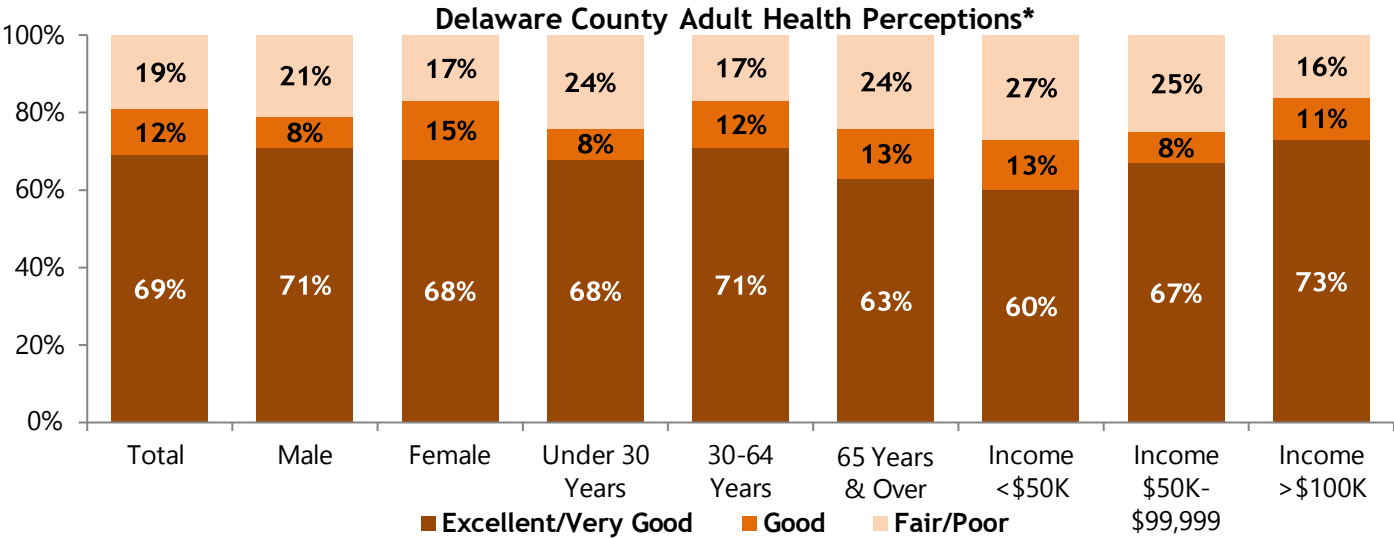
2021 Delaware County Data Summary | Adult Health

The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

“Adults” are defined throughout the report as those ages 19 and older living in Delaware County.

HEALTH STATUS

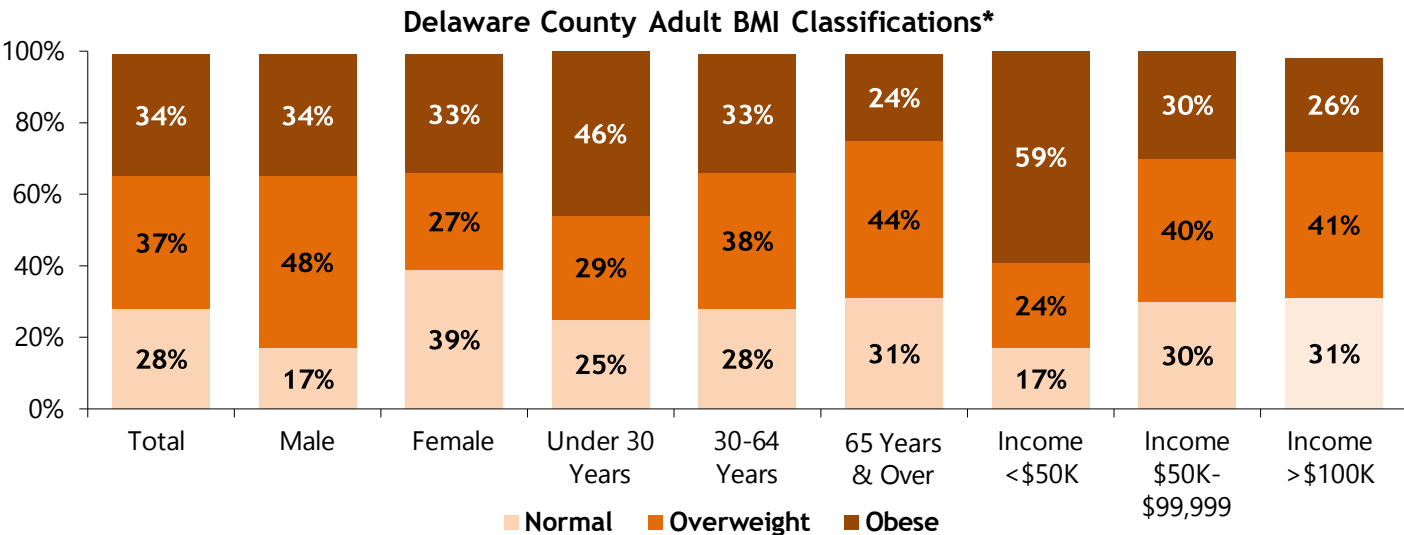
In 2021, 69% of Delaware County adults rated their health status as excellent or very good, while 19% rated their health status as fair or poor. The percentage of adults reporting their health status as fair or poor increased to 27% for those with household incomes of less than \$50,000.



*Respondents were asked: "Would you say that in general your health is excellent/very good, good, and fair/poor?"

WEIGHT STATUS AND PHYSICAL ACTIVITY

Seventy-one percent (71%) of Delaware County adults were overweight or obese based on Body Mass Index (BMI).

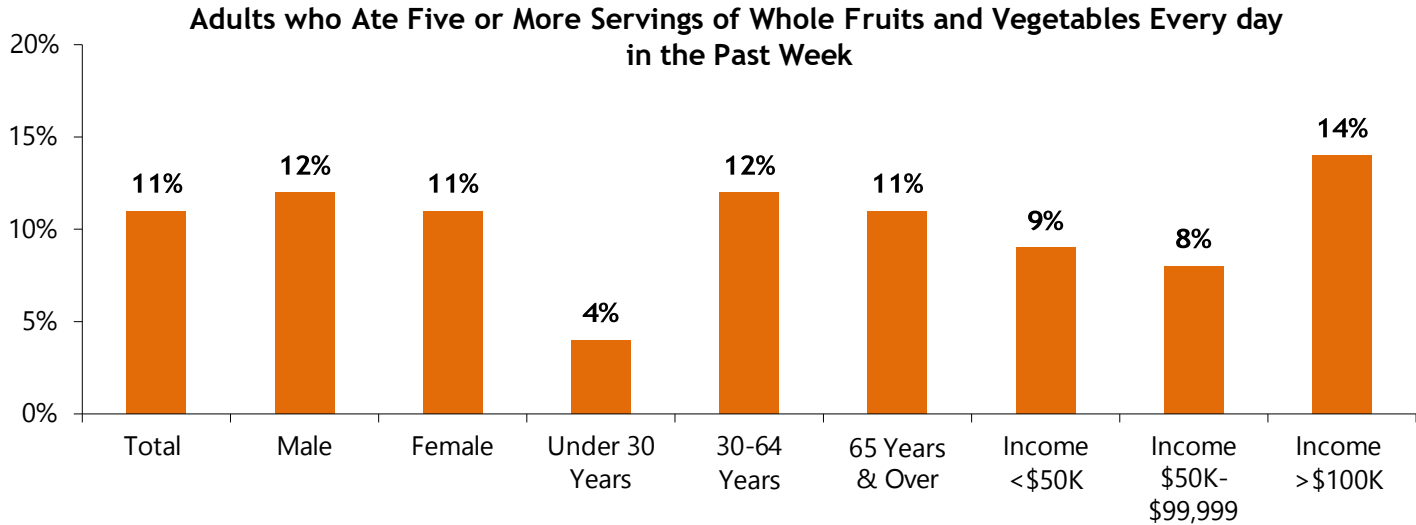


*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight

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

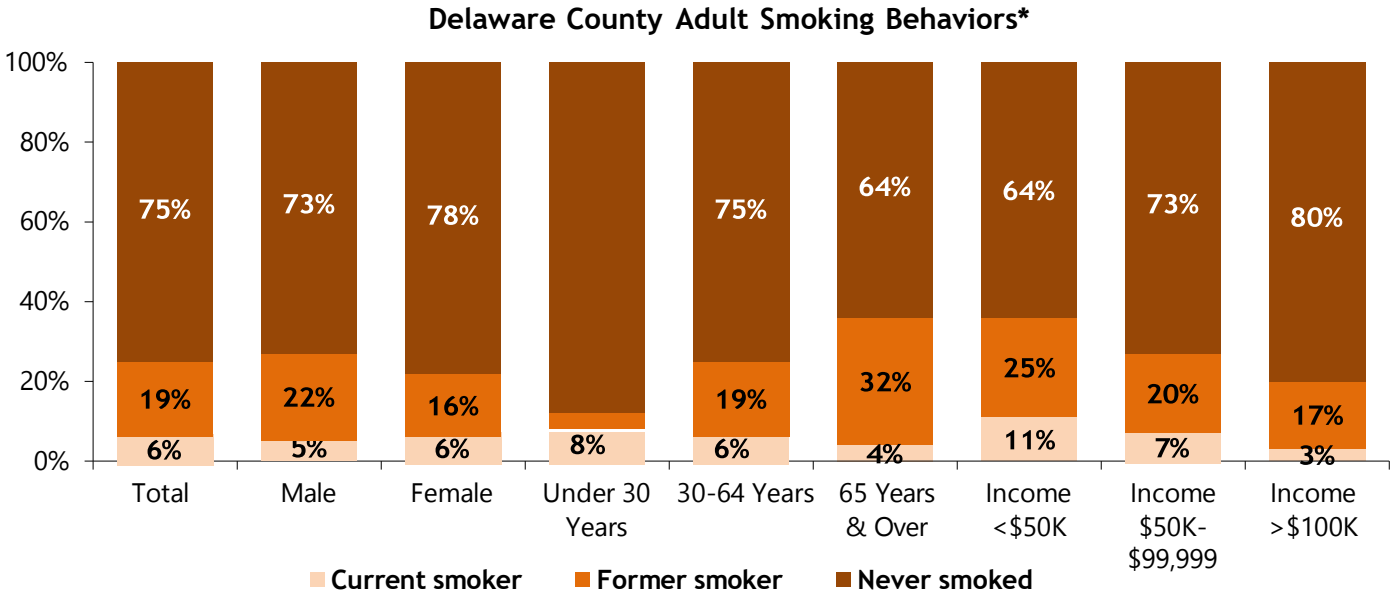
DIET AND NUTRITION

Eleven percent (11%) of Delaware County adults ate 5 or more servings of whole fruits and vegetables every day in the past week (Note: question stated: during the past 7 days, how many days did you eat at least 5 servings of whole fruits/vegetables? Please consider ½ cup = 1 serving).



TOBACCO USE

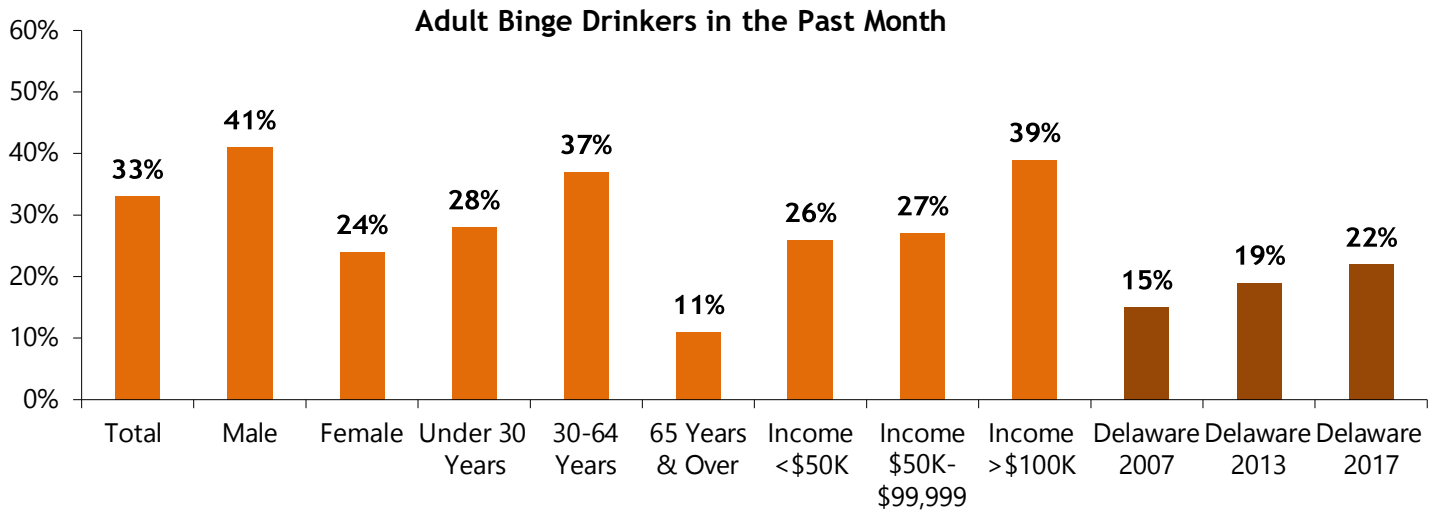
In 2021, 6% of Delaware County adults were current smokers, and 19% were considered former smokers.



*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"
 Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

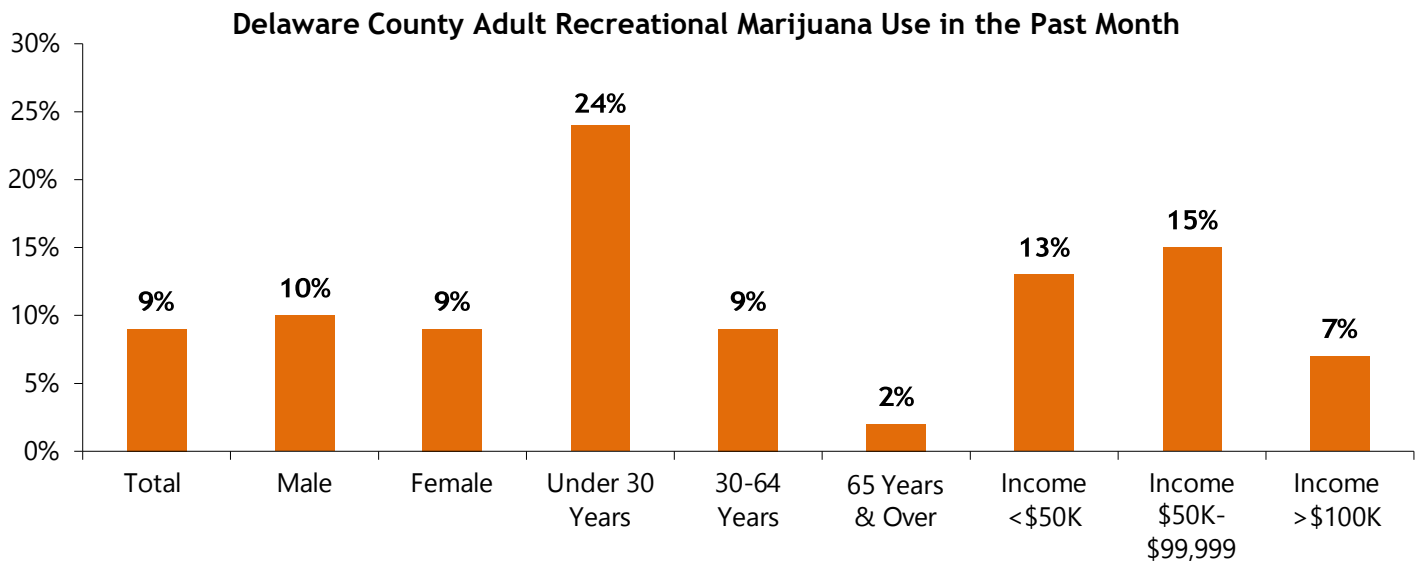
ALCOHOL CONSUMPTION

In 2021, 33% of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



DRUG USE

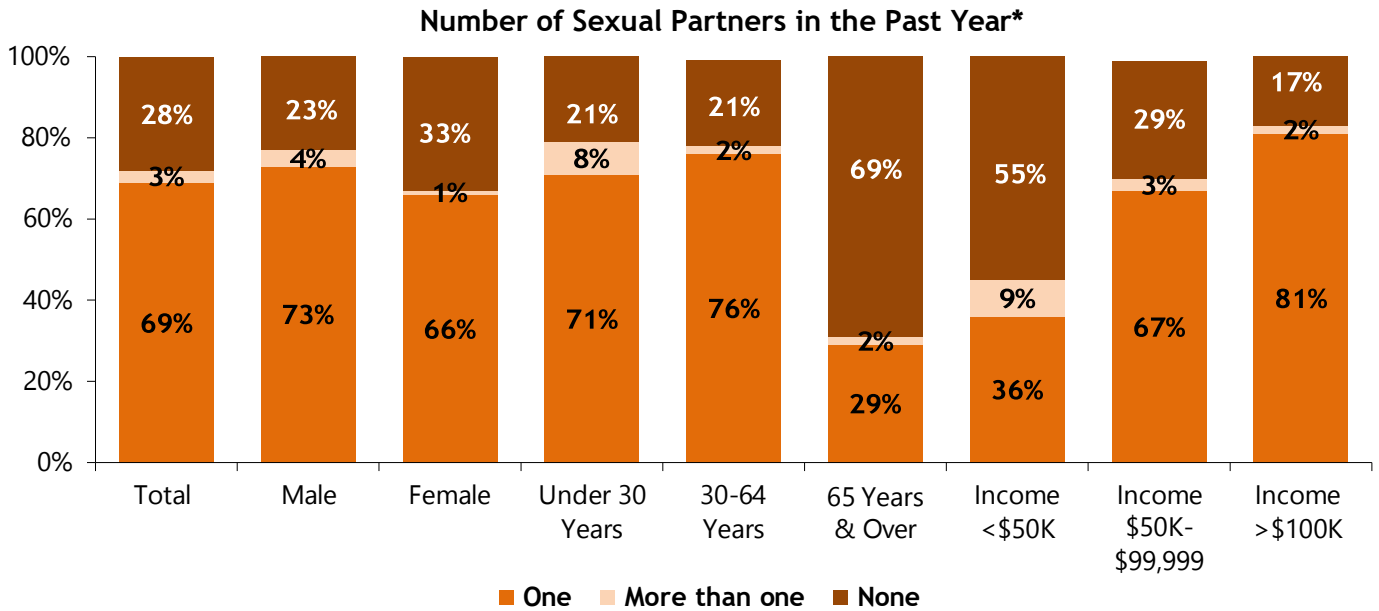
Nine percent (9%) of Delaware County adults had used recreational marijuana during the past month.



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

SEXUAL BEHAVIOR

Seventy-two percent (72%) of Delaware County adults had sexual intercourse in the past year. Three percent (3%) of adults had more than one partner in the past year.

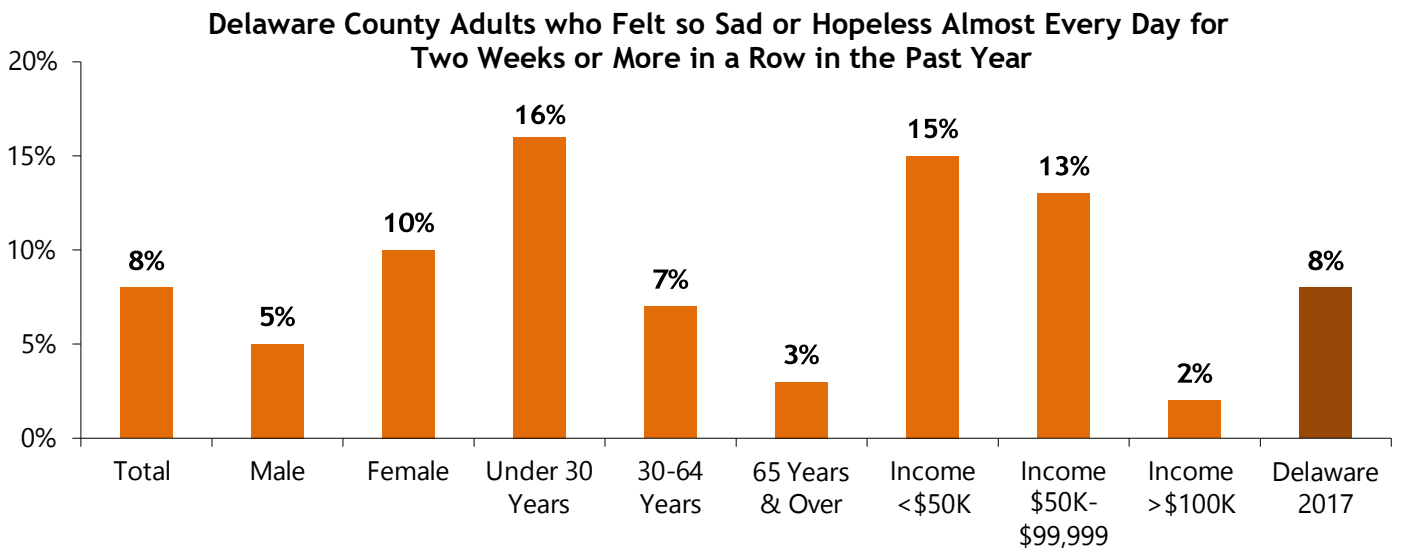


*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

*Totals may not equal 100% as some respondents answered, "Don't know/not sure"

MENTAL HEALTH

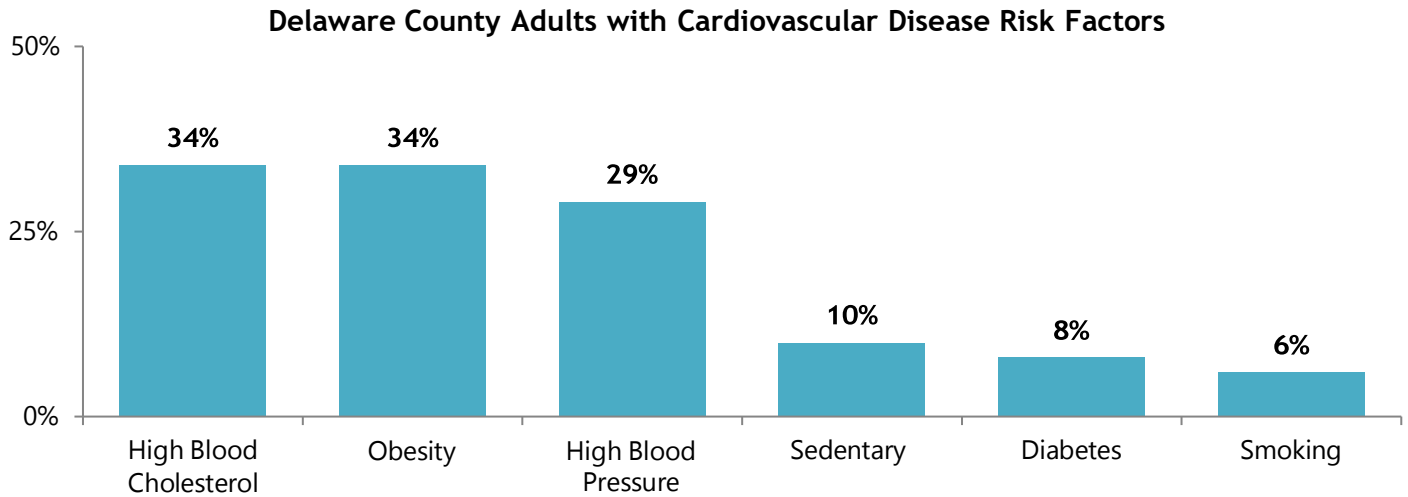
During the past year, 8% of Delaware County adults experienced feeling so sad or hopeless almost every day for two weeks or more in a row that this stopped them from doing usual activities.



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

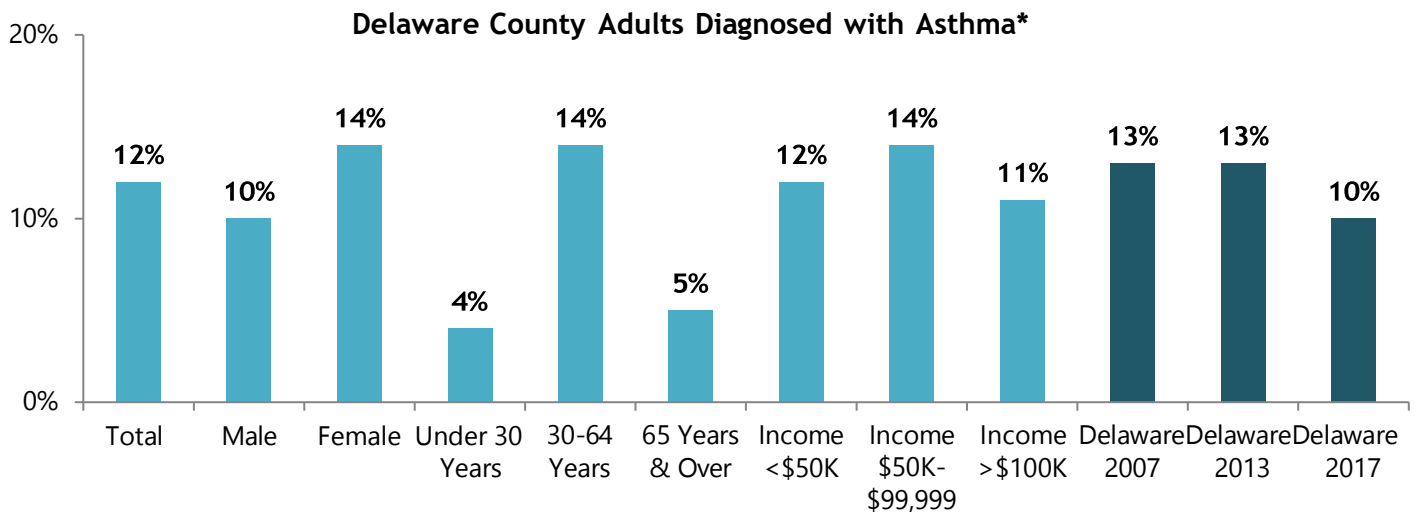
CARDIOVASCULAR HEALTH

More than one-third (34%) of Delaware County adults had high blood cholesterol, 34% were obese (based on Body Mass Index – BMI), 9% had high blood pressure, and 6% were smokers, four known risk factors for heart disease and stroke.



ASTHMA

Twelve percent (12%) of Delaware County adults were told by a doctor, nurse, or other health care professional that they have asthma.



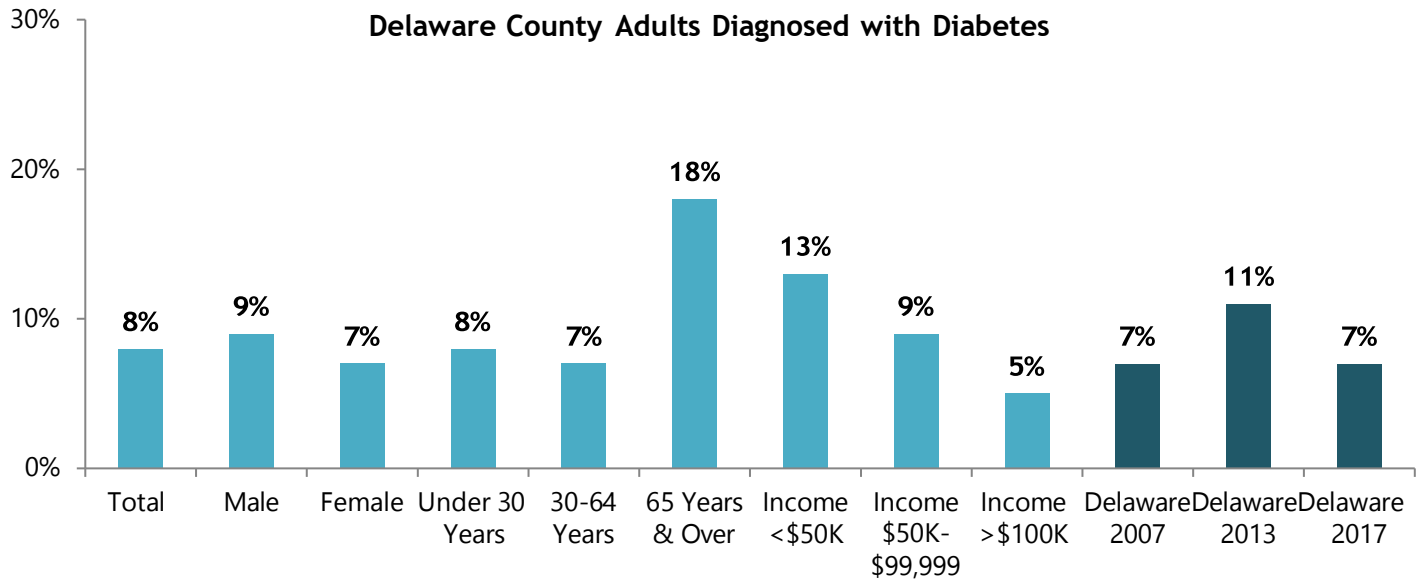
**Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

CANCER

Twelve percent (12%) of Delaware County adults were told by a doctor, nurse, or other health professional that they had cancer more than a year ago.

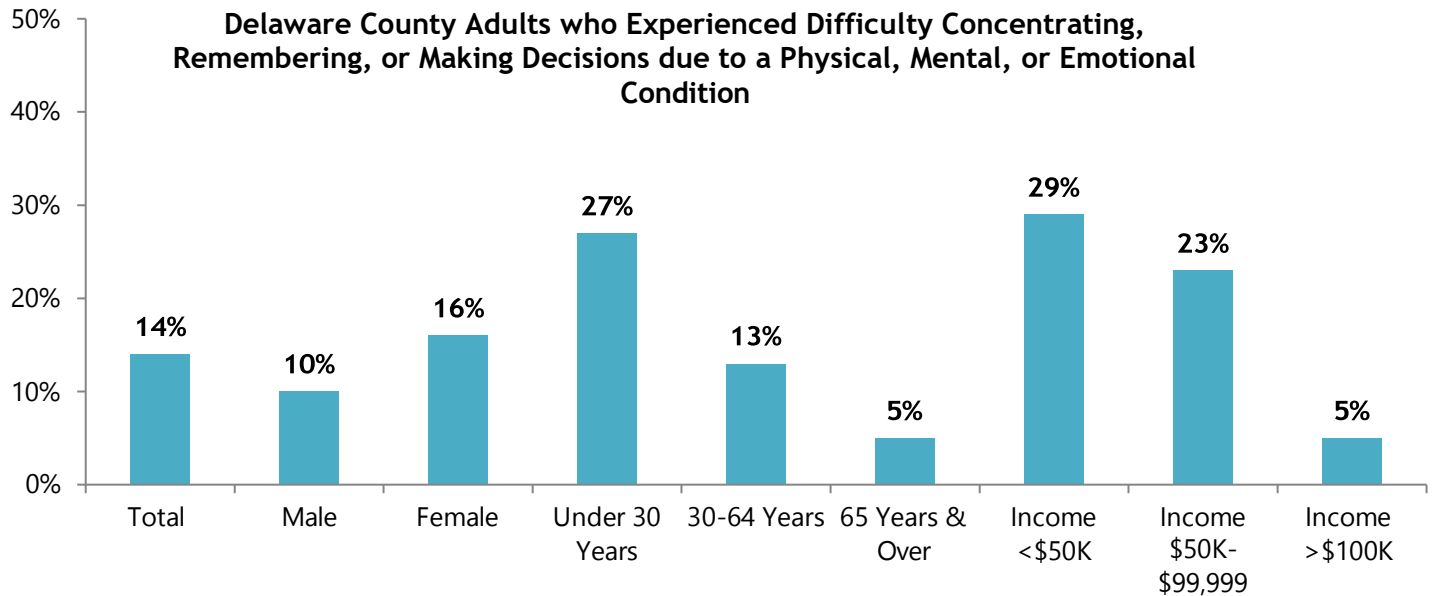
DIABETES

Eight percent (8%) of Delaware County adults were told by a doctor, nurse, or other health care professional that they had diabetes.



QUALITY OF LIFE

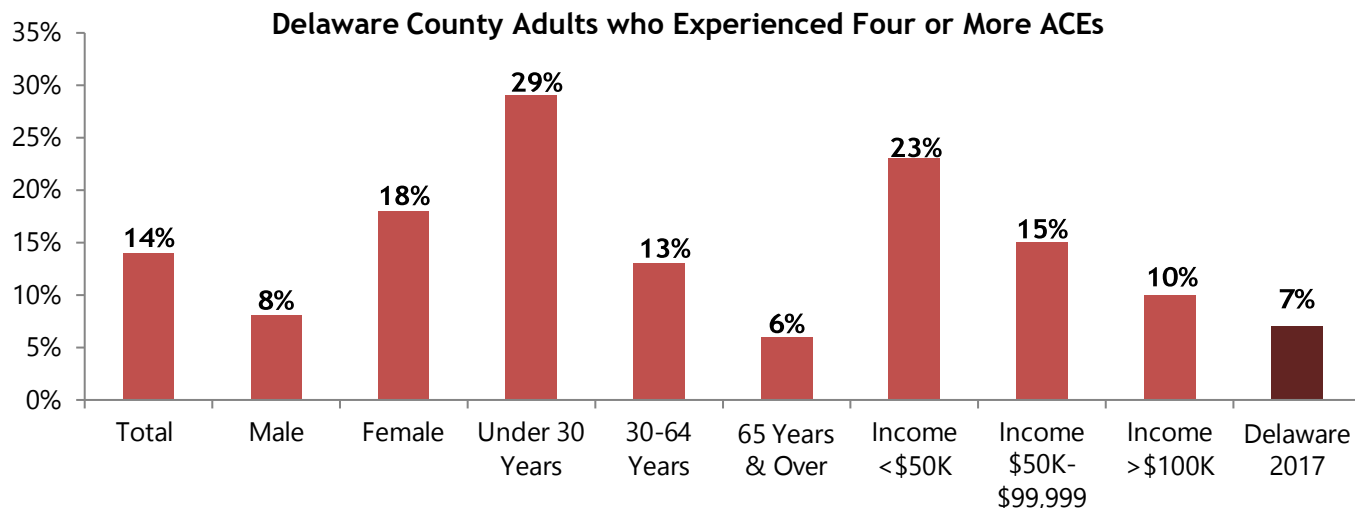
Fourteen percent (14%) of adults experienced difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition.



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

SOCIAL DETERMINANTS OF HEALTH

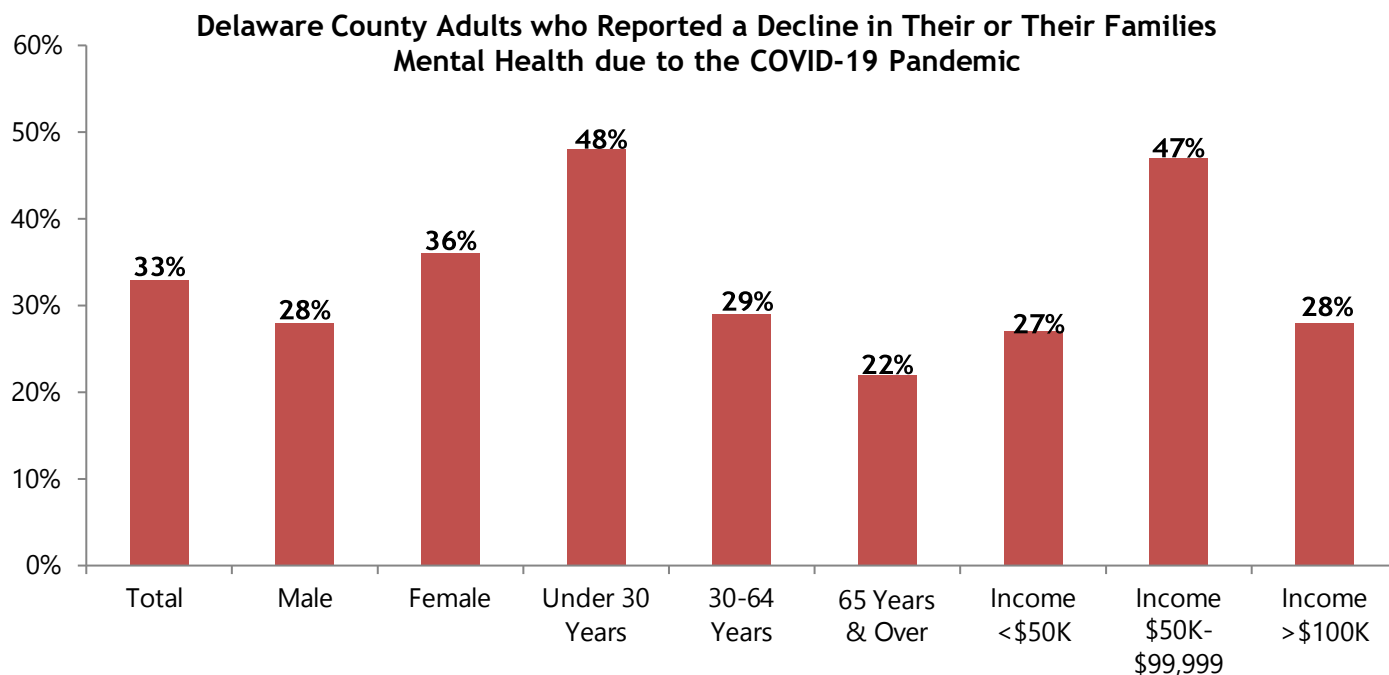
Fourteen percent (14%) of adults experienced four or more adverse childhood experiences (ACEs*).



**Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect; witnessing violence in the home or community; or having a family member attempt or die by suicide. Studies have found a significant relationship between the number of ACEs a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance use, and risky behaviors. The more ACEs experienced, the greater the risk for these outcomes (Source: CDC, Adverse Childhood Experiences).*








COVID-19

Thirty-three percent (33%) of adults reported a decline in their or their families mental health due to the COVID-19 pandemic.



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

ADULT TREND SUMMARY


Adult Variables	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status						
Rated health as good, very good, or excellent	91%	91%	93%	81%	85%	86%
Rated general health as fair or poor 	9%	9%	7%	19%	16%	13%
Asthma & Diabetes						
Had been diagnosed with diabetes 	7%	11%	7%	8%	12%	11%
Had been diagnosed with asthma*	13%	13%	10%	12%	14%	14%
Cardiovascular Health						
Had angina or coronary heart disease 	3%	3%	2%	3%	5%	4%
Had a heart attack 	2%	3%	3%	4%	5%	4%
Had a stroke	1%	3%	2%	2%	4%	3%
Had been diagnosed with high blood pressure 	22%	28%	29%	29%	35%††	33%†
Had been diagnosed with high blood cholesterol	28%	29%	35%	34%	33%††	33%††
Weight Status & Physical Activity						
Overweight	35%	36%	36%	37%	34%	35%
Obese 	22%	25%	29%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	13%	N/A	8%	10%	N/A	N/A
Alcohol Consumption						
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion 	15%	19%	22%	33%	16%	16%
Tobacco Use						
Current smoker (currently smoke some or all days)	16%	15%	10%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	22%	19%	24%	25%
Mental Health						
Seriously considered attempting suicide (in the past year)	N/A	N/A	3%	3%	N/A	N/A
Attempted suicide (in the past year)	N/A	N/A	<1%	1%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	8%	8%	N/A	N/A

N/A - Not available








† 2019 BRFSS WEAT (Web Enabled Analysis Tool)

†† 2019 BRFSS Data

*Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

 Indicates alignment with the Ohio State Health Assessment

ADULT TREND SUMMARY: BY SCHOOL DISTRICT*

District - Adult Variables	Big Walnut 2021 n=40	Buckeye Valley 2021 n=26	Delaware City 2021 n=113	Olentangy Local 2021 n=184	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status							
Rated health as good, very good, or excellent	73%	79%	78%	85%	81%	85%	86%
Rated general health as fair or poor 	27%	21%	22%	15%	19%	16%	13%
Asthma & Diabetes							
Had been diagnosed with diabetes 	8%	8%	10%	7%	8%	12%	11%
Had been diagnosed with asthma**	10%	0%	14%	10%	12%	14%	14%
Cardiovascular Health							
Had angina or coronary heart disease 	8%	0%	2%	4%	3%	5%	4%
Had a heart attack 	3%	4%	3%	4%	4%	5%	4%
Had a stroke	0%	8%	1%	2%	2%	4%	3%
Had been diagnosed with high blood pressure 	30%	46%	32%	25%	29%	35% ^{††}	33% [†]
Had been diagnosed with high blood cholesterol	40%	54%	40%	26%	34%	33% ^{††}	33% ^{††}
Weight Status & Physical Activity							
Overweight	50%	29%	35%	40%	37%	34%	35%
Obese 	28%	38%	46%	24%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	13%	21%	7%	8%	10%	N/A	N/A
Alcohol Consumption							
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	43%	28%	23%	34%	33%	16%	16%
Tobacco Use							
Current smoker (currently smoke some or all days)	2%	8%	9%	2%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	27%	20%	15%	19%	24%	25%
Mental Health							
Seriously considered attempting suicide (in the past year)	3%	0%	4%	2%	3%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	5%	4%	13%	4%	8%	N/A	N/A

N/A - Not available


[†] 2019 BRFSS WEAT (Web Enabled Analysis Tool)

^{††} 2019 BRFSS Data








*School district categories are based on individuals who live in the boundaries of each school district. Total Delaware County 2021 percentages include the addition of Westerville and Dublin City school districts

** Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey. School district suicide attempt data is not included as the overall percentage was too low to report additional population subsets.

 Indicates alignment with the Ohio State Health Assessment

ADULT TREND SUMMARY: BIG WALNUT SCHOOL DISTRICT

Big Walnut School District - Adult Variables	Big Walnut 2007	Big Walnut 2013	Big Walnut 2017	Big Walnut 2021	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status							
Rated health as good, very good, or excellent	95%	88%	95%	73%	81%	85%	86%
Rated general health as fair or poor 	N/A	N/A	5%	27%	19%	16%	13%
Asthma & Diabetes							
Had been diagnosed with diabetes 	6%	13%	5%	8%	8%	12%	11%
Had been diagnosed with asthma*	14%	10%	12%	10%	12%	14%	14%
Cardiovascular Health							
Had angina or coronary heart disease 	N/A	5%	0%	8%	3%	5%	4%
Had a heart attack 	N/A	3%	5%	3%	4%	5%	4%
Had a stroke	N/A	5%	2%	0%	2%	4%	3%
Had been diagnosed with high blood pressure 	17%	29%	31%	30%	29%	35% ^{††}	33% [†]
Had been diagnosed with high blood cholesterol	25%	38%	25%	40%	34%	33% ^{††}	33% ^{††}
Weight Status & Physical Activity							
Overweight	36%	39%	36%	50%	37%	34%	35%
Obese 	15%	27%	36%	28%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	N/A	N/A	N/A	13%	10%	N/A	N/A
Alcohol Consumption							
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	14%	17%	21%	43%	33%	16%	16%
Tobacco Use							
Current smoker (currently smoke some or all days)	15%	17%	16%	2%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	29%	20%	19%	24%	25%
Mental Health							
Seriously considered attempting suicide (in the past year)	N/A	N/A	N/A	3%	3%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	N/A	5%	8%	N/A	N/A


N/A - Not available

+ 2019 BRFSS WEAT (Web Enabled Analysis Tool)








†† 2019 BRFSS Data

* Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

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

 Indicates alignment with the Ohio State Health Assessment

ADULT TREND SUMMARY: BUCKEYE VALLEY SCHOOL DISTRICT

Buckeye Valley School District-Adult Variables	Buckeye Valley 2007	Buckeye Valley 2013	Buckeye Valley 2017	Buckeye Valley 2021	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status							
Rated health as good, very good, or excellent	90%	90%	100%	79%	81%	85%	86%
Rated general health as fair or poor 	N/A	N/A	0%	21%	19%	16%	13%
Asthma & Diabetes							
Had been diagnosed with diabetes 	10%	14%	13%	8%	8%	12%	11%
Had been diagnosed with asthma*	9%	15%	0%	0%	12%	14%	14%
Cardiovascular Health							
Had angina or coronary heart disease 	N/A	5%	3%	0%	3%	5%	4%
Had a heart attack 	N/A	5%	3%	4%	4%	5%	4%
Had a stroke	N/A	4%	0%	8%	2%	4%	3%
Had been diagnosed with high blood pressure 	28%	33%	26%	46%	29%	35% ^{††}	33% [†]
Had been diagnosed with high blood cholesterol	29%	27%	46%	54%	34%	33% ^{††}	33% ^{††}
Weight Status & Physical Activity							
Overweight	35%	44%	26%	29%	37%	34%	35%
Obese 	26%	24%	50%	38%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	N/A	N/A	N/A	21%	10%	N/A	N/A
Alcohol Consumption							
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	13%	17%	28%	28%	33%	16%	16%
Tobacco Use							
Current smoker (currently smoke some or all days)	11%	30%	11%	8%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	16%	27%	19%	24%	25%
Mental Health							
Seriously considered attempting suicide (in the past year)	N/A	N/A	N/A	0%	3%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	N/A	4%	8%	N/A	N/A


N/A - Not available

[†] 2019 BRFSS WEAT (Web Enabled Analysis Tool)








^{††} 2019 BRFSS Data

* Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

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

 Indicates alignment with the Ohio State Health Assessment

ADULT TREND SUMMARY: DELAWARE CITY SCHOOL DISTRICT

Delaware City School District- Adult Variables	Delaware City 2007	Delaware City 2013	Delaware City 2017	Delaware City 2021	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status							
Rated health as good, very good, or excellent	86%	81%	92%	78%	81%	85%	86%
Rated general health as fair or poor 	N/A	N/A	8%	22%	19%	16%	13%
Asthma & Diabetes							
Had been diagnosed with diabetes 	10%	12%	8%	10%	8%	12%	11%
Had been diagnosed with asthma*	20%	18%	13%	14%	12%	14%	14%
Cardiovascular Health							
Had angina or coronary heart disease 	N/A	4%	1%	2%	3%	5%	4%
Had a heart attack 	N/A	4%	3%	3%	4%	5%	4%
Had a stroke	N/A	2%	1%	1%	2%	4%	3%
Had been diagnosed with high blood pressure 	27%	30%	35%	32%	29%	35% ^{††}	33% [†]
Had been diagnosed with high blood cholesterol	31%	26%	32%	40%	34%	33% ^{††}	33% ^{††}
Weight Status & Physical Activity							
Overweight	35%	37%	35%	35%	37%	34%	35%
Obese 	30%	30%	25%	46%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	N/A	N/A	N/A	7%	10%	N/A	N/A
Alcohol Consumption							
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	18%	25%	16%	23%	33%	16%	16%
Tobacco Use							
Current smoker (currently smoke some or all days)	22%	28%	7%	9%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	19%	20%	19%	24%	25%
Mental Health							
Seriously considered attempting suicide (in the past year)	N/A	N/A	N/A	4%	3%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	N/A	13%	8%	N/A	N/A


N/A - Not available

[†] 2019 BRFSS WEAT (Web Enabled Analysis Tool)








^{††} 2019 BRFSS Data

* Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

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

 Indicates alignment with the Ohio State Health Assessment

ADULT TREND SUMMARY: OLENTANGY LOCAL SCHOOL DISTRICT

Olentangy Local School District-Adult Variables	Olentangy Local 2007	Olentangy Local 2013	Olentangy Local 2017	Olentangy Local 2021	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status							
Rated health as good, very good, or excellent	94%	94%	93%	85%	81%	85%	86%
Rated general health as fair or poor 	N/A	N/A	7%	15%	19%	16%	13%
Asthma & Diabetes							
Had been diagnosed with diabetes 	7%	8%	6%	7%	8%	12%	11%
Had been diagnosed with asthma*	10%	11%	12%	10%	12%	14%	14%
Cardiovascular Health							
Had angina or coronary heart disease 	N/A	4%	3%	4%	3%	5%	4%
Had a heart attack 	N/A	4%	3%	4%	4%	5%	4%
Had a stroke	N/A	2%	2%	2%	2%	4%	3%
Had been diagnosed with high blood pressure 	20%	29%	28%	25%	29%	35% ^{††}	33% [†]
Had been diagnosed with high blood cholesterol	27%	29%	35%	26%	34%	33% ^{††}	33% ^{††}
Weight Status & Physical Activity							
Overweight	36%	36%	41%	40%	37%	34%	35%
Obese 	18%	26%	26%	24%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	N/A	N/A	N/A	8%	10%	N/A	N/A
Alcohol Consumption							
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	15%	15%	25%	34%	33%	16%	16%
Tobacco Use							
Current smoker (currently smoke some or all days)	13%	3%	12%	2%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	19%	15%	19%	24%	25%
Mental Health							
Seriously considered attempting suicide (in the past year)	N/A	N/A	N/A	2%	3%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	N/A	4%	8%	N/A	N/A


N/A - Not available

[†] 2019 BRFSS WEAT (Web Enabled Analysis Tool)

^{††} 2019 BRFSS Data

* Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

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

 Indicates alignment with the Ohio State Health Assessment

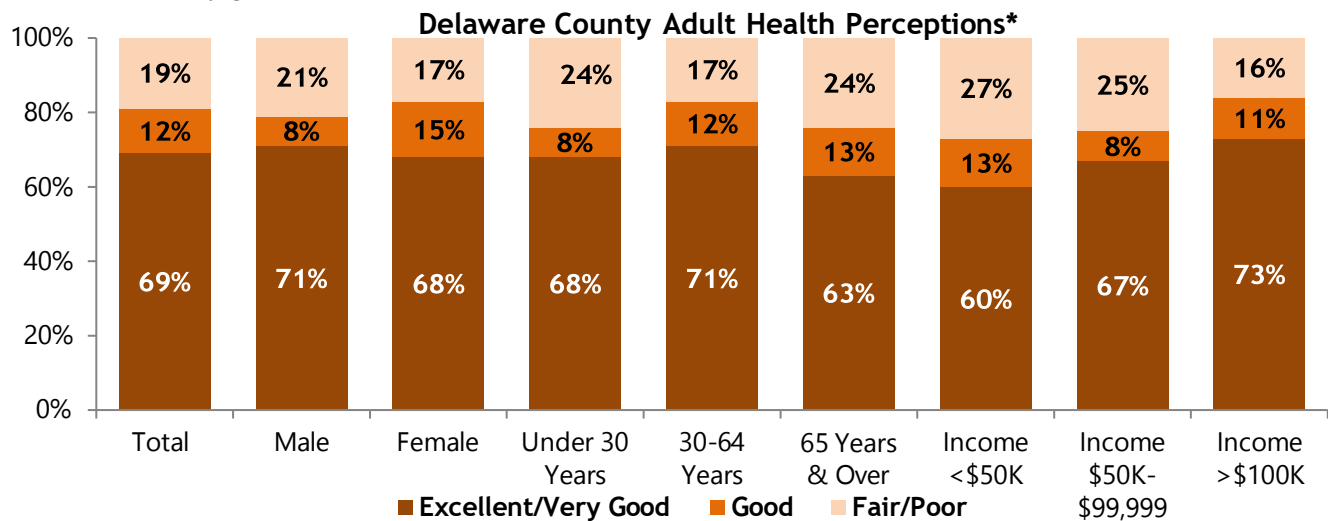
Health Behaviors: Adult Health Status

General Health Status

19% of adults, or approximately 29,682 Delaware County adults, rated their general health as fair or poor.

- In 2021, 69% of Delaware County adults rated their health as excellent or very good. Delaware County adults with incomes of \$100,000 or more (73%) were more likely to rate their health as excellent or very good, compared to 60% of those with incomes less than \$50,000.
- In the past year, 19% of adults rated their health as fair or poor. Delaware County adults were most likely to rate their health as fair or poor if they:
 - Were widowed (31%)
 - Had an annual household income under \$50,000 (27%)
 - Had high blood cholesterol (27%)
 - Were 65 years of age or older (24%)
 - Had been diagnosed with diabetes (14%)

The following graph shows the percentage of Delaware County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 69% of all Delaware County adults, 71% of males, and 63% of those ages 65 and older rated their health as excellent or very good.



*Respondents were asked: "Would you say that in general your health is excellent/very good, good, and fair/poor?"

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

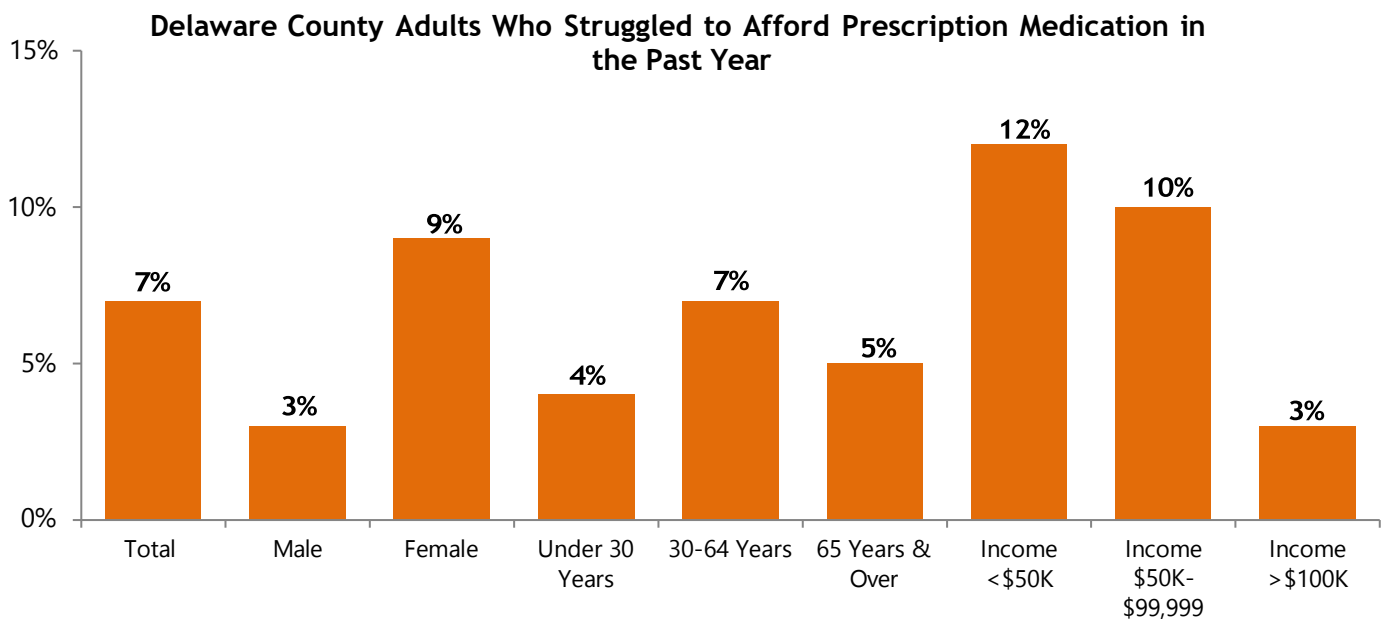
Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Rated health as good, very good, or excellent	91%	91%	93%	81%	85%	86%
Rated health as fair or poor	9%	9%	7%	19%	16%	13%

Prescription Medication

7% of adults, or approximately 10,935 Delaware County adults, reported struggling to afford their prescription medication in the past year.

- Seventy percent (70%) of Delaware County adults were taking at least one prescription medication, increasing to 90% of adults ages 65 and older.
- Nearly one-third (31%) of adults were taking 3 or more prescription medications, and 9% were taking 5 or more prescription medications.
- Seven percent (7%) of adults reported struggling to afford their prescription medication in the past year. This percentage increases to 12% when considering those with incomes less than \$50,000.

The following graph shows the percentage of Delaware County adults who struggled to afford prescription medication in the past year. Examples of how to interpret the information include: 7% of all Delaware County adults struggled to afford prescription medication, including 7% of those ages 30-64 and 12% of those with incomes less than \$50,000.



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

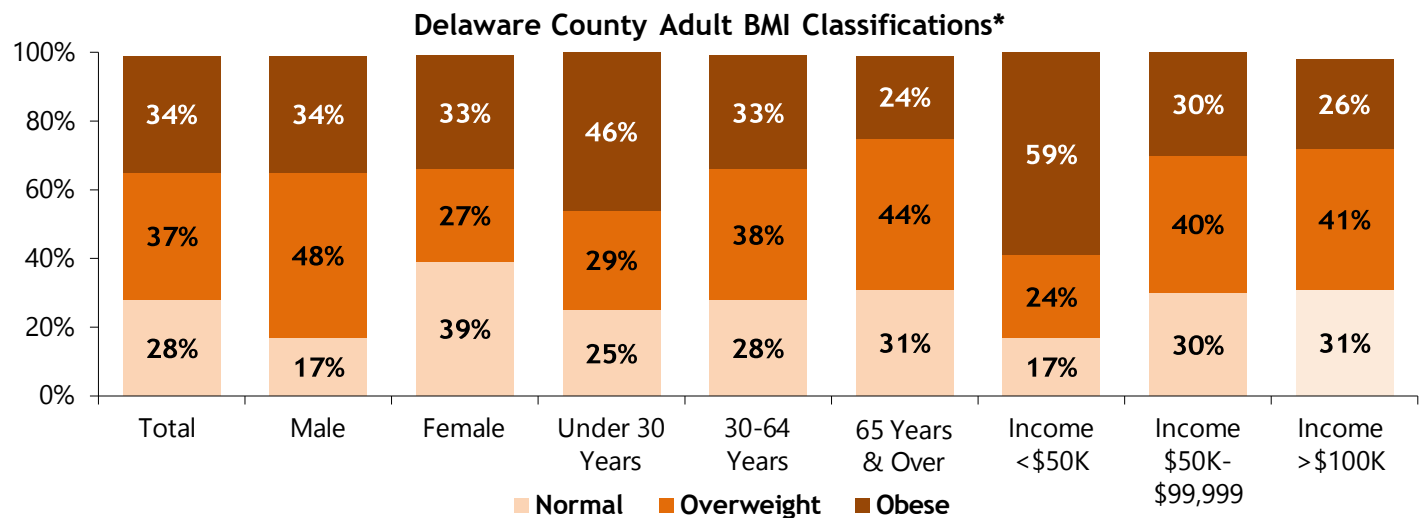
Health Behaviors: Adult Weight Status & Physical Activity

Adult Weight Status

34% of adults, or approximately 53,115 Delaware County adults, were obese.

- More than half (55%) of adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight. Twelve percent (12%) of Delaware County adults were not doing anything to lose or gain weight.
- Seventy-one percent (71%) of Delaware County adults were either overweight (37%) or obese (34%) by Body Mass Index (BMI), putting them at an elevated risk for developing a variety of chronic diseases.

The following graph shows the percentage of Delaware County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 28% of all Delaware County adults were classified as normal weight, 37% were overweight and 34% were obese.



*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Overweight (BMI of 25.0 – 29.9)	35%	36%	36%	37%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	22%	25%	29%	34%	36%	32%

Adults Obesity Facts

- **Obesity is a common, serious, and costly disease**
 - Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer. These are some of the leading causes of preventable death.
 - The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- **Obesity affects some groups more than others**
 - In the U.S., non-Hispanic Black adults had the highest age-adjusted rates of obesity (49.6%) followed by Hispanic adults (44.8%), non-Hispanic White adults (42.2%), and non-Hispanic Asian adults (17.4%).
- **Obesity and socioeconomic status**
 - Overall, men and women with college degrees had lower obesity prevalence compared with those with less education.

(Source: CDC, *Adult Obesity Facts*, updated September 30, 2021)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health conditions which allows communities with different age structure to be compared.

Physical Activity

- Forty percent (40%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 1 to 3 days per week. Fifty percent (50%) of adults exercised 4 or more days per week. Ten percent (10%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity Basics*, 2020).

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	13%	N/A	8%	10%	N/A	N/A

N/A - Not Available

Health Behaviors: Adult Diet and Nutrition

Nutrition

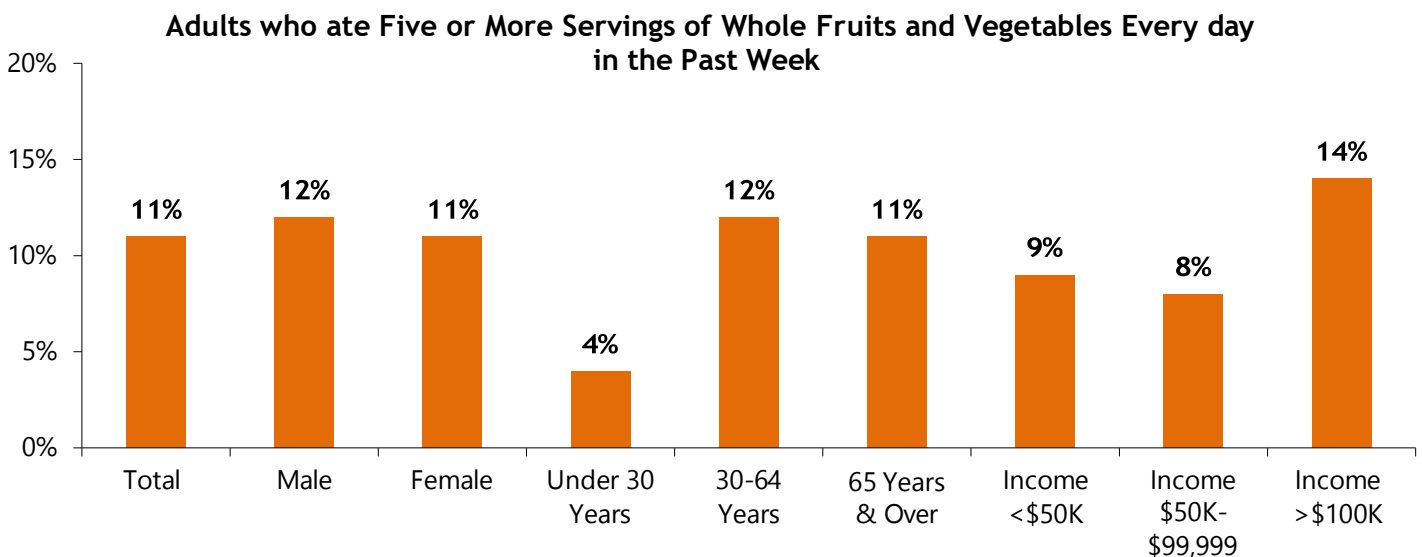
- In a typical week, adults ate out in a restaurant or brought home take-out food at the following frequencies:
 - Did not eat in a restaurant or bring home take-out food (7%)
 - 1 to 2 meals (63%)
 - 3 to 4 meals (23%)
 - 5 or more meals (7%)

89% of adults, or approximately 139,036 Delaware County adults, did not eat five or more servings of whole fruits and vegetables every day in the past week.

- Delaware County adults consumed 5 or more servings of whole fruits and vegetables an average of 3.5 days in the past week.
- In the past week, adults ate 5 or more servings of whole fruits and vegetables at the following frequencies:
 - Every day (11%)
 - 4-to-6 days (39%)
 - 1-to-3 days (40%)
 - 0 days (10%)

Note: the question stated: during the past 7 days, how many days did you eat at least 5 servings of whole fruits/vegetables? Please consider ½ cup = 1 serving

The following graph shows the percentage of Delaware County adults who ate five or more servings of whole fruits and vegetables every day in the past week. Examples of how to interpret the information shown on the first graph include: 11% of all Delaware County adults ate five or more servings of whole fruits and vegetables everyday in the past week, including 11% of females and 4% of those under 30 years old.



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

Fruit and Vegetable Recommendations

The amount of fruit and vegetables you need to eat depends on your age, sex, height, weight, and level of physical activity. For women, the amount can also depend on whether you are pregnant or breastfeeding. For general fruit and vegetable recommendations by age, see the table below:

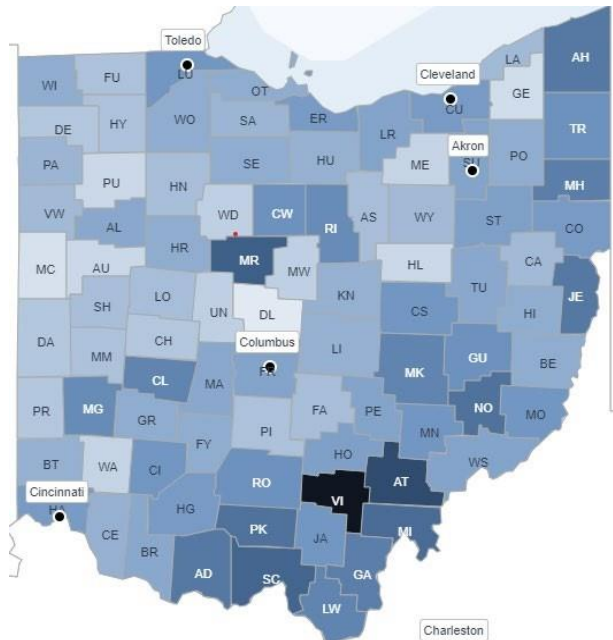
Daily Fruit Recommendations*			Daily Vegetable Recommendations*		
Women	19-30 years	1 ½ to 2 cups	Women	19-30 years	2 ½ to 3 cups
	31-59 years	1 ½ to 2 cups		31-59 years	2 to 3 cups
	60+ years	1 ½ to 2 cups		60+ years	2 to 3 cups
Men	19-30 years	2 to 2 ½ cups	Men	19-30 years	3 to 4 cups
	31-59 years	2 to 2 ½ cups		31-59 years	3 to 4 cups
	60+ years	2 to 2 ½ cups		60+ years	2 ½ to 3 ½ cups

**One serving of fruit equals one cup of fruit or 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup from the fruit group. One serving of vegetables equals one cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy salad greens can be considered as 1 cup from the vegetable group.*

(Source: MyPlate, U.S. Department of Agriculture)

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the food environment index measure is limited access to healthy foods & food insecurity. See below for more information regarding the two variables.

- The food environment index in Delaware County is 8.9.
- The food environment index in Ohio is 6.8.



Delaware County had a food index measure of:

8.9



Food Environment Index

The Food Environment is a scaled index and ranges from a scale of 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile.

2) Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey to estimate food insecurity.

In 2022, the average value (median) for counties was 7.6 and most counties fell between about 6.8 and 8.2.

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings, 2022)

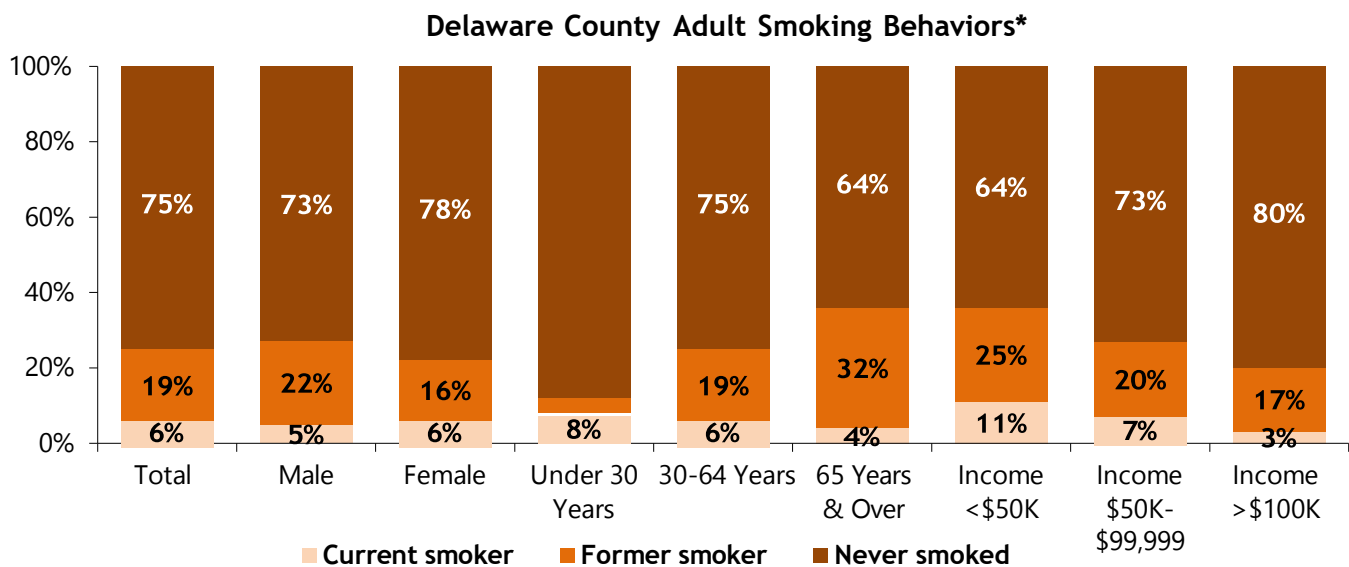
Health Behaviors: Adult Tobacco Use

Adult Tobacco Use Behaviors

- Adults used e-cigarettes or other electronic vaping products every day (1%), some days (3%), or not at all (96%).
- Six percent (6%) of Delaware County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Nearly one-fifth (19%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Delaware County adult smokers were more likely to have:
 - Chronic Obstructive Pulmonary Disease (COPD) or emphysema (25%)
 - Asthma (23%)
 - Incomes less than \$50,000 (11%)
 - Been under the age of 30 (8%)

6% of adults, or approximately 9,373 Delaware County adults, were current smokers.

The following graph shows Delaware County adults smoking behaviors. Examples of how to interpret the information include: 6% of all Delaware County adults were current smokers, 19% of all adults were former smokers, and 75% had never smoked.



*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

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

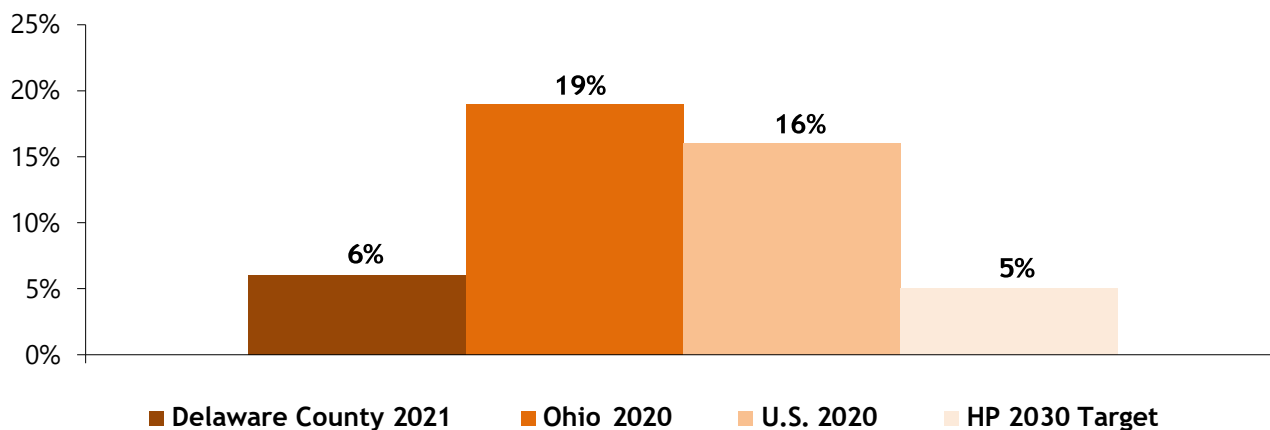
Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Current smoker (currently smoke some or all days)	16%	15%	10%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	22%	19%	24%	25%

N/A - Not Available

The following graph shows Delaware County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- The Delaware County adult cigarette smoking rate was lower than the Ohio and U.S. rates, but slightly higher than the Healthy People 2030 target objective.

Healthy People 2030 Objective & Cigarette Smoking Rates



(Sources: 2021 Delaware County Health Assessment, 2020 BRFSS and Healthy People 2030)

Tobacco and Health Outcomes

Tobacco use and exposure to secondhand smoke contributes to many negative health outcomes across all ages. Over 20,000 Ohioans die as a result of smoking each year.

- **Cigarettes:** smoking and secondhand smoke exposure contribute to leading causes of infant mortality, including low birth weight, preterm delivery, and sudden infant death syndrome. Secondhand smoke exposure at a young age can lead to respiratory and ear infections. Beginning tobacco use early can result in lifelong nicotine addiction and can lead to a multitude of health issues such as heart disease, lung disease, diabetes, reproductive problems, and more.
- **E-cigarettes:** although we do not know as much about the long-term consequences of e-cigarette use, there is evidence that completely substituting cigarettes for combustible cigarettes reduced exposure to many harmful substances and carcinogens. However, current research indicated that e-cigarette use can result in acute health effects such as elevated heart rate and blood pressure, as well as biological changes that could contribute to long-term health problems.

Due to factors such as trauma, discrimination and marketing strategies, some groups of Ohioans are at higher risk of tobacco use and associated harm. The groups listed below have a 30% higher rate of cigarette smoking than Ohio's overall rate:

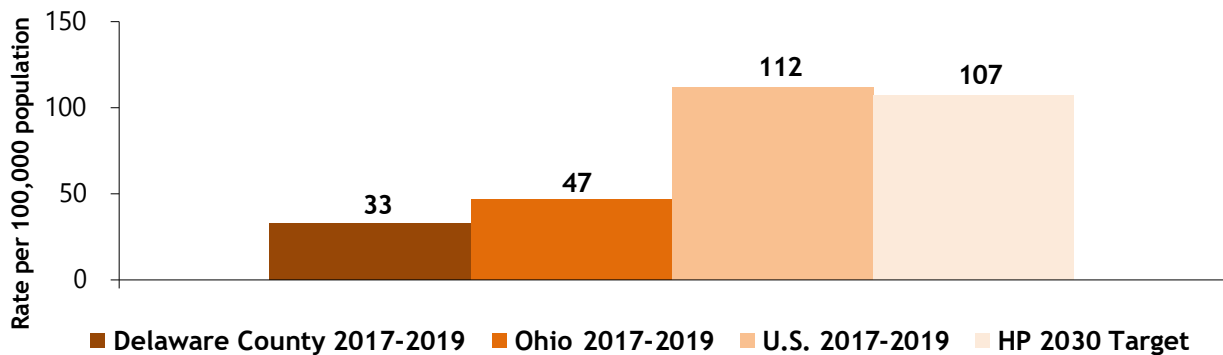
- Male youth
- 9th grade youth
- Youth who are gay, lesbian or bisexual
- Adults who have experienced two or more adverse childhood experiences
- People with low incomes
- People with disabilities
- People with 14 or more poor mental health days in the past month

(Source: Healthy Policy Institute of Ohio, Health Impacts of Tobacco Use in Ohio, December 3, 2021)

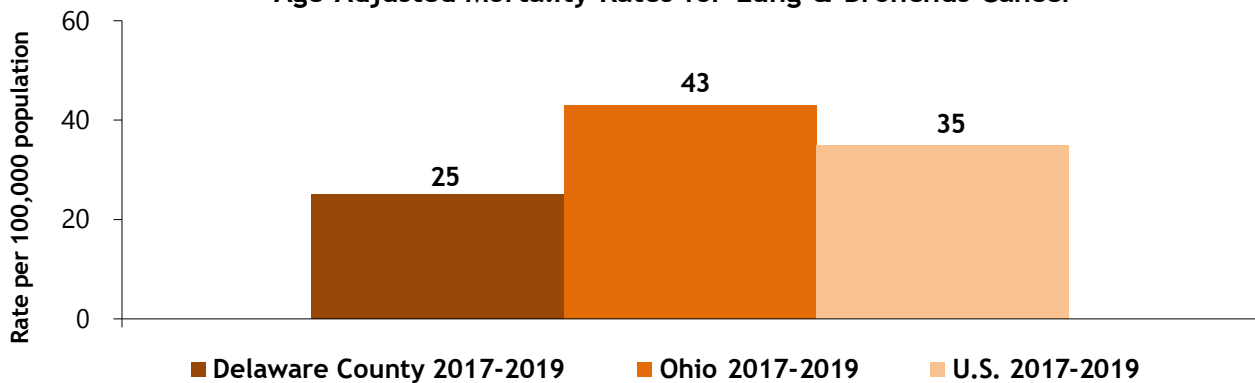
The first graph shows Delaware County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD). The second and third graphs show lung and bronchus cancer age-adjusted mortality rates in comparison with Ohio and U.S. rates. These graphs show:

- From 2017-to-2019, Delaware County’s age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the U.S. and Ohio rates, as well as the Healthy People 2030 target objective.
- Delaware County lung and bronchus cancer age-adjusted mortality rates were lower than U.S. and Ohio rates. The Delaware County male mortality rate was slightly higher than the female rate.

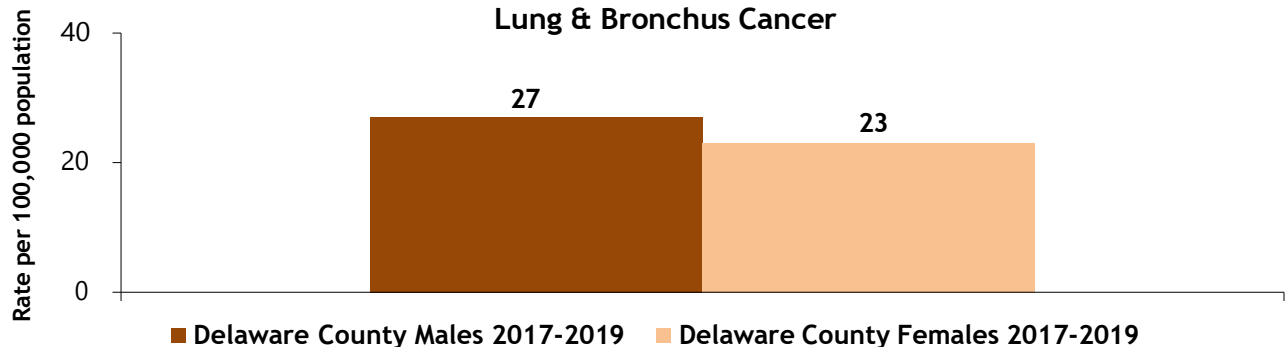
Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD) Adults Aged 45+



Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer



(Sources for graphs: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Health Behaviors: Adult Alcohol Consumption

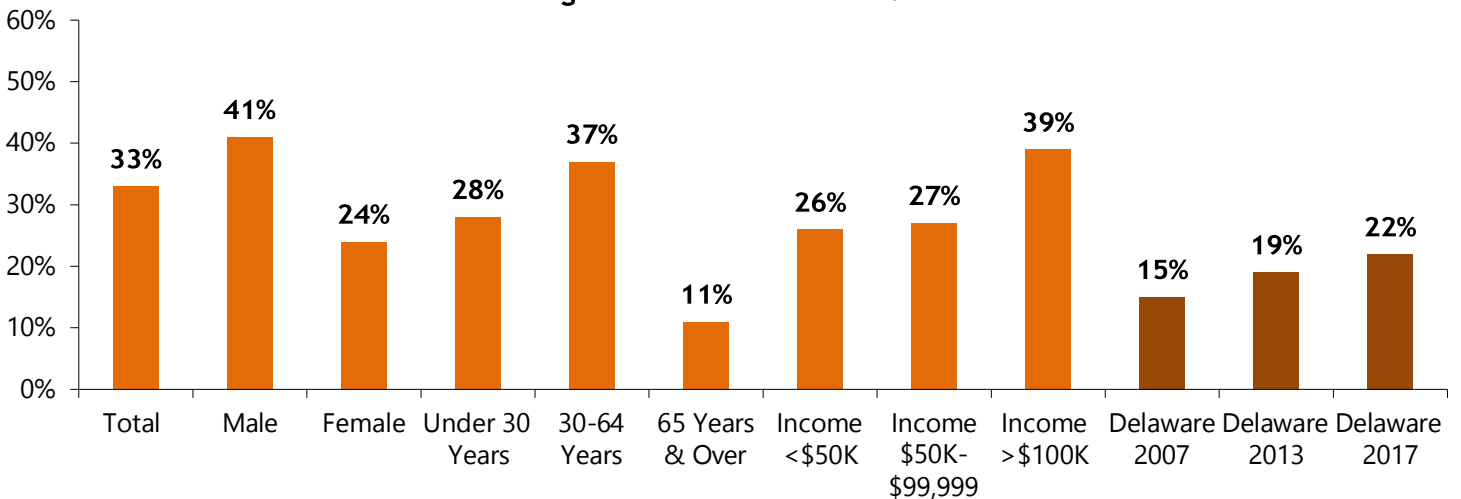
Adult Alcohol Consumption

- Twenty percent (20%) of Delaware County adults were trying to reduce their alcohol consumption or refrain from drinking, increasing to 25% of adults less than 30 years old.
- Five percent (5%) of adults have been told or are personally concerned that they have a drinking problem.
- One-third (33%) of Delaware County adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

33% of adults, or approximately 51,533 Delaware County adults, were considered binge drinkers.

The following graphs show the percentage of Delaware County adults who had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Examples of how to interpret the information shown on the first graph include: 33% of all Delaware County adults were binge drinkers, including 41% of males and 24% of females.

Adult Binge Drinkers in the Past Month

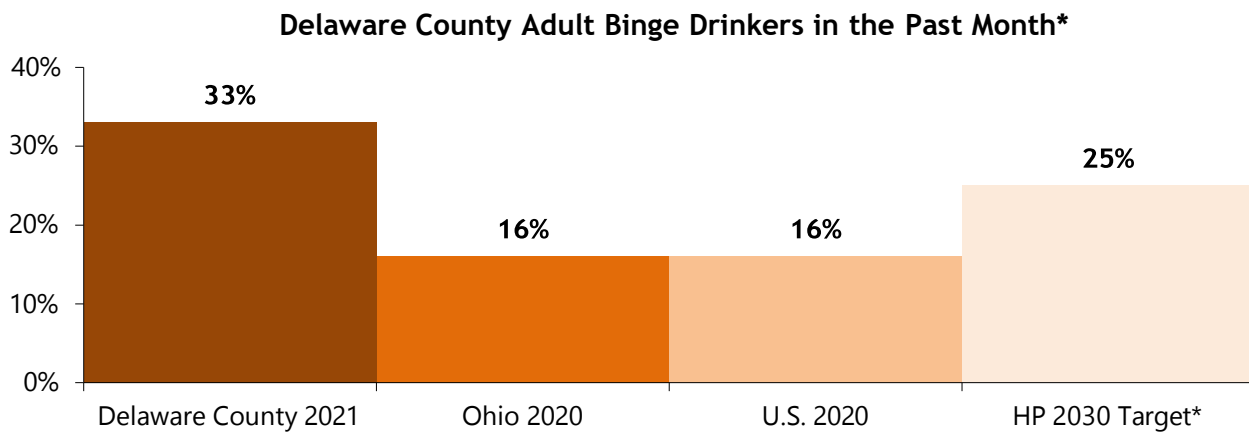


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	15%	19%	22%	33%	16%	16%

The following graph shows a comparison of Delaware County binge drinkers with Ohio and U.S. binge drinkers. The graph indicates:

- In 2021, Delaware County had a larger percentage of binge drinkers in comparison to Ohio and U.S. rates, as well as the Healthy People 2030 objective.



(Source: 2020 BRFSS, Healthy People 2030, 2021 Delaware County Health Assessment)

*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

Disparities and Alcohol Use

Many factors drive trends and disparities in alcohol use, including the COVID-19 pandemic, toxic stress, poor mental health, marketing, and retail density.

- **COVID-19 pandemic:** the pandemic seems to have accelerated alcohol consumption trends that began during the past decade. The sharp increase in the amount of liquor sold in Ohio from 2017 to 2020 indicated that an existing upward trend in alcohol consumption may have been increased by social isolation and stress during the pandemic.
- **Trauma and toxic stress:** repeated exposure to traumatic events creates toxic stress that can cause lasting poor physical and mental health outcomes, including excessive drinking.
- **Poor mental health:** alcohol use disorder and mental health conditions often co-occur. Stress and trauma, along with environmental factors, can lead to the development of mental health conditions. People with mental health conditions can turn to alcohol as a form of self-medication to cope with toxic stress. In Ohio, people who self-reported a high number of days when their mental health was “not good” were 1.2 times more likely to report binge drinking than those who reported fewer days of “not good” mental health in a month.
- **Marketing and retail density:** alcohol marketing often targets young adults. A national study found that urban census tracts with higher proportions of poor, Black and Latino residents had greater density of alcohol retailers.

(Source: Health Policy Institute of Ohio, Health Impacts of Excessive Alcohol Use in Ohio, December 3, 2021)

The following table shows 2021 Delaware County and Ohio motor vehicle accident statistics. Additionally, 2017 Delaware County data is included for comparison purposes. The table shows:

- In 2021, 4.8% of the total crashes in Delaware County were alcohol-related, compared to 4.1% for Ohio.
- Seventeen percent (17%) of all fatal crashes in Delaware County involved an alcohol-impaired driver, compared to 32% for Ohio in 2021.
- Of the total number of alcohol-related crashes (162) in Delaware County, 52% were property damage only, 47% were non-fatal injury, and 1% were fatal injury.
- There were 11,102 alcohol-related crashes in Ohio in 2021. Of those crashes, 56% were property damage only, 40% were non-fatal injury, and 4% were fatal injury.

	Delaware County 2017	Delaware County 2021	Ohio 2021
Crash Severities			
Property Damage Only Crashes	2,820 (72%)	2,365 (70%)	198,949 (74%)
Injury Crashes (suspected minor, suspected serious, & possible)	1,084 (28%)	986 (29%)	69,382 (26%)
Fatal Crashes	12 (<1%)	9 (<1%)	1,255 (<1%)
Total Crashes	3,916	3,360	270,036
Person Injuries			
Property Damage Only Crashes	8,179 (84%)	6,509 (80%)	482,802 (80%)
Injury Crashes (suspected minor, suspected serious, & possible)	1,590 (16%)	1,513 (19%)	100,433 (17%)
Fatal Crashes	14 (<1%)	12 (<1%)	1,367 (<1%)
Total Injuries	9,783	8,173	603,700
Person Types			
Total Drivers in Crashes	6,893	5,706	451,781
Total Passengers in Crashes	2,870	2,448	149,307
Total Pedestrians in Crashes	20	19	2,612
Alcohol-Related			
Property Damage Only Crashes	84 (56%)	84 (52%)	6,219 (56%)
Injury (non-fatal) Crashes	64 (43%)	76 (47%)	4,479 (40%)
Fatal Crashes	2 (1%)	2 (1%)	404 (4%)
Total Alcohol-Related Crashes	150	162	11,102
Total Impaired Drivers	165	161	11,024
Total Alcohol-Related Deaths	2	2	436

(Source: Ohio Department of Public Safety, Crash Reports, Updated 2/12/2022, Traffic Crash Facts)

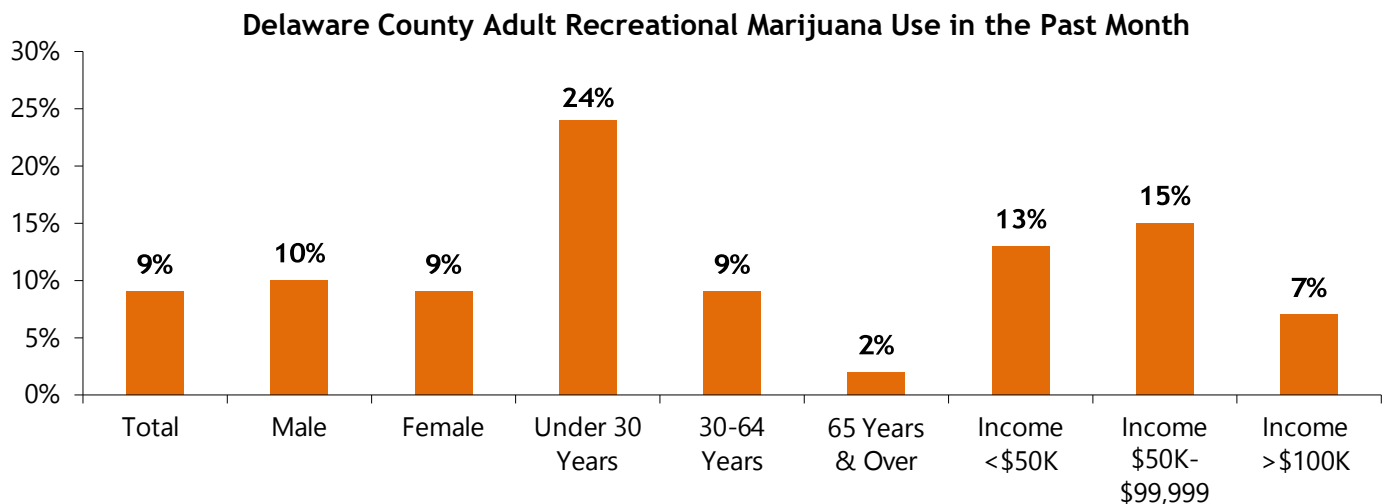
Health Behaviors: Adult Drug Use

Adult Drug Use

- Nine percent (9%) of Delaware County adults used recreational marijuana in the past month, increasing to 24% of those under the age of 30.

9% of adults, or approximately 14,060 Delaware County adults, had used recreational marijuana in the past month.

The following graph indicates recreational marijuana use in the past month. Examples of how to interpret the information include: 9% of all Delaware County adults used marijuana in the past month, including 10% of males and 24% of those less than 30 years old.

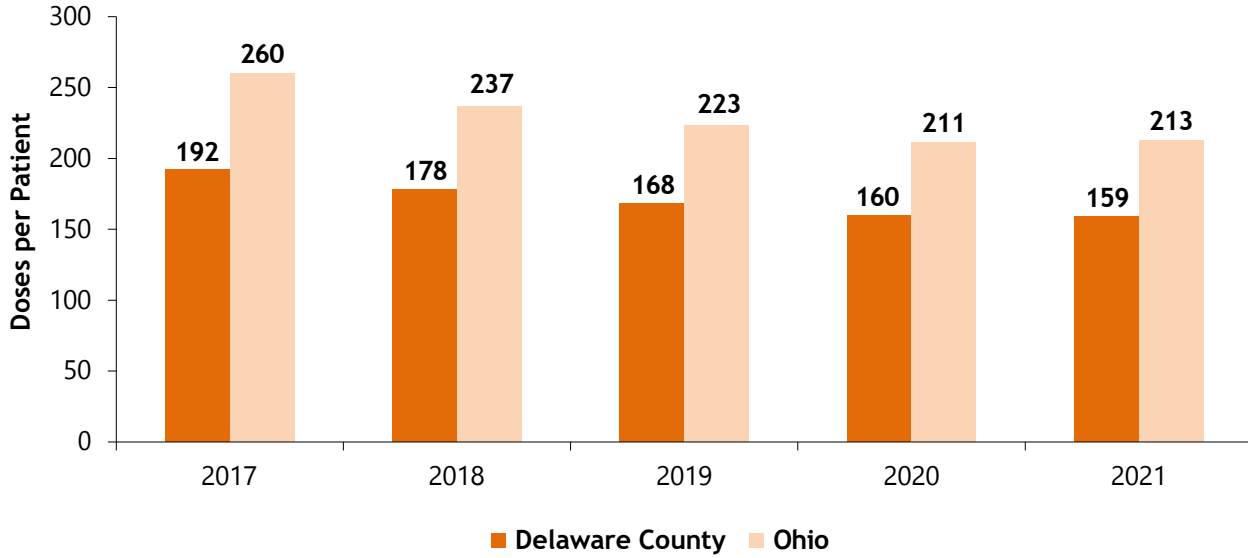


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

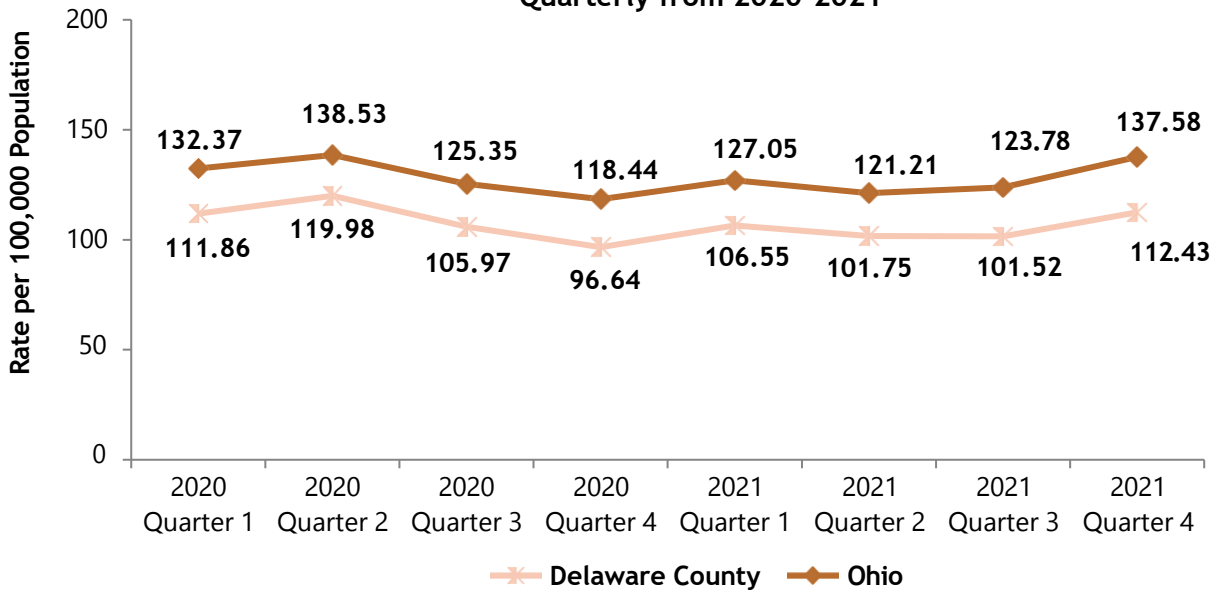
- During the past month, 1% of adults had used prescription medication not prescribed for them.
- Less than one percent (<1%) of adults had used other drugs such as cocaine, heroin, fentanyl, meth, ecstasy, etc. in the past month.
- Seven percent (7%) of Delaware County adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included the following:
 - Co-pay/deductible is too high (27%)
 - Embarrassed or ashamed of seeking addiction services (26%)
 - Cannot afford to go (25%)
 - Fear (21%)
 - Did not know how to find a program (18%)
 - Other priorities (15%)
 - Cost of transportation (9%)
 - Could not get into the office/clinic (9%)
 - Availability of transportation (9%)
 - No/unreliable internet access (4%)
- Fifty-three percent (53%) of adults indicated that they did not need a program or service to help with an alcohol or drug problem for themselves or a loved one.

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Delaware County and Ohio yearly opiate and pain reliever doses per patient, as well as quarterly doses per patient.

Delaware County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2017-2021



Delaware County and Ohio Number of Opioid Doses Per Patient, Quarterly from 2020-2021

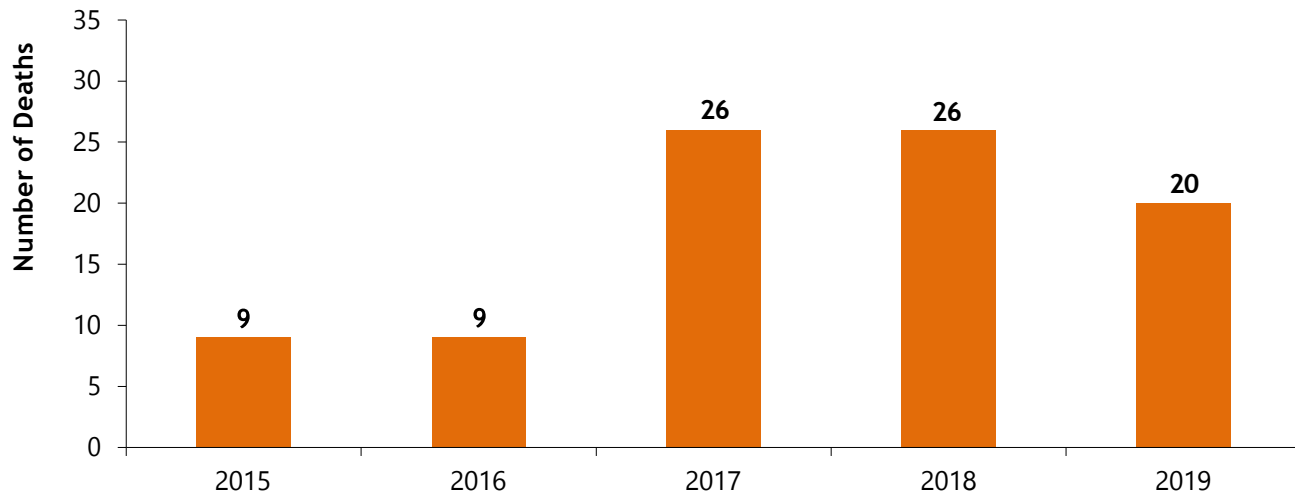


(Source for graphs: Ohio Automated Rx Reporting System, Quarterly County Data, Accessed on February 12, 2022)

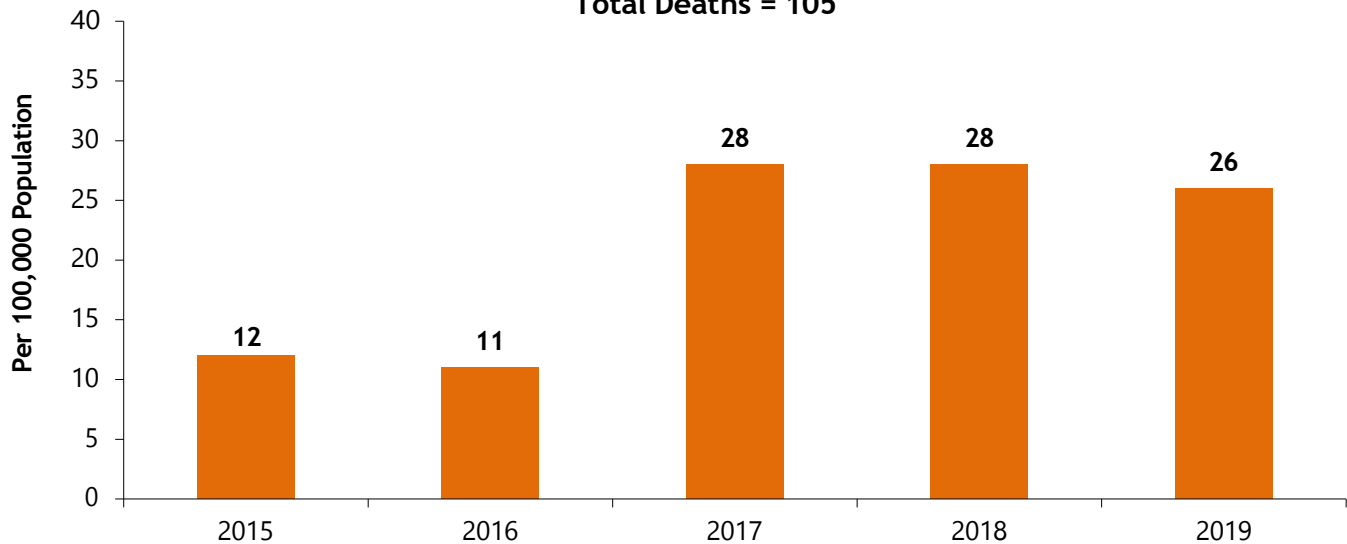
Note: OARRS collects information on all outpatient prescriptions for controlled substances and one non-controlled substance (gabapentin) dispensed by Ohio-licensed pharmacies and personally furnished by Ohio prescribers. This data is reported every 24 hours and is maintained in a secure database. Drug wholesalers are also required to submit information monthly on all controlled substances and gabapentin sold to an Ohio licensed pharmacy or prescriber.

The following graphs show the number of prescription opiate-related drug overdose deaths and the number of unintentional drug overdose deaths from 2015 to 2019 in Delaware County.

Delaware County Prescription Opiate-Related Drug Overdose Deaths, 2015-2019
Total Deaths = 90



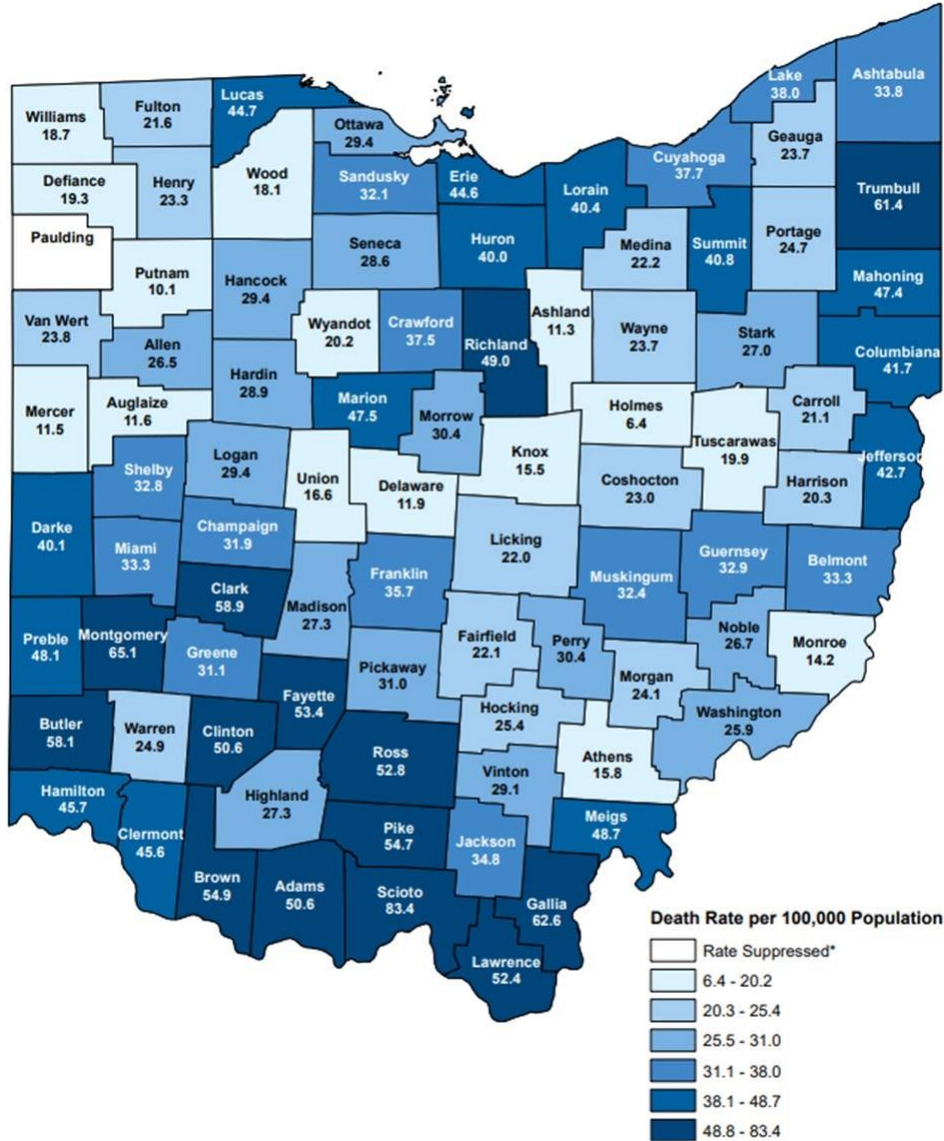
Delaware County Unintentional Drug Overdose Deaths, 2015-2019
Total Deaths = 105



(Source for graphs: Ohio Public Health Information Warehouse, 2015-2019)

Note: Unintentional Drug Overdose Deaths include deaths where the injury leading to death was not intended and the mechanism of harm was "Drug Poisoning"

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2015 to 2020.



(Source: Ohio Department of Health, 2020 Ohio Drug Overdose Report)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Delaware County Drug Epidemic

- There were 30 accidental overdose deaths in Delaware County in 2020. Of those who overdosed:
 - 37% were females and 63% were males
 - 93% were Caucasian and 7% were African American
 - The average age was 39 years old
- Of those who overdosed, 50% had 2 or more substances in their body
 - The highest substances linked with deaths were fentanyl, cocaine, and methamphetamine
- Of the total deaths, 3% earned a Doctorate/Professional degree; 10% had some high school education; 10% earned a bachelor’s degree; 10% completed some college; and 67% graduated high school or held a GED.

(Source: Ohio Department of Health, 2020 Accidental Overdose Fatality Report, compiled by Delaware Public Health District)

Health Behaviors: Adult Sexual Behavior

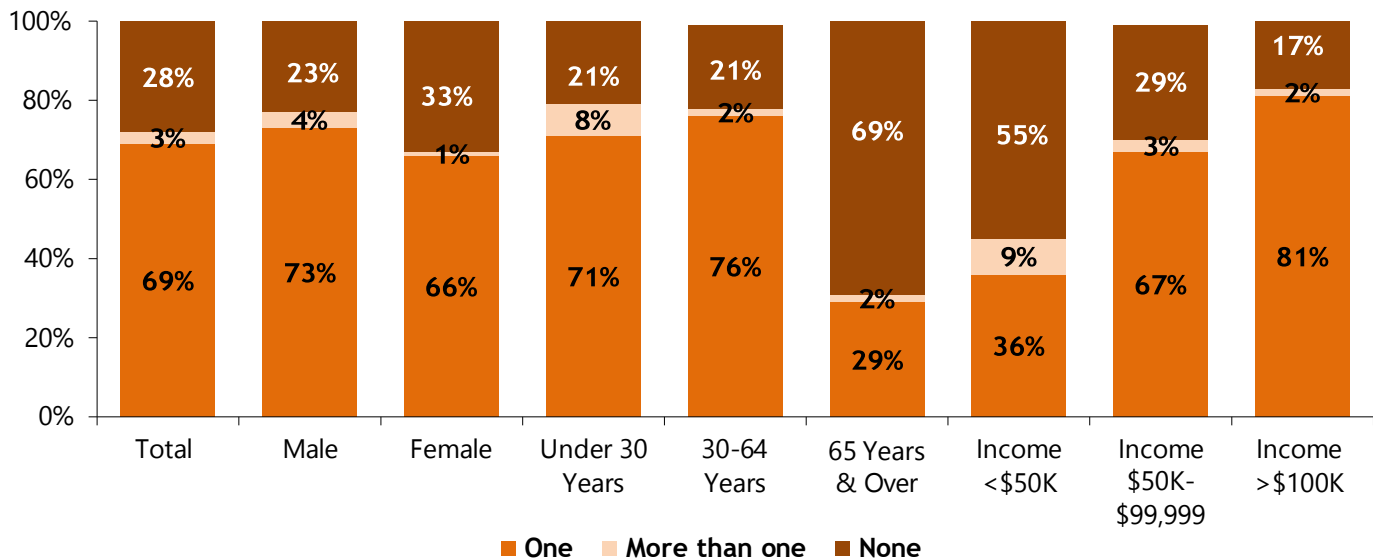
Adult Sexual Behavior

3% of adults, or approximately 4,687 Delaware County adults, had intercourse with more than one partner in the past year.

- Nearly three-quarters (72%) of Delaware County adults had sexual intercourse in the past year.
- Three percent (3%) of adults reported they had intercourse with more than one partner in the past year. One percent (1%) of adults had intercourse with 5 or more partners in the past year.

The following graph shows the number of sexual partners Delaware County adults had in the past year. Examples of how to interpret the information in the graph include: 69% of all Delaware County adults had one sexual partner in the past 12 months, 3% had more than one, and 28% had none.

Number of Sexual Partners in the Past Year*



*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

*Totals may not equal 100% as some respondents answered, "Don't know/not sure"

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

Contraceptive Use in the United States (Women aged 15-49)

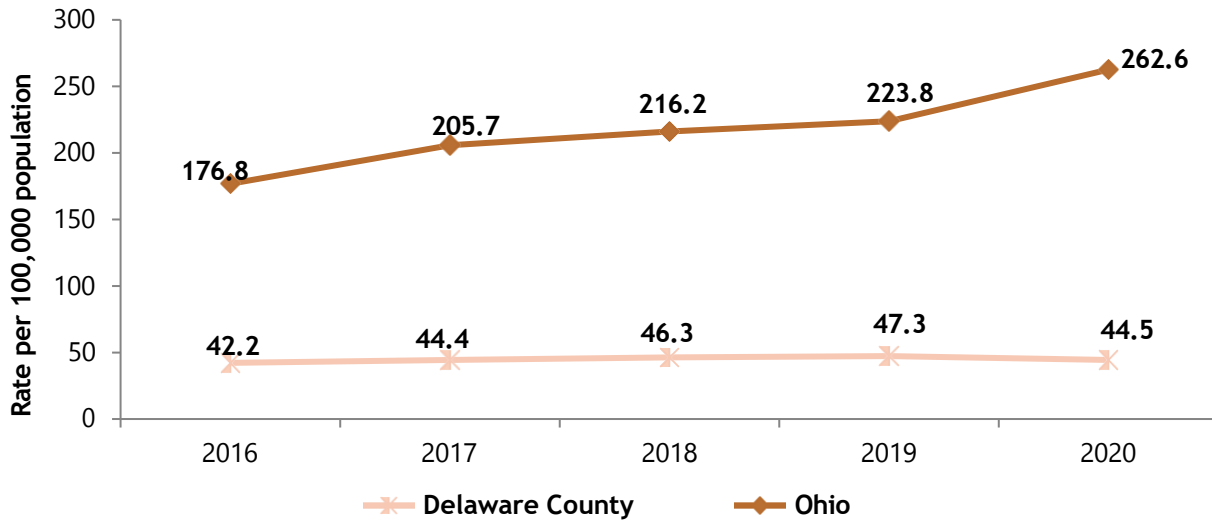
- Fourteen percent (14%) of women are currently using birth control pills.
- One-in-ten (10%) women are currently using long-acting reversible contraception such as an Intrauterine device or contraceptive implant.
- Eighteen percent (18%) of women chose female sterilization.
- Six percent (6%) of couples chose male sterilization.
- Current condom use was higher among Hispanic women (11%) and non-Hispanic black women (11%) compared with non-Hispanic white women (7%).

(Source: CDC, National Center for Health Statistics, Contraceptive Use, Last Updated November 10, 2020)

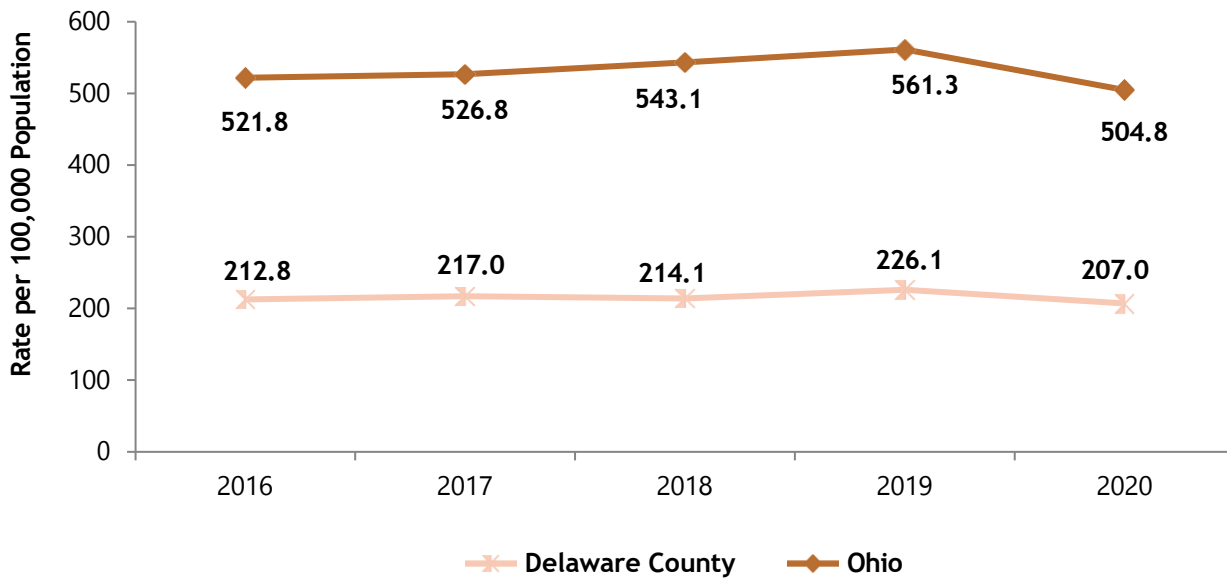
The following graphs show Delaware County gonorrhea and chlamydia disease rates per 100,000 population. The graphs show:

- The Delaware County gonorrhea rate remained relatively steady from 2016-to-2020.
- Delaware County chlamydia rates remained relatively steady from 2016-to-2020.

Gonorrhea Annualized Disease Rates for Delaware County and Ohio



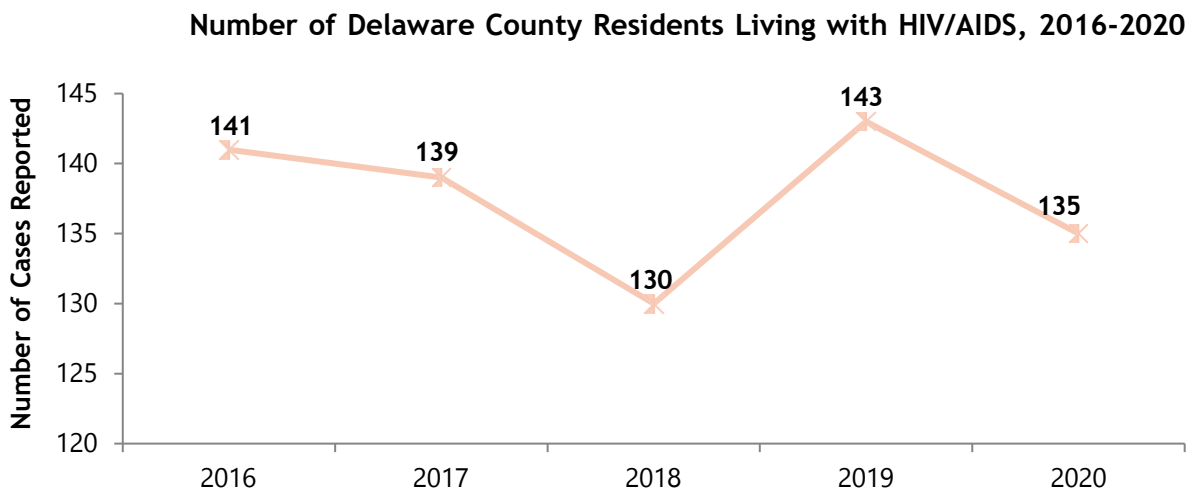
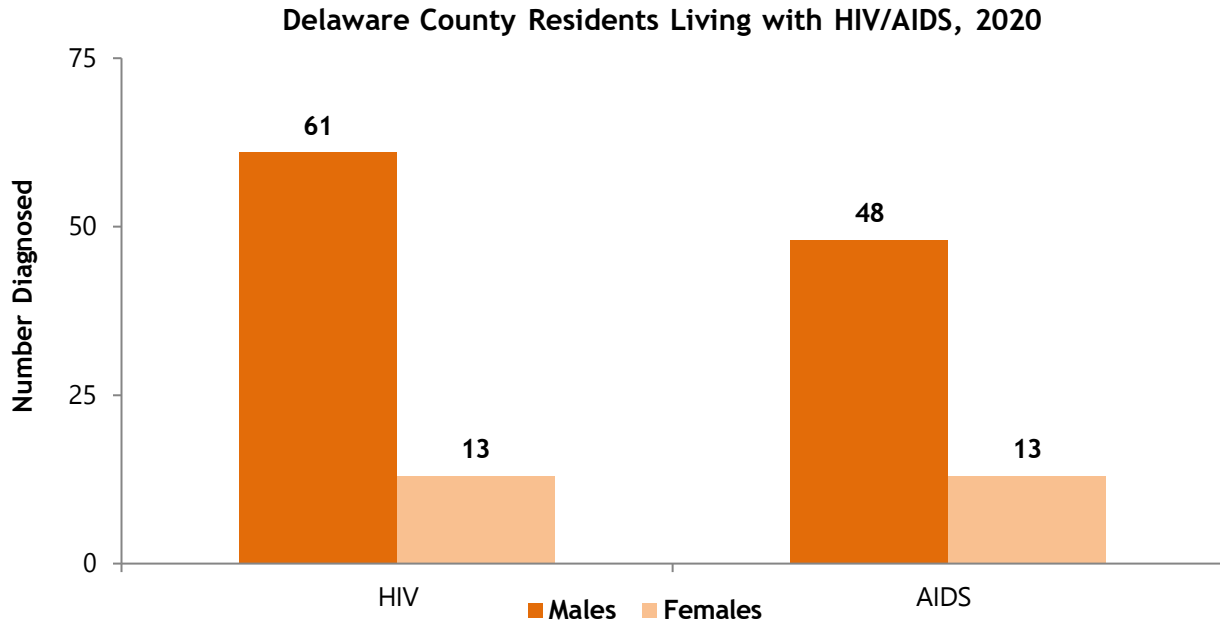
Chlamydia Annualized Disease Rates for Delaware County and Ohio



(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 12/9/2021)

The following graphs show the number of Delaware County residents diagnosed with HIV/AIDS and the annual number of cases reported from 2016-2020. The graphs show:

- Delaware County males were nearly four times more likely than females to be living with AIDS in 2020.
- From 2016-2020, the number of people living with HIV/AIDS in Delaware County fluctuated slightly from year-to-year, with the highest number (143) in 2019.



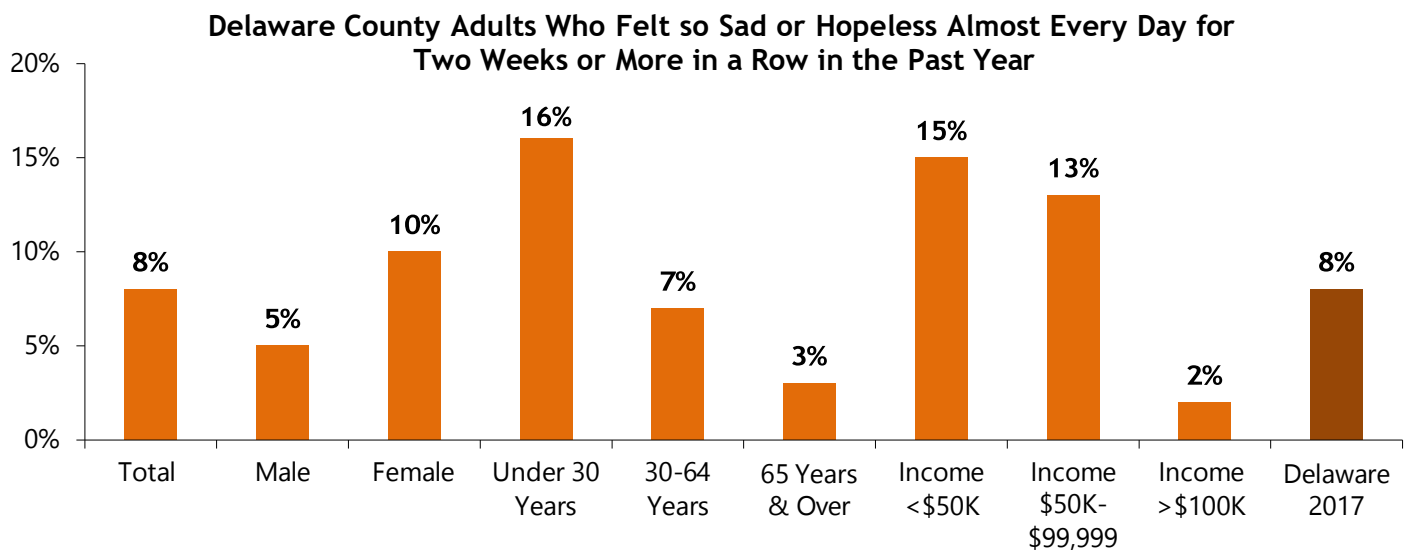
(Source for graphs: ODH HIV/AIDS Surveillance Program, data reported through June 30, 2021)

Health Behaviors: Adult Mental Health

Adult Mental Health

- During the past 2 weeks, adults indicated they felt little interest or pleasure in doing things nearly every day (3%), more than half the days (5%), several days (31%), and not all (61%).
- During the past 2 weeks, adults indicated they felt down, depressed, or hopeless nearly every day (1%), more than half the days (5%), several days (28%), and not all (66%).
- During the past year, 8% of Delaware County adults experienced feeling so sad or hopeless almost every day for two weeks or more in a row that this stopped them from doing usual activities.

The following graph indicates adults feeling so sad or hopeless almost every day for two weeks or more in a row in the past year that this stopped them from doing usual activities. Examples of how to interpret the information include: in the past year, 8% of all Delaware County adults felt sad or hopeless almost every day for two weeks or more in a row that this stopped them from doing usual activities, including 10% of females and 16% of those less than 30 years old.



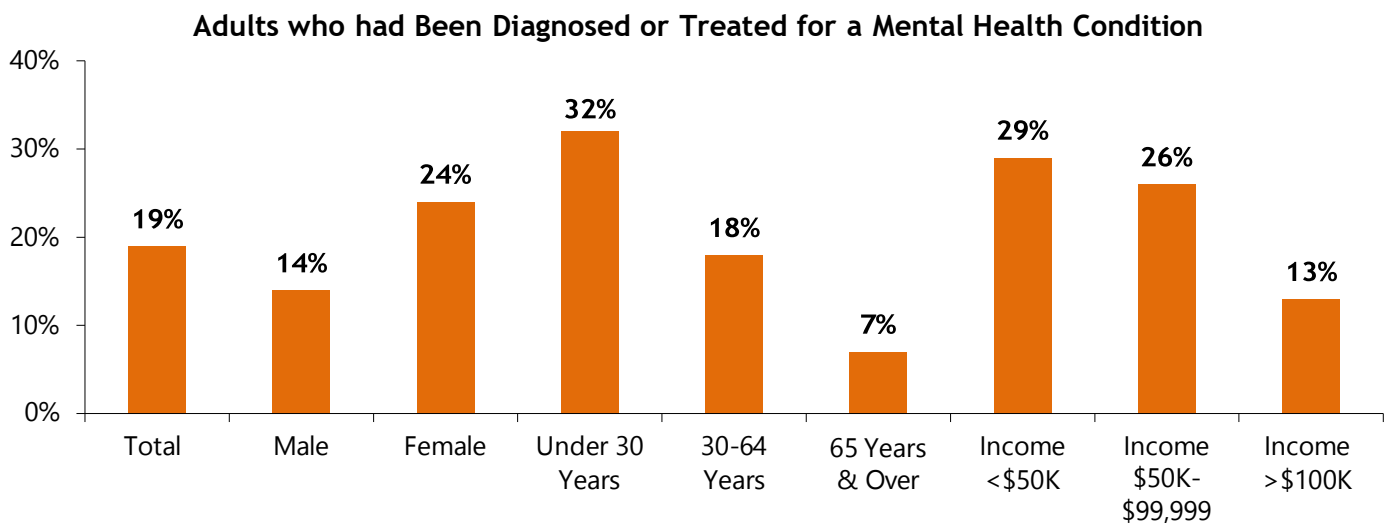
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	8%	8%	N/A	N/A

N/A - Not Available

- Twelve percent (12%) of adults indicated they had received mental health care via telehealth services in the past year. Of those who used telehealth mental health care services in the past year, 12% felt it was better than in-person services, 53% felt it was the same as in-person services, and 26% felt it was worse than in-person services. Nine percent (9%) of adults reported they received mental health care via telehealth but have never used in-person services.
- Seventeen percent (17%) of Delaware County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one. Reasons for not using a program or service to help with depression, anxiety, or emotional problems included the following:
 - Had not thought of it (29%)
 - Co-pay/deductible was too high (28%)
 - Embarrassed or ashamed of seeking mental health services (26%)
 - Could not afford to go (22%)
 - Other priorities (21%)
 - Fear (19%)
 - Did not know how to find a program (17%)
 - Could not get to the office or clinic (7%)
 - Cost of transportation (7%)
 - Availability of transportation (7%)
 - No/unreliable internet access (4%)
- Fifty-two percent (52%) of adults indicated they did not need a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.
- Nearly one-fifth (19%) of Delaware County adults reported they had been diagnosed or treated for a mental health condition (including anxiety, depression, bipolar, attention deficit disorder, etc.), increasing to 32% of those under the age of 30.

The following graph indicates adults who had been diagnosed or treated for a mental health condition. Examples of how to interpret the information include: 19% of all Delaware County adults were diagnosed or treated for a mental health condition, including 24% of females and 32% of those under the age of 30.



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

1% of adults, or approximately 1,562 Delaware County adults reported attempting suicide in the past year.

- Thirty-six percent (36%) of Delaware County adults kept a firearm in or around their home. Five percent (5%) of adults reported their firearm was unlocked and loaded.
- Three percent (3%) of adults seriously considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Seriously considered attempting suicide (in the past year)	N/A	N/A	3%	3%	N/A	N/A
Attempted suicide (in the past year)	N/A	N/A	<1%	1%	N/A	N/A

N/A - Not Available

National Suicide Statistics

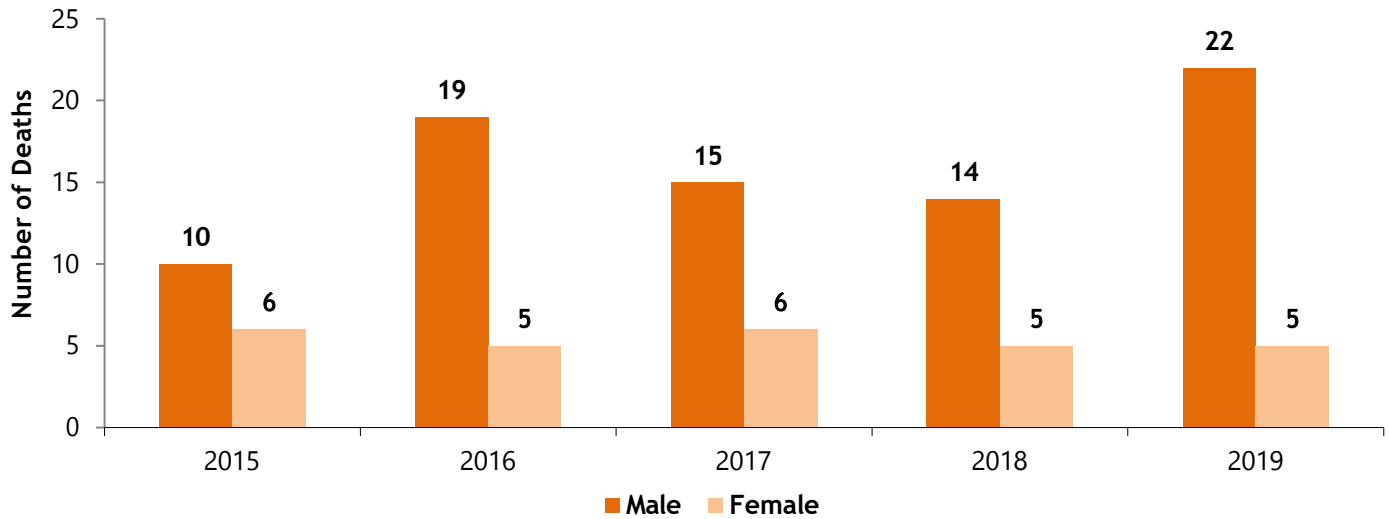
- 47,511 people in the U.S. died from suicide, and 1,187,775 people attempted suicide in 2019.
- An average of one person dies from suicide every 11.1 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.6 male deaths.
- In 2019, there were 1,806 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (50.4%)
 - Suffocation/Hanging (28.5%)
 - Poisoning (12.9%)
 - Cutting/Piercing (1.9%)
 - Drowning (1.1%)

(Source: American Association of Suicidology, Facts & Statistics, 2019)

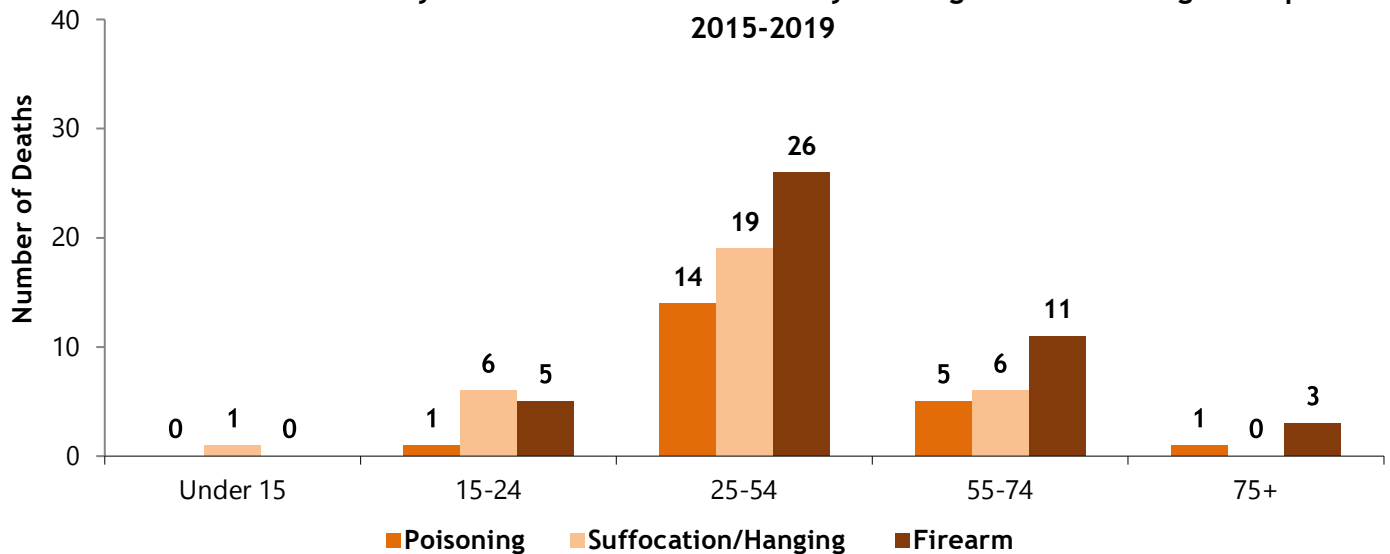
The graphs below indicate the number of suicide deaths by age group and suicide deaths by method and age in Delaware County. The graphs show:

- From 2015-to-2019, males made up 75% of total suicide deaths in Delaware County.
- From 2015-to-2019, firearms were the leading method of suicide in Delaware County, except for age groups 24 and under.

**Delaware County Number of Suicide Deaths By Gender and Year
2015-2019
Total Deaths =107**



**Delaware County Number of Suicide Deaths By Leading Methods and Age Groups
2015-2019**



(Source: ODH, Ohio Public Health Information Warehouse, Mortality, Leading Causes of Death, Updated 2/12/2022)

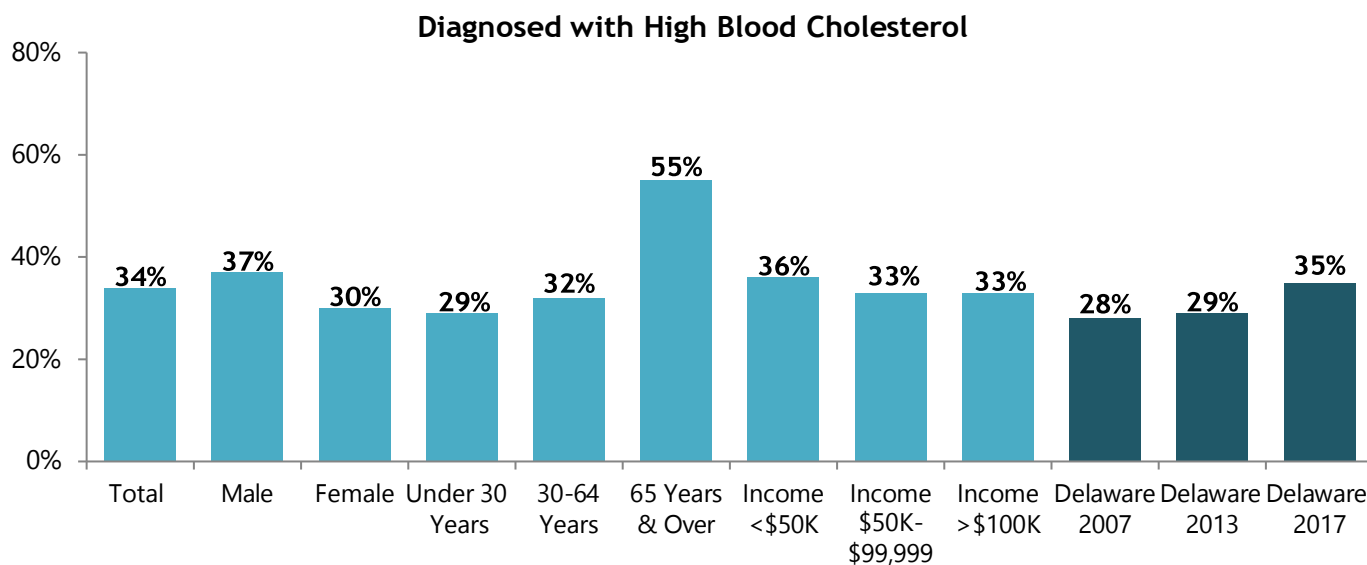
Chronic Disease: Cardiovascular Health

High Blood Cholesterol

34% of Delaware County adults, or approximately 53,115 adults, were told by a doctor, nurse, or other health professional that they had high blood cholesterol.

- More than one-third (34%) of adults were told by a doctor, nurse, or other health professional that they had high blood cholesterol.
- Delaware County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (55%)
 - Been classified as obese by Body Mass Index-BMI (40%)
 - Rated their overall health as fair or poor (27%)

The following graph shows the percentage of Delaware County adults who were told by a doctor, nurse, or other health professional that they had high blood cholesterol. Examples of how to interpret the information include: 34% of all Delaware County adults were diagnosed with high blood cholesterol, increasing to 37% of all Delaware County males and 55% of those 65 years and older.



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

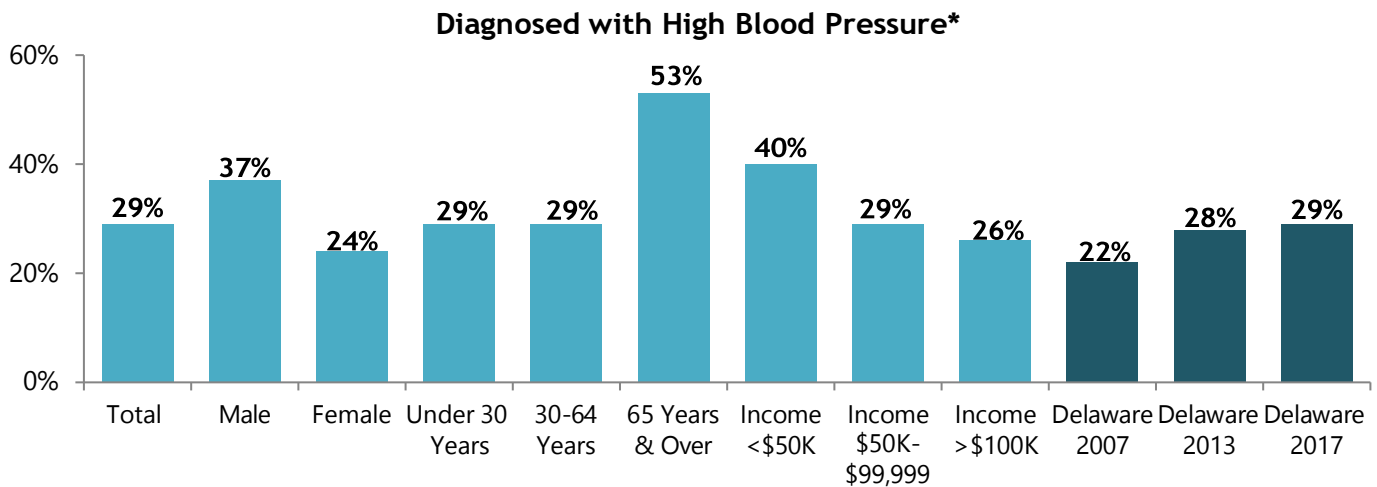
Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Had high blood cholesterol	28%	29%	35%	34%	33%*	33%*

*2019 BRFSS data

High Blood Pressure (Hypertension)

- Twenty-nine percent (29%) of adults were told by a doctor, nurse, or other health professional that they had high blood pressure. Ten percent (10%) of adults were told by a doctor, nurse, or other health professional that they were pre-hypertensive/borderline high.
- Delaware County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (53%)
 - Incomes less than \$50,000 (40%)
 - Been male (37%)
 - Been classified as obese by Body Mass Index-BMI (24%)

The following graph shows the percentage of Delaware County adults who were told by a doctor, nurse, or other health professional that they had high blood pressure. Examples of how to interpret the information include: 29% of all Delaware County adults had been diagnosed with high blood pressure, increasing to 37% of all Delaware County males and 53% of those 65 years and older.



*Does not include respondents who indicated high blood pressure during pregnancy only.
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Had high blood pressure	22%	28%	29%	29%	35%*	33%*

*2019 BRFSS data

Healthy People 2030 Objectives Heart Disease and Stroke

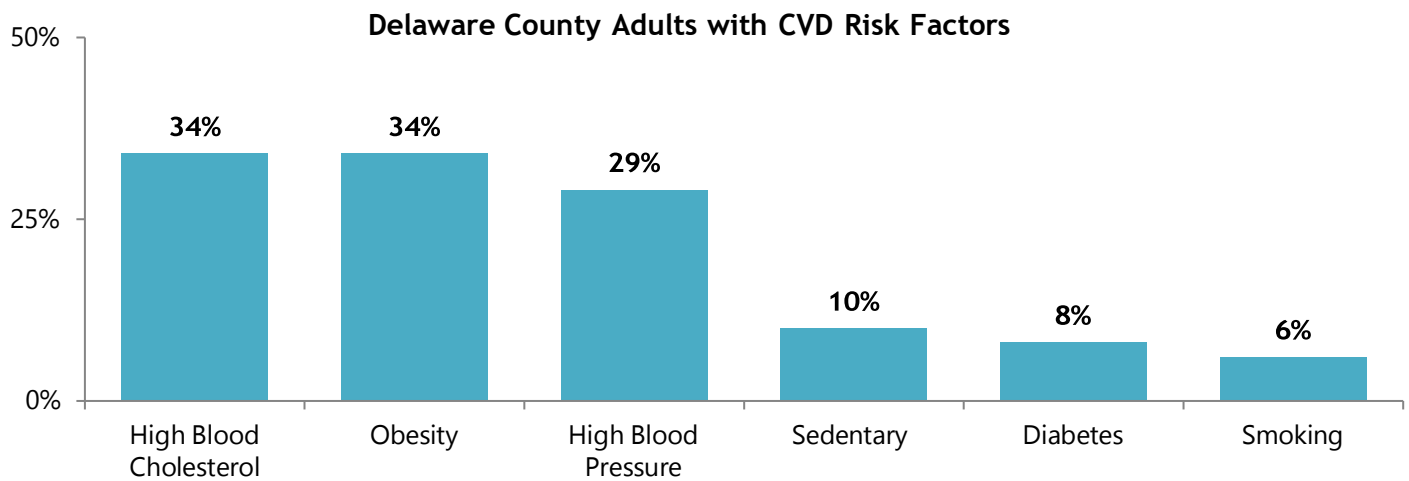
Objective	Delaware Survey Population Baseline	2019 Ohio Baseline	2019 U.S. Baseline	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with hypertension	29% (2021)	35%	33% Adults age 18 and up	28%

(Source: Healthy People 2030, 2020 BRFSS, 2021 Delaware County Health Assessment)

Heart Disease and Stroke

- In 2021, 4% of Delaware County adults were told by a doctor, nurse, or other health professional that they survived a heart attack or myocardial infarction, increasing to 8% of those over the age of 65.
- Three percent (3%) of Delaware County adults were told by a doctor, nurse, or other health professional that they had coronary heart disease, increasing to 7% of those over the age of 65.
- One percent (1%) of Delaware County adults were told by a doctor, nurse, or other health professional that they had congestive heart failure, increasing to 3% of those over the age of 65.
- Two percent (2%) of Delaware County adults were told by a doctor, nurse, or other health professional that they survived a stroke, increasing to 5% of those over the age of 65.

The following graph demonstrates the percentage of Delaware County adults who had major risk factors for developing cardiovascular disease (CVD).



(Source: 2021 Delaware County Health Assessment)

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Had angina or coronary heart disease	3%	3%	2%	3%	5%	4%
Had a heart attack	2%	3%	3%	4%	5%	4%
Had a stroke	1%	3%	2%	2%	4%	3%

Delaware County Leading Causes of Death 2017-2019

Total Deaths: 3,680

- Heart Disease (24% of all deaths)
- Cancer (22%)
- Accidents, Unintentional Injuries (6%)
- Chronic Lower Respiratory Diseases (5%)
- Stroke (5%)

(Source: Ohio Public Health Information Warehouse, 2017-2019)

Ohio Leading Causes of Death 2017-2019

Total Deaths: 371,649

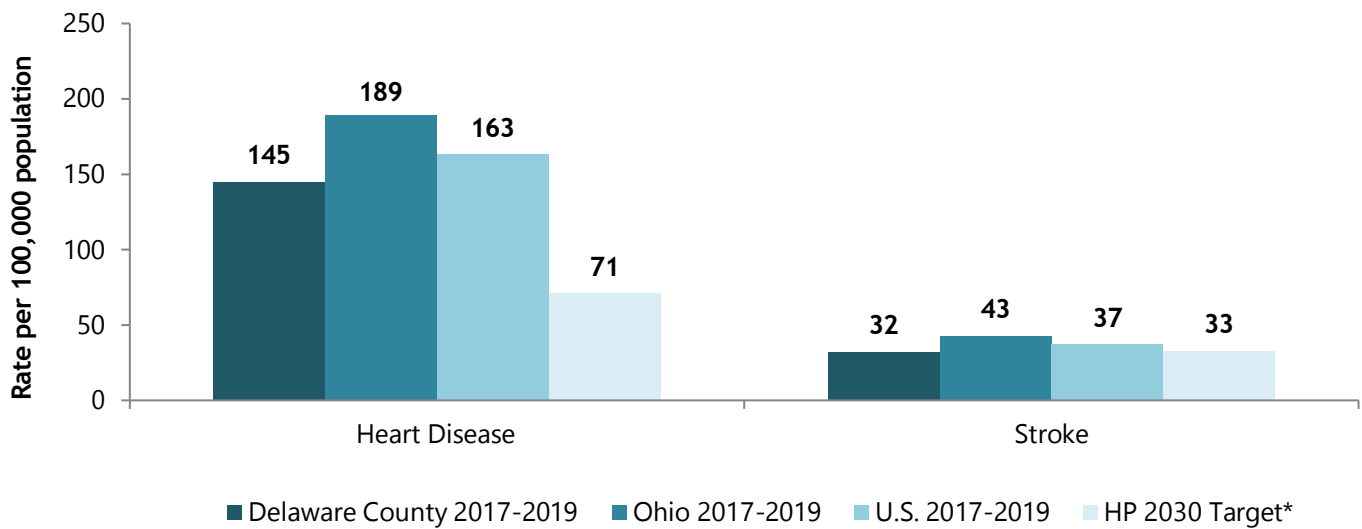
- Heart Disease (23% of all deaths)
- Cancers (20%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (5%)

(Source: Ohio Public Health Information Warehouse, 2017-2019)

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

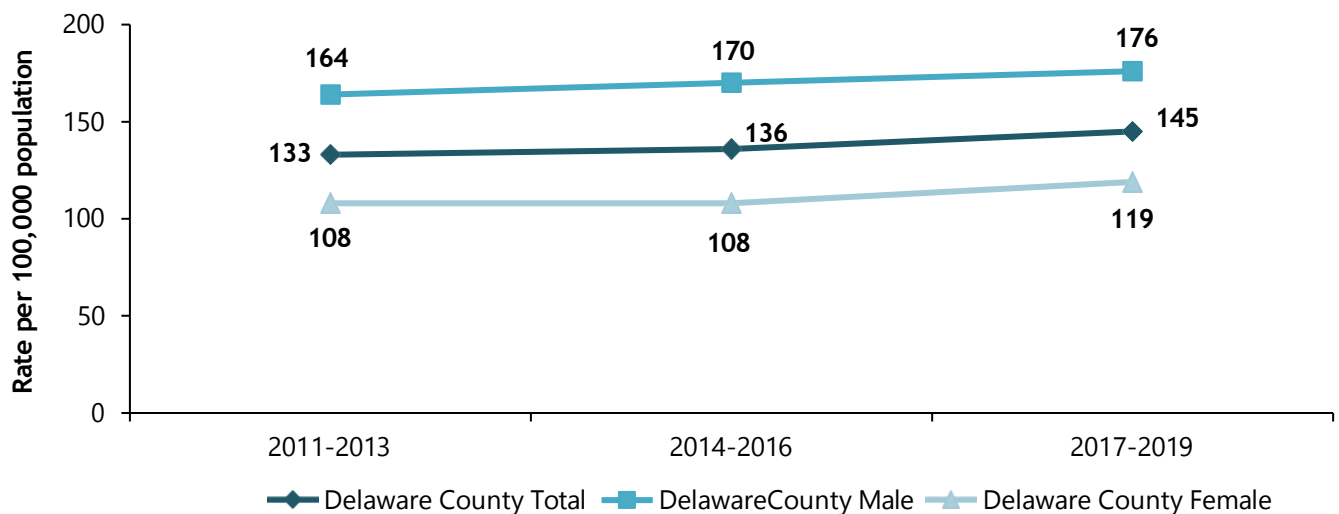
- When age differences are accounted for, the statistics indicate that from 2017-to-2019, the Delaware County heart disease mortality rate was lower than the Ohio and U.S. rates, but higher than the Healthy People 2030 target.
- The Delaware County age-adjusted stroke mortality rate from 2017-to-2019 was lower than the Ohio and U.S. rates, as well as the Healthy People 2030 target objective.
- From 2011-to-2019, the Delaware County female and male age-adjusted heart disease mortality rates increased slightly.

Age-Adjusted Heart Disease and Stroke Mortality Rates



Note: The Healthy People 2030 Target objective for coronary heart disease is reported for heart attack mortality. (Source: Ohio Public Health Information Warehouse, 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)

Delaware County Age-Adjusted Heart Disease Mortality Rates by Gender



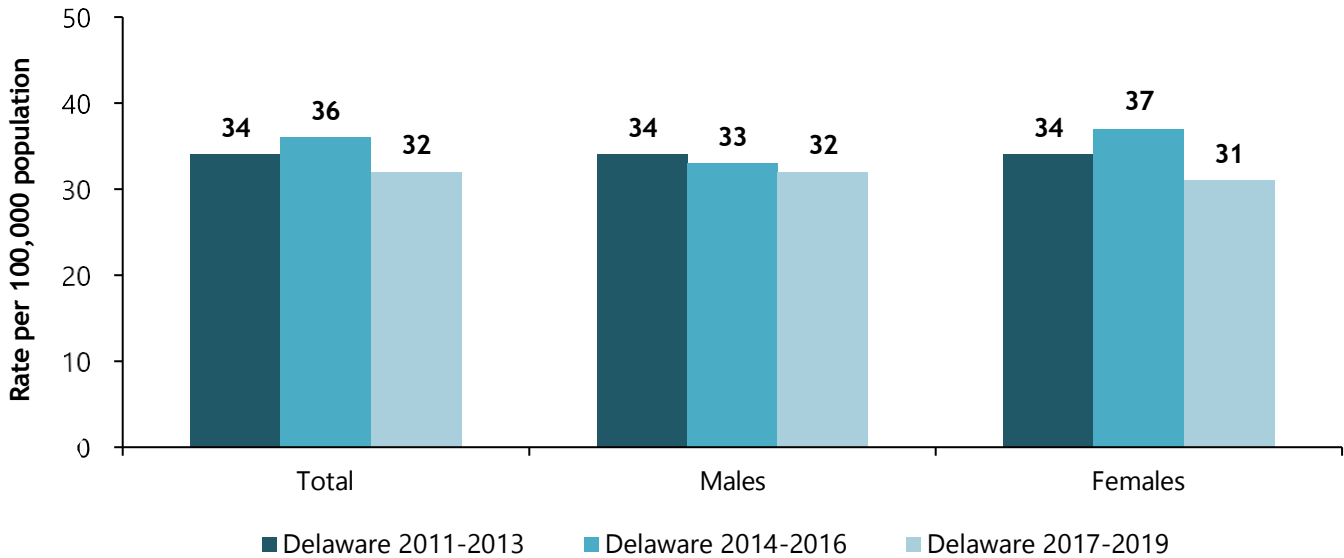
(Source: Ohio Public Health Information Warehouse, 2011-2019)

Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

The following graphs shows age-adjusted mortality rates per 100,000 population for stroke by gender.

- From 2011-to-2019, the stroke mortality rate remained relatively stable between males and females.

Age-Adjusted Stroke Mortality Rates by Gender



(Source: Ohio Public Health Information Warehouse, 2011-2019)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Stroke Signs and Symptoms

- During a stroke, every minute counts. Fast treatment can lessen brain damage that stroke can cause. By knowing the signs and symptoms, you can take quick action to potentially save a life. Call 9-1-1 immediately if you or someone else has any of these problems:
 - Sudden numbness or weakness in the face, arm, or leg, especially on one side of the body
 - Sudden confusion, trouble speaking, or difficulty understanding speech
 - Sudden trouble seeing in one or both eyes
 - Sudden trouble walking, dizziness, loss of balance, or lack of coordination
 - Sudden severe headache with no known cause

Acting F.A.S.T. is key to help stroke patients get the treatment they need. If you think someone may be having a stroke, act F.A.S.T and do the following simple test:

- F – Face: Ask the person to smile. Does one side of the face droop?
- A – Arms: Ask the person to raise both arms. Does one arm shift downward?
- S – Speech: Ask the person to repeat a simple phrase. Is the speech slurred or strange?
- T – Time: If you see any of these signs, call 9-1-1

(Source: CDC, Stroke Signs and Symptoms, August 28, 2020)

Chronic Disease: Cancer

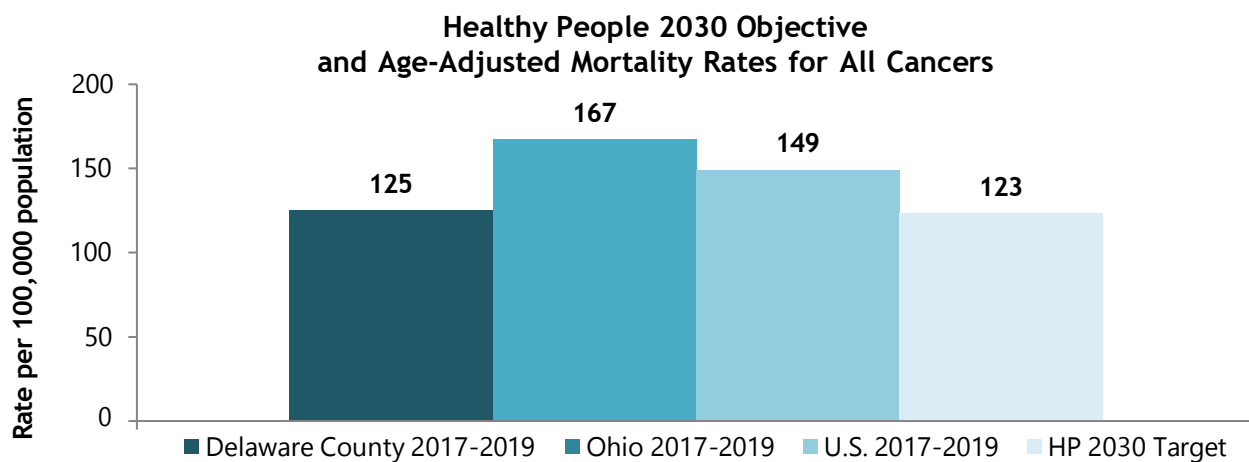
Adult Cancer

- Two percent (2%) of Delaware County adults were told by a doctor, nurse, or other health professional that they had cancer within the past year and 12% were told that they had cancer more than a year ago.

Cancer Facts

The following graph shows the Delaware County, Ohio, and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2030 objective.

- When age differences are accounted for, the Delaware County cancer mortality rate was lower than the Ohio and U.S. rates, and slightly higher than the Healthy People 2030 target.



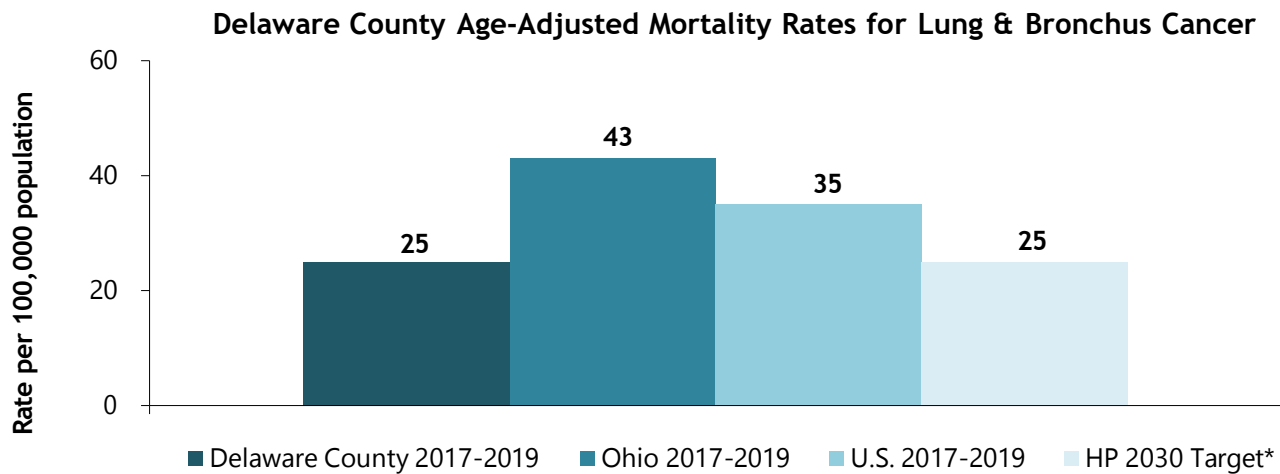
(Source: Ohio Public Health Information Warehouse 2017-2019, CDC Wonder 2017-2019, and Healthy People 2030)

Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

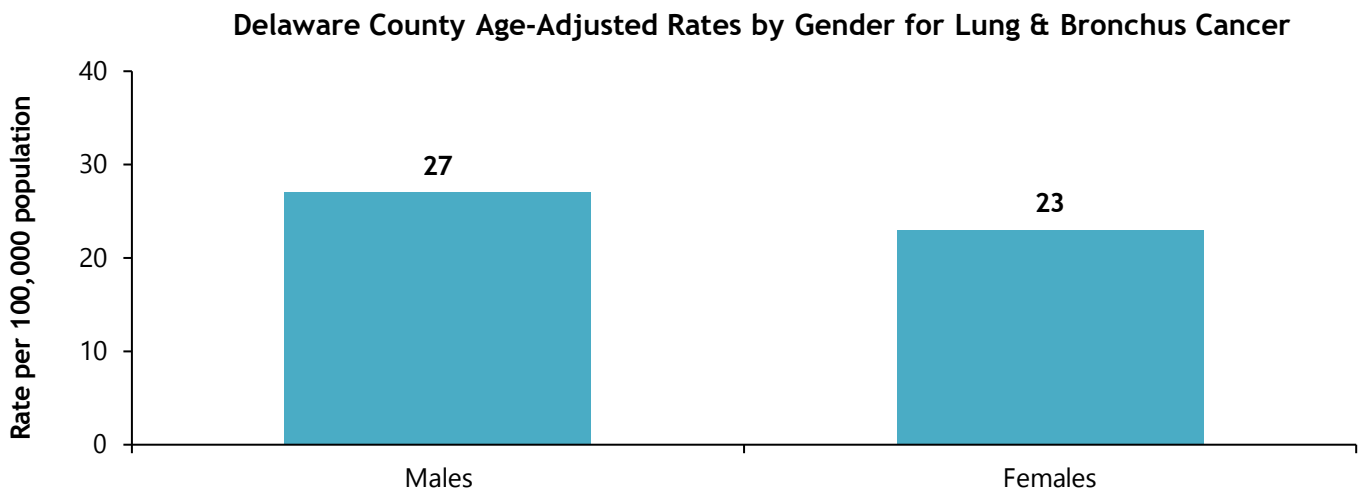
- The Ohio Department of Health indicates that from 2017-2019, cancers caused 22% (800 of 3,680 total deaths) of all Delaware County resident deaths. The largest percent (21%) of cancer deaths were from lung and bronchus cancers (Source: Ohio Public Health Information Warehouse, 2017-2019).
- There were 2,915 new cases of cancer from 2016-2018 in Delaware County. Cancers with the highest incidence included: breast: 514 cases (18%), prostate: 459 cases (16%), lung and bronchus: 312 cases (11%), and colorectal: 219 cases (8%) (Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/19/2021).
- This health assessment has determined that 6% of Delaware County adults were current smokers, and many more were exposed to environmental tobacco smoke, a cause of heart attacks and cancer. The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterus, cervix, ovary (mucinous) and acute myeloid leukemia (Source: American Cancer Society, Facts & Figures 2021).
- The American Cancer Society states that about 609,360 Americans are expected to die of cancer in 2022. Cancer is the second leading cause of death in the U.S. exceeded only by heart disease (Source: American Cancer Society, Facts & Figures 2022).

Lung and Bronchus Cancer

The following graphs show the Delaware County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2030 objective, as well as by gender.



*Healthy People 2030 Target data is for lung cancer only
 (Sources: Healthy People 2030, Ohio Public Health Information Warehouse 2017-2019, CDC Wonder 2017-2019)

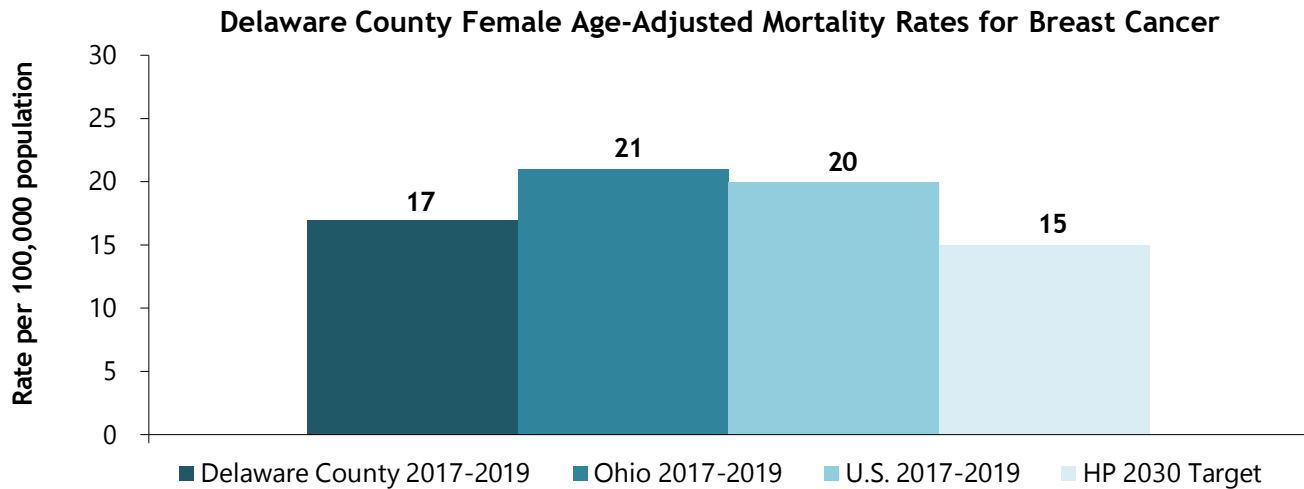


(Source: Ohio Public Health Information Warehouse 2017-2019)
 Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

- The Ohio Department of Health (ODH) reports that lung and bronchus cancers (n=82) was the leading cause of male cancer deaths from 2017-2019 in Delaware County. Cancer of the pancreas (n=41) and prostate cancer (n=55) caused 96 male deaths during the same time (Source: Ohio Public Health Information Warehouse, 2017-2019).
- ODH reports that lung and bronchus cancer was the leading cause of female cancer deaths (n=82) in Delaware County from 2017-2019, followed by breast (n=59) and colorectal (n=44) cancers (Source: Ohio Public Health Information Warehouse, 2017-2019).
- According to the American Cancer Society, smoking causes approximately 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (American Cancer Society, Facts & Figures 2021).

Breast Cancer

The following graph shows the Delaware County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2030 objective.



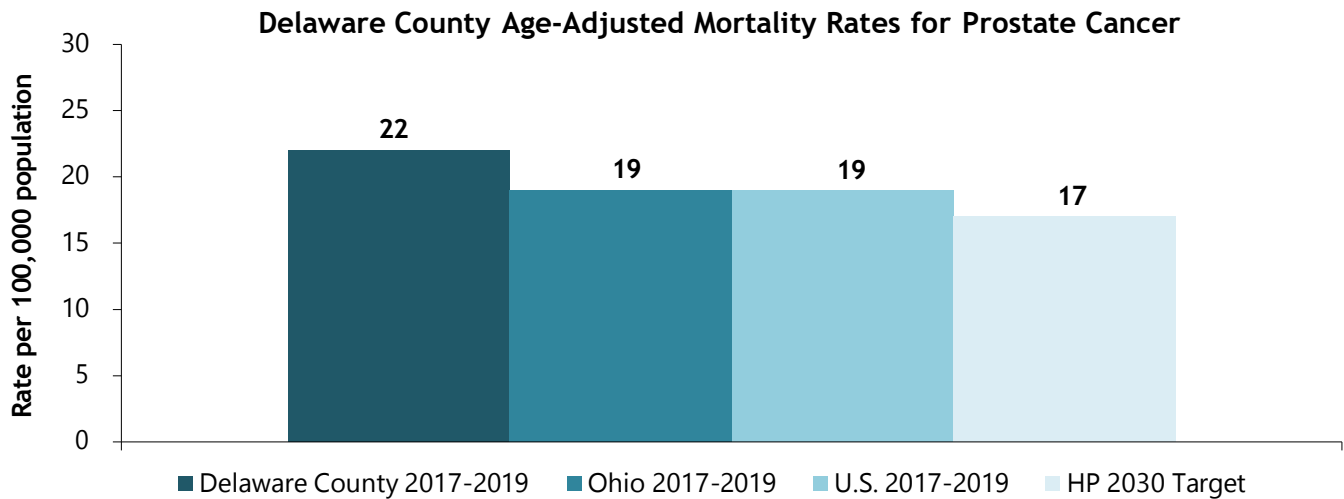
(Sources: Healthy People 2030, Ohio Public Health Information Warehouse 2017-2019, CDC Wonder 2017-2019)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

- In the U.S., the 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (Source: American Cancer Society, Facts & Figures 2021).
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40-to-44 years of age have the option to begin annual mammography, those 45-to-54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2021).

Prostate Cancer

The following graph shows the Delaware County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2030 objective.



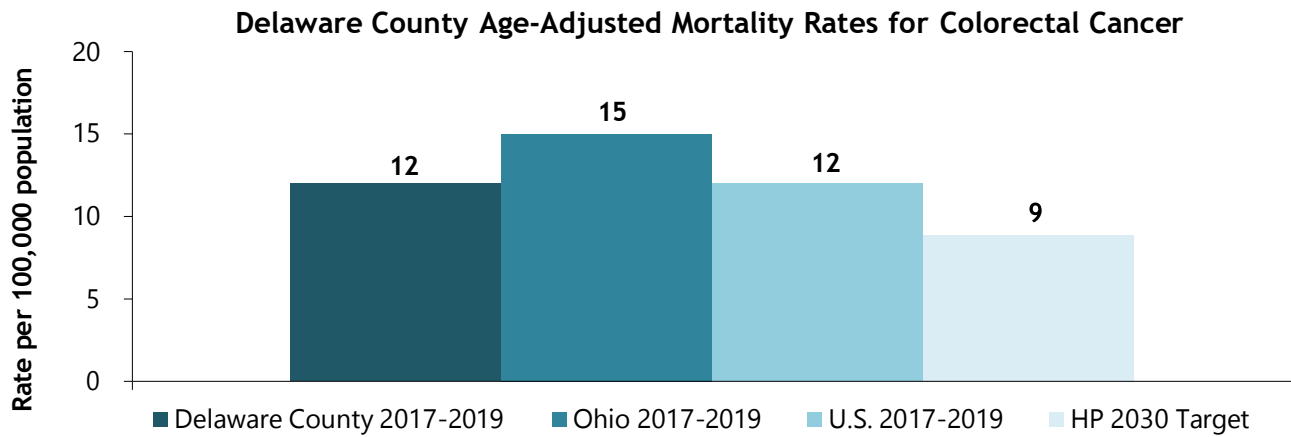
(Sources: Healthy People 2030, Ohio Public Health Information Warehouse 2017-2019, CDC Wonder 2017-2019)

Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

- ODH statistics indicate that prostate cancer deaths accounted for 14% of all male cancer deaths from 2017-2019 in Delaware County (Source: Ohio Public Health Information Warehouse, 2017-2019).
- In the U.S., incidence rates for prostate cancer are 80% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, smoking, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2021).

Colorectal Cancer

The following graph shows Delaware County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2030 objective.



(Source: Healthy People 2030, Ohio Public Health Information Warehouse 2017-2019, CDC Wonder 2017-2019)

Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

- The Ohio Department of Health statistics indicate that colorectal cancer deaths accounted for 10% of all male and female cancer deaths from 2017-to-2019 in Delaware County (Source: Ohio Public Health Information Warehouse, 2017-2019).
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer (Source: Colorectal Cancer Risk Factors, American Cancer Society, June 29, 2020).
- In the U.S., 88% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings (Source: Colorectal Cancer Risk Factors, American Cancer Society, June 29, 2020).

Delaware County Incidence of Cancer 2014-2018

All Sites/Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Breast	798	17%
Prostate	719	15%
Lung and Bronchus	500	11%
Colorectal	364	8%
Other Sites/Types	343	7%
Melanoma of Skin	287	6%
Bladder	199	4%
Non-Hodgkins Lymphoma	191	4%
Kidney & Renal Pelvis	182	4%
Uterus	174	4%
Thyroid	169	4%
Pancreas	135	3%
Oral Cavity & Pharynx	117	2%
Leukemia	100	2%
Multiple Myeloma	70	1%
Brain and Other CNS	66	1%
Stomach	52	1%
Ovary	50	1%
Esophagus	47	1%
Liver & Intrahepatic Bile Duct	43	1%
Cervix	36	1%
Hodgkins Lymphoma	27	1%
Testis	27	1%
Larynx	20	<1%
Total	4,716	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/19/2021)

2022 Cancer Estimates

- In 2022, more than 1.9 million new cancer cases are expected to be diagnosed.
- An estimated 18% of cancer cases and 16% of cancer deaths are attributable to the combined effects of excess body weight, alcohol consumption, physical inactivity, and an unhealthy diet, and thus could be prevented. A substantial proportion of cancers could be prevented including all cancers caused by tobacco use and other unhealthy behaviors.
- About 609,360 Americans are expected to die of cancer in 2022.
- Approximately 80% of lung cancer deaths in the U.S are attributed to smoking.
- In 2022, estimates predict that there will be 73,700 new cases of cancer and 25,120 cancer deaths in Ohio.
 - Of the new cancer cases in Ohio, approximately 10,430 (14%) will be from lung and bronchus cancers and 5,870 (8%) will be from colorectal cancers.
 - About 10,610 (14%) new cases of female breast cancer are expected in Ohio.
 - New cases of male prostate cancer in Ohio are expected to be 9,530 (13%).

(Source: American Cancer Society, Facts and Figures 2022)

Chronic Disease: Asthma

Asthma and Other Respiratory Disease

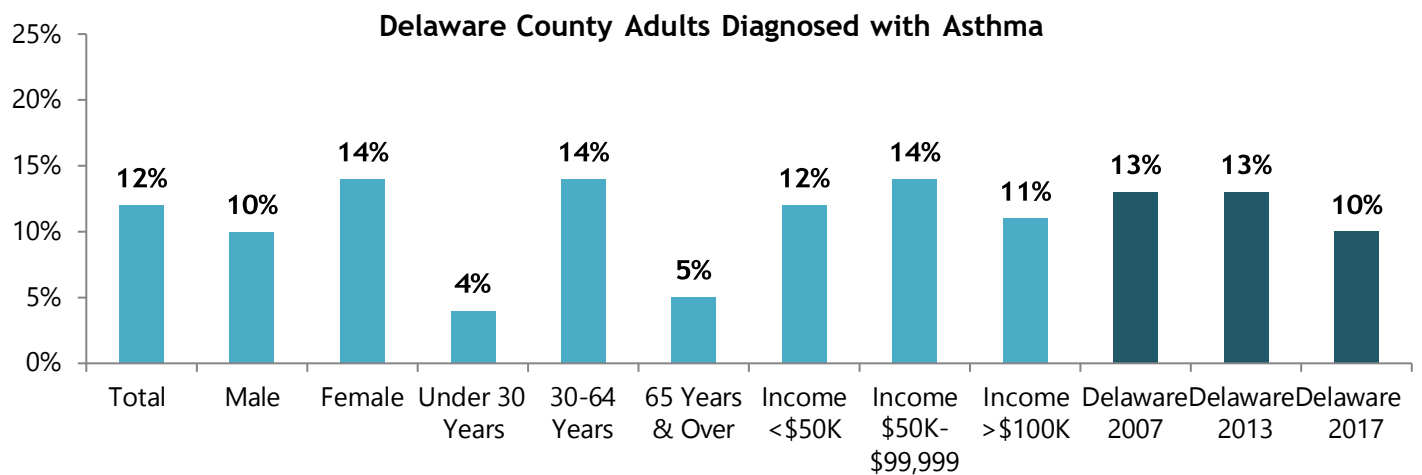
12% of Delaware County adults, or approximately 18,746 adults, were told by a doctor, nurse, or other health professional that they have asthma.

- Twelve percent (12%) of Delaware County adults were told by a doctor, nurse, or other health care professional that they have asthma.
- Four percent (4%) of adults had been diagnosed with a chronic lung disease (including COPD, emphysema, or chronic bronchitis), increasing to 8% of those over the age of 65 and 10% of those with incomes less than \$50,000.

There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; outdoor air pollution; allergens, specifically cockroaches, house-dust mites, and domesticated animals; mold; smoke from burning wood or grass; and infections linked to the flu, cold, and respiratory viruses (*Source: CDC, Asthma, 2021*).

Chronic lower respiratory disease was the 4th leading cause of death in Delaware County and the 4th leading cause of death in Ohio from 2017-2019 (*Source: Ohio Public Health Information Warehouse, 2017-2019*).

The following graph shows the percentage of Delaware County adults who were told by a doctor, nurse, or other health professional that they have asthma. Examples of how to interpret the information shown on the graph include: 12% of Delaware County adults were diagnosed with asthma, including 14% of females and 14% of those with incomes between \$50,000 and \$99,999.



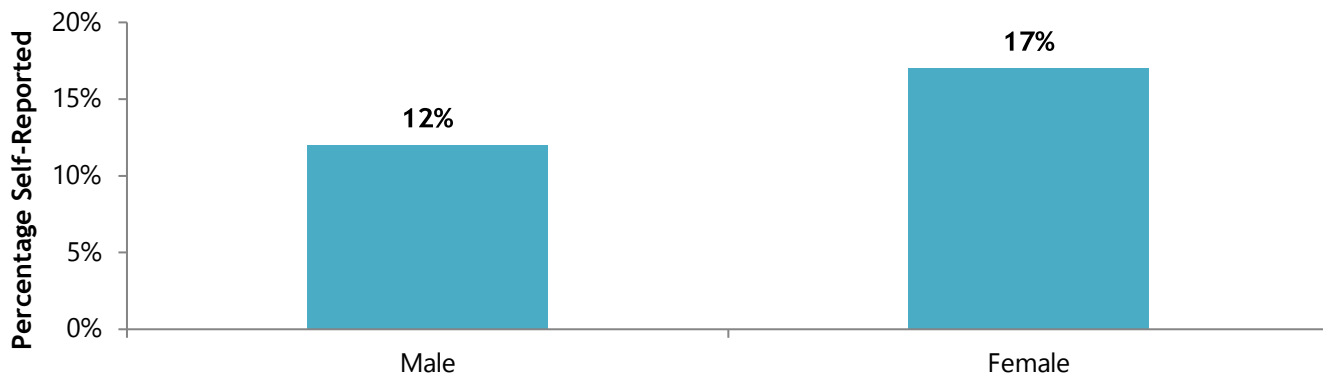
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons*	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Had been diagnosed with asthma	13%	13%	10%	12%	14%	14%

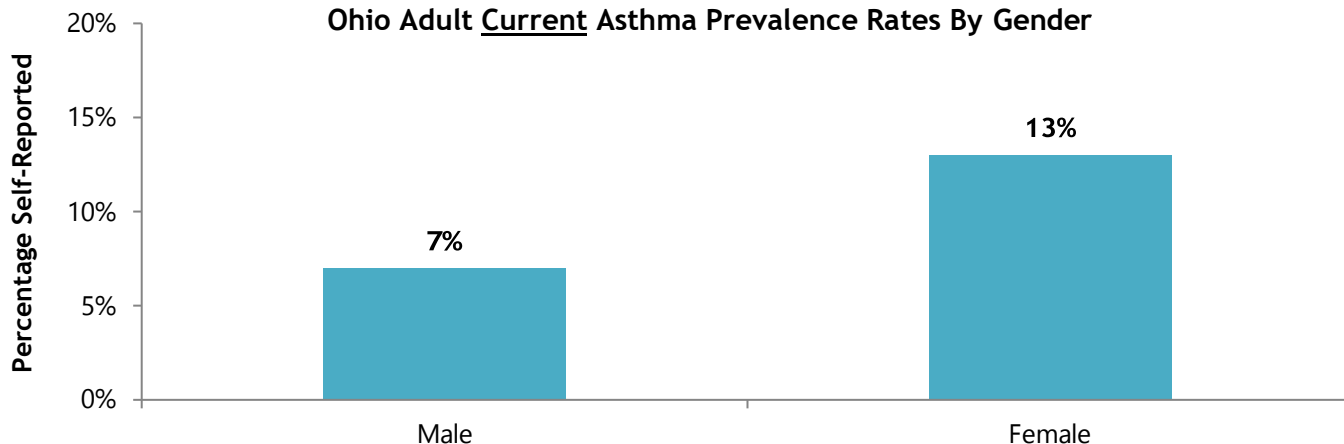
* Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents.

Ohio Adult Lifetime Asthma Prevalence Rates By Gender



Ohio Adult Current Asthma Prevalence Rates By Gender



(Source for graphs: 2020 BFRSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 25 million Americans have asthma.
- On average, 10 Americans die from asthma each day. In 2019, more than 3,500 people died from asthma. Adults are five times more likely to die from asthma than children and black Americans are three times more likely to die from asthma than white Americans.
- In 2018, asthma accounted for more than 175,000 discharges from hospital inpatient care and 1.6 million emergency room visits.
- Women (9.8%) are more likely than men (6.1%) to have asthma.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: Asthma and Allergy Foundation of America, Asthma Facts, and Figures, updated April 2021)

Chronic Disease: Diabetes

Diabetes

8% of Delaware County adults, or approximately 12,498 adults, were told by a doctor, nurse, or other health professional that they had diabetes.

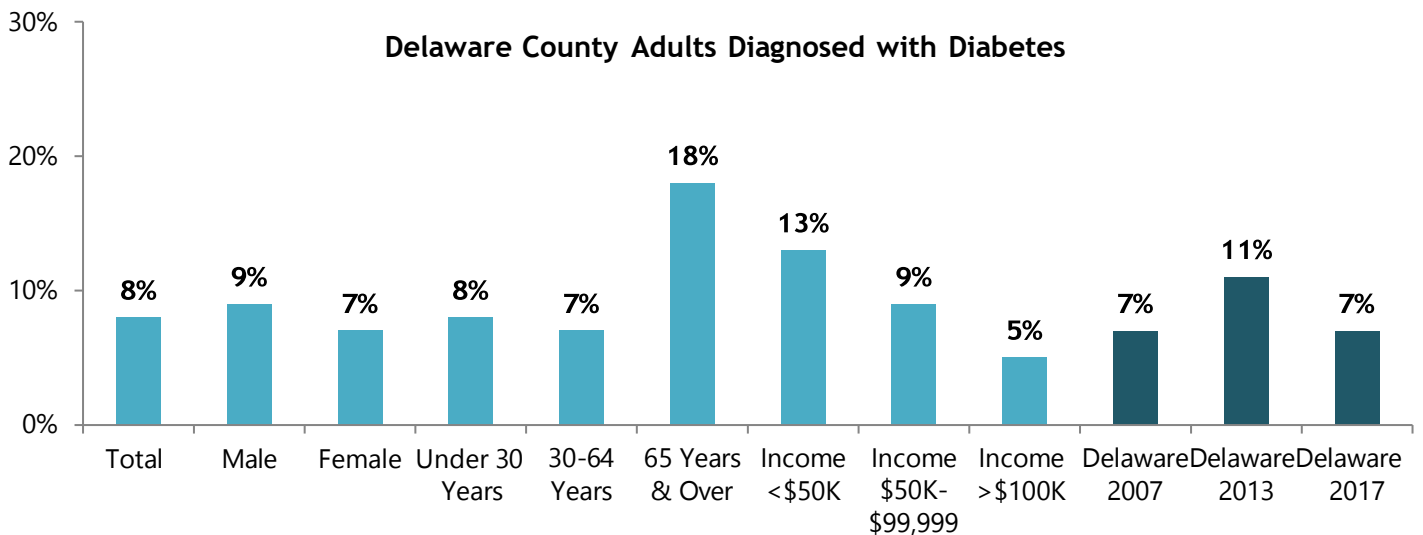
- Eight percent (8%) of Delaware County adults were told by a doctor, nurse, or other health care professional that they had diabetes, increasing to 18% of those over the age of 65.
- Twelve percent (12%) of Delaware County adults were told by a doctor, nurse, or other health care professional that they had prediabetes or borderline diabetes.

The following graph shows the percentage of Delaware County adults who were told by a doctor, nurse, or other health professional that they had diabetes. Examples of how to interpret the information shown on the graph include: 8% of Delaware County adults were told they had diabetes, including 18% of those ages 65 and older and 13% of those with incomes less than \$50,000.

Diabetes Fast Facts

- More than **37 million** US adults have diabetes, and 1-in-5 of them do not know they have it.
- Diabetes is the **seventh leading cause** of death in the US.
- **Type 2 diabetes** accounts for approximately **90-95%** of all diagnosed cases of diabetes.
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **doubled** as the American population has aged and become more overweight or obese.
- Medical costs and lost work and wages for people with diagnosed diabetes total **\$327 billion** annually.

(Source: CDC, About Diabetes, Updated: December 2021)



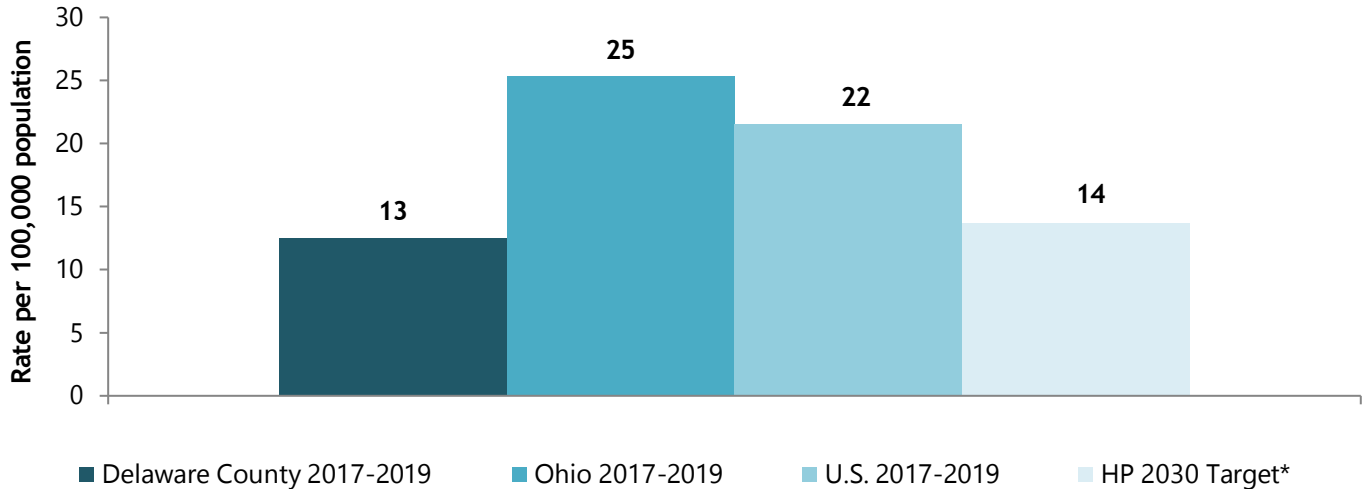
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Had been diagnosed with diabetes	7%	11%	7%	8%	12%	11%

The following graphs show prevalence of diabetes by gender and the age-adjusted mortality rates from diabetes for Delaware County and Ohio residents with comparison to the Healthy People 2030 target objective.

- From 2017-to-2019, Delaware County’s age-adjusted diabetes mortality rate was lower than the Ohio and U.S. rates, as well as the Healthy People 2030 target objective.

Delaware County Age-Adjusted Mortality Rates for Diabetes



*The Healthy People 2030 rate is for all deaths among those diagnosed with diabetes per 1,000 people
 (Source: Ohio Public Health Information Warehouse 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)
 Note: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Prediabetes

Prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. About 96 million American adults – more than 1 in 3 – have prediabetes. Of those with prediabetes, more than 80% don’t know they have it. Prediabetes puts you at increased risk of developing type 2 diabetes, heart disease, and stroke.

You can have prediabetes for years but have no clear symptoms. It is important to talk to your doctor about getting your blood sugar tested if you have any of the risk factors for diabetes, which include:

- Being overweight
- Being 45 years or older
- Have a parent, brother, or sister with type 2 diabetes
- Being physically active less than 3 times a week
- Ever having gestational diabetes (diabetes during pregnancy) or giving birth to a baby who weighed more than 9 pounds
- Having polycystic ovary syndrome
- Race and ethnicity are also a factor – African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at a higher risk

(Source: Centers for Disease Control and Prevention, Diabetes, December 21, 2021)

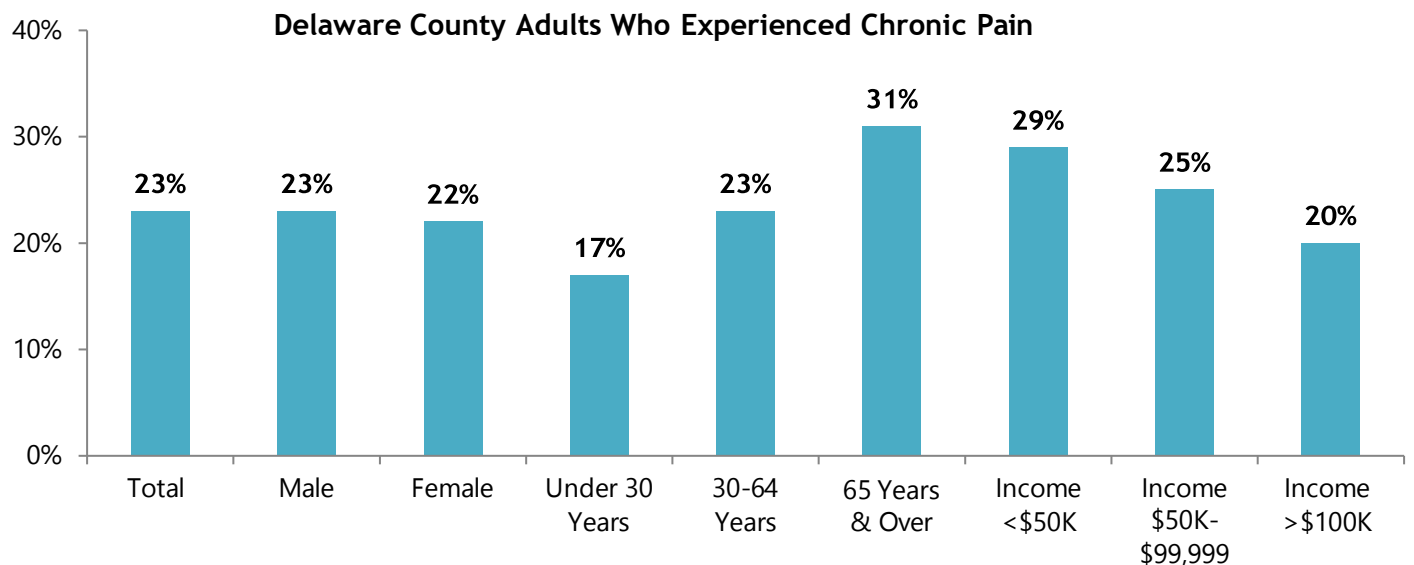
Chronic Disease: Quality of Life

Impairments and Health Problems

19% of Delaware County adults, or approximately 29,682 adults, had fallen in the past year.

- Nearly one-fourth (23%) of Delaware County adults reported experiencing chronic pain in the past year, increasing to 31% of those over the age of 65.

The following graph shows the percentage of Delaware County adults who experienced chronic pain in the past year. Examples of how to interpret the information shown on the graph include: 23% of Delaware County adults experienced chronic pain in the past year, including 23% of males and 29% of those with incomes less than \$50,000.

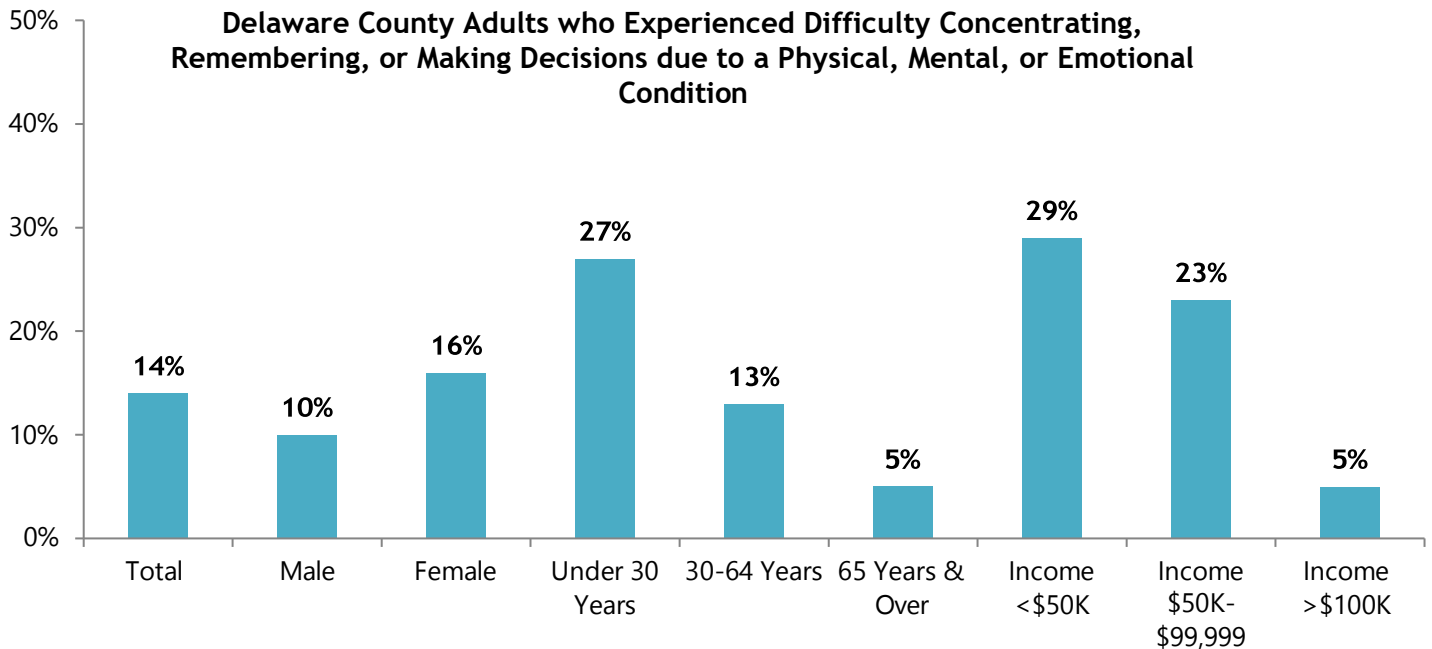


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

About 50 million U.S. adults have chronic pain, which is one of the most common reasons adults seek medical care. Chronic pain can happen for many reasons including as a result of chronic conditions (e.g., arthritis and diabetes), autoimmune disorders (e.g., lupus), past injuries, and other reasons. Chronic pain can limit quality of life. For some people with chronic pain, there may not be obvious evidence of an underlying reason. Managing chronic pain can be difficult (*Source: CDC, Managing Chronic Pain, 2019*).

- Nineteen percent (19%) of adults had fallen in the past year, increasing to 31% of those ages 65 and older. Among all adults who had fallen, 18% indicated their fall caused an injury.
- Delaware County adults experienced the following:
 - Difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition (14%)
 - Difficulty doing errands due to a physical, mental, or emotional condition (7%)
 - Difficulty walking or climbing stairs (7%)
 - Deafness or serious difficulty hearing (4%)
 - Blindness or serious difficulty seeing even when wearing glasses (2%)
 - Difficulty dressing or bathing (1%)

The following graph shows the percentage of Delaware County adults who experienced difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition. Examples of how to interpret the information shown on the graph include: 14% of Delaware County adults experienced difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition, including 27% of those under the age of 30 and 29% of those with incomes less than \$50,000.

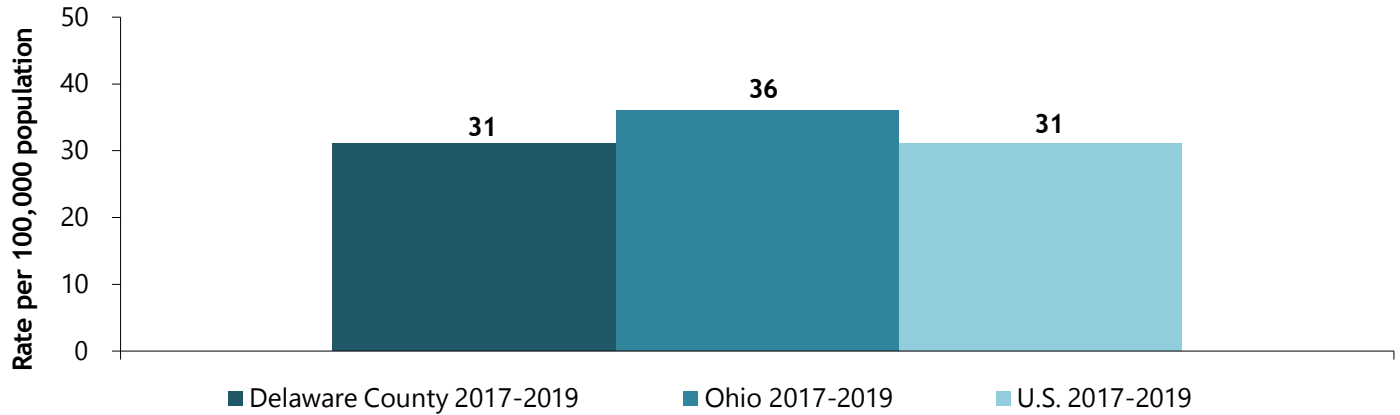


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

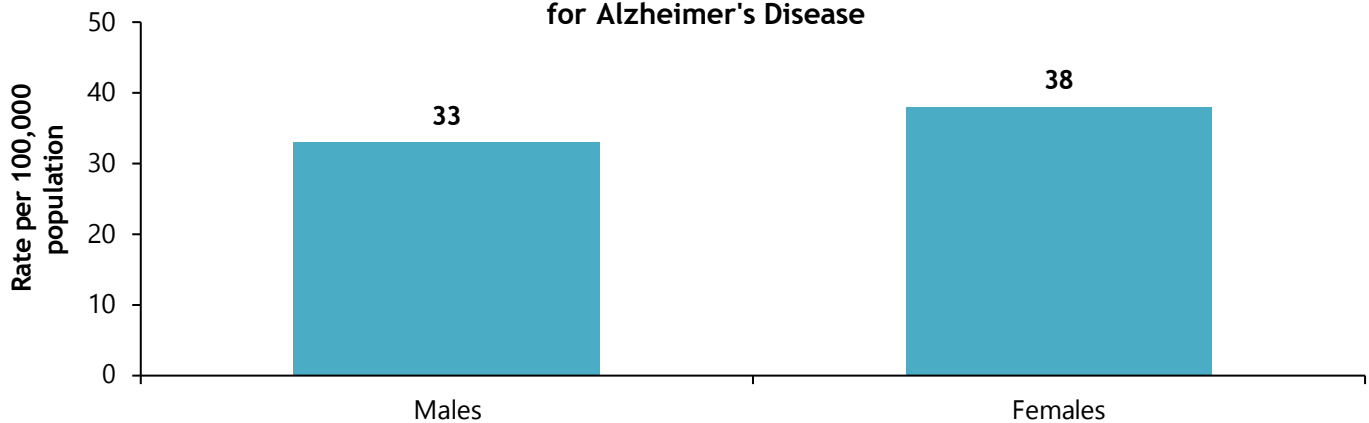
The following graphs show the Delaware County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for Alzheimer’s disease, as well as by gender. The first graph shows:

- From 2017-to-2019, Delaware County’s age-adjusted mortality rate for Alzheimer’s disease was lower than the Ohio rate and equal to the U.S. rate.

Age-Adjusted Mortality Rates for Alzheimer’s Disease



Delaware County Age-Adjusted Rates by Gender for Alzheimer’s Disease



(Sources: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)

Note for graphs: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

Alzheimer’s Disease in Ohio

- In Ohio in 2019, 11.6% of adults ages 45 and older reported having increased confusion or memory loss that is happening more often or is getting worse during the past year.
- The prevalence of cognitive decline was significantly higher for Ohio adults with other chronic conditions, for example, high blood pressure and high blood cholesterol.
- Alzheimer’s disease claimed the lives of 5,396 Ohioans in 2018.
- Women accounted for 70% of Alzheimer’s’ disease deaths in Ohio in 2018.
- Whites had a higher death rate for Alzheimer’s disease in 2018 compared with Blacks and Asians/Pacific Islanders in Ohio.
- Death rates for Alzheimer’s disease in Ohio increased from 2009 to 2018.

(Source: Ohio Department of Health, Diabetes, Cognitive Decline and Dementia in Ohio, October 2020)

Social Conditions: Social Determinants of Health

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

- Economic stability
- Education access and quality
- Social and community context
- Health care access and quality
- Neighborhood and built environment

(Source: *Social Determinants of Health, Healthy People 2030*)



Social Determinants of Health

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Air and water pollution
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

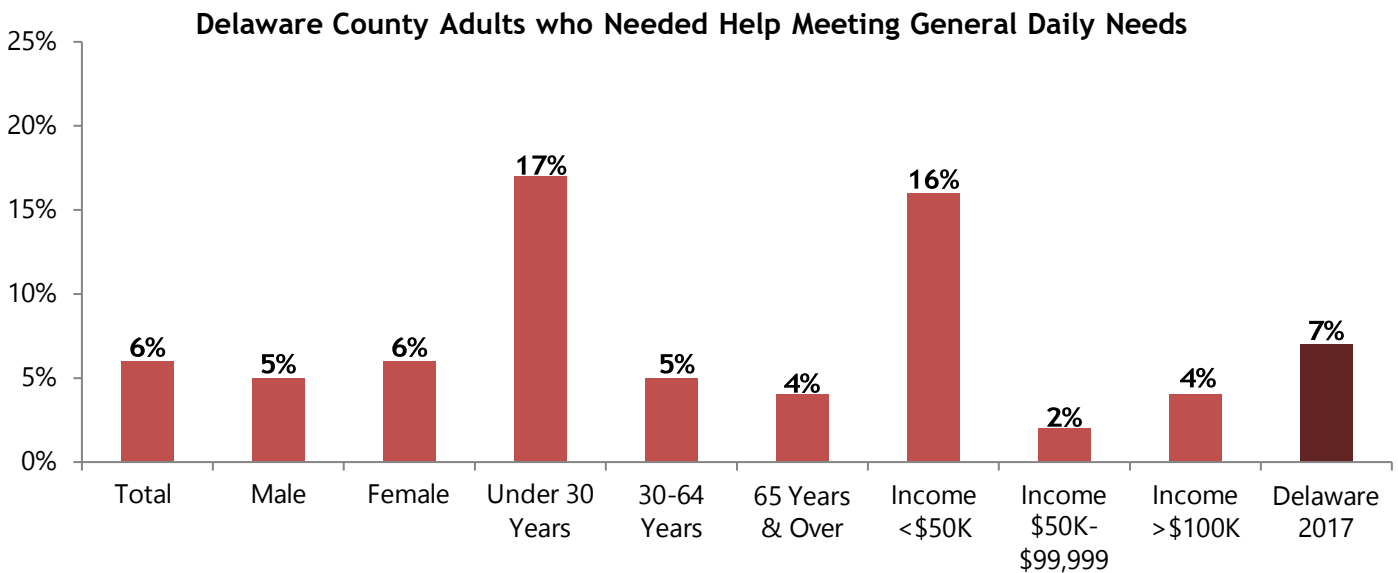
Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

(Source: *HealthyPeople2030, Retrieved December 26, 2021*)

Economic Stability

- Income and age-based disparities are particularly prevalent in Delaware County. For example, those most likely to rate their general health as fair or poor were adults with annual household incomes under \$50,000 (16%) compared to the general population (7%). Additionally, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, etc.), were higher among those with annual household incomes under \$50,000 compared to the general population.
- Adults reported the following percent of their household income goes to their housing:
 - Less than 30% (54%)
 - 30-50% (29%)
 - 50% or higher (8%)
 - Don't know (9%)
- In the past 30 days, 6% of Delaware County adults reported needing help meeting general daily needs such as food, clothing, shelter, or paying utility bills, increasing to 17% of those under the age of 30 and 16% of those with incomes less than \$50,000.

The following graph shows the percentage of Delaware County adults who needed help meeting general daily needs such as food, clothing, shelter, or paying utility bills. Examples of how to interpret the information shown on the graph include: 6% of all Delaware County adults needed help meeting general daily needs, including 17% of those under the age of 30 and 16% of those with incomes less than \$50,000.



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

6% of Delaware County adults, or approximately 9,373 adults, experienced more than one food insecurity issue in the past year.

- The adults who participated in this survey reported they experienced the following food insecurity issues during the past 12 months:
 - Worried food would run out (6%)
 - Had to choose between paying bills and buying food (5%)
 - Were hungry but did not eat because they did not have money for food (5%)
 - Loss of income led to food insecurity issues (4%)
 - Went hungry/ate less to provide more food for their family (3%)
 - Food assistance was cut (1%)
- Six percent (6%) of adults experienced more than one food insecurity issue. Of those with 3 or more people in their household, 10% experienced more than one food insecurity issue.

The median household income in Delaware County was \$114,423. The U.S. Census Bureau reports median income levels of \$60,360 for Ohio and \$67,340 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, 2020).

Four percent (4%) of all Delaware County residents were living in poverty, and 3% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimated (SAIPE) Program*, 2020).

The unemployment rate for Delaware County was 2.3% as of December 2021 (Source: Ohio Department of Job and Family Services, *Office of Workforce Development, Bureau of Labor Market Information*).

There were 76,155 housing units in Delaware County. The owner-occupied housing unit rate was 79%. Rent in Delaware County cost an average of \$1,078 per month (Source: U.S. Census Bureau, *American Community Survey*, 2019).

Health and Health Care

- In the past year, 1% of adults felt they experienced worse medical care due to their race or ethnicity.
- See the health behaviors and chronic disease sections for further health and health care information for Delaware County adults.

Although the term disparities is often understood as racial or ethnic disparities, many components of disparity exist in the U.S., particularly in health. If a health outcome is seen to a greater or lesser degree between populations, there is a disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations (Source: U.S. Department of Health and Human Services, *HealthyPeople2030, Disparities*).

Neighborhood and Built Environment

- Thirty-six percent (36%) of Delaware County adults kept a firearm in or around their home. Five percent (5%) of adults reported their firearm was unlocked and loaded.
- Forty-four percent (44%) of adults reported that their neighborhood was extremely safe from crime, 50% reported it to be quite safe, 5% reported it to be slightly safe, and 1% reported it to be not safe at all.

The table below indicates means of transportation to work among Delaware County and Ohio workers 16 years and over. An example of how to interpret the information includes: 83% of Delaware County workers 16 years and over drove to work alone in a car, truck, or van.

Transportation to Work
Delaware County vs. Ohio

Means of Transportation to Work (workers 16 years and over in households)	Delaware County	Ohio
Car, truck, or van - drove alone	83%	82%
Car, truck, or van - carpooled	7%	8%
Public transportation (excluding taxicab)	<1%	1%
Walked	<1%	2%
Taxicab, motorcycle, bicycle, or other means	<1%	1%
Worked from home	9%	4%
No vehicle available	1%	2%
Total workers	105,602	5,538,486

(Source: U.S. Census Bureau, American Community Survey, 2019 1-year estimates)

Education

The table below indicates educational attainment among Delaware County and Ohio adults ages 25 years and over. An example of how to interpret the information includes: 31% of Delaware County adults ages 25 years and older had a bachelor's degree.

Educational Attainment
Delaware County vs. Ohio

Educational Attainment (population 25 years and over)	Delaware County	Ohio
Less than 9 th grade	0.5%	2.7%
9 th to 12 th grade, no diploma	3.1%	6.5%
High school graduate (includes equivalency)	18.4%	32.6%
Some college, no degree	19.0%	20.1%
Associate's degree	6.8%	8.7%
Bachelor's degree	31.5%	18.2%
Graduate or professional degree	20.6%	11.1%
High school graduate or higher	96.3%	90.8%
Bachelor's degree or higher	52.1%	29.3%

(Source: U.S. Census Bureau, American Community Survey, 2019 1-year estimates)

Social and Community Context

- Delaware County adults reported feeling emotionally upset as a result of how they were treated based on their: skin color (11%), ethnicity (8%), religion (6%), disability (6%), sexual orientation (4%), gender identity (4%), culture (4%), and language spoken (2%).
- In the past year Delaware County adults were abused by the following people: a spouse or partner (8%), a parent (4%), someone outside their home (4%), a child (3%), and someone living inside their household (2%), and a paid caregiver (<1%).
- Delaware County adults were abused in the following ways: emotionally (20%), verbally (14%), financially (4%), physically (1%), sexually (1%), and any of the above through electronic methods (4%).

Intimate Partner Violence in the U.S.

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years. IPV can include the following types of behavior:

- **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or another type of physical force.
- **Sexual violence** is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
- **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another partner mentally or emotionally and/or to exert control over another partner.

IPV is connected to other forms of violence and is related to serious health issues and economic consequences.

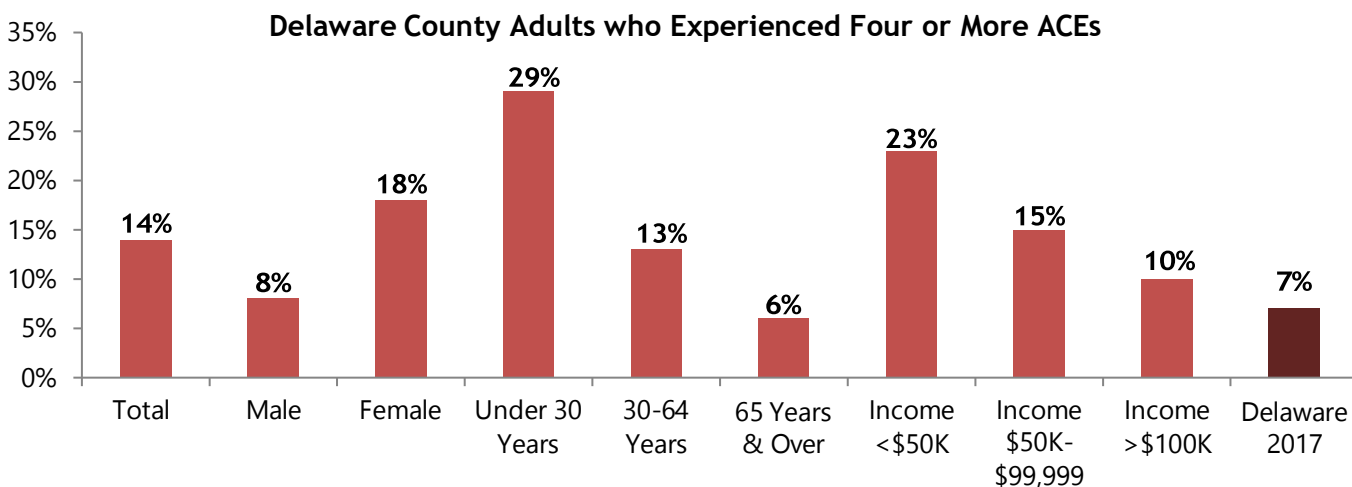
(Source: CDC, Violence Prevention, November 2, 2021)

- Delaware County adults experienced the following in the past 12 months:
 - A close family member went to the hospital (51%)
 - Death of a family member or close friend (50%)
 - Decline in personal health (22%)
 - Someone close to them had a problem with drinking or drugs (19%)
 - Was a caregiver (15%)
 - Someone in their household lost their job/had their hours at work reduced (15%)
 - Moved to a new address (12%)
 - They were threatened or abused by someone physically, emotionally, sexually and/or verbally (9%)
 - Had bills they could not pay (8%)
 - Household income was cut by 50% (7%)
 - Knew someone living in a hotel (5%)
 - Their child was threatened or abused by someone physically, emotionally, sexually and/or verbally (4%)
 - Became separated or divorced (2%)
 - Had someone homeless living with them/sleeping on their couch (2%)
 - Their family was at risk for losing their home (1%)
 - Witnessed someone in their family being hit or slapped (1%)
 - Were involved in the adult justice system (<1%)
- In the past year, 3% of adults reported being forced or coerced to have sexual activity when they did not want to, increasing to 8% of those under the age of 30 and 8% of those with incomes less than \$50,000.
- Among those who were forced to have sexual activity, adults sought help and/or reported the unwanted sexual activity to the following: medical services (1%), friends and family (<1%), advocacy services (<1%), 24/7 hotline (<1%), and law enforcement and/or legal system (<1%).

- Adults reported having experienced the following situations:
 - Worked in a place where the work was different from what they were promised or told it would be (11%)
 - Were pressured to touch another person or have unwanted physical or sexual contact with another person (9%)
 - Worked without getting the payment they thought they would get (8%)
 - They felt they could not leave the place where they worked or lived (8%)
 - Someone at their workplace harmed to threatened to harm them (4%)
 - Had sex for things of value (such as food, drugs, shelter, gifts, or money) (3%)
 - Knew someone involved in sex or labor trafficking (1%)
- Delaware County adults experienced the following adverse childhood experiences (ACEs*):
 - Lived with someone who was depressed, mentally ill, or suicidal (34%)
 - Their parents became separated or were divorced (32%)
 - A parent or adult in their home swore at, insulted, or put them down (28%)
 - Lived with someone who was a problem drinker or alcoholic (26%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (13%)
 - Their family did not look out for each other, feel close to each other, or support each other (13%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (11%)
 - Someone at least 5 years older than them or an adult touched them sexually (10%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (9%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (7%)
 - Their parents were not married (6%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (5%)
 - Someone at least 5 years older than them or an adult forced them to have sex (4%)
- Fourteen percent (14%) of adults experienced four or more adverse childhood experiences (ACEs).

**Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect; witness violence in the home or community; or having a family member attempt or die by suicide (Source: CDC, Adverse Childhood Experiences).*

The following graph shows the percentage of Delaware County adults who experienced four or more ACEs. Examples of how to interpret the information shown on the graph includes: 14% of all Delaware County adults experienced four or more ACEs, including 29% of those under the age of 30 and 23% of those with incomes less than \$50,000.



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

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 15% of those who experienced 4 or more ACEs contemplated suicide, compared to 0% of those who did not experience any ACEs.

Behaviors of Delaware County Adults
Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Obese	56%	33%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	42%	34%
Felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing usual activities in the past year	17%	4%
Current smoker (currently smoke on some or all days)	15%	2%
Contemplated suicide	15%	0%
Had two or more sexual partners in the past year	6%	0%
Used recreational drugs	3%	0%
Misused prescription drugs	0%	1%

The Impact of the COVID-19 Pandemic on ACEs

The COVID-19 pandemic has caused health, social, and economic challenges. The full impact of the pandemic on children and youth will take years to learn. However, early indicators point to significant impacts on Ohio’s health, well-being, and economic vitality for years to come. Below are three key findings for policymakers:

1. Exposure to specific ACEs may increase as a result of the pandemic: early data suggested that exposure to certain ACEs may increase mental illness and substance use in the household, intimate partner violence, and child maltreatment.
2. The pandemic has increased risk factors for ACEs: the economic downturn and social distancing measures implemented in response to the pandemic have increased the prevalence of risk factors for ACEs, for example, economic hardship and social isolation.
3. Existing disparities in ACEs exposure are likely to be exacerbated by the pandemic: Ohioans of color, those with low incomes, those with disabilities, and who are residents of urban or Appalachian counties are more likely to be exposed to ACEs as a result of the pandemic.

(Source: Health Policy Institute of Ohio, The Impact of COVID-19 Pandemic on ACEs, March 3, 2021)

Social Conditions: COVID-19

COVID-19

33% of Delaware County adults, or approximately 51,553 adults, reported a decline in their or their families mental health due to the COVID-19 pandemic.

- Eighty-nine percent (89%) of Delaware County adults indicated they were fully vaccinated against COVID-19.

Note: question stated that “fully vaccinated” included 2 doses for Pfizer and Moderna, 1 dose for Johnson and Johnson.

- Three percent (3%) of adults indicated they were partially vaccinated, and 8% indicated they were not vaccinated at all.

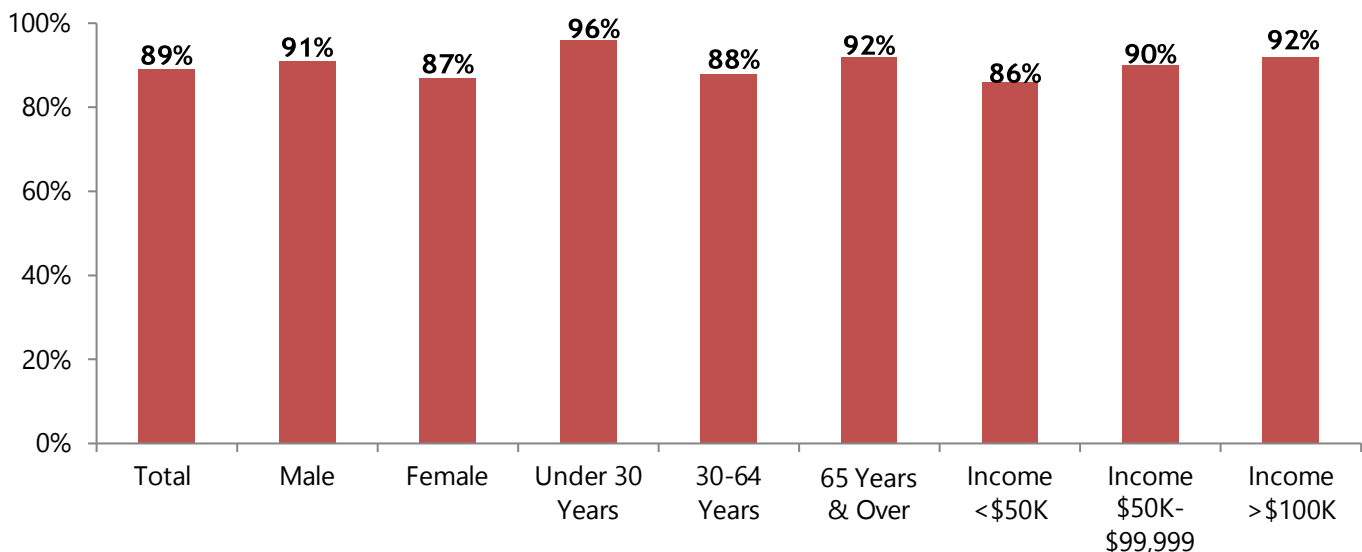
- 85% of the eligible 20+ year old adult population is considered fully vaccinated * (*Source: Ohio Hospital Association*).

**Please be aware that this statistic refers to adults in Delaware County who are twenty years of age and above who are fully vaccinated. Individuals who are unvaccinated, partially vaccinated, or not in this age group were not included in this statistic.*

- Fourteen percent (14%) of all adults reported they had been told by a doctor, nurse, or other health professional that they had COVID-19.

The following graph shows the percentage of Delaware County adults who were fully vaccinated against COVID-19 (Note: question stated that “fully vaccinated” included 2 doses for Pfizer and Moderna, 1 dose for Johnson and Johnson). Examples of how to interpret the information shown on the graph include: 89% of all Delaware County adults were fully vaccinated, including 91% of males and 86% of those with incomes less than \$50,000.

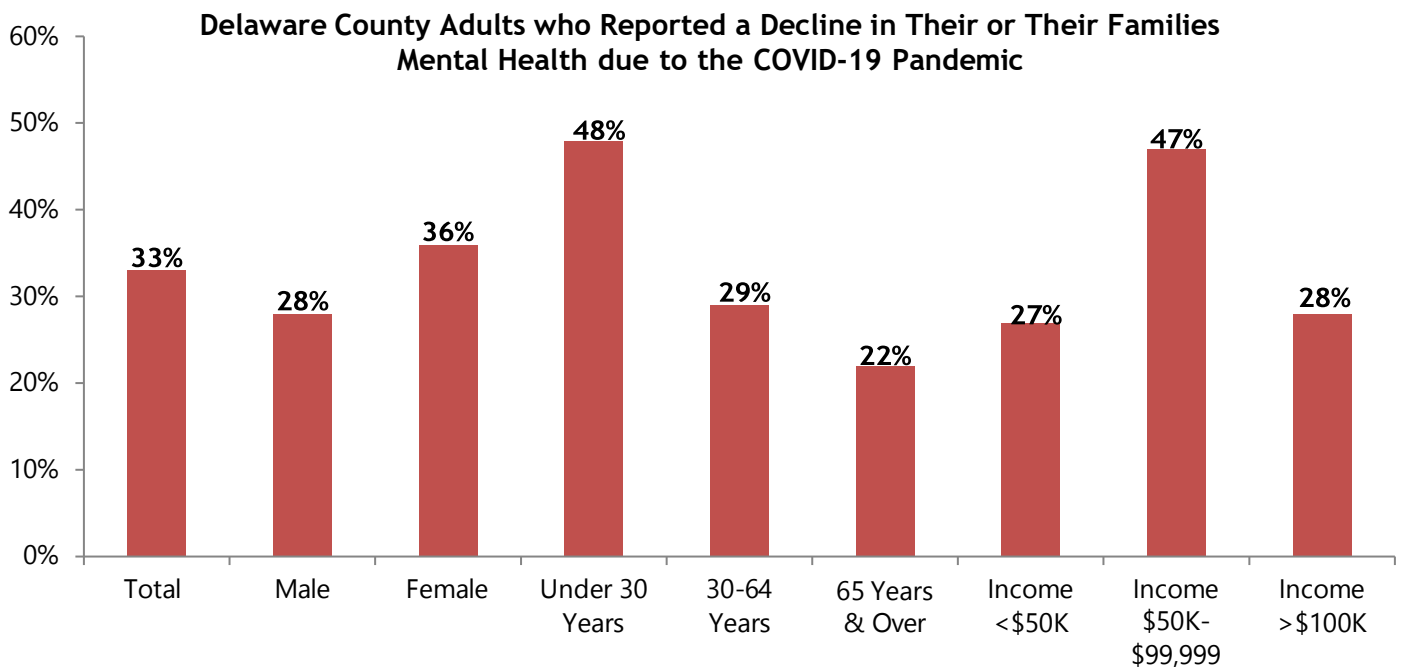
Delaware County Adults Fully Vaccinated Against COVID-19



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

- Delaware County adults and their families were negatively affected by the COVID-19 pandemic in the following ways:
 - Decline in mental health (33%)
 - Educational challenges (i.e., children transitioned to online academics or home-schooling, or adults unable to pursue further education) (30%)
 - Increased alcohol use (22%)
 - Death or serious illness of loved one(s) (22%)
 - Decline in physical health (21%)
 - Not seeking dental care (20%)
 - Not seeking health care (19%)
 - Changes to employment status (19%)
 - Loss of household income (17%)
 - Financial instability (16%)
 - Lack of childcare (13%)
 - Unable to afford basic needs, such as personal, household, or baby care (6%)
 - Unable to afford food (5%)
 - Housing instability (4%)
 - Increased drug use (3%)
 - Unable to afford medicine (3%)

The following graph shows the percentage of Delaware County adults who reported a decline in their or their families mental health due to the COVID-19 pandemic. Examples of how to interpret the information shown on the graph include: 33% of all Delaware County adults reported they or their family experienced a decline in mental health, including 48% of those under 30 years old and 47% of those with incomes between \$50,000 and \$99,999.



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

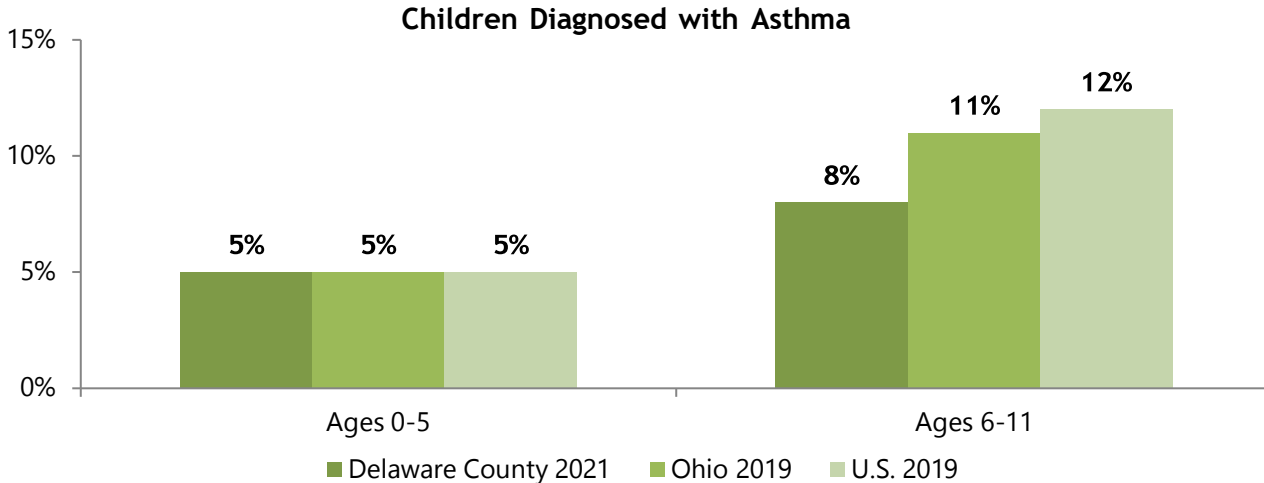
2021 Delaware County Data Summary | Child Health

The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

“Child” is defined throughout the report as those ages 0-11 living in Delaware County.

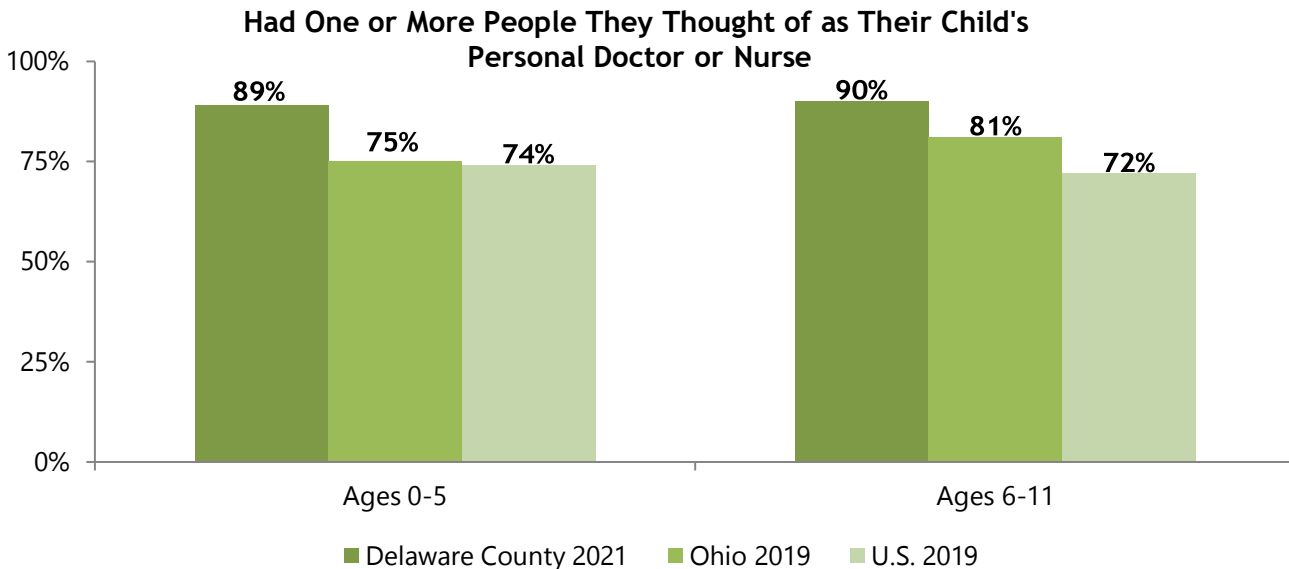
CHILD HEALTH AND FUNCTIONAL STATUS

Seven percent (7%) of Delaware County parents reported their child had been diagnosed with asthma.



CHILD HEALTH CARE ACCESS

Eighty-nine percent (89%) of parents reported they had one or more people they thought of as their child’s personal doctor or nurse.



(Source for graphs: National Survey of Children’s Health & 2021 Delaware County Health Assessment)

EARLY CHILDHOOD (0-5 YEARS OLD)

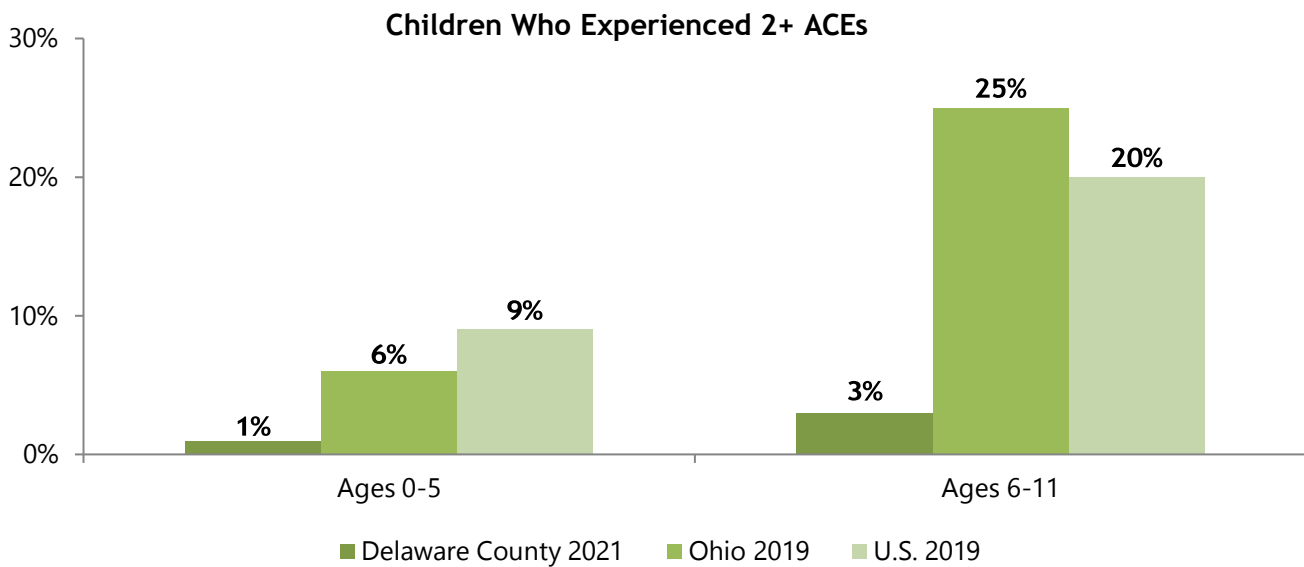
The following information was reported by parents of 0-5 year olds. Ninety-two percent (92%) of parents put their child to sleep on his/her back as an infant. In the past week, 61% of Delaware County parents or a family member read to their child every day.

MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Delaware County parents of 6-11 year olds. Thirty-nine percent (39%) of parents of 6-11 year olds reported their child had a social media account or other virtual network account. Thirty-four percent (34%) of parents reported their child was bullied in the past year.

FAMILY AND COMMUNITY CHARACTERISTICS



Three percent (3%) of children ages 6-11 experienced two or more adverse childhood experiences (ACEs*).




(Source: National Survey of Children's Health & 2021 Delaware County Health Assessment)

**Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect; witnessing violence in the home or community; or having a family member attempt or die by suicide. Studies have found a significant relationship between the number of ACEs a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance use, and risky behaviors. The more ACEs experienced, the greater the risk for these outcomes (Source: CDC, Adverse Childhood Experiences).*

CHILD (AGES 0-11) TREND SUMMARY: BY SCHOOL DISTRICT*

Child Variables	Big Walnut 2021 Ages 0-11 (n=42)	Buckeye Valley 2021 Ages 0-11 (n=25)	Delaware City 2021 Ages 0-11 (n=100)	Olentangy Local 2021 Ages 0-11 (n=170)	Delaware County 2021 Ages 0-11
Health and Functional Status					
Rated health as excellent or very good	100%	96%	99%	98%	98%
Dental care visit in past year	81%	75%	76%	85%	96%
Diagnosed with asthma 	10%	0%	6%	8%	7%
Diagnosed with ADHD/ADD	8%	4%	6%	7%	7%
Diagnosed with a head injury, brain injury, or concussion	2%	0%	2%	2%	2%
Health Care Access					
Had public insurance	2%	0%	6%	3%	4%
Had a personal doctor or nurse	93%	100%	88%	87%	89%
Child received treatment or counseling from a mental health professional in the past year	17%	4%	4%	10%	9%
Early and Middle Childhood					
Family read to child every day in past week	60%	54%	55%	53%	61%
Did not engage in any physical activity during the past week	4%	0%	11%	4%	2%
Had a social media account or other virtual network account	28%	15%	33%	46%	39%
Bullied in the past year	52%	15%	41%	26%	34%
Family and Community Characteristics					
Family ate a meal together every day of the week	50%	50%	49%	41%	44%
Child experienced two or more adverse childhood experiences (ACEs) 	7%	0%	5%	2%	3%



N/A - Not available

 Indicates alignment with the Ohio State Health Assessment

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

*School district categories are based on individuals who live in the boundaries of each school district. Total Delaware County 2021 percentages include the addition of Westerville and Dublin City school districts

CHILD TREND SUMMARY: BY AGE (0-5 & 6-11)


Child Variables	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	99%	98%	94%	94%	96%	98%	87%	90%
Diagnosed with asthma 	3%	5%	5%	5%	10%	8%	11%	12%
Diagnosed with ADHD/ADD	2%	1%	1%**	3%**	15%	10%	12%	9%
Diagnosed with a head injury, brain injury, or concussion	2%	1%	N/A	1%	2%	2%	N/A	2%
Health Care Access								
Had public insurance	5%	2%	30%	36%	4%	5%	37%	35%
Had a personal doctor or nurse	87%	89%	75%	74%	90%	90%	81%	72%
Child received treatment or counseling from a mental health professional in the past year	3%	4%	1%**	3%**	14%	12%	15%	10%
Dental care visit in past year	63%	58%	54%*	64%*	97%	96%	93%	90%
Early Childhood (Ages 0-5)								
Family read to child every day in past week	66%	61%	36%	35%	N/A	N/A	N/A	N/A
Middle Childhood (Ages 6-11)								
Did not engage in any physical activity during the past week	N/A	N/A	N/A	N/A	2%	2%	7%	6%
Had a social media account or other virtual network account	N/A	N/A	N/A	N/A	24%	39%	N/A	N/A
Bullied in the past year	N/A	N/A	N/A	N/A	43%	34%	N/A	N/A
Family and Community Characteristics								
Family ate a meal together every day of the week	45%	57%	46%	52%	31%	37%	41%	45%
Child experienced two or more adverse childhood experiences (ACEs) 	3%	1%	6%	9%	4%	3%	25%	20%

* Ages 1-5

** Ages 3-5

N/A - Not available

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

 Indicates alignment with the Ohio State Health Assessment

Child Health: Health and Functional Status

General Health Status

98% of Delaware County parents rated their child’s health as excellent or very good.

- In 2021, 98% of Delaware County parents rated their child’s health as excellent or very good. One percent (1%) of parents rated their child’s health as good and 1% rated their child’s health as fair. Less than one percent (<1%) of parents reported their child’s health was poor.

Child Comparisons	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Rated health as excellent or very good	99%	98%	94%	94%	96%	98%	87%	90%

Weight Status, Nutrition, & Screen Time

- Thirteen percent (13%) of children were classified as obese by Body Mass Index (BMI) calculations. Ten percent (10%) of children were classified as overweight, 70% were normal weight, and 7% were underweight.
- Twenty-four percent (24%) of children ate 5 or more servings of whole fruits and vegetables every day in the past week. Forty-three percent (43%) of children ate 5 or more servings of fruits and vegetables 4-to-6 days, 24% ate 5 or more servings 1-to-3 days, and 9% ate 5 or more servings on 0 days in the past week.

Note: question stated: during the past 7 days, how many days did your child eat at least 5 servings of whole fruits/vegetables? Please consider ½ cup = 1 serving.

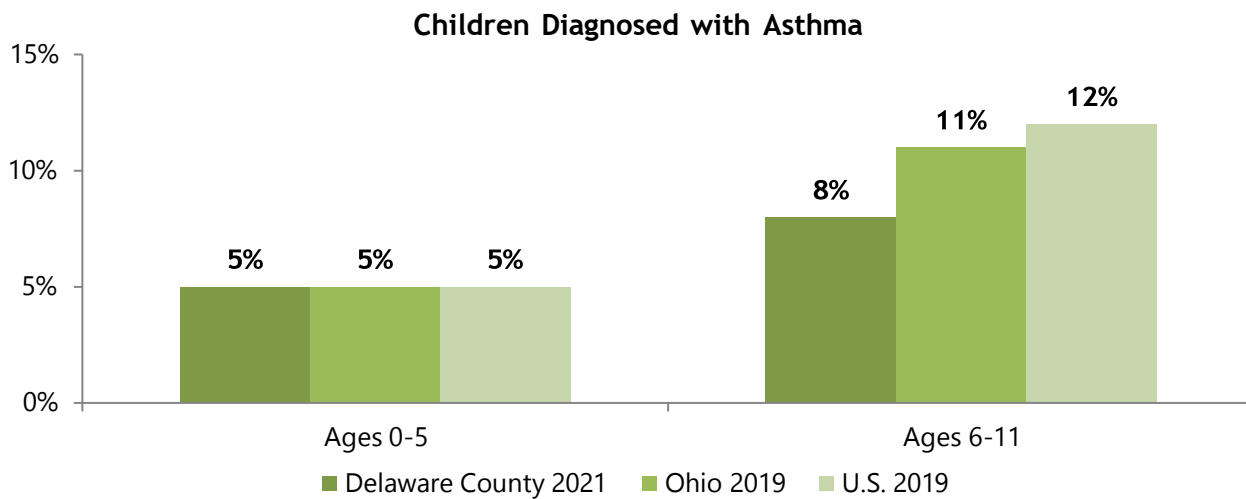
- Six percent (6%) of children drank sugar-sweetened beverages every day in the past week. Twelve percent (12%) of children drank sugar-sweetened beverages 4-to-6 days, 48% drank sugar-sweetened beverages 1-to-3 days, and 34% drank sugar-sweetened beverages on 0 days in the past week.
- In a typical week, parents reported that their child ate the following number of meals from a restaurant or takeout food: 1-to-2 (66%), 3-to-4 (18%), and 5 or more (3%). Thirteen percent (13%) of parents reported they did not eat out or bring takeout home to eat in a typical week.
- Eight-nine percent (89%) of Delaware County children ate breakfast every day in the past week. Eight percent (8%) of children ate breakfast 4-to-6 days, 2% ate breakfast 1-to-3 days, and 1% ate breakfast on 0 days in the past week.
- On a typical day, parents reported their child spent the following amount of time on cell phones, handheld games, computer/tablets (excluding school work), and in front of a TV watching videos, DVDs, TV programs, or playing video games:
 - 0 hours (6%)
 - Less than an hour (19%)
 - 1 to 2 hours (51%)
 - 3 to 4 hours (22%)
 - 5 or more hours (2%)

Health Conditions

- A doctor, health professional, or health educator told Delaware County parents their 0-11 year old child had the following conditions:
 - Anxiety problems (11%)
 - ADD/ADHD (7%)
 - Asthma (7%)
 - Head injury, concussion, or brain injury (2%)
 - Depression (1%)
- Of children diagnosed with asthma, 7% had an asthma attack within the past year.

The following graph shows the percent of children who were diagnosed with asthma.

- Delaware County had a lower percentage of children ages 6-11 who were diagnosed with asthma compared to both Ohio and the U.S.



(Sources: 2019 National Survey of Children's Health & 2021 Delaware County Health Assessment)

Child Comparisons	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Diagnosed with asthma	3%	5%	5%	5%	10%	8%	11%	12%
Diagnosed with ADHD/ADD	2%	1%	1%*	3%*	15%	10%	12%	9%
Diagnosed with a head injury, brain injury or concussion	2%	1%	N/A	1%	2%	2%	N/A	2%

* Ages 3-5

N/A - Not Available

Child Health: Health Care Access

Health Insurance

- In 2021, 99% of parents reported their child had health insurance.
- Delaware County children had the following types of health insurance: parent’s employer (90%); Medicaid, Buckeye, Paramount Elite, Molina, United, Care Source, or State Children’s Health Insurance Program (S-CHIP) (4%); purchased directly from an insurance company (2%); Tricare or other military health care (1%); Insurance Marketplace (1%); and some other type of insurance (3%).
- Parents reported their child’s health insurance covered the following: well visits (95%); doctor visits (94%); hospital stays (94%); prescription coverage (93%); immunizations (93%); dental (90%); mental health (84%); vision (81%); and therapies (speech therapy, occupational therapy, physical therapy, etc.) (77%). Three percent (3%) of parents reported they did not know what was included in their child’s insurance.

Child Comparisons	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Had public insurance	5%	2%	30%	36%	4%	5%	37%	35%

Medical Home

- Delaware County parents reported the following places their child usually goes for health care:
 - Doctor’s office (94%)
 - Multiple places, including doctor’s office (4%)
 - Retail store clinic or “minute clinic” (1%)
 - Clinic or health center (1%)
 - Multiple places, not including a doctor’s office (<1%)
- Eighty-nine percent (89%) of parents reported they had one or more people they think of as their child’s personal doctor or nurse.

Child Comparisons	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Had a personal doctor or nurse	87%	89%	75%	74%	90%	90%	81%	72%

Access and Utilization

- Six percent (6%) of parents reported their child did not get all the medical care they needed in the past year. They reported the following reasons:
 - Costs too much (48%)
 - Inconvenient times/could not get an appointment (19%)
 - Too long of a wait for an appointment (19%)
 - Treatment is ongoing (19%)
 - Dissatisfaction with doctor (15%)
 - Doctor did not know how to treat or provide care (15%)
 - Dissatisfaction with office staff (11%)
 - Unreliable or lack of child care (10%)
 - Could not find a doctor who accepted child's insurance (7%)
 - No insurance (7%)
 - Specialist not available (7%)
 - Health plan problem (4%)
 - No referral (4%)
 - Missed an appointment and not allowed to go back to clinic (4%)
 - Did not know where to go for treatment (4%)
 - Other reasons (11%)
- Seventy-two percent (72%) of children in Delaware County received a flu shot in the past 12 months.
- Eighty-seven percent (87%) of Delaware County children had received all the recommended vaccinations.
- Children did not get all of their recommended vaccinations for the following reasons:
 - Child had received some, but not all, recommended vaccinations (37%)
 - Parents chose not to vaccinate their child (13%)
 - Alternate vaccination schedule used (13%)
 - Fear of negative effects (7%)
 - Religious or cultural beliefs (7%)
 - Vaccine not available at their doctor's office (6%)
 - Doctor advised against (6%)
 - Not sure which are recommended (2%)
 - Other reasons (9%)

Well-Child Visits and Recommended Vaccinations

- Well-child visits and recommended vaccinations are essential and help make sure children stay healthy. Children who are not protected by vaccines are more likely to get diseases like measles and whooping cough. These diseases are extremely contagious and can be very serious, especially for babies and young children. In recent years, there have been outbreaks of these diseases especially in communities with low vaccination rates.
- Well-child visits are essential for many reasons, including:
 - Tracking growth and developmental milestones
 - Discussing any concerns about your child's health
 - Getting scheduled vaccinations to prevent illnesses like measles and whooping cough and other serious diseases

(Source: CDC, Vaccines for Your Children, Updated March 15, 2022)

- Nine percent (9%) of parents reported their child received mental health treatment or counseling in the past 12 months.
- Twenty-six percent (26%) of parents reported their child did not get all the mental health/behavioral health care they needed in the past year. They reported the following reasons:
 - Too long of a wait for an appointment (9%)
 - Cost (7%)
 - Inconvenient times/could not get an appointment (7%)
 - They did not know where to go for treatment (4%)
 - Specialist not available (3%)
 - Could not find a doctor who accepted child’s insurance (3%)
 - Health plan problem (2%)
 - Transportation problem/not available in the area (2%)
 - No referral (2%)
 - Health care provider did not know how to treat or provide care (1%)
 - Dissatisfaction with health care provider (1%)
 - Dissatisfaction with office staff (1%)
 - Stigma (1%)
 - Religious preference (1%)
 - Other reasons (16%)
- Eighty-two percent (82%) of children had been to the dentist in the past year, increasing to 96% of 6-11 year-olds. One percent (1%) of parents reported their child did not have teeth yet and 10% reported their child is not old enough to go to the dentist.

Child Comparisons	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Child received treatment or counseling from a mental health professional in the past year	3%	4%	1%*	3%*	14%	12%	15%	10%
Dental care visit in the past year	63%	58%	54%**	64%**	97%	96%	93%	90%

*3-5 years old

** 1-5 years old

Child Health: Early Childhood (Ages 0-5)

Early Childhood

88% of Delaware County mothers received prenatal care within the first 3 months of pregnancy.

- The following information was reported by Delaware County parents of 0-5 year olds:
- When asked how they put their child to sleep as an infant, 92% said on their back, 3% said on their stomach, 3% said on their side, and 2% did not know.
- Parents indicated their child slept in the following places most of the time: crib (81%), in bed with an adult (5%), pack n' play (5%), and other (3%).
- During their last pregnancy within the past five years, mothers did the following:
 - Got prenatal care within the first 3 months (88%)
 - Took a multi-vitamin with folic acid during pregnancy (86%)
 - Got a dental exam (79%)
 - Took folic acid during pregnancy (68%)
 - Experienced depression during or after pregnancy (32%)
 - Received WIC services (2%)
 - Consumed alcoholic beverages (2%)
- Seven percent (7%) of mothers reported doing none of the above during their last pregnancy.
- One percent (1%) of parents indicated that someone in their household smoked e-cigarettes/vapes around their children.
- Sixty-one percent (61%) of Delaware County parents reported in the past week they or another family member read to their child every day. Twenty-one percent (21%) reported 4-to-6 days, and 14% reported 1-to-3 days. Four percent (4%) reported they or a family member did not read to their child in the past week.

Child Comparisons	Delaware County 2017 0-5 Years	Delaware County 2021 0-5 Years	Ohio 2019 0-5 years	U.S. 2019 0-5 years
Family read to child every day in the past week	66%	61%	36%	35%

Child Health: Middle Childhood (Ages 6-11)

Middle Childhood

34% of parents reported their child was bullied in the past year.

- The following information was reported by Delaware County parents of 6-11 year olds:
- Delaware County parents reported their child felt unhappy, sad, or depressed at the following frequencies: sometimes (64%), never (33%), usually (1%), and always (<1%). Two percent (2%) of parents reported they did not know how often their child felt unhappy, sad or depressed.
- Nearly two-fifths (39%) of parents reported their child had a social media account or other virtual network account. Of those who had an account, they reported the following: they had their child's password (61%), they knew all the people in their child's "friends" (54%), their child's account was checked private (53%), their child's friends had their child's password (3%), and their child had a problem as a result of their account (2%). Three percent (3%) of parents reported they did not know if their child had a social network account.
- Thirty-four percent (34%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 27% were verbally bullied (teased, taunted or called harmful names)
 - 11% were indirectly bullied (spread mean rumors about or kept out of a "group")
 - 8% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - 3% were electronically bullied (teased, taunted or threatened through texting, Instagram, Facebook, or other social media)
 - 0% were sexually bullied (using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person)
- Eighty-two percent (82%) of parents reported their child played a sport or participated in physical activity for at least 60 minutes on 3 or more days per week. Nearly half (49%) had done so on 5 or more days and 18% were physically active for at least 60 minutes every day per week. Two percent (2%) reported not engaging in any physically activity in the past week.

Child Comparisons	Delaware County 2017 6-11 Years	Delaware County 2021 6-11 Years	Ohio 2019 6-11 Years	U.S. 2019 6-11 Years
Did not engage in any physical activity during the past week	2%	2%	7%	6%
Had a social media account or other virtual network account	24%	39%	N/A	N/A
Bullied in the past year	43%	34%	N/A	N/A

Child Health: Family and Community Characteristics

Child Safety Characteristics

In the past year, 35% of parents discussed firearms/gun safety with their child.

- Parents discussed the following safety topics with their child in the past year:
 - Stranger safety (67%)
 - Bike helmets (67%)
 - Water safety (60%)
 - Fire safety (59%)
 - Good touch/bad touch (57%)
 - Internet safety (49%)
 - Falls (49%)
 - Burns (45%)
 - Firearms/gun safety (35%)
 - Furniture falling (35%)
 - Poisoning (30%)
 - Human trafficking (20%)
- Twelve percent (12%) of parents reported they did not talk to their child about any of these topics in the past year.
- In the past year, parents reported their child who rode a bike, scooter, skateboard, etc. wore a helmet at the following frequencies: never (5%), rarely (5%), sometimes (14%), most of the time (26%), and always (50%).

Neighborhood and Community Characteristics

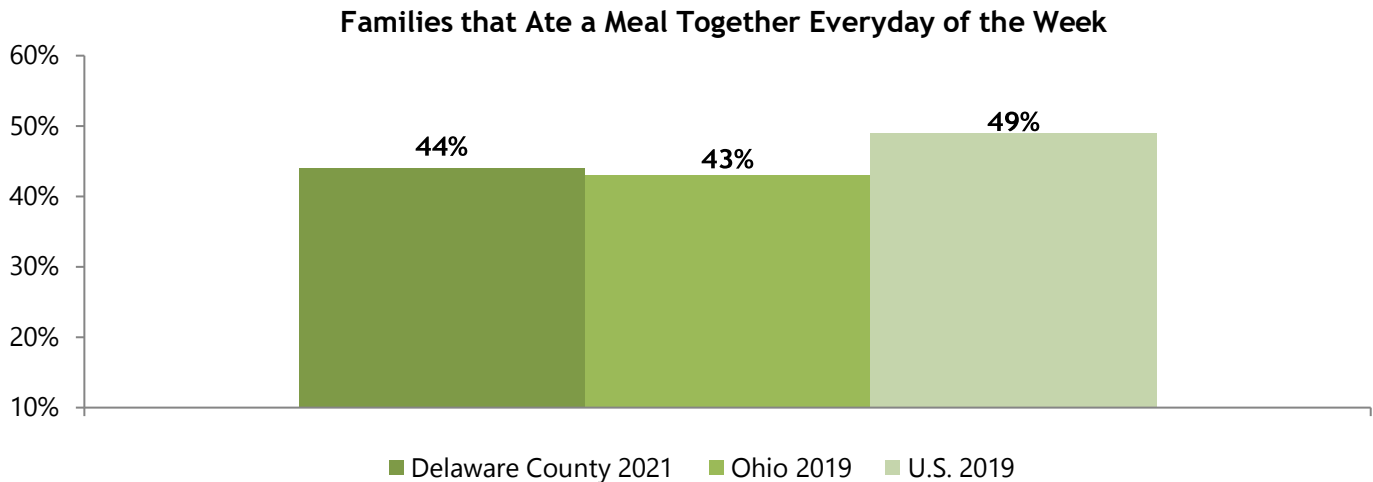
- In the past year, parents reported they contacted the following agencies to help with problems they had with their child:
 - Child's school (13%)
 - Help Me Grow (12%)
 - Mental health (8%)
 - Board of Developmental Disabilities (6%)
 - SNAP (2%)
 - Benefits from WIC program (2%)
 - Bureau for Children with Medical Handicaps (1%)
 - United Way (1%)
 - Legal services/legal aid (1%)
 - Juvenile court (1%)
 - Faith based agency (1%)
 - Health department (1%)
 - Head Start/Early Head Start (1%)
 - Children's services (<1%)
- One percent (1%) of parents reported they needed services but did not know who to contact.

Family Functioning

- Forty-four percent (44%) of parents reported that every family member who lived in their household ate a meal together every day of the week, increasing to 57% of parents of 0-5 year olds.
- Families ate a meal together an average of 5.4 days per week.

The following graph shows the percent of Delaware County, Ohio, and U.S. families that ate a meal together every day of the week.

- Delaware County had a slightly higher percentage of families who ate a meal together every day of the week compared to Ohio families.



(Source: 2019 National Survey of Children’s Health & 2021 Delaware County Health Assessment)
 Note: Ohio and U.S. NSCH Data was averaged for 0-5 and 6-11 year olds.

Child Comparisons	Delaware County 2017 0-5 Years	Delaware County 2021 0-5 Years	Ohio 2019 0-5 Years	U.S. 2019 0-5 Years	Delaware County 2017 6-11 Years	Delaware County 2021 6-11 Years	Ohio 2019 6-11 Years	U.S. 2019 6-11 Years
Family eats a meal together every day of the week	45%	57%	46%	52%	31%	37%	41%	45%

- Parents reported their child got the following amounts of sleep on an average weeknight: 8 hours or less (19%), 9 hours (29%), 10 hours (31%), and 11 hours or more (21%).
- Three percent (3%) of parents had at least one food insecurity issue* in the past year. Those who reported food insecurity had the following issues: they were worried food would run out (64%), they had to choose between paying bills or buying food (43%), they went hungry/ate less to provide more food for their family (36%), they were hungry but did not eat because they did not have money for food (21%), their food assistance was cut (21%), and loss of income led to food insecurity issues (7%).

*Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources (Source: Healthy People 2030, Food Insecurity, 2022).

- Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children:
 - Demands of multiple children (48%)
 - Working long hours (21%)
 - Managing child's behavior (20%)
 - Mental health (11%)
 - Financial burdens (10%)
 - Loss of freedom (8%)
 - Difficulty with lifestyle changes (7%)
 - Child had special needs (6%)
 - Lack of parental support (5%)
 - Being a single parent (3%)
 - Post-partum depression (3%)
 - Reliable child care (3%)
 - Affordable housing (2%)
 - Unemployment (1%)
 - Alcohol and/or drug use (1%)
 - Domestic violence relationship (1%)
- Over one-third (34%) of parents reported no challenges associated with parenting.
- Delaware County parents reported their child experienced the following adverse childhood experiences (ACEs) in their lifetime:
 - Their parent or guardian became separated or were divorced (8%)
 - Lived with someone who was mentally ill or suicidal, or severely depressed (4%)
 - Lived with someone who had a problem with alcohol or drugs (1%)
 - A parent or guardian served time in jail (1%)
 - Saw or heard any parents or adults in their home slap, hit, kick, or punch one another in the home (1%)
 - Were treated or judged unfairly because of his or her race/ethnic group (1%)
 - Were a victim of violence or witness violence in their neighborhood (1%)
 - A parent/guardian died (<1%)
- Three percent (3%) of children experienced two or more ACEs in their lifetime.

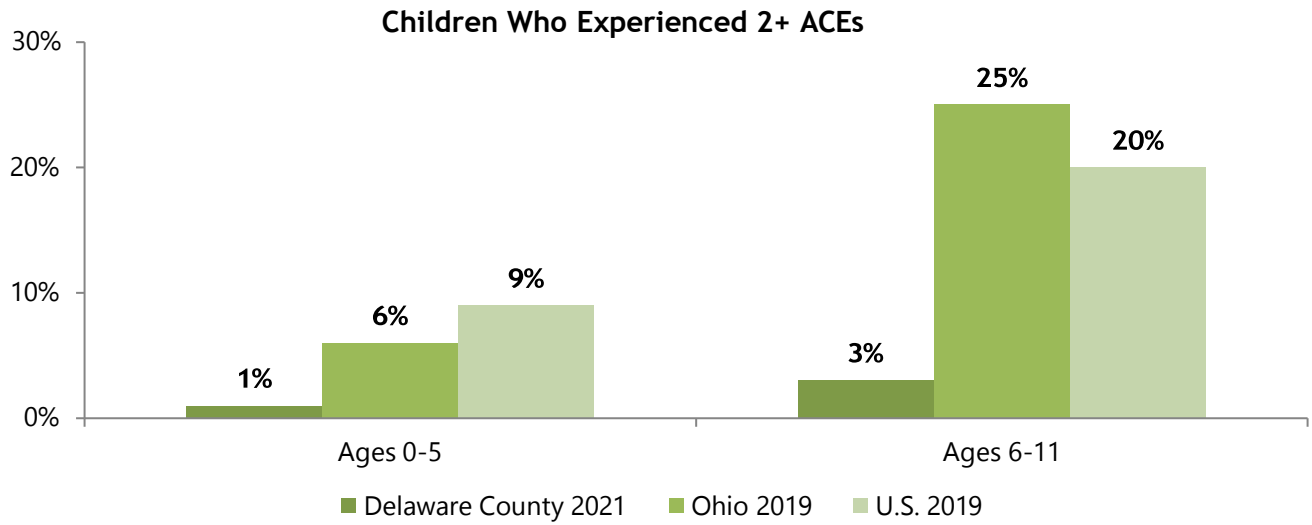
Adverse Childhood Experiences (ACEs)

- Safe, stable environments and nurturing relationships are essential for children's healthy growth and development. Children in families that are stressed and that do not have access to necessary supports are more likely to be exposed to adversity and trauma or adverse childhood experiences (ACEs). Exposure to ACEs can cause serious and long-lasting health and economic harms that persist across generations.
- There are strategies that state policymakers and others can deploy to prevent ACEs and safeguard the well-being of Ohio children and families who have experienced adversity and trauma.
- The Centers for Disease Control and Prevention (CDC), and the National Center for Injury Prevention and Control provides a comprehensive framework of six strategy approaches to prevent and mitigate the long-term impacts of ACEs:
 - Ensuring a strong start for children
 - Strengthening economic supports for families
 - Promoting social norms that protect against violence and adversity
 - Enhancing skills so that parents and youth can handle stress, manage emotions, and tackle everyday challenges
 - Connecting youth to caring adults and activities
 - Intervening to lessen immediate and long-term harm

(Source: Healthy Policy Institute of Ohio, *Adverse Childhood Experiences*, 8/20/21)

The following graph shows the percent of Delaware County, Ohio, and U.S. children who experienced two or more ACEs.

- Delaware County had a significantly lower percent of children ages 6-11 who experienced two or more ACEs as compared to Ohio and U.S. children.



(Source: 2019 National Survey of Children’s Health & 2021 Delaware County Health Assessment)

Child Comparisons	Delaware County 2017 0-5 Years	Delaware County 2021 0-5 Years	Ohio 2019 0-5 Years	U.S. 2019 0-5 Years	Delaware County 2017 6-11 Years	Delaware County 2021 6-11 Years	Ohio 2019 6-11 Years	U.S. 2019 6-11 Years
Child experienced two or more ACEs	3%	1%	6%	9%	4%	3%	25%	20%

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Academy of Pediatrics	<ul style="list-style-type: none"> Tips for Healthy Children and Families 	https://familydoctor.org/tips-for-healthy-children-and-families/
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Statistics 	https://suicidology.org/facts-and-statistics/
American Cancer Society, Cancer Facts and Figures 2022	<ul style="list-style-type: none"> 2022 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html
American Cancer Society, Colorectal Cancer Risk Factors	<ul style="list-style-type: none"> Colon and Rectum Cancers 	https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/risk-factors.html
Asthma and Allergy Foundation of America	<ul style="list-style-type: none"> Asthma Facts and Figures 	https://www.aafa.org/asthma-facts/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2017 - 2020 Adult Ohio and U.S. Correlating Statistics 2019 BRFSS Annual Report 	https://www.cdc.gov/brfss/index.html
CDC, Breast Cancer	<ul style="list-style-type: none"> What Can I do to Reduce My Risk of Breast Cancer? 	https://www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Managing Chronic Pain	<ul style="list-style-type: none"> Chronic Pain 	https://www.cdc.gov/learnmorefeelbetter/programs/chronic-pain.htm
CDC, Diabetes	<ul style="list-style-type: none"> Diabetes Fast Facts 	https://www.cdc.gov/diabetes/basics/quick-facts.html
CDC, HIV/AIDS	<ul style="list-style-type: none"> HIV Surveillance Report 	https://www.cdc.gov/hiv/statistics/overview/index.html
CDC, Overweight & Obesity	<ul style="list-style-type: none"> Adult Obesity Facts 	https://www.cdc.gov/obesity/data/adult.html
CDC, Physical Activity	<ul style="list-style-type: none"> Physical Activity Facts 	https://www.cdc.gov/physicalactivity/basics/index.htm
CDC, Prediabetes	<ul style="list-style-type: none"> Prediabetes 	https://www.cdc.gov/diabetes/basics/prediabetes.html
CCD, Reproductive Health	<ul style="list-style-type: none"> Contraceptive Use in the United States (Women ages 15-49) 	https://www.cdc.gov/nchs/fastats/contraceptive.htm
CDC, Stroke	<ul style="list-style-type: none"> Stroke Signs and Symptoms 	https://www.cdc.gov/stroke/signs_symptoms.htm
CDC, Vaccines for Your Children	<ul style="list-style-type: none"> Well-Child Visits and Recommended Vaccinations 	https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACE) Intimate Partner Violence in the U.S. 	https://www.cdc.gov/violenceprevention/acestudy/ https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Source	Data Used	Website
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 2017-2019 U.S. age-adjusted mortality rates 	http://wonder.cdc.gov/ucd-icd10.html
Children's Medical Group	<ul style="list-style-type: none"> The Benefits & Tricks to Having a Family Dinner 	https://childrensmedicalgroup.net/the-benefits-tricks-to-having-a-family-dinner/
County Health Rankings	<ul style="list-style-type: none"> USDA Food Environment Atlas 	http://www.countyhealthrankings.org
Delaware Public Health District	<ul style="list-style-type: none"> Delaware County Drug Epidemic 	https://delawarehealth.org/
Health Policy Institute of Ohio	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) Disparities and Alcohol Use The Impact of the COVID-19 Pandemic on ACEs Tobacco and Health Outcomes 	https://2ub9uy20anky3zjffr2svyxq-wpengine.netdna-ssl.com/wp-content/uploads/2021/08/PolicyBrief_ACES3.pdf https://www.healthpolicyohio.org/health-impacts-of-excessive-alcohol-use-in-ohio/ https://2ub9uy20anky3zjffr2svyxq-wpengine.netdna-ssl.com/wp-content/uploads/2021/03/FactSheet_COVID_ACEs_Final.pdf https://www.healthpolicyohio.org/health-impacts-of-tobacco-use-in-ohio/
Healthy People 2030: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> Access to Health Services All Healthy People 2030 Target Data Points Predictors of Access to Health Care Social Determinants of Health Some U.S. Baseline Statistics 	https://health.gov/healthypeople
Live United Delaware County	<ul style="list-style-type: none"> Delaware County Hunger Alliance 	https://www.liveuniteddelawarecounty.org/take-action/hungeralliance
National Survey of Children's Health Data Center	<ul style="list-style-type: none"> National and Ohio Comparisons 	http://www.childhealthdata.org/learn/N SCH
Ohio Department of Health, Cognitive Decline and Dementia in Ohio	<ul style="list-style-type: none"> Alzheimer's Disease in Ohio 	https://odh.ohio.gov/wps/wcm/connect/gov/0ee853f1-e546-4fdd-9422-3c0b055984e1/Cognitive+Decline+and++Dementia+in+Ohio_Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0ee853f1-e546-4fdd-9422-3c0b055984e1-npevBKX#:~:text=About%20one%2Dthird%20of%20all,includes%20senile%20or%20presenile%20dementia.

Source	Data Used	Website
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Delaware County and Ohio Birth Statistics 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths
	<ul style="list-style-type: none"> Incidence of Cancer 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers
	<ul style="list-style-type: none"> Leading Causes of Death & Mortality 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health, STD Surveillance Data	<ul style="list-style-type: none"> Delaware County and Ohio Chlamydia and Gonorrhea Disease Rates Delaware County Chlamydia and Gonorrhea Cases Delaware County HIV/AIDS Surveillance Program 	www.odh.ohio.gov/odhprograms/stdsurv/stdsur1.aspx
Ohio Department of Health, Violence and Injury Prevention	<ul style="list-style-type: none"> 2020 Ohio Drug Overdose Report 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2020+ohio+drug+overdose+report
Ohio Department of Job and Family Services	<ul style="list-style-type: none"> Ohio Civilian Labor Force Estimates 	https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates.pdf
Ohio Department of Health	<ul style="list-style-type: none"> Sleep Related Infant Deaths: Who is at Greater Risk 	https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2016-Ohio-Infant-Mortality-Report-FINAL.pdf?la=en
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2021 Delaware County and Ohio Crash Facts 	https://ohtrafficdata.dps.ohio.gov/CrashStatistics/Home
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Delaware County Number of Opiate and Pain Reliever Doses Per Patient Ohio Number of Opiate and Pain Reliever Doses Per Patient 	https://www.ohiopmp.gov/Reports.aspx
U.S. Department of Agriculture, MyPlate	<ul style="list-style-type: none"> Fruit and Vegetable Recommendations 	https://www.myplate.gov/eat-healthy/fruits
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 1-year estimate, 2019 	https://www.census.gov/programs-surveys/acs/
	<ul style="list-style-type: none"> Federal Poverty Thresholds 	https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
U. S. Department of Commerce, Bureau of Economic Analysis	<ul style="list-style-type: none"> GDP & Personal Income 	https://apps.bea.gov/iTable/index_regional.cfm

Appendix II: Acronyms and Terms

ACE	Adverse Childhood Experiences
AHS	Access to Health Services , Topic of Healthy People 2030 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted	Death rate per 100,000 adjusted for the age
Mortality Rates	distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	Calendar Year
DCYRBS	Delaware County Youth Risk Behavior Survey
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2030	Healthy People 2030 , 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.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.

Ohio SHA/SHIP	Ohio State Health Assessment/State Health Improvement Plan
Weapon	Defined in the YRBS as “a weapon such as a gun, knife, or club”
WEAT	Web Enabled Analysis Tool
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of P otential L ife L ost before age 65. Indicator of premature death.
Youth Binge drinking	Consumption of five alcoholic beverages or more on one occasion
Youth BMI	Underweight is defined as BMI-for-age \leq 5 th percentile
Classifications	Overweight is defined as BMI-for-age 85 th percentile to < 95 th percentile. Obese is defined as \geq 95 th percentile.
YRBS	Youth Risk Behavior Survey , a youth survey conducted by the CDC

Appendix III: Methods for Weighting the 2021 Delaware County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2021 Delaware County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Delaware County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (white, non-white), Age (8 different age categories), and income (6 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Delaware County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2017 Delaware County Survey and the 2019 Census estimates.

<u>2021 Delaware County Survey</u>			<u>2019 Census Estimate</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	246	54.06593	99,700	49.56870	0.91682
Female	209	45.93407	101,435	50.43130	1.09791

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Delaware County. The weighting for males was calculated by taking the percent of males in Delaware County (based on Census information) (49.56870%) and dividing that by the percent found in the 2021 Delaware County sample (54.06593%) [$49.56870/54.06593 =$ weighting of 0.91682 for males]. The same was done for females [$50.43130/45.93407 =$ weighting of 1.09791 for females]. Thus males' responses are weighted less by a factor of 0.91682 and females' responses weighted greater by a factor of 1.09791.

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.47896 [1.09791 (weight for females) \times 0.93528 (weight for White) \times 1.70668 (weight for age 35-44) \times 0.84391 (weight for income \$50-\$75k)]. Thus, each individual in the 2021 Delaware County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 27.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Delaware County Sample	%	Delaware County 2019 Census Estimate*	%	Weighting Value
Sex:					
Male	246	54.06593	99,700	49.56870	0.91682
Female	209	45.93407	101,435	50.43130	1.09791
Age:					
20-34	44	9.60699	30,186	21.22277	2.20910
35-44	58	12.66376	30,741	21.61298	1.70668
45-54	79	17.24891	30,552	21.48010	1.24530
55-59	51	11.13537	13,132	9.23267	0.82913
60-64	53	11.57205	11,136	7.82935	0.67657
65-74	103	22.48908	16,540	11.62872	0.51708
75-84	59	12.88210	7,267	5.10919	0.39661
85+	11	2.40175	2,680	1.88422	0.78452
Race:					
White	411	90.92920	171,054	85.04437	0.93528
Non-White	41	9.07080	30,081	14.95563	1.64877
Household Income:					
Less than \$25,000	26	6.00462	5,503	7.86311	1.30951
\$25k-\$50k	57	13.16397	9,193	13.13567	0.99785
\$50k-\$75k	65	15.01155	8,866	12.66843	0.84391
\$75k-\$100k	51	11.77829	9,001	12.86133	1.09195
\$100k-\$150	96	22.17090	15,171	21.67750	0.97775
\$150k or more	138	31.87067	22,251	31.79396	0.99759

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Delaware County in each subcategory by the proportion of the sample in the Delaware County survey for that same category.

* Delaware County population figures taken from the 2019 Census estimates.

Appendix IV: Delaware County Sample Demographic Profile*

Variable	2021 Survey Sample	Delaware County Census 2019 (1-year estimate)	Ohio Census 2019 (1-year estimate)
Age			
20-29	5.2%	9.0%	13.2%
30-39	10.6%	13.3%	12.6%
40-49	13.4%	15.6%	11.9%
50-59	20.9%	13.4%	13.1%
60 plus	48.7%	19.8%	24.4%
Race/Ethnicity			
White	88.6%	87.8%	83.5%
Black or African American	3.0%	5.0%	14.4%
American Indian and Alaska Native	0%	0.5%	0.8%
Asian	3.0%	8.3%	3.0%
Other	1.9%	1.1%	1.3%
Hispanic Origin (may be of any race)	0.9%	2.8%	4.0%
Marital Status†			
Married Couple	67.0%	61.0%	47.0%
Never been married/member of an unmarried couple	10.8%	24.7%	32.7%
Divorced/Separated	15.1%	9.7%	13.9%
Widowed	6.3%	4.6%	6.3%
Education‡			
Less than High School Diploma	2.2%	3.6%	9.2%
High School Diploma	12.1%	18.4%	32.6%
Some college/ College graduate	85.2%	77.9%	58.1%
Income (Families)			
Less than \$25,000	5.6%	5.0%	11.9%
\$25,000 to \$49,999	12.3%	6.8%	18.7%
\$50,000 to \$74,999	14.0%	10.5%	19.4%
\$75,000 or \$99,999	11.0%	11.5%	15.4%
\$100,000 to \$149,999	20.7%	26.8%	18.9%
\$150,000 to \$199,999	13.1%	15.6%	8.0%
\$200,000 or more	16.6%	23.8%	7.6%

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

† The Ohio and Delaware County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Variable*	2021 Survey Sample	Delaware County Census 2019 (1-year estimate)	Ohio Census 2019 (1-year estimate)
Gender Identity			
Male	53.7%	49.5%	49%
Female	45.4%	50.4%	51%
Agender	0.2%	N/A	N/A
Other	0.2%	N/A	N/A
Prefer not to disclose	0.4%	N/A	N/A
Sexual Orientation			
Straight/heterosexual	94.9%	N/A	N/A
Lesbian	0.9%	N/A	N/A
Bisexual	2.6%	N/A	N/A
Other	0.4%	N/A	N/A
Prefer not to disclose	13%	N/A	N/A

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).
N/A - Not Available

DELAWARE COUNTY PROFILE

2019 ACS 1-year estimates
(Source: U.S. Census Bureau, 2019)

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2019 Total Population	209,177	100%
Largest City – Delaware City		
2019 Total Population	41,302	100%
Population by Race/Ethnicity*		
Total Population	209,177	100%
White	183,687	87.8%
Asian	17,346	8.3%
Black or African American	10,382	5.0%
Hispanic or Latino (of any race)	5,860	2.8%
Two or more races	5,005	2.4%
Some other race	2,220	1.1%
American Indian and Alaska Native	1,079	0.5%
<i>*Race alone or in combination with one or more races. See next page for Delaware County race/ethnicity comparisons within the past 3 years.</i>		
Population by Age		
Under 5 years	12,035	5.8%
5 to 14 years	32,381	15.5%
15 to 24 years	26,125	12.5%
25 to 44 years	52,418	25.1%
45 to 64 years	56,854	27.2%
65 years and more	29,364	14.0%
Median age (years)	39.1	N/A
Household by Type		
Total households	73,290	100%
Total families	56,249	76.7%
Households with children <18 years	29,435	40.2%
Married-couple family household	47,311	64.6%
Married-couple family household with children <18 years	24,582	33.5%
Female householder, no husband present	5,861	8.0%
Female householder, no husband present with children <18 years	2,961	4.0%
Nonfamily household (single person)	17,041	23.3%
Nonfamily household (single person) living alone	N/A	81.4%
Nonfamily household (single person) 65 years and >	N/A	41.9%
Households with one or more people <18 years	N/A	42.1%
Households with one or more people 60 years and >	N/A	36.7%
Average household size	2.82 people	N/A
Average family size	3.22 people	N/A

	2017 Percent (%)	2018 Percent (%)	2019 Percent (%)
Population by Race/Ethnicity* by Year (1-year estimates)			
Total Population	200,464	204,826	209,177
White	179,440	182,656	183,687
Asian	15,283	16,216	17,346
Black or African American	9,325	9,650	10,382
Hispanic or Latino (of any race)	5,176	5,568	5,860
Two or more races	4,423	6,456	5,005
Some other race	844	1,757	2,220
American Indian and Alaska Native	685	852	1,079
<i>*Race alone or in combination with one or more races</i>			

	Number	Percent (%)
Housing Occupancy		
Median value of owner-occupied units	\$339,400	N/A
Median monthly owner costs for housing units with a mortgage	\$2,072	N/A
Median monthly owner costs for housing units without a mortgage	\$852	N/A
Median value of occupied units paying rent	\$1,078	N/A
Median rooms per total housing unit	7.2	N/A
Total occupied housing units	73,290	N/A
No telephone service available	214	0.3%
Lacking complete kitchen facilities	389	0.5%
Lacking complete plumbing facilities	0	0.0%
Language Spoken at Home		
Population 5 years and over	197,142	N/A
Speak only English	177,818	90.2%
Speak a language other than English	19,324	9.8%
Spanish	N/A	1.1%
Other Indo-European languages	N/A	2.7%
Asian and Pacific Island languages	N/A	5.0%
Other languages	N/A	1.0%

Selected Social Characteristics

	Number	Percent (%)
School Enrollment		
Population 3 years and over enrolled in school	56,736	100%
Nursery & preschool	3,884	6.8%
Kindergarten	2,830	5.0%
Elementary School (Grades 1-8)	25,258	44.5%
High School (Grades 9-12)	13,356	23.5%
College or Graduate School	11,408	20.1%
Educational Attainment		
Population 25 years and over	138,636	100%
< 9 th grade education	750	0.5%
9 th to 12 th grade, no diploma	4,337	3.1%
High school graduate (includes equivalency)	25,538	18.4%
Some college, no degree	26,275	19.0%
Associate degree	9,440	6.8%
Bachelor's degree	43,735	31.5%
Graduate or professional degree	28,561	20.6%
Percent high school graduate or higher	133,549	96.3%
Percent Bachelor's degree or higher	72,296	52.1%

Selected Social Characteristics, Continued

	Number	Percent (%)
Marital Status* *2019 ACS 5-year estimates		
Population 15 years and over	157,077	100%
Never married	N/A	24.7%
Now married, excluding separated	N/A	61.0%
Separated	N/A	0.7%
Widowed	N/A	4.6%
Widowed females	N/A	6.9%
Divorced	N/A	9.0%
Divorced females	N/A	10.3%
Veteran Status		
Civilian population 18 years and over	154,823	100%
Veterans 18 years and over	9,263	6.0%
Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	208,307	100%
Civilian with a disability	19,490	9.4%
Under 18 years	53,974	25.9%
Under 18 years with a disability	1,543	2.9%
18-to-64 years	125,136	60.1%
18-to-64 years with a disability	10,410	8.3%
65 Years and over	29,197	14.0%
65 Years and over with a disability	7,537	25.8%

Selected Economic Characteristics

	Number	Percent (%)
Employment Status		
Population 16 years and over	161,203	100%
16 years and over in labor force	111,913	69.4%
16 years and over not in labor force	49,290	30.6%
Females 16 years and over	81,755	100%
Females 16 years and over in labor force	52,071	63.7%
Population living with own children <6 years	14,944	100%
All parents in family in labor force	9,926	66.4%
Class of Worker		
Civilian employed population 16 years and over	107,971	100%
Private wage and salary workers	89,416	82.8%
Government workers	12,412	11.5%
Self-employed in own not incorporated business workers	5,701	5.3%
Unpaid family workers	442	0.4%
Occupations		
Employed civilian population 16 years and over	107,971	100%
Management, business, science, and arts occupations	59,054	54.7%
Service occupations	12,109	11.2%
Sales and office occupations	23,643	21.9%
Natural resources, construction, and maintenance occupations	4,527	4.2%
Production, transportation, and material moving occupations	8,638	8.0%
Leading Industries		
Employed civilian population 16 years and over	107,971	100%
Agriculture, forestry, fishing and hunting, and mining	211	0.2%

Selected Economic Characteristics, Continued

	Number	Percent (%)
Leading Industries, continued		
Construction	4,153	3.8%
Manufacturing	11,947	11.1%
Wholesale trade	3,092	2.9%
Retail trade	11,941	11.1%
Transportation and warehousing, and utilities	3,139	2.9%
Information	2,148	2.0%
Finance and insurance, and real estate and rental and leasing	12,972	12.0%
Professional, scientific, and management, and administrative and waste management services	14,812	13.7%
Educational services, and health care and social assistance	27,358	25.3%
Arts, entertainment, and recreation, and accommodation and food services	7,833	7.3%
Other services, except public administration	4,686	4.3%
Public administration	3,679	3.4%
Income in 2019		
Households	73,290	100%
< \$10,000	1,579	2.2%
\$10,000 to \$14,999	813	1.1%
\$15,000 to \$24,999	4,185	5.7%
\$25,000 to \$34,999	3,938	5.4%
\$35,000 to \$49,999	5,670	7.7%
\$50,000 to \$74,999	8,389	11.4%
\$75,000 to \$99,999	8,620	11.8%
\$100,000 to \$149,999	16,234	22.2%
\$150,000 to \$199,999	9,465	12.9%
\$200,000 or more	14,397	19.6%
Median household income	\$107,854	N/A
Income in 2019		
Families	56,249	100%
< \$10,000	704	1.3%
\$10,000 to \$14,999	407	0.7%
\$15,000 to \$24,999	1,706	3.0%
\$25,000 to \$34,999	1,297	2.3%
\$35,000 to \$49,999	2,548	4.5%
\$50,000 to \$74,999	5,899	10.5%
\$75,000 to \$99,999	6,464	11.5%
\$100,000 to \$149,999	15,049	26.8%
\$150,000 to \$199,999	8,775	15.6%
\$200,000 or more	13,400	23.8%
Median family income	\$129,811	N/A
Per capita income in 2019	\$48,673	N/A
Poverty Status in 2019		
Families	N/A	4.0%
All People	N/A	6.1%

(Source: U.S. Census Bureau, 2019)

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2020	\$79,382	1 st of 88 counties
BEA Per Capita Personal Income 2019	\$76,131	1 st of 88 counties
BEA Per Capita Personal Income 2018	\$74,837	1 st of 88 counties
BEA Per Capita Personal Income 2017	\$72,563	1 st of 88 counties
BEA Per Capita Personal Income 2016	\$69,703	1 st of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Employment Statistics

Category	Delaware County	Ohio
Labor Force	112,400	5,679,500
Employed	109,800	5,489,000
Unemployed	2,600	190,500
Unemployment Rate* in December 2021	2.3	3.4
Unemployment Rate* in November 2021	2.4	3.4
Unemployment Rate* in December 2020	6.6	5.3

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, February 2022, https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2020

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Delaware County						
All ages in poverty	7,876	6,122	9,630	3.7	2.9	4.5
Ages 0-17 in poverty	1,791	1,222	2,360	3.3	2.2	4.4
Ages 5-17 in families in poverty	1,214	804	1,624	2.9	1.9	3.9
Median household income	\$114,423	\$109,477	\$119,369			
Ohio						
All ages in poverty	1,428,219	1,398,807	1,457,631	12.6	12.3	12.9
Ages 0-17 in poverty	417,333	400,878	433,788	16.6	15.9	17.3
Ages 5-17 in families in poverty	281,878	267,654	296,102	15.3	14.5	16.1
Median household income	\$60,360	\$59,900	\$60,820			
United States						
All ages in poverty	38,371,394	38,309,115	38,433,673	11.9	11.9	11.9
Ages 0-17 in poverty	11,204,423	11,176,652	11,232,194	15.7	15.7	15.7
Ages 5-17 in families in poverty	7,798,566	7,778,138	7,818,994	14.9	14.9	14.9
Median household income	\$67,340	\$67,251	\$67,429			

Source: U.S. Census Bureau, 2020 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2020/demo/saie/2020-state-and-county.html>

Federal Poverty Thresholds in 2021 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$14,097					
1 Person 65 and >	\$12,996					
2 people Householder < 65 years	\$18,145	\$18,677				
2 People Householder 65 and >	\$16,379	\$18,606				
3 People	\$21,196	\$21,811	\$21,831			
4 People	\$27,949	\$28,406	\$27,479	\$27,575		
5 People	\$33,705	\$34,195	\$33,148	\$32,338	\$31,843	
6 People	\$38,767	\$38,921	\$38,119	\$37,350	\$36,207	\$35,529
7 People	\$44,606	\$44,885	\$43,925	\$43,255	\$42,009	\$40,554
8 People	\$49,888	\$50,329	\$49,423	\$48,629	\$47,503	\$46,073
9 People or >	\$60,012	\$60,303	\$59,501	\$58,828	\$57,722	\$56,201

Note: According to the U.S. Census Bureau, poverty thresholds are the dollar amounts used to determine poverty status. The Census Bureau assigns each person or family one out of 48 possible poverty thresholds. The above table indicates how these thresholds vary by size of the family. The same thresholds are used throughout the United States (they do not vary geographically). Thresholds are updated annually for inflation using the Consumer Price Index for all Urban Consumers (CPI-U). Although the thresholds in some sense reflect a family's needs, they are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

(Source: U. S. Census Bureau, Poverty Thresholds 2021, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VI: 2022 County Health Rankings

	Delaware County 2022	Ohio 2022	U.S 2022
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2018-2020)	4,200	8,700	7,300
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2019)	13%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2019)	3.2	4.2	3.9
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2019)	4.3	5.2	4.5
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2014-2020)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2019)	15%	22%	16%
Obesity. Percentage of adults that report a BMI of 30 or more (2019)	30%	35%	32%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2019)	8.9	6.8	7.8
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2019)	21%	28%	26%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2021)	90%	77%	80%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2019)	19%	21%	20%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2016-2020)	26%	33%	27%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2019)	226.6	559.4	551
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2014-2020)	5	21	19

(Source: 2022 County Health Rankings for Delaware County, Ohio, and U.S. data)

	Delaware County 2022	Ohio 2022	U.S 2022
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2019)	5%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2019)	690:1	1,290:1	1,310:1
Access to dental care. Ratio of population to dentists (2020)	1,670:1	1,570:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2021)	740:1	350:1	350:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2019)	2,459	4,338	3,767
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2019)	53%	45%	43%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2019)	59%	51%	48%
Social and Economic Environment			
Education. Percentage of adults ages 25 and over with a high school diploma or equivalent (2016-2020)	97%	91%	89%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2016-2020)	85%	66%	67%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2020)	5.3%	8.1%	8.1%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2020)	3%	17%	16%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2016-2020)	3.8	4.6	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2016-2020)	11%	27%	25%
Family and social support. Number of membership associations per 10,000 population (2019)	8.4	10.9	9.2
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	100	293	386
Injury. Number of deaths due to injury per 100,000 population (2016-2020)	48	96	76

(Source: 2022 County Health Rankings for Delaware County, Ohio, and U.S. data)

	Delaware County 2022	Ohio 2022	U.S. 2022
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2018)	9.7	9.0	7.5
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2020)	No	N/A	N/A
Housing. Percentage of households with at least 1-of-4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2014-2018)	9%	13%	17%
Transportation. Percentage of the workforce that drives alone to work (2016-2020)	81%	82%	75%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2016-2020)	42%	31%	37%

(Source: 2022 County Health Rankings for Delaware County, Ohio, and U.S. data)

N/A - Not available

Appendix VII: Delaware County Racial and Ethnic Breakdowns

Delaware County Racial and Ethnic Breakdowns

These are some of the key health measures for Delaware County that are reported annually in the County Health Rankings and Roadmaps (CHR&R), but they are further broken down by racial and ethnic groups that are present in the county. Four main groups are represented, Asian, Black, Hispanic and White. American Indians and Alaskan natives (AIAN) are another racial grouping that CHR&R reports on, but very few statistical measures in the Delaware County Data reported information on that group, therefore it was left out of this report.

Measure	Overall	Asian	Black	Hispanic	White
HEALTH OUTCOMES					
Premature death (years of potential life lost per 100,000 people)	4212 years/ 100,000 people	2146 years/ 100,000 people	7315 years/ 100,000 people	----- --	4290 years/ 100,000 people
Life expectancy	81.7 years	86.3 years	79.3 years	96 years	81.5 years
Premature age-adjusted mortality (deaths of individuals under the age of 75 per 100,00 people)	215 deaths/ 100,000 people	112 deaths/ 100,000 people	283 deaths/ 100,000 people	----- --	221 deaths/ 100,000 people
Low birthweight	6.6%	8.4%	10.9%	6.4%	5.7%
HEALTH FACTORS					
<i>Health Behaviors</i>					
Teen births (includes women aged 15-19 and the number of births per 1,000 women)	5 births	----- --	4 births	12 births	5 births
<i>Clinical Services</i>					
Preventable hospital stays *^	2459	3638	4176	4004	2348
Mammography screening^	53%	44%	52%	26%	53%
Flu vaccinations^	59%	64%	43%	44%	59%
SOCIAL & ECONOMIC FACTORS					
Reading scores ⁺	3.8	4.0	3.4	3.3	3.8
Math scores ⁺	3.7	4.3	3.1	3.2	3.7
Children in poverty	3.3%	2.0%	9.2%	9.4%	4.5%
Median household income	\$114,400	\$148,900	\$99,300	\$63,700	\$110,500
Injury deaths*	48 deaths	15 deaths	52 deaths	----- --	52 deaths
PHYSICAL ENVIRONMENT					
Drive alone to work	80.7%	74.7%	78.1%	73.4%	78.7%

Some of this data is measured over multiple years, so the averages were reported. In addition to this, some of the data that was accessed only had confirmed information up through 2020. The full list of the years included in each data measure as well as the sources for each data point can be accessed on the CHR&R website under the Explore Health Rankings tab, in the 2022 measures link.

[^]This data is from Mapping Medicare Disparities tool, and therefore only includes information from Medicare enrollees.

⁺This data is referring to a third grader's ability to read or perform mathematics at a third grade reading level. Number below 3 mean that the children are not currently performing to third grade standards, 3 mean they are meeting the standards, above 3 means they are performing above that grade level.

---Dashed out boxes mean there was not enough information per racial or ethnic group to calculate a significant rate or percentage, and therefore data was not reported by CHRR.

Appendix VIII: Delaware County School District Healthy Student Profiles

Delaware County School District Healthy Student Profiles: A Comparison of Healthcare Needs, Health Conditions and Education Indicators of Medicaid Enrolled Students

Delaware Public Health District

June 2022

Introduction:

For children to be successful in school, their health (mental, emotional, and physical) needs to be acknowledged and meeting those needs should be emphasized. Using Medicaid enrollee information, the Ohio Department of Education created district profiles for every school district in the state. In Ohio, to be eligible for Medicaid you must be a United States citizen or meet Medicaid non-citizen requirements, have a Social Security number, be an Ohio resident, and meet financial requirements. This last eligibility requirement specifically means individuals with low income. The profiles included in this report are the percentages of Medicaid enrolled students in each district who used different medical services, have different healthcare conditions, meet various education standards, and district staff indicators.

This report specifically showcases the rates for the four main public-school districts in Delaware County. The rates for each measure are recorded and can be compared to county and state rates as well. Although these rates only measure Medicaid enrollees and not all children kindergarten through 12th grade in each district, these are important to take into consideration because Medicaid enrolled students may be struggling to acquire access to quality healthcare or falling behind in education standards. This is a population of students that need to be recognized and reached in order to make the children in Delaware County public schools successful. To see the data for all school districts in the state, the following link can be followed to the Ohio Department of Education's webpage: <https://education.ohio.gov/Topics/Student-Supports/Healthy-Students-Profiles> .

For the following data it is important to notate that any space where there is not a rate filled in means that the numbers of recorded students in each district was too low to calculate for that measure, while still giving the students and family privacy. If there are any questions regarding this data or what is included with the variables, please feel free to visit the Ohio Department of Education's Ohio Healthy Students Profiles Frequently Asked Questions page via this link: https://education.ohio.gov/getattachment/Topics/Student-Supports/Healthy-Students-Profiles/HealthyStudents_FAQ.pdf.aspx?lang=en-US . A copy of this webpage is also included at the bottom of this report (See Appendix 1).

Data:

	School District						
Income	Big Walnut	Buckeye Valley	Delaware City	Olentangy	Dublin	Westerville	Other
Less Than \$50k	6.02%	8.43%	51.81%	15.66%	1.2%	12.05%	4.82%
\$50k-\$99K	10.34%	5.17%	25.00%	29.31%	4.31%	22.41%	3.45%
\$100k or more	10.68%	6.41%	11.11%	46.58%	3.42%	20.94%	0.85%

Income Explanation:

This first table is not data that was pulled from the Ohio Department of Education’s website and does not showcase information that is related to Medicaid enrolled individuals. This data is from Delaware County Community Health Assessment 2022 and is self-reported income information. This data shows that 51.81% of individuals who earn less than \$50,000 a year live in Delaware City school district, and 46.58% of individuals who make \$100,000 a year or more live in Olentangy school district. This aligns with the Medicaid rates in the next table, as well as the income requirements for Medicaid enrollment previously described.

Medicaid Overview

District/County and State Comparisons	Medicaid Rate
Big Walnut	16%
Buckeye Valley	22.4%
Delaware City	29.5%
Olentangy	8.3%
County Rate	15.4%
State Rate	41.5%

Medicaid Explanation:

This table shows the percentage of students that are enrolled in **Medicaid** in each school district. All four districts fall below the state percentage which is 41.5%, however all the districts have students enrolled in **Medicaid**. Olentangy has the lowest rate of 8.3% which is almost half of the county rate. Delaware City has the highest rate of **Medicaid** enrollment at 29.5%. These **Medicaid** rates also align with the income data that was collected with Delaware County residents in the most recent Community Health Assessment 2022.

Healthcare Interactions

District/County and State Comparisons	Comprehensive Well-Child Visit	PCP Visit	PCP within 2 years	Dental Care Visit	Dental Care Visit Within 2 years	Trip to ER	Overnight Stay at General Hospital
Big Walnut	46.7%	70.2%	84.6%	47%	57.6%	21.1%	
Buckeye Valley	42.1%	65.2%	79.8%	49.7%	61.1%	21.3%	
Delaware City	46.1%	67.3%	80.9%	49.6%	65.3%	22%	1.1%
Olentangy	50.9%	70.5%	83.4%	47.8%	58.9%	21.5%	1.1%
County Rate	49.4%	70.5%	84%	47.8%	61.4%	23.4%	1.1%
State Rate	43.9%	67.3%	82.8%	40%	58%	25.4%	1.7%

Health Conditions

District/County and State Comparisons	Asthma	Diabetes	Any Behavioral Condition	Serious Emotional Disturbance	Autism	Major Depression	Depression (All)	Anxiety *	ADHD *	Substance Use Disorder	Eating Disorder
Big Walnut	2.9%		36.6%	13%	2.9%	3%	6.7%	14.4%	16.6%		
Buckeye Valley			33.1%	12.3%	3.7%	4.7%	7.2%	12.3%	16%		
Delaware City	2.2%		36.7%	12%	3.1%	3.5%	6.5%	11.4%	18.6%	1.1%	
Olentangy	2.2%		29.2%	8.4%	7.4%	3.2%	5.4%	9.3%	11.5%		0.6%
County Rate	2.3%	0.6%	30.7%	10.1%	4.4%	3.7%	6.6%	10.3%	13.6%	0.7%	0.5%
State Rate	3.3%	0.6%	32.8%	12.9%	1.8%	3.7%	7%	10.4%	14.5%	1%	0.3%

**These behavioral condition measures are separate from the other variable “Any Behavioral Condition”, and should be interpreted as “#% of Medicaid enrolled children in this district are diagnosed with anxiety” or “#% of Medicaid enrolled children in this district are diagnosed with ADHD”*

Healthcare Interactions and Health Conditions:

There are not large differences between the districts for the healthcare interaction measures. One of the most notable is between Buckeye Valley and Olentangy rates of **comprehensive well-child visits**. Only 42.1% of students at Buckeye Valley had received this service, compared to 50.9% of students in the Olentangy district. The Buckeye Valley rate is also lower than both county and state rates, while Olentangy is higher than those two rates. The second most notable difference is between **primary care physician (PCP)** visit rates. Buckeye Valley had the lowest rate at 65.2%, while Olentangy had the highest at 70.5%.

Buckeye Valley’s rate is below both the county and state rates, Olentangy is above the state rate and meets the county rate. The other measures are all relatively similar or the same between the districts.

For health conditions there were more notable differences between the districts. For example, when looking at **any behavior condition**, 36.7% of students at Delaware City have a condition that would fall into this category whereas Olentangy only has 29.2% of students that have **any behavioral condition**. While in comparison, Big Walnut and Olentangy have the largest discrepancy when analyzing **serious emotional disturbance** issues. Big Walnut has 13% of students fall into the category of a **serious emotional disturbance** compared to Olentangy with 8.4%. A third category with a large difference between two districts was **anxiety**. 14.4% of Big Walnut students are diagnosed with **anxiety**, while only 9.3% of Olentangy students have been diagnosed with the condition. Another notable trend in this table is the rate of autism between the districts. Olentangy has double the **autism** rate of between the districts and more than four times the state rate. This trend would not be due to an actual increase in autism amongst students in this area compared to other areas, but more likely due to higher access to quality healthcare and higher rates of income in this area. These students can get their diagnosis and receive the services that they need better in the Olentangy area, compared to areas with lower income and lesser access to healthcare.

Education Indicators

District/County and State Comparisons	Readiness for Kindergarten	Proficient on English Lang Arts State Test	Proficient on Math State Test	On time Graduation (2020)	Chronic Absenteeism rate	Disciplinary Rate
Big Walnut	24.4%	48.6%	38.9%	77.4%	21.8%	12.8%
Buckeye Valley	22.7%**	43.1%	28.8%	85.7%	26.9%	12.8%
Delaware City	35.8%	44.8%	29.4%	92%	22%	1.8%
Olentangy	36.4%	60.8%	55.7%	94.3%	11.2%	3.4%
County Rate	32.8%	49.9%	37.9%	86.2%	17.8%	5.6%
State Rate	25.9%	39.6%	29.9%	76.9%	37.4%	8.5%

*** In the data downloaded from the Ohio Department of Education, each statistic had explanatory calculations to accompany it, except for this statistic for the Buckeye Valley district.*

Staff Indicators

District/County and State Comparisons	District Counselors	District Nurses	District Psychologists	District Social Workers
Big Walnut	0.2 per 100 students	0 per 100 students	0 per 100 students	0 per 100 students
Buckeye Valley	8 per 100 students	1 per 100 students	1 per 100 students	0 per 100 students
Delaware City	0.2 per 100 students	0.1 per 100 students	0.2 per 100 students	0 per 100 students
Olentangy	0.2 per 100 students	0 per 100 students	0 per 100 students	0 per 100 students
County Rate	0.2 per 100 students	0 per 100 students	0 per 100 students	0 per 100 students
State Rate	0.2 per 100 students	0.1 per 100 students	0.1 per 100 students	0 per 100 students

Education and Staff Indicator Explanation:

Looking at education and staff indicators across the four school districts is important to ensure the students of Delaware County are getting quality educations and are fully supported with staff resources available to them. When analyzing education indicators there are notable differences between the districts. For example, Buckeye Valley has the **lowest kindergarten readiness** rate at 22.7%, which is almost 14% lower than Olentangy's readiness rate. Buckeye Valley's **kindergarten readiness rate** is also below the county and state rates. Buckeye Valley also has the lowest rates of **proficiency scores on the English Language Arts and Mathematics state testing**. Big Walnut has the lowest rate of **on time graduation** at 77.4%, this is dramatically lower than Olentangy's **on time graduation** rate at 94.3%. In this category both Big Walnut and Buckeye Valley were below the county rate for **on time graduation** but were above the state rate. Olentangy schools had the lowest rate of **chronic absenteeism** (11.2%), while Delaware City had the lowest disciplinary rate (1.8%). The pattern of seeing Olentangy district with the best rates for multiple measures again is prominent. Olentangy district having the lowest rate of Medicaid enrollment and more affluent adults in the area allows for more resources to be available to the students and schools. By having more resources students are in an environment that is more supportive for learning, setting them up for academic success. This is showcased throughout a child's learning career in the school district, with higher kindergarten readiness rates, higher percentages of proficiency ratings on state testing, and higher on time graduation rates.

When looking at staff indicators, it is first to explain how these measures were calculated and should be understood. These rates are based on per 100 students and **full time employed** staff. Meaning if a school has a part time nurse or social worker, they would not be counted in this measure. the schools have similar staffing except for Buckeye Valley which has the highest amount of **all counselors, nurses, and psychologists** compared to the other districts.

Conclusion:

The information collected for the Healthy Student profiles by the Ohio Department of education is truly important, as it sheds light on the health discrepancies the students in Delaware County are facing, and how it effects their education. For example, Olentangy school district has the largest student population out of all four districts. It also has the highest number of adults in the area making \$100k or more in a year, has the highest rates of healthcare interactions and some of the lowest rates of healthcare conditions. This is also the school district that has the highest number of students who show a readiness for kindergarten, highest proficiency rating for state testing, and highest graduation rate. The health of students matters the healthier a student is mentally, emotionally or physically can greatly impact their academic success. And students who are in areas that have more resources available to them or are

wealthier can be better set up for healthier living and academic success than students outside of those areas.

All this information can be found on the Ohio Department of Educations webpage on the Ohio Healthy Student Profile page or in Delaware County's Community Health Assessment 2022 which is published on our website.

Appendix:

Appendix 1

Ohio Healthy Students Profiles Frequently Asked Questions

Using the Ohio Healthy Students Profiles

WHO CAN I CONTACT ABOUT THE OHIO HEALTHY STUDENTS PROFILES?

You can send questions about Ohio Healthy Students Profiles to WholeChild@education.ohio.gov.

HOW SHOULD DISTRICTS AND SCHOOLS USE THE PROFILES?

The profile brings clarity to the types and prevalence of health care issues students face based on the aggregation of Medicaid claims data. The profiles are for informational purposes only and will contribute to local decision-making in several ways, including the following:

- Informing for the [One Needs Assessment](#) for Continuous Improvement;
- Implementing programs and services within [Ohio's Whole Child Framework](#);
- Targeting the usage of funds such Disadvantaged Pupil Impact Aid and Student Wellness and Success base cost and supplemental funding (see [FAQ](#) about these funding sources);
- Implementing tiered [Positive Behavioral Interventions and Supports](#); and
- Exploring options for [School-Based Health Care](#).

WHERE CAN DISTRICTS AND SCHOOLS FIND MORE INFORMATION ABOUT OHIO'S WHOLE CHILD FRAMEWORK?

The Department posts information and resources about Ohio's Whole Child Framework as they become available on its website [here](#), including descriptions of the framework's components and links to existing ASCD resources.

WHAT QUESTIONS IN THE ONE NEEDS ASSESSMENT CAN BE INFORMED BY THE PROFILES?

[See [Questions and Triggers](#)]

WHERE CAN DISTRICTS AND SCHOOLS FIND MORE INFORMATION ABOUT SCHOOL-BASED HEALTH CARE?

The Department posts information and resources about School-based Health Care on its website [here](#). The School-Based Health Care Toolkit includes resources on how to get started with school-based health care, how to develop partnerships, how to build sustainable models of school-based health care, how to measure success and links to many other national resources on school-based health care.

Healthy Students Profile Technical Details

WHAT IS THE SOURCE OF THE DATA INCLUDED IN THE PROFILES?

The Ohio Department of Education does not collect any of the student wellness data provided in the Ohio Healthy Students Profiles. The data included in the profiles is based on Medicaid claims data collected by the Ohio Department of Medicaid.

HOW OFTEN WILL THE PROFILES BE UPDATED?

The Department intends to update the Ohio Healthy Students Profiles on an annual basis.

HOW IS INFORMATION IN PROFILES LINKED TO STUDENTS?

The Ohio Department of Education does not collect or maintain student personal identifiers; rather, all individual education records are associated with a unique statewide student identifier (SSID). The Ohio Department of Medicaid matched individual-level Medicaid claims records data to SSIDs through a matching method carried out by Ohio's third-party SSID vendor, IBM. Approximately 90% of school-age children in the Medicaid participation database were matched by IBM to an SSID. ODM does not perform a secondary review of matches or partial matches for verification and reconciliation. The Department of Education does not receive any of the individual-level claims data matched to SSIDs.

HOW HAS PROFILE DATA BEEN ASSOCIATED WITH A DISTRICT OR SCHOOL?

The Department of Education provides the Department of Medicaid with a file that associates SSIDs with specific districts and schools. For the purposes of the Ohio Healthy Students Profiles, a student must have at least 100 total attendance hours to be associated with a school or district.

WHY IS THERE A LAG IN THE DATA?

Due to the timing of Medicaid claims reporting and the data match process, the Ohio Healthy Students Profiles are based on the most recently completed full fiscal year (July 1, 2020 – June 30, 2021).

WHICH STUDENTS ARE INCLUDED IN THE PROFILE CALCULATIONS?

The health and education measures in the profiles pertain only to students in kindergarten through grade 12 who were participating in Medicaid in Ohio for at least three months of the fiscal year and who had at least 100 hours of attendance at a given school or district during the school year.

WHICH DISTRICTS AND SCHOOLS WILL RECEIVE PROFILES?

A profile is generated for all districts and schools with at least 30 Medicaid-participating students. Profiles are generated for traditional public schools, community schools, STEM schools, and vocational schools.

WHY ARE SOME MEASURES SUPPRESSED ON MY SCHOOL PROFILE?

Measures are suppressed (blank) for values that do not meet the established HIPAA thresholds. Each measure must have at least 30 students in the denominator, and the Health-related measures must also have 11 students in the numerator. For the Education indicators, only the rate is displayed if the numerator is fewer than 10. A rate of "0" means that the value is less than 0.1 percent.

WHY DO THE STATE AND COUNTY COMPARISON RATES DIFFER BY SCHOOL?

State and county comparison rates also are based on Medicaid-participating students. These rates are calculated for six different grade bands (K-5, 6-8, K-8, 6-12, 9-12, K-12) with the most applicable band used for each school based on its grade levels of enrollment in the 2020-2021 school year. County rates are based on the schools physically located within the county and exclude e-schools.

CAN DISTRICTS AND SCHOOLS REQUEST STUDENT-LEVEL PROFILE DATA?

The Department of Education does not have access to the health-related data included on the profiles. Districts interested in looking at more detailed student wellness data can do so through their partnerships with local medical providers. More information about how to develop local health partnerships is available in the Department's [School-based Health Care Toolkit](#). The toolkit includes a specific resource on [Information on Data Sharing Between Parties](#), as well as sample [consent forms, service agreements and data sharing templates](#).

WHAT ARE THE HEALTH-RELATED MEASURES ON THE PROFILES?

Profiles include up to 18 measures calculated by the Department of Medicaid related to health care interactions and health conditions. These measures pertain only to the Medicaid-participating subgroup of a school or district and include the number and percentage of students who had the following in the past fiscal year:

- a comprehensive well-child visit
- a primary care physician visit (with second measure covering past two fiscal years)
- a dental care visit in past year (with second measure covering past two fiscal years)
- an emergency department visit
- an acute inpatient stay at a general hospital
- an active diagnosis of asthma
- an active diagnosis of diabetes
- an active diagnosis for any behavioral health condition
- an active diagnosis for a serious emotional disturbance
- an active diagnosis of autism
- an active diagnosis of depression (major depression or all types)
- an active diagnosis of anxiety disorder
- an active diagnosis of attention deficit/hyperactivity disorder
- an active diagnosis of substance use disorder
- an active eating disorder

Well-Child Visit: a comprehensive preventive/well-care visit (for children and adolescents), also referred to as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screen. It must

include a comprehensive health and developmental history, comprehensive physical exam, appropriate immunizations, laboratory tests, and health education.

Primary Care Visit: an ambulatory care visit with a Primary Care Physician (PCP), which may include the comprehensive preventive medicine visits (i.e., Well-Care visits), as well as any general office, clinic or outpatient hospital evaluation and management service. PCPs may be physicians and Advanced Practice Nurses with a primary care, family practice, or pediatric specialty, as well as FQHCs and Physician Assistants.

Diabetes: determined based on a diagnosis code of diabetes or dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis

Any Behavioral Health Condition: diagnosis codes inclusive of attention deficit hyperactivity disorder, adjustment disorders, anxiety, autism, delirium, impulse control disorders, mood disorders, depression, personality disorders, substance use disorder, bipolar disorder, conduct disorder, post-traumatic stress disorder, schizophrenia, self-harm, or other psychological disorders.

Severe Emotional Disturbance (SED): diagnosis codes inclusive of bipolar disorder, conduct disorder, major depression, post-traumatic stress disorder, schizophrenia, or self-harm.

WHAT ARE THE EDUCATION-RELATED MEASURES ON THE PROFILES?

Using standard departmental business rules, ODE calculates a set of indicators for the Medicaid-participating subgroup of students at each school and district:

- Kindergarteners demonstrating readiness on the KRA
- Students scoring as proficient on state assessments for Mathematics
- Students scoring as proficient on state assessments for English Language Arts
- Students graduating on-time (2020 grad cohort)
- Students chronically absent (i.e., absent at least 10% of the time)
- Disciplinary actions (per 100 student FTE)

ODE also provides district-level staff FTE and rates for four positions that commonly deal with physical and mental health matters: school counselors, school nurses, school psychologists, and school social workers. Rates are based on 100 student FTE.

CHA Adult and Child Survey Feedback Report
April 2022

Adult

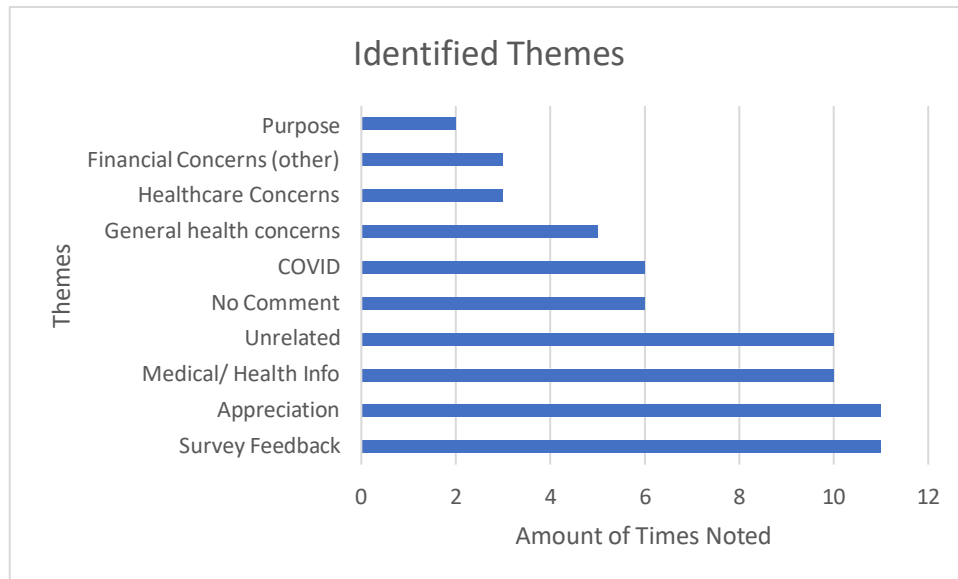
- A total of 64 additional written responses were submitted from adults who answered the 2022 CHA survey. Of these responses a wide variety of themes were noticed. While reading the responses, a total of 11 overarching themes were identified and are described below. A key defining the themes noted is also provided.

Key: Theme Definition

Survey Feedback	Any comments relating to the questions, answer choices, or design of the survey.
Appreciation	Thoughtful comments from responders expressing thanks or gratitude for services provided or DPHD dedication to the community.
Medical/Health Info	Any medical or health information responders felt needed to be shared.
Unrelated	Any comments that were irrelevant to the survey.
No Comment	Any comments that said “N/A”, “No Comment”, or drawings.
COVID	Any comments relating to financial, medical, or health concerns that were related to or experienced due to COVID-19.
General Health Concerns	Any health concerns that relate to environmental factors that may influence the health of an individual (community cleanliness, walking paths).
Healthcare Concerns	Concerns of the healthcare facilities or healthcare being received by the respondents.
Financial Concerns (other)	Any financial concerns that respondents have outside of COVID-19.
Purpose	Any comments about how the results of the survey will be used or shared.

Themes Recognized	Amount	Percent %
Survey Feedback	11	17.2
Appreciation	11	17.2
Medical/ Health Info	10	15.6
Unrelated	10	15.6
No Comment	6	9.4
COVID	6	9.4
General Health Concerns	5	7.8
Healthcare Concerns	3	4.7
Financial Concerns (other)	3	4.7
Purpose	2	3.1
Total*	67	104.7

*Please note that some written responses held more than one theme, therefore the total percentage is greater than 100%. *



- Two of the most common themes that were identified in the responses were appreciation for DPHD or for the services provided by the agency, and survey feedback.
- The third and fourth most common themes were unrelated responses or medical and health information the responders were relevant to their individual survey. The combination of these top four themes makes up 65.6% of responses.
- The remaining responses could be grouped into a variety of groups including:
 - No Comment
 - COVID related comments
 - General health concerns outside of medical or healthcare concerns
 - Healthcare specific concerns
 - Financial concerns not related to COVID stress
 - Responses wondering about the purpose of the survey

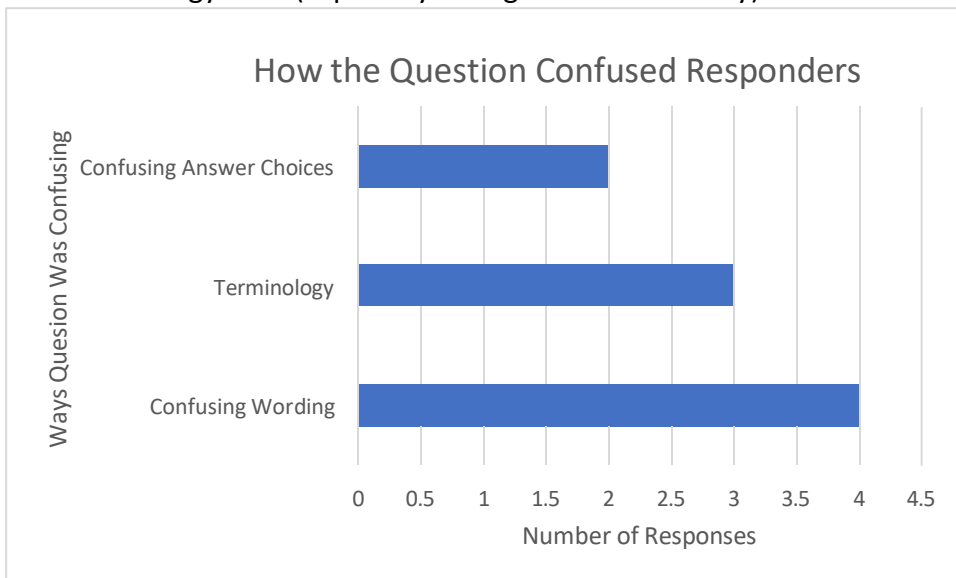
- Only two individuals were unsure of the purpose of the survey and recommended sharing the results either online or with the public.
- Financial concerns outside of COVID related issues and healthcare concerns were noted in three responses each.
- General health concerns, such as community cleanliness, or access to walking paths, was noted in four different responses.

Survey Feedback Related Responses

- Survey feedback can be similarly broken down into three different categories such as: negative feedback, question confusion, and repetitive questions.

Survey Feedback	Number of Times Noted
Confusing Questions	9
Negative Feedback	1
Repetitive	1
Total	11

- The largest portion of survey feedback responses said the questions asked were confusing. Because of this, the issue was further studied, and three main complaints were identified.
 - The question wording itself was confusing.
 - The answer choices were confusing.
 - The terminology used (especially with gender or sexuality) was unfamiliar and unknown.

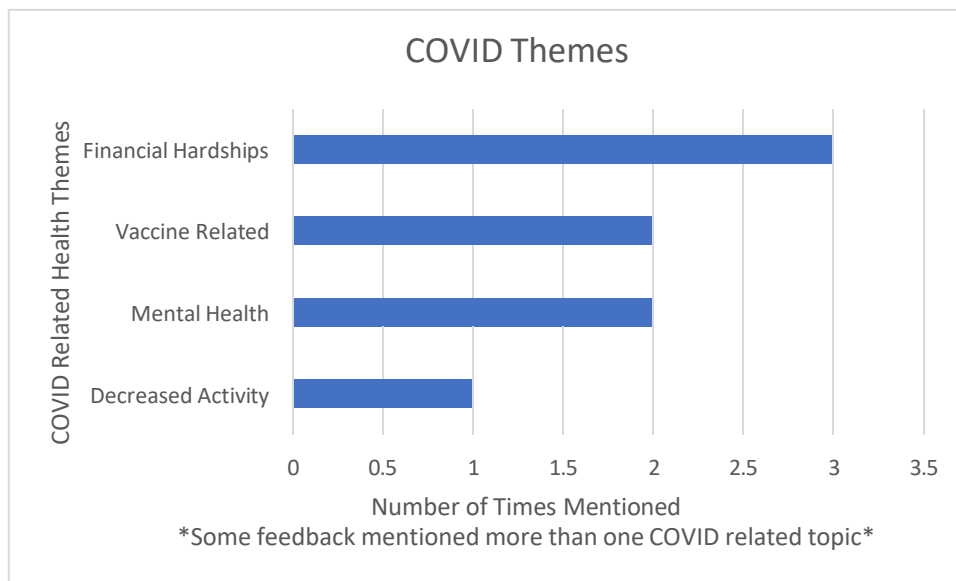


- Confusion related to how the questions were worded was the most common complaint

COVID Related Responses

- COVID related responses were identified six different times. COVID related responses could be further broken down into four different subcategories including: mental health concerns, financial hardships, vaccines, or decreased activity due to lockdown. Some responses addressed more than one COVID themes such as mental health concerns and financial hardship.

COVID Themes	Number of Times Noted
Decreased Activity	1
Mental Health	2
Vaccine Related	2
Financial Hardships	3
Total	8



- Financial hardship was the most common COVID related theme identified, with vaccine related and mental health concerns being noted equally.

Child

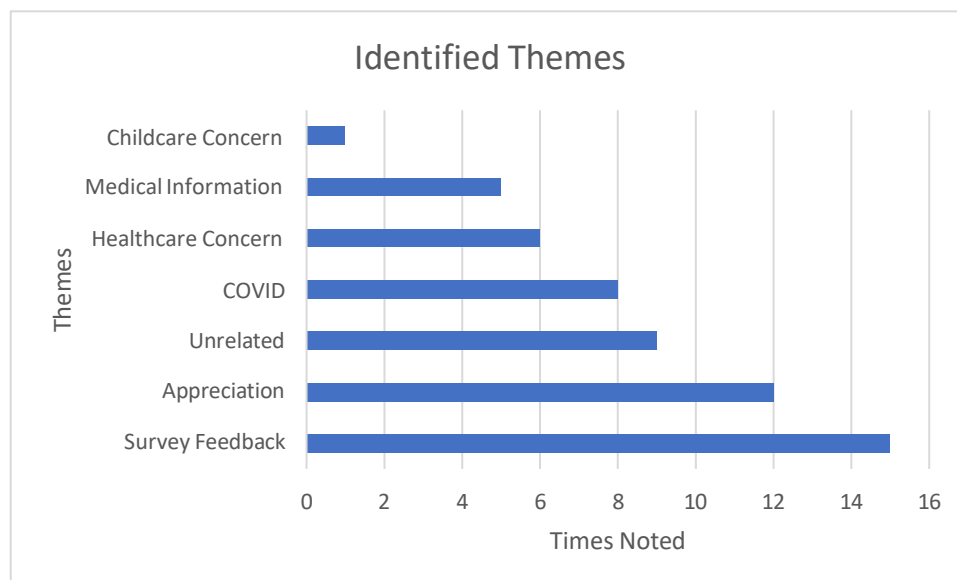
- A total of 55 additional written responses were sent in relating to the separate child survey. Again, the responses could be organized into a total of seven overarching themes and a key describing the themes identified is below. The themes identified include:
 - Unrelated
 - COVID
 - Survey Feedback
 - Medical Information
 - Healthcare Concerns
 - Childcare Concerns
 - Appreciation

Key: Theme Definition

Survey Feedback	Any comments relating to the questions, answer choices, or design of the survey.
Appreciation	Thoughtful comments from responders expressing thanks or gratitude for services provided or DPHD dedication to the community.
Medical Information	Any medical or health information responders felt needed to be shared.
Unrelated	Any comments that were irrelevant to the survey.
COVID	Any comments relating to financial, medical, or health concerns that were related to or experienced due to COVID-19.
Childcare Concerns	Any childcare concerns the respondents struggle with.
Healthcare Concerns	Concerns of the healthcare facilities or healthcare being received by the respondents or their children.

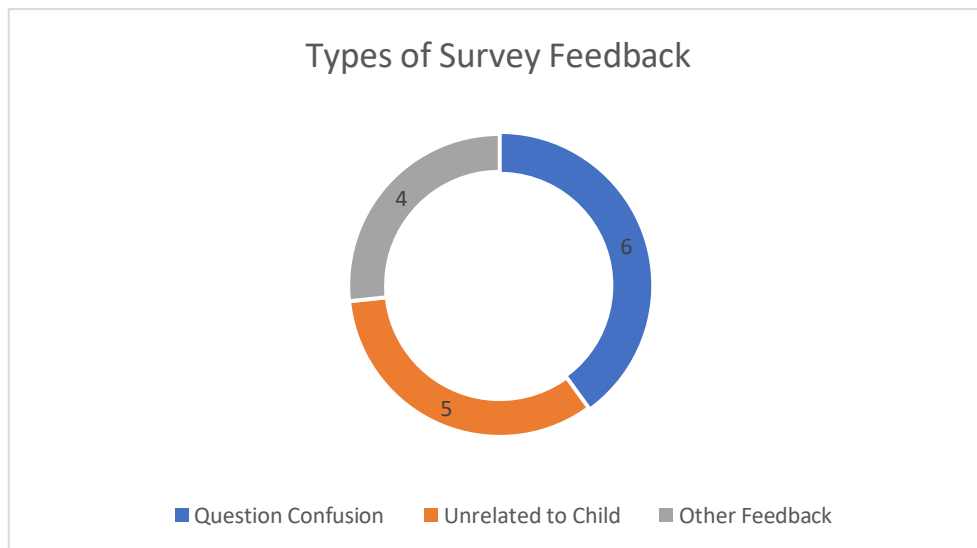
Themes Noted	Number of Times Noted
Survey Feedback	15
Appreciation	12
Unrelated	9
COVID	8
Healthcare Concern	6
Medical Information	5
Childcare Concern	1
Total*	56

Again, some of the responses included more than one theme so the total is greater than the total number of written responses



Survey Feedback Related Responses

- Survey feedback and appreciation were the two most common themes noted in the written responses. COVID and unrelated responses were third and fourth most common responses identified.
- The three least common themes identified were healthcare concerns, medical information, and childcare concern.
- Survey feedback could be further examined and divided into three individual subcategories.
 - Unrelated to child- such as their child was too young, and the survey questions did not relate to them
 - Question confusion
 - Other feedback



- The three subcategories had a relatively equal number of individuals who fell into those categories with question confusion still being the most common feedback given.
- Some individuals who had young infants said that large parts of the survey did not relate to them such as the mental health questions. While others mentioned how a survey addressing these issues would be better for high school or middle school aged students.
- The other types of feedback included comments from the individuals such as if a different aged child had filled out the survey the answers would have been different, or recommendations for adjusting the survey design.

Conclusion

Overall, a lot of individuals who took the time to write additional feedback shared their appreciation about DPHD and the services provided to the community. Appreciation for DPHD was one of the top answers for both surveys. Especially regarding the two-dollar bill incentive received after filling out the survey, this was very positively received in both groups of written responses. A great number of individuals though shared their thoughts about the survey, and many of them stated that parts of it were confusing. How the questions were worded, or the answer choices provided were some

of the most confusing aspects noted, with some confusion over the specific terminology used. The confusion over the terminology may be able to be addressed through education initiatives within the community or through providing a key in the beginning of future surveys with definitions, but survey design and wording may need to be adjusted in the future to provide clarity and allow for respondents to feel confident they are answering to the best of their ability.

Appendix X: Community Stakeholder Perceptions

On May 18, 2022, results of the 2022 Delaware County Community Health Assessment (CHA) were released for community stakeholder viewing and input. Those who attended the event or who viewed an online video presentation were directed to submit feedback via an electronic survey platform. Results of the participant feedback are included below:

What surprised you the most?

- Response rate/how committed the overall community is to participate in this type of survey (2)
- Surprised the percentages were not worse given the pandemic
- The number of young children who said they were trying to lose weight
- Mental health data (e.g., suicide)
- Food insecurity
- Youth sexual and physical violence
- Weight status
- Adult binge drinking
- COVID-19 impact data

What would you like to see covered in the report next time?

- Possibly more on the use of contraception in adults rather than just youth
- More information and data provided by commercial insurance who covers most Delaware County residents
- Financial and job security data
- Housing stable vs. housing insecure
- Drilling down on reasons behind statements made for not going to appointments
- Percentage of drugs other than marijuana or alcohol broken down more into opioids and amphetamine and methamphetamine
- Deeper dive into questions regarding access to medical/mental health care
- All of the data already included (for example, mental health and chronic diseases)
- Was very comprehensive
- Hard to say without having the questionnaire available

What will you or your organization do with this data?

- Use as part of our strategic planning and consideration when funding programs
- Use it to better understand the types of health concerns/trends in the community to improve programming
- This information will be used to help our organization better understand and attempt to meet the needs of our community
- View health and stability of our community
- Get information that is needed in the hands of residents, such as food pantries and free medical care
- Enhance and improve Delaware County Sheriff's Office programs to include inmate programming, community education, school resource officers
- Write reports and apply for grants
- Use it to target growth
- Dig into report to identify opportunities
- Create our annual goals/strategies
- Grants, state reports, strategic planning, community planning

Based on the community health assessment, what health topics do you see as the most important? Please list 2 or more choices.

- Mental/behavioral health (7)
- Weight status (2)
- Alcohol consumption/increase in alcohol consumption since the pandemic (2)
- Food insecurity
- Drug use
- Social determinants of health
- Diet and exercise
- Lack of pharmacy affordability
- Lack of vaccines for children
- Chronic disease
- Access and awareness to treatment

Are there any groups or agencies you think would be valuable resources or partners to work towards the above health issues?

- Commercial insurance
- Hospital
- Primary care offices
- County health department
- Mental health/disability organizations
- Juvenile Court
- Mental health board
- SourcePoint
- YMCA
- Grace Clinic
- HelpLine
- Maryhaven
- Southeast Healthcare
- Syntero

In your opinion, what is the best way to communicate the information from the community health assessment to the rest of the public?

- Social media/post on social media with resources available – let people know they are not alone (5)
- Websites/ask schools to share on their websites (3)
- Schools/school PTO (3)
- Conversations
- QR code posted publicly
- Advertising link to public with offer of providing in paper format if desired
- Public meetings
- Public forums
- Mass mailing with streamlined data
- Print
- Social service organizations
- Small bites through newsletters

What are some barriers that your community or organization may face regarding the issues identified?

- Funding (2)
- Workforce/in the jail, corrections officer staffing crisis led to canceling inmate programs due to unsafe staffing levels (2)
- Cost
- Staff turnover makes sustaining initiatives difficult
- There are many barriers as to why people are unable to exercise. This could be not having enough time to exercise due to job schedule or physical ailment. Transportation is a barrier. The nearest gym is at least a mile from Downtown Delaware
- People sometimes refuse to seek help, especially with food pantries and medical care

Other comments or concerns

- Great event – I really enjoyed it!
- Appreciate all of the effort the DGHD had put in to make this process so valuable to partners and to the community at large
- Thanks for the information – I will do more to inform our residents of resources
- Venue was comfortable. It was hard to see the screen. It would have been nice to have a hard copy version for note taking, readability, etc. (would not need to print all 200 pages). I was surprised to not see local health entities present

Appendix XI: Community Health Assessment Updates

2023 Annual Update

The 2023 annual CHA update builds upon the CHA conducted in 2021 and published in 2022 by The Partnership for a Healthy Delaware County coalition. This update contains the most recent data that was shared and discussed at the quarterly Partnership meeting on December 7, 2023. The data below is meant to enhance the original CHA data and serve as the annual update to the original publication. Furthermore, the coalition determined to not change the identified priority health issues for the CHIP; and they will remain Access to Care, Addiction/Mental Health, Community Conditions and Healthy Behaviors.

The data links below were reviewed and used to inform and solidify year two (2024) CHIP action plans.

[2019-2022 Delaware County Suicide Report](#)

PEACE Prevention Matrix

[2017-2022 Stimulant Report](#)

CDC PLACES Dataset Tool Report



ATTACHMENT A: DELAWARE
COUNTY YOUTH RISK BEHAVIOR
SURVEY 2019-2020



DELAWARE COUNTY YOUTH RISK BEHAVIOR SURVEY — 2019-2020 —



COMMISSIONED BY THE DELAWARE GENERAL HEALTH DISTRICT FOR
THE PARTNERSHIP FOR A HEALTHY DELAWARE COUNTY



Report Published (April, 2020)

Data Collection:

Adolescent Survey (Delaware County Youth Risk Behavior Survey conducted September, 2019)

Cover photos provided by Delaware City Schools and the Delaware General Health District

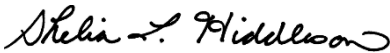
Foreword

We are happy to share with the Delaware County community the results of the 2019/2020 Delaware County Youth Health Risk Behavior Survey. This local in-depth examination of youth health behavior is just one of several health assessments conducted countywide to get a “real time” snapshot of resident health. This particular assessment focuses on youth health in the areas of injury and violence, eating and exercise habits, mental health, sexual activity, and alcohol, tobacco and other drug use.

This report will complement the most recent Delaware County Community Health Assessment, conducted in 2018 and allow for The Partnership for a Healthy Delaware County (The Partnership) to further determine community needs related to youth health. Once this data is further reviewed by members of The Partnership, key community stakeholders will work together to ensure that any new information gathered from this assessment will inform the continuous work of the 2019-2022 Delaware County Community Health Improvement Plan.

We wish to thank several community partners for their collaboration in this report including the Delaware County Public School Superintendents and their respective school staff for without their assistance, Delaware County would not have been able to capture such valuable information from our youth population. It is because of our strong, multi-sectorial partnerships that Delaware County youth continue to thrive in a safe and healthy community. We must continue this collaborative approach by always forging new partnerships, combining resources, and utilizing local relevant data to guide our work across Delaware County.

Sincerely,



Shelia L. Hiddleston, RN, MS
Health Commissioner
Delaware General Health
District



Deanna Brandt, LPCC-S
Executive Director
Delaware-Morrow Mental Health & Recovery
Services Board



Brandon Feller, MBA, CFRE
President
United Way of Delaware County



**Delaware-Morrow Mental Health
& Recovery Services Board**
Supporting Wellness. Building Hope. Transforming Lives.



**United Way
of Delaware County**

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Delaware General Health District
Delaware-Morrow Mental Health and Recovery Services Board
United Way of Delaware County

This report has been commissioned by: Youth Risk Behavior Survey (YRBS) Subcommittee of the Partnership for a Healthy Delaware County

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Consultant

To see Delaware County data compared to other counties, please visit the Hospital Council of Northwest Ohio's [Data Link](#) website.

The 2019/2020 Delaware County Youth Risk Behavior Survey Report is available on the following websites:

Delaware General Health District

www.delawarehealth.org

Delaware-Morrow Mental Health and Recovery Services Board

<http://dmmhrsb.org/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

United Way of Delaware County

<https://www.liveuniteddelawarecounty.org/>

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Executive Summary

This executive summary provides an overview of health-related data for Delaware County youth (ages 12 through 18) who participated in a county-wide health assessment survey during September through October 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention for their national and state Youth Risk Behavior Surveillance System (YRBSS). The Delaware General Health District guided the health assessment process while working with their subcontractor, The Hospital Council of Northwest Ohio (HCNO), for data analysis and integrating sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

The Delaware County Youth Risk Behavior Survey (DCYRBS) was cross-sectional in nature and included an anonymous online survey of adolescents within Delaware County. From the beginning, community stakeholders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Each school district appointed a lead contact person to provide guidance to the DCYRBS Subcommittee on survey content and building implementation. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. Comparisons to local and national data were made, along with alignment to the Healthy People 2020 target objectives, when applicable.

INSTRUMENT DEVELOPMENT

An electronic survey instrument was designed for this study. As a first step in the design process, members of the DCYRBS Subcommittee 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 Centers for Disease Control and Prevention *Youth Risk Behavior Surveillance System (YRBSS)*. This was important because it provided for a more valid comparison of the findings with the state and national YRBSS data. Additional questions were developed with the Hospital Council of Northwest Ohio and researchers at the University of Toledo. Based on input from the DCYRBS Subcommittee and school district officials, an online survey tool was created containing 87 questions for high school students and 83 questions for the middle school students. The DCYRBS Subcommittee decided not to include questions of a sensitive nature on the middle school survey, resulting in fewer questions.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in the four main Delaware County public school districts were used as a sample for this youth survey. For more information on participating districts and schools, see Appendix III. Since the U.S. Census Bureau's, 2017 American Community Survey one year estimate age categories do not correspond exactly to this age parameter, the investigators calculated the population of those between 10 and 19 years old living in Delaware County. There were approximately 31,350 youth ages 10 to 19 years old living in Delaware County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error 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 380 youth was needed to ensure this level of confidence. A total of 13,907 students were surveyed, resulting in a confidence interval equal to ± 0.62 . The total sample consisted of 45% middle school students and 55% high school students. Sample size numbers (n) are included within the trend summary table of this report.

PROCEDURE | Adolescent Survey

Planning for the 2019/2020 Delaware County Youth Risk Behavior Survey (YRBS) started in January 2019 when key community stakeholders, including key personnel from each participating public school district came together to start planning for survey implementation. This group was a sub-committee of members from The Partnership for a Healthy Delaware County (The Partnership) who oversee Delaware County's Community Health Assessment efforts. All school district representatives agreed to an electronic administration as was done during the 2016/2017 YRBS survey. The YRBS sub-committee reviewed and selected survey questions, consent forms and worked with their respective superintendents to plan for survey administration. Key district personnel serving on the YRBS sub-committee were charged with working with their specific building administrators to determine survey dates and class schedules to optimize student participation. All participating districts decided to take an inclusive approach for student selection, striving to get as many students as possible to take the survey.

Each district was given the opportunity to decide what parental consent approach they wanted to implement and worked with district officials to promote parental consent in the weeks leading up to administration. Planning meetings were facilitated by Delaware General Health District staff, and an application for Institutional Review Board (IRB) was submitted to the Ohio Department of Health on June 10, 2019. IRB approval was granted on July, 24, 2019 allowing for a fall survey administration at the start of the 2019/2020 school year. Participating students took the electronic survey via a Healthcare Information Portability and Accountability Act (HIPPA) protected SurveyMonkey link between September 2019 and October 2019. All students used district provided technology to complete the anonymous online survey, with all results being collected by the Hospital Council of Northwest Ohio for data analysis.

DATA CLEANING AND ANALYSIS

All individual responses were merged and downloaded from an online survey development software platform (i.e., SurveyMonkey) into a Microsoft Excel spreadsheet. All files were stored on a secure server. Responses were coded into numeric values for data analysis.

Quality control measures were utilized to remove surveys due to factors such as incompleteness (50% or more of the survey was incomplete) or conflicting answers. Surveys that had 50% or above completed were cleaned by HCNO and additional surveys were removed prior to analysis by health education researchers at the University of Toledo resulting in the final sample size. Please refer to appendix IV (Delaware County Youth Sample Demographic Profile) to view demographic information of the final sample size. The final response rate is included in the previous section "SAMPLING | Adolescent Survey."

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 26.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Delaware County youth assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Delaware County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites. Secondary data is collected for comparison purposes to ensure Delaware County data can be compared to national sources. HCNO utilized sites such as the Youth Risk Behavioral Surveillance System (YRBSS), numerous CDC sites, Healthy People 2020, among other national and local sources. All primary data collected in this report is from the 2019/2020 Delaware County Youth Risk Behavior Survey (DCYRBS). All other data is cited accordingly.

KEY REPORT SECTIONS

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., current smoker, binge drinker, etc.) can be found in appendix II (Acronyms and Terms) of this report.

Data Summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found further in the report. Please refer to the table of contents regarding placement of the full section.

Youth Trend Summary: The youth trend summary consists of data from the previous 2016/2017 and current 2019/2020 DCYRBS. Additionally, national 2017 YRBSS data is included for comparison purposes. The trend summary highlights all sections found in the report. The DCYRBS Subcommittee decided to remove previous 2013/2014 and 2014/2015 DCYRBS data for easier comprehension. The full trend summary, including the 2013/2014 and 2014/2015 data, can be found in the appendix V (Youth Full Trend Summary) of this report.

Individual Sections: The data throughout the report is broken into individual sections based on the discretion of the DCYRBS Subcommittee. Each individual section consists of data from 6-12th graders in Delaware County. "Youth" is defined throughout the report as 6-12th graders. "High school youth" consists of 9-12th graders and "middle school youth" is defined as 6th – 8th graders. The only section of the report in which differences may exist in sample size (6th – 12th vs. 9th -12th) is the alcohol consumption, sexual behavior, and safety sections. The individual sections fall under two main categories: health behaviors and social conditions. The social conditions section consists of topics such as perceptions of substance use, food insecurity, concussions, etc. Please reference the table of contents to review placement of individual sections.

Appendix: The appendix is included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, school participation, full trend summary, etc.

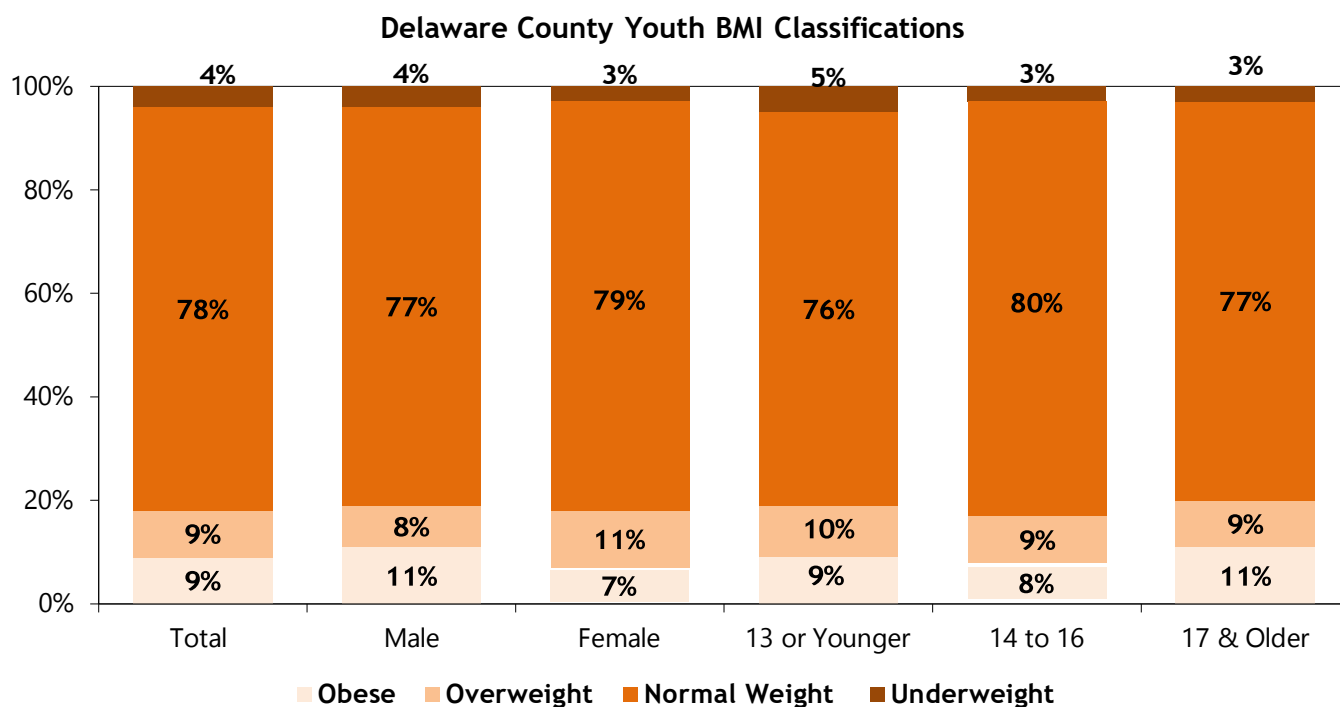
Data Summary | Health Behaviors

The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

“Youth” is defined throughout the report as 6-12th graders. “High school youth” consists of 9-12th graders and “middle school youth” is defined as 6th – 8th graders. The only section of the report in which differences may exist in sample size (6th – 12th vs. 9th -12th) is the alcohol consumption, sexual behavior, and safety sections.

YOUTH WEIGHT STATUS AND PHYSICAL ACTIVITY

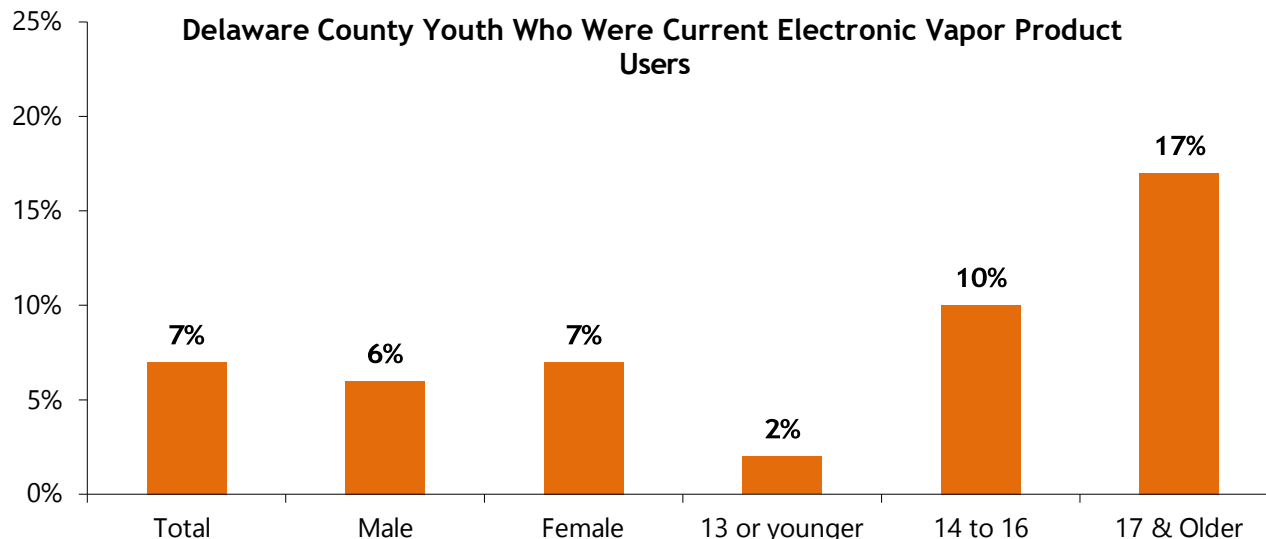
Eighteen percent (18%) of Delaware County youth were either overweight or obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 25% of youth reported that they were slightly or very overweight. Eighty-two percent (82%) of youth were exercising for sixty minutes on three or more days per week. Ten percent (10%) of youth reported eating zero servings of whole vegetable per day.



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

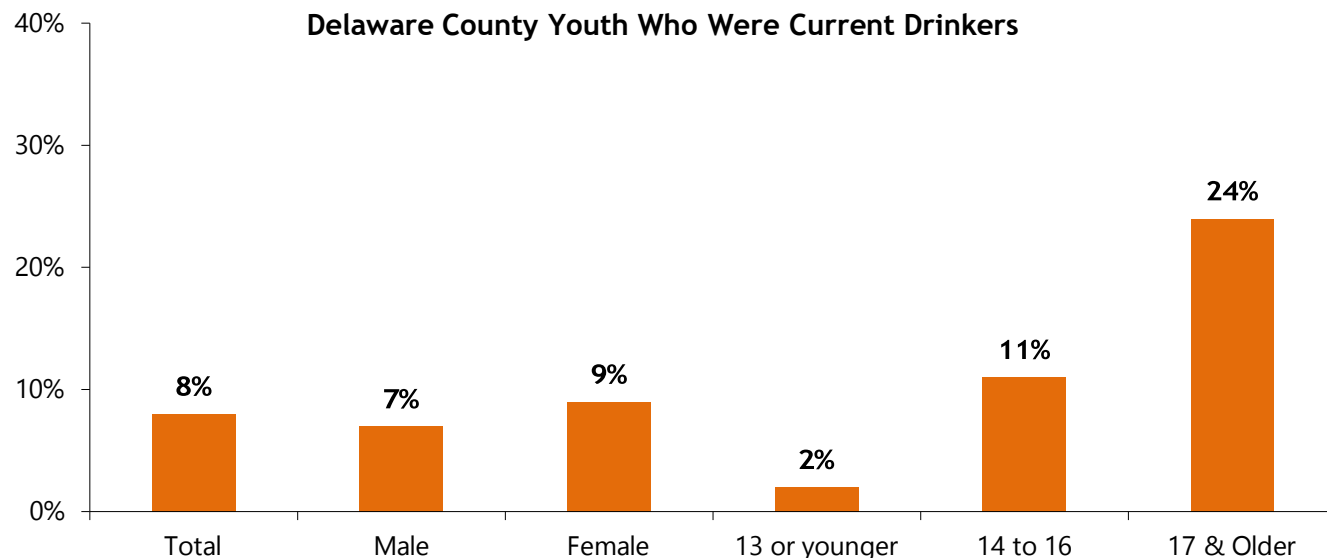
YOUTH NICOTINE USE

Seven percent (7%) of youth used electronic vapor products in the past month, increasing to 17% of those 17 and older. Of those who used e-cigarettes in the past year, 79% of youth used e-liquid or e-juice with nicotine. One percent (1%) of Delaware County youth were current smokers, increasing to 3% of those ages 17 and older.



YOUTH ALCOHOL CONSUMPTION

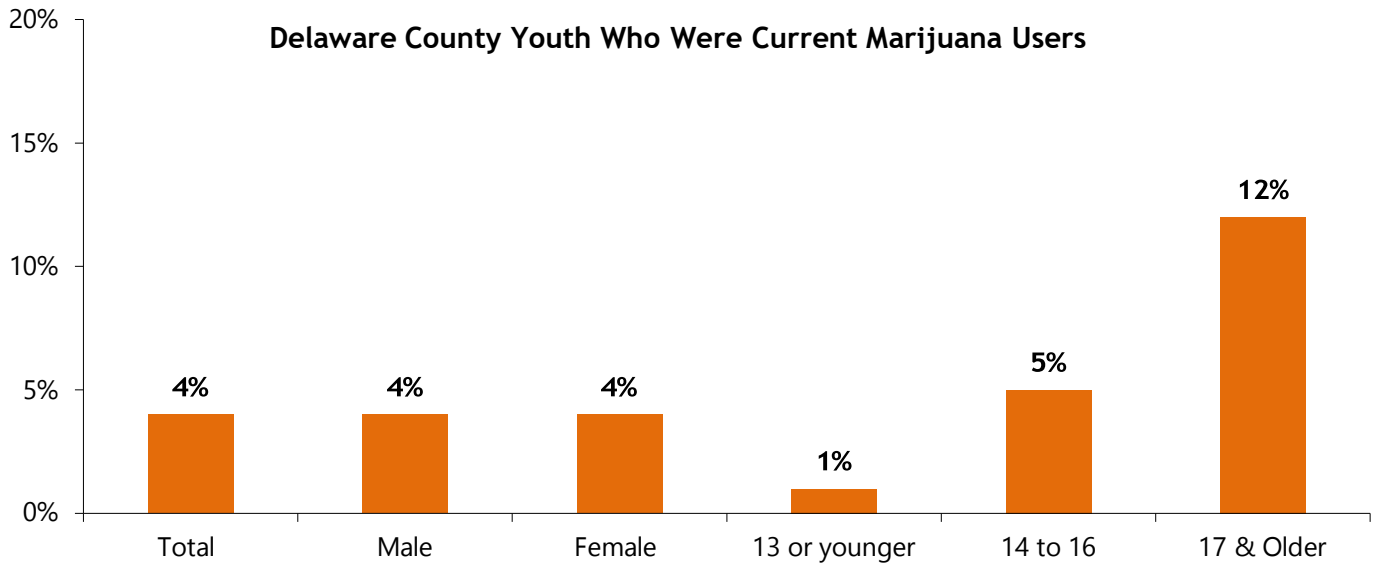
Eight percent (8%) of all Delaware County youth and 24% of those over the age of 17 had at least one drink in the past month, increasing to 24% of those ages 17 and older. Over one-fifth (21%) of all youth had at least one drink of alcohol in their life, increasing to 48% of those ages 17 and older. More than half (59%) of high school youth who reported drinking in the past month had at least one episode of binge drinking. One percent (1%) of high school drivers had driven after drinking alcohol in the past month.



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

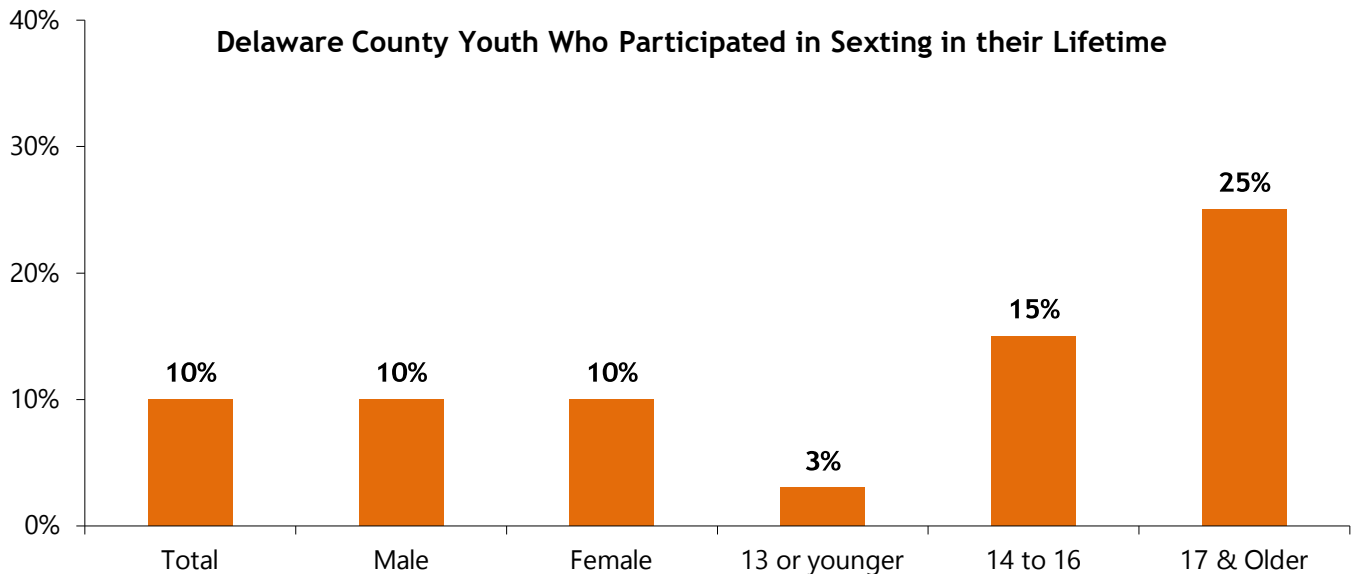
YOUTH MARIJUANA AND OTHER DRUG USE

Four percent (4%) of Delaware County youth had used marijuana or hashish at least once in the past month, increasing to 12% of those ages 17 and older. In their lifetime, 3% of youth had taken a prescription pain medicine (codeine, Vicodin, OxyContin, Hydrocodone, and Percocet) without a doctor's prescription or differently than how a doctor told them to use it.



YOUTH SEXUAL BEHAVIOR

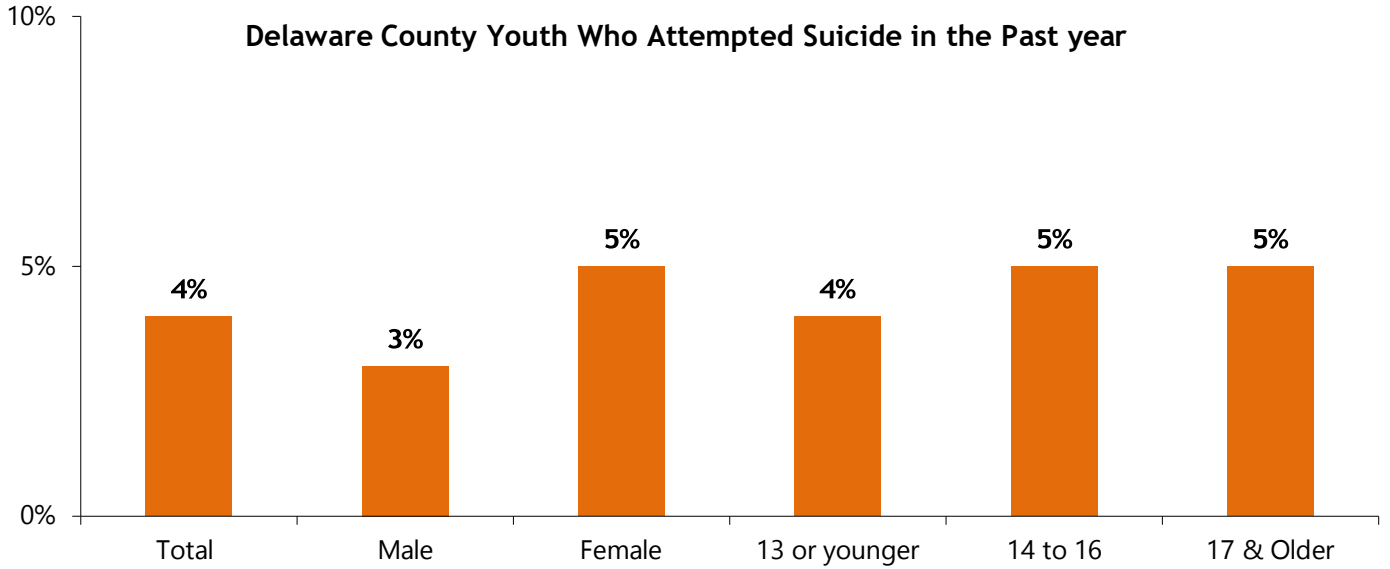
Ten percent of all Delaware County youth participated in sexting in their lifetime. Eighteen percent (18%) of Delaware County high school youth reported that they have ever had sexual intercourse increasing to 33% of those ages 17 and over. Of high school youth who were sexually active, 54% had one sexual partner and 46% had multiple partners.



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

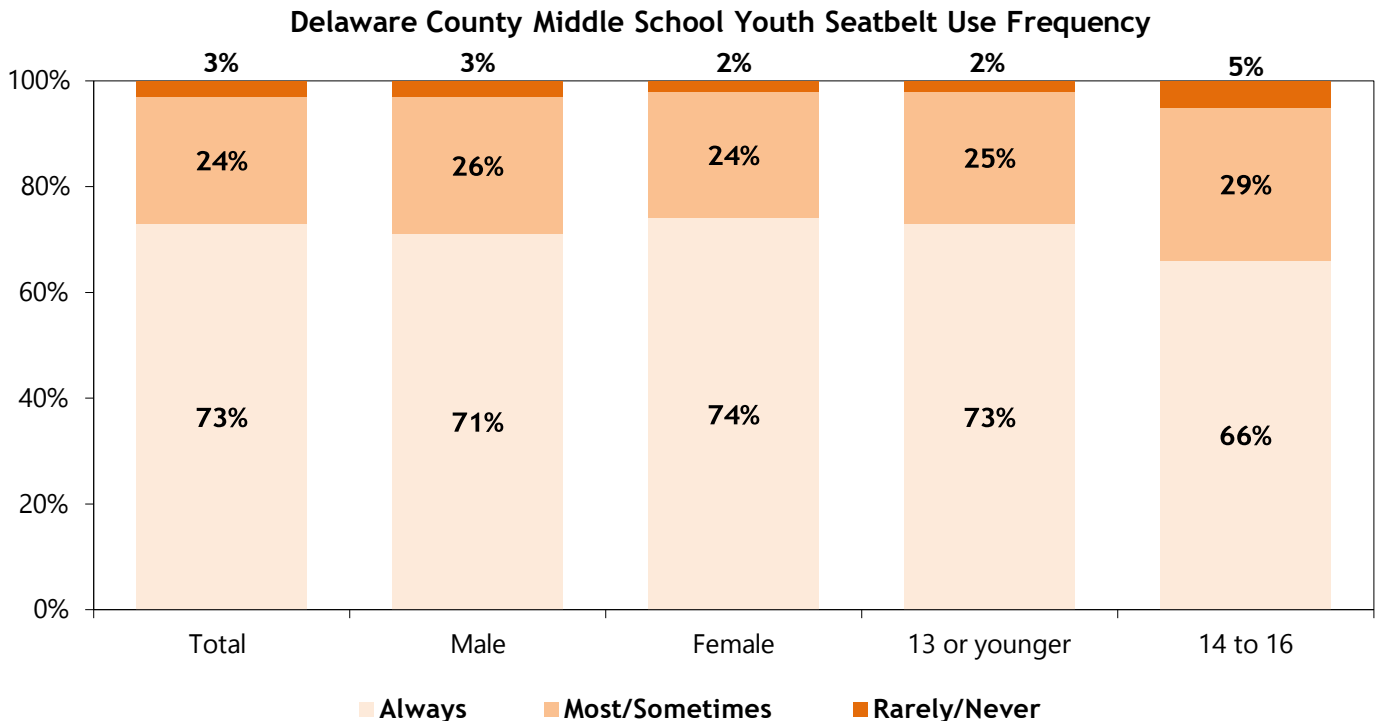
YOUTH MENTAL HEALTH

Four percent (4%) of youth attempted suicide in the past year and 2% of youth had made more than one attempt. Eleven percent (11%) of youth reported they had seriously considered attempting suicide in the past year, increasing to 14% of females. More than one-fourth (27%) of youth reported they had no one to talk to when they had feelings of depression or self-harm. Fourteen percent (14%) of youth had three or more adverse childhood experiences (ACEs).



YOUTH SAFETY

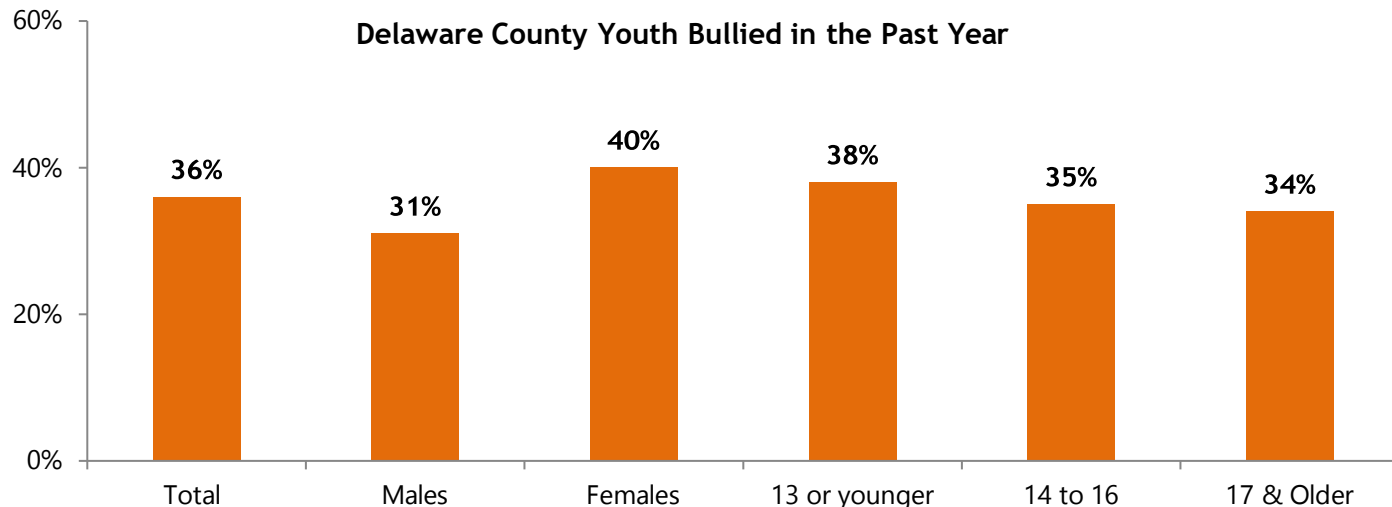
Seventy-three percent (73%) of 6-8th grade youth always wore a seat belt when riding in a car. Nine percent (9%) of youth had ridden in a car driven by someone who had been under the influence of drugs and/or alcohol in the past month.



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

YOUTH VIOLENCE-RELATED BEHAVIORS

More than one-third (36%) of youth had been bullied in the past year. In Delaware County, 4% of youth had carried a weapon (such as a gun, knife, or club) in the past month. In the past year, 15% of youth had been involved in a physical fight, increasing to 21% of males. Seven percent (7%) of youth had been in a fight on more than one occasion. More than one-fifth (21%) of youth had been bullied on school property in the past year.



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

Data Summary | Social Conditions

The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive snapshot can be found within the individual section. Please refer to the table of contents regarding placement of the full section.

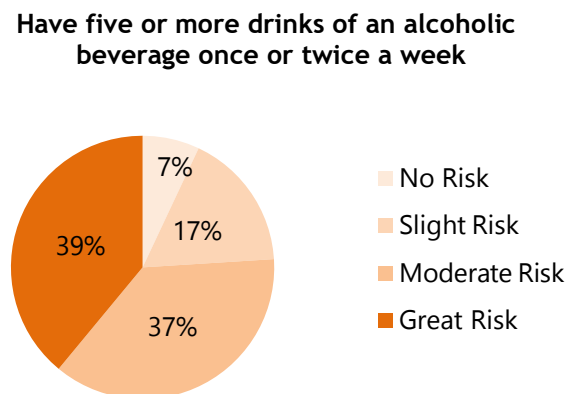
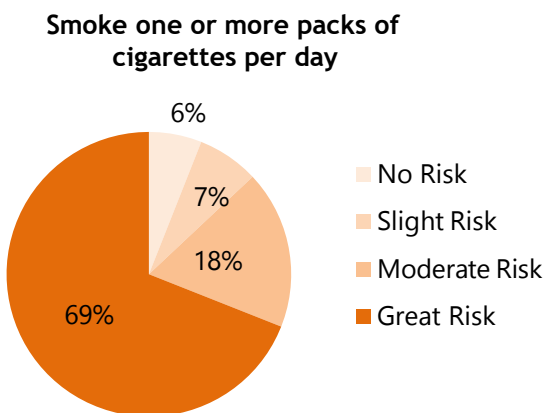
“Youth” is defined throughout the report as 6-12th graders. “High school youth” consists of 9-12th graders and “middle school youth” is defined as 6th – 8th graders. The only section of the report in which differences may exist in sample size (6th - 12th vs. 9th -12th) is the alcohol consumption, sexual behavior, and safety sections.

YOUTH SOCIAL CONDITIONS


In 2019/2020, 69% of youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. Seven percent (7%) of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.

Perceived Risk of Drug Use

How much do you think people risk harming themselves if they:




Youth Trend Summary – All Topics

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Weight Status						
Obese 	N/A	9%	9%	9%	9%	15%
Overweight	N/A	10%	9%	10%	9%	16%
Described themselves as slightly or very overweight	20%	23%	25%	26%	26%	32%
Trying to lose weight	32%	35%	37%	41%	39%	47%
Went without eating for 24 hours or more	2%	3%	4%	4%	4%	13%*
Took diet pills, powders, or liquids without a doctor's advice	<1%	<1%	1%	2%	1%	5%*
Vomited or took laxatives	1%	1%	1%	2%	2%	4%*
Ate breakfast every day during the past week	55%	51%	45%	40%	39%	35%
Drank pop or soda one or more times per day during the past 7 days	16%	16%	17%	22%	19%	N/A
Physical Activity						
Physically active at least 60 minutes per day on every day in past week	31%	33%	31%	23%	29%	26%
Physically active at least 60 minutes per day on five or more days in past week	59%	61%	59%	48%	58%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	7%	7%	10%	8%	15%
Watched television three or more hours per day (on an average school day)	11%	9%	12%	14%	14%	21%
Violence-Related Behaviors						
Carried a weapon in the past month (such as a gun, knife, or club during the month)	6%	4%	4%	7%	3%	16%
Been in a physical fight (in past year)	24%	20%	15%	15%	11%	24%
Were threatened or injured with a weapon in the past year (such as a gun, knife, or club)	7%	6%	6%	6%	6%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past month)	4%	4%	4%	3%	3%	7%
Electronically bullied (in past year)	12%	9%	10%	13%	10%	15%
Bullied on school property (in past year)	30%	22%	21%	22%	21%	19%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past year)	N/A	<1%	5%	6%	6%	8%
Experienced sexual violence by anyone (counting things such as kissing, touching, or being physically forced to have sexual activity) ‡	N/A	3%	5%	8%	7%	10%

N/A-Not Available


*Comparative YRBS data for U.S. is 2013

‡Delaware County YRBS questionnaire worded slightly different than U.S. YRBS

 Indicates alignment with the Ohio State Health Assessment

	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
Youth Variables	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Mental Health						
Seriously considered attempting suicide (in the past year)	8%	9%	11%	13%	13%	17%
Attempted suicide (in the past year)	4%	4%	4%	5%	4%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past year)	N/A	1%	1%	1%	1%	2%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	16%	19%	23%	24%	27%	32%
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	10%	9%	21%	39%	31%	60%
Current drinker (at least one drink of alcohol on at least one day during the past month)	3%	2%	8%	24%	14%	30%
Binge drinker (drank 5 or more drinks within a couple of hours [for males] or 4 or more drinks [for females] on at least 1 day during the past month)	N/A	1%	5%	12%	8%	14%
Drank for the first time before age 13 (of all youth)	8%	6%	7%	7%	6%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	20%	23%	35%	44%	38%	44%
Drove a car after drinking alcohol (of youth drivers in the past month)	N/A	N/A	N/A	5%	1%	6%
Nicotine Use						
Current smoker (smoked on at least one day during the past month) 	1%	1%	1%	5%	2%	9%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least one day during the past month) 	2%	2%	7%	15%	11%	13%
Currently frequently used electronic vapor products (on 20 or more days during the past month)	1%	<1%	2%	2%	3%	3%
Currently used electronic vapor products daily (on all 30 days during the past month)	<1%	<1%	1%	2%	2%	2%
Usually got their own electronic vapor products by buying them in a store (in the past month)	6%	1%	11%	12%	12%	14%

N/A-Not Available

 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Marijuana and Other Drug Use						
Ever used marijuana (in their lifetime)	1%	2%	9%	17%	15%	36%
Currently used marijuana (in the past month)	1%	1%	4%	9%	7%	20%
Tried marijuana before age 13 years (for the first time of all youth)	1%	1%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	N/A	<1%	1%	1%	1%	3%
Ever used cocaine (in their lifetime)	<1%	<1%	1%	2%	1%	5%
Ever used heroin (in their lifetime)	<1%	0%	<1%	<1%	<1%	2%
Ever took steroids without a doctor's prescription (in their lifetime) ‡	1%	1%	1%	1%	1%	3%
Ever used inhalants (in their lifetime)	4%	1%	2%	4%	2%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	<1%	1%	2%	1%	4%
Used prescription drugs not prescribed (in the past month)	1%	2%	3%	4%	3%	N/A
Ever injected any illegal drug (in their lifetime)	N/A	<1%	1%	<1%	1%	2%
Sexual Behavior						
Ever had sexual intercourse	N/A	N/A	N/A	20%	18%	40%
Used birth control pills (during last sexual intercourse)	N/A	N/A	N/A	24%	43%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	N/A	4%	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	N/A	N/A	2%	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	N/A	N/A	N/A	8%	11%	14%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	N/A	N/A	4%	2%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	N/A	N/A	3%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	N/A	N/A	N/A	15%	13%	19%
Youth Safety						
Rarely or never wore a seat belt (when riding in a car driven by someone else)	3%	3%	N/A	3%	N/A	6%
Youth Social Conditions						
Did not have eight or more hours of sleep (on an average school night)	39%	42%	61%	77%	78%	75%

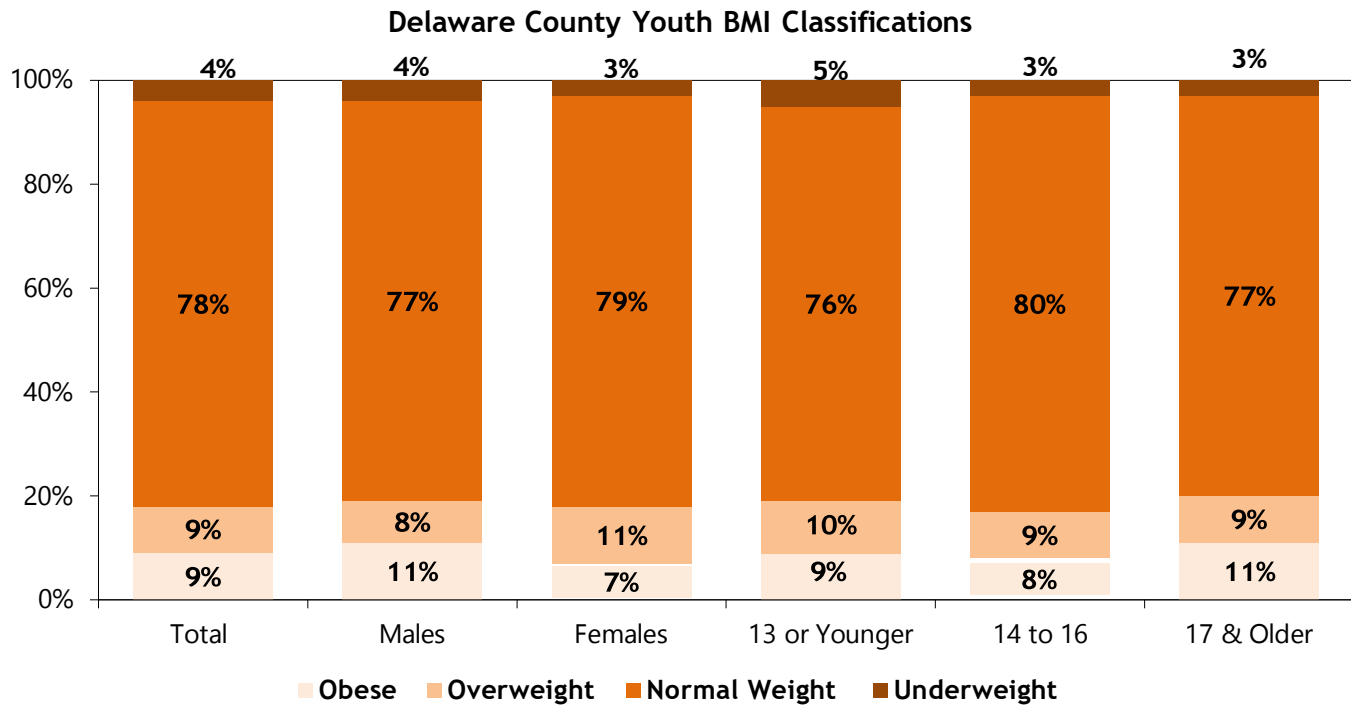
N/A-Not Available

‡Delaware County YRBS questionnaire worded slightly different than U.S. YRBS

Health Behaviors: Youth Weight Status & Physical Activity

Key Findings

Eighteen percent (18%) of Delaware County youth were either overweight or obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 25% of youth reported that they were slightly or very overweight. Eighty-two percent (82%) of youth were exercising for sixty minutes on three or more days per week. Ten percent (10%) of youth reported eating zero servings of whole vegetable per day.



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

2,822 Delaware County youth were classified as obese.

6th - 12th Grade Youth Weight Status

- In 2019/2020, 9% of youth were classified as obese by body mass index (BMI) calculations. Nine percent (9%) of youth were classified as overweight. Seventy-eight percent (78%) were normal weight, and 4% were underweight.
- Over one-third (37%) of all youth were trying to lose weight, increasing to 46% of Delaware County female youth (compared to 28% of males).

Body mass index (BMI) for children is calculated differently from adults. The Centers for Disease Control and Prevention (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, BMI is used to assess underweight, normal, overweight, and obese (*Source: CDC, Healthy Weight, July 3, 2018*).

- Delaware County youth reported doing the following to lose weight or keep from gaining weight in the past month:
 - Exercised (49%)
 - Drank more water (45%)
 - Ate more fruits and vegetables (35%)
 - Ate less food, fewer calories, or foods lower in fat (27%)
 - Skipped meals (13%)
 - Went without eating for 24 hours or more (4%)
 - Vomited or took laxatives (1%)
 - Took diet pills, powders, or liquids without a doctor's advice (1%)
 - Smoked cigarettes/e-cigarettes to lose weight (1%)

6th - 12th Grade Youth Nutrition

- Four percent (4%) of youth ate five or more servings of whole fruit per day. Twenty-eight percent (28%) ate three to four servings of whole fruit per day and 62% ate one to two servings per day. Six percent (6%) reported eating zero servings of whole fruit per day.
- Three percent (3%) of youth ate five or more servings of whole vegetable per day. Twenty-one percent (21%) ate three to four servings of whole vegetable per day and 66% ate one to two servings per day.

The recommend amount of vegetables in the Healthy U.S. – Style Eating Pattern at the 2,000 - calorie level is 2.5 cup-equivalents of vegetables per day. The recommended amount of fruits is 2 cup – equivalents per day (Source: U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015).

- Delaware County youth ate out in a restaurant or brought home take-out food home to eat: one to two meals per week (63%), three to four meals per week (12%), and 0 meals per week (22%). Three percent (3%) of youth ate out for five or more meals in the past week.
- Seventeen percent (17%) of youth drank soda pop (not diet), lemonade, Kool-Aid, fruit flavored drinks, smoothies, sweet-flavored coffee/tea drinks, sports drinks, or energy drinks at the following frequencies: at least once per day during the past week (17%), two or more times per day during the past week (10%), and zero times in the past week (19%).
- In the past week, youth reported eating the following number of meals with their family:
 - 0 meals (6%)
 - 1 - 6 meals (43%)
 - 7 - 12 meals (33%)
 - 13 or more meals (19%)
- More than two-fifths (45%) of youth reported eating breakfast every day in the past week. Eleven percent (11%) of youth reported they did not eat breakfast in the past week.

6th - 12th Grade Youth Physical Activity

- Over half (59%) of youth participated in least sixty minutes of physical activity on five or more days in the past week, and 31% did so every day in the past week. Seven percent (7%) of youth did not participate in at least sixty minutes of physical activity on any day in the past week.

The CDC recommends that children and adolescents participate in at least sixty minutes of physical activity per day. As part of their sixty minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week (Source: CDC Healthy Schools, November 14, 2018).

- On an average school day (outside of school related activities), Delaware County youth spent:
 - 2.6 hours on their cell phone (text, talk, Internet, games, apps, etc.)
 - 1.8 hours on social media (Facebook, Instagram, Snapchat, etc.)
 - 1.2 hours on their computer/tablet
 - 1.1 hours watching TV
 - 1.1 hours playing video games (non-active)
- Twelve percent (12%) of youth spent three or more hours watching TV on an average day.
- Youth who slept less than eight hours on an average school night spent an average of: 3.1 hours on their cell phone, 2.2 hours on social media, 1.3 hours on their computer/tablet, 1.2 hours watching TV, and 1.1 hours playing video games.

Youth Trend Summary: Weight Status & Physical Activity

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Weight Status						
Obese	N/A	9%	9%	9%	9%	15%
Overweight	N/A	10%	9%	10%	9%	16%
Described themselves as slightly or very overweight	20%	23%	25%	26%	26%	32%
Trying to lose weight	32%	35%	37%	41%	39%	47%
Went without eating for 24 hours or more	2%	3%	4%	4%	4%	13%*
Took diet pills, powders, or liquids without a doctor's advice	<1%	<1%	1%	2%	1%	5%*
Vomited or took laxatives	1%	1%	1%	2%	2%	4%*
Ate breakfast every day during the past week	55%	51%	45%	40%	39%	35%
Drank pop or soda one or more times per day during the past 7 days	16%	16%	17%	22%	19%	N/A
Physical Activity						
Physically active at least 60 minutes per day on every day in past week	31%	33%	31%	23%	29%	26%
Physically active at least 60 minutes per day on five or more days in past week	59%	61%	59%	48%	58%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	7%	7%	10%	8%	15%
Watched television three or more hours per day (on an average school day)	11%	9%	12%	14%	14%	21%
Physically active at least 60 minutes per day on every day in past week	31%	33%	31%	23%	29%	26%

N/A - Not Available

*Comparative YRBS data for U.S. is 2013

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Delaware County 2019/20	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged two to nineteen years who are considered obese	9% (6-12 Grade) 9% (9-12 Grade)	15% (9-12 Grade)	15%*

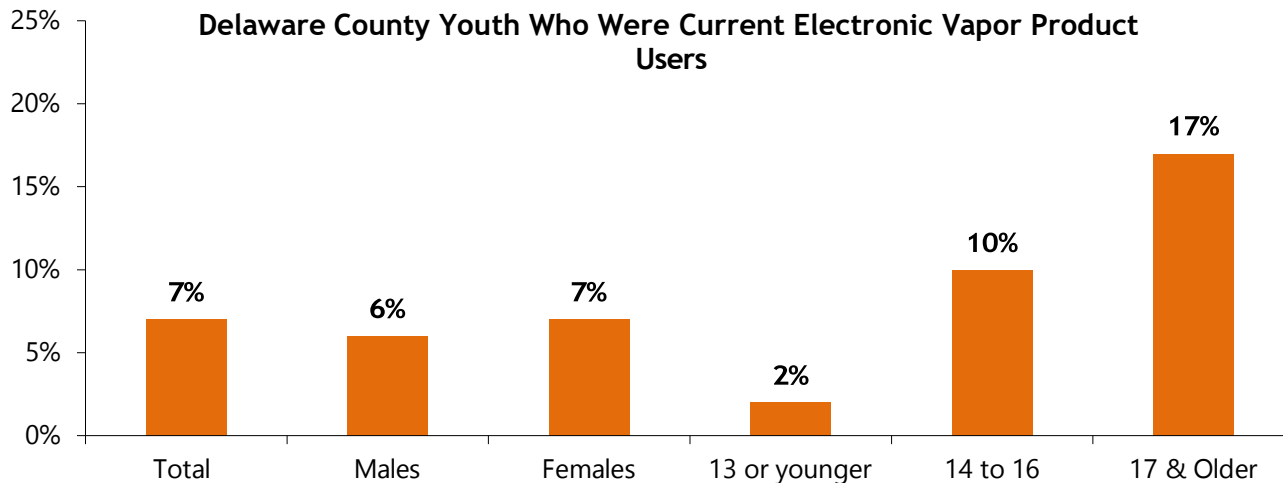
*Note: The Healthy People 2020 target is for children and youth aged 2-19 years.

(Sources: Healthy People 2020 Objectives, 2017 YRBS for U.S., 2019/20 Delaware County Health Assessment)

Health Behaviors: Youth Nicotine Use

Key Findings

Seven percent (7%) of youth used electronic vapor products in the past month, increasing to 17% of those 17 and older. Of those who used e-cigarettes in the past year, 79% of youth used e-liquid or e-juice with nicotine. One percent (1%) of Delaware County youth were current smokers (smoked on at least one day during the past month), increasing to 3% of those ages 17 and older.



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

2,195 Delaware County youth used an electronic vapor product in the past month.

6th-12th Grade Youth Electronic Cigarette Use

- Three percent (3%) of all youth had tried e-cigarettes or electronic vaping products before the age of 13.
- Two percent (2%) of youth used an electronic vapor product on 20 or more days during the past month. One percent (1%) of youth used electronic vapor products daily in the past month.
- Of those who used e-cigarettes in the past year, 26% used marijuana or THC in their e-liquid, 24% used e-liquid or e-juice without nicotine, and 2% used homemade e-liquid or e-juice.
- In the past month, youth electronic vapor product users obtained their products from the following:
 - Borrowed them from someone else (40%)
 - Gave someone else money to buy them (21%)
 - A person 18 years or older gave them the products (11%)
 - Bought them from a convenience store, supermarket, discount store, vape shop or gas station (11%)
 - Took them from a store or family member (2%)
 - Bought them on the Internet (2%)
 - Got them some other way (13%)

Behaviors of Delaware County Youth

Current Electronic Vapor Product User vs. Non-Current Electronic Vapor Product User

There is a correlation between e-cigarette use and other risky behaviors*

Youth Behaviors	Current Electronic Vapor Product User (7% of total population)	Non-Current Electronic Vapor Product User
Had participated in sexual activity (in their lifetime)	60%	8%
Had at least one drink of alcohol (in the past month)	56%	5%
Bullied (in the past year)	55%	35%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	49%	21%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	40%	12%
Had used marijuana (in the past month)	40%	1%
Seriously considered attempting suicide (in the past year)	32%	10%
Were in a physical fight (in the past year)	31%	14%
Attempted suicide (in the past year)	16%	3%
Current smoker (smoked on at least one day during the past month)	16%	<1%
Misused prescription medications (in the past month)	9%	2%

*The table above indicates correlations between current electronic vapor product users and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 40% of current electronic vapor product users used marijuana in the past month, compared to 1% of non-current electronic vapor product users.

Note: Current electronic vapor product users are those youths surveyed who have self-reported using electronic vapor products at any time during the past month.

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

E-Cigarettes and Youth: What Educators Need to Know

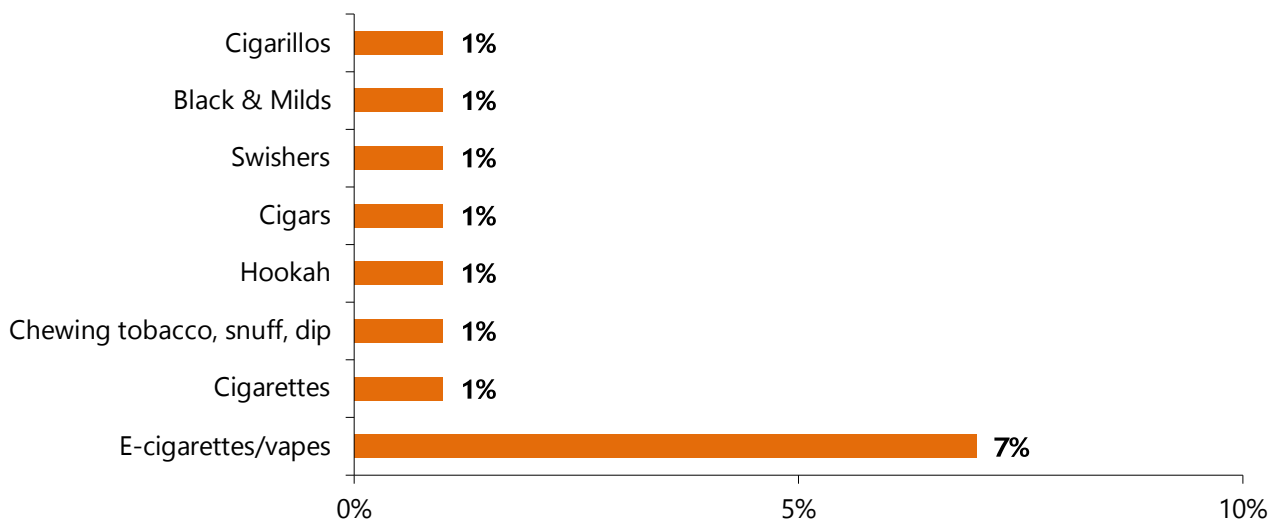
- **What are e-cigarettes?**
 - E-cigarettes are battery-powered devices that deliver nicotine, flavorings, and other ingredients to the user. E-cigarette use is sometimes called “vaping.” E-cigarettes do not create harmless water vapor – they create an aerosol that contains harmful chemicals.
 - Since 2014, e-cigarettes are the most commonly used tobacco product among youth.
 - In 2018, the CDC and FDA data indicated that more than 3.6 million youth in the U.S. were past month e-cigarette users.
 - From 2017-2018, e-cigarette use skyrocketed, leading the U.S. Surgeon General to call the use of these products an epidemic.
- **What are the risks for youth?**
 1. Most e-cigarettes contain nicotine, which is highly addictive. Nicotine exposure can cause harmful brain development; impact learning, memory, and attention; and increase risk for future addiction to other drugs.
 2. Young people who use e-cigarettes may be more likely to use regular cigarettes.
 3. E-cigarette aerosol may contain substances including cancer causing chemicals, flavorings that have been linked to lung disease, heavy metals such as tin, nickel and lead, etc.

(Source: CDC, Smoking and Tobacco Use, 12/5/19)

6th-12th Grade Youth Nicotine Use

- Fifteen percent (15%) of those who had tried nicotine products (excluding electronic vapor products) did so at 10 years old or younger, and another 17% had done so by 12 years old.
- Three percent (3%) of all Delaware County youth had tried nicotine products (excluding electronic vapor products) before the age of 13.
- In the past month, 53% of youth smokers smoked less than one cigarette per day. Thirteen percent (13%) of youth smokers smoked more than twenty cigarettes per day.
- Over three-fifths (61%) of youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past month.
- Over three-fifths (65%) of Delaware County youth were exposed to secondhand smoke in the following places: public events or activities (59%), another relative's home (31%), home (26%), friend's home (17%), car (15%), and park/ball field (15%).
- In the past month, youth nicotine users obtained their products from the following:
 - Gave someone else money to buy them (21%)
 - A person 18 years or older gave them the products (16%)
 - Borrowed them from someone else (16%)
 - Bought them from a convenience store, supermarket, discount store, vape shop or gas station (12%)
 - Took them from a store or family member (4%)
 - Bought them on the Internet (2%)
 - Got them from a vending machine (2%)
 - Got them some other way (15%)

The following graph shows the forms of nicotine Delaware County youth used in the past month. Examples of how to interpret the information includes: 7% of Delaware County youth used e-cigarettes/vapes in the past month.



Note: little cigars, pouch, dissolvable tobacco products, and bidis options were less than one percent.

Behaviors of Delaware County Youth
Current Smokers vs. Non-Current Smokers
 There is a correlation between smoking and other risky behaviors*

Youth Behaviors	Current Smoker (1% of total population)	Non-Current Smoker
Had participated in sexual activity (in their lifetime)	62%	11%
Had at least one drink of alcohol (in the past month)	61%	7%
Bullied (in the past year)	60%	36%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	56%	13%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	56%	23%
Were in a physical fight (in the past year)	52%	15%
Had used marijuana (in the past month)	51%	3%
Seriously considered attempting suicide (in the past year)	42%	11%
Attempted suicide (in the past year)	34%	4%
Carried a weapon (in the past month)	26%	3%
Misused prescription medications (in the past month)	26%	2%

The table above indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 51% of current smokers used marijuana in the past month, compared to 3% of non-current smokers.

Note: Current smokers are those youths surveyed who have self-reported smoking at any time during the past month. Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Trend Summary: Nicotine Use

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Nicotine Use						
Current smoker (smoked on at least one day during the past month)	1%	1%	1%	5%	2%	9%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least one day during the past month)	2%	2%	7%	15%	11%	13%
Currently frequently used electronic vapor products (on 20 or more days during the past month)	1%	<1%	2%	2%	3%	3%
Currently used electronic vapor products daily (on all 30 days during the past month)	<1%	<1%	1%	2%	2%	2%
Usually got their own electronic vapor products by buying them in a store (in the past month)	6%	1%	11%	12%	12%	14%

Healthy People 2020 Tobacco Use (TU)

Objective	Delaware County 2019/20	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	1% (6-12 Grade) 2% (9-12 Grade)	9% (9-12 Grade)	16%*

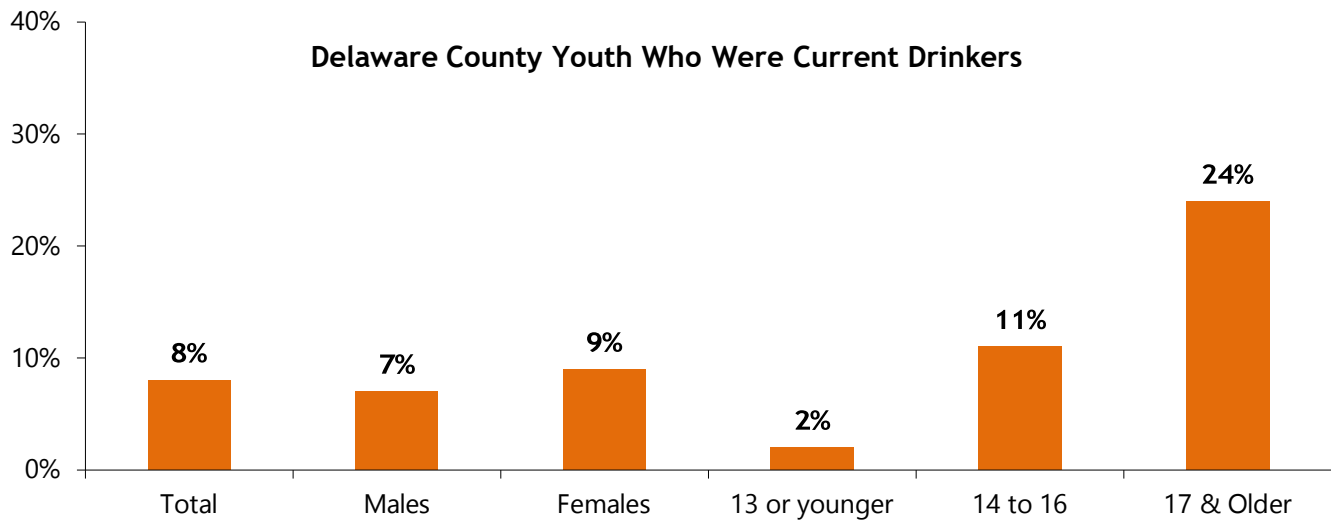
*Note: The Healthy People 2020 target is for youth in grades 9-12.

(Sources: Healthy People 2020 Objectives, 2017 YRBS for U.S., 2019/20 Delaware County Health Assessment)

Health Behaviors: Youth Alcohol Consumption

Key Findings

Eight percent (8%) of all Delaware County youth and 24% of those over the age of 17 had at least one drink in the past month, increasing to 24% of those ages 17 and older. Fourteen percent (14%) of high school youth were current drinkers. Over one-fifth (21%) of all youth had at least one drink of alcohol in their life, increasing to 48% of those ages 17 and older. More than half (59%) of high school youth who reported drinking in the past month had at least one episode of binge drinking. One percent (1%) of high school drivers had driven after drinking alcohol in the past month.



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

2,509 Delaware County youth had at least one drink in the past month.

9th-12th Grade Youth Alcohol Consumption

- In the past month, 1% of youth drivers had driven a car themselves after drinking alcohol.

Preventing Teen Drinking and Driving: What Works?

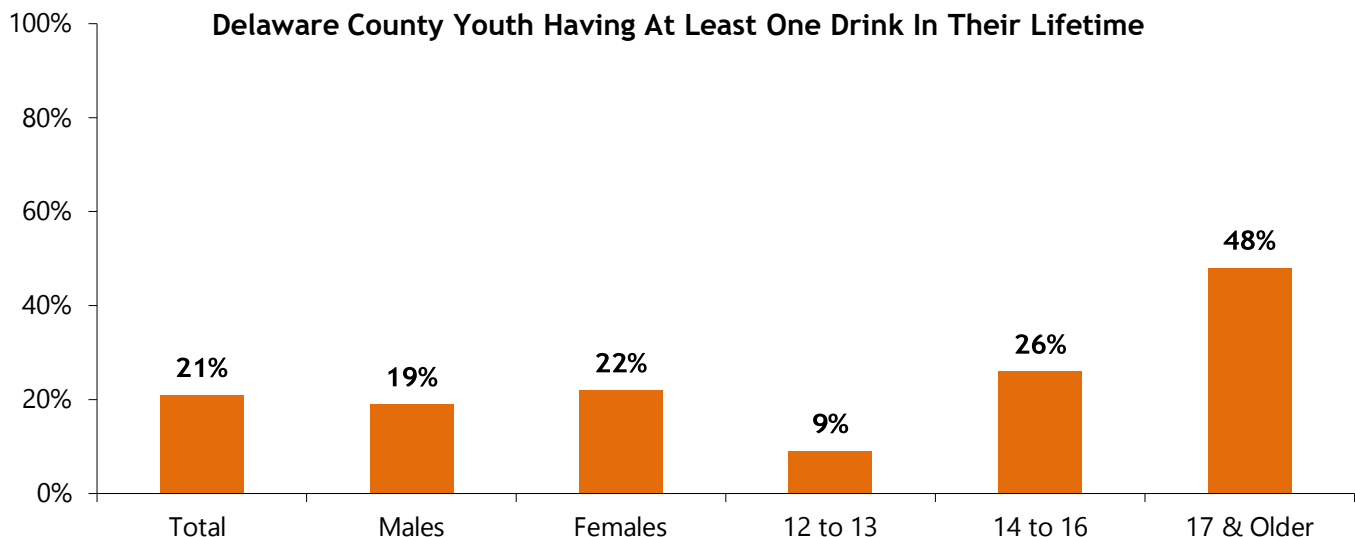
- **Minimum legal drinking age (MLDA)** laws in every state make it illegal to sell alcohol to anyone under the age of 21. Research has shown that enforcement of MLDA laws, including compliance checks, has reduced retail sales of alcohol to those under the legal age.
- **Zero tolerance laws** make it illegal for those under age 21 to drive after drinking any alcohol. Research has shown that these laws have reduced drinking and driving crashes among teens.
- **Graduated driver licensing (GDL)** systems help new drivers get more experience under less risky conditions. As teens move throughout the different stages, they gain more privileges (such as driving at night, driving with a passenger, etc.). Every state has a GDL system, but the rules may differ from state to state. Research indicates GDL systems prevent crashes.
- **Parent involvement**, with a focus on monitoring and restricting what new drivers are allowed to do, helps keep teens safe as they learn to drive. Parents may consider creating and signing a parent-teen driving agreement with their teens. Research shows when parents enforce rules, new drivers report lower rates of risky driving, crashes, and violations.

(Source: CDC, *Teen Drinking and Driving*, updated on August 2, 2018)

6th-12th Grade Youth Alcohol Consumption

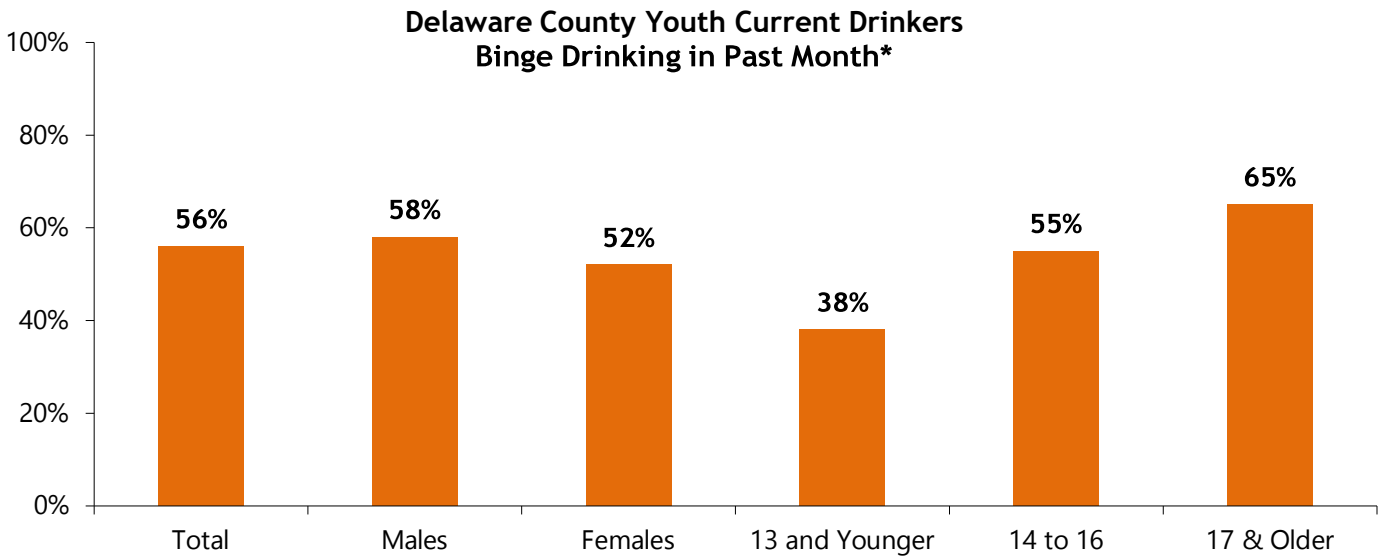
- Nearly one-third (32%) of Delaware County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 31% took their first drink between the ages of 13 and 14, and 37% started drinking between the ages of 15 and 18.
- Of all Delaware County youth, 7% had drunk alcohol for the first time before the age of 13.
- In the past month, 5% of all youth had five or more alcoholic drinks on an occasion (for males) or four or more alcohol drinks in the last month (for females) and would be considered binge drinkers, increasing to 16% of those ages 17 and older. Of those who drank, 56% were defined as binge drinkers, increasing to 65% of those ages 17 and older. Over half (59%) of high school youth who reported drinking in the past month had at least one episode of binge drinking.
- In the past month, Delaware County youth drinkers reported they got their alcohol from the following:
 - Someone gave it to them (35%)
 - A parent gave it to them (25%)
 - Someone older bought it for them (15%)
 - Took it from a store or family member (15%)
 - Older friend or sibling bought it for them (12%)
 - Gave someone else money to buy it for them (10%)
 - Bought it in a liquor store/convenience store/gas station (10%)
 - A friend's parent gave it to them (7%)
 - Bought it with a fake ID (4%)
 - Bought it at a public event such as a concert or sporting event (3%)
 - Bought it at a bar, restaurant or club (2%)
 - Obtained it some other way (20%)

The following graph shows the percentage of Delaware County youth who had at least one drink in their lifetime. Examples of how to interpret the information include: 21% of all Delaware County youth had at least one drink in their lifetime, including 19% of males and 22% of those ages 17 and older.



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

The following graph shows the percentage of Delaware County youth who binge drank in the past month. Examples of how to interpret the information include: 56% of current drinkers had binge drank in the past month, including 58% of males and 65% of those ages 17 and older.



*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion for males and four or more drinks on occasion for females.
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Based on all Delaware County youth surveyed, 1,568 youth were defined as binge drinkers.

Behaviors of Delaware County Youth
 Current Drinkers vs. Non-Current Drinkers
 There is a correlation between drinking and other risky behaviors*

Youth Behaviors	Current Drinker (8% of total population)	Non-Current Drinker
Had participated in sexual activity (in their lifetime)	55%	8%
Bullied (in the past year)	51%	35%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	47%	21%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	31%	12%
Had used marijuana (in the past month)	29%	2%
Were in a physical fight (in the past year)	27%	14%
Were in a physical fight (in the past year)	27%	14%
Seriously considered attempting suicide (in the past year)	27%	10%
Attempted suicide (in the past year)	13%	4%
Have smoked cigarettes (in the past month)	11%	1%
Carried a weapon (in the past month)	9%	3%

*The table above indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 55% of current drinkers participated in sexual activity in their lifetime, compared to 8% of non-current drinkers.

Note: Current drinkers are defined as those youth who self-reported drinking alcohol at any time during the past month
 Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Trend Summary: Alcohol Consumption

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	10%	9%	21%	39%	31%	60%
Current drinker (at least one drink of alcohol on at least one day during the past month)	3%	2%	8%	24%	14%	30%
Binge drinker (drank 5 or more drinks within a couple of hours [for males] or 4 or more drinks [for females] on at least 1 day during the past month)	N/A	1%	5%	12%	8%	14%
Drank for the first time before age 13 (of all youth)	8%	6%	7%	7%	6%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	20%	23%	35%	44%	38%	44%
Drove a car after drinking alcohol (of youth drivers in the past month)	N/A	N/A	N/A	5%	1%	6%

N/A - Not Available

Healthy People 2020 Substance Abuse (SA)

Objective	Delaware County 2019/20	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	5% (6-12 Grade) 8% (9-12 grade)	14% (9-12 Grade)	9%*

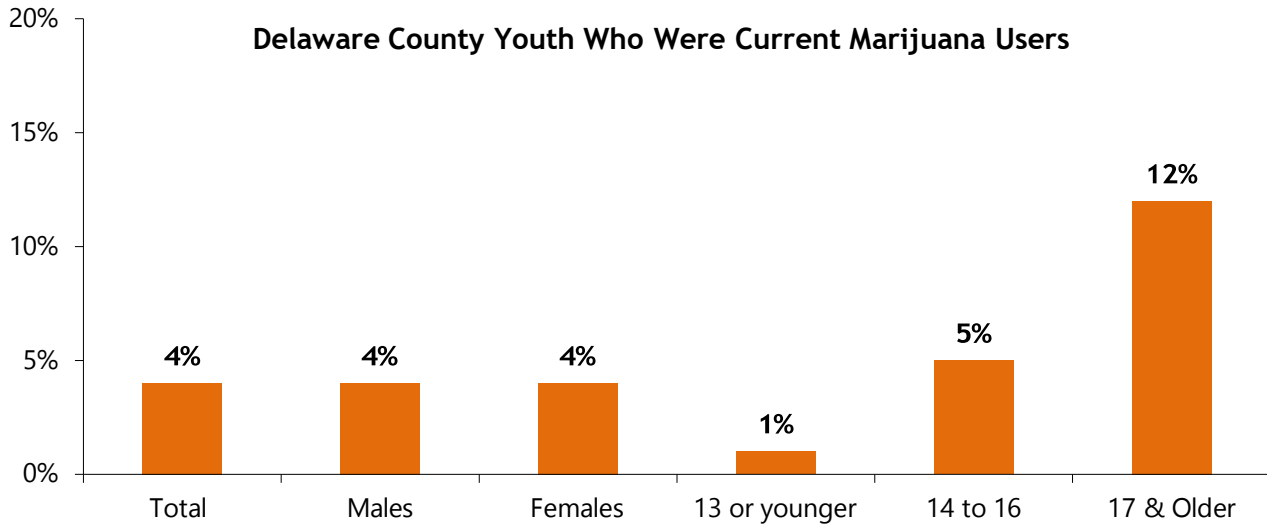
*Note: The Healthy People 2020 target is for youth aged 12-17 years.

(Sources: Healthy People 2020 Objectives, 2017 YRBS for U.S., 2019/20 Delaware County Health Assessment)

Health Behaviors: Youth Marijuana and Other Drug Use

Key Findings

Four percent (4%) of Delaware County youth had used marijuana or hashish at least once in the past month, increasing to 12% of those ages 17 and older. In their lifetime, 3% of youth had taken a prescription pain medicine (codeine, Vicodin, OxyContin, Hydrocodone, and Percocet) without a doctor's prescription or differently than how a doctor told them to use it.



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

In the past month, 941 Delaware County youth reported using prescription drugs not prescribed for them.

6th-12th Grade Youth Marijuana

- Nine percent (9%) of all youth used marijuana one or more times in their life; increasing to 24% of those over the age of 17.
- One percent (1%) of youth tried marijuana for the first time before the age of 13.

Behaviors of Delaware County Youth
Current Marijuana Use vs. Non-Current Marijuana Use
 There is a correlation between marijuana use and other risky behaviors*

Youth Behavior	Current Marijuana User (4% of total population)	Non-Current Marijuana User
Drank alcohol (in the past month)	59%	6%
Bullied (in the past year)	51%	36%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	50%	22%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	45%	13%
Were in a physical fight (in the past year)	34%	14%
Seriously considered attempting suicide (in the past year)	33%	10%
Misused prescription medications (in the past month)	20%	3%
Have smoked cigarettes (in the past month)	18%	1%
Attempted suicide (in the past year)	17%	4%

*The table indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 20% of marijuana users misused prescription medications in the past month, compared to 3% of non-marijuana users.

Current marijuana use indicates youth who self-reported using marijuana at any time during the past month. Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

6th-12th Grade Youth Other Drug Use

- One percent (1%) of youth used a needle to inject any illegal drugs into their body in their lifetime.
- One percent (1%) of all youth used steroid pills, shots, or performance enhancing drugs without a doctor's prescription one or more times in their life.
- Delaware County youth reported using the following drugs at some time in their life: cocaine (1%), methamphetamines (1%), ecstasy (1%), LSD (1%) and heroin (<1%).

Delaware County youth tried the following substances at some time in their life:	Percent
Liquid THC	3% (n=383)
Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	2% (n=227)
Over-the-counter medications to get high	1% (n=142)
Posh/salvia/synthetic marijuana	1% (n=89)
Misused hand sanitizer	1% (n=70)

Note: Bath salts, K2/spice, Cloud 9, a pharm party/skittles, GhB, and Opana options were less than one percent

- In the past month, Delaware County youth were under the influence on the following on school property:
 - E-cigarettes (3%)
 - Marijuana (2%)
 - Alcohol (1%)
 - Prescription drugs not prescribed to them used to feel good or high (<1%)
 - Cigarettes (<1%)
 - Synthetic marijuana (<1%)
 - Other tobacco products (snus, dip, snuff, etc.) (<1%)
 - Other illegal drugs (cocaine, LSD, etc.) (<1%)
 - Heroin (<1%)
 - Inhalants (<1%)
 - Bath salts (<1%)
- In the past month, 3% of youth reported using prescription drugs not prescribed for them.
- In their lifetime, 3% of youth reported taking any other prescription drug that was not a prescription pain medicine (such as Xanax, Vivance, Adderall and Ritalin) without a doctor's prescription or different than how a doctor told them to use it.
- Youth who misused prescription medications got them in the following ways: a parent gave it to them (47%), a friend gave it to them (23%), they took them from a friend or family member (22%), another family member gave it to them (14%), bought them from someone else (12%), bought them from a friend (9%), and the Internet (5%)

Rise in Prescription Drug Misuse and Abuse Impacting Teens

- Prescription drug abuse is the fastest-growing drug problem in the U.S. and impacts teen's mental and physical health. A common misperception is that these drugs are safer to use than other types of drugs. However, there are many short- and long-term health consequences for each type of prescription drug used inappropriately:
 - **Stimulants** have side effects common with cocaine and can include paranoia, high body temperatures, and irregular heartbeat.
 - **Opioids**, which act on the same part of the brain as heroin, can cause drowsiness, nausea, constipation, and slowed breathing.
 - **Depressants** can cause slurred speech, shallow breathing, disorientation, lack of coordination, and even seizures upon withdrawal of chronic use.
- The above impacts are particularly harmful to a developing teen brain and body. Our brains are still developing until our early to mid-twenties. As with any type of mind-altering drug, prescription drug misuse or abuse can affect judgement and inhibition, putting teens at a higher risk for HIV and other sexually transmitted infections, misusing other drugs, and engaging in additional risky behaviors.

(Source: SAMHSA, Rise in Prescription Drug Misuse and Abuse Impacting Teens, updated on 8/2/19)

Youth Trend Summary: Marijuana and Other Drug Use

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Marijuana and Other Drug Use						
Ever used marijuana (in their lifetime)	1%	2%	9%	17%	15%	36%
Currently used marijuana (in the past month)	1%	1%	4%	9%	7%	20%
Tried marijuana before age 13 years (for the first time of all youth)	1%	1%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	N/A	<1%	1%	1%	1%	3%
Ever used cocaine (in their lifetime)	<1%	<1%	1%	2%	1%	5%
Ever used heroin (in their lifetime)	<1%	0%	<1%	<1%	<1%	2%
Ever took steroids without a doctor's prescription (in their lifetime)*	1%	1%	1%	1%	1%	3%
Ever used inhalants (in their lifetime)	4%	1%	2%	4%	2%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	<1%	1%	2%	1%	4%
Used prescription drugs not prescribed (in the past month)	1%	2%	3%	4%	3%	N/A

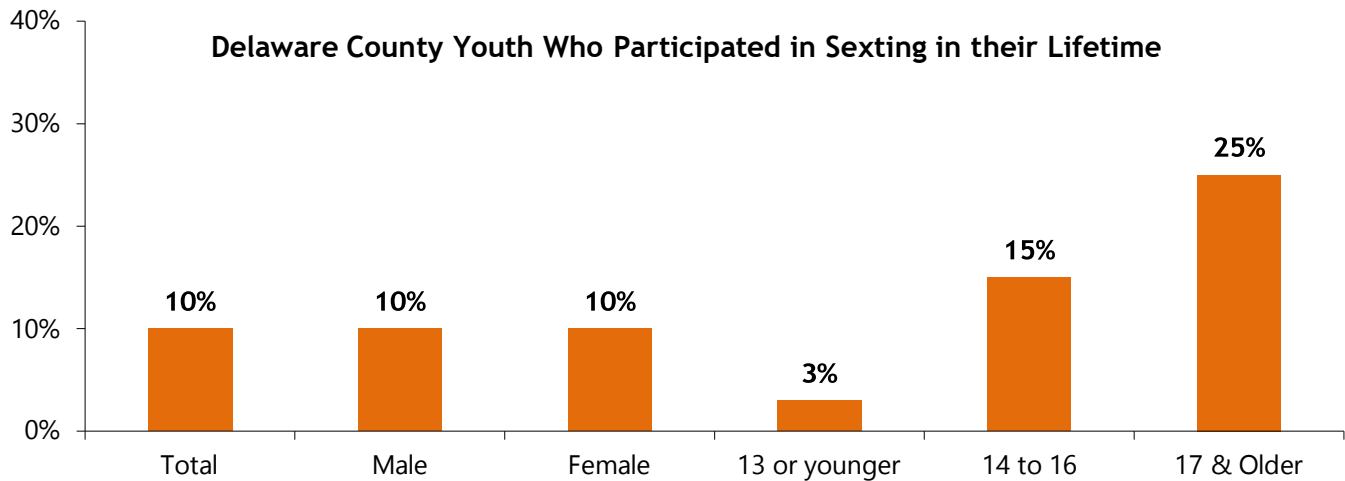
N/A - Not Available

*Delaware County YRBS questionnaire worded slightly different than U.S. YRBS

Health Behaviors: Youth Sexual Behavior

Key Findings

Ten percent (10%) of all Delaware County youth participated in sexting in their lifetime. Eighteen percent (18%) of Delaware County high school youth reported that they have ever had sexual intercourse increasing to 33% of those ages 17 and over. Of high school youth who were sexually active, 54% had one sexual partner and 46% had multiple partners.

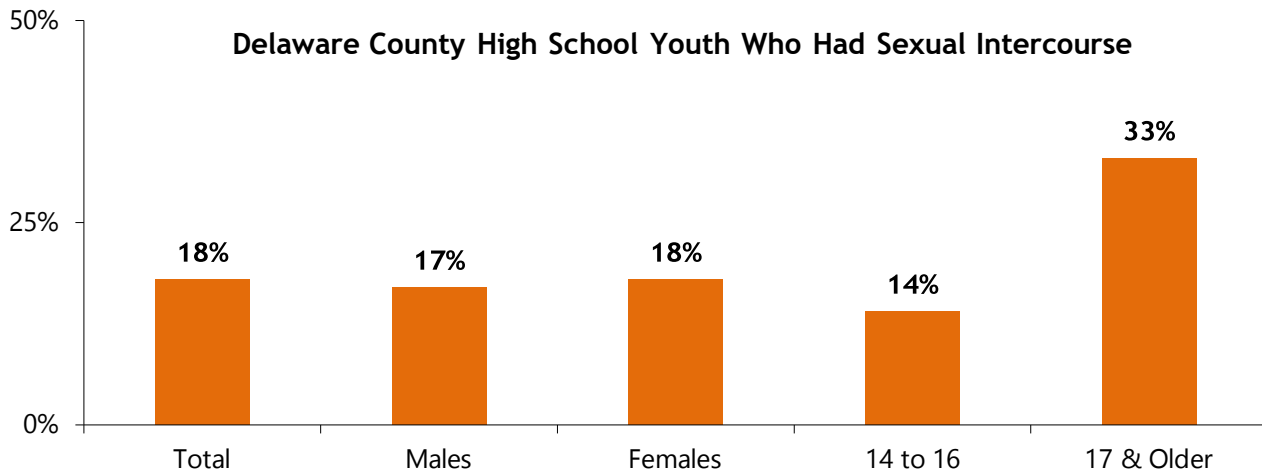


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

High School Youth Sexual Behavior

- Of all youth, 1% were sexually active before the age of 13.
- Of those youth who were sexually active, 13% had done so by the age of 13. Another 50% had done so by 15 years of age.
- The average age youth first had sexual intercourse was 15.0 years old.
- Nine percent (9%) of all sexually active youth had four or more partners. Two percent (2%) of all Delaware County youth who were sexually active had four or more sexual partners.
- Of Delaware County youth who were sexually active, 13% drank alcohol or used drugs before their last sexual encounter.
- Sixty-one percent (61%) of youth who were sexually active used barrier devices to prevent pregnancy, 44% used the withdrawal or pullout method; 43% used birth control pills; 7% used an IUD or implant; and 4% used a shot, patch or birth control ring. However, 11% were engaging in intercourse without a reliable method of protection, and 11% reported they were unsure.

The following graph shows the percentage of high school youth who participated in sexual intercourse. Examples of how to interpret the information include: 18% of all Delaware County youth had participated in sexual intercourse, including 17% of males, and 33% of those ages 17 and older.

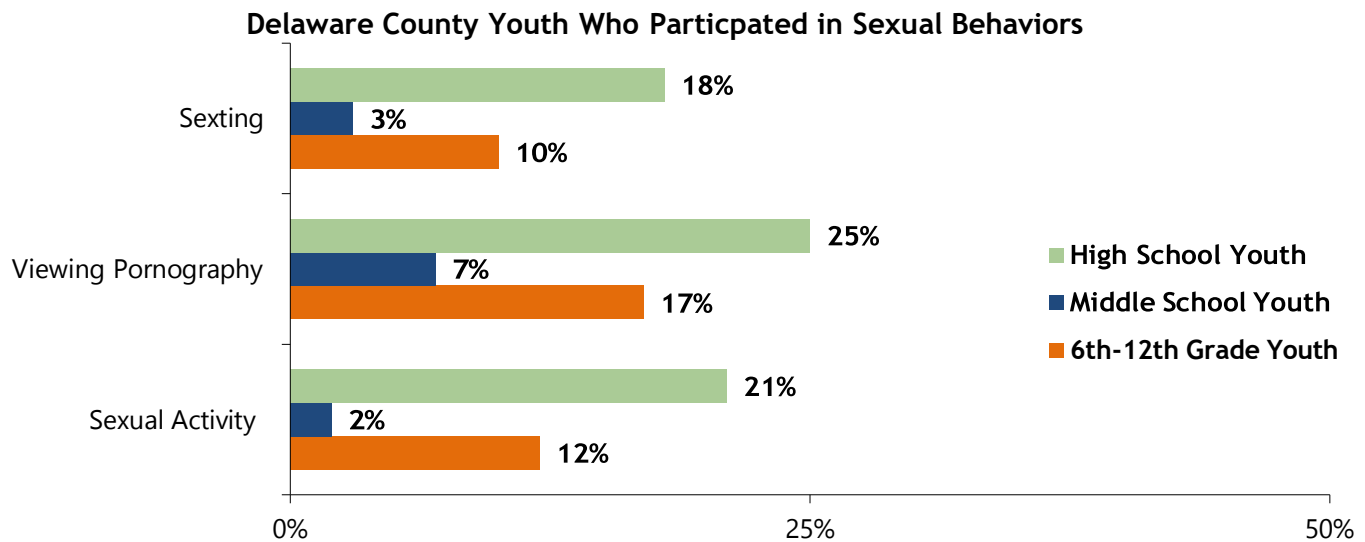


6th - 12th Grade Youth Sexual Behavior

- Delaware County youth participated in the following:
 - Viewing pornography/naked pictures (17%) (increasing to 25% of high school youth)
 - Sexual activity (12%) (increasing to 21% of high school youth)
 - Sexting (10%) (increasing to 18% of high school youth)
 - None of the above (77%)

3,135 Delaware County youth participated in sexting.

The following graph shows the percentage of 6th-12th grade youth, high school youth, and middle school youth who participated in sexual behaviors in their lifetime. Examples of how to interpret the information include: 10% of all Delaware County youth had participated in sexting in their lifetime, including 3% of middle school youth, and 18% of high school youth.



Not for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Trend Summary: Sexual Behavior

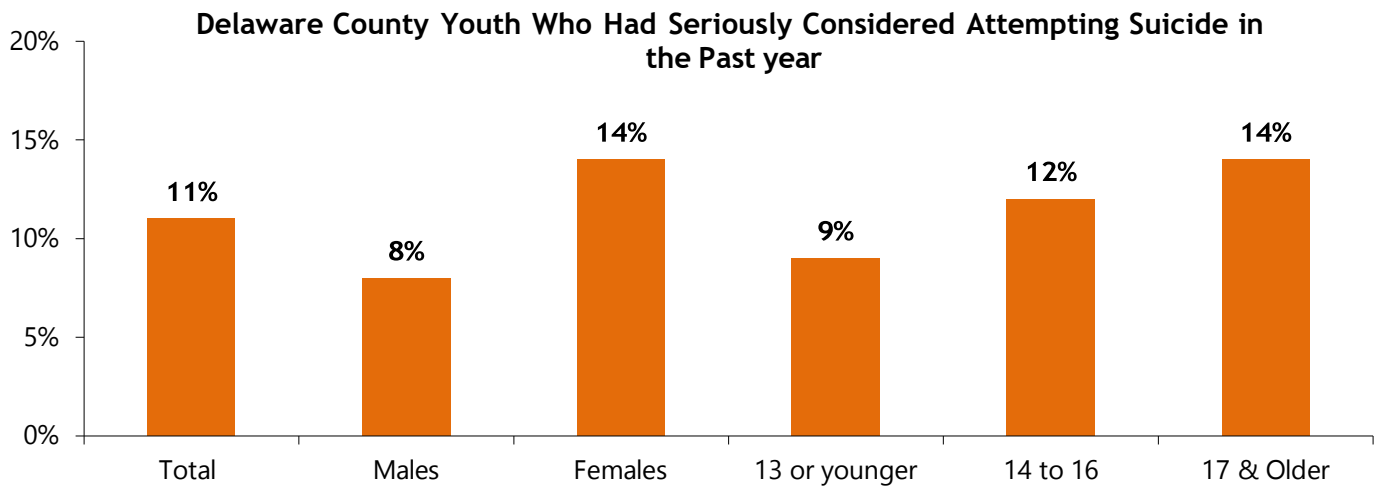
Youth Variables	High School (9 th -12 th)		
	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Sexual Behavior			
Ever had sexual intercourse	20%	18%	40%
Used birth control pills (during last sexual intercourse)	24%	43%	21%
Used an IUD (during last sexual intercourse)	4%	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	2%	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	8%	11%	14%
Had sexual intercourse with four or more persons (of all youth during their life)	4%	2%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	15%	13%	19%

Note - Middle school youth were not asked sexual health questions

Health Behaviors: Youth Mental Health

Key Findings

Eleven percent (11%) of youth reported they had seriously considered attempting suicide in the past year, increasing to 14% of females. Four percent (4%) of youth attempted suicide in the past year and 2% of youth had made more than one attempt. More than one-fourth (27%) of youth reported they had no one to talk to when they had feelings of depression or self-harm. Fourteen percent (14%) of youth had three or more adverse childhood experiences (ACEs).



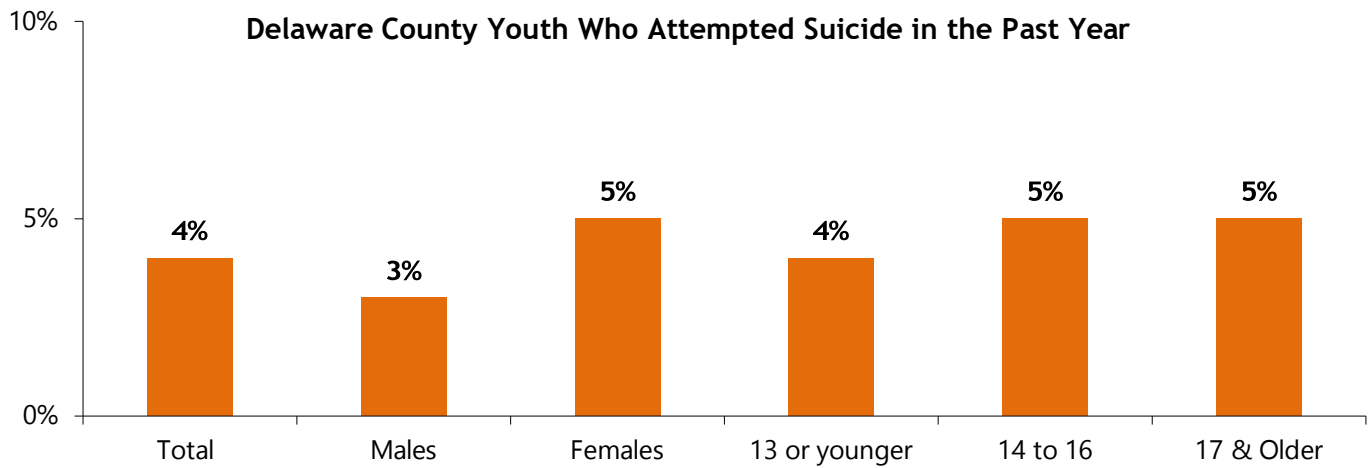
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

3,449 Delaware County youth seriously considered attempting suicide in the past year.

6th-12th Grade Youth Mental Health

- In 2019/2020, 23% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 29% of females and 27% of high school youth.
- Of all youth, 1% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

The following graph shows the percentage of Delaware County youth who had attempted suicide in the past year. The table indicates correlations between those who contemplated suicide in the past year and participating in risky behaviors, as well as other activities and experiences.



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

Behaviors of Delaware County Youth

Contemplated Suicide vs. Did Not Contemplate Suicide

There is a correlation between suicide contemplation and other risky behaviors*

Youth Behaviors	Contemplated Suicide (11% of total population)	Did Not Contemplate Suicide
Bullied (in the past year)	68%	32%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	39%	10%
Have had at least one drink of alcohol (in the past month)	20%	7%
Used marijuana (in the past month)	12%	3%
Misused prescription medication (in the past month)	6%	2%
Smoked cigarettes (in the past month)	5%	1%

*The table indicates correlations between suicide contemplation and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 68% of those who contemplated were bullied in the past year, compared to 32% of those who did not contemplate suicide.

"Contemplated suicide" indicates youth who self-reported seriously considering attempting suicide in the past year.

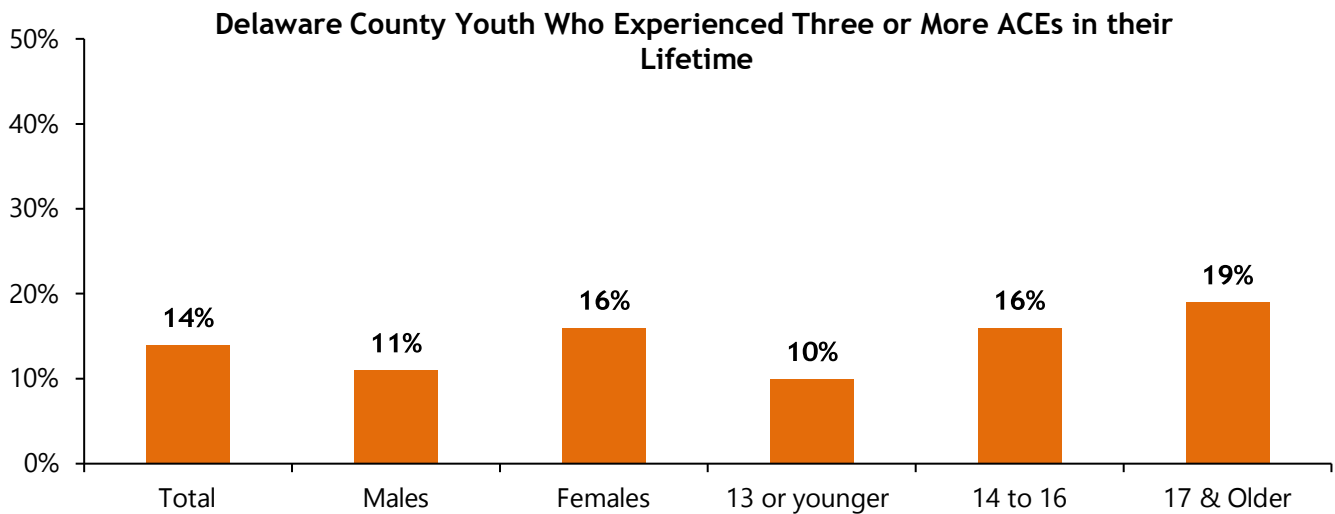
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

- Youth reported the following would keep them from seeking help if they were dealing with anxiety, stress, depression or thoughts of suicide: worried what others might think (24%), no time (12%), do not know where to get help (9%), paying for it (6%), family would not support them in getting help (6%), friends would not support them in getting help (5%), and transportation (3%).
- Half (50%) of youth reported they would seek help and 6% of all youth reported they are currently in treatment. Twenty-nine percent (29%) of youth reported that they can handle it themselves.
- Delaware County youth reported the following caused them anxiety, stress or depression:
 - Academic success (56%)
 - Fighting with friends (36%)
 - Self-image (35%)
 - Sports (31%)
 - Peer pressure (30%)
 - Other stress at home (29%)
 - Fighting at home (25%)
 - Death of close family member or friend (22%)
 - Being bullied (19%)
 - Dating relationship (15%)
 - Social media (14%)
 - Breakup (13%)
 - Current news/world events/political environment (13%)
 - Parent divorce/separation (12%)
 - Caring for younger siblings (10%)
 - Poverty/no money (8%)
 - Parent is sick (8%)
 - Alcohol or drug use in the home (6%)
 - Sexual orientation (4%)
 - Not having enough to eat (3%)
 - Not having a place to live (3%)
 - Other (16%)
- Fifteen percent (15%) of youth stated none of the above topics caused them anxiety, stress, or depression.

Delaware County youth talked to the following people when they were dealing with personal problems or feelings of depression or suicide:	Percent
Best friend	56%
No one	51%
Parents	41%
Girlfriend or boyfriend	19%
Brother or sister	18%
Caring adult	10%
Professional counselor	10%
An adult relative such a grandparent, aunt or uncle	8%
School counselor	8%
Teacher	8%
Adult friend	6%
Pastor/priest/youth minister	4%
Coach	4%
Call/text crisis hotline	3%
Religious leader	2%
Other	6%

- Delaware County youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (20%)
 - Parents or adults in home swore at them, insulted them or put them down (20%)
 - Lived with someone who was depressed, mentally ill or suicidal (20%)
 - Lived with someone who was a problem drinker or alcoholic (11%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (6%)
 - Parents were not married (7%)
 - Lived with someone who used illegal drugs or misused prescription drugs (5%)
 - Parents or adults in home abused them (5%)
 - Parents or adults in home abused each other (4%)
 - An adult or someone five years older than them touched them sexually (2%)
 - An adult or someone five years older tried to make them touch them sexually (1%)
 - An adult or someone five years older than them forced them to have sex (<1%)

The following graph shows the percentage of Delaware County youth who had experienced three or more adverse child experiences (ACEs) in their lifetime. Examples of how to interpret the information includes: 14% of all Delaware County youth had experienced three or more ACEs in their lifetime, including 16% of females.



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

Impact of Adverse Childhood Experiences (ACEs) on Risky Behaviors of Delaware County Youth

Experienced Three or More ACEs vs. Did Not Experience Any ACEs

There is a correlation between those who experienced three or more ACEs and other risky behaviors*

Youth Behaviors	Experienced Three or More ACEs (14% of total population)	Did Not Experience Any ACEs
Bullied (in the past year)	61%	26%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	54%	12%
Seriously considered attempting suicide (in the past year)	32%	4%
Had participated in sexual activity (in their lifetime)	30%	6%
Have had at least one drink of alcohol (in the past month)	18%	5%
Attempted suicide (in the past year)	15%	1%
Had used marijuana (in the past month)	12%	1%
Have smoked cigarettes (in the past month)	6%	<1%
Misused prescription medications (in the past month)	6%	1%

**The table above indicates correlations between those who experienced three or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 32% of those who experienced three or more ACEs seriously considered attempting suicide, compared to 4% of those who did not experience any ACEs.*

Note - youth who experienced three or more adverse childhood experiences (ACEs) in their lifetime were compared to youth who had no ACEs in their lifetime, regarding their risky behaviors.

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

Adverse Childhood Experiences

What are ACEs?

- Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence or abuse, witnessing violence, or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance abuse, mental health problems, or instability due to parental separation.

What are the consequences?

- ACEs can have lasting, negative effects on health, well-being, and opportunity. These experiences can increase the risks of injury, sexually transmitted diseases, maternal and child health problems, teen pregnancy, and a wide range of chronic diseases and leading causes of death.
- ACEs and associated conditions, such as living in under-resources or racially segregated neighborhoods frequently moving, and experiencing food insecurity, can cause toxic stress. Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and response to stress.
- Children growing up with toxic stress may have difficult forming healthy and stable relationships. They also may have unstable work histories as adults and struggle with finances, jobs, and depression throughout life.

(Source: CDC, Violence Prevention, Preventing Adverse Childhood Experiences, December 31, 2019)

Youth Trend Summary: Mental Health

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Mental Health						
Seriously considered attempting suicide (in the past year)	8%	9%	11%	13%	13%	17%
Attempted suicide (in the past year)	4%	4%	4%	5%	4%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past year)	N/A	1%	1%	1%	1%	2%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	16%	19%	23%	24%	27%	32%

N/A - Not Available

Healthy People 2020 Mental Health and Mental Disorders (MHMD)

Objective	Delaware County 2019/20	U.S. 2017	Healthy People 2020 Target
MHMD-2 Reduce suicide attempts by adolescents‡	1% (6-12 Grade) 1% (9-12 Grade)	2% (9-12 Grade)	2%*

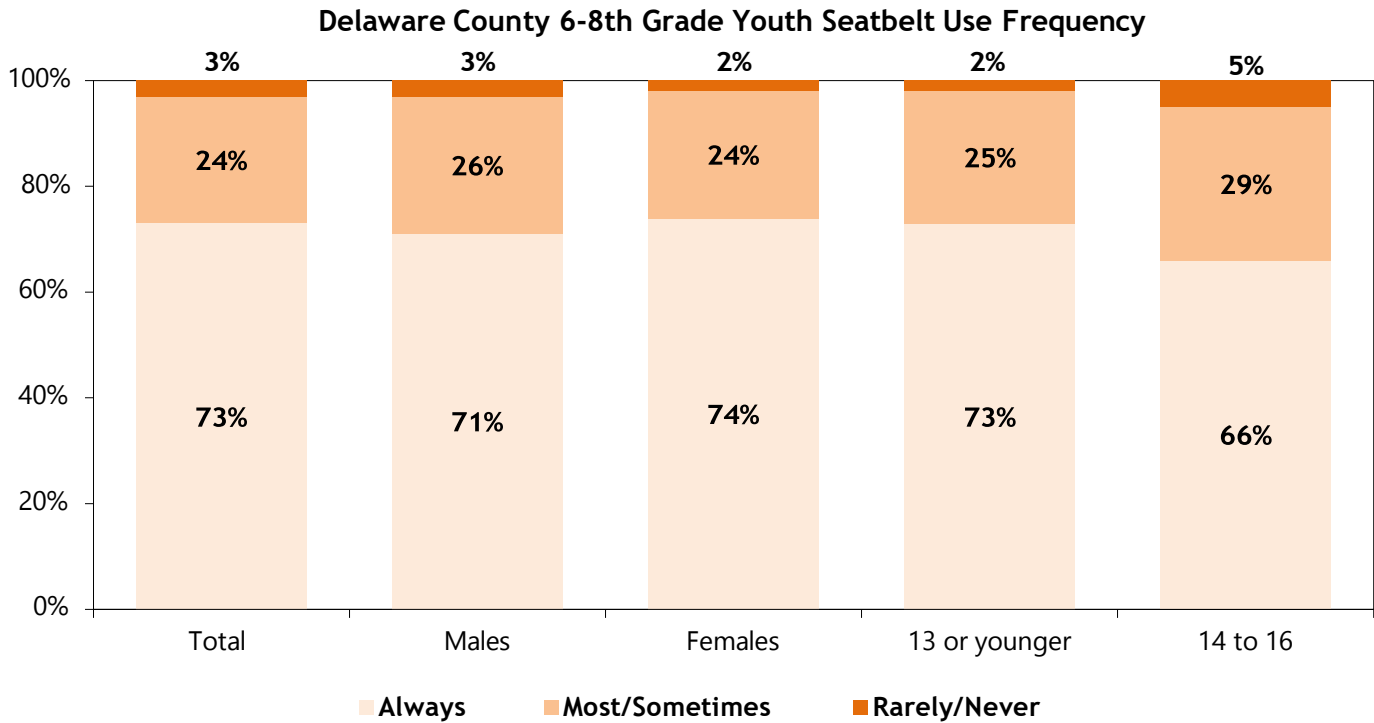
*The Healthy People 2020 target is for youth in grades 9-12.

‡This objective is based upon attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (Sources: Healthy People 2020 Objectives, 2017 YRBS, 2019/20 Delaware County Health Assessment)

Health Behaviors: Youth Safety

Key Findings

Seventy-three percent (73%) of 6-8th grade youth always wore a seat belt when riding in a car. Nine percent (9%) of youth had ridden in a car driven by someone who had been under the influence of drugs and/or alcohol in the past month.



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

High School Personal Safety*

- In the past month, 19% of high school youth drivers had texted while driving a car or other vehicle.
- In the past month, 87% of high school youth drivers wore a seatbelt while driving a car or other vehicle.

**Please refer to the "alcohol consumption" section for high school youth drinking and driving indicators.*

Middle School Personal Safety

- When riding in a car driven by someone else, youth wore a seatbelt at the following frequencies: never (1%), rarely (2%), sometimes (4%), and most of the time (20%).

Youth Trend Summary: Safety

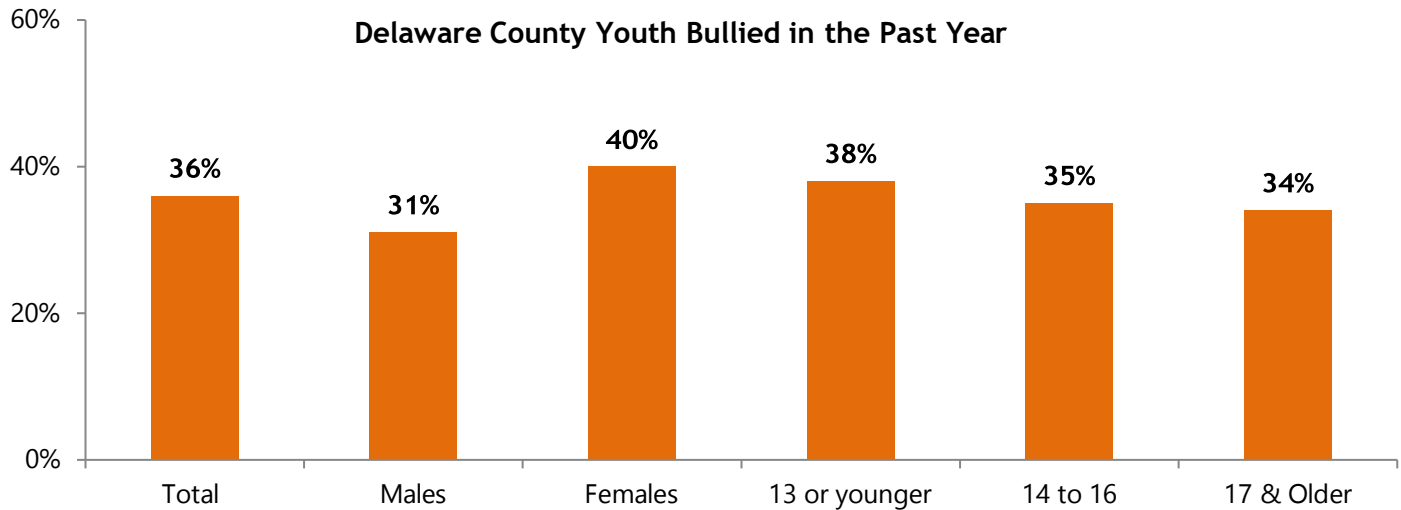
	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
Youth Variables	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Safety						
Rarely or never wore a seat belt (when riding in a car driven by someone else)	3%	3%	N/A	3%	N/A	6%

N/A - Not Available

Health Behaviors: Youth Violence-Related Behaviors

Key Findings

More than one-third (36%) of youth had been bullied in the past year. In Delaware County, 4% of youth had carried a weapon (such as a gun, knife, or club) in the past month. In the past year, 15% of youth had been involved in a physical fight, increasing to 21% of males. Seven percent (7%) of youth had been in a fight on more than one occasion. More than one-fifth (21%) of youth had been bullied on school property in the past year.



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

6th-12th Grade Youth Violence-Related Behaviors

- In the past month, 4% 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.
- Six percent (6%) of youth were threatened or injured with a weapon in the past year.
- Five percent (5%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past year.
- In the past year, 5% of youth had been forced to do sexual things that they did not want to (such as kissing, touching, or being physically forced to have sexual activity), increasing to 7% of females.
- More than one-third (36%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 26% were verbally bullied (teased, taunted or called harmful names)
 - 21% were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 10% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 6% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)

Behaviors of Delaware County Youth

Bullied vs. Non-Bullied

There is a correlation between being bullied and other risky behaviors*

Youth Behaviors	Bullied (36% of total population)	Non-Bullied
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	40%	14%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	23%	8%
Seriously considered attempting suicide (in the past year)	21%	5%
Have drank alcohol (in the past month)	11%	6%
Carried a weapon (in the past month)	11%	3%
Attempted suicide (in the past year)	9%	2%
Had used marijuana (in the past month)	6%	3%
Misused prescription medications (in the past month)	4%	2%
Have smoked cigarettes (in the past month)	2%	1%

*The table above indicates correlations between those who were bullied in the past year and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 21% of those who were bullied contemplated suicide in the past year, compared to 5% of those who were not bullied.

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

Types of Bullying Delaware County Youth Experienced in the Past Year

Youth Behaviors	Total	Males	Females	13 and younger	14-16 Years old	17 and older
Verbally Bullied (teased, taunted or called harmful names)	26%	24%	27%	28%	25%	24%
Indirectly Bullied (spread mean rumors about them or kept them out of a "group")	21%	14%	28%	20%	22%	24%
Cyber Bullied (teased, taunted or threatened by e-mail or cell phone)	10%	8%	11%	9%	10%	10%
Physically Bullied (were hit, kicked, punched or people took their belongings)	6%	8%	4%	8%	5%	3%
Sexually Bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)	2%	1%	2%	1%	2%	2%

Teen Dating Violence: How Big is the Problem?

Teen dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. The four different types of dating violence include: physical violence, sexual violence, psychological aggression, and stalking. Teen dating violence is common. It affects millions of U.S. teenagers each year:

- Nearly 1 in 11 females and about 1 in 15 male high school students report having experienced physical dating violence in the last year.
- About 1 in 9 female and 1 in 36 male high school students reported experiencing sexual dating violence in the last year.
- 25% of women and 15% of men who were victims of sexual or physical violence and/or stalking by an intimate partner first experienced these forms of violence prior to the age of 18.
- The burden of dating violence and all forms of violence is more likely among sexual minority groups and racial/ethnic minority groups.

Victims of teen dating violence are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, think about suicide, and may set the stage for problems in future relationships throughout life.

(Source: CDC, Preventing Teen Dating Violence, Updated 3/12/19)

Youth Trend Summary: Violence-Related Behaviors

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Violence-Related Behaviors						
Carried a weapon in the past month (such as a gun, knife, or club during the month)	6%	4%	4%	7%	3%	16%
Been in a physical fight (in past year)	24%	20%	15%	15%	11%	24%
Were threatened or injured with a weapon in the past year (such as a gun, knife, or club)	7%	6%	6%	6%	6%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past month)	4%	4%	4%	3%	3%	7%
Electronically bullied (in past year)	12%	9%	10%	13%	10%	15%
Bullied on school property (in past year)	30%	22%	21%	22%	21%	19%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past year)	N/A	<1%	5%	6%	6%	8%
Experienced sexual violence by anyone (counting things such as kissing, touching, or being physically forced to have sexual activity) *	N/A	3%	5%	8%	7%	10%

N/A - Not Available

*Delaware County YRBS questionnaire worded slightly different than U.S. YRBS

Healthy People 2020 Injury and Violence Prevention (IVP)

Objective	Delaware County 2019/20	U.S. 2017	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents (school property)	21% (6-12 Grade) 21% (9-12 Grade)	19% (9-12 Grade)	18%*

(Sources: Healthy People 2020 Objectives, 2017 YRBS for U.S., 2019/20 Delaware County Health Assessment)

*Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year.

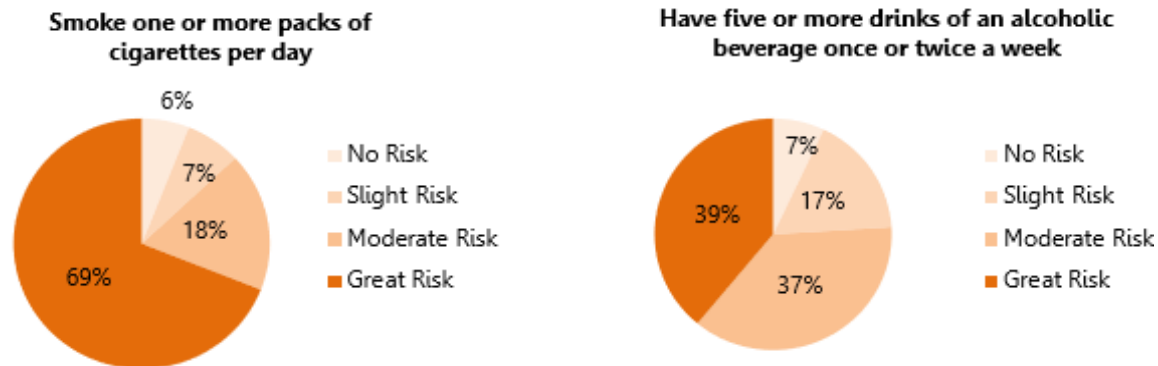
Youth Social Conditions

Key Findings

In 2019/2020, 69% of youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. Seven percent (7%) of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.

Perceived Risk of Drug Use

How much do you think people risk harming themselves if they:



Youth Perceptions of Substance Abuse (Self, Parents, and Peers)

6th-12th Grade Youth Perceived Risk of Substance Use by Self

- Six percent (6%) of youth thought that there was no risk in harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day.
- Nearly two-fifths (39%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Fourteen percent (14%) of youth thought that there was no risk in harming themselves physically or in other ways if they smoke marijuana once or twice a week.
- Nearly two-fifths (39%) of Delaware County youth thought there was a great risk in harming themselves physically or in other ways if they drank five or more alcoholic beverages once or twice a week.
- Sixty-three percent (63%) of Delaware County youth thought there was a great risk in harming themselves physically or in other ways if they used prescription drugs that were not prescribed for them. Six percent (6%) of youth thought that there was no risk in using prescription drugs not prescribed to them.

6th-12th Grade Youth Degree of Disapproval of Use by Parents

- Ninety-one percent (91%) of youth reported their parents would feel it was very wrong for them to smoke tobacco, increasing to 81% of youth under the age of 13.
- Eighty-nine percent (89%) of Delaware County youth reported their parents would feel it was very wrong to smoke marijuana.
- Eighty-nine percent (89%) of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day, decreasing to 78% of those ages 17 and older.
- Ninety-one percent (91%) of youth reported their parents would feel it was very wrong for them to use prescription drugs not prescribed to them.

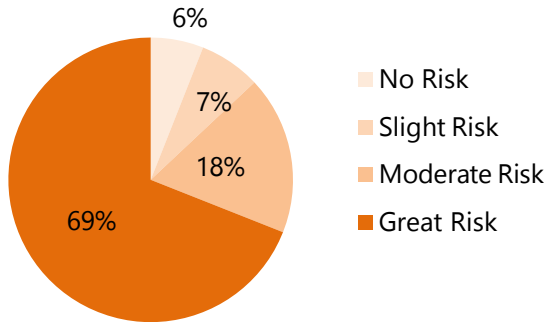
6th-12th Grade Youth Degree of Disapproval of Use by Peers

- Two-thirds (66%) of youth reported their peers would feel it was very wrong for them to smoke tobacco, increasing to 79% of youth under the age of 13.
- Two-thirds (66%) of Delaware County youth reported their peers would feel it was very wrong for them to smoke marijuana.
- Sixty-five percent (65%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day, decreasing to 45% of those ages 17 and older.
- Nearly three-fourths (73%) of youth reported their peers would feel it was very wrong for them use prescription drugs not prescribed to them.

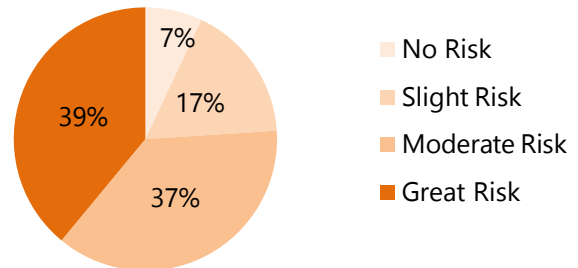
Perceived Risk of Drug Use by Self

How much do you think people risk harming themselves if they:

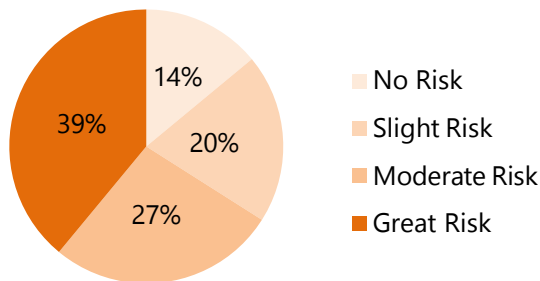
Smoke one or more packs of cigarettes per day



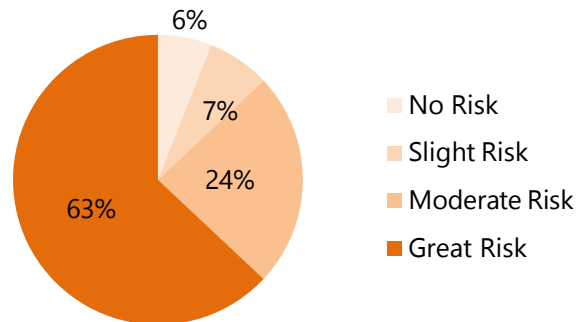
Have five or more drinks of an alcoholic beverage once or twice a week



Smoke marijuana once or twice a week



Misuse prescription drugs



Perceived Great Risk of Substance Use*

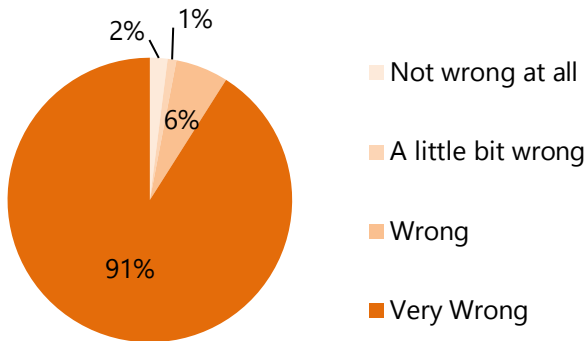
How much <u>do you</u> think people risk harming themselves if they:	Total	Females	Males	13 or younger	14-16 years old	17 or older
Smoke one or more packs of cigarettes per day	69%	70%	68%	70%	68%	67%
Have five or more drinks of an alcoholic beverage once or twice a week	39%	42%	36%	40%	39%	33%
Smoke marijuana once or twice a week	39%	41%	37%	50%	32%	20%
Misuse prescription drugs	63%	65%	62%	65%	62%	63%

*Of those youth who reported great risk of substance use.

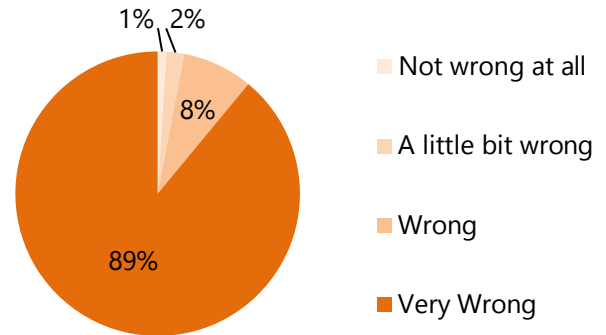
Degree of Disapproval by Parents

How wrong do your parents feel it would be for you to do the following:

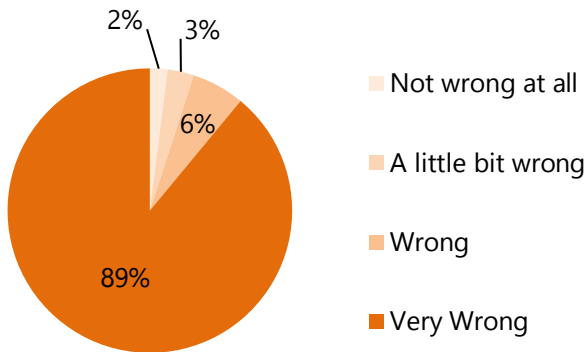
Smoke Tobacco



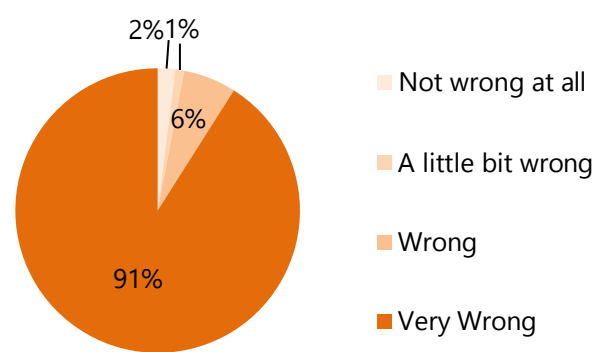
Have one or two drinks of an alcoholic beverage nearly every day



Smoke marijuana



Misuse prescription drugs

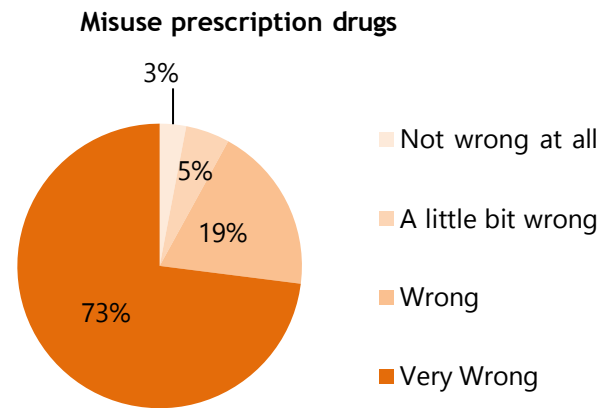
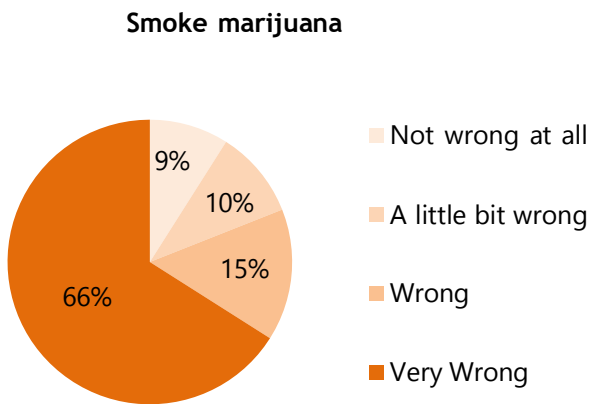
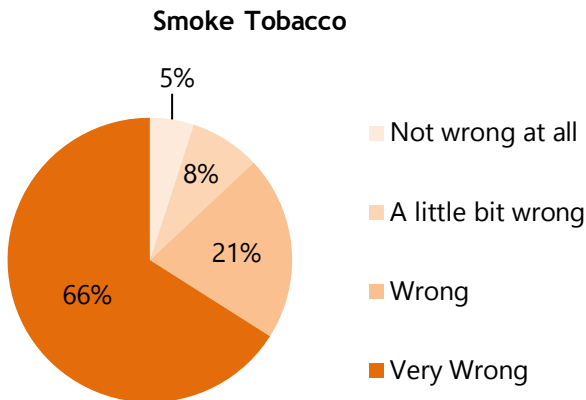


Perceived Degree of Great Disapproval by Parents

Parents feel it would be very wrong for you to do the following:	Total	Females	Males	13 or younger	14-16 years old	17 or older
Smoke tobacco	91%	94%	89%	95%	89%	81%
Have one or two drinks of an alcoholic beverage nearly every day	89%	92%	87%	93%	87%	78%
Smoke marijuana	89%	91%	87%	95%	86%	75%
Misuse prescription drugs	91%	93%	90%	92%	91%	90%

Degree of Disapproval by Peers

How wrong do your friends feel it would be for you to do the following:



Perceived Degree of Great Disapproval by Peers

<u>Friends</u> feel it would be very wrong for you to do the following:	Total	Females	Male	13 or younger	14-16 years old	17 or older
Smoke tobacco	66%	71%	61%	79%	57%	46%
Have one or two drinks of an alcoholic beverage nearly every day	65%	71%	61%	78%	58%	45%
Smoke marijuana	66%	70%	63%	84%	54%	34%
Misuse prescription drugs	73%	78%	70%	78%	70%	67%

6th-12th Grade Youth Extracurricular Activities

- Delaware County youth participated in the following extracurricular activities in a typical week:
 - Sports teams (66%)
 - Art/music/dance lessons (28%)
 - School based after school program (27%)
 - Job/employment/volunteer (26%)
 - Leadership/service clubs (Key Club, Student Council) (22%)
 - Youth organization (4-H, Cub/Girl Scouts) (14%)
 - Tutoring/homework assistance program (13%)
 - After school programs (SACC, Big Brothers, Big Sisters) (6%)
 - Some other activity (51%)

6th-12th Grade Youth Sleep

- Sixty-one percent (61%) of youth did not have eight or more hours of sleep on an average school night.

6th -12th Grade Youth Concussions

- In the past year, 15% of Delaware County youth reported they had a concussion from playing a sport or being physically active.

6th-12th Grade Youth Food Insecurity

- Nine percent (9%) of Delaware County youth reported it was sometimes or often true that someone in their family had worried that they would run out of food before they got the chance to buy more in the past year. Eighty-three percent (83%) reported it was never true.

High School Youth Sexual Exploitation

- Two percent (2%) of youth reported they had engaged in sexual activity in exchange for something of value, such as food, drugs, shelter, or money.

Youth Trend Summary: Social Conditions

Youth Variables	Middle School (6 th - 8 th)		Total Sample (6 th -12 th)	High School (9 th -12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Social Conditions						
Did not have eight or more hours of sleep (on an average school night)	39%	42%	61%	77%	78%	75%

Concussions Among Youth: Signs and Symptoms

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause chemical changes in the brain and sometime stretching and damaging the brain cells. Children and teens who show any of these signs and symptoms may have a concussion or other serious brain injury:

- Signs observed by parents or coaches:
 - Appears dazed or stunned
 - Forgets an instruction, confused about an assignment or position, or is unsure of the game, score, or opponent
 - Moves clumsily
 - Answers questions slowly
 - Shows mood, behavior, or personality changes
 - Cannot recall events prior to or after a hit or fall
- Signs observed by children and teens:
 - Headache or “pressure” in the head
 - Nausea or vomiting
 - Balance problems, dizziness, or blurred vision
 - Bothered by light or noise
 - Feeling sluggish, hazy, or groggy
 - Confusion, concentration or memory problems

(Source: CDC, HEADS UP to Youth Sports, 2/13/19)

Conclusions

The YRBS identifies health behaviors and tracks trends over time, on a local level, and statewide and nationally. Findings from this youth health assessment will be incorporated into Delaware County's most recent Community Health Assessment (CHA) published in 2018. Prior to the 2019-2020 youth survey taking place, the 2018 CHA report included findings from the 2016-2017 Delaware County Youth Risk Behavior Survey (DCYRBS) to help guide the creation of the 2019-2022 Community Health Improvement Plan (CHIP). Health priorities for the 2019-2022 CHIP include Addiction, Mental Health, Chronic Disease and Cross-Cutting Factors. When evaluating the latest youth data found in the *Youth Trend Summary – All Topics (pages 14-16)*, the following data points support continued work in the same health priorities as listed above.

CHRONIC DISEASE

- **Middle school students** who *ate breakfast every day during the past week* went down from 55% in 2016/2017 to 51% during the 2019/2020 school year.
- **High school students** who *ate breakfast every day during the past week* went down from 40% in 2016/2017 to 39% during the 2019/2020 school year.
- **Middle school students** who did not *have eight or more hours of sleep (on an average school night)* went up from 39% in 2016/2017 to 42% during the 2019/2020 school year.
- **High school students** who did not *have eight or more hours of sleep (on an average school night)* went up from 77% in 2016/2017 to 78% during the 2019/2020 school year.

MENTAL HEALTH

- **Middle school students** who *considered attempting suicide (in the past year)* went up from 8% in 2016/2017 to 9% during the 2019/2020 school year.
- **Middle school students** who *did not have eight or more hours of sleep (on an average school night)* went up from 39% in 2016/2017 to 42% during the 2019/2020 school year.
- **High school students** who *did not have eight or more hours of sleep (on an average school night)* went up from 77% in 2016/2017 to 78% during the 2019/2020 school year.
- **Middle school students** who *felt sad or hopeless (almost every day for two or more weeks in a row)* went up from 16% in 2016/2017 to 19% during the 2019/2020 school year.
- **High school students** who *felt sad or hopeless (almost every day for two or more weeks in a row)* went up from 24% in 2016/2017 to 27% during the 2019/2020 school year.

ADDICTION

- **Middle school students** who were categorized as *current drinkers (use of alcohol in the past 30 days) and obtained alcohol by someone giving it to them* went up from 20% in 2016/2017 to 23% during the 2019/2020 school year.
- **Middle school students** who currently used electronic vapor products (at least once in the past month) held steady at 2% between both YRBS cycles, despite the 2019/2020 cycle reaching more middle school students.
- **High school students** who *currently (within the past month) frequently used (on 20 or more days) electronic vapor products* went up from 2% in 2016/2017 to 3% during the 2019/2020 school year.

- **Middle school students** who *ever used marijuana (in their lifetime)* went up from 1% in 2016/2017 to 2% during the 2019/2020 school year.
- **Middle school students** who *used prescription drugs not prescribed to them (in the past month)* went up from 1% in 2016/2017 to 2% during the 2019/2020 school year.

The schools, families, and the community play a vital role in making sure Delaware County's youth stay healthy, make educated decisions about their health and develop skills to lead a healthy lifestyle in the future. Schools can do this by building environments that are safe, by providing evidence-based programs that focus on building skills for healthy decision-making and connecting students to needed services within the community. Families can provide support and stay engaged in their child's lives. We all have the responsibility to help Delaware County youth become safer, healthier adults and we must work together to help address these health priorities.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015-2020 Dietary Guidelines for Americans	<ul style="list-style-type: none"> Fruit and vegetable recommendations 	https://health.gov/sites/default/files/2019-09/2015-2020_Dietary_Guidelines.pdf
CDC, HEADS UP	<ul style="list-style-type: none"> HEADS UP to Youth Sports 	www.cdc.gov/headsup/youthsports/athletes.html
CDC, Healthy Schools	<ul style="list-style-type: none"> Youth Physical Activity Guidelines 	www.cdc.gov/healthyschools/physicalactivity/guidelines.htm
CDC, Healthy Weight	<ul style="list-style-type: none"> About Child & Teen BMI 	www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> Youth and Tobacco Use 	www.cdc.gov/tobacco/data_statistics/factsheets/youth_data/tobacco_use/index.htm
CDC, Violence Prevention	<ul style="list-style-type: none"> Preventing Teen Dating Violence 	www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html
CDC, Vital Signs	<ul style="list-style-type: none"> Teen Drinking and Driving 	www.cdc.gov/vitalsigns/teendrinkinganddriving/index.html
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points 	www.healthypeople.gov/2020/topicsobjectives2020
Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul style="list-style-type: none"> Rise in Prescription Drug Misuse and Abuse Impacting Teens 	www.samhsa.gov/homelessness-programs-resources/hpr-resources/teen-prescription-drug-misuse-abuse
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2017 youth Ohio and U.S. correlating statistics 	https://nccd.cdc.gov/Youthonline/App/Default.aspx

Appendix II: Acronyms and Terms

ACE	Adverse Childhood Experience.
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
Binge drinking	Consumption of five alcoholic beverages or more on one occasion (for males) or four or more on occasion (for females).
CDC	Centers for Disease Control and Prevention.
Current Electronic Vapor Product User	Individual who used e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the past 30 days.
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 1 cigarette in the past 30 days
DCYRBS	Delaware County Youth Risk Behavior Survey.
DGHD	Delaware General Health District.
HCNO	Hospital Council of Northwest Ohio.
High School Youth	9 th – 12 th graders.
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Middle School Youth	6 th – 8 th graders.
N/A	Data is not available.
Ohio SHA/SHIP	Ohio State Health Assessment/State Health Improvement Plan
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBS as “a weapon such as a gun, knife, or club.”
Youth	Defined as 12 through 18 years of age.
Youth BMI Classifications	Underweight is defined as BMI-for-age \leq 5 th percentile. Overweight is defined as BMI-for-age 85 th percentile to < 95 th percentile. Obese is defined as \geq 95 th percentile.
Youth	6 th – 12 th graders.
YRBS	Youth Risk Behavior Survey , a youth survey conducted by the CDC.

Appendix III: School Participation

The following schools participated in the 2019/2020 Delaware County Youth Risk Behavior Survey:

Big Walnut Local Schools

Big Walnut High School
Big Walnut Middle School
Big Walnut Intermediate

Buckeye Valley Local Schools

Buckeye Valley High School
Buckeye Valley Middle School

Delaware City Schools

Delaware Hayes High School
Dempsey Middle School

Olentangy Local Schools


Olentangy Liberty High School
Olentangy High School
Olentangy Berlin High School
Olentangy Orange High School
Orange Middle School
Berkshire Middle School
Hyatts Middle School
Liberty Middle School
Shanahan Middle School

Appendix IV: Delaware County Youth Sample Demographic Profile*

Variable	2019/2020 Survey Sample	
	%	(n=)
Age		
10 years old or younger	0.4%	53
11 years old	12.3%	1,712
12 years old	15.8%	2,198
13 years old	17%	2,359
14 years old	16.1%	2,239
15 years old	14.3%	1,995
16 years old	12.2%	1,695
17 years old	9.1%	1,260
18 years old	1.4%	196
19 years old or older	0.1%	12
Gender		
Female	48.3%	6,638
Male	48.8%	6,701
Sexual Orientation		
Heterosexual	85.8%	11,217
Gay or lesbian	1.7%	216
Bisexual	4.8%	631
Unsure	0.2%	32
Race/Ethnicity		
White	83.1%	11,130
Black or African American	7.1%	951
American Indian and Alaska Native	4.0%	539
Asian	12.1%	1,627
Native Hawaiian or Other Pacific Islander	1.4%	193
Grade Level		
Middle School (6-8)	48.8%	6,799
High School (9-12)	50.4%	6,994
Individual Grade Level		
6 th grade	15.4%	2,146
7 th grade	16.0%	2,219
8 th grade	16.9%	2,350
9 th grade	16.1%	2,234
10 th grade	14.1%	1,936
11 th grade	11.5%	1,603
12 th grade	8.6%	1,191
School grades		
Mostly A's	65.0%	8,933
Mostly B's	24.5%	3,367
Mostly C's	4.0%	548
Mostly D's	0.7%	90

*Percent's may not add up to 100% due to missing data (non-responses) or percent's may exceed 100% due to respondents answering more than one option.

Appendix V: Youth Full Trend Summary

Youth Variables	Middle School (6 th -8 th)				Total Sample (6 th -12 th)	High School (9 th -12 th)				
	Delaware County 2013/14 (6 th -8 th) n=3,655	Delaware County 2014/15 (6 th -8 th) n=773	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2013/14 (9 th -11 th)‡ n=3,379	Delaware County 2014/15 (9 th -12 th) n=1,149	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Weight Status										
Obese 	N/A	N/A	N/A	9%	9%	N/A	N/A	9%	9%	15%
Overweight	N/A	N/A	N/A	10%	9%	N/A	N/A	10%	9%	16%
Described themselves as slightly or very overweight	21%	24%	20%	23%	25%	26%	31%	26%	26%	32%
Trying to lose weight	37%	41%	32%	35%	37%	40%	42%	41%	39%	47%
Went without eating for 24 hours or more	N/A	14%	2%	3%	4%	12%	12%	4%	4%	13%*
Took diet pills, powders, or liquids without a doctor's advice	N/A	5%	<1%	<1%	1%	7%	7%	2%	1%	5%*
Vomited or took laxatives	N/A	4%	1%	1%	1%	8%	5%	2%	2%	4%*
Ate breakfast every day during the past week	56%	51%	55%	51%	45%	44%	36%	40%	39%	35%
Drank pop or soda one or more times per day during the past 7 days	N/A	N/A	16%	16%	17%	17%	17%	22%	19%	N/A
Physical Activity										
Physically active at least 60 minutes per day on every day in past week	46%	42%	31%	33%	31%	25%	34%	23%	29%	26%
Physically active at least 60 minutes per day on five or more days in past week	75%	65%	59%	61%	59%	51%	56%	48%	58%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	4%	6%	6%	7%	7%	10%	10%	10%	8%	15%
Watched television three or more hours per day (on an average school day)	N/A	N/A	11%	9%	12%	N/A	N/A	14%	14%	21%

N/A-Not available

*Comparative YRBS data for U.S. is 2013

‡Only students in grades 9th, 10th and 11th participated in the survey

Trend data from the 2013/2014 and 2014/2015 reports included two of the four public school districts per school year. Comparisons should be used with caution.

 Indicates alignment with the Ohio State Health Assessment



	Middle School (6 th -8 th)				Total Sample (6 th -12 th)	High School (9 th -12 th)				
Youth Variables	Delaware County 2013/14 (6 th -8 th) n=3,655	Delaware County 2014/15 (6 th -8 th) n=773	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2013/14 (9 th -11 th) ‡ n=3,379	Delaware County 2014/15 (9 th -12 th) n=1,149	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Violence-Related Behaviors										
Carried a weapon in the past month (such as a gun, knife, or club during the month)	N/A	N/A	6%	4%	4%	15%	19%	7%	3%	16%
Been in a physical fight (in past year)	N/A	N/A	24%	20%	15%	21%	19%	15%	11%	24%
Were threatened or injured with a weapon in the past year (such as a gun, knife, or club)	N/A	N/A	7%	6%	6%	N/A	N/A	6%	6%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past month)	N/A	N/A	4%	4%	4%	6%	6%	3%	3%	7%
Electronically bullied (in past year)	N/A	N/A	12%	9%	10%	21%	18%	13%	10%	15%
Bullied on school property (in past year)	N/A	N/A	30%	22%	21%	24%	21%	22%	21%	19%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past year)	N/A	N/A	N/A	<1%	5%	10%	10%	6%	6%	8%
Experienced sexual violence by anyone (counting things such as kissing, touching, or being physically forced to have sexual activity) *	N/A	N/A	N/A	3%	5%	9%	8%	8%	7%	10%
Mental Health										
Seriously considered attempting suicide (in the past year)	N/A	N/A	8%	9%	11%	14%	18%	13%	13%	17%
Attempted suicide (in the past year)	N/A	N/A	4%	4%	4%	9%	12%	5%	4%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past year)	N/A	N/A	N/A	1%	1%	N/A	N/A	1%	1%	2%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	N/A	N/A	16%	19%	23%	23%	29%	24%	27%	32%

N/A-Not available

*Delaware County YRBS questionnaire worded slightly different than Ohio and U.S. YRBS

‡Only students in grades 9th, 10th and 11th participated in the survey


Trend data from the 2013/2014 and 2014/2015 reports included two of the four public school districts per school year. Comparisons should be used with caution.

Youth Variables	Middle School (6 th -8 th)				Total Sample (6 th -12 th)	High School (9 th -12 th)				
	Delaware County 2013/14 (6 th -8 th) n=3,655	Delaware County 2014/15 (6 th -8 th) n=773	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2013/14 (9 th -11 th)‡ n=3,379	Delaware County 2014/15 (9 th -12 th) n=1,149	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Alcohol Consumption										
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	13%	16%	10%	9%	21%	47%	58%	39%	31%	60%
Current drinker (at least one drink of alcohol on at least one day during the past month)	3%	5%	3%	2%	8%	26%	28%	24%	14%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past month)	N/A	N/A	N/A	1%	5%	16%	15%	12%	8%	14%
Drank for the first time before age 13 (of all youth)	10%	13%	8%	6%	7%	11%	12%	7%	6%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	N/A	N/A	20%	23%	35%	39%	50%	44%	38%	44%
Drove a car after drinking alcohol (of youth drivers in the past month)	N/A	N/A	N/A	N/A	N/A	7%	5%	5%	1%	6%
Nicotine Use										
Current smoker (smoked on at least one day during the past month) 	1%	1%	1%	1%	1%	9%	11%	5%	2%	9%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least one day during the past month) 	N/A	N/A	2%	2%	7%	N/A	N/A	15%	11%	13%
Currently frequently used electronic vapor products (on 20 or more days during the past month)	N/A	N/A	1%	<1%	2%	N/A	N/A	2%	3%	3%
Currently used electronic vapor products daily (on all 30 days during the past month)	N/A	N/A	<1%	<1%	1%	N/A	N/A	2%	2%	2%
Usually got their own electronic vapor products by buying them in a store (in the past month)	N/A	N/A	6%	1%	11%	N/A	N/A	12%	12%	14%

N/A-Not available

‡Only students in grades 9th, 10th and 11th participated in the survey

Trend data from the 2013/2014 and 2014/2015 reports included two of the four public school districts per school year. Comparisons should be used with caution.

 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Middle School (6 th -8 th)				Total Sample (6 th -12 th)	High School (9 th -12 th)				
	Delaware County 2013/14 (6 th -8 th) n=3,655	Delaware County 2014/15 (6 th -8 th) n=773	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2013/14 (9 th -11 th)‡ n=3,379	Delaware County 2014/15 (9 th -12 th) n=1,149	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Marijuana and Other Drug Use										
Ever used marijuana (in their lifetime)	3%	4%	1%	2%	9%	21%	29%	17%	15%	36%
Currently used marijuana (in the past month)	2%	2%	1%	1%	4%	14%	18%	9%	7%	20%
Tried marijuana before age 13 years (for the first time of all youth)	2%	3%	1%	1%	1%	5%	6%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	N/A	N/A	N/A	<1%	1%	6%	4%	1%	1%	3%
Ever used cocaine (in their lifetime)	1%	1%	<1%	<1%	1%	6%	6%	2%	1%	5%
Ever used heroin (in their lifetime)	N/A	N/A	<1%	0%	<1%	5%	3%	<1%	<1%	2%
Ever took steroids without a doctor's prescription (in their lifetime) *	1%	2%	1%	1%	1%	6%	4%	1%	1%	3%
Ever used inhalants (in their lifetime)	4%	6%	4%	1%	2%	8%	8%	4%	2%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	N/A	<1%	1%	8%	5%	2%	1%	4%
Used prescription drugs not prescribed (in the past month)	N/A	N/A	1%	2%	3%	N/A	N/A	4%	3%	N/A
Ever injected any illegal drug (in their lifetime)	N/A	N/A	N/A	<1%	1%	5%	3%	<1%	1%	2%

N/A-Not available

‡Only students in grades 9th, 10th and 11th participated in the survey

*Delaware County YRBS questionnaire worded slightly different than Ohio and U.S. YRBS

Trend data from the 2013/2014 and 2014/2015 reports included two of the four public school districts per school year. Comparisons should be used with caution.

Youth Variables	Middle School (6 th -8 th)				Total Sample (6 th -12 th)	High School (9 th -12 th)				
	Delaware County 2013/14 (6 th -8 th) n=3,655	Delaware County 2014/15 (6 th -8 th) n=773	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2013/14 (9 th -11 th) ‡ n=3,379	Delaware County 2014/15 (9 th -12 th) n=1,149	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Sexual Behavior										
Ever had sexual intercourse	N/A	N/A	N/A	N/A	N/A	25%	31%	20%	18%	40%
Used birth control pills (during last sexual intercourse)	N/A	N/A	N/A	N/A	N/A	21%	21%	24%	43%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	N/A	N/A	N/A	2%	5%	4%	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2%	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	N/A	N/A	N/A	N/A	N/A	12%	9%	8%	11%	14%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	N/A	N/A	N/A	N/A	5%	5%	4%	2%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	N/A	N/A	N/A	N/A	4%	4%	3%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15%	13%	19%
Youth Safety										
Rarely or never wore a seat belt (when riding in a car driven by someone else)	3%	3%	3%	3%	N/A	5%	4%	3%	N/A	6%
Youth Social Conditions										
Did not have eight or more hours of sleep (on an average school night)	N/A	N/A	39%	42%	61%	N/A	N/A	77%	78%	75%

N/A-Not available

‡Only students in grades 9th, 10th and 11th participated in the survey

Trend data from the 2013/2014 and 2014/2015 reports included two of the four public school districts per school year. Comparisons should be used with caution.

Appendix VI: Youth Survey Instrument

Appendix VI includes the high school survey instrument designed by the DCYRBS subcommittee of the Partnership for a Healthy Delaware County. Based on input from the DCYRBS Subcommittee and school district officials, an online survey tool was created containing 87 questions for high school students and 83 questions for the middle school students. The DCYRBS Subcommittee decided not to include questions of a sensitive nature on the middle school survey, resulting in fewer questions. Additionally, demographic questions differed on each survey regarding age, grade, and other school information.

The questions highlighted in red depict questions that were not asked (i.e., sexual behavior) or were asked differently (i.e., school building) in the middle school version of the survey. To view the middle school version of the survey, please contact the Delaware General Health District at (740)-203-2077.

Demographics

1. School District

- Big Walnut Local Schools
- Buckeye Valley Local Schools
- Delaware City Schools
- Olentangy Local Schools

2. School Building

- Big Walnut High School
- Buckeye Valley High School
- Delaware Hayes High School
- Olentangy Berlin High School
- Olentangy Liberty High School
- Olentangy High School
- Olentangy Orange High School

The next 7 questions ask **INFORMATION ABOUT YOU.**

3. How old are you?

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

4. What is your gender?

- Female
- Male
- Transgender
- Prefer not to disclose
- Additional gender category/identity not listed (please specify below)

5. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

6. Are you Hispanic or Latino?

- Yes
- No

7. How do you describe yourself? (SELECT ONE OR MORE RESPONSE)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

8. Which of the following best describes your sexual identity?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Prefer not to disclose
- Additional sexual identity category/identity not listed (please specify below)

9. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- None of these grades
- Not sure

The next 2 questions ask about **SAFETY**.

10. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone under the influence of drugs and/or alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

11. During the past 30 days, did you drive a car or other vehicle while doing the following? (MARK ALL THAT APPLY)

- I do not drive
- Wear a seatbelt
- Drive while tired or fatigued
- Texting
- Talking on cell phone
- Using cell phone (music, navigation)
- Reading
- Applying makeup
- Eating
- Drinking alcohol
- Using illegal drugs
- Using marijuana
- Misusing prescription drugs
- I do not do any of the above while driving

The next 7 questions ask about **VIOLENCE-RELATED BEHAVIORS**.

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club? (Do not count weapons used for farming, hunting, camping or other work purposes)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

13. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

14. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

15. During the past 12 months, how many times were you in a physical fight?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

16. During the past 12 months, how many times did anyone you were DATING OR GOING OUT WITH physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

17. During the past 12 months, how many times did ANYONE force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual activity.)

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

18. Have you ever received something of value such as food, drugs, shelter or money in exchange for sexual activity?

- Yes
- No
- Not sure

The next 2 questions ask about **BULLYING**.

Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is NOT bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

19. What types of bullying have you experienced in the last year? (MARK ALL THAT APPLY)

- Physically bullied (hit, kicked, punched or people took your belongings)
- Verbally bullied (teased, taunted, or called you harmful names)
- Indirectly bullied (spread mean rumors about you or kept you out of a "group")
- Cyber/Electronically bullied (teased, taunted or threatened by email, cell phone, or other electronic methods)
- Sexually bullied (using nude or semi-nude pictures to pressure someone to engage in sexual activities that does not want to, blackmail, intimidate, or exploit another person)
- None of the above

20. During the past 12 months, have you ever been bullied on school property?

- Yes
- No

The next 7 questions ask about **MENTAL HEALTH**.

Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

21. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

22. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

23. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

24. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- I did not attempt suicide during the past 12 months
- Yes
- No

25. What causes you anxiety, stress, or depression? (MARK ALL THAT APPLY)

- Peer pressure
- Fighting in home
- Breakup
- Poverty/no money
- Dating relationship
- Fighting with friends
- Being bullied
- Sports
- Academic success
- Taking care of younger siblings
- Death of close family member or friend
- Parent is sick
- Alcohol or drug use in the home
- Parent divorce/separation
- Other stress at home
- Sexual orientation
- Self-image
- Social media (i.e. Facebook)
- Current news/world events/political environment
- Not having a place to live
- Not having enough to eat
- Other
- None of the above

26. When you are dealing with personal problems or feelings of depression or suicide (suicidal thoughts), with whom do you talk about your concerns? (MARK ALL THAT APPLY)

- I do not have personal problems or feelings of depression or suicide
- No one
- Best friend
- My girlfriend/boyfriend
- Pastor/Priest/Youth Minister
- Religious leader
- Brother/Sister
- Parents
- Coach
- Teacher
- Caring adult
- School Counselor
- Professional Counselor
- Adult friend
- Adult relative (such as a grandparent, aunt or uncle)
- Call/text crisis hotline
- Other

27. What would keep you from seeking help if you were dealing with anxiety, stress, depression or thoughts of suicide? (MARK ALL THAT APPLY)

- I would seek help
- I am currently in treatment
- Paying for it
- Transportation
- No time
- Worried what others might think
- Family would not support me in getting help
- I can handle it myself
- Do not know where to go
- Friends would not support me in getting help

The next 10 questions ask about **NICOTINE USE**.

28. During the past 30 days, which forms of nicotine listed below have you used? (MARK ALL THAT APPLY)

- Cigarettes
- Bidis
- Cigars
- Black & Milds
- Cigarillos
- Little cigars
- Swishers
- Chewing tobacco, snuff, dip (Redman, Skoal)
- Pouch (Snus)
- Hookah
- E-cigarette/vapes (JUUL, blu, NJOY, Starbuzz, Vaporizer, PV, e-hookah, hookah pens, vape pipes)
- Dissolvable tobacco products (Aria, Stonewall, Camel Orbs, Camel Sticks, Camel Strips)
- None of the above

29. During the past 30 days, did you smoke part or all of a cigarette?

- Yes
- No

30. How old were you when you first tried nicotine products other than electronic vapor products? [Nicotine products include cigarettes, bidis, cigars, Black & Milds, cigarillos, little cigars, Swishers, chewing tobacco, snuff, dip (Redman, Skoal), pouch (snus), hookah, or dissolvable tobacco products (Aria, Stonewall, Camel Orbs, Camel Sticks, Camel Strips)]

- I have never tried nicotine products
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

31. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

32. During the past 30 days, how did you usually get your own nicotine?

- I did not use nicotine during the past 30 days
- I brought them in a store such as a convenience store, supermarket, discount store, gas station or vape store
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I bought them on the Internet
- I got them some other way

33. How old were you when you first tried e-cigarettes or electronic vaping products [Vaping products include Blu, Charm, NJOY, JUUL, Starbuzz, Vaporizer, PV, e-hookah, hookah pens, or vape pipes]

- I have never tried e-cigarettes or electronic vaping products
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

34. During the past 30 days, on how many days did you use an electronic vapor product?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

35. During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)

- I did not use any electronic vapor products during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- I bought them on the Internet
- I gave someone else money to buy them for me
- I borrowed them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or another person
- I got them some other way

36. If you have used e-cigarettes/vapes in the past 12 months, what did you put in it? (MARK ALL THAT APPLY)

- I did not use e-cigarettes/vapes in the past 12 months
- E-liquid or e-juice with nicotine
- E-liquid or e-juice without nicotine
- Homemade e-liquid or e-juice
- Marijuana or THC in your e-liquid

37. Are you exposed to second hand smoke in any of the following places? (MARK ALL THAT APPLY)

- I am not exposed to second hand smoke
- Home
- Friend's home
- Other relative's home
- Car
- Park/ball field
- Public events or activities

The next 4 questions ask about drinking **ALCOHOL**.

Alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

38. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol, other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

39. During the past 30 days, did you drink one or more drinks of an alcoholic beverage?

- Yes
- No

40. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 days or more

41. During the past 30 days, how did you usually get the alcohol you drank? (MARK ALL THAT APPLY)

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station
- I bought it at a restaurant, bar or club
- Someone gave it to me
- An older friend or sibling bought it for me
- Someone older bought it for me
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- My parent gave it to me
- My friend's parent gave it to me
- I took it from a store or family member
- I bought it with a fake ID
- I got it some other way

The next 3 questions ask about **MARIJUANA**.

Marijuana is also called grass, pot, or weed.

42. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

43. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

44. During the past 30 days, have you used marijuana or hashish?

- Yes
- No

The next 9 questions ask about **OTHER DRUGS**.

45. During your life, how many times have you used the following drugs?

	0 times	1 to 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
Cocaine (including powder, crack or freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (also called smack, junk, or China White)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (also called speed, crystal, crank or ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (also called MDMA or Molly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. During your life, how many times have you used a needle to inject any illegal drug into your body?

- 0 times
- 1 time
- 2 or more times

47. During your life, have you tried any of the following? (MARK ALL THAT APPLY)

- I have never tried any of these
- Over-the-counter medications (to get high)
- Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
- A pharm party/skittles
- GhB
- Bath salts
- K2/spice
- Posh/salvia/synthetic marijuana (King Kong, Yucatan Fire, Skunk, or Moon Rocks)
- Cloud 9
- Liquid THC
- Misuse hand sanitizer
- Misuse cough syrup
- Opana

48. During your life, how many times have you taken steroid pills, shots, or performance enhancing drugs without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

49. During your life, how many times have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

50. During your life, how many times have you taken any other prescription drug that was not a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Xanax, Vivance, Adderall and Ritalin.)

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

51. During the past 30 days, have you used prescription drugs *not prescribed to you*?

- Yes
- No

52. How did you usually get the medications that were not prescribed for you? (MARK ALL THAT APPLY)

- I did not misuse medications
- A friend gave them to me
- A parent gave them to me
- Another family member gave them to me
- I took them from a friend or family member
- I bought them from a friend
- I bought them from someone else
- The Internet
-

53. In the past 30 days, were you on school property (this includes buses, parking lots and school sponsored events) under the influence of any of the following? (MARK ALL THAT APPLY)

- I have never been under the influence of any of these
- I have not been under the influence of any of these on school property
- Alcohol
- Cigarettes
- E-cigarettes (including vaping/vape pens and JUUL)
- Heroin
- Marijuana
- Other tobacco products (snus, dip, snuff, etc.)
- Other illegal drugs (ex., cocaine, LSD, etc.)
- Prescription drugs, not prescribed to you or you took more than what was prescribed to feel good or get high
- Synthetic marijuana (ex., King Kong, Yucatan Fire, Skunk, Moon Rocks, K2, spice, etc.)
- Inhalants
- Bath salts

The next 5 questions ask about **SEXUAL BEHAVIOR**.

54. Have you ever participated in the following? (MARK ALL THAT APPLY)

- Sexual activity
- Sexting (pictures and/or words)
- Viewing pornography/naked pictures
- None of the above

55. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

56. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

57. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

58. If you have engaged in sexual activity, did you or your partner use any of the following? (MARK ALL THAT APPLY)

- I have never engaged in any type of sexual activity
- No method was used to prevent pregnancy or prevent sexually transmitted infections
- Birth control pills
- Barrier devices (such as condoms, dental dams, etc.)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- Withdrawal or pullout
- Not sure

The next 4 questions ask about your **Perceived Risk of Use.**

59. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

60. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

61. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

62. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk

The next 8 questions ask about your **Perception of Disapproval of Use.**

63. How wrong do your friends feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

64. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

65. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

66. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

67. How wrong do your parents feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

68. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

69. How wrong do your parents feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

70. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

The next 5 questions ask about **BODY WEIGHT**.

71. How tall are you without your shoes on?

Feet

Inches

72. How much do you weigh without your shoes on?

Pounds

73. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

74. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

75. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight?
(MARK ALL THAT APPLY)

- I did not do anything to lose weight or keep from gaining weight
- Eat less food, fewer calories, or foods low in fat
- Eat more fruits and vegetables
- Drink more water
- Exercise
- Skip meals
- Go without eating for 24 hours
- Take any diet pills, powders, or liquid without a doctor's advice
- Vomit or take laxatives
- Smoke cigarettes/e-cigarettes

The next 7 questions ask about **NUTRITION & PHYSICAL ACTIVITY**.

76. On average, how many servings do you eat per day of the following food groups?

	0 servings per day	1 serving per day	2 servings per day	3 servings per day	4 servings per day	5+ servings per day
Whole fruit (including fresh, canned, frozen, or dried but <u>NOT</u> fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole vegetable (including 100% vegetable juice, fresh, canned or frozen but <u>NOT</u> including french fries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. In a typical week, how many meals did you eat out in a restaurant or bring take-out food home to eat?

- 0 - I do not eat out or bring take-out home to eat
- 1 to 2 meals per week
- 3 to 4 meals per week
- 5 or more meals per week

78. During the past 7 days, how many times did you drink soda pop (not diet), lemonade, Kool-Aid, fruit flavored drinks, smoothies, sweet-flavored coffee/tea drinks, sports drinks (Gatorade, Powerade) or energy drinks (Redbull, Monster or Rockstar)?

- I did not drink any in the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

79. During the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

80. During the past 7 days, how many meals did you eat with your family?

- 0 meals
- 1 to 3 meals
- 4 to 6 meals
- 7 to 9 meals
- 10 to 12 meals
- 13 to 15 meals
- 16 or more meals

81. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

82. On an average school day, how many hours do you spend doing the following activities outside of school related activities?

	Less than 1							
	0 hours	hour	1 hour	2 hours	3 hours	4 hours	5 hours	6+ hours
TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video games (non-active)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer/Tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cell phone (text, talk, Internet, games, apps,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media (Facebook, Instagram, Snapchat etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Miscellaneous

83. Have you ever experienced any of the following? (MARK ALL THAT APPLY)

- Lived with someone who was depressed, mentally ill or suicidal
- Lived with someone who was a problem drinker or an alcoholic
- Lived with someone who used illegal street drugs, or who abused prescription medication
- Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility
- Your parents became separated or were divorced
- Your parents were not married
- Your parents or adults in your home slapped, hit, kicked, punched or beat each other up
- A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)
- A parent or adult in your home swore at you, insulted you, or put you down
- Someone at least 5 years older than you or an adult touched you sexually
- Someone at least 5 years older than you or an adult tried to make you touch them sexually
- Someone at least 5 years older than you or an adult, forced you to have sex
- None of the above has happened to me

84. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision or being knocked out. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

85. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

86. When you think of the last 12 months, how often is the following statement true?

Someone in my family has worried that we would run out of food before we got the chance to buy more.

- Often true
- Sometimes true
- Never true
- Unsure/refuse

87. In a typical week, how many days per week do you participate in after-school activities?

	0 days	1 day	2 days	3 days	4 days	5 days	On the weekends
Sports teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership/service clubs (Student Government, Key Club, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth organizations (4-H, cub/girl scouts, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School based after-school programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-school programs (SACC, Big Brothers/Big Sisters, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutoring/homework assistance programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art, music, dance lessons, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job/Employment/Volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank You!

Thank you for giving us your opinions!

Certain questions provided by: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017. Other questions provided by © Hospital Council of NW Ohio, 2019.

THE PARTNERSHIP FOR A HEALTHY DELAWARE COUNTY

The Partnership for a Healthy Delaware County (The Partnership), is a group of agency directors, organizations, businesses and residents representing multiple sectors of Delaware County — from healthcare to business and industry to the schools to churches.

"The Partnership vision is to create a community where we work together to provide opportunities for complete health and well-being."

The Partnership assesses the health of our community and develops and implements an action plan to improve population health. The Partnership uses a community-driven strategic planning process to generate key health strategies, which drive policies, systems, and environmental change.

The Partnership is responsible for the creation and implementation of the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP).

The Partnership for a Healthy Delaware County Values:

Excellence	We believe in setting a high standard for all services provided to everyone within our community.
Respect	We value and acknowledge everyone in our community.
Family	We believe that all policies and programs directed at health and well-being must focus on the individual and their family, however they define it.
Stewardship	We carefully and responsibly make decisions about the health and well-being of our community.
Diversity	We recognize, embrace and appreciate our differences.
Accountability	We take responsibility for participating in The Partnership, for prioritizing health problems in our community, for clearly communicating our findings, and for stimulating action to create a healthier Delaware County.
Holistic	We recognize that health and well-being reflect the wholeness of a person or a community.
Social Justice	We attain social justice when we achieve health equity, eliminate health disparities, and create social and physical environments that promote good health for all.
Collaboration	We work jointly with other partners to attain our vision.
Accessibility	We recognize our obligation to make The Partnership accessible to the community and we believe that information and services must be easily available to provide everyone in our community the opportunity to achieve complete health and well-being.
Integrity	We maintain high ethical principles when assessing and planning for the health and well-being of our community.
Empowerment	We work to mobilize individuals and our community to act to improve its health and well-being.

COMMUNITY HEALTH IMPROVEMENT PLAN

The CHIP is a four-year action plan to address the top priority health issues facing Delaware County. The priority health issues were determined from data obtained in the Community Health Assessment and from input and additional assessments by members of The Partnership.

The current CHIP spans the years 2019-2022. The top health priorities fall into two main categories; Mental Health & Addiction, and Chronic Disease, with a third category containing Cross-cutting Factors.



To develop the CHIP, The Partnership uses the Mobilizing for Action through Planning and Partnerships (MAPP) process.

MAPP consists of 6 phases:

1. Organize for success
2. Create a Vision
3. Complete Assessments
4. Identify Strategic Issues
5. Formulate Goals & Strategies
6. Implement Action Cycle

2019-2022 CHIP Priority Areas & Related Outcomes

Mental Health & Addiction

- Reduce adult & youth depression
- Reduce suicide deaths
- Reduce youth cyber bullying
- Reduce youth bullying on school property
- Reduce adult & youth binge drinking
- Reduce unintentional drug overdose deaths
- Reduce adult & youth non-prescribed prescription drug misuse
- Reduce adult & youth current smokers

Chronic Disease

- Reduce adult, youth, and child obesity
- Reduce adult diabetes
- Reduce adult pre-diabetes
- Reduce adult coronary heart disease
- Reduce adult chronic pain

Cross-Cutting Factors

- Increase the amount of affordable housing required with new development & throughout the county
- Provide cultural competence training for healthcare professionals & other service providers
- Increase transportation opportunities & awareness
- Support trauma-informed health care
- Adopt healthy food initiatives
- Promote healthy eating practices through education & skill building

