



2018 Union County Community Assessment

Foreword

Dear Community Member,

Thank you for your concern for the health and well-being of Union County. The data presented in this publication is the result of the 2018 health and needs status assessment of Union County adults. The data collected from Union County residents is reported along with health information from the Ohio Department of Health and relevant national, state, and local data sources.

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

This report would not exist without the financial support of community organizations and assistance from community leaders who all care about your health. The project was supported financially by the following organizations: Bridges Community Action Partnership, Mental Health & Recovery Board of Union County, Memorial Hospital, Union County Health Department, Union County Senior Services, and United Way of Union County.

In addition, the following individuals worked on the planning committee: Amy Stephens, Dave Gulden, Gene Miller, Holly Zweizig, Jason King, Jason Orcena, Kara Brown, Kathy Brown, Mary Salimbene Merriman, Melissa Humbert, Melissa Meyer, Phil Atkins, Rochelle Twining, Shari Marsh, Shawn Sech, Sue Ware, Teri Heard, Tim Hansley, Tim Schilling, Tony Brooks, and Trevor Secord. Special thanks are given to Tessa Elliott and Britney Ward from the Healthy Communities Foundation of the Hospital Council of Northwest Ohio for guiding this process.

While data is useful, it is how people utilize this information that ultimately benefits the community. Please join the Union County Health Partners as we work together to improve the health and well-being of Union County residents. We encourage you to be open to new ideas and collaborations. We also encourage you to remain optimistic and positive about the excellent work this community can do together.

Sincerely,



Jason E. Orcena, DrPH
Health Commissioner
Union County Health Department

Acknowledgements

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

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

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

Union County Health Department

<http://uchd.net/health-statistics>

Hospital Council of Northwest Ohio

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

Executive Summary

This executive summary provides an overview of health-related data for Union County adults (19 years of age and older) who participated in a county-wide health assessment survey from April 2018 through June 2018. 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). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

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 about the community: 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.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2018 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 various local agencies representing a variety of 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 data collection methods, please see the section below.

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for adults in this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from 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. The investigators decided to derive the majority of the survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the planning committee from Union County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS survey. Based on input from the Union County planning committee, the project coordinator composed a draft of the survey containing 115 items for the survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING

The sampling frame for the adult survey consisted of adults ages 19 and over living in Union County. There were 37,398 persons ages 19 and over living in Union 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 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE

Prior to mailing the survey, the project team mailed an advance letter to 1,200 adults in Union County. This advance letter was personalized, printed on Union County Community Assessment Committee stationery, and signed by Shari Marsh (Executive Director, United Way of Union County), Dr. Jason Orcena (Health Commissioner, Union County Health Department), Dr. Phil Atkins (Director, Mental Health and Recovery Board of Union County), and Kathleen Albanese (Program Manager, Union County Senior Services/UCATS). The letter introduced the county health 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.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Union County Community Assessment Committee stationery) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 35% (n=396; CI=± 4.90). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Union County, the adult data collected was weighted by age, gender, race, and income using 2016 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Union 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 Union 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, the data collection method differed. The CDC adult data was collected using a set of questions from the total question bank, and participants were asked the questions over the telephone rather than through a mailed survey.


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 websites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2018 Union County Community Health Assessment (CHA).

2016 Ohio State Health Assessment (SHA)

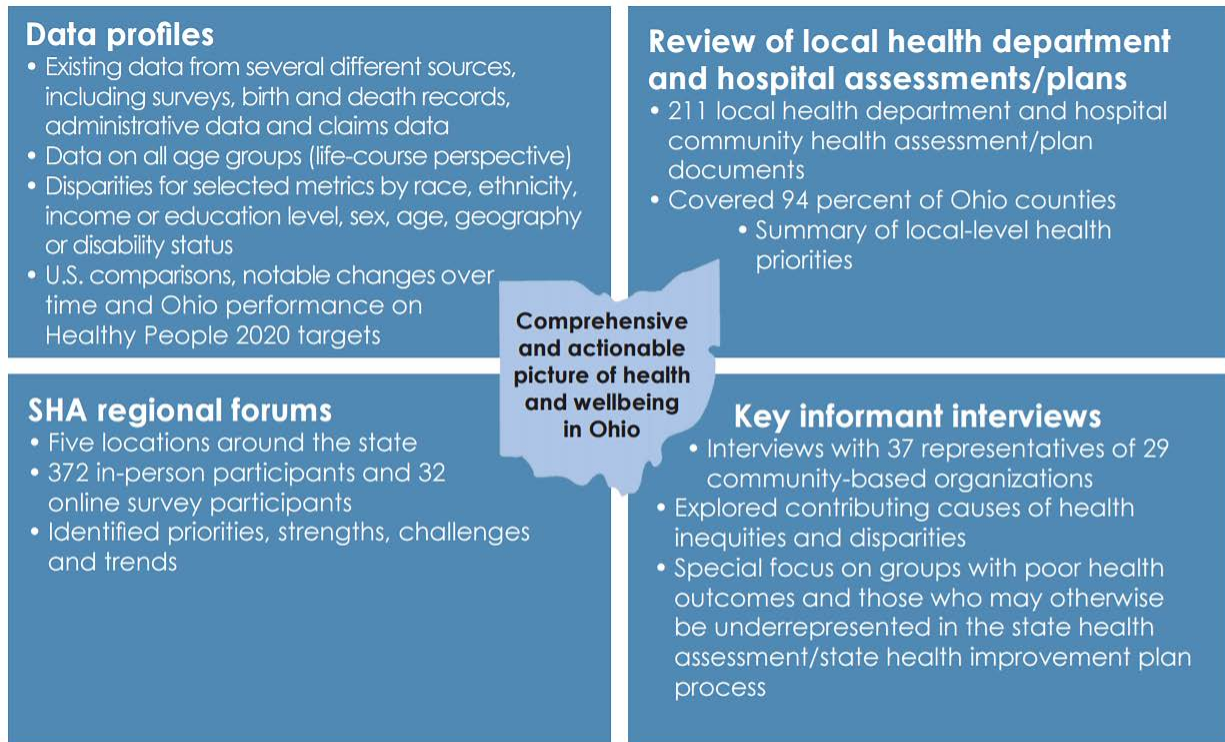
The 2016 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2018 Union 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 2016 Ohio SHA.**

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

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

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

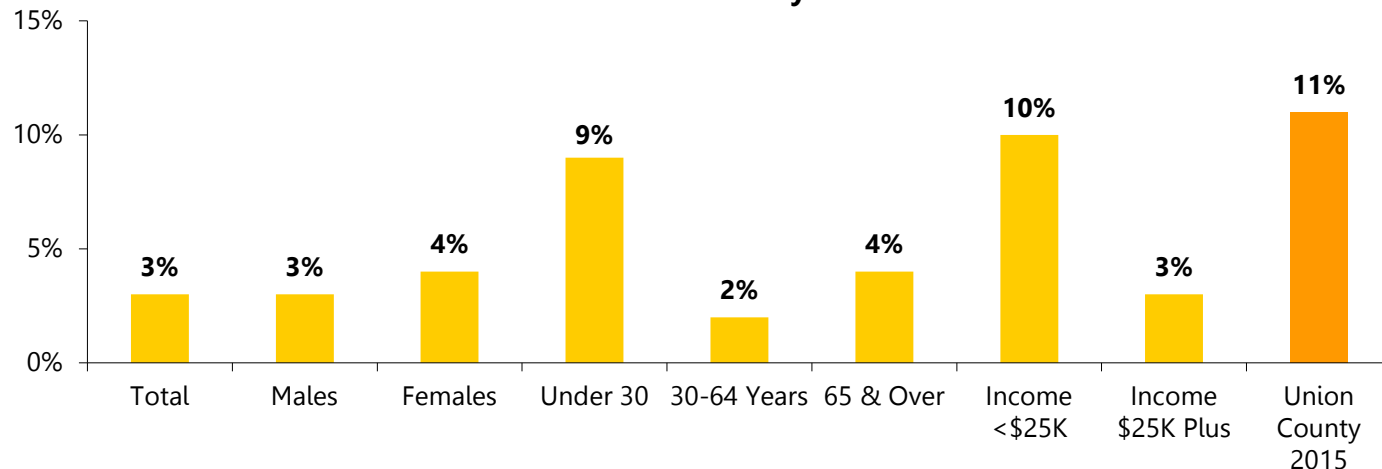


Data Summary | Health Care Access

HEALTH CARE COVERAGE

In 2018, 3% of Union County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000 (10%). The main reason adults gave for being without health care coverage was because they could not afford to pay the premiums (43%).

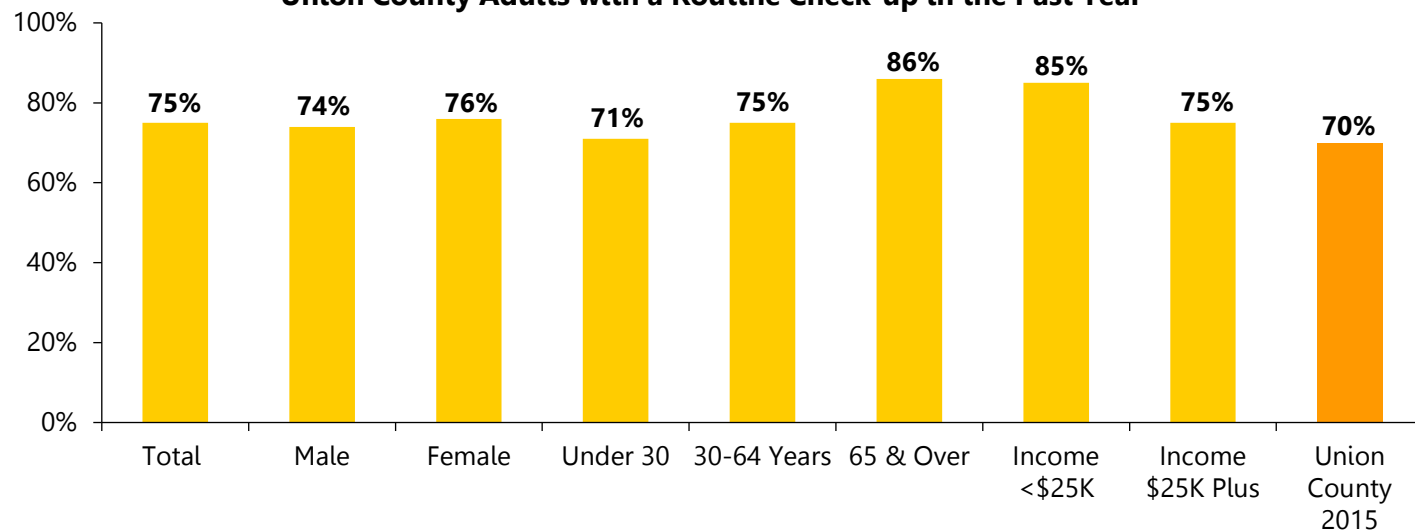
Uninsured Union County Adults



ACCESS AND UTILIZATION

Seventy-five percent (75%) of Union County adults had visited a doctor for a routine checkup in the past year. Fifty-nine percent (59%) of adults went outside of Union County for health care services in the past year.

Union County Adults with a Routine Check-up in the Past Year



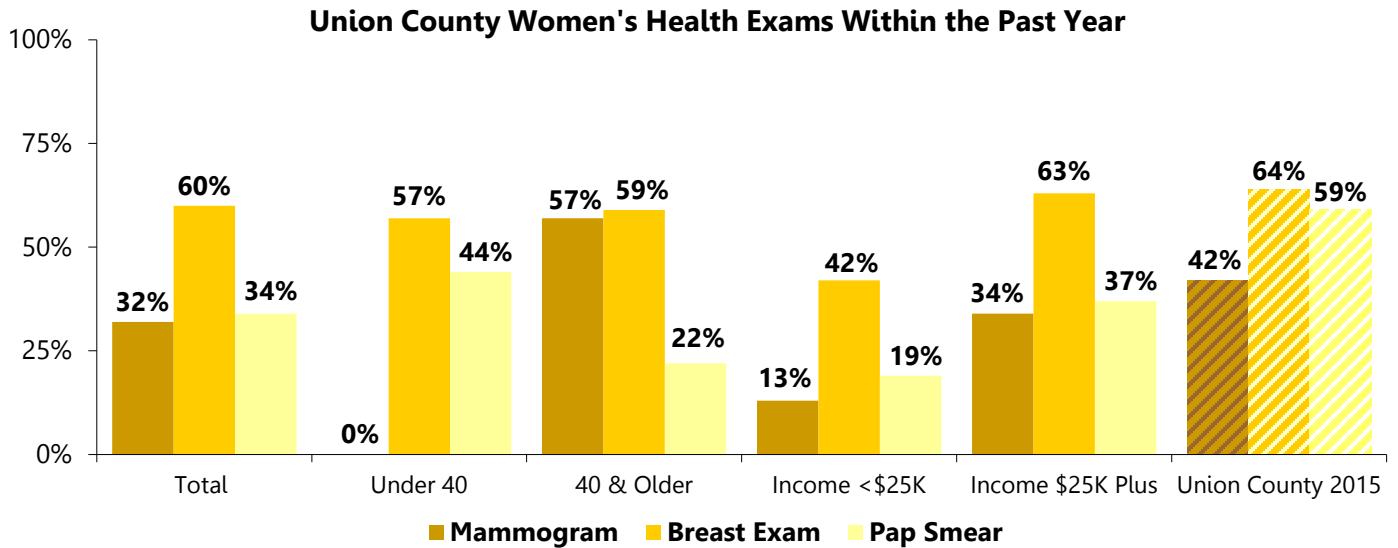
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Nearly one-third (31%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty percent (60%) of adults reported they had a flu vaccine in the past year.

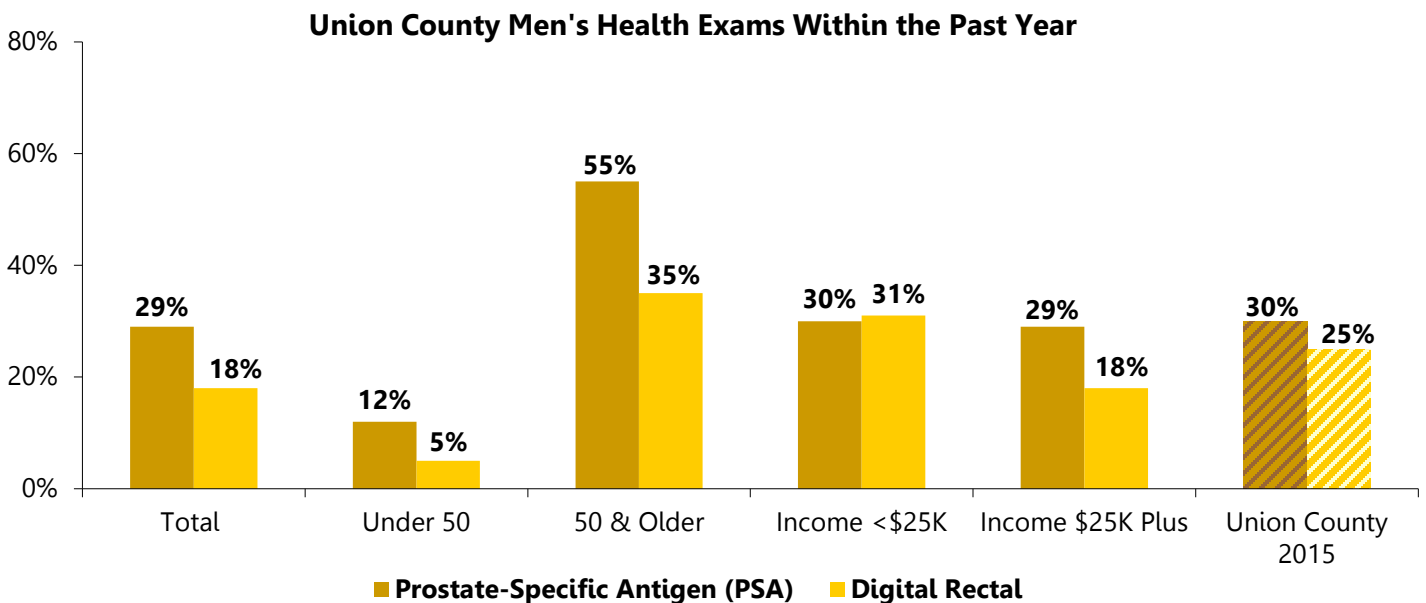
WOMEN'S HEALTH

In 2018, 60% of Union County women had a clinical breast exam and 34% had a Pap smear to detect cancer of the cervix in the past year. Fifty-seven percent (57%) of Union County women over the age of 40 reported having a mammogram in the past year. One percent (1%) of women survived a heart attack and 1% survived a stroke at some time in their life. Fifty-nine percent (59%) of Union County women were overweight or obese, 31% had high blood cholesterol, 22% had high blood pressure, and 13% were identified as current smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2018, 58% of Union County males over the age of 40 had a prostate-specific antigen (PSA) test in the past two years. Seven percent (7%) of men survived a heart attack and 3% survived a stroke at some time in their life. Forty-seven percent (47%) of men had been diagnosed with high blood cholesterol, 35% had been diagnosed high blood pressure, and 9% were identified as current smokers, which, along with obesity (42%), are known risk factors for cardiovascular diseases.

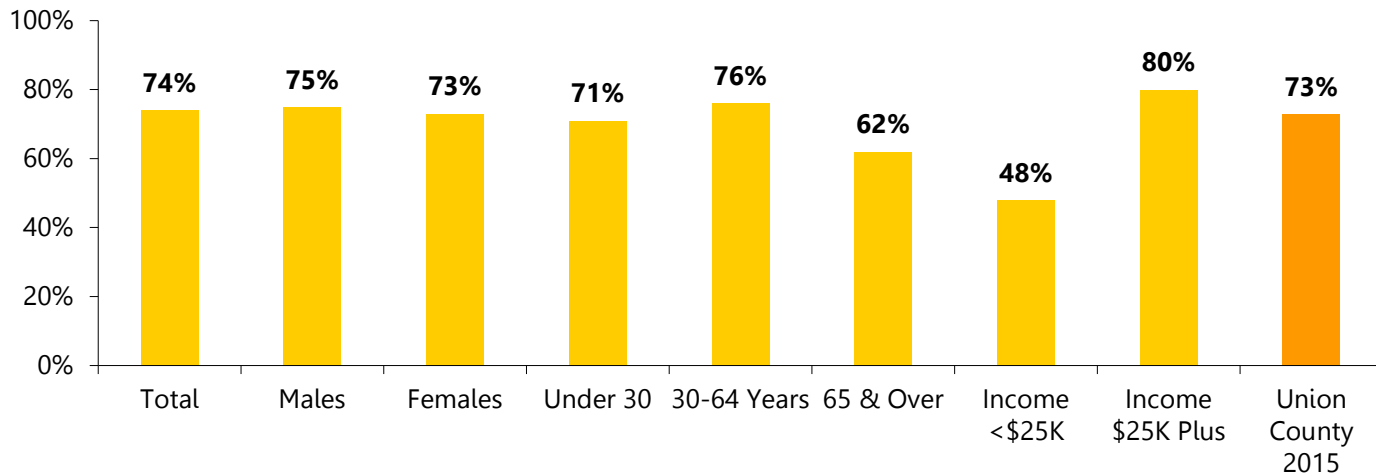


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ORAL HEALTH

Seventy-four percent (74%) of Union County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist in the past year were cost (32%); fear, apprehension, nervousness, pain, and dislike going (22%); and no reason to go/had not thought of it (14%).

Union County Adults Who Visited a Dentist or Dental Clinic in the Past Year

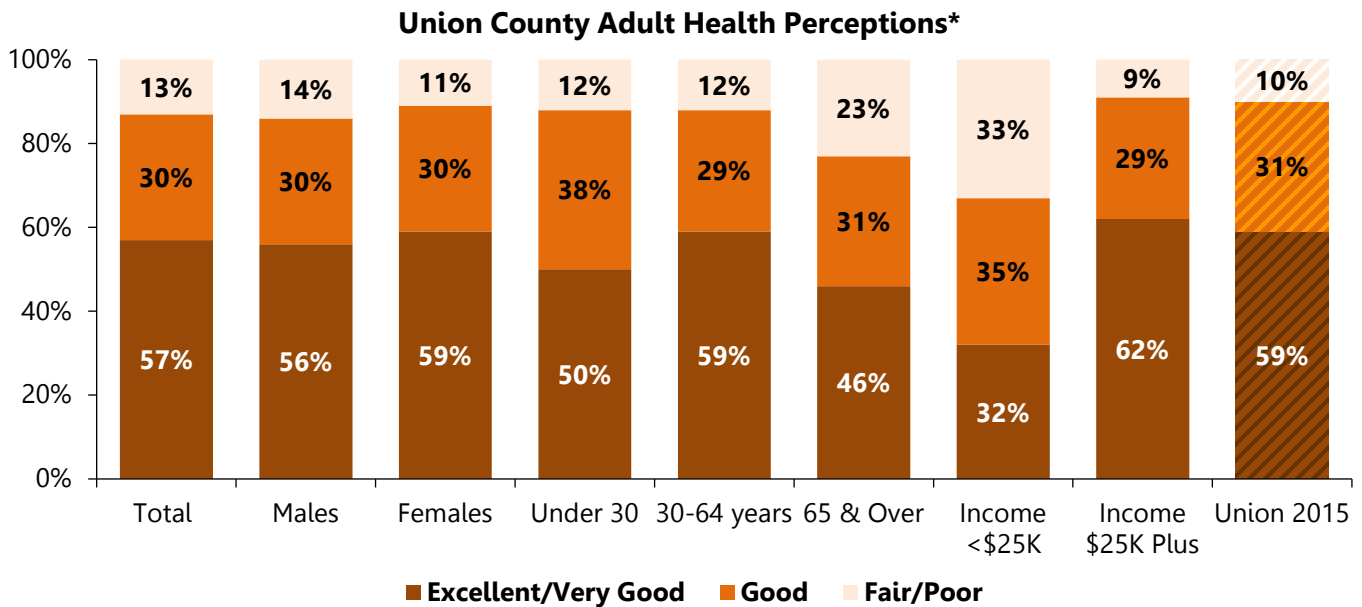


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

In 2018, 57% of Union County adults rated their health status as excellent or very good. Conversely, 13% of adults, increasing to 33% of those with incomes less than \$25,000, described their health as fair or poor.

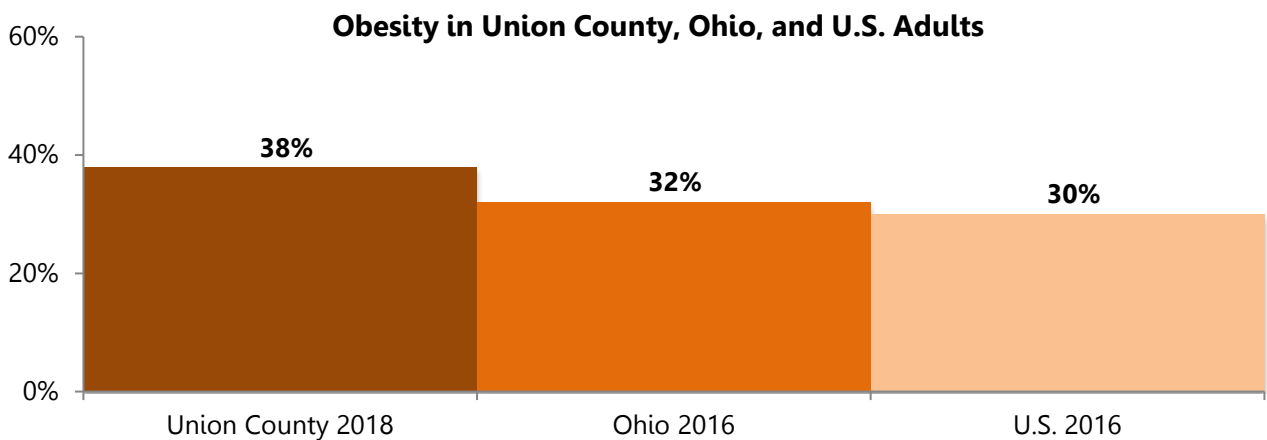


**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*

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.

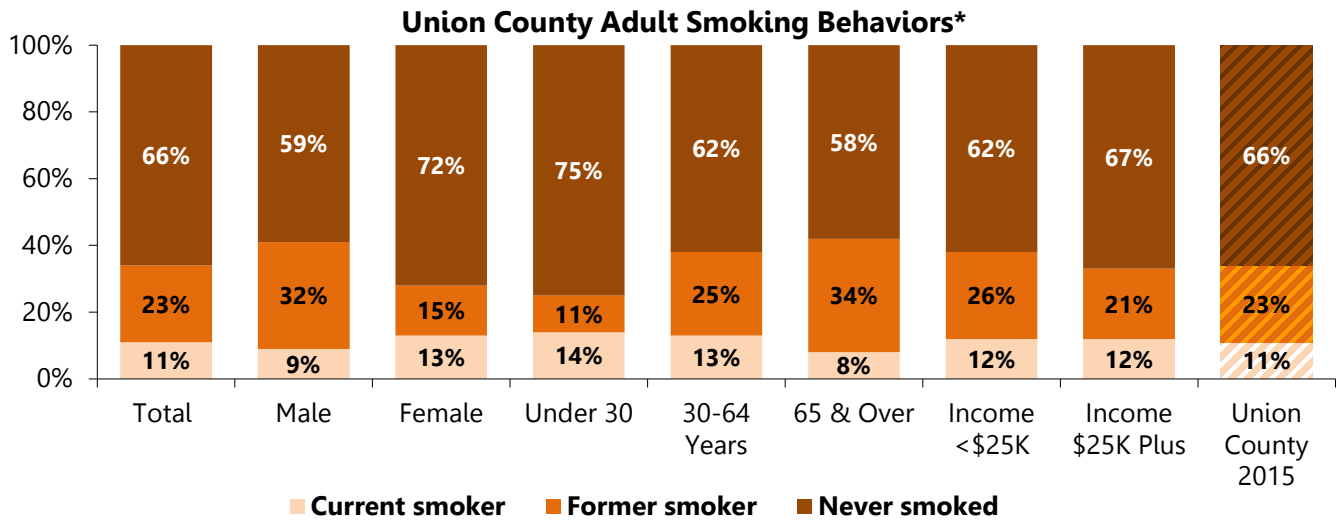
WEIGHT STATUS

Sixty-seven percent (67%) of Union County adults were overweight or obese based on Body Mass Index (BMI). About 1 in 7 (14%) adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.



TOBACCO USE

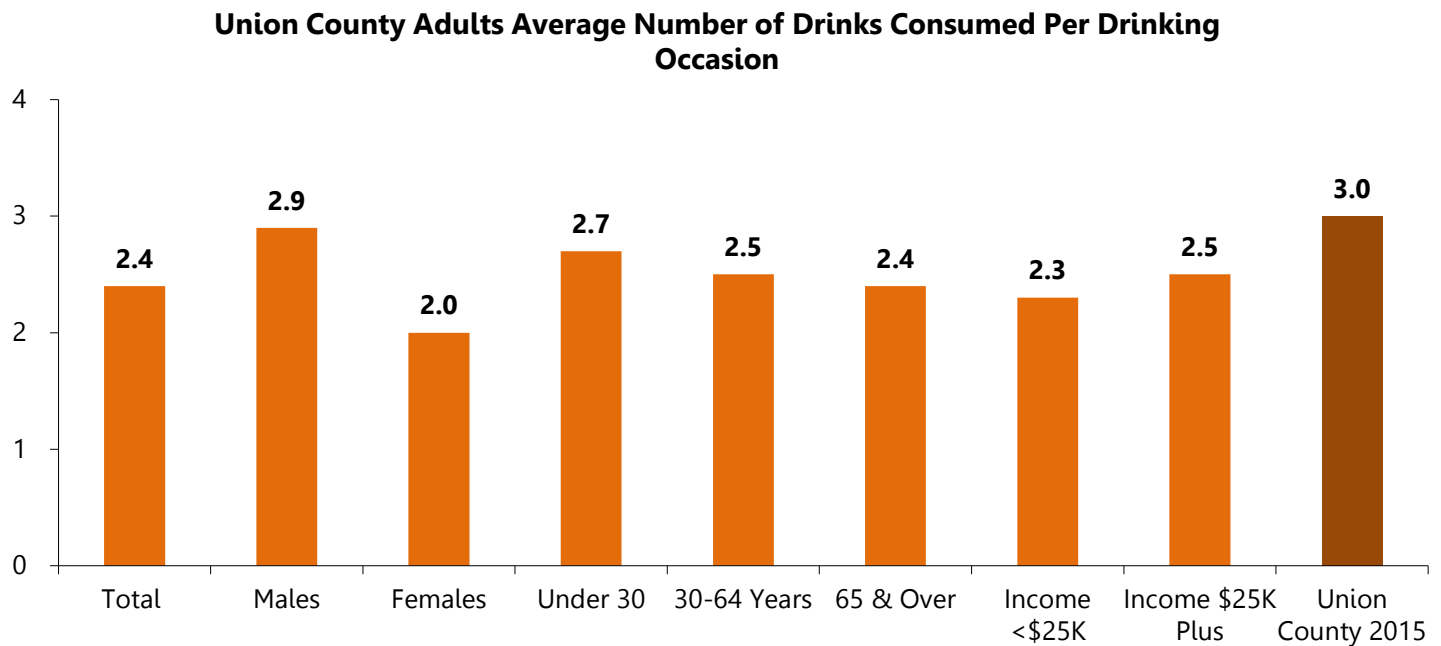
In 2018, 11% of Union County adults were current smokers, and 23% were considered former smokers. Four percent (4%) of adults used e-cigarettes in the past year. Forty-one percent (41%) of adults did not know if e-cigarette vapor was harmful.



*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?"

ALCOHOL USE

Sixty-six percent (66%) of Union County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Twenty-two percent (22%) of all 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.

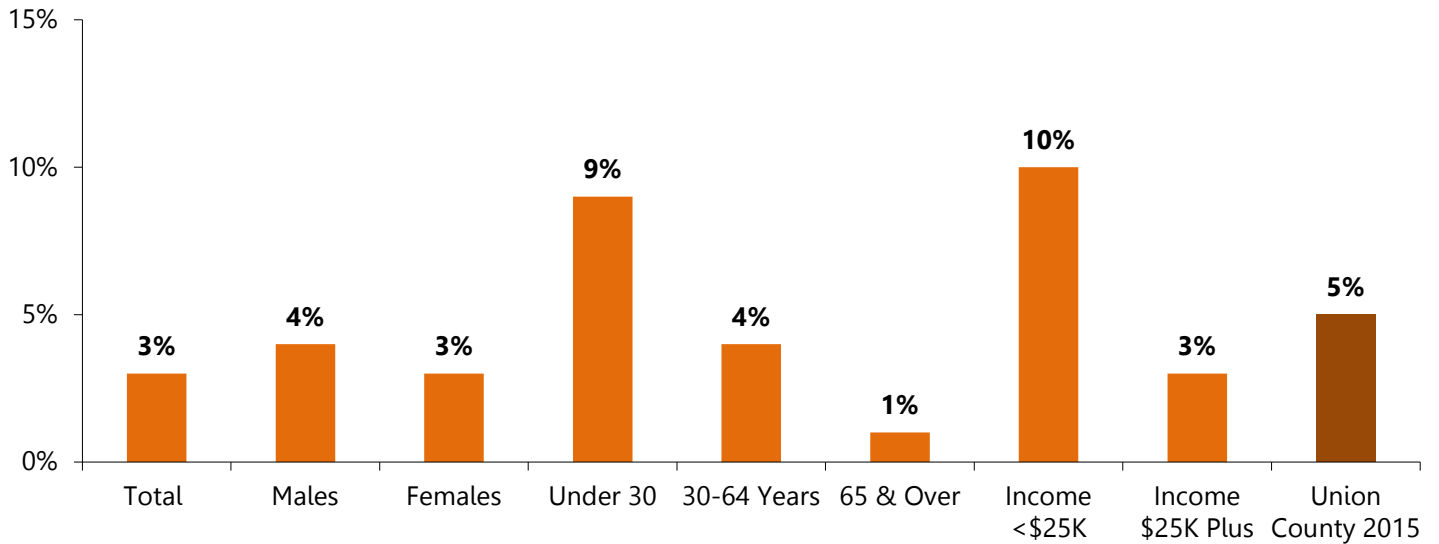


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DRUG USE

In 2018, 3% of Union County adults had used recreational marijuana or hashish during the past 6 months. Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Union County Adult Recreational Marijuana or Hashish Use in Past 6 Months



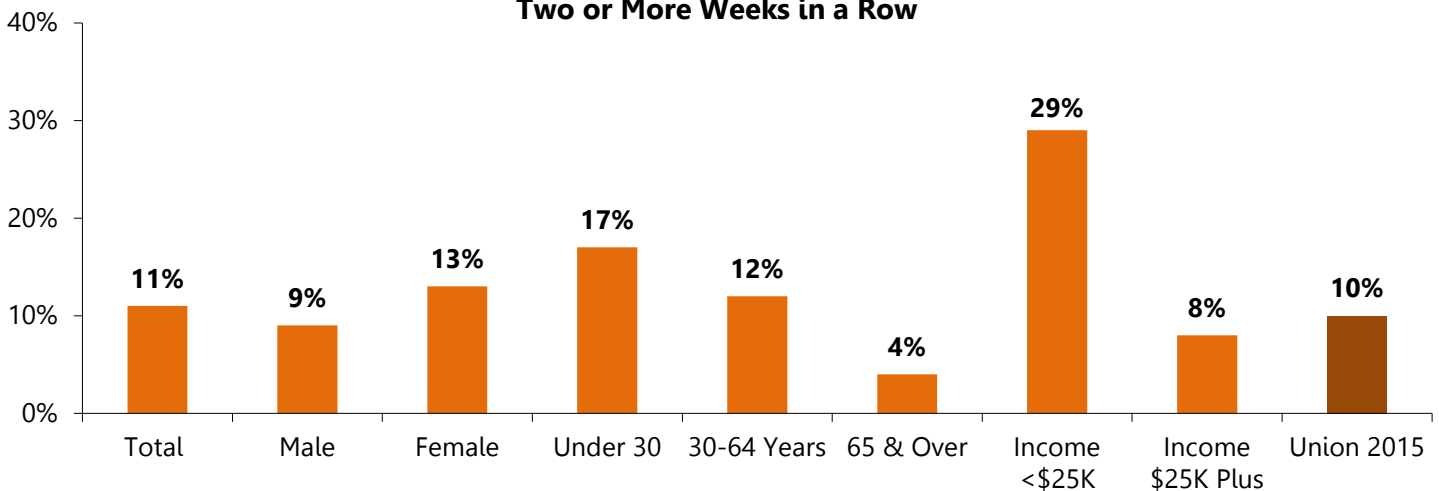
SEXUAL BEHAVIOR

In 2018, 78% of Union County adults had sexual intercourse. Six percent (6%) of adults had intercourse with more than one partner in the past year.

MENTAL HEALTH

Less than one percent (<1%) of Union County adults considered attempting suicide. Twenty-eight percent (28%) of adults reported they or a family member were diagnosed with or treated for anxiety or emotional problems in the past year.

Union County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row

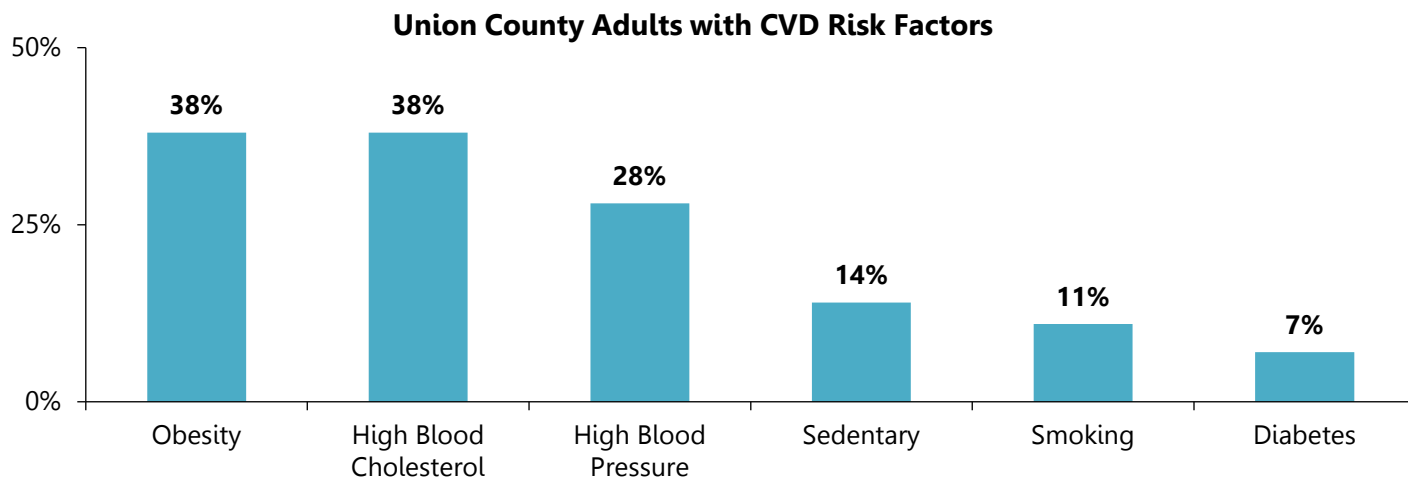


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

In 2018, 4% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than one-third (38%) of Union County adults were obese, 38% had high blood cholesterol, 28% had high blood pressure, and 11% were current smokers, four known risk factors for heart disease and stroke.



CANCER

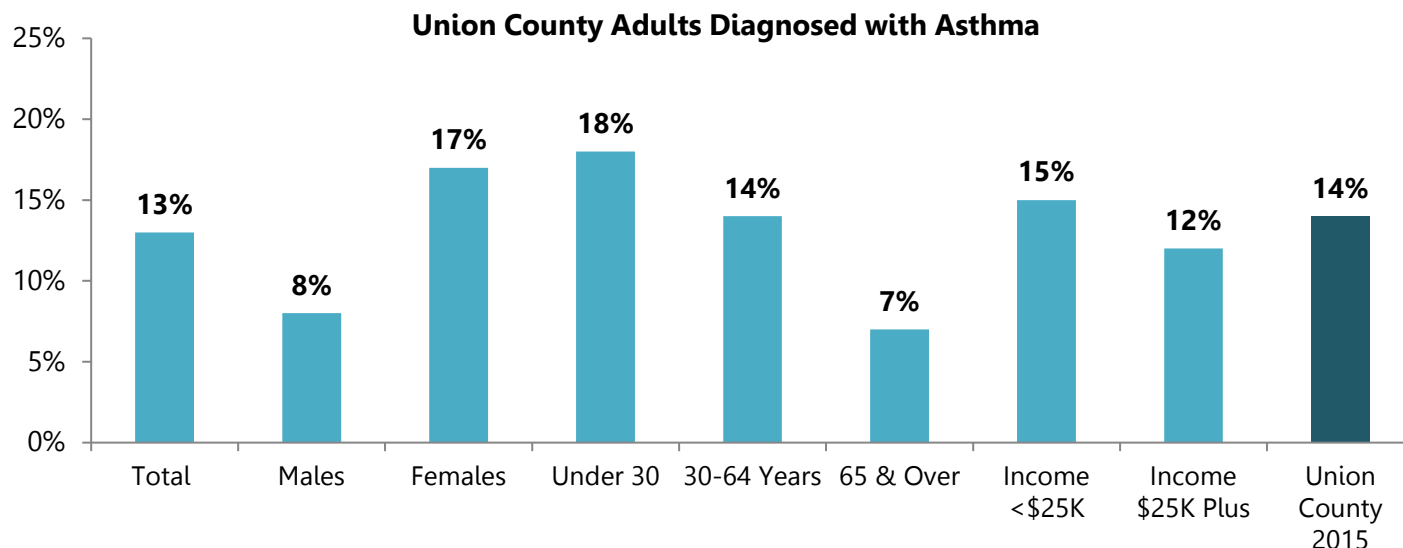
In 2018, 10% of Union County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

Thirty percent (30%) of Union County adults were diagnosed with arthritis.

ASTHMA

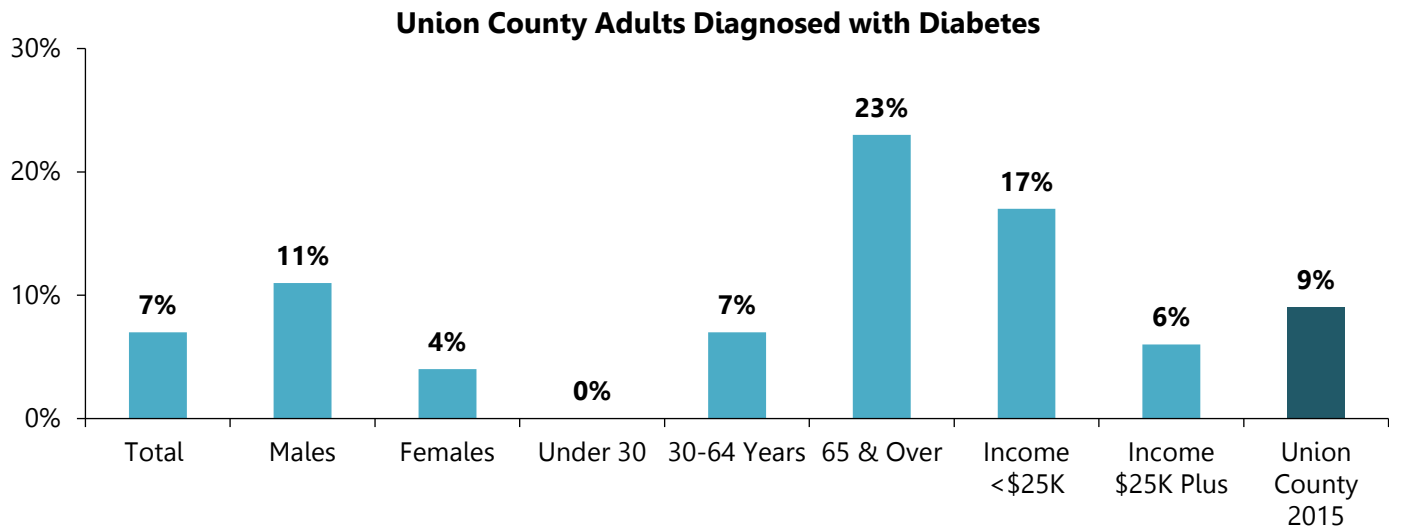
About one-in-eight (13%) Union County adults had been diagnosed with asthma.



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DIABETES

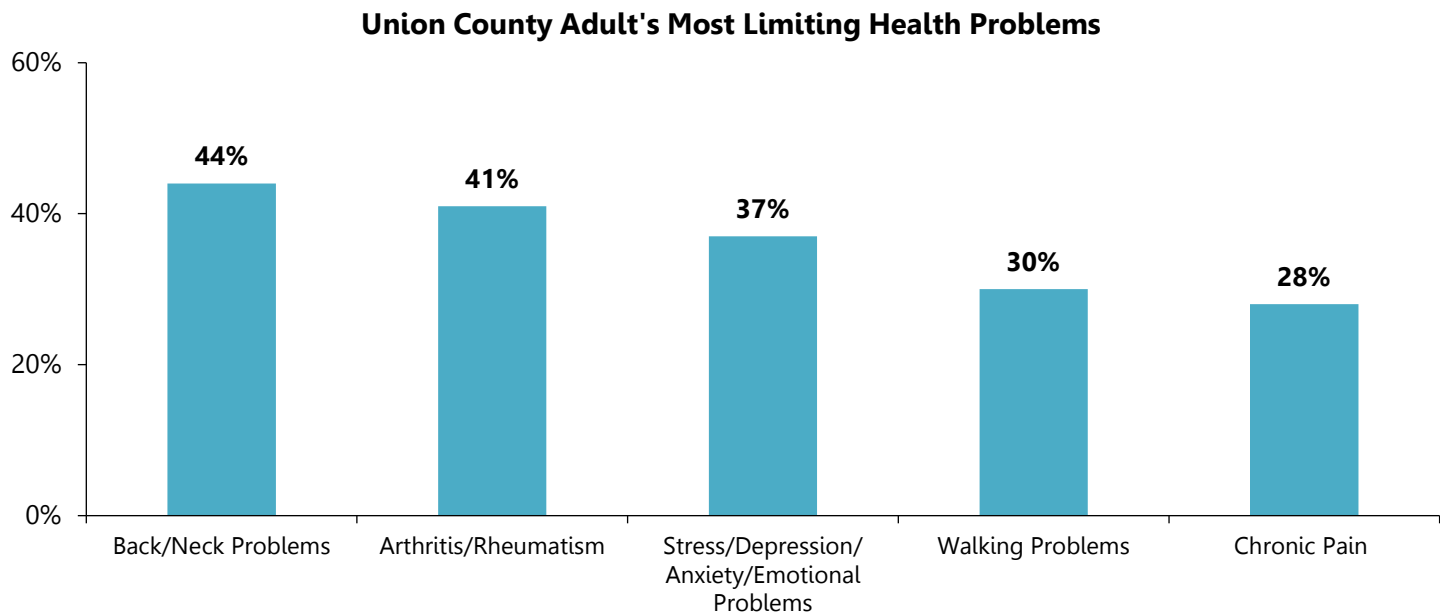
In 2018, 7% of Union County adults had been diagnosed with diabetes.



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

QUALITY OF LIFE

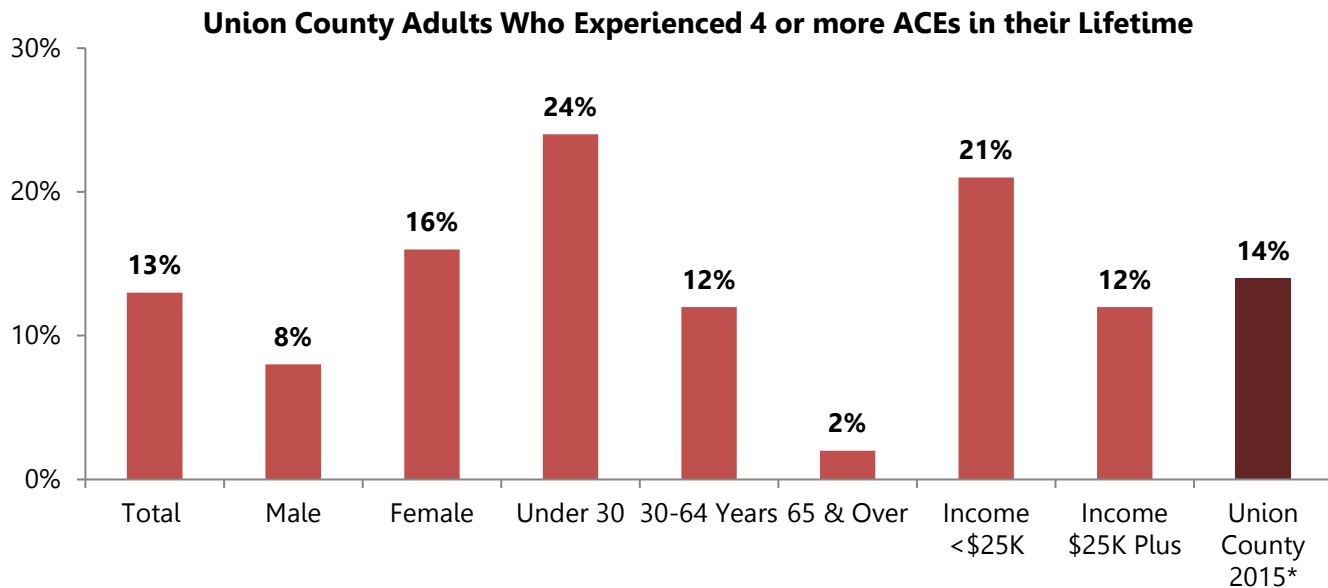
In 2018, 24% of Union County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (44%); arthritis/rheumatism (41%); stress, depression, anxiety, or emotional problems (37%); walking problems (30%); and chronic pain (28%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2018, 13% of Union County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime. About one-in-eight (13%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.



**The 2015 Union County Health Assessment reported those adults who had experienced 3 or more ACEs in their lifetime.*

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.

ENVIRONMENTAL HEALTH

The top two environmental health issues for Union County adults were insects (18%) and air quality (7%). Eighty-four percent (84%) of adults had a working flashlight and working batteries in preparation for a disaster.

PARENTING

The top three challenges parents faced regarding the day-to-day demands of parenthood/raising children were the demands of multiple children (45%), finding affordable extracurricular activities for their child (32%), and financial burdens (27%). Half (50%) of parents discussed a career plan/post-secondary education with their 12-17 year old in the past year.


Adult Trend Summary





Adult Variables	Union County 2015	Union County 2018	Ohio 2016	U.S. 2016
Health Care Coverage, Access, and Utilization				
Uninsured	11%	3%	7%	10%
Visited a doctor for a routine checkup in the past year 	70%	75%	75%	71%
Had at least one person they thought of as their personal doctor or health care provider	89%	92%	83%	77%
Preventive Medicine				
Had a pneumonia vaccination (age 65 and over)	64%	79%	75%	73%
Had a flu vaccine in the past year (age 65 and over)	82%	81%	57%	58%
Had the human papillomavirus (HPV) vaccine (in their lifetime)	3%	14%	N/A	N/A
Women's Health				
Had a clinical breast exam in the past two years (age 40 and over)	76%	74%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	78%	71%	74%	72%
Had a Pap smear in the past three years (age 21 to 65)	84% [‡]	81%	82%	80%
Men's Health				
Had a PSA test in within the past two years (age 40 and over)	N/A	58%	39%	40%
Ever had a digital rectal exam	55%	50%	N/A	N/A
Oral Health				
Adults who had visited a dentist or dental clinic in the past year	73%	74%	68%	66%
Adults who had one or more permanent teeth removed	34%	29%	45%	43%
Adults 65 years and older who had all their permanent teeth removed	20%	15%	17%	14%
Health Status				
Rated health as good, very good, or excellent	90%	87%	82%	83%
Rated health as excellent or very good	59%	57%	51%	52%
Rated health as fair or poor	10%	13%	18%	17%
Rated physical health as not good on four or more days (in the past 30 days)	25%	20%	22%	22%
Rated their mental health as not good on four or more days (in the past 30 days)	24%	30%	24%	23%
Average days that physical health not good (in the past 30 days)	3.9	3.4	4.0 [‡]	3.7 [‡]
Average days that mental health not good (in the past 30 days)	3.5	4.2	4.3 [‡]	3.8 [‡]
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	25%	26%	22%	22%
Weight Status				
Obese 	33%	38%	32%	30%
Overweight	35%	29%	35%	35%
Tobacco Use				
Current smoker (currently smoke some or all days) 	11%	11%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	23%	23%	24%	25%
Tried to quit smoking	45%	48%	N/A	N/A

N/A - Not Available

[‡]2016 BRFSS data as compiled by 2018 County Health Rankings

[‡]In 2015, Pap smear was reported for women ages 19 and over


 Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Union County 2015	Union County 2018	Ohio 2016	U.S. 2016
Alcohol Consumption				
Current drinker (drank alcohol at least once in the past month)	57%	66%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	22%	18%	17%
Drove after having perhaps too much alcohol to drink	4%	3%	4%	4%
Drug Use				
Adults who used recreational marijuana or hashish in the past 6 months	5%	3%	N/A	N/A
Adults who used recreational drugs in the past 6 months	<1%	3%	N/A	N/A
Adults who misused prescription medications in the past 6 months	14%	5%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	6%	6%	N/A	N/A
Mental Health				
Felt sad or hopeless for two or more weeks in a row	10%	11%	N/A	N/A
Made a plan about attempting suicide in the past year	2%	1%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A
Cardiovascular Health				
Had angina or coronary heart disease 	3%	3%	5%	4%
Had a heart attack	3%	4%	5%	4%
Had a stroke	2%	2%	4%	3%
Had been diagnosed with high blood pressure 	28%	28%	34%*	31%*
Had been diagnosed with high blood cholesterol	34%	38%	37%*	36%*
Had blood cholesterol checked within the past 5 years	83%	90%	78%*	78%*
Cancer				
Diagnosed with skin cancer	6%**	3%**	6%	6%
Diagnosed with any type of cancer, other than skin cancer	7%	6%	7%	7%
Diagnosed with cancer at some point in their lives	13%	10%	N/A	N/A
Arthritis, Asthma, & Diabetes				
Had been diagnosed with arthritis	36%	30%	31%	26%
Had been diagnosed with asthma 	14%	13%	14%	14%
Had been diagnosed with diabetes 	9%	7%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	7%	7%	1%	2%
Quality of Life				
Limited in some way because of physical, mental or emotional problem	21%	24%	21%*	21%*

N/A - Not Available

*2015 BRFSS Data

**Melanoma and other skin cancers are included for "diagnosed with skin cancer"

 Indicates alignment with Ohio State Health Assessment (SHA)

Youth Trend Summary

Youth Variables	Union County 2014 (7 th -12 th)	Union County 2016 (7 th -12 th)	Union County 2018 (7 th -12 th)	U.S. 2017 (9 th -12 th)
Physical Health and Nutrition				
Ate 4 or more servings of fruits per day (in the past 7 days)	N/A	7.8%	7.7%	N/A
Ate 4 or more servings of vegetables per day (in the past 7 days)	N/A	5.6%	6.2%	N/A
Physically active at least 60 minutes per day on every day in the past week	N/A	28.2%	26.1%	26%
Physically active at least 60 minutes per day on 5 or more days in the past week	N/A	43.3%	53.1%	46%
Did not participate in at least 60 minutes of physical activity on any day in the past week	N/A	8.0%	9.3%	15%
Did not eat breakfast on any day in the past week	N/A	12.5%	12.4%	14%
Violence and Safety				
Carried a weapon on school property (in the past 30 days)	3.9%	3.8%	1.8%	4%
Threatened or injured with a weapon on school property (in the past 12 months)	4.9%	7.7%	8.3%	6%
Been in a physical fight (in the past 12 months)	16.9%	18.2%	18.7%	24%
Been in a fight on school property (in the past 12 months)	6.9%	7.9%	9.0%	9%
Bullied (in the past 12 months)	N/A	N/A	29.8%	N/A
Electronically/cyber bullied (in past 12 months)	21.7%	19.5%	19.3%	15%
Bullied on school property (in past 12 months)	8.6%	24.9%	27.0%	20%
Did not go to school because felt unsafe (in the past 30 days)	4.6%	10.1%	6.8%	7%
Always wore a seatbelt (when riding in a car or other vehicle driven by someone else)	56.6%	58.4%	65.2%	N/A
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	7.7%	6.4%	4.5%	6%
Tobacco Use				
Current smoker (during the past 30 days)	11.1%	5.8%	13.7%	9%
Smoked for the first time before age 13 (of all youth)	N/A	N/A	5.6%	10%
Used electronic vapor products (during the past 30 days)	N/A	7.3%	11.0%	13%
Believe their parents feel it is wrong or very wrong for them to use tobacco	90.6%	93.1%	95.4%	N/A
Believe their friends feel it is wrong or very wrong for them to use tobacco	67.4%	70.0%	78.2%	N/A
Alcohol Consumption				
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	17.3%	15.8%	13.7%	30%
Drank for the first time before age 13 (of all youth)	N/A	14.3%	14.3%	16%
Drove a car or other vehicle when they had been drinking (in the past 30 days)	2.9%	2.2%	4.1%	6%
Rode with someone who was drinking	12.1%	10.7%	7.9%	17%
Believe their parents feel it is wrong or very wrong for them to drink alcohol	77.8%	76.2%	77.8%	N/A
Believe their friends feel it is wrong or very wrong for them to drink alcohol	56.2%	54.2%	56.1%	N/A

N/A-Not Available

Data collected and reported by the Council for Union County Families

Youth Variables	Union County 2014 (7 th -12 th)	Union County 2016 (7 th -12 th)	Union County 2018 (7 th -12 th)	U.S. 2017 (9 th -12 th)
Drug Use				
Said their parents talk to them often or very often about drugs and alcohol	27.5%	30.5%	33.5%	N/A
Youth who used marijuana (in the past 30 days)	8.8%	7.7%	7.4%	20%
Tried marijuana for the first time before age 13 (of all youth)	N/A	4.4%	3.8%	7%
Drove a car or other vehicle when they had been using marijuana	N/A	N/A	3.4%	13%
Believe their parents feel it is wrong or very wrong for them to use marijuana	92.1%	90.8%	91.5%	5%
Believe their friends feel it is wrong or very wrong for them to use marijuana	72.1%	71.8%	75.5%	2%
Ever used cocaine (in their lifetime)	2.3%	1.7%	1.0%	3%
Ever used heroin (in their lifetime)	0.7%	1.0%	0.8%	6%
Ever used steroids (in their lifetime)	0.9%	1.4%	0.5%	14%
Ever used inhalants (in their lifetime)	1.6%	3.6%	4.2%	20%
Ever misused prescription medications (in their lifetime)	N/A	13.7%	12.8%	N/A
Believe their parents feel it is wrong or very wrong for them to misuse prescription drugs	96.4%	92.1%	96.3%	N/A
Believe their friends feel it is wrong or very wrong for them to misuse prescription drugs	86.7%	82.4%	89.5%	N/A
Ever been offered, sold, or given an illegal drug by someone on school property (in the past 12 months)	8.6%	7.1%	5.2%	N/A
Sexual Behavior				
Ever had sexual intercourse	22.5%	15.1%	15.9%	40%
Had four or more sexual partners (of all youth)	21.6%	17.9%	22.7%	10%
Had sexual intercourse before age 13 (for the first time of all youth)	15.8%	12.7%	15.2%	3%
Reported being forced to have sexual contact or intercourse	N/A	19.3%	22.0%	N/A
Been asked to send a sext (in their lifetime)	N/A	N/A	37.2%	N/A
Received an unwanted sext (in their lifetime)	N/A	N/A	29.2%	N/A
Said their parent talks to them often or very often about sex	15.7%	18.7%	16.6%	N/A
Mental Health				
Seriously considered attempting suicide (in the past 12 months)	20.7%	22.1%	23.2%	17%
Attempted suicide (in the past 12 months)	4.9%	7.5%	6.5%	7%
Purposefully hurt themselves (in the past 12 months)	16.9%	18.9%	19.0%	N/A

N/A-Not Available

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