ADE Incorporated

Request For Proposal: 3179

School Climate/SEL Survey

Presented by:

ADE Incorporated

PO Box 660

Clarkston, MI 48347

Opening Date: May 6th, 2015

Opening Time: 2:00 p.m.

MASTER

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VENDOR INFORMATION SHEET

VENDOR INFORMATION SHEET FOR RFP 3179

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	ADE Incorporated
V2	Street Address	PO Box 660
V3	City, State, ZIP	Clarkston, MI 48347

V4	Telephone Number		
	Area Code:	Number: 248-625-7200	Extension:
V5	Facsimile Number		
	Area Code:	Number: 248-625-1839	Extension:
V6	Toll Free Number		
	Area Code:	Number: 1-800-334-1918	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: James Haggerty
	Title: Director
	Address: PO Box 660 Clarkston, MI 48347
	Email Address: jim@adeincorp.com

V8	Telephone Number for Contact Person		
	Area Code:	Number: 1-800-334-1918	Extension: 22
V9	Facsimile Number for Contact Person		
	Area Code:	Number: 1-248-625-1839	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: James Haggerty	Title: Director

V11	Signature *(Individual must be legally authorized to bind the vendor per NRS 333.337)*	
	Signature:	Date: 4/29/2015

TAB IV

STATE DOCUMENTS

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Greg Smith
Administrator

SUBJECT:	Amendment 1 to Request for Proposal 3179
RFP TITLE:	School Climate/SEL Survey
DATE OF AMENDMENT:	April 27, 2015
DATE OF RFP RELEASE:	April 6, 2015
OPENING DATE:	May 6, 2015
OPENING TIME:	2:00 PM
CONTACT:	Annette Morfin, Procurement Staff Member

The following shall be a part of RFP ***3179.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

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1. What is the budgeted value of an awarded contract?

   The dollar amount varies based on the determined roll out of the survey. The budgeted amount begins at $175,000 a year for five years, but could be enhanced to up to $350,000 depending on the scope of the survey and number of students surveyed.

2. If our survey is exclusively online, what technologies/infrastructure already exists within the schools to allow students with disabilities to take the survey? For current partners, often times accommodations are made for individuals to read the survey aloud to vision impaired students. Will similar accommodations be possible?

   As of Spring 2015, all schools are set up to take tests and surveys online. Read aloud accommodations are possible.

3. The RFP references a 28-day turnaround for paper based survey but does not express a similar timeline for online surveys. Is there a specific timeline expectation?

   28 days from the close of the administration of the survey.

4. What is the Bighorn System and what are the expectations for the files and content to be transferred to and from it? Would providers be expected to build new technologies to communicate with the Bighorn System?

   Bighorn is NDE's secure data transfer system for handling student level data. Vendors would require secure file transfer capability, but will be able to communicate with Bighorn via the internet.

5. Is it a correct assumption that the Bighorn System would be used to roster student data? If so, how often are data collected and updated for the Bighorn System? What is the strategy for addressing discrepancies that exist between data available through the Bighorn System and actual students attending Nevada Public Schools?

Rosters come from district level student information systems, not from Bighorn. NDE does verify the data that is received from districts and it is updated daily. NDE will walk the selected vendor through the process.

6. Will reports be made public?

Yes.

7. Who will be the primary audience of survey information?

There are a number of expected audiences. Principals and districts will be able to use the data for school improvement efforts, the Department of Education will be able to use the information for technical assistance purposes, grantors and evaluators will be able to use the information as an evaluation of their effectiveness, parents will be able to see student perception of their school climate.

8. What do you mean by Principal Certification in Section 3.7.3?

Form required by the state, collected each year. The Vendor doesn't have to worry about this.

9. What will be the expectations for the Vendor Presentations the week of June 11th? Will these presentations be in person?

Presentations do not need to be in person. NDE would like to see an example of the survey, how it meets our needs, and an example of what sort of reports NDE would be able to generate.

10. Can you clarify the meaning of "normed/valid" survey in this context? For example, are there any specific characteristics you would expect of a survey that was normed and valid?

NDE would expect the survey to have been developed by testing experts, piloted, and revised so that NDE knows the survey is dependable and stable for what the survey is designed to measure. NDE would like the constructs that make up the overall school climate ranking to be valid independently of one another, to aid with data-based decision-making in terms of intervention selection.

11. Can you confirm the scope of the survey as defined in section 5.2 – is the assumption that the total population to be surveyed will be 245,000 (based on a sample of 35,000 students in each of six grades [6-12])?

Yes, although potentially this will be done in a piloted roll-out of grade levels over time.

12. 1. In Section, 1.8.1.1 it states that NDE wants to be able to gauge mental health factors at a school level to promote the growth in that arena in the schools, as well as, to provide NDE with comparison data from school to school. What specific aspects of mental health are desired?

NDE would like to understand students' social and emotional strengths, as well as some of the mental health issues that are rated on instruments such as the YRBS (depression, bullying issues, etc.)

13. In section 1.8.1.2 it states that "NDE also wants to be able to distill this information down to sub-group populations, including race/ethnicity, gender, socio-economic status (SES), etc." Can you provide clarification on these variables? How quickly can the selected vendor expect to receive the desired sub-group information? Also, what level of assurance should the vendor have, upon receipt of the subgroup information, that the data is accurate?

    NDE would assume that this information could be garnered as a part of the survey, or, if student identifiers are applied, they would work with district student information systems in order to match students with their demographics.

14. Section 3.1.4.2 states that the data gathered should be analyzed into useable information. It also outlines NDE's expectations around the data being sensitive to change. What is the timeline for deployment of said interventions? Is there an expectation to conduct a survey administration before and after an invention(s) is implemented? Will the NDE provide information about each participating school, such as school demographics? Will student demographics also be provided?

    NDE plans to implement the survey once in the fall as a baseline, and then in the spring for the next four years. Many interventions in our piloting districts will be introduced at about the same time as the first survey administration. The school demographics can be gathered at the school/district/ or state level.

15. With respect to the 28 calendar day release referenced in Section 3.6.4, can there be a preliminary release to NDE and then a final release to district and school level stakeholders at a later date?

    There can be an earlier release to the NDE, but in order for the assessments to be used formatively, we want to get the information back to the schools as soon as possible, so still within that 28-day time frame.

16. Section 3.7.1 references the need for psychometric support to scoring, data analysis and reporting. To whom should this psychometric support be provided? Also, can more detail be provided around the expectations for support?

    Vendors should be prepared to show NDE the school reports they expect to be able to garner as a result of the survey and be able to show NDE what information they expect us to be able to get through reading those reports. By the third year, we would also like to see trend data in the form of reports.

17. Section 4.1.2 references registration requirements with the State of Nevada, Secretary of State's Office as a foreign corporation prior to contract execution. About how much time would it take to be recognized by the State and will any exceptions be made for a selected vendor, with respect to the overall timeline, should this step be required?

NDE can't speak to how long the Secretary of State's office will take, but if the vendor begins taking the appropriate steps upon the issuance of the Letter of Intent and through no fault of their own are unable to keep to the deadline, exceptions can be made.

18. Section 11.3.3.1 notes that "the contractor shall be subject to inspection and acceptance by the State"; what data does the NDE require, e.g., student-level responses? What is the protocol and frequency for inspection of the contractor?

Once the contract is in place; NDE will work with the contracted vendor to make sure that the contract is being operated as it should. Your response to the RFP will determine the "inspection and acceptance" by the independent evaluation committee.

19. We would like to confirm that NDE does not want a transmission of respondent-level data. That is, all deliverables to NDE will be aggregated to the school or district levels

Yes.

20. In addition to a technical report, would NDE like a report that aggregates survey data to the state level at the end of each contract year?

Potentially, but it isn't currently a requirement of this project.

21. Can NDE clarify the meaning of "principal certifications" described in section 3.7.3.3?

See Answer to Question 8.

22. Section 1.5 notes that this contract would service the seventeen (17) local school districts and a Public Charter Authority. Can you confirm how many schools in total will be eligible for the survey, and whether all will be required to participate or be allowed to opt in for the five year project? Are they all PK-12 environments, or will the contractor be supporting alternative sites and other custom environments?

This is dependent upon the survey instrument being proposed. At the minimum, NDE would like to survey all middle and high schools in the state, but are interested in looking at what is available for elementary schools as well. Legislation will determine whether there is an opt in option or a requirement. NDE doesn't believe that has been determined at this time. Vendors can see the Department of Education website, particularly the Nevada Report Card, for more information about individual schools and the number of schools.

23. Section 3.3.1.1 states: The intention will be to pilot the selected survey in either specific grade levels or a specific district, with the intention of full scale roll out by the end of the contract period as more funding becomes available. Does NDE have a requirement for the # of schools that need to participate in the pilot in year one or will the vendor be defining the pilot? Also, how will the statewide roll-out be phased? I.e. would NDE be open to a slow roll-out to the entire state over the course of the subsequent four years, or is the survey expected to be administered to all schools in Year Two of the grant onward?

NDE has certain requirements based on grant awards given to the State. The Vendors would not necessarily be expected to administer to all schools in Year Two (dependent on current legislation that is not yet determined), but would meet with a team at NDE to help design the pilot. At a minimum, NDE needs to include 3-6 districts in the first year.

24. Is NDE interested in other levels of reporting aside from school- and district-level (i.e. aggregate reports by level, norming data or trend data over years, etc.)?

Yes, very interested.

25. How will NDE staff be engaged with this project? Does the State have regional coordinators that could support the roll-out of this work to the schools? If so, how are they broken up, and how much of their time could/would be allocated to this project?

NDE has a small team of grant leaders who will meet to help with determining the roll out of the project, etc. but NDE does not have any local level school support outside of the first year of the pilot in the grant funded districts.

26. Section 3.7.2 notes using the Nevada Bighorn Portal for secure data transfer. Can NDE specify the server environment for Nevada Bighorn and the requirements for the vendor's use of this portal in terms of transfer of responses to the vendor for analysis and report generation? Also, what is the expectation from the State on where the survey will "live" - in the vendor's environment or within the State's infrastructure for ongoing administration and reporting?

Nevada Bighorn is a sequel server. The vendor needs access to the internet and secure file transfer capabilities and will work with the NDE to develop specific protocol. We expect the survey to 'live' with the NDE at the end of the five years, so NDE can work to develop an infrastructure that would allow NDE to continue administering the survey at the end of the grant which funds this project.

27. Will reports be publicly posted? Are there specifications for the vendor on how data needs to be presented (types of graphs/ charts, specific platform or format, etc.)?

Yes, but NDE is interested in seeing their options as to what type of information is possible in terms of the reports.

28. In section 3.4.1.6, it notes that the vendor is responsible for costs related to the meeting room and meals. Would NDE be responsible for securing the rooms and ordering food for attendees? Can you provide clarity on how these costs should be built into the Cost Proposal or how it can be incorporated into the travel reimbursement if that is the intended process?

The NDE can secure rooms, etc. and costs can be listed as 'allocated meeting expenses'.

29. Please confirm that NDE would like all responses to be anonymous, and no identifiers at the respondent level are required as part of this grant.

NDE would like this to be an anonymous survey, although de-identified numbers may be assigned in order to match student records for demographic purposes, etc.

30. Will NDE require the raw data in addition to the school- and district-level reports?

Yes.

31. What reader software does NDE use for schools with visually impaired students?

This is a district by district decision.

32. Does NDE require a copy of the full surveys and sample reports for the proposal?

Yes.

33. Will the vendor be required to track any other school-level indicators as part of the reporting, such as graduation rates, attendance, incident rates, performance indexes?

No.

34. Is NSD open to a collaborative survey instrument design, with norming conducted by selected vendor using pilot school response data?

Potentially.

ALL ELSE REMAINS THE SAME FOR RFP 3179.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: ADE Incorporated

Authorized Signature: James Haggerty

Title: Director Date: 4/29/15

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	XX
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES		NO (See note below)	XX
Note: By marking "NO" for Public Record CD included, you are authorizing the State to use the "Master CD" for Public Records requests.			

Part III – Confidential Financial Information			
YES		NO	XX
Justification for Confidential Status			

ADE Incorporated
Company Name

James Haggerty
Signature

James Haggerty Director

Print Name

4/29/15
Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

ADE Incorporated

Vendor Company Name

Vendor Signature

James Haggerty, Director

Print Name

4/29/15

Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By: James Haggerty, Director — 4/29/15

Signature of Official Authorized to Sign Application — Date

For: ADE Incorporated

Vendor Name

RFP: 3179 School Climate/SEL Survey

Project Title

This document must be submitted in Tab IV of vendor's technical proposal

TAB V

ATTACHMENT B

TECHNICAL PROPOSAL CERTIFICATION

OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES XX I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

ADE Incorporated

Company Name

Signature

James Haggerty, Director

Print Name

4/29/15

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

TAB VI

SCOPE OF WORK

3.1 Proposing vendors must provide a comprehensive summary of the recommended survey and related services or products.

ADE incorporated has over 30 years of experience in the field of custom assessment and survey creation for juveniles and adults. We have created a software platform to capture the data from our surveys which includes the optional ability to track and monitor clients beyond the assessment and survey processes with custom data collection fields. Our customers now benefit from a comprehensive product offering that includes assessments, custom surveys, custom web applications, database design, hosting, reporting, training and support. These features are all part of an integrated information system designed to meet our customer's needs. We currently offer our assessment tools and surveys using paper, electronic media and Scantron formats.

As part of RFP 3179 ADE Incorporated plans to partner with The Hospital Council of Northwest Ohio (HCNO) who will be a subcontractor for ADE incorporated for the purposes of this proposal. The Hospital Council of Northwest Ohio (HCNO) has been conducting community health assessments, including survey development and administration since 1999 and has completed adult assessments in more than 32 counties and youth assessments in more than 27 counties. HCNO has facilitated youth survey processes in 178 school districts across the state of Ohio and in Michigan. Since 1999, HCNO has surveyed more than 23,000 youth. HCNO is the only organization in Ohio that has three full time staff dedicated to survey instrument development and administration through county level community health assessments and contracts with qualified researchers from the University of Toledo to provide technical assistance to the process. The proposed HCNO Team to develop this survey has 35 years of combined experience in public health and survey research. The HCNO Project Team has published numerous articles in peer-reviewed journals and has presented at numerous national and state conferences on survey research. HCNO also has a long history of managing state-level sub-contracts including projects with the Ohio Department of Health, Ohio Department of Public Safety , and the Ohio Health Information Partnership. HCNO focuses on multi-system state, regional, and local level collaborative projects.

- ***HCNO and ADE will develop and test questions based on current drug trends and other issues including school safety, learning environment, mental health, & social and emotional growth. HCNO and ADE can draw from an already available pool of questions or come up with new questions that are more current than what is being collected through national assessments like the Youth Risk Behavior Surveillance System (YRBSS) and the Behavioral Risk Factor Surveillance System (BRFSS). We take the time to make sure an inclusive group of people are involved from the very beginning of the process, and sign off on the final survey.***

- ***Survey instruments are designed and pilot tested for each study. As a first step in the survey design process, health & education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio meet to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the needs of adolescents and other potential needs of the Nevada Department of Education.***

- ***HCNO utilizes an independent Institutional Review Board (IRB), Chesapeake Research Review, Inc. All aspects of the survey development will be reviewed and***

approved by the IRB board, including the survey and the overall methodology. This ensures that all proper research standards are used and there is no potential harm to respondents by participating in the survey.

The ADE Software that will be utilized for this project is a customizable web-based application that can be accessed remotely from anywhere with an internet connection using most modern devices including personal computer, tablet or Smartphone. The program is currently available 24/7 with a 99.9% uptime. The Administrator portal is currently driven by user permissions and privileges. Personnel trying to access the program must have valid login credentials. This solution allows the ability for mobile use of the program by staff members as well as the ability to add local items to the program on an as needed basis for those who have permission to make changes.

The Scope of this RFP 3179 would require only minor customization to implement a solution for the Nevada Department of Education. Our Adult & Juvenile survey application is currently in use across the country in State, County & Local government agencies as well as private practice use.

3.1.1 NDE is open to consideration of proposed online or computer adaptive surveys, as well as, to traditional paper/pencil formats.

The preferred solution of ADE would be an exclusively web based adaptive survey. This format by far allows the most flexibility and ease of use for school districts, teachers, students and the Nevada Department of Education. The online solution streamlines all facets of this project including logistics and reporting. The following are just a few benefits to this solution.

- ***Skip Questions or Branching Logic (optional)***
- ***Real-Time Data Collection***
- ***Real-Time Reporting capability***
- ***Question Randomization (optional)***
- ***Audio (optional)***
- ***Question Filtering (ex. A district that does not want sex related questions, no sex question or response that involves sex would appear to the student.)***
- ***Programming Logic or rules (prevents outside of defined range responses)***
- ***Eliminates clerical errors and sloppy penmanship.***
- ***Online surveys are completed faster thus allowing more survey questions to be asked in a class period***
- ***Automated timing of the survey***
- ***Time stamped survey***
- ***Privacy***

ADE is open to creating a Paper/Pencil format used in conjunction with a Scantron form if necessary.

3.1.2 NDE is open to consideration of surveys administered to students only, or to students, staff, and parents.

ADE can create a survey or surveys that can be administered to students only, or to students, staff and parents if that is the direction the Nevada Department of Education. The software used in data capture will be able to handle any volume necessary.

3.1.3 At a minimum, NDE is intending to survey all middle and high school students, but NDE is interested in surveying younger students as well, if the surveys are normed and validated for younger ages.

Based on years of experience surveying youth across the country, it was determined that 7th thru 12th grade youth would be the most appropriate grades to survey. This is because our surveying has consistently found a very low frequency of risky behaviors in students in grade 6 and under. Risky behavior becomes more prevalent in the 7th grade based on our survey experience. However, the survey being created for this project can be administered to all desired grade levels at the request of the NDE.

3.1.4 Tasks, Activity, Deliverables and Objectives

ADE will accomplish all tasks and activities and meet all deliverables and objectives as set out by RFP 3179

3.1.4.1 Task: Administer a normed/valid survey to middle and high school students in the State.

ADE will assist in the administration of a normed and validated survey to all middle and high school students in the state.

A. Objective: Rate, at a minimum, the student's perception on student engagement, relationships, school safety, the learning environment, and the social and emotional growth of students.

The survey being created for this project will contain appropriate questions to gauge and rate all areas required or desired by the NDE including student engagement, relationships, school safety, learning environment and social and emotional growth.

B. Activity: Administer the survey during a prescribed survey window.

ADE will assist in making sure that all surveys are administered in the prescribed time period as designated by the NDE.

C. Deliverable: Ensure notifications of privacy rights are followed.

ADE will ensure that all measures to protect the privacy of Faculty, Staff, Students and Parents will be used during the entire contract period of this RFP.

D. Distribute surveys and survey administration instructions to all schools located in Nevada.

ADE strongly recommends the use of the online survey application for this project as previously described in section 3.1.1 due to its many advantages. However, regardless of the format chosen ADE will make sure that the survey and all necessary instructions are delivered to all schools in Nevada at the direction of the NDS in a timely manner for the survey to be administered.

E. Activity: Collect responses while protecting survey security.

ADE will ensure that survey responses are collected in a secure and private environment as far as we are capable of doing so and with the assistance of the NDE, School Districts and Faculty. Responses will be collected in an efficient and timely manner. ADE will provide all practical means of digital security and encryption when securing the survey responses of students, faculty and parents.

F. Deliverable: Secure surveys collected.

ADE will provide an address for all response forms to be securely shipped for scoring if a paper/pencil solution is necessary for this project. If the survey is done online ADE will ensure that all responses and data captured is stored in a secure and private environment.

3.1.4.2 Task: Analyze the data gathered into useable information

ADE can create reports as directed by the NDE that will put the data in a usable and meaningful format. Data can also be filtered and queried as necessary to obtain the desired information from the survey questions. Data can also be provided to the NDE in a raw format for further analysis or exported to another reporting program as directed by the NDE.

A. Objective: Be able to read the data and determine needs and strengths at the school and district level. NDE expects the data generated to be sensitive to change once interventions are implemented.

ADE will provide reports or query functions as directed by the NDE to help in determining the needs and strengths at both the school and district levels. Trends in data over time can be analyzed to see if implemented interventions are having the desired impact.

B. Activity: Generate school and district reports explaining how schools rated in the categories mentioned above (refer to Section 3.1.4.1 A).

ADE can create reports as directed by the NDE for this project that will contain School and District level reporting capability. These reports will rate the schools and districts as directed by the NDE in all desired categories that are addressed by the survey including student engagement, relationships, school safety, learning environment and social and emotional growth.

1. These may be broken down into sub-populations, where appropriate.

   ADE can create reports and queries for other desired sub-populations as deemed appropriate by the NDE.

C. Deliverable: School and district reports of school climate ratings.

ADE can provide District and School level reports that show climate ratings as directed by the NDE.

3.2 EXECUTIVE SUMMARY

3.2.1 Proposing vendors must describe in brief general terms how the proposed survey can fit the State's requirements and any specific benefits that the State would receive by choosing this approach over any alternatives.

Creating a survey that meets the requirements of any organization is a collaborative process. The requirements of this RFP are no different. ADE in partnership with our subcontractor Hospital Council of Northwest Ohio (HCNO) proposes to.

- ***Take the time to make sure an inclusive group of people at NDE are involved from the very beginning of the process. Using a primary focus of survey questions on the needs and strengths in the areas of school climate, school safety, student engagement, relationships, learning environment, social & emotional growth. Other areas such as mental health and substance use may also be considered if appropriate.***

- ***ADE and HCNO will facilitate a question selection meeting. Key stakeholders throughout the state will be invited, as directed by NDE or any other system stakeholders with a vested interest, at both the state and local level. This question selection meeting will take place prior to the fall pilot testing period in 2015.***

- ***The instrument when possible will be designed to match state and national surveys in order to provide direct comparisons, when applicable.***

- ***The proposed draft survey instrument will be reviewed by the NDE, with feedback being given to ADE and HCNO prior to the fall pilot testing period in October 2015.***

- ***The survey questionnaire will be complete once NDE has signed off on the final survey questions. The survey will then be ready for use in the fall pilot 2015 and the following school year in 2016.***

- ***ADE proposes the final survey be administered in an online format for ease of distribution, training, administration and data collection across all school districts. This solution provides multiple advantages to the traditional paper/pencil method as outlined in section 3.1.1 of this RFP.***

- ***Reporting capability will be available for all years of survey data collected during the awarded contract period. This will allow for direct comparisons by district and school and provide the ability to evaluate the effectiveness of ongoing initiatives of the NDE.***

In conclusion, we are confident that based on our depth of experience in youth and adult survey development and implementation, ADE and The Hospital Council of Northwest Ohio will greatly exceed expectations in all areas of the Scope of Work as we have outlined in this proposal. We have clearly demonstrated: knowledge of and experience in prevention science, a vast amount of experience in survey development, and ability to meet the Scope of Work timeline. We are also certain that ADE is the right organization to execute this proposal and have clearly demonstrated our organizational capacity through: 30 years of experience with state and local government agencies, our depth of

experience in developing and implementing survey administration projects, including similar projects we have completed and the examples we have provided. ADE would be honored to partner with the NDE to develop a custom survey instrument and to provide a successful administration of the final survey to all schools state wide. This project will assist the state and local communities in identifying areas of strength and needs of individual schools and districts while helping to gauge the effectiveness of implemented initiatives in the State and local communities of Nevada.

3.3 PROJECT TIMELINE

3.2.1 Proposing vendors must submit a preliminary project timeline as part of the information provided. This should correspond with the time constraints (refer to section 1.2.1).

Deliverable	***Completion Timeframe***
Survey Creation and Finalization Meetings	***July - October 2015***
Implement Data Capture Architecture and Customization for Nevada Pilot Program	***October 2015***
Implement survey in pilot locations	***TBD Fall 2015***
Finalize Survey and Data Capture software for 2015-2016 School year rollout	***TBD Fall 2015***
Attend all required meetings to meet the objectives of this RFP	***June 2015- Ongoing***
2016 – 2017 School Year Survey	***Ongoing***
2017 – 2018 School Year Survey	***Ongoing***
2018 – 2019 School Year Survey	***Ongoing***
Provide Reporting of Survey Data	***Ongoing***

3.3.1.1 The intention will be to pilot the selected survey in either specific grade levels or a specific district, with the intention of full scale roll out by the end of the contract period as more funding becomes available.

ADE will pilot the survey in a format and locations that best work for the NDE.

3.4 PROJECT MANAGEMENT

3.4.1 Proposing vendors must describe their approach to promoting a working relationship with NDE, including but not limited to the following factors:

ADE believes in a collaborative approach in working with business partners. We find that frequent and effective communication with all parties involved helps ADE provide the custom surveys and software products that best meet our customers' needs. ADE plans to use the same collaborative approach with this project in working with NDE staff.

3.4.1.1 Regular communications with NDE staff through a variety of methods including e-mail, phone, conference calls, video conferencing and meetings;

ADE plans to stay in regular contact with key NDE staff. Initial meetings will be set from the onset of the contract award and continue as needed until the project has been completed. ADE during the course of normal business presently utilizes e-mail, phone, live chat, conference calls, in person meetings and web conferencing.

We currently provide all of our customers with support and training using, phone, live chat, web conferencing and onsite training.

3.4.1.2 An approach that is collaborative, client-oriented, and proactive in terms of services and planning needed to complete a successful Survey administration;

ADE believes in a collaborative approach in working with business partners. We find that frequent and effective communication with all parties involved utilizing all appropriate methods that suit our clients helps us to provide the custom surveys and software products that best meet our customers' needs. ADE plans to use the same collaborative and client-oriented approach with this project in working with NDE staff to complete a successful survey administration.

3.4.1.3 Availability to NDE staff to answer questions and offer technical expertise and advise on Survey issues:

ADE staff assigned to this project as well as select sub contractor staff will be available during business hours Monday-Friday to offer technical expertise and advise on survey issues for the full duration of the awarded contract.

3.4.1.4 Assurances that the survey will comply with adopted procedures for State-administered surveys and ensure students who are enrolled in public schools can participate;

The proposed survey solution and process will comply with adopted procedures for State-administered surveys and will ensure students who are enrolled in public schools can participate. The proposed web-based adaptive survey solution will help greatly in this process as it provides many more options to NDE in getting full participation from all 17 school districts in the state.

3.4.1.5 Assurance that the assessment meets compliance and peer review requirements of the United States Department of Education.

HCNO utilizes an independent Institutional Review Board (IRB), Chesapeake Research Review, Inc. All aspects of the survey development will be reviewed and approved by the IRB board, including the survey and the overall methodology. This ensures that all proper research standards are used and there is no potential harm to respondents by participating in the survey. Utilizing the IRB will provide assurances that the survey will comply with adopted procedures for State-administered surveys and ensure students who are enrolled in public schools can participate, along with meeting compliance and peer review requirements of the United States Department of Education.

3.4.1.6 Arrangement of at least one planning meeting with NDE staff to be held each contract year;

ADE will arrange for a minimum of one planning meeting with NDE staff each contract year.

A. Contracted vendor will pay for the meeting room and meals provided for the meeting.

ADE will arrange and pay for the meeting room and meals provided for the meeting. As a courtesy NDE staff should provide adequate notice to ADE on preferred location of the meeting and an approximate count of how many individuals are planning to attend. This will allow ADE to plan accordingly on location, room size and meal requirements to ensure a successful meeting with maximum participation.

3.4.1.7 Attendance at relevant Survey Security and Administration trainings

ADE will assign staff member(s) to attend all relevant survey security and administration trainings. Via, face to face, phone, video conference or other alternative methods where appropriate.

3.4.1.8 and Routine presentations related to program management and planning meetings.

ADE will assign staff member(s) to attend all presentations related to program management and planning meetings. Via, face to face, phone, video conference or other alternative methods where appropriate.

3.5 FUNCTIONAL AND TECHNICAL REQUIREMENT

3.5.1 Survey Design, Item Development, and Form Publishing

Please see sample survey and report located in Tab IX other informational material.

3.5.1.1 Proposing vendors must demonstrate how the survey provides valid and reliable information on perceptions of student engagement, interpersonal relationships, school safety, the learning environment, and the social and emotional growth of students; and

Environmental Scan:
ADE will collaborate with HCNO and with the Nevada Department of Education (NDE), to determine what data collection activities are currently in process. Timelines and survey populations will be discussed openly with the partner agencies.

ADE along with HCNO and the University of Toledo will conduct a literature review to build on its existing question bank to identify any existing survey questions that would be of interest. For example, HCNO currently includes questions regarding adverse childhood experience (ACE) in community health assessments. For those using the Trauma Informed Care Model, this data would be extremely useful. HCNO is currently involved in a community-wide assessment in Chardon, Ohio to assess the impact of the 2012 school shooting on the students, the faculty/staff, and community responders from many different sectors. This process involved the development of multiple assessment tools and procedures based on published literature and discussion with key stakeholders. In this same fashion, key stakeholders in the mental health and addiction services areas in Ohio will be included to help determine all available measures and resources as well as to help determine gaps and needs.

Instrument Development:
HCNO is a neutral organization and has a strong record of promoting collaboration between multiple organizations within counties, the Northwest Ohio region, and the state of Ohio. HCNO's survey development process is no different. We take the time to make sure an inclusive group of people are involved from the very beginning of the process, and sign off on the final survey.

ADE and HCNO will facilitate a state-wide question selection meeting, comparable to how we conduct them at the county level. Key stakeholders throughout the state will be invited, in coordination with NDE, and other system stakeholders with a vested interest, at both the state and local level. This question selection meeting will take place in the fall of 2015, in order to pilot test the survey in the fall.

The instrument will be designed to match state and national surveys in order to provide direct comparisons, when applicable.

ADE and HCNO will provide technical assistance and advice throughout the <u>entire process</u>, not only the two weeks prior to, during and after the survey window.

3.5.1.2 Proposing vendors must demonstrate the ability to provide all students, including those with a disability, access to the survey, including but not limited to printing vision-impaired survey booklets based on order amounts from school districts and the ability to create Braille survey booklets based on order amounts from school districts if the survey is delivered in a paper/pencil format.

ADE will make all efforts possible to accommodate students with a disability. Online electronic delivery of the survey can provide multiple visual contrast options for ease of use as well as audio function if desired by the NDE.

3.6 TEST ADMINISTRATION, LOGISTICS, AND DATA PROCESSING

3.6.1 Contracted vendor must provide a service call center/help desk two (2) weeks prior to, during, and two (2) weeks after the survey window(s).

ADE and HCNO will provide technical assistance, and advice throughout the <u>entire process</u>, not only the two weeks prior to, during and after the survey window. Additionally ADE staff can be reached via live chat and e-mail to answer questions anytime.

3.6.2 Contracted vendor must deliver and /or provide access to the survey materials to schools two(2) weeks before the testing window.

ADE will ensure the survey and instructions are provided to all participating schools using either the online survey (recommended) or the paper/pencil survey at least 2 weeks prior to the testing window.

3.6.3 Contracted vendor must sequence the dates for the return and scoring of the assessment to minimize turnaround time for reporting student scores to the schools and school scores to NDE in order to meet NDE's data analysis deadlines.

ADE will coordinate dates for the return and scoring of the assessment. If the web based survey format is used responses are received in real-time and data can begin to be reported upon and analyzed right away without a large turn-around time.

3.6.4 NDE will expect electronic reporting of school reports to occur within a timeframe to be negotiated, but in no instance more than 28 calendar days from the return of the answer documents if the assessment is delivered in a paper/pencil format.

ADE and HCNO will have no issue meeting the deadlines as listed above for reporting purposes back to NDE.

3.6.5 Contracted vendor must collaborate with NDE staff and develop business decision rules consistent with existing practices for data file layout, data processing, and reporting.

ADE fully intends to collaborate with NDE staff to develop a plan that meets the needs of the NDE. Including business decision rules, data file layout, data processing procedures and reporting needs.

3.7 SCORING, DATA ANALYSIS, AND REPORTING

3.7.1 Contracted vendor must provide psychometric support to scoring, data analysis, and reporting.

ADE and HCNO will provide reports that provide psychometric data. These reports will help show areas of strength and potential weakness in desired categories as outlines by NDE during initial meetings.

3.7.2 Contracted vendor must score all assessments, utilizing the Nevada Bighorn Portal for secure data transfer to and from NDE and to and from the school districts.

ADE will work with the NDE to utilize the Bighorn Portal.

3.7.3 Contracted vendor must provide services on-line, which must include the following:

3.7.3.1 Upcoming assessment schedule;
3.7.3.2 Reporting;
3.7.3.3 Principal certifications; (no longer required per RFP Addendum)
3.7.3.4 Administration Manual
3.7.3.5 Additional materials order; and
3.7.3.6 Assessment materials pickup

ADE will provide a support website for this project that will contain all of the items above as well as other important information.

- ***Assessment schedule***
- ***Reporting***
- ***Instructions***
- ***Administration Manuals***
- ***Additional materials order form (if applicable)***
- ***Assessment materials mailing information or pickup (if applicable)***
- ***Support schedule***
- ***Live Chat Feature***
- ***Important contacts information***

3.7.4 Contracted vendor must publish a survey specific technical report each contract year.

3.7.4.1 The format and content for this technical report must meet industry standards.

ADE and HCNO will publish a survey specific technical report each contract year that meets industry standards. (Please see report sample Tab IX other informational material).

3.7.5 Contracted vendor must publish and interpretation guide to explain school score reporting to teachers and parents in both English and Spanish.

ADE will publish an interpretation guide that explains the metrics used for reporting. This will be available in both English and Spanish and parents and teachers will have access to this report.

TAB VII

COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Company name	**ADE Incorporated**
Ownership	***ADE Incorporated is a "C" Corporation***
State of incorporation	***Michigan***
Date of incorporation	***May 1983***
Number of years in business	***32***
List of top officers	***Bryan Ellis, James Haggerty***
Location of Company headquarters	***Clarkston, MI***
Locations(s) of company offices	***Clarkston, MI***
Locations(s) of the office that will provide the services described in this RFP	***Clarkston, MI***
Number of employees locally with the expertise to support the requirements identified in this RFP	***ADE will provide on-site employees as needed to satisfy the requirements of the RFP***
Number of employees nationally with the expertise to support the requirements identified in this RFP	***11***
Locations(s) from which emoployees will be assigned for this project	***Clarkston, MI***

4.1.2 **Please be advised,** pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada,. Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015

ADE Incorporated acknowledges and is fully prepared to comply with this requirement

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us

Nevada Business License Number	***8263117317***
Legal Entity Name	***ADE Incorporated***

Is "Legal Entity Name" the same name as the vendor is doing business as?

YES

4.1.4 Vendors are cautioned that some services may contain licensin requirements(s). Vendors shall be proactive in verification of these requirements prior to proposal submitted. Proposals that do not contain the requisite licensure may be deemed non-responsive

ADE Incorporated acknowledges the need to provide for all licensing requirements included in this proposal.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

NO

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, department, or divisions?

NO

ADE Incorporated employees no individuals who are current or former employees of the State of Nevada.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of the RFP must also be disclosed.

Does any of the above apply to your company?

NO

ADE Incorporated has no history of contract failures or breaches. ADE Incorporated has no history of civil or criminal litigation, and has never been alleged to be, or held, liable in a matter with any entity with whom we have contracted.

4.1.8 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFP 3179.*** Does your organization currently have or will your organization be able to provide the insurance requirements specified in ***Attachment E?***

YES

If awarded this contract. ADE Incorporated will provide the Certificate of Insurance identifying the coverage as specified in Attachment E, Insurance Schedule for RFP 3179

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

ADE Incorporated was founded in 1983 and maintains its corporate offices in Clarkston, Michigan. James Haggerty is the Director of Operations, and has been an employee of the company since 2005. Several other employees will be directly related to this project referenced in RFP. Jason Pummill is the Programming Manager/System Architect for ADE Incorporated, a position he has held since 2003. Craig Vallelunga is the Information Technology Manager/Requirements Manager for ADE Incorporated, a position he has held since 2007. Paul Day serves as a Project Manager for ADE Incorporated, a position he has held since 2010. Penny Ward is the Office Manager for ADE Incorporated, a position she has held since 1999. All of these employees have been actively involved in the development, customization, training, and on-going support of ADE's Client Tracking Program (CTP) customers. ADE Incorporated believes that these individuals provide the requisite programming knowledge, product development experience, and customer service experience necessary to develop, maintain, and support ADE Client Tracking Program (CTP) customers.

ADE is a leader in the development of customized client tracking databases and client surveys, having experience with Statewide Programs, Community Corrections Programs, Specialty Court Programs, individual counseling agencies, as well as the New Mexico Child, Youth and Families Department.

In addition, ADE has created custom surveys, has provided web application and database support for custom surveys, including a recent state-wide School Climate Survey in the State of Ohio, in partnership with the Hospital Council of Northeast Ohio.

ADE remains vigilant in adapting as technology changes. From individual workstations to the latest web-based platforms offered in ADE's PASS (Professional Assessment Software Suite), ADE continues to provide the most technologically current client management software. ADE is responsive to customer requests and concerns, developing and enhancing products that meet and exceed customer needs, while keeping pace with ever-changing technology.

When ADE customers expanded their requirements to include the ability to track and monitor clients beyond the assessment process, ADE responded by creating and

implementing a web-based monitoring and case management system. Customers now benefit from a comprehensive product offering that includes multiple assessments, custom web applications, database design, database hosting, reporting, training and support. These features are all part of an integrated information system designed to meet ADE customer needs on an ongoing basis.

ADE Incorporated brings well over 30 years of experience providing computer-assisted substance abuse assessment instruments and client management software to various state, court, and substance abuse programs throughout the United States and Canada. ADE has vast experience with the needs and requirements of State Programs requiring a tracking and case management system. ADE Incorporated provides the Client Tracking Program (CTP) and assessments to several large state-wide DWI Programs and Community Corrections Programs throughout the Unites States.

The ADE Client Tracking Program (CTP) is an existing computerized program designed to provide an efficient method for managing and tracking client involvement and progress in the intervention and treatment process. Database screens are designed to organize tracking activities and for ease of use and entry. Database fields are customizable within each individual screen to collect the desired data for each program. The CTP currently captures and tracks services, referrals, screening (including the NEEDS Assessment), admissions, court involvement, probation history, discharges, length of stay, progress notes and all other required data. All data fields are customizable.

The CTP is a web-based database, available 24 hours a day, 7 days per week. The CTP is capable of importing tab-delimited files that are mapped to pre-defined data fields. ADE also provides the ability for users to extract data from the CTP for further analysis. Typically, the data extract is in the form of an Access database or an Excel spreadsheet. ADE further provides the ability for Programs to enter managerial data into a site (evaluation framework) that can be utilized by state agencies for reporting and data extraction.

ADE Incorporated provides extensive support, including a web-based, individually customized support site for its CTP customers. Help documents are published to the support page in the form of reference guides, instruction manuals, and "How To" guides. ADE Incorporated is also able to provide remote training and assistance to users of the CTP during the hours of 8:00 to 5:30 pm (EST). Virtual training is provided to our customers on an as-needed basis, through the use of teleconferencing and virtual network software. Training includes: comprehensive product training, customized user training or question and answer style sessions, as required by the end user. ADE Incorporated also provides a toll-free telephone number, website, email, and "Live Chat" capabilities for immediate access to ADE staff at no additional cost.

ADE Incorporated includes knowledgeable staff with many years experience with assessment utilization and interpretation; database development and maintenance; customer support and service of these products. ADE Incorporated staff has many years

of experience working with government and municipal agencies to design and implement the products, as well as providing the necessary data to monitor the activities and efficiencies of these programs. ADE Incorporated has excelled in providing these solutions to governmental agencies using a cost structure that recognizes the budgetary limitations often faced by the agencies.

The benefit to ADE customers is the combined real world experience of our staff and the desire to provide the best product and service to our customers. Our thorough knowledge of our products and customers permits us to support our customers from purchase through the everyday use of the system and assessments.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Beginning with the Substance Abuse and Life Circumstance Evaluation, ADE Incorporated has been providing valid and reliable assessment surveys to the public and private sector since 1983.

As the library of available assessment surveys has grown, so has our ability to customize the surveys to meet the need of our customer base.

Most recently, ADE Incorporated partnered with the Hospital Council of Northeast Ohio and The Ohio State University to complete a School Climate Survey for the State of Ohio.

ADE is proposing a similar solution for the State of Nevada Department of Education in our response to this proposal.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III-Confidential Financial Information

4.1.11.1 Dun and Bradstreet Number

115230724

Federal Tax Identification Number

38-2571969

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes	X	No	

If "Yes" , vendor must;

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

ADE plans to partner with the Hospital Council of Northwest Ohio for this proposal.

Vendor's Experience:

The Hospital Council of Northwest Ohio (HCNO) has been conducting community health assessments, including survey development and administration since 1999 and has completed adult assessments in more than 32 counties and youth assessments in more than 27 counties. HCNO has facilitated youth survey processes for grades 6-12 in 178 school districts across the state of Ohio and in Michigan. Since 1999, HCNO has surveyed more than 23,000 youth.

Because of HCNO's success with bringing multiple systems within the community together to collaborate on community health assessments, HCNO staff were invited to present at the 2011 CDC BRFSS conference on their successful model of assessment. Additionally, due to the regular updating of the assessment tools based on key stakeholders and updated behavioral trends, HCNO was invited to participate in the question selection for the 2015 Ohio YRBSS. HCNO is currently working with ADE to develop a state-wide youth survey instrument with Ohio Mental Health and Addiction Services, which will launch in the fall of 2015.

Survey instruments for each county health assessment are designed and pilot tested for each study. As a first step in the survey design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio meet 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 majority of the survey items for the adolescent surveys are derived from the YRBSS. This decision was based on being able to compare local data with state and national data when applicable. HCNO surveys youth in grades 6-12 in most counties, but have surveyed at the third grade level in one district.

HCNO utilizes an independent Institutional Review Board (IRB), Chesapeake Research Review, Inc. All aspects of the survey development will be reviewed and approved by the IRB board, including the survey and the overall methodology. This ensures that all proper research standards are used and there is no potential harm to respondents by participating in the survey. Utilizing the IRB will provide assurances that the survey will comply with adopted procedures for State-administered surveys and ensure students who are enrolled in public schools can

participate, along with meeting compliance and peer review requirements of the United States Department of Education.

HCNO is unique in that it has been doing health assessments since 1999, much longer than most of the marketing companies, universities, and accounting firms that are now offering similar services due to healthcare reform. Community health assessments, survey development and improvement planning are what our Community Health Improvement Division does on a daily basis.

HCNO also contracts with many counties after their health assessments are complete to develop a community health improvement plan based on the health assessment findings. Through an objective ranking process, mental health and substance abuse have been chosen as priority areas in most counties. HCNO creates action steps with local mental health boards and communities using the latest best practices and strategies for mental health and substance abuse. These action steps align perfectly with the 2012-2014 Ohio State Health Improvement Plan, National Prevention Standards, and Healthy People 2020. Because of our involvement with using the data for a practical purpose in the community, we are well suited for developing an instrument that is both comprehensive yet practical to local communities.

All past corresponding reports and community health improvement plans can be found at www.hcno.org/community/reports.html & www.hcno.org/community/strategicplanning.html. In order for community agencies to utilize this health assessment data to write grants, HCNO provides a data warehouse with customizable county, state and national comparisons: www.hcno.org/community/data-indicator.html.

HCNO staff will attend all meetings and trainings yearly, along with any other meetings that may arise.

ADE in partnering with the HCNO will utilize the specific knowledge set of the HCNO for all relevant areas of this RFP for which the HCNO is specifically qualified to be of assistance. Upon award of this RFP and upon meeting with the NDE we can more clearly define specific duties between ADE and the HCNO if necessary.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements

ADE Incorporated has entered into an agreement with the Hospital Council of Northwest Ohio to contract for services related to this Request For Proposal. If successfully awarded this contract, HCNO will assist ADE in the creation of a valid and reliable School Climate Survey as required by this RFP. ADE and HCNO will enter into a contractual agreement whereby ADE will provide HCNO a flat fee for their services.

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

The Project Manager for ADE assigned to this RFP (resume attached) will ensure that channels of communication are maintained with the vendor and all deliverables will be met on time. The Project Manager is aware of all contractual obligations of subcontractor being utilized for this project and will assure they comply with the contractual terms.

C. Describe your previous experience with subcontractor(s).

ADE has had the pleasure of working with the Hospital Council of Northwest Ohio as part of a contract for service with the Ohio Department of Mental Health and Addiction Services. We are currently working together to develop a State-Wide Youth Survey and administration which will launch in the fall of 2015. In the paragraph below you will find a brief sampling of how in-depth our combined analysis runs when launching a survey. This data is based on the state of Ohio.

> ***"Because Ohio has 88 counties that vary widely in population, power analyses would be conducted separately for each county in order to generalize the findings. This would range from Noble County with approximately 1,175 middle and high school aged youth which would require a sample size of 179 to Cuyahoga County with over 124,000 students in this age range requiring 384 completed surveys to generalize to the county. These are based on 5% margin of error, 95% confidence interval, and a 50/50 response distribution (most conservative estimate). It would be critical to work with OhioMHAS and the key stakeholders to determine how this data is to be used to determine possible desired subgroup analyses. Separate power analyses will need to be conducted based on these subgroups to prevent improper generalizing. "***

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

ADE has built a trust relationship with the HCNO over the past year in working on a current contractual project for State of Ohio. Based on their work with this contract and a past record of excellence and experience already provided elsewhere in this RFP we have complete confidence in their ability to complete all deliverables on time and with the quality we have come to expect from them.

B. Ensuring subcontractor compliance with the overall performance objectives for this project;

The Project Manager assigned by ADE (resume attached) will be responsible for ensuring the compliance and performance of this subcontractor in meeting assigned objectives and deliverables.

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract: and

The Project Manager assigned by ADE (resume attached) will be responsible for ensuring that the subcontractor meets the deliverables and quality objectives of the project and contract.

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

If requested by the State, ADE will provide proof of receipts and payments to subcontractors. We will use fax, email, direct mail or other method preferred by the State of Nevada.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in **Sectioin 4.1, Vendor Information.**

Question	*Response*
Company name:	***Hospital Council of Northwest Ohio***
Ownership (sole proprietor, partnership, etc.):	***Non Profit Organization***
State of incorporation:	***Ohio***
Date of incorporation:	***Formed in 1972***
# of years in business:	***43***
List of top officers:	***Britney Ward, Margaret Wielinski***
Location of company headquarters:	***Toledo, Ohio***
Location(s) of the company offices:	***Toledo, Ohio***
Location(s) of the office that will provide the services described in this RFP:	***Toledo, Ohio***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***HCNO will provide on-site employees as needed to satisfy the requirements of the RFP***
Number of employees nationally with the expertise to support the requirements in this RFP:	***6***
Location(s) from which employees are assigned	***Toledo, Ohio***

4.2.1.5 Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.

As of the writing of this RFP the HCNO has sent requests for business references which will be sent directly to the State of Nevada as instructed by this RFP.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

ADE will ensure that all required insurance information is received prior to the subcontractor commencing any work on this project.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 4.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

At this time ADE has no plans of using any other subcontractors for this project. Should that change ADE agrees to provide the necessary information to the State for the required approval.

Included in this section are three (3) references from similar projects per RFP 3179 requirements.

New Mexico Department of Finance and Administration
DUI Program
Julie Krupcale
DWI Program Manager
Local Government Division
Bataan Memorial Building Suite 203
Santa Fe, NM 87501
(505) 827-4951 phone
(505) 827-4340 fax

New Mexico Children, Youth and Families Department
Juvenile Justice Services
Jeremy Howard
JJS FACTS Unit Supervisor
PO Drawer 5160
Santa Fe, NM 87501
(505) 841-6489 phone
(505) 841-2949 fax

Georgia Department of Driver Services
Risk Reduction Program
Kecia Bivens
Director of Regulatory Compliance
2206 East View Parkway
Conyers, Georgia 30013
(678) 413-8685 phone

TAB VIII

PROPOSED STAFF RESUMES

JAMES HAGGERTY

DIRECTOR OF OPERATIONS

OBJECTIVE

To support the State of New Mexico Client Tracking Program (CTP) as requested in RFP 30-341-13-09710 DWI Offender Screening Instrument, Web-based Compliance Tracking Program, Evaluation Framework and Technical Support Services

EDUCATION/CERTIFICATIONS

Michigan State University **East Lansing, Michigan**

Bachelor of Science in Criminal Justice

EMPLOYMENT/EXPERIENCE

ADE Incorporated-Clarkston, Michigan **2005-Present**

Director of Operations

Responsible for management and direction of ADE Incorporated on a daily basis; also involved in program implementation, training, support of ADE products and services

Brighton Hospital-Brighton, Michigan **1994-1999**

Director of Admissions

Responsibilities included overseeing the Admissions Department for both the adult and adolescent treatment centers. Responsibilities also included conducting bio-psycho-social assessments to determine level of care admissions for persons presenting for substance abuse treatment. Through the use of various tools, including computer automated assessments instruments, DSM criteria, and ASAM Placement criteria, individuals were admitted to the appropriate rung of the treatment continuum.

CHIP Counseling Center-Bellaire, Michigan **1992-1994**

Outpatient Therapist

Responsibilities included the management of a caseload of individuals presenting for treatment of substance abuse. Cases were primarily referred by the criminal justice system. Additional duties included tracking compliance with treatment and related objectives.

Glenbeigh-Grand Rapids, Michigan **1986-1992**

Inpatient Therapist

Responsible for providing services to individuals involved in an inpatient substance abuse program. Duties also included presenting didactics, facilitating group and individual therapy, as well as maintaining the appropriate clinical records.

James Haggerty is the Director of Operations for ADE Incorporated. He is involved in program implementation, training, and support for customers utilizing ADE's assessment tools and Web based Client Tracking Program. Additional responsibilities include program development and marketing ADE products and services to organizations nationwide.

After receiving a B.S. in Criminal Justice from Michigan State University, Jim began working in the substance abuse field in 1986. After years of managing in-patient and out-patient caseloads, Jim was instrumental in developing and managing a Central Diagnostic Unit for a nationally recognized Chemical Dependency facility in the Midwest. His experience with facilitating assessments, developing a level of care continuum, and coordinating with referral sources support the core mission of ADE Incorporated.

JASON PUMMILL

SOFTWARE ENGINEER

OBJECTIVE

To support the State of New Mexico Client Tracking Program (CTP) as requested in RFP #30-341-13-09710 DWI Offender Screening Instrument, Web-based Compliance Tracking Program, Evaluation Framework and Technical Support Services.

EDUCATION / CERTIFICATIONS

Microsoft Certified Systems Engineer (MCSE) **1999 - 2003**

TCP/IP and Internet Technologies Specialist

Windows NT 4.0, Windows 2000

Microsoft Certified Professional (MCP) **1998**

Windows NT 4.0

Michigan Technological University **1991 – 1993**

Computer Science

EMPLOYMENT / EXPERIENCE

ADE Incorporated, Clarkston, MI **2003 – present**

Director of Information Technology

Automation and Modular Components, Inc. **1999 – 2003**

Information Systems Manager

SoftTech Services, LLC **1996 - 1999**

Senior Systems Engineer

EXPERIENCE NARRATIVE

Jason Pummill is the software architect for ADE Incorporated. Jason is responsible for designing and developing ADE's software products and the systems that support them. He has been designing and implementing commercial infrastructures since 1996. He has nearly 20 years experience developing

and maintaining Microsoft SQL Server-based database systems. Jason has provided networking services and software solutions for private corporations, non-profit organizations, and government agencies. His expertise includes factory automation, data warehousing, data center management, and Internet-based applications.

CRAIG VALLELUNGA
INFORMATION TECHNOLOGY MANAGER

OBJECTIVE

To support the State of New Mexico DWI Offender Screening Program as requested in RFP 30-341-13-09710 DWI Offender Screening Instrument, Web-based Case Management System, Program Component Reporting System, Evaluation Framework and Technical Support Services.

EDUCATION / CERTIFICATIONS

Proficiency with Microsoft SQL Server including SQL Server Database Administration; web development experience using HTML, ASP, JSP, PHP, XML and JavaScript; experience in designing, building and maintain Microsoft networks

EMPLOYMENT / EXPERIENCE

ADE Incorporated – Clarkston, Michigan **2007 to Present**
Information Technology Manager
Responsible for the day-to-day Information Technology operations at ADE Incorporated including database administration, product design and implementation, customer support and coordinating with the software developer/programmer on current and new application development.

Truck-Tec Accessories **2004-2007**
Information Technology Manager
Responsible for maintaining and updating the product database, and developing/designing features for the retail website. Performed all duties pertaining to customer service and instrumental in developing and implementing an inventory control system for the company.

EXPERIENCE NARRATIVE

Craig Vallelunga is the Information Technology Manager for ADE Incorporated. Craig is responsible for the day-to-day support of IT operations within ADE. Craig is currently responsible for all schema changes, runtime optimization, capacity management and planning, security administration, configuration, scheduling, backups and execution of maintenance utilities. He oversees the development of

all queries, reports and snapshots for customers as well as providing help desk support for ADE Software applications. He also works directly with the software developer/programmer on the design and implementation of all application projects. Craig has over 10 years experience in the Information Technology field and is in the process of obtaining certification in Microsoft SQL Server Database Administration and as a Microsoft Certified Systems Engineer. Craig has over 5 years of hands-on experience in Microsoft SQL Server database administration and proven ability in HTML, ASP, JSP, PHP, XML and JavaScript.

REFERENCES

Cindy McClean
Grant County DWI Program Coordinator
P.O. Box 898
Silver City, NM 88062
Cell: 575-313-9814
stopdwi@zianet.com

Nadine Knowles
Prevention Specialist · Administrative Assistant
ADE and SASSI Screening Administrator
T or C / Sierra County DWI Program
515 North Broadway
Truth or Consequences, NM 87901
Phone: 575-894-9265
Cell: 575-740-1438
nadine.knowles@torcnm.org

Jennifer Vallejos
Court Supervisor Bernalillo County Metro Court
Probation Division
Phone: 505-841-8138
JVallejos@metrocourt.state.nm.us

Jim Roeber
Alcohol Epidemiologist
Substance Abuse Epidemiology Section
Epidemiology and Response Division
New Mexico Department of Health
1190 St. Francis Dr. N1309
PO Box 26110
Santa Fe, NM 87502-6110
Phone: 505-476-1757
Jim.Roeber@state.nm.us

PAUL M. DAY

14848 Fairway Street • Livonia, MI 48154 • (734) 262-4447• Paul@Adeincorp.com

EDUCATION

CENTRAL MICHIGAN UNIVERSITY — Mount Pleasant, MI
BS, Management Information Systems — December 2002
BS, Operations Management

EXPERIENCE

ADE INCORPORATED — Clarkston, MI
Program Manager — September 2010-Present

- Responsible For day to day operation of the (PASS) Professional Assessment Software Suite Application.
- Training end users
- Program Testing
- Technical Support

THOMSON REUTERS TAX & ACCOUNTING — Ann Arbor, MI
Software Specialist — November 2007- August 2010

- Training clients in the office or over the phone on a suite of tax and accounting software products.
- Testing of new and existing software products for bugs in the programming and possible enhancements that can be made.
- Troubleshooting of both software and hardware issues to help clients solve any issues they may be having related too or using the software.

FAMILY VIDEO — Dearborn Heights, MI
General Manager — September 2003 –October 2007

- Responsible for all day to day operations of a multi-million dollar business. Hiring, training, purchasing, shipping, inventory control, sales, product placement, maintenance and assuring great customer service.
- Managed a team of 15 employee's

SPEEDWAY SUPERAMERICA, LLC — Detroit, MI
District Manager — January 2003 – August 2003

- Managing multiple convenience center locations. Responsibilities included increasing sales, limiting losses, managing employees and meeting company standards for all locations.

GREEKTOWN CASINO — Detroit, MI
Help Desk Internship — July 2001 – August 2002

- Responsible for solving in house computer hardware and software problems.

Margaret Elizabeth Wielinski

6991 County Road 2
Swanton, OH 43558
mwielinski@hcno.org

OBJECTIVE

To obtain a position in the health field where I can increase my knowledge of relevant health issues and enhance my leadership potential, public speaking skills, and organizational skills.

PROFESSIONAL EXPERIENCE

Assistant Director of Community Health Improvement — **February 2015-Present**
Health Improvement Data Specialist — **January 2008– January 2015**
Hospital Council of Northwest Ohio

- Assisted in community health assessments throughout Northwest Ohio
- Managed a low birth weight initiative program in Lucas County to improve birth outcomes for at-risk pregnant women
- Managed a worksite wellness program for 5 businesses for the WellBiz pilot program
- Evaluation for Drug-Free Community Support Grants, Childhood Obesity Grants, and Tobacco Control Grants
- Trained and supervised graduate students, undergraduate students and interns

Graduate Assistant — **August 2005 – December 2007**
Hospital Council of Northwest Ohio

- Assisted in nine community health assessments throughout Northwest Ohio
- Educated Seneca County parents and youth through Drug-Free Community Support Grant
- Researched information for two Data Entry Network Reports
- Entered surveys for at least seven health assessments and two Drug-Free Community Support Grants

Undergraduate Assistant of Outreach Programs — **March 2002 – August 2005**
The University of Toledo, Office of Recreation

- Published and distributed monthly wellness newsletters for campus – Wellness Wipes
- Organized registration information for the REC-Fit program for UT Faculty/Staff
- Organized two Halloween-themed health fairs – Welloween (2002, 2003)
- Managed budget for Outreach Department
- Participated as a Leadership team member

EDUCATION

Northwest Ohio Consortium of Public Health — Toledo, Ohio
Master of Public Health with concentrations in Health Promotion and Education and Epidemiology — December 2007

The University of Toledo — Toledo, Ohio
Bachelor of Science in Exercise Science — December 2004

ACHIEVEMENTS

Published articles in numerous peer-reviewed journals
Presented at national Behavioral Risk Factor Surveillance System (BRFSS) conference

Joseph A. Dake
Professional Record

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Department of Health & Recreation Professions
University of Toledo
Toledo, Ohio 43606
jdake@utnet.utoledo.edu

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EDUCATION

Doctor of Philosophy	December 2002 – Major: Health Education / Cognate: Statistics University of Toledo, Toledo, OH
Master of Public Health	December 1998 – Major: Health Education / Health Promotion Northwest Ohio Consortium (Medical College of Ohio / Bowling Green State University / University of Toledo)
Bachelor of Arts	June 1997 – Major: Psychology University of Toledo, Toledo, OH

PROFESSIONAL EXPERIENCE

University of Toledo
College Health Sciences
Department of Health and Recreation Professions

July 2012 – Present	**Department Chairperson** **Professor of Health Education**
July 2010 – June 2012	**Department Chairperson** **Associate Professor of Health Education**
August 2008 – July 2010	**Coordinator, Division of Health Education** **Associate Professor of Health Education**
August 2006 – June 2008	**Assistant Professor of Health Education**

Wayne State University
College of Education
Division of Kinesiology, Health, and Sport Studies

August 2001 – June 2006	**Assistant Professor of Health Education**

RESEARCH

Manuscripts Under Review

1. Salvadore, D., Price, J.H., **Dake, J.A.**, Thompson, A.J., Milstead, J. Registered nurses practice and perceptions related to health policy: implications for nursing practice and education. (under review, *Policy, Politics, and Nursing*, 2013)

2. Nims, L., Jordan, T.R., Price, J.H., **Dake, J.A.**, Dunn, T.G. Smoking cessation education during residency training: A national study of OB/GYN residency programs. (under review, *Academic Medicine*, 2013).

3. Braun, R., Glassman, T., Sheu, J.J., **Dake, J.A**. & Jordan, T.J. Using the Integrated Behavioral Model to predict binge drinking among college students. (under review, *American Journal of College Health,* 2013).

Articles in Press *(in refereed journals)*

1. **Dake, J.A.,** Price, J.H., Baksovich, C.M., Wielinski, M. Preferences Regarding School Sex Education Among Elementary School Children's Parents. (in press, *Journal of School Health,* 2014*)*

Published Articles *(in refereed journals)*

1. Price, J., Thompson, A., Dake, J.A., Payton, E. & Teeple, K. (2014). University Presidents Perceptions Regarding the Carrying of Concealed Handguns on College Campuses. *Journal of American College Health,*

2. Reindl, D., Glassman, T., Price, J., Dake, J., & Yingling, F. (2014). Perceptions of college and university presidents regarding tobacco-free campus policies. *Journal of American College Health, 62(3), 193*-202.

3. Kuhbchandani, J., Telljohann, S., Price, J., **Dake, J.A.**, and Hendershot, C. (2013). Providing Assistance to the Victims of Adolescent Dating Violence: A National Assessment of School Nurses' Practices. *Journal of School Health*, 83(2), 127-36.

4. Thompson, A., Price, J.H., **Dake, J.A.**, Teeple, K., Bassler, S., et al. (2013). Student perceptions and practices regarding carrying concealed handguns on university campuses. *Journal of American College Health, 61(5),* 243-53.

5. Bell, M. A., **Dake, J.A.**, Price, J.H., Jordan, T.R., & Rega, P. (2012). A National Survey of Emergency Nurses and Avian Influenza Threat. *Journal of Emergency Nursing*, S0099-1767(12), 221-8.

6. **Dake, J.A.**, Price, J.H., Maziarz, L., Ward, B. (2012). Prevalence and Correlates of Sexting Behavior in Adolescents. *American Journal of Sexuality Education, 7(1),* 1-15.

7. Herr, S., Telljohann, S.K., Price, J.H., **Dake, J.A.,** Stone, G. (2012) High school health education teachers' attitudes and perceptions related to teaching HIV prevention. *Journal of School Health, 82(11),* 514-21.

8. Khubchandani, J., Price, J.H., Thompson, A.J., **Dake, J.A.**, Wiblishauser, M., Telljohann, S.K. (2012). Adolescent Dating Violence: A National Assessment of School Counselors' Perceptions and Practices. *Pediatrics, 130(2),* 1-9.

9. Kleinfelder, J., Price, J.H., **Dake, J.A.**, Jordan, T.R., Price, J.A. (2012). Tobacco training in clinical psychology graduate programs. *Training and Education in Professional Psychology, 6(2),* 93-99.

10. Kleinfelder, J., Price, J.H., **Dake, J.A.**, Jordan, T.R., & Price, J.A. (2012). Tobacco Training in Clinical Social Work Graduate Programs. *Health and Social Work, 38(3),* 173-182.

11. Mrdjenovich, A. J., **Dake, J. A.**, Price, J. H., Jordan, T. R., & Brockmyer, J. H. (2012). Providing Guidance on the Health Effects of Religious/Spiritual Involvement: A National Assessment of University Counseling Professionals. *Journal of Religion and Health, 51(1)*, 198-214.

12. Thompson, A., Price, J., **Dake, J.A.** & Teeple, K. (2012). Faculty Perceptions Regarding the Carrying of Concealed Handguns on College Campuses. *Journal of Community Health*, *38(2),* 366-72.

13. Welch, P., **Dake, J.A.**, Price, J., Thompson, A., Ubokudom, S. (2012). State Legislators Support for Evidence-Based Obesity Reduction Polices. *Preventive Medicine, 55(5)*, 427-429.

14. Rickard, M., Price, J.H., Telljohann, S.K., **Dake, J.A.**, Fink, B.N. (2011). School superintendents'perceptions of schools assisting students in obtaining public health insurance. *Journal of School Health, 81(12),* 756-763.

15. **Dake, J.A.,** Price, J.H., McKinney, M., Ward, B. (2011). Midwestern rural adolescents' anal sex experience. *Journal of Rural Health, 27*, 196-204.

16. **Dake, J.A.,** Price, J.H. Ward, B., Welch, P. (2011). Midwestern rural adolescents' oral sex experience. *Journal of School Health, 81*, 159-165.

17. Price, J.H., **Dake, J.A.**, Balls-Berry, J, Wielinski, M. (2011). Safety Belt Use Among Overweight and Obese Adolescents. *Journal of Community Health, 36*, 612-615.

18. Sidani, J.E., Price, J.H., **Dake, J.A.**, Jordan, T.J., Price, J.A. (2011). Practices and perceptions of mental health counselors in addressing smoking cessation. *Journal of Mental Health Counseling, 33*, 264-282.

19. Price, J.H., Khubchandani, J., **Dake, J.A.**, Thompson, A.J, Schmalzried, H., Adeyanju, M., Murnan, J., Pringle, D., Zullig, K.J., Ausherman, J., Jackson, D.L., Otterstetter, R., Douthat, S., Esprit, L.G. (2010). College student's perceptions and experiences with health insurance. *Journal of the National Medical Association*, 102(12), 1222-1230.

20. **Dake, J.A.**, Price, J.H., Kolm, N., Wielinski, M. (2010). Association of adolescent choking game activity with selected risk behaviors. *Academic Pediatrics, 10*(6), 410-416.

21. Davidson, B.R., Telljohann, S.K., **Dake, J.A.** (2010). Institutions of higher education pre-service school health education practices. *American Journal of Health Education, 41*(6), 329-336.

22. Balls, J.E., Price, J.H., **Dake, J.A.**, Jordan, T.R., Khuder, S. (2010). African American primary care physicians' perceptions and practices regarding smoking cessation therapy. *Journal of the National Medical Association, 102* (7), 579-589.

23. Wood, M.R., Price, J.H., **Dake, J.A.**, Telljohann, S.K., Khuder, S.A. (2009). African American parents'/guardians' health literacy and self efficacy and their child's level of asthma control. *Journal of Pediatric Nursing, 25*(5), 418-427

24. Mrdjenovich, A., Price, J.H., Thompson, A.J, **Dake, J.A**. (2009). College counselors' perceptions and practices regarding anticipatory guidance on firearm safety. *Journal of American College Health, 58(2)*, 133-139.

25. Khubchandani, J., Price, J.H., **Dake, J.A.** (2009). Firearm injury prevention training in preventive medicine residency programs. *Journal of Community Health, 34(4),* 295-300.

26. Price, J.H., Mrdjenovich, A., **Dake, J.A**. (2009). Prevalence of state firearm mortality mental health care resources. *Journal of Community Health, 34(5),* 383-391.

27. Lichwala-Zyla C., Price, J.H., **Dake, J.A.**, Jordan, T.J., Price, J.A. (2009). Psychiatrists' perceptions and practices in treating patients' obesity. *Academic Psychiatry, 33(5),* 370-376.

28. Noland, H., Price, J.H., **Dake, J.A.**, Telljohann, S.K. (2009). Adolescents' sleep behaviors and their perceptions of sleep. *Journal of School Health, 79(5),* 224-230.

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30. Fahlman, M., **Dake, J.A**., McCaughtry, N., & Martin, J. (2008). A pilot study to examine the effects of a nutrition intervention on knowledge, behaviors, and self-efficacy in middle school children. *Journal of School Health, 78,* 216-222.

31. Price, J.H., Kinnison, A., **Dake, J.A**., Thompson, A.J., Price, J.A. (2007). Psychiatrists practices and perceptions regarding anticipatory guidance on firearms. *American Journal of Preventive Medicine, 33,* 370-373.

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33. Lartey, G.K., Price, J.H., Telljohann, S.K., **Dake, J.A.**, Yingling, F.A. (2007) Primary grade teachers' perceptions and practices regarding pedestrian safety education. *Journal of School Health, 77,* 261-268.

34. Price, J.H., Jordan, T.R., & **Dake, J.A**. (2007). Pediatricians' use of the 5 A's and nicotine replacement therapy with adolescent smokers. *Journal of Community Health, 32,* 85-101.

35. **Dake, J.A.,** Fahlman, M.M., McCaughtry, N., Martin, J., Shen, B., & Brewart, B. (2007). Urban and Suburban Differences in Dietary Behaviors in Middle School Students. [published abstract] *Research Quarterly for Exercise and Sport, 78,* A25-26.

36. Fahlman, M.M., **Dake, J.A.,** McCaughtry, N., Martin, J., Shen, B., & Brown, B. (2007). Effects of the Michigan Model Curriculum on students' nutritional knowledge and behaviors. [published abstract] *Research Quarterly for Exercise and Sport, 78,* A26-27.

37. **Dake, J.A**., Price, J.H., Jordan, T.R. (2006). Pediatricians' practices regarding smoking cessation among parents of their patients. *American Journal of Health Behavior, 30*, 503-12.

38. Price, J.H., **Dake, J.A.**, Jordan, T.R., Silvestri S.K., Ward, BL. (2006). Effects of small monetary incentives on return rates of a health survey to adults in rural areas. *Psychological Reports, 98*, 849-52.

39. Murnan, J., Price, J.H., Telljohann, S.K., **Dake, J.A**., Boardley, D. (2006). Parent's perceptions of curricular issues affecting children's weight in elementary schools. *Journal of School Health, 76*, 502-11.

40. Hendershot, C., **Dake, J.A**., Price, J.H., Lartey, G.K. (2006). Elementary school nurses' perceptions of student bullying. *Journal of School Nursing, 22*, 229-35.

41. Wyman, J., Price, J.H., Telljohann, S.K., Jordan, T., **Dake, J.A**. (2006). Parents' perceptions of the role of schools in tobacco use prevention and cessation for youth. *Journal of Community Health, 31,* 225-248.

42. Price, J.H., Jordan, T.R., **Dake, J.A**. (2006). Obstetricians and gynecologists' perceptions and use of nicotine replacement therapy. *Journal of Community Health, 31*, 160-75.

43. Price, J.H., Jordan, T.R., **Dake, J.A**. (2006). Perceptions and use of smoking cessation in nurse-midwives' practice. *Journal of Midwifery and Women's Health, 51*, 208-15.

44. Jordan, T.M., Price, J.H., & **Dake, J.A**. (2006). Best practices for smoking cessation in pregnancy: do obstetrician/gynecologists use them in practice? *Journal of Women's Health, 15,* 400-411.

45. Price, J.H., **Dake, J.A.**, & Jordan, T.M. (2006) Development of a Social Will for Tobacco Control Index. *American Journal of Health Behavior, 30*, 15-26.

46. Thompson, A.J., Price, J.H., **Dake, J.A.**, & Tatchell, T. (2006). Police chiefs' perceptions of the regulation of firearms. *American Journal of Preventive Medicine, 30,* 305-312.

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49. Martin, J.J., Hodges-Kulinna, P., McCaughtry, N. Cothran, D., **Dake, J.A.**, Fahoome, G. (2005). The Theory of Planned Behavior: predicting physical activity and cardiorespiratory fitness. *Journal of Sport and Exercise Psychology, 27*, 456-469.

50. Jordan, T.M., Price, J.H., **Dake, J.A.**, & Shah, S. (2005). Adolescent exposure to and perceptions of environmental tobacco smoke. *Journal of School Health, 75*, 178-186.

51. Murnan, J., **Dake, J.A.**, & Price, J.H. (2004). The association of selected factors with state variation in child and adolescent firearm mortality. *Journal of School Health, 74*, 335-340.

52. Price, J.H., Murnan, J., **Dake, J.A.**, Dimmig, J, Hayes, M. (2004). Mailed survey return rates in health education journals. *American Journal of Health Education, 35*, 19-23.

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56. **Dake, J.A.**, Price, J.H., Telljohann, S.K., & Funk, J.B. (2004). Principals' perceptions and practices regarding school bullying prevention activities. *Health Education and Behavior, 31*, 372-387.

57. Price, J.H., Thompson, A.J., **Dake, J.A.** (2004). Factors associated with state variation in homicide, suicide, and unintentional firearm deaths. *Journal of Community Health, 29*, 271-283.

58. Szirony, T.A., Price, J.H., Wolfe, E., Telljohann, S.K., & **Dake, J.A.** (2004). Perceptions of nursing faculty regarding ethical issues in nursing research. *Journal of Nursing Education, 43*, 270-279. [This article was also included in an edited book on nursing reseach].

59. Akpanudo, S., Price, J.H., **Dake, J.A.**, & Telljohann, S.K. (2004). Continuing education needs of health educators: their perspective. *Journal of Public Health Management and Practice, 10,* 156-163.

60. **Dake, J.A.**, Price, J.H., Telljohann, S.K., & Funk, J.B. (2003). Teachers' perceptions and practices regarding school bullying prevention activities. *Journal of School Health, 73,* 347-354.

61. Price, J.H., **Dake, J.A.**, Murnan, J., & Telljohann, S.K. (2003). Elementary school secretaries' experiences and perceptions of administering prescription medications. *Journal of School Health, 73*, 373-379.

62. **Dake, J.A.**, Price, J.H., & Telljohann, S.K. (2003). The nature and extent of bullying at school. *Journal of School Health, 73,* 173-180.

63. Price, J.H., **Dake, J.A.**, Akpanudo, S., & Kleinfelder, J. (2003). Effect on survey return rates of having a signed or unsigned postcard as the third wave mailing. *Psychological Reports, 92,* 1099-1102.

64. McCaughtry, N., Martin, J., **Dake, J.**, & Hodges-Kulinna, P. (2003). Detroit Healthy Youth Initiative: PEP grant professional development and research studies. *MAHPERD Journal, 41,* 9-10.

65. Kleinfelder, J., Price, J.H., & **Dake, J.A.** (2003). Grant writing: practice and preparation of university health educators. *American Journal of Health Education, 34,* 47-53.

66. Price, J.H., Yingling, F., **Dake, J.A.**, & Telljohann, S.K. (2003). Adolescent smoking cessation services of school-based health centers. *Health Education & Behavior, 30,* 196-208.

67. **Dake, J.A.**, Price, J.H., & Murnan, J. (2003). An evaluation of a child abuse prevention curriculum in third grade students: assessment of knowledge and efficacy expectations. *Journal of School Health, 73,* 76-82.

68. Price, J.H., **Dake, J.A.**, Kirchofer, G.M., & Telljohann, S.K. (2003) Elementary school teachers' techniques of responding to student questions regarding sexuality issues. *Journal of School Health, 73,* 9-14.

69. Price, J.H., **Dake, J.A.**, & Thompson, A.J. (2002) Congressional voting behavior on firearm control legislation: 1993-2000. *Journal of Community Health, 27,* 419-432.

70. Price, J.H., **Dake, J.A.**, & Kucharewski, R. (2002). Assessing assets in racially diverse, inner-city youths: psychometric properties of the search institute asset questionnaire. *Family and Community Health, 25(3),* 1-9.

71. Price, J.H. & **Dake, J.A.** (2002). Ethical guidelines for manuscript reviewers and journal editors [editorial]. *American Journal of Health Education, 33,* 196-196.

72. Price, J.H., Telljohann, S.K., **Dake, J.A.**, Marsico, L., & Zyla C. (2002). Urban elementary school students' perceptions of fighting behavior and concerns for personal safety. *Journal of School Health, 72*, 184-191.

73. Price, J.H., **Dake, J.A.**, & Kucharewski, R. (2001). Assets as predictors of suicide attempts in African American inner-city youths. *American Journal of Health Behavior, 25,* 367-375.

74. Price, J.H., **Dake, J.A.**, & Telljohann, S.K. (2001). Ethical issues in service: perceptions of health education faculty. *American Journal of Health Education*, 32: 208-215.

75. Houston, L.A., Bork, C., Price, J.H., Jordan, T., & **Dake, J.A.** (2001). Physician assistants' perceptions of complimentary and alternative medicine. *Journal of the American Association of Physician Assistants, 14*, 29-46 (9 pages).

76. Telljohann, S.K., Price, J.H., & **Dake, J.A.** (2001). Selected ethical issues in the teaching of health: perceptions of health education faculty. *American Journal of Health Education, 32,* 66-74.

77. Price, J.H. & **Dake, J.A.** (2001). Most cited health education journal articles, 1990-1997. *American Journal of Health Education, 32,* 31-38.

78. Price, J.H., **Dake, J.A.**, & Islam, R. (2001). Ethical issues in research and publication: perceptions of health education faculty. *Health Education and Behavior, 28,* 51-64.

79. Price, J.H., **Dake, J.A.**, & Oden, L. (2000). Authorship of health education articles: guests, ghosts, and trends. *American Journal of Health Behavior, 24*, 290-299.

80. **Dake, J.A.** & Kirchoffer, G.M. (2000). Doctoral health education program ranking: are we getting the whole picture? [Letter to the Editor]. *Journal of Health Education, 31*, 208-209.

81. Price, J.H. & **Dake, J.A**. (1999). An analysis of the tobacco settlement in relation to adolescent tobacco use. *Journal of Health Education, 30,* 345-351.

82. Price, J.H. & **Dake, J.A**. (1999). Asset building: rhetoric versus reality-- a cautionary note. *Journal of School Health, 69*, 215-216. [Invited Commentary]

Books and Book Chapters

1. Price, J.H., **Dake, J.A.,** Ward, B. (2010). Assessment the needs of program participants. In Ferman, C.I. & Allensworth, D.D. (Eds.). Health Promotion Programs (pp.92-119). San Francisco, CA: Jossey-Bass.

Presentations

1. Braun, R., Glassman, T., Sheu, J. J., **Dake, J. A**., Jordan, T. R., & Yingling, F. (2012). *Using the Integrated Behavioral Model to predict high-risk drinking among college students.* American Public Health Association annual meeting, San Francisco, CA.

2. Coman, M., Jordan T.R., Iman, M., Thompson, A., **Dake, J.A.,** & Kerr, D. (2012). *Breast cancer survivors' spirituality as a moderator of their motivation to engage in risk reduction behaviors*. American Public Health Association annual meeting, San Francisco, CA.

3. Thompson, A., Price, J., **Dake, J.A.**, Teeple, K. & Perry, N. (2012). *Factors associated with law enforcement shooting deaths: Implications for health policy development*. American Public Health Association annual meeting, San Francisco, CA.

4. Telljohann, S. and **Dake, J.A.** (2012). *Using the health education curriculum analysis tool in the backward design of unit and lesson plan development*. American School Health Association annual meeting, San Antonio, TX.

5. Khubchandani, J., Telljohann, S.K., Price, J.H., **Dake, J.A.**, Thompson, A.J. (2011). *Adolescent dating violence: school nurses' and school counselors' practices and perceptions*. American School Health Association annual meeting, Louisville, KY.

6. Herr, S., Telljohann, S.K., **Dake, J.A.**, Price, J.H. (2011). *High school health education teachers' attitudes and perceptions toward HIV prevention education.* American School Health Association annual meeting, Louisville, KY.

7. **Dake, J.A.**, Price, J.H., Kolm, N., Wielinski, M. (2010). *Choking game: An alternative high in the Midwest.* American School Health Association annual meeting, Kansas City, MO.

8. **Dake, J.A.,** Price, J.H., McKinney, M., Ward, B. (2010). *Midwestern rural adolescents' anal intercourse experience.* American School Health Association annual meeting, Kansas City, MO.

9. **Dake, J.A.,** Kolm, N., Durgin, J. (2009). *Building a road to the future: An evaluation of a school-based intervention for pregnant and parenting teens.* Department of Health and Human Services conference for the Office of Adolescent Pregnancy Programs, City, State.

10. Telljohann, S.K. & **Dake, J.A.** (2009). *Theory to practice applying common health behavior theory/model constructs into teaching.* Ohio Association of Health, Physical Education, Recreation and Dance annual meeting, Denver, CO.

11. **Dake, J.A.**, Kolm, N., Durgin, J., Jordan, T.J., Price, J.H. (2009). *An evaluation of a school-based intervention for pregnant and parenting teens.* American School Health Association annual meeting, Denver, CO.

12. Rickard, M., Price, J.H., Telljohann, S.K., **Dake, J.A.**, Fink, B. (2009). *School superintendent's perceptions of the role of schools in student health insurance.* American School Health Association annual meeting, Denver, CO.

13. **Dake, J.A.**, Price, J.H., Welch, P., Ward, B. (2009). *Rural adolescent oral sex behaviors*. American School Health Association annual meeting, Denver, CO.

14. **Dake, J.A.**, Ogletree, R., McCormack Brown, K. (2009). *Writing for publication in peer reviewed journals: Avoiding the pitfalls.* American School Health Association annual meeting, Denver, CO.

15. Telljohann, S.K., **Dake, J.A.** (2009). *Theory to practice: Applying common health behavior theory/model constructs into teaching.* American School Health Association annual meeting, Denver, CO.

16. Mrdjenovich, A.J., **Dake, J.A.**, Price, J.H., Jordan, T.J., Brockmeyer, J.H. (2009). *University counseling center practices regarding guidance on the health effects of religious/spiritual involvement.* American Public Health Association annual meeting, Philadelphia, PA.

17. Sidani, J.E., Price, J.H., **Dake, J.A.**, Jordan, T.J., Price, J.A. (2009). *Practices and perceptions of counselors in addressing smoking cessation.* American Public Health Association annual meeting, Philadelphia, PA.

18. Kleinfelder, J., Price, J.H., **Dake, J.A.**, Jordan, T.J., Price, J.A. (2009). *Tobacco cessation training in graduate clinical social work programs*, American Public Health Association annual meeting. Philadelphia, PA.

19. Kolm, N., **Dake, J.A.** (2009). *A national assessment of newspaper coverage regarding domestic violence*. American Public Health Association annual meeting, Philadelphia, PA.

20. Kleinfelder, J., Price, J.H., **Dake, J.A.**, Jordan, T.J., Price, J.A. (2009). *Tobacco training in graduate clinical psychology programs*. American Public Health Association annual meeting, Philadelphia, PA.

21. Nims, L., Jordan, T.J., Price, J.H., **Dake, J.A.**, Dunn, T. (2009). *Smoking cessation education during residency training: a national study of OB/GYN residency programs*. American Public Health Association annual meeting, Philadelphia, PA.

22. **Dake, J.A.**, Durgin, J., Jordan, T.J., Price, J.P. (2008). *Evaluation of a school-based program for pregnant and parenting teenagers.* Department of Health and Human Services conference for the Office of Adolescent Pregnancy Programs, City, State.

23. Rickard, M., Price, J.P., Telljohann, S.K., **Dake, J.A.** (2008). *SCHIP State director's perceptions of the role of schools in student health insurance.* American School Health Association annual meeting, Tampa, FL.

24. Noland, H., Price, J.P., **Dake, J.A.**, Telljohann, S.K. (2008). *Adolescents' sleep behaviors and their perceptions of sleep.* American School Health Association annual meeting, Tampa, FL.

25. Hendershot, C., Price, J.P**., Dake, J.A.**, Telljohann, S.K. (2008). *Elementary school nurses' perceptions and practices regarding body mass index measurement in school children*. American School Health Association annual meeting, Tampa, FL.

26. **Dake, J.A.**, Durgin, J., Jordan, T.R., Price, J.H. (2007). "Development of a school-based, youth development program for pregnant and parenting teens." American Public Health Association annual meeting, Washington, DC.

27. Price, J.H., Kinnison, A., **Dake, J.A.**, Thompson, A.J., Price, J.A. (2007). *Psychiatrists' practices and perceptions regarding anticipatory guidance on firearms*. American Public Health Association annual meeting, Washington, DC.

28. **Dake, J.A.**& Telljohann, S.K. (2007). A Comprehensive Approach to School Bullying Prevention. American School Health Association annual meeting, Honolulu, HI.

29. Fahlman, M., **Dake, J.A.**, McCaughtry, N., & Martin, J. (2007). *Effects of the Michigan model curriculum on students' nutritional knowledge and behaviors.* American Alliance for Health, Physical Education, Recreation, and Dance annual meeting Baltimore, MD.

30. **Dake, J.A.**, Fahlman, M., McCaughtry, N., & Martin, J. (2007). *Urban and suburban differences in dietary behaviors in middle school students*. American Alliance for Health, Physical Education, Recreation, and Dance annual meeting Baltimore, MD.

31. **Dake, J.A.**, Durgin, J., Jordan, T.R., Price, J.H. (2007). *Building a road to the future – Development of a secondary pregnancy prevention program*. Department of Health and Human Services conference for the Office of Adolescent Pregnancy Programs, City, State.

32. Price, J.H., Jordan, T.R., **Dake, J.A**. (2006). *Obstetrician/gynecologists' perceptions and use of nicotine replacement therapy.* American Public Health Association annual meeting, Boston, MA.

33. Jordan, T.M., Price, J.H., & **Dake, J.A**. (2006). *Best practices for smoking cessation in pregnancy: Do OB/GYN physicians use them in practice?* American Public Health Association annual meeting, Boston, MA.

34. **Dake, J.A.**, Price, J.H., Jordan, T.R. (2006). *Pediatricians' practices regarding smoking cessation among parents of their patients.* American Public Health Association annual meeting, Boston, MA.

35. Price, J.H., Jordan, T.R., **Dake, J.A**. (2006). *Smoking Cessation Advice of Selected Ohio Health Care Professionals.* Ohio Tobacco Use and Prevention Commission, City, State.

36. Murnan, J., Price, J.H., Telljohann, S.K., **Dake, J.A.**, Boardley, D. (2006). *Parents' perceptions of the role of elementary schools in preventing overweight in children.* American School Health Association annual meeting, St. Louis, MO.

37. Lartey, G.K., Price, J.H., Telljohann, S.K., **Dake, J.A.**, Yingling, F.A. (2006). *Elementary school teachers' perceptions and practices regarding pedestrian safety education.* American School Health Association annual meeting, St. Louis, MO.

38. Kirchofer, G., Telljohann, S.K., Price, J.H., **Dake, J.A.**, Ritchie, M. (2006). Parent's Perceptions of School Nurses, Psychologists and Social Workers. Presentation at national conference of the American School Health Association. (October 2006).

39. **Dake. J.A.**, & Telljohann, S.K. (2006). *The development of the bullying evaluation survey tool (BEST).* American School Health Association annual meeting, St. Louis, MO.

40. **Dake, J.A.**, Yoon, J., McCaughtry, N., Martin, J. (2006). *Social support and school bullying in inner city elementary students*. American School Health Association annual meeting, St. Louis, MO.

41. **Dake, J.A.**, Yoon, J., McCaughtry, N., Martin, J. (2006). *The impact of school social climate on elementary school bullying behaviors.* American School Health Association annual meeting, St. Louis, MO.

42. Price, J.H., Jordan, T.R., **Dake, J.A.** (2005). *Smoking cessation interventions for pregnant patients by nurse midwives in Ohio.* American Public Health Association annual meeting, Philadelphia, PA.

43. Price, J.H., Jordan, T.R., & **Dake, J.A.** (2005). *Pediatricians' perceptions and practices regarding the use of nicotine replacement therapy with adolescent smokers.* American Public Health Association annual meeting, Philadelphia, PA.

44. Martin, J.J., Hodges-Kulinna, P., McCaughtry, N. Cothran, D., **Dake, J.A.**, Fahoome, G. (2005). *The theory of planned behavior: predicting physical activity and cardiorespiratory fitness.* Presentation to accepted for the North American Society for the Psychology of Sport and Physical Activity Conference, St Petersburg Beach, FL.

45. **Dake, J.A.** (2005). *School bullying prevention.* Invited presentation at the Michigan Association of Health, Physical Education, Recreation, and Dance (MAHPERD) regional conference, City, State.

46. Price, J.H., **Dake, J.A.**, & Jordan, T.M. (2004). *Development of a social will for tobacco control index.* American Public Health Association annual meeting, Washington, DC.

47. Thompson, A.J., Price, J.H., **Dake, J.A.**, & Tatchell, T. (2004). *Police chief's perceptions of the regulation of firearms.* American Public Health Association annual meeting, Washington, DC.

48. Jordan, T.M., Price, J.H., **Dake, J.A.**, & Shah, S. (2004). *Adolescent's perceptions of environmental tobacco smoke.* American School Health Association annual meeting, Pittsburgh, PA.

49. Price, J.H., **Dake, J.A.,** Murnan, J., Dimmig, J., Akpanudo, S. (2004). *Power analysis assessment of research articles published in health education journals.* American School Health Association annual meeting, Pittsburgh, PA.

50. Murnan, J., **Dake, J.A.**, & Price, J.H. (2004). *Selected risk factors associated with state variations in child and adolescent firearm mortality.* American School Health Association annual meeting, Pittsburgh, PA.

51. Price, J.H., Murnan, J., Thompson, A.J., **Dake, J.A.,** Telljohann, S.K. (2004). *Elementary school teachers' perceptions and activities on firearm safety education.* American School Health Association annual meeting, Pittsburgh, PA.

52. Price, J.H., **Dake, J.A.,** Murnan, J. (2004). *Factors associated with state variations in childhood obesity*. American School Health Association annual meeting, Pittsburgh, PA.

53. **Dake, J.A**., McCaughtry, N., Martin, J., Hodges-Kullina. (2004). *Racial differences in school bullying behavior in detroit schools.* American School Health Association annual meeting, Pittsburgh, PA.

54. Wyman, J., Price, J.H., Telljohann, S.K., Jordan, T., **Dake, J.A**. (2004). *Parents perceptions of CDC guidelines for school health programs to prevent tobacco use and addiction.* American School Health Association annual meeting, Pittsburgh, PA.

55. **Dake, J.A.,** Taylor, C., Telljohann, S.K. (2004). *Bullying behavior in urban middle school students.* American School Health Association annual meeting, Pittsburgh, PA.

56. Martinez, J., Telljohann, S.K**., Dake, J.A.,** Price, J.H. (2004). *Parents' perceptions of the importance of middle school health education.* American School Health Association annual meeting, Pittsburgh, PA.

57. **Dake, J.A**., Barnhart, S., McCaughtry, N., Martin, J.J., Hodges-Kulinna, P. (2004). *Assessment of Elementary School Bullying in Detroit Schools*. Symposium presentation at the American Alliance for Health, Physical Activity, Recreation, and Dance annual meeting, New Orleans, LA.

58. **Dake, J.A.,** Price, J.H., Telljohann, S.K**.,** Funk, J. (2003). *Elementary school principals' perceptions and practices regarding bullying prevention activities.* American Public Health Association annual meeting, Francisco, CA.

59. Price, J.H., Thompson, A.J., **Dake, J.A.** (2003). *Factors associated with state variations in homicide, suicide, and unintentional firearm deaths.* American Public Health Association annual meeting, Francisco, CA.

60. **Dake, J.A.,** Price, J.H., Telljohann, S.K**.,** Funk, J. (2003). *Teachers' perceptions and practices regarding school bullying prevention activities*. American Public Health Association annual meeting, Francisco, CA.

61. **Dake, J.A.** (2003). *The nature and extent of bullying at school.* Invited presentation, Mott's Children Center Tuuri Day Conference, City, State.

62. **Dake, J.A.,** Murnan, J., Price, J.H. (2002). *An evaluation of a third grade child abuse prevention curriculum.* American School Health Association annual meeting, Charlotte, NC.

63. Price, J.H., Telljohann, S.K., **Dake, J.A.**, Durgin, J. (2002). *School nurses' provision of health care services: two versus five days per week.* American School Health Association annual meeting, Charlotte, NC.

64. Knowles, M., Telljohann, S.K., Price, J.H., **Dake, J.A.** (2002). *Parental satisfaction with two urban elementary school-based health clinics.* American School Health Association annual meeting, Charlotte, NC.

65. Kleinfelder, J., Price, J.H., & **Dake, J.A.** (2002). *Grant writing training of health educators*. American School Health Association annual meeting, Charlotte, NC.

66. Price, J.H., **Dake, J.A.**, Kirchofer, G.M., & Telljohann, S.K. (2002). *Elementary school teachers' techniques of responding to student questions regarding sexuality issues.* American School Health Association annual meeting, Charlotte, NC.

67. Price, J.H., Yingling, F., **Dake, J.A.**, & Telljohann, S.K. (2001). *Smoking cessation activity in school-based health clinics.* American School Health Association annual meeting, Albuquerque, NM.

68. Price, J.H., Telljohann, S.K., **Dake, J.A.**, Marsico, L., & Zyla C. (2001). *Urban intermediate elementary students' perceptions of fighting.* American School Health Association annual meeting, Albuquerque, NM.

69. Price, J.H., **Dake, J.A.**, & Thompson, A.J. (2001). Epidemiology of Firearm Control Legislation. American Public Health Association annual meeting, Atlanta, GA.

70. Price, J.H., **Dake, J.A.**, & Kucharewski, R. (2000). *Black, inner city adolescents' risk factors for suicide.* American School Health Association annual meeting, New Orleans, LA.

71. **Dake, J.A.**, Price, J.H., & Telljohann, S.K (2000). *Development of ethics scales for health education.* American School Health Association annual meeting, New Orleans, LA.

72. Telljohann, S.K., Price, J.H., & **Dake, J.A.** (2000). *Health education faculty members' perceptions of ethical issues regarding teaching.* American School Health Association annual meeting, New Orleans, LA.

73. Price, J.H., **Dake, J.A.**, & Telljohann, S.K. (2000). *Ethical issues regarding service: Perceptions of health education faculty.* American School Health Association annual meeting, New Orleans, LA.

74. Price, J.H., **Dake, J.A.**, & Kucharewski, R. (2000). *Reliability of the search institute asset questionnaire in inner city African American youth.* American School Health Association annual meeting, New Orleans, LA.

75. Price, J.H., **Dake, J.A.**, & Islam, R. (1999). *Health education faculty members' perceptions of research ethics in collaboration, publication, and sponsorship.* American School Health Association annual meeting, City, State.

76. Price, J.H., **Dake, J.A.**, & Oden, L. (1999). *Collaboration in health education publishing: University health education faculty members' perceptions of guests, ghosts, and trends.* American School Health Association annual meeting, City, State.

Grants

1. Jordan, T.J. (PI), **Dake, J.A.**, Price, J.H., Sheu J.J. "Evaluation of Lucas County Job and Family Services - Pregnancy Prevention Programs" Lucas County Department of Job and Family Services. Amount: $90,000

2. **Dake, J.A.**, Jordan, T.J., Price, J.H. "Building A Road to the Future- Preventing Repeat Adolescent Pregnancies." Office of Adolescent Pregnancy Programs. Department of Health and Human Services. (5-year grant totaling $281,250)(2006-2011). This is the evaluation component of a $1.875 million grant to Polly Fox Academy [J. Durgin (PI)]

3. Jordan, T.J., **Dake, J.A.**, Price, J.H. "Community Based Abstinence Education." Administration for Children and Families, Department of Health and Human Services.
4. (5-year grant totaling $450,000)(2006-2011). This is the evaluation component of a $3.0 million grant to ABC, Inc. [C. Biddle (PI)]

5. McCaughtry, N. (PI), Hodges-Kullina, P., Martin, J., & **Dake, J.A.** (2004). Detroit Healthy Youth Initiative-Phase II. Source: U.S. Department of Education, Amount: $373,000, Funded Oct. 1, 2003-Sept. 31, 2004

6. **Dake, J.A.** (PI). (2003). Wayne State University Research Grant Program. "Pediatricians' Perceptions and Practices Regarding Youth Bullying Prevention." $10,445 ($7000 grant, $3445 department match)

7. **Dake, J.A.** WSU College of Lifelong Learning's Interdisciplinary Studies Program (2002). Online Course Development Grant. Course Release awarded ($3028 to department)

8. **Dake, J.A.** Tobacco-Free Ohio (1998): Intervention to reduce youth tobacco use in Fulton and Henry County, Ohio. $2000. With Holli Hesselschwardt (Co-PI), 1998

TEACHING

Courses Taught at the University of Toledo:

Undergraduate

HEAL 2900 *Introduction to Health Education Methods*
HEAL 4400 *Health Problems of Youth*
HEAL 4600 *School Health Programs*
HEAL 4920 *Student Teaching Seminar*
HEAL 4930 *Student Teaching Supervision*

Graduate
PUBH 6990 *Internship in Public Health*
HEAL 8000 *Professional Issues in Health Education*
HEAL 8500 *Issues in School Health*
HEAL 8360 *Applied Survey Research in Health*
HEAL 8990 *Research Design in Health Education*

Courses Taught at Wayne State University:

Undergraduate
HEA 2310 (3cr) *Dynamics of Personal Health*
HEA 2320 (3cr) *Environmental and Community Health*

Graduate
HE 5220 (3cr) *Health Behavior Change*
HE 5440 (3cr) *Mental Health and Substance Abuse*
HPR 6600 (3cr) *The Role of the Professional in Substance Abuse*
HE 6530 (3cr) *Principles and Practices of Health Education/Health Promotion*
HE 6420 (3cr) *Introduction to Health Education Program Design*
HPR 8540 (3cr) *Theories of Health Behavior*

Dissertations, Theses, & Projects Directed

Dissertations Directed

1. Aubrey Whewell. (in progress). *An Investigation of National Health Education Standard Skills and the Pertaining Content Areas*. UT Doctoral Dissertation.

2. Lauren Maziarz. (in progress). *A National Survey of Superintendents' Perceptions of Condom Distribution Programs in US High Schools.* UT Doctoral Dissertation.

3. Amelia Huelskamp. (in progress). *Incorporation of local produce into school meals.* UT Doctoral Dissertation.

4. Heather Hug. (in progress). *A secondary analysis of teen video game use and its relationship with risky health behaviors.* UT Doctoral Dissertation.

5. Nicole Kolm. (2012). *Self-Efficacy of School Nurses in Providing Support for Pregnant and Parenting Teenagers.* UT Doctoral Dissertation.

6. Mary Ann Bell. (2011). *A national survey of emergency nurses' perceptions towards responding to avian influenza threat.* UT Doctoral Dissertation.

7. Philip Welch. (2011). *National assessment of state legislators' perceptions of obesity reduction measures.* UT Doctoral Dissertation.

8. Adam J. Mrdjenovich. (2009). *University counseling center practices regarding guidance on the health effects of religious/spiritual involvement*. UT Doctoral Dissertation.

Theses Directed

1. Jemica Carter. (2006). *Assessment of Elementary School Bullying in Detroit Public Schools*. Master's Thesis.

Projects Directed

1. Julie Adkins. (2010). *Implementation of an Asthma Reduction Program in the School Setting*. Masters Project.

2. Kristen Rosenthal. (2006). *Development of a Middle School STD Prevention Program.* Masters Project.

3. Amy Lerman. (2005). *Implementation of a Bullying Prevention Curriculum at Birney Middle School.* Masters Project.

4. Theresa Marie Pszczolkowski. (2005). *Development and Implementation of a Health Curriculum for the Detroit Public Schools Autistic Impaired Program.* Masters Project.

5. Kris Downing. (2005). *Development of a Drug Abuse Prevention Program for Adolescent Ethnic Minorities.* Masters Project.

6. Suzan Nash. (2004). *Development of an Exercise Program for Adult Women.* Masters Project.

7. Diane Weckerle. (2004). *Protect Children from Lead Poisoning when Remodeling your Home*. Masters Project.

8. Mary Milke. (2004). *Adolescent Smoking Prevention Intervention Program for High School Students.* Masters Project.

9. Sarah Plum (2004). *Development of Health Night – A Program for Parents and their Elementary Students.* Masters Project.

Dissertation, Thesis, and Project Committees

Dissertations (committee member)

1. Christine Baksovich. (in progress). *A national assessment of elementary parents' perceptions of sexuality education.* UT Doctoral Dissertation: Susan Telljohann, Chair.

2. Erin Hutzelman. (in progress). *A national assessment of superintendents' perceptions of drug testing in the schools.* UT Doctoral Dissertation: Tavis Glassman, Chair.

3. Aaron Diehr. (in progress). *Critical analysis of infrastructure and orientation of state minority health offices*. UT Doctoral Dissertation: Timothy Jordan, Chair.

4. Jamie Dowling. (in progress). *School nurses' use of the 5 A's regarding adolescent eating disorders.* UT Doctoral Dissertation: Timothy Jordan, Chair.

5. Molly McKinney. (in progress). *Perceptions and Practices of University Sexual Assault Prevention Activities*. UT Doctoral Dissertation: Susan Telljohann, Chair.

6. Erica Payton. (in progress). *African American legislators perceptions of firearm violence prevention legislation.* UT Doctoral Dissertation: Susan Telljohann, Chair.

7. Diana Reindl. (2013). *Perceptions of College and University Presidents Regarding Tobacco Free Campus Policies.* UT Doctoral Dissertation: Tavis Glassman, Chair.

8. Robert Braun. (2012). *Using the Integrated Behavioral Model to Predict Binge Drinking among College Students.* UT Doctoral Dissertation: Tavis Glassman, Chair.

9. Lisa Ambrosetti. (2012). *Using the Integrated Behavioral Model to Predict Binge Drinking among College Students*. UT Doctoral Dissertation: Tavis Glassman, Chair.

10. Jennifer Wohlwend. (2012). *An examination of emergency contraception use by undergraduate college students in the Midwest using the integrated behavioral model*. UT Doctoral Dissertation: Tavis Glassman, Chair.

11. Diane Salvadore. (2010). *Registered nurses practice and perceptions related to health policy: implications for nursing practice and education*. UT Doctoral Dissertation: James Price, Chair.

12. Mary Jo Mauer. (2010). *Hospital Nurses' Perceptions and Experiences With Medication Errors.* UT Doctoral Dissertation: James Price, Chair.

13. Megan Rickard. (2009). *School superintendent's perceptions of schools assisting students in obtaining public health insurance.* UT Doctoral Dissertation: James Price, Chair.

14. Joyce Balls. (2009). *African American primary care physicians' perceptions and practices regarding smoking cessation therapy*. UT Doctoral Dissertation: James Price, Chair.

15. JoAnn Kleinfelder. (2009). *Tobacco Intervention Training in Graduate Clinical Psychology and Social Work Programs.* UT Doctoral Dissertation: James Price, Chair.

16. Charlene Nims. (2008). *The Status of Tobacco Prevention and Cessation Education During Residency Training: A National Study of OB/GYN Residency Program Directors.* UT Doctoral Dissertation: Timothy Jordan, Chair.

17. Marilynne Wood. (2007). *Parental/Guardian Predictors of Well Controlled and Poorly Controlled Asthmatic African American Youths.* UT Doctoral Dissertation: James Price, Chair.

18. Candace Hendershot. (2007). *School Nurses Perceptions and Practices Regarding Measuring and reporting BMI in Students.* UT Doctoral Dissertation: Susan Telljohann, Chair.

19. Christine Zyla. (2007). *Psychiatrists' Perceptions and Practices Regarding Weight Control for Overweight and Obese Patients.* UT Doctoral Dissertation: James Price, Chair.

20. Gregg Kirchofer. (2006). *Parents' Perceptions of the Importance of Elementary School Nurses, Counselors, and Social Workers*. UT Doctoral Dissertation: Susan Telljohann, Chair.

21. Grace Lartey. (2006). *Primary Grade Teachers' Perceptions and Practices Regarding Pedestrian Safety Education*. UT Doctoral Dissertation: James Price, Chair.

22. Judy Murnan. (2005). *Parents' Perceptions of the Role of Elementary Schools in Addressing Overweight in Childhood.* UT Doctoral Dissertation: James Price, Chair.

23. Amy Thompson. (2004). *Police Chiefs' Perceptions of Firearm Control Policies*. UT Doctoral Dissertation: James Price, Chair.

24. Jodi Wyman. (2004). *Ohio Parents' Perceptions of the Role of Schools in Tobacco Prevention and Cessation for Youth.* UT Doctoral Dissertation: James Price, Chair.

Theses (committee member)

1. Heather Noland. (2007). *Sleep Deprivation and Academic Achievement in High School Students.* UT Master's Thesis: James Price, Chair.

2. Ann Askins. (2006). Whitmer High School Health Needs Assessment and Recommendations. UT Master's Thesis: Susan Telljohann, Chair.

Projects (committee member)

1. Lydia Moris. (in progress). *The Development of Three Educational Tools to Increase Awareness of ADHD Issues in Students, Parents, and Educators*. UT Masters Project: Susan Telljohann, Chair.

2. Brad Davidson. (2009). *Institutions of higher education pre-service school health education practices.* UT Masters Project: Susan Telljohann, Chair.

3. Amber Golden. (2007). *First Aid Certification for Elementary School Personnel*. UT Masters Project: Susan Telljohann, Chair.

4. Connie Taylor. (2005). *Implementation of a Bullying Prevention Program at Byrnedale.* UT Masters Project: Susan Telljohann, Chair.

SERVICE

Professional Service

American Cancer Society

- Planning team for the Institutes for Higher Education Academy

Professional Society Memberships:

American School Health Association 1998 – current

- Reviewer for the *Journal of School Health* 2005-current
- Chair – Research Council 2004-2005; 2012-current
- Appointed Member –Budget and Finance Committee 2004-2007; 2007-current
- Received Fellow status, November 2009
- Research Council Board Representative 2005-2007
- Appointed Member – Legislative Committee 2000-2003
- Elected Member – Board of Directors 2000-2002
- Elected Chair – Health Behavior Council 2000-2002
- Delegate to National Conference, "Health Education Advocacy Summit, Washington, D.C." 2000

American Association for Health Education 1998-2012

- Reviewer for the *American Journal of Health Education* 2005-2012
- Assistant to the Editor, *American Journal of Health Education* 1998-2005

Eta Sigma Gamma: National Professional Health Science Honorary 1998-current

- Reviewer for *The Health Educator*

American Public Health Association 1998-current

- Section Counselor 2009-current
- Member

Society for Public Health Education 1998-current
- Member

University Service

- Member, UT Graduate Council 2013-current
- Member, Doctoral Admissions Committee for Health Education doctoral program in the Department of Health and Rehabilitative Services 2006-current
- Member, UT CHSHS College Personnel Committee 2009-2011
- Member, UT CHSHS College Council 2008-2010
- Member, UT CHSHS College Council Development Committee 2006-2007
- Member, Health Education NCATE Committee 2007
- Member, UT Department of Health and Rehabilitative Services Search Committee for Visiting Health Education Assistant Professor 2007

Community Service

- Donated evaluation services for curriculum assessment for Sandusky County Health Department, Teen Pregnancy Prevention Program. 2006-2007

- Committee Member, Michigan 24/7 Tobacco Free Schools, Policy Development. Michigan Department of Education. 2005
  - Developed a tobacco free school policy for onsite and offsite restrictions for tobacco use. This policy was then presented to and approved by the Michigan Department of Education as a recommended policy that school districts across the state should implement.

- Served as a judge for the American Cancer Society School Health Fair. 1998-2005

- Invited Speaker – Tuuri Day Conference. "The Nature and Extent of Bullying at School" Flint, MI. 2003
  - Presented to health professional across the state (MI) regarding school bullying.

- Invited Speaker – College of Urban, Labor and Metropolitan Affairs workshop: Youth Violence and Constructive Conflict Resolution Education. 2003
  - Presentation on "Teacher's Role in School Bullying Prevention" for elementary and secondary educators

- "The Problem of Obesity" Auditorium presentation given to Ottawa Hills High School students. 2001

- "The Problem of Obesity" Classroom presentation given to Whitmer High School students. 2001

- Guest Teaching – Springfield Jr. High School, Toledo, OH 1999-2001
  - Tobacco education class for 7th grade

Community Consulting

- Hospital Council of Northwest Ohio 2003-current
  - Contract primarily as a data analyst for all Northwest Ohio county health assessments conducted through HCNO (n=40).

- Toledo Public Schools 2004-2007
  - Hired as the evaluator for the TPS Carol M. White PEP grant focusing on increasing the physical activity and nutrition of elementary school students.
  - Responsible for coordination and analysis of all data and the development and coordination of the nutrition component of the project.

- Family and Child Abuse Prevention Center 2003-2004
  - Development and planning of 6th grade child abuse prevention curriculum

- Family and Child Abuse Prevention Center 2001-2002
  - Evaluation of 3rd grade child abuse prevention curriculum

- Fulton County Health Department 2001-2002
  - Three year follow-up assessment of the Fulton County Community Health Needs Assessment

- Mercy / St. Charles Family Practice (Dr. Tim Jordan) 1998 - 2001
  - Facilitate high school and junior high school focus groups for evaluating:
    - An abstinence-based sex education program called Postponing Sexual Involvement (PSI)
    - A girls peer support group called Circle of Friends
    - David's House Compassion, Inc.
  - Assessed client needs and satisfaction through the use of focus groups, interviews, and survey research (with James H. Price)

- Henry and Fulton Counties, Ohio 1998
  - Evaluated patient and physician perceptions regarding the need of 5 health department clinics (with James H. Price)

- Consultant - American Cancer Society, Defiance Area Office 1998
  - Worked with the Area Director to obtain funding for, and design an intervention to decrease youth access to tobacco. This included creating a community coalition (Tobacco-Free Youth), designing a 12-week tobacco control plan, including a communications/media plan, and working with local officials to change county-wide ordinances

Honors/Awards:

- Nominated for the American School Health Distinguished Service Award 2009
- Received Fellow status in the American School Health Association which was presented at the national conference in Denver, CO. 2009
- Awarded national AAHPERD Mabel Lee Award for achieving national recognition as a professional prior to reaching age thirty-six. 2008

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• CELL PHONE 419-308-8404
E-MAIL ADDRESS MVONLEHMDEN@HCNO.ORG

MICHELLE VON LEHMDEN

OBJECTIVE

To provide continued growth and development in creating quality community health assessments, community health improvement plans and strategic planning using my proven skills in communication and community outreach.

EDUCATION

2001 **Bowling Green State University** - Bowling Green, OH
Bachelor of Arts in Environmental Policy and Analysis, Cum Laude

EMPLOYMENT

2012-Present
Hospital Council of Northwest Ohio- Toledo, OH
Health Assessment Coordinator

- Responsible for oversight and development of various health improvement projects.
- Provide expertise on the availability, content, and presentation of statistical information and best practices across a wide range of public health interests.
- Facilitate and coordinate meetings involving health information, data collection, strategic planning, and community health improvement planning
- Supervise graduate assistants and undergraduate assistants.
- Assist with the design and completion of customized, county-level health assessment reports and community health improvement reports integrating primary and secondary data sources.
- Coordinate youth health assessment projects, including meeting with school superintendents, scheduling and data collection.

2007-2011
Wood County Educational Service Center - Bowling Green, OH
Alcohol, Tobacco, and Other Drug (ATOD) Prevention Specialist

- Responsible for designing, coordinating, and implementing Alcohol, Tobacco and other Drug (ATOD) prevention services for the Otsego Local School District.
- Develop and implement curriculum to educate over 1000 students annually.
- Responsible for creating and collecting data and needs assessments to aid program sustainability.
- Recruit, train and mentor adult and student volunteers.
- Provide direct one-on-one evaluations, support, guidance and education to students.
- Work directly with students and families to educate, inform and prevent negative behaviors and increase developmental assets.
- Facilitate and monitor training requirements for school staff.
- Responsible for working with school administrators and staff to create awareness and increase knowledge of student behavioral health issues.
- Increase community awareness of problems associated with the underage use of alcohol, tobacco and other drugs.
- Coordinate special events for schools and the community, including assemblies, speakers, luncheons, trainings and marketing campaigns.
- Work closely with numerous Wood County agencies to coordinate and promote services.

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MICHELLE VON LEHMDEN

2004 - 2007
Sandusky County Health Department - Fremont, OH
Public Health Educator II

- Responsible for full oversight of multiple health education programs, including, budgeting, designing, marketing, implementation and data collection.
- Increase awareness of current public health issues by developing, promoting and coordinating health education programs, presentations and special events for schools, community groups and other organizations.
- Responsible for researching and developing new health education programs based on county health assessments, community needs assessments and alternative data sources.
- Responsible for writing, reporting and overseeing multiple grants.

RELEVANT SKILLS

- Project management skills
- Experience in strategic planning and community health improvement planning
- Excellent written and verbal communication skills
- Extensive experience with meeting facilitation and public speaking
- Motivated self-starter capable of working independently or with a team
- Experience working with school personnel, including, administrators, counselors and teaching staff.

TAB IX

OTHER INFORMATIONAL MATERIAL

This section contains a sample School Survey as well as a sample data report

SAMPLE Youth Health Needs Questionnaire

1. (YRBS 2015) How old are you?
   - 12 years old or younger ..... A
   - 13 years old ..... B
   - 14 years old C
   - 15 years old ..... D
   - 16 years old ..... E
   - 17 years old ..... F
   - 18 years old or older ..... G
2. (YRBS 2015) What is your sex?
   - Female ..... A
   - Male ..... B
   - Other C
3. (YRBS 2015) In what grade are you?
   - 7th grade ..... A
   - 8th grade ..... B
   - 9th grade C
   - 10th grade ..... D
   - 11th grade ..... E
   - 12th grade ..... F
   - Ungraded or other grade ..... G
4. (YRBS 2015) Are you Hispanic or Latino?
   - Yes ..... A
   - No ..... B
5. (YRBS 2015) How do you describe yourself? **(CIRCLE ALL THAT APPLY)**
   - American Indian or Alaska Native ..... A
   - Asian ..... B
   - Black or African American C
   - Native Hawaiian or Other Pacific Islander ..... D
   - White ..... E
6. (YRBS 2015) How tall are you without your shoes on?

   _____ Feet

   _____ Inches
7. (YRBS 2015) How much do you weigh without your shoes on?

   _____ Pounds
8. (HCNO 2015) What is your zip code? _____
9. (YRBS 2015) (Optional) Which of the following best describes you? **(CIRCLE ALL THAT APPLY)**
   - Straight ..... A
   - Gay ..... B
   - Lesbian C
   - Bi-sexual ..... D
   - Transgender ..... E
   - Other ..... F
   - Not sure ..... G
10. (IPP 2015) Is your father, mother or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
    - No ..... A
    - Yes ..... B
    - Don't know C
11. (YRBS 2015) During the past 12 months, how would you describe your grades in school?
    - Mostly A's ..... A
    - Mostly B's ..... B
    - Mostly C's C
    - Mostly D's ..... D
    - Mostly F's ..... E
    - None of these grades ..... F
    - Not sure ..... G

The next questions ask about safety and violence-related behaviors.

12. (IPP 2015)In the past year, how often did you feel safe and secure at school?
    - Never ..... A
    - Rarely ..... B
    - Sometimes C
    - Most of the time ..... D
    - All of the time ..... E
13. (YRBS 2015) During the past 30 days, on how many days did you **not** go school because you felt you would be unsafe at school or on your way to or from school?
    - 0 days ..... A
    - 1 day ..... B
    - 2 or 3 days C
    - 4 or 5 days ..... D
    - 6 or more days ..... E
14. (YRBS 2015) During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
    - 0 times ..... A
    - 1 time ..... B
    - 2 to 5 times C
    - 6 or more times ..... D

The next 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.

15. (HCNO 2015) What types of bullying have you experienced in the past 12 months? **(CIRCLE ALL THAT APPLY)**
    - You were hit, kicked, punched, or people took your belongings ..... A
    - Teased, taunted, or called harmful names ..... B
    - Spread mean rumors about or kept out of a "group" C
    - Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods ..... D
    - Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person ..... E
    - None of the above ..... F – **SKIP TO #18**
16. (YRBS 2015) During the past 12 months, have you ever been bullied **on school property**?
    - Yes ..... A
    - No ..... B
17. (YRBS 2015) During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting?)
    - Yes ..... A
    - No ..... B
18. (YRBS 2015) During the past 12 months, how many times were you in a physical fight?
    - 0 times ..... A – **SKIP TO #20**
    - 1 time ..... B
    - 2 to 5 times C
    - 6 or more times ..... D
19. (YRBS 2015) During the past 12 months, how many times were you in a physical fight on school property?
    - 0 times ..... A
    - 1 time ..... B
    - 2 to 5 times C
    - 6 or more times ..... D
20. (OYS 2008 - CTC) I feel safe in my neighborhood (town, community).
    - Yes ..... A
    - No ..... B
21. (YRBS 2015) During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
    - 0 times ..... A
    - 1 time ..... B
    - 2 or 3 times C
    - 4 or 5 times ..... D
    - 6 or more times ..... E
22. (YRBS 2015) During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
    - I did not drive a car or other vehicle during the past 30 days ..... A – **SKIP TO #24**
    - 0 times ..... B
    - 1 time C
    - 2 or 3 times ..... D
    - 4 or 5 times ..... E
    - 6 or more times ..... F
23. (YRBS 2015) During the past 30 days, on how many days did you text or email while driving a car or other vehicle?
    - I did not drive a car or other vehicle during the past 30 days ..... A
    - 0 days ..... B
    - 1 or 2 days C
    - 3 to 5 days ..... D
    - 6 to 9 days ..... E
    - 10 to 19 days ..... F
    - 20 to 29 days ..... G
    - All 30 days ..... H

The next questions ask about mental health, sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide that is, taking some action to end their own life.

24. (YRBS 2015) On an average school night, how many hours of sleep do you get?
    - 4 hours or less ..... A
    - 5 hours ..... B
    - 6 hours C
    - 7 hours ..... D
    - 8 hours ..... E
    - 9 hours ..... F
    - 10 or more hours ..... G
25. (PHQ-4) Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
    - Not at all ..... A
    - Several days ..... B
    - More days than not C
    - Nearly every day ..... D
26. (PHQ-4) Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
    - Not at all ..... A
    - Several days ..... B
    - More days than not C
    - Nearly every day ..... D
27. (PHQ-4) Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
    - Not at all ..... A
    - Several days ..... B
    - More days than not C
    - Nearly every day ..... D

28. (PHQ-4) Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
    - Not at all ..... A
    - Several days ..... B
    - More days than not C
    - Nearly every day ..... D

29. (IPP 2015) When you are stressed out, how do you manage it? **(CIRCLE ALL THAT APPLY)**
    - I do not have any stress ..... A
    - Physical activity (exercise, sports, skateboarding, motocross, etc.) ..... B
    - Meditate, pray, use relaxation techniques C
    - Participate in hobbies or community service ..... D
    - Express myself through the arts and literature (dance, music, art, writing, etc.) ..... E
    - Get support from others ..... F
    - Avoid people who create "drama" ..... G
    - Limit exposure to social media (facebook, Twitter, Instagram, etc.) ..... H

30. (YRBS 2015) When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
    - During the past 12 months ..... A
    - Between 12 and 24 months ..... B
    - More than 24 months C
    - Never ..... D
    - Not sure ..... E

31. (BRFSS 2012) Have you ever experienced any of the following? **(CIRCLE ALL THAT APPLY)**
    - Lived with someone who was depressed, mentally ill or suicidal ..... A
    - Lived with someone who was a problem drinker or an alcoholic ..... B
    - Lived with someone who used illegal street drugs, or who abused prescription medication C
    - Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility ..... D
    - None of the above has happened to me ..... E

32. (BRFSS 2012) Have you ever experienced any of the following? **(CIRCLE ALL THAT APPLY)**
    - Someone at least 5 years older than you or an adult touched you sexually ..... A
    - Someone at least 5 years older than you or an adult tried to make you touch them sexually ..... B
    - Someone at least 5 years older than you or an adult, forced you to have sex C
    - None of the above has happened to me ..... D

33. (BRFSS 2012) Have you ever experienced any of the following? **(CIRCLE ALL THAT APPLY)**
    - Your parents became separated or were divorced ..... A
    - Your parents were not married ..... B
    - Your parents or adults in your home slapped, hit, kicked, punched or beat each other up C
    - A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking) ..... D
    - A parent or adult in your home swore at you, insulted you, or put you down ..... E
    - None of the above has happened to me ..... F

34. (YRBS 2015) 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 ..... A
    - No ..... B

35. (YRBS 2015) During the past 12 months, did you ever seriously consider attempting suicide?
    - Yes ..... A
    - No ..... B – **SKIP TO #38**

36. (YRBS 2015) During the past 12 months, how many times did you actually attempt suicide?
    - 0 times ..... A – **SKIP TO #38**
    - 1 time ..... B
    - 2 or 3 times C
    - 4 or 5 times ..... D
    - 6 or more times ..... E

37. (YRBS 2015) If you attempted suicide during the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?
    - I did not attempt suicide during the past 12 months ..... A
    - Yes ..... B
    - No C

The next questions ask about tobacco use.

38. (DFC 2015) During the past 30 days, did you smoke all or part of a cigarette?
    - Yes ..... A
    - No ..... B – **SKIP TO #41**

39. (YRBS 2015) During the past 30 days, on how many days did you smoke cigarettes?
    - 0 days ..... A
    - 1 or 2 days ..... B
    - 3 to 5 days C
    - 6 to 9 days ..... D
    - 10 to 19 days ..... E
    - 20 to 29 days ..... F
    - All 30 days ..... G

40. (YRBS 2015) During the past 30 days, how did you usually get your own cigarettes? **(CIRCLE ALL THAT APPLY)**

I did not smoke cigarettes during the past 30 days ..... A
I bought them in a store such as a convenience store, supermarket, discount store, or gas station ..... B
I got them on the Internet C
I bought them from a vending machine ..... D
I gave someone else money to buy them for me ..... E
I borrowed (or bummed) them from someone else ..... F
A person 18 years or older gave them to me ..... G
I took them from a store ..... H
I took them from a family member I
I got them some other way ..... J

41. (YRBS 2015) During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal Bandits, or Copenhagen?

0 days ..... A
1 or 2 days ..... B
3 to 5 days C
6 to 9 days ..... D
10 to 19 days ..... E
20 to 29 days ..... F
All 30 days ..... G

42. (YRBS 2015) During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?

0 days ..... A
1 or 2 days ..... B
3 to 5 days C
6 to 9 days ..... D
10 to 19 days ..... E
20 to 29 days ..... F
All 30 days ..... G

The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

43. (YRBS 2015) During the past 30 days, on how many days did you use an electronic vapor product?

0 days ..... A
1 or 2 days ..... B
3 to 5 days C
6 to 9 days ..... D
10 to 19 days ..... E
20 to 29 days ..... F
All 30 days ..... G

The next questions ask about drinking alcohol. This 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.

44. (YRBS 2015) 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 ..... A – **SKIP TO #50**
8 years old or younger ..... B
9 or 10 years old C
11 or 12 years old ..... D
13 or 14 years old ..... E
15 or 16 years old ..... F
17 years old or older ..... G

45. (DFC 2015) During the past 30 days did you drink one or more drinks of an alcoholic beverage?

Yes ..... A
No ..... B – **SKIP TO #50**

46. (YRBS 2015) During the past 30 days, on how many days did you have as least one drink of alcohol?

0 days ..... A
1 or 2 days ..... B
3 to 5 days ..... B
6 to 9 days ..... D
10 to 19 days ..... E
20 to 29 days ..... F
All 30 days ..... G

47. (YRBS 2015) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

0 days ..... A
1 days ..... B
2 days C
3 to 5 days ..... D
6 to 9 days ..... E
10 to 19 days ..... F
20 or more days ..... G

48. (Modified - YRBS 2015) During the past 30 days, how did you usually get your alcohol? **(CIRCLE ALL THAT APPLY)**
    - I did not drink alcohol during the past 30 days.....A
    - I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station..... ... B
    - I bought it a public event such as a concert or sporting event.....C
    - I gave someone else money to buy it for me...D
    - Someone gave it to me.....E
    - I took it from a store or family member.....F
    - My parent gave it to me.....G
    - My friend's parent gave it to me.....H
    - I got it some other way.....I

49. (PRIDE) When do you usually drink alcohol?
    - Do not use.....A
    - Before school.....B
    - During school.....C
    - After school .....D
    - Week nights.....E
    - Weekends.....F

The next questions ask about marijuana use. Marijuana also is called grass or pot.

50. (YRBS 2015) How old were you tried marijuana for the first time?
    - I have never tried marijuana A – **SKIP TO #55**
    - 8 years old or younger.....B
    - 9 or 10 years old.....C
    - 11 or 12 years old.....D
    - 13 or 14 years old.....E
    - 15 or 16 years old.....F
    - 17 or older or older.....G

51. (DFC 2015) During the past 30 days, have you used marijuana or hashish?
    - Yes.....A
    - No.....B – **SKIP TO #55**

52. (YRBS 2015) During the past 30 days, on how many times did you use marijuana?
    - 0 times.....A
    - 1 or 2 times.....B
    - 3 to 9 times.....C
    - 10 to 19 times.....D
    - 20 to 39 times.....E
    - 40 or more times.....F

53. (MHAS) During the past 30 days, how did you usually use marijuana?
    - I did not use marijuana during the past 30 days.....A
    - I smoked it in a joint, bong, pipe, or blunt.....B
    - I ate it in food such as brownies, cakes, cookies, or candy..... .. C
    - I drank it in tea, cola, alcohol, or other drinks.D
    - I vaporized it.....E
    - I used it some other way.....F

54. (PRIDE) When do you usually use marijuana?
    - Do not use.....A
    - Before school.....B
    - During school.....C
    - After school.....D
    - Week nights.....E
    - Weekends.....F

The next questions ask about other drugs.

55. (YRBS 2015) During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, and codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
    - 0 times.....A – **SKIP TO #60**
    - 1 or 2 times.....B
    - 3 to 9 times.....C
    - 10 to 19 times.....D
    - 20 to 39 times.....E
    - 40 or more times.....F

56. (DFC 2015) During the past 30 days, have you used prescription drugs not prescribed to you?
    - Yes.....A
    - No.....B – **SKIP TO #60**

57. (YRBS 2015) During the past 30 days, have you used prescription pain relievers or pain killers such as Vicodin, Percocet, OxyContin, Lortabs, or Codeine (also called Oxy, OxyContin, Os, Norco or Vikes) that were not prescribed to you?
    - Yes.....A
    - No.....B

58. (Ohio YRBS 2015)What type of prescription drug **do you usually take** without a doctor's prescription?
   - I do not take prescription drugs without a doctor's prescription.....A – **SKIP TO #60**
   - Narcotic pain relievers, such as OxyContin, Percocet, Vicodin, or Lortabs.....B
   - Tranquilizers or anti-anxiety drugs such as Xanax, or Valium.....C
   - Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital.....D
   - Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug).....E
   - I take multiple types of prescription drugs at the same time.....F
   - Not sure.....G

59. (PRIDE) When do you usually use prescription drugs not prescribed to you?
   - Do not use.....A
   - Before school.....B
   - During school.....C
   - After school.....D
   - Week nights.....E
   - Weekends.....F

60. (HCNO 2015) During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?
   - 0 times.....A
   - 1 or 2 times.....B
   - 3 to 9 times.....C
   - 10 to 19 times.....D
   - 20 to 39 times.....E
   - 40 or more times.....F

61. (IPP 2015) During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? **(CIRCLE ALL THAT APPLY)**
   - On school property.....A
   - On the school bus.....B
   - At a friend's house.....C
   - In my neighborhood.....D
   - None of the above.....E

62. (OYS 2008 - NSDUH) During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
   - Yes.....A
   - No.....B

63. (OYS 2008 - NSDUH) During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?
   - Yes.....A
   - No.....B

The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

64. (DFC 2015) 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.....A
   - Slight risk.....B
   - Moderate risk.....C
   - Great risk.....D

65. (DFC 2015) 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.....A
   - Slight risk.....B
   - Moderate risk.....C
   - Great risk.....D

66. (DFC 2015) 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.....A
   - Slight risk.....B
   - Moderate risk.....C
   - Great risk.....D

67. (DFC 2015) 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.....A
   - Slight risk.....B
   - Moderate risk.....C
   - Great risk.....D

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

68. (DFC 2015) 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
   - A little bit wrong.....B
   - Wrong.....C
   - Very wrong.....D

69. (DFC 2015) How wrong do your parents feel it would be for you to smoke tobacco?
   - Not at all wrong.....A
   - A little bit wrong.....B
   - Wrong.....C
   - Very wrong.....D

70. (DFC 2015) How wrong do your parents feel it would be for you to smoke marijuana?
    - Not at all wrong ..... A
    - A little bit wrong ..... B
    - Wrong C
    - Very wrong ..... D

71. (DFC 2015) How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
    - Not at all wrong ..... A
    - A little bit wrong ..... B
    - Wrong C
    - Very wrong ..... D

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

72. (DFC 2015) 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
    - A little bit wrong ..... B
    - Wrong C
    - Very wrong ..... D

73. (DFC 2015) How wrong do your friends feel it would be for you to smoke tobacco?
    - Not at all wrong ..... A
    - A little bit wrong ..... B
    - Wrong C
    - Very wrong ..... D

74. (DFC 2015) How wrong do your friends feel it would be for you to smoke marijuana?
    - Not at all wrong ..... A
    - A little bit wrong ..... B
    - Wrong C
    - Very wrong ..... D

75. (DFC 2015) How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
    - Not at all wrong ..... A
    - A little bit wrong ..... B
    - Wrong C
    - Very wrong ..... D

76. (NSDUH 2013)How do you feel about someone your age trying marijuana or hashish once or twice?
    - Neither approve nor disapprove ..... A
    - Somewhat disapprove ..... B
    - Strongly disapprove C

77. (NSDUH 2013)How do you feel about someone your age using marijuana once a month or more?
    - Neither approve nor disapprove ..... A
    - Somewhat disapprove ..... B
    - Strongly disapprove C

78. (NSDUH 2013) How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
    - Neither approve nor disapprove ..... A
    - Somewhat disapprove ..... B
    - Strongly disapprove C

The next questions ask about sexual behavior.

79. (YRBS 2015) Have you ever had sexual intercourse?
    - Yes ..... A
    - No ..... B – **SKIP TO #84**

80. (YRBS 2015) The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? **(SELECT ONE RESPONSE)**
    - I have never had sexual intercourse ..... A
    - No method was used to prevent pregnancy ..... B
    - Birth control pills C
    - Condoms ..... D
    - An IUD (such as Mirena or Paraguard) or Implant (such as Implanon or Nexplanon) ..... E
    - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring) ..... F
    - Withdrawal ..... G
    - Not sure ..... H

81. (YRBS 2015) The last time you had sexual intercourse, did you or your partner use a condom?
    - Yes ..... A
    - No ..... B

82. (YRBS 2015) During the past 3 months, with how many people did you have sexual intercourse?
    - I have never had sexual intercourse ..... A
    - I have had sexual intercourse, but not during the past three months ..... B
    - 1 person C
    - 2 people ..... D
    - 3 people ..... E
    - 4 people ..... F
    - 5 people ..... G
    - 6 or more people ..... H

83. (YRBS 2015) Did you drink alcohol or use drugs before you had sexual intercourse the last time?
    - I have never had sexual intercourse ..... A
    - Yes ..... B
    - No C

The next questions ask about body weight and physical activity.

84. (YRBS 2015) 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 ..... A
    - 1 day ..... B
    - 2 days C
    - 3 days ..... D
    - 4 days ..... E
    - 5 days ..... F
    - 6 days ..... G
    - 7 days ..... H

85. (YRBS 2015) Which of the following are you trying to do about your weight?
    - Lose weight ..... A
    - Gain weight ..... B
    - Stay the same weight C
    - I am not trying to do anything about my weight ..... D

86. (YRBS 2015) On the average school day, how many hours do you watch TV?
    - I do not watch TV on an average school day ..... A
    - Less than 1 hour per day ..... B
    - 1 hour per day C
    - 2 hours per day ..... D
    - 3 hours per day ..... E
    - 4 hours per day ..... F
    - 5 or more hours per day ..... G

87. (YRBS 2015) On the average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, an iPad, or other tablet, smartphone, Youtube, Facebook or other social networking tools, and the internet.)
    - I do not play video or computer games or use a computer for something that is not school work ..... A
    - Less than 1 hour per day ..... B
    - 1 hour per day C
    - 2 hours per day ..... D
    - 3 hours per day ..... E
    - 4 hours per day ..... F
    - 5 or more hours per day ..... G

The next questions ask about what you ate or drank during the past 7 days.

88. (HCNO 2015) On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)
    - 1 to 4 servings per day ..... A
    - 5 or more servings per day ..... B
    - 0 – I do not like fruits or vegetables C
    - 0 – I cannot afford fruits or vegetables ..... D
    - 0 – I do not have access to fruits or vegetables ..... E

89. (YRBS 2015) During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop).
    - I did not drink soda or pop during the past 7 days ..... A
    - 1 to 3 times during the past 7 days ..... B
    - 4 to 6 times during the past 7 days C
    - 1 time per day ..... D
    - 2 times per day ..... E
    - 3 times per day ..... F
    - 4 or more times per day ..... G

90. (YRBS 2015) During the past 7 days, on how many days did you eat breakfast?
    - 0 days ..... A
    - 1 day ..... B
    - 2 days C
    - 3 days ..... D
    - 4 days ..... E
    - 5 days ..... F
    - 6 days ..... G
    - 7 days ..... H

The next questions ask about other health-related topics.

91. (YRBS 2015) When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?
    - During the past 12 months ..... A
    - Between 12 and 24 months ..... B
    - More than 24 months C
    - Never ..... D
    - Not sure ..... E

92. (YRBS 2015) During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get "knocked out," have memory problems, double or blurry vision, headaches or "pressure" in the head, or nausea or vomiting?
    - Yes ..... A
    - No ..... B
    - Don't know C

93. (YRBS 2015) When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?
   - During the past 12 months ..... A
   - Between 12 and 24 months ..... B
   - More than 24 months C
   - Never ..... D
   - Not sure ..... E

94. (YRBS 2015) During the past 12 months, how many times did you use an indoor tanning device such as sunlamp, sunbed or tanning booth? (Do not count getting a spray-on tan)
   - 0 times ..... A
   - 1 time ..... B
   - 2 to 5 times C
   - 6 or more times ..... D

The next questions ask about school.

95. (CAYCI) I enjoy coming to school.
   - Strongly disagree ..... A
   - Disagree ..... B
   - Neutral C
   - Agree ..... D
   - Strongly agree ..... E

96. (Modified CAYCI) I feel like I belong at my school.
   - Strongly disagree ..... A
   - Disagree ..... B
   - Neutral C
   - Agree ..... D
   - Strongly agree ..... E

97. (Modified CAYCI) I can go to adults at my school for help if I needed it.
   - Strongly disagree ..... A
   - Disagree ..... B
   - Neutral C
   - Agree ..... D
   - Strongly agree ..... E

98. (IPP 2015) My school provides various opportunities to learn about and appreciate different cultures and ways of life.
   - Strongly disagree ..... A
   - Disagree ..... B
   - Neutral C
   - Agree ..... D
   - Strongly agree ..... E

99. (CAYCI)My parents talk to me about what I do in school.
   - Strongly disagree ..... A
   - Disagree ..... B
   - Neutral C
   - Agree ..... D
   - Strongly agree ..... E

100. (CAYCI) My parents push me to work hard at school.
   - Strongly disagree ..... A
   - Disagree ..... B
   - Neutral C
   - Agree ..... D
   - Strongly agree ..... E

101. (OYS 2008 - NSDUH) During the past 12 months, how often did your parents check on whether you had done your homework?
   - Never or almost never ..... A
   - Sometimes ..... B
   - Often C
   - All the time ..... D

The next questions ask about gambling.

102. (YRBS 2015) During the past 12 months, how often did you gamble money or personal items such as while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or using the Internet?
   - I did not gamble money or personal items during the past 12 months ... A – **SKIP TO #106**
   - Less than once a month ..... B
   - About once a month C
   - About once a week ..... D
   - Daily ..... E

103. (ODADAS 2012) During the last 12 months, have you ever gambled more than you planned to?
   - Yes ..... A
   - No ..... B

104. (ODADAS 2012) During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
   - Yes ..... A
   - No ..... B

105. (ODADAS 2012) During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money that you've won, or other signs of gambling?
   - Yes ..... A
   - No ..... B

106. (ODADAS 2012) Have you ever lied to people important to you about how much you gamble?
   - Yes ..... A
   - No ..... B
   - I do not gamble C

The next questions ask about other home related topics.

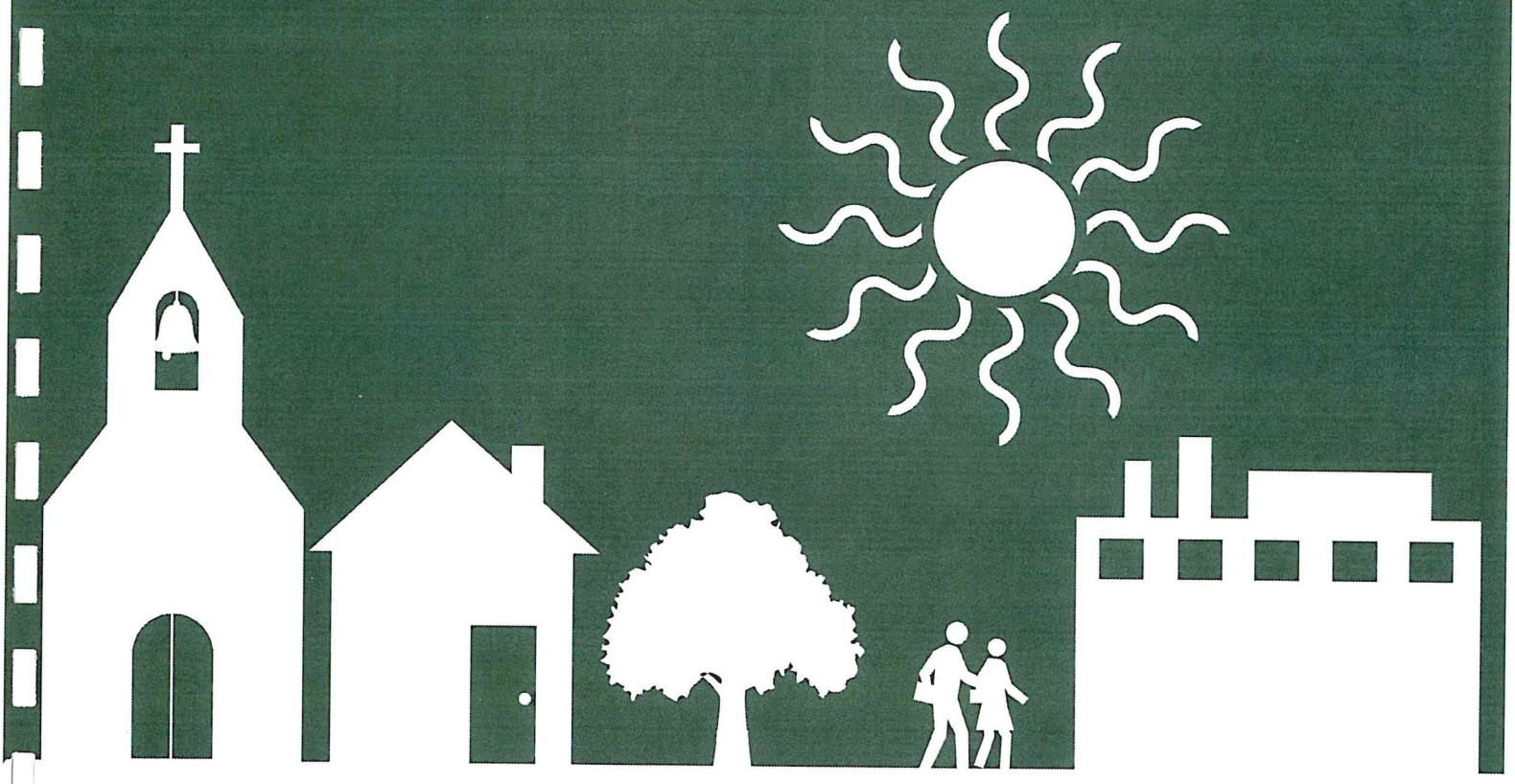
107. (YRBS 2015) On how many of the past 7 days did you take part in organized after school, evening or weekend activities (other than sports teams) such as school clubs, community center groups, music/art/dancing lessons, drama, church or other supervised activities?
    - 0 days.....A
    - 1 day.....B
    - 2 days.....C
    - 3 days.....D
    - 4 days.....E
    - 5 days.....F
    - 6 days.....G
    - 7 days.....H

108. (OYS 2008 - NSDUH) During the past 12 months, how often did your parents limit the amount of time you watched TV or time with your friends on school nights?
    - Never or almost never.....A
    - Sometimes.....B
    - Often.....C
    - All the time.....D

109. (Licking County 2015) What best describes your parents' rules about social media in your bedroom (T.V., internet, cell phone, computer, video games, iPod, etc…)?
    - My parents don't have any rules.....A
    - My parents have rules of when I have to turn off media in my bedroom.....B
    - My parents don't let me have any media in my bedroom.....C

110. (IPP 2015) There are a lot of adults in my neighborhood (town, community) I could talk to about something important.
    - Yes.....A
    - No.....B

Fulton County Health Assessment 2014



commissioned by:

Fulton County Family & Children First Council and Healthy Choices Caring Communities

released:

December 2014

FOREWORD

Thank you for your interest in the data presented in this publication. It is the result of the 2014 Youth Health Assessment of Fulton County. The data collected is reported along with health information from the Ohio Department of Health and relevant national, state, and local data sources.

The health assessment is vital as it serves as a guide for strategic planning and decision-making. This process assists the community in identifying new health concerns, measuring the impact of the current efforts, and guiding the wise stewardship of local resources. This assessment is but one tool to be used in the development of a planning process. Community health improvement requires examining, in depth, the data contained in the publication, pursing additional information from service providers and others, identifying the target population at risk and choosing effective strategies that will work to create a heathier Fulton County.

This assessment would not have been possible without the collaboration of community leaders and organizations. We thank them for their time and support. Special thanks to the Fulton County Superintendents, Healthy Choices Caring Communities, and the Hospital Council of Northwest Ohio for guiding the health assessment process.

The information contained in this assessment can be paramount to improving our community. It is up to us, as individual organizations, to use the information in a way that is beneficial. We are happy to assist you in your efforts to improve the health and well-being of the Fulton County residents. We encourage you to be open to new ideas and collaborations. I am confident that with effective collaboration, we can create a more healthy community for the residents of Fulton County.

Sincerely,

Kathy Helmke, LISW-S
Fulton County Family and Children First Chairperson

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FOREWORD

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Fulton County youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2014. 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 Survey (YRBSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adolescents within Fulton 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 was regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

A survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adolescents. The investigators decided to derive the majority of the survey items from the Youth Risk Behavior Surveillance System survey. This was important because it provided for a more valid comparison of the findings with the state and national YRBS data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with a committee of Family and Children First Council from Fulton County. During these meetings, banks of potential survey questions from the YRBSS survey were reviewed and discussed. Based on input from the Fulton County planning committee, the Project Coordinator composed a draft of a survey containing 83 items. This draft was reviewed and approved by health education researchers at the University of Toledo.

PROCEDURE | *Adolescent Survey*

Superintendents reviewed and approved the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 90% (n=456). The number needed to have adequate power was 365. Adequate power means that the results are more likely to be representative of all of the students of a similar age in the county

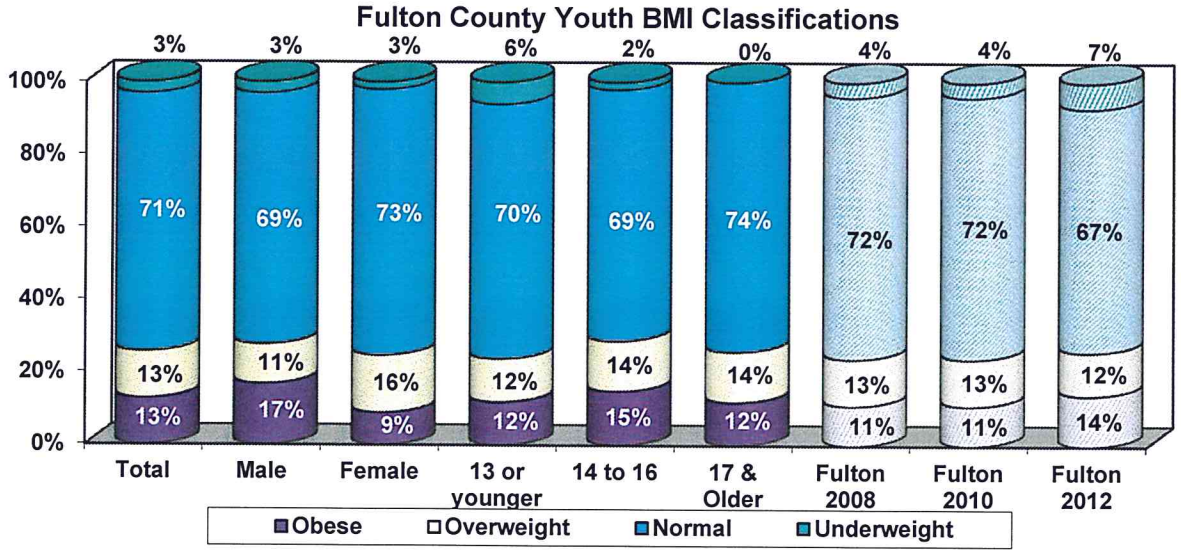
DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data were available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

Data Summary

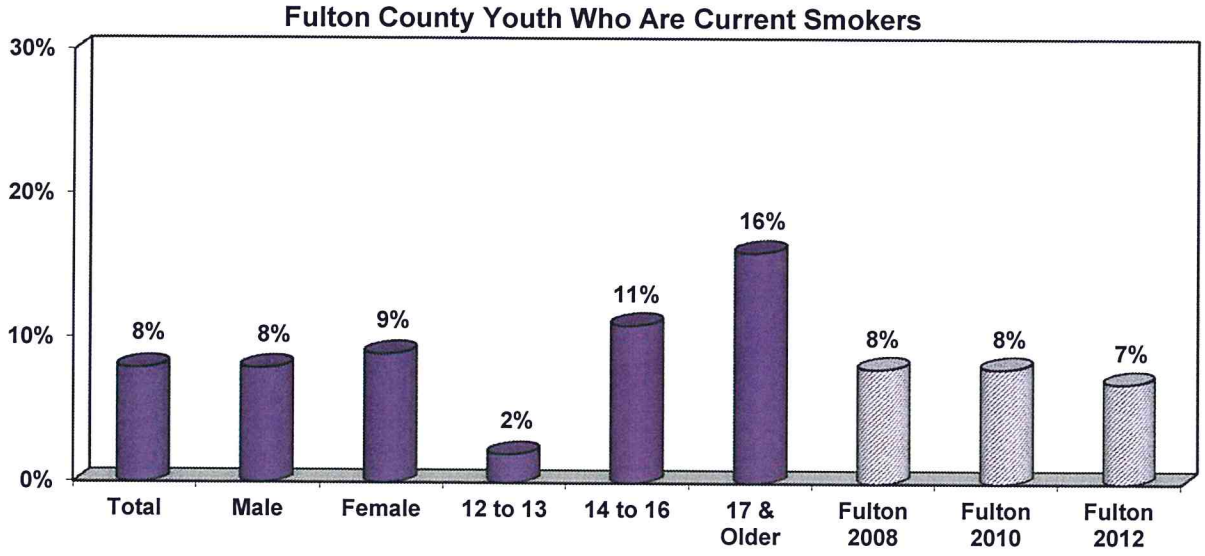
YOUTH WEIGHT STATUS

The 2014 Health Assessment identified that 13% of Fulton County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of Fulton County youth reported that they were slightly or very overweight. 81% of youth were exercising for 60 minutes on 3 or more days per week. 91% of youth were involved in extracurricular activities.



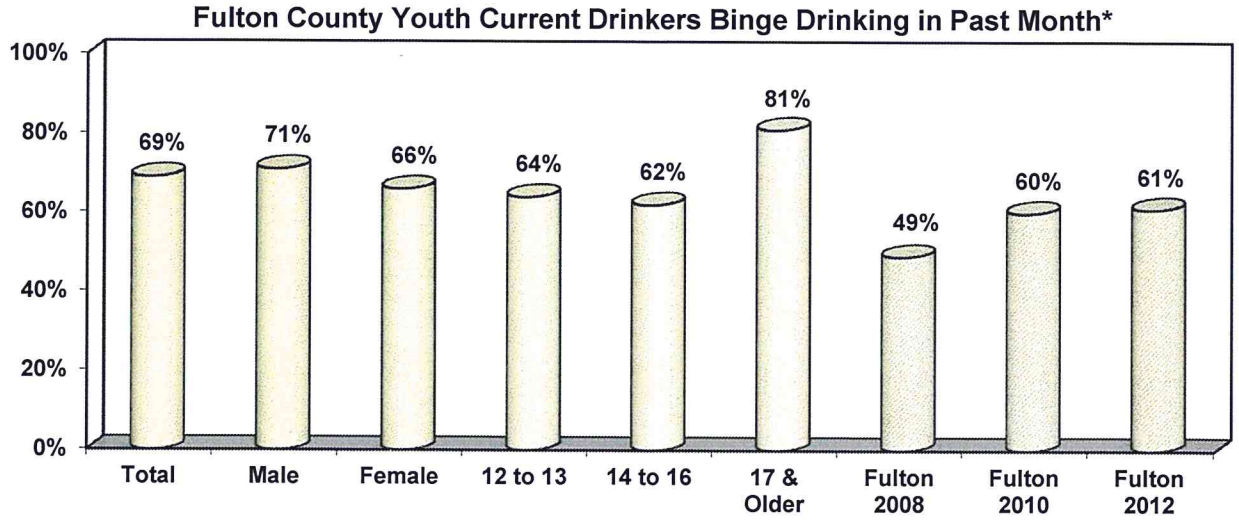
YOUTH TOBACCO USE

The 2014 Health Assessment identified that 8% of Fulton County youth in grades 6-12 were smokers, increasing to 16% of those who were over the age of 17. Of those 6th -12th grade youth who currently smoked, 43% had tried to quit.



YOUTH ALCOHOL CONSUMPTION

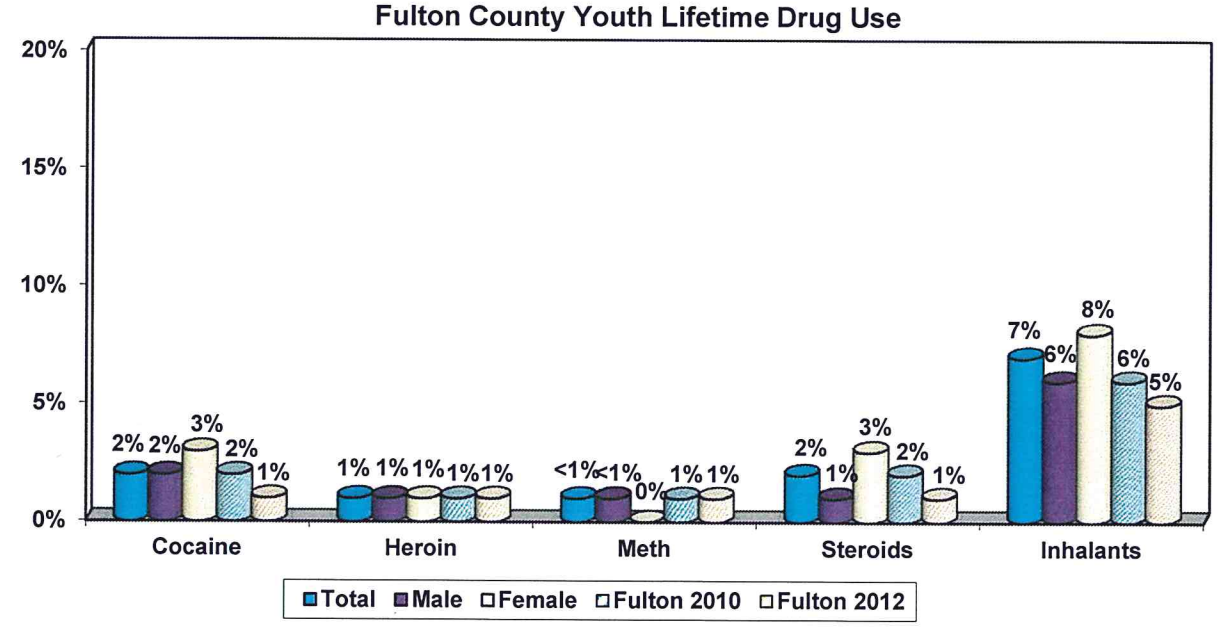
In 2014, the Health Assessment results indicated that 42% of Fulton County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 66% of youth seventeen and older. 33% of those 6th-12th graders who drank, took their first drink at 12 years or younger. 15% of all Fulton County 6th-12th grade youth and 32% of those over the age of 17 had at least one drink in the past 30 days. 69% of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 8% of all high school youth drivers had driven a car in the past month after they had been drinking alcohol.



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

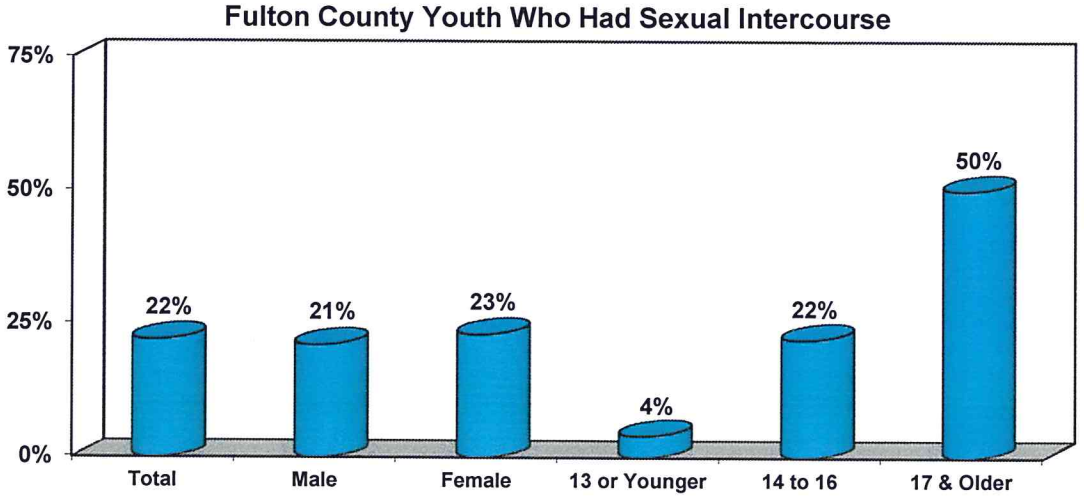
YOUTH MARIJUANA AND OTHER DRUG USE

In 2014, 6% of Fulton County 6th-12th grade youth had used marijuana at least once in the past 30 days. 6% of 6th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high in the past 30 days, increasing to 12% of those over the age of 17.



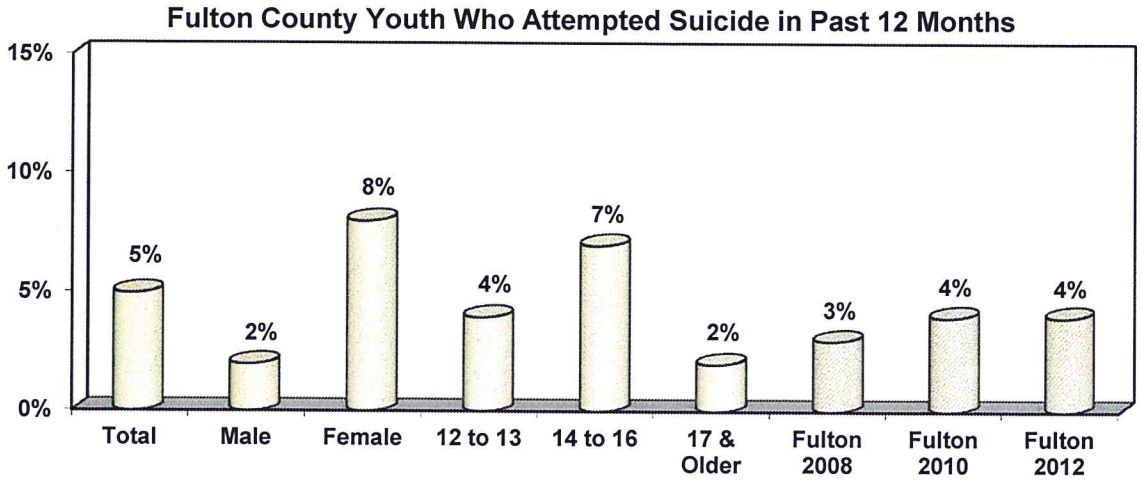
YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2014, over one-fifth (22%) of Fulton County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. 21% of youth participated in sexting.



YOUTH MENTAL HEALTH AND SUICIDE

In 2014, the Health Assessment results indicated that 12% of Fulton County 6th-12th grade youth had seriously considered attempting suicide in the past year and 5% admitted actually attempting suicide in the past year.

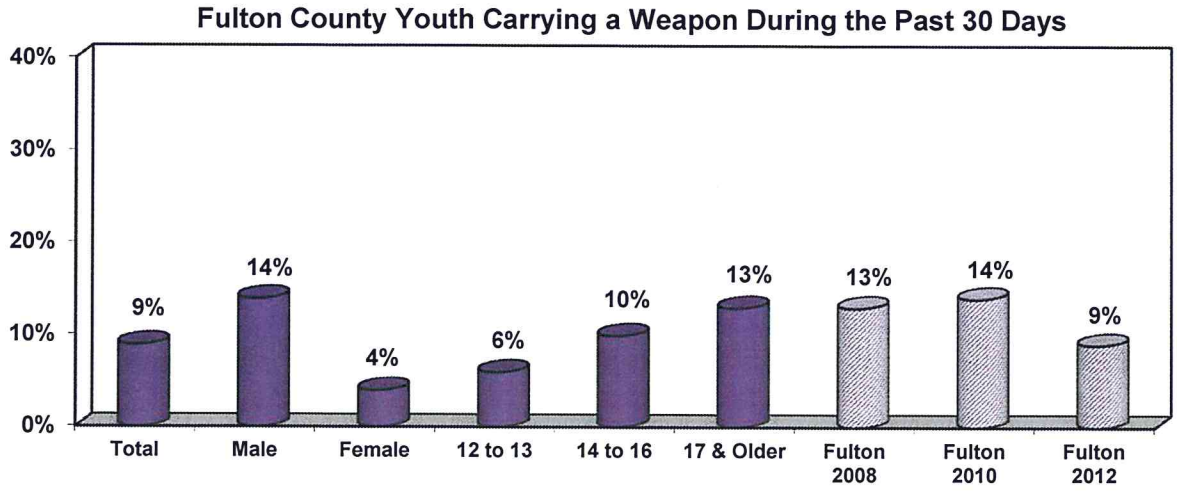


YOUTH SAFETY

In 2014, 85% of Fulton County youth self-reported that they wore a seatbelt when driving a car in the past month. 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month. 41% of youth drivers texted while driving. 8% of youth played the choking game.

YOUTH VIOLENCE

In Fulton County, 9% of youth had carried a weapon in the past month. 41% of youth had been bullied in the past year and 27% had been bullied on school property.



YOUTH PERCEPTIONS

In 2014, 62% of Fulton County 6th-12th grade youth thought there was a great risk in harming themselves if they smoked cigarettes. 37% of youth thought that there was either no risk or a slight risk to using marijuana once or twice a week. Almost three-quarters (74%) of youth reported that their parents would think it was very wrong for them to drink alcohol.

Youth | TREND SUMMARY

Youth Variables	Fulton County 2008 (6th-12th)	Fulton County 2010 (6th-12th)	Fulton County 2012 (6th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Weight Control							
Obese	11%	11%	14%	13%	14%	13%	14%
Overweight	13%	13%	12%	13%	14%	16%	17%
Described themselves as slightly or very overweight	27%	27%	30%	28%	30%	28%	31%
Trying to lose weight	43%	44%	47%	42%	41%	47%	48%
Exercised to lose weight	40%	40%	56%	44%	46%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	33%	25%	31%	43%*	39%*
Went without eating for 24 hours or more	4%	3%	6%	4%	4%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	1%	1%	3%	3%	5%	5%	5%
Vomited or took laxatives	1%	1%	2%	2%	1%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	78%	84%	83%	85%*	78%*
Drank a can, bottle or glass of soda or pop one or more times per day in past week	N/A	N/A	N/A	22%	24%	21%	27%
Physically active at least 60 minutes per day on every day in past week	36%	38%	34%	37%	36%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	62%	63%	62%	64%	66%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	8%	7%	8%	6%	13%	15%
Watched TV 3 or more hours per day	35%	36%	36%	31%	29%	28%	35%
Unintentional Injuries and Violence							
Carried a weapon in past month	13%	14%	9%	9%	11%	14%	18%
Carried a weapon on school property in past month	13%	14%	9%	2%	4%	4%*	5%
Did not go to school because felt unsafe	1%	2%	2%	2%	1%	5%	7%
Electronically/cyber bullied in past year	N/A	N/A	8%	11%	12%	15%	15%
Bullied in past year	N/A	N/A	39%	41%	40%	N/A	N/A
Bullied on school property in past year	N/A	N/A	23%	27%	21%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	6%	5%	4%	7%	7%	9%**
Mental Health							
Youth who had seriously considered attempting suicide in the past year	8%	10%	10%	12%	13%	14%	17%
Youth who had attempted suicide in the past year	3%	4%	4%	5%	5%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	13%	14%	17%	19%	22%	26%	30%

N/A – Not available
** Comparative YRBSS data for 2007*
***Comparative data YRBSS data for Ohio is 2009 and U.S. is 2011*

Youth Variables	Fulton County 2008 (6th-12th)	Fulton County 2010 (9th-12th)	Fulton County 2012 (9th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Alcohol Consumption							
Ever tried alcohol	41%	40%	42%	42%	58%	71%**	66%
Current drinker	18%	15%	15%	15%	22%	30%	35%
Binge drinker (of all youth)	9%	9%	9%	10%	16%	16%	21%
Drank for the first time before age 13 (of all youth)	14%	15%	15%	13%	10%	13%	19%
Rode with someone who was drinking in past month	19%	15%	14%	16%	16%	17%	22%
Drank and drove(of youth drivers)	3%	3%	3%	6%	8%	4%	10%
Tobacco Use							
Ever tried cigarettes	24%	20%	20%	23%	34%	52%**	41%
Current smokers	8%	8%	7%	8%	14%	15%	16%
Tried to quit smoking	66%	79%	74%	43%	43%	56%**	48%
Usually obtained their own cigarettes by buying them in a store or gas station	16%	18%	23%	16%	18%	N/A	18%
Sexual Behavior							
Participated in some form of sexual activity	27%	29%	30%	29%	47%	N/A	N/A
Ever had sexual intercourse	N/A	N/A	N/A	22%	37%	43%	47%
Planning to stay abstinent until marriage	53%	47%	43%	40%	30%	N/A	N/A
Used birth control at some time in life	9%	8%	11%	12%	19%	N/A	N/A
Drug Use							
Youth who used marijuana in the past month	4%	8%	4%	6%	10%	21%	23%
Ever used methamphetamines	1%	1%	1%	<1%	0%	6%*	3%
Ever used cocaine	1%	2%	1%	2%	3%	4%	6%
Ever used heroin	2%	2%	2%	1%	1%	2%	2%
Ever used steroids	3%	2%	1%	2%	2%	3%	3%
Ever used inhalants	8%	6%	5%	7%	6%	9%	9%
Ever misused medications	7%	7%	6%	8%	11%	N/A	N/A
Ever used ecstasy/MDMA	N/A	N/A	2%	2%	4%	N/A	7%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	7%	5%	4%	5%	20%	22%
Preventive Care							
Visited a dentist for a check-up within the past year	57%	62%	73%	73%	75%	75%	N/A
Visited a doctor for a routine check-up within the past year	78%	74%	63%	70%	70%	66%	N/A

N/A – Not available
** Comparative YRBSS data for 2007*
***Comparative data YRBSS data for Ohio is 2009 and U.S. is 2011*

Youth | WEIGHT STATUS

Key Findings

The 2014 Health Assessment identified that 13% of Fulton County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of Fulton County youth reported that they were slightly or very overweight. 81% of youth were exercising for 60 minutes on 3 or more days per week. 91% of youth were involved in extracurricular activities.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal weight, overweight, and obesity.

- In 2014, 13% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and 14% for the U.S.). 13% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.). 71% were normal weight, and 3% were underweight.

13% of Fulton County youth were classified as obese.

- 28% of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 31% for the U.S.).

- 42% of all youth were trying to lose weight, increasing to 54% of Fulton County female youth (compared to 31% of males)(2013 YRBS reported 47% for Ohio and 48% for the U.S.).

- Fulton County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
  - 44% of youth exercised.
  - 37% of youth drank more water
  - 30% of youth ate more fruits and vegetables
  - 25% of youth ate less food, fewer calories, or foods lower in fat.
  - 11% of youth skipped meals.
  - 4% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio and 13% for the U.S.).
  - 3% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio and 5% for the U.S.).
  - 2% reported smoking to lose weight.
  - 2% vomited or took laxatives to lose weight. (2013 YRBS reported 5% for Ohio and 4% for the U.S.).

Nutrition

- 12% of Fulton County youth ate 5 or more servings of fruits and vegetables per day. 84% ate 1 to 4 servings of fruits and vegetables per day.

- 22% of youth drank a can, bottle, or glass of soda or pop (not including diet pop) at least once per day during the past week (2013 YRBS reports 21% for Ohio and 27% for the U.S.).

- 26% of youth reported they drank energy drinks for the following reasons: to stay awake (52%), to get pumped up (27%), to help them perform (13%), before games or practice (12%), to mix with alcohol (10%), and some other reason (42%).

- 12% of youth reported they went to bed hungry at least one day per week because their family did not have enough money for food. 3% reported they went to bed hungry every night.

- During the past 7 days, youth reported eating the following number of meals with their family: 1 to 3 meals (22%), 4 to 6 meals (20%), 7 to 9 meals (16%), 10 to 12 meals (12%), 13 to 15 meals (10%), and 16 or more meals (14%). 7% of youth reported they did not eat any meals with their family in the past week.

Physical Activity

- 81% of Fulton County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 64% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 37% did so every day in the past week (2013 YRBS reports 28% for Ohio and 27% for the U.S.). 8% of youth did not participate in at least 60 minutes of physical activity on any day in the past week. (2013 YRBS reports 13% for Ohio and 15% for the U.S.).

- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.

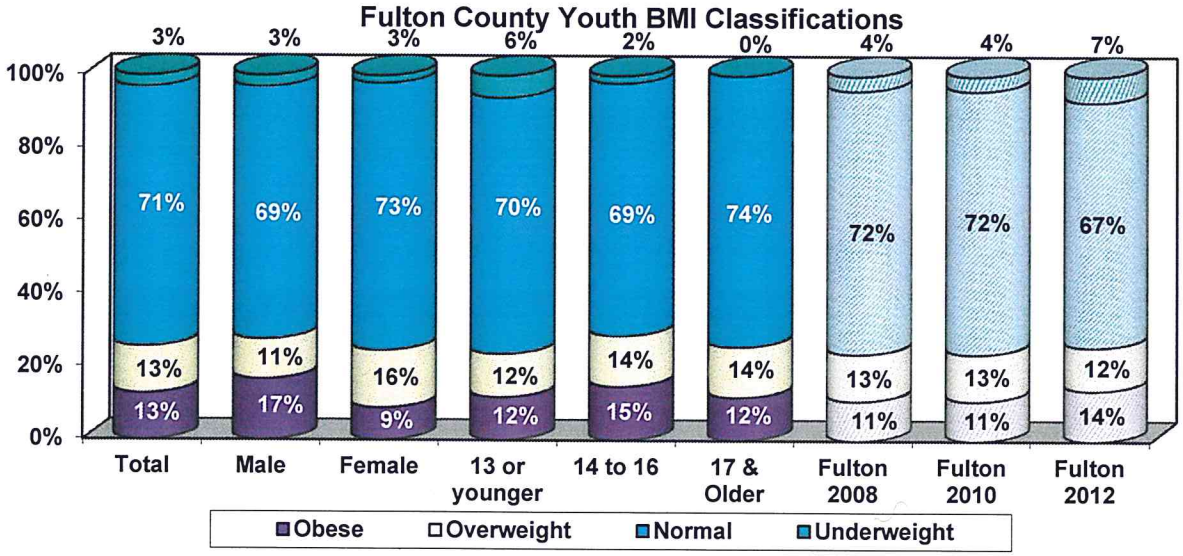
- Fulton County youth spent an average of 3.2 hours on their cell phone, 2.0 hours watching TV, 1.5 hours on the computer/tablet, and 1.2 hours playing video games on an average day of the week.

- Almost one-third (31%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 33% for the U.S.).

- 91% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (43%), school club or social organization (34%), church youth group (34%), church or religious organization (28%), junior high, freshman, JV or varsity sports program (39%), caring for siblings after school (13%), part-time job (19%), babysitting for other kids (17%), volunteering in the community (14%), or some other organized activity (Scouts, 4H, etc.) (13%).

Fulton County 6th-12th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	44%
Drank more water	37%
Ate more fruits and vegetables	30%
Ate less food, fewer calories, or foods lower in fat	25%
Skipped meals	11%
Went without eating for 24 hours	4%
Took diet pills, powders, or liquids without a doctor's advice	3%
Vomited or took laxatives	2%
Smoked cigarettes	2%

The following graph shows the percentage of Fulton County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 71% of all Fulton County youth were classified as normal weight, 13% were obese, 13% were overweight, and 3% were underweight for their age and gender.



Physical Activity Facts

- Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels.
- The U.S. Department of Health and Human Services recommends that young people aged 6–17 years participate in at least 60 minutes of physical activity daily.
- The percentage of high school students who attended physical education classes daily decreased from 42% in 1991 to 25% in 1995 and remained stable at that level until 2011 (31%).
- Regular physical activity:
  - Helps build and maintain healthy bones and muscles.
  - Helps reduce the risk of developing obesity and chronic diseases, such as diabetes, cardiovascular disease, and colon cancer.
  - Reduces feelings of depression and anxiety and promotes psychological well-being.
  - May help improve students' academic performance, including academic achievement and academic behavior.

(Sources: CDC, Adolescent and School Health, Updated: 2/19/2013, from: http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm)

Youth Comparisons	Fulton County 2008 (6th-12th)	Fulton County 2010 (6th-12th)	Fulton County 2012 (6th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Obese	11%	11%	14%	13%	14%	13%	14%
Overweight	13%	13%	12%	13%	14%	16%	17%
Described themselves as slightly or very overweight	27%	27%	30%	28%	30%	28%	31%
Trying to lose weight	43%	44%	47%	42%	41%	47%	48%
Exercised to lose weight	40%	40%	56%	44%	46%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	33%	25%	31%	43%*	39%*
Went without eating for 24 hours or more	4%	3%	6%	4%	4%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	1%	1%	3%	3%	5%	5%	5%
Vomited or took laxatives	1%	1%	2%	2%	1%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	78%	84%	83%	85%*	78%*
Drank a can, bottle or glass of soda or pop one or more times per day in past week	N/A	N/A	N/A	22%	24%	21%	27%
Physically active at least 60 minutes per day on every day in past week	36%	38%	34%	37%	36%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	62%	63%	62%	64%	66%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	8%	7%	8%	6%	13%	15%
Watched TV 3 or more hours per day	35%	36%	36%	31%	29%	28%	35%

N/A – Not available
** Comparative YRBSS data for Ohio is 2007 and U.S. is 2009*
***2011 YRBS*

Youth | TOBACCO USE

Key Findings

The 2014 Health Assessment identified that 8% of Fulton County youth in grades 6-12 were smokers, increasing to 16% of those who were over the age of 17. Of those 6th -12th grade youth who currently smoked, 43% had tried to quit.

In 2014, 8% of Fulton County youth were current smokers, having smoked at some time in the past 30 days.

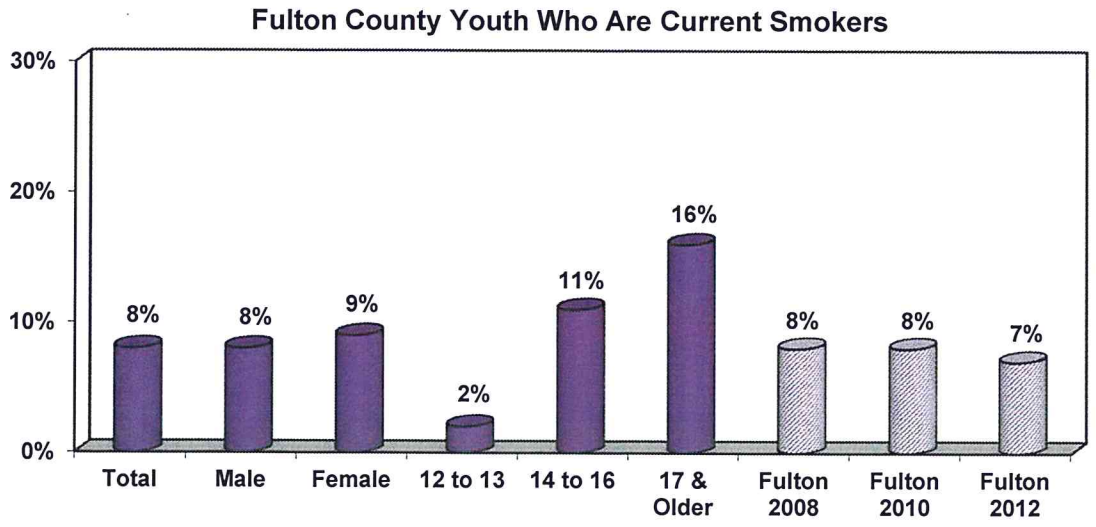
Youth Tobacco Use Behaviors

- The 2014 health assessment indicated that 23% of Fulton County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).
- In 2014, 8% of Fulton County youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 16% for the U.S). 16% of those ages 17 years old and older were current smokers, compared to 2% of 12-13 year olds.
- About two-thirds (68%) of the Fulton County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 47% of youth smokers borrowed cigarettes from someone else, 40% gave someone else money to buy them, 26% said a person 18 years or older gave them the cigarettes, 16% bought cigarettes from a store, supermarket, discount store or gas station, (2013 YRBS reported 18% for the U.S.), 14% took them from a family member, 2% reported they took them from a store, 2% got them on the internet and 23% got them some other way. No one reported that they got them from a vending machine.
- Fulton County youth used the following forms of tobacco the most in the past year: e-cigarette (14%), cigarettes (11%), hookah (9%), Black and Milds (7%), chewing tobacco or snuff (5%), cigars (4%), flavored cigarettes (4%), swishers (4%), cigarillos (3%), little cigars (2%), dissolvable tobacco products (1%), snus (1%) and bidis (<1%).
- Almost half (43%) of Fulton County 6th-12th grade youth smokers had tried to quit smoking in the past year.

Youth Comparisons	Fulton County 2008 (6th–12th)	Fulton County 2010 (6th–12th)	Fulton County 2012 (6th–12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th–12th)	Ohio 2013 (9th–12th)	U.S. 2013 (9th–12th)
Ever tried cigarettes	24%	20%	20%	23%	34%	52%*	41%
Current smokers	8%	8%	7%	8%	14%	15%	16%
Tried to quit smoking	66%	79%	74%	43%	43%	56%*	48%
Usually obtained their own cigarettes by buying them in a store or gas station	16%	18%	23%	16%	18%	N/A	18%

N/A- Not Available
**Comparative data YRBSS data for Ohio and U.S. is 2011*

The following graph shows the percentage of Fulton County youth who smoke cigarettes. Examples of how to interpret the information include: 8% of all Fulton County youth were current smokers, 8% of males smoked, and 9% of females were current smokers.



16% of all Fulton County youth smokers reported they bought cigarettes from a convenience store, supermarket, discount store, or gas station.

Behaviors of Fulton County Youth

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	87%	91%
Reported that tobacco was easily available	82%	29%
Perceived a great or moderate risk to smoking	79%	83%
Parents feel cigarette smoking was very wrong or wrong	71%	95%
Have had at least one drink of alcohol in the past 30 days	68%	10%
Have been bullied in the past 12 months	47%	41%
Have used marijuana in the past 30 days	43%	3%
Contemplated suicide in the past 12 months	42%	9%
Misused prescription medications in the past 30 days	22%	5%
Friends feel cigarette smoking was very wrong or wrong	17%	79%

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

Electronic Cigarettes and Teenagers

- The percentage of U.S. middle and high school students who tried electronic cigarettes more than doubled from 2011 to 2012.
- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10.0% in 2012. In the same time period, high school students using e-cigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- Altogether, as of 2012 more than 1.78 million middle and high school students in the US had tried e-cigarettes.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes."

(Source: CDC, Press Release, September 5, 2013, http://www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html & ACS, Electronic Cigarette Use Doubles Among Teenagers, September 9, 2013, http://www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers)

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2014, the Health Assessment results indicated that 42% of Fulton County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 66% of youth seventeen and older. 33% of those 6th-12th graders who drank, took their first drink at 12 years or younger. 15% of all Fulton County 6th-12th grade youth and 32% of those over the age of 17 had at least one drink in the past 30 days. 69% of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 8% of all high school youth drivers had driven a car in the past month after they had been drinking alcohol.

In Fulton County in 2014, 15% of youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

- In 2014, the Health Assessment results indicated that about two-fifths (42%) of all Fulton County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 66% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).
- 15% of youth had at least one drink in the past 30 days, increasing to 32% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).
- Of those who drank, 69% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 81% of those ages 17 and older.
- Based on all youth surveyed, 10% were defined as binge drinkers, increasing to 26% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).
- One-third (33%) of Fulton County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 33% took their first drink between the ages of 13 and 14, and 34% drank for the first time between the ages of 15 and 18. The average age of onset was 13.1 years old.

Of all Fulton County youth, 13% had drank alcohol for the first time before the age of 13.

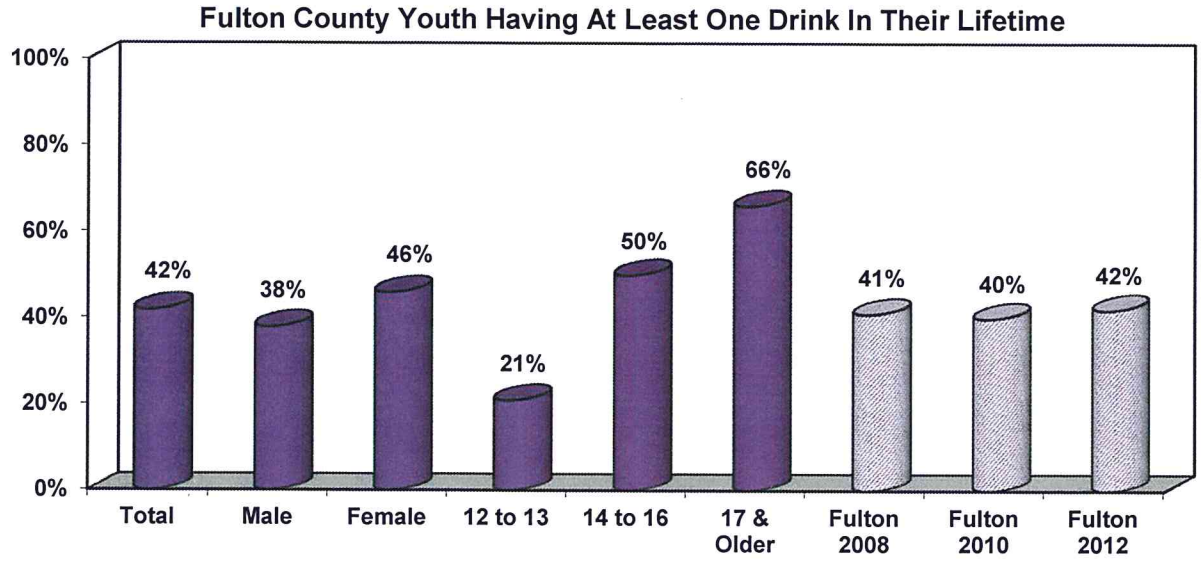
- Of all Fulton County youth, 13% had drank alcohol for the first time before the age of 13. (2013 YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 19% for the U.S.).
- Fulton County youth drinkers reported they got their alcohol from the following: a parent gave it to them (26%), someone older bought it for me (26%), an older friend/sibling bought it for me (24%), gave someone else money to buy it for me (23%), a friend's parent gave it to them (10%), took it from a family member (8%), bought it at a public event (3%), bought it with a fake ID (2%), took it from a store (1%)and some other way (31%). No one reported that they bought it in a liquor store/ convenience store/gas station/ supermarket/ discount store, or that they bought it at a restaurant or club.

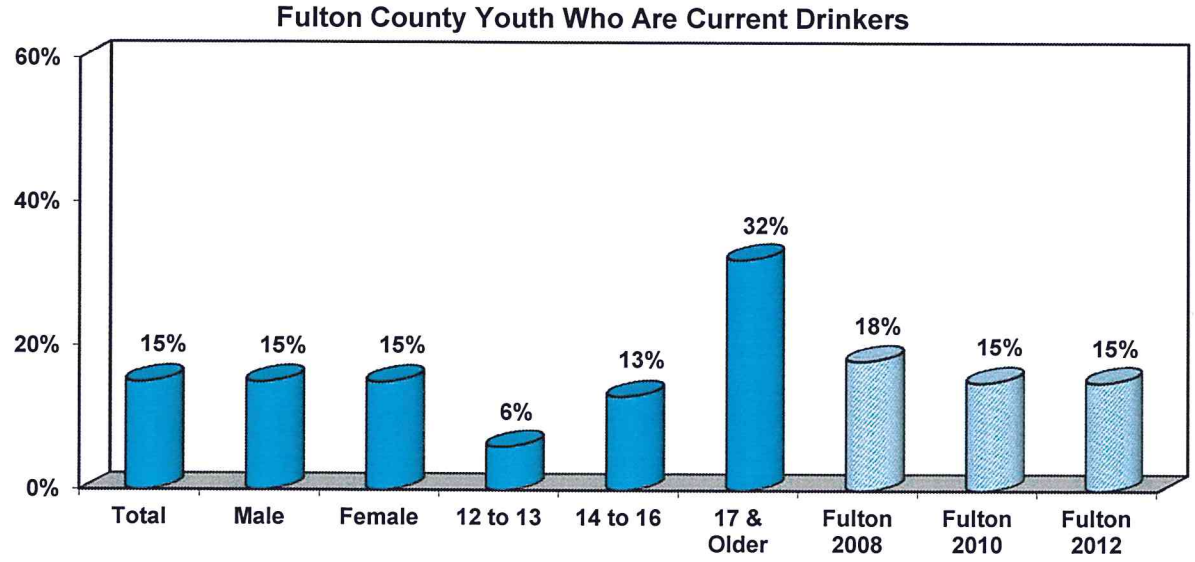
- During the past month 16% of all Fulton County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).

- 6% of youth drivers had driven a car in the past month after they had been drinking alcohol, increasing to 11% of those 17 and older (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

- 29% of youth reported their parents had talked to them about the dangers of underage drinking and drug use within the past month. 13% said their parents talked to them in the past 2-3 months, 6% said 4-6 months ago, 5% said 7-12 months ago, and 19% said it had been more than a year ago. 29% of youth reported their parents had never talked with them about the dangers of underage drinking and drug use.

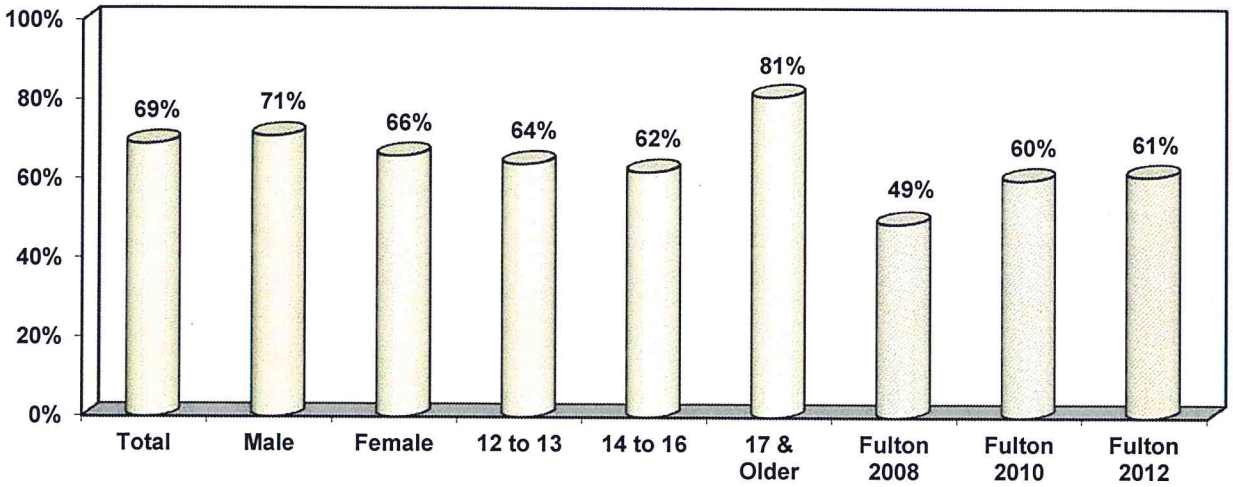
The following graphs show the percentage of Fulton County youth who have drank in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 42% of all Fulton County youth have drank at some time in their life: 38% of males and 46% of females.





The following graph shows the percentage of Fulton County youth who were binge drinkers. Examples of how to interpret the information include: 69% of current drinkers binge drank in the past month, 71% of males, and 66% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.

Fulton County Youth Current Drinkers Who Binge Drank in Past Month*



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

26% of Fulton County youth drinkers reported they got their alcohol from a parent giving it to them.

Behaviors of Fulton County Youth

Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	97%	90%
Reported that alcohol was easily available	83%	38%
Parents feel drinking alcohol was very wrong or wrong	73%	92%
Have had sexual intercourse	63%	15%
Perceived a great or moderate risk of drinking alcohol	54%	78%
Have been bullied in the past 12 months	45%	41%
Have smoked cigarettes in the past 30 days	37%	3%
Friends feel drinking alcohol was very wrong or wrong	31%	76%
Have used marijuana in the past 30 days	26%	3%
Misused prescription medications in the past 30 days	24%	3%
Contemplated suicide in the past 12 months	18%	11%

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

Youth Comparisons	Fulton County 2008 (6th–12th)	Fulton County 2010 (6th–12th)	Fulton County 2012 (6th–12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th–12th)	Ohio 2011 (9th–12th)	U.S. 2013 (9th–12th)
Ever tried alcohol	41%	40%	42%	42%	58%	71%*	66%
Current drinker	18%	15%	15%	15%	22%	30%	35%
Binge drinker (of all youth)	9%	9%	9%	10%	16%	16%	21%
Drank for the first time before age 13 (of all youth)	14%	15%	15%	13%	10%	13%	19%
Rode with someone who was drinking	19%	15%	14%	16%	16%	17%	22%
Drank and drove (of youth drivers)	3%	3%	3%	6%	8%	4%	10%

**Comparative YRBSS data for Ohio and U.S. is 2011*
N/A – Not available

Underage Drinking

Youth who drink alcohol are more likely to experience:

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning.
- Higher risk for suicide and homicide.
- Memory problems.
- Abuse of other drugs.
- Changes in brain development that may have life-long effects.
- Death from alcohol poisoning.

(Source: CDC, Alcohol and Public Health, 10/29/2012, from: http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm)

Youth | DRUG USE

Key Findings

In 2014, 6% of Fulton County 6th-12th grade youth had used marijuana at least once in the past 30 days. 6% of 6th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high in the past 30 days, increasing to 12% of those over the age of 17.

Youth Drug Use

- In 2014, 6% of all Fulton County youth had used marijuana at least once in the past 30 days. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.
- 8% of Fulton County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 14% of those over the age of 17.
- In the past month, 6% of youth reported using prescriptions drugs not prescribed for them, increasing to 12% of those over the age of 17.
- Fulton County youth have tried the following in their life:
  - 7% of youth used inhalants, (2013 YRBS reports 9% for Ohio and U.S.)
  - 5% used K2/spice
  - 3% misused over-the-counter medications
  - 3% used posh/salvia/synthetic marijuana
  - 2% misused cough syrup
  - 2% used cocaine, (2013 YRBS reports 4% for Ohio and 6% for U.S.)
  - 2% used ecstasy/MDMA/Molly (2013 YRBS reports 7% for the U.S.)
  - 2% used steroids, (2013 YRBS reports 3% for Ohio and U.S.)
  - 1% used heroin, (2013 YRBS reports 2% for Ohio and U.S.)
  - 1% misused hand sanitizer
  - <1% had been to a pharm party/used skittles
  - <1% used bath salts
  - <1% used methamphetamines, (2013 YRBS reports 3% for the U.S.)
  - No one reported that they had used GhB
- During the past 12 months, 4% of all Fulton County youth reported that someone had offered, sold, or given them an illegal drug on school property (2013 YRBS reports 20% for Ohio and 22% for the U.S.).

Inhalants

- Inhalants are invisible, volatile substances found in common household products that produce chemical vapors that are inhaled to induce psychoactive or mind altering effects.
- There are more than 1,000 products that are very dangerous when inhaled. Examples include things like typewriter correction fluid, air conditioning refrigerant, felt tip markers, spray paint, air freshener, household glue, nail polish remover, and hairspray.
- Inhalants are often among the first drugs that young children use. About 1 in 5 youth report having used inhalants by the eighth grade.
- Inhaled chemicals are rapidly absorbed through the lungs into the bloodstream and quickly distributed to the brain and other organs. Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol.
- Effects of inhalants may include slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, abusers may feel drowsy for several hours and experience a lingering headache.
- Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia.
- Inhalant abuse can also cause death by asphyxiation from repeated inhalations

(Source: U.S. Department of Justice : DEA Briefs & Background, Inhalants, June 2012, from: http://www.justice.gov/dea/druginfo/factsheets.shtml)

- Youth thought the following about random drug testing in schools: it would reduce the number of students doing drugs (52%), it would make school safer (43%), it would reduce participation in extracurricular activities (21%), and it would give students a way out of feeling peer pressured to use drugs (17%).

- 29% of youth reported their parents had talked to them about the dangers of underage drinking and drug use within the past month. 13% said their parents talked to them in the past 2-3 months, 6% said 4-6 months ago, 5% said 7-12 months ago, and 19% said it had been more than a year ago. 29% of youth reported their parents had never talked with them about the dangers of underage drinking and drug use.

Accessibility of Substances to Fulton County Youth

Substance	Available	Not Available	Don't Know
Tobacco	33%	45%	22%
Alcohol	44%	34%	22%
Marijuana	20%	56%	24%
Prescription drugs not prescribed to you	25%	47%	28%
Synthetic drugs (ex. K2, Spice, etc.)	4%	64%	32%
Heroin	1%	69%	29%

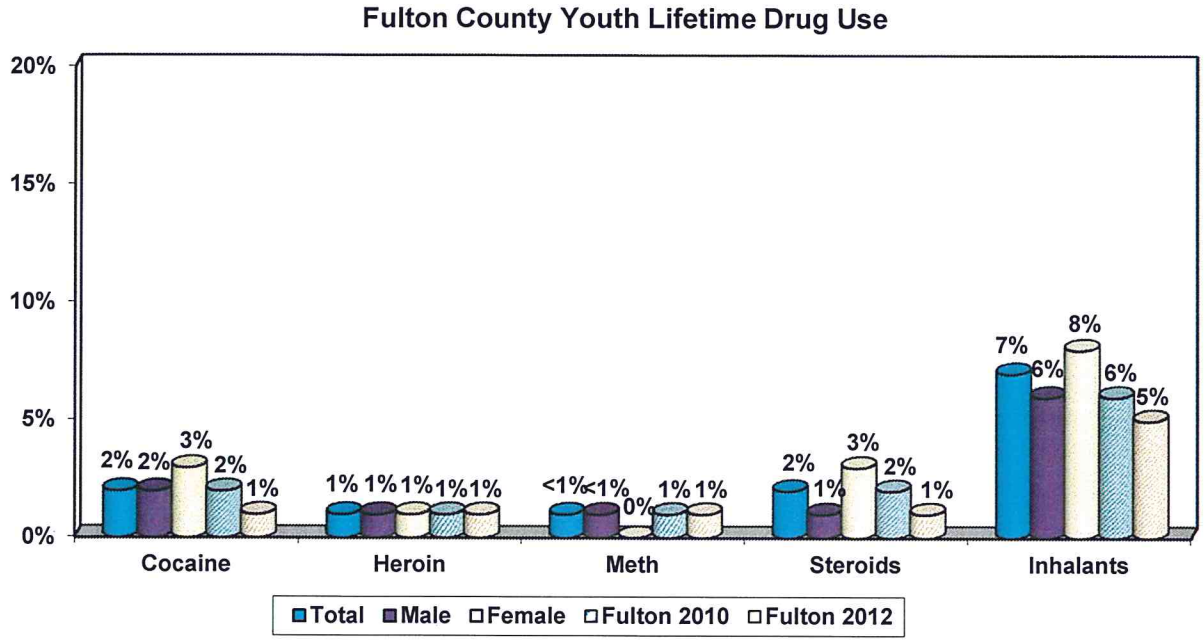
Behaviors of Fulton County Youth

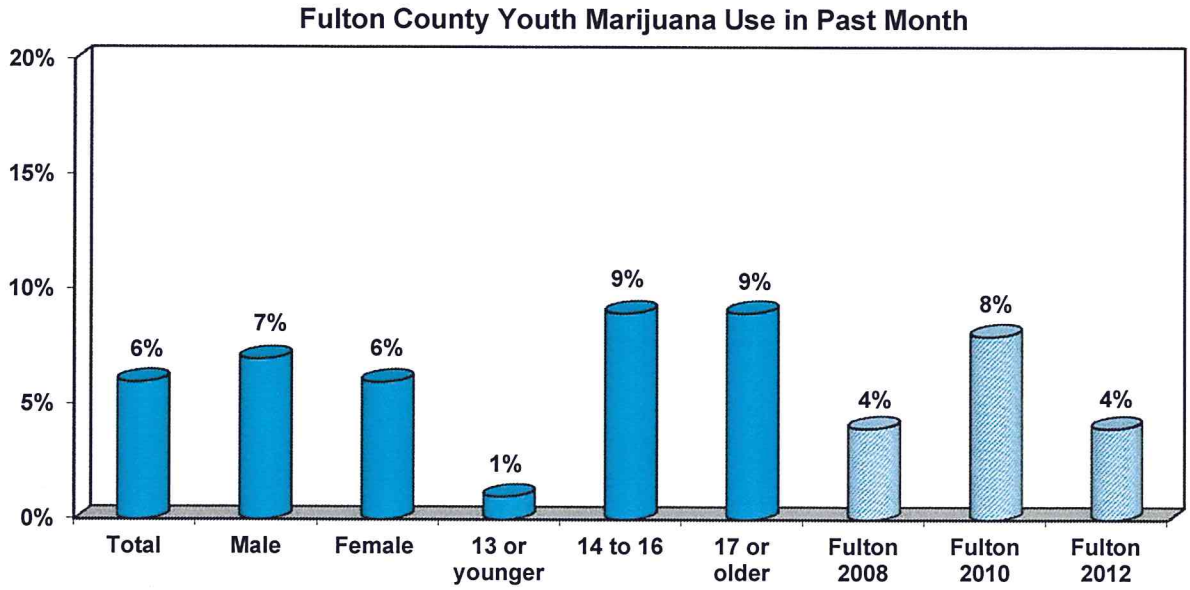
Drug Users vs. Non-Drug Users

Youth Behaviors	Drug Users	Non-Drug Users
Participated in extracurricular activities	93%	90%
Reported their parents had talked to them about the dangers of underage drinking or drug use	70%	71%
Have been bullied in the past 12 months	59%	38%
Have had sexual intercourse	51%	16%
Had drank alcohol in the past 30 days	45%	9%
Have smoked cigarettes in the past 30 days	32%	4%
Attempted suicide in the past 12 months	14%	3%

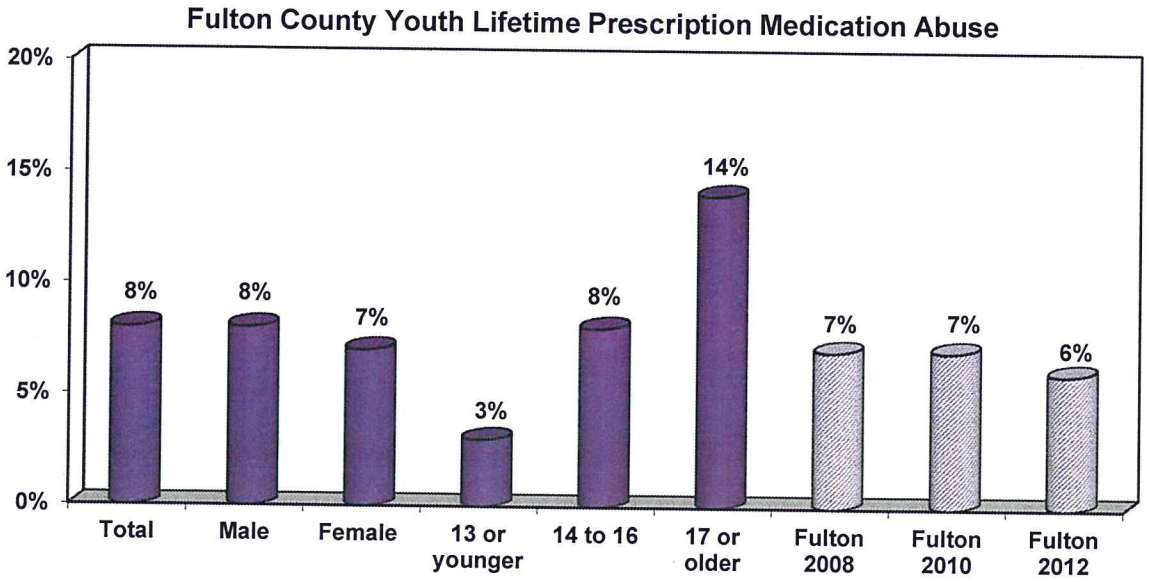
Drug users are those youth surveyed who have self-reported using drugs, including marijuana and/or prescription medications at any time during their life.

The following graphs are data from the 2014 Fulton County Health Assessment indicating youth lifetime drug use and marijuana use in the past 30 days. Examples of how to interpret the information include: 2% of youth have used cocaine at some point in their lives: 2% of males and 3% of females. 6% of all Fulton County youth used marijuana in the past month.





The following graph is data from the 2014 Fulton County Health Assessment indicating youth lifetime prescription drug abuse. Examples of how to interpret the information include: 8% of youth have misused medication at some point in their life.



Youth Comparisons	Fulton County 2008 (6th-12th)	Fulton County 2010 (6th-12th)	Fulton County 2012 (6th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Youth who used marijuana in the past month	4%	8%	4%	6%	10%	21%	23%
Ever used methamphetamines	1%	1%	1%	<1%	0%	6%*	3%
Ever used cocaine	1%	2%	1%	2%	3%	4%	6%
Ever used heroin	2%	2%	2%	1%	1%	2%	2%
Ever used steroids	3%	2%	1%	2%	2%	3%	3%
Ever used inhalants	8%	6%	5%	7%	6%	9%	9%
Ever misused medications	7%	7%	6%	8%	11%	N/A	N/A
Ever used ecstasy/MDMA/Molly	N/A	N/A	2%	2%	4%	N/A	7%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	7%	5%	4%	5%	20%	22%

N/A - Not available
**2007 YRBS Data*

Characteristics of New Marijuana Users

There are several ways to tell if someone is habitually smoking marijuana. Below it is broken down into two categories, behavioral and physical, to help you identify if a child or loved one is habitually abusing marijuana.

- Behavioral Signs of Marijuana Use:
  - Lack of motivation or ambition for activities that once excited the user.
  - In many cases, participation in sports, social groups, or other pursuits will wane or even cease entirely.
  - Performance in school or in the workplace will begin to decline, coupled with a sense of apathy towards this decline.
  - Withdrawal from the family system – This is most often the case with adolescents and young adults, but can be a warning sign for adults as well.
  - Drastic change in peer group – An addict will often abandon peer groups in favor of those who share similar desires and behaviors, namely those engaging in drug use.
  - Personal hygiene may begin to suffer as he or she is less concerned with their public appearance.
  - Depressive style of mood. Marijuana addicts manifest many of the same characteristics as those suffering from depression. An addict will have a flat affect and mood; he or she will appear lazy and day-to-day functioning will start to deteriorate on every major life level.
  - Aversive, avoidant behavior.
- Physical Signs of Marijuana Use:
  - Bloodshot eyes.
  - Slowed speech.
  - Averting eye contact or an unsteady gaze.

(Source: Caron Pennsylvania, Signs of Pot Use: Guide to Signs & Symptoms of Marijuana Use, 2013, from: http://www.caron.org/signs-of-pot-use-5827.html)

Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

Key Findings

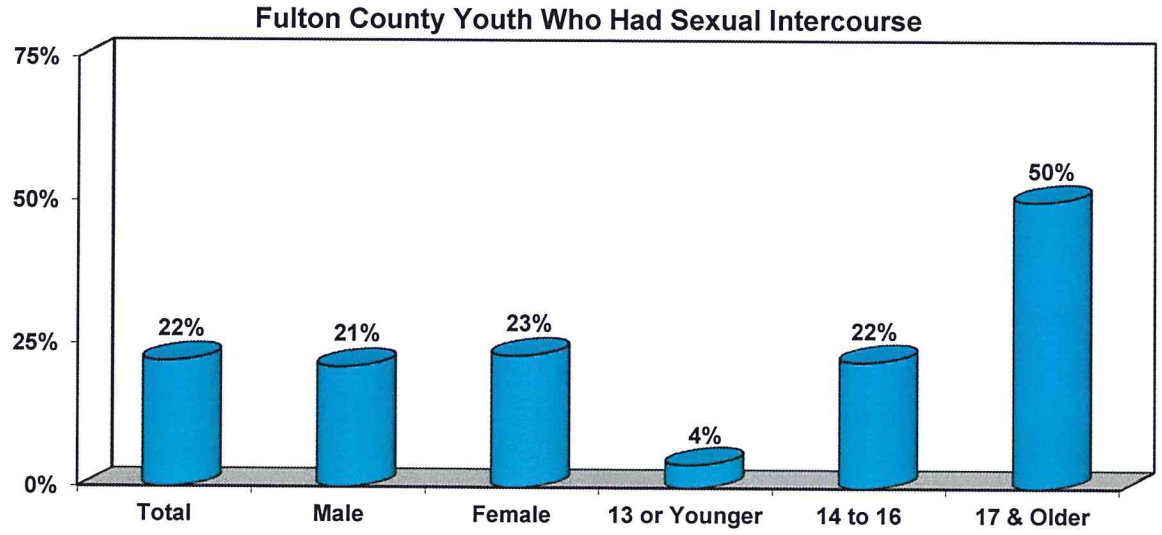
In 2014, over one-fifth (22%) *of Fulton County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. 21% of youth participated in sexting.*

50% of Fulton County youth ages 17 and over have had sexual intercourse.

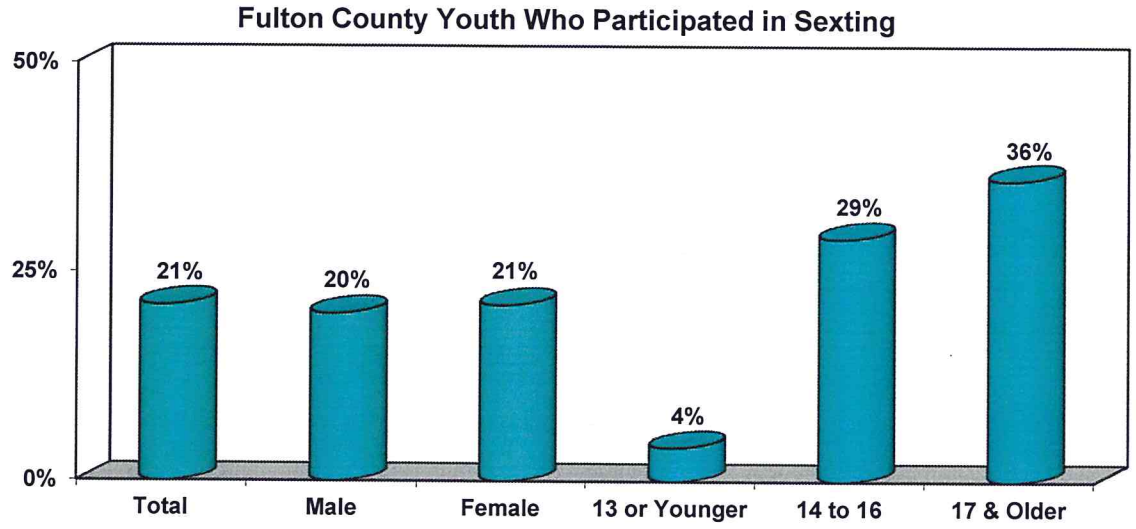
Youth Sexual Behavior

- Over one-fifth (22%) of Fulton County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. (The 2013 YRBS reports 43% for Ohio and 47% of U.S. youth have had sexual intercourse).
- 21% of youth had participated in sexting, increasing to 36% of those ages 17 and over.
- 24% of youth had viewed pornography, increasing to 35% of males.
- 29% of youth participated in other sexual activities (not including kissing or holding hands).
- 16% of sexually active youth used drugs or alcohol before their last sexual activity, increasing to 25% of those over the age of 17.
- Fulton County youth had experienced the following: wanted to get pregnant (2%), had sex in exchange for something of value such as food, drugs shelter or money (1%) , tried to get pregnant (<1%), been treated for an STD (<1%). No one reported they had got someone pregnant, they had been pregnant, they had a child, had an abortion, or had a miscarriage.
- 12% of Fulton County youth had used some type of birth control.
- About two-fifths (40%) of youth planned to stay abstinent until marriage. 32% said they were not sure and 28% said they were not planning to stay abstinent.
- About half (46%) of females planned to stay abstinent until marriage compared to 34% of males.
- 53% of youth 13 and younger planned to stay abstinent compared to 22% of those ages 17 and over.
- When asked where they were taught about pregnancy prevention, STDs, AIDS/HIV, and birth control, Fulton County youth reported the following: school (76%), parents (61%), friends (28%), doctor (27%), the internet/social media (22%), church (19%), siblings (18%), and somewhere else (8%). 9% of youth reported they had not been taught about these subjects.

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



40% of Fulton County youth reported they planned to stay abstinent until marriage.

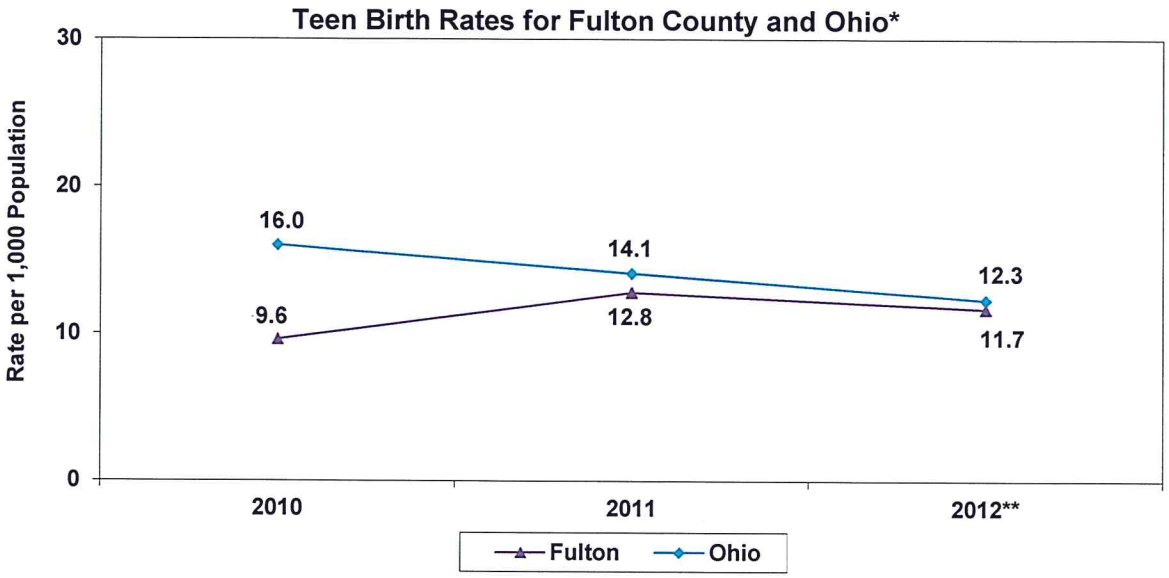


Youth Comparisons	Fulton County 2008 (6th–12th)	Fulton County 2010 (6th–12th)	Fulton County 2012 (6th–12th)	Fulton County 2014 (6th–12th)	Fulton County 2014 (9th–12th)	Ohio 2013 (9th–12th)	U.S. 2013 (9th–12th)
Participated in some form of sexual activity	27%	29%	30%	29%	47%	N/A	N/A
Ever had sexual intercourse	N/A	N/A	N/A	22%	37%	43%	47%
Planning to stay abstinent until marriage	53%	47%	43%	40%	30%	N/A	N/A
Used birth control at some time in life	9%	8%	11%	12%	19%	N/A	N/A

N/A- Not available

The following graph shows the teen birth rates for Fulton County and Ohio youth. The graph shows:

- The teen birth rate for Fulton County fluctuated from year to year, and decreased in Ohio.
- From 2010-2012, the teen birth rate for Ohio was greater than the Fulton County teen birth rate.



**Teen birth rates include women ages 15-17*
***2012 data is preliminary*
(Source: Ohio Department of Health Information Warehouse Updated 2-26-13)

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2014, the Health Assessment results indicated that 12% of Fulton County 6th-12th grade youth had seriously considered attempting suicide in the past year and 5% admitted actually attempting suicide in the past year.

2013 Ohio Suicide Statistics for Youth Grades 9-12

- 14% of Ohio youth seriously considered attempting suicide in the 12 months prior to the survey.
- 11% of Ohio youth made a plan about how they would attempt suicide in the 12 months prior to the survey.
- 6% of youth had attempted suicide one or more times in the 12 months prior to the survey.
- 1% of youth had a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the 12 months prior to the survey.

(Source: Centers for Disease Control and Prevention, Healthy Youth, YRBSS 2013)

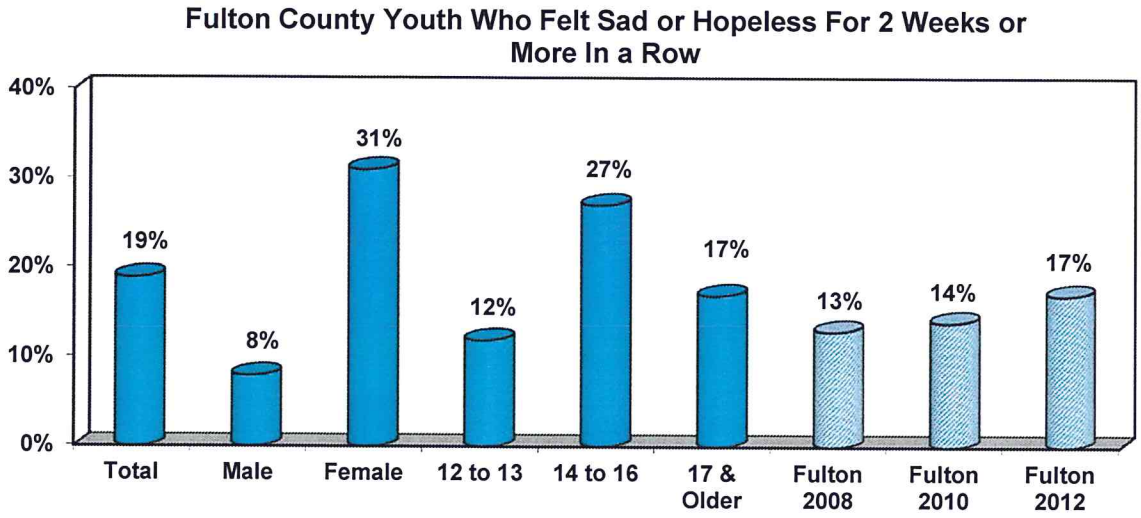
Youth Mental Health

- In 2014, nearly one-fifth (19%) 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 31% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).
- 12% of youth reported they had seriously considered attempting suicide in the past 12 months. 13% of high school youth had seriously considered attempting suicide, compared to the 2013 YRBS rate of 17% for U.S. youth and 14% for Ohio youth.
- In the past year, 5% of Fulton County youth had attempted suicide and 3% had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 6% rate for Ohio youth.
- 53% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (68%), worried what others might think (45%), did not know where to go (33%), cost (15%), no time (16%), their family would not support them (9%), and transportation (4%).

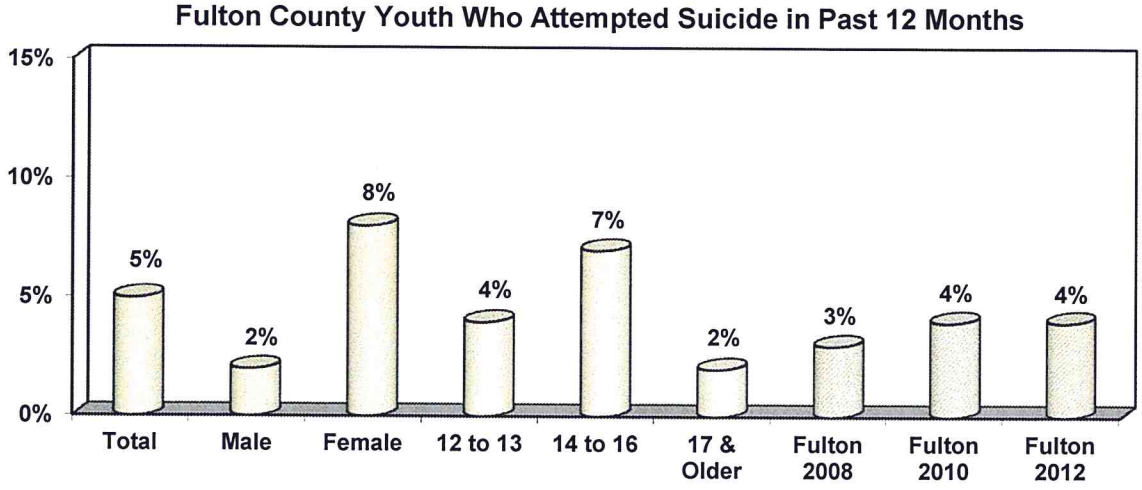
19% of Fulton County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

- When Fulton County youth are dealing with personal problems or feelings of depression or suicide, they usually talked to the following: best friend (29%), parents (19%), girlfriend/boyfriend (14%), brother/sister (8%), school counselor (4%), teacher (3%), youth minister (3%), professional counselor (3%), pastor/priest (3%), coach (3%), scout master/club advisor (<1%), and someone else (5%).13% of youth reported they talk to no one. 49% reported they do not have personal problems or feelings of depression or suicide.
- Fulton County youth reported dealing with anxiety, stress or depression in the following ways: sleeping (30%), hobbies (25%), texting someone (22%), talking to someone in their family (21%), exercising (19%), praying (18%), talking to a peer (17%), eating(15%), using social media (11%), reading the Bible (10%), breaking something (7%), writing in a journal (6%), self-harm (5%), shopping (5%), drinking alcohol (4%), smoking or using tobacco (4%), talking to a counselor/teacher (4%) using illegal drugs (3%), vandalism or violent behavior (3%), using medication that is prescribed to them (2%), using medication that is not prescribed to them (1%), gambling (1%), talking to a medical professional (1%) or harming someone else (<1%). 37% reported they do not have anxiety, stress or depression.

The following graphs show the percentage of Fulton County youth who had felt sad or hopeless almost every day for two weeks or more in a row and attempted suicide in the past 12 months (i.e., the first graph shows that 19% of all youth had felt sad or hopeless for two weeks or more, 8% of males and 31% of females).



Fulton County youth reported dealing with anxiety, stress or depression in the following ways: sleeping (30%), hobbies (25%), texting someone (22%), talking to someone in their family (21%), exercising (19%), and praying (18%).



Youth Comparisons	Fulton County 2008 (6th-12th)	Fulton County 2010 (6th-12th)	Fulton County 2012 (6th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Youth who had seriously considered attempting suicide in the past year	8%	10%	10%	12%	13%	14%	17%
Youth who had attempted suicide in the past year	3%	4%	4%	5%	5%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	13%	14%	17%	19%	22%	26%	30%

N/A – Not available

Youth Suicide

Suicide affects all youth, but some groups are at a higher risk than others. Boys are more likely than girls to die from suicide. Girls, however, are more likely to report attempting suicide than boys. Several factors can put a young person at risk for suicide. However, having these risk factors does not always mean that suicide will occur.

Risk Factors Include:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

(Source: CDC 2014, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide http://www.cdc.gov/violenceprevention/pub/youth_suicide.htm)

Youth | SAFETY

Key Findings

In 2014, 85% of Fulton County youth reported that they wore a seatbelt when driving a car in the past month. 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month. 41% of youth drivers texted while driving. 8% of youth played the choking game.

41% of Fulton County youth drivers texted while driving in the past month

Personal Safety

- In the past 30 days, 16% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 22% for the U.S.) and 6% of youth drivers had driven a car themselves after drinking alcohol, increasing to 11% of those ages 17 and older (2013 YRBS reported 4% for Ohio and 10% for the U.S.).
- Fulton County youth drivers did the following while driving in the past month: wore a seatbelt (85%), ate (57%), talked on their cell phone (52%), texted (41%), used the internet on their cell phone (19%), checked facebook on their cell phone (13%), applied makeup (8%), played electronic games on cell phone (6%), read (5%), used illegal drugs (2%), drank alcohol (2%), misused prescription drugs (2%), and used cell phone for other things (12%).
- 8% of youth played the choking game.
- 18% of youth had purposefully hurt themselves at some time in their lives. Of those youth who had purposefully hurt themselves, they had done so in the following ways: cutting (59%), hitting (38%), scratching (37%), biting (24%), burning (18%), and self-embedding (3%).
- 90% of youth had a Twitter, Instagram, facebook, online gaming, or other social network account.
- Of those who had an account, they reported the following:
  - They believe sharing personal information online is dangerous (55%)
  - They knew all of "my friends" (49%)
  - Their account was currently checked private (41%)
  - Their parents had their password (20%)
  - They knew all of the people they play with online (16%)
  - Their friends had their password (9%)
  - They had been asked to meet someone they met online (8%)
  - They had been asked to share personal info (7%)
  - They were bullied because of their accounts (7%)
  - They shared personal information (7%)
  - They had problems as a result of their account (4%)
  - Their parents do not know they have an account (3%)
  - They had participated in sexual activity with someone they met online (1%)

Personal Health

- Almost three-fourths (73%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio). 8% said one to two years ago and 2% said they had never been to a dentist.

- 67% of Fulton County youth had visited the doctor for a routine check-up in the past year, 13% said one to two years ago, and 2% said they had never been to the doctor for a routine check-up.

- Youth reported they preferred to get information about their health from the following: parents (70%), school (48%), friends (26%), the internet (22%), siblings (13%), TV (11%), Twitter (8%), facebook (6%), Instagram (6%), and the radio (6%).

- When asked how they would describe their grades in the past year, youth reported the following: mostly A's (46%), mostly B's (31%), mostly C's (13%), mostly D's (2%), and mostly F's (1%). 8% reported they were not sure.

18% of Fulton County youth had purposely hurt themselves at some time in their lives

Youth Comparisons	Fulton County 2008 (6th-12th)	Fulton County 2010 (6th-12th)	Fulton County 2012 (6th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Ridden with someone who had been drinking alcohol in past month	19%	15%	14%	16%	16%	17%	22%
Drove a car after drinking alcohol (youth drivers)	3%	3%	3%	6%	8%	4%	10%
Visited a dentist for a check-up within the past year	57%	62%	73%	73%	75%	75%	N/A
Visited a doctor for a routine check-up within the past year	78%	74%	67%	70%	70%	66%	N/A

N/A – Not available

Texting While Driving Statistics and Information

- **Be Smart:** Don't text and drive. No text message is worth the distraction.
- **Be in Control:** Remember it's your phone. You decide if and when to send and read texts so take control. Consider turning your phone off, setting it to silent or even storing it in the glove box before hitting the road.
- **Be Caring:** Never send a text message to a friend that is driving to meet you, or to anyone you know is likely behind the wheel.
- **Be a Friend:** Friends don't let each other text and drive.

(Source: Enough is Enough: Internet Safety 101, Texting and Driving, from: http://www.internetsafety101.org/textinganddriving.htm)

Youth | VIOLENCE ISSUES

Key Findings

In Fulton County, 9% of youth had carried a weapon in the past month. 41% of youth had been bullied in the past year and 27% had been bullied on school property.

Violence-Related Behaviors

- In 2014, 9% of Fulton County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 14% of males (2013 YRBS reported 14% for Ohio and 18% for the U.S.).

- 2% of youth had carried a weapon (such as a gun, knife or club) on school property in the past 30 days (2013 YRBS reported 5% for the U.S.).

- 2% 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 (2013 YRBS reported 5% for Ohio and 7% for the U.S.).

- 41% of youth had been bullied in the past year. The following types of bullying were reported:
  - 33% were verbally bullied (teased, taunted or called you harmful names)
  - 24% were indirectly bullied (spread mean rumors about you or kept you out of a "group")
  - 11% were physically bullied (you were hit, kicked, punched or people took your belongings)
  - 11% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2013 YRBS reported 15% for Ohio and the U.S.).
  - 1% were sexually bullied (someone used nude or semi-nude pictures to pressure you to have sex when you do not want to, blackmailed, intimidated or exploited by another person)

- In the past year, 27% of youth had been bullied on school property (2013 YRBS reported 21% for Ohio and 20% for the U.S.).

- 4% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 7% of those in high school (2013 YRBS reported 7% for Ohio).

- 4% of youth were physically forced to participate in any sexual activity when they did not want to, increasing to 6% of high school youth.

Types of Bullying

- **Verbal Bullying:** Any bullying that is done by speaking. Calling names, teasing, threatening somebody, and making fun of others are all forms of verbal bullying.
- **Indirect Bullying:** A form of bullying that involves mean rumors being spread about someone or keeping someone out of a "group".
- **Physical Bullying:** Any bullying that hurts someone's body or damages their possessions. Stealing, shoving, hitting, fighting, and destroying property all are types of physical bullying.
- **Cyber Bullying:** Any bullying that happens over any technological device. This includes email, instant messaging, social networking sites (such as Facebook), text messages, and cell phones.
- **Sexual Bullying:** Any bullying that involves comments, gestures, action or attention that is intended to hurt, offend or intimidate someone that focuses on appearance, body parts, or sexual orientation.

(Source: RESPECT, Bullying Definitions, obtained from: http://www.respect2all.org/parents/bullying-definitions & Teens Health, Sexual Harassment and Sexual Bullying, obtained from: http://kidshealth.org/teen/sexual_health/guys/harassment.html)

Behaviors of Fulton Youth

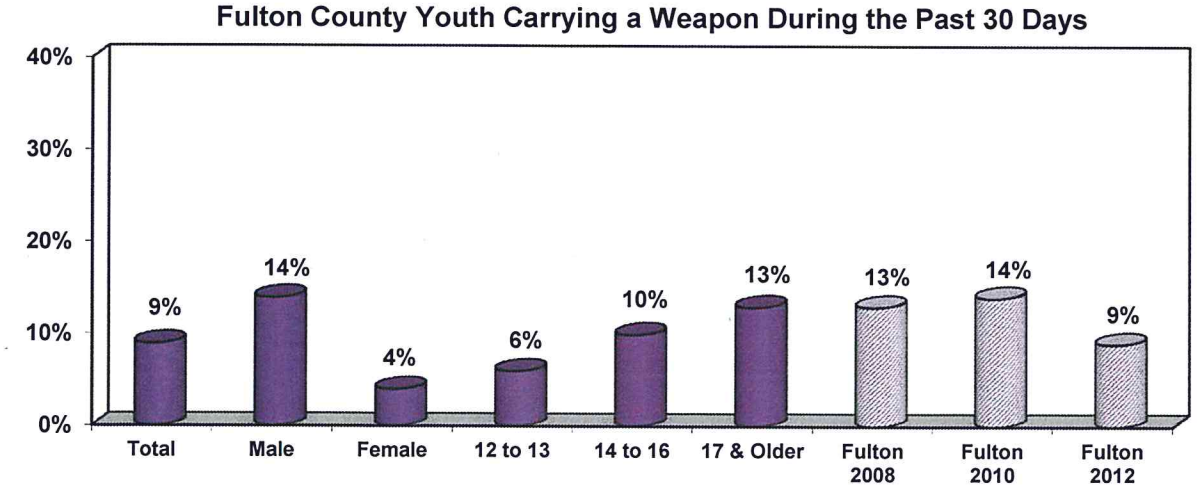
Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Contemplated suicide in the past 12 months	22%	4%
Have drank alcohol in the past 30 days	16%	14%
Have smoked cigarettes in the past 30 days	10%	8%
Have used marijuana in the past 30 days	9%	4%
Attempted suicide in the past 12 months	9%	2%
Misused prescription medications in the past 30 days	8%	5%

Types of Bullying Fulton County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	33%	27%	38%	30%	43%	22%
Indirectly Bullied	24%	13%	36%	22%	30%	21%
Physically Bullied	11%	11%	11%	12%	15%	4%
Cyber Bullied	11%	5%	17%	8%	15%	13%
Sexually Bullied	1%	0%	3%	1%	1%	4%

The following graph shows Fulton County youth who carried a weapon in the past month. The graph shows the number of youth in each segment giving each answer (i.e., the first graph shows that 9% of all youth carried a weapon in the past 30 days, 14% of males and 4% of females).



YOUTH VIOLENCE

Youth Comparisons	Fulton County 2008 (6th-12th)	Fulton County 2010 (6th-12th)	Fulton County 2012 (6th-12th)	Fulton County 2014 (6th-12th)	Fulton County 2014 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Carried a weapon in past month	13%	14%	9%	9%	11%	14%	18%
Carried a weapon on school property in past month	13%	14%	9%	2%	4%	4%*	5%
Did not go to school because felt unsafe	1%	2%	2%	2%	1%	5%	7%
Electronically/cyber bullied in past year	N/A	N/A	8%	11%	12%	15%	15%
Bullied on school property in past year	N/A	N/A	23%	27%	21%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	6%	5%	4%	7%	7%	9%**

N/A - Not available
**2007 YRBS*
***2011 YRBS*

Youth | PERCEPTIONS

Key Findings

In 2014, 62% of Fulton County 6th-12th grade youth thought there was a great risk in harming themselves if they smoked cigarettes. 37% of youth thought that there was either no risk or a slight risk to using marijuana once or twice a week. Almost three-quarters (74%) of youth reported that their parents would think it was very wrong for them to drink alcohol.

Perceived Risk of Drug Use

- Over three-fifths (62%) of Fulton youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day.
- 7% of youth thought that there was no risk for smoking one or more packs of cigarettes per day.
- Over two-fifths (44%) of youth thought there was a great risk in smoking marijuana once or twice a week
- 17% of youth thought that there was no risk of smoking marijuana once or twice a week.
- Over one-third (38%) of Fulton County youth thought there was a great risk to drinking five or more alcoholic beverages once or twice a week.
- 7% of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.
- Over half (55%) of Fulton County youth thought there was a great risk to using prescription drugs that were not prescribed for them.
- 6% of youth thought that there was no risk in misusing prescription drugs.

Degree of Disapproval of Use by Adults

- 80% of youth reported their parents (or guardians) would feel it was very wrong for them to smoke cigarettes, increasing to 90% of youth under the age of 13.
- 86% of Fulton County youth reported their parents would feel it was very wrong for them to use marijuana.
- 74% 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 63% of those ages 17 and older.
- 88% of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

Degree of Disapproval of Use by Peers

- Half (50%) of youth reported their peers would feel it was very wrong for them to smoke cigarettes, increasing to 71% of youth under the age of 13.
- 57% of Fulton County youth reported their peers would feel it was very wrong for them to use marijuana.
- 46% 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 19% of those ages 17 and older.
- 68% of youth reported their peers would feel it was very wrong for them to misuse prescription medications.

Perceived Risk of Drug Use

How much do you think people risk harming themselves if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day	7%	11%	20%	62%
Smoke marijuana once or twice a week	17%	20%	20%	44%
Have five or more drinks of an alcoholic beverage once or twice a week	7%	18%	37%	38%
Misusing prescription drugs	6%	10%	29%	55%

Perceived Great Risk of Drug Use

How much do you think people risk harming themselves if they:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoke one or more packs of cigarettes per day	62%	66%	59%	65%	58%	64%
Smoke marijuana once or twice a week	44%	46%	41%	64%	36%	22%
Have five or more drinks of an alcoholic beverage once or twice a week	38%	43%	34%	48%	34%	29%
Misusing prescription drugs	55%	62%	49%	58%	51%	61%

Degree of Disapproval by Parents/Guardians

How wrong do your parents feel it would be for you to do the following:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoking cigarettes	2%	6%	13%	80%
Using marijuana	3%	3%	9%	86%
Having one or two drinks of an alcoholic beverage nearly every day	3%	8%	15%	74%
Misusing prescription drugs	1%	2%	9%	88%

Perceived Degree of Great Disapproval by Parents/Guardians

Parents feel it would be very wrong for you to do the following:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoking cigarettes	80%	80%	80%	90%	81%	63%
Using marijuana	86%	87%	86%	96%	86%	69%
Having one or two drinks of an alcoholic beverage nearly every day	74%	76%	72%	87%	69%	63%
Misusing prescription drugs	88%	90%	87%	92%	87%	86%

Degree of Disapproval by Peers

How wrong do your friends feel it would be for you to do the following:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoking cigarettes	9%	16%	24%	50%
Using marijuana	12%	13%	17%	57%
Having one or two drinks of an alcoholic beverage nearly every day	14%	17%	23%	46%
Misusing prescription drugs	5%	5%	22%	68%

Perceived Degree of Great Disapproval by Peers

Friends feel it would be very wrong for you to do the following:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoking cigarettes	50%	53%	49%	71%	43%	26%
Using marijuana	57%	60%	55%	80%	51%	26%
Having one or two drinks of an alcoholic beverage nearly every day	46%	49%	44%	68%	39%	19%
Misusing prescription drugs	68%	74%	64%	78%	70%	52%

Appendix I | FULTON COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2013. Atlanta: ACS, 2013	▪ Electronic Cigarette Use Doubles Among Teenagers	www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers
Caron Pennsylvania	▪ Marijuana Use	www.caron.org/signs-of-pot-use-5827.html
Center for Disease Control and Prevention (CDC)	▪ Electronic Cigarettes and Teenagers	www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html
CDC, Adolescent and School Health, 2013	▪ Youth Physical Activity Facts	www.cdc.gov/healthyyouth/physicalactivity/facts.htm
CDC, Alcohol and Public Health, 2012	▪ Underage Drinking	www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm)
CDC, Injury Center: Violence Prevention 2014	▪ Youth Suicide	www.cdc.gov/violenceprevention/pub/youth_suicide.html
Enough is Enough: Internet Safety 101	▪ Texting While Driving	www.internetsafety101.org/textinganddriving.htm
Ohio Department of Health, Information Warehouse	▪ Teen Birth Rates	www.odh.ohio.gov/
RESPECT	▪ Types of Bullying	www.respect2all.org/parents/bullying-definitions
U.S. Department of Justice: DEA Briefs & Background	▪ Inhalants	www.justice.gov/dea/druginfo/factsheets.shtml
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	▪ 2005 - 2013 youth Ohio and U.S. correlating statistics	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx
Youth Suicide Prevention Program	▪ Understanding Self Harm	www.yspp.org/about_suicide/self_harm.htm

Appendix II | FULTON COUNTY ACRONYMS AND TERMS

Binge drinking	Consumption of five alcoholic beverages or more) on one occasion.
HCNO	Hospital Council of Northwest Ohio
N/A	Data is not available.
ODH	Ohio Department of Health
Weapon	Defined in the YRBSS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age
Youth BMI Classifications	**Underweight** is defined as BMI-for-age $\leq$ 5th percentile
	Overweight is defined as BMI-for-age 85th percentile to < 95th percentile.
	Obese is defined as $\geq$ 95th percentile.
YRBSS	**Y**outh **R**isk **B**ehavior **S**urveillance **S**ystem, a youth survey conducted by the CDC

Appendix III | FULTON COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2014 Fulton County Health Assessment:

Archbold Area Schools
Archbold Middle School
Archbold High School

Evergreen Local Schools
Evergreen Middle School
Evergreen High School

Fayette Local Schools
Fayette High School

Pettisville Local Schools
Pettisville Junior High/High School

Pike-Delta-York Local Schools
Delta Middle School
Delta High School

Swanton Local Schools
Swanton Middle School
Swanton High School

Wauseon Exempted Village Schools
Wauseon Middle School
Wauseon High School

APPENDIX III