



Prevention Research Center for Healthy Neighborhoods  
at Case Western Reserve University

# 2018 Cuyahoga County Youth Risk Behavior Survey: Preventive Health Care

## Introduction

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The Prevention Research Center for Healthy Neighborhoods (PRCHN) at Case Western Reserve University has administered the Youth Risk Behavior Survey (YRBS) in school districts throughout Cuyahoga County since 2000. The YRBS is a cross-sectional tool developed by the Centers for Disease Control and Prevention (CDC) to track adolescent risk behavior over time. In Fall of 2018, the PRCHN conducted the YRBS among 7<sup>th</sup> and 8<sup>th</sup> grade students in Cuyahoga County middle schools. A more detailed description of the methodology is available at our website, [http://prchn.org/yrbs\\_home.aspx](http://prchn.org/yrbs_home.aspx).

This brief report presents results from the 2018 Cuyahoga County Middle School Youth Risk Behavior Survey, with a particular focus on Preventive Health Care. In this brief report, we present:

- [Overall Prevalence](#)
- [Regional Prevalence](#)
- [Demographic Prevalence](#)
- [Trend Report](#)

Data for similar behaviors can be found at our website, [http://prchn.org/yrbs\\_home.aspx](http://prchn.org/yrbs_home.aspx).

## Preventive Health Care

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Nationwide, adolescents have the lowest utilization rate of health care services of any age group. Barriers to care include cost of care; low family income; stigma; distrust; confidentiality and parental consent; lack of medical insurance; embarrassment about and lack of transportation to reproductive health services; lack of knowledge about where or how to access care; and lack of adolescent-friendly services.<sup>i</sup>

According to the National Alliance on Mental Illness (NAMI), 1 in 5 children (ages 13-18 years) have a mental illness.<sup>ii</sup> In addition, 70% of adolescents with mental health needs do not receive the necessary services, and data shows that an 8-10 year delay exists between the onset of mental illness and an intervention to improve the health of those experiencing it.<sup>iii, ii</sup> Unattended mental health problems in adolescents can lead to engagement in risky behavior which can have long term negative effects on their health and wellness.<sup>iii</sup> Knowing if students are accessing the mental health help they may need can inform schools about programs and interventions to guide students to engage in protective factors as a way to improve their mental health.<sup>iv</sup> Researchers have documented a number of disparities in access to mental health services. In addition to disparities across racial lines, adolescents who are homeless; served by state child welfare and juvenile justice systems; and are lesbian, gay, bisexual, and/or transgender are often the least likely to receive services.<sup>v, vi, vii</sup> In 2013, 10 percent of adolescents lacked insurance and,<sup>viii</sup> even with insurance, the amount of mental health services they can receive is often limited.<sup>iii</sup>

## Overall Prevalence

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The following table summarizes preventive health care among the 12,936 middle school students who completed the 2018 Cuyahoga County YRBS. Prevalence estimates and 95% confidence intervals were computed for all variables.

Risk Behavior	%(95% Confidence Interval)
Saw a doctor or nurse for check-up (During the 12 months before the survey.)	70.2 (69.0 - 71.4)
Saw a doctor, nurse, therapist, social worker, or counselor for a mental health issue (During the 12 months before the survey.)	21.8 (20.8 - 22.9)
Received appropriate help when student felt sad, empty, hopeless, angry or anxious	48.8 (47.4 - 50.2)

## Regional Prevalence

The table below represents preventive health care in the six regions of Cuyahoga County. This division was conducted to provide a geographic representation of the prevalence of different risk behaviors in Cuyahoga County. In 2018, we were able to weight to 4 of 6 regions in Cuyahoga County. The columns under Outer Ring-West and Outer Ring-East do not include data because school participation within these regions was insufficient to permit weighting.

Risk Behavior	CMSD East % (95% CI)	CMSD West % (95% CI)	Inner Ring East % (95% CI)	Inner Ring West % (95% CI)	Outer Ring East % (95% CI)	Outer Ring West % (95% CI)
Saw a doctor or nurse for check-up (During the 12 months before the survey.)	57.2 (54.4 - 60.0)	52.0 (48.2 - 55.8)	65.9 (63.8 - 67.9)	74.4 (72.3 - 76.5)	N/A	N/A
Saw a doctor, nurse, therapist, social worker, or counselor for a mental health issue (During the 12 months before the survey.)	22.8 (20.5 - 25.3)	22.6 (20.4 - 24.9)	24.9 (23.1 - 26.8)	23.1 (20.8 - 25.6)	N/A	N/A
Received appropriate help when student felt sad, empty, hopeless, angry or anxious	45.8 (42.7 - 48.9)	44.2 (40.6 - 47.9)	48.7 (46.6 - 50.9)	46.9 (43.5 - 50.3)	N/A	N/A

## Demographic Prevalence

The tables below allow for further comparisons of preventive health care between demographic groups. Data are presented by gender, race/ethnicity, and grade level. A statistically significant difference exists between groups if the 95% confidence intervals do not overlap.

Saw a doctor or nurse for check-up		
Category	%	CI
<b>Gender</b>		
Female	72.0	70.3 - 73.6
Male	68.7	67.2 - 70.2
<b>Race/Ethnicity</b>		
White	77.1	75.3 - 78.8
Black	61.2	59.4 - 62.9
Hispanic	57.2	53.4 - 60.8
Other/Multiple	69.2	65.8 - 72.4
<b>Grade</b>		
7th	70.8	68.6 - 72.9
8th	70.2	68.3 - 72.0
<b>Total</b>	<b>70.2</b>	<b>69.0 - 71.4</b>

Saw a doctor, nurse, therapist, social worker, or counselor for a mental health issue		
Category	%	CI
<b>Gender</b>		
Female	25.5	24.2 - 26.8
Male	18.1	16.8 - 19.5
<b>Race/Ethnicity</b>		
White	21.3	19.7 - 22.9
Black	22.6	21.2 - 24.0
Hispanic	24.2	21.6 - 27.1
Other/Multiple	21.2	18.6 - 24.0
<b>Grade</b>		
7th	21.6	20.0 - 23.2
8th	22.0	20.6 - 23.4
<b>Total</b>	<b>21.8</b>	<b>20.8 - 22.9</b>

Received appropriate help when student felt sad, empty, hopeless, angry or anxious		
Category	%	CI
<b>Gender</b>		
Female	49.2	47.0 - 51.4
Male	48.5	46.4 - 50.7
<b>Race/Ethnicity</b>		
White	50.5	48.1 - 52.8
Black	47.1	44.8 - 49.5
Hispanic	45.5	41.4 - 49.6
Other/Multiple	46.5	42.6 - 50.6
<b>Grade</b>		
7th	51.4	49.1 - 53.6
8th	46.8	44.9 - 48.6
<b>Total</b>	<b>48.8</b>	<b>47.4 - 50.2</b>

## Cuyahoga County Trend Data

The following table presents the prevalence of preventive health care among Cuyahoga County middle school students in 2010, 2012, 2014, 2016, and 2018. The prevalence for each year is given (when available), with 95% confidence intervals below.<sup>1</sup>

Cuyahoga County, 2010	Cuyahoga County, 2012	Cuyahoga County, 2014	Cuyahoga County, 2016	Cuyahoga County, 2018
<b>Described health in general as fair or poor</b>				
7.4% (6.6 - 8.2)	8.1% (7.4 - 8.8)	7.9% (7.4 - 8.4)	N/A	N/A
<b>Saw a doctor or nurse for check-up (During the 12 months before the survey.)</b>				
64.2% (62.8 - 65.7)	66.9% (65.8 - 68.0)	67.0% (66.1 - 67.9)	68.6% (68.1 - 69.1)	70.2% (69.0 - 71.4)
<b>Saw a doctor, nurse, therapist, social worker, or counselor for a mental health issue (During the 12 months before the survey.)</b>				
N/A	N/A	29.7% (28.8 - 30.6)	30.5% (30.0 - 30.9)	21.8% (20.8 - 22.9)
<b>Saw a dentist for check-up, exam, teeth cleaning or other routine dental work (Not including emergencies, during the 12 months before the survey.)</b>				
N/A	N/A	72.7% (71.7 - 73.6)	72.3% (71.7 - 72.8)	N/A

<sup>1</sup> The YRBS questions with two or more data points over 2010-2018 are included. The new 2018 questions are not included for the purpose of demonstrating trends. For those questions not asked in 2018, refer to the PRCHN archives at [www.prchn.org/aspx](http://www.prchn.org/aspx) for more detailed information.

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<sup>i</sup> Association of State and Territorial Health Officials. Adolescent and School Health Fact Sheet. Association of State and Territorial Health Officials Web site. Available at <http://www.astho.org/index.php?template=access.html>. Accessed July 6, 2017

<sup>ii</sup> National Alliance on Mental Illness. Mental Health Facts: Children and Teens. Available at: <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>. Accessed on January 28, 2019.

<sup>iii</sup> Schwarz, S W. Adolescent mental health in the United States: Facts for Policymakers. Available at from [http://nccp.org/publications/pdf/text\\_878.pdf](http://nccp.org/publications/pdf/text_878.pdf). Accessed July 20, 2017

<sup>iv</sup> World Health Organization. Adolescent Mental Health. 2018. Available at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Accessed January 28, 2019.

<sup>v</sup> Mustanski, BS., Garofalo, R., & Emerson, EM. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youth. *American Journal of Public Health*, 100(12), 2426-2432.

<sup>vi</sup> Morrow, S., & Howell, E. (2010). State mental health systems for children. Washington, DC: Urban Institute.

<sup>vii</sup> United States Interagency Council on Homelessness. (2010). Opening doors: Federal strategic plan to prevent and end homelessness, executive summary. Available at <http://www.va.gov/HOMELESS/docs/OpeningDoors2010FSP.pdf>. Accessed on July 20, 2017.

<sup>viii</sup> Child Trends. (2014). Child Trends analysis of 2013 National Health Interview Survey data. Bethesda, MD.