







## INTRODUCTION AND METHODOLOGY

This data brief presents a summary of the findings of the Summit County Public Health / County of Summit Alcohol, Drug Addiction & Mental Health Services Board 2023 Youth Risk Behavior Survey. The survey was conducted during the fall of 2023 in Middle Schools and High Schools throughout Summit County, in collaboration with the Prevention Research Center for Healthy Neighborhoods (PRCHN) at Case Western Reserve University. The

YRBS is a cross-sectional tool developed by the Centers for Disease Control and Prevention (CDC) to track adolescent risk behavior over time. The national YRBS has tracked major causes of morbidity and mortality for adolescents since 1991.





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## Methodology

Participation was anonymous and voluntary. Parents or guardians who approved took no action, while those who did not wish for their student to participate could opt out. Of the 24 high schools selected, 16 participated. A total of 7,745 usable questionnaires were obtained from 11,243 eligible students, resulting in a school response rate of 66.7% and a student response rate of 68.9%. The overall response rate was 45.9%. Data were weighted to make it representative of the population of 9th to 12th-grade students in Summit County. No statistical imputations were made for missing data.

Weighted data were analyzed with prevalence estimates and 95% confidence intervals calculated for all dichotomous variables. Significant differences were determined based on the non-overlapping of confidence intervals. Graphs and narrative descriptions were provided to illustrate the range of responses. In some sections differences are shown between students in Akron vs. the county as a whole. Due to sample size limitations, Akron was the only geographic area able to be analyzed separately. Differences between Akron and the county-wide sample (including Akron) are presented when those differences are statistically significant.

# PROGRESS VS. HEALTHY PEOPLE 2030 OBJECTIVES

Though not an official goal of the Summit County YRBS, comparing ourselves to national health objectives provides the community with an important benchmark to measure the relative health of our youth. In some key areas like tobacco, alcohol, and drug use, several objectives have been met. In other areas such as physical activity and health, we lag behind the nation.

Category	Healthy People 2030 Objectives		Akron	Status	Summit County	Status
Unintentional injury, violence, mental health and suicide	MHMD-02	Reduce suicide attempts by adolescents to 1.8% or lower	9.8%	Not met	6.4%	Not met
	LGBT-06	Reduce suicidal thoughts in lesbian, gay, or bisexual high school students to 52.1% or lower	32.5%	Met	32.2%	Met
	LGBT-D02	Reduce suicidal thoughts in transgender students	42.5%	No obj set	44.3%	No obj set
	IVP-18	Reduce sexual or physical adolescent dating violence to 11.4% or lower	14.0%	Not met	9.3%	Met
	LGBT-05	Reduce bullying of lesbian, gay, or bisexual high school students to 20.7% or lower	33.8%	Not met	38.9%	Not met
	LGBT-D01	Reduce bullying of transgender students	11.6%	No obj set	29.4%	No obj set
Tobacco and substance use	TU-04	Reduce current tobacco use in adolescents to 11.3% or lower	12.2%	Not met	9.1%	Met
	TU-05	Reduce current e-cigarette use in adolescents to 10.5% or lower	12.0%	Not met	8.6%	Met
	TU-06	Reduce current cigarette smoking in adolescents to 3.4% or lower	2.7%	Met	1.9%	Met
	TU-07	Reduce current cigar smoking in adolescents to 3.0% or lower	6.8%	Not met	3.9%	Not met
	TU-08	Reduce current use of smokeless tobacco products among adolescents to 2.3% or lower	2.5%	Not met	1.7%	Met
	SU-06	Reduce the proportion of adolescents who used marijuana in the past month to 5.8% or lower	19.0%	Not met	12.3%	Not met
	SU-04	Reduce the proportion of adolescents who drank alcohol in the past month to 6.3% or lower	13.4%	Not met	14.6%	Not met
	SU-09	Reduce the proportion of people under 21 years who engaged in binge drinking in the past month to 8.4% or lower	6.4%	Met	7.0%	Met
	LGBT-07	Reduce the proportion of lesbian, gay, or bisexual high school students who have used illicit drugs to 16.1%	15.6%	Met	12.9%	Met
	LBGT-D03	Reduce the proportion of transgender high school students who have used illicit drugs	21.6%	No obj set	20.6%	No obj set
Sexual risk behaviors	FP-04	Increase the proportion of adolescents who have never had sex to 80.8% or higher	69.0%	Not met	76.7%	Not met
Physical activity, health and health care	PA-06	Increase the proportion of adolescents who get enough aerobic physical activity to 30.6% or higher	31.4%	Met	46.3%	Met
	PA-12	Increase the proportion of adolescents who play sports to 63.3% or higher	42.1%	Not met	58.1%	Not met
	SH-04	Increase the proportion of high school students who get enough sleep to 27.4% or higher	22.2%	Not met	22.5%	Not met
	NWS-04	Reduce the proportion of children and adolescents with obesity to 15.5% or lower	24.6%	Not met	17.4%	Not met
	AH-01	Increase the proportion of adolescents who had a preventative health care visit in the past year to 82.6% or higher	59.9%	Not met	71.1%	Not met

FIGURE 1:  
DEMOGRAPHIC PROFILE OF PARTICIPATING YRBS HIGH SCHOOL STUDENTS

# DEMOGRAPHIC PROFILE

About one-third of the students in the YRBS were from Akron. About half of the high school students in both Akron and Summit County are 16 or 17 years old. Students are about evenly split between the four grades (9-12).

Respondents were evenly split between male and female. Significant racial differences exist between Akron and students county-wide, with just over half of the Akron sample identifying as African-American vs. 28% for the county-wide sample, with about 4% and 2%, respectively, identifying as Hispanic or Latino. About 10% of Akron students and 6% of students countywide spoke either Spanish or another language at home (most often Nepalese).

About 5% of the sample identified as either transgender or non-binary. Between 70% and 77% of students identified as heterosexual, while the remainder identified themselves as having another orientation (most often bi-sexual).

About two-thirds of students countywide said they live with either two parents or step-parents; a rate which drops to under half for Akron students. Of those who live with one parent or have an alternate arrangement, living with their mother was the most common arrangement.

Demographic Characteristics		Percent of Respondents <sup>1,2</sup>	
		Akron	Summit County
Age	13 years old or younger	0.3%	0.3%
	14-15 years	38.2%	40.9%
	16-17 years	53.2%	51.7%
	18 years or older	8.2%	7.2%
Grade Level	9th	23.8%	26.5%
	10th	24.2%	23.9%
	11th	23.5%	27.6%
	12th	28.4%	22.1%
Sex	Female	49.6%	49.0%
	Male	50.4%	51.0%
Race & Ethnicity	American Indian or Alaskan Native	0.3%	0.2%
	Asian	7.6%	3.6%
	Black or African American	50.7%	27.9%
	Native Hawaiian or Other Pacific Islander	0.2%	0.1%
	White	29.9%	60.9%
	Multiple Races	7.8%	5.2%
	Hispanic	3.5%	2.1%
Language Used at Home	English	88.9%	94.2%
	Spanish	2.2%	0.9%
	Another language	8.9%	4.9%
Gender Identity	Cisgender	94.0%	95.0%
	Transgender/Non-binary	4.3%	3.7%
	Other	1.7%	1.3%
Sexual Orientation	Heterosexual	71.1%	76.9%
	Gay or Lesbian	4.8%	4.4%
	Bisexual	14.8%	11.1%
	Questioning or unsure	4.1%	4.4%
	Other	5.4%	3.3%
Household Composition	Parents (Biological or Step-Parents)	47.8%	66.6%
	Mom Only	33.3%	21.5%
	Dad Only	4.3%	2.9%
	Parent and Other Adult Family Members	5.4%	3.5%
	Adults Family Members, No Parents	6.9%	3.8%
	Foster Family	0.6%	0.4%
	Other Living Situation	1.6%	1.2%

<sup>1</sup> "Akron" includes only those from Akron; "Summit County" includes all respondents including Akron

<sup>2</sup> Survey included 7,745 total respondents, of which 3,186 were from Akron

FIGURE 2: DEMOGRAPHIC PROFILE OF PARTICIPATING YRBS HIGH SCHOOL STUDENTS

# TRENDS IN YOUTH RISK BEHAVIORS

The 2023 YRBS is the third such survey conducted in Summit County since 2013. In this section, we take a brief look at what has improved and what has gotten worse since the last survey in 2018.

- **Unintentional injuries and violence** - Most violence-related indicators improved between 2018 and 2023; fewer students reporting they drove after drinking, fewer reported being in a fight, and fewer say they were hurt on purpose by someone they were dating. In addition, both the number of students showing symptoms of depressive sadness and the number who said they attempted suicide improved.
- **Tobacco, alcohol, marijuana** - Reported use of all three substances (including e-cigarettes) were lower in 2023 than in 2018. This is true of both lifetime and current use.
- **Gambling and sexual behaviors** - Fewer students reported gambling than in 2018. The percent of students reporting ever having sex or being currently sexually active also dropped since 2018. While the percentage of currently active students who say they use a condom all or most of the time stayed about the same, the percent of currently active students who reported using an ineffective method of birth control got worse from 2018 to 2023.
- **Obesity, weight and diet** - More students had a BMI in the obese range in 2023 than 2018. In addition, fewer students met nutrition guidelines, and more ate fast food at least once per week.
- **Physical activity and other health issues** - More students saw a doctor, and more students also visited a mental health provider in the past 12 months than in 2018. In addition, the percent of students getting 8 hours of sleep per night rose between 2018 and 2023, as did the percentage of students who met exercise guidelines. However, there was a slight decline in the percent of students visiting a dentist in the past 12 months.

Subject Areas	Questions	2013	2018	2023	Trend	2018-2023*
Unintentional injuries and violence	Drove after drinking - students who drove only	9.3%	5.2%	4.3%		Better
	Carried a weapon	15.3%	11.0%	8.7%		Better
	In a physical fight	25.5%	22.4%	18.9%		Better
	Physically hurt by someone you were dating	8.4%	12.3%	9.3%		Better
	Showed symptoms of depressive sadness	29.4%	34.4%	30.9%		Better
	Attempted suicide	10.4%	8.4%	6.4%		Better
Tobacco, alcohol, and drugs	Ever used alcohol	57.0%	45.7%	30.6%		Better
	Used alcohol in the past 30 days	30.3%	23.8%	14.6%		Better
	Alcohol use before age 13	16.2%	10.5%	8.2%		Better
	Binge drank (5+) alcoholic beverages	16.5%	11.3%	7.0%		Better
	Ever used tobacco	24.9%	25.8%	20.3%		Better
	Ever used e-cigarettes (not asked in 2013)	--	25.0%	8.6%		Better
	Ever used marijuana	36.6%	32.2%	20.6%		Better
	Parents think it's very wrong to use marijuana	74.3%	66.5%	67.2%		Better
Gambling and sexual behaviors	Gambled money or personal items	24.4%	20.0%	16.7%		Better
	Gambled over the internet	2.2%	4.0%	1.1%		Better
	Ever had sexual intercourse	42.0%	35.7%	25.1%		Better
	Currently sexually active	30.7%	27.6%	18.3%		Better
	Used an ineffective method of birth control	--	25.3%	27.9%		Worse
	Currently active teens using a condom most / all the time	58.2%	53.3%	53.4%		Worse
Obesity, weight, diet	BMI in the obese category	12.9%	16.4%	17.4%		Worse
	Met recommended fruit / vegetable intake	18.6%	13.8%	12.1%		Worse
	Met recommended exercise guidelines	41.7%	41.8%	46.3%		Better
	Ate fast food at least once during the week	69.6%	75.1%	75.8%		Worse
Physical activity and other health issues	Saw a doctor in the past 12 months	65.7%	70.0%	71.1%		Better
	Saw a dentist in the past 12 months	71.5%	73.8%	71.3%		Worse
	Saw someone for a mental health issue in the past 12 months	24.3%	29.1%	37.2%		Better
	Got 8 hours of sleep per night	26.8%	19.6%	22.5%		Better
	Talk to parents about school almost everyday	56.6%	53.1%	54.9%		Worse

\* Entries in green or red represent statistically significant changes; other cells show no statistically significant changes between 2018 & 2023

FIGURE 3:  
SUMMARY OF TRENDS IN KEY YRBS QUESTIONS, 2013-2023

# SUMMARY OF FINDINGS BY TOPIC AREA



## Unintentional Injuries and Violence

*This section of the survey focuses on the physical safety and related behaviors of high school students, their involvement in violence and bullying, and their mental health and risk for self-harm and suicide.*

### Driving Safety:

- **Seatbelts:** About 6% of students say they rarely or never wore seatbelts.
- **Drinking and driving:** About 4% of drivers (about 2% of all students) say they drove after drinking in the past 30 days. Nearly 11% say they rode in a car with a driver who had been drinking in the past 30 days.
- **Texting:** Nearly one-third of students who had driven in the past 30 days said they texted while driving (about 13% of all students).

### Team Sports:

- **Head injuries:** About 14% of students who participated in at least one team sport in the past 12 months say they got a concussion from participating in sports or physical activity.

### Experience with Violence:

- **Weapons:** About 9% of students say they carried a weapon in the past 30 days. One quarter said they could get a loaded gun without permission. Of those who say they could get a gun, two-thirds say they could get a gun in less than 24 hours.
- **Physical Safety: Feeling of safety** - One-in-nine students said they felt unsafe at school or on their way to and from school.
- **Physical Safety: Fighting** - Just under one-in-five students say they've been in a physical fight during the past 12 months.
- **Physical Safety: Dating Violence:** Over 9% of students say they were hurt on purpose by someone they were dating.

- **Differences in Physical Safety:** Students in Akron were nearly twice as likely to say they carried or could get weapons, felt unsafe, been in a fight, or were the victims of dating violence as students in the county as a whole.

Those who did not identify as heterosexual said they were twice as likely to feel unsafe, and three times as likely to say they've been hurt on purpose by someone they were dating compared to heterosexual students.

### Bullying:

- **Bullying At School:** More than 17% of students say they were bullied on school property during the past 12 months.
- **Bullying Away From School:** Nearly 12% of students say they were bullied away from school during the past 12 months.
- **Bullying Online:** One-in-seven students say they were bullied electronically (online) during the past 12 months.
- **Overall Experience with Bullying:** Nearly one-fourth of students report experiencing at least one of the three forms of bullying asked about in the survey. A small but sizable group, more than 6%, say they experienced all three forms of bullying.
- **Differences in Bullying:** Students who say they are non-cisgendered are about twice as likely to say they experience any form of bullying. Those who say they experienced any form of bullying were more than twice as likely to say they carried a weapon in the past 30 days than others.



## Depressive Sadness and Suicide:

- **Sadness:** Nearly 31% of students say they felt so sad that they stopped normal activities at some point in the past 12 months.
- **Self-Harm:** Nearly 18% of students say they purposely hurt themselves at least once during the past 12 months.
- **Considering Suicide:** Fourteen percent of students report seriously considering committing suicide during the past 12 months. Eleven percent of students say they made a plan about how they would do so.
- **Suicide attempts:** More than 6% of students report having attempted suicide during the past 12 months.
- **Differences in Sadness and Suicide:** Students who identified as having Hispanic ethnicity or being from a multiple race background were more likely to report self-harmful behavior and attempting suicide. Females and students who identified as transgender/non-binary were significantly more likely to report depressive symptoms, self-harm, considering suicide, creating a plan, and attempting suicide in the past 12 months compared to students identifying as cisgender. Students who identified as gay / lesbian, bisexual, or unsure of their sexual orientation were significantly more likely than heterosexual students to report experiencing all four forms of sadness and suicide-related behavior during the past 12 months.

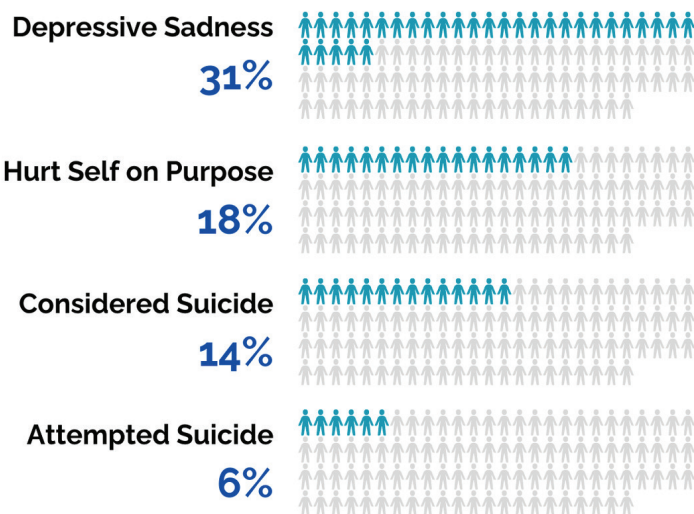


FIGURE 4: DEPRESSIVE SADNESS AND SUICIDE AMONG HIGH SCHOOL STUDENTS



*This section of the survey focuses on use of tobacco and other tobacco products like e-cigarettes.*

Overall tobacco use:

- **Smoking and General Tobacco Use:** About 20% of students say they have used any tobacco product at some point in their lives. Nearly 7% of all students say they began smoking before age 13 (about 32% of students who say they ever smoked). Only a small percentage (about 2%) say they smoked in the past 30 days.
- **Other Tobacco Products:** Less than 2% of all students say they used chewing tobacco in the past 30 days. About 4% say they smoked cigars in the past 30 days.
- **Electronic Vapor Product Use:** Less than 9% of students say they used an electronic vapor product in the past 30 days.
- **Access to Tobacco:** More than a quarter (27%) of smokers say they got their tobacco products from someone else who gave it to them rather than purchasing it themselves.
- **Parental Attitudes About Tobacco Use:** About three-quarters of students say their parents think tobacco use is very wrong; an increase from past YRBS studies in Summit County.
- **Differences in Tobacco Use:** Black, Hispanic, and multiracial students were more likely to have ever used or currently use tobacco or nicotine products compared to White or Asian students. Female students were more likely to have ever used or currently use tobacco products than male students. Transgender or non-binary students were about twice as likely to use tobacco products compared to cisgender students, as students identifying as lesbian, gay, or bisexual. Asians, males, cisgendered students, and heterosexual students were more likely to say their parents thought tobacco use was wrong than other groups.



## Alcohol and Other Drug Use

*This section of the survey focuses on students' use of dangerous substances such as alcohol and other drugs.*

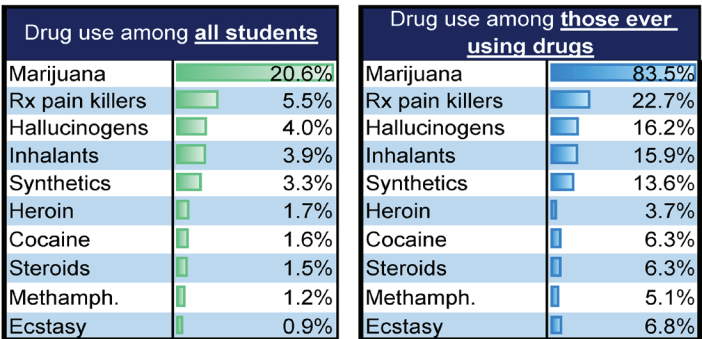
### Alcohol use:

- Overall Use:** One-third of students say they ever drank alcohol. One-quarter of those who ever drank did so for the first time before age 13 (about 8% of all students). Nearly 15% of students say they drank alcohol in the past 30 days.
- Binge Drinking:** A small minority of students (about 7%) say they binge drank at least once in the past 30 days. "Binge drinking" is defined by the YRBS as having five or more drinks (for males) or four or more drinks (for females) within a couple of hours.
- Access to Alcohol:** Nearly half (45%) of those who drank in the past 30 days say they got their alcohol from someone else who gave it to them. Nearly 14% of students say they've been to a party in the past 30 days where parents permitted underage alcohol use. About one-in-ten students who drank say they were able to buy it themselves at a store. Another 12% say they took it from a store or family member.
- Parental Attitudes About Alcohol Use:** Just over half of students say their parents think it would be very wrong for them to use alcohol.
- Differences in Alcohol Use:** Black and Asian students were less likely to say they are currently drinking alcohol than others. Female students were more likely to say they ever drank or currently drink alcohol than male students. Transgender and non-binary students were about twice as likely to report currently drinking than others. They were also less likely to think that their parents would disapprove of their drinking compared to cisgender students. Students who identified as gay, lesbian, or bisexual were significantly more likely to ever drink, currently drink, or binge drink. They were also less likely to say their parents would think it is very wrong for them to drink, compared to students who were questioning/not sure or heterosexual.


### Drug use:

- Overall Use:** About a quarter of students say they took at least one illegal drug at some point in their lives. The vast majority of those who used

- drugs reported using marijuana (84%). About 9% of all students report being offered illegal drugs on school property. Another 9% say they attended school under the influence of alcohol or drugs in the past year (35% of all drug users).
- Marijuana Use:** About 20% of all students used marijuana at least once. Five percent of all students began marijuana use before age 13 (22% of those who ever used marijuana). About 12% of all students and 50% of those who ever used marijuana did so in the past 30 days.
- Other Drug Use:** Among other drugs, prescription (Rx) pain killers were the most often cited (23% of drug users). Hallucinogens, inhalants, and synthetic drugs were the next most frequently cited (14% - 16% of drug users).
- Parental Attitudes About Marijuana Use:** Just over two-thirds of students say their parents think it would be very wrong for them to use marijuana.
- Differences in Marijuana and Other Drug Use:** Black and Hispanic students were more likely to say they ever tried marijuana than white students. Akron students were more likely than others to every try marijuana (29% vs. 17%). Those who identified as non-cisgendered and those who identified as having a non-heterosexual orientation were both twice as likely to have said they tried any drug than either cisgendered or heterosexually-oriented students, respectively. Those reporting depressive sadness were three times more likely than others to say they tried at least one drug (45% vs. 15%).



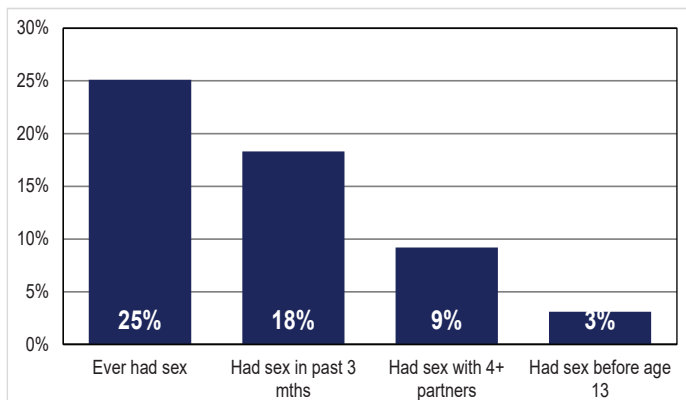
**FIGURE 5:** REPORTED LIFETIME DRUG USE AMONG YRBS HIGH SCHOOL STUDENTS

 **Sexual Behaviors**

*This section of the survey focuses on students' engagement in risky sexual behaviors.*

**Sexual behaviors:**

- **Overall:** Just over 25% of students say they have had sexual intercourse at least once in their lives. About 3% say they had their first experience before age 13. Nearly one-in-five (18%) say they have had sex in the past three months.
- **Multiple Partners:** Among the currently sexually active, just over 9% say they have had sex with four or more partners in the past 3 months. The vast majority of those who were sexually active (74%) report having only one partner in the past 3 months.
- **Safe Sexual Practices:** Only about half (53%) of sexually active students report using a condom either all or most of the time. About 30% report using either a birth control pill or injectable contraceptive. About a quarter (23%) report using an ineffective method of birth control such as withdrawal.
- **Differences in Sexual Behaviors:** Black and Hispanic students were about 1.5 times more likely to say they had sex in the past 3 months than white students.



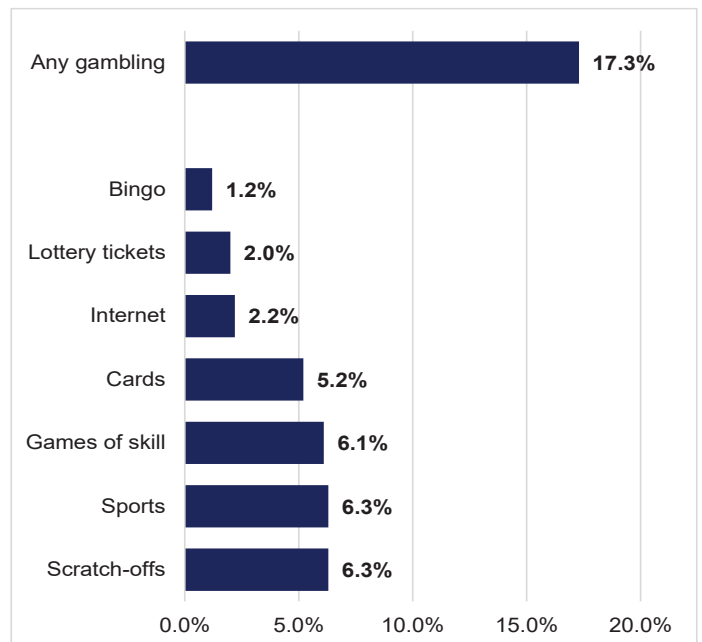
**FIGURE 6: SUMMARY OF REPORTED YOUTH SEXUAL ACTIVITY**

 **Other Health Topics**

*This section of the survey focuses on students' responses on other important topics in the YRBS.*

**Gambling:**

- **Overall:** More than 16% of students say they gambled at some time over the past 12 months.
- **Gambling Frequency:** About 9% of all students say they gamble once a month or less, a further 6% say they gamble once a month or once a week. A small percentage, about 1.5%, say they gamble daily.
- **Types of Gambling:** The most common forms of gambling involve scratch-offs, sports, games of skill or cards. Just over 2% report gambling on the internet.
- **Differences in Gambling:** Males were significantly more likely to say they gambled daily (2.6% vs. 0.2% for females).



**FIGURE 7: REPORTED TYPES OF GAMBLING AMONG YRBS HIGH SCHOOL STUDENTS**



## Other Health Topics

*Continued...*

### Obesity and Weight-Related Issues:

- **Overall:** About one-third of students were considered overweight or obese as measured by body-mass index or BMI. BMI was calculated using self-reported height and weight of respondents. These results were consistent with national YRBS results that showed estimated overweight / obesity rates to be about 31%.
- **Making Changes to Body Weight:** More than 40% of students were trying to lose weight; a higher rate than the 33% of students who were actually assessed as being overweight or obese.
- **Perceptions of Weight Problems:** As noted above, more students were trying to lose weight than actually needed to as measured by the BMI. Of those who described themselves as overweight or obese, only 74% had a measured BMI in the overweight or obese range. Of those who considered themselves to have a normal weight, 22% actually measured as overweight or obese. Nearly 6% of those who considered themselves to be underweight actually measured as overweight or obese.
- **Differences in Perceptions of Weight:** Females were slightly more likely to think of themselves as overweight (31% vs. 25% for males). Those who describe themselves as having a heterosexual orientation were about half as likely as those of other orientations to say they considered themselves as overweight or obese (24% for heterosexuals vs. 42% for others).
- **Differences in Weight:** Akron students were more likely than students county-wide to have a measured BMI in the overweight or obese range (42% and 30%, respectively).

### Healthy Eating and Exercise:

- **Healthy Eating:** More than two-thirds of students say they drank soft drinks (pop) at some point in the past week. Nearly 15% say they drank pop every day in the past week. Only one-fourth of students say they ate breakfast every day in the past week. Nearly three quarters of students say

they ate fast food at least once in the past week. A very small percentage (2%) say they ate fast food every day in the past 7 days.

- **Differences in Healthy Eating:** White students were less likely to say they ate fast food all 7 days in the past week (1%) than either Black or Hispanic students (5% and 6%, respectively).
- **Exercise:** Less than half of students say they met the recommended amount of exercise (5 or more times in the past 7 days). More than 16% of students say they had no exercise in the past 7 days.
- **Differences in Exercise:** White students were more likely to say they exercised at least once in the past week (11%) than either Black or Hispanic students (27% and 19%, respectively). Akron students were twice as likely as county-wide students to say they had no exercise in the past week (25% and 13%, respectively), and less likely to say they've had the recommended levels of exercise in the past week than students county-wide (31% and 52%, respectively).

### Screen Time:

- **Screen Time:** More than three-quarters of students say they spent 3 or more hours of screen time per day. An even higher percentage (92%) said they used social media. Of those who used social media, the vast majority (90%) used social media at least once per day.
- **Differences in Screen Time:** Younger students were much less likely to use social media compared to older students.

Students who identified as multiple races were the most likely to have three or more hours of screen time. Students identifying as White were the most likely to use social media at least once per day.

Female students, students of multiple races, transgender / non-binary students, and non-heterosexual students were more likely to report three or more hours of screen time than other groups.



# LGBTQ+ YOUTH IN THE YRBS

Data from the YRBS shows that the experiences of LGBTQ+ youth differ in some significant ways from other students. However, it is important to define the term "LGBTQ+" before moving on.

The term "LGBTQ+" has two dimensions, combining both sexual orientation and gender identity. Because the experiences of students in each dimension can differ, we broke down the student sample into four distinct groups:

- 1. Cisgender and heterosexual** - This is the largest category of students (77%), and includes those whose gender identity aligns with their sex and who say they have an orientation towards the opposite sex.
- 2. Cisgender and non-heterosexual** - This is the second-largest category (19%), and includes those whose gender identity aligns with their sex and have an orientation to either the same sex or both sexes.
- 3. Non-cisgender and non-heterosexual** - This is the third largest category (4%), and includes those whose gender identity does not align with their sex and have an orientation to either the same sex or both sexes.
- 4. Non-cisgender and heterosexual** - This is the smallest group (0.2% of students). The group includes those whose gender identity does not align with their sex and say they have an orientation towards the opposite sex.

With these four groups as a base, this analysis considers the LGBTQ+ population to include those students who are in categories 2-4.

## Demographics of the Summit County LGBTQ+ high school population

**Sex** - As noted in the demographic section above, the sex of Summit County youth was 51% female and 49% male.

**Sex and gender identity** - In addition to sex, the YRBS asked high school students how they view their gender. The vast majority of those who's sex was female also identify their gender as female (93%). Just over 1% said they identified their gender as male, while the remainder identified their gender as either transgender, non-binary, or something else.

Likewise, the vast majority of those who's sex was male also identified their gender as male (98%). Just 0.2% identified their gender as female, while the remainder identified their gender as transgender, non-binary, or something else.

**Gender identification and sexual orientation** - Nearly three-quarters of those who's sex was female said they were heterosexual (71%), while the remaining one-third identified as having a different orientation. A greater percentage of males said they were heterosexual (nearly 90%). The vast majority of those who who identified as either transgender or non-binary said their orientation was not heterosexual. About 90% of those who's gender identification was something other than those previously mentioned said their orientation was not heterosexual.

**Experiences of LGBTQ+ students** - LGBTQ+ students' responses to the YRBS show that their experiences differ from other students in at least three areas, depression and suicide, substance use, and experience with physical violence. There are also major differences in a fourth area, adverse childhood experiences. However, those

will be examined in the next section.

Gender identity	Sex	
	Female	Male
Male	1.2%	97.5%
Female	93.0%	0.2%
Transgender	1.5%	0.7%
Non-binary	2.7%	0.7%
Other	1.6%	0.9%

Gender identification and sexual orientation	Female	Male	Trans-gender	Non-binary	Other
Heterosexual	70.5%	89.4%	3.7%	2.6%	9.8%
Not heterosexual	29.5%	10.6%	96.3%	97.4%	90.2%

FIGURE 8: SEX AT BIRTH, GENDER IDENTITY, AND SEXUAL ORIENTATION

**Depression and suicide** - LGBTQ+ students are twice as likely to report feelings of depressive sadness for at least two consecutive weeks in the 12 months prior to the survey as other students. LGBTQ+ students are also far more likely to engage in intentional self-harm, consider suicide, make a suicide plan, and attempt suicide than other students.

**Substance use** - LGBTQ+ students are also far more likely than other students to say they have ever tried tobacco, marijuana, and other illicit drugs than non-LGBTQ+ students. The attitudes of LGBTQ+ parents regarding substance use are also significantly different. For each of the three substances asked about, LGBTQ+ students say their parents are less likely to say using these substances is very wrong than the parents of non-LGBTQ+ students.

**Physical violence** - LGBTQ+ students are also far more likely than other students to say they have personally experienced physical violence. This includes experiencing dating violence, any form of bullying, experiencing physical abuse over the course of their lifetime, and being victimized by sexual violence at some time in the past 12 months.

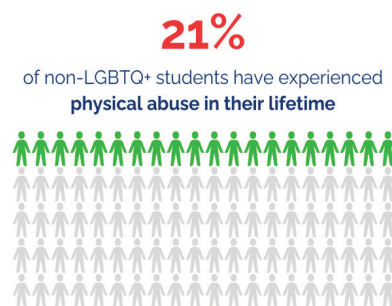
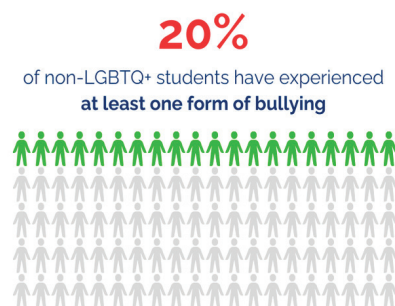
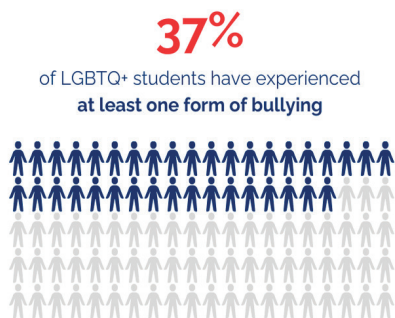
Depression and suicide	Cisgender / heterosexual	LGBTQ
Depressive sadness	24.7%	52.7%
Intentional self-harm	12.3%	36.5%
Suicidal ideation	9.1%	30.7%
Suicide plan	7.5%	22.9%
Suicide attempt	4.6%	12.2%

Substance use	Cisgender / heterosexual	LGBTQ
Tobacco	17.1%	32.3%
Marijuana	16.8%	34.0%
Illicit drugs	20.2%	39.7%

Parental attitudes - substance use	Cisgender / heterosexual	LGBTQ
Tobacco very wrong	77.8%	62.2%
Alcohol very wrong	55.2%	42.7%
Marijuana very wrong	72.4%	49.7%

Physical violence	Cisgender / heterosexual	LGBTQ
Physically hurt - dating violence	6.4%	18.2%
Any bullying	20.2%	36.9%
Lifetime prevalence of physical abuse	20.8%	37.4%
Sexual violence - last 12 months	5.0%	17.0%

**FIGURE 9 A-D: EXPERIENCES OF DEPRESSION AND SUICIDE (9A), SUBSTANCE USE (9B), PARENTAL ATTITUDES TOWARDS SUBSTANCE USE (9C), AND EXPERIENCE WITH PHYSICAL VIOLENCE (9D), LGBTQ+ VS. OTHER STUDENTS.**

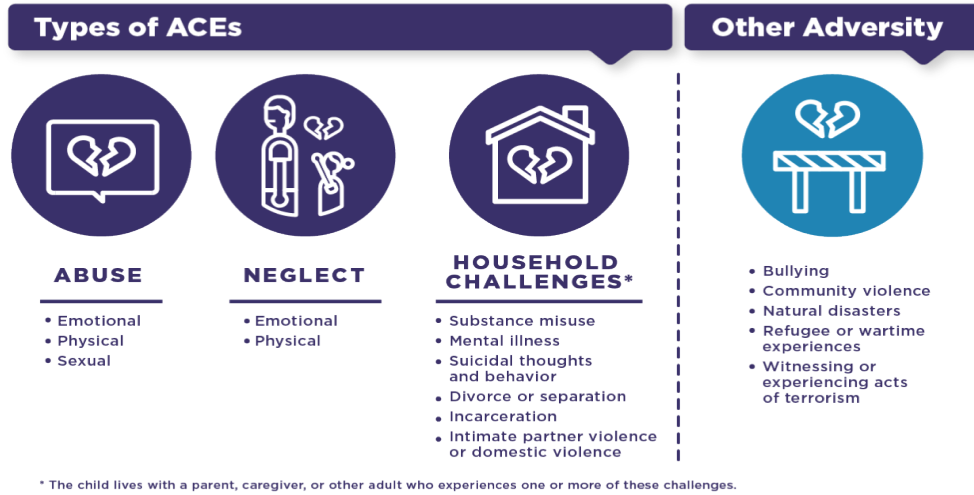


# ADVERSE CHILDHOOD EXPERIENCES (ACES)

A final series of questions in the YRBS examined the impact of adverse childhood experiences or ACEs. According to the CDC, ACEs are potentially traumatic events and/or aspects of a child's environment that "can undermine their sense of safety, stability, and bonding."<sup>1</sup>

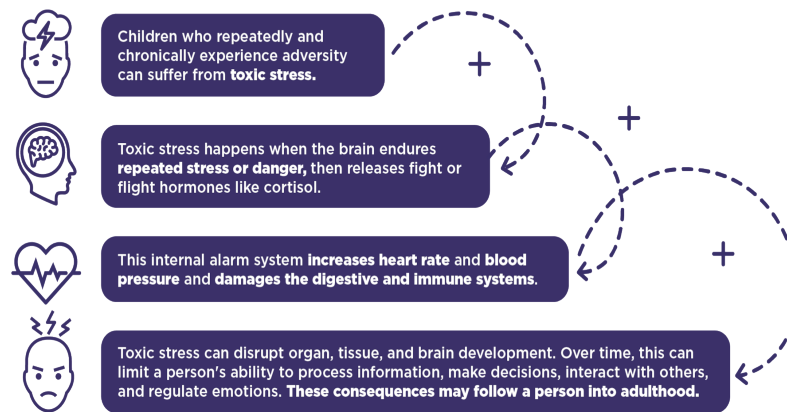
Before moving on to that section, below we present a few graphics created by the CDC that describe the impact ACEs have on children:

<sup>1</sup> <https://www.cdc.gov/aces/about/index.html>



## ACEs Can Accumulate and Their Effects Last Beyond Childhood

The effects of ACEs can add up over time and affect a person throughout their life.



## Some Groups Are More Likely to Have Experienced ACEs

Multiple studies show that people who identified as members of these groups as adults reported experiencing **significantly more ACEs**:





## ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.



### CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity



### MENTAL HEALTH CONDITIONS AND SUBSTANCE USE DISORDERS

- Depression
- Substance use disorder including alcohol, opioids, and tobacco



### HEALTH RISK BEHAVIORS

- Smoking
- Excessive alcohol use
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior



### SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

It is important to note that understanding the impact of ACEs involves more than simply tallying up the total number of such experiences children suffer. How adverse experiences impact individual children depends very much on that individual child's total experiences and environment. Protective factors in a child's life and community (i.e., positive childhood experiences) can go a long way towards helping children develop resilience to adverse experiences and make it easier to overcome them should they occur. The CDC description of the interaction between risk and protective factors is below:

*"Adverse childhood experiences (ACEs) are not often caused by a single factor. Instead, a combination of factors at the individual, relationship, community, and societal levels can increase or decrease the risk of violence.*

*Although some risk and protective factors are at the individual and family level, no child or individual is at fault for the ACEs they experience.*

*Risk factors are characteristics that may increase the likelihood of experiencing adverse childhood experiences. However, they may or may not be direct causes.*

*Protective factors are characteristics that may decrease the likelihood of experiencing adverse childhood experiences."*

An expanded list of both risk and protective factors generated by the CDC is presented in Appendix A.

## ACEs Can Echo Across Generations

The consequences of ACEs can **be passed down from one generation to the next** if children don't have protective buffers like...



positive childhood experiences

OR



a caring adult in their lives.

Also, when families experience historical and systemic racism or living in poverty for generations, the effects of ACEs can add up over time.

## We Can Create Positive Childhood Experiences



### Strengthen families' financial stability

- Paid time off
- Child tax credits
- Flexible and consistent work schedules



### Promote social norms that protect against violence

- Positive parenting practices
- Prevention efforts involving men and boys



### Help kids have a good start

- Early learning programs
- Affordable preschool and childcare programs



### Teach healthy relationship skills

- Conflict resolution
- Negative feeling management
- Pressure from peers
- Healthy non-violent dating relationships



### Connect youth with activities and caring adults

- School or community mentoring programs
- After-school activities



### Intervene to lessen immediate and long-term harms

- ACEs education
- Therapy
- Family-centered treatment for substance abuse

# ACES IN THE 2023 YRBS

Two-thirds of Summit County high school students report experiencing at least one adverse childhood experience during their lifetime. Just over half of students (55%) report having had 1-3 ACEs. About 15% of students have suffered four or more ACEs during their lifetime. Research has shown that the presence of four or more ACEs are strongly associated with serious health risks later in life.<sup>2</sup> As noted below, the presence of four or more ACEs is also strongly associated with risky health behaviors by high school students in Summit County.

- Demographic Differences in Lifetime ACEs:** Female students were more likely than male to say they experienced 4 or more ACEs (17% and 10%, respectively). Students who come from a two-parent (or parent-step parent) home are half as likely to say they've experienced 4 or more ACEs in their lifetime (10% and 22%, respectively). LGBTQ+ students are 3 times more likely to report 4 or more ACEs than other students.
- Other Differences - Substance Use:** Students who report experiencing 4 or more ACEs are five times more likely to also say they use at least one substance (tobacco, alcohol, marijuana, or other drug) than those who report three or fewer ACEs; 35% and 7%, respectively. See Figure 10.
- Other Differences - Sexual behavior:** Students with 4 or more ACEs were nearly 2.7 times more likely to say they have had sex in their lifetime, 4.6 times more likely to say they had sex before age 13, 2.8 times more likely to say they've had sex in the last three months, 1.9 times more likely to say they had sex with multiple partners,

and nearly 1.7 times more likely to say they used an ineffective method of birth control such as withdrawal as those who have 3 or fewer reported ACEs.

- Other Differences - Depression and Suicide:** Students who report experiencing 4 or more ACEs are 2.7 times more likely to also say they felt so sad that they stopped normal activities for two weeks or more in the past year than those who report 3 or fewer ACEs (67.8% and 24.8%, respectively). Similar relationships exist among those who purposely hurt themselves (45.6% and 13.3%, respectively), seriously considered suicide (40.1% and 9.7%, respectively), made a suicide plan (33.3% and 7.4%, respectively) and attempted suicide (22.7% of those with 4 or more ACEs saying they attempted suicide vs. 3.8% of those with 3 or fewer reported ACEs).
- Other Differences - LGBTQ+ status:** LGBTQ+ students were significantly more likely to report lifetime experiences with each of the ACEs asked about in the YRBS, with the exception of physical neglect. Table 10 on page 17 presents the actual results, but in all cases other than sexual abuse, LGBTQ+ students were between 1.5 and 2.2 times more likely to have had each adverse childhood experience. In the case of sexual abuse, LGBTQ+ students were nearly five times more likely to report such abuse than non-LGBTQ+ students.

The YRBS also included questions about protective factors that students may have that help them build the resilience to cope with ACEs. These questions include the presence of a support adult in their lives,

<sup>2</sup> According to an article in the National Institutes of Health, "The initial ACE study found a strong relationship between exposure to abuse or household dysfunction during childhood and multiple health risk factors for the leading causes of death in adulthood. In their research Felitti et al found that adults who had experienced 4 or more ACEs showed a 12 times higher prevalence of health risks such as alcoholism, drug use, depression, and suicide attempts. These findings raised awareness about the connection between childhood experiences and outcomes as an adult."

Source: The Impact of Adverse Childhood Experiences on Health and Development in Young Children (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8882933/#:~:br4=2333794X221078708>)

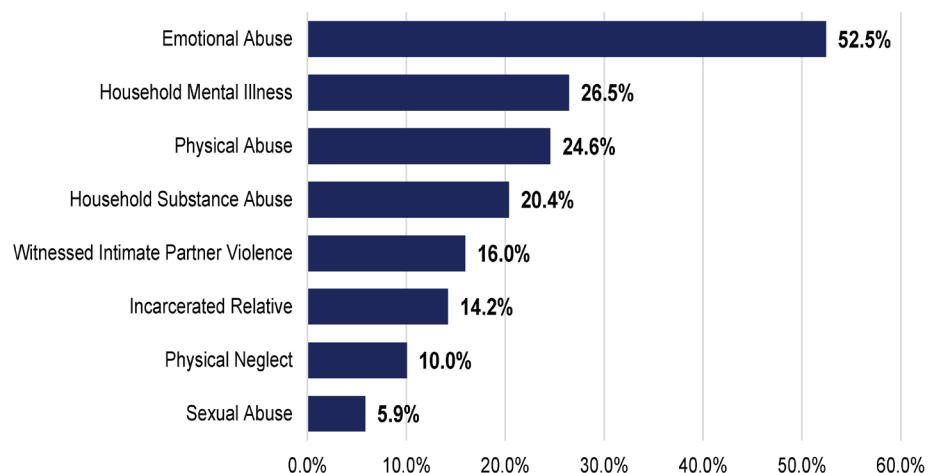


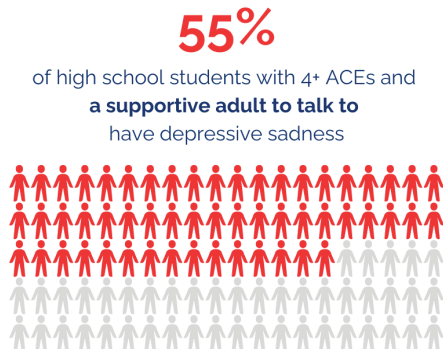
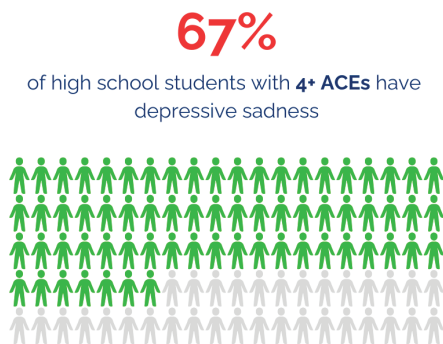
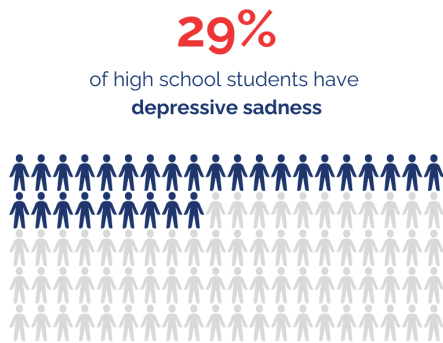
FIGURE 10: PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES

the presence of peer support and feeling a sense of belonging at school (reported by roughly 57% of students each).

Nearly 83% of high school students had at least one of the three protective factors mentioned. About one-third (29%) had all three.

**Protective Factors:**

- **Presence of protective factors:** Nearly 57% of students say they had a supportive adult in their lives (outside the family). Nearly the same percentage say they had friends they could talk to and felt a sense of belonging in their school.
- **Presence of at least one protective factor:** Nearly three-quarters of students reporting having at least one of these three protective factors.



- **Presence of all protective factors:** Just over one-quarter of students reported having all three identified protective factors.
- **Differences in protective factors - Race:** White students were more likely than either Black or Hispanic students to say they had at least one protective factor (80%, 61% and 62%, respectively). The same relationship held true for students saying they had all 3 protective factors, with white students being twice as likely as Black or Hispanic students to report all 3 factors.
- **Differences in protective factors - Sexual Experience:** Students who had no sexual contact with anyone had the highest percentage saying they had at least one protective factor (83%). Three-quarters of those who have had sex with a member of the opposite sex reported having at least one protective factor (75%), while those who have had sex with either a member of the same sex or both sexes were the least likely to say they had at least one protective factor (65%). The same relationship held true for students saying they had all 3 protective factors, with students reporting no sexual contact reporting the highest percentage of having all 3 factors, followed by those having sex with a member of the opposite sex and those having sex with the same sex or both (33%, 23%, and 13%, respectively).
- **Differences in protective factors - Location:** Akron students were less likely to report at least one protective factor than the county as a whole (63% and 78%, respectively). Akron students were also half as likely to report having all three protective factors (14% and 31%, respectively).
- **Differences in protective factors - Sexual Orientation:** Heterosexual students were more likely than non-heterosexual students to say they had at least one protective factor (81% and 71%, respectively), and to say they had all 3 protective factors (32% and 17%, respectively).
- **Differences in protective factors - LGBTQ+ status:** LGBTQ+ students were significantly less likely to report having a supportive adult to talk to, and feeling a sense of belonging at school.

**FIGURE 11:** THE IMPACT OF PROTECTIVE FACTORS ON ACEs



Sexual activity *	Percent	3 or fewer ACEs	4 or more ACEs
Ever had sexual intercourse (all students)	23.2%	20.3%	53.9%
Had sex before age 13 (all students)	2.7%	2.1%	9.6%
Sex of sexual contacts			
Only opposite sex	79.6%	85.7%	61.3%
Same or both sexes	20.4%	14.3%	38.7%
Currently sexually active (last 3 months)	72.0%	14.5%	41.1%
Had sex with 4 or more partners	9.2%	7.1%	13.4%
Used a condom all or most of the time	53.2%	58.6%	42.3%
Used alcohol or drugs before sex	16.3%	12.2%	24.6%
Used birth control pills / injectable to prevent pregnancy	26.4%	21.3%	14.8%
Used ineffective pregnancy prevention method	28.1%	28.4%	22.8%
Method of birth control			
No method was used	14.6%	11.1%	22.7%
Birth control pills	18.9%	21.3%	14.8%
Condoms	45.5%	48.6%	37.5%
IUD or implant	4.3%	4.4%	4.0%
A shot, patch, or birth control ring	3.2%	2.7%	4.2%
Withdrawal	8.8%	6.7%	13.2%
Not sure	4.7%	5.2%	3.6%
Substance use	Percent	3 or fewer ACEs	4 or more ACEs
Tried at least one illicit drug	23.6%	17.9%	60.3%
Ever used tobacco	20.3%	14.9%	53.4%
Ever drank alcohol	30.6%	26.2%	57.6%
Ever tried marijuana	20.6%	14.9%	54.2%

\* for students who have ever been or are currently sexually active unless noted

FIGURE 12: SEXUAL ACTIVITY AND SUBSTANCE USE BY NUMBER OF ACEs

Percent experiencing ACEs (lifetime)	Cisgender / heterosexual	LGBTQ
Emotional Abuse	47.3%	73.2%
Physical Abuse	20.8%	37.4%
Sexual Abuse	3.1%	15.3%
Physical Neglect	10.1%	9.4%
Witnessed Intimate Partner Violence	12.5%	27.5%
Household Substance Abuse	16.5%	34.3%
Household Mental Illness	20.1%	48.7%
Incarcerated Relative	12.4%	20.8%

FIGURE 13: ADVERSE CHILDHOOD EXPERIENCES BY LGBTQ+ STATUS

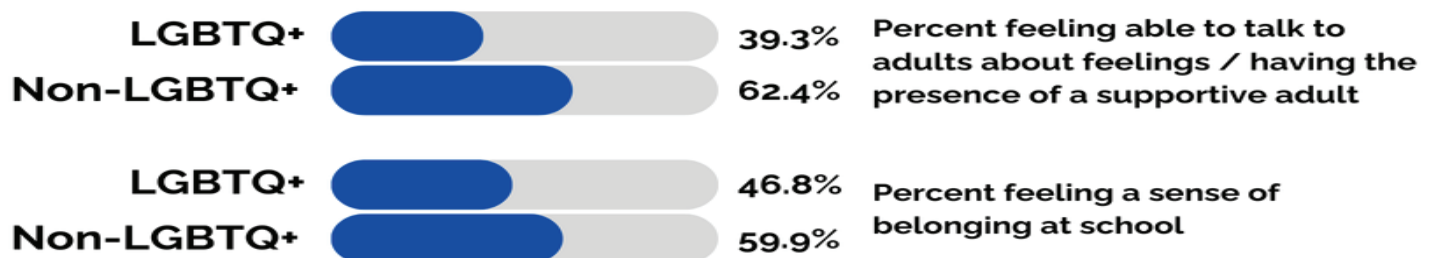


FIGURE 14: SIGNIFICANT DIFFERENCES IN PROTECTIVE FACTORS BY LGBTQ+ STATUS

# APPENDIX A: A PARTIAL LIST OF RISK AND PROTECTIVE FACTORS FOR CHILDREN FROM THE CDC

## Risk factors

### Individual and family risk factors

- Families experiencing caregiving challenges related to children with special needs (for example, disabilities, mental health issues, chronic physical illnesses).
- Children and youth who don't feel close to their parents/caregivers and feel like they can't talk to them about their feelings.
- Youth who start dating early or engaging in sexual activity early.
- Children and youth with few or no friends or with friends who engage in aggressive or delinquent behavior.
- Families with caregivers who have a limited understanding of children's needs or development.
- Families with caregivers who were abused or neglected as children.
- Families with young caregivers or single parents.
- Families with low income.
- Families with adults with low levels of education.
- Families experiencing high levels of parenting stress or economic stress.
- Families with caregivers who use spanking and other forms of corporal punishment for discipline.
- Families with inconsistent discipline and/or low levels of parental monitoring and supervision.
- Families that are isolated from and not connected to other people (extended family, friends, neighbors).
- Families with high conflict and negative communication styles.

### Community risk factors

- Communities with high rates of violence and crime.
- Communities with high rates of poverty and limited educational and economic opportunities.
- Communities with high unemployment rates.
- Communities with easy access to drugs and alcohol.

- Communities where neighbors don't know or look out for each other and there is low community involvement among residents.
- Communities with few community activities for young people.
- Communities with unstable housing and where residents move frequently.
- Communities where families frequently experience food insecurity.
- Communities with high levels of social and environmental disorder.

## Protective factors

### Individual and family protective factors

- Families who create safe, stable, and nurturing relationships, meaning children have a consistent family life where they are safe, taken care of, and supported.
- Children who have positive friendships and peer networks.
- Children who do well in school.
- Children who have caring adults outside the family who serve as mentors or role models.
- Families where caregivers can meet basic needs of food, shelter, and health services for children.
- Families where caregivers have college degrees or higher.
- Families where caregivers have steady employment.
- Families with strong social support networks and positive relationships with the people around them.
- Families where caregivers engage in parental monitoring, supervision, and consistent enforcement of rules.
- Families where caregivers/adults work through conflicts peacefully.
- Families where caregivers help children work through problems.
- Families that engage in fun, positive activities together.

- Families that encourage the importance of school for children.

### **Community protective factors**

- Communities where families have access to economic and financial help.
- Communities where families have access to medical care and mental health services.
- Communities with access to safe, stable housing.
- Communities where families have access to nurturing and safe childcare.
- Communities where families have access to safe, engaging after school programs and activities.
- Communities where families have access to high-quality preschool.
- Communities where adults have work opportunities with family-friendly policies.
- Communities with strong partnerships between the community and business, health care, government, and other sectors.
- Communities where residents feel connected to each other and are involved in the community.
- Communities where violence is not tolerated or accepted.