

## Adolescent Health

### State Action Plan Table

#### State Action Plan Table - Adolescent Health - Entry 1

##### Priority Need

Reduce suicide among adolescents

##### NPM

Percent of adolescents, ages 12 through 17, who are bullied or who bully others

##### Objectives

8.1. Increase the number of media impressions related to youth bullying awareness and bullying prevention

8.2. Increase the number of Georgia schools engaged in "whole school" bullying prevention initiatives or campaigns

##### Strategies

8.1.a. Develop a statewide communications plan to increase awareness of bullying and bullying prevention to youth and adult leaders of youth (e.g. teachers, youth group leaders, and after school personnel) using a variety of media, including web, social media, and traditional media.

8.1.b. Plan and develop a website with the link [www.dph.ga.gov/bullying](http://www.dph.ga.gov/bullying) to share evidence-based best practices for bullying prevention with local public health personnel and other health professionals

8.1.c. Identify partners working in high-risk communities or with high-risk groups such as; lesbian, gay, bisexual and transgender youth, to disseminate bullying prevention education and resources

8.2.a. Fund additional schools to participate in Georgia's Step Up, Step In Sexual Bullying Prevention initiative

8.2.b. Conduct program planning activities to assess the feasibility and costs of directly training youth through groups like "Youth Empowered Solutions (YES)" to promote school district policy changes around bullying, including sexual bullying and cyber bullying

8.2.c. Engage youth groups, such as Vox, a youth-drive communications enterprise, in bullying prevention to promote youth leadership on the topic

## ESMs

ESM 9.1 - 8.1.1. Promote bullying prevention among youth

ESM 9.2 - 8.2.1. Increase the number of schools participating in whole school bullying prevention initiatives

## NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

## Measures

### NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

#### Annual Objectives

	2016	2017	2018	2019	2020	2021
Annual Objective	25.3	25	25	24.5	24.5	24


#### Data Source: National Survey of Children's Health (NSCH)

#### Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	16.4 %	2.3 %	129,553	790,591
2007	17.0 %	2.7 %	144,095	846,092



#### Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% and should be interpreted with caution

**Data Source: Youth Risk Behavior Surveillance System (YRBSS)**

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	25.1 %	1.6 %	110,846	442,284
2011	24.9 %	1.9 %	112,919	454,357

**Legends:**  
 Indicator has an unweighted denominator <100 and is not reportable  
 Indicator has a confidence interval width >20% and should be interpreted with caution

**ESM 9.1 - 8.1.1. Promote bullying prevention among youth**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	No	No	Yes	Yes	Yes

**ESM 9.2 - 8.2.1. Increase the number of schools participating in whole school bullying prevention initiatives**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	2.0	4.0	6.0	8.0

**Adolescent Health - Plan for the Application Year**

**Priority Need: Prevent suicide among adolescents**

To address suicide and bullying, MCH will partner with DPH's Adolescent and School Health Program (ASHP), Injury Prevention Program, the Georgia Department of Education, DPH's Epidemiologists (YRBSS and GVDRS) and MCH's STI Program to implement strategies for the prevention and monitoring of bullying activity in Georgia. Our MCH STI partnership will allow us to collaborate with organizations that support Georgia's Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community.

The DPH partnership described above will be leveraging existing councils and coalitions, such as *The Georgia Safe Schools Coalition*, to develop a bullying specific council for DPH.

MCH will also develop a bullying website for which a resource database for bullying prevention and mental health promotion will be made available to students, schools, families, providers and community partners. The resource database will compile data from all available sources, and include fact sheets. Information on evidence-based programs will be included, as well as, descriptions and web links to efforts throughout the state to reduce bullying, prevent suicide and promote mental health.

MCH will also work with ASHP to expand a Georgia specific school-based sexual bullying prevention program called Step Up Step In (<http://stepupstepin.org/>).

## **Adolescent Health - Annual Report**

### **Annual Report**

#### **2015-2016 NPM 08: The rate of birth (per 100,000) for teenagers aged 15 through 17 years**

##### Last Year's Accomplishments

Adolescent Health and Youth Development (AHYD) district level staff receive monthly technical assistance via conference calls and video conferencing. As needed, individual technical assistance site visits are scheduled. Also, webinars and a yearly AHYD staff meeting were provided by state staff. A total of 41 professional trainings/technical assistance activities were provided. AHYD program staff attended and provided in-service training events such as Working with Youth in Foster Care, Master Facilitator Training, Evaluating Evidence-Based Programs, Linking Parents and Educators, Using What Works: Adapting Evidence-Based Programs to Fit Your Needs and Coalition building.

MCH and the Chronic Disease Prevention section continue to participate as a member of Public/Private Partnership to Reduce Teen Pregnancy (P3). MCH worked with Medicaid and GOGS to promote P4HB family planning waiver program aimed at maintaining family planning coverage for low income women.

Youth in areas with high rates of teen pregnancy, HIV/STDs and school dropout were strategically targeted to receive evidence-based teen pregnancy prevention programs. These programs are recognized by the Office of Adolescent Health. The programs included: "Reducing the Risk," "Making A Difference," and "Making Proud Choices." The programs were delivered by certified facilitators in various settings including: faith-based institutions, schools, and afterschool programs in funded health districts where 833 youth were served.

In partnership with the Department of Human Services, District AHYD Programs delivered evidence-based curricula to youth identified as increased risk for teen pregnancy, HIV and/or STDs. Youth received educational and life skills instruction on abstinence and prevention education and healthy relationships. Youth were recruited from funded health districts where 789 youth graduated from program.

##### Current Activities

Continued progress has been made with our partnership with DHS to provide PREP and additional evidence-based risk reduction curriculum. Currently the program is on track to service more graduating participants than in the past years. AHYD has taken a holistic approach to teen pregnancy prevention by providing life skills and youth development opportunities in addition to sexuality education. Parenting workshops for teens of parents are provided as well.

Programming with WIC on the local level has been provided to teen moms with the intent to reduce second/multiple pregnancies.

**2015-2016 NPM 16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19**

Last Year's Accomplishments

A thorough review of child deaths resulting from suicide completions was conducted through the Child Fatality Review. The Department of Behavioral Health and Developmental Disabilities has a policy to utilize the Columbia Suicide Severity Risk Scale for all providers.

Current Activities

The fact sheets continue to be distributed to the school system. Suicide deaths are reviewed through Child Fatality Reviews. The Columbia Suicide Severity Risk Scale continues to be used. The 2014 Child Fatality Review Report was completed and released.

Adolescent and School Health administers the Step Up. Step In campaign. This campaign addresses sexual bullying prevention.

**2015-2016 SPM 04: Deaths to children ages 15 to 17 years caused by motor vehicle crashes per 100,000 children**

There are no activities to report as a renewal grant for highway safety was not awarded.