

Adolescent Health & Youth Development Program

Federal – Temporary Assistance for Needy Families (TANF)

Fiscal Year 2021 Final Report

Reporting Period: July 1, 2020 - June 30, 2021



**Chronic Disease Prevention Section
Medical /Clinical Service Division
Georgia Department of Public Health**

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Executive Summary

The Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC) strives to help youth become healthy, successful adults. DASH's data-driven approach is based on the leading health-related causes of death, disability, and social problems in adolescence as reported in the Youth Risk Behavior Survey (YRBS). In alignment with CDC's DASH, the Adolescent Health and Youth Development (AHYD) Program at the Georgia Department of Public Health (DPH) focuses on helping youth become successful adults using a Positive Youth Development (PYD) model. The PYD model encourages programs to provide physical and psychological safety, provide appropriate structure, create supportive relationships, provide opportunities to belong, promote positive social norms, provide opportunities to make a difference, provide opportunities for skill development, and integrate family, school, and community efforts. The AHYD program has identified four key strategies that align with the PYD model.

- Strategy 1: Implement evidence-based curricula for teen pregnancy and STD/HIV prevention
- Strategy 2: Provide youth development opportunities for adolescent health topics and skills sets
- Strategy 3: Institute public awareness events that address adolescent health-related issues
- Strategy 4: Provide training opportunities for youth-serving professionals, parents, community members or youth.

In Fiscal Year 21, the AHYD program met or exceeded its goals for each strategy. For Strategy 1, AHYD implemented curricula that reached 1,799 youth, exceeding the annual goal of 840. For Strategy 2, AHYD provided 82 youth development opportunities, exceeding the annual goal of 60. For Strategy 3, the program instituted 178 public awareness events, exceeding the annual goal of 120 events. For Strategy 4, AHYD provided training opportunities for 874 individuals, of which 375 were youth. This exceeded the annual goal of reaching 60 youth. In addition, an evaluation of Strategy 1 showed a significant increase in knowledge related to pregnancy and STDs/HIV prevention, a significant increase in confidence in maintaining healthy behaviors, and a decrease in participants engaging in risky behaviors three months after implementation. An evaluation of Strategy 3 showed an increase in knowledge and an increase in community engagement and acceptance of adolescent health issues.

I. Background

DASH within CDC recently released a 2020-2025 Strategic Plan with the mission of strengthening “schools, families, and communities to prevent Human Immunodeficiency Virus (HIV), other sexually transmitted diseases (STDs), and unintended pregnancies and help youth become healthy, successful adults.”¹ The overarching goals of the Strategic Plan are:

1. Improve the capacity of schools, families, and communities to help youth become healthy, successful adults.
2. Decrease prevalence of behaviors and experiences that contribute to HIV, STDs, and unintended pregnancy including priority health issues (i.e., sexual risk behavior, high-risk substance use, violence victimization, poor mental health, and suicidality).
3. Advance health equity through the reduction of disparities in behaviors and experiences that contribute to HIV, STDs, and unintended pregnancy.
4. Increase the implementation of strategies that promote protective factors that contribute to healthy youth development.¹

Data from CDC’s national Youth Risk Behavior Survey (YRBS) inform DASH’s program goals and the Strategic Plan. The YRBS is conducted every two years and surveys students in grades 9 through 12 from both public and private schools. The survey reports on the prevalence of health behaviors and whether the same health behaviors occur among the same group of students. Data are available by state and territory and can be compared among subpopulations of youth. YRBS assesses the leading health-related causes of death, disability, and social problems in adolescence which are: unintentional injuries and violence; sexual behaviors related to unintended pregnancy, STDs and HIV infection; alcohol and drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity.² The goals of DASH’s Strategic Plan are intended to address each of these adolescent concerns.

In alignment with CDC’s DASH, the AHYD Program at DPH focuses on helping youth become successful adults by promoting healthy behaviors including preventing unintended pregnancies and STDs/HIV. The data below show trends in teen pregnancies and STDs/HIV in

Georgia. The AHYD program monitors these data to support the continued need for programming throughout the state.

i. Data

Table 1. Number and Rate of Pregnancies among 10 to 19-year-olds in Georgia, 2000-2020³

Year	Number of pregnancies	Rate of Pregnancies per 100,000
2000	18,333	40.8
2002	16,581	36.2
2004	16,474	34.4
2006	17,990	34.4
2008	17,477	33.5
2010	14,469	27.9
2012	11,623	22.5
2014	9,736	18.6
2016	8,311	16.1
2018	7,452	14.2
2020	6,650	12.9

Table 2. Number and Rate of STDs* among 10 to 19-year-olds in Georgia, 2000-2020³

Year	Number of STDs	Rate of STDs per 100,000
2000	19,363	1,596.7
2002	20,125	1,604.2
2004	18,583	1,433.0
2006	22,881	1,699.0
2008	21,910	1,580.8
2010	22,161	1,585.8
2012	20,732	1,478.4
2014	18,621	1,324.5
2016	21,905	1,532.1
2018	22,263	1,528.9
2020	21,257	1,457.1

*Note: STDs include all reportable STDs except Congenital Syphilis – Source: Georgia Department of Public Health, Office of Health Indicators for Planning OASIS (state.ga.us)

Table 3. Number of New HIV Diagnoses among 13 to 19-year-olds in Georgia, 2012, 2016, and 2020⁴

Year	Number of New HIV Diagnoses
2012	130
2016	126
2020	97

Pregnancy rates among 10- to 19-year-olds in Georgia have declined steadily since 2000 (Table 1). From 2000-2020, Georgia has recorded a 63.7% reduction in the total number of pregnancies among the targeted age group and a related reduction in the rate of teen pregnancies per 100,000. The rate of STDs among 10- to 19-year-olds in Georgia has fluctuated with a general downward trend (Table 2). The number of new HIV diagnoses among 13- to 19-year-olds in Georgia has decreased between 2012–2020 (Table 3). Despite these declines, disparities continue to exist. For example, in 2020, the pregnancy rate among White adolescents aged 10 to 19 years old was 9.9 per 100,000 while among Black adolescents of the same age the rate was 18.2 per 100,000.

ii. AHYD’s approach to prevent unintended pregnancies and STDs/HIV

AHYD uses the Positive Youth Development (PYD) model as recommended by DASH to prevent unintended pregnancies and STDs/HIV.⁵ The PYD model pairs “positive experiences” with “positive relationships” and “positive environments” to create positive youth development. This model encourages several approaches for implementing youth programs. The first is providing physical and psychological safety including safe spaces with an agreed upon set of ground rules for interacting that prioritize respect and team building. The second is providing appropriate structure with systems to ensure proper youth-to-adult ratios and ensuring that program activities are inclusive of all learning styles. The third is creating supportive relationships, including relationships with both peers and trusted adults. The fourth is providing opportunities to belong, which means creating spaces for all youth to participate and share. The fifth is promoting positive social norms that respect diversity and culture within each activity. The sixth is providing opportunities to make a difference. This engages youth in career and workforce development opportunities, such as completing a

service-learning project or serving as a peer leader. The seventh is providing skill development opportunities which allows youth to master skills and apply them toward greater learning. The final approach is integrating family, school, and community efforts, which requires engaging parents, caregivers, school staff and community members in positive youth development. The AHYD program has identified four key strategies to prevent unintended pregnancies and STDs/HIV that align with the PYD model. The table below lists the AHYD strategies together with the PYD approaches that each strategy incorporates.

AHYD Strategy	PYD Approach ⁴
<u>Strategy 1:</u> Implement evidence-based curricula for teen pregnancy and STD/HIV prevention	<ul style="list-style-type: none"> • Provide physical and psychological safety • Provide appropriate structure • Create supportive relationships • Promote positive social norms • Provide opportunities for skill development
<u>Strategy 2:</u> Provide youth development opportunities for adolescent health topics and skill sets	<ul style="list-style-type: none"> • Promote positive social norms • Provide opportunities to make a difference • Provide opportunities for skill development
<u>Strategy 3:</u> Institute public awareness events that address adolescent health-related issues	<ul style="list-style-type: none"> • Promote positive social norms • Provide opportunities for skill development • Integrate family, school, and community efforts
<u>Strategy 4:</u> Provide training opportunities for youth-serving professionals, parents, community members or youth.	<ul style="list-style-type: none"> • Create supportive relationships • Provide opportunities to belong • Promote positive social norms • Provide opportunities to make a difference • Provide opportunities for skill development • Integrate family, school, and community efforts

These AHYD strategies aligned with a PYD approach has likely contributed to decreases in unintended pregnancies and STDs/HIV in Georgia. Through decades of experience, AHYD has found that the PYD approach also reduces the risk for other leading health-related causes of death, disability, and other social problems in adolescence. Thus, though the core funding and strategies of the AHYD program are centered around unintended pregnancy and STDs/HIV prevention, the program takes a comprehensive approach to reduce risky behaviors during adolescence.

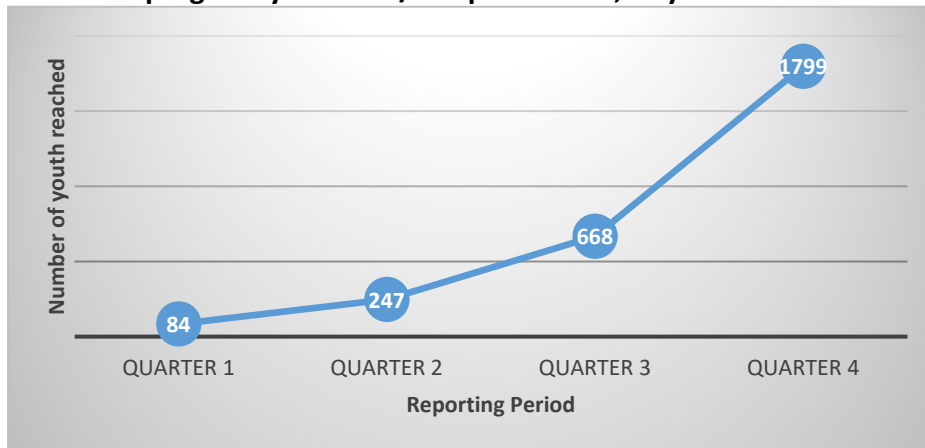
III. Reporting on Fiscal Year 2021 Program Strategies

During Fiscal Year 2021, the AHYD program funded Youth Development Coordinators (YDCs) in 12 Public Health Districts to implement the strategies and approach. The YDCs recorded an increase in the number of youth participating in programming, despite the COVID-19 pandemic. Although there were challenges in locating and engaging participants in health districts during the past fiscal year, all YDCs incorporated a virtual option into programming and outreach.

Strategy 1: Implement evidence-based curricula for teen pregnancy and STD/HIV prevention

Twelve public health districts implemented evidence-based curricula for teen pregnancy and STD/HIV prevention (Making Proud Choices, Making a Difference, and Reducing the Risk) throughout Georgia. Youth participants were from a variety of settings including schools, afterschool, and community-based programs. At the end of quarter four, 1,799 youth were reached through the implementation of the risk reduction program, which exceeded the annual goal of 840 (Figure 1).

Figure 1: Number of Youth Reached through Implementation of Evidence-based Curricula for teen pregnancy and STD/HIV prevention, July 2020 – June 2021



A summary of the programs implemented, youth reached, and locations of implementation is below. Those marked with an asterisk (*) received additional funding from the Personal Responsibility Education Program (PREP) at the Department of Human Services to implement evidence-based curricula.

District 1-1 Northwest (Rome) Health District

- Program(s) Implemented: Reducing the Risk
- Youth Reached: 258
- Location: Rome High School

District 2 North (Gainesville) Health District

- Program(s) implemented: Making Proud Choices
- Youth Reached: 68
- Locations: Jessie's House, Forsyth County, Eagle Overlook Recovery Center, Lumpkin County, Family Promise, Forsyth County

District 3-1 Cobb & Douglas Health District*

- Program implemented: Making Proud Choices
- Youth Reached: 102
- Location: Devereux Behavioral Health, New Manchester HS in Douglas County GA

District 3-2 Fulton Health District

- Program implemented: Making a Difference
- Youth Reached: 154
- Location: Jean Childs Young Middle School, CHRIS 180 Journey Z program, Future Foundation after school program, Future Foundation

District 3-3 Clayton Health District*

- Program implemented: Making Proud Choices
- Youth Reached: 37
- Location: Rainbow House, Boys 2 Men and Authority Teen Council

District 3-4 Lawrenceville (East Metro) Health District*

- Program implemented: Making Proud Choices
- Youth Reached: 843
- Location: Meadowcreek High School

District 3-5 DeKalb Health District*

- Program implemented: Making Proud Choices
- Youth Reached: 43
- Location: Guide-Right Kappa League, Shy Temple CME

District 5-2 North Central (Macon) Health District*

- Program implemented: Making a Difference
- Youth Reached: 136
- Location: Macon County Middle School

District 7 West Central (Columbus) Health District

- Program implemented: Making a Difference and Making Proud Choices
- Youth Reached: 80
- Location: Macon County Middle School, Crisp County High School

District 8-1 South (Valdosta) Health District

- Program implemented: Making a Difference
- Youth Reached: 49
- Location: Methodist Home, Valdosta High School

District 9-1 Coastal (Savannah) Health District

- Program implemented: Making a Difference
- Youth Reached: 29
- Location: Safe Harbor Children's Shelter

Strategy 2: Provide youth development opportunities for adolescent health topics and skills sets

Youth development opportunities are presentations and activities that help youth develop social, ethical, emotional, physical, and cognitive competencies.

Type of presentations and activities include the following:

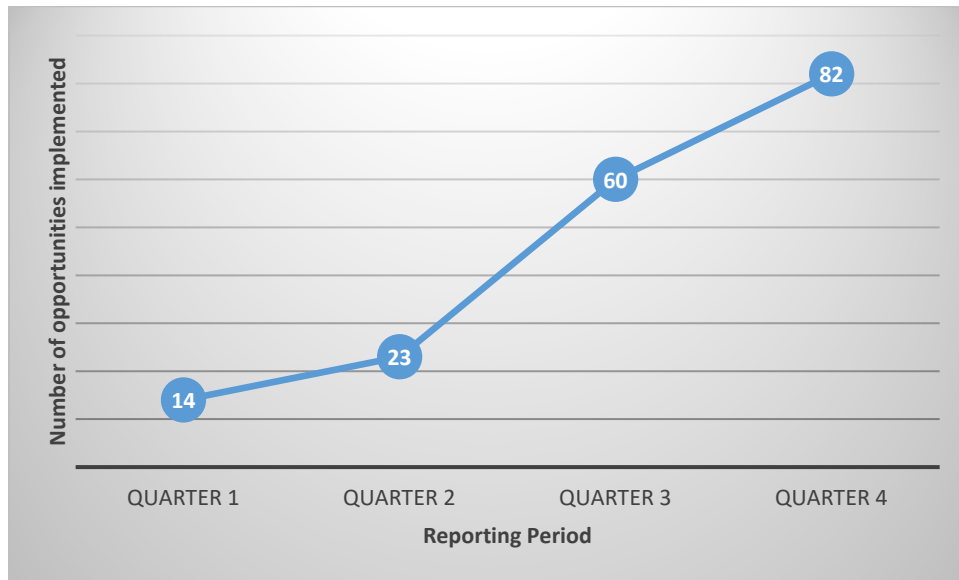
Presentations: Prom safety, gangs and violence, drugs, nutrition and wellness, STD and birth control, summer camp health, outreach, and sexting laws in Georgia

Activities: Teen Maze, Safe Dates, Youth Fest, Youth Action Team, Karate + Youth Development, Sources of Strength

Youth Development Coordinators also implement Family Life and Sexual Health (FLASH) curriculum to youth throughout Georgia. FLASH is a widely used sexual health education curriculum designed to prevent teen pregnancy, STDs, and sexual violence and improve knowledge about the reproductive system and puberty. FLASH is a promising practice used by AHYD and not an evidence-based strategy; therefore, it is reported as a youth development opportunity.

At the end of quarter four, 82 youth development opportunities were implemented, which exceeded the annual goal of 60 (Figure 2).

Figure 2: Number of Youth Development Opportunities Implemented, July 2020 – June 2021



A summary of each district’s youth development opportunities (including presentations, activities, and FLASH) is listed below.

District 1-1 Northwest (Rome) Health District

- Number of Youth Development Opportunities Events: 33
- Program implemented: Leadership through Life Skills, Safe Dates, Family Life and Sexual Health
- Location: Red Top Middle School, West End Elementary, Cartersville High School and Cartersville Middle School, Rome High School, Leadership afterschool program, South Central High School

District 2 North (Gainesville) Health District

- Number of Youth Development Opportunities Events: 2
- Program implemented: Family Life and Sexual Health
- Locations: Jessie’s House and Housing Authority, Banks County High School

District 3-1 Cobb & Douglas Health District

- Number of Youth Development Opportunities Events: 5
- Program implemented: Family Life and Sexual Health
- Location: New Manchester High School

District 3-2 Fulton Health District

- Number of Youth Development Opportunities Events: 5

- Program implemented: Family Life and Sexual Health
- Locations: Jean Childs Young Middle School, CHRIS 180 Journey Z group home, Future Foundation

District 3-3 Clayton

- Number of Youth Development Opportunities Events: 2
- Program implemented: Family Life and Sexual Health
- Locations: Clayton County

District 3-4 Lawrenceville (East Metro) Health District

- Number of Youth Development Opportunities Events: 18
- Program implemented: HPV Awareness Campaign and Drug & Alcohol Youth Development Opportunity
- Location: Meadow Creek High School

District 3-5 DeKalb Health District

- Number of Youth Development Opportunities Events: 4
- Program implemented: Family Life and Sexual Health
- Locations: Stone Church, M.O.R.E program, Shy Temple CME, Guide Right Kappa League

District 5-2 North Central (Macon) Health District

- Number of Youth Development Opportunities Events: 1
- Program implemented: Building Healthy Relationships Online
- Location: Oak Hill Middle School

District 7 West Central (Columbus) Health District

- Number of Youth Development Opportunities Events: 3
- Program implemented: Pregnancy Prevention, Contraception Education, Family Life and Sexual Health
- Location: Ladies of Distinction Mentoring, Youth Build Program

District 8-1 South (Valdosta) Health District

- Number of Youth Development Opportunities Events: 3
- Program implemented: Family Life and Sexual Health, “Consequences of Sex: Part 1 Pregnancy” and “Consequences of Sex Part 2 STDs”, Youth Development Seminar (self-esteem and Character Development)
- Location: Omega Mentoring, Fellowship Trainings, Horne Alternative Learning Center

District 9-1 Coastal (Savannah) Health District

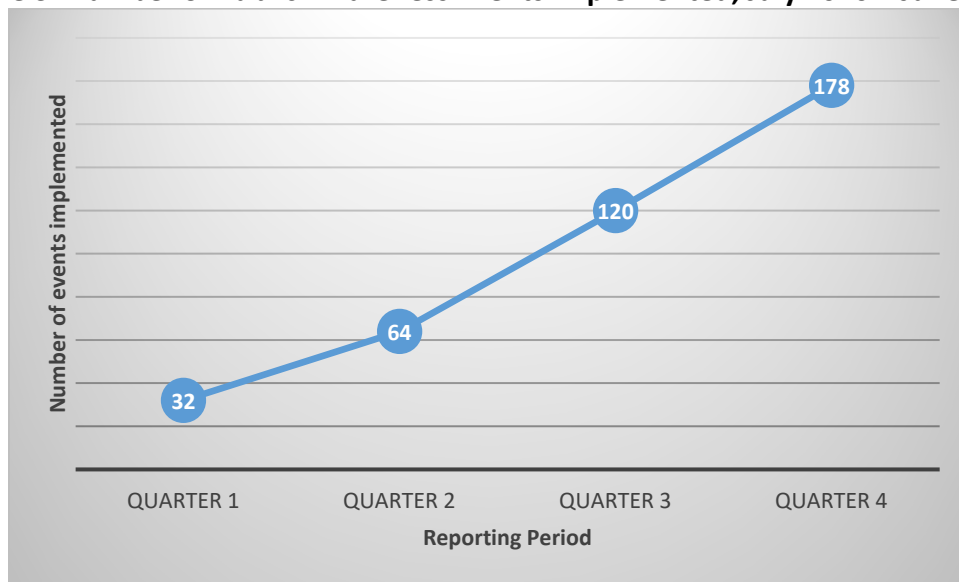
- Number of Youth Development Opportunities Events: 6
- Program implemented: Family Life and Sexual Health
- Location: Park Place Safe Shelter Children’s Center in Glynn County

Strategy 3: Institute public awareness events that address adolescent health-related issues

Public awareness events are defined as one-time events to share information about adolescent health-related issues/topics that affect students, employees, families, and community members. The event topics included the Effects of Drugs and Alcohol on the Body, Teen Pregnancy Prevention and STD/HIV Prevention, Maintaining Personal Hygiene during Puberty, Strategies of Preventing Bullying, Avoiding Teen Dating Violence through Healthy Relationships, Child Trafficking Awareness, Suicide Prevention and Bystander Intervention.

At the end of quarter four, 178 events were implemented throughout the public health districts involving 25,000 youth and exceeding the annual goal of 120 events (Figure 3).

Figure 3: Number of Public Awareness Events Implemented, July 2020 – June 2021



District 1-1 Northwest (Rome) Health District

- Events: 53 public awareness events
- Youth Reached: 8,130
- Location: Adairsville HS, Cartersville HS, Woodland HS, Rome HS; Red Top Middle School, Floyd Juvenile Court, Gordon Juvenile Court; Cedar town Boys & Girls Club, Cass HS, and Cartersville Public Safety building
- Name of Events: Red Ribbon week; Step Up, Step In; Teen Dating Violence Prevention, Positive Social Norms, Bullying, Hygiene, Healthy Relationships, Drugs & Alcohol, and

Pregnancy/STD Prevention; Hygiene & Puberty, Bullying, Drugs & Alcohol, Mental Health, Consent, Teen Dating Violence, Pregnancy & STD

District 2 North (Gainesville) Health District

- Events: 13 public awareness events
- Youth Reached: 212
- Location: Forsyth, Lumpkin, Hall Counties
- Name of Events: Freshman Orientation at University of North Georgia; puberty and hygiene and healthy relationships

District 3-1 Cobb & Douglas Health District

- Events: 12 public awareness events
- Youth Reached: 2,576
- Location: Safe Place, Devereux, and Douglas County School System
- Name of the Events: The Power in Truth (PIT) Conference was held in October and November. This is a Douglas County leadership development event that empowers youth to avoid high-risk behaviors, overcome negative influences, and make informed decisions about their health. The conference hosted 9 student breakout sessions. The topics were: Alcohol, Marijuana, Vaping, Healthy Relationships, Bullying, Taking Action/Advocacy, Mental Health, Financial Literacy, and Human Trafficking. The advisor session focused on Mitigating the Effects of Toxic Stress. The conference material was also made available to other interested youth serving organizations via recordings on a flash drive. This will further expand the conference's reach to other youth in the community, outside of the school system. In addition to the PIT Conference, 2 hygiene events were held at both Safe Place and Devereux.
- Additional Note: 9,000 logins with over 2,000 students completing the PIT survey. The conference had 9 student breakout sessions and 1 advisor session.

District 3-2 Fulton Health District

- Events: 15 public awareness events
- Youth Reached: 195
- Location: Coretta Scott King Young women's leadership academy, Stewart center, Loudermilk conference, Boys and Girls club, high and middle school, Reef House for the Future Foundation summer camp, online
- Name of Events: Puberty & Hygiene; Drugs & Alcohol; Healthy Relationships & Teen Dating Violence Prevention; Bullying and Online Safety; Drugs & Alcohol; Puberty & Hygiene; Bullying; Fulton conducted seven public awareness events for the virtual Summer Teen Experience

District 3-3 Clayton Health District

- Events: 3 public awareness events
- Youth Reached: 193
- Location: The Jonesboro Branch Library, Boys 2 Men Home & Sanctuary for Youth site Walking in Authority Teen Council (WIA) Local libraries, community centers, Healthy Generations and Emergency Preparedness and Response
- Name of Events: “Let’s Talk” Month, (Anti) Bullying Awareness, Drugs & Alcohol Awareness

District 3-4 Lawrenceville (East Metro) Health District

- Events: 37 public awareness events
- Youth Reached: 6,072
- Location: Meadow Creek High School
Additional Notes: Gwinnett facilitators coordinated with Parent Instructional Coordinators and Administrators to ensure that a 4-part virtual series on vaping was shared with over 4,900 students and 600 teachers via email and social media platforms.

District 3-5 DeKalb Health District

- Events: 9 public awareness events
- Youth Reached: 295
- Location: Vesta Adams Park Apartments, Miller Grove High School, McNair High School; Virtual implementation
- Name of Events: Sexual Bullying, Healthy Relationships and Teen Dating; Hygiene. Puberty/Hygiene, Drug and Alcohol Awareness and Teen pregnancy Prevention and STD & HIV Awareness

District 5-2 North Central (Macon) Health District

- Events: 8 public awareness events
- Reached: 160
- Location: Baldwin County High School and Twin Cedars High School
- Name of Events: Personal Hygiene and Puberty, Teen Pregnancy and STDs/HIV, Drugs and Alcohol

District 7 West Central (Columbus) Health District

- Events: 6 public awareness events
- Youth Reached: 190
- Location: Macon County Middle/High school, Virtual meeting with local government (City and County Commission meetings), Crisp Regional Youth Detention Center Chattahoochee County (virtual)
- Name of Events: Back to School Supply Giveaway; Red Ribbon Week Proclamation signing; Underage Drinking yard signs; Teen Dating Violence Workshop, Teen Dating Violence Summit

District 8-1 South (Valdosta) Health District

- Events: 6 public health events
- Youth Reached: 213
- Location: Broadcast from District Office Group Connect Drive Thru – Healthy Start Office; Broadcast location of Moderators and Guest Speakers was the Satellite Office/South Health District; Travelers Rest Baptist Church
- Name of Events: The Real Table Talk Group Connect Drive Thru; The Teen Guide to Surviving Quarantine; Teen Dating in the Social Media Generation; Today’s Teen Dating Scene; My Choice, My Future

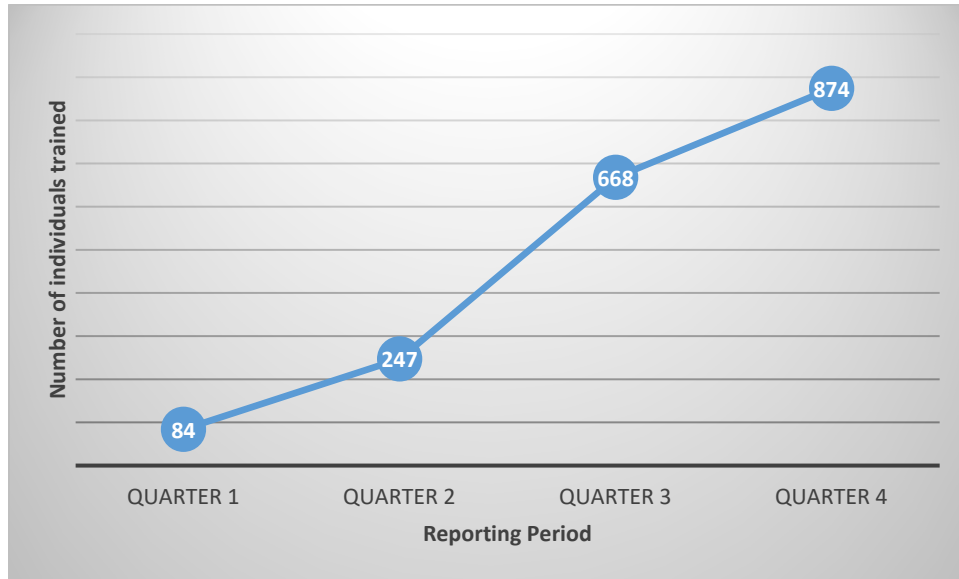
District 9-1 Coastal (Savannah) Health District

- Events: 16 public health events
- Youth Reached: 203
- Location: Online with Park Place Outreach and Southwest Middle School health classes; Effingham County Public Library Long County Alternative School Pentecostal Miracle Deliverance Center Safe Harbor Children’s’; Shelter Department of Juvenile Justice (Mcintosh/Bryan County) Yelp (Camden) Liberty Christian Fellowship
- Name of Events: Puberty and Healthy Personal Hygiene, Sexual Bullying; Drugs and Alcohol; Healthy Relationships

Strategy 4: Provide training opportunities for youth-serving professionals, parents, community members or youth.

Youth-Serving Professional trainings are expected to educate professionals, parents, community members or adolescents about a variety of topics. At the end of quarter four, 874 individuals were reached, which consisted of 499 youth-serving professionals (179 community members, 108 parents, 212 professionals) and 375 youth. This exceeded the annual goal of 600 (Figure 4).

Figure 4: Number of Youth-Serving Professionals and Youth Trained, July 2020 – June 2021



District 3-1 Cobb & Douglas Health District

- Event(s): Using the 5 Languages of Appreciation to Enhance Your Work Experience, Mitigating the Effects of Toxic Stress
- Location: Cobb & Douglas Public Health, Power in Truth Conference

District 3-2 Fulton Health District

- Event(s): Trauma-Informed Care; COVID 19 and Adolescents Learning to Cope with Stress in a Healthy Way; VOX Teen Communications youth leadership development workshop series; Wealthy Habits Financial literacy workshop series; Managing Stressors Associated with Sheltering in Place and Youth Mental Health First Aid
- Location: Virtual

District 3-3 Clayton Health District

- Event(s): Human trafficking and parenting classes
- Location: Virtual

District 3-4 Lawrenceville (East Metro) Health District

- Event(s): Sexual bullying virtual workshops
- Location: Virtual for school staff and parents at Berkmar, Discovery, and Meadowcreek High Schools

District 7 West Central (Columbus) Health District

- Event(s): Bullying with parents and youth service providers
- Location: Virtual

District 8-1 South (Valdosta) Health District

- Event(s): “Tough Talk with Teens” focused on communicating with youth around topics involving sexuality, orientation, bullying, puberty, and inquires around clinical services provided by local health departments, “Understanding Popular Youth Culture and Why”, “Service Delivery During COVID”
- Location: Horne Learning Center, District Quarterly Conference, Virtual

IV. Evaluation of Program Activities

During Fiscal Year 21, the following strategies were evaluated to assess the impact of program activities:

- *Strategy 1: Implement evidence-based curricula for teen pregnancy and STD/HIV prevention*
- *Strategy 3: Institute public awareness events that address adolescent health-related issues*

The AHYD Program developed an evaluation plan including questions, methods of data collection, data analysis and performance standards using the CDC evaluation framework.⁶

Evaluation of the Implementation of Evidence-based Curricula

Program participants completed pre-and post- surveys during curriculum implementation and a 3-month follow-up survey post-intervention. Some survey questions were adapted from those used in the Personal Responsibility and Education Program (PREP), while others (behavioral and satisfaction questions) were developed by the AHYD program. The participant surveys provided data on the following:

- Demographics
- Satisfaction with program implementation
- Knowledge related to unintended pregnancy and STDs/HIV prevention
- Perceptions of factors that lead to a healthy future
- Confidence in maintaining healthy behaviors in relationships, and
- Change in risky behaviors 3 months post-intervention

Demographics: The average participant age was 14 years old. The race, ethnicity, and gender of participants is shown in Table 4 below.

Table 4. Demographics of Participants in Evidence-Based Curriculum Implementation (N=1,799)

Health District	# of Participants	Race						Ethnicity			Gender		
		Black	White	Asian	NH/PI*	Other	Missing	Hispanic	Non-Hispanic	Missing	Male	Female	Missing
Rome (District 1-1)	258	88	102	7	0	12	49	49	209	0	127	131	0
Gainesville (District 2-0)	68	2	6	0	0	10	50	2	6	60	9	24	35
Cobb and Douglas (District 3-1)	102	63	27	0	2	10	0	7	95	0	48	54	0
Fulton (District 3-2)	154	36	0	0	0	2	116	25	13	116	21	23	110
Clayton (District 3-3)	37	32	5	0	0	0	0	5	11	21	25	11	1
Gwinnett, Newton & Rockdale (District 3-4)	843	129	18	0	0	18	678	661	34	148	432	411	0
DeKalb (District 3-5)	43	32	0	0	0	0	11	6	32	5	31	12	0
North Central-Macon (District 5-2)	136	0	0	0	0	0	136	0	0	136	100	21	15
West Central-Columbus (District 7-0)	80	56	18	0	2	0	4	4	0	76	47	33	0
South-Valdosta (District 8-1)	49	25	7	0	0	0	17	0	21	28	10	39	0
Coastal-Savannah (District 9-1)	29	11	16	0	0	0	2	8	21	0	13	16	0
TOTAL	1,799	474	199	7	4	52	1,063	767	442	590	863	775	161

*NH = Native Hawaii; PI = Pacific Islander

Satisfaction with program implementation: Satisfaction was assessed using a 5-point Likert Scale where “1” signifies “Strongly disagreed” and “5” signifies “Strongly agree”. Factors assessed included: 1) perception about learning new skills, 2) understanding the purpose of the

training, 3) perception of the expertise of the facilitator in the subject area, 4) perception of the usefulness of the materials provided in understanding the subject area, and 5) willingness to recommend the training to other youth. For each of the factors, the percentage of youth that demonstrated satisfaction ranged from 85% to 89%, with the overall satisfaction rate of 4.3 out of 5 (86%).

Knowledge related to unintended pregnancy and STDs/HIV prevention: Participants were asked if they agreed with the statements listed in Table 5. At the end of the fiscal year, 182 surveys were able to be matched to compare pre- and post- results. As shown in Table 3, there was significant increase in knowledge in almost all questions except questions 2, 16, 17 and 19. Using statistical analyses, the results showed that the increase in knowledge was significant at $p < 0.002$. When disaggregated by sex, the increase in knowledge at post intervention was significant among both male and female participants ($p < 0.001$).

Table 5. Pre and Post-Test Correct Responses among Participants (N=182)

Statement	OVERALL		MALE		FEMALE	
	Pre	Post	Pre	Post	Pre	Post
1. Using birth controls prevents pregnancy	152	162	70	75	82	93
2. Abstinence is the only 100% effective protection from pregnancy, STDs, and HIV/AIDs	173	170	72	72	101	98
3. A person who has had sex can choose to abstain again	43	88	25	45	18	43
4. Condoms are the best way to prevent sexually transmitted diseases	127	139	67	68	60	71
5. If a person is having sex, they should not be tested for STDs.	27	95	10	48	17	47
6. It is important to use condom <u>sometimes</u> during vaginal and anal sex.	82	127	55	62	27	65
7. One partner must exert power and control for a relationship to be healthy.	36	134	15	55	21	79
8. Regardless of age, gender or appearance, anyone could be a victim of sexual violence.	172	179	54	70	118	109

9. A person's "no" should be respected, even if the other person wants to have sex.	171	180	68	68	103	112
10. Partners in a relationship should not treat each other as equals.	22	121	7	58	15	63
11. It is normal for victims of sexual violence not to talk about their abuse.	103	148	57	66	46	82
12. It is <u>more difficult</u> to bully someone online than to bully someone in person.	53	132	27	75	26	57
13. Stereotypes or expectations about an entire group of people are often not true for all members of a group.	133	165	67	70	66	95
14. If a guy gets hurt or starts to cry, it means that he is not tough.	34	119	12	61	22	58
15. Girls should not be decision-makers in a relationship	47	155	27	75	20	80
16. Humiliation, name calling and putting the other person down are signs of an abusive relationship	157	130	65	84	92	46
17. Communicating wants and needs with a partner is important for a healthy relationship.	162	142	71	68	91	74
18. It is ok to have sex with people who are drunk if they agree to have sex.	34	156	10	71	24	85
19. Making the decision to meet someone in person after you developed a relationship with them online can be risky.	160	101	75	48	85	53

Additionally, as shown in Table 6, the cumulative mean score showed an increase in knowledge of 2.09 ($p=0.001$) after participating in the evidence-based curriculum; the cumulative pre-intervention mean score was 6.37 correct responses out of 19 (Standard Deviation (SD)=2.61) and the cumulative post intervention mean score was 8.46 correct responses out of 19 (SD =4.02).

Table 6. Knowledge Gain among Participants of Risk-reduction Program Training

	Pre Mean (SD)	Post Mean (SD)	Difference (increase in knowledge)	t-test	p-value
Participants	6.37(2.61)	8.46(4.02)	2.09	5.4899	0.001

Perception of factors that lead to a healthy future: To assess views about factors that will help youth become healthy and productive in the future, participants were asked how often they think about the outcomes listed in Table 7. Responses were recorded using a 4-point Likert

scale where “1” represented “All the time” and “4” represented “none of the time.” Those who responded “all of the time” or “most of the time” were considered to think of the outcome frequently. “All the time” or “Most of the time” represent “1” and “2”, respectively, on the Likert scale.

Table 7. Perception of Factors Related to Becoming a Healthy, Productive Adolescent (N=321)

Positive Outcome	# who frequently thought of positive outcome	% of total
1. Doing well in school	178	55
2. Getting more education after high school	184	57
3. Resisting or saying no to peer pressure	192	60
4. Sharing ideas or talking about things that really matter with a parent or trusted adult	232	72
5. Managing conflict without causing more conflict	212	66
6. Making plans to reach your goals	134	42
7. Getting a steady job after you finish school	125	39
8. Making healthy decisions about drugs and alcohol	113	35
9. Eating healthy and being physically active	211	66
10. Managing money carefully, such as making a budget, saving or investing	191	60

Table 8. Participants' Assessment of Confidence in Maintaining Healthy Behaviors

Confidence Measures	Pre N=182		Post N=182		p-value
	Mean	SD	Mean	SD	
1. I am confident that I can protect myself against pregnancy and STDs.	4.12	1.1848	4.36	1.0355	0.046
2. I am confident that I can make healthy decisions that will help to keep me safe in a relationship.	4.01	1.2122	4.40	0.9334	0.01
3. I am confident that I can identify warning signs of an abusive relationship.	3.94	1.3000	4.39	0.9468	0.0003
4. I know how to avoid hurting/abusing anyone in a relationship.	4.00	1.2657	4.38	1.0105	0.002
5. I know what to do if anyone in a relationship with me becomes abusive.	3.86	1.2907	4.31	1.0113	0.0004
OVERALL	3.98	1.1474	4.34	0.8690	0.001

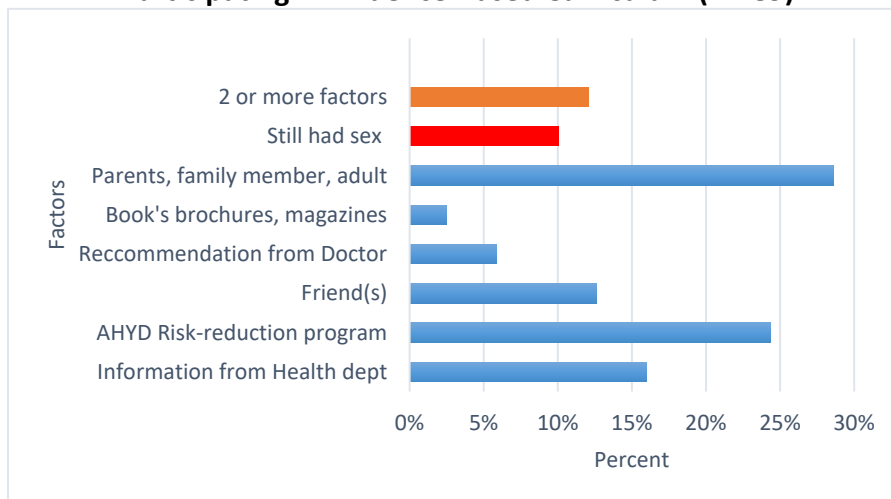
Report of change in risky behaviors 3 months post-intervention: The risky behaviors listed in Table 9 were assessed pre-intervention and 3 months after implementation. The evaluation showed a decrease in the percent of participants engaged in risky behaviors at 3 months after implementation. However, no statistical comparison was completed because matched surveys from the pre-tests and 3-month follow-up surveys were insufficient.

Table 9. Change in Risky behaviors

Risky Behaviors	PRE(N=321)	3-MONTH (N=89)
Engaged in sexual intercourse	62 (19%)	15 (17%)
Lack of use of birth control during intercourse	44 (14%)	2 (2%)
Had intercourse without consent	6 (2%)	1 (1%)
Engaged in online perpetration of abuse	36 (11%)	4 (4%)
Had intercourse with someone drunk	6 (2%)	0 (0%)

Parents, family members and adults, friends and participation in the evidence-based curriculum, most frequently affected the participants’ decisions to abstain from sexual intercourse 3 months after implementation (Figure 5).

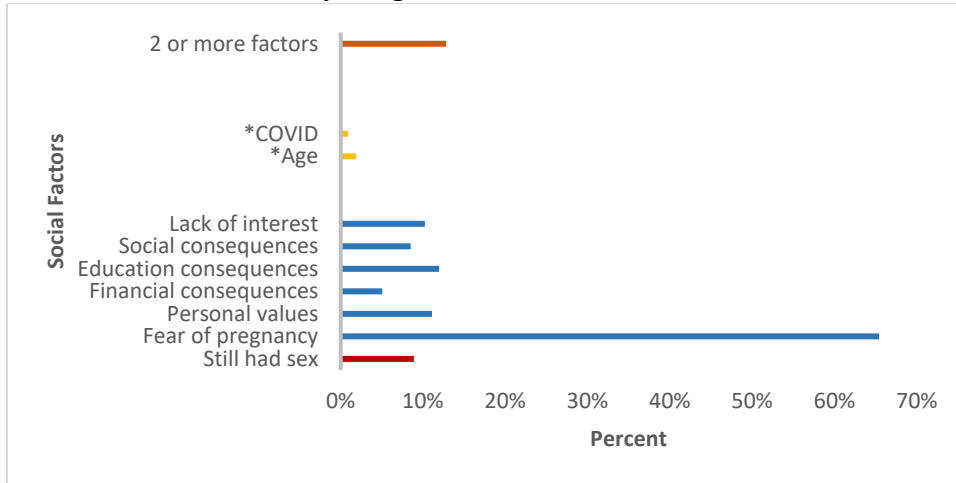
Figure 5. Factors Influential in Making Decision to Avoid Sexual Intercourse 3 Months after Participating in Evidence-Based Curriculum (N =89)



Participants indicated that fear of pregnancy most strongly influenced the decision to abstain from sexual intercourse 3 months post-intervention as shown in Figure 6 below. In the “other”

category, a few participants indicated that they were too young to engage in sexual intercourse or that the COVID-19 pandemic influenced their decision to abstain from having sexual intercourse. These are highlighted because they were not previously captured in AHYD’s data collection. They appeared for the first time during this fiscal year.

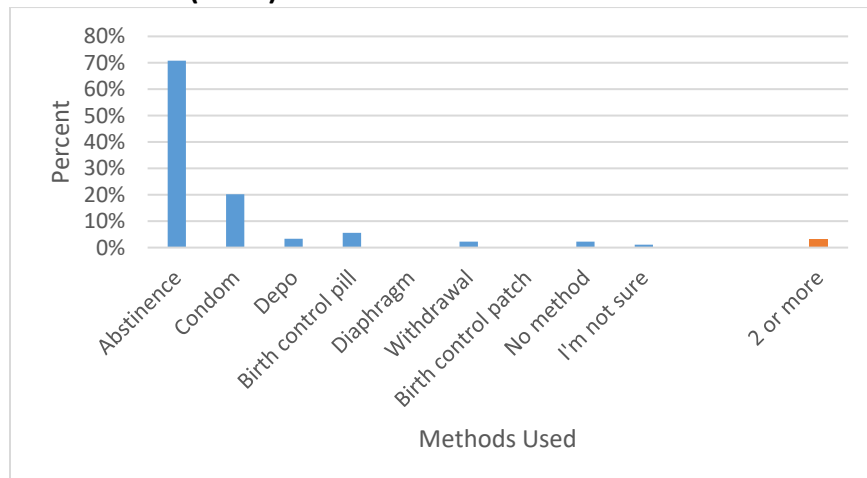
Figure 6. Social Factors Influential in Making Decision to Avoid Sexual Intercourse 3 Months after Participating in Evidence-Based Curriculum



*Note: These were reported in the “other” category for the first time during this fiscal year

Among participants who indicated having sexual intercourse within 3 months after participating in the program, 20% reported condom usage to prevent unintended pregnancies and STDs/HIV. A small percentage indicated using other forms of preventing pregnancy, no methods, or said they were not sure (Figure 7).

Figure 7. Preventive Method Used to Avoid Pregnancy 3 Months after Participating in Evidence-Based Curriculum (N=89)



Evaluation of Public Awareness Events

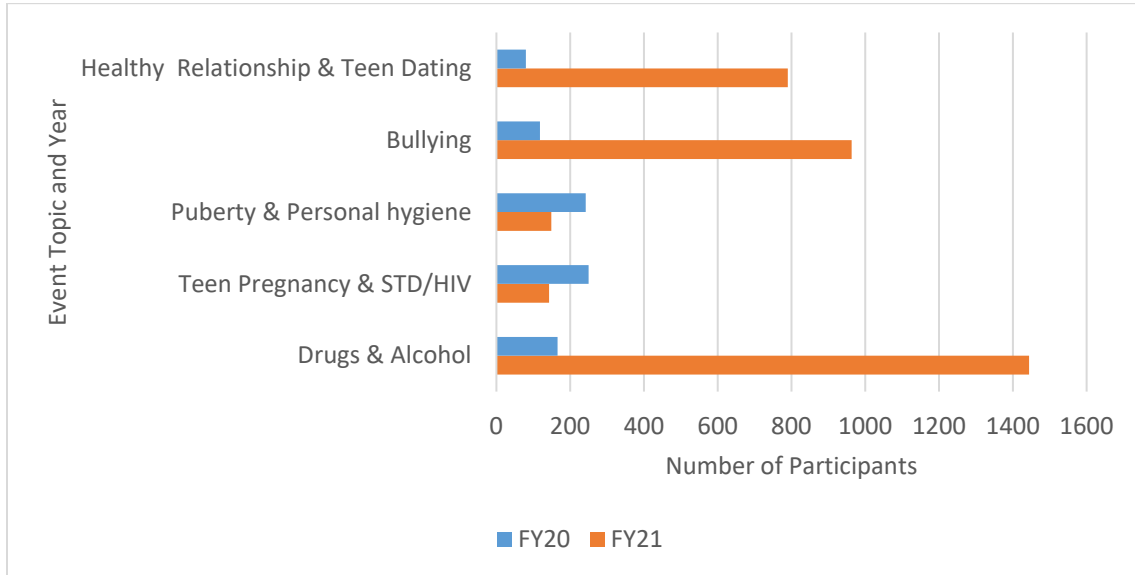
A survey with a 5-point Likert scale where “5” represented “strongly agree” and “1” represented “strongly disagree” was used to measure perceived knowledge increase, satisfaction with implementation, willingness to attend future events, likelihood of recommending the event to others, and willingness to engage in communication related to AHYD issues. The measures on satisfaction with the implementation of the program, willingness to participate in future events and likelihood of recommending the event to others were interpreted as “community buy-in.” The impact of “community buy-in” was designed to be measured based on change in level of perceived community engagement across districts from year to year.

Table 10. Selected Outcomes by Participants in Public Awareness Events

	Topic of Public Awareness Event				
	Effects of Drugs and Alcohol on the Body (N=1,444)	Teen Pregnancy Prevention & STD/HIV Prevention (N=143)	Maintaining Personal Hygiene during Puberty (N=149)	Strategies of Preventing Bullying (N=963)	Avoiding Teen Dating Violence through Healthy Relationships (N=790)
Percent of participants that increased knowledge/ awareness	88%	82%	92%	93%	88%
Percent of participants that indicated satisfaction with implementation	77%	78%	84%	75%	77%
Percent of participants that will participate in future events	59%	61%	74%	63%	65%
Percent of participants that would recommend to others	68%	72%	76%	69%	72%
Percent of participants that showed an increase in community engagement/acceptance of AHYD issues	81%	80%	85%	87%	82%

Participation in the public awareness events increased overall in FY21 because of the YDCs innovation and creativity to include the additional option of virtual implementation. Figure 8 below shows the number of participants in Fiscal Year 2020 (FY20) compared to Fiscal Year 2021 (FY21).

Figure 8. Participation in Awareness Events in FY20 and FY21



However, as shown in Figure 9, there was a decline in the measured outcomes in FY21 compared to FY20, suggesting that in-person implementation may be more impactful in creating awareness and increasing community buy-in/engagement in public awareness events on youth health-related issues. Because of this, YDCs will choose in-person implementation when feasible.

Figure 9. Changes in Selected Outcomes



Key for Figure 9.

Community Engagement= percent of participants that showed an increase in community engagement/acceptance of AHYD issues

Recommend to Others: Percent of participants that would recommend to others

Participation in Future= percent of participants that will participate in future events

Satisfaction= percent of participants that indicated satisfaction with implementation

Knowledge Awareness= percent of participants that increased knowledge/ awareness

V. Barriers and Successes

The AHYD program faced significant challenges because of the COVID-19 pandemic, including student resistance to virtual implementation, student withdrawal and absenteeism from school, limited opportunities for in-person meetings to market the program, challenges engaging students virtually, fluctuations between in-person and virtual implementation, and lack of or interrupted internet access. Despite these challenges, the YDCs showed resiliency and the ability to implement and meet their deliverables. As one YDC stated, the pandemic “...gave us an opportunity to learn some new things and develop some new strategies moving forward” and “It was a great learning experience in terms of overcoming barriers and just diversifying implementation strategies.” In addition, as indicated by the evaluation, the program activities are leading to significant changes in knowledge, attitudes, and behaviors among the target population despite the challenges presented.

VI. Future Plan

The program hopes to build on its current successes by expanding programming to reach a larger population. In the years 2000-2020, the Southeast (Waycross) Health District, the South (Dublin) Health District, and the East Central (Augusta) Health Districts had 34.2, 31.7., and 31.3 rates of pregnancy per 100,000 youth, respectively. The same districts saw an increase in the rates of STDs. Given the opportunity for expansion and appropriate funding, the AHYD program is confident the rates of unintended pregnancies and STDs can be reduced.

VII. References:

¹ <https://www.cdc.gov/healthyyouth/about/index.htm>

² <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

³ <https://oasis.state.ga.us/>

⁴ <https://dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/georgia-hiv-surveillance-data>

⁵ <https://youth.gov/youth-topics/integrating-positive-youth-development-programs>

⁶ Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11)