

October 2023

Federal Temporary Assistance for Needy Families (TANF)

Evaluation Report for Fiscal Year 2023

Adolescent Health and Youth Development Program
Chronic Disease Prevention Section
Medical and Clinical Service Division
Georgia Department of Public Health

Adolescent Health and Youth Development Program

Federal Temporary Assistance for Needy Families (TANF)
Chronic Disease Prevention Section, Medical and Clinical Service Division,
Georgia Department of Public Health

Fiscal Year 2023 Final Evaluation Report

Reporting Period:

July 1, 2022 - June 30, 2023

This report was compiled by The Burruss Institute at Kennesaw State University the Program Evaluator consultant, and reviewed by Phillip Oliver, Adolescent Health and Youth Development Program Manager; Sarah Wilkinson, Deputy Director, Office of Child and Adolescent Risk Reduction Strategies; Emma Bicego, Senior Deputy Director, Office of Health Sciences and Evaluation, and Kia Toodle, Director, Chronic Disease Prevention Section (CDPS). The report uses data compiled and reviewed by the Burruss Institute at Kennesaw State University and CDPS staff at the Georgia Department of Public Health.

Table of Contents

Executive Summary	3
A. Background.....	4
I.Data.....	5
II.AHYD's Approach to Prevent Unintended Pregnancies and STDs/HIV	7
B. Progress Reporting on Fiscal Year 2023 Program Strategies.....	8
Strategy 1: Implement evidence-based curricula for teen pregnancy and STD/HIV prevention.....	8
Strategy 2: Provide youth development opportunities for adolescent health topics and skill sets.....	10
Strategy 3: Institute public awareness events that address adolescent health-related issues.....	13
Strategy 4: Provide training opportunities for youth-serving professionals, parents, community members, or youth	16
C. Evaluation of Program Activities.....	19
Evaluation of the Implementation of Evidence-based Curricula.....	19
D. Barriers and Successes.....	35
E. Future Plan	35
F. References.....	36

Table of Tables

Table 1. Number and Rate of Pregnancies among 10 to 19-year-olds in Georgia, 2004-2022 ³	5
Table 2. Number and Rate of STDs* among 10 to 19-year-olds in Georgia, 2004-2022 ⁴	6
Table 3. Number of New HIV Diagnoses among 13 to 19-year-olds in Georgia, 2018 - 2021 ⁵	6
Table 4. STD Rates among 10 to 19-year-olds in Georgia by Race, 2004 and 2022 ⁵	7
Table 5. AHYD Strategies & PYD Approaches	8
Table 6. Demographics of Participants in Evidence-Based Curriculum Implementation (N = 2,291).....	20
Table 7. Demographics of Participants in Evidence-Based Curriculum Implementation who had matched Pre-Post Surveys (N = 251).....	21
Table 8. Paired Samples Test (STD and Pregnancy Prevention Items).....	22
Table 9. Knowledge Results for Individual 'STD and Pregnancy Prevention' Items on Matched Surveys.....	22
Table 10. Paired Samples Test (Healthy Behavior Items).....	23
Table 11. Knowledge Results for Individual 'Healthy Behavior' Items on Matched Surveys	23
Table 12. Participants' Assessment of Confidence in Maintaining Healthy Behaviors.....	24
Table 13. Perception of Factors Related to Becoming a Healthy, Productive Adolescent (N = 251).....	24
Table 14. Selected Outcomes by Participants in Public Awareness Events.....	25
Table 15. Knowledge Results for Youth-Serving Professionals	35

Table of Figures

Figure 1: Number of Youth Reached through Implementation of Evidence-based Curricula for Teen Pregnancy and STD/HIV prevention, July 2022 – June 2023	9
Figure 2: Number of Youth Development Opportunities, July 2022 – June 2023.....	11
Figure 3: Number of Public Awareness Events Implemented, July 2022 – June 2023	13
Figure 4: Number of Youth Serving Professionals Trained, July 2022 – June 2023	16
Figure 5: Youth Participation in Evidence-Based Curriculum Programs FY21 – FY23	21
Figure 6: Participation in Public Awareness Events FY21 – FY23	26
Figures 7-8: Percentage of Participants who Agreed with Statements on the Public Awareness Event Specific Topics, Post-Event Surveys (FY22 & FY23).....	27
Figures 9, 10, 11. Percentage of Participants who Agreed with Statements on the Public Awareness Specific Event, Post-Event Surveys (FY22 & FY23).....	28
Figure 12: Effects of Drugs & Alcohol on the Body -- Post-Event Survey Results by District (FY23)	29
Figure 13: Teen Pregnancy & STD/HIV Prevention -- Post-Event Survey Results by District (FY23).....	30
Figure 14: Maintaining Personal Hygiene during Puberty -- Post-Event Survey Results by District (FY23)	31
Figure 15: Strategies for Preventing Bullying -- Post-Event Survey Results by District (FY23).....	32
Figure 16: Avoiding Teen Dating Violence & Healthy Relationships -- Post-Event Survey Results by District (FY23).....	33

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 in the Chronic Disease Prevention Section 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 skill 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 23, the AHYD program exceeded its goals for each strategy:

- Strategy 1: Implemented curricula that reached 2,291 youth, exceeding the annual goal of 840.
- Strategy 2: Provided 286 youth development opportunities, exceeding the annual goal of 60.
- Strategy 3: Instituted 286 public awareness events involving 43,270 attendees and exceeding the annual goal of 120 events.
- Strategy 4: Provided training opportunities for 1,087 youth serving professionals, exceeding the annual goal of 600. In addition, 171 community members, 235 parents, and 223 youth were trained under this strategy.

An evaluation of Strategy 1 indicates that among the students who had matching pre- and post-tests, there was a significant increase in the overall pre and post-test scores in knowledge related to pregnancy and STDs/HIV prevention, and a significant increase in confidence in maintaining healthy behaviors (see Tables 6 and 8 under *Evaluation of Program Activities*). Further, there were significant gains on all six items relating to pregnancy and STD prevention, and on all 13 items related to healthy behaviors. In addition, overall pre-test scores increased from 60% correct to 77% correct on the post-test for the STD and pregnancy prevention items, and from 71% correct to 82% correct on the items related to healthy behaviors in relationships. An evaluation of Strategy 3 showed that youth indicated increased knowledge (77% or more of youth), confidence in sharing information with other youth on the topics covered in the public awareness events (63% or more of youth), and satisfaction with the events (59% or more of youth).

Despite the program's success and the overall declines in the rates of teen pregnancy and HIV diagnoses, disparities continue to exist with Black adolescents experiencing higher rates of pregnancies and STDs than their White counterparts. It is therefore imperative that the AHYD program continue working on these strategies to eliminate disparities.

A. Background

DASH, within CDC, 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 differences in behavior among youth. Data are available by state and territory and can be compared among subpopulations of youth. YRBS assesses the leading health-related behaviors and 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. Data shows that there are notable differences in number of pregnancies and rates of STDs by race and ethnicity. In 2022, the pregnancy rate among White adolescents aged 10 to 19 years old was 9.8-6 per 100,000, while the rate among Black adolescents of the same age was 16.7 per 100,000. Additionally, in 2021, the STD rate among White adolescents aged 10-19 years old was 573.6 per 100,000 while the rate among Black adolescents aged 10-19 was 3,086.3 per 100,000. The AHYD program monitors these data to support the continued need for programming throughout the state.

I. Data

Overall, publicly available data from the Georgia DPH via their Online Analytical Statistical Information System (OASIS), shows that pregnancy rates among females aged 10 to 19 years in Georgia have declined in the last 20 years. From 2004-2022, Georgia experienced a 58.2% 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, as noted in Table 1.

Table 1. Number and Rate of Pregnancies among 10 to 19-year-olds in Georgia, 2004-2022³

Year	Number of Pregnancies	Rate of Pregnancies
2004	21,636	34.4
2005	21,596	33.6
2006	22,561	34.4
2007	23,285	34.8
2008	22,652	33.5
2009	21,291	31.2
2010	19,029	27.9
2011	17,378	25.5
2012	15,368	22.5
2013	13,818	20.2
2014	12,804	18.6
2015	11,748	16.9
2016	11,269	16.1
2017	10,467	14.7
2018	10,145	14.2
2019	9,955	13.9
2020	9,250	12.9
2021	9,088	12.3
2022	9,035	12.4

Source: Georgia Department of Public Health, Office of Health Indicators for Planning OASIS (<https://oasis.state.ga.us>)

Unlike the general decrease in pregnancies and pregnancy rate, the number and rate of STDs among 10- to 19-year-olds in Georgia has generally increased as shown in Table 2. According to DPH data, the number of STDs among youth in Georgia was 28% percent higher in 2022 than in 2004 (25,823 vs. 18,583) indicating a continued need for programs to help youth avoid risky behaviors.

Table 2. Number and Rate of STDs* among 10 to 19-year-olds in Georgia, 2004-2022⁴

Year	Number of STDs	Rate of STDs
2004	18,583	1,433.0
2005	18,416	1,395.7
2006	22,881	1,699.0
2007	22,582	1,646.9
2008	21,910	1,580.8
2009	20,497	1,468.2
2010	22,161	1,585.8
2011	22,982	1,642.9
2012	20,982	1,478.4
2013	18,119	1,293.5
2014	18,621	1,324.5
2015	19,606	1,381.9
2016	21,905	1,532.1
2017	23,322	1,612.8
2018	22,263	1,528.9
2019	23,792	1,630.1
2020	21,257	1,457.1
2021	23,945	1,595.7
2022	25,823	1,737.6

*Note: STDs include all reportable STDs (Chlamydia, Gonorrhea, Lymphogranuloma venereum, Chancroid, Syphilis except Congenital Syphilis) – Source: Georgia Department of Public Health, Office of Health Indicators for Planning OASIS (<https://oasis.state.ga.us>)

Within the Georgia DPH, HIV/AIDS data are made available in annual surveillance reports from the Epidemiology Section. At the time of this report, annual surveillance data were available for 2018 through 2021. These reports indicate the number of new HIV diagnoses among 13- to 19-year-olds in Georgia has decreased steadily between 2018 and 2020 (Table 3). Most recently, the 2021 report shows a slight increase in the number of new diagnoses with 110 cases reported.

Table 3. Number of New HIV Diagnoses among 13 to 19-year-olds in Georgia, 2018 - 2021⁵

Year	Number of New HIV Diagnoses
2018	151
2019	152
2020	100
2021	110

Source: Georgia Department of Public Health, HIV/AIDS Epidemiology Section, Surveillance Summary Reports, (<https://dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-surveillance>)

Despite the overall declines in rates of teen pregnancy and HIV diagnoses, disparities continue to exist. According to OASIS data, 2022 pregnancy rate among White adolescents aged 10 to 19 years old was 9.8 per 100,000, while among the rate among Black adolescents of the same age, was 16.7 per 100,000. Additionally, the STD rate among White adolescents aged 10-19 years old was 584.8 per 100,000 while the rate among Black adolescents of same age was 3,482.6 per 100,000.

Table 4. STD Rates among 10 to 19-year-olds in Georgia by Race, 2004 and 2022⁵

Race	2004	2022
	STD Rate	STD Rate
White	225.5	584.8
Black or African-American	1,962.9	3,482.6
Asian	95.8	185.9
American Indian or Alaska Native	126.2	354.9
Native Hawaiian or Other Pacific Islander	0.0	890.0
Multiracial	0.0	42.9
Unknown	N/A2	N/A2
Selected Races Total	1,433.0	1,737.6

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:

- Providing physical and psychological safety including safe spaces with an agreed upon set of ground rules for interacting that prioritize respect and team building.
- Providing appropriate structure with systems to ensure proper youth-to-adult ratios and ensuring that program activities are inclusive of all learning styles.
- Creating supportive relationships, including relationships with both peers and trusted adults.
- Providing opportunities to belong, which means creating spaces for all youth to participate and share.
- Promoting positive social norms that respect diversity and culture within each activity.
- 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.
- Providing skill development opportunities that allow youth to master skills and apply them toward greater learning.
- 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. Table 5 below lists the AHYD strategies together with the PYD approaches that each strategy incorporates.

Table 5. AHYD Strategies & PYD Approaches

AHYD Strategy	PYD Approach ⁴
Strategy 1: 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.
Strategy 2: 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.
Strategy 3: 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.
Strategy 4: 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.

Implementation of these AHYD strategies aligned with a PYD approach has likely contributed to decreases in unintended pregnancies and STDs/HIV among program participants in Georgia. Through years of research, the PYD approach has been shown to reduce 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's comprehensive approach also reduces other risky behaviors during adolescence.

B. Progress Reporting on Fiscal Year 2023 Program Strategies

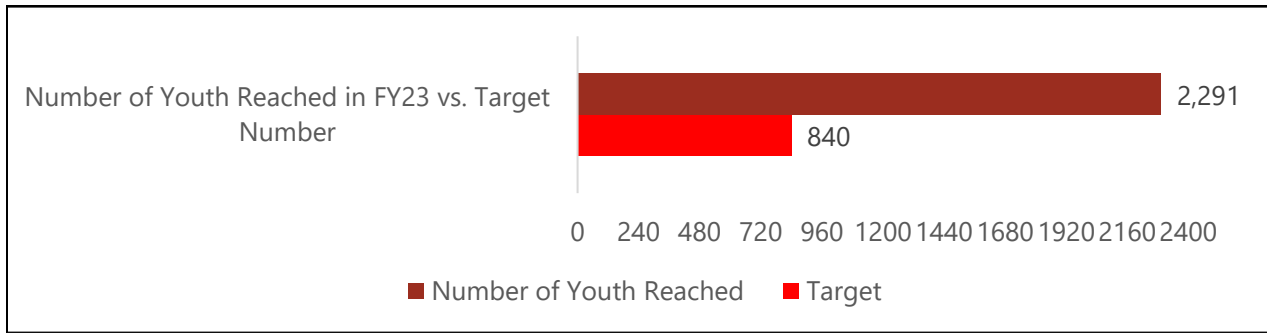
During Fiscal Year 2023, the AHYD program funded Youth Development Coordinators (YDCs) in 12 Public Health Districts to implement the strategies and approach. The YDCs have recorded a steady increase in the number of youth participating in evidence-based curricula (EBC) and Family Life and Sexual Health (FLASH) programming since FY21, and some variability in the number of youth surveyed at the public awareness events since FY21 (see Figures 5 and 6 under *Evaluation of Program Activities* for more detail).

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

Eleven 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, and after school and community-based programs. By the end of June 2023, 2,291 youth were reached through the implementation of the risk reduction programs, which exceeded the annual goal of 840 (see Figure 1).

Figure 1: Number of Youth Reached through Implementation of Evidence-based Curricula for Teen Pregnancy and STD/HIV prevention, July 2022 – June 2023



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: 403
- Location(s): Rome High School

District 2 North (Gainesville) Health District

- Program(s) implemented: Making Proud Choices
- Youth Reached: 80
- Location(s): The Journey, The Foundry

District 3-1 Cobb-Douglas Health District

- Program(s) implemented: Making a Difference, Making Proud Choices
- Youth Reached: 108
- Location(s): New Manchester High School, Devereux Advanced Behavioral Health

District 3-2 Fulton Health District

- Program(s) implemented: Making A Difference, Making Proud Choices
- Youth Reached: 288
- Location(s): Jean Child's Young Middle School, Tamu S. Kanyama Preparatory Academy, Therrell High school, and Future Foundation after-school site: Sandtown Middle School

District 3-3 Clayton (Morrow) Health District*

- Program(s) Implemented: Making a Difference, Making Proud Choices
- Youth Reached: 109
- Location(s): Rainbow House Inc., Thrive Educational Services inc., Clayton County Youth Commission, Clayton County Library Headquarters

District 3-4 GNR (Lawrenceville) Health District*

- Program(s) Implemented: Making Proud Choices
- Youth Reached: 756
- Location(s): Meadowcreek High School

District 3-5 DeKalb Health District*

- Program(s) Implemented: Making a Difference
- Youth Reached: 59
- Location(s): Free Wishes Stone Church (Virtually), Dekalb Co. Kappa League

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

- Program(s) Implemented: Making Proud Choices, Making a Difference
- Youth Reached: 134
- Location(s): Bloomfield Boys and Girls Club, Buck Melton Boys and Girls Club, Howard Middle School, Weaver middle School, Rutland Middle School, Appling Middle School, Girls Dig Deeper Program at the Rosa Jackson Community center

District 7 West Central (Columbus) Health District

- Program(s) Implemented: Making Proud Choices, Making a Difference
- Youth Reached: 124
- Location(s): Jordan High School (virtual option available), Dooly County Middle School, Crisp County High School, YouthBuild Youth Group, Macon County Summer Camp

District 8-1 South (Valdosta) Health District

- Program(s) Implemented: Making a Difference
- Youth Reached: 142
- Location(s): Valdosta High School, Pearls for Girls, Southwest Key afterschool program

District 8-2 Southwest (Albany) Health District

- Program(s) Implemented: Making Proud Choices
- Youth Reached: 88
- Location(s): Boys and Girls Club of Albany Georgia, Dougherty County, Turner Jobs Corps

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

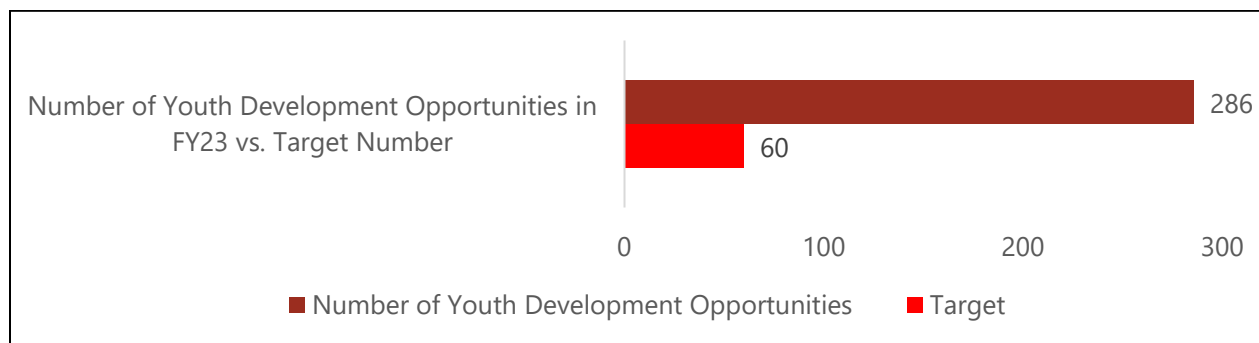
Youth development opportunities are presentations and activities that help youth develop social, ethical, emotional, physical, and cognitive competencies. Type of presentations and activities include the following:

Presentations: Prom safety, drugs, Teen Maze, Safe Celebrations for Teens, WellFest, Alcohol, and Vaping, STDs and birth control, Bullying Prevention, Healthy Relationships, Puberty and Hygiene presentations/workshops

Activities: Teen Maze, Youth Action Team, Karate + Youth Development, Sources of Strength (SOS), Step Up.- Step In (SUSI), Leadership through Life Skills, Youth Leadership programming, Advocacy Training 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 approach used by AHYD and not an evidence-based strategy; therefore, it is reported as a youth development opportunity.

By the end of quarter four, 286 youth development opportunities were implemented, up significantly from 87 in FY22 and exceeding the annual goal of 60 (see Figure 2).

Figure 2: Number of Youth Development Opportunities, July 2022 – June 2023



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: 32
- Program(s) Implemented: Youth Action Team Meetings, Leadership through Life Skills, FLASH, SOS, Georgia Teen Institute
- Location(s): Woodland High School, Floyd County, Bartow County, Rome High School, Cartersville High School, Chatooga High School

District 2 North (Gainesville) Health District

- Number of Youth Development Opportunities/Events: 25
- Program(s) Implemented: Self Care Youth Presentation, Mental Health presentation, Financial Literacy presentation, FLASH
- Location(s): GirlsUnlimited, The Foundry, The Journey

District 3-1 Cobb-Douglas Health District

- Number of Youth Development Opportunities/Events: 15
- Program(s) Implemented: FLASH
- Location(s): New Manchester High School, Devereux Advanced Behavioral Health

District 3-2 Fulton Health District

- Number of Youth Development Opportunities/Events: 42
- Program(s) Implemented: FLASH
- Location(s): Tamu S. Kanyama Preparatory Academy, Future Foundation After School at Sandtown Middle School, Therrell High School

District 3-3 Clayton (Morrow) Health District

- Number of Youth Development Opportunities/Events: 32
- Program(s) Implemented: FLASH
- Location(s): Rainbow House Inc., Thrive Educational Services, Clayton County Youth Commission, Clayton County Library

District 3-4 GNR (Lawrenceville) Health District

- Number of Youth Development Opportunities/Events: 31
- Program(s) Implemented: Life Skills, SUSI, College Career Fair Exploration Day, World Aids Day Campaign, Teen Center Scavenger Hunt Lunch N Learn Activity, APEX-Viewpoint's Mental Health
- Location(s): Meadow Creek High School, Berkmar High School, Discovery High School

District 3-5 DeKalb Health District*

- Number of Youth Development Opportunities/Events: 12
- Programs(s) Implemented: Vocational Skills Development
- Location(s): Decatur and Dekalb County Schools

District 5-2 North Central (Macon) Health District

- Number of Youth Development Opportunities/Events: 14
- Program(s) Implemented: FLASH
- Location(s): Boys & Girls Club of Bloomfield, Boys and Girls Club of Buck Melton, Regional Youth Detention Center

District 7 West Central (Columbus) Health District

- Number of Youth Development Opportunities/Events: 6
- Program(s) Implemented: FLASH
- Location(s): Sumter Co. Boys and Girls Club, Apple Dumplings Mentoring Program, Crisp County High School, Beautiful Minds

District 8-1 South (Valdosta) Health District

- Number of Youth Development Opportunities/Events: 13
- Program(s) Implemented: FLASH

- Location(s): Cook Per Learning Center, Omega Mentoring Program, Horne Learning Center, Brooks Delta Academy, Hahira Clinic

District 8-2 Southwest (Albany) Health District

- Number of Youth Development Opportunities/Events: 20
- Program(s) Implemented: FLASH, Youth Leadership Workshop Series, Get Moving
- Location(s): Kummin Attractions Dance Studio, Jane Wilson Boys and Girls Club, Turner Job Corps

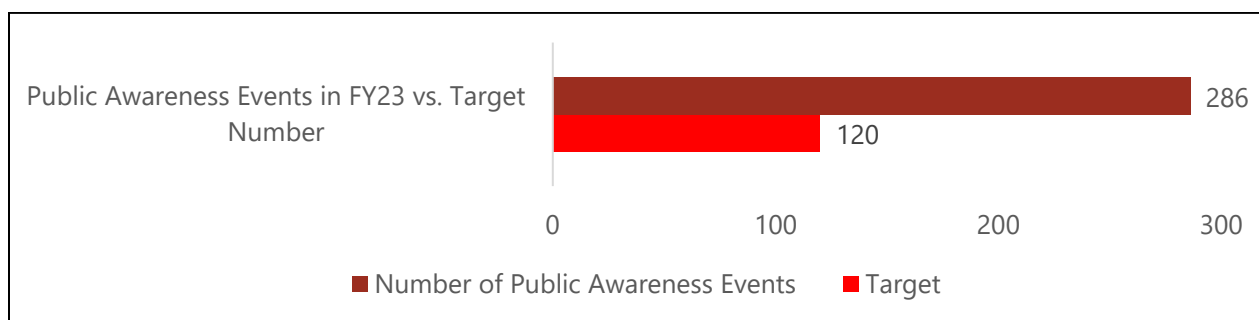
District 9-1 Coastal (Savannah) Health District

- Number of Youth Development Opportunities/Events: 44
- Program(s) Implemented: FLASH, WREP
- Location(s): Goodwill Corporation, Safe Harbor

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, and Avoiding Teen Dating Violence through Healthy Relationships. By the end of June 2023, 286 events were implemented throughout the public health districts, reaching 43,270 people and exceeding the annual goal of 120 events (see Figure 3).

Figure 3: Number of Public Awareness Events Implemented, July 2022 – June 2023



District 1-1 Northwest (Rome) Health District

- Number of Events: 54 public awareness events
- Number of Attendees: 23,626
- Location(s): Cartersville High School, Bartow County High Schools, Floyd County High Schools, Chattooga County High Schools, Paulding County High School, South Paulding County High School, East Paulding Middle School, Bartow County Children's Shelter, Georgia Highlands College, Cartersville City, Adairsville High School, Woodland High School, Flowering Branch Children's Shelter, Pepperell High School, Trion Middle School.
- Name of Events: Sources of Strength (SOS), Teen Maze, Sleep Stress and Exercise, Bartow Against Drugs, Alcohol and Marijuana Prevention, Tobacco Prevention, Youth Leadership, Step Up Step In,

STI/HIV and Pregnancy Prevention, Teen Dating Violence Prevention, Healthy Relationships, Positivity/Mental Health, Bullying, Anti-Anger and Avoiding Conflict

District 2 North (Gainesville) Health District

- Number of Events: 15 public awareness events
- Number of Attendees: 1,345
- Location(s): Hall County, Lumpkin County Middle School, Lanier College and Career Academy, Habersham, Forsyth County, Hall County, Hart County, Dawson County Junior High school,
- Name of Events: Rally for Recovery, November Resource Fair in Forsyth County, Regional Resource Fair and Drug Summit in Habersham County, Youth Substance Abuse Education Event, Hartwell Pride, 2023 District 2 Teen summit, Teen Maze, Presentation on Puberty, Hygiene, and Healthcare at Good Citizen Day

District 3-1 Cobb-Douglas Health District

- Number of Events: 18 public awareness events
- Number of Attendees: 5,062
- Location(s): Virtual conference with Douglas County School System, Bryant Elementary School, New Mountaintop Baptist Church, Devereux Advanced Behavioral Health
- Name of the Events: Power in Truth Youth Conference, Healthy Relationships and Teen Pregnancy, STD's and HIV, Puberty and Hygiene
- Notes: The Power in Truth (PIT) Conference 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: Drugs and Alcohol, Healthy Relationships (Middle School and High School focus), Bullying and Cyberbullying, E-Cigarettes and Vaping, Mental Health, Beginning High School, Life after High School, Goal Setting and Life Path. The conference material was also made available through November 23rd 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.

District 3-2 Fulton Health District

- Number of Events: 43 public awareness events
- Number of Attendees: 283
- Location(s): Jean Childs Young Middle School, Loudermilk Conference Center, Therrell High School, East Point Impact Church
- Name of Events: Teen EXPerience¹, Empowering Young Men to Excel, Pockets PR Protect What's Next Campaign

District 3-3 Clayton (Morrow) Health District

- Number of Events: 10 public awareness events

¹The Teen EXPerience is the vehicle that Fulton AHYD uses to conduct public awareness events. The Teen EXPerience hosted sessions on the following topics: Drugs and Alcohol, Teen Pregnancy and STDs/HIV, Puberty and Hygiene, Bullying, Healthy Relationships and Teen Dating Violence, Sexual Orientation and Gender Identity, and Undoing Gender Stereotypes.

- Number of Attendees: 224
- Location(s): Flint River Community Center; Rainbow House Inc., Clayton State University, Starr Park in Forest Park, A, Clayton State University, Calyton County International Beach
- Name of Events: Teen Maze; Puberty and Hygiene Awareness, National Youth HIV/Aids Awareness Day Event, Jam for Peace Event

District 3-4 GNR (Lawrenceville) Health District

- Number of Events: 29 public awareness events
- Number of Attendees: 2,129
- Location(s): Meadowcreek High School, Discovery High School, Berkmar High School
- Name of Events: Red Ribbon Week, World AIDS Day, Sexual Bullying Awareness, AHYD Open House, Healthy Relationships and Teen Dating Violence, Drugs and Alcohol, STD's/HIV Awareness and Education, Puberty and Hygiene Red Ribbon Week, World AIDS Day, Sexual Bullying Awareness, AHYD Open House, Healthy Relationships and Teen Dating Violence, Drugs and Alcohol, STD's/HIV Awareness and Education, Puberty and Hygiene

District 3-5 DeKalb Health District

- Number of Events: 18 public awareness events
- Number of Attendees: 290
- Location(s): Dekalb County, Clarkston High School, Miller Grove High School, McNair High School, Tally Elementary School,
- Name of Events: AHYD Resource Fair; Mental Health, Puberty and Hygiene, Teen Pregnancy and STD Awareness, Resume Writing and Business Etiquette, Back to School Bash, Sexual Bullying Awareness, Conflict Problem Solving, Teen Dating Violence, Drug and Alcohol Awareness

District 5-2 North Central (Macon) Health District

- Number of Events: 2 public awareness events
- Number of Attendees: N/A
- Location(s): Southwest High School, Jack and Jill of America
- Name of Events: STD Prevention and Healthy Relationships

District 7 West Central (Columbus) Health District

- Number of Events: 17 public awareness events
- Number of Attendees: 8,100
- Location(s): Muscogee, Randolph County Town Square, Miller Motte School, Webster Community Center, United Methodist Center, Sumter County, Crisp Regional Hospital, Dooly County Elementary School, Crisp County High School
- Name of Events: Back to School Events, Children's Health Fairs, Fall Festival, Teen Maze, Career Fair, Youth Summit

District 8-1 South (Valdosta) Health District

- Number of Events: 12 public health events
- Number of Attendees: 534
- Location(s): Southside Recreation Center, Mildred Hunter Center, Wiregrass Technical Center, Ora Lee

West Housing Projects, Mt. Pisgah Baptist Church, Toombs Boys and Girls Club, JACS Bowling Lanes, Brooks Boys and Girls Club, South Health District conference room

- Name of Events: Back to School Safety Seminar, Community Resource Fair, Literacy Week at Wireglass College, Community Holiday Celebration, Boys Becoming Men: Puberty and Personal Hygiene, My Black is Beautiful: Black History for Teens, Tough Talk with Teens, Prom Safety Seminar; Teens Alcohol, and the Law, Prom Safety Seminar; Safe Celebrations, Leadership Seminar; Healthy Relationships for Teens

District 8-2 Southwest (Albany) Health District

- Number of Events: 14 public health events
- Number of Attendees: 267
- Location(s): Albany State University, Orene Hall, Jane Wilson Boys and Girls Club, Lagrange at the Great Wolf Lodge, The Village Community Garden, Albany Middle School,
- Name of Events: WELLFEST 2022, Purple Table Talk; Silence Hides Violence, Lights on Afterschool, Personal Hygiene and Puberty talk for Boys, Personal Hygiene and Puberty Talk for Boys, Sex Education Bingo, Youth Leadership Workshop, Farm Field Day with the 4-H Club

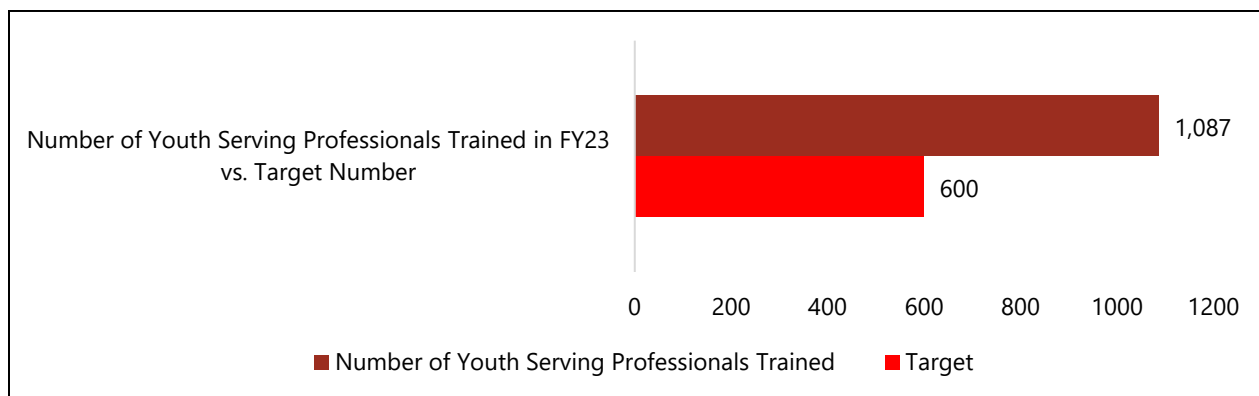
District 9-1 Coastal (Savannah) Health District

- Number of Events: 54 public health events
- Number of Attendees: 1,410
- Location(s): Islands High School, Needwood Middle School, Chatham County, McIntosh Academy, Woodsville Tompkins Institute, South Effingham High School,
- Name of Events: Tobacco, Alcohol, and Vaping presentation, Online Safety and Bullying, Project Alpha Male Summit, Step Up Step In, Teen Pregnancy and STI's, Teen Maze

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

Youth-Serving Professional trainings are intended to educate professionals about a variety of topics. By the end of quarter four, 1,087 youth-serving professionals were trained, which exceeded the annual goal of 600 (see Figure 4). In addition, 171 community members, 235 parents, and 223 youth were trained under this strategy via Sources of Strength adult advisor trainings and various community-specific event trainings.

Figure 4: Number of Youth Serving Professionals Trained, July 2022 – June 2023



District 1-1 Northwest (Rome) Health District

- Number of youth-serving professionals trained: 475
- Number of trainings: 9
- Event(s): SOS Adult Advisor Trainings, Floyd Teen Maze Training, Bartow Teen Maze Training, SPARKS¹ Training
- Location(s): Cartersville High School, Paulding County Schools, Chattooga High School

District 2 North (Gainesville) Health District

- Number of youth-serving professionals trained: 1
- Number of trainings: 4
- Event(s): SPARKS Training
- Location(s): N/A

District 3-1 Cobb-Douglas Health District

- Number of youth-serving professionals trained: 47
- Number of trainings: 6
- Event(s): Being Youth Friendly SPARKS Training, Adolescent Brain Development SPARKS Training, Confidentiality Laws/Best Practices SPARKS Training, Cultural Responsiveness and Non-Verbal Communication Bias
- Location(s): Douglas Public Health Center, Virtual Training(s)

District 3-2 Fulton Health District

- Number of youth-serving professionals trained: 97
- Number of trainings: 4
- Event(s): Managing Stressors training, Introduction to Trauma Informed care training, Positive Youth Development Training, Gender and Sexuality Training, Jonathan D. Rosen Family Foundation's Wealthy Habits Financial Literacy Class
- Location(s): Virtual Workshops, Therrell High School

District 3-3 Clayton (Morrow) Health District

- Number of youth-serving professionals trained: 29
- Number of trainings: 8
- Events(s): "Let's Talk" Awareness Month, SPARKS Training, Human Trafficking Awareness Event
- Location(s): Clayton County Library Headquarters, Gigi's House

District 3-4 GNR (Lawrenceville) Health District

- Number of youth-serving professionals trained: 168
- Number of trainings: 26
- Event(s): Youth Advisory Council Meeting(s); Bullying and Suicide Prevention Trainings, Allied Health Meeting(s), PREP Programmatic Meetings(s), PREP Evaluation Meetings, PREP Monthly Meetings,

¹ University of Michigan's (U-M) Adolescent Health Initiative (AHI) Sparks trainings are designed for healthcare providers and other healthcare staff.

Making Proud Choices Training(s), Making A Difference Training, FLASH Training(s), Site Visits, Teen Summit, Virtual Connected Caregiver Training

- Locations(s): Discovery High School, Meadowcreek High School,

District 3-5 DeKalb Health District

- Number of youth-serving professionals trained: 15
- Number of trainings: 1
- Event(s): Youth Serving Professional Training
- Location(s): Dekalb County, YDC Teams Meeting

District 7 West Central (Columbus) Health District

- Number of youth-serving professionals trained: 72
- Number of trainings: 8
- Event(s): Barriers to Working with Teens (Hidden Biases), Vaping Training Session, Gender Identity, Gender Norms and Bias, Youth Mental Health Training Session, Connections Matter Trainings (Adolescent Brain Development and Youth Development), Teen Maze Training, Youth Leadership Training, SPARKS Session, Georgia Teen Institute
- Location(s): South Georgia Technical College, Virtual Training(s), Sumter County, Crisp County Health Department, Oxford University

District 8-1 South (Valdosta) Health District

- Number of youth-serving professionals trained: 71
- Number of trainings: 4
- Event(s): "Tough Talks with Teens," "Crucial Conversations in Working with Teens," Understanding Popular Youth Culture and Today's Teens," "Communicating Effectively with Today's Teens"
- Location(s): Lowndes County Commission on Children and Youth, District Conference Room, Delta Inno-vati-ve Academy

District 8-2 Southwest (Albany) Health District

- Number of youth-serving professionals trained: 9
- Number of trainings: 6
- Event(s): SPARKS Trainings
- Location(s): Terrell County Health Department

District 9-1 Coastal (Savannah) Health District

- Number of youth-serving professionals trained: 103
- Number of trainings: 21
- Event(s) Drug Program Training, Youth Advisory Board Step Up Step In Training, Islands High School Youth Advisory Board Step Up Step In Training, Helping YOUTH, Teen Maze, Adolescent Health and Youth Development Initiative, Bullying Session, Guiding your Teens Through Stress session, Smoking and Vaping Session
- Location(s): Chatham County Courthouse, McIntosh Academy, African American Resource Center Youth Summit, South Effingham High School, Chatham County Health Department, Parent University Conference.

C. Evaluation of Program Activities

During Fiscal Year '23, 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.*
- Strategy 4: *Provide training opportunities for youth-serving professionals, parents, community members, or youth.*

Evaluation of the Implementation of Evidence-based Curricula.

Program participants completed pre-and post-surveys during curriculum implementation. Students were also intended to complete a 3-month follow-up survey post-intervention, but no follow-up surveys were collected in FY23. 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 staff. The participant surveys collected 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-intervention²

Demographics: The race, ethnicity, and gender of all participants participating in evidence-based curriculum in FY23 (N = 2,291) is shown in Table 6. As shown in the table, a good portion of the students did not indicate their race (41.3%) or ethnicity (36.2%). Among students who indicated their race, about 70% were African American (Black), approximately 20% were White, and there were about 5% who reported to be Native American/Pacific Islander and an equal percentage of other races. Among those that indicated their ethnicity, 46.2% were of Hispanic ethnicity and 53.7% indicated that they were non-Hispanic. Gender demographics were more complete, though still about 9.5% did not report their gender. Among those who reported their gender, about 54% were males and 46% were females.

² No follow-up data was collected in FY23 from youth participating in risk-reduction programming.

Table 6. Demographics of Participants in Evidence-Based Curriculum Implementation (N = 2,291)

Health District	Number of Participants	Race					Ethnicity			Gender		
		Black	White	Native American/ Pacific Islander	Other	Missing	Hispanic	Non-Hispanic	Missing	Male	Female	Missing
Northwest (Rome) (District 1-1)	403	41	245	56	8	53	53	350	0	195	208	0
North (Gainesville) (District 2)	80	0	1	0	0	79	9	0	71	33	27	20
Cobb-Douglas (District 3-1)	108	63	0	0	1	44	17	67	24	53	55	0
Fulton (District 3-2)	288	253	0	5	10	20	5	259	24	193	83	12
Clayton (Morrow) (District 3-3)	109	54	1	0	10	44	9	64	36	33	47	29
GNR (Lawrenceville) (District 3-4)	756	165	0	7	37	547	570	18	168	420	336	0
DeKalb (District 3-5)	59	58	0	0	1	0	2	0	57	45	0	14
North Central-(Macon) (District 5-2)	134	63	0	0	1	70	2	0	132	18	48	68
West Central-(Columbus) (District 7)	124	92	21	1	0	10	9	0	115	60	64	0
South-(Valdosta) (District 8-1)	142	67	0	0	0	75	0	0	142	30	37	75
Southwest-(Albany) (District 8-2)	88	84	0	0	0	4	0	27	61	39	49	0
TOTALS	2,291	940 (41.0%)	268 (11.7%)	69 (3.0%)	68 (3.0%)	946 (41.3%)	676 (29.5%)	785 (34.3%)	830 (36.2%)	1119 (48.8%)	954 (41.6%)	218 (9.5%)

* Fulton County used modified sign-in sheets that reported aggregate attendance.

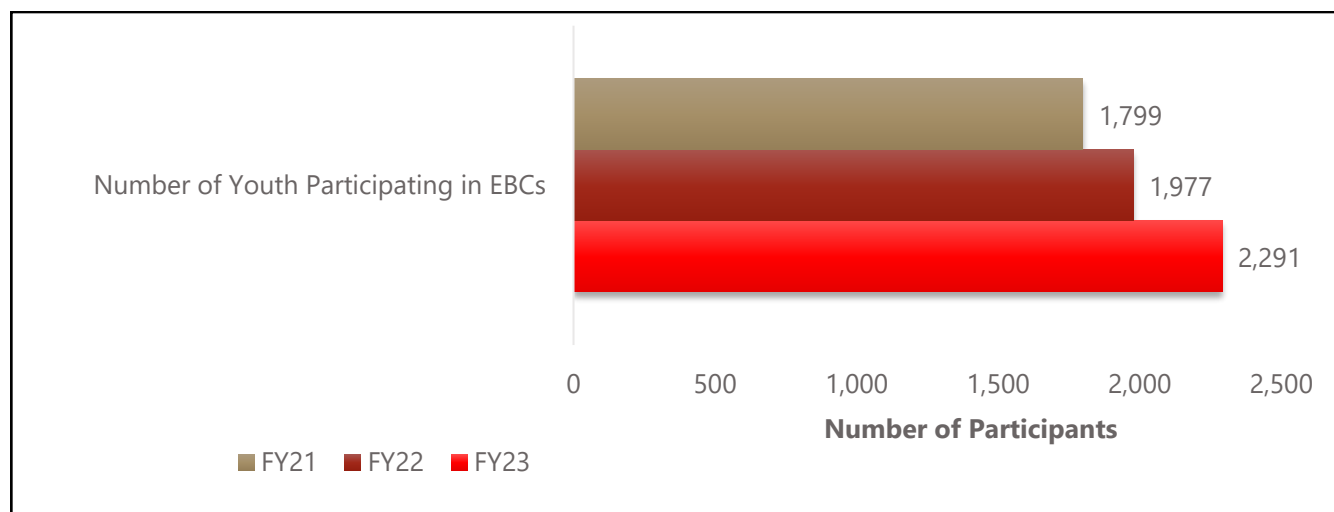
Among those students included in this report who had matched pre-post data from participating in one of the three evidence-based curriculums (n = 251), the age range was 11-19 years of age, and the average age was 14 (9th grade). Most students were male (54.2%), 44.2% were female, and 1.6% identified as gender fluid or non-binary. Over half of the students were Black or African American (55.0%), followed by Multiracial (21.9%), White (18.3%), American Indian or Alaska Native (2.8%), and Asian (1.2%). Nearly 30% of students identified as Hispanic. It should be noted that these 251 students also participated in five FLASH sessions, in addition to one of the three evidence-based curriculums. See Table 7.

Table 5. Demographics of Participants in Evidence-Based Curriculum Implementation who had matched Pre-Post Surveys (N = 251)

Number of Participants	Race					Ethnicity				Gender		
	Black	White	Native American /Pacific Islander	Asian	Other	Hispanic	Non-Hispanic	Hispanic	Missing	Male	Female	Other (e.g., gender fluid, non-binary)
251	138	46	7	3	55	2	73	177	1	111	136	4
Percent of total	55.0 %	18.3%	2.8%	1.2%	21.9%	0.8%	29.1%	70.5%	0.4%	44.2 %	54.2%	1.6%

Participation in evidence-based curricula has steadily increased since FY21, exceeding the annual target of 840 each year. FY21. Figure 5 below shows the number of participants in Fiscal Year 2021 (FY21) through Fiscal Year 2023 (FY23).

Figure 5: Youth Participation in Evidence Based Curriculum Programs FY21 – FY23



Satisfaction with program implementation: Satisfaction was assessed on the post-test administered to students participating in the risk-reduction and FLASH curricula. The satisfaction items used a 5-point Likert Scale where 1 signifies “Strongly disagree” and 5 signifies “Strongly agree.” Factors assessed included: 1) perception of 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 who demonstrated satisfaction ranged from 86% to 90%, with an overall satisfaction rate of 4.43 out of 5 (%).

Knowledge related to unintended pregnancy and STDs/HIV prevention: Participants were asked to respond to the statements listed in Table 9 pertaining to STD and pregnancy prevention. Response options were “yes,” “no,” and “don’t know.” At the end of the fiscal year, 251 surveys were able to be matched to compare pre- and post-results. As shown in Table 8, there was a statistically significant

increase in the overall scores of the knowledge-based items pertaining to pregnancy and STD prevention, from 60% on the pre-test to 77% on the post-test (an increase of 17 percentage points).

Statistical significance is important because it indicates the probability that observed differences between two averages – in this case, the average pre- and post-test scores – are not likely to be due to chance. All tests of significance were conducted at the standard 0.05-level indicating there is only a 5% probability that the observed differences are due to random chance. In other words, the knowledge gained from the pre-test to the post-test is likely due to the program and not random chance.

Table 6. Paired Samples Test (STD and Pregnancy Prevention Items)

	Overall Percent Correct Pre-Test	Overall Percent Correct Post-Test	One-sided p-value
Mean of items related to STDs & Pregnancy Prevention	60%	77%	<.001*

*Indicates statistical significance at $p < 0.05$ or less

In addition, as displayed in Table 9 below, increases in the percentage of correct responses were seen for each question from pre to post, with the highest percentage point increases shown for Q2 (*Abstinence is the only 100% effective protection from pregnancy, STIs, and HIV/AIDs*), and Q3 (*A person who has had sex should not practice abstinence anymore*). All six knowledge-based items pertaining to STDs and pregnancy prevention items showed statistically significant gains, measured pre-and post-intervention.

Table 7. Knowledge Results for Individual ‘STD and Pregnancy Prevention’ Items on Matched Surveys

Items related to STDs & Pregnancy Prevention	Pre-Test Correct (N = 251)	Post-Test Correct (N = 251)	Change in Percentage Points
Q1. Using birth control prevents pregnancy	71%	83%	12*
Q2. Abstinence (choosing not to have sex) is the only 100% effective protection from pregnancy, STIs, and HIV/AIDs	70%	88%	18*
Q3. A person who has had sex should not practice abstinence anymore	47%	72%	24*
Q4. Condoms are the best way to prevent sexually transmitted diseases	69%	79%	10*
Q5. If a person is having sex, they should not be tested for STIs	71%	82%	11*
Q6. It is important to use condoms sometimes during vaginal and anal sex	32%	55%	23*

*Indicates statistical significance at $p < 0.05$ or less

Participant confidence in maintaining healthy behaviors in relationships:

Participants were asked to respond to the statements listed in Table 11 pertaining to healthy behaviors in relationships. Response options were “yes,” “no,” and “don’t know.” As Table 10 shows, there was a statistically significant increase in the overall scores of the knowledge-based items pertaining to healthy behaviors in relationships, from 71% on the pre-test to 82% on the post-test (an increase of 11 percentage points).

Table 8. Paired Samples Test (Healthy Behavior Items)

	Overall Percent Correct Pre-Test	Overall Percent Correct Post-Test	One-sided p-value
Mean of items related to Healthy Behaviors in Relationships	71%	82%	<.001*

*Indicates statistical significance at $p < 0.05$ or less

As shown in Table 11 below, increases in the percentage of correct responses were seen from pre to post for each question, with the highest percentage point increases seen for Q1 (*One partner must exert power and control for a relationship to be healthy*), Q5 (*It is normal for victims of sexual violence not to talk about their abuse*), and Q12 (*It is okay to have sex with people who are drunk if they agree to have sex*). There were statistically significant gains on all 13 of the knowledge-based items pertaining to healthy behaviors in relationships, measured pre- and post-intervention.

Table 9. Knowledge Results for Individual 'Healthy Behavior' Items on Matched Surveys

Items related to Healthy Behaviors in Relationships	% Correct Pre-Test (N = 251)	% Correct Post-Test (N = 251)	Change in Percentage Points
Q1. One partner must exert power and control for a relationship to be healthy	64%	84%	20*
Q2. Regardless of age, gender or appearance, anyone could be a victim of sexual violence	85%	91%	6*
Q3. A person's "no" should be respected, even if the other person wants to have sex	87%	92%	5*
Q4. Partners in a relationship should not treat each other as equals	75%	82%	7*
Q5. It is normal for victims of sexual violence not to talk about their abuse	56%	70%	14*
Q6. It is more difficult to bully someone online than to bully someone in person	46%	59%	13*
Q7. Stereotypes or expectations about an entire group of people are often not true for all members of a group	66%	76%	10*
Q8. If a guy gets hurt or starts to cry, it means that he is not tough	76%	89%	13*
Q9. Girls should not be decision-makers in a relationship	64%	71%	7*
Q10. Humiliation, name calling, and putting the other person down are signs of an abusive relationship	76%	86%	10*
Q11. Communicating wants and needs with a partner is important for a healthy relationship	84%	90%	6*
Q12. It is ok to have sex with people who are drunk if they agree to have sex	62%	86%	24*
Q13. Making the decision to meet someone in person after you have developed a relationship with them online can be risky	81%	87%	6*

*Indicates statistical significance at $p < 0.05$ or less

Further, as shown in Table 12 below, means increased for each measure of participants' confidence in maintaining healthy behaviors, and each of the items resulted in statistically significant increases from pre- to post-test. Mean ratings were based on a scale of 1 to 5, where 1 represents "Strongly disagree," and 5 represents "Strongly agree."

Table 10. Participants' Assessment of Confidence in Maintaining Healthy Behaviors

Confidence Measures	Pre-Test Mean (N = 251)	Post-Test Mean (N = 251)	One-sided p-value
1. I am confident that I can protect myself against pregnancy and STDs.	3.92	4.43	<.001*
2. I am confident that I can make healthy decisions that will help to keep me safe in a relationship.	3.99	4.48	<.001*
3. I am confident that I can identify warning signs of an abusive relationship.	3.86	4.41	<.001*
4. I know how to avoid hurting/abusing anyone in a relationship.	3.92	4.43	<.001*
5. I know what to do if anyone in a relationship with me becomes abusive.	3.91	4.42	<.001*

*Indicates statistical significance at $p < 0.05$ or less

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 13. Responses were recorded using a 4-point Likert scale where "1" represents "All the time" and "4" represents "none of the time." Those who responded "all of the time" or "most of the time" were considered to think of the outcome frequently.

Table 11. Perception of Factors Related to Becoming a Healthy, Productive Adolescent (N = 251)

Positive Outcome	# who frequently thought of positive outcome	% of total
1. Doing well in school	201	81%
2. Getting more education after high school	176	70%
3. Resisting or saying no to peer pressure	194	77%
4. Sharing ideas or talking about things that really matter with a parent or trusted adult	172	69%
5. Managing conflict without causing more conflict	187	75%
6. Making plans to reach your goals	214	85%
7. Getting a steady job after you finish school	217	86%
8. Making healthy decisions about drugs and alcohol	215	86%
9. Eating healthy and being physically active	193	77%
10. Managing money carefully, such as making a budget, saving or investing	187	75%

Evaluation of Public Awareness Events

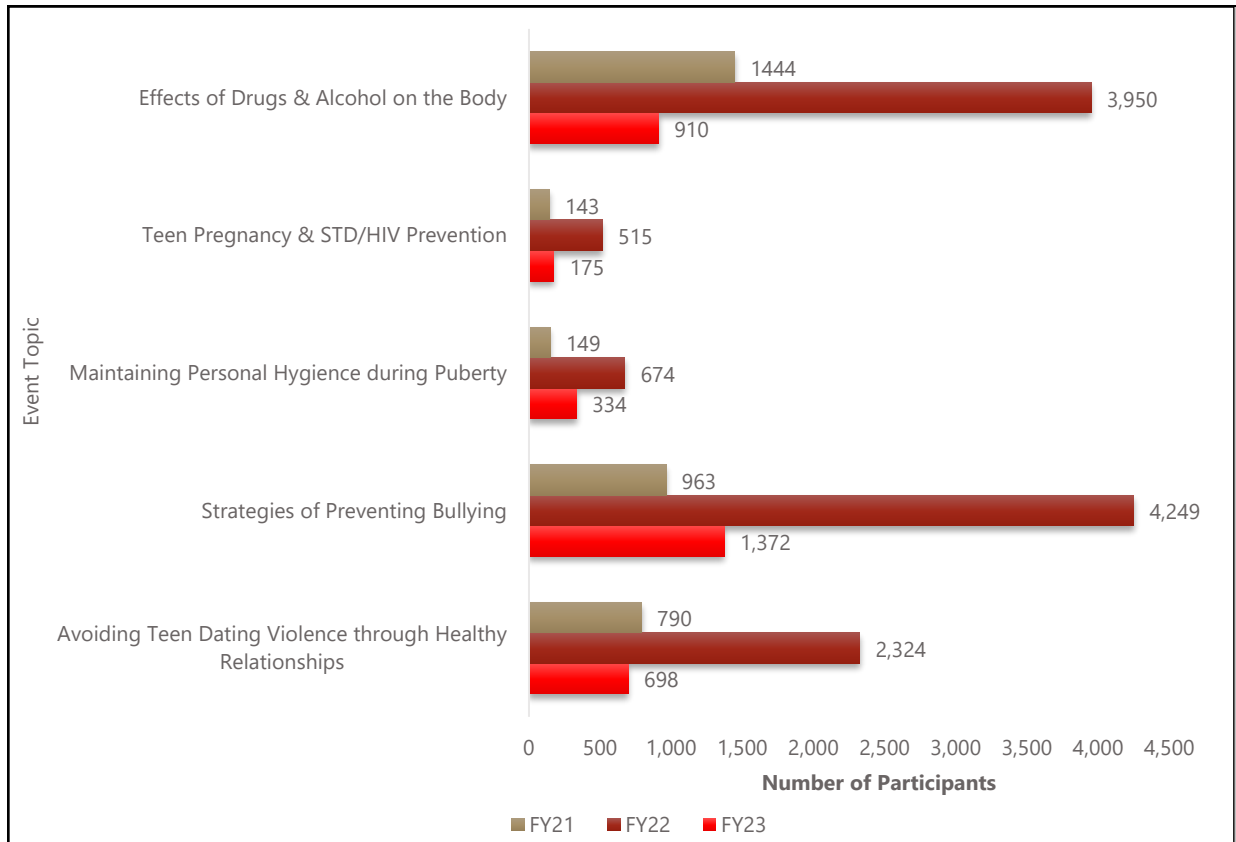
Surveys with a 5-point Likert scale where “5” represented “strongly agree” and “1” represented “strongly disagree” were used to measure perceived knowledge increase, satisfaction with implementation, willingness to attend future events, the likelihood of recommending the event to others, and willingness to engage in communication related to AHYD issues. See Table 14 below.

Table 12. Selected Outcomes by Participants in Public Awareness Events

Measures	Effects of Drugs and Alcohol on the Body (N = 910)	Teen Pregnancy Prevention &STD/HIV Prevention (N = 175)	Maintaining Personal Hygiene during Puberty (N = 334)	Strategies for Preventing Bullying (N = 1,372)	Avoiding Teen Dating Violence through Healthy Relationships (N = 698)
Increased knowledge/awareness of topics covered in the Public Awareness Events	86%	80%	84%	77%	82%
Satisfaction with implementation	70%	67%	78%	59%	67%
Likelihood of participation in future events	52%	55%	69%	42%	51%
Would recommend event to others	61%	64%	72%	51%	62%
Confidence in communicating with other youth about the topic	73%	63%	78%	69%	72%

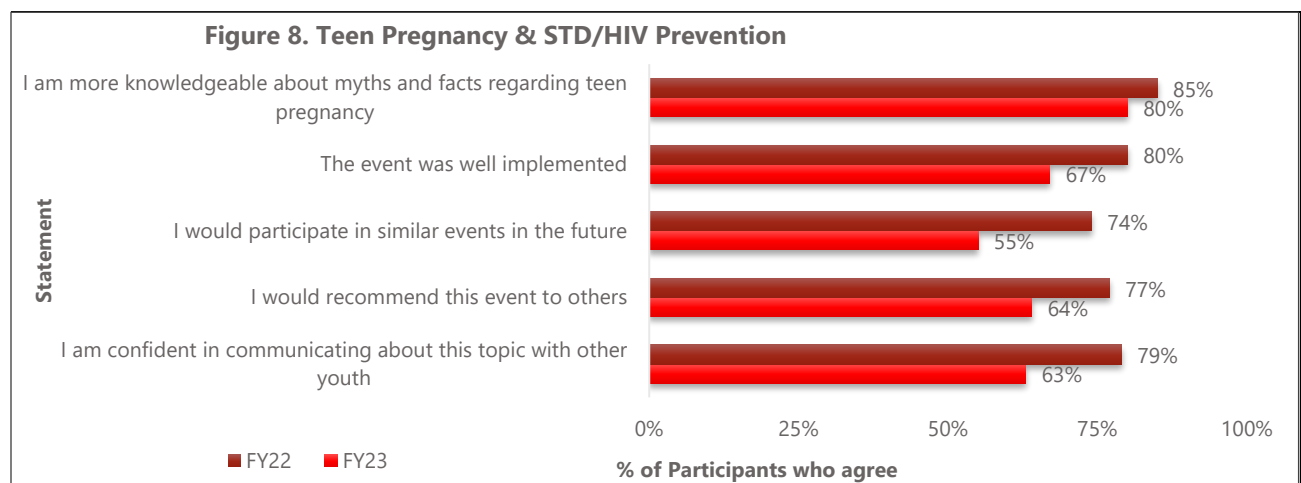
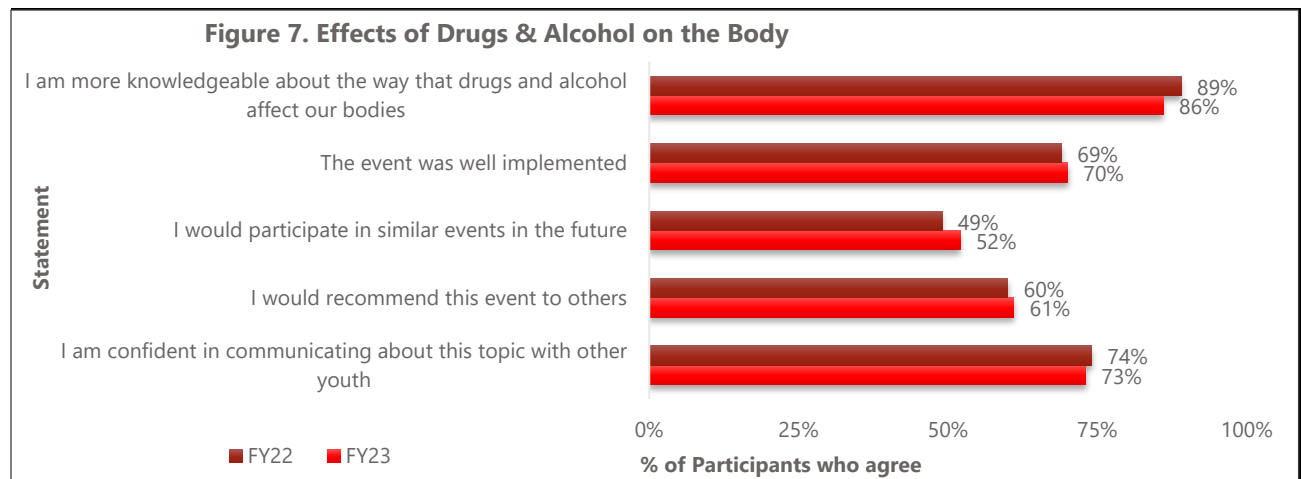
Participation in public awareness events fluctuated throughout the years. Participation increased significantly at each event in FY22 as compared to FY21, and decreased in FY23, with participation rates resembling FY21. Figure 6 below shows the number of participants in Fiscal Year 2021 (FY21) through Fiscal Year 2023 (FY23).

Figure 6: Participation in Public Awareness Events FY21 – FY23

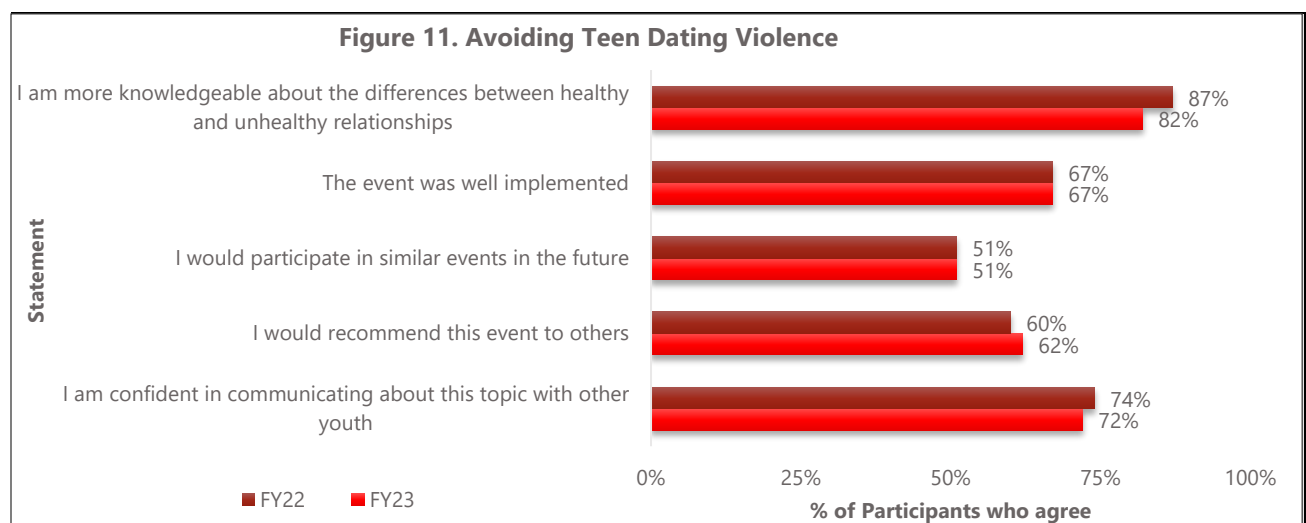
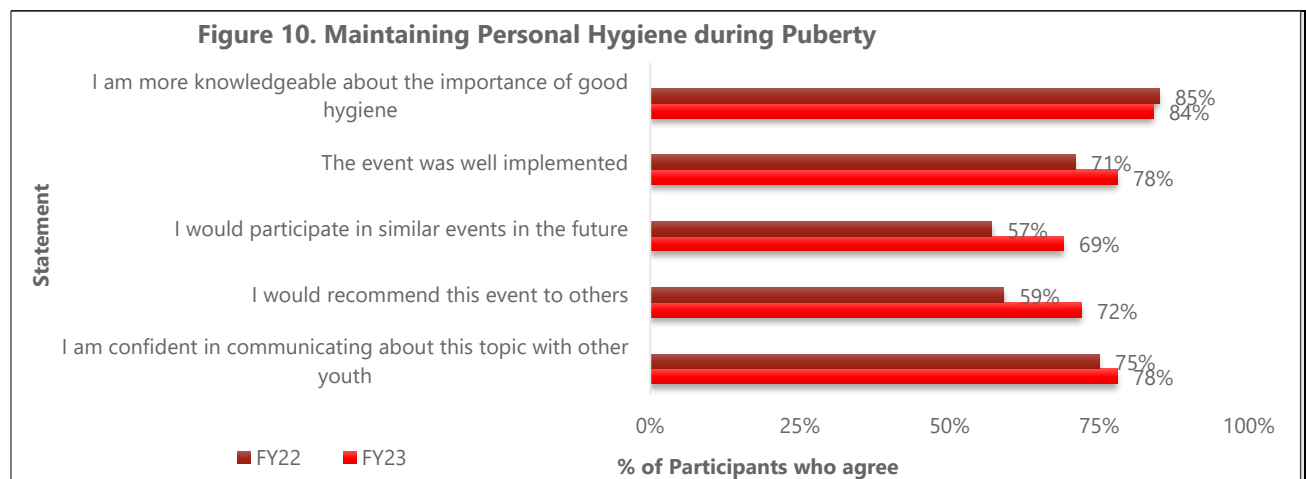
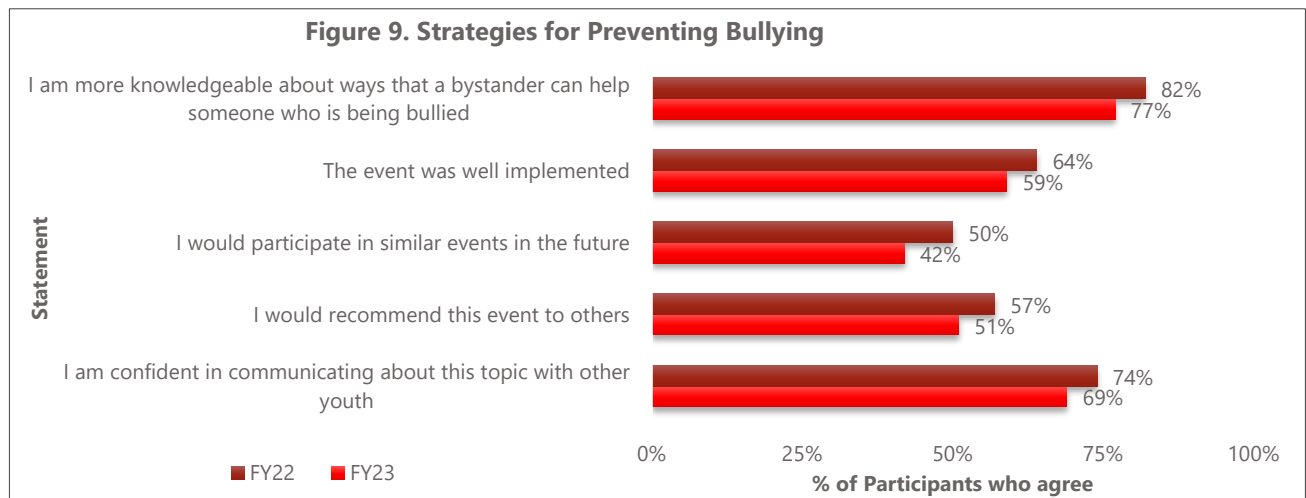


As shown in Figures 7 and 11, at the *Effects of Drugs and Alcohol on Body* and *Avoiding Teen Dating Violence* events, outcomes were similar in FY23 compared to FY22 regarding the percentage of youth reporting satisfaction with the events, likelihood of future participation, the percentage of youth who would recommend the events to others, and confidence in communicating about the topics learned with other youth. There were overall increases for each outcome at the *Maintaining Personal Hygiene During Puberty* events (Figure 10), with the exception of students' self-reported knowledge gained, for which there was an overall decline across all events (although the percentages remained high, ranging from 77%-86%). At the *Teen Pregnancy & STD/HIV Prevention* (Figure 8) and *Strategies for Preventing Bullying* events (Figure 9), there were overall decreases in each of the measured outcomes. Outcomes were measured using the percentage of participants who agreed with statements on the public awareness event post-surveys.

Figures 7-8: Percentage of Participants who Agreed with Statements on the Public Awareness Event Specific Topics, Post-Event Surveys (FY22 & FY23)



Figures 9, 10, 11. Percentage of Participants who Agreed with Statements on the Public Awareness Specific Event, Post-Event Surveys (FY22 & FY23)

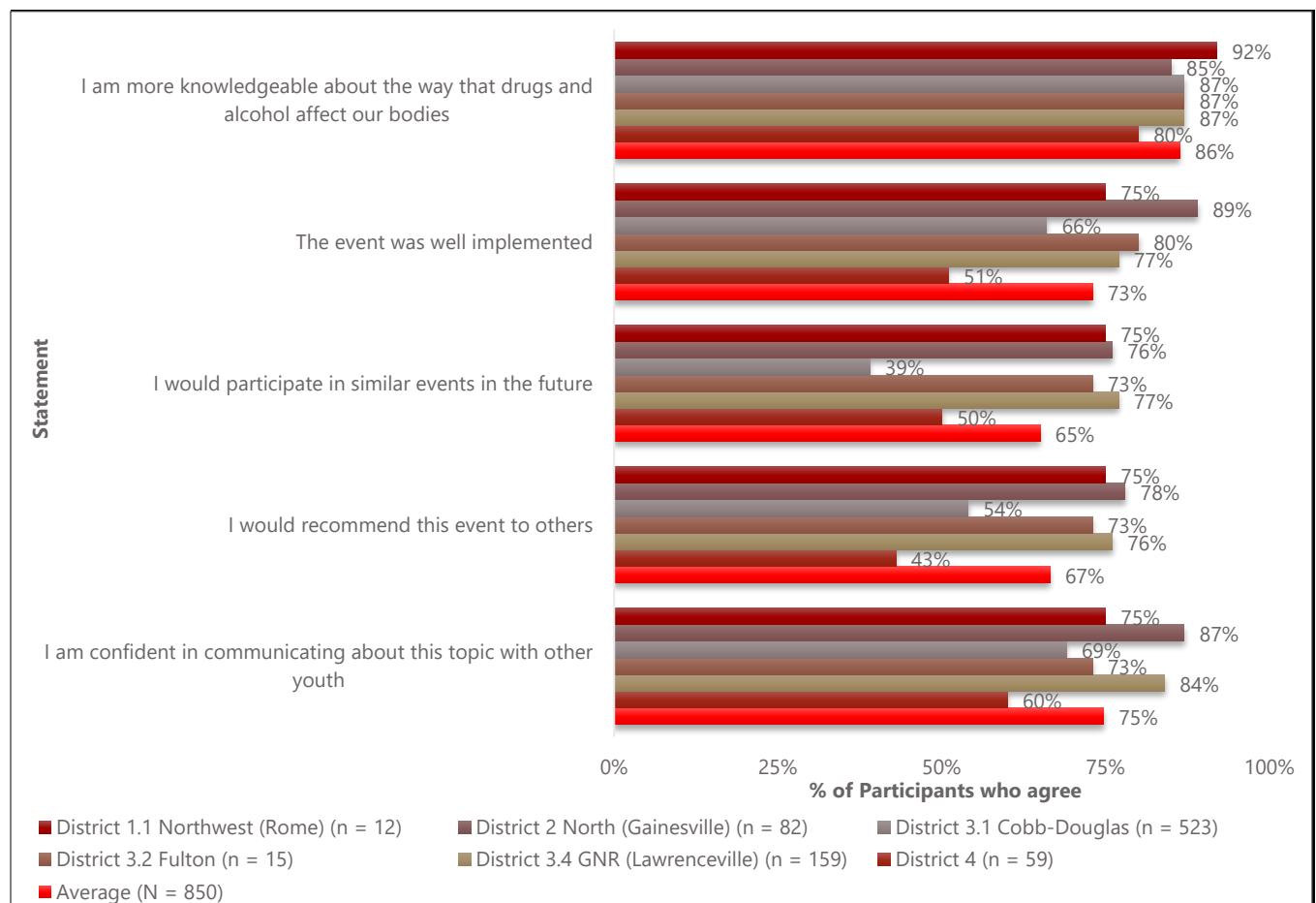


Evaluation of Public Awareness Events - Comparisons by District

The section below presents the comparison of the public awareness event data between districts.³

The following seven public health districts offered the *Effects of Drugs and Alcohol on the Body* events: District 1.1: Northwest (Rome), District 2: North (Gainesville), District 3.1: Cobb-Douglas, District 3.2: Fulton, District 3.3: Clayton⁴ (Morrow), District 3.4: GNR (Lawrenceville), and District 4, with the Cobb-Douglas health district comprising the largest proportion of responses (62%). The percentage of participants in the Cobb-Douglas district and District 4 (comprising 7% of responses) who agreed with the items tended to be lower than other districts regarding satisfaction with implementation, willingness to attend future events, the likelihood of recommending the event to others, and confidence in communication related to the topic, thus, skewing the averages downward for these measures. See Figure 12.

Figure 12: Effects of Drugs & Alcohol on the Body Post-Event Survey Results by District FY23)

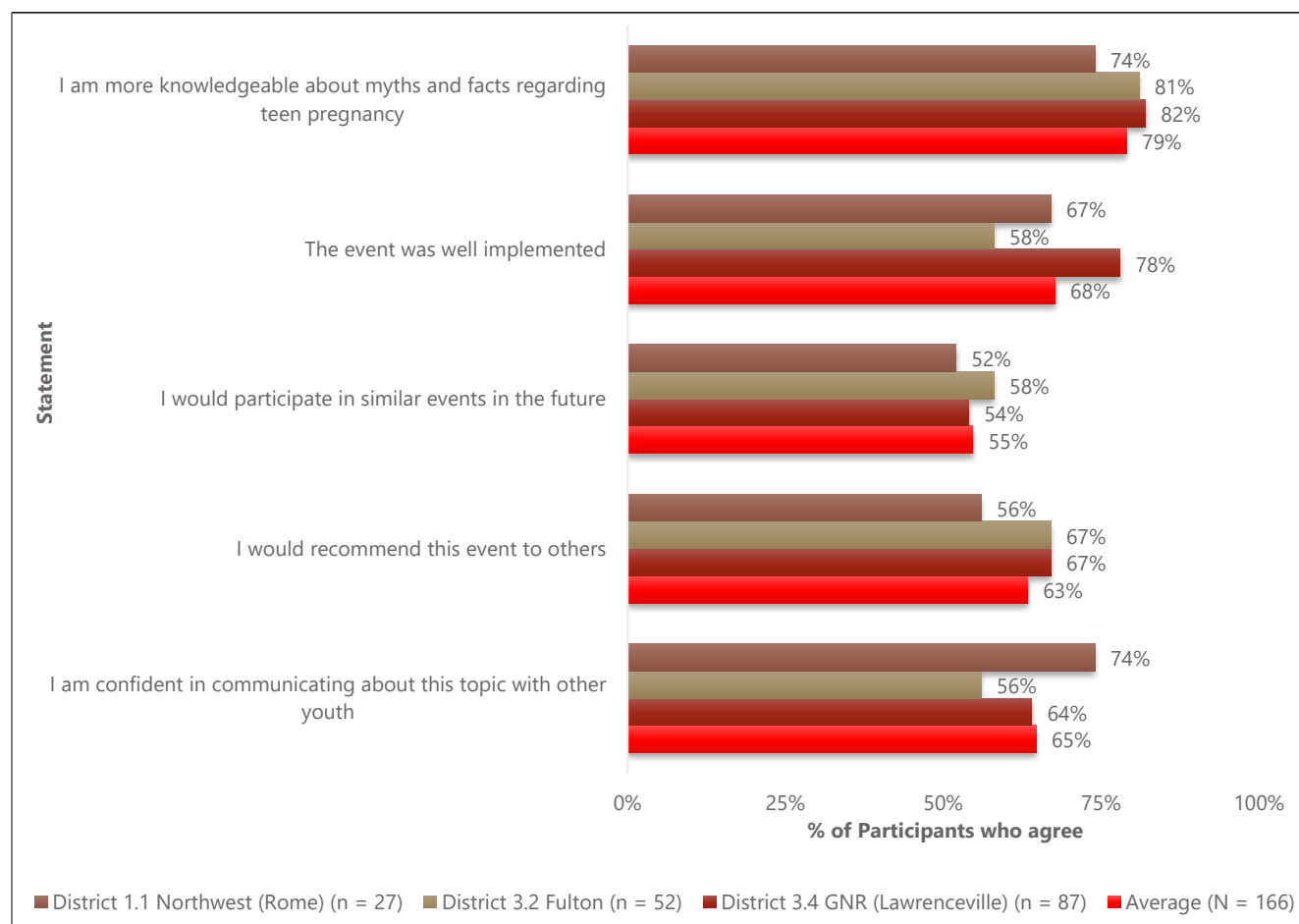


³ FY23 Ns presented in Table 14, and percentages presented in Figure 6 and the charts in Figures 7-11 include unknown district responses, which will vary from the overall averages presented in Figures 12-16, which only include known district responses.

⁴ The Clayton (Morrow) district is not included in the chart because the n was less than 5.

The following three public health districts offered the *Teen Pregnancy & STD/HIV Prevention* events as shown in Figure 13: District 1.1: Northwest (Rome), District 3.2: Fulton, and District 3.4: GNR (Lawrenceville) health districts, with the GNR (Lawrenceville) health district comprising the largest proportion of responses (52%), followed by Fulton (31%) and Northwest (Rome) (16%). Comparing the averages across the three districts, the percentage of participants in Northwest (Rome) who agreed with statements was lower for each of the items, with the exception of confidence in communicating about the topic with others, for which they had the highest percentage of participants who agreed with that item. The percentage of “agree” responses from the GNR (Lawrenceville) district tended to be above average, and the percentage of “agree” responses in the Fulton district varied from item to item but were highest for knowledge, willingness to participate in future events, and recommending the event to others.

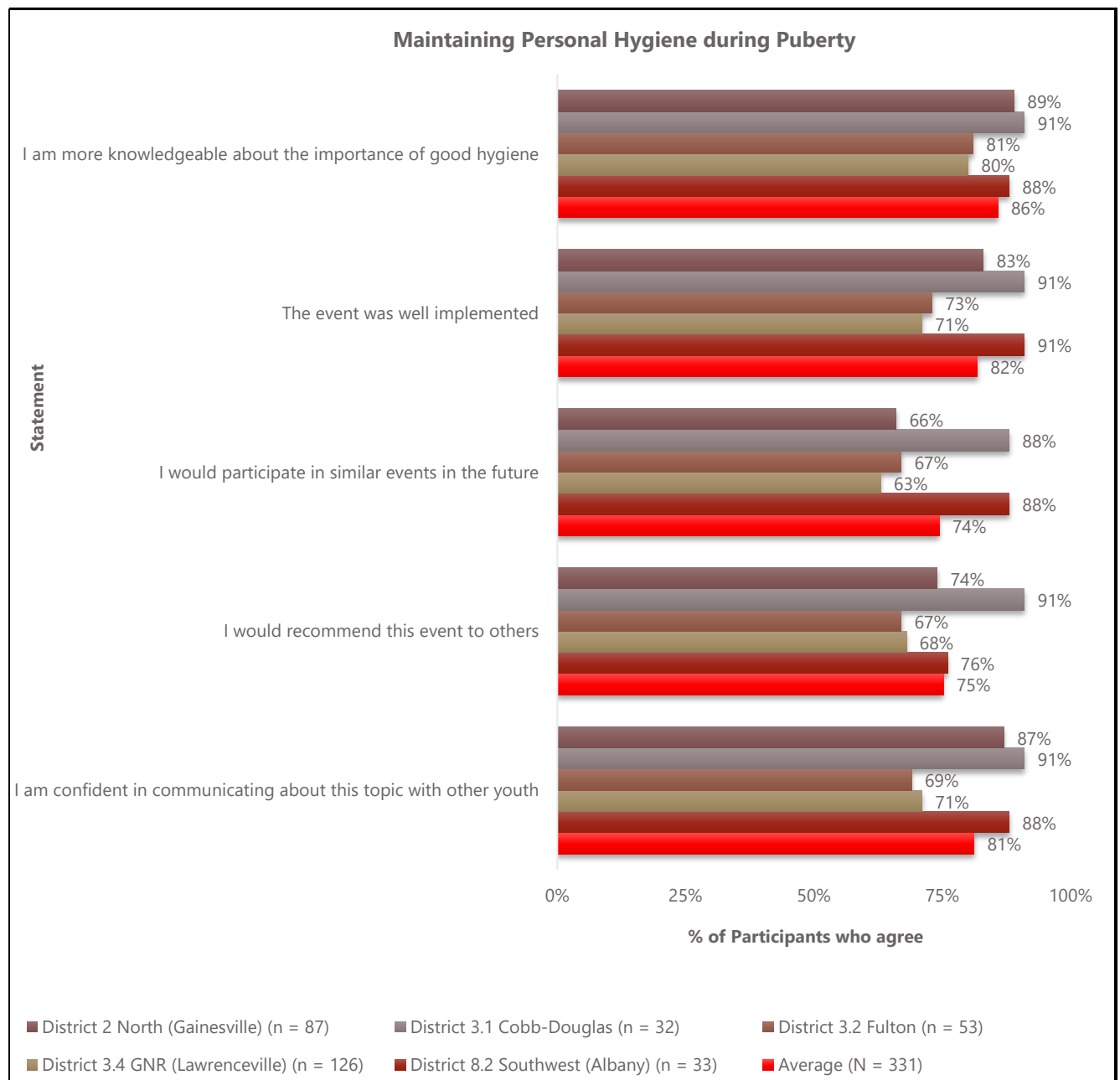
Figure 13: Teen Pregnancy & STD/HIV Prevention - Post-Event Survey Results by District FY23)



Regarding *Maintaining Personal Hygiene during Puberty* events, the following five public health districts held events where this topic was covered: District 2: North (Gainesville), District 3.1: Cobb-

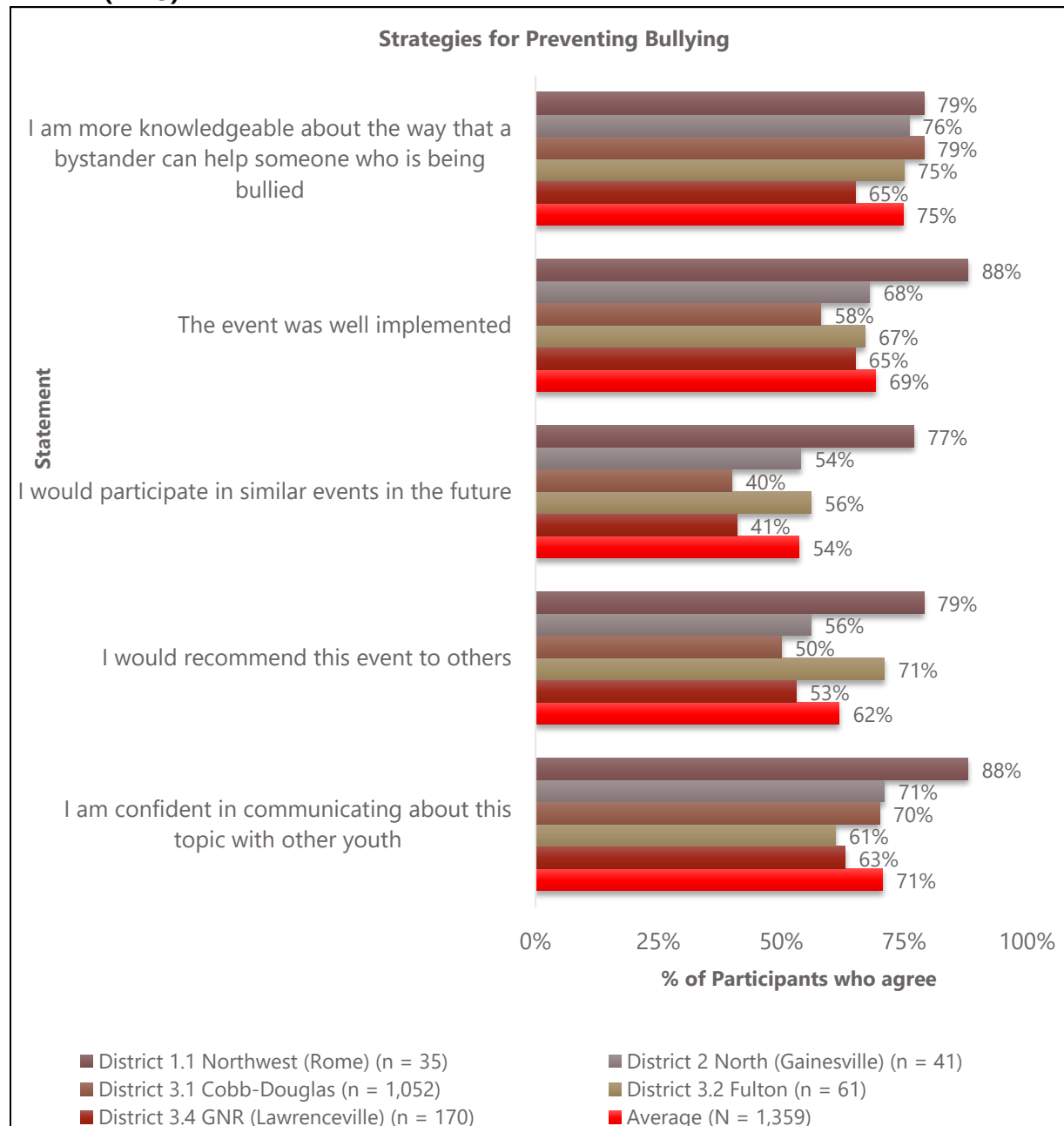
Douglas, District 3.2: Fulton, District 3.4: GNR (Lawrenceville), and District 8.2: Southwest (Albany), with the GNR (Lawrenceville) district comprising most of the responses (38%) followed by North (Gainesville) (26%). The percentage of students who agreed with the statements in Cobb-Douglas and Southwest (Albany) districts tended to be higher than the average, while the GNR (Lawrenceville) and Fulton districts percentages were lower than the average on each of the measures. See Figure 14.

Figure 14: Maintaining Personal Hygiene during Puberty -- Post-Event Survey Results by District (FY23)



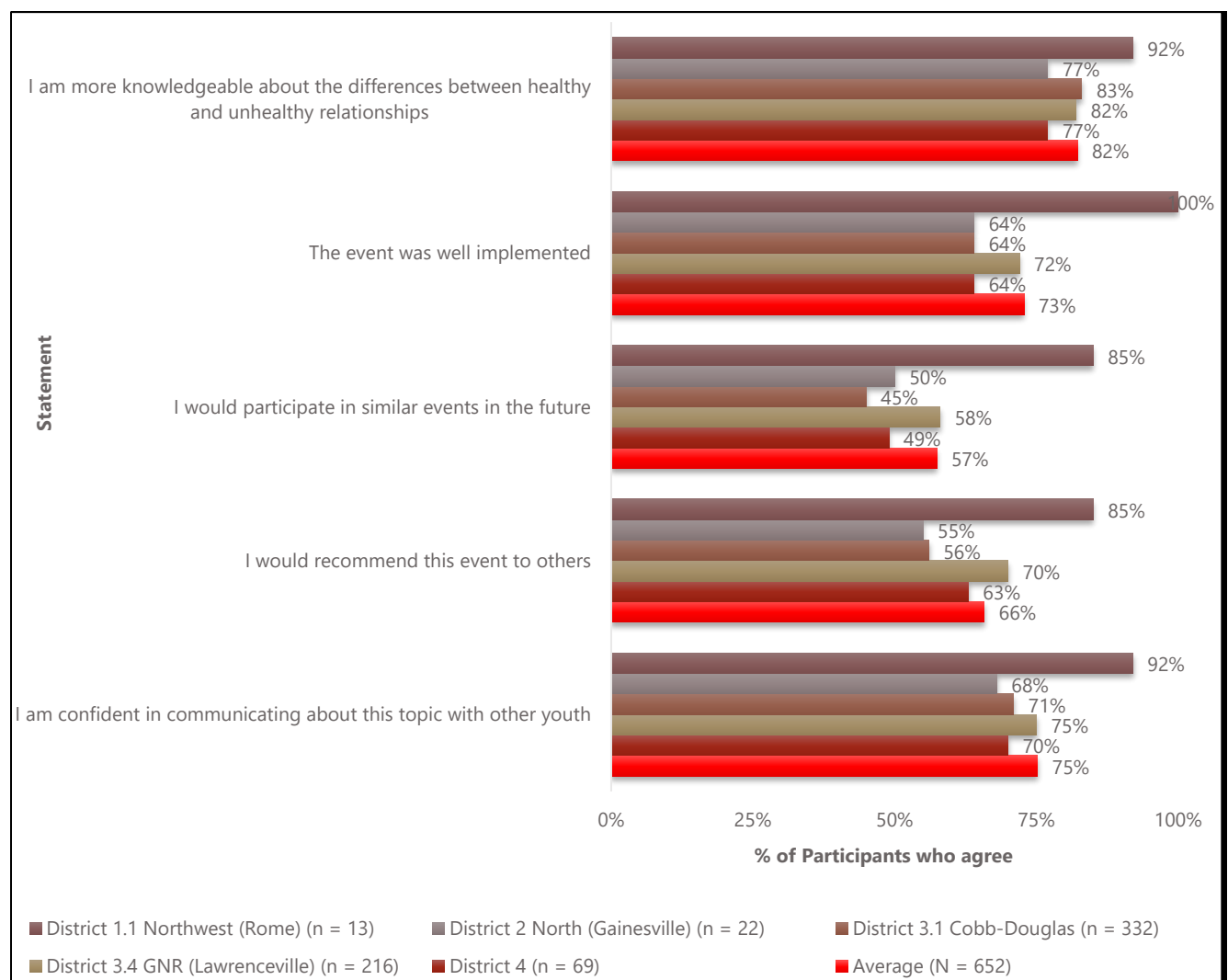
Five public health districts held events on the *Strategies on Preventing Bullying* topic as show in Figure 15: District 1.1: Northwest (Rome), District 2: North (Gainesville), District 3.1: Cobb-Douglas, District 3.2: Fulton, and District 3.4: GNR (Lawrenceville). Students in the Cobb-Douglas health district made up the largest proportion of responses (77%), followed by GNR (Lawrenceville) (13% of responses). Thus, the ratings provided by the students in Cobb-Douglas health district heavily influenced the averages for each measure. The percentage of participants who indicated that they agreed with each of the statements was the highest in Northwest (Rome) (3% of responses), while students in Cobb-Douglas and GNR (Lawrenceville) districts tended to provide the lowest ratings overall.

Figure 15: Strategies for Preventing Bullying -- Post-Event Survey Results by District (FY23)



Lastly, five public health districts held events on the *Avoiding Teen Dating Violence through Healthy Relationships* topic: District 1.1: Northwest (Rome), District 2: North (Gainesville), District 3.1: Cobb-Douglas, District 3.4: GNR (Lawrenceville), and District 4. As was the case with *Strategies on Preventing Bullying* and *Effects of Drugs & Alcohol on the Body* events, students in Cobb-Douglas made up the majority of responses (51%), followed by GNR (Lawrenceville) (33%). Similar to the Bullying event data, students in Northwest (Rome) provided the highest ratings for each of the five measures compared to the other districts (ranging from 85%-100% for each measure). GNR (Lawrenceville) provided the second highest ratings (ranging from 58%-75%), while students in Cobb-Douglas, North (Gainesville), and District 4 provided very similar ratings across each of the five measures (ranging from 45%-70%). Due to the high proportion of responses from Cobb-Douglas that tended to be lower than average, student ratings from this district likely brought the overall averages down. See Figure 16.

Figure 16: Avoiding Teen Dating Violence & Healthy Relationships -- Post-Event Survey Results by District (FY23)



Evaluation of the Youth-Serving Professional (Sparks) Training

The AHYD program implements the University of Michigan's (U-M) Adolescent Health Initiative (AHI) Sparks trainings, designed for healthcare providers and other healthcare staff, across all 12 public health districts. Per U-M's website⁶, *Sparks are free, ready-to-use, and include a PowerPoint presentation, a facilitator script, and follow-up materials. They are designed for providers or staff to deliver in 15-30 minutes at staff meetings or professional development opportunities. Sparks can be facilitated by providers or staff in any role and are specifically designed to "spark" discussion and reflection among a multidisciplinary audience.*

Program participants completed pre-and post-surveys⁵ before and after participating in Sparks training. The participant surveys collected data on the following:

- Length of time professionals have served adolescents aged 10-19
- Participant role within the health clinic
- Knowledge related to the developing adolescent brain and adolescent behavior
- Knowledge of youth-friendly practices
- Confidence and willingness to engage in communications in a youth-friendly manner with adolescents
- Satisfaction with program implementation

Participants were asked to respond to the statements listed in Table 15 pertaining to knowledge of the adolescent brain and behavior and youth-friendly practices. Response options were "true," "false," "not applicable," and "don't know." At the end of the fiscal year, none of the surveys were able to be matched to compare pre- and post-results as no post-tests were collected in FY23. Fifteen participants were administered a pre-survey, and 14 of those participants completed the survey. Ten of the participants were located in DeKalb County (DeKalb Health District 3.5), three were located in Douglas County (Cobb-Douglas Health District 3.1), and one each were in Henry (Health District 4) and Walton (Northeast (Athens) Health District 10) counties. Five of the professionals were educators/teachers, two were registered nurses, one was a student support coach, and one was a customer service representative. The rest of the participants did not specify their role. Most indicated that they had served youth for over 10 years (87%), while the remaining participants indicated between 5-10 years (13%).

As shown in Table 15 on the following page, overall pre-test data indicated high levels of knowledge of the subject matter pre-training, with the percentage of participants answering correctly ranging from 64% correct for Q9 (*Confidentiality is a youth-friendly behavior*) to 100% correct for Q3 (*The need for peer acceptance is at its peak during the adolescent period*). In addition, when asked if they were willing to engage in communications about adolescent health and youth development issues, and if they were confident that they could engage in communications about adolescent health in a youth-friendly manner, 86% and 71% agreed, respectively.

⁵ No post-test data was collected in FY23 from youth-serving professionals participating in SPARKS programming.

Table 13. Knowledge Results for Youth-Serving Professionals

Items related to Knowledge of Adolescent Health and Behavior	% Correct Pre-Test (N = 14)
Q1. The human brain develops fully during the period of adolescence.	86%
Q2. The prefrontal cortex of the brain controls complex decision-making, judgment and understanding.	71%
Q3. The need for peer acceptance is at its peak during the adolescent period.	100%
Q4. Teens engage in risk-taking to build their identity.	79%
Q5. Engaging in risky behaviors is disproportionately high among adolescents compared to other age groups.	86%
Q6. Teens often do not receive counsel from providers due to unconscious bias.	71%
Q7. Good screening and counseling help prevent many adolescent risky behaviors.	86%
Q8. Being patient-centered is an important tool for providers to navigate negative behaviors from adolescents.	86%
Q9. Confidentiality is a youth-friendly behavior.	64%

D. Barriers and Successes

YDC resignations and inconsistent community partners continued to be a barrier to program completion throughout some districts. Despite these challenges, the AHYD program was still able to reach thousands of students throughout Georgia. One of the keys to the success of certain districts, was the partnerships that YDCs have built and maintained over the years. YDCs' also maintained flexibility in meeting the needs of partner organizations and youth. Recruitment and building student rapport were crucial in reaching the Georgia youth. Successful YDC facilitations kept the youth participating and engaged. This is also a key component to the success of the overall program.

E. Future Plan

The program hopes to secure additional funds to build on its current successes by expanding programming to reach a larger population. Although pregnancy and STD rates have declined overall in Georgia over the past 2 decades, during the years 2002-2022, three health districts continue to have very high pregnancy rates among adolescents with the West Central (Columbus) Health District at 32.2; the Southwest (Albany) Health District, and the Southeast (Waycross) Health District had a rate of 31.8 pregnancies per 100,000 youth, respectively. West Central (Columbus) and Southwest (Albany) Health Districts also have the highest STD rates among the population aged 10 – 19. Given the opportunity for expansion and appropriate funding, the AHYD program is confident the rates of unintended pregnancies and STDs can be reduced further. Additionally, AHYD program would like to expand accessibility of the program by identifying and implementing evidence-based curriculum that reaches youth with disabilities.

F. . 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/hiv-aids-case-surveillance>
- ⁵ <https://youth.gov/youth-topics/integrating-positive-youth-development-programs>
- ⁶ <https://umhs-adolescenthealth.org/improving-care/spark-trainings/>