

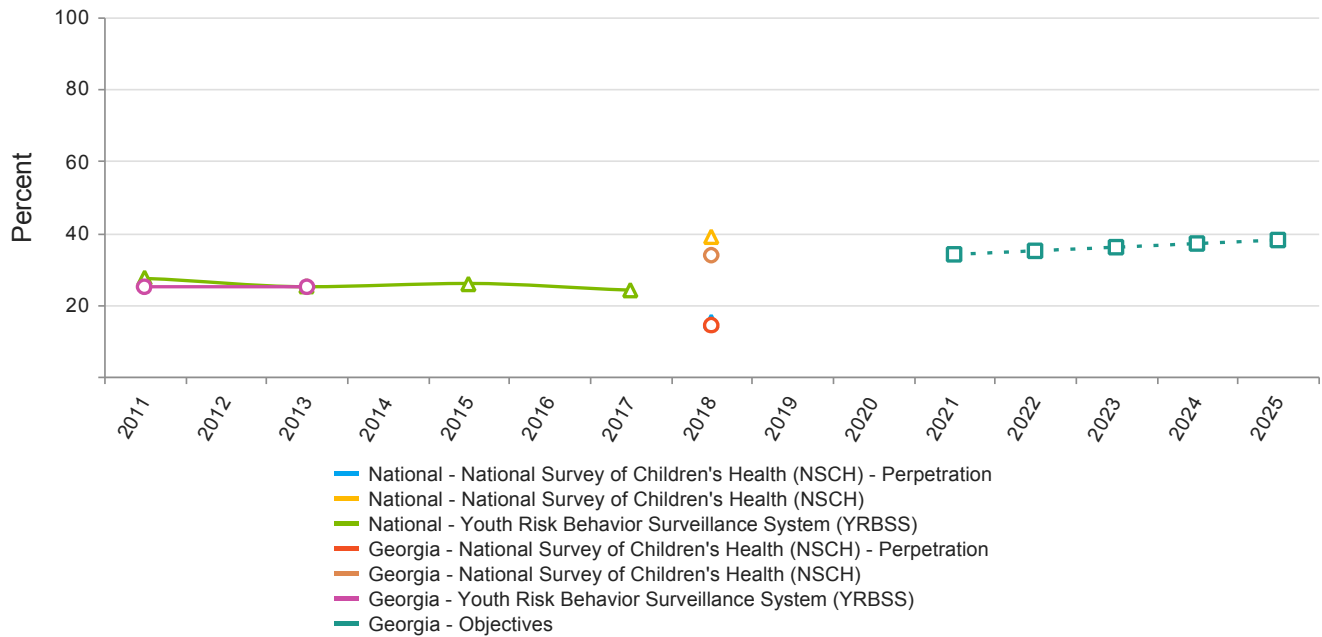
Adolescent Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS-2018	35.7	NPM 9
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS-2016_2018	9.6	NPM 9
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	88.5 %	NPM 8.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH-2017_2018	16.0 %	NPM 8.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC-2016	12.5 %	NPM 8.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2013	12.8 %	NPM 8.2

National Performance Measures

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others Indicators and Annual Objectives



Federally Available Data

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

	2016	2019
Annual Objective	25.3	
Annual Indicator	25.1	25.1
Numerator	110,846	110,846
Denominator	442,284	442,284
Data Source	YRBSS	YRBSS
Data Source Year	2013	2013

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Perpetration					
	2019				
Annual Objective					
Annual Indicator	14.2				
Numerator	106,312				
Denominator	750,443				
Data Source	NSCHP				
Data Source Year	2018				
Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019				
Annual Objective					
Annual Indicator	33.7				
Numerator	257,779				
Denominator	765,064				
Data Source	NSCHV				
Data Source Year	2018				
Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	34.0	35.0	36.0	37.0	38.0

Evidence-Based or –Informed Strategy Measures

ESM 9.1 - Number of schools that receive guidance on laws, policies, and evidence-based strategies to prevent bullying

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0	0.0

State Action Plan Table

State Action Plan Table (Georgia) - Adolescent Health - Entry 1

Priority Need

Increase bullying and suicide prevention

NPM

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

Objectives

9.1 By September 2021, identify the prevalence and existing prevention programs and GA State policy and legislation on bullying.

9.2 By 2025, observe improvements in bullying prevention efforts by schools that service that service the target population (ages 12-17).

9.3 By 2025, increase use in clear and consistent use of language across organizations working bullying and suicide prevention and other relevant stakeholder groups.

Strategies

9.1 Conduct an environmental scan and needs assessment to determine the status of bullying in Georgia.

9.2 Provide guidance and/or recommendations to DOE and individuals schools on laws, policies, and evidence-based strategies to prevent bullying.

9.3 DPH IPP will engage in events hosted by agencies or organizations that include bullying prevention in their strategic plans and that align overall activities and policy contributions within a framework of shared risk and protective factors and/or social determinants of health, in order to support efforts to display and encourage the use of consistent language and communications around the public health issue of bullying.

ESMs

Status

ESM 9.1 - Number of schools that receive guidance on laws, policies, and evidence-based strategies to prevent bullying Active

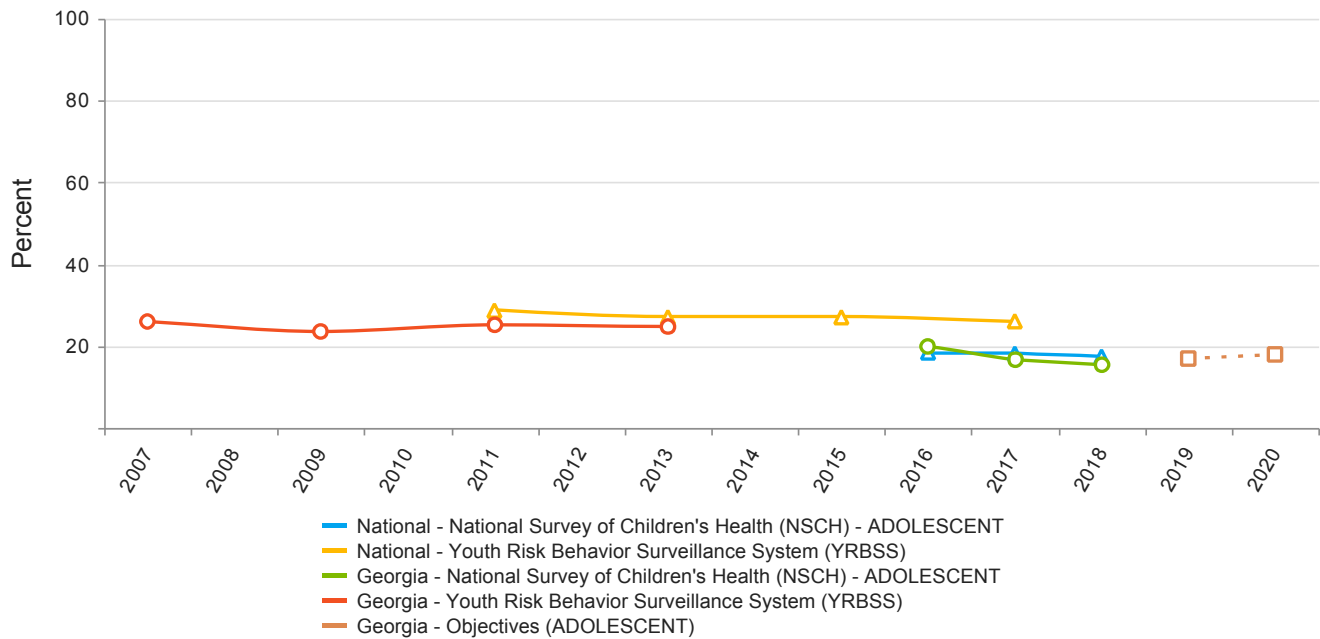
NOMs

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

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

2016-2020: National Performance Measures

2016-2020: NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day Indicators and Annual Objectives



Federally Available Data

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

	2017	2018	2019
Annual Objective			17
Annual Indicator	24.7	24.7	24.7
Numerator	107,932	107,932	107,932
Denominator	436,871	436,871	436,871
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2013	2013	2013

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT			
	2017	2018	2019
Annual Objective			17
Annual Indicator	20.0	16.9	15.6
Numerator	186,178	154,649	129,201
Denominator	931,402	916,172	826,895
Data Source	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year	2016	2016_2017	2017_2018

2016-2020: Evidence-Based or –Informed Strategy Measures**2016-2020: ESM 8.2.1 - 7.1.1. Average HFZ measure (aerobic capacity) among students in grades 4-12**

Measure Status:			Active	
State Provided Data				
	2016	2017	2018	2019
Annual Objective		56	57	50
Annual Indicator	53.5	52.4	50.4	50.3
Numerator	380,890	379,767	390,505	143,545
Denominator	711,312	724,839	775,490	285,135
Data Source	DOE Fitnessgram	DOE Fitnessgram	DOE Fitnessgram	DOE Fitnessgram
Data Source Year	2016-2017	2017-2018	2018-2019	2019-2020
Provisional or Final ?	Final	Final	Provisional	Provisional

Adolescent Health - Annual Report

Priority Need: Promote Physical Activity Among Children

NPM 8: Physical Activity for Children and Adolescents

Georgia Shape is a statewide, multi-faceted childhood obesity initiative that grew out of a 2009 policy, the Student Health and Physical Education (SHAPE) Act. The SHAPE Act requires that all K-12 students take part in an annual fitness assessment. Using that requirement as a springboard, Georgia Shape has grown into 25 programs, nine statewide coalitions, and multiple annual events under DPH's leadership.

Georgia Shape piloted a PU30 Middle School Program with HealthMPowers. The PU30 Program equips school administrators and staff to provide meaningful physical activity opportunities to students throughout the school day to reach an additional 30 minutes of physical activity. This work is currently being implemented statewide.

Georgia Shape worked to increase physical activity measures for female adolescent populations through private funding in afterschool settings. In partnerships with DPH, DOE, and the Governor's office SHAPE continues to provide the following programs to children ages 12 to 17 years of age:

- PU30 Middle School Program- This program consists of seven pilot middle schools. Physical activity data is currently being collected and evaluated. Funding is available for approximately 40 to 50 more middle schools and a modified training will be offered statewide. During the 2017-2018 calendar year, one pilot school, an alternative school for students with previous behavioral issues removed from their zoned school, reported a 90 percent decline in behavior referrals after implementation.
- Middle School Girls Physical Activity Barriers and Facilitators project- Georgia Shape worked to identify best practices and ethnographic information from adolescent females to inform organizations and partners of the large gender gap for aerobic capacity statewide between male and female students. Currently there is approximately a 10-percentage point difference between males and females. Spitfire Consultant Firm did online listening, branding best practices, participant interviews and Subject Matter Expert interviews to create a road map of the Georgia initiative collaboration and best practices to motivate and engage the middle school population, whereby hopefully closing the gender gap.
- Middle School girls PAL project (Physical Activity Leader)- SHAPE received seed money from the Blank Foundation to identify barriers and facilitators to female activity levels, forming a partnership between Georgia Shape, GSU and HealthMPowers.

Other Adolescent Health Programs

Adolescent Health and Youth Development

The Adolescent Health and Youth Development Program (AYHD) targets youth ages 10 to 19 and provides comprehensive implementation guidelines for youth focused health care and services at all levels. It includes disability, mental health, environmental health, reproductive and sexuality, violence and injury prevention and more. It is integrated into the health system and the broader system including advocacy among teachers, families, and teens. Program goals include building support for providers of care and youth, improving accessibility and availability of health services, strengthening partnerships, mobilizing resources, and improving data collection and utilization.

In the reporting year, DPH partnered with twelve public health districts across the state. The AHYD program is administered by the Youth Development Coordinators (YDC) in these districts. The YDCs form critical partnerships with afterschool programs and county and community agencies, holding workshops with parents, faith-based

institutions, and public health leaders to foster collaboration around key adolescent health and youth development issue.

DPH continued to partner with the Georgia Department of Human Services, Division of Family and Children Services to offer the Personal Responsibility Education Program, a comprehensive approach to address teen pregnancy.

In the reporting year, AHYD engaged in the following activities:

- Implementation of evidence-based risk-reduction curricula in twelve public health districts.
- Youth development activities including karate, Youth Action Team, Georgia Teen Institute, Prom Safety seminars, Teen Maze, mentoring, Youth Fest, STD awareness and birth control methods presentation, gangs and violence, drugs, nutrition and wellnesses, summer camp health presentations, outreach on sexting and Georgia laws.
- Public awareness events including Teen Pregnancy Month, Human and Child Trafficking Awareness, teen dating violence, STD awareness, bullying and suicide prevention and bystander intervention. Media such as billboard, print and various apps were used in creating awareness of adolescent health-related issues.
- Youth-serving professional trainings including an asthma self-management pilot training program, educational information on areas of child abuse prevention, bullying prevention and stress management, Safe Dates, substance abuse, emergency preparedness, Sexual Violence Assault Prevention/Exploitation Training.

Suicide Prevention

Sources of Strength is a strength-based comprehensive wellness program that focuses on suicide prevention, however, as a wellness program it also seeks to impact social issues such as bullying, substance abuse, and violence. The program uses peer leaders and *Hope, Help, and Strength* messaging to positively change school and/or community cultures around help seeking behaviors, codes of silence, and perceptions of adult support. These strength messages are strategically designed by Sources of Strength and the local peer teams, to engage local culture and impact local groups of youth, teens, young adults, and/or parents.

Sources of Strength is based on a relational connections model that uses teams of peer leaders, mentored by adult advisors, to change peer social norms about help seeking and encourage students to individually assess and develop strengths in their life. Sources of Strength is often implemented as a school-based program in middle schools, high schools, and colleges. The model is also used effectively in community, faith-based, and cultural settings. The model promotes and focuses on connectivity, school or community bonding, peer-adult partnerships, protective factors and the promotion of help seeking behaviors.

The Suicide Prevention Program connected with the DOE and received recommendations for school systems at highest risk and those that were using Positive Behavioral Interventions & Supports (PBIS), an evidence-based framework to improve and integrate data, systems, and practices affecting student outcomes, in their curriculum. Dawson County schools was recommended as an initial implementation site due to an existing partnership with the Suicide Prevention Program contracted with the Suicide Prevention Action Network – Georgia (SPAN-GA), a non-profit agency providing suicide prevention, intervention, and aftercare services.

A contract was initiated with SPAN-GA to implement the Sources of Strength wellness program within several of Georgia's middle and high schools. While the intrapersonal and interpersonal needs of students were addressed by school peer teams, awareness and education surrounding mental health and suicide also took place through the engagement of community and family members.

In the reporting year, the Sources of Strength program continued to create a positive relationship with the Dawson County school system and school leadership, adult advisors, and students valued the program. The Dawson County Middle School Peer Team provided the following educational programs to 47 students:

- Brainstorming and Planning as a Team
- Trusted Adult Campaign
- I am Stronger Activity
- Thankful Thursday Campaign
- Suicide Awareness Week

The Dawson County Junior High School Peer Team provided the following educational programs to 55 students:

- Trusted Adult Activity
- 21-day Thankfulness Challenge
- Mindfulness Activity
- Community Service Project

Dawson County Junior High School Sources of Strength Program also created a “Mindfulness” room in coordination with a project led by a DCJHS student who currently serves on the state school superintendent student advisory council. The Mindfulness room is located near the school counselor and is open to students.

The Dawson County High School Peer Team provided the following educational programs to 80 students:

- Trusted Adult Activity
- 21 Day Thankfulness Challenge
- Thankfulness Journals
- Thankfulness Tree
- I’m a Connector Activity
- I am Stronger Activity

The Dawson County High School Peer Team also created a Twitter branding strategy to promote suicide prevention and wellness by adding @DCHS_SOS! to school posts.

Current Year: Oct 2019 – Sept 2020

Priority Need: Promote Physical Activity Among Children

NPM 8: Physical Activity for Children and Adolescents

In the current year, Georgia Shape continued the management of statewide Fitnessgram “booster session” contracts with HealthMPowers, a non-profit educational technical assistance provider with a national presence, and DOE. Approximately eight to twelve trainings were conducted through DOE or state PE/Health conferences (GAHPERD association) and the Fitnessgram Certificate program which coordinates state recognition certificates for students that excel in Fitnessgram components continued.

In partnerships with DPH, DOE, and the Governor’s office SHAPE continued to provide the following programs to

children ages 12 to 17 years of age.

- PU30 Middle School Program- In the reporting year, 351 staff and 9092 middle schools were reached by this initiative.
- Middle School Girls Physical Activity Barriers and Facilitators project –The project concluded during the reporting year with an understanding of girls' barriers to being active as well as motivations for continuous physical activity. The project goal was to create a road map of the Georgia initiative collaboration and best practices to motivate and engage the middle school population, whereby hopefully closing the 10% gender gap. Key barriers were summated to structural (limited access and opportunities), emotional (poor self-esteem), physical (uncomfortable in their own skin) and cultural/regional (lack of encouragement). Key motivators included completing a challenge, adding to their personality, a judgement free space, incorporation of their music, tangible rewards and others. The recommendations for next steps included leveraging technology, broadening participants understanding of health, incorporating the ideas of peer to peer learning and the power of choice. From this, the next phase includes the launch of a peer-to-peer network of middle school girls as peer leaders to encourage, promote and support physical activity. Middle School girls PAL project (Physical Activity Leader) - All focus groups have been completed and the results will available in the next reporting period.

Other Adolescent Health Programs

Adolescent Health and Youth Development

In the current year, AHYD implemented the following activities:

- Evidence-based risk-reduction curricula in 12 public health districts
- Youth Development activities using the Family Life and Sexual Health (FLASH) curriculum. The FLASH curriculum is an interactive science based sexual health education curriculum designed to prevent teen pregnancy, sexually transmitted disease, and sexual violence.
- Public health awareness events including a focus on five specific topics related to - Drugs and Alcohol, Teen Pregnancy & STDs/HIV, Puberty and Hygiene, Bullying, and Healthy Relationships & Teen Dating Violence.
- Youth-serving professional training opportunities
- AHYD Coalitions

Challenges/barriers: The following challenges were reported by external grantees:

- Identifying participating sites for implementation
- Enrolling youth at participating sites
- Obtaining approval of faculty/staff to obtain approval for curriculum implementation.
- Implementing age restricted curriculum (Making a Difference)
- Applying additional components added to an approved curriculum (Making Proud Choices)
- Executing required curricula due to capacity
- Coordinating with school systems calendar
- Cancelling programs due to inclement weather
- Inconsistency in program delivery due to high turnover of staff
- Implementation of evidence-based risk-reduction curricula was severely impacted due to COVID-19 and the closure of schools and other youth serving facilities. Programs transitioned to virtual platforms to remain engaged with youth and adolescents.

Suicide Prevention

In the current year, the Sources of Strength program continued to have a positive impact on student relationships in

the Dawson County School System. As the contract entered the third year of programming, school leadership, adult advisors and students valued the program and continued education and trainings. Throughout the school year, Sources of Strength trainings were provided to 27 adult advisors, 40 Dawson County Middle School students, 55 Dawson County Junior High School students, and 70 Dawson County High School students. Trainees received education to strengthen and secure peer networks to change unhealthy norms and cultures ultimately preventing suicide and bullying.

The Sources of Strength Peer Team Leaders created strategies for the year which included the Event of Roses. Peer Team Leaders provided 800 roses to the entire student body at Dawson County Junior High. Dawson County Middle School Peer Leaders created a plan for sharing positive messages during Suicide Prevention and Awareness Week.

Suicide awareness week activities included:

- Monday - Make a New Friend
- Tuesday - Give someone a compliment
- Wednesday - Wear yellow to support suicide awareness
- Thursday - Thank someone who is a positive influence in your life
- Friday - Find your source of strength - Suicide Hotline posters placed in the hallways

As the COVID-19 crisis changed the landscape of traditional schooling, the Director of Student Services developed strategies to encourage the Sources of Strength Peer Team Leaders to continue student support activities. Social media "You Matter" messages were created and shared with students to provide encouragement to students.

Adolescent Health - Application Year

Priority Need: Increase Bullying and Suicide Prevention

NPM 9: Bullying

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

Strategies:

- 1.1 Conduct an environmental scan and needs assessment to determine the status of bullying in Georgia.
- 1.2 Provide guidance and/or recommendations to DOE and individual schools on laws, policies, and evidence-based strategies to prevent bullying.
- 1.3 Injury Prevention will engage in events hosted by agencies or organizations that include bullying prevention in their strategic plans and that align overall activities and policy contributions within a framework of shared risk and protective factors and/or social determinants of health, in order to support efforts to display and encourage the use of consistent language and communications around the public health issue of bullying.

The Injury Prevention program will develop resources to assess needs and develop strategies to combat bullying among school-age children. Bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, are more likely to drop-out of school, and are more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation as well as poor school performance, suicidal ideation, and suicide attempts. Bullying victims who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies. Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation.

Other Adolescent Health Programs

Adolescent Health and Youth Development

AHYD will continue to implement evidence-based risk-reduction curricula in public health districts, youth development activities using the FLASH curriculum, and Adolescent and Young Adult Centered Care Clinic Trainings in the public health districts' Family Planning Clinic. AHYD will conduct ten Public health awareness events including a focus on five specific topics areas- Drugs and Alcohol, Teen Pregnancy & STDs/HIV, Puberty and Hygiene, Bullying, and Healthy Relationships & Teen Dating Violence. Adolescent and Youth Development Coalitions will continue to be established and supported.

Physical Activity for Adolescents

Georgia Shape will continue to build a network of partners, agencies and athletic teams to promote physical activity to adolescents ages 12-17 years of age. Georgia Shape will continue to work with 120 partners to decrease adolescent BMI measures while increasing aerobic capacity measures and physical activity levels. The PU30 Middle School Program, Middle School Girls Physical Activity Barriers and Facilitators project, Middle School Girls Physical Activity Leader (PAL) project, and PU30 Pre-service teacher program will continue.