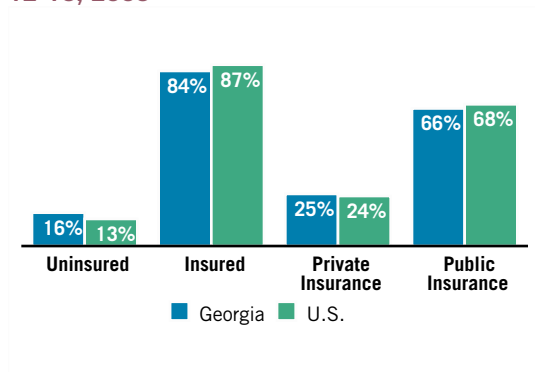


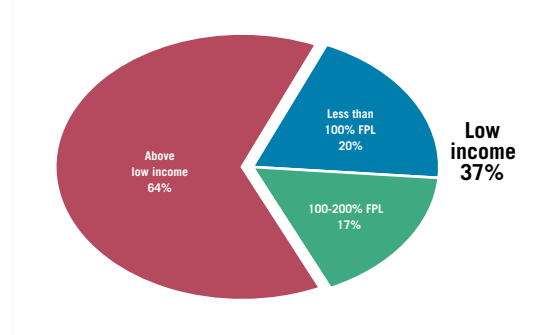
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Georgia's 952,511 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011

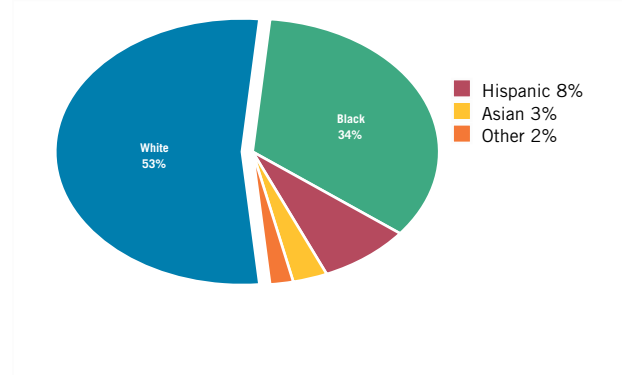
Health Insurance Coverage Among Adolescents Aged 12-18, 2008¹



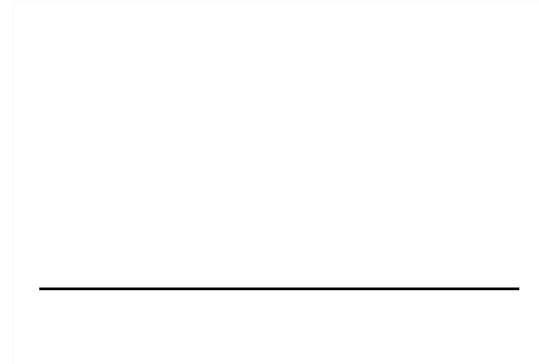
Family Income Among Adolescents Aged 12-18, 2008¹



Race/Ethnicity Among Adolescents Aged 12-18, 2008²



Type of Area of Residence Among Adolescents Aged 12-18,³



HEALTH

State Choices to Promote Access

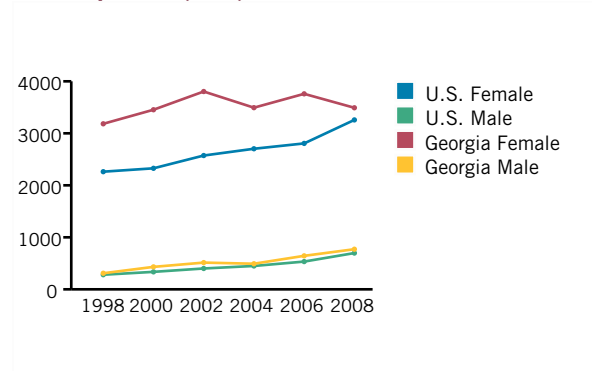
Promotion, Prevention, and Early Intervention

- Medicaid [2009]⁴
- CHIP [2009]⁵
- Extend CHIP to cover legal immigrant children [2010]⁶
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁷
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁸
- Require CHIP coverage for contraceptives [2006]⁹
 - HIV prevention education [2006]¹¹
 - STI prevention education [2006]¹¹
 - Pregnancy prevention education [2006]¹¹
- Require physical activity and fitness taught in schools [2006]¹¹

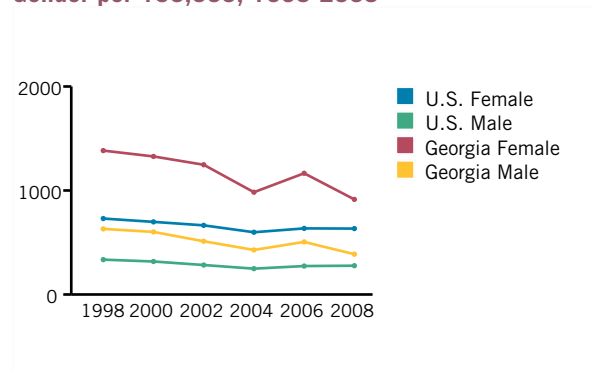
Services in Schools

- Provide funding for School-based Health Centers (SBHCs) [2008]¹²
 - Medicaid [2008]¹²
 - CHIP [2008]¹²
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹³

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹⁴



Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹⁴



HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]¹⁵
- Contraceptive and family planning services [2010]¹⁵
- HIV and STI prevention and treatment services [2010]¹⁶
- Medical care for their own children [2010]¹⁵
- Abortion without parental notification or permission [2010]¹⁷

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]¹⁸
- 4 Screenings for children 15-18 years [2009]¹⁸
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]¹⁹
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]¹⁹
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]²⁰
- Specify time requirements for physical education [2006]²¹

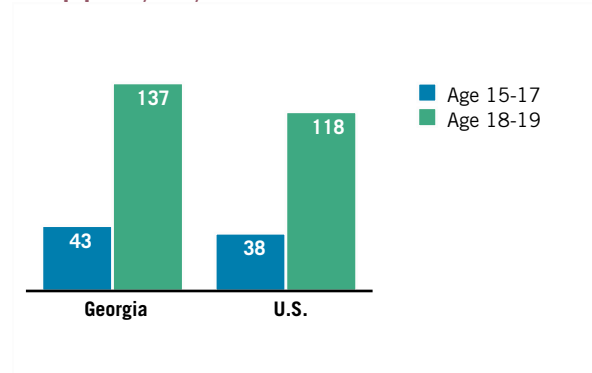
Services in Schools

- Have a program office dedicated to SBHCs [2008]¹²

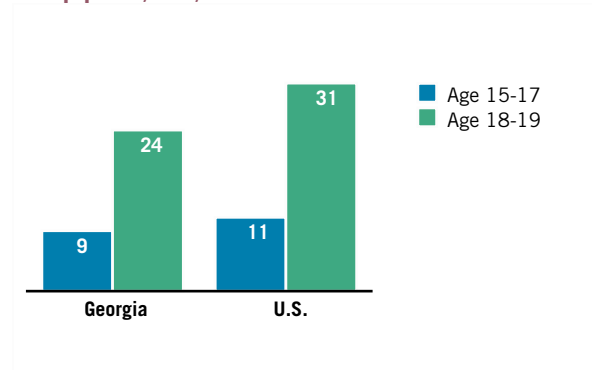
Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]²²

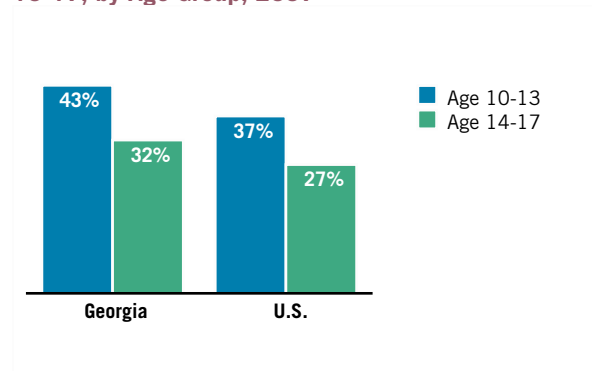
Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005²³



Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005²³



Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007²⁴



MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]¹¹
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]²⁵

Services in Schools

- Counseling for emotional or behavioral disorders [2006]²⁶
- Crisis intervention for personal problems [2006]²⁶
- Suicide prevention services [2006]¹³

Law and Legislation

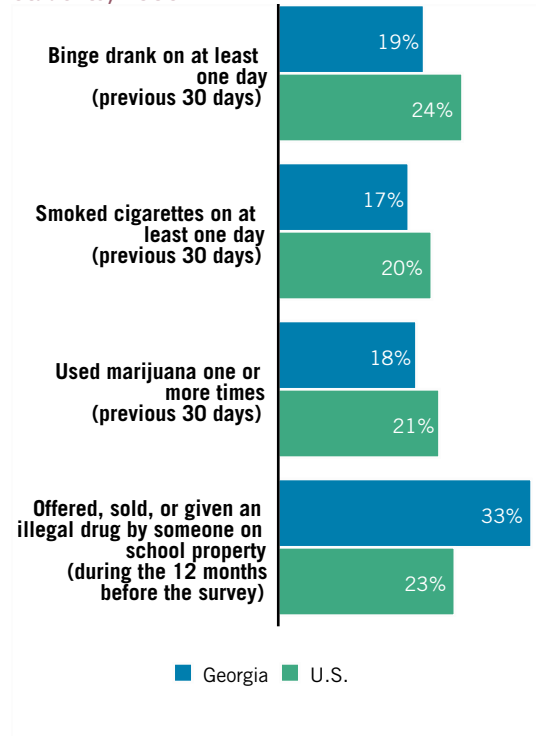
- Allow minors to consent to outpatient mental health care [2010]²⁷
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁸

State Choices to Promote Quality

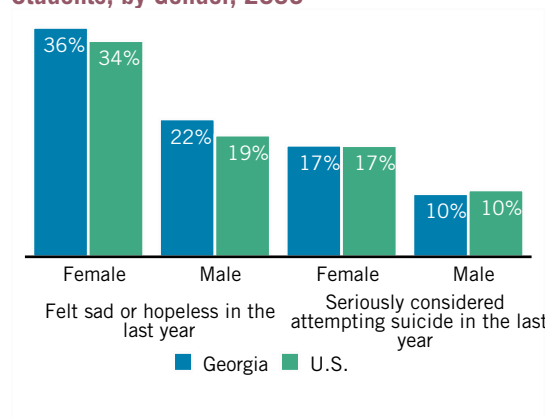
Workforce Development

- School counselors [2006]²⁹
- School psychologists [2006]²⁹
- School social workers [2006]²⁹
- Provide funding or staff development on emotional and mental health to health education teachers [2006]³⁰

Self-reported Substance Use Among High School Students, 2009³¹



Serious Mental Health Disturbances Among High School Students, by Gender, 2009³¹



Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]³²

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)

VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]¹¹

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]³³
- Require bicycle helmets on riders 17 and younger [2010]³³
- Ban all cell phone use for adolescent novice drivers [2010]³³
- Ban texting while driving for adolescent novice drivers [2010]³⁴
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]³⁵

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]³⁷

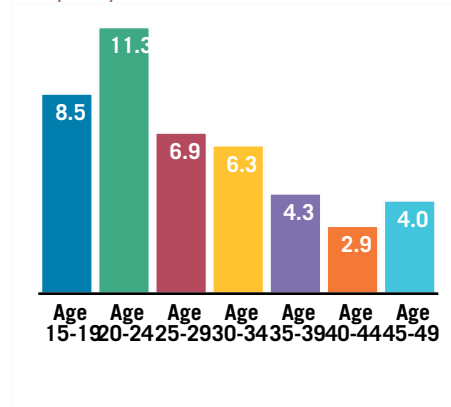
Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]³⁰

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]³⁸
- Have graduated driver licensing system [2010]³⁹
 - Require learner's entry age at 16 [2010]³⁹
 - Require learner's holding period at least 6 months [2010]³⁹
 - Require practice driving certification at least 30 hours [2010]³⁹
 - Require night driving restriction at 9 or 10pm [2010]³⁹
 - Restrict underage passengers to 1 or 2 [2010]⁴⁰
 - Require that restrictions last until age 18 [2010]³⁹
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]⁴¹
 - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]⁴¹
 - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]⁴¹
 - Allow minors to petition for protection orders [2009]⁴²
 - Allow victims to petition for restraining order against a minor [2009]⁴³

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007³⁶



- Require school curricula to address dating violence [2010]³⁷

YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]⁴⁴
- Provide funding for after-school/out-of-school time programs for youth [2010]⁴⁵
- Fund mentoring initiatives [2010]⁴⁶
- Allow undocumented immigrants to receive in-state tuition [2008]⁴⁷
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]⁴⁸

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]⁴⁹

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]⁵⁰
- Use the Compact Rate formula to measure graduation rate [2010]⁵¹

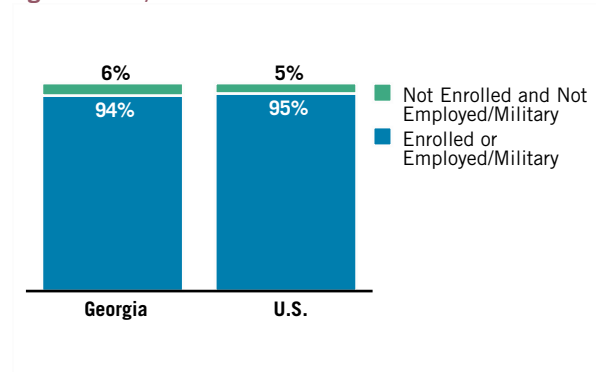
Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]⁵²
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]⁵³
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]⁴⁹
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]⁵⁴

Law and Legislation

- Have a legislative youth advisory council or commission [2009]⁵⁵

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008¹



DATA NOTES AND SOURCES

1. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.

2. Race/ethnicity estimates were excluded if the unweighted sample size in the denominator was less than 50.

State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.

- 3.

4. Medicaid eligibility is 200% FPL for children 0-1, 133% FPL children 1-5, 100% FPL children 6-19.

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6. National Immigration Law Center, Guide to Immigrant Eligibility for Federal Programs: Update Page. 2010. Medical Assistance Programs for Immigrants in Various States. Accessed Aug. 2, 2010, from www.nilc.org/pubs/guideupdates/med-services-for-imms-in-states-2010-07-28.pdf.

Wiley, Dinah, National Immigration Law Center. Aug. 2, 2010. Personal communication.

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Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

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Kaiser Commission on Medicaid and the Uninsured, Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009. State Income Eligibility Guidelines for Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs (Percent of the Federal Poverty Line) January 2009. (Table 1). Accessed Aug. 16, 2010, from www.kff.org/medicaid/upload/7855_TABLES.pdf.

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Centers for Disease Control and Prevention, State-Level School Health Policies and Practices. A State-by-State Summary from the School Health Policies and Programs Study 2006. Table 1.6. Accessed July 29, 2010, from www.cdc.gov/HealthyYouth/SHPPS/2006/summaries/pdf/State_Level_Summaries_SHPPS2006.pdf.

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English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition. Center for Adolescent Health and the Law.
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24. Body Mass Index (BMI) is a number calculated from a child's weight and height and is a reliable indicator of body fatness for most children and adolescents. BMI for children and adolescents, also referred to as BMI-for-age, is gender and age specific because their body fatness changes over the years as they grow and differs between males and females. Adolescents in the 85th to 94th percentile BMI-for-age were classified as overweight. Those in the 95th percentile or above BMI-for-age were classified as obese.
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27. No explicit policy.
Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.
English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition. Center for Adolescent Health and the Law.
28. Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.
English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition. Center for Adolescent Health and the Law.
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Break the Cycle: Empowering Youth to End Domestic Violence. 2009 and 2010 State Law Report Cards: A National Survey of Teen Dating Violence Laws. Accessed May 27, 2010, from www.breakthecycle.org/system/files/pdf/2010-Dating-Violence-State-Law-Report-Card-Full-Report.pdf.

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42. Many states do not explicitly specify.

Break the Cycle: Empowering Youth to End Domestic Violence. 2009 and 2010 State Law Report Cards: A National Survey of Teen Dating Violence Laws. Accessed May 27, 2010, from www.breakthecycle.org/system/files/pdf/2010-Dating-Violence-State-Law-Report-Card-Full-Report.pdf.
43. Data not available.

Many states do not explicitly specify.

Break the Cycle: Empowering Youth to End Domestic Violence. 2009 and 2010 State Law Report Cards: A National Survey of Teen Dating Violence Laws. Accessed May 27, 2010, from www.breakthecycle.org/system/files/pdf/2010-Dating-Violence-State-Law-Report-Card-Full-Report.pdf.
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Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).
53. Data not available.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).
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