

## 2017 Model Practices

### Applicant Information

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### Model Practice Title

Please provide the name or title of your practice: \*

Decreasing Risky Behaviors in Youth through the Power in Truth Conference

### Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: \*

- |   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> Access to Care   | <input type="checkbox"/> Advocacy and Policy Making       | <input type="checkbox"/> Animal Control                            | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations                 |
| <input checked="" type="checkbox"/> Community Involvement                                   | <input type="checkbox"/> Cultural Competence              | <input type="checkbox"/> Emergency Preparedness                    | <input type="checkbox"/> Environmental Health                   | <input type="checkbox"/> Food Safety                                     |
| <input type="checkbox"/> Global Climate Change  | <input checked="" type="checkbox"/> Health Equity         | <input checked="" type="checkbox"/> HIV/STI                        | <input type="checkbox"/> Immunization                           | <input type="checkbox"/> Infectious Disease                              |
| <input type="checkbox"/> Informatics  | <input type="checkbox"/> Information Technology           | <input checked="" type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion                | <input checked="" type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices   | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices                  | <input type="checkbox"/> Primary Care                           | <input type="checkbox"/> Quality Improvement                             |
| <input checked="" type="checkbox"/> Research and Evaluation                                 | <input checked="" type="checkbox"/> Tobacco               | <input type="checkbox"/> Vector Control                            | <input type="checkbox"/> Water Quality                          | <input type="checkbox"/> Workforce                                       |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health |   |  |   |  |

Other::

Chronic Disease Prevention

Is this practice evidence based, if so please explain. :

Yes. Healthy People 2020 guidance suggests that “because they are in developmental transition, adolescents and young adults are particularly sensitive to environmental—that is, contextual or surrounding—influences. Environmental factors, including family, peer group, school, neighborhood, policies, and societal cues, can either support or challenge young people’s health and well-being. Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive future adult population.” In addition, by providing experienced, objective adults who “meet the teens where they are” without judgment, we are able to positively influence youth with accurate health messages. The PIT Conference employs a number of recommended strategies for the prevention of risky youth behaviors: • Universal, school-based programming to prevent or reduce violent behavior recommended by the Community Preventative Services Task Force. • Group-Based comprehensive risk reduction interventions for adolescents recommended by the Community Preventative Services Task Force. • School-based instructional programs to reduce riding with alcohol-impaired drivers recommended by the Community Preventative Services Task Force. • School-based health programs to prevent tobacco use and addiction recommended by MMWR. • School and community programs to promote lifelong physical activity among young people recommended by MMWR.

## Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC’s seven Winnable Battles? If so, please choose from the following: \*

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Food Safety            | <input checked="" type="checkbox"/> HIV in the U.S. | <input checked="" type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input checked="" type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input checked="" type="checkbox"/> Teen Pregnancy  | <input type="checkbox"/> None   |   |   |

## Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

**Your summary must address all the questions below:**

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

**750 Word Maximum**

Established in 1920, Cobb & Douglas Public Health (CDPH) is a health district serving two Atlanta metropolitan counties in Georgia. We are governed by two county Boards of Health that work, with our partners, to promote and protect the health and safety of approximately 880,000 residents. In 2015, CDPH was the first health district in Georgia to achieve accreditation through the Public Health Accreditation Board. Cobb County is located approximately 17 miles north of Atlanta with an estimated population of 730,981. This population is 65% White, 27% Black, 5% Asian, and 3% other; with 13% of the population identifying as Hispanic or Latino. The median household income is \$64,657 with 13% living below the federal poverty level. The largest age groups are 35-64 Years (41%) and 0-19 Years (27%). Southwest to Cobb lies Douglas County with a population of 138,776. This population is 52% White, 44% Black, 2% Asian, and 2% other; with 9% identifying as Hispanic or Latino. The median household income is \$52,997 with 14% living below the federal poverty level. The largest age groups in Douglas are also 35-64 Years (41%) and 0-19 Years (29%). Over the last 15 years, adult tobacco use has been declining; however, the 2013 Georgia High School Youth Risk Behavior Survey reported that: • 40.4% of high school students had tried cigarette smoking at least once, with 24% currently using cigarettes, cigars, or smokeless tobacco. • 20.3% were current marijuana users • 27.9% currently drank alcohol, while 7% had used cocaine at least once. • 17.7% had reported taking prescription drugs (e.g., Oxycontin, Percocet, Vicodin, etc.) without a doctor's prescription. In Douglas County, motor vehicle crashes are the #1 cause of premature death, accounting for 30% of deaths among youth aged 1-19 years. Youth ages 15-19 have an STD incidence rate of 23.5 per 1,000, and the overall teen birth rate is 35 per 1,000 females. Douglas County's high school graduation rate is 71% and in the 2014-2015 school year, only 69.9% of students fell within the Healthy Fitness Zone for Aerobic Capacity, which in Georgia, indicates a fitness level associated with positive health benefits. Given these statistics and the need for improvement, CDPH and its partners are committed to prevention practices that "meet the youth where they are" particularly for those who encounter peer pressure and media manipulation when it comes to risky behaviors. Since 2000, Douglas County's Power in Truth (PIT) conference has empowered more than 7,000 youth with techniques to help them avoid drugs, tobacco and alcohol and increase healthy behaviors. In recent years, the PIT conference has expanded its focus to additional risk factors including internet safety, violence prevention, HIV/AIDS/STI prevention, obesity prevention, safe driving and financial literacy. A partnership of CDPH, the Live Healthy Douglas Coalition, the Douglas County School System (DCSS), and other community partners, PIT hosted its 16th maximum capacity conference in October 2016 to empower almost 500 Douglas County middle and high school students. The initiative involves the collaboration of 35 community agencies in the sponsorship, planning, implementation and evaluation of the event. PIT is implemented as a day-long conference, with an agenda that includes a keynote speaker, breakout sessions, lunch, and other engaging youth-focused activities. This year, PIT added a Parents' Night to provide Douglas County parents, caregivers and adult advisors knowledge about current teen risky behaviors, and resources for prevention/intervention strategies. Primary participant objectives are to: • Define the burden of underage drinking, tobacco use, and substance abuse on the health of the community. • Define the role of youth as advocates for prevention in many health areas. • Learn the basics of prevention strategies that deter the onset and continued use of alcohol, tobacco, and other substances. • Match local problems of youth alcohol use, tobacco use, and other substance abuse with proven local resources. Over the years, the event has been so successful at reaching its objectives and meeting school curriculum goals, that the school superintendent continues to make it a school system priority during scheduling and budgeting. In 2012, our youth programs were severely impacted through loss of federal funding and the closing of our Douglas Teen Center. The PIT conference provides an alternative method of providing prevention education to the adolescent population. More information on CDPH's Adolescent Health & Youth Development programs can be located at <http://www.cobbanddouglaspublichealth.com/health-wellness/adolescent-health-youth-development/>.

## Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
  - What is the target population size?
  - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?

◦ Is it new to the field of public health

**OR**

- Is it a creative use of existing tool or practice:

What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : \*

Authors of the Lancet Series on Adolescent Health stated “young people grow to adulthood within a complex web of family, peer, community, societal, and cultural influences that affect present and future health and wellbeing.” Both structural and proximal determinants influence adolescent health, from socioeconomic inequality to social connections and relationships and attitudes toward health. Considering these dynamics, it is important to weigh the impact of a broad range of issues affecting the youth of Douglas County, Georgia. Alcohol abuse in the U.S. costs an estimated \$501 billion and drug abuse costs were \$181 billion in 2002. Of the alcohol costs, 10% is medical care cost, 6% is property damage and other resource costs, 15% is work loss, and the remaining 69% is the value of pain, suffering, and lost quality of life. The use of alcohol by youth under the age of 21 can present a variety of social, economic, and health concerns. Underage drinking is often linked to other public health issues including, but not limited to interpersonal violence, suicide, traffic crashes, poisoning, mental illness, property crime, risky sexual behaviors, fetal alcohol syndrome among mothers aged 15-20, and more. Underage drinking costs Georgia citizens \$1.2 billion annually, which equates to \$1,243 per youth. Heart and vascular diseases continue to be the leading causes of death in adults in both Cobb and Douglas counties, the state of Georgia and the United States. More than one-third (35.7%) of U.S. adults are obese, and more than 1 in 5 (20.6%) adolescents age 12 to 19 are obese. Even though Cobb and Douglas counties fall below the national average, the age-adjusted death rate of stroke outnumbers that of Georgia. Decreasing obesity among adults is a priority for Cobb & Douglas Public Health. Reducing obesity in our communities would decrease the prevalence of chronic illnesses (e.g., heart disease, diabetes, stroke and cancer) as well as reduce medical costs. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008, and the annual medical costs for people who are obese was \$1,429 higher than those of normal weight. Childhood obesity in the U.S. has more than quadrupled among adolescents in the last 30 years. Obese children are more likely to become obese adults and are at increased risk for chronic illnesses, like heart disease and type 2 diabetes. Cobb & Douglas Public Health, with our partners, focuses on increasing physical activity and improving healthy eating behaviors among youth in order to reduce their risk of obesity and its related health outcomes. Only 63.6% of Georgia high school students somewhat or strongly agree that they eat at least 5 servings of fruits and vegetables daily. The total cost of injury-related hospitalizations and fatal injuries in the US in 2000 was \$1.1 trillion including \$86.3 billion in medical costs, \$242.3 billion in work loss, and \$785.3 billion in quality of life costs. Nearly ninety-five percent (94.9%) of reviewed cases involving all unintentional injuries of Georgia children were deemed preventable. Motor vehicle crashes cost an estimated 240 billion dollars nationally each year. These incidents continue to be a leading cause of death among youth aged 1-19 years, accounting for 30% in Douglas County and 21% in Georgia. Regardless of race or gender, data show that sexually active adolescents and young adults are at increased risk for STDs when compared to older adults. In 2014, Georgia was 3rd highest in the nation for primary and secondary syphilis case rate 5th highest in the nation for new HIV diagnoses and those living with HIV/AIDS, 9th highest in the nation for chlamydia case rate, 11th highest in the nation for gonorrhea case rate, and 12th highest in the nation for congenital syphilis case rate. Last year, over 2,880 Sexually Transmitted Infection (STI) cases were reported to CDPH. With a reported 9,661 births of aged 15-19 year olds, teen childbearing in Georgia cost \$395 million in 2010. When looking at women in Georgia overall, not just teens, 60% of all pregnancies are described by women themselves as unplanned. In 2010, public spending for unplanned pregnancies in Georgia totaled an estimated \$918 million. The Cobb & Douglas Public Health District had 866 documented teen pregnancies in 2014. To address these significant teen health issues, CDPH has partnered with multiple agencies over the years to assure multilevel messaging and resources to our Douglas youth. Schools, churches, hospitals, public safety, non-profits and other groups are all working diligently to provide our youth with accurate information and skills to successfully navigate through adolescence during these challenging times. The PIT Conference is one of those effective partnerships that has stood the test of time in our County. Douglas County is a suburban and rural metropolitan Atlanta community with an estimated population of 138,776. In 2014, 14% of families lived below the poverty level. This population is 52% White, 44% Black, 2% Asian, and 2% other; with 9% identifying as Hispanic or Latino. Close to 88 percent of adults are high school graduates or have obtained a higher degree. Douglas County is a relatively young population with the median age 35.6 years and a little under one third of the population (29%) under the age of 19. The majority of 15-19 year olds enrolled in school (93.7%) attend public schools and 6.3% are enrolled in private schools. Nearly 98% of 15-17 year olds and just under three quarters (73.2%) of 18-19 year olds are enrolled in high school. Douglas County School District reported that close to 69,000 students were registered to attend their more than 80 schools in October 2016. Approximately 27,700 students are enrolled in the district's traditional middle and high schools. Using those estimates, close to 2.5 percent of the eligible population was reached through the PIT Conference. Every middle and high school were represented at the event and students were selected by teachers and counselors based on criteria determined by the school system. Although only a small percentage of the population was reached, these were students who were handpicked by their schools to participate due to their current behaviors and/or leadership abilities. This allows many of the messages to “ripple” to other students and family members as a result of their participation and scope of influence. Prior to and in the early years of the PIT conference, outreach endeavors for national health observances were offered in conjunction with events held at schools, health fairs, and other community events. Traditional Red Ribbon Week events have been held to support the national alcohol and substance use prevention campaign for more than 25 years: those student activities included photo and essay contests, themed celebration days, signing drug-free pledges or holding spirited rallies, or obtaining government declarations recognizing the effort. Spirited events focused on raising community awareness around the consequences of using alcohol and other drugs, however staff recognized that it was difficult to offer comprehensive information in these settings. When the inaugural PIT Conference was launched in 2000, the initiative's primary purpose was to supplement Red Ribbon Week activities, focusing on the dangers of underage drinking and drug use. From 2002- 2012, the CDPH Adolescent Health and Youth Development Unit also operated the Douglas Teen Health & Resource Center in a central location of the County. CDPH staff worked to improve the health and well-being of young people ages 10-19 by providing health education and youth development workshops, access to community resources, mentoring and teen-focused health services. In 2012, Title X federal funding was lost, which primarily supported the operational expenses of the center, and the center was closed as were others throughout Georgia. Maintaining the Douglas Power in Truth Conference and expanding the subject matter presented a unique opportunity to sustain the mission of the Douglas Teen Health & Resource Center. Although the conference began as a tobacco and underage drinking prevention campaign, it has evolved into a broad youth leadership development conference that discourages risky behaviors and educates participants on

district health priorities. PIT was designed to empower Douglas County youth to overcome influences and make informed decisions regarding their personal health. The Power in Truth Conference is an innovative approach to implementing health promotion and engaging target populations in education around the effects of risky behaviors. A keynote speaker is selected and field experts are afforded the chance to directly interact with youth and their advisors about relevant, data-supported health matters in Douglas County. Students exercise the freedom to confer with their peers and objective, experienced professionals in safe, open dialogue about issues that affect their populace. Breakout sessions are prioritized by both local data and emerging trends identified by community partners. Douglas County teens who participate in the Power In Truth Conference learn a broad range of healthy life skills. Students participate in interactive breakout sessions addressing the following topics: marijuana and synthetic marijuana; heroin and methamphetamines, tobacco use prevention, distracted driving, cyberbullying and internet safety, suicide prevention, dangers of sexting and teen dating violence; human trafficking, childhood obesity prevention, financial literacy, how to become media-smart with regard to alcohol, tobacco and early sexual behaviors, and how social circles influence behavior. An advisor session revealed new research on prescription drug abuse from the Georgia School of Addiction studies and how to provide wrap-around services to youth following the PIT Conference. This was then incorporated into the post-conference process. Healthy People 2020 guidance suggests that “because they are in developmental transition, adolescents and young adults are particularly sensitive to environmental—that is, contextual or surrounding— influences. Environmental factors, including family, peer group, school, neighborhood, policies, and societal cues, can either support or challenge young people’s health and well-being. Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive future adult population.” In addition, by providing experienced, objective adults who “meet the teens where they are” without judgment, we are able to positively influence youth with accurate health messages. The PIT Conference employs a number of recommended strategies for the prevention of risky youth behaviors: • Universal, school-based programming to prevent or reduce violent behavior recommended by the Community Preventative Services Task Force. • Group-Based comprehensive risk reduction interventions for adolescents recommended by the Community Preventative Services Task Force. • School-based instructional programs to reduce riding with alcohol-impaired drivers recommended by the Community Preventative Services Task Force. • School-based health programs to prevent tobacco use and addiction recommended by MMWR. • School and community programs to promote lifelong physical activity among young people recommended by MMWR.

## LHD and Community Collaboration

The LHD should have a role in the practice’s development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
  - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

## 5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): \*

In the early years of the PIT Conference, a community collaborative existed through Douglas CORE (Community Organizing Resources for Excellence - a broad-based group of human services providers who network and plan a variety of interventions), which helped support the project. In 2011, through the CDC/NACCHO MAPP process, Live Healthy Douglas (LHD) was formed to assess and address focused health improvement goals. In 2014, the PIT conference was adopted by LHD as a primary method to address their Healthy Lifestyles Strategies. As a result, the PIT Conference now focuses more attention on topics identified in the 2011 Community Health Assessment (CHA) and prioritized in the Community Health Improvement Plan (CHIP). A 2016 CHA and updated CHIP are currently in process. The Partnership for Drug Free Kids lists the top eight reasons why teens use drugs as: other people, popular media, escape and self-medication, boredom, rebellion, instant gratification, lack of confidence, and misinformation.<sup>1</sup> The purpose of the Power in Truth event is to further the goal of empowering youth in Douglas County to advocate for the prevention of youth tobacco use, underage drinking, and substance abuse and for the adoption of healthy teen behaviors in the community. Primary participant objectives are to: • Define the burden of underage drinking, tobacco use, and substance abuse on the health of the community. • Define the role of youth as advocates for prevention in many health areas. • Learn the basics of prevention strategies that deter the onset and continued use of alcohol, tobacco, and other substances. • Match local problems of youth alcohol use, tobacco use, and other substance abuse with proven local resources. With these objectives in mind as well as heavily considering the motivating factors to initial use of alcohol and drugs among youth and the results of the CHA, a range of related topics were addressed. A community-wide planning committee begins planning the conference almost 9 months in advance. A local church donates the space to host the conference and other local and state-wide sponsors are secured well in advance. A nationally-accomplished keynote speaker addresses the youth in two separate



assemblies for middle and high school students. Thirteen, interactive breakout sessions provide a variety of learning opportunities from direct information clarifying laws to role-playing scenarios involving social pressure from peers. At the conclusion of the event, the students collectively reviewed the information addressed in breakout session topics played in a “Jeopardy” game format with a local television personality serving as host. School administrators, advisors, and guidance counselors identify and register the middle and high school youth that would most benefit from the education. Some students are selected based on their actual or potential leadership skills. Each school also selects representatives to accompany youth to the conference. The PIT Conference has evolved over its 16 years of implementation. Advisors are provided notebooks and resources on computer thumb drives including all materials for the day; their sessions focused on training personnel to identify behaviors suggestive of youth substance use, current trends, and popular jargon. Student ambassadors attending the event were challenged to create a public service announcement or to conduct a service project to educate their peers about the dangers of using alcohol, tobacco, and other drugs. Prior to 2000: Red Ribbon Week Activities were practiced in schools. Public Health and community partners were available to present at a schools request. 2000-2005: The initial event was sponsored by Cobb & Douglas Public Health and Cobb and Douglas Tobacco Use Prevention Coalition for the purpose of educating minors on the dangers of tobacco and advocating for the prohibition of its use in local restaurants. With funding from the Tobacco Master Settlement Agreement, the first PIT conference was held as a community education and outreach effort over the health impacts of tobacco use and second-hand smoke. Contributing partners included: Adolescent Health & Youth Development, American Cancer Society, American Lung Association, Clinic for Education, Treatment, and Prevention of Addiction, Cobb & Douglas Chronic Disease Prevention Initiative, Cobb County Board of Education—Prevention and Intervention Center, Douglas County Department of Juvenile Justice, Douglas County Sheriff’s Department, Douglas County Board of Education, Douglasville Police Department, Georgia Baptist College of Nursing of Mercer University, Georgia Spit Tobacco Education Program, Georgia Department of Human Resources, U.S. Environmental Protection Agency, and Youth in CHARGE. To provide additional resources after the event, Cobb & Douglas Public Health partnered with the Cobb and Douglas County Tobacco Use Prevention Coalitions and the American Cancer Society to offer smoking cessation and prevention courses throughout the community. The established goals of the Douglas County Tobacco Use Prevention Coalition were attained, evidenced by the Youth Risk Behavior Survey results and the GA Smoke Free Air Act of 2005. A district conference and expo was held in Cobb County from 2000-2005 as a result of the Douglas success. The primary sponsor for the event was the Georgia Department of Mental Health, Developmental Disabilities, and Addictive Diseases Department. 2003-2005: Underage drinking and drug use prevention was added as a primary focus of the event in 2003. While adolescent tobacco use was declining toward the end of this period, community agencies and law enforcement noted an increase in DUI incidents and the unforeseen prevalence of methamphetamine addiction in the community. With their achievements acknowledged throughout the community, many of Douglas County Tobacco Coalition members were recruited to serve as on the Meth Task Force (led by a Sergeant of the Gang Unit and Supervisor of the School Resource Officers). This taskforce was the first of its kind in the State of Georgia, and received accolades from the Drug Enforcement Agency and Federal Bureau of Investigations. This Sergeant was an active leader on the Power In Truth Planning Committee, and noted the importance of addressing prevention of Alcohol, Tobacco, and Other Drugs. 2006-2008: The Georgia Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases Department maintained its role as the primary sponsor, and partnering organizations included: Pre-Live Healthy Douglas County Coalition, Douglas County Meth Task Force, Douglas Underage Drinking Task Force, Douglas County Sheriff’s Office BLAST Unit, Douglasville Police Department, and Douglas Youth CORE. Youth educational sessions were broadened to include tobacco, alcohol, and methamphetamine use. Faith-based partners themselves noted the impact of substance use on their parishioners and were included in the planning and implementation of PIT. First Baptist Church Douglasville served as the conference site and provided use of the venue at no charge. National injury prevention initiatives and Child Fatality Review Panel data highlighted the dangers of accidental poisoning from youth access to prescription medications. In 2008, additional partners were included: Douglas Safe Kids Coalition, Georgia Council on Alcohol & Drugs, Tanner Health System’s Behavioral Health Programs, and Tanner Health Source. 2009-2011: The underage consumption of alcohol and other substances prompted a rise in teen relationship violence within the district, and thus another subject was incorporated into the conference. The main sponsor for the event was Georgia Department of Behavioral Health & Developmental Disabilities, Office of Prevention. Additional funding was provided by GreyStone Power, US 2010 Census, and the Georgia Council on Alcohol & Drugs. The charge of matching local problems of youth tobacco, alcohol and other substances with proven local resources was included in the conference objectives. In addition to District Public Health staff, volunteer assistance was provided from the United Way, UGA Cooperative Extension, Head Start, Douglas County Cooperative Extension, and Douglas C.O.R.E. The inclusion of newly popularized means of tobacco use (hookahs) was incorporated into the education. 2012-2014 With the closure of the Douglas Teen Health Resource Center, the completion of the Douglas CHA data and results provided by the Youth Risky Behavior Survey, the planning committee acknowledged that more comprehensive sessions addressing the identified local health issues should be presented. Topics included cyber and internet safety, media advertising campaigns targeting youth, substance abuse and relationship violence, prescription drugs and methamphetamines, marijuana, synthetic marijuana, alcohol, and other alternative means of intoxication (such as huffing or drinking hand sanitizer). STI and abstinence education was also added to the curriculum. Additional financial support was obtained from Chick-Fil-A, WellStar Health System, Douglas County United Way, University of West Georgia, Douglas County Sheriff’s Office, and Georgia Department of Behavioral Health & Developmental Disabilities, Office of Prevention. 2014-2016: Selected as our Keynote Speaker, Kit Cummings is an international speaker, teacher, and award winning author with the gift to evoke goose bumps, laughter and tears in his audiences. Whether he is speaking to large corporations, small businesses, non-profits, churches, schools – or even the toughest prisons in America, Kit spreads his energy-filled message of power, potential and positive change through his heartfelt and provocative seminars. Kit has spoken to tens of thousands of people all over the world and he has brought the PIT Conference to a new level with his messages to teens. The breakout sessions were facilitated by local field experts in their respective professions. Topics included: marijuana and synthetic marijuana, heroin and meth, tobacco use prevention, distracted driving, HIV/STI prevention, human trafficking, cyberbullying/internet safety, how the internalizing media messages affects decision making, the dangers of sexting, financial literacy training, suicide prevention, and social impacts on behavior. Sponsorship from GreyStone Power, S.H.A.R.E. House, Quick Trip, and the City of Douglasville Police Department supported the initiative. The practice’s development included involvement of local government and nonprofit agencies as well as the funding and in-kind support from local businesses and faith-based partners. An overview of the planning process is outlined below: • Nine months preceding the event, a planning committee is assembled to include

CDPH staff, school representatives, and contributing community partners. During the initial meeting, the team (1) establishes a meeting schedule (2) identifies a preferred date and two standby dates for the conference and (3) assigns leadership roles to each team member. This step is necessary to share ownership, follow-up, and success of the event and is vital to maintain partner investment. Specific tasks are assigned to leads based on area of interest and proficiency. Some of those duties include: o Sponsorship requests o Speaker recruitment o Speaker coordination o Volunteer recruitment o Volunteer coordination & communication o Site coordination o Technology coordination o Student registration • Eight months prior to the conference, the planning committee submits the event date to the LHD Steering Team and Douglas School Superintendent for approval. o Once the date is authorized by directors and included in the calendar for the following school year, the planning process resumes. o A Save the Date is forwarded to the Communications Directors for each agency. o The facility is reserved. • Seven months prior to the PIT, the planning committee reviews the results from recent community needs assessments, discusses emerging trends, and reviews data to determine the breakout session topics. Potential speakers are selected. • Six months prior to the conference, the planning committee identifies groups that may provide volunteers for the events, and requests background checks on those prospects. Sponsors are confirmed and promotional/program materials are updated accordingly. • Five months prior to the event, invitations are forwarded to session facilitators and a keynote speaker is selected. Catering is selected for the event. • Three months prior to the PIT, committee members conduct a site visit and determine event logistics. Final payments are made, and the student t-shirt design is chosen. • Two months preceding the event, directional signs are created, volunteers are verified, and event logistics are established. Schools are sent registration packets for students. • Two weeks prior to the conference, volunteers are assigned roles, are oriented to the facility, and are provided instructions. • Event setup takes place the day prior to the conference. A more detailed description of a structured planning timeline and program agenda are available upon request. CDPH recognizes that community collaboration is a key success factor in the implementation of the PIT Conference. While CDPH carries the main responsibility of organizing and implementing the event, we are heavily dependent on the Douglas County School System to facilitate student and advisor attendance, including marketing, student sign-up, and logistical planning for attendance. This program is built into the Douglas County Community Health Improvement Plan (CHIP), developed in partnership with the Live Healthy Douglas Steering Team. With a mission to create an environment of wellness through community collaboration, advocacy and education, Live Healthy Douglas is a partnership of community organizations and individuals dedicated to promoting healthy lifestyles and the delivery of essential health services in Douglas County. Together, through a strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP), Live Healthy Douglas assesses the current health status of the County and implements Health Improvement Plans that will help create significant changes in building a healthier community. Steering Committee members provide leadership, influence, resources and skills to direct, strengthen and advance the goals and objectives outlined in the CHIP. See above information for stakeholders who have been engaged over the past 16 years. The 2016 PIT Conference was planned and implemented in partnership with the following community members/partners: Planning • Cobb & Douglas Public Health • Douglas County School System • Live Healthy Douglas Steering Team members Volunteers • Cobb & Douglas Public Health • Douglas County Community Organizing Resources for Excellence, Inc. (C.O.R.E.), a Georgia Family Connections Partnership • Parents Educating Parents and Professionals for All Children, Inc. (P.E.P.P.) Evaluation • Rollins School of Public Health, Emory University Facilitation • Power of Peace Project • Cox Enterprises • Douglas County TV 23 • America's Youth in Motion, Inc. • Cobb & Douglas Public Health - STD/HIV Prevention Program • Douglas C.O.R.E. (Community Organizing Resources for Excellence) • Douglas County Sheriff's Office • Douglas County UGA Extension/4-H • Georgia Governor's Office of Highway Safety • Learn to Grow, Inc. • Operation HOPE • Patty Wenck (community advocate; grandmother of suicide victim) • S.H.A.R.E. House Family Violence Crisis Center • Stephanie Jones (Motivational Speaker) • Words in Motion • Youth Emporium, Inc. - Voices for Safe Havens Programmatic Support • American Lung Association • Cobb & Douglas Public Health • Delta Sigma Theta, Inc. - Douglas-Carroll-Paulding Counties Alumnae Chapter • Douglas C.O.R.E. (Community Organizing Resources for Excellence) • Douglas County UGA Extension • Douglas County Juvenile Court • Kiwanis Club of Douglas County • PEPP, Inc. (Parents Educating Parents & Professionals for All Children) This year's PIT Conference received generous sponsorship (over \$16,000) from a number of local organizations committed to the goals and objective of the program. This included designated funding from Georgia DPH, as well as donations from WellStar Health System, GreyStone Power and the Kiwanis Club of Douglas County. In addition, the First Baptist Church of Douglasville has consistently provided the venue as an in-kind donation (valued at over \$2,000), and Emory University's Rollins School of Public Health provided an Evaluation Team (valued at over \$19,900).

## Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
  - o List any primary data sources, who collected the data, and how (if applicable)
  - o List any secondary data sources used (if applicable)
  - o List performance measures used. Include process and outcome measures as appropriate.
  - o Describe how results were analyzed
  - o Were any modifications made to the practice as a result of the data findings?

Please enter the evaluation results of your practice (2000 Words Maximum): \*

The goal of the PIT conference is to empower youth in Douglas County to advocate for healthy life choices, particularly with the prevention of underage drinking, all tobacco use, and abuse of other drugs. As a result, youth teams are given the opportunity to apply their knowledge, as advocates for underage drinking, tobacco, and other substance abuse issues throughout the year as opportunities are presented. Evaluation of past PIT conferences and feedback from the Douglas School System faculty suggests that this event has been successful in achieving its primary objectives: Primary participant objectives are to:

- Define the burden of underage drinking, tobacco use, and substance abuse on the health of the community.
- Define the role of youth as advocates for prevention in many health areas.
- Learn the basics of prevention strategies that deter the onset and continued use of alcohol, tobacco, and other substances.
- Match local problems of youth alcohol use, tobacco use, and other substance abuse with proven local resources.

In the past, volunteers have been responsible for the administration of pre and post assessments for individual breakout sessions and the overall event. Analyzed data from 2014 found significant increases in overall knowledge and advocacy skills of youth against ATOD use. In reference to Objective 1, pre and post-test results indicate a 66% increase in the students' understanding that alcohol and tobacco use by young people can lead to other drug use. After attending the conference, 63% of the youth stated that they know that friends they choose to hang with can affect whether or not they used alcohol, tobacco or drugs. For Objectives 2 and 3, 68% of the students stated they "know the skills required to say "No" if my friends offer me alcohol, tobacco, or other drugs." Additionally, 66% of youth said they could "identify some ways to stop a friend from using alcohol, tobacco, and other drugs." Lastly, Objective 4 results show that 69% of youth stated they have a positive role model in their life and if they needed help, they know an adult at school or in the community that he or she can talk to about peer pressure. Overall, breakout results showed that 95% of the students learned new information to help them with decisions about alcohol, tobacco, and other drug use during the sessions. Of the 13 advisors who completed the assessments, all felt that "the conference was well organized," "the breakout topics were appropriate and informative," "the content of the advisor session was appropriate and informative," the wrap-up game was educational and enjoyable," felt that the conference was "beneficial to the students," thought that the "keynote speaker was effective," and, stated that they plan to bring their group again. Likewise, 100% of the presenters felt that they were "given the expectations of the breakout session" and "given enough notice to prepare." Additionally, 100% of the presenters expressed that "the conference was well organized" and that "the topic was appropriate for the school age audience." Lastly, 91% of presenters believed that "the conference was beneficial to the students." This year, PIT partnered with the Emory University's Rollins School of Public Health to conduct a more thorough evaluation of the event – an in-kind contribution worth almost \$20,000. This opportunity paired community partners with students enrolled in an MPH level course in program in program evaluation methods. The goal was for the MPH students to conduct a semester-long, small-scale program evaluation project from August-December 2016. Project deliverables included:

- An evaluation report (program description, logic model, evaluation questions and results, and recommendations.
- A PowerPoint slide deck summarizing the evaluation and results
- Data collection instruments.

CDPH requirements for this agreement included:

- Meeting with students in person or via phone conference for orientation to the program and to discuss the purpose of evaluation.
- Facilitating data collection from participants.
- Providing feedback on assignments as needed.
- Attending a community forum/student presentation at the end of the semester.

In working with the MPH students, it was determined that the 2016 PIT evaluation would include surveys administered to advisors, and students to provide quantitative and qualitative feedback on the success of the program. While the advisor and parent surveys mainly evaluated the process, the student surveys included outcome evaluation of short-term results. Participating students were presented surveys of their programs and asked to rate how much they learned on a scale of 1 to 5, with 1 being "Nothing at all" and 5 being "A lot." For the keynote speaker, an average of 4.44 was obtained. With regards to the drug disease and prevention breakout sessions, participant averages ranked as follows: Heroine & Meth 4.64; Beats, Bottles, & Book'n 4.56; HIV/STI Prevention 4.51; Marijuana and Synthetic Marijuana 4.37; It Ain't Cool-Tobacco Use Youth Prevention 4.06. For life skills, participant averages ranked as follows: Distracted Driving 4.66; Banking on Our Future 4.42; I am Priceless-I am not for Sale 4.35; and the People You Keep Around You 4.21. For Physical and Mental Health, Childhood Obesity had an average of 3.88 for responses, and Our Forever Journey and Suicide Prevention had an average of 4.63. Finally, in the category of technology safety, Cyberbullying & Internet Safety yielded an average of 4.19 and Dangers of Sexting ranked 3.75. Participants were also asked how likely they were to use the information presented within the next month, with 1 being "Probably not at all" and 5 being "Will use it for sure!" For the keynote speaker, an average of 4.08 was achieved. With regards to the drug disease and prevention breakout sessions, participant averages ranked as follows: Heroine & Meth 3.97; Beats, Bottles, & Book'n 4.09; HIV/STI Prevention 3.84; Marijuana and Synthetic Marijuana 4.2; It Ain't Cool-Tobacco Use Youth Prevention 3.82. For life skills, participant averages ranked as follows: Distracted Driving 4.08; Banking on Our Future 4.21; I am Priceless-I am not for Sale 3.77; and the People You Keep Around You 3.71. For Physical and Mental Health, Childhood Obesity had an average of 3.92 for responses, and Our Forever Journey and Suicide Prevention had an average of 4.33. Finally, in the category of technology safety, Cyberbullying & Internet Safety yielded an average of 3.82 and Dangers of Sexting ranked 3.75. Finally, when student advocates were surveyed regarding overall conference satisfaction on a scale of 1 to 5, with 1 being "Wish I stayed home" and 5 being "I am very glad I came," an average of 4.56 was achieved.

## Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?



- Describe sustainability plans

## 1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): \*

With a conference reaching more than 600 guests, role assignments and a detailed timeline of the event is needed to ensure seamless transitions throughout the day. Directional signs and volunteers stationed throughout the facility is crucial to preventing disorder. More lessons include: • Specific guidelines should be developed with the schools on the on selection of student representatives. The aim of the program is to reach youth who are more vulnerable to participating in risky behaviors, so it is important to concentrate limited resources on reaching those youth. Likewise, invitations for youth engagement should be extended beyond traditional schools to include online, home, and private schools as well (before conference attendees reach maximum capacity). • Evaluation of participants' surveys was completed by an agency MPH intern, and an executive report and conference summary was compiled annually. This process required an inordinate amount of time and resources from a single individual. Partnering with Emory College's Rollins School of Public Health offered a mutually beneficial opportunity. It also increased the objectivity and validity of the results. • Inclusion of audience response technology would provide real-time results for participant pre and posts tests and also encourage student interaction in sessions. • Additional opportunities exist for promoting peer to peer information sharing, giving participants a chance to serve as prevention advocates. • Supplementary sessions that may be explored for future conferences include sessions addressing positive body image, constructive coping skills, and healthy relationships. • Enlisting a youth council is beneficial in giving breakout sessions names that are appealing to participants. • Additional marketing is needed to expand the PIT Parent Night attendance in future years. Collaborative planning sessions and effective communication were vital to ensure the success of the Power in Truth conference. A wrap-up session within a month following the event is helpful in documenting improvements for the successive event. Funding for community-based prevention services tends to be cyclical, and the event initially evolved to align with available resources. CDPH has not completed a cost/benefit analysis of this practice; however, with strong partners serving in leadership roles from its inception through its planning and implementation, the community is committed to sustaining the conference. Member agencies include county and city government, public safety, public health, education, the local healthcare system, marketing, private businesses, and civic groups. Collective resources (from investing time and expertise to capital) ensures that the program's ownership and success is shared. Cobb & Douglas Public Health will continually work with partners diversify funding sources.

## Additional Information

How did you hear about the Model Practices Program?: \*

- |   |   |  |  |   |
|---|---|--|--|---|
| <input checked="" type="checkbox"/> I am a previous Model Practices applicant | <input checked="" type="checkbox"/> At a Conference | <input checked="" type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch                      | <input checked="" type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure                             | <input type="checkbox"/> NACCHO Exhibit Booth       | <input checked="" type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input checked="" type="checkbox"/> E-Mail from NACCHO  |
| <input checked="" type="checkbox"/> NACCHO Exchange                           |   |  |  |   |