

MCH 2020: Adolescent Health

State Priority

Communities and providers support physical, social and emotional health (*adolescents 12-22 years*)

Performance Measures

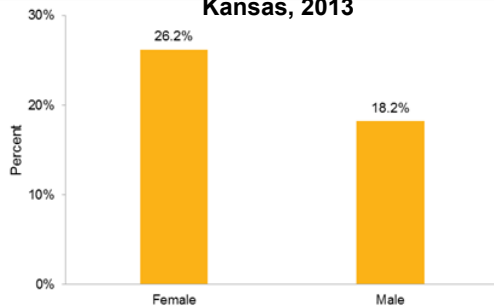
- Percent of adolescents, 12 through 17, who are bullied or who bully others
- Number of schools implementing evidence-based or informed anti-bullying practices or programs
- Percent of adolescents, 12 through 17, with a preventive medical visit in the past year
- Percent of adolescents, 12 through 22, that received education on the importance of a well-visit in the past year

Data Highlights

- In 2013, 22.1% of Kansas youth in grades 9 through 12 reported being bullied on school property,¹ higher than the *Healthy People 2020* target of 17.9%.
- In 2016, the Kansas Department of Health and Environment had contracts with 15 schools to implement the Second Step Program, an evidence-based anti-bullying prevention program.²
- From 2011-2012, approximately 1 in 6 (16.6%) Kansas adolescents did not have a preventive medical visit in the previous 12 months.³
- Opportunity for Improvement: Disparities persist in adolescent health based on gender, race, ethnicity, and socioeconomic factors.

Example of Health Disparity

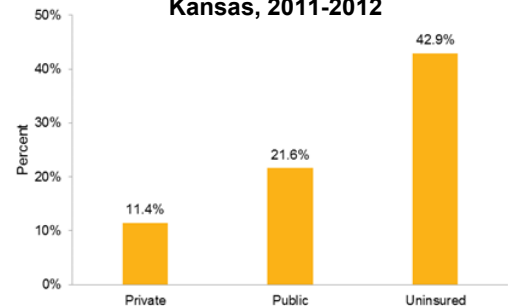
**Bullied on School Property (grades 9-12) by Gender
Kansas, 2013**



Source: Youth Risk Behavior Survey, 2013

Example of Health Disparity

**No Preventive Medical Visit (12-17 years) by Insurance Type
Kansas, 2011-2012**



Source: National Survey of Children's Health, 2011-2012

Next Steps

- Increase the number of adolescents, 12 through 17 years, accessing positive youth development, prevention, and intervention services and programs.
- Increase the number of schools that are implementing programs that decrease risk factors associated with bullying.
- Develop a replicable model for the establishment of school-based health centers around the state to increase access to preventive care/well-visits for adolescents.
- Increase the number of adolescents receiving immunizations according to the recommended schedule.
- Improve knowledge of parents and teens as to the importance of making informed health decisions.
- Increase youth-focused and -driven initiatives to support successful transition, self-determination, and advocacy.



This fact sheet, created by the Kansas Department of Health & Environment Bureaus of Epidemiology and Public Health Informatics and Family Health highlights the priorities and measures identified as part of the Title V MCH Services Block Grant Program five year needs assessment (*MCH 2020*). The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.

