

# Operational Plan 2014-2017



ADOLESCENT HEALTH

*Partnership*

Promoting and Improving  
the

**Health**

of **Ohio Adolescents**



When the Ohio Department of Health embarked on its journey in 2010 to develop a statewide strategic plan that addressed the unique needs of adolescents in our state, it began by reaching out to organizations and individuals already involved in adolescent health. But that group quickly grew to include a diverse cross-section of social workers, medical providers, community organizations, governmental departments and not-for-profit partners – all dedicated to improving adolescent health and healthcare for Ohio teenagers and young adults.

As that group expanded and delved deeper into the development of the Adolescent Health Strategic Plan, it transitioned out of its own adolescence and into the fully-formed, collaborative endeavor that we now call the Ohio Adolescent Health Partnership (OAHP). Though the Ohio Department of Health still plays an active and vital role, it is only one of many member organizations and individuals from throughout that state that make up the OAHP. The Adolescent Health Strategic Plan that resulted from that partnership in September 2013 has become a guiding document for both current and future OAHP partner organizations to work collaboratively to magnify our individual impact into a larger, more sustainable and far-reaching collective impact for all of Ohio adolescents.

This document – the OAHP Operational Plan – acts as the next step on that collective journey. It helps to highlight some of the needed strategies and actions steps required to reach the strategic plan's goals. It names potential collaborative partners from across the state - and puts out the call for new partners to join in our efforts toward our common agenda to enhance the health, safety and well-being of our state's youth and young adults.

As the first co-leaders of the OAHP, we invite you to join us in using this Operational Plan in conjunction with the earlier Strategic Plan to look at your own organization's goals, services and programs and see where we naturally align. By partnering together, pooling resources, working toward common goals and enhancing each others' services; we have a unique opportunity to make a more substantial, lasting impact. A collective impact that not only leads to healthier and happier lives for our Ohio adolescents, but can allow Ohio to act as a model for states across this nation.

We hope you will join us!

Michele Dritz, MD  
Adolescent Medicine  
Wright-Patterson Air Force Base  
OAHP Co-leader

Paula Braverman, MD  
Adolescent Medicine  
Cincinnati Children's Hospital Medical Center  
OAHP Co-leader

# Executive Summary

The Ohio Adolescent Health Partnership (OAHP) is a diverse group of agencies, organizations and individuals with expertise in adolescent health and wellness, with the common goal of supporting optimal health and development for all adolescents. The mission of the OAHP is to advance and promote the safety, health and wellness of Ohio's adolescents. The organization aims to provide leadership for local and statewide efforts related to five key adolescent health issue areas: Behavioral Health; Injury, Violence & Safety; Reproductive Health; Nutrition & Physical Activity; and Sleep (including school start times). In its first annual symposium in September 2013, the Ohio Adolescent Health Partnership released its Strategic Plan for Adolescent Health which outlined a framework for understanding adolescent health issues and presented five key health priority areas along with specific goals and objectives. The plan can be found at <http://tinyurl.com/oahp2020> and encompasses goals and objectives for adolescents and young adults in the 10-24 year old age range. The 2013 symposium allowed the OAHP to expand membership and reach beyond the initial core group. The expanded membership took part in a year-long process to brainstorm and prioritize strategies designed to operationalize the goals and objectives in the Strategic Plan. Care was taken to recognize evidence based research behind the proposed strategies along with both existing support and the political climate which may potentially impact the implementation of various activities.

The Operational Plan is an extension of the OAHP Strategic Plan and is designed to be used as a guide for the state and other organizations in developing programs, policies, and interventions for adolescents and young adults that will result in measurable outcomes for the health topics addressed in the Strategic Plan. This initial Operational Plan outlines strategies through 2017. The OAHP will subsequently review and update this plan to align with the timeframe of the Strategic Plan which is 2013–2020. It is recognized that while some of the proposed activities may currently exist and be funded by local, state and federal entities, others may require the development of new initiatives. By supporting and expanding the existing efforts; developing new initiatives that align with the strategies for each of the five priority areas; and by bringing the proposed strategies to the attention of a wider audience — including policy makers — we can collectively improve health outcomes and promote a healthy and successful transition to adulthood for all Ohio adolescents.

---

\*It is also important to note that the recommendations in this plan pay respect to the diverse perspectives represented by the OAHP members. While all members of the OAHP embrace this unified and unprecedented commitment to addressing adolescent health, the OAHP endorsement of these recommendations is not meant to imply that each individual member endorses each individual strategy proposed within this plan.



The vision of the OAHP is that all Ohio adolescents are empowered and able to live safe, healthy and productive lives as they transition into and reach adulthood.

The mission of the OAHP is to advance and promote the safety, health and wellness of Ohio's adolescents.

# Table of Contents

<b>Letter</b> .....	2
<b>Executive Summary</b> .....	3
<b>Key Adolescent Health Issues</b>	
Behavioral Health .....	5
Injury, Violence & Safety .....	9
Reproductive Health .....	12
Nutrition & Physical Activity .....	16
Sleep .....	20
<b>Moving Forward</b> .....	23



## OAHP Key Adolescent Health Issue

# Area 1

## Behavioral Health (Mental Health & Substance Abuse)

As described in the Strategic Plan, promoting positive mental health and preventing substance abuse and mental illness during adolescence are crucial components of addressing the safety, health, and well-being adolescents and young adults in Ohio. This section presents key strategies for focusing on the behavioral health goals and objectives.

We identified evidenced-based strategies to reduce rates of substance use and abuse as well as integrate behavioral and physical health services for adolescents. These strategies emphasize the importance of (1) connections to caring adults, safe schools, supportive communities, and (2) cross-system collaboration for fostering positive youth development and protecting adolescents from harm. They also address the need for increased surveillance and data to inform decisions and highlight opportunities for both primary and secondary prevention. For example, implementing evidence-based prevention education programs and reducing access to illicit drugs and prescription medications can help prevent the onset of substance use. While on the other hand, increasing behavioral health screening through primary care and schools presents opportunities for early intervention for youth at-risk and referral to treatment.



An adolescent's ability to cope with stressors, be resilient, and practice sound judgment is imperative to supporting good mental health.

Our proposed strategies and their linkages to the Strategic Plan's goals and objectives are provided below. Community partners and organizations across the state are already implementing activities that address many of these strategies. For example, Governor John R. Kasich and First Lady Karen W. Kasich have launched Start Talking! to give parents, teachers, and community leaders tools and resources to discuss the dangers of substance abuse with children and teens. The Ohio Department of Mental Health and Addiction Services (OMHAS) in partnership with Family and Children First Councils are implementing ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment) which supports local communities to providing wraparound services for youth and young adults ages 14-21 with serious emotional disturbances, including co-occurring disorders and multi-system needs. In addition, the OMHAS is providing SBIRT (Screening, Brief Intervention and Referral to Treatment) training for providers which will increase screenings to detect substance abuse risk and referral needs.

## ***Goals, Objectives and Strategies***

---

### **Goal 1: Adolescents and Young Adults will engage in behaviors that support their mental, emotional, and behavioral health and decrease the prevalence of substance abuse.**

**Objective 1.1:** Adolescents will delay the onset of first use of alcohol.

#### ***Strategies***

**1.1.1** Increase evidenced-based programs, policies and procedures that support behaviors in adolescents which the delay the onset of first use of alcohol.

**1.1.2** Increase data collection and data-driven decision making regarding alcohol use for youth and young adults.

**Objective 1.2:** Decrease the rates of illicit drug use and misuse and abuse of prescription and over-the-counter medications.

#### ***Strategies***

**1.2.1** Reduce access and availability of illicit drugs as well as prescription and over-the-counter medications.

**1.2.2** Increase evidence based prevention education opportunities on the dangers of illicit drugs and misuse and abuse of prescription and over the counter medications for all community sectors.

**Objective 1.3:** Improve self-efficacy among adolescents and young adults.

#### ***Strategies***

**1.3.1** Increase number of adolescents who perceive that they have a caring adult in their life.

**1.3.2** Implement evidenced-based programs and strategies for families, schools and communities that foster and support positive youth development and empowerment.

---

## **Goal 2: Behavioral and physical health services for adolescents will be more fully integrated to improve access and quality of care**

**Objective 2.1:** Increase access to comprehensive behavioral health services, screening, treatment, and recovery options.

### **Strategies**

- 2.1.1** Improve access to substance abuse and mental health services.
- 2.1.2** Increase cross system collaborations at the state and local levels.
- 2.1.3** Integrate behavioral health screening and services into primary care settings and schools.

**Objective 2.2:** Increase the number of adolescents who have health care through their Patient Centered Medical Home.

### **Strategies**

- 2.2.1** Increase cross discipline provider education and training opportunities.
- 2.2.2** Improve the skills of adolescents in accessing healthcare so they can successfully transition into the adult healthcare system.
- 2.2.3** Improve alignment of services for adolescents who engage in multiple systems of care.

**Objective 2.3:** Increase parity in insurance coverage and reimbursement for behavioral health and supportive services for adolescents.

### **Strategies**

- 2.3.1** Increase education and awareness among the legislature and policy makers about parity in insurance coverage and reimbursement in addressing behavioral health issues.
- 2.3.2** Support funding for a comprehensive behavioral health continuum of care including a focus on youth transitioning to adulthood.

**Objective 2.4:** Increase the utilization of evidence based trauma-informed care for adolescents.

### **Strategies**

- 2.4.1** Increase awareness of trauma informed care.
- 2.4.2** Increase the number of practices and agencies with policies for trauma informed care.





## OAHP Key Adolescent Health Issue

# Area 2 Injury, Violence & Safety

As stated in Strategic Plan, engaging in healthy relationships can influence safe and healthy decision making throughout a lifetime and promote positive outcomes. Providing adolescents with the knowledge and skills to engage in healthy relationships and foster connectedness to schools and communities decreases the risk for injury and violence and increases protective factors and resilience.

The strategies developed to support engagement in healthy relationships address teen relationship violence/sexual assault, bullying, cyber-bullying, sexual harassment, violence including gender based violence, suicide, assault related hospitalization and homicide related deaths, motor vehicle related deaths, and traumatic brain injuries (TBIs).

These strategies build on existing work where possible. For teen relationship violence and sexual assault, the Ohio Sexual and Intimate Violence Prevention Consortium, which includes a wide range of state and local sexual and intimate partner violence prevention program representatives, is working to implement both a state plan and local programming. A state level Anti-Harassment, Intimidation and Bullying work group is also working in partnership with local programs. The Ohio Suicide Prevention Foundation has multiple initiatives that engage both youth and adults on suicide prevention. The Ohio State Highway Patrol and the Ohio Department of Public Safety-Office of Traffic Safety, as well as, many other community and parent organizations will play key roles in educating and empowering parents, training law enforcement on the awareness, understanding, and refining Ohio's laws for Graduated Drivers Licenses (GDLs). The Ohio School Administrators Association, School Board Association, and the Athletics Associations will also play important roles in expanding policies and procedures, screening, and treatment in response to students with TBIs.



During this time, teens may encounter situations at home, at school and in the community where they are exposed to violence, encounter threats to their safety, and sustain injury.

## Goals, Objectives and Strategies

---

### Goal 3: Adolescents will engage in healthy relationships.

**Objective 3.1:** Decrease the incidence of teen relationship violence and sexual assault.

#### *Strategies*

**3.1.1** Promote and implement evidenced-based and evidenced-informed healthy relationship education programs across multiple community settings.

**3.1.2** Increase the number of youth-led and adult guided initiatives that promote healthy relationships.

**Objective 3.2:** Decrease the rate of adolescents who engage in or are subjected to bullying, cyber-bullying, sexual harassment, and violence including gender based violence.

#### *Strategies*

**3.2.1** Increase the number of school districts that have adopted comprehensive policies and practices related to bullying, cyber bullying, sexual harassment, and violence including gender based violence prevention.

**3.2.2** Increase training opportunities for school staff, parents and adolescents to develop interpersonal skills to prevent, interrupt and eliminate bullying and associated behaviors.

**3.2.3** Increase the number of youth led activities that reduce bullying, cyber bullying, sexual harassment, and violence including gender based violence.

**3.2.4** Increase the number of campaigns and programs for adolescents that focus on cultural competency, diversity and inclusion.

**Objective 3.3:** Decrease the number of completed and attempted suicides.

#### *Strategies*

**3.3.1** Increase educational opportunities that address risk factors and warning signs of suicide in schools and community settings.

**3.3.2** Increase the number of schools that utilize a team-based approach to identify and refer youth experiencing the warning signs of suicide to appropriate services.



**Objective 3.4:** Decrease the incidence of assault-related hospitalizations and homicide-related deaths.

### **Strategies**

**3.4.1** Increase the number of evidenced-informed initiatives that reduce gun and gang violence.

---

**Goal 4: Injuries and deaths in adolescents associated with motor vehicles will decline.**

**Objective 4.1:** Decrease the number of motor vehicle related deaths & injuries.

### **Strategies**

**4.1.1** Educate teens, parents, law enforcement, and the community about safe teen driving and the Graduated Driver License (GDL).

**4.1.2** Strengthen Ohio's laws and policies governing teen traffic safety to align with national recommendations and trends.

**4.1.3** Enhance standardized driver training.

---

**Goal 5: Decrease the incidence and consequences of Traumatic Brain Injury (TBI) in adolescents.**

**Objective 5.1:** Ohio's communities, schools and health care settings will implement evidenced based strategies and programs to reduce TBI in adolescents.

### **Strategies**

**5.1.1** Identify and increase the number of recreational leagues and community centers following Ohio's Return to Play Law.

**5.1.2** Increase the number of Ohio's school districts with policies and procedures in place to appropriately respond to students with TBI.

**5.1.3** Increase screening, identification and treatment of Traumatic Brain Injury among Ohio's youth.



## OAHP Key Adolescent Health Issue



# Reproductive Health

Addressing key reproductive health issues can facilitate a healthy and successful transition into adulthood for all adolescents. We identified an array of strategies that are grounded in the best-available evidence about what works to promote informed decision-making among families and adolescents, reduce rates of sexually transmitted infections (STIs), and continue the downward trend in adolescent pregnancy and birth rates. Together, these strategies emphasize the important role of parents and families in building decision making skills that can help protect young people from the consequences of risk taking behavior. The identified strategies include multiple spheres of influence related to adolescent reproductive health. These range from the *individual* (e.g., providing direct health education and healthcare services) to the *interpersonal* (e.g., leveraging the power of positive peer influences and promoting connections with parents and other caring adults) and to the *organizational and societal* levels (e.g., implementing systems-level approaches to increase STI screening and counseling and advocating for evidence-based policies that support prevention education).

In addition to identifying strategies and specific activities, we also identified potential community stakeholders and collaborators who are either already working in the area or are poised to effectively implement newly identified strategies. For example: the Ohio Department of Health's Immunization Program launched a statewide HPV Vaccine Joint Initiative and has partnered with the Ohio Chapter of the American Academy of Pediatrics to offer Teen Immunization Education Sessions (TIES) Regional Seminars to physicians, nurses and other vaccinators throughout Ohio; Columbus Public Health Department's Youth Wellness Initiative includes securing an evidence-based, positive youth development curriculum; and the Young Professionals Community Leadership Council of Planned Parenthood of Greater Columbus hosted a summer educational series for parents including a session on how to talk with your teen about sex and a panel on cyber safety.



Because adolescents do not always anticipate the consequences of their behavior, particularly as they relate to their reproductive health, there can be adverse outcomes such as unplanned pregnancies, sexually transmitted infections (STIs), Human Immunodeficiency Virus (HIV) and other related long term health sequelae.



## Goals, Objectives and Strategies

---

**Goal 6: Adolescents and their families will be able to make informed decision about their reproductive health.**

**Objective 6.1:** Delay the onset of sexual activity.

### *Strategies*

- 6.1.1** Increase access to evidenced-based comprehensive health education.
- 6.1.2** Improve communication and decision-making skills of adolescents regarding the delay of sexual activity by educating, engaging and empowering families.
- 6.1.3** Increase evidenced based positive youth development activities in local communities that aid in the delay of the onset of sexual activity.

**Objective 6.2:** Increase the number of schools with quality health education including evidence-based reproductive health

### *Strategies*

- 6.2.1** Increase professional development opportunities for school staff to improve skill development in utilizing and implementing evidenced-based curriculum.
- 6.2.2** Advocate for policies that support prevention education.
- 6.2.3** Support health education as a core subject and the adoption of health education standards.

**Objective 6.3:** Increase the communication between parent/guardian and teens about reproductive health.

**Strategies**

**6.3.1** Develop and support initiatives that encourage on-going communication between teens and their parents/guardians regarding reproductive health issues.

**6.3.2** Utilize traditional and social media to increase awareness and knowledge about reproductive health issues.

**Objective 6.4:** Increase access and provision of reproductive health services to adolescents through medical homes and family planning clinics.

**Strategies**

**6.4.1** Ensure that reproductive health services are incorporated as a standard of care for adolescents and young adults.

**6.4.2** Assess existing policies regarding the provision of reproductive health services and promote policies that remove barriers to care.

**6.4.3** Increase the availability and utilization of reproductive health services in traditional and non-traditional settings.

---

**Goal 7: Reduce the rates of sexually transmitted infections in adolescents.**

**Objective 7.1:** Increase screening rates for sexually transmitted infections (STI), including Chlamydia, syphilis, gonorrhea, and Human Immunodeficiency Virus (HIV).

**Strategies**

**7.1.1** Increase public education and awareness about trends in STIs, health risks and the availability of testing.

**7.1.2** Increase access to STI screenings in local communities.

**7.1.3** Increase utilization of STI risk assessments and screenings in primary care settings.

**7.1.4** Assess existing policies and promote any needed policy changes that would lead to an increase in screening rates for STIs and reduce the burden of disease.

**Objective 7.2:** Increase Human Papillomavirus (HPV) vaccination initiation and completion in males and females.

**Strategies**

**7.2.1** Increase education and awareness among parents/guardians, adolescents and providers regarding HPV and vaccination recommendations.

**7.2.2** Improve the rates of HPV vaccine administration in clinical settings.

**7.2.3** Assess and promote policy and practice changes to increase vaccination initiation and completion.

**Objective 7.3:** Increase the use of dual contraceptive methods to reduce exposure to sexually transmitted infections and HIV in addition to pregnancy prevention.

### **Strategies**

- 7.3.1** Increase education and awareness regarding the benefits of dual contraception.
  - 7.3.2** Promote the inclusion of dual contraceptive methods as part of anticipatory guidance.
  - 7.3.3** Increase access to condoms.
- 

**Goal 8: Promote the continued downward trend in pregnancy and birth rates among adolescents.**

**Objective 8.1:** Increase use of effective and appropriate contraception among adolescents including abstinence.

### **Strategies**

- 8.1.1** Increase and improve education and awareness regarding abstinence and available contraceptive methods to prevent teen pregnancy.
- 8.1.2** Increase access to free or low cost contraceptive services.

**Objective 8.2:** Increase the number of clinicians recommending the use of Long Acting Reversible Contraception (LARC) in adolescents.

### **Strategies**

- 8.2.1** Increase education and public awareness about the benefits of LARC.
- 8.2.2** Increase LARC training opportunities for providers.
- 8.2.3** Assess policies and practices regarding access to LARC.



## OAHP Key Adolescent Health Issue



# Nutrition & Physical Activity



As the goals of the strategic plan imply, improving nutritional choices, increasing physical activity and building more robust identification and treatment of obesity and its co-morbidities are vital components of adolescent health. Research in both the medical and public health arenas have clearly established the links between these goals and both short and long term health outcomes. There is some data about what types of strategies lead to the most successful improvements, though the evidence is sparse especially in regards to programs targeting the unique needs of adolescents and young adults.

With that in mind, the strategies developed to address the OAHP Nutrition and Physical activity goals and objectives are designed to allow youth, parents, schools, medical homes and collaborating partners both maneuverability and creativity in reaching those common goals. Extensive work has already been happening across the state through partner organizations such as the American Dairy Association, Mid-East, the Ohio Department of Health, Buckeye Healthy School Alliance, Alliance for a Healthier Generation and the Ohio Chapter of the American Academy of Pediatrics with programs and campaigns that include “Shared Use” contracts, “Eat Right, Be Bright” school breakfast challenge, “A Healthy Corner Store” initiative, “Water First For Thirst” campaign and the “Ounce of Prevention/Pound of Cure” toolkit.

Habits formed during adolescence are often carried into adulthood and set the stage for positive and negative health outcomes throughout an adolescent's lifetime.



## Goals, Objectives and Strategies

---

### Goal 9: Adolescents will engage in healthy eating behaviors.

**Objective 9.1:** Increase the percentage of adolescents eating breakfast every morning.

#### *Strategies*

- 9.1.1** Develop and/or support campaigns that encourage eating a healthy breakfast on a daily basis.
- 9.1.2** Increase the number of middle and high school students that participate in healthy school breakfast programs.
- 9.1.3** Increase the number of school districts that have adopted policies that support access to and sustainability of the breakfast program.

**Objective 9.2:** Decrease the intake of sugar sweetened beverages by adolescents.

#### *Strategies*

- 9.2.1** Support campaigns that encourage water intake over sugar-sweetened beverages.
- 9.2.2** Reduce availability of sugar-sweetened beverages at schools, universities, sporting events and worksites.

**Objective 9.3:** Increase the percent of adolescents getting 5 or more servings of fruits and vegetables a day.

#### *Strategies*

- 9.3.1** Support and implement evidenced-based and evidenced-informed initiatives that increase fruit and vegetable intake by adolescents.
- 9.3.2** Develop and/or support campaigns that encourage an increase in fruits and vegetable intake.





---

## **Goal 10: Adolescents will engage in recommended physical activity.**

**Objective 10.1:** Increase the percent of adolescents who are physically active at least 60 minutes a day.

### ***Strategies***

**10.1.1** Increase opportunities for adolescents to increase their physical activity.

**10.1.2** Increase the number of school districts with comprehensive physical activity policies.

**10.1.3** Support the development of community-based policy and infrastructure that promotes physical activity.

**Objective 10.2:** Increase the percent of adolescents who spend less than 2 hours a day on recreational or optional screen time.

### ***Strategies***

**10.2.1** Support campaigns that educate about the recommended amount of screen time for adolescents.

**10.2.2** Support and implement evidenced-based and evidenced-informed strategies that decrease screen time in adolescents.

---

**Goal 11: Adolescents will have a healthy body mass index (BMI).**

**Objective 11.1:** Increase the percent of adolescents having annual BMI screening.

**Strategies**

**11.1.1** Increase opportunities for adolescents to have BMI screening.

**11.1.2** Increase rate of referrals of adolescents with elevated BMIs to their primary health care provider.

**Objective 11.2:** Increase the percent of overweight or obese adolescents who are being screened for obesity-related co-morbidities.

**Strategies**

**11.2.1** Increase competencies of medical providers to implement co-morbidity screening recommendations.

**11.2.2** Increase insurance re-imburement for co-morbidity screening.

**Objective 11.3:** Increase the percent of overweight or obese adolescents who are receiving medical counseling and/or treatment.

**Strategies**

**11.3.1** Increase awareness and availability of referral options for adolescents needing overweight/obesity related medical counseling/treatment.

**11.3.2** Increase physician and medical staff competencies and skills in discussing weight-related issues with adolescents and caregivers.

**11.3.3** Increase access to and utilization of evidence-based obesity treatment strategies.



## OAHP Key Adolescent Health Issue

# Area 5 Sleep

Sleep is a dynamic activity vital to physical and cognitive growth, repair, and maintenance. Lack of adequate nightly sleep has been associated with poorer food choices, riskier sexual behavior, increased depression, obesity, school-related violence, sport injuries, auto accidents, and more.

Unfortunately adolescents are the most sleep-deprived age group in America, but thankfully there is much we can do to reverse this. As stated in our Strategic Plan: sleep is one of the more influential, and easily influenced, factors in health.

Experts widely agree that the biggest barrier to healthy sleep is basic lack of awareness. Professionals and the general public have had few opportunities to receive good education on sleep needs and sleep hygiene (the habits that promote healthy sleep). Many of our strategies within the Ohio Adolescent Health Partnership include educating adolescents, parents, professionals, and policy-makers through the promotion of free and existing educational materials – such as the National Institutes of Health *Sleep, Sleep Disorders, and Biological Rhythms* high school curriculum supplement series; Ohio Northern University professor Dr. Megan Kraynok's freshman orientation course on sleep; or Scholastic's *Awake at the Wheel* poster series. Supporting and disseminating data from the CDC's Youth Risk Behavior Surveillance survey and the National Sleep Foundation's 'Sleep In America Poll' also help to raise awareness and determine areas in most need of intervention.

An additional barrier to adolescent sleep is developmentally inappropriate wake times, typically fostered by early school start times. Through partnerships with public health organizations and advocacy groups such as the national non-profit Start School Later, the Ohio Adolescent Health Partnership intends to educate the public and policy-makers on the puberty-related changes in sleep cycle, the evidence supporting later school day start times, and the outcomes of schools across the nation and in Ohio who have adopted healthier daily schedules.



Competing forces during adolescence can create a cycle of sleep deprivation; decreased concentration; difficulties in academic performance; longer hours needed to complete tasks; and thus more sleep deprivation and an increased risk of disordered sleep.<sup>3</sup>

## Goals, Objectives and Strategies

---

**Goal 12: Adolescents will obtain a minimum of 8.5 to 9.5 hours of sleep per night.**

**Objective 12.1:** Increase the percentage of adolescents who engage in good sleep hygiene habits.

### **Strategies**

**12.1.1** Identify and increase utilization of evidence-based programs and printed materials that educate adolescents, parents, and other caregivers on sleep and sleep hygiene.

**12.1.2** Increase collection and utilization of data on adolescent sleep habits and sleep hygiene.

**12.1.3** Utilize social media platforms and other means of adolescent engagement to raise awareness about sleep hygiene.



**Objective 12.2:** Increase the percentage of health care providers who are screening, diagnosing, and providing interventions for adolescents with insufficient and disordered sleep.

### **Strategies**

**12.2.1** Increase the percentage of health care professionals, including mental health providers, who assess and monitor adolescent sleep habits and hygiene.

**12.2.2** Increase professional education on sleep health and disorders.

**Objective 12.3:** Increase the percentage of middle and high schools participating in later school day start times.

### **Strategies**

**12.3.1** Increase education for parents, health professionals, and secondary school administrators on the evidence for, and considerations regarding, adopting later school day start times.

**12.3.2** Advocate for state-wide reporting of school day start times and earliest bus pick-up time.

**12.3.3** Assess and evaluate outcomes related to the implementation of later school day start times.



## Moving Forward

To achieve the goals, objectives and strategies, the OAHP's structure includes sub-groups of members focused on each of the five key issue areas. With collaborating organizations, the sub-groups will identify other state and local community activities that can be aligned to maximize resources and encourage a greater collective impact.

The leadership and members of the OAHP will assess and track the implementation of the goals, objectives and strategies written within this plan. This evaluation will include the monitoring of data, program implementation, and policy changes to determine if progress has been made, as well as identifying whether there is a need to expand the focus to other important issues and re-assess strategies. OAHP will revise this Operational Plan in 2017.

It is the hope of the OAHP that the publication of the strategies in this Operational Plan will be a catalyst for groups to collaboratively develop statewide and local efforts supporting the health needs of adolescents and young adults in Ohio.





[www.OhioAdolescentHealth.org](http://www.OhioAdolescentHealth.org)