



## OAHPP Goals, Objectives, and Strategies

(To be updated 2022. Sources: 2013 Strategic Plan & 2014 Operational Plan)

### Behavioral Health

#### **Goal 1: Rates of substance use and abuse will decrease among adolescents.**

- Objective 1.1: Adolescents will delay the onset of first use of alcohol.
  - a. Strategy 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.
  - b. Strategy 1.1.2: Increase data collection and data-driven decision-making regarding alcohol use for youth and young adults
- Objective 1.2: Increase the number of educational activities and media campaigns directed towards adolescents, their families, and support networks addressing the signs of substance abuse and mental health disorders.
  - a. Strategy 1.2.1: Reduce access and availability of illicit drugs as well as prescription and over-the-counter medications.
  - b. Strategy 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: Decrease the number of adolescents who misuse and abuse prescription and over-the-counter medications.
  - a. Strategy 1.3.1: Increase number of adolescents who perceive that they have a caring adult in their life.
  - b. Strategy 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 behavioral health prevention services, screening, and treatment referral options.
  - a. Strategy 2.1.1: Improve access to substance abuse and mental health services.
  - b. Strategy 2.1.2: Increase cross system collaborations at the state and local levels.
  - c. Strategy 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.
  - a. Strategy 2.2.1: Increase cross discipline provider education and training opportunities.
  - b. Strategy 2.2.2: Improve the skills of adolescents in accessing healthcare so they can successfully transition into the adult healthcare system.
  - c. Strategy 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.
  - a. Strategy 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.
  - b. Strategy 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.
  - a. Strategy 2.4.1: Increase awareness of trauma informed care.
  - b. Strategy 2.4.2: Increase the number of practices and agencies with policies for trauma informed care.

## Injury, Violence, and Safety

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

- Objective 3.1: Decrease the incidence of teen relationship violence and sexual assault.
  - a. Strategy 3.1.1: Promote and implement evidenced-based and evidenced-informed healthy relationship education programs across multiple community settings.
  - b. Strategy 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, cyberbullying, sexual harassment, and violence including gender-based violence.
  - a. Strategy 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.
  - b. Strategy 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.
  - c. Strategy 3.2.3: Increase the number of youths led activities that reduce bullying, cyber bullying, sexual harassment, and violence including gender-based violence.
  - d. Strategy 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.
  - a. Strategy 3.3.1: Increase educational opportunities that address risk factors and warning signs of suicide in schools and community settings.
  - b. Strategy 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 incidences of assault-related hospitalizations and homicide-related deaths.
  - a. Strategy 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: Increase programs and policies to educate teen drivers, their parents and decision makers on the importance of safe teen driving behaviors.
  - a. Strategy 4.1.1: Educate teens, parents, law enforcement, and the community about safe teen driving and the Graduated Driver License (GDL).
  - b. Strategy 4.1.2: Strengthen Ohio's laws and policies governing teen traffic safety to align with national recommendations and trends.
  - c. Strategy 4.1.3: Enhance standardized driver training.

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

- Objective 5.1: Increase the percentage of adolescents using protective equipment when participating in sports and recreational activities.
  - a. Strategy 5.1.1: Identify and increase the number of recreational leagues and community centers following Ohio's Return to Play Law.
  - b. Strategy 5.1.2: Increase the number of Ohio's school districts with policies and procedures in place to appropriately respond to students with TBI.
  - c. Strategy 5.1.3: Increase screening, identification, and treatment of Traumatic Brain Injury among Ohio's youth.
- Objective 5.2: Increase the percentage of coaches utilizing safe practices in contact sports.
- Objective 5.3: Increase education for health care providers, coaches, sporting officials, parents, and adolescents about identification, and treatment of TBI.
- Objective 5.4: Increase the number of adolescents with suspected TBI who are evaluated and treated by appropriately trained professionals.

## **Reproductive Health**

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

- Objective 6.1: Delay the onset of sexual activity.
  - a. Strategy 6.1.1: Increase access to evidenced-based comprehensive health education.
  - b. Strategy 6.1.2: Improve communication and decision-making skills of adolescents regarding the delay of sexual activity by educating, engaging, and empowering families.
  - c. Strategy 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.
  - a. Strategy 6.2.1: Increase professional development opportunities for school staff to improve skill development in utilizing and implementing evidenced-based curriculum.
  - b. Strategy 6.2.2: Advocate for policies that support prevention education.
  - c. Strategy 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.
  - a. Strategy 6.3.1: Develop and support initiatives that encourage on-going communication between teens and their parents/guardians regarding reproductive health issues.
  - b. Strategy 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.
  - a. Strategy 6.4.1: Ensure that reproductive health services are incorporated as a standard of care for adolescents and young adults.
  - b. Strategy 6.4.2: Assess existing policies regarding the provision of reproductive health services and promote policies that remove barriers to care.
  - c. Strategy 6.4.3: Increase the availability and utilization of reproductive health services in traditional and nontraditional settings.

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

- Objective 7.1: Increase screening rates for sexually transmitted infections, including Chlamydia, syphilis, gonorrhea, and Human Immunodeficiency Virus (HIV).
  - a. Strategy 7.1.1: Increase public education and awareness about trends in STIs, health risks and the availability of testing.
  - b. Strategy 7.1.2: Increase access to STI screenings in local communities.
  - c. Strategy 7.1.3: Increase utilization of STI risk assessments and screenings in primary care settings.
  - d. Strategy 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.
  - a. Strategy 7.2.1: Increase education and awareness among parents/guardians, adolescents and providers regarding HPV and vaccination recommendations.
  - b. Strategy 7.2.2: Improve the rates of HPV vaccine administration in clinical settings.
  - c. Strategy 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.
  - a. Strategy 7.3.1: Increase education and awareness regarding the benefits of dual contraception.
  - b. Strategy 7.3.2: Promote the inclusion of dual contraceptive methods as part of anticipatory guidance.
  - c. Strategy 7.3.3: Increase access to condoms.

## Reproductive Health, continued

### **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.
  - a. Strategy 8.1.1: Increase and improve education and awareness regarding abstinence and available contraceptive methods to prevent teen pregnancy.
  - b. Strategy 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.
  - a. Strategy 8.2.1: Increase education and public awareness about the benefits of LARC.
  - b. Strategy 8.2.2: Increase LARC training opportunities for providers.
  - c. Strategy 8.2.3: Assess policies and practices regarding access to LARC.

## Nutrition and Physical Activity

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

- Objective 9.1: Increase the percentage of adolescents eating breakfast every morning.
  - a. Strategy 9.1.1: Develop and/or support campaigns that encourage eating a healthy breakfast on a daily basis.
  - b. Strategy 9.1.2: Increase the number of middle and high school students that participate in healthy school breakfast programs.
  - c. Strategy 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 beverage by adolescents.
  - a. Strategy 9.2.1: Support campaigns that encourage water intake over sugar-sweetened beverages.
  - b. Strategy 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.
  - a. Strategy 9.3.1: Support and implement evidenced-based and evidenced-informed initiatives that increase fruit and vegetable intake by adolescents.
  - b. Strategy 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.
  - a. Strategy 10.1.1: Increase opportunities for adolescents to increase their physical activity.
  - b. Strategy 10.1.2: Increase the number of school districts with comprehensive physical activity policies.
  - c. Strategy 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.
  - a. Strategy 10.2.1: Support campaigns that educate about the recommended amount of screen time for adolescents.
  - b. Strategy 10.2.2: Support and implement evidenced-based and evidenced-informed strategies that decrease screen time in adolescents.

## **Nutrition and Physical Activity, continued**

### **Goal 11: Adolescents will have a healthy body mass index.**

- Objective 11.1 Increase the percent of adolescents having an annual BMI screening.
  - a. Strategy 11.1.1: Increase opportunities for adolescents to have BMI screening.
  - b. Strategy 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.
  - a. Strategy 11.2.1: Increase competencies of medical providers to implement co-morbidity screening recommendations.
  - b. Strategy 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.
  - a. Strategy 11.3.1: Increase awareness and availability of referral options for adolescents needing overweight/obesity related medical counseling/treatment.
  - b. Strategy 11.3.2: Increase physician and medical staff competencies and skills in discussing weight-related issues with adolescents and caregivers.
  - c. Strategy 11.3.3: Increase access to and utilization of evidence-based obesity treatment strategies.

## **Sleep**

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

- Objective 12.1: Increase the percentage of adolescents who engage in good sleep hygiene habits.
  - a. Strategy 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.
  - b. Strategy 12.1.2: Increase collection and utilization of data on adolescent sleep habits and sleep hygiene.
  - c. Strategy 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.
  - a. Strategy 12.2.1: Increase the percentage of health care professionals, including mental health providers, who assess and monitor adolescent sleep habits and hygiene.
  - b. Strategy 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.
  - a. Strategy 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.
  - b. Strategy 12.3.2: Advocate for state-wide reporting of school day start times and earliest bus pick-up time.
  - c. Strategy 12.3.3: Assess and evaluate outcomes related to the implementation of later school day start times.

## **Cross-Cutting Objectives**

In addition to the objectives outlined above, the OAHF also recognizes two cross-cutting objectives:

- Cross-Cutting Objective 1: Increase adolescent assets and resilience skills to reduce the impact of negative external factors.
- Cross-Cutting Objective 2: Incorporate best available research into the design of all adolescent health interventions, programs, and policies.