

## School Health Goals, Objectives, and Strategies

### Goal I:

#### Reduce the prevalence and prevent the initiation of tobacco use among youth

#### Objectives

- A. Increase the prevalence of never-tobacco use of any kind among high school students (any of 13 types) from 46.1% in 2013 to 58.1% in 2020.
  1. Maintain and expand the Raze Youth Empowerment Movement.
- B. Increase the prevalence of never-tobacco use of any kind among middle school students (any of 13 types) from 70.2% in 2013 to 83.3% in 2020.
  2. Maintain and expand the Raze Youth Empowerment Movement.
- C. Decrease the prevalence of current tobacco use among high school students from 29.5% in 2013 to 21.9% in 2020.
  3. Maintain and expand the Raze Youth Empowerment Movement.
- D. Decrease the prevalence of current tobacco use among middle school students from 13.6% in 2013 to 9.5% in 2020.
  4. Maintain and expand the Raze Youth Empowerment Movement.

Goal and Objective	Indicator	Data Source	Frequency/ Time	Current Value and Year	2020 Target Value	Owner
<b>I. Reduce the prevalence and prevent the initiation of tobacco use among youth</b>						
A. Increase the prevalence of never-tobacco use of any kind among high school students (any of 13 types).	Prevalence of never-tobacco use of any kind among high school students	WVYTS	Bi-Annual	46.1% (2013)	58.1%	BPH
B. Increase the prevalence of never-tobacco use of any kind among middle school students (any of 13 types)	Prevalence of never-tobacco use of any kind among middle school students	WVYTS	Bi-Annual	70.2% (2013)	83.3%	BPH
C. Decrease the prevalence of current cigarette smoking among high school students.	Prevalence of smoking among public high school students	WVYTS	Bi-Annual	18.6% (2013)	14.7%	BPH
D. Decrease the prevalence of current cigarette smoking among middle school students.	Prevalence of smoking among public middle school students	WVYTS	Bi-Annual	7.5% (2013)	4.6%	BPH

**Goal 2:**  
**Reduce the prevalence of obesity in youth**  
**Objectives**

- A. Decrease the prevalence of obesity (BMI >95th percentile) among public high school students from 15.6% to 13.0% by 2019.
  - 1. Partner with WV Department of Education (WVDE), and the Regional Wellness Specialists to increase adolescent well-child visits.
  
- B. Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by 2019.
  - 2. Partner with the Farm to School Community Development Group, WVDE, and the Regional Wellness Specialists to increase the number of Local Education Agencies (LEA's) implementing the Farm to School Program.
  - 3. Partner with WVDE and the Regional Wellness Specialists to increase the number of schools participating and competing in the USDA's Smarter Lunchroom Assessment.
  
- C. Decrease the prevalence of daily consumption of soda or pop among West Virginia high school students from 38.0% to 30.0% by 2019.
  - 4. Partner with WVDE to maintain or improve West Virginia's excellent child nutrition Policy 4321.1: Standards for School Nutrition.
  
- D. Increase the prevalence of daily physical activity for at least 60 minutes among public high school students from 31.0% to 45.0% by 2019.
  - 5. Partner with WVDE and the Regional Wellness Specialists to train Pre-K – 12 LEA's to deliver "Let's Move! WV Active Schools" modeled after the national "Let's Move!" Initiative and Physical Activity in the Classroom training including recess strategies.
  - 6. Promote and encourage the practice of Shared Use Agreements in communities with public schools as an opportunity to be physically active.
  - 7. Promote and encourage community development groups such as Main Street to work on activities that increase safe physical activity opportunities for children and families such as sidewalks, lighting, trails, and bicycle lanes.
  
- E. Increase the prevalence of participation in a daily physical education class among public high school students from 30.7% to 40.0% by 2019.
  - 8. Partner with WVDE to improve multi-component state physical education, physical activity and recess policies for comprehensiveness, implementation, and evaluation.

Goal and Objective	Indicator	Data Source	Frequency/ Time	Current Value and Year	2020 Target Value	Owner
<b>II. Reduce the prevalence of obesity in youth</b>						
A. Decrease the prevalence of obesity (BMI >95th percentile) among high school students.	Prevalence of obesity among public high school students	YRBS	Bi-Annual	15.6% (2013)	13.0%	BPH
B. Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students	Prevalence of fruit and vegetable consumption among high school students	YRBS	Bi-Annual	21.1% (2013)	30.0%	BPH
C. Decrease the prevalence of daily consumption of soda or pop among West Virginia high school	Prevalence of soda or pop consumption among high school students	YRBS	Bi-Annual	38.0% (2013)	30.0%	BPH
D. Increase the prevalence of daily physical activity for at least 60 minutes among public high school students	Prevalence of physical activity among high school students	YRBS	Bi-Annual	31.0% (2013)	45.0%	BPH
E. Increase the prevalence of participation in a daily physical education class among public high school	Prevalence of participation in a daily physical education class among high school students	YRBS	Bi-Annual	30.7% (2013)	40.0%	BPH

### **Goal 3:**

## **Increase the accessibility and availability of behavioral health services for youth.**

### **Objectives**

- A. Decrease the prevalence of attempted suicide among high school students from 7.5% in 2013 to 5.0% in 2018.
  1. Promote training/technical assistance for a wide audience through the Prevent Suicide WV/ASPEN Program and Regional Youth Intervention Specialists (that provides a hotline) and integrating RYIS with outpatient/hospital services for suicide attempt survivors.
  2. Strengthen the Expanded School Mental Health programs that support a comprehensive approach to addressing the behavioral health needs of students.
  3. Promote the expansion of community based “close to home” crisis response systems by promoting the expansion and coverage of mobile crisis response units for adolescents.
  4. Promote the use of the 1-884-HELP4WV Behavioral Health Call Line.
  
- B. Decrease the prevalence of major depressive episodes among adolescents from 10.9% in 2014 to 8.0% in 2020.
  5. Increase clinical service capacity to meet the behavioral health needs of children in their communities and provide clinical supervision by strengthening the Children’s Clinical Outreach Program at each comprehensive behavioral health center and other community based clinical resources.
  6. Strengthen the Expanded School Mental Health programs that support a comprehensive approach to addressing the behavioral health needs of students.
  
- C. Decrease the percentage of drug dependence or abuse ages 12+ from 2.6% in 2010-2011 to 2% in 2020.
  7. Maintain the Outpatient and Intensive Outpatient therapy for youth with emotional and/or substance use challenges.
  8. Provide case management and home-based therapy for youth at risk for involvement in the juvenile justice system by maintaining and expanding the Juvenile Diversion Program.
  9. Promote, expand and coordinate youth/peer leadership development programs, including SADD and Raze, in order to provide a safe, supportive environment and encourage youth-led organizations so that positive alternative to drug-use can be developed along with leadership skills.
  10. Improve response time to emerging trends by Coordinating efforts with WV State Epidemiological Work Group-Early Warning Network, Regional Task Force Members, and the Prevention Network to determine new trends of substance use prevalence and method of use.
  
- D. Decrease the prevalence of nonmedical use of pain relievers among adolescents from 4.3% in 2014 to 2.0% in 2020.
  11. Provide case management and home-based therapy for youth at risk for involvement in the juvenile justice system by maintaining and expanding the Juvenile Diversion Program.
  12. Maintain the Outpatient and Intensive Outpatient therapy for youth with emotional and/or substance use challenges.
  13. Promote, expand and coordinate youth/peer leadership development programs, including SADD and Raze, in order to provide a safe, supportive environment and encourage youth-led organizations so that positive alternative to drug-use can be developed along with leadership skills.

Goal and Objective	Indicator	Data Source	Frequency/ Time	Current Value and Year	2020 Target Value	Owner
<b>III. Increase the accessibility and availability of behavioral health services for youth</b>						
A. Decrease the prevalence of attempted suicide among high school students	Prevalence of attempted suicide	YRBS	Bi-Annual	7.5% (2013)	4.0%	BBHFF
B. Decrease the prevalence of major depressive episodes among adolescents	Prevalence of major depressive episodes	SAMHSA	Bi-Annual	10.9% (2014)	6.0%	BBHFF
C. Decrease the prevalence of illicit drug use among adolescents	Prevalence of illicit drug use	SAMHSA	Bi-Annual	7.3% (2014)	4.0%	BBHFF
D. Decrease the prevalence of nonmedical use of pain relievers among adolescents	Prevalence of nonmedical use of pain relievers	SAMHSA	Bi-Annual	4.3% (2014)	2.0%	BBHFF