Based on these data and their service system assessment, the Priority 5 workgroup drafted goals, objectives, strategies, and action plans to address decreasing disparities in health risk factors and protective factors between students in Kent County.

Priority 5 Goals, Objectives, and Strategies appear in Table 6. Priority 5 Action Plans appear in Appendix F. The data sources for tracking objectives appear in the footnotes. The evidence-base underlying the selected strategies appears in footnotes, where appropriate.

Table 6. Goals, Objectives, and Strategies to Reduce Disparities in Health Risk Factors and Protective Factors between Students.

GOALS	OBJECTIVES[23]	STRATEGIES
1. Coordinate and improve the collection of demographically representative data related to health risk and protective factors to identify current disparities.	O1. By Spring 2014, a demographically representative 20% of school districts in Kent County will complete the 2013-2014 cycle of the MiPHY.	S1. Identify and address barriers to MiPHY participation.
		S2. Create and administer a modified version of the MiPHY with elementary school students.
	O2. At least 4 school districts representative of the Kent County elementary age population will participate in the modified version of the MiPHY by Spring 2015.	S3. Engage CHNA partners and other partners in the development and implementation of a set of common core indicators.
	O3. By Fall 2015, youth serving agencies will implement a system of collecting and sharing a set of common core indicators of youth risk and protective factors.	S4. Establish a health-related Kent County Youth Advisory/Leadership Board.
2. Engage and empower youth to reduce disparities in risk and protective factors.	O4. By Spring 2015, the percentage of Kent County youth who are aware that they have chances to be involved in their community will increase from 63.3% to 64.4%.	S5. Expand mentoring programs for youth.[24]
	O5. By Spring 2015, increase the percentage of Kent County youth who believe that substance use is risky by 5%: • Regular cigarette smoking as a moderate or great risk will increase from 84.5% to 88.7%. • Alcohol use as a moderate or great risk will increase from 72.0% to 75.5%. • Marijuana as a moderate or great risk will increase from 67.3% to 70.7%.	S6. Develop and implement a social and mainstream media campaign to educate youth through youth created prevention messages.[25]
		S7. Market services and programs available to youth in Kent County.
	O6. By Spring 2015, the percentage of Kent County youth who believe that they can ask their mom or dad for help with personal problems will increase from 73.6% to 77.2%.	S8. Promote resources that support the development of parenting skills.[26]

[23] The MiPHY will be the data source for Objectives O1, O4, O5, O6, and O7. Objectives O2 & O3 require identifying a data source.

[24] DuBois, D., Holloway, B., Valentine, J., & Cooper, H. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology*, 30, 157-197.

[25] Guide to Community Preventive Services. *Health communication & social marketing: health communication campaigns that include mass media and health-related product distribution.* Available online at: www.thecommunityguide.org/healthcommunication/campaigns.html.

[26] Burrus, B., Leeks, K., Sipe, T., Dolina, S., Soler, R., Elder, R., Barrios, L., Greenspan, A., Fishbein, D., Lindegren, M., Achrekar, A., & Dittus, P. (2012). Person-to-person interventions targeted to parents and other caregivers to improve adolescent health: a Community Guide systematic review. *American Journal of Preventive Medicine*, 42, 316-26.

3. Ensure vulnerable youth have access to the services they need based on the risk factors they face in order to reduce disparities between youth.	O7. By Spring 2015, reduce the risk and protective factor disparities between youth in Kent County, including: • 5% reduction in the percent of male (14.7% to 14.0%), African American (14.4% to 12.7%), Hispanic/Latino (13.4% to 12.7%), and American Indian (16.0% to 15.2%) students who are obese. • 5% increase in seatbelt use among African American (13.7% to 13.0%), Hispanic/Latino (13.3% to 12.6%), and Asian (12.3% to 11.7%) students. • 5% increase in condom use among Hispanic/ Latino (47.4% to 49.8%) students who are sexually active. • An average 5% reduction in the disparities in risk factors between students who get Ds/Fs and students who get As/Bs.	S9. Advocate for expansion of comprehensive health education programs in all Kent County schools.[27]
		S10. Strengthen and expand the provision of comprehensive health services within the school system.[28]
		S11. Coordinate referral services to connect youth to the services they need based on their risk and protective factors.
		S12. Develop a health risk appraisal that can be completed as a self-assessment by youth that provides referrals to resources based on risk and protective factors.
		S13. Develop a health risk appraisal for providers that provides referrals for youth based on their risk and protective factors.

[27] Symons, C., Cinelli, B., James, T., & Groff, P. (1997). Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health*, 67, 220-227.

[28] Angin, T., Naylor, K., & Kaplan, D. (1996). Comprehensive school-based health care: High school students' use of medical, mental health, and substance abuse services. *Pediatrics*, 97, 318-30.