A Step-by-Step Guide for Supporting Adolescent Health in Schools

June 2026

Table of Contents

Table of Contents (Cont.)

Introduction

This guide is a comprehensive resource for jurisdictions aiming to use evidence-based program strategies to tackle adolescent health priority areas in schools. It provides a step-by-step approach for assessing adolescent health, selecting a goal, and action planning to implement evidence-based interventions within school-based settings. The guide also includes educational resources, templates, and example meeting agendas to facilitate knowledge sharing within and across organizations and offer specialized instructions for effective use of these resources.

Objectives

1. To guide teams in assessing adolescent health needs by leveraging data sources and summarizing findings to identify key health issues affecting students.
2. To support collaborative decision-making by engaging diverse stakeholders across education, public health, and community sectors to select an adolescent health-focused goal, explore evidence-based or evidence-informed interventions within schools, and build buy-in for adolescent health as a shared priority.
3. To equip teams to develop actionable plans by providing templates, tools, and structured processes to define overarching goals, identify strategies, and outline concrete steps that foster safe, supportive, and health-promoting school environments.

How to Use This Guide

This resource is intended to guide state and territorial health agencies (S/THAs) in improving adolescent health outcomes in school-based settings. S/THA staff and their partners can use it to inform policy and programmatic work focused on adolescent health in schools. The guide is made up of three key sections:

1. **Assess:** This section includes data sources across federal, state, and local levels to support identification of key adolescent health priority areas, which can be addressed in a school-based setting.
2. **Engage and Educate:** This section supports teams in engaging stakeholders, using data to identify a shared adolescent health priority, and selecting evidence-informed interventions — laying the groundwork for coordinated action and sustainable improvements in school-based settings.
3. **Action Plan:** This section guides teams in translating prior analysis and collaboration into a structured action plan. This involves defining a SMART goal, identifying key strategies to advance that goal, and outlining actionable steps to implement and sustain improvements in adolescent health in schools.

Part 1. Assess

This section provides the essential foundation for improving adolescent health in schools by bringing together diverse sources of data at national, state, and local levels. National surveillance tools offer broad benchmarks and trends, while state and local surveys provide more detailed insights tailored to specific communities. School- and district-level data further ground the picture by highlighting the day-to-day realities of students and school staff. Synthesizing this information into accessible formats ensures that schools, agencies, and communities can use it meaningfully to inform action. Users will find:

- Examples of national, state-based, and local data sources focused on adolescent health.
- Resources on creating/conducting needs assessments, with examples.
- Sample state health reports to share findings.

Objectives

1. Guide users to identify and utilize key national, state, and local data sources to develop a comprehensive understanding of adolescent health needs within a school or jurisdiction.
2. Provide strategies to interpret and synthesize data across multiple levels to highlight trends, disparities, strengths, and challenges affecting adolescents.
3. Support users to conduct or apply needs assessments to systematically analyze gaps, barriers, and opportunities for improving adolescent health in school settings.
4. Equip users to communicate findings through clear, accessible summaries and reports that support informed decision-making and lay the groundwork for selecting a priority area and intervention. National Data Sources

National Data Sources

National data sources play a critical role in assessing adolescent health and identifying a focus area for school-based interventions. These datasets offer insight into health behaviors, risk factors, and protective supports that impact student well-being across a range of issues. Tools such as the Youth Risk Behavior Surveillance System (YRBSS), School Health Profiles, the Adolescent Behaviors and Experiences Survey, the National Survey of Children's Health, and resources from CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention provide trend data and indicators that help jurisdictions understand where students are struggling and where supports are strongest. National-level datasets also allow jurisdictions to compare their adolescent health outcomes with those of other states or communities — offering valuable insight into where they may be outperforming or lagging and helping identify interventions that have been successful in similar populations elsewhere. These sources help inform a data-driven approach for identifying adolescent health priority areas to address within a school-based setting. Teams can use Table 1 to identify which datasets best align with their priority areas, available geographic levels, and capacity for analysis.

Table 1. National Adolescent Health Data Sources — Summary Table

Data Set Name	Collecting Entity	Topic Areas	Data Collection Frequency	Geographic Level	Where Data Is Available	Limitations
YRBSS	CDC	Risk behaviors (injury/ violence), sexual behaviors, substance use, tobacco, diet, physical activity.	Biennial	National, State, Selected Local Districts.	39 states, Washington, D.C., five territories, 20 districts (2023).	Excludes non-attending youth; self-report bias; optional participation leads to gaps. Numerous states (i.e., CA, CO, WA, OR, FL) administer a YRBSS-like survey, even if they don't administer the exact YRBSS itself.
School Health Profiles	CDC	School health policies/ practices around education, services, physical education, nutrition, environments.	Biennial	State, Large Urban Districts, Territories.	45 states, Washington, D.C., one territory, 28 districts (2022).	Self-report bias; optional participation leads to gaps; limited to school staff.
Youth Mental Health Tracker	Surgo Health; integrates existing datasets.	Mental health, well-being, stress, care-seeking, social drivers.	Multiple updates per year.	National, State.	50 states + Washington, D.C.	Self-report bias; sampling constraints; underrepresented subpopulations; limited transparency on datasets utilized.
National Center For HIV, Viral Hepatitis, STD and TB Prevention's AtlasPlus	CDC	HIV, hepatitis, STDs, tuberculosis, social determinants of health.	Annual	National, Regional, State, County, Metro Areas.	50 states, Washington, D.C., six territories, 158 metropolitan statistical areas.	Inconsistent age/ethnicity categories; not adolescent-specific.

Table 1. National Adolescent Health Data Sources — Summary Table (Cont.)

Data Set Name	Collecting Entity	Topic Areas	Data Collection Frequency	Geographic Level	Where Data Is Available	Limitations
National Survey of Children's Health	U.S. Census Bureau for HRSA/MCHB	Child/ adolescent health, mental health, access, family/ community context.	Annual	National, State.	50 states + Washington, D.C.	Moderate response rates; parent self-report bias; limited comparability pre-2016.
Monitoring the Future	University of Michigan (NIDA/NIH)	Substance use, attitudes, behaviors, values (youth and adults).	Annual	National.	National sample (~100 schools).	Excludes non-attending youth; voluntary participation; underrepresents high-risk groups.
Panel Study Of Income Dynamics	University of Michigan	Income, employment, wealth, health, education, development.	Annual/ Biennial	National (household).	Nationally representative.	Attrition; underrepresentation of recent immigrants; self-report bias.
Kids Count Data Center	Annie E. Casey Foundation compiles existing data indicators	Child/ adolescent well-being: economic, health, education, family/ community.	Varies by dataset; reports generated annually.	National, State, Territory.	50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands.	Inconsistent methods across sources; time lags; state variability in administrative data.

State-Based and Local Data Sources

State and local data sources provide critical insight into the unique health needs of adolescents and the context in which schools operate. While national surveys offer valuable benchmarks, state- and community-level data allow teams to dig deeper into regional trends, disparities, and emerging issues that shape adolescent health priorities in their area.

This section explores how to identify and use existing state and local resources (e.g., health department surveys, school-based health center data, and community needs assessments) to inform decision-making. It also highlights ways to leverage school-based data sources to capture more specific information about student health and school environments. Further, examples of how states and districts have utilized these tools can help teams build a robust evidence base for selecting and addressing priority adolescent health areas within school settings.

State-Based Data Sources

To supplement national data sources, states can collect additional information on adolescent health to better understand their state-specific context around adolescent health. Here are examples of state-based surveys on adolescent health:

California Healthy Kids Survey

Although California does not administer the national YRBSS survey, the California Department of Education encourages schools and districts serving students in grades 5-12 to administer the California Healthy Kids Survey to students annually, which is an anonymous, confidential survey on school climate, student wellness, and youth resiliency. The core survey focuses on student engagement and achievement, safety, positive development, health, and overall well-being. In addition, schools can opt to include secondary survey questions on specific topics, such as:

- Youth development.
- Social emotional health and learning.
- Mental health.
- Tobacco use.
- Alcohol and other drug use.
- Safety.
- Physical health.
- Sexual behavior.
- After school activities.

Florida Youth Substance Abuse Survey

While Florida does not administer the national YRBSS survey, the Florida Departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control coordinate to annually administer the Florida Youth Substance Abuse Survey. This survey is administered annually to middle and high school students and includes questions assessing substance use prevalence, mental health, adverse childhood experiences and risk and protective factors.

Ohio Healthy Youth Environment Survey

The Ohio Healthy Youth Environments Survey is a free, voluntary, web-based youth survey available to all Ohio schools, providing local-level data every other year on students in grades 7–12. Designed through a collaboration of state departments and community stakeholders, this survey captures a wide range of topics, including mental health, substance use, school climate, family relationships, safety, nutrition, and physical activity. It uses standardized, validated items drawn from national surveys to ensure consistency across time.

Massachusetts Youth Health Survey

The Massachusetts Department of Public Health administers the Massachusetts Youth Health Survey every two years, in collaboration with the Department of Elementary and Secondary Education. This survey collects anonymous data from randomly selected public middle and high school students (grades 6-12). It examines a broad array of health topics, including risk behaviors, protective factors, and health status, and enables analysis by student demographics such as gender, race/ethnicity, and grade level.

Iowa Youth Survey

Iowa's Department of Health administers the Iowa Youth Survey — a biennial, statewide survey — in collaboration with school districts, targeting students in grades 6, 8, and 11 across public and private schools. It collects data on health behaviors, risk and protective factors, bullying, mental health, substance use, and perceptions of community and school environment.

Needs Assessments

Needs assessments are data-driven assessments that summarize a community's needs, resources, opportunities, and barriers. They can apply across a range of settings (i.e., a state, community, or school) and give valuable understanding into a specific topic area. Needs assessments are often used to provide insight into what actions can be taken to move the needle forward in a specific focus area, such as improving adolescent mental health.

Needs assessments around adolescent health already exist within some areas of the United States. If a needs assessment already exists for the community, it can be invaluable in selecting an adolescent health goal, as it consolidates key data and summarizes trends relevant to school-based planning. Here are several examples of existing needs assessments focused on adolescent health:

- Title V Maternal and Child Health (MCH) Block Grants provide federal funding to jurisdictions to improve the health and well-being of mothers, infants, children, and adolescents. To receive these funds, states are required to conduct a comprehensive needs assessment every five years to identify priority maternal and child health issues and guide how resources will be allocated. This needs assessment process ensures that Title V MCH funds are directed toward evidence-based strategies and community-identified priorities that address the most pressing health needs across the MCH population. Often these needs assessments are broken down into priority areas (i.e., women, infants, children, etc.). Examples of state Title V Needs Assessments include:
  - Maine Adolescent Health Needs Assessment Data and Priorities.
  - Nebraska Supporting Reproductive Health and Well-Being in Youth – Issue Brief and Visual Summary.
  - Minnesota – Title V 2020 Needs Assessment.
- Several counties in Florida conducted a community-level needs assessment to provide comprehensive review of adolescent health trends and identify evidence-based priorities for intervention.
- Several counties in Iowa and Nebraska conducted a community-level needs assessment to examine the health status, behaviors and needs of children and adolescents in the Omaha Metropolitan Area.
- San Francisco regularly conducts needs assessments focused on the health of specific populations, including adolescents.

Local Data Sources

Schools often collect information from their students and staff, either through school-based surveys or health information collected through a nurse or school-based health center. These data sources are another way to identify priority adolescent health concerns, both from the students themselves and from the staff within the school. Here are examples of data to collect or use at a local level to further understand adolescent health within a community and identify priority adolescent health areas to address within schools.

School-Based Surveys

Some school districts administer their own health surveys, either to supplement state or national surveys or to replace them entirely. Some school districts administer surveys directly to students, while others collect information from school staff, and still others do both. This allows school districts to ask more specific questions than what might be included in state or national surveys and gives the schools ease of access to the data collected. However, as surveys are administered at the school or district level, it does require infrastructure to support the survey's development, survey dissemination, data analysis, and consolidation of the findings to share with the public and key stakeholders. Here are some examples of school districts implementing their own adolescent health surveys:

- The Chicago Public Schools District administers the Healthy Chicago Public Schools survey to assess how well schools are meeting district health and wellness criteria across multiple domains. Rather than collecting individual student responses, schools complete the survey at the end of the school year and measure implementation of policies and practices related to health leadership, health instruction, healthy environments, and health services as defined by the Healthy CPS framework.
- The Norwalk Partnership, based in Norwalk, CT, administers the Norwalk Youth Survey biannually to middle and high school students. This survey — funded by CDC and the City of Norwalk — gathers data for adolescents on mental health, substance use, risk and protective factors.
- The Santa Clara Unified School District administers the state's California School Climate, Health, and Learning Surveys along with a district-specific Social Emotional Learning survey. The latter includes questions about relationship skills, self-awareness, social awareness, self-management, and responsible decision-making.

School-Based Health Center Data

SBHCs are health services located directly in a school or on the school campus. SBHCs routinely use data to inform and improve their service delivery. The SBHC National Performance Measures (NPMs) are a set of benchmarks to ensure every student accessing SBHCs receives high quality care. They were developed in collaboration with experts from the field and were based on benchmarks set by national child health quality initiatives. SBHCs are encouraged to adopt these NPMs as part of the quality improvement process. They allow SBHCs to reflect on the past year's NPMs and see where there may be room for improvement. The SBHC NPMs include:

- An annual well-child visit.
- A comprehensive risk assessment.
- Screening for body mass index accompanied by nutrition and physical activity counseling.
- Depression screening with appropriate follow-up.
- Chlamydia screening for sexually active youth.

This information can be collected through the visit data from SBHCs. Each NPM has a clear definition, description of how to calculate the NPM, along with visit codes that will likely be associated with visits aligning with that NPM.

While SBHC NPMs can be used for quality improvement initiatives within SBHCs, they can also be used to show priority areas within adolescent health. For example, if one SBHC shows a high number of students screening positive for chlamydia, there may be a need for an evidence-based intervention to improve condom use or increase student knowledge around STIs.

Outside of NPMs, SBHCs often collect information during their visits with students, which could help identify focus areas of adolescent health. Examining what claim or encounter codes are often utilized can give insight into what health issues are impacting adolescents. However, access to this data can be limited due to SBHCs compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Organizations interested in utilizing this data to understand adolescent health must work with the school district and SBHCs to see if de-identified data may be used.

School Health Index

CDC's School Health Index is an online self-assessment and planning tool designed to help schools evaluate their health and safety policies and practices based on evidence-based guidelines grounded in the Whole School, Whole Community, Whole Child model. It is a self-paced assessment completed by a team of school staff to identify strengths and weaknesses within the school's approach to supporting student health in schools and collaboratively develop an action plan to address any gaps. The tool covers key areas including nutrition, physical activity, chronic health conditions, injury and violence prevention, and sexual health.

Data Sharing Agreements

Federal and state data on adolescent health tend to be disaggregated so that it is publicly available, making this data easily accessible. However, at a more local level, data around adolescent health may be more challenging to access. Student education and health records are protected under laws such as FERPA, and, in some cases, HIPAA. As such, it can be challenging to consolidate data on adolescent health across data sources when certain data is protected under law.

Data-sharing agreements are formal written documents that outline what data will be shared, how it may be used, who may access it, and the safeguards required to protect confidentiality. Effective data-sharing agreements between school districts, state or local health departments, departments of education, and organizations that provide school-based health services are essential for coordinating care, evaluating adolescent health interventions within schools, and informing program planning while protecting student privacy. These agreements hold each partner accountable for protecting confidential information and help clarify responsibilities when sharing student indicators, service participation, or health outcomes to improve services for students while minimizing privacy risk.

Visualizing Data Sources

Some states opt to consolidate national and state-based data sources to better visualize adolescent health in their area via data dashboards (e.g., Georgia's Whole Child Health Dashboard and California's Adolescent Mental Health Dashboard). Data dashboards are dynamic, visual platforms that bring together data from multiple sources into one accessible, online interface.

These dashboards play a critical role in identifying adolescent health needs by translating complex datasets into user-friendly visualizations and summaries. They enable users to explore geographic patterns, compare population subgroups, and identify emerging issues or disparities, which support timely decision-making and resource targeting. By consolidating multiple indicators into intuitive dashboards, agencies can facilitate cross-sector collaboration and help stakeholders quickly locate actionable data to inform program planning.

While dashboards make data more accessible, they also come with challenges. Consolidating information can be difficult when multiple organizations with different collection methods or reporting standards own the data. Building and maintaining dashboards requires significant technical expertise and ongoing resources, and some dashboards may be limited by the timeliness, quality, or completeness of the underlying data. However, tools like Power BI and Tableau can help create impactful data dashboards.

Data Summaries and Reports

Once data on adolescent health is collected, the next step is to share it in ways that are accessible, meaningful, and actionable for decision-makers, educators, and community partners. Agencies often package adolescent health data into user-friendly formats such as needs assessments, national trend reports, state-level reports, and interactive dashboards. Examples of each type of data summaries and reports follow.

Of note: *These resources are reports generated by the aforementioned datasets, not the data sets themselves.*

- *Needs Assessment Reports*
  - » Washington
  - » Florida
  - » Iowa and Nebraska
- National Trends Reports
  - » YRBS Data Summary & Trends Report
  - » ABES Summary Results
- State-Level Trends Reports
  - » Ohio
  - » Massachusetts
  - » Iowa

Each of these approaches serves a different purpose:

- Needs assessments combine data with context and stakeholder input to guide priority-setting.
- National and state-level reports summarize key indicators and trends to show progress or highlight challenges.
- Dashboards allow users to explore real-time or regularly updated data in an interactive format.

Section Summary

This section provides a comprehensive foundation for understanding adolescent health needs by outlining how to identify priority issues through the use of national, state, local, and school-based data sources. By exploring datasets, needs assessments, and example health reports, users gain tools to interpret trends, uncover disparities, and build a clear picture of adolescent health within their jurisdiction.

Together, these resources prepare users to move from understanding the landscape to determining where action is most needed. With a data-informed view of adolescent health established, teams are now ready to shift toward engaging stakeholders, selecting a focus area, and identifying interventions that will drive meaningful change in schools.

Resources

State-Based and Local Data Sources

- Needs Assessment for First-Timers by Association of Maternal & Child Health Programs
- Handbook for Conducting an Adolescent Health Services Barriers Assessment by WHO
- Guidance for Countries to Assess Adolescent Health and Well-Being by WHO
- School Mental Health Quality Guide – Needs Assessment & Resource Mapping by the National Center for School Mental Health
- Health Services Assessment Tool for Schools by AAP
- TEAMS Online Course by AAP
- Survey the School Health Landscape by the Healthy Schools Campaign
- Student Well-Being Survey by Panorama Education

Data Summaries and Reports

- Building a Story with Data and Seven Strategies for Telling Stories with Data by Child Trends

Other

- Demonstrating the Impact of School-Based Health Centers by ASTHO

Part 2. Engage and Educate

Turning data into action requires thoughtful collaboration and careful prioritization. This section guides users through the next steps of using evidence to identify a focus area within adolescent health and selecting evidence-based or evidence-informed interventions to address it within a school setting. By engaging the right partners and building shared understanding, teams can ensure their strategies to impact adolescent health in schools are both practical and sustainable.

Included in this section are resources on identifying goals, examples of evidence-informed interventions, and strategies for establishing a team of stakeholders to build buy-in and elevate adolescent health as a shared priority.

Objectives

1. Guide users in forming multi stakeholder workgroups (including adolescents) or coalitions to drive collaborative decision-making.
2. Provide strategies to communicate findings, build consensus, and generate commitment across sectors to elevate adolescent health as a collective priority.
3. Support teams in using data and stakeholder insights to select a focused adolescent health issue and subsequent goal that can be addressed within a school setting.
4. Equip teams with tools and resources to identify, evaluate, and choose interventions that are grounded in research and aligned with community needs.

Building Your Coalition

Once adolescent health data has been identified, consolidated, and summarized, the next step is bringing together a diverse group of stakeholders to reflect on the findings and identify shared goals to improve adolescent health. Data alone cannot determine which issues to prioritize; it is the perspectives and experiences of those closest to the work that bring context and meaning to the numbers. Schools sit at the intersection of education, public health, health care, and community services, making interventions within school-based settings an ideal opportunity for collaboration.

Establishing a stakeholder workgroup or coalition that includes educators, school administrators, public health professionals, health care providers, community-based organizations, parents, and youth helps ensure decisions are grounded in both evidence and experiences. This inclusive approach illuminates trends, identifies barriers and opportunities, and builds buy-in across sectors. Ultimately, bringing multiple voices to the table strengthens decision-making and fosters shared ownership, ensuring that selected goals are relevant, achievable, and responsive to the adolescent health priorities within each community.

Building Buy-In Within the Health Department

State health department staff play a critical role in advancing adolescent health in schools and can strengthen their impact by actively engaging in coalition building and generating support from agency leadership. While there is a common misconception that public employees cannot convene coalitions due to advocacy concerns, they are permitted to bring together community partners, other public agencies, nonprofits, and even elected officials in pursuit of shared public health goals. Coalitions allow health department staff to extend their reach, align efforts across systems, and mobilize strategies that would be difficult to achieve alone.

To secure leadership buy-in for adolescent health initiatives in schools, staff can use data and stories from earlier sections of this resource to demonstrate how adolescent health outcomes influence core public health priorities and align with the agency's existing public health strategic plan or health improvement plan. Presenting concise data summaries, clear goals, and practical benefits can help leadership see how adolescent health fits into the larger public health picture.

While engaging in coalitions, public employees must remain within legal boundaries and avoid direct lobbying. They should not use agency names on advocacy materials, contact legislators about specific bills, or support lobbying efforts by coalition partners. However, they might be able to contribute by providing subject matter expertise, explaining policy implementation pathways, identifying decision makers, developing model legislation, and offering public health recommendations. By emphasizing their role as conveners and technical leaders and not advocates, health department staff can reassure leadership of compliance while showcasing the value of coalition collaboration. Ultimately, gaining leadership support is rooted in clear communication — showing how adolescent health initiatives in schools align with departmental goals, advance equitable outcomes, and elevate the agency's role as a trusted public health leader.

When to Build a Coalition or Stakeholder Workgroup

Building a coalition or stakeholder workgroup is a powerful way to advance adolescent health in schools by uniting a diverse group of partners around a shared purpose. A strong coalition brings together individuals and organizations from education, public health, health care, youth-serving agencies, and the broader community who are willing to dedicate their time, expertise, and resources to this work. By collaborating across sectors, stakeholders can share perspectives, align strategies, and pool resources to address complex challenges that no single entity can solve alone.

Yet before forming a coalition or workgroup, it is important to reflect on the current organizations working within the adolescent health space and determine if any existing workgroups already address adolescent health priorities within schools. This can be done by completing a coalition building checklist. Using this checklist gives perspective on the commitment a cross-organizational group requires and helps identify if a coalition is needed to address the adolescent health needs via school-based settings.

If a coalition or workgroup already exists within the adolescent health space, see if they are interested in reviewing the current adolescent health data and thinking through goals to improve adolescent health in schools. Ideally, these partners would be engaged early in the data collection and reflection process; however, when approaching an established group, it is important to be thoughtful and respectful of their existing work, priorities, and capacity. Teams should clearly communicate that the intent is to supplement and strengthen ongoing efforts by aligning data, sharing insights, and identifying opportunities to support or amplify work already underway.

Identifying Stakeholders

One way to identify potential workgroup or coalition members is through a stakeholder mapping process, which helps identify key stakeholders and partners that could or should be engaged in a workgroup and develop a plan for managing these individuals or organizations throughout the process. See Appendix A for two stakeholder mapping tools for identifying stakeholders involved in adolescent health.

Stakeholder mapping can also help identify the types of partners and stakeholders that other states have engaged in similar work, which can serve as a useful reference for your own efforts. One example of states working on issues related to adolescent health in schools is the Leadership for Adolescent Health Promotion Plus (LEAHP+) Community of Practice. ASTHO, with funding from CDC's Division of Adolescent and School Health (DASH), is leading this project, with the goal of supporting local and state education agencies and health departments as they work together to improve health education, connection from schools to services, and safe and supportive school environments. The participating jurisdictions of LEAHP+ brought together interdisciplinary teams to identify what adolescent health needs can be addressed within school-based settings through action planning around specific, actionable adolescent health-focused goals.

Here is a list of general organizations that could participate in workgroups focused on improving adolescent health in schools:

- Jurisdiction's Department of Education.
- Jurisdiction's Department of Public Health.
- Local School District.
- Local Department of Public Health.
- Community-based organization focused on family resources or health education for adolescents.
- Jurisdiction's University or College.
- Parents or caregivers of students in jurisdiction.
- Students in jurisdiction.

Of note: *This is just an example list of organizations that could be included in conversations about adolescent health within a community. This is not meant to be an exhaustive list but rather a jumping off point for folks to begin thinking about who to include in these conversations. Other example stakeholders to include could be teachers, Medicaid, other insurance payers, parents and adolescents. Use your own expertise in your community to guide who to invite to these conversations!*

Building Partnerships in Illinois Around Adolescent Health in Schools

Numerous states have successfully brought together coalitions to address adolescent health in schools, including Illinois. Strong partnerships across the Illinois Department of Public Health, the Chicago Department of Public Health, and the Chicago Public Schools allow coordinated efforts to improve health and wellness supports for students (e.g., Healthy Chicago Public Schools and statewide infrastructure for school-based health centers). ASTHO's podcast highlights these collaborations, featuring representatives from each organization who share how coordinated efforts are improving health and wellness supports for students.

Guiding Questions

National Coalition of STD Directors' Coalition Playbook has additional resources for forming and evaluating a coalition, and outlines key questions to consider when identifying stakeholders to join a coalition. Highlights include:

- Which organizations should have a seat at the table?
  - Those impacted by the issue.
  - Those with power or influence in implementation of a policy affecting the issue.
  - Nonprofit organizations, community groups, and organizations currently or previously engaged in this topic.
- Who should I invite? Should participants be mid-level professionals or senior staff/top decision-makers?
  - There is no correct answer, but the recommendation is to have middle managers at the table with higher-level decision-makers being informed and periodically included in workgroup meetings.
- What is the right number of coalition participants?
  - Anywhere between three and ten, with the coalition growing as its goals are more clearly defined.

Building Buy-In Outside of the Coalition

While a core coalition or stakeholder workgroup drives strategy and decision-making, broader buy-in from leaders, partners, and community stakeholders is essential for long-term success. Not every organization or leader will sit at the planning table, but many will play critical roles in supporting, funding, implementing, or sustaining adolescent health efforts in schools. Gaining their support requires intentional outreach, clear communication, and alignment with shared values and priorities.

To build buy-in, begin by communicating why adolescent health matters, such as linking data findings to real outcomes such as school attendance, graduation rates, mental well-being, and community resilience. Framing adolescent health as foundational to educational success helps engage school boards, superintendents, district administrators, and policymakers who may not see themselves as health leaders. Presenting data in accessible formats (e.g., one-pagers or data snapshots) allows stakeholders to quickly understand both the need and the opportunity for action. Oregon and Washington have both developed examples of sharing out information about their work in adolescent health in easy-to-understand formats.

Building buy-in is not a one-time step but an ongoing process of cultivating understanding, trust, and shared ownership, which helps ensure that adolescent health in schools remains a supported priority across sectors, even beyond the coalition's core members. Storytelling and real-world examples can deepen commitment. Sharing student experiences, local success stories, or examples from other states can demonstrate feasibility and impact. As mentioned earlier, Child Trends' resources "Building a Story with Data" and "Seven Strategies for Telling Stories with Data" can be helpful in identifying how to best use data to tell a story to different audiences.

Sharing Data and Setting Priorities

After identifying key stakeholders with keen insight into adolescent health within a community and understanding how to engage and update leadership, the next step is bringing together those stakeholders for a collaborative discussion to reflect on adolescent health data trends. Using the data resources and data reports identified in part one of this guide, stakeholders can offer unique insights into the trends and discuss what barriers/opportunities exist for adolescents within their community, narrowing in on how to address specific adolescent health concerns in school-based settings.

Sharing Data with Stakeholders

Numerous options exist for how to facilitate this information sharing with stakeholders:

- **Option 1:** Send out a data report or summary prior to convening stakeholders (refer back to part one for examples of data reports or summaries). This can allow time to review the information and come prepared with questions. However, given the competing priorities for those working with adolescents, there is always the possibility that they won't have time to review the data prior to coming together as a group of stakeholders.
- **Option 2:** Begin the first stakeholder meeting with a presentation summarizing the data on adolescent health. This allows participants to ask questions about the data in real time and begin hearing and learning from one another about their perspectives on adolescent health immediately. However, some participants may need time to think through and process data on their own, which could impact their ability to share ideas and reactions in the moment. Both Ohio and Oklahoma have readily available examples of presentations used to share information around adolescent health with stakeholders.

Ultimately, there is no single "right" way to share data with stakeholders. Each approach carries its own advantages and limitations, and facilitators should use their knowledge of the group, existing relationships, and meeting goals to determine the most appropriate path forward. Flexibility and responsiveness to stakeholder needs are key to creating meaningful engagement and productive discussion.

Identifying Goals

Once all stakeholders are familiar with the data on adolescent health within the jurisdiction of focus, the next step is to reflect on the adolescent health needs (as shown in the data) and select a goal to address those needs within school-based settings. For example, if adolescents are experiencing high sexually transmitted infection (STI) rates within a community, a goal could be to reduce the STI rates by a certain percentage over the next three years.

However, teams may find it challenging to identify goals when there are many competing needs, unclear priorities, or varied opinions among members. Without a clear process, discussions to determine goals can become broad and unfocused. To avoid goals being selected based on opinion alone, it is critical that teams use data as the foundation for goal setting. Reviewing existing data sources, needs assessments, and program outcomes ensures that goals reflect real gaps and opportunities rather than assumptions.

If the team is having difficulty identifying a goal, consider the following strategies.

Start with a List of Potential Goals

Review the issues, topics, and themes highlighted by available data, assessments, and/or community input to generate an initial list of goals.

Use Probing Questions to Extract Additional Goals

Encourage deeper discussion by asking questions like:

- What specific problems or gaps are you trying to address with these potential goals? What problems or gaps remain unaddressed?
- How do we know this is a problem? What data or evidence shows there is a gap?
- What would success look like if this problem were addressed?
- What are some first steps that could be taken in the next 3-6 months?
- What has helped or hindered progress in this area so far?
- What resources, skills, or partnerships are needed to move forward?
- Are there any quick wins that could help build momentum?

Apply Strategic Pairing (SWOT Analysis)

A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis is a structured tool that helps teams connect what they know about their internal capacity with the external environment. By looking at both sides together, teams can generate more strategic, realistic goals. To conduct a SWOT analysis:

1. Brainstorm and categorize:
   - Strengths (S) – What internal assets, skills, or resources give us an advantage?
   - Weaknesses (W) – Where do we lack capacity, resources, or consistency?
   - Opportunities (O) – What external trends, partnerships, or resources could we leverage?
   - Threats (T) – What external barriers, risks, or constraints could hold us back?
2. Map connections across categories:
   - S + O: Use strengths to take advantage of opportunities.
   - W + O: Invest in overcoming weaknesses to seize opportunities.
   - S + T: Use strengths to reduce risks or counter challenges.
   - W + T: Avoid or deprioritize areas where weaknesses align with threats.
3. Translate insights into goals:
   - Identify which pairings point to the most actionable and impactful opportunities for your team.

A SWOT analysis helps bring structure to conversations that might otherwise feel overwhelming. It allows the team to balance optimism (opportunities) with realism (weaknesses and threats), and creates a shared understanding of the internal and external factors impacting the team's work.

Prioritizing Goals

Once a team has generated a list of potential goals, the next step is deciding which ones to focus on first. This can be difficult when all options feel important. Prioritization tools provide a structured way to compare goals, weigh trade-offs, and reduce bias in decision-making. They help teams organize options by impact, feasibility, urgency, or alignment with mission, while also facilitating transparent discussion and ensuring all voices are considered. By the end of this process, the team will have a shared set of priorities that reflect collective agreement and provide clear direction for where to invest time and resources. Table 2 summarizes examples of prioritization tools, how and when to use them, and additional resources.

Table 2: Summary of Prioritization Tools

Name	How It Works	When To Use It	Resources
Multivoting (Dot Voting or Weighted Voting)	• Participants receive a limited number of votes to distribute across different goals. • Votes can be spread across multiple options or allocated entirely to one option. • The highest-voted goals move forward for further discussion or prioritization.	• To quickly narrow down a long list of goals. • When team input is needed without requiring full ranking of all items.	Multivoting Instructional Video
Ranking Prioritization	• Each participant ranks the goals from highest priority (1) to lowest priority. • The scores are aggregated, and the goal with the highest priority ranking is further discussed.	• When the team wants to see the relative importance of all options. • When identifying backup options (e.g., clear second- and third-place choices).	What Is a Ranking Poll and 5 Best Practices for Using It
Impact Matrix	• Goals are plotted on a 2x2 grid based on two key factors, such as: » Impact vs. Effort » Urgency vs. Importance • Priorities are set based on where each goal falls within the matrix.	• When the team wants to visually compare trade-offs (e.g., effort vs. impact). • When a group discussion is needed to align on priorities.	Impact Matrix Template and Facilitation Guide
Criteria-Based Scoring (Weighted Scoring)	• Each goal is scored on multiple predefined criteria (e.g., impact, feasibility, alignment). • Scores are added together, and the highest-scoring goal is prioritized. • Example Scoring Criteria (1–5 scale): » Impact on Students: How much will this goal positively affect adolescent health outcomes? » Feasibility: How realistic is it to implement with current resources and timeline? » Alignment with School Policies: Will it be supported by administrators, teachers, and staff? » Sustainability: Can schools continue this work after the project ends?	• When multiple factors must be considered simultaneously. • When an objective, data-driven approach is preferred.	Community Health Needs Assessment: Setting Priorities

Prioritization tools give teams a structured way to move from a broad list of potential goals to a focused set of priorities that are realistic, informed by data and agreed-upon criteria, and supported by the group. Whether through quick techniques like multivoting, visual approaches like prioritization matrices, or more detailed methods such as ranking and scoring, each tool offers different advantages depending on the team's needs, time, and style of decision-making.

Prioritization tools can also be combined for a process that is both efficient and thorough. A team might use multi-voting to narrow a long list of goals, then apply ranking or scoring to determine final priorities. Similarly, a prioritization matrix can highlight trade-offs, followed by scoring to validate decisions. Using tools in sequence captures the strengths of each while ensuring the final priorities reflect both team input and data. By thoughtfully selecting and applying these approaches, teams create clarity, build alignment, and leave the process with a shared set of actionable goals.

Selecting an Intervention

Once the team has identified a general goal to advance adolescent health within schools, the next step is selecting an intervention grounded in evidence to help move adolescent health towards that goal. When discussing what intervention might work to address the identified adolescent health goal within schools, the workgroup should use the following areas and corresponding questions as guidance.

Relevance and Fit

- Does this intervention directly address the adolescent goal we identified?
- Is it designed for or adaptable to school settings?
- Does it align with the needs and cultural context of our student population?

Evidence and Effectiveness

- Is the intervention evidence-based or evidence-informed?
- What outcomes has it demonstrated in other schools, districts, or communities?
- Are there published studies, evaluations, or case examples that document its impact?

Feasibility

- Do we have the resources (staff, funding, time, space) to implement this intervention effectively?
- What training or technical assistance will staff need to deliver it?
- Can the intervention be realistically implemented within our timeline?

Equity and Inclusion

- Will this intervention help reduce health disparities among students?
- Does it intentionally engage historically underserved or marginalized populations?
- How can youth and families be meaningfully involved in shaping or adapting the intervention?

Sustainability

- Can this intervention be maintained after initial funding or support ends?
- Is it adaptable as needs or resources change over time?
- Are there opportunities to integrate it into existing programs or policies?

Collaboration and Buy-In

- Which partners or stakeholders (schools, public health, health care, community organizations) need to be involved to support implementation?
- How will we communicate the importance of this intervention to build support?
- What shared goals or values can we highlight to foster buy-in?

Some interventions to address an adolescent health goal within schools may be incredibly specific, such as implementing a chosen sexual health education program. Some interventions may be broader, such as updating the health curriculum to align with existing standards. Either way, after identifying a potential intervention or interventions to achieve the adolescent health goal, the next step is refining the goal and action planning.

Section Summary

This section focuses on translating data into action by supporting teams in engaging partners, building shared understanding, and identifying priorities to improve adolescent health in schools. Through guidance on stakeholder engagement, data sharing, and collaborative goal setting, users are equipped to reflect on adolescent health trends and align around a focused issue that can be addressed within a school-based setting.

Together, these approaches help teams move from analysis to alignment, ensuring that selected goals and interventions are informed by evidence, grounded in community context, and supported by key stakeholders. With a shared focus and collective commitment established, teams are prepared to move into action planning to define clearly identified goals, outline next steps, and advance sustainable improvements in adolescent health within schools.

Resources

Building Your Coalition

- Coalition Building I and Coalition Building II by Community Toolbox
- Coalition Building Toolkit by Partners in Prevention
- Coalition Building Resources by SOPHE's Center for Online Resources & Education (requires login to access, available at no cost)
- Coalition Playbook by National Coalition of STD Directors

Sharing Data and Setting Priorities

- SWOT Analysis Toolkit by Public Health Wales
- SWOT Analysis by Community Toolbox
- How to do a SWOT Analysis by Helpful Professor Explains!

School-Based Adolescent Health Resource Library

Numerous resources exist to identify adolescent health-focused interventions. CDC maintains an Evidence-Based Resources page around adolescent health. Similarly, the National Adolescent and Young Adult Health Information Center's "Improving the Health of Adolescents and Young Adults Through Research and Evidence-Based Tools" summarizes where to look for adolescent health interventions based on specific subject areas. Here is a targeted list of subject-specific resources on evidence-based or evidence-informed resources to address adolescent health within schools:

- Health Education Curriculums and Standards
  - » Characteristics of an Effective Health Education Curriculum by CDC
  - » Health Education Curriculum Analysis Tool by CDC
  - » 2024 National Health Education Standards by SHAPE America
  - » National Health Education Standards Model Guidance for Curriculum and Instruction 3rd Edition by National Consensus for School Health Education
  - » States Take Many Paths to Advance High-Quality Curriculum and Align Professional Learning by National Association of State Boards of Education
- School-Based Health Centers and Services
  - » SHBC-PCP Partnerships to Create an "Expanded Medical Home" by Michigan Medicine
  - » Attracting & Retaining Adolescent Patients: Recommendations for School-Based Health Centers by School-Based Health Alliance
  - » Developing a Referral System for Adolescent Health Services by National Coalition of STD Directors
  - » School-Based Mobile Healthcare Toolkit by School-Based Health Alliance
  - » Unity Partner Social Media Toolkit by UNITY
  - » Funding Approaches and Sources to Improve Adolescent School Health by Child Trends
- Youth Engagement
  - » Establishing (and Sustaining!) Youth Advisory Groups: Companion Guide by AAP
  - » Youth-Led Health Center Assessment Tool by Michigan Medicine
  - » Creating & Sustaining a Thriving Youth Advisory Council by Michigan Medicine
  - » Building Youth-Adult Partnerships to Advance Adolescent Health Webinar Recording by Education + Training + Research
  - » Creating and Sustaining Adolescent-Centered Health Programs by School-Based Health Alliance

- Mental Health
  - The Evaluation & Management of Eating Disorders in Adolescents by Michigan Medicine
  - Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders by CDC
  - Strategies to Expand School-Based Mental Health Services and Support Student Well-being by Mathematica
  - Partnering with Schools to Improve Youth Mental Health: A Resource for Community Mental Health and Substance Use Care Organizations by School-Based Health Alliance
- Nutrition, Physical Activity and Wellness
  - Local School Wellness Policy by Alliance for a Healthier Generation
  - School Wellness Committees by Alliance for a Healthier Generation
  - The OSNAP Guide: A Step-by-Step Process for Improving Nutrition and Physical Activity in Out-of-School Settings by the Out-of-School Nutrition and Physical Activity Initiative
  - Local Wellness Policy Triennial Assessment by Chicago Public Schools
  - Sports, Exercise Protects Mental Health of Growing Kids by HealthDay
- Sexual Health
  - Resources on Minor Consent for STI Services by National Coalition of STD Directors
  - National Sex Education Standards: Core Content and Skills, K-12 (Second Edition) by Sex Ed for Social Change
  - Sexual Health Toolkit by National Association of School Nurses
  - Missed Opportunities for STI Testing in Contraceptive Care by Child Trends
  - Teens Linked to Care Toolkit by Child Trends
  - Engaging Parents and Caregivers Around Sex Education to Promote Youth Sexual Health by Child Trends
- Data Strategies and Frameworks
  - Whole Child Health Dashboard by Georgia Insights
  - New Mexico School-Based Health Centers Annual Status Report 2021-2022 by the New Mexico Alliance for School-Based Health Care
  - A Toolkit for Educators to Explore Qualitative Data in Schools by Child Trends

Part 3. Action Plan

In the first two parts, teams use data to understand adolescent health within their jurisdiction, engage stakeholders, identify a priority area, select an evidence-informed intervention, and build buy-in across partners. This final section focuses on translating that groundwork into a concrete, data-informed action plan. Teams will define a SMART goal based on their chosen intervention, identify three to five strategies to achieve that goal, and outline specific action steps to move each strategy forward.

This section includes practical tools, such as worksheets, guiding questions, sample meeting agendas, and an action planning template, to help teams organize their work, assign responsibilities, and track progress toward improving adolescent health in schools.

Objectives

1. Guide users to define a clear, data-informed SMART goal based on the selected adolescent health priority area, general goal, and chosen intervention.
2. Support users to identify 3-5 strategies that will guide the team's efforts toward achieving the overarching SMART goal.
3. Equip users to develop actionable, assigned, and time-bound steps using provided templates, worksheets, and guiding questions to support effective implementation and progress tracking.

SMART Goals

In Part 2, teams identify an adolescent health priority area and create a general goal to address that priority area, review relevant data, gather stakeholder perspectives, and select an evidence-informed intervention aligned with their community's needs. With this foundation in place, the next step is translating that collective work into a clearly defined goal that will guide implementation efforts.

Creating goals that align with the SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) framework helps teams articulate their intended impact in a way that is both actionable and grounded in equity. By shaping goals through the SMART approach and keeping the selected intervention in mind, teams ensure that their goal reflects the data, considers the voices of all communities being impacted, and provides a clear roadmap for planning and evaluation within the action plan.

Based on the general goal and idea for an intervention identified in the previous section, the team can work its way through the following questions to help design a SMART goal.

- **S:** Specific – what exactly do we want to accomplish?
- **M:** Measurable – how will we measure progress and success?
- **A:** Achievable – is this goal realistic given our resources and timeframe?
- **R:** Relevant – how does this goal connect to our overall adolescent health priorities?
- **T:** Time-bound – by when will this goal be completed?

SMART Goals in Action

By looking at the available data for their community and engaging with a variety of stakeholders, a team has determined that their general goal is to reduce STI rates among adolescents. The team then determined that the intervention to support this goal would be updating their sexual health curriculum in high schools to a more comprehensive curriculum. Based on this, they crafted the following SMART goal:

By June 2027, the school district will adopt and implement a comprehensive, medically accurate, and culturally relevant sexual health curriculum in 100% of high schools, increasing student knowledge of STI prevention by at least 20% as measured through pre- and post-instruction assessments. This transition will include intentional engagement of parents, educators, and youth to ensure the curriculum reflects the communities being served.

Here are a few additional examples of SMART goals within a school-health context:

- By June 2026, increase the percentage of middle school students reporting access to a school-based mental health counselor from 45% to 65%.
- By the end of the 2025-2026 school year, implement evidence-informed nutrition education in 100% of district high schools.

These examples show how SMART goals translate broad aspirations for adolescent health into specific, measurable actions that schools and communities can monitor and achieve. Once a SMART goal is created, teams can then use those goals to begin developing strategies to achieve their SMART goal.

Identifying Strategies and Action Steps

Once a SMART goal has been defined, the next step is to break that goal into clear, manageable components that will guide implementation. Strategies serve as the major sub-goals or focus areas that must be accomplished to make meaningful progress toward the overarching SMART goal. These strategies should reflect the core areas of work needed to advance the chosen intervention such as updating curriculum materials, training staff, engaging families, or strengthening partnerships.

Some key questions to consider when identifying strategies are as follows:

- What key areas of work must be accomplished for our SMART goal to become reality?
- What barriers or gaps did our data and stakeholder feedback reveal, and how can our strategies address them?
- Which components of our chosen intervention require the most coordination, capacity building, or system change?
- What roles can partners, educators, families, youth, or community organizations play in advancing this work?
- What must happen first, and what must follow, to ensure progress is realistic and sustainable?

Once the team identifies a SMART goal and 3-5 strategies to advance the goal, the team should document this progress in an action plan. Then, teams can outline the specific action steps necessary to move each strategy forward. Action steps are the concrete activities, tasks, or deliverables that will collectively bring a strategy to completion. They should clearly describe what will be done, who is responsible, what product or output will be created, how progress will be measured, and the timeline for completion. Teams should consider the following questions when identifying action steps to advance their strategy.

- What specific tasks or activities need to happen to fully accomplish this strategy?
- Who is responsible for each action, and what skills or resources do they need?
- What product or deliverable will each action step create?
- How will we measure progress or completion for each action?
- By when does each action need to be completed, and what depends on it?

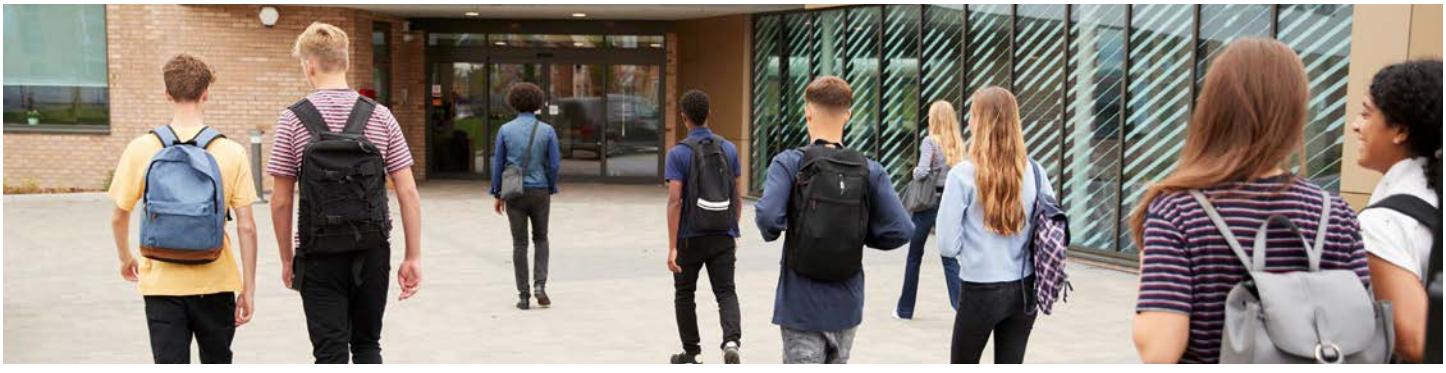
ASTHO's Action Planning Template provides space to record these components, helping teams move from high-level goals to coordinated, accountable, and time-bound implementation plans. By breaking the work into strategies and action steps, teams can ensure that their SMART goals translate into achievable, organized, and sustained action. See Appendix B for an example of a completed action plan for the SMART goal discussed around reducing STI rates.

Implementing and Sustaining Action Plans

Once the team has developed an action plan, the next step is to begin implementation. As strategies and action steps become clearly defined, the core team should outline a process for maintaining momentum, monitoring progress, and ensuring accountability. This often includes establishing a regular meeting schedule where team members report on completed action steps, identify barriers, and adjust timelines or responsibilities as needed. After each meeting, sending a follow-up email summarizing decisions, next steps, and deadlines helps reinforce accountability and keep everyone aligned. Appendix C contains an example agenda for monthly team meetings and an example follow-up email template. These touchpoints not only sustain progress but also create a structured rhythm for moving the work forward.

Ongoing communication is essential for sustaining engagement and keeping adolescent health visible as a priority. Teams should plan to share successes, updates, and emerging needs with the broader group of stakeholders who were involved throughout the process. These consistent updates help maintain buy-in, celebrate progress, and create opportunities for continued collaboration.

Finally, it is important to remember that the action plan is a living document. As teams learn more, encounter new challenges, or identify additional opportunities, they should feel empowered to refine existing strategies or add new action steps that advance the broader SMART goal. This flexibility ensures that the action plan remains relevant, responsive, and capable of driving sustainable improvements in adolescent health.



Section Summary

This section focused on turning planning into action by guiding teams through the development of a clear, structured, and data-informed action plan to improve adolescent health in schools. By defining a SMART goal, identifying key strategies, and outlining concrete action steps, teams are equipped with a practical roadmap to move their work forward in a coordinated and intentional way.

Together, these tools and approaches help translate shared priorities and stakeholder buy-in into measurable progress. With an actionable plan in place, and a commitment to revisiting and refining it over time, teams are positioned to implement, sustain, and adapt efforts that meaningfully improve adolescent health outcomes within school-based settings.

Resources

Identifying Strategies and Action Steps

- Chapter 8, Section 5 – Developing an Action Plan by Community Tool Box
- Action Plan Basics by CDC Youth Advisory Councils
- Create and Implement Your Action Plan by School-Based Health Alliance
- Create & Implement an Action Plan by Action for Healthy Kids

Conclusion

This guide provides a comprehensive, step-by-step approach to supporting adolescent health in schools by guiding teams from understanding needs to taking action. By grounding efforts in data, engaging diverse stakeholders, and prioritizing collaboration across sectors, the toolkit helps jurisdictions identify meaningful focus areas and select evidence-informed interventions that reflect both research and local context.

Through structured goal setting, action planning, and ongoing reflection, teams are equipped to move from analysis to implementation in a way that is intentional, adaptable, and sustainable. Together, these strategies empower schools, health departments, and community partners to work collectively toward improving adolescent health outcomes and creating supportive environments where young people can thrive.

Appendices

Appendix A – Stakeholder Mapping Tools

Appendix B – Example STI Action Plan

Appendix C – Email Template and Agenda Example

Appendix A – Stakeholder Mapping Tools

Influence-Interest Stakeholder Mapping: Tool 1

Stakeholder mapping helps health agencies identify key stakeholders and partners that could or should be engaged in an initiative and develop a plan for managing these individuals or organizations throughout the process. The purpose of this stakeholder mapping tool is to assist state health agencies in identifying and assessing internal and external stakeholders.

This document is adapted from other ASTHO projects focused on engaging stakeholders in the disability community.

Step 1: Identify high-level categories for partners and stakeholders.

First, organize a diverse group of individuals from different public health programs and job functions to identify and complete the stakeholder mapping assessment.

Next, identify high-level categories for classifying partners and stakeholders. Some commonly used categories include:

- Government.
- Coalitions.
- Community-Based Organizations.
- Education/Academics.
- Health Care Systems/Payers.
- Community Members and Patient Representatives.

For now, choose your top four categories of partners and stakeholders.

Step 2: Brainstorm partners and stakeholders in each of your selected categories.

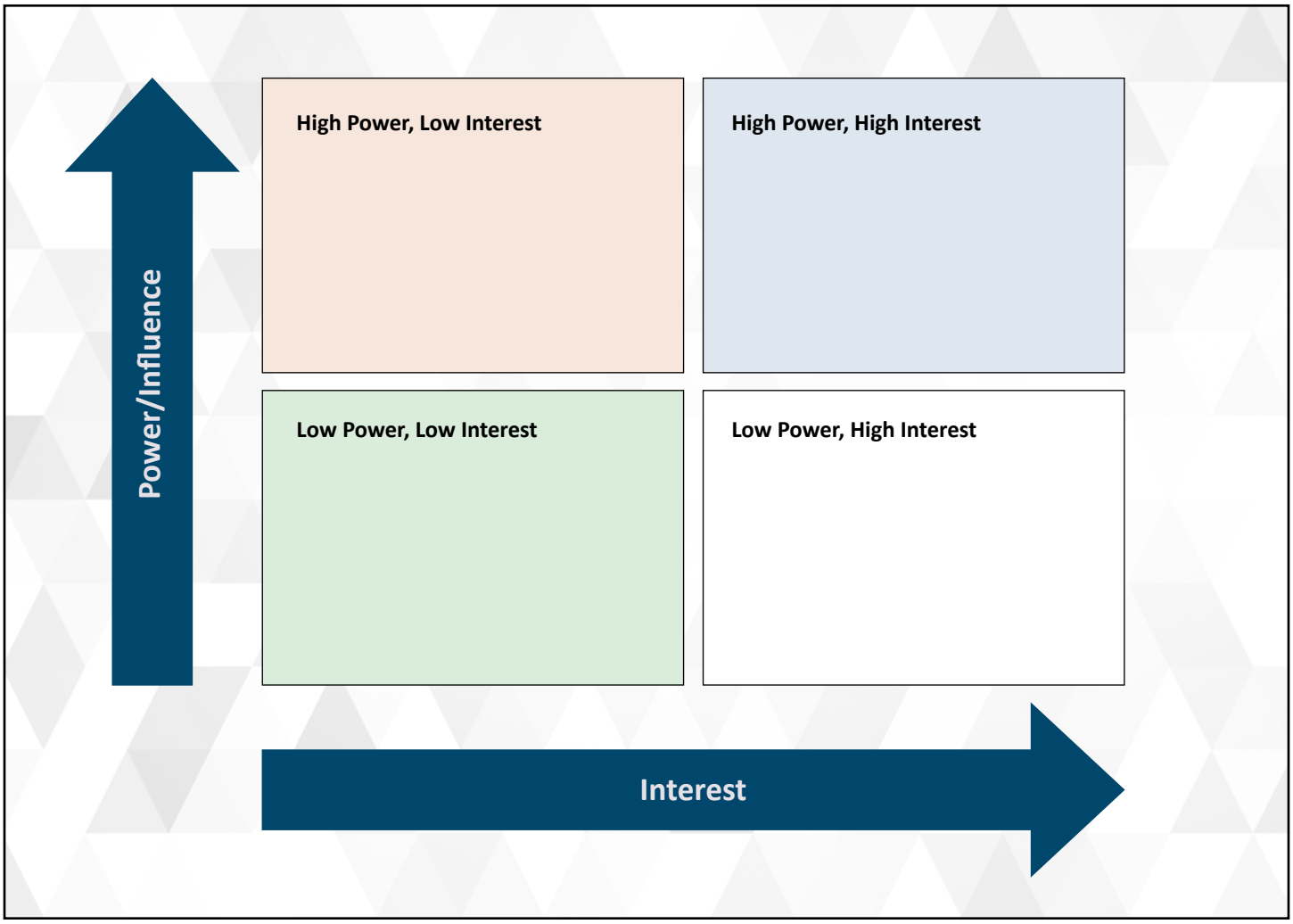
Create a list within each category of partners and stakeholders. As you think about who to add to the list, consider these questions:

- What are the key education and public health coalitions in the area?
- What state and local governmental agencies are essential to policy change and communication for school-based health?
- Do any colleges/universities have student-led groups or research-focused programs around school-based health access?
- What health systems, clinics, and payers (Medicaid MCOs, private insurers, pharmacy benefit managers) are important for this initiative?
- Are there groups that convene patients or collect patient experiences around school-based health in the state?
- Are there groups that convene adolescents or collect adolescent experiences around school in the state?

Step 3: Map the resulting partners and stakeholders into quadrants based on influence and interest.

Next, enter each stakeholder from the list you created into the appropriate quadrant illustrated in Image 1. As you consider each stakeholder, think through how much interest and power they have over your initiative. This matrix helps categorize stakeholders based on their power or influence and interest in the topic. It helps identify who needs to be engaged and how they might support achieving identified goals for this topic. You can then refer to Table 3 to understand how to best engage each stakeholder.

Image 1: Influence-Interest Matrix



Mendelow, A. L. (1991) 'Environmental Scanning: The Impact of the Stakeholder Concept'. Proceedings From the Second International Conference on Information Systems 407-418. Cambridge, MA.

Table 3: Descriptions and Engagement Strategies for Each Influence-Interest Matrix Quadrant (based on CLIP characteristics and IAP2)

Quadrant	Description	Engagement Strategies
High power, high interest "Manage closely." Dominant, forceful	Manage closely and engage in the decision-making process. These partners or stakeholders have significant influence over the success and outcomes of the project.	• Involve • Collaborate • Empower • Inform • Consult
High power, low interest "Keep satisfied." Influential, dormant.	Keep informed and meet their needs. These are decision-makers who have significant influence on the project's success but have other priorities currently.	• Consult • Involve • Collaborate • Inform
Low power, high interest "Keep informed." Vulnerable, marginal.	Anticipate and meet needs, keep them actively informed. These partners and stakeholders are affected by the decision but have little power to influence it.	• Collaborate • Empower
Low power, low interest "Monitor." Concerned.	Individuals who are not significantly affected by the decision and have little interest in or power over influencing the outcome.	• Collaborate • Empower

Member Mapping: Tool 2

This member mapping tool is designed to help teams identify and assess potential stakeholders for inclusion in a coalition or workgroup. Through listing individuals and reflecting on the prompts in each column, teams can think through how each stakeholder can contribute to the coalition or workgroup. By completing this table, teams can develop a more strategic, balanced, and intentional approach to building a strong and effective coalition.

Table 4: Member Mapping Tool: Identifying Relevant and Interested Organizations

Possible Organizations or People	Stakeholder Area	Resource Mobilization Power	Knowledge and Expertise	Potential Organizational or Personal Conflicts	Relationship to the Person or Organization	Recommendation
Identify potential coalition members by asking current or past partners and colleagues for suggestions (i.e., other coalition's members, orgs. with similar missions, businesses with something to gain)	On what issues does the individual or organization work?	What resources can the potential member bring to the coalition?	How important are the coalition's issues to the individual or organization? Have they worked on these issues before?	Is there anything in the potential member's work or mission that might conflict with the coalition's goals?	What is your relationship to this potential member? Can you contact them directly, or do you need to go through someone else?	Would you recommend inviting this person to be a part of the coalition?

CDC DASH DP24-0139 YRBS Coordinator Training - Coalition Support Worksheets
Source: This tool is adapted from National Coalition of STD Directors Coalition Playbook.

Appendix B – Example STI Action Plan

Anytown Public Health Action Plan

SMART Goals

Goal #1

By June 2027, the school district will adopt and implement a comprehensive, medically accurate, and culturally relevant sexual health curriculum in 100% of high schools, increasing student knowledge of STI prevention by at least 20% as measured through pre- and post-instruction assessments. This transition will include intentional engagement of parents, educators, and youth to ensure the curriculum reflects the communities being served.

Strategies and Action Items

Goal #1

By June 2027, the school district will adopt and implement a comprehensive, medically accurate, and culturally relevant sexual health curriculum in 100% of high schools, increasing student knowledge of STI prevention by at least 20% as measured through pre- and post-instruction assessments. This transition will include intentional engagement of parents, educators, and youth to ensure the curriculum reflects the communities being served.

Strategy #1

Select and adopt a comprehensive, medically accurate sexual health curriculum for all high schools.

Table 5: Outlining Actions, Measures, and Responsibilities for Strategy #1

Action Item	Product	Measure	Owner	Deadline	Notes
Review 3-5 evidence-based curricula using criteria such as cultural relevance and alignment with state standards.	Curriculum review summary + comparison table.	Completion of review documents; stakeholder approval.	Curriculum Specialist, Health Education Lead	December 2025	N/A
Facilitate stakeholder review sessions with educators, parents, students, and community partners to gather input.	Feedback summary + recommendations.	At least three stakeholder groups represented.	District Health Education Coordinator	March 2026	N/A
Present final curriculum recommendation to district leadership for approval.	Recommendation memo and meeting presentation.	Approval received.	School Health Program Director	May 2026	N/A

Strategy #2

Build educator capacity to deliver the new curriculum effectively.

Table 6: Outlining Actions, Measures, and Responsibilities for Strategy #2

Action Item	Product	Measure	Owner	Deadline	Notes
Develop and deliver professional development sessions on the new curriculum for all high school health educators.	Training agenda, slide deck, and materials.	90% educator participation; pre/post training surveys.	Professional Development Team	August 2026	N/A
Create a digital educator resource hub with lesson plans, scripts, FAQs, and culturally responsive teaching aids.	Online resource library.	Website launch + monthly usage analytics.	Instructional Technology Lead	September 2026	N/A

Strategy #2

Engage families and the community to build trust and awareness around the curriculum change.

Table 7: Outlining Actions, Measures, and Responsibilities for Strategy #3

Action Item	Product	Measure	Owner	Deadline	Notes
Develop family-facing communication materials explaining the curriculum, its goals, and student benefits.	One-pager, translated versions, FAQ.	Materials distributed in at least 3 languages.	Communications Office + Family Engagement Team	August 2026	N/A
Host community information sessions (virtual and in-person) to share data and answer questions.	Meeting agendas + attendance records.	At least three engagement sessions with 25+ attendees each.	Health Education Lead	September 2026	N/A

Strategy #4

Evaluate implementation and monitor student outcomes.

Table 8: Outlining Actions, Measures, and Responsibilities for Strategy #4

Action Item	Product	Measure	Owner	Deadline	Notes
Administer pre- and post-instruction assessments to measure changes in student knowledge and attitudes.	Assessment tools + analysis report.	20% increase in STI prevention knowledge.	Research & Evaluation Team	End of each school year	N/A
Collect educator feedback on curriculum implementation challenges and successes.	End-of-year educator survey + improvement plan.	75% response rate.	Program Evaluation Specialist	June, annually	N/A
Analyze district STI-related health data annually to track long-term impact.	Annual STI trend report.	Year-over-year changes in adolescent STI rates.	School-Health Data Analyst	September, annually	N/A

Appendix C – Email Template and Agenda Example

Follow-Up Email for Stakeholder Workgroup – Template

Subject: Next Steps from [Insert Stakeholder Workgroup Name] in [Insert Month Year]

Hi [Insert Stakeholder Workgroup Name],

Thank you so much for connecting with us on [insert meeting date]!

During this meeting, [insert 1-2 sentence summary]. I've attached a copy of our meeting notes for your convenience, as well as an updated action plan.

Our next call will be [insert date and time]. If you are unable to attend, please email [insert name and email address].

In preparation for our next meeting, here are a few action items:

- [Insert name of action item and due date (if applicable)]
- [Insert name of action item and due date (if applicable)]
- [Insert name of action item and due date (if applicable)]

Thanks again for your time and energy! Please feel free to reach out if there's anything you need between now and our next meeting.

Best,

[Insert Name]

Example Agenda for Monthly Stakeholder Workgroup Meetings

Welcome and Introductions: 10 minutes
Welcome team to meeting and have everyone introduce themselves if there are new members present.

Review of Goal and Strategies: 10 minutes
Reflect on current goal and strategies that team members are currently focused on.

Action Steps and Updates: 20 minutes
Ask team members with action steps assigned to them to provide updates and identify any barriers.

Identify Next Steps and Update Action Plan: 15 minutes
Discuss next steps needed to advance strategies, and update action plan with completed steps and upcoming activities.

Conclusion and Reminders: 5 minutes
Close meeting with summary of action steps to be completed prior to next meeting and who is responsible for them.