CDC, through its Division of Adolescent and School Health, works to promote environments where youth can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime, connect to health services, and avoid becoming pregnant or infected with HIV or STDs.

The adolescent years are an ideal time to develop healthy behaviors. As a nation, we have a collective responsibility to equip young people with the information and skills they need to be healthy throughout their lifetime. Though youth today are healthy overall, there is still work to do to address disparities in student health.

CDC is a leader in developing and promoting data-driven ways to make youth safer and healthier. We are committed to preventing HIV, STDs, and pregnancy among all youth. Taking a school-based health promotion and disease prevention approach, we build strategic partnerships with public health and education agencies and national organizations to prepare healthy youth for successful futures.

How healthy are today’s adolescents?

Sexual risk behaviors are declining.

Risk behaviors have improved steadily over the years. From 2007 to 2017, CDC data show declines in sexual risk behaviors among students. Significantly fewer high school students have ever had sex, and fewer have had sex with four or more people.

Health risks remain.

Still, the prevalence of some health behaviors remains high and puts youth at risk. We have seen decreases in condom use among students. CDC data indicate that risk behaviors co-occur resulting in students having experienced multiple risks for HIV, STDs, and pregnancy.

Health disparities require focus.

Despite improvements, some adolescents remain at a higher risk for negative health outcomes. Tailored approaches are needed to reach youth at highest risk earlier, before they adopt multiple risk behaviors. For example, lesbian, gay, and bisexual (LGB) students experience substantially higher levels of physical and sexual violence and bullying than other students.

FAST FACTS About Youth

- 30% of students currently drink alcohol—down from 43% in 2005
- 56 million U.S. students attend public or private school
- Nearly 1 in 7 U.S. students reported misusing prescription opioids
- 40% of high school students have ever had sex—down from 48% in 2007
- More than 46% of sexually active high school students did not use a condom the last time they had sex
- Half of all new STDs reported each year are among young people aged 15 to 24

HOW DOES CDC PROTECT THE NATION’S YOUTH?

We collect data that drive action.
• CDC’s three school-based surveillance systems provide state- and district-level educators with information they can translate into programs, policies, and practices that reduce health costs and improve students’ lives.

We translate science into innovative programs and tools that work to protect youth.
• CDC’s evaluation research identifies the most effective programs and practices to help reduce adolescent sexual risk behaviors.

• CDC experts study sexual risk behaviors and protective factors in youth. We know that enhancing protective factors—such as parent engagement and school connectedness—can help adolescents avoid behaviors that put them at risk for poor health and educational outcomes.

• Our national leadership sets a research agenda that applies to the broader field of adolescent sexual health and fills in important knowledge gaps.

• Using research findings, we identify the next generation of effective practices for school health programs and create evidence-based tools and resources to help state and local education agencies and youth-serving organizations implement the latest, most effective strategies available.

We support a network of leaders in primary prevention.
• CDC engages an established network of leaders in school-based HIV, STD, and pregnancy prevention. Between 2013 and 2018, funding to education agencies reached nearly 2 million students. These funded partners:

  • Deliver HIV, STD, and pregnancy prevention programs grounded in the latest research
  • Select and implement effective health education curricula that best fit local needs
  • Build local capacity to connect students to school-based and community health services
  • Establish safe environments where students feel connected to school and supportive adults
  • Address the unique needs of sexual and gender minority youth, who not only have higher rates of HIV and STDs, but also are more likely to experience bullying, violence, substance use, and other challenges.

• We also fund national organizations to help education agencies with training, technical assistance, and resource development to increase the impact of local programs.

• Since 1991, the Youth Risk Behavior Surveillance System (YRBSS) has collected national, state, and city survey data from nearly 4 million high school students. YRBSS is the only surveillance system of its kind in the United States.

• Our School Health Profiles surveys and School Health Policies and Practices Study provide data about health policies and practices in U.S. schools at the state, local, and national levels.

FAST FACTS: LGB Youth
While many LGB youth thrive during adolescence, stigma, discrimination, and other factors may put them at increased risk for negative health and life outcomes.

16% experience sexual dating violence
About one third are bullied at school or online
They are more likely to have been tested for HIV (14% LGB students vs. 9% heterosexual students)
They are nearly twice as likely as other students to use illegal drugs
More than 47% have seriously considered suicide

Source: National Youth Risk Behavior Survey, 2017

Together with our partners, we can support youth to achieve their social, emotional, and academic potential.

www.cdc.gov/healthyyouth
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