

Division of  
Adolescent and  
School Health

# 2015 Annual Report



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of Adolescent and School Health





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# I.

# Foreword

June 2016

Dear Colleagues,

Although adolescents are generally healthy, several important public health problems and related behaviors can begin during these years. Risky behaviors associated with HIV, sexually transmitted diseases (STDs), and teen pregnancy are prevalent among high school students. 2015 Youth Risk Behavior Survey (YRBS) data indicate that 20% of students report being bullied at school and 41% have had sex. Among sexually active teens (30%), 43% did not use condoms, 14% did not use any method to prevent pregnancy, and only 10% of sexually experienced students have ever been tested for HIV. Poor health and risky behaviors can also impact students' academic performance.



The onset of these behaviors during adolescence offers an opportunity for primary prevention. Optimally, primary prevention occurs through a public health approach that addresses the individual, family, community, school, and social and physical environments.

We are committed to our goal of maximizing opportunities for primary prevention that will support healthy teen development and prevention of HIV, STDs, and pregnancy. Measuring and demonstrating program impact and improvements are imperative to highlighting the return on investment of our activities. Our newly developed DASH Strategic Plan for 2016-2020 can help track our progress and supply the impetus for our future progress.

DASH's ongoing mission is to promote environments where teens 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. This report describes how we and our partners work together to improve the health of our nation's young people and demonstrates our collective progress.

Sincerely,

Stephanie Zaza, MD, MPH

Captain, U.S. Public Health Service

Director, Division of Adolescent and School Health

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention

Department of Health and Human Services



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# Background: Adolescent Sexual Health

## Sexual behaviors put today's young people at risk

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. In 2014, young people aged 13–24 years accounted for more than 1 in 5 new human immunodeficiency virus (HIV) diagnoses in the United States.<sup>1</sup> Only 10% of sexually experienced high school students have ever been tested for HIV.<sup>2</sup> Half of the nearly 20 million new sexually transmitted diseases (STDs) reported each year are among young people aged 15–24.<sup>3</sup> Relatedly, teen pregnancy remained unacceptably high (24 births per 1,000 females) among females aged 15–19 years in 2014.<sup>4</sup>

The National HIV/AIDS Strategy (NHAS) states that the education of all Americans about the threat of HIV and how to prevent it is a critical step in reducing new infections in the United States. The NHAS emphasizes that educating young people about HIV before they begin engaging in behaviors that place them at risk for HIV infection should be a priority. To help achieve this national goal, the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) helps schools implement effective education programs—based on the best-available science—to prevent HIV infection and other sexually transmitted diseases (STDs) among adolescents (individuals in the 10–19 years age group). These school-based education programs are also expected to reduce teen pregnancy rates by reducing common risk factors.

## School-based sexual health education programs can reduce risk behaviors

According to the U.S. Department of Education (Institute of Education Sciences/National Center for Education Statistics), in fall 2015 approximately 50 million students attended public elementary and secondary schools. Of these students, 35 million were in prekindergarten through grade 8, and 15 million were in grades 9 through 12. An additional 4.9 million students are expected to attend private schools. Because youth spend a significant amount of their day in school, schools are a logical venue for promoting efforts to reduce HIV, STDs, and pregnancy as well as to reduce behaviors that contribute to other health risks. Effective school-based education programs are needed to make youth aware of their risk for HIV; help delay initiation of sexual activity; increase condom use among those who are sexually active; and decrease other behaviors, such as alcohol and drug use, that contribute to the risk of HIV infection.

Schools provide an important avenue for reaching youth with critical knowledge and skills related to sexual health and reducing risk for HIV, STDs, and unintended pregnancy. However, the status of sexual health education varies substantially throughout the United States and is insufficient in many areas according to CDC's 2014 School Health Profiles report. In most states, fewer than half of high schools teach age-appropriate, medically accurate instruction in key areas of sexual health across elementary,

<sup>1</sup>Centers for Disease Control and Prevention. *HIV Surveillance Report, 2013*; vol. 25. Published February 2015.

<sup>2</sup>Youth Risk Behavior Surveillance—United States, 2015, *MMWR* 2016;65(SS-6).

<sup>3</sup>Centers for Disease Control and Prevention. *STD Trends in the United States, 2010: National Data for Chlamydia, Gonorrhea, and Syphilis*, Atlanta: U.S. Department of Health and Human Services; 2011. (Summarized from: CDC. Sexually Transmitted Disease Surveillance 2010. Atlanta: U.S. Department of Health and Human Services; 2011.)

<sup>4</sup>Hamilton BE, Martin JA, Osterman MJK, et al. Births: final data for 2014. *National Vital Statistics Report Rep* 2015; 64(12):1–64.



middle, and high school curricula. In addition, sex education is not starting early enough—in no state did more than half of middle schools meet the goals put forth by CDC. Finally, sex education has been declining over time across the country. The 2014 School Health Policies and Practices Study found that the percentage of U.S. schools in which students are required to receive instruction on HIV prevention decreased from 64% in 2000 to 41% in 2014. This demonstrates a lack of progress toward meeting *Healthy People 2020* objectives related to health education and suggests that efforts are needed to increase the comprehensiveness of school health education.

Many U.S. schools are not providing adequate sex education.

### **Sexual health services provide opportunities for primary and secondary prevention**

Condom use is declining. HIV testing is declining. Teens need access to sexual health services, such as HIV and STD testing, contraceptive services, and human papillomavirus (HPV) vaccine, to be equipped to prevent HIV, other STDs, and

pregnancy, which are still too common among young people. Providing sexual health services at school and/or through teen-friendly community-based clinics removes barriers and increases use.

### **Promoting protective factors enhances health and academic outcomes**

Efforts to improve adolescent health often address specific health risk behaviors. However, results from a growing number of studies suggest that health impact might also be achieved by enhancing protective factors that help adolescents avoid behaviors that place them at risk for adverse health and educational outcomes. Protective factors are individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events. These factors also increase an individual's ability to avoid risks, and promote social and emotional competence to thrive in all aspects of life.

School connectedness and parent engagement can improve academic achievement as well as health outcomes. While district- or school-level interventions will benefit all students, students at increased risk for HIV, STDs, or pregnancy will especially benefit. For example, programs or policies that effectively reduce bullying can have a bigger impact on lesbian, gay, bisexual, or transgender (LGBT) students since they are more often the target of bullying at school.



# Introduction to the Division of Adolescent and School Health

The Centers for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health (DASH) was created in 1988 and is organizationally located in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). DASH’s research and programmatic activities are focused on reducing adolescent sexual risk behaviors and preventing HIV, STDs, and teen pregnancy. DASH also serves as the platform for CDC’s school-based surveillance systems and areas of research and research translation for adolescent and school health.

DASH functions as CDC’s experts in adolescent development and behavior as well as school health policies and practices. DASH plays a key role in working with state and local education agencies to ensure that health and education policies support

adolescent health, development, and learning. In particular, DASH focuses on ways to create safe and supportive environments so that all young people have the opportunity to learn and be healthy.

Additionally, DASH works closely with other federal programs to assure coordinated and complementary approaches to adolescent health. Within the Department of Health and Human Services (HHS), DASH partners with the Office of Adolescent Health (OAH), the Administration on Children, Youth and Families (ACYF), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institutes of Health (NIH). At CDC, DASH serves as a population-focused program within CDC that complements other subject matter-focused activities throughout the agency.

## Mission



To ensure that young people have the information and skills they need to be healthy throughout their lifetime, DASH is committed to its mission to—*Promote environments where teens 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.*

As a public health organization, DASH achieves its mission by conducting its work through the core functions of public health—assessment, policy development, and assurance.

## IV.

# DASH: Program Summary of Key Activities and Accomplishments

This annual report provides a summary of DASH's key activities and accomplishments in calendar year 2015 that have contributed to helping adolescents develop healthy behaviors. The selected activities underscore DASH's contributions toward the goal of maximizing primary prevention of HIV, STDs, and pregnancy among youth.

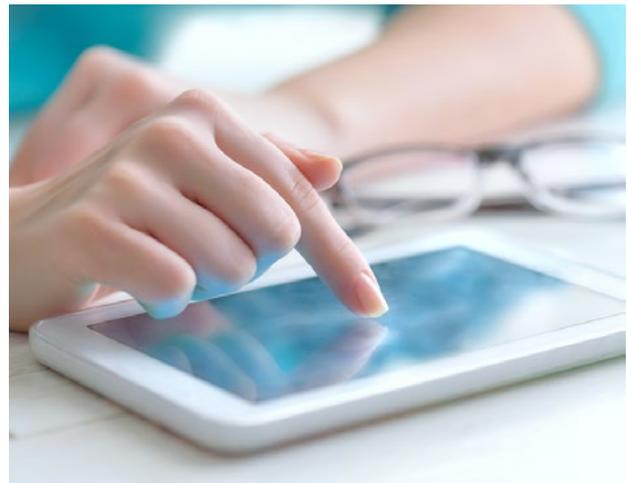
## Building DASH's Organizational Excellence

When organizations work well, they allow ordinary individuals to do extraordinary things. Individuals can be powerful vehicles for combining strengths and minimizing weaknesses in a way that makes the whole far greater than the sum of the parts. The power of highly effective organizations is combining strengths to create collective excellence. During 2015, DASH emphasized the importance of building excellence by empowering employees and inspiring change.

The Federal Employee Viewpoint Survey (EVS) is administered yearly by the U.S. Office of Personnel Management (OPM) to measure employee satisfaction with leadership policies and practices. The voluntary survey results provide general indicators and critical information to senior managers for ongoing human capital assessment in the federal government. The survey findings are used to develop policies and action plans for improving agency performance.

In order to address the survey findings more directly, the DASH Employee Viewpoint Survey (EVS) Action Plan Work Group was established in 2013 to develop specific activities that will address the following key areas—Leadership, Performance, Social Connectedness, and Continuous Improvement. The DASH EVS Action Plan and the Work Group's ongoing efforts will continue to address the needs

identified through the annual Employee Viewpoint Survey. This survey provides an opportunity to share feedback with leadership on how the agency is doing in creating a positive, engaging, healthy, and innovative work environment for all employees.



## Outstanding Achievements

The ability of DASH to successfully achieve its mission depends on the expertise and dedication of its employees. DASH recognizes the contributions of individuals and teams to support DASH's mission and CDC's goals and values. Every year, CDC and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) hold ceremonies to honor remarkable achievements and recognize groups and individuals who continue to advance CDC's distinguished legacy of improving public health. The following awards were received for exemplary service to public health in 2015 and 2016.

## 2016 NCHHSTP Honor Awards

### ***Excellence in Program Delivery Award - DASH*** **Division of Adolescent and School Health** **Adolescent Sexual Minority Male Innovation** **Project Team**

For exemplary leadership and innovation in HIV/STD prevention for black and Latino adolescent sexual minority males.

### ***Excellence in Surveillance and Health Monitoring Award - DASH***

#### **School Health Surveys Data Analysis and Report Writing Team**

For extraordinary efforts in analyzing and reporting data from two major CDC surveillance systems in 16 months.

### ***Excellence in Partnering Award - Domestic - DASH*** **Partnership Development Team**

For exemplary leadership in partnership development.

### ***Excellence in Workforce Recognition Award - DASH*** **Division of Adolescent and School Health**

For excellence in innovative approaches to recognize, engage, and promote staff.

### ***2015-2016 NCHHSTP Director's Recognition Award Committee - DASH***



## 2015 NCHHSTP Honor Awards

### ***Excellence in Quantitative Sciences Award - DASH***

For exemplary economic analyses of school nursing services showing school nurses are a cost-effective investment for schools and communities.

### ***Excellence in Surveillance and Health Monitoring Award - DASH***

#### **2013 Youth Risk Behavior Surveillance Release Group**

For extraordinarily high-quality work resulting in the timely and highly effective release of 2013 national, state, and local Youth Risk Behavior Survey data.

### ***Excellence in Leadership GS-11-13 Award - DASH***

For outstanding leadership in ensuring that consistent technical assistance is provided to DASH funded partners from project officers in DASH.

### ***Excellence in Procurement, Contracts, and Grants Management Award - DASH***

For exemplary leadership, creativity, responsiveness, flexibility, and resilience during numerous transitions for the division.

### ***Excellence in Public Health Service: Diane Caves*** **Early Career GS 11-13 Award - DASH**

For exemplary leadership in cross-divisional, collaborative efforts in support of initiatives to reduce the HIV/STD burden among men who have sex with men (MSM).

### ***August 2014 - Director's Recognition Award*** **Relocation Advisory Committee - DASH**

## External Awards

### ***American School Health Association (ASHA) William A. Howe Award***

Laura Kann, NCHHSTP/DASH, Chief, School-Based Surveillance Branch (SBSB), received the 2015 William A. Howe Award from the American School Health Association (ASHA). The award is ASHA's most prestigious award honoring one who has demonstrated a history of advancing school health.



## Increasing DASH's Visibility in HIV Prevention

Visibility is the result of connecting the strategic vision, work priorities, and opportunities to the primary mission of an organization. DASH's visibility is crucial for promoting HIV prevention in the U.S. educational system through school health education programming and aligning its work with the overall core functions of public health. In 2015, DASH capabilities were visibly demonstrated with the following activities:

### National Youth HIV & AIDS Awareness Day



In April, DASH Director, Dr. Stephanie Zaza participated in a Congressional

Briefing on Young People and HIV in collaboration with Congresswoman Barbara Lee of Oakland, California, along with two Advocates for Youth Ambassadors working to end the HIV epidemic. The briefing was attended by several staff members from the offices of the U.S. House of Representatives. The briefing was cosponsored by Advocates for Youth, AIDS Institute, American Psychological Association, HealthHIV, National Center for Lesbian Rights, National Coalition for LGBT Health, National Coalition for STD Directors, Pozitively Healthy, and Sexuality Information and Education Council of the United States (SIECUS).

In partnership with CDC's National Prevention Information Network (NPIN), DASH held a Twitter chat

on Wednesday, April 8, 2015, to raise awareness about HIV among youth. The chat was hosted by CDC NPIN (@CDCNPIN) and Dr. Stephanie Zaza, DASH director (@DrZazaCDC); special guests included AIDS.gov (@AIDSgov), Advocates for Youth (@YouthAIDSday), and the M-A-C AIDS Fund (@MACAIDSFund). The chat helped raise awareness about the HIV epidemic among youth and brought together advocates and partners from across the United States. The chat resulted in 504 unique sources that used the #NYHAADchat hashtag and generated 2,538 tweets sent by chat participants, including 1,782 retweets. The National Youth HIV & AIDS Awareness Day (NYHAAD) chat tweets had nearly 13 million potential impressions. The Twitter chat was highly successful in engaging a large number of participants and sharing meaningful messages and resources across Twitter. These activities helped to raise the division's visibility with key stakeholders about DASH's work with regard to increasing HIV testing among young sexual minority males of color.



### 2015 National HIV Prevention Conference

The 2015 National HIV Prevention Conference (NHPC) was held on December 6-9, 2015, in Atlanta, Georgia, at the Hyatt Regency and Marriott Marquis Hotels. The conference theme was "Accelerating Progress: Prevent Infections. Strengthen Care."

Reduce Disparities.” The NHPC is the only major meeting in the United States to focus exclusively on HIV prevention. Therefore, NHPC is the preeminent conference for scientists, public health officials, community workers, clinicians, and persons living with HIV from a wide variety of organizations to share their expertise and ultimately prevent infections, strengthen care, and reduce disparities. The conference brought together more than 3,000 individuals who are working to stop the spread of HIV in the United States.

This 4-day conference included oral, panel, and poster presentations, as well as plenary sessions, roundtables, and debates. The conference provided a platform for researchers and program personnel planning and implementing HIV prevention and care programs to engage in rigorous scientific, programmatic, and technology-related information exchange.

While at the conference, DASH was engaged in several activities, which are briefly described below.



### **DASH Exhibit**

The exhibit space was designed to feature DASH’s new exhibit, promote and distribute DASH materials, display and test DASH’s new Healthy Youth Web site, and engage conference attendees to take photos in front of DASH’s Step and Repeat backdrop. A monitor displayed the newly designed Web site to facilitate on-site user review and feedback.

DASH presentations were promoted using a specially designed presentation card. The 2014 School Health Profiles report release was also referenced. Approximately 200 conference attendees visited the DASH booth.



### **“Meet the Experts” Sessions**

Many DASH presenters and other DASH staff in attendance at the NHPC participated in “Meet the Experts” sessions at the division’s exhibit booth. DASH subject matter experts and Dr. Zaza answered questions and talked to conference attendees about the importance of DASH’s work to adolescent health outcomes.

### **National HIV Prevention Conference 2015 Presentations**

The NHPC provided an important opportunity for DASH to share its work, exchange information, learn from other colleagues, and discuss strategies that will help meet national HIV prevention goals and objectives. DASH’s director, Dr. Zaza, and many other staff members presented at the conference. The conference included plenary sessions; oral, panel, and poster presentations; and roundtable discussions. The DASH presentations are listed below.

#### **Plenary**

Reality Check: The Truth about Teen HIV Risks Plenary

#### **Sessions**

Teen Voices for HIV Prevention Panel

Summary and Analysis of State-Level U.S. Sexual Health Education Policies: Increasing the Use of Evidence-Based Sexual Health Instruction in Schools

The “T” is Not Silent: Addressing Disclosure and Other Determinants in HIV Outcomes of Transgender Individuals

- What Protects Transgender and Gender Variant Youth from HIV and Other Negative Health Outcomes? Results of a Systematic Review

Meeting the HIV Prevention Needs of Teen YMSM: Baseline Data, Promising Approaches, and Lessons Learned from a School-Centered Approach

- An Early Start: High Schools as a Key Venue for HIV Prevention among Young Men Who Have Sex with Men
- A School-Centered Structural and Behavioral HIV Prevention Intervention Project for Teen Black and Latino YMSM
- Culturally Competent School-Centered HIV Prevention Interventions for Teen Black and Latino YMSM: Examples from Three Urban School Districts
- Developing Safe and Supportive Environments in the Nation’s Schools

Youth + Intimate Partner Violence + Sexual Risk Behaviors = Need for Strengthened HIV Prevention Efforts

- Associations of Teen Dating Violence and Forced Sexual Intercourse with Sexual Risk Behaviors in the United States
- HIV-Related Risk Behaviors among Male High School Students Who Have Had Sexual Contact with Males, by Race/Ethnicity, Selected U.S. Cities, 2009-2013

Not Yet Grown: Understanding the Unique Sexual Health and HIV/STD Risks among Adolescents and Young Adults

- HIV Prevention Education and Services in a Nationally Representative Sample of U.S. Schools, 2014
- Individual-Level Protective Factors for Sexual Health Outcomes among Sexual Minority Adolescents and Young Adults: A Systematic Mapping of the Literature

- Individual and School-Related Characteristics That Predict STD and HIV Testing among Sexually Active Adolescents

Poster Presentation

- Non-medical use of prescription drugs is independently associated with sexual risk behaviors—United States, 2011-2013

Roundtable

- Reaching Adolescent MSM: How Do We Find and Engage Them in Prevention?

The conference allowed DASH the opportunity to join with public health professionals, clinicians, community representatives and others to refine, improve, and strengthen our nation’s response to HIV.

Social Media

Social media engagement played a major role in DASH’s presence at the NHPC. Throughout the conference, Dr. Zaza (@DrZazaCDC) live-tweeted from the exhibit booth and conference sessions using the conference hashtag, #NHPC2015. NHPC tweets received high engagement, especially those that included photos or graphics, and the account gained new followers throughout the conference.

Leading up to the conference and during the 4 days of the conference, @DrZazaCDC sent 184 tweets containing the conference hashtag, #NHPC2015. These tweets received 1,767 engagements and more than 66,000 impressions. As a result, the handle @DrZazaCDC gained over 60 new followers.

NHPC tweets received significantly more impressions, engagements, retweets, and favorites than tweets during any previous conference DASH attended. Overall, the social media component was very successful.



CDC's e-health account (@CDC\_ehealth), with more than 630,000 followers, mentioned @DrZazaCDC as an important account to follow for NHPC updates.

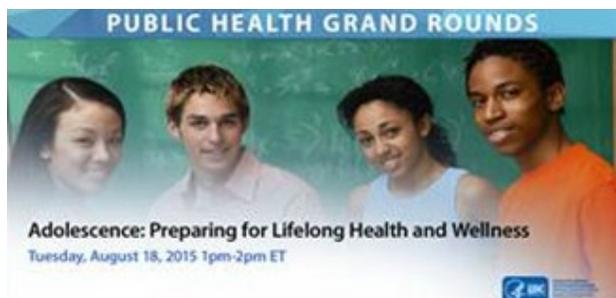
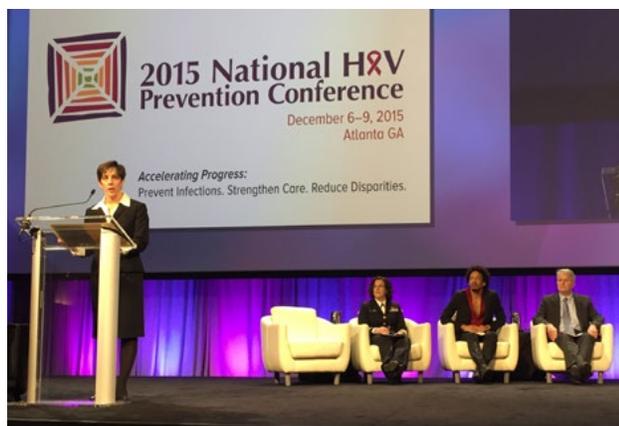
### Web Site Review

The division's Web site was redesigned and the new streamlined site launched in September. As a result, DASH communications staff encouraged conference attendees to participate in the division's informal Web site evaluation. Random reviews were conducted at the booth and during DASH's 1-hour session in the conference's Social Media Lab.

### DASH Funded Partners Meeting

At the conclusion of NHPC, DASH funded partners were invited to participate in a 2-day meeting—Connect-Communicate-Champion: Strategic Communication to Build Sustainable Adolescent Sexual Health Programs. The purpose of the meeting was to provide hands-on training to all Program 1308 partners enabling them to 1) use Program Evaluation Reporting System (PERS) data to identify areas of program achievement and target areas for increased focus, 2) use DASH policy guidance to implement science-based policies, and 3) create action plans and share best practices with peers for communicating program successes. The training skills were to be used to assist with implementing and supporting HIV, STD, and pregnancy prevention efforts in the nation's schools.

Overall, DASH's contributions to NHPC were a success in all aspects. During the conference, there were many great opportunities to talk about DASH's important work, network with partners and colleagues, and provide informative materials to those who were unfamiliar with the division.



### CDC's Public Health Grand Rounds: August 18, 2015

CDC's Public Health Grand Rounds is a monthly presentation series created to foster discussion on major public health issues and to encourage action based on the latest scientific findings. Each session focuses on the particular challenges related to a specific health topic. In addition to highlighting what CDC is already doing to address these public health challenges, experts in the chosen field explore cutting-edge research, present new evidence, and discuss the potential impact of different interventions. Grand Rounds sessions also discuss recommendations for future research and practice.

DASH's session of Public Health Grand Rounds, entitled "Adolescence: Preparing for Lifelong Health and Wellness," explored adolescent health, specifically how families, community organizations, schools, and government agencies can work together to encourage adolescents to avoid risk and adopt health-promoting behaviors.

The session focused on using a public health approach that addresses the individual, family, community, and school, as well as the social and physical environments required to improve adolescent health. Presenters included the following:

#### **Stephanie Zaza, MD, MPH**

*Captain, U.S. Public Health Service  
Director, Division of Adolescent and School Health  
National Center for HIV/AIDS, Viral Hepatitis, STD,  
and TB Prevention, CDC*

#### **"Adolescents in the United States"**

#### **Patricia J. Dittus, PhD**

*Lead Behavioral Scientist, Social and Behavioral  
Research and Evaluation Branch  
Division of STD Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD,  
and TB Prevention, CDC*

#### **"Prevention for a Moving Target"**

**Shannon L. Michael, PhD, MPH**

Health Scientist, School Health Branch  
 Division of Population Health  
 National Center for Chronic Disease Prevention  
 and Health Promotion, CDC

**“Schools as a Venue for Promoting Health  
 and Wellness”**

**Claire D. Brindis, DrPH**

Professor of Pediatrics and Health Policy  
 Director, Philip R. Lee Institute for Health Policy Studies  
 Co-Project Director, Adolescent and Young Adult  
 Health National Resource Center  
 University of California, San Francisco

**“Health Care for Adolescents: How to Improve It”**



**Media Coverage of the 2014 School  
 Health Profiles Release**

The 2014 School Health Profiles surveillance data were released at the 2015 National HIV Prevention Conference. The release garnered widespread media coverage, including print, online, and broadcast coverage from mainstream consumer outlets, medical trade publications, and education-focused news journals. Highlights included the following:

- An extensive story from *National Public Radio* (NPR), which was subsequently repurposed by seven local NPR affiliates and the *New York Times*;
- Coverage from national media wire services *United Press International* (UPI) and *Health-Day* (which was picked up by eight additional outlets including *U.S. News & World Report*) and national outlets with local bureaus including the *Los Angeles Times* (picked up by three local newspapers) and *CBS News* (picked up by two local affiliates);

- In-depth articles in national publications largely targeting policymakers such as *The Daily Beast*, *Forbes*, *VOX*, and *Newsweek*;
- Editorial coverage in 9 national publications focused on young women, including 2 of the top 10 most widely circulated magazines for this demographic (*Cosmopolitan* and *Glamour*); and
- A short segment on the nationally syndicated television program, *The Doctors*, which was picked up by 19 local broadcast stations.

**Transformation: Launching a New  
 DASH Web Site**

Launching a new Web site is not just about updating the images and content; it’s also an opportunity to refresh, reshape, and refocus the division’s online presence. In September 2015, DASH launched the new Healthy Youth Web site—[www.cdc.gov/healthyyouth!](http://www.cdc.gov/healthyyouth!) The goal was to update the Healthy Youth Web site by creating a digital reflection that better aligned the content and offerings with DASH’s mission, goals, and the vision of healthy teens who become healthy, successful adults. The site was developed in a responsive Web design and provided content that was easily accessed via multiple devices, including smart phones, tablets, laptops, and desktop computers. In addition, the Web site was reorganized to make it easier to find information.



The redesign was based on user recommendations and feedback, which produced content that was

- Well-designed and easy-to-navigate
- Current, pertinent, and specific to the needs of target audiences
- Organized, streamlined, and tailored in a way that optimizes organization and improves site usability.

As a result, the Web site was transformed to focus specifically on DASH's work supporting HIV, STD, and pregnancy prevention efforts in the nation's schools and related topics, including protective factors, school-based surveillance, program evaluation, the Health Education Curriculum Analysis Tool (HECAT), and funded partner materials.

DASH is excited that the new Web site reflects a full-range of capabilities and resources for primary prevention of HIV, STDs, and pregnancy among teens.

## Social Media Engagement

### Youth Protective Factors Twitter Chat

On October 21, 2015, DASH and the National Prevention Information



**Follow DASH**  
on Twitter!  
@CDC\_DASH

Network (NPIN) held a Twitter chat (#LGBTyouthChat) in recognition of LGBT History Month. The purpose of the chat was to discuss the challenges facing lesbian, gay, bisexual, and transgender (LGBT) youth and ways to promote their health and safety. Several DASH partners

participated in the chat, including Advocates for Youth, Fenway Health (@FenwayHealth), Center for Sexuality and Health Disparities (@SexualityLab), and Gay-Straight Alliance Network (@GSANetwork). This successful Twitter chat engaged not only the invited guests, but also many other organizations and individuals new to NPIN and DASH Twitter chats. The chat resulted in about 3.8 million potential impressions. Leading up to the Twitter chat and on the day of the chat, @DrZazaCDC\* sent 67 tweets containing the chat hashtag, #LGBTyouthChat. These tweets received 486 engagements and more than 35,000 impressions. As a result, @DrZazaCDC gained 15 new followers. Dr. Zaza's tweets received about 10 times the number of impressions on the day of the chat compared to the number on a typical day!

\*Starting June 1, 2016, the DASH Twitter handle changed to @CDC\_DASH.



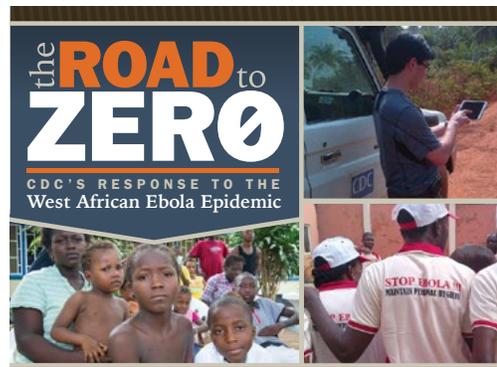
## Assistance with CDC Priorities: Ebola Response

Since 2014, CDC has worked with other U.S. government agencies, the World Health Organization (WHO), and international partners to respond to the Ebola outbreak in West Africa. Thousands of CDC staff have provided logistics, communication, analytics, management, and other support functions for the response.

From September 2014 to December 2015, DASH deployed 15 staff for Ebola for a total of 12 domestic and 4 international deployments. Staff were deployed in the following locations:

- Sierra Leone, West Africa
- Liberia, West Africa
- Atlanta, Georgia - CDC Emergency Operations Center (EOC)
- Anniston, Alabama

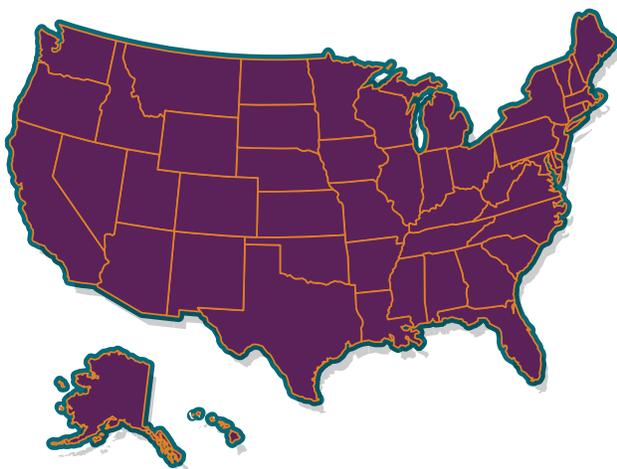
Learn more about CDC's Ebola response on the agency Web site.





## Supporting DASH's Funded State and Local Education Agency Partners: Schools as a Venue for Prevention

Increasing the number of schools that provide sexual health education is a critical DASH objective for improving our nation's health. DASH provides funding to 19 state and 17 local education agencies to help districts and schools reduce adolescent sexual risk behaviors and adverse health outcomes including HIV, other STDs, and teen pregnancy. CDC also funds six national nongovernmental organizations (NGOs) to provide capacity-building assistance to these state and local education agencies.



The work of these CDC-funded education agencies serves to improve the sexual health of middle school and high school students by

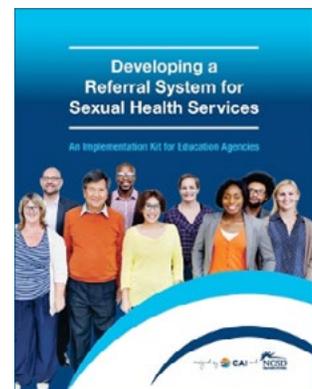
- helping them delay the onset of sexual activity and reduce the number of sexual partners;

- promoting the dual use of condoms and a highly effective contraceptive method among those adolescents who are sexually active;
- increasing STD and HIV testing, counseling, and treatment; and
- addressing key social determinants of health in addition to collecting data to ensure that the strategies reach youth at most disproportionate risk for HIV infection and other STDs.

Following are examples of how these funded programs are implementing one of DASH's key priorities.

### National Coalition of STD Directors and Cicatelli Associates Inc.

DASH, the National Coalition of STD Directors (NCSDD), and Cicatelli Associates Inc. (CAI) collaborated to create *Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies*. Seven components provide a description of what works for easy implementation of a successful referral system. The combination of purpose and alignment of resources and processes will serve to drive the success of the referral system to increase student awareness of, referrals to, and use of school- and community-based sexual health services (SHS) providers. This combination ultimately leads to the desired long-term outcomes of decreased rates of HIV, STDs, and pregnancy among adolescents and increased educational attainment.



## American Psychological Association



During the 2014-2015 school year, the American Psychological Association (APA) trained 101 participants through the state education agencies in Delaware, the District of Columbia, Minnesota, and Rhode Island on

RESPECT. The RESPECT course, *Preventing Health Risks and Promoting Health Outcomes among Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Students*, promotes sexual health and responsibility and prevents HIV infection, other STDs, and pregnancy among LGBTQ students. The course teaches school professionals how to provide direct services and utilize school-based practices that promote sexual health and responsibility among LGBTQ students. Each of the sites participated in a pre-survey, post-survey and delayed follow-up survey to assess actions taken as a result of the training. Participants reported action on all of the 19 activities asked on the follow-up survey. In the post-survey, all participants reported increased likelihood to do the following:

- Discuss with a student his or her personal concerns regarding gender identity;
- Discuss with a student his or her personal concerns regarding sexual orientation;
- Promote school policies, programs, and practices to maintain a safe and nurturing climate for all students; and
- Actively intervene with students or staff members to stop harassment of students perceived to be LGBTQ.

## Minnesota

In an effort to bring about positive change, Richfield School District partnered with the Minnesota Department of Education on its CDC DASH-funded program to improve the delivery of exemplary sexual health education (ESHE) emphasizing HIV and other STD prevention; increase adolescent access

to key sexual health services (SHS); and establish safe and supportive environments (SSE) for students and staff. The district's first step was to determine programmatic areas that needed improvement. With an investment of \$8,000 from the Minnesota Department of Education/CDC-DASH funding, Richfield School District mapped existing adolescent sexual health services in proximity to the school buildings and found no adolescent sexual health services available. To determine its next steps, Richfield conducted buy-in activities and presented data to stakeholders with an emphasis on the lack of availability of adolescent-friendly sexual health services in proximity to the high school or middle school.

One year into its work, the district announced the establishment of a school-based clinic by winter 2016. This clinic is a result of a partnership with the Park Nicollet Foundation. The foundation allocated \$250,000 to Richfield School District in spring 2015, and the Medical Director and Program Officer joined the Interdisciplinary Team to see this effort through. Richfield High School also focused on destigmatizing sexual health services and linking services to student achievement and academic achievement.

## Michigan

In an effort to ensure that lesbian, gay, bisexual, transgender and questioning (LGBTQ) students are physically and emotionally safe at school, the Michigan Department of Education convened a workgroup to address this critical issue.

As a result of this program, Michigan has conducted more than 59 workshops on *A Silent Crisis: Creating Safe Schools for Sexual Minority Youth*—training nearly 2,200 representatives from one-third (322) of the school districts across the state that collectively serve more than two-thirds (1,036,785) of the students.



Policy and environmental improvements are making impactful changes in school buildings across the state. The adoption of enumerated policies that protect students regardless of sexual orientation, gender identity, and/or expression has increased. More school staff are intervening when harassment or bullying is witnessed. More schools are starting or expanding gay-straight alliances, are posting where to find safe spaces (classrooms, staff) on the school campus, and are increasing referrals to LGBTQ-friendly organizations for services and support.

Michigan has tracked its improvements using data obtained through School Health Profiles (Profiles). The questions Michigan has been tracking align with both workshop objectives (making schools physically safe and emotionally safe). Since 2008, CDC/DASH has been asking about the percentage of schools that have a student-led club. In 2010, questions were added to determine ways to encourage staff to attend professional development, the percentage of schools that prohibit harassment based on a student's perceived or actual sexual orientation or gender identity, and the percentage of schools that identify safe spaces. Each action, according to results from the subsequent biannual surveys, has statistically increased.

### California: Oakland

Oakland Unified School District's *Healthy Oakland Teens* programming led a successful campaign and training initiative to ensure all ninth-grade students received 10 lessons of exemplary sexual health education. The team dedicated a year to 1) design a high school curriculum to meet the unique needs of Oakland students and their educational settings and 2) build the capacity of Oakland's Science and English Language Arts teachers to deliver this newly designed curriculum. After 6 hours of professional development, the teachers reported feeling more comfortable and prepared to teach the curriculum. As planned, all 18 high schools delivered the lessons during the designated Sex Ed Week in March 2015.

This was a true success for Oakland schools, teachers, and families. Their primary internal partners included the Science Department and several teachers who reviewed the curriculum and piloted lessons prior to the full release. In addition, Oakland partnered primarily with *Forward Together*, a community-based organization that has a particular investment in Oakland schools.

During the first 2 years of funding, Oakland developed a 10-lesson comprehensive and relevant sexual health curriculum; connected with all high schools and teachers; provided professional development to all ninth-grade Science and English Language Arts teachers, and delivered ESHE, *Healthy Oakland Teens*, to 2,500 ninth-grade students. Oakland also developed an app identifying clinics that offer youth-friendly health services. This app was promoted during Sex Ed Week and aligns with the sexual health service lesson.

### California: San Diego Unified School District

A district-wide assessment revealed that many school administrators, nurses, counselors, and teachers in the San Diego Unified School District (SDUSD) did not know about, or believe, the state of California laws to create safe access to sexual health care for minors—despite the laws being included in the district's policies and procedures. As a result, many of the district's students aged 12 years or older were not receiving the health care that they deserved due to lack of information or misinformation.

To address this issue, San Diego created a district- and community-wide marketing campaign to communicate and educate stakeholders about the state's laws regarding safe access to sexual health care for minors. In the course of a year, San Diego school health leadership provided

- 150 district nurses, 51 district teachers, 22 community health educators, and 17 pediatric clinicians with professional development on the state laws and
- 263 district teachers with intensive professional development and follow-up assessment on their knowledge of the state laws.

These efforts led to 45,000 district students receiving information on the state laws and district guidelines through sexual health education lessons and 38,000 district students receiving California Minor Consent Laws cards and Youth Resources cards listing contact information for local youth-serving sexual and mental health clinics. Early results of this marketing campaign have indicated an increase in the number of minor students seeking and obtaining access to sexual health care.

## Pilot Program: Prevention and Sexual Risk Behavior Reduction Program in High-Risk Communities

To help protect adolescent health and safety, the Conrad N. Hilton Foundation has provided a \$1.5 million grant to the CDC Foundation that enables CDC's Division of Adolescent and School Health to develop a comprehensive substance use prevention and sexual risk behavior reduction program in high-risk communities in three states—Indiana, Kentucky, and Ohio.

The pilot program will focus on prevention education, referrals to health services, reducing stigma, and monitoring and evaluation. One of the program's main goals is to help teens gain knowledge and skills to prevent substance use and HIV/STD infection. The project will also include development of a case study to evaluate the linkages between the components of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach, and to determine the outcomes derived from using SBIRT with teens. Results of the case study will help form the evidence base for school-based interventions.

## Improving and Promoting DASH Surveillance Systems

DASH gathers information on youth health risk behaviors and school health policies and practices to help public health and education professionals 1) identify national, state, and local youth health risk behaviors and 2) develop school health programs, policies, and practices. This type of information is of interest to a variety of audiences (e.g., school board members, school administrators, teachers, parents, legislators, community health organizations) and can be used to focus efforts on improving the health of youth, tracking progress over time, and assessing program effectiveness.

The data CDC collects are vital to knowing the trends and changes in youth health risk behaviors, and determining the extent to which school policies and practices can help improve the health of youth. Timely and ongoing data collection, analysis, and dissemination help CDC meet the information needs of public health and education professionals and support efforts for continual program improvement.

Data from DASH's surveillance systems are used to describe youth risk behaviors and school health policies and practices; create awareness; set program goals and monitor progress (e.g., 36 of the National Health Objectives for 2020); target interventions to high-risk areas; develop programs and policies; support health-related legislation; and seek funding.

## Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health risk behaviors among high school students, including sexual risk behaviors that contribute to unintended pregnancy, HIV, and other STDs. The YRBSS also serves as a platform for the rest of CDC and partners in the public health system to

- measure progress toward achieving 21 national health objectives for *Healthy People 2020* and other program and policy indicators;
- assess trends in priority health risk behaviors among high school students; and
- evaluate the impact of broad school and community interventions at the national, state, and local levels.



*School-based surveillance system data (YRBS, SHPPS, and Profiles) were used in 13 high-profile scientific publications during 2015.*

During 2015, Youth Risk Behavior Survey (YRBS) data were selected (for the first time) to monitor a new indicator in the updated National HIV/AIDS Strategy focused on sexual minority youth. Both YRBS and Profiles data are used to monitor performance measures for two major CDC cooperative agreements—1305 (DC-RFA-DP13-1305, *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*) and 1308 (RFA-PS13-1308, *Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance*).



### School Health Profiles

For the 2014 School Health Profiles (Profiles) release, a 191-page report was completed along with a set of 132 slides showing how results varied by state, the major revisions and updates to the Profiles Web site, and detailed information for accessing the data sets and technical documentation. The slides that present state results by quartile on a U.S. map were designed to translate tables of results into an easy-to-read and understandable pictorial of results that often tell a compelling story about how school health policies vary (or not) by state. The media coverage of the release was extensive including NPR, CBS News, UPI, Politico, the Verge, the *Daily Beast*, *Los Angeles Times*, and *HealthDay* plus a CDC Capitol Hill Announcement and a GovDelivery announcement to more than 20,000 subscribers.

### School Health Policies and Practices Study

The 2014 School Health Policies and Practices Study (SHPPS) data also were featured at the American School Health Association, American Public Health Association, and National HIV Prevention Conferences. Both SHPPS and Profiles data played a critical role in the keynote addresses by both a CDC division director and a center director at the National HIV Prevention Conference, and the Profiles data were the focus of a special media briefing during that conference.

At the special invitation of the Director of the Nutrition Research and Analysis Division in the Food and Nutrition Service at the U.S. Department of Agriculture, DASH presented SHPPS data to help inform and evaluate the latest initiatives to improve the nation's school food service and school wellness policies.

The 2014 Profiles and 2014 SHPPS releases that occurred in fall 2015 have had significant public health impact. The early release *Morbidity and Mortality Weekly Report (MMWR)* article published in August 2015 using 2014 SHPPS data was designed specifically to address a national policy challenge involving the school lunch portion of the new Childhood Nutrition Act. This article helped support important modifications to the Childhood Nutrition Act as it was being discussed in Congress. Secretary Vilsack of the U.S. Department of Agriculture publicly expressed his appreciation for the early release and commented on its importance and impact at several public events. On just the early-release *MMWR* article describing SHPPS 2014 results, 323 stories were written or broadcast. The total publicity value was \$502,111. The cumulative reach of the coverage was 448,354,162 people and included articles on news Web sites that reached 317,220,683 people.





## Putting Research into Practice

DASH provides national leadership in identifying effective practices for school-based health programs and translates the latest scientific findings into resources for use by NGOs and education and public health agencies. The leadership, along with the research agenda, allows DASH to pursue research priorities applicable to the broader field of adolescent sexual health. DASH's research efforts are demonstrated by the following activities.

### Adolescent Health Research

#### Research on Protective Factors and Interventions to Improve Health Outcomes Among LGBT Youth:

In 2013, the Arcus Foundation (a global leader in advancing pressing social justice and conservation issues) provided funding over a 2-year period to address critical gaps in knowledge about protective factors and interventions that promote positive health outcomes, and improve academic and social outcomes among LGBT youth. ARCUS-funded work progressed rapidly during the second year of funding to include acceptance by a journal of a manuscript on individual protective factors for LGB youth; presentation of a number of papers at the 2015 National HIV Prevention Conference; completion of a paper on protective factors for transgender and gender variant youth; completing coding and analysis of relationship-level protective factors for LGB youth; designing and developing Institutional Review Board (IRB) and Office of Management and Budget (OMB) human subjects research packages for a pilot qualitative study on protective factors for transgender teens in Atlanta; and initiating and leading a highly successful Twitter chat on protective factors for LGBT teens in October.

**National Minority AIDS Initiative—Understanding Adolescent Sexual Minority Males:** A new National Minority AIDS Initiative (MAI) project was funded to look at the health of adolescent sexual minority males. This project will increase understanding of the unique individual, interpersonal, and social characteristics of this population to provide appropriate context to HIV prevention efforts and the preferences and behaviors of adolescent sexual minority males, and especially those of color, to inform acceptability and adherence to promising HIV prevention strategies. The project will also translate these findings into HIV prevention tools and guidance for preventing HIV among this population that are nationally scalable. This project consists of a survey of adolescent sexual minority males aged 13-18 years and development of translational tools to characterize 1) effective methods of, and venues for, recruitment in research and HIV prevention activities; 2) fundamental aspects of sexual identity, behavior, and protective factors that distinguish this population; 3) acceptability of HIV prevention strategies (e.g., pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP], testing, sex education, access to services); and 4) correlates of racial and ethnic disparities.

**Bullying:** The release of a DASH-authored paper in the *Journal of Adolescence* on the association between bullying and missing school added to the growing portfolio of resources about this important topic. The paper represented a couple of firsts—the paper was the first to relate bullying to an academic (rather than health) outcome, and the first paper for which DASH simultaneously released a plain language fact sheet to expand the reach of this information to a broader audience. Bullying remains a serious problem among U.S. teens.

Although associations between bullying and health risk behaviors are well documented, research on bullying and education-related outcomes, such as school attendance, is limited. CDC researchers used the 2013 national Youth Risk Behavior Survey (YRBS) results to examine associations between bullying victimization and students missing school because of safety concerns. Given increasing attention to electronic bullying, this study considered in-person bullying at school, electronic bullying, and the co-occurrence of both types of bullying. An infobrief, which accompanied the release of the paper, emphasizes connections between bullying and absenteeism, and relays the steps education agencies can take to prevent bullying.

## Program Evaluation

**Adaptation of a Social Marketing Campaign for HIV/STD Prevention in High School Settings:** In 2013, DASH received a 2-year award through the National Minority AIDS Initiative (MAI) to adapt, implement, and evaluate the *Get Yourself Tested* (GYT) social marketing campaign for use in high school and school-based health center (SBHC) settings that have a high percentage of black or Hispanic students. The principal goal is to improve HIV-related health outcomes for racial and ethnic minority communities that are disproportionately affected by HIV/AIDS and reduce HIV-related health disparities. Not only was the adaptation project successfully completed in 2015, it showed positive effects on testing in the intervention school. Based on the strong work in the first 2 years, DASH successfully competed for a third year of MAI funding to continue the project by focusing on dissemination of GYT for high schools across the country.

**1308 Program Evaluation—Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance:** DASH evaluation activities are central to the ability to provide rapid feedback to awardees and to document the successes and challenges of the division’s approach to HIV/STD prevention. At the midpoint of the cooperative agreement, evaluation activities are running at full speed and are already bearing important results for action. For example,

- Program evaluation data were collected from

100% of the funded partners at two time points during 2015 and reported back to program consultants and awardees at regular 6-month intervals.

- The first annual report was prepared and made available to DASH leadership.
- A previously unidentified need for priority site-level reports was identified, and these reports were created and delivered to the awardees.
- An appendix to the 2014 Professional Development Evaluation Toolkit was developed and released (Appendix A: Sample Evaluation of a Safe and Supportive Environments [SSE] Multi-session Train-the-Trainer Event for Priority District Program Leads). This appendix provides an example of how a multi-session training event incorporating Web-based delivery can be evaluated using the pre/post/delayed-post follow-up design.
- A webinar for grantees was provided on June 4th—Lessons Learned: Improving Data Collection and Review for DASH 1308 Funded Partners.
- A second training (focused on using the priority-site reports to improve program delivery) was conducted in person at the DASH partners meeting following the NHPC.

**Applied Evaluation:** Significant work on existing applied evaluations continues, and planning is under way to select the next applied evaluation. Existing applied evaluation accomplishments in Broward County, Florida, include developing a descriptive local education agency (LEA) report for the county; drafting a school-level report for the county that de-identifies student responses; and developing additional descriptive manuscripts for peer review. In a second applied evaluation in Fort Worth, Texas, the evaluation focuses on professional development for exemplary sexual health education. The Fort Worth applied evaluation of a major sexual health education overhaul has already yielded important information for that program and will be able to provide key successes and challenges for similar cities undergoing the same transformation.



## Developing a Research Agenda

During the course of the year, DASH completed a process to strategically map out a research agenda to inform key research and evaluation projects for a 5-year period. The systematic process took into consideration research gaps, partner needs, and division priorities in order to identify a set of research priorities. What resulted was a research agenda, which included a roadmap for key research activities and priorities in DASH over the next 5 years (2016-2020). It includes all types of research—evaluation, secondary data analysis, and more rigorous research designs (such as randomized controlled trials). The research agenda allows DASH to prioritize existing research activities and make strategic and informed selections about new research projects.

## Policy Research and Guidance

DASH focuses on a variety of activities to increase CDC's use of policy to improve teen health and education, support quality policy activities, address cross-cutting issues, and leverage the agency's influence. During 2015, DASH identified high-value prevention, education, public health, and healthcare policies and interventions to catalyze collaboration among public health and education sectors, which resulted in the following:

- Developed a policy brief outlining the Centers for Medicare & Medicaid Services (CMS) clarification, the Free Care Rule, and how the ruling affects a school's ability to be reimbursed for Medicaid-eligible services. This effort was a part of the inaugural CDC Office of the Associate Director for Policy (OADP)

Policy Academy in coordination with CMS. In 2014, the federal government reversed a long-standing policy that impeded the ability of school districts to get reimbursed for the school health services they provide to students (called the "Free Care Rule").

- Hosted a roundtable session at the 2015 National HIV Prevention Conference highlighting the methodology and programmatic utility of the division's 50-state policy analysis of laws and regulations related to sexual health education. This session provided attendees with practical information on how to understand and utilize laws in their state to improve the delivery and impact of sexual health education.
- Compiled and analyzed state statutes and regulations related to safe and supportive environments and shared them with funded partners. This information, including policies related to sexual health education, was used to provide technical assistance on how to leverage these laws, identify gaps in implementation, and improve curriculum development to enhance the health impact of student health.
- Created an info brief, in collaboration with the National Center for Chronic Disease Prevention and Health Promotion, highlighting key elements of the Every Student Succeeds Act (ESSA) of 2015 and how it impacts the work of the division. The ESSA, which governs U.S. K-12 public education policy, takes full effect in the 2017-2018 school year.



## CASE STUDY: Addressing the HIV and Hepatitis C Outbreak in Indiana

CDC responded to a request for assistance in responding to an HIV outbreak. In March 2015, Indiana declared an HIV-related public health emergency in Scott County, a rural county in southeast Indiana, in response to a large outbreak of HIV and Hepatitis C infections among persons who inject drugs. The Indiana State Department of Health began the investigation in January 2015, after Indiana disease intervention specialists reported 11 confirmed HIV cases traced to Scott County, where fewer than 5 infections per year had been identified previously. The majority of cases were in residents of the same community and were linked to syringe-sharing partners injecting the prescription opioid oxycodone, a powerful oral semisynthetic opioid analgesic.

CDC's NCHHSTP assisted the state by providing more than 90 staff members to investigate and respond in order to rapidly control the outbreak. NCHHSTP also operated an Emergency Operations Center in Atlanta for 4 months to provide communications and logistical support to the response effort. Staff from the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration also partnered with CDC on the response.

During the outbreak, DASH provided direct assistance to the CDC response by

- Conducting a special Youth Risk Behavior Survey (YRBS) in Austin High School and Scottsburg High School to assess behaviors related to the very serious HIV and Hepatitis C outbreak in those communities. Because of the urgent nature of the request, the Austin High School survey was conducted and data analysis was completed in just 3 weeks after the original request for the survey. The results were reported back to the school and state health department officials.
- Assessing the major health needs among students and interest of the schools to prioritize student health behavior outcomes and improve existing health education programs.
- Identifying health priorities and recommending an appropriate curriculum (*HealthSmart*) for school districts in the affected communities to use to address student health education needs.
- Designing teacher skills training and curriculum, providing training sessions with a national expert, and offering instruction on how to tailor, use, and instruct students using the selected curriculum (*HealthSmart*).

The outbreak in Indiana is symptomatic of a growing epidemic of prescription drug abuse in areas of the United States. While current data show that trends in substance use among teens have decreased or remained stable over the past decades, the current prevalence of using alcohol, marijuana, prescription drugs for nonprescribed purposes, and other drugs remains high. Thus, DASH is exploring initiatives to learn more about substance use prevention as it pertains to HIV and STD risk among young people.





# A Strategic Vision for the Future: Building on 2015 Accomplishments

During 2015, DASH undertook a major project to update its strategic plan, the elements of which are described throughout this report. The vision, mission, and the core business functions described previously were all articulated during the strategic planning process. DASH also identified its overarching goal for the next 5 years: maximize opportunities for primary prevention of HIV, STDs, and teen pregnancy.

DASH also identified four strategic imperatives to help reach that goal. DASH has already made some important accomplishments in these areas, and has identified critical steps it can take to accelerate progress.

First, DASH must take sexual health education to scale nationally to assure teens have access to information and skills development. Data from the School Health Policy and Practices Survey 2014 and the School Health Profiles 2014 demonstrate that sexual health education is not well implemented in the United States. In fewer than half of all 50 states do the majority of high schools teach all of the topics identified as critical foundations for sexual health. Middle schools are doing even less. However, sexual health education has been shown to delay sexual initiation and, among teens who are sexually active, to reduce sexual risk-taking (such as not using condoms or other contraception, or having multiple sex partners). Increasing the proportion of schools

that offer sexual health education is an important step in maximizing one aspect of primary prevention of HIV and STDs: assuring that young people have the knowledge and skills they need to be sexually healthy.

In 2015, DASH had numerous accomplishments that consolidate the evidence and the technical package to make the idea of broader implementation of sex education a reality. For example, DASH

- Created an educational video about the importance of high-quality sex education with renowned health educator, Dr. Susan K. Telljohann.
- Solidified relationships with federal agencies and national NGOs who work in sex education policy to help create convincing arguments for including health education as part of a well-rounded education within the new Every Student Succeeds Act of 2015 (the Federal education authorization law).
- Summarized the evidence for quality sex education.
- Completed *HECAT: A Guide for Teacher Preparation Programs in Institutes of Higher Education*.
- Developed a guide for understanding and creating a scope and sequence for sex education.





Looking ahead, DASH will continue to build the evidence and tools needed to make the case for sex education. DASH will complete a 50-state landscape of sex education policies, conduct a meta-analysis of national polls to bolster messages about what parents want from school-based sex education, and put all of its tools into a clear technical package that can be used by state and local education agencies whether or not they receive funding from DASH. While DASH does this, it will also engage national and state partners to identify ways to take at least one state “to scale”—in other words, increasing the implementation of sex education widely throughout the state—in order to learn what is required to make sex education broadly available.

Second, DASH must address confidentiality protections for teens to increase their use of sexual health services. Clinical and public health organizations have recommended specific clinical preventive sexual and reproductive health services for teens, but recent data have shown that these services are not frequently used by teens. One of the most commonly cited reasons for failing to seek sexual and reproductive health services is a fear of a lack of confidentiality. Identifying and addressing the key confidentiality concerns of teens will assist in maximizing another avenue for the primary prevention of HIV and STDs: increasing the availability of sexual health services for teens and, ultimately, their use of those services.

In 2015, DASH made important progress in this area through the development of tools that help teens access health services, especially through school-based approaches. For example, DASH

- Successfully adapted the *Get Yourself Tested* (GYT) campaign—originally developed for college campuses—for use on high school campuses. *Get Yourself Tested* is a locally customized campaign that encourages STD testing and helps students find accessible locations that are “teen friendly”—a set of characteristics that help assure confidential services are available to students. DASH is currently working to build tools for other schools to implement GYT.
- Finalized and implemented a referral guide for schools to help connect students to community-based health services.
- Secured resources to launch important studies regarding HIV testing among teens and PrEP use among teens.

Teens’ confidentiality or perceptions of confidentiality can be threatened by several factors—for example, parental consent requirements, confusion about Health Insurance Portability and Accountability Act (HIPPA) versus Family Educational Rights and Privacy Act (FERPA) privacy laws, insurance coverage, billing conventions, and even provider competency. Looking ahead, DASH will focus on defining the elements of a comprehensive technical package that addresses these various challenges, and then develop informational or procedural tools that can be used by schools, parents, teens, and healthcare providers to assure confidentiality. DASH will also continue to complete and generate new research to inform the development of tools as new preventive services become available.

Third, DASH must expand the evidence base regarding sexual and gender minority teen health in order to develop methods that decrease risk and increase protective factors. Sexual and gender minority teens are at increased risk of HIV, STDs, and unintended pregnancies among many other health threats. Behavioral risks are also greater among sexual minority teens, but there are no nationally representative data regarding behavioral risks among gender minority teens. Furthermore, recent systematic literature reviews reveal a dearth of evidence regarding risk and protective factors for sexual and gender minority teens. The lack of evidence regarding these factors also means that little evidence exists regarding the effectiveness of interventions to decrease risk and increase protective factors. In order to maximize primary prevention opportunities for these teens, DASH must expand the evidence base in all of these areas of study in order to eventually develop and evaluate interventions to promote health and prevent disease among sexual and gender minority teens.

In 2015, DASH had numerous accomplishments that have already begun to identify and expand the evidence base. For example, DASH

- Secured resources to conduct numerous systematic literature reviews that identified the dearth of evidence about protective factors for sexual and gender minority teens.
- Secured resources to conduct a study about the healthcare preferences of adolescent sexual minority males.
- Added two sexual minority questions to the 2015 YRBS core and national surveys.
- Published two key research articles about teen young men who have sex with men:
  - Communicating with school staff about sexual identity and safety: Experiences and preferences of teen young men who have sex with men. *LGBT Health*, 2(3), 258-264.
  - Communicating with school nurses about sexual orientation and sexual health: Perspectives of teen young men who have sex with men. *Journal of School Nursing*, 31(5), 334-344.

Looking ahead, DASH will start by clearly articulating the state of the science and research priorities for sexual and gender minority teen health. Using those priorities, DASH will begin to make the case for increased resources being devoted to this important research area with a future extramural research prevention program as the goal. While doing this, DASH will also

- continue to analyze school-based surveillance data;
- work to develop a reliable survey question regarding gender identity;
- complete a variety of ongoing modeling studies;
- collect and analyze data from three innovation sites doing specific work with young men of color who have same-sex partners;
- complete several systematic literature reviews regarding protective factors for sexual and gender minority teens;
- launch a qualitative study of protective factors for transgender youth; and
- continue research regarding healthcare preferences of adolescent sexual minority males.

Fourth, DASH must determine how best to integrate substance use prevention into HIV/STD prevention efforts for teens. While trends in substance use among teens have decreased or remained stable over the past 2 decades, the current prevalence of use of alcohol, marijuana, prescription drugs for nonprescribed purposes, and other drugs remains high. Substance use can increase the likelihood of risky sexual behavior, and some substance use can serve as a gateway to eventual injecting, which carries its own risk for infections such as HIV, Hepatitis B virus (HBV), or Hepatitis C virus (HCV). Limited data also demonstrate that sexual minority teens might be as much as five to seven times more likely to inject drugs than their heterosexual peers. To date, DASH has not directly addressed substance use. However, recent outbreaks of HIV and HCV infections among injecting drug users, the national increase in opiate addiction, and the move toward legalization of marijuana have highlighted the issue

as an important area for primary prevention of HIV and STDs, especially at the intersection of substance use and sexual risk-taking.

In 2015, DASH received funding—secured from the CDC Foundation through a significant grant from the Conrad N. Hilton Foundation—to launch a pilot study that will allow us to test an operational framework for schools as applied to substance use prevention. DASH also began building important partnerships with organizations and agencies in the field of substance use to assist exploration of this topic. And, DASH published two studies examining drug use among teens—one that examined state trends in injecting drug use and a second exploring national data that showed a relationship between nonmedical use of prescription drugs and sexual risk-taking behaviors.

Looking ahead, DASH will increase the availability of tools that incorporate substance use prevention into existing HIV/STD prevention efforts. In particular, DASH will focus on two of its core strengths: surveillance and health education. DASH will collect, analyze, report, and communicate about its surveillance data pertaining to teen substance use and school-based prevention efforts. DASH will also promote the framework for school-based health education about substance use established in the HECAT. This promotion can take many forms, including developing additional tools from the HECAT and identifying opportunities for policy and programmatic support of health education.



## VI. Conclusion

DASH's primary programmatic function is directed toward HIV and STD prevention among youth. DASH also serves as a platform for the public health community to work with schools so that they can serve as a venue for health promotion and disease prevention. Each function enables DASH to work toward achieving its mission and accelerate progress toward its vision for 2020—*Healthy Teens. Successful Futures.*

While the road to ensuring healthy teens is not without challenges, particularly in an ever-changing environment, DASH remains committed to working with state and local education and health agencies, national organizations, parents, and teens to assure that a continuum of support is available to meet the healthy sexual development needs of all teens.

These needs include functional knowledge and skills development; an understanding of the healthcare system to meet sexual healthcare needs; and safe and supportive environments in which to learn, grow, and develop. Innovative approaches to challenges and resource maximization are critical to protecting the nation's youth from HIV and STDs.

The work of the division remains a steady foundation on which to build future efforts and successes. As such, this report reflects the hard work accomplished and the lessons learned in 2015. These and other accomplishments have resulted in important gains toward maximizing the opportunities for primary prevention of HIV, STDs, and pregnancy among young people.



**DASH's work: A steady foundation on which to build future efforts and successes**

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# Fiscal Year 2015 and Fiscal Year 2016 DASH Budget Information

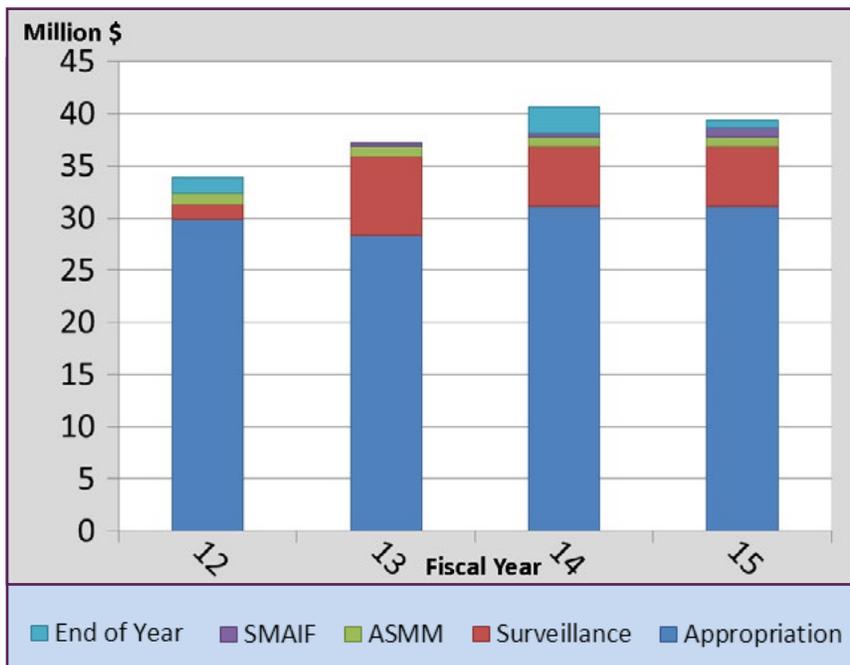
DASH provides funding to state and local education agencies to help schools implement effective HIV, STD, and pregnancy prevention programs that are based on the best available science. DASH also funds a network of national nongovernmental organizations to provide guidance and support for sexual health efforts in education agencies and other organizations serving youth.

In FY 2015, DASH supported adolescent and school health efforts with approximately \$31.2 million in appropriations—an amount reflecting no change from FY 2014. (See figure 1.) However, DASH received notification that the Office of Management and Budget (OMB) included a 33% increase for CDC’s DASH in the FY 2016 President’s Budget.

Having OMB acknowledge the essential work the division is doing and the need for additional resources was very important. Ultimately, Congress provided a small increase (\$2 million) to DASH’s FY 2016 budget, which was intended to increase evaluation activities. This reflects a commitment to support proven national programs that prevent and reduce HIV, STDs, and unplanned pregnancy among teens.

Given current funding levels, DASH will continue efforts to maximize the impact of every dollar received. The division will invest in key programs and maintain priority activities, while identifying strategic reductions that will allow the division to advance its mission in the most cost-effective way.

Figure 1. DASH Budget FY 2012 - 2015



**KEY**

- EOY:** End-of-Year Funds
- SMAIF:** Secretary’s (HHS) Minority AIDS Initiative Fund
- ASMM:** Funding from CDC’s Division of HIV/AIDS Prevention (DHAP) to support efforts to prevent HIV infection among Adolescent Sexual Minority Males
- Surveillance:** Funds coming into DASH from other CDC divisions to help support school-based surveillance
- Appropriation:** Annual appropriation level before administrative taps. FY14 and FY15 include Working Capital Fund (to support business services) amounts not included in prior fiscal years. Working Capital Fund amounts are not included in DASH’s actual spending level.

**Note:** Since FY 2012, Division of Adolescent and School Health (DASH) funding has decreased by more than 27%, down to \$31.2 million in FY 2014. Historically, DASH was funded at levels that supported nationwide activities with programs in all 50 states. Since the dramatic loss of funding in FY 2012, however, DASH has reduced its school-based prevention program reach to just 19 state education agencies and 17 local education agencies, representing 65% of the most vulnerable secondary school students in the United States.

The stacked bar graph shows DASH's budget from fiscal year 2012 through fiscal year 2015, ranging from \$0 to \$45 million dollars. There are five categories of funding: Appropriation, Surveillance, Adolescent Sexual Minority Male (ASMM) funding, Secretary's Minority AIDS Initiative Fund (SMAIF), and End-of-Year (EOY) funds.

In 2012: Appropriation funds were \$29.8 million; \$1.5 million was added from Surveillance; \$1 million from ASMM funding; and \$1.5 million from EOY funds—for a total budget of \$33.9 million.

In 2013: Appropriation funds were \$28.3 million; \$7.6 million was added from Surveillance; \$1 million from ASMM; and \$400,000 from SMAIF—for a total budget of \$37.2 million.

In 2014: Appropriation funds were \$31.2 million; \$5.7 million was added from Surveillance; \$900,000 from ASMM; \$400,000 from SMAIF; and \$2.5 million End-of-Year (EOY) funds—for a total budget of \$40.6 million.

In 2015: Appropriation funds were \$31.1 million; \$5.8 million was added from Surveillance; \$900,000 from ASMM; \$800,000 from SMAIF; and \$700,000 End-of-Year (EOY) funds—for a total budget of \$39.3 million.







Division of Adolescent and School Health  
National Center for HIV/AIDS, Viral Hepatitis,  
STD, and TB Prevention  
Centers for Disease Control and Prevention



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