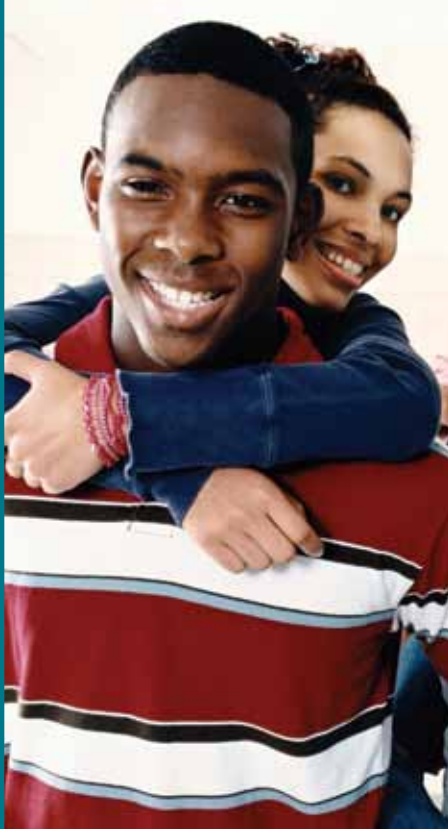


# Bringing High-Quality HIV and STD Prevention to Youth in Schools:

## CDC's Division of Adolescent and School Health



### Schools Play a Critical Role in HIV and STD Prevention

By the time young people graduate from high school, almost two thirds have had sex. Nearly 40 percent of sexually active students did not use a condom the last time they had sex, and one in five drank alcohol or took drugs before their last sexual intercourse. Such risky sexual behaviors can have serious health consequences:

- Approximately 18 percent of all new HIV diagnoses are among young people aged 13–24 years.\*
- Teens and young adults have the highest rates of sexually transmitted diseases (STDs) of any age group.
- Three in 10 young women become pregnant before they reach the age of 20.

Helping adolescents make healthy choices requires the involvement of families, communities, and many other sectors of society—and schools are an essential part of that effort:

- Schools have direct contact with more than 56 million students for at least 6 hours a day and for 13 critical years of their social, physical, and intellectual development.
- The school environment is a key setting in which students' behaviors and ideas are shaped.
- Just as schools are critical to preparing students academically and socially, they are also vital partners in helping young people take responsibility for their health and adopt health-enhancing attitudes and behaviors that can last a lifetime.

### HIV/STD Prevention Programs Can Reduce Risk Behaviors and Be Cost-Effective

Research shows that well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students. A review of 48 studies found that sexual health education programs resulted in a delay in first sexual intercourse, a decrease in the number of sex partners, and an increase in condom or contraceptive use. None increased the likelihood of having sex.

Effective school-based HIV/STD prevention programs tend to be those that are delivered by trained instructors; are age-appropriate; and include such components as skill-building lessons, support of healthy behaviors in school environments, and the involvement of parents, youth-serving organizations, and health organizations.

\* In 2008 in the 37 states with long-term, confidential name-based reporting.

Youth asset-development programs, which teach youth how to solve problems, communicate with others, and engage in healthy behaviors, have also been linked to long-term reductions in sexual risk behaviors.

School-based HIV prevention programs are also cost-effective. A study conducted by CDC found that for every dollar invested in an effective school-based HIV, STD, and pregnancy prevention program, \$2.65 in medical costs and lost productivity were saved.

## **DASH Promotes Effective HIV Prevention Through Schools**

CDC's Division of Adolescent and School Health (DASH) is a unique source of support for HIV prevention efforts in the nation's schools. DASH provides funding and technical assistance that enables state and local education agencies to deliver HIV prevention programs that are scientifically sound and grounded in the latest research on effectiveness. Many of the strategies implemented by schools to prevent HIV infection can also help young people avoid other STDs and unintended pregnancy.

**Bridge between public health and education.** State and local public health departments, which lead most HIV prevention efforts, cannot take advantage of schools as a setting for HIV prevention without the strong support of education agencies. School curricula, policies, and services are determined by state education agencies and school districts, not by health agencies. Therefore, for more than two decades, DASH has supported a nationwide network of HIV prevention leadership in state and local education agencies.

**Nationwide network of leaders in school-based HIV prevention.** DASH provides funding and technical assistance to HIV prevention programs in 49 states, the District of Columbia, 16 large urban school districts, 6 territories, and 1 tribal government. Program activities include—

- Implementing HIV prevention curricula that are medically accurate, are consistent with evidence of effectiveness, and teach critical skills such as how to access valid information about HIV and how to develop effective refusal and negotiation skills.
- Helping communities collect and analyze data on sexual risk behaviors of young people to ensure that programs are data driven and responsive to local needs.
- Providing state-of-the-art professional development to ensure that teachers have the knowledge and skills to effectively teach young people how to protect themselves from HIV infection.
- Ensuring safe and supportive school climates that increase student engagement with school, reduce discrimination, bullying, and isolation, and decrease the likelihood that students will engage in risky behaviors.
- Supporting the adoption and implementation of critical policies related to infection control procedures and confidentiality for students and staff with HIV infection.
- Establishing links to community-based health services that provide testing, counseling, and treatment for HIV and other STDs.

*Schools are vital partners in helping young people take responsibility for their health and adopt health-enhancing attitudes and behaviors that can last a lifetime.*



## National HIV/AIDS Strategy

A central tenet of the *National HIV/AIDS Strategy for the United States*, released by the White House in July 2010, is that all Americans should be educated about the threat of HIV and how to prevent it. The strategy emphasizes that “HIV awareness and education should be universally integrated into all educational environments” and that “educating young people about HIV before they begin engaging in risk behaviors that place them at risk for HIV infection should be a priority.”

Specifically, the strategy stresses the role of schools in providing current and accurate information that “is grounded in the benefits of abstinence and delaying or limiting sexual activity, while ensuring that youth who make the decision to be sexually active have the information they need to take steps to protect themselves.”

Because HIV cases in the United States are highly concentrated in specific populations and locations, DASH requires its funded programs to focus activities on reaching youth in groups and communities at high risk for HIV infection.

DASH-funded education agencies are required to collaborate closely with the public health departments in their jurisdictions. These partnerships lead to integrated efforts that maximize program effectiveness, increase efficiency, and reduce redundancy. DASH and its partners also facilitate the integration of HIV, STD, and pregnancy prevention efforts to transcend bureaucratic barriers and maximize impact.

In addition, DASH’s funded projects are held accountable for meeting targeted increases in the percentages of schools implementing policies and practices known to be effective in reducing sexual risk behaviors.

**National support.** DASH funds 13 national, nongovernmental organizations to support the HIV prevention efforts of education agencies and other agencies that serve youth in high-risk situations. For example—

- The National Association of County and City Health Officials (NACCHO) helps local health departments collaborate with school districts and schools on HIV prevention education. NACCHO coordinates with DASH and the National Coalition of STD Directors to improve HIV/STD prevention programs, policies, and services for school-aged youth through education and health agency partnerships.
- The American Psychological Association provides science-based workshops for school counselors, nurses, psychologists, and social workers on how to reach lesbian, gay, and bisexual youth with HIV prevention messages and other health information.
- To reach youth in educational settings outside of schools, the National Network for Youth trains staff at shelters for runaway and homeless youth to implement evidence-based HIV prevention programs, while ETR Associates does the same for staff in juvenile justice centers.



## DASH's Programs Are Data Driven and Evidence Based

**Data collection and analysis.** Through three unique surveillance systems, DASH and its funded states, cities, territories, and tribes provide the nation's most comprehensive data about the health risk behaviors of adolescents and the steps schools are taking to improve student health. These data sources are used by states, cities, and schools to identify trends in adolescents' sexual behaviors, set priorities for school and community interventions, and, ultimately, drive improvements in HIV prevention practices, programs, and policies.

- The *Youth Risk Behavior Surveillance System* ([www.cdc.gov/yrbs](http://www.cdc.gov/yrbs)) is a system of national, state, and large urban school district surveys of representative samples of high school students. Conducted every two years, these surveys monitor health risk behaviors among young people—including their sexual risk behaviors—so that health and education agencies can effectively target and improve programs.
- The *School Health Policies and Practices Study* ([www.cdc.gov/SHPPS](http://www.cdc.gov/SHPPS)) and *School Health Profiles* ([www.cdc.gov/schoolhealthprofiles](http://www.cdc.gov/schoolhealthprofiles)) are two surveys that enable DASH to monitor the extent to which different states and cities, and the nation as a whole, are implementing practices shown to be effective at preventing sexual risk behaviors.

**Research analysis and translation.** DASH scientists analyze research on program effectiveness, develop guidelines for effective HIV prevention practices, and create tools to help schools implement these guidelines. For example, DASH's *Health Education Curriculum Analysis Tool* ([www.cdc.gov/healthyyouth/HECAT](http://www.cdc.gov/healthyyouth/HECAT)) integrates research findings and national health education standards to help school districts select or develop health education curricula that are most likely to reduce sexual risk behaviors among the youth they serve.

DASH supports rigorous evaluation research to expand knowledge about the types of programs and practices that can have a positive impact on youth sexual risk behaviors, including—

- *All About Youth*, a randomized, controlled trial testing two HIV/STD education programs for middle school students: one that emphasizes sexual abstinence until marriage, and one that emphasizes abstinence in conjunction with skill-building activities for condom and contraceptive use.
- *Linking Lives*, a program designed to build parents' skills to help them reduce sexual health risks among their middle school children.

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### For More Information

For more information about DASH and its programs, surveillance, and research, please contact:

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