

In 2016, DASH released its prior strategic plan, *CDC Division of Adolescent and School Health: Strategic Plan for Fiscal Years 2016–2020*. To date, we have achieved much success in addressing key priorities and maximizing opportunities for primary prevention. The following results from the previous plan laid the groundwork for the development of the 2020-2025 plan.



STRATEGIC IMPERATIVE 1:
Take Sexual Health Education to Scale Nationally to Assure Teens Have Access to Information and Skills Development

OBJECTIVE: Increase the proportion of schools that offer sexual health education

50: Number of states (plus District of Columbia) whose laws and regulations related to health education specific to school-based sexual health, HIV prevention, and STD prevention education were analyzed by DASH.

Supported student health through the Elementary and Secondary Schools Act (ESSA) implementation among DASH-funded sites.

7: research papers published that demonstrate the case for sexual health education.

Updated resources and tools to improve competencies for delivery of school-based sexual health education.

KEY PERFORMANCE INDICATORS

- ✓ **8.3%:** Increase (from 40.2% to 48.5%) in the median percent of high schools that taught 12 key HIV, STD, and unintended pregnancy prevention topics (grades 9-12).
- ✓ **18.5%:** Increase (from 24.4% to 42.9%) in the median percent of secondary schools that provide curricula/ supplemental materials related to LGBTQ youth.
- ✓ **9.6%:** Increase (from 70% to 79.6%) in the percent of 9th grade students nationwide who have never had sexual intercourse.
- ✓ **88%:** Percent of middle schools implementing quality Sexual Health Education.
- ✓ **27%:** Increase (from 61% to 88%) in implementation of Quality Sexual Health Education in middle schools.
- ✓ **10%:** Increase (from 83% to 93%) in implementation of Quality Sexual Health Education in high schools.
- ✓ **3.6%:** Decrease (from 22.4% to 18.8%) in the percent of currently sexually active high school students nationwide who drank alcohol or used drugs before last sexual intercourse.



STRATEGIC IMPERATIVE 2:
Address Confidentiality Protections for Teens to Increase Their Use of Sexual Health Services

OBJECTIVE: Increase the availability of sexual health services for teens

Established new collaboration to address access to confidential and youth friendly health services.

Expanded new online resources and tools for state and local education agencies to implement sexual health services.

Informed the implementation of sexual health services through enhanced research translation and dissemination.

Conducted applied evaluation to assess sexual health services in schools (Duval study of the clinic-based STD screening program).

KEY PERFORMANCE INDICATORS

- ✓ **65,000:** Number of students referred to key youth friendly health services.
- ✓ **0.7%:** Increase (from 46.3% to 47%) in the median percent of schools that facilitated access to providers who have experience in providing health services to LGBTQ teens.



STRATEGIC IMPERATIVE 3:

Expand the Evidence Base Regarding Sexual and Gender Minority Teen Health to Develop Methods that Decrease Risk and Increase Protective Factors

OBJECTIVE: Articulate the state of the science and research priorities

2015: Year Youth Risk Behavior Survey (YRBS) expanded to include sexual minority youth questions, published in 2017 YRBS.

7: Number of analyses released that highlighted disparities among sexual minority youth.

January 2019: Date that DASH-published new gender identity data in the CDC Morbidity and Mortality Weekly Report (MMWR).

Conducted formative research to inform effective interventions for sexual minority youth.

17: Number of articles published related to protective factors and other sexual minority youth supports.

KEY PERFORMANCE INDICATORS

✓ **5.0%:** Decrease (from 34.1% to 29.1%) in the percent of sexual minority male high school students in major urban centers who had sexual intercourse during the past three months with three or more persons or who had sexual intercourse during the past three months and did not use a condom or ever injected any illegal drug.



STRATEGIC IMPERATIVE 4:

Integrate Substance Use Prevention into HIV/STD Prevention Efforts for Teens

OBJECTIVE: Increase the availability of tools that incorporate substance use prevention into HIV/STD prevention efforts

2015: Year funding was acquired through the CDC Foundation to implement Teens Linked to Care (TLC), an effort to assess the ability of rural communities to integrate substance use prevention and sexual risk prevention activities in school-based settings.

» Piloted and evaluated TLC in Austin, Indiana; Campbell County, Kentucky; and Portsmouth, Ohio.

2015, 2017: Years new substance use-related questions added to school-based surveys (State Profiles and YRBS) to reflect new and emerging issues, i.e., vaping, opioid use.

2016-2020: Years DASH broadened stakeholder and partner engagement (including key presentations on high-risk substance use at several key conferences and publishing numerous reports).

Key indicators were not available due to the exploratory nature of this strategic imperative.

