



# Healthy Teens. Successful Futures.

## Maximizing Opportunities for Primary Prevention of HIV and STDs

### An Overview of the Division of Adolescent and School Health Strategic Plan, 2016 – 2020

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



# DASH Strategic Plan Components

## INTRODUCTION

- Describes DASH's history, adolescent health, schools as a venue for health promotion and disease prevention

## STRATEGIC FRAMEWORK

- **Mission, Values, Strengths** - Describes our core purpose, functions and identity
- **The DASH Approach**
  - ❑ Describes our organization of HIV/STD prevention activities
  - ❑ Our role as a “platform” for conducting public health functions with and through schools
  - ❑ Our work to maintain organizational excellence

## STRATEGIC PLAN

- **Vision** - Describes what DASH hopes to achieve by 2020
- **Goals** - Describes our alignment with Center goals
- **Core Business** - Describes our priorities for maintaining and improving core activities in all three approach areas
- **Strategic Imperatives** - Describes our priorities to accelerate our work in primary prevention of HIV/STDs
  - ❑ **Objectives** - Describes specific outcomes we aim to achieve for each strategic imperative
  - ❑ **Indicators** - Provides the specific measures and targets for each outcome objective
  - ❑ **Strategies** - Describes how we will achieve the objectives
  - ❑ **Actions** - Describes specific projects, programs and tasks within the strategies

# DASH Mission

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

## Our strengths:

1. We base our work on timely science, rigorous evaluation, and ongoing disease, risk factor, and policy surveillance
2. We emphasize high-impact prevention that focuses resources and effort on the most effective activities where they will have the greatest impact
3. We collaborate effectively to improve multiple health outcomes
4. We effectively occupy a unique niche that connects the education and health sectors through our surveillance, research and programmatic work

# DASH Approach

- HIV/STD Prevention

Technical Areas		Populations at Risk
<ul style="list-style-type: none"><li>• Sexual health education</li><li>• Sexual health services</li><li>• Safe and supportive environments</li><li>• Policy analysis</li><li>• Health messaging</li><li>• Research, evaluation, and analysis</li></ul>	<p><b>Variously combined to meet the needs of...</b></p>	<ul style="list-style-type: none"><li>• All Teens</li><li>• Sexually Active Teens</li><li>• Sexual and Gender Minority Teens</li></ul>

# DASH Approach

- Platform for School-Based Work
  - Expertise regarding the U.S. educational system
  - Expertise in school health education
  - Expertise in school-based surveillance systems



# DASH Approach

- Organizational Excellence
  - ❑ Internal transparency and communication
  - ❑ Workforce planning
  - ❑ Priorities management
  - ❑ Collaboration
  - ❑ Clear messaging, branding and marketing



# **Vision: HEALTHY TEENS. SUCCESSFUL FUTURES.**

By 2020 we will increase the likelihood that the majority of teens in the U.S. will have the knowledge, skills, and resources to avoid becoming pregnant or infected with HIV or STDs

## **DASH Goals as Aligned to NCHHSTP Center-wide Goals:**

1. Decrease incidence and prevalence of HIV and STDs
2. Decrease morbidity and mortality from HIV and STDs
3. Reduce disparities in health outcomes and risk behaviors

## **Overall DASH Goal:**

Maximize the opportunities for primary prevention of HIV/STD and pregnancy among teens



# Core Business: Priority Actions for 2016

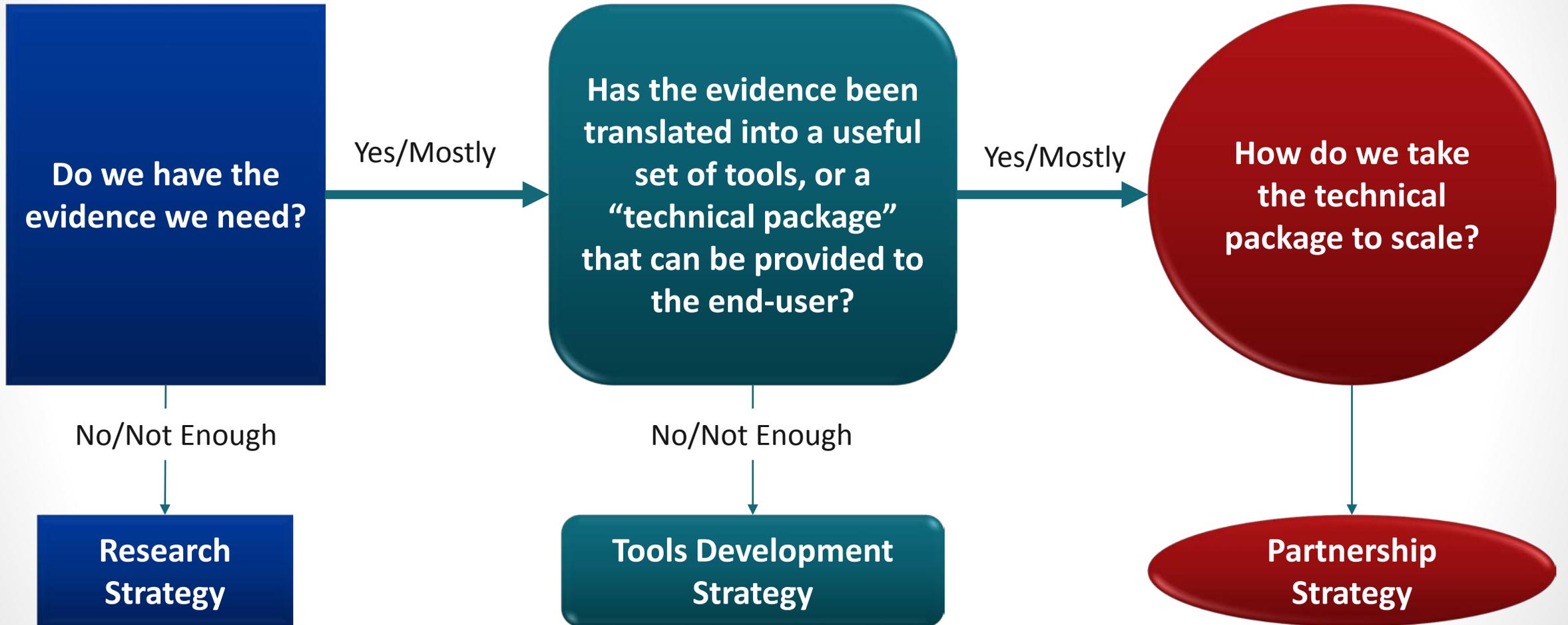
<b>DASH Organizational Excellence</b>	<ul style="list-style-type: none"> <li>• Track and respond to employee satisfaction survey results</li> <li>• Workforce and succession planning</li> <li>• Develop criteria for and mechanisms to promote relevant partner-developed tools</li> </ul>
<b>DASH Visibility</b>	<ul style="list-style-type: none"> <li>• Align and prioritize conference exhibits and presentations to strategic imperatives</li> <li>• Complete and rollout DASH Messaging Implementation Guide for staff</li> </ul>
<b>DASH Strategy</b>	<ul style="list-style-type: none"> <li>• Nurture partnerships that will best support our strategic imperatives</li> <li>• Initiate development of a framework for the next DASH funding program that aligns to our strategic imperatives</li> <li>• Launch a new FOA with key partner organizations</li> <li>• Develop proposals and marketing tools for CDC Foundation support</li> </ul>
<b>DASH Funding Program Management</b>	<ul style="list-style-type: none"> <li>• Monitor grantee performance and provide technical assistance</li> <li>• Conduct comprehensive program evaluation</li> <li>• Gather grantee successes/challenges and strategies that can be used to shape activities within our strategic imperatives</li> </ul>
<b>DASH Surveillance System Management</b>	<ul style="list-style-type: none"> <li>• Release YRBS surveillance summary</li> <li>• Release YRBS sexual minority surveillance summary</li> </ul>



# Strategic Imperatives

1. Take sexual health education to scale nationally to assure teens have access to information and skills development
2. Address confidentiality protections for teens to increase their use of sexual health services
3. Expand the evidence base regarding sexual and gender minority (SGM) teen health to develop methods that decrease risk and increase protective factors
4. Integrate substance use prevention into HIV/STD prevention efforts for teens

# Making Each Strategic Imperative Actionable



# Take Sex Ed to Scale

- Evidence of effectiveness
  - ❑ Multiple systematic reviews (Community Guide, Kirby, etc.)
  - ❑ Outcomes include behavior change and health effects
- Availability of technical tools
  - ❑ National Health Education Standards
  - ❑ Health Education Curriculum Assessment Tool (HECAT)
  - ❑ HECAT Institutes of Higher Education Guide
  - ❑ Scope and Sequence for Sexual Health Education
  - ❑ Professional Development Evaluation Toolkit
- **Current implementation is low**
  - ❑ Median percent of middle schools (grades 6–8) that taught 8 key HIV, STD and pregnancy prevention topics: 34.6%
  - ❑ Median percent of high schools (grades 9–12) that taught 12 key HIV, STD and pregnancy prevention topics: 40.2%



# Take Sex Ed to Scale

Objective	Indicators	Source	Baseline	2020 Target*
Increase the proportion of schools that offer sexual health education	Increase the median percent of middle schools that taught 8 key HIV, STD and pregnancy prevention topics (grades 6-8)	Profiles	34.6% (2014)	38.0%
	Increase the median percent of high schools that taught 12 key HIV, STD and pregnancy prevention topics (grades 9-12)	Profiles	40.2% (2014)	44.2%
	Increase the median percent of secondary schools that provided curricula/supplementary materials related to LGBTQ youth	Profiles	24.4% (2014)	26.8%
	Increase the percent of 9 <sup>th</sup> grade students nationwide who have never had sexual intercourse ( <b>Budget performance measure; QPR indicator; NCHHSTP indicator</b> )	YRBS	70.0% (2013)	77.0%
	Increase the percent of currently sexually active high school students nationwide who used a condom during last sexual intercourse ( <b>Budget performance measure; QPR indicator; NCHHSTP indicator</b> )	YRBS	59.1% (2013)	62.0%**
	Decrease the percent of currently sexually active high school students nationwide who drank alcohol or used drugs before last sexual intercourse	YRBS	22.4% (2013)	20.2%

\*Method for calculating the target - 10% (or 5%) change calculated by taking 10% (or 5%) of the baseline and adding it to or subtracting it from the baseline.

\*\*Represents a 5% change (all others are 10%).

# Take Sex Ed to Scale



2016 Primary Strategy	
Pilot a partnership engagement strategy in one high potential awardee state – take that state to scale	Analyze 6 awardee states with both state and direct city funding to identify the optimal candidate
	Engage national and state partner organizations to craft and implement a strategy for that state
	Document the strategy and determine next steps
2016 Prerequisite Activities	
Understand and communicate the sex ed policy landscape	Complete the sex ed policy database
	Develop a policy landscape report for all 50 states
	Initiate analyses to characterize state laws that are associated with improved school practices
Be prepared to counter anti-sex ed arguments	“Parents don’t want sex ed” – meta-analysis of existing polls regarding attitudes about sex ed
	“Sex ed doesn’t work” – summarize evidence into key messages
	“Middle school is too early” – summarize age of sexual initiation data into key messages
Provide a generic technical package for state and local education agencies	Identify relevant existing tools and any required adaptations
	Establish a co-branding protocol for partner-developed tools
	Identify additional tools needed

# Address Confidentiality Protections

- Evidence of effectiveness
  - ❑ U.S. Preventive Services Task Force (USPSTF) and American Academy of Pediatrics (AAP) guidelines regarding clinical preventive sexual health services for teens
  - ❑ Healthcare Effectiveness Data and Information Set (HEDIS) and other data regarding low rates of use of these services and teens' concerns regarding confidentiality
- Availability of technical tools
  - ❑ Referral System toolkit
  - ❑ Adapted GYT and TMUS tools
  - ❑ **Lack of tools for schools to address confidentiality issues when providing or referring students for care**

# Address Confidentiality Protections

Objective	Indicators	Source	Baseline	2020 Target*
Increase the availability of sexual health services for teens	Increase the median percent of schools that facilitated access to providers who have experience in providing health services to LGBTQ teens	Profiles	46.3% (2014)	50.9%
	Increase the median percent of schools that provide students with referrals to any organizations or health care professionals not on school property for STD testing	Profiles	46.5% (2014)	51.2%
	Increase the median percent of schools that provided students with referrals to any organizations or health care professionals not on school property for 7 sexual/reproductive health services	Profiles	32.4% (2014)	35.6%
	Increase the median percent of schools that provide referrals for sexual/reproductive health services for which parental consent or notification is not required	Profiles	Pending (2016)	TBD
	Increase the percentage of sexually experienced high school students nationwide who have been tested for HIV ( <b>QPR indicator</b> )	YRBS	22.4% (2013)	23.5%**

\*Method for calculating the target - 10% (or 5%) change calculated by taking 10% (or 5%) of the baseline and adding it to or subtracting it from the baseline.

\*\*Represents a 5% change (all others are 10%).

# Address Confidentiality Protections

2016 Primary Strategy	
Develop a generic technical package of strategies and resources for state and local education agencies that addresses challenges to confidentiality in access and use of sexual health services	Engage internal and external partners in a process to identify needed resources
	Expand and adapt current grantee guidance regarding sexual health services
	Identify and develop tools based on existing research and evaluation findings
2016 Ongoing Research Activities that are Prerequisites for Additional Tools Development	
Conduct research and research synthesis activities to inform future resource development	Analyze and publish from National Survey of Family Growth (NSFG)
	Analyze and publish from YRBS and SHPPS
Research and evaluate sexual health services access and use related to research agenda, that are related to issues of confidentiality	Conduct systematic literature reviews
	Conduct applied evaluations
	Conduct miscellaneous research activities

# Expand the Evidence Base Regarding SGM Teen Health

- Evidence
  - Some evidence for increased risk for HIV, STDs, and teen pregnancy
  - Risk and protective factors not clearly established
    - Risk: dropout, homelessness, behavioral risks
    - Protective: individual, peer/family, organizational, societal
  - Interventions not developed or tested

# Expand the Evidence Base Regarding SGM Teen Health

- While building the evidence base, DASH will continue to support schools in creating safe and supportive environments for all students
- Educational best practices (for all students) include addressing:
  - ❑ Bullying/harassment
  - ❑ Parent engagement
  - ❑ School connectedness
- DASH will monitor school progress on best practices as shown in the next slide

# Expand the Evidence Base Regarding SGM Teen Health

Objective	Indicators	Source	Baseline	2020 Target*
Increase the proportion of schools that are addressing the unique needs of sexual and gender minority teens	Increase the median percent of schools that identify safe spaces for SGM teens	Profiles	61.4% (2014)	**
	Increase the median percent of schools that encourage staff to attend professional development on safe and supportive environments for all students	Profiles	59.0% (2014)	**
	Increase the median percent of schools that have a gay/straight alliance or similar club	Profiles	26.7% (2014)	**
	Decrease 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 ( <b>QPR indicator; NCHHSTP indicator; NHAS indicator</b> )	YRBS	34.1% (2013)	30.7%

\*Method for calculating the target - 10% change calculated by taking 10% of the baseline and adding it to or subtracting it from the baseline.

\*\*Until evidence is strengthened, monitor trends only.

# Expand the Evidence Base Regarding SGM Teen Health

## Research Strategy

### 2016 Primary Strategy

Articulate the state of the science and research priorities

Develop clear messages regarding the current state of the science regarding SGM teen health

Work with internal and external partners to identify the highest priority research questions

Begin developing a research funding strategy to initiate an extramural research program

### 2016 Ongoing Research Activities

YRBS: Complete and release the first national surveillance summary of YRBS data regarding sexual minority youth and conduct 7 planned analyses of sexual minority data; continue working with advocates and state/city YRBS coordinators to develop and test a valid/reliable survey question regarding gender identity

Modeling: Complete 5 planned papers currently underway with Harvard and Emory and continue ongoing work with modeling collaborators, including planning for additional studies as needed

Leverage the applied evaluation of 1308 innovation sites to identify future research questions and program planning by collecting and analyzing data from the 3 sites with planned evaluation reports each year

Formative Research: Complete ARCUS Foundation-funded work regarding SGM teen health; launch planned qualitative study of protective factors for transgender youth; continue Minority AIDS Initiative-funded research regarding health care preferences of adolescent sexual minority males

# Integrate Substance Use Prevention

- Evidence
  - ❑ Common among teens
  - ❑ Associated with risky sexual activity
  - ❑ More frequent among sexual minority teens
- Primary prevention opportunities have been difficult to identify



# Integrate Substance Use Prevention

Objective	Indicators	Source	Baseline	2020 Target
Increase the availability of tools that incorporate substance use prevention into HIV/STD prevention efforts	Increase the number of Profiles questions that address the intersection of sexual risk taking and substance use by teens	DASH Administrative Data	TBD	TBD
	Increase the number of YRBS and Profiles analyses that address the intersection of sexual risk taking and substance use by teens	DASH Administrative Data	TBD	TBD
	Increase the number of program sites that are addressing the intersection of sexual risk taking and substance use by teens	DASH Administrative Data	TBD	TBD

# Integrate substance use prevention

Exploratory  
Strategy

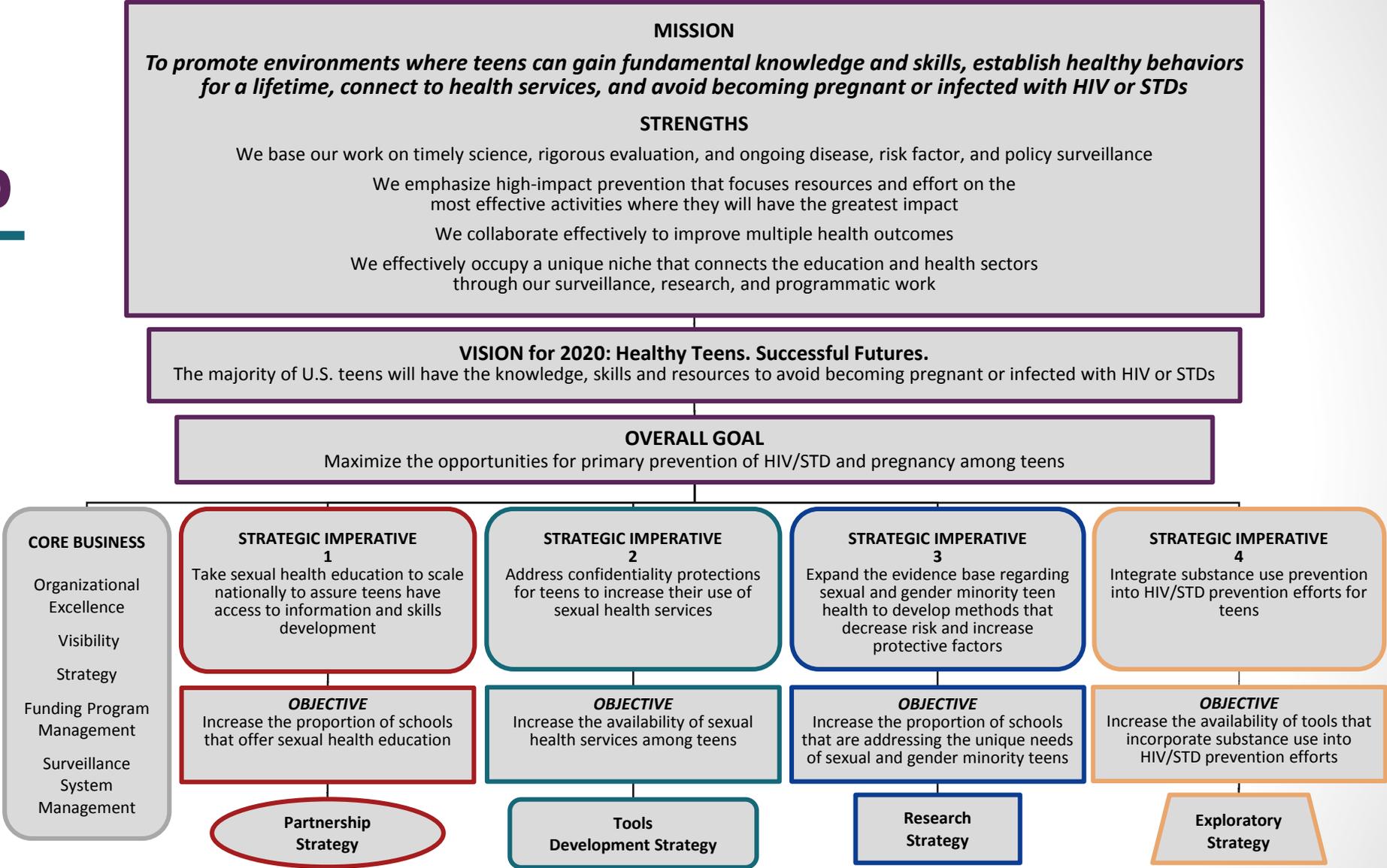
## 2016 Priority Strategy

Conduct a broad range of exploratory activities that inform the development of a justification for an increased budget to support the integration of substance use into DASH's HIV/STD prevention portfolio

## 2016 Ongoing and Planned Activities

Establish a pilot program to determine the utility of DASH's sexual health approach for substance use prevention	Finalize pilot program sites and activities
	Determine appropriate evaluation approach for pilot program
	Launch pilot
Determine YRBS, SHPPS and Profiles analytic priorities	Conduct analyses and provide reports on high priority variables from existing school-based surveillance systems
Determine changes required in existing school-based surveillance	Revise 2017 YRBS questionnaire as required and feasible
	Determine relevant SHPPS questions that should be included in Profiles
Build DASH's identity/role in this subject area	Identify current 1308 grantees work in this subject area
	Develop messages regarding DASH's surveillance, research, and programmatic role
Assess the scientific literature regarding primary prevention of substance use among teens	Initiate development of a logic model and systematic literature review protocol

# DASH Strategy Map





# Healthy Teens. Successful Futures.

Maximizing Opportunities for Primary Prevention of HIV and STDs

For more information:  
1-800-CDC-INFO (232-4636)  
[www.cdc.gov](http://www.cdc.gov)

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