

## CDC: Preventing HIV Infection, STDs, and Risky Behaviors in Youth

### Better Health for America's Adolescents

There are strong links between healthy behaviors and educational outcomes. Healthy students are better learners and academic achievement creates a lifetime of benefits for health. The 2015 Youth Risk Behavior Survey (YRBS) data reveal that health-risk behaviors such as early sexual initiation, violence, and substance use are consistently linked to poor grades and test scores and lower educational attainment.



The most recent CDC data shows youth aged 13 to 24 accounted for 22 percent of all new HIV diagnoses in the United States. CDC works to reduce new HIV infections by helping schools:

- a. Implement high quality health education programs
- b. Connect youth to school-based and youth-friendly community-based health services
- c. Provide supportive and safe school environments.

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Research shows that school health programs reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. Education and public health agencies have a shared interest in promoting student health, and collaborative efforts have the potential to make important strides in improving the health and academic achievement of youth. However, data from CDC's 2016 School Health Policies and Practices Survey (SHPPS) demonstrate the low levels at which schools implement those interventions known for reducing sexual health risk behaviors. For example, only half of districts specify time requirements for health education in middle schools, down from more than 65 percent in 2006.

### Protecting the Nation's Youth

CDC currently funds 35 education agencies reaching approximately 1.8 million American students. CDC funding supports schools to reduce risk factors among students by reducing sexual risk behaviors, substance use, and other associated risk factors (e.g., bullying and violence). Education agencies receiving CDC funding increase protective factors associated with infection of HIV and other STDs through strategies that engage parents with the school and help students feel more connected to adults and the school community.

Despite the national declines in schools implementing interventions known for reducing health risk behaviors, we see improvements among education agencies supported by CDC investments. Since CDC funding began in 2013, funded local agencies increased the proportion of schools that implemented quality sexual health education programs from 61 percent to 81 percent in middle schools and from 83 percent to 91 percent in high schools. Funded sites also improved health services and safe and supportive environments in schools. For instance, Duval County, FL, increased the number of school-based health centers and expanded health services for youth, such as HIV and other STD testing and treatment, reaching approximately 11,488 students. Sexual activity decreased by 15 percent since 2013 and the number of teens who have ever had sex has decreased from 46 percent in 2013 to 37 percent according to the 2015 Duval County, FL, YRBS data. Additionally, eleven large urban school districts implemented a safe schools badge program to develop and create safe spaces and resources for students, staff, and parents through teacher training and badge distribution to help students identify supportive teachers and staff.

CDC supports locally driven decision-making for schools across the country – through the Health Education Curriculum Analysis Tool (HECAT). School districts and schools use HECAT to analyze health education curricula and choose the programs that best suit the education needs of their students. In 2017, CDC received over 3,160 requests for copies of the HECAT, more than doubling the number of requests in 2016.

CDC maintains a network of national support to increase the number of schools that provide health programs and services to prevent HIV infection and reduce risky behaviors. For instance, the National Coalition of STD Directors and Cicatelli Associates Inc. collaborated with CDC to create the tool “Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies,” which guides schools through best practices to increase access both school- and community-based health services.

CDC is applying what works to emerging trends in risks to adolescent health – including strategies to combat substance use and sexual risk behaviors among teens. With support from the Hilton Foundation and the CDC Foundation, CDC is conducting a three-year demonstration project called Teens Linked to Care (TLC). The project assesses the ability of rural communities to integrate substance use prevention and sexual risk prevention program activities in school-based settings.

### Information for Action



CDC maintains the nation’s dashboard on adolescent health, through multiple national surveillance systems monitoring the health of adolescents, and health policies and practices of schools in the United States. This information helps schools determine the health risks of their students and target areas for improvement. The Youth Risk Behavior Survey (YRBS) monitors health risk behaviors that contribute to the leading causes of death, disability, and social problems. The School Health Policies and Practices Study (SHPPS) is a national survey to assess school health policies and practices at the state, district, school, and classroom levels.

The School Health Profiles (Profiles) survey assesses school health policies and practices in states, large urban school districts, and territories. Over the last 25 years, data from over 3.8 million high school students have shown how American adolescent behavior has changed over time: for example, the percentage of 9<sup>th</sup> graders who had ever had sex decreased from 34 percent in 2005 to 24 percent in 2015. However, these data also show that almost 14 percent of high school students engage in three or more risk behaviors (i.e., sexually active but no condom use, having 4 or more partners, substance use/abuse, dating violence, and/or suicide attempt).

In FY 2017, CDC worked with state and local education agencies to implement adolescent health surveillance throughout the United States. This work is invaluable for health and education agencies, allowing them to make the case for the programs and services they need to keep their students healthy. Recognizing the importance of making data-driven decisions, Boston Public Schools incorporates YRBS data into trainings for teachers, staff, and community partners. Education and health officials use SHPPS and Profiles data to identify needs and to plan and monitor health education programs. The District of Columbia Office of the State Superintendent of Education used Profiles data to inform the modification and revamping of their 2016 Health Education Standards.