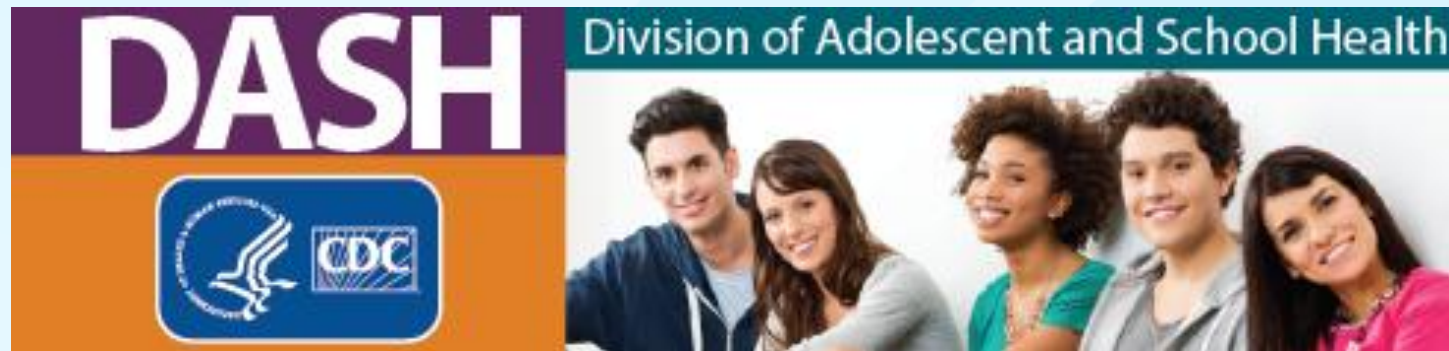


Division of Adolescent and School Health Overview and Priorities



Stephanie Zaza, MD, MPH
Director

Federal AIDS Policy Partnership Meeting
December 2014

Overview

- **DASH Organizational Update**
- **Adolescent Health**
- **School-based Approach**
- **Funding**
- **Program Progress and Reporting**
- **2015 Priorities**

Division of Adolescent and School Health

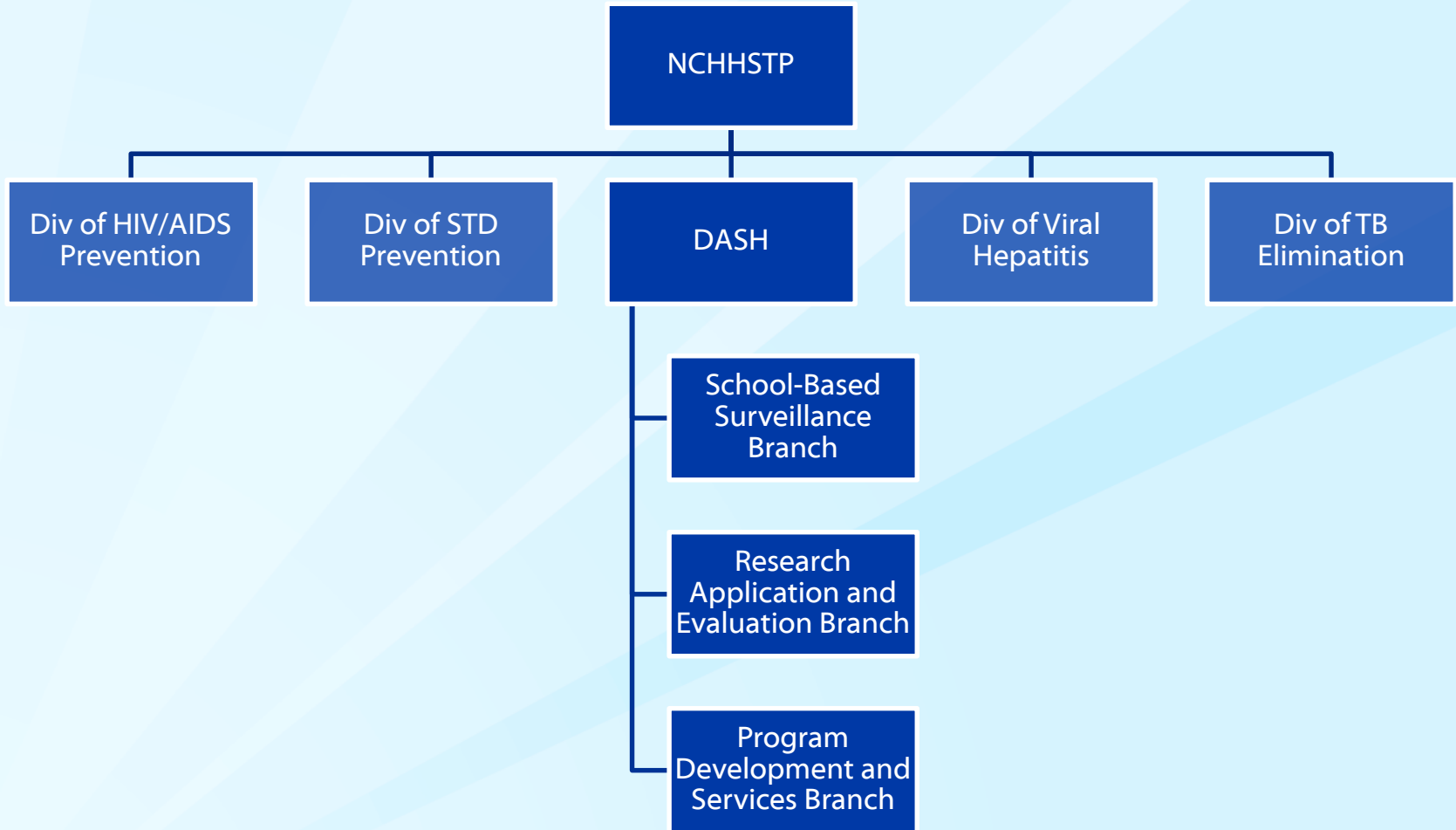
Healthy Teens Who Become Healthy Adults

DASH's 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 HIV, STD and pregnancy.

DASH Functions

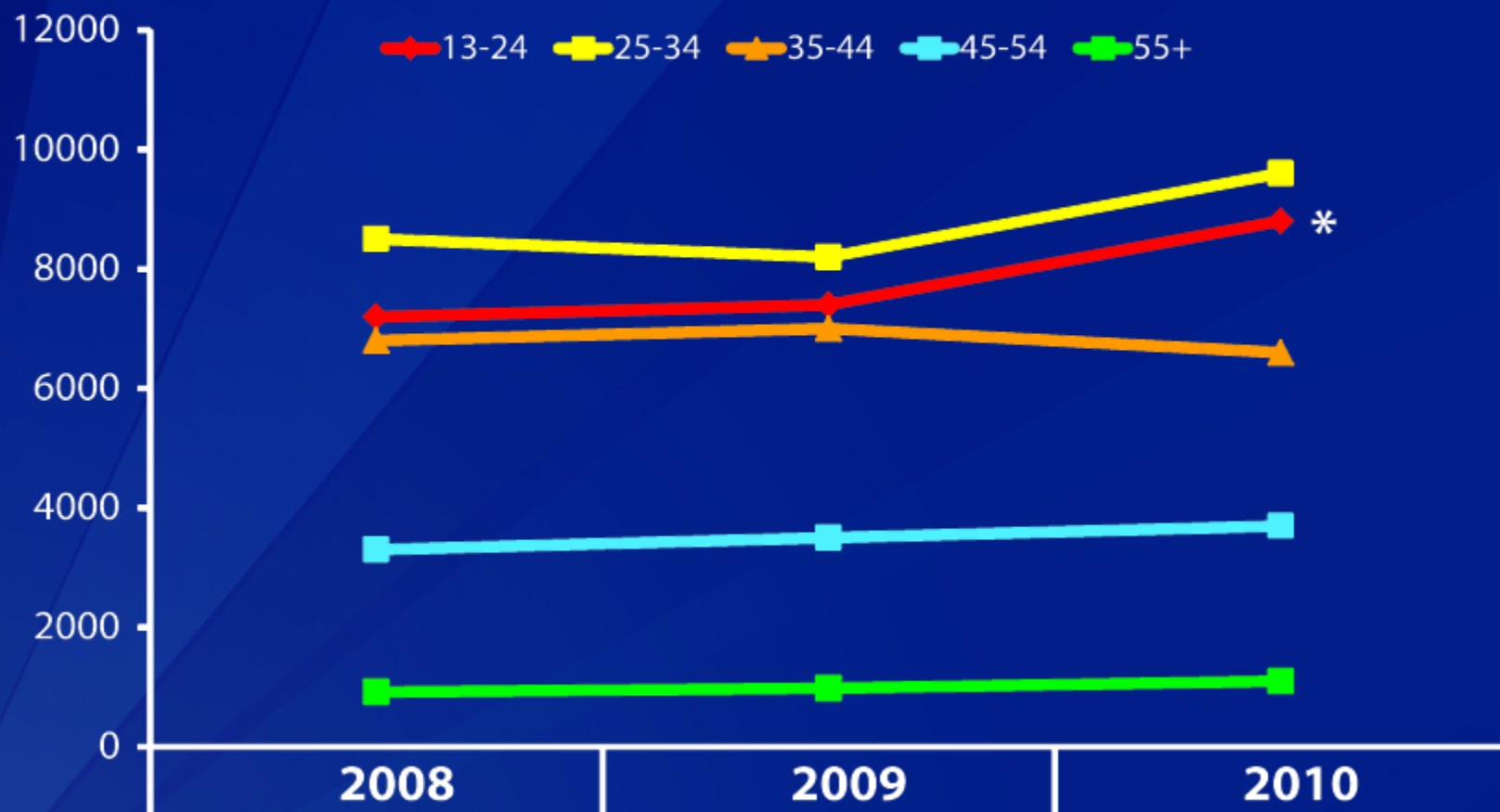
- **Surveillance:**
 - Provide the platform for school-based surveillance at CDC
 - Study trends in teen sexual behavior
- **Research/Evaluation:**
 - Study risk and protective factors – and interventions to affect them – associated with sexual behavior in adolescents
 - Study systems issues (health care, school, community) to determine how best to affect the environment in which teens live, study, and play
 - Establish evaluation protocols and systems, and assist funded partners in the evaluation of programs to address teen sexual behavior
- **Program:**
 - Fund state and local education agencies to implement effective strategies that promote environments where teens can learn the fundamental knowledge and skills they need to be healthy
 - Fund nongovernmental organizations to provide expertise in education, health services, and school climate
- **Partnerships:**
 - Establish, maintain and leverage relationships with partner organizations that have expertise in education, health, and HIV/STD prevention
- **Communication:**
 - Provide critical resources and information to education agencies, teachers, parents/caregivers, teens and partner organizations

DASH Organization



WHY DOES CDC CARE ABOUT THE SEXUAL HEALTH OF TEENAGERS?

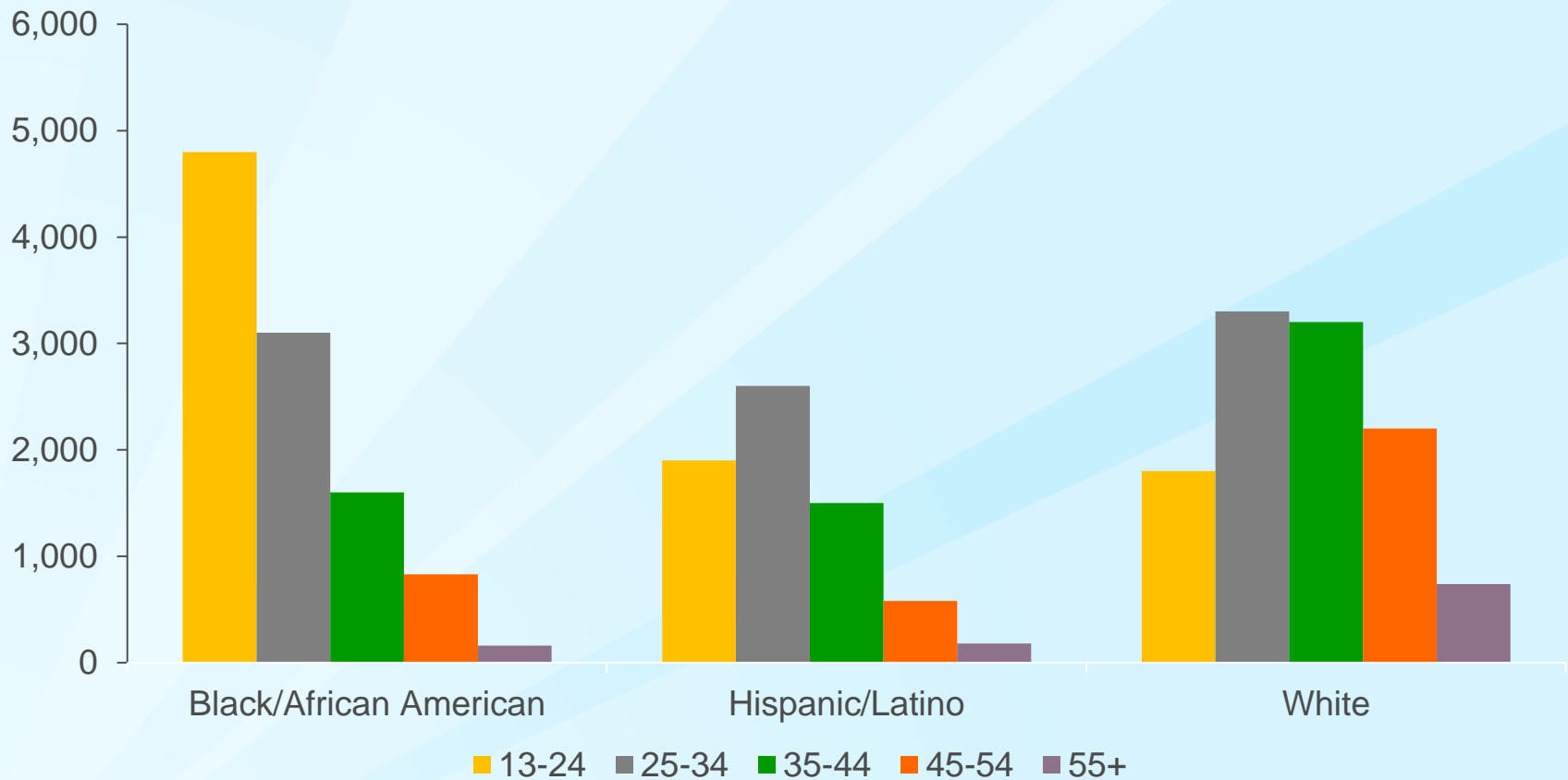
Estimated Incidence of HIV Infection among Men who have Sex with Men, by Age Group, 2008-2010 — United States



*Indicates significantly different ($p < 0.05$) from the 2008 estimate for the same group

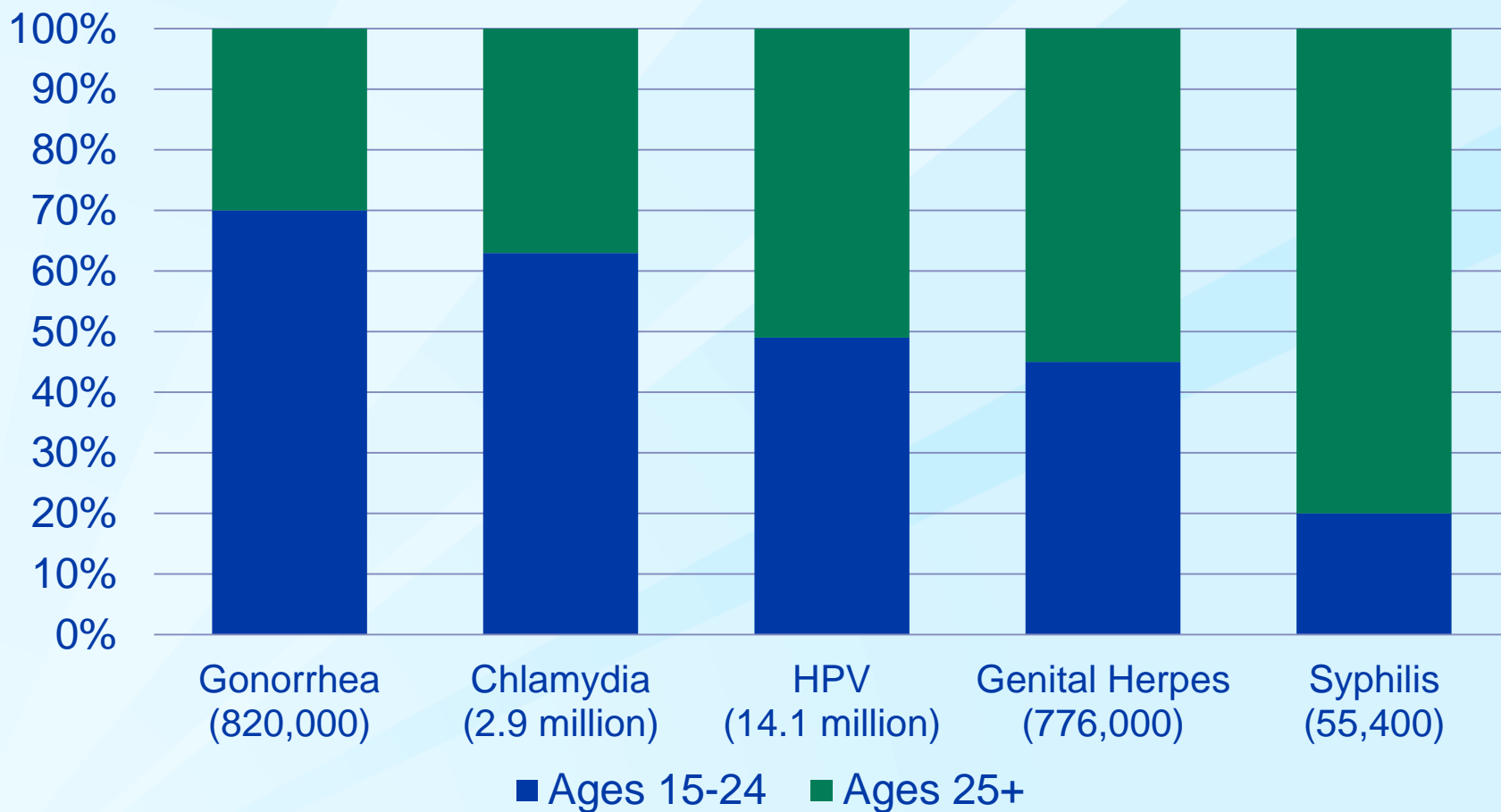


Estimated Incidence of HIV Infection among Men who have Sex with Men, by Race/Ethnicity and Age at Infection, 2010 — United States



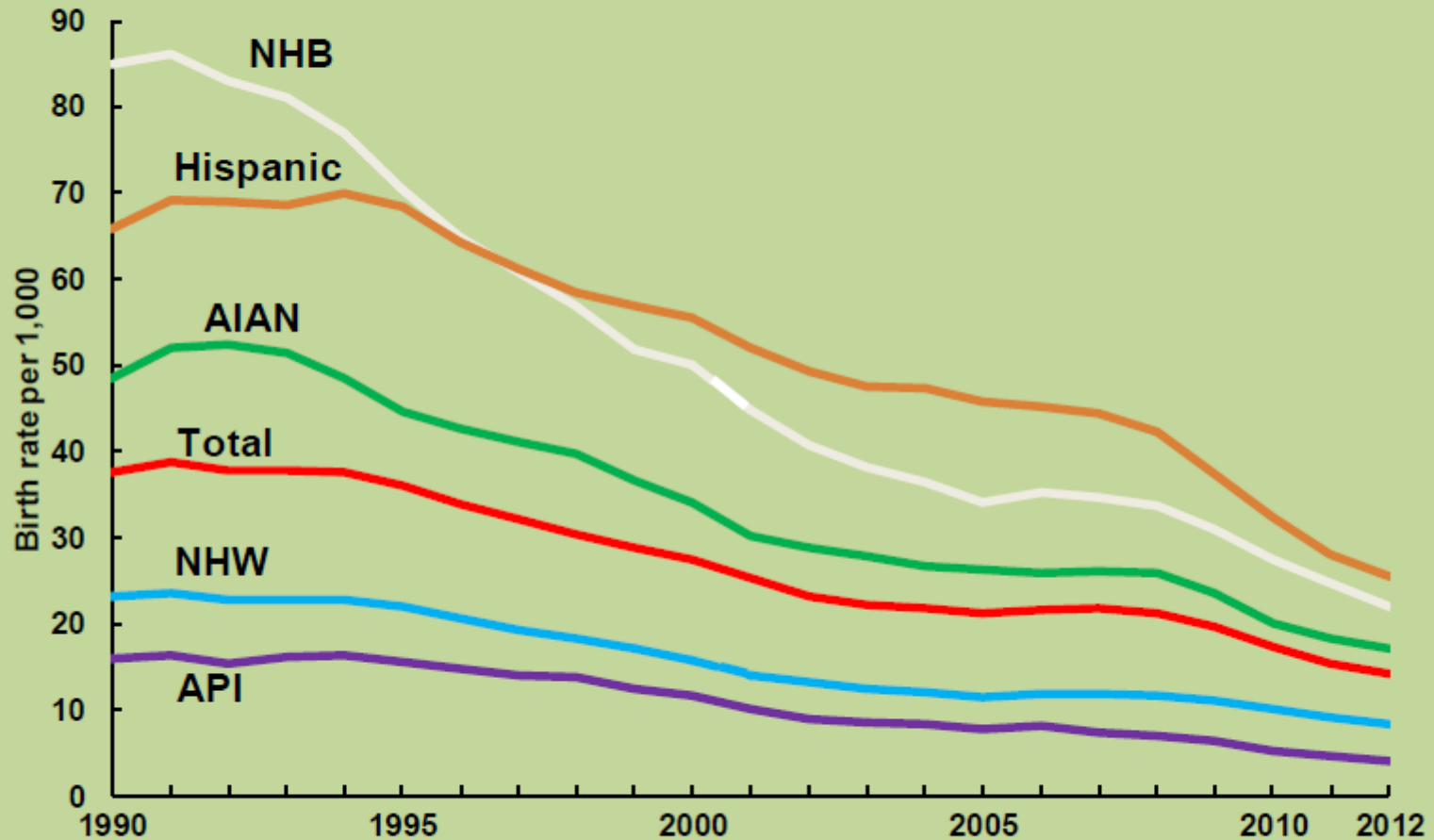
Note: Hispanics/Latinos can be of any race.

Young People Account for a Substantial Proportion of New STIs



Adapted from www.cdc.gov/std/products/infographics.htm . Accessed 11/21/14.

Birth rates for teenagers 15-17 years by race and Hispanic origin: United States, 1990-2012



SOURCE: National Vital Statistics System, NCHS, CDC.

Age of onset of sexual maturation, menarche and sexual activity for girls



1 Cabrera SM, Bright GM, Frane JW, Blethen SL, Lee PA. Age of thelarche and menarche in contemporary US females: a cross-sectional analysis. *J Pediatr Endocrinol Metab.* 2014 January;27:47-51.

2 NCHS. National Survey of Family Growth 2006-2010, special tabulation

Teenagers Have Sex

- **47% of high school students have ever had sex¹**
 - 30% of 9th graders
 - 41% of 10th graders
 - 54% of 11th graders
 - 64% of 12th graders
- **34% of high school students are currently sexually active¹**
 - 49% of 12 graders
- **68% of LGB high school students have ever had sex²**

1 Kann L, Kinchen S, Shanklin SL, et al. Youth Risk Behavior Surveillance – United States 2013. MMWR 2014;63(SS-4):1-168.

2 Kann L, Olsen EO, McManus T, et al. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009. MMWR 2011, 60(SS-7):1-132.

Teenagers Use Condoms

- **59% of currently sexually active students used condoms the last time they had sex**
 - 63% of 9th-grade sexually active students
 - 62% of 10th-grade sexually active students
 - 62% of 11th-grade sexually active students
 - 53% of 12th-grade sexually active students

Teens' Use of Sexual Health Services Is Low

- **Among the 34% of students who are currently sexually active:**
 - 19% used birth control pills
 - 1.6% used Long-Acting Reversible Contraceptives (IUD or implant)
 - 4.7% used a shot, patch, or birth control ring
 - 8.8% used BOTH a condom and either birth control pill, LARC, or shot, patch or birth control ring
- **22.4% of sexually experienced students had been tested for HIV**

Prevention AND Health Promotion

Outcomes we are seeking:

- **Teens have health knowledge and skills to make good decisions and navigate relationships;**
- **Teens establish healthy behaviors and carry those forward into adulthood;**
- **Teens have access to and use health services; and**
- **Teens stay free of HIV, STDs and pregnancy**

Why Schools?

- **Sutton's law – go where the kids are**
- **Responsibility and influence**
 - Health -> Education -> Health
 - Full range of developmental needs
 - Parental engagement
 - Environment
- **Community-based organization**
 - Connected to and of the community
 - Relationships throughout the community
- **Locus for Social and Health Change**
 - Integration
 - School Feeding/Nutrition Programs
 - Immunization
 - HIV+ School Attendance

DASH Approach

- **Prevention and Health Promotion**
 - Universal and Targeted
 - State/Local Implementation Funding
 - National Influence
- **School-Based Surveillance**
 - Youth Risk Behavior
 - School Policies and Practices

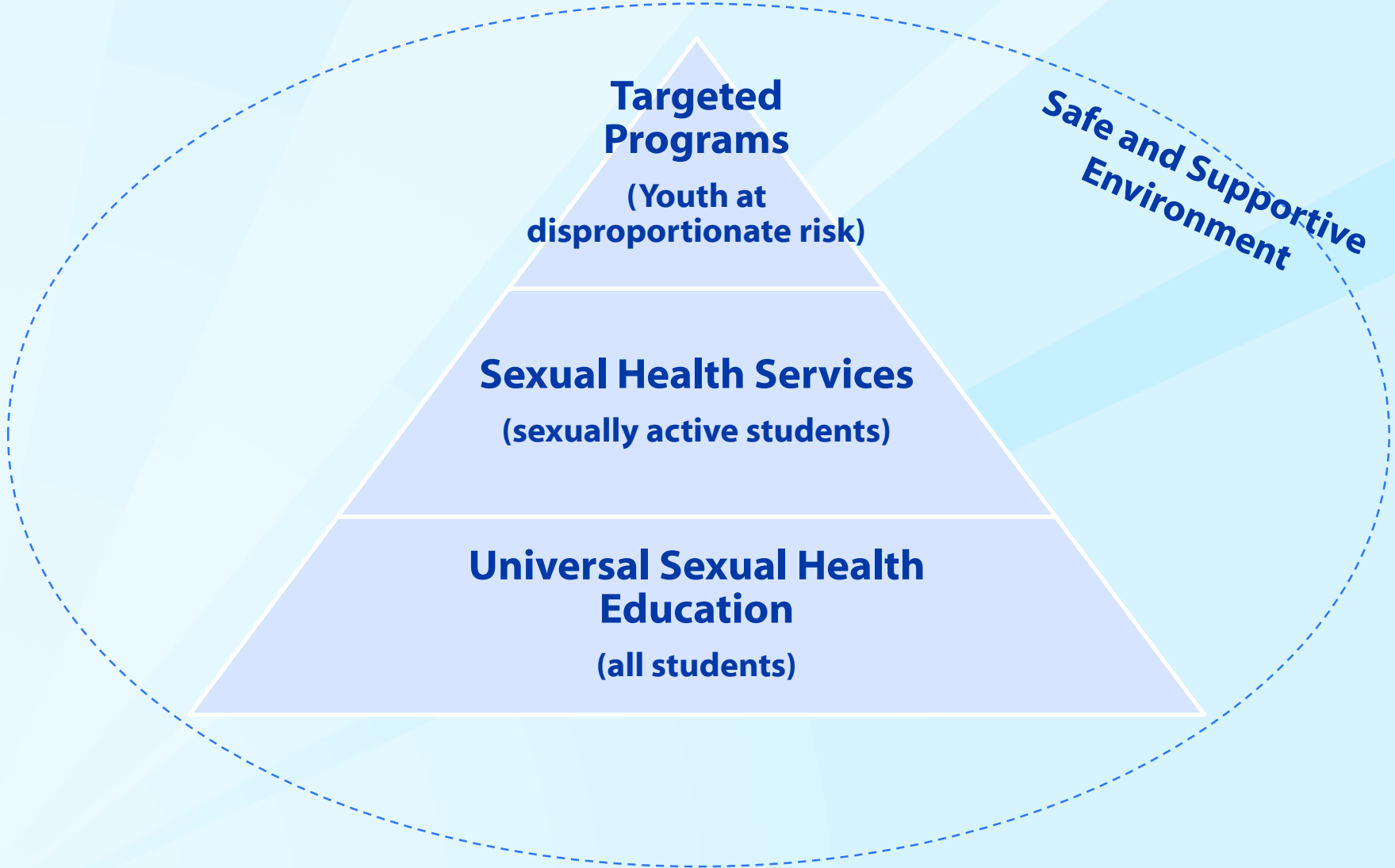
Continuum of Supports based on Risk

Targeted Programs
(Youth at disproportionate risk)

Sexual Health Services
(sexually active students)

Universal Sexual Health Education
(all students)

Safe and Supportive Environment



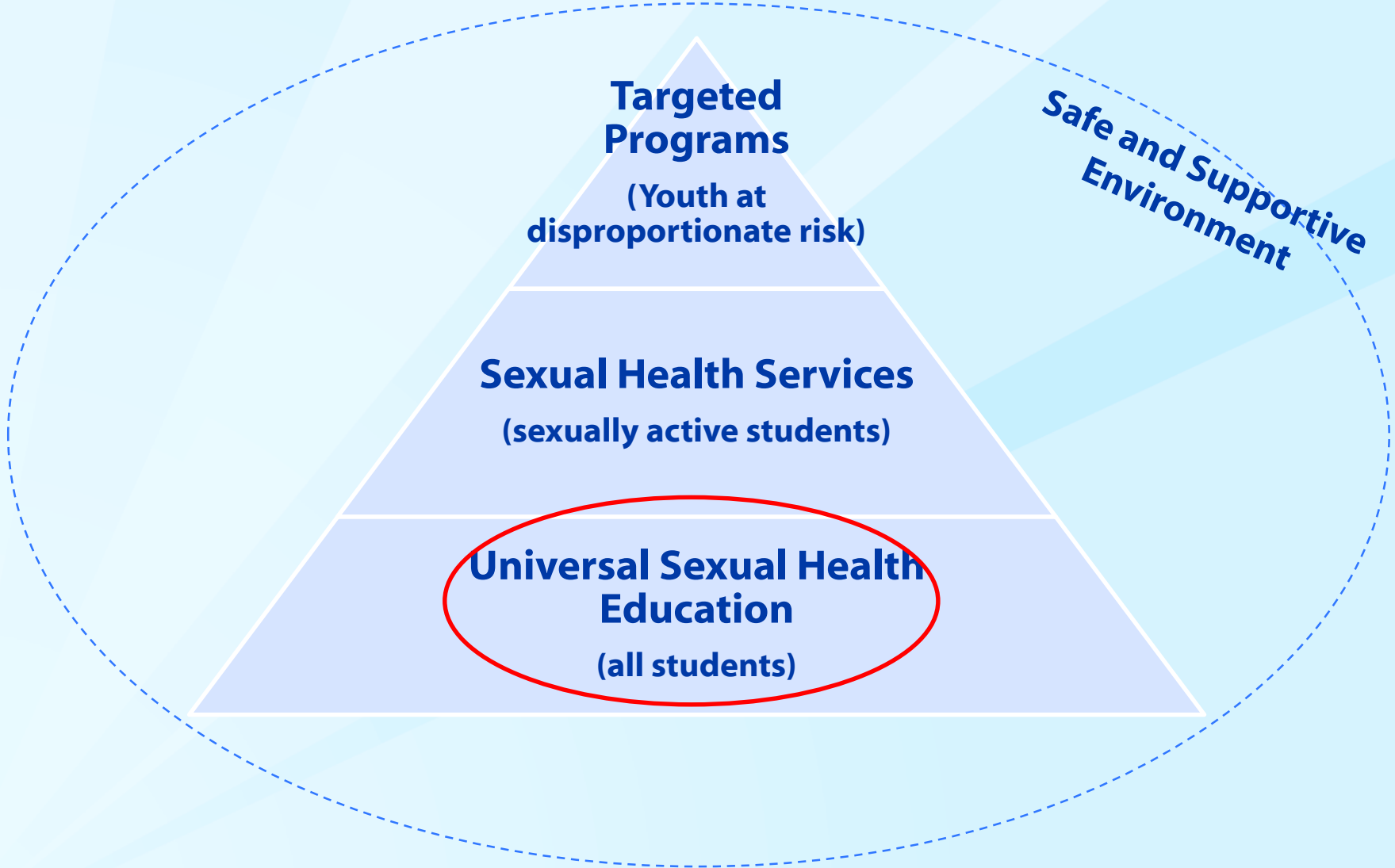
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National HIV/AIDS Strategy

- **Goal: Reducing New HIV Infections**
- **Steps**
 1. Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
 2. Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches
 3. **Educate all Americans about the threat of HIV and how to prevent it**

Universal Sexual Health Education

- **“Exemplary”**
 - A comprehensive curriculum,
 - Supported by state, district and school policies, and
 - Taught by qualified health education teachers with continuing professional development to assure high quality delivery
- **“Comprehensive”**
 - K-12, age-appropriate, scoped and sequenced
 - Addresses needs of all students
 - Addresses knowledge and skills development
 - Based on strong educational theory, science, developmental stages, and medical accuracy
- **Outcome expectation:**
 - **All students** have fundamental knowledge and skills regarding sexual health
 - Indicators: state/local education agency policies and educational standards, abstinence rate, age at sexual initiation, condom use, number of sexual partners

DASH Approach: Universal Sexual Health Education

▪ **Current:**

• Program:

- Provide funds to SEAs (n=19) and LEAs (n=17) for:
 - Statewide and districtwide policy and curriculum assessment
 - Professional development activities
 - Some curriculum development
 - NO curriculum purchase or teacher salaries
- Provide funds to Advocates for Youth and Healthy Teen Network to support policy and curriculum assessment, and ETR for professional development

• Tools Development:

- Maintain HECAT, provide training and assistance for curriculum analysis

• Surveillance

- Monitor elements of sexual health education via SHPPS and School Health Profiles
- Monitor sexual risk behaviors via YRBS

▪ **Future:**

- Work to bring universal sexual health education to scale nationally

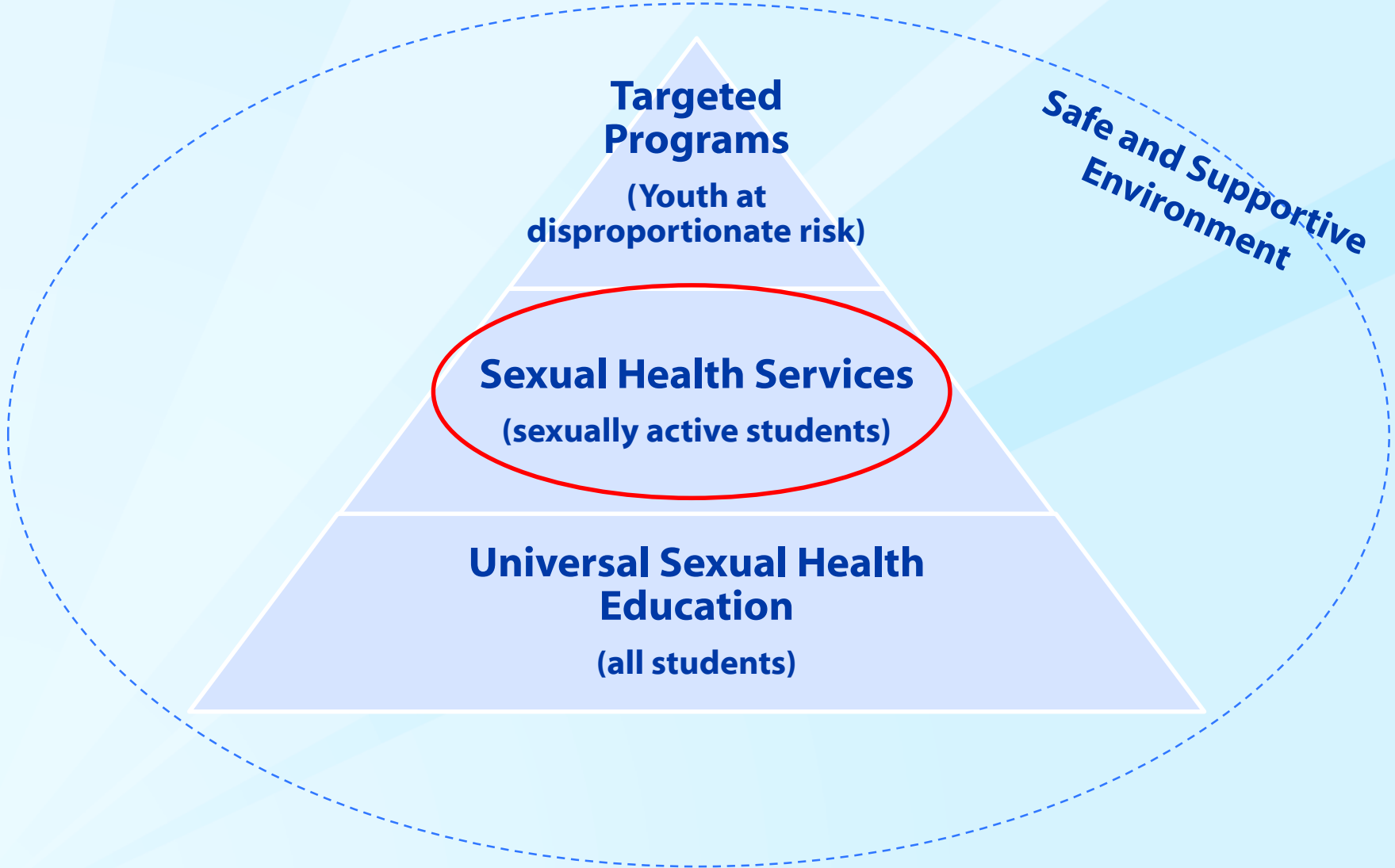
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Sexual Health Services

- **Recommended clinical preventive services**
 - HIV, STD testing and treatment
 - Pregnancy testing and contraceptive services
 - Condom provision
 - HPV vaccine
- **“Teen-friendly”**
 - Hours, location
 - Interaction with teens, relationship-building
 - Confidentiality
- **Access to services**
 - Provided by school nurses or school-based clinics
 - Linkage/referral to community services
- **Outcome expectation**
 - **Sexually active students** have access and use recommended sexual clinical preventive services
 - Indicators: state/local policies pertaining to adolescent health services, HIV testing rates

DASH Approach: Sexual Health Services

- **Current:**
 - Program
 - Provide funds to SEAs (n=19) and LEAs (n=17) for work in selected high priority districts and schools:
 - Health services policy assessment
 - Partnership building with community health providers
 - Development of linkage/referral systems from schools
 - Student education about health services
 - Professional development for school personnel
 - Provide funds to NCSD and CAI Global to support SEAs and LEAs
 - Research/Tools Development
 - Adapt adult campaigns to encourage teens to get tested
 - Assess innovative models of health service delivery
 - Conduct cost-effectiveness studies (e.g., school nurses)
 - Surveillance
 - Monitor sexual health service policy and delivery via SHPPS and Profiles
 - Monitor HIV testing via YRBS

DASH Approach: Sexual Health Services

- **Future**

- Conduct additional adaptations of existing campaigns that encourage testing
- Develop a strategy pertaining to billing for school-based services
- Conduct modeling studies (e.g., impact of increased HIV testing among teens)

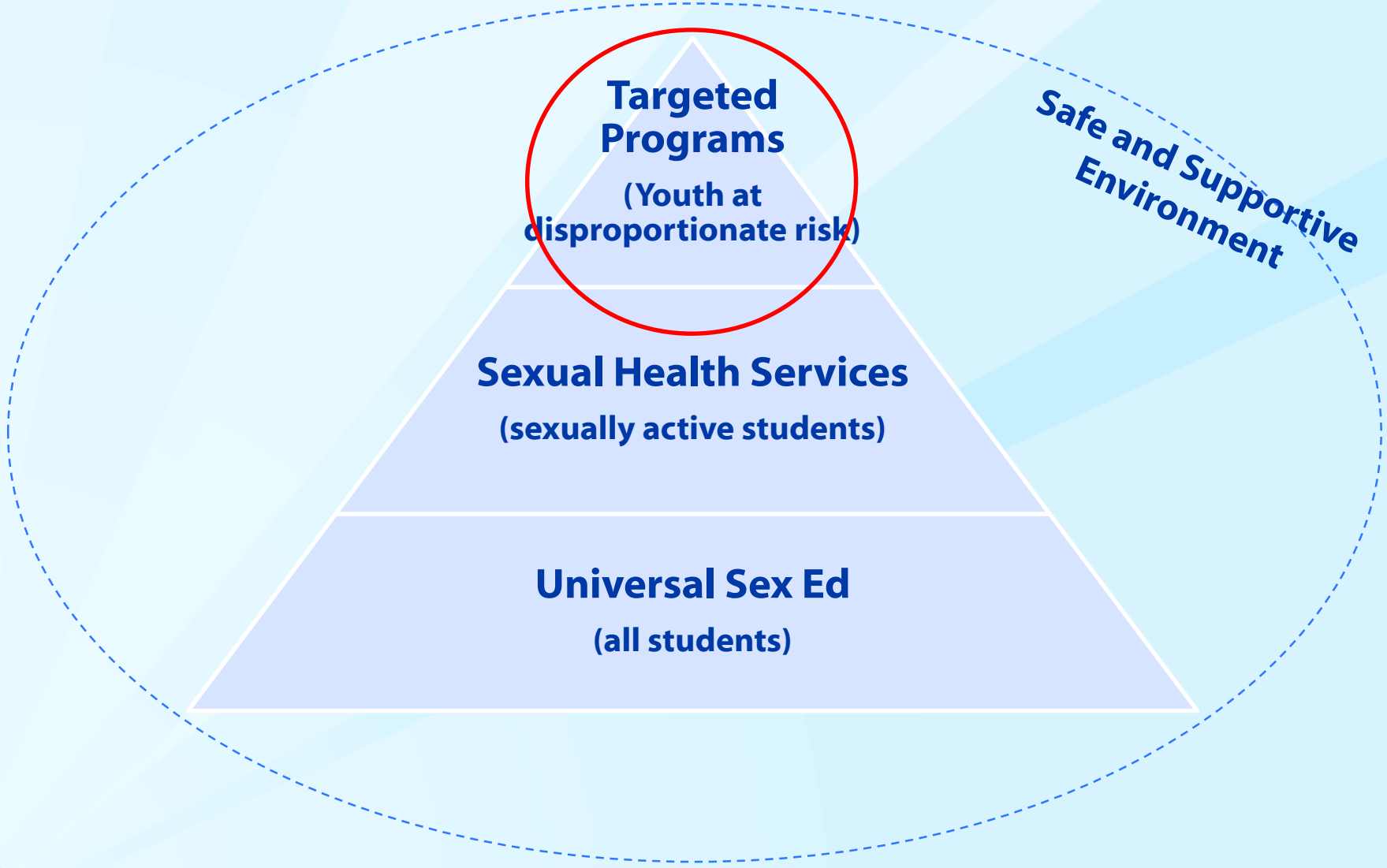
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Targeted Programs

- **Interventions designed to reduce specific outcomes (e.g., HIV, STD or pregnancy) among teens**
 - Variety of program types, for example:
 - “Curriculum-based” – offered in group settings (including schools), specific number of lessons and skill-building activities
 - “Youth Development” – not specific to sexual health
 - “Clinic-based” – offered in health service delivery settings, includes counseling and linkage to other services
- **Developed and tested for specific populations:**
 - Specific racial/ethnic groups
 - LGBT youth
 - Low-income youth
- **Rigorous evaluation and compilations:**
 - Systematic reviews (e.g., Kirby, CPSTF)
 - ASPE – individual programs to create database for Teen Pregnancy Prevention Initiative (TPPI)
- **Outcome expectations:**
 - **Youth at disproportionate risk** have access to programs that provide them with the information they need to reduce sexual risk behaviors and access needed health services
 - Indicators: Sexual risk behaviors, HIV/STD/Pregnancy rates

DASH Approach: Targeted Programs

- **Current**
 - Program:
 - All funded SEA/LEA select a focus on a specific population of youth at disproportionate risk
 - Most are focused on LGBT youth, especially YMSM
 - Others: youth in alternative schools, homeless youth, etc.
 - Add targeted programs in schools
 - YMSM Demonstration Sites: 3 local education agencies receiving additional funding for curriculum-based and/or clinic-based programs in community settings
 - Research/Tools Development/Evaluation
 - Adaptation of existing social marketing campaigns for youth (TMUS and 3MV)
 - Extensive evaluation in YMSM demonstration cities
 - Surveillance
 - Condom use and number of sexual partners among sexual minority males via YRBS

DASH Approach: Targeted Programs

- **Future**

- Explore the possibility of new or adapted direct informational outreach to youth via social marketing campaigns
- Study PrEP as a prevention option for these highest risk teens
- Develop and test questions pertaining to PrEP policies and professional development in DASH surveys of school policies and practices

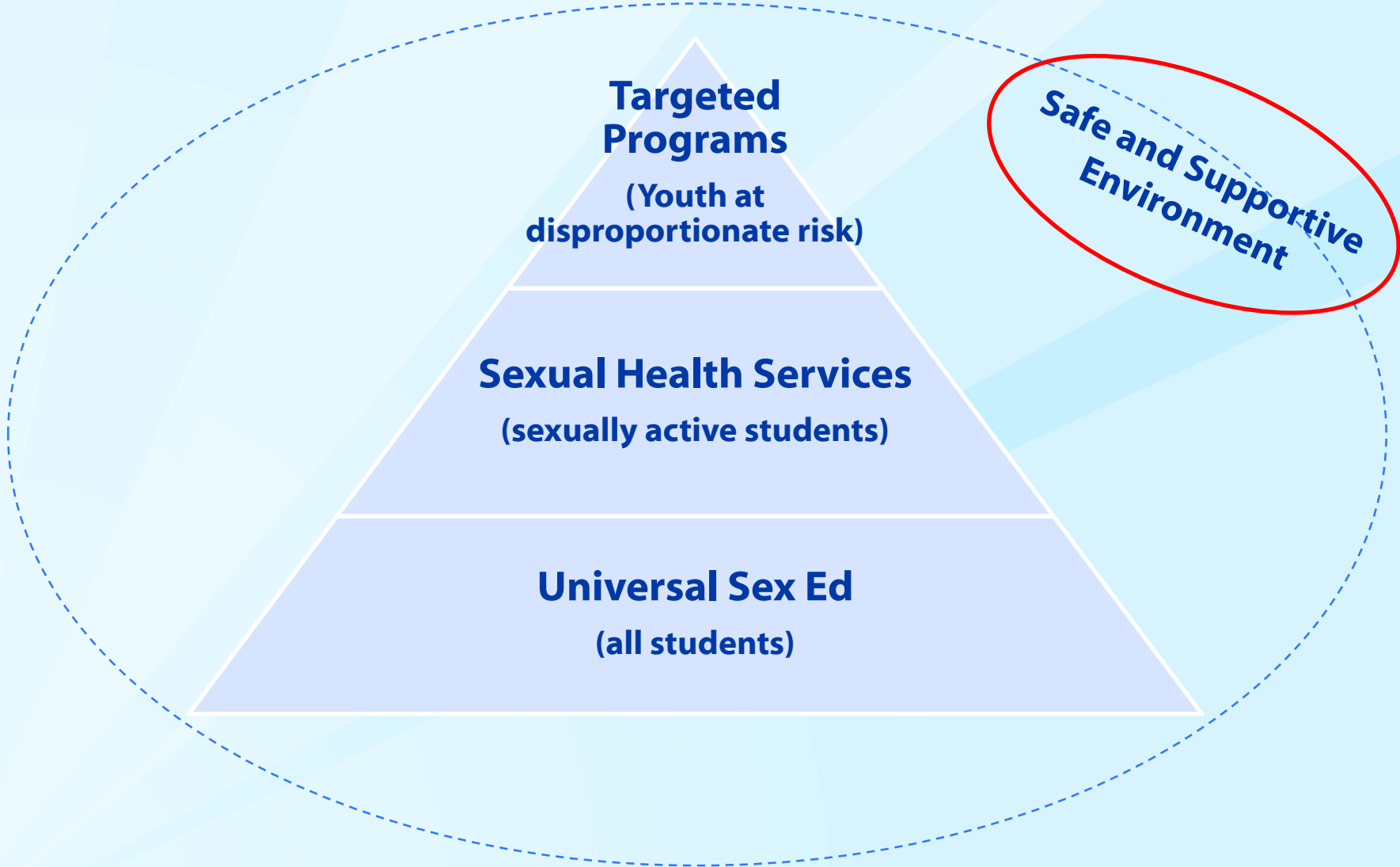
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Safe and Supportive Environment



Safe and Supportive Environments

- **“School Climate”**
 - Refers to the general environment of safety and support students experience in school
- **Known risk/protective factors:**
 - Perpetrators and victims of bullying and sexual harassment are more likely to take sexual risks
 - Teens who feel connected to school and have engaged parents are more likely to delay sexual activity, use condoms and other contraceptives, and have fewer sexual partners
- **LGBT Students**
 - Very high risk of bullying and isolation (from school and parents)
 - Very high rates of sexual risk taking
- **Outcome expectation:**
 - **All young people** have home, school and community environments that support their intellectual, emotional, social and sexual development
 - Indicators: bullying and harassment policies, bullying, sexual risk behaviors

DASH Approach: Safe and Supportive Environments

- **Current**

- **Program:**

- Provide funds to SEAs (n=19) and LEAs (n=17) for work in selected high priority districts and schools:
 - Bullying and harassment policy assessment, implementation and monitoring
 - Bullying prevention programs
 - Pro-social behavior programs
 - Mentorship and service learning programs
 - Clubs and activities that promote LGBT inclusiveness
 - Communication with parents
 - Provide funds to GSA Network and American Psychological Association to support SEA/LEA work

- **Research/Tools Development:**

- Systematic reviews of protective factors for LGBT youth
 - Parent engagement fact sheets
 - Anti-bullying technical assistance (with NCIPC/DVP)

- **Surveillance:**

- Analysis of trends among sexual minority students
 - Bullying and harassment policies via SHPPS and Profiles
 - Bullying, weapon-carrying, school avoidance, threat of harm, fighting, drugs at school via YRBS

DASH Approach: Safe and Supportive Environments

- **Future**

- Collection and analysis of sexual minority data on national state/local YRBS surveys
- Explore the possibility of direct informational outreach to LGBT students
- Work with the Department of Education to identify opportunities to collaborate in LEAs that are funded by DASH and ED's new "school climate" program
- Develop a "school climate" fact sheet from existing data sources

CDC Platform for School-Based Surveillance

▪ YRBS

- Youth reported risk behaviors – unintentional injuries, violence, drugs, alcohol, tobacco use, physical activity, nutrition, sexual risks, and others
- Provides trends since 1991 (biennial)
- Representative samples of high school students at the national, state and local levels
- Widely used throughout CDC, Federal agencies, states, cities, and others (most frequently downloaded MMWR SS every year)
- CDC “best practice” for rapid collection and release of data

▪ School Health Profiles

- Representative samples of secondary schools in states and large urban school districts (biennial)
- Many elements of coordinated school health

▪ School Health Policies and Practices Study (SHPPS)

- National survey periodically conducted at state, district, school and classroom levels
- All elements of coordinated school health

DASH Approach: School-Based Surveillance

▪ **Current**

- Funding to all 50 states + 18 large urban areas + 6 territories for YRBS and Profiles
- Technical support to tribes
- Infrastructure also supports NYTS and Global YRBS
- Established process for questionnaire development
- Extensive financial support from NCCDPHP and NCIPC

▪ **Future**

- Provide additional support to states and large urban school districts and increase internal capacity to support expanded local data collection

DASH 2015 Priority Activities

- **Initiate activities to take Universal Sex Ed to scale nationally**
- **Modeling studies**
 - School-age testing for HIV: cost-effectiveness
 - Data synthesis and parameter estimation for future models of teenage YMSM
 - Comparative effectiveness of school-based interventions and packages for health and economic impact
- **Complete adaptation and evaluation of Get Yourself Tested for teens of color**
- **Collaboration with DHAP to determine guidance re PrEP and PEP for teens**
- **Collaboration with DHAP and DSTDP on social marketing to youth at disproportionate risk**
- **Coordinate DASH and Department of Education grantees to improve school climate for LGBT youth**
- **Multiple analyses and literature reviews regarding risk and protective factors for sexual minority youth**

Healthy Teens Who Become Healthy Adults

The mission of the Division of Adolescent and School Health 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 HIV, STD and pregnancy.

For more information please contact the Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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