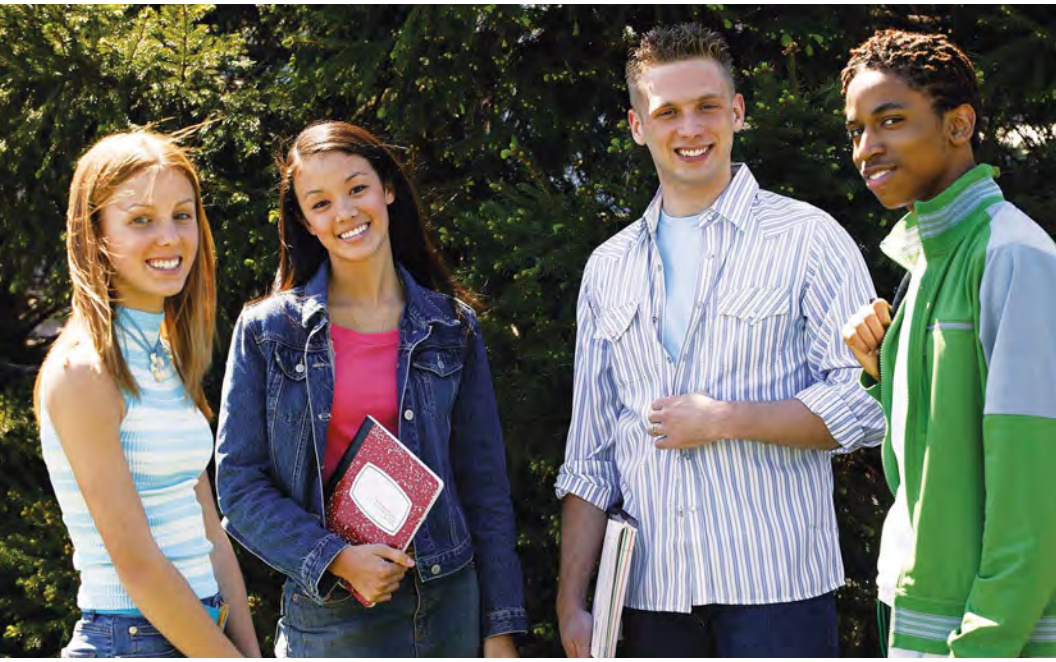
2010–2011

Division of Adolescent and School Health

Success Stories

State, Local, and Nongovernmental Organization Examples



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

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Introduction

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. DASH also addresses critical adolescent health behaviors that research shows contribute to the leading causes of death and disability among adults and youth. In addition to causing serious health problems, these behaviors also contribute to many educational and social problems that confront the nation, including failure to complete high school, unemployment, and crime.

DASH helps state, territorial, and local agencies, and tribal governments improve child and adolescent health. DASH also supports a number of nongovernmental organizations to develop policies, guidelines, and training to assist schools and other youth-serving agencies in implementing high-quality programs.

Collectively, the programs DASH supports are making a difference in the lives of our nation's youth. The stories in this brochure illustrate the types of activities supported by DASH and highlight some of the exemplary work its partners undertake.

To learn more about DASH, it partners, and programs, visit www.cdc.gov/HealthyYouth.

Note: Success stories, including background data and outcomes, reflect information as reported by participating programs.

Strengthening Statewide Physical Education Standards to Promote Student Health

Arizona

Problem Overview

In 2007, Youth Risk Behavior Survey results indicated that among Arizona's high school students

- 12% were obese.
- 68% did not get the recommended amount of physical activity.
- 73% did not attend physical education (PE) classes daily.

At that time, Arizona was one of the few states with PE standards that were not consistent with national standards. Arizona had no requirement for PE as a stand-alone class and did not allocate funding for PE.

Program/Activity Description

In 2006, the Arizona legislature mandated a Physical Education Pilot Program to collect data on the effectiveness of PE. During the 2007–2008 school year, four elementary schools participated in the program. The schools were required to implement PE strategies that were aligned with CDC guidance (e.g., 150 minutes of PE per week, with at least 50% of students' time spent in moderate or vigorous physical activity; at least one certified PE teacher for every 500 students).

The pilot program was evaluated by a physical activity, nutrition, and tobacco (PANT) coordinator, funded by CDC, and an external team from Arizona State University.

The evaluation showed that

- Physical activity levels increased by 17% during the school day and 6% outside school.
- School absences decreased by 13%.
- Standardized test scores remained stable, even with more time spent in PE during the school day.

Program/Activity Outcomes

PANT coordinators promoted the program's successes to legislators and education leaders. In 2009, the Arizona legislature authorized revision of the state's PE standards for the first time since 1997. The revised state standards are now aligned with national standards and will substantially improve the quality of PE for students. Featured revisions include

- Addition of defined concepts that guide teachers on what students are expected to learn and demonstrate by the end of the course.
- An emphasis on personalized fitness and behavior outcomes.

CDC funding helped train more than 300 health and physical education teachers in Arizona to help implement the new standards.

Using School Food Environment Policies to Promote Healthy Eating

Connecticut

Problem Overview

Most U.S. children consume a large portion of their daily food intake at school. Competitive food sources (e.g., à la carte, vending, school stores) compete with federally regulated school meals, often offering less healthy foods and beverages. In Connecticut, about 1 out of 4 high school students is overweight or obese and at increased risk for developing diabetes, cardiovascular disease, and other health problems.

Program/Activity Description

In 2006, Connecticut enacted legislation supporting the development of coordinated school health (CSH) initiatives and nutrition standards for foods and beverages sold at school. School districts participating in the state's Healthy Food Certification program receive monetary incentives to implement the standards.

In 2007, the Connecticut Department of Education released its *Guidelines for a Coordinated Approach to School Health*, which built directly on CDC's CSH model and supported the 2006 legislation by addressing school health services and curriculum for comprehensive health education, physical education, and nutrition education. To help strengthen school food policies, the guidelines provide specific strategies for

- Making nutritious, affordable, and appealing meals available to students.
- Creating an environment that promotes healthy eating.
- Providing classroom instruction to help students improve their health and reduce risk behaviors.

Program/Activity Outcomes

As a result of Connecticut's commitment to CSH and school nutrition standards,

- Nearly 68% of its school districts participate in the Healthy Food Certification program.
- During 2006–2010, the state reduced the percentage of secondary schools that allow students to buy soda or fruit drinks (other than 100% juice) from 40% to 3%, according to results from CDC's School Health Profiles survey.
- Only 21% of secondary schools sold less nutritious foods and beverages* anywhere outside the school food service program.

By ensuring that only healthy food options are available, schools can model healthy eating behaviors, help improve students' diets, and help young people establish lifelong healthy eating habits.

* *Such as candy (chocolate or other candy); baked goods/salty snacks not low in fat; soda or fruit drinks (other than 100% juice).*

Students Taking Charge to Promote Healthy Eating and Physical Activity

Kentucky

Problem Overview

In Kentucky, only 14% of high school students eat fruits and vegetables five times daily, 33% are obese or overweight, and 79% do not get the recommended amount of daily physical activity.

Program/Activity Description

A joint effort by Kentucky's Coordinated School Health program and Kentucky Action for Healthy Kids spurred creation of Students Taking Charge projects in 19 high schools. This initiative trains high school students to

- Assess their school's nutritional and physical activity environment.
- Develop an action plan to improve it.
- Implement their plan using mini-grants.
- Learn how to advocate for healthier school environments and policies.

The participating high schools

- Adapted the Students Taking Charge assessments to support and expand on the steps taken to improve the school wellness environment (e.g., establishing policies to improve nutrition, promoting physical activity opportunities, promoting family and community involvement).
- Completed required assessments, including a modified version of CDC's School Health Index.
- Developed an action plan and received a $500 mini-grant from Kentucky's Coordinated School Health program, supported by the CDC, to carry out the plan.

The Kentucky Action for Healthy Kids/Kelloggs' Team Grant and the Kentucky River District Health Department provided additional funding to support the projects.

Program/Activity Outcomes

Successful local school efforts to improve students' physical activity and access to healthier foods include the following:

- Wayne County High School student efforts resulted in the Jammin' Minutes initiative—a 5-minute break during classes for standing, stretching, and moving in simple exercises—helping students maintain their focus and motivation for learning.
- In Mercer County, students worked with the district food service director, school principals, the district athletic staff, and agriculture faculty to create a healthy food options plan for their high school, provide a twice-weekly salad bar, feature more locally grown foods, and provide nutritional analysis of menu items. Their accomplishments, media coverage of their success, and production of a video on the project for the national Students Taking Charge project reinforced the students' commitment to change.

Stepping up to the Challenge to Change School Food Policies

Michigan

Problem Overview

According to Michigan's 2009 Youth Risk Behavior Survey results, 12% of the state's high school students were obese and 14% were overweight. In addition (during the 7 days before the survey),

- 88% ate vegetables less than three times per day.
- 68% ate fruit or drank 100% fruit juices less than two times per day.
- 28% drank a can, bottle, or glass of soda or pop at least one time per day.

To support students in making healthy choices, strong school nutrition policies are needed to reduce access to less nutritious foods and beverages sold at school.

Program/Activity Description

To improve the nutrition environment in its schools, the Michigan Department of Education (DOE), funded in part through CDC, reviewed the Institute of Medicine's *Nutrition Standards for Foods in Schools* and standards recommended by the Alliance for a Healthier Generation, the School Nutrition Association, and the U.S. Department of Agriculture—ultimately developing the *Michigan Nutrition Standards* for schools. These were adopted by the State Board of Education (SBE) in 2009, with a requirement that the DOE pilot test them and solicit public opinion. Forty-six schools pilot-tested implementation of the standards.

Program/Activity Outcomes

The SBE-approved final version of the *Michigan Nutrition Standards* includes

- Requirements for whole grain choices, lean meats, low-fat dairy products, and availability of fruits and vegetables.
- Restrictions on availability of specific beverages.

Results from CDC's School Health Profiles surveys show that Michigan is making significant progress in providing healthier food and beverage choices campus-wide to its students. Among secondary schools, the percentage that sold soda or fruit drinks (that were not 100% juice) decreased from 68% in 2006 to 38% in 2010, and the percentage that sold candy or salty snacks decreased from 75% in 2006 to 58% in 2010.

The Education Policy Action Team of the Healthy Kids, Healthy Michigan statewide coalition is supporting a legislative mandate for all of the state's schools to implement Michigan's nutrition standards. DOE's future plans include developing a toolkit to guide all school districts in implementing these standards in a cost-neutral manner.

Strengthening Health Education Through State Graduation Requirements

New Mexico

Problem Overview

In 2009, New Mexico did not have a state-level health education (HE) graduation requirement, and only 34 of 89 school districts were teaching HE as a stand-alone class. School districts integrated HE into a variety of other classes, did not require an HE class to graduate from high school, or did not require that the course be taught by a state-licensed health educator. The state Senate Education Committee recommended a study to determine the level of need and public support for an HE graduation requirement.

Program/Activity Description

The New Mexico Public Education Department (NMPED) convened a workgroup—with representatives from NMPED including the CDC-supported coordinator for the HIV Prevention Education Program, the Department of Health, higher education institutions, school superintendents, educators, community organizations, and the legislative education study committee—to address the committee's directive. The workgroup researched best practices for delivering HE and conducted surveys to determine support for making HE a graduation requirement. Finding strong evidence and support for including a stand-alone HE course among the state's high school graduation requirements, the workgroup presented that recommendation to the Senate Education Committee.

Program/Activity Outcomes

In 2010, New Mexico passed a new law, effective during the 2012–2013 school year, that

- Requires a course in HE for graduation from a public school.
- Allows districts to determine if the class will be taught in middle school or high school.
- Requires that HE be taught in a stand-alone class by a licensed health educator.

Requiring HE as a graduation requirement is a major step toward ensuring that New Mexico's youth receive

- Evidence-based health information to guide their decision making.
- More opportunities to learn about and practice healthy lifestyle habits.
- More skills-based instruction focused on reducing health risk behaviors.

A CDC-supported program coordinator is helping to train curriculum directors, school administrators, and health educators to implement the new requirement and ensure compliance with state HE standards. The NMPED will use CDC's School Health Profiles, a survey that can be used to assess school health policies and practices, to monitor the effect of the new requirement.

Using Community Roundtables to Promote 100% Tobacco-free School Policies

South Carolina

Problem Overview

According to the 2009 Youth Risk Behavior Survey, among high school students in South Carolina

- 53% had ever tried cigarette smoking.
- In the previous 30 days, 20% smoked cigarettes and 27% used tobacco products (e.g., cigarettes, cigars, cigarillos, chewing tobacco, snuff, dip).

Schools can provide a tobacco-free environment—prohibiting anyone from using tobacco on school property—that will model and support a tobacco-free life style. Best practice also dictates providing evidence-based tobacco-use prevention education and offering tobacco cessation programs for students and staff who smoke.

Program/Activity Description

The South Carolina School Boards Association (SCSBA), in partnership with the CDC-supported SC Healthy Schools program and the SC Department of Health and Environmental Control (SCDHEC) Division of Tobacco Prevention, established a model comprehensive tobacco-free school policy that addressed the following components:

- Tobacco use on school property.
- Procedures for enforcement.
- Education for tobacco prevention.
- Cessation programs.
- Tobacco industry advertising.

SC Healthy Schools then partnered with SCDHEC and SCSBA to promote the adoption and implementation of the comprehensive model policy by hosting community roundtables in 2009 and 2010 for school board members, school district staff, regional health department staff, and representatives of local governments and nongovernmental organizations. During the roundtables, participants

- Received an analysis of their existing policies—showing which elements of the comprehensive policy were missing in their local districts.
- Learned successful strategies for adopting and implementing the policy.

With CDC DASH funding, SC Healthy Schools also employed a School Health Policy Coordinator to focus districts on policy promotion.

Program/Activity Outcomes

At the time of the first roundtable, only 19 of the 85 SC districts had adopted the comprehensive tobacco-free schools model policy. After two events in 2009 and 2010, the number of districts adopting the comprehensive model policies increased to 30. An additional 19 districts have 100% tobacco-free campus policies, although they do not yet include all components of the model policy. SC plans to conduct additional roundtables in other regions of the state to encourage the remaining districts to adopt the comprehensive model policy.

Joining Forces to Improve Tobacco Prevention Efforts

West Virginia

Problem Overview

Tobacco use remains the leading preventable cause of death in the United States. Each year cigarette smoking accounts for approximately 1 of every 5 deaths, and each day approximately 3,600 young people between the ages of 12 and 17 years start smoking cigarettes. According to the 2007 Youth Risk Behavior Survey results, among West Virginia high school students

- 59% had ever tried cigarette smoking.
- 28% currently smoked cigarettes.
- 50% of those who currently smoked had tried to quit.

Program/Activity Description

The state's Office of Healthy Schools (OHS), the Division of Tobacco Prevention (DTP), and the West Virginia Prevention Research Center (WVPRC) collaborated to apply evidence-based strategies to reduce tobacco use among youth. The OHS, supported in part by CDC's Division of Adolescent and School Health, partnered with the DTP to

- Develop a Strategic Plan for Tobacco Prevention in Schools, based on CDC's best practices and school guidelines.
- Assist the WVPRC in developing Not-On-Tobacco (N-O-T)—conducted in all WV secondary schools and respected as the most widely used U.S. teen smoking cessation program.
- Develop and maintain the DTP-funded Regional Tobacco Prevention Specialists Network, resulting in strong tobacco prevention initiatives in all 55 WV school districts.

The OHS and DTP also combined forces with the American Lung Association of WV to create the statewide Raze program—an anti-tobacco youth movement that features more than 180 school-based groups involving more than 7,000 students. State policies support tobacco use prevention and require students to receive instruction on tobacco and potential health hazards from tobacco use in grades K–12.

Program/Activity Outcomes

Between 2008 and 2010, the percentage of West Virginia's secondary schools that prohibit all tobacco use at all times in all locations increased from 73% to 79%, according to the CDC's School Health Profiles survey. The percentage of high school students in the state who currently smoke cigarettes declined from 28% in 2007 to 22% in 2009.

Key Partnerships Drive School Asthma Initiatives

Charlotte-Mecklenburg Schools

Problem Overview

Asthma is a leading cause of school absence. More than 11,000 of the 132,000 students in the Charlotte-Mecklenburg Schools (CMS) have asthma. CMS students with asthma miss an average of 9 days of school each year, compared to an average of 6 days missed for students without asthma.

Program/Activity Description

Since 2003, CMS has used CDC funding and guidance to set up the Asthma Education Program (AEP)—a collaborative initiative conducted with the Mecklenburg County Health Department. The AEP has focused on

- Case management supplied by school nurses for selected students with asthma.
- A school-based service providing respiratory therapists to help care for students.
- The *Open Airways for Schools* curriculum for all students with asthma in grades 3–5.
- Staff training and education about asthma.

In 2007 AEP developed and piloted the *Asthma on Wheels* (AOW) program—a curriculum for students in grades 4 and 6. Based on results from program evaluations, more in-depth asthma education for AOW instructors and asthma program staff was conducted, and CMS more effectively marketed the district's policy allowing students to carry and self-administer their asthma medications.

During the 2009–2010 school year, the AEP also

- Partnered with the CMS Health and Physical Education Department to raise asthma awareness among physical education teachers and after-school program staff.
- Enhanced the AOW staff training program by incorporating the American Lung Association's Asthma 101 training curriculum.

Program/Activity Outcomes

Results of the CDC's School Health Profiles survey show that between 2008 and 2010, the percentage of CMS schools

- Requiring all staff to receive annual training on recognizing and responding to severe asthma symptoms increased from 75% to 94%.
- Providing parents and families of students with asthma information to increase their knowledge about asthma increased from 36% to 44%.

The number of schools reached by the CMS AEP also has increased significantly—from 34 schools in 2004 to 178 schools in 2010. According to CMS school nurses, students with asthma are reporting improvements in attendance, academic performance, and overall quality of life.

Testing for Sexually Transmitted Infections in High Schools

Chicago, Illinois

Problem Overview

In Chicago, young people aged 10–24 years accounted for 63% of the reported gonorrhea cases and 68% of the reported chlamydia cases during 2008. In the nation, Chicago ranks 1st and 2nd, respectively, for the highest rates of gonorrhea and chlamydia infections among young people aged 15–19 years. A significant number of cases go under-diagnosed or under-reported because these sexually transmitted infections (STIs) do not always produce symptoms that might prompt young people to get tested.

To help reduce the high rates of STIs and prevent HIV infection among youth, the Chicago Public Schools (CPS) partnered with the Chicago Department of Public Health (DPH) to pilot an education and testing project for gonorrhea and chlamydia. In the 2010–2011 school year, 15 high schools were invited to participate in the STI pilot testing project.

Program/Activity Description

CPS, supported through CDC funding, worked with the schools to implement the education and testing project. Students in the project

- Received 20–30 minutes of education about STIs and the testing process.
- Had an opportunity to provide a urine sample and meet with a DPH representative.
- Received instructions about getting test results, and accessing health care facilities for treatment and follow-up care.
- Were provided additional HIV/STI educational materials and access to condoms.

Students who tested positive received treatment through school-based health centers (SBHCs) or the DPH clinics. Follow-up care included

- Counseling on how to prevent STI/HIV transmission.
- Additional education on barriers that can prevent STIs.
- Information on health care providers who offer screening for other STIs.
- Guidance on how to register at an SBHC to make it a student's medical home.

Program/Activity Outcomes

For the 12 high schools that completed the pilot testing program during the 2010–2011 school year,

- 3,189 students received HIV/STI prevention education and 2,188 students were tested.
- 289 students tested positive for an STI; 280 have received treatment thus far.

CPS plans to retain the original pilot schools and subsequently increase the number of high schools participating each year in the STI testing and educational program.

Focusing Efforts on Youth Disproportionately Affected by HIV/AIDS

Los Angeles, California

Problem Overview

HIV infection occurs disproportionately among certain groups of young people, including young men who have sex with men. A 2009 survey* of more than 7,000 middle and high school students self-identifying as lesbian, gay, bisexual, and transgender (LGBT) found that in the past year, because of their sexual orientation

- Eight of 10 students had been verbally harassed at school.
- Four of 10 had been physically harassed at school.
- Six of 10 felt unsafe at school.

Such victimization is associated with HIV risk behaviors (e.g., not using a condom during sexual intercourse or having more than four sex partners).

Program/Activity Description

The Los Angeles Unified School District (LAUSD) HIV/AIDS Prevention Unit, supported in part though CDC, has focused on decreasing STD/HIV rates by

- Establishing systemwide efforts to address high-risk behaviors among LGBTQ** youth.
- Identifying "safe spaces," such as counselors' offices, designated classrooms, or student organizations, where LGBTQ youth can receive support from administrators, teachers, or other school staff.
- Working with partners to develop new ways to support schools and the broader community in their efforts to reduce HIV infections in the LGBTQ population, such as
    - A textbook chapter about sexual orientation used in required health education courses.
    - A Web site providing LGBTQ-related policy, statistics, and curriculum resources for schools, students, and parents.
    - Workshops for teachers on the challenges facing LGBTQ students.

Program/Activity Outcomes

CDC's 2010 School Health Profiles survey results for Los Angeles indicated that among high schools

- 98% had a gay/straight alliance or similar club.
- 69% provided curricula or supplementary materials and engaged in all of these key selected practices related to LGBTQ youth: 1) identified "safe spaces," 2) prohibited harassment based on perceived or actual sexual orientation or gender identity, 3) encouraged staff to attend workshops on safe and supportive school environments for all students, and 4) facilitated access to health service providers not on school property for HIV/STD testing and counseling, and social/psychological services to LGBTQ youth.

** Survey participants, aged 13–21, were recruited online and through community-based groups and service organizations serving LGBT youth.*

*** Q–questioning*

Reviving Health Education: Innovative Coalition Plays Key Role

Minneapolis, Minnesota

Problem Overview

Updates to the health education standards established by the Minneapolis Public Schools (MPS) District had not occurred since 1995. In addition, school staff faced two key challenges in providing sexual health education to students:

- The content of the curricula used across the district's 16 K–8 schools and 7 middle schools was inconsistent.
- Not all teachers delivering curriculum content had received recommended teacher preparation and opportunities for professional development in sexual health education.

Program/Activity Description

MPS's health curriculum review process, begun in fall 2008, presented an opportunity to revamp the district's approach towards health education. Several public and private organizations collaborated to form the Minneapolis Urban Initiative to support the district's selection of the sexual health education component of the health curriculum. The Minnesota Departments of Education and Health, with support from the CDC, contributed to the coalition's work by offering training, curricula, and teaching materials to conduct pilot projects.

The Minneapolis Urban Initiative coalition activities included

- Providing research findings to support district staff as they identified sexual health education curricula to evaluate and pilot.
- Working with staff to develop a strategy for implementing new curricula.
- Providing updates to parents on the curriculum adoption process.
- Supporting the training of teachers to pilot curricula.
- Assisting district staff in understanding state laws, revising health-related policies to adhere to a science-based approach, and fostering support for the curriculum revision process.

Program/Activity Outcomes

In 2010, the MPS

- Adopted new health education standards that included sexual health education components for middle and high school students.
- Piloted four health education curricula and adopted two of them—one each for middle school and high school—that were science-based and included sexual health education components.

Through CDC funding, the state Departments of Health and Education provided training in the selected curricula for designated teachers from MPS middle schools. A master teacher, funded by the Minneapolis Department of Health and Family Support, oversaw the implementation of the new curricula during the 2010–2011 school year.

Improving Sexuality Education Training to Better Equip Classroom Teachers

Orange County, Florida

Problem Overview

More than 300 middle school teachers in the Orange County Public Schools (OCPS) who are not certified in health education were responsible for teaching human sexuality education benchmarks (as referenced in sub-bullets below*). According to CDC's 2008 School Health Profiles (Profiles) data for OCPS,

- More than 20% of lead middle school health education teachers reported that they did not receive training on HIV, STD, and pregnancy prevention.
- Among the middle school human sexuality education teachers,
  - *Between 16% and 20% did not teach how HIV and other STDs are transmitted, diagnosed, and treated; how to prevent HIV/STDs; the health consequences of HIV/STDs; and the benefits of abstinence.
  - *About 30% did not teach ways to access health information and services; the influences of media, family, and social and cultural norms; and negotiation skills.

Program/Activity Description

To increase the number of teachers providing instruction about HIV, STD, and pregnancy prevention, the OCPS (funded in part through CDC) initiated or changed many practices:

- Clearly identified and distributed the grade-level OCPS human sexuality education benchmarks to all middle school human sexuality education teachers.
- Wrote grade-level lesson plans to address each of the benchmarks.
- Revised teacher trainings to include more content about policies, student assessment, and strategies for teaching HIV, STD, and pregnancy prevention.
- Recruited and trained 19 additional classroom presenters from external agencies having expertise in adolescent sexual health education.

Program/Activity Outcomes

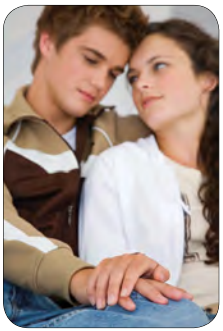
The 2010 Profiles results showed significant improvement—more than 89% of middle school teachers taught all of the required human sexuality education benchmarks. Local evaluation data also indicated that teachers felt more knowledgeable and comfortable with teaching these critical health topics. During the 2009–2010 school year, more than 17,000 middle school students received HIV/STD/teen pregnancy prevention education; more than 10,000 of these youth were students at schools in ZIP code areas having disproportionate rates of HIV, STDs, and teen pregnancy.

Respect Yourself, Protect Yourself: Increasing Condom Use Among Sexually Active Teens

San Diego, California

Problem Overview

According to the Youth Risk Behavior Survey (YRBS), the San Diego Unified School District (SDUSD) experienced a steady decline in the number of high school students ever having sexual intercourse—from 48% in 1991 to 39% in 2007. During this same time, condom use during last sexual intercourse increased from 43% to 57%. SDUSD realized that providing a stronger message about condom use as part of the district's required HIV/STD prevention program was needed.



Program/Activity Description

The SDUSD Sex Education and HIV Prevention program, funded by the CDC's Division of Adolescent and School Health, recognized the importance of engaging its partners to bolster prevention education efforts. Health educators from Planned Parenthood, Family Health Centers, YMCA, Operation Samahan, and Family Cares attend SDUSD training to learn about the district's curriculum, policies, and procedures so they can assist with classroom instruction. Using their special expertise and training, these educators supply information on services available at their youth-serving clinics and lead discussions on condom use and HIV/STD prevention.

According to classroom teacher reports for the 2008–2009 school year, more than 85% of 8th–12th grade students received sex education that included information on HIV/STD prevention and testing and information on risk reduction, including a condom demonstration. SDUSD and its health education partners also

- Provided information on the rights of minors to access confidential medical services and contraceptive methods.
- Expanded information supplied about youth-serving clinics.
- Encouraged students to take responsibility for their reproductive health.

Partners also helped SDUSD establish new policies and procedures to allow students access to confidential medical services during the school day, if needed.

Program/Activity Outcomes

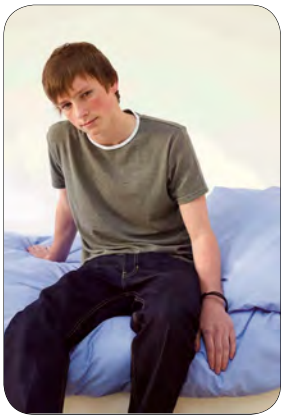
2009 YRBS results showed that the percentage of high school students who ever had sex remained stable (compared to 2007) at 39%. Condom use during last sexual intercourse, however, increased significantly from 57% in 2007 to 66% in 2009; among 10th-graders, 70% reported condom use during last sexual intercourse. Plans are to strengthen efforts to reach 12th-grade students—who reported a higher rate of sexual intercourse (50%) compared to 10th-grade students (41%), but a lower rate of condom use during last intercourse (57%).

Training Juvenile Justice Professionals to Deliver HIV Prevention to Incarcerated Youth

Education, Training and Research (ETR) Associates

Problem Overview

Risky sexual behaviors put youth in danger of contracting sexually transmitted diseases (STDs), including HIV. Studies indicate that when compared to the general youth population, incarcerated youth are *more likely* to have multiple sexual partners and *less likely* to use condoms at last sexual intercourse. Adding to their risk, this population may not receive adequate information about HIV prevention because of truancy from schools, their unique educational and psychological needs, and limited institutional resources.



Program/Activity Description

ETR Associates collaborated with the National Partnership for Juvenile Services on the Survive Outside project. With funding from the CDC, Survive Outside provided free training, educational materials, and other guidance to juvenile justice staff nationwide on several evidence-based prevention interventions designed to meet the varying needs of youth in detention and correctional settings. The interventions included implementation of the *Making Proud Choices!: A Safer Sex Approach to STDs, Teen Pregnancy, and HIV Prevention* curriculum, which has demonstrated (in a prior study) decreased frequency of sexual intercourse, decreased frequency of unprotected sexual intercourse, and increased condom use among participants compared to the control group. The programs included in Survive Outside help youth

- Increase their knowledge about STDs, HIV, and pregnancy prevention.
- Learn how safer sex can help them achieve their goals.
- Gain the confidence and skills to reduce their sexual health risks.

Program/Activity Outcomes

From 2006–2011, the Survive Outside project trained 590 educators from 287 juvenile justice facilities and alternative schools in 18 states, the District of Columbia, and 2 U.S. territories to implement Survive Outside HIV prevention interventions with youth in their agencies and schools. Subsequently, more than 8,100 youth

- Received instruction in HIV risk reduction through counseling,
- Participated in discussion groups on the Bloodlines Video, which was directed and produced by HIV-positive youth, or
- Were instructed in the *Making Proud Choices!* curriculum.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health
4770 Buford Highway, NE
MS K–29
Atlanta, GA 30341–3717
1–800–CDC–INFO (1–800–232–4636)
or 1–888–232–6348 (TTY)
cdcinfo@cdc.gov
www.cdc.gov/HealthyYouth

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