



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Recent Surveillance Findings, Youth Programs and Resources from CDC's Division of Adolescent and School Health

Mike Underwood, PhD; CDR Malaika Washington, MPSH; Leigh Szucs, PhD, CHES

CDC Division of Adolescent and School Health (DASH)

U.S. Department of Health and Human Services Administration on Children, Youth and Families (ACYF) Family and Youth Services Bureau (FYSB) Adolescent Pregnancy Prevention Program Grantee Conference; May 23-25, 2023



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Workshop objectives



- 1** Use YRBS Explorer to identify 4 health behavior prevalence estimates, among youth in your state or school district.
- 2** Define youth advisory councils and distinguish adult support in youth engagement strategies from adult leadership.
- 3** Identify at least 2 CDC tools and resources that can be used to advance adolescent and school health research and practice.



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

School-based Surveillance and the Youth Risk Behavior Survey (YRBS) Explorer

Mike Underwood, PhD (he/his)

Branch Chief

School-based Surveillance Branch (SBSB), CDC/DASH



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Schools play a critical role in promoting the health and safety of young people and are an ideal setting to reach youth



Youth are in school for at least **6 hours** a day

26 million U.S. students attend middle and high school

95% of youth aged 7-17 attend school

CDC Strives to Help Youth Be Healthy and Successful



We envision a future where all youth in the U.S. will be equipped with the knowledge, skills, and resources for a healthy adolescence and adulthood.



CDC's Investment in Adolescent and School Health



- Surveillance
 - School-based surveillance of youth behaviors and experiences and school policies and practices
- Program
 - School district-based approach to improve primary prevention of HIV, STD and teen pregnancy
- Research and applied evaluation
 - Monitoring and evaluation of district programs as well as tool development and investigation of emerging issues and solutions

What is the Youth Risk Behavior Surveillance System (YRBSS)?

- **Largest public health surveillance system in the U.S. dedicated to monitoring a broad range of health-related behaviors among adolescents**
- **YRBSS is a system of surveys**
 - National Youth Risk Behavior Survey (YRBS) conducted by CDC
 - State, territorial, tribal, and local YRBS conducted by state, territorial, and local education and health agencies and tribal governments



YRBSS methodology

Representative of Student Populations

- Reflects national, state, and local jurisdictions
- 9th-12th grade students
- Includes public and private schools
- 3-stage cluster sampling

Anonymous

- Self-administered questionnaire
- Computer-scannable booklets or electronic data collection

Administered Biennially

- Typically conducted in the spring of odd-numbered years (2021, 2023, etc.)
- Completed in one class period

YRBSS topic areas



Unintentional Injuries
and Violence



Substance Use (Tobacco,
Alcohol, and Other
Drugs)



Sexual Behaviors



Obesity, Dietary
Behaviors & Physical
Activity



Mental Health and
Suicide

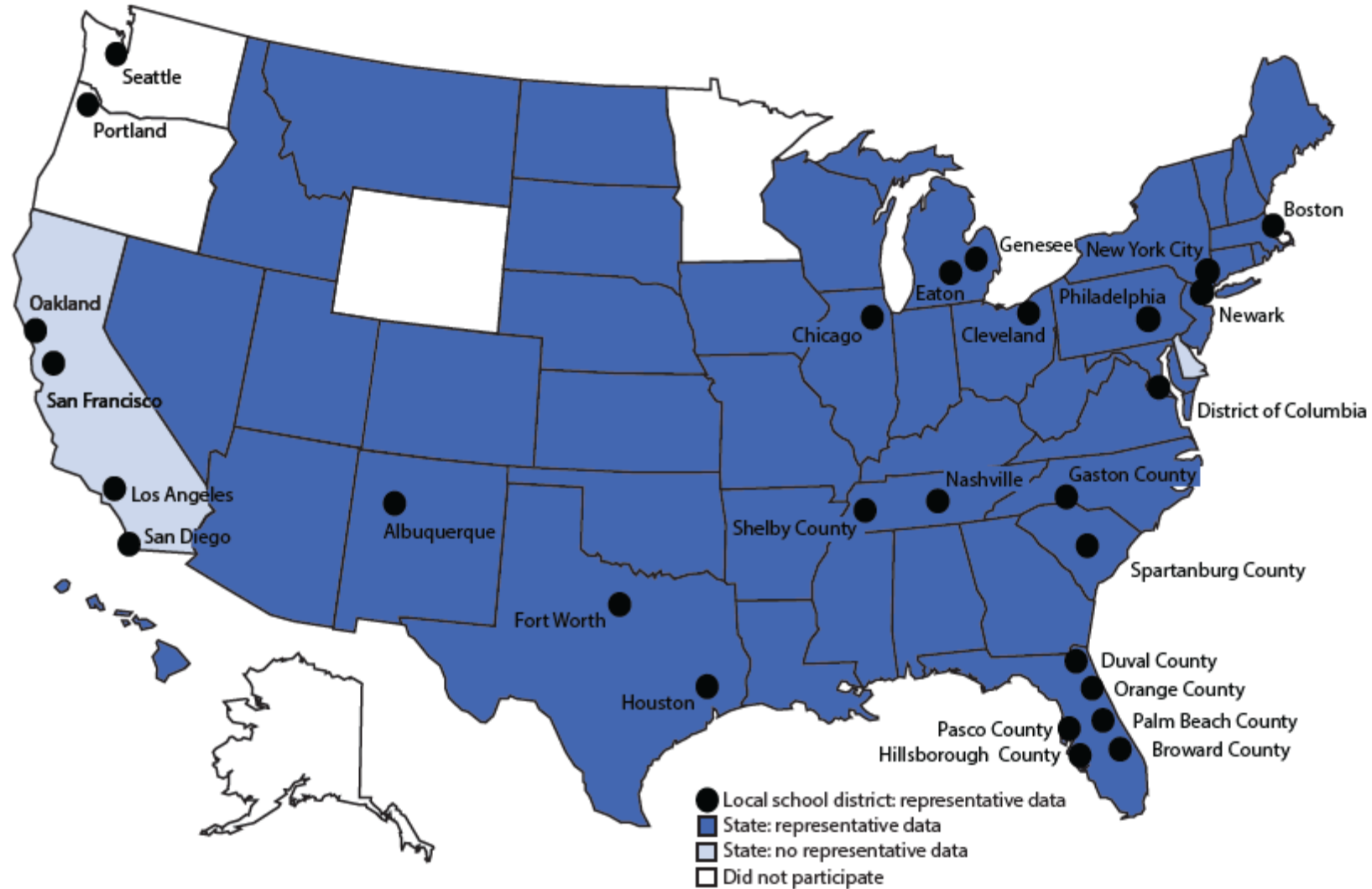


Other Health Topics






New and emerging YRBSS topic areas

- **Gender identity**
- **Experiences with racism**
- **School connectedness**
- **Adverse Childhood Experiences (ACEs)**
- **Food insecurity**
- **Homelessness**




2021 YRBSS participation map



Mental health and suicidality

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

LEGEND

	In wrong direction
	No change
	In right direction

Source: National Youth Risk Behavior Surveys, 2011-2021






YRBS Explorer

YRBS Explorer Help

Search Questions [Reset](#)









Search

Select Topic

-  Unintentional Injuries and Violence
-  Tobacco Use
-  Alcohol and Other Drug Use
-  Sexual Behaviors
-  Dietary Behaviors

Explore Youth Risk Behavior Survey Questions - United States, 2019

[2019 Supplementary Tables](#)

 Drank a bottle or glass of plain water one or more times per day Graphs Tables	 Ever took steroids without a doctor's prescription Graphs Tables	 Ate vegetables two or more times per day Graphs Tables	 Carried a weapon on school property Graphs Tables
 Ever used cocaine Graphs Tables	 Never saw a dentist Graphs Tables	 Currently were binge drinking Graphs Tables	 Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse Graphs Tables

YRBS Explorer



YRBS Explorer Help Using YRBS Explorer

Search Questions [Reset](#)

Select Topic

- Unintentional Injuries and Violence**
- Tobacco Use
- Alcohol and Other Drug Use
- Sexual Behaviors
- Dietary Behaviors
- Physical Activity
- Obesity, Overweight and Weight Control
- Other Health Topics

Explore Youth Risk Behavior Survey Questions - United States, 2021

High School Survey Results shown. Additional **locations** and **years** are available by selecting a question below.

Did not always wear a seat belt Graphs Tables	Rode with a driver who had been drinking alcohol Graphs Tables	Drove when they had been drinking alcohol Graphs Tables	Texted or e-mailed while driving a car or other vehicle Graphs Tables
Carried a weapon on school property Graphs Tables	Carried a gun Graphs Tables	Were threatened or injured with a weapon on school property Graphs Tables	Were in a physical fight Graphs Tables
Were in a physical fight on school property Graphs Tables	Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood	Were electronically bullied Graphs Tables	Were bullied on school property Graphs Tables

High School Students Who Felt Sad Or Hopeless*

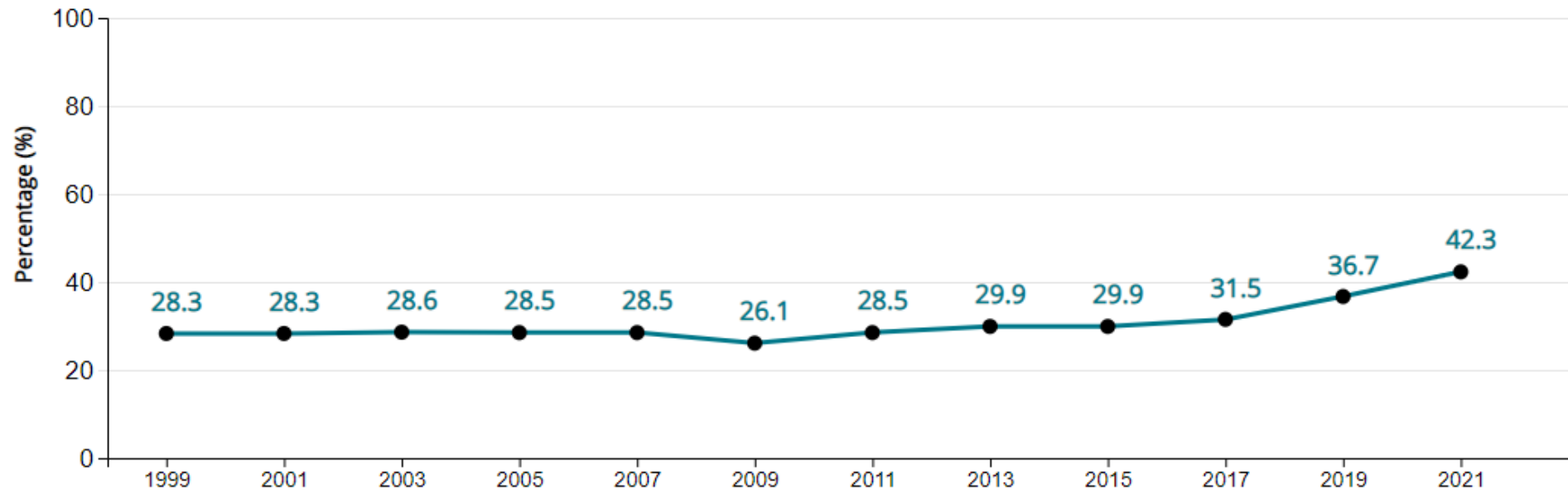
Patterns Over Time

We are tracking the prevalence of being sad or hopeless over time.

We observed an **increase** from 1999 to 2021.[†]

[→ View Table in Youth Online](#)

[↪ Share Link](#)



* Almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.

† Overall, the percentage of students reporting this behavior increased from 1999 to 2021. The direction of the trend line changed in 2015. There was no change, from 1999 to 2015. There was an increase from 2015 to 2021. Any indicated increase or decrease is statistically significant.

[Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

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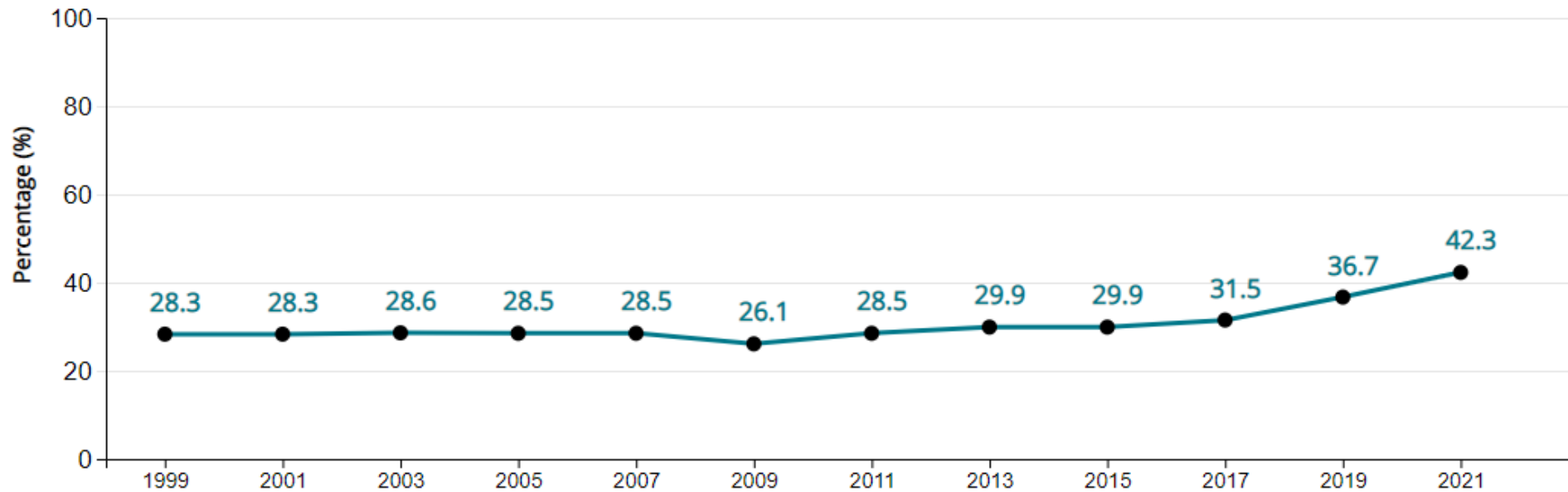
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High School Students Who Felt Sad Or Hopeless*

[View Graph](#)
[View Table in Youth Online](#)
[Share Link](#)

United States Survey Results







	Total		Female		Male	
	%	CI	%	CI	%	CI
Total	42.3	41.0 - 43.7	56.6	54.6 - 58.5	28.6	27.1 - 30.0

Race	Total		Female		Male	
	%	CI	%	CI	%	CI
Total	42.3	41.0 - 43.7	56.6	54.6 - 58.5	28.6	27.1 - 30.0
American Indian or Alaska Native	40.5	31.5 - 50.2	57.9	46.4 - 68.6	25.4	12.8 - 44.3
Asian	35.1	30.4 - 40.2	44.3	38.2 - 50.6	26.3	21.1 - 32.3
Black or African American	39.3	36.3 - 42.5	54.4	50.2 - 58.5	24.9	22.1 - 28.0
Hispanic or Latino	46.4	43.9 - 49.0	62.2	57.4 - 66.8	30.0	27.8 - 32.2
Native Hawaiian or Other Pacific Islander	39.2	29.1 - 50.3	53.6	32.6 - 73.3	29.0	17.8 - 43.5
White	41.1	39.0 - 43.3	55.1	52.7 - 57.5	28.2	26.2 - 30.3
Multiple race	48.8	44.8 - 52.8	61.9	54.3 - 68.9	33.2	27.6 - 39.3







YRBS Explorer Activity (10 mins.)

YRBS data highlight important trends in adolescent health







Sexual risk is declining but there is still work to do

The Percentage of High School Students Who:*	Trend
Ever had sex	
Had four or more lifetime sexual partners	
Were currently sexually active	
Used a condom during last sexual intercourse†	
Used effective hormonal birth control†,‡	–
Used a condom and effective hormonal birth control (dual use)†,‡	–
Were ever tested for HIV	
Were tested for STDs during the past year§	






Substance use is declining but still too high

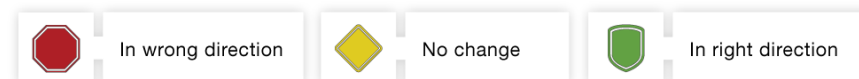
The Percentage of High School Students Who:*	Trend
Currently drank alcohol	
Currently used marijuana	
Currently used an electronic vapor product†	
Ever used select illicit drugs	
Ever misused prescription opioids‡	
Currently misused prescription opioids§	

Adolescents are experiencing too much violence

The Percentage of High School Students Who:*	Trend
Were threatened or injured with a weapon at school	
Did not go to school because of safety concerns	
Were electronically bullied	
Were bullied at school	
Were ever forced to have sex	
Experienced sexual violence by anyone†	

Mental health trends continue to move in the wrong direction

The Percentage of High School Students Who:*	Trend
Experienced persistent feelings of sadness or hopelessness	
Experienced poor mental health†	–
Seriously considered attempting suicide	
Made a suicide plan	
Attempted suicide	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	





National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Empowering Students through Youth Advisory Councils (YACs)

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CDC/DASH Youth Empowerment Project



- DASH would like to hear the **experiences and voices of youth** working with the education agencies across the U.S.
- **Youth empowerment (YE)** efforts are intended to equip youth with the knowledge and skills needed to make healthy decisions and live healthy lives.
- **Youth Empowerment** will allow for the opportunity to:
 - Support youth development and leadership skills
 - Capture valuable feedback on adolescent programming to achieve DASH's mission of helping youth become healthy, successful adults.

Alignment with 2020 – 2025 DASH Strategic Plan

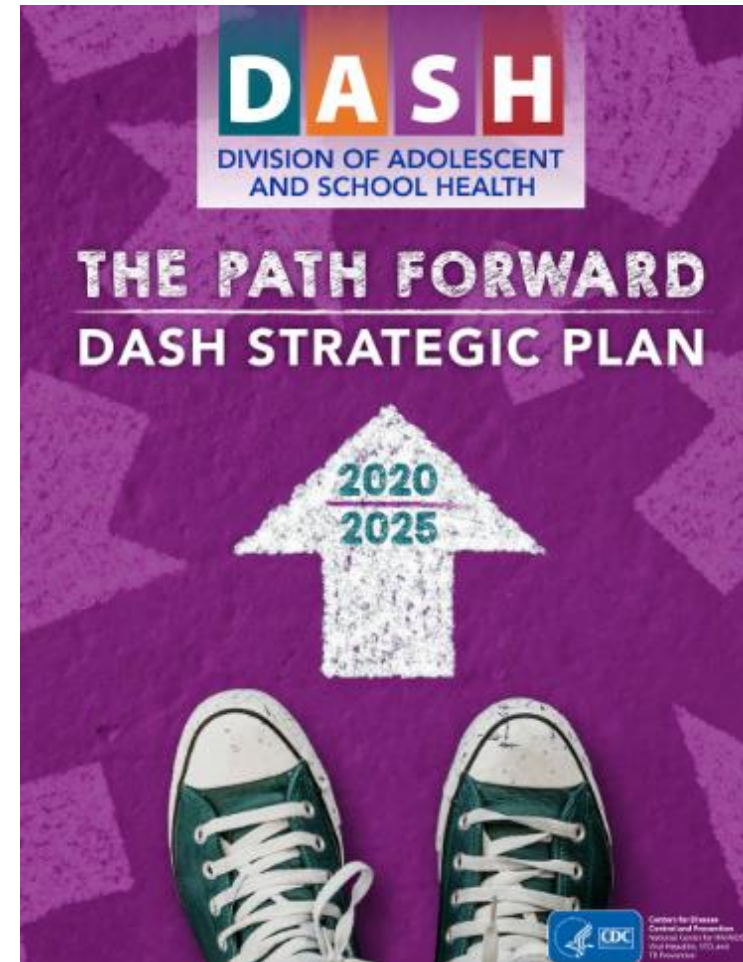


Strategic Imperative A

- By 2025, establish a mechanism to **hear from youth**, parents, and families to **inform DASH's strategies**.

Strategic Imperative C

- By 2025, establish mechanisms for **directly communicating to youth**, parents, and families.



What is a Youth Advisory Council?

*A **youth advisory council** is a body of diverse youth who vocalize the health needs of adolescents and who are engaged in planning and implementing projects to address structural barriers to adolescent health in their schools and communities.*



How Do Youth Advisory Councils Balance Youth Leadership With Adult Support?

Balancing adult support with youth leadership can be hard. It takes **practice**. It takes **relationship building**. Adults should listen to and respect young people's role in making decisions. Adults also must understand that youth need ongoing support.



Potential YAC Project Topics

Mental health

Reducing HIV and STD infection

Decreasing risky sexual behavior

Substance use

Creating safe spaces for youth

Sexual identity

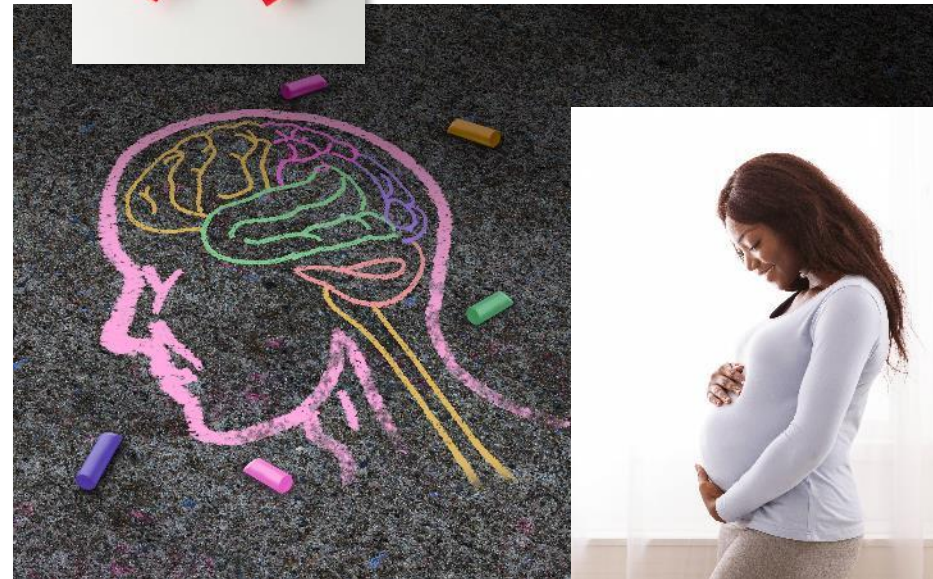
Physical and sexual violence

Increasing condom usage

Pregnancy prevention

Health equity

Social justice



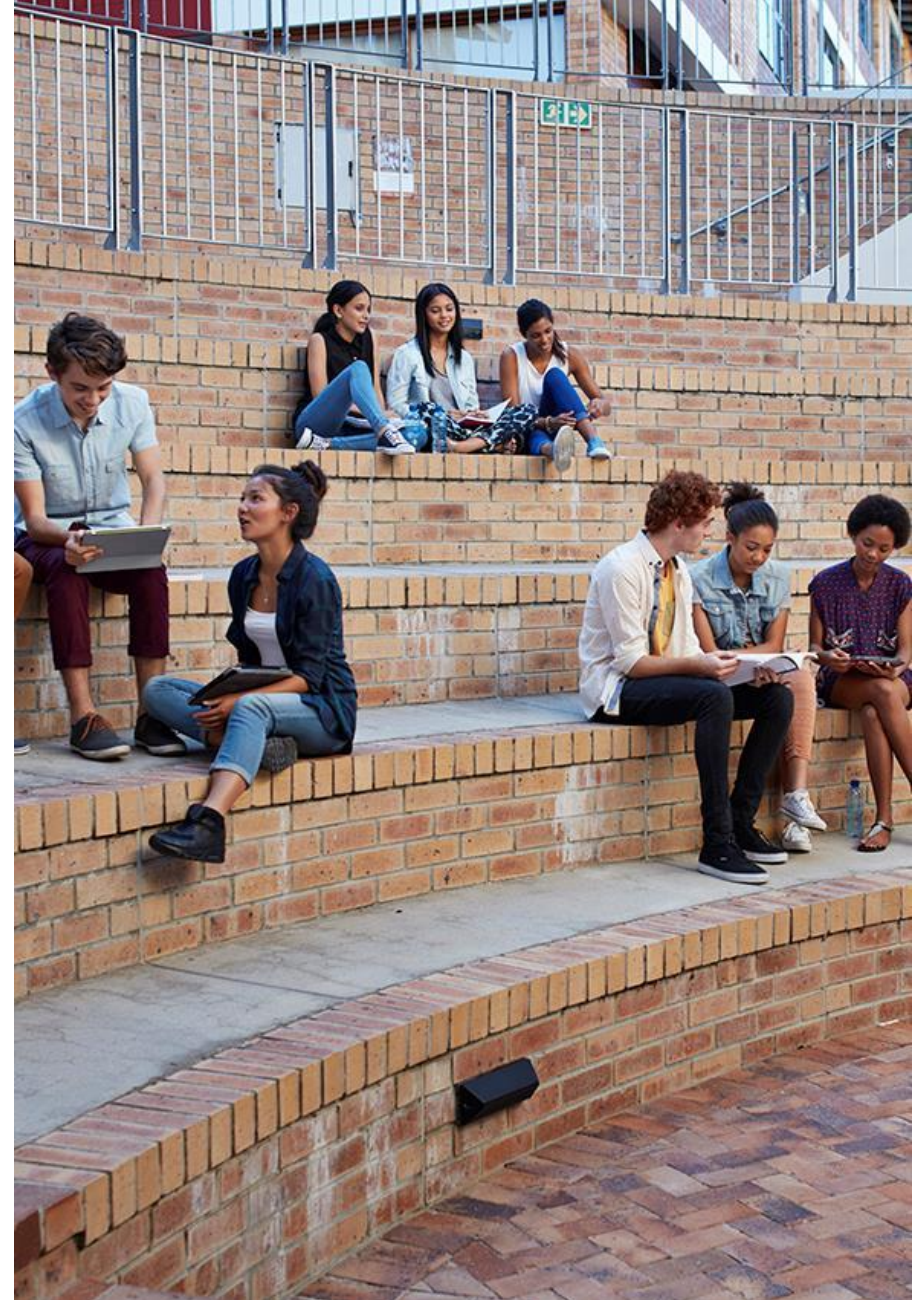
Small Group Activity



How has your district and/or community engaged youth in decision-making or policy-making or program improvement?

Getting Started and Recruitment of LEAs

- Invited eight PS18-1807 sites to apply
 - Online application
 - Follow-up interviews
- Criteria:
 - Buy-in and motivation for implementing YACs
 - Existing youth leadership opportunities
 - Partnerships with youth-serving organizations
- Signed MOUs with selected districts:
 - Chicago Public Schools
 - Genesee Intermediate School District
- Provide seed funding and TTA



Summer Project Final Presentations

Students presented their final projects to an audience of CPS staff and community partners, and a few invited family members for a final celebration. One YAC student shared: **“The day we presented our posters to guests there were many important figures involved with CPS. This made me feel heard.”**



Two Very Different Sites

- **Size:** large vs. small district
- **Structure:** centralized vs. consortia
- **Staffing:** abundant vs. limited
- **Meetings:** daily vs. bi-weekly



Data Collection Methods

- Key informant interviews with district liaisons
- Focus groups with youth YAC members
- Content analysis of meeting notes/transcripts





Student Projects

- Chicago—4 projects:
 - Gardening as health promotion
 - LGBTQ+ support
 - Mental health awareness
 - Sexual health awareness
- Genesee ISD—1 project:
 - Mental health awareness

Lessons Learned: District

- Dedicated staff in place
- Internal support and systems
- Political climate/context
- Recruitment plan
- Planning time





Lessons Learned: YAC

- Team-building time
- Understanding of district policy and decision making
- Shared leadership
- Realistic project goals
- Milestone events/celebration

Developing a YAC

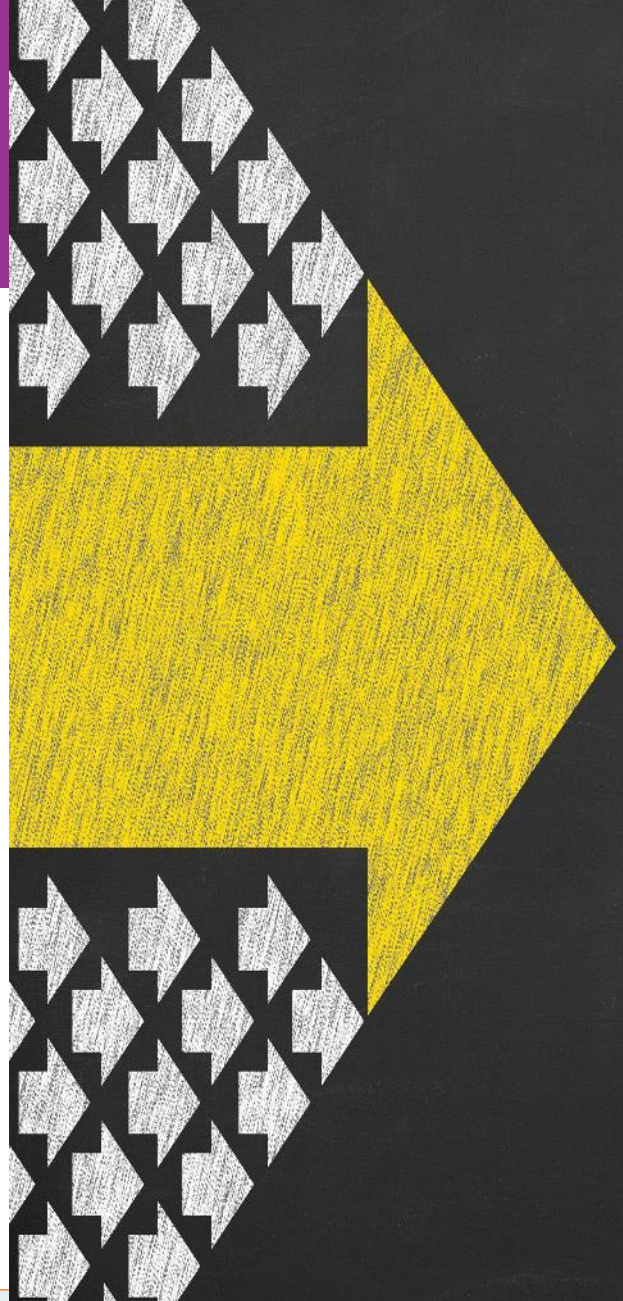
- High turnover rates of youth
- Additional costs (e.g., training, transportation, equipment, space, materials)
- Management style preferences that favor hierarchy and experience
- Scheduling that does not allow for youth participation
- Communication styles that are not responsive to young people

Source: https://www.youthpower.org/sites/default/files/YouthPower/files/resources/YOUTH%20ADVISORY%20COUNCIL_8%20STEPS%20final.pdf



Considerations for Going to Scale

- Additional evidence on YACs is needed.
- Initial capacity matters but should be balanced with equity considerations.
- Districts need planning/ramp-up time.
- Use a tiered approach for training, technical assistance, and peer-to-peer learning.
- Support youth in their being part of a community of youth leaders.
- Seed money is helpful for districts along with other resources (e.g., in-kind).



Web Resources

<https://www.cdc.gov/healthyyouth/yac/>



Youth voices can make a difference.

Youth can work with supportive adults to improve schools and communities. Youth advisory councils (YACs)—sometimes called youth advisory boards—allow youth and adults to make decisions together and have a positive influence on others.



Youth Advisory
Councils Structure



Using Data to Make
Decisions



Youth Advisory
Councils Action Plans



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

CDC Tools and Resources to Support Adolescent and School Health Research and Practice

Leigh E. Szucs, PhD, CHES (she/hers)

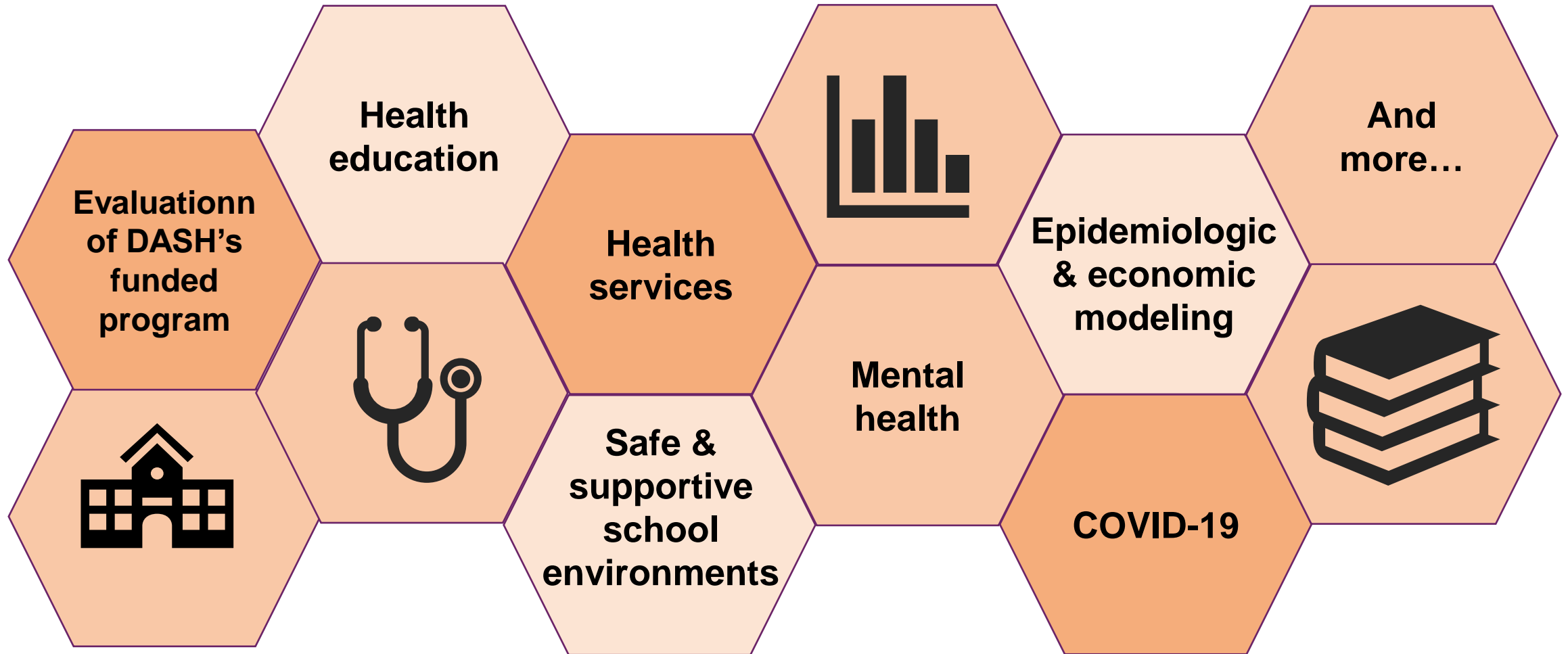
Senior Health Scientist

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DASH Research Application and Evaluation: *Areas of Focus*



DASH Research Application and Evaluation



Priorities:

- Evaluate DASH-funded programs
- Demonstration projects/applied evaluations
- Data collection & analysis
- Epidemiologic & economic modeling
- Research synthesis
- Bridging the gap between research and practice
 - Translation of research findings into resources and tools

Key Tools & Resources



Health education

- HECAT, scope & sequence tools, pacing guide

Health services

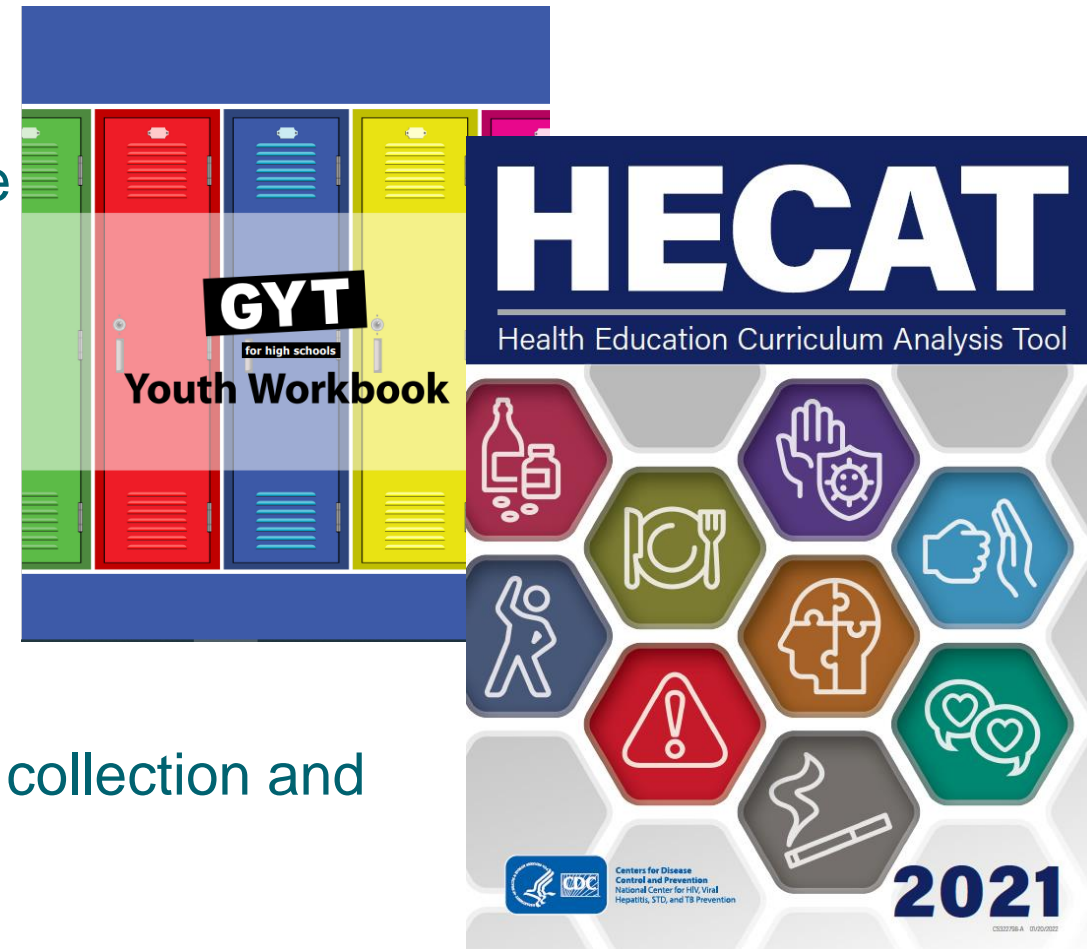
- Get Yourself Tested (GYT) for High Schools

Safe & supportive school environments

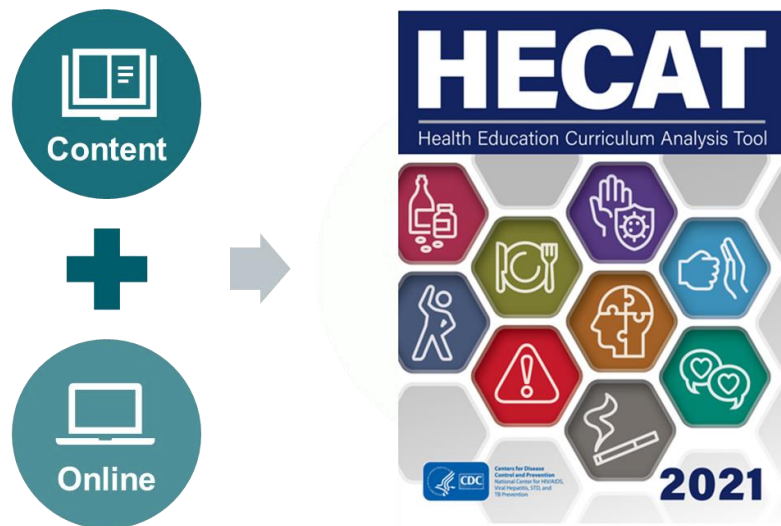
- Classroom management, LGBTQ+ inclusivity

Program evaluation





- Resources focus on evaluation planning, data collection and analysis, and sharing findings



- Health Education Curriculum Analysis Tool (HECAT) and HECAT Online



How to use HECAT Online

-  [Health Education Curriculum Analysis Tool \(HECAT\): Overview](#) [PDF - 498 KB]
This guide includes the overview and rationale of CDC's HECAT, including information about accessing and using HECAT Online.
-  [Using HECAT Online to Perform a Curriculum Analysis: General Instructions](#) [PDF - 455 KB]
This guide includes information and step-by-step instructions for using HECAT Online to conduct a health education curriculum analysis.
-  [Using HECAT Online to Develop a Scope and Sequence for Health Education](#) [PDF - 804 KB]
This guide includes information about how to use HECAT Online to develop a scope and sequence for a single health topic or grade span, or for comprehensive health education across multiple health topics and grades Pre-K through 12.
-  [Using HECAT Online to Analyze Comprehensive Health Education \(CHE\) Curriculum: General Instructions](#) [PDF - 672 KB]
This guide includes information about how to complete HECAT Online tasks for analyzing comprehensive health education curricula.

Health Education



Education Tools and Resources



Characteristics of Effective Health Education

This resource highlights 15 characteristics of effective health education curriculum based on a growing body of research and evaluation.



Skills-based Health Education Models [☑](#)

These skill guides from RMC Health provide information for educators on how to teach the 7 key health skills aligned with the National Health Education Standards.



Sexual Health Education Scope and Sequence Processing Guide [📄](#) [PDF - 418 KB]

This tool helps local education agencies and youth-serving entities reflect on scope and sequence development and implementation, and plan for future revisions.



Sexual Health Education Scope and Sequence Checklist [📄](#) [PDF - 317 KB]

This tool assists individuals or groups in reviewing their existing sexual health education scope and sequence for core characteristics and elements.



Health Education Pacing Guide and Unit Planner [📄](#) [PDF - 283 KB]

This tool provides templates and considerations for schools to use when creating a pacing guide or unit plan for health education.



Health Education Teacher Coaching Form [📄](#) [PDF - 357 KB]

This sample coaching form helps facilitate coaching and mentoring of health education teachers to build instructional practices associated with effective health education.

Tools

- 1) SHE Scope and Sequence Processing Guide
- 2) SHE Scope and Sequence Checklist
- 3) Health Education Pacing Guide and Unit Planner
- 4) Health Education Teacher Coaching Form

Health Education



Characteristics of an Effective Health Education Curriculum

Today's state-of-the-art health education curricula reflect the growing body of research that emphasizes:

- Teaching functional health information (essential knowledge).
- Shaping personal values and beliefs that support healthy behaviors.
- Shaping group norms that value a healthy lifestyle.
- Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

Less effective curricula often overemphasize teaching scientific facts and increasing student knowledge. An effective health education curriculum has the following characteristics, according to reviews of effective programs and curricula and experts in the field of health education¹⁻¹⁴:

Focuses on clear health goals and related behavioral outcomes.	+
Is research-based and theory-driven.	+
Addresses individual values, attitudes, and beliefs.	+
Addresses individual and group norms that support health-enhancing behaviors.	+
Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.	+
Addresses social pressures and influences.	+
Builds personal competence, social competence, and self efficacy by addressing skills.	+
Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.	+
Uses strategies designed to personalize information and engage students.	+



Developing a Scope and Sequence for Health Education

Health Education Pacing Guide and Unit Planner

What is a pacing guide?

A **pacing guide** is a *written schedule* or *chart* displaying the topics/skills and behavioral outcomes related to a health education unit or curriculum to be addressed over a defined period of time. A pacing guide may also be known as a *curriculum map*, *program timeline*, *instructional guide*, or *year-at-a-glance*.

A **pacing guide** is an *itinerary for teaching*. Pacing guides *outline a sequential order in which material is taught* across academic subjects and grade level(s) or span, complementing the scope and sequence document(s) to guide instruction in health education.

A **pacing guide can** take many forms, but as implied, is intended to *regulate the pace of the instruction*.

Differences between a scope and sequence and a pacing guide¹⁻³

Scope and sequence (S&S)	Pacing guide
<ul style="list-style-type: none"> • The scope identifies a set of learning objectives/outcomes and topics that will be studied. • Objectives/outcomes and specific topics are aligned to national, state, and local education standards, benchmarks, and indicators, in addition to local context and priority health needs. • The sequence identifies the order in which objectives/outcomes and topics are taught (e.g., Grades 6, 7, or 8). • S&S will not include specific lesson instruction activities, assessment strategies, or adaptation strategies. 	<ul style="list-style-type: none"> • Pacing guides predict the pace (i.e., time) of implemented instruction and focused health behavior outcomes. • The teacher may decide, individually or collectively with peers and leadership, what they will teach and when they will teach it.
<i>The scope and sequence outlines the specific health behavior outcomes across grade levels to guide curriculum development, selection, or revision.</i>	<i>Pacing guides keep teachers on track to deliver the intended curriculum.</i>

¹Association for Supervision and Curriculum Development (ASCD). (2008). What Research Says About Pacing Guides. *Educational Leadership*, 66(2), 87-88.

²<http://www.ascd.org/publications/educational-leadership/oct08/vol66/num02/Pacing-Guides.aspx>

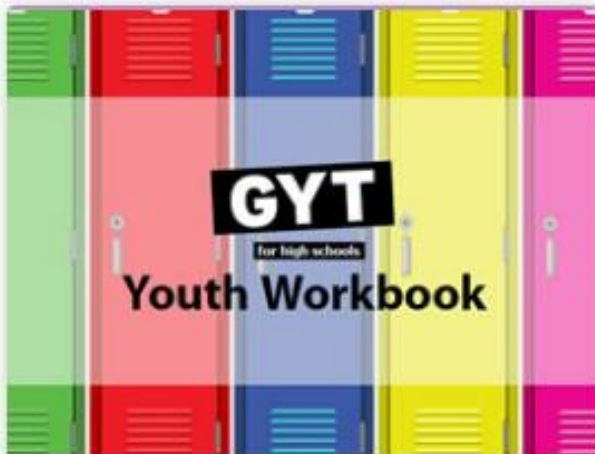
³Illuminate Educators. (n.d.). Creating/Select a Quality Pacing Guide. <https://support.illuminate.com/learn-sa/articles/219137168>Create-Select-a-Quality-Pacing-Guide>

⁴Centers for Disease Control and Prevention. *Developing a Scope and Sequence for Sexual Health Education*. Atlanta, CDC, 2016. https://www.cdc.gov/healthyyouth/hsca/pdf/scope_and_sequence.pdf



- **Get Yourself Tested (GYT)**

- Empowering campaign that can be implemented in high schools to encourage young people to get tested for HIV and STDs.



GYT for High Schools - Youth Workbook



GYT for High Schools - Toolkit



GYT for High Schools - Student Planning Group Orientation

Health Services



Sexual Health Services (SHS)



Schools can help increase student access to SHS

Teens in the United States are less likely than younger children and adults to receive recommended preventive health services in general, and often face unique barriers accessing sexual health services (SHS) in particular. Schools play a critical role in facilitating the delivery of SHS to adolescents to help prevent HIV, sexually transmitted infections (STIs) and pregnancy. School districts should help adolescents access SHS either through on-site school services or via referrals to youth-friendly health care providers in the community.

What schools, districts, and administrators can do

In an effort to help school districts, the Centers for Disease Control and Prevention (CDC) convened a meeting of adolescent and school health experts to discuss strategies that state education agencies (SEAs), local education agencies (LEAs), and schools could use to increase students' access to SHS. Participants acknowledged that the strategies districts and schools adopt would largely depend on their local environment. Factors that must be considered include the availability of access to healthcare resources such as: (1) school-based health centers (SBHCs), (2) school nurses, and (3) on-site healthcare providers. Based on the expert meeting, research literature, and resources from the field, the following are some actions that any school district can take to increase student access to SHS, regardless of whether they have an SBHC, school nurse, or healthcare resources:



Action 1: Assess Policy

Federal, state and local-level policies can impact the delivery of SHS to students. These might include educational policies (e.g., attendance policies or prohibition of certain services on school grounds) and those that are not specific to education (e.g., state laws regarding minors' right to consent for confidential services).

- Identify policies at the state and local levels that facilitate student access to SHS.
- Support changes to policies and laws that limit student access to SHS.
- Educate administrators, clinic and school staff, students, and parents on supportive policies that may be misinterpreted or underused.
- Set up direct third-party reimbursement for health services through programs such as Medicaid, the Children's Health Insurance Program (CHIP), and private insurance companies.



Action 2: Use Data for Program Promotion

Data can be used at every step of the program planning and implementation process to support increasing student access to SHS.

- Provide evidence to principals, parents, and the community with data on STI or teen birth rates to show why SHS are needed and to help prioritize resources to schools or communities that need the most assistance.
- Conduct a community service needs assessment to help gain buy-in from school nurses, administrators, and others.
- Use evaluation data to help illustrate the impact that programs have and to help sustain or increase funding.



Teen Health Services and One-On-One Time with A Healthcare Provider

— An Infobrief for Parents —

The teen years are an important time of growth and development. Teens need regular medical care to ensure they receive recommended health services that help keep them safe and healthy. Having a healthcare provider (e.g., a doctor or nurse practitioner) they trust and can talk to is important, particularly when it comes to topics such as mental and sexual health, substance use, and safety from bullying. Parents can help create that trusting relationship by allowing their teen one-on-one time with their healthcare provider.

Why is one-on-one time with a healthcare provider important?

As adolescents develop and take greater responsibility for their lives, it makes sense for them to be more engaged in their own health care. Current guidelines from the American Academy of Pediatrics (AAP) recommend that providers begin having one-on-one time, commonly referred to as "time alone", with young people as early as age 11.¹

Providers who spend one-on-one time with teens early on help establish this practice as a routine part of care, and provide teens with regular opportunities to raise any concerns in an open manner.² Ensuring teens have a chance to discuss sensitive issues, such as relationship concerns or depression, can increase their satisfaction with medical care and receipt of preventive health services.^{3,4} A recent report from AAP encourages providers to have one-on-one time with teens in order to provide accurate and comprehensive sex education, including personalized information on risks and prevention strategies.⁵

Do teens get one-on-one time with healthcare providers?

Research suggests that not enough teens get one-on-one with their providers. One study found that only 38% of teens 15-17 years old had one-on-one time with a provider during a clinic visit in the prior year.⁶ Another study found that out of 144 medical visits attended by a parent, just 68% involved time alone between the provider and teen.³



https://www.cdc.gov/healthyyouth/healthservices/pdf/OneonOnetime_FactSheet.pdf

Supporting classroom management and school connectedness



Classroom Management

Approaches to Support School Connectedness



Some classroom management approaches strengthen school connectedness. See below for example strategies, tools, and templates that school staff can use to apply these approaches in their face-to-face, virtual, or blended learning modes.



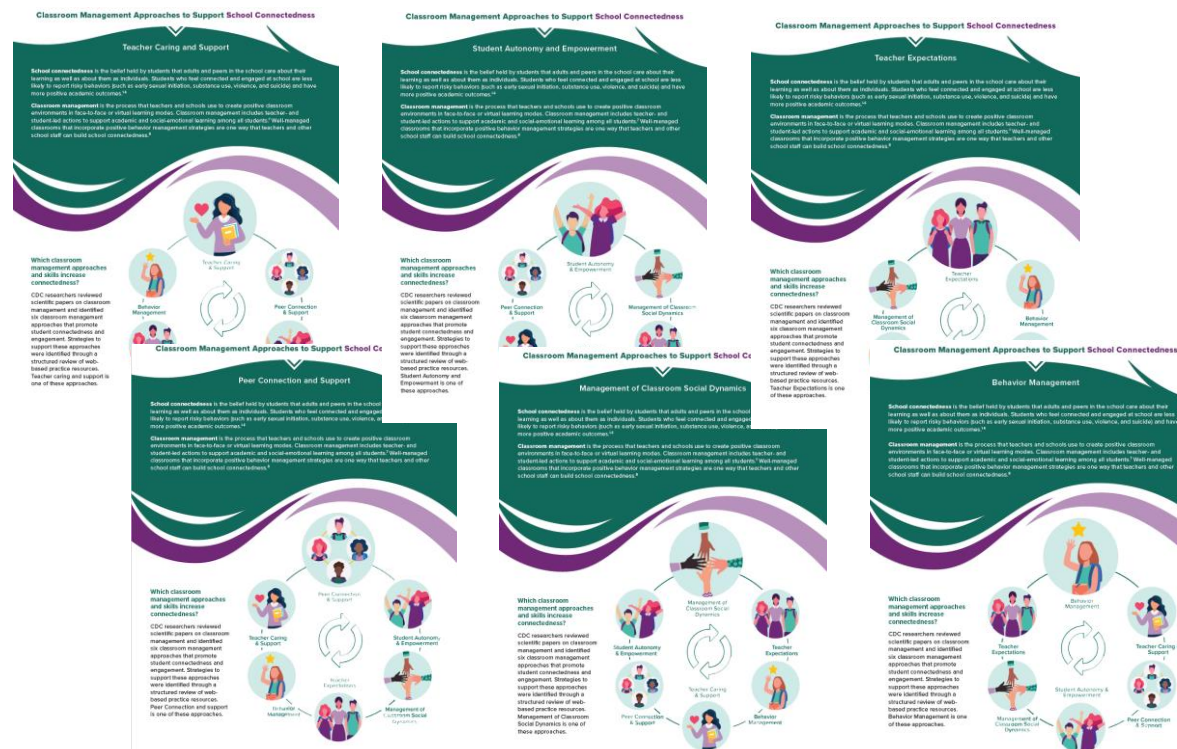
School connectedness

- School connectedness is the belief held by students that adults and peers in the school care about their learning as well as about them as individuals.
- Students who feel connected and engaged at school are less likely to report risky behaviors (such as early sexual initiation, substance use, violence, and suicide) and have more positive academic outcomes.¹⁻⁶



Classroom management

- Classroom management is the process that teachers and schools use to create positive classroom environments in face-to-face or virtual learning modes.
- Classroom management includes teacher- and student-led actions to support academic and social-emotional learning among all students.⁷
- Well-managed classrooms that incorporate positive behavior management strategies are one way that teachers and other school staff can build school connectedness.⁸

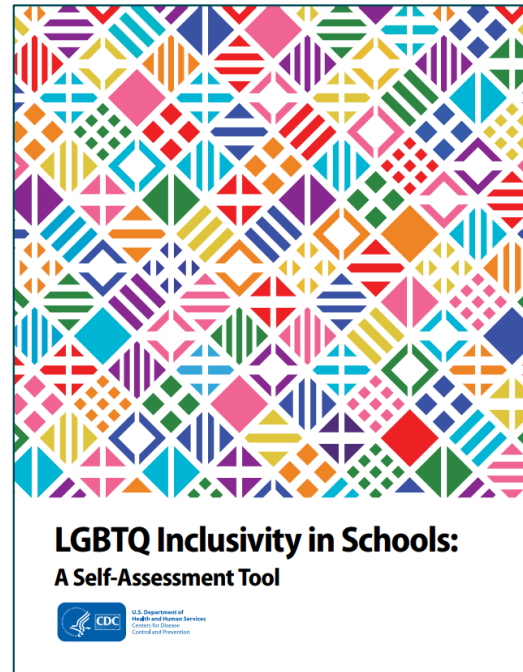


Reflection Notes

How do I currently do this?
What could I do to improve?

Inclusivity resources to support students with LGBTQ+ identities

https://www.cdc.gov/healthyyouth/safe-supportive-environments/lgbtq_youth.htm



[LGBTQ Inclusivity in Schools: A Self-Assessment Tool](#)

Creating Safe Schools for LGBTQ+ Youth

[Print](#)

Core Competencies for Professional Development

This brief provides key learning objectives that schools and school districts can incorporate in their PD offerings to help teachers and other school staff build core competencies for supporting LGBTQ+ youth in schools.

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) youth are more likely than non-LGBTQ+ youth to experience violence at school and have lower levels of [school connectedness](#).

[Professional development \(PD\)](#) for teachers and other school staff on how to support LGBTQ+ youth is a best practice for improving safety and connectedness in schools for both LGBTQ+ youth and their cisgender, heterosexual peers.



Learning Objectives

1 Describe the Basics	2 Identify Health Disparities & Their Root Causes
3 Recognize the Influence of School Environments	4 Implement Supportive Policies & Practices

[Measuring the Impact of Professional Development](#)

Evaluation Planning

Planning your evaluation is critical to having a successful evaluation. Evaluation planning provides an opportunity to focus your evaluation on things that are most critical for you and your stakeholders to understand about your program.

- Evaluation planning should be conducted as part of overall program planning so that evaluation is built into your program from the beginning.

Evaluation Planning Resources



The [CDC Framework for Program Evaluation](#) guides public health professionals in program evaluation. It is a practical, non-prescriptive tool designed to summarize and organize essential elements of program evaluation.

The framework includes steps in program evaluation practice and standards for effective program evaluation.

The steps and standards of this framework will provide an understanding of each program's context and improve how program evaluations are conceived and conducted.

[More Additional Evaluation Resources](#)

Evaluation Briefs

- [Selecting an Evaluation Consultant](#) 📄 [PDF - 259K]
- [Gaining Consensus Among Stakeholders Through the Nominal Group Technique](#) 📄 [PDF - 204K]
- [Developing Process Evaluation Questions](#) 📄 [PDF - 172K]

Developing an Effective Evaluation Plan

[Developing an Effective Evaluation Plan](#) 📄 is a workbook developed by the National Center for Chronic Disease Prevention and Health Promotion that includes tools and resources on developing an evaluation plan.

Program Evaluation

- Conducting routine evaluations that provide information for program management and strengthen program effectiveness should be a part of all state and local education and public health programs
- Tools and resources to support:
 - Evaluation Planning
 - Data collection and analysis
 - Share results and improving programs

Key Tools & Resources



Health education

- HECAT, scope & sequence tools, pacing guide

Health services

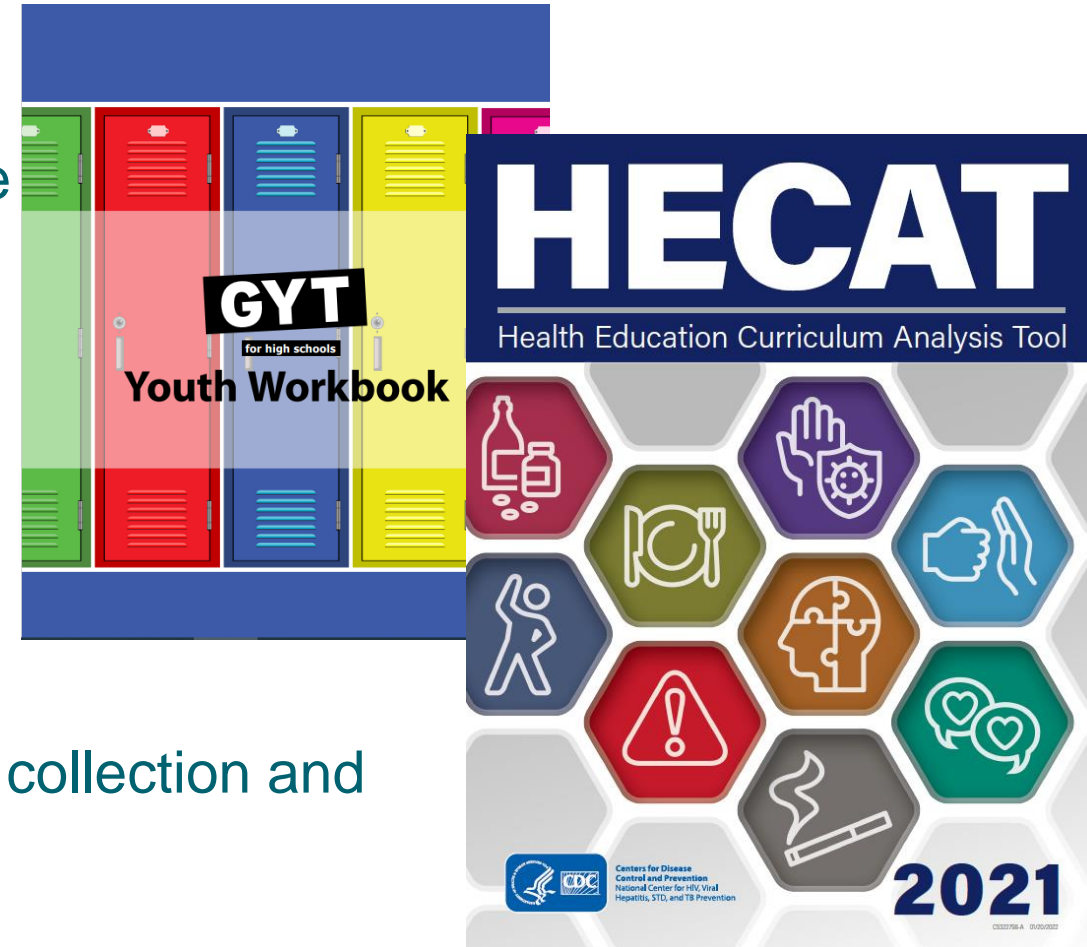
- Get Yourself Tested (GYT) for High Schools

Safe & supportive school environments

- Classroom management, LGBTQ+ inclusivity

Program evaluation

- Resources focus on evaluation planning, data collection and analysis, and sharing findings

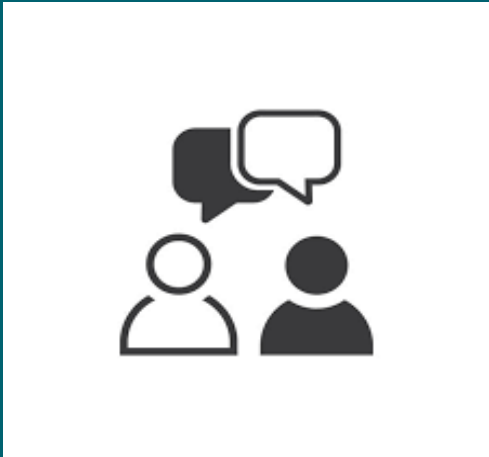




Tool/resource you are familiar with or have used in your work.



A new tool/resource you learned about today!



Who will you share CDC tool/resources with to advance your work?

For More Information



- Web: www.cdc.gov/healthyouth
- Twitter: @CDC_DASH
- E-mail: nccddashinfo@cdc.gov
- Telephone: 1-800-CDC-INFO (1-800-232-4636)

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.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Session Evaluation



Please complete a brief evaluation form for all workshops and panels on Tuesday, May 23 and Wednesday, May 24 by scanning the QR code below or visiting the following link:

<https://tinyurl.com/SessEval232323>





Extra Slides

The DASH Approach to Primary Prevention



CDC/DASH Tools & Resources



Surveillance

- YRBS Explorer: <https://yrbs-explorer.services.cdc.gov>
- Youth Online: <https://nccd.cdc.gov/Youthonline/App/Default.aspx>
- YRBS Analysis Tool: <https://nccd.cdc.gov/YRBSSanalysis/>
- School Health Profiles: <https://www.cdc.gov/healthyyouth/data/profiles/index.htm>
- Adolescent Behaviors and Experiences Survey: <https://www.cdc.gov/healthyyouth/data/abes.htm>

Health education

- HECAT: <https://www.cdc.gov/healthyyouth/hecat/index.htm>
- Additional tools: <https://www.cdc.gov/healthyyouth/health-education/tool-training.htm>

Health services

- GYT for High Schools: https://www.cdc.gov/healthyyouth/get_yourself_tested/index.htm

Safe and supportive school environments

- Classroom management: <https://www.cdc.gov/healthyyouth/safe-supportive-environments/classroom-management.htm>
- Inclusivity for LGBTQ+ youth: https://www.cdc.gov/healthyyouth/safe-supportive-environments/lgbtq_youth.htm

Program evaluation

- Program evaluation: <https://www.cdc.gov/healthyyouth/evaluation/index.htm>

School preparedness

- Preparedness: <https://www.cdc.gov/healthyyouth/school-preparedness/index.html>
- School Preparedness Quarterly Newsletter: https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2212