



**Division of Adolescent and School Health
Centers for Disease Control and Prevention (CDC)
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
FY 2023 Labor HHS Appropriations Bill**

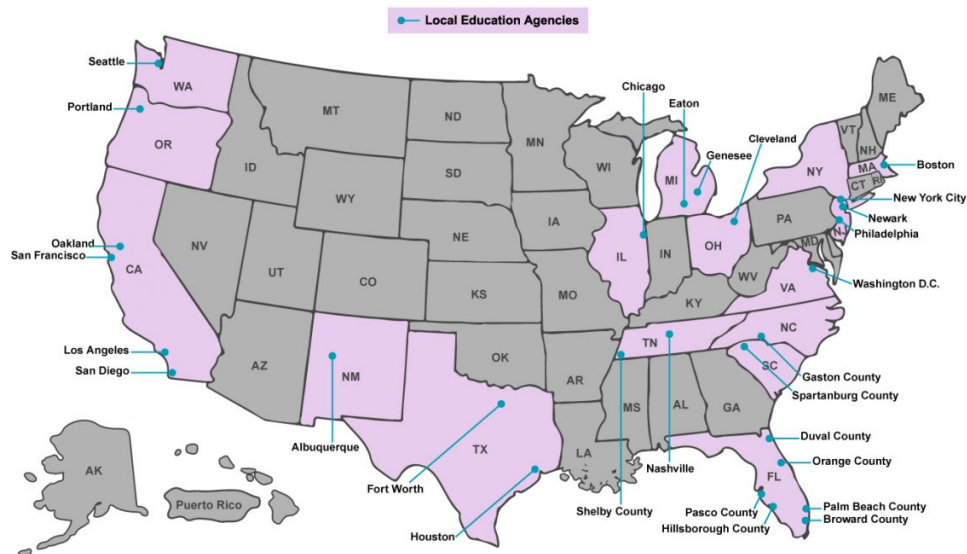
	FY 2021	FY 2022	FY 2023 President's Request	FY 2023 TFAH
Division of Adolescent and School Health (DASH)	\$34,081,000	\$36,081,000	\$34,081,000	\$100,000,000

Background: The Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC) works to promote schools where youth can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime, connect to health services, and learn in safe and supportive environments. DASH is a unique program in that it collects data that translates directly into action and supports a network of leaders in primary prevention by funding education agencies directly. Through enhancing protective factors and reducing risk behaviors, DASH programs help children and adolescents avoid substance use, sexual risk, violence, and other experiences that could result in adverse health and educational outcomes.

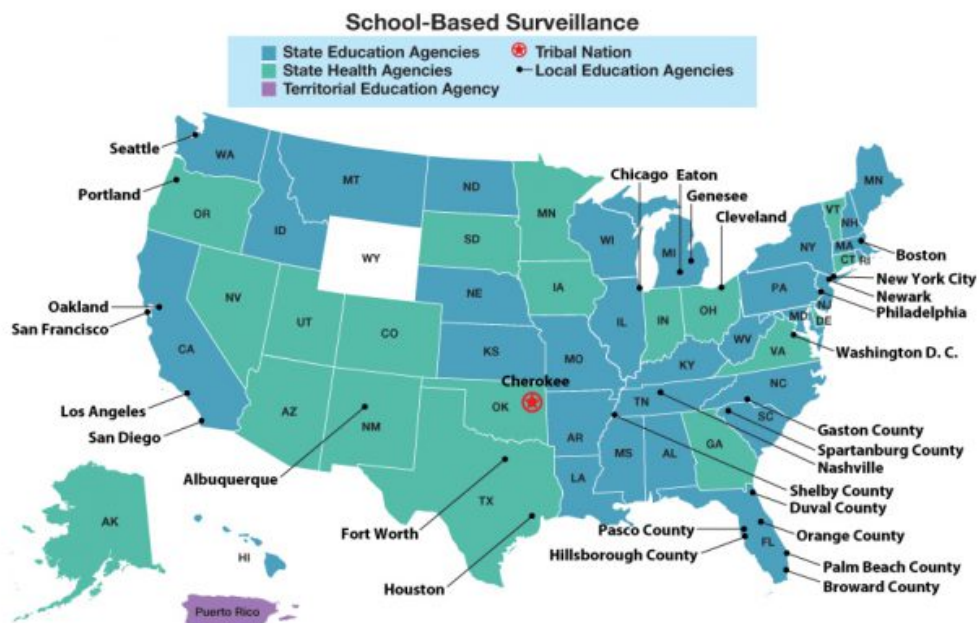
Impact: The DASH program promotes the health and well-being of adolescents by implementing evidence-based programs and policies in schools for less than \$10 per student. DASH currently provides resources to 28 local education agencies (LEAs) for school-based programs that improve health education, increase access to health services, and institute strategies to improve school connectedness and parent engagement. Examples of these strategies include mentoring programs, service-learning opportunities, and student-led inclusive groups. Studies released in January and February 2022 found that these programs resulted in significant decreases in sexual risk behaviors, violent experiences, and substance use, as well as improvements in mental health and reductions in suicidal thoughts and attempts.¹ During the COVID-19 pandemic, DASH has also leveraged its programs to improve student connections to mental health services during virtual learning. An increase in funding to \$100 million would enable:

¹ Robin L, Timpe Z, Suarez NA, et al. "Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students." *Journal of Adolescent Health*, February 2022. <https://www.sciencedirect.com/science/article/abs/pii/S1054139X21004006> (accessed February 4, 2022); Kaczowski W, Li J, Cooper A, et al. "Examining the Relationship Between LGBTQ-Supportive School Health Policies and Practices and Psychosocial Health Outcomes of Lesbian, Gay, Bisexual, and Heterosexual Students." *LGBT Health*, January 2022. <https://www.liebertpub.com/doi/10.1089/lgbt.2021.0133> (accessed March 1, 2022).

- **Direct funding to the 75 largest LEAs, 50 states, and 7 territories** to implement school-based programs and practices designed to reduce and prevent HIV, STD, and pregnancy among adolescents as well as establish safe and supportive environments for students.
- **Funding to the 75 largest LEAs, 50 states, and 7 territories for surveillance**, which supports DASH's two school-based surveillance systems that provide educators with information they can translate into programs, policies, and practices to improve student health and well-being.
- **Support to national organizations** to help education agencies with training, technical assistance, and resource development to increase the impact of local programs.



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Recommendation: TFAH urges the Committee to provide \$100 million in FY 2023 to expand the work of DASH in promoting the health and well-being of adolescents through schools and address the severe negative impacts of the pandemic on youth mental health. DASH programs reach approximately 2 million—or around 7%—of the 27 million middle and high school students as of 2019-2020. Additional funding would allow DASH to expand its work to roughly 25% of all students and equip more children and adolescents with protective factors that will enable them to become healthy adults.