



**Division of Adolescent and School Health (DASH)
Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion
FY 2026 Labor HHS Appropriations Bill**

	FY 2024	FY 2025	FY 2026 President's Request	FY 2026 TFAH
Domestic HIV/AIDS Prevention and Research - School Health (DASH)	\$38,081,000	N/A	N/A	\$100,000,000

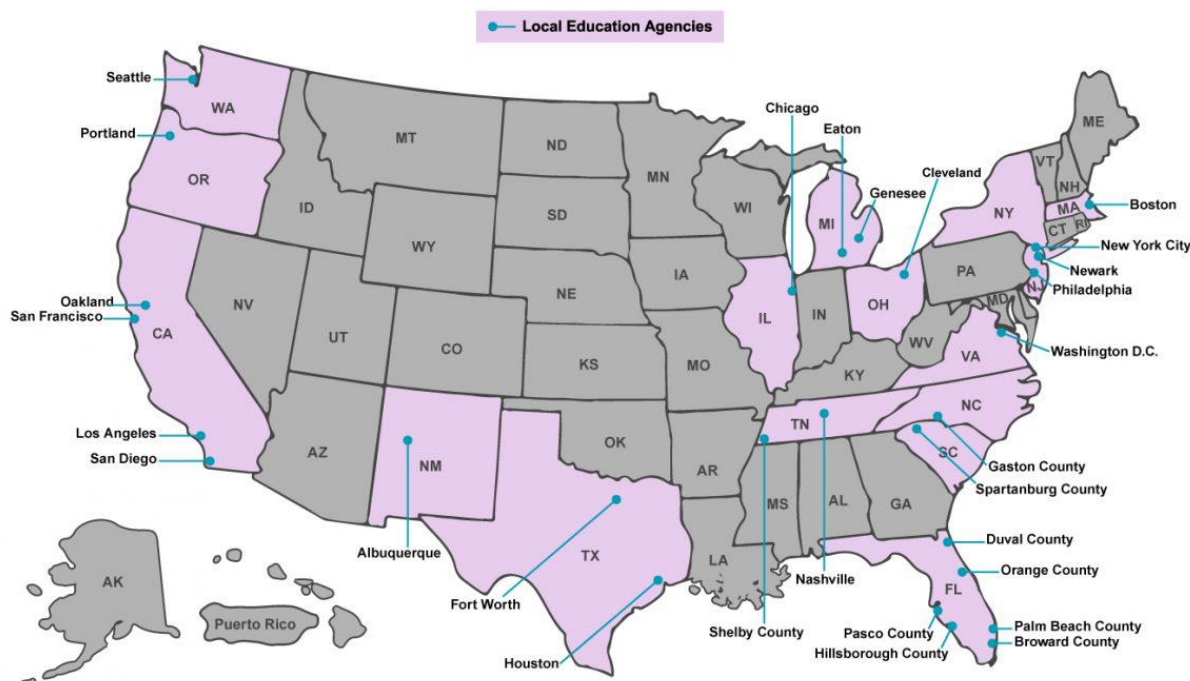
Background: The Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC) translates science into innovative programs and tools that protect youth and supports a network of leaders in primary prevention by funding local education agencies directly. Through 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. Findings CDC released in August 2024, showing increasing levels of school-based violence, bullying, and absenteeism, underscore the importance of this work.¹

Impact: The DASH What Works in Schools program promotes locally-driven solutions to support the health and well-being of adolescents for less than \$10 per student. DASH currently provides resources to 26 local education agencies (LEAs)² for school-based programs that improve health education, increase access to resources that strengthen school staff capacity and student curriculum, and institute strategies to improve school connectedness and parent engagement.³ For example, the Spartanburg County school district in South Carolina has utilized DASH funding to provide health education teachers and counselors with professional development training in trauma-informed practices.

¹ *CDC Data Show Improvements in Youth Mental Health but Need for Safer and More Supportive Schools.* CDC Newsroom, August 6, 2024. <https://www.cdc.gov/media/releases/2024/p0806-youth-mental-health.html>

² LEAs are public boards of education or other public authorities controlling, directing, or serving public elementary or secondary schools in cities, counties, school districts, or other political subdivisions of a state. 34 C.F.R. 303.23.

³ Parental engagement—in which parents and school staff work jointly to improve the health and development of students—can reduce the risk of unhealthy behaviors like drug use. *See* Parental Engagement in Schools. In *Centers for Disease Control and Prevention, Division of Adolescent and School Health*. https://www.cdc.gov/healthy-youth/?CDC_AAref_Val=https://www.cdc.gov/healthyyouth/protective/parent_engagement.htm (accessed February 28, 2025).



Local Education Agencies Receiving CDC DASH Funding⁴

Studies released in January and February 2022 found that DASH 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.⁵

An increase in funding for DASH's What Works in Schools programs to \$100 million would enable:

- **Direct funding to up to 75 of the largest LEAs, 50 states, and 7 territories** to implement school-based programs and practices designed to reduce sexual risk behaviors among adolescents as well as establish safe and supportive environments for students.
- **Funding up to 75 of the largest LEAs, 50 states, and 7 territories** to support DASH's two school-based 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.

⁴ See Funded Local Education Agencies. In *Centers for Disease Control and Prevention, Division of Adolescent and School Health*. https://www.cdc.gov/healthyyouth/partners/funded_locals.htm (accessed February 2, 2024).

⁵ 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 December 14, 2023); Kaczkowski 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 December 14, 2023).

Recommendation: TFAH urges the Committee to provide \$100 million in FY 2026 to continue the work of DASH’s What Works in Schools program in promoting the health and well-being of adolescents through schools and address long-standing negative trends in youth mental health.⁶ This program reaches approximately 2 million—or around 7%—of the roughly 27 million middle and high school students as of fall 2021. Continued funding would allow DASH to maintain its What Works in Schools program and equip more children and adolescents to become healthy adults.

⁶ See *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*. Atlanta: CDC Division of Adolescent and School Health, February 13, 2023. https://www.cdc.gov/yrbs/?CDC_AAref_Val=https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf (accessed February 28, 2025); *Adolescent Behaviors and Experiences Survey – United States, January–June 2021*. Atlanta: CDC Division of Adolescent and School Health, April 1, 2022. <https://www.cdc.gov/healthyyouth/data/abes/reports.htm> (accessed December 14, 2023).