



**Division of Adolescent and School Health (DASH)**  
**Centers for Disease Control and Prevention (CDC)**  
**National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**  
**National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP)**  
**FY 2027 Labor HHS Appropriations Bill**

	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027 President's Request</b>	<b>FY 2027 TFAH</b>
School Health - NCHHSTP	\$38,081,000	\$38,081,000	N/A	\$100,000,000

**Recommendation:** Trust for America’s Health (TFAH) recommends the Committee provide \$100 million in FY 2027 to expand the work of the Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC) in promoting the health and well-being of adolescents through schools and addressing long-standing negative trends in youth mental health.<sup>1</sup> As of fall 2024, DASH’s What Works in Schools Program reaches approximately 2 million—or around 8%—of the roughly 26 million middle and high school students across the nation. Increased funding would allow DASH to maintain its What Works in Schools program and equip more children and adolescents to become healthy adults.<sup>2</sup>

**Background:** CDC’s critical work with school systems has been funded through two different Centers since the early 1990s—the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP). CDC’s school health work 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, violence, and other experiences that could result in adverse health and educational outcomes.

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<sup>1</sup> 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](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).

<sup>2</sup> *What Works in Schools Makes a Difference*. November 29, 2024. Atlanta: CDC Division of Adolescent and School Health. <https://www.cdc.gov/healthy-youth/what-works-in-schools/program-impact.html#:~:text=The%20program%20equips%20schools%20with%20the%20tools,all%2050%20states%20and%2075%20school%20districts.> (accessed February 24, 2026).

Findings CDC released in August 2024, show increasing levels of school-based violence, bullying, and absenteeism, underscoring the importance of this work.<sup>3</sup>

**Impact:** The DASH What Works in Schools program—funded through the NCHHSTP funding line—promotes locally-driven solutions to support the health and well-being of adolescents for less than \$10 per student. DASH currently provides resources to 18 local education agencies (LEAs)<sup>4</sup> and 3 consortia (total of 21 recipients) for school-based programs that improve health education, strengthen school staff capacity and student curriculum, and institute strategies to improve school connectedness and parent engagement.<sup>5</sup> 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.

This funding also supports the Youth Risk Behavior Surveillance System (YRBSS), the largest public health surveillance system in the United States, and the Youth Risk Behavior Survey, the largest youth health survey in the United States. These activities provide important information about the health of youth across the country—helping to inform targeted interventions that address emerging needs among children and adolescents. Since the program’s inception in 1991, more than five million students have engaged in over 2,300 surveys included in the YRBSS.<sup>6</sup>

Studies released in January and February 2022 found that DASH programs resulted in significant decreases in violent experiences and substance use, as well as improvements in mental health and reductions in substance misuse.<sup>7</sup>

Increased 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 health 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 national organizations** to help education agencies with training, technical assistance, and resource development to increase the impact of local programs.

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<sup>3</sup> 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>

<sup>4</sup> 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.

<sup>5</sup> 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](https://www.cdc.gov/healthy-youth/?CDC_AAref_Val=https://www.cdc.gov/healthyyouth/protective/parent_engagement.htm).

<sup>6</sup> *MMWR: Youth Risk Behavior Surveillance – United States, 2023*. Atlanta: Centers for Disease Control and Prevention, 2024. <https://www.cdc.gov/mmwr/volumes/73/su/pdfs/su7304-H.pdf> (accessed February 24, 2026).

<sup>7</sup> 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> Kaczkowski W, Li J, Cooper A, et al.