# Attachment 4: aDOLESCENT HEALTH THEMES, TERMS, AND MESSAGES

# Themes, TERMS, and Messages

| **Audience: State, local, and national education agencies** | | | |
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| Audiences from state and local education agencies (SEAs/LEAs) typically comprise school administrators, principals, superintendents, and state or local education department supervisors. The core SEA/LEA audiences are DASH’s funded partners who provide health education and services through cooperative agreements. To obtain a diversity of perspectives, CDC DASH also plans to conduct focus groups with SEAs and/or LEAs not funded by CDC. | | | |
|  | **Theme:** Co-occurrence of Risk/4 Focus Areas | **Theme:** Call to Action: How You Can Help | **Theme:** CDC: We Know What Works |
|  | Sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide, can occur together and contribute to increased risk for HIV, STDs and pregnancy among youth.  Sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide, can occur together and contribute to increased risks for HIV, STDs and pregnancy among youth. Efforts to prevent HIV, STDs, and pregnancy must consider all of the behaviors and experiences that heighten risk and how they fit together. | Requiring school-based sexual health education programs, promoting youth-friendly health services, and encouraging safe and supportive environments in schools protect student health and improves academic performance.  *To improve student health and academic performance, education agencies can:*   1. *Require school-based sex education programs* 2. *Support youth-friendly health services* 3. *Promote safe and supportive school environments.* | Implementation of CDC-recommended school-based strategies leads to improvements in behaviors and experiences that put youth at risk for HIV and STDs.  *You can help improve students’ health behaviors and reduce the risk of HIV, STDs, and pregnancy by implementing CDC-recommended school-based strategies.* |
|  | Students who have multiple risk factors are more likely to increase their risk for negative health effects now and in the future. Students who are involved in multiple unhealthy behaviors and experiences (e.g., unprotected sex, violence) are at higher risk of experiencing negative health effects.  The more risk factors a high school student has, the higher the chance they will experience negative health consequences. | Foster conversations with students and encourage them to engage in behaviors that prevent or reduce sexually transmitted diseases (STDs), including HIV infection.  School staff and families can work together to support youth and help them avoid behaviors and experiences that place them at risk for negative health and educational outcomes. | Schools that have a student referral system in place for accessing youth-friendly health services can protect student health. |
|  | Sexual behavior, high-risk substance use, violence victimization and mental health issues, including suicide can be addressed by school-based protective factors, such as positive school and peer connections and parent involvement.  School-based protective factors—such as school and peer connections and parent involvement—can positively impact student health. | School connectedness is a starting point for addressing important health and safety concerns for sexual minority students.  *Schools can help address important health and safety concerns for sexual minority students by promoting school involvement and connectedness (e.g., safe spaces, clubs, service learning opportunities).*  Positive school and family connections during adolescence can reduce multiple health risks now and into adulthood.  *School staff and families play a significant role in protecting student health. Positive connections in adolescence can improve students’ health for years to come.*  Adolescents who feel connected to their schools and families experience better health for years to come. | Schools that adopt and implement an evidence-based sexual health education curricula help students make healthy decisions and avoid behaviors that put them at risk.  *An evidence-based sexual health education curriculum gives students the tools they need to make healthy decisions and avoid risk behaviors.* |
|  |  |  | Schools can help support healthy environments by implementing bullying and sexual harassment policies that protect the health and safety of all students and staff. |
|  |  |  | School connectedness and parent engagement can help reduce negative student behaviors and experiences, including sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide. |
|  |  |  | Making sure school staff understand state and local polices and how to support students is an important strategy to reduce behaviors that put students at risk for HIV and STDs. |
|  |  |  | Schools that engage students, families, and communities create safer and more supportive environments for students and improve academic performance. |
|  |  |  | CDC’s partnerships with education agencies help to prevent multiple health risk behaviors including those that lead to HIV, STDs and pregnancy among youth. |
|  |  |  | School-based health programs can help reduce student risk behaviors and positively impact academic performance. |

| **Audience: Youth-serving organizations** | | | |
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| The youth-serving organization audience includes nongovernmental youth-engaged organizations that provide a diverse range of opportunities and support and that serve some or all subpopulations of youth. | | | |
|  | **Theme:** Co-occurrence of Risk/4 Focus Areas | **Theme:** Call to Action: How You Can Help | **Theme:** CDC: We Know What Works |
|  | Health behaviors and experiences related to sexual activity, high-risk substance use, violence victimization and mental health issues can occur together and contribute to increased risk for HIV, STDs, and pregnancy among youth.  Addressed separately, these four focus areas are of concern to public health. However, data also indicate that risk behaviors co-occur and that some students experience multiple risks across these areas. | Educating youth about the importance of HIV and STD prevention can save lives.  Talk to youth and educate them on how to engage in positive behaviors that can help prevent or reduce sexually transmitted diseases (STDs), including HIV. | Young people who feel connected to their school are less likely to engage in sexual activity, substance use, and violence and experience mental health issues.  Students who believe that adults and peers in their school care about them and their success are less likely to engage in health risk behaviors. |
|  | High school students that have multiple adverse experiences and behavioral risk factors will likely have increased chances for negative health effects now and in the future. | Increased involvement and connectedness in schools are starting points for addressing significant health and safety concerns for sexual minority students.  *School connectedness and school involvement help prevent significant health and safety issues among sexual minority students.* | Schools can help support healthy environments by implementing bullying and sexual harassment policies that protect the health and safety of all students and staff. |
|  | Several subgroups of youth, including sexual minority youth, face unequal risk for HIV and STDs.  *Sexual minority youth are at disproportionate risk for HIV and STDs.* | Working together, schools and families can have a positive impact on student health by supporting a student’s connection with others, including parents and peers. | Schools focused on engaging students, families, and communities contribute to safer and supportive environments for students and improve academic performance.  *When schools engage students, families, and communities, they create a safer and more supportive environment for students. School engagement can help improve students’ academic performance.* |
|  | *[As a follow-up to messages 2 & 3] Adolescents who are bullied are more likely to have multiple sexual partners, have sex without a condom, use high-risk substances, and feel sad or hopeless.* |  | *Youth-serving organizations can help young people adopt lifelong attitudes and behaviors that support their health and well-being—including behaviors that reduce their risk for HIV, STDs, and pregnancy.* |
|  |  |  | Creating safe and supportive environments through CDC-funded programs help reduce negative student health outcomes associated with sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide. |

| **Audience: External Health Organizations** | | | |
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| The external health organization audience includes professionals from nongovernmental organizations and other national stakeholder groups who focus on diverse health topics and disparities. | | | |
|  | **Theme:** Co-occurrence of Risk/4 Focus Areas | **Theme:** Call to Action: How You Can Help | **Theme:** CDC: We Know What Works |
|  | Risks related to sexual activity, high-risk substance use, violence victimization, and mental health issues including suicide, contribute to increased health risks for adolescents, including HIV and STDs.  The co-occurrence of risk across sexual behavior, high-risk substance use, violence victimization, mental health and suicide, has serious implications for adolescents’ well-being during their high school years and into adulthood. | Making STD and HIV testing a routine part of health care for adolescents is an important strategy for reducing the spread of infections. CDC recommends all adolescents get tested for HIV at least once as part of routine medical care. | For CDC, health impact is achieved by helping youth reduce the effects of stressful life events and avoid multiple behaviors that place them at risk for poor health and educational outcomes.  *We achieve positive health and educational outcomes when we help reduce the effects of stressful life events for youth.* |
|  | Students with multiple risk factors are more likely to engage in unhealthy behaviors directly linked to increased morbidity and mortality. | Recommending school-based sex education programs, promoting youth-friendly health services, and creating safe and supportive environments in schools for all youth protects student health and academic performance.  *To improve student health and academic performance, health organizations can:*   1. *Recommend school-based sex education programs* 2. *Promote youth-friendly health services* 3. *Create safe and supportive school environments.* | CDC’s school-based research, tools and partnerships help to prevent sexual risk behaviors, high-risk substance use, violence victimization and mental health issues, including suicide. |
| 3. | Sexual minority youth are at higher risk for negative health behaviors, experiences, and outcomes, including HIV and STDs. | Educating youth about sexual development, what puts teens at risk, and how to prevent HIV, STDs and pregnancy protects adolescent health. | Implementing CDC-recommended school-based strategies can help decrease behaviors and experiences that put youth at risk for HIV and STDs. |
|  |  |  | Having onsite school-based health centers or a system for referrals increases student access to sexual health services and can help prevent HIV, STDs, and pregnancy. |

| **Audience: Policymakers and Policymaking Organizations** | | | |
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| Policymakers include federal, state, and local elected officials, including school board members. For this project, policymaking organizations will serve as proxies for policymakers. Policymaking organizations have direct contact with state and federal policymakers and focus on providing accurate information on broad health and education topics, including school health policies, youth health concerns, and LGBTQ health or equity challenges. | | | |
|  | **Theme:** Co-occurrence of Risk/4 Focus Areas | **Theme:** Call to Action: How You Can Help | **Theme:** CDC: We Know What Works |
| 1. | *Efforts to prevent HIV, STDs, and pregnancy among youth must consider the array of risk factors and how they fit together.* Sexual risk behaviors, high-risk substance use, violence victimization and mental health problems can all contribute to risks for HIV, STDs and unintended pregnancy. | All youth deserve safe and supportive schools with access to quality health education and connection to mental and sexual health services to help them reach adulthood in the healthiest way possible. | Schools that create safe school environments, provide sexual health education, and referrals to youth-friendly health services, help students make healthy decisions and avoid risk behaviors. |
| 2. | *Addressed separately, these four focus areas are of concern to public health. However, data also indicate that risk behaviors often occur together and that students experience multiple risks across these areas.* | Supporting school-based sex education programs, promoting youth-friendly health services, and promoting safe environments in schools for all youth improves student health and academic performance.  *To improve student health and academic performance, policymakers can support:*   1. *Supporting high-quality school-based sex education programs* 2. *Promoting youth-friendly health services,* 3. *Promoting a safe and supportive school environment.* | CDC invests in effective school-based strategies that protect students from overlapping public health risks such as sexual risk behaviors, high-risk substance use, violence victimization and mental health issues including suicide. |
| 3. | *To support high-risk students, we must look beyond a single focus on sexual activity to understand the prevention needs of specific adolescent populations.* |  | Implementing CDC-recommended school-based strategies leads to a reduction in behaviors and experiences that put youth at risk for HIV and STDs. |

| **Audience: Parents or Caregivers of Teens** | | | |
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| Parents and caregivers include mothers and fathers, stepparents, other family caregivers, and legal guardians (such as foster parents). For this project, parents and caregivers will be defined as legal guardians living at least half-time with at least one adolescent enrolled in grades six through 12. | | | |
|  | **Theme:** Co-occurrence of Risk/4 Focus Areas | **Theme:** Call to Action: How You Can Help | **Theme:** CDC: We Know What Works |
| 1. | Sexual risk behavior, high-risk substance use, violence victimization, and mental health issues can all contribute to risks for HIV, STDs and pregnancy. | Parents and families can connect and communicate with teens to help them make healthy decisions and avoid risky behaviors. | Young people who feel connected to their school are less likely to engage in risky sexual behaviors, substance use, and violence and experience mental health issues. |
| 2. | Sexual risk behavior, high-risk substance use, violence victimization and mental health issues, including suicide, can be addressed by school-based protective factors, such as positive school and peer connections and parent involvement. | Parents and school staff can work together to help support and improve the learning, development, and health of adolescents. | Schools that adopt and implement an evidence-based sexual health education curriculum help students make healthy decisions and avoid risk behaviors. |
| 3. |  | Supporting school-based health education, connecting to health services and creating safe and supportive school environments to prevent HIV and STDs among youth can save lives.  *Supporting school-based programs to prevent HIV and STDs among youth can save lives.* | Connecting students to youth-friendly health services can help prevent HIV, STDs, and pregnancy. |