



# Addressing Disparities

CDC's Division of Adolescent & School Health



## Mission

The mission of the CDC's Division of Adolescent and School Health (DASH) is to promote the health and well-being of children and adolescents to enable them to become healthy and productive adults.

## Goal

To reduce health and education disparities by supporting culturally appropriate school and community efforts to improve the health and well-being of at-risk youth populations.

## Strategies

- 1 Data collection and analysis.
- 2 Funding and technical assistance to state, territorial, and local education and health agencies and tribal governments.
- 3 Funding and technical assistance to national nongovernmental organizations.
- 4 Evaluation and evaluation research.
- 5 Resources and strategies development.

## 1 Data Collection and Analysis

### Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS consists of national, state, and large urban school district surveys of representative samples of high school students. Conducted every two years, these surveys monitor health risk behaviors among young people so that health and education agencies can more effectively target and improve programs. These behaviors, often established during childhood and early adolescence, include tobacco use; unhealthy dietary choices; inadequate physical activity; alcohol and other drug use; sexual behaviors that may result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies; and behaviors that contribute to unintentional injuries and violence.

The national Youth Risk Behavior Survey (YRBS) presents data for black, Hispanic, and white students.\* The sample size for students from other racial/ethnic populations is too small for meaningful analysis. This survey oversamples black and Hispanic youth to enable the separate analyses for these subgroups (i.e., the YRBS surveys a larger proportion of black and Hispanic youth than these subgroups represent in the overall population). The state, territorial, and local YRBSSs use samples representative of the racial/ethnic groups in each jurisdiction. The 2007 YRBS report includes national data and data from surveys conducted in 39 states and 22 large urban school districts. DASH's YRBS publications often highlight differences in health risk behaviors across subgroups of youth including race/ethnicity subgroups.

[www.cdc.gov/YRBS](http://www.cdc.gov/YRBS)

## Reducing Health Disparities—A Major Priority

Reducing health disparities among our nation's youth is a major priority for the Division of Adolescent and School Health (DASH). As defined by the CDC, health disparities are preventable differences in the burden of disease, injury and violence, or in opportunities to achieve optimal health experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation.

## The Bureau of Indian Education/Youth Risk Behavior Survey (BIE/YRBS)

The BIE/YRBS is conducted every three years to collect data on students in Bureau-funded schools. In addition, the Navajo Nation (working with the Indian Health Service) has conducted the YRBS among middle school and high school students attending public and private schools on the Navajo Reservation. The BIE and Navajo surveys were last conducted in 2005; both will be conducted again in 2008.

<http://apps.nccd.cdc.gov/yrbss/selOther.asp>

\* Note: Varying terms are commonly used to identify subpopulation groups: black or African-American, Hispanic or Latino/Latina, and white or Caucasian. The text that follows will use "black," "Hispanic," and "white."



## School Health Profiles (Profiles)

Profiles, a biennial survey conducted by state and local education and health agencies, provides data on school health policies and practices in states and large urban school districts. The survey monitors characteristics of health and physical education and physical activity, tobacco-use and HIV prevention policies, nutrition-related policies and practices, health services, and family and community involvement in school health programs. Many large urban school districts, whose student populations are composed largely of racial and ethnic minorities, conduct the School Health Profiles to help inform their planning processes.

[www.cdc.gov/HealthyYouth/Profiles](http://www.cdc.gov/HealthyYouth/Profiles)

## 2 Funding and Technical Assistance to State, Territorial, and Local Education and Health Agencies and Tribal Governments

DASH provides technical assistance and financial support to education and health agencies in

- 22 states and 1 tribal government for Coordinated School Health Programs (CSHPs), with an emphasis on physical activity, nutrition, and tobacco use prevention.
- 49 states, the District of Columbia, Puerto Rico, 5 Pacific Islands Territories, 16 large urban areas, and 1 Tribal Government for HIV, STD, and unintended pregnancy prevention programs.
- 10 large urban areas for asthma management.

As a result of this assistance, these partners are able to

- Implement effective policies, programs, and curricula.
- Provide professional development, consultation, and technical assistance to schools and school districts.
- Collaborate with local health and education departments, community

planning groups, parents, students, and other groups or coalitions.

- Implement strategies to reduce health disparities among populations that are disproportionately affected by health-related risks and problems.

All of these funded programs are required to address health disparities as a major focus of their programmatic activities. In addition, local education agencies (LEAs) must have a minority enrollment greater than 50% and a high child poverty rate to be eligible for funding.

Examples of strategies that DASH-funded partners have implemented to reduce disparities include the following:

- Leaders in education and public health in the state of Washington met at the Each Student Successful Summit in 2007 to discuss how they could work together to reduce health disparities and gaps in educational achievement. Presentations at the summit documented the association between student health risk behaviors and poor academic achievement. Post-summit action steps included disseminating the participants' recommendations for collaborative actions by the public health and education sectors to address health and education disparities.
- Milwaukee Public Schools (MPS) is collaborating with the City of Milwaukee Health Department and other agencies to implement Plain Talk in a targeted area that has the highest rate of births to teens in the city of Milwaukee. Plain Talk is a community-based program that uses neighborhood leaders, parents, and extended families to help educate and inform the area's youth about reproductive health issues, such as HIV, other STDs, and unintended pregnancy prevention.
- The Massachusetts Department of Elementary and Secondary Education's (MDESE) Coordinated School Health Program collaborated with its HIV/STD Prevention Program to convene a 1-day workshop on Hispanic health, Discovering Answers: Promoting Health for Latino Youth. The workshop focused on reducing health

risks of Hispanic students in the areas of nutrition, physical activity, and prevention of HIV/STDs; MDESE showcased models from successful school districts and community agencies to highlight effective strategies for promoting health and achievement among Hispanic students. Approximately 100 agency and school staff attended the event. The MDESE is currently compiling an overview of current research and best practices in health promotion for Hispanic children and adolescents.

- Charlotte Mecklenburg Schools (CMS) in North Carolina launched the Asthma Education Program (AEP) to improve at-school efforts to control asthma episodes and help reduce absenteeism. CMS is a very diverse school system; the 2007 data indicated that 42% of students are black, 35% are white, 15% are Latino, 4% are Asian American, and 4% are American Indian or multiracial. At-school respiratory care has provided support to more than 700 CSM children with poorly controlled asthma, many of whom reported having no primary care physician, no access to medications at school, or no asthma action plans.
- The School District of Palm Beach County, Florida, has partnered with the Catholic Diocese of Palm Beach Maya Ministry to provide HIV prevention information to Guatemalan Maya youth living in Palm Beach County. The Maya community is at higher risk for HIV infection because they live in an area of the county that is disproportionately impacted by HIV/AIDS, and outreach is especially difficult due to issues of literacy, language, and culture. Twenty-five pueblo leaders have been trained as HIV prevention education instructors, and more than 1,000 Maya youth and families have received HIV prevention education.
- The Seattle Public School system has adapted an HIV prevention education curriculum to meet the unique educational challenges of youth with special needs students whose learning characteristics may increase their vulnerability and risk for HIV and other STDs.

- The Kentucky Department of Education partners with two Area Health Education Centers (AHECs) to provide HIV prevention education, using evidence-based curricula, to black and Hispanic youth. The Northwest AHEC provided training for community educators for black youth on the Making A Difference and Making Proud Choices curricula. The North Central AHEC initiated activities to support the Latino Youth HIV/AIDS Prevention Program, which uses trained lay health promoters (*promotores*) to provide specialized HIV prevention education to Hispanic students and their parents.
- South Dakota supported a special evaluation project with students attending elementary schools on the Pine Ridge Indian Reservation to determine best practices for increasing fruit and vegetable consumption. This study indicated that culturally appropriate educational intervention is a potential tool for increasing fruit and vegetables intake and nutrition knowledge among American Indian children.

For more information on DASH-supported state, territorial, and local agencies and tribal governments, please visit [www.cdc.gov/healthyyouth/partners/funded/index.htm](http://www.cdc.gov/healthyyouth/partners/funded/index.htm).

### 3 *Funding and Technical Assistance to National Nongovernmental Organizations (NGOs)*

National NGOs support state and local health and education agencies in reducing health disparities. NGOs can effectively reach target audiences with resources, guidance, training, and technical assistance to develop, implement, and promote quality programs, policies, and practices. DASH funds national NGOs to

- Assess needs for training, technical assistance, materials, and other resources.
- Build capacity of other funded partners and constituents through training and technical assistance efforts.
- Identify, develop, and disseminate model strategies, guidelines, program materials, and other resources.
- Assist constituents and other funded partners in developing partnerships.
- Encourage constituents and other funded partners to collaborate with state departments of education and health and community-based organizations.

DASH funds certain national NGOs specifically to provide assistance to agencies and organizations in building their capacity to serve youth at high risk for HIV infection: young men who have sex with men, especially black and Hispanic males; black and Hispanic females; youth in juvenile justice facilities or alternative schools; and runaway and homeless youth. Examples of DASH-funded NGO activities include the following:

- The American Psychological Association (APA) developed and disseminated a training manual for school health and mental health professionals on how to more effectively reach lesbian, gay, bisexual, and questioning youth with HIV prevention education and positive health information. APA provides technical assistance to the cadre of trainers implementing the curriculum and is collaborating with partners to sponsor and evaluate trainings.
- Advocates for Youth (AFY) has partnered with Black Entertainment Television to

develop HIV prevention messages in television programming. In addition, AFY provides resources, technical assistance, training, and seed grants to help community-based programs provide culturally relevant, science-based HIV prevention strategies for young black and Hispanic women.

- The AIDS Alliance for Children, Youth, and Families is increasing the capacity of service providers and community-based organizations to plan, deliver, and evaluate scientifically sound and medically accurate HIV prevention programs for black and Hispanic teen girls.
- Girls Incorporated, with many of its affiliate organizations serving a majority of Hispanic and/or black girls, has developed a variety of resources, trainings, workshops, and mini-grant opportunities for affiliates to strengthen their capacities to address HIV prevention and related health issues, and to strengthen community partnerships.
- The United Negro College Fund Special Programs Corporation is helping historically black colleges and universities to develop, implement, and sustain campuswide programs and policies to promote prevention of HIV and other health risks. Plans include increasing the number of courses containing HIV prevention content and developing a social marketing campaign featuring



culturally and linguistically appropriate HIV prevention messages for college-age youth.

- The National Network for Youth (NNY) helps organizations provide HIV prevention education for runaway and homeless youth (RHY). The NNY is pilot testing a revised version of Street Smart, an evidence-based HIV prevention curriculum, and also is developing two new modules for the curriculum that focus on abstinence education primarily for early adolescents. In addition, NNY distributes relevant informational materials through a Web-based system to more than 600 RHY-serving organizations, youth workers, and other youth-serving agencies.
- The National Coalition of STD Directors supports the efforts of the Northwest Portland Area Indian Health Board's Red Talon Project to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest.

For more information on DASH-supported NGOs, please visit [www.cdc.gov/healthyyouth/partners/ngo/index.htm](http://www.cdc.gov/healthyyouth/partners/ngo/index.htm).



## 4 *Evaluation and Evaluation Research*

DASH provides technical assistance to universities and state and local agency partners to conduct program evaluation and evaluation research on innovative projects, including interventions that help reduce disparities, such as the following:

- Columbia University evaluated Linking Lives, a parent-based intervention to prevent or reduce tobacco use and sexual risk behaviors among young adolescents. Linking Lives was developed for parents of Hispanic and black middle school students in the Bronx, New York. The evaluation focuses on the efficacy (i.e., the ability to produce desired results when implemented under optimal conditions) of combining parent interventions with school-based curricula, compared with using curricula alone. Data collection was completed in 2007 and analysis of results is under way.
- The Seattle Schools Climate Study is an evaluation of the role gay-straight alliances play in creating a safer environment for all students. The evaluation was conducted in selected Seattle middle and high schools.
- The University of Texas is implementing All About Youth, a randomized, controlled trial involving the development and evaluation of two

curricula for middle school students: a risk-avoidance curriculum that emphasizes sexual abstinence until marriage, and a risk-reduction curriculum that emphasizes abstinence and includes skill-building activities for condom and contraceptive use. The efficacy of each curriculum is being evaluated relative to a control group. This study includes about 1,500 middle school students, primarily black and Hispanic, from 15 Houston middle schools. Data collection will be completed in 2010.

## 5 *Resources and Strategies Development*

DASH's efforts to address health disparities are guided by a workgroup comprising representatives from DASH, state and local education agencies, and national education and health organizations. DASH has developed a list of action steps for partners to use in reducing adolescent health disparities. These focus on targeting programmatic efforts, raising awareness of disparities, building partnerships, and documenting progress. In addition, DASH's Web pages include updated data for grantees and policymakers on adolescent health disparities.

For more information on DASH's resources and strategies for addressing disparities, please visit [www.cdc.gov/healthyyouth/healthtopics/disparities.htm](http://www.cdc.gov/healthyyouth/healthtopics/disparities.htm).

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