Testimony to the Committee on Health
For the Performance Oversight Hearing on the Department of Health

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Good morning Councilmember Alexander and other council members. Thank you for hearing my testimony. My name is Aurora Muñoz. I'm the Reproductive Justice Program Senior Coordinator at the Young Women's Project, a multicultural organization that builds the leadership and power of young women so that they can shape DC policies and institutions to expand rights and opportunities for DC youth. Since 1994, YWP has been implementing after school and classroom based programming on leadership, civic engagement, and health education, and has implemented programs in most DCPS high schools. At YWP, I manage the Peer Health and Sexuality Program (PHASE), a youth-adult partnership that works to improve DC teens' reproductive health by expanding comprehensive sexuality education, ensuring access to community based services, and engaging teen women and men as peer educators and decision makers.

I am here to testify on the progress YWP has made implementing the Department of Health's (DOH) Wrap-MC Youth Pilot, to share what I've learned about the talents and needs of youth educators doing this work, and to make recommendations about how to strengthen and grow this work. Because this work involves resources and decision making within both DCPS and HAHSTA, we are testifying before both Committees. I would like to thank HAHSTA Director Michael Kharfen for supporting this work, and Hannah Sheehy, Social Marketing Program Associate and Acting Condom Distribution Coordinator, for collaborating with us. I would also like to thank Principal Cahall, Principal Roane, Principal Tukeva, Principal Jackson, Principal Mitchell and Principal Lawrence for supporting and valuing the work of our youth. And I want to acknowledge Supporting and Mentoring Youth Advocates and Leaders (SMYAL) and OSSE for also starting to implement this kind of program.

As part of the PHASE program, I manage the work of 36 peer educators and youth staff who spend up to 4 hours a week educating youth and distributing condoms in six DCPS high schools (Cardozo, Coolidge, Bell, Dunbar, Roosevelt, Wilson). The YWP Health Educator Program was launched last spring as part of the Wrap-MC Youth Pilot run by the Department of Health through HAHSTA (HIV/AIDS, Hepatitis, STDs and

Tuberculosis Administration). Adults and youth in DC high schools can become certified condom distributors after passing a web-based test.

YWP manages the Wrap-MC Youth Pilot program at six schools. HAHSTA provides the condoms; we recruit and train the youth staff, supervise their work, and pay them a stipend of $7.25 an hour, which we are currently supportive through private foundation donations. We do not get government funding for this work. To ensure youth across the city can participate in this program, YWP provides curricula and technical assistance to partner organizations. For example, in Wards 7 and 8, Irwin Royster , the Outreach Director at Planned Parenthood's Ophelia Egypt Center (OEC) is using our curricula to engage 40 youth at Woodson Senior High School and 15 additional youth from Anacostia, Friendship, and Chavez in the same peer educator program. In April, Woodson will have a kick-off event celebrating their Wrap MC certification. The OEC also has plans to expand this program Ballou SHS, Anacostia, Idea Public Charter School, and Cesar Chavez. YWP will continue to provide technical assistance to The Ophelia Egypt Center through these implementations.

Since 2011, the YWP Wrap MC peer education program has been working towards providing DCPS students and youth-friendly way to access safe sex materials with the goals of decreasing of unplanned pregnancy and STIs/HIV among high school youth, as well as to training a group of peer health educators that can act as health leaders in their schools. I'd like to share a few additional program highlights:

In September, after lunch time and classroom presentations, we received a total of 273 applications from the 6 schools. We completed phone interviews with 140 youth and conducted 4 group interviews with 70 youth where they demonstrated their communication, listening and reflection skills. This process took about 2 months to complete in all 6 schools. We selected 46 applicants in late October, and have been able to retain 36 of these youth.

In November, our educators received brief 6 hour training so they could first pass HAHSTA's Wrap MC test (which was a requirement of the job). From there, they completed 9 additional hours to become Level 1 peer educators. During this training, youth learned one-on-one peer education and data collection techniques, as well as reproductive anatomy, menstruation and pregnancy, and all contraceptive options (all lesson plans were created by YWP). After our youth underwent a test to verify they could follow YWP condom distribution guidelines, they began distributing condoms in their school in December.

In January, our peer educators began a 20-hour Level 2 training which includes healthy relationships and violence, gender and sexuality, group facilitation and peer counseling techniques, referral-making, and youth-adult partnerships. Through these trainings, they will be able to do classroom and lunchroom presentations, as well as hold peer support circles to discuss the full range of issues associated with reproductive health.

As a youth developer and manager, I have seen youth acquire skills and knowledge, and explore and shift engrained attitudes regarding sexual health and peer education. At the onset of the program, the youth did not know their contraceptive options, their sexual health rights, nor did they know how their own bodies worked. However, they were eager to learn, asking questions that many said they could not ask in a school setting. Now, they are comfortable learning about and discussing topics from which many adults shy away. They have come to see themselves as resources for their peers, and as people who can positively influence the health outcomes of their communities.

Using the skills the peer educators acquired, our youth distributed 2740 external condoms, 800 internal condoms, 245 dental dams and 330 lubrication packets. This means that they have given 785 people condoms, and 575 people other safe sex materials. YWP also helped prepare 13 young people to give testimonies in 3 DC City Council oversight hearings. As you have seen today, they have also helped dispel myths and answered questions that will leave a lasting impact on their communities.

Through YWP's peer educator program, these youth have also gained critical work readiness skills including individual planning, professional communication, task management and completion, team work, and data collection. This program has not only provided them with valuable sexual health knowledge, but has increased their understanding of what holding a job actually entails. They have gained work readiness skills that no "resume-building" course can teach. These have learned to be professional workers by modeling professional behaviors at work.

YWP is grateful for the opportunity to work with HAHSTA and DCPS principals to address the reproductive health needs of DC youth. However, peer educators two have critical needs that DOH can respond to.

1) Youth need comprehensive sexual health education that covers a range of issues, including reproductive anatomy, menstruation, pregnancy options, contraception, STIs/HIV, healthy

relationships, gender and sexuality, youth rights, and community resources. Schools need well-trained, available teachers who are ready to explore these issues with their students in an engaging and challenging way. Schools also need well-trained youth who can communicate directly to their peers, providing more informal sexual health education that reinforces the messages of classroom-based health education and reaches youth who are more open to talking about sex with peers.. As you have heard from some of our youth testimonies, many of their peers do not have the knowledge or skills to make the healthy sexual decisions. Data from the 2013 DC-CAS health test scores demonstrate the same lack of knowledge. The overall score for high school health data was 63 percent (up from 62 percent the year before) and 64 percent for middle school youth. Scores for sexuality and reproduction was among the highest at 73 percent (but down from 75 percent last year). Scores on most other areas were lower. High school students scored 49 percent for locating health information (up from 46 percent the year before), 61 percent for nutrition, 61 percent for disease prevention, and 53 percent for physical education. We are pleased that the DCPS Office of Youth Engagement is working in cooperation with HAHSTA and OSSE to expand sexual health programming next year. This work is supported by a DASH (Division of Adolescent and School Health) grant from the Center for Disease Control, With the goals of reducing HIV, STIs, and unplanned pregnancy, this work will focus on 20 priority schools to 1) Implement DCPS's comprehensive sexual health curriculum; 2) Increase sexual health services in high schools (including expanded access to STI testing, expanded HIV screening, WMC for adults and youth, youth resource guides and parent workshops); 3) Building supportive and safe environments (that includes bullying prevention LGBTQ liaisons, professional development on safe spaces, and facilitating gay-straight alliances). We strongly support this initiative and will be doing our best to work closely with the Office of Youth Engagement and HAHSTA to make sure this work is fully and effectively implemented at the schools where our program is operating.

2) The Wrap-MC Program needs an awareness campaign. We need students and school administrators to be aware of the resources DOH offers yet many students still don't know about the Wrap-MC program. We collected 839 surveys from 6 schools. When asked how important how important having condoms available at school is them, 60 percent of respondents gave it a ranking of 1 and 2 (1 being Very Important and 5 being Not Important). However 90 percent of respondents know "nothing" or "a little" about the Wrap MC program. While 67 percent did not know that they are allowed to receive condoms from their school nurse. There are other DOH social marketing campaigns, like the RealTalk Campaign and Rubber Revolution, which have been very successful with youth. As others have

testified, this program lacks awareness.. Advertisements through posters in schools, social media, and other forms can build knowledge and awareness, and create the institutional role that our youth need in order to be more effective educators. Before our youth began their condom distribution work, they distributed a pre-survey in their schools asking questions about their knowledge of the Wrap MC program and the condom availability policy, sexual health education, and school-based STI testing.

3) Youth need jobs and deserve to be compensated for the sexual health education work they are doing. Our peer educators are working hard. They –just like adults -- deserve to be compensated for this work. YWP has provided them with a small stipend, however, it does not cover the hours of work they are doing and would like to be doing. Although there is upwards of $750,000 in government funding allocated to youth health education, few youth have been the beneficiaries of much of it, even if they are doing the bulk of the on-the-ground work. Providing community service hours for this work is helpful but for many youth – they really need the money and they are choosing between doing paid community improvement work and working at McDonalds. If we are to keep high retention rates and bring our most talented youth into this work, we need to pay them. Although the Washington Area economy has remained strong and regional unemployment is low, youth unemployment is at an all time high at 50 percent for 16 - 19 years-olds; twice the national average. Further, 32 percent of low income youth without college degrees are not working (the rate is 22 percent nationally) according to a 2012 report by the Brookings Institution.

4) Youth need a supportive infrastructure that provides formal leadership opportunities and connections to adults doing this work. During their work at schools, many peer educators have reported feeling like others do not take them seriously or that teachers and administrators do not know what the Wrap MC program is, or that they are a part of it. Wrap MC peer educators should be recognized as part of the larger school health system. They should be viewed as partners with the adult Wrap MCs, the nurses, and the school-based health center staff. Our peer educators whose schools have on site Health Clinics have told us that they have referred others to their clinics to receive further reproductive health services. Establishing a role for peer educators is not only beneficial to the youth, but also to the services that the school and our health community already provide.

5) Youth need reproductive health services that understand their needs and realities. The healthcare system can be difficult to navigate as an adult, and it is all the more difficult as a young person who is

trying receive confidential services. Many of the young people we work with have had trouble obtaining the Emergency Contraception Pill. Even though youth might be over 17 (the legal age requirement to receive certain brands of the ECP without prescription) or are asking for an ECP pill (the Plan B One Step) that has no age restrictions, health centers still ask for a photo ID with a birth date, which many youth do not yet have. This is a barrier to youth health and wellbeing.

Keeping in mind all of the accomplishments of YWP's peer educators, the daunting sexual health problems we face, and the challenges mentioned above, I have five recommendations on how to strengthen and expand HAHSTA's Wrap-MC Youth Pilot program:

1) Include funding in the HAHSTA budget that is designated for youth educator stipends. YWP would like to see HAHSTA make a budgetary commitment to this work by setting aside money to pay for the stipends of peer educators who are doing the work of Wrap-MC. We recommend including $125, 000 in the HAHSTA budget to fund 125 peer educators in 20 DCPS high schools and 10 charter schools to work 16 hours a month during the school year to distribute condoms and provide group and one-on-one education. We recommend that HAHSTA establish an MOU with DOES Office of Youth Programs in order to use their established payment system for the youth education stipend program. To qualify for the program, youth educators would have to first pass the WMC test and then would be eligible would be matched with organizations (like YWP) who would provide additional training and school-site management. Youth would register with DOES (like the summer youth employment program) and then receive a monthly payment on their EBT card. Further, The $125,000 investment in youth educator stipends not only saves the government money by decreasing the numbers of STIs and unwanted pregnancy in the teen population, but also creates a work-ready cohort of youth who will become contributing members of the city.

2) Expand the Wrap MC program's status to that of a work-readiness program. In addition to the HAHSTA supported youth educator slots, DOES could create a " Sexual Health Youth Education" category in their One City High School Internship Program (OCHSIP) where youth with half day schedules can make up to $10 an hour for 12 hours of work per week. Many of the youth who are interested in our program have great aspirations to help their communities through their future professions- especially the health field. The health care industry is one of the biggest job creators in our country, and will continue to be so. In March 2012, it was reported that "despite the recent economic

downturn, jobs in health care grew while jobs in other sectors declined. Between 2010 and 2020, jobs in the health care sector are projected to grow by 30 percent, more than twice as fast as the general economy" according to The Center for Health Workforce Studies. DC should be supporting programs that foster an interest in this field, and prepare youth to become a part of it, like the Wrap MC program.

3) Integrate youth into school-based health work as partners – leaders, educators, planners. You have heard our peer educators demonstrate the merits of peer education, and I'd like to once again state that peer educators are a credible source of information for young people, serve as positive role models, and produce greater attitude changes in adolescents' perception of personal risk. Studies show that adolescents are more than twice as likely to use condoms when they believe their peers are using them. (DiClemente RJ. *Journal of Adolescent Health* 1991; 12:385-390) Also, a US based peer education program targeting African American teen women showed a significant increase in condom use: before the program, 44 percent of sexually active participants reported not using condoms compared to 33 percent after the intervention..[Slap GB *et al*. *Journal of Adolescent Health* 1991; 12:434-442] Under the Wrap MC program, youth and adults play different roles working for the same objective. Both have knowledge and skills. But youth have social relationships that adults cannot replicate. I recommend establishing a youth-adult health working group in all DCPS high schools that is encouraged and part of the Wrap-MC program. This Group can hold monthly meetings afterschool for 1 hour in which the members discuss the school's health issues, create new health projects, make decisions, and troubleshoot ongoing, existing practices. Youth educators should also be part of class-room based sexual health instruction, assemblies, and staff trainings.

4) Create opportunities for youth to get class credit for their work. Other peer education models have succeeded in retaining youth by giving class credit for their work at school. A program called SHIFT in Berkeley California enrolls youth educators in a course where they are trained by a health educator and have homework assignments, mid-terms, and finals. The youth also receive compensation for the work they do in schools doing presentations and attending meetings at school. In New Jersey, the Teen PEP peer education model also has a structured daily class in which youth are trained to be sexual health peer educators. In DC, Urban Alliance has a program in which youth are placed in internships and receive school credit, thanks to their partnership with DCPS, as well as payment for their work. The Wrap MC program could very well use this model, placing youth with Wrap MC implementing agencies (like YWP, SMYAL, Women's Collective, OSSE, and Metro Teen AIDS), granting school credit for the

training they receive from these agencies, and paying them for their peer education work at schools. Providing course credit is a great way to incentivize youth, make sure youth receive accurate peer education training, and properly manage youth work while at school.

5) Consider the YWP youth educator program as a model for city-wide Wrap MC implementation. Throughout our implementation of Wrap MC, YWP has create curricula, tracking documents and systems to conduct recruitment, training, evaluation and data collection. These tools have been vetted by the youth we work with. The YWP version of Wrap MC can be a ready-to implement program that other health, youth-serving organizations could put in place. YWP could also provide technical assistance to these organizations in order to get programs off the ground.

Thank you for this opportunity to testify. We are happy to serve as a resource to the Committee in any way we can.