**Testimony to the Committee on Education**
**For the Performance Oversight Hearing on the Office of the State Superintendent**

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Hello Councilmember Grosso and other committee members. My name is Aurora Muñoz. I'm the Reproductive Justice Program Manager 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 Education Campaign (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 want to thank you for giving YWP the opportunity to discuss our work and voice our concerns.

YWP has been implementing the Youth Health Educator Program (YHEP) since last spring, in collaboration with the Hepatitis, AIDS/HIV, STDs, and Tuberculosis Administration (HAHSTA). HAHSTA supplies the condoms and certifies our youth as condom distributors. YWP does all of the training and education and site management at 6 DCPS high schools. The youth are paid a stipend, starting at $7.25/hour, for their work. As part of YHEP, I manage the work of 58 youth health educators at six DCPS high schools who spend up to 6 hours a week educating youth and distributing condoms in six DCPS high schools (Cardozo, Coolidge, Bell, Dunbar, Roosevelt, Wilson). Since 2011, YWP has carried out HAHSTA's Wrap MC peer education program. This program works provide DCPS students a youth-friendly way to access safe sex materials with the goals of decreasing unplanned pregnancy and STIs/HIV among high school youth, as well as training a group of youth health educators that can act as health leaders in their schools.

I am here today to testify on the progress that has been made revising the DC State Learning Standards for Health Education, and to ask for your continued support in this effort. We are pleased to report that a draft of the new Standards is nearly complete.

YWP came to this Committee in March to testify on the need to revise the health education standards. In May, we began working with the State Board of Education (SBOE) to develop an inclusive and rigorous process that engaged a broad range of stakeholders and youth. Immediately, we put together a youth working group who began collecting data from their peers through surveys and focus groups and then selected their most important areas and learning objectives to include in the Standards. In July, YWP started working closely with staff from the DC Public School (DCPS) Teaching and Learning Department to draft the standards, while collaborating with other education and health experts including Office of State Superintendent of Education (OSSE) staff, and community stakeholders who participated in a working group. YWP's youth staff has had a significant role in defining the content priorities, educating working group members on youth needs, and working on the drafts. We would like to thank DCPS staff Heather Holaday, Erin Lumpkins, and Miriam Kenyon for their incredible work on this project, SBOE President Jack Jacobson for his leadership and commitment, and SBOE Executive Director Jesse Rauch for his willingness to try a new approach to policy by engaging youth as partners. The new Health Standards are almost ready to pass onto OSSE for review.

As you know, the DC State Learning Standards for Health Education are an essential tool in addressing youth health challenges, shaping educational instruction and interventions, and equipping youth lead healthy productive lives. Local Education Agencies (LEAs) use the standards to develop curriculum and professional development. Teachers use them to inform lesson plans and instruction. Parents and students use them to monitor progress. For YWP, revising and expanding the Health Standards is a cornerstone of our sexual health education advocacy agenda. Currently, students must earn 1.5 Carnegie Units in Physical Education and Heath combined (Title 5 DCMR, Chapter 22-2203.2). Because of YWP's advocacy, SBOE recently approved a credit increase to 2 full credits (one in PE and one in Health Education) as of 2015.

Although we have made significant progress on the youth health policy level in the past ten years, our youth continue to face urgent health challenges. Each year, YWP trains hundreds of youth –many who lack a basic understanding of their bodies, pregnancy and STI prevention, and how to access community resources. Many of these youth are not equipped to make responsible, healthy decisions. According to the latest Youth Behavioral Risk Survey (YRBS) data, more youth than ever have had sexual intercourse (54 percent compared to 47 percent nationally), and are starting earlier (15 percent had sexual intercourse

before age 15 compared to 6 percent nationally), and having sex with more partners (22 percent of DC youth had sex with more than four partners compared to 15 percent nationally). And although they report using condoms in high numbers, they are also contracting STIs in high numbers. Although teen pregnancy rates have been decreasing for the last several years, rates in Wards 5, 7, and 8 are on high. Finally, many youth don't know about the school-based sexual health services are available to them. In an October 2013 YWP survey taken by 839 youth in 6 DCPS high schools, only 28 percent knew condoms were available for free in their school. Sexual health is just one of the many health concerns that DC youth face. Here is a snapshot of the health situation for DC teens:

- Nutrition and Physical Activity: In the District, youth face food insecurity. All 8 wards have seen an increasing amount of children who have applied and are eligible for SNAP benefits from 2008 – 2013 (Gray, 2014). They often turn to options that are cheap, but unhealthy, which coupled with low levels of physical activity, have contributed to DC youth's high obesity rates. In DC, 71.9% of high school students were not physically active at least 60 minutes per day on 5 days or more. And 32.9% of female high school students and 21.9% of male high school students did not participate in at least 60 minutes of physical activity on at least one day, within the past 7 days of the survey (Centers for Disease Control and Prevention, 2014).
- Mental and Emotional Health: There is only one pediatric psychiatry specialist east of the Anacostia River, yet wards 7 and 8 contain 39% of the city's children (DC Action for Children, 2012). Children and youth don't have the resources they need to be emotionally healthy. 25.5% of high school youth claimed to have felt sad or hopeless almost every day for 2 or more weeks. 13.4% of DC high school students have attempted suicide, compared to a national average of 8%.
- Violence: In the District, 9.2% of high school students reported being physically forced to have sex. (YRBS, 2013). 15.3% of D.C high school students stated that they were in a physical fight on school property, while 37.6% stated that they were in a physical fight either in or outside of school. (YRBS, 2013). The child and teen death rate is 41 per 100,000 -- which is almost twice the national average of 26. (KidsCount, 2013)

These critical health needs demand an engaging curricula and classroom instruction. We are hopeful that these new standards will serve as a national model for progressive, comprehensive health standards that

address the reality of urban youth and emphasize the hands on skills building that is needed to translate learning into healthy living.

The current DC Health Education Standards passed by Board of Education in 2007 serve as a foundation for health instruction, but they don't go far enough. For grades nine through twelve, the standards include six skills-based Strands and nine content-specific areas including Sexuality, Reproduction & Health. Within that category, there are nine reproductive health related objectives; most of them have to do with analyzing information – the benefits of abstinence, contraceptive trends, comparing teen pregnancy rates, and understanding the importance of getting tested. What's missing from these objectives is the real life information that youth want. Health class should be a place youth can practice these skills, share stories, get support and learn about reproductive health resources – and use them. Further, discussions with youth, teachers, and other stakeholders surfaced a number of inadequacies, including accessibility to parents and youth, inclusion of urgent youth health problems, coverage of comprehensive sexual health skills and knowledge (including the issues mandated in our own law, DCMR 2305, passed in 1979), inclusion of youth perspectives and diverse perspectives, and overall usability to guide classroom instruction or assessment. Finally, best practice dictates that standards should be updated every seven years.

Last year, YWP came to this Committee to ask for your help to getting this project prioritized with SBOE and OSSE. As part of PHASE, YWP's reproductive health advocacy agenda centers of full implementation of comprehensive sexual health education through the DC public school system. Our strategy includes three steps: 1) Increasing the health education credit from its current level of .5 credits to one full credit to allow for more health education time and topics (this was approved last year by the school board but has not yet been finalized by OSSE); 2) Revising the DC Health Standards to include more comprehensive sexual health learning objectives and a broader and more detailed range of health education areas; and 3) Expanding curricula quality and resources for high school teachers to include a broader diversity of tools and topics.

The standards development process has so far involved a diverse and engaged group of stakeholders including youth, teachers, government officials, academics, issue experts, and community based organizations. This group has met monthly since last May to conduct research, identify stakeholders, and --

once the standards were drafted by YWP and DCPS staff -- to provide feedback, additions, edits. YWP staff along with SBOE and other working group members conducted extensive research on current health education standards, reviewing national and international health education standards and those from states, these include Washington, California, New Jersey, North Carolina, Oregon, New York, and the National Sexuality Education Standards and European Union Sexual Health Education Standards. We noted the states' standards' organization, and content. Using these standards, we adopted specific skills and knowledge pieces, and found an easy to use structure. We also wanted to have lean standards that contain the most critical information and skills that students will use.

The Working Group came to a consensus that the current framework of the current DC Health Education Standards was not useful enough for health teachers, parents or students. We wanted to create a tool that all partners in education could use to track learning objectives, and student growth. Based on state models and the needs of teachers in preparing classroom instruction, DCPS staff recommended a framework that organized the individual standards into five strands: 1) core concepts; 2) accessing information; 3) analyzing influences; 4) life skills (communication, problem solving, decision-making), and 5) individual and Community Advocacy. These strands are the similar to those used in the 2007 DC Health Education Standards, and other state standards, however they have been streamlined.

From there, we developed smaller working groups that covered five priority areas including: Human Growth and Development, Safety, Mental and Emotional Health, Disease Prevention, Nutrition, and Alcohol, Tobacco, and other Drugs. YWP led the subcommittees on Human Growth and Development, Safety, and Mental and Emotional Health. The core of the health standards work involves developing a knowledge-skill-behavior matrix for each of six issue areas. YWP staff developed its subcommittee matrices by using our research on other state models, our work with teachers and students, and our own current DC Health Education Standards. All matrices are broken down into six grade cohorts: K-2nd, 3rd-5th, 6th, 7th, 8th and high school. These matrices guided the working group subcommittees during revision sessions.

- The Mental and Emotional Health Matrix is organized into 5 subsections: mental health promotion, suicide, body image and self-esteem, stress management, and emotion management. The mental and emotional health subcommittee had representation from American Foundation for Suicide Prevention, OSSE, DCPS health teachers, and the SBOE.

- The Violence and Safety Matrix is organized into 11 subsections: understanding violence, sexual harassment, intimate partner violence, gangs and neighborhood violence, injury prevention, public safety, personal safety and hygiene, conflict resolution, bullying, gun safety, and emergency preparedness. The violence and safety subcommittee had representation from DCPS health teachers, and the SBOE.

- The Human Growth and Development was organized into 4 subsections: the human body, sexual health, relationships, and sexual violence. The human growth and development subcommittee had representation from Whitman-Walker Health (formerly MetroTeen AIDS), Supporting and Mentoring Youth Leaders (SMYAL), The Latin American Youth Center (LAYC), Peer Health Exchange, the Grassroots Project, Washington Hospital Center, DC Chapter of the American Academy of Pediatrics, DCPS health teachers, and the SBOE.

In May 2014, YWP started weekly meetings with the Youth Working Group (YWG) includes 12 youth ages 14-18 from many neighborhoods and attending six DCPS high schools. These youth are all youth educators who spent hundreds of hours during the past year handing out condoms, providing information, and helping youth deal with issues and problems. These youth designed, distributed, and collected surveys with 350 youth during the last months of the school year. Over their summer break, the YWG also gathered information through 5 focus groups. With this information, youth focused in on the following topics: stress and management, body image and eating disorders, sexual health and healthy relationships, neighborhood violence, nutrition and obesity, environmental health, and suicide and depression. YWG completed secondary research in these areas. They identified content and skill priorities in each area and developed a presentation to educate adult Working Group members about the health experiences and health concerns of DC teens.

The surveys and focus groups conducted revealed that DC youth want to learn healthy living skills, but they believe that the resources currently provided do not fully meet their needs. The surveys and focus groups explored 1) how important skills and knowledge are, and 2) what the current experience of DC teens is in the following four areas: physical health (nutrition, exercise, and disease prevention), social health, sexual health, and mental and emotional health.

**Physical Health**: The survey showed that 93% of respondents said that knowing how to prepare healthy foods is very important or important to them. In an average week, 48% of youth stated that they get 4 hours or less of exercise. The biggest reason, at 47%, for not exercising was "not having the time." In the focus groups, these ideas were also iterated, however youth stated that "wanting to watch TV, and play video games" are reasons why they don't make time to exercise.

**Social Health**: The survey showed that 70% of respondents said that knowing how to build healthy relationships is very important to them, and 89% responded that knowing how to deal with family violence is very important or important. And during the focus group, participants claimed that the violence they see most is school fights, and "jumpings" in their neighborhoods. Youth also talked about the opposing messages they receive at school, and at home. When talking about school fights, one youth claimed "my mother would beat me if I didn't retaliate" others chimed in saying that " I would never sit there and let somebody touch or hit me." They believe "teachers don't do anything about [fighting], and so students should handle their business" They believe health class should address students real life circumstances " [Health class] should be taught more realistically; fighting back is going to happen."

**Sexual Health**: The survey respondents believe that knowing how to prevent HIV and STIs (81%) and how to prevent pregnancy (75%) are "very important". An alarming, 61% of respondents strongly agreed or agreed that "pulling out is effective at preventing pregnancy". In our focus groups, youth claimed that they would not like to talk about sexual health issues with their counselors because of fear of confidentiality, or the belief that counselors can't really help them.

**Mental & Emotional Health**: 71% of survey respondents believe that knowing where to get help for mental health issues (depression, anxiety, stress, etc) is very important to them. 47% of respondents were "very comfortable" smoking marijuana. Youth in our focus groups repeated these ideas. They claimed that "a lot of adults tell teens that they are too young to be stressed. They should let kids know how to cope before it turns into depression." One young woman said that she "keeps emotions bottled up until they explore." In all of our focus group, youth said they smoked marijuana to help deal with their stress and other issues.

This youth group continues to guide our standards development work. When attending adult-working group meetings, YWP brings the needs (detailed above) identified by our YWG.

At this point, we need to complete the drafting. Once standards are approved by the working group, we will need to organize public meetings for input and to build support for the passage of this document. These meetings will ensure that parents, teachers and students have the opportunity to voice any concerns, and are bought-in to the new standards.

However, in order to complete all of this, here is some of the work that we are asking of you, Chairman Grosso, and the Committee on Education:

1. **Let SBOE and OSSE know that you support a speedy passage of the Health Education Standards and that the Agency should make this a priority.** Teachers are eager for standards that reflect youth realities, and DC teens desperately need this information. We are asking for your help to ensure that this work is prioritized by OSSE leadership and is approved in time for use in the 2015-16 school year

2. **Promote the development of user guides, teacher training resources, and other tools to support effective Health Education Standards implementation.** Once the standards are passed, we hope to continue working with the DCPS Department of Teaching and Learning to expand the health curricula quality and resources for high school teachers to include a broader diversity of tools available to teachers. We are also working closely with four DC Agencies (DOH, DOES, DCPS, SBOE) and the DC Council in order to fund youth educator positions, and increase the role of youth as educators and leaders in DCPS high schools.

3. **Encourage that all future health education standards revision should have full youth participation at each layer of the process.** The Health Education Standards, unlike other education standards, deal with real-life, population-specific issues. These should focus on what teens are actually experiencing, and what they believe they need to apply healthy behaviors to their lives.

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

**Sources:**

Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States 2013. Morbidity and Mortality Weekly Report, June 13, 2014; 63(4);(1-172). http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf (accessed 15 July 2014).

D.C. Action for Children. Children's Mental Health in D.C.: The Mismatch Between Need and Treatment. May 2012. http://www.dcactionforchildren.org/sites/default/files/snapshots/Snapshot-MentalHealth.pdf (accessed 15 July 2014).

Ost, Julie C. & Maurizi, Laura K. (2013). 2012 District of Columbia Youth Risk Behavior Survey Surveillance Report. Office of the State Superintendent of Education: Washington, DC. http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2012%20DC%20YRBS_OSSE.pdf (accessed 15 July 2014).