Testimony to the Committee on Education
For the Performance Oversight Hearing on the District of Columbia Public Schools

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February 18, 2016

Hello Councilmember Grosso and other committee members. My name is Jessica Anderson and I am the Program Coordinator at the Young Women's Project, a multicultural organization that builds the leadership and power of young people 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 in 11 DCPS high schools and we have begun partnerships with 4 DC Public Charter Schools. At YWP, I help run a program called PHASE (Peer Health and Sexuality Education) a youth-adult partnership that works to improve youth health outcomes by expanding comprehensive sexuality education, ensuring access to community and school based reproductive health care, and engaging teen women and men as peer educators and decision makers on reproductive health issues. Youth educators receive more than 22 hours of training that equips them to educate their peers on comprehensive reproductive health topics including contraception, HIV & STI's, gender and sexuality, healthy relationships, consent and communication, peer education and pregnancy options. We are working in partnership with HAHSTA as part of their Wrap MC program. Because of the 15 great principals who have partnered with us, I have been able to spend a lot of time with DCPS students hearing their concerns and learning about their experiences.

Today, I am here to talk about the implementation of the Health Education Standards, youth access to the budgeting process and the allocation of at-risk funding.

Developing the Health Standards

The Young Women's Project has been involved with the revision of the DC State Learning Standards since March 2014, when YWP testified before the Committee on Education about the need to revise the Health Education Standards. We are pleased that OSSE has released an official draft and that we are on track for an April State Board vote with a recommendation for implementation in the 2016-2017 school year. Many thanks to Assistant Superintendent Donna Anthony for prioritizing this work and moving it forward into the final vetting stage. YWP's work on this project has included organizing youth focus

groups, leading revision teams with Heather Holaday and her staff in the Office of Training Learning, and working in partnership with the State Board of Education President Jack Jacobson and Executive Director John-Paul Hayworth to ensure that the revised standards would be brought before the State Board for consideration and ultimately a vote.

The DC Health Education Standards are organized into six content areas which include: alcohol tobacco and other drugs, disease prevention, human growth and development, mental health, nutrition, and violence and safety. These standards are intended to outline the information that students must know at the conclusion of the identified grade bands. The 2007 standards have been revised to include more comprehensive standards that emphasize skill development, more robust sexual education, and much more extensive mental health and safety standards that respond proactively to the needs surfaced in YRBS data, DCPS youth feedback, and stakeholder observations. These standards are intended to provide the knowledge and skills necessary for youth to effectively address the health challenges in their lives before these challenges manifest negatively in their academic performance.

The Need for Revised Standards and Effective Implementation

The revised standards are written as a direct response to the urgent challenges youth face and are written intentionally to diminish prominent risk factors that hinder youth from leading healthy lives. It has been shown that "children's experiences outside of the classroom influence how well they perform within the classroom and schools that have inadequate knowledge and resources to accommodate health, family and community barriers tend to have higher rates of suspension, absenteeism and dropouts."[1] Health education is not somehow separate or peripheral to the academic experience but a cornerstone competency in high achieving students and school districts. Community stakeholders, government officials, non-profit leaders and youth across the District have worked to identify standards youth should "know and be able to do" by graduation in an attempt to bridge the gap between healthy behavior and academic success. Over 30,000 students in the District are classified as at-risk which means that their needs extend beyond traditional academics.[2] While DCPS cannot be responsible for all of the health needs of District youth, DCPS is responsible for health class and the way in which this class can influence health outcomes.

[1] Finigan-Carr, N. & Abel, Y. (2015). Out-of-School Time and African American Students: Understanding the Health, Environmental, and Social Determinants of Academic Success. *The Journal of Negro Education* 84(3). Retrieved from http://www.jstor.org/stable/10.7709/jnegroeducation.84.3.0211?seq=1#page_scan_tab_contents
[2] DC Fiscal Policy Institute. Retrieved from http://atriskfunds.ourdcschools.org/

The revised standards recognize that not every District student eats a perfectly balanced meal, or comes from a peaceful household, or forms healthy and balanced relationships all of the time or has all of the knowledge necessary to make appropriate sexual health decisions. It recognizes that students have needs that they cannot solve with algebraic equations or scientific theory. These new standards empower students to address challenges rather than pretend that they do not exist. Unfortunately, even with remarkable standards, these challenges will go unaddressed if DCPS does not create a plan to effectively implement them. Two years of work to develop some of the most progressive and comprehensive health standards in the nation will be forfeited, if DCPS central office, principals and teachers are not engaged in the work of implementation.

Recommendation 1: A Plan

We are confident that the revised Health Standards will be passed this spring and published by the Office of the State Superintendent on Education for implementation in the 2016-2017 school year. While we are excited to see OSSE mandate these standards, we are fearful that the new standards will be met with little to no infrastructure for implementation. In order for these standards to be implemented fully, teachers must exist to teach the material. In addition to hiring or appointing teachers, there must be classroom time and space to teach the health education curricula. Furthermore, there must be actual curricula in line with the standards that teachers could draw from to implement the standards. At the very minimum, teachers, time and technical support must exist for these standards to be taught as they were intended. These standards will only be as good as their implementation. **Toward this end, we are asking that DCPS and other LEAs create and make public their plans for implementing these standards that include budget allocations for new teachers.** The DCPS budget process is already well underway and will be in its final stages by the new April SBOE standards approval date. The work that needs to be done -- in terms of mobilizing resources, developing curricula, reprioritizing instruction, and hiring (at least some) new health teachers -- is formidable and will require a clear plan and a significant commitment from key decision makers

The strength of these standards is predicated on the expectation that students will leave classrooms better equipped to engage with real life in a way that supplements traditional academics and mitigates the challenges they face at school and at-home that are not addressed by reading, writing and arithmetic. Successful implementation means that students are able to choose contraception that works for

them so that they are not forced to deal with the challenges of unwanted pregnancy, it means that students are able to identify unsafe situations and seek help, it means that students understand how peers, culture and family can influence unhealthy habits or behavior, and ultimately it means that DCPS students are graduating ready to make decisions, set goals, analyze influences, communicate, and regulate their own behaviors. We will miss this opportunity, if we are only interested in passing the health standards but not just as invested in implementing them.

Recommendation 2: Qualified Instructors & Adequate Training

The new standards are more progressive, comprehensive and far-reaching than the previous standards. Rigorous standards of any kind necessitate qualified instructors. Health is no different. We expect a math teacher to be well-versed in math, an English teacher to be trained in English instruction but when it comes to Health education, we have the tendency to believe that P.E. teachers or any teacher with a free class period is adequately qualified to teach health. The standards include a broad scope of information from suicide prevention to contraception to meal selection and many forms of violence. These topics are too important to be addressed lightly or not addressed at all in classrooms where teachers have not been adequately prepared or appropriately chosen. The content is only as effective as its delivery. Teachers, who do not understand the content, are not trained to teach engaging skills-based lessons and are not supported by curricula and technical support will reduce the standards to a list of suggestions. It is hard to look at standards about depression, stress, anatomy, nutrition, drugs and alcohol and argue that they are not important. It should likewise be just as hard to argue that teachers should not be trained to do this. In the plan above, teacher qualifications and training should be addressed so that all health classes are taught in a way that adds integrity to the standards.

Challenges in the Field

In the previous testimonies you have heard, youth spoke about academic rigor, access to services and opportunities, the need for more college and career support, and gaps they've experienced in mental health and counselor support. These challenges are in addition to the daily accounts youth bring to us about lengthy suspensions, disruptive truancy that prevents teachers from moving forward, school lunch critiques and difficulty with DC One cards. These observations give adults on-the-ground perspective that should inform the way solutions and supports are implemented in schools. Youth are experiencing challenges that are not easily addressed by the addition of an art-teacher or the inclusion of "related arts,

science & custodial supply investments" or "non-personnel supports" in the budget. We are not proposing that these expenditures are unimportant or unfounded but the report makes it unclear how these specific expenditures relate to specific outcomes in the students of interest. We are interested in how these changes translate into supports that move youth who are at-risk of academic failure either out of this designation or at least out of academic failure.

Youth Access to the Budget

The health standards were written with extensive youth input. From focus groups, to working groups and the upcoming State Board roundtable discussions, youth have voiced their needs and adults have worked with them to ensure that these needs were reflected in the final document. Research has shown that when youth are able to participate in decision-making as participants rather than beneficiaries, they experience optimal development.[3] We applied the principals of youth-adult partnership to the standards development and we recommend that this be used as a strategy in the DCPS budgeting process. Many of our students are unaware that there are at-risk funds, and of those who have heard of the funding, many have no idea how these funds are spent. High school students should at least be given the option to give input into the budget that is both fair and meaningful. This school year, one student from each high school was handpicked by the principal to provide feedback. Often, students who are handpicked already have the ear of the administration and are not the "at-risk" students this funding is intended to support. Each school should be mindful that students are not simply recipients of funding but also assets in the decisions about where and how to invest it. Who better to speak to the "at-risk" experience than those students who have been given that label? For the reasons mentioned above, we are recommending that all students be given a fair opportunity to weigh in on the school budget through transparent and accessible budget documents, open youth budget hearings, and varied opportunities for youth to contribute to budget decisions**.** The idea that youth do not have good ideas or meaningful input is counterproductive and presumes that youth cannot think critically or problem solve unless it is on a state exam. We recommend the following: students are given ample notification to submit written or spoken feedback for the youth budget hearing, all students are given the opportunity to participate in this hearing, and resulting budget documents are made easily available and are accessibly presented. It is unfair to have student issues on the table but refuse students the opportunity to sit at the table for the discussion.

[3] Camino, L.A. (2000). Youth-Adult Partnerships: Entering New Territory in Community Work and Research. *Applied Developmental Science, 4.* Retrieved from http://fyi.uwex.edu/youthadultpartnership/files/2015/02/Youth-Adult-Partnerships-2.pdf

At-risk Funding

Last year, we shared our concerns about the lack of DCPS programming and opportunities for at-risk youth, who account for nearly 50 percent of the student body. DCPS defines "At-risk" students as anyone who is: homeless, living in foster care, over-age high school student, eligible for Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP). Both DCPS and DC Public Charters received additional funding in the FY2016 budget at the rate of $2,079 per youth. The Committee required a report from DCPS detailing how at-risk funds were spent. From this report, we know that $45 million was spent and 294 teachers were hired -- but these figures do not make it clear how many at-risk youth were actually engaged through the funded activities and what impact was made from these engagements. While this report is helpful, we would like to see how the expenditures identified connect to youth services, support, and opportunities. Youth who are at-risk have identified the need for mental health services, more supports in preparation for life after college, more academic rigor amongst other things in the classroom and we believe that these are legitimate directives that have significant implications for the budget. We are hoping that Chancellor Henderson will discuss the allocation of at-risk funding in her testimony and how this funding has made an impact on at-risk youth in the District.

Conclusion

In conclusion, the revision of the Health Standards is a monumental accomplishment that required the extraordinary collaboration of government, non-profit and community leaders both youth and adult. The loss that occurs if these standards are not fully implemented goes beyond political wins or losses. It relegates the Health Standards to a binder on someone's shelf. It would be a missed opportunity to respond to the issues that keep youth out of the classroom and off of the honor roll. The successful implementation of these standards in concert with youth input in the budgeting process would contribute to an infrastructure that responds aggressively and proactively to real needs with the necessary interventions. For these reasons, among we are asking that DCPS present a plan for implementation of the DC State Learning Standards for Health Education and a more transparent and accessible strategy for youth engagement in the budget process. We welcome questions and we are willing to work collaboratively on these efforts for the upcoming school year.

Thank you for hearing my testimony.