Testimony to the Committee on Education
For the Performance Oversight Hearing on DCPS

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Good morning Councilmember Catania and other council members. 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 want to thank you for giving YWP the opportunity to discuss our work and voice our concerns.

YWP has been implementing its version of the peer education and condom distribution program, known as Wrap MC, since 2011 when the Youth Pilot was approved. The HIV/AIDS, STDs and Tuberculosis Administration (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 and pays youth a stipend of $7.25 for their work at schools. Right now, we have 36 peer educators on the ground distributing condoms and information every day. We are funding this work through private foundations and don't get any government funding for this program.

I am here today to testify on the progress YWP has made implementing the Wrap-MC Youth Pilot, to share what I've learned about the talents and needs of youth educators doing this work, and to make sure that we have the right foundation in place to support and grow comprehensive sexual health education in the classroom and throughout informal student networks. Because this work involves resources and decision making within both the DC Public Schools (DCPS) and The Department of Health (DOH), we are testifying before both the Committee on Education and the Committee on Health.

As a youth developer and manager, I have seen youth acquire skills and knowledge, 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. But 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 any topic They see themselves as resources for their peers, and as people who can positively influence the health outcomes of their communities. This program, which you helped YWP pass, Councilmember Catania, is the epitome of a self-help approach. Youth who witness problems within their peer circles first hand, now have the tools necessary to directly help their peers lead healthy sexual lives.

Using the skills the peer educators acquired, our youth helped YWP accomplish a great amount of work in a few short months. They distributed 2,740 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.

All of this work has been done with the policy created by HAHSTA and collaboration of DCPS schools. YWP is grateful for these tools that will help us achieve the reproductive health needs of DC youth. However, peer educators have critical needs that DCPS 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. Although DC has one of the most progressive Sexual Health Education laws in the country, it has not been implemented, nor standardized. 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. **DCPS should expand and increase comprehensive sexual health education so that high school students are getting more hours of high quality instruction that includes a broad range of knowledge and skills covering all aspects of sexuality and provide opportunities to access resources and receive needed support.**

2) **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.

3) **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. YWP has had a supportive relationship with all of the school administrations. Principal Cahall and Mr. Wilson at Woodrow Wilson SHS have been invaluable resources for us all of these years, and are always willing to support our initiatives in their schools. Our new connection with Mrs. Eichelberger at Roosevelt SHS has allowed us to once again have contact with this school, and their adult Wrap MC, Mr. Testa is widely recognized as a sexual health resource at Roosevelt. Principal Roane at Cardozo SHS is always attentive to the needs of the community partners working in her school, and she hosts monthly meetings, which are open to these partners and parents. However, we need to go a step further in order to make this program as successful as possible. 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 SBHCs 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.

Keeping in mind all of the accomplishments of YWP's peer educators, the daunting sexual health problems we face, and the challenges mentioned above, we are pleased that the Office of Youth Engagement within DCPS, 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. However, we wanted to get your support on a couple of fronts:

1) **Make health literacy and sexual education an ongoing program and budget priority:** We would like to see OYE and HAHSTA make a budgetary commitment to this work beyond the CDC support. Health education is a central part of developing into a healthy, independent adult and supports academic development. We need to stop treating health literacy like an elective. We also ask that stipends for peer educators be a part of this budget. Our suggestion is to put $100,000 in the HAHSTA or DCPS budget to fund 125 peer educators to work 4 hours a week on the ground. We recommend that DCPS-HAHSTA establish an MOU with DOES Office of Youth Programs in order to use their established payment system for the peer education program. To be admitted into the program, youth would have to be trained and have the kind of organizational support that YWP gives. Once youth qualify, they could register with DOES (like the summer youth employment program) and then receive a monthly payment on their EBT card, in this way, this $100,000 will go directly to youth stipends by utilizing an already established and working payment structure. DOES could also create a " Sexual

Health Peer Education" category in their One City High School Internship Program (OCHSIP) in order to place youth who have half day schedules with Wrap MC implementing organizations.

2) **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. This board 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.

3) **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, and payment for their work. Urban Alliance capitalized on a pre-existing internship credit and has been able to offer it to its participants. 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 MetroTeen 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.

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