

**Testimony to the Committee on Health and Human Services  
For the Performance Oversight Hearing on the Department of Health**

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**March 11, 2015**

Good morning Chairwoman Alexander and other committee members. Thank you for the opportunity to testify today. 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. Last year, we created the Youth Health Educator Program (YHEP), which employs young women and men in DC high schools. *The Youth Health Educator Program (YHEP)* is building a city-wide network of well-trained, productive youth educators who have reached thousands of peers with school-based education, health resources, and condom distribution. Targeting the most under-resourced youth from 21 DC Public and 10 Charter High Schools, YHEP will expand this year -- recruiting 200 health educators (up from 75 in 2014-15) who will educate 10,000 DC youth in sexual health, HIV prevention, and resource access (up from 5,000 in 2014-15), educate 5,000 youth in nutrition, exercise, and physical wellness, and distribute more than 50,000 (up from 20,000 in 2014-15) male and female condoms. Youth Educators will receive extensive training in sexual health and HIV prevention, peer education, training, counseling, facilitation, adult-youth partnership, project development, data collection, and physical and mental health -- as well as -- work readiness, college prep, and academic strengthening. They also have part time jobs -- resulting in a minimum of \$1,000 in school year wages.

I am here to testify on the progress YWP has made in implementing YHEP, and in creating a DC Peer Educator Network (DC-PEN). I would also like to make recommendations about how to strengthen and

grow this work. We have many people to thank for this work. I would like to thank HAHSTA (HIV/AIDS, Hepatitis, STDs and Tuberculosis Director Michael Kharfen for supporting this work, and Veronica Urquilla, STD Education and Outreach Manager, for collaborating with us. I would also like to thank the principals who open their doors to YWP's programming. Principal Bargeman and Mr. Wilson at Woodrow Wilson SHS have been invaluable resources through our many years and initiatives in their school. Mrs. Eichelberger is a tireless supporter for sexual health at Roosevelt SHS, and their adult Wrap MC, Mr. Testa is widely recognized as an advocate not only for sexual health, but for the LGBT community in his school. 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. Principal Jackson at Dunbar has always been a vocal supporter of our program and our peer educators' efforts.

**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, and often they don't. According to the latest Youth Behavioral Risk Survey (YRBS) data, more of DC youth than ever have had sexual intercourse (54 percent compared to 47 percent nationally), 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 the alarmingly high. Finally, many youth don't know about the school-based sexual health services available to them. In a October 0213 YWP survey taken by 839 youth in 6 DCPS high schools, only 28 percent knew condoms were available for free in their school.

YWP launched PHASE and YHEP to address these problems. Working to improve DC teens' reproductive health and reduce unplanned pregnancies and STIs, PHASE and YHEP are guided by three goals: 1) Implement Comprehensive Sexuality Education in DCPS and Charter Senior High Schools; 2) Expand reproductive health services for DC youth to include school-based condom distribution and accessible, confidential community clinics; and 3) Create a city-wide network of youth educators and advocates. As the manager for these programs, I work with 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, the YWP Wrap MC peer education program has been working towards providing DCPS students a youth-friendly way to access safe sex materials with the goals of decreasing unplanned pregnancies and STIs/HIV among high school youth, as well as to train a group of peer health educators that can act as health leaders in their schools. With only a team of two program staff, YWP has been able to accomplish great work with the support of the department of Health, and the Committee on Health and Human Services. In the last year our youth health educators have -- educated 6,000 other youth in sexual health, distributed more than 10,000 condoms, trained 150 health teachers, collected data from more than 500 youth on health, violence, education, and other issues, presented more than 40 testimonies to five Council Committees. Thanks to your support, YWP will employ 200 youth educators from 30 schools this year as part of our DC Peer Educator Network, through which we are working with three city agencies and 10 community based partner organizations.

I'm here today to share the amazing progress we've made educating youth and to ask for your support in strengthening the program.

**Impact -- Peer Education and Condom Distribution:** The core of YWP's youth health program is made up of the work that youth do at school, mainly condom distribution, and peer education through one-on-one interactions, and lunchroom and classroom presentations. Through their training, youth learn how to provide information and options, as well as safe sex materials to their peers in a non-judgmental and respectful manner. These youth are also trained to collect data from their peers like: numbers and kinds of condoms taken, youth demographics, and any interesting comments their peers made.

Peer educators have the responsibility of distributing 30 condoms each week, conducting 10 individual educational interventions and 1 lunchroom presentation weekly, and 1 classroom presentations monthly, as well as returning weekly data to their site coordinator. All of these thing are required as part of the job. Since the youth health educators know their schools best, these presentations are designed and prepared by youth, so that their peers can receive the most critical information. Youth have created presentations meant to teach others how to properly store and use condoms, or show how the menstrual cycle is connected to pregnancy. They contact teachers, arrange for presentation times, and complete evaluations.

Using the skills the peer educators have acquired, so far this school year, they have distributed 8,943 external condoms, 1,198 internal condoms, 2,011 flavored condoms, 1,1573 packets of lubricant and 252 dental dams. They have conducted 11 lunchroom presentations reaching 449 teens, and 2,785 one-on-one

education sessions. As you have seen today, they have also helped dispel myths and answered questions that will leave a lasting impact on their communities.

**Youth Outreach Recruitment and Training:** YWP relies on maintaining a diverse and promising group of youth educators. Our recruitment process is intense and hands on. At the beginning of every school year, YWP goes to our partner high schools and recruits students during lunch and after-school activities fairs. We collect hundreds of applications each year, and conduct six group interviews to assess interested applicants. At the beginning of the 2014-15 school year, we recruited more than 40 new peer educators.

Once hired, new staff is assessed using a 23-question reproductive health test that covers male and female reproductive anatomy, menstruation and pregnancy, contraception, and STI's and HIV. These new youth employees come to the YWP office once a week, and receive 22 hours of training, which include one-on-one peer education and data collection techniques, as well as reproductive anatomy, menstruation and pregnancy, all contraceptive options, healthy relationships, and gender and sexuality (all lesson plans were created by YWP). With this training, the youth were able to pass HAHSTA's Wrap MC test (which was a requirement of the job). Once they pass their Wrap MC test, they are ready to be Youth Health Educators in their schools. YWP created a program model that allows youth to grow their skills, and increase their responsibility through promotions. Youth Health Educators are organized into three groups depending on their skill and experience level:

- **Level 1 staff (educators)** work 4-6 hours a week, are paid \$7.25 an hour, and focus on sexual health education and condom distribution.
- **Level 2 staff (trainers)** work 6-8 hours a week, are paid \$8.25 an hour, and have additional responsibilities including classroom presentations and train new staff.
- **Level 3 staff (site coordinators)** work 9-12 hours a week, are paid \$9.25 an hour, and take on additional site and advocacy responsibilities including conducting research, educate and mobilize peers, develop programs, coordinating youth-adult site meetings, and recruiting youth educators.

As a youth developer and manager, I have seen youth acquire skills and knowledge, and shift engrained attitudes regarding sexual health and peer education. For example, at the onset of their training, most youth don't know how long sperm can live inside the body. They are always alarmed to discover that they could get pregnant, or get someone pregnant, many days after sexual intercourse. They also didn't know about their full contraceptive options, their sexual health rights, nor did they know how their own bodies worked.

But they were eager to learn, asking serious, silly, or provocative questions that many said they could not ask in a school setting. Now, they are comfortable learning about and discussing any topic relating to sexual health. They see themselves as resources for their peers, and as people who can positively influence the health outcomes of their communities.

**Youth Health Educator Management, and Support:** Our youth health educators need continued education and support in order to bolster what they have learned, and add new skills. After our youth health educators complete 22 hours of Essential Training and passed their Wrap MC test, we continue to meet to provide additional training and support. Auxiliary Training contain topics including homophobia, workforce development, risk reduction, pregnancy in-depth, reproductive justice, public policy and testimony, STI testing, sexism, conflict resolution and healthy relationships. Through these trainings, peer educators further their understanding of the underlying social, political, and institutional factors behind sexuality and sexual practices, as well as gain new tools with which to convey their safe sex messages to their peers. In addition to training, adult managers provide help with troubleshooting any challenges that youth are having in school. These additional supports, provide our youth with a robust reproductive health catalog with which to draw from when educating other youth.

Youth also use the in-office sessions to create plans, prepare presentations and lesson plans, develop materials, pack condoms and other safe sex materials, create posters and other visuals, and practice the classroom and lunchroom presentations they will be doing in the coming week. Our youth work diligently to create interactive youth-friendly 30-minute lunchroom presentations and 15-minute classroom presentations based on trainings they have received. We supervise the youth to ensure that all of the information they present is accurate and easily digested, and we visit each of our schools to evaluate each of our youth individually during presentations. This work ensures that not only our youth grow as youth health educators, but that their work makes a significant impact on the youth who listen to them. During this time, our youth continue to grow as workers, peer educators, and as individuals. During a recent anti-homophobia training, a peer educator who expressed discomfort at the thought of "boys dating other boys" promised that she would no longer joke about gay boys to her friends, and that she would not make boys who date boys "feel bad" through use of hate speech. Attitudinal changes remain one of the most challenging parts of our program, and it is with constant refreshing of knowledge, exploration of values, and practicing skills that we can uproot deeply seeded negative behaviors and outlooks.

As can be seen from our results, YHEP is not only public health program- it also aims to develop youth as sexual health leaders who can advocate for their peers, as efficient employees who know the meaning of work, and as people living positive and healthy lives.

**Youth Evaluation, Observation and Promotion:** Our focus on training and preparation is directly linked to our management and evaluation of each of our youth. After youth have completed their training, and before they begin doing presentations in school, we test them again on their reproductive health knowledge. Our 2015 peer educators showed more than a 40-point percentage increase between their pre and posttests. Evaluation ensures that youth have the knowledge and skills they need to help their peers make healthy sexual health choices. We use their assessments, in-school and out-of-school conduct and work products to assess each youth twice per school year and once during the summer.

Each week, youth educators submit condom distribution sheets and photographs as evidence of the work done in school. Timesheets are indicators of their performance, attendance, and adherence to our expectations. As a workforce development program, our youth are expected to clock-in and clock-out and submit time sheets and meet goals and deadlines in the same way adult staff would be. All of these tools, allow us to evaluate each youth on an individual basis and promote our educators through our level 1, level 2 and level 3 continuum. Promotions are accompanied by a one-dollar raise, and above average work is rewarded through a 33 cent pay increase. We are able to substantiate these promotions and raises using weekly work products and the attendance, behavioral, preparedness and performance expectations youth staff signed and agreed to adhere to upon hire. Our in-office and in-school observations further allow us to evaluate their work.

We have seen extraordinary growth in our youth educators. A young lady who was painfully shy at the beginning of the school year last year, is now not only leading her own trainings for peer educators, and presenting in front of her classes, but also spoke on a panel in front of 150 health teachers. Youth who would always forget to bring data collection sheets, now no longer need reminders. Through our management, observation and evaluation, YWP tries to instill in our young employees the work ethic and standards that they will need in their adult lives. YWP also helps these youth create resumes, manage educational challenges, and make post-graduation plans, and we provide more assistance to youth who are struggling to meet basic academic and work-performance standards.

**STI Testing:** As part of YHEP, YWP partners with HASTA in order to promote the School-Based STD Testing at school sites. This year, our peer health educators planned a 4-week promotional process at Wilson High School for STI testing that included lunchroom presentations and classroom presentations on STIs, school-based testing and the treatment process. Youth educators answered questions, dispelled myths, and quelled fears around the test in an attempt to get more youth to participate. Youth health educators also helped distribute condoms and other safe-sex materials on testing days.

**Funding for Peer Educator Stipends:** Last year, YWP testified before the Committee on Health about the need to create a fund for peer health educator stipends. With your support and help, Councilmember Alexander, DOH allocated \$100,000 for peer educator stipends. YWP worked to get this money in the hands of youth since October 2014, and in December it was made available through a contract from DOH. HAHSTA awarded this money to YWP in order to pay the \$7.25/hour stipends of 200 youth health educators throughout DC. This contract has the option for extending the funding for 4 additional years. Ninety percent of this money will go directly to youth through stipends.

**DC Peer Educator Network:** In June 2014, YWP launched the DC Peer Educator Network (DC-PEN) to create a city-wide network of well-trained, productive youth educators who reach thousands of peers with school-based education, health resources, and condom distribution -- and at the same time -- build a supportive network of organizations working in partnership with youth and committed to improving youth health outcomes. Youth are recruited, trained, and developed as health experts and educators by community-based partner organizations who would also manage youth education and condom distribution work at one or more school sites. YWP provides curricula and technical assistance to partner organizations that are implementing similar peer education programs

DC-PEN now includes nine active organizations: Whitman-Walker Health (formerly Metro Teen AIDS), Planned Parenthood, Sasha Bruce Youthworks, Supporting and Mentoring Youth Advocates, DC Grassroots Project, Peer Health Exchange, Promising Futures, and Latin American Youth Center, the Solomon Group, and three government agencies (DCPS Office of Youth Engagement, HAHSTA, and the Youth Action Council at the Office of the State Superintendent on Education). YWP created DC-PEN using its successful Youth Health Educator model. YWP is using funding from DOH contract to support the wages of peer educators in partner organizations. This Network works to ensure youth across the city can participate in a similar youth health educator program no matter which school they may attend. Targeting

youth from 21 DC Public and 10 Charter High Schools, DC-PEN will support 200 health educators who will educate 15,000-DC youth in sexual health, HIV prevention, resource access, and other health issues and distribute more than 50,000 male and female condoms.

**Youth Advocacy:** YWP also partners with our youth staff in order to move our policy and advocacy agenda. This year, YWP helped prepared 17 young people to give testimonies in 4 DC City Council oversight hearings. Last year, youth have advocated for better sexual health education in schools and an expansion of the Youth Health Educator program, so that it can serve all DC schools, Wards and youth.

**Revising the DC Health Education Standards:** Since last May, we've been working closely with the DC State Board of Education (SBOE) and the DCPS Office of Teaching and Learning to redraft the Health Education Standards. As part of our contribution, we organized a Youth Health Working Group (YWG) that includes 12 youth ages 14-18 from many neighborhoods and attending six DCPS high schools. These youth designed, distributed, and collected surveys with 350 youth; completed secondary research in these areas; identified content and skill priorities in each area; received training on a range of sexual health issues, meeting facilitation, youth adult participation, presentation and meeting facilitation; conducted outreach with 10 organizations to recruit additional youth stakeholders; and prepared a presentation to educate adult Working Group members about the health issues youth are facing. They advocated for the inclusion of more extensive sexual health, mental health, nutrition, and violence standards. This group will soon be developing testimonies to present at SBOE public meetings and organizing their peers to support passage of these Health Education Standards. We are pleased to report that a draft of the new DC Health Education Standards is nearly complete.

YWP is grateful for the remarkable support that the DOH, DCPS and the Committee on Education has given to our youth health educators, with this support our peer educators have been able to accomplish a tremendous amount of work that will serve the reproductive health needs of DC youth. We especially want to thank you, Chairwoman Alexander, for helping us employ 200 youth who will improve the health of 15,000 more.

Keeping in mind all of the accomplishments of YWP's peer educators, the opportunity that DC PEN offers, as well as the daunting sexual health problems DC still faces, I have four recommendations on how to provide more assistance to youth health educators in the DC Peer Educator Network:



**1) Continue funding the contract which was specifically designated for youth health educator stipends in the HAHSTA budget .** This contract helps DC in two ways:

- a. Youth deserve to receive a stable source of payment for their critical public health work to prevent STIs and unplanned pregnancies in DC. The District, as you know, has one of the highest teen pregnancy and STI rates in the country. We need all hands on deck to tackle these problems that plague our youth. Many studies have proven that peer education is a successful method to increase condom use among teens. You have heard our peer educators demonstrate the merits of peer education, and I would 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.
- b. A continued 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. Many of the youth who are interested in our program have great aspirations to help their communities through their future professions- especially in 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 youth health educator program.

**2) Encourage DCPS and DOH to collaborate more closely in order to create a healthier environment for youth.** There are many people working on behalf of student health in DC high schools but they rarely communicate. Health teachers and adult Wrap-MCs don't know about youth educators, some teachers will not allow students to leave class for STI-HIV tests, HAHSTA and its partners have a difficult time getting in touch with school teachers and administrators about STI testing,

peer education, and other reproductive health efforts. We recommend establishing a youth-adult health working group in all DCPS high schools that is a part of the Wrap-MC program. This working 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 classroom based sexual health instruction, assemblies, and staff trainings.

**3) Support amending the high school nurse contracts to their scope of services to include STI and pregnancy testing, and non-invasive hormonal contraceptives, and the Plan B pill.** School-Based Health Centers provide full reproductive health services, including STI testing, and pregnancy testing; however, schools without SBHCs should also provide DCPS students with these services. HAHSTA could pay for the testing materials, nurse training, and organization.

- a. STIs:** School-based STD Testing comes once a year to each DCPS high school, however, teens need to be tested more often in the year- as recommended from the department of health, sexually active people should get tested at least once every 6 months. If a person tested positive for an STI, it is recommended that they be tested again 3 months later. If these services were provided in places where you already frequent, then there is a higher chance that youth will get tested. Additionally, HAHSTA reportedly saw a steep decline in the number of youth screened for STIs through outreach programs. Having worked in the schools during STI testing, YWP knows that there are significant challenges to testing all youth during a brief period. Student absenteeism, lack of teacher support, and last minute cancellations all can affect these numbers. For this reason, it would be beneficial to have an onsite employee that could administer these tests year-round. Students could take tests at more convenient times in their schedules, and if they missed the annual testing period because of being absent, they could always take the test at another date.
- b. Pregnancy:** Access to youth-friendly and confidential pregnancy prevention methods are key to preventing teen pregnancy. 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. Also, pharmacies run out of the product, and youth have to travel throughout the city in order to get their hands on this pill, which then costs them around \$50. This is a barrier to youth health and wellbeing. New York City has been combating teen pregnancy through their Connecting Adolescents to Comprehensive Health (CATCH) program. This program allows school nurses to provide birth control, Plan B, and pregnancy testing to the school's students upon request. In 2011, CATCH began in 5 schools as a pilot. During this year, 567 students received Plan B pills, and 580 students received birth control pills. New York City has expanded this program to 40 at-risk schools. Implementing a program like CATCH for those high schools that do not have School-Based Health Centers, would make contraceptives, and pregnancy tests more accessible and convenient for youth. This program would also help pregnant teens explore their options, and be linked to prenatal care and other pregnancy services that DOH offers.

- 4) **Push for School-Based Health Centers to collaborate with Youth Health Educators.** Youth Health Educators could be an invaluable asset to these health centers. They could promote services while doing peer education, providing accurate information about what students need to enroll, ensuring students about their right to obtain confidential services, and encouraging students to use health center reproductive health services like STI tests, pregnancy tests, and contraceptives.

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