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Overview of PHASE Work and Issues and Recommendations for the Future

My name is Charnisa Royster and I am 17 years old and I am freshman at American Beauty Academy. I am the President of the teen staff of the Peer Health and Sexuality Education (PHASE) Program at the Young Women's Project (YWP). Before graduating from Calvin Coolidge SHS I have witness a lot dealing Comprehensive Sex Education by even taking health classes and not learning the whole entire information about the human body as needed. I have been a part of this organization since 2009 when we first came up with the idea to make a campaign to find teen friendly clinics in the DC area, throughout these last couple of years I have trained teens (starting at age 13) on different Reproductive Health and Sexuality including topics (anatomy, gender, and menstruation), advocated to reduced the rate of unplanned pregnancy and also testified before Council member Cantina on the issues dealing with the community based health care for teen women.

Working with YWP has made me very passionate with trying to make a difference with my generation and others, because I don't feel it is fair to have the knowledge and not share. This work also is important to the people who aren't as knowledge to about their body and not every ones parents teaches them or has the "talk", so it is up to the DCPS system to help better this city.

Councilmember Catania I come to you today because you have the power to make the change in this city dealing with different issues that we as teens face on a daily basics. Not everyone understands the things we face because they aren't in our shoes. You do. You have demonstrated that you care about our experiences and perspectives and have worked very hard to engage youth and bring our perspectives into the policy process. We are very grateful for that. And we are here today to do our part --- which is to work hard, to bring experiences and information to your attention, and of course to make recommendations of what we need to do to improve the situation. That's my job. I am here today to give you the overview of all our work and recommendation, and highlights directions for the future. We have six. Recommendations for how to improve youth sexual health in DC.

Before I go into the recommendations – I want to emphasize a point that others have said today.

Teens living in DC are lucky to have so many laws and policies that honor our right for education and services and allow us to get reproductive health care without parental consent. We are also lucky to have so much innovative programming from our department of health – like the condom distribution program and the STI testing. And we are lucky to have so many effective community organizations – like Metro Teen AIDS, Planned Parenthood Ophelia Egypt program, TAPP, and others. But even with all this -- we still have the highest rates of teen pregnancy, HIV, and STIs among youth (with half of Chlamydia and gonorrhea diagnoses were among District residents 15 to 19 years old.). And what we've seen from our research this summer and from our own experience in DC public schools is that these programs and policies are not fully implemented, the work does not seem to be coordinated, youth are not engaged in visible, hands on ways, and there does not seem to be goals or objectives or a master plan that guides all of our work and moves us toward specific objectives. These are some of the things we are recommending. Most of the recommendations are similar to those made by the youth who contributed to your 2009 Youth Inspired Framework:

Recommendations

- **Develop a comprehensive youth sexual health plan:** This plan is needed because it's a way for everyone to be on the same page and measure everyone's success. This plan would help establish city-wide goals and objectives on youth sexual health issues and outline a coordinated strategy – that involves schools, cbos, youth leaders and others – for making progress on those objectives. Youth should work with adults in developing this plan.
- **Develop a city-wide peer educator—advocate program:** As peer educators, we think that having trained youth educators in the classrooms, as after school program instructors, and assisting nurses and other condom distributors and STI testers is a key ingredient to any successful youth sexual health strategy. Being a peer educators has taught me a lot about dealing with many different points of view. As an African American female you get judged a lot from adults and teens for knowing a lot of information that can help make a difference. Some adults don't feel that it is our place as peers to help educate other peers and that adults have more experience. But

a lot of minors have been through many more things than older people. As a peer educator, it's my responsibility to make a safe place for youth to learn about sexual health, to make them comfortable, and to help them make safer decisions. Peer educators can help distribute condoms, help with STI testing, work along with school nurses, and do classroom training. Youth don't always feel comfortable with talking to adults about their issues. The Youth Framework recommended establishing a *District wide youth sexual health education program that includes peer educators – and paying those peer educators. We strongly agree with these recommendations.* This program could create 100-150 positions for youth sexual health educators-advocates who would work 10 hours a week during the school year and 30 hours a week during the summer, paid \$7.50 an hour (about \$300,000 a year total budget). CBOs, schools, and government departments working on sexual health issues and with teen staff would apply to receive peer educators (and have their youth staff apply to the DOES program) and work together to organize a Training Institute that would provide training of trainers, reproductive health training, and other professional development to peer educators. The budget this program could be funded as part of HAHSTA's current youth health funding.

- **Implement Comprehensive Sexual Health Education in DCPS!; expand DCPS's sexual health curricula (to be reflective of DC2305); implement the expanded curricula:**

Comprehensive Sex Education is an issue that is very important to me because when I attended high school I barely learned anything dealing with Sex Education. Most of the times we watched movies or talked about the "Do's and the don'ts about HIV and how it spreads." I was never was taught in school during class hours about what will happen and how it effects the world and your body until I started attended after school programs with the YWP or unless some other guess speaker came in. This is a problem because if it wasn't for this organization than it would be more people wondering about what will happen to them and what they should and shouldn't do, they may not even be able to communicate with their families if they don't know what they are in need of help for and because of this Youth need accurate information, opportunities to build and try out skills, support, resources, opportunities to discuss and learn, interactive culturally relevant curricula. The Youth Inspired Framework agrees with this. The DCMR 2305 law was passed in 1979, and we aren't following the law

DCMR 2305 (which is cited by national organizations as a model law) calls for “regular curriculum instruction ...that includes information on human anatomy, physical changes during adolescence, menstruation, intercourse, pregnancy, child birth, lactation, venereal disease, contraception, abortion, homosexuality, reduction of infant mortality, impertinent of pregnancy outcomes, and awareness and prevention of rape and other sexual offences, personal decision making in parenting and sexuality.” This law, passed in 1979, is not being implemented.

The youth framework states “youth understand the importance of learning about reproductive anatomy, but desire more information about self-esteem and healthy relationships. They also find compatibility with educators essential to the success of a sexual health curriculum and believe that sexual health information is best provided by someone that is relatable. It also recommends that we. *“Expand sexual health curricula beyond reproductive health and STI awareness; Utilize innovative and nontraditional methods to educate students about sexual health; Develop interactive classroom curricula focused on issues related to youth sexual health; Integrate social determinants into sexual health curricula and engage youth in the planning for the sexual health curriculum.” We agree with all of this.*

To make this happen Council member Catania we need someone (hopefully you) who is willing to take the leadership to move CSE from the planning phase – into the action phase. The first step is to get a commitment from DCPS to implement a CSE that reflects current DC law. The health standards are a guide for this (but are also missing key components of the law). At that point – our current curricula need to be assessed and additional lesson plans created to address gaps and all of the issues identified in the Youth Inspired Framework. Then – youth educators need to review the curricula and work together with adult educators to figure out 1) how to maximize the content and presentation of the lesson plans to effectively engage youth; and 2) how youth and adults can work together to implement the curricula. Finally, educators would need to be trained and receive technical assistance for the roll out.

- **Expand condom distribution in high schools, engage youth as educators, condom distributors and as a Wrap-Mc rep that are fully implemented in the programs in schools.** We feel that there needs to be exact point person that every ones knows about that distributes condoms, to make it granted that there are at least 4 or 5 peers in each grade level that are certified to distribute condoms in high school that will make it more comfortable instead of them going to the adults or nurse, lastly we

feel that engaging youth in all types of education of reproductive health will make a very big difference on their decisions in life and how to handle many different obstacles, having the opportunity available that they can be a part of many different organizations like the YWP.

- **Establish an interagency Working Group on Youth Sexual Health:** Because so many of the Youth-Inspired Framework recommendations require cooperation between agencies and government branches but also input and work by youth and community members – we recommend establishing a Youth Sexual Health Working Group. Including members from government agencies, DCPS, Council, as well as community groups, youth, teachers, national experts, the Working Group would be charged with guiding the implementation of the Youth Sexual Health Plan and any other directives from the COH. It would provide a mechanism for coordination between government entities, a framework for engaging youth, the community and community-based organizations, and a source of accountability and support for everyone working on these issues. The Working Group could take on all of the issues that we are raising in our recommendations to you including: 1) Developing a plan; 2) moving CSE forward; Interagency coordination: More effective working relationships between HAHSTA and DCPS/charter schools in order to reach targets for STI testing, perhaps with non-clinical school staff being trained to deliver STI testing or school nurses being trained to test in order to be most effective. A director level position within DOH that focuses on youth health and pulls together all of the pieces, develops priorities and objectives, and ensures that budget allocations match priorities.
- Continue the work that we started this summer through an ongoing **Youth Health Policy Working Group:** We hope that Councilmember Catania and the COH staff will consider continuing the work that we started this summer. This Group, made up of youth leaders from organizations across the city, could take on a range of research and education projects including: 1) researching and producing an annual report card; 2) work with DOH, HAHSTA and other government programs to provide feedback; 3) serve as peer educators and resources for school-based STI and condom programs; 4) collect data from their peers on a regular basis through surveys and interviews; and 5) make recommendations to the Committee about youth needs, issues, and programming

Finally, Council member Catania I would like to thank you for allowing the Young Women's Project for helping you with this project over the summer, for taking my previous testimony in to consideration that lead

us this far. I hope that you allow us to work with you in the future in making the city a better place once again thank you.