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Testimony to the Committee on Health
For the Performance Oversight Hearing on the Department of Health

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My name is Charnisa Royster and I am 18 years old and I am junior at American Beauty Academy and graduate of Coolidge High School. I am the President of the teen staff of the Peer Health and Sexuality Education (PHASE) Program at the Young Women's Project (YWP). Thank you for this opportunity. 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 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 and the round table about YWPS summer work.

My testimony today focuses on two main areas. First, I wanted to summarize the proposals that the PHASE team is making to the Committee on Health on how to improve reproductive health programming and outcomes for DC youth in public schools. Secondly, I wanted to provide some feedback on the latest Draft of the DC Youth 2012-2015 HIV/STD Prevention Plan released by HAHSTA last month.

First, our recommendations. 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.), (Youth 11-14 years old 19.6% that has been sexual active, and 7.9% has had more than three partners) 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

1) Increase the current requirement for health education from one-half credit to a full credit, thus allowing more time to fully implement Comprehensive Sexual Health Education (CSE) that is truly reflective of the full scope of issues in DC2305: Comprehensive Sex Education is an issue that is very important to me because when I attended high school I barley 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." But I never learned about my body and how it works until I joined YWP. This is a problem because if it wasn't for this organization, there would be more people wondering about what will happen to them and what they should and shouldn't do or how to communicate with their family and friends about it. Youth need accurate information, opportunities to build and try out skills, support, resources, opportunities to discuss and learn, and interactive culturally relevant curricula.

DCMR 2305, passed in 1979 and cited 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.

Right now DCPS has a curricula that reflects this law but they don't have enough time to actually implement it since there is only a half credit of health instruction required by DCPS. The credit requirement should be increased to a full credit so that we have time to cover critical health issues and comprehensive sexual health education. And this class needs to be interactive and based on real life experience and real life practice. This class is likely to save more lives than anything else we teach in DCPS.

2) Fully implement WRAP-MC immediately; expand condom distribution in high schools and engage youth as educators and condom distributors in high schools. In a PHASE member survey that we conducted last month in six DCPS and Charter High Schools, 245 out of 337 students (about 75 percent) said

that they "never heard of" the WRAP MC program. Most of the 337 never tried to access condoms at school. Youth need to be accessing condoms at school. Full and immediate implementation of the WRAP-MC program and condom availability policy would help us get there. We understand that the HAHSTA has had staffing problems and other issues that prevented full implementation. If they are not able to do it – ask for the help of community based groups like YWP. We are willing to do education and condom distribution in high schools. All of our staff is already certified via the WRAP-MC on-line certification program. And we will do it for free. Here are some other suggestions for improving WRAP-MC effectiveness:

- Include the list of certified WRAP-MC contacts on the website
- Get the condoms (male and female) out to the schools that need them. For the past couple weeks, we've been sharing our condoms with Cardozo High School because they are out and have not received more from DOH. Please get them some condoms!
- Certify students to distribute condoms – 4 or 5 students at each grade level
- Have information and condom distribution tables as a regular part of student lunch time
- Have the opportunity for after school sex-ed workshops for students who want more information. YWP is happy to provide these along with several CBOS

3) Develop a city-wide peer educator—advocate program: Well-trained, motivated peer educators will make everything else work better – especially CSE and WRAP-MC. PHASE peer educators are on the ground with youth in schools and CBOs every week. We hear their stories about what is going on and what they need. *We think that having trained youth educators in the classrooms, delivering after school workshops, and assisting nurses and other condom distributors and STI testers is a key ingredient to any successful youth sexual health strategy.* Being a peer educator has taught me a lot about dealing with many different points of view, about responsibility, and about what youth need. As a peer educator, it's my responsibility to make a safe place for youth to learn about sexual health and make good decisions. 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. 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. We hope Michael Kharfen will include this as part of his HIV plan.

4) 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 continue the work that we started this summer. A Youth Working 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

5) More training for and involvement of school nurses: The youth prevention for 2012-2015 states that **"**HAHSTA and Community Health Administration (CHA) in DOH will collaborate on introducing STD screening in school health suites. HAHSTA and CHA will partner on training high school-based school nurses and providing logistics for testing." How this possible if the peer is barely go to the school nurse to receive condoms and if the nurses are judgmental and they don't give the vibe that students need to feel comfortable. I feel that they need to have more training on how to react to youth during this day and time and make sure that a nurse is in the school through the school day.

In addition to these recommendations, I'd like to offer some feedback on the HAHSTA 2012-2015 HIV/STD Prevention Plan. Overall, the latest draft of the HIV/STD plan is moving in the right direction. We were glad to see more emphasis on comprehensive sexual health education and expanding education to include issues – like relationships, self esteem – that go beyond the traditional HIV prevention approach. However, there are three main areas that concern me about this plan (and based on the work we've done in the community are these same issues seem to be common).

- **First, the goals and objectives need to be more specific.** We should have a goal of reducing STIs among youth --- whether it's 20 percent a year or 50. We need a goal. Next, we need to know how we will know when we meet that goal – what are the specific benchmarks. What is the percentage we are

trying to get to by when? How many youth does that include and therefore – how many youth will need to be reached through the various strategies described in this plan.

- **Next, we need to see specific roles for youth in this plan.** STIs and HIV among youth cannot be reduced without involving youth in the decision making, the education, the planning, and the implementation. Youth need to own the plan and participate in the work. We would like to see some of these specific roles in the HIV plan. We included some suggestions in our testimony.

- **Finally, we don't think HAHSTA should in the business of implementing programs.** There is a lot in this plan about HAHSTA creating and implementing programs. The one program that we know about that they are implementing – WRAP MC – has been very poorly executed. It has great potential but no one even knows about it and as far as we can tell – there is nothing happening on the ground with youth – which is what we really need. There are several community based organizations – like the ones we reviewed for the report cards – that are doing effective, outcomes based outreach and training. These groups need to be engaged in a coordinated, strategic way to implement this plan.

Finally, Council member Catania I would like to thank you for allowing the Young Women's Project to present our ideas to you. We also really appreciate the opportunity to work with you and your staff on the Report Card project over the summer. I hope that you allow us to work with you in the future in making the city a better place once again thank you.