

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

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Hello Council Member Grosso and other Committee members. My name is Lena Jones and I am a senior at Woodrow Wilson High School. I am a singer and songwriter. I love nutrition and fitness and teaching sexual health and I plan to go to college next year. For the past two years, I have been a youth health educator with the Young Women's Project (YWP), a DC nonprofit organization that builds the leadership and power of DC youth. I teach my peers about proper condom use, contraception, STI's/ HIV and more. Thank you for hearing my testimony. I would also like to thank Principal Bargeman and Wilson High School for helping and supporting this program.

I am here to testify about school lunches and the enforcement of the extended health credit.

School Lunch: It's amazing to be able to get a lunch, breakfast and even a snack at school. Lunch has supposedly gotten healthier because of the Healthy Schools Act of 2010, which established higher standards for the school lunch and breakfast programs. The lunches may be healthier but no one seems to want to eat them. Why? Because the food is not prepared well enough and although the school may announce what's for lunch kids still cannot tell what it is. They ask questions like "This is chicken?" or say "These are pineapple pieces? They don't taste like pineapple." People have complained many times about how a dish with pasta will be served overcooked causing the pasta to be mushy and taste like nothing. Others have complained about the quality of fruit how sometimes apples or pears will be covered in bruises. School lunch shouldn't be disgusting and healthy. Lunches should be healthy, appetizing, and fulfilling. After an encounter with the school's lunch options, many kids would rather go to CVS and buy things that are familiar or look appetizing to them but many of these things are unhealthy.

The Healthy Schools Act aims to lower child obesity rates by supplying healthier lunch food in schools. However most kids throw away their lunch or don't get a lunch. Instead, they are getting flaming hot cheetos or sour gummie worms with an Arizona on the side. Some kids don't even eat lunch at all because they have no money to buy anything off campus or they cannot go off campus. When youth do not eat lunch in school, they are less focused in class. All they can pay attention to are the growls coming from their stomachs or the time 3:15pm. Also, because

kids are encountering unappetizing healthy food, they associate the word unappetizing to healthy food which makes them not want to try something remotely healthy in the future. A ton of my friends want to eat the school lunches, and many times they do because they have to, to make it through the day.

I have three ideas for projects that would help address school lunch issues:

1. **Cooking Clubs:** There could be a club at different DCPS schools that could help cook foods for lunch or breakfast or after school snack during its meeting times.
2. **Youth-Adult Cooking Committee:** There can also be a committee made up of adults and students that would make homemade food for lunches and breakfasts that could be frozen and stored at school. So instead of having frozen processed food or over/under cooked food it could be frozen well cooked food such as homemade French fries, kale chips, greens and other delicious foods could be made.
3. **DC-Wide Committee:** This committee support the small clubs and groups within each school -- preparing menus, putting together ingredients, and covering the costs of it all. Cost has to be considered because some healthy food can be expensive. People can donate money to help the committee buy food and students could come in to help prepare food and gain community service hours.

Health is not only important in the lunchroom but in the classroom as well. Kids in a classroom setting can go more in depth into topics about nutrition, mental illnesses, sexual health and gain useful information for the future. However, with the length of the health credit being only a half a year in DCPS schools there is not enough time to cover all this useful information in depth.

Health Class Credit: The health education credit extension should be enforced in all DC Public Schools because a half a year health credit doesn't allow for more in depth conversations about every health subject, leaving people with unanswered questions. I took health class in 10th grade and there was only a twenty minute talk about eating disorders. We did take a test but there was no further discussion on the topic because time is limited in a half a year course. With a full year, there would be time to cover nutrition, healthy relationships, mental/ emotional health, and more. The full year would also allow for the second half of the year to be dedicated to sexual health topics. Learning about sexual health as a teenager is so important because sex is happening. Having the information

keeps the teenager safe as well as that person's partner. Sexual health knowledge also helps teens keep their friends safe because they can pass on that information which is what I do as a youth health educator.

When I'm trying to distribute condoms to individual people I've had guys say to me "I don't need a condom because my pull-out game is strong". I tell them that girls can still get pregnant because of pre-ejaculate and they'll tell me that their girl is on the pill. I tell them that they should use a barrier and a hormonal method to protect from STI's and for double prevention of pregnancy. After I've given them all this information, I ask if they have taken a health class and most of the replies are "yes". Talking to teenagers who have taken health and still don't know information like this that will prevent pregnancy or STI's is unbelievable and scares me. I have had many of these interactions this year and last year; it is a sign that something needs to change. The extension of the health credit allows for basic information to be repeated again and again so it actually stays in the brains of teenagers.

Condom use is a topic that should be talked about in depth so that there can be less people saying "my pull out game is strong" and more people saying "I would love a condom." Also with more time to discuss condoms, teenagers would be able to learn more about the FC2 also known as the female or internal condom. *When I do classroom presentations about condom use, I ask the class if they have ever seen an internal condom before. Occasionally, there will be a surprising number of people who raise their hands, but normally it is only few. I then discuss: how the internal condom is not just for females and that it can be used for anal sex, how it is non latex so oil based lubricants can be used, how the material it is made of, polyurethane, is stronger than latex and more. Many people seem interested and most ask questions during the discussion.* If the health credit was extended then more teenagers would hear about the internal condom in their health class and not just from youth health educators.

While teenagers learn about condom use in class they could then talk about STI's but more specifically STI testing. In my health class, we went over all the STI's and created a project but we never really discussed where to get tested for an STI, how long it takes or the process in general. The only time I learned about the process was when testing came to Wilson that year. It would be a great topic to discuss with students because it would encourage them to get tested. The District's rate of Chlamydia is three times the national average and among high school students, the rates are as high as 1 out of 5 students. (Department of Health) HIV/ AIDS could also be talked about more in depth with a full year health class. There could be a discussion of how HIV differs from other sexually transmitted viruses and what makes it more nerve wracking than other sexually transmitted viruses. There could be more time for better descriptions of what the HIV virus actually does to your immune system.

Another topic that could be covered during a full year of health is contraception and where it can be found. During my condom distribution many of my peers have asked me where they could go to get certain contraceptives. In the past, even after my health class, I wouldn't have known this information. If the credit is extended more of my peers would be able to know where to go to get contraceptives without having to ask me. During this topic, the menstrual cycle and its stages could be covered as well. It is important to cover the menstrual cycle so teens can understand that girls can get pregnant on their periods and so they can further understand that the full cycle is 28 days but bleeding is only 5-7 days; many teens do not know this information. I never learned about the menstrual cycle stages in my health class, I learned it from the Young Women's Project. All of this information is important and could be covered in an extended health class.

Thank you for hearing my testimony.