



**THE NEW YORK CITY DEPARTMENT OF EDUCATION**  
**JOEL I. KLEIN, *Chancellor***

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**Testimony of Lori Rose Benson**  
**Director**  
**Office of Fitness and Health Education**

Health Education Curriculum  
Committees on Education and Health  
November 27, 2007

**Testimony on Comprehensive Health Education 11/27/07**

**By Lori Rose Benson, Director  
New York City Department of Education Office of Fitness and Health Education**

**Good afternoon Chair Jackson, Chair Rivera, and members of the Education and Health Committees. I'm Lori Rose Benson, Director of the Department of Education's Office of Fitness and Health Education. Thank you for the opportunity to speak about the latest progress we are making in meeting the instructional needs of our public school students. I first want to briefly outline how we got where we are today and then go into detail about our new health curriculum for middle and high school students.**

**The last time I sat in this chair, I was Director of the Office of Fitness and Physical Education. In 2007 my team and I had the tremendous honor of securing two national awards that recognized the Department of Education as the national leader in providing fitness instruction. The National Association of Sports & Physical Education is the organization that sets national standards for fitness instruction. I received the NASPE award as the best physical education administrator in the country, but the best was yet to come.**

**Last spring Chancellor Klein accepted NASPE's Ross Merrick National Recognition Award for achievement in physical education. The award recognized Department's work in developing a comprehensive physical education program, piloting the Physical Best curriculum, training thousands of physical education teachers, and implementing the NYC Fitnessgram at more than 700 schools with 500,000 students receiving individual fitness reports in nine home languages to share with their families. This was the first time in NASPE's history that the annual award has gone to a school district. Past winners included the American Heart Association and the United States Olympic Committee.**

**Members of the joint committee here today know from both their personal and professional experience the value of fitness habits in daily life. For the record, both committee chairs recently ran the New York City**

**Marathon. While running is an excellent activity, it is not necessarily the activity that will ignite every child's passion for lifelong fitness habits. It is so important that all adults consider how their own fitness and health habits influence the children in their lives.**

**In July 2007 the Chancellor merged the previously separate Offices of Fitness and Physical Education and the Office of Health Education and Family Living to maximize the impact of fitness and health instruction for all students as part of the Children First reforms. At the national, state, and city level we increasingly understand how these two elements—fitness and health—influence each of us from birth.**

**The new Office of Fitness and Health Education combines two important educational content areas with a charge to teach students what they need to know at each stage of life to stay healthy and to lay the groundwork for positive lifelong habits of mind and body.**

**I have no delusions about how pressing the need is. Following the city's fiscal crisis in 1975, support for health and fitness education was scaled back. Faced with budget cuts, schools made the difficult choice of curtailing instruction in these two areas. During this same period, the country saw the proliferation of the couch potato, soda-sipping culture, the emergence of HIV/AIDS, and epidemics of asthma, diabetes, and obesity.**

**When people look at health statistics for the 1.1 million students in our schools, the problems are staggering. I am sometimes asked if I find my job "overwhelming and depressing."**

**The simple answer is no.**

**I strongly believe that while schools do not control all the elements of a healthy lifestyle, what happens in schools can have a lifelong impact on student choices. There are huge challenges. But there are also many tools, resources, opportunities and partnerships that New York City can cultivate to successfully meet those challenges.**

**My job is to keep the focus on: providing rigorous instruction, developing and training the present and next generation of teachers, and expanding opportunities for our students to access New York City health and fitness resources.**

**Merging fitness and health instructional areas makes sense. These lessons are two sides of the same coin. All the research tells us that students must be healthy and fit to be fully engaged in their education.**

**Comprehensive health education covers a wide range of topics including physical activity and nutrition, alcohol and other drugs, tobacco, family life and sexual health, and violence and injury prevention. While there is varying data on the impact these health issues have in different city neighborhoods, every child who needs the age-appropriate information and strategies to ensure that they make healthy choices in their lives.**

**Comprehensive health education is part of an overall school health program. In New York City we support a sequence of health instruction from kindergarten through 12<sup>th</sup> grade. Schools are encouraged to use health curriculum geared to the needs of students at each grade level. In addition to factual knowledge, health education also includes teaching students how to make healthy life choices through personal decision-making.**

**We provide year-round professional development to ensure that all teachers are aware of the most current medical and education research. Teachers help students to be healthy, safe, and fit through lessons in: advocacy, communication, decision making, planning and goal setting, relationship management, self-management, and stress management.**

**The New York State Education Department sets the learning standards for teaching in all subjects. Their publication, "A Guidance Document for Achieving the New York State Standards in Health Education" outlines the knowledge and skills that students are expected to demonstrate at the elementary, intermediate, and high school levels.**

The Department then recommends curriculum for each grade level and provides additional learning materials, lesson plans, and teacher training to ensure that lessons reflect the needs of our students and the diversity of our families. While no curriculum or teaching style can meet the needs of every family, curriculum recommendations and development are grounded in rigorous learning standards with an awareness of family sensitivity in some lessons, particularly in sex education.

Teachers must create a climate of trust in their classroom to ensure that all students feel comfortable discussing the full range of health topics, particularly lessons dealing with risky behavior areas like alcohol and drug use or sex. To inform and support teachers and administrators, we provide free year-round trainings and curriculum materials for schools. In addition, my office provides direct technical assistance to individual schools to address areas of particular interest or concern.

In elementary schools health education is generally taught by the classroom teacher as part of the full range of academic subjects. Lessons are taught throughout the school year, and we encourage schools to use the HealthTeacher curriculum. This program meets the requirements of the state and the National Health Education Standards and the Center for Disease Control's Health topics. This curriculum was first introduced in the 2005-06 school year, and the Department purchased an on-line subscription for every elementary school in the city.

Also in 2005, the Department introduced an updated HIV/AIDS curriculum. New York City took the lead and developed its own HIV/AIDS curriculum for public school students in the 1990s. Information about the course of HIV/AIDS, its treatment, and its prevention had changed since the curriculum was first written.

The updated HIV/AIDS curriculum provides age and developmentally appropriate lessons to help children and adolescents understand the nature of HIV/AIDS, methods of transmission and prevention, and ways to support friends or loved ones who may be living with HIV/AIDS. The

curriculum also includes new medical information to ensure scientific accuracy.

Lessons use strategies that reinforce the importance of communicating with parents/guardians, teachers, and other caring and appropriate adults in their lives. Interactive activities foster communication skills, assertiveness, planning and goal setting, decision making, and limit setting.

Under state requirements, principals are responsible for assuring that a minimum of five HIV/AIDS lessons are taught every year in elementary school, and six in every middle and high school grade.

Kindergarten and early elementary grades cover the basics of disease prevention like washing your hands and covering your mouth when you sneeze or cough to learning not to touch other people's blood and to ask adults for help when someone is bleeding.

In grades 4—6 students learn more about HIV and its transmission, as well as how to cope in general with peer pressure and choosing “companions who share your beliefs, values, and interests.”

In grades 7 through 12, adolescents learn to avoid alcohol and other drugs, which may impair their judgment and put them at increased risk for HIV/AIDS infection. They are strongly encouraged to abstain from sexual intercourse. Some lessons also address methods of prevention, HIV testing, and explore how HIV/AIDS has affected our society.

All schools have a copy of the updated HIV/AIDS curriculum, and we invite parents to review it and communicate any questions, comments, or concerns to school staff. As per New York State law, parents have the right to opt their children out of the individual lessons on methods of prevention by sending a letter to their child's principal. We believe that these lessons are age-appropriate and protective.

Comprehensive health education in secondary schools not only requires more detailed instruction, but also increasing sensitivity on how to lead adolescents in these lessons. In middle and high schools, there is

a health education teacher's license. Principals have the option to hire teachers with the health education license or assign classes to teachers otherwise qualified to teach these classes. Health lessons are delivered in separate classes. To receive a high school diploma in New York State, students must take a minimum of one semester of health education during their four high school years. The NYS Department of Education also requires one semester of health education in middle school.

During the 2006-07 school year, the Department assembled 36 stakeholders to review more than 30 health education curriculum to determine which one provided the best framework for middle and high school comprehensive health education. The reviewers included school administrators, teachers, parents, and representatives from central DOE, the New York City Department of Health and Mental Hygiene, and community based organizations involved in health education.

The committee matched curriculum to the New York State health education standards. Their goal was to identify the most scientifically accurate, student-centered curriculum reflective of New York City's diversity.

Beginning with this 2007-08 school year, the HealthSmart curriculum is recommended for all secondary schools. This curriculum provides all the materials appropriate for middle schools. For high schools, adding the Reducing the Risk curriculum allows schools to meet the state learning standards for sex education.

Research on Reducing the Risk indicates that it is effective in: delaying the initiation of sexual intercourse; increasing the use of contraception among teens who did initiate sexual intercourse; and increasing parent-child communication about abstinence and contraception.

In addition to providing these comprehensive health curriculum and training free to all schools, we are also developing other materials and resources that schools can use to enrich instruction and reflect student

diversity. We're pleased to share that nearly 100 high school teachers participated in the kick-off HealthSmart and Reducing the Risk workshop on Election day, and we have the capacity to provide professional development for every middle and high school health teacher this school year. Attached to this testimony is the schedule of remaining secondary professional development opportunities including comprehensive health education and HIV/AIDS workshops.

I also want to stress that the Department continues our long-standing policy of offering free condoms to high school students in school health resource rooms. Trained personnel show students how to use condoms correctly. Parents who do not want their children to have access to condoms can opt out.

Parents and schools share a common goal. We want students of all ages to be healthy in all aspects of their lives. When it comes to talking to teenagers about sex, our common goal is to delay the initiation of sexual intercourse. But when an adolescent becomes sexually active she or he must know how to stay healthy. Comprehensive health education provides the latest medically correct information. Family conversations can place that information in the context of family values.

This shared goal of keeping students healthy is a partnership that extends beyond schools. My office has productive partnerships with many organizations including the Department of Health and Mental Hygiene, the Center for Disease Control, the New York Academy of Medicine, Planned Parenthood NYC and the Lesbian Gay Bisexual Transgender (LGBT) Center. Today I want to highlight two partnerships that target health instruction and student services.

Last year City Council funded a Peer Leadership Program for high school students as part of the Department's efforts to teach students about HIV/AIDS and how they can keep themselves healthy. Research tells us that one of the most important foundations for comprehensive health education is strengthening student communications skills. Students must



learn—and practice—strategies for saying “no” to sex. Or if they choose to engage in sex, they need to be able to tell their partner that using a condom is the safer choice.

The Peer Leadership Program started with high school students receiving training in how they could be leaders in their schools and neighborhoods to promote healthy behaviors. This year-long effort then culminated in a citywide event where teenagers shared their ideas and strategies in a number of venues and celebrated their efforts by reaching nearly 3,000 of their high school peers.

On another critical health front, we are now working with the three DOHMH District Public Health Offices in East and Central Harlem, North and Central Brooklyn, and the South Bronx. The DPHOs focus on high poverty neighborhoods with higher rates of asthma, cancer, HIV/AIDS, diabetes, heart disease and obesity.

The DOE/DOHMH collaboration targets schools in these neighborhoods and ways in which we can work together to teach students and provide badly needed health services. This new partnership seeks to develop innovative programs for students targeted to their specific needs. Again, schools cannot control all the factors influencing health in homes and neighborhoods, but we can provide teaching and programs to generate a real impact on student health and lives.

The Department of Education will continue to evaluate, update, and improve the quality of health teaching and learning for all students. We welcome partners old and new to take this effort to the next level.

For example, right now, with the ongoing encouragement of the Bronx Borough President’s office, we are conducting an evaluation of the sex education curriculum in ten Bronx secondary schools (four middle and six high schools) in conjunction with the South Bronx DPHO and the Bureau of Maternal, Infant and Reproductive Health. Schools have been selected based on the interest of principals to be part of the pilot, often because of concerns regarding student sexual activity at their schools.

Students in these schools will receive the sex education lessons in the Spring of 2008. We want to further evaluate the sex education professional development and teaching strategies to assure that we implement this curriculum in the most effective and sensitive manner as it is expanded to secondary schools throughout the city.

Thomas Jefferson made an interesting comment in a 1790 letter to his cousin: "Health is worth more than learning."

While in 2007, we understand what he meant, I want to offer an expanded thought. "Without learning how to live and stay healthy, our children may not have the opportunity to use all of their learning."

We can and will make our comprehensive health instruction a model for the nation.

Thank you for listening, and I am happy to take any questions you may have.

# **Inwood House**

*We Help Teens Take Charge of Their Lives*

**TESTIMONY PRESENTED BY**  
**PAT MALONEY, DIRECTOR, TEEN CHOICE PROGRAM,**  
**at**  
**City Council Oversight Hearing,**  
**Co-sponsored by the**  
**Committees on Health and Education**  
**on**  
**THE DEPARTMENT OF EDUCATION'S**  
**NEW HEALTH EDUCATION CURRICULUM**  
**Tuesday, November 27, 2007, at 1 P.M.**

**For more information about Inwood House's Teen Choice Program, please contact:**

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My name is Pat Maloney, and I am the Director of Inwood House's Teen Choice Program. Established in 1830, Inwood House provides a continuum of services to help teens become healthy, self-reliant adults, from pregnancy and STI prevention, to family support for pregnant and parenting teens.

In 1978 the Board of Education asked Inwood House to help stem the tide of escalating teen pregnancy rates at a time when city resources were dwindling. We created Teen Choice, a unique small group counseling program model for comprehensive sexuality education, which is the centerpiece of our community outreach efforts and partnership with public schools. Over the years we have served thousands of students, and continue to do so today in 9 middle and high schools throughout three boroughs.

We commend the Department of Education for creating an Office of Fitness and Health Education and recommending the use of two research-based curricula: *Reducing the Risk* in grades 9 through 12 and *Health Smart* in middle schools. This is a positive step forward, after unfortunately having taken many steps back. Throughout the advent of AIDS, a sharp spike in teen pregnancy rates which did not plateau until the early 90's, and the increase of abstinence-only programs, we lost considerable ground in protecting kids' health.

Ironically, when Teen Choice began, there was far greater acceptance and awareness of the need to provide comprehensive sexual health education in our schools. The age-appropriate, K - 12 *Family Living Including Sex Education Curriculum* was mandated and implemented citywide with the support of dedicated staff, resources, and ongoing training from the Board's Health and Physical Education Unit. FL/SE is no longer used, and was never replaced, despite the ongoing need.

We know that our teen pregnancy rates are still unacceptable - **30% higher** here than the national average - and that kids are still getting sexually transmitted infections, sometimes *more than* one at a time. The lack of sex education makes our students vulnerable to these diseases, unintended pregnancy, physical coercion, and unhealthy behaviors. Yet today we have fewer than 200 licensed health teachers in some 1,200 middle and high schools, and a set of rigorous academic standards that inexplicably exclude health. We must do better because a good school IS good protection, leading to better academic performance and less risky behavior.

We know much more today about what works. *Reducing the Risk* and *Health Smart* are tested and effective curricula, **if** delivered faithfully and consistently. At this time we strongly urge D.O.E. to:

- Adequately and regularly train and sensitize teachers to deliver these lessons within a holistic framework so that sexual health

education is not stigmatized. Given the severe (indeed, shameful) shortage of health teachers, instructors who impart this information to students must want to do so, be non-judgmental, and fully trained;

- Integrate and implement these curricula system-wide, not just as a patch-work pilot project in a handful of isolated schools;
- Ensure that *Health Smart* is presented *in totality* to middle school teens, *including* the Abstinence, HIV/STD Prevention, AND Reproductive Health and Pregnancy Prevention components;
- Evaluate the use of these recommended curricula to make sure they effectively meet the needs of **our** youth. While *Reducing the Risk* worked in Arkansas and California among predominantly White student populations, that may not be so here in N.Y.C. ;
- Advocate that there be a CITY K-12 health license mirroring the State's, and ensure that teachers **must** be certified to teach health in the future; and
- While piloting these health curricula, DOE should make funds immediately available for community-based programs to operate in schools that may not be able to dedicate appropriate staff to get trained or start teaching these topics **now**. There are existing program models such as Teen Choice that work, and have been evaluated. Key characteristics include creating a safe, supportive environment for students to practice responsible decision-making and

role-plays; ensuring that they have access to teen-friendly health and mental health services; and increasing and improving family communication through parent outreach, education and support.

In the absence of a required system-wide sex education curriculum, DOE continues to put young people's health in jeopardy by not providing them the information and guidance that they desperately need. Our staff are regularly asked questions such as: Can I get pregnant if I just have oral sex? What birth control should I use? Contraceptive information changes rapidly but students rarely learn about current methods. Condoms are mentioned in the HIV/AIDS lessons, but there is no longer classroom demonstration of how to use; and not all schools have the required condom availability rooms.

We are a richly diverse city, and there is not just one approach or curricula that works when addressing complex health and social issues. Youth health outcomes improve through skills building, consistent messages, accurate information, and adults who show they care. Accordingly, Inwood House urges that continued steps be taken so that **all** of our students receive the highest quality, comprehensive health education possible. There are many competent C.B.O.'s willing to partner with and assist D.O.E., and we would welcome the opportunity to share our resources, expertise, curricula and professional training in this laudable effort. Thank you.

# INWOOD HOUSE

We Help Teens Take Charge Of Their Lives

Inwood House is dedicated to helping young people take charge of their lives and become healthy and self-reliant adults. Established in 1830, Inwood House is a nationally recognized leader and innovator in teen pregnancy prevention, youth development and family support. We address all aspects of teenage pregnancy as it is the link to many critical issues related to child poverty, such as poor maternal and child health, foster care intervention, poor school performance, unemployment and welfare dependency. Our continuum of service advances the development of approximately 5,500 New York City and New Jersey youth annually.

Innovation is a hallmark of Inwood House work. We were among the first to address the connection between poverty and teenage pregnancy; to bring asset-building prevention counseling programs to the schools; to recognize the importance of reaching boys as well as girls with sexuality education; to create supportive foster homes for teen mothers and their babies; and to help teen fathers take on their share of parental responsibilities. Informed by rigorous research and a highly qualified staff, Inwood House consistently produces positive results. All programs take an asset-building approach which helps our young people acquire knowledge, make responsible decisions, clarify their values, and become a positive force in their communities.

**Inwood House Teen Family Support Programs:** Inwood House provides the most comprehensive array of services in New York City for pregnant and parenting teens in foster care, and plays a pivotal role in the lives of our teen parents as they transition from foster care to adulthood. Services include complete pre and post natal care, mental health services, comprehensive sexuality education and counseling, on-site Department of Education sponsored schooling, paid internships and job readiness training, independent living skills and parenting training, mentoring, expressive therapies, continuing education and career guidance, housing assistance, child care services, family recreation activities, and emergency and scholarship funds.

Family Support Programs include our **24 hour comprehensive care Maternity Residence**, which provides pregnant teens in foster care and homeless pregnant teens a caring, structured, therapeutic environment during their pregnancy; **Mother/Baby Foster Care**, which allows teen mothers in foster care to remain with and bond with their babies and prepares them for independent life; **Partners in Parenting**, which ensures our mothers have the necessary tools to create healthy and self-sufficient families outside of foster care; and **Fathers Count**, which helps our mothers' partners take on their share of parental responsibility. **Teen Family Services**, our South Bronx community-based center, connects pregnant and parenting teens on public assistance to vital health services, education and employment. Family Support programs serve more than 600 pregnant and parenting teens annually.

A four-year study conducted by New York Hospital-Cornell Medical Center showed that pregnant adolescents in our care delivered significantly fewer premature and low birth weight infants than a comparable group of expectant teens. More than 80% of our young mothers are working and/or in school. The repeat pregnancy rate among teen mothers in our Partners in Parenting program is a fraction of the national rate. In 2000, the Inwood House continuum of care won a 5-year demonstration grant from the U.S. Dept. of Health and Human Services – one of 12 awarded nationally. A 4-year study of the program demonstrates its positive on our teen parents' educational, employment and parenting success.

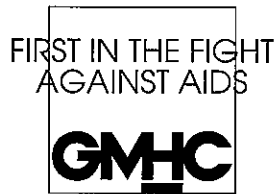
**Inwood House Youth Development Prevention Programs:** In 1978 Inwood House created **Teen Choice**, our proven asset-building mental health model of school-based teen pregnancy and AIDS prevention. Teen Choice serves more than 5,000 adolescents in 11 New York City middle and high schools and 1,500 students in Atlantic County, New Jersey. **Project Straight Talk** helps fifth grade boys and their parents communicate about sex, drugs and gangs before the boys transition from elementary school to middle school. The program serves 60 Bronx boys and their parents/caregivers. **Morrisania 10456 and Inwood 10034** are community collaborative efforts to prevent adolescent pregnancy and STDs in the South Bronx and Northern Manhattan, serving more than 400 students. **Boys to Men** is an after-school, in-school and summer program which provides more than 90 South Bronx boys mentoring, counseling, tutoring, computer skills, cultural activities and peer leadership opportunities focused on responsible behavior and educational and career achievement. **Youth for REAL (Responsibility, Excellence, Achievement and Leadership)**, is a TASC-launched program providing educational enrichment and support, fitness and wellness activities and community problem-solving projects after the school day for 450 Bronx elementary and middle school students. **The Community Change Institute** provides leadership training in 2 Bronx high schools and at Lehman College. Our newest Department of Education sponsored program, **THRIVE (Teen Health, Responsibility, Independence, Voice and Empowerment)**, empowers pregnant students at the Martha Nijelson High School in the Bronx and the Brooklyn School of Continuing Education to pursue their educations and achieve academic success by providing them with individual counseling, workshops on nutrition, parenting and career planning, after school tutoring and art classes, and a replication of our Teen Choice program.

**The Inwood House Research Group** ensures effective, high quality services and compliance with external standards and regulations. Our research findings are widely disseminated to inform the youth development, public health and teen pregnancy prevention fields through national conferences and rigorous peer review publications.

As we celebrate our 177<sup>th</sup> anniversary of serving New York City's youth, Inwood House is poised to play an even more dynamic role in helping our young people become a positive force for their families and communities. With a clear vision for our future the Board of Trustees has launched **The Campaign for Inwood House** – a capacity building effort to secure the resources we need to further enhance our programs, renovate our Maternity Residence into a state-of-the-art Family Learning Center, conduct critical program evaluations and research, and strengthen our endowment. Through this Campaign, we will open the door to a new era of hope and opportunity for all of our young people.

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Gay Men's Health Crisis, one of the oldest AIDS organizations in the country, testifies in support of the new Health Education Curriculum, "Reducing the Risk". The new curriculum has been tested and is well evaluated. Implementing comprehensive sex education will go a long way toward reducing rates of HIV infection among young men of color who have sex with men.

Comprehensive sex education is particularly important for several reasons.

1. On September 11<sup>th</sup>, 2007 preliminary data released by the New York City Department of Health & Mental Hygiene indicated a 33% rise in the new HIV diagnoses since 2001 among young men who have sex with men (MSM). The DOHMH data indicate black and Hispanic men represent 77% of new HIV infections among young gay men. These data align with information from our Geffen Testing Center, where young men of color test HIV-positive at higher rates than any other group.
2. This information confirmed what we at Gay Men's Health Crisis have known for years: gay and bisexual men, especially young MSM of color bear the brunt of the AIDS epidemics in our urban centers. Of particular concern is the rate of increased infection among men who have sex with men ages 13-19.
3. Almost half (47%) of high school students in the United States report being sexually active. 4 million young people in the U.S. contract sexually-transmitted diseases each year and this is evidence for the need for comprehensive sex education.

In addition, we feel that this is a good curriculum and should be implemented the way it is especially since when evaluated in the past, assessment took into account aspects such as condom demonstrations. A 2004 NPR/Kaiser/Kennedy School poll found that most Americans support sexual education: 98% want youth to be taught about HIV/AIDS and 83% want youth to know how to put on a condom.

Further, even the best curriculum is only as good as its implementation, it is essential that this curriculum be implemented in schools by properly trained health educators.

Comprehensive sex education and the widespread availability of condoms is the only way to ensure that young people learn about health sexual behavior. This will prevent them from becoming infected with HIV or other STDs. If implemented as intended, the new curriculum will be a valuable tool in addressing the clear trend of increased HIV infection rates among young MSM.

# PLANNED PARENTHOOD OF NEW YORK CITY

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## Testimony before

The New York City Council, Committees on Health and Education  
*The Department of Education's New Health Education Curriculum*

Dana Czuczka

Planned Parenthood of New York City  
November 27, 2007

Good afternoon. My name is Dana Czuczka. I am the Associate Vice President of Government Affairs at Planned Parenthood of New York City. I want to take this opportunity to thank Committee Chairs Joel Rivera and Robert Jackson and the entire committees on Health and Education for holding this hearing today. We applaud the New York City Department of Education on the recent announcements regarding the creation of a new Office of Fitness and Health and the adoption of new health education curricula and we welcome the opportunity to continue to partner with the DOE to improve sex education for all New York City youth.

Planned Parenthood provides confidential services to the women, men and teens of New York City regardless of their ability to pay. In 2006, at our three centers (located in the Bronx, Brooklyn and Manhattan) we provided reproductive health care and family planning services to more than 45,000 New Yorkers, which translates into more than 80,000 visits. Our clients come from all five boroughs. The majority of our clients are at or below the poverty level. And more than two-thirds of our clients are women of color. Planned Parenthood also provides health services throughout New York City on our two mobile medical units, generously funded by the New York City Council in fiscal year 2005.

While many people only associate Planned Parenthood with our health services, we are also especially proud of the community-based prevention programming we conduct in underserved neighborhoods with high rates of teen pregnancy. In 2006, we reached more than 4,500 young people through our sexuality education programs. Specifically, we reached: 1,500 young people through our Teen Advocates (our peer education program) and our Gurlz Talk and FELLAS programs (gender-specific 12-week health program for teens 11-19); and more than 3,000 young people through our workshops to students and youth development organizations throughout the city.

### The call: Sex education for all New York City youth.

What we know from our experience working with young people (and is confirmed by a wealth of scientific research), is that when young people have solid information and skills regarding sex and sexuality they make healthier decisions about their bodies and their relationships.

Although the rates of teen pregnancy have declined in New York City over the past several years, they remain unacceptably high. In fact, the latest data available show that New York City's rates are significantly higher than the nation's as a whole and two to five times higher than those of most developed nations.<sup>1,2,3</sup> Further, there are very significant and unacceptable disparities between different groups within New York City. For example, the

U.S. Teenage Pregnancy Statistics National and State Trends and Trends by Race and Ethnicity. Guttmacher Institute; September 2006. Available at: <http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf>

Feijoo A. Adolescent Sexual Health in Europe and the U.S. - Why the Difference? Advocates for Youth; 2001. Available at: <http://www.advocatesforyouth.org/publications/factsheet/fsest.pdf>.

Singh S, Darroch JE. Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries. *Family Planning Perspectives*. 2000;32(1):14-23. Available at: <http://www.guttmacher.org/pubs/journals/3201400.pdf>

Bronx teen pregnancy rate (128 per 1,000 females) was more than double that of Staten Island (62 per 1,000 females) in 2004.<sup>4</sup>

Not surprisingly, when it comes to rates of sexually transmitted infections (STIs) and HIV/AIDS, the data are very similar to the teen pregnancy data – New York City youth have significantly higher rates than many of their counterparts throughout the country.<sup>5</sup> The Youth Risk Behavior Survey (YRBS) shows that the percent of sexually active high school students has not changed significantly since 1997 and stands at approximately 48%. In the 2005 YRBS, barely two-thirds of NYC high school students who had sexual intercourse in the past three months reported using a condom during last sexual intercourse and a scant 8% reported having used birth control pills. When compared to the national averages, NYC is above average for condom use but markedly below average for birth control pill use.<sup>6</sup> And although we don't have published data to share, we know from our work with adolescents that intimate partner violence is a significant and growing issue for our sons and daughters. Relationship abuse among our teens is rampant. Sadly, the abuse is not even being defined or identified by our young people as such.

Comprehensive sex education programs are effective at helping young people make healthy decisions about sex.

Planned Parenthood believes in sex education because there is considerable scientific evidence that it is effective – sex ed has a proven record. Research shows comprehensive sex education – programs that are age-appropriate, medically accurate and teach about abstinence and contraception – helps young people postpone intercourse, reduce the frequency of sexual intercourse, reduce the number of sexual partners, and increase the use of condoms and other forms of contraception.<sup>7</sup>

New Yorkers support a comprehensive approach to sex education.

Parents and caregivers support sex education in school. In New York City, the overwhelming majority of registered voters (84%) agree that that all New York City public school students should receive age-appropriate sex education each year beginning in the early grades and ending when they graduate from high school.<sup>8</sup> This popular support for sex education extends across every demographic including age, race and families with and without kids: New Yorkers do not stand alone on this issue. Data from several national public opinion polls show that Americans overwhelmingly favor broad sex education programs in schools.<sup>9</sup>

We must act now.

The data are clear: the health of young New Yorkers is at risk. To grow into healthy adults, young people need skills and information to help them delay sexual activity and to protect themselves when they become sexually active. Currently the status of sex education in New York City is haphazard at best. *In response to a dire public health need in New York City, Planned Parenthood of New York City is calling on Mayor Bloomberg to provide every young person in the NYC public school system culturally competent, medically-accurate, age-appropriate comprehensive sex education every year (K-12) that is integrated into a quality education.*

<sup>4</sup> Teenage Pregnancy Prevention: Strategic Plan. New York City Department of Mental Health and Hygiene. April 2006.

<sup>5</sup> NYC DOHMH Bureau of STD Control. Quarterly Report, Vol 3, No. 1. 2005. Available at: <http://www.nyc.gov/html/doh/downloads/pdf/std/std-quarterlyreport2005-3.pdf>

<sup>6</sup> NYCDOHMH. NYC Vital Signs, Vol. 6, No. 3. August 2007. Available at: <http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2007youthsex.pdf>

<sup>7</sup> Kirby, D., *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, 2001.

<sup>8</sup> Global Strategy Group. Poll commissioned by Planned Parenthood of New York City, September 2006.

<sup>9</sup> SIECUS, "Public Support for Sexuality Education," June/July 2000, <http://www.siecus.org/fact/fact0017.html>

Again, Planned Parenthood applauds the New York City Department of Education on the recent announcements regarding the creation of a new Office of Fitness and Health Education and the use of *HealthSmart* and *Reducing the Risk*. New York City has shown great leadership and taken an important first step toward ensuring that teens receive important sexual health information. However, we want to be clear, we still have a long way to go. Planned Parenthood looks forward to partnering with the Department of Education to improve sex education for all New York City youth.

### Recommendations for moving forward

As an organization deeply invested in these issues, we have outlined six recommendations that we'd like to share:

- 1. Paradigm Shift:** There needs to be a new paradigm for how sex education is perceived in New York. We must move beyond the fear of community uproar. Parents and caregivers are united and stand strong behind this issue. Parents and caregivers support sex education in the schools – in fact, they expect sex education in schools. We need to see sex education as a priority school subject that has its rightful place in a young person's schedule just like math and reading. The cost – financial, social, and ethical – is too great not to.
- 2. Sex Ed Can't be Optional:** We know the myriad issues competing for time in a students' schedule. The bottom line is this: sex education needs to be a part of every child's health education. Sex ed can't just be for the lucky ones whose principal deems it important enough or whose teacher feels comfortable enough. If left up to the individual schools, inevitably too many children will be left behind. Every child deserves a quality education complete with information about how to stay healthy -- sex education cannot be optional. To that end, we must ensure consistency throughout the system via systematic monitoring and an accountability program. This will take political courage and political will. Planned Parenthood assures you we will stand behind you every step of the way!
- 3. Trained Teachers:** A good curriculum won't help our young people if there's no one who can deliver it appropriately. New York City must focus on training current *and* incoming staff to ensure that we have a corps of trained teachers. We are encouraged by DOE's current efforts to support the new health education curricula with professional development ("PD"), but are concerned that the time and intensity dedicated to these PD sessions are not enough. Further, we need to think creatively about training and incentivizing incoming teachers given the widely known shortage of certified health teachers in the system currently. Planned Parenthood urges the DOE to think about collaborations with SUNY and CUNY to address this issue.
- 4. Linkages with Health Care Centers and Providers:** Information and education alone can only go so far. Young people need access to teen-friendly health care services as well. We recommend that each school work towards the implementation of a comprehensive school based health center or develop referrals with a "teen friendly" health care agency.
- 5. Evaluation:** All the program experts in the room will agree, it's good public health practice to include an evaluation component to these programs, so we can measure our effectiveness and so we continually improve the program.
- 6. Disconnected Youth:** Lastly, Planned Parenthood recognizes that not all young people are in school and therefore suggests that out-of-school youth, often referred to as "disconnected youth," receive similar programming through various appropriate channels (e.g., justice system, community-based organizations,

including community health care settings, job training programs, etc.). We need to ensure all our young people have access to this life-saving information. Planned Parenthood is proud to report on a recent collaboration with ACS and Jewish Childcare Association to help build their capacity to provide sexual and reproductive education and services to their foster care youth and families. We offer this as one example of a unique model to increase access to sex ed throughout the City.

### Conclusion

As a safety-net provider committed to serving young people most in need, Planned Parenthood of New York City is grateful for the opportunity to discuss the critical issue of sex education. We look forward to continuing this dialogue with the New York City Council and the Department of Education and working together to improve the health and well-being of New York City's teens. I'm happy to take questions and send any follow-up information you may be interested in.



The Lesbian, Gay,  
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## **TESTIMONY**

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### **Oversight Hearing: The Department of Education's New Health Education Curriculum**

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**Before the New York City Council  
Committee on Education and Committee on Health  
New York City, November 27<sup>th</sup>, 2007**

The Lesbian, Gay, Bisexual & Transgender Community Center  
208 West 13<sup>th</sup> Street  
New York, NY 10011

Contact:  
Miriam W. Yeung, MPA  
Director of Public Policy & Government Relations  
212-620-7310 [miriam@gaycenter.org](mailto:miriam@gaycenter.org)

Good afternoon. I am Miriam Yeung, director of public policy and government relations at the Lesbian, Gay, Bisexual & Transgender Community Center. Thank you Committee on Education Chair Robert Jackson and Committee on Health Chair Joel Rivera for holding this important oversight hearing. It could not come at a more critical time.

In August and September of this year, the New York City Department of Health and Mental Health issued startling reports about the state of teen health in NYC with particular health disparities experienced by lesbian, gay, bisexual and transgender youth.

While the rates of teen sexual activity and pregnancy in NYC has remained comparable to national rates, they are still way too high. Of the nearly half of NYC youth who say they have had sex, only 69% used condoms, and 16% say they have been pregnant or have gotten someone pregnant. We know through Youth Risk Behavior Survey data that lesbian, gay, and bisexual teens are still twice as likely than their straight peers to report being pregnant or having gotten someone pregnant.

Additionally, the new HIV diagnosis rates are rising in NYC among young men who have sex with men. For MSMs aged 13 to 19, the HIV diagnosis rate has doubled in the past six years. This is an unacceptable trend that must be stopped. Commissioner Frieden has recognized this and in his press release remarked, "We are headed in the wrong direction. Unless young men reduce the number of partners they have, and protect themselves and their partners by using condoms more consistently, we will face another wave of suffering and death from HIV and AIDS."

We at the Lesbian, Gay, Bisexual & Transgender Community Center are intimately aware of what that wave and suffering and death from HIV and AIDS looks like. I speak today still with the whispers of those ghosts in my ears. The Center is the largest multiservice LGBT community center on the east coast and is open 365 days a year to help the tens of thousands of New Yorkers who need us. Therefore when I look at the DOH reports about young men today, I don't just see numbers. I see the faces of Tony, Angel, Adrian, and Anton -- faces of just a few of the young men in our youth program who are living with HIV. Everyday at the Youth Enrichment Service Program we undo the harms of racism, homophobia, transphobia and ageism to build community, knowledge, and self-efficacy against violence, substance use, and HIV. We do this because we were there once already and we don't want to go back. But this is where we need help.

All students, including New York City students, have the human right to an education that "shall be directed to the full development of the human personality." Today we are talking about information and education that saves lives and the responsibility of the government to provide that education. We are also talking about the government's responsibility to do everything in its power to mitigate against public health crises. Teaching comprehensive health education, including medically accurate, age-appropriate sex education is a crucial component of this.

Therefore, the Center supports the selection of *Reducing the Risk and Health Smart* as the comprehensive health curricula for New York City public middle and high schools with one large caveat -- we expect it to be taught as it is written. As you may know, *Reducing the Risk* is an evaluated curriculum with the highest rates of



effectiveness. My colleague Max Ciardullo from the Sexuality Education and Information Council of the U.S. is an expert on curricula and is here today. I'm sure he is available to answer any questions that pertain to the research on *Reducing the Risk*. However, it has been made known to us that the Department of Education has modified that curriculum. We are concerned about these modifications because we have not been fully informed about what those are or how they have been made. I have not received copies or had the chance to review the final modified curricula. In particular we are very concerned that lesson on condom use may either been redacted or modified so that a demonstration of its use is not longer included. *Reducing the Risk* is tested and effective with the condom lesson included. It would be a great shame for the Department of Education to take an evaluated curriculum and then throw away all research fidelity. We know the curriculum works the way it's written. We can't count on it after it's been changed.

And then we also know that having effective, reliable, tested curricula is only one part of the equation. We continue to need a mandate that age appropriate, medically accurate, comprehensive sex ed that is inclusive of lesbian, gay, bisexual and transgender people be taught in every grade, every year, in every school by teachers who are trained and coached. And we need all of this monitored and evaluated at least on an annual basis.

I know we are taking small steps in the right direction. Once again I thank the Chairs of the committees on health and education for calling this oversight hearing and for the work and dedication of the council members who have stood by us all these years. We still have a long way to go and I am looking forward to working with you, the Department of Health and the Department of Education on ensuring the health and

wellness of our students. But later today, when I see Tony, Angel, Adrian and Anton, what will I tell them?



JOYCE BROWN, RN, MA

HEALTH ADVOCATE

212.678.0819

THE NYS DEPARTMENT of HEALTH HEARING

October 30, 2007

Jane Jacobs, author of- The Death and Life of Great American Cities, writes, 'good neighborhoods depend on the level of interest by the people who live there'. The same idea can be said for New York State's Health Care organizations. If you, the NYS Health Department is interested in the quality of NYS health and health care, you have to pay attention to the level of accountability of your Health Care organizations.

I will begin by focusing on accountability in the following areas; Hospital and Community Health Administrators, the New York City's Department. of Health and Mental Hygiene, New York City Schools, Nursing Education and New York State's monitoring agency, the NYS Education Department, Office of Professional Discipline.

Health Care administrators have given increased power and responsibility to personnel who do not have a substantial health background for their assignments. Some examples; the NYC Department of Health and Mental Hygiene's clinic managers run their clinics. These managers do not know or ignore factors influencing patient health. These managers often focus on speedy patient flow, ignoring the importance of patients giving informed consent for procedures. These workers have nothing to lose since they are not licensed.

The department's Medical Resource Corps program, Volunteer Nurse division has finally been formalized , although it had given people the impression that it actually existed for a number of years. The organizers did not know the roles of the various nurse categories. For example, Registered Nurses are titled Nurse Practitioners. Nurse Practitioners have been actually a branch of nursing with specialized advanced education. I, as well as other nurses I know, have been designated a member of this nurse emergency preparedness group but have never actually joined because the office required submission of the nurs

social security number over the internet, no job description was given, nor its physical location at the Health Department.

Another deficient area in this organization, is their lack of energetic public health education. One of the main areas in public health, is disease prevention. The NYC Health Department. has sharply curtailed their efforts in this area. I have noted this particularly in the public school area. Very little effort is made to follow up problem conditions or health education. Workers often arrive at work, deal only with first aid, and auxiliary workers work on student health matters for a hour or so then do what they want as long as they clock in and out.

School nurses are outsourced from agencies, even though they carry a Department of Education ID. (I was told that it is extremely difficult for nurses to be employed by the Board of Education). The school nurses have recently been combined with the NYC Dept. of Health and Mental Hygiene. There is no assurance of the quality of these out sourced nurses. For example, I worked as a outsourced nurse in a number of schools. Some of my experiences include the following; in one elementary school, the student accident rate ( accidents are the leading cause of death in children) was so high , that the school required two nurses to administer first aid to children after their accidents. The main nurse there boasted that she had been the Director of Central Supply in a hospital. She had very little understanding of the infection process. School aides kept coming to her with a child with an ear infection. The child's ear discharge was extremely malodorous and purulent. The child was returned to the nurse's office a number of times. This school nurse repeatedly told them that the discharge was a good sign and to disregard the child's complaints of pain. She was also not able to recognized obvious signs of urinary infection in the children who came to her office for scheduled cauterizations, nor the oxygen precautions that are involved when dealing with patients with respiratory conditions, in this case asthma.

Outsource nurses owe allegiance to the their agencies, if they want to be retained, these agencies (businesses) owe allegiance to those that hire their personnel. Because of this, the nurses must conform to their workplace wishes and not particularly their patients.

2.

I have been trained and worked as a School Nurse Teacher. This position should required additional education. This is because skills. This is because nurses working outside hospitals must rely on themselves with little outside help. A background working years in nursing helps develop nursing and observational skills. Becoming part of the school faculty and working with the school staff is necessary to order to be an effective health education resource to the school and its community. Here, the nurse cannot only provide first aid but is in an excellent position to educated staff, students, parents and significant others in one place. I have found this true while working in a New York City elementary school. I happened to create and produce a simple Cold Weather Care Parent Guide. One of the teachers there told me that she had not 'given it to her students' because it was too important. She wanted to wait until her parent-teacher conferences to go over it with the parents. This school was in a low-income area.

Another incident that comes to mind was in a 'college bound' high school, where I found that the students had not did not related their nutrition classes into life situations. This may have been the last time these high school students were taught nutrition. They would graduate without the concept of how to integrate this subject into their lives and the lives of their future families. I also gave incidental teaching of disease prevention there. Other students volunteered this information when they came to my office. However, the school's principle felt I was too involved in the school, so I was transferred.

Disease prevention was stressed because now microorganisms have become increasingly virulent, causing anti microbials to become increasingly dangerous for patients. The antibiotics have had to become so strong because of antibiotic misuse and poor infectious technique. Some times a person does not know whether death will come for disease or the treating anti biotic.

As I have said, I am an independent television producer, focusing on Health. I have tried to gain the assistance of New York City's Department of Health and Mental Hygiene, to help me in my health education programs. However, I was unsuccessful with the exception of Dr. Zucker. I produced and aired our program on how diseases are





**Testimony on 11/27/07 before the  
New York City Council Health and Education Committees  
Re NYC Sex Ed Curriculum**

**Nancy Biberman, Women's Housing and Economic Development Corporation**

Good afternoon. My name is Nancy Biberman, I am the Executive Director of the Women's Housing and Economic Development Corporation – WHEDCo.

WHEDCo is a 15-year-old non profit organization in the South Bronx that helps women and their families enter the economic mainstream. I am here today to speak about a remarkable group of young women from WHEDCo's after-school teen program – five of whom are here with me today – who came together two years ago to demand that their school – PS/MS 218 in the South Bronx – adopt a mandatory, comprehensive sex education curriculum. In April 2006, these brave and resourceful students presented their principal with a petition signed by 206 students and community members asking that they be taught about sexuality, pregnancy and contraception, topics that were not taught at their school. The girls went on to launch an educational website and create other materials communicating their message about sex education. If a group of young girls from the Bronx can take on this issue with such dedication and commitment, surely the Department of Education can implement an effective citywide sex education program.

Teen pregnancy rates are higher in the US than in any other industrialized country, due to the lack of mandatory sex education and other factors such as limited access to contraceptives (see Appendix A.) According to the Centers for Disease Control in 2005, only 6.4 percent of students in the Bronx used oral contraceptives at last sex, compared to 8.1 percent in New York City as a whole and percentages as high as 11.5 in San Francisco and other large cities ( see Appendix B.)

**New York City lags behind 20 other US cities which already implement mandatory sex ed in the schools.<sup>1</sup>**

According to the City Health Department's latest information, in 2005, 12.6 percent of teenage girls in the Bronx became pregnant.<sup>2</sup> In the South Bronx the rate of teen pregnancy was even higher -- 15.3 percent.<sup>3</sup>

<sup>1</sup>Guttmacher Institute, State Policies in Brief as of November 1,2007

<sup>2</sup> Bureau of Maternal, Infant and Reproductive Health (BMIRH) calculations from the Bureau of Vital Statistics Data. NYCDOHMH

<sup>3</sup>Bureau of Maternal, Infant and Reproductive Health (BMIRH) calculations from the Bureau of Vital Statistics Data. NYCDOHMH



One of WHEDCo's young activists told a reporter for the New York Post at the time the petition was drawn up, "The only sex education we have is music videos, the Internet and books because our parents don't talk about it with us and we don't get it in school."

The curriculum that the Department of Education unveiled a month ago is an embodiment of these girls' hopes and dreams. We are here today to say that this curriculum must not sit on the shelf: it must become mandatory and be taught by trained teachers during the school day in order to effectively reach all high school and middle school students in our city.

We know that teenage pregnancy leads to increased school drop out rates for girls. In a City that is struggling to keep children in schools, young people need to learn the facts of life as surely as they learn their A, B, C's. The National Women's Law Center, in a study issued a few weeks ago, found that pregnancy and parenting responsibilities are a significant risk factor contributing to girls' school drop out rates.<sup>4</sup> In a survey financed by the Gates foundation, one-third of female school drop outs reported that becoming a parent played a major role in their decision to leave school.<sup>5</sup>

Comprehensive sex ed programs help prevent teen parenting. Imagine the effect that a reduction in teen parenting would have on the drop out rate in the Bronx, which at over 50 percent is the highest in New York City. The Dept of Education should be as committed to sex ed as it is to raising test scores, as it strives to improve New York City's schools.

Sex ed is also a key to winning the battle against sexually transmitted disease. Furthermore, each year in the United States, four million teenagers contract sexually transmitted infections which, left undiagnosed/untreated, increase an individual's chances to acquire HIV.

We agree with the November 8<sup>th</sup> editorial in *El Diario* which called for mandatory implementation of the new DOE curriculum. Parents and teens are learning too late the consequences of not having standard, comprehensive sex education in schools. The recommended DOE curriculum is a proven curriculum, which has been shown to increase the use of birth control and condoms while not increasing the rates of sexual activity.

When it comes to sex ed curricula, we know what works already. We don't need "innovative" programs, we don't need to study the issue any further. We need to implement sex education as a necessary foundation to keeping our children safe and ensuring that they graduate from high school.

According to Planned Parenthood, over 85% of New Yorkers - across party lines, religions and demographics - believe that kids should be taught comprehensive sex ed in the schools. And with good reason: Study after study shows that comprehensive sex education programs that include information about abstinence and birth control are effective at helping young people make healthier decisions about sex.

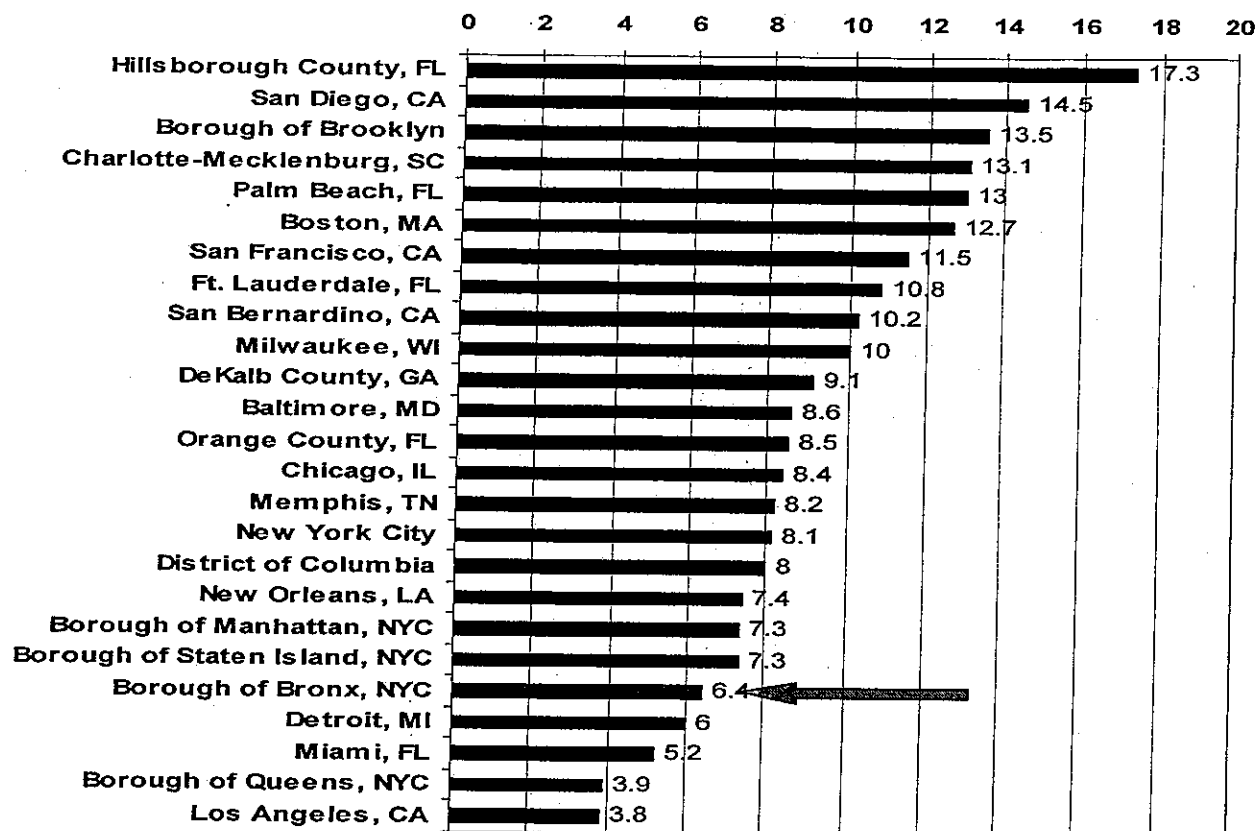
I am proud to be here today with a group of young women who are willing to stand up and ask for sex education in their schools. New York City must listen to these women and take the new curriculum from vision to reality.

<sup>4</sup> When Girls Don't Graduate We All Fail. National Women's Law Center. 2007.

<sup>5</sup> When Girls Don't Graduate We All Fail. National Women's Law Center. 2007.

## Appendix A

Percent of Students who used Oral Contraceptives At Last Sex, YRBS 2005

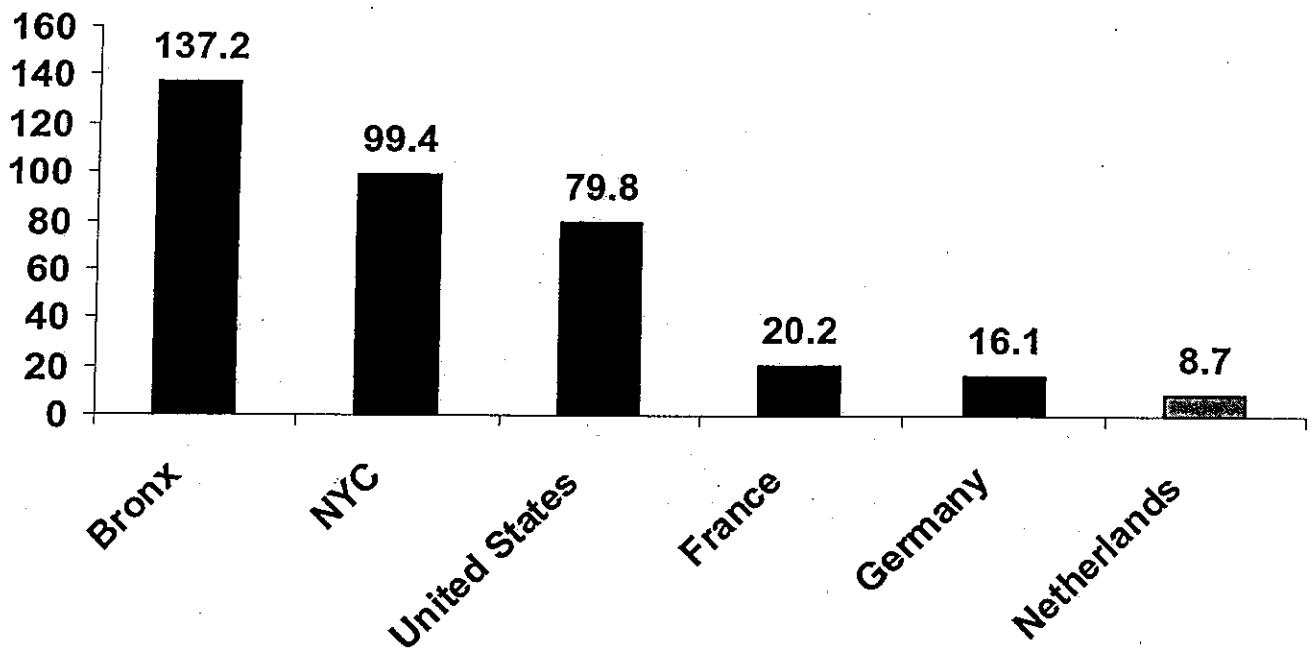


Centers for Disease Control (CDC) website: <http://www.cdc.gov/HealthyYouth/YRBS>

## Appendix B

**Teen Pregnancy is More Common in the Bronx, NYC and the United States than in Most Other Industrialized Countries**

*Teen Pregnancy, rate per 1000 15-19 year old females, Bronx, NYC, U.S., and Europe*





**Testimony on 11/27/07 before the  
New York City Council Health and Education Committees  
Re NYC Sex Ed Curriculum**

**Our schools should offer Sex Education because it is just as important as Math and English. We need to know about our bodies so we can make informed choices.**

- Jennifer Jones, Manhattan center High School, 14 years old

**Sex Education saves lives.**

- Channel Joseph, St. Jean Baptiste High School, 14 Years Old

**Sex Education is not only a class but also a lesson that will be used for our future. What we learn now will allow us to make wiser choices.**

- Yanilsa Frias, Aquinas High School, 14 Years Old

# NYCDOE Middle and High School Health Education Workshops

## Middle School Comprehensive Health Education 1-day Trainings (Target Audience: Grades 6-8 Health Education Teachers)

In this 1-day training, participants will learn the content and skills for teaching the required comprehensive health education course for middle school. Teachers will receive the HealthSmart curriculum, the HIV/AIDS Curriculum, and supplementary materials.

The training will link content area with exploration of the 7 personal and social health skills that students need to know and be able to do to be safe, healthy, and fit. Hands-on interactive sessions will ensure that participants have a solid understanding of:

- **Comprehensive Health Education Foundation**  
NYS and National Health Education Standards, NYC-specific needs
- **Emotional and Mental Health**  
Dealing with feelings, managing stress, pursuing healthy relationships
- **Violence and Injury Prevention**  
Preventing bullying, resolving conflict, avoiding unsafe risks
- **Nutrition & Physical Activity**  
Improving eating habits, using the US Food Pyramid/Being active, having a positive body image
- **Adolescent Development**  
Middle school transitions, puberty, male and female anatomy and physiology
- **Sexual Risk Behaviors and Consequences/ HIV/AIDS, STD, and Pregnancy Prevention**
- **Tobacco, Alcohol and Other Drug Prevention**  
Being substance-free, gaining media literacy, resisting peer pressure

Date	Time	Location
December 12 <sup>th</sup> 2007	8:30AM – 3:00PM	Court Square Conference Center 45-18 Court Square Long Island City, NY 11101
January 9 <sup>th</sup> 2008	8:30AM – 3:00PM	I.S. 303K 501 West Avenue Brooklyn, NY 11224
February 6 <sup>th</sup> 2008	8:30AM – 3:00PM	UFT 52 Broadway, 19 <sup>th</sup> Fl., Rm-A NY, NY 10004
March 5 <sup>th</sup> 2008	8:30AM – 3:00PM	Court Square Conference Center 45-18 Court Square Long Island City, NY 11101
March 19 <sup>th</sup> 2008	8:30AM – 3:00PM	UFT 52 Broadway, 19 <sup>th</sup> Fl., Rm-A NY, NY 10004
April 2 <sup>nd</sup> 2008	8:30AM – 3:00PM	I.S. 303K 501 West Avenue Brooklyn, NY 11224

## NYCDOE Middle and High School Health Education Workshops

April 16 <sup>th</sup> 2008	8:30AM – 3:00PM	Court Square Conference Center 45-18 Court Square Long Island City, NY 11101
May 7 <sup>th</sup> 2008	8:30AM – 3:00PM	Court Square Conference Center 45-18 Court Square Long Island City, NY 11101

### High School Comprehensive Health Education 2-day training

(Target Audience: HS Health Education Teachers)

In this 2-day workshop, participants will learn the content and skills needed to teach the required comprehensive health education course for high school. Participants will be provided with the *Health Smart* (comprehensive health) curriculum, *Reducing the Risk* (sex education) curriculum, the DOE's *HIV/AIDS Curriculum*, and supplementary materials such as fact sheets, handouts, brochures, posters, recommended online links, and information on New York City health resources.

Hands-on interactive sessions will ensure that participants have a solid understanding of:

- **Program Foundation:** NYS and National Health Education Standards, NYC-specific needs
- **Adolescent Development:** High school transitions, male and female anatomy and physiology
- **Sexual Risk Behaviors and Consequences:** Abstinence, sexual activity, and related communication skills
- **HIV/AIDS, STD, and Pregnancy Prevention**
- **Nutrition:** Improving eating habits, using the US Food Pyramid, avoiding eating disorders
- **Physical Activity:** Being active, having a positive body image, laying the foundation for lifelong fitness
- **Tobacco, Alcohol and Other Drug Prevention:** Being substance-free, gaining media literacy, resisting peer pressure
- **Emotional and Mental Health:** Dealing with feelings, managing stress, pursuing healthy relationships
- **Violence and Injury Prevention:** Preventing the youth abuse spectrum (bullying, cyber bullying, sexual harassment, dating violence), resolving conflict, avoiding unsafe risks

### Session 1- Bronx:

Date	Time	Location
Part I Tuesday, January 22 <sup>nd</sup> , 2008	8:30AM - 3:00PM	Lehman HS 3000 E. Tremont Ave. Bronx, NY 10461
Part II Wednesday, January 23 <sup>rd</sup> , 2008	8:30AM - 3:00PM	Lehman HS 3000 E. Tremont Ave. Bronx, NY 10461

## NYCDOE Middle and High School Health Education Workshops

### Session 2- Bronx:

Date	Time	Location
Part I Thursday, January 24 <sup>th</sup> , 2008	8:30AM - 3:00PM	Lehman HS 3000 E. Tremont Ave. Bronx, NY 10461
Part II Friday, January 25 <sup>th</sup> , 2008	8:30AM - 3:00PM	Lehman HS 3000 E. Tremont Ave. Bronx, NY 10461

### Session 1-Brooklyn:

Date	Time	Location
Part I Tuesday, January 22 <sup>nd</sup> , 2008	8:30AM - 3:00PM	Brooklyn Location TBA
Part II Wednesday, January 23 <sup>rd</sup> , 2008	8:30AM - 3:00PM	Brooklyn Location TBA

### Session 2-Brooklyn:

Date	Time	Location
Part I Monday, January 28 <sup>th</sup> , 2008	8:30AM - 3:00PM	Brooklyn Location TBA
Part II Tuesday, January 29 <sup>th</sup> , 2008	8:30AM - 3:00PM	Brooklyn Location TBA

### Session 1 - Queens:

Date	Time	Location
Part I Thursday, January 24 <sup>th</sup> , 2008	8:30AM - 3:00PM	Queens Location TBA
Part II Friday, January 25 <sup>th</sup> , 2008	8:30AM - 3:00PM	Queens Location TBA

### Session 2 - Queens:

Date	Time	Location
Part I Monday, January 28 <sup>th</sup> , 2008	8:30AM - 3:00PM	Queens Location TBA
Part II Tuesday, January 29 <sup>th</sup> , 2008	8:30AM - 3:00PM	Queens Location TBA

## NYCDOE Middle and High School Health Education Workshops

### **HIV/AIDS 101-Middle School and High School (Target Audience: Grades 6-12 Teachers)**

The New York State Education Commissioner requires HIV/AIDS instruction for every student, every year. In grade 6 schools must teach 5 lessons during the school year. In grades 7-12, schools must teach six lessons during the school year. This hands-on one-day training will prepare teachers to use The Department's HIV/AIDS Curriculum to deliver accurate information to students, cultivate responsible attitudes, and develop communication and other skills essential for prevention of HIV infection. The training features an "HIV/AIDS 101" overview as well as detailed exploration of the lessons and a special practice session on how to answer challenging questions. Teachers are shown how the curriculum includes creative and innovative ways to make lessons engaging and meaningful. This training attends to the lessons, questions and developmental needs of middle school students.

<b>Date</b>	<b>Time</b>	<b>Location</b>
December 5 <sup>th</sup> , 2007	8:30AM - 3:00PM	UFT 52 Broadway, 19 <sup>th</sup> Fl., Rm-A NY, NY 10004
January 16 <sup>th</sup> , 2008	8:30AM - 3:00PM	UFT 52 Broadway, 19 <sup>th</sup> Fl., Rm-A NY, NY 10004
January 22 <sup>nd</sup> , 2008	8:30AM - 3:00PM	Lehman High School 3000 E. Tremont Ave. Bronx, NY 10461
April 9 <sup>th</sup> , 2008	8:30AM - 3:00PM	UFT 52 Broadway, 19 <sup>th</sup> Fl., Rm-A NY, NY 10004

### **HIV/AIDS 101-@YMS: At Your Middle School (Target Audience: Grades 6-8 Teachers)**

### **HIV/AIDS 101-@YHS: At Your High School (Target Audience: Grades 9-12 Teachers)**

If you supply the location, time (minimum 3 hours) and staff (minimum 15); we'll do the rest to customize the HIV/AIDS training for your school site. Arrange with other principals to combine staff at one location! The New York State Education Commissioner requires HIV/AIDS instruction for every student, every year. In grade 6 schools must teach 5 lessons during the school year. In grades 7 through 12, schools must teach six lessons during the school year. This hands-on training prepares teachers to use the HIV/AIDS Curriculum to deliver accurate information to students, cultivate responsible attitudes, and develop communication and other skills essential for prevention of HIV infection. Training features an HIV/AIDS medical/technical overview as well as a detailed exploration of the lessons and may also include a special practice session on how to answer challenging questions. Teachers are shown how the curriculum includes creative and innovative ways to make lessons engaging and meaningful. This training attends to the lessons, questions and developmental needs of middle and/or high school students.

***Customized 3 hour session: date and time determined by school***





Building  
safe futures  
for youth

FOR THE RECORD

P.O. Box 538  
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New York, NY 10008

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F 212.566.8121

**TESTIMONY OF YALITZA GARCIA,  
COMMUNITY EDUCATOR OF DAY ONE  
(AN INCUBATOR PROJECT OF THE FUND FOR THE CITY OF NEW YORK)**  
Oversight- The Department of Education's New Health Curriculum

Thank you for holding this hearing to address the Department of Education's new health curriculum. Day One is hopeful that the topics of dating abuse, intimate partner violence, and domestic violence have or will become essential components of this new curriculum.

Day One is the only nonprofit organization in New York solely focused on the issue of dating abuse and domestic violence among youth. Though community education, outreach and legal services, Day One assists teens and young adults in the five boroughs who are at risk of or experiencing relationship abuse. , Day One has trained more than 15,000 youth and professionals in nearly 200 schools on how to identify dating abuse, determining mandated reporting obligations, and how to interact appropriately with students. As Community Educator for Day One, I am in schools on an almost daily basis, and I have direct knowledge of whether students are receiving information in their classrooms about dating abuse. I am sorry to say, they are not.

I want to share a story about a Day One client to illustrate how schools are addressing the issue of dating abuse. The case I am sharing is still going on, the young person is at risk, and she is sadly representative of many other students throughout the city.

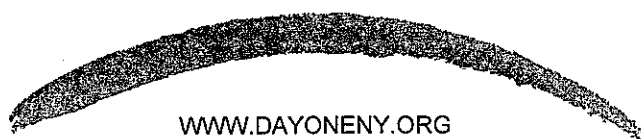
Day One is currently assisting a 17 year old New York City public school student in an abusive relationship. The student reached out to her guidance counselor for help, but after contacting Day One, the school has done very little to help. Like students in nearly every New York City public school, this student was never taught in a classroom about dating abuse; nor was her guidance counselor trained about teen dating violence. The school has been very concerned with its own liability, though alarmingly less concerned about risk to this specific student, who is already in danger. The student was resistant to inform her parents about her relationship, fearing that they would take her out of school because she wasn't

supposed to be dating. Yet the school threatened to call her parents – trying to bully her into giving up the abuser’s name (a fellow student) – and pressuring our staff attorney to break confidentiality by requesting this same information. Though the student begged them not to call her parents, they minimized her concerns and continued their threats, even when speaking to Day One’s attorney, who explained the additional risk this would create for the student. In addition to demanding confidential information, the school demonstrated an extraordinary lack of knowledge about dating abuse. Though the abuser lives in the victim’s neighborhood, rides the train with her every day both ways, and has been forcing her to take only the classes he approves, the school said to the student: “If you don’t want to be with him, why don’t you just stop talking to him.” Though the school initially granted a safe space in the guidance counselor’s office for Day One to meet the student, once the student established a relationship with our attorney and comfort with the space, the school requested that they meet off of school grounds instead. Once the school forced our client to reveal her boyfriend’s name, Day One offered to work with them to create a plan to address the abuse and keep the client safe. The school has declined our offer and has taken almost no steps to address the student’s risk.

This is a perfect example of a little knowledge being a very dangerous thing: understanding that the relationship should end may seem like the school is demonstrating knowledge of the problem, however the school’s ignorance of the issue and safe ways to address it could easily cause the danger to spike for any victim. Furthermore, though the school claims to be concerned about its liability, they are not recognizing that their actions in regard to our client could create risk that would impact other students as well.

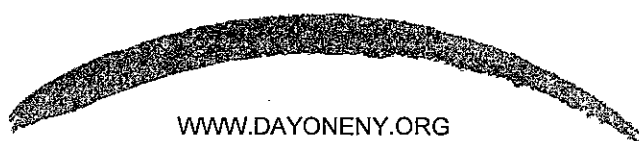
Day One is very pleased to see that the Department of Education is incorporating an evidence-based curriculum that includes a section devoted to dating abuse. However, of what we have seen so far, the curriculum has less than 10 pages solely addressing dating abuse. The issue may be integrated in other sections, but dating abuse warrants far greater attention in terms of a curriculum, training, and Department of Education policies.

**One in three teens reports experiencing abuse in a relationship**, and in one study more than forty percent of youth who reported abuse stated that this abuse occurred in a school building or on school grounds. While many people are uncomfortable discussing intimate partner violence and sexual assault among youth, acting as if it does not exist -- or trying to address the problem without a trained expert -- will not protect youth, and could easily place them at greater risk. Right now, teachers are trained extensively about parent-child abuse and not at all about relationship abuse among teens, which could affect between 300,000 and 400,000 students just in New York City.



In addition to covering dating abuse more fully in the new curriculum, Day One supports the creation of a Department of Education policy that would include protocols and a structure of accountability related to violence occurring among students and in schools. Administrators, teachers and school safety personnel need to have clear guidelines that direct them how to respond to incidents of violence, and more importantly, need the training to guide them in how to evaluate behaviors among students, respond appropriately and pursue the proper resources.

- The Department of Education needs an expanded and focused curriculum addressing dating abuse. (As an example, earlier this year, Texas passed a law requiring all of its school districts to implement dating abuse policies. Day One would be very happy to work with the Department of Education on creating such standards to protect students, and we strongly encourage the DOE to incorporate experts like Day One into the process of implementing a dating abuse curriculum and establishing related policies.)
  - A successful curriculum would be mandatory, to ensure that the issue of domestic violence among teens is addressed for all students. Without a mandatory curriculum teachers are likely to avoid what can be a very personal and sensitive discussion.
  - The issue of dating abuse requires several focused sessions in order to achieve behavior change among students.
  - The curriculum must be taught by an expert on domestic violence or a well-trained teacher. Domestic violence is a complex issue that can provoke personal responses and judgments even by professionals who work with youth. One guidance counselor we know of – with all the best intentions – told a young woman in an abusive relationship “Maybe he wouldn’t be so angry if you didn’t wear your skirt so short.”
- Any successful curriculum must be implemented with adequate training for staff. It is insufficient for an *untrained* adult to add just a few hours of information about a sensitive topic to their overall plan. Even if this were effective, young people are generally distrusting of authority figures and reluctant to disclose abuse. To ensure safety in a school, all professionals in an academic setting must be trained so that young people who come forward with disclosures are met with knowledgeable, sensitive guidance and not discomfort, distress and misinformation that can place young people at further risk.
- The Department of Education needs a written policy addressing dating abuse that acknowledges the problem and creates protocols for schools that are already confronting the



issue, only they are doing so without the guidance they need. As it stands, even when an Order of Protection is in place, schools lack a policy that would permit them to comply with the order by transferring the abusive student to another school. Now that is a liability issue the school should be worried about.

- An adequate policy would:
  - Provide for annual culturally competent trainings for all professionals in schools related to dating abuse and the law;
  - Designate a trained resource within every school as the person responsible for responding to domestic violence among youth;
  - Institute a protocol to address reports of relationship violence that maximizes the autonomy of youth and ensures confidentiality wherever possible;
  - Ensure accountability for perpetrators that is measured, appropriate and rehabilitative;
  - Monitor implementation of any policy to follow reporting of abusive incidents, DOE response, any legal action taken and safety transfers granted.

Thank you again for holding this important hearing. We encourage the Department of Education to make a strong statement that ongoing safety in relationships is a priority for our students and that the issue of appropriate intervention will be taken seriously. We thank the City Council for its support of Day One and thank you again for working to address the safety of youth in schools.



# NYCLU

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## Reproductive Rights Project

### **TESTIMONY OF LEE CHE LEONG, DIRECTOR OF THE TEEN HEALTH INITIATIVE OF THE NEW YORK CIVIL LIBERTIES UNION BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON HEALTH REGARDING THE DEPARTMENT OF EDUCATION'S NEW HEALTH EDUCATION CURRICULUM**

Tuesday, November 27, 2007

Good afternoon, my name is Lee Che Leong. I am the Director of the Teen Health Initiative of the New York Civil Liberties Union (NYCLU). I would like to thank the City Council Committees on Health and Education for providing us with the opportunity to address the health education curriculum in New York City public schools.

The NYCLU is the New York State affiliate of the American Civil Liberties Union and has approximately 50,000 members in New York State. For three decades, the NYCLU has been in the forefront of advocating and litigating for comprehensive sex education in New York. The Teen Health Initiative trains high school students to provide peer education about teens' rights to reproductive health services. It also provides training programs and publications for professionals who work with young people.

The Department of Education's recent announcement of the reformation of the Office of School Health is a positive step, but much remains to be done. The lack of a requirement for teaching sex education throughout the public school system, inadequate teacher training, and poor oversight means far too many students still lack access to the vital health information they need to protect themselves.

#### **Statement of the Problem**

Recent statistics demonstrate the overwhelming need for comprehensive sex education in New York. Nearly 50% of all New York City public high school students have had sexual intercourse. Teen women (aged 15-19) account for about one-third of Chlamydia and gonorrhea infections in NYC, the highest rates of infection among all age groups. The number of New York City high school students reporting that they had been pregnant or gotten someone pregnant was higher in 2005 than in any year since the Department of Health began reporting these statistics in 1997. New York City alone accounts for 15.5% of all AIDS cases in the nation, more than the entire state of California. The Center for Disease Control estimates that at least 50% of all new HIV infections nationwide are among young people under the age of 25, and that two

Americans between the ages of 13 and 24 become infected with HIV every hour. Statistics just released by the New York City Department of Health show that rates of HIV among men 13-19 in New York City doubled between 2001 and 2006; more than 90 percent of those young men were black or Latino. Against this backdrop, the abysmal state of sex education in New York City public schools is not only disappointing, but also dangerous.

Under existing law, the only sex education the state mandates is instruction on HIV/AIDS transmission and prevention. In 1987 New York State began to require HIV/AIDS education for students from Kindergarten to 12th grade. In 1991, the Chancellor of the New York City Board of Education expanded requirements to include six HIV/AIDS lessons in grades 7 to 12, and a staffed Health Resource Room that offers free condoms for high school students along with information on STDs and other health issues.

The DOE updated its HIV/AIDS curricula in 2005, but there is still no mechanism to ensure that these lessons are being taught. When students in public school are polled, the overwhelming majority are surprised to learn that they should be receiving 6 lessons on HIV/AIDS a year. And while information on the prevention of HIV/AIDS is certainly better than no information at all, it is not the same as comprehensive sex education. Information on pregnancy prevention and other STIs is essential but absent.

In our work in schools around the city with young people, peer educators, teachers and healthcare providers, we hear countless tales from students who are not receiving the basic knowledge necessary to understand, much less protect, their health. The questions we field from teens reveal the sad state of sexuality education in New York City public schools. We've heard sexually active teens ask what penetration is, if emergency contraception is abortion, and whether douching with Coke prevents pregnancy.

Numerous studies demonstrate that comprehensive sex education -- health programs that are medically accurate, age-appropriate, and include information about contraception in addition to abstinence -- is the most effective way to help young people postpone intercourse and reduce their number of sexual partners. Comprehensive sex education also helps to increase the use of condoms and other forms of contraception among young people who are sexually active.

Recently there has been some good news; DOE has agreed to take the following steps:

- DOE has announced the recreation of the Office of School Health which will oversee not only physical education but also the sex education curriculum.
- *HealthSmart* will be introduced as the new health curriculum.
- Training is underway for a pilot of the *Reducing the Risk* (RTR) sex ed curriculum to be conducted in 5 Bronx High Schools and 5 Bronx Middle Schools. RTR will be available to supplement *HealthSamrt* at the high school level.

- DOE will release a guide to principals about how to collaborate with CBOs to fulfill curriculum requirements.

These changes were a direct result of an alliance of CBOs pushing for comprehensive sex ed in city schools. A widespread advocacy campaign by NYCLU's Teen Health Initiative as a part of this alliance collected over 2000 signatures from parents, students and voters who want Chancellor Klein to publicly commit to providing the students of New York City schools with comprehensive sex education.

## Recommendations

While DOE's response represents a step in the right direction, much more remains to be done. NYCLU continues to stand with other advocates in recommending that the following principles should guide DOE's further efforts:

- **Sex Education Must be Taught Every Year:** Research shows that when young people have accurate information -- whether or not they are sexually active at the time -- they are much more likely to protect themselves when they do enter into relationships. The Chancellor should issue a regulation requiring the teaching of age-appropriate sexuality education every year, rather than leaving inclusion to the discretion of individual principals. Ideally, sex education lessons would be integrated into the six HIV/AIDS lessons mandated to be taught in grades 7 to 12 every year. The former Family Living including Sex Education (FL/SE curriculum), which was in use in the 1980s, was required every year; we can not afford to take a step backwards regarding the new curriculum. While the ten school pilot in the Bronx is a good beginning, students outside of this small population continue to be in jeopardy.
- **Contraception and Prevention Must be Taught:** 95% of parents of junior high school students believe that birth control and other methods of preventing pregnancy are appropriate topics for sexuality education programs in schools. We know many NYC middle school students are already sexually active; one in ten students reports having had sex before the age of 13. Incorporating information on contraception promotes health and prevention strategies; to deny middle school students access to the information to protect themselves is irresponsible from a public health perspective. Furthermore, DOE should heed the advice of their consultants and curriculum and include condom demonstrations as a part of comprehensive sexuality education at the high school level. Condom demonstrations are vital to teaching proper usage and should be included in classrooms at the high school level.
- **Sexual Orientation Diversity Must be Acknowledged:** DOE must clearly commit to including issues concerning lesbian, gay, bisexual, transgender and questioning youth (LGBTQ) youth in the sex ed curriculum. CDC Youth Risk Behavior Surveillance Surveys have found that, as a result of violence and isolation, LGBTQ young people are two to five times more likely than their heterosexual peers to report skipping school because of feeling unsafe during the past month, and more than four times as likely to say they made a serious suicide attempt in the past year. Curricular

inclusion, especially within health education models, is a necessary component of remedying the isolation of LGBTQ youth. Additionally, 79% of parents want their children to learn about sexual orientation in sex education classes at school.

- **Sex Education Must Have An Implementation Plan:** We recognize that implementation will take time given the complexity and size of the New York City school system; however, we hope that the implementation of health education will be given the same attention and priority as any other subject matter. When the DOE updated the HIV/AIDS curriculum during the last school year, it created an ambitious schedule of parent meetings and selected a week in March for implementation in elementary schools, but offered no implementation plan for middle and high schools. The sex ed implementation plan that is created should be comprehensive for grades 7-12.
- **Sex Education Must Be Taught By Trained Teachers:** Both state and city mandates require specific levels of teacher training for HIV/AIDS education. We are delighted that DOE has finally selected evidenced-based curricula, but the best curriculum in the world isn't of any use if teachers are not comfortable teaching. Teachers don't need a "script," but rather training to empower them to make appropriate decisions regarding their students. For the HIV/AIDS curriculum a "train the trainer" model was used, but we have yet to learn how many teachers were actually trained or even which schools sent staff. DOE must ensure that teachers receive adequate training to accurately and sensitively offer sexuality education.
- **Sex Education Requires a Plan for Evaluation:** There must be a purposeful and public evaluation plan for the curriculum. Best program practices dictate that evaluation occurs from the very beginning of implementation, should be both quantitative and qualitative, and should have buy-in from all stakeholders. Tools that will best measure knowledge, attitudinal and behavioral changes and track positive outcomes on a continuing basis must be designed as soon as possible and integrated into the implementation plan to ensure future success and public support of the curriculum. These components were not included in any meaningful way in the implementation of the HIV/AIDS curriculum. DOE should not make the same mistake again.

In conclusion, we applaud the DOE's efforts to update the HIV/AIDS curriculum and their introduction of a new health curriculum. However, New York City public schools still lack trained teachers, necessary oversight, and a method for monitoring basic compliance. DOE has an obligation to provide students with the knowledge they need to become healthy adults. Experience has shown that too often, teens receive partial information, or information driven by ideology rather than public health, when they receive any information at all. We look forward to working with members of the City Council to fulfill this critical public health mandate.