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**THE COUNCIL OF THE CITY OF NEW YORK**

###### **COMMITTEE REPORT OF THE HUMAN SERVICES DIVISION**

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##### COMMITTEE ON EDUCATION

#### Hon. Mark Treyger, Chair

**September 10, 2019**

**PROPOSED INTRODUCTION NO. 560-A:** By Council Members Treyger, Lander, Grodenchik, Cohen, Ayala, Cumbo and Kallos

**TITLE:** A Local Law in relation to a pilot program to review school start times to reduce adolescent sleep deprivation.

**PROPOSED INTRODUCTION NO. 1348-A:** By Council Members Cumbo, Treyger, Lander, Cohen, Rosenthal, Vallone, Chin, Kallos, Louis and Dromm

**TITLE:** A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of education to report information regarding sexual health education

**ADMINISTRATIVE CODE:** Amends section 21-966

**RESOLUTION NO. 238:** By Council Members Cabrera, Rosenthal, Brannan, Vallone, Rivera, King, Menchaca, Maisel, Levine, Chin, Levin, Perkins, Deutsch, Cumbo, Reynoso, Cornegy, Torres, Ampry-Samuel, Koslowitz, Lander, Cohen and Louis (by request of the Brooklyn Borough President)

**TITLE:** Resolution calling upon the New York City Department of Education to ban processed meats from being served in New York City public schools.

**RESOLUTION NO. 632:** By Council Members Barron, Miller, Cohen, Cumbo, Chin and Louis

**TITLE:** Resolution calling upon the New York City Department of Education to create a diabetes and prediabetes health based curriculum.

**PROPOSED RESOLUTION NO. 716-A:** By Council Members Levin, Treyger, Cumbo, Levine, Rivera, Ampry-Samuel, Chin, Ayala Salamanca, Rosenthal, Koslowitz, Lander, Cohen, Dromm, Powers, Kallos and Louis

**TITLE:** Resolution calling upon the New York City Department of Education to adopt all of the policy recommendations of the Mayor’s Sexual Health Education Task Force and provide comprehensive sexual health education on a regular basis, across all grade levels.

1. **INTRODUCTION**

 On Tuesday, September 10, 2019, the Committee on Education, chaired by Council Member Mark Treyger, will hold a vote on Proposed Introduction Number 560-A sponsored by Council Member Mark Treyger; Proposed Introduction Number 1348-A, sponsored by Council Member Laurie Cumbo; Resolution Number 238, sponsored by Council Members Fernando Cabrera; Resolution Number 632, sponsored by Council Member Inez Barron; and Proposed Resolution Number 716-A, sponsored by Council Member Stephen Levin. The Committee previously heard testimony on this legislation[[1]](#footnote-1) from the Department of Education (“DOE”), parents, students, educators, advocates, unions, and other members of the public.

1. **BACKGROUND**

School health education programs teach students basic skills and information about healthy lifestyles, and provide an opportunity to engage in healthy behaviors, such as participating in physical activity and eating nutritious meals.[[2]](#footnote-2) Research shows that establishing healthy behaviors in younger people is easier and more effective than efforts to change unhealthy behaviors already established in adults.[[3]](#footnote-3) Research has also found a positive impact of health education on academic achievement and on health outcomes.[[4]](#footnote-4) All students in New York City schools must participate in health and wellness instruction, based on federal and State guidance and requirements.

1. Federal Guidance and Requirements

Federal law requires that every school district, or local educational agency (“LEA”), that participates in the National School Lunch Program or other federal Child Nutrition programs must establish a local school wellness policy for all schools under its jurisdiction.[[5]](#footnote-5) Stakeholders including parents, students, representatives of the school food authority, physical education teachers, school health professionals, school administrators, and the general public must be able to participate in the development, implementation, review, and update of the local wellness policy.[[6]](#footnote-6) In addition to setting nutrition policies and guidelines, the wellness policy must establish “[s]pecific goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness.”[[7]](#footnote-7) LEAs are required to review and consider “evidence-based strategies” in determining these goals.[[8]](#footnote-8)

Additionally, the U.S. Centers for Disease Control and Prevention (CDC) has recognized that “[s]chools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors.”[[9]](#footnote-9) The CDC developed the Whole School, Whole Child, Whole Community (“WSCC”) model for addressing health in schools, which emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices.[[10]](#footnote-10) The DOE has incorporated content and service areas recommended in the WSCC model in its Citywide Wellness Policy.[[11]](#footnote-11)

The CDC also developed National Health Education Standards (“NHES”) in 1995 to “provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress.”[[12]](#footnote-12) The NHES are written expectations for what students should know and be able to do by various grade levels to promote personal, family, and community health.[[13]](#footnote-13) DOE’s health education program follows the NHES.[[14]](#footnote-14)

1. State Laws and Regulations Regarding Health Education

New York State Education Law (“SEL”) requires all schools to provide health education including mental health and the relation of physical and mental health as well as instruction “to discourage the misuse and abuse of alcohol, tobacco and other drugs and promote attitudes and behavior that enhance health, well being, and human dignity.”[[15]](#footnote-15) In addition, SEL requires instruction regarding methods of prevention and detection of certain cancers, including but not limited to breast cancer, skin cancer and testicular cancer, at the high school level.[[16]](#footnote-16) Beyond these required elements, the law calls on the State Education Commissioner to create regulations that allow health curricula to vary across the state to “meet the needs of particular school districts” and authorizes the Commissioner to, every three years, recommend inclusion of the most up to date information regarding drugs, including heroin and opioids, and other substances that are more prevalent among school aged youth.[[17]](#footnote-17) In addition, SEL states that the Commissioner “shall make available an interpersonal violence prevention education package for grades kindergarten through twelve” and “encourage the use of such material” in health education curricula.[[18]](#footnote-18) SEL also authorizes the inclusion of instruction regarding child development and parental skills and responsibility as part of home economics or health education in secondary schools.[[19]](#footnote-19)

According to State Education Commissioner’s regulations, elementary schools are required to provide a sequential health education program for all pupils, grades K-6, taught by regular classroom teachers.[[20]](#footnote-20) The health education program must include instruction regarding the acquired immune deficiency syndrome (“AIDS”) for all pupils, grades K-6.[[21]](#footnote-21) Similarly, health education is required for all pupils in the junior and senior high school grades and must be taught by teachers certified to teach health.[[22]](#footnote-22) Instruction regarding AIDS is also a required part of health education courses in grades 7-8 and in grades 9-12.[[23]](#footnote-23)

As in any subject, the New York State Education Department sets learning standards for health education that describe what students should know and be able to do at each grade level. For health education, there are three overall learning standards: Standard 1: Personal Health and Fitness; Standard 2: A Safe and Healthy Environment; and Standard 3: Resource Management.[[24]](#footnote-24) Each of these general standards includes subcomponents regarding areas of study for students, broken down by elementary, intermediate and high school level.[[25]](#footnote-25)

1. **NYC Department of Education Health and Wellness Instruction**

DOE’s Office of School Wellness Programs (“OSWP”) is responsible for overseeing physical and health education instruction and other wellness programs.[[26]](#footnote-26) OSWP develops DOE’s Wellness Policy in collaboration with a District Wellness Advisory Council consisting of representatives including, but not limited to: parents, students, representatives of SchoolFood, physical education teachers, health education teachers, school health professionals, mental health and social services staff, school administrators and other community partners and stakeholders.[[27]](#footnote-27) The Wellness Policy includes sections on Comprehensive Health Education, including “Nutrition Education; Physical Education and Physical Activity; Health Services; School Food and Nutrition Promotion; and Other Activities that Promote Wellness.”[[28]](#footnote-28) According to the Wellness Policy, “the NYC DOE requires standards-based Comprehensive Health Education in elementary, middle, and high school that is medically accurate, age- and developmentally appropriate, culturally inclusive, and provided in a safe and supportive learning environment where all students feel valued.”[[29]](#footnote-29) Schools are expected to take a skills-based approach to teaching comprehensive health education addressing a variety of topics, such as tobacco, alcohol, and drug abuse; healthy eating/nutrition; mental and emotional health; personal health and wellness; physical activity; safety and injury prevention; and violence prevention.[[30]](#footnote-30) New York State also requires that all students K-12 receive a certain number of lessons annually on the nature, methods of transmission, and methods of prevention of HIV/AIDS.[[31]](#footnote-31)

Time requirements for health education and AIDS instruction are as follows:

* Students in grades K-5 must have health instruction every year. There is no specific time requirement.
* Students in grades K-6 must have five HIV/AIDS lessons per year.
* Middle school students must have health education every day for one semester, which must add up to 54 hours.
* Students in grades 7 – 8 must have six HIV/AIDS lessons per year.
* High school students must have health education every day for one semester, which must add up to 54 hours.
* All high school students must earn the equivalent of one credit in Health Education to graduate.
* All high school students must have six HIV/AIDS lessons per year. [[32]](#footnote-32)

Although not required by the State, in 2011, then-Chancellor Dennis Walcott mandated that sex education be taught in middle and high schools.[[33]](#footnote-33) Currently, DOE requires all students in grades 6-12 to have sexual health education that is age-appropriate, skills-based and medically accurate as part of their comprehensive health education lessons.[[34]](#footnote-34) Sexual health education must also be LGBTQ-inclusive.[[35]](#footnote-35) Parents may opt their child out of certain HIV lessons and certain sexual health education lessons having to do with methods of prevention.[[36]](#footnote-36)

According to DOE’s website, while health education must be taught by a certified health education teacher in middle and high school, “[i]n some cases, schools may allow a teacher who does not have a health education certificate to teach one health class.”[[37]](#footnote-37) In elementary schools, certified health education teachers or classroom teachers may provide health education instruction.[[38]](#footnote-38)

DOE provides research-based, recommended health education curricula for elementary, middle and high school levels, and offers teachers free training throughout the year.[[39]](#footnote-39) However, if a school selects another curriculum, it must fulfill State and local health education requirements and should align with National Health Education Standards, and the National Sexuality Education Standards.[[40]](#footnote-40) Although DOE’s website does not currently include any information about curriculum, from 2007 through at least 2015, DOE recommended the use of *HealthSmart[[41]](#footnote-41)* and *Reducing the Risk[[42]](#footnote-42)* curricula in New York City.[[43]](#footnote-43) According to DOE’s Wellness Policy, DOE was expected to publish a K-12 Health Education Scope and Sequence in the 2017-2018 school year “to help schools provide sequential, skills-based and age-appropriate health education.”[[44]](#footnote-44)

1. **ISSUES AND CONCERNS**

Recent data shows that DOE is failing to fulfill State health education requirements. In fact, while state law requires that middle and high school students receive one semester of health education provided by a licensed health instructor, 97% of middle and high school health instructors are not licensed, according to a 2017 Comptroller Scott M. Stringer report (“the Comptroller’s report”), though many may have State certification. [[45]](#footnote-45) Furthermore, 28% of 6-8th grade middle schools do not have an assigned teacher to teach health, and only 57% of 8th graders received one semester of health education, as required by State law.[[46]](#footnote-46)

*Sexual Health Education*

Despite sexual health statistics suggesting a need for sexual health education, recent data shows that DOE is failing to provide many students with sex education.[[47]](#footnote-47) According to the Comptroller’s report, however, there is a lack of clear standards and accountability to ensure schools are actually teaching sex education, resulting in schools not meeting such expectations.[[48]](#footnote-48) Recognizing the gaps that exist in providing students with sex education, the New York City Council passed, and Mayor Bill de Blasio signed, Local Law 90 of 2017, which established a Sexual Health Education Task Force (“the Task Force”) to evaluate the current state of sexual health education in DOE schools.[[49]](#footnote-49) The Task Force, which included parents, students, health experts, and administration appointees, was also charged with developing recommendations to improve sex education.[[50]](#footnote-50) In July 2018, the Task Force published the following 11 recommendations:

1. Establish a district-wide philosophy and vision of comprehensive health education, including sexual health education that is developed by central NYCDOE leadership and modeled in all schools.
2. Ensure school staff have basic competencies around inclusivity and respect, and can link students to appropriate sexual health resources outside the school setting
3. Increase broad community buy-in of sexual health education through public awareness campaigns and informational sessions
4. Require schools to provide health education from a certified or otherwise qualified health instructor, with demonstrable sexual health education teaching competencies
5. Invest in policies and programs that increase the number of certified health education teachers
6. Require professional development for instructors assigned to teach health education, in order to ensure students receive high-quality health education from a prepared and knowledgeable teacher
7. Expand support and resources for rigorous curriculum review, development, and implementation by NYCDOE Office of School Wellness Programs and NYC District Wellness Advisory Council
8. Increase the mandated quantity of sexual health education across all grade levels
9. Create district- and school-level accountability for sexual health education
10. Develop systems to assess the quantity, implementation and delivery, and student experience of health education and sexual health education
11. Engage external stakeholders and experts to study sexual health education in NYC and make quality improvement recommendations[[51]](#footnote-51)

Despite the need for more effective sexual health education, DOE has not implemented any of the recommendations proposed by the Task Force. DOE’s inaction on this matter prevents students from receiving valuable information that could keep them safe.

*Opioid Epidemic*

Recent reports show that New York City, just like cities across the nation, is experiencing an opioid crisis.[[52]](#footnote-52) In 2016, citywide, about 1,300 individuals died from a drug overdose, and approximately 80% of such overdoses involved the use of opioids.[[53]](#footnote-53) According to the 2017 Youth Risk Behavior Survey, the percentage of students who ever used heroin nearly quadrupled over the past eighteen years, increasing from 1% in 1999 to 3.9% in 2017.[[54]](#footnote-54) While data on the fatality rates of opioid usage among New York City’s young adults is limited, the CDC notes that in 2015, fatality rates for overdoses of individuals aged 15-19 were highest for opioids.[[55]](#footnote-55) Advocates have called for DOE schools to prioritize teaching opioid awareness, and be equipped with naloxone, which is a medication designed to quickly reverse opioid overdose.[[56]](#footnote-56)

*Nutrition Education*

 According to State regulation, instruction on nutrition is a required part of health education.[[57]](#footnote-57) But many schools have difficulty providing enough nutrition education due to other academic requirements and limited staff expertise, so they often turn to nutrition education programs (NEPs) operated by outside organizations such as nonprofits, hospitals, and universities.[[58]](#footnote-58) A 2018 report by the Tisch Food Center at Teachers College, Columbia University found that the majority of organizations that operate NEPs are nonprofits and these organizations cited limited time during the school day and space within schools as the two greatest challenges to their programs.[[59]](#footnote-59) According to the report, 1025 schools, which is 56% of New York City public schools, have at least one NEP and some have more than one, while 815 schools, or 44%, lack even one NEP.[[60]](#footnote-60) Further, elementary schools have the highest rate of at least one NEP and high schools have the lowest.[[61]](#footnote-61)

1. **CONCLUSION**

Today’s hearing will provide an opportunity to review DOE’s provision of health and wellness instruction, including the department’s plans for and progress towards meeting State health education requirements. This hearing will also allow the Committee to consider legislation that will promote participation in healthy behaviors for all students. Finally, the Committee will hear the concerns and recommendations of parents, community groups, and advocates regarding the City’s efforts to provide comprehensive health education and to meet State health education requirements.

1. **BILL ANALYSIS**

**Proposed Int. 560-A -** A Local Law in relation to a pilot program to review school start times to reduce adolescent sleep deprivation

 This bill would establish a task force to study school start times in middle school and high school. The members of the task force would be appointed by the Mayor and the Speaker, and would include, at least, a high school student, a parent of a middle school student, and a parent of a high school student, a middle school teacher, a high school teacher, an administrator, a labor union representative, and a department of education representative. The task force would submit an annual report with recommendations to the Mayor and the Speaker for five years. The bill would take effect immediately after it becomes law, and would be repealed after five years.

 **Update to A version:** The bill was amended to reflect that DOE is already engaged in a pilot program regarding school start times. The bill would require DOE to report on the pilot program including the names of participating schools, the start times, community outreach engagement and key findings, including whether the department intends to continue the pilot program or recommend changes to start times system wide.

**Proposed Int. 1348-A -** A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of education to report information regarding sexual health education

 This bill would require the DOE to report annually on the amount of health education, including HIV/AIDS education and sexual health education, received by students in each grade at each school. The bill would also require DOE to report on the amount of compliance with state health education requirements at each school, and the number of certified health education instructors at each school. The bill would take effect immediately after it becomes law.

 **Update to A version:** The bill was amended to include additional reporting requirements. Those new reporting data points include the disaggregation of the total number of licensed health instructors at each school by full- and part-time status; the number of instructors providing health education at each school on an incidental basis pursuant to New York State regulations and the number of incidental teaching applications submitted by DOE to the state education commissioner on an annual basis. Per state law, incidental teaching occurs when a teacher is assigned to teach a subject outside of the teacher’s certification area for a limited period of time.

**UPDATE:** On Tuesday, September 10, 2019, the Committee on Education, chaired by Council Member Mark Treyger, will consider Proposed Introduction Number 560-A sponsored by Council Member Mark Treyger; Proposed Introduction Number 1348-A, sponsored by Council Member Laurie Cumbo; Resolution Number 238, sponsored by Council Members Fernando Cabrera; Resolution Number 632, sponsored by Council Member Inez Barron; and Proposed Resolution Number 716-A, sponsored by Council Member Stephen Levin.

Proposed Int. No. 560-A

By Council Members Treyger, Lander, Grodenchik, Cohen, Ayala, Cumbo and Kallos

..Title

A LOCAL LAW

In relation to a pilot program to review school start times to reduce adolescent sleep deprivation

..Body

Be it enacted by the Council as follows:

Section 1. School start time reporting. a. On or before September 30, 2020, the department of education shall submit to the mayor and the speaker of the council a report regarding the department’s pilot program to review school start times and to determine the effect of such start times on adolescent health and well-being.

b. Such report shall contain the following information:

1. The name of each school that participated in the pilot program;

2. The start times of each school that participated in the pilot program;

3. How such schools were selected for participation in the pilot program, including a description of any community outreach conducted in the selection of schools; and

4. The results of the pilot program, including but not limited to:

(a) Whether the department of education solicited feedback from the students, teachers and staff at the schools participating in the pilot program, and a summary of any such feedback, disaggregated by each school;

(b) Key findings regarding the effects of changing the start times at the schools participating in the pilot program, including any effects on student attendance and lateness and other applicable outcomes;

(c) A description of any community outreach regarding the results of the pilot program conducted by the department of education in the communities in which the schools participating in the pilot program are located, and a summary of any feedback received based on such outreach;

(d) Whether the department of education intends to continue or expand the pilot program;

(e) Whether the department of education recommends changes to start times system wide; and

(f) Any recommendations regarding whether continued reporting on the topic of school start times is necessary and appropriate.

§ 2. This law takes effect immediately and is deemed repealed 120 days after submission of the report required by section 1 of this local law.

SMD/MMB

LS #3271

6/18/19; 10:26 a.m.

Proposed Int. No. 1348-A

By Council Members Cumbo, Treyger, Lander, Cohen, Rosenthal, Vallone, Chin, Kallos, Louis and Dromm

..Title

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring the department of education to report information regarding sexual health education

..Body

Be it enacted by the Council as follows:

Section 1. Section 21-966 of the administrative code of the city of New York, as added by local law number 14 for the year 2016, is amended to read as follows:

§ 21-966. Reporting on health education. a. For the purposes of this section, the following term has the following meaning:

Health education. The term “health education” means health education instruction, including sexual health education and HIV/AIDS education, consistent with learning standards for health education found in regulations promulgated by the New York state commissioner of education and in the department's requirements.

b. Not later than December 1, 2016, and on or before [the] December 1 annually thereafter, the department shall submit to the speaker of the council and post conspicuously on the department's website in a manner searchable by individual school, a report for the preceding academic year for each community school district and school within such district, which shall include, but not be limited to the following:

1. The total number and percentage of students in grades six through twelve who have completed at least one semester of health education;

2. Starting in the report for the [2017-2018] 2019-2020 school year and for every subsequent school year thereafter, [the total number and percentage of students in grade six who have completed at least 5 lessons in HIV/AIDS education;

3. Starting in the report for the 2017-2018 school year and for every subsequent school year thereafter, the total number and percentage of students in grades seven through twelve who have completed at least 6 lessons in HIV/AIDS education;

4.] for each grade level in each school containing any combination of grades six through 12, data specifying the number and percentage of students who are receiving the amount of HIV/AIDS instruction required by section 135.3 of titles 8 of the New York codes, rules and regulations;

3. Information regarding the implementation of health education instruction including, but not limited to: (i) how the department tracks compliance with health education and HIV/AIDS education requirements; (ii) how principals monitor teacher compliance with the sexual health knowledge benchmarks as outlined by the department [and, and]; (iii) how the efficacy of the health education curriculum recommended by the department is evaluated; and (iv) what methods the department employs to solicit student feedback regarding health education;

[5.] 4. Information regarding health education which specifically addresses lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students, and other non-heterosexual sexual orientations or non-cisgender gender identities, including but not limited to, sexual health knowledge for same-sex relationships;

5. The number of instructors providing health education instruction at each school;

6. The number of full-time licensed health instructors providing health education at each school;

7. The number of part-time licensed health instructors providing health education at each school; and

8. The number of instructors providing health education at each school on an incidental basis in accordance with section 80-5.3 of title 8 of the New York codes, rules and regulations; and

9. The total number, disaggregated by community school district, of the following:

(a) Incidental teaching applications submitted to the commissioner of state education pursuant to section 80-5.3 of title 8 of the New York codes, rules and regulations;

(b) Such applications denied by the commissioner of state education;

(c) Incidental teaching renewal applications submitted to the commissioner of state education pursuant to section 80-5.3 of title 8 of the New York codes, rules and regulations; and

(d) Such renewal applications denied by the commissioner of state education; and

c. All information required to be reported by this section shall be aggregated citywide, as well as disaggregated by city council district, community school district and school.

d. No information that is otherwise required to be reported pursuant to this section shall be reported in a manner that would violate any applicable provision of federal, state or local law relating to the privacy of student information or that would interfere with law enforcement investigations or otherwise conflict with the interests of law enforcement. If a category contains between [0] one and [9] five students, or allows another category to be narrowed to between [0] one and [9] five students, the number shall be replaced with a symbol. A category that contains zero students shall be reported as zero, unless such reporting would violate any applicable provision of federal, state or local law relating to the privacy of student information.

§ 2. This local law takes effect immediately.

BG/MMB

LS 3180, 7006, 9065

6/18/19; 6:41 p.m.

Res. No. 238

..Title

Resolution calling upon the New York City Department of Education to ban processed meats from being served in New York City public schools.

..Body

By Council Members Cabrera, Rosenthal, Brannan, Vallone, Rivera, King, Menchaca, Maisel, Levine, Chin, Levin, Perkins, Deutsch, Cumbo, Reynoso, Cornegy, Torres, Ampry-Samuel, Koslowitz, Lander and Cohen (by request of the Brooklyn Borough President)

Whereas, The Office of School Food (SchoolFood) of the New York City Department of Education (DOE), is responsible for serving school meals within the New York City public school system, serving around 850,000 meals to students daily; and

Whereas, According to SchoolFood’s menus, New York City public schools administer numerous food menus containing processed meats, including hot dogs, ham, bacon and sausage; and

Whereas, According to Harvard’s T.H. Chan School of Public Health, processed meat, like hot dogs, ham, bacon and sausage, is meat that has been transformed through salting, curing, fermentation, smoking, or other processes to enhance flavor or improve preservation; and

Whereas, According to Harvard’s T.H. Chan School of Public Health, meat processing methods like curing, smoking or cooking can lead to the formation of potentially cancer-causing (carcinogenic) chemicals such as N-nitroso compounds (NOCs), polycyclic aromatic hydrocarbons (PHAs), heterocyclic aromatic amines (HAAs) and polycyclic aromatic hydrocarbons (PAHs), all of which can adversely affect one’s health; and

Whereas, In 2015, the World Health Organization’s (WHO) International Agency for Research on Cancer (IARC) announced that consumption of processed meat is “carcinogenic to humans,” which can lead to increased risk of colorectal cancer, pancreatic cancer, prostate cancer, coronary heart disease, stroke and type II diabetes, among other diseases; and

Whereas, In the IARC’s 2015 report, experts concluded that each 50 gram portion of processed meat eaten daily increased the risk of colorectal cancer by 18%; and

 Whereas, According to a 2017 report by the American Institute for Cancer Research, an estimated 47% of United States colorectal cancer could be prevented each year through healthy lifestyles changes, such as eating more fiber and exercising properly; and

 Whereas, According to a 2017 article in the Agricultural Research and Technology Open Access Journal, livestock production, which is responsible for adding to the supply of processed meats, is an important cause of various environmental problems such as increasing greenhouse gas (GHG) emissions, agricultural land expansion and associated deforestation, surface water eutrophication, terrestrial biodiversity loss, and nutrient imbalances; and

Whereas, In 2017, New York City public schools launched “Meatless Mondays,” a program that eliminates meat being served on Mondays within specific public schools, as well as added vegan lunch options in 1,200 New York City public schools, however a full ban on processed meats being served in public schools is necessary to ensure New York City public schools offer healthy food choices, while also helping the environment; and

 Whereas, Banning processed meats from being served throughout all New York City public schools can help ensure that students stay healthy; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York City Department of Education to ban processed meats from being served within New York City public schools

LS #4842

1/16/2018

KK

Res. No. 632

..Title

Resolution calling upon the New York City Department of Education to create a diabetes and prediabetes health based curriculum.

..Body

By Council Members Barron, Miller, Cohen, Cumbo, Chin and Louis

Whereas, Diabetes is a group of diseases that result in high blood glucose, which is too much sugar in the blood; and

Whereas, The most common forms of diabetes include Type 2 diabetes, a chronic condition that affects the way the body processes blood sugar, and Type 1 diabetes, a chronic condition in which the pancreas produces little or no insulin; and

Whereas, Prediabetes is a condition in which blood sugar is high, but not high enough to be Type 2 diabetes; and

Whereas, According to the American Diabetes Association (ADA), in 2015, 30.3 million Americans, or 9.4% of the overall population, had diabetes and 84.1 million Americans age 18 and older had prediabetes; and

Whereas, Additionally, more than 25% of Americans age 65 and older have diabetes and one in eight American adults, about 29 million, have Type 2 diabetes; and

Whereas, According to the New York City Department of Health and Mental Hygiene (DOHMH), an estimated 987,000 City residents have diabetes, and 19% among them don’t know they have it; and

Whereas, DOHMH also estimates that 40% of elementary school children in New York City are overweight, which puts them at risk for diabetes; and

Whereas, People with diabetes are two to four times more likely to develop cardiovascular disease than those without diabetes; and

Whereas, Diabetes also increases the risk of other serious conditions, including nerve damage, known as neuropathy, as well as damage to kidneys, eyes, bones and feet, skin conditions, hearing impairment, Alzheimer's disease and depression; and

Whereas, Further, diabetes remains the 7th leading cause of death in the United States, although the figure may be even higher as diabetes may be underreported as an underlying cause of death, according to the ADA; and

Whereas, In addition, the ADA estimates that people with diabetes spend 2.3 times more on medical expenses than people without the disease; and

Whereas, However, in many cases, prediabetes and diabetes are preventable or reversible; and

Whereas, Preventive education can help reduce the risks for youth; and

Whereas, Under New York State Law and the Regulations of the Commissioner of Education, all schools under the jurisdiction of the State Education Department must provide a program of health and physical education including health and safety education; and

Whereas, However, neither the New York State Education Department (NYSED) nor the New York City Department of Education (DOE) currently explicitly requires instruction in diabetes or prediabetes or their prevention as part of the health education curriculum; and

Whereas, The DOE recommended health curricula, called HealthSmart, does contain lessons on preventing serious health problems that result from common chronic diseases such as diabetes; and

Whereas, However, these lessons do not begin until 5th grade and occur only in a few grades thereafter and it is unclear whether such lessons fully address diabetes or prediabetes; and

Whereas, Further, the DOE recommends, but does not require, all schools to use the HealthSmart curricula, instead requiring schools that choose not to use the curricula to select a curricula meeting NYSED health education requirements; and

Whereas, Protecting our children and youth from the damaging effects of diabetes and prediabetes is too important to leave up to chance; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York City Department of Education to create a diabetes and prediabetes health based curriculum.

LS# 4396

JA

11/20/18

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Proposed Res. No. 716-A

Resolution calling upon the New York City Department of Education to adopt all of the policy recommendations of the Mayor’s Sexual Health Education Task Force and provide comprehensive sexual health education on a regular basis, across all grade levels.

By Council Members Levin, Treyger, Cumbo, Levine, Rivera, Ampry-Samuel, Chin, Ayala, Salamanca, Rosenthal, Koslowitz, Lander, Cohen, Dromm, Powers, Kallos and Louis

                     Whereas, In 2011, the New York City Department of Education (“DOE”) made sexual health education a mandatory component of the comprehensive health education courses required in middle and high schools; and

Whereas, Nonetheless, data reveals troubling statistics regarding young people’s access to sexual health education, including a 2017 report released by New York City Comptroller Scott Stringer that showed only 43 percent of eighth graders had completed the one credit, or 54 hours, of health education required by New York State law; and

Whereas, According to the Centers for Disease Control and Prevention, from 2012 to 2016, primary and secondary syphilis cases in New York City increased 31.9 percent among 15- to 19-year-olds and 55.7 percent among 20- to 24-year-olds; and

Whereas, In 2016, nearly 39 percent (882 of 2,279) of new HIV diagnoses in New York City were among 13- to 29-year-olds; and

Whereas, Data from the New York City Department of Health and Mental Health (“DOHMH”) shows that in 2015, eight in 10 pregnancies among 15- to 19-year-olds were unintended; and

Whereas, Recognizing these significant statistics, the New York City Council (“the Council”) passed Local Law 90 of 2017 (“Local Law 90”), sponsored by Council Member Laurie Cumbo, to ensure students get a comprehensive sexual health education that includes medically-accurate and age-appropriate lessons on sexual health; and

Whereas, Local Law 90 created a Sexual Heath Education Task Force (“the Task Force”), responsible for reviewing information about the current recommended sexual health education curricula and the implementation of sexual health education in New York City public schools, as well as issuing a report with findings and recommendations for the improvement and expansion of the curricula and implementation in grades kindergarten through twelve; and

Whereas, The Task Force was comprised of 28 members, including students, educators, parents, a principal, a school psychologist, sexual health education experts, LGBTQ health experts, representatives from DOE, representatives from DOHMH, and representatives from the Council; and

Whereas, The Task Force met over the course of six months, and published its findings and recommendations in July 2018; and

Whereas, The Task Force identified four broad strategies to bolster sexual health education in New York City, which included prioritizing a culture of sexual wellness and inclusivity in all schools; ensuring all students are served by well-equipped and supported health education instructors; improving the content, substance, and methods of sexual health education; and strengthening accountability and reporting; and

Whereas, The Task Force also developed 11 nonbinding recommendations to strengthen student, school, family, and community participation in implementing meaningful, culturally responsive, inclusive, and sustainable sexual health education; and

Whereas, The Task Force recommendations include expanding instruction so that sexual health education lessons covering healthy relationships, sexuality, consent, and bodily autonomy are taught at least once to students in kindergarten through second grade and at least once again in grades three through five; and

Whereas, The recommendations also include avoiding the use of, and actively dismantling, cisnormative, heteronormative, and ethnocentric frameworks; and

Whereas, The recommendations also call for health lessons in all city schools to be delivered by teachers who have received high-quality training in sexual health education, and the Task Force urges DOE to explore adding a required certification for all teachers on inclusivity and consent; and

Whereas, The Task Force report framed sexual health education as an essential element to developing and maintaining healthy relationships throughout life; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York City Department of Education to adopt all of the policy recommendations of the Mayor’s Sexual Health Education Task Force and provide comprehensive sexual health education on a regular basis, across all grade levels.

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1. Hearing held on January 16, 2019. [↑](#footnote-ref-1)
2. American Cancer Society, American Diabetes Association, and American Heart Association’ “Health Education in Schools – The Importance of Establishing Healthy Behaviors in our Nation’s Youth,” accessed 1/7/19 at [http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\_308679.pdf](http://www.heart.org/idc/groups/heart-public/%40wcm/%40adv/documents/downloadable/ucm_308679.pdf). [↑](#footnote-ref-2)
3. *Id*. [↑](#footnote-ref-3)
4. *Id*. [↑](#footnote-ref-4)
5. U.S. Department of Agriculture (USDA) Food and Nutrition Service website, “Team Nutrition: Local School Wellness Policy” accessed 1/7/19 at <https://www.fns.usda.gov/tn/local-school-wellness-policy>. [↑](#footnote-ref-5)
6. *Id.* [↑](#footnote-ref-6)
7. *Id.* [↑](#footnote-ref-7)
8. *Id.* [↑](#footnote-ref-8)
9. U.S. Centers for Disease Control and Prevention (CDC) website, “Health & Academics” accessed 1/7/19 at <https://www.cdc.gov/healthyyouth/health_and_academics/index.htm>. [↑](#footnote-ref-9)
10. CDC website, “Whole School, Whole Community, Whole Child (WSCC)” accessed 1/7/19 at <https://www.cdc.gov/healthyschools/wscc/index.htm>. [↑](#footnote-ref-10)
11. DOE, “Department of Education Wellness Policy,” accessed 1/7/19 at <https://infohub.nyced.org/reports-and-policies/policies/doe-wellness-policy>. [↑](#footnote-ref-11)
12. CDC website, “National Health Education Standards” accessed 1/7/19 at <https://www.cdc.gov/healthyschools/sher/standards/index.htm>. [↑](#footnote-ref-12)
13. *Id.* [↑](#footnote-ref-13)
14. DOE, “Health Education Requirements,” accessed 1/7/19 at <https://www.schools.nyc.gov/school-life/learning/subjects/health-education/health-education-requirements>. [↑](#footnote-ref-14)
15. SEL §804.1 & 2. [↑](#footnote-ref-15)
16. *Id.* §804.5. [↑](#footnote-ref-16)
17. *Id.* §804.6(a). [↑](#footnote-ref-17)
18. *Id.* §804.6(b). [↑](#footnote-ref-18)
19. SEL §804-B [↑](#footnote-ref-19)
20. 8 NYCRR §135.3 (b)(1). [↑](#footnote-ref-20)
21. 8 NYCRR §135.3 (b)(2). [↑](#footnote-ref-21)
22. 8 NYCRR §135.3 (c)(1). [↑](#footnote-ref-22)
23. 8 NYCRR §135.3 (c)(2). [↑](#footnote-ref-23)
24. NYSED, *Learning Standards for Health, Physical Education, and Family and Consumer Science at Three Levels*, accessed 1/7/19 at <http://www.nysed.gov/common/nysed/files/programs/curriculum-instruction/healthpefacslearningstandards.pdf>. [↑](#footnote-ref-24)
25. *Id.* [↑](#footnote-ref-25)
26. DOE, “Department of Education Wellness Policy,” accessed 1/7/19 at <https://infohub.nyced.org/reports-and-policies/policies/doe-wellness-policy>. [↑](#footnote-ref-26)
27. *Id.* [↑](#footnote-ref-27)
28. *Id.* [↑](#footnote-ref-28)
29. *Id*. [↑](#footnote-ref-29)
30. *Id*. [↑](#footnote-ref-30)
31. *Id*. [↑](#footnote-ref-31)
32. DOE website, “Health Education Requirements,” accessed 1/7/19 at <https://www.schools.nyc.gov/school-life/learning/subjects/health-education/health-education-requirements>. [↑](#footnote-ref-32)
33. Fernanda Santos and Anna M. Phillips, “New York City will Mandate Sex Education,” *The New York Times,* August 9, 2011, accessed 1/11/19 at https://www.nytimes.com/2011/08/10/nyregion/in-new-york-city-a-new-mandate-on-sex-education.html [↑](#footnote-ref-33)
34. DOE website, “Health Education Requirements,” accessed 1/7/19 at <https://www.schools.nyc.gov/school-life/learning/subjects/health-education/health-education-requirements>. [↑](#footnote-ref-34)
35. DOE, “Department of Education Wellness Policy,” accessed 1/7/19 at <https://infohub.nyced.org/reports-and-policies/policies/doe-wellness-policy> [↑](#footnote-ref-35)
36. *Id*. [↑](#footnote-ref-36)
37. DOE website, “Health Education Requirements,” accessed 1/7/19 at <https://www.schools.nyc.gov/school-life/learning/subjects/health-education/health-education-requirements>. [↑](#footnote-ref-37)
38. *Id*. [↑](#footnote-ref-38)
39. DOE, “Department of Education Wellness Policy,” accessed 1/7/19 at <https://infohub.nyced.org/reports-and-policies/policies/doe-wellness-policy>. [↑](#footnote-ref-39)
40. *Id. See also* <http://www.futureofsexed.org/nationalstandards.html>, accessed 1/11/19. The National Sexuality Education Standards (the “NSE Standards”) are a set of guidelines developed in 2007 by a partnership of national sexual education advocates, and have been used in school districts in 32 states, including New York. [↑](#footnote-ref-40)
41. HealthSmart is a comprehensive K-12 health education program developed by Education, Training and Research (ETR). More information is available here: <http://www.etr.org/healthsmart/> [↑](#footnote-ref-41)
42. Reducing the Risk is a 16 class curriculum created by the ETR, currently in its 5th edition. More information available here: <https://www.etr.org/store/product/reducing-the-risk-basic-set/>. [↑](#footnote-ref-42)
43. See Committee Report of the New York City Council Committees on Education, Health and Women’s Issues, “Sex Education in New York City Schools,” October 27, 2015, available at <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=2482683&GUID=67F77C4E-7208-4EFB-819A-732104264723&Options=Advanced&Search>=. [↑](#footnote-ref-43)
44. DOE, “Department of Education Wellness Policy,” accessed 1/7/19 at <https://infohub.nyced.org/reports-and-policies/policies/doe-wellness-policy>. [↑](#footnote-ref-44)
45. Office of the Comptroller, “Healthy Relationships: A Plan for Improving Health and Sexual Education in New York City Schools,” September 14, 2017, accessed at <https://comptroller.nyc.gov/reports/healthy-relationships-a-plan-for-improving-health-and-sexual-education-in-new-york-city-schools/> at p. 5. [↑](#footnote-ref-45)
46. *Id.* [↑](#footnote-ref-46)
47. In 2016, there were 10,525 reported incidences of chlamydia among New York females aged 15-19 years old, representing an increase from the previous year. During this same period, nearly 40 percent of new HIV cases in New York City were among individuals aged 13-29 years old, with the majority of cases being gay and bisexual men. According to a Department of Health and Mental Hygiene report, in 2015 there were more than 9,000 pregnancies among youth aged 15-19 and nearly eight out of 10 were unintended pregnancies. In addition to challenges that come with sexual intercourse, New York City youth report some of the highest rates of intimate partner violence in the country. According to a 2016 CDC report, 12 percent of New York City students reported experiencing physical violence in the year before they were surveyed. [↑](#footnote-ref-47)
48. Office of the Comptroller, “Healthy Relationships: A Plan for Improving Health and Sexual Education in New York City Schools,” September 14, 2017, accessed at <https://comptroller.nyc.gov/reports/healthy-relationships-a-plan-for-improving-health-and-sexual-education-in-new-york-city-schools/> at p. 5. [↑](#footnote-ref-48)
49. *Id.* [↑](#footnote-ref-49)
50. Sexual Health Education Task Force, “Sexual Health Education in New York City,” July 17, 2018, accessed at <https://www1.nyc.gov/assets/genderequity/downloads/pdf/Sex-Ed-Task-Force-Report-2018.pdf> at p 1. [↑](#footnote-ref-50)
51. *Id* at pp. 13-23. [↑](#footnote-ref-51)
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53. *Id.* p. 9. [↑](#footnote-ref-53)
54. NYC Department of Health, “2017 Youth Risk Behavior Survey Results,” accessed at <https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/trend-report-yrbs-2017.pdf>. [↑](#footnote-ref-54)
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57. 8 NYCRR §135.1 (j). [↑](#footnote-ref-57)
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59. *Id.* at 8. [↑](#footnote-ref-59)
60. *Id.* [↑](#footnote-ref-60)
61. *Id.* [↑](#footnote-ref-61)