

**Testimony to the DC State Board of Education
On the Proposed Graduation Requirements**

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Good evening members of the State Board of Education. I am Nadia Gold-Moritz, Executive Director of the Young Women's Project (YWP), a multicultural organization that builds the leadership and power of young women so that they can shape DC policies and institutions to expand rights and opportunities for DC youth. Since 1994, YWP has been implementing after school and classroom based programming on leadership, civic engagement, and health education, and has sponsored programs in most DCPS high schools. Currently, we have 30 youth staff – who lead trainings, conduct research, and advocate for needs-based youth policies, and 100 members representing six traditional DC public schools and a couple of charters. We also represent youth in the DC foster care system.

I testified at the meeting on December 13, 2012, and am here again today to support the proposed increase in Physical and Health Education graduation requirements. We are grateful to the Board and to OSSE for increasing this requirement and share your position that health education deserves a larger credit allotment. **However, I have two recommendations about this proposed increase.**

- **First and foremost, I strongly urge the Board to allot one full credit to Health Education. We suggest moving the .5 credit from the 3.5 elective credits.**
- **Second, I urge you to devote half of the Health Education credit to Human Sexuality and Reproduction as currently defined by 5-E DCMR 2305 and the Health Education Standards**

There are many reasons for this recommendation.

First, and most significantly, we have a health care crisis among our young people. It should be the intention of any graduation requirement – but especially health – to be able to be responsive to needs and problems of our students. At this time, with an increasing number of youth being sexually active and disproportionately high rates of teen pregnancy, STIs, and HIV, it is essential that we use all the tools at our disposal as a school system to confront this crisis. Health education and comprehensive sexual education are powerful tools. Evaluations of comprehensive sex education programs show that these programs can help youth delay onset of sexual activity,

reduce the frequency of sexual activity, reduce number of sexual partners, and increase condom and contraceptive use. (Kirby D. "Sex and HIV Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40 (2007): 206-217.)

Although teen pregnancy rates have been decreasing for the last several years, the rate in DC is still among the highest in the country at 59.1 per 1,000 young women ages 15-19. Recent data from the Department of Health indicates that rates of gonorrhea and Chlamydia in some high schools are as high as 11 percent. Further, Washington, DC continues to have the highest rate of HIV in the country, with prevalence of three percent and estimates of up to five percent. Young people account for about one-third of the estimated 50,000 new national HIV infections each year, the largest share of any age group (CDC, HIV Surveillance report 2009). In 2011, 55 percent of DC high school youth reported being sexually active (CDC Youth Risk Behavioral Survey). Harassment, bullying, and relationship violence are also pressing problems and have a significant impact on a student's emotional and physical well-being and academic success. Ten percent of teens report being physically harmed by their boyfriend or girlfriend in a given year (CDC, Youth Risk Behavioral Surveillance, 2009). According to the 2009 national school climate survey, nine out of 10 lesbian, gay, bisexual, or transgender students reported being harassed and 60 percent feel unsafe (Kosciw, JG e al. The 2009 National School Climate Survey. GLSEN, 2010). All of these issues are included in the Health Standards and would be addressed by comprehensive health curricula.

There is a significant level of state precedent for a one credit health education requirement: Eleven states, including Indiana, New Mexico, Maine and others offer at least one credit of health education and the overwhelming majority of states require at least .5 credits of health education. Only 16 states require any kind of physical education credit and three states require an art credit.

There are strong national recommendations for 2 or more credits of health education. The 2007 National Health Education Standards recommends that students in grades 3 through 12 receive 80 hours of instruction in health education per academic year (2.6 credits over 4 years). Our own Healthy Schools Act requires students in grades K-8 to receive an average of at least 75 minutes of health education per week by the 2014-2015 school year along with the 225 minutes per week of physical activity that was included by the Board in the proposed graduation requirements.

Although YWP's main concern is **youth health and increasing the health education requirement**, as an organization that represents the views of DC youth and works closely with more than 100 youth each year to work through educational challenges and advance their educational goals, we do have some overall recommendations about the current proposed graduation requirements (as of December 19, 2012). We fully support the intention and vision of these requirements. The proposal sets high expectations for our youth, believing in their capacity to achieve, thrive, and create a foundation that values hands on learning and doing. As an afterschool program provider, we strongly support the emphasis on flexibility and recognizing after school activities so students can receive credit for time they spend outside of the classroom. We are especially appreciative and supportive of the much needed focus on physical fitness and education and the opportunity for advancement through thesis work and additional credits. We believe that these requirements will be a welcomed challenge for many of our students.

However, we are concerned that the ambition and rigor of the requirements will disproportionately negatively impact students who are already struggling to meet basic graduation requirements and at risk of dropping out. These young people include expectant or parenting students, students part of the foster care and youth rehabilitation systems, and students with extensive family or work responsibilities. Many of these students do not have the advantage of using out-of-school time to participate in activities and often move around from school to school. We fear that schools with students who are facing tremendous academic obstacles due to external forces (lack of means and support, family responsibilities, etc.) will be further penalized if and when they are unable to meet these new requirements. Many of the youth we work with face these burdens.

Without a strong infrastructure with ample support from counselors and teachers, clear guidelines for assessing and crediting after school programs and work, and additional support for students with special needs, we are concerned that the new graduation requirements will create additional obstacles for students and contribute to a decrease in graduation rates. In schools with low graduation rates, there is a struggle with basic attendance and many students face difficulties physically arriving to school. These schools also struggle with students who do not arrive with the clear minds necessary for proper learning and material absorption.

Thank you for hearing my testimony. We are happy to serve as a resource to the Board in any way we can.