

District of Columbia Chapter

American Academy  
of Pediatrics



**District of Columbia State Board of Education  
Proposed High School Graduation Requirements**

**Wednesday, January 23, 2013, 5:30 p.m.  
441 4<sup>th</sup> Street, NW**

**Testimony of  
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Executive Director  
American Academy of Pediatrics, District of Columbia Chapter**

Good evening. My name is Nancy Schoenfeld, and I serve as Executive Director of the District of Columbia Chapter of the American Academy of Pediatrics (DC AAP).

The District of Columbia Chapter of the American Academy of Pediatrics is the recognized Washington, D.C. affiliate of the national organization of 60,000 pediatricians committed to the attainment of optimal health and well-being for all children. The D.C. chapter has over 400 members, including pediatricians, residents and medical students from Children's National Medical Center, MedStar Georgetown University Hospital, George Washington University Hospital, Howard University Hospital, Unity Health Care and all of the D.C. School Based Health Clinics. DC AAP has an active Adolescent Health Committee whose members see teenagers every day in their practices.

As some of our members will testify this evening, our pediatricians see first-hand the lack of adequate knowledge amongst these teenagers regarding their bodies and a variety of health issues, including sexuality and reproduction, nutrition and disease prevention. And, unfortunately, too often they see the unfortunate consequences of this lack of knowledge.

According to the results of the Centers for Disease Control and Prevention, 2011 Youth Risk Behavior Surveys, District of Columbia high school students are at greater risk than their peers nationally, based on a host of unhealthy and dangerous behaviors, including those related to nutrition, lack of physical activity, sexual behavior and gun violence.

D.C. students are more likely to engage in sexual intercourse for the first time before age 13; to have had four or more sexual partners; and to fail to use birth control. D.C. students have significantly higher rates of sedentary behavior. They report not eating any fruits or vegetables at significantly higher percentages than their peers nationally. D.C. students are more likely to carry a gun, attempt suicide, and engage in physical fighting. Further, the rates of asthma and obesity amongst D.C. high school

students are higher than their peers nationally. Clearly, there is work to be done to better educate our high school students regarding their health and well-being.

The CDC recommends increasing health education in the District of Columbia to prevent unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

According to national experts, the Best Practice standard for health education requirements is between 2 and 2.5 Carnegie Units. As such, DC AAP believes the current recommendation to require D.C. high school students to complete only 0.5 Carnegie Units is insufficient. DC AAP urges the D.C. State Board of Education to raise the health education requirement in D.C. from 0.5 Carnegie Units to the national standard of 2.0 Carnegie Units over a 4-year period, but at a minimum, no less than 1.0 Carnegie Unit over a 4-year period.

The National Health Education Standards, whose most recent content standards were released in 2007, recommend that students in grades 3 through 12 receive 80 hours of instruction in Health Education per academic year, which translates to 2.6 Carnegie Units over 4 years.

The Committee on Comprehensive School Health Programs in Grades K-12 (CCSHP) reports that 0.5 units *per year* produce a significant increase in knowledge and attitudes about health, with some behavior change. Further, the CCSHP reports that 45 to 50 hours *per year* are necessary to affect attitudes and practices, with maximal learning and behavior changes occurring after 60 hours of instruction in a year (equivalent to 0.5 Carnegie Units *per year*). Follow-up exposure to health topics in subsequent years is necessary for sustained effects.

Our children in the District of Columbia are not as healthy as they should be. They are suffering from higher rates of preventable illnesses and are engaging in riskier behavior than their peers nationally. We can and we must do a better job of educating them about their health.

The DC AAP believes the current recommendation of 0.5 Carnegie Units is unacceptably low. The health education requirements in D.C. should be in line with National Best Practices. We recommend that the DC State Board of Education raise the graduation requirement to 2 Carnegie units and implore the Board to ensure that the requirement is absolutely no lower than 1 Carnegie unit.

We appreciate the opportunity to comment on this issue. Thank you.