



District of Columbia
Office of the State Superintendent of Education

DATA TO ACTION:

ADDRESSING YOUTH RISK BEHAVIOR THROUGH HEALTH EDUCATION

osse.dc.gov

 facebook.com/ossedc

 [@OSSEDC](https://twitter.com/OSSEDC)

 (202) 727-6436

 **GOVERNMENT OF THE
DISTRICT OF COLUMBIA**
MURIEL BOWSER, MAYOR

DATA TO ACTION: ADDRESSING YOUTH RISK BEHAVIOR THROUGH HEALTH EDUCATION

Addressing the needs of the whole student is essential for effective learning and remains an important function of local education agencies (LEAs) and schools, now more than ever. This guide elevates trends in students' self-reported risk behaviors and assessment-based academic performance to [DC Health Education Standards](#) and provides educators with planning and implementation resources to support the integration of critical health and safety concepts into in-person and remote learning plans. This guide is one of many resources to support LEAs and schools with implementing the [Guiding Principles for Continuous Education](#) and encourages the alignment and integration of instructional practices that support the Whole School, Whole Community, and Whole Child (WSCC) model.

Relevant Data Trends

This health education guide is informed by notable trends pulled from two important DC data sources: the [DC Youth Risk Behavior Survey \(YRBS\)](#) and the [Health and Physical Education Assessment \(HPEA\)](#). The Office of the State Superintendent of Education (OSSE) has conducted the YRBS biennially since 2007 using a census approach to capture the self-reported risk behaviors of students at all DC public and public charter middle and high schools. This uninterrupted long-term middle and high school data collection approach to the YRBS data collection provides highly telling and representative data to describe behavior trends among both the broader student population and specific demographic groups over a long period of time. The HPEA is administered annually* in all public and public charter schools to students in grades 5, 8, and high school (only high school students enrolled in a health class complete the HPEA). The assessment tests students on their health and physical education knowledge as it pertains to OSSE's Health Education Standards and Physical Education Standards.

How to Use this Guide

This guide identifies key curricula, resources, and training to support schools with delivering instruction on critical health education topics through a variety of settings to include synchronous and asynchronous classroom instruction, guidance lessons, and health promotion activities. OSSE makes no representation as to the quality of the programs listed; nor does OSSE guarantee any particular outcome from these programs.

* Prior to the 2014-15 school year, District of Columbia students were evaluated for baseline proficiency in health and physical education content knowledge on the District of Columbia Comprehensive Assessment System (DC CAS). The Health and Physical Education Assessment (HPEA) was put on hold for the 2014-15 school year to accommodate the transition to PARCC and was annually administered beginning in the 2015-16 school year. The HPEA was canceled for the 2019-20 school year due to the COVID-19 outbreak which led to school closure.

NUTRITION AND PHYSICAL ACTIVITY

- Trends in health knowledge:** The DC average HPEA score in the Nutrition domain has increased steadily at all grade levels since the 2015-16 school year. However, there is room for improvement in the nutrition domain across all age groups, most notably elementary students. Across all seven test domains, the Nutrition domain presents the lowest grade 5 test score each year
- Trends in youth risk behavior:** To close the achievement gap and ensure students are prepared for success, schools and communities must be supportive of students' food security and physical health. In DC, students who have gone hungry were more likely to have lower grades in school. On the other hand, students who received mostly A's reported higher rates of physical activity and lower rates of sedentary behaviors.

Priority Health Education Standards	Implementation Resources
<p>K-2 students should be able to:</p> <ul style="list-style-type: none"> Explain why healthy bodies require rest, exercise, and good nutrition. (K-2.5.1.1) Practice how to ask for healthy food choices. (K-2.5.8.15) <p>3-5 students should be able to:</p> <ul style="list-style-type: none"> Describe the relationship between physical activity and the need for food and water. (3-5.5.1.1) Encourage and promote healthy eating opportunities at home, in school, and the community. (3-5.5.8.13) <p>6-8 students should be able to:</p> <ul style="list-style-type: none"> Differentiate amongst portion size, serving size, and recommended amounts of each food group using the USDA food guidance (e.g., MyPlate) system for different age groups. (6-8.5.1.1) Develop a decision-making process to select nutritious foods and beverages. (6-8.5.6.15) <p>9-12 students should be able to:</p> <ul style="list-style-type: none"> Analyze the physiological process involved in digestion, absorption, and metabolism of nutrients. (9-12.5.1.1) Evaluate and propose opportunities to increase access to nutrient-dense food. (9-12.5.5.12) 	<p>Curriculum/Lesson Planning: CATCH Distance Learning Lessons CATCH Global Foundation provides lessons and resources for remote nutrition and health education, and physical activity instruction for grades pre-K-8.</p> <p>Curriculum/Lesson Planning: DC Healthy Schools Booklist This list contains annotations for over 400 books about food and nutrition, food cultures and customs, gardens and farms, physical education and activity, the environment, and healthy habits for children in grades K-5.</p> <p>Curriculum/Lesson Planning: Fitbound (Inclusive Exercise) This resource contains inclusive exercise videos for all ages representing students with and without disabilities, on screen.</p> <p>Resource: Open Physical Education Network This resource provides equitable access to outcomes-based curriculum tools and professional development for all teachers.</p> <p>Resource: Playworks Play at Home Guide This resource contains free video tutorials of games that follow CDC guidelines that can be played at home with little to no equipment.</p>

SAFETY

- **Trends in health knowledge:** Scores for the Safety Skills domain have increased by an average of 5 percent overall since 2016, with the most noticeable increases again occurring at the high school level and a steady continued trend for grade 5.
- **Trends in youth risk behavior:** Since 2007, overall trends in violent behaviors have decreased in DC, but some groups are experiencing violence at much higher rates. At the high school level, black students reported missing school because they felt unsafe at double the rate of their white peers, and Hispanic/Latinx students at more than three times the rate of white students. Academic achievement was also associated with lower rates of violence. Students who received mostly A's reported being in a fight much less than their peers who received mostly F's. These data show the continued need for inclusive policies and programs that support safe schools and communities for all students.

Priority Health Education Standards	Implementation Resources
<p>K-2 students should be able to:</p> <ul style="list-style-type: none"> ● Recognize bullying, teasing, and aggressive behaviors as hurtful and potentially harmful. (K-2.2.1.3) ● Make appropriate decisions about safe behaviors around strangers (e.g., getting in cars or taking treats from strangers). (K-2.2.5.14) <p>3-5 students should be able to:</p> <ul style="list-style-type: none"> ● Distinguish between positive and negative influences on community safety (e.g., civic groups and faith-based organizations versus gangs and crews). (3-5.2.1.4) ● Describe the characteristics of positive relationships (e.g., support and encouragement) and negative relationships (e.g., neglect and emotional/physical/verbal abuse). (3-5.2.7.14) <p>6-8 students should be able to:</p> <ul style="list-style-type: none"> ● Contrast the characteristics of harmful or abusive relationships, including intimate partner violence, to those of healthy relationships. (6-8.2.1.5) ● Demonstrate the ability to use mediation and negotiation skills to resolve conflict. (6-8.2.5.15) 	<p>Curriculum/Lesson Planning: Harmony SEL This free curriculum offers lessons for students in pre-K through grade 6 on healthy relationships, empathy, communication, and diversity and inclusion.</p> <p>Curriculum/Lesson Planning: Healthy Relationships Activity Guides These activity guides from Break the Cycle include short activities with discussion questions and facilitator tips to help adults start conversations about healthy relationships and dating abuse with middle and high school students.</p> <p>Training: Bullying Prevention and Intervention in DC This toolkit is a comprehensive package of guides, presentation slides, scenarios, and self-assessments for schools to train their staff on how to prevent and respond to incidents of bullying.</p> <p>Training: SSOAA Adult Resource Guide This guide provides a list of adult training programs with descriptions that meet SSOAA staff training requirements.</p>

Priority Health Education Standards	Implementation Resources
<p>9-12 students should be able to:</p> <ul style="list-style-type: none"> Analyze the impact of violence (e.g., gun violence, domestic violence, and intimate partner violence) have on individuals, families, and communities. (9-12.2.1.3) Demonstrate healthy ways to manage or resolve conflict to avoid or reduce injury. (9-12.2.7.20) 	

DISEASE PREVENTION AND SEXUAL HEALTH

- Trends in health knowledge:** The citywide average HPEA score in the Disease Prevention domain has decreased since the rollout of this assessment in the 2015-16 school year, a decrease which is most notable in grade 5.
- Trends in youth risk behavior:** In DC, we see several positive trends in sexual behaviors among youth, including lower rates of students reporting ever having sexual intercourse and those reporting multiple sexual partners. However, we also see continued reason for concern. One in twelve middle school males reports having had sex by age 11. And while better than the national average, DC youth report declining rates of condom usage. Supporting students' sexual health will sustain these positive trends, help to turn the curve on negative trends, and assist youth with making choices that benefit their sexual and overall health and wellbeing.

Priority Health Education Standards	Implementation Resources
<p>K-2 students will be able to:</p> <ul style="list-style-type: none"> Identify behaviors that promote health and prevent illness (e.g., proper hygiene, proper nutrition, adequate sleep, vaccinations, and exercise). (K-2.4.1.2) Identify ways that schools, family, and friends can influence positive health practices. (K-2.4.2.5) 	<p>Curriculum/Lesson Planning: Rights, Respect, Responsibility Curriculum</p> <p>A K-12 sexuality education curriculum developed by Advocates for Youth that fully meets the National Sexuality Education Standards. The curriculum seeks to address both the functional knowledge related to sexuality and the specific skills necessary to adopt healthy behaviors. Available free online, hard copies require purchase.</p>

Priority Health Education Standards	Implementation Resources
<p>3-5 students will be able to:</p> <ul style="list-style-type: none"> Describe non-communicable and communicable diseases (including modes of transmission, e.g., air, water, touch, and body fluids), differentiate between the two, and list examples of each. (3-5.4.1.1) Describe the influence of culture, family, friends, technology, and media influences on health practices. (3-5.4.2.5) <p>6-8 students will be able to:</p> <ul style="list-style-type: none"> Examine the social, cultural, religious, and legal factors that influence the option/choice to use contraception and the choice to remain abstinent. (6-8.3.2.11) Analyze behaviors that place one at risk for HIV/AIDS, STIs, or unintended pregnancy. (6-8.3.7.25) <p>9-12 students should be able to:</p> <ul style="list-style-type: none"> Analyze factors, including alcohol and other substances that can affect the ability to give or perceive the provision of consent to sexual activity. (9-12.3.1.6) Recognize behaviors that increase sexual health risks (e.g., multiple partners, unprotected sex, alcohol/substance use) and develop strategies on how to reduce risk. (9-12.3.7.25) 	<p>Curriculum/Lesson Planning: Sexual Health Curriculum Guidance This guidance document supports schools with selecting identifying sexual health curricula options aligned to OSSE’s Health Education Standards.</p> <p>Curriculum/Lesson Planning: The Vaccine Makers Project The Vaccine Makers Project has developed a variety of school-based curricula about the function of the immune system, diseases and their causes, and vaccines and the science behind them.</p> <p>Partner Program Delivery: Children’s National Hospital Children’s National Hospital offers free online interactive sessions covering evidence-based HIV and STI information and prevention strategies. For assistance coordinating a session, please email Tierra Williams at TVeney@childrensnational.org</p> <p>Partner Program Delivery: The Grassroots Project The Grassroots Project provides free digital health education curriculum and partners with schools to provide eight-week health education programs. For access to these lessons, please email Jane Wallis at Jane@grassrootproject.org</p> <p>Partner Program Delivery: Planned Parenthood of Metropolitan Washington PPMW provides sexual health education programs using a variety of interactive and culturally informed techniques to engage all ages in both English and Spanish.</p> <p>Resource: Centers for Disease Control and Prevention The CDC has a variety of videos, fact-sheets, and flyers about vaccines and the diseases they prevent for children.</p>

Priority Health Education Standards	Implementation Resources
	<p>Resource: DC Health Sex Is...DC Sex Is... is a DC Health campaign that encourages open, honest, and judgment-free conversations about sex and sexual health among youth and between youth and trusted adults. The Sex Is... website includes educational content on a variety of sexual health topics, discussion guides, information on DC’s condom availability policy and Wrap MC program, and an online search tool for locating health providers.</p> <p>Resource: Sex Is...Discussion Guide Trusted Adult Edition This discussion guide developed by DC Health supports trusted adults approach conversations with students in all grades in an open, honest, and sex-positive manner.</p>

MENTAL AND EMOTIONAL HEALTH

- **Trends in health knowledge:** The DC average HPEA score in the mental and emotional health domain has remained steady since the 2015-16 school year rollout of the assessment, most notably unchanged at the grade 5 level. In all grade levels, Mental and Emotional Health domain scores are higher than any other test domain scores.
- **Trends in youth risk behavior:** In DC, youth are contemplating and attempting suicide at alarming rates, with the rates for certain groups, including middle school females and students who identify as LGB or transgender, even more troubling. Amidst concerning findings, our data also demonstrate protective factors, including the presence of a relationship with a school-based trusted adult. OSSE is committed to working with schools and mental and behavioral health partners to develop safe and supportive school environments to identify and respond to these needs.

Priority Health Education Standards	Implementation Resources
<p>K-2 students will be able to:</p> <ul style="list-style-type: none"> ● Identify basic emotions and positive and negative ways of dealing with emotions in a variety of situations. (K-2.1.1.1) ● Identify positive and negative influences on mental and emotional health practices and behaviors. (K-2.1.2.5) <p>3-5 students will be able to:</p> <ul style="list-style-type: none"> ● Define stress (both good and bad); explain steps to manage stress; and ways to deal with stressful situations. (3-5.1.1.2) ● Identify trusted persons at home school, and in the community who can help with mental and emotional health concerns. (3-5.1.3.9) <p>6-8 students will be able to:</p> <ul style="list-style-type: none"> ● Define stress, anxiety, and depression. Identify the signs, symptoms and potential effects of each on the individual (e.g., suicidal thoughts, self-harm, and overeating). (6-8.1.1.2) ● Describe how sharing or posting information electronically about self or others on social media sites (e.g., texting, phone, email, and group-chats) can negatively impact mental and emotional health. (6-8.1.4.13) 	<p>Curriculum/Lesson Planning: Mental Wellness Basics Course This free digital curriculum introduces middle and high school students to mental health education lessons focused on supporting students with early identification of mental health concerns, reducing stigma and increasing empathy, and fostering a mental health mindset. Public and public charter schools in DC interested in offering this course can follow the directions on this page to preview and gain access to the course.</p> <p>Curriculum/Lesson Planning: Pure Power Curriculum This free digital curriculum offers elementary, middle, and high school student lessons, break breaks, and other activities to promote self-regulation, stress reduction, and mindful movement.</p> <p>Training: Support DC Youth Portal (required biennial training) All DC teachers and administrators have access to free, online modules that address student at-risk behavior, including best practices for initiating conversations with students about their mental health.</p>

Priority Health Education Standards	Implementation Resources
<p>9-12 students will be able to:</p> <ul style="list-style-type: none"> Describe the impact that culture and community can have on mental health conditions (e.g., stigma, peer pressure, and denial). (9-12.1.1.3) Describe suicide prevention strategies. (9-12.1.5.12) 	<p>Training: Webinar-Telemental Health 101 in Schools Recorded webinar and supplemental materials to support school-based behavioral health providers with telemental health provision.</p>

ALCOHOL, TOBACCO, AND OTHER DRUGS

- Trends in health knowledge:** HPEA scores in the Alcohol, Tobacco and Other Drugs domain have increased slightly in grades 8 and high school since the 2015-16 school year but have remained relatively steady in grade 5.
- Trends in youth risk behavior:** In DC, alcohol and drug use is down overall, but students who identify as LGB remain over-represented in the number of students who report substance use. Similarly, there are major differences in the rates of use of electronic vapor products across race and sexual orientation. Understanding patterns associated with substance use is critical to inform programming to meet the needs of the groups that are most impacted.

Priority Health Education Standards	Implementation Resources
<p>K-2 students will be able to:</p> <ul style="list-style-type: none"> Describe safe and responsible uses for medicines and household products. (K-2.6.1.1) Compare and contrast characteristics of products that are safe and unsafe to consume. (K-2.6.3.5) <p>3-5 students will be able to:</p> <ul style="list-style-type: none"> Define addiction (including its relationship to substance abuse); Explain that those who are addicted require assistance to stop addiction. (3-5.6.1.3) Describe how using alcohol, tobacco, and other drugs can affect decision-making abilities. (3-5.6.5.11) 	<p>Training: This is (NOT) About Drugs Program This is Not About Drugs (TINAD) is a 6-12 prevention education program that addresses substance misuse with emphasis on prescription opioids. Contact OSSE.HYDT@dc.gov for free training and curriculum.</p> <p>Training: Too Good for Drugs Too Good for Drugs is a universal K-12 prevention education program designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drugs (ATOD) use. Contact OSSE.HYDT@dc.gov for free training and curriculum.</p>

Priority Health Education Standards	Implementation Resources
<p>6-8 students will be able to:</p> <ul style="list-style-type: none">● Describe the stages of addiction and describe methods for the prevention, treatment, and recovery of addiction. (6-8.6.1.3)● Apply problem-solving skills to protect one from risky situations involving alcohol, tobacco, and other drugs. (6-8.6.5.14) <p>9-12 students will be able to:</p> <ul style="list-style-type: none">● Describe how the use of alcohol and other drugs impairs decision making, increases the risk of violence and places one at risk for sexual assault, pregnancy, STIs and HIV. (9-12.6.1.3)● Develop and apply social skills to resist and refuse all drugs (e.g., alcohol, tobacco, prescription pills, and marijuana). (9-12.6.4.11)	

APPENDIX: COMPREHENSIVE HEALTH EDUCATION PROGRAM DEVELOPMENT RESOURCES

Additional resources to support the development of comprehensive health education programs.

[Curricula Guide for Meeting DC Health Ed Standards and School Safety Omnibus Amendment Act \(SSOAA\) Requirements](#)

This guide provides a list of curricula and program descriptions that meet SSOAA instructional requirements.

[Health Education Curriculum Analysis Tool \(HECAT\)](#)

An assessment tool for conducting a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of an Effective Health Education Curriculum.

[Nutrition Curriculum Review](#)

This guidance document is useful for schools interested in nutrition curricula options and how to adapt a particular nutrition curriculum to better fit the school's specific target population.

[Nutrition Education Plan](#)

This plan contains action items that can be used by the community, LEAs/schools, and student families/guardians to increase the quality and quantity of nutrition education delivered to students and achieve its overarching goal.

[Physical Education Curriculum Analysis Tool \(PECAT\)](#)

A self-assessment and planning guide designed to help school districts and schools conduct clear, complete, and consistent analyses of physical education curricula based upon national physical education standards.

[School Health Index](#)

An online self-evaluation and planning tool for schools, built on CDC's research-based guidelines for school health programs that identify the policies and practices most likely to be effective in reducing youth health risk behaviors. The tool enables schools to identify strengths and weaknesses of health and safety policies and programs; to develop an action plan for improving student health that can be incorporated into the School Improvement Plan; and to engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

[OSSE Healthy Schools and Wellness Programs Trainings](#)

The Healthy Schools and Wellness Programs Team delivers training on implementing health education curriculum and supporting student mental wellness.

[OSSE Restorative Justice Trainings and Resources](#)

Restorative Justice is a culture and set of practices that engage a community in building relationships and repairing harm through mutual, inclusive dialogue, understanding, and cooperation. A whole-school approach to Restorative Justice is more than a set of interventions aimed at students, but rather a way of being that touches all members of the school community and their relationships with each other.