

**Planned Parenthood of New York City
Testimony for the Oversight Hearing on Sex Ed in NYC Schools
October 27, 2015**

Good afternoon. I am Louise Marchena, Director of Youth Programs at Planned Parenthood of New York City (PPNYC). I am pleased to be here today to provide testimony in support of Proposed Int. No. 957, Int. No. 952 and Int. No. 771. Planned Parenthood of New York City thanks the Chair of the New York City Council Committee on Education, Daniel Dromm, the Chair of the Committee on Women's Issues, Laurie Cumbo, and the Chair of the Committee on Health, Corey Johnson, for their leadership in convening this hearing. We'd also like to thank Speaker Melissa Mark-Viverito, and Committee members for their dedication to these issues and we welcome the opportunity to discuss ways we can continue to improve sexual health education for all New York City students.

As a leading sexual and reproductive health care provider, we see more than 50,000 patients annually in our five health centers, proudly located in every borough of New York City. PPNYC provides sexual and reproductive health services including birth control; emergency contraception; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; pregnancy testing, options counseling and abortion. Seventy-three percent of our clients are under the age of thirty.

In addition to our clinical services, PPNYC has a robust education department, reaching more than 26,000 young people, adults and professionals across New York City annually. Our programs provide tools to help our participants make informed decisions and lead healthy and safe lives.

Our education programs are committed to reaching young people and caring adults in the communities they live. Our Teen Advocate program is led by highly trained peer educators from the South Bronx, Brooklyn, and the Lower East Side of Manhattan who engage other young people and conduct interactive workshops to educate youth about teens' rights and access to sexual and reproductive health care. To overcome barriers and stigma that teens may experience in accessing care, PPNYC has special "Teen Nights" at our Manhattan, Bronx, and Brooklyn health centers, where teens can participate in free workshops and obtain services in a friendly environment.

Our Adult Role Models provide workshops led by peer educators that help strengthen parent-child relationships and support other caring adults in talking with their children about sexuality. These conversations are critical learning moments for young people to feel encouraged to speak up when it comes to important questions and feel supported in advocating for their own wellbeing. We see parent and caregiver engagement as a core component of comprehensive education, and a resource that strengthens and builds upon other health education programming for young people.

PPNYC is also a member of the Sexuality Education Alliance of New York City (SEANYC), a coalition of 50 organizations that support comprehensive sexuality education for all New York City students. SEANYC has worked to identify gaps in New York City's sexual health education programming and recommend concrete steps for improvement.

The New York City Department of Education (DOE) currently requires one semester of health education in middle school and one semester in high school. The Office of School Wellness Programs calls for a portion of each of these semesters to cover sexuality education. However, schools are not required to report on whether sexuality education is provided. As a result, students' experiences vary widely when it comes to sexual health learning. For example, in a recent survey by the Connect to Protect (C2P) Bronx Coalition, approximately 1 out of 3 students from Bronx

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high schools reported they had never received sex education, or are “unsure if they have.” Of the students that said they have had sex education, 32% said they only received one or two lessons total.¹

PPNYC clients and supporters have shared several stories with our educators that highlight these gaps in what is taught. At a recent event on the current state of sex education in New York City, one PPNYC activist shared, “My sex ed experience was forgettable...I wish I had learned ANYTHING about body positivity, actual intimacy with partners, relationships, what can happen within, around, and beyond sex acts. I learned most stuff from the internet.”

The passage of Intro. No. 957, and Intro. No. 952 would be an important first step in getting a better understanding of the current state of sexual education implementation in middle and high schools by providing tools for tracking and evaluating the provision of health education in schools and what training is currently provided for teachers.

Bill No. 952, introduced by Council Member Laurie Cumbo, would require DOE to report on the number of students who have completed at least one semester of comprehensive health education between 6th-12th grades. The bill would also require reporting on specific measures schools use to monitor compliance with state health education requirements. We recommend the health education data be disaggregated by grade to better determine how early or late students actually receive the curriculum. In addition, we urge strong protections on student confidentiality when they seek advice or sexual health information from school nurses or guidance counselors.

Council Member Gibson’s bill, Int. No. 957, would provide an important companion tool that would require the DOE to track and report the sexual health education training of all teachers and health educators in middle school and high schools. Although PPNYC does not believe every teacher providing sex education needs to be a certified health educator, they do need clear guidelines and training to teach sex education, values clarification training, and access to a certified health educator for technical support in providing sex education curricula that follows the National Sexuality Education Standards. We commend the public reporting component of the bill, which will improve transparency and accountability.

PPNYC also supports Int. No. 771, legislation that would require the Department of Education to report data regarding school-based health centers, including reproductive health support encounters, mental and behavioral health support as well as health screenings and provider referrals. As a healthcare provider, we again stress the importance of ensuring student confidentiality is upheld in all data collection and reporting. School-based health centers provide a critical point of access to health care for young people in New York City. Research has shown that providing comprehensive health services in schools supports students’ health and wellbeing, reduces absenteeism, drop out rates and helps students to be better equipped to achieve academically.² Particularly relevant to this discussion, school-based health services offer another resource for students to access accurate information on sexual health as well as reinforce the sexual education lessons taught in the classroom.

As mentioned, the bills before you are preliminary measures, but the City can and must do more. SEANYC recommends that Department of Education Chancellor Carmen Farina pass a Chancellor’s Regulation requiring comprehensive, age-appropriate sexuality education that reflects the National Sexuality Education Standards for all students from kindergarten through 12th grade. These Standards³ call for sexuality education to start from and build upon earlier grades, including foundational lessons on identity, healthy relationships, and personal safety starting in Kindergarten. These early health lessons are core building blocks for later discussions around consent, sexual

¹Survey results from “C2P Bronx”; Connect to Protect Bronxworks Sexual Health Education Survey

²Walker SC, Kerns SEU, Lyon AR, et al. (2010). Impact of School-Based Health Center Use on Academic Outcomes. *Journal of Adolescent Health*. 46: 251-257.

³Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the *Journal of School Health*]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

assault and gender identity and expression, and are vital tools in helping young people to navigate their world in a more positive and safe manner.⁴

In addition, the Department must create a meaningful implementation plan for requirements on comprehensive teacher training, up-to-date curricula resources, and supportive materials for parents and caregivers, both online and at-home. A clear public policy that includes an achievable timeline for implementation of new standards and accountability measures for enforcement and evaluation will help to ensure that every school has the ability to provide supportive and inclusive education to all of its students. To this end, SEANYC recommends that each school submit an annual report to the Office of School Wellness Programs on its sexual health education programming and evaluations on effectiveness.

The need for action on sexual health learning in our educational system is urgent. According to the CDC, half of all new STD infections occur among young people and approximately one in four women aged 15-19 has been diagnosed with an STI.⁵ Research from Day One reveals 1 in 3 New York City teens report experiencing some form of abuse in their romantic relationships.⁶ A study by Harris Interactive found that more than half of LGBT students in New York have been a victim of bullying or harassment because of their gender identity.⁷ More young people have access to information through the internet at increasingly earlier ages, exposing them to misinformation and potentially harmful messages around body image, gender and sexuality, and intimate partner relationships.

Research has demonstrated the benefits of comprehensive sexual health education, correlating with improved confidence, healthier behaviors, and even improved math and reading scores.⁸ Studies have also shown that positive youth development education is crucial in helping young people to make health-promoting decisions, feel more positively connected to school and reducing drop-out rates.⁹

In 1987, New York became a national leader with its implementation of HIV/AIDS prevention curriculum in grades K-12. Since the release of the national standards, we have seen several large cities including Chicago, Boston, and Broward County make the commitment to comprehensive sexuality education in all grades with realistic implementation plans and meaningful accountability measures.¹⁰

There are great models available for sexual health education and supportive resources for students, parents, and caregivers. New York City has a potential infrastructure to build upon with its HIV/AIDS curriculum. The de Blasio administration has started to lay the groundwork with new resources for the professional development of teachers and school wellness councils. With a Chancellor's Regulation for a comprehensive policy that includes concrete implementation measures and requirements for tracking and enforcement, the largest school district in the country can also become a leader in sexuality education, helping all young people make positive, healthy decisions and reach their full potential.

⁴Gavin LE, Catalano RF, David-Ferdon, Gloppen KM, and Markham CM (2010). A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health, *Journal of Adolescent Health*, 46 S75–S91. Retrieved at http://ncfy.acf.hhs.gov/sites/default/files/docs/18448-A_Review_of_Positive_Youth.pdf

⁵Centers for Disease Control and Prevention (2013). CDC Fact Sheet: Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. Retrieved at <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>

⁶Day One (2015). New York City Statistics: Youth & Dating Violence, Retrieved at <http://www.dayoneny.org/statistics/>

⁷New York Civil Liberties Union (2010). Dignity Now: The Campaign to Stop Bullying and Bias-Based Harassment in New York City Schools. Retrieved from http://www.nyclu.org/files/publications/nyclu_pub_bullying_nyc_schools.pdf

⁸<http://futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

⁹pgs. 29-31: http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf

¹⁰The Sexuality Education Alliance of NYC (2015). Comprehensive Sex Ed Policy Across the US: Examining Issues of Implementation and Accountability. Retrieved from: <http://sexedallianceofnyc.tumblr.com/>

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We applaud the City Council's commitment to addressing and improving sexual health education in New York City and urge the Council to pass Proposed Int. No 957, Intro. No. 952, and Intro. No. 771.

Thank you for the opportunity to testify on this important issue and I would be happy to take any questions or provide additional information.

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Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of reproductive health services and education for New Yorkers. Through a threefold mission of clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers—and, in fact, people around the world—will have access to the full range of reproductive health care services and information.