Testimony of Melanie Kruvelis, DC Appleseed Center
before the Committee on Education

Performance Oversight Hearing: Deputy Mayor for Education
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The DC Appleseed Center is a non-profit research and advocacy organization in the District of Columbia, focused on making the National Capital Area a better place to live and work. Thank you for the opportunity to testify today about several urgent issues facing the District, including an important and urgent matter for the wellbeing of students and young adults in DC: the HIV epidemic. New HIV infections are trending younger. It is critical to equip young people with accurate information and opportunities to build skills to protect their health. The education system in DC does not lend itself easily to broad mandates, but we believe the Deputy Mayor for Education and all educational institutions can and must do more to ensure every student has access to life saving, age-appropriate, comprehensive and skills-based sexual health education. We will present to you today why we think this Committee and the Deputy Mayor for Education should consider increased oversight activities into this matter.

We will follow our discussion of HIV education with reference to two other issues in which the Deputy Mayor for Education plays a critical role: special education and adult education. Both of these require the Deputy Mayor’s leadership and attention.

Background – Ending the HIV Epidemic in DC
DC Appleseed has been actively involved in addressing HIV in DC since 2005. For a decade we issued annual “report cards” on the District’s response to the HIV epidemic broadly – in clinics and hospitals, but also in the jails and schools. Over this time, DC evolved from one of the worse epidemics in the country to enviable progress. We saw a decline in new infections by nearly three-quarters. So we set out an ambitious goal for DC – to not just see incremental declines, but to actually “end the epidemic.”

The District of Columbia’s strategic plan for “ending the epidemic,” was released on World AIDS Day, December 1, 2016. The plan was developed through a public-private partnership between Mayor Muriel Bowser, Dr. LaQuandra Nesbitt of the DC Department of Health (DOH) and staff within the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA), DC Appleseed, and the Washington AIDS Partnership. The “90/90/90/50 Plan” was named for its four banner goals: By 2020, 90% of all District residents with HIV will know their HIV status, 90% of District residents living with HIV will be in sustained treatment, 90% of those in treatment will reach viral suppression, and, ultimately, DC will achieve a 50% reduction of new HIV cases by 2020. There are also 42 detailed “tasks” in the Plan which the District must see done in order to achieve our banner goals.

There is a heavy emphasis in the plan on the importance of rapidly initiated and sustained medical treatment, as well as testing and prevention activities like condom distribution. But
ending the epidemic will also require tackling a range of social and health factors, many of which fall outside the traditional purview of the Department of Health, such as mental health, housing stability, economic opportunity, and stigma. One of the most important elements is education in the community and classrooms.

Data on the HIV epidemic in DC offer insight into where efforts should be focused. Stubborn racial disparities persist when it comes to HIV; black men and women in the District carry a disproportionate burden of the disease at 75%. Further, new infections are trending young, with the largest share of new cases among 20-29- year-olds.

To implement the tasks and goals of the 90/90/90/50 Plan by 2020, the District government will need to take its work to the next level. DC Appleseed and other community partners will continue to support these efforts, especially through ongoing research, advocacy and monitoring. Taking up again our mantle as outside monitor, we have begun to issue annual “progress reports” in which we review and evaluate the progress to-date on the 90/90/90/50 goals and Plan tasks. Today we’d like to share findings from the first of these progress reports, which is issued on December 1, 2017: Ending the HIV Epidemic in DC: 2017 Progress Report.

HIV Education in DC Schools
New HIV infections are trending younger. While the number of newly diagnosed HIV cases citywide decreased by 51.8% from 2011 to 2016 for those between the ages of 20 to 29, this age group still leads all ages in terms of number of individuals newly diagnosed. There were 52 new infections diagnosed in 2016 within the 20-24 age group, 9 diagnoses for those between ages 13-19, and only one (perinatal transmission) under the age of 13. In response, the 90/90/90/50 Plan highlights the need to educate and empower school-aged children to make better decisions about health in their early adulthood, when new diagnoses are disproportionately high. Additionally, preventing infection in teenage years may reduce the number of new diagnoses amongst young adults, given lag time between infection and diagnosis.

To assess the landscape related to HIV education for youth in DC, DC Appleseed and the law firm of Paul, Weiss, Rifkind, Wharton & Garrison LLP undertook analysis of assessment data, conversations with various stakeholders in the community, and interviews with representatives from relevant agencies, departments, and offices, including the Office of the State Superintendent of Education (OSSE), DC Public Schools (DCPS), the DC Public Charter School Board (DCPCSB), and staff of DC Council. Several District policies—including some that have very recently changed–impact the provision, design and assessment of health education, particularly recent changes to education standards and testing, as well as the obligations laid out in the Healthy Schools Act of 2010.

Overall, we are encouraged to see that OSSE and other stakeholders are looking at data to drive practice, and that new health standards focus on building skills rather than rote knowledge. OSSE should continue its efforts to share assessment data in the most transparent, useful ways for educators and the public. However, DC Appleseed is concerned that sexual health education is not uniformly implemented across all schools, particularly independent charter schools, and call for increased oversight and renewed commitment from all stakeholders to reach all young people, no matter where they attend school.
The 2016 Health Education Standards issued by OSSE establish criteria for what is appropriate HIV and STI prevention education. These requirements provide a framework for teachers and policymakers to incorporate into lessons, overall curricula, and assessments for progress. The 2016 standards - the most recent update since the State Board of Education approved the previous standards in 2007 - prioritize evidence-based approaches focused on skills, rather than rote knowledge, such as strategies to maintain healthy intimate relationships, delay sexual activity, and engage in safe sex through condom use. The standards established for each grade level coincide with the National Health Education Standards (NHES).

OSSE is charged by the 2010 Healthy Schools Act with assessing student knowledge of the NHES. OSSE now uses the Health and Physical Education Assessment (HPEA) which presents questions on health development, sexuality, and reproduction; it is administered in the fifth and eighth grades, and throughout high school health classes. One of the categories tested within the HPEA is Human Body & Personal Health. The most recent HPEA data show that, across all grade levels, scores in this category have improved by several percentage points: DC fifth graders jumped from a 74% average score in the 2015-2016 HPEA’s Human Body & Personal Health section to 81% in 2016-2017; eighth graders saw an improvement from 69% to 72%; and high school students jumped seven percentage points from 46% to 53%. However, not all students participate in the HPEA testing; only 60% of eligible high school students, 69% of eighth graders, and 79% of fifth graders took the HPEA. School participation in HPEA, however, was 93%. Stakeholders conveyed numerous reasons for low participation and general frustration with the HPEA test, though OSSE attributes the disparity to attendance and predicts that student participation will continue to increase with OSSE’s own increased activities to address challenges.

Additionally, OSSE looks for trends in the DC components of the Centers for Disease Control and Prevention’s (CDC) state and local Youth Risk Behavior Survey (YRBS) to gauge the effectiveness of education in DC schools. YRBS is a comprehensive collection of data that assesses self-reported health behaviors among young people, including, for example, frequency of condom use. Low participation in sexual education lessons and testing generally might explain the data in the most recent YRBS report: condom use amongst middle school students declined, with statistical significance, from 78.1% in 2007 to 73.0% in 2012 to just 68.8% in 2015. Alarming is the YRBS report that the percentage of students who say they have been taught about HIV/AIDS infection in school dropped precipitously for middle school students from 72.2% in 2007 to 56.5% in 2012 and to just 43.4% in 2015.

One of the most significant challenges related to health education in DC is the bifurcated public school landscape, with about half of students attending DCPS and the other half enrolled in independent charter schools. DCPS can design standard curriculum and practices through all its schools while autonomous charter schools make independent decisions about these matters. For example, while public charter schools do not have a uniform sexual education curriculum that OSSE can track, DCPS employs a standard, K-12 curriculum designed by Advocates for Youth, known as the “3Rs Curriculum: Rights, Respect, Responsibility.” Even a perfect set of standards, curricula, and assessments will fail to be optimally effective if the information and/or testing is not accessible to all DC students in public and public charter schools.
So, while OSSE can provide resources for educators—such as a curriculum library, and a comprehensive Health and Physical Education Booklist for teachers to consult or incorporate into their sexual education curricula—it finds itself limited in pushing out standardized approaches District-wide. The Public Charter School Board (PCSB) likewise offers support to charter schools and teachers upon request, but it does not mandate any curriculum or practices and has pushed back on whether the Healthy Schools Act legally applies to charter schools. Although some charter school teachers obtain OSSE’s curriculum training and make use of OSSE’s library, without dedicated attention from PCSB or enforcement from the DME or OSSE, the actual implementation and oversight of sexual education in charter schools presents a particular challenge.

To supplement capacity within schools, CBOs provide sexual education training when requested. CBOs have also been instrumental in offering health initiatives outside of the school environment, including after-school sexual education activities, peer youth ambassador programs, condom use seminars, condom distributions, HIV testing, and rewards-based models to incentivize students to attend events and participate in outreach.

The Healthy Schools Act grants OSSE “the authority to verify compliance” with, and mandates that OSSE measure students’ knowledge as it relates to its education Standards, including those on health and sexual health education. OSSE works in concert with local education agencies to comply with the Healthy Schools Act by evaluating health education. We do not believe that all actors appear to be meeting their obligations. OSSE has committed to releasing specific breakdowns of district-level and school-level data to increase transparency about provision and success of health education across the District.

**Recommendation**

The provision of sexual health education in public and public charter schools is critical in the effort to reduce HIV infections, especially as 20 to 29-year-olds lead all age groups in new diagnoses. Data and analysis of sexual health knowledge, skills, and trends is critical in responding to the epidemic appropriately. DC Appleseed is concerned that participation in lessons and assessment is low, that sexual health education is not uniformly implemented across independent charter schools, and that behavioral surveys show very little use of the skills students should be learning and practicing in health education.

Therefore, we recommend that the Committee on Education increase oversight into compliance with the Healthy Schools Act’s sexual health education requirements. For example, the Committee on Education within the DC Council may consider holding a hearing on HIV and sexual health education in DCPS and charter schools.

Without full enforcement of the sexual health standards and testing of its progress, students are not being provided with the information they need to be healthy, successful adults. Just as schools strive to launch their students into successful adulthood—exemplified by the common emphasis on college-readiness, so must they take seriously their obligations to launch students into healthy lives in the District of Columbia.
**Special Education**

Among the most urgent matters facing the Special Education system are the funding of the special education reforms passed by the DC Council in 2014, specifically the expansion of eligibility for early intervention, the reduction in the timeline from 120 days to 60 days for initial evaluations of students suspected of having a disability, and the requirement that students receive secondary transition services beginning at age 14 instead of age 16. OSSE has been working internally and with LEAs to prepare to implement these changes, and released over $3,500,000 as formula grants to LEAs for these purposes. We are still waiting, however, for the revised Fiscal Impact Statements and removal of conditional legislative language.

Because of Federal law, the investment of local dollars must continue after this year, so we believe that part of the cost of reform is now committed. Members of the administration have indicated that they expect these reforms to go into effect July 2018, meaning that OSSE and LEAs will not only be implementing the new requirements, but will be accountable by law for doing so. In order for that accountability to occur, these reforms must be funded in the Fiscal Year 2019 proposed budget with a clear budget narrative.

In addition, the District is still falling well short of the capacity needed to fully and adequately serve students with disabilities. Proficiency rates are truly abysmal for students with IEPs, and the amount of resources for innovation and real capacity building – as opposed to remediation to reach procedural targets – is insufficient to the obvious need. Parents of students with disabilities lack confidence – and schools cannot reassure them -- that their student will achieve at the level of students without disabilities. Further, when issues arise like the graduation and absentee rate crisis which found links to student mobility and discipline, we can be fairly sure that disproportionate numbers of students with disabilities are involved.

We challenge the Deputy Mayor and the Committee on Education to ensure that there are sufficient funds available for the Special Education Enhancement Fund, another of the 2014 reform provisions, to a) ensure smooth movement into and out of non-public schools for students with disabilities who could benefit from intensive intervention, including formal support for gradual transitions; and b) form additional partnerships and co-located services with area non-public schools to bring necessary expertise into public classrooms where it is needed. We should not be satisfied until students with disabilities are indistinguishable from their non-disabled peers in terms of achievement.

**Adult Education**

In December 2017, the Deputy Mayor’s office took over management of a pilot program to provide transportation support to adult learners. The program grew from the recognition that many adult learners, whose limited literacy skills relegates them to low-paying jobs, lacked the resources to even get to the programs that are designed to help them enter and advance in careers. The pilot began in January, and is scheduled to last until at least June. We are grateful to the Council for making the $2m in funds available for this pilot, and to the Deputy Mayor for demonstrating continued support for adult learners on this issue. We are concerned, however, that the timing of this pilot may result in a lack of data to support the future funding of this
Adult education programs report that the short sign-up period in December led to limited uptake in January, and technical difficulties interfere with learners’ ability to access the funds on their SmarTrip cards. They report that some learners are blocked from using their benefits because of negative cash balances on their cards, a change that was implemented after the pilot had begun. We would urge the Council to ensure funding for this important program, and use the pilot to assess the implementation strategy rather than the existence of the need.

Thank you.