



# WHITMAN-WALKER HEALTH

Mailing Address:

Elizabeth Taylor Medical Center  
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March 17, 2016

Donna Anthony  
Assistant Superintendent, Health & Wellness Division  
Office of the State Superintendent of Education  
810 First Street, NE  
Washington, DC 20002

Re: Comments on Proposed Health Education Standards – *submitted by e-mail to*  
[osse.schoolhealth@dc.gov](mailto:osse.schoolhealth@dc.gov)

Dear Ms. Anthony:

Whitman-Walker Health (WWH) offers these comments on the health education standards newly drafted by the Office of the State Superintendent of Education's Division of Health and Wellness. We applaud the work of the DC Office of the State Superintendent of Education to update its health education standards, and we appreciate the new standards' recognition of educational needs specific to sexual orientation, gender identity, and gender expression. We offer these suggestions to further bolster your efforts to ensure that the needs and concerns of lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth are fully addressed.

## **Interest and Expertise of Whitman-Walker Health**

WWH is a community-based Federally Qualified Health Center, whose mission is to provide high-quality, culturally competent health services to Washington, DC's diverse urban community. We have a special focus on HIV treatment and prevention and on the health and wellness of the LGBTQ community and others who face barriers accessing care. We offer primary medical and specialty HIV and transgender care; dental care; mental health and addictions counseling and treatment; HIV education, prevention, and testing services; other community health services; legal services; and medical adherence care management. Of the approximately 15,000 persons to whom we provide health services every year, approximately one-half identify as gay, lesbian, bisexual or queer. Approximately 13% of our almost 7,000 medical patients, and 6% of all persons receiving health services, identify as transgender or gender-nonconforming.

**Work with the DC schools and experience with sexual health education programs for DC youth.** In February 2015, Metro TeenAIDS (MTA) became part of Whitman-Walker Health, and continued its work as WWH Youth Services. MTA/WWH Youth Services has a long history of providing HIV and health education in the DC schools, and this work continues

today. The WWH Schools Team strives to increase the school system's capacity by offering sexual health education to students, supporting teachers as they deliver sexual health education, and providing youth with the information and resources to help them make positive decisions that protect their health and increase their ability to stay in school.

Between 2004 and 2015, MTA/WWH Youth Services worked with DCPS on evidence-based health curricula and out-of-school time sexual health programming for students in grades 5-12. MTA also trained all DCPS middle and high school health teachers on issues relating to bullying, LGBTQ sensitivity and how to be creative while teaching sexual health education. Finally, MTA implemented a co-teaching model with approximately 25 DCPS health educators to assist them in delivering sexual health education.

Making Proud Choices (MPC) is our CDC-approved, evidence-based curriculum geared toward middle school students. MPC provides a series of fun and interactive learning experiences regarding making healthy decisions around HIV/AIDS, teen pregnancy and drug prevention. Becoming A Responsible Teen (BART) is our high school curriculum that provides students an opportunity to explore HIV/AIDS, STIs, drugs and teen pregnancy in an engaging manner. BART allows teens to speak about personal situations in a safe, fun environment. Visionary Youth Becoming Empowered (VYBE), our afterschool program, is our flagship program that blends material from MPC/BART with life skills and fun, interactive discussions and field trips. VYBE programs are offered over a 9-week period and also offered over a full school year. WWH also offers the Parents Matter curriculum to parents and caregivers of children ages 9-12. Parents Matter is a six-hour, evidence-based program designed to enhance protective parenting practices and promote parent-child discussions about sexuality and sexual risk reduction.

In addition to our work directly in schools, the WWH's Youth Services Prevention team provides sex education programming to youth throughout the community and is an essential source of connection and building of knowledge and skills for many young people across the city. We also provide mental health services to LGBTQ youth who have been victims of crimes, as well as long-term care navigation for LGBTQ HIV-positive youth.

Our interest in ensuring that the new health standards are inclusive of the needs of all students, including sexual and gender minority youth, is grounded in this extensive experience working with LGBTQ youth daily in many capacities. It is clear that LGBTQ people suffer from a wide range of health challenges and disparities – as highlighted, for instance, in the U.S. Department of Health and Human Service's *Healthy People 2020*<sup>1</sup> and the Institute of Medicine's *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (2011).<sup>2</sup> Inclusive health education programming in the

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<sup>1</sup> <http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>.

<sup>2</sup> Washington, DC: National Academies Press; 2011, *available at* <https://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>.

schools is an essential component in reducing health disparities among LGBT individuals and communities, while also addressing the invisibility that many LGBT youth experience in their health education classes, many clinical settings, and public health initiatives.

**Insights from focus groups with LGBTQ youth and young adults.** As a component of a 2-year research project into LGBTQ Youth Health and Wellness funded by the Washington AIDS Partnership, WWH conducted five focus groups with a total of 43 LGBTQ youth and young adults, ages 16-24 between September and November 2015. The purpose of these focus groups was to learn about the experiences and viewpoints of a diverse range of DC-area LGBTQ youth and young adults on what “wellness” means to them; and their needs for health-related services and education, and the barriers and opportunities they perceive to living healthy lives.

An overarching theme that arose within the focus groups was the experience of participants being left to their own devices to learn about the sexual behavior in which they were engaged – or would someday engage. Participants overwhelmingly shared that the health education received in school was not inclusive of or relevant to their experiences as LGBTQ youth. They indicated a desire and need for comprehensive sex education that provides concrete and useful information about the full range of sexual behavior, including that among same sex partners, and about gender identity. They expressed a need for educators who are not afraid to explain “how things work” when teaching about sex and were comfortable and knowledgeable talking about gender identity. For example, one participant described how young people who engage in anal sex without adequate information about lubricant are at risk of internal tearing and bleeding, which can diminish their sexual experience and increase their risk of contracting HIV and other sexually transmitted infections. Focus group participants also shared that in the absence of relevant sexual health education, youth often learn about queer sex from pornography – and they recognized that pornography as the educator was problematic for many reasons.

Our findings make clear that health education that incorporates the full range of sexual behavior and sexual and gender identities is essential to fostering the physical and mental health of LGBTQ students – and to promoting an understanding of and respect for diversity in all students. The words of one youth participant so clearly and poignantly illustrate these experiences:

When it comes to schools systems and then sex ed ... one of my passions is to broaden that in school systems. Being heterosexual is viewed as normal and even as the years pass, that is still the default. When someone doesn't know your gender, they assume you're cis [cisgender – i.e., someone whose gender identity is the same as the sex they were assigned at birth]. When someone doesn't know your sexuality, they assume you're – and it is not even just because they know you are straight, it's the default, we have all been programmed like that. So, I think, especially with school systems, we are going to teach you what we are assuming you are and if you choose to be something else, because it is looked at as a choice, you need to figure that out yourself, because we are not going to spend extra time on that, because we have other things to talk about ... for safety reasons, I think that it is really important that sexual health needs to be broadened, because there are a lot of people out here figuring stuff out on their own and

getting into shitty situations and getting hurt ... just because they do not know, they don't know what to do, and so sometimes when you do not know, you just try everything ....

Failing to teach LGBTQ young people about the full range of sexual behavior and gender identities to promote sexual health and general well-being contributes to the social bias toward sexual and gender minorities as “less than” and “other”, and sends the message to LGBTQ youth that they are not worthy of being fully acknowledged. In thinking beyond a risk-based strategy, youth expressed a need for a more expansive approach to teaching about sex, which addresses consent, communication, and healthy relationships. This is a clear call for health education that presents a positive and healthy perspective on sex, while providing the knowledge and skills to identify risks, make sound decisions, and navigate relationships in a healthy way.

### Comments on Specific Health Standards

It is essential that the health standards direct that specifics on same-sex as well as different-sex activities and desires, and specifics on gender identity and expression, be included in the health curriculum, in order to ensure that all youth see themselves as acknowledged and valued, and have the knowledge and skills necessary to promote their health and well-being. With 15.3% of DC high school students and 15.1% of middle school students identifying as lesbian, gay, bisexual, or “questioning/not sure” as reported in the 2012 District of Columbia Youth Behavior Risk Survey,<sup>3</sup> it is imperative that health education standards are inclusive and non-heteronormative.

We also want to emphasize the importance of teacher and non-teacher staff training around incorporating an LGBTQ lens in their work with students. Critical topics included in the health standards are relevant for all students, but the stress that LGBTQ young people experience every day from pervasive stigma, discrimination, bullying and even violence – and the need many of them feel to hide their true selves from parents, other family, teachers, other students, and doctors and other health care providers – contribute to elevated risks of depression, anxiety, suicidal thoughts and behavior, substance use, and under-performance in school.

Our specific comments are in addition to the March 8 comments submitted on behalf of the Youth Working Group of the DC Center for the LGBT Community, with which we concur.

<b>Standard</b>	<b>Comments/Suggestions</b>
6-8.3.1.7: Differentiate between gender identity, gender expression, sexual orientation, and biological sex.	Change “biological sex” to “sex assigned at birth.”  Include discussion of the range of gender identities: cisgender man, cisgender woman, transgender man, transgender woman, genderqueer, and others.

<sup>3</sup> Ost, Julie C. & Maurizi, Laura K., *2012 District of Columbia Youth Risk Behavior Survey Surveillance Report*, Office of the State Superintendent of Education: Washington, DC (2013).

<b>Standard</b>	<b>Comments/Suggestions</b>
<p>6-8.3.1.11: Describe STIs symptoms, treatment, and modes of transmission.</p>	<p>Include information about modes of transmission in all types of sexual relationships. Many of the young women who had sex with women shared in our focus groups that their risks were not addressed at all. Emphasize the importance of STI testing and the availability of confidential testing without parental knowledge.</p> <p>Include all specific methods of protection, such as roll-on condoms, insertive condoms, dental dams, finger cots, avoidance of penile-vaginal or penile-anal penetration, and Pre-Exposure Prophylaxis (PrEP). Include risks related to sex toys and related protective behavior.</p> <p>Include a comprehensive review of this information in high school, perhaps as part of <i>Health Standard 9-12.3.1.10: Analyze the data on STI and HIV rates among youth. Discuss barriers to prevention and treatment including legal, economic, and cultural barriers.</i></p>
<p>6-8.3.2.20: Analyze external influences that have an impact on attitudes about gender, sexual orientation, and gender identity.</p>	<p>Add “gender expression” after “gender identity.”</p>
<p>6-8.3.3.25: Identify programs, supports, and resources for LGBTQ youth in the community.</p>	<p>Include this in the High School Standards as well as in the Middle School Standards. Participants in our focus groups repeatedly expressed the need for more knowledge of available resources in the community and identified lack of awareness as a barrier to LGBTQ youth accessing needed care.</p> <p>Include training on self-advocacy so youth can assert their needs when accessing these programs, supports, and resources, as means to facilitating the effectiveness of services available to LGBTQ youth.</p>
<p>6-8.3.5.28: Analyze the short-term and long-term consequences of adolescent sexual activity including the costs of unplanned pregnancy and parenting.</p>	<p>Specifically discuss HIV and other STIs (individually, by name and symptoms) as consequences of adolescent sexual activity, to ensure that all potential risks are addressed and to broaden this topic as relevant to all youth, including those who have same-sex partners and those for whom pregnancy is otherwise not a risk.</p>

<b>Standard</b>	<b>Comments/Suggestions</b>
<p>6-8.3.7.33: Demonstrate the steps to using a male and female condom correctly and other barrier and hormonal contraception.</p>	<p>Change “male condom” and “female condom” to “roll-on condom” and “insertive condom.” Use of this non-gendered language was frequently cited as important to our focus group participants, who emphasized that the type of condom needed is determined by anatomy and by sex act, not by “male” or “female” gender.</p> <p>Include a comprehensive review of this information in high school, perhaps as part of <i>Health Standard 9-12.3.1.10: Analyze the data on STI and HIV rates among youth. Discuss barriers to prevention and treatment including legal, economic, and cultural barriers.</i></p>
<p>6-8.4.3.14: Analyze how race, class, poverty and gender contribute to health disparities.</p>	<p>Include “sexual orientation” and “gender identity and expression” as factors that contribute to health disparities. There is a large body of literature documenting health disparities experienced by sexual and gender minorities.</p>
<p>9-12.3.1.4: Discuss the types of sexual intercourse.</p>	<p>Change “the types of sexual intercourse” to “the full range of sexual behavior.” “Sexual intercourse” can be misunderstood as exclusively penetrative vaginal or anal sex. Specify the full range of sexual activities, same-sex as well as different-sex.</p>
<p>9-12.3.2.12: Compare and contrast attitudes and beliefs about gender identity, sexual orientation, and gender equity across cultures.</p>	<p>Include “gender expression” after “gender identity.”</p> <p>Include a comprehensive review of Middle School Standards 6-8.3.1.6 (to define sexual orientation) and 6-8.3.1.7 (to differentiate between gender identity, gender expression, sexual orientation and biological sex) to ensure that students have the foundational understanding of all of these concepts before comparing and contrasting attitudes and beliefs.</p>

<b>Standard</b>	<b>Comments/Suggestions</b>
Standard 9-12.3.8.29: Advocate for school policies and programs that promote dignity, respect, and safety for all, including those that are gender inclusive.	Change to “Ensure that school policies and programs, and training programs for all teacher and non-teacher staff, promote dignity, respect, and safety for all, including all sexual orientations and gender identities.”  The traumatic experiences that lead LGBTQ youth to seek WWH’s mental health services are often directly related to the stigma and bullying they experience in school or by their peers. These experiences are fueled by the lack of education and inclusion of information specific to LGBTQ youth in schools. The assumptions of heterosexuality and being cisgender pervasive in the school environment greatly impact the experiences, and ultimately the mental health, of a young person. Every person who touches the life of a young person can be educated on inclusive language and be the difference in the life of a young person by fostering feelings of inclusion and belonging. Awareness of increased risks and the reasons for the increases among sexual and gender minority youth will serve to create more inclusive and effective health education, and a more welcoming and affirming school climate overall.

Thank you for your consideration of our comments. If you have any questions or if we can provide additional information, please feel free to contact Daniel Bruner, [dbruner@whitman-walker.org](mailto:dbruner@whitman-walker.org), (202) 939-7627.

Sincerely,



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<sup>4</sup> These comments were developed with the assistance of Timothy Elliott, LICSW, Psychotherapist and Coordinator of LGBT Youth Mental Health Programs; Melissa Sellevaag, LICSW, Manager of Youth and Family Care Navigation; Darcy Dodd, MPH, Quality Improvement Specialist; and Christy M. Robinson, MHS, School Services Manager.