DCCoalition
Against Domestic Violence

A Snapshot of DC School Health Profiles 2017

The Office of the State Superintendent of Education (OSSE) DC Health Education Standards (HES) provide a clear, skill-based, and age-appropriate approach to health topics that impact DC students. Each public school and public charter school within the District of Columbia is required to complete and submit a yearly School Health Profile and report on their current implementation of the HES. 95% of applicable schools (District of Columbia public schools and public charter schools) completed a School Health Profile in 2017. DCCADV analyzed 240 DC School Health Profiles using SPSS to better understand who is teaching HES, how much time is spent on HES, and what curriculums are being used to address Mental and Emotional Health, Safety Skills, and Human Body and Personal Health. Education about healthy relationships and consent would be addressed under these three categories in a school setting.

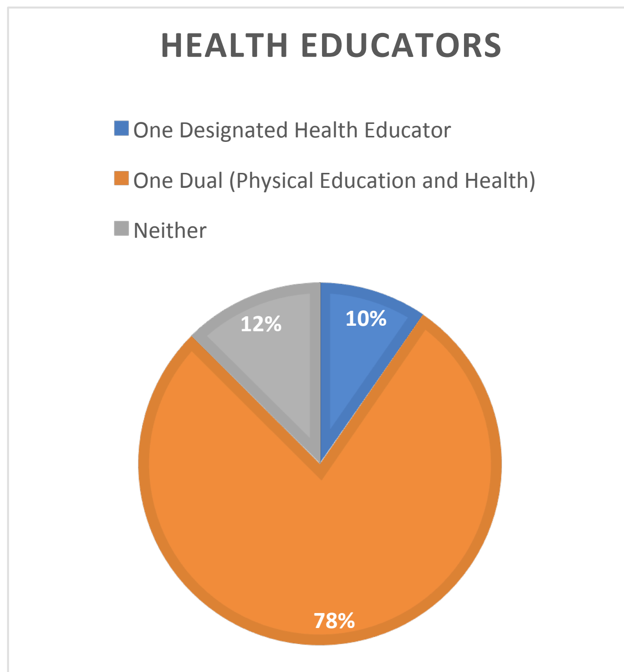

Figure 1: Trained Health Educators in DC Schools

Lack of Trained Health Educators

Only 23 schools have at least one designated health educator who specifically teaches Health Education. 187 schools have at least one dual educator who teaches both Physical Education and Health Education, and 30 schools reported having neither. This means that *12% of schools do not have a Health Educator*, and only 10% have a teacher fully dedicated to health education.

Missing the Mark

- The Healthy Schools Act requires that by the 2014-15 school year, schools provide at least 75 minutes of health education per week.
- On average, schools reported 66.5 minutes of health education per week.
- This means that the typical school *did not reach* the mandated 75 minutes of health education per week.
- The maximum time spent on health education reported by any school was 225 minutes, and the minimum reported was 0 minutes (see graph above for breakdown by grade levels).
- Spending the appropriate amount of time on health education is crucial in encouraging children to lead healthy lives, including education about domestic violence and sexual assault. The Healthy School Act requires 75 minutes of health education per week, so DC's schools must work to reach that minimum time.

Lack of Uniformity

- National standards for K-12 health education require that students not only demonstrate comprehension of key concepts, but also "demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks" (American Cancer Society, 2007). OSSE provides guidance and recommendation on curriculums best used for meeting the District and national standards, with over 30 reviewed curriculums listed.

Health Education Standard	Curriculum Used	% of Schools
Mental and Emotional Health	None	29.6
	Yes (but doesn't specify which)	6.3
	Self-Created	7.5
	DCPS Standards Based	14.6
	Second Steps	10.8
	Other	34.6
Safety Skills	None	32.1
	Yes (but doesn't specify which)	8.8
	Self-Created	7.9
	DCPS Standards Based	15.0
	Glencoe Health & Wellness	4.6
	Other	31.7
Human Body and Physical Health	None	30.8
	Yes (but doesn't specify which)	8.8
	Self-Created	8.8
	DCPS Standards Based	22.1
	Glencoe Health & Wellness	4.6
	Other	25.0

Table 1: Most Common Curriculums Self-Reported by Schools

- While some of the OSSE recommended and reviewed local schools reportedly utilize curriculums, DCPS schools listed a total of 62 different curriculums.
- The most commonly reported were DCPS curriculums' Canvas, Scope & Sequence, and Cornerstones or a non-specified curriculum noted as "based on DCPS standards" or "based on OSSE standards."
- On average across the three standards, *30.83% of schools had no curriculum* used to educate their students about the respective topics. In comparison, only 17.23% of schools followed a DCPS Standards Based curriculum.
- This means that *there is wide variety across schools* in how educators teach their students about complex, important health topics including domestic violence and sexual assault. Students may be receiving an extremely different or substandard education depending on which curriculum their school uses. Furthermore, almost a third of schools are following no curriculum at all for these three vital health education standards.

The Implementation of Domestic Violence Prevention in DC Schools is Long Past Due

In DC, there are currently significantly more domestic violence and sexual assault intervention programs in place than prevention programs (Nnawulezi, 2017). Although intervention programs are beneficial, it is critical that the city works to prevent painful experiences like domestic violence from occurring in the first place. YRBS data shows that 24% of youth in middle and high school reported experiencing physical or sexual dating violence in 2017. This represents a 4% increase in reports of dating violence among middle and high school students from 2015 (YRBS, 2017). The wide variation in curriculums, implementation, and reporting makes it unclear if schools have widespread and consistent education on consent, healthy relationships, or dating violence that aligns with the standards. Research shows that prevention education and early intervention with youth can have lasting effects on their future relationships. Teaching youth the skills to navigate and promote healthy relationships helps them develop a positive framework for the future. The District should act now to invest in meaningful, consistent dating violence prevention.

References

Joint Committee on Health Education Standards. National Health Education Standards: Achieving excellence. 2 ed. American Cancer Society; Atlanta, GA: 2007

Office of the State Superintendent of Education (OSSE). (2017). 2017 Youth Risk Behavior Study Survey Results: District of Columbia (Including Charter Schools) High School Survey. OSSE: Washington, DC

Nkiru Nnawulezi, Ph.D., Surviving DC: A research synthesis of survivors experiences (2017)