



New York City Department of Education

With over one million students (K-12) attending 1,600 schools, the New York City public school system is the largest in the United States.¹ The diverse student population is 40.6% Latino, 27.2% Black, 15.6% Asian/ Native Hawaiian/Other Pacific Islander, 14.6% white, 1.1% multiracial, and .9% Native American.² The New York City Department of Education (NYCDOE) oversees schools in all five boroughs (Brooklyn, Manhattan, Queens, Staten Island and The Bronx) and has an annual budget of \$25 billion.

“My college training in health education didn't address issues related to gender diversity. Participating in the gender training gave me the language to be inclusive and the knowledge to integrate gender and the unique issues LGBTQ youth face in making sexual decisions.”

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The NYCDOE's Office of School Wellness Programs (OSWP) is the body responsible for implementing sexual health education. They provide guidance on the sexual health topics that should be taught, curricula to use, and resources/community partners that support instruction, as well as implementation support.

OWSP allows teachers autonomy in deciding which sexual health topics to teach and how to teach them with two exceptions. Teachers are required to make sure lessons adhere to state and city requirements and state standards,³ and cover the topic of HIV prevention using lessons from the NYC DOE HIV/AIDS Curriculum (five lessons during K-5 and six lessons during 7-12). These HIV lessons are incorporated into the larger comprehensive health education program as advised in the OSWP pacing guide and scope and sequence currently being developed. The pacing guide and scope and sequence include other sexual health topics and recommend lessons to use in teaching those topics. OSWP does not require that a particular curriculum be used, rather it recommends vetted curricula and lessons which align to national, state, and city standards and requirements. Sexual health lessons are largely drawn from several nationally published curricula, including *HealthSmart*, *Reducing the Risk*, and *Draw the Line/Respect the Line*.

Since 2014, with funding and technical assistance from CDC DASH, OSWP has been working closely with 26 New York City high schools serving as “focus schools” for this CDC-DASH funded project to promote, as well as institutionalize, sexual health education. Twenty one of the 26 high schools are supported by CDC DASH. In December 2017, Healthy Teen Network interviewed high school health education teachers, one Principal, and OSWP staff to learn about the strategies they have been using to bring sexual health education to these focus schools.

What strategies helped NYCDOE implement high quality sexual health education?

Strategy 01.

Building Awareness and Buy-in for Sexual Health Education.

There are several gatekeepers who can bring sexual health education to the forefront of a school's list of competing priorities. Principals are one of the most important of them. This project created an opportunity for OSWP staff to visit with principals and vice-principals to educate them about sexual health education and create buy-in for its implementation. During these visits, OSWP reviews NYCDOE policies on health education (and sexual health education in particular), and explains the link between quality health education (including sexual health education), and student academic outcomes, attendance, and self-regulation. OSWP orients principals about the skills taught in sexual health lessons and how these skills are also life skills—skills that apply to healthy living in general, relationships, schoolwork and careers. OSWP explains that sexual health education can be reinforced outside of health class, by being integrated into other curricula and extra-curricular activities (e.g., anti-bullying campaigns, spirit week, etc.). These in-person visits have been successful in gaining principal support for, and endorsement of, sexual health education.

In addition to working with principals, CDC DASH funding helped the OSWP to establish or revive school wellness councils in several focus schools. Active school wellness councils have helped to build awareness about the need for sexual health education with parents, paraprofessionals, and other faculty—all of who influence the acceptance and prioritization of teaching sexual health in schools.

Building Capacity to Implement Sexual Health Education Effectively.

The New York City Department of Education is staffed by almost 135,000 employees, nearly 80,000 of which are teachers. Of these teachers, only 151 are licensed to teach health education—simply not enough to teach health in all NYC’s high schools. As such, principals often need to call upon teachers from other disciplines (e.g., physical education, science, social studies) to teach health. These teachers do not always have the content knowledge, pedagogical skills, or comfort to teach about sexual health topics in a confident, engaging, and effective way. Even health certified teachers don’t always feel prepared to cover all of the topics, especially those related to consent, gender, and sexual orientation. In some cases, teachers may drop sexual health topics in favor of other health topics they are more comfortable talking about or they might unintentionally provide misinformation. CDC DASH funding allowed OSWP to develop a multipronged professional development approach to support these teachers.

Professional Development. OSWP established multiple points of contact with health teachers. First, they have been able to expand their menu of professional development trainings for focus schools related to sexual health education. Standard OSWP training includes comprehensive health education and sexual health education basics, HIV prevention, and orientation to the Condom Availability Program (CAP). OSWP has doubled the number of trainings it offers based on teacher-requested topics, and/or topics identified through OSWP staff observations. Examples of these topics have included gender identity and expression, adapting and updating DOE recommended curricula, socio-emotional learning, healthy relationships, and dating violence. In addition, guest trainings provided by national organizations like Healthy Teen Network and community partners (largely non-profit organizations in NYC), have delivered training on topics specific to their organization’s expertise.

Customized Support for Focus School Teachers. Second, semi-annual site visits provide an opportunity for health teachers to talk about their curricula, their students’ needs, challenges, and ways to overcome those challenges with OSWP. These site visits are also an opportunity for OSWP to provide follow-up technical assistance and share new resources. One health teacher commented on the support she receives from OSWP by saying “OSWP provides excellent customer service.”

Third, and equally important to these formal capacity building activities, are the informal ones that the CDC DASH funded program has cultivated. One such example is the professional community that has developed among health education teachers that did not exist before.

Student Impact



“Macy” takes off her hoodie.

One health education teacher talked about how OSWP helped her to help a student (we’ll call this student “Macy”) become comfortable with her gender identity. Because of OSWP professional development trainings, this teacher increased her understanding of sexual orientation, gender identity and gender expression. The trainings helped her better integrate an LGBTQ perspective into all aspects of her sexual health lessons. As a result, “Martin,” formally a non-talkative and disengaged student, felt secure enough to come out as Macy to this teacher and in class. She no longer hides under her hoodie and has the confidence to talk in class about being transgender.

“I want my students to remember what they learned in my class. The meetings motivate me to be my best. I don’t just want to tick a box. I want to be the best health teacher in the district!”

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Strategy 03.

Building a Community of Health Education Teachers.

Health education teachers are unique in that they do not have a group of colleagues in their school to exchange resources, discuss classroom challenges, discuss curricula, etc. (i.e., there is no “Health Education Department” like there are “English Departments” or “Math Departments” in most schools). As such, health education teachers often feel isolated. Health teacher assignments within a school can vary from year to year, and teachers and principals may transfer to other schools—disrupting the feeling of having a professional health education home.

CDC DASH funding has helped OSWP to create new avenues for health teachers to feel supported. Health education teachers connect through health education meetings at the beginning (kick-off meeting) and the end of the school year (celebration meeting), and professional development trainings (described earlier). They can also exchange ideas virtually through the WeTeachNYC web portal.



These gatherings are allowing health teachers to get to know each other, and as a result, feel comfortable in reaching out to each other for curriculum ideas, resources, and problem solving. Anecdotally, as a result of this support, health teachers are feeling motivated to teach sexual health and to teach it well.

Over the last few years, teacher “champions” have surfaced and have begun to serve as mentors to other health teachers. A Mentor Leadership Program was created last year. Currently, there are four health teacher mentors who have mentees. Mentors have been able to observe and coach other health teachers in their classroom and provide support by phone and email.

Strategy 04.

Refreshing Health Education Policies and Recommendations.

CDC DASH funds have helped OSWP to educate policy-makers on potential ways to strengthen sexual health education, which resulted in decisions to implement a district-wide Condom Demonstration Policy and to embed sexual health under the NYC DOE wellness policy umbrella. CDC DASH funding has also supported OSWP to strengthen their health education scope and sequence (currently in development) to include skills and content areas related to sexual health. In addition, as mentioned earlier, a pacing guide was developed that makes recommendations on the sequencing of sexual health lessons. OSWP has also created a district-level wellness advisory council, which includes a broad array of community partners, including students, to help guide recommendations and provide direction for their policy efforts.

Collecting Data and Making Data-informed Decisions.

Over the last few years, OSWP has been strengthening and expanding its school health surveillance data collection, as well as more intentionally reviewing the data they do collect. They also have been able to collect new qualitative data through school site visits, feedback from professional development events, and discussions at other health education meetings. These reviews have helped them to assess for, and prioritize, sexual health education needs, monitor how sexual health education is being delivered, and increase their understanding of how sexual health education is impacting students.



Next Steps

OSWP staff are developing a school leader's guide to quality health education that focuses on best instructional and environmental practices. The guide will support schools in taking steps towards providing exemplary health education. OSWP will continue to work closely with the focus schools as they continue along the path to become a model Health Ed School.

Model Health Ed Schools will have:

- A designated health education teacher who will teach sexual health for at least two consecutive years
- A principal who will support their Health teachers in completing a customized series of trainings called the Health Education Professional Learning Pathway
- An active School Wellness Council



References and Resources

1. For more information on the NYCDOE, see: <http://schools.nyc.gov/AboutUs/default.html>
2. NYC Public Schools at a Glance: <https://data.nysed.gov/profile.php?instid=7889678368>
3. Sexual Health Education in Middle and High School: <http://schools.nyc.gov/NR/rdonlyres/E8BEF0FA-1165-47A3-852D-618E2E0744A4/0/WQRGSexualHealthMSHS20160907.pdf>

Student Impact



I can get tested by myself??

In one of the focus schools, students were offered an opportunity to get tested for sexually transmitted infections (STI) through their school-based health clinic after learning about STIs during health class. Students who tested positive were also able to get treatment. Many students were surprised to learn that they could get tested for STIs without parental consent, as well as obtain other reproductive and sexual health services like pelvic exams and contraception.

It works in real life.

Several teachers talked about the positive effect professional development trainings had on their use of pedagogical methods (e.g., skill practice activities, assessing for learning during class, using inclusive language) and how using these methods made noticeable improvements in student participation in their classrooms. Teachers talked about students feeling less embarrassed to ask questions (both in class and privately with the teacher), asking more critical questions, and sharing examples of how they have been successful at applying what they are learning in health class to their lives in real time.

The Upshot

In New York City schools, OSWP has improved sexual health education by taking these key actions:



Informing and supporting principals so that they understand the benefits of sexual health education and so they support teachers in receiving professional development (i.e., allowing teachers to attend training, budgeting for substitute teachers), and participate in their school wellness council when possible.



Assembling a pool of go-to community partners who can provide specific professional development training, as well as serve as guest speakers in classrooms without supplanting instruction from teachers.



Developing a professional learning community of health education teachers that provides opportunities for support and exchange of resources.



Promoting flexibility and skills to adapt curricula to the needs of students.



Nurturing and encouraging motivated, open-minded teachers who believe in the benefits of teaching sexual health.



Sharing knowledge about the connection of sexual health with other school goals.



Providing ongoing professional learning opportunities.



Providing district-level support for schools to help teachers access professional development and resources.



Healthy Teen Network

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