

# Sexual Health Education in New York City

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Findings and Recommendations

Sexual Health Education Task Force

7/17/2018

Dear Mayor de Blasio,

The Sexual Health Education Task Force (Task Force), created by Local Law 90 of 2017, is pleased to submit its recommendations that promote a comprehensive sexual health education for students in public schools.

The multi-disciplinary Task Force developed these recommendations between October 2017 and March 2018, and includes students, educators, parents, a principal, a school psychologist, sexual health education experts, LGBTQ health experts, and New York City Department of Education (NYC DOE) and New York City Department of Health (DOHMH) representatives.

Comprehensive sexual health education is fundamental to the wellness of students across our City. It incorporates medically accurate, affirming, age-appropriate, and culturally competent information about anatomy, physiology, family involvement, personal safety, healthy relationships, sexually transmitted infections including HIV, contraceptives, sexual orientation, pregnancy, media navigation and literacy, and more. Holistic approaches to sexual health education also foster equity, rights, respect, and healthy relationships. These approaches motivate students to take ownership of their own sexual health which in turn helps to reduce risky behaviors that can cause sexually transmitted infections or unplanned pregnancies. Ultimately, sexual health education impacts the overall school environment and can positively affect students' lives inside and outside of classrooms. Recognizing this significance, the recommendations in this report prioritize sexual health education and inclusivity in all schools – a necessary evolution in our approach to sexual health education.

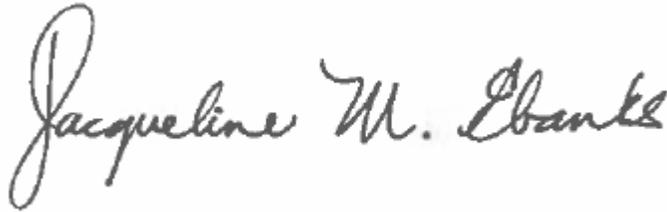
In May 2018, NYC DOE Chancellor Richard Carranza announced the launch of Health Ed Works, a four-year, \$24 million initiative that will increase resources to ensure more students receive comprehensive, medically-accurate, and age-appropriate health education. Health Ed Works provides additional professional learning opportunities for teachers, support for school leaders in establishing strong health education programs, and increased family and community engagement around health. Health Ed Works will also establish a cohort of schools to implement and model best practices in health instruction and programs that support student wellbeing.

Meaningful overlaps exist between the Task Force's recommendations and those adopted in the Health Ed Works plan. A number of recommendations in the report were adopted via the Health Ed Works plan. The Task Force is thus pleased that Health Ed Works reflects ongoing conversations between the NYC Department of Education and the Task Force.

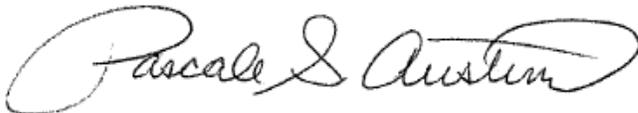
The Task Force sets forth its recommendations for the consideration of Mayor de Blasio and Chancellor Carranza, to ensure the City fully embraces comprehensive sexual health education for all New York City public school students. Nevertheless, the work is far from over. The City must continue to partner with its agencies, community organizations, schools, and families to identify additional focus areas in which to wisely invest resources.

As required by Local Law, the Task Force will continue to meet for up to five years. The NYC Commission on Gender Equity will lead the Task Force, in partnership with the DOE. Task Force members look forward to collaborating with the City to ensure that all students receive the comprehensive sexual health education they deserve.

Sincerely,



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Chair, NYC Sexual Health Education Task Force



Pascale Saintonge Austin  
Director, Family Planning and Pregnancy Prevention Programs, Children's Aid  
Vice Chair, NYC Sexual Health Education Task Force



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## I: Origin and Goals of Sexual Health Education Task Force

Comprehensive sexual health education is fundamental to ensuring the health and wellness of students across New York City. Proactive approaches to sexual health education help foster equality, rights, respect, and healthy relationships, and motivate students to maintain their sexual health, prevent disease, and reduce risk behaviors. Ultimately, sexual health education impacts the overall school environment and positively affects the lives of students inside and outside the classroom.

New York City data reveal troubling statistics regarding young people's sexual health. The data show unacceptable rates of HIV and other sexually transmitted infections (STIs), unintended pregnancy, and intimate partner and sexual violence among young people. Other data reveal that many students do not receive appropriate and comprehensive health and sexual health education delivered by certified health education instructors, despite various City and State mandates. Recognizing longstanding challenges around access to sexual health education,<sup>1</sup> in 2017, Mayor Bill de Blasio signed Intro 1028B – a bill establishing a citywide sexual health education task force – into law, making his the first Administration to launch a comprehensive review of the current state of sexual health education in New York City.

The Mayor appointed 28 members to New York City's first-ever Sexual Health Education Task Force (the Task Force), charged with reviewing two domains. First, the Task Force is charged with reviewing the sexual health education curricula recommended by the New York City Department of Education (NYCDOE), including whether they align with national standards; are age-appropriate, medically accurate, and medically affirming; and cover sexual abuse prevention, healthy relationships and consent, and non-heterosexual relationships. Second, the Task Force is charged with reviewing the implementation of sexual health education for students from Kindergarten through 12<sup>th</sup> grade (K-12), including the number and percentage of students receiving sexual health education, the amount of instruction time dedicated to sexual health education, who provides the instruction, and whether and to what extent non-NYCDOE recommended curricula currently in use align with the NYCDOE-recommended curricula. The Task Force is also charged with recommending ways to improve, expand, or replace the recommended curricula; to improve and expand implementation and staff training; and to ensure that sexual health education is fully inclusive of lesbian, gay, bisexual, transgender and gender nonconforming, and questioning (LGBTQ) students, and the diverse needs of students across New York City.

Task Force members include students, educators, parents, a principal, and a school psychologist from NYCDOE schools; sexual health education experts; LGBTQ health experts; and representatives of NYCDOE and the New York City Department of Health and Mental Hygiene (NYCDOHMH). Jacqueline Ebanks, Executive Director of the New York City Commission on Gender Equity, is Chair of the Task Force; and Pascale Saintonge Austin, Director of Family Planning and Pregnancy Prevention Programs at Children's Aid, and Edie Sharp, Deputy Chief of Staff at NYCDOE, are Vice-Chairs. The full Task Force developed the recommendations in this report between October 2017 and March 2018.

The Task Force worked to develop strategies and recommendations to address existing gaps around sexual health education in our school system. The Task Force recognizes the magnitude of the task at hand. NYCDOE schools educate 1.1 million students from a diverse array of gender identities and expressions, sexual orientations, races and ethnicities, socioeconomic backgrounds, abilities, and immigration statuses. Across all recommendations, it is also critical to meet the needs of English language learners and students receiving special education services. Nonetheless, sexual health education is key to the sexual health and overall well-being of students and young adults, and it is imperative to take meaningful action on this issue.

## II: Sexual and Reproductive Health of Young People in New York City

According to the Centers for Disease Control and Prevention (CDC), the number of new chlamydia, gonorrhea, and syphilis cases reached a record high in 2016, with more than two million reported infections in the United States.<sup>2</sup> Estimates suggest that 15- to 24-year-olds acquire half of all new STIs in the United States.<sup>3</sup> From 2012 to 2016, nationally, reported cases of chlamydia, gonorrhea, and primary and secondary syphilis among both males and females ages 15 to 19 years and 20 to 24 years increased.<sup>4</sup> During the same period, New York City saw decreases in reported cases of chlamydia and gonorrhea among males and females ages 15 to 24 years<sup>5</sup>; however, primary and secondary syphilis cases increased 31.9% among 15- to 19-year-olds and 55.7% among 20- to 24-year-olds.<sup>6</sup> In 2016, there were 10,525 reported cases of chlamydia among 15- to 19-year-old females and 13,110 among 20- to 24-year-old females in New York City, both representing increases compared to the previous year.<sup>7</sup> And while only 15 cases of primary and secondary syphilis were reported among 15- to 19-year-old females and 28 among 20-24-year-old females in 2016, these represent 150% and 154.5% increases, respectively, compared to 2015.<sup>8</sup> The CDC estimated that, in the United States, 1,122,900 adults and adolescents were living with HIV at the end of 2015, 162,500 (15%) of whom were undiagnosed.<sup>9</sup> An estimated 44% of 13- to 24-year-olds with HIV were unaware of their status.<sup>10</sup> While the overall number of new HIV diagnoses in New York City continues to decline, nearly 39% (882 of 2,279) of new HIV diagnoses in New York City in 2016 were among 13- to 29-year-olds, the vast majority young gay and bisexual men and other men who have sex with men (MSM) of color.<sup>11</sup> In 2016, 882 New Yorkers ages 13 to 29 years were newly diagnosed, including 766 males and 116 females.

CDC Youth Risk Behavior Surveillance (YRBS) and New York City Youth Risk Behavior Survey 2015 data show that 41.2% of high school students nationwide (27.2% in New York City) had ever had sexual intercourse.<sup>12</sup> Among those currently sexually active, only 56.9% (62.6% in New York City) had used a condom during their last sexual intercourse; 13.8% (15.7% in New York City) reported that neither they nor their partner had used any method to prevent pregnancy during their last sexual intercourse.

A 2017 NYCDOHMH report found that while overall pregnancy rates dropped 60% among 15- to 19-year-olds in New York City from 2000 to 2015, rates are highest in the city's poorest neighborhoods.<sup>13</sup> Among more than 9,000 pregnancies in this age group in 2015, almost eight in 10 were unintended.<sup>14</sup>

New York City youth also face some of the highest rates of intimate partner violence in the country. According to a 2016 CDC report, 12% of New York City students report experiencing physical dating violence in the 12 months before they were surveyed, significantly higher than the national average of 9.6% of students.<sup>15</sup> Nationally, the CDC estimates that nearly 1.5 million high school students are affected by dating violence annually<sup>16</sup> and 16- to 24-year-old females report the highest rate of intimate partner violence, compared to all other demographics, which can have lasting detrimental effects on physical and sexual health and on future relationships.<sup>17</sup>

In 2015, for the first time, the CDC included in the YRBS a question to ascertain sexual identity and sex of sexual partners; about 14% of New York City students identified as “gay or lesbian,” “bisexual,” or “not sure.”<sup>18</sup> The same data show that LGBTQ students in New York City were more likely to be bullied, experience depressive symptoms, and seriously consider suicide and actually attempt suicide when compared to their heterosexual, cisgender peers.<sup>19</sup> For transgender and gender nonconforming (TGNC) students K-12, school can be even more difficult; nationwide, 78% of transgender individuals reported being harassed, 35% being physically assaulted, and 12% experiencing sexual violence.<sup>20</sup>

### III: The Value of Sexual Health Education

Sexual health education is imperative to the sexual health and overall well-being of students and young adults. The Future of Sex Education Initiative (FoSE), a partnership between Advocates for Youth, Answer, and the Sexuality Information and Education Council of the United States (SIECUS) launched in 2007, and adapted the CDC definition of health education in its own definition of comprehensive sex education: “A planned, sequential K-12 curriculum that is part of a comprehensive school health education approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality. The curriculum should be designed to motivate and assist students to maintain and improve their sexual health, prevent disease and reduce sexual health-related risk behaviors. It should allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills, and practices. The comprehensive sexuality education curriculum should include a variety of topics including anatomy, physiology, families, personal safety, healthy relationships, pregnancy and birth, sexually transmitted diseases including HIV, contraceptives, sexual orientation, pregnancy options, media literacy and more. It should be medically accurate and affirming. Qualified, trained teachers should provide sexuality education.”<sup>21</sup>

Leading public health and medical professional organizations agree. Following a 2009 review of published literature and sentinel reports on the effectiveness of comprehensive and abstinence-only sexual education published in the previous decade, the American Medical Association stated: “Comprehensive-based sexuality education curricula that include accurate information about contraception and condom use, and that may also encourage abstinence (as the only fully effective way to prevent pregnancy and the transmission of disease), continue to be the most effective at increasing adolescents’ knowledge about pregnancy and disease prevention.”<sup>22</sup> In 2014, the American Public Health Association issued a Policy Statement asserting that “[w]hile sexual risk reduction for HIV, STIs, and pregnancy prevention cannot rely on a single strategy given the many contributing factors, rigorous research and evaluations have consistently demonstrated that comprehensive sexuality education (CSE) can have a positive impact on young people’s sexual behavior...” and that “[e]xperts in the fields of adolescent development, health, and education recommend that sexuality education programs, as part of a comprehensive health education program, provide young people with accurate information necessary to protect their sexual health; foster equality, rights, and respect; assist youth in developing a positive view of themselves and their sexuality; and help them acquire skills to communicate effectively, make informed decisions, and stay safe.”<sup>23</sup>

The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Society for Adolescent Health and Medicine, and American Sexual Health Association,<sup>24</sup> – along with leading advocacy organizations<sup>25</sup> – similarly champion comprehensive sexual health education programs as beneficial to the sexual health and well-being of young people.

## IV: Sexual Health Education in NYCDOE Schools

### A. Sexual Health Education Requirements in NYCDOE Schools

In New York State, public schools are not required to teach students sexual health education as part of the New York State Education Department (NYSED)'s health education mandate. Schools must offer basic HIV/AIDS education to all students K-12, but the decision to offer sexual health education as described in the previous section is left to local school districts.

#### **Elementary Schools (Grades K-5)**

In New York State, elementary school classroom instruction must include a sequential health education program for all students. While state regulations do not specify a required number of lessons or amount of instructional time, they require teachers to provide “planned activities for developing attitudes, knowledge and behavior that contribute to [students’] own sense of self-worth, respect for their bodies and ability to make constructive decisions regarding their social and emotional, as well as physical, health” for the lower grades, and “health instruction through which pupils may become increasingly self-reliant in solving their own health problems and those of the group” for the upper grades.<sup>26</sup>

State regulations also require appropriate instruction with regard to HIV/AIDS as part of the sequential health education program for students K-12.<sup>27</sup> NYCDOE specifies the number of HIV/AIDS lessons required in each grade. Elementary school students K-5 must receive five HIV/AIDS education lessons each year. NYCDOE requires that elementary schools use its HIV/AIDS Curriculum,<sup>28</sup> which provides age and developmentally appropriate lessons for students K-12, to meet this requirement.

In elementary schools, certified health education teachers or classroom teachers may teach health education and HIV/AIDS education lessons. NYCDOE offers full-day, in-person trainings to help teachers implement the HIV/AIDS Curriculum for students K-5, as well as trainings on recommended health education curricula.

#### **Middle and High Schools (Grades 6-12)**

In 2011, NYCDOE made sexual health education a mandatory component of the comprehensive health education courses required in middle and high schools.

New York State requires one credit (54 hours) of health education for middle school students and the same for high school students 9-12. Completing a health education credit is not a requirement for promotion from middle school to high school, but is a requirement for high school graduation. NYCDOE strongly recommends that middle school students meet their health education requirement in 6<sup>th</sup> or 7<sup>th</sup> grade, and high school students in 9<sup>th</sup> or 10<sup>th</sup> grade. NYCDOE – but not the state – requires that these

health classes include sexual health education, but does not specify a number of lessons to be dedicated to the topic.

In New York State, middle and high school students must receive HIV/AIDS education lessons each year. NYCDOE specifies the number of lessons required: 6<sup>th</sup> graders must receive five lessons per year and students in grades 7-12 must receive six lessons per year. NYCDOE requires that middle and high schools, like elementary schools, use its HIV/AIDS Curriculum to meet this requirement.

Parents/ guardians have the right to opt their children out of select lessons on pregnancy, STIs, and HIV prevention by submitting a written request to the school principal, including an assurance that they will provide these prevention lessons at home.

In middle and high schools, only certified health education teachers may teach health education. New York State has an incidental teaching provision, which permits teachers to teach one class out of license if they demonstrate subject matter competency.<sup>29</sup> NYCDOE teachers not certified in health education are frequently assigned to teach health education under this provision. NYCDOE offers full-day, in-person trainings to help teachers implement the HIV/AIDS Curriculum for students 6-12 in their schools; half-day refresher trainings are available for teachers who have previously participated in the training. Trainings are also available for teachers on recommended health education curricula.

### **Condom Availability and Demonstrations in NYCDOE Schools**

Another important sexual health resource available in NYCDOE high schools is the Condom Availability Program (CAP), overseen by NYCDOE Office of School Wellness Programs. High schools are required to provide Health Resource Rooms, where free male and female condoms, health information, and health referrals are made available to students by trained staff. Trained staff may also provide condom demonstrations, upon student request.

The Office of School Wellness Programs ensures CAP staff is appropriately trained, Health Resource Rooms are sufficiently stocked with condoms and other safer sex materials and information, and technical assistance is available to CAP staff.

As of 2015, high schools may offer condom demonstrations as a part of the health education curriculum. Parents/ guardians may opt their student out of participating in condom demonstrations or receiving condoms through CAP. Parents/guardians may not opt their student out of receiving information about health services or referrals.

## **B. NYCDOE Schools' Compliance with Sexual Health Education Requirements**

In 2015, Mayor de Blasio signed two laws that require NYCDOE to issue annual reports on health education in schools K-12. Local Law 14 reports provide district- and school-level data on the number of middle and high school students scheduled for the required semesters of health education; Local Law 15

reports provide district- and school-level data on the number of full- and part-time licensed health education instructors in NYCDOE schools, and the number receiving professional development from NYCDOE Office of School Wellness Programs.<sup>30</sup>

### **Student Enrollment in Health Education: Middle and High Schools**

The Local Law 14 report for the 2016-2017 school year found that only 60.2% of 8<sup>th</sup> graders were scheduled for at least one semester of health education in middle school<sup>31</sup>; 99.7% of high school students who graduated in 2017 had met the one semester of health education required for graduation.<sup>32</sup> Data on the content of health education are not collected; therefore, there are no data on the content or quantity of sexual health education provided during the health education courses.

### **Teachers: Licensed Health Teachers and Sexual Health Education Professional Development**

The Local Law 15 report for the 2016-2017 school year identified a total of 151 licensed health instructors across all NYCDOE schools, while 17,957 instructors were assigned to teach health education.<sup>33</sup>

The Local Law 15 report also found that a very small number of instructors had received sexual health education training from NYCDOE. Only 10.8% of all health education instructors (1,942 instructors out of 17,957 total instructors assigned to teach health education) received training on sexual health education by NYCDOE in the 2015-2017 school years. Only 2.4% of all health education instructors (427) attended multiple sessions of sexual health education professional development in that time period.

## **C. Sexual Health Education Curricula in NYCDOE Schools**

As is standard across subject areas, NYCDOE does not mandate a specific health or sexual health education curriculum. NYCDOE Office of School Wellness Programs does recommend health curricula, identified through a rigorous curriculum review process, which involves engaging a formal review committee and utilizing established curriculum evaluation tools. Curricula recommended via the review process are research-informed and/or evidence-based, and developed by leading national publishers. Recommended curricula align with the New York State Standards in Health Education,<sup>34</sup> the CDC's National Health Education Standards,<sup>35</sup> and FoSE's National Sexuality Education Standards: Core Content and Skills, K-12.<sup>36</sup> NYCDOE Office of School Wellness Programs works with educators and health education experts to identify resources to help fill gaps in the curricula.

After it selects a curriculum to recommend, NYCDOE Office of School Wellness Programs designs trainings and guidance materials to introduce the curriculum to teachers. Schools may purchase the curriculum through NYCDOE purchasing systems, but teachers who attend trainings receive the curriculum free of charge. Information about recommended curricula is posted on the NYCDOE website

and shared through various teacher and principal communication channels. NYCDOE Office of School Wellness Programs continually monitors teacher feedback, updated NYSED requirements, the standards mentioned in the previous paragraph, emerging best practices, and local and national data to ensure curricula are current and responsive to student and teacher needs.

To further support principals and teachers seeking to implement effective health and sexual health education, NYCDOE Office of School Wellness Programs is developing Health Education Scope and Sequence documents for grade bands K-5, 6-8, and 9-12, to be rolled out during the 2018-2019 school year. These documents offer a practical framework for administrators, teachers, and parents that outline the range of key health concepts and skills students learn across grade levels (scope), and the logical progression of essential health knowledge, skills, and behaviors at each grade level K-12 (sequence). They will also include guidance on how teachers can use the recommended health education curricula in alignment with the Scope and Sequence documents.

### **NYCDOE Office of School Wellness Programs**

NYCDOE Office of School Wellness Programs (OSWP), part of NYCDOE Division of Operations and Office of School Health (an office jointly operated by NYCDOE and NYCDHMH), “partner[s] with schools to create conditions where health and physical education thrive and engages the school community with programs to support student wellbeing.” OSWP provides citywide support for K-12 health education and physical education, across all City schools.

OSWP also offers schools resources for health and sexual health education, including recommended curricula; free trainings; mentoring; a K-12 health education scope and sequence document (which outlines key health topics and a logical progression for teaching them), and connection with community-based organizational partners offering health- and sexual-health education programming. Finally, OSWP oversees the NYC District Wellness Advisory Council, which brings together stakeholders and experts on a quarterly basis to review health and physical education materials and advise on effective implementation of programs that support student well-being.

OSWP oversees the following health education-related programs:

- Condom Availability Program (CAP)/Health Resource Rooms: Program providing free condoms, health information, and health referrals from trained staff for students in grades 9-12
- School Wellness Councils: Advisory groups of students, parents, and school staff committed to improving the health and well-being of students and the school community

Other OSWP programs relate to physical education and activity.

## D. Task Force Highlights

Mayor de Blasio and the City of New York are committed to improving the state of sexual and reproductive health for young people in the City. Consequently, the Mayor signed Intro 1098-B which convened a number of students, educators, direct service providers, city officials, and content experts, to thoroughly review the state of sexual health education in New York City.

The Task Force closely reviewed and discussed the state of young New Yorkers' sexual and reproductive health, City and State educational mandates, and the data in the reports mandated by Local Laws 14 and 15.

Task Force members also drew from their own expertise and experiences to build the recommendations in this report. Students described their experiences in sexual health education classes and across their schools; parents emphasized the importance of family and community buy-in; educators shared their experiences leading health education classes; health and sexual health education experts shared best practices occurring locally and across the country; City agency representatives shared educational and health surveillance data and clarified the structure of NYCDOE and NYCDOHMH programs; and school administrators described the importance of balancing the safety and well-being of their students with respecting the agency of students' parents, families, and chosen families.

The diversity of Task Force members and their perspectives underscores the City's commitment to working with communities and partners to address sexual health education in NYCDOE schools. By drawing on this broad array of perspectives, opinions, experiences, and expertise, the Task Force was able to develop recommendations that meaningfully address the need of different communities and stakeholders.

Underlying all Task Force conversations was a sense of urgency to address systemic issues and a call for action for policy changes on sexual health education.

The Task Force worked diligently to develop actionable recommendations that address the urgent need for policy and practice reform, within the reality of health and sexual health education in NYCDOE schools, and in the context of increased support for this issue by NYCDOE and other City agencies.

## V: Recommendations

The goal of sexual health education is to provide young people with medically accurate, medically affirming, age-appropriate, and comprehensive information about bodily development, sex, sexuality, and relationships, along with skills-building to help them communicate and make informed decisions about sex and their sexual health.<sup>37</sup> Student, school, family, and community participation is critical to implementing meaningful, culturally responsive, inclusive, and sustainable sexual health education. The Task Force identified four broad strategies to achieve this goal, and developed specific recommendations within each:

- A. Prioritize a Culture of Sexual Wellness and Inclusivity in all Schools.** Schools play a fundamental role in students' development of the knowledge and skills needed to care for their health, including their sexual health. NYCDOE must ensure schools have the resources and support necessary to build a culture of sexual wellness and inclusivity both within and outside the classroom.
- B. Ensure All Students Are Served by Well Equipped and Supported Health Education Instructors.** Teachers of comprehensive health education, which includes sexual health education, play a critical role in helping students develop the knowledge and skills that will support their well-being. Given that many NYCDOE health education teachers are not certified in health education and/or have not received training on the subject, NYCDOE must provide for more qualified teachers and professional development opportunities to ensure effective delivery of health education in schools.
- C. Improve the Content, Substance, and Methods of Sexual Health Education.** A critical function of NYCDOE is to assess the content of the health education curricula (including sexual health education) in use in K-12 schools. Inconsistencies in current health education lesson content and instruction time demonstrate the necessity of content, methods, and timing standards (including the amount of instructional time at different grade levels).
- D. Strengthen Accountability and Reporting.** To ensure equitable access to sexual health education for all students, NYCDOE must employ more comprehensive tracking and monitoring strategies to hold principals and instructors accountable for sexual health education implementation.

### A. Prioritize a Culture of Comprehensive Sexual Wellness and Inclusivity in All Schools

Schools must foster a culture of wellness and inclusivity that intentionally incorporates the voices and experiences of those who are often marginalized due to their gender identity and expression, sexual orientation, race and ethnicity, income, ability, language of origin, immigration status, and other factors. Shifting school culture regarding health education and sexual health education will, in turn, increase school and community accountability toward ensuring student access to health education and sexual health education.

**RECOMMENDATION 1: Establish a district-wide philosophy and vision of comprehensive health education, including sexual health education, that is developed by central NYCDOE leadership and modeled in all schools**

NYCDOE schools have a responsibility to ensure equitable access to comprehensive and inclusive health education and related services and support for all students in all school contexts. Through its leadership and Office of School Wellness Programs, NYCDOE must clearly communicate that comprehensive health education equity – including health and sexual health education instruction, supportive programs, students’ access to necessary services, and overall school culture – is a priority and a core principle. The Task Force recommends the City:

- a. Develop a comprehensive set of City-wide expectations for equitable provision of health education. These expectations should explicitly address and prioritize sexual health education in both elementary and secondary schools. They should guide health education policies, the allocation of resources, and how schools and principals are held accountable. These expectations should avoid using – and should actively dismantle – cisnormative, heteronormative, and ethnocentric frameworks. A multidisciplinary team led by NYCDOE Office of School Wellness Programs and including representatives of NYCDOE Office of Safety and Youth Development and Office of the Chancellor should develop these expectations. This team should initiate its work during the 2018-2019 school year, and the Chancellor’s office should publicly release principles in early 2019. The expectations should be clearly defined, in order to facilitate measuring progress towards goals.
- b. Fund expansion of NYCDOE Office of School Wellness Programs Health Education Focus Schools. Currently, under a CDC grant ending in 2018, NYCDOE Office of School Wellness Programs works closely with administrators, health educators, and School Wellness Councils at 26 “Health Education Focus High Schools” to provide quality sexual health education in health education classes; establish strong Condom Availability Programs and linkages with external youth-serving clinics; and support LGBTQ students through classroom and school-wide initiatives.<sup>38</sup> NYCDOE should expand the initiative to additional high schools, and develop similar programs at select elementary and middle schools to tackle the specific barriers and issues that exist at each grade level. Funding should be provided to expand to a minimum of 50 schools, across all grade levels, per borough per year, with priority given to areas with high pregnancy and STI rates where the majority of students live near the school.
- c. Fund district-wide expansion of NYCDOE School Wellness Councils. School Wellness Councils, school-based groups of parents, students, school staff, and community members, work to promote healthy school environments, set school wellness goals, promote inclusivity, and make sure physical education and health education instruction (including sexual health education) are prioritized schoolwide. School Wellness Councils current operate in approximately 175 schools under a NYCDOE Office of School Wellness Programs grant program. NYCDOE should

significantly expand free tools and trainings for other schools to establish School Wellness Councils.<sup>39</sup> Schools' health education instructors should have an active role in the Councils.

- d. Engage students in health education equity efforts. Students should have regular opportunities to participate in discussions of sexual health education and to co-facilitate supplementary health education programs where age appropriate. NYCDOE Office of School Wellness Programs should oversee these student involvement initiatives, including partnering with local community-based organizations and City agencies that have developed successful student- and youth-led workshops and advisory groups, such as the Human Resource Administration's [Teen Relationship Abuse Prevention Program](#).

**RECOMMENDATION 2: Ensure school staff have basic competencies around inclusivity and respect, and can link students to appropriate sexual health resources outside the school setting**

Though a limited number of instructors are directly responsible for teaching health education (see Section C for related recommendations), every adult in the school environment can help shape a culture conducive to positive health outcomes. NYCDOE should draw upon the existing and potential expertise of instructors and other school-based stakeholders. The Task Force recommends the City:

- a. Ensure all instructors, administrators, behavioral health professionals, and student peer leaders understand basic concepts regarding inclusivity and respect; can respond to student concerns about sexual health in an appropriate, nonjudgmental manner; and are able to refer students to appropriate health resources within the school as necessary. NYCDOE should partner with existing initiatives such as NYCDOHMH [NYC Teens Connection](#) (an initiative that brings together youth, parents, community-based organizations, schools, clinics, and City agencies in a comprehensive effort to reduce unintended teen pregnancy) to draft guiding principles on these concepts. Once the guiding principles are established, they should be clearly and regularly communicated and reinforced to the groups listed above. NYCDOE should also explore the feasibility of adding a preservice certification requirement for all teachers on inclusivity and consent.
- b. Develop a student-facing resource bank of sexual health, gender identity, healthy relationships, and gender equity information available to all students. Various high-quality resources are available through City agencies, including NYCDOHMH's [Teens in NYC mobile app and booklet](#) and the [NYC Health Map, an online provider locator](#); NYC Department of Youth and Community Development's [Youth Connect](#), a resource and referral service for youth, families, and community-based organizations utilizing web-based strategies and confidential hotline; [The LGBTQ Guide of Services and Resources](#) maintained by NYC Office of the Comptroller; [NYC HOPE](#), a web-based portal from the Mayor's Office to Combat Domestic Violence, which connects New Yorkers to resources and information to assist those experiencing intimate partner violence, including teen dating violence; and [Generation NYC](#), from the NYC Children's Cabinet. NYCDOE should aggregate a list of these and related resources, post them on the

NYCDOE website, and promote this student-facing resource bank via posters and other signage in School-Based Health Centers, CAP/ Health Resource Rooms, hallways, and other high-traffic areas in middle and high schools.

**RECOMMENDATION 3: Increase broad community buy-in of sexual health education through public awareness campaigns and informational sessions**

Students' education is not confined to their experience in school. Efforts to create a culture of sexual health and wellness for NYCDOE students will be most successful with the participation and support of students' parents, families and chosen families, and communities. The Task Force recommends the City:

- a. Develop and implement culturally responsive public awareness campaigns to help parents, families and chosen families, communities, faith leaders, and other stakeholders understand the meaning and importance of health and sexual health education. These public awareness campaigns and informational sessions should be offered in multiple languages according to the needs of the local community; reflect current, medically accurate, and medically affirming information with regard to sexual health; avoid cisnormative, heteronormative, and ethnocentric frameworks; and include content on how to discuss this subject matter with young people. NYCDOE should consider funding community partners to develop these campaigns and information sessions in collaboration with NYCDOE. For example, the City could expand NYCDOE's existing partnership with Planned Parenthood of New York City, which currently trains school-based parent coordinators to serve as sexual health education resources for families and chosen families, and partner with the Mayor's Office to Combat Domestic Violence to expand the parent workshops offered through the [NYC Healthy Relationship Training Academy](#). All public awareness campaigns and informational sessions should be launched by 2020.
- b. Develop resources for school leaders to use in informational sessions that provide detailed information on sexual health education for parents, families and chosen families, and communities. NYCDOE should encourage schools to regularly organize these sessions, and tailor them to the needs of their school community. In-person and webinar sessions should serve as opportunities for attendees to discuss content (such as sexual and reproductive health, sexual orientation, gender identity, and gender expression) as well as the overall goals of comprehensive sexual health education. This will allow adults in students' lives to model and reinforce positive lessons from sexual health education received in schools. NYCDOE Office of Family and Community Engagement and Office of School Wellness Programs should organize and lead these sessions.

## B. Ensure All Students Are Served by Well-Equipped and Supported Health Education Instructors

To be effective, sexual health education curricula must be delivered by skilled, prepared, and culturally responsive instructors. Evidence shows that trained teachers are more likely than untrained teachers to follow a designated curriculum for sexual health education, and that teacher training positively affects program outcomes.<sup>40</sup> Proper training also builds teachers' comfort and confidence around teaching sexual health education, addresses their personal biases, and ensures greater understanding of the biological, socio-emotional, and legal aspects of sexual health.

As described earlier in this report, only a small number of NYCDOE teachers assigned to teach health education are licensed in health education or have received professional development offered by NYCDOE on health or sexual health education. Further, 161 schools reported no instructors assigned to teach health education in the 2016-2017 school year.<sup>41</sup>

**RECOMMENDATION 4: Require schools to provide health education from a certified or otherwise qualified health instructor, with demonstrable sexual health education teaching competencies**

Comprehensive health education instructors must be able to accurately and clearly communicate a large body of medical, socio-emotional, and interpersonal information; comfortably discuss sensitive topics with young people; and be respectful of students' varied experiences and identities. The Task Force recommends the City:

- a. Require that all K-12 schools provide health education taught by a certified or otherwise qualified health instructor who has received high-quality training in sexual health education. In addition to health education certification, acceptable qualifications for health education instructors include completing Health Education Pathway offered by the NYCDOE Office of School Wellness Programs,<sup>42</sup> or completing training from high-quality community-based organization or educational partners approved by NYCDOE. In addition to ensuring sufficient funding to allow for this staffing, the City should explore incentives or other strategies for increasing the *consistency* of health education teachers (i.e., not assigning different teachers to the role each year). NYCDOE should explore multiple strategies to meet this recommendation.
- b. Establish a pool of instructors that provide instruction at two or more schools for schools too small to require full-time health education instructors. NYCDOE should explore the possibility of sharing health education instructors across co-located schools.
- c. Develop a set of competency standards agreed upon by NYCDOE and the United Federation of Teachers for certified and non-certified health education instructors teaching sexual health education.
- d. Ensure compliance with standards through ongoing evaluation of health education instructors.

**RECOMMENDATION 5: Invest in policies and programs that increase the number of certified health education teachers**

- a. Collaborate with NYSED on strategies to increase the number of certified health education teachers in NYCDOE schools. NYCDOE should work with NYSED to establish a local health education certification for NYCDOE instructors that NYSED both recognizes and supports and more seamless interstate reciprocity policies for applicants with health education certifications in other states. In addition, NYCDOE should work with NYSED to develop a health certification extension for instructors with an initial teaching certification, modeled after the Subsidized Bilingual Extension Program, which allows content-area teachers to become authorized bilingual educators quickly and at no cost to the teacher.
- b. Incentivize NYCDOE teachers who are not currently health instructors to obtain certification in health education or pursue a health education subject extension (as described above).
- c. Establish, fund, and sustain a health education instructor recruitment initiative similar to existing models. Model programs may include [NYC Men Teach](#), which funds new initiatives and programs aiming to put an additional 1,000 men of color on course to become NYCDOE teachers, and [NYC Teaching Fellows](#), which prepares college graduates and career changers for careers in teaching high-needs subjects. A critical prerequisite for this recommendation is creating *demand* for health education instructors, as in recommendation 4a, above.

**RECOMMENDATION 6: Require professional development for instructors assigned to teach health education, in order to ensure students receive high-quality health education from a prepared and knowledgeable teacher**

As medical information changes and cultural norms around sexuality and gender evolve, health education instructors must remain current with regard to sexual health education information and instruction. The Task Force recommends the City:

- a. Mandate training and ongoing professional development for instructors assigned to teach health education that focuses on comprehensive sexual health topics. These topics should include puberty and anatomy; healthy relationships, consent, self-management, and decision-making; body image and self-esteem; gender, gender identity, and gender expression; sexual orientation; the benefits of delaying sexual activity; prevention methods for unintended pregnancy; HIV and STIs, including prevention, testing, and treatment; access to local reproductive health care providers; skills-building strategies for preventing and addressing bullying, sexual violence, and dating violence; and the role of technology and social media in relationships, including cyber-sexual abuse. NYCDOE should also encourage health education teachers to participate in implicit bias training. NYCDOE should fund substitute instructor coverage and other incentives to allow instructors the opportunity to attend trainings and professional development opportunities. NYCDOE Office of School Wellness Programs should

continue to – and external training providers should be encouraged to – offer teachers Continuing Teacher and Leader Education (CTLE) credits for attending trainings as an incentive to attend trainings outside of school hours. NYCDOE Office of School Wellness Programs should update mandated health education instructor training materials biannually, to ensure content remains up-to-date.

- b. Provide funding to increase the number of sexual health education training and ongoing professional development opportunities for all NYCDOE employees. NYCDOE should explore multiple strategies to increase access to these opportunities, including facilitating a cohort or professional learning community through which participants have access to trainings, site visits, and mentoring by experienced health education instructors who can support new or aspiring instructors; NYCDOE’s existing mentorship program for all new teachers may serve as a model.<sup>43</sup> Other strategies include expanding the number of trainings NYCDOE Office of School Wellness Programs offers and partnering with community-based organizations and other City agencies to enhance and localize existing trainings and/or develop new ones.

### C. Improve the Content, Substance, and Methods of Sexual Health Education

A critical function of NYCDOE is to set expectations, provide resources, and ensure equitable instruction for all students.

**RECOMMENDATION 7: Expand support and resources for rigorous curriculum review, development, and implementation by NYCDOE Office of School Wellness Programs and NYC District Wellness Advisory Council**

NYCDOE currently offers a set of recommended health education curricula for free to instructors who participate in relevant trainings. Recommended curricula go through a rigorous review process during which committees of teachers, parents, health education specialists, public health experts, and community partners review content and provide recommendations for improvement. In spring 2017, NYCDOE Office of School Wellness Programs launched the NYC District Wellness Advisory Council, which meets quarterly to review health and physical education materials and advise on effective implementation of programs that supports student well-being. The Wellness Advisory Council’s Health Education Subcommittee provides ongoing review of health education materials and programs. Given its structure and expertise, the Wellness Advisory Council is best positioned to review recommended sexual health education curricula on an ongoing basis. The Task Force recommends the City:

- a. Support rigorous review and high-quality implementation of health education curricula. NYCDOE should provide sufficient funding to ensure that NYCDOE Office of School Wellness Programs staff have the capacity to review and assist instructors in implementing sexual health education curricula on an ongoing basis.

- b. Fund the Office of School Wellness to support a new initiative to work with teachers to identify or develop instructional materials and resources specific to New York City (i.e., designed with NYC's student population in mind), and establish supplementary and additional materials that fill gaps identified through ongoing review. NYCDOE should explore developing teaching materials for subjects other than health, such as social studies or language arts. NYCDOE should disseminate these materials to NYCDOE schools, principals, and educators, as appropriate.
- c. Ensure instructor participation in curriculum reviews, including direct review of curricula, piloting new curricula, and mentoring other instructors.
- d. Ensure that NYC District Wellness Advisory Council reviews address critical topics, skills, and concepts, as described in Appendix B.

**RECOMMENDATION 8: Increase the mandated quantity of sexual health education across all grade levels**

Currently, NYCDOE requires that sexual health education topics be included in the one semester of daily health education required of middle school students, and in the one semester of health education required of high school students. The Task Force recommends the City:

- a. Require sexual health education to be taught on a regular basis, across all grade levels. The Task Force recommends the City require NYCDOE schools to offer sexual health education in at least once within grades K-2 and at least once within grades 3-5. Sexual health education should be led by classroom teachers as part of the existing health education requirements for elementary school classrooms. The sexual health component should constitute approximately 20% of the health education lessons. Sexual health education for elementary school students should cover healthy relationships and sexuality, consent and bodily autonomy, and should be in alignment with National Sexuality Education Standards (NSES). Setting the foundation for these concepts in elementary school is critical to building upon them in successive years, as with every other topic area. For middle school students, the required health education class should be offered in 6<sup>th</sup> or 7<sup>th</sup> grade, and the sexual health education component should constitute approximately 20% of the health education lessons. For high school students, the required health education class should be offered in 9<sup>th</sup> or 10<sup>th</sup> grade, and the sexual health education component should constitute approximately 20% of the health education lessons. Ensure that schools have properly trained staff to provide health education at these levels by funding Recommendations 4, 5, and 6 above.
- b. Provide students access to some form of sexual health education every year, K-12, in addition to the sexual health education offered as part of required health education courses. Schools should have flexibility with regard to these programs so that they meet the needs of their students. NYCDOE Office of School Wellness Programs should provide a list of recommended activities, programs, or collaborators for this work –as well as a list of sexual health education topics that should be addressed – to encourage creative program offerings and collaboration with high-

quality community-based organizations. These programs provide an opportunity to address other topics critical to sexual health, including gender equality, gender diversity, and sexual justice. Principals should be accountable for ensuring that schools offer these programs through the Annual Principal Performance Review (APPR) and/or School Quality Review. NYCDOE should consider providing a moderate amount of funding to each school in each year to fund these programs.

#### D. Strengthen Accountability and Reporting Practices

Several changes to NYCDOE data collection mechanisms are necessary for adequately monitoring compliance with existing NYCDOE, NYSED, and other City and State health education and sexual health education requirements, as well as with the policy changes this report recommends. Following a system-wide assessment of existing mechanisms, NYCDOE should ensure that its overall system is capable of capturing comprehensive content, quantity, timing, and instructor data. These data should come from diverse observers, including students, through quantitative and qualitative means. The nature and volume of these data should allow for analysis and quality improvement recommendations by external stakeholders.

#### **RECOMMENDATION 9: Create district- and school-level accountability for sexual health education**

The Task Force recommends the City:

- a. Convey the importance of health and sexual health education to superintendents through annual trainings and strong communication from the central NYCDOE office. (See Recommendation 1 about creating a district-wide set of health education expectations).
- b. Encourage superintendents to hold schools and principals accountable to offering high-quality health and sexual health education. NYCDOE should hold schools accountable through their periodic School Quality Reviews, which are two-day, onsite evaluations conducted in a sample of schools each year.<sup>44</sup> NYCDOE should hold principals accountable through their annual professional performance review (APPR), via inclusion in the Multidimensional Principal Performance Rubric.<sup>45</sup> Specifically, during School Quality Reviews and while completing the MPPRs, reviewers should indicate whether educators at a school have had the opportunity to attend at least three professional development opportunities related to sexual health education within a year, and whether students have had the opportunity to engage in sexual health education in each school year.

**RECOMMENDATION 10: Develop systems to assess the quantity, implementation and delivery, and student experience of health education and sexual health education**

The Task Force recommends the City:

- a. Add the number of hours of health education that students receive to the existing annual Local Law 14 report, to provide public reporting on the specific quantity of health education provided in both middle school and high school.
- b. Develop mechanisms to capture student feedback on health education and sexual health education courses and instructors, such as through the annual school survey. Students should have opportunities to provide feedback on instructor knowledge and sensitivity about sexual health topics; amount of instruction time within their health education class dedicated to sexual health; information that was not included in the instruction; and schools' progress in creating a school-wide culture of sexual health wellness and inclusivity. These data will provide valuable school-level information that can help identify student needs and actions school should take to create and sustain a culture of sexual health wellness and inclusivity. NYCDOE should establish mechanisms to ensure that schools review and respond to this feedback as appropriate.
- c. Fund and implement annual onsite observations to gauge schools' compliance with NYCDOE and NYSED health education and sexual health education requirements, instructor delivery of curricula, and schools' overall efforts to create and sustain a culture of sexual health wellness and inclusivity. These observations should serve as opportunities to identify schools' strengths and weaknesses and collectively develop action plans to help schools provide students with the appropriate content, instruction, dosage, and timing of health education and sexual health education. NYCDOE should conduct observations in a sample of schools each year, including at least one school from each grade band in each district.

**RECOMMENDATION 11: Engage external stakeholders and experts to study sexual health education in NYC and make quality improvement recommendations**

In addition to developing an internal system to track health and sexual health education content, instruction, quantity, and timing, the Task Force recommends partnering with outside researchers to review and publish findings regarding implementation of comprehensive health education curricula, which includes sexual health education. The Task Force recommends the City:

- a. Hire an external evaluator to explore the effectiveness of sexual health education implementation in NYCDOE schools, and provide recommendations for improvement. An evaluation of the effectiveness of the School Wellness Council model would be particularly valuable. NYCDOE should explore funding demonstration projects to pilot new sexual health education instructions and implementation strategies.

## VI: Appendices

### Appendix A: Task Force Leadership and Members

#### Leadership

**Jacqueline M. Ebanks**, Executive Director, Commission on Gender Equity – *Chair*

**Pascale Saintonge Austin**, Director of Family Planning and Pregnancy Prevention Programs, Children’s Aid – *Vice Chair*

**Edie Sharp**, Deputy Chief of Staff, NYCDOE – *Vice Chair*

#### Members

**Elizabeth Adams**, Co-Chair, Sexuality Education Alliance of New York City

**Naureen Akhter**, Parent

**Aretza Arias**, Student, George Washington High School

**David Bell**, Medical Director, Young Men’s Health Center

**Maya Brady Ngugi**, Student, Bard High School

**Smita Deshmukh**, Senior Legislative Counsel, NYC City Council

**Sherell Farmer**, Student, Midwood High School

**Rodney Fisher**, New Principal Support Coaching Fellow and Founding Principal, Marie Curie High School for Medicine and Health Professions

**Maura Flanagan**, Teacher, PS373K Brooklyn Transition Center

**Nora Gelperin**, Director of Sexuality Education and Training, Advocates for Youth

**Ashwini Hardikar**, Director of Prevention and Outreach, Callen-Lorde Community Health Center

**Lindsey Harr**, Executive Director, NYCDOE Office of School Wellness Programs

**Jennifer S. Hirsch**, Professor of Sociomedical Sciences, Columbia University Mailman School of Public Health

**Deborah L. Kaplan**, Assistant Commissioner, Bureau of Maternal, Infant, and Reproductive Health, NYCDOHMH

**Walter Logan**, Student, Midwood High School

**David Lopez**, Director of Prevention Programs, BOOM!Health

**Louise Marchena**, Senior Director of Youth Program, Planned Parenthood of New York City

**Will Mellman**, Research Scientist, Columbia University

**Hannah Pennington**, Assistant Commissioner, Policy and Training, Mayor’s Office to Combat Domestic Violence

**Bryson Rose**, Assistant Director of Training at the Center for LGBTQ Youth Advocacy and Capacity Building, Hetrick-Martin Institute

**Elizabeth Schroeder**, Educator, Author, Trainer in Sexual Health Education

**Anurag Singh**, Chapter Leader of School Psychologist and Social Workers, United Federation of Teachers

**Larry Tantay**, LGBTQI Health Equity Specialist, NYCDOHMH

**Yolanda Torres**, Executive Superintendent, Division of Family and Community Engagement, NYCDOE

**Patty Yuen**, Parent

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**Angel Parker**, Urban Fellow, Commission on Gender Equity

**Juan Rosales**, Managing Director for Policy Implementation, Office of the Chancellor, NYCDOE

**Sara Shoener**, Senior Policy Advisor, Office of the First Lady

**Appendix B: Questions for Sexual Health Education Curricula Review**

The Task Force recommends that the following questions be incorporated into sexual health education curricula review conducted by the NYC District Wellness Advisory Council

Skills

- Are all skills from the National Health Education Standards, such as accessing reliable information and self-advocacy, included?

Safety and Healthy Relationships

- Does the curriculum include violence against trans/GNC folks? How do they define violence? Does it also include institutional and structural violence based on perceived and/or actual gender identity and expression? Do lessons put onus on or blame victims of sexual violence in any way?
- Are lessons regarding sexual violence and consent LGB and TGNC inclusive? Are they taught in elementary, middle, and high school?
- Are lessons regarding healthy relationships and romantic relationships LGB and TGNC inclusive?
- Does the curricula include information for youth on how to protect themselves from sex trafficking and exploitation, including tools to safely navigate potential exploitation and information about resources available to youth who are at risk or in an exploitative situation.”
- Are lessons around navigating unsafe situations inclusive of LGB and TGNC students?
- Are K-5 topics such as family diversity, body autonomy/sexual abuse prevention, consent, friendships, and puberty LGB and TGNC inclusive?

Gender

- Are lessons regarding anatomy and puberty TGNC inclusive in its content and teaching methods (e.g., do they divide class by gender)?
- Do topics regarding sexual orientation also include information on gender identity and expression?
- Does information regarding sexual orientation and gender identities and expressions get introduced early in elementary school?

## Access to Resources

- Is there a lesson in middle/high schools about accessing clinic services and New York State adolescent reproductive and mental health rights?
- Is information regarding HPV and prevention methods up to date?
- Is information regarding emergency contraception and methods of access up to date?
- Is information regarding PrEP/PEP and methods of access up to date?
- What information is provided about options for students who become pregnant (not just pregnancy prevention)?

## Other

- Do high school lessons regarding sex and sexuality include information on pleasure?

## Pedagogical approaches

- Do recommended curricula utilize a skills-based approach (e.g., simulation situations)?
- Do recommended curricula encourage active learning (rather than didactic teaching/passive learning)?
- Do recommended curricula actively encourage culturally responsive methods?
- Do recommended curricula take advantage of new media and other strategies to maximize student learning?

<sup>1</sup> NYS ASSEMBLY MEMBER SCOTT STRINGER, FAILING GRADE: HEALTH EDUCATION IN NYC SCHOOLS: AN ANALYSIS OF K-8 HEALTH EDUCATION IN NEW YORK CITY'S PUBLIC SCHOOL SYSTEM (Jun. 2003), available at [http://assembly.state.ny.us/member\\_files/067/20030622/index.html](http://assembly.state.ny.us/member_files/067/20030622/index.html).

<sup>2</sup> CENTERS FOR DISEASE CONTROL & PREVENTION, CDC FACT SHEET: REPORTED STDs IN THE UNITED STATES, 2016 (2017), available at <https://www.cdc.gov/nchstp/newsroom/docs/factsheets/STD-Trends-508.pdf>.

<sup>3</sup> CENTERS FOR DISEASE CONTROL & PREVENTION, 2016 SEXUALLY TRANSMITTED DISEASES SURVEILLANCE: STDs IN ADOLESCENTS AND YOUNG ADULTS (2017), available at <https://www.cdc.gov/std/stats16/adolescents.htm#ref>.

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<sup>5</sup> NYC DEP'T OF HEALTH & MENTAL HYGIENE, BUREAU OF SEXUALLY TRANSMITTED DISEASE CONTROL, 15 (2) 2<sup>ND</sup> QUARTER 2017 QUARTERLY REPORT, JAN. 1, 2017 – JUN. 30, 2017 (2017), available at <http://www1.nyc.gov/assets/doh/downloads/pdf/std/std-quarterlyreport2017-2.pdf>.

<sup>6</sup> NYC DEP't of Health & Mental Hygiene, Bureau of Sexually Transmitted Disease Control, Unpublished Data (Feb. 14, 2018).

<sup>7</sup> NYC DEP'T OF HEALTH & MENTAL HYGIENE, BUREAU OF SEXUALLY TRANSMITTED DISEASE CONTROL, 15 (2) 2<sup>ND</sup> QUARTER 2017 QUARTERLY REPORT, JAN. 1, 2017 – JUN. 30, 2017 (2017), available at <http://www1.nyc.gov/assets/doh/downloads/pdf/std/std-quarterlyreport2017-2.pdf>.

<sup>8</sup> NYC DEP't of Health & Mental Hygiene, Bureau of Sexually Transmitted Disease Control, Unpublished Data (Feb. 14, 2018).

<sup>9</sup> CENTERS FOR DISEASE CONTROL & PREVENTION, DIAGNOSES OF HIV INFECTION IN THE UNITED STATES AND DEPENDENT AREAS, 2016 (2017), available at <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>.

<sup>10</sup> CENTERS FOR DISEASE CONTROL & PREVENTION, DIAGNOSES OF HIV INFECTION IN THE UNITED STATES AND DEPENDENT AREAS, 2016 (2017), available at <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>.

<sup>11</sup> NYC DEP'T OF HEALTH & MENTAL HYGIENE, HIV SURVEILLANCE ANNUAL REPORT, 2016 (Nov. 29, 2017).

<sup>12</sup> Laura Kann *et al.*, Centers for Disease Control & Prevention, *Youth Risk Behavior Surveillance – United States, 2015*, 65(6) MORBIDITY & MORTALITY WKLY. REPORT (Jun. 10, 2016), available at

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<sup>13</sup> NYC DEP'T OF HEALTH & MENTAL HYGIENE, EPI DATA BRIEF: TRENDS IN PREGNANCY, SEXUAL BEHAVIOR, AND USE OF CONTRACEPTION AMONG TEENS IN NEW YORK CITY (2017), available at <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief98.pdf>.

<sup>14</sup> NYC DEP'T OF HEALTH & MENTAL HYGIENE, EPI DATA BRIEF: TRENDS IN PREGNANCY, SEXUAL BEHAVIOR, AND USE OF CONTRACEPTION AMONG TEENS IN NEW YORK CITY (2017), available at <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief98.pdf>.

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