

THE COMMITTEE ON EDUCATION JOINTLY
WITH THE COMMITTEE ON WOMEN AND GENDER EQUITY
CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON EDUCATION JOINTLY WITH THE
COMMITTEE ON WOMEN AND GENDER EQUITY

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Wednesday, December 4, 2024
Start: 1:13 p.m.
Recess: 4:44 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Rita C. Joseph, Chair
Farah N. Louis, Chair

COUNCIL MEMBERS:

COMMITTEE ON EDUCATION:

Eric Dinowitz
James F. Gennaro
Jennifer Gutiérrez
Shahana K. Hanif,
Kamillah Hanks
Shekar Krishnan
Linda Lee
Farah N. Louis
Mercedes Narcisse,
Pierina Ana Sanchez
Lynn C. Schulman
Althea V. Stevens

COMMITTEE ON WOMEN AND GENDER EQUITY:

Tiffany Cabán
Jennifer Gutiérrez
Kevin C. Riley
Inna Vernikov

Other Council Members Attending: Paladino

THE COMMITTEE ON EDUCATION JOINTLY
WITH THE COMMITTEE ON WOMEN AND GENDER EQUITY
A P P E A R A N C E S

Despina Zaharakis,
Senior Executive Director of the Office of
School Wellness Program at New York City Public
Schools (NYCPS)

Sarah Cocuzzo,
Director of Health Education at New York City
Public Schools (NYCPS)

Kimberly Blair,
Senior Director of Public Policy and Advocacy at
Girls for Gender Equity (GGE)

Yi Lin Zhou,
Young Woman's Advisory Council Participant from
Girls For Gender Equity (GGE)

Jasmina Salimova,
Alumna of Girls For Gender Equity (GGE)

Amalia Sánchez,
Youth Fellow at Girls For Gender Equity (GGE)

Quadira Coles,
Director of Gender Policy at Girls for Gender
Equity (GGE):
*On behalf of Neillah Petitfrere,
Policy and Advocacy Fellow at Girls for Gender
Equity (GGE)

CJ Sánchez,
Leader of New York City Youth Journalism
Coalition; Former Teacher on Student Journalism
in New York City Public Schools

Sirahi Drame,
NYC Youth Journalism Coalition

Natalie Viderman,
NYC Youth Journalism Coalition

THE COMMITTEE ON EDUCATION JOINTLY
WITH THE COMMITTEE ON WOMEN AND GENDER EQUITY
A P P E A R A N C E S (CONTINUED)

Katelynn Seetaram,
NYC Youth Journalism Coalition

Isabella Mason,
NYC Youth Journalism Coalition

Liza Greenberg,
NYC Youth Journalism Coalition

Dr. Aurelie Athan,
Clinical Psychologist, Researcher, and Faculty
Member at Teachers College, Columbia University

Olivia Blake,
Member of the Board of Transformative Schools;
in Support of Resolution 94

Mimi Shelton,
Member of the Board of Transformative Schools;
in Support of Resolution 94

Wellinton Balbuena,
Student at The Brotherhood Sister Sol (BroSis)-
Via translator, in Support of Resolution 94

Nasira Fair, Facilitator and Organizer with the
Liberation Program at the Brotherhood Sister
Soul (BroSis), in Support of Resolution 94

Cree Atkins-Griffin,
Liberation Program at Brotherhood Sister Soul
(BroSis), in Support of Resolution 94

Elise Benusa,
Government Relations and Policy Manager at
Planned Parenthood of Greater New York

THE COMMITTEE ON EDUCATION JOINTLY
WITH THE COMMITTEE ON WOMEN AND GENDER EQUITY

A P P E A R A N C E S (CONTINUED)

Samantha Skaller,
Senior Campus Coordinator at the New York City
Alliance Against Sexual Assault; Certified
Sexuality Educator with the Sexual Health
Alliance

Eric Ramirez-Naranjo,
LGBTQ+ Fellow in Public Policy at Gay Men's
Health Crisis (GMHC)

Molly Senack,
Education and Employment Community Organizer at
Center for Independence of the Disabled, New
York (CIDNY)

Elizabeth Zimmerman
Community Organizer for National Council of
Jewish Women New York

Mari Moss,
We Love Harlem Initiative

Aliyah Ansari,
Teen Health Strategist for the New York Civil
Liberties Union (NYCLU)

1 THE COMMITTEE ON EDUCATION JOINTLY
2 WITH THE COMMITTEE ON WOMEN AND GENDER EQUITY 5

3 SERGEANT LUGO: Good afternoon, this is a
4 microphone check for the Committee on Education,
5 jointly with the Committee on Women and Gender
6 Equity. Today's date is December 4, 2024, located in
7 the Chambers, recording done by Pedro Lugo.

8 SERGEANT AT ARMS: Quiet down, please. Good
9 afternoon, and welcome to today's New York City
10 Council hearing for the Committee on Education, joint
11 with the Committee on Women and Gender Equity.

12 At this time we ask that you silence all
13 electronic devices, and at no time is anyone to
14 approach the dais.

15 If you would like to sign up for in-person
16 testimony, or have any other questions throughout the
17 hearing, please see one of the Sergeant at Arms.

18 Chair, we are ready to begin.

19 CHAIRPERSON JOSEPH: Good afternoon, and welcome
20 to our Oversight Hearing on: *Providing Comprehensive
21 Sex Education As Part Of Health Education.*

22 I'm Council... I'm Rita Joseph, chair of the
23 Education Committee, and today we are joined by the
24 Committee on Women and Gender Equity and chair Farah
25 Louis.

1
2 Thank you to everyone who has signed up to
3 testify. We're looking very much... we're looking
4 forward to hearing your testimony.

5 At today's hearing, we will hear testimony on the
6 following legislation:

7 Introduction 1057, sponsored by myself;
8 Resolution 994-As, sponsored by Council Member
9 Shahana Hanif; Resolution Number 251, sponsored by
10 Council Member, Kevin Riley, and Resolution 373,
11 sponsored by Council Member Council Member Farah
12 Louis. We will hear more about this legislation
13 shortly.

14 Currently, New York state law requires that all
15 schools provide health educations to students in
16 kindergarten through 12th grade. This includes
17 instruction on mental health, discouraging substance
18 abuse, and promoting attitudes and behaviors that
19 enhance overall well-being and human dignity.

20 In addition, the state requires that all schools
21 provide educational aides with an opt out option
22 available for parents who do not wish for their child
23 to participate in instruction.

24 However, the state does not require comprehensive
25 sexual health education. While New York City Public

1
2 Schools attempts to address this deficit by requiring
3 sexual health instruction beyond the state mandated
4 aides curriculum, challenges persist around the
5 quality of instruction.

6 Full student participation, and adequate teacher
7 training - To add to these challenges, New York City
8 Public School has yet to fulfill a Freedom Of
9 Information Law request which seeks transparency
10 regarding its health... Sexual Health Curriculum
11 filed by New York Civil Liberties Union over a year
12 ago.

13 In an effort to address these concerns, the
14 Council enacted Local Law 90 of 2017, which created
15 the Sexual Health Education Task Force. This task
16 force laid four broad areas where the City could
17 improve its education:

18 One, prioritizing a cultural... culture of
19 comprehensive sexual wellness and inclusivity.

20 Two, ensuring all students are served by well-
21 equipped health care instructors.

22 Three, improve the content, substance, and method
23 of sexual health education and strengthening
24 accountability.

1
2 Despite clear recommendation from the task force
3 in 2018, six years have passed without any publicly
4 available information on implementation.

5 Instead, earlier this year, the Administration
6 issued Executive Order Number 44, creating a new
7 Sexual Health Education Task Force with updating and
8 implementing recommendations from the 2017 task force
9 that appear to have gone unaddressed.

10 While we welcome this new focus, we must ask why
11 haven't we seen any progress during the six years
12 since the former task force issued their
13 recommendations?

14 The benefits of comprehensive sexual health
15 education are undeniable. Studies have shown that
16 when students receive age appropriate, medically
17 accurate instruction, they are better equipped to
18 make healthy decisions, recognize unhealthy
19 behaviors, and develop positive, respectful
20 relationships.

21 This education empowers our young people to
22 understand their bodies, advocate for their well-
23 being, and build a safer, healthier community for
24 all.

1
2 Today's hearing will provide the opportunity to
3 examine how New York City Public School is addressing
4 the need for comprehensive, inclusive, and
5 developmentally appropriate sexual health education
6 for all New York City students.

7 I look forward to receiving updates on new sexual
8 health education task force and exploring how New
9 York City Public Schools is engaging stakeholders,
10 parents, educators, students, and advocates to
11 address the gaps and develop effective sexual health
12 curricula, ensuring that our students receive the
13 education they deserve.

14 Finally, we will hear testimony on Introduction
15 1057, a Local Law requiring the Department of
16 Education to issue an annual report on journalism
17 courses, journalism clubs, and student publications
18 available at each New York City Public Schools high
19 school during the preceding year.

20 Resolution 94-A, calling upon the New York State
21 Legislature to pass, and the Governor to sign,
22 A.4604, and the New York State Senate to introduce
23 and pass a companion bill, which would require
24 comprehensive sexuality instruction for students in
25 grades K-12 which addresses age and developmentally

1
2 appropriate physical, mental, emotional and social
3 dimensions of human sexuality and reflects the
4 national sexuality education standards.

5 Resolution 251, calling on the New York State
6 Education Department to allow a lifeguard
7 certification to substitute for Physical Education
8 Credit for high school seniors aged 17 years and
9 older.

10 Resolution 373, calling upon the New York City
11 Department of Education to require age-appropriate
12 human trafficking curriculum and instruction for
13 students in grades K-12.

14 Thank you to the members of the Committee on
15 Women and Gender Equity who have joined us today.

16 I would also like to thank my Chief of Staff,
17 Juvanie Piquant and Joel Desouve, staff Nadia Jean-
18 François, Legislative Counsel; Chloë Rivera, Senior
19 Policy Analyst; Andrew Lane-Lawless, Senior Financial
20 Analyst; Grace Amato, Finance Analyst, and Joshua
21 Newman, Policy Analyst, for their work on today's
22 hearing.

23 I also wanted to acknowledge other colleagues who
24 are present, Council Member Louis, Council Member
25

1
2 Narcisse, Council Member Dinowitz, Council Member
3 Hanif, and Council Member Riley.

4 I will now turn it over to my co-chair, Council
5 Member Louis, for her opening statement.

6 CHAIRPERSON LOUIS: Thank you, Chair Joseph.

7 Good afternoon, everyone. My name is Farah Louis,
8 and I'm the Chair of the Committee on Women and
9 Gender Equity.

10 I'd like to begin by thanking my colleague,
11 Council Member Joseph, Chair of the Committee on
12 Education, for holding this important hearing. I'd
13 also like to welcome everyone who is joining us here
14 this afternoon. We appreciate your time and
15 participation.

16 Today, we are here to speak about the importance
17 of comprehensive sexual health education in our
18 schools.

19 Comprehensive sexual health education helps teach
20 students how to make responsible choices and better
21 understand themselves.

22 In addition to our discussion on sexual health
23 education, we will also be discussing a bill and
24 three resolutions. This includes my own resolution,
25 which would call upon the Department of Education to

1
2 require age appropriate human trafficking curriculum
3 and instruction for students in grades k through 12.

4 In 2020, the Administration of Children Services,
5 the Department of Youth And Community Development,
6 and Safe Harbor Providers served a total of 988 youth
7 that were referred as self-reported as or determined
8 to be sexually exploited or at risk for sexual
9 exploitation.

10 According to ACS, marginalized youth are
11 particularly vulnerable to exploitation. This
12 includes immigrant, LGBTQ+, and homeless runaway
13 youth, as well as young people that are in foster
14 care and juvenile justice systems.

15 Providing this education in our schools can help
16 ensure that as many youth as possible in our city
17 have the tools to help protect themselves.

18 The Committees look forward to hearing from the
19 Administration, advocates, students, members of the
20 public, and other interested stakeholders who have
21 taken the time to come here today to join us for this
22 conversation. We thank you all.

23 I would also like to thank my own staff, as well
24 as those of other committees, who work hard to
25 prepare for this hearing.

1
2 Finally, I'd like to thank the Women and Gender
3 Equity Committee staff, Legislative Counsel, Sahar
4 Moazami, Senior Legislative Policy Analyst; Cristy
5 Dwyer, Legislative Counsel, Rachel Conte; Allie
6 Stofer, Financial Analyst; and Rose Martinez,
7 Assistant Deputy Director for the Data Operations
8 Unit.

9 Now I'll pass it back to Chair Joseph.

10 CHAIRPERSON JOSEPH: Thank you, Chair Louis.
11 Before we swear in the Administration, we also want
12 to hear remarks from council members sponsoring
13 legislation being considered at this hearing.

14 First we will hear from Council Member Hanif,
15 sponsor of Resolution 94-A.

16 Council Member Hanif?

17 COUNCIL MEMBER HANIF: Thank you. Good afternoon,
18 I'm Council Member Shahana Hanif, and I'm proud to
19 sponsor Reso 94, calling upon the New York State
20 Legislature to pass, and the Governor to sign,
21 A.4604, and the New York State Senate to introduce
22 and pass a companion bill, which would require
23 comprehensive sexuality instruction for students in
24 grades K-12.

1
2 This curriculum would address age appropriate
3 physical, mental, emotional, and social dimensions of
4 human sexuality and reflect the National Sexuality
5 Education Standards. Thank you to Chairs Joseph and
6 Louis for including Reso 94 on today's Agenda and
7 giving me an opportunity to speak.

8 I would also like to thank Bronx Borough
9 president, Vanessa Gibson, for introducing this
10 resolution alongside me.

11 Implementing comp... comprehensive and age
12 appropriate sexual education from K through 12 is
13 critical to equipping young New Yorkers with
14 information that promotes health and well-being. Not
15 only does sexual education reduce unplanned
16 pregnancies and spread of sexually transmitted
17 infections and diseases, it also helps prevent
18 against sexual harassment, sexual abuse, and intimate
19 partner violence. Inclusive education can also be key
20 to creating welcoming environments for LGBTQ+
21 students.

22 In 2011, New York City Public Schools began
23 requiring students in grades 6 to 12 to take Sexual
24 Health Education. However, many schools are not
25 meeting this requirement. Additionally, when the

1 requirement is met, the quality of instruction is
2 unclear due to a lack of standardized curriculum for
3 schools and training for teachers. Further, there is
4 no requirement for sexual health education for k
5 through 5 students.

6
7 State legislation that creates a clear set of
8 curriculum and implementation plans is the best way
9 to address these gaps and deliver the healthiest
10 outcomes for our students.

11 I urge my colleagues to support this resolution,
12 and I look forward to hearing from the Administration
13 and the public on this issue. Thank you.

14 CHAIRPERSON JOSEPH: Thank you, Council Member
15 Hanif. Next we will hear from Council Member Riley.

16 COUNCIL MEMBER RILEY: Good afternoon, everyone.
17 Thank you, Chair Louis, and Chair Joseph, and my
18 esteemed colleagues.

19 I am honored to speak today on behalf of
20 Resolution 251, calling on the New York State
21 Education Department to allow a lifeguard
22 certification to substitute for Physical Education
23 Credit for high school seniors aged 17 years and
24 older.

1
2 This resolution empowers all New York City public
3 schools to address two urgent challenges, our city's
4 growing lifeguard shortage and the need for enhanced
5 swim safety measures to prevent tragic incidents in
6 and around waterways.

7 By incorporating lifeguard certification into
8 high school credentials, our New York City public
9 schools are equipping all students in with essential
10 lifesaving skills while fostering holistic youth
11 development.

12 This initiative empowers young people with
13 opportunities that strengthen their school, enhance
14 their communities, and prepare them for a successful
15 future. Additionally, it also opens doors to
16 employment and economic opportunities, ensuring young
17 people can build a foundation for success both
18 personally and professionally.

19 I wanna extend my gratitude to my colleagues who
20 have signed on as cosponsors to this bill and the
21 advocates who champion this effort. Together, we can
22 prioritize the safety and growth and empowerment of
23 the next generation. By enhancing excuse me... By
24 advancing this legislation, we are creating
25 opportunities for our youth to develop critical

1
2 skills, contributing meaningful opportunities to
3 their communities, and building a brighter future.

4 I would like to thank my colleagues who were
5 signed on to this bill, and thank you Chair Joseph
6 and Chair Louis for the hearing.

7 CHAIRPERSON JOSEPH: Thank you, Council Member
8 Riley.

9 Finally, I would remind everyone who wishes to
10 testify in person today that you must fill out a
11 witness form, which is located on the desk of the
12 Sergeant at Arms near the entrance of this room.
13 Please fill out the form even you have already
14 registered in advance, that you will be testifying in
15 person today. If you wish to testify on Introduction
16 1057 or Resolution 94-A, 251, or 373, please indicate
17 on the witness slip whether you are here to testify
18 in favor of or in opposition to the legislation.

19 I also want to point out that we will not be
20 voting on any legislation today.

21 To allow as many people as possible testify,
22 testimony will be limited to three minutes per
23 person, whether you are testifying in person or on
24 Zoom.

1
2 I am also going to ask my colleagues to limit
3 their questions and comments to five minutes.

4 Please note that witnesses who are here in person
5 will testify before those who are signed into the
6 Zoom webinar.

7 I will now turn it over to my committee counsel,
8 Nadia Jean-François, to administer the oath.

9 I would also like to recognize Council Member
10 Cabán on Zoom.

11 COMMITTEE COUNSEL: Good afternoon, in accordance
12 with the rules of the Council, I will administer the
13 affirmation to the witnesses from the mayoral
14 administration. I will call on each of you
15 individually for a response. Please raise your right
16 hand. If you'll raise your right hands, please? Thank
17 you.

18 Do you affirm to tell the truth, the whole truth,
19 and nothing but the truth, before these committees,
20 and to respond honestly to council member questions?

21 Despina Zaharakis?

22 EXECUTIVE DIRECTOR ZAHARAKIS: (RESPONSE NOT
23 HEARD)

24 COMMITTEE COUNSEL: Sarah Cocuzzo?

25 DIRECTOR COCUZZO: (RESPONSE NOT HEARD)

1
2 COMMITTEE COUNSEL: And Melissa Cisco?

3 DIRECTOR CISCO: (RESPONSE NOT HEARD)

4 COMMITTEE COUNSEL: Thank you, you may begin your
5 testimony.

6 CHAIRPERSON JOSEPH: Please press your button.

7 EXECUTIVE DIRECTOR ZAHARAKIS: Thank you.

8 CHAIRPERSON JOSEPH: Thank you

9 EXECUTIVE DIRECTOR ZAHARAKIS: Good afternoon,
10 Chair Joseph, Chair Louis, and all the members of the
11 Education and Women and Gender Equity Committees here
12 today.

13 I am Despina Zaharakis, Senior Executive Director
14 of the Office of School Wellness Programs at New York
15 City Public Schools. Joining me is Sarah Cocuzzo,
16 Director of Health Education in the Office of School
17 Wellness Programs.

18 We appreciate the opportunity to update you on
19 our work to support sexual health education as part
20 of a comprehensive quality health education in New
21 York City Schools, which supports our chancellor's
22 commitment to promoting wellness.

23 In addition, we are pleased to update you on the
24 implementation of the 2018 recommendations of The
25 Sex-Ed Task Force.

1
2 New York City Public Schools is proud that we
3 mandate the inclusion of sexual health topics as part
4 of the one semester health class required for middle
5 school students and the one semester required for
6 high school students.

7 The inclusion of sexual health education goes
8 beyond the New York State requirement for
9 comprehensive health education and is something we in
10 New York City Public Schools have mandated since
11 2001... I'm sorry... I'm sorry, 2011.

12 Comprehensive, medically accurate, and age
13 appropriate health education from kindergarten
14 through high school is a critical part of a student's
15 education. As the classroom... as the classroom and
16 in society... as in the classroom and in society,
17 students must be prepared to make healthy, informed
18 choices, develop nurturing relationships, and thrive
19 in a diverse and challenging world. Health education
20 provides students with the skills and knowledge to be
21 able to do that.

22 We have made great progress over the years to
23 ensure all our students receive health education, but
24 we also know that we have more work to do. I would
25 like to thank the Council for its long standing

1
2 commitment to ensuring that New York City public
3 school students receive this critical instruction.

4 New York State requires health education at each
5 grade level. In the elementary grades, health
6 education must be provided every year, either
7 incorporated into regular classroom instruction or
8 delivered by a cluster teacher.

9 As I mentioned earlier, in middle school and
10 again in high school, students are required to have
11 one comprehensive health education course with 54
12 hours of instruction taught by a certified health
13 education teacher.

14 New York State also requires instruction on HIV
15 in grades K through 12. New York City has even more
16 rigorous requirements in this area. Students must
17 also receive lessons each year on HIV from a New York
18 City specific curriculum, including five lessons each
19 year in grades K to 6, and six lessons each year in
20 grades 7 through 12.

21 To support health education instruction,
22 including sexual health topics in grades 6 through
23 12, New York City Public Schools recommends curricula
24 that align with national and New York State health
25 education standards. We identify and recommend

1
2 curricula through a formal review process with
3 education and medical experts and in consultation
4 with families and community members.

5 Here's one example of how this review and
6 recommendation process works:

7 In fall 2023, the Office of School Wellness
8 Programs launched a newly updated HIV curriculum,
9 *Growing Up and Staying Safe*. We engaged a broad group
10 of stakeholders in a multiyear design, pilot, and
11 feedback process with particular emphasis on
12 communities that have been most impacted by the HIV
13 epidemic. The resulting curriculum is student
14 centered, culturally responsive, and LGBTQ inclusive.
15 In addition to reflecting advances in HIV prevention
16 and treatment guidelines, it includes engaging lesson
17 materials in multiple languages for our English
18 language learners, and is accompanied by teacher
19 training, including guidance on supporting students
20 with disabilities and family education resources.

21 Additionally, with the support of Council Member
22 Bottcher, and ACT UP NY, we established an agreement
23 with the Department of Health and Mental Hygiene to
24 work together on a regular review and update to the
25 curriculum at least every five years. We have seen

1 this we have seen this through the development pro...
2
3 this thorough development process pay off in an
4 extremely successful curriculum launch.

5 In the 2023-24 school year, 3,233 unique New York
6 City Public School staff members completed training
7 on the new Growing Up and Staying Safe curriculum.
8 The free digital curriculum has been accessed by tens
9 of thousands of users, not only in New York City, but
10 also from school districts in states across the
11 country, such as Portland and Washington - the State
12 of Washington Education Board.

13 New York City Public Schools currently recommends
14 the following curricula:

15 For elementary grades, K to 5 HealthSmart; for
16 middle school grades, middle school HealthSmart and
17 selected lessons from Draw the Line, Respect the
18 Line, an evidence based sexual health curriculum.

19 For high school grades, high school HealthSmart,
20 Reducing the Risk, an evidence based sexual health
21 curriculum, and Understanding Self Identity, which
22 complements reducing the risk to support the
23 inclusion of LGBTQ youth.

24 In all grades, Growing Up and Staying Safe, New
25 York City K to 12 HIV education curriculum provides

1 the required, uh, annual HIV lessons. New York City
2 Public Schools provides free training, supplemental
3 lesson plans, and additional resources to help
4 teachers provide health lessons that are LGBTQ
5 affirming and inclusive of all students.
6

7 Within each of our recommended curricula,
8 students have opportunities to develop skills related
9 to communication and relationships, setting and
10 protecting boundaries, negotiation, stress
11 management, advocacy, goal setting, and resisting
12 negative social pressures. They apply those skills as
13 they learn about specific topics, including puberty,
14 identity, violence prevention, emotional and mental
15 health, and more.

16 New York City public schools recognizes the
17 importance of individual values and the diversity of
18 our families' perspectives and identities. Parents
19 can opt their children out of certain prevention
20 lessons, but not out of all sexual health lessons.

21 The Office of School Wellness Programs provides
22 free training and curricula citywide throughout the
23 year to help teachers to be prepared, confident, and
24 knowledgeable to provide health instruction in
25 alignment with our chancellor's commitment to

1 strengthening comprehensive teacher support. Each
2 year, we expand our reach and update our training
3 offer offerings, including both live virtual and on
4 demand trainings to meet teachers' scheduling needs.
5

6 In 2022-2023 and 2023-2024, a total of 5,454 New
7 York City Public School staff attended at least one
8 of the 178 sexual health education professional
9 learning opportunities offered by our office.

10 Thanks to the city council, we began public
11 reporting of health education instruction beginning
12 in 2016. Our most recent annual report on health
13 education instruction for 2023-24 school year
14 indicates a few key findings:

15 Virtually all 99.7% of last year's 12th graders
16 met the high school health education requirement; 58%
17 of 8th graders were provided their required course
18 and instructional hours in middle school grades,
19 representing an increase of 2.6% from the 2022-2023
20 school year and a 20.8% increase from 2017-18.

21 In 2023-24, an additional 24% of students were
22 scheduled for health education... for a health
23 education course but did not meet the 54 hour
24 requirement; 64.9 percent of students in grades 6
25 through 12 received the required number of HIV

1 lessons, an increase of 21.3 percentage points from
2 the previous year.
3

4 There were 135 licensed health educators teaching
5 in New York City Schools, about 1% of the 14,162
6 total staff assigned to teach health education.

7 We know there are teachers who are certified in
8 health education, but they are teaching under a
9 different license. For example, we know many physical
10 education teachers are also certified in health
11 education and are assigned to also teach health
12 education. However, they are teaching under a
13 physical education license as students need that
14 course every year they are in school, so the need for
15 physical education teachers is greater.

16 We are continuously seeking ways to raise
17 awareness of the gaps in implementation that persist
18 in providing health education to students. Given our
19 chancellor's renewed commitment to student wellness,
20 we aim to continue to focus and commit to the
21 programs that we had begun as part of the Sex-Ed Task
22 force recommendations to build more robust sexual
23 health education for New York City Public School
24 students.
25

1
2 As part of our efforts to increase understanding
3 and raise awareness about the importance of health
4 education among both educators and the public, we
5 released a set of informational materials for a broad
6 audience in fall 2024. This includes information on
7 the results of a four-year research study funded by
8 New York Community Trust Grant and conducted by an
9 external evaluation firm about the impact of health
10 education on student health in New York City.

11 In addition to the research results, we also
12 developed and released a set of three videos that
13 show health education in action, at the elementary,
14 middle, and high school levels. By making these
15 materials available on the New York City Public
16 Schools website and including them as part of ongoing
17 communication, the districts, principals, and
18 teachers, our goal is to provide concrete next steps
19 for families, school leaders, and others who want to
20 ensure that students are receiving the benefits of
21 quality... high quality health education in their
22 schools and districts.

23 Now we wanted to share with you, one of these
24 videos, to demonstrate what quality health ed looks
25 like in action. Thank you.

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(PAUSE)

CHAIRPERSON JOSEPH: Meanwhile, let me recognize Council Member Hanks while we work on our technical difficulties.

COMMITTEE COUNSEL: If she can't really figure it out...

CHAIRPERSON JOSEPH: Oh, yeah, you have subtitles, okay.

(PAUSE)

CHAIRPERSON JOSEPH: Can we restart the video, please?

(PAUSE)

COMMITTEE COUNSEL: Apologies, but we can't get the sound to work. So, we are just going to have the subtitles.

(PAUSE)

COUNCIL MEMBER RESTLER: Lots of more questions after that. Uhm, so...

CHAIRPERSON JOSEPH: Oh, yeah, we...

COUNCIL MEMBER RESTLER: I just, uh, these... these questions...

(PAUSE)

CHAIRPERSON JOSEPH: Hi, Lincoln...

(PAUSE)

1
2 VIDEO PLAYS: (Music)

3 CHILD ONE: Sometimes it's not always easy being
4 the kid because when you're a kid, people, like,
5 bully you.

6 CHILD TWO: We struggle with bullying, social
7 media, as well as mental health.

8 CHILD THREE: I get really mad when people make
9 fun of me.

10 CHILD FOUR: Pressures, kids my age are, like,
11 drinking, vaping, and ,like, smoking.

12 CHILD FIVE: It's hard, it's hard to be at school
13 and get all the work done and still prioritize things
14 like sleep, it's challenging.

15 CHILD SIX: Me and my friends have dealt with a
16 lot of drama.

17 CHILD SEVEN: A lot of drama...

18 CHILD EIGHT: There's a lot of, like, drama, my
19 parents find kind of silly, but at my age, it's like,
20 a kind of a big deal.

21 CHILD NINE: Me and my friends are always on our
22 phone, like, it's... It really is hard to not ,like,
23 not be on it, because it's just so addictive to you.
24
25

1
2 CHILD 10: Every morning we wake up, check our
3 phones, so everything on social media impacts us
4 dramatically.

5 CHILD 11: At least in my case, like, all these
6 girls are, like, really perfect bodies. Like, super
7 skinny.

8 CHILD 12: It's kind of hard not to feed into
9 ,like, this thought that I need to look like that, I
10 need to perfect.

11 CHILD 13: So, yeah, there's, like, a lot of
12 stuff. Like, a lot of ,like, emotional stuff go into
13 it. You face ,like, big decisions every day.

14 (MUSIC)

15 INSTRUCTOR ONE: Blowing up that balloon, let it
16 out.

17 NARRATION: Every day, students make decisions
18 that affect their health, well-being, and ability to
19 learn. That's why health education is an important
20 priority in New York City Public Schools.

21 Health education is an essential academic subject
22 where students learn the knowledge and skills they
23 need to care for their minds, body, and their
24 relationships with others.
25

1
2 In elementary school, health education is
3 required every year in grades K through 5, with a
4 recommendation of 45 minutes per week.

5 In middle school, health education is required
6 every day for one semester. And in high school,
7 health education is required every day for one
8 semester.

9 INSTRUCTOR TWO: It's super important that our
10 students' needs are met, socioemotionally,
11 academically, and physically. And one big piece of
12 that is ensuring that our health education
13 programming is really robust, and that they
14 understand the importance of taking care of
15 themselves, taking care of their hearts and their
16 minds and their bodies.

17 INSTRUCTOR THREE: So, how do you think is girl is
18 feeling?

19 INSTRUCTOR FOUR: The most rewarding aspect of
20 health education is actually seeing my students put
21 all the skills that they learn daily into practice.
22 Because if they're putting it into practice in
23 elementary school, they're gonna continue that
24 through middle school. And the goal is always to
25 continue these healthy behaviors into adulthood.

1
2 INSTRUCTOR FIVE: A health teacher does a lot of
3 work around healthy relationships, healthy
4 friendships, setting boundaries, making sure that
5 you're clear in terms of what you need from your
6 friends and what your expectations are - and that you
7 show up the way that you want to be treated as well.

8 INSTRUCTOR SIX: I think the research is pretty
9 clear about the benefits of healthier, happier
10 students and their ability to perform well, uh,
11 academically. We're focusing on skill development,
12 and communication, and real world activities, and
13 resources that they can take and use when they leave
14 the classroom immediately, and, then, in their future
15 as well.

16 CHILD 14: We've learned a lot of stuff in health
17 class. I like to set goals to myself.

18 CHILD 15: I learn about ways to calm myself, and
19 I also learned how to socialize and talk with my
20 peers.

21 CHILD 16: We learned empathy...

22 CHILD 17: To prioritize sleep...

23 CHILD 18: How to check our food labels and make
24 sure we're eating healthy stuff.

1
2 CHILD 19: We have to learn around ,like, both
3 online and in person resources where we can go to
4 ,like, help ourselves, which is ,like, really great.

5 INSTRUCTOR: Every day we are striving for
6 healthier students. Because healthier students will
7 be able to advocate for themselves, conquer bullying,
8 choose better eating habits, right? We are striving
9 for students who understand the connection between
10 their mental and physical health. And once those
11 students understand the importance of health
12 education, they can take all of that information back
13 to the community, and now we have a healthier
14 community.

15 (MUSIC)

16 VIDEO ENDS

17 EXECUTIVE DIRECTOR ZAHARAKIS: So, thank you, and
18 I'm glad to see the video.

19 So this is our *Why*, our collective *Why*. And now I
20 wanted to go back to focus on the how we're gonna get
21 this done for every child in New York City.

22 We know there are some barriers to providing
23 students with required health education, which
24 include a lack of understanding about the components
25 and importance of quality health education by

1
2 educators and families. Many only know health
3 education from the instruction they received in
4 school. For schools not implementing a one semester
5 model, many do not program for the required 54 hours.
6 For example, some schools are implementing a yearly
7 model of one period a week. That would only provide
8 about 27 hours of instruction.

9 We started checking for the 54 hours of health
10 education in middle school in, uh, in middle school
11 grades in 2017. New York State had updated course
12 time requirement guidance on remote and hybrid remote
13 instruction due to COVID in 2019 and 20, and 2020 and
14 21. So we had to recommunicate and reestablish the 54
15 hour requirement for teachers, schools, and
16 superintendents, and their teams.

17 Small school size is also a challenge to staffing
18 a full time health education teacher, which is why we
19 do continuous outreach to teachers assigned to teach
20 health education to recruit them for professional
21 learning opportunities and to ensure they have
22 updated curricula and instructional materials.

23 We also reach out to school and district leaders
24 and their teams about the importance of their
25

1
2 instructional staff attending training and having the
3 most up to date instructional materials.

4 In addition to teachers and school leaders, we
5 are working with superintendent teams to foster
6 stronger understanding of and support for health and
7 sexual health education requirements.

8 As part of this work, we share data on students
9 meeting health education and HIV lesson requirements
10 with superintendent teams on a regular basis and
11 encourage them to follow-up with their schools.

12 We are also increasing the number of on demand
13 teacher training opportunities, and we provide
14 schools with translated lesson overviews and other
15 information to better engage families on these
16 important topics.

17 The Sexual Health Education Task Force was
18 created by Local Law 90 in 2017 to review the
19 implementation of sexual health education for k to 12
20 students in New York City Public Schools.

21 In 2018, the task force released a report with
22 recommendations to promote comprehensive sexual
23 health education in New York City public schools.

24 As a member of the task force, the Office of
25 School Wellness Programs participated in thoughtful

1
2 and thorough recommendation appreciated... sorry, the
3 thorough, uh, the thoughtful and thorough
4 recommendations and began implementing them promptly.

5 Since then, we have faced significant challenges
6 to this work, including budget constraints for Health
7 Ed Works, schools moving to remote and hybrid models
8 of instruction due to COVID-19, and City leadership
9 changes.

10 Despite these challenges, we have made
11 substantial progress implementing the task force's 11
12 recommendations.

13 For recommendations one through three:
14 prioritizing culture of sexual wellness and
15 inclusivity in all schools. To address these
16 recommendations, we developed the first ever New York
17 City Health Education Scope and Sequence for grades K
18 through 12 that we released in 2019, which lays out a
19 set of citywide expectations that includes LGBTQ
20 inclusive sexual health education.

21 We're also continuing to work on building
22 awareness with districts, schools, and community
23 members about the importance of sexual health
24 education as I described above.

1
2 Recommendations four through six: ensuring
3 students are served by well-equipped and supported
4 health education instructors. To address this, we
5 have expanded our free training opportunities for
6 teachers, including both live and self-guided options
7 that enable us to extend our professional learning
8 for teachers. We also partnered with Lehman College
9 to provide 78 teachers with an advanced certificate
10 in health education.

11 Recommendations seven through eight: improving
12 the content, substance, and methods of sexual health
13 education. To address this, the Health Education
14 Scope and Sequence includes guidance and expectations
15 for growth and development topics in grades K through
16 5 and sexual health in grades 6 through 12, including
17 the recommended number of lessons at each grade
18 level.

19 We're also proud to have released the newly
20 updated curriculum in fall 2023, Growing Up and
21 Staying Safe New York City K through 12 HIV Education
22 Curriculum.

23 We engaged a broad group of stakeholders in the
24 development and review process, including students,
25 teachers, content experts, and advocates.

1
2 Recommendations 9 through 11: strengthening
3 accountability and reporting. To address this, we
4 report annually on compliance in a publicly available
5 City Council mandated Local Law 14 and 15, issued in
6 2016 report. We also applied for and received funding
7 in 2020 from the New York Community Trust to hire an
8 external evaluator to conduct research on the
9 effectiveness of health education in New York City
10 Public Schools. The research concluded in 2024, and
11 we're in the process of sharing the recommendations
12 for improvement with educators and community members.

13 We are passionate, thoughtful, and focused on the
14 work ahead to ensure that all New York City public
15 school students are receiving high quality health
16 education that meets New York state ed requirements.

17 We appreciate the Council's leadership, advocacy,
18 and partnership on these important issues and look
19 forward to answering your questions.

20 Lastly, I would like to turn to the included
21 legislation, Intro 1057, which would require New York
22 City Public Schools to report on journalism programs
23 in schools.

24 We believe in the importance of developing
25 pathways for students to express their voice through

1 school newspapers that can be shared with their
2 communities. New York City Public Schools is working
3 with the Youth Journalism Coalition to offer a
4 journalism curriculum to 30 schools in the 2025 - 26
5 school year and hope to expand to offer more
6 opportunities for students. We're looking forward to
7 working with the Council to align on reporting on
8 data we capture within our systems. Thank you.

9
10 CHAIRPERSON JOSEPH: Thank you. Just a couple of
11 questions.

12 What specific steps have New York City public
13 schools taken to ensure comprehensive sexual health
14 education is being implemented across all grades?

15 EXECUTIVE DIRECTOR ZAHARAKIS: So comprehensive,
16 uhm, in grades 2, 4, and 5, the students are studying
17 growth, not necessarily sexual health education.

18 Correct, Sarah?

19 DIRECTOR COCUZZO: Mm-hmm

20 EXECUTIVE DIRECTOR ZAHARAKIS: Sarah's our health
21 education expert.

22 In grades 6 through 12, uhm, comprehensive sexual
23 health education is included as part of health
24 education. We try to ensure all students receive that
25 health education. Unfortunately, we do not capture

1
2 the lessons on sexual health education within the
3 Health Education curriculum.

4 CHAIRPERSON JOSEPH: Why not?

5 EXECUTIVE DIRECTOR ZAHARAKIS: We don't... Good
6 question. We don't really capture lessons within a
7 particular curriculum. We do capture, for example,
8 HIV lessons, because they're separate and must be
9 taught every year, etcetera. Sexual health is part of
10 comprehensive health education.

11 CHAIRPERSON JOSEPH: For the HIV lessons, uhm,
12 when families opt out of it, what is the option?

13 EXECUTIVE DIRECTOR ZAHARAKIS: Sarah can respond
14 to that.

15 DIRECTOR COCUZZO: Yeah, so families can't opt out
16 of the entire curriculum, just like they can't opt
17 out of the entire sexual health unit or health
18 education class. They can opt out of lessons on
19 prevention methods. So these are methods of pregnancy
20 and STI prevention, and again, that's true for both
21 the general sex-ed lessons as well as the HIV
22 lessons. Those are, uhm, that's a state requirement
23 that parents have the right to opt out of those
24 lessons... (CROSS-TALK)

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CHAIRPERSON JOSEPH: Where... Where do you...

Where do they normally get their information if they're not getting it from you?

DIRECTOR COCUZZO: Yeah, so we have letters in all 10 languages that the New York City Public Schools translates into that we share with schools to send home to families. So, those include overview of what the lessons include and which, uh, which lessons are available for them to opt out and the instructions for them to do that.

CHAIRPERSON JOSEPH: What lessons are they allowed to opt out in, and which ones are they not allowed to opt out?

DIRECTOR COCUZZO: Yeah, so they can opt out of any lesson that has to do with things like condom use, Prep, and contraception, so things that deal with methods of prevention.

They can't opt out of lessons on abstinence, and they can't opt out of the general other lessons that have to do with things like washing your hands, right, at the elementary level or, healthy relationships, say, at the... at the middle school level.

1
2 CHAIRPERSON JOSEPH: Those are more universal,
3 versus...

4 DIRECTOR COCUZZO: Exactly, exactly.

5 CHAIRPERSON JOSEPH: Okay. How is the curriculum
6 for sexual health education put together? Is it
7 centralized, or does it vary from school to school,
8 school teacher? How is that?

9 DIRECTOR COCUZZO: Yeah, I can... I can talk a
10 little more about that?

11 So, as Despina mentioned in her testimony, we
12 have a K to 12 Health Education Scope and Sequence,
13 uh, which outlines the key topics or the scope and
14 the logical progression or the sequence of the
15 essential health knowledge, skills, and behaviors
16 that students should learn at each grade level.

17 This is based on state and national instructional
18 standards, including the National Sex Education
19 Standards, and it aligns with, you know, our policies
20 and the state policies.

21 So teachers are expected to plan their health
22 education course based on this scope and sequence,
23 which is standard across the City, and it includes a
24 number of recommended lessons. So for sexual health,
25 for example, in the middle school, there's 20 lessons

1
2 out of the overall 70 to 80 or so that are
3 recommended, and the same at the high school level.

4 To help schools provide high quality health-ed,
5 we also recommend curricula that we have vetted
6 through the extensive review process that that
7 Despina shared earlier, which includes the sexual
8 health education curricula.

9 So, these are lessons that are skills based,
10 medically accurate, age appropriate, and inclusive,
11 and we're constantly reviewing to make sure that
12 there, you know, if there's any updates to new
13 information or updates to new practices that we know
14 would be more beneficial to our students so that we
15 can make those updates.

16 Schools may choose to use curriculum other than
17 what we recommend. You know, with few exceptions, we
18 don't mandate curricula in in any subject area. Given
19 the diversity of the school communities and the range
20 of needs of our students, we think that that is a
21 decision that makes the most sense for a school
22 community to decide.

23 That said, we do know that many schools do use
24 and attend training on our curriculum, so our
25 trainings are, you know, both general about health

1 education and specifically how to use our curriculum.

2 And so, given the number of people that have attended
3 the trainings, we know that there is... you know,
4 there are a lot of teachers who are using the
5 recommended curriculum, but it's not mandated.
6

7 CHAIRPERSON JOSEPH: And then when they don't use
8 the recommended curriculum, where is that curriculum
9 approved by someone, or?

10 DIRECTOR COCUZZO: That would be at the school
11 level.

12 CHAIRPERSON JOSEPH: On the Administration...

13 DIRECTOR COCUZZO: Yes, yeah.

14 CHAIRPERSON JOSEPH: And out of the 54 hours that
15 are mandated, are we meeting that mandate? And how do
16 we report on that?

17 EXECUTIVE DIRECTOR ZAHARAKIS: So, I'm sorry...
18 I'm sorry, can you repeat that? I didn't...

19 CHAIRPERSON JOSEPH: On the 54 hours that's
20 mandated, are we meeting the mandate?

21 EXECUTIVE DIRECTOR ZAHARAKIS: We are meeting the
22 mandate for 99.7% of high school students. We are
23 meeting the mandate for 58% of middle school
24 students, and that is where we must, uh, focus our
25 work.

1
2 We, as an office, believe that health education
3 provides, as I said, the skills that students will
4 need for the rest of their lives. It's not just a
5 content knowledge. But I think, uhm, we are not...
6 we're happy that there have been gains, but we're not
7 happy with, you know, where we are. We know we have a
8 lot of work ahead of us - 58% of students meeting
9 requirements, the 54 hour requirement at the middle
10 school level is something that we need to work on.
11 And we're working on it with schools, teachers,
12 superintendents, superintendent teams, at central
13 offices to make sure folks understand the
14 requirement, how they can meet the requirement, and
15 the importance of meeting the requirements.

16 CHAIRPERSON JOSEPH: Are you working with parent
17 advocates as well? Are you working with your SLT
18 (School Leadership Team)your PTA?

19 EXECUTIVE DIRECTOR ZAHARAKIS: Absolutely, we,
20 uhm, not only do we have parent materials, but we
21 also, uhm, support the Citywide Wellness Advisory
22 Council for the Wellness policy, and all CEC members
23 are invited to participate. That is run by one of our
24 deputy, uh, senior... I'm sorry, our Senior Director.
25 And health education policy, curriculum, content, the

1 importance is shared at those meetings annually. And
2 we also have, uh, student youth advocates that we
3 also share the same sort of messaging. And I think we
4 try to be as comprehensive as possible. The messaging
5 to everyone is, this is what they require... this is
6 the *Why*. These are the requirements. These are the
7 resources. These are the required, you know,
8 recommended curricula, and this is the training.

9 So everything is just a comprehensive package.
10 And that package goes to teachers, superintendents,
11 it goes to principals, it goes to, uh, sort of...
12 even the public. This is the best... this is the best
13 curriculum. We want parents to be advocates for our
14 work.

15 CHAIRPERSON JOSEPH: And is language access
16 provided for parents who English is not their first
17 language?
18

19 EXECUTIVE DIRECTOR ZAHARAKIS: Yes, Sarah can talk
20 a little bit to that...

21 DIRECTOR COCUZZO: Yeah, all our written materials
22 are translated into 10 languages, and our, uhm, the
23 Citywide Wellness Council, uh, meetings are also, uh,
24 translation services are provided, so that any parent
25 can attend.

1
2 CHAIRPERSON JOSEPH: Okay, thank you.

3 What measures are in place to ensure that sexual
4 health education is inclusive for LGBTQ+
5 perspectives?

6 DIRECTOR COCUZZO: Sure, I can talk about that.

7 So our scope and sequence explicitly outlines
8 the, as I mentioned, the content that students should
9 learn at every grade level, and that includes what
10 age appropriate content they should learn related to
11 LGBTQ identities.

12 So, you know, starting out very foundationally in
13 kindergarten, "We all have things that make us unique
14 and special." Moving on up to by middle school,
15 you're learning more specifically about concepts and
16 terms related to our identities, gender, and sexual
17 orientation, and by high school, learning more about
18 safer sex methods and other, you know, more specific
19 topics that older students need.

20 So the scope and sequence very clearly outlines,
21 how topics that really center and include LGBTQ
22 students are included at each step of the... at each
23 grade of the... of the curriculum.

24 And the curriculum we recommend also, you know,
25 use inclusive language, include, variety of images

1
2 and examples, so that students can hopefully see
3 themselves in the curriculum, you know, including
4 our... including our LGBTQ students.

5 CHAIRPERSON LOUIS: Is there over... any overlap
6 in this with the LGBTQ curriculum inside of New York
7 City Public Schools? Is there any overlap?

8 DIRECTOR COCUZZO: With the... you're talking
9 about, like, the...

10 CHAIRPERSON JOSEPH: New York City Public School
11 has an LGBTQ curriculum, is there overlap...

12 DIRECTOR COCUZZO: With...

13 CHAIRPERSON JOSEPH: with this... with this
14 (INAUDIBLE)...

15 DIRECTOR COCUZZO: Yeah, so we, uhm, there isn't
16 overlap in terms of the curriculum content. That one
17 is more, I think, often used in social studies
18 classes. There are certainly themes that overlap such
19 as advocacy.

20 So advocacy is one of the core health education
21 skills that students learn throughout their time. So
22 as an example, in the, uhm, in our new HIV
23 curriculum, the history of HIV advocacy is, you know,
24 a big topic, which also shows up in the, uhm, Hidden
25 Voices curriculum.

1 EXECUTIVE DIRECTOR ZAHARAKIS: And we also... I'm
2
3 sorry.

4 CHAIRPERSON JOSEPH: Mhmm?

5 EXECUTIVE DIRECTOR ZAHARAKIS: We also have, uh,
6 trainings not only in comprehensive health education,
7 including sexual health education, trainings in
8 sexual health education, and LGBTQ focused training
9 for our health teachers. So we wanna make sure - and
10 the messaging crosses across all trainings. But we
11 really wanna make sure that we are, uhm, advocates,
12 we are supporters, and we really wanna make sure that
13 our students are supported at their schools. And we
14 can do so by messaging to their teachers, their
15 principals, their superintendents.

16 CHAIRPERSON JOSEPH: Thank you.

17 Describe the training and professional
18 development that teachers receive to teach sexual
19 health education.

20 DIRECTOR COCUZZO: Yes, I can talk a little bit
21 about that.

22 So we provide support for health and sexual
23 health education, uh, through a lot of training and
24 professional development, as well as follow-up
25 support with teachers who attend the trainings.

1
2 So we offered 204 training opportunities last
3 year, including five new interactive self-guided
4 courses, which gave teachers additional options and
5 flexibility. So if they can't make the live time,
6 they can still, uhm, take an interactive self-guided
7 course on their own time.

8 So there's currently three series of courses that
9 we recommend teachers go through for each grade
10 level. The first series is an Introduction To Health
11 Education Series, which again includes some self-
12 guided and some live elements. This also includes a
13 separate course on the strategies for LGBTQ affirming
14 classrooms. Then the second series is called either
15 Growth and Development at the elementary level or
16 Sexual Health at the high school level. So this is a
17 series that specifically focuses on teaching the
18 recommended sexual health curricula and strategies
19 for, uhm, things like creating a safe space in the
20 classroom, for having challenging discussions, how to
21 answer challenging questions from students, things
22 like that.

23 And then the third series is specific to our new
24 health and, uhm, HIV education curriculum, Growing Up
25 and Staying Safe.

1
2 And we're also working on developing a fourth
3 training series that focuses on mental health
4 education, since we know that that's both required by
5 the state and just a huge need for our students and
6 teachers to know how to teach it effectively. So
7 that's sort of the next area that we're tackling in
8 terms of a training series.

9 And then we work with partner organizations to
10 offer other workshops that we don't offer. So during
11 our Professional Development days, like on Election
12 Day this year, where we have thousands of teachers
13 attend on that single day. We had several different
14 organizations that came in, like, Advocates For
15 Youth, One Love, Day one, uhm, among others who could
16 offer sort of more, uhm, 102 level, if you will,
17 sexual health, uh, education workshops for our
18 teachers.

19 CHAIRPERSON JOSEPH: How often is that
20 professional development required?

21 DIRECTOR COCUZZO: It is... there's not a
22 requirement for our specific professional
23 development. We recommend that teachers are trained
24 at least every three to four years as a refresher.
25 Professional development is required in terms of

1
2 teachers, you know, maintaining their professional
3 certification, but not specifically our trainings.

4 CHAIRPERSON JOSEPH: How many hours is, uhm, how
5 many hours of professional development are required
6 for each school year?

7 EXECUTIVE DIRECTOR ZAHARAKIS: I will... I would
8 need to get back to you, but I believe it's 75
9 every... I'm not sure. Every five years? But, we can
10 get back to you. That's State requirement. Yes,
11 that's one thing, but I think that, you know, I want
12 to be, uh, very sort of... I want to take this
13 opportunity to say how proud I am of our office and
14 professional learning. Folks flock to our trainings.
15 We have thousands of teachers on Election Day,
16 Chancellor's Conference Day in June, and hundreds and
17 hundreds of teachers, close to a thousand, in, uhm,
18 high school PD day in January.

19 In addition, we have thousands of teachers
20 trained each year, uh, in Move to Improve, you know,
21 not just health and sexual education, but we're also,
22 sort of PE and movement and physical activity.

23 But, professional learning is something we do
24 well. We want to... we make sure it's thorough, it's
25 inclusive, it's comprehensive, and it's, uhm, able to

1
2 be, implemented at the school level with the greatest
3 of ease. Because it's one thing to go to a
4 professional learning session and not go to school
5 and be able to implement. We want to make sure that
6 those teachers hit the ground running the next day.

7 So we're, we're highly proud. That's one area
8 where we're very successful.

9 And, of course, the messaging is always there.
10 "By the way, these are the requirements, talk to your
11 principal, you know, program students, tell them to
12 program students."

13 And this is why it's important. Giving them... I
14 think building teacher leadership is also... as a
15 part of what we do in our trainings, in terms of they
16 need to be advocates for health education, and
17 quality sexual education in their building.

18 CHAIRPERSON JOSEPH: Thank you. I would like to
19 recognize Council Member Lee, Council Member Sanchez
20 on Zoom, and Council Member Shekar Krishnan.

21 Council Member... Chair Louis, I am going to pass
22 it along to you, and we'll bounce off, back and
23 forth.

24 CHAIRPERSON LOUIS: Thank you, Chair Joseph.
25

1
2 I'd like to... to briefly shift our attention to
3 the intersection of sexual education and intimate
4 partner violence.

5 Given the ongoing discussions around sexual
6 health education implementation, how much of the
7 current curriculum is dedicated to addressing issues
8 of domestic and intimate partner violence? And are
9 educators provided with the tools and training to
10 navigate these sensitive topics effectively?

11 DIRECTOR COCUZZO: Yeah, oops, I'm muted.

12 So, I'm glad you brought up that connection,
13 because we agree that it's extremely, extremely
14 important.

15 So at all grade levels, in an age appropriate
16 way, violence related topics are included in the
17 curriculum. And in middle and high school, uhm.
18 intimate partner violence and related topics are
19 included in the sexual health unit. I think that, you
20 know, topics related to things like boundaries, clear
21 communication, respecting other people's boundaries,
22 healthy friendships. Right? Those are the things that
23 we sort of focus on in the younger grades, and then
24 as it gets older looking at, uhm, romantic and dating
25 relationships, and, uhm, and preventing violence.

1
2 CHAIRPERSON LOUIS: Thank you for that.

3 Research find... findings from the Journal of
4 Adolescent Health supports the inclusion of IPV
5 Education as part of a broader curriculum to improve
6 socioemotional learning and promote healthier,
7 respectful, interpersonal dynamics - as you just
8 shared, and should be included as a core component of
9 sexual education.

10 So can you share with us, are these
11 considerations actively incorporated into the
12 development of the curriculum that you just shared,
13 and if not, what barriers exist to the integration of
14 it?

15 DIRECTOR COCUZZO: Yeah, absolutely. And I would
16 say this is an area where we see a lot of buy in from
17 teachers as well. They know it's important. They see
18 it among their... among their students, and they know
19 the value of it. And so it's really just making sure
20 that they have the, you know, quality instructional
21 materials to do it. So it is absolutely included in
22 our scope and sequence and in our recommended
23 curriculum, for in the Sexual Health Unit.

24 CHAIRPERSON LOUIS: Thank you.
25

1 Shifting focus slightly, currently, New York
2 State Education Law, specifically, sections 803-A and
3 803-B mandates age appropriate human trafficking
4 education for students in grades K through 8.

5 However, there's a noticeable gap for high school
6 students in grades 9 through 12.

7
8 What curricula currently exists to address human
9 trafficking prevention and abduction awareness for
10 high school students?

11 DIRECTOR COCUZZO: Yeah, that's a great question.
12 We do include human trafficking in our high school
13 scope and sequence. It is explicitly one of the topic
14 areas that should be covered in the Sexual Health
15 Unit.

16 I would have to get back to you on specific
17 lessons. I would say we are always on the lookout
18 for, you know, new curricula that, uhm, that address
19 emerging issues like this. So it is... it is an
20 expectation that it's taught, and I think there's
21 definitely room to grow on having materials
22 available.

23 CHAIRPERSON LOUIS: Okay. And how are high school
24 educators and administrators currently equipped to
25 provide this critical information? - And that you

1
2 said that they have some of it - If the state were to
3 mandate an expansion of this instruction to include
4 grades 9 through 12, what steps would the DOE take to
5 develop and implement such curricula effectively?

6 DIRECTOR COCUZZO: Yeah. I think... I think it
7 would be helpful in giving additional guidance.
8 Right? So for grades K to 8, the introduction of
9 Aaron's Law has really helped us sort of analyze
10 whether our K to 8 lessons are meeting, you know,
11 meeting these requirements around, preventing,
12 preventing sexual abuse.

13 And, so I think that that would certainly be
14 helpful at the high school level as well, just to
15 have... have a more standardized set of expectations
16 for schools and that, uh, hopefully, the curriculum
17 and resources would also follow.

18 EXECUTIVE DIRECTOR ZAHARAKIS: And we have a...
19 I'm sorry, we have, uhm, we have a process, anytime a
20 new director or needs come through the state or
21 through another avenue within our office, we have,
22 you know, structures that allow us to come together,
23 look at what is actually being asked, look at what we
24 have, look at what needs to be developed.

1
2 So there's a process. We've done this in the
3 past, like Aaron's Law. When that came out, what are
4 we doing to make sure that we're implementing in New
5 York City?

6 CHAIRPERSON LOUIS: Okay.

7 How is DOE addressing gaps identified in 2018
8 Sexual Health Education Task Force Report?

9 And if you could also just include, uh, which of
10 the 11 recommendations from the 2018 Task Force
11 Report were implemented.

12 DIRECTOR COCUZZO: Sure. So I think in, uhm, in
13 Despina's testimony, she talked a little bit about
14 sort of the groupings of recommendations, and each
15 recommendation, I will say, has multiple parts.

16 So I would say, you know, we have... we have at
17 least partially addressed all recommendations, uhm,
18 with some that we're more able to complete than
19 others - which is why we're so excited that the task
20 force has been relaunched, so that we can continue to
21 work on the ones that haven't been fully implemented.

22 So for the first three recommendations around
23 prioritizing a culture of wellness and inclusivity,
24 the work we did to establish the Citywide Scope and
25 Sequence was a really big part of that, of meeting

1
2 that, uhm, those recommendations, as well as our
3 continued work with building awareness with district
4 schools and community members.

5 And I think, again, creating that culture of
6 sexual wellness isn't something we can do alone.
7 Right? And so that's why I think the task force is
8 gonna be so critical in continuing that work so that
9 we have, you know, buy in from everyone.

10 For recommendations 4 through 6, ensuring
11 students are served by well-equipped and supported
12 health education instructors. Again, this is one
13 where, in many ways, we've addressed the
14 recommendations by expanding our free training
15 opportunities, including more flexible options,
16 partnering with Lehman College to provide 78 more
17 teachers with advanced certificates in health
18 education, and this is also an area where there's
19 still more work to do because, you know, because of
20 the challenges and the barriers that Despina brought
21 up around small schools, how can we, you know,
22 identify different models of staffing teachers or
23 things that will help us to actually make sure that
24 every single school has a high quality health
25 education teacher?

1
2 CHAIRPERSON LOUIS: Right, uhm...

3 DIRECTOR COCUZZO: And then for the last two
4 recommendations around, uhm, accountability, as we
5 shared, we do publicly report on our data, and we
6 also, we're really excited to be able to conduct our
7 research, which you have the... the handouts that you
8 all got are the results of that research.

9 CHAIRPERSON LOUIS: So, 78 teachers, receiving
10 advanced certification is a very low number. So how
11 are you all trying to scale?

12 DIRECTOR COCUZZO: How long... Did you want to
13 talk about the... how that works?

14 CHAIRPERSON LOUIS: This is from
15 recommendations...

16 DIRECTOR COCUZZO: Yeah...

17 EXECUTIVE DIRECTOR ZAHARAKIS: Yes...

18 CHAIRPERSON LOUIS: four through six...

19 EXECUTIVE DIRECTOR ZAHARAKIS: Yep.

20 So we mentioned that there are only a 135
21 licensed teachers in New York City; although, there
22 are more certified, but licensed.

23 So one of the, uh, one of the ways we thought of
24 increasing the number of licensed teachers and
25 certified teachers, was to partner with Lehman, give

1
2 them the opportunity to take 12 or 18 credits, and
3 get this sort of secondary certification.

4 The program was rigorous. They really did attend
5 multiple semesters to earn their credits. We paid for
6 it. And then, there was a change in the funding for
7 Health Ed Works, and we didn't have that funding
8 anymore, so that's why we stopped that.

9 And in addition to that, I think there were also
10 some changes in the requirements by New York State
11 for teachers to just be able to get that additional
12 certification.

13 CHAIRPERSON LOUIS: Alright.

14 And in recommendations, uh, 9 through 12 in your
15 testimony, you stated that Local Law 14 and 15 of
16 2016, required mandated for report to the Council.
17 Then you hired an evaluator to conduct the research,
18 and that started in 2020 and ended in 2024. Why did
19 it take so long?

20 EXECUTIVE DIRECTOR ZAHARAKIS: So, right. The
21 research was, uhm, the basic question was, uh, what
22 are the qualities of a good quality health education
23 program? What should be in place? And how does a
24 quality health education program impact students?

25 So that was sort of that, it was qualitative,

1
2 It was also, quantitative. In terms of... on the
3 research... Frankly, you know, when the Local Law
4 reports come out, we use it to communicate with
5 schools and superintendents and central offices to
6 say, hey, this is where we are; this is where your
7 school is; this is where your schools are,
8 Superintendent. This is where we are as a city, to
9 central offices to be able to advocate for
10 communication and for support to have students
11 programmed for health education at the middle school
12 level, because that's our deficit area. That's where
13 we're working most.

14 So it's a way of sharing data and using it to
15 advocate for what we want all New York City Public
16 School students to have. So it's a tool for us. And
17 we point to it in our communications with the field.

18 CHAIRPERSON LOUIS: Alright. And will the new task
19 force involve implementing these recommendations for
20 the 2018 report?

21 EXECUTIVE DIRECTOR ZAHARAKIS: Yes, big picture,
22 the first meeting of the task force is Monday, the
23 9th.

24 So, uh, ,you know, we participate, there are
25 principals, there are teachers, educators, there are

1 health professionals, et cetera, that will come
2 together.

3
4 I think that, uhm, Sarah can speak to the
5 specifics, but ,you know, they're re-upping the task
6 force, and I think the recommendations would be one
7 place to start. Like, where are we, folks?

8 CHAIRPERSON LOUIS: Right.

9 EXECUTIVE DIRECTOR ZAHARAKIS: Right, with what we
10 recommended. And what does the work ahead look like?

11 CHAIRPERSON LOUIS: Thank you for that.

12 According the most recent report submitted to the
13 Council on Local Law 14th of 2016, 65% of students
14 grades 6 through 12 received the required number of
15 lessons in HIV and education.

16 And I think you highlighted some of this earlier,
17 how many, and what percentage of students opted out
18 of HIV/AIDS instruction in 2023-2024?

19 EXECUTIVE DIRECTOR ZAHARAKIS: So, opt outs are
20 only captured at the school level. We don't capture
21 them centrally.

22 CHAIRPERSON LOUIS: And why is that?

23 EXECUTIVE DIRECTOR ZAHARAKIS: So, we... That's
24 practice. You know, I'm...

1
2 CHAIRPERSON LOUIS: Like, wouldn't that help with
3 your data?

4 EXECUTIVE DIRECTOR ZAHARAKIS: Sorry?

5 CHAIRPERSON LOUIS: Wouldn't that help with your
6 data as well if you all were collecting that
7 information as well?

8 EXECUTIVE DIRECTOR ZAHARAKIS: I think... Look,
9 that's something for us to think about, because ,you
10 know, again, as a former principal ,you know, it was
11 with me and my families, that's where the opt level
12 was, and that's where it stayed.

13 CHAIRPERSON LOUIS: Mm-hmm.

14 EXECUTIVE DIRECTOR ZAHARAKIS: I know that there
15 has been interest in the Council questions, uh, the
16 submitted questions, there is interest in sort of
17 understanding the data...

18 CHAIRPERSON LOUIS: Mm-hmm

19 EXECUTIVE DIRECTOR ZAHARAKIS: How many kids are
20 opting out? So, I think that's something that we
21 could take back to ,you know...

22 CHAIRPERSON LOUIS: Like, to your meeting on
23 December 9th?

24 EXECUTIVE DIRECTOR ZAHARAKIS: And, let's see ,you
25 know, yeah... But, I understand the interest, wanting

1
2 to know how many students are not getting the... all
3 the full lessons, sort of, compliment.

4 CHAIRPERSON LOUIS: Thank you.

5 One last question, according to the most recent
6 report submitted to the Council on Local Law 15 of
7 2016, of the 14,162 instructors assigned to a health
8 course during the 2023-2024 school year, only 1,998,
9 or 14%, attended at least one professional
10 development training on sexual health education was
11 provided by DOE during the school years of 2022-2023
12 and 2023-2024.

13 What steps is DOE taking to address the low
14 percentage of instructors attending professional
15 development training on sexual health education?

16 EXECUTIVE DIRECTOR ZAHARAKIS: So let me talk a
17 little bit about the 14,000 teachers because that's a
18 little bit of a shocking figure. Right? And I just
19 wanna put it out there.

20 The data captures anyone who is teaching a health
21 education class, one class. So at the elementary
22 level, many classroom teachers also teach health
23 education. So if an elementary school has, you know,
24 70 teachers, each one of them teaches their class
25 health education, you'd have 70 health education

1
2 teachers. So that's... a lot of the data, when you
3 look at the sort of grade breakdown in the report, is
4 really about, elementary grades where we have the
5 most teachers.

6 Now in terms of training, this is over time.
7 Right? So, training is, as you said, over two years,
8 but then they might have been trained three years
9 ago, and they're not captured in that training.

10 CHAIRPERSON LOUIS: Mm-hmm?

11 EXECUTIVE DIRECTOR ZAHARAKIS: Our push to train
12 teachers, anyone who is teaching, health ed, is huge.
13 We pull data on anyone who is teaching a health ed
14 class, and we directly email that person and that
15 person's supervisors, the principals, and say, hey,
16 come to training.

17 We have information in our systems on who has
18 attended training and who has not. So we're able to
19 provide direct targeted outreach. Excuse me one
20 second... Okay, uhm...

21 CHAIRPERSON LOUIS: Because it says 14% attended.
22 So for those that are not participating, how are we
23 addressing that to ensure they can comprehensively
24 provide the information to students?

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: I going to have to
3 turn to...

4 DIRECTOR COCUZZO: Yeah, yeah... So I think one
5 is... I mean, as Despina mentioned, we're constantly
6 doing outreach to target those teachers who haven't
7 attended a training in the past. And, then, in all of
8 our communications, we include all of our standard
9 resources. So, even if a teacher hasn't attended our
10 training, they have our scope and sequence, they have
11 our guidance material, they have our recommended
12 curricula. We want them to come to trainings, we are
13 constantly trying to recruit more teachers and get
14 ,you know, get every single teacher in the city
15 trained, and, also, that over communication of
16 resources I think is key. So that ,you know, even if
17 a teacher has attended training four years ago, they
18 still have the most up-to-date information on what
19 the curriculum looks like.

20 CHAIRPERSON LOUIS: And how are you ensuring that
21 there is some effectiveness with the information
22 being shared with them, being that they are not
23 coming to the initial training?

24 DIRECTOR COCUZZO: Yeah, it's, uh, that's a really
25 good question.

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CHAIRPERSON LOUIS: Okay.

DIRECTOR COCUZZO: You know, I think it's...

CHAIRPERSON LOUIS: I think it's something that you guys need to discuss on December 9th, and make sure (INAUDIBLE)... (CROSS-TALK)

DIRECTOR COCUZZO: Absolutely. I mean, that's part of... (CROSS-TALK)

CHAIRPERSON LOUIS: (INAUDIBLE)...

DIRECTOR COCUZZO: That's part of what we're so excited about the new task force...

CHAIRPERSON LOUIS: Yeah...

DIRECTOR COCUZZO: Right? Is, how in such a vast system with such different needs, do you know what's happening everywhere, and how do we give people what they need everywhere. So, yes, completely agree.

CHAIRPERSON LOUIS: Uh, Chair Joseph, I'll hand it back to you.

CHAIRPERSON JOSEPH: Thank you.

Is it fair to say on the record that we do have a shortage area in health education in middle school?

EXECUTIVE DIRECTOR ZAHARAKIS: I would need to... I can't talk about shortage areas, it's not my department. Do we have its teach... do we have... (CROSS-TALK)

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2 CHAIRPERSON JOSEPH: Do you have enough personnel
3 to teach the courses that you need to meet the
4 requirements?

5 EXECUTIVE DIRECTOR ZAHARAKIS: I don't know that.
6 I don't have that analysis, but I could take a... I
7 can take a look.

8 We do have... Because, again, it's not about
9 being licensed, because the teachers can teach out of
10 license. So, do we have...

11 CHAIRPERSON JOSEPH: In middle school, uh, in high
12 school?

13 EXECUTIVE DIRECTOR ZAHARAKIS: Under the
14 incidental teaching, uh, I know that in elementary
15 school it could be a classroom teacher or a certified
16 teacher. The State requires a certified teacher at
17 the secondary level. However, if a school cannot
18 afford a particular, uh, teacher for one content area
19 or another, or there's a shortage, there is the
20 ability to sort of work with, uh, a principal to work
21 with their superintendent to get a teacher to teach a
22 maximum of five periods a week, uh, out of license.

23 I have not done the analysis, and I have not...
24 And not too many principals tell us that the reason
25 they're not programming kids is for teachers. I can

1
2 tell you anecdotally, it's really about programming
3 space, time, competing priorities, et cetera, et
4 cetera. But, I can't, uh, respond to that.

5 CHAIRPERSON JOSEPH: But, earlier you said this
6 was a priority. So, if it is a priority, why are we
7 not prioritizing it?

8 EXECUTIVE DIRECTOR ZAHARAKIS: That's what we are
9 working on. That's the video, that's ,you know,
10 the... We shared with you that's part of our job. We
11 have to sort of... You know, there was such a focus
12 on ELA and math, right, with standardized testing, et
13 cetera, that ,you know, we're moving away from that
14 now; we're moving sort of - portfolio work, and we're
15 moving to sort of broader literacy. But, there was
16 such emphasis testing, frankly, that we fell off. You
17 know, as the... The Arts have the same issue. PE has
18 the same issue. So, part of ,you know, communicating
19 the importance of health education, because of the
20 skills the students learn for the rest... that will
21 support them the rest of their lives, right, is part
22 of the job that we do every day and part of why we're
23 so thankful to be here with you today - and part of
24 why we are so thankful that you're saying the same
25 thing. And, so, schools are hearing it from multiple

1 sources, and reading it from multiple sources. So,
2 thank you.
3

4 CHAIRPERSON JOSEPH: They also have to hear it
5 from you. So, you... So, how many, uhm, you said you
6 have how many a 135?

7 EXECUTIVE DIRECTOR ZAHARAKIS: Uh, 135 licensed
8 teachers, but some might be certified, may be
9 certified but not licensed - or not teaching under
10 that license.

11 CHAIRPERSON JOSEPH: Oh, let me recognize, uhm,
12 Council Members Paladino and Stevens.

13 So, New York State requires that health education
14 be taught by a certified health education teacher.
15 However, New York State's incidental teaching
16 provision permits a teacher to teach out of license,
17 what we were talking about. But if they have
18 demonstrated competency in the subject matter as a
19 result, teachers without a health license are
20 frequently assigned to teach health under this
21 provision.

22 So how many teachers without health education
23 certification are currently assigned to teach health
24 courses in New York City public schools? Can you give
25 me that data based on grade level?

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2 EXECUTIVE DIRECTOR ZAHARAKIS: So we have grade
3 level the... the number of teachers who are teaching
4 by grade level?

5 CHAIRPERSON JOSEPH: Without... Out of license,
6 what we just talked about earlier.

7 EXECUTIVE DIRECTOR ZAHARAKIS: So it's any teacher
8 teaching. Now, we only... We know we only have 135
9 licensed teachers, but the State talks about
10 certified. So the language between the State and the
11 City is different. Right? The City talks about
12 licensed...

13 CHAIRPERSON JOSEPH: Mm-hmm?

14 EXECUTIVE DIRECTOR ZAHARAKIS: The State talks
15 about certified. And we make that point in the public
16 report that we release.

17 Now, we have the number of teachers, the 14,000,
18 whatever teacher is teaching at least one class, by
19 grade level. And we know that 135 are licensed in New
20 York City. We don't have ,like, where the licensed
21 teachers are. We just have how many teachers are
22 teaching one class by grade level.

23 CHAIRPERSON JOSEPH: Uhm, you said you were a
24 former principal, right?

25 EXECUTIVE DIRECTOR ZAHARAKIS: Yes.

1
2 CHAIRPERSON JOSEPH: So I know principals like to
3 capture data, right? That's how we inform our
4 instruction. Why are we not capturing that data to
5 better inform the decisions that we make on health
6 educators?

7 EXECUTIVE DIRECTOR ZAHARAKIS: So, I think, uhm,
8 the beauty of being a principal was my... it was my
9 community. Right? It was my teachers, my families, my
10 kids. I know what I was doing with our resources, and
11 our SLTs sort of ,you know, was able to have
12 representation from every constituent of our
13 community and make those decisions. It was... It was
14 here. What we're talking about now is the New York
15 City Public School, uh, New York City Public Schools
16 system capturing each one of those data points for
17 each one of these communities - and there's 1,500 of
18 them.

19 CHAIRPERSON JOSEPH: (INAUDIBLE)

20 EXECUTIVE DIRECTOR ZAHARAKIS: So...

21 CHAIRPERSON JOSEPH: There's 1,800 to be correct.

22 So, uhm, I'm still a little perplexed. I'm going
23 to come around... I'm going to come back around with
24 that same question, because I'm just puzzled that we
25 don't have any data to drive this policy. We've made

1
2 recommendations, we have a Local Law. And some of
3 that data was supposed to drive some of the
4 conversations we're having today. But, if we don't
5 have that, then we can't drive that conversation.

6 Uhm, so, what criteria or process does DOE use to
7 evaluate a teacher's competency to teach health
8 education under incidental teaching provisions?

9 EXECUTIVE DIRECTOR ZAHARAKIS: I'm sorry, can you
10 repeat that?

11 CHAIRPERSON JOSEPH: Sure, what criteria or
12 process does DOE use to evaluate a teacher's
13 competency to teach health education under incidental
14 teaching provisions?

15 EXECUTIVE DIRECTOR ZAHARAKIS: So that is a
16 conversation between the principal and the
17 superintendent as directed by the State. There are no
18 DOE competencies. So, it's a conversation between the
19 principal and the superintendent, "This is what I
20 need; this is who I have, I'd like this person to
21 teach under the incidental consideration."

22 CHAIRPERSON JOSEPH: Thank you. I will circle
23 back, right back to you.

24 Uhm, Council Member Dinowitz?

25 COUNCIL MEMBER DINOWITZ: Thank you, Chairs.

1
2 Well, first, I just have to say I couldn't agree
3 more with what you said about our high stakes tests
4 driving everything and every decision principles,
5 unfortunately, I think we are forced to make. So many
6 of, their incentives are based on these very narrow
7 tests, and, unfortunately, important issues like
8 health and sex education are left by the wayside.

9 What assessment data - we've talked a lot about
10 training, number of teachers with licenses on sort of
11 the front and on the back end. Are you assessing
12 every single child to ensure their competency in
13 health and sex education?

14 EXECUTIVE DIRECTOR ZAHARAKIS: There is no
15 assessment that we can implement centrally to, you
16 know, it's a course, so I... is that what you were
17 asking if we do...

18 COUNCIL MEMBER DINOWITZ: Assessments, right?
19 Whether it's portfolio, some sort of assessment, to
20 demonstrate what students have learned. That's the
21 purpose of an assessment.

22 EXECUTIVE DIRECTOR ZAHARAKIS: Yep. That would be
23 the course that is offered to the students and what
24 that instruction, you know, that teacher has put in
25 place for that course...

1
2 COUNCIL MEMBER DINOWITZ: Right, but, it... The
3 existence... (CROSS-TALK)

4 EXECUTIVE DIRECTOR ZAHARAKIS: But we don't have
5 that (INAUDIBLE)...

6 COUNCIL MEMBER DINOWITZ: of a course doesn't mean
7 it's a quality course. The existence of a curriculum
8 doesn't mean it's being implemented well, and that's
9 the purpose of assessments, to see in one... one
10 purpose, to see what the students... our students are
11 learning. And, so, is there any assessment data
12 available for the impact, really, to the impact of
13 these courses on our children?

14 EXECUTIVE DIRECTOR ZAHARAKIS: We don't have an
15 assessment, an assessment itself, to assess children.

16 COUNCIL MEMBER DINOWITZ: How do you assess the
17 quality of the programs?

18 EXECUTIVE DIRECTOR ZAHARAKIS: We can't assess the
19 quality. What we can do is ensure that we are
20 training teachers to provide quality health
21 education, just like, you know, we can't externally
22 assess the quality of any instruction that's
23 happening at an individual school, except for where
24 there are standardized tests to test the children.

1
2 You know, we don't know the quality of an Arts
3 program or anything else.

4 COUNCIL MEMBER DINOWITZ: I mean, in... in your
5 report here that you've shared with us, you share
6 some, quantitative analysis. So they exist. I mean I
7 mean, they're here. It says, uh, 54% more middle
8 school students reported recent condom use; 6% fewer
9 high school students report lifetime sexual activity
10 for school wellness; Council funding, uh, 3% more
11 middle school students reported recent condom use
12 when it's the health teacher... so... so there...
13 there is data. There is assessment data, and so
14 that's what I'm asking about. So you have some here,
15 it...

16 EXECUTIVE DIRECTOR ZAHARAKIS: So, yeah, so
17 there's assessment data like the YRBS, the Youth Risk
18 Behavior Survey, right, that is administered to high
19 school students. Uhm...

20 COUNCIL MEMBER DINOWITZ: Uh, to all high school
21 students?

22 EXECUTIVE DIRECTOR ZAHARAKIS: Sorry?

23 COUNCIL MEMBER DINOWITZ: To all high school
24 students?

1 EXECUTIVE DIRECTOR ZAHARAKIS: No, it's a subset
2 chosen of schools, chosen I believe by the CDC and
3 the Department of Health. Every (INAUDIBLE)...
4 (CROSS-TALK)

5 COUNCIL MEMBER DINOWITZ: But you as the DOE have
6 the power to - or the ability to assess individual
7 schools to see the impact of their health
8 education...

9 EXECUTIVE DIRECTOR ZAHARAKIS: No...

10 COUNCIL MEMBER DINOWITZ: curriculum...

11 EXECUTIVE DIRECTOR ZAHARAKIS: this is all
12 anonymous...

13 COUNCIL MEMBER DINOWITZ: Right...

14 EXECUTIVE DIRECTOR ZAHARAKIS: And these are
15 researchers, like we (INAUDIBLE)... (CROSS-TALK)

16 COUNCIL MEMBER DINOWITZ: So is attendance data
17 and so is regents data on school report cards, but
18 the assessments are still done.

19 What is, uh, what's in the law that's preventing
20 you from assessing the schools on the impact of
21 their... of... of the quality of their education?

22 EXECUTIVE DIRECTOR ZAHARAKIS: Assessing the
23 schools on the quality of... so, that, yeah, I need
24 to think about that...
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COUNCIL MEMBER DINOWITZ: Okay...

EXECUTIVE DIRECTOR ZAHARAKIS: In terms of...
Because we're ,you know, we don't... departments
don't assess the teachers. Principals assess
teachers. Right? The instructional quality and
outcome.

COUNCIL MEMBER DINOWITZ: Alright, I'd love to
follow up further on this, because this is a very
important topic, and we want to make sure that our
kids are learning these things in school and that
there's demonstrable results from this.

Two other question - one is, are additional
resources provided to areas, geographic areas, where
there's higher incidence of teen pregnancy and HIV,
uhm, transmission?

DIRECTOR COCUZZO: Yeah, we work with The
Department of Health, which, uh, very closely, uhm,
which has programs like New York City Teens
Connection, that focus on these areas where the data
is showing us higher rates of teen pregnancy, for
example. Uhm, so we work very closely with them to
make sure that they can recruit schools, work with
those schools, and really coach the teachers.

1
2 COUNCIL MEMBER DINOWITZ: Okay, interested to
3 learn exactly what those additional resources are and
4 look like.

5 Lastly, you had spoken in your testimony about
6 health teachers. To what extent are these health
7 skills required by the DOE, not - again, not because
8 a school chooses to - To what extent are these health
9 skills integrated into the curriculum and encouraged
10 to be taught by academic teachers, and to what extent
11 are they trained? And, of course, to what extent are
12 (TIMER CHIMES) they measured on it, assessed, uh, are
13 the students assessed on it in academic classes?

14 DIRECTOR COCUZZO: I mean, I can just, hand it to
15 you, (UNINTELLIGIBLE) but, I think... I could not
16 agree more with you about the importance of it being
17 an academic subject. Right? That is, I think, a big
18 misperception that we're often trying to overcome is
19 folks not realizing that it has standards. There are
20 state standards. There are national standards. There
21 is a New York City scope and sequence that includes
22 what standards all health education classes are
23 supposed to meet.

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2 So that that is that is in place, and that
3 includes unit assessments, right, that the teacher
4 would administer. Uhm...

5 COUNCIL MEMBER DINOWITZ: What I... what I mean
6 specifically is...

7 DIRECTOR COCUZZO: But, yeah...

8 COUNCIL MEMBER DINOWITZ: in a math class, kids
9 are dealing with a ton of stress. I know...

10 DIRECTOR COCUZZO: Right...

11 COUNCIL MEMBER DINOWITZ: they're taught in a
12 science class...

13 DIRECTOR COCUZZO: (INAUDIBLE) I got you...

14 COUNCIL MEMBER DINOWITZ: you're dealing with the
15 biology of the human body, and... so, those are just
16 two examples. You spoke about the history of the
17 LGBTQ movement, you're...

18 DIRECTOR COCUZZO: Yeah...

19 COUNCIL MEMBER DINOWITZ: In every academic
20 subject health can be incorporated. I am asking to
21 what extent...

22 DIRECTOR COCUZZO: Yeah...

23 COUNCIL MEMBER DINOWITZ: the DOE is investing in
24 that movement to do that.

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: So, good question,
3 thank you, uh...

4 COUNCIL MEMBER DINOWITZ: It's my last one, too,
5 Chairs, don't worry.

6 EXECUTIVE DIRECTOR ZAHARAKIS: So I think, uhm, I
7 wanted... I want to take that question and really
8 sort of think about it in terms of, you know, what we
9 are doing. Because sometimes I think what we're
10 thinking about is what happens at the local school
11 level, and how do we know about it? Right?

12 So, you know, like, for example, you asked about
13 assessment. And I know that the curriculum that we
14 recommend also has unit assessments. So we test kids'
15 mastery. The teacher tests the kids' mastery, and the
16 teacher understands the kids' mastery. We don't know
17 it. So that leap, right, that what stays at the
18 school level and what do we capture, I think, is a
19 bigger question, you know, and not just for health
20 education, but for all.

21 COUNCIL MEMBER DINOWITZ: And then my question
22 about incorporating the health education into the
23 typical academic subjects, to what extent is that
24 being done?

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: So I would say we
3 both agree that that's something that we see...
4 health education is about skills, and so those skills
5 are transferable. Right? It's not just about the
6 content. So I think that we could do more to be more
7 intentional about that with other sort of content
8 areas.

9 I know that, you know, we need to develop some
10 structures and some trainings, probably sort of, you
11 know, I'd love to think about how we could pilot, you
12 know, a particular school or a particular district
13 that would have this sort of joint training.

14 But that's a really good idea. I always you know,
15 we have... we have that in social studies and ELA.
16 We have that in other... we have that in the Arts
17 and content areas. So I'd love to be able to think
18 about what this could look like in health.

19 DIRECTOR COCUZZO: And I think two places where
20 that already lives is socioemotional learning. So
21 many of the skills that are SEL skills are also
22 health education skills. And so that's an area I
23 think we have seen a huge movement to get those
24 skills into many different classes. And then another
25 area is in the area of, uh... if I think about

1
2 specific topics, food education. Right? That's
3 another place where we're looking at how that can be
4 done across.. interdisciplinary.

5 So I think there is room to expand on that. And I
6 think it's happening in some places.

7 COUNCIL MEMBER DINOWITZ: Yeah, it just seems that
8 there needs to be more consistency. You have a really
9 important job. Until schools and districts are
10 measured and assessed on the impact of this, and
11 until it's truly incorporated into our academic
12 curriculum, and it's reported on, on our School
13 Quality Review and school report cards, I don't think
14 we're going to see, uh, much movement.

15 Chairs, thank you so much for the time. Thank you
16 for your testimony.

17 EXECUTIVE DIRECTOR ZAHARAKIS: Chair Joseph, I
18 have an update for you.

19 The New York state requires a 100 hours of
20 professional development every five years for
21 teachers to maintain their certification.

22 CHAIRPERSON JOSEPH: Thank you.

23 Council Member Narcisse?

24 COUNCIL MEMBER NARCISSE: Good afternoon, Thank
25 you, Chairs.

1
2 From my understanding you have 135 licensed,
3 teachers. Right? So, in the 135, do you mind to tell
4 me where they're located based on, I think we have
5 about, 1,800 schools, but you don't... not in 1,800
6 are you going to have the licensed teachers, but I
7 would like to know where you have those, uhm,
8 licensed ones located.

9 EXECUTIVE DIRECTOR ZAHARAKIS: I don't have that
10 data, but I can take a look at it.

11 COUNCIL MEMBER NARCISSE: Do you have it by
12 district?

13 EXECUTIVE DIRECTOR ZAHARAKIS: I don't have it
14 with me. We don't break out the... We just report on
15 the number of licensed teachers in the Local Law
16 Report.

17 COUNCIL MEMBER NARCISSE: Mm-hmm. I'm very much
18 interested to see where they are located. Thank you.

19 Parents, parents engagement is always very
20 important to me. I'm a parent, right? So what steps
21 are being taken to involve parents, guardians, or
22 anyone taking you for... taking care of those
23 children in shaping and understanding the curriculum?
24 What are the steps that you are taking?
25

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: So we can talk
3 about a few things here. One, would be the family
4 materials as part of the curriculum... the different
5 curricula. So, Sarah, why don't you start with that?

6 But we do have family engagement in in multiple
7 ways, but we can start with the curriculum.

8 DIRECTOR COCUZZO: Yeah, we... I mean, one of our
9 key messages to schools is that parents and families
10 and guardians are essential partners in this work.
11 Like, schools can't do this alone. Parents are, you
12 know, parents and guardians are first and foremost in
13 this.

14 So, uhm, we have materials that we provide to
15 schools in 10 languages to inform parents about what
16 is in the curriculum, what the content is, how they
17 can opt out of certain lessons, you know, the
18 overview of what's covered. And we're, you know,
19 hoping to develop more just sort of educational
20 materials as well, because I think that's... we have
21 some resources we can point families to, but I think
22 it's important for them to have more concrete sort of
23 resources themselves so that they can start to have
24 those conversations with their children.

1
2 In terms of the curriculum, we always involve
3 parents in the review process. We have a very formal
4 review process that we go through anytime we adopt or
5 develop a new curriculum that includes a wide variety
6 of stakeholders, including educators, content
7 experts, and families. So, you know, that's something
8 that is really important to us whenever we're
9 developing or recommending a new curriculum.

10 COUNCIL MEMBER NARCISSE: Okay. You work with CECs
11 (Council for Exceptional Children) to make sure that
12 they get the information?

13 DIRECTOR COCUZZO: Yeah...

14 COUNCIL MEMBER NARCISSE: So they can populate the
15 information among the populations they represent?

16 EXECUTIVE DIRECTOR ZAHARAKIS: Yes, so, uhm, as
17 part of the updating of our Citywide Wellness
18 Policy...

19 COUNCIL MEMBER NARCISSE: Mm-hmm?

20 EXECUTIVE DIRECTOR ZAHARAKIS: Uhm, we invite all
21 CEC members to join the Citywide Wellness Advisory
22 Council...

23 COUNCIL MEMBER NARCISSE: Mm-hmm.

24 EXECUTIVE DIRECTOR ZAHARAKIS: who meets
25 approximately once a month. And we, as an office,

1
2 engage them in sort of looking at the importance of
3 health education, the importance of sexual health
4 education, the importance of HIV education, physical
5 activity, physical education, et cetera. That is one
6 way.

7 We also sort of encourage any schools that have a
8 School Wellness Council or that we fund for a School
9 Wellness Council to really focus on health education.
10 Which, again, includes sexual health education.

11 COUNCIL MEMBER NARCISSE: Mm-hmm.

12 EXECUTIVE DIRECTOR ZAHARAKIS: So we are engaging
13 families, but more so, we are providing schools with
14 the resources to engage their families.

15 COUNCIL MEMBER NARCISSE: Thank you for that,
16 because you know how important it is as a parent when
17 the children get some information over here, and
18 you're not kind of aware of it, and it creates some
19 confusion when they receive the information - and how
20 to process it. And who knows the children? That's the
21 parents. Right?

22 Are there clear channels for parents to review
23 and provide feedback on the materials being used in
24 the classrooms?

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: So my understanding
3 is that, you know, again, this from my past
4 experience, there are curricular nights at each
5 school. They're encouraged, it happens early in
6 September, and each teacher shares what curricular
7 materials are going to be used. So that's sort of
8 happening at the local school level.

9 I think, uhm, I don't know if resources are
10 available for families.

11 DIRECTOR COCUZZO: Yeah. I mean, and at the
12 central level, as I mentioned, whenever we do, like,
13 a districtwide curriculum review, we involve parents
14 in that work, uhm, to make sure that they're part of
15 the... part of the review process.

16 COUNCIL MEMBER NARCISSE: Okay...

17 EXECUTIVE DIRECTOR ZAHARAKIS: But in terms of
18 curriculum being used in their children's
19 classroom...

20 COUNCIL MEMBER NARCISSE: Mm-hmm, right...

21 EXECUTIVE DIRECTOR ZAHARAKIS: You know, that
22 would happen at the local school level. That's
23 Curriculum Night, you know, early in September, and
24 teachers share with families what resources they're
25 going to be using.

1
2 COUNCIL MEMBER NARCISSE: I love the idea that
3 principals and schools kind of independent and doing
4 their own things, but at the end of the day, we want
5 to make sure since it's a curriculum (TIMER CHIMES)
6 it's throughout New York City... throughout New York
7 City, and all our children are receiving the same
8 materials in some way, but reinforcement and
9 different things can be done on the kind of
10 particular... each school, right? But we want our
11 children to be on the same page at the end of the
12 day.

13 I want to finish because my time is up.

14 Lastly, languages. We talk about two... I mean 10
15 languages. What are the top 10 languages that we talk
16 about?

17 EXECUTIVE DIRECTOR ZAHARAKIS: I would need to
18 look that up, but I know that it's, of course,
19 Spanish... Can we look that up?

20 DIRECTOR COCUZZO: Yep.

21 COUNCIL MEMBER NARCISSE: Mm-hmm

22 EXECUTIVE DIRECTOR ZAHARAKIS: We're looking that
23 up. In the meantime, let me respond about the 135
24 certified teachers.

25 COUNCIL MEMBER NARCISSE: Mm-hmm?

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: We have 25 in the
3 Bronx, 30 in Brooklyn, 16 in Manhattan, 60 in Queens,
4 and four on Staten Island.

5 COUNCIL MEMBER NARCISSE: Thank you for that. And
6 since my time is up, you can continue, Chair, and
7 it... when you come up with the answer for me, then
8 I'll be more than happy to hear it. Thank you,
9 Chairs, both of you, thank you.

10 CHAIRPERSON JOSEPH: Thank you.

11 I'd like to recognize Council Member Schulman,
12 Council Member Gennaro, and Council Member Vernikov.

13 So how does, uhm, New York City Public Schools
14 monitor and evaluate the effectiveness of sexual
15 health education programming in schools?

16 I know that was asked earlier, but I wanna tie it
17 in with what metrics are also used to evaluate
18 effectiveness in reducing rates, such as teen
19 pregnancy, sexually transmitted disease, intimate
20 partner violence, and other key health indicators.

21 Are you in contact with DOHMH (Department of
22 Health and Mental Hygiene) to track these, uhm, this
23 data?

24 EXECUTIVE DIRECTOR ZAHARAKIS: Sure, we work very
25 closely with DOHMH. Sarah can talk to the specifics.

1
2 DIRECTOR COCUZZO: We partner with them extremely
3 closely to implement, uh, the Youth Risk Behavior
4 Survey, which is, uhm, as well as with the CDC, which
5 is the main way that we capture, uhm, health
6 information about what young people in New York City
7 are doing, uhm, and experiencing, and then we also
8 administer the School Profile Survey, which looks at
9 what schools are reporting doing.

10 So there's the student level anonymous survey of
11 health, uh, health risks, and then there's a school
12 level survey of, uhm, principal and teachers
13 reporting on what... on what they are doing in their
14 schools.

15 And so we work really collaboratively with both
16 CDC and the Department of Health to, look at the
17 trends from both of those, uhm, both of those
18 surveillance methods.

19 CHAIRPERSON JOSEPH: Are we seeing any disparities
20 in access to quality sexual health education across
21 schools, particularly in underserved neighborhoods or
22 among vulnerable populations? What are we... what is
23 the data telling us there?

24 DIRECTOR COCUZZO: Oh, just that, uhm, for... so
25 as we've talked about, we don't capture who is...

1 which schools are teaching sexual health education.

2 So we don't have that data... (CROSS-TALK)

3 CHAIRPERSON JOSEPH: So we don't get to see who
4 the underserved... so everyone has equal access? Is
5 that what you're telling me?

6 DIRECTOR COCUZZO: I'm saying we don't track which
7 schools provide sexual health education as a part of
8 health education.

9 EXECUTIVE DIRECTOR ZAHARAKIS: We only track
10 health education... (CROSS-TALK)

11 DIRECTOR COCUZZO: Health education. Right.

12 CHAIRPERSON JOSEPH: Many, uhm, individual schools
13 reported zero students received the required number
14 of lessons in HIV and AIDS for 2023-2024. And what is
15 the main factor contributing to the 0% outcome?

16 EXECUTIVE DIRECTOR ZAHARAKIS: Zero percent of
17 students having a health education?

18 CHAIRPERSON JOSEPH: HIV.

19 EXECUTIVE DIRECTOR ZAHARAKIS: I'm sorry...

20 CHAIRPERSON JOSEPH: HIV education for 2024... and
21 2023-2024 school years. We're seeing a 0%.

22 EXECUTIVE DIRECTOR ZAHARAKIS: Yep. I can talk
23 about some of the barriers in terms from an
24

1 administrative point of view, and then Sarah can talk
2 a little bit about the instructional point of view.

3
4 Administrative, I think, uhm, every student needs
5 their HIV lessons every year. Sometimes it's easy for
6 students who are programmed for health education to
7 receive their HIV lessons in health education.

8 For the students who are not, that administration
9 or a teacher or an AP, somebody needs to think about
10 where the students are getting the number of lessons
11 that they need, who is teaching them, and when are
12 they getting them?

13 And some... and, frankly, some folks don't know
14 how to do it. Some folks know how to do it well, some
15 administrators, and part of what we're doing is
16 understanding the schools that are doing it, that are
17 providing the lessons to a 100% of their students in
18 smart ways - meaning the way they choose who's
19 providing the instruction, when the students are
20 getting the lessons. How is this message to the
21 school community, including families?

22 We're trying to sort of capture best practices to
23 share with schools that are not providing students
24 with their HIV lessons, because I think in many
25 cases, it's just not grasping what needs to be done.

1
2 Because it's about teachers, it's about
3 programming, it's about timing, and what they are not
4 gonna have during their school day in order to have
5 the HIV lesson. So that's one piece of it.

6 But I think the other piece is just the teachers
7 themselves...

8 DIRECTOR COCUZZO: Yeah. I think the other piece
9 is because it is, uh, required every single year, and
10 there are not enough, you know, licensed and
11 certified teachers to cover that class... those five
12 or six lessons every single year, including the years
13 when they don't have a health education class, many
14 teachers might feel uncomfortable, unprepared, or
15 what we often hear is fearing backlash from the
16 community, from parents, etcetera.

17 And so this is one of the things that we really
18 try to address in our trainings, both the self-guided
19 and the live, is what resources are available, what
20 the policies are, and how folks can handle those, you
21 know, uncomfortable questions that are gonna
22 naturally come up so that they don't have to be so
23 nervous about it.

24 I think there's also a sort of public
25 misconception that HIV and AIDS are no longer

1 relevant for young people, which further can
2 sometimes limit the buy in from administrators and
3 teachers who already have so many competing
4 priorities. But we know that it is just as important
5 as ever, given, you know, that young people do have
6 the, uhm, the most sexual health risk, right, of,
7 uhm, as compared to other age groups.

9 And so I think, you know, I think that a lot of
10 it is about training and messaging and getting folks
11 to understand that this is still a relevant topic,
12 and that the education that they're getting now
13 doesn't look like what they got in the past.

14 The new curriculum isn't just about, you know,
15 the science of HIV. It's much more about the skills
16 that students need to keep themselves healthy and
17 safe for a lifetime.

18 And so I think once folks... we're really proud
19 of the fact that we jumped 20% points in compliance
20 last year, and I think a lot of that was due to
21 having a new updated, engaging curriculum that folks
22 can see as relevant to their students.

23 CHAIRPERSON JOSEPH: So what accountability
24 measures are in place when districts are reporting
25

1
2 compliances below 50%? There has to be some
3 accountability and responsibility. Right?

4 EXECUTIVE DIRECTOR ZAHARAKIS: So, we are...

5 CHAIRPERSON JOSEPH: So, what is the...

6 EXECUTIVE DIRECTOR ZAHARAKIS: I'm sorry, it's...

7 CHAIRPERSON JOSEPH: No, that's okay.

8 EXECUTIVE DIRECTOR ZAHARAKIS: We are a support
9 office. Right? We work with schools, we work with
10 districts, we work with teachers, we work with
11 central offices to make sure that we, uhm, have...
12 that every New York City Public School student is
13 getting quality health education, quality sexual
14 health education, and the required number of HIV
15 lessons in a way that makes sense - with quality
16 instructional materials, and from someone that is
17 comfortable teaching them.

18 That's what we support. And that's what we need
19 to focus on, because we're not a supervisory office.
20 We don't ,you know, uhm, what we try to do is make
21 sure that schools are doing it and engage with
22 everyone who works with schools. Right?
23 Superintendents, their teams, central offices,
24 principals, assistant principals, teachers, anyone
25 who will listen to us.

1
2 So, I can't speak to the accountability measure
3 of it.

4 CHAIRPERSON JOSEPH: Well, there's a Local Law
5 that requires reporting from individual schools in
6 order to comply. So, how are we... How we can we hold
7 accountability when there's a law in place to make
8 sure the reporting is done?

9 EXECUTIVE DIRECTOR ZAHARAKIS: Correct. And,
10 again, as a support office, what I do is take the
11 information from the Local Law, and point schools to
12 what it's saying about their school community - you
13 know, what they need to do for their children, what
14 superintendents need to do for their district sort
15 of, uh, their district schools.

16 CHAIRPERSON JOSEPH: And you said you were taking
17 some of the best practices, and for schools that are
18 doing it at the minimum to spread... How... How...
19 How successful have you been at that?

20 EXECUTIVE DIRECTOR ZAHARAKIS: So this is
21 something that we just started, because we had a very
22 successful phone call with a principal of an
23 elementary school that had a great system for
24 ensuring that all her kids got the required number of
25 lessons. And she laid it out for us. And so we

1
2 thought, immediately right on that call, this is what
3 we should be doing. We should be capturing best
4 practices. Right? Because she spoke about teacher
5 quality. She spoke about the quality, she spoke about
6 the materials, she spoke about how she programs the
7 kids, how she engages her school community before
8 providing the lessons that, Hey, this is what we're
9 doing. These are the lessons. This is what we're
10 teaching.

11 So we felt that if we capture her information and
12 tap into others to provide almost like a menu to
13 schools and say, look, these are ways that you can
14 implement the HIV lessons.

15 We're at the beginning stages of that, because
16 this conversation happened in June with the one
17 principal. So this is something that we're intending
18 on doing, this menu of implementation.

19 CHAIRPERSON JOSEPH: The HIV lesson is... it's
20 in... its given to teachers in elementary. We're
21 gonna go to elementary in September. Correct? When is
22 the deadline to submit it? That it was... that it was
23 taught?

24 EXECUTIVE DIRECTOR ZAHARAKIS: So sometime in May.
25 I'm not sure about this year's, but it's usually

1
2 sometime in May. And what we do is we pull the... we
3 get data, right, from another office that sort of
4 (INAUDIBLE) We get data and we message, sort of
5 midyear, uhm, to all schools and all districts that,
6 Hey, by the way, this is the percent of your students
7 that have gotten the required number of lessons.
8 Don't forget, you know, this is... this is the
9 requirement. This is the deadline. These are the
10 lessons, the curriculum. These are the training
11 dates. And these are good ways of implementing, like,
12 who should be doing it, and when.

13 So that package sort of goes to principals
14 usually around March. And then we also provide the
15 same information to superintendents and their teams
16 and say, this is how your schools are doing.

17 CHAIRPERSON JOSEPH: I am going to go to Council
18 Member Hanif.

19 COUNCIL MEMBER HANIF: Thank you, Chair Joseph,
20 and good afternoon.

21 I liked to dive right in. How many New York City
22 public schools... school students are receiving sex
23 education in middle school and how many public school
24 students are receiving sex education in high school?
25 And I'm not sure if this was already covered.

1 EXECUTIVE DIRECTOR ZAHARAKIS: So we don't capture
2 the number of students receiving, uh, sexual, uh,
3 health education because it's part of health
4 education.
5

6 So if we say that 99.7% of students are meeting
7 requirements at the high school level, that means
8 that they... we're assuming they were taught the
9 health education curriculum, which includes, sexual
10 health education lessons.

11 COUNCIL MEMBER HANIF: So what's the total for
12 students receiving then the health curriculum?

13 EXECUTIVE DIRECTOR ZAHARAKIS: For high school,
14 it's 99.7%.

15 COUNCIL MEMBER HANIF: Mhmm.

16 EXECUTIVE DIRECTOR ZAHARAKIS: Right? Because it
17 is a graduation requirement. And then for middle
18 school, it is 58%.

19 COUNCIL MEMBER HANIF: And the, the remaining
20 students either opted out, or what are... what are
21 the reasons for this not being at 100%?

22 EXECUTIVE DIRECTOR ZAHARAKIS: It is, uh, it could
23 be students that have left the system but are not
24 discharged yet. It could be... it's a very minute
25 number, right, for the 99.7. But, it does not mean

1 that any student graduated without the credit. It
2 means that something, whether the student is a super
3 senior, whether the student, you know, left but isn't
4 discharged yet, something like that.

5
6 COUNCIL MEMBER HANIF: And so it's... it's, uhm,
7 right to say that students who participate in the
8 health curriculum took a course or participated in
9 classes related to sex ed?

10 EXECUTIVE DIRECTOR ZAHARAKIS: The sexual, health
11 curriculum? It is... sexual health are lessons in
12 health education.

13 COUNCIL MEMBER HANIF: In health education?

14 Okay...

15 EXECUTIVE DIRECTOR ZAHARAKIS: Yes.

16 COUNCIL MEMBER HANIF: that's clear.

17 And then the City requires that sex education be
18 a part of one semester of health education, which you
19 mentioned. To your knowledge, are any public schools
20 teaching more sex ed than, uh, that minimum
21 requirement, for example, by teaching a standalone
22 sex education class or by including sex ed in health
23 classes that occur more than once in middle school
24 and once in high school? And if so, how many schools
25 are exceeding that requirement?

1
2 EXECUTIVE DIRECTOR ZAHARAKIS: I... I don't have
3 that information. I don't have that data.

4 COUNCIL MEMBER HANIF: And, but do you think that
5 that's something that's happening?

6 EXECUTIVE DIRECTOR ZAHARAKIS: I'm not sure...

7 DIRECTOR COCUZZO: I think in... I think in some
8 cases, I don't think it's, uhm, super widespread, but
9 I think that's something we could look at if the...
10 how many schools are going above and beyond the
11 expectations.

12 COUNCIL MEMBER HANIF: Yeah, I would be curious to
13 understand. And I am curious, like, how you're
14 assessing ,like, uhm ,you know, the efficacy of this
15 curriculum, uh, in terms of ,like, any kind of
16 parameters being met around, uh, has school bullying
17 dropped? Have, uhm, there been less conflict among,
18 uhm, the students in relationships, or et cetera?

19 DIRECTOR COCUZZO: Yeah. And that's the... the
20 report that you all have, uhm, that we handed out. So
21 that was the result of a research project that we
22 did, which is not something that we are able to do
23 regularly because it does require a lot of resources.
24 This was from a grant that we received from the New
25 York Community Trust, where we were actually able to

1
2 do a research project with an external evaluator on
3 the connection between the health education practices
4 that schools were doing and the health outcomes of
5 students.

6 So we did see some data points around bullying,
7 around other... I can... I can take a look, but
8 you... but there were certain practices that we saw
9 like, uh, teachers attending training, like teachers,
10 teaching health year after year, that we saw did in
11 fact correlate with, with certain health outcomes.

12 We can't prove causality, again, and this isn't
13 an evaluation that we do regularly because it does
14 require significant resources, but that was one
15 attempt to at least look at what data we have.

16 COUNCIL MEMBER HANIF: And how long did that
17 research take that the...

18 DIRECTOR COCUZZO: It was from 2021 to 2023.

19 COUNCIL MEMBER HANIF: And was that the... Is that
20 the only report, or is that... It... Will there be a
21 second part to this, or how frequently are we...

22 DIRECTOR COCUZZO: This is... This was a... This
23 was a standalone grant. This was a onetime thing,
24 uhm, it is available online, so you all have the
25

1
2 handouts, but it is also... we can share the link
3 that (INAUDIBLE) online.. (CROSS-TALK)

4 COUNCIL MEMBER HANIF: So outside of this there
5 isn't short of this kind of... (CROSS-TALK)

6 EXECUTIVE DIRECTOR ZAHARAKIS: No, that was a
7 grant...

8 COUNCIL MEMBER HANIF: deep dive... Okay...

9 EXECUTIVE DIRECTOR ZAHARAKIS: that we used...
10 (CROSS-TALK)

11 COUNCIL MEMBER HANIF: Okay, got it...

12 DIRECTOR COCUZZO: Yep...

13 COUNCIL MEMBER HANIF: I mean, I think it's
14 helpful to be able to...

15 EXECUTIVE DIRECTOR ZAHARAKIS: Yes, yeah, I
16 agree...

17 DIRECTOR COCUZZO: Yep, definitely!...

18 COUNCIL MEMBER HANIF: capture that...

19 EXECUTIVE DIRECTOR ZAHARAKIS: I agree...

20 COUNCIL MEMBER HANIF: Good on the New York
21 Community Trust for..

22 DIRECTOR COCUZZO: Yes, we...

23 COUNCIL MEMBER HANIF: (INAUDIBLE)

24 DIRECTOR COCUZZO: appreciated that...
25

1
2 COUNCIL MEMBER HANIF: What training and
3 resources, if any, are provided to teachers so that
4 they can effectively teach the curriculum?

5 EXECUTIVE DIRECTOR ZAHARAKIS: Training is huge
6 for our office. That is (TIMER CHIMES), you know, we
7 have multiple trainings. We... Sarah, can talk
8 specifically around her team, the health education
9 team that provides the trainings. So why don't you...

10 DIRECTOR COCUZZO: Yeah. Training is one of the
11 things that we are really proud of. We have, you
12 know, hundreds of educators that, thousands in fact,
13 that come to our trainings every year...

14 EXECUTIVE DIRECTOR ZAHARAKIS: (INAUDIBLE)

15 DIRECTOR COCUZZO: So we have a series, uh,
16 talked a little bit about this earlier, but we have
17 a series, uhm, on introductory health education
18 topics, which includes LGBTQ inclusion. We have a
19 series on sexual health topics, and we have a series
20 on the HIV curriculum, and we're currently working on
21 a series on mental health as well. And that includes
22 both live training opportunities and self-guided for
23 teachers to take on their own time.

24 COUNCIL MEMBER HANIF: Chairs, I just have a few
25 more follow ups. I'll be quick.

1
2 Are there any gaps that have been identified in
3 the current curriculum? And if so, what... what are
4 you all doing to amend or fix?

5 EXECUTIVE DIRECTOR ZAHARAKIS: The HIV or the, uh,
6 sexual...

7 COUNCIL MEMBER HANIF: The sexual...

8 EXECUTIVE DIRECTOR ZAHARAKIS: Sexual... gaps in
9 the curriculum?

10 DIRECTOR COCUZZO: Sure, that's a great question.

11 Uhm, I think that one... one thing was what, uhm,
12 what Chair Louis brought up earlier around human
13 trafficking.

14 So we have, uhm, that's one thing that comes to
15 mind where it's in our scope and sequence. That is an
16 expectation that schools do address in the high
17 school curriculum, but, uhm, we could use more lesson
18 materials around it.

19 And so I think, you know, that... that's...
20 that's one area that I think we could... we would
21 love more lesson materials.

22 We've recently been working at the elementary
23 level to get more resources on consent and healthy
24 relationships, so that... that was a gap area that
25 we've been really working to fill, uhm, with the help

1
2 of various partner organizations, like, Hip Hop
3 Public Health and others. And, so, those are two that
4 just come to the top of my mind right now.

5 I would say, you know, throughout the whole
6 health curriculum there's other gaps, not just in
7 sexual health that we're working on, like lessons on
8 Fentanyl, you know, other sort of emerging issues
9 that are sort of new enough that there aren't
10 established curricula about.

11 So, yeah, I would say throughout the whole health
12 curriculum, there's definitely some gaps that we're
13 sort of always working on a review process to find
14 new materials.

15 COUNCIL MEMBER HANIF: And then outside of content
16 ,uhm, are these materials translated in other
17 languages, or how are students who are limited
18 English proficient included?

19 DIRECTOR COCUZZO: Yeah. It definitely depends on
20 the materials, I would say. So the ones that we
21 develop are translated into multiple languages. Some
22 of the curricula - our recommended curricula, like
23 HealthSmart, is available in Spanish, and then other
24 materials, you know, that we may get from partner
25

1
2 organizations, it will depend on whether they or we
3 have, you know, are able to translate those things.

4 All of our curriculum also include tips for
5 teachers on working with, uh, especially a class of
6 multiple, language learners. Right? And so, if you're
7 not just providing instruction in one or two
8 languages, but many, what are some tips on how to how
9 to do that?

10 So we try to include those tips throughout the
11 curriculum and then translate, uhm, as many student-
12 facing resources as we can.

13 COUNCIL MEMBER HANIF: And then, uhm, when was the
14 current sex ed curriculum most recently updated?

15 DIRECTOR COCUZZO: So the HIV curriculum, Growing
16 Up and Staying Safe, which encompasses, as I said,
17 more than just what we might think of traditionally
18 as the science of HIV, but really holistic sense of
19 wellness around student health, uhm, that was just
20 launched this past year. We just updated that and
21 rolled it out last fall in 2023.

22 The other recommended, uhm, sexual health
23 curricula, I would have to look up the exact year
24 that they were last updated, but I can get that for
25 you.

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COUNCIL MEMBER HANIF: Thank you.

EXECUTIVE DIRECTOR ZAHARAKIS: I actually have the
uhm, languages, the DOE languages...

COUNCIL MEMBER HANIF: Ah!

CHAIRPERSON JOSEPH: They (INAUDIBLE) on line...

COUNCIL MEMBER HANIF: Thank you.

EXECUTIVE DIRECTOR ZAHARAKIS: Of course. It's
Spanish, French, Haitian Creole, Chinese, Arabic,
Bangladeshi, Urdu, Korean, Russian, and English,
Korean, Russian, English.

COUNCIL MEMBER HANIF: Korean?

EXECUTIVE DIRECTOR ZAHARAKIS: Russian, and...

COUNCIL MEMBER HANIF: Russian?

EXECUTIVE DIRECTOR ZAHARAKIS: And English...

DIRECTOR COCUZZO: And we also have one follow-up,
about the data point on the 0% of students.

So I just want to clarify that that's not
necessarily students getting no lessons. That's the
schools that are not giving all the lessons to all
the students. So I just wanted to clarify that.

EXECUTIVE DIRECTOR ZAHARAKIS: (INAUDIBLE) (CROSS-
TALK)

COUNCIL MEMBER NARCISSE: Can... can you repeat it
to me...

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DIRECTOR COCUZZO: And...

COUNCIL MEMBER NARCISSE: The languages? Because
I'm missing one.

DIRECTOR COCUZZO: Oh...

EXECUTIVE DIRECTOR ZAHARAKIS: Okay...

DIRECTOR COCUZZO: Yeah.

COUNCIL MEMBER NARCISSE: Spanish, French,
(INAUDIBLE)... (CROSS-TALK)

EXECUTIVE DIRECTOR ZAHARAKIS: Spanish, French,
Haitian Creole...

UNKNOWN: Chinese...

EXECUTIVE DIRECTOR ZAHARAKIS: Chinese, Arabic,
Bangladeshi, Urdu...

COUNCIL MEMBER NARCISSE: Oh, Urdu, (INAUDIBLE)

EXECUTIVE DIRECTOR ZAHARAKIS: Korean, Russian,
and English.

COUNCIL MEMBER NARCISSE: I got that, thank you so
much, and I appreciate...

EXECUTIVE DIRECTOR ZAHARAKIS: Of course...

COUNCIL MEMBER NARCISSE: you.

CHAIRPERSON JOSEPH: Thank you both.

CHAIRPERSON JOSEPH: Earlier you said, uhm, you
meet the needs of students with, uhm... who are

1
2 multilingual learners. How about students with
3 special needs? How do you support it?

4 EXECUTIVE DIRECTOR ZAHARAKIS: All of our
5 materials are meant to be inclusive of all students.
6 Right? So I think that, uhm, Sarah can talk about,
7 too, the curriculum planning and how specific
8 scaffolds are built in for all students, ELLs,
9 students with disabilities, etcetera. So...

10 DIRECTOR COCUZZO: Yeah. We really, you know, are
11 constantly sort of messaging the fact that all
12 students deserve this. Right? All students deserve
13 this sexual health education, uhm, including our most
14 vulnerable students, which includes students with
15 disabilities. And so, it's required for all schools.
16 There's not, you know, there's not a separate mandate
17 for different schools or different students.

18 And then in terms of the curriculum, yes, we...
19 there's scaffolding built in to lessons because,
20 again, the scope and sequence is, uhm, is appropriate
21 for all students. Right? It is age appropriate.

22 What differs then is the, uhm, strategies that
23 teachers use to differentiate their instruction so
24 that it is developmentally appropriate. And so, our
25 instructional materials include, you know,

1 scaffolding tips, ideas, strategies, as well as our
2 trainings. We actually have a specific training on
3 teaching sex ed for students with disabilities,
4 because we know that's an area of need for many
5 teachers.
6

7 CHAIRPERSON JOSEPH: Thank you. I know one of my
8 colleagues asked this, but I just wanna come back on
9 this for a little bit.

10 How are parents, educators, and students engaged
11 in development and implementation of the sexual
12 health curriculum? And do students have an
13 opportunity to provide feedback?

14 DIRECTOR COCUZZO: Yeah. So in specific curriculum
15 reviews, in our formal review process, like when we
16 developed the new HIV curriculum, Growing Up and
17 Staying Safe, we included both parents and students
18 in that process. So students were actually included
19 at multiple points, at the very beginning before we'd
20 even started writing, to make sure that we knew what
21 they needed and what they wanted, what direction they
22 wanted us to go. In the middle, during, uh, the
23 piloting process, we also collected feedback from
24 students who had actually received the lessons to see
25

1
2 what they thought of them, if they liked them,
3 etcetera.

4 So that's always built into our formal review
5 process, and then we also have these two standing
6 committees, one made up of CEC members and one made
7 up of, uh, high school students to give us sort of
8 ongoing input.

9 CHAIRPERSON JOSEPH: Oh, so they are... the young
10 people are at the table?

11 DIRECTOR COCUZZO: Yes, we have a... we have a
12 specific committee for young people.

13 CHAIRPERSON JOSEPH: What specific barriers have
14 contributed to only 58% of 8th graders receiving the
15 required 54 hours of health instruction during the
16 2023-2024 school year?

17 EXECUTIVE DIRECTOR ZAHARAKIS: I think, uhm, some
18 I outlined in the testimony what... we only started
19 checking for 54 hours in 2017, and we started that
20 because we noticed that, you know, we... before
21 2017, we were looking at courses. Do students have
22 health education on their transcript? And the answer
23 was yes. And we looked at, you know, they counted as,
24 like, check... check off the box. They got it. But
25 when our folks, our health ed team, was in schools

1
2 and looking at how students were programmed, they
3 were saying that they were not programmed to meet...
4 a lot, uh, if they were programmed for one semester,
5 they met the 54 hour requirement.

6 For schools that dragged out the classes, like
7 two period... one period a week for a year, that
8 would not meet the requirements. So that's why we
9 started checking for the 54 hours.

10 Communicating that out to schools took a while to
11 make sure that they understood they had to, A,
12 program for 54 hours, and that was the measure that
13 we would be held holding them to. That's the state
14 requirement.

15 We started in 2017, and then we hit, you know,
16 remote learning with, and hybrid learning, and
17 relaxed sort of time requirements. Although students
18 had to meet all the requirements of the content,
19 there were relaxed time requirements to allow for
20 hybrid models and remote models.

21 So then when we came back, we had to
22 recommunicate everything. So we are going up, but we
23 have work to do. But that was a little sort of slip
24 right there from the time we started with the 54
25

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2 hours to, 2022. So, you know, we had to re-up our
3 communication.

4 CHAIRPERSON JOSEPH: During remote learning, were
5 any of the health education classes taught on remote
6 learning?

7 DIRECTOR COCUZZO: Yes. We provided lots of
8 resources, guidance, etcetera, for remote learning
9 because the requirement was still in place. What was
10 relaxed was the time requirement. So that was... that
11 was what, you know, the 54 hours was waived for that
12 time period, but they were still required to teach
13 health.

14 And so, we, you know, pivoted as fast as we could
15 to make videos, to make remote lesson plans, and give
16 guidance to teachers so that they could teach, you
17 know, even some of the more challenging topics
18 remotely.

19 CHAIRPERSON JOSEPH: Are we using any of the SAPIS
20 (Substance Abuse Prevention and Intervention)
21 counselors for the substance abuse part?

22 DIRECTOR COCUZZO: Yeah. We work very closely with
23 SAPIS. Not all schools have a SAPIS counselor, but in
24 those that do, we definitely encourage them to
25

1
2 partner with the health education teacher for the
3 substance abuse portion.

4 CHAIRPERSON JOSEPH: And then if the school
5 doesn't have a SAPIS counselor, it's...

6 DIRECTOR COCUZZO: Yeah, the health teacher,
7 yeah... (CROSS-TALK)

8 CHAIRPERSON JOSEPH: the health education teacher
9 that provides that?

10 DIRECTOR COCUZZO: Yes.

11 CHAIRPERSON JOSEPH: Uhm, we also noticed a high
12 rate of suicide prevention, is that part of the
13 health education?

14 DIRECTOR COCUZZO: Yes, absolutely mental health
15 is a really important unit at all grade levels, and
16 in age appropriate ways, suicide prevention is
17 included in them.

18 CHAIRPERSON JOSEPH: And in the use of 988,
19 students are aware that this is a resource that they
20 have, and...

21 DIRECTOR COCUZZO: Yeah, so access... I sort of
22 talked about some of the skills in health education,
23 like advocacy...

24 CHAIRPERSON JOSEPH: Mm-hmm
25

1
2 DIRECTOR COCUZZO: Another key skill is called
3 Accessing Valid and Reliable Resources. So, in all of
4 the different units, part of the focus is where you
5 can go for help. Right? So, for mental health, where
6 do you go for help? For sexual health, where do you
7 go for help? For substance abuse disorders, where do
8 you go for help? So that is a really important piece
9 of the curriculum.

10 CHAIRPERSON JOSEPH: Do you also use some of the
11 health clinics that are already based in the schools
12 to provide support?

13 DIRECTOR COCUZZO: Yes, definitely, we really...
14 (CROSS-TALK)

15 CHAIRPERSON JOSEPH: Tell me about that.

16 DIRECTOR COCUZZO: Yeah, we really try to promote
17 school based services wherever possible. So, in
18 schools that have a school based health center or a
19 CATCH program in the high schools to provide, uh,
20 health services. It's so important, we want schools
21 to take their students to the... Teachers in the
22 health class, part of lesson, uhm, in the sexual
23 health curriculum, at least in high school, is a
24 clinic visit. So, in a school, that is really easy
25 for them to do. Right? They can just go downstairs or

1
2 whatever it is, and visit the clinic so that students
3 become more familiar with it, more comfortable with
4 it. If they don't have a clinic in their school, then
5 we provide them with the Department of Health has a
6 NYC Health Map where you can filter by Teen Services,
7 as well as the City Sexual Health Clinics. So,
8 teachers can do activities with their students around
9 where... how to find the clinic that is going to work
10 best for you.

11 EXECUTIVE DIRECTOR ZAHARAKIS: The CAP Program...

12 DIRECTOR COCUZZO: Oh, so, yes, so we also manage
13 the CAP program, which is the Condom Availability
14 Program. So, all high schools are required to have at
15 least two staff members trained to make condoms
16 available for their students. Condom Availability
17 Programs percentage

18 CHAIRPERSON JOSEPH: What steps are New York
19 City... What steps do New York City Public Schools
20 plan to take to address gaps in compliance, increase
21 the percentage of students receiving the required
22 instruction by grade eight?

23 EXECUTIVE DIRECTOR ZAHARAKIS: So, we, as I've
24 shared, our plan is to communicate, advocate, you
25 know, and make sure that all are informed of the

1 requirements, all are informed of the resources, all
2 are informed of the, curricula, the trainings, and
3 our office provides technical support. Meaning that
4 if a principal says, I can't do this, like, I don't
5 know how to program these kids. We are available to
6 support that school, but at the same time, we have
7 Office of Performance and Accountability leads on the
8 superintendent's teams that are specialists. Like,
9 they, on programming students, on using STARS
10 (Standards, Training/Professional Development,
11 Assistance, Resources, and Supports) entering correct
12 information in STARS.
13

14 So we partner with superintendent districts to
15 provide support to schools and to superintendent
16 teams in understanding what their schools need to do.

17 So we're really working with the field in making
18 sure that schools understand what they need to do,
19 they do what they're supposed to do, and if they
20 don't do it, we need we try to understand why.

21 And we try to provide the technical assistance in
22 partnership with the superintendent's team, the
23 district team, to really sort of move practice
24 forward.
25

1
2 I think we've come a long way from - not long
3 enough, you know - but we've come a long way in terms
4 of our data, as I shared in in the testimony from...
5 let me just take a look. I'm sorry...

6 CHAIRPERSON JOSEPH: That's okay.

7 EXECUTIVE DIRECTOR ZAHARAKIS: So we're 58% last
8 year, but we were at, uhm, we came up 20.8 percentage
9 points from 2017-18.

10 So, again, with all the COVID interruptions,
11 etcetera, but we have a lot of work to do. But I
12 think we are... you know, what we are doing now is,
13 the same way I described HIV data, uhm, we are
14 getting health education data from middle schools.

15 And the same communication will happen, hopefully
16 this month, meaning that every school will get, this
17 is the percentage of your 8th graders that have met
18 health ed requirements. These are the requirements.
19 This is what you need to do. These are the resources.
20 These are the trainings that will go to every,
21 principal with grades 6 through 8, and it will also
22 go to every superintendent and team that have schools
23 with grades 6 through 8.

24

25

1
2 So that same information in terms of this is what
3 you need to do for your 8th graders for spring 2025
4 and supporting those schools in being able to do it.

5 The general communications and the needs go out
6 every September in P Digest (Principals Digest).

7 Like, this is what you need to do for physical
8 education, health education, HIV lessons, CAP,
9 etcetera. So we always point back to that when
10 communicating with schools.

11 We have, you know, we have a support system in
12 the district teams, and we've established good
13 communication with principals, in them being able to
14 let us know what the barriers are for each particular
15 school and us trying to solve for them.

16 CHAIRPERSON JOSEPH: But there was a law that was
17 passed in 2017. So we're going back to that law again
18 because it's a law. Right? A law asks you to do
19 something or else there'll be consequences. And here
20 we are in 2024, and a lot of these we have not met
21 the threshold. And it's alarming for us, and that's
22 why we're sitting here having this hearing.

23 So, I just wanna know what the timelines are, and
24 what is the... what is the next steps moving forward
25 in having that goal, because I'm sure Council Member

1
2 Louis will agree, we're gonna come back to find out
3 the numbers and seeing where we have improvement,
4 because it's part of the curricula to make sure these
5 students are getting their health education.

6 There's... for me, there's never any excuses when
7 we don't follow the law. Right? So if I break the
8 law, there are consequences. I just don't understand
9 why there isn't any accountability and responsibility
10 in providing the information and the data to drive
11 policy.

12 Like you, I was an educator, like you, you were
13 principal. And we know data is what drives our
14 schools. Right? They said don't be ashamed of your
15 data. I'm happy you're not ashamed to share your
16 data, which is a good thing. From that data, how do
17 we build to get where we need to go?

18 EXECUTIVE DIRECTOR ZAHARAKIS: Make it act...
19 to... we need this actionable data... (CROSS-TALK)

20 CHAIRPERSON JOSEPH: And we will visit to make
21 sure the data is where it needs to be. Because we
22 feel that this is so important - very, very important
23 to both us, and that's why we are here today, uh,
24 especially around young people being trafficked, I
25

1 want, definitely, support... the council members,
2
3 uhm, Chair Louis' Resolution. It's an ongoing crisis.

4 So, I think that's it from me, thank you.

5 Council Member Louis, Chair Louis, anything?

6 CHAIRPERSON LOUIS: Thank you, Chair Joseph, for
7 the partnership. I echo all of the sentiments of
8 Chair Joseph, and we look forward to continuing to
9 work with you guys, thank you.

10 EXECUTIVE DIRECTOR ZAHARAKIS: Thank you very
11 much.

12 (PAUSE)

13 CHAIRPERSON JOSEPH: I now open the hearing for
14 public testimony.

15 I remind members of the public that this is a
16 formal government proceeding and that decorum shall
17 be observed at all times. As such, members of the
18 public shall remain silent at all times.

19 The witness table is reserved for people who wish
20 to testify. No video recording or photography is
21 allowed from the witness table.

22 Further, members of the public may not present
23 audio or video recordings as testimony, but may
24 submit transcripts of such recordings to the Sergeant
25 at Arms for inclusion in the hearing record.

1
2 If you wish to speak at today's hearing, please
3 fill out an appearance card with the Sergeant at Arms
4 and wait to be recognized. When recognized, you will
5 have three minutes to speak on today's hearing topic:
6 Oversight - Providing Comprehensive Sex Education as
7 part of Health Education on Introduction 1057, and on
8 Resolution 94-A, Resolution 251, and Resolution 373.

9 If you have a written statement or additional
10 testimony you wish to submit for the record, please
11 provide a copy of that testimony to the Sergeant at
12 Arms.

13 You may also email written testimony to
14 Testimony@council.nyc.gov within 72 hours after the
15 close of this hearing. Audio and video recordings
16 will not be accepted.

17 The First panel will be Quadira Coles, Yi Lin
18 Zhou, if I mispronounced your name, please forgive
19 me, Amelia Sanchez, Kimberly Blair, and Jasmina
20 Salimova.

21 (PAUSE)

22 COMMITTEE COUNSEL: You may begin your testimony
23 you're ready. You can go... whoever can go first.

24 KIMBERLY BLAIR: Good afternoon, Chair Joseph and
25 Chair Louis and, members of the Committee and staff.

1
2 My name is Kimberly Blair, I'm senior director of
3 public policy and advocacy at Girls For Gender Equity
4 or GGE. We work intergenerationally through a Black
5 feminist lens to center the leadership of Black girls
6 and gender expansive youth of color in reshaping
7 culture and policy. We do this through advocacy,
8 youth centered programming, as well as narrative
9 shift to achieve gender and racial justice.

10 We are here today to offer our testimony and
11 support of Resolution 94 of 2024, calling upon the
12 New York State Legislature to pass, and the Governor
13 to sign, A.4604, a comprehensive Sex Ed Bill, which
14 would mandate comprehensive sex ed for all students
15 grades K-12.

16 For too long, New York State has failed to
17 provide its students with equitable, evidence based
18 sexuality education, leaving many vulnerable to
19 preventable health risks and perpetuating cycles of
20 misinformation and harm.

21 This legislation is an essential step towards
22 ensuring all students receive the education they need
23 to make informed decisions about their health,
24 relationships, and futures.

1
2 GGE has been a leading advocate in this work for
3 many years, co steering the statewide coalition to
4 advance comprehensive sex ed in the legislature.

5 Comprehensive sex ed, beginning at an early age,
6 can significantly reduce the rates of STIs, unplanned
7 pregnancies, and dating violence.

8 It also equips young people with the tools to
9 build healthy relationships, respect boundaries, and
10 recognize abusive behavior.

11 Consequently, the absence of medically... the
12 absence of medically accurate and accessible
13 information continues to contribute to the increasing
14 amount of STIs, IPV or intimate partner violence, as
15 well as sexual violence and other health disparities.

16 In the past decade, we've seen the percentage of
17 sexually active high school students using
18 contraception dropping 8% from 60% in 2013 to 52%
19 recently in 2023. Simultaneously, the percentage of
20 students testing for STIs and using contraception
21 trends downward. It has generally dropped, and these
22 are concerning trends that highlight that
23 comprehensive sex ed in schools is necessary to
24 support students making informed decisions and
25 introducing them to a variety of safe sex practices.

1
2 Students in under resourced schools are
3 disproportionately impacted by the lack of
4 comprehensive sex ed. Despite New York City's
5 requirement for sex ed in grades 6 through 12,
6 implementation (TIMER CHIMES) remains...
7 implementation remains inconsistent. Only 37.2
8 percent of 8th graders completing the 54 hour course
9 in 2017 to 2018 school year.

10 We have a State Law, as you know, that would
11 create accountability and provide clear expectations
12 for educators and school districts statewide, and
13 this resolution seeks to push the State in that
14 direction of action.

15 I will submit the rest as written. Thank you so
16 much. And you're gonna hear from, Yi Lin next.

17 YI LIN ZHOU: Hi, good afternoon, Chair Joseph,
18 Chair Louis, and the members and the staff of the
19 Committees on Education and Women And Gender Equity.

20 My name is Yi Lin Zhou, and I'm a Young Women's
21 Advisory Council participant at Girls For Gender
22 Equity.

23 GGE is an intergenerational organization based in
24 Brooklyn, New York committed to the all-around
25

1 development of Black girls and gender expansive youth
2 of color.
3

4 GGE has been a leader in the conversation around
5 gender based violence and ending school pushout for
6 close to two decades. I would like to share my story
7 in hopes that you would support Resolution 0094 of
8 2024.

9 I always knew what sex was beginning at a really
10 young age. I was taught what sex was through word-of-
11 mouth from my middle school acquaintances, but I was
12 never taught what it really was from who it mattered
13 the most and who I could trust the most, which was a
14 teacher.

15 I never understood how much it could devastate
16 people's lives, and I was uneducated and too young to
17 understand what I was doing. I'm a part of the 42% of
18 females, ages 15 to 19, who have engaged in sexual
19 behavior. However, I was never taught that having sex
20 at a young age could completely change the future
21 that I wanted for myself. In fact, my experience with
22 sexual education was not educating at all.

23 The teacher that taught me only taught me what
24 our sexual reproductive body parts were, and that was
25 that. My Living Environment class in 8th grade has

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2 taught me more than my health class has, and I hope
3 that explains and speaks for itself more than it
4 does.

5 Instead of becoming a psychiatrist and going to
6 college and making a difference, my lack of education
7 could have led to pre... to teenage pregnancy, and I
8 would have been at risk of STDs.

9 But my story does not speak for every young
10 female that has had intercourse. I was lucky that
11 during intercourse, I used the little knowledge I was
12 taught, and I used contraceptives. It was all I knew
13 about sex. And I was able to understand the basics of
14 practice... I was able to understand the basics
15 practice of safe sex.

16 However, I was educated more than I was... If I
17 were more educated, I would not have had sex at a
18 young age, and I would have prevented the risk
19 entirely.

20 It is a fact that every single uneducated youth
21 is not to blame, but instead, it is the teachers, the
22 education system, and society to blame for not
23 educating the youth and realizing the impact they
24 have on students and the choice in... and the choices
25 in their lives.

1
2 I was lucky enough to take Health in middle
3 school and learn about protection, and I was lucky
4 enough to be educated and not have the future I have
5 set for myself altered for the worse.

6 Although we cannot prevent the young from having
7 sex, what we can do is educate them to prevent what
8 could have possibly changed their lives entirely.

9 I want everybody to have a better experience than
10 I did. The youth of our future... the future of our
11 youth is in your hands, and I urge you to support
12 (TIMER CHIMES) Resolution 0094 of 2024, not just for
13 me, but for the upcoming youth who deserve to tell a
14 better story than I do. Thank you.

15 JASMINA SALIMOVA: Good afternoon, Chair Joseph,
16 Chair Louis, and the members and staff of the
17 Committees on Education And Women and Gender Equity.

18 My name is Jasmina Salimova, and I'm an alumni of
19 the YWAC program at Girls For Gender Equity and a
20 recent high school graduate.

21 I'm testifying today in support of Resolution 94
22 of 2024 to ensure comprehensive sexual education is
23 in place to shift away from the current abstinence
24 based approach to prioritize young people's safety
25 and bodily autonomy.

1
2 The first time I received sexual education in
3 school was from my 5th grade classmate who taught me
4 how children were made using improper terms to refer
5 to genitals.

6 The first time I received formal instruction was
7 in my 6th grade health class with a brief overview of
8 reproductive anatomy, intercourse for conception, and
9 STDs.

10 I was required to retake health in high school
11 during remote learning and have no memory of
12 receiving sexual education in that class.

13 This wasn't enough. Towards the start of my
14 senior year, I began experiencing distressing,
15 physical symptoms, prolonged periods, unexplained
16 weight gain, and severe cystic degree acne. After
17 eight painful months, I was finally diagnosed with
18 PCOS by a gynecologist.

19 This was the first time I've heard of PCOS or a
20 hormonal disorder that impacts individuals with
21 female reproductive systems. It was also the first
22 time I learned that people assigned female at birth
23 produced testosterone. It took struggling with a
24 chronic disease for me to finally learn about
25 hormones.

1
2 I feel frustrated over the fact that I could have
3 been aware from the signs from the beginning if I'd
4 received comprehensive sexual education.

5 Hormones and hormonal conjunctions are taught in
6 conjunction... hormones and hormonal conditions are
7 taught in conjunction with STDs and a comprehensive
8 curriculum compared to our current one that only fear
9 mongers with STDs to promote this now universal
10 standard of abstinence.

11 Education should protect children and empower
12 them to understand their bodies, not put them at
13 risk. Comprehensive sexual education isn't
14 encouraging intercourse. It addresses a broader
15 systemic issue - the societal conditioning of young
16 kids to undervalue consent and respect which
17 continues to fuel misogyny, racism, homophobia, and
18 sexual violence.

19 Abstinence based approaches have failed and will
20 continue to fail to confront the deeper rooted issue
21 of entitlement subconsciously felt by majority
22 groups.

23 This new curriculum will teach consent, respect,
24 equity, inclusivity, safety, and bodily autonomy to
25 promote the physical and mental health of students.

1
2 Because of these experiences, I've been forced to
3 take responsibility for my own sexual education to
4 manage my health and safety. To address this, I ask
5 that Resolution 94 be passed immediately to support
6 the state comprehensive sexual education bill.

7 I also ask that the curriculum be mandatory for
8 grades K through 5. I understand that parents can opt
9 out of their children receiving sexual education, but
10 the early lessons in consent and respect go beyond
11 sexual activity. They teach children how to treat and
12 value others. Thank you for your time.

13 AMALIA SÁNCHEZ: Good afternoon, chair Joseph,
14 chair Lewis, and the members of the Committee on
15 Education and the Committee on Women and Gender
16 Equity.

17 My name is Amalia Sanchez, and I am an undergrad
18 student, a self-defense teacher, and a youth fellow
19 with Girls for Gender Equity.

20 GGE is a nonprofit that works through a Black
21 feminist lens, centering the leadership of Black
22 girls and gender expansive young people in reshaping
23 culture and policy.

24 Today, I'm here to express my support for a
25 Resolution 94 2024, calling upon the New York State

1
2 legislation to pass a 4604, which requires
3 comprehensive sexuality instruction for students
4 grades K through 12.

5 My sexual education in high school was limited to
6 a one-day class where the only things taught were how
7 to put a condom on a banana and watching a video that
8 used tea as a metaphor for consent.

9 Birth control was only briefly mentioned, and
10 emergency contraceptive pills were taught as
11 something to take if you've had unprotected sex in
12 this time frame of 24 hours.

13 This is misleading and lacks any real medical
14 information or guidance on where young people can
15 find these resources.

16 There is an argument that learning about sex ed
17 will encourage sexual activity. In reality, not being
18 provided proper information about contraceptives,
19 STIs, and STDs means more unsafe sexual activity.

20 Another essential part of comprehensive sex ed is
21 teaching young people about consent as soon as
22 possible. Knowing how to give and take away consent
23 is vital for young people, whether they are sexually
24 active or not. All through my middle and high school
25 years, girls would share with the school about

1
2 situations in which boys would make unwanted
3 advances, not listening to the word no.

4 Instead of any action being taken to help victims
5 feel safe, the school would cite ignorance as the
6 reason for bad behavior while allowing for this
7 ignorance to continue by not providing more
8 education.

9 New York Public Schools testified that only 37.2%
10 of 8th graders received the complete 54 hour sex
11 education course during the 2017-2018 school year,
12 meaning that the remaining percentage is learning a
13 majority of their sex education from outside sources,
14 including mainstream media and explicit content,
15 which normalizes violent sexual experiences.

16 To the members of the joint committees, I implore
17 you to vote in support of Resolution 94, so that
18 young people across New York are informed about how
19 to have healthy, safe relationships and sexual
20 experiences. Thank you for the opportunity to
21 testify.

22 QUADIRA COLES: Good afternoon, my name is Quadira
23 Coles; I'm the Director of Policy at Girls For Gender
24 Equity.

1
2 I'm going to read a testimony on behalf of a
3 youth fellow who cannot be here today.

4 "Good evening, my name is Neillah Petitfrere,
5 thank you all for having me to testify today. I'm the
6 Policy and Advocacy fellow at Girls for Gender
7 Equity.

8 As a Black girl growing up in schools that did
9 not offer any access to comprehensive sexuality
10 education, I strongly support Resolution 0094 and due
11 to the impact of the absence of this education.

12 Sexual education is imperative to our schools and
13 should not be neglected due to the failure of our
14 institutions to provide comprehensive comprehension,
15 guidance, and support for our students.

16 If passed and enacted, the State bill that this
17 resolution supports will not enforce a system that
18 pushes students to be sexually active, but rather it
19 will provide an opportunity to prevent students from
20 making mistakes by providing them with age
21 appropriate education and teaching the importance of
22 consent in their bodily rights.

23 Not addressing such topics in schools allows
24 students to normalize the violation of boundaries

1
2 while also preparing students to know how to voice
3 their feelings when... in regards to consent.

4 Supporting the sex ed bill will create an
5 educational system that shapes students' overall
6 environments through how they interact with one
7 another at school and in their households.

8 Comprehensive sex education will empower young
9 people to make informed decisions and introduce
10 healthy relationship dynamics, which is crucial for
11 fostering a culture of mutual respect and
12 understanding.

13 Additionally, research shows that comprehensive
14 sex education can lead to lower rates of sexual
15 transmitted infections and unintended pregnancies
16 among teenagers by promoting safe practices.

17 Signing on to this bill is not simply doing us a
18 favor, it is to create a better world to protect our
19 young people, and to do everything within our power
20 to ensure they are safe to provide them... and to
21 provide them with every single resource that is
22 necessary. Thank you."

23 And I also want to note, you guys probably
24 already know that this year, we're gonna get new
25 introductions to the bill. So the bill number... the

1
2 state bill number for the sex ed bill will change. So
3 that should be reflected in the new language if this
4 bill passes. Thank you

5 (PAUSE)

6 CHAIRPERSON JOSEPH: Thank you for your testimony,
7 I appreciate it, thank you.

8 COMMITTEE COUNSEL: (INAUDIBLE)

9 CHAIRPERSON JOSEPH: Okay, next panel, CJ Sánchez,
10 Katelynn Seetaram, Liza Greenberg, and Natalie
11 Viderman.

12 UNKNOWN: We have two more that were also signed
13 up, do you have Isabella Mason and Sirahi Drame?

14 COMMITTEE COUNSEL: Yes, they can come up.

15 CHAIRPERSON JOSEPH: Okay, you're all here? Okay.

16 CJ SÁNCHEZ: Good afternoon, my name is CJ
17 Sánchez, thank you for convening this hearing.

18 I'm a former public school teacher, and now I
19 have the honor of leading the New York City Youth
20 Journalism Coalition, which is a citywide collective
21 of students, educators, newsrooms, DOE schools,
22 higher education institutions, and nonprofits, all
23 united to expand journalism opportunities for New
24 York City youth.

1
2 I'm eager to pass the mic to the students beside
3 me who are missing school to take part in this
4 important civic process. Before I do, I just want to
5 provide some context on the momentum happening beyond
6 these walls, and how Introduction 1057 would bolster
7 it.

8 We have right now just a snapshot of the dire
9 state of student journalism in New York City.
10 According to a 2022 survey, only 27% of public high
11 schools have a student paper. Even more alarming is
12 how this access is sharply divided along
13 socioeconomic lines. In the 50 schools with the
14 lowest poverty rates, 72% have a paper. Meanwhile, in
15 the 50 schools with the highest poverty rates, only
16 6% do.

17 We've been crafting solutions to address this
18 disparity sparked by a roundtable two years ago where
19 students and DOE leadership envisioned the future of
20 journalism in our schools.

21 Now with the backing of our day one champions,
22 Chair Rita Joseph and the Black, Latino, and Asian
23 Caucus, the Coalition is launching Journalism for
24 All, a public private partnership to create and
25

1
2 sustain journalism programs in 30 New York City
3 public high schools next fall.

4 Introduction 1057 will allow us to not only
5 measure the ongoing inequity, but also our progress
6 towards addressing it.

7 We've raised \$1.2 million in private funding
8 towards this initiative, and we received applications
9 from 55 schools spanning 30 city council districts.
10 Another 60 schools expressed interest but couldn't
11 commit due to outstanding capacity challenges.

12 Student journalism is clearly in high demand and
13 in need of large scale support. Today's inequity goes
14 beyond numbers. When access to journalism is limited
15 to certain students, so is the ability to tell their
16 stories and shape their communities.

17 Together, we can ensure that every student has
18 the tools to shape the future of our city, starting
19 with these five here today. Thank you.

20 SIRAH DRAME: Good afternoon, my name is Sarahi
21 Drame, and I'm a 16-year-old junior at the Young
22 Women's Leadership Academy of the Bronx, represented
23 by Council Member Sanchez. Thank you for this
24 opportunity to speak today.

1
2 I feel fortunate to go to a school that offers
3 journalism as an elective. Even though I've only been
4 in the class for two months, I can already tell the
5 significance it's had and will continue to have on
6 me.

7 During these two months, we've dived deep into
8 media bias, our own bias, and how those too often
9 intersect. Through what I've learned, I've been able
10 to sharpen my sharpen my critical thinking skills and
11 examine whether the information presented to me is
12 fact or opinion.

13 We also have current events presentations every
14 Monday. These presentations range from important
15 documentaries or the latest news that has been
16 happening in our neighborhoods.

17 Last week, I presented one on AI and hiring...
18 oh, and the how bias can play a role. These
19 presentations are more than presentations, they
20 expose us to issues that matter to us all, and they
21 spark conversation and generate ideas. These
22 presentations inspire change and represent the power
23 and impact of journalism. As we analyze and discuss
24 these articles in class, we find ourselves more
25

1
2 connected than we think through our shared concerns,
3 perspectives, and ideas.

4 My experiences in my journalism class have not
5 only expanded my knowledge on the media, but have
6 also led me to learn more about the issues that I
7 care about and engage in conversations that will
8 leave me with more ideas and interest to pursue.

9 I want us to remember that informed voices can
10 drive change, and if children are the future, then we
11 must invest in our future.

12 Journalism programs are one of the many ways New
13 York City can strengthen and grow the power of the
14 youth. For too long, we've known that there is an
15 equity gap in those whose voices are heard in the
16 city. The data we currently have is out of date and
17 complete. Introduction 1057 will change that by
18 requiring the DOE to report on which schools have
19 clubs, courses, and publications. Thank you.

20 NATALIE VIDERMAN: Hi, good afternoon. My name is
21 Natalie Viderman, and I'm a junior at Hunter College
22 High School in Manhattan, represented by Council
23 Member Julie Menin. Thank you for being here today.

24 For me, being a part of student journalism hasn't
25 been much of a struggle, given that my school

1 newspaper has a century old program. Every day, I
2 feel blessed to have such an amazing program with a
3 dedicated advisor and a passionate group of students.
4

5 However, when I was in middle school, the word
6 newspaper was never even mentioned. When I got to my
7 current school, though, I could feel the beating
8 heart of student journalism all around me. From over
9 a dozen publications to a biannual journalism
10 conference, reporting is everywhere.

11 Now, I'm a features editor at my school
12 newspaper, where I've guided students through writing
13 articles showcasing various people in the school
14 community.

15 But it isn't just the newspaper. My school's
16 journalism elective gave me a space to share my
17 thoughts and stay involved with stories about the
18 world around me, together with motivated students.

19 The media is taking a central role in everyone's
20 lives, and school journalism programs allow students
21 to take a central role in the media.

22 This introduction is not just another
23 bureaucratic exercise. For students like my middle
24 school peers, it's personal. We didn't know we could
25 end up at a high school without a publication,

1 without a place for our voices. This year, countless
2 students interested in journalism won't have the
3 information they need to find the right school.

4 The DOE reports basketball teams but not
5 publications. Introduction 1057 will change that by
6 giving 8th graders the data on which high schools
7 currently offer these critical outlets for student
8 voice. Access to journalism education should not be a
9 privilege. It should be a right. Thank you.

10 KATELYNN SEETARAM: My name is Katelynn Seetaram,
11 and I'm currently a senior at Pace High School in the
12 Lower East Side, represented by Christopher Marte.
13 Thank you for joining us here today.

14 Journalism found me by chance through a random
15 elective placement. This fortunate circumstance
16 sparked my passion for student journalism, and I have
17 since served as editor in chief of our school
18 newspaper for the past two years.

19 Being a student journalist has become a
20 fundamental part of my identity. This program has
21 opened countless doors, including opportunities to
22 serve as a student leader in the Youth Journalism
23 Coalition and intern at the Paley Center for Media.
24

1
2 While student journalism certainly enhances
3 resumes, its true value lies in amplifying student
4 voices and addressing crucial issues.

5 In December 2023, two former Pace students wrote
6 an article exposing the rotting flooring in the
7 gymnasium shared between Pace and MS 131. Their
8 reporting went beyond just highlighting water damage,
9 drawing attention to air ventilation problems and
10 lost opportunities for student athletes.

11 According to Representative Marte, this article
12 directly led to significant breakthrough, the June
13 25, 2024 announcement that the Pace MS 131 Gym will
14 receive a \$750,000 renovation. This outcome
15 demonstrates how journalism empowers students to
16 uncover truth and bring real change to their
17 communities.

18 Now I am here before you as one of those
19 empowered students, and this isn't my first time. In
20 June, we were in this room to support Resolution 372,
21 which calls on the DOE to support a student paper at
22 every high school. In August, we were here again when
23 the Council passed the Resolution, and we asked
24 Speaker Adams at her press conference what she'll do
25

1
2 to make it happen. She said, "We put our money where
3 our mouth is."

4 Now passing Introduction 1057 is the first step
5 for the Council to take towards making this a
6 reality.

7 ISABELLA MASON: Good afternoon, my name is
8 Isabella Mason, and I'm a senior at Midwood High
9 School represented by Council Member, Farah Louis.
10 Thank you for hearing our stories today.

11 I grew up within the charter school system. And
12 now, attending a public high school that receives so
13 much funding, the disparities between these two
14 schools are night and day - My middle school, located
15 in the middle of Brownsville, was devoid of resources
16 versus my high school, with computer cards and
17 digital boards in every classroom, and an abundance
18 of college and career resources readily available.

19 I am so fortunate to have access to both a
20 journalism class and a school newspaper, both of
21 which I am part of.

22 These program options provide me an outlet to
23 explore my passion for advocacy and social justice
24 and gain invaluable experience for my college and
25 career future. For example, I'm working on an article

1 about my experience working in the polls for the 2024
2 presidential election and how inaccessible politics
3 can be for those whose first language isn't English,
4 the elderly, and people with disabilities.
5

6 For schools that don't have access to such
7 programs, students are left at a significant
8 disadvantage, unable to explore a field vital to an
9 active democracy.

10 Throughout journalism's history, we've seen what
11 stories get published and who gets published, with
12 Black and Brown writers consistently excluded. This
13 disparity persists today, and we see it in New York
14 City's high school system, where schools in low
15 income and predominantly minority communities don't
16 receive adequate funding. Meaning that crucial
17 programs like journalism are left out of curriculum,
18 not even an option for students.

19 The urgency of expanding journalism programs
20 across all New York City public high schools cannot
21 be understated. This vision of journalism programs at
22 all 500+ New York City public high schools can only
23 come from close partnership with the DOE.

24 The Coalition's Journalism for All Initiative was
25 sparked by students meeting with DOE leadership. Two

1
2 years later, we are seeing encouraging signals from
3 DOE, particularly the Office of Student Pathways and
4 several superintendent offices who encourage schools
5 in their district to apply for the Journalism for All
6 Initiative.

7 We are ready to walk the walk and expect DOE to
8 join us in supporting Introduction 1057,
9 demonstrating not only a commitment to our city's
10 students, but a commitment to the future of our
11 democracy. Thank you.

12 LIZA GREENBERG: Hi, my name is Liza Greenberg,
13 and I'm a senior at Bronx Science. Thank you for the
14 opportunity to be here today.

15 For me, being a student journalist is central to
16 who I am. I've worked on my school newspaper, The
17 Science Survey, for the past three years, this year
18 serving as editor in chief. And like Katelynn, I'm
19 confident enough to be here today because of my
20 school newspaper.

21 Approaching students, teachers, and
22 administrators, researching, asking tough questions,
23 and advocating for important causes are the core
24 pillars of scholastic journalism.

1
2 This is also my fourth trip to City Hall for this
3 issue. I have no doubt when the DOE affirms their
4 commitment to student journalism and that the Council
5 has our back. I'm here today because, hopefully, it's
6 time to take the next step and make moves.

7 The boldest part of Introduction 1057 is the
8 requirement for the DOE to report how much it costs
9 to run a journalism program.

10 Here's why it matters. The 30 Journalism for All
11 Schools will pioneer a model that can scale to 500.
12 In three years, we'll have a proven, measurable, and
13 replicable model ready for prime time. With the data
14 from introduction 1057, we'll have the tools we need
15 to work with Chair Joseph, Council leadership, the
16 DOE, and private funders to establish a permanent
17 funding solution.

18 We understand the DOE might find this financial
19 requirement ambitious, and as our track record
20 demonstrates, we're prepared to work with them to
21 produce this data and share it with the Council.

22 Thanks especially to Micah Peterson and Melissa
23 Sisco, we're already looking forward to sitting down
24 with the DOE, shortly on January 8th to make sure
25 that student journalism thrives, not just in 30

1 schools, but in every school across the city, thank
2 you.
3

4 CHAIRPERSON JOSEPH: This is where I get to be
5 biased, right? This was our baby from day one. And
6 look at us now.

7 So this is a proud moment for me. I feel like a
8 parent right now. This is a proud moment where we get
9 to give you your voices, right, to share your
10 stories, to tell the stories that matter to us - from
11 your lens, not ours. Right?

12 So, thank you for bringing this up and for your
13 relentless advocacy. Remind me so much of my little,
14 my younger version fighting for what you believe in
15 and using your pen to make changes. Right? Advocacy.
16 It's important.

17 So each and every one of you, I've already told
18 you from day one, I am your champion, I am your ally,
19 and I am your friend. So we're gonna get this to the
20 finish line, and we do put our money where our mouth
21 is. And, and I'm a big mouth on when it comes to
22 young people and education.

23 So being involved in your journalism program at
24 your school impacted your educational experience and
25

1
2 personal growth. Can you share any specific skills
3 you've gained?

4 ISABELLA MASON: So I'm already passionate about
5 social justice and advocacy, but I really feel like
6 my student newspaper gives me the outlet to explore
7 those options. I would have never had the opportunity
8 to write about my experience working the 2024
9 presidential election polls and, I guess, to give
10 awareness to the communities that don't... that don't
11 receive that kind of visibility, like people with
12 disabilities, the elderly, and those whose first
13 language isn't English.

14 Student journalism in my school newspaper has
15 been an integral part of who I am and my education,
16 and is it has inspired me to continue my passion for
17 advocacy in college in in my future career.

18 CHAIRPERSON JOSEPH: Anyone else? She's the
19 spokesperson?

20 LIZA GREENBERG: I think, for me, specifically,
21 being able to work on my school newspaper has taught
22 me that, like, every single issue doesn't just have
23 two sides, but, you know, so many more than that, and
24 it's important to explore all of the different
25 perspectives that people have.

1
2 I'll just give one example, which is, I was
3 writing an article on the, like, reinstatement of
4 midyear exams after they had been, you know,
5 postponed due to COVID, and it was my first time
6 meeting the principal. I got to interview the
7 principal, get her take on why these exams were being
8 implemented again. I talked to students who are
9 talking about the stress they were experiencing. I
10 talked to teachers who are figuring out how they were
11 going to adequately prepare their, you know, students
12 for these exams.

13 And it kind of shows you, like, the whole
14 ecosystem in a school and all the different
15 stakeholders there are and how, you know, we find
16 solutions and we explore policies that affect
17 multiple different people in many different ways, and
18 now I think I can apply that thinking to the
19 different, you know, problems in my life or things in
20 my life that I encounter.

21 CHAIRPERSON JOSEPH: Any stories you guys covered
22 stood out with you, stuck with you? I know you talked
23 post 2024 elections.

24 Any stories that stuck with you that you wrote?
25

1
2 KATELYNN SEETARAM: So I wrote about the impact of
3 Yondr Pouches on students in the school. And for a
4 lot of people, I was surprised when a lot of people
5 were willing to let go of their phones and willing to
6 let go of, you know, that little box that we always
7 carry with a lot of information and a lot of things
8 like that.

9 So I think that was really important to me,
10 because there's always the narrative that we're
11 always addicted to our phones, but a lot of people
12 were like, no, I improved, and with my without my
13 phone I became a better scholar. And I think that
14 always really stuck with me that, you know, we're
15 willing to stop when we want to.

16 CHAIRPERSON JOSEPH: I think that's music to that
17 New York City Public Schools' ears. I'm just sayin'.

18 Thank you all, thank you for being here.

19 (PAUSE)

20 CHAIRPERSON JOSEPH: Aurelie Athan, am I saying
21 that right? Forgive me if I don't. Olivia Blake, am I
22 saying that right? Olivia? Mimi Shelton, Wellington
23 Balbuena? Am I saying this right? If I've butchered
24 your name, please forgive me. Uhm, Cree Griffin?
25 Where's Cree? Hi, Cree. Nasirah Fair?

1
2 CHAIRPERSON JOSEPH: You can begin.

3 COMMITTEE COUNSEL: You may begin your testimony.

4 We can start with Aurelie Athan.

5 DR. AURELIE ATHAN: Good afternoon, Chair Joseph,
6 thank you.

7 CHAIRPERSON JOSEPH: Good afternoon.

8 DR. AURELIE ATHAN: So, my name is Aurelie Athan,
9 and I'm a clinical psychologist, researcher, and
10 faculty member at Teachers College, Columbia
11 University. I specialize in sexual and reproductive
12 health, cofounded the Sexuality, Women, and Gender
13 Project, and oversee a well-attended professional
14 development program for teachers on our New York City
15 campus and nationally online. Lastly, as a scholar, I
16 promoted concepts like matrescence and reproductive
17 identity to provide a more empowered strength based
18 perspective that has resonated with both the
19 scientific community and the general public. But I'm
20 here today to offer my testimony and ongoing
21 expertise as you consider how to best strengthen this
22 critical component of the New York City health
23 education.

24 Over the past decade, I've witnessed firsthand
25 the positive progress made locally from the early

1
2 efforts to bring sex ed to the attention of
3 legislators, to improved initiatives of the Office of
4 School Wellness as we've heard today, and listen
5 closely to the voices of hundreds of New York and out
6 of state teachers that I've studied.

7 I, therefore, welcome the opportunity to share
8 what I've heard from them and continue the important
9 discussion beyond these walls.

10 I came to this advocacy work after many years of
11 listening closely to people in crisis, actually, as a
12 psychologist, grappling with things like
13 interpersonal violence, postpartum depression, and
14 they often repeated the all too familiar refrain, why
15 didn't anybody tell me? They felt not only
16 unsupported during these critical moments, but also
17 unprepared.

18 The increasing mental and physical health
19 burdens, which you know firsthand, have led to a
20 costly cascade of public health issues. This led me
21 to trace the problem to what I firmly believe is one
22 of its root causes, a lack of education. And, in
23 Teachers College, we say that education has a hand in
24 uplifting human suffering. It is one of the main ways
25 that we can, help.

1
2 So comprehensive sexual and reproductive health
3 education is essential for fostering, as you know,
4 lifelong healthy relationships, reproductive well-
5 being, and informed decision making. It's not;
6 however, just about preventing teen pregnancies or
7 raising awareness about STIs, the plumbing approach
8 of anatomy, right, we want socio emotional learning.
9 We want to equip young people with lifelong literacy.

10 This means giving them the knowledge and the
11 skills to find the right information, distinguish
12 fact from fiction, and apply that wisdom throughout
13 the many twists and turns their journey will
14 inevitably take.

15 It is about instilling long term thinking, not
16 just short term postponement, helping them build a
17 life of intention, understanding themselves as whole
18 people with agency, and navigating their choices with
19 confidence and care.

20 These are the clearly laid out targets outlined
21 also by the World Health Organization's sustainable
22 development goals as well as the National Sex Ed
23 Standards. Ensuring access to comprehensive sexual
24 and reproductive health education upholds the
25

1
2 dignity, the rights, and the well-being of all
3 people.

4 To make this vision a reality more locally, I
5 recommend the following actions:

6 And to clarify, we've heard again and again the
7 following message, that I kind of say in my
8 classroom, sex ed is just a slice of the health ed
9 pie. And we often leave it off (TIMER CHIMES) the
10 plate. Is that it? Okay. I'll keep on going? Thank
11 you.

12 I also agree that sex ed is a lens through which
13 we can learn other academic classes like history and
14 geography. So I'm gonna focus my recommendations on
15 sexual and reproductive health topics specifically.

16 We need to increase the dose and the frequency. I
17 think we've, uh, the DOE has laid out a strong scope
18 and sequence modeled on national standards, but I
19 often wish we had more than one semester or more.

20 We do need to continue tracking the
21 implementation of sex education specifically, rather
22 than health education in general, and ensure the
23 standardized training of all health educators, as
24 you've heard here. We're also here to provide support
25 for curricula development and workshops.

1
2 So, on a personal note, if I can just take one,
3 30 second more point, since this is my specific area
4 of expertise, I think we actually need to do even
5 better on repro ed, not only just talking about sex
6 ed. The tide of change is here for reproductive
7 health. We can no longer afford to kick the can down
8 the road. It's an emerging issue. The rise of
9 infertility, advancements in reproductive
10 technologies, LGBTQ family building, more childless
11 by choice adults opting out, as well as rollbacks to
12 our basic rights of access to self-determined
13 reproductive health care.

14 We do not simply give enough time and space for
15 our students to explore how intimately reproductive
16 health is connected with sexual health and their
17 overall life satisfaction.

18 I will stop there. Thank you for your time, and
19 I'll submit an updated version of this electronically
20 for the record. Thank you for the extra time.

21 OLIVIA BLAKE: Hello, Council Members, Thank you
22 for having me today.

23 My name is Olivia Blake, I use she/her pronouns,
24 and I'm here, representing Trans formative Schools -
25 I serve on the board of that organization. We exist

1
2 as a progressive education community centering trans
3 joy and social justice. Our mission is to support
4 trans futures by uplifting the lives of trans
5 children, trans educators, and families touched by
6 transness.

7 I'm here today to support Resolution 94. In
8 addition to the myriad of benefits we've talked about
9 today, I would also like to add to the comments, uh,
10 to the person to my left here, to say that we at
11 Trans formative Schools believe that comprehensive
12 sex education for all K through 12 students is a
13 vital part of destigmatizing queer and trans
14 identities in our public schools. And I speak about
15 this not from my experience as an educator, but my
16 experience as a mother. I'm a trans mother of 3
17 children, and I've had to seek out, over the years,
18 age appropriate, medically accurate, sex education
19 materials to inform my children about my journey and
20 my transition.

21 And I thought I'd bring along a resource today
22 for you. This is my daughter's favorite book from our
23 shelf, It's called The Every Body Book, and It's
24 geared towards children for ages 8 to 12.

1
2 And I want to show you her favorite page because
3 I think it underscores why, comprehensive sex
4 education is so important. This page, uh, at the
5 bottom of it has a variety of different folks with
6 different bodies of different abilities from
7 different races, who exist in a variety of different
8 gender identities. My daughter loves this page
9 because she can see our family here. And I think
10 that, it normalizes her experience with queer people
11 in her life and queer people in our circle.

12 And I think that all students, cis or trans,
13 deserve the resources necessary to understand
14 themselves, their peers, and the communities they
15 live in in their full humanity. And I believe that
16 unless we have a requirement, that this won't be
17 prioritized or given priority, in terms of,
18 communicating to our students. Thank you.

19 MIMI SHELTON: Good afternoon, Chair Joseph -
20 well, close to evening now - Chair Joseph, as well
21 as members of this joint Committee of the Education
22 Committee and Women and Gender Equity Committees.

23 I too, like Olivia, am a board member of Trans
24 formative Schools, and I'm here in support of bill
25 94 or Resolution 94 today.

1
2 COMMITTEE COUNSEL: Sorry, can you just say your
3 name for the record?

4 MIMI SHELTON: I'm going right on into it, my
5 name is Mimi Shelton, she/her pronouns. I'm a Black
6 woman of transgender experience.

7 Although I am currently a law student at the
8 CUNY School of Law, I have a professional
9 background in research, direct service work, grant
10 management, and education. Specifically, I was a
11 middle school English and History teacher in
12 Philadelphia and New York Schools for four and a
13 half years, before, of course, my pivot.

14 The lack of comprehensive knowledge around
15 gender and sexual identity in schools stagnates the
16 maturation and intellectual development of youth,
17 shrinking their world views in schools, uh, to
18 sexual... heterosexual and cisgender norms that
19 often lead those questioning their sexual or gender
20 identities into a mindset of inferiority.

21 For cisgender heterosexual youth, this absence
22 of education allows them to model the behavior of
23 dominant society that bullies, isolates,
24 depreciates, attacks, and attempts to erase
25 transgender and queer people from existence in

1 professional, academic, and social space. It
2 stagnates their critical thinking abilities and
3 stops them from seeing a world of people who have,
4 do, and will continue to exist outside of their
5 miseducation. And there is much to learn and we as
6 queer and trans people are more than HIV and
7 sexuality, excuse me, sex.
8

9 According to the Gay Lesbian Straight Education
10 Network's 2021 National Climate Survey, queer and
11 transgender youth frequently face compounded
12 sexist, transphobic, and homophobic discrimination
13 that leads to poor mental health outcomes, worse
14 academic performance, physical assault, verbal
15 assault, sexual assault, absenteeism, and higher
16 dropout rates. These rates are disparately higher
17 among BIPOC transgender youth, especially those who
18 are Black.

19 As a Black transgender woman, I know all too
20 well that educational discrimination and lack of
21 access does not stop at the schoolhouse door. Take
22 for example, the transgender New Yorkers and the
23 New York Department of Labor's 2023 Transgender And
24 Gender Nonconforming Non Binary Report, TGNCNB
25 reports, I'll spare you details for other

1 statistics, but one of the most startling for me is
2 that 33.1% of transgender New Yorkers did not
3 graduate from high school, as opposed to 12.3% of
4 cisgender New Yorkers - which could explain why in
5 the same report, the DOL found that the rate of
6 under... (TIMER CHIMES) unemployment for
7 transgender New Yorkers is over twice that of
8 cisgender individuals throughout the state.

9
10 I am here today to support Quadira Coles and
11 Girls for Gender Equity as they lead this work at
12 the city and state level.

13 As a former teacher, future lawyer, and
14 passionate advocate for transgender and queer
15 youth, I'm invested in the present lack of
16 inclusive gender and sexual identity education.

17 Youth learn to model the world around them in
18 schools, and they perpetuate these models of
19 behavior throughout their adult lives. I cannot
20 stand by without fighting against the future for
21 all youth that would devalue the lives, histories,
22 stories, and deservedness of transgender and queer
23 people.

24 Therefore, I urge you to please approve
25 Resolution 94 to ensure that the NYC/DOE is not

1
2 erasing some of our most vulnerable, marginalized
3 young people and then pass these and other
4 information requesting resolutions to provide us
5 with data to prove who is being unfairly punished.
6 This will allow us to make targeted interventions
7 in schools to limit harm to students.

8 Students can't learn in schools when they don't
9 feel safe and seen at school. Thank you for your
10 time.

11 TRANSLATOR: We have requested double time to be
12 able to translate, thank you.

13 WELLINTON BALBUENA: (SPEAKING FOREIGN LANGUAGE)

14 TRANSLATOR: Thank you, hello, my name is
15 Wellington Balbuena and I'm here to testify with
16 dignity on behalf of my community and all the schools
17 in New York, so that we as students can obtain a good
18 education on how we can take care of sexual relations
19 and how to avoid pregnancies at an early age.

20 I believe we can prevent many diseases if given
21 the necessary education we need. Without having this
22 education, we can have negative consequences.

23 If we are not taught about contraception and
24 sexually transmitted infections, we may be at risk of
25 compromising our health. For example also... for

1
2 example, knowing about these issues helps us, so that
3 if at any time we are harmed or raped, we can tell
4 our parents or do something about it, avoiding any
5 attempt of violence towards us.

6 In addition, there are many negative consequences
7 for people who are not taught about the LGBTQ
8 community, such as being homophobic, discriminating
9 against people in the community, and taking it to a
10 point where that person can feel oppressed and even
11 attempt to take their own life, putting their mental
12 health in danger.

13 This is the reason why schools should provide
14 comprehensive sex education to avoid all these types
15 of diseases and teenage pregnancy. We have time to
16 change everything that affects us in our daily lives,
17 because together we can make the change.

18 That is why I and all of my classmates in schools
19 in New York ask the City Council to support
20 Resolution 94 to show that the city of New York
21 supports a comprehensive bill on sexual education in
22 New York. Thank you.

23 NASIRA FAIR: Good afternoon, members of the
24 Committee on Education and the Committee on Women and
25

1
2 gender equity, thank you for the opportunity to
3 testify today.

4 My name is Nasira Fair, and I work with the
5 brilliant young people who are sitting next to me as
6 a facilitator and organizer with the Liberation
7 Program at the Brotherhood Sister Soul, a community
8 based organization that has been training,
9 organizing, and educating to challenge inequity and
10 champion opportunity for over 25 years.

11 With a focus on Black and Latinx youth, BroSis is
12 where young people claim the power of their history,
13 identity, and community to build the future they want
14 to see.

15 BroSis provides around the clock support and wrap
16 around programming, making space for Black and Latinx
17 young people to examine their roots, define their
18 stories, and awaken their legacy.

19 I want to thank you for the opportunity to come
20 and speak with you in support of Resolution 94.

21 At the Brotherhood Sister Soul, we believe in
22 empowering young people with knowledge of self, which
23 is why we stand in support of comprehensive sexuality
24 education. When we asked our members why they want
25 comprehensive sex ed, they expressed the desire to

1
2 have access to information that would help keep them
3 safe, encourage them to make healthy choices, as well
4 as deepen their connections with LGBTQ peers and
5 loved ones.

6 We support advocates who define comprehensive sex
7 ed as the implementation of a curriculum that is
8 medically accurate, age appropriate, and inclusive.

9 Comprehensive sex ed helps foster a school
10 environment where all students thrive and experience
11 emotional safety.

12 A member of our Liberation Program, Emily Marte
13 wrote, "sex ed could help people and kids learn more
14 about LGBTQ plus people and LGBTQ plus families.
15 Youth can learn about the many ways to create
16 families that are different from stereotypical
17 families. Sex ed could also help kids with their
18 sexuality, and it could help them have a safe space
19 where people... with people they can relate to. We
20 can teach them and we can teach ourselves how to
21 break away from societal stereotypes about our
22 bodies, sex, and sexuality."

23 If one youth testimony isn't enough, another
24 youth member, Alpha Diallo, shared, "Growing up as a
25 Black kid in Harlem, I can only imagine how things

1
2 may have been different if I knew from an early age
3 just how safe and respected I was supposed to feel in
4 my own home and in relationships. Joining the
5 Liberation Program really opened my eyes to some form
6 of sex education. I just wish that this kind of
7 education were a part of my schooling and not just
8 once a week, but a continuing foundational part of
9 our education. If every student had this knowledge,
10 it could really make a difference in how we
11 understand our bodies, our relationships, and how to
12 move through life confidently in safety.”

13 It is time for New York State Legislature to
14 pass, and the Governor to sign, A.4604 for a safer,
15 healthier future for New York (TIMER CHIMES) youth,
16 thank you.

17 CHAIRPERSON JOSEPH: Thank you all for sharing.
18 Thank you.

19 NASIRA FAIR: We have one more youth member.

20 CHAIRPERSON JOSEPH: Sorry...

21 CREE ATKINS-GRIFFIN: I'm sorry, I got a little
22 emotional, because this topic hits different for me.
23 So...

24 CHAIRPERSON JOSEPH: Say that again?
25

1
2 CREE ATKINS-GRIFFIN: I said, this is emotional
3 to me, because this topic hits a little different.

4 CHAIRPERSON JOSEPH: Take your time.

5 CREE ATKINS-GRIFFIN: Hello, and good afternoon,
6 Council. Thank you for taking your time out of the
7 day to listen to our testimonies.

8 My name is Cree Atkins-Griffin, and I am a fourth
9 year member of the Liberation Program at the
10 Brotherhood Sister Soul, and I am a senior at
11 Repertory Company High School for performing arts.

12 I came here today to urge the city council
13 members to support Resolution 94, which will send a
14 strong message to our New York State legislator that
15 New York City supports comprehensive sex ed for all
16 students.

17 I believe comprehensive sex education is more
18 important because children, adolescents, and young
19 adults need to know how to maintain their physical
20 health so that they can make informed choices and set
21 boundaries when necessary.

22 Many of us feel confused by the changes that we
23 experience in our body and that no one told us that
24 what we should expect as we grow.

1
2 Some people are lucky to have parents to teach
3 them about their bodies, but not everyone has the
4 time or the knowledge to guide us when it comes to
5 talk about sex.

6 Additionally, you must recognize the mental,
7 sometimes physical harms that many young women,
8 including myself, have experienced. Some young women
9 are even told what to expect when their menstrual
10 cycle come, being afraid of something that naturally
11 occurs in our body.

12 In school, I would like to learn ways how to keep
13 my body protected. I've seen so many young women in
14 my life experience teen pregnancy, not knowing what
15 choices they have in regards to their bodies.

16 It is time for New York to pass a comprehensive
17 sex ed bill. The time is long overdue. Thank you.

18 CHAIRPERSON JOSEPH: Thank you. It takes a lot of
19 courage and thank you for sharing and speaking for
20 young people, right? And that's why I believe in
21 fighting. And Brothers Sister Soul is one of my
22 favorite orgs, they know that. Thank you all of you
23 for the work that you do, right? And making sure our
24 young people feel seen, most importantly, safe. Thank
25 you.

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(PAUSE)

CHAIRPERSON JOSEPH: Elise Benusa, if is say it wrong, forgive me, please, Molly Senack, Eric Ramirez-Naranjo, Samantha Skaller, Elizabeth Zimmerman, and Mari Moss.

(PAUSE)

COMMITTEE COUNSEL: You may begin your testimony when you're ready. We can start with Elise.

ELISE BENUSA: Good afternoon - or good evening - my name is Elise Benusa, and I'm the Government Relations and Policy Manager at Planned Parenthood of Greater New York. I'd like to thank Committee Chair Joseph and Louis for holding this important oversight hearing.

Planned Parenthood of Greater New York has been a leading provider of sexual and reproductive health services in New York City for over a 100 years, conducting over 70,000 patient visits per year. In 2023, PBGNY engaged 23,000 individuals through our education and community engagement programs. Our programs provide tools to help our participants make informed decisions and lead healthy and safe lives.

Our experience at PBGNY as a sexual health education and service provider shows us firsthand the

1
2 gaps that remain in New York City's health education,
3 which significantly impacts young people's health and
4 well-being.

5 Research has consistently shown that
6 comprehensive sexual education sexual health
7 education works. Comprehensive sexuality education
8 includes the teaching of anatomy, physiology,
9 puberty, pregnancy and reproduction, STI and HIV
10 prevention and treatment, as well as gender, respect
11 for others' values, cultures, and identities,
12 positive body image, healthy relationships, and
13 consent, anti-bullying, and anti-intimate partner
14 violence measures.

15 PPGNY supports Resolution 94, which calls on the
16 New York State Legislature to pass and governor
17 Hochul to sign a companion bill, which would require
18 comprehensive sexuality instruction for students in
19 grades 5 through 12, which addresses age and
20 developmentally appropriate physical, mental,
21 emotional, and social dimensions of human sexuality,
22 and reflects the National Sexuality Education
23 Standards. We wanna thank Council Member Hanif for
24 sponsoring and championing this bill.

1
2 During a time when the federal government has
3 increased its effort, efforts to curb access to
4 sexuality education, it's imperative that New York
5 adopt measures that ensure students have access to
6 sexuality education to promote positive youth
7 development, healthy relationships, and
8 communication, which is crucial in helping young
9 people to make healthy life decisions.

10 We applaud New York City's commitment to ensuring
11 youth have access to comprehensive sexuality
12 education, and we look forward to continuing to work
13 with the council to break down the barriers New
14 Yorkers face in realizing safe and healthy lives.
15 Thank you so much.

16 SAMANTHA SKALLER: Good afternoon, thank you so
17 much for convening this very important hearing on
18 Resolution 94.

19 My name is Sam Skaller, I use she/they pronouns,
20 and I'm the Senior Campus Coordinator at the New York
21 City Alliance Against Sexual Assault. I'm also a
22 certified sexuality educator with the Sexual Health
23 Alliance.

24 The mission of the New York City Alliance Against
25 Sexual Assault is to prevent sexual violence and

1
2 reduce the harm it causes through public education,
3 prevention programming, advocacy for survivors, and
4 the pursuit of legal and policy changes. In doing so,
5 the alliance works to disrupt systems and
6 institutions that unfortunately can re-traumatize
7 survivors when they most need our support.

8 I am here to stress that comprehensive sex
9 education is not just medically accurate health
10 education, it is sexual violence prevention.

11 Studies show that comprehensive sex education is
12 one of the strongest forms of primary sexual violence
13 prevention for youth.

14 For the past decade, I have worked with tens of
15 thousands of college and university students, 13% of
16 whom experienced sexual assault each academic year -
17 A devastating reality compounded by the fact that the
18 majority of these students have already faced sexual
19 violence before even stepping foot on campus.

20 Last academic year alone, out of New York State's
21 1.1 million undergraduate and graduate student
22 population, approximately a 148,000 students endured
23 sexual assault. This staggering figure does not even
24 account for the others subjected to verbal and
25

1
2 digital forms of sexual violence that are currently
3 on the rise.

4 Year after year, I've encountered third year law
5 students struggling to define affirmative consent,
6 first year CUNY students unsure if they have the
7 right to say no to sex, and thousands of disclosures
8 of sexual violence in all of its forms.

9 While campus sexual violence prevention education
10 is critically important, it's like treating the
11 symptoms of an illness without addressing the root
12 cause, a systematic failure to provide comprehensive
13 sexuality education before students arrive on campus.
14 This failure leaves millions of New York students
15 unprepared and vulnerable, setting them up for very
16 preventable harm.

17 Amid a troubling political landscape where
18 accused perpetrators of sexual violence hold
19 positions of power, CUNY is shutting down Gender
20 Justice Centers all across the city. Cyber sexual
21 violence is on the rise, and anti-trans rhetoric is
22 surging nationally. In this climate, the need for
23 comprehensive sex education has never been more
24 urgent.

1
2 Requiring scientifically accurate, inclusive
3 comprehensive sex ed can significantly reduce rates
4 of sexual harm and set young people up for success in
5 making informed and empowered decisions about their
6 bodies.

7 If New York is truly committed to supporting
8 sexual assault survivors, it must take decisive
9 action to prevent sexual violence from occurring in
10 the first place. Passing this bill to make
11 comprehensive sexuality education mandatory across
12 the state is a critical step in that effort. Thank
13 you so much for your time today.

14 ERIC RAMIREZ-NARANJO: Good afternoon. My name is
15 Eric Ramirez-Naranjo, and I am a 19-year-old NYU
16 college student and a Richie Jackson LGBTQ+ Service
17 Fellow in Public Policy at Gay Men's Health Crisis,
18 GMHC. Thank you for the opportunity to testify today.

19 I stand in strong support of Resolution 94-A,
20 sponsored by Council Member Hanif, urging the New
21 York State Legislature to pass, and the Governor to
22 sign, A.4604, alongside a companion bill in the State
23 Senate to amend the Education Law regarding
24 comprehensive sexuality education in schools.
25

1
2 The bill is crucial for enhancing sexual health
3 education at the city level and plays a vital role in
4 ending the HIV epidemic. Today, I will outline
5 reasons why this act is vital to GMHC and the
6 communities we serve.

7 But first, the opt out provision for HIV
8 education needs to be removed. Section 7 of A.4604
9 allows parents to exempt students from HIV prevention
10 education, an outdated policy that risks denying New
11 York City students lifesaving information.

12 Singling out HIV education fields stigma,
13 demeans, and ignores its urgency, especially for
14 LGBTQ+ students already facing heightened risks of
15 harassment, violence, and homelessness, further
16 marginalizing LGBTQ+ youth.

17 GMHC strongly supports the removal of this
18 exemption to ensure all students receive inclusive,
19 accurate education around HIV while respecting
20 parental choice. This change is vital to dismantling
21 stigma and fostering a safe, inclusive environment
22 for all. This bill will increase the good health
23 outcomes and decrease STI transmission.

24 CDC studies consistently show that states with
25 comprehensive sexual education have lower rates of

1
2 STIs, including HIV. Medically accurate, age
3 appropriate programs empower youth to make informed
4 decisions reducing risk of infections and unintended
5 pregnancies. Adopting these programs in New York
6 aligns with the public health best practices.

7 This bill will help prevent sexual violence and
8 increase student safety. Resolution 94-A empowers
9 youth to recognize and report sexual abuse by
10 teaching consent, boundaries, and healthy
11 relationships, allowing students to thrive.

12 Research from Columbia University's SHIFT project
13 shows that comprehensive sex education can lower the
14 risk of sexual assault, youth dating violence, and
15 lower STI rates in school.

16 Resolution 94-A is a commitment to safety and
17 equity. Access to life saving information, especially
18 for at risk youth, is crucial to ending the HIV
19 epidemic. With rising attacks on LGBTQ youth
20 nationally, legislatively, and physically, inclusive
21 education is more urgent than ever.

22 GMHC urges the Council to pass resolution 94 a
23 and advocate for policies that protect all youth.

24 Thank you again.

1
2 MOLLY SENACK: Good afternoon, my name is Molly
3 Senack, and I am testifying on behalf of Center for
4 Independence of the Disabled New York.

5 So in 2021, the Bureau of the United States
6 Bureau of Justice Statistics published a report that
7 said people with disabilities are four times likelier
8 to experience sexual assault or violence in their
9 lifetime compared with nondisabled people. This is a
10 low number compared to other studies. In 2018, NPR
11 found that there are certain demographics of the
12 disabled population who are 12 times likelier to
13 experience sexual violence. In 2018, the University
14 of Michigan did a study that found that 40% of women
15 with disabilities will experience sexual or physical
16 violence in their lifetime. And in 2015, a study done
17 by Wilczynski et al., found that 40 to 70% of women
18 with disabilities will experience sexual abuse before
19 the age of 18, as will 30% of boys.

20 And what is more startling is that this data is
21 not only consistently documented across many severe
22 undercount.

23 People with disabilities have been reported to,
24 despite being at least four times likelier to
25

1
2 experience sexual violence, half as likely to report
3 it.

4 Comprehensive sex ed is a sexual violence
5 prevention measure, because the reason these numbers
6 are so high usually do not have anything to do with
7 physical disabilities, but... or rather physical
8 vulnerabilities, but rather they're born from an
9 education. People with disabilities receive a
10 systemic but informal education that they need to
11 endure their own discomfort. People with disabilities
12 are taught that nondisabled people often need to help
13 them, meaning that they are taught that people will
14 be touching their bodies without their permission.
15 They learn that people are more willing to
16 accommodate them when they are polite or obliging,
17 which means that they are less likely to question
18 things or complain. They are taught that there is
19 safety - social safety - in saying yes to things that
20 other people are saying yes to, even when they do not
21 necessarily feel comfortable with that. They are
22 taught, even by those who mean well and do not intend
23 this lesson, that their discomfort makes other people
24 uncomfortable and are conditioned to believe that
25 treating other... alleviating other people's

1
2 discomfort is not only their responsibility, but
3 should be their priority.

4 When informal education is this dangerous, formal
5 education is lifesaving. So Resolution 94 advocates
6 for new... a New York statewide, uh, mandating
7 requirement that schools teach comprehensive sex ed,
8 starting in kindergarten and continuing through 12th
9 grade. The evidence based curriculum is based on
10 medically accurate and age appropriate programs that
11 refute the narrative that one's discomfort must be
12 endured. (TIMER CHIMES) Thanks. A comprehensive
13 sexuality education means that students are
14 prevent... taught about not only disease prevention
15 and contraception, but also about consent,
16 communication, human development, healthy
17 relationships, and personal boundaries. Students are
18 taught about bodily autonomy, how to recognize it,
19 how to voice it, and how to value it.

20 The more classrooms in which comprehensive sex ed
21 is taught, the more effective that education will be
22 because the majority of students with disabilities
23 spend more than 80% of their school day in general
24 education classrooms.

1
2 As of now in New York State, as we all heard
3 today, those classrooms are not required to provide
4 sex ed, at least beyond certain instruction in HIV
5 and AIDS.

6 These bills are often called controversial, but
7 what is indisputable is that there exists a
8 population that has a 70% chance of being sexually
9 abused or assaulted before reaching adulthood. There
10 is no controversy about the fact that this, one of
11 the highest rates of sexual assault in America, is
12 the reality for young people with disabilities, and
13 it is avoidable.

14 So thank you so much for your time and effort,
15 and we very much support the passage of this
16 resolution.

17 ELIZABETH ZIMMERMAN: Good afternoon, my name is
18 Elizabeth Zimmerman, and I'm a community organizer
19 for the National Council of Jewish Women New York.
20 Thank you for holding this hearing and giving NCJW
21 New York and these other organizations an opportunity
22 to speak about the need for comprehensive sex ed in
23 New York state.

24 We're proud to join Girls for Gender Equity in
25 support of Resolution 94-A calling upon the state

1 assembly to pass A.460, ensuring that all New York
2 youth have access to medically accurate, age
3 appropriate, and inclusive sex education.
4

5 As previously stated, New York state has no sex
6 education in schools; therefore, there's a patchwork
7 system where students are taught... what they're
8 taught, if anything, depends on where they live. When
9 offered, the curriculum is often incomplete,
10 inaccurate, or biased. This is inherently unfair and
11 leads to inequities in the information and skills
12 that youth learn.

13 Currently, many programs stress abstinence, and
14 instruction about consent is not required. There's no
15 evidence that abstinence only programs are effective
16 in convincing students to delay sexual activity, and
17 students in these programs are less likely than their
18 peers to use protection when they do become sexually
19 active.

20 Comprehensive sex ed has been shown to delay the
21 onset of sexual activity, and when teens do become
22 sexually active, students who've been taught using...
23 have been taught comprehensive sex ed use birth
24 control more consistently and have a reduced risk of
25 teen pregnancy and sexually transmitted infections.

1
2 Abstinance only education is historically tied to
3 conservative religious convictions and represents
4 that particular religious viewpoint about sexuality.
5 In part because of government support they receive,
6 religious conservatives have come to dominate the
7 public discourse on faith and sexuality.

8 Many abstinance only programs rely on shame,
9 negative stereotypes about women, and inaccurate
10 statistics meant to scare or mislead students. They
11 ignore issues of sexual orientation, healthy
12 relationships, sexual abuse, and stigmatize sexually
13 active students.

14 Because there's no universal curriculum
15 throughout the state, many students may only receive
16 information consistent with this conservative
17 religious viewpoint - instead of medically accurate
18 and comprehensive facts about contraception,
19 abortion, and sexuality, students may receive false
20 or exaggerated information about contraceptive
21 failure and little to no information about abortion,
22 sexual orientation, or gender identity.

23 We must counter this perception that the
24 religious right speaks for all people of faith. In
25 contrast, many religions believe that it's imperative

1
2 that our youth approach decisions about sexual
3 behavior equipped with both accurate information
4 about sexual health, including objective facts about
5 reproduction, abortion, STIs, contraception, and
6 sexual orientation, as well as an understanding of
7 sexuality in the context of healthy, committed
8 relationships.

9 A comprehensive sex ed (TIMER CHIMES) curriculum
10 addresses all of these issues. As with the narrative
11 around abortion, birth control, and recently IVF,
12 this conservative religious approach to sex ed
13 ignores the fact that other religions favor more
14 progressive, comprehensive sex education for
15 everyone.

16 All young people deserve to have the information
17 and skills to protect their health and be free from
18 stigma and shame, thank you.

19 MARI MOSS: Hello, thank you to Chair Joseph and
20 Chair Louis for the opportunity to speak today - and
21 all the members of the Committees of Education and
22 Women and Gender Equity.

23 I just wanted to say how inspired I was, first of
24 all, by all the young people...

1
2 COMMITTEE COUNSEL: Sorry, could you just state
3 your name for...

4 MARI MOSS: Oh, my name is Mari Moss, and I
5 represent We Love Harlem Initiative and Mothers of
6 Children In the School System.

7 I am very... I was very inspired by the young
8 people who were here for the journalism, so I just
9 wanted to say that. And I also wanted to say I'm
10 really inspired also by the education of sex
11 trafficking as well. So I also want to support that
12 initiative.

13 But my favorite saying is prevention is far
14 better than the cure. And I'm a very strong advocate
15 of parent involvement in the schools, and that
16 includes in the education process.

17 So parents are the primary stakeholders in their
18 children's lives, and involvement is essential,
19 particularly in matters of health education,
20 including sex health education.

21 Our school system has a troubling history of
22 parental alienation, often excluding parents from
23 decisions regarding their children's well-being in
24 educational curriculum. Because of this, I can
25 support Resolution 94, the sexual education portion

1
2 of Resolution 94, if all parents are fully informed
3 about the curriculum being presented, the
4 qualifications of the teachers delivering it, the
5 class size, the timing of the instruction, the
6 methods of presentation, and all other details and
7 parameters involved.

8 There can be no substitute for parental
9 involvement or information, involvement consent, and
10 approval when it comes to this curriculum.

11 Parents must be engaged and educated through
12 community education councils, community boards, the
13 United Federation of Teachers Parents Groups,
14 wellness, advisory councils, assemblies at the
15 schools, school leadership teams, and other parent
16 organizations to ensure families are well informed
17 about the curriculum's objectives and benefits.

18 Parents should also be provided with tools and
19 resources on how to have meaningful conversations
20 with their own children about their needs and
21 development, reinforcing that teachers are not
22 substitutes for parents in this critical area.

23 Furthermore, the curriculum must address domestic
24 violence awareness, methods to avoid human
25 trafficking, and strategies for identifying and

1
2 responding to these issues. Lessons must be age
3 appropriate and development... developmentally
4 suitable with clear guidelines on how it... can how
5 content is tailored to different age groups.

6 Also transparency (TIMER CHIMES) and how this is
7 implemented is nonnegotiable. The success of this...
8 of such programs depend on data driven
9 accountability. Schools must collect and monitor
10 youth risk behavior data to track outcomes such as
11 reductions in sex rates or STDs, unintended
12 pregnancies, incidence of abuse and trafficking.

13 These findings should be shared with parents at
14 the school level, empower empowering families to make
15 informed decisions and advocate for continuous
16 improvements in the curriculum and its delivery.

17 I wholeheartedly support providing proactive
18 lifesaving information to students, but it must be
19 delivered with explicit input, permission, and
20 consent of parents, along with regular reviews at
21 least quarterly to ensure ongoing transparency,
22 accountability, and alignment with community values.

23 Collaboration between parents, educators,
24 community boards, and other stakeholders is essential

1
2 to ensure our children receive the education and
3 protection they deserve. Thank you.

4 COMMITTEE COUNSEL: Thank you all

5 CHAIRPERSON JOSEPH: Thank you. If there is anyone
6 else in the room who wishes to testify, please fill
7 out a witness slip for the Sergeant at Arms' desk in
8 the back.

9 We will now turn to our virtual testimony. Our
10 first panelist is Aliyah Ansari.

11 ALIYAH ANSARI: Good afternoon, members and staff
12 of the Committees on Education And Women In Gender
13 Equity.

14 My name is Aliyah Ansari, and I'm the Teen Health
15 Strategist for the New York Civil Liberties Union.
16 I'm also a parent with over a decade of public health
17 experience. I'm speaking in strong support of
18 Resolution 94-2024.

19 As we know, education is a cornerstone of
20 informed, healthy, and thriving communities.
21 Comprehensive sexuality education equips young people
22 with the knowledge and skills they need to make
23 responsible decisions about their health and
24 relationships. It provides age appropriate
25 scientifically accurate information on topics like

1
2 personal boundaries, health relationships, consent,
3 and reproductive health, topics critical for
4 navigating today... (CROSS-TALK)

5 UNKNOWN: (INAUDIBLE)

6 ALIYAH ANSARI: Research shows that comprehensive
7 sexuality education programs improve outcomes for
8 children, reducing rates of unintended pregnancy,
9 sexually transmitted infections, and incidence of
10 sexual violence. Beyond health benefits, this
11 instruction fosters a more inclusive environment by
12 addressing diversity in gender, sexual orientation,
13 and cultural perspectives, helping to build empathy
14 and reduce bullying.

15 Opposition to sex ed often stems from
16 misunderstanding and a lack of transparency. To be
17 clear, a comprehensive sexuality education means
18 providing developmentally appropriate lessons
19 tailored to the student's age and needs, whether
20 that's learning about personal safety in kindergarten
21 or understanding consent reproductive health in high
22 school.

23 New York State does not currently require
24 comprehensive sexuality education. This leads to some
25 districts using inappropriate materials for

1
2 instruction and some districts not providing any
3 instruction at all. Unfortunately, efforts to gain
4 transparency around the current sex education
5 curriculum in New York Public Schools have faced
6 significant delays.

7 While New York City has implemented a mandate for
8 schools to teach sex ed, the district has not been
9 forthcoming with its materials. (INAUDIBLE) to
10 partner, the NYCLU submitted a FOIA (The Freedom of
11 Information Act) request to New York City Public
12 Schools over a year ago, seeking access to the
13 curriculum and information regarding its instruction,
14 yet we have still not received a complete response.

15 This lack of transparency underscores the need of
16 accountability and ensures that all stakeholders can
17 have an informed understanding of the current
18 educational framework both in New York City and
19 beyond.

20 New York has the opportunity to set a standard of
21 education for its students' health and well-being. By
22 aligning with the National Sexuality Education
23 Standards, this legislation ensures our students
24 receive the highest quality instruction preparing
25

1
2 them to lead healthy, informed, and compassionate
3 lives.

4 I urge you to pass this resolution and advocate
5 for legislation that prioritizes the well-being and
6 future of our children. Thank you.

7 CHAIRPERSON JOSEPH: If there is anyone else on
8 Zoom who wishes to testify, please use the Zoom Raise
9 Hand Function.

10 COMMITTEE COUNSEL: (INAUDIBLE) no hands.

11 CHAIRPERSON JOSEPH: No hands - thank you to all
12 of our public panelists, this concludes our hearing..

13 (GAVEL SOUND) (GAVELING OUT)

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage

and that there is interest in the outcome of this matter.



Date December 26, 2024