

**Council Member Mary M. Cheh, Chair  
Committee on Government Operations and the Environment  
And  
Chairman Vincent C. Gray, Chair  
Committee of the Whole  
A Joint Public Hearing on  
Bill 18-564, the "Healthy Schools Act of 2009"  
March 26, 2010  
Testimony from Mary's Center for Maternal and Child Care  
Beth Perry, Teen Program Manager  
2333 Ontario Road NW  
Washington, D.C. 20009**

Mary's Center is grateful to have the opportunity to publicly support a strong Healthy Schools Act for all Washington, D.C. students. Through our work we have found that adolescents need easy access to comprehensive care and information and that it be provided through a youth friendly and strength based approach. It must be confidential, as appropriate, delivered with sensitivity recognizing the array of cultures, languages, and learning styles within our city, and involve family as much as possible. We have also found that no one system, health clinic or parent can provide all the information and education that is part of the Healthy Schools Act without a strong, coordinated community effort in which the schools, working with the community based organizations, families, and other agencies, play a major role. We believe this is true for all students living in Washington, D.C.

Our teen program participants at Mary's Center are from Africa, Latin America and Washington, D.C. We would like to provide the Council with some data specific to Latino/a teens in WDC. Statistics have shown that Latino/a teens in D.C. face serious challenges:

- high dropout rates,
  - early sexual activity and high teen pregnancy and birth rates,
  - recruitment into gang activity,
  - behavioral health issues such as depression, domestic violence, substance abuse
  - and poverty
  - Teen birth rates are a particular problem in the Latino community, both in DC and nationwide. As of 2004, Latinas have the highest teen pregnancy rate and teen birth rate of any major ethnic/racial minority in the U.S.; Among Latinas 53% get pregnant at least once before they turn 20 years.<sup>1,2,3</sup>
-

- And two-thirds of Latina teen moms drop out of high school, compared to 58% of teen moms overall.<sup>4</sup> Latino teens are more likely to drop out of high school than their non-Hispanic counterparts.<sup>6</sup>
- Finally, immigrant teens straddle several cultures, and they face complex problems that require culturally competent and sensitive responses.

These statistics support the urgency of the need to pass the Healthy Schools Act. We say this knowing that many of the challenges just mentioned impact all youth, not only those of Latino/a descent.

We are here to advocate for all students in Washington, D.C., understanding that there is not a one size fits all approach that will work. Having systematic, culturally competent curricula that is taught by qualified and trained teachers who want to teach these topics and are sensitive to the issues outlined is necessary to be truly successful in school reform and to have an impact on the health disparities of this city.

Beginning at an early age to instill a foundation that every student has a right to have access to preventative health care options and education as outlined in the Healthy Schools Act is the only way we will be able to impact what is clearly a public health crisis in our city. We need to listen to our children and develop working partnerships with schools and community agencies that actively and positively support youth and continue to involve parents--this is how communities can come together to improve the health of our children.

We know if a child is not healthy—physically, socially and emotionally—it negatively impacts their ability to learn. The Healthy Schools Act is common sense. It certainly will not address all the challenges we want to erase—but it will provide a solid foundation. For that profound but essential change to take place we must be the responsible adults in the lives of our children and listen to our youth so that what is created is real and based on what is really going on in the neighborhoods of Washington, D.C. We missed the wakeup call years ago. This is not a new problem— the solution is way overdue. It's time to make good on our slogan "Children First".

Thank you very much.

---

## **Works Cited**

1. S.J. Ventura, J.C. Abma, W.D. Mosher, & S.K. Henshaw. (2006) "Estimated pregnancy rates by outcome for the United States, 1990–2004." *National Vital Statistics Reports*, 56(15). Hyattsville, MD: National Center for Health Statistics. 2008.
  2. B.E. Hamilton, J.A. Martin, & S.J. Ventura. (2007). "Births: Preliminary data for 2006." *National Vital Statistics Reports*, 56(7). Hyattsville, MD: National Center for Health Statistics.
  3. National Campaign for Teen and Unplanned Pregnancy analysis of J.A. Martin, B.E. Hamilton, P.D. Sutton, S.J. Ventura, F. Menacker & S. Kirmeyer (2006). "Births: Final data for 2004." *National Vital Statistics Reports*, 55 (1). Hyattsville, MD: National Center for Health Statistics. 2008.
  4. J. Manlove. (1998). "The Influence of High School Dropout and Social Disengagement on the Risk of School-Age Pregnancy." *Journal of Research on Adolescence*, 8(2): p. 187-220.
  6. P. Kaufman, M.N. Alt & C.D. Chapman. (2004). *Dropout Rates in the United States: 2001*. National Center for Education Statistics. (NCES 2005-046). Retrieved September 7, 2005, from <http://nces.ed.gov/pubs2005/2005046.pdf>.
-