



Maryland Youth Advisory Council
c/o Governor's Office of Crime
Prevention, Youth, and Victim Services
100 Community Place,
Crownsville, MD 21032

Samuel Desai, *Chair*
Emily Shrieves, *Vice-Chair*
Henry Meiser, *Secretary*

February 7, 2023

**Re: HB558 | Primary and Secondary Education – Comprehensive Health Education Framework
Position: Support**

Dear Chairman Atterbeary and Members of the House Ways and Means Committee,

The Maryland Youth Advisory Council prides itself on being a coalition of diverse young advocates and leaders who serve as a voice for youth in the state of Maryland. As leaders in our communities, and as appointees of the Governor, President of the Senate, Speaker of the House, Maryland Association of Student Councils, Maryland Higher Education Commission, and the University System of Maryland, we take every opportunity to address relevant issues by influencing legislation, spreading public awareness and serving as a liaison between youth and policymakers regarding issues facing youth.

Health classrooms across the state fall short of meeting the goals defined by the Maryland State Department of Education (MSDE) health curriculum. As a result, our school system continuously fails to empower teens with the knowledge to lead a healthy, safe life. Maryland youth are ill-equipped to handle decisions requiring consent, understand the nuances of gender/sexuality, weigh the implications of risk, and discuss health in a mature, de-stigmatized manner. Across the board, studies have shown the shortcomings of school health curriculums for teens. The Guttmacher Institute,¹ for example, found that approximately half of students in grades 7-12 report needing more information about what to do in the event of rape or sexual assault and science-backed information about HIV and other STDs. Further, a GLSEN study² found that, among a sample of LGBTQ+ students, 72% completed health curriculums with no mention of LGBTQ-related health or social-emotional issues (despite CDC³ reporting that nearly 1 in 5 students identify as a sexuality other than heterosexual). The CDC also developed the K-12 Health Eating Curriculum Analysis Tools (HECAT), defining healthy behavior outcomes such as “Demonstrate effective refusal skills to avoid unhealthy food choices,” “Analyze the role of individual responsibility in enhancing healthy eating behaviors,” and “State personal beliefs to improve the food and beverage selections of others.” Though the MSDE Curriculum has made strides in accommodating the “all foods fit” model of healthy eating (MSDE Standard 1e), the curriculum still states under Standard 1e.HS2.1 that students will “utilize the U.S. Dietary Guidelines for Americans to plan a balanced eating routine.” The U.S. Dietary Guidelines for Americans refers to outdated health measures like BMI for food-intake guidance, an arbitrary health marker that does not take into account muscle mass or biological variations across ethnic

¹ Dailard, Cynthia. "Sex Education: Politicians, Parents, Teachers and Teens." *The Guttmacher Report on Public Policy*, 2001, <https://la.utexas.edu/users/hcleaver/330T/350kPEESexEdPolsParTeaTeens.pdf>. Accessed 2 Feb. 2023.

² "The 2021 National School Climate Survey: Executive Summary." *GLSEN*, 2021, www.glsen.org/sites/default/files/2022-10/NSCS-2021-Executive_Summary-EN.pdf. Accessed 2 Feb. 2023.

³ "ABES Reports." *Centers for Disease Control and Prevention*, 31 Mar. 2022, www.cdc.gov/healthyyouth/data/abes/reports.htm. Accessed 2 Feb. 2023.

groups⁴. Provisions for healthy eating overlook cultural norms in eating and the socio-economic implications of eating organic & conventional health foods. In conjunction, the current MSDE curriculum and standards create an environment where students leave feeling *more* confused & uncomfortable about health discussions than before.

HB 558 requires the State Board of Education, in collaboration with the Maryland Department of Health, to develop a comprehensive health education framework and requires each county board of education to develop an age-appropriate curriculum that complies with said framework. HB558 protects the State Board of Education's adoption of Comprehensive Skills-Based Health Education under the Code of Maryland Regulations (COMAR) 13A.04.18.01. Comprehensive Health Education Program standards ensure students are equipped with adequate information on mental health, substance abuse, family life & human sexuality, safety/violence prevention, healthy eating, and disease prevention. HB 558 does *not* strip local boards of the ability to shape local policy and procedure regarding health education, and they still exercise autonomy in developing their own curriculum around community needs. The Council has voted in favor of HB558 as it aligns with the Council's Legislative Platform supporting:

- a) Ensuring high standards of learning in all curricula in all schools for all students (Article III, Section 2, Clause A), including subjects as critical as health education.
- b) Quality health and physical education courses for all students (Article III, Section 2, Clause D).
- c) Holistically protecting the physical and social health of Maryland Youth (Article IV) which includes proper education about health-promoting behavior & prevention measures not provided by the current curriculum.

Critics of **HB558** argue that the new regulations could “politicize” health education and deem the changes (especially those pertaining to gender and sexuality) inappropriate for youth. However, this argument fails to recognize the *effects* of ignoring sensitive/controversial subjects in the health classroom. As discovered by a Northwestern University study, roughly 84% of teens turn to the internet as a source of health advice, with roughly one in three reporting behavioral change as a result.⁵ These findings are troubling to the Council in light of large-scale misinformation efforts, especially those regarding health education, glorification of drinking, smoking, & eating disorders across social media platforms, and access to pornography & unbacked claims about sex safety. The MSDE Health Curriculum Framework is to be vetted by representatives from the Maryland Department of Health, and local curriculums will be developed in association with community members, health experts, and educators. Students must see themselves represented in the health classroom; failing to even *acknowledge* certain demographics is a failure of youth safety and well-being. The alternative to providing factual, science-based health education is a generation of teens reliant on the internet and peer word-of-mouth which include misinformation and unsafe practices. Educators cannot change adolescent questioning of gender,

⁴ Gutin I. In BMI We Trust: Reframing the Body Mass Index as a Measure of Health. Soc Theory Health. 2018 Aug;16(3):256-271. doi: 10.1057/s41285-017-0055-0. Epub 2017 Oct 25. PMID: 31007613; PMCID: PMC6469873.

⁵ Wartella, E., Rideout, V., Montague, H., Beaudoin-Ryan, L., & Lauricella, A. (2016). Teens, health and technology: A national survey. *Media and Communication*, 4(3), 13-23. <https://doi.org/10.17645/mac.v4i3.515>

sexuality, or health; however, local boards of education have the power to give students an informed basis for which to explore these topics. It is not an overstep for the state to enforce MSDE standards when local boards are *funded* by the state. **HB 558** provides positive reinforcement for current health education requirements. Students in the graduating class of 2025 and beyond are required to obtain a full credit of health education to graduate, compared to the previous half credit. This expansion of classroom time calls for reform of our framework, previously only suited and developed for a half-credit.

Heightening accountability for teaching the MSDE-approved standards for health education will address the stigma present in health classrooms across the state. The Maryland General Assembly must protect a child's right to be educated on their physiology & emotions in an appropriate, full manner. The quality of health education provided in Maryland classrooms will have a *direct* impact on our generation's ability to make responsible decisions in the present and as adults. For these reasons, the Council supports **HB 558** and respectfully requests a favorable report from the committee.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Minakowski', written in a cursive style.

Grace Minakowski, Chair
Maryland Youth Advisory Council