

O' RANGE U-TOPIA

CASE STUDY

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STD's In School: What They Kept From You!

(a fictional public health case study loosely based on an actual event)

It was February of 2003. A group of women in this formerly rural but burgeoning community in central Illinois regularly met for a game of poker. These neighbors on Swedish Ivy Lane were: Lynette Peoria, a nurse manager at the county public health department; Gabrielle DuPage, a wealthy socialite; Susan Springfield, a public relations account executive; Bree Bromenn, a homemaker who has just lost her husband to heart disease; and Nicolette Gurnee, a realtor.

In this county there are three high schools: Orange Community High School (OCHS), a public high school with a student population of 1,100; S.T. Dixon High School (STDHS), a public high school with a student population of 850; and Utopia High School (UHS), a private, Methodist-supported high school with a student population of 500.

The Orange County Health Department issued its annual report. The press release included information on the pertussis outbreak of the previous summer and fall. A little-publicized statistic contained in the section on Communicable Disease was that the rate of Sexually Transmitted Disease (STD) was up six percent over the previous year. That percent alone was not statistically significant enough across the county to spark interest by the press, but Lynette, in charge of the STD clinic, had been keeping an eye on this trend. She looked further in her case study investigation to see if her intuition was borne out by the statistics, and it was: it was apparent that every other population subgroup in the STD rates had similar, or in a few cases, lower, rates than the previous year, except for the rate among students who attended S.T. Dixon High School. Not only was the STD rate at this high school higher than in either of the two other county high schools, it was also higher than the STD rate within the State of Illinois.

All the STD rate increase in this county could be traced to this school. And in the majority of cases the offending organism was the same: Orange Utopia Virus (OUV). Lynette was alarmed; see, two of her four children, her twin boys, attend S.T. Dixon High School.

At this weekly poker game, the topic turned to sexually transmitted diseases. With a glass of wine at her hand, Lynette spilled the news that “the rates of STD’s at Dixon are way higher than the rest of the county.” As soon as she said it, she knew what she had done.

The women turned their attention from their cards, to this news. Nicolette and Gabrielle did not have children, but they were close to their neighbors’ kids. They pumped Lynette for more information. Citing HIPAA laws, she stayed mum, but she knew the cat was out of the bag. To make matters worse, nosy neighbor JoCarol Southern could be seen eavesdropping by her back kitchen window.

The Discoveries of the Next Six Months

Carol wrote a weekly column for the local newspaper, and filing FOIA requests, got confirmation of the rise in STD's in the county. She found an ally in the editors of the local high school newspapers. The editors assigned their best investigative reporters to this story, quizzing school personnel regarding reports circulating in the community regarding STD rates at each of the high schools. School officials responded that individual health records are the confidential record between a client and their medical provider. Even school officials did not have access to such specific student health information, they responded. The student reporters, in turn, asked why school officials were more responsive during the pertussis outbreak. The school superintendent responded that the health department's communicable disease section does keep school officials informed of health issues that might affect the school community. "Should health issues arise that concerns the health of students, the high school and the health department will work together to address those issues," one superintendent was quoted as saying.

The student reporters were incensed that the superintendents would consider pertussis more important to their teen health than STDs, and, with their persistence, traced the majority of the increase in cases to S.T. Dixon High School. The editor of S.T. Dixon High School gained the cooperation of her student newspaper sponsor to publish the article, and shared her information with JoCarol.

At the next school board meeting, parents expressed concern. School board members, many of them parents themselves, said they did not have official information at this time regarding such rates, but they would be monitoring the situation carefully. Some school board members stated that it was unusual for one school to have a higher rate of such diseases than the others. The students in all three high schools came from similar backgrounds in this socio-economically homogenous county.

To what could they attribute the rise?

Following the school board meeting, other media picked up on the story. The health department issued a news release confirming most of the information contained in the student newspaper, and within three weeks, the Parent-Teacher Organization at S.T. Dixon High School held a special meeting. In the meantime, the school administration had also convened an ad task force: the high school principal, both of the counselors, the social worker, the school nurse, and the head of the health education curriculum. The school board president announced that the school curriculum committee was examining the health education program to determine if students were being provided with information regarding STDs when it covered other communicable disease. The press and parents attended the school board meetings in large numbers for the next six months.

The media flurry had several affects. School and public health officials seeking to find the best ways to protect students were careful to include a wide variety of stakeholders in the development of the strategies they created. Parental involvement increased significantly. The community as a whole became aware of STDs and the resources available for testing and treatment.

As the various task forces and committees worked, they examined various factors that could have influenced this health problem, and they discovered these differences among the schools:

STD Rates:

The incidence of STD related to the Orange Utopia Virus (OUV) among the students at S.T. Dixon High School was significantly higher than the rate in either of the other two high schools, nearly double. It was also higher than the rate of OUV in the state. The method of transmission of the virus is the same as that of gonorrhea: through oral sex as well as vaginal intercourse. Of the total 22,623 reported cases of STD in Illinois that year among persons aged 15-19, OUV accounted for 6.6%, while at S.T. Dixon High School, it accounted for more than 12%. Chlamydia accounted for 30%, gonorrhea, 30%, early syphilis, 6%, and the remainder, a variety of other viruses and fungi. OUV is rapidly increasing, and it is most rapidly advancing among adolescents. The information confirmed that students at S.T. Dixon High School had one of the highest STD rates in Illinois.

While the STD rates in Illinois and across the country continue to decline, sexually active teens (15-19) have the highest rates of Chlamydia, adolescent girls have the highest rates of gonorrhea, and adolescent boys have the highest rates of OUV.

Availability of health care:

Orange Community High School has a school-based health clinic associated with the nearby state university medical school. The private high school (Utopia High School) has a school-linked health clinic affiliated with the private hospital of the same denomination. S.T. Dixon High School has no school health clinic other than the school nurse, which provides limited health care and no family planning or contraceptive components.

Students at the school-based clinic, with parental permission, can obtain complete physical exams and medications. Even without parental permission, through requirements of federal Title X family planning funding, the school district allowed pregnancy testing, free condoms and sexual health information, but only at this clinic, not the school nurse office. Those students with ability to pay are charged a nominal fee for the exams; those with insurance or Medicaid provide their medical cards for reimbursement, but no student is turned away for inability to pay. The school-based clinic funding is from many sources in addition to the federal Title X funds and reimbursement as a Federally Qualified Health Clinic. It is also heavily funded by the medical school, at which students in physician, physician assistant, and nurse practitioner education obtain some of their training. The clinic is run by an Advanced Practice Nurse (APN) with certification in family and adolescent health.

Students at Utopia High School have access to a school-linked health clinic through the private hospital with the same religious affiliation. Financial access to this clinic is the same as to the one at Orange Community High School with very few professing inability to pay. Although it is not located at the school, students at Utopia High School are within walking distance of the clinic, and many of them have access to their personal transportation. Access to health care information and services is the same as at the school-based clinic at OCHS.

Students at S.T. Dixon High School have access to neither a school-based or school-linked clinic. Although they would be eligible to visit the school-linked clinic at the hospital, few know about it and instead, those who can get there, show up at its emergency department for such routine care. Since the high school is located in a formerly rural area of the county, there is no hospital nearby, and the only medical provider is a family physician to which most of their parents go for health care. Students profess to be afraid that confidentiality would be violated. One student said that some of her friends “go to Chicago to the Planned Parenthood Clinic rather than anything around here” but that they have to skip school and carpool to do that so that their parents don’t find out.

Political climate/environment:

The school board members governing S.T. Dixon High School were elected almost two years ago with a conservative, no new tax platform. The composition of the board is heavily weighted with retirees, who successfully waged an election campaign based on lower taxes due to rapidly rising property values in this burgeoning community. One of the successful candidates also campaigned on “intelligent design” and wants to re-design the school’s science curriculum. The school board of Orange Community High School is composed of a younger panel, only one of them without students in the system, and who ran on a platform of progressive education. The high school is located in the larger of the two communities, and is the county seat.

Health Education Curriculum:

The health teacher at S.T. Dixon High School was the former physical education teacher at the elementary school, and is close to retirement. Students commented in confidential focus groups that she was “out of touch” and that she refused to answer their questions directly. Sometimes, the students would ask frank questions just to embarrass her. When asked about her method of teaching sex education, the teacher replied that she was “just following what the school board and the parents want.”

The teacher at Orange Community High School, by contrast, is in her 30’s, was recently an epidemiologist at the state health department before entering the teaching profession, and said she had studied the CDC website for some of her health education content. She was quoted as saying in an open meeting of the school board, “While sexually active teens and young adults, the 15-24 year old age group, are only one quarter of the ever sexually active population, they acquire nearly half of all new STDs.” She said she is particularly concerned about STD’s among young women because an aunt has recently been diagnosed with cervical cancer related to an early STD. “Adolescent women may have a physiologically increased susceptibility to infection of Chlamydia due to increased cervical ectopy,” she stated at this meeting. Students in the focus group described her as “enthusiastic,” “approachable” and “cool” but that she also sometimes “speaks in medical terms we don’t understand, but she explains them to us also. She doesn’t talk down to us.”

This health teacher supplements the curriculum in a variety of ways.

- Invites the county health department health educators to speak with the students on pregnancy prevention and STDs.
- She coordinates her approach with that of the biology teacher who teaches the lessons on mammalian reproduction.
- She is a consultant to an elective called Social Problems. Students pick topics, so many choose to research and present information on relevant topics such as STDs and HIV.

None of the high schools in the county accepts any federal grants for sexual health education, although the hospital and the medical school that run the school-based and school-linked clinics do. Since the inauguration of President George W. Bush in 2001, federal grants for sexual health education have mandated an “abstinence only” base and instruction to grantees under this directive has included precise language to avoid, including “condoms,” and has promoted “chastity promises” as a way to prevent pregnancy and STDs. Although the high school has applied for such funds, it so far has not won a federal grant under these restrictions; the majority of those grants are being awarded to “faith based organizations.” The school board of S.T. Dixon High School, however, ran on a platform of “conservative social values” and individual members of the school board have mentioned to the health teacher that she should be teaching “abstinence until marriage.” The teacher readily acknowledges that she also adheres to that philosophy and repeats that “it’s what the parents want.”

Illinois school law (105 ILCS 110/1-6- Critical health Problems and Comprehensive Health Education Act and 105 ILCS 130/1-5- Sex Education Act) provide guidelines for developing a health education

program and states that the basis of curricula in health should include “human ecology and health, human growth and development, the emotional, psychological, physiological, hygienic, and social responsibilities of family life, including sexual abstinence until marriage, prevention and control disease including instruction in grades 6-12 on the prevention, transmission, and spread of AIDS....” Orange Community High School as well as Utopia High School teach sexual abstinence until marriage and includes that teaching on the “prevention, transmission and spread of AIDS” includes information on condom use, even within marriage if someone is infected through blood transfusion or other means. The content of this educational program is called, among school health and public health leaders, “abstinence plus” sexual health education. The president and members of S.T. Dixon High School board, on the other hand, have instructed the school’s faculty that “abstinence until marriage” is by itself a method of prevention of STDs including AIDS, and one board member has said publicly, “they’ll get the sex education soon enough in college.” This content is described as “abstinence only” sexual health education.

The majority of high schools and middle schools in Illinois, according to the Illinois School Health Association, apply “abstinence-based” rather than “abstinence-only” sexual health education. In any of the sexual health education classes, students attend unless one parent has exercised his or her option to remove the student from the class during these lessons.

This public debate came at a time when parents, teachers and administrators across the country also were trying to find the best way to protect the health and safety of students, while respecting the role of family in the education of students in the area of sexual health. A national education magazine made the decisions of S.T. Dixon High School the focus of an article on the development of sexuality education programs in schools.

Tax support for school health services

Among the faculty at Orange Community High School is a certified school nurse, a registered nurse with advanced training in school health and adolescent development. She regularly consults with the APN at the school-based clinic and offers pamphlets about their services to her students.

Utopia High School has a public health nurse who, through a contract with the health department, visits the school a half day each week. She also provides the students information about the school-linked health clinic.

S.T. Dixon High School has the services of a part – time registered nurse who formerly worked as a nurse in the office of the only medical provider in town. Some of the students currently in the high school were her patients when they were babies. The school board currently in place hired this nurse when they determined that they could no longer afford to have a similarly trained nurse as the one at Orange Community High School.

Lynette, Susan, Bree, Gabrielle and Nicolette, and other women of the Parent-Teacher Association, were livid when they discovered the various disparities among the high school health services and health education. “Whose idea was this” was the cry heard among the majority of parents of the high schoolers. Although most of them admitted that they had failed to vote in the last school board election, they said they had “no idea” that the candidates held to such platforms and that there was such rampant, unprotected sexual activity going on at the high school. They also complained to the local health department that this situation should have been addressed earlier.

They demanded answers and some action.

Teacher's Guide:

The parents of students at S.T. Dixon High School have demanded answers to their questions and concerns.

- 1) It is through the core public health function of assurance that communities can solve some public health problems. What types of “assurance” were missing in this community?
- 2) What activities could the local health department have conducted to head off such a situation, both the higher rate of STD’s as well as the crisis in communication?
- 3) Does the media assist or present a barrier in this case?
- 4) What actions or steps could the public health and education community take to address these issues?
- 5) What is the role of additional stakeholders besides the public health and education community in this case?
- 6) Can you identify gaps in service? Any redundancies?
- 7) Should there be a statewide mandate identifying specific curricula that schools must use to provide comprehensive sexual health education to high school students?