

A Case Study in Assessment

**Corn County Sex Survey: “There’s More Than Corn
Husking Going on in Hoosierville”**

Purple People Leaders (MARPHLI Year 16 Team)

Abstract of Case

A. Title:

- a. Corn County Sex Survey: “There’s More Than Corn Husking Going on in Hoosierville”

B. Core Functions Focus:

- a. Assessment

C. Major Subjects Involved:

- a. Corn County, Indiana
- b. Hoosierville, Indiana
- c. Corn County Community School District
- d. Huskers University

D. Setting of the Case:

- a. Corn County Community School Corporation (CCCSC) – There are 21 schools in the school district. The district is located in Corn County, Indiana. Corn County is situated in south central Indiana and is considered to be a metropolitan area. CCCSC is made up mostly of white students (83%) with 16% of students considered minority. Students taking the ISTEP test in CCCSC have scored above the state average for the last seven years. Thirty percent of students are on free or reduced lunch.

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Background

The Corn County Community School Corporation (CCCSC) located in Corn County, Indiana is one of two school districts in the county. CCCSC houses 21 total schools in the district: 14 grade schools, three middle schools, and four high schools. While Indiana is generally considered a conservative state, CCCSC is in close proximity to a local university with more liberal political students and professors. The student body of CCCSC is mostly Caucasian (83%), with students scoring above state average on the annual state-wide aptitude test for the last seven years. Thirty percent of students are on free or reduced lunch.

Introduction

In the spring of 2004, Corn County, Indiana, yielded increased cases of chlamydia, gonorrhea, herpes, and viral wart-type infections among middle school students. This bumper crop of infections was noticed by pediatricians, dermatologists, and other local health providers. Local media educated the county on the slang terms of “rainblows”, “lollipop parties”, and “genital tag”. Students were abuzz at school discussing the terms. Oral sex was viewed as an introductory act, and according to the October 2004 Kaiser Family Foundation National Survey, 43% of teens thought that oral sex was not as big of a deal as intercourse.¹

Community concern generated local leaders from CCCSC, Hoosierville Hospital, Corn County Pediatrics, Planned Parenthood of Corn County (PPCC), and Corn County Health Department (CCHD) to offer informational meetings to parents on adolescent sexual activity. *Sex 101 for Parents* was presented at the local high schools. Parents and concerned community members wanted to delve further into the issue. Consequently, the aforementioned organizations, as well as the Husker’s University, formed a committee to develop a survey to measure sexual attitudes, knowledge, and behaviors of the 6th through 12th grade students.

Conflict arose when the survey was prematurely released to parents. This led to a flurry of rumors, namely the belief that the survey would also be given to elementary school students. Media involvement ensued. Students claimed that they would not be truthful on the survey. Some parents thought the survey would be pornographic and students should not be learning about sex that way. Others thought that the survey would only benefit Huskers University.

Community partners assessed the situation. What follows was how it played out...

Spring 2004

During the first quarter of 2004, CCHD data showed a sharp increase in two sexually transmitted diseases, chlamydia and gonorrhea, among young women aged 15 to 19 years old. Rumors began to circulate that oral sex parties involving students were a common occurrence. As parents and school personnel caught wind of these rumors, questions were raised about the true number of teenagers engaging in oral sex. In May two school

meetings involving parents were held at two of the local high schoolsⁱⁱ. After much discussion, the parties involved decided that a student survey would be the best way to determine students' actual sexual health practices.

Spring 2005

From June 2004 through April 2005ⁱⁱⁱ, community partners collaborated to draft a survey, which was based on one that had been successfully implemented in Denver, Colorado. They planned to administer the survey to 6th–12th grade students. Midway through the process, a draft of the survey was forwarded to a second grade teacher at a local elementary school which created confusion as to the survey's intended audience. This teacher then forwarded the survey to the entire Parent E-mail List at her school noting, that she thought the “elementary” survey would be administered to students in K-8. This incorrect information angered parents, who believed their young children would be given the survey, and led to much media attention.

Meanwhile, a report released in April by the Indiana Youth Institute found that the number of sexually transmitted diseases among teens was increasing added support for the need of a student survey.^{iv} However, this new report did not deter some parents from expressing their lack of support for the survey.

In April, the legality of passive permission was raised by a parent group that opposed the survey.^v It was the original intent of community partners to administer the survey with passive permission (i.e. implied permission; parents who did not want their children to take the survey would have to submit a form to deny permission). This parent group cited Indiana Code 20-10.1-4-15, which relates to student and parental rights in regard to surveys. The CCCSC responded that this citation did not pertain to the survey in question, sex education begins in the fifth grade, and the law allows for students to be surveyed on current educational curriculum.

Later that same month at a CCCSC board meeting, opposing parents brandished signs that read, “Passive permission is NOT acceptable.”^{vi} The decision was tabled until the next board meeting in May. Community input poured into the local newspaper. One letter to the editor suggested that the teachers' sexual activities should be surveyed.^{vii} Some parents questioned the survey's age appropriateness and content. One parent called it “pornography”.^{viii} One high school junior wrote into the local paper and suggested, “Rather than have us fill in the bubbles, which are often ignored, we should fill out short answers to survey questions. Or better yet, we should write out our own concerns. If you want a piece of our minds, quit asking questions you are comfortable with and let us do the talking.”^{ix}

In May of 2005 a delay by the Institutional Review Board (IRB) prompted school officials to table the survey until the fall of 2005.^x

Fall 2005

The IRB approval was granted in September. Multiple amendments followed the initial approval. Also, in September the National Center for Health Statistics released a report

that showed slightly more than half of American teenagers aged 15 to 19 reported having engaged in oral sex. This survey was administered in 2002 and 2003.^{xi}

Spring 2006

Parents of students in CCCSC were surveyed to ask various questions regarding the health education plans of the school corporation. A majority (63%) responded by saying that they would allow their students to participate in a sexuality survey.^{xii}

Winter 2006

The CCCSC sex survey was made available online to the public in December. Subsequently, the school corporation announced a new plan for the survey. The original intent to survey sixth graders was dropped. The administration of the survey was changed to require active consent from parents rather than the originally proposed passive consent.^{xiii}

Spring 2007

Letters were sent to parents to grant permission for their children to participate in the survey. Two additional public forums were held in March to address any questions parents had regarding the survey. One was held at each of the local high schools. The first forum only attracted a handful of attendees.^{xiv} After months of discussion and debate, the survey was administered in April and May of 2007. Students took the survey in the schools' cafeterias during a regularly scheduled class time and were not penalized for missing class to participate in the study. A researcher from Huskers University administered the survey.^{xv}

Summer 2007

Data analysis was completed during the summer of 2007.

Winter 2007

Survey results were released at a school board meeting in December. Due to low response rates, the results were not representative of all students in grades 7-12.

Among middle school students, 9.6% indicated that they have had sexual intercourse, and 12.7% indicated that they have had oral sex. Students noted receiving the same amount of peer pressure to have sexual intercourse as to have oral sex. Moreover, students perceived that among their peers at least a quarter of them have had sexual intercourse and half have had oral sex. Further, less than half of the students surveyed knew where to get condoms or where to go for HIV/STI and pregnancy testing. Over half of students indicated having one to five class hours that focused on sexual health issues, with slightly more time spent on HIV/AIDS than any other area. Finally, nearly three quarter of the students indicated that they could talk with their parent/guardian about sexual health issues and relationships.

Among high school students, 36% indicated that they have had sexual intercourse, while 42.1% indicated having had oral sex. Unlike the middle school respondents, high school students noted a slightly greater likelihood to receive peer pressure to have sexual

intercourse than oral sex. However, students perceived that among their peers, a quarter to half have had sexual intercourse and one half to three quarters have had oral sex. In regard to accessing condoms, half of high school students surveyed knew where to access them, while less than half knew where to access HIV/STI and pregnancy testing. One third of students indicated having one to five class hours that focused on sexual health issues, with slightly more time spent on HIV/AIDS than any other area. Similar to the middle school students, nearly three quarter of high school students indicated that they could talk with their parent/guardian about sexual health issues and relationships.

Although survey results were not able to be generalized to the greater population, they did provide insight into students' health behavior and will be used to target information for three different audiences (parents, teachers, and the community) in order to:^{xvi}

- Enhance communication between parents and children around topics of sexuality.
- Modify the sex education curriculum at the schools and provide teacher trainings.
- Position the community to increase support for their youth (i.e. grant writing, etc).

Conclusion

Through the collaborative action among community partners, the decision to survey students regarding sexual behavior demonstrated the public health core function of assessment. By identifying and investigating this health concern, partnerships were formed that resulted in the development of a survey to determine sexual attitudes, knowledge, and behaviors among students. This survey allowed CCCSC and the community to monitor student health status and remain at the forefront of prevention efforts.

Throughout this process, the CCCSC and its community partners displayed many aspects of exemplary leadership as detailed in the *The Leadership Challenge* by Kouzes and Posner. These practices include:

- Enabling Others to Act – The arrangement of “town hall” meetings as a community forum to discuss the issue led participants to take action.
- Modeling the Way – By modeling the survey after a reputable source, community partners were able to garner support for the cause.
- Challenging the Process – The dispute between parents and community partners regarding administering the survey with passive permission highlighted the utility of evaluating different approaches to an issue.
- Creating a Shared Vision – Although many parents were initially worried about surveying students on a topic often viewed as “taboo” in society, they shared a vision with the educational and healthcare system, i.e. to protect the students from harm.
- Persistence to Stay the Course – There were many opportunities throughout this process that community partners could have abandoned the project, but they continued to strive through the challenges to accomplish their goals.

Each partner organization had a champion heavily involved in the development of the CCCSC sex survey, thus contributing to its success. Collaboration was the key to

building strong partnerships among all of the agencies involved and to successfully handling the many challenges presented throughout this process.

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- ^{xv} Sex survey could give valuable information. 2007, March 15. *Herald-Times*. Retrieved from <http://www.heraldtimesonline.com/stories/2007/03/15/digitalcity.qp-870383.sto>

Timeline of Events

First quarter of 2004, Corn County Health Department data shows a sharp increase in two sexually transmitted diseases, gonorrhea and Chlamydia, in girls 15 to 19 years old.

Spring 2004 Rumors are rampant regarding oral sex parties involving students. Questions are raised about the number of teenagers engaging in oral sex. School meetings involving parents occurred on May 4 and then again on May 6 at the two high schools in the corporation.

June 2004-April 2005

Community partners work together to draft a survey to be administered to students in 6th through 12th grade. Partners include a local university, the local chapter of the Planned Family office, Corn County Hospital, the county health department, and a local pediatricians group. The draft is eventually forwarded to a second grade teacher at an elementary school, creating confusion as to who the intended survey audience was. This teacher then forwarded the email to the entire Parent email list at her school saying she thought the "Elementary" survey would be administered to students in K-8. Those parents then forwarded the email to other parents.

April 2005 Legality of passive permission raised by a parent group opposed to the survey. Cited Indiana Code 20-10.1-4-15

Schools say this citation not does pertain to this survey since sexual education begins in the fifth grade.

April 2005 A report released by the Indiana Youth Institute found that the number of sexually transmitted diseases among teens was increasing.

April 20, 2005 CCCSC holds a board meeting. Parents opposing the survey display signs that say "Passive permission is NOT acceptable." Decision is tabled until the next board meeting on May 3, 2004.

April 22, 2005 A letter to the editor of a local paper suggests the teachers' sexual activities are surveyed. Some parents questioned the survey's age-appropriateness and content. One parent called it "pornography."

May 3, 2005 A delay by the Institutional Review Board prompted school officials to move the survey to the fall of 2005. IRB approval was granted in September of 2005. Multiple amendments followed the initial approval.

September 15, 2005 The National Center for Health Statistics releases a report that shows more than slightly half of American teenagers ages 15 to 19 reported having engaged in oral sex. The survey was administered in 2002 and 2003.

Spring of 2006 Parents of students in CCCSC are surveyed to ask various questions regarding the health plans. A majority, 63%, responded saying they would allow their students to participate in a sexuality survey.

December 2006 The survey is made available online to the public. CCCSC announces a new plan for the survey. Plans to survey sixth graders were dropped. Administration of the survey was changed to require active consent from the parents.

March 2007 Parents are sent letters to sign to grant permission for the survey. Two additional forums are held on March 28 and March 29 to address any questions the parents have regarding the survey. One was held at each high school. The first forum only attracted a handful of attendees.

December 5 2007 Survey results are released at a school board meeting.

Teacher's Guide

1. What are the possible next steps?
2. Given the lack of representative data collected initially, how does this affect the decision making among the partners in the case study? How might the partners gather more representative data in the future?
3. How was the assessment important to these different groups?
 - a. The community
 - b. The students
 - c. The school corporation
 - d. The parents
 - e. The medical community
4. How do the assessment and the findings affect the other school district in the county?
5. What was the media's role in this case study? How could the partner organizations have better utilized media involvement throughout this process?
6. List the potential barriers in completing this case study. Were there any barriers that you would have expected to face in this case study but did not? What were they?
7. How would passive permission have changed the outcome of this case study?
8. What role did technology play? Did it help or hinder the project?
9. What role do you think leadership played in bringing together the partner organizations and the resources necessary to address the issue in the case study? How do you think this experience impacted the partners development as leaders?