# School-wide Screening in Detroit: A Tale of Two Schools

Amy S. Peterson, MPH and Kathryn Macomber, MPH  
Michigan Department of Community Health, Division of Health, Wellness and Disease Control, STD Section; Bureau of Epidemiology, Communicable Disease Division, MI, USA.

## Background

- Detrivers age 13-19 make up 46% of the city’s chlamydia (CT) cases despite representing only 12% of the population.
- In 2010, school-based screening accounted for 6% of publically funded CT tests in Michigan, but over 9% of positives.
- In early 2011 the Michigan Department of Community Health partnered with St. John Providence Health System to conduct school-wide screenings in two Detroit area public schools.

## Objective

To assess screening acceptance and CT/GC positivity in two Detroit area schools.

## Methods

- Parents received a letter prior to the screening with an option to exclude their child
- Youth were called down from their English classes
- Everyone received education regarding chlamydia and gonorrhea and the screening opportunity
- All youth completed a demographic survey and signed a consent which included an opt-out opportunity
- All youth were escorted to the restroom where they made a personal decision whether to provide a sample or not.

Urine samples were provided by 665 youth across the two schools; 420 in School A, 245 in School B.

## Results

The proportion of male/female, and age breakdown was similar across sites A and B.

### School A Screening Results 2011-12

- Total: 420
- Females: 214 (51.1%)
- Males: 206 (48.9%)
- Age Group Breakdown:
  - 14-15: 12
  - 15-16: 15
  - 16-18: 18
  - 19-22: 18
- 97% African American

### School B Screening Results 2011-12

- Total: 245
- Females: 143 (58%)
- Males: 102 (42%)
- Age Group Breakdown:
  - 13-15: 15
  - 16-18: 12
  - 19-22: 18
- 93% African American

## Results Con’t

Infection patterns in the schools mirrored each other, with females testing positive for CT at levels 60% higher than males; and a precipitous increase among females 16 and over.

- In School A, just 2% declined testing while in School B, 14% declined.
- Overall CT positivity in School A was 10.2%; only 4.9% in School B.

## Conclusions

Despite similar populations and close physical proximity, school-wide screening in the sites presented notably different outcomes.

### Possible Reasons for Variation in Test Acceptance

- Characteristics of those who declined testing
- Variation in historical access to STD screening (one school had on-site clinic - other did not)
- Content and tone of educational component (different educators were used at each site)
- Impact of peer pressure on screening behavior (School B had “opinion leaders” who thought screening was “stupid” – resulted in one class period with over 60% rate of decline.)

## Implications

- Additional data collection and analysis would be required to identify reasons for the difference in observed screening acceptance and positivity.
- Detailed and consistent training of classroom staff at test sites is critical to decrease variables affecting acceptance of screening.
- Established patterns of trust, or distrust between students and screening staff can strengthen or undermine screening opportunities.
- Use of staff who are unknown to students may provide a sense of anonymity which supports screening.
- Behavioral questions may be helpful to further evaluate screening productivity beyond demographics.