

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

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## Background

- Detroiters 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.



- The schools serve similar demographic profiles:
  - > 95% African-American and low income.
  - Additionally, the schools are geographically just three miles apart.

## 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.
- Testing data was entered into the Michigan Laboratory Data System, StarLIMS.



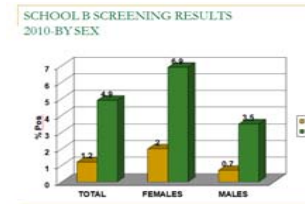
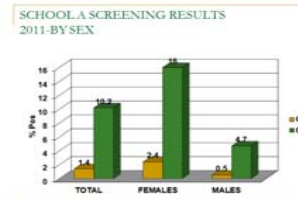
## Results

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

School A	School B
• 420 tests	• 245 tests
◦ 214 male (51%)	◦ 143 male (58%)
◦ 206 females (49%)	◦ 102 females (42%)
• Age Group Breakdown	• Age Group Breakdown
◦ 14-61	◦ 14-22
◦ 15-106	◦ 15-46
◦ 16-109	◦ 16-79
◦ 17-94	◦ 17-73
◦ 18-44	◦ 18-23
◦ 19-6	◦ 19-2
• 97% African American	• 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