

EXPANDED ADOLESCENT STI HEALTH EDUCATION AND SCREENING PILOT
PROJECT: PROGRAM EVALUATION

BY

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THESIS

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ABSTRACT

The Expanded Adolescent STI Health Education and Screening Pilot Project was designed by the Adolescent Health Program of the Chicago Department of Public Health and the Chicago Public School's Office of Special Education and Supports to combat the documented high rates of gonorrhea and chlamydia infections in Cook County, IL among teens and adolescents. The project was implemented to reduce the spread of sexually transmitted infections (STI) among adolescents in Chicago and to demonstrate the feasibility and need for an expanded STI prevention campaign among Chicago Public Schools (CPS) students. The recommendations, contained within this report, were developed for consideration among stakeholders for changes that should be made if the program is extended. The intention of the report is to serve as a guide for future programmatic decision-making.

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CHAPTER 1

INTRODUCTION

The Expanded Adolescent STI Health Education and Screening Pilot Project was designed by the Adolescent Health Program of the Chicago Department of Public Health and the Chicago Public School's Office of Special Education and Supports to combat the documented high rates of gonorrhea and chlamydia infections in Cook County, IL among teens and adolescents. The project was implemented to reduce the spread of sexually transmitted infections (STI) among adolescents in Chicago and to demonstrate the feasibility and need for an expanded STI prevention campaign among Chicago Public Schools (CPS) students. The recommendations summarized below, were developed for consideration among stakeholders for changes that should be made if the program is extended. The intention of the report is to serve as a guide for future programmatic decision-making.

STI Project History

The Chicago Expanded STI Adolescent Education and Screening Project was modeled after the Chlamydia and Gonorrhea Screening Program in Philadelphia's Public High Schools after information was released illustrating STI rates in Cook County, IL. The Philadelphia Coalition for Kids generated its 2000 Report Card giving STI's a failing grade because of the lack of STI education available for students and the rising number of reported cases of chlamydia. The Philadelphia Department of Public Health implemented its program in the Philadelphia public school system during the 2002-2003 academic year, educating more than 30,000 students, screening 19,713, and identifying 1,052 students positive for chlamydia and/or gonorrhea (NACCHO, 2005). This indicates an 18.7% infection rate among Philadelphia high school students. The Philadelphia program was operated for 5 additional academic school years

and performed 84,850 tests and identified 4,086 students with infection (Salmon, n.d.). This program illustrates the need for education and testing opportunities for adolescents and also served as a guide for the development of an STI initiative for the Chicago Department of Public Health in Chicago Public Schools.

Chicago Department of Health description and history

The Chicago Department of Public Health is the city's leading municipal department regarding health. The mission of the Chicago Department of Public Health is to make Chicago a safer and healthier place by working with community partners to promote health, prevent disease, reduce environment hazards and ensure access to health care for all Chicagoans (CDPH, 2011).

Led by Commissioner Bechara Chocair, M.D. (appointed November 25, 2009), the Chicago Department of Public Health's organizational chart has been restructured to include Deputy Commissioners who lead sections of related divisions. The STI/HIV/AIDS Prevention and Control section of the departments lands under the leadership of the Deputy of Public Health and Safety Julia Morita, M.D. In addition to Commissioner Chocair, the Immediate past Commissioner Terry Mason, M.D., F.A.C.S. was a full supporter of the Expanded Adolescent STI Health Education and Screening Pilot Project. He was also heavily involved in advocating to the Chicago City Council the need for the program and the benefits it could bring to the city's adolescent population. Dr. Mason resigned from his duties in 2009 and currently serves as Chief Medical Officer of the Cook County Health and Hospital System. He has also recommended that the Cook County Department of Public Health develops and implements its own adolescent STI education and screening project in the suburban areas of Chicago.

The STI/HIV/AIDS Division of the Chicago Department of public is currently lead by Assistant Commissioner Christopher Brown. The Adolescent Health Program (AHP) is a service unit under the Division of STI/HIV/AIDS within the Chicago Department of Public Health. Regina A. Jordan-Lee, who serves as the Director of the AHP has coordinated efforts to focus much of the program's attention on STI/HIV/AIDS health education, pre- and post-test counseling for HIV, STI testing and communicating additional prevention strategies for youth ages 12-24 years. With the goal of reducing rates of STI/HIV/AIDS disease among adolescents, the AHP works mainly with youth in high morbidity areas of the city, Chicago Public Schools, Chicago based colleges and universities, faith-based organizations, juvenile incarceration facilities, and programs where large numbers of adolescents engaging in high-risk behaviors are located. The program also provides age appropriate, non-judgmental, and culturally effective educational literature for youth.

Chicago Public Schools Description and History

As of the 2009-2010 academic year, The Chicago Public School district serves over 409,000 students in more than 600 schools (elementary, charter, and high schools), currently making up the third largest school district in the United States. The 122 high schools are separated under certain categories: General/Technical (41); Performance (15); Small School (11); Achievement Academy (8); Alternative School (8); Career Academy (8); Selective Enrollment (8); Contract (7), Military Academy (6), Magnet School (5), and Special Education (5) (CPS, 2009).

The office of Special Education and Supports (OSES) is a branch of Chicago Public Schools, which specializes, in providing services, programs, guidance, and resources for students with disabilities (OSES, 2010). Along with those duties, it also coordinates school health

Total number of positives for STIs: **295**

Total number positives for gonorrhea: **25**

Total number positives for chlamydia: **235**

Total number positives for dual infection of gonorrhea and chlamydia: **35**

Key findings:

-Overall, 9.3% of the students who tested for STIs in the Expanded Adolescent STI Health Education and Screening Pilot Project were positive for chlamydia and/or gonorrhea.

- Among three out of the four schools participating in the STI project during the 2009-2010 academic year, more than 60% of the students educated, consented to testing for STIs.

-The highest percentage of students participating in testing during the 2009-2010 school year was 97.08% which was seen at VOISE Academy located on the Austin High School Campus.

-Among students tested during the 2009-2010 school year, the lowest percentage of positives was 5.5% while the highest was 15.7%

-During the 2010-2011 school year, more than 53% of students educated participated in testing at all schools.

- The highest percentage of students participating in testing during 2010-2011 was 100%, which was seen at Percy L. Julian High School (10th grade only).

-Of students tested during the 2010-2011 school year, the lowest percentage of positives was 6.7% and the highest was 27.2%

Recommendations:

1. Identify and assign additional permanent staff persons to the Chicago Department of Public Health's Adolescent Health Program.

2. Initiate Expedited Partner Therapy (EPT) Program and additional partner service activities at CDPH clinics for students diagnosed with gonorrhea and/or chlamydia.
3. Establish and maintain designated motor pool and other support services for the STI project
4. Develop a STI project clinic protocol where students who test for STIs through the STI project are guaranteed evaluation and treatment if they arrive at least 1 hour before the close of the business day.

CHAPTER 2

LITERATURE REVIEW

Compared to adults, adolescents and young adults are disproportionately affected by sexually transmitted infections (STIs). According to data released in March 2008 from the Centers for Disease Control and Prevention (CDC), one in four (26 percent) young women between the ages of 14 and 19 in the United States – or 3.2 million - is infected with at least one of the most common sexually transmitted diseases (human papillomavirus (HPV), chlamydia, herpes simplex virus, or trichomoniasis (2009)). The study also found that African-American teenage girls were most severely affected, showing that nearly half of the young African-American women (48 percent) were infected with an STI, compared to 20 percent of young white women. Rates of chlamydia and gonorrhea have also increased in this young adult population. The highest age-specific rates of chlamydia were reported in women. In 2006, 2862.7 cases per 100,000 were diagnosed among 15-19 year olds and 2797.0 per 100,000 were diagnosed in 20-24 year olds (CDC, 2007). Rates among men were 856.9 cases per 100,000 (CDC, 2007). Also, two-thirds of 12 million persons in the U.S. who are infected yearly with an STI are under the age of 25 (Beckman & Harvey, 2007).

More devastatingly, among the approximate 56,000 new HIV infections occurring in 2006 in the United States, the CDC states that nearly 35% percent occur in young people between the ages of 19 and 29 (CDC, 2008). Despite the negative outcomes and alarming numbers, adolescents continue to engage in sexual behaviors that increase their risk for HIV/STI infection. In addition to risky behaviors, such as their lack of condom use and multiple partners, there are additional barriers that may be contributors to the higher prevalence of infection among adolescents. These include: lack of insurance or the ability to pay, lack of transportation,

discomfort with facilities/services, and concerns about confidentiality (CDC, 2009). These are also specific worries and issues that plague adolescents in Chicago.

The City of Chicago is not exempt to these staggering statistics and is currently contributing to the epidemic rate. According to the 2009 statistics released from the CDC, Cook County, IL, which includes the city of Chicago, ranks first in the nation for cases of gonorrhea and second for cases of chlamydia. For syphilis, Cook County also ranked second behind Los Angeles in 2009 (CDC, 2010). This information prompted the Chicago Department of Public Health to seek answers in combating these infections. Many programs were initiated such as the Syphilis Elimination Taskforce, which develops outreach events and services that will assist in preventing the spread of syphilis. Also initiated was the Expanded Adolescent STI Health Education and Screening Pilot Project, which was executed during the 2009-2010, and 2010-2011 academic school year within select Chicago Public Schools. The project was designed and followed through by the Adolescent Health Program, a branch of the STI/HIV/AIDS Division of the Chicago Department of Public Health, and the Chicago Public Schools Office of Special Education and Supports. It was developed in response to the alarming rates of gonorrhea and chlamydia among adolescents, not only seen nationally, but locally within Cook County, IL where Chicago resides.

Problem Statement

The city of Chicago is made of up 50 wards, which holds approximately 80 community areas. The adolescent population of Chicago comprises of 16.3% of the general population, yet accounts for more than 60% of new infections of gonorrhea and chlamydia (CDPH, 2008). To illustrate this, the specific number of cases has been tracked and is published each year in the Chicago Department of Public Health's STI/HIV/AIDS Surveillance Report. In 2007, 5,664

gonorrhea and 14,781 chlamydia cases were reported among adolescents aged 13-24 years old in Chicago, making up the 60.3% of all gonorrhea and 66.6% of chlamydia cases. In 2009, 6,974 gonorrhea and 18,061 chlamydia cases were reported among adolescents, making up 63.3% of all gonorrhea and 67.4% of chlamydia cases. In 2009, gonorrhea cases increased for the second year in a row after a documented 4-year decline (CDPH, 2010). Unfortunately, some specific community areas make up Chicago's highest rates of infection. The highest rates of gonorrhea are on the west side of the city in East and West Garfield Park, and on the south side in Englewood and West Englewood. The highest rates of chlamydia are on the west side in North Lawndale and on the south side in the Englewood community area.

Chlamydia and gonorrhea often do not present with symptoms for men and women, usually resulting in persons not seeking STI screening or testing services. This is especially the case for young people who may not know what signs and symptoms to watch for. The outcome then leads to a large proportion of infection morbidity unrecognized and going unreported. It is estimated that the true community prevalence of these two infections can be expected to be 2-4 times the number of cases identified through surveillance reporting. However, much of the information known about the adolescent population of Chicago regarding the prevalence of STIs is obtained from the national Youth Risk Behavior Survey.

The CDC-sponsored Youth Risk Behavior Survey (YBRS) is conducted in Chicago Public High Schools every two years. Developed in 1991, it is designed to monitor changes of behavior in adolescents that are the leading causes of death, disease, and injury. These behaviors include tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, and physical inactivity. The information is obtained by the administering of a school-based survey conducted by the Centers for Disease Control and Prevention. During the fall of 2005,

data was collected from 22 public high schools in Chicago with an average of 43 students per school participating (Horn & Szalacha, 2007).

According to the Summer 2008 edition of the Chicago STI/HIV/AIDS Surveillance Report, the most recent information obtained from the survey conducted in 2005 shows that more than half of CPS high school students had engaged in sexual intercourse during their lifetime with it's highest prevalence rates among 11th and 12th graders (2008). The prevalence of condom usage was 63% and of multiple sex partners was 14.2% (CDPH, 2008). And among those students that were currently sexually active, 68.9% reported that either they or their partner had used a condom during last sexual intercourse (Horn & Szalacha, 2007). These rates are higher than the overall national rates of the survey, which shows that 59.1% of students had ever had sexual intercourse (Horn & Szalacha, 2007). This information proves the notion that comprehensive STI education and testing opportunities would greatly benefit the adolescent population in Chicago.

CHAPTER 3

METHODOLOGY

The purpose of this report is to conduct a quantitative analysis of the STI surveillance data combined with a qualitative process evaluation of the Expanded Adolescent STI Health Education and Screening Pilot Project. The evaluation will examine the procedures and tasks involved in implementing the program. It will report the chlamydia and gonorrhea morbidity rates among Chicago Public School students who consented to testing. And will also examine the performance of the project, and barriers to its success of the project's key result areas: delivery and execution of the project, number of students educated compared to number of students who consent to testing, and number of students treated. Recommendations made by the findings of this report will aid in determining if any important decisions should be made in regards to the feasibility of the project.

Overall goal of program

The overall goal of the Expanded Adolescent STI Health Education and Screening Pilot Project is for the Chicago Department of Public Health (CDPH) and Chicago Public Schools to lead a pilot school-based STI education, screening, and treatment project in area high schools to reduce the spread of STIs among adolescents in Chicago.

Activities of the program

The CDPH and CPS Expanded STI Adolescent Education and Screening Pilot Project took place at 4 select Chicago public high schools during academic year 2009-2010 and 14 select schools, including alternative and/or charter schools during academic year 2010-2011. Schools were chosen on the basis of being located in community areas where some of the highest rates of gonorrhea and chlamydia were reported. These areas include the west and south side community

areas of Chicago. The two- year project period began during the 2009-2010 academic year and continued through the 2010-2011 academic year.

Prior to the implementation of the program in any school, an Intergovernmental Agreement was established between CPS and CDPH. This agreement addressed the scopes of the program, staffing obligations, confidentiality and HIPAA laws, requirements for document retention and other conditions needed for the program to take place. Sixty days prior to entering a school for a testing event, designees from CDPH, CPS, and the participating SBHC met with each school's principal or their designee to review the implementation plan of the project. Thirty days prior to the event date the implementation plan is presented to the members of the Local School Council (LSC). At this meeting all council members receive written overviews of the program and information regarding the rights and responsibilities of parents and students. Council members also receive materials that will be given to students as well as letters sent home to parents informing them of the program and the option to exclude their child from participating. At this time an initial site visit by representatives of CDPH, CPS, and the participating SBHC is completed to determine the feasibility of the program at the specific facility.

A Memorandum of Agreement (MOA) was completed with all SBHCs if participating as a treatment service provider for students. CDPH and CPS staff verifies a date and time for conducting the STI education and testing program in each school and complete a facility tour to determine appropriate space needed and access to bathrooms. It is also essential for each bathroom to have doors/private partitions on toilet stalls and urinals, running water, soap, toilet paper, etc. Unfortunately any school that does not have adequate facilities is not be able to participate in the project. After the facility tour checklist is completed CDPH and CPS

representatives will move forward with notifying school staff, students, and parents of the program

Thirty days prior to the event letters are sent to all parents/guardians and students, which give an overview of the program. Parents are also informed of the option for their child to opt out of the health education and have to return a signed statement indicating their desire. Still, under Illinois law, any child over the age of 12 can consent to STI/HIV testing. If a child consents to testing, but has not participated in the health education activity due to a parent signing the form to exclude them from the presentation, the student will be referred to the SBHC or a CDPH clinic.

The STI Project includes 30 minutes of STI education that all students considering to participate in testing must undergo. Students receive information on gonorrhea, chlamydia and HIV/AIDS, their symptoms and transmission. Students are also educated on safe sex practices and are given an overview of the program, which explains: the day of procedures, receiving their results, and where students will be referred for free treatment if they test positive.

Once students receive the STI education they can voluntarily consent to provide a specimen for testing. Each student receives a paper brown bag, which contains the contents needed to perform the specimen collection aspect of the program. The bag contains the following: student contact and consent forms, information on STIs, information on local public health STI clinics and educational resources, and a urine specimen cup. The students who decide to participate and test for STIs complete the contact and consent forms immediately following the presentation or during their specified class period. Students who decide at this time that they do not want to participate in the testing option will still complete the forms to maintain their confidentiality.

Students are dismissed in groups (depending on the number of toilets/urinals) to the restrooms for urine specimen collection. In order to maintain each student's confidentiality, all students are dismissed to the bathroom regardless of their intent to participate and be screened. CDPH, CPS or CBHC staff monitor bathrooms and students are instructed to return to a designated room/area to await submission of their specimen bag. Each student meets one-on-one with a Communicable Disease Control Investigator (CDCI) in a private space to submit his or her specimen bag. The CDCI completes the necessary lab form and adds the student's unique identifying code to the log sheets provided. At this point the CDCI also completes test-counseling procedures and answers any questions the student may have. The specimen is then turned into the designated CDCI who prepares it for submission to the Illinois Department of Public Health State Lab for testing. The student then returns to their initial designated classroom where they complete a survey about their experience. This survey is available to them on a laptop where it has been generated by the Internet software, Survey Monkey. Students who attend schools where laptops are not available are given paper copies of the same survey.

Each student that submits a specimen receives a blue reminder card in order to obtain his or her results in 10 days. Each card is labeled with the student's unique identifier, which has also been placed on their specimen tubes, and contact forms. The card also indicates the date and time that students can call for their results. AHP staff allows for 1 phone line to be utilized the entire day for students to call in for their results.

When laboratory results are retrieved by AHP staff they are recorded for each student on the log sheets compiled during the scheduled test date. Students who test positive for gonorrhea and/or chlamydia are informed of their results and treated by their SBHC (if applicable), or primary medical doctors (PMD). Field records are generated for those students who test positive

and do not have a school based health center in a CDC Web based disease intervention software STI*MIS. The field records containing demographic and test result information for each student needing treatment. Students who do not initially call in for their results are contacted by a CDCI by phone. If the student cannot be reached by phone, follow-up may include a visit to the student's school or home. Students will be counseled to reduce their risk of reinfection and referred for follow-up if necessary. Standard CDPH partner services will be offered to all students who test positive as a result of this program. This includes the patient's partner having the ability to be tested and treated by the SBHC (if applicable) or by a CDPH clinic. Students that attend schools without SBHC's can still consult their own PMDs or are referred to local Chicago Department of Public Health STI Specialty Clinics. Each of these clinics is located within a 5-8mile radius to a school where students were tested and easily accessible by public transportation. Field records containing patient testing information and diagnosis are faxed to their clinic of choice for easy accessibility to clinic staff.

In addition to entering student information into STI*MIS, test results are also entered into the Illinois National Electronic Disease Surveillance System (I-NEDSS). I-NEDSS is a web-based application utilized by all 95 local health departments of the state of Illinois and managed by the Illinois Department of Public Health located in Springfield, Illinois. The program operates in real-time and is essential in providing patient historical medical data. Test dates, infection types, and treatment dates are entered into the program and sent electronically to the Illinois Department of Public Health where data is compiled.

Staffing

The Expanded Adolescent STI Health Education and Screening Project was developed through a collaborative effort between the Chicago Department of Public Health's Adolescent Health

Program and the Chicago Public School's Office of Special Education and Supports, therefore staff from each entity were involved in the developing and delivering of the program. All personnel involved in the project adhered to the CPS volunteer policy including submitting to background and health screening checks prior to beginning work on this project. Any CPS, CDPH, or CBO personnel would have to be cleared through a federal background check and will have been tested and found free of tuberculosis within the past 6 months prior to working on the project. Additional background checks and TB testing takes place every 2 years that personnel are apart of the project.

CDPH Adolescent Health Program Staff:

Director, CDPH Adolescent Health Program: Regina A. Jordan-Lee

CDCI, CDPH Adolescent Health Program (2): Regina Green, Kimberly Williams

Administrative Assistant II: Cynthia Evans

CDCI/other STI clinic staff: (number/name of staff persons varies with population of school): Staff assigned to the five CDPH clinics that volunteer to participate in the program. Each member receives authorization from their specific supervisor to report to their assigned school. Each testing date requires 4 to 6 additional CDCI personnel besides the 2 staff assigned to the Adolescent Health Program.

CPS/Office of Special Education and Supports Staff:

Director of Coordinated School Health: Kenneth Papineau

Coordinated School Health Specialists: Mary Beth Szydlowski, Ira Rounsaville

Interns: 2-3 rotating interns assigned to the Office of Special Education and Supports assigned to serve as population control monitors.

School Site Designee: A school staff person assigned to be on call the entire day of the event to serve as a school/facility resource.

Upon submitting a specimen for testing, students consented to the release of certain information used to identify and locate them. Instruments used to collect data include the student contact form, lab form, and result log sheets. Each student contact form allowed students to provide their name, school name, date of birth, gender, address, methods of contact (cell/home phone numbers, email address, or any other form of contact they would prefer), preferred language, race, and ethnicity. When completing the lab form the test counselor utilizes the student contact form to fill in duplicate fields. Additional responses needed on the lab form are the student's specific numerical age value and to indicate if female students are pregnant or not. Although this form is submitted to the state lab when the specimen is tested, this information is replicated onto the lab result sheets that are faxed directly to the AHP from the IDPH State Laboratory.

Student contact forms are stored in a locked file cabinet along with all results. Positive test results are attached to each specific student's contact form for easy access when conducting data entry into designated software or reference at a later date for data analysis. All results are manually logged on their corresponding result log sheet. Each result log sheet allows for the test counselor to apply each student's unique identifying number sticker. Next to each individual sticker are fields to write the students first and last initial, gender, race, and age. These sheets are used to record test results for each person. The letter "N" is written to indicate a negative test result and a "P" written in red pen is used to indicate a positive test result for either chlamydia or gonorrhea. These sheets are also used on each specific school's call-in date to reference their results.

Limitations of the evaluation

This evaluation was also subject to limitations. First, since the development of the project had been completed by the time the evaluation team member became a part of the Adolescent Health Program and project, relevant information about the early beginnings of the process may not have been captured. Second, budget information was not obtained, therefore it could not be determined if the project is financially feasible to sustain. Third, due to staff shortages, complete data analysis as yet to be conducted. It was determined at the inception of the project that data would be collected and entered into fields that would analyze rates of infection according to age, gender and zip code. Also, the evaluation was completed and submitted before results from the last 2 test dates were returned. Therefore, the rate of infection from Austin PolyTech and the 10th grade class at Percy L. Julian High School were not reported since their test dates were during the week of May 2, 2011. Lastly, although the developers of the STI project were grateful for the opportunity to bring this important service to Chicago Public Schools, it drew attention to the low attendance rates that plague the Chicago school system. On any given day illness, weather conditions, in and out of school suspensions, and other reasons could prevent a student from attending school on a regular basis, thus missing possibly the only chance that they would receive a service such as this.

CHAPTER 4

RESULTS

The Expanded Adolescent STI Health Education and Screening Pilot Project successfully educated 3,792 students within Chicago Public Schools on the topic of sexually transmitted infections and ways to prevent them throughout the end of the 2009-2010 and entire 2010-2011 academic school years. Of those whom were educated, 2,753 students consented to testing. Of those whom tested, the project was able to identify 295 students who tested positive for chlamydia and/or gonorrhea. The end result is an infection rate of 9.3 percent. Because of time constraints needed for the submission of this evaluation, this rate does not include the number of positives students that were captured at Austin PolyTech on March 3, 2011 and Julian High School (10th grade class) on May 5, 2011. If included this number may indicate a slightly higher or lower infection rate.

Data shows three out of the four schools participating in the STI project during the 2009-2010 academic year, more than 60% of the students educated, consented to testing for STIs. The highest percentage of students participating in testing during the 2009-2010 school year was 97.08% which was seen at VOISE Academy located on the Austin High School Campus (100 out of 103 students educated were tested).

Among students tested during the 2009-2010 school year, the lowest percentage of positives at these 4 schools was 5.5% while the highest was 15.7 percent. Students with positive tests at the 3 schools located on the Austin High School Campus received treatment through their SBHC located on school grounds. Although Orr High School also has a SBHC, students with positive results were referred to city clinics. Their test date was scheduled a week before the last day of school, therefore the school and SBHC would be closing for the summer. This may have

also been a contributor to the low number of students educated and tested at this large population school.

During the 2010-2011 school year, more than 53% of students educated also participated in testing at each school. This exceeds the expectation of CDPH to have at least 50 percent of students tested participate in testing at every school. The highest percentage of students participating in testing during 2010-2011 was 100%, which was seen at Percy L. Julian High School (10th grade class only). Of students tested during the 2010-2011 school year, the lowest percentage of positives was 6.7% at Douglass High School with the highest being 27.2% at Charles Hamilton Houston (Prologue Charter School). Although this may appear to seem that Charles Hamilton Houston has a high infection rate, it is important to understand that is difficult to compare any school by infection rate since their demographics, attendance, and testing rates were very different. For example, the entire school (9th-12th grades) was captured at Douglass High School. Although this school has a small enrollment, 179 out of 221 students educated were tested identifying 12 positive students. At Charles Hamilton Houston, more than 60% of their student population was absent the day of testing, resulting in only 55 students out of 60 students testing. However of those that tested, CDPH identified 15 students with positive tests. This 27.2% infection rate of this small population may also be attributed to the fact that Houston is an alternative charter school that allows older students (age 18+) to attend who may be more sexually experienced than students of younger ages.

Data compiled in Appendix A contains a complete listing of the number of students educated, tested, and infection rates in all participating schools. The chart also indicates location of each school, testing dates and status of referring students to treatment. The testing rates reflected in this chart indicate an acceptance of the program by students at Chicago Public

Schools, with many students commenting on the surveys provided that they would like to see the program repeated each year at their respective school. Many school administrators were also impressed with the program and eager to participate, resulting in having to decline some requests from schools because of time, staffing, and resources available.

CHAPTER 5

CONCLUSIONS

After receiving testing results, the information is relayed to each participating school without identifying any particular student. However, because of these numbers many schools have decided to implement new services within their schools. For instance, Fenger Academy was prompted to develop a taskforce to combat their rate of infection. Two hundred seventy-one students were tested at Fenger identifying 54 students with positive results. Fenger officials called for volunteers from their staff to be trained in STI/HIV prevention information, to serve as resources for their students when needed. They are also working to obtain a relationship with the Chicago Department of Public Health's Training Department to obtain a supply of condoms that will be available to students. These successes demonstrated the quality of the program and the demand to maintain the services.

Continuing challenges however were constant during the implementation of the Expanded Adolescent STI Health Education and Screening Pilot Project. In order for the project to be sustained it is important that all parties are in full support of its mission and goal. It is also important that a program of this magnitude is given full support from its own department. This includes the need for additional staffing and efficient support services. If put into practice, the following recommendations will allow the Adolescent Health Program to retain the program and add it to its essential core services.

Recommendations:

- 1. Identify and assign additional permanent staff persons to the Chicago Department of Public Health's Adolescent Health Program.**

The Chicago Department of Public Health's Adolescent Health Program is severely understaffed which unfortunately is causing the program to suffer in other areas. Many commitments or new initiatives are canceled or rescheduled because of the understandable importance of this project. However, the schedules of the two Communicable Disease Control Investigators (CDCI) are not conducive to maintaining program duties as well as the challenges that affect infected students in seeking treatment when a SBHC is not available.

In addition to pre- and test day responsibilities, the CDCI's are responsible for all post-test duties and patient follow up. All data entered into STI*MIS and I-NEDSS is done by these staff members as well as phone calls and field visits to patients homes and/or schools to provide treatment referrals. Although students are urged to provide adequate and correct contact information to be contacted, there are many instances where personal cell phones have been disconnected, students do not check their email accounts regularly, or there is resistance from a patient's parent in wanting to obtain the reason why their child is receiving a call from a city service. Due to HIPAA laws this information cannot be given to anyone else besides the student, therefore numerous trips are made to the school in order to speak to hard to reach students directly. These field visits are fit into staff's schedule when it does not conflict with other program activities and are allowed by school officials.

If continued, the recommendation for placing additional staff members in the AHP should be considered. This is essential in sustaining STI project responsibilities and other commitments and expanding the reach of the program. The large city school system, colleges, and universities, and youth organizations allow for many opportunities to provide education and testing services throughout the city. Additional staff would increase efficiency while allowing other staff members to concentrate on specific tasks and duties that do not overlap. For example,

patient field follow-up could be completed at multiple schools in one day, while other staff members assist in assembling brown bags for the STI project. There would also be the option to relieve staff members for restroom breaks and lunch hours on the designated result day when students are calling in to the AHP office. Additional staff is also essential for data entry and analysis. Because of staff shortages, essential data analysis was not completed prior to the submission of this evaluation, but is planned after the completion of all patient follow up and treatment.

2. Initiate Expedited Partner Therapy (EPT) Program and additional partner service activities at CDPH clinics for students diagnosed with gonorrhea and/or chlamydia.

On August 24, 2009, Governor Pat Quinn of the State of Illinois signed Senate Bill 212 into law. This law authorizes the use of expedited partner therapy (EPT) and was put into action on January 1, 2010. EPT is the general term used to describe the practice of treating the sexual partners of patients diagnosed with chlamydia and/or gonorrhea without a medical evaluation or performing an exam. The medication or prescription is given to the diagnosed patient after they are treated along with informational material for their partner. This is a strategy for ensuring that the sex partners of patients receive treatment, which will reduce the likelihood of re-infection and further spread of the infections. Unfortunately due to the resignation of the CDPH STI/HIV Medical Director, protocols for the inclusion of this system have yet to be established in CDPH clinics.

The first step encouraged by medical providers is for the infected patient to refer their partner to a clinic to seek medical care. However, with adolescents this may be difficult. Including EPT into the treatment guidelines for the STI Project will assist in the treatment of other students who are not only sex partners, but also tested positive in the project. It will help in

treating partners who are less likely to report to the clinic even when informed by an infected partner of their diagnosis. It will also assist in reducing the risk of re-infection. If patients discuss their diagnosis with their partners and partners adhere to EPT and any follow up testing, there is a good chance students will not be reinfected, therefore decreasing the spread of the infection further into the community.

3. Establish and maintain designated motor pool and other support services for the STI Project.

Due to the amount of supplies needed for the STI project, it is essential that there are vehicles and drivers to transport them back and forth from the Adolescent Health office. The City of Chicago has vehicles and drivers that are assigned to the entire health department. These vehicles and drivers were made available to this project during the initial planning stage. However, even though dates for the pick up of materials were made far in advance, many times supplies were not retrieved, dropped off and/or picked up from sites. Many times calls had to be made to the motor pool department's managers to check on the status of supplies being transported to testing sites.

It is essential that if the project is continued that vehicles and drivers are made available to transport materials when needed. The testing dates within the school are set during planning meetings with schools officials and expected to not have to be rescheduled. Test dates are determined when it is possible to reach the highest number of targeted students, therefore when supplies are late or if dates have to be rescheduled, this could ultimately be detrimental to the success of the project at that particular school. It is also important that internal motor pool department relations do not impact their assigned duties. Negative staff interpersonal relationships were evident when inquiring about the status of supply transport.

It is important that city staff do not let those issues overshadow their assignments that affect other city-supported projects.

4. Develop a STI project clinic protocol where students who test for STIs through the STI project are guaranteed evaluation and treatment if they arrive at least 1 hour before the close of the business day.

Although provisions are made for students and “high priority patients” in most CDPH clinics, it became increasingly difficult at some facilities for some students to receive treatment, due to new clinic management policies. All CDPH clinics are described as “first come, first serve” facilities. Currently it is the recommendation of the “Point of Contact” at each clinic to determine at the beginning of the day how many patients to serve that day. Students at CPS public high schools are usually dismissed at 2:30pm on a normal school day. At this time they have a good chance at making it to a clinic, even on public transportation by 4pm. This is usually 1 to 2 hours before the clinics close on Tuesdays and Thursdays. Many students who reported to clinics with ample time to be served were turned away and told to come back the next day for services. This usually leads to the student not returning or only being able to return days or weeks later due to a variety of reasons. However, the main reason observed by AHP staff was being able to report to a clinic without being discovered by their parent/guardian.

Although this issue was addressed to clinic administrators by Adolescent Health Program staff, official mandates were not established regarding servicing a student who could only report to a clinic after school hours. This caused many students to have to report to clinics in the morning and miss important instructional time in order to be treated. Although this may have been only one day out of the year, it became a great inconvenience for the student, who may

have had to obtain additional bus fare without informing their parents or getting bus fare from a member of the Adolescent Health Program field staff. These additional funds are from the personal funds of field staff and not in the budget for the program.

If it is determined that the STI project will continue, it is essential that STI/HIV/AIDS administrators determine a protocol for clinic staff to follow. If a student reports to the clinic at least 1 hour before the close of business it should be mandated that they be assessed and preventively treated. All blood work that is obtained can be processed during the next business day, if possible. If there is no possible way for the student to be seen, due to clinic overflow they should be supplied with a bus pass that will give them a complimentary ride to the clinic on an alternate day. Clinic supervisors should determine any compensation or authorize a next day “late start” for any clinic staff that has to stay after their scheduled work hours.

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APPENDIX A: COMPILED DATA OF CHICAGO DEPARTMENT OF PUBLIC HEALTH AND CHICAGO PUBLIC SCHOOLS EXPANDED ADOLESCENT STI HEALTH EDUCATION AND SCREENING PILOT PROJECT

2009- 2010 Academic Year

School	Address	Community Area/ Location	Date(s)	Ward	# Educated	# Tested	# Positive s	# Treated
PolyTech (Austin School Campus)	231 N. Pine Ave Chicago, IL 60644	Austin/ West Side	2/18/2010 2/19/2010	28	176 (9 th -11 th grades)	108 61.36%	6 (5.5%) 1F-GC 3F-CT 2M-CT	All treated by SBHC
VOISE (Austin School Campus)	231 N. Pine Ave Chicago, IL 60644	Austin/ West side	2/23/2010	28	103 (10 th grade)	100 97.08%	11 (11.0%) 8F-CT 3M-CT	All treated by SBHC
Austin Business and Entrepreneurial Academy (ABE-A)(Austin School Campus)	231 N. Pine Ave Chicago, IL 60644	Austin West side	3/3/2010	28	109 (10 th - 12 th grades)	70 64.22%	11 (15.7%) 3M-CT 8F-CT	All treated by SBHC
Orr Academy High School	730 N. Pulaski Rd, Chicago, IL 60624	Humboldt Park/ West side	6/14/2010 6/15/2010	28	215 (10 th - 12 th grades)	79 36.7%	5 (6.3%) 1M-CT 1M-GC 3F-CT	All treated at CDPH clinics

2010-2011 Academic Year

School	Address	Community Area/ Location	Date(s)	Ward	# Educated	# Tested	# Positives	# Treated
VOISE (Austin School Campus)	231 N. Pine Ave Chicago, IL 60644	Austin/ West Side	10/7/2010 10/8/2010	28	177 (9 th -12 grades)	152 85.87%	18 (11.8%) 4M-CT 3M-GC 6F-CT 2F-GC 3F=GC/CT	All treated by SBHC
Austin Business and Entrepreneurial Academy (ABEA) (Austin School Campus)	231 N. Pine Ave Chicago, IL 60644	Austin West Side	10/14/2010 10/15/2010	28	321 (9 th -12 th grades)	251 78.19%	22 (8.7%) 4M-CT 16F-CT 2F-CT/GC	All treated by SBHC
*Harper High School	6520 S. Wood St Chicago, IL 60636	West Englewood/ South Side	11/22/2010 11/23/2012	15	215 (11 th /12 th grades)	116 53.95%	25 (21.6%) 3F-GC 13F-CT 7M-CT 2F CT/GC	1 student remains untreated
*Julian High School	10330 S. Elizabeth Chicago, IL 60643	Washington Heights/ South Side	12/7/10 12/8/10 12/9/10 1/26/11	21	443 (11 th /12 th grades)	41 200 64.55%	8 4M-CT 1F-CT 2M-CT/GC 1F-CT/GC 35 10M-CT	1 student remains untreated All students

			5/5/11		153 (10 th grade)	153 100%	22F-CT 1F-GC 1M-GC/CT 1F-GC/CT 43 positives combined (17.8%) Results have not returned at time of submission	treated
*Henry Ford Power House High School	931 S. Homan Chicago, IL 60624	North Lawndale/ West Side	12/14/10 12/15/10	24	280 (9 th , 10 th , and 11 th grades)	189 67.5%	18 (9.5%) 4M-CT 10F-CT 1M-GC 1M-GC/CT 2F-GC/CT	All students treated
*Charles Hamilton Houston (Prologue Charter School)	9035 S. Langley Chicago, IL 60619	Calumet Heights/ South Side	1/12/11	6	60 (10 th -12 th grades) Over 60% of students enrolled were absent	55 91.66%	15 (27.2%) 7M-CT 5F-CT 1M-GC 2F-GC/CT	1 student remains untreated
*W.E.B. Dubois (Prologue Charter)	1135 N. Cleaver Chicago, IL 60642	West Town/ Northwest Side	1/24/11	27	109 Over 50% of students	82 75.22%	9 (10.97%) 5M-CT 3F-CT	1 student remains untreated

School)					were absent		1F-GC/CT	
*Winnie Mandela (Prologue Charter School)	7847 S. Jeffrey Chicago, IL 60649	South Chicago/ South Side	1/25/11	7	47 Approx. 45% of students were absent	39 82.97%	6 (15.38%)	All students treated
Orr Academy High School	730 N. Pulaski Chicago, IL 60624	Humboldt Park/ West Side	2/7/11 2/8/11 2/9/11 2/10/11	28	502 (9 th -12 th grades)	325 64.74%	40 (12.3%) 6M-CT 25F-CT 3M-GC 3F-GC 3F-GC/CT	Students treated by SBHC. 5 students no longer apart of school. Will be contacted by CDPH
*Fenger Academy High School	11220 S. Wallace Chicago, IL 60628	Roseland/ South Side	3/8/11 3/9/11 3/10/11	34	452 (9 th -11 th grades)	271 59.95%	54 (19.92%) 19M-CT 22F-CT 3M-GC 1F-GC 2M-GC/CT 7F-CT/GC	Contacting and tracking students
*Douglass High School	543 N. Waller Chicago, IL 60644	Austin (West Side)	4/13/11 4/15/11	28	221 (9 th -12 grades)	179 80.9%	12 (6.7%) 3M-CT 5F-CT 2F-GC	Contacting and tracking students

							2F-GC/CT	
PolyTech (Austin School Campus)	231 N. Pine Ave Chicago, IL 60644	Austin/ West Side	5/3/2011	28	209 (9 th -12 th grades)	135 64.59%		Will be treated by SBHC

* indicates school with no School Based Health Center. All students at this school were/are being tracked and contacted by CDPH Adolescent Health Program staff for treatment.