Dallas County Health & Human Services

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DCHHS

TAKE ACTION

STD/HIV
Prevention Education
in Dallas County ISDs
13 to 18 Age Group

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Overview

Dallas County has alarming sexually transmitted disease (STD) and human immunodeficiency virus (HIV) rates among our youth. Dallas County Health and Human Services (DCHHS) conducted an assessment to determine trends and opportunities in STD prevention education in Dallas County. Understanding these trends allows school districts to consider being active agents in decreasing these rates of infection despite limited available resources.

According to the National HIV/AIDS Strategy for the United States and the 10 year agenda of Healthy People 2020, the HIV epidemic affects all Americans and continues to be a major public health issue. With this in mind, DCHHS ensured that the planning of this process was strategically aligned with the goals and objectives of the National HIV/AIDS Strategy and Healthy People 2020[1].

The assessment provides detailed information regarding STD/HIV prevention education offered to the 13 to 18 age group in Dallas County independent school districts (ISDs). The administrators responsible for STD/HIV education in the districts were invited to complete an online questionnaire between February 28 and March 22, 2012 (Appendices 1 and 2). The administrators who participated represented 57,369 students in the 13 to 18 age group. DCHHS received 10 responses that relayed consistent information. Furthermore, all of the larger ISDs within Dallas County responded.

The assessment among the independent school districts (ISDs) in Dallas County sought to answer the following key questions: *1. To what extent is STD/HIV prevention education currently provided by local school districts in our community for the 13 to 18 age group? and 2. What opportunities exist to improve STD/HIV education in our community for the 13 to 18 age group?*

Now is the time to take action. An overview of Dallas County STD/HIV statistics and the assessment findings were presented to Commissioners Court on May 15, 2012. Based on key findings and opportunities revealed, DCHHS recommends that a Dallas County convener step forward to form a *Teen STD/HIV Education Collaborative*. The Collaborative will lead benchmarking to determine STD/HIV education parental consent rates of other similar counties. It will also lead parental focus groups or surveys to determine why there are gaps in parental consent in Dallas County and share this information with School Health Advisory Councils (SHACs), School Boards, and Superintendents, and other curriculum decision makers.

[1] Healthy People 2020 Objectives: (STD 1,2,6,8) STD-1 Chlamydia, STD-2 Chlamydia among females, STD-6 Gonorrhea, STD-8 Congenital Syphilis; HIV (1, 3, 12, 14) HIV-1 HIV diagnoses, HIV-3 HIV transmission rate, HIV-12 HIV deaths, HIV-14 HIV testing

The Numbers

There were 35 new diagnoses of HIV infection in persons between the ages of 13 to 18 years, which represented 3.9% of the total new diagnoses in all age groups in Dallas County. Eighty percent (80%) of these new infections between 2006 to 2010 were diagnosed in African Americans. Eighty-one percent (81%) of the reported new HIV infections in the 13 to 18 year age group occurred in 17 and 18 year olds. The majority of new infections in this age group were attributed to male-to-male sexual contact (MSM) at 62%; heterosexual transmission accounted for 37% (DCHHS, 2010).

There were also 11 new diagnoses of primary/secondary syphilis infections in persons between the ages of 13 to 18 years, which represented 6.2% of the total new diagnoses in all age groups in Dallas County. Sixty-nine percent (69%) of the reported infections in the 13 to 18 year age group occurred in 17 and 18 year olds. Ninety-one percent (91%) of these new infections between 2006 to 2010 were diagnosed in African Americans. In the 13 to 18 year olds, females have accounted for a majority (60%) of the primary and secondary syphilis diagnoses (DCHHS, 2010).

In 2010, there were 1269 gonorrhea diagnoses in persons between 13 to 18 years of age, which represented 25% of the total diagnoses in all age groups residing in Dallas County. Sixty-four percent (64%) of the reported infections in the 13 to 18 year age group occurred in 17 and 18 year olds. Seventy-one percent (71%) of the new infections between 2008 to 2010 were diagnosed in African Americans. From 2006 to 2010, females accounted for 67% of gonorrhea diagnoses in the 13 to 18 year olds (DCHHS, 2010).

Furthermore, there were 3996 chlamydia diagnoses in persons between the ages of 13 to 18 years, which represented 26% of the total diagnoses in all age groups in Dallas County. Sixty-three percent (63%) of the reported infections in the 13 to 18 year age group occurred in 17 and 18 year olds. Fifty-five percent (55%) of the new infections between 2008 to 2010 were diagnosed in African Americans. From 2006 to 2010, 83% of chlamydia infections in 13 to 18 year olds were diagnosed in females (DCHHS, 2010).

Chlamydia and gonorrhea are the most commons STDs in 13 to 18 year olds during this timeframe. “Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact”(CDC). The majority (63%-81%) of the new HIV/STD cases in 13 to 18 year olds were diagnosed in 17 and 18 year olds. African Americans are disproportionately affected by new HIV infections and STDs in all age groups, including the 13 to 18 age group in Dallas County.

Assessment Findings

The action items in this report are based on these key findings from the assessment data (Appendices 3-7):

1. The majority of Dallas County ISDs have an STD/HIV education curriculum.

2. There is a lack of parental consent for student participation in STD/HIV education classes.

3. There is a need for school districts to provide comprehensive STD/HIV training for course instructors.

Key Finding 1:

100% of districts notify parents of the basic content of human sexuality instruction.

The following methods of notification are used by the school districts (not mutually exclusive):

- 90% of districts send a letter home with the students
- 30% of districts mail a letter directly to the parents
- 10% E-mail the parents
- Student Code of Conduct Booklet sent home at the beginning of the school year
- In Student/Parent Handbook
- School District website

Key Finding 2:

50% of ISDs were unaware or do not keep track of the percentage of distributed Parental Consent Forms that were returned by the students (no response given).

- Of those ISDs that retain this information, an average of 78.6% of parental consent forms distributed are returned by the students.
- An average of 81.4% of the parental consent forms that are returned approve student participation.
- Therefore, Dallas County ISDs have a 63.9% parental consent approval rate.

Key Finding 3:

There remains a need for school districts to provide comprehensive STD/HIV training for course instructors.

Other ISD-cited STD/HIV instructor degrees, training, or certifications[2]:

- Abstinence-based education
- District training prior to implementing the curriculum

[2] If instructor does not have degree/education in health education, nursing, or public health.

Other ISD-cited STD/HIV instructor degrees, training, or certifications (continued):

- Parenting & Paternity Awareness State Training
- Science
- Family & Consumer Sciences
- Physical Education

Opportunities

1. Parental Consent: Some participants cite parental attitudes as barriers to participation, while there was also a note that parental uncertainty about STDs/HIV may encourage parents to approve participation. Schools appear to be effectively sending STD/HIV education notices home, and courses are available, but there is a gap in positive responsiveness for student participation. Opportunities to encourage parental responsiveness should be explored.

2. Benchmarking: Increasing district-level awareness of STD/HIV education in other locations may improve the effectiveness of current programs. There is limited awareness of curricula in other locations, and benchmarking locations with lower STD/HIV rates among 13 to 18 year olds can inform the administration of local curricula.

3. Textbooks: Full courses on STD/HIV were not cited to have designated textbooks. Many courses with STD/HIV objectives (not full courses) have a specific chapter on the subject, although some do not.

How to Take Action

It is time for our community-based organizations (CBOs) to take action to improve STD/HIV education among 13 to 18 year olds in Dallas County. Here are the four action items this critical collaborative can accomplish:

CBO Teen STD/HIV Education Collaborative

1. Partnership: Form a CBO Partnership to improve STD/HIV education among 13 to 18 year olds in Dallas County.
    a. Community based organizations, including churches, should work with each other and with parents to encourage consent for student participation in school STD/HIV education based on consent barriers identified.
2. Parental Focus Groups/Surveys: Determine where the gap in parental consent for course participation exists.
    a. Determine where the gap in parental consent exists: student transmittal home, parental approval barriers, student transmittal back to school, etc.
    b. Benchmark districts with lower STD/HIV rates among 13 to 18 year olds to

inform focus group/survey questions.
   c. Focus group/survey should evaluate whether parents are unaware of the issue, unengaged and why, considering consent, have specific reasons not to give consent, or have specific reasons to give consent[3].
3. Report: Analyze focus group findings and publicly report them.
   a. Consider reporting to SHACs, school boards, and superintendents.
   b. Share your findings with DCHHS.
4. Spread the Word: Encourage charter schools and private schools to conduct assessments of their current STD/HIV education programs for the 13 to 18 age group.

Based on the assessment key findings and opportunities, DCHHS also recommends the following:

ISDs

1. Requirements: Consider requiring *Health* beginning in the 6th grade, and require this course at least through the 8th grade.
2. Textbooks: Conduct teacher interviews to assess sufficiency of textbook and classroom resources for STD/HIV education.
3. Opt In: Further explore the disconnection and impact of "requiring" a course that addresses STD/HIV that has a contradictory option for students/parents to opt out.

Next Steps

US:

In Texas, local school health advisory councils (SHACs) assist the district in ensuring that local community values are reflected in health education instruction; and a district must consider the recommendations of the SHAC before changing the health education curriculum or instruction. The instruction must:

1. Present abstinence as the preferred choice of behavior for unmarried persons of school age;
2. Devote more attention to abstinence than to any other behavior;
3. Emphasize that abstinence is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with HIV or AIDS, and the emotional trauma associated with adolescent sexual activity;
4. Direct adolescents to a standard of behavior in which abstinence before marriage is the most effective way to prevent pregnancy sexually transmitted diseases, and infection with HIV or AIDS; and
5. Teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in the curriculum.

[3] Based on the Precaution Adoption Process Model (National Institutes of Health Theory at a Glance)

Therefore, Venus Dukes, DCHHS HIV Prevention Manager, has scheduled SHAC presentations of this information for consideration in Fall 2012.

YOU:

Now is the time for a CBO convener to step forward to lead the *Teen STD/HIV Education Collaborative*.

> *"The state removing the requirement for Health is a significant step that really hurt us. Though our district maintained it, a lot of schools have dropped it as a requirement. There is no required course that kids have to take where kids are going get this info."*
> *-Survey Participant*

Assessment Questions?
Contact Jennifer J. Jones, Ph.D. at jenn.jones@dallascounty.org or (214) 819-2034.

STD/HIV Program Questions?
Contact LaShonda Worthey at lworthey@dallascounty.org or (214) 819-2133.

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Appendix 1: STD/HIV School District Questionnaire

Thank you for taking time to complete this questionnaire. Dallas County Health and Human Services (DCHHS) is reviewing disease prevention activities among the independent school districts (ISDs) in Dallas County. We are specifically seeking to capture information regarding the current STD/HIV prevention education that your schools provide.

Dallas County has alarming STD rates among our youth. In 2010, there were 35 new HIV diagnoses in the 13 to 18 age group. There were also 2,020.4 youth per every 100,000 diagnosed with chlamydia; and 646.5 per 100,000 diagnosed with gonorrhea. Now, we are targeting school districts in the county to be active agents in decreasing these rates of infection.

Key points from our communications with you and your partner ISDs will be incorporated into action planning for countywide STD/HIV prevention. We will produce a summary of findings, including successes, challenges, and common themes. We may also include anonymous quotes from your responses in DCHHS presentations or health campaigns.

Please let us know if you wish *not* to be anonymously quoted. Your name or school district will not be associated with any specific findings from this assessment. Only an aggregate list of ISD participants will be shared.

There are no known risks or financial obligations involved in your participation. Your participation in this assessment is voluntary. Please preview the attached questions first before responding online, as it may take time to collect the information for some responses. Then, complete the online questionnaire here:

https://www.research.net/s/dchhs

We request that you forward an electronic copy of your STD/HIV curriculum if your district has one in use.

We would also like to receive the name and telephone number for your school health advisory council (SHAC) point of contact.

To **send the curriculum and SHAC contact**, or if you have further questions regarding your participation, please contact LaShonda Worthey, DCHHS STD/HIV Program Manager, at lworthey@dallascounty.org or (214) 819-2133.

You may use the mailing address below as a second option to send the materials:

LaShonda Worthey
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If you have questions about the online questionnaire, please contact Jennifer J. Jones, Ph.D., at jenn.jones@dallascounty.org or (214) 819-2034.

Thank you again for your time.

Survey Questions

1. How many students in your school district are in the 13 to 18 age group?

2. Is there an official STD/HIV education curriculum in your school district?
   2.1. Are you aware of effective STD/HIV curricula in other districts or states?

3. Which full courses offered in your schools contain STD/HIV, human sexuality, or similar references in their course title? We are seeking to determine courses solely dedicated to STD education.
   3.1. At what grade level/s can a student register for each of these courses?
   3.2. Is there an STD/HIV-specific textbook for each of these courses?
   3.3. Are each of these courses required or are they electives?
   3.4. If they are an elective, what percentages of your students enroll in each?
   3.5. Does the instructor for each of these courses have a degree or certification in health education, nursing, or a public health-related field? If not, what is their field of expertise?

4. Aside from the full courses (if any), which other courses offered in your schools contain at least one STD/HIV learning objective?
   4.1. At what grade level/s can a student register for each of these courses?
   4.2. Is there an STD/HIV-specific chapter in the textbook to support the learning objective?
   4.3. Are each of the courses that contain an STD/HIV objective required or an elective?
   4.4. If they are an elective, what percentages of your students enroll in each?
   4.5. Does the instructor for each of these courses have a degree or certification in health education, nursing, or a public health-related field? If not, what is their field of expertise?

5. Does your school district offer any STD/HIV education lectures or workshops outside of the previously mentioned courses?
   5.1. What are they?
   5.2. How often is each offered?
   5.3. Are they mandatory or optional for student attendance?
   5.4. If they are optional, what percentages of your students attend?

6. Does your district notify each parent of the basic content of your human sexuality instruction?
   6.1. How are parents notified?

7. What percentage of distributed human sexuality Parental Consent Forms are returned by your students?
   7.1. What percentage of the forms approved student participation?
   7.2. What percentage denied student participation?

8. What do you think are factors that can encourage students to participate in STD/HIV education in your district?

9. What do you think are factors that might keep students from participating in STD/HIV education in your district?

10. Do you have any other comments about improving STD/HIV education among 13-18 year olds in your district?

Appendix 2: Invited School Districts in Dallas County

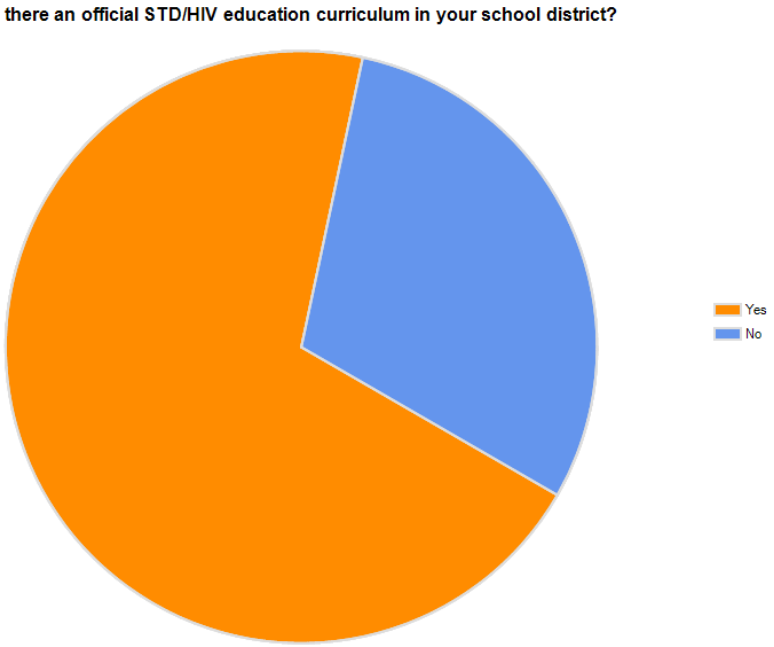
The administrators responsible for STD/HIV education in the districts were invited to complete the survey. The following school districts that are entirely or partially located in Dallas County were invited:

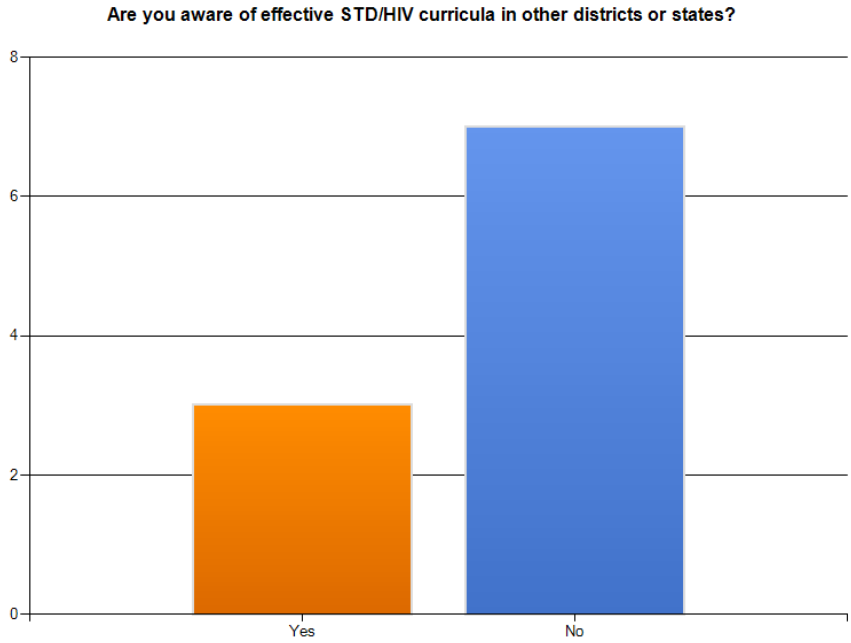
1. Ferris
2. Garland
3. Coppell
4. Dallas
5. Grand Prairie
6. Grapevine
7. Carrolton-Farmers Branch
8. Cedar Hill
9. Sunnyvale
10. Highland Park
11. Irving
12. DeSoto
13. Duncanville
14. Lancaster
15. Mesquite
16. Richardson

Appendix 3: Curriculum

70% of respondents have an official STD/HIV education curriculum.
70% of respondents are unaware of effective STD/HIV curricula in other states.

- Other states with effective STD/HIV curricula cited: Georgia, California, San Antonio (local ISD cited by participant)



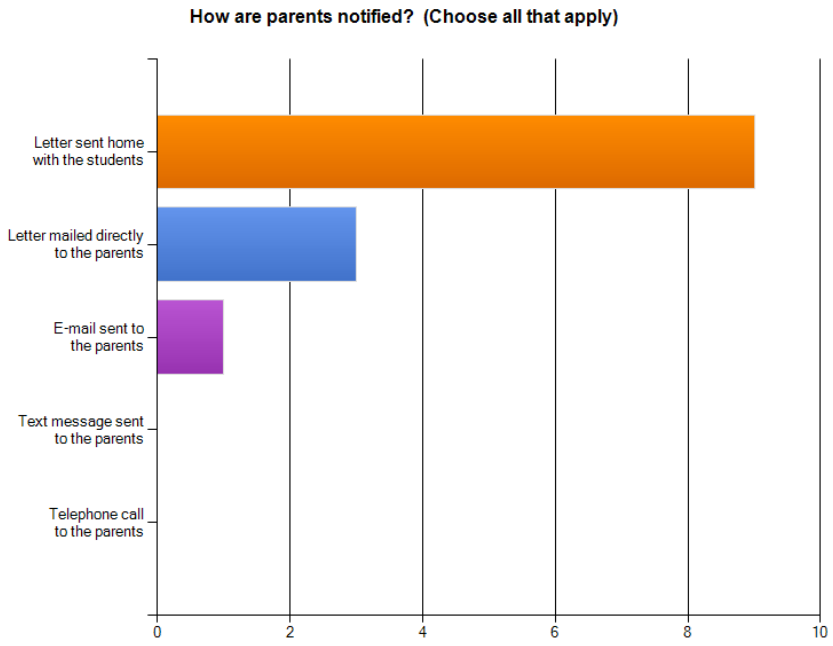


Appendix 4: Parental Notification

100% of districts notify parents of the basic content of human sexuality instruction.

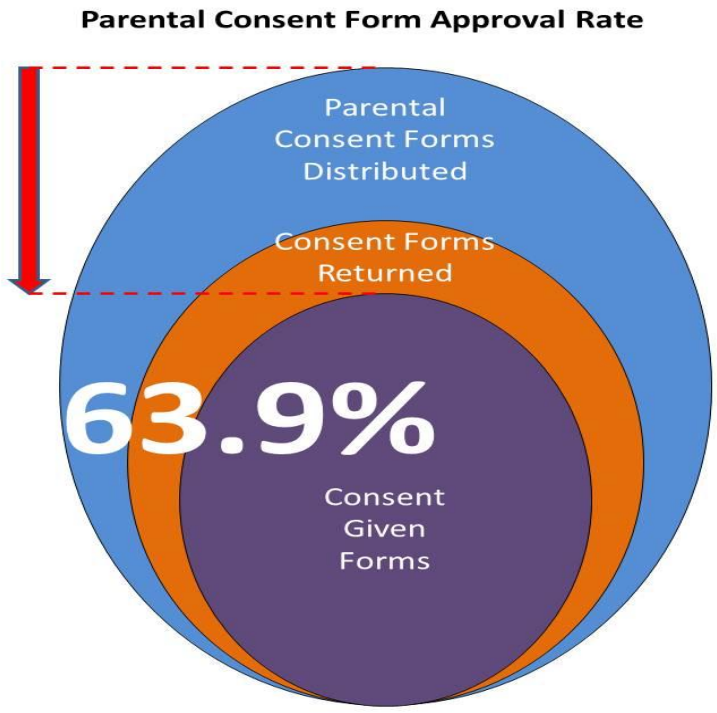
The following methods of notification are used by the school districts (not mutually exclusive):

- 90% of districts send a letter home with the students
- 30% of districts mail a letter directly to the parents
- 10% E-mail the parents
- Student Code of Conduct Booklet sent home at the beginning of the school year
- In Student/Parent Handbook
- School District website



Appendix 5: Parental Consent

- 50% of ISDs were unaware or do not keep track of the percentage of distributed Parental Consent Forms that were returned by the students (no response given).
- Of those ISDs that retain this information, an average of 78.6% of parental consent forms distributed are returned by the students.
- An average of 81.4% of the parental consent forms that are returned approve student participation.
- Therefore, Dallas County ISDs have a 63.9% parental consent approval rate.



Appendix 6: Course Profiles

The following descriptions represent a profile of courses that address STD/HIV education in the ISDs that responded. Inclusion in the list indicates that at least one ISD offers the course. If multiple ISDs offer a course with the same title and similar administration, the collection of the responses has been analyzed and summarized for the profile.

Full Courses Offered:

1. Aim for Success
    a. Offered in grades 6, 8, 9
    b. Required
    c. No textbook cited
    d. Instructor does not have specified health background in health education, nursing, or public health.
2. Worth the Wait
    a. Offered in grades 6, 7, 9
    b. No textbook cited
    c. Instructors have specified health background.

Courses Offered with STD/HIV Learning Objectives:

1. Child Development
    a. Offered in grades 9, 10, 11, 12
    b. Elective
    c. STD/HIV textbook chapter
    d. 15% of students enroll
    e. Instructor does not have specified health background.
2. Health
    a. Offered in grades 7, 8, 9, 10, 11, 12
    b. Most required, one respondent noted that it is an elective (30% enroll)
    c. STD/HIV textbook chapter
    d. Some instructors have specified health background.
3. Health Science Technology
    a. Offered in grades 9, 10, 11, 12
    b. Elective
    c. No STD/HIV specific chapter
    d. 10% enroll
    e. Instructors have specified health background.
4. Interpersonal Studies
    a. Offered in grades 9, 10, 11, 12
    b. Elective
    c. STD/HIV textbook chapter
    d. 15% of students enroll
    e. Instructor does not have specified health background.
5. Middle School Health Education
    a. Offered in grades 6, 7, 8

    b. Elective
    c. STD/HIV textbook chapter
6. Physical Education
    a. Offered in grades 6, 7, 8, 9, 10, 11, 12
    b. Elective
    c. No STD/HIV specific textbook[5]
    d. One respondent noted that 33% enroll
    e. Some instructors have specified health background.
7. Science
    a. Offered in grade 6, 7
    b. Required
    c. No STD/HIV textbook chapter
    d. Instructor does not have specified health background.
8. Science – 8th grade
    a. Offered in grade 8
    b. Required
    c. Some have STD/HIV textbook chapter, some do not have chapter.
    d. Instructor does not have specified health background.
9. Principles of Human Services
    a. Offered in grade 8
    b. Elective
    c. STD/HIV textbook chapter
    d. 20% of students enroll
    e. Instructor does not have specified health background.

Workshops Offered:

- 60% of districts offer STD/HIV education lectures outside of full/partial courses addressing STD/HIV education.
- Aim for Success (annual, optional, 95-100% attendance cited)
- Community based groups are approved to present (annual, as requested)

[5] Participant listed this as a full STD/HIV class in error, therefore presence of STD/HIV chapter not known.

Instructor Experience Cited by Respondents

Specified STD/HIV education experience is defined in the survey as instructors having a degree/education in health education, nursing, or public health. The following numbers represent respondent self-reporting.

	Courses with instructors that have specified degree *YES* response	Courses with instructors that do not have specified degree *NO* response	Courses with instructors that may/may not have specified degree *SOME DO, SOME DO NOT* response
Full Course 1	1	1	0
Full Course 2	1	0	1
Partial Course 1	3	3	1
Partial Course 2	2	2	1
Partial Course 3	0	3	1
Partial Course 4	0	1	1
Partial Course 5	0	1	0
Total	**7**	**11**	**5**

Other ISD-cited STD/HIV instructor degrees, training, or certifications[6]:

- Abstinence-based education
- District training prior to implementing the curriculum
- Parenting & Paternity Awareness State Training
- Science
- Family & Consumer Sciences
- Physical Education

Therefore, there remains a need for school districts to provide comprehensive STD/HIV training for course instructors.

[6] If instructor does not have degree/education in health education, nursing, or public health.

Appendix 7: Survey Comments

Facilitators Cited by Respondents

Factors that could encourage student participation in STD/HIV education (submitted comments):

- It's something they're interested in
- Parental support is because they don't feel comfortable talking to their kids about it themselves
- Parent Education
- Hearing first hand STD/HIV stories from students in similar age group
- Increase awareness of the consequences
- Make more courses available
- Make programs available
- Encouragement from teachers, PTA, health education
- Health course is required for graduation
- Teachers/counselors encourage students to participate
- Parents don't want to talk to their kids about it
- Make it a requirement
- Parents feel they don't have the current information needed
- To get to the parents on this issue, you have to have an ad in the paper or TV news segment. That's what they pay attention to.

Barriers Cited by Respondents

Factors that hinder student participation in STD/HIV education (submitted comments):

- Parental denial to participate
- Parents are uncomfortable with the information being taught at school
- Parents don't believe this is a problem in our district
- Parents who want to deliver the information themselves opt out of student participation
- Forms don't get home/returned
- Students not interested
- Campus administration does not support the course and therefore does not encourage implementation of the course (mostly at the elementary level)
- Lack of communication to the parent
- Lack of program availability
- Other academic electives preferred
- Religion
- Parent Choice
- Peer pressure
- Students don't think anything bad will happen to them
- Conservative school boards

Additional Comments

- I would like to see us initiate the Scott and White program, but with budget cuts we have not been able to do that.
- We are currently in the process of creating a committee to review existing curricula and make recommendations on updates or adopting new curricula. Also, on most percentage questions, I put 0% because I have no way of knowing what percentage of kids participate since that information is on a campus by campus basis.
- Allow educational pamphlets from the health department to be distributed.
- We offer Big Decisions at the middle school level which covers STDs, and we have a similar unit in our high school health courses. Middle school is going to opt-out next year (was opt-in for 2 years), high school has always been opt-out.
- Talking with the State/DSHS about this issue is a good place to start. They control the school guidance and regulations concerning health.
- Use a blend of Choosing the Best and Worth the Wait programs.
- State added additional PE requirements - 4 semesters required. This forced schools to remove the 6th grade health course as an official requirement and integrate it into PE.
- We do not present directional information on measures that can be used to prevent pregnancy/STDs, like condoms and birth control. We promote abstinence and provide information on STDs.
- The Horizons program supports school age parents. We use that as a way to support what is happening. We have a diverse community, so we have a large population of young adults that are needing that support.
- Having programs like Georgia would be nice. Funding is an issue.
- The state removing the requirement for Health is a significant step that really hurt us. Though our district maintained it, a lot of schools have dropped it as a requirement. There is no required course that kids have to take where kids are going get this info.

Appendix 8: Existing Research

Researchers noted that while human sexuality education in schools is limited, STD/HIV prevention education should start in 6th grade. Teacher training ensures that accurate health information is being taught to students. Researchers also found that many U.S. schools use a combination of a school-based instructor plus an outside agency consultant, such as a local health department, to teach human sexuality courses. This approach proves to increase health information accuracy. However, there is limited information available about the extent to which school-based instructors are trained to deliver human sexuality education. [2,4,5,6]

There is a lack of consent by parents for the students to participate in human sexuality education. There are several factors that may contribute to the lack of consent, including: 1. the student does not give the consent form to the parent or return the form back to school, 2. the parent does not understand the consent form, or 3. The parent does not want their child to participate. Schools need the support of the community to encourage and educate parents and students on human sexuality information.[1,3,5]

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