

Breakthrough in VD Education in Los Angeles County

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ATTEMPTS to introduce venereal disease units into the curriculum of junior and senior high schools in the United States have commonly met with resistance, promises without actions, frank expressions of distaste, or fear of parental reaction. Yet a 3-year program (1964-66) in the Los Angeles County schools, funded by the Public Health Service, established a successful and comprehensive venereal disease unit in curriculums of the majority of 93 separate school districts.

Despite efforts of health departments throughout the United States to inform the public about the venereal diseases, by 1962 it had become clear that results, as revealed by statistical reports on cases, did not justify the time being spent on venereal disease education. On the contrary, especially in the great metropolitan areas, the rates of both syphilis and gonorrhea were creeping higher, particularly in the teenage group. Among the reasons suggested for the increase was the shift of populations to urban areas and the shattering effect of this shift on living patterns and on morals in general.

Search for Solutions

The staff of the health education division of the County of Los Angeles Health Department were fully cognizant of the increasing venereal disease rates and the difficulties in providing venereal disease education. Almost any vene-

real disease education program designed to function with only the limited staff of the health department providing venereal disease information would be doomed to failure. Even educational efforts with large groups make little impression in a population of some 7 million.

At several press club luncheons in 1963, the health education director of the department had explored informally the possible presentation of venereal disease information on radio and television. Although no rule prohibited programs on the subject, he found that the staffs of the radio and television stations did not appear to be enthusiastic about using such material. A similar reluctance was apparent among editors of the metropolitan newspapers.

Another possible channel for presentation of venereal disease information was the schools. In 1964, a senior health educator surveyed the 93 school districts within the jurisdiction of the County of Los Angeles Health Department to learn what instruction on venereal disease they offered. He found that only 6 school districts (10 senior high schools included) had been devoting "some time" to venereal disease education as part of the health curriculum. Moreover, in all but one of the six districts, the term "some time" meant "very little time."

Six of the 10 high schools within the county health department's jurisdiction followed a common pattern of simply passing the task of venereal disease instruction on to the health department. Once a year each school would schedule one assembly for boys and another for girls at which a health department physician

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would give a talk about venereal disease. The subject matter as presented did not require the sexes to be separated. This division was obviously based on the customary separation in physical education classes, rather than on the subject matter of the assembly (1).

In 15 other senior high schools, a teacher would request the health department to provide a staff member to conduct a class session on venereal disease once each semester. These classes were not health classes as such, but ranged from classes in biology through home economics. If teachers of the numerous other junior and senior high schools had made similar requests, the demands on the staff time of the health department would have become ludicrous.

Also in 1964, a considerable number of teachers at a meeting of the California School Health Association were interviewed about venereal disease teaching. A typical response was: "I really don't know how to present VD facts in my teen-age classes." Both male and female teachers evidenced anxiety at the thought of teaching the subject. They also expressed a belief that there was latent community resistance to the presentation of venereal disease information in the schools. The teachers interviewed seemed indifferent to health matters and admitted their lack of preparation in health subjects.

School administrators indicated to the health department staff that obtaining curricular time for any additional subject matter created almost insurmountable obstacles. In practice, however, this obstacle did not prove to be as great as we had anticipated.

Although the need for information was most critical in the teenage population, there was no possibility of expanding the health department staff enough to permit members to teach about venereal disease classroom by classroom. We decided, therefore, that instead of using a mere handful of health educators for such teaching, the thousands of teachers in the county might provide the needed information. Teacher training institutions had largely avoided teaching about the difficult and controversial subject of venereal disease. Fortunately, however, the feasibility of training groups of new

teachers and of retraining others in health subjects such as nutrition, posture, and the physiology of menstruation had already been demonstrated.

Pilot Program and Goals

The Los Angeles City Board of Education, one of the 93 school districts in Los Angeles County and the largest in school population, had already developed a comprehensive health curriculum to be taught in health classes in a limited number of junior high schools. This pilot program, which was to be expanded in due time into all of this district's junior and senior high schools, included a unit on communicable disease which covered venereal disease. Since the County of Los Angeles Health Department had participated in development of the health curriculum and the county board of education had long been a leader among the counties, it was hoped that this pilot program would offer an example to other school districts of what could be done. The program itself, however, had no immediate impact on other districts. Administrators were inclined to wait for an evaluation of the program which, of course, would require 2 to 3 years. Nevertheless the program was extremely useful as a point of reference in obtaining agreement to initiate pilot programs and curriculum discussions in other districts.

The County of Los Angeles Health Department's first goal was to have well-prepared teachers in every public junior and senior high school providing students with adequate information on the venereal diseases. A second goal, equally important, was to have every public junior and senior high school provide adequate information to students on their personal and community health problems. The maintenance of appropriate venereal disease education in the schools on a long-term basis depends on a comprehensive health curriculum supplying such information regularly.

Selling VD Education

At the earliest planning stage, we recognized that we would have to stimulate a community demand for venereal disease education in the schools to protect the school faculty and health department staff from adverse community reactions. Although the department's goal was

to establish a program of venereal disease education in the schools, we had to sell the program at the community level.

Introduction of venereal disease education in the schools clearly had to be treated like a job of merchandising. The Madison Avenue approach is often scorned, but the research that goes into a commercial advertising campaign long before a firm is ready to merchandise a product is a procedure that most professionals in government service might well adopt.

In view of the resistance of some parents and teachers to venereal disease education, we decided to take a cue from studies in administration suggesting that it is easier to change structure than to alter beliefs and attitudes (3). To sidestep some resistance, at least in the schools, we encouraged the introduction of a teaching unit on communicable disease into the curriculum structure, assuming that few people would quarrel with the general subject of communicable disease. Such a unit would naturally include information on venereal disease. This maneuver proved successful.

Thus, without staff or money to do a study in depth, the Los Angeles County Health Department collected as much information as possible about the public school and community attitudes toward venereal disease education. We completed this work before formally requesting program funds from the Public Health Service.

Implementation of Education Program

The venereal disease education program of the county health department was funded as a Public Health Service project in July 1963. The first 6 months were spent in recruitment of staff and the development of fact sheets, guides, and pilot institutes. Approximately \$40,000 was granted each year for 3 years. These funds permitted the addition of a senior health educator, a health educator, and a stenographer to the health education division. The Public Health Service also assigned a public health adviser. Venereal disease representatives already assigned to the health districts in the venereal disease control program were made available to health education for special assignments in the community, chiefly as speakers before service clubs.

Through the press, radio, television, and com-

munity organizations, we planned to create a climate that, through community action, would permit the schools to ask the health department for assistance in preparing a strong health curriculum. Or, as an alternative, the community action would result in school districts asking the health department for immediate assistance in providing venereal disease teaching information and in training teachers to present subject matter on venereal disease.

Teacher institutes. To implement teacher training on venereal disease immediately, the health education staff arranged for a series of teacher institutes on the subject as part of the year-round institute program of the Los Angeles County Superintendent of Schools. The first institute was held in April 1963. Similar arrangements were made with the Los Angeles City Board of Education.

Advancement or pay increases of teachers often depend on their attending a certain number of institutes each year. The programs offered vary and generally range from a presentation by a single speaker to a team presentation accompanied by a teaching demonstration. The health department used the team approach. Its institutes on venereal disease were sponsored sometimes by a single school, sometimes by a school district, sometimes by an entire region.

The institutes usually consisted of three 2-hour sessions as follows:

SESSION 1. "Venereal Disease as a Social Problem," Robert Lugar, public health adviser, Public Health Service.

Tracing of history of venereal disease from origin to current trends in venereal disease control.

Historical presentation relating syphilis to biblical and 16th and 17th century history and literature. Discussion of the two schools of thought on the origin of the disease.

Discussion of reasons for spread of venereal disease, including moral climate, customs, mobility, ignorance, and superstition.

Explanation of an epidemiologic survey, which includes contact interview, investigations, illustration of a typical epidemic, blood testing, private physician program, and so forth.

Showing of the film, "Dance Little Children." Session concludes with a question and discussion period.

SESSION 2. "Venereal Disease as a Medical Problem," Walter H. Smartt, M.D., chief, division of venereal disease control, Los Angeles County Health Department,

Introduction into the nature and causes of the venereal diseases, including a discussion of the current medical problems in venereal disease control.

Enumeration of the five venereal diseases, with emphasis upon syphilis and gonorrhea.

General discussion and illustration of disease-causing organisms with reference to some well-known diseases.

Relating syphilis and gonorrhea to kinds of organisms, hosts, methods of conveyance and attack, defenses against them, environmental factors, immunological implications, and diagnosis and treatment—including diagnostic and antibiotic difficulties.

A liberal discussion period is included.

SESSION 3. "Venereal Disease as an Educational Problem," Frank Stafford, senior health educator, Los Angeles County Health Department.

Need for classroom instruction. Consideration of curriculum placement and suggestions on techniques and methods of teaching.

Overview of a complete school health education program initiates this session. Includes some detail about health instruction, healthful school living, and health services.

Description of the Los Angeles County Health Department's community education program, including use of mass media (public awareness), professional information, and parent education, with stress upon the importance to school personnel of this educational program.

Recommendation about grade placement of venereal disease instruction, in what curriculum context, taught by whom, classroom arrangement, length of instruction, and other such factors.

Illustrations of methods of teaching about venereal diseases in the classroom. Emphasis is upon how to begin—apparently a subject of concern to most teachers.

Showing of the film, "A Quarter Million Teenagers." Session concludes with a question and discussion period.

Kits and audiovisual aids. Before starting the institute program on a district-by-district basis, a kit of teaching aids was assembled, and a venereal disease teaching manual was developed by the senior health educator assigned to the project during the last half of 1963.

Since that time, in September of each year, letters are sent to all district school superintendents, indicating that teacher training and materials are available on the subject of venereal disease education. This mailing is part of the continuing maintenance program.

Meanwhile, the health department worked with the Los Angeles City School District's secondary program development staff on audiovisual aids for venereal disease teaching, and this cooperation ultimately resulted in the development of a new film, "A Quarter Million

Teenagers." Specifically designed for use in schools, the film is now widely used with all groups.

News media support. Newspapers were the first of the news media we approached for help. The public health adviser provided all science editors on the metropolitan dailies with facts and figures. District health educators approached the editors of the more than 200 weekly and semiweekly neighborhood papers.

We made no attempt to provide material in the form of news releases. Each editor was asked to communicate to the public the serious concern of public health officials about the drastic increases in venereal disease rates among teenagers. Assistance was offered in the collection of local data with the purpose of encouraging the newspaper staff to write a feature article on teenage venereal disease.

These approaches to the news media were far more successful than we had anticipated in view of the earlier lukewarm responses of the editors. The public health adviser assigned to the project was able to stimulate the presentation of considerable material on venereal disease in the newspapers. Several editors developed a series of articles on teenage problems, one article dealing with the new sex mores of the young and the concomitant increase in venereal disease. All metropolitan dailies either presented a feature on venereal disease or ran a series of articles on the subject.

Broadcasters. The health education division staff had intended to approach the approximately 50 radio and television stations in the county in a manner similar to that used with newspaper editors, but the effort was not required. As a result of the newspaper publicity, a significant number of news commentators and public service managers of various broadcasting companies requested interviews, panel discussions, and specially prepared data.

The general interest of the broadcasting stations made it possible to enlist the services of Edward G. Robinson to tape seven 30-second spot announcements on teenage venereal disease as a national problem. Three tapes were later duplicated in quantity and distributed nationally by the Public Health Service.

One broadcasting station, under careful supervision to protect patient identities, filmed the

waiting room of a venereal disease clinic and recorded a discussion with a venereally infected patient. In addition, social workers from voluntary agencies, churchmen, and school administrators were brought into the studios for panel discussions along with the health department's medical and health education staff.

Fortunately, the local effort coincided with an awakened national interest in teenage sex and the venereal diseases. Articles on venereal disease appeared periodically in widely read journals such as *Time*, *Look*, *Reader's Digest*, and the *Journal of the American Medical Association*.

PTA endorsement. The senior health educator assigned to our venereal disease education project approached the 31st district parent-teachers' association for support of a venereal disease education program among its members. The executive board of the association not only agreed to support such a project, but also put its influence so thoroughly behind the educational program that its pioneer enthusiasm resulted in equal support from the other PTA districts in the county. The determined convictions of the 800,000 Los Angeles County PTA members no doubt influenced the National Congress of Parents and Teachers to adopt the following resolution at its 1964 annual convention:

WHEREAS, The alarming rate of increase in venereal disease is of grave concern to parents and teachers: therefore be it

RESOLVED, That the National Congress of Parents and Teachers and its state branches, districts, councils, and local units intensify their efforts to strengthen their programs of character and spiritual education, juvenile protection, and health education programs as they relate to venereal disease.

Progress Report

At present, approximately 200 of the 305 junior and senior high schools in Los Angeles County provide teaching and curriculum time on venereal disease—a great advancement over the record in July 1963, at the start of the project, when 10 schools provided “some” teaching on the subject.

In extending venereal disease teaching to the still untouched school districts, the health department is directing its efforts at achieving teacher maintenance of venereal disease teaching so that teaching need not rely on intensive

work by the health department staff. Materials and institutes are still available, but an overall health education curriculum, including a venereal disease unit, will probably be extended to nearly all schools in the county within the next few years.

Further, a source of adequately prepared health teachers will henceforth be available locally through a newly strengthened public and school health program offered at San Fernando Valley State College(4). In 1966-67, the college began offering a 4-year course leading to a master of science degree in health science in community and school health. The chairman of the department of health science at the college, Dr. Claude Cook, is a member of the public health advisory commission of the County of Los Angeles Health Department and has strongly supported the venereal disease education project and worked toward strengthening comprehensive school health programs.

We consider our primary goal, of achieving adequate venereal disease teaching in all junior and senior high schools of Los Angeles County, as reached, although only two-thirds of the schools have adequately prepared health teachers and a venereal disease teaching unit. In many instances, the remaining schools are expressing interest by setting up committees to plan a health curriculum, and the maintenance program of the health department will continue to provide assistance and stimulation to the continued progress of the overall school health programs.

Evaluation

A means of evaluating our program was presented in 1964 when the venereal disease education project was permitted to have an exhibit at the teenage fair in Los Angeles(5). The evaluation was repeated in 1965 and 1966. At the exhibit, 20 questions were administered to a sample of the visitors at the fair to test their knowledge of venereal disease. While it was impossible to isolate the influence of venereal disease information obtained in the schools from that obtained from the total venereal disease education and information program in the community, nevertheless the students' replies demonstrated the effectiveness of the entire venereal disease educational program (see table).

The increasing knowledge evidenced from one year to another by students within the Los Angeles City School District and the other 92 districts in the county apparently reflects venereal disease education at the classroom level.

In retrospect, the success of our venereal disease education project may have depended on a happy combination of many elements. The addition of staff and the development of teaching aids that the Public Health Service funds permitted were important factors.

Conclusions

A health department that has been working with the public schools for a number of years on a variety of educational problems is in a favorable position to obtain the cooperation of these schools in the time-consuming job of developing a health curriculum or adding a controversial teaching unit—such as one on venereal disease—to an existing health program. The project staff of the County of Los Angeles Health Department discovered, contrary to their expectations, that in some instances the

introduction of a venereal disease teaching unit into a school along with teacher training in the subject could be the stimulus for the later development of a general health program. The entirely new climate in the community created by the campaign against venereal disease carried out by the mass media helped make the general health course possible.

The demand for a good school health program with a venereal disease unit should come from the community, not from the health department. The selling job (merchandising) needs to be directed at the total community. If a health department has to sell a school district on the need for a venereal disease teaching unit, the project planners have failed to develop a total systems approach to venereal disease education.

The role of the health educator is to promote and foster the kind of climate that creates such a demand in the community. Considerable effort is required, and it must be equally strong in gaining support through use of the mass media and community organizations. Neither

Percentage of junior high and senior high school students giving correct answers to selected true and false questions administered at teenage fairs in Los Angeles, Calif., 1964–66

Selected questions ¹	Composite of all questionnaires in 1964 ²	77 Los Angeles City schools		128 Los Angeles County schools		23 other schools	
		1965 (N=1,238)	1966 (N=1,174)	1965 (N=878)	1966 (N=970)	1965 (N=189)	1966 (N=156)
1. The symptoms of syphilis will go away even if a person does not have proper medical treatment for the disease.....	36	50	76	48	71	31	33
2. Syphilis can be inherited and passed on for generations.....	59	72	81	70	73	58	54
3. The symptoms of gonorrhea will go away even though the person is not cured of the disease.....	38	68	73	67	65	33	28
4. A blood test can be used to diagnose both gonorrhea and syphilis.....	36	67	79	42	69	19	21
5. Both syphilis and gonorrhea are frequently acquired by contact with any object an infected person has used, such as toilet seats, lipsticks, and towels.....	58	78	89	68	76	48	46
6. I have received venereal disease education in school.....			83		69		11
7. The information I received was helpful.....			92		90		73
8. I have received VD information at home.....			3		2		2

¹ Questions 1–5 were those from the 20-item questionnaires that the respondents most often missed. Questions 6–8 were included for the first time in the 1966 questionnaires.

² In 1964, the questionnaire did not seek information on where the student attended high school.

NOTE: N=number of respondents.

the mass media nor community organization will be very effective alone, but when the educator enlists both means, one acts as a catalyst on the other.

If a health department has more than one school district under its jurisdiction and one district assumes a role of leadership in health education, gaining support of that district will probably prove to be the most economical step. Other school districts will usually fall in line without continued and intensive effort by the health department.

School districts, not health departments, are responsible for the classroom instruction of children. When a school district adds health-related subjects to its curriculum, however, the public health staff should contribute to the training of both new teachers and those already employed in the schools. Continuing inservice education on health subjects must also be provided to teachers and administrators (6). Teachers tend to give the least time and emphasis to subject matter in which they are inadequately prepared. The health department's role, therefore, is to continue to provide teachers with the latest information on venereal disease. The Los Angeles County Health Department partially meets this responsibility by producing a fact sheet each year with local and national statistics and other data on venereal disease. This publication, compiled by the public health adviser, is disseminated to school administrators, teachers, and many community groups.

Children from underprivileged areas apparently need venereal disease education by the sixth or seventh grade. Teachers report that these children are more sophisticated about sex and related subjects than those from the higher socioeconomic areas. Schwartz has stated that the sex and venereal disease information provided in most school systems is too elementary for older teenagers in many of the poorer areas (7).

The generation that developed an antibiotic to cure syphilis and gonorrhea has thus far failed to provide adequate knowledge to its adolescents about these diseases. This educational inadequacy contributes to the rising venereal disease rate among teenagers and young adults. On the other hand, in a period of re-

laxation of sexual standards among the young, the limitations of venereal disease knowledge in preventing the spread of venereal disease has yet to be fully evaluated. Indeed the difficult task of motivating young people to practice selectivity within a climate of promiscuity has scarcely been explored. The important role of knowledge is to serve as an instrument or guide which makes people aware of the possibility of infection and thereby prompts a person who may have been infected to seek prompt medical diagnosis and treatment.

Summary

A resurgence in venereal disease rates in Los Angeles County pointed to the need for an educational effort that would strongly influence young adults. Since the staff of the county health department believed that working with small groups would have little impact, an approach through the schools was initiated with a sustained teacher education program in mind.

Initially, in 1962, a pilot program of venereal disease education was instituted in a limited number of schools within the Los Angeles City School District. Then, in July 1963, after the Public Health Service funded a 3-year project for a venereal disease education and information program in Los Angeles County, an intensive effort was made to stimulate public awareness of the need and to introduce subject matter concerning venereal disease control into all school districts. Teacher training courses were provided.

Answers on questionnaires distributed annually at a teenage fair served as a means of evaluation of the project. These questionnaires revealed that a great majority of Los Angeles County teenagers now have a fairly comprehensive knowledge of syphilis and gonorrhea.

A venereal disease education program is currently operated in 200 of Los Angeles County's junior and senior high schools, and there is evidence that the remaining schools will institute such programs.

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Coronary Drug Project Enlarged

Eight more centers have joined 28 others in conducting a large-scale clinical trial to learn if drugs can lower the death rate in patients who have survived one or more heart attacks. To enable the newly appointed clinics to participate in the project, the National Heart Institute, Public Health Service, has awarded research grants totaling \$534,000 to Bryn Mawr Hospital, Bryn Mawr, Pa., Indiana University School of Medicine and the Veterans Administration Hospital, Indianapolis, Harvard University Medical School and the Veterans Administration Hospital, West Roxbury, Mass., St. Joseph Hospital Research Foundation, Burbank, Calif., Medical College of South Carolina, Charleston, Sinai Hospital of Baltimore, University of Mississippi Medical Center and the Veterans Administration Hospital, Jackson, and University of Puerto Rico School of Medicine, San Juan.

The largest clinical trial of its kind, the coronary drug project is expected to reach its full complement of 50 or more cooperating centers by midsummer 1967 and eventually will include more than 8,000 patients. The patients, all men between 30 and 64 years old, are heart

attack victims free of other life-threatening diseases. Each man will be treated with one of four lipid-lowering drugs or a placebo preparation in a controlled double-blind study.

The drugs have in common the ability to affect blood lipids and lower blood cholesterol. The special goal of the study is to determine if any one of the drugs can reduce by as much as 25 percent the mortality rate of men who have had a heart attack. Such a reduction would result in a significant saving of life because coronary heart disease affects some 5.5 million Americans and causes some 500,000 deaths each year.

Participation in the study will be voluntary and will require referral by the patient's private physician. Each patient will be treated and observed throughout a 5-year period. Observations will be recorded uniformly and forwarded for review and analysis in a coordinating center at the University of Maryland School of Medicine, Baltimore. All laboratory tests will be carried out by a special staff in the Heart Disease Control Program laboratory at the National Communicable Disease Center, Atlanta, Ga.