Region VIII Infertility Prevention Project
Regional Infrastructure Support

Funding Opportunity: CDC-OPA Inter-Agency Agreement

Submitted on: April 10, 2009

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JSI RESEARCH AND TRAINING INSTITUTE (JSI/Denver)
Project Narrative Request
REGION VIII Infertility Prevention Project
Regional Infrastructure Support
Continuation Year 2

PROJECT NARRATIVE

I. EXECUTIVE SUMMARY

JSI Research and Training Institute (JSI/Denver) proposes to continue to work with the CDC's Division of STD Prevention and OPA's Office of Family Planning in order to enhance the prevention and control of STD-related infertility by supporting and improving the ability of public health departments to implement Infertility Prevention Project (IPP) activities.

Since its inception in 1978, JSI has been dedicated to improving the public health of underserved communities and enhancing the quality of health care services. The Denver office of JSI was established in 1982 and since that time JSI has conducted a myriad of projects that speak to helping policy makers and agency heads deliver better services to residents, meeting their expressed outcomes. JSI has extensive experience working in rural/frontier areas throughout the United States as well as with localities striving to provide state of the art STD prevention services to people at risk.

The purpose of the Region VIII Infertility Prevention Project is to control STD-related infertility through the collaborative efforts of Sexually Transmitted Disease (STD), family planning (FP) providers, and other health care providers throughout Region VIII. Region VIII includes seven project areas that represent six states (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming and includes one metropolitan area (Denver). The STD and FP programs in Region VIII serve over 100,000 individual women each year.

In order to meet unmet and growing needs of the prevention and control of STD-related infertility, JSI will take a systematic approach to the continued implementation of the Region VIII IPP program structure. The JSI/Denver team, working with CDC and the Region VIII Regional Advisory Committee, will strive to be innovative in delivering high-quality services at low cost to the largest number of people. As we work toward strengthening local, state, and regional responses to STD and reproductive health challenges, JSI is committed to:

- active participation of project beneficiaries in all activities
- internal and external partnerships and collaborations
- adopting a multi-sectoral approach to address the social and cultural factors that increase individual and community vulnerability, and
- capacity-building to create or enhance sustainability

The Region VIII Advisory Committee is composed of representatives from the six Title X family planning grantees, six STD prevention programs, and six state public health laboratories. Each agency has appointed one official representative to the Advisory Committee. Three membership distributions exist within the Region VIII Infertility Prevention Project: 1) Regional Advisory Committee (RAC) Members, 2) Ex-Officio Members, and 3) Affiliated Public Health Representatives.
1) The Regional Advisory Committee consists of representatives from each of the following programs: Title X-funded family planning program, state department of health STD program, state public health laboratory, for a total of three representatives from each state. Table 1 on page 10 describes the number of regional committee members by type of organization represented.

When this regional project was established in July 1992, representatives from the Denver City County Health Department (DPH) were present and requested membership to the RAC.

(2) Ex-Officio Members consist of JSI staff, representatives from CDC, the Regional Office for Family Planning, and the National Laboratory Chlamydia Coordinator.

(3) Affiliated Public and Private Health Representatives include those who have requested to receive project information: directors of public health programs such as laboratories, family planning and STD; Indian Health Services (I.H.S.), and CDC.

The primary role of the Advisory Committee is to oversee and approve IPP activities, as well as to plan the necessary strategies for implementing the key areas of the regional plan. In order to address the specific key areas of the regional plan, three workgroups have been established – Clinical Services, Effective Use of Resources (Data), and Laboratory. Each workgroup is compromised of representatives from each state, as well as from family planning, STD, and public health laboratories. These workgroups explore issues, keep abreast of new information related to Chlamydia and Gonorrhea, develop guidelines and standards, and provide recommendations to the full Advisory Committee for consideration. Each subcommittee has elected a chairperson or multiple co-chair people. In addition, an Executive Committee has been formed whose primary roles are to assist JSI infrastructure in the planning of the Advisory Committee meetings, determine how best to structure the Advisory Committee to address current needs, and to be available to the regional infrastructure staff to respond to immediate issues and requests from CDC between full Advisory Committee meetings. The Executive Committee has the authority to make decisions, and committee members have the responsibility of contacting their state colleagues if their input is needed.

The project works to promote innovative, high quality and cost-effective approaches in the prevention of STD-related infertility, especially in adolescent girls and young adult women. Prevention approaches are designed to link surveillance, clinical, laboratory, behavioral and epidemiologic activities to prevent transmission of STDs that result in PID, infertility, and ectopic pregnancy.

The Region VIII IPP's goal is to support health care professionals in preventing STD-related infertility by promoting science and evidenced-based standards in the planning, implementation, and maintenance of targeted chlamydia and gonorrhea screening programs throughout Region. The following key targets will be achieved by the Region VIII Infertility Prevention Project over the next three years:

- Maintain a regional data collection system;
- Evaluate and update regional screening criteria;
- Expand services to facilities that reach high risk populations;
- Improve services, such as screening, treatment, and follow-up; and
- Reduce test, treatment, and laboratory costs.

The following outlines objectives identified by the 2009-2011 Regional Plan as key strategies to support the overarching goals of the Region VIII IPP. The objectives are organized by IPP Core Components and addresses the National IPP Priority Areas as described below.

1. IPP Core Component: **CLINICAL SERVICES**

National IPP Priority Area: Target/expand chlamydia screening to young sexually active women and men at risk for infection in public and private settings.

- Services should be expanded to sites that serve populations with known or expected high positivity rates of CT. Sites can include traditional and non-traditional settings where young women and men access reproductive health care services. Examples of traditional settings might include Indian Health Service, migrant and community health centers, adolescent clinics, and school-based facilities. Non-traditional sites may include detention centers and homeless shelters.

National IPP Priority Area: Improve appropriate and timely treatment for persons diagnosed with chlamydial infection and their partners**.**

- Objectives should assure that adequate systems are in place to routinely monitor treatment timeliness and adequacy.

2. IPP Core Component: DATA

National IPP Priority Area: Incorporate analysis of regional prevalence monitoring data for regional and local data-directed program planning**.**

- Data should help target chlamydia screening activities to assure that resources are being used in the most cost effective way and that adequate screening coverage is occurring for the highest risk populations of women.

3. IPP Core Component: LABORATORY

National IPP Priority Area: Promote the use of high quality diagnostic tests for Chlamydia and Gonorrhea.**.**

4. IPP Core Component: TRAINING AND PROGRAM MANAGEMENT
National IPP Priority Area: Increase adoption of "best practice" prevention strategies to reduce efficiency of chlamydia transmission**.**

- As new information is provided in this area, regional projects should address how to adopt best practice prevention strategies. Currently, several recent guidelines from CDC may assist this process including the *2006 STD Treatment Guidelines* and *2006 Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance*.

Further, our efforts to build accessible, appropriate, effective, and efficient STD and reproductive service delivery programs in collaboration with partners will incorporate the following standards:

- **Appropriate Constellation of Services—**The cornerstone of an effective STD prevention and related services program is an appropriate mix of services from the public and private sectors, including community-based organizations (CBOs). An integrated model of services can better respond to both physical and sociocultural environments. The range of offerings must address the rural-urban differential, gender, racial and economic inequity, and the needs of special populations such as adolescents, women, and other vulnerable groups. Community-based outreach programs complement clinic-based programs and bring services closer to community members. Social marketing of health products and services is also important to increase access to services.

- **Quality of Care—**To achieve high-quality services, two key dimensions of quality must be addressed: quality of fact and quality of perception. Quality of fact may involve upgrading provider skills and knowledge, implementing service standards and protocols, introducing a facilitative supervisory system and disseminating best practices. Underscoring all of this is a focus on client-oriented services, with providers trained to deal with equity issues around gender, economic status, residence, occupation, race, ethnicity, culture, and language.

- **Equity—**Easy access to prevention and related services for people of all income groups, races, religions, genders, sexual orientation identities, and locations of residence can create equal opportunity for equal needs.

- **Efficiency—**Efficiency in the delivery of prevention and related services can be achieved by reducing cost without compromising access and quality through maximizing resource utilization, utilizing appropriate technologies, and improving staff capabilities. Improving efficiency may require institutional integration, which can be done without sacrificing the achievements made by some vertical programs.

- **Capacity Building—**JSI's approach to service delivery management centers around building institutions from within. Specific activities include: increasing management capabilities through the introduction of management tools; training managers and

clinical staff to use data for decision-making; and improving the capacity of programs in planning, management, and quality improvements.

- **Evaluation—**Service delivery programs must be evaluated periodically to identify achievements and gaps at the local, state, and regional levels. The participation of service providers and managers, with input from the community and clients, are critical. Issues of concern may be addressed through training, orientation, and policy intervention. Addressing some identified issues may require additional resources. JSI places a high priority on resolving all identified issues raised through evaluation.

JSI/Denver has been the administrator of the Region VIII IPP since its inception in 1992. In this role it has supported the regional structure that facilitates collaborative efforts between STD, family planning (FP) and laboratory providers throughout Region VIII. We look forward to our continued support, under the aegis of CDC, of the Region VIII IPP Regional Advisory Committee in its implementation of the program mission, purpose and overarching goals.

JSI is requesting funding in the amount of $369,840 in pursuit of the program mission; the Region VIII Infertility Prevention Project is dedicated to the prevention of infertility caused by sexually transmitted diseases, particularly chlamydia and gonorrhea. Furthermore, JSI will apply these funds to support the achievement of the overall of the Region VIII IPP Project which is to assess and reduce the prevalence of chlamydia and gonorrhea and associated complications in family planning and STD clinic populations, and other community-based provider populations through a program of outreach, education, screening, treatment, and follow-up.

Many of the activities of the IPP project are stable and consistent from one project period to the next. In addition to the every day functioning and administration of the project, some of the highlights related to specific special projects as specified in the project narrative request are summarized below. As specified in the project narrative request, all other project activity progress will be reported on in the final end of the year report.

II. NATIONAL ACTIVITIES SUMMARY

A. Development of a standardized tool used to gather data regarding Chlamydia and gonorrhea health care delivery systems to AI/AN populations, as well as surveillance practices among AI/AN populations.

Each of the six states in Region VIII has American Indian reservations, and from the project's inception, the RAC expressed the need to collaborate and partner with the Indian Health Service and other key partners in the region that serves many American Indians that live throughout the Region VIII state. However, information about delivery of STD and family planning services on the reservations is non-existent.

With regard to the national activity to develop a standardized assessment to provide an epidemiologic and health care delivery system profile, the JSI/Denver staff sees this as an opportunity to build upon previous and current projects which focus on the STD prevention and reproductive health care needs of Indian populations in Region VIII. JSI will conduct a needs assessment of Indian populations who live on reservations as well as in urban areas in the Region VIII states to determine what STD and reproductive health services are currently being provided on the reservations either by tribal health clinics or by Indian Health Services (IHS) and in urban areas by Urban Indian Health Centers (UIHC). In addition to determining the services that are provided, the assessment will ascertain how much the services are being accessed and by whom. The overall goal of this assessment is to determine how the Region VIII IPP can support STD and family planning service provision to American Indians throughout the region.

The following progress has been made to address this national activity:

- An exhaustive search for federally funded and other healthcare resources targeted at AI/AN populations in the region has been conducted as well as demographic data and data related to STD's and related health indicators. Below is a brief summary of the secondary data analysis:

Within the six states that comprise Region VIII there are over 185,000 Native American people. Almost 60% of these are females and 46% of those females are between the ages of 15 and 44. Health services for the twenty five reservations that are within the Region VIII boundaries are administered through regional Indian Health Services (IHS) offices in Aberdeen (ND, SD), Billings (MT, WY), Albuquerque (CO), Phoenix (UT), and Navajo (CO, UT). According to FY 2007 data from IHS, the average rate of family planning visits for American Indian women ages 15 to 44 years old in all twelve IHS regions was 573/1000. The rates for IHS areas in Region VIII were:

Aberdeen area (ND, SD)	509.8/1000
Billings area (MT, WY)	833/1000
Phoenix area (UT)	479/1000
Albuquerque (CO)	628.7/1000
Navajo (CO, UT)	636.3/1000

Rates of sexually transmitted diseases are rising across the Northern Plains region, and are increasing in Tribal communities as well. Rates of Chlamydia rose from about 1,200 cases per 100,000 in 2000 to nearly 2,000 per 100,000 in 2004 in the Aberdeen Area IHS service population. Gonorrhea rates rose from about 175 cases per 100,000 in 2002 to 275 cases per 100,000 in 2004.[1]

[1] D. Wong, E. Swint, E. Paisano, J.E. Cheek, *Indian Health Surveillance Report: Sexually Transmitted Diseases 2004.* US Department of Health and Human Services, Centers for Disease Control and Prevention and Indian Health Service, 2004.

A regional assessment will be completed to include a comprehensive list of AI/AN targeted resources, and resources utilized by AI/AN populations. This assessment will further enhance the already developed, toolkit, *Building Bridges: Working with American Indian and Alaska Native Health Care Providers to Integrate Reproductive Health, STD, and HIV Prevention Services.* This resource is intended to be used as a general resource for our Regional IPP Committee members who are trying to partners with AI/AN communities to address reproductive health care and STD/HIV prevention needs in both urban and non-urban areas.

B. Development and distribution of a regional epidemiologic profile of pregnancy-test only clients seen in prevalence monitoring clinics.

The regional epidemiologic profile of pregnancy-testing only clients (PTO) seen in prevalence monitoring clinics began with a close examination of FPAR data for Region VIII and ways in which we can make determinations about PTO screening based on existing data sources. Although the FPAR data is not as promising as we hoped it would be, we are continuing to run different analyses with the FPAR data tables in order to make meaningful deductions about the prevalence of Chlamydia screening of PTO clients in Region VIII. Due to the fact that the FPAR data has not been as helpful as originally intended in establishing a baseline for the prevalence of Chlamydia and Gonorrhea screening provided to PTO clients, JSI looked to other internal data sources.

One of those being the Regional Quality Improvement Project (RQIP) for the Region VIII Family Planning Grantees; RQIP. RQIP provides a conceptual framework assessing the quality of family planning services; building upon the work of Donabedian, Judith Bruce developed a framework specifically for assessing the quality of family planning care. Bruce's framework conceptualizes program inputs, six main elements reflecting program activities and outputs, and impacts on clients served. RQIP was developed to assist Region VIII Title X family planning clinics with the collection of quality assurance data for the purpose of improving the services offered by the clinics. Performance measurement/quality assurance data will be collected from Title X family planning clinics across Region VIII and incorporated into a regional database. The data are analyzed and reports, based on the data, are provided to the state grantee to utilize for performance improvement. The Title X Grantees have the course of the 3-year site review cycle to collect the total sample number. Data are aggregated for each state on a yearly basis and rolled up to the regional level for analysis and reporting every three years.

A major strength of this project is that the recommended performance indicators are uniformly collected across the six states and can be used to assess performance of Title X programs both across and within states. RQIP utilizes a defined set of common indicators to evaluate the quality of care provided in Region VIII Title X family planning clinics. The performance indicators utilized in RQIP address **8 domains**:

- Method choice
- Information to clients
- Technical competence
- Interpersonal relations
- Follow-up and continuity mechanisms
- Appropriateness of services
- Access
- Outcome measures[2]

The pertinent domain for assessing the prevalence of Chlamydia and Gonorrhea screening among PTO clients is the Technical Competence domain which measures the appropriate screening for Chlamydia and appropriate follow-up on positive results for Chlamydia. These indicators are measured through a validated and standardized chart audit. Below are the series of questions that are asked for charts audited for all female clients accessing services for both annual/initial reproductive health exams and pregnancy test only visit:

Type of visit:

☐ Annual or Initial ☐ Pregnancy Test

Does the chart have documentation that the client received a Chlamydia screen?

☐ Yes ☐ No ☐ Not Applicable

If client received a Chlamydia test, was the test ordered based on any of the following reasons? (check all that apply)

☐ Client Met Screening Criteria based on age criteria (≤25)

☐ IUD Insertion

☐ Client Was Symptomatic ☐ Client Requested Test

☐ Contact to STD ☐ No Reason Documented

☐ Pregnancy Test

What was the result of the Chlamydia screen?

☐ Positive

☐ Negative

Is there documentation of follow-up of positive results?

☐ Yes

☐ No

☐ Not in record

If there is documentation of follow-up to positive results, what type of follow-up?

☐ Client contacted and notified of results

[2] Structural, process, and outcome measures were identified that are obtainable from medical charts, administrative records, and surveys in order to construct a comprehensive set of approximately 15 quality assessment measures specific for Title X clinics. Several areas of focus were drawn primarily from the work of Judith Bruce.

☐ Treated

☐ Counseled on partner notification

Preliminary results of the 2008 chart audit are presented below:

- Preliminary analysis of data from 27 Family Planning sites across Region VIII
- Overall CT positivity for females tested at these sites in 2008, according to chart audit, was 4.2%
- Reviewed a random sample of 308 unduplicated client records for all females seen for an initial/annual or PTO visits in 2008:
  - Age composition of charts:
    - 1% (n=1) <15 years old
    - 62% (n=190) 15-24 years old
    - 37% (n=117) >/=25 years old
  - 81/308 (26%) charts indicated a pregnancy test during the visit
    - 15/81 (19%) of these clients received a Chlamydia test
    - Resulting in a 6.7% (1 of the 15 tests were positive) positivity

Clearly there is room for improvement in the area to maximize the opportunity to expand Chlamydia screening to this high-risk group.

- In an effort to educate Title X providers about other screening opportunities to maximize screening coverage, the Region VIII IPP Project Director provided an audio-conference:

Chlamydia Screening Audio-Conference~
Providing Cost-Effective Chlamydia Screening to Women Attending Family Planning Clinics in PHS Region VIII
March 26, 2009

Topics that were covered:

- National guidelines
- IPP screening criteria
- Case study—Region VIII
  - FP—Title X Chlamydia testing
- How well are we doing?
- Future issues
- Other screening opportunities to maximize screening coverage

Region VIII IPP *minimum screening criteria* include only those women who have an initial or annual (i.e. pelvic) exam, but is providing a Chlamydia test during a pelvic exam enough?

- A significant activity of the data workgroup involved reviewing the quality of the data to ensure that appropriate data is being collected in a timely manner in order to enhance our ability to assess meeting screening criteria were to add pregnancy test visit to the reason for visit variable. During the FY 2009 project year, JSI has been working with each program area to modify their labslips and lab information

systems (LIMS) to comply with the collection of the PTO variable and other data collection enhancements. We anticipate all program areas to be compliant with the collection of this variable by January 2010. This will allow the region to monitor the screening practices and positivity among clients seeking a pregnancy test at any of our participating prevalence monitoring sites.

The FPAR data, combined with the results from the RQIP chart audits and the addition of the PTO reason for visit variable, will be combined to create an epidemiologic profile of PTO screening and outcomes for Region VIII.

C. Summary of current activities designed to improve performance as measured by the IPP infrastructure performance measures.

The Infertility Prevention Project is about the promotion of best practices in screening and treatment for Chlamydia/Gonorrhea among females and their partners in both the public and private sector. The funds awarded through the IPP are intended to support the identification and treatment of infection among the most vulnerable populations [uninsured and underinsured females with >3% CT positivity] as part of a larger public health effort to ensure that all at-risk females, particularly age <26 have access to screening and treatment services. The Region VIII IPP believes that in order to monitor and evaluate our performance in implementing screening and treatment best practices, we should incorporate analysis of regional prevalence monitoring data for regional and local data-directed program planning.

Given that the overarching goal of the IPP is to be agents of best practices, the following key program questions were asked as began to use the two measures of effectiveness to help target Chlamydia /Gonorrhea screening activities to assure that resources are being used in the most cost effective way and that adequate screening coverage is occurring for the highest risk populations of women.

- Are providers appropriately targeting use of CT tests according to national screening guidelines?
- What is the screening coverage among the target population of females ≤25 yrs?
- How can screening coverage among the most at risk be maximized?
- Given the overall low positivity among females >25 yrs, how can we better identify those at risk for infection?
- How well are we doing?

1. Chlamydia Screening Coverage Estimate

Screening coverage, as estimated by the FPAR data in Region VIII, shows some improvement since CY 2005. The screening coverage in the 15-19 year old age group remained stable at 40% over the past 3 years, and the 20-24 year olds increased by 12% (37% to 49%) while the over 24 year olds decreased by about 3 percent. The data indicates movement in the right direction, and reflects the increased attention to screening criteria and the importance of adherence to them by the IPP project and the Advisory Committee members.

The table below reports an estimate of Chlamydia screening coverage among sexually-active women attending family planning clinics, stratified by standard age groups.

Chlamydia Screening Coverage
CY 2005-2007

	Age Group	# women screened	# women eligible	Estimated Screening Coverage (%)
CY 2005	15-19	17,446	43,578	40%
	20-24	20,155	52,089	37%
	>24	13,394*	52,218**	26%
	TOTAL	**50,995**	**147,885**	**34.5%**
CY 2006	15-19	18,699	46,750	41%
	20-24	20,807	52,899	39%
	>24	13,997*	51,088**	27%
	TOTAL	**53,503**	**150,737**	**35.5%**
CY 2007	15-19	15,221	37,708	40%
	20-24	18,274	37,161	49%
	>24	11,826	51,382	23%
	TOTAL	**45,321**	**126,251**	**35.8%**

***Agegroup is 25 and over**
****Agegroups are 25-29, 30-34, 35-39, 40-44, Over 44**

Regional Performance Goal

By the end of the fiscal year 2010, among clients attending family planning clinics, the number of women screened in the 24 and under age group will be increased by at least 5% from 44% to 49% and will decrease by at least 3% in the over 24 age range from 23% to 20%.

Rationale

Setting a performance goal of a 3% increase in younger women being screened is realistic based on the percent change that occurred between 2005-2007. Further analysis and data collection is ongoing in this area. Advisory Committee meetings, workgroup meetings, clinic-specific data reports, and regional trainings will all emphasize the need to improve this performance measure.

2. Chlamydia Screening Test Utilization

Screening test utilization data show less improvement than for the screening coverage data, in fact the numbers have remained stable since the beginning of data collection for this measure. There are several possible explanations for this, first, is that given the reductions in funding of recent years, the screening test utilization may be static in that that even with more targeted screening and the improvements in adherence to screening criteria reflected in screening coverage measure, this is a *proportion* and so it remains stagnant. Secondly, the data here do not include risk factors and the screening criteria for the region reflects the national CDC recommendations that women over 25 should be screened with risk factors. The Region VIIII IPP infrastructure hopes to elicit other possible explanations from the RQIP chart audit described above in the PTO national activity summary.

The table reports a proportion of Chlamydia screening tests performed among women <26 years of age.

Chlamydia Screening Test Utilization

CY 2005-2007

	Age Group	# by age, group female tests utilized	Proportion of female tests utilized, by age
CY 2005	15-19	15,348	33%
	20-24	19,315	41%
	25-29	6,385	14%
	> 29	5,518	12%
	TOTAL	**46,965**	**NA**
CY 2006	15-19	10,104	27%
	20-24	17,208	45%
	25-29	6,084	16%
	> 29	4,460	12%
	TOTAL	**37,856**	**NA**
CY 2007	15-19	15,439	31%
	20-24	20,287	41%
	25-29	7,157	15%
	> 29	5,883	12%
	TOTAL	**48,766**	**NA**

Performance Goal

By the end of fiscal year 2009, among clients attending family planning clinics, the proportion of female Chlamydia tests utilized by women between the ages of 15-24 and will increase from 73% to 80% and the number provided to those 25 and older will decrease by from 26% to 23%.

Rationale

Similar to screening coverage, the increase in tests done on young women is less complicated than decreasing screening done on older women. A performance goal of increasing screening coverage to 35% in the targeted age groups of 15-19 and 20-24 year olds is reasonable given the concurrent education efforts by the Advisory Committee.

Screening criteria is not based on age alone, but also incorporates risk factors. Therefore, one would not want to see the proportion of tests done on older women drop to zero, but rather drop to the proportion that reflects the number of women with risk factors in that age group. The drop in prevalence is most clear in the over 29 age group, and so the drop in tests is also expected to occur less in this middle age range than in the oldest (> 29 age group). Based on the 2008 RQIP chart audits results showing that 93% of the charts audited indicated adherence to the national and regional screening guidelines, it should be possible to continue the slow but positive trend of decreasing the proportion of tests in the over 29 year old age range and increasing the proportion done in the highest risk or target age range. Our proposed intervention and education campaign for 2009-2010 would be aimed at an improvement on both of the performance measures.

3. Action Steps for Both Performance Measures:
JSI/Denver, in collaboration with the Steering Committee of the Region VIII IPP, will develop regional guidance and funding allocation formula in order to increase screening coverage in identified and prioritized high risk populations. This will be accomplished through the following activities:

- Conduct a regional assessment of the current screening criteria; do they vary by state?
- Conduct an analysis of the proportion of women being screened using current criteria and proportion of infections being identified by these criteria.
- Pilot formula using the previous year's data and present findings at the fall 2010 meeting.
- The pilot will result in the distribution of best practice guidelines for funding allocations based on a 3% positivity threshold which is maintained for three years, while also reaching at least an 80% screening coverage rate.
- Dissemination of the Chlamydia/Gonorrhea screening reminder card, PATH:

Help keep your patients on the right PATH:

P artners: new sexual partner or multiple sexual partners in last 60 days

A ge: All Sexually active females under 25 years should be routinely screened; selective screening of females 25 and over meeting additional criteria *(see selective screening criteria on inside page)*

T reated for Chlamydia infection in last 12 months

H ave clinical symptoms Including: PID, MPC, or cervical friability or

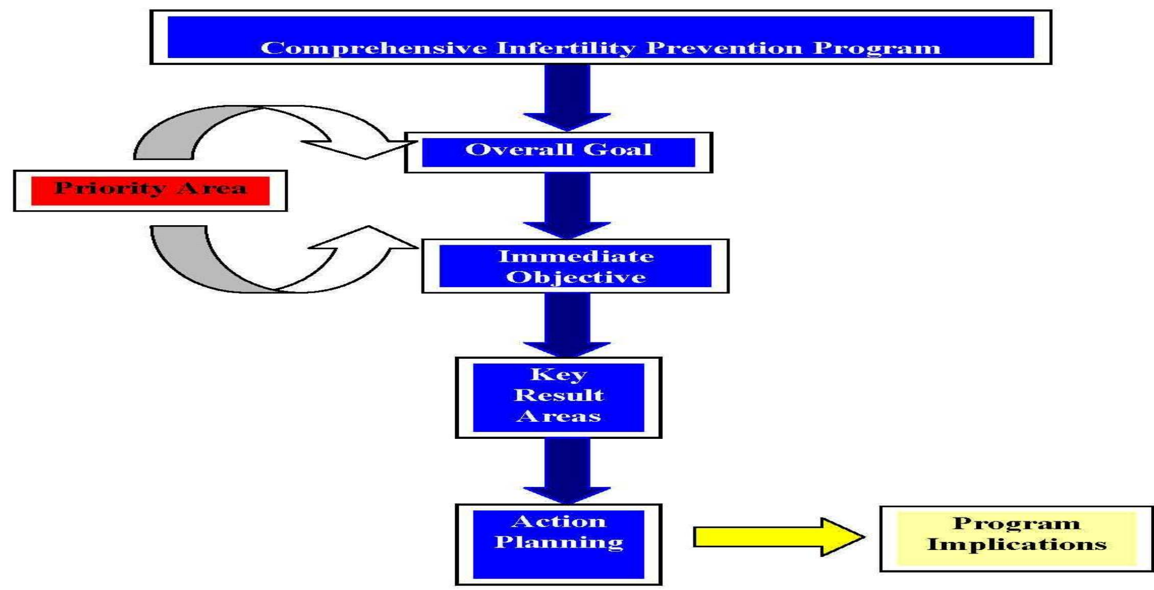
The purpose of this communication tool is to assist providers by helping them to easily determine those at highest risk for Chlamydia infection and meeting the selective screening criteria as outlined by the Region VIII IPP.

The Region VIII IPP Infrastructure staff looks forward to the many projects, opportunities for collaboration, and programs that have been started and / or planned for the coming project period.

III. PROPOSED 2009-2010 OBJECTIVES

The program includes objectives for the one-year budget period of July 1, 2009 to June 30, 2010 and technical assistance requests expected of the National Laboratory Consultant.

Since 2003, the Region VIII Advisory Committee (RAC), facilitated by the infrastructure staff, initiated a comprehensive planning process. This process provided a systematic approach for addressing emerging challenges and for achieving the implementation of a strategic and operational work plan. Please see the schematic representation (below) of the strategic planning framework which the Region VIII RAC has fully adopted as the approach to assist diverse programs create similar goals and objectives. It provided a work plan for regional committee work and a mechanism to assure accountability. Creating a long-range vision of the Regional Infertility Prevention Project and helping create a more comprehensive approach to chlamydia screening, treatment, and prevention within the region are goals that the RAC intends to accomplish.



The framework includes the following elements:

- A clearly stated **vision**;
- The **overall goal** of the project;
- The **immediate objectives** of the project;
- The **key result areas** on which the project intends to focus; and
- The **program implications**.

The program implications provide a common understanding of the gaps between where the project is and where it needs to be to achieve its goals and objectives and of the forces that are likely to help and hinder it. JSI and the Region VIII IPP RAC firmly believe that all these elements need to be in alignment, meaning that they should complement one another. As a result of the alignment, the regional plan reflects upon and shapes Region VIII's unique environment and influence all areas of implementation.

Because STD and reproductive health programs exist in highly diverse, complex, and dynamic social health settings, the Region VIII IPP identified three primary components that are critical in order to implement a comprehensive program. These components are: clinical services, lab services, and data-informed programs. Each of these components has related priority areas. In support of CDC DSTDP's priority related to chlamydia and gonorrhea prevention, "Prevention of STD-related Infertility and other complications of PID by screening and treating at-risk persons, primarily women <26 years of age, and by working to reduce racial/ethnic disparities in gonorrhea and chlamydia", the RAC identified the following priority areas:

1. Effective use of resources and using data to improve programs.
    a. Target/expand chlamydia screening to young sexually active women and men at risk for infection.
    b. Adherence to screening criteria which includes that all women under 25 are screened; that all women over 25 are screened if they have a specific risk history or specific clinical symptoms, and establish a regional compliance rate.
    c. Establish baseline reinfection rates.
    d. Define case-mix of screening population and establish a regional screening coverage goal.
2. Implement feasible, effective, and appropriate practices for partner management.
3. Improve appropriate and timely treatment for persons diagnosed with chlamydia infection.
4. Assure availability of lower cost and quality lab technologies.
    a. Regional lab pricing for GenProbe Aptima.
    b. Consider implications of pooling NAAT specimens (limitations and benefits).
5. Innovations in Lab Testing.
    a. Develop regional capacity to test pharyngeal and rectal specimens.

The Region VIII IPP's goal is to support health care professionals in preventing STD-related infertility by promoting science and evidenced-based standards in the planning, implementation, and maintenance of targeted chlamydia and gonorrhea screening programs throughout Region VIII. As a regional IPP infrastructure partner, JSI/Denver works to ensure that regional project goals are realized and expanded. The project staff provide technical assistance to individual project areas and are primarily responsible for:

- Coordination and promotion of cooperation and innovation among the project areas;
- Quality assurance; maintenance of a regional prevalence system,
- Data analysis and reporting activities
- Promotion of project activities nationally; and
- Oversight for cost-effective screening and treatment activities.

3.A The following objectives address each of the infrastructure program elements: administration, coordination, communication, prevalence monitoring and data management, and education and program promotion. For each objective, methods or activities outline how the objective will be accomplished.

Administration
Goal: JSI will lead the Region VIII RAC in the implementation of regional, state, and local program plans which support the national IPP vision and priorities.

Objective 1: Facilitate preparation, submission, and implementation of one Region VIII IPP Regional Plan that is supportive of National IPP program priorities to CDC by August 1, 2009.

The purpose and goal of the regional meetings is to provide ongoing support to Region VIII IPP members in the administration and evaluation of IPP projects in the field.

Activities:

- At the spring 2010 Region VIII IPP advisory committee meeting, the Region VIII IPP Director will review CDC IPP priorities for 20010/2011 with advisory committee members.

- The Project Manager will submit a finalized Region VIII IPP Regional Plan to the CDC by August 1, 2009.

Objective 2: Submit the Region VIII IPP Infrastructure plan, budget, and progress report to the CDC and OPA in November 2009 and April 2010.

Activities:

- The Region VIII IPP Manager, in collaboration with key Infrastructure staff, will develop a FY09 IPP Progress Report to be submitted to CDC by November 13, 2009.
- The Project Director will develop a FY11 Infrastructure plan and budget that is supportive of CDC National project priorities, regional project priorities, and local project area priorities, to be submitted to CDC in April, 2010.

Coordination

Goal: JSI will provide coordination among the Region VIII IPP RAC and key partners related to "best practice" prevention strategies to reduce rates of chlamydia transmission.

Objective 1: In order to promote the goals and objectives of the National IPP within Region VIII, two meetings of the regional advisory committee will be convened in November 2009 and May 2010.

Activities:

- The Region VIII IPP Manager, in collaboration with the committee chair, will prepare meeting agendas that are supportive of National, Regional, and local IPP priorities.
- Infrastructure staff will make available internet-based attendee registration for all meeting participants through the Region VIII IPP Web site.
- The Region VIII IPP Manager will extend a special meeting invitation reminder to CDC and OPA Program Consultants to ensure their participation in regional meetings.
- The Research Associate will forward select meeting materials to all participants electronically at least two weeks prior to each meeting.
- The Research Associate will prepare minutes and distribute to all participants at least four weeks after completion of the meeting.
- The Research Associate will post all relevant meeting materials on the Region VIII IPP Web site.

Objective 2: In May and June of 2010, the Region VIII IPP Infrastructure staff will facilitate two opportunities among advisory committee members to support the development and revision of project area IPP grant application goals, objectives, and activities that are consistent with National and Regional project priorities.

Activities:

- At the April 2010 Region VIII IPP advisory committee meeting, the Infrastructure staff will facilitate opportunities for project area partners to discuss IPP grant application development and content in preparation for their application responses.
- By May 1, 2010, the Region VIII IPP Manager will distribute an e-mail to project areas offering assistance to project areas in the preparation of the IPP grant applications by reviewing and providing feedback on draft applications prior to submission to CDC.
- The Region VIII IPP Manager will provide written feedback via e-mail to project areas that submit their IPP grant application for review within five days of receipt.

Objective 3: By June 30, 2010, Infrastructure staff will facilitate a discussion at one advisory committee meeting about targeting screening resources and reaching high-risk populations.

Activities:

- Infrastructure staff will invite speakers to present on targeting screening resources methods at one Region VIII IPP advisory committee meeting.
- Infrastructure staff will invite Region VIII IPP advisory committee members to present on innovative projects aimed at screening high-risk populations for chlamydia and gonorrhea in Region VIII at one Region VIII IPP advisory committee meeting.
- Infrastructure staff will facilitate consideration of findings and presentation among advisory committee for future action.

Objective 4: By February 2010, the Region VIII IPP Infrastructure will disseminate the results of a treatment verification best practices survey aimed at collecting best practices on treatment verification used throughout Region VIII.

Activities:

- Clinical Services workgroup members will develop a treatment verification best practices survey in collaboration with Infrastructure staff.
- Infrastructure staff will disseminate the survey and facilitate the collection of results.
- The Project Manager will analyze results of treatment verification survey and develop a draft report to be shared and finalized in collaboration with the Clinical Services workgroup.
- Infrastructure staff will create a data flow blueprint from various databases and how these data result in the CSPS/IPP performance measure reporting.
- The IPP Project Director will facilitate consideration of findings and presentation among advisory committee for future action.

Objective 5: By June 30, 2010, the Region VIII IPP Infrastructure staff will conduct one site visit to at least one project area to provide technical assistance and project development opportunities.

Activities:

- Infrastructure staff will identify project areas for potential site visit by January 1, 2010.
- The Research Associate will assess project area availability for site visit and schedule site visit date and time.
- Infrastructure staff will develop a site visit agenda with input with project area partners and CDC Program Consultant.
- Infrastructure staff will conduct site visit.
- The Region VIII IPP Manager will prepare and disseminate a TA report to all site visit participants that highlights key meeting discussion points and outcomes.

<u>Communication</u>

<u>Goal:</u> JSI will support the successful achievement of the national and regional IPP plan through a communication strategy that educates and informs all project partners of the pertinent project information.

<u>Objective 1</u>: At least one representative from the Infrastructure staff will participate in Fall 2009 and Spring 2010 National IPP Coordinators Meetings, monthly coordinator conference calls, and regional data managers' conference calls as convened.

Activities:

- At least one Infrastructure staff representative will participate in the monthly National IPP Coordinator's conference calls, as convened.
- At least one Infrastructure staff representative will participate in the National IPP Data Managers' conference calls, as convened.
- At least one Infrastructure staff representative will attend the fall 2009 and spring 2010 National IPP Coordinator Meetings.
- The IPP Manager will ensure that proceedings from all meetings are appropriately communicated and integrated into regional business.

<u>Objective 2:</u> By June 30, 2010, communicate national, regional and local research activities and results to project partners.

Activities:

- The Research Associate will utilize the Region VIII IPP Web site with the primary purpose of acting as a central repository for disseminating ongoing information about the project to its stakeholders as well as the general public.
- Key updates will be provided to the Web site October 2009, January 2010, April 2010, and July 2010.

<u>Objective 3</u>: By June 2010, develop an IPP Health Communications Plan targeted towards providers, thereby increasing member knowledge and awareness of "Communications" best practices.

Activities:

- The Research Associate will provide a review of existing communication tools and strategies for outreach to various target populations (patients and providers).
- Infrastructure staff will invite speakers to present on "Communications" best practices.
- At the spring 2010 Region VIII IPP advisory committee meeting, the Infrastructure Staff will facilitate opportunities for project area partners to meet to discuss the regional implementation of the communication plan that was piloted during the FY09 project year.
- Infrastructure staff will lead a task force in the development of a comprehensive communications strategy, including public and private sector focus, and integrating new and existing tools (Web site, clinician cards, e-

learning tools).

- The Infrastructure staff will lead the effort to evaluate the effectiveness of a communication plan directed toward private providers to increase chlamydia screening among private providers in Region VIII.
    - Determining how to best frame messages to the private sector.
    - Developing a communication plan (to providers/clinicians, medical journals, etc.).
    - Evaluating screening rates using the HEDIS dataset pre/post communication campaign.

<u>Prevalence Monitoring and Data Management</u>

<u>Goal</u>: JSI will evaluate progress towards the overall Region VIII IPP's goal of reducing chlamydia and gonorrhea positivity through the maintenance of the regional data collection system.

<u>Objective 1:</u> Infrastructure staff will submit final CY2008 chlamydia and gonorrhea prevalence monitoring data along with an updated Master Facility Reference File (FRF) and an updated regional codebook to CDC by April 15, 2010.

Activities:

- On a quarterly basis, the Region VIII IPP Research Associate will receive, review, and document receipt of monthly data files and forms. Automatically generated email reminders are sent to project areas on the first of each month indicating that data is due in fifteen days. If necessary, follow-up calls are made to project areas to encourage timely submission of data.
- The Data Manager will merge cleaned files into a regional data set for submission to CDC on a quarterly basis.
- Final CY 2009 data will be submitted to CDC by April 15, 2010 via a secure Web site.
- The Region VIII IPP FRF will be updated throughout the year, and as needed, and submitted to CDC with the final CY 2009 data set in April 2010.

<u>Objective 2</u>**:** Infrastructure staff will provide data management to the six primary project areas (the state laboratories) and the five city and county labs in Colorado that provide data directly to the regional database and requested technical assistance to at least five project areas by June 30, 2010.

Activities:

- The Project Director and Data Manager will work with each state on an individual basis to research and report back any discrepancies in the data format or coding structure.
- The Project Director and Data Manager will communicate data dictionary requirements and resolve issues related to data quality.
- The Data Manager will perform analyses on the data to verify data quality or identify potential problems.

Objective 3: Infrastructure staff will provide data entry support to four project areas that do not currently have staff to support keying activities between July 1, 2009 and June 30, 2010.

Activities:

- Receive, review, and document monthly receipt of lab slips and forms.
- Perform data entry of designated data elements and review quality.
- Organize and securely store lab slips so as to maintain confidentiality.

Prevalence Monitoring Data Analysis

Objective 1: The Project Director and Research Associate will produce the following standard prevalence monitoring data reports every six months (August 2009 and February 2010).

These reports will be disseminated electronically via the Region VIII IPP website as well as through presentations at the bi-annual RAC meeting. The following reports can be run at the regional level, state/lab level, or clinic level:

CT /GC Positivity report: These report positivity rates by client characteristics (such as risk history, exam reason, clinical signs, specimen type, race/ethnicity), gender and age group.

CT/GC positivity rates by agency, gender and screening criteria. This report is a list of agencies within a specified group (agency type such as FP or I.H.S., etc) and the corresponding positivity rates for a specific timeframe (Jan to June, July to Dec and YE) screening criteria ($\leq$ 25)/>25 with risk or clinic signs and outside of criteria >25 with no risk history or clinical sign.

Chlamydia/Gonorrhea Testing by Gender , Testing Site Type, Quarter or Year
Co-Infection with GC among CT Positives by Gender and Age group
By Testing Site Type, Quarter or Year

Provider Type Name	# Provider Types	% of Provider Type	Pos	Neg	Total	% Positive
Family Planning						
STD						

Activities:

- The Data Manager will develop standard prevalence monitoring reports for each project area stratified by age, gender, site type, and race.
- Data reports will be distributed to project area partners at advisory committee meetings for review and discussion.
- Infrastructure staff will develop a mechanism to post data reports on regional Web site to facilitate ongoing access of reports by advisory committee members.

Objective 2: To support project areas in the efficient utilization of screening resources, the Project Director will produce the following special reports by June 30 2010: 1) adherence to screening criteria CY2008, and 2) assessment of screening coverage CY2008.

Activities:

- The Project Director will analyze data from CY2004, CY2005, CY2006, CY 2007 and CY 2008 to assess changes in the number of women age ≥25 in each project area screened over time and update the "Adherence to Screening Criteria" data report and disseminate it to project areas at advisory committee meetings for discussion.
- The Project Director will collate CY2008 project area analysis of chlamydia screening coverage in FP clinics and distribute findings for discussion at the May 2010 Advisory Committee meeting.

Objective 3: The Project Director will update Region VIII IPP Chlamydia Reinfection Analysis to include CY2008 data by March 2010.

Activities:

- The Project Director will revise chlamydia reinfection analysis to include CY2008 data.
- The Project Director will share significant changes in trends with advisory committee members at the May 2010 advisory committee meeting through a PP presentation.

Education and Program Promotion

Goal: JSI will improve awareness of the Region VIII IPP health care providers and others through a variety of methods and venues.

Objective 1: The Region VIII IPP will strengthen program efforts through improved collaboration with current regional partners and new partners.

Activities:

- The Infrastructure staff will facilitate a discussion to develop concrete ideas on how to build on partnerships with certain entities including higher education institutions, social networking systems, corporate alliances, medical professionals, managed care administrators, family planning/STD clinics and pharmaceutical companies.
- The Infrastructure staff will ensure that regional materials include the latest guidance on CT/GC screening and treatment.

Objective 2: By June 30, 2010, utilizing the results from the Private Provider Communication Strategy identify at least one potential private sector partner to collaborate with the Region VIII IPP.

Activities:

- Infrastructure staff, in collaboration with the Region VIII IPP advisory committee, will identify potential private sector partners for potential partnership.
- Infrastructure staff, in collaboration with the Region VIII IPP advisory committee, will develop concept for involvement of identified private sector partner in an advisory committee meeting.
- Infrastructure staff will work with the Region VIII IPP advisory committee to devote at least one meeting to strengthening private sector partnerships.

Objective 3: The Infrastructure staff will continue to support the collaboration between the Region VIII IPP and I.H.S. Stop Chlamydia Project.

Activities:

- The Infrastructure staff will work with I.H.S. to continue representation at Regional IPP Meetings.
- The Project Director will increase visibility and awareness of AI/AN STD-related priorities in Region VIII through sponsoring a RAC meeting which focuses on collaborating with providers who serve AI/AN clients to prevent chlamydia infection. The purpose of the IPP meeting will be two-fold:
  - To highlight ways to navigate systemic barriers often encountered when building new partnerships, and
  - To frame successful approaches in building meaningful relationships to achieve common goals.

Enhanced Activities: Coordinate Special Projects

Goal: JSI will encourage special initiative screening projects through the coordination of regional special projects.

Objective 1: By June 30, 2010, the Project Director will disseminate an evaluation of a standardized tool used to gather data regarding chlamydia and gonorrhea health care delivery systems to AI/AN populations, as well as surveillance practices among AI/AN populations.

Activities:

- The Infrastructure staff will continue efforts to make contact with and assess current chlamydia and gonorrhea screening practices and policies in at least one Indian Health Service Office in Region VIII.
- The Project Director and Research Associate will conduct a Regional Assessment of AI/AN health care delivery systems in the Region through I.H.S., tribal and urban health facilities.

- The Project Director will conduct analysis of IPP Prevalence Monitoring data as it relates to AI/AN populations.
- The Project Director and Research Associate will increase data collection among I/T/U facilities in Region VIII. The initial goal will be to have at least one urban Indian clinic from all Region VIII related-area offices, as well as to have all I.H.S. Service Areas represented.

<u>Objective 2</u>: By June 30, 2010, disseminate a regional epidemiologic profile of pregnancy-testing only clients seen in prevalence monitoring clinics.

Activities:

- The Region VIII RAC will conduct regional assessment of data availability of PTO visits.
    - The Clinical Services and Data Use workgroups will pilot a project impact of offering chlamydia screening during PTO visits in Family Planning, Title X clinics in the region.
    - Each state will set a target of at least one site to pilot chlamydia and gonorrhea screening in PTO clients.
- The Infrastructure staff will conduct data collection and analysis of available data.
- The Project Director will create a PTO epidemiologic profile for submission to CDC and the Region for use in shaping programmatic decisions.

<u>Objective 3</u>: By January 30, 2010, the Infrastructure staff will disseminate the results of the study to determine how long RNA is detected after antibiotic treatment for a positive *Chlamydia trachomatis* (CT) infection when testing with amplified technology using APTIMA Combo 2 Assay.

Activities:

- The Infrastructure staff, in collaboration with the Wyoming Public Health Lab, will write up the final results of the study.
- The Infrastructure staff will facilitate consideration of findings and presentation among advisory committee for future implications and action in relation to rescreening practices.
- The Infrastructure staff will disseminate the study findings to other regional Infertility Prevention Projects.

3.B *The following outlines the proposed technical assistance requests and activities expected of the National Laboratory Consultant.*

Description of specific types of technical assistance expected to be provided by the National Lab Consultant, Rick Steece, from July 1, 2009 – June 30, 2010 include:

- Continue the process of creating a comparative profile of costs of current test technologies available. In addition, provide the Region VIII Lab Workgroup with a methodology that can be used to develop this profile for additional sites in a standardized manner:

    - Assist the region in maintaining volume discount pricing for tests;
- Participate in regional meetings (full committees and lab service workgroup) by giving presentations on current lab issues, lab problems, new technologies, and study results:
    - Disseminate minutes from the NCLC meetings and calls;
- Engage in dialogue with RAC on the cost-effectiveness of different testing technologies.

IV. SPECIAL PROJECT PROPOSAL

This section presents proposals for one-time special project funding. JSI is submitting one overall proposal with two primary focus areas which address the evaluation and improvement of the effectiveness of the Region VIII screening activities. We believe this proposal has implications for regional and national decision-making.

Evaluating and Improving the Effectiveness of the Region VIII Infertility Prevention Project (IPP)

Overall Purpose and Background

Sexually Transmitted Diseases (STDs) remain one of the most challenging public health problems facing the United States. *Chlamydia trachomatis* (CT) is the most common bacterial STD in the U.S. If left untreated, it can lead to serious consequences such as Pelvic Inflammatory Disease (PID), ectopic pregnancy and infertility.

The Centers for the Disease Control (CDC), in collaboration with the Office of Population Affairs (OPA) of the Department of Health and Human Services (HHS), supports the national Infertility Prevention Program (IPP) that funds Chlamydia screening and treatment services for low-income, sexually active women attending family planning, STD, and other women's healthcare clinics.

The goals of the National Infertility Prevention Project are to: (1) implement effective prevention strategies designed to reduce the debilitating complications caused by *Chlamydia trachomatis* infections in the US through screening and treating women; and (2) create an interdisciplinary and collaborative STD prevention effort at the regional and state levels.

The proposed evaluation plan seeks to determine the effectiveness of the Region VIII IPP in addressing the National IPP Priority Area: Target/expand Chlamydia screening to young sexually active women and men at risk for infection in public and private settings.

Principal Objectives

The principal objectives of this evaluation are to the reduce Chlamydia prevalence and pelvic inflammatory disease (PID) incidence in women by determining methods to improve and expand initial screening for Chlamydia and Gonorrhea in young sexually active women and improve rescreening for Chlamydia among recently infected women.

1. Improvement and Expansion of Initial Screening Evaluation

Women requesting emergency contraception (EC) at STD clinics are considered to be at high risk for STDs because they typically report recent unprotected sex. Yet new research conducted at the ten STD clinics run by the New York City Department of Health and Mental Hygiene (NYC DOHMH) shows that only about one in four of these women were screened for Chlamydia and Gonorrhea at the time of their request for EC. Among those who were screened for Chlamydia and Gonorrhea, more than one in ten was infected, suggesting that EC-related visits present an important opportunity to increase detection and treatment of Chlamydia and Gonorrhea that has not yet been widely adopted.[3]

Additionally in several recent studies researchers estimate that, among private health insured patients, screening rates in the 16-25 year old female age group to be 42% at best.[4],[5] These results clearly show room for improvement in screening practices of females in this age group who visit private provider offices and clinics.

2. Rescreening Evaluations

Because of their high prevalence of re-infection, recently infected women represent priority for repeat testing for *C. trachomatis*. A recent analysis of Region VIII IPP data suggested that women who had a recent history of chlamydia were 4 times more likely to be re-infected, and although the 2006 MMWR STD Treatment Guidelines[6] recommends that clinicians consider advising all women with chlamydial infection to be retested approximately three months after treatment, due to lack of funding and shifting priorities, this practice has not routinely been applied throughout Region VIII IPP sites.

Repeat infections confer an elevated risk for PID and other complications when compared with the initial infection. The majority of post-treatment infections result from reinfection, frequently occurring because the patient's sex partners were not treated or because the patient initiated sex with a new partner infected with *C. trachomatis*. Other publications have found that this rescreening leads to the curative treatment of more infected women and also proves to be cost effective.[7],[8]

Program Implications The integration of STD screening with Emergency Contraception (EC) visits and increasing screening among the private sector represent an opportunity for increased identification and treatment of infections in young women at risk for sequelae

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[3] Schillinger, J, Borrelli, J, Rogers, M, Rubin, S, and Blank, S.Oral Abstract B9c -- STD Testing at Emergency Contraception Visits, New York City STD Clinics, 2005–2007. In: 2008 National STD Prevention Conference, Chicago, Ill., March 10-13, 2008.

[4]Tao, G., Tian, L., & Peterman, T. (2007). Estimating Chlamydia screening rates by using reported sexually transmitted disease tests for sexually active women aged 16 to 25 years in the United States. *Sexually Transmitted Diseases: Journal of the American Sexually Transmitted Disease Association, 34,* 180-182.

[5] Mangione-Smith, R., McGlynn, E., & Hiatt, L. (2000). Screening for Chlamydia in adolescents and young women.

Achieves of Pediatric Adolescent Medicine, 154, 1108-1113.

[6] Sexually Transmitted Diseases Treatment Guidelines, 2006 MMWR August 4, 2006 / Vol. 55 / No. RR--11

[7] Applying a mixed-integer program to model rescreening women who test positive for C. trachomatis infection, Tao, et al., Health Care Manag Sci 2004 May; 7(2): 135-44

[8] [8] Screening for Chlamydia trachomatis in women 15 to 29 years of age: a cost-effectiveness analysis, Ann Intern Med. 2004 Oct 5;141(7):501-13

of chlamydia such as PID and infertility. This evaluation would also demonstrate the need for rescreening recently infected women in Region VIII, and provide data to shape programmatic decisions.

Approach
The plan represents a true collaboration across the STD, FP and Laboratory program areas. The evaluation plan addresses the following four focus areas:
- Improving Chlamydia Screening among the Region VIII key screening venues (Prevalence Monitoring sites [Family Planning], Indian Health Service and the Private Sector)
- Increasing Chlamydia Screening among Women Accessing Services in Family Planning, Title X Clinics
- Rescreening Practices of Family Planning, Title X Providers Participating in the Region VIII IPP
- Rescreening of Chlamydia-Positive Women Using Self-Collected Vaginal Swabs

Increasing Chlamydia Screening among Women Accessing Services in Family Planning, Title X Clinics.
This study will be an evaluation of the impact of offering chlamydia screening during emgerncy contraception (EC) visits. The three project areas of the Infertility Prevention Project in Region VIII (STD, Family Planning and Laboratory) propose a multi-state demonstration project whereby women accessing pregnancy test services in Family Planning clinics will be screened for *Chlamydia trachomatis,* using a urine specimen, to determine the rate of infection in this population.

Objectives:
- Determine whether "off-table" visits, such as emergency contraception, improve the screening rates among women of reproductive health age.
- To estimate the prevalence of Chlamydia infection among women being screening during "off-table" visits for use in shaping programmatic decisions.

Increasing Screening in the Private Sector
This study will be an evaluation of the effectiveness of a communication plan directed toward private providers to increase Chlamydia screening among private providers in Region VIII. A pilot project using a convenience sample of IPP private providers in the region could potentially provide primary information in order to help guide the direction of this project on a larger scale. Along with distribution of a laminated screening card, qualitative surveys would be conducted to help provide additional background information about perceived barriers on behalf of providers and opportunities to improve the project's implementation.

Objectives:
- Determine the most effective strategies and messages for reaching private sector providers.
- Determine how to best frame messages to the private sector.
- Develop a communication plan (to providers/clinicians, medical journals, etc.)

- Evaluate screening rates using the Region VIII IPP dataset pre/post communication campaign.

Rescreening Practices of Family Planning, Title X Providers Participating in the Region VIII Infertility Prevention Project

This study will be an evaluation, to determine the current practices and protocols regarding rescreening for Chlamydia. The first step in this process would be utilizing a survey instrument that was presented at the November 2006 IPP meeting and refining it into a tool that averages 15 minutes to complete. Primary distribution will be via an internet-based survey tool, Survey Monkey, and secondary distribution will be via mail or fax.

Objectives:

- To determine what current practices are in place in regards to rescreening procedures in FP, Title X clinics participating in the Region VIII IPP
- To determine the barriers to implementing the CDC treatment guidelines to rescreen three to four months after an initial positive result.

Rescreening of Chlamydia-Positive Women Using Self-Collected Vaginal Swabs

Clients seen at participating family planning or sexually transmitted disease clinics, who have tested positive for *C. trachomatis,* will be encouraged to return 3-4 months later for rescreening using a vaginal swab for self-collection. The clinician or health educator will explain the rationale for rescreening at the time of treatment and an informational appointment card will be given to the client, explaining the need for rescreening, with a return date included on the card. Participating sites will use a tickler system and contact the client at 3-4 months to remind them to come into the clinic for rescreening. Having the client return to the clinic, compared to having them self-collect a vaginal swab at home, alleviates many concerns such those related to confidentiality issues. The specimens can be transported from the clinic to the participating state public health laboratories using existing courier systems which will not require additional mailing charges, laboratory validation costs for testing specimens collected "off-label" will not be incurred, and IRB approval would not be needed. When the client returns to the clinic for rescreening she will be provided a vaginal swab and a card containing collection instructions. The participating site will complete a laboratory requisition, designate that this is a rescreening specimen, and transport specimen to one of the participating public health laboratories in Region VIII.

Objectives:

- To perform a feasibility study to determine whether self-collected vaginal swabs increase the acceptability of rescreening by both clients and impacted clinics.
- To provide positivity data on Region VIII reinfection rates for use in shaping programmatic decisions.

Application of Findings/Intended Users
The primary users of the information will be the Region VIII IPP Regional Advisory Committee. The committee will use the evaluation results to assist in shaping programmatic policy and procedure decisions for Region VIII reproductive health service providers. The information gathered from the evaluation project will also be shared with OPA, CDC and the other nine federal HHS IPPs.

Organizational Priorities
Findings from the evaluation will support OPHS, Region VIII and CDC strategies that

- Lead the HHS reproductive health programs that reduce unintended pregnancies, adolescent pregnancies, and the transmission of sexually transmitted diseases by developing and implementing policies and programs related to family planning and other preventive healthcare services, including education and social support services.
- Provide leadership to promote health equity for women and girls through the development of innovative programs, through the education of health professionals, and through the motivation of consumer behavior change by disseminating relevant health information.
- Foster the development of evidence-based health and disease prevention practices for women through innovative national and community-based programs focused on conditions affecting women.

Overall Measures of Success:
The two measures of effectiveness that will be utilized to determine the success of each evaluation focus are the Infertility Prevention Program Program (IPP) Regional Infrastructure Performance Measures:

Chlamydia Screening Coverage Estimate

The screening coverage estimate corresponds to GPRA performance goal #1: “Reduction in PID”; HP 2010 goals 25-1: “Reduce the proportion of adolescents and young adults with CT infections,” 25-6: “Reduce the proportion of females who have ever required treatment for PID”; and IOM goal #3: “Design and implement essential STD-related services in innovative ways for adolescents and under served populations.”

Chlamydia Screening Test Utilization

The screening test utilization corresponds to GPRA performance goal #1: “Reduction in PID”; HP 2010 goals 25-1: “Reduce the proportion of adolescents and young adults with CT infections” and 25-6: “Reduce the proportion of females who have ever required treatment for PID”; and IOM goal #3: “Design and implement essential STD-related services in innovative ways for adolescents and under served populations.”

Coordination/Collaboration
The proposed evaluation project is not a continuation project and is not related to other projects currently underway in Region VIII. Principle Investigators on this project will coordinate through the IPP Regional Advisory Committee consisting of members from

region's state health department laboratories and sexually transmitted disease programs as well as Title X family planning providers. CDC IPP project officers and the Office of the Regional Health Administrator (ORHA) will be routinely updated during the course of the evaluation project.

IV. A. Special Project Budget Request
Increasing Chlamydia Screening among Women Accessing Services in Family Planning, Title X Clinics Budget

Category	Item	Cost
Testing Supplies	320 screens @ $23/test – includes the cost of urine collection kits, testing costs and other supplies	$7,360
Focus Groups	Conduct 5 focus groups to test messages and dissemination strategies, $300 per focus group	$1,500
Printing and Mailing	Professional printing for clinician screening guideline cards ($5 per card x 300) Printing costs for posters and clinician reminder cards containing study instructions: $630 Mailing costs to ship the cards: $414	$2,544
Budget Subtotal		$11,404
8% Indirect Cost		$ 912
Total Budget Requests		$12,316

Rescreening Practices of Family Planning, Title X Providers Participating in the Region VIII Infertility Prevention Project

Category	Item	Cost
Testing Supplies	320 re-screens @ $23/test – includes the cost of vaginal collection kits, testing costs and other supplies	$7,360
Survey Data Management Consultant	Survey design, development and data entry services using Survey Monkey Data analysis using SPSS Draft initial report	$3,169
Printing and Mailing	Printing costs for survey: $250 Printing costs for appointment cards and cards containing vaginal specimen collection instructions: $162 Mailing costs to ship the cards: $163	$ 575
Budget Subtotal		$11,104
8% Indirect Fee		$ 888
Total Budget Request		$11,992