

**Region VIII Infertility Prevention Project
Regional Infrastructure Support**

**Funding Opportunity: CDC-OPA Inter-Agency Agreement
(Continuation Year 4)**

Submitted on: May 13, 2011

Submitted by: JSI Research and Training Institute, Inc./Denver
1725 Blake Street, Suite 400
Denver, CO 80202

Submitted to: Steven Shapiro
National Infertility Prevention Project Coordinator
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, MS-E27
Atlanta, GA 30333

Table of Contents

	Page
PROJECT NARRATIVE:	
EXECUTIVE SUMMARY	1
PROPOSED 2011-2012 OBJECTIVES AND PROJECT PERIOD GOALS	
Administration	9
Coordination	10
Communication.....	12
Prevalence Monitoring and Data Management	14
Prevalence Monitoring and Data Analysis	16
Education and Program Promotion.....	17
National IPP Infrastructure Objective.....	19
National IPP Infrastructure Performance Measures	19
Enhanced Activities-Coordinate Special Projects	20
Proposed Technical Assistance Requests Expected of the NLC	21
BUDGET AND JUSTIFICATION	
Region VIII Base Funding	23
National Laboratory Consultant	28
Budget for STD Conference Travel Support.....	28
APPENDIX A	A-1
APPENDIX B.....	B-1

JSI RESEARCH AND TRAINING INSTITUTE, INC.
Region VIII Infertility Prevention Project
Regional Infrastructure Support
Continuation Year 4

PROJECT NARRATIVE

I. EXECUTIVE SUMMARY

JSI Research & Training Institute, Inc. (JSI R&T) 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 R&T has been dedicated to improving the public health of underserved communities and enhancing the quality of health care services. The Denver office of JSI R&T was established in 1982 and since that time 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 R&T/Denver 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) specialists, 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 one metropolitan area (Denver). The STD and FP programs in Region VIII serve over 135,000 individual women and men each year. In order to meet the unmet and growing needs of the prevention and control of STD-related infertility, JSI R&T/Denver will take a systematic approach to the continued implementation of the

Region VIII IPP program structure. The JSI R&T/Denver team, working with CDC and the Region VIII Regional Advisory Committee (RAC), 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 R&T/Denver 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 RAC comprises 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. Two membership distributions exist within the Region VIII Infertility Prevention Project: (1) Regional Advisory Committee (RAC) Members, and (2) Affiliated Public Health Representatives.

The Regional Advisory Committee includes 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.

Affiliated Public and Private Health Representatives include JSI R&T/Denver staff, representatives from CDC, the Regional Office for Family Planning, Indian Health Service (IHS), and the National Laboratory Chlamydia Coordinator. It also includes those who have requested to receive project information: directors of public health programs such as laboratories,

family planning and STD, and representatives from the three Tribal Epi-Centers that serve Region VIII American Indian communities. When this regional project was established in July 1992, representatives from Denver Public Health were present and requested membership on the RAC.

The primary role of the RAC 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, Data/Effective Use of Resources, and Laboratory. Each workgroup comprises representatives from each state, as well as from each of the programs: 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 workgroup has an elected chairperson or co-chairpersons. In addition, an Executive Committee was formed whose primary role is to assist the JSI R&T/Denver infrastructure with planning the RAC meetings, determine how best to structure the RAC to address current needs, and to be available to the regional infrastructure staff to respond to immediate issues and requests from CDC that arise between RAC meetings. The Executive Committee has the authority to make decisions, and committee members are responsible for contacting their state program partners 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 year:

- Maintain a regional data collection system;
- Evaluate and update regional screening criteria, to inform state and local 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 address the National IPP Priority Areas.

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 Chlamydia. Sites can include traditional and non-traditional settings where young women and men access reproductive health care services. Examples of traditional settings might include private providers, Indian Health Service clinics, 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 ensure 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 ensure 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.

- Given the recent national discussion around private labs, the Region VIII Lab workgroup members are discussing how public health labs cannot only offer high-quality diagnostic tests but also offer more competitive services, whether that is single testing and/or other services.

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 *2010 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
Quality of Care
Equity
Efficiency
Capacity Building
Evaluation

JSI R&T/Denver has been the administrator of the Region VIII IPP since its inception in 1992. In this role, it has supported the regional infrastructure that facilitates collaborative efforts between STD, family planning, 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 R&T/Denver is requesting funding in the amount of \$188,662 in pursuit of the program mission under which the Region VIII Infertility Prevention Project is dedicated to the prevention of infertility caused by sexually transmitted diseases, particularly Chlamydia and Gonorrhea. Furthermore, JSI R&T/Denver will apply these funds to support the achievement of the overall goal 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 everyday functioning and administration of the project, a key highlight related to the improvement of screening coverage among women being seen in Title X clinics can be found in Appendix A. As specified in the project narrative request, all other project activity progress will be reported in the final end of the year report, due on November 15, 2012.

II. PROPOSED 2011-2012 OBJECTIVES

The program includes objectives for the one-year budget period of July 1, 2011 to June 30, 2012, 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 R&T/Denver 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. Assess the implementation of targeted Gonorrhea testing, which requires discontinuing the use of region-wide use of the GenProbe Aptima Combo 2 Assay.

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 R&T/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.

2.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 R&T 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, 2011.

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 summer 2011 Region VIII IPP advisory committee meeting, the Region VIII IPP Director will review CDC IPP priorities for 2011/2012 with advisory committee members.
- The Project Director will submit a finalized Region VIII IPP Regional Plan to the CDC by August 1, 2011.

Objective 2: Submit the Region VIII IPP Infrastructure plan, budget, and progress report to the

CDC and OPA in May 2011 and November 2012.

Activities:

- The Region VIII IPP Director, in collaboration with key Infrastructure staff, will develop a FY2012 IPP Progress Report to be submitted to CDC by November 15, 2012.

- The Project Director will develop a program period FY 2012 (July 1, 2011- June 30, 2012) 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, 2011.

Coordination

Goal: JSI R&T 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 for webinars from July 2011 through March 2012 and a face to face meeting in June 2012.

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 2012, 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 2012 Region VIII IPP RAC 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, 2012, the Region VIII IPP Director 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 Director 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, 2012, 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 2012, 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 Director 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 CSPA/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, 2012, 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, 2012.
- 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 Director will prepare and disseminate a TA report to all site visit participants that highlights key meeting discussion points and outcomes.

Communication

Goal: JSI R&T 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.

Objective 1: At least one representative from the infrastructure staff will participate in Fall 2011 and Spring 2012 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 2011 and spring 2012 National IPP Coordinator Meetings.
- The IPP Manager will ensure that proceedings from all meetings are appropriately communicated and integrated into regional business.

Objective 2: By June 30, 2012, 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 in October 2011, January 2012, April 2012, and July 2012.

Objective 3: By June 2012, 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 summer 2012 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 FY2009 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.

Prevalence Monitoring and Data Management

Goal: JSI R&T 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.

Objective 1: Infrastructure staff will submit final CY2010 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, 2012.

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 2011 data will be submitted to CDC by April 15, 2012 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 2011 data set in April 2012.

Objective 2: 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, 2012.

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, 2011 and June 30, 2012.

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 quarterly (June 2011, September 2011, December 2011, March 2012 and July 2012). These reports will be disseminated electronically via the Region VIII IPP Web site 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 (< 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 the 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 2012: (1) adherence to screening criteria CY2010, and (2) assessment of screening coverage CY2011.

Activities:

- The Project Director will analyze data from CY 2007, CY 2008, CY 2009, CY2010 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 CY2011 project area analysis of Chlamydia screening coverage in FP clinics and distribute findings for discussion at the June 2012 Advisory Committee meeting.

Objective 3: The Project Director will update Region VIII IPP Chlamydia Reinfection Analysis to include CY2010 data by March 2012.

Activities:

- The Project Director will revise Chlamydia reinfection analysis to include CY2010 data.
- The Project Director will share significant changes in trends with advisory committee members at the June 2012 advisory committee meeting through a slide presentation.

Education and Program Promotion

Goal: JSI R&T 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, 2012, 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 IHS Stop Chlamydia Project.

Activities:

- The Infrastructure staff will work with IHS 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 sharing the Region VIII American Indian STD and Reproductive

Health Services Profile with all immediate Region VIII IPP partners. The purpose of the profile is 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.

National IPP Infrastructure Objective

Objective 1: By June 30, 2012, describe billing and reimbursement barriers in all Title X family planning and STD clinics in each project area.

Activities:

- The infrastructure staff will utilize the information gathered through the Future of IPP assessment as it relates to billing and reimbursement issues in the core IPP prevalence monitoring sites.
- From the information gathered with these assessments, JSI R&T/Denver will describe the strengths, challenges and gaps in billing and reimbursements practices among the Region VIII FP and STD clinics.
- The end result of this initial information-gathering stage will be to provide a technical assistance plan to address the challenges and gaps found in Region VIII.

National IPP Infrastructure Performance Measures

Objective 1: Update and monitor the number and proportion of Title X female family planning users screened for CT during the calendar year, stratified by age group, as measured by the most recently published data from the Family Planning Annual Report (FPAR).

Please see appendix A for the most recent screening coverage report.

Objective 2: Update and monitor the number of women screened for chlamydia, stratified by age, among clients attending Family Planning Clinics

Please see Appendix B for the most recent test utilization report.

Enhanced Activities: Coordinate Special Projects

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

Objective 1: By July 1, 2011, the Project Director will disseminate a final profile which will report 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 continue to monitor and report on the initial Regional Assessment of AI/AN health care delivery systems in the Region through IHS, tribal and urban health facilities conducted during the FY 2011 project year.
- 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 ask each Region VIII program area to provide updates at the RAC meetings on the partnerships and collaborations implemented with AI/AN communities during the past FY.

Objective 2: By June 30, 2011, disseminate a regional epidemiologic profile of pregnancy test 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 Effective Use of Resources (Data) 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 monitor the epi profile of PTO Chlamydia and Gonorrhea positivity through the new data variable, reason for test: pregnancy test visit.
- The Project Director will update and monitor the PTO epidemiologic profile for use in shaping programmatic decisions among the Region VIII FP prevalence monitoring facilities.

Objective 3: By November 30, 2011, 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 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.

2.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, 2011 – June 30, 2012 includes:

- 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; and
- Facilitate discussions between STD and FP programs and Laboratories to understand challenges in limiting the use of the GenProbe Aptima Combo test technology.