

## **Region 8 IPP – Background/Overview/History**

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 comprised 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.