

## Region II Infertility Prevention Project

### Assessment of Gaps in Chlamydia Screening Coverage in Family Planning

#### Background

CDC recommends annual screening of all sexually active women aged  $\leq 25$  (i.e.  $< 26$ ) years for chlamydia. In order to assess chlamydia screening coverage among females attending Title X family planning clinics, CDC devised a measure of effectiveness examining the proportion of unique female users screened for chlamydia by age group. This assessment draws upon readily available Family Planning Annual Report (FPAR) data reported by all Title X grantees to the Office of Population Affairs (OPA).

Overall, screening coverage in family planning has remained low across Region II. In 2008, 54% of female users aged 15-24 years were tested for chlamydia at least once during the calendar year (see **Table A**, below). According to Region II IPP prevalence monitoring data for the same year, chlamydia positivity among these users was 6.4%.

**Table A:** Estimated Chlamydia Screening Coverage among Female Family Planning Users

Region II	Age Group (in Years)	# Females Tested	# Females Eligible <sup>†</sup>	Estimated Screening Coverage (%)
<b>CY 2008</b>	15-19	51,379	97,909	52.5%
	20-24	76,924	139,777	55.0%
	>24	94,538	212,739	44.4%
	<b>TOTAL</b>	<b>222,841</b>	<b>450,425</b>	<b>49.5%</b>

Source: Family Planning Annual Report (FPAR) Tables 1 & 11.

<sup>†</sup> Based on number of unique users.

In order to increase the proportion of females aged  $\leq 26$  years screened for chlamydia, programs should consider missed opportunities for screening at-risk young women. Chlamydia testing is often performed as part of a pelvic exam. However, the provision of family planning services has changed over time. Specifically, family planning clinics offer many “streamlined” services to young women that do not require a pelvic exam, including pregnancy testing, emergency contraception, and HIV testing. It is important to understand which clients receive a chlamydia test and which do not, the characteristics of these clients (especially age), and the circumstances under which chlamydia testing is offered in order to explore opportunities to close gaps in screening coverage.

In particular, prior studies have shown that family planning users requesting walk-in pregnancy test only (PTO) services “represent a group of young sexually active women at high risk of chlamydial infection and an opportunity for expanding chlamydia screening within Title X clinics.” When tested in clinics offering urine-based screening, these users have high rates of chlamydial infection compared with users in the same clinics screened via cervical swab.<sup>1</sup>

<sup>1</sup> Chlamydia Positivity among Women coming into Title X Family Planning Clinics for Pregnancy Testing Only: A summary of demonstration projects conducted in Regional Infertility Prevention Projects, 1997-2005. Linda Dicker (CDC), Dawn Middleton (Region III), Adelbert James (Region IV), Karla Johnson (Region VII), Pat Blackburn (Region IX), Debra Mosure (CDC), Dorothy Gunter (CDC).

## **Region II Infertility Prevention Project**

### **Assessment of Gaps in Chlamydia Screening Coverage in Family Planning**

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#### **Purpose**

The purpose of this assessment is to establish baseline data describing female family planning users who were and were not tested for chlamydia; the services provided to these users, including pregnancy testing only (PTO) and other “streamlined” services; and chlamydia positivity among users tested for chlamydia. In addition, this analysis will assess trends in the utilization of urine for specimen collection among females using available prevalence monitoring data. The results will inform the understanding of patterns of testing and help to identify gaps and opportunities to increase screening coverage among females <26 years of age. This assessment is part of a coordinated effort by the National Infertility Prevention Project (IPP) across all 10 Public Health Service regions.

The assessment will be conducted on two levels: 1) overall for each Title X grantee, and 2) for specific family planning clinics located in identified high morbidity areas targeted for expanded gonorrhea and chlamydia screening, in accordance with coordinated efforts to reduce health disparities.

#### **Methods for Data Collection**

Family planning grantees should draw upon routinely collected administrative and laboratory data for the calendar year 2008 to respond to this assessment. The following data elements will be needed to complete the tables described below for unique family planning users: 1) gender; 2) age in years; 3) race; 4) ethnicity; 5) type of visit or services provided\*; 6) whether a chlamydia test was performed, and if so, 7) chlamydia test result.

A template is provided on the following pages for each of the tables described below.

*\*Note:* Many of the requested data elements are collected and reported for the Family Planning Annual Report (FPAR), but may need to be stratified differently. With regard to visit type or services received, we recognize that both the services offered and the methods for categorizing and tracking these services will vary across organizations; the visit type categories included in the tables below are therefore suggestions for your consideration. In addition, we understand that it may not be feasible to provide chlamydia testing during all non-clinical visits. This assessment is meant to elucidate some of these factors and help provide context for observed gaps in screening coverage based on the CDC-defined measure.

**Table 1:** First, describe demographic characteristics of female family planning users – including user age, race, and ethnicity – according to whether they were or were not tested for chlamydia.

**Table 2:** Next, stratify data to show the number of unique females by visit type or services provided, by age group; modify the list of services or visit types as appropriate based on services provided by your agency. Please include a list of definitions for visit type categories used by *your* organization.

**Region II Infertility Prevention Project**  
**Assessment of Gaps in Chlamydia Screening Coverage in Family Planning**

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**Table 3:** Then, calculate the proportion of unique female family planning users tested for chlamydia according to the type of visit or services provided.

**Table 4:** Finally, indicate the proportion of female family planning users tested for chlamydia by visit type and age group, and (if known) the percent testing positive.

Complete as much of each table as possible; where data are not readily available, explain the steps that would be involved in collecting or reporting this data. Based on the data presented, describe approaches that may be used to increase screening coverage among females <26 yrs.

**Timeframe**

Family planning grantees should complete this analysis by September 18, 2009. Data should be compiled in table format as described above and on the following pages, and submitted to Kelly Opdyke ([kopdyke@cicatelli.org](mailto:kopdyke@cicatelli.org)), Region II IPP Deputy Coordinator. A summary report will be presented to the Region II IPP Executive Committee and shared with CDC. All questions regarding this assessment should be directed to Kelly's attention via email or telephone (212-594-7741 x 250).

**Region II Infertility Prevention Project**  
**Assessment of Gaps in Chlamydia Screening Coverage in Family Planning**

**Instructions to Title X Family Planning Grantees**

Please follow instructions as described above (pages 1-3). Complete tables should be emailed to Kelly Opdyke ([kopdyke@cicatelli.org](mailto:kopdyke@cicatelli.org)) by September 18, 2009.

**Title X Grantee Reporting Data:** \_\_\_\_\_

**Facility(ies) Represented in Data Tables:** \_\_\_\_\_

**Table 1:** Estimated Chlamydia Screening Coverage among Female Family Planning Users by Age, Race, and Ethnicity, CY2008. (Source: Title X administrative and laboratory data)

Characteristic	# Unique Females	# Females Tested	# Females <u>Not</u> Tested	Estimated Screening Coverage (%)
<b>Age Group (Years)</b>				
15-19				
20-24				
>24				
<b>Total</b>				
<b>Race</b>				
Amer Indian/ AK Native				
Asian				
Black/ African American				
Nat Hawaiian/ Pac Islr				
White				
More than one race				
Unknown/ not reported				
<b>Total</b>				
<b>Ethnicity</b>				
Hispanic/ Latino(a)				
Not Hispanic/Latino(a)				
Unknown/ not reported				
<b>Total</b>				

**Table 2:** Family Planning Services Provided to Unique Female Users by Age Group, CY2008. (Source: Title X administrative and laboratory data)

Visit Type / Services Provided	Number of Unique Females by Age Group			
	15-19 Years	20-24 Years	>24 Years	Total
Initial or Annual Exam				
Pregnancy Testing only				
Emergency Contraception Only				
HIV Testing Only				
STD Testing Only				
Other Services (specify)				
<b>TOTAL</b>				

**Region II Infertility Prevention Project**  
**Assessment of Gaps in Chlamydia Screening Coverage in Family Planning**

**Table 3:** Proportion of Female Family Planning Users Tested for Chlamydia by Visit Type or Services Provided, CY2008. (Source: Title X administrative and laboratory data)

Visit Type / Services Provided	# Unique Females	# Females Tested	# Females <u>Not</u> Tested	Estimated Screening Coverage (%)
Initial or Annual Exam				
Pregnancy Testing Only				
Emergency Contraception Only				
HIV Testing Only				
STD Testing Only				
Other Services (specify)				

**Table 4:** Chlamydia Positivity among Female Family Planning Users Tested for Chlamydia, by Visit Type and Age, CY2008. (Source: Title X administrative and laboratory data)

Visit Type	Age Group (in Years)	# Females Tested	# Testing Positive	Chlamydia Positivity (%)
Initial or Annual Exam	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			
Pregnancy Testing Only	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			
Emergency Contraception Only	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			
HIV Testing Only	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			
STD Testing Only	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			
Other Services	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			
<b>TOTAL (All Visits)</b>	15-19			
	20-24			
	>24			
	<b>TOTAL</b>			

**Region II Infertility Prevention Project**  
**Assessment of Gaps in Chlamydia Screening Coverage in Family Planning**

**If the tables above are incomplete, please describe challenges involved.**

Where data are not readily available, explain the steps that would be involved in collecting or reporting this data.

**Approaches/Next Steps**

Based on the data presented above, describe one or more strategies that could be employed by your agency to increase screening coverage among females ages 15-24 years:

- a) Overall for your Title X program
- b) For specific facilities located in high morbidity areas identified for expanded gonorrhea and chlamydia screening efforts

What are the barriers to increasing testing among female users who do not receive a pelvic exam? What steps could be taken to overcome those barriers?