

Region IV Infertility Prevention Project (IPP)
 Advisory Board Meeting, May 6-7, 2010 – Ft. Lauderdale, FL

Title: Region IV IPP Spring Advisory Board Meeting
Date: Thursday, May 6, 2010 – Friday, May 7, 2010
Location: Riverside Hotel, 620 E. Las Olas Blvd., Ft. Lauderdale, FL 33301

Participants:

State	Name	Affiliation	STD	FP	Lab	Other
AL	FLEETWOOD HINES	ADPH			✓	
AL	ELIZABETH NICHOLS	ADPH		✓		
AL	MARY SCISNEY	ADPH	✓			
FL	ADRIAN COOKSEY	FL DOH	✓			
FL	MARGARET RANKIN	FL DOH		✓		
FL	SARAH TERRY	FL DOH			✓	
GA	LINDA ALLEN-JOHNSON	GA DHR			✓	
GA	LYNDOLYN CAMPBELL	GA DHR		✓		
GA	MAY PARK	GA PH LAB			✓	
GA	REGINALD ROBINSON	GA DHR	✓			
GA	KENYA TAYLOR	GA DHR	✓			
KY	WILLIAM BAKER	KY DPH			✓	
KY	DEBRA ISRAEL	KY DPH		✓		
KY	SHERRI WHITE	KY DPH	✓			
MS	GWENDOLYN ALEXANDER	MSDH		✓		
MS	CHANEY WALTERS	MSDH			✓	
NC	MYRA BRINSON	NC DHHS			✓	
NC	CHERYL KOVAR	NC DHHS		✓		
NC	PETE MOORE	NC DHHS	✓			
SC	BRENDA HASTIE	SC DHEC			✓	
SC	CONSTANCE PERKINS	SC DHEC	✓			
SC	SARAH ANNE FELLOWS	SC DHEC		✓		
TN	SUSAN BARBER	TN DOH		✓		
TN	JIM GIBSON	TN DOH			✓	
TN	MICKEY MCCOWEN	TN DOH	✓			
CA	PETE KELLEY	GENPROBE				✓
CA	SHERRY HELMS	GENPROBE				✓
TN	CHRIS COMPHER	TRIBAL EPI CENTER				✓
NM	SCOTT TULLOCH	IHS (CDC)				✓
GA	DONNA PHILLIPS	HHS / OPA				✓
NC	RENEE FERRARI	UNC – SHEPS				✓
NC	ERIN MCCLAIN	UNC – SHEPS				✓
GA	PATTI BUNYASARANAND	CICATELLI ASSOC.				✓
GA	CASSANDRA MALONE	CICATELLI ASSOC.				✓
GA	GINA MARTIN	CICATELLI ASSOC.				✓
GA	DANA PEEBLES	CICATELLI ASSOC.				✓
NY	KELLY OPDYKE	CICATELLI ASSOC.				✓

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Advisory Board Meeting

MEETING MINUTES

Meeting Objectives

1. Review Current Region IV IPP Clinical Guidelines and discuss Next Steps in updating Guidance.
 - a. Guidelines to be used as a training tool/reference/resource for providers
 - b. Subcommittees to revise and approve changes to their respective sections before Dr. Geisler approves
 - i. Constance will compile revised Guidelines by the end of May to be reviewed by Dr. Geisler
2. Explore current partnerships between State/Local Health Departments and CHC's and consider opportunities to expand on lessons learned in Region IV in order to enhance access to chlamydia and gonorrhea screening and treatment services.
 - a. According to data compiled, only 16 CHC sites reported IPP data in 2008-2009
 - i. CHCs do not report to state PH labs
 - b. Mississippi has applied for additional funds from OPA to work with a local CHC in Jackson (Hinds County) to provide enhanced CT and GC screening and treatment
3. Review and collate regional activities designed to target chlamydia and gonorrhea screening activities to promote health equities [including: increasing Chlamydia screening coverage, TN Community-based Participatory Research Project, GenProbe Regional Partnership, partnership with Nashville Tribal Epi-Center, Region IV Evaluation Indicators/Measures].
 - a. Kelly presented regional and state data trends and highlights
 - i. Each state plotted their CT screening coverage in FP
 - b. Scott Tulloch introduced the IHS Native Stand initiative to the region and discussed the Stop Chlamydia project (last implemented in 2006) which targeted CT prevention, screening and treatment services in the AI/AN community in Mississippi
 - c. Chris Compher shared information about the United South and Eastern Tribes' work with AI/AN populations around CT and GC, as well as geographic, demographic, and cultural aspects that make AI/AN communities difficult to access and screen
 - d. Pete Kelly briefly summarized the region's Chlamydia Awareness Campaign activities, then introduced the opportunity for Region IV IPP to participate in GenProbe's Trichomonas prevalence study (mixed reactions, Infrastructure was not previously informed)
 - e. Mickey gave an overview of the CBPR project including the prevalence of GC in Memphis, community partner (St. Andrew AME Church), and project timeline
4. Establish date, location, and objectives for Fall 2010 Region IV IPP Advisory Committee Meeting
 - a. AB members voted for Orlando, November 4-5
 - i. UPDATE: Due to concerns about hurricane season, the Region IV IPP Fall 2010 meeting will take place in Charlotte, NC (Nov. 4-5)

DAY 1

May 6, 2010 [8:30am – 4:00pm]

8:00 – 8:30am **Continental Breakfast** [available all morning]

8:30 – 8:45am **Welcome and Introductions**
Constance Perkins, Chair Region IV IPP Advisory Board
Cassandra Malone, CAI Center Director, CAI Atlanta

1. Patti was formally introduced to the region as Region IV IPP Coordinator
2. Mickey was introduced as the new IPP Coordinator for TN

8:45 – 12:00pm **Regional Evaluation Data Indicators/Measures: Progress, Challenges and Continued Needs**
Kelly Opdyke, Region IV IPP Data Manager

1. Data trends and highlights from the region:
 - a. FL and GA have the highest number of facilities reporting
 - b. FP and STD sites report the most testing; “Other” category includes Chlamydia Awareness Campaign activities
 - c. Total tests by gender: 80% Female; 20% Male
 - d. CT positivity for Females ages 15-19 ranged between approximately 13%-15% (2005-2009)
 - e. CT positivity for Females ages 15-24 was highest among Blacks/African Americans and American Indians/Alaska Natives (2005-2009)
 - f. GC positivity among Females in all age groups has decreased since 2007
 - g. The majority of GC cases are identified in STD clinics for all age groups and positivity in Females 15-24 is highest among Blacks/African Americans and American Indians/Alaska Natives
 - h. Across all Region IV project areas, GC positivity among Females 15-24 either decreased or stayed the same between 2008-2009
2. Discussions Issues
 - a. Classification of clinic/facility type: Integrated clinics are coded as “Other”
 - b. FP reports unduplicated users while STD does not. Some states use unique patient identifiers to capture re-testing numbers (re-screening is done 3-4 months after initial as opposed to testing for treatment/cure)
 - c. EMR - currently only CHCs use EMRs in Region IV
 - d. Data should capture rate of retesting among Positives vs. Negatives

- **State GC Case Reports in Targeted Areas: Progress in Reducing Health Disparities: IPP State Representatives: AL, FL, GA, KY, MS, NC, SC, TN**

1. **AL**
 - a. Decrease of 23% in cases identified
 - b. Generating awareness through FQHCs, “SPICE” HBCU programs, and freshman screenings through CAC
 - c. In process of implementing high school screenings
 - d. Local survey underway
 - e. Provider issues

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- i. Over/under reporting
 - ii. Price of tests
 - f. Added QA to Medicaid (now reporting HEDIS); in progress of confirming BCBS reporting
 - g. Enhanced data review by doing GIS mapping of census tracts
- 2. FL**
 - a. No unique target areas – targeting statewide population
 - b. Has seen an increase in number of Black/African American females compared to Males
 - c. Treatment for all STDs is at 75% for 14 days; 95% for 30 days
 - d. Action plan now includes GIS analysis to identify core communities
- 3. GA**
 - a. Dougherty County has seen an increase in GC positivity in their teen clinic
 - b. Added Valdosta District (Lowndes County) to target area
- 4. KY**
 - a. Report by county, not zip code
 - b. Decrease of 16% in 2009
 - c. 61-62% in STD clinics; 7-8% FP
 - d. Implemented Male interviews
 - i. 276 men interviewed in 2009 -> 185 partners identified -> 96 partners examined -> 64 partners positive (67%)
- 5. MS**
 - a. More than 7000 cases reported in 2009
 - b. No enhanced screening activities
 - c. Will start screening in Jackson public high schools beginning Fall 2010
- 6. NC**
 - a. Decreased GC morbidity statewide from approx. 15,000 to 14,000; however, there has been an increase in morbidity in target areas
 - b. Until 2007, more males were positive; after 2007, more females were positive – unsure why
 - c. Increase in Black/African American positivity (up to 85%, although Blacks/African Americans only make up 22% of the population)
 - i. Older Males, younger Females
 - d. In process of implementing QA measures in Lab, Clinic, Admin for clinics performing HIV, STD, GC, CT screening
 - i. Currently implemented in 3 of 10 target counties
 - ii. Pete will send QA templates to CAI to be shared with the region
- 7. SC**
 - a. Decrease of 710 cases among all 8 target counties (2008-2009, all facilities)
 - b. Richland County had an increase of 18 cases
 - c. Number of cases increased among the Black/African American population although there was a decrease in the number of patients seen in STD clinics
 - d. Increased disparities are not attributed to behavior, but to sexual networks/core communities
- 8. TN**
 - a. Previously positivity rates for Males were higher; now positivity rates for Females are higher (likely due to dual testing)
 - b. Switched to PRISM system for reporting in April 2010
 - c. Was unable to work with TennCare to include GC screening in contacts with Managed Care Organizations
 - i. Memphis Health Loop Clinics underwent change in ownership

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- d. In progress of implementing EPT for GC; currently doing EPT for dual positivity
- e. Working with St. Andrew AME Church in Memphis on a CBPR project for GC awareness
- f. In progress of getting more GC data and statistics to private providers
- g. Have developed and disseminated articles on GC in newsletters to providers in target communities

▪ **Screening Coverage in Family Planning – Plotting State Trends**

1. See Table 7a.

10:45 – 11:00am BREAK

2:00 – 2:30pm Updating Region IV IPP Guidelines
Constance Perkins, Advisory Board Chair

1. Clinical guideline section updated
 - a. Screening criteria (clinic, population-based)
 - b. Specimen collection (vaginal swabs)
 - c. Treatment (CT, GC, PID)
2. Data and Lab section changes to be approved by subcommittees first, then Dr. Geisler
3. Create Region IV IPP Training Manual to be used as an orientation guide with general info about Region IV IPP
4. Region IV IPP website updates, additions requested
 - a. Links to CDC (most up to date guidelines and info)
 - b. Meeting minutes
 - c. Electronic training manual; provide CEs?
 - d. Electronic Clinical Guidelines
 - e. Allow private providers to access state data
 - f. Links to project area websites (state/local)
 - i. AB members can send links to Patti to be hosted on CAI/R4IPP site

12:00 – 1:00pm AI/AN Priority and Activities Update

Chris Compher, Epidemiologist, Tribal Epi Center; Scott Tulloch, CDC Assignee, Indian Health Service

1. Native STAND and STOP Chlamydia, presented by Scott Tulloch, CDC/IHS
 - a. Native STAND is a comprehensive curriculum for training peer educators to promote healthy decision making for Native youth
 - i. Collaboration of IHS's National STD Program, National Coalition of STD Directors, Mercer University School of Medicine (Macon, GA), and Northwest Portland Area Indian Health Board's Project Red Talon
 - ii. Curriculum developed by multi-disciplinary work group including AI/AN youth, AI/AN elder, public health and youth development experts, and health curriculum developers
 - iii. Includes STD, HIV and teen pregnancy prevention; skills to prevent drug and alcohol use and reduce dating violence
 - iv. Skill sessions focus on positive personal development including team building, diversity, self-esteem, goals and values, decision making, negotiation and refusal skills, peer educator skills, and effective communication
 - v. Designed to meet the needs of today's AI/AN youth by honoring tradition and culture while addressing current mainstream issues

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- vi. Currently being piloted in 4 Bureau of Indian Education residential schools; results available Fall 2010
- b. Stop Chlamydia – enhanced CT screening and treatment services for at-risk women in Indian Country
 - i. 66 participating sites (hospitals, clinics, CHCs) across 15 states (in 2007)
 - ii. Data collection and screening evaluation aligned with IPP
 - 1. Nationally and regionally comparable data enables programs to assess project-level screening effectiveness and better inform local-level priority setting
 - iii. Choctaw Tribe in Mississippi participated until 2006
- 2. United South and Eastern Tribes Inc. – Tribal Health Services & CT/GC Overview, presented by Chris Compher, Epidemiologist, Tribal Epidemiology Center
 - a. Tribal health services provides primary care for federally-recognized tribal populations along the Eastern seaboard
 - b. State vs. Federal recognition of tribes (Federally-recognized tribes can prove they have never been disbanded, and are eligible for more funding)
 - c. North vs. South: there are larger numbers of AI in the South, which means higher prevalence of CT/GC
 - d. Men generally do not seek services from tribal health centers; clientele is made up of mostly women, which drives CT/GC prevalence up for females
 - e. Data is not usually shared with state/local health departments or other health agencies
 - f. Racial misclassification, community isolation, and stigma also affect availability and accuracy of AI/AN data
 - g. State/tribal relationships are based on a trust that has been violated in the past

12:30 – 1:45pm LUNCH

[Working lunch for AI/AN Tribal Epi Center Partner group: AL, FL, MS, NC, SC, Guests: **United South and Eastern Tribes' Tribal Epi Center Partnership**: *Chris Compher, Epidemiologist, Tribal Epi Center; Scott Tulloch, CDC Assignee, Indian Health Service*]

- 1. **SC** – not really seeing AI in state health departments; if AI are visiting HDs, they are probably being misclassified
 - a. Possibility of missing data – lost in private labs? “Race Unknown”
 - b. Possible inaccurate self-reporting of race/ethnicity
 - c. Catawba Indians are a small SC tribe – probably utilizing tribal health services
- 2. **MS** – Choctaw Health Center has multiple smaller clinics; also has a small Indian hospital
 - a. Implemented Stop CT until 2006
 - b. Private labs do not report to the state
- 3. **NC** – Strong message to tribes to **prevent infertility**
 - a. Tribal women are generally discouraged from visiting FP clinics: children are a source of pride and tribal continuity
 - b. FP has not direct relationship with NC AI (Lumbee tribe)
 - i. There are some Lumbee numbers (self-identified) in Robeson CHD – high prevalence
 - ii. Lumbee have no tribal clinic
 - c. 200-300 screened through Chlamydia Awareness Campaign at UNC-Pembroke annually in the fall
 - d. CBOs screen for HIV, Syphilis; some CT/GC

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- e. Lumbee tribe has expressed interest in Native STAND: Tony Locklear reached out to Scott about introducing curriculum to Lumbee nonprofit organization
- f. Lumbee and Cherokee intermarry to maintain blood quantum
- 4. **FL** – no tribal partnerships, some Seminole (?) are seen in HDs
 - a. Primary tribes in FL: Seminole and Miccosukee located in South Florida
- 5. Next Steps
 - a. Explore possibility of requesting mail-back testing kits for AI communities
 - b. Need to increase education of tribal communities to increase CT/GC screening engagement
 - i. HDs can help tribes by educating them
 - ii. Tribes are suspicious of research/studies conducted on their populations
 - c. Chris will follow up with interested states and will begin to reach out to tribes to initiate partnerships
 - i. SC interested in having Chris reach out to Catawba
 - ii. FL – need to talk to Karla Schmitt
 - iii. NC – Infrastructure submitting special proposal to CDC for supplemental funds to do enhanced CT/GC screening in Robeson County (Lumbee Indians)
 - iv. MS have Choctaw contact – Sharron Hockett
 - v. This may take a long time – up to several years – as tribes are often slow to respond, or are suspicious of state/federal entities. Relationships are often cultivated over long periods of time to allow for sufficient trust-building

2:45 – 3:15pm

TN Community Based Participatory Research Project

Tennessee, *Mickey McCowen, TN IPP Coordinator*

- 1. Overview of GC in Memphis: trends, prevalence, population
- 2. Community partner: St. Andrew AME Church (Community Life Center has substantial experience with community outreach, especially related to HIV/AIDS awareness, prevention, and education – Project HOPE); primary contact – Sharron Moore-Edwards
- 3. Project timeline
 - a. January 11 – on site meeting in Memphis (Memphis-Shelby County DOH, driving tour of target zip codes)
 - b. February – Core Theory application conference call with academic partners at UNC; development of DIS interview tool
 - c. March - DIS interviews reveal that middle schoolers and high schoolers responsible for transmission
 - d. May/June – 6 focus groups scheduled

2:00 – 2:45pm

GenProbe Regional Plan and Partnership

Patti Bunya, Region IV IPP Coordinator; Pete Kelley & Sherry Helms, GenProbe

- 1. Chlamydia Awareness Campaign continues, thanks to efforts of Region IV IPP. Approximately 7000 people have been tested through CAC activities and the IPP/GenProbe partnership
- 2. Region IV has done the groundwork for many programs still in effect. Trichomonas (TV) is where Chlamydia was 20 years ago; it is just as common, if not more so, as Chlamydia. Physicians do not trust current testing methods due to false positives/negatives

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3. GenProbe is offering Region IV IPP the opportunity to do a Trich prevalence study parallel to CAC. This prevalence study requires TIGRIS and RUO process (AASR requires validation and IRB approval)
4. It is unclear whether Trich causes infertility, but it is known to cause birth complications, and affects young (early 20s) women and older women.
5. GenProbe would supply test kits, would like to begin the study ASAP, length of study time to be decided; structure not set in stone – one state could pilot for the region, or several states could participate and do a few hundred tests each.
6. Trich prevalence study goal: make Trich reportable

3:15 – 3:30pm Alabama CT/GC Internet Partner Management Activities

Alabama, Mary Scisney, Alabama IPP Coordinator

1. Partner notification emails sent out every Tuesday and Thursday
2. For the period January – March 2010: 3 contacts were identified, 2 notifications through Facebook were sent, 1 partner was tested and treated
3. Discussion among regional partners about using Facebook to notify partners

3:30 – 3:45pm Region IV Chlamydia, Gonorrhea and Teen Pregnancy Prevention Advocacy Agenda: National Family Planning and Reproductive Health Conference

Cassandra Malone, CAI Center Director, CAI Atlanta

1. Region IV IPP Infrastructure visited several Congressional representatives to update them about Region IV issues. Infrastructure met with John Lewis (GA), Cohen (Memphis), Kay Hagen (NC), Kendrick Meeks (FL) [Meeting talking points were distributed]
2. Request for additional topics for future meetings from the region yielded only one suggestion: more funding for long-term contraceptive methods (IUD, Mirena, etc.)
3. Regional partners to contact Cassandra or Patti should discussion topics arise for next NFPRHA conference

3:45 - 4:00pm Review Agenda for Day 2

Patti Bunya, Region IV IPP Coordinator

4:00pm Adjourn

DAY 2

May 7, 2010 [8:30am – 12:30pm]

8:00 – 8:30am Continental Breakfast [available all morning]

8:30 – 9:15am Regional Business

1. Constance is stepping down as Advisory Board Chair; new Chair to be announced Fall 2010

- **IPP Website**

Cassandra Malone, CAI Center Director, CAI Atlanta

1. States with IPP sites will send links to Patti to be linked from the Region IV IPP site

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- Follow-up to CDC NSTDP Conference
Patti Bunya, Region IV IPP Coordinator
 1. See handout: [Region IV IPP Project Area Posters, Presentation, Workshops and Symposia for National STD Prevention Conference \(March 8-11, 2010, Atlanta, GA\)](#)
- CHC Partnerships with State/Local Health Departments
Cassandra Malone, CAI Center Director, CAI Atlanta
 1. [Mississippi has applied for additional OPA funds to partner with a CHC in Hinds County to do enhanced CT/GC screening](#)

9:15 – 10:15am **Subcommittee Meetings** [Clinical, Laboratory, Data]
(See Subcommittee Notes)

10:15-10:30am BREAK

10:30 – 11:45am **Subcommittee Meetings** [Clinical, Laboratory, Data]

11:45 – 12:15pm **Subcommittee Reports**
Subcommittee Chairs

12:15 – 12:30pm **Planning Fall 2010 Meeting** [Date, Location, Agenda Items]
Cassandra Malone, CAI Center Director, CAI Atlanta

1. [Fall 2010 AB meeting: November 4-5, ~~Orlando, FL~~ Charlotte, NC](#)

12:30pm Adjourn and Meeting Evaluation [Box lunch]