

National Chlamydia Coalition Mini-Grants
Project Summaries
March 2010

Adagio Health, Inc.
Pittsburgh, Pennsylvania

Adagio Health, a non-profit Title X provider, used GIS mapping to plot reported chlamydia cases and identify communities at high risk. Based on these results, Adagio will target residents of a low-income housing project in Northview Heights. The majority of residents in this complex are African American (96%), have incomes below the poverty line (67%), are under the age of 25 (67%) and are female (60%). This program is designed to address several barriers to seeking chlamydia screening and treatment, including distrust of traditional health care settings, a lack of messages tailored to reach this group, and a reluctance to seek STD screening from their regular health care providers.

Adagio will distribute focus group-tested messages and materials, provide testing and treatment in alternative community-based settings, and deliver expedited partner therapy, when necessary. To establish a baseline, Adagio will access six months of positive chlamydia case data from the PA Department of Health prior to project implementation. During the project, the state health department will provide monthly reports of positive cases, which will then be compared with baseline data to measure project performance. In addition to the state and county health departments, Adagio is partnering with the Urban League and the Northside Christian Health Center, which are well-established in the neighborhood.

Center for Health Training
Seattle, Washington

The Center for Health Training (CHT) will develop, test, and disseminate a model protocol and decision-making tool to guide the standard delivery of STD care to American Indian (AI) and Alaska Native (AN) populations. Among all racial/ethnic groups, AI/AN have the second highest rate of chlamydia nationwide. Research indicates that many tribal health clinics assign a low priority to STDs and that there is significant variability in STD screening and treatment practices.

In collaboration with the Alaska Native Tribal Health Consortium, Phoenix Indian Medical Center and other sites, CHT will pilot-test the protocol and tools in clinics in Alaska, Arizona and other states and make refinements. Project effectiveness will be measured through a survey of tribal health clinics to assess their intent to use the tools on a sustained basis. Materials will be disseminated nationally to the Indian Health Service, tribal and urban Indian health programs. Other collaborating partners include the Indian Health Service/National STD Program, JSI Research and Training Institute (Region VIII, Infertility Prevention Project), and Project Red Talon, Northwest Portland Area Indian Health Board.

Children's Memorial Hospital, Uplift School Based Health Center Chicago, Illinois

Uplift School Based Health Center, sponsored by Children's Memorial Hospital, Chicago Il., will work with a group of five School Based Health Centers (SBHC) throughout Illinois, to provide free chlamydia and gonorrhea screening at the time of student athletes' pre-participation sports physicals. According to a 2008 Uplift pilot project, one in four student athletes had an asymptomatic STD. For many students, the pre-participation sports exam may be their only visit with a provider during the year. Two urban (Chicago), one rural, and two suburban school-based clinics will participate. If students test positive for chlamydia, free treatment will be provided through the SBHC in partnership with the Illinois Department of Public Health.

A protocol for data collection will be provided to each SBHC and data regarding positive cases and number of screening tests performed will be tracked through the existing SBHC Clinic Fusion software, with support from the Illinois Department of Human Services. Uplift is also partnering with the National Assembly of School Based Health Centers to broadly promote lessons from the project. Results will be disseminated at six regional and statewide SBHC meetings, the National Assembly of School Based Health Centers meeting, and the state/regional National Association of Pediatric Nurse Practitioners meeting.

Department of Juvenile Services Baltimore, Maryland

Designed to reach at least 500 Baltimore youth under *community* supervision by the Maryland Department of Juvenile Services (DJS), this project will provide chlamydia and gonorrhea screening, treatment, and education through DJS case managers. Currently, youth in residential detention facilities are screened but youth in community detention are not. Current data reveal that 15% of females and 9% of males within the DJS test positive for chlamydia. Also, juvenile justice youth are less likely than other youth to have a regular source of health care.

This project relies on DJS cases managers to offer screening and sexual health workshops and DJS health staff to provide on-site treatment and referrals for follow-up care. All DJS youth are required to visit their case managers on a regular basis. Offering free screening for sexually transmitted infections and prevention information at the same time and location as community supervision will increase the odds that youth will get tested and treated. Program effectiveness will be measured through the collection and analysis of data regarding the number and types of youth who are tested, treated, and referred, along with a youth satisfaction survey. Collaborating partners include the Baltimore City Health Department, Maryland Department of Health and Mental Hygiene, University of Maryland/Baltimore School of Medicine, and Johns Hopkins School of Medicine.

Jackson County Health Department Jackson County, Illinois

Building on a 2009 pilot project, the Jackson County Health Department (JCHD) will implement a provider outreach program to encourage routine chlamydia screening in private pediatric, internal medicine, and family practices. Jackson County, located in rural Illinois, had a chlamydia rate of 835 per 100,000 in 2008, compared to the national rate of 370 per 100,000. In the same year, only

about 30% of females age 25 years and younger enrolled in the state's largest commercial health plan were screened for chlamydia.

JCHD and a medical student from Southern Illinois University School of Medicine will visit at least six medical practices to identify barriers to screening, educate providers about screening recommendations, and help providers implement routine screening. The project also includes provider workshops, training modules, and a direct mailing of STD best practice materials to 100 additional providers. Since the pilot identified low levels of patient awareness as a barrier to screening, the project includes a public education program led by peer mentors of the Southern Illinois University Student Health Center. Project effectiveness will be assessed by tracking provider participation in workshops and site visits; pre- and post-assessments of provider perceptions of barriers to chlamydia screening and their implementation of routine testing; and an assessment of the peer mentor program. Other project partners include Community Health and Emergency Services, Inc. and Southern Illinois University Carbondale Department of Health Education and Recreation.

Michigan Department of Community Health State of Michigan

The Michigan Department of Community Health (MDCH) will partner with Molina Healthcare, the largest Medicaid managed care provider in Michigan, to adapt a National Committee for Quality Assurance award-winning, culturally-specific awareness and marketing intervention model to increase chlamydia screening among female health plan members age 16-25 in southeastern Michigan, including the city of Detroit. The chlamydia rate in Detroit is nearly four times higher (1,825 per 100,000) than the state rate (468 per 100,000). Additionally, African Americans in Michigan suffer from chlamydia at a rate that is 2.5 times over the state average. According to 2008 HEDIS data, only 54.7% of Molina's female members age 16-25 were screened for chlamydia. MDCH's Chlamydia Practice Improvement Project (CPIP) will give special priority to the population most likely to have undiagnosed chlamydia – African American women in southeast Michigan.

MDCH will conduct focus groups with Molina members to identify barriers to screening. To increase demand for chlamydia screening, an educational mailing will be sent to 9,000 Molina members, along with a targeted follow-up mailing and incentive to 350 members who have not been screened near the end of the intervention cycle. The MDCH will also select 20 high volume providers for intensive intervention, including training workshops and site visits to individual practices. Project performance will be assessed monthly by tracking claims data and screening rates statewide and among the 20 targeted practices. The top-performing practice will be designated as a "Site of Excellence." Other partners include the Cincinnati STD/HIV Prevention Training Center, Health Care Education and Training, the National Coalition of STD Directors and the Michigan Department of Community Health-Health Disparities Reduction and Minority Health Section.

Minnesota Department of Health State of Minnesota

To encourage a wide range of organizations to offer chlamydia screening and treatment, the Minnesota Department of Health (MDH) will organize the first statewide Minnesota Chlamydia Partnership. With dwindling resources and rising rates of chlamydia, MDH recognizes that it is

essential to mobilize numerous organizations to tackle this epidemic, which has its highest impact among African Americans, Latinos, and American Indian populations. Using a model for coalition-building that has been successfully applied to other health issues, MDH will convene a statewide summit of at least 100 organizations, create working teams to develop a “Statewide Plan for Chlamydia Prevention,” and mobilize organizations to adopt the action plan.

The effectiveness of this model will be assessed through a variety of measures, including the extent of organizational participation in the summit, involvement in the ongoing partnership, and the commitment to implement specific activities. The MDH will share lessons learned and a model for coalition-building that other states and communities can replicate. The MDH is partnering with Hennepin County Human Services and Public Health; Planned Parenthood of Minnesota, North Dakota, and South Dakota; University of Minnesota; Minneapolis Department of Health and Family Support; and Teen Age Medical Services.

Old Dominion University Research Foundation (ODURF) Norfolk, Virginia

Old Dominion University (ODU) Student Health Services will implement a multi-faceted project to increase chlamydia awareness, screening, and treatment at ODU and in the surrounding Tidewater area of Virginia. As one of the most diverse campuses in Virginia, ODU has approximately 18,000 students, of which 21% are African American. While the chlamydia rates in the Eastern region of Virginia are higher than the state average, only 6% of ODU students were screened in 2009. Student awareness about chlamydia and the need for screening is low, and testing is not easily available since students must make an appointment and see a clinician to be screened, even if they are asymptomatic.

Shaped by focus groups conducted with students, this project includes a media campaign, direct access testing through the student health center, partner referrals at the local health department for non-ODU students, additional sexual health education initiatives, and training of residence hall advisors. The project features the inception of the Tidewater Regional Chlamydia Coalition, which could provide chlamydia awareness and screening resources to five other colleges/universities that serve over 40,000 students. Project effectiveness will be assessed through a survey of audience recall of the media campaign, tracking the number of tests, the number of partners who seek services, the number of calls to a chlamydia hotline, and the success in establishing the Coalition. ODU will partner with Planned Parenthood of Southeastern Virginia and the Norfolk Department of Public Health, as well as colleges/universities in the Tidewater region.

Planned Parenthood of Greater Washington and North Idaho Yakima, Washington

Planned Parenthood of Greater Washington and North Idaho (PPGWN) will expand its current *Promotoras de Salud* or “promoters of health” sexual health education program to focus on chlamydia-specific grassroots outreach within the Latino/a community in Yakima County, Washington. Promotoras are peer health educators trained to deliver reproductive health information in a culturally sensitive manner. Yakima County is a largely agrarian region that relies heavily on Latino/a agricultural workers. In 2008, 41.8% of Yakima County’s residents identified as Latino/a, many of whom lack health insurance. At the same time, the county’s chlamydia rate (483 per 100,000) was the highest in the state.

Using interpersonal communications, peer educators will visit homes, labor camps, fruit warehouses, community-based organizations and faith groups to provide information about chlamydia prevention and screening services available at PPGWNI. Messages will be delivered in Spanish and will focus on issues that are of the greatest concern to this audience, such as the effect of chlamydia on the family and future fertility and access to confidential testing. Messages will also be delivered through Spanish-language radio interviews and print materials. Project effectiveness will be assessed through surveys of audience exposure to messages and a tracking system that will document the number of women screened due to Promotoras' referrals. Project partners include Ready by Five, a non-profit organization in Yakima, and the Yakima Valley Community College.

**University at Buffalo, State University of NY
Buffalo, New York**

Three pediatric offices, located in western New York State, will pilot-test an intervention designed to enhance the delivery of comprehensive and confidential adolescent preventive care, including sexual health services. This project is designed to increase the number of private providers who make chlamydia screening part of routine primary care. Even though Erie County has the 2nd highest rate of chlamydia in NY State, many commercially-insured adolescents and young adult females are not receiving routine sexual health services, such as chlamydia screening, through their private providers. At the same time, the availability of publicly-funded services at family planning clinics, school outreach programs, and STD clinics is dwindling.

The project will be implemented from May through August, when routine physicals are in demand for school entry. Project components include provider training and a variety of tools for providers, including a behavioral questionnaire to use with patients, a letter to parents regarding the need for confidential services, guidance on billing and coding to minimize disclosure of services, and patient education brochures. Project effectiveness will be assessed through an analysis of the proportion of adolescent preventive health visits that include a completed behavioral questionnaire, the proportion of sexually active patients who are offered a chlamydia test, and the reasons a test was not offered to certain patients. By examining pre and post-training data, the impact of the project on provider practices will be determined. Collaborating partners include the American Academy of Pediatrics/New York State Chapter 1, Cicatelli Associates (Region I Infertility Prevention Project), Allentown Pediatrics; Lancaster-Depew Pediatrics, and Western New York Pediatrics.