Chlamydia Testing Patterns for Females 15 to 24 Years Receiving Care in Title X-Funded Family Planning Centers, 2015

Christina Fowler, PhD, MPH,[1] Julia Gable, MS,[1]* Emily Decker, MPH[2]*

[1]RTI International, Research Triangle Park, NC; [2]U.S. Department of Health and Human Services, Office of Population Affairs, Rockville, MD

1. Background

- **Title X Family Planning Program:** Chlamydia is a concern for the 1.6 million young women (<25 years) who receive family planning (FP) services from Title X-funded centers each year.[1] Recommendations for providing quality FP care ("QFP recommendations") advise FP providers to (1) assess the need for sexually transmitted disease (STD) testing at every visit and (2) follow Centers for Disease Control and Prevention (CDC) guidance on STD screening and testing.[2] QFP recommendations emphasize the importance of chlamydia and gonorrhea screening because of serious adverse fertility and birth outcomes if untreated.
- **Incidence, Treatment, and Sequelae:** Chlamydia is the most common STD.[4] Females 15–19 and 20–24 have the highest rates of reported cases.[5] Chlamydia is easily diagnosed and treatable with antibiotics. Most cases are asymptomatic and thus may go undiagnosed.[6] If left untreated, chlamydia can cause pelvic inflammatory disease and lead to tubal infertility, ectopic pregnancy, and chronic pelvic pain.[7]
- **Guidelines:** The U.S. Preventive Services Task Force (USPSTF) and CDC recommend annual screening for all sexually active women younger than 25 years (and for older women at risk).[7-9] Chlamydia screening and reduction are national Healthy People 2020 (HP2020) targets. Under the Affordable Care Act, chlamydia screening is a Grade A recommended preventive health service for nonpregnant women (Grade B for pregnant women) and is covered without cost-sharing in nongrandfathered private plans, Medicare, and Medicaid Alternative Benefit Plans, and is optional in traditional Medicaid plans.[10]
- **Challenges:** Despite consensus on the importance of screening and formal screening guidelines, many women in the target age range do not receive annual testing, even when symptomatic or during routine preventive or reproductive health care visits (e.g., Pap test or contraception).[7,11,12] Barriers to screening are numerous and occur at the system, provider, and client levels.

2. Data & Methods

Data

- **Family Planning Annual Report (FPAR)** data for 2015 (N=82 grantees) and 2005–2015 (N=64 grantees). The FPAR is the only source of uniform reporting by Title X grantees; annual submission is required. We restrict the analysis to data from grantees in the 50 states and the District of Columbia. Analysis of trends (2005–2015) is further restricted to grantees that received funding during all years.
- **Healthy People targets (HP2010 and HP2020)** for the percentage of females 16–20 and 21–24 years enrolled in Medicaid plans who are screened for chlamydia during the measurement year.
- **2005–2014 Healthcare Effectiveness Data and Information Set (HEDIS)** chlamydia screening rates for females 16–20 and 21–24 years enrolled in a Medicaid health maintenance organization.

Methods

- Chlamydia testing rate for each age group (15–19 and 20–24) is calculated by dividing the number of females in each age group that is tested for chlamydia by the total number of females in those age groups that received Title X-funded services during the reporting period. Average testing rates are calculated by grantee, by grantee type, and overall.
- We examine testing rates by age group (15–19 and 20–24) to determine whether Title X testing practices vary by age group and to compare Title X rates with age group–specific Healthy People targets and HEDIS rates.

3. Research Questions (RQs)

- **RQ1:** What are the 2015 chlamydia testing rates among female Title X clients 15–19 and 20–24?
- **RQ2:** Do 2015 chlamydia testing rates vary by type of Title X grantee? If so, how do they vary?
- **RQ3:** How do 2015 Title X testing rates compare with Healthy People 2020 targets for females 16–20 (71%) and 21–24 (80%)?
- **RQ4:** How have Title X testing rates for females 15–19 changed over time and in relation to Healthy People targets and HEDIS rates?
- **RQ5:** How have Title X testing rates for females 20–24 changed over time and in relation to Healthy People targets and HEDIS rates?

4. Limitations

- FPAR data are aggregated at the grantee level and may not reflect testing practices of subrecipients or clinics.
- The agency type for the grantee may differ from the agency type for grantee subrecipients.
- A client may have multiple providers and may be tested for chlamydia outside of the Title X network.
- FPAR data do not allow us to exclude from the denominator females who are not sexually active.

5. Results

RQ1: ***What are the 2015 chlamydia testing rates among female Title X clients 15–19 and 20–24?***

- In 2015, the average chlamydia testing rates for females 15–19 and 20–24 were almost the same: 57% and 56%, respectively.

2015 Title X chlamydia testing rates, by age group and grantee type

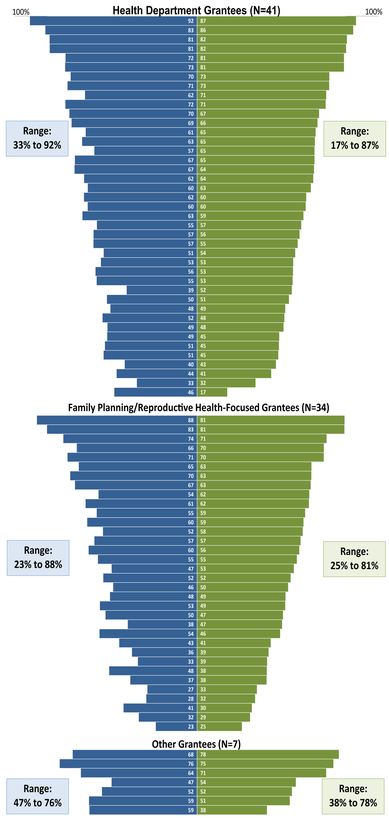
Grantee Type	N	15 to 19 years Mean	15 to 19 years Range	20 to 24 years Mean	20 to 24 years Range
All	82	57%	23%–92%	56%	17%–87%
Health Department	41	60%	33%–92%	60%	17%–87%
Reproductive Health Focused	34	52%	23%–88%	52%	25%–81%
Other	7	61%	47%–76%	60%	38%–78%

RQ2: ***Do 2015 chlamydia testing rates vary by type of Title X grantee? If so, how do they vary?***

- Across grantees, chlamydia testing rates vary widely, ranging from 23% to 92% for 15- to 19-year-olds and from 17% to 87% for 20- to 24-year-olds.
- By type of grantee, average chlamydia testing rates range from 52% to 61% for 15- to 19-year-olds and 52% to 60% for 20- to 24-year-olds. Within each grantee type, testing rates for each age group vary by as much as 65 points (15–19) and 70 points (20–24).

5. Results *(continued)*

2015 Title X chlamydia testing rates, by grantee and grantee type (N=82 Grantees)

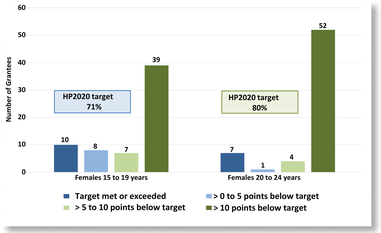


5. Results *(continued)*

RQ3: ***How do 2015 Title X testing rates compare with Healthy People 2020 targets for females 16–20 (71%) and 21–24 (80%)?***

- For 15- to 19-year-olds, 10 grantees met or exceeded the HP2020 target of 71%, and 8 others were within 5 points.
- For 20- to 24-year-olds, 7 grantees met or exceeded the HP2020 target of 80%, and 1 other was within 5 points.

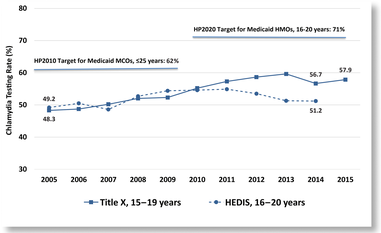
Difference in 2015 Title X chlamydia testing rates and Healthy People 2020 targets, by age group (N=64 Grantees)



RQ4: ***How have Title X testing rates for females 15–19 changed over time and in relation to Healthy People targets and HEDIS rates?***

- Since 2005, Title X testing rates for females 15–19 have increased gradually.
- In 2014, the rate dropped 3 points, possibly in response to the loss of dedicated funding for chlamydia testing.
- During the study period, Title X testing rates were below Healthy People targets.
- From 2005 to 2009, Title X and HEDIS testing rates for the younger age group differed by a maximum of only 2 points. From 2010 to 2014, Title X testing rates exceeded HEDIS rates by 1 to 8 points.
- In 2015, the average chlamydia testing rate for females 15–19 was 13 points lower than the HP2020 target.

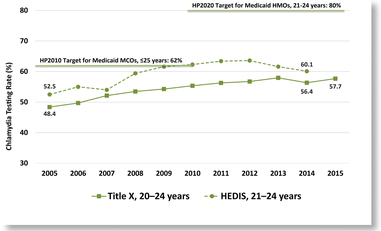
Comparison of trends in Title X and HEDIS testing rates and Healthy People targets: 2005–2015 (N=64 Grantees)



RQ5: ***How have Title X testing rates for females 20–24 changed over time and in relation to Healthy People targets and HEDIS rates?***

- Since 2005, Title X testing rates for females 20–24 have increased gradually but have remained below Healthy People targets.
- In 2014, the rate dropped 2 points, possibly in response to the loss of dedicated funding for chlamydia testing.
- From 2005 to 2014, HEDIS testing rates have exceeded Title X testing rates by 2 to 7 points.
- In 2015, the average chlamydia testing rate for females 20–24 was 22 points lower than the HP2020 target.

Comparison of trends in Title X and HEDIS testing rates and Healthy People targets: 2005–2015 (N=64 Grantees)



6. Conclusions

- **Testing rates are increasing but are suboptimal.** Aggregate FPAR data show that chlamydia testing rates in the Title X program are increasing but are still substantially lower than HP2020 targets and HEDIS rates (20–24 only).
- **Testing rates vary widely across grantees.** Grantee-level FPAR data show wide variation in chlamydia testing. Testing rates for some grantees are at or above HP2020 targets, suggesting that higher testing rates are feasible.
- **Understanding barriers and implementing strategies to increase testing are needed.** Testing, disseminating, and scaling up strategies shown to increase chlamydia testing in the Title X setting are warranted. Examples include using testing data to monitor rates and gaps in care and giving feedback to providers who have testing rates below a specified threshold.[3,13]
- **Impact of funding or changing guidelines.** The extent to which lack of dedicated funding has impacted testing rates or changes in recommendations for clinical services (e.g., cervical cancer screening) should also be examined.

Acknowledgments

This study was prepared under HHS/OPA Contract No. HHSP23320095651WC/HHSP23337041T to RTI International.

More Information

Christina Fowler
919.316.3447
cfowler@rti.org

RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

***Presenting authors:**

Julia Gable
jgable@rti.org
RTI International

Emily Decker
Emily.Decker@hhs.gov
Office of Population Affairs

Presented at the 2016 STD Prevention Conference, Atlanta, GA, September 20–23, 2016

References available upon request.