Children's Hospital of Philadelphia PolicyLab

Pilot Grants

Identifying Disparities in Chlamydia Screening for Teen Girls

Adolescent Health & Well-Being

Statement of Problem

The rate of sexually transmitted infections (STI) has grown immensely over the past few years with more than 50% of cases occurring in adolescents and young adults ages 15 to 24 years old. Chlamydia is now the most common reportable bacterial infection in the U.S., and for young women, this infection can lead to increased risk for pelvic inflammatory disease, HIV and infertility.

All major U.S. public health bodies recommend annual chlamydia screening for sexually active young women. However, routine chlamydia screening rates remain low in pediatric primary care settings. This could be because a wide variety of barriers exist for this screening to occur, such as lack of clinician knowledge of guidelines, inequitable screening based on race and ethnicity, and limited sexual health service delivery within certain geographic areas. Therefore, there is a need to identify health system, individual, and geospatial factors that influence chlamydia screening and to identify targets for interventions to improve screening efforts.

Description

Through this project, we aimed to determine rates of chlamydia screening and infection among adolescent females in Children's Hospital of Philadelphia's (CHOP) primary care network and identify highest-priority practices for interventions to improve screening. We did this by calculating the percentage of young women who received chlamydia testing in the last year among those 15- to 19-year-old female adolescents who attended annual well visits and determining how many of those tests were positive. This will helped us identify rates of screening, infection, and rescreening across the network and at each individual clinic. Through this process, we will determined which practices at CHOP are at greatest need for capacity building around chlamydia screening and develop potential interventions to improve screening rates.

We then identified patient, provider and clinic-level disparities in chlamydia screening across CHOP's primary care network. We collected specific patient characteristics, such as age, race, prior STI infection, prior STI screening, etc.; provider-level factors, such as provider type (general pediatrician, adolescent medicine attending, resident, etc.) and years in practice; and clinic-level factors, including the size of the clinic, the number of patients who have Medicaid vs. private insurance, and the presence/absence of Title X funding at clinical sites.

You can view our detailed findings in this *Research at a Glance*.

As we identified potential disparities in screening rates based on these factors, our team, in collaboration with providers in primary care, is currently developing and implementing interventions to improve care.

Lastly, we plan to identify regional disparities in chlamydia screening and identify areas with gaps in adolescent sexual health services. We will do this by utilizing patients' addresses to assess the relationships between neighborhoods where patients live and their exposure to social, environmental, and structural conditions that can influence health behaviors and outcomes. Based on this data, we will develop potential interventions to improve chlamydia screening at CHOP practices within regions that lack sexual health services.

Next Steps

With the findings from this project, we plan to identify where policymakers and CHOP can target interventions—whether they are community-or CHOP-based—to improve routine STI screening among this population. We hope to collaborate with primary care clinics and providers to find ways of ensuring the health system fits the needs of our adolescent populations in need of sexual health services.

You can learn more about our next steps in this video.

This pilot grant project was completed in July 2022.

Suggested Citation

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Related Projects

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