

The 2015 Annual Report: Greene County Family Planning

For more than 40 years, Greene County Family Planning (GCFP) has been an essential community partner providing comprehensive reproductive health care to women, men and teens of Greene County. The goals of GCFP are to:

1. Reduce unintended pregnancies and the need for abortions;
2. Curb the spread of STD's and HIV;
3. Improve birth outcomes; and
4. Facilitate early detection and treatment of reproductive cancers.

In 2015, we served over 1300 unduplicated clients in more than 2691 visits through the Family Planning Clinic, a 10% increase over 2014. Eighty eight percent of our clients are female, and 12% male.

We continue to serve those with the highest needs as required by our grant:

- Income: 69% of our clients are at or below 125% of the federal poverty level;
- Age: 53% of our clients are under age 24;
- Insurance: 66% use publicly sponsored health insurance;
- Race: 18% are minority populations;
- High risk zip codes: our top numbers of teens seen who are at highest risk for pregnancy matched four of the top six high risk zip codes identified by the NYSDOH.

2015 Highlights

1. Long Acting Reversible Contraceptive (LARC): We continue to have some of the highest rates of women using a LARC method (34%) among the 49 New York State Title X funded agencies, with 43% of our female patients under the age of 19 using a LARC. This compares to 18.5% for New York State.
2. Pregnancy prevention: Our agency goals are to both prevent unintended pregnancies and help promote and plan healthy births.

Table 1 reflects an increase in the percent of planned pregnancies. Currently in NYS, 49% of all pregnancies are unintended.

Table 1: Pregnancy Rate by Percent 2013-2015

	2013	2014	2015
Pregnancies as percent of total client count	10%	7%	9%
Pregnancy desired now	23%	43%	46%
Pregnancy not desired/desired at a later date	62%	49%	47%

Table 2 shows an increase in the prevention of unintended pregnancies. (Ahlers data annual report, Greene County Family Planning, 2015)

Table 2: Unintended Pregnancies Prevented 2013-2015

	2013	2014	2015
Age 19 and under	41	46	46
Age 20 and over	112	126	128
Total	153	172	174

3. Meaningful Use: We earned \$25,000 in meaningful use incentive funds by meeting the stage one year two measures. This was used to pay for equipment and capital improvements, which included creating a secure reception office staffed by the Public Health medical receptionist. That position has been trained to cover the phone for Family Planning, increasing efficiency. Another security measure was key coded entrances for all staff beyond the main reception area.
4. Certified Application Counselor (CAC): We have a NYS certified insurance application counselor on staff that enrolled 91 persons for health insurance through the exchange and pre-enrolled 38 Greene County jail inmates so they would be insured once released or if hospitalized.
5. Responsible Adolescent Peer Program (RAPP): Led by our Health Educator, the RAPP program became active this year with 25 high school students participating from 5 out of 6 county school districts. Student leaders promote accurate information on reproductive health care, prevention & awareness of alcohol, tobacco and substance abuse, mental health, intimate partner violence prevention and healthy relationships. The student mentors received training from local agencies and have created resource cards to share with their peers. They are excited to be advising our clinic on teen social media and outreach strategies. Within their schools they produce morning announcements on relevant topics, represent the program at community events and obtain community service hours.

Update on achievement of 2015 goals:

1. **Continue to maintain a high percent of women who use a LARC method with a goal to increase the rate of usage to 38%:**
Our rates are currently at 34%; we will continue to offer same day and walk in appointments and enroll eligible persons in health insurance.
2. **Maintain fiscal integrity by maximizing third party billing and keeping close track of our budget:**
In 2015, we received a total of \$546,366 in revenue from third party insurance which reflects a 14% increase over 2014.

3. Continue to utilize cross coverage of staff for maximum efficiency:

Examples of cross coverage include: the Maternal Child Health (MCH) Public Health Nurse (PHN) working in the Family Planning Clinic once a week and for any Family Planning PHN absences; the medical reception areas of Family Planning and Public Health are being cross covered; our CAC pre-enrolls jail inmates, and our staff provides STD/HIV screening in the jail.

4. Successfully apply for and procure the competitive Family Planning grant for 2016-2020:

The NYSDOH extended our five year contract for one year, so we will competitively re-apply for the Family Planning grant in 2016, for the five year period 2017-2021.

5. Participate with the Family Planning Center for Excellence to ensure we are meeting the needs of our target population. This performance measure was the focus of the NYSDOH for 2015.

Clinic staff has been participating in a collaborative with 10 other family planning agencies with the goal of increasing the numbers of men and women served under age 24. We have changed our schedules to accommodate walk in visits daily and updated our marketing and outreach strategies towards these goals.

6. Work diligently to have a formal linkage agreement for primary care services:
Currently in process.

7. Expand education, outreach, and knowledge of the STD prevention services available at GCFP:

- a. *In collaboration with the communicable disease program of Public Health, we ran a series of television ads and billboards around the county identifying the problem of Chlamydia/STD's and the need for persons at risk (under age 25) to be tested and treated.*
- b. *Through our Facebook page and school programming, we promoted abstinence as the best prevention with risk reduction measures taught. In 2015 we reached 38,850 contacts with our Family Planning Facebook page, up from 4,487 in 2014.*
- c. *Our Health Educator provided comprehensive outreach and education:*

	2014	2015
Family Education	62	68
Community Education Programs	740	668
Community Outreach Activities	1,686	1,973
School Education (11 schools)	1,111	1,635

Goals for 2016:

1. Work collaboratively with the community, providers, educators and young people at risk to decrease the growing problem of communicable diseases/STDs with our focus on Chlamydia and gonorrhea.
2. Receive \$25,000 in meaningful use funds for MU stage 2, year 1.
3. Enroll in the Health Information Xchange of New York (HIXNY), the regional health information organization, to improve efficiency of care and management for our patients.
4. Participate in the Delivery Service Reform Incentive Payment (DSRIP) process by actively engaging in selected projects with the goal of reducing Medicaid costs and improving health outcomes for our patients.
5. Respond to the threat of Zika by educating our patients of the associated risks and how to reduce them by having a reproductive life plan.
6. Successfully apply for and procure the competitive Family Planning grant for 2017-2021.
7. Fully initiate and implement an HIV pre-exposure prophylaxis program for high risk individuals to align with the NYSDOH goals of reducing new cases of HIV to zero by 2020.
8. Health educator goals: increase the awareness and utilization of RAPP mentors in their schools and community through marketing and outreach. Students will be used a resource by guidance and administration to give accurate confidential information to fellow students.
9. Continue to participate in community partnerships with the Prevention Awareness Solutions (PAS) coalition, Cancer Services Program, Reach Center, Hope House, Twin County Recovery Services, Greene County Mental Health, Greene County Human Services, Mobile Crisis Assessment Team, Community Action of Greene County, Columbia Greene Community College and High School administration and staff from all six school districts.

In closing I would like to thank the Legislature and County Administrator for all of their support for this vital program.

Respectfully submitted,

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Deputy Director of Public Health / Director of Clinical Services