

Greene County Family Planning – 2016 Annual Report



Greene County Family Planning is one of nine remaining Title X funded family planning clinics located in a local county health department in New York State. Started in 1972, it serves men, women and teens with the same goals as when the program had its inception. While the field of Family Planning continues to be the center of political debate, abortion has always been prohibited by the Title X program. At its very core, Family Planning is a public health program with the following goals:

1. Reduce unintended pregnancies and the need for abortions:
 - We offer a range of effective to highly effective contraceptive methods with same day access and at low cost. With the Affordable Care Act's elimination of any cost sharing for contraceptives, methods have become more accessible resulting in greater impacts on unintended pregnancy.
2. Prevent the spread of sexually transmitted diseases (STD) and HIV:
 - We offer testing and treatments for all of the most common STD's like chlamydia, gonorrhea, HPV and herpes. All clients at risk are encouraged to be screened for HIV each year, use condoms, and adopt safer sex behaviors to reduce their risks of HIV and STD's.
3. Improve birth outcomes:
 - We ask all men and women about their reproductive life plan-in essence, we help them determine when they want to have their first/next child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, and controlling their diabetes, high blood pressure and obesity. We have a strong referral system with our Maternal Child Health Public Health Nurse who follows ante- and postpartum women to ensure that they and their babies have the healthiest outcomes.
4. Facilitate early detection and treatment of reproductive cancers:
 - We screen women for cervical, thyroid, breast, skin, endometrial and ovarian cancers, and screen men for testicular and, while much rarer, breast cancer. Because we are a small clinic, our patients receive referrals and are followed to make sure they are seen and cared for by specialists.

Without these vital services, Greene County residents may not have access to income based reproductive health care.

Demographics:

In 2016, we served over 1407 unduplicated clients in more than 3,870 visits through the Family Planning Clinic, a 2% increase over 2015. Our clients are loyal with 62% continuous patients and 38% new. Eighty eight percent of our clients are female, and 12% male. While we are grant funded for Greene County, we also serve the surrounding counties. (Greene 84%, Columbia 11%, Albany 2.3%, and Ulster 1.7%)

Our client demographics confirm that 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: 48% of all clients were age 24 or under, 24% are under 19
- Insurance: 60% use publicly sponsored health insurance
- Race: White - 80.6%, Minority - 19.2% (7.4% black, 5.7% multi-racial, and 6.3% other)
- High risk zip codes: Catskill, Cairo, Coxsackie, Greenville. The majority of teens seen, who are at the highest risk for pregnancy, matched four of the top six high risk zip codes identified by the NYSDOH.

We attempt to be fiscally sound and strive to enroll uninsured clients in eligible health plans:

1. Using our on-site certified application counselor;
 - In 2016, 78 uninsured people were enrolled into health insurance through the health care exchange; this is 5% of our total client count.
2. Billing third party insurances;
3. Ensuring all claims processed are accurate and timely.

2016 Highlights:

1. Pregnancy prevention: Our agency goals are to prevent unintended pregnancies and help promote and plan healthy births.

Table 1 depicts NYSDOH data for Greene and surrounding counties for the teen pregnancy rates for females ages 15-19. Though Greene County had the second highest rate in 2012, in 2014 Greene showed the biggest drop from 2012 (35.9%) and lowest rate among the three surrounding counties.

Table 1: Teen Pregnancy Rate by Percent 2012-2014

Year	County				NYS (excl. NYC)
	Greene	Albany	Columbia	Ulster	
2012	32.6%	31.1%	35.6%	28.5%	29.0%
2013	26.8%	25.3%	33.7%	24.0%	26.1%
2014	20.9%	23.8%	27.4%	21.4%	24.0%
% decline	35.9%	23.5%	23.0%	24.9%	17.2%

(Source – NYSDOH, <https://www.health.ny.gov/statistics/chac/birth/b13.htm>)

Table 2 reflects the work in the prevention of unintended pregnancies. (Ahlers clinic data annual report, Greene County Family Planning, 2016)

Table 2: Unintended Pregnancies Prevented 2013-2016

	2013	2014	2015	2016
Age 19 and under	41	46	46	43
Age 20 and over	112	126	128	123
Total	153	172	174	166

2. Health Education Outreach:

- Comprehensive reproductive health education for approximately 50-60 days a year at high school health classes in 5 out of 6 school districts.
- Although total reach in 2016 decreased 11% (5354 in 2016 vs. 5965 in 2015), school wide there was an addition of 300 students from programs for Greenville Middle School 6th-8th grades on abstinence, friendships, bullying and cyber bullying. In the Fall of 2016, for the first time, 8th grade health classes received comprehensive reproductive health education.
- Staff development day for Hunter-Tannersville HS in August: arranged a coalition of Greene County community agencies to educate the staff at Hunter-Tannersville HS about services available for students and families in Greene County.

- Arranged and facilitated an OASAS (Office of Alcoholism and Substance Abuse Services) approved training: This included a guest speaker from the Hope House who conducted a three-hour training titled "Underage and Under the Influence – Substance Abuse Trends among Adolescents." This was attended by over 80 participants from community partner agencies and schools in Greene County.
- Town Hall Forums: working with the Prevention, Awareness, Solutions (PAS-It-on) coalition, arranged two evening forums with guest speakers to bring light to the opioid epidemic in Greene County.
- Conducted focus group with Twin County Recovery Services clients to elicit their preferences for outreach and social media messaging to promote HIV Pre-exposure Prophylaxis (PrEP).
- New in 2016 – Reproductive health education for Probation Department adolescents.

3. Student Interns:

We are a sought after site for students and interns in various fields. In 2016 we hosted five students from the Albany College of Pharmacy, three Nurse Practitioner students from Russell Sage College, six Russell Sage RN students seeking their BS degrees, one from SUNY Delhi College and two from Columbia Greene Community College. We also welcomed a Public Health BS student.

The benefits to all parties are immeasurable, with both staff and students learning from each other. One of the College of Pharmacy students wrote the following after his experience:

"You obtain a perspective of women's health and the everyday struggles that people who live in poverty have to go through. Such as STDs, unplanned pregnancy, and even abuse. One of the most real world rotations I have been on where I felt as though I got to see things that only a true healthcare professional would have to come across. Also really got to appreciate the service that Family Planning actually tries to provide and I found it to be one of the more extremely important aspects of healthcare in regards to actual community service. Couldn't say enough about it. Really fantastic experience."

Review of the 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:

Our Communicable Disease Awareness, Prevention and Outreach Campaign was very successful in 2016. The campaign was initiated because of the high rates of Chlamydia in the county, especially the data showing two of the school districts having 150-200% higher than expected rates.

In May 2016, we worked with Kathode Ray to create a communicable disease logo and decided to use a multi-pronged approach (Facebook posts, website updates, and YouTube videos) to get information out on several pertinent public health topics. The campaign was used to promote not only Chlamydia, but Zika awareness, Influenza/Pneumonia and HIV Pre-exposure Prophylaxis (PrEP).

In addition, Chlamydia outreach was expanded to the community. Presentations were given to Columbia Memorial Health Women's Care, Columbia Memorial Health's ER, Catskill Urgent Care and three of their primary care offices.

- *Shared data was presented on the scope of the Chlamydia problem in Greene County (including the data for rates by school district) and a presentation on NYS Minors' Rights.*
- *Paper copies of the NYS Expedited Partner Treatment Law, as well as, evidence based guidelines (2015 CDC MMWR) were provided; and access to a link via e-mail.*
- *Our presenter advocated for urine based and extra-genital Chlamydia screening.*
- *Provider feedback was encouraged on knowledge gaps and suggestions for community measures for improvement.*
- *The first communicable disease e-newsletter was created and distributed as follow-up.*

The results:

- *GCPH Facebook page likes increased 98%.*
- *68% of people interacted with the Chlamydia posts by liking, sharing or commenting on them.*
- *As a result of the communicable disease social media campaign, there was a 63% increase in the total traffic and 89% increase in the STD site specific page visits from March 2016 through June 2016.*
- *There was a 16% reduction in chlamydia infections for Greene County from 2015.*

2. Receive \$25,000 in meaningful use funds for MU stage 2, year 1:

The meaningful use Medicaid portal does not open until 2017 so this will be a goal for 2017 and we expect to receive \$25,500 for both 2015 and 2016 participation.

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:

In July 2016, we went live with HIXNY through an exchange with our electronic medical record. This exchange allows us to send and receive health information in a regional provider network to improve patient care outcomes by reducing duplicate testing and services, and improve provider to provider communication.

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:

As part of our participation in DSRIP, we screen Medicaid enrollees for their level of activation in their care and coach them towards improvement. Other measures include reporting monthly metrics of our cancer screening rates and screening for tobacco abuse.

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:

We were fortunate to have no cases of Zika virus in any of our patients in 2016. We continue to screen and educate about actual risks.

6. Successfully apply for and procure the competitive Family Planning grant for 2017-2021:

In October 2016, NYSDOH granted all recipients an additional one year extension.

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:

In August 2016, a Public Health Bachelor's student from Sage College interned with us to create our HIV Pre-Exposure Prophylaxis (PrEP) program. A policy was formalized, staff trained, and an electronic health record template was created. We enrolled in the NYSDOH AIDS Institute's HIV PrEP program to offer services to uninsured individuals, and launched a social media campaign. The campaign was drafted based on feedback obtained from the focus group held at the Twin County Recovery services program and with the Director of the Hudson Valley LGBT Center in Kingston NY. Two individuals in recovery volunteered to be filmed in a YouTube video that we used to educate and advertise this service to the community. If a person watching the video advertisement clicked to learn more, the link would take them to a page on our website about PrEP.

In the two months the campaign was shown (November and December), there were over 13,000 views and the click-through rate was 1.3, with the average national click-through rate for the health care industry at 0.3-1.79. The click-through rate for the age group 18-24 was 1.79.

In the short time since the initial implementation and education, we have successfully enrolled several people in the program.

8. **Health educator goals: increase the awareness and utilization of RAPP mentors in their schools and community through marketing and outreach. Students used as a resource by guidance and administration to give accurate confidential information to fellow students:**

RAPP participation is currently at 32 students in 5 high schools.

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, and Community Action of Greene County, Columbia Greene Community College and High School administration and staff from all six school districts.**

Goals for 2017:

- Educate and promote awareness of the National Title X program as a vital part of our financial sustainability to continue services to the community.
- Promote the RAPP program by increasing youth access and participation. Maintain and continue to foster the relationships with school administrators and staff, as well as other county agency supervisors to bring awareness to the program and our services. Continue to work with the Probation department to update and streamline programming to meet their clients' needs.
- Through our Health Education program, enlist the feedback and support of local youth in regards to our social media messaging to ensure we are reaching our target population. Produce two YouTube video ads with RAPP students, and develop a new billboard for HIV prevention.
- Promote community participation in Maternal Child Health (MCH) by outreaching to MCH providers and strengthening the referral system for family planning, breastfeeding and smoking resources.

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

Respectfully submitted,
Laura Churchill, DNP, FNP-BC
Deputy Director of Public Health & Clinical Services

