Greene County Family Planning - Annual Report 2017

Greene County Family Planning (Family Planning) continues to provide excellent health services and educational outreach to the residents of Greene County as well as the surrounding area. Family Planning remains one of only nine New York State Title X funded family planning clinics located within a county health department. Opened in 1972, it serves men, women and teens embracing the same goals and objectives formulated at its inception. While the field of family planning continues to be thrust unfairly into the center of political debate, our clinic abides by the principles of the Title X program which prohibits abortion. At its very core, Family Planning is a public health program which has as its goals:

Reducing unintended pregnancies and the need for abortions:

A range of effective to highly effective contraceptive methods are offered with same day access. In 2017:

- 83.5% of female clients chose an effective method of contraception, and
- 39.1%* chose a highly effective method (such as an IUD or Nexplanon).

*This second statistic is significantly higher than the NYS average of 21%.

Preventing the spread of Sexually transmitted diseases and HIV:

Testing and treatments for all of the most common STD's like chlamydia, gonorrhea, HPV and herpes are provided. All at-risk clients 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. We also offer HIV pre-exposure prophylaxis as a risk reduction measure to prevent the spread of HIV.

Improving birth outcomes:

Greene County has startling maternal child statistics. In 2016:

- 24% of women smoked in pregnancy,
- 12.93% had premature births (less than 37 weeks), and
- 8.7% of babies were born with low birth weights.

These numbers are all higher than the NYS averages.

All clients, men and women, are asked about their reproductive life plan, helping determine when they want to have their first child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, high blood pressure and obesity. We have a strong referral system with our Maternal Child Health (MCH) Public Health Nurse who follows ante- and postpartum women to ensure healthy outcomes for mother and child.

Facilitating early detection and treatment of reproductive cancers:

Women are screened for colon, cervical, thyroid, breast, skin, endometrial and ovarian cancers; and, while much rarer, men are screened for colon, testicular and breast cancer. Because we are a small clinic, we can follow up with clients to make sure they are seen and cared for by specialists. In 2017, genetic testing was added to our growing list of services in an effort to detect those at risk of cancer.

Without these vital services, Greene County residents would have no access to low cost, sliding fee, or free reproductive health care.

Demographics:

In 2017, over 1,423 unduplicated clients were served in more than 2,816 visits; a 2% increase over 2016. Our clients are loyal with 65% returning and 35% new. Eighty six percent of our total clients are female, and 14% male. While we are Title X grant funded for Greene County, we also serve the surrounding counties (Greene-82%, Columbia-11%, Albany-2.7%, Ulster-1.5%). Out of our total patient base, 97% have services reimbursed by their health insurance.

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

- Race: White: 78.1%, Minority: 21.9% reflecting a 2% increase in minorities over 2016
- <u>Income:</u> 60% of our clients are at or below 125% of the federal poverty level; down from 65% in 2016.
- Age: 48% of all clients were 24 or under, 21% are under 19
- Insurance: 58% use publicly sponsored health insurance
- High risk zip codes: The New York State Department of Health identifies high risk zip codes
 where the highest rates of teen pregnancy occur. In Greene County, they include Catskill and
 Cairo, and in Columbia County, the city of Hudson. In 2017, 30.5% of all patients seen were
 from Catskill, 8.5% from Cairo, and 8.5% from Hudson, indicating we are reaching the target
 populations.

We attempt to be fiscally sound by:

- Enrolling uninsured clients in eligible health plans through our on-site certified application counselor,
- Billing third party insurances, and
- Ensuring all claims are accurate and timely.

Review of 2017

2017 Goals:

- ✓ Educate and promote awareness of the National Title X program as a vital part of our financial sustainability.
- ✓ Promote the Responsible Adolescent Peer Program (RAPP) by increasing youth access and participation, and continually 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 in refining and updating programming for their clients and youth.
- ✓ Engage young people around 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 Maternal Child community participation by outreaching to MCH providers and strengthening the referral system for family planning, breastfeeding and smoking cessation resources.

2017 Highlights (accomplishing the above goals):

- 1. <u>Community Provider Education and Outreach</u> focused on maternal and infant health. The push to initiate arose after examining the maternal child statistics in the County. Working with a Masters of Public Health Intern and MCH staff, we hosted a training on the March of Dimes sponsored Implicit (Interventions to Minimize Preterm & Low birth weight Infants through Continuous Improvement Techniques) Model.
 - This model focuses on four MCH initiatives to be assessed and implemented for the postpartum mother: postpartum depression, smoking cessation, folic acid supplementation,

and contraception. The training included a group of maternal child community stakeholders, comprised of six providers and four agencies. They were shown the Greene County Statistics on maternal child morbidities and given an outline of the Implicit Model initiatives, followed by discussion. The meeting was an excellent opportunity for agencies to become aware of each other, and work mutually on improving these birth outcomes.

2. <u>Smoking Cessation as a Health Measure</u> and goal was addressed by Family Planning. Once staff and Senior Public Health Educators were trained, we were better prepared to assess more clients as to their interest in quitting, provide more prescriptions and consistent follow up than last year.

3. <u>Depression Screening:</u>

We started to use the PHQ-9 depression screening tool for all initial and annual exams in persons 12 and older. We were not surprised that many clients screened positive for depression. We implemented a protocol that enabled us to refer clients to Greene County Mental Health or a provider of their choice. If the PHQ-9 screen indicated an emergent concern, we were able to utilize the Mobile Crisis Assessment Team.

4. Genetic Testing:

We started educating, assessing and counseling clients, ages 25 and older, about the option of screening for a genetic predisposition for cancer. Those identified and eligible were offered My Risk genetic testing. This service, previously available in private medical offices, is now available to our lower income population. Screening and managing cancer genetic risks reduces overall health care disparities and expenses, providing better care.

5. Colposcopy:

Colposcopy is a diagnostic procedure to identify cervical cancer in women with abnormal pap smears. In 2017, one of our Nurse Practitioners attended training to perform colposcopy, was mentored on the procedure by our former Medical Director and has nearly completed her proctorship. Clients were very happy not to be referred offsite for the procedure and were more likely to follow through when it was offered in house.

6. Social Media Outreach:

Two YouTube videos starring our own RAPP students addressed topics of concern to the youth population: sexual coercion and bullying. The video campaign was very successful with the following results:

- 59,463 persons reached,
- 31,854 people viewed the video from start to finish, and
- 2.45% click thru rate for mobile devices. (Industry average is .04%).

We also updated a billboard reflecting our services, however, print media of this type is significantly more expensive and available for a shorter time frame for viewer exposure.

7. <u>RAPP:</u>

There are 35 active RAPP students in 5 County high schools (Coxsackie-Athens, Cairo-Durham, Catskill, Greenville, and Hunter-Tannersville). Students meet once a month at their schools to come up with ideas for prevention and outreach messaging, tabling events during lunch, and assist with school events. In addition, students attend monthly all-county meetings at our facility to discuss the issues happening at their respective schools, learn more about other community agencies and resources, learn what to say to their peers, help with social media messaging, and create new tabling questionnaires, surveys, and games to foster participation and outreach. Many of the students help with events for other community

agencies like P.A.S. It On (Prevention Awareness Solutions substance use coalition), Tobacco-Free Coalition, American Legion, Public Health Rabies Clinics, and various other clubs that ask for assistance. The students are learning to become good stewards of their communities. There will be 12 Senior RAPP ambassadors receiving graduation acknowledgement and cords this year for service at their school's scholarship recognition programs.

8. Student Internships:

We continue to be a sought after site for students from multiple disciplines to complement their education. In 2017, we hosted the following:

- Five Albany College of Pharmacy Students for one.week placements;
- One Russell Sage Graduate Nurse Practitioner student for semester long placement;
- One School of Public Health Masters student for a 6 credit internship;
- Nine Russell Sage Nursing students in the BS and RN-to-BS programs for 1-2 day sessions;
- Four students from Columbia Greene Community College for 1 day introductions to Public Health; and
- One SUNY Delhi RN-to-BS student for a 24-hour internship project for public health.

9. Incentive Money:

- Meaningful Use (MU): We received \$25,000 in funding for meeting MU guidelines in Stage 3, Year 2.
- DSRIP participation: \$12,151

10. Pregnancy Prevention:

Our agency goals are to both prevent unintended pregnancies, and help promote and plan healthy births.

Table 1 reflects the work in the prevention of unintended pregnancies.

Table 1: Unintended Pregnancies Prevented 2013-2017

	2013	2014	2015	2016	2017
Aged 19 & under	41	46	46	43	41
Aged 20 & over	112	126	128	123	120
Total	153	172	174	166	161

(Ahlers data annual report, Greene County Family, Planning, 2013-2017)

Translated into dollars:

- In one year, the program has saved:
 161 (2017 total) x \$12,770* = \$2,055,970 x 60%= \$1,233,582**
- Over five years, the program saved:
 826 (2013-2017 total) x \$12,770* = \$10,548,020 x 60%= \$6,328,812**

^{*}The cost of a **publicly funded birth** in 2010 averaged \$12,770 for prenatal care, labor and delivery, postpartum care and 12 months of infant care. National and State Estimates for 2010, New York: Guttmacher Institute, 2015.

^{**}Amounts are based on Medicaid client estimates.

Goals for 2018:

- 1. Improve screening rates initiated in 2017 around smoking cessation, maternal child health, depression and genetic testing.
- 2. Begin providing tele-health services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue.
- 3. Address anticipated staffing changes around retirements, and replacement for the medical director.
- 4. Improve clinic efficiency by monitoring, scheduling, staffing, and revenue.

In closing I would like to thank the Legislature and County Administrator for all of their support for this vital program, and the dedicated staff who work tirelessly to provide these essential services.

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