2016 New York State Family Planning Provider Meeting

June 15 - 16, 2016

Albany, NY

NEW YORK STATE
Center of Excellence for Family Planning

A Project of CAI

NEW YORK STATE OF OPPORTUNITY. Department of Health

Welcome

Kristine Mesler

Director, Bureau of Women, Infant and Adolescent Health

Division of Family Health

June 15, 2016

Maternal and Child Health Services Block Grant (MCHSBG)

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What is the Maternal and Child Health Services Block Grant (MCHSBG)?

- Core federal funding to states and jurisdictions for maternal and child health
- Administered by federal Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA)
- In place for over 75 years
  - Title V of the 1935 Social Security Act

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Transformation of Title V

- New 5-year funding cycle 10/1/15 – 9/30/20
  - Year 1 application submitted 7/1/15
  - Year 2 application due 7/1/16
- New guidance to “transform” Title V
  - Paradigm shift to a life course perspective
  - Primary emphasis on prevention and population health
  - Elevate the importance of MCH as a primary driver for improved health for all Americans
  - Strong focus on data, evidence based strategies and performance measures

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Needs Assessment

- Developed with input from internal staff, MCHSBG Advisory Council and many MCH Partners
- Summary profiles for each of six population domains: health status, trends, disparities, capacity, successes & challenges
  - Quantitative data analysis: 20+ population health and public health data sources
  - Qualitative stakeholder input: received from over 150 health and human service providers and over 300 families and youth

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Population Domains	NYS Priorities 2016-20
Maternal & Women's Health	1. Reduce maternal mortality and morbidity
Perinatal & Infant Health	2. Reduce infant mortality and morbidity
Child Health	3. Support and enhance children's and adolescents' social-emotional development and relationships
Adolescent Health	
Children & Youth with Special Health Care Needs	4. Increase supports to address the special health care needs of children and youth
Cross Cutting or Life Course	5. Increase use of preventive health care services across the life course 6. Promote oral health and reduce tooth decay across the life course 7. Promote home and community environments that support health, safety, physical activity and healthy food choices 8. Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH population

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National Performance Measures Selected by New York State

- % women with a past year preventive visit
- % very low birthweight babies born in a hospital with Level III+ NICU
- % infants placed to sleep on their backs
- % children age 10-71 months receiving a developmental screening using a parent-completed tool
- % children and teens who are physically active at least 60 minutes/day
- % adolescents with a preventive medical visit in past year
- % adolescents with and without special health care needs who receive services to transition to adult care
- % women with a dental visit during pregnancy
- % children and teens with a preventive dental visit

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We need to continually and critically examine our investments not as discrete "programs", but as part of an integrated portfolio of strategies that collectively helps us achieve population health outcomes and equity

Rethinking MCH: The Life Course Model as an Organizing Framework Concept Paper. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. November 2010.

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Priority 1: Reduce maternal mortality & morbidity

- Maternal death case reviews & reports
  - Expand to include severe morbidity
- Strengthen collaborative partnerships
  - Partnership for Maternal Health
  - Initial focus on hypertension among women of reproductive age
- Emerging issues:
  - Maternal depression
  - Opioid use

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Priority 2: Reduce infant mortality and morbidity

- Infant mortality data analysis & reports
- Perinatal regionalization
  - standards, measures & designations
- Home visiting
- Postpartum LARC
- Safe Sleep practices
- Clinical quality improvement projects

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Priority 3: Support and enhance children's and adolescents' social-emotional development and relationships

- Data analysis & reports
  - Social-emotional well-being
  - Adverse childhood experiences (ACES)/ trauma
- Medicaid Health Home
- Training for staff and partners
- Incorporate evidence-based strategies across MCH programs

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Priority 4: Increase supports to address the special health care needs of children & youth

- Data analysis & reports
- System-mapping
  - Engage families, youth & providers
- Medicaid Health Home
- Family Outcomes for children in Early Intervention
- Transition supports for youth and young adults
  - Initial focus on youth with sickle cell disease
- Follow-up for newborn hearing screening

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Priority 5: Increase use of primary & preventive health care services across the life course

- Health insurance enrollment
- Data collection & analysis
  - New survey module on preconception/family planning
- Well-woman preconception health care, pregnancy planning and prevention
- Early & comprehensive prenatal care
- Developmental screening for children
- Adolescent preventive service utilization
- Evidence-based sexual health education and confidential reproductive health care services for adolescents

New York State Department of Health

Priority 6: Promote oral health and reduce tooth decay across the life course

- Data analysis & reporting
- Community Water Fluoridation
- Preventive Dental Residency
- Integration of evidence-based preventive services & messages across settings
  - School-Based Clinics
  - Primary Care practices
  - Public Health Nutrition Programs
  - Maternal & Infant Health programs

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Priority 7: Promote supports and opportunities that foster healthy home and community environments

- DOH Place-Based Initiative Workgroup
- Enhance key collaborations:
  - Health promotion within child care settings
  - Community Schools
  - Chronic Disease Prevention Programs
- Evidence-informed framework for collaboration

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Priority 8: Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH population

- Data analysis through health equity lens
- Build internal capacity within State Title V Program
- Integrate equity framework across MCH programs
  - Community input
  - Community engagement & collective impact strategies

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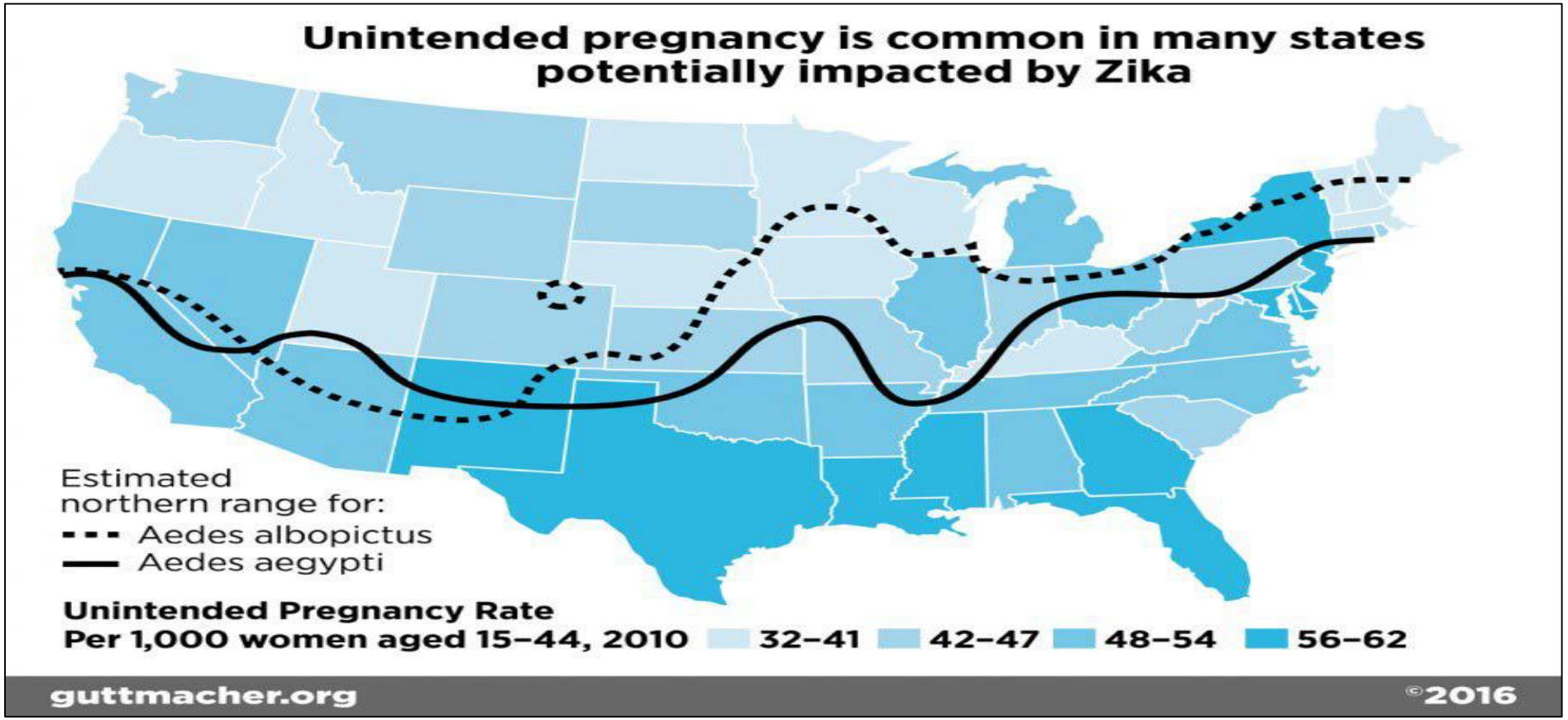

Dreweke J. Countering ZikaGlobally and in the United States: Women's Right to Self-Determination Must Be Central, New York: GuttmacherPolicy Review, 2016, https://www.guttmacher.org/sites/default/files/article_files/gpr1902316.pdf

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Where Are We At? Meeting the Family Planning Needs of Low-Income Populations

Elizabeth Jones, MPA

Director, NYS Center of Excellence for Family Planning and Reproductive Health Services (NYS COE)

Cicatelli Associates, Inc.

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Title X Program Mission

Per the Family Planning Services and Population Research Act of 1970:

- The goal of the Title X Family Planning Program is “to assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services”

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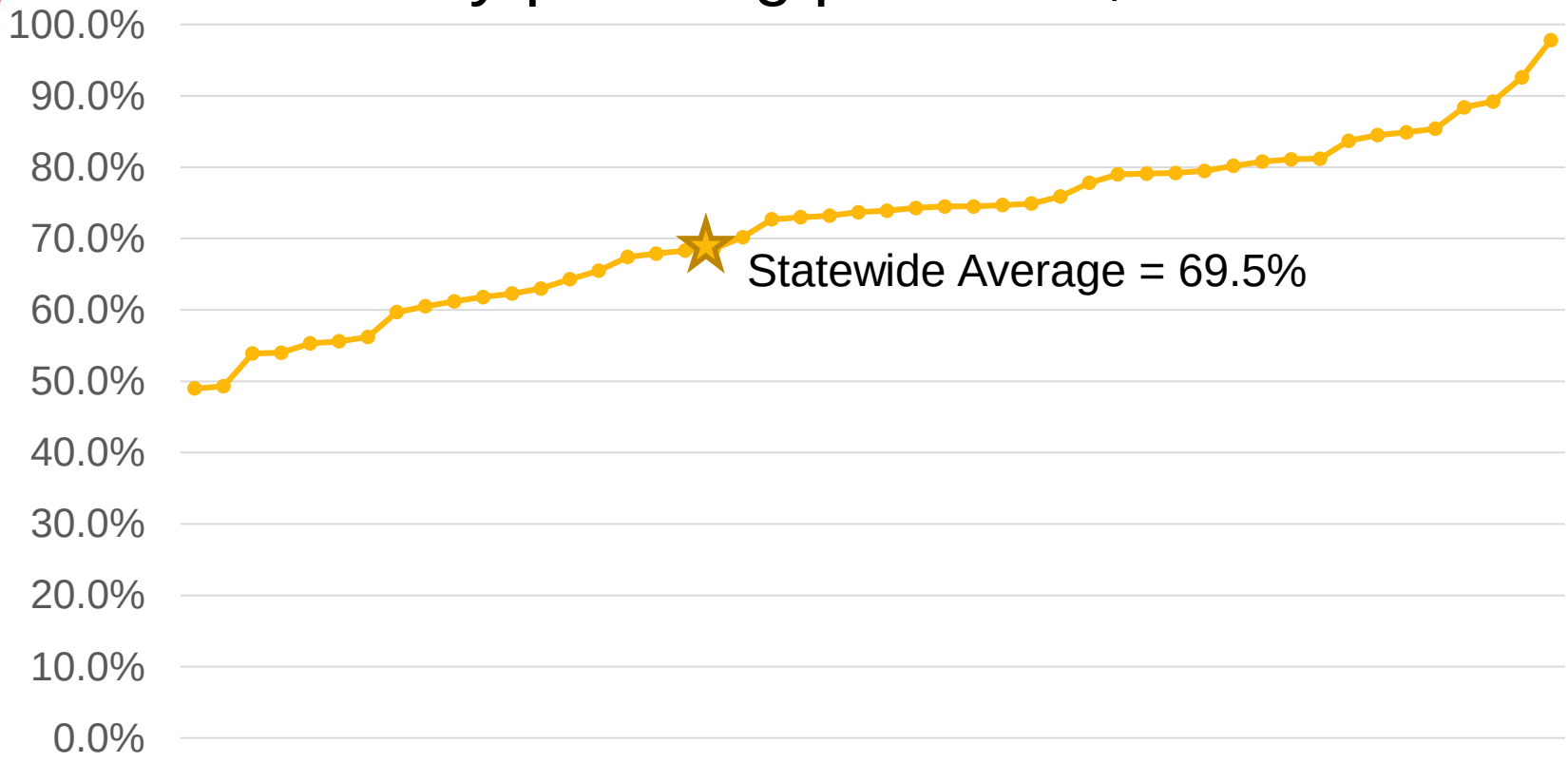
% of unduplicated eligible[1] females leaving with effective contraception[2], NYS family planning providers, CY 2015



Each New York State family planning provider agency is represented by a dot (N = 49)

[1] Not pregnant, seeking pregnancy, or infertile

[2] Oral contraception, vaginal ring, patch, injection, IUD, implant, and sterilization

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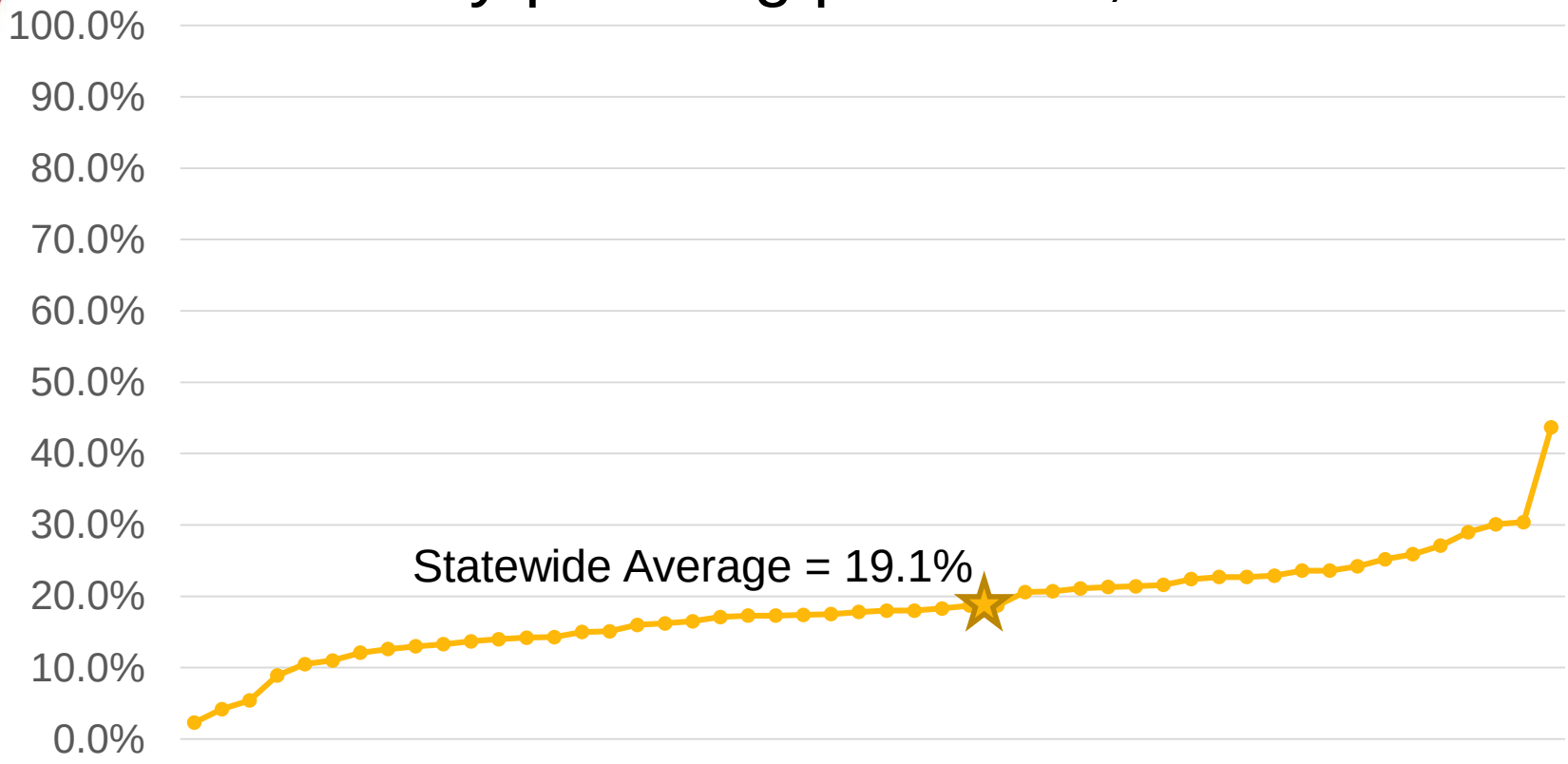
% of unduplicated eligible[1] females leaving with highly effective contraception[2], NYS family planning providers, CY 2015



Each New York State family planning provider agency is represented by a dot (N = 49)

[1] Not pregnant, seeking pregnancy, or infertile
[2] IUD and contraceptive implant

Need for Contraceptive Services

- In 2013, 1,229,380 women in New York were in need of publicly supported contraceptive services and supplies
  - Title X-supported health centers provided contraceptive care to 320,060 (or 26%) of women in New York
  - Publicly supported health centers provided contraceptive care to another 117,740 (or 10%) of women in New York

Source: Frost JJ, Frohwirth L, Zolna MR (2015). *Contraceptive Needs and Services, 2013 Update*. New York: Guttmacher Institute.

Need for Contraceptive Services

- According to these projections, approximately 791,580 (or 64%) of women in New York **remained in need** of publicly funded contraceptive care in 2013
- Making effective contraception available to women who want it, but cannot not otherwise afford it, can prevent a substantial number of unintended pregnancies

Source: Frost JJ, Frohwirth L, Zolna MR (2015). *Contraceptive Needs and Services, 2013 Update*. New York: Guttmacher Institute.

Unintended Pregnancy in New York State

- New York State has one of the highest unintended pregnancy rates in the U.S., with a rate of 61 per 1,000 women aged 15-44
  - This rate is more than **five times** as high among women with incomes at or below the federal poverty level as it is among women at or above 200% of the federal poverty level

Sources: Kost K (2015). *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*. New York: Guttmacher Institute; Finer LB, Zolna MR (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*; 374(9):843-852.

Title X Priority Populations

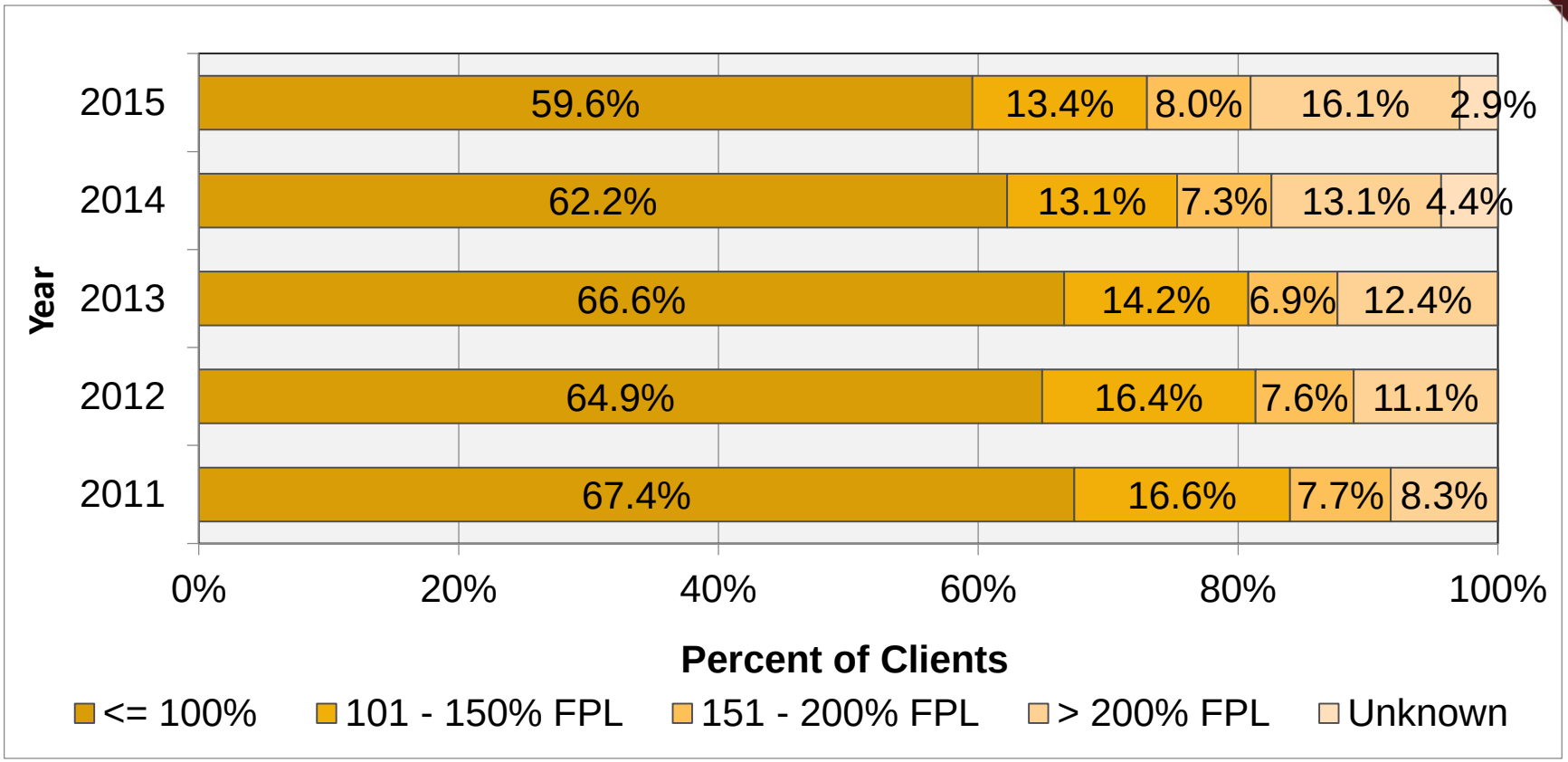
Per Title X Program Guidelines:

- "The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families"
  - "Low-income" is defined as a family whose total income does not exceed 100% of the most recent Federal Poverty Guidelines

In short…

There is substantial need for publicly supported contraceptive services and supplies among low-income women and adolescents in New York State, which contributes to higher rates of unintended pregnancy among this sub-population

NYS Family Planning Program
Client Income Status (Federal Poverty Level)
by Year 2011-2015



A question for consideration…

Why aren't publicly supported contraceptive services and supplies being accessed at higher rates by the population that needs them the most—individuals living at or below the federal poverty level?

Meeting Objectives

As a result of the 2016 Family Planning Provider Meeting, participants will be able to:

- Recognize the unique sexual and reproductive health care needs of priority populations
- Examine the realities of New Yorkers living at or below the Federal poverty level
- Explore how clinic systems can create additional barriers to access for low-income individuals
- Identify strategies family planning providers can utilize to identify, engage, and retain low-income women, men, and adolescent clients

What Poverty Looks Like in New York State

Nathan Mandsager
Director, Schenectady Works/Schenectady Bridges
Dona Fragnoli
Coordinating Consultant/Trainer, Schenectady Bridges
Chris Parsons
Director, ASPIRE Program, City Mission of Schenectady

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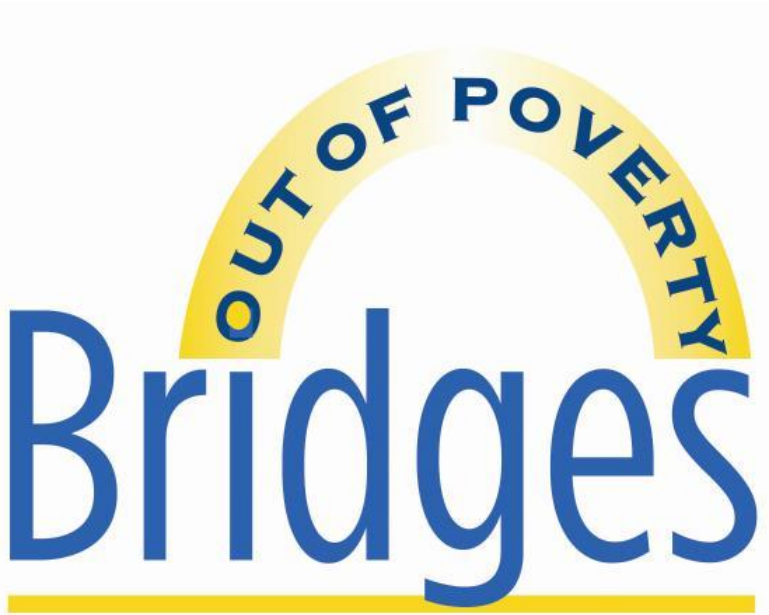
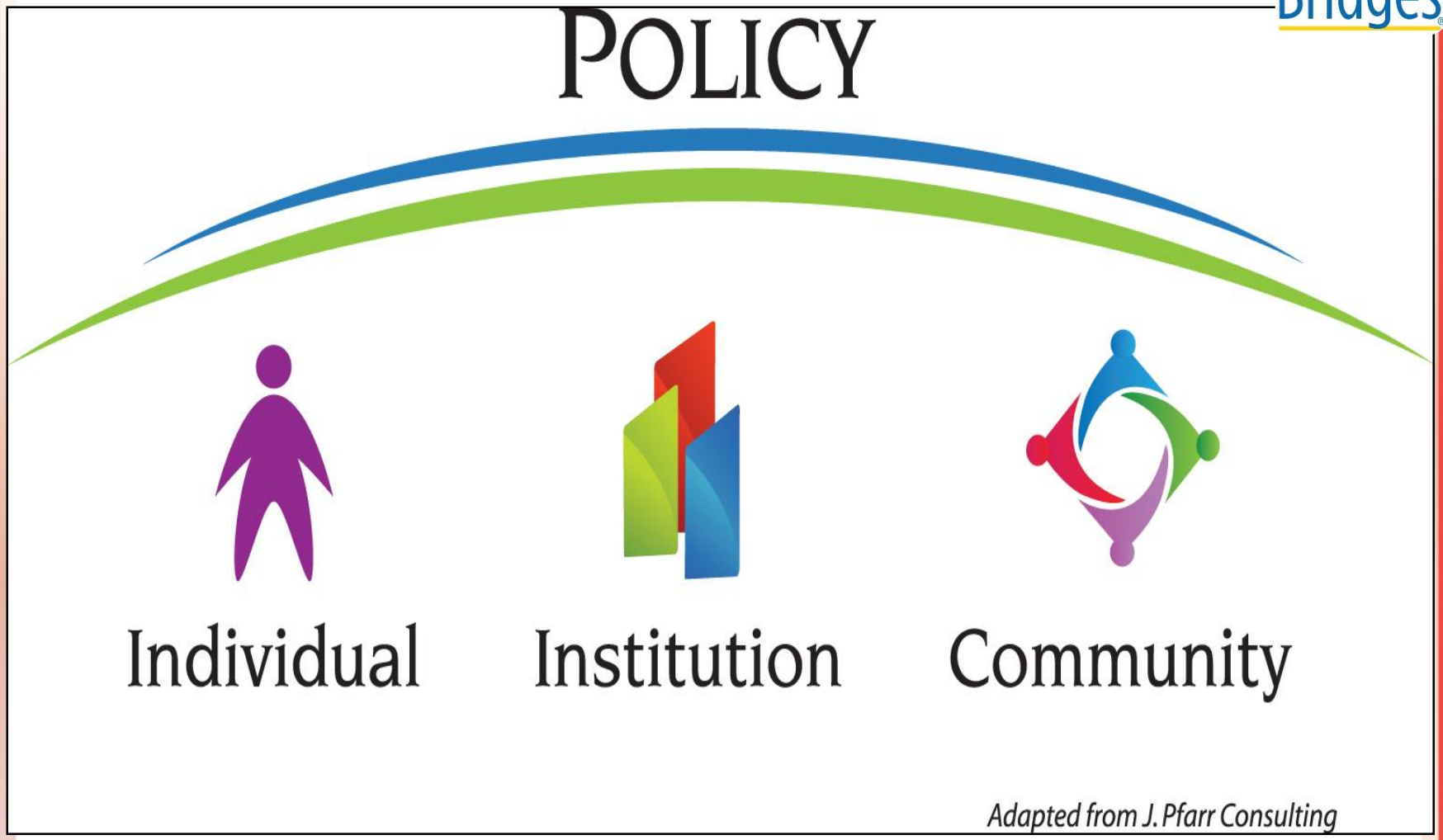
Introduction



www.SchenectadyBridges.org


POLICY
Individual
Institution
Community
Adapted from J. Pfarr Consulting

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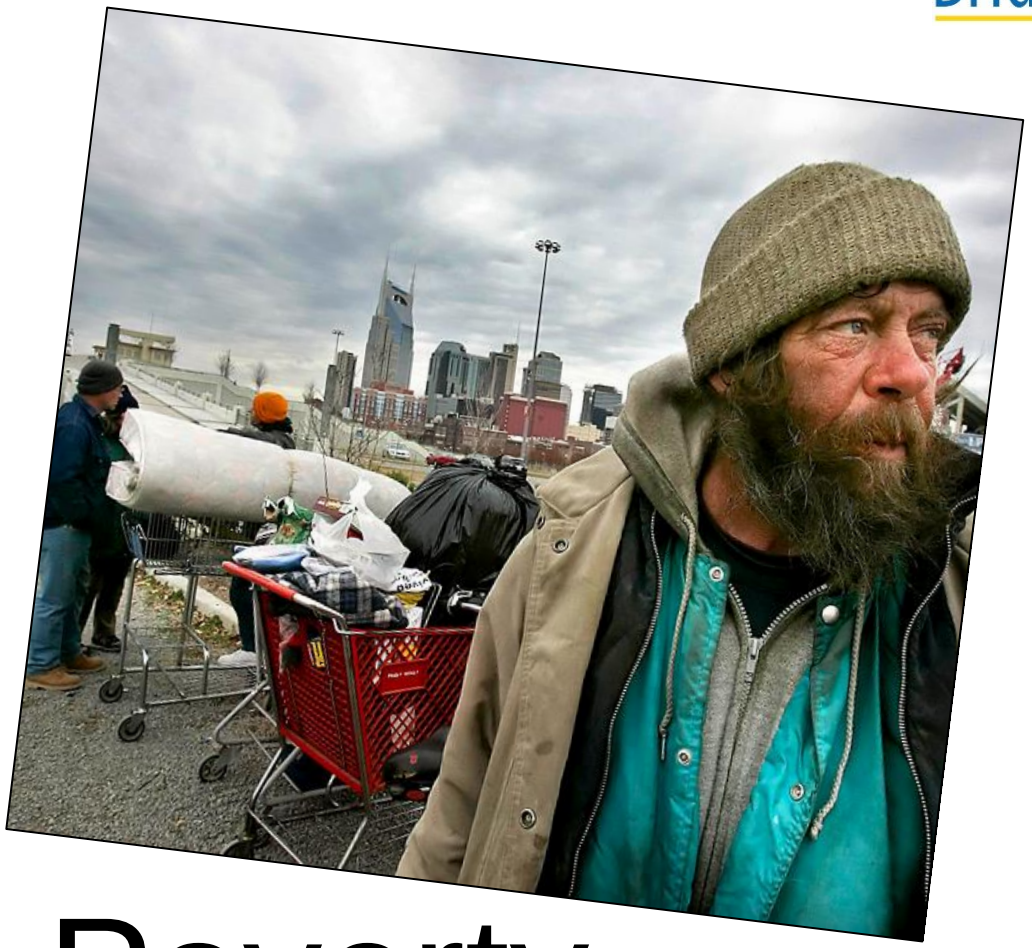
2016 New York State Family Planning Provider Meeting



Defining Poverty

Causes of poverty

- Behaviors of the Individual
- Absence of Human and Social Capital Within the Community
- Human Exploitation
- Political/Economic Structures

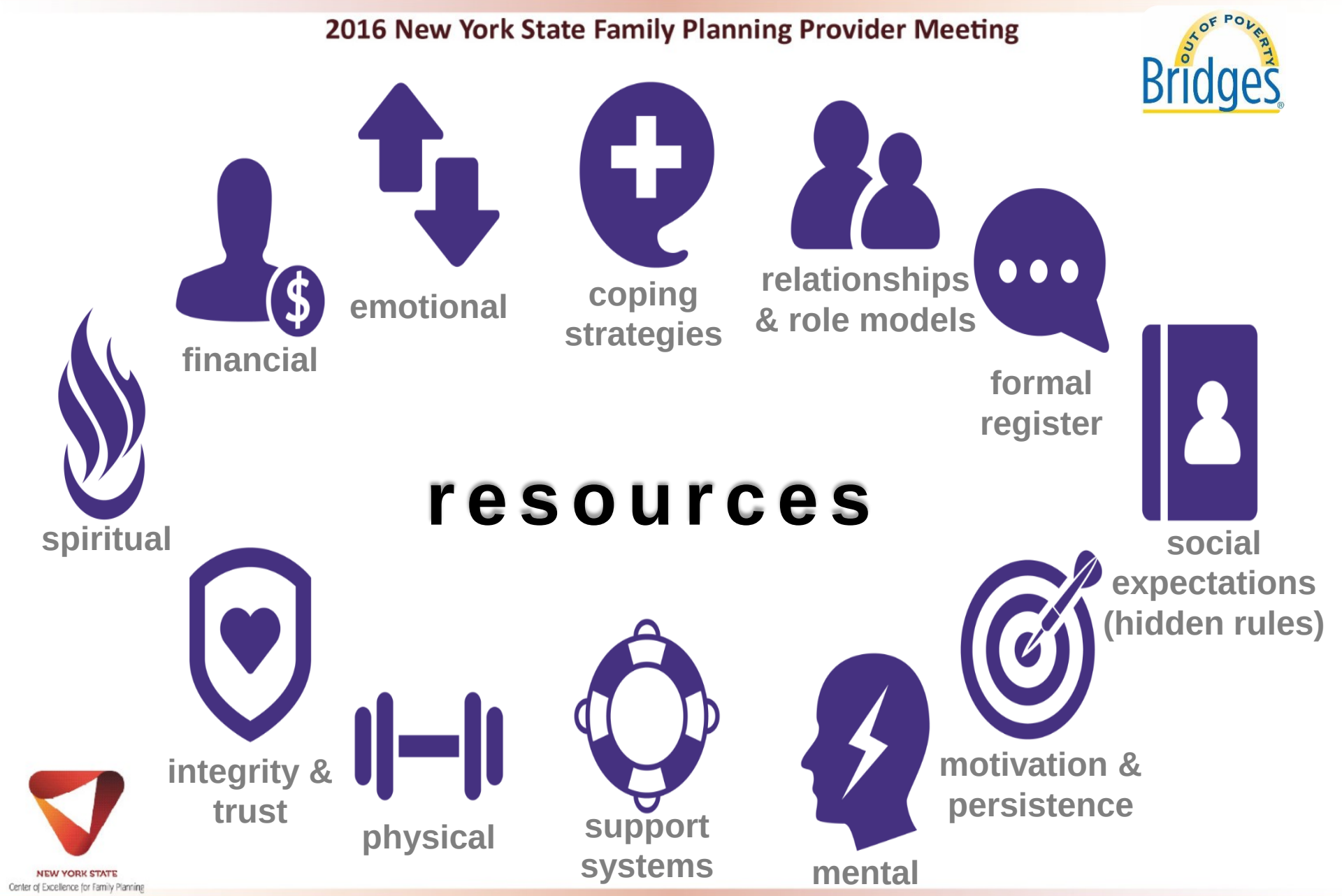
Definition of Poverty

"the extent to which an individual, organization, or community does without resources."

- Situational poverty
- Generational poverty

Key points

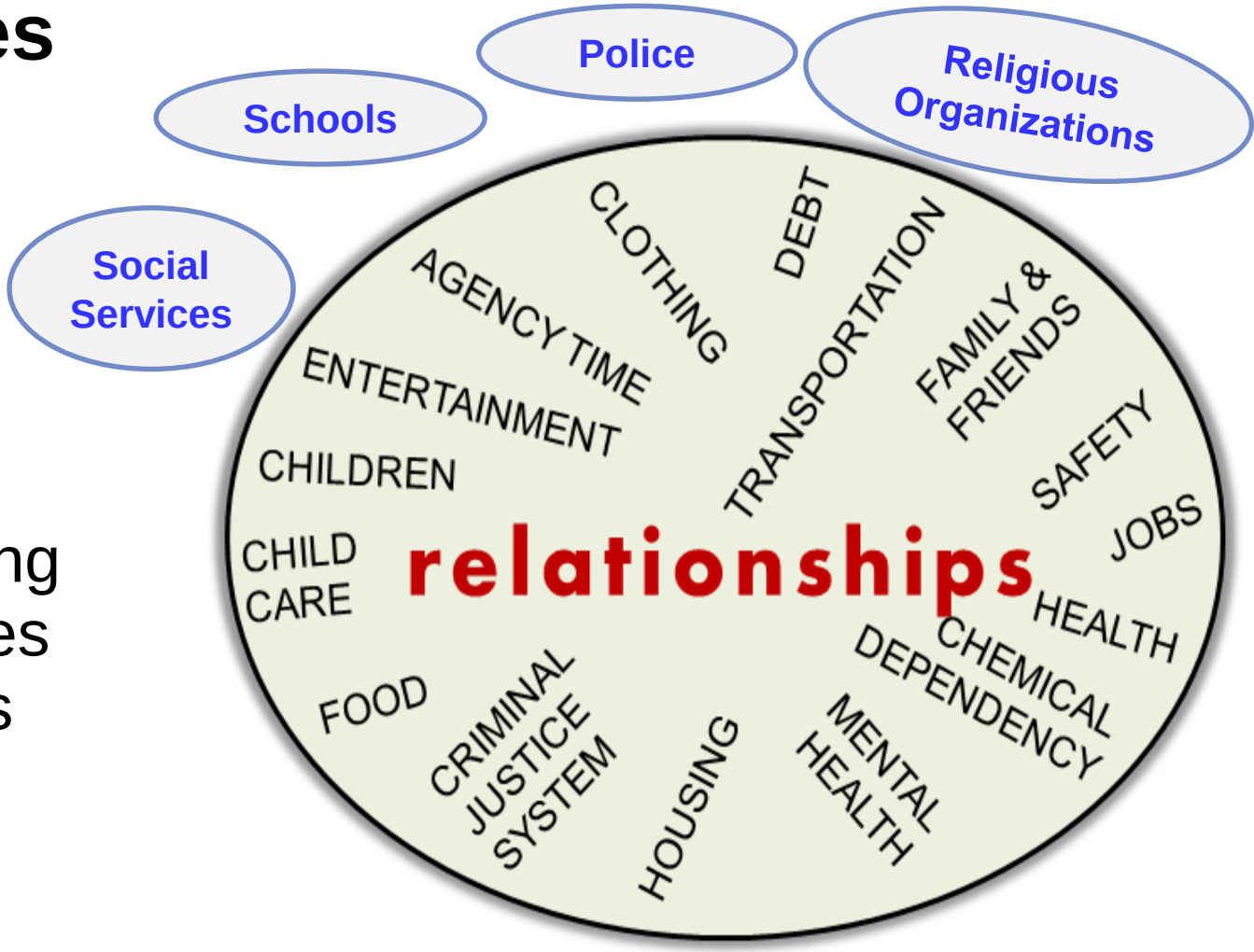
- Focus on economic environments
- Economic class is relative
- Economic class is a continuous line, not a clear-cut distinction


resources
financial
emotional
coping strategies
relationships & role models
formal register
social expectations (hidden rules)
motivation & persistence
mental
support systems
physical
integrity & trust
spiritual

Mental Models

Businesses

- Pawn shop
- Liquor store
- Corner store
- Rent-to-own
- Laundromat
- Fast food
- Check cashing
- Temp services
- Used car lots
- Dollar store



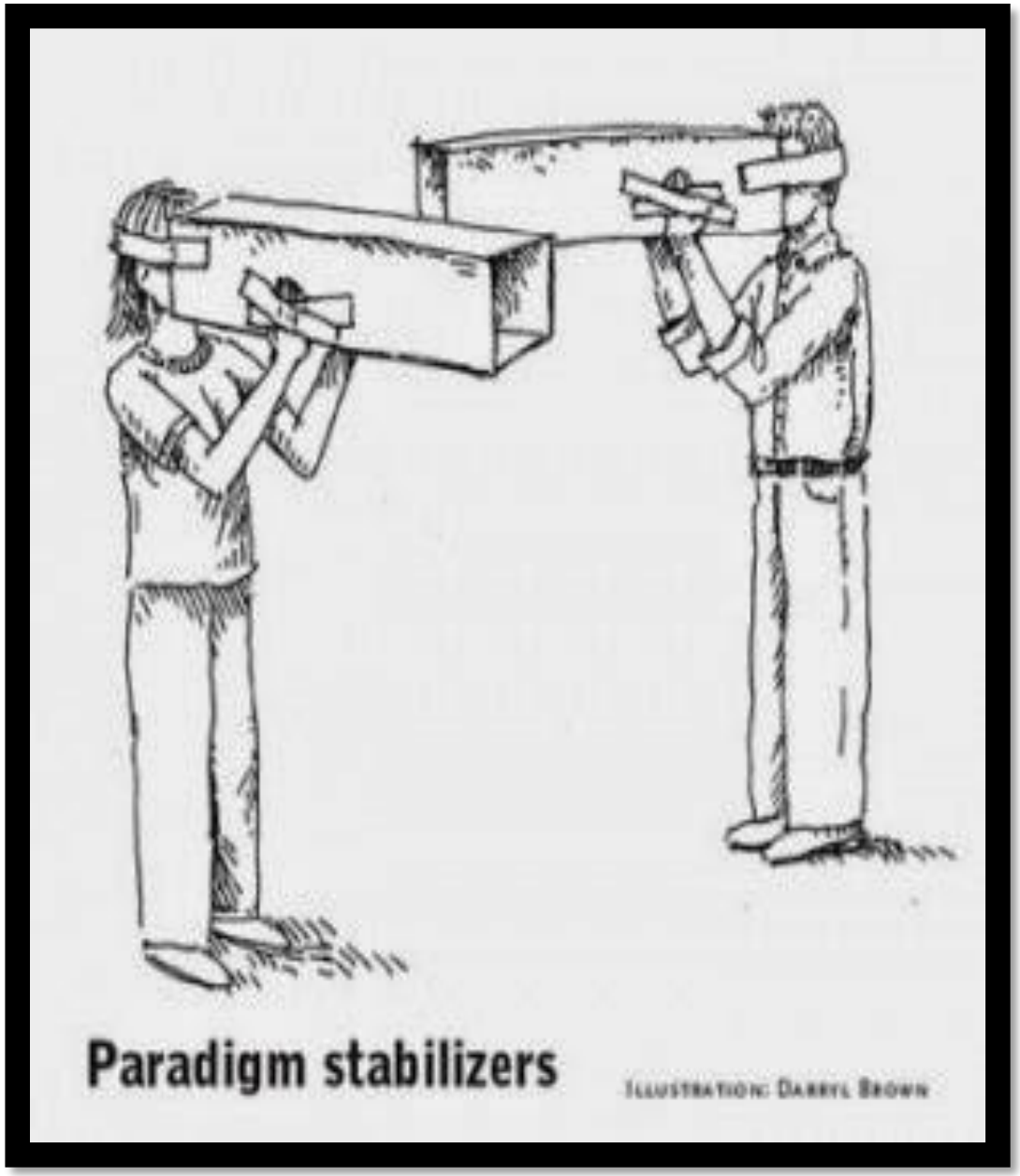
Tyranny of the Moment

"The need to act overwhelms any willingness people have to learn."

Source: *The Art of the Long View* by Peter Schwartz.

Businesses

- Shopping/strip malls
- Bookstores
- Banks
- Fitness centers
- Veterinary clinics
- Office complexes
- Coffee shops
- Restaurants/bars
- Golf courses


Paradigm stabilizers
ILLUSTRATION: DARRYL BROWN

Hidden rules are the unspoken cues and habits of a group.

Hidden Rules

Possessions

POVERTY

People

MIDDLE CLASS

Things

WEALTH

One-of-a-kind objects,
legacies, pedigrees

Information Leads to Transformation

Bridges OUT OF POVERTY

empowering employment by improving employee retention and productivity

www.ERN-NY.com

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SCHENECTADY AREA Employer Resource Network

Union College
Ellis Medicine
Northern Rivers Family Services
City Mission of Schenectady
Schenectady ARC
Proctors
Kingsway Community
Best Cleaners
Visiting Nurse Services of NENY
Home Instead Senior Care
Daily Gazette
Mazzone Hospitality
Schenectady County Community College
Chamber of Schenectady County
Schenectady County Job Training Agency

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CAPITAL REGION Employer Resource Network

Interim HealthCare
Siena College
Albany Medical Center
Belvedere Services
Daughters of Sarah Senior Community
The Arc of Rensselaer County
Clear View Bag, Inc.
Rehabilitation Support Services
Schenectady County Community College
Chamber of the Capital Region
Albany County Job Training Agency
Trinity Alliance

Bridges OUT OF POVERTY

As of January 2015

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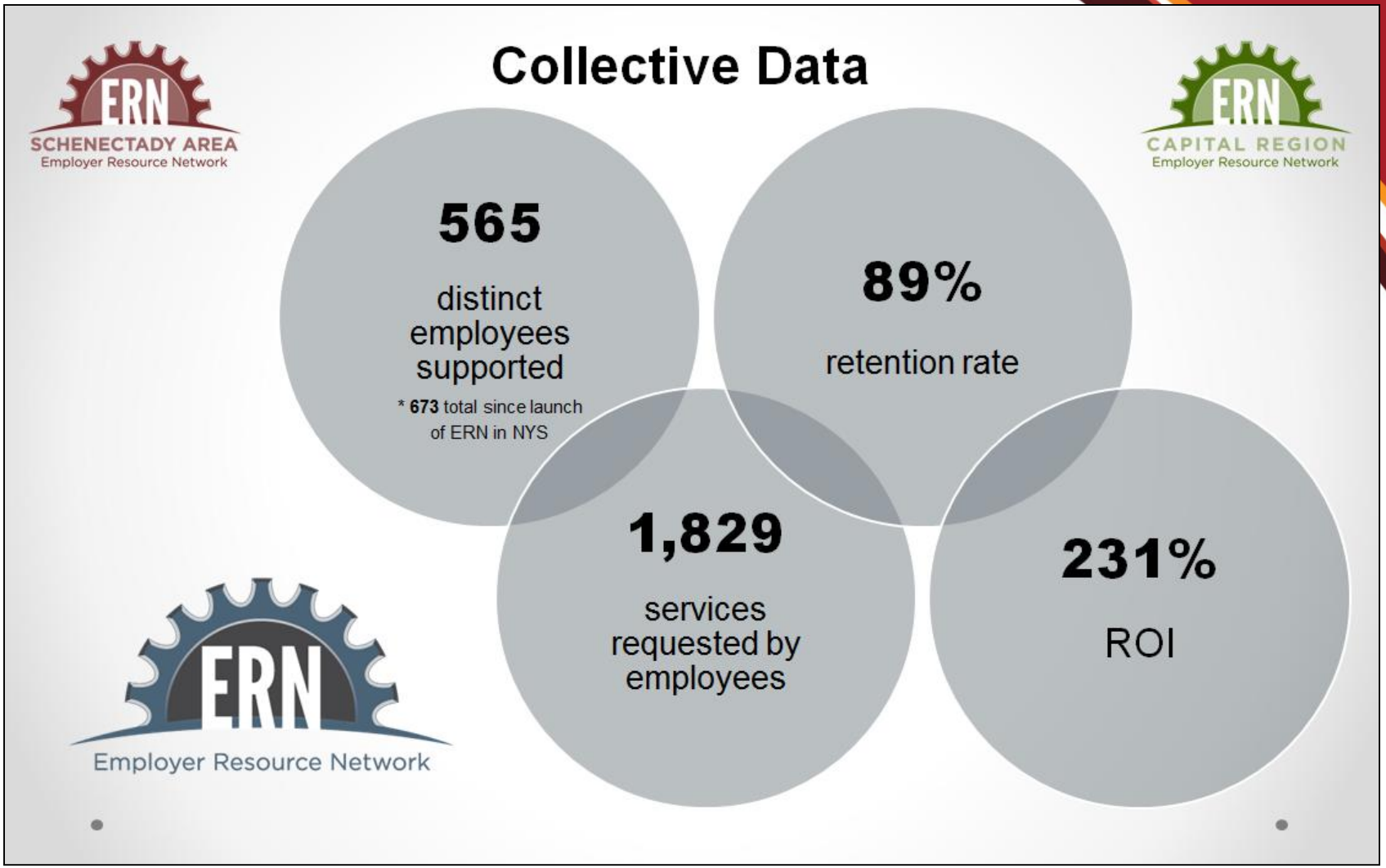
Collective Data



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partnering
creating
improving
promoting

SCHENECTADY AMBASSADORS SINCE 2009

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Bridges OUT OF POVERTY

Getting Ahead NETWORK

What it does.

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The Aim of Getting Ahead

- To provide a safe, agenda-free learning environment where adults can:
  - Reflect on and examine their lives
  - Investigate new information that is relevant to them
  - Assess personal and community resources
  - Make plans for their own future stories
  - Choose a team to help them fulfill their dreams
  - Offer ideas for building a prosperous community

Next Steps

Bridges for Boards & Executives	*Bridges overview aimed at Boards & Executives*
Organizational Bridges trainings	*developed & presented to entire organization (or specific departments)*
Management & Leadership training	*equipping managers, supervisors, & leaders*

For information on bringing a

Bridges Out of Poverty Training

to your organization

Please contact:

Dona Fragnoli
dfragnoli@schenectadybridges.org
518.424.8090

The Healthcare Needs of Vulnerable Populations

David Johnson, MPH
Acting Deputy Regional Health Administrator, OASH Region II
Public Health Advisor, Office of Family Planning
Office of Populations Affairs (OPA)

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Overview

- About OPA
- National and State Data
- Service Delivery
- Q and A

Office of Population Affairs (OPA)

Purpose and Mission:

- The mission of the program is to provide individuals with the information and means to exercise personal choice in determining the number and spacing of their children, including access to a broad range of acceptable and effective family planning methods and services
- Priority is services to individuals from low-income families

Office of Population Affairs (OPA)

- Title X–funded programs serve two-thirds of all clients who received care at publicly-funded FP centers
- 6 in 10 women who go to a FP center consider it their usual source of medical care
- 1 in in 3 women who have an HIV test or receive STI testing or treatment do so at a publicly-funded FP center

Office of Population Affairs (OPA)

- Although Medicaid is the largest source of public funds for family planning services , Title X sets the standards (guidelines) for the provision of publicly funded family planning services in the U.S.
- Title X funds support clinic operations, equipment, buildings, contraceptive supplies, training and staff salaries
- Title X funds subsidize family planning services for women, men, and adolescents who may not have health insurance or who are not eligible for Medicaid

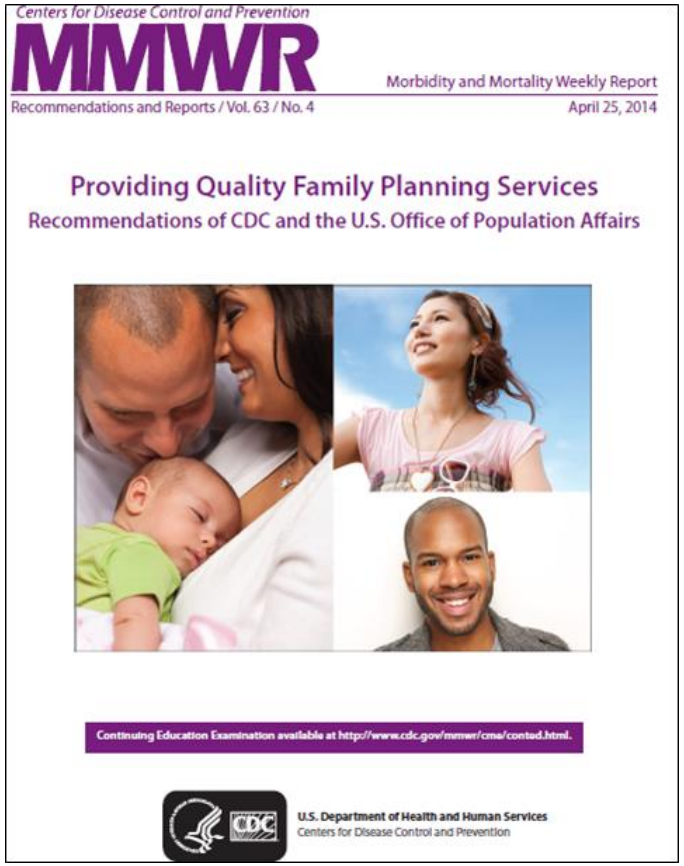
Office of Population Affairs (OPA)

Source of Guidance in many forms:

- Clinical practice – FP, Primary care, Private providers
  - Through QFP and related documents
- Policy – Federal government, Public, Providers, Insurance carriers
  - Through policy briefs, technical assistance to other agencies/programs, and advice to national advocacy organizations
- Research – data analysis and support for related research
  - Through deeper levels of analysis over multiple fields, funding multiple programs and agencies and writing briefs/papers/presentations

QFP 2.0

- Joint effort with CDC/DRH
- Planning meeting held June 8
  - Previous EWG members
  - Users of QFP (CMCS, CHC, MCHB, VA, DOD, IHS, etc)
- Two new topic areas likely:
  - Serving LGBT clients
  - TBD
- Expected publication in late 2018



FP services offered frequently in the last 3 months, Title X vs non-Title X

	Title X	Non-Title X	
Pregnancy diagnosis and counseling	82%	68%	*
Contraceptive services for women	95%	82%	*
Contraceptive services for men	34%	27%	*
Basic infertility services for women	35%	37%	
Basic infertility services for men	14%	16%	
STD screening for women	92%	82%	*
STD screening for men	77%	63%	*
Preconception health care for women	58%	47%	*
Preconception health care for men	16%	18%	
Mean number of FP services (of 9)	**5.0**	**4.4**	

Chi-square tests of these row differences were statistically significant at p<.05.

NOTE: Infertility services were included if they were offered "occasionally".

Contraceptive Methods Provided On-Site in the Last 3 Months, Title X vs non-Title X

	Title X	Non Title X	
Levonogestrel IUD	67%	60%	*
Copper IUD	65%	53%	*
Implant	50%	45%	*
DMPA (3-month injectable)	98%	93%	*
Patch	66%	55%	*
Vaginal ring	79%	58%	*
Combined Oral Contraceptives	96%	79%	*
Progestin-only Oral Contraceptives	87%	68%	*
Emergency contraception	87%	55%	*
Male condom	97%	78%	*
Female condom	53%	35%	*
Mean number of methods onsite (of 11)	**8.5**	**6.7**	

Chi-square tests of these row differences were statistically significant at p<.05.

Contraceptive Counseling, Title X vs Non Title X

	Title X	Non Title X	
Using open-ended questions	65%	31%	*
Assessing client's reproductive life plan	76%	35%	*
Presenting information regarding potential contraceptive methods with the most effective methods presented first (tiered approach)	75%	40%	*
Helping client think about potential barriers to using their selected method correctly and develop a plan to deal with those barriers	74%	35%	*
Informing clients that LARCs are safe and effective for adolescents	77%	39%	*
Mean number (of 5)	**3.7**	**1.8**	

Chi-square tests of these row differences were statistically significant at p<.05.

Office of Population Affairs (OPA)

Goals:

- Improve access to FP and SRH services
  - Contraception
  - Screening
  - Pregnancy counseling, planning, pre-conception care
- Improve quality of services
  - Patient/client
  - Provider competency
  - System capacity

Service Delivery

Who we Serve:

- Characteristics
  - Low income clients
  - Younger clients
  - People of color
  - Less covered clients
  - Clients with less access to other forms of health care

Title X Services- 2014

	National		NY State	
Clients	4,129,283		313,010	
Females	3,764,33	91.17%	285,372	91.17%
Males	364,661	8.83%	27,638	8.83%
Adolescent - females	687,119	16.64%	48,130	15.38%
Adolescent – males	61,780	1.50%%	5,177	1.65%%
Adolescents - Total	748,899	18.14%	53,307	17.03%
Latino/Hispanic	1,237,652	29.97%	101,910	32.56%%
Income				
<100%		68.79%		63.09%
<200%		88.35%		82.68%

Title X Services- 2014

	National	NY State
Insurance Coverage		
Public	29.44%	44.64%
Private	13.56%	12.14%
Uninsured	54.23%	37.85%
Unknown	2.77%	5.37%
LARC	10.77%	11.23%
Chlamydia – females 15-24	57.86%	56.17%
HIV tests/positive	24.98%/.205%	47.64%/.187%
Medicaid/Private	39.43% / 7.65%	28.36% / 7.44%
State	9.73%	21.1%
Cost/Revenue per Client	$301.24	$547.69

Title X Services

The faces of our clients:

- Women
- Men
- Adolescent
- Females
- Males
- Uninsured and Insured
- Confidential services
- LGBTQI
- Low Income
- The Community

Title X Services

- Our clients are those who need services and often those at most risk for:
  - Unintended pregnancy
  - Poorer health outcomes
  - Increased health disparities
  - Lower access to primary health care
- They are the vulnerable

Title X Services – Vulnerable Populations

- They are:
  - Marginalized
  - Minority populations
    - Racial and Ethnic
  - Sexually
    - LGBTI
  - Low income
- They have:
  - More difficulty accessing healthcare, employment, social services

Title X Services – Vulnerable Populations

- They are:
  - All of us
    - They look like us, experience the same challenges
    - Live in the same areas
    - Have problems, but are not problemed
- At some point, all individuals feel vulnerable
  - Temporal states
  - Categorical states
  - Individuals feeling

Title X Services – Vulnerable Populations

Needs are well defined:

- Higher levels of screening
- More time receiving services
- More complex environmental impacts
  - Varying levels of resources
  - Complex behavioral antecedents
- Co-morbidity
  - Biological
  - Psychological
- Substance use
- Competing needs

Title X Services – Vulnerable Populations

Service Delivery Considerations:

- Client Centered
- Treated like any other client
- Cultural Competency
- Less familiarity with healthcare systems
- Changing Access to healthcare services

Title X Services – Vulnerable Populations

Upcoming Landscape:

- Client composition will continue to change
  - But what part of that matters
    - How does it change how we treat clients
    - How does it change how we do business
    - How does it change how we conduct outreach
    - How does it change how we finance our programs
    - How does it change how we train
      - » Assessment
      - » Competencies
      - » Continuous improvement
    - How does it change how we measure our performance

Title X Services – Treatment and Service Delivery

- Our patients, clients, community and others will inform us how to change
- Our free time will tell us how to change
- Our own experiences will inform us

THANK YOU!

David Johnson

David.johnson@hhs.gov

Discussion

Removing Logistical Barriers to Access for Priority Populations

Michelle Gerka
Vice President, Community Health
Cicatelli Associates, Inc. (CAI)

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Welcome Back!

Organizational Assessment: Clinic Systems

Michelle Gerka
Elizabeth Jones
Cicatelli Associates, Inc. (CAI)

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Trends in Clients Served, 2011-2015

Eileen Shields
Vicki VanHoesen
Bureau of Women, Infant, and Adolescent Health
New York State Department

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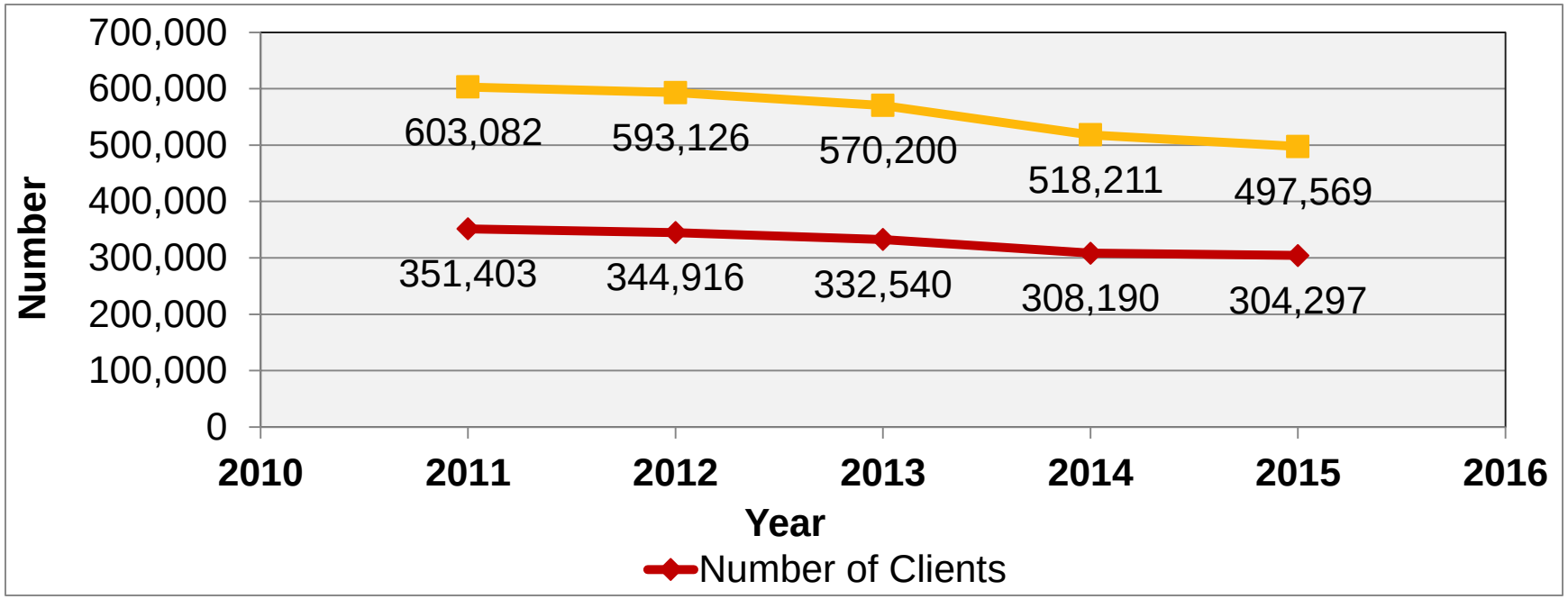
NYS Family Planning Program Number of Clients Served and Visits by Year, 2011-2015



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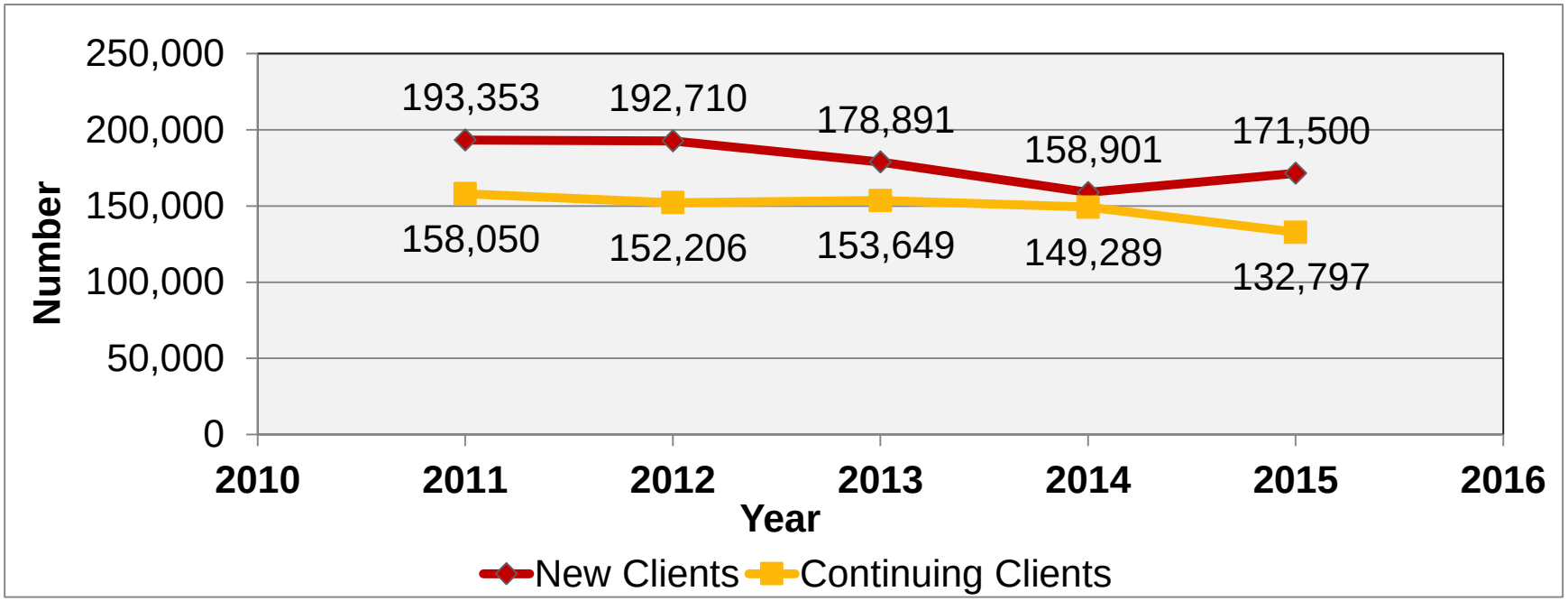
Change 2011-2015 Clients & Visits

- The number of clients served in NYS decreased by 13.4% from 2011 to 2015
- There was a 17.8% decrease in Title X clients nationwide between 2011 and 2014 (FPAR)
- The number of visits provided in NYS decreased by 17.5% from 2011 to 2015

NYS Family Planning Program Changes in Clients Served and Visits						
	2011	2012	2013	2014	2015	2011-2015
Clients	351,403	344,916	332,540	308,190	304,297	
% Change		-1.8	-3.6	**-7.3**	**-1.3**	**-13.4**
Visits	603,082	593,126	570,200	518,211	497,569	
% Change		-1.7	-3.9	**-9.1**	**-4.0**	**-17.5**
Visits @ Client	**1.72**	**1.72**	**1.71**	**1.68**	**1.64**	

- **Visit rates per client have been declining slightly over the past four years.**
- **Rates of decline for both clients and visits appear to have peaked in 2014, *diminishing* significantly in 2015.**

NYS Family Planning Program Type of Clients Served by Year 2011-2015



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Change 2011-2015 New & Continuing Clients

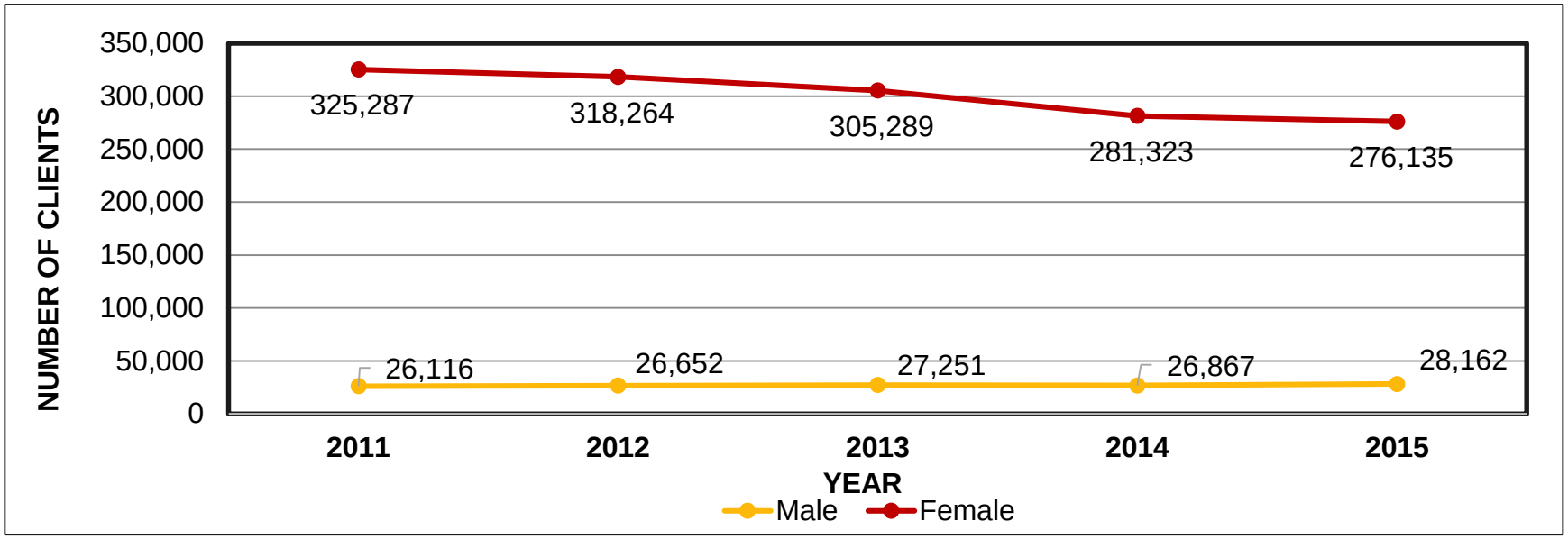
- The number of new clients served in NYS decreased by 11.3% from 2011 to 2015
- The number of continuing clients served in NYS decreased by 16.0% from 2011 to 2015

Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program Changes in Client Status						
	2011	2012	2013	2014	2015	2011-2015
New Clients	193,353	192,710	178,891	158,901	171,500	
% Change		-0.3	-7.2	-11.2	7.9	-11.3
Continuing Clients	158,050	152,206	153,649	149,289	132,797	
% Change		-3.7	0.9	-2.8	-11.0	-16.0
% New Clients	55.0	55.9	53.8	51.6	56.4	

- More than half of all clients served each year are new.
- While significantly fewer clients enrolled between 2013 and 2014, there was a substantial improvement of nearly 8% in 2015.
- There was a substantial drop of 11% in continuing clients in 2015.

NYS Family Planning Program Clients Served by Gender by Year 2011-2015



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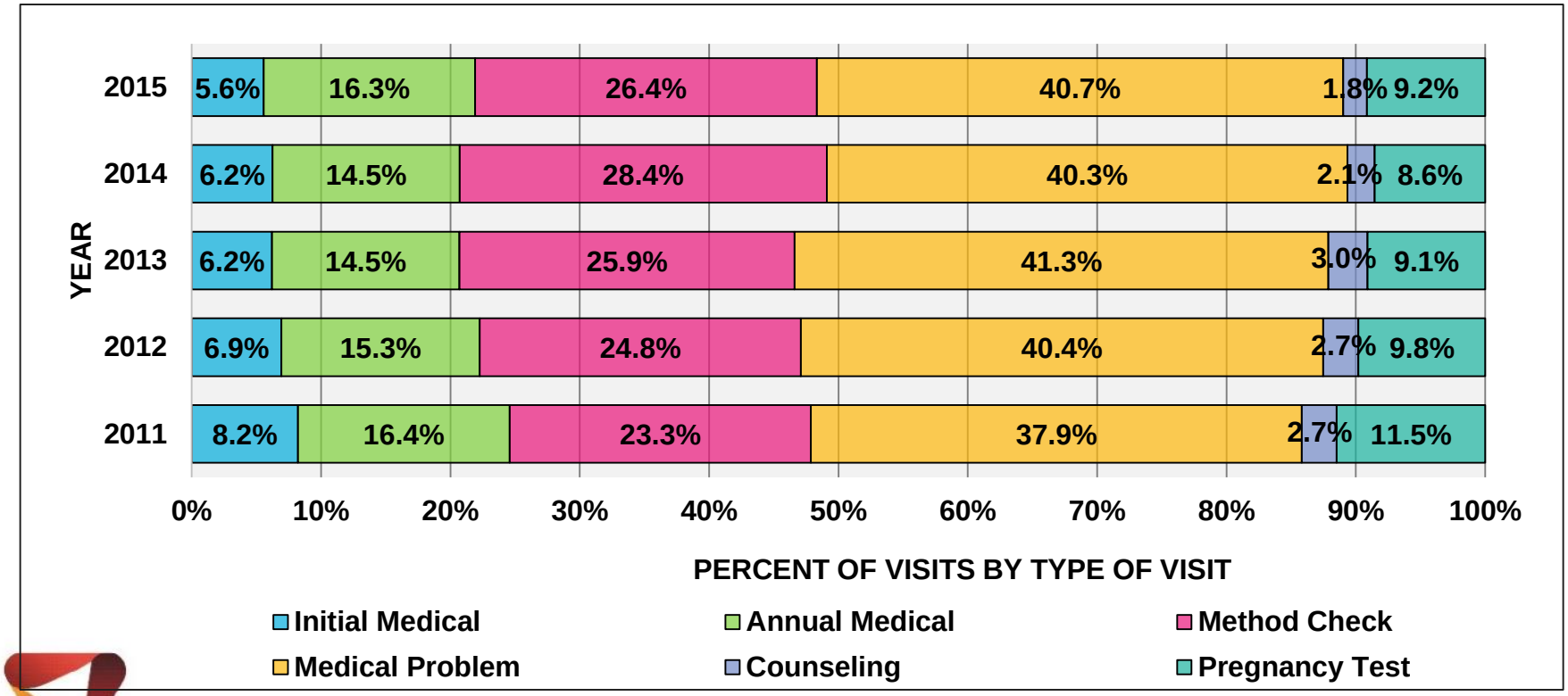
NYS Family Planning Program Changes in Client Gender						
	2011	2012	2013	2014	2015	2011-2015
Females	325,287	318,264	305,289	282,323	276,135	
% Change		-2.2	-4.1	-7.5	-2.2	-15.1
Males	26,116	26,652	27,251	26,867	28,162	
% Change		2.1	2.2	-1.4	4.8	7.8
% Female	92.6	92.3	91.8	91.3	90.7	

- **Males represent an increasing proportion of clients served, with a substantial increase of nearly 8% in the past 5 years.**
- **While the decline in female clients continued throughout the period, it appears to have peaked in 2014.**

NYS Family Planning Program Client Visits by Type by Year 2011-2015



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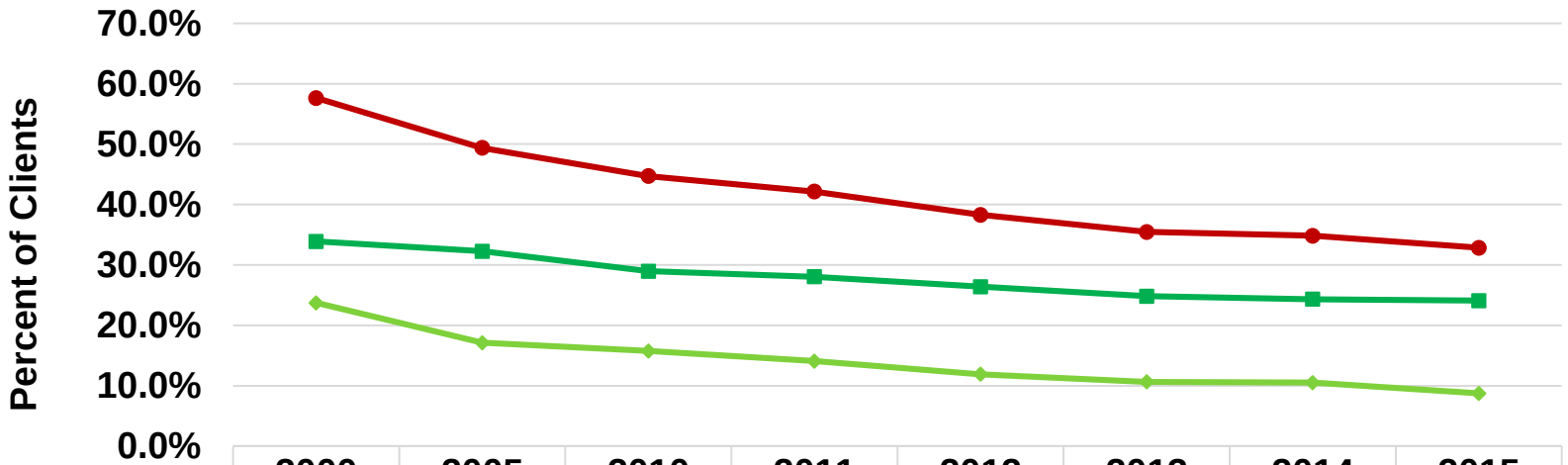
Reason for Visit

- Pregnancy test visits declined from 11.5% in 2011 to 9.0% in 2015
  - Positive results declined from 29% to 17%, a 41% improvement
  - Unintended pregnancies declined from 47% to 37%, a 21% improvement
- Initial exams declined steadily from 8.2% in 2011 to 5.6% in 2015
- Annual exams declined from 16% to 14.5%, then rebounded to 16% in 2015

Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Initial & Annual Exams Per Client
2000-2015



	2000	2005	2010	2011	2012	2013	2014	2015
Initial @ Client	23.7%	17.1%	15.8%	14.1%	11.9%	10.6%	10.5%	8.7%
Annual @Client	33.9%	32.3%	29.0%	28.1%	26.4%	24.8%	24.3%	24.1%
I/A @ Client	57.6%	49.4%	44.7%	42.1%	38.3%	35.5%	34.8%	32.8%

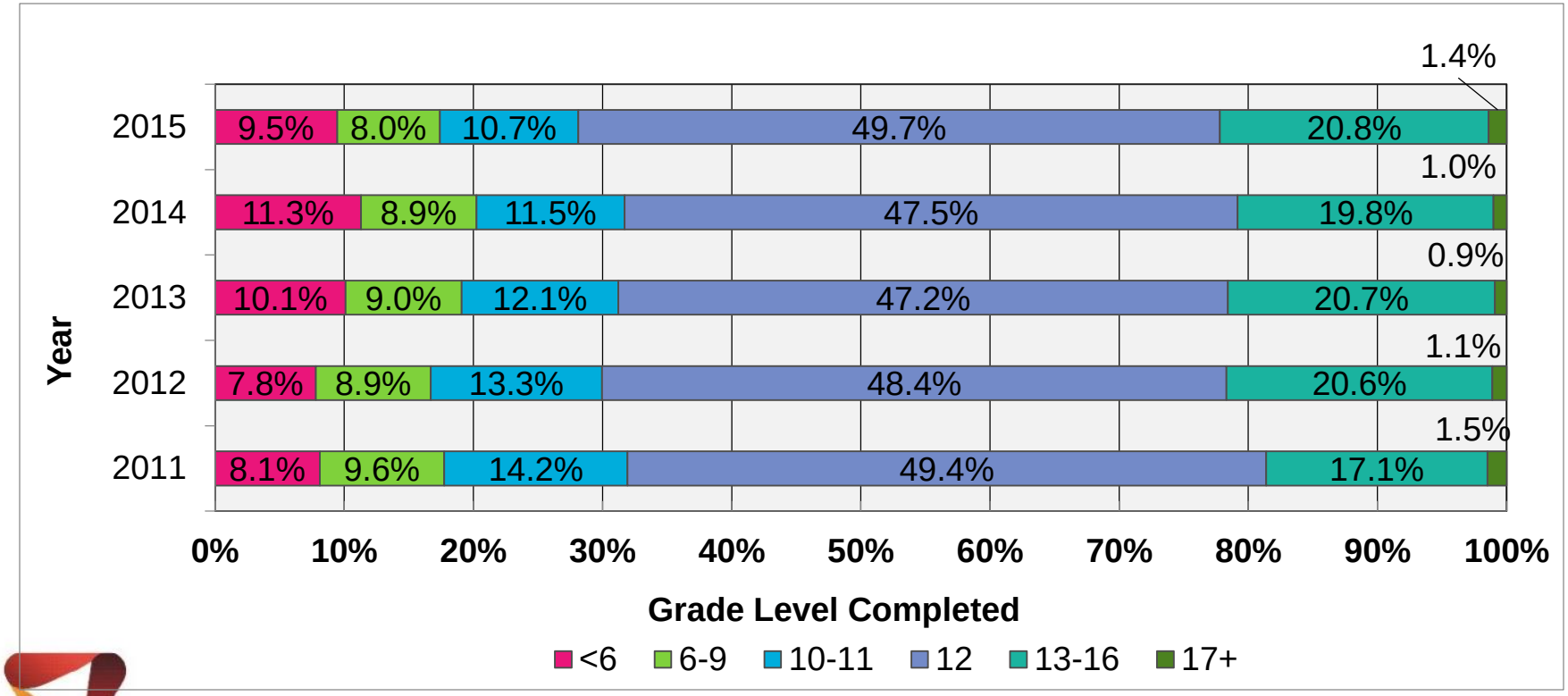
Does this reflect reversed coding of visit type?

Change in Initial/Annual Visits

Year	2000	2005	2010	2011	2012	2013	2014	2015
I/A Visits @ Client	57.6%	49.4%	44.7%	42.1%	38.3%	35.5%	34.8%	32.8%
% Change - Annual				-5.8%	-9.1%	-7.4%	-1.8%	-5.7%
% Change - 5 Year		-14.3%	-9.5%					-26.5%

Do changes in initials and annuals reflect changes in required testing (e.g., Paps, CBEs)?

NYS Family Planning Program Clients by Highest Grade Level Completed, 2011-2015

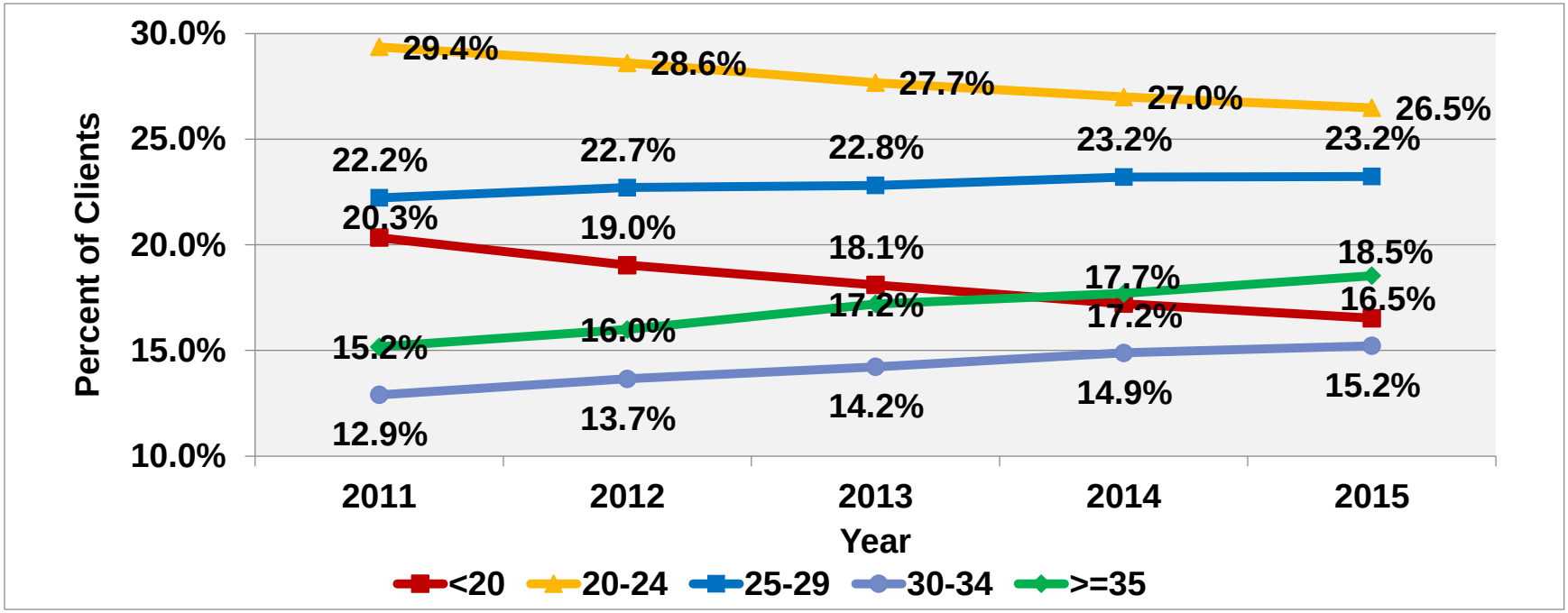


Source: NYS FPP Clinic Visit Record Data

Grade Level

- Just under half of clients completed high school and approximately 20% attended college
- Those completing 10th/11th grade declined steadily from 14% to <11%, while percentages for all other grade levels fluctuated
- Those with less than a 6th grade education increased from ~8% in 2011/12
  - In 2015, 86.6% of <6th graders had zero years!

NYS Family Planning Program Clients Served by Age Category by Year, 2011-2015



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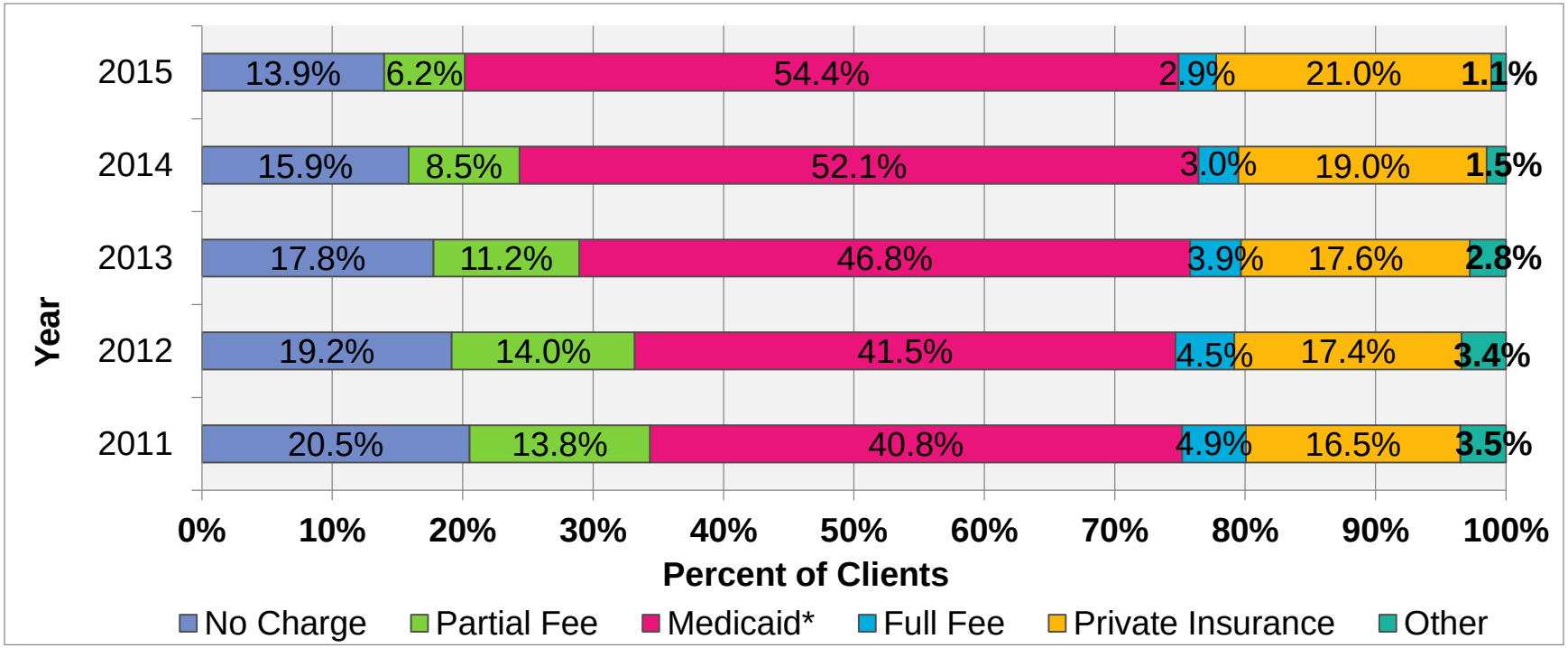
Change 2011-2015 Age Category

- Fewer younger patients were served each year between 2011 and 2015
- Clients 25 years and older increased between 2011 and 2015

Age Group	<20	20-24	25-29	30-34	35+
Percentage Change 2011-2015	- 18.7%	-9.9%	+ 4.5%	+ 17.8%	+ 21.7%

- Consistent with national trend and NYS census

NYS Family Planning Program Client Source of Payment by Year 2011-2015



*Medicaid includes Title XIX fee for service, managed care, Family Planning Extension Program (FPEP), Family Planning Benefit Program (FPBP), and FPBP Presumptive Eligibility (PE).

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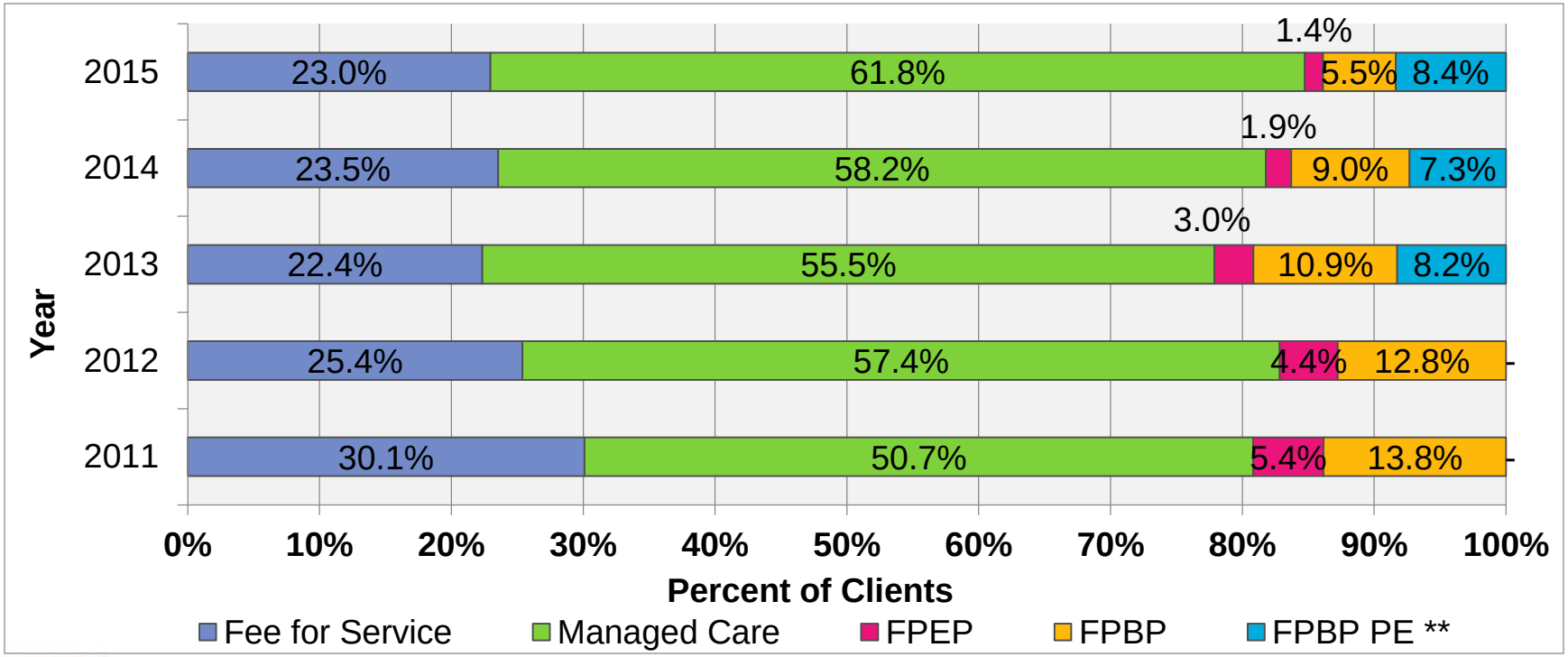
Change 2011-2015 Source of Payment

- Clients without full insurance coverage for services decreased between 2011 and 2015
- Clients with coverage for their services increased

Source of Payment	No Charge	Partial Fee	Full Fee	Medicaid	Private
Percentage Change 2011-2015	- 32.2%	- 55.4%	- 41.3%	+ 33.4%	+ 27.6%

NYS Family Planning Program Medicaid* Client Status by Year 2011-2015



*Medicaid includes Title XIX fee for service, managed care, Family Planning Extension Program (FPEP), Family Planning Benefit Program (FPBP), and FPBP Presumptive Eligibility (PE).

** FPBP PE was initiated in 2013.

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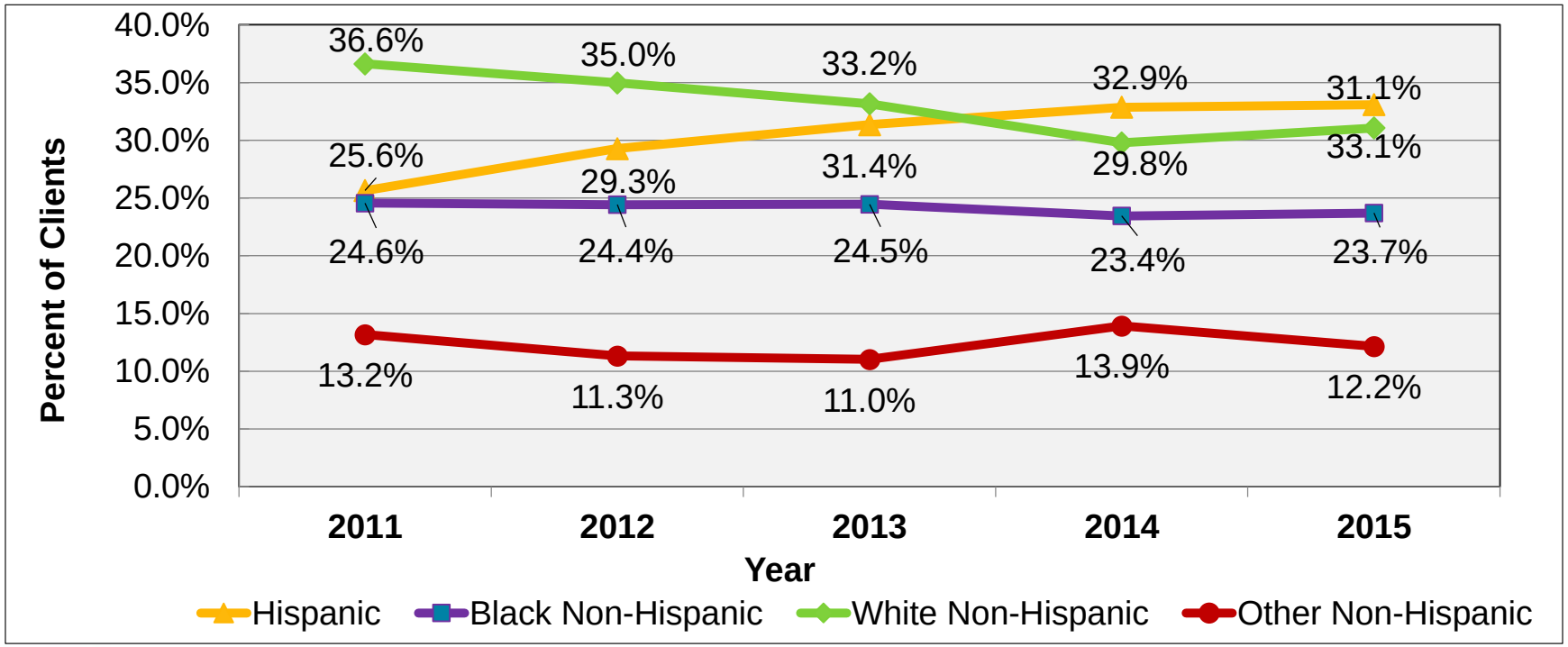
Change 2011-2015 Medicaid Coverage

- Medicaid coverage varied over the 5 year period:
- Clients with fee-for-service coverage declined steadily from 30% to 23%
- Managed care clients increased from 51% to 62%
- Expansion program coverage fluctuated
  - FPBP and FPBP PE clients peaked at 23% in 2013, but were under 14% in 2015
    - Reflective of broader access?
  - FPEP clients declined from 5% to 1% despite broader access
    - Due to enrollment issues?

NYS Family Planning Program Clients Served by Race/Ethnicity by Year 2011-2015



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Change 2011-2015 Race/Ethnicity Category

- The racial/ethnic composition of clients served has changed in the past five years:
  - Clients self-identifying as Hispanic increased steadily from just over a quarter (25.6%) in 2011 to just shy of a third (33.1%) last year, an increase of 29.2%
  - Non-Hispanic Black clients remained fairly stable at about 24% between 2011 and 2015
  - Non-Hispanic White clients declined steadily from a high of 36.7% in 2011 to 31.1% in 2015, a drop of 15.3%

Change 2011-2015 Race/Ethnicity Category

- Other Non-Hispanic clients ranged between 11% and nearly 14%
  - Includes clients self-identifying as:
    - American Indian/Alaskan Native – 0.2% in 2015
    - Asian – 2.5% in 2015
    - Native Hawaiian/Other Pacific Islander – 0.2% in 2015
    - Multi-racial – 0.4% in 2015
    - **Other – 7.9% in 2015**
      - **Equates to "non-Hispanic Unknown" in the FPAR**
      - **Exceeds new OPA threshold of 5%**

Excessive Non-Hispanic Other

- 75% of agencies coding in excess of 3% of their own clients as non-Hispanic Other in 2015

% Unknown	0-3%	3-4%	5-9%	10-19%	20% +
# of Agencies	12	9	10	7	10
% of Agencies	25%	18.8%	20.8%	14.6%	20.8%

- Five agencies account for 59% of ALL non-Hispanic Other clients
  - 5%, 6%, 7.5%, 17% and 23.5%

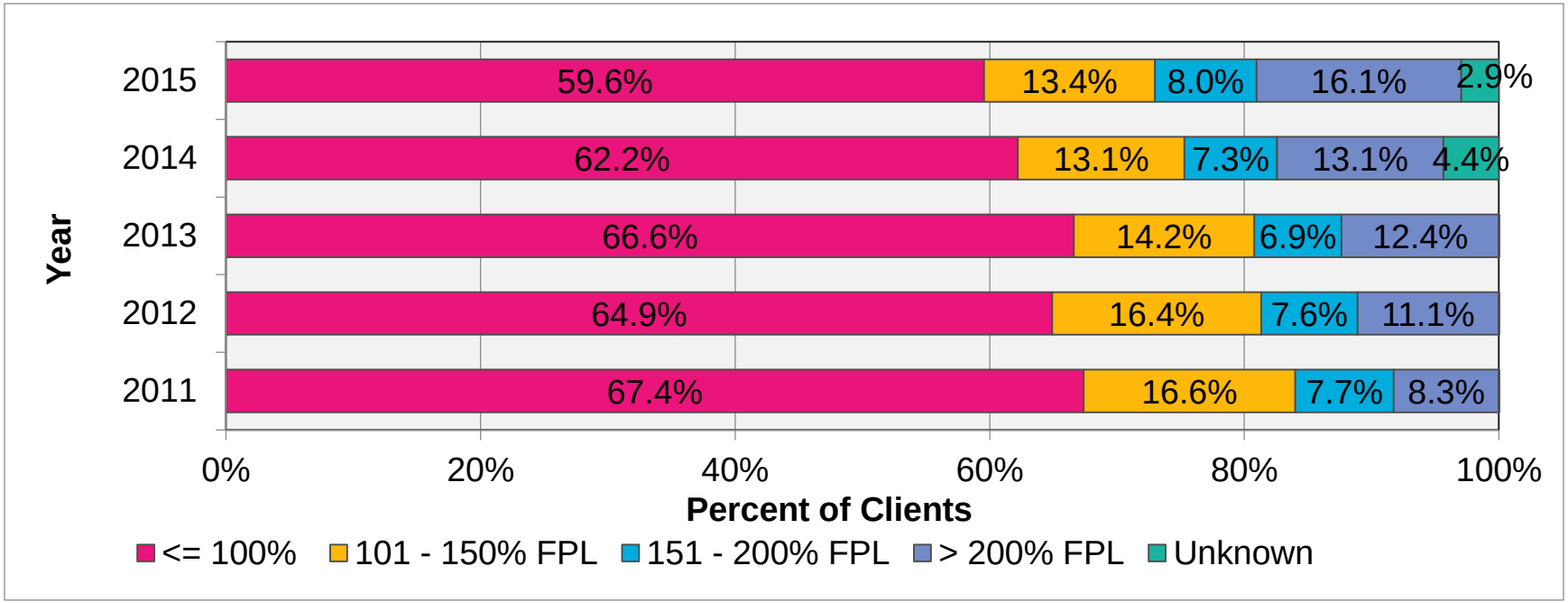
Race Reporting Must Be Improved for 2016 FPAR

- Other Non-Hispanic results for 2016 Q1:
  - 8.6% overall
  - 8.5% females
  - 8.3% males

Causes?

- Issues with EHRs?
  - Including multi-racial clients in Other category?
- Data collection process?
- Suggestions/solutions?

NYS Family Planning Program Client Income Status (Federal Poverty Level), by 2011-2015



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Unknown FPL Reporting Problem

- Caused by unknown family size and/or monthly salary
- Traced to only a few agencies
  - 3 above 5% and 1 nearly 50% for unknown income
  - 1 above 27% for unknown family size
    - 98% of all clients with unknown family size
- 2.8% in 2016 Q1
  - 4.6% among new clients
- Staff will be following up with these agencies
- Suggestions for successfully collecting these fields?

Summary

- What the data shows:
  - We've made some strides in the past year
  - Some notable trends need a closer look
  - There are two major data collection and/or coding issues that need immediate attention

Summary, cont.

- The good news:
  - Clients and visits declined in 2015, but at a much smaller rate than in 2014
  - New clients increased by nearly 8%; the decline in continuing clients may be related to changes in testing guidelines and types of contraceptives in use
  - The decline in female clients has diminished; male clients have increased

Summary, cont.

- The good news continued:
  - Pregnancy test visits have been declining
    - Along with positive and unintended results
  - More clients had insurance coverage for their services
    - More than half of clients have Medicaid coverage and
    - More than 27% have private coverage

Summary, cont.

- Other trends of note:
  - Initial exam visits have steadily declined, while annual exams have leveled off
    - Possible miscoding of visit type?
  - Increase in those with <6th grade education
    - Coding zero for unknown education level?
  - Clients continued to increase in age
    - Mimicking general population trends

Summary, cont.

- Trends Requiring Immediate Attention:
  - Increasing Hispanic and decreasing White client populations
    - **Non-Hispanic Other coding must be decreased**
  - Changes in clients' poverty levels (FPL)
    - May be due in part to increases in unknown family size and/or income, and
    - **Must be corrected**

Questions?

Serving Priority Populations and Maintaining a Health Payer Mix

Leslie Tarr Laurie

Founder and Former President/CEO

Tapestry Health

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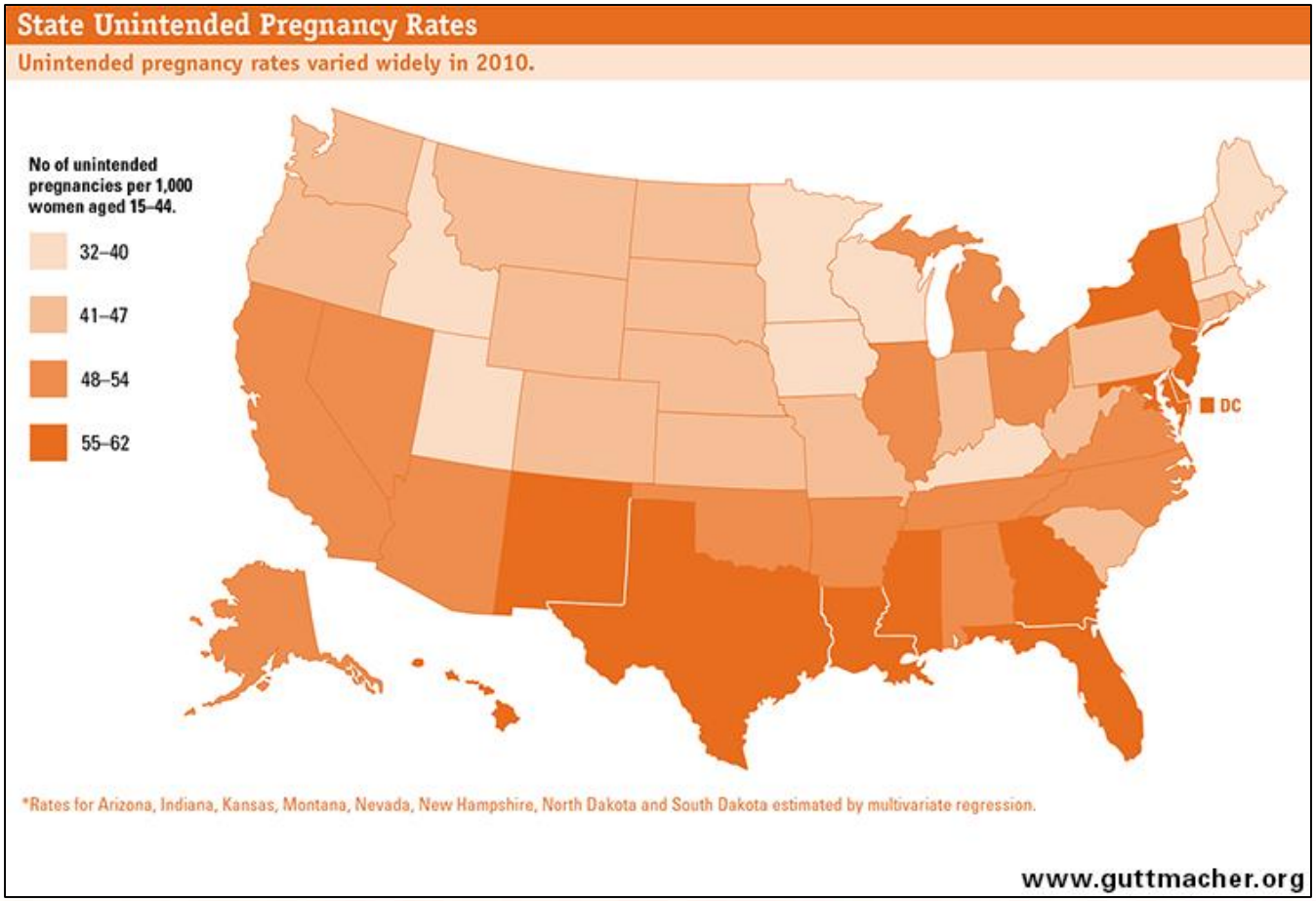
Family Planning Provider Panel: Changing Clinic Systems to Increase Access

Closing Remarks

Michael Acosta
Assistant Director, Bureau of Women, Infant and Adolescent Health
New York State Department of Health

Unintended Pregnancy in New York State



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Source: Kost K (2015). *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002.* New York: Guttmacher Institute.

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Unmet Need

- Despite the substantial public resources dedicated to contraceptive services and supplies in New York State…
  - 64% of women and adolescents remain in need of publicly-funded family planning services

Source: Frost JJ, Frohwirth L, Zolna MR (2015). *Contraceptive Needs and Services, 2013 Update*. New York: Guttmacher Institute.

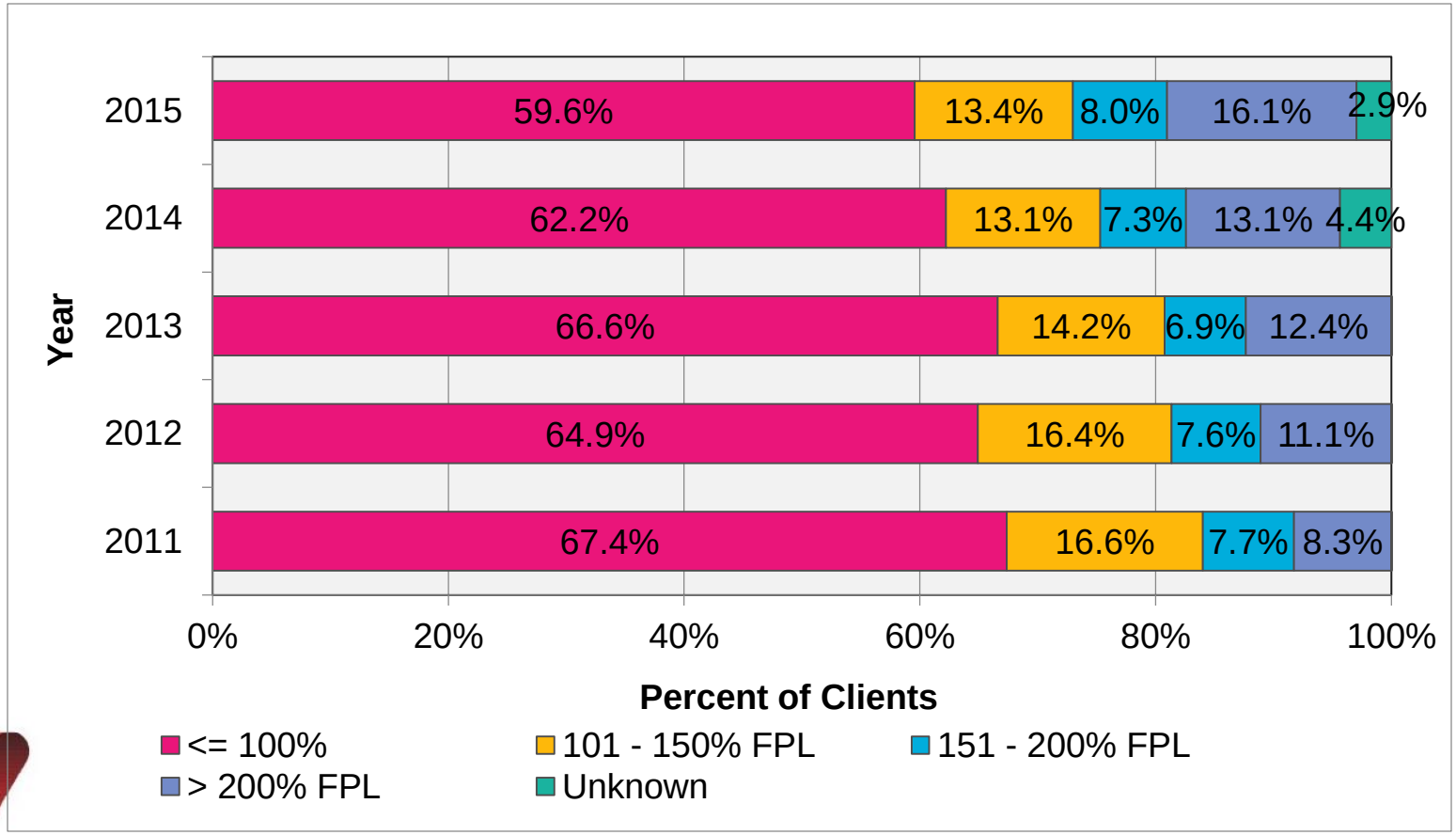
Title X Priority Populations

- Title X Program Requirements state:

"The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families…

"Priority for project services is to persons from low-income families."

Clients Served by Income Status, 2011-2015



Barriers to Accessing Care

- Individuals living at or below the federal poverty level encounter numerous barriers to accessing needed sexual and reproductive health services
- Such barriers include:
  - Transportation barriers
  - Limited hours of operation
  - Long wait and cycle times
  - Inflexible policies

Bridging the Gap

Thank you for joining us!

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