

# **Serving Priority Populations:**

## **A NYS Center of Excellence for Family Planning and Reproductive Health Services Performance Management Initiative**

**Thursday, April 23**

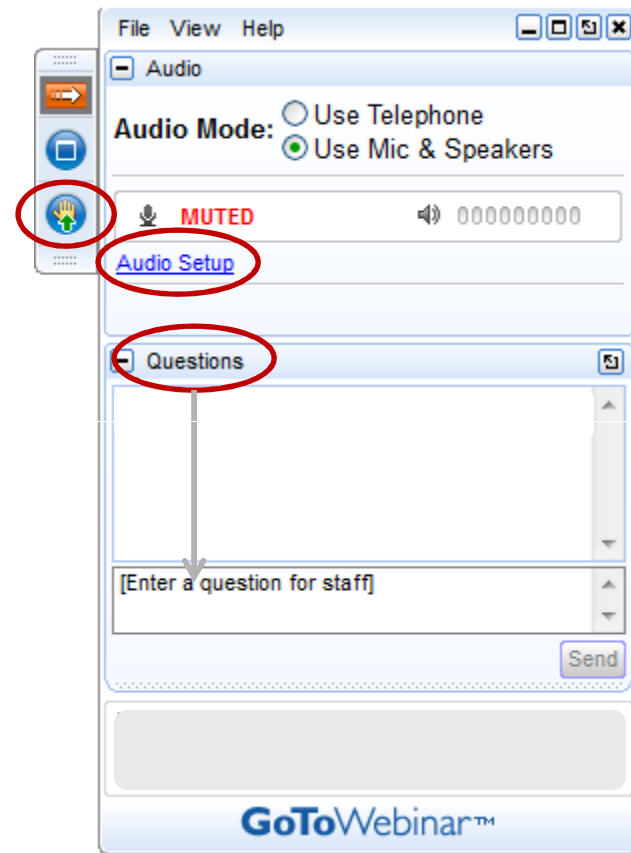
**2:00pm - 3:30pm**



# Logistics

- Panel
- Typed questions
- Technical Difficulties?

*Call 1-888-259-8414*



# IMPORTANT NOTICE

- This GotoWebinar service includes a feature that allows audio and any documents and other materials exchanged or viewed during the session to be recorded
- By joining this session, you automatically consent to such recordings
- Please note that any such recordings may be subject to discovery in the event of litigation

# Webinar Objectives

- Review trend data for clients served by the New York State Comprehensive Family Planning and Reproductive Health Care Services Program
- Identify causes of concerns that emerge from trend data
- Review the objectives of and pre-work assignments for participation in regional face-to-face trainings in May and June
- Clarify who from their agency needs to attend required face-to-face cluster trainings

# Presenters

**Tom Tallon**

Associate Director

Bureau of Women, Infant & Adolescent Health

**Elizabeth Jones**

Project Director

NYS Center of Excellence for Family Planning and Reproductive Health Services

**Michelle Gerka**

Vice President

Cicatelli Associates, Inc. (CAI)



# Title X Program Requirements: Priority Populations



The Introduction to the Title X Program Requirements states:

*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.*

Requirement 9.1 specifically states:

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

Low-income family is defined as:

*A family whose total income does not exceed 100% of the most recent Federal Poverty Guidelines.*

# Title X Program Requirements: Priority Populations



## Requirement 5 - Criteria for Funding:

*In making funding decisions, the Department of Health and Human Services takes into account:*

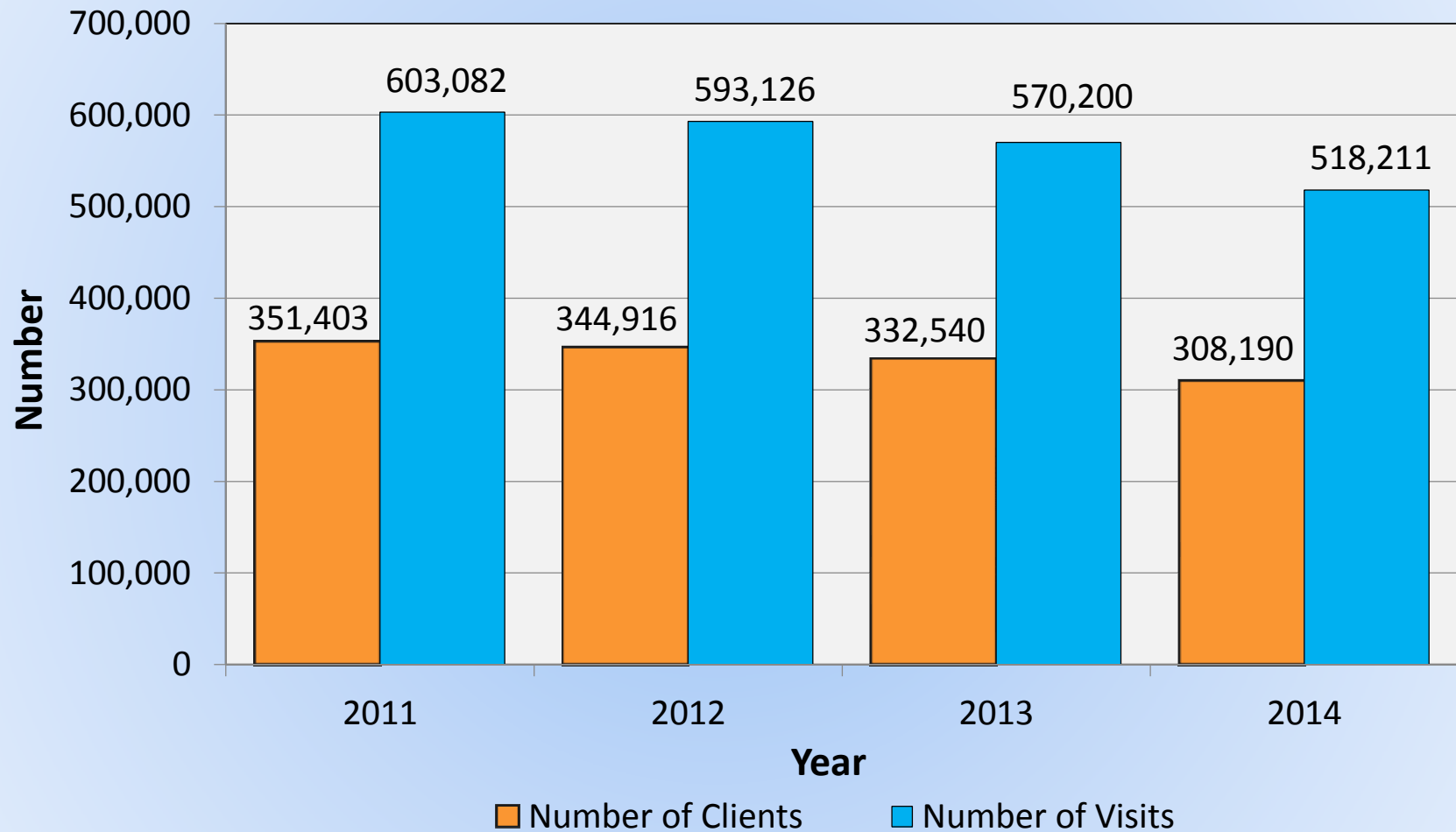
- The number of patients, and, in particular, the number of low-income patients to be served*
- The extent to which family planning services are needed locally*



NYS Family Planning Program:  
Overview of Client Characteristics,  
2011 to 2014



**Figure 1.**  
**NYS Family Planning Program**  
**Number of Clients Served and Visits, by Year,**  
**2011 - 2014**



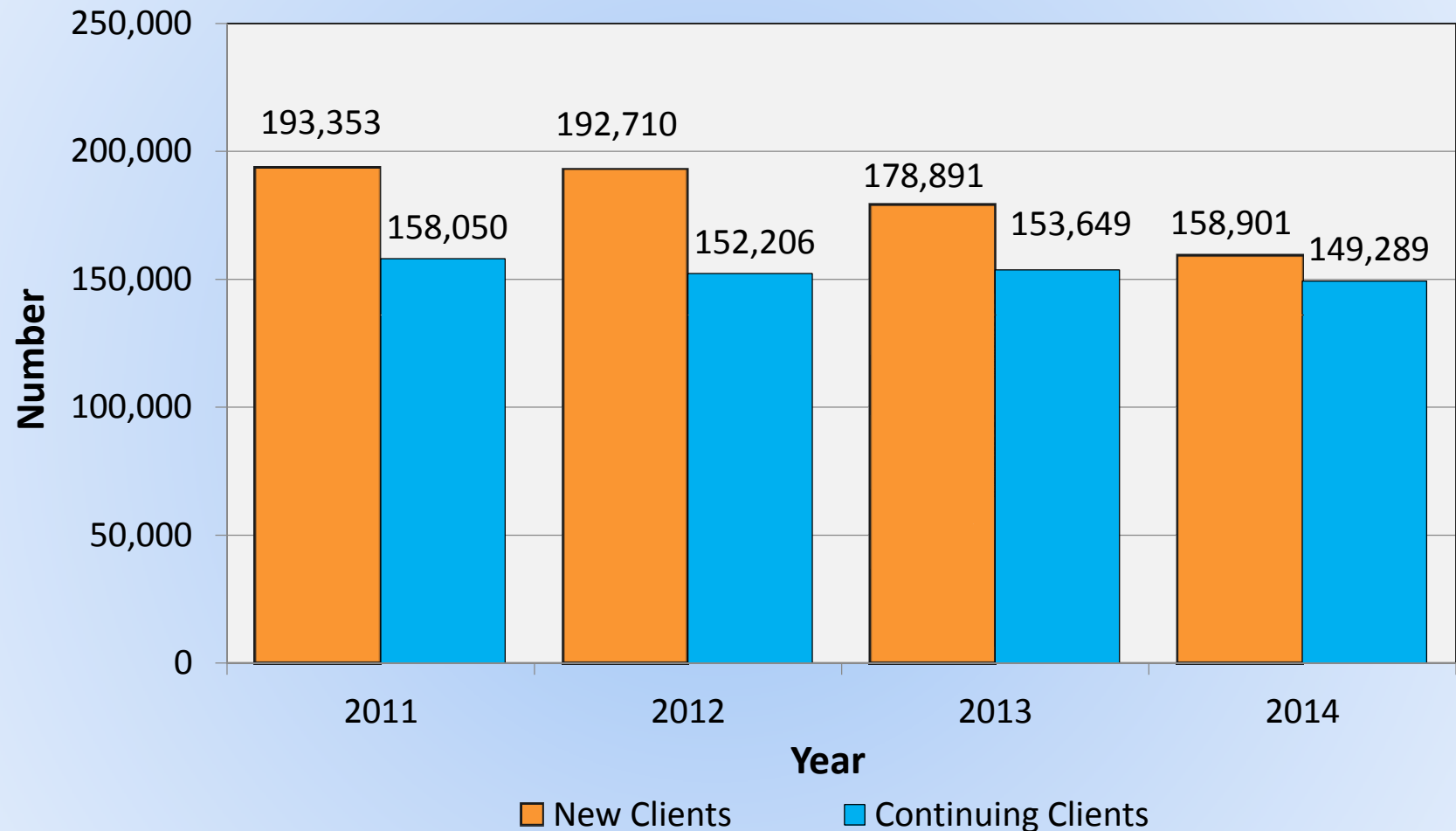
**Source:** NYS FPP Client Visit Record data.

## Changes from 2011 - 2014: Clients and Visits



- The number of clients served by Title X in NYS decreased by 12.3% from 2011 to 2014
  - There was a 9.2% decrease in Title X clients nationwide between 2011 and 2013
- The number of Title X visits provided in NYS decreased by 14.1% from 2011 to 2014

**Figure 2.**  
**NYS Family Planning Program**  
**Type of Clients Served, by Year,**  
**2011 - 2014**



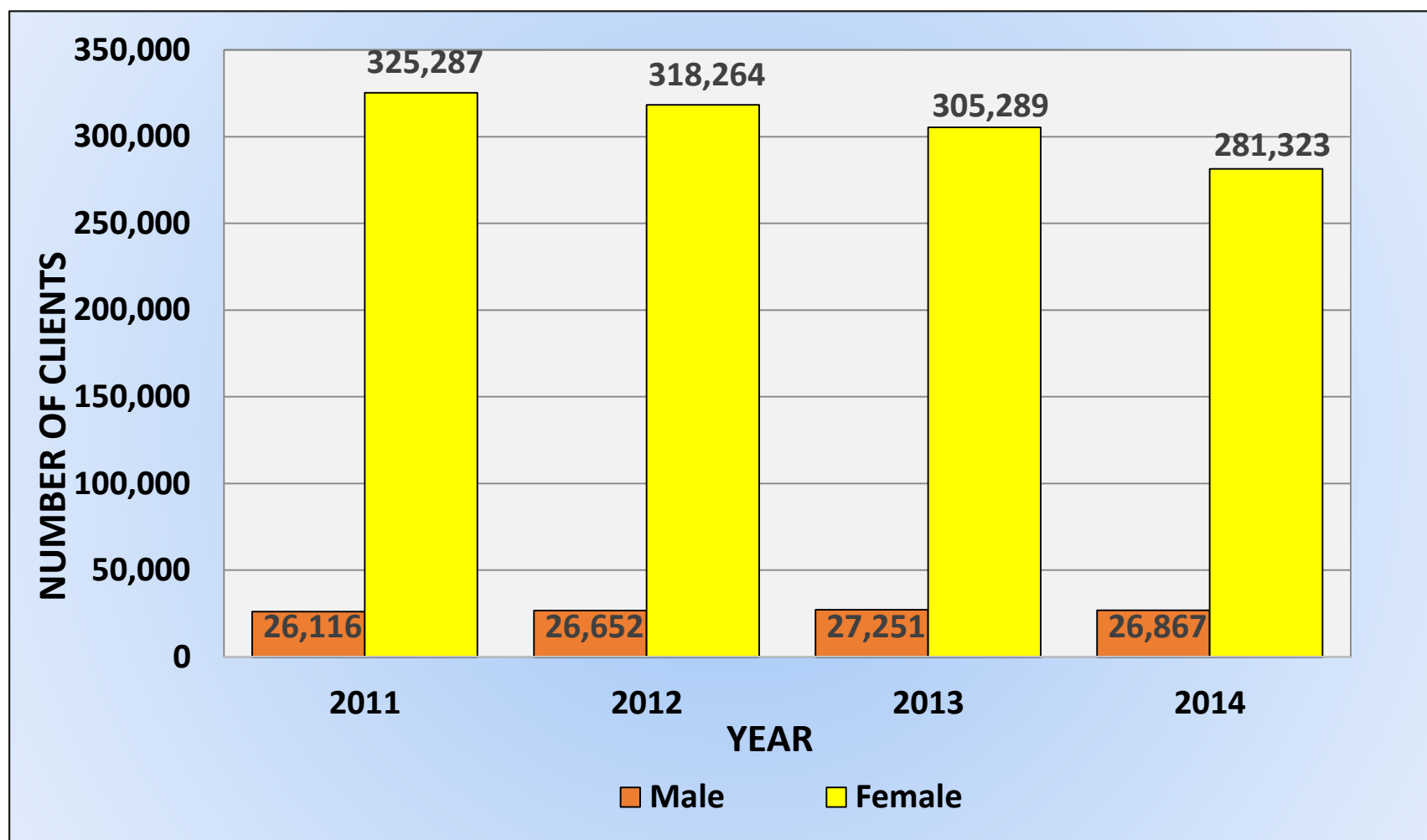
**Source:** NYS FPP Client Visit Record data.

## Changes from 2011 - 2014: New and Continuing Clients



- The number of new clients Title X served in NYS decreased by 17.8% from 2011 to 2014
- The number of continuing Title X clients served in NYS decreased by 5.5% from 2011 to 2014

**Figure 3.**  
**NYS Family Planning Program**  
**Clients Served by Gender, by Year,**  
**2011 - 2014**



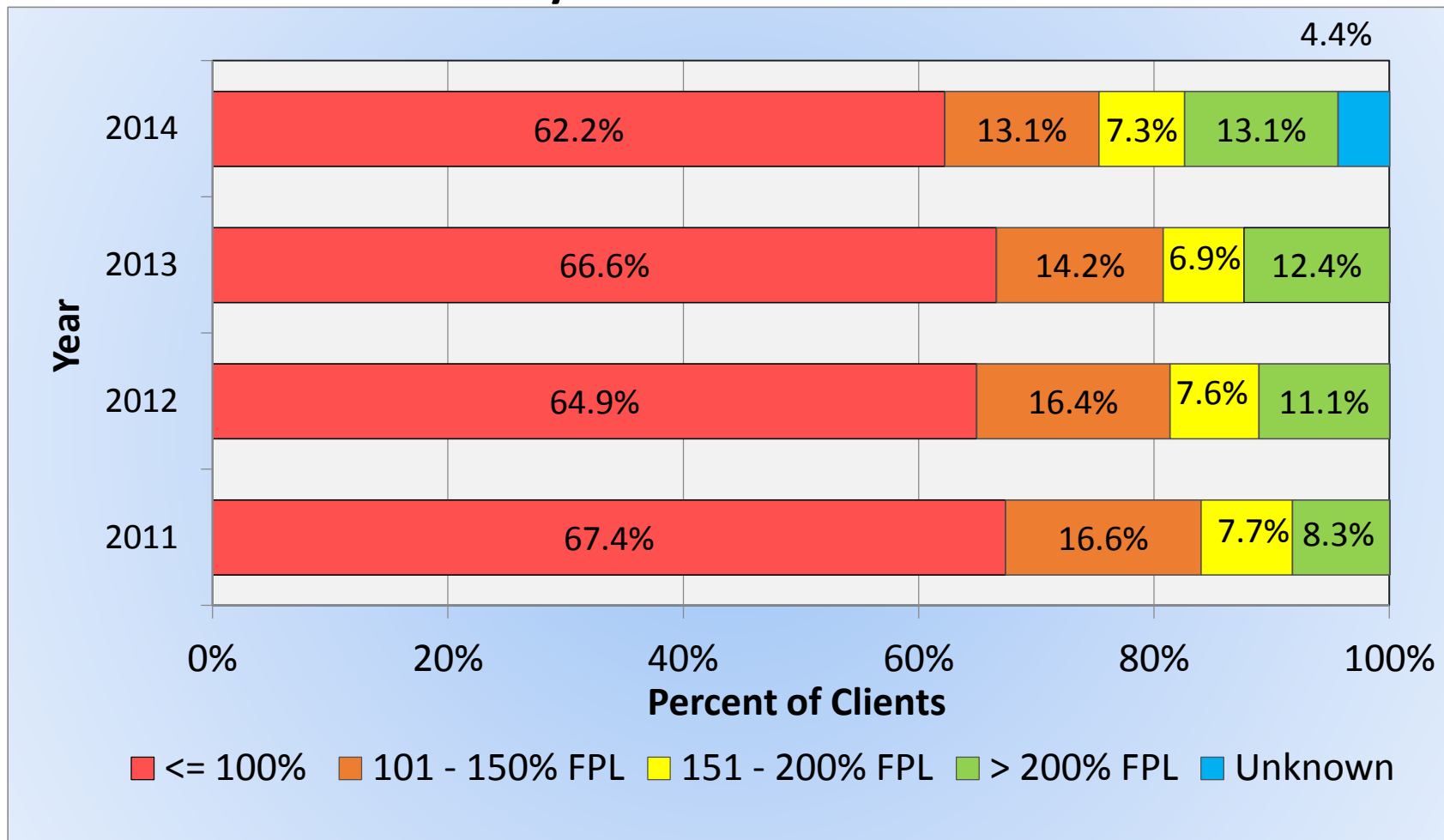
**Source:** NYS FPP Client Visit Record data.

## Changes from 2011 - 2014: Female & Male Clients



- The number of female Title X clients served in NYS decreased by 13.5% from 2011 to 2014
- The number of male Title X clients served in NYS increased by 2.9% from 2011 to 2014

**Figure 4.**  
**NYS Family Planning Program**  
**Client Income Status (Federal Poverty Level),**  
**by Year 2011 - 2014**



**Source:** NYS FPP Client Visit Record data.

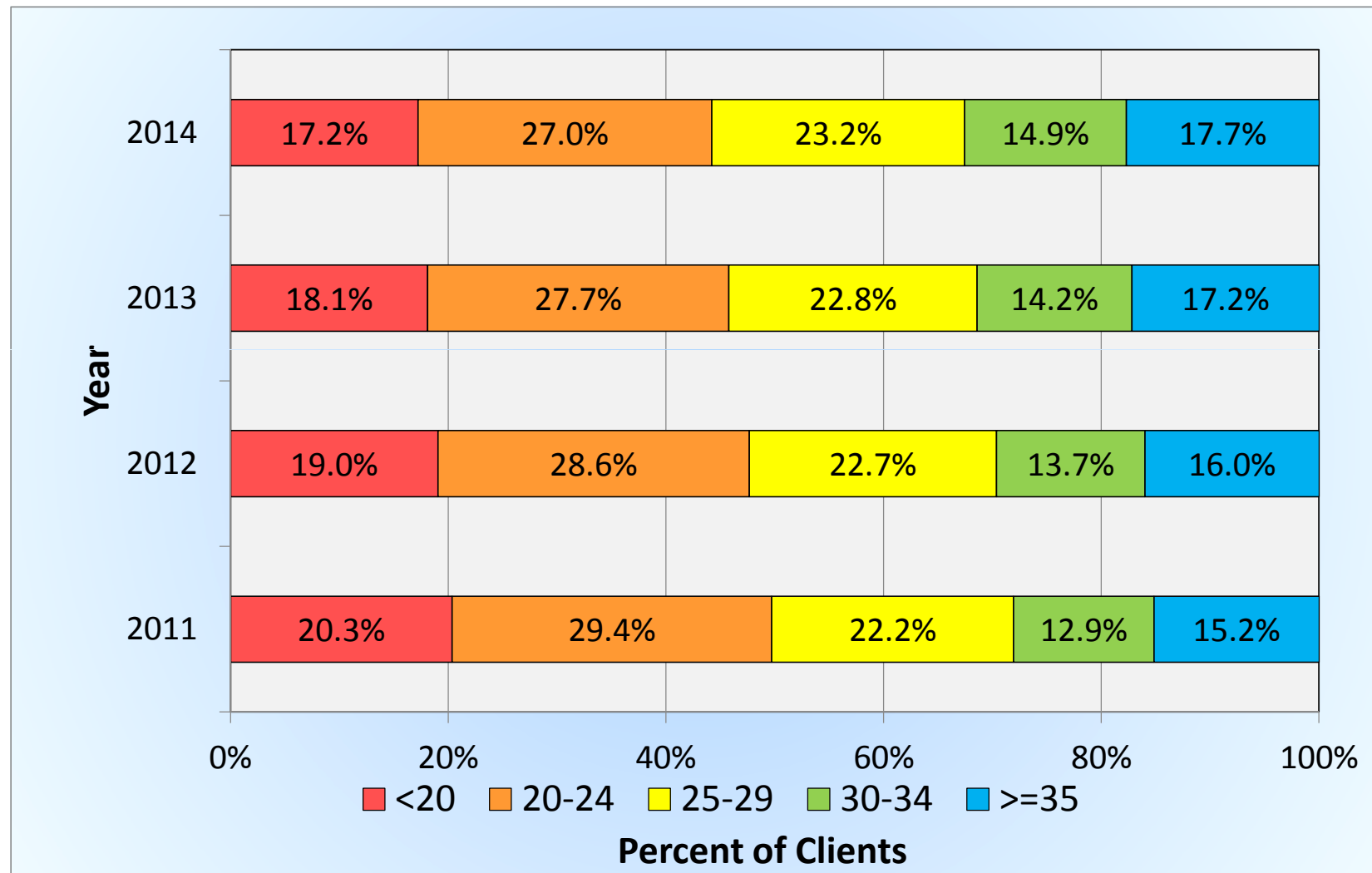
## Changes from 2011 - 2014: Federal Poverty Level



- The percent of Title X clients who were at or below 100% of the FPL decreased by 7.7% from 2011 to 2014
- The percent of Title X clients who were above 200% of FPL increased by 57.8% from 2011 to 2014



**Figure 5.**  
**NYS Family Planning Program**  
**Clients Served by Age Category, by Year,**  
**2011 - 2014**



**Source:** NYS FPP Client Visit Record data.

## Changes from 2011 - 2014: Age Category



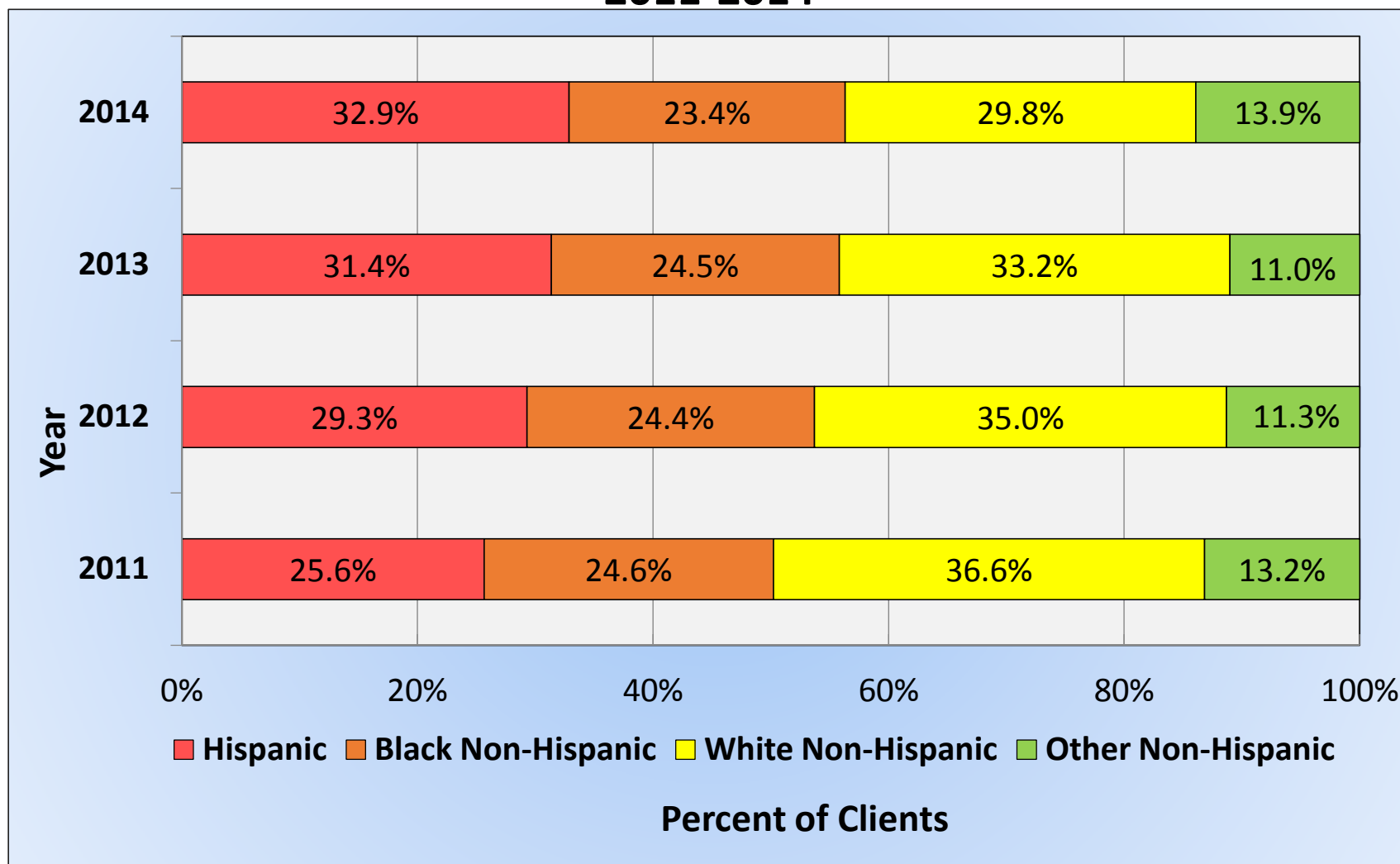
- The percent of Title X clients under the age of 20 years decreased by 15.3% from 2011 to 2014
- The percent of Title X clients age 20 to 24 years decreased by 8.2% from 2011 to 2014

## Changes from 2011 - 2014: Age Category



- The percent of Title X clients age 25 to 29 years increased by 4.5% from 2011 to 2014
- The percent of Title X clients age 30 to 34 years increased by 15.5% from 2011 to 2014
- The percent of Title X clients age 35 years and older increased by 16.4% from 2011 to 2014

**Figure 6.**  
**NYS Family Planning Program**  
**Clients Served by Race/Ethnicity, by Year,**  
**2011-2014**



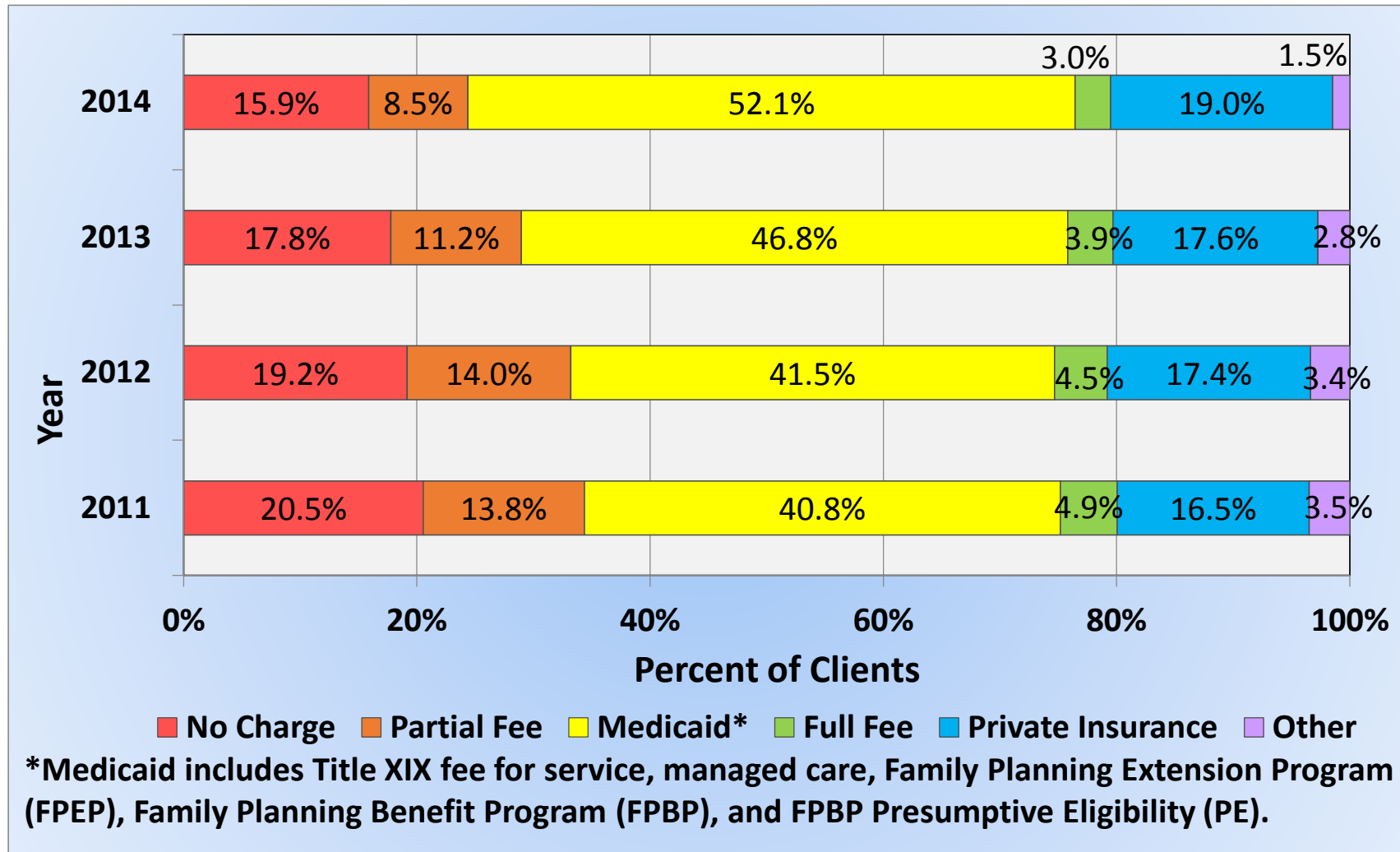
**Source:** NYS FPP Client Visit Record data.

## Changes from 2011 - 2014: Race/Ethnicity



- The percent of Hispanic Title X clients increased by 28.5% from 2011 to 2014
- The percent of Black Non-Hispanic Title X clients decreased by 4.8% from 2011 to 2014
- The percent of White Non-Hispanic Title X clients decreased by 18.6% from 2011 to 2014

**Figure 7.**  
**NYS Family Planning Program**  
**Client Source of Payment, by Year,**  
**2011 - 2014**



**Source:** NYS FPP Client Visit Record data.

## Change from 2011-2014: Source of Payment



- The percent of Title X clients who were not charged for services decreased by 22.4% from 2011 to 2014
- The percent of Title X clients who were charged a partial or full fee for services decreased by 38.5% from 2011 to 2014

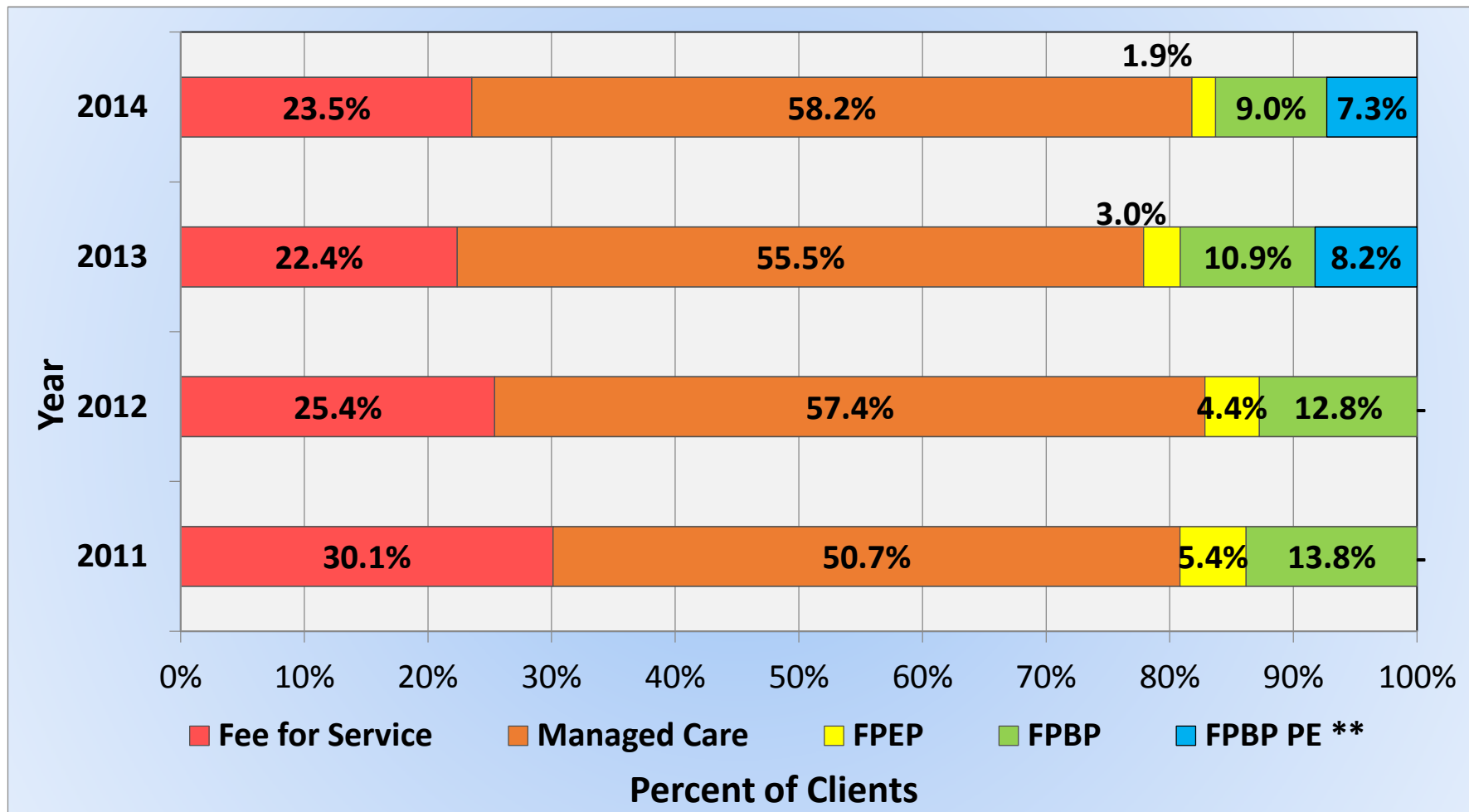
## Change from 2011-2014: Source of Payment



- The percent of Title X clients who had Medicaid as the source of payment increased by 27.7% from 2011 to 2014
- The percent of Title X clients who had private insurance as the source of payment increased by 15.2% from 2011 to 2014



**Figure 8.**  
**NYS Family Planning Program**  
**Medicaid\* Client Status, by Year,**  
**2011 - 2014**

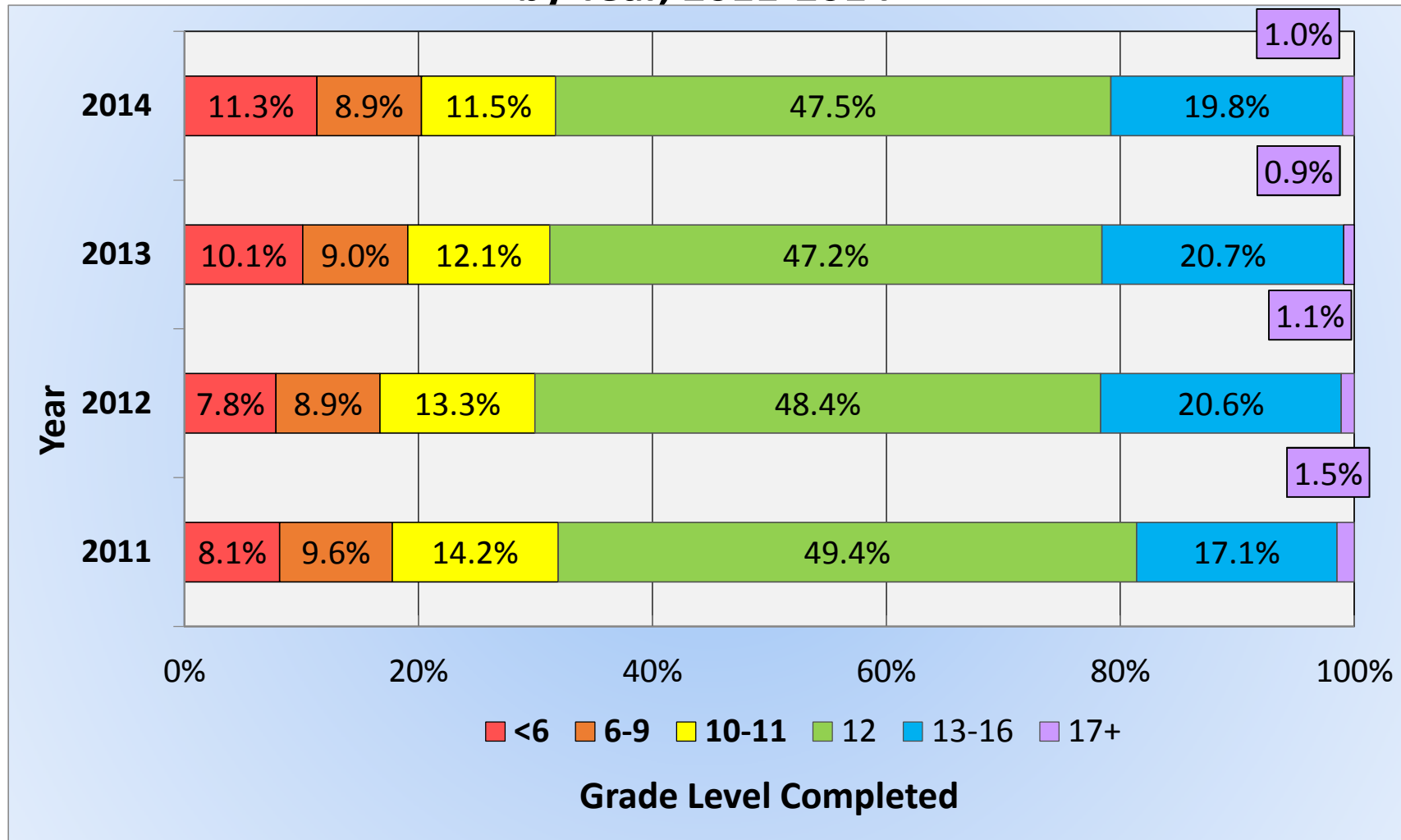


\*Medicaid includes Title XIX fee for service, managed care, Family Planning Extension Program (FPEP), Family Planning Benefit Program (FPBP), and FPBP Presumptive Eligibility (PE).

\*\* FPBP PE was initiated in 2013.

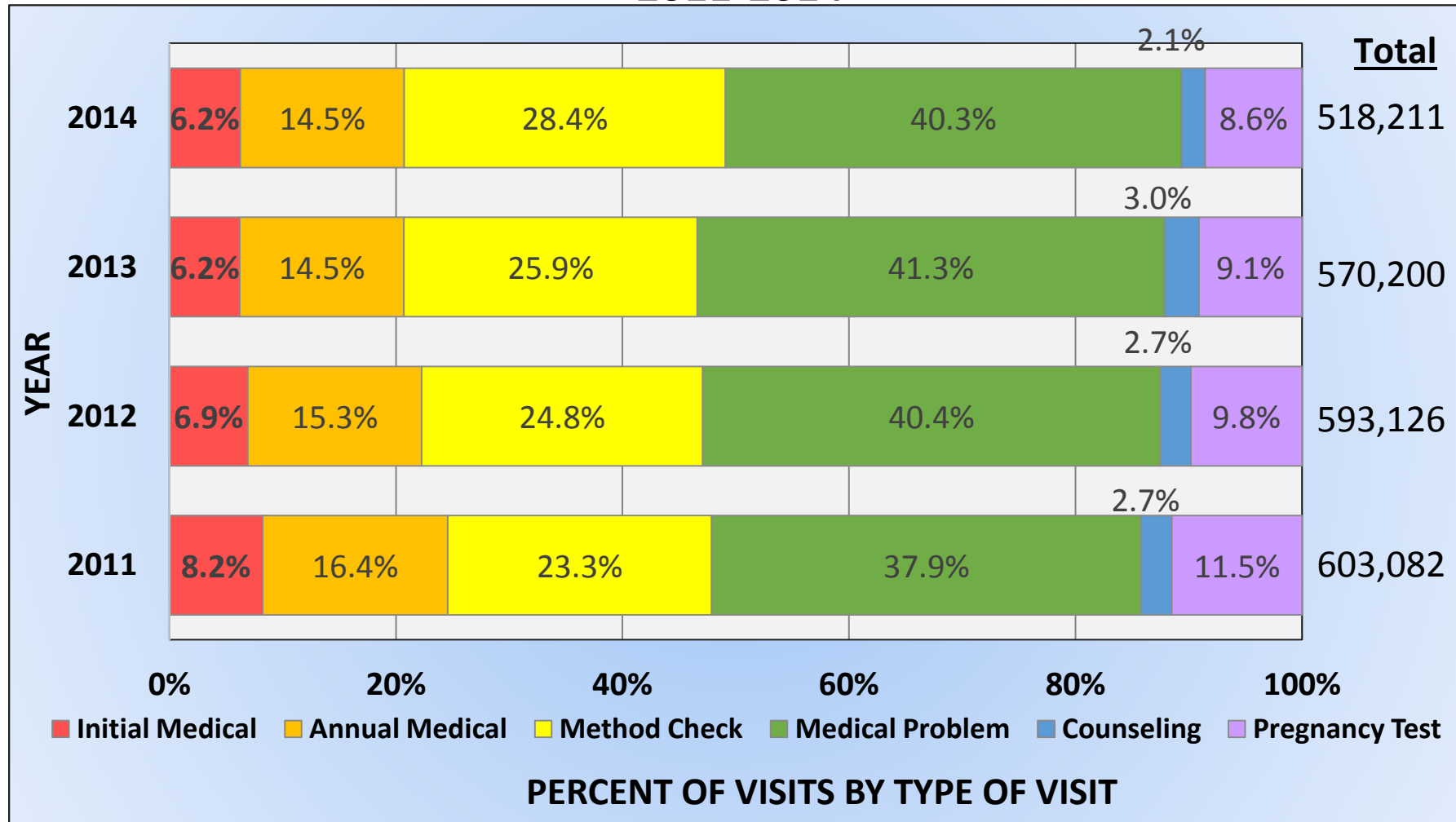
Source: NYS FPP Client Visit Record data.

**Figure 9.**  
**NYS Family Planning Program Clients,**  
**by Highest Grade Level Completed,**  
**by Year, 2011-2014**



**Source:** NYS FPP Client Visit Record data.

**Figure 10.**  
**NYS Family Planning Program**  
**Client Visits by Type, by Year,**  
**2011-2014**



**Source:** NYS FPP Client Visit Record data.

# Title X Program Requirements: Participation, Education & Promotion



Requirement 11 - Community Participation, Education, and Project Promotion states:

*11.1. Projects must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services.*

# Title X Program Requirements: Participation, Education & Promotion



Requirement 11 - Community Participation, Education, and Project Promotion continues:

*11.2. Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services. Each family planning project must provide for community education programs. The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.*

# Title X Program Requirements: Participation, Education & Promotion



Requirement 11 - Community Participation,  
Education, and Project Promotion continues:

*11.3. Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial.*

# Offering and Arranging Family Planning Services



- Per federal regulation, states can receive Medicaid matching funding in an amount equal to 90 percent of the funds expended which are attributable to the offering, arranging, and furnishing of family planning services and supplies
- NYSDOH receives 90% federal Medicaid matching funds for the **furnishing** of family planning services
- NYSDOH will pursue a similar 90% federal Medicaid match for the **offering and arranging** of family planning services provided by the network of grant-funded family planning programs

# Offering and Arranging Family Planning Services



Offering and arranging services, as defined by NYS regulations, includes the following:

- Disseminating information, either orally or in writing, about available family planning health services
- Providing for individual or group discussions regarding family planning health services
- Providing assistance with arranging visits with medical family planning providers



# NYSDOH Goals & Outcomes: *Serving Priority Populations*



- Fully explore the factors that are contributing to the trends in client characteristics
- Identify effective methods for assessing community needs
- Identify effective strategies for engaging priority populations into family planning services (i.e. offering and arranging services)
- Implement those strategies (ideally supported with targeted grant funding)
- Measure and monitor changes in client characteristics

# NYS COE Performance Management Initiative

The Performance Management Initiative aims to enhance family planning providers' ability to collect and use data to improve performance, **specifically performance related to serving clients from priority populations**

# NYS COE Performance Management Initiative

Capacity-building delivered through:

- Face-to-face trainings
- NYS Family Planning Provider Meeting
- Learning Collaborative
- Technical assistance
- Tools and resources, as needed

# Face-to-face Training Objectives

As a result of this training, participants will be able to:

- Develop a stronger understanding of the mission of the Title X Family Planning program, as it relates to serving priority populations
- Analyze their agency's data to assess its ability to serve the most vulnerable women, men, and teens
- Examine myths and facts as they relate to program operations
- Describe the key elements related to outreach, education, and community engagement
- Develop an action plan that draws on the principles of performance management to improve client access

# Pre-Work Assignment

- Worksheet #1 – Purpose:
  - Examine zip code data for key indicators of risk for negative reproductive health outcomes
  - Identify opportunities for bringing the most at-risk populations into care
- Tips for Completion
  - Use 2014 client data for indicators relating to positive Chlamydia and HIV tests

# Worksheet #1

Serving Priority Populations Pre-work Assignment - Worksheet #1							
Agency:				Team Members:			
	% below federal poverty level	% less than high school graduation	% without health insurance coverage	Teen pregnancy rate (per 1,000 15-19 year olds)	% with late or no prenatal care	Infant death rate (per 1,000)	
Unit of Analysis	zip code	zip code	zip code	zip code	zip code	zip code	
Year	2013	2013	2013	2010-2012	2010-2012	2010-2012	
Target Zip Codes							
11101							
11102							
11103							
11104							
11105							
11106							
...							

# Federal Poverty Level

- Why are we looking at Federal Poverty Level (FPL)?
  - Per the Title X Program Guidelines, priority for services should be given to low-income women, men, and teens
  - Income can influence the causes of many health outcomes, as it impacts access (e.g., health insurance status); social relationships and support; and sense of control
  - The unintended pregnancy rate for females living below the FPL is more than five times as high as the rate among women at or above 200% of the FPL
- Source: American Community Survey (2013)

**Source:** Finer LB, et al. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *AJPH*, 2014; 104(S1):S43-8.

# Educational Attainment

- Why are we looking at the proportion of the population with less than a high school education?
  - Like income, educational attainment can influence the causes of many health outcomes
  - Also is reflective of general and health-related knowledge, literacy, and problem-solving skills
  - The highest rates of unintended pregnancy occur among women with less than a high school education (compared with women with a high school degree or more schooling)
- Source: American Community Survey (2013)

**Source:** Finer LB, et al. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *AJPH*, 2014; 104(S1):S43-8.



# Worksheet #1

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Unit of Analysis	zip code	zip code	zip code	zip code	zip code	zip code
Year	2013	2013	2013	2010-2012	2010-2012	2010-2012
Target Zip Codes						
11101						
11102						
11103						
11104						
11105						
11106						
...						

# Health Insurance Coverage

- Why are we looking at the proportion of the population without health insurance coverage?
  - Without health insurance coverage, women, men, and teens face barriers to access to necessary health services, which hinders their ability to obtain critical sexual and reproductive health services, including contraception
  - Identifies those populations with nowhere else to go for sexual and reproductive health services
- Source: American Community Survey (2013)

# Worksheet #1

[illegible]

# Teen Pregnancy Rate

- Why are we looking at the teen pregnancy rate (per 1,000 teens 15-19 years)?
  - Adolescent pregnancy and parenthood are closely associated with a host of social and economic issues that affect teen parents, their children, and communities
  - A primary goal of the Title X program is to prevent unintended pregnancy, and 82% of pregnancies to teens 15-19 years are unintended
    - Precludes the female from participating in preconception care and risk identification and management
- Source: NYS Perinatal Data Profile (2010-2012)

**Source:** Finer LB, et al. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *AJPH*, 2014; 104(S1):S43-8.

# Late or No Prenatal Care

- Why are we looking at the proportion of the population with late or no prenatal care?
  - Prenatal care continues to be the primary way to identify problems during pregnancy, providing an opportunity to assess and manage risks for preterm labor and other threats to the health of the mother and infant
  - Prenatal care also is used to inform a woman about important steps to take to ensure a healthy pregnancy
- Source: NYS Perinatal Data Profile (2010-2012)

**Source:** American College of Obstetricians and Gynecologists, 2015.

# Infant Death Rate

- Why are we looking at the infant death rate (per 1,000 births)?
  - In addition to being a key marker of maternal and child health, the infant mortality rate (IMR) has been called the most sensitive indicator of overall community health
- Source: NYS Perinatal Data Profile (2010-2012)

**Source:** Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*, 2013;62(31):625-628.



# Worksheet #1

[illegible]

# Chlamydia Rate

- Why are we looking at the proportion of tested clients with a positive chlamydia test?
  - A goal of the Title X program is to reduce infertility
  - Untreated chlamydia can cause severe health consequences, including pelvic inflammatory disease (PID), a leading cause of infertility, and ectopic (tubal) pregnancy
  - In pregnant women, chlamydia is associated with adverse pregnancy outcomes, including preterm delivery and postpartum endometritis
- Source: Agency Data (2014)

**Source:** CDC. Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 2011;55(No. RR-12).





# HIV Positive Rate

- Why are we looking at the number of clients with a positive HIV test?
  - The populations served by Title X are disproportionately impacted by HIV/AIDS compared with other populations
  - Detecting HIV infection among these high risk women, men, and teens will facilitate timely access to care and ARV treatment
- Source: Agency Data (2014)



**Source:** Tran NT, et al. Collaboration for the integration of HIV prevention at Title X family planning service delivery sites. *Public Health Reports*, 2010; 120(1).



# Pre-Work Assignment

- Worksheet #2 – Purpose:
  - Identify those staff persons who will represent your agency at the face-to-face trainings
- Tips for Completion
  - This is not a registration form; team members also must register for trainings individually online on the NYS COE website

# Worksheet #2

Serving Priority Populations Pre-work Assignment - Worksheet #2		
Agency:		
<p><b>Instructions:</b> Please include a list of those staff members who will attend the face-to-face training. Each agency should assemble a multi-disciplinary team that includes staff persons with sufficient knowledge and influence to develop, implement, and refine outreach and engagement strategies. The team should include 3-4 individuals with management responsibility in each of the following areas: (1) Communications; (2) Patient Services; and (3) Outreach and Education Activities.</p>		
Name	Title	Responsibility (check all that apply)
		<input type="checkbox"/> Communications <input type="checkbox"/> Patient Services <input type="checkbox"/> Outreach & Education Activities
		<input type="checkbox"/> Communications <input type="checkbox"/> Patient Services <input type="checkbox"/> Outreach & Education Activities
		<input type="checkbox"/> Communications <input type="checkbox"/> Patient Services <input type="checkbox"/> Outreach & Education Activities
		<input type="checkbox"/> Communications <input type="checkbox"/> Patient Services <input type="checkbox"/> Outreach & Education Activities

# Pre-work Summary

- **Complete:**
    - Worksheets #1 and #2
  - **Also submit:**
    - Your agency's most recent needs assessment
- **Due Date: Wednesday, May 5**  
Submit to Julia Sheed at [jsheed@caiglobal.org](mailto:jsheed@caiglobal.org)

# Participants

- Each agency should assemble a multi-disciplinary team that includes staff persons with sufficient **knowledge** and **influence** to develop, implement, and refine outreach and engagement strategies
- The team should include 3-4 individuals with **management responsibility** in each of the following areas:
  - Communications
  - Patient Services
  - Outreach and Education Activities

# Face-to-Face Training Schedule

Date	Location	Time
Tuesday, May 12th, 2015	Marriott Niagara Hotel Amherst, NY	9:00am-5:00pm
Wednesday, May 13th, 2015	Holiday Inn Express, Batavia, NY	9:00am-5:00pm
Tuesday, May 19th, 2015	CAI NYC New York City, NY	9:00am-5:00pm
Wednesday, June 3rd, 2015	CAI Albany, Albany, NY	9:00am-5:00pm
Friday, June 5th, 2015	CAI NYC New York City, NY	9:00am-5:00pm
Wednesday, June 10th, 2015	CAI NYC New York City, NY	9:00am-5:00pm
Friday, June 12th, 2015	Genesee Grande Hotel Syracuse, NY	9:00am-5:00pm
Thursday, June 18th, 2015 **DATE CHANGE**	Hyatt House Poughkeepsie-Fishkill, Fishkill, NY	9:00am-5:00pm

# Registration

- A registration link will be circulated following this Webinar, along with pre-work assignment worksheets
- Please complete one registration per individual attending

# Save-the-Date

NYS Family Planning Provider Meeting

October 6 - 7, 2015

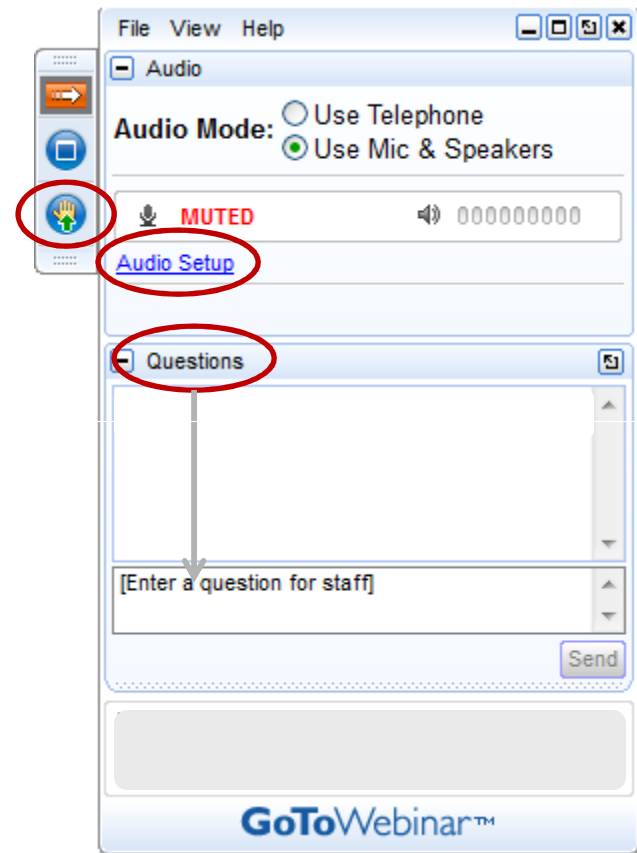
The Desmond Albany Hotel, Albany, NY





# Questions and Answers

- Type questions on the panel to your right
- Technical Difficulties?  
*Call 1-888-259-8414*



# Thank You!

For additional information, please contact:

Julia Sheed

[jsheed@caiglobal.org](mailto:jsheed@caiglobal.org)

212.594.7741, ext. 263

