



**Department
of Health**



2024 NYS Family Planning Provider Meeting Going Further Together

May 6, 2024

Overview of Session

- Introduction & Staff
- Reflecting on where we've been
 - Key Moments Title X & NYS Timeline
 - Program Overview & Successes
- NYS Family Planning Program 2023 Client Demographics and Trends
- Where we're going
 - How Providers are Going Further Together
- Discussion

NYS FPP Staff



Family Planning Program and Bureau of Perinatal, Reproductive and Sexual Health

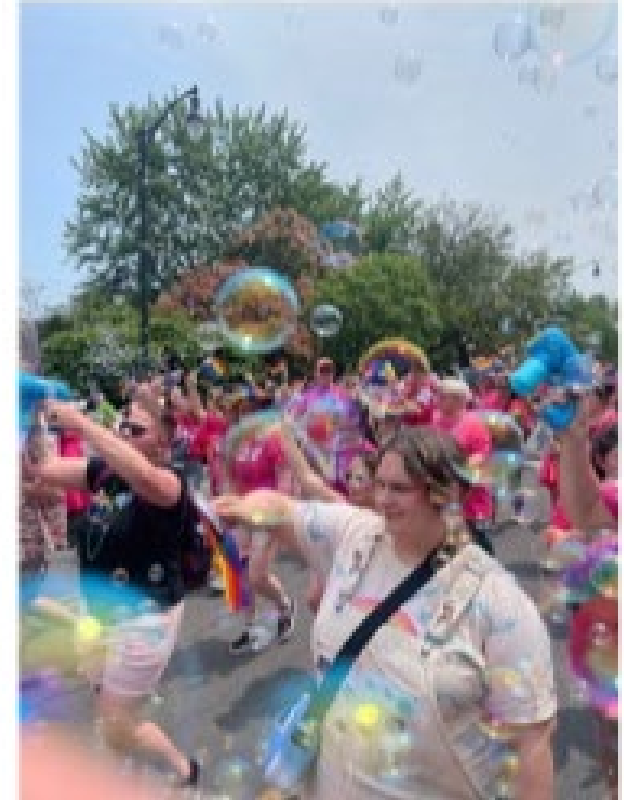
NYS FPP Staff

Family Planning Program Staff

Rae Ann Augliera	Associate Director, Bureau of Perinatal, Reproductive and Sexual Health
Raemie Swain	Assistant Director of Reproductive Health
Dr. Shaunna Escobar	Associate Medical Director of the Division of Family Health
Emily Moss	Family Planning Program Unit Director
Brittany DeWitt	Program Manager
Robin Boyd	Program Manager
Christine Smith	Program Manager
Medha Bulumulla	Program Manager
Stephen Sumner	Program Aide
Eileen Shields	Assistant Director, Bureau of Data Analytics, Research, and Evaluation
Seema Nayak	Reproductive and Sexual Health Data Analytics Unit Director
Norman Rose	Data Manager
Arifa Naznin	Assistant Research Scientist
Marlena Cummins	Fiscal Manager
Aurora O'Hern	Student Assistant



Family Planning Program Where We've Been



Upper Hudson Planned Parenthood

Reproductive Justice

Reproductive Justice¹: the human right to maintain personal bodily autonomy, to have children, not have children, and parent children in safe and sustainable communities.

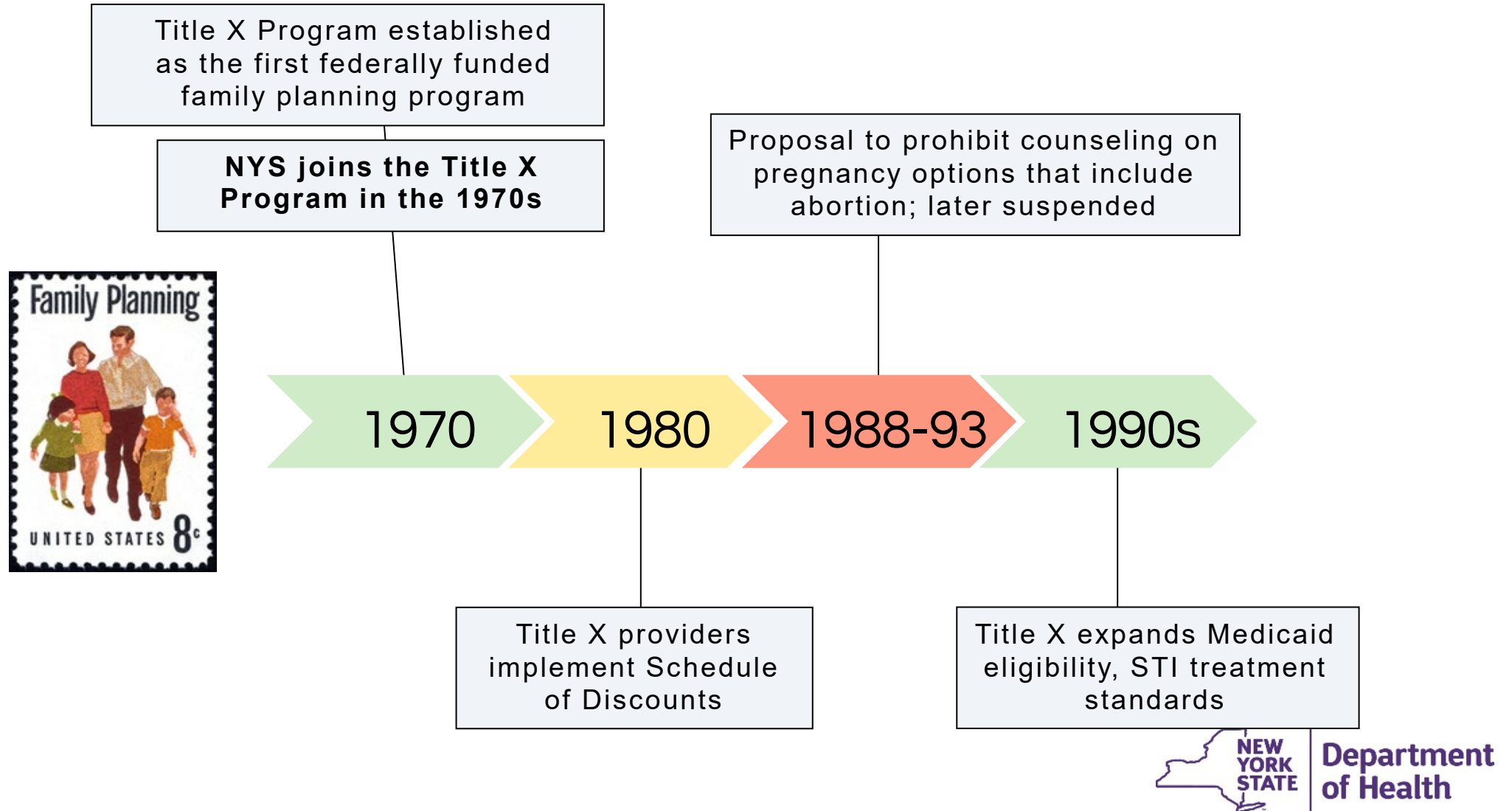
Reproductive Autonomy²: individuals' ability to be fully empowered agents in their reproductive needs and decisions and to access reproductive health services without interference or coercion.

Reproductive justice is achieved through equitable access to comprehensive sex education, affordable contraceptives, and safe abortion, as well as freedom from sexual violence.

¹SisterSong, Inc. <https://www.sistersong.net/reproductive-justice>

²Guttmacher Institute <https://www.jstor.org/stable/10.1363/intsexrephea.46.2020.0147>

Key Moments in Title X & NYS Timeline



[1] <https://opa.hhs.gov/sites/default/files/2020-11/opa-titlex-2020-timeline.pdf>

Key Moments in Title X & NYS Timeline

Title X includes new priorities, emphasizing hard-to-reach populations.

CDC and the US Office of Population Affairs (OPA) jointly issue the Quality Family Planning (QFP) standards.



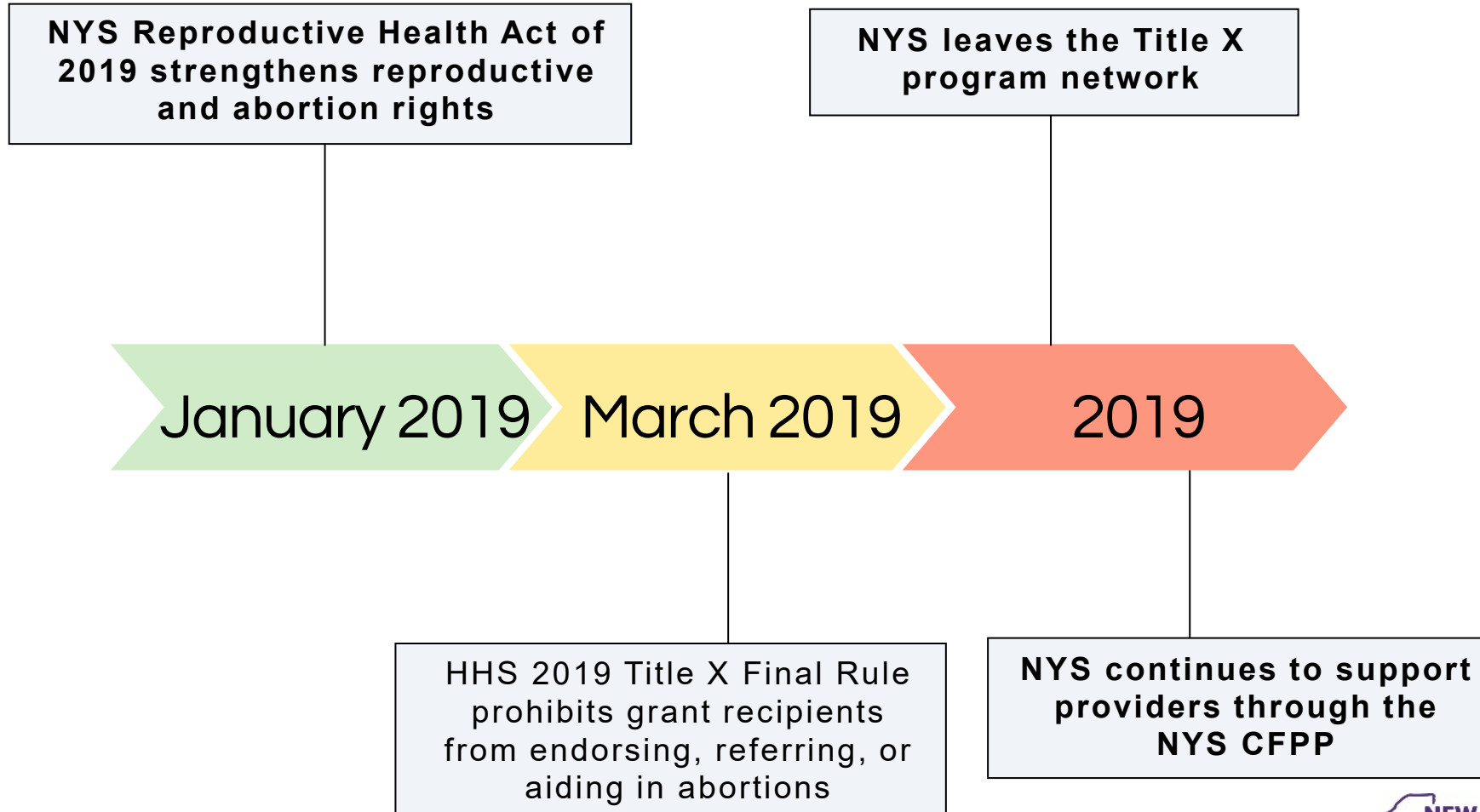
Congress passes the Affordable Care Act, mandating contraceptive coverage

National Training Centers are established for Clinical and National training



[1] <https://opa.hhs.gov/sites/default/files/2020-11/opa-titlex-2020-timeline.pdf>

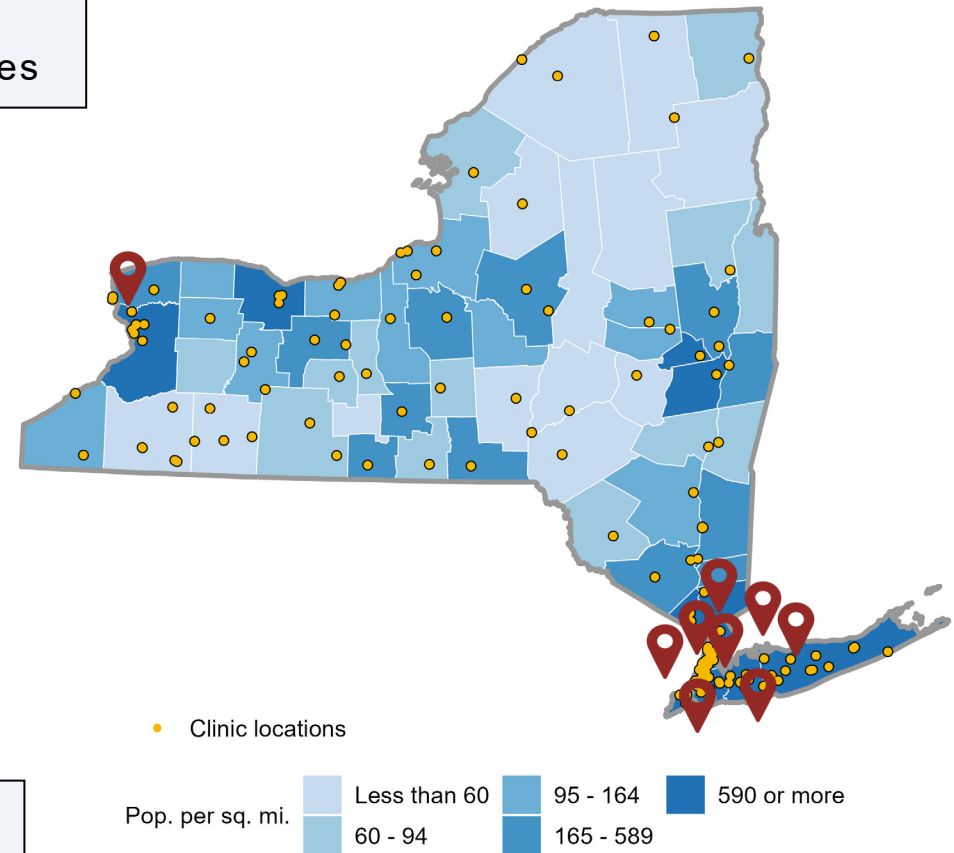
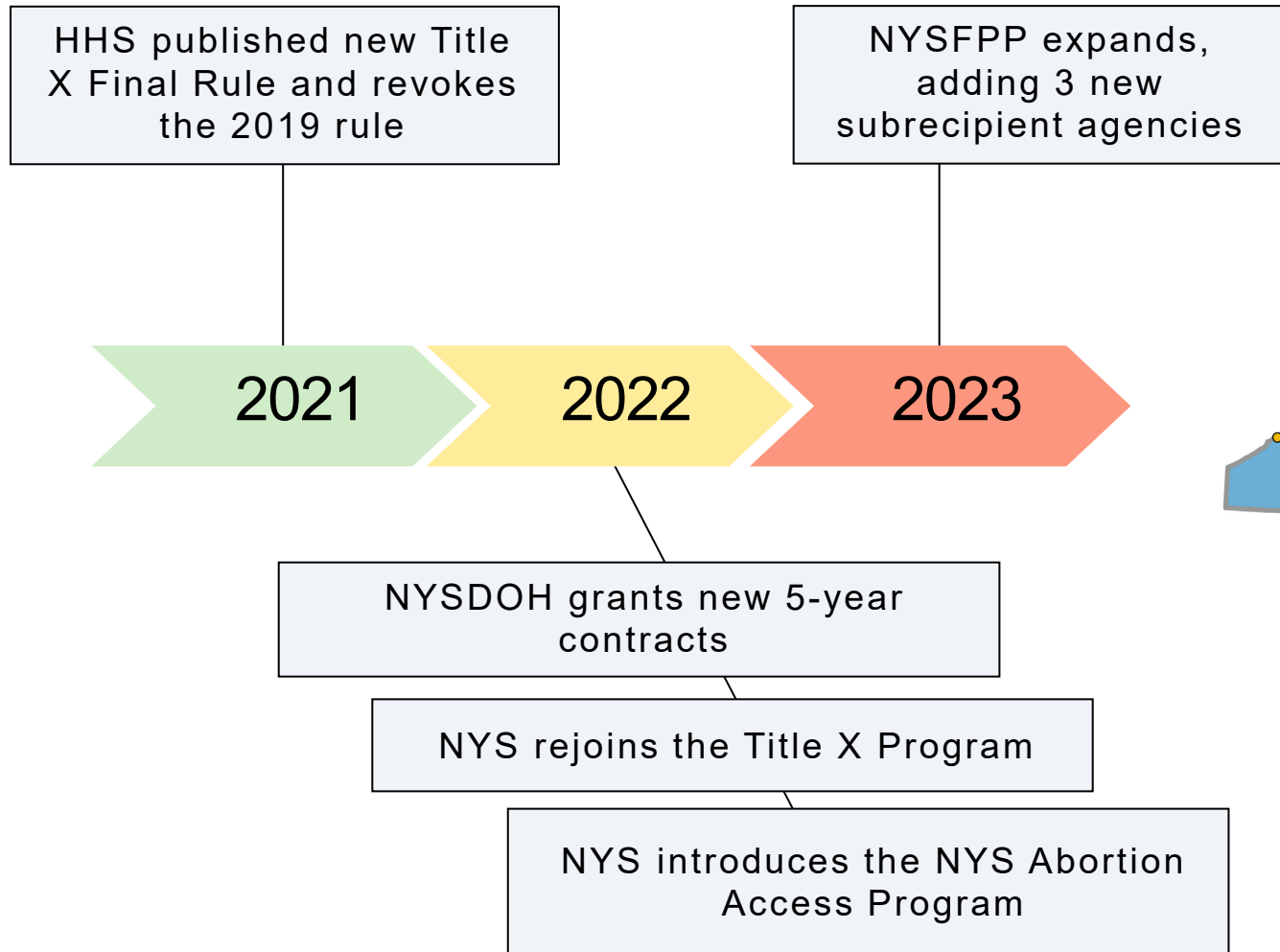
Key Moments in Title X & NYS Timeline



[1] <https://opa.hhs.gov/sites/default/files/2020-11/opa-titlex-2020-timeline.pdf>



Key Moments in Title X & NYS Timeline



[1] <https://opa.hhs.gov/sites/default/files/2020-11/opa-titlex-2020-timeline.pdf>

NYS Family Planning Program

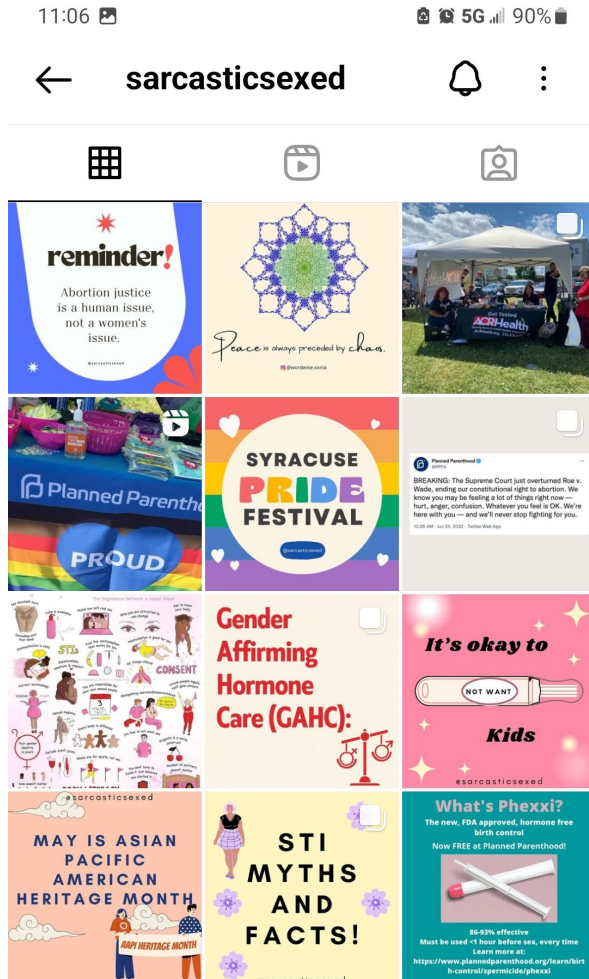
Investment of approximately \$53.4 million in SFY24

- NYS appropriations
- [Title X Service Delivery Grant](#)
- Title V Maternal & Child Health Block Grant

NYS Family Planning Program Supporting Contracts:



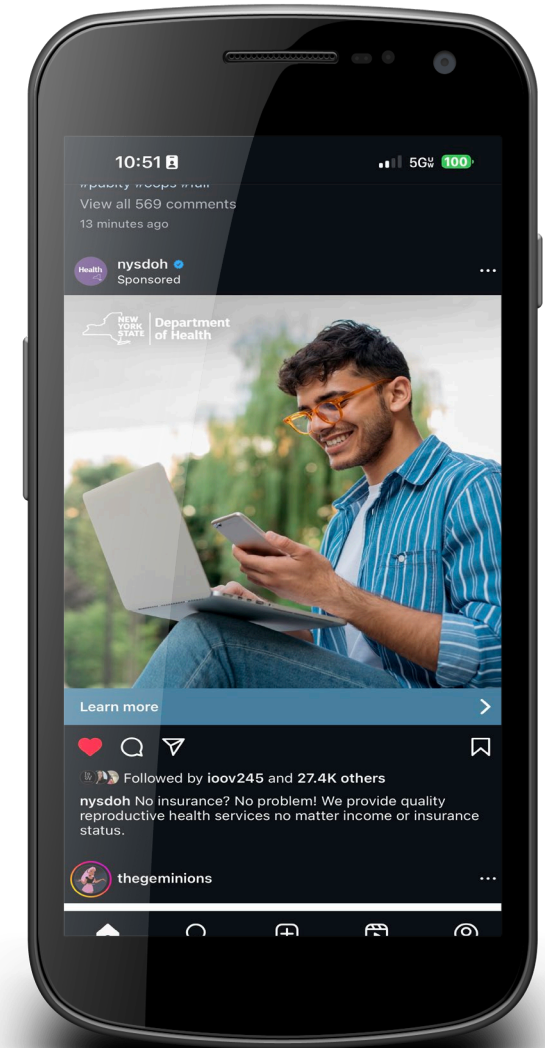
Reflecting on Successes



Planned Parenthood of Central & Western New York



Planned Parenthood North Country of New York



[Home Page](#) > [Pregnancy](#) > Comprehensive Family Planning and Reproductive Health Care Services Program

Comprehensive Family Planning and Reproductive Health Care Services Program



Let's Talk Family Planning, it's for you!

Your life, your decisions, and your well-being matter most to us. Family Planning programs aim to support people and educate them in choosing the timing and spacing of their pregnancies. We offer care in a confidential and respectful manner.

Family Planning services include birth control, emergency contraception, free condoms, sexually transmitted infection screening and treatment, and basic infertility services.

New Family Planning and Reproductive Health Webpages

www.health.ny.gov/familyplanning



www.health.ny.gov/reproductivehealth

Reflecting on Successes




HOW DO OUR GRAB & GO CONDOM BAGS WORK?



WALK IN AND CREATE YOUR OWN BAG AT 110 CENTRAL AVE. OWEGO, NY 13827




GRAB & GO CONDOM BAGS ARE READY TO GO WITH A VARIETY OF CONDOMS AND LUBE

OR MAKE YOUR OWN



We offer:

- Male ribbed, flavored, lubricated, XL, colored, ultra-thin, and non-latex
- Female condoms and dental dams
- Water and silicon-based lube



IF YOU CAN'T MAKE IT TO OUR CLINIC, BUT WOULD STILL LIKE TO USE THIS SERVICE, CALL (607) 687-5333 OR SEND US A MESSAGE ON FACEBOOK AND WE WILL SEND THEM DIRECTLY TO YOU!




Tioga Opportunities

Finger Lakes Community Health



Reflecting on Successes

Expanding Access to High Quality Family Planning Services



Agencies expanded clinic operating days & hours



Agencies opened a new service site, increasing access for clients



Mobile services availability

Reflecting on Successes

Improving client-centered and inclusive care

Increased capacity of family planning programs

27

Non-Directive Options Counseling

17

Client-Centered Reproductive Goals Counseling

18

Certified as Family Planning Health Worker

12

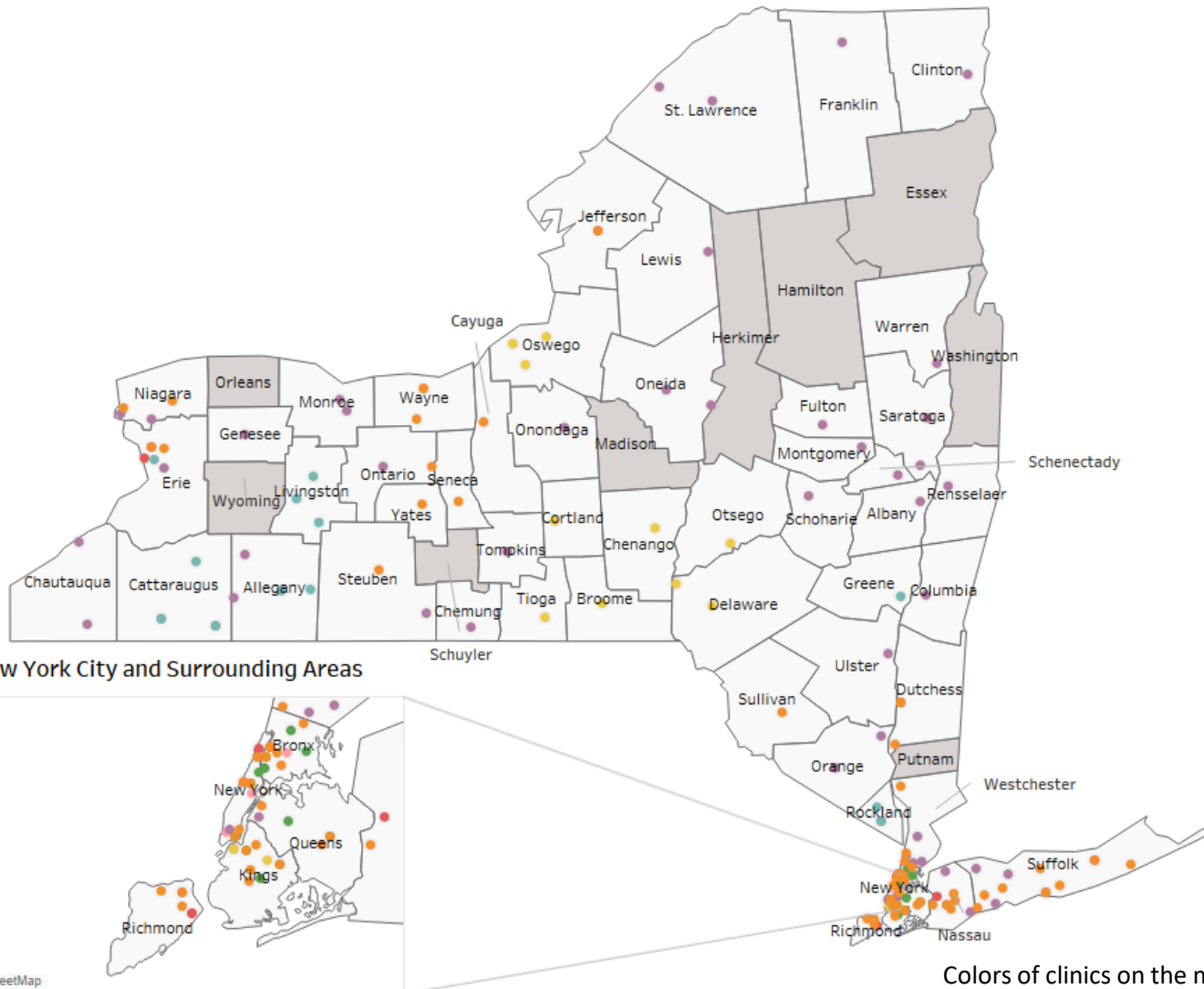
Increasing Community Awareness of Family Planning Services

25

Provider Role Affinity Groups

New York State Family Planning Client Demographics and Trends

Distribution of NYS Family Planning Clinics, 2023



Type of Agency	#Agencies	#Clinics
Federally Qualified Health Centers	9	59
Local Health Departments	6	12
NYC Health & Hospitals	6	13
Planned Parenthood Affiliates	5	59
Hospitals	4	6
Diagnostic & Treatment Centers	4	13
Teen / Adolescent Clinics	3	4
Total	37	166

Note: agencies are located in 53 of 62 counties.



Colors of clinics on the map correspond with color of font in the table. Nine counties (shaded grey) do not have clinics

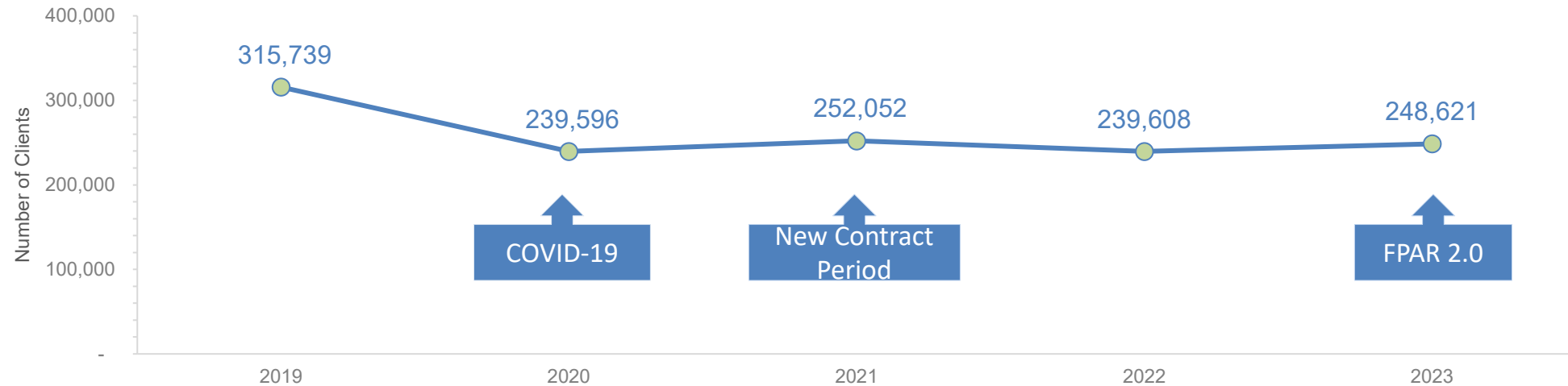
NYS Family Planning Program (NYSFPP) Clinic Service Accessibility, 2023

- About 34% of all NYS FPP clinics are located in New York City (NYC); 66% are in Rest of State (ROS);
- About 60% of clinics provide evening or weekend hours
- 92% of clinics provide telehealth
- Nearly all clinics (96%) provide onsite testing for sexually transmitted infections (STI)
- A majority of clinics (61%) provide a wide range of effective contraceptive options*
- Onsite access to all of these services is slightly higher outside of NYC

Reported Service Accessibility	Clinics (% by Region)		
	New York State	New York City	Rest of State
Total Clinics	166	56	110
Extension of hours (evening / weekend)	99 (60%)	33 (59%)	66 (60%)
Telehealth visit availability	153 (92%)	51 (91%)	102 (93%)
Onsite STI testing	159 (96%)	53 (95%)	106 (96%)
Effective contraceptive* availability onsite	101 (61%)	33 (59%)	68 (62%)

*Includes availability of *all of* the following *moderately / highly effective* methods: IUD, hormonal patch, injectable contraceptives, oral contraceptives, and vaginal ring

Total Annual NYSFPP Client Volume, 2019-2023



- Client volume changes between 2020 and 2023, due to:
 - Significant drop off by 24% in clients during COVID-19 emergency (2020)
 - New contract period (agency additions / changes) (2021)
 - Extensive FPAR (Family Planning Annual Report) 2.0 transition (2023)
- Increase of 9,000 (3.8%) clients from 2020-2023

Percentage of NYSFPP Clients by New/Continuing Status, 2019-2023

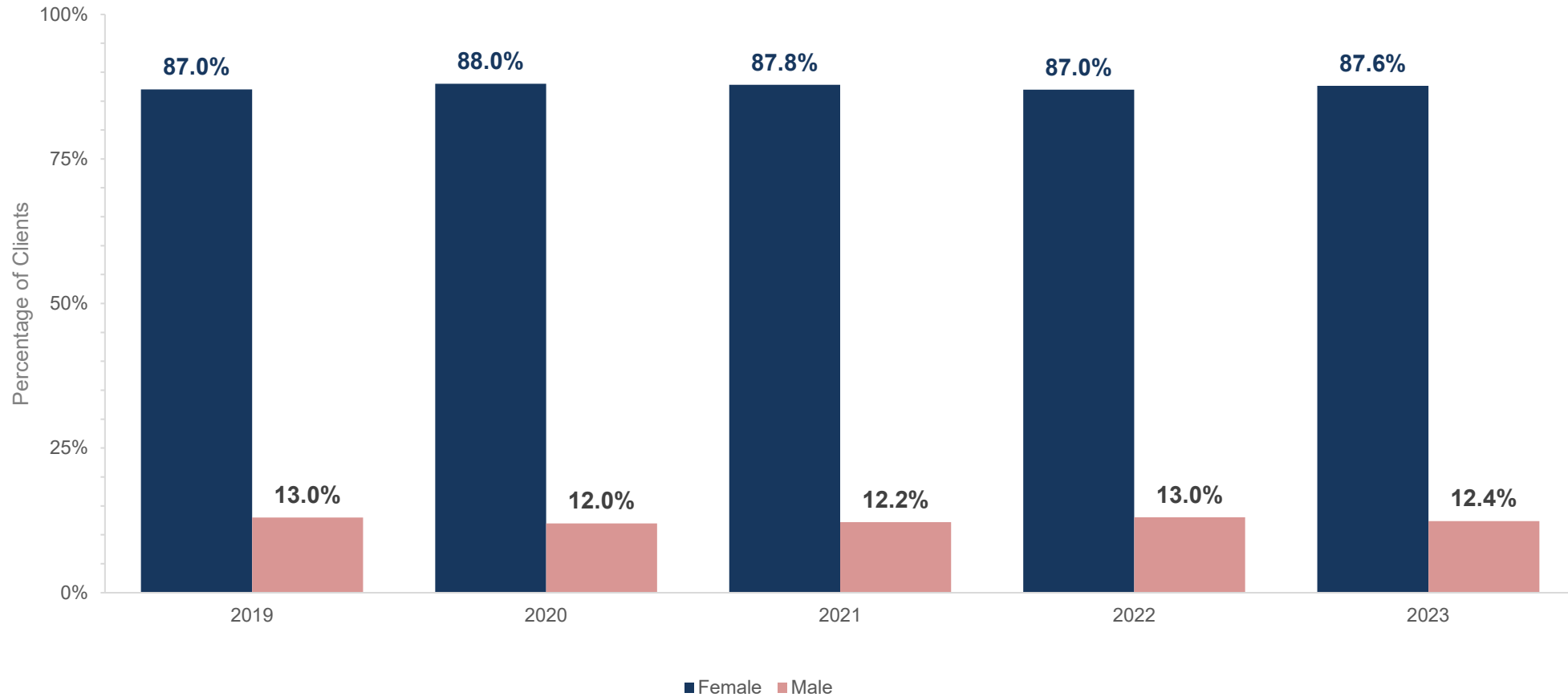


- Increasing percentages of new clients accessing the program following COVID-related 2020 drop off

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.



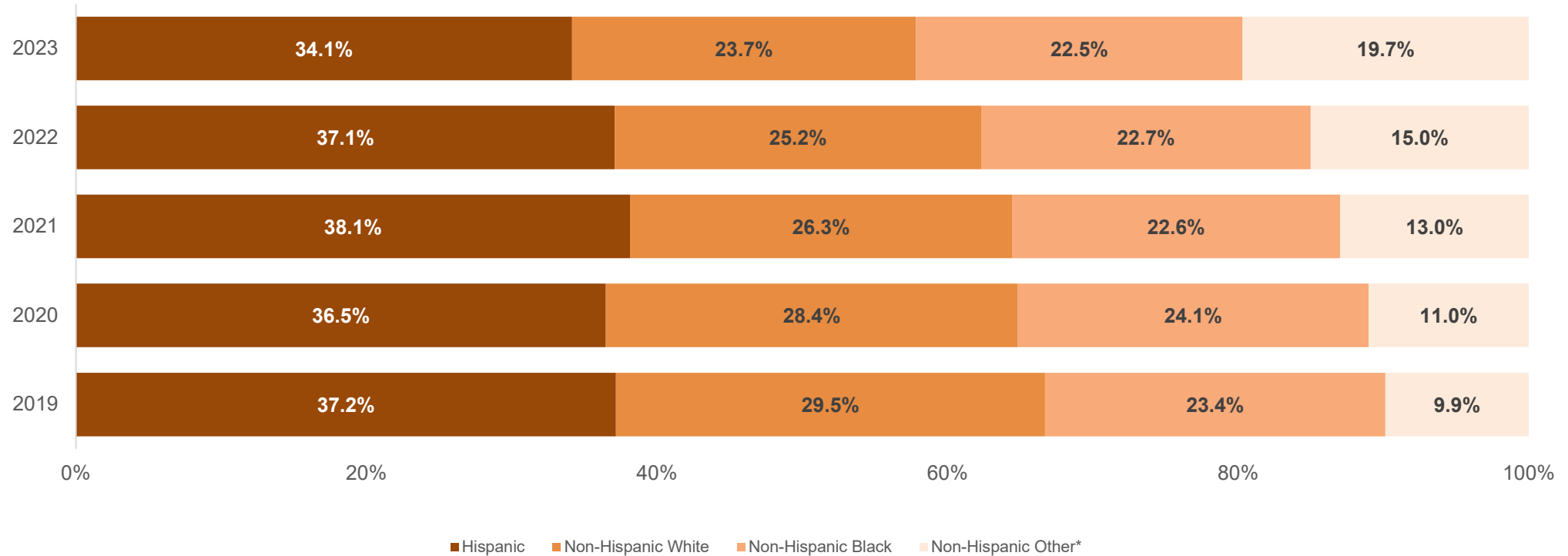
Percentage of NYSFPP Clients by Sex at Birth, 2019-2023



- Fairly stable female to male ratio from 2019 to 2023 with females comprising 87%-88%, and males 12%-13% of clients

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Percentage of NYSFPP Clients by Race/ Ethnicity, 2019-2023



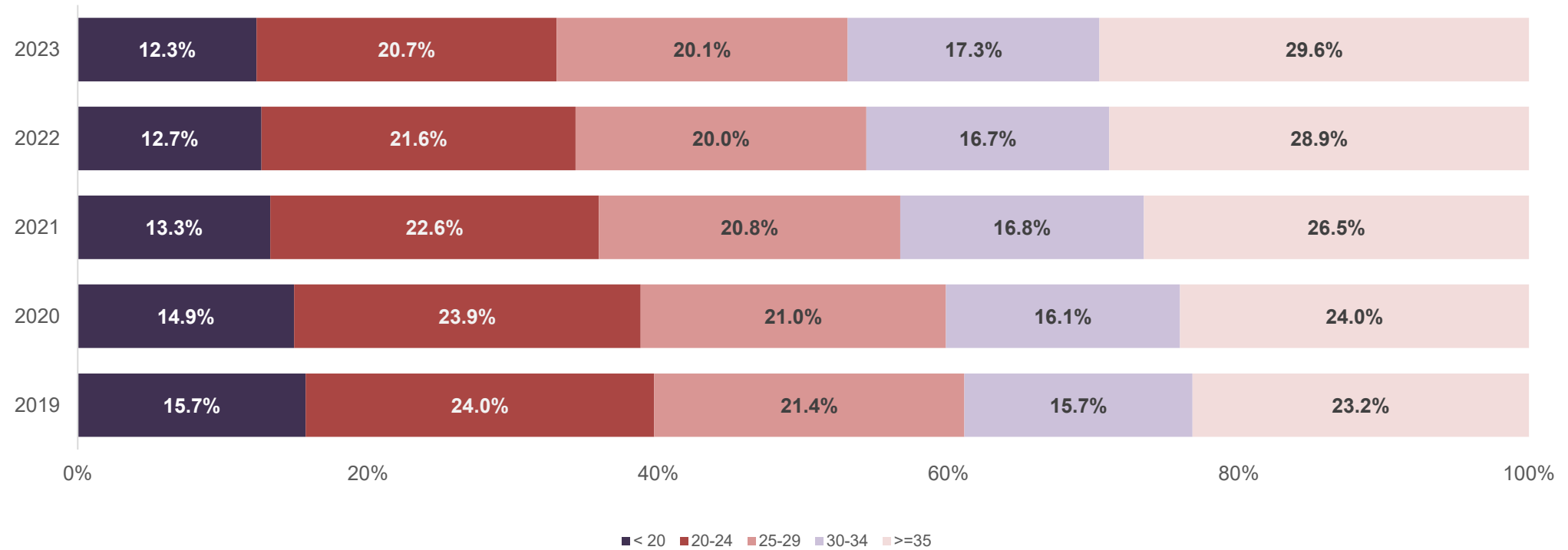
* Non-Hispanic Other includes Asian, Pacific Islander / Hawaiian Native, Alaskan Native, American Indian, and undefined / other

- Increasing percentages of clients without a defined racial or ethnic category

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.



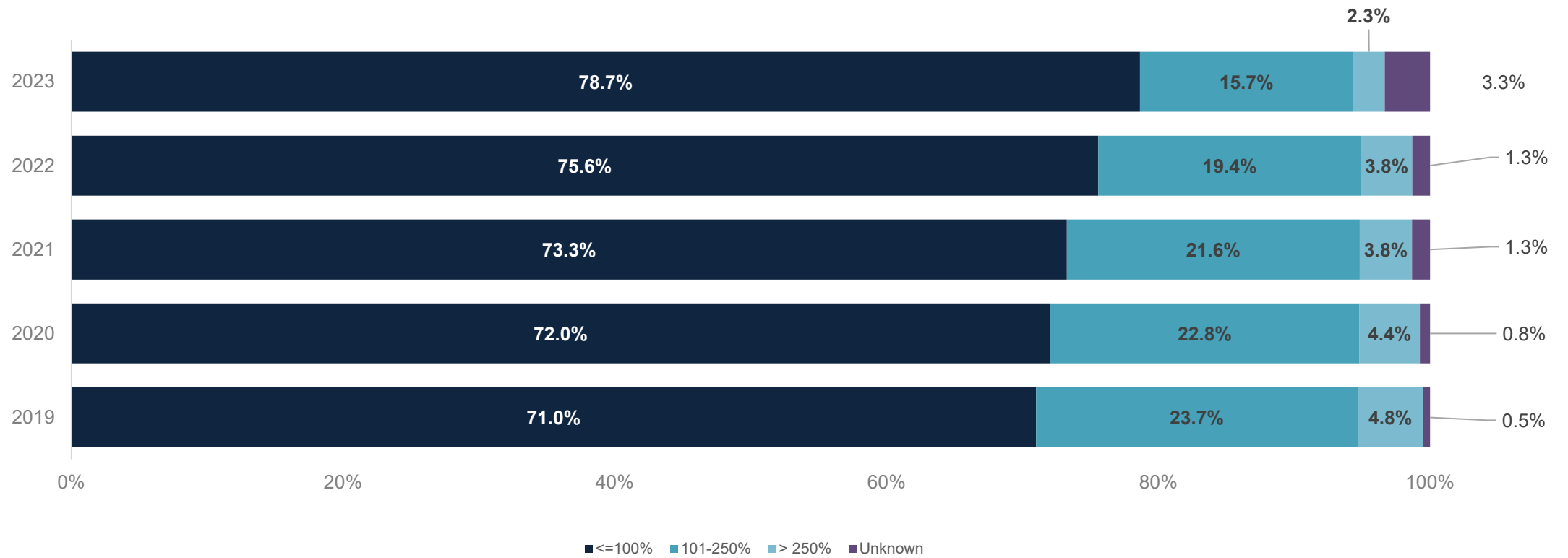
Percentage of NYSFPP Clients by Age Group, 2019-2023



- Increasing percentages of clients 35 and older; decreasing percentages of clients under 25

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Percentage of NYSFPP Clients by Federal Poverty Levels, 2019-2023



- Increasing percentage of clients at or below 100% of the Federal Poverty Level

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.



Percentage of Female NYSFPP Clients by Contraceptive Method, 2019-2023

Contraceptive Methods	2019	2020	2021	2022	2023
Oral	22.2%	21.7%	19.7%	17.8%	16.2%
IUD	12.5%	11.5%	12.1%	11.4%	10.5%
Hormonal Injection (3 Months)	10.5%	11.9%	10.2%	10.4%	10.3%
Hormonal Implant	7.1%	6.8%	7.0%	7.2%	7.5%
Other Methods*	18.8%	19.6%	20.3%	21.0%	20.7%
Leaving with No Contraceptive Method	28.9%	28.5%	30.6%	32.2%	34.8%

- Most commonly reported contraceptive method choices for female clients leaving a family planning visit include oral pills, IUDs, hormonal injections, and hormonal implants
- *Other less commonly reported methods include sterilization, hormonal patch, vaginal ring, cervical cap, sponge, female condom, withdrawal, lactation amenorrhea / fertility awareness methods, and abstinence
- Between 29% and 35% of female clients left their family planning visits without any method, for a variety of reasons



Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Percentage of Female NYSFPP Clients by Reasons for No Contraception Method

Reason for No Method at End of Visit	2019	2020	2021	2022	2023
Number of Female Clients Leaving with No Method	85,379	67,411	74,941	73,399	81,917
Relying on Partner Method	33.8%	32.6%	31.9%	27.9%	26.8%
Pregnancy	24.8%	21.0%	18.4%	16.7%	16.1%
Seeking Pregnancy	9.3%	9.1%	8.8%	8.3%	7.5%
Not Sexually Active	5.7%	4.6%	4.9%	4.7%	4.9%
Same Sex Partner	2.9%	2.4%	2.4%	2.8%	2.5%
Infertility / Other Medical Reasons	3.2%	2.6%	2.6%	2.9%	2.6%
Other / Unknown	20.3%	27.7%	31.1%	36.7%	39.6%

- For females leaving their family planning visit with no method, relying on partner method (including condoms and vasectomy) is the most common reason, followed by pregnancy
- Percentage of other / unknown reasons has nearly doubled from 2019 to 2023



Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Percentage of Male NYSFPP Clients by Contraceptive Method, 2019-2023

Contraceptive Methods	2019	2020	2021	2022	2023
Condoms	60.9%	55.9%	55.9%	51.8%	49.0%
Abstinence	4.8%	8.1%	8.1%	9.0%	8.3%
Withdrawal / Other	6.5%	6.5%	6.5%	7.3%	5.4%
Sterilization	0.5%	0.6%	0.6%	0.9%	1.1%
Leaving With No Contraceptive Method	27.3%	28.8%	28.8%	31.0%	36.1%

- Most commonly reported contraceptive method choices for male clients leaving a family planning visit included condoms, abstinence, and withdrawal
- Percentage of male clients leaving with no method increased from 27% to 36% between 2019 and 2023



Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Percentage of Male NYSFPP Clients by Reasons for No Contraception Method

Reason for No Method at End of Visit	2019	2020	2021	2022	2023
Number of Male Clients reporting “No Method”	11,285	8,506	9,749	10,549	11,804
Same-Sex Partner	13.5%	14.3%	13.6%	13.8%	14.0%
Not Sexually Active	11.4%	8.4%	7.9%	6.1%	8.9%
Relying on Female Method	11.0%	7.0%	7.1%	5.7%	6.8%
Infertility	0.4%	0.4%	0.6%	0.8%	1.0%
Seeking Pregnancy	0.8%	1.0%	1.1%	1.0%	0.8%
Other / Unknown	57.3%	63.4%	64.5%	68.7%	66.1%

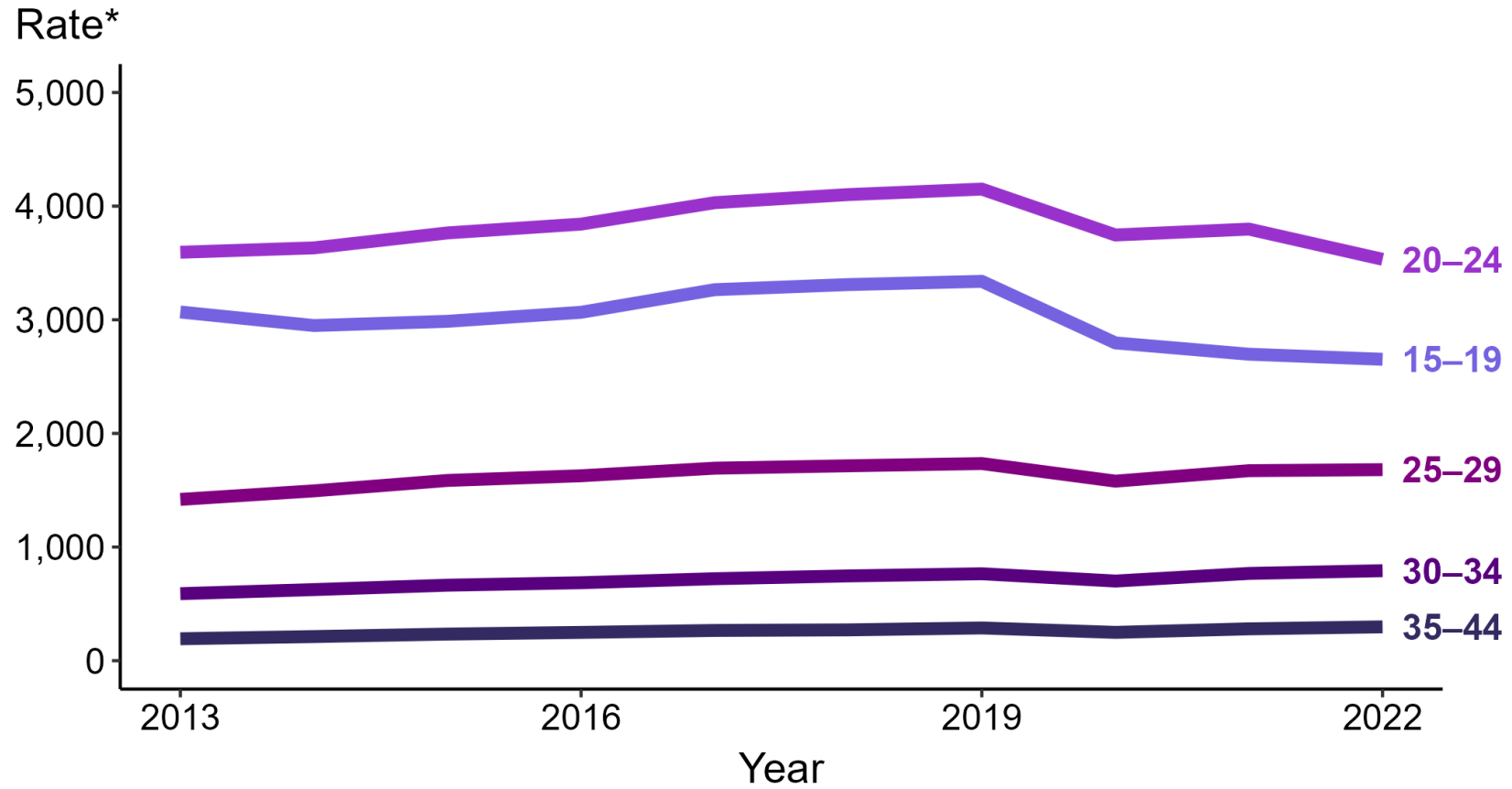
- For males leaving their family planning visit with no method, same-sex partner and not sexually active are the most common reasons, followed by relying on female method
- The percentage of other / unknown (including pregnancy & other medical reasons) reasons remains high, increasing to nearly two-thirds of male clients leaving without a method



Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

New York State Family Planning Sexually Transmitted Infection (STI) Screening and Treatment

Chlamydia — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group, United States, 2013–2022

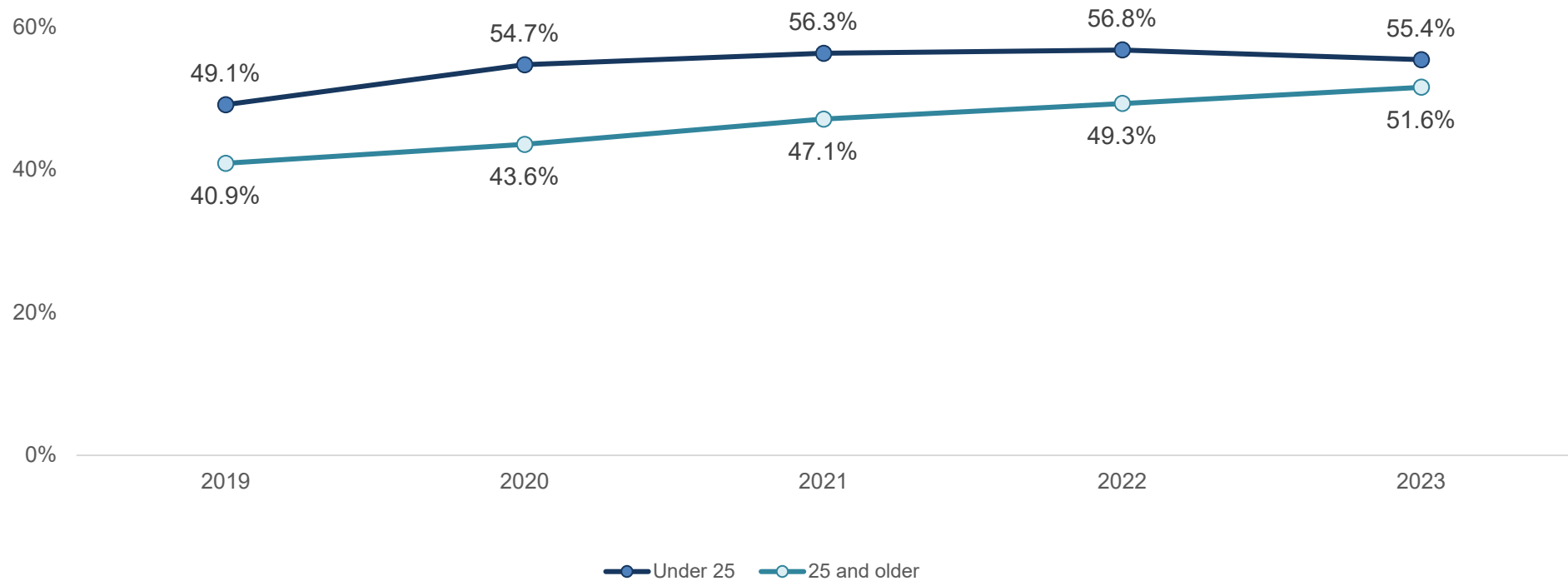


* Per 100,000

Source: [Chlamydia — Rates of Reported Cases by Age Group, United States, 2013–2022 \(cdc.gov\)](https://www.cdc.gov/nchs/data/hestia/chlamydia-rates-2013-2022.pdf)



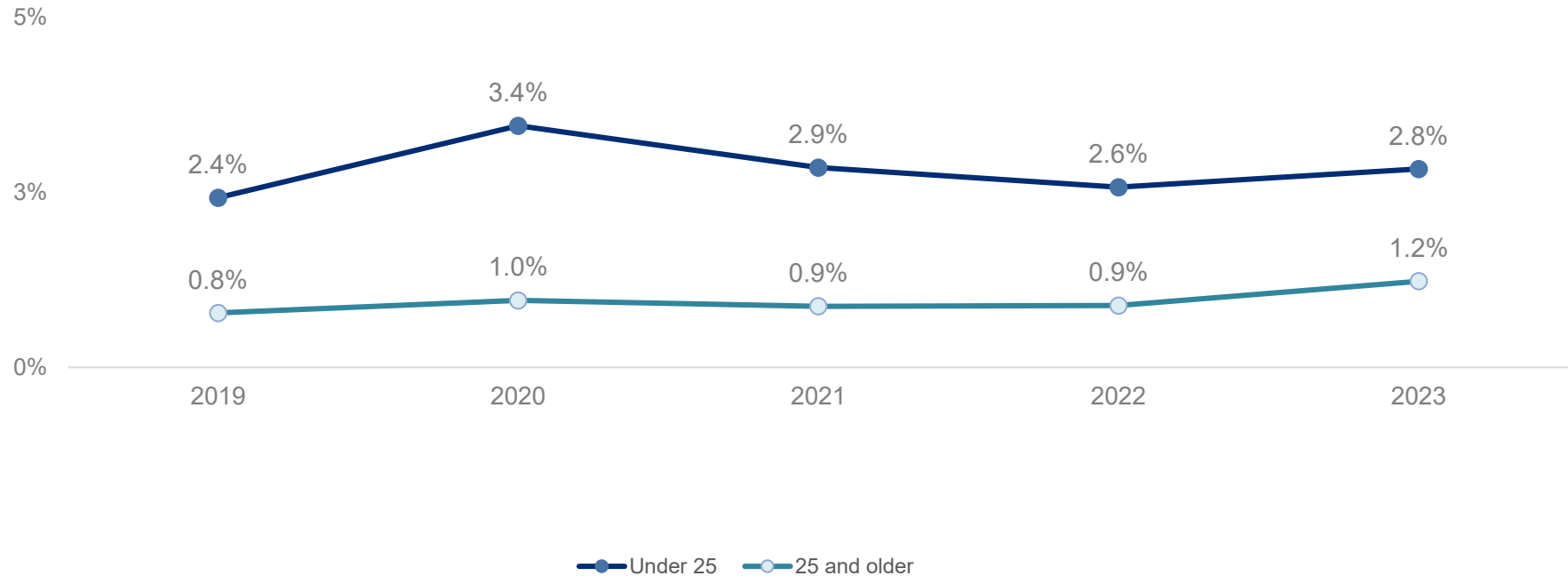
Percentage of Female NYSFPP Clients Tested for Chlamydia by Age, 2019-2023



- Percentages of female NYSFPP clients for both age groups who were tested for Chlamydia increased from 2019 to 2023

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

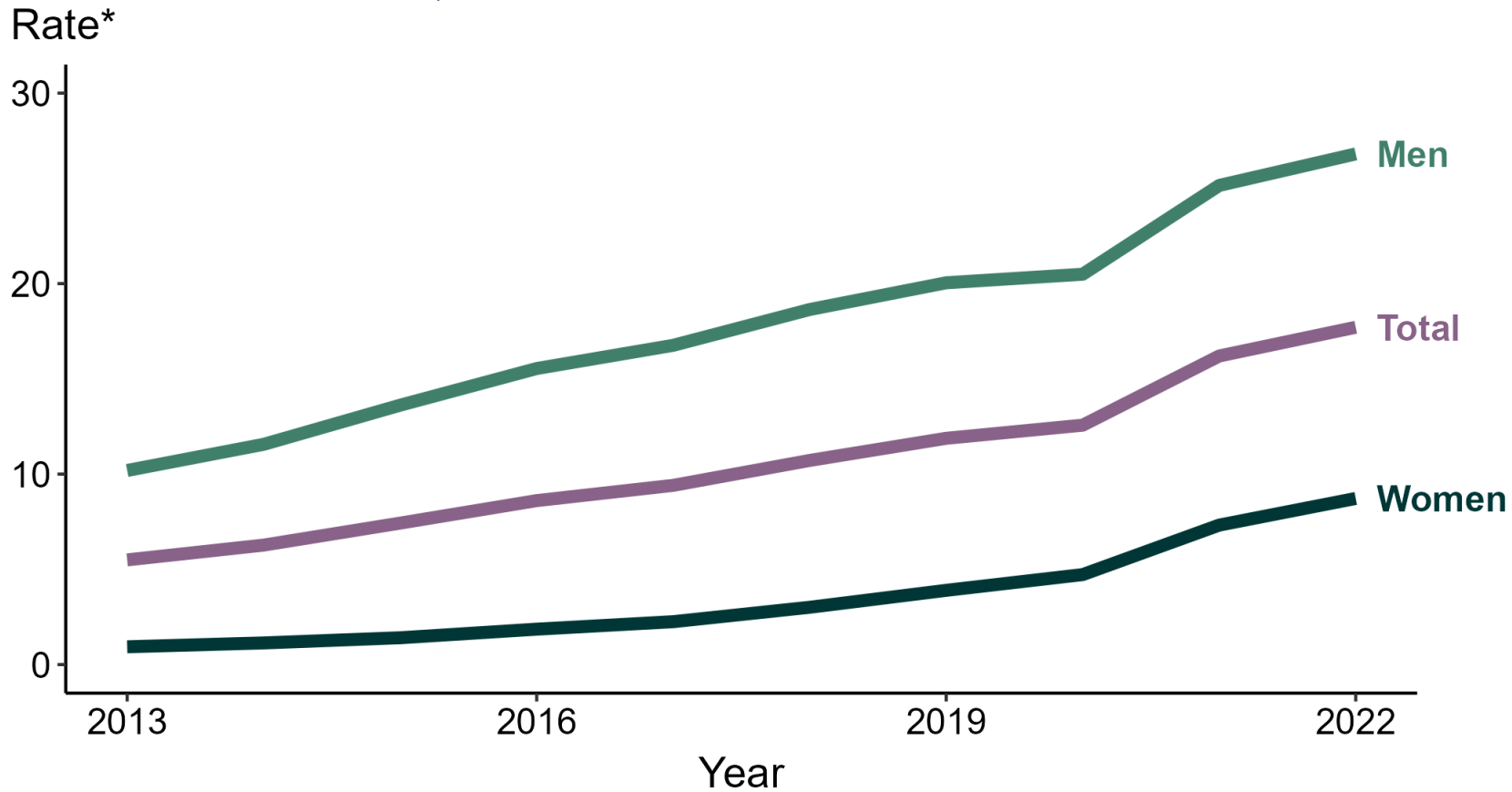
Percentage of Female NYSFPP Clients Treated for Chlamydia by Age, 2019-2023



- Percentage of NYSFPP clients treated for Chlamydia serves as a proxy for percentage testing positive
- Rates of treatment have increased among both age groups from 2019 to 2023

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Primary and Secondary Syphilis — Rates of Reported Cases by Sex, United States, 2013–2022



* Per 100,000

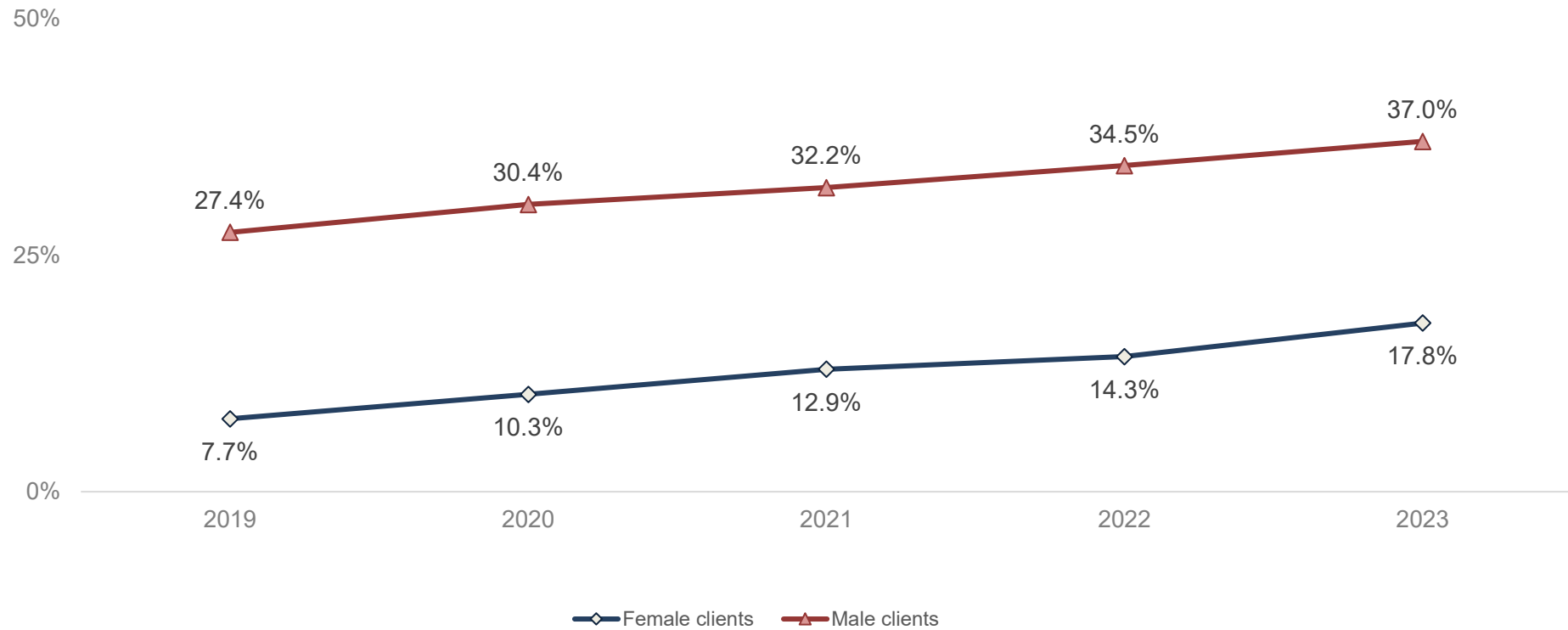


Source: [Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners, United States, 2013–2022 \(cdc.gov\)](https://www.cdc.gov/nchs/data/dds/2022/primary-secondary-syphilis-reported-cases-by-sex-and-sex-of-sex-partners-us-2013-2022.pdf)



Department of Health

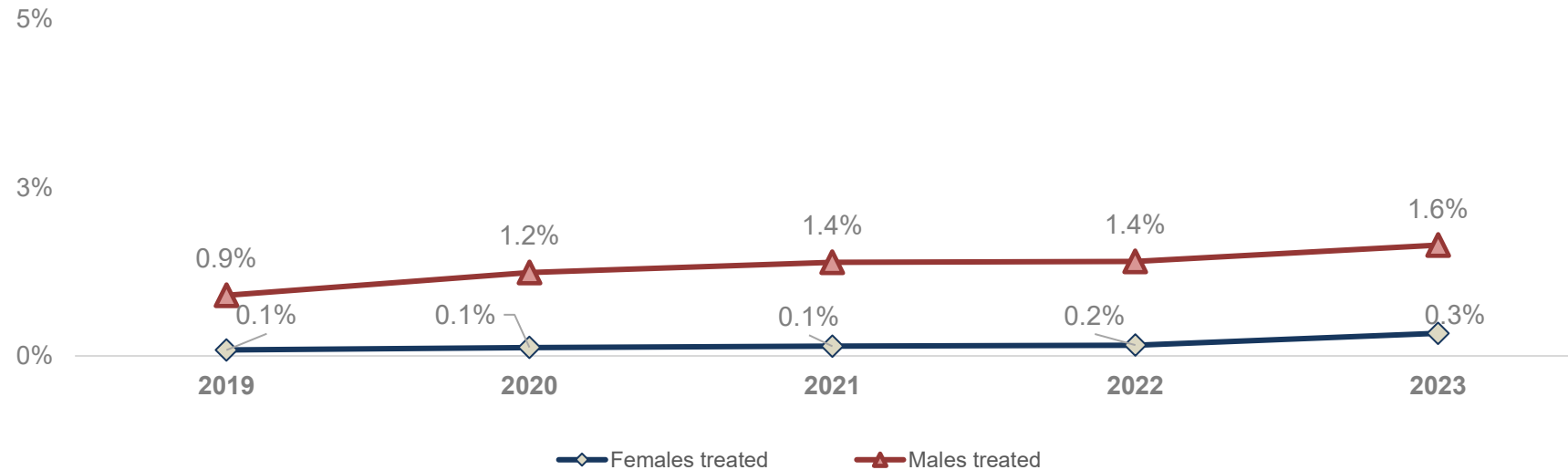
Percentage of NYSFPP Clients Tested for Syphilis by Sex at Birth, 2019-2023



- Percentages of female and male NYSFPP clients tested for syphilis increased from 2019 to 2023

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Percentage of NYSFPP Clients Treated for Syphilis by Sex at Birth, 2019-2023



- Percentage of NYSFPP clients treated for syphilis serves as a proxy for testing positive
- Rates of treatment have increased from 2019 to 2023

Note: Some changes in percentage trends may be inaccurate due to data shortfalls in 2022 and 2023.

Summary of NYSFPP Data Highlights

- **Challenges**
 - Reporting gaps between 2020 and 2022
 - Significant drop off by 24% in clients during COVID-19 emergency (2020)
 - Changes in contracted agencies
 - Extensive data collection changes for FPAR 2.0 transition
 - Failures to submit data and high rates of rejections from some agencies' electronic health records persist
 - Impact on trend percentages for 2022 and 2023 that may not be accurate
 - E.g., large increase in number of clients leaving with no method
- **Successes**
 - Expanded accessibility to services
 - Additional agencies
 - Increased hours of operation
 - Telehealth visit availability
 - Increased focus on STI testing for Chlamydia and syphilis

Family Planning Program Where We're Going



Northwell Staten Island University Hospital

Going Further Together



Telehealth Expansion Grant, **DOH**

31 Agencies funded to increase capacity to deliver telehealth services



Telehealth Training, **NYSFPTC**

Training opportunities for NYC and Upstate Provider Groups

Going Further Together

RHNTC Adolescent Focus Groups: Peer Learning



Upcoming Kick-off of the Clinical Advisory Group

- Syphilis Testing and Treatment
- Quality Family Planning (QFP) 2.0
- We want to hear from you

Client Testimonials

They have guided me through some health situations over the last few years and *I feel very very safe* with them.

I will forever be grateful for this program and for every single person that works there they don't get enough credit. They truly are *superheroes*.

They are *gentle, listen to my concerns* and willing to help.

You will not regret coming here I promise it will be the best decision you ever made.

Everyone is so amazing and so *friendly*. The clinic is beautiful and very clean.



Client Testimonials

I have been visiting the Family Planning clinic since I was 15. I am now 25 and this is the absolute best place to go for reproductive health. I consistently refer people to this clinic and I am glad to see that when my primary care fails, I can still come back to this location with open arms. The staff is extremely helpful with health insurance concerns ... an absolute blessing. This clinic provides excellent care every single time. The physicians are so helpful and caring, never an uncomfortable moment in this facility.

Thank you, thank you, thank you!

Breakout Discussions



Let's Discuss Successes

- What are you most proud that your program has done in the prior year and why?
- What would you do with unlimited resources?



Family Planning of South Central NY

Thank you

For questions, please add a note to the Sticky Board or email us!

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