

2010 Basic Needs Funding Application

APPLICATION IS BY INVITATION ONLY

Contact Information

Organization Name: Planned Parenthood of Southwestern Oregon

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Organizational Information

Mission Statement: To ensure the right of all individuals to manage their sexual and reproductive health by providing services, education, and advocacy.

No. of Employees: 108 FTE: 70.53

No. of Volunteers (annually)/ Volunteer Hours (annually) 921 / 5,325

Name of Executive Director: Cynthia Pappas

Name of Board President: Audrey Garrett, MD Term Ending Date: 11/11

Number of members on Board of Directors: 18

Total Agency Budget: \$7,500,716 Fiscal Year End: 12/31/10

Geographic Service Eugene, Springfield, West Eugene, Florence, Cottage Grove

Unduplicated Lane County Residents Served Last Year: Clinic: 14,845 Education: 8,281

Has your organization been previously funded by UWLC? No Yes, Year(s) 28+

Proposed Service(s): Name of Proposed Services: Teen Reproductive Health Services

Basic Needs Services: (check primary use of funds)

- Food** (hunger relief and nutrition)
- Shelter** (emergency housing and homelessness intervention)
- Healthcare** (emergency and basic health services)
- Safety** (domestic violence and child abuse intervention)
- Access to Basic Needs** (information & referral; transportation; advocacy)

Geographic Service Area within Lane County

Eugene, Springfield, Cottage Grove, Florence

Annual Funds Requested: \$ 24,500

1. Proposed Services Summary:

Planned Parenthood's Teen Reproductive Health Services provide convenient access to direct health services for teens. We have five health center locations in Lane County – full service health centers in Eugene, West Eugene, and Springfield, and rural outreach sites in Cottage Grove and Florence. Among these sites, we served 3,711 teens in 2008, providing them with effective birth control options and supporting them in avoiding unintended pregnancies – as well as the many negative health and life outcomes that result from teen pregnancy. Our services include contraception and pregnancy testing as well as testing and treatment for sexually transmitted infections (STI). Women's health care is basic health care, and teens are no exception. According to Planned Parenthood Federation of America (PPFA), 40% of women using Planned Parenthood health centers consider it their medical home. Teens trust PPSO to provide honest, confidential, non-judgmental service. PPSO believes in supporting youth to make healthy, responsible decisions about their sexual behavior.

Females who use our Teen Reproductive Health Services receive extensive information and education in a private, one-on-one session. A female nurse takes a complete medical history to assure the safety of the contraceptive methods the teen may be considering. While we strongly encourage an appropriate gynecological exam that may include a breast exam, Pap test, and pelvic exam, medical protocol does not require this for most teens in order to receive hormonal birth control. In some cases, we will require a pregnancy test and/or screening for STIs/HIV before prescribing a birth control method. The teen is provided with detailed information about the contraceptive method she selects and receives instruction about its use. Increasingly, we are also serving male clients. Our services for young men include contraceptive counseling and testing for STIs and HIV.

The direct services for teens that we provide through our Teen Reproductive Health Services complement the educational services we are applying for through the Strategic Investments Letter of Inquiry. Teen pregnancy prevention is a multi-faceted issue that requires service, access, and education. The factors that support teens in making responsible decisions about sex must be continually renewed and improved, because *a new generation of young people is constantly maturing into adolescence*. Minimizing barriers to access — by providing both health services *and* education programs that prepare youth to make informed, responsible decisions — is an ongoing requirement for creating a positive downward trend in teen pregnancy and achieving further gains. Our education programs work in tandem with clinic services to facilitate positive outcomes in adolescent and community health.

2. Target Population: Describe your target population. Basic Needs investments should focus primarily on families and individuals with income 250% or below the federal poverty level.

Teenagers are typically unable to pay the full cost of medical services and contraceptive supplies. Thanks to our participation in the Oregon Family Planning Expansion Project (FPEP), we offer birth control services and supplies to many teens for free. FPEP expands the income eligibility range for Medicaid-subsidized family planning services and makes it easier for clients to qualify for free services. Teens' eligibility is based on their own income, not their family income. Since becoming an FPEP provider in 1999, we have increased the number of Lane County teens we see each year from 1,053 in 1998 to 3,711 in 2008,

Although many teens qualify for free services, many face barriers to service, which is why we offer discounted pricing for teens 19 and under. This population includes non-citizen teens and teens who cannot comply with identity/citizenship requirements, including producing a passport or original birth certificate or photo ID, and a social security number. Obtaining such documents can be quite a challenge to teens that are seeking confidential services. More importantly, the FPEP program covers only visits that are fully focused on contraception. Many teens need services that are not covered under the FPEP program and our teen fees make these services far more accessible. This includes testing and treatment of STIs, urinary tract infection and vaginitis, follow-up on abnormal Pap and laboratory findings, HIV testing, and pregnancy testing. UWLC funding will go towards helping young people who face barriers in accessing many of our reproductive health services.

The target population for our Teen Reproductive Health Services is sexually active teenagers in need of birth control services and supplies and general reproductive health care. We served 3,711 teens in 2008 and we expect these numbers to remain steady for the foreseeable future.

3. Need: Describe briefly the need or problem these services address. Include the number and percentage of population affected, metro, rural, and multi-cultural. Describe how these services are aligned with the community needs assessment or other local studies. **20 points possible**

After a decade of substantial declines, Oregon's teen pregnancy rate increased in both 2006 and 2007, with Lane County's rate for 15-17 year olds holding steady at 21.1 per 1,000 in both 2007 and 2008. The Oregon Healthy Teen Survey trends indicate an increase in the number of teens who are reporting having had sex, and inconsistent progress being made with regard to the use of condoms and contraception. Research from the Centers for Disease Control and Prevention (CDC) indicates that one in four female teens ages 14-19 has a sexually transmitted infection. On a more local level, a 2009 grant-funded pilot project allowed PPSO to provide free STI testing and treatment for 700 young people aged 24 and younger. Our clinics found that nearly 10% of young people who came in to be tested were positive for at least one STI.

Helping youth access the education, skills and services they need to be safe and healthy – whether they are having sex now or waiting for the future – requires ongoing commitment and diligence. It requires consistency over the long haul and is fundamental to addressing larger issues of youth and community wellbeing. The sexual health of young people affects the economic and social health of communities. The effects of teen pregnancy can be wide-ranging and often include not only negative public health outcomes for teens and their babies, but also reduced educational achievement, economic dependency and generational poverty. The Oregon Progress Board has named teen pregnancy prevention an urgent priority, as teen pregnancy affects other key state benchmark areas. Pregnancy is a leading cause of school dropout for teen females, and babies born to teens are more likely to be premature, suffer birth injuries and neurological defects, or die within their first year.

PPSO serves mainly low-income and uninsured/underinsured women, men, and teens seeking reproductive health care and contraception. Approximately 30% of our clients are age 19 and younger.

As was revealed in the UWLC 2009 Community Assessment Report, 30% of households making under \$50,000 with children report that they do not have the money to pay for a doctor. 33.7% of these families report not being able to pay for, or get, medical insurance. The vast majority of teen births occur among lower-income teens. According to Oregon Department of Human Services, Demographic Characteristics of Mother by County and Age, from 2005-07 in Lane County, 696 out of the 963 (72%) births from mothers aged 19 and under were paid for by public insurance. These are the clients we see on a daily basis and will continue to serve with requested funding.

4. Service Goals: Describe your service goals and how you will measure achievement of those goals.

You will report the outputs and outcomes in progress reports.

20 points possible

- Outcome: To provide comprehensive educational and medical reproductive health services to 4,000 sexually active youth, 19 years of age and younger, through our Teen Reproductive Health Services. Measure: Internal tracking of patient information
- Outcome: Reduce the number of pregnancies among 15-19 year old Lane County teens. Measure: Longitudinal data on teen pregnancy collected by Oregon State Department of Human Services, Center for Health Statistics
- Outcome: Reduce the pregnancy rate for Lane County teens, age 15-19 Measure: Longitudinal data from Oregon DHS
- Outcome: Reduce the current low number of pregnancies among Lane County's teens under 15 years of age. Measure: Longitudinal data from Oregon DHS

5. Community Return on Investment: Describe the return on United Way investment. Include such factors as demonstrated cost-effectiveness and efficiency of delivery; leveraging of other financial investments: methods to avoid problems that would cost more later. How does your agency's work improve the effectiveness of the human services network in Lane County?

possible

20 points possible

According to the Office of Family Health in the Oregon Department of Human Services, Oregon family planning results in cost-savings of \$5 for every \$1 spent. Helping youth access the education, skills, and services they need to be safe and healthy – whether they are having sex now or waiting for the future – requires ongoing commitment and diligence. The sexual health of young people affects the economic and social health of communities. The effects of teen pregnancy can be wide-ranging and often include negative public health outcomes for teens and their babies, reduced educational achievement, economic dependency, and generational poverty. Amy Rynell's 'Causes of Poverty: Findings from Recent Research' states that, "Half of all non-marital childbearing starts during the teen years which is associated with lower high school graduation and a 20 percent reduction in the girl's adult income."

Each publicly subsidized birth costs \$4,696 in state and federal funds. The vast majority of teen births occur among lower-income teens and are paid for by public insurance, which means the 336 teen births

that occurred in Lane County in 2007 cost taxpayers over a million dollars. Added to this are the first year costs of supporting a child with public funds - \$3,386 per child. This brings the total costs of publicly subsidized teen parenting to \$8,082 per child, and this is just for the first year alone. (In contrast, the average annual cost for birth control medical services and contraceptive supplies is approximately \$300 per teen per year.)

We are an active participant in our local medical community and partner with other health organizations. We work closely with our county public health departments, the Oregon State Health Division, 100% Access Health Care Coalition safety net providers, and Federally Qualified Health Centers.

The proposed funding for Teen Reproductive Health Services program is leveraged many times over by being combined with individual donations and foundation grants. PPSO raises approximately \$500,000 annually to cover costs that fees and reimbursements do not cover.

6. Organizational Capacity: Describe the ability of your organization to carry out services successfully and efficiently based on current resources, i.e., expertise of staff, diversity of funding streams, board composition and involvement, fiscal and governance systems, and facilities. **10 points possible**

PPSO was founded in 1966 as an affiliate of the Planned Parenthood Federation of America (PPFA). We serve eight counties in Southwestern Oregon. We have six health clinics (Eugene, West Eugene, Springfield, Grants Pass, Medford, and Ashland) and two rural outreach clinics (Florence and Cottage Grove). In 2008, we served more than 22,000 individuals with over 41,000 clinic visits among our clinic sites. We provide a wide range of family planning and preventative services, including annual exams, contraception, breast and cervical cancer screening, sexually transmitted infection (STI) testing and treatment, and pregnancy testing.

In this uncertain economy, our clients need our services more than ever. Many women face the burden of deciding between food, rent, and other basic needs. Health care often becomes less of a priority for many women experiencing financial hardship. We achieve our mission by offering free and low-cost reproductive health care. We believe our clients are entitled to the highest quality reproductive health care with a full complement of services and options regardless of ability to pay. By providing free or deeply discounted services not always available from any other public or private agencies to uninsured and underinsured women and men, PPSO is a cornerstone of a healthy community.

PPSO has a diverse funding stream, comprised of FPEP reimbursements, fees for service, foundation and individual donor support and United Way funds, PPSO has a successful track record of managing grant-funded, outcome-based programs. We have a diverse board made up of community members spanning our region from Corvallis to Ashland, representing fields such as faith, medicine, law, and business.

Cynthia Pappas has been the President and CEO of PPSO since 2006. She manages a \$7.5 million healthcare agency covering an eight-county region, with eight health centers and 115 employees. Ms. Pappas provides strategic and operational leadership in three program areas – clinic operations, public affairs/advocacy and education. She builds coalitions and partnerships at the state and local level and works to create innovative new directions in revenue capture. Marilyn Helton, Vice President of Patient Services, has worked in health care for over 30 years, first as a Medical Laboratory Technologist and then in women's health care. She has been in a management role at PPSO since 1985 and has led the clinical program through a myriad of change processes including significant growth and expansion.

We have recently invested in a new patient management software system, NextGen, which allows us to create more efficiency within our clinics and improve client care and service.

7. Goal Alignment: Describe how services align with or support one or more United Way goals of Education, Income and Health (please see goal definitions in the instructions). **10 points possible**

These services align with UWLC's goal of Education by providing information to young women and men about available services, contraception, and reproductive health care. They align with UWLC's Income goal by providing contraception to teens in order to prevent teen pregnancy, a leading factor of adult poverty. Our Teen Reproductive Health Services complement our Strategic Initiatives Letter of Inquiry regarding comprehensive sex education services for youth. We are supporting the Health goal by providing basic reproductive health services to young people. Without funding, we are unable to offer discounted services and would not be able to serve as many young people in Lane County.

8. Collaborations: Describe collaborative or innovative aspects of this service. Considerations may include partnerships that meet the holistic needs of clients; how your approach demonstrates systems thinking; how you enable clients to access a broad range of services; how these services leverage existing community resources and access new resources. **10 points possible**

PPSO has a Medical Committee comprised of community healthcare professionals from various specialties. We have extensive referral relationships with medical providers, social service agencies, and education programs throughout Lane County. Because we are sometimes the only healthcare provider a

client has seen, our nurses and nurse practitioners are often the first to detect symptoms and conditions that require specialized attention, and we routinely make referrals to other health providers and agencies, such as Volunteers in Medicine, Federally Qualified Health Centers, and school-based health clinics, among many others. They, in turn, refer clients to our clinics for reproductive health care and birth control services.

Just as our partner agencies and their services complement our own, our education programs go hand in hand with our direct health care services to cover the broad spectrum of reproductive health care. PPSO partners with schools around Lane County to provide Comprehensive Sex Education programs. We also work with youth and family-serving organizations such as Looking Glass: Station 7, New Roads, Stepping Stone, and Adolescent Recovery Center, Serbu Juvenile Justice Center, Birth to Three, Relief Nursery, area charter and alternative education programs, and faith communities. When Planned Parenthood is asked to provide a series of education programs in any given site, we work with those requesting the sessions to adapt our existing menu of comprehensive programs to best meet the needs of youth they serve. We are guided by best practices and align programs with Oregon Health Education Standards. Teen panels have been involved in reviewing our patient education materials. We also periodically conduct focus groups of clients or potential clients to get feedback regarding our current services, need for new services, how to make our services more accessible, how to be more effective in serving difficult-to-reach populations, etc. All clients are asked to fill out a client satisfaction survey after receiving services. Overall, we've received extremely positive and even grateful responses on our client surveys. Among the service changes we've made in response to teen client feedback are the addition of Saturday and evening hours and the addition of drop-in services at our full-service clinics. We have also added annual exams at our West Eugene site as well as our rural outreach health centers.

All of our front line health center staff is trained to offer referrals, as necessary, to other social service agencies in Lane County, such as Womenspace, Center for Community Counseling, SASS, and other community resources such as 211Lane.org. We provide referrals for pregnant teens to support future success for both the mom and the baby, including referrals for continuing education, prenatal care, and community financial resources.

9. Alignment of Services with Values: Describe how services align with United Way of Lane County's values (See the overview). **10 points possible**

Integrity: The integrity of PPSO is and must always remain unquestionable. In all that we do, we are committed to the highest quality ethical and medical standards. Teens look to us for honest, confidential, non-judgmental service. We are respectful of their confidentiality while being keenly aware of our responsibility for their safety.

Impact: Empowering teens to make responsible decisions about their sexual behavior not only helps them avoid unintended pregnancy and disease, but also builds and reinforces life skills such as decision-making and integrity.

Voluntarism: We greatly appreciate the 921 volunteers who help out in a variety of ways around the agency. Our clinic staff is grateful for our volunteers' work with administrative duties. We are proud of our many teen volunteers, whether they are building their leadership skills with our Youth Action Council (REvolution) or teaching health professionals how to communicate with young people as part of the Adolescent Health Care Communication Project.

Diversity/Inclusiveness: We value the diverse experiences and backgrounds of clients, staff and volunteers. We believe that differences in age, sex, class, sexual orientation, religion, race, ethnic background and life experience enrich our organization. We strive to reflect the diversity of our community in our staff and our board.

Community Leadership: We believe in leadership based upon collaboration rather than hierarchy. We have an active Youth Action Council – REvolution – which provides young people opportunities to develop leadership skills while speaking out on sexual health and education issues of concern to youth. One of our former REV youth now serves on our board. PPSO has a long-standing reputation as a primary provider in our region for reproductive health and education services.

Basic Needs Application

Proposed Services BUDGET

(fill in the green cells)

Agency Name:

Planned Parenthood of Southwestern Oregon

Proposed Services:

Teen Reproductive Health Services

	Prior 12 Months	Future 12 Months
REVENUE/SUPPORT		
United Way Funding/Request (do NOT include Donor Designations)	\$19,447.00	\$24,500.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$10,320.00	\$11,097.00
Government Funding (FPEP and Oregon Health Plan reimbursements)	\$644,965.00	\$682,619.00
Foundation/Corporation/Other Grants or Major Gifts		
Program Service Fees or Membership Dues	\$78,268.00	\$88,352.00
Other Revenue		
Total Revenue	\$753,000.00	\$806,568.00
	Estimated	Actual
EXPENSES		
Personnel Related	\$290,016.00	\$291,614.00
Client Assistance		
Other Direct Program Expenses	\$284,811.00	\$282,286.00
Administrative Overhead (includes education, admin, and IT)	\$178,173.00	\$232,668.00
Total Expenses	\$753,000.00	\$806,568.00
NET (should be zero)	\$0.00	\$0.00

What percent of your agency budget do these proposed services represent?	11%	11%
What percent of your agency revenue is the United Way request?	1%	1%
Number of employee FTE's (full-time equivalents) in proposed services?	6.49	6.62
Percentage United Way request to overall proposed services revenue	3%	3%
Administrative overhead percentage applied to proposed services	31%	41%

Completed by:

Charlie Ward & Robin Runyan, PPSO