Greene County Community Health

Annual Report 2025

Submitted: April 1, 2026

Greene County Community Health (formerly Greene County Family Planning) has been providing highly skilled, trusted reproductive health care for the community of Greene County for over 50 years. The clinic is primarily funded through a competitive grant from the NYS Department of Health (NYSDOH) to promote access to reproductive health care with support of the Greene County Legislature. We are proud to report on the work of the past year, and the progress we made with the goals we set for 2025.

Our MISSION STATEMENT: *Providing confidential, compassionate, and professional care, we strive to promote positive health and sexual behaviors through education, prevention, and treatment.*

Review of our 2025 Goals:

1. **To complete our name change and rebrand.**
   The clinic's name changing process and rebrand is almost fully complete. We are looking forward to a full rebrand launch and marketing campaign in 2026.

2. **Implement rapid syphilis testing.**
   In June 2024, Community Health developed a policy for rapid syphilis testing; testing began in 2025. Of the 389 syphilis tests done in 2025, 1% were rapid tests.

3. **Increase mobile van outreach by creating a set schedule where people can expect the mobile unit to be stationed on a regular basis in two or more rural areas of the county.**
   The mobile van full time coordinator began in September 2025. Since creating a regular van schedule and full staffing, 58 patients have been seen in 4 different remote sites.

4. **Increase utilization of the CGCC site. The college stopped having sports teams, which decreased the need for sports physicals and dropped the patient numbers unexpectedly.**
   In the Spring 2025 semester 33 patients were seen and in the Fall 2025 semester 16 patients were seen. Plans to increase these numbers and outreach in 2026 have already begun.

2025 Highlights:

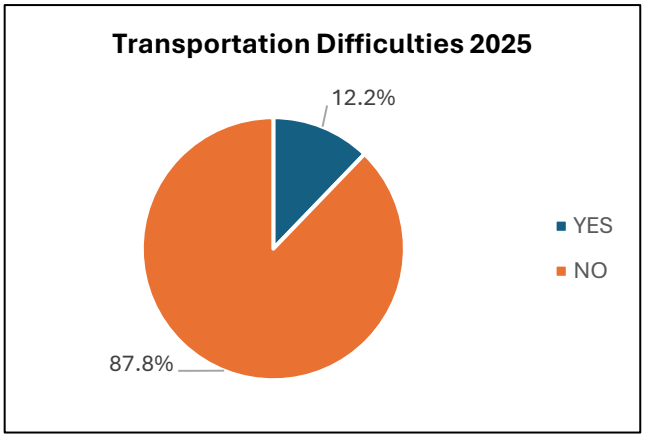
1. **Rebranding as Community Health**. In 2023, Katy Dwyer Marketing (KDD), was hired to help us with a name change and rebrand. In early 2024 KDD distributed surveys to the community via email, social media, and traditional mail. Analysis of the 279 survey responses confirmed that the clinic needed a name that better communicates the range of healthcare we currently offer and would not limit future expansion of services. In 2025, the marketing firm held focus groups about a new name and rebranding campaign. In March 2025, they issued a comprehensive report. This is included in the Appendix of this report. KDD also created advertising – a new logo, rack cards, an updated web page look, and a patient letter for current clients by the end of 2025. We are excited to launch this campaign in 2026.

2. The **mobile van** is fully staffed and outreach is regularly scheduled. The mobile van collaborated with the Mountain Top Libraries to outreach specifically in more remote areas of the county.

3. **Camp Outreach**: During summer 2025, it came to the attention of the Health Department that a camp had need for clinic services when a counselor was treated for follow up on pelvic inflammatory disease. With 200+ camp counselors aged 19-36 and multiple countries of origin, there was a need for medical services. Community Health was hosted at the camp for two clinics in the mobile van. The response to our eight hours there was overwhelming! Fifty-five patients were seen, 54 were tested and five cases of chlamydia were subsequently diagnosed and treated. We plan to repeat services for the camp in 2026.

2025 Challenges:

1. **Loss of staff** in four key clinic positions made it difficult for staff to provide full-time services. In 2025, we lost one full-time provider, the clinic manager left administration to return to full time clinical work, and our health educator and LPN left. In 2026, we have filled 3 of these four positions and are poised to continue and increase clinic work.
2. **Teen engagement** continued to be challenging in 2025. We are seeing lower numbers of teens in person. With the mobile van staffed and having a regular schedule, we plan to see more teens in remote locations. The new health educator is also working hard in 2026 to reach teens. This coordinated approach to decreasing barriers for Greene County residents accessing Community Health services will continue to expand our services to teens in 2026.
3. **Transportation** continues to be an issue for about one out of every eight patients. The lack of public transportation and minimal medical transportation services makes it difficult for patients outside of Catskill to travel to the clinic. We will continue to increase use of telehealth and mobile events to help reach all corners of the county in 2026.



Social Media

Our new health educator has been working on engaging with followers more through Facebook and Instagram, and by tagging other participating organizations in our posts. She developed partnerships with Columbia Greene Addiction Coalition & Mental Health Association of Columbia-Greene Clubhouse fairly quickly, so engagement from followers increased when they were tagged in collaborative posts. In 2025, Community Health Family gained 36 new followers, had 848 new profile visits, and 33,000+ views on Facebook and Instagram.

School Outreach:

Our health educator provides outreach in 5 out of the 6 school districts in Greene County in the middle and high school health classes. Student surveys consistently reflect the students becoming more comfortable talking about sexual health and seeking medical care. Students report they are less likely to initiate sexual activity after education.

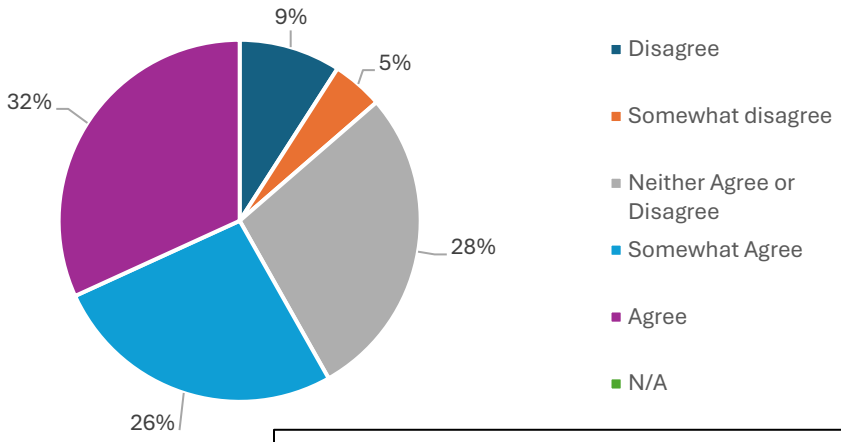
SCAN ME

To decrease barriers to teens accessing services, Community Health continues to promote a QR code for the high school health teachers to hang in their rooms. This was helpful in 2024. Unfortunately, the new statewide cell phone ban in classrooms has impacted our ability to use QR codes in schools, so we must reimagine this approach in 2026.

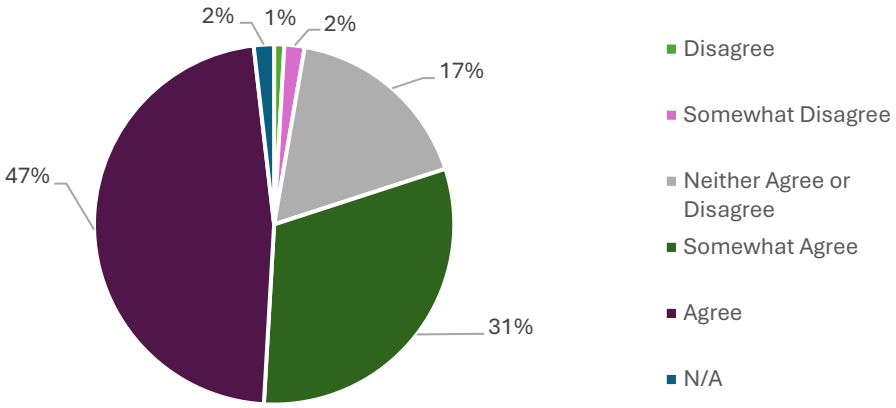
In 2025 11% of our clients were under age 19, an increase from 10.1% in 2023.

- *Students are presented with surveys to complete at the end of the class sessions.*
  (N=110 for the following graphs - 2025 Q4)

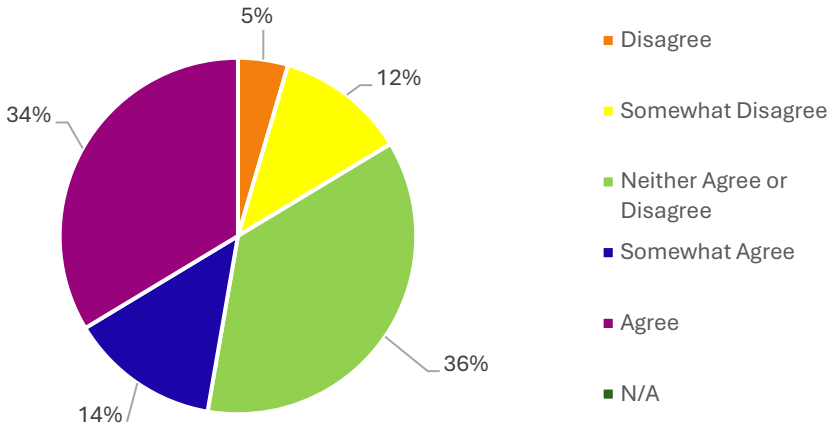
I feel comfortable talking with a partner, trusted adult, or others about sexual health.



I am more likely/comfortable to get medical care ffor STI testing and treatment, if necessary.



I feel like I am less likely to engage in sexual activity.



Community Health (Family Planning) Services

Clients are seen by our Senior Clinic Aides or a nurse who room the client, collect vital signs and any pre-arranged testing, and chart in our electronic medical record (EMR) system. They are then seen by the Nurse Practitioners (NP), who complete the interview, exam and formulate a plan of treatment. Our RN conducts stand-alone visits for depo injections and Plan B. They also see clients before and after the NP for venipuncture, immunizations, or other injections. Counseling is completed by all clinic staff who interface with clients and all client interactions are documented in the EMR. The health educator is available for clients who want additional education. Our certified peer recovery coach meets with patients who have an opioid use disorder to help them with their recovery goals.

Our services are aligned with the current (last updated in 2024) U.S. Office of Population Affairs recommendations for quality family planning (QFP). At Community Health we recognize that high quality sexual and reproductive health (SRH) care is person-centered, evidence-based, inclusive, accessible, and trauma-informed. Staff are trained at least annually to ensure that everyone is abiding by these principles. All patients are screened to assess their need and desire for SRH services. Our services include:

STI Testing		
	2024	**2025**
Chlamydia	766	969
Gonorrhea	772	960
HIV	456	455
Syphilis	346	389

STI and HIV Services. Our health educator counsels on the benefits of abstinence as primary prevention in our school-based outreach. In the community and the clinic, we encourage the use of condoms and the adoption of safer sex behaviors to reduce the risk of HIV and STIs. We offer testing and treatments for the following STIs: chlamydia, gonorrhea, HPV, herpes, syphilis, Mycoplasma, Ureaplasma, and Trichomonas. We screen and test those at risk for Hepatitis C.

All clients are encouraged to be screened for HIV. We offer HIV PrEP (pre-exposure prophylaxis), HIV PEP, and since 2024 - doxy PEP. Doxy PEP is a dose of antibiotics taken after unprotected sex to reduce the risk of chlamydia, gonorrhea, and syphilis if exposed. We have linkages for care for those who test positive for Hep C and HIV, and initiate HIV follow up care immediately.

Chlamydia is the number one cause of infertility in women and often has no symptoms. *Screening young women is an evidence-based strategy to reduce the burden of disease and improve fertility and birth outcomes.*

In 2025, 78% of females under 25 years old seen by Community Health were screened for chlamydia.

Family Building. We support any of the variety of ways people may want or need to build their families. We offer personalized, non-biased, nonjudgmental, medically appropriate care including pre-pregnancy care, basic fertility services, referrals to medically assisted reproduction or adoption services.

Pregnancy Options. Pregnancy testing is offered for eligible visits.

- For those clients who want to have a child, counseling is completed to improve their health prior to conception and during pregnancy by helping them to reduce or quit smoking, reduce or stop illicit drug use, control their diabetes, reduce high blood pressure and reduce obesity
- For those with a positive pregnancy test, factual and non-directive options counseling is discussed. Pregnant individuals are referred to OB care or for a termination depending on their decision after counseling.
- For those not desiring pregnancy, and interested in contraception, education is provided.

Person-Centered Contraceptive Services. A person-centered contraceptive care approach is used to help ensure that people are offered contraception services that are in alignment with their individual values, preferences, needs, and desires. This includes using quality contraceptive counseling techniques and offering information about and access to a full range of hormonal and non-hormonal contraceptive options, including permanent methods by referral.

- **We offer a range of effective to highly effective contraceptive methods with same day access and low cost**. The contraceptive options include: three levonorgestrel IUDs and the copper IUD for emergency contraception and long-term use, the etonogestrel implant, combined hormonal contraceptive pills, the ring, the patch, progestin only pills, medroxyprogesterone injections, and by prescription: contraceptive gel, foam, and sponges. Natural family planning is also taught as a method using cycle beads and smartphone applications.

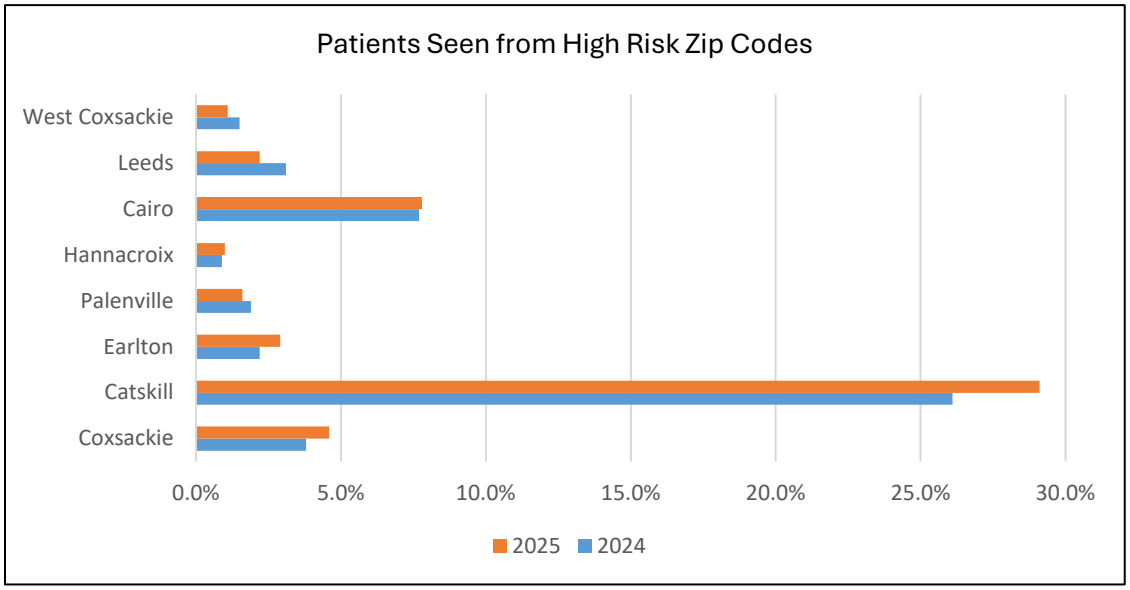
Screening and Preventive Health Care Services. Eligible patients are screened for colon, cervical, thyroid, breast, skin, endometrial, testicular and ovarian cancers. We have on-site colposcopy to expedite the follow up for abnormal pap smears. Additionally, all patients are prompted to complete a mental health screening (the PHQ9) as well as social determinants of health screening annually. If a patient screens positive, we can link them to a variety of mental health as well as social care providers in our area.

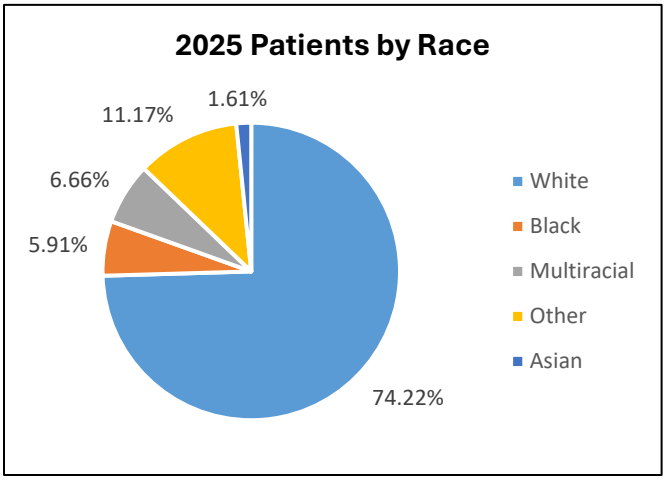
	2024	2025
Colposcopies	31	19
Pap Smears	253	264
Abnormal Pap Smears	33	21
Mammogram Referrals	132	129

Youth-Friendly Services. We work with teens from our local Youth Clubhouse to make sure our services are accessible, acceptable, equitable, appropriate, and effective for adolescents. We also try to get these young people to participate in our I&E meetings when possible. Our Health Educator has initiated listening sessions on teen vaping to gather information and engagement on their thoughts on how it's affecting themselves or peers around them. She hopes to continue these listening sessions to further gather information of the types of support we can provide in terms of vaping/tobacco cessation, or educational information for them to share with their peers.

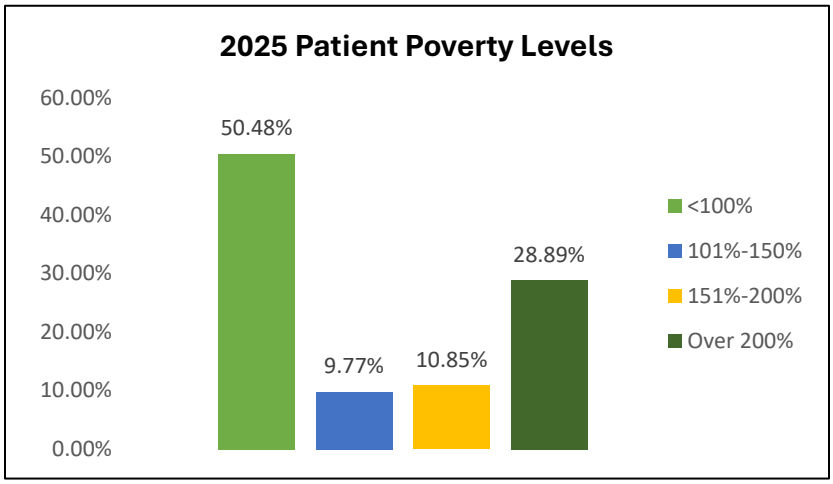
Without these vital services, Greene County residents would have no access to low cost, sliding fee or free reproductive health care.

Our Family Planning grant specifically funds us to provide outreach and services to the following vulnerable populations in our community.





Racial/Ethnic minorities: The clinic is in a predominantly caucasian county; however, we serve a greater percentage of minorities than the county with the high-risk zip codes representing even higher percentages of minorities served. According to County census data, 89.8% of Greene County residents are white, 6.1% black and 6.3% Hispanic. In 2025, the average number of minorities served by the clinic was 25.8%, which is a 5% increase from the year 2024. We are seeing more Hispanic patients. In 2025, 20.4% of our patients identified as Hispanic.



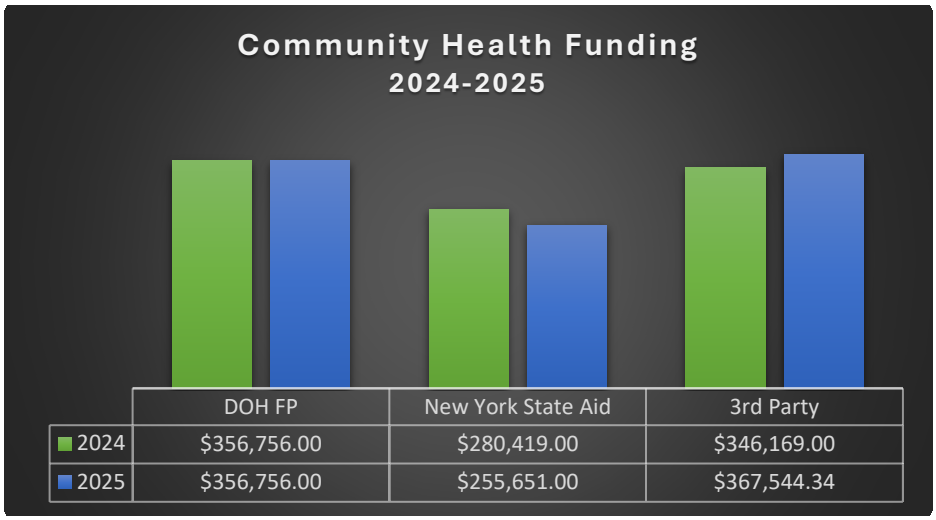
LGBTQ population: Family Planning staff has participated in training to be culturally sensitive when serving patients identifying as LGBTQ. Our EMR now includes a mandatory screen for a person to identify their gender and sexual preferences. Because of this, we see that our numbers of patients identifying as LGBTQ+ has increased from 2021 to 2025.

Individuals with limited English proficiency:
We use the Language Line for clinic visits when a patient prefers a language other than English. In 2025, 5.8% of patients required a translator for their visit. More than 90% of non-English speaking patients are below 100% of the Federal Poverty Level.

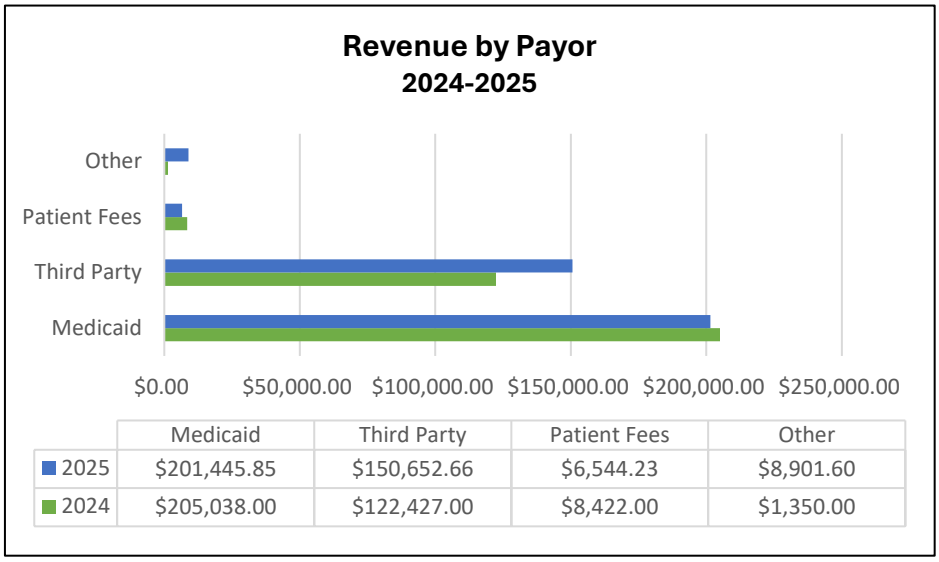
Medication for opioid use disorder has been proven to be effective at treating withdrawal and reducing opioid cravings. Continuing this treatment improves the chance that the fetus will grow normally and be carried to term. (Source: https://www.acog.org/womens-health/faqs/opioid-use-disorder-and-pregnancy)

People in active drug use and recovery are at higher risk of having adverse reproductive outcomes which could include late or no prenatal care, polysubstance use during pregnancy, and inability to parent the child due to social and criminal history related to their substance use. Since 2019 our program has been offering medication for opioid use disorder (MOUD) by prescribing buprenorphine, sublingual and injectable formulations. Since starting to provide MOUD, we have seen 300 patients for this service. A benefit to being treated in our clinic is that their reproductive intentions are discussed and access to highly effective contraceptives is supported if desired. In 2025, Community Health had 141 MOUD patients, including 61 newly enrolled patients.

Revenue: All revenue generated is used to offset the county share of our services. We are mindful of the costs to the taxpayers of Greene County and look for opportunities to remain sustainable.



	DOH FP	New York State Aid	3rd Party
2024	$356,756.00	$280,419.00	$346,169.00
2025	$356,756.00	$255,651.00	$367,544.34



	Medicaid	Third Party	Patient Fees	Other
2025	$201,445.85	$150,652.66	$6,544.23	$8,901.60
2024	$205,038.00	$122,427.00	$8,422.00	$1,350.00

Hosting Students:
The clinic hosted several students in 2025. One Nurse Practitioner student for 100 hours, one Master's nursing student, two nursing students for 40 hours, and four Albany College of Pharmacy students for one week each. This is an excellent opportunity for the students to learn in an underserved area, and for the staff to impart knowledge and wisdom.

Quality Assurance (QA) 2025. At our monthly staff meetings, we report the number of new and unduplicated patients seen through the family planning program. We look at the percentage of patients seen who were seen by age, race, ethnicity and poverty level. We brainstorm on ways to reach these underserved populations.

Community Health QA Accomplishments in 2025:

- Ensured newest clinical provider was supervised by the Public Health Medical Director for monthly chart reviews.
    - There was a 46% increase in Medical Director chart reviews from 2024-2025. This was mainly due to required Physician Assistant supervision.
- Patient satisfaction surveys completed for Community Health patients with provider scores of 4.5/5 or better.

Sample of Reviews Received:

- Professional, compassionate and a good listener. Very knowledgeable, gives a thorough exam and is an asset to the clinic.
- Great. Very understanding and always helps when I have specific questions or concerns. It takes a special type of person to do what this team does every day, and I am very thankful to get to work with them on my recovery.
- Amazing taking my blood.
- Wonderful, informative, knowledgeable, professional provider.
- Professional and I felt comfortable talking.
- Always listens to what you have to say. Never rushes me. Makes sure I understand my medication.

- Provided QA training for MOUD Coordinator, LPN, medical receptionist who were new hires to gather QA data during quarterly audits.
- Assisted with NYSDOH Article 28 application for our Mobile Van to expand community outreach.
- One new policy developed and 57 policies were revised/updated.

Greene County Community Health Goals for 2026:

- **Better connecting patients to social services** through careful social needs screening and care management services. We have entered into an agreement with Healthy Alliance to participate in the New York State Medicaid 1115 waiver. This will allow the clinic to provide additional services such as housing, food, and transportation to qualified patients and be reimbursed for this work. This will also allow other local organizations to refer patients to our clinic for sexual and reproductive health and medication treatment for opioid use disorder.
- **Launch rebrand/Publicity campaign**. We are excited to launch the full Greene County Community Health rebrand marketing campaign in 2026!
- **Connect more Greene County youth to services** via the mobile clinic, telehealth, or in-house (at the Catskill or Columbia Greene Community College clinic sites).
- **Increase patient volume** (i.e. "in the clinic, on the road and over the web").
- **Continuing quality improvement activities** including projects to improve speed and accuracy of electronic medical record charting and increase patient volumes.

Number of patients at Community Health Clinic 2024-2025		
	2024	**2025**
<18	59	55
18-25	194	209
25-40	556	539
41+	251	256
Total	**1060**	**1059**

In closing, we would like to thank the Legislature and County Administrator for all their support for this vital program.

Respectfully submitted,
Carrie Gordon-Stacey, MSN, CNM, Clinic Administrator

APPENDIX: Link to March 2025 KDD Report