

MEMORANDUM

April 1, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Briefing and Discussion: Report of the Montgomery County Reproductive Health, Advocacy, and Education Work Group**

At this session the Committee will be briefed on the findings and recommendations of the Montgomery County Reproductive Health, Advocacy, and Education Work Group. The presentation will be provided by Dr. Susan Wood, Ph.D., Associate Professor and Director of the Jacobs Institute of Women's Health at the George Washington University School of Public Health and Health Services.

A memo from Councilmember Trachtenberg forwarding the report to the HHS Committee is attached at © 1. The report is attached at © 2-21. Highlights include:

- There are an estimated 30,560 women aged 13-44 in Montgomery County who are in need of publicly supported reproductive health/contraceptive services. This estimate is based on the methodology used in a 2006 Guttmacher Report. It assumes that women who are aged 20 and above and whose income is below 250% of the federal poverty level would need these services as would all sexually active women aged 13-44 regardless of their income. (© 7)
- Like the rest of the nation, Montgomery County has seen a recent rise in the teenage birth rate. 2007 data for Montgomery County indicates that off all births (all ages) 3% were to White teens, 4% were to Black teens, and 7% were to Hispanic teens. (© 9)
- A summary of services provided at five county clinics (© 11-12)
- A summary of barriers to providing family planning services from the perspective of a provider and from the perspective of men and women trying to access these services. (© 17)

As a related manner, Delegate Mizeur and Senator Pugh were lead sponsors in introducing legislation to this year's General Assembly that proposed to expand eligibility for family planning services in the Medicaid program to all women whose incomes are at or below 250% of federal poverty guidelines (FPG). The bills have not yet been acted on in either the House or Senate. The Department of Legislative Services' fiscal and policy note says that, "Expansion of family planning services to uninsured women with incomes between 116% and 250% of FPG will result in savings to the Medicaid program due to the anticipated reduction in the number of Medicaid births, pregnancy and labor complications, low birth weight babies, infant mortality, and sexually transmitted diseases. The amount of savings cannot reliably be estimated at this time but is expected to be significant..." The note says that the average cost of a Medicaid birth is \$19,000. There would be savings associated with every unplanned pregnancy that would be prevented through expanded family planning services.

The fiscal note uses the following assumptions:

- Approximately 68,500 Maryland women ages 19 to 44 are uninsured and have incomes between 116% and 250% of FPG;
- 40,467 will be eligible for and will either be automatically enrolled or choose to enroll in Medicaid under the expansion;
- The per enrollee cost for family planning services in fiscal 2012 will be \$307;
- Total family planning service costs will be \$12.4 million; and,
- An 80% federal matching rate will be provided for personnel and family planning service costs.

The HHS Committee will hold its first budget worksession on the Department of Health and Human Services' Public Health Services on Monday, April 12th. Council staff suggests the Committee use this session to identify questions or information requests they may have regarding women's reproductive health that should be addressed as a part of the Council's FY11 budget worksessions.

MEMORANDUM

To: Councilmember George Leventhal, Chair, HHS Committee
Councilmember Nancy Navarro

From: Councilmember Duchy Trachtenberg



Date: February 4, 2010

Re: Report Issued by the Reproductive Health Education and Advocacy (RHEA) Work Group

Attached you will find a copy of a report provided by the Montgomery County Reproductive Health Education and Advocacy Work Group. This collaborative effort was led and implemented by the Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services.

The study documents a growing need for reproductive health services in Montgomery County and highlights significant racial and ethnic disparities with respect to the need for these services in the County. Although White women comprise 55% of the population in Montgomery County, it is Black (25%) and Hispanic (22%) women who are proportionately most in need of publicly supported family planning services.

Similar to national trends, Montgomery County, Maryland has experienced an increase in teen birth rates, particularly among young Hispanic women. In 2007, nearly 3% of all births in Montgomery County were to teenagers 18 years old or younger, and Hispanic teens were more than twice as likely to give birth as their White or African American counterparts.

The report describes the current landscape of reproductive health services in Montgomery County Maryland and provides insight into the strengths and needs of service delivery sites, as well as perceptions of barriers women face when accessing or trying to access services. This assessment utilized existing County level data from the Guttmacher Institute and results from a quantitative web based survey of family planning clinics in Montgomery County Maryland.

There are many solid recommendations of this work effort-notably a recommendation to convene a county task force on Teenage Pregnancy. My office has begun drafting a resolution for this purpose. I would respectfully request an opportunity to discuss this needs assessment and service array evaluation at a future HHS worksession. A discussion on such a task force resolution could potentially be entertained at that worksession as well. As always, I am available for any questions or suggestions you may have on what I consider an important report on the status of reproductive health programming in Montgomery County.

CC: Councilmembers

**Reproductive Health Services in
Montgomery County, Maryland**

January 25, 2010

Submitted by:

The Montgomery County Reproductive Health, Advocacy, and Education Work Group with the
Jacobs Institute of Women's Health at
The George Washington University School of Public Health and Health Services

Susan F. Wood, PhD
Amita N. Vyas, PhD
Marquita N. Campbell

On June 29, 2009, Montgomery County Councilmember Duchy Trachtenberg announced the creation of a new a reproductive health work group to develop a blueprint to meet the growing reproductive health care needs of women residing in Montgomery County Maryland.¹

Members of the Reproductive Health, Advocacy, and Education Work Group² include:

- Susan F. Wood, PhD, Associate Professor and Director, Jacobs Institute of Women's Health, The George Washington University School of Public Health and Health Services
- Marielsa Bernard, Associate Judge, Montgomery County Circuit Court
- Dana Beyer, MD, Senior Adviser to Councilmember Duchy Trachtenberg, Montgomery County Council
- Jenny Blasdell, Executive Director, NARAL Pro-Choice Maryland
- Paul Burka, MD, FACOG, Clinical Associate Professor of Obstetrics & Gynecology, The George Washington University Medical Center
- Karen Butler-Colbert, MSN, CRNP, Executive Director, Teen and Young Adult Health Connection
- Barbara Clark, MSN, CRNP, Clinical Director, Mobile Medical Care
- Jennifer Cryor Baldwin, Montgomery County Commission on Women
- Carol W. Garvey, MD, MPH, Chair, Primary Care Coalition of Montgomery County
- Maria Gomez, RN, MPH, President and CEO, Mary's Center for Maternal and Child Care
- Sharon Grosfeld, former Maryland State Senator
- Lisae C. Jordan, Esq. General Counsel, Maryland Coalition Against Sexual Assault
- Laura Meyers, PhD, President and CEO, Planned Parenthood of Metropolitan Washington
- Regina L. Oldak, Montgomery County Commission on Women
- Wendy Royalty, MSW
- Jennifer Todd, DrPH, Director, Public Health Science Program, University of Maryland
- Alan Trachtenberg, MD, MPH Adjunct Associate Professor, Community Medicine, The George Washington University School of Public Health and Health Services
- Amita N. Vyas, PhD, Assistant Professor and Director, Maternal and Child Health, The George Washington University School of Public Health and Health Services
- James F. Walters, Professor, Montgomery College TP/SS
- Linda Wright, MD, Deputy Director, National Institute for Child Health and Human Development

¹ Montgomery County News Release, June 29, 2009

² Affiliations are listed for identification purposes only

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I. Introduction and Background

The following report was a collaborative effort of the Montgomery County Reproductive Health Advocacy and Education work group, and was led and implemented by the Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services. This report describes the current landscape of reproductive health services in Montgomery County Maryland and provides insight into the strengths and needs of service delivery sites, as well as perceptions of barriers women face when accessing or trying to access services. This assessment utilized existing County level data from the Guttmacher Institute and results from a quantitative web based survey of family planning clinics in Montgomery County Maryland.

In 1988, Montgomery County Maryland was home to six county and three private family planning clinics. Upon a recommendation from the Montgomery County Department of Health eight years later in 1995, the Montgomery County Executive made a decision to close down all of its County family planning clinics and to ask one private agency with two clinic sites to be the exclusive provider of family planning services in the County.³ In return, the Montgomery County Council agreed to pass through all Title X money that was previously appropriated for the County's family planning clinics to these private clinics.³ A second agency was founded in 2000 without County funding to meet the considerable unmet needs in the County, creating a total of 3 low-cost family planning sites in the County until 2008. With pressure from the County Council, the available public family planning funding was more widely distributed in 2009, enabling the second non-profit agency to open an additional clinic site and a District of Columbia agency to open a site in Montgomery County. In addition, a private hospital agreed to supplement its maternity services with family planning services for women on Medicaid, so that, as shown in Table 1, there are currently six family planning clinic sites in Montgomery County, Maryland. This report will provide a basic assessment of the family planning clinics in Montgomery County to examine gaps in meeting the current needs.

³ Personal communication, Carol Garvey, 2009

Table 1.

Montgomery County Clinics (1988- 2009)

1988 (n=9)	1995 (n=2)	2008 (n=3)	2009 (n=6)
<p>County Clinics</p> <ul style="list-style-type: none"> • Rockville • Silver Spring • Colesville • Wheaton • Gaithersburg • Poolesville <p>Private Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) • Dr. Chester Wagstaff 	<p>Family Planning Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) 	<p>Family Planning Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) • TAYA (Silver Spring) 	<p>Family Planning Clinics</p> <ul style="list-style-type: none"> • Planned Parenthood (Silver Spring) • Planned Parenthood (Gaithersburg) • TAYA Health Connection (Silver Spring) • Mary's Center for Maternal and Child Care (Takoma Park) • TAYA Health Connection (Gaithersburg) • Shady Grove Germantown (Medicaid patients only)

II. Epidemiological Assessment: The Need

In 2006, there were approximately 201,690 women residing in Montgomery County.⁴ Approximately 50% (107,560 women) were in need⁵ of contraceptive services and supplies and of those over 17,000 had a family income at or below 250% of the federal poverty level. It is estimated that in 2006, over 30,000 women and teens in Montgomery County were in need of publicly supported⁶ contraceptive services and supplies as defined by the Guttmacher Institute. (See Table 2)

Table 2.⁴

Women of Reproductive Age and Need for Contraceptive Services (2006)			
	All women aged 13-44	Women needing contraceptive services and supplies	Women in need of <u>publicly supported</u> contraceptive services and supplies
US Total	66,380,710	36,214,680	17,485,330
Maryland	1,285,390	695,420	258,560
Montgomery County	201,690	107,560	30,560

⁴ Guttmacher Report, 2006

⁵ Women are defined as in need of contraceptive services and supplies if they are aged 13-44 and meet the following criteria: (1) they are sexually active; that is, they have ever had sexual intercourse; (2) they are fecund, meaning that neither they nor their partners have been contraceptively sterilized, and they do not believe they are infecund for any reason; and (3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant.

⁶ Women are defined as in need of publicly supported contraceptive care if they meet the criteria for needing contraceptive services and supplies, plus at least one of the following: (1) they are aged 20 or older and their family income is below 250% of the federal poverty level, or (2) they are younger than 20, regardless of family income level.

As shown in Tables 3 and 4, there are significant racial/ethnic disparities with respect to need. Although White women comprise 55% of the population in Montgomery County, it is Black (25%) and Hispanic (22%) women who are proportionately most in need of publicly supported family planning services.⁷⁸

Table 3.⁷

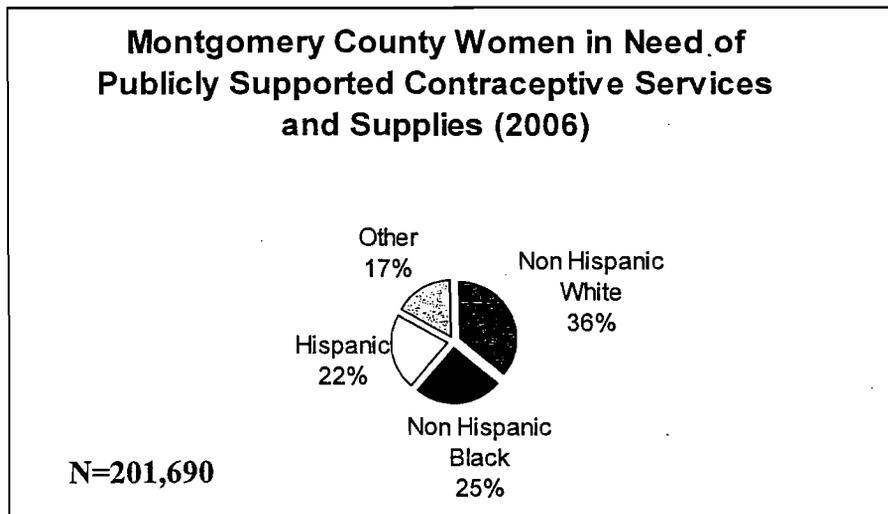
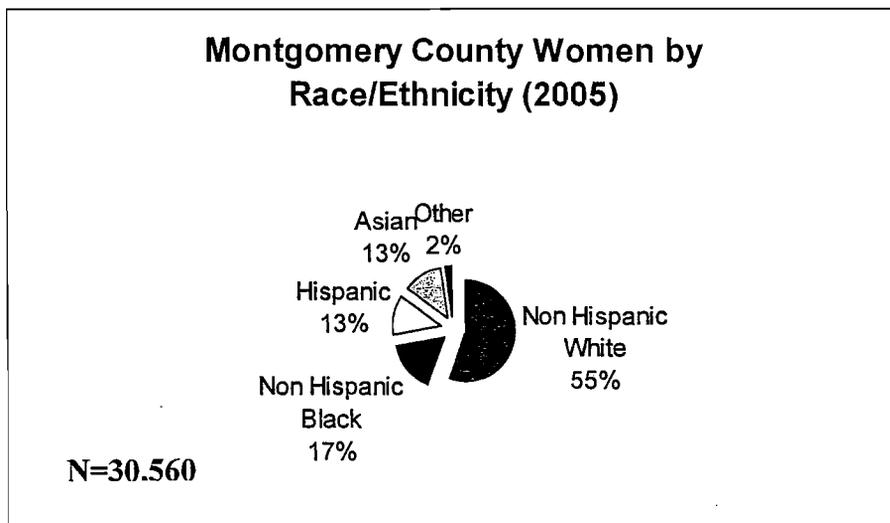


Table 4.⁸



⁷ Guttmacher Report, 2006

⁸ Montgomery County Commission for Women Report, 2007

Unintended Pregnancy and Teen Pregnancy

In the 1980's there was a significant increase in teenage pregnancies in the United States.⁹ However, by 2005, the teenage pregnancy rate had decreased by 41% from its peak in 1990.¹⁰ Unfortunately, recent national trends from the National Center of Health Statistics report a 5% increase from 2005 to 2007 in the birth rate for teens aged 15 to 19 years⁹ with most of this increase having occurred in 2006. Similar to national trends, Montgomery County, Maryland has also experienced an increase in teen birth rates, particularly among young Hispanic women. In 2007, nearly 3% of all births in Montgomery County were to teenagers 18 years old or younger, and Hispanic teens were more than twice as likely to give birth as their White or African American counterparts.¹¹ Data from 2007 examining teen births by race/ethnicity in the County shows that among all women who gave birth to their first child, 3% were White teens, 4% were Black teens and 7% were Hispanic teens.¹¹ Clearly, a more in-depth understanding of the social, behavioral and cultural determinants of teen births among Hispanic girls in Montgomery County is necessary to better address their needs at both the policy and programmatic level.

III. Methods

The findings in this report are from a web-based survey of family planning clinics in Montgomery County and was designed and implemented by faculty and staff from The Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services. The survey consisted of 42 multiple choice questions and 2 open-ended questions, and focused on 10 key domains: general information, demographics, accessibility, funding/insurance, communication, organizational structure, referrals and reminders, staffing/training, reporting requirements for child abuse, and barriers to providing services. (See Table 5.) Members from the Montgomery County Reproductive Health, Advocacy, and Education Work Group reviewed and pilot tested the web-based survey before it was distributed.

⁹ National Center for Health Statistics, 2009

¹⁰ Guttmacher Report, 2006

¹¹ Maryland Vital Statistics Administration, 2007

Table 5.

Web-based Survey	
Domains	Measures
General Information	<ul style="list-style-type: none"> • Self identification of “family planning” clinic status • Services provided
Demographics	<ul style="list-style-type: none"> • Description of the clinic target population by age and gender • Information about the number of clients served in 2007, 2008, and first 6 months of 2009
Accessibility	<ul style="list-style-type: none"> • Transportation options • Types of advertisements used • How clients learn about services • Acceptance of walk-in clients
Funding/Insurance	<ul style="list-style-type: none"> • Types of funding sources received • Acceptance of clients insurance • Percentages of uninsured or self-pay • Sliding fee scale
Communication	<ul style="list-style-type: none"> • Translation services • Information or resources available and visible in the waiting room or patient room in other languages
Organizational Structure	<ul style="list-style-type: none"> • The usual waiting period for a family planning appointment for a “new” patient • The usual waiting period for a family planning appointment for an “established” patient • Mechanisms in place to remind patients about appointments • Mechanisms in place to follow up with patients who missed appointments
Referrals	<ul style="list-style-type: none"> • Mechanisms in place for patients who need referrals for further testing • Referrals for mental health • Referrals for intimate partner violence
Staffing and Training	<ul style="list-style-type: none"> • The number of doctors, physician assistants, nurse practitioners, nurses, nursing assistants, administrative staff (Full Time Equivalent) • After-hour provider availability • Perceptions of staff adequacy • The number of staff trained in adolescent health and development • The number of patient educators
Reporting	<ul style="list-style-type: none"> • The mandated reporter of child sexual assault/abuse
Barriers to Providing Services (open-ended questions)	<ul style="list-style-type: none"> • Respondent’s perceptions of barriers to providing family planning services • Respondent’s perceptions of barriers women/men face when trying to access reproductive health services

IV. Results

Eleven agencies were invited to participate in a voluntary web-based survey: four non-profit family planning agencies (representing 6 clinic sites) and seven pregnancy crisis centers and/or termination clinics. Of the 11 agencies contacted, 3 (representing 5 clinic sites) completed the web-based survey: Planned Parenthood of Metropolitan Washington (combining both Silver Spring and Gaithersburg clinics), Teen and Young Adult Health Connection (Silver Spring), Teen and Young Adult Health Connection (Gaithersburg), Mary's Center for Maternal and Child Care and Birthright.¹²

Below, is a summary of the web-based results for the family planning clinics by domain:

A. General Information

Three family planning agencies representing 5 clinic sites completed the survey and 2 agencies identified themselves as a "family planning clinic". Four of the 5 clinics primarily serve Montgomery County clients and all 5 clinics accept walk in patients. All clinics provide gynecologic care as well as multiple types of contraceptive services and STD treatment. Three clinics provide prenatal care with the 2 others providing referral to prenatal care. One clinic site provides pregnancy termination.

Table 6. Types of family planning services provided by Montgomery County clinics (n=4)

Types of family planning services	# of clinics who provide services
❖ Gynecological Care	5
❖ Pre-Natal Counseling	3
❖ Pre-Natal Care	3
❖ Referrals for Pre-Natal Care	2
❖ Types of Contraceptives	
• Oral	5
• NuvaRing	5
• Depo-Provera	5
• IUD	5
• Male condoms	5

¹² As only partial responses were received from the crisis pregnancy center, this report contains only analyses resulting from the publicly funded family planning clinics.

• Female Condoms	4
• Diaphragm	4
• Cervical Cap	2
• Implanon	1
• Emergency contraceptives	5
❖ STD testing and treatment	5
❖ HIV testing	5
❖ Hepatitis C Testing	3
❖ Pregnancy Terminations	1
❖ Primary Care	2
❖ Pediatrics	1
❖ Intimate Partner Violence Counseling Referral	5
❖ *Other: Case Management	1
❖ *Other: Vaccinations	1
❖ *Other: General Counseling	1

B. Patient population Demographics

Of the 5 clinics, all serve both female and male clients, one serves clients under 12 years of age, and two provide services for homosexual and transgender individuals. All sites provide Spanish translation services and one site has language line services. Table 7 provides clinic reported data on the number of clients served between 2007 and 2009.

Table 7. Number of Montgomery County clients served between 2007 -2009 by clinic (n=4)

	2007	2008	First 6 months of 2009
Clinics 1 and 2	8824	6969	4588
Clinic 3	1550	2100	1500
Clinic 4	Not Open	~250	~250-300
Clinic 5	Not Open	Not Open	300
Total Clients Served	10,374	~9,319	~6,638-6,688

C. Accessibility

As shown below, most clinic sites are available to patients via public transportation and most clinics utilize some form of marketing to reach out to patients in the County. Interestingly, only one clinic reported education and outreach as a means to publicize their services in the County.

Table 8. Montgomery County Clinic Public Transportation Options (n=5)

Types of transportation	# of clinics who are public transportation accessible
Metro Train	3
Metro Bus	5
Ride On	5

Table 9. Publicity/Outreach used by Montgomery County Clinics (n=4)

	# of clinics who provide publicity options
Advertisement	4
• Fliers	4
• Network with other organizations	3
• Newspaper	1
• Radio	2
Family/Friend Referral	4
School Nurses	3
Other Organizations that service the same population	3
Education and Outreach	2

The survey also found that the usual waiting period for a Family Planning appointment for a NEW patient was more than one day for 3 clinics and more than one week for 1 clinic. With respect to appointments for ESTABLISHED patients, 3 clinics have a waiting period of more than one day, but 1 clinic is able to see patients on the same day.

D. Funding/Insurance

All of the clinics accept uninsured patients, and all clinics have a sliding scale payment option with \$0/free services. Three of the four clinics receive Title X funds and some clinics receive other public funds (See Tables 10 and 11)

Table 10.
Types of Funding Received by Montgomery County Clinics¹³ (n=5)

	# of clinics who receive funding
Title X funds	3
Title XX funds	1
Other Federal funding (FQHC)	1
MOCO (Montgomery Well- Woman)	2
Montgomery Cares	1
*Other: Montgomery Care for Kids	1

Table 11. Percentage Montgomery County clinic clients who are uninsured or self-pay (n=5)

	% of clients uninsured or self-pay
Clinics 1 and 2	69
Clinic 3	90
Clinic 4	85
Clinic 5	95

E. Reminders & Referrals

Reminders systems are an important process for all health care delivery sites and all five clinics provide clients with reminders for upcoming appointments and 3 clinics reach out to clients after missed appointments. All 5 clinics provide referrals for both mental health services and intimate partner violence.

¹³ Most clinics report more than one funding source

Table 12. Montgomery County clinic follow-up and referral mechanisms to contact Clients (n=5)

	# of Montgomery County clinics who have a follow-up or referral mechanism to contact clients
To remind clients about UPCOMING appointment	5
To remind clients about MISSED appointment	3
To contact patients who have been referred for further services	2
To provide Mental Health referrals	5
To provide Intimate Violence referrals	5

F. Staffing and Training

Three of the clinics reported having an after-hour licensed on-call provider, and 2 of the clinics allow clients to choose their own provider. Four of the clinics perceived that they are adequately staffed. However, 3 of the clinics reported not having any staff trained in adolescent health and development, 2 clinics reported having between 1 and 3 staff members with adolescent health and development training.

Tables 13 and 14 identify the providers who provide health education and the number of full time staff at each clinic. As shown, various types of clinic staff provide health education, and the clinics have between 7 and 12 full time staff. Nurse practitioners and medical assistants make up a significant part of the staff with only one clinic having physicians as full time staff.

Table 13. The number of clinics who provide client/patient education by staff provider (n=5)

Types of staff	# of clinics who provide client/patient education
Physician	1
Physician Assistants and Nurse Practitioners	4
Nurses	1
Certified Health Educator	3
Counselors	2
Medical Assistant	1
Social Worker	1

Table 14. The number of Full Time Equivalents (FTEs) staff at each clinic

	Physician(s)	Physician Assistant(s)	Nurse Practitioner(s)	Nurse(s)	Nursing/Medical Assistant(s)	Administrative Staff	Total
Clinics 1 and 2	0	0	2	No Response	8	2	12
Clinic 3	0	0	2	0	1	4	7
Clinic 4	2	0	1	1	3	2	9
Clinic 5	0	0	2	0	1	4	7

G. Reporting

All clinics indicate that the person who identifies child abuse and the health care provider is the person required to report it to authorities. Other staff or management is also identified as responsible for reporting child abuse in several of the clinics (Table 15)

Table 15. Mandated reporter(s) in charge of reporting of child abuse in Montgomery County clinics (n=5)¹⁴

Mandated reporter	# of clinics
Director	3
Provider	5
Social Worker	3
Administrative Staff	2
Person who identifies the abuse	5

¹⁴ Most clinics report more than one mandated reporter

H. Barriers to Providing Family Planning Services

All four clinics provided information regarding their perceptions of barriers to care from both a clinic perspective as well as their observations of barriers to care faced by women accessing or trying to access services. Given much of the data provided in the survey, the list of barriers cited is surely not surprising and is in line with other studies looking at barriers to care, particularly for low-income women.

Survey respondent's *perception* of barriers to providing family planning services in Montgomery County include:

- Access
- Cost of facilities and supplies
- Too many patients and not enough providers
- Cost to both the provider and patient
- Low reimbursement levels

Survey respondent's *perception* to barriers women and men face in Montgomery County when trying to access reproductive health services include:

- Access
- Fear of being reported, (i.e. illegal status)
- Fear of judgment
- Embarrassment
- Lack of knowledge of where to go
- Lack of insurance
- Lack of money for childcare
- Lack of money for transportation

V. Discussion & Recommendations

The findings in this report bring together County level data with clinic-specific characteristics and needs. Together, these findings shed light on areas of concern from both a provider perspective and that of low-income women residing in the County. According to the 2006 Guttmacher report, approximately 30,000 women are in need of publicly supported contraceptive services and supplies in Montgomery County, Maryland.¹⁵ The data analysis from this web-based survey reveals that in 2007, Montgomery County family planning clinics serviced approximately 10,374 clients and 9,319 clients in 2008. In the first 6 months of 2009, Montgomery family planning clinics served approximately 6,638 clients. This indicates an increase in use of family planning clinics by over 40% compared with last year. It also suggests that only about 1/3 of women in Montgomery County in need of publicly supported reproductive health care are currently receiving it. There may be an even greater unmet need during this recession. Because of increasing capacity, greater numbers of women were served in the first six-months of 2009 than in earlier 6-month periods. Regardless, the need for reproductive health and family planning services among low-income women and teens far surpasses the services provided through public funding in Montgomery County. It is probable that some low-income women may be receiving family planning services through private medical providers or through publicly funded clinics outside of Montgomery County. However, it appears that substantial numbers of low-income women and teens are not accessing care.

Several recommendations have been put forth by the Reproductive Health, Advocacy, and Education work group regarding publicly funded reproductive health services:

- **Recent national trends indicate that teen births are on the rise and that after 15 years of a downward trend, it is time to refocus attention to adolescent pregnancy and births. Montgomery County is home to a large number of Hispanic teens for whom the teen birth rate is disproportionately high—the County may want to consider convening a task force to take an in-depth look into the unique**

¹⁵ Guttmacher Report, 2006

reproductive health and service needs of this population. Furthermore, the majority of staff at the clinics who responded to the survey do not have adequate training in adolescent health and development and this may be an immediate area of need that clinics can address. Although several small studies have been conducted around the County, there has not been a recent coordinated effort to bring together data to inform future policy and programmatic efforts by family planning clinics.

- Only one clinic in the survey identified education and outreach as a method of publicizing and marketing services. Outreach efforts into specific communities ought to be considered in order to meet the needs of low-income women. Reaching out to community organizations and faith based groups may be one way to provide broad-based health education as well as information on services available to women residing in Montgomery County. Furthermore, use of new social media and other web 2.0 technologies may assist clinics in reaching populations of need, particularly young people.
- Immigration status/legal status was cited as a barrier women may face when seeking care and needs to be addressed.
- Minority women disproportionately comprise the low-income population in Montgomery County. Reproductive health services must have the resources to provide culturally competent services to meet this growing and large demand.
- Efforts should continue to expand capacity and access by increasing the number of family planning sites and broadening their geographic reach. Findings from a recent Guttmacher Institute report illustrated how robust family planning waiver programs along with Title X subsidies affect availability of family planning services. The County may consider advocacy at the state level that would lead to a more expansive family planning waiver program modeled after New York, California, Washington, Oregon, Wisconsin or one of the other states with healthier waiver programs.
- Finally, this report may be viewed as a first step in gathering pertinent information on barriers to reproductive health care for women in Montgomery County Maryland. The work group recommends further study and assessment to

identify other avenues by which Montgomery County women obtain family planning services since the need is substantial. Furthermore, it should be noted that in FY09, as a result of the scarcity of family planning services in the county, the Montgomery County Primary Care Coalition added several oral contraceptive formulations and other contraceptive methods to its drug formulary.¹⁶ Initial results from publicly funded primary care clinics have confirmed that some of them provide limited family planning services to their patients. The Montgomery County Reproductive Health, Advocacy, and Education Work Group can continue to collaborate with the Jacobs Institute of Women's Health at The George Washington University School of Public Health and Health Services to query and describe the Montgomery Cares clinics and other points of care that provide both primary care and family planning services to more clearly define the unmet need in Montgomery County, and to consider new strategies and recommendations to address this need.

¹⁶ Personal communication, Carol Garvey, 2009

References

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