

## **PUBLIC REPRODUCTIVE HEALTH SERVICES IN MONTGOMERY COUNTY**

The League of Women Voters of Montgomery County, MD has not specifically studied reproductive health services, except briefly, in the context of other studies such as health care of immigrant populations or mental health services for adolescents. The League of Women Voters U.S. has a strong position on reproductive health, based on a two-year study undertaken in 1990 of the funding and delivery of health care in the U.S. The final position included the following statement: "...The League supports quality affordable health care for all U.S. residents. We should all have access to a basic level of care, including disease prevention, primary care (including prenatal and reproductive health), acute long term care, mental health care and health promotion and education." Some of our local positions on preventive care also enable us to advocate for improved family planning health services.

The Health Committee considered it important to look into the current status of county public family planning services and determine how well they are meeting the needs of women in a time of economic uncertainty and budget cuts. A greater than expected rate of teen pregnancy and a high infant mortality rate in Montgomery County stand out as two major issues that challenge our health care system, and both of these rates are characterized by persistent disparities that challenge our society.

This Fact Sheet will cover the history of public reproductive health care in Montgomery County, current family planning services, financing and eligibility, reproductive health education in MCPS, teen pregnancy, the Maternity Partnership Program and infant mortality.

### **HISTORY AND BACKGROUND**

Prior to 1995, Montgomery County operated six county family planning clinics under the Montgomery County Department of Health and Human Services (DHHS) and had contracts with three additional private family planning clinics. Funding for these was largely through grants. In 1995, the county decided to close all its family planning clinics and contract with one private agency, Planned Parenthood, to be the sole provider of family planning services at two clinic sites. The funding previously appropriated for the county clinics was passed on to the private clinics. A second agency, Teen and Young Adult Health Connection (TAYA) was founded in 2000 to help cover the considerable unmet needs. Through 2008, only these three low-cost family planning clinics were available to low-income uninsured women.

In 2009, with pressure from the County Council, an additional clinic opened under TAYA, and Mary's Center for Maternal and Child Care, a District of Columbia agency, opened a clinic in Montgomery County. A sixth clinic became available when Shady Grove hospital expanded its maternity services to include family planning for Medicaid patients. In addition, Montgomery Cares, the county's health care program for the uninsured began to provide some reproductive health services.

In June of 2009, Council member Duchy Trachtenberg announced the creation of a new reproductive health workgroup to develop a blueprint to meet the growing needs of women residing in Montgomery County. This effort of the Montgomery County Reproductive Health, Education and Advocacy Work

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Group, was led by the Jacobs Institute of Women's Health at the George Washington University School of Public Health and Health Services. The twenty professionals from the county and region who made up the workgroup examined the current landscape of reproductive services to determine their strengths and deficiencies.

The workgroup's study report documented the need for expanded access to family planning services to low-income women, and recommended development of culturally competent services and expanded outreach to teens and men in targeted communities. It recommended that attention be focused on adolescent pregnancy and births, and noted that Hispanic teens in Montgomery County have a disproportionately high rate of pregnancy. The report also recommended that the county advocate at the state level for expansion of Medicaid coverage for family planning services through a federal Medicaid waiver. At that time Medicaid eligibility for family planning was available to women who earned up to 116% of the federal poverty level (FPL). A Medicaid waiver would have expanded the amount to 200% of FPL, covering many more women.

### **PUBLIC FAMILY PLANNING SERVICES**

The Guttmacher Institute defines the population of women in "need" of family planning services as women who are sexually active, aged 13-44; able to become pregnant, but not pregnant, post-partum nor trying to become pregnant; and either have a family income below 250% of the federal poverty level (FPL) or are younger than 20 years.

In 2008, 258,100 women in Maryland were in need of publicly supported contraceptive services and supplies. Title X-supported services provided contraceptive care to 74,100 Maryland women in 2008, representing 29% of those regarded to be "in need" of contraceptive services and supplies.

A Guttmacher report provided the following data on "need" in Montgomery County in 2006: the population of all women residing in the county aged 13-44 was 201,690. Of these, 50% (107,560) were in need of contraceptive services and supplies, and of those, 17,000 had a family income at or below 250% of the federal poverty level (FPL). It is estimated that in 2006 more than 30,000 women and teens in Montgomery County were in need of publicly supported contraceptive services and supplies, as defined by the Guttmacher Institute. Only 13,000 women in Montgomery County accessed family planning services through a publicly funded clinic.

There are significant racial/ethnic disparities with respect to need. Although white women comprise 55% of the population of Montgomery County, it is Black (25%) and Hispanic (22%) women who are proportionately most in need of publicly supported family planning services. Racial/ethnic disparity is demonstrated in rates of infant mortality and teen pregnancy.

Montgomery County public clinics are located in areas of the county having the greatest need for public services, down-county in Silver Spring and Takoma Park and up-county in Gaithersburg and Germantown. Most clinics are accessible by public transportation. All Montgomery County clinics provide the following services:

- Physical and pelvic exam
- Screening for breast and cervical cancer
- Family planning counseling
- Pregnancy tests and counseling
- Provision of birth control products
- Testing for sexually transmitted diseases (STDs)

Seven of Montgomery Cares' clinics provide pelvic exams, Pap tests and breast exams and five of those also provide family planning services including birth control for those who want it.

No abortion services are provided. Counseling for women with unwanted pregnancies includes objective discussion of all available options. One Planned Parenthood clinic in Montgomery County does perform abortions but there is no public funding, at any level of government, for these procedures.

Legislation was introduced in the Maryland General Assembly to expand Maryland's Medicaid eligibility for family planning to 250% FPL, but the bill was withdrawn because of high startup costs.

As of January 2012, the Maryland Department of Health and Mental Hygiene (DHMH) started a new Family Planning Program that provides Maryland women who are not eligible for Medicaid services, and earn up to 200% of FPL to receive Medicaid exclusively for family planning services. Women can enroll if they are under 51 years of age, are Maryland residents, are U.S. citizens or qualified aliens, and are not pregnant or trying to be pregnant.

The program covers the cost of pelvic exams, screening for STDs, advice on birth control methods, birth control pills and devices and permanent sterilization (men or women). There is no annual fee, or copay for any of the services or devices.

The STD/HIV clinics, located in Silver Spring and Germantown, provide additional testing and diagnostic evaluations of people testing positive for HIV. All those tested for HIV receive pre and post-test counseling. The program provides case management, HIV outpatient clinic services, HIV dental care, and nutritional and addiction counseling.

## **FUNDING AND ELIGIBILITY**

The Title X Program of the Public Health Service Act, established by Congress in 1970, provides public funding for family planning and preventive health screening services. Through Title X, the Federal Government sets family planning policy and its flexible grants fund subsidized client services and installation of family planning centers in communities and support of ongoing infrastructure.

Recently, in a March 15, 2012 letter urging members of the U.S. Senate to fully fund Title X and Family Planning Services, League president Elizabeth MacNamara wrote, "The League of Women Voters has a long-standing interest in programs and policies that provide access to health care for all residents of the United States. Since 1992...we have worked for comprehensive health care coverage for all Americans. The League has a strong commitment to the concept that public policy in a pluralistic society must affirm the right of privacy of the individual to make reproductive choices."

In considering public funding for reproductive health needs, it's important to be aware of any federal and state laws governing these decisions. In 1973 the Supreme Court ruled in the *Roe v Wade* decision: that anywhere in the U.S. 1) A woman and her doctor may freely decide to terminate a pregnancy during the first trimester. 2) State governments can restrict abortion access after the first trimester with laws intended to protect the woman's health. 3) Abortions after fetal viability must be available if the woman's health or life are at risk; state governments can prohibit other abortions. Congress prohibits federal funding of abortions in the Hyde Amendment, an annual ban Congress has passed every year since 1976.

Funding for Montgomery County's contractual services comes from a combination of County General Funds for Women's Health and the State Department of Health and Mental Hygiene Reproductive Health Family Planning grant, indirectly from Title X.

### **REPRODUCTIVE HEALTH EDUCATION IN MCPS**

The goal of the Montgomery County Public Schools (MCPS) Comprehensive Health Education program is to provide students with skills and strategies that encourage lifelong wellness. Comprehensive health education standards are integrated throughout the elementary, middle and secondary school curriculum of the MCPS. Standards are statements that are used to identify the essential knowledge and skills to be taught, and teachers use these standards to guide instruction and assessments.

National Health Education Standards and the Maryland State Curriculum Standards are combined with MCPS performance indicators to identify the essential knowledge and skills to be taught in Comprehensive Health Education classes. For health education to address student health needs effectively, teachers must adjust instruction based on the needs, interests, abilities, developmental levels and cultural background of the students.

One of the Key Concepts or categories included in the curriculum of the MCPS health education classes is Family Life and Human Sexuality. From Kindergarten through Grade 5, the concepts taught under Family Life and Human Sexuality center on what makes a healthy family, ways to resolve family conflicts and how family and peer relationships change during puberty. At Grade 6 students learn how changes during puberty prepare the body for reproduction and the process of human reproduction is described. In Grades 8 and 10 the Family Life and Human Sexuality concept looks in greater depth at topics such as sexual behaviors and decisions, the fertilization and implantation process, the birth process, principles of prenatal care and teen pregnancy. Abstinence is advocated as the most effective and healthy means for preventing pregnancy and sexually transmitted infections (STI). A comparison of the effectiveness of various contraceptive methods in preventing pregnancy and STIs is also discussed.

The classroom teacher is responsible for presenting the Family Life and Human Sexuality curriculum in the schools. For the more detailed instruction of grades 5, 8 and 10, special training in this curriculum is provided to the classroom teachers. Parental permission is not required for students to participate in this curriculum. However, parents may elect to "opt out" by providing a written request to exclude their children from participating. If a student has a question or concern that they do not wish to discuss in the classroom setting, they may go directly to the teacher, or a counselor, or the school nurse for a private discussion.

DHHS funds the Teen Pregnancy Prevention efforts of School Health Services which provide training and outreach materials for school nurses for prevention of early pregnancy and case management of pregnant and parenting teens.

### **Northwood High School Wellness Center**

The Northwood High School Wellness Center offers a model program in the MCPS that provides an array of preventive and primary health care, social and mental health services to promote healthy lifestyles and avoid risky behaviors that might result in teen pregnancy. Students enrolled in the center are tested for sexually transmitted diseases and treated when necessary. As part of both female and male empowerment groups, students receive reproductive health information as part of the curriculum.

In addition, the “Be Yourself” group includes a module targeting pregnancy and sexually transmitted disease prevention. Students who may be pregnant are able to join small support groups and also receive one-to-one counseling to encourage them to complete their education.

Crittenton Services of Greater Washington is another positive youth development organization that works with girls 13 to 19 in Montgomery County schools to prevent pregnancy and sexually transmitted infections (STI) and to promote parenting, life and leadership skills and to prepare them for college and meaningful careers.

### **TEEN PREGNANCY**

The Health and Human Services Committee and the Education Committee of the County Council have been monitoring teen pregnancy trends in the county for a number of years. In 2007, the committees held a briefing on teen pregnancies in response to 2005 data reflecting increasing adolescent births in the county, particularly for Hispanic females, aged 18-19. Subsequently, data from 2005-2007 evidenced a widening gap in the birth rate for Hispanic females aged 15-17 and those for African-American and White females.

Data from 2007-2009 was presented to these committees on September of 2011 showing wider gaps between the Hispanic birth rates and those of White and Black/African Americans. The Hispanic birth rate for 15-17 year olds was 2-1/2 times higher than that of the Black/African Americans and almost 4 times higher than that of the Whites.

In FY11, of the 189 parenting students known to School Health Services, 46 students were ages 18 or over; 139 were ages 15-17 and less than 5 were under 15. Eight students were parenting more than one child. The number of new and carryover pregnant students case-managed by School Health Services has dropped slightly from 337 in FY08 to 306 in FY11.

### **School-Based Pregnancy and Parenting Services**

When an adolescent becomes pregnant, case management is provided through School Health Services (SHS) of MCPS and Community Health Services (CHS) part of DHHS. Both entities provide the following to students in the MCPS:

- assessments,
- access to entitlement programs,
- referrals to resources,
- prenatal education,
- reproductive health counseling and referrals,
- parenting support.

MCPS provides home and hospital teaching (HHT) instructional services to pregnant and parenting teens who are unable to attend a regular school program due to a physical or emotional condition. The number of students receiving HHT services has dropped from 103 in FY08 to 81 in FY11. The total number of students receiving HHT services is significantly lower than the number of students receiving case management services from SHS. In FY11 65.4% of students receiving HHT services were Hispanic, 25.9% were Black, 6.2% were White and 2.5% were Asian.

A newly-funded, school-based study focused on reduction of pregnancy among Hispanic teens was recently initiated in the county by the George Washington University School of Public Health and Health Services in partnership with Identity Inc., Mary's Center, and TAYA. This 5-year, \$5 million

grant from the U.S. Department of Health and Human Services, Office of Adolescent Health, is designed to support local efforts to reduce teen pregnancy rates and risky behaviors among Hispanic youth. The study began in 10 schools and involves 1,000 teens who will be tracked for three years. Of the total, 500 will serve as a control group. Students will be provided with case management services, informal group sessions and message reinforcement with social media in an attempt to see what works best to reduce teen pregnancy. Identity is regarded as a strong program which already has a positive link with Hispanic youth. Part of this study entails getting insight into the attitudes of 9<sup>th</sup> and 10<sup>th</sup> graders and work with them to set goals and work to overcome barriers to achieve their goals.

### **MATERNITY PARTNERSHIP PROGRAM**

This county program is a partnership between the Department of Health and Human Services and three local hospitals: Holy Cross Hospital and Shady Grove and Washington Adventist Hospitals provide comprehensive hospital-sponsored prenatal care and delivery care to eligible low-income, uninsured residents of Montgomery County. In FY 10, 2,286 women were covered under this program, at a cost to the county of \$1,794,510. Holy Cross Hospital cared for 60% of these clients and the remainder were cared for at Shady Grove or Washington Adventist Hospital.

People learn about this program through brochures at churches, libraries, community centers, health fairs and through some of the minority initiatives and programs. To take part in the program, women must apply at the county's Service Eligibility Unit (SEU) office. They must bring a proof of pregnancy, proof of county residency and proof of income.

At the time of Eligibility Review, the SEU completes the Emergency Medical Application (EMA) to cover the costs of labor and delivery services. There is a co-payment for these, but it is usually reduced from the usual fee and may sometimes be waived.

Once the client is qualified, she is assigned to a DHHS area health center for orientation to the program and to get assigned to a community health nurse case manager and a hospital. At the health center the case manager provides prenatal information and links prenatal clients with community resources such as the WIC Nutrition program, housing or behavioral health services. The case manager makes home visits to at-risk pregnant clients, as needed. Dental Care and the 6-week post-partum visit are provided as part of the program and prenatal vitamins are dispensed. At the time of enrollment for prenatal care, a co-payment of \$450 from the patient is due.

All clinic work is done at the three participating hospitals and includes comprehensive prenatal care visits, sonograms, certain lab tests, genetic tests, prescription meds and labor and delivery, some of which may include additional costs.

Although the mother may not be eligible for coverage by Medicaid, the newborn is automatically enrolled in Medicaid after delivery, under the Maryland Children's Program (MCHP), without regard to the mother's documentation status. Because the child was born in the U.S., he or she is enrolled in MCHP even if the mother is undocumented.

### **THE CHALLENGE OF INFANT MORTALITY**

In spite of concerted efforts over the years, fetal and infant mortality remains a major public health problem in Maryland and in Montgomery County. Infant mortality refers to the number of infant deaths per 1,000 live births during the first year of life. Leading causes of infant deaths in Maryland include low birth weight, congenital abnormalities and Sudden Infant Death Syndrome (SIDS).

In 2009 the infant mortality rate for the state was 7.2 per 1,000 live births, and for Montgomery County it was 5.5. The White infant mortality rate for the county was 3.9 while the Black rate was 10.7. In 2010 the overall infant mortality rate for the county was 4.3. While Montgomery County has the fourth highest number of infant deaths in Maryland, it posted the second lowest Infant Mortality Rate (IMR) in the state in 2010, which was a decline from the previous year. Frederick County had the lowest at 3.2. For most years the Black infant mortality rate in Montgomery County exceeds 10 deaths per 1,000 births and is two to three times greater than the White infant mortality. In 2010, the Black IMR dropped to 7.0 per 1,000 live births. While the rates for both black and white infant deaths have come down, there persists an unexplained racial disparity that crosses educational and socio-economic levels. In a recent article in the Montgomery County Gazette, Dr. Jennifer L. Todd, director of the public health science program at University of Maryland, College Park, Universities at Shady Grove, pointed out that black women with a college degree still have higher infant mortality rates than white women who did not graduate from high school.

This important and complex public health issue has been rigorously addressed in Montgomery County through the work of the Fetal Infant Mortality Review (FIMR) board and the Community Action Team (CAT). The board conducts an in depth review of at least two cases of fetal or infant loss during each of its four yearly meetings. This usually involves a medical records review and a maternal interview. The CAT is an advisory/advocacy group made up of a wide range of representatives from public/private agencies and community advocates. They take specific recommendations made by the FIMR board and work on the most effective ways to put systems changes in place. The goal is to strengthen community resources and improve our public/private health service delivery systems. The League of Women Voters of Montgomery County (LWVMC) is a member of the CAT group.

Infant mortality has been described as an important indicator of the health of a community because of the many complex factors associated with it, including socio-economic status, access to health care, diet and life style. While research has failed to identify any certain causes for the racial disparities, some experts are looking to stressors as a potential cause of the higher black mortality rate according to Dr. Ulder Tillman, Montgomery County Health Officer. The stress borne by black women may not be evident even to them, but it may represent a possible risk factor. It's important to understand that African American women are at increased risk for fetal loss. This is a factor often overlooked by health care providers.

A stellar county program, Start More Infants Living Equally (S.M.I.L.E.), part of the African American Health Program, provides assessment of high risk pregnancies, case management of mothers and infants, home visits, education, support groups and referrals. Needed expansion of this important program depends on local and state funding.

In 2011 Governor Martin O'Malley made reducing infant mortality and racial disparities in infant mortality one of the administration's 15 strategic goals. As the lead agency of this goal, the Maryland Department of Health and Mental Hygiene (DHMH) developed a comprehensive Plan to Reduce Infant Mortality with input from stakeholders across Maryland.

Some of the proven interventions suggested by the State plan include:

- Expand family planning clinic sites to become Comprehensive Women's Health Centers.
- Expand eligibility for Medicaid family planning services to include all women at or below 200% of the federal poverty level (FPL) (in force on 1/12/2012).

Collaborate with home visiting programs and managed care organizations to expand access to case management during pregnancy.  
Develop a standardized post-partum discharge process.

## CONCLUSION

Family planning is an aspect of women's health that conveys multiple benefits to women and their families. Enabling equal access to family planning and other reproductive health services is a legitimate public health concern. Since 2008, Montgomery County has made significant strides in its reproductive health system, increasing the number of available clinics and the number of women who can access services. It is possible that, over time, increased access will help reduce the racial and ethnic disparity in teen pregnancy and infant mortality.

## SOURCES

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Interview with Dianne Fisher, RN, MA, Nurse Administrator, Women's Health, Department of Health and Human Services, Public Health Services

Discussions with Yvonne Hudson, LWVMC Education Chair and retired MCPS teacher who taught the 5th grade curriculum cited in the Fact Sheet

Discussion with Jane de Winter, Commission on Children, Youth and Families, on that group's findings on unmet reproductive needs of teens

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