

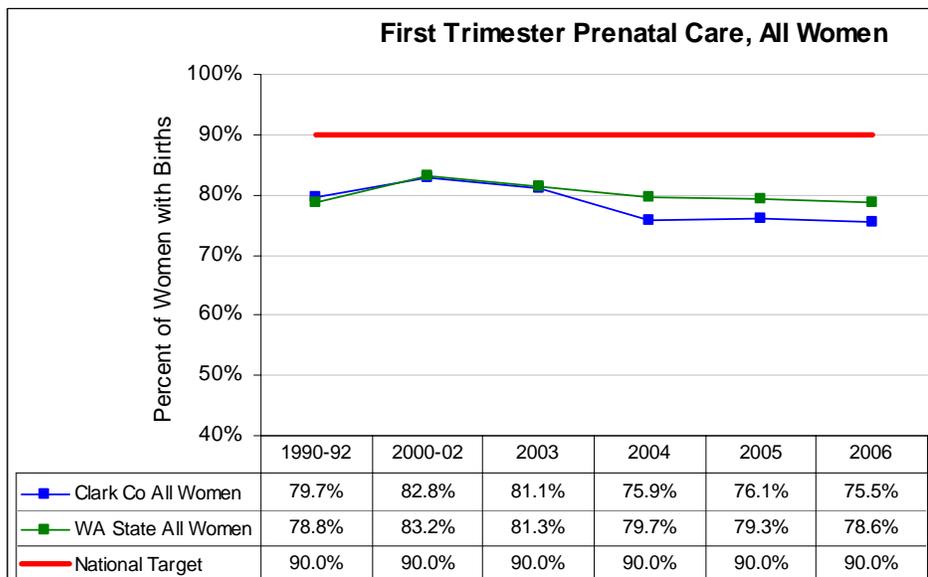


Is there an Access to Prenatal Care Crisis in Clark County? Report for May 23, 2008 Community Meeting

Prenatal care throughout pregnancy increases opportunities for improving the long-term health of mothers and their infants, thereby contributing to a healthier society and lower financial burden to families and taxpayers.¹

Healthy People 2010 describes three major components of prenatal care that contribute to reduced illness, disability, or mortality. The components are risk assessment, treatment for medical conditions or risk reduction, and education. Prenatal care helps identify and potentially mitigate risks factors that could contribute to poor birth outcomes. Some common examples of risk factors during pregnancy are tobacco smoking and alcohol use. Prenatal care is more likely to be effective if begun early in pregnancy.²

There is increased concern about the level of access to first trimester prenatal care in our community. This report discusses the current status of prenatal care access and highlights areas of disparity.



Source: Department of Social and Health Services, Research and Data Analysis. (February 2008). County Profiles: Birth and Unintended Pregnancy Statistics. Olympia, WA.

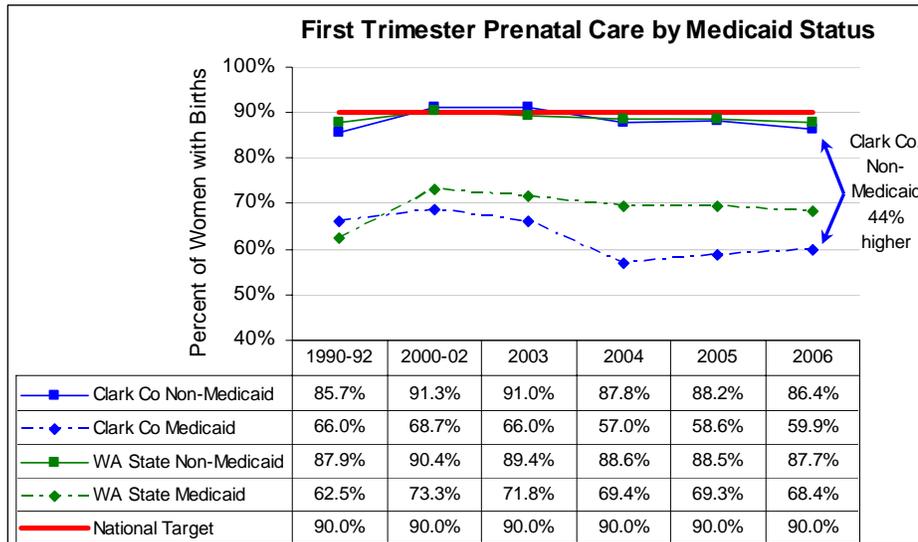
- The national target in *Healthy People 2010* is to increase the proportion of pregnant women who receive early prenatal care, beginning in the first trimester of pregnancy, to 90%.
 - National health objectives are taken from the US Department of Health and Human Services *Healthy People 2010*, the nationwide health promotion and disease prevention agenda.
- Neither Clark County nor Washington State have met the national target.
- Since 2003, first trimester prenatal care in Clark County and Washington State has declined.

¹ Washington State Department of Health. (July 2002). *The Health of Washington State. Prenatal Care*. Olympia, WA. Retrieved January 2008 from <http://www.doh.wa.gov/hws/HWS2002.htm>.

² U.S. Department of Health and Human Services. (November 2000). Maternal, Infant, and Child Health: Prenatal Care (Objective 16-6). In *Healthy people 2010, Volume II (second edition)*. Washington, DC. Retrieved March 2008 from <http://www.healthypeople.gov/Document/tableofcontents.htm>.

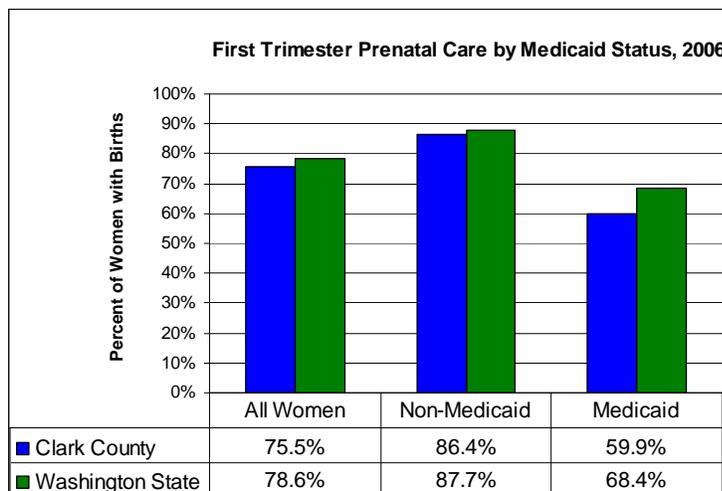


Differences in Prenatal Care by Medicaid Status



Source: Department of Social and Health Services, Research and Data Analysis. (February 2008). County Profiles: Birth and Unintended Pregnancy Statistics. Olympia, WA.

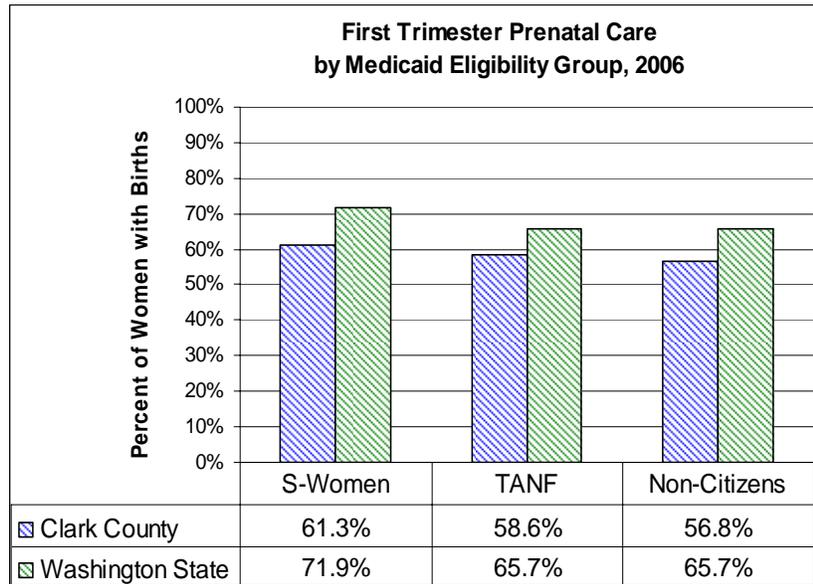
- In general, there is a gap between first trimester prenatal care between those women enrolled in Medicaid and those who are not.
- In Clark County, a large disparity in access to first trimester prenatal care exists between Medicaid and Non-Medicaid pregnant women, a difference of 44%. This is considered a significant difference.



Source: Department of Social and Health Services, Research and Data Analysis. Table 1. Washington Women with Births in 2006 and First Trimester Prenatal Care by County (missing PNC excluded). (First Steps Database 12/11/07).

- In 2006, the percent of all pregnant women in Clark County receiving prenatal care in the first trimester (75.5%) was significantly lower than Washington State for all women (78.6%).
- Clark County's percent of Medicaid women receiving first trimester prenatal care was statistically lower than Washington's, 59.9% and 68.4%, respectively.
 - Of 5,690 Clark County women with births in 2006, 2,332 (41%) were Medicaid and 3,358 (59%) were Non-Medicaid.
 - Overall, Clark County had a lower percentage of Medicaid-paid births than Washington State (41% compared to 47%).

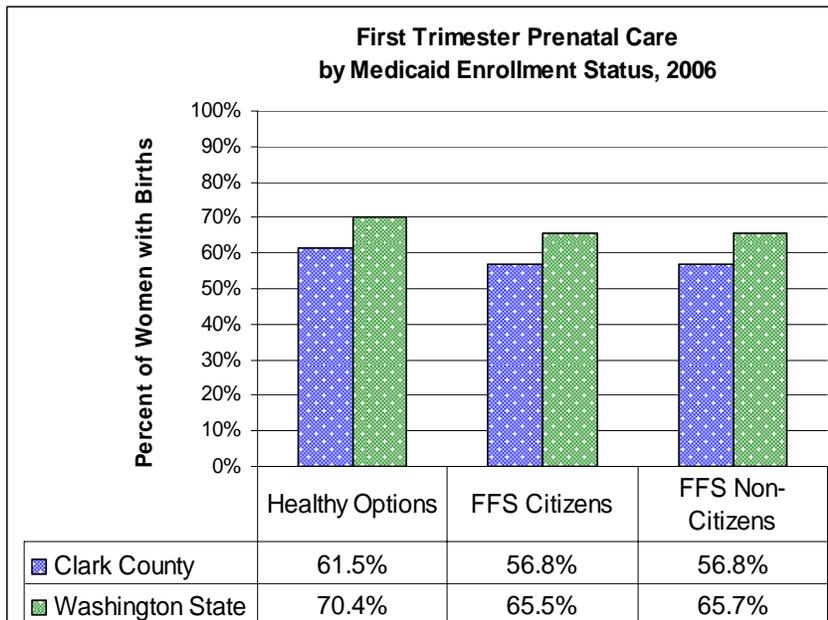
Differences in Prenatal Care by Medicaid Eligibility Group



Source: Department of Social and Health Services, Research and Data Analysis. Table 1. Washington Women with Births in 2006 and First Trimester Prenatal Care by County (missing PNC excluded). (First Steps Database 12/11/07).

- Women enrolled in S-Pregnancy Medical (S-Women) received first trimester prenatal care more often than other Medicaid groups.
 - The S-Women are Medicaid eligible solely because of their pregnancies. They have incomes at or below 185% of poverty.
- Women enrolled in Temporary Assistance for Needy Families (TANF) were slightly less likely to receive first trimester prenatal care than S-Women, and at similar rates to Non-citizens.
 - The women enrolled in TANF/AFDC are the lowest income population and are eligible for Medicaid before pregnancy. They receive cash grants in addition to Medicaid coverage. They generally have incomes lower than 50% of poverty.
- Non-Citizen women on Medicaid were least likely to receive first trimester prenatal care.
 - Clark County had a lower percent of non-citizen Medicaid-paid births than Washington State, 6.2% and 10.1%, respectively.
 - Non-Citizen pregnant women on Medicaid lack permanent residency status (undocumented) and have incomes at or below 185% of poverty.
 - If eligible, qualified aliens who have resided in the U.S. for 5 years or more can receive regular Medicaid coverage. They are not included in the Non-Citizen category. In Washington State, these are primarily Hispanic women.

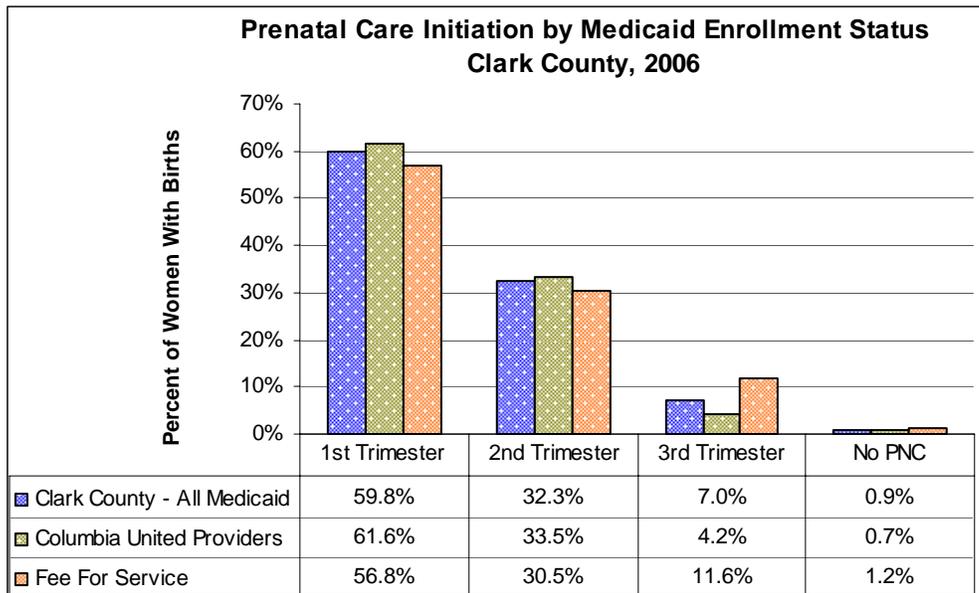
Differences in Prenatal Care by Medicaid Enrollment Status



Source: Department of Social and Health Services, Research and Data Analysis. Table 1. Washington Women with Births in 2006 and First Trimester Prenatal Care by County (missing PNC excluded). (First Steps Database 12/11/07).

- Women enrolled in Healthy Options (managed care) received first trimester prenatal care more often than women enrolled in Medicaid fee-for-service (FFS).
- Women enrolled in Medicaid FFS, also known as “open medical coupons,” were less likely to receive first trimester prenatal care compared to Healthy Options.
- Non-Citizen women’s first trimester entry into prenatal care is similar to that of other fee-for-service women.
 - Non-Citizen women who receive special pregnancy only Medicaid coverage are not eligible for managed care.

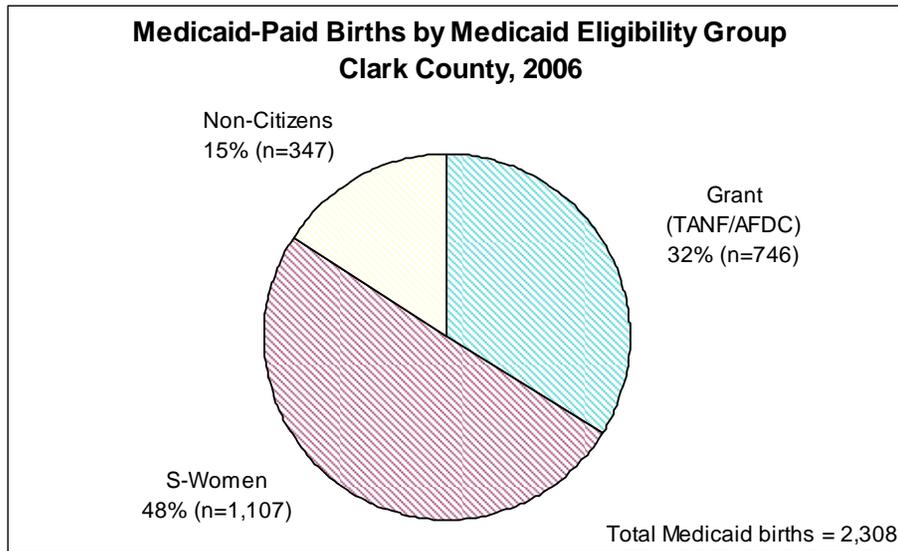
Prenatal Care Initiation by Medicaid Enrollment Status



Source: Department of Social and Health Services, Research and Data Analysis. Table 2. Prenatal Care Initiation for 2006 FFS and HO Births: Select Counties, by Plan. (First Steps Database 12/11/07).

- There were 2,214 Medicaid women with births in Clark County during 2006 for which trimester of prenatal care initiation was known.
 - Plans with a small number of enrollees are not shown, and women enrolled in Basic Health Plan are excluded.
- Of Medicaid women, there were 64% enrolled in managed care, mostly through Columbia United Providers.
- Of Medicaid women, there were about 36% enrolled in Medicaid fee-for-service.
- Fee-for-service women were less likely to begin prenatal care early in their pregnancies.

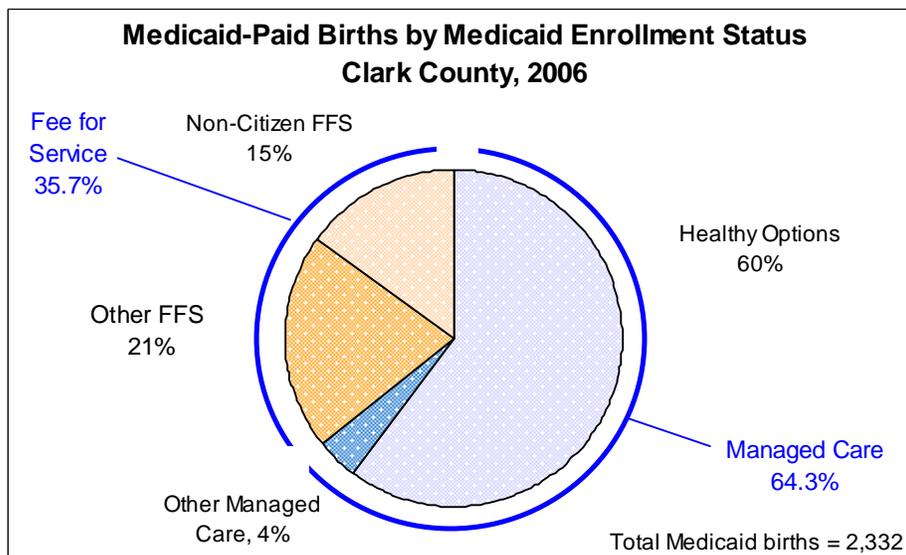
Distribution of Medicaid-paid Births by Eligibility Group



Source: Department of Social and Health Services, Research and Data Analysis. Table 1. Washington Women with Births in 2006 and First Trimester Prenatal Care by County (missing PNC excluded). (First Steps Database 12/11/07).

- S-Women accounted for one-half of the Medicaid-paid births.
- TANF/AFDC women accounted for one-third of the Medicaid-paid births.

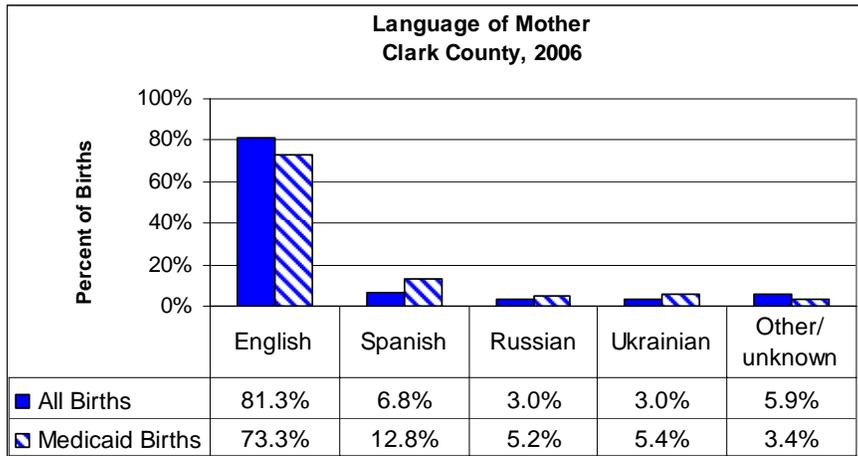
Distribution of Medicaid-paid Births by Enrollment Status



Source: Department of Social and Health Services, Research and Data Analysis. Managed Care Enrollment Status for Women with 2006 Medicaid-Paid Births in Washington. (Table E2, First Steps Database 10/30/07).

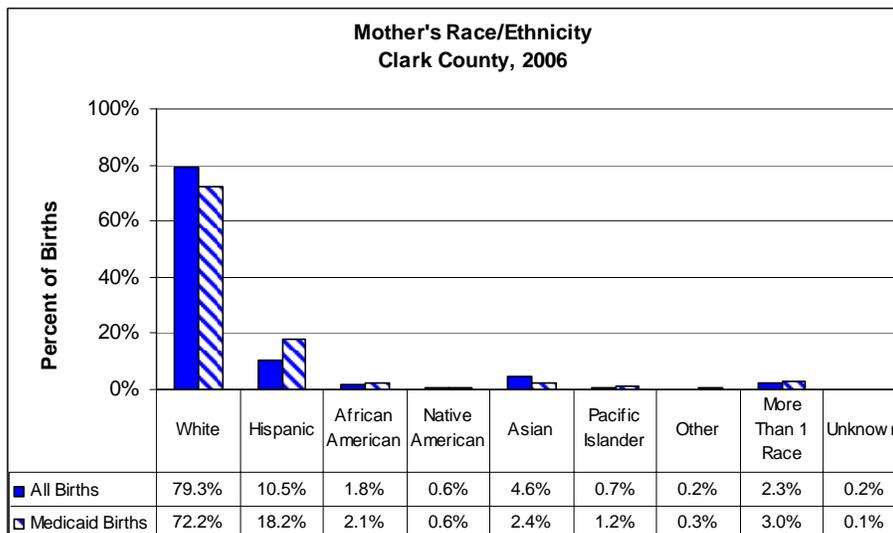
- Clark County had 64.3% of pregnant Medicaid clients enrolled in managed care.
- The majority of women (60%) were on Healthy Options.
- About one-third of women were fee-for-service.
- Clark County had more women enrolled in managed care than Washington State, (64.3% and 54.1%, respectively).

Selected Demographics of Mother



Source: Department of Social and Health Services, Research and Data Analysis. Data on Live Births, 2006. (First Steps Database).

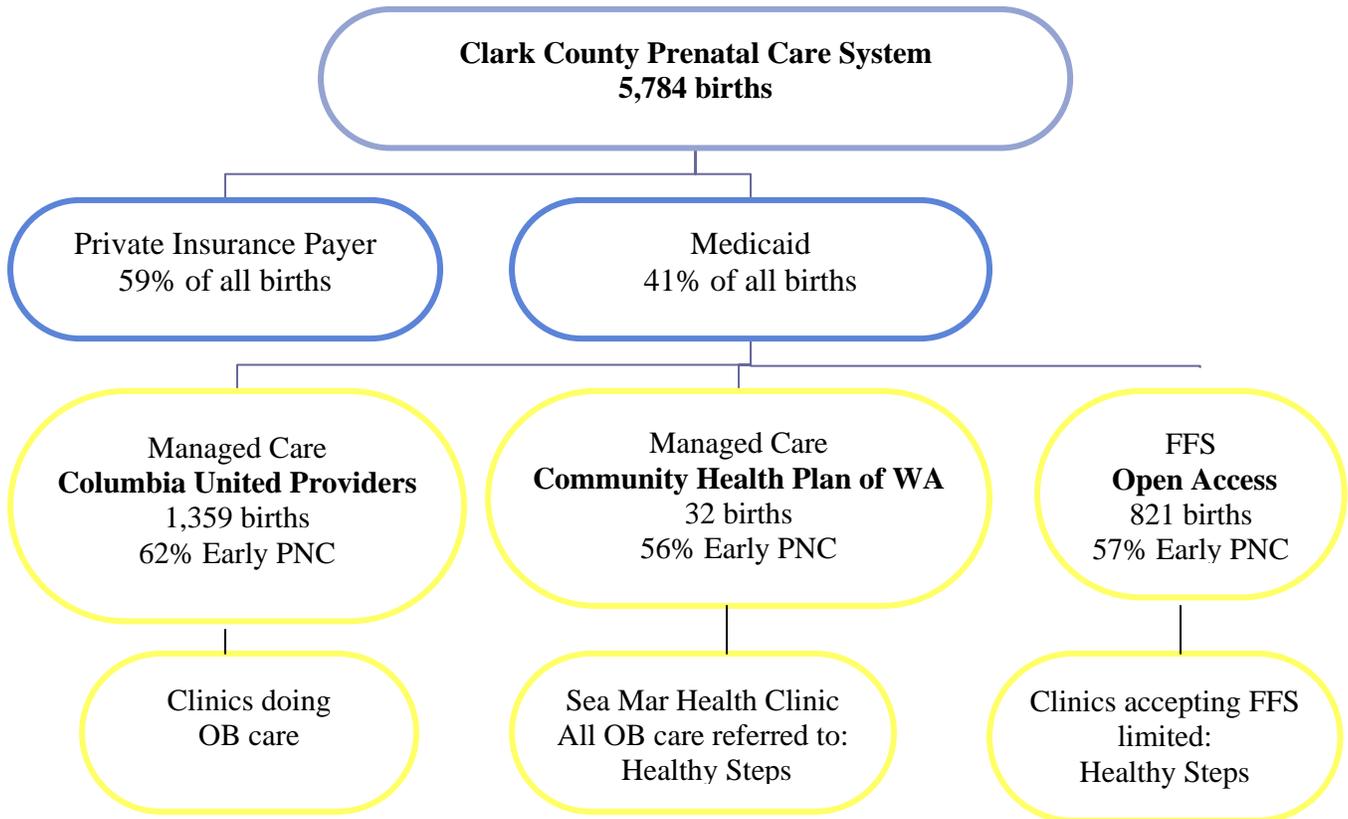
- In Clark County in 2006, fewer Medicaid women who gave birth spoke English as a native language compared to all women who gave birth. (n=1,704).
 - Language was based on country of birth, and not necessarily a measure of current capability/fluency.
- After English, Spanish was the second most common native language among women enrolled in Medicaid who gave birth. (n=297).
- Russian and Ukrainian were native languages for 10.6% of Medicaid women. (n=245).



Source: Department of Social and Health Services, Research and Data Analysis. Data on Live Births, 2006. (First Steps Database).

- In Clark County in 2006, the majority of women giving birth and enrolled in Medicaid were white, 72.2% (n=1,679).
- The largest group after white was Hispanic at 18.2% among Medicaid births (n=424).
- Hispanics comprise a larger percent among Medicaid births than All Births overall (18.2% compared to 10.5%).

Clark County - Prenatal Care Access by Payer (2006)



- The majority of Clark County women enrolled in Medicaid are in managed care (66.8%).
 - Plans with a small number of enrollees are not shown, and women enrolled in Basic Health Plan are excluded.
- In a survey of local primary care providers completed in 2004, 25% of OB-GYNs reported accepting new FFS Medicaid coverage and 69% reported accepting new Managed Care Medicaid coverage. This compares to 94% reporting the ability to accept new private insurance coverage.

Clark County Summary

- Below national target and Washington State for first trimester prenatal care for Medicaid women
- First trimester prenatal care rate for Non-Medicaid women is 44% higher than for Medicaid women
- Majority of Medicaid women are enrolled in managed care
- Fee-for-service women less likely to receive early prenatal care
- TANF women and Non-Citizens were less likely to receive first trimester prenatal care than S-Women
- Most common native languages after English were Spanish, Russian, and Ukrainian
- Hispanics represented a larger percentage among Medicaid births than All Births

For More Information

- Project: Marni Storey, MS, ARNP, Public Health Services Manager, Marni.storey@clark.wa.gov or 360-397-8434
- Data: Melanie Payne, MPH, Epidemiologist, Melanie.payne@clark.wa.gov or 360-397-8491