Medicaid Maternal and Child Health Research

Population-based studies conducted by The Lawton and Rhea Chiles Center at the University of South Florida and The Maternal Child Health and Education Research and Data Center at the University of Florida
• Project Began 1998
• Initial Purpose: Provide AHCA, DOH and Healthy Start Coalitions descriptive statistics on pregnant Medicaid beneficiaries and their birth outcomes
• Expanded Purpose:
  – Identify socio-demographic, behavioral and health variables that influence birth and subsequent outcomes
  – Analyze direct and indirect effect of these variables on birth, infant and early childhood health and education outcomes
  – Recommend policy initiatives
• Population based data only

• Link health and education data files, including:
  - Medicaid eligibility
  - Vital statistics
  - Birth defects
  - Hospital discharge diagnoses
  - Healthy Start prenatal and infant screening
  - Healthy Start services
  - WIC enrollment
  - Child protective services
  - Student school records
Products

• Maternal Health Status Indicators with five year trends - descriptive statistics
  – Eligibility classification
  – Race/ethnicity
  – Type of provider
  – Adequacy of prenatal care
  – Birth outcomes

• Impact Analyses - special studies
  – Child maltreatment
  – Children’s performance in kindergarten and first grade
  – Cost/benefit of prenatal and child interventions
Variables Examined

- Medicaid participation
- Education
- Race/ethnicity
- Income
- Age
- Infant’s sex
- Marital Status
- Previous pregnancy experience
- Drinking during pregnancy
- Smoking during pregnancy
- Prenatal care
- Inter-pregnancy interval
- Plurality
- Parity
- Pregnancy health status
- Newborn health status
Findings
Findings

Medicaid funds 50% of prenatal care and deliveries

Number of Deliveries for Florida
By Medicaid Status, 1999-2003

50.2% Medicaid
49.8% Non-Medicaid

2003 Statewide Total
207,819 deliveries

50% of prenatal care and deliveries
Hispanics account for most of the growth in Medicaid deliveries between 1999 and 2003.

Percent Distribution of Medicaid Deliveries
By Race/Ethnicity, 1999-2003

<table>
<thead>
<tr>
<th>Year</th>
<th>Caucasian</th>
<th>African-American</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>39.3</td>
<td>28.7</td>
<td>30.5</td>
</tr>
<tr>
<td>2000</td>
<td>37.4</td>
<td>30.0</td>
<td>30.9</td>
</tr>
<tr>
<td>2001</td>
<td>36.5</td>
<td></td>
<td>33.1</td>
</tr>
<tr>
<td>2002</td>
<td>36.4</td>
<td></td>
<td>34.2</td>
</tr>
<tr>
<td>2003</td>
<td>36.4</td>
<td></td>
<td>34.7</td>
</tr>
</tbody>
</table>
74% of Medicaid prenatal care and deliveries are provided by fee-for-service providers.

### Percent Distribution of Medicaid Beneficiaries

**By Provider Type and Medicaid Subgroup, 2003**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Sobra</th>
<th>Non-Sobra</th>
<th>Medically Needy</th>
<th>Medicaid SSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS</td>
<td>73.7%</td>
<td>32.7%</td>
<td>74.7%</td>
<td>16.8%</td>
</tr>
<tr>
<td>MediPass</td>
<td>91.3%</td>
<td>15.4%</td>
<td>10.9%</td>
<td>36.1%</td>
</tr>
<tr>
<td>HMO</td>
<td>15.8%</td>
<td>51.9%</td>
<td>51.9%</td>
<td>47.1%</td>
</tr>
</tbody>
</table>

**Preferences of Medicaid Beneficiaries**

- **Total**: 74% for fee-for-service (FFS)
- **Sobra**: 91.3% for FFS
- **Non-Sobra**: 51.9% for FFS
- **Medically Needy**: 74.7% for FFS
- **Medicaid SSI**: 47.1% for FFS

**Summary**

- Fee-for-service providers account for the majority of Medicaid prenatal care and deliveries.
- The distribution varies significantly across different subgroups of Medicaid beneficiaries.
Findings

First Trimester Entry into Prenatal Care
By Medicaid Status, 1999-2003

78% of Medicaid beneficiaries enter prenatal care in first trimester.
Findings

Inadequate Prenatal Care
By Medicaid Status, 1999-2003

14% of Medicaid beneficiaries receive inadequate prenatal care.

African American beneficiaries have 42% greater rate of inadequate prenatal care than Caucasians.

Inadequate Prenatal Care
By Medicaid Status, 1999-2003

14% of Medicaid beneficiaries receive inadequate prenatal care.

African American beneficiaries have 42% greater rate of inadequate prenatal care than Caucasians.
Findings

Low Birth Weight Rate
By Medicaid Status, 1999 and 2003

Low birth rates increased for all women between 1999 and 2003.
Findings

Low Birth Weight Rates
By Race/Ethnicity, 2003

African American low birth weight rates are much greater than other groups.
Infant mortality increased 2% for non-Medicaid and 5% for Medicaid women between 1999 and 2002.

Infant Mortality Rate by Medicaid Status, 1999 - 2002

- Medicaid: 8.8% in 2002 (6.6% in 1999)
- Non-Medicaid: 5.2% in 2002 (5.1% in 1999)
- Statewide: 6% in 2002 (6.9% in 1999)
Findings

Infant mortality rates for African American Medicaid beneficiaries are 60% and 97% greater than Caucasians and Hispanics respectively.

### Infant Mortality Rates
By Race/Ethnicity, 2002

<table>
<thead>
<tr>
<th></th>
<th>Caucasian</th>
<th>African-American</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicaid</td>
<td>3.9</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>Medicaid</td>
<td>8</td>
<td>12.8</td>
<td>6.5</td>
</tr>
<tr>
<td>SOBRA</td>
<td>4.7</td>
<td>7.9</td>
<td>4.8</td>
</tr>
<tr>
<td>Non-SOBRA</td>
<td>8.8</td>
<td>8.7</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Findings

• Only 73% of pregnant Medicaid beneficiaries are enrolled in WIC

• 47% of Medicaid beneficiaries have an inter-pregnancy interval of less than 19 months compared to 37% of non-Medicaid women

• 12.4% of Medicaid beneficiaries compared to 3.8 non-Medicaid women report smoking during pregnancy. 28% of Caucasians report smoking during pregnancy — five times the rate of AA’s

• Adolescent pregnancy rates are 82% greater for Medicaid than non-Medicaid women.
Child maltreatment for one-year-olds increased steadily from 1996 to 2000.
Findings (continued)

- **Significant across all ages and all types of abuse:**
  - Low-income
  - Smoking during pregnancy
  - Less than or equal to high school education
  - Previous pregnancy experience, with greater than two children being most significant
  - Mother single
  - Mother younger than 17

- **Significant in first year of life:**
  - Mother older than 30
  - Poor pregnancy health status
  - First born
  - Mother black
  - Multiple birth

- **Significant at some time during the 6 year life stages:**
  - Mother younger than 19
  - Inadequate prenatal care
  - Mother drinking during pregnancy
  - Pregnancy interval less than 15 months
  - Poor newborn health status
• Additional Cost/benefit analysis

• Greater understanding of the quality of prenatal care provided to Medicaid beneficiaries —
  – is there any difference in the quality (continuity, content, scope) of prenatal care provided to Medicaid and Non-Medicaid women? Or
  – Are outcomes for Medicaid beneficiaries worse than non-Medicaid women independently of the quality of prenatal care?

• Qualitative studies focused on protective factors that influence positive birth outcomes and child well-being

• Interested in collaborating with other researchers, particularly with regard to qualitative research