turning knowledge into practice

Impact of SCHIP on Racial Disparities in Medicaid Enrollment and Prenatal Care Initiation among Pregnant Teens and Young Adults in Florida

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Background

- *Healthy People 2010* targets 90% of pregnant women initiate prenatal care (PNC) in their first trimester
- Racial and ethnic minority women and teens are less likely to receive timely PNC (USDHHS, 2007)
 - 89% (White), 76% (Black), and 77% (Hispanic)
 - 79% (aged 20 to 24), 71% (aged 15 to 19), 49% (younger than 15 years old)



Background

- State Children's Health Insurance Program (SCHIP):
 - Implemented in 1997
 - States have flexibility to set income eligibility limits up to 200% of federal poverty level or higher for children
 - States have flexibility to either expand Medicaid or create a separate child health program
- Florida operates separate SCHIP programs and expanding Medicaid:
 - Separate SCHIP programs: SCHIP Health Kids (5 -19 years old) and Medi-Kids (1-4 years old)



Background: Florida SCHIP Medicaid Expansion Programs

Table 1. Income Eligibility for SCHIP Medicaid Expansion as a Percentage of the Federal Poverty Level in Florida

	1995	2001
Children aged 6 to 11 years	100%	100%
Children aged 12 to 18 years	30%	100%
Children aged 19 years	30%	100%
Nonworking parents	30%	26%
Working parents	30%	68%
Pregnant women	185%	185%

SOURCE: Kaiser Family Foundation/statehealthfacts.org. Available at www.statehealthfacts.org.



Research Questions

- Do racial disparities exist among pregnant women in their pre-pregnancy Medicaid enrollment and the timing of Medicaid-covered prenatal care initiation?
- Did the pattern of racial disparities in pre-pregnancy Medicaid enrollment and the timing of the initiation of Medicaid-covered prenatal care change from the mid-1990s to the early 2000s (as a result of expansion and outreach related to SCHIP)?

Data

- Medicaid enrollment and claims data in Florida from Centers for Medicare and Medicaid Services
 - Pre-SCHIP: State Medicaid Research Files (SMRF) in 1994/1995
 - Post-SCHIP: Medicaid Analytic eXtract (MAX) in 2000/2001



Study Samples

- Focus on teens (aged 11-19) and women aged 20-24 (populations with <80% of early PNC)
- Teens age 11-19 years old and young adults age 20-24 years old who delivered in fiscal years 1995 and 2001
- Sample Exclusions:
 - Incomplete enrollment records, undocumented immigrant status
 - Incomplete claims histories due to enrollment in HMO,
 Medicare, or private insurance plans
 - Ineligible before pregnancy: family planning waivers, medically needy and poverty-related expansion for pregnancy



Methods

- Conducted analysis separately for teens and young adults
- Use difference-in-difference method to look at change over time between racial/ethnic groups of each age group
- Key variables of interest:
 - racial/ethnic groups (White non-Hispanic, Black non-Hispanic, and Hispanic)
 - Year: 1994/1995 and 2000/2001
 - Interaction between Racial/ethnic and year
- Corrected for standard errors of women clustered in the same county



Methods (continued)

Dependent variables:

- Whether a Medicaid beneficiary was enrolled 9 or more months prior to delivery (i.e., pre-pregnancy)
- Whether a beneficiary had early initiated PNC (i.e., 7 or more months prior to delivery)

Control variables:

- Person level (age, pre-existing chronic conditions, unbar-rural status, enrollment eligibility)
- County level (primary physician shortage indicator, HMO penetration rate, county poverty rate, percent of black, percent of Hispanic in the county)

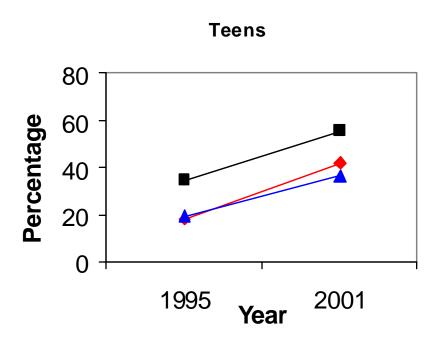


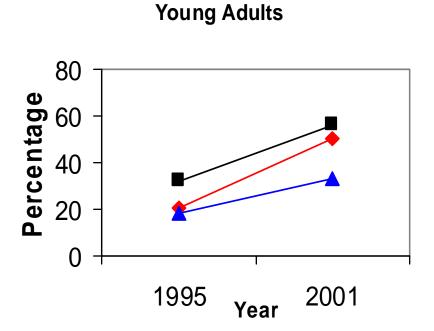
Table 2. Sample Characteristics

	Teens (aged 11-19)		Young Adults (aged 20-24)	
	1995	2001	1995	2001
Sample Size	6,032	4,066	9,237	6,764
White non- Hispanic	33.9%	32.1%	39.0%	36.1%
Black non- Hispanic	48.5%	44.9%	43.2%	42.7%
Hispanic	16.0%	20.5%	15.8%	19.0%
Other/unknown	1.5%	2.4%	2.0%	2.1%



Percentage of Women with Pre-Pregnancy Enrollment (in Florida)





— Black — White — Hispanic

Findings of Pre-pregnancy Enrollment

- Black non-Hispanic women in Florida had higher enrollment percentage than the other two groups in both fiscal years
- Across racial/ethnic groups, percent of pre-pregnancy enrollment increased from 1994/1995 to 200/2001 in Florida
- For teens, the increase did not differ by racial/ethnic group
- For young adults, the increase was greater for both white and black than for Hispanic in Florida



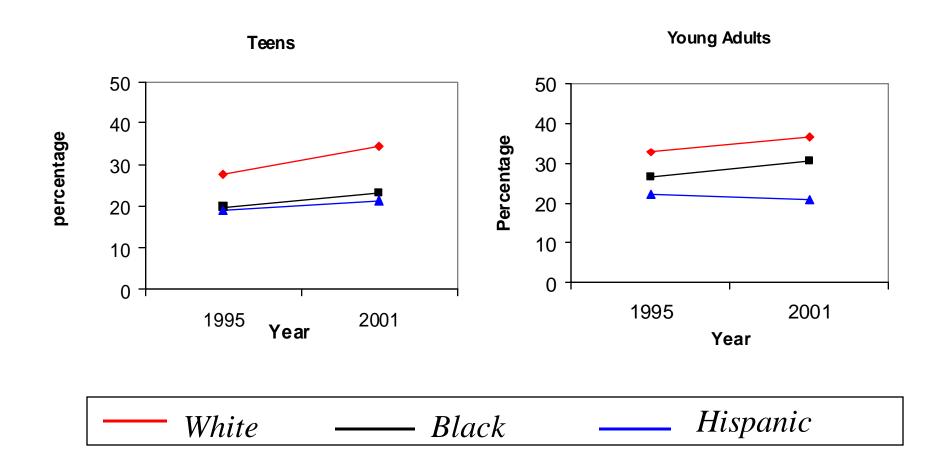
Table 3. Marginal Effect of pre-pregnancy Enrollment (Preliminary Results)

	Teens (11-19)	Young adults (20-24)
2001 vs 1995	0.258 (0.022)*	0.321 (0.013)*
Black vs White	0.205 (0.021)*	0.166 (0.013)*
Hispanic vs White	0.025 (0.054)	-0.010 (0.047)
Black * 2001 interaction	-0.032 (0.057)	-0.052 (0.053)
Hispanic * 2001 Interaction	-0.072 (0.053)	-0.147 (0.052)*

^{*} p<.05



Percentage of Women Had Early PNC Initiation (in Florida)



Findings of Early PNC Initiation

- White women in Florida were more likely to initiate their PNC in 7 months or earlier before delivery, compared with the other two racial/ethnic groups
- Across all racial/ethnic groups, early PNC initiation increased from 1994/1995 to 2000/2001 in Florida
- For teens, the increase was greater for white than the other two groups
- For young adults, white and black women had similar increase and were better than Hispanic women



Table 4. Marginal Effect of Early PNC Initiation (Preliminary Results)

	Teens (11-19)	Young adults (20-24)
2001 vs 1995	0.061 (0.021)*	0.047 (0.018)*
Black vs White	- 0.056 (0.014)*	-0.043 (0.011)*
Hispanic vs White	-0.040 (0.016)*	-0.046 (0.011)*
Black * 2001 interaction	-0.034 (0.016)*	0.001 (0.012)
Hispanic * 2001 Interaction	-0.034 (0.016)*	-0.047 (0.011)*

^{*} p<.05



Summary and Conclusion

- Increased pre-pregnancy enrollment and early initiation of PNC after expansion/outreach related to SCHIP
- Greater improvement for early PNC initiation for white non-Hispanic teens
- Smaller improvement for Hispanic young adults
- Widened racial disparities in early PNC initiation after outreach/expansion related to SCHIP for teens and young adults in Florida
- Providing insurance is not sufficient enough to reduce racial disparities

