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cover page: 14

Comments:

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## 1994 WASHINGTON COUNTY BIRTH DATA KEY POINTS

**OVERALL TRENDS:** Total births in the state of Oregon decreased in 1994; births in Washington County, however, continue to rise. Public Assistance/Self Pay (PA/SP) births in the county **fell** from 27% in 1993, to 24% of total births in 1994. It was speculated that this decrease could be a result of some OHP clients classifying themselves as "insured". However, a recent study by the Center for Child and Family Health & Center for Disease Prevention and Epidemiology found that no "statistically significant" errors in this reporting occurred in 1994.

**MOTHERS' CARE:** PA/SP moms continue to lag extensively behind the totals of privately insured moms in the following areas:

- 1.) Adequate Prenatal Care: > 5 visits  
99.2% of privately insured moms are classified as receiving adequate care, compared to 93% of PA/SP moms.
- 2.) Trimester Prenatal Care Began  
PA/SP moms continue to have more frequent entry into care in the 2nd and 3rd trimesters (nearly 30%). This trend has worsened from last year, with 2% fewer PA/SP moms entering care in their first trimester. Currently, 93% of those moms with private insurance entered care in their first trimester.

**MOTHERS' DATA:** Alarming high increases in the number of **unmarried** mothers and those with less than 12 years of **education** when compared to 1993 figures and privately insured averages. Mothers less than 18 years of **age**, and those using **tobacco** have also increased from 1993.

**BABIES:** Birth outcomes continue to be an encouraging statistic. The percentage of **low birthweight** PA/SP babies decreased from 6% in 1993 to 5% in 1994. This percentage is consistent with county and state totals, and is 1% worse than privately insured totals. Oregon's benchmark for 1995 is 96% healthy birthweight babies. There continue to be pockets of concern, however, throughout the County.

# STATE OF OREGON & WASHINGTON COUNTY SUMMARY 1994 BIRTHS

## STATE OF OREGON\*

<u>TOTAL BIRTHS</u>	<u>TOTAL PA/SP</u>	<u>TOTAL PRIV. INS.</u>
41,830 (100%)	16,820 (40%)	23,904 (57%)

## WASHINGTON COUNTY\*\*

<u>TOTAL BIRTHS</u>	<u>TOTAL PA/SP</u>	<u>TOTAL PRIV. INS.</u>
5,834 (100%)	1,422 (24%)	4,382 (75%)

\* 3% of total births had an "unknown" payor status.

\*\* Totals to 99% due to rounding.

SOURCE: 1994 BIRTH CERTIFICATE DATA

# WASHINGTON COUNTY RESIDENT BIRTHS 1990-1994

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	<u>TOTAL BIRTHS</u>	<u>PUBLIC ASSIST/ SELF PAY BIRTHS</u>	<u>% TOTAL BIRTHS</u>
1994	5,834	1,422	24%
1993	5,681	1,510	27%
1992	5,527	1,385	25%
1991	5,387	1,293	24%
1990	5,320	1,142	21%

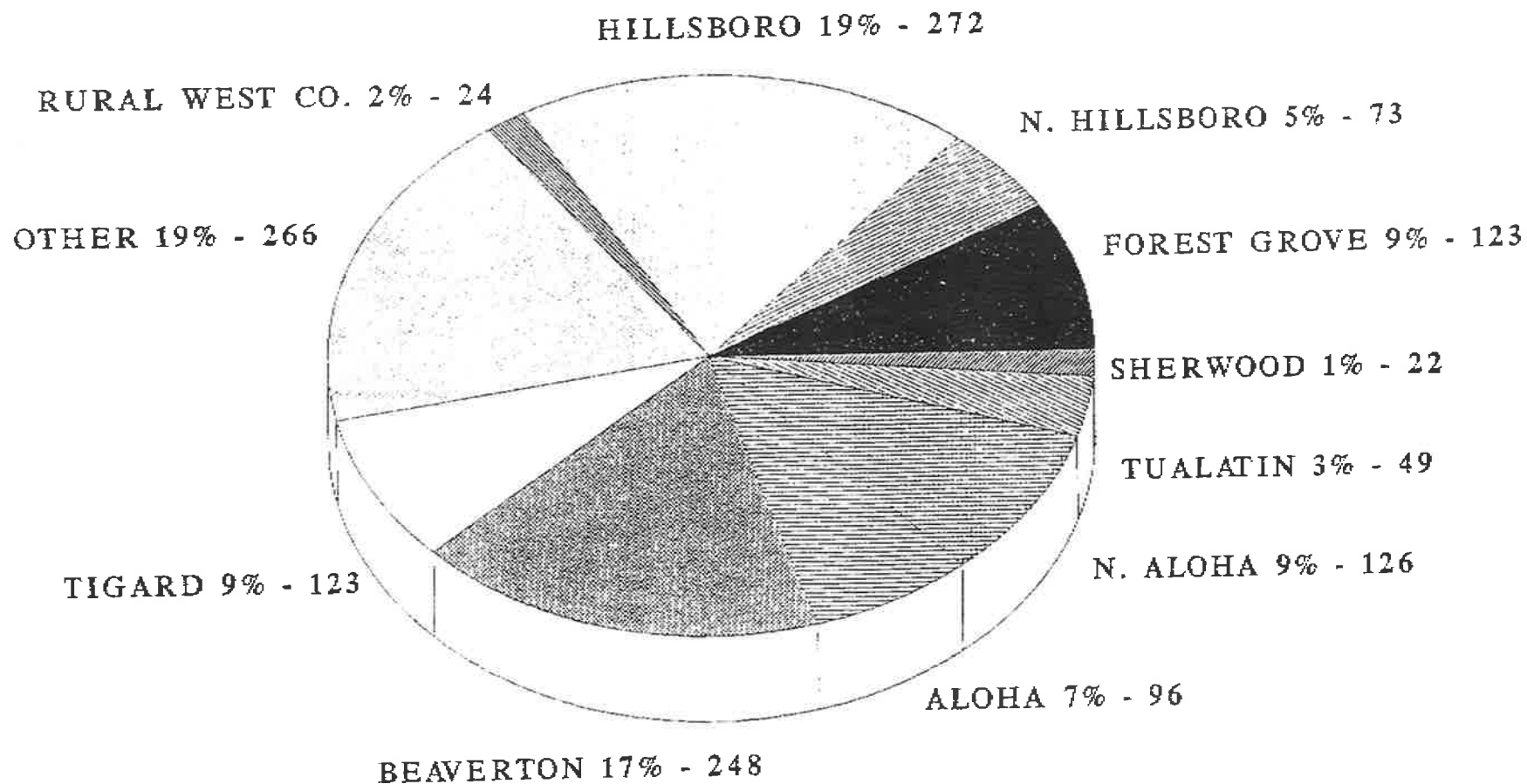
1990 through 1994			
<u>GROWTH IN ALL BIRTHS</u>		<u>GROWTH IN PA/SP BIRTHS</u>	
+ 514	10%	+ 280	24%

1993 through 1994			
<u>GROWTH IN ALL BIRTHS</u>		<u>GROWTH IN PA/SP BIRTHS</u>	
+ 153	3%	- 88	- 6%

SOURCE: BIRTH CERTIFICATE DATA

# WASHINGTON COUNTY - 1994 PUBLIC ASST. & SELF-PAY BIRTHS BY AREA

TOTAL BIRTHS = 1422



SOURCE: 1994 BIRTH CERTIFICATE DATA

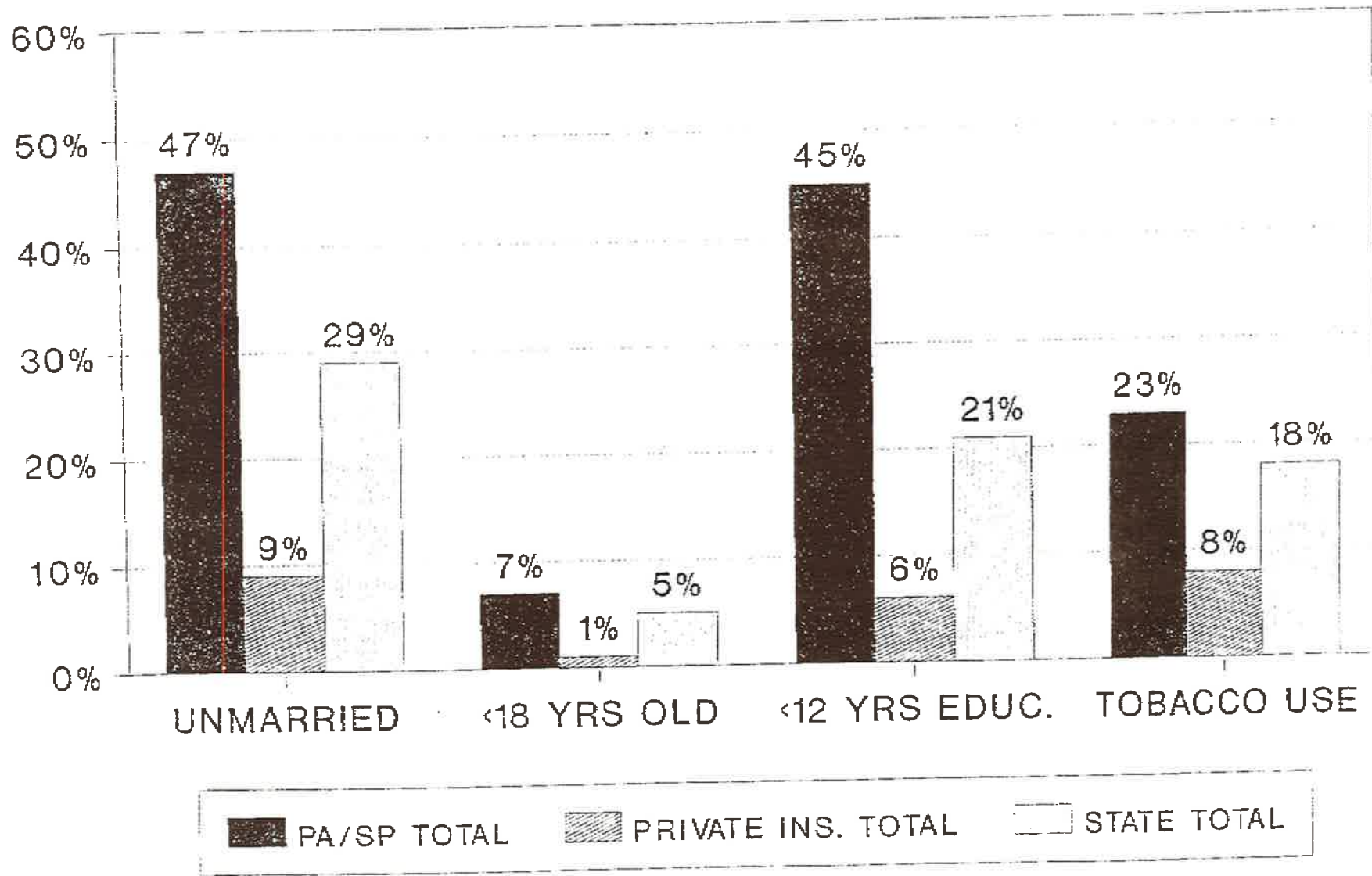
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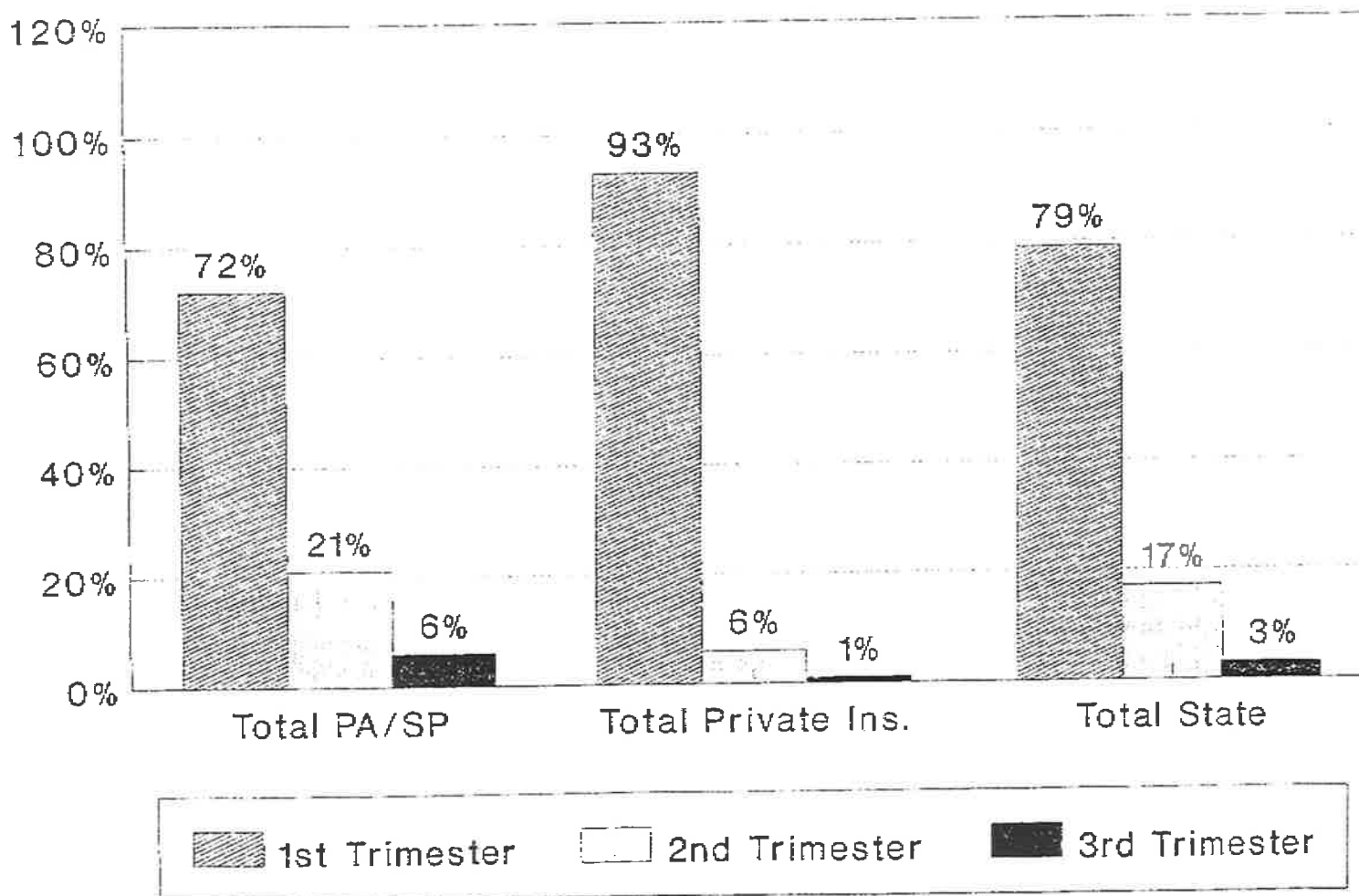
# WA. COUNTY & STATE OF OREGON MOTHERS' PERSONAL DATA - 1994

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SOURCE: 1994 BIRTH CERTIFICATE DATA

# TRIMESTER PRENATAL CARE BEGAN WA COUNTY & STATE OF OR - 1994\*



\* 16 CLIENTS HAD -0- CARE; 12 WERE PA/SP

# STATE OF OREGON BENCHMARKS

## ADEQUATE PRENATAL CARE

1990 - 93%

1995 - 98%

2000 - 99%



CURRENT LEVEL OF PUBLIC ASSISTANCE  
& SELF PAY BIRTHS (WA. CO.)

1994 - 93%

CURRENT LEVEL OF ALL PRIVATELY  
INSURED BIRTHS (WA. CO.)

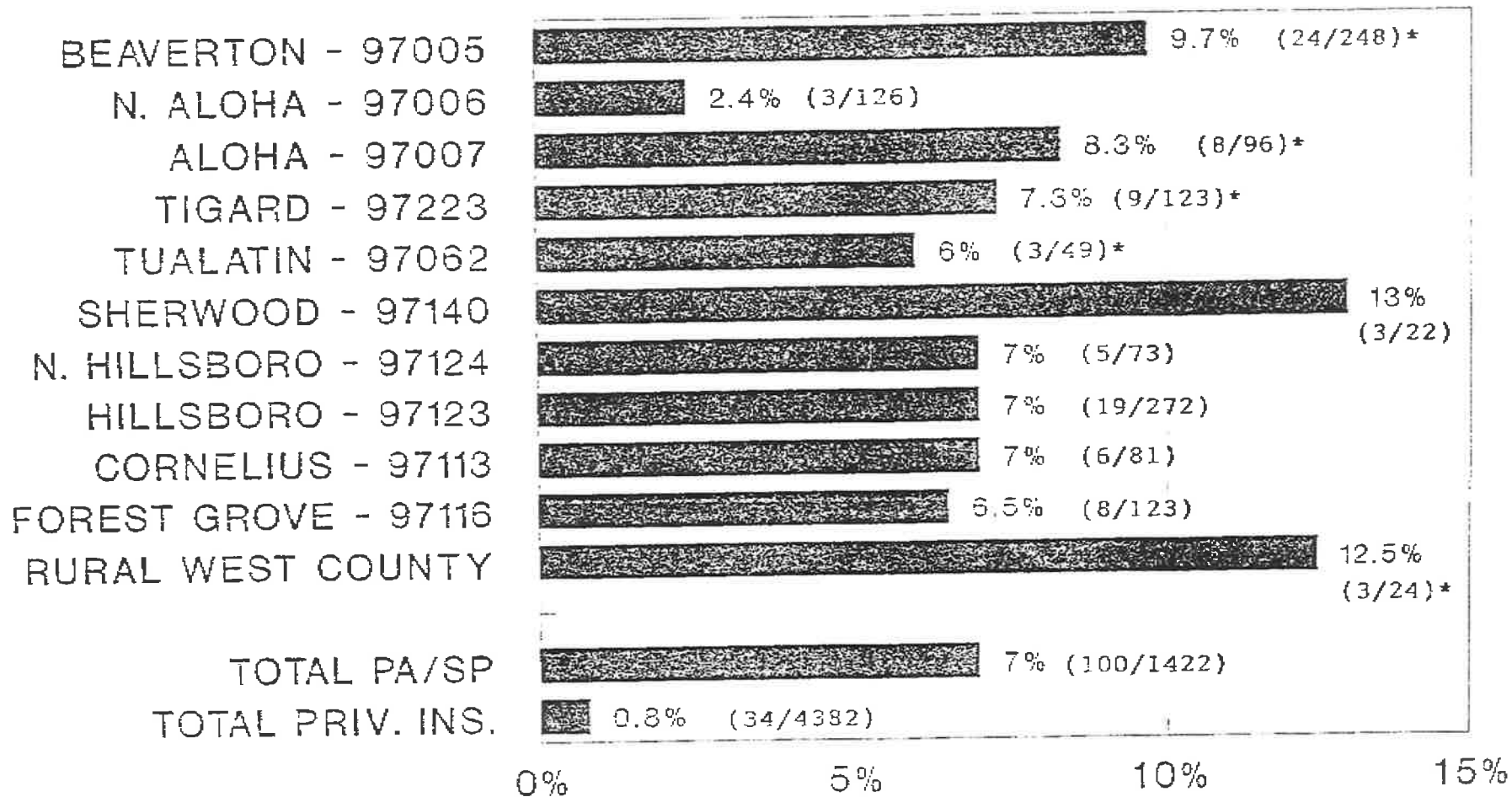
1994 - 99+%






# WA. COUNTY AND STATE OF OREGON % OF INADEQUATE PRENATAL CARE - 1994

## Public Assist/Self Pay Births



**OREGON BENCHMARKS**



1990 - 93%  
1995 - 98%

 < 5 PRENATAL VISITS

\* INDICATES AN INCREASE FROM 1993

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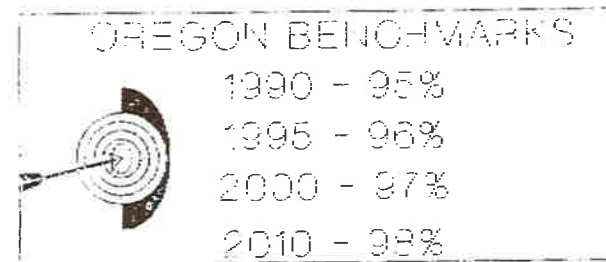
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# WA. COUNTY AND STATE OF OREGON BIRTHWEIGHTS SUMMARY - 1994



< 2500 GRAMS      > 2500 GRAMS

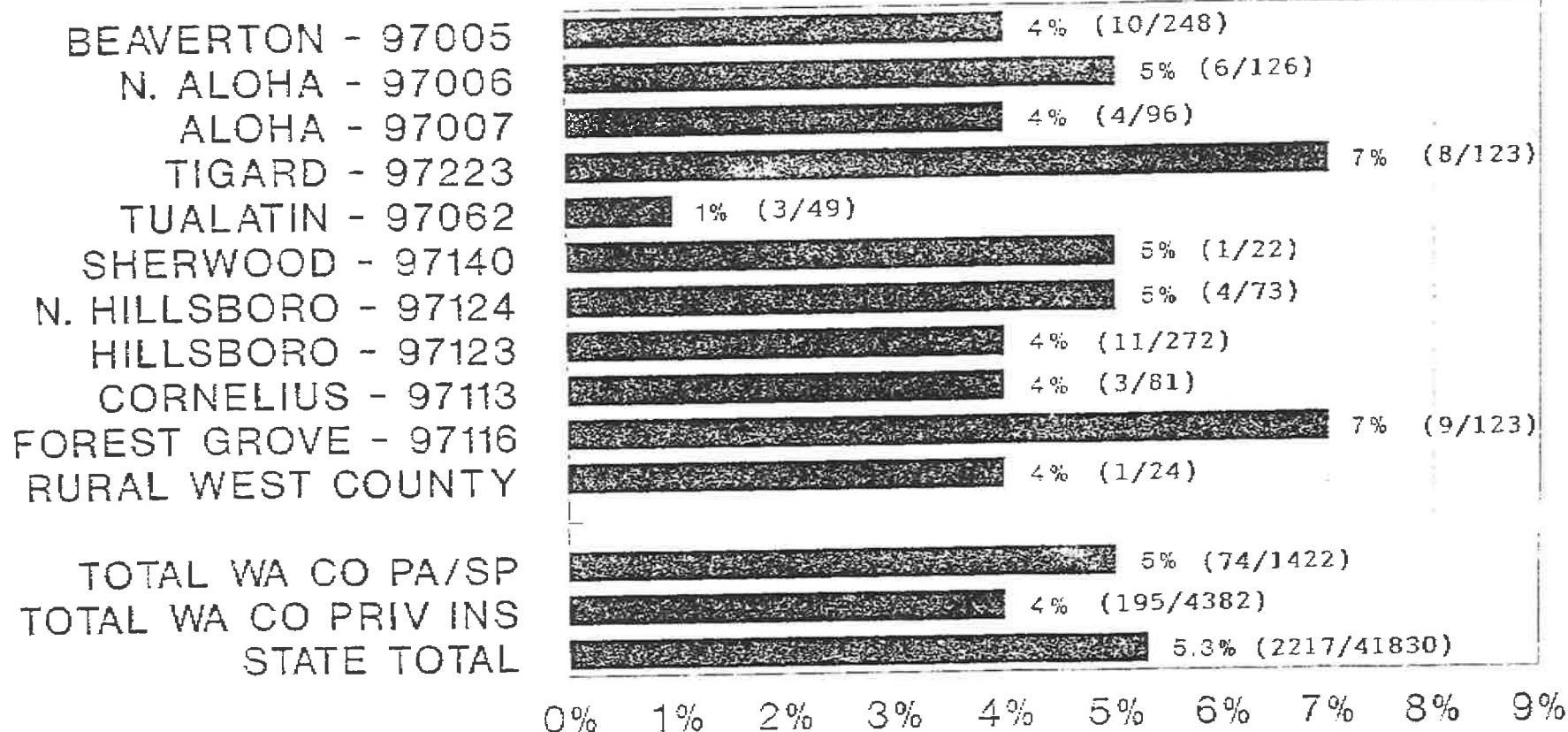
TOTAL PA/SP WA CO 1,422	74 5%	1,348 95%
TOTAL PRI. INS. WA CO 4,382	195 4%	4,187 96%
TOTAL STATE 41,830	2,217 5.3%	39,608 94.7%



SOURCE: 1994 BIRTH CERTIFICATE DATA

# WA. COUNTY AND STATE OF OREGON % LOW BIRTHWEIGHT BABIES - 1994

## Public Assistance/Self Pay Births



WEIGHT OF BABIES

 < 2500 GRAMS

OREGON BENCHMARKS



1990 - 95%

1995 - 96%

SOURCE: 1994 BIRTH CERTIFICATE DATA

## 1994 WASHINGTON COUNTY BIRTH DATA CONCLUSIONS

### *For Public Assistance/Self Pay Mothers*

- ✓ ALTHOUGH THE PERCENTAGE OF PA/SP MOTHERS HAS DECREASED THIS YEAR, LOW-INCOME PREGNANCY CONTINUES TO BE A SIGNIFICANT FACTOR IN WASHINGTON COUNTY. PA/SP STATUS HAS A PRONOUNCED EFFECT ON ADEQUACY OF CARE, WHEN COMPARED TO PRIVATELY-INSURED MOTHERS-TO-BE.
- ✓ A SHARP INCREASE IN RISK FACTORS FOR THIS POPULATION INDICATES THAT LOW-INCOME WOMEN ARE LIKELY TO HAVE NEEDS AND PROBLEMS THAT REQUIRE MORE THAN JUST MEDICAL ATTENTION.
- ✓ ADEQUACY OF PRENATAL CARE FOR LOW-INCOME WOMEN CONTINUES TO BE A PROBLEM THROUGHOUT WASHINGTON COUNTY. THE PERCENT OF LOW-INCOME WOMEN WITH INADEQUATE PRENATAL CARE EXCEEDS OREGON 1995 BENCHMARKS AND PRIVATELY-INSURED TOTALS IN ALL ZIP CODES. THE PERCENTAGES ARE PARTICULARLY HIGH IN BEAVERTON, ALOHA, SHERWOOD, AND RURAL WEST COUNTY.
- ✓ THROUGHOUT MANY OF THE WASHINGTON COUNTY ZIP CODES, THE PERCENTAGE OF POOR BIRTH OUTCOMES FOR PA/SP WOMEN IS IMPROVING. HOWEVER, CORNELIUS AND FOREST GROVE BOTH DOUBLED THEIR PERCENTAGES OF LOW-BIRTHWEIGHT BABIES IN 1994.



# Delivery Payment Source and Recent Trends in Prenatal Care and Low Birthweight

DEPARTMENT OF  
HUMAN  
RESOURCES

## BACKGROUND

- Delivery payment source of annual total of 41,832 births.  
57% or 23,633 deliveries are paid for by private insurance;  
34% or 14,329 deliveries are paid for by public assistance;  
6% or 2,319 are "self-pay"; 1% or 443 are other; and 3% or 1,172 are unknown.  
(These data about payment source of delivery are from the birth certificate, 1994. It should be noted that there are no comparable data available about the payment source of prenatal care.)
- In February 1994, the Oregon Health Plan (OHP) was implemented. OHP did not change the level of eligibility for public assistance, but rather how eligibility and services are managed and where services are received.
- The nine months of February-October 1994 was an interim period where OHP paid for delivery, but part of the gestation was before OHP was implemented. November 1994 was the first month of births in which full gestation could have been covered under OHP. In order to compare prenatal care and low birthweight before and after OHP was implemented, 1993 was compared to November 1994 through September 1995 (the latest provisional data available).

HEALTH DIVISION



## COMPARISON OF 1993 TO MOST RECENT 11 MONTHS

- Public assistance births showed a slight increase in late and inadequate prenatal care and low birthweight from 1993 to the most recent 11 months. The trend is statistically significant and cannot be accounted for by changes in known demographic or clinical risk factors that are recorded on the birth certificate.
- "Self-Pay" births showed a slight increase in late and inadequate prenatal care from 1993 to the most recent 11 months.
- There has also been a slight increase in these measures for all births (for self-pay, public assistance, and also private insurance births). It should be noted that the size of the changes compared to historical changes are not large.
- We can only say there is a temporal association between OHP and slight increases in late and inadequate prenatal care and low birth weight. These data cannot be used to specify a causal relationship.
- Further analyses of these and additional data are needed.

John A. Kitzhaber  
Governor



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Prepared 11/27/95 by:  
Center for Child and Family Health & Center for Disease Prevention and Epidemiology

SINGLETON PUBLIC ASSISTANCE BIRTHS  
OREGON RESIDENTS

	Pre OHP 1993	Percentage of Live Births	Post OHP Nov/Dec 1994 & YTD 1995*	Percentage of Live Births
NUMBER OF BIRTHS	6,719	11.0%	11,163	11.0%
NO FIRST TRIMESTER CARE	4,839	32.9%	3,945	35.5%
INADEQUATE PRENATAL CARE	1,215	8.3%	1,172	10.5%
LOW BIRTH WEIGHT*	774	52.0	649	53.5

\*YTD 1995 through September.

\*\*Low birth weight rate per 1,000 live births.

Note: Approximately 97% of Oregon births are singletons.

Prepared 11/27/95 by  
Center for Child and Family Health & Center for Disease Prevention and Epidemiology