

Health Insurance Status Among Idaho Mothers



Results from the 2007 Pregnancy Risk Assessment Tracking System

What is PRATS?

The Pregnancy Risk Assessment Tracking System (PRATS) is an annual survey of new mothers in Idaho. It is a population-based tracking system that identifies and examines maternal experiences and health practices surrounding pregnancy which may affect pregnancy outcomes and infant health.

How can I learn more about PRATS?

For more details on this project or any of the survey results, please contact the PRATS Program Director, Idaho Bureau of Vital Records and Health Statistics, at (208) 332-7366.

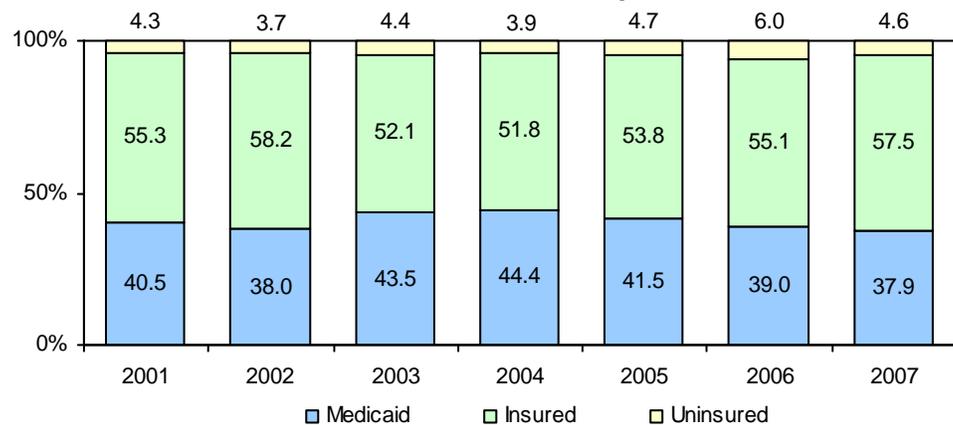
Insurance Status Definitions:

- “Medicaid” indicates Medicaid coverage just before pregnancy or at any point during pregnancy.
- “Insured” indicates insurance coverage just before pregnancy or at any point during pregnancy, excluding those with Medicaid coverage.
- “Uninsured” indicates no insurance or Medicaid coverage either just before pregnancy or at any point during pregnancy.

* The term “mothers” refers to Idaho resident adult mothers (18+ years of age at time of birth) who gave birth in Idaho.

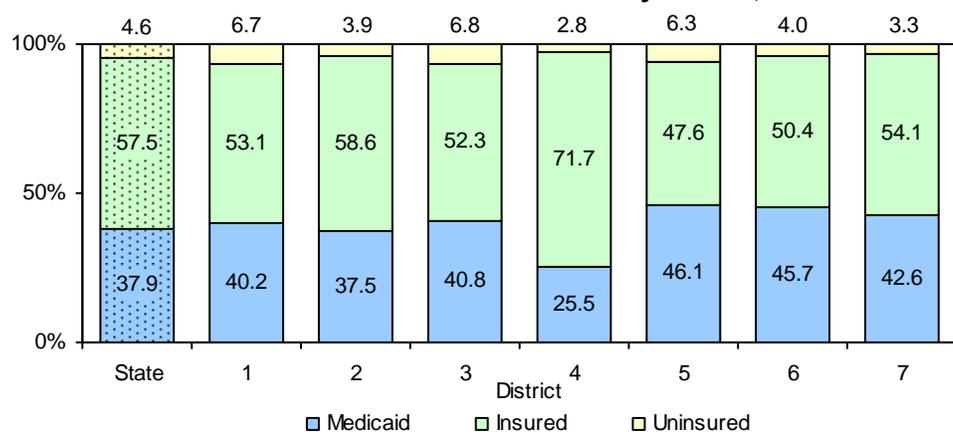
Access to quality and affordable health care during the preconception, prenatal, and postpartum periods is an important issue in maternal and infant health. A mother’s health insurance status—Medicaid coverage, private insurance coverage, or no coverage at all— influences her access to such health care. Less access to quality health care equates to fewer visits to a health care provider and fewer opportunities to receive routine testing and medical advice, which is likely to have an effect on the overall health of the mother and baby.

Idaho Mothers’ Health Insurance Status by Year, PRATS 2001-2007



In 2007, almost six-in-ten (57.5 percent) Idaho mothers* were insured, almost four-in-ten (37.9 percent) were covered by Medicaid, and nearly one-in-twenty (4.6 percent) were uninsured (see “Insurance Status Definitions”). Between 2002 to 2003, there was a significant decrease in the prevalence of insured mothers, along with a significant increase in the prevalence of mothers covered by Medicaid. There was a significant increase in the prevalence of uninsured mothers between 2004 and 2006. Significant changes were observed from 2004 to 2007 indicating an increase in the prevalence of insured mothers and a decrease in the prevalence of mothers covered by Medicaid.

Idaho Mothers’ Health Insurance Status by District, PRATS 2007



Results from the 2007 PRATS showed geographic variations among the three insurance categories. Health Districts 5 and 6 had a significantly higher prevalence of mothers covered by Medicaid, when compared with the state as a whole. Additionally, District 5 had a significantly lower prevalence of insured mothers. When compared with the state, District 4 had a significantly lower prevalence of mothers covered by Medicaid and a significantly higher prevalence of insured mothers. There were no statistically significant differences between the state total and individual districts on the prevalence of uninsured mothers.

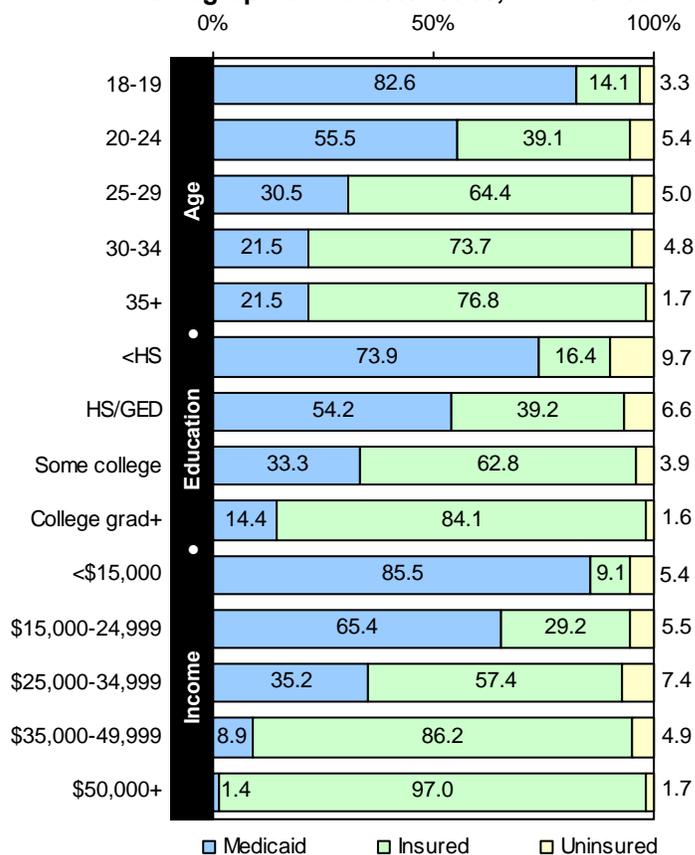
A number of demographic differences were observed between insurance categories, particularly among mother's age, education, and income. The prevalence of Medicaid coverage decreased as mother's age, education, and income increased. For example, mothers with an income of less than \$15,000 were more than sixty (61.1) times more likely to be covered by Medicaid than those with an income of \$50,000 or more (85.5 percent versus 1.4 percent). This difference is to be expected considering that annual household income is related to Medicaid eligibility.

With increasing age, education, and income, the likelihood of insurance coverage increased. For instance, mothers aged 35 or older were approximately five (5.4) times more likely to be insured when compared with mothers aged 18 or 19 (76.8 percent versus 14.1 percent).

The prevalence of no health coverage decreased as education increased. Mothers with less than a high school education were about six (6.1) times more likely to be uninsured when compared with college graduates (9.7 percent versus 1.6 percent).

In general, mothers covered by Medicaid tended to be younger, less educated, lower income, Hispanic, and unmarried. Insured mothers tended to be older, more educated, higher income, non-Hispanic, and married. Those who were uninsured tended to be less educated, lower income, and Hispanic.

Idaho Mothers' Health Insurance Status by Demographic Characteristics, PRATS 2007



The prevalence of certain adverse health characteristics varied by insurance status. For example, mothers covered by Medicaid and uninsured mothers were significantly more likely to not receive dental care during pregnancy when compared with all Idaho mothers, whereas insured mothers were significantly less likely to not receive dental care.

Mothers covered by Medicaid reported significantly higher prevalence of adverse maternal health characteristics when compared with all Idaho mothers. For instance, mothers covered by Medicaid were almost twice (1.7) as likely to smoke in the three months prior to pregnancy when compared with all Idaho mothers (32.3 percent versus 19.0 percent).

When compared with all Idaho mothers, insured mothers reported significantly lower prevalence of several adverse maternal health characteristics. For example, insured mothers were almost three (2.7) times less likely to smoke during pregnancy when compared with all Idaho mothers (3.0 percent versus 8.0 percent).

Uninsured mothers reported a number of adverse infant health characteristics that were significantly higher than the Idaho total. For instance, the infants of uninsured mothers were nearly five (4.9) times more likely to not receive a hearing screening when compared with the infants of all Idaho mothers (10.3 percent versus 2.1 percent).

Idaho Mothers' Health Insurance Status by Adverse Maternal and Infant Health Characteristics, PRATS 2007

	Idaho Total %	Medicaid %	Insured %	Un-insured %
Maternal Health				
Unintended pregnancy	36.3	53.0 +	25.1 -	37.6
No first trimester prenatal care	13.5	18.5 +	9.6 -	22.2
No multivitamin during pregnancy ^{1,3}	20.2	26.3 +	16.2 -	19.0
No dental care during pregnancy	54.5	72.0 +	41.1 -	79.1 +
Smoking prior to pregnancy ²	19.0	32.3 +	10.7 -	13.7
Smoking during pregnancy ³	8.0	16.3 +	3.0 -	4.1
Postpartum depression ⁴	17.4	23.7 +	14.0	7.8 -
Infant Health				
Premature (<37 weeks)	9.0	10.7	8.2	5.4
Low birth weight (<2500 grams)	5.4	7.4	4.4	1.8
Breastfed less than 6 months ⁵	49.5	58.7 +	44.0 -	44.7
Baby not laid on back to sleep	22.3	23.7	20.3	35.5 +
No hearing test	2.1	1.8	1.6	10.3 +
No well-baby care	3.1	4.7	1.6	10.3 +
Immunizations not up to date	12.5	10.5	12.9	23.7 +

Items in **bold** are significantly different than the Idaho total, a + or - indicates greater or lesser, respectively.

1. Regular multivitamin (4 or more times per week)
2. Three months prior to pregnancy
3. Last three months of pregnancy
4. Self-reported moderate or severe postpartum depression three months after delivery
5. Excludes infants who were not at least six months old at the time of the survey

Source: 2007 Pregnancy Risk Assessment Tracking System (PRATS)

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