

Insurance and Discrimination During Prenatal Care, Labor, and Delivery

Data from the Oregon Pregnancy Risk
Assessment Monitoring System (PRAMS)

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Presenter Disclosures

Sheryl Thorburn

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No relationships to disclose.

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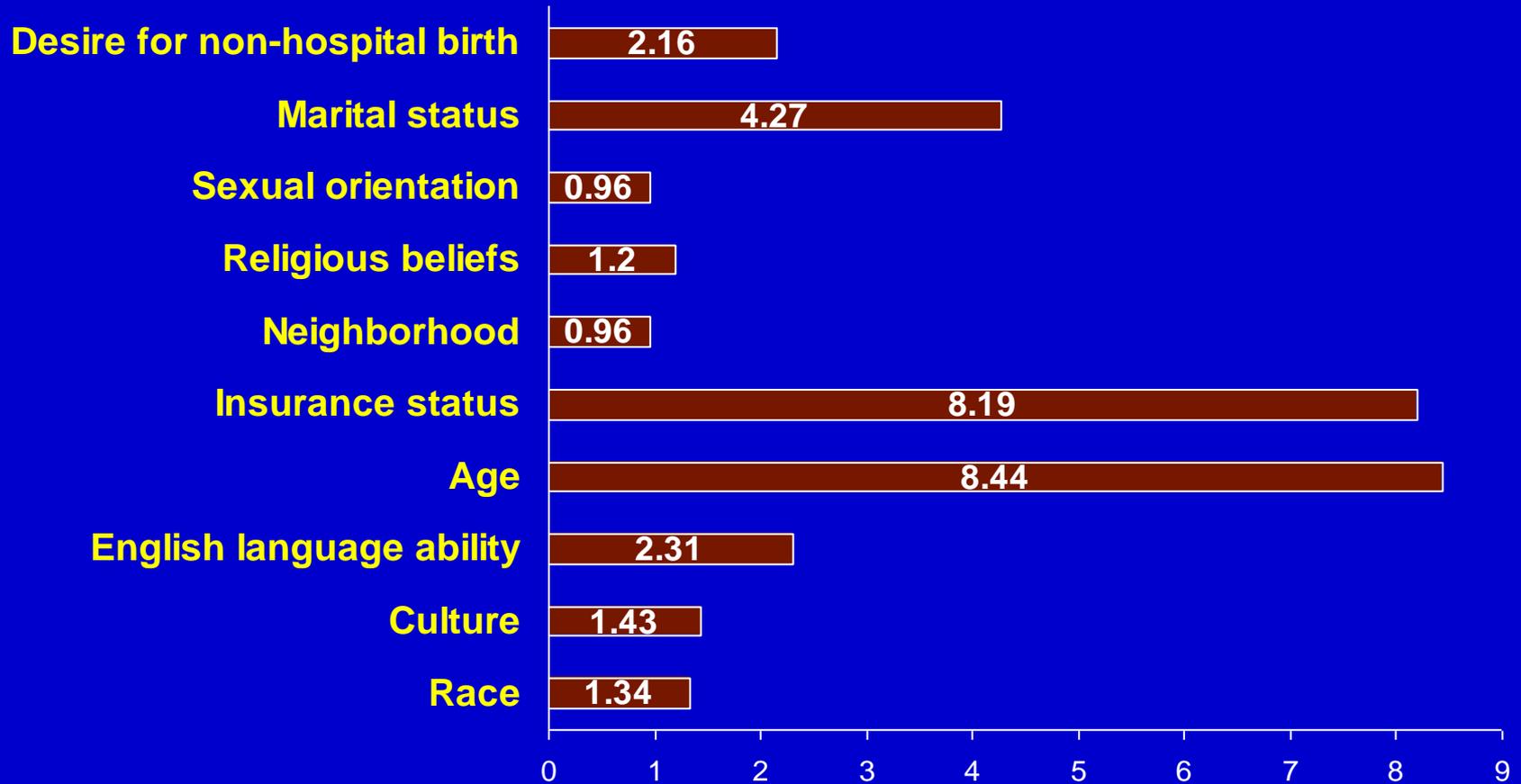
Background

- Literature on discrimination in health care is growing
- Discrimination in health care is not uncommon
 - experienced by diverse populations
 - based on multiple factors (e.g., age, race, SES)
 - in different health care contexts
 - may affect health outcomes and health care
- May contribute to differences in health care and health disparities

Background – cont.

- Research suggests that women experience discrimination when getting reproductive health care
- In analyses of data from Oregon PRAMS, we found:
 - 18.5% of Oregon mothers reported discrimination by health care providers during prenatal care, labor, or delivery

% Reporting Discrimination Based on Specific Characteristic



Study Objectives

- To examine who experiences insurance-based discrimination in prenatal care, labor, or delivery and how they differ from other mothers
- To examine the relationship between insurance-based discrimination and receipt of health care

Methods

- Data from 1998-1999, 2000, and 2001 Oregon PRAMS
- Mothers who are Oregon residents and whose babies were born in Oregon
- Stratified random sample of birth certificates, with oversampling of select racial/ethnic groups
- Unweighted response rates for three surveys were 64%, 73.1% and 72.1%, respectively

Methods – Cont.

- Pooled data for the 3 cohorts (N=5762)
- Unweighted characteristics:
 - 14% under 20 yrs, 11% over 34 yrs
 - 73% 12 or more years of education
 - 63% married
 - 20% rural
 - 34% annual household income below \$15,000
 - 71% received prenatal care in first trimester

Discrimination Question

- Do you feel that you were ever treated differently by health care providers during your prenatal care, labor or delivery because of your:
 - Race, culture, ability to speak or understand English, age, insurance status, neighborhood you lived in, religious beliefs, sexual orientation or lifestyle, marital status, desire to have out-of-hospital birth
- Response categories were “no” and “yes”

Data Analysis

- Focus on insurance-based discrimination (dichotomous measure)
- Percentage distributions
- Unadjusted odds ratios
- Multiple logistic regression
- Weighted data
- Significance level of .05 (2-tailed)

Who experiences insurance-based discrimination?

- Of the women reporting insurance-based discrimination:
 - 66.04% had Oregon Health Plan
 - 19.23% had employer-sponsored insurance for their delivery
 - 14.73% had “other” or no insurance for delivery

Who experiences insurance-based discrimination?

- 76% were 20-34 years of age
- 74% had 12+ yrs of education
- 50% were married
- 78% were White
- 73% were urban
- 43% had < \$15,000 annual household income
- 66% prenatal care in 1st trimester
- 59% prenatal care from private MD/ HMO
- 62% unable to pay bills during pregnancy

How do they differ from other Oregon mothers?

- Unadjusted analyses found that insurance-based discrimination was significantly more likely among:
 - Young women (≤ 19 yrs versus 20-34 yrs)
 - Women who were not married
 - African American and American Indian/Alaskan Native women

Unadjusted Analyses – Cont.

- Insurance-based discrimination was significantly more likely among mothers:
 - with incomes < \$50,000
 - who were homeless
 - who were unable to pay bills

Unadjusted Analyses – Cont.

- Also, more likely among mothers:
 - who did not receive early prenatal care
 - who obtained prenatal care from a health department or “other” type of provider
 - who did not receive prenatal care as early as they wanted
 - without employer-sponsored insurance for delivery

Results from Multiple Logistic Regression

- Insurance-based discrimination was significantly more likely among women:
 - with incomes < \$50,000
 - unable to pay bills during pregnancy
 - with Oregon Health Plan, “other”, or no health insurance for delivery
- Less likely among Hispanic women

What's the relationship with receipt of health care?

- Measures used in all 3 PRAMS surveys
- Focus on patient-provider interactions
 - 11 topics covered during prenatal care visits
 - After delivery discussion about birth control
 - 8 supportive breastfeeding actions at hospital/birthing center

Results: Topics covered during prenatal care visits

- Multiple logistic regression predicting number of topics (<8 vs. ≥ 8) covered by providers during prenatal care
- Insurance-based discrimination was marginally ($p < .1$) associated with the number of topics covered

Results: After delivery discussion about birth control

- Multiple logistic regression predicting after-delivery discussion with provider about using birth control
- Insurance-based discrimination was not significantly associated with having a provider discuss birth control after the baby was born

Results: Hospital breastfeeding support actions

- Multiple logistic regression predicting number of breastfeeding support actions at hospital/birthing center (<6 vs. ≥ 6)
- Receipt of 6+ support actions was significantly less likely among mothers who reported insurance-based discrimination (AOR=0.50; CI: .34, .73; $p < .001$)

Strengths & Limitations

■ Strengths

- Probability sampling
- High response rates
- Discrimination in specific situation, not general measure; multiple types of discrimination

■ Limitations

- Discrimination measure combined 3 settings
- Limited generalizability
- Limited number of health care variables
- Retrospective self-reports

Conclusion

- Need for further research to better understand discrimination in health
- Important to examine the role of insurance coverage and SES
- Future research should explore “differential treatment” and its consequences