

Health Status of Women Medicaid Recipients Before and After Welfare Reform

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Household Health Survey Methodology

- The data for this presentation are from PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey. Data from PHMC's 1998 and 2000 surveys are also included for comparison.
- The Household Health Survey is a representative, community-based telephone survey of over 10,000 households in the five county area of Southeastern Pennsylvania—Bucks, Chester, Delaware, Montgomery and Philadelphia counties (in 2000, n=10,163).
- The latest survey was conducted between July and September 2002. Through the Community Health Data Base, periodic surveys of the population in this region have been conducted since 1983.
- The purpose of the survey is to obtain community-based information on population subgroups and geographic areas on issues related to health status, use of ambulatory and inpatient services, health promotion/disease prevention, & access and barriers to care, as well as demographic and socioeconomic characteristics of residents.



Household Health Survey Methodology

- The survey instrument is extensive and draws upon questions and topic areas utilized in other national and state surveys, such as the National Health Interview Survey (NHIS) and the Pennsylvania Behavioral Risk Factor Surveillance Survey (BRFSS).
- In cases where persons could not come to the phone because of health reasons or language barriers, the interview was conducted with an adult proxy. The adult proxy is the person who is most knowledgeable about the adult respondent's health and utilization of health services.
- The child survey was conducted with a child proxy, that is the person who is most knowledgeable about the child's health and utilization of health services. In 75% of the cases, the child proxy is the child's mother.
- The percentages are based on survey responses; the population estimates are based on weighted data to derive population projections.



Figure 1. Insurance status of women (ages 18-64), Philadelphia, 1998–2002

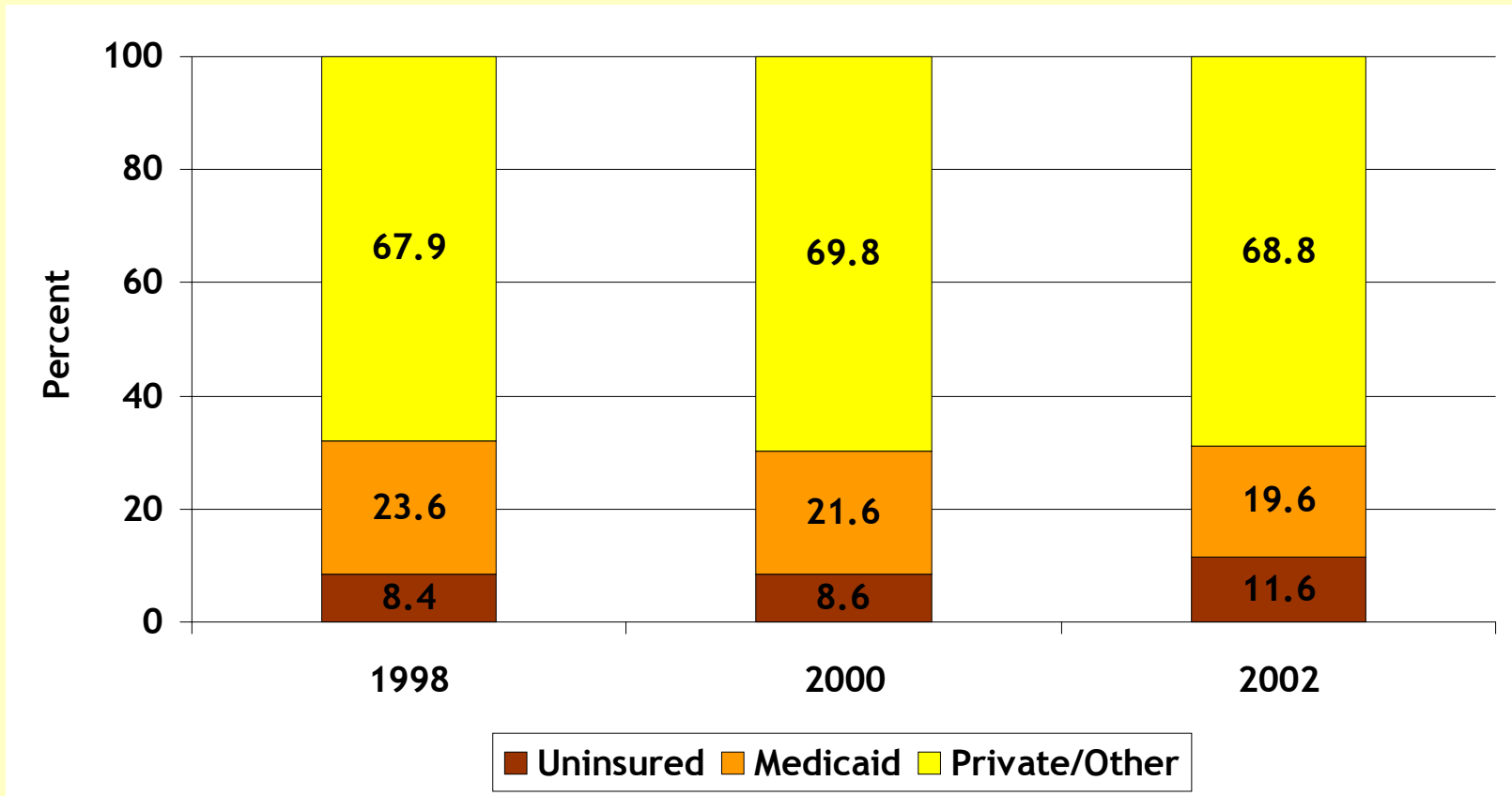


Figure 2. Age distribution of women Medicaid recipients (ages 18-64), Philadelphia, 1998 and 2002

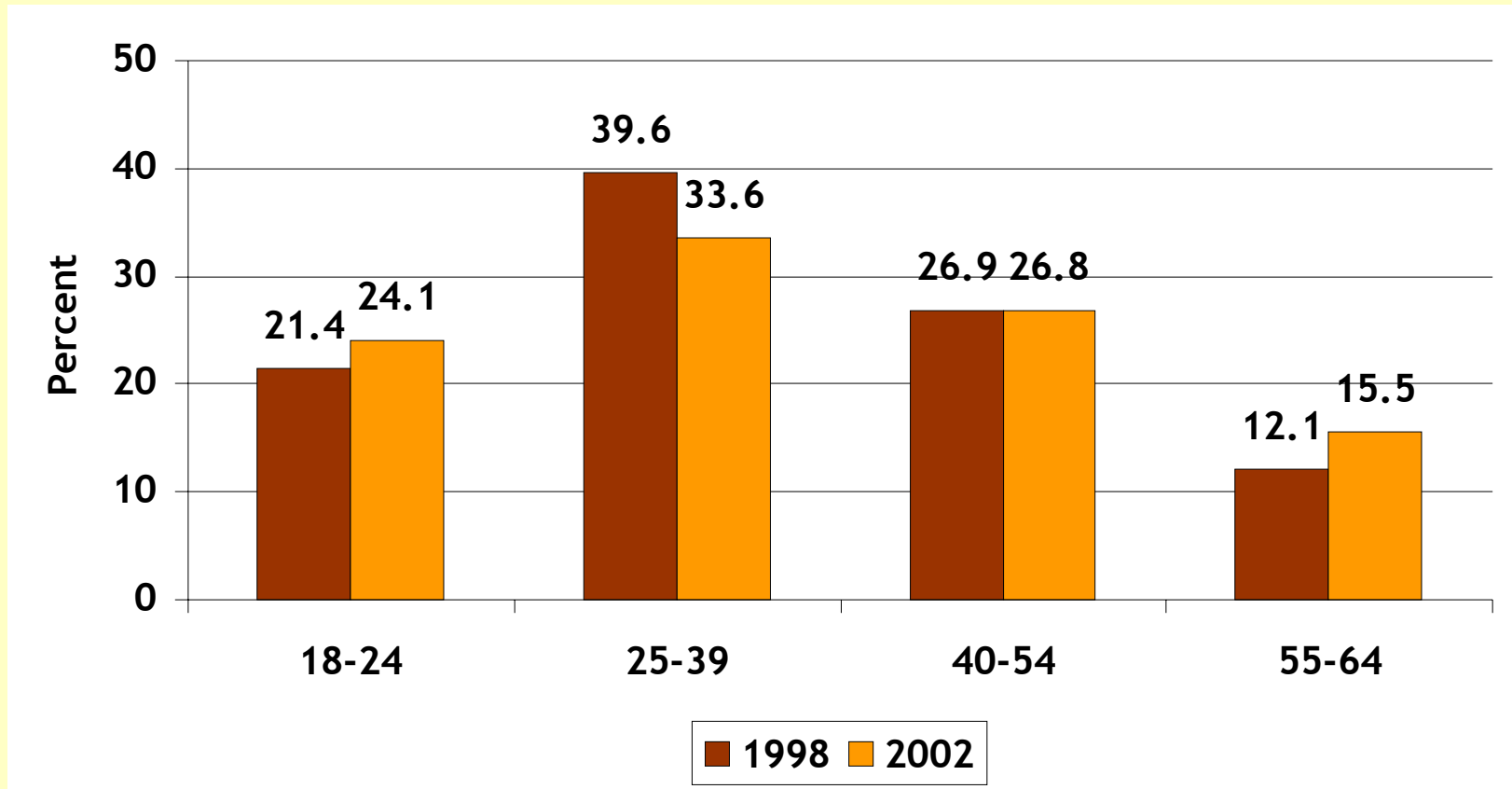


Figure 3. Racial/ethnic distribution of women Medicaid recipients (ages 18-64), Philadelphia, 1998 and 2002

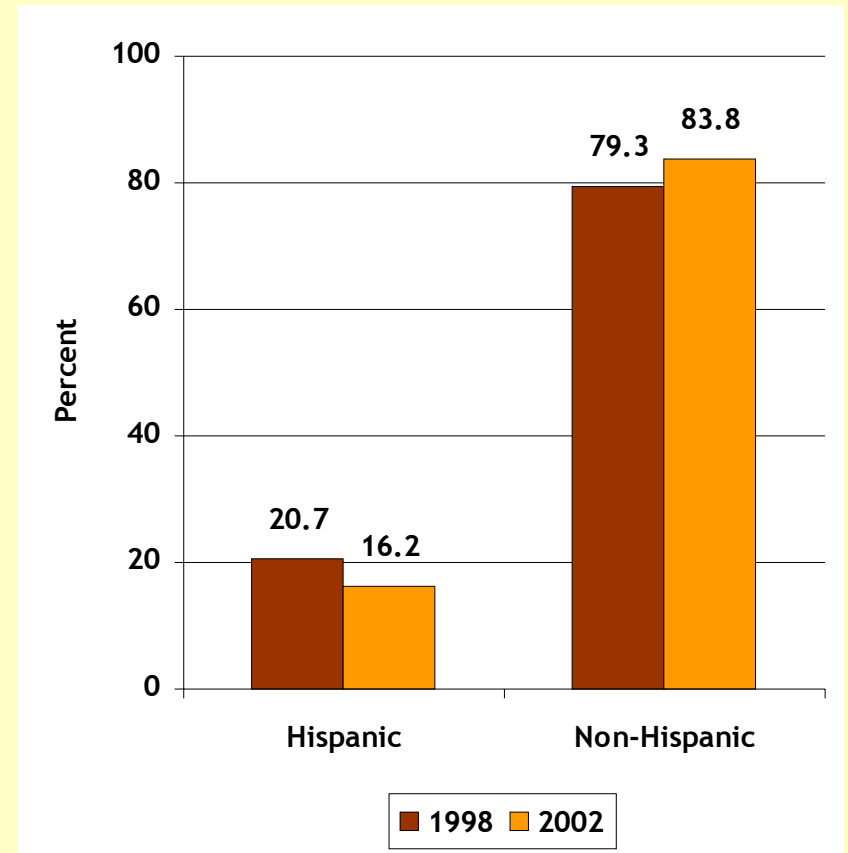
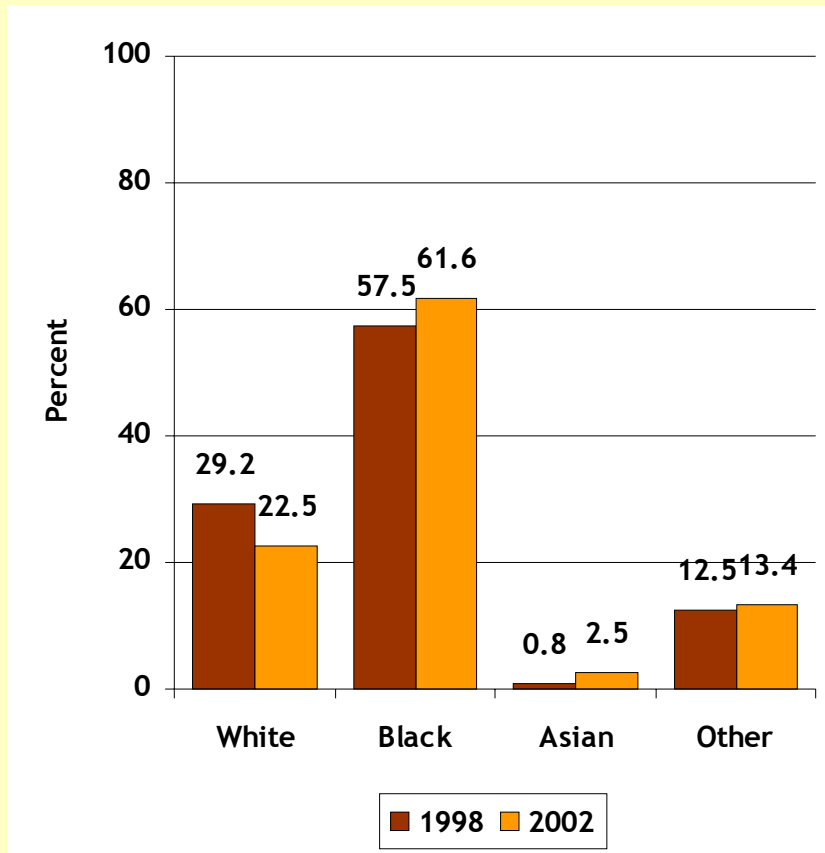


Figure 4. Major health indicators of women (ages 18-64) by insurance status, Philadelphia, 2002

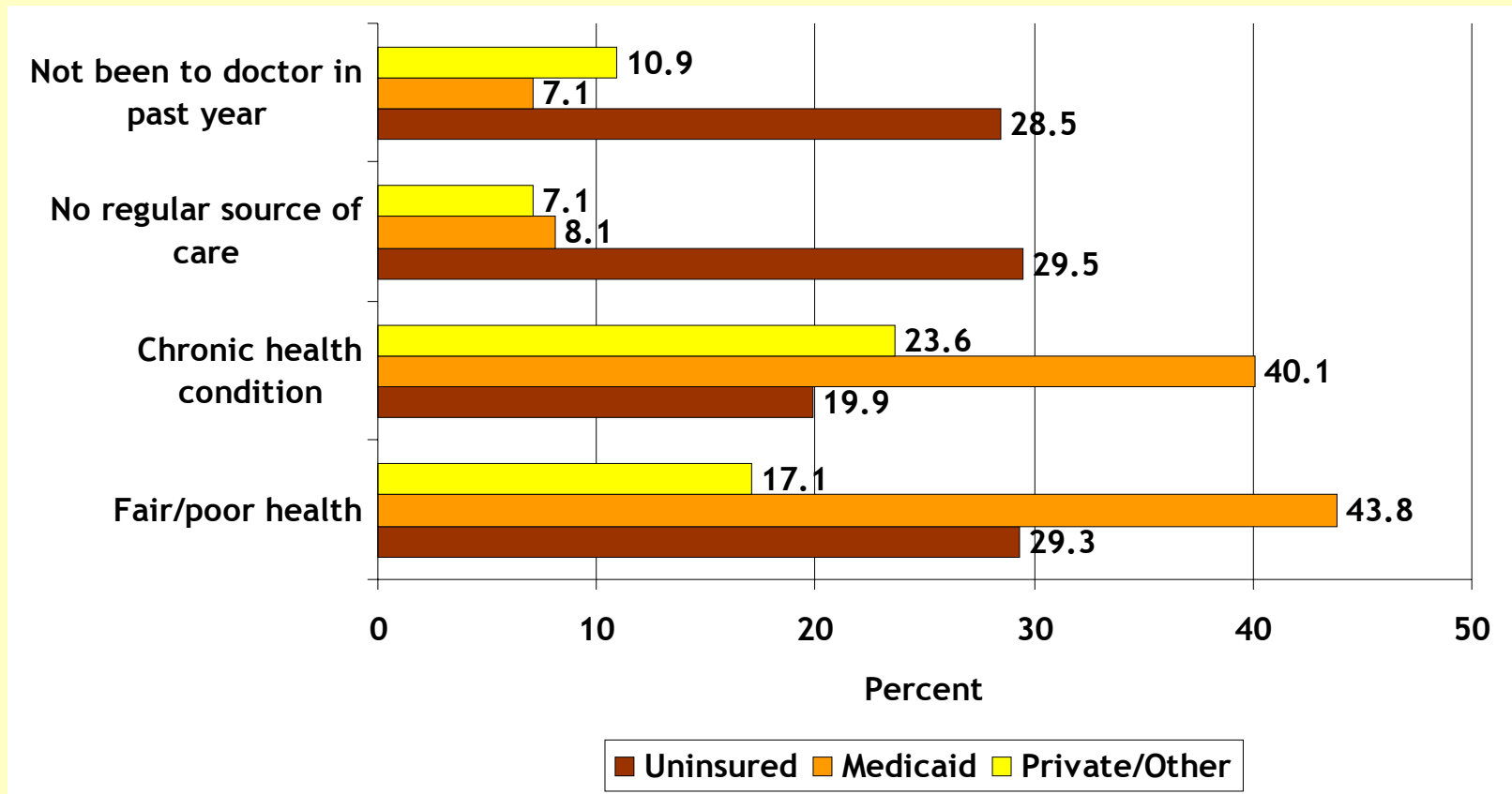
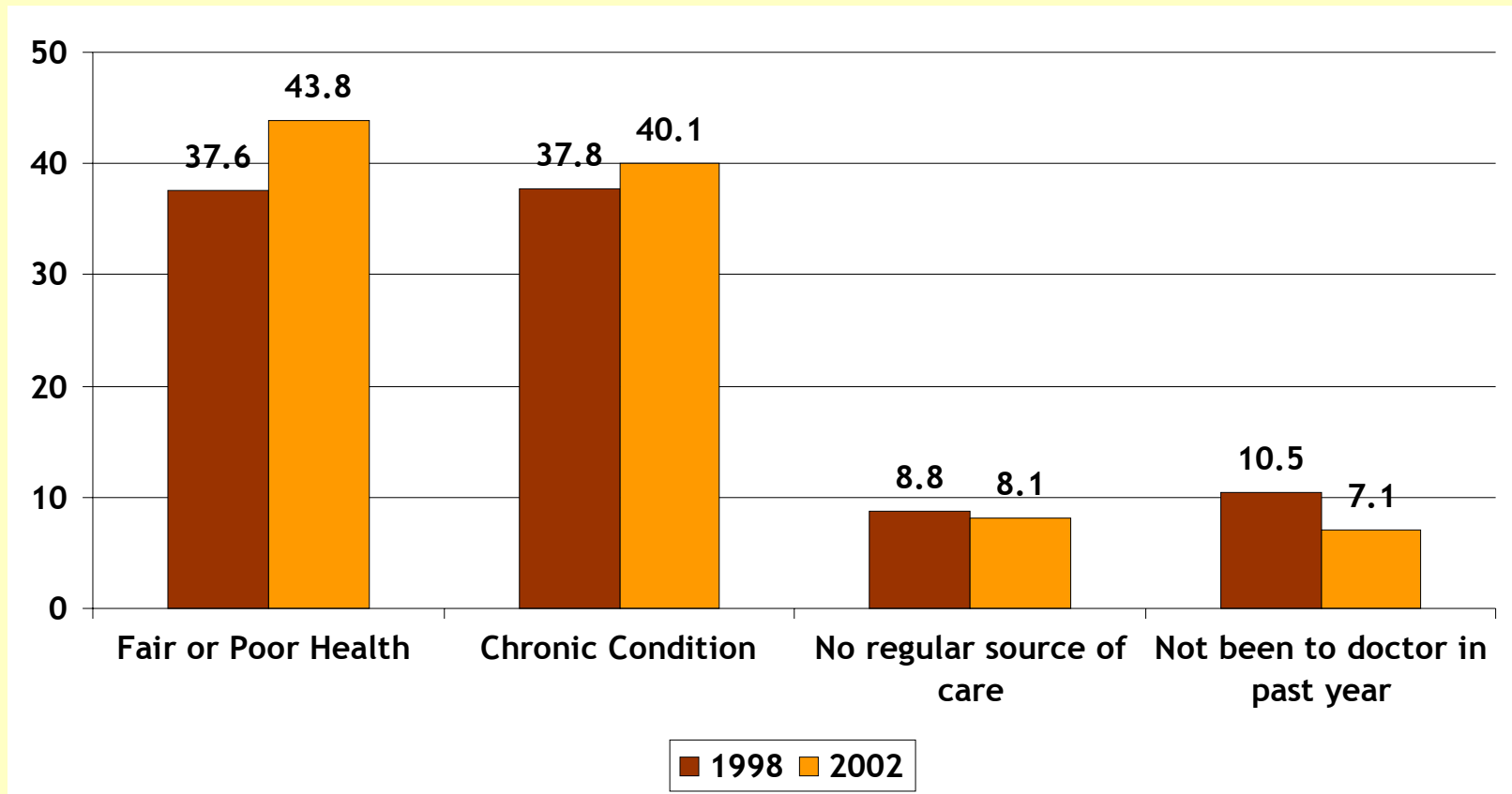


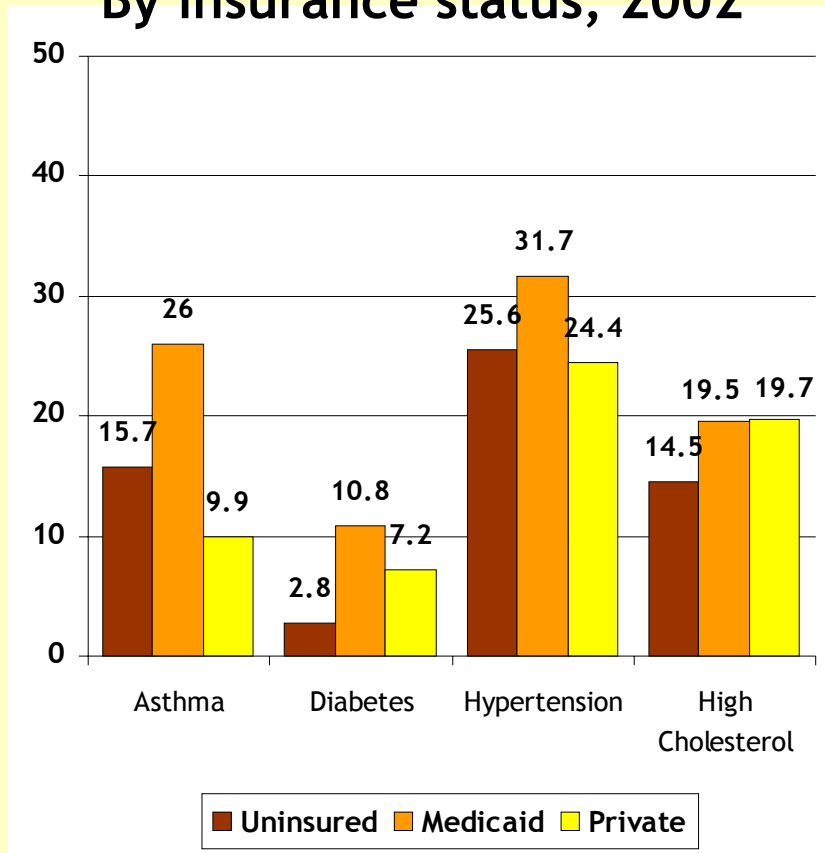
Figure 5. Major health indicators of women Medicaid recipients (ages 18-64), Philadelphia, 1998 and 2002



Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys

Figure 6. Selected health behaviors of women (ages 18-64), Philadelphia, 1998 and 2002

By insurance status, 2002



Among Medicaid recipients

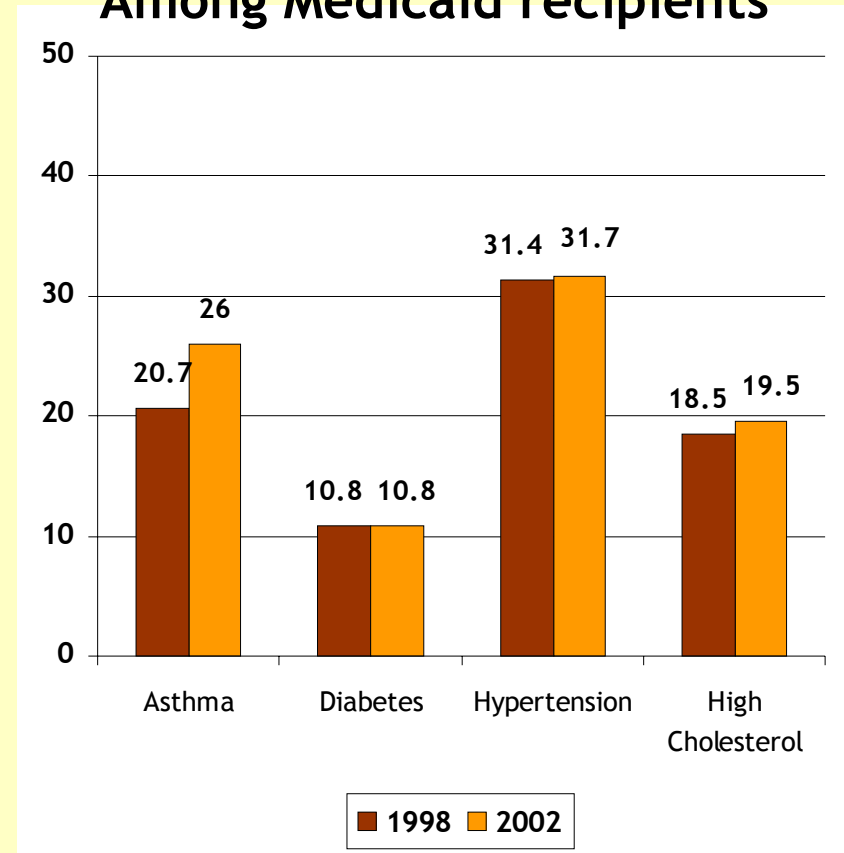


Figure 7. Mental health indicators of women (ages 18-64) by insurance status, Philadelphia, 2002

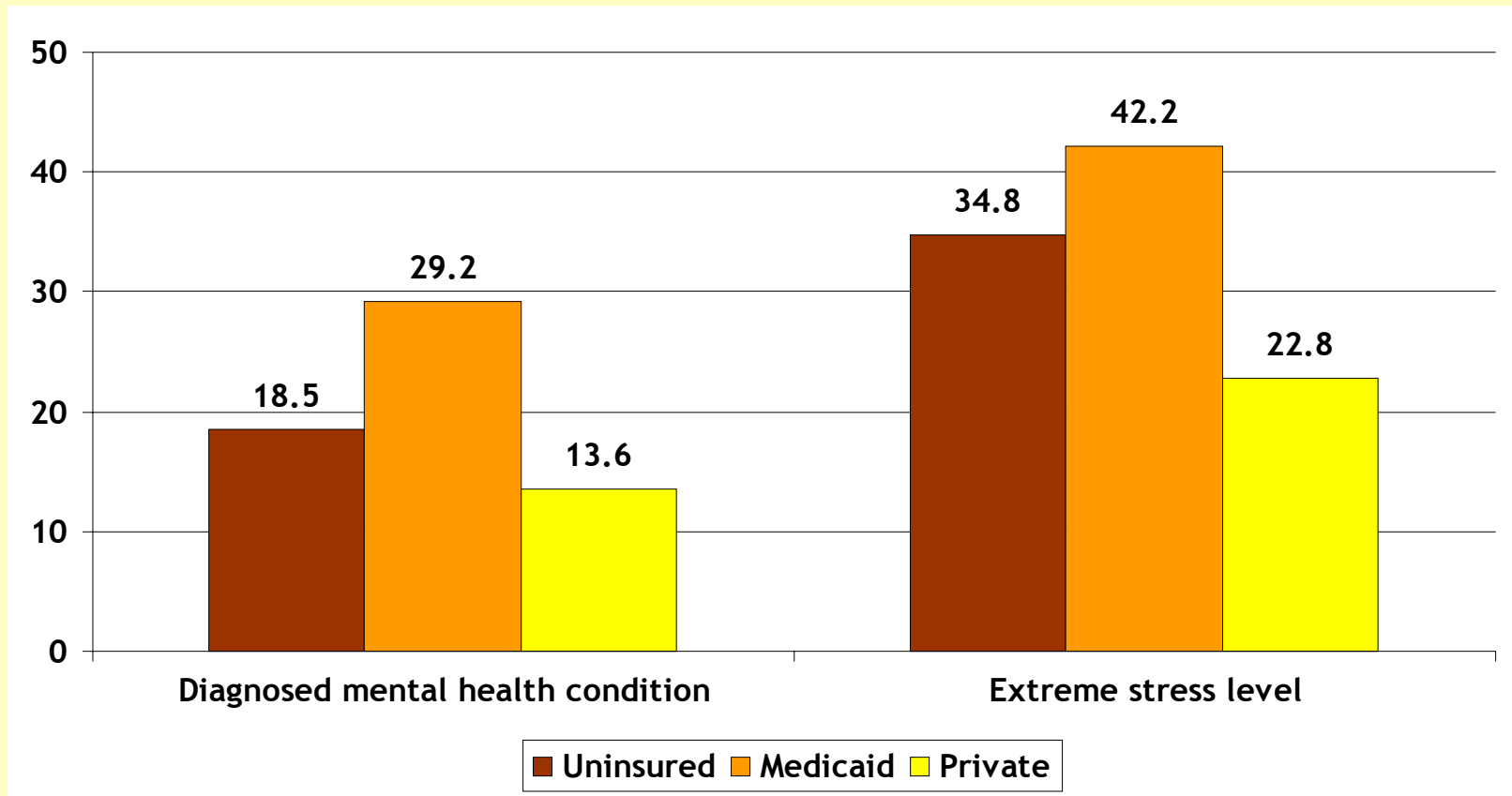
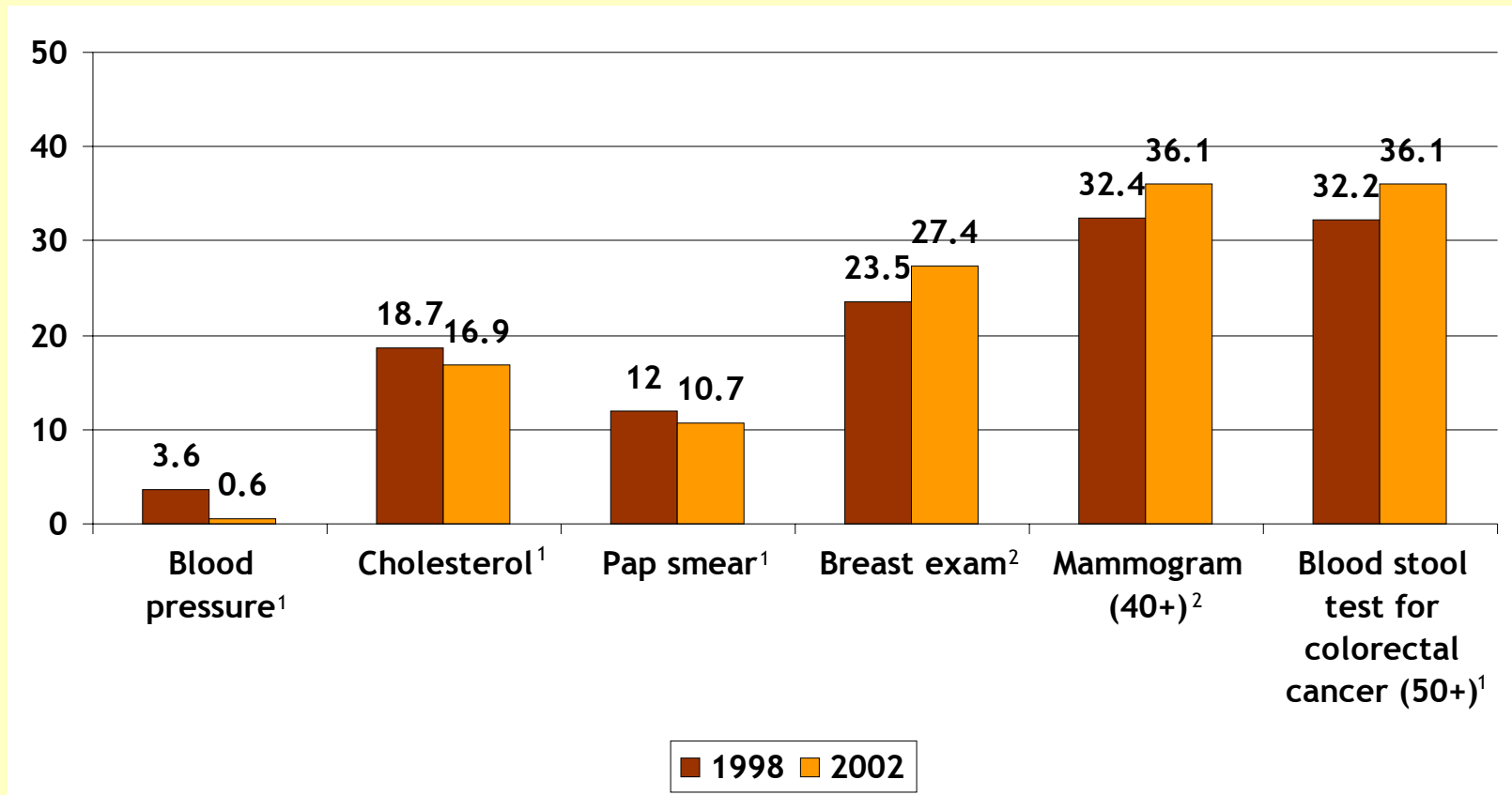


Figure 8. Women Medicaid recipients (ages 18-64) who did NOT receive selected screenings, Philadelphia, 1998 and 2002



¹Did not receive screening in past two years.

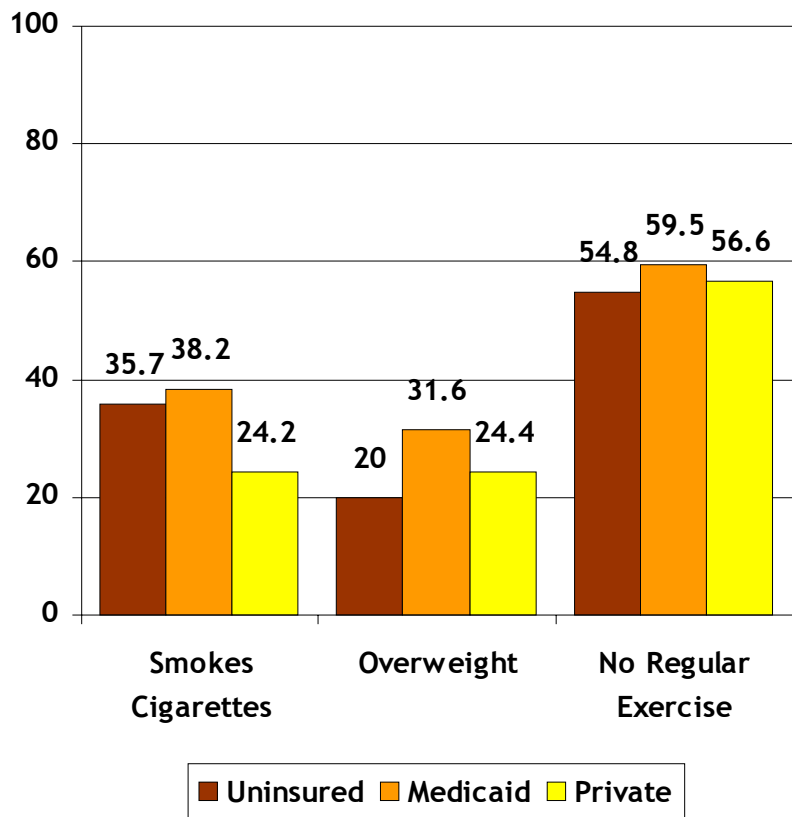
²Did not receive screening in past year.

Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys



Figure 9. Selected health behaviors of women (ages 18-64), Philadelphia, 1998 and 2002

By insurance status, 2002



Among Medicaid recipients

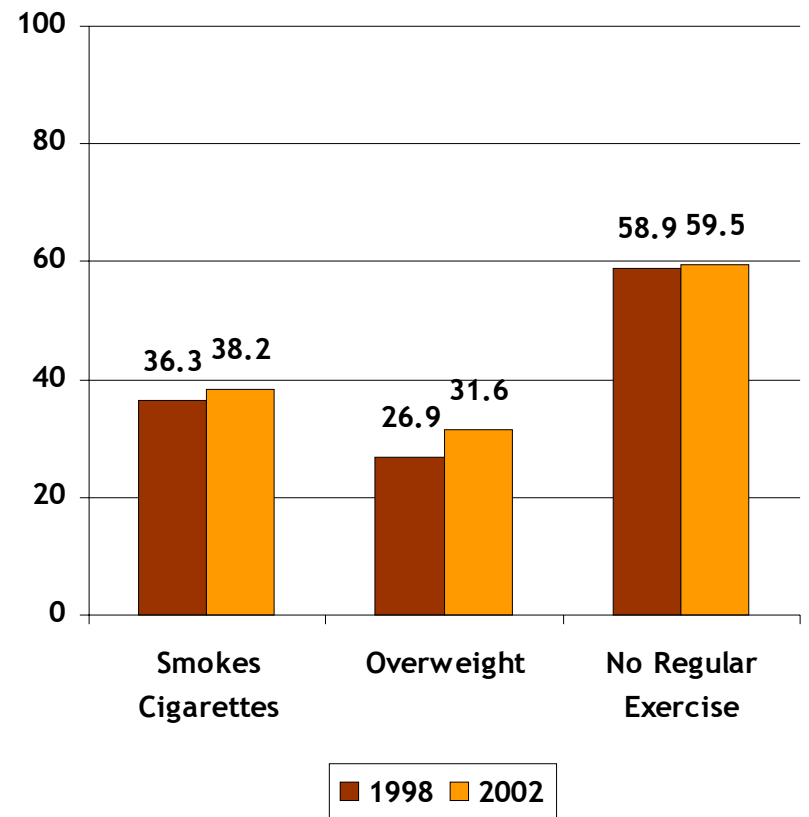
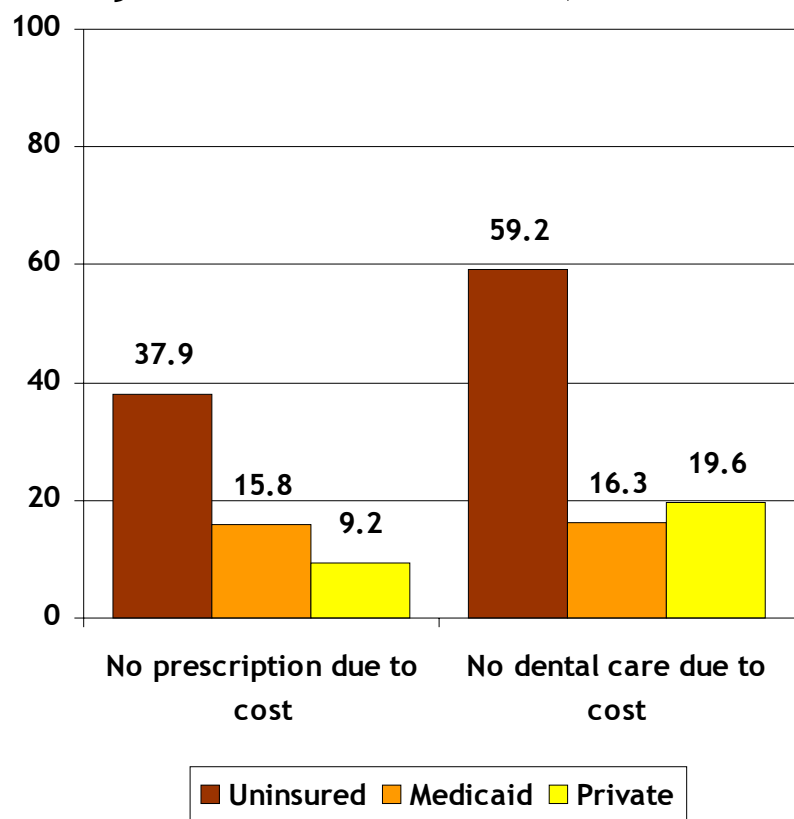


Figure 10. Barriers to receiving needed care among women (ages 18-64), Philadelphia, 1998 and 2002

By insurance status, 2002



Among Medicaid recipients

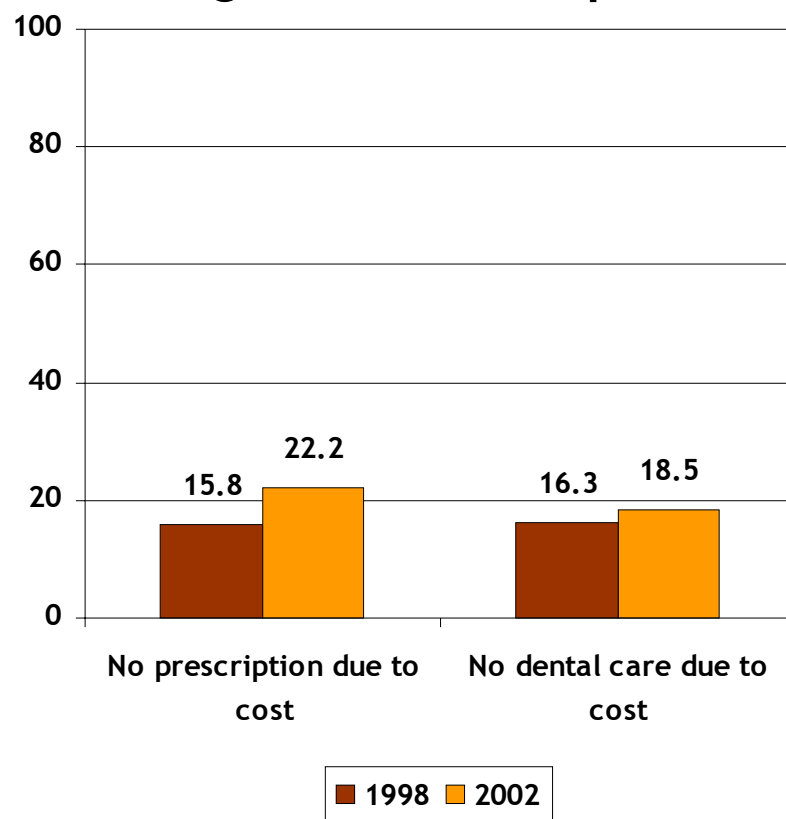
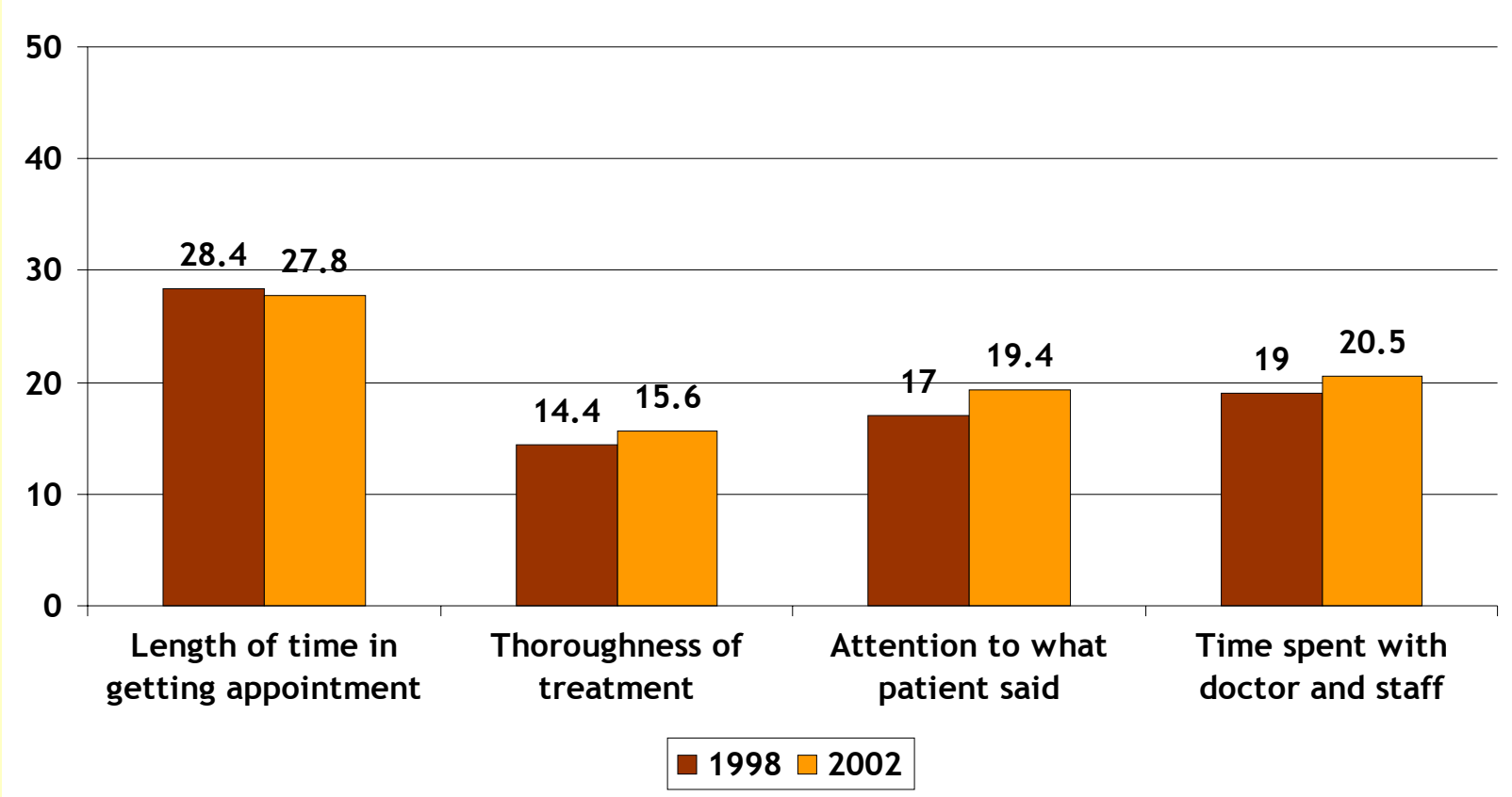


Figure 11. Dissatisfaction¹ with health care delivery among women Medicaid recipients (ages 18-64), Philadelphia, 1998 and 2002



¹Refers to the percent of women reporting poor or fair levels of satisfaction.

Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys

Figure 12. Safety and experiences with violence among women Medicaid recipients (ages 18-64), Philadelphia, 1998 and 2002



Conclusion and implications

- Since 1998 and subsequent to the implementation of welfare reform, there has been an decrease in the percentage of women receiving Medicaid and an increase in the percentage of women who are uninsured.
- Women Medicaid recipients in 2002 are in poorer health and have slightly higher rates of chronic disease than in 1998; they are also more likely to go without certain preventive health screenings, engage in unhealthy behaviors, and experience barriers to receiving needed care.
- Outreach and education efforts need to be targeted to make women aware of the benefits to which they and their children are eligible.
- It is important to heighten awareness of the need for routine screenings. This may become more difficult as work requirements restrict the hours available, as well as the lower level of satisfaction with providers voiced by women Medicaid recipients.
- There is a need to continue to stress the importance of engaging in behaviors which promote health, prevent disease and/or lessen the impact of existing conditions.
- Concern about violence and safety exists as a barrier to seeking services, especially after work hours and/or out of one's neighborhood.



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