



## *Preliminary Findings*

# Welfare Reform and the Perinatal Health of Immigrants

**TWENTY-  
EIGHTH**

in a Series  
of Seminars  
on MCHB-funded  
Research Projects

Tuesday, April 4, 2000 • 12:00–3:00 p.m.  
Parklawn Building, Conference Room D

**Presenter: Ted Joyce, Ph.D.**

PROFESSOR OF ECONOMICS, BARUCH COLLEGE AND GRADUATE CENTER,  
CITY UNIVERSITY OF NEW YORK, AND NATIONAL BUREAU OF ECONOMIC  
RESEARCH, INC.

**Reactors: Bernard Guyer, M.D., M.P.H.**

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THE JOHNS HOPKINS UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC  
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**Moderator: Henry Spring, M.D., J.D.**

DIRECTOR, DIVISION OF PERINATAL SYSTEMS AND WOMEN'S HEALTH,  
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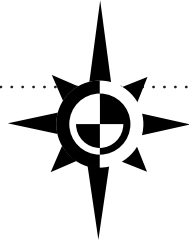
Bring your lunch, and enjoy the desserts and beverages provided

RSVP: Benita Thornton, National Center for Education in Maternal and Child Health  
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Research  
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# Research Roundtable

## About the Presenter...

Ted Joyce, Ph.D., is a professor in the Department of Economics and Finance at Baruch College, City University of New York, and a research associate with the National Bureau of Economic Research, Inc. In addition to contributing to books, Dr. Joyce has published articles in such journals as the *Journal of Health Economics*, the *Journal of the American Medical Association*, *Health Services Research*, and the *American Journal of Public Health*. He has also served as principal investigator on several research studies funded by the Agency for Health Care Policy and Research, the Rockefeller Foundation, and the Henry J. Kaiser Family Foundation, among others. His primary research interests are the impact of reproductive health policies on pregnancy resolution, birth outcomes, and infant health, and how cultural differences affecting decision-making impact health outcomes.

## About the Reactors...

Bernard Guyer, M.D., M.P.H., is professor and chair of the Department of Population and Family Health Sciences, The Johns Hopkins University School

of Hygiene and Public Health. He trained in pediatrics and preventive medicine and served as a medical epidemiologist at the Centers for Disease Control and Prevention. He is a former director of the Massachusetts Department of Public Health's maternal and child health (MCH) agency. Dr. Guyer has been active in MCH policy at the national and state levels and has authored more than 100 papers. His research interests include MCH planning and administration, low birthweight and infant mortality, the assessment of primary health care systems, the delivery of immunization services, and childhood injury and injury prevention.

Elizabeth A. Shenkman, Ph.D., is the director of health services research and evaluation at the Institute for Child Health Policy of the State University System of Florida and an associate professor of pediatrics at the University of Florida—Gainesville. Dr. Shenkman is the principal investigator on several research projects designed to assess the quality of care that children receive in managed care settings, and the factors influencing that care. Dr. Shenkman has published articles and reports on children's health care in managed care settings. In addition, she has presented several papers on the organization and financing of children's health care.

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## Welfare Reform and the Perinatal Health of Immigrants—Preliminary Findings

MCJ-360836 • 4/1/98–3/31/00

Howard Minkoff, M.D.  
State University of New York, Downstate Medical Center

## Description of the Presentation

A description of "Welfare Reform and the Perinatal Health of Immigrants," an active research study funded by the Maternal and Child Health Bureau, follows. Dr. Howard Minkoff of the State University of New York (SUNY), Downstate Medical Center, is the principal investigator of the study. Dr.

Joyce will discuss results of the vital data analysis during the roundtable presentation.

## Statement of the Problem

The United States' new immigrants may be the first to experience the public health effects of recent welfare reform instituted through the Personal



Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). While that legislation ended the guarantee of cash welfare assistance to all income-eligible families, the changes it mandated in the Medicaid program disproportionately affect immigrants. Because of widespread fear and confusion among immigrants about Medicaid eligibility, the consequences of this new law for maternal and infant health may be dramatic, especially in urban areas where large proportions of new mothers are immigrants. Subsequent legislation may also influence the perinatal outcomes of these women's newborns.

## Research Objectives

The study's objective is to determine whether PRWORA will affect the health of immigrant women and their newborns. It is hypothesized that (1) PRWORA will affect the health of immigrant women and their newborns, and (2) maternal-newborn outcomes will vary according to the Medicaid policies of the state in which the women reside.

## Study Design and Methods

The research design involves a three-tiered strategy for the collection of data. First, the authors will conduct interviews with health officials and administrators to examine new regulations and state policies as they are implemented in four states with large immigrant populations: California, Florida, Texas, and New York. Second, they will analyze vital data sets in these states using a series of cross sections of birth certificate data collected before and after the PRWORA policies were implemented. Third, they will interview postpartum women in sentinel hospitals (i.e., hospitals with high percentages of immigrant and indigent female patients) in three of the four states (California, Florida, and New York), and then will interview them again after 5 to 7 months to determine if they received postpartum and newborn care.

## Population Description and Sampling Plan

The commissioner of health and social services, the CEOs of sentinel hospitals, and chairs of obstetrics in each of the three states will be interviewed. Latino immigrant women (primarily from Mexico, Central and South America, and the Caribbean) and U.S.-born Latino women will be interviewed as well.

## Analysis Plan

The manner in which these three data sets will be used to reach the study goals is illustrated in Tables 1–3.

**Table 1.** Client Data Collection for Hypothesis I: PRWORA Will Affect the Health of Immigrant Women and Their Newborns.

	Predictor	Co-variate	Outcome
Factors	Medicaid and benefits status	Drug use, smoking, cultural factors, etc.	Preterm birth; intrauterine growth retardation (IUGR); adequacy of prenatal, postpartum, or newborn care; etc.
Source of data	Patient interview/patient eligibility	Interview/chart review	Chart review Patient follow-up

**Table 2.** Client Data Collection for Hypothesis II: Maternal-Newborn Outcomes Will Vary According to the Medicaid Policies of the State in Which Women Reside.

	Predictor	Co-variate	Outcome
Factors	State Medicaid regulations	Drug use, smoking, cultural factors, etc.	Preterm birth; IUGR; adequacy of prenatal, postpartum, or newborn care; etc.
Source of data	Medicaid official interview to determine eligibility criteria	Interview/chart review	Chart review Patient follow-up

**Table 3.** State Vital Data Sets Review for Hypothesis II: Maternal-Newborn Outcomes Will Vary According to the Medicaid Policies of the State in Which Women Reside.

	Predictor	Intermediate Variable	Outcome
Definition	Locale	Birthplace (country)	Change in payment source or outcomes
Source of data	Birth certificates	Birth certificates	Birth certificates

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Data gathered from the client interviews will be analyzed according to general linear models (for continuous variables), logistic regression models (for discrete variables), or multinomial logit models (for discrete outcomes with more than two levels). A differences-in-differences estimate will be used to relate the change over time of the treatment group (immigrants) to that of the control group (U.S.-born women) in each of the study states and then to compare those differences to assess the effects of the 1996 and 1997 legislation.

## Findings to Date

Dr. Joyce and his colleagues compared changes in the financing of prenatal care, the utilization of prenatal care, and birth outcomes among a subset of the study population: U.S.- and foreign-born Latinos in California, New York City, and Texas between 1995 and 1998. They focused on Latino immigrant women in these areas for three reasons: (1) the largest proportion of infants born to foreign-born women in California, New York City, and Texas are born to Latinos; (2) more than half of all births of infants born to Latinos in California and New York City in 1995

were financed by Medicaid, and Latinos were therefore particularly vulnerable to the potential withdrawal of benefits under PRWORA, or to becoming confused about eligibility requirements; and (3) a relatively large number of infants are born to U.S.-born Latinos in the three study areas. Because women in the control group are U.S. born, they do not perceive themselves as being threatened, as do many immigrants, with the immediate loss of Medicaid under PRWORA. U.S.-born Latinos, therefore, are a natural comparison group with which to analyze the effects of PRWORA on the perinatal health and behavior of their foreign-born counterparts.

No change was found in the percentage of uninsured; the percentage of births to women who initiated prenatal care early; or the percentage of low-birthweight, very-low-birthweight, and preterm births. Thus, despite reports of widespread fear and confusion in the immigrant community following the implementation of PRWORA, there is no evidence from vital statistics in these locations that basic patterns of care or outcomes among pregnant foreign-born Latinos (as compared to their U.S.-born counterparts) have changed significantly or consistently since PRWORA took effect.

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