

PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: HEALTH CARE

SUB-DOMAIN: ACCESS & UTILIZATION OF HEALTH CARE

INDICATOR: PERCENTAGE OF WOMEN WHO CURRENTLY HAVE SOME TYPE OF HEALTH CARE COVERAGE

SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: UNKNOWN

VALIDITY: HIGH¹

HP 2020 OBJECTIVE: INCREASE THE PROPORTION OF PERSONS WITH HEALTH INSURANCE TO 100%

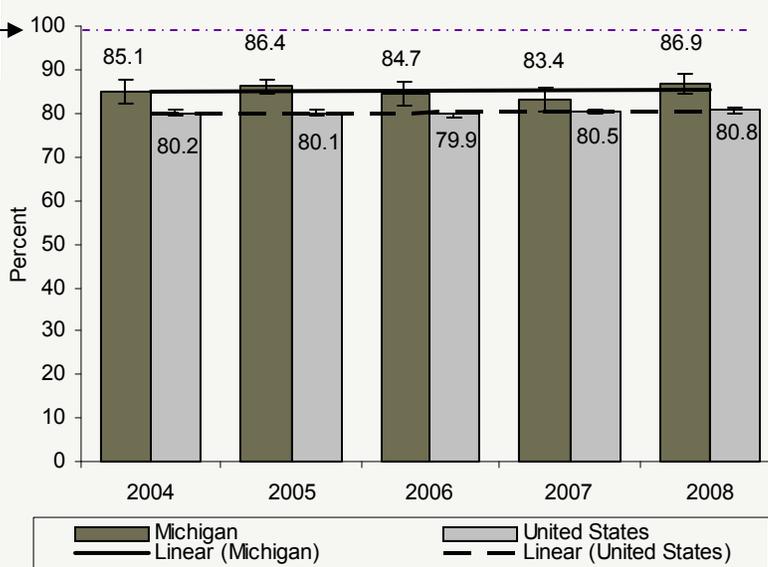
If Michigan is to attain the goal of improving preconception, maternal, and infant health, then access to preventative healthcare services at all times (not limited to prenatal and pregnancy care) is essential for women of child-bearing age.² Further, consistent access is especially important for women with chronic medical conditions such as diabetes or hypertension.² Affordability of care is a major con-

Table 1. Prevalence of **health care coverage**^a by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Health Care Coverage	
	%	95% Confidence Interval
Total	86.9	(84.7-88.9)
Age		
18 - 24	84.3	(86.3-94.9)
25 - 34	85.6	(89.4-95.0)
35 - 44	89.7	(86.8-91.8)
Race		
White	87.7	(85.2-89.8)
Black	82.1	(74.6-87.8)
Other	89.6	(80.1-94.9)

cern for many; women who lack health care coverage are more likely to forgo or postpone care and have poorer outcomes.³

Figure 1. Trend of self-reported **health care coverage**^a among women 18-44: US average vs. Michigan, BRFSS 2004-2008



In 2008, 86.9% of Michigan women of reproductive age reported health care coverage, in contrast to only 80.8% nationwide (Figure 1).

Further, disparities based on age, race and education were evident (Table 1, Figures 2-3). Significant disparities based on income were found. The prevalence of health care coverage was significantly higher among women with a household income greater than \$50,000 per year compared to women who reported lower household income (Figure 3).

HP 2020 goal:
100%

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Figure 2. Prevalence of self-reported **health care coverage**^a among MI women by race and educational attainment, Michigan BRFSS 2008

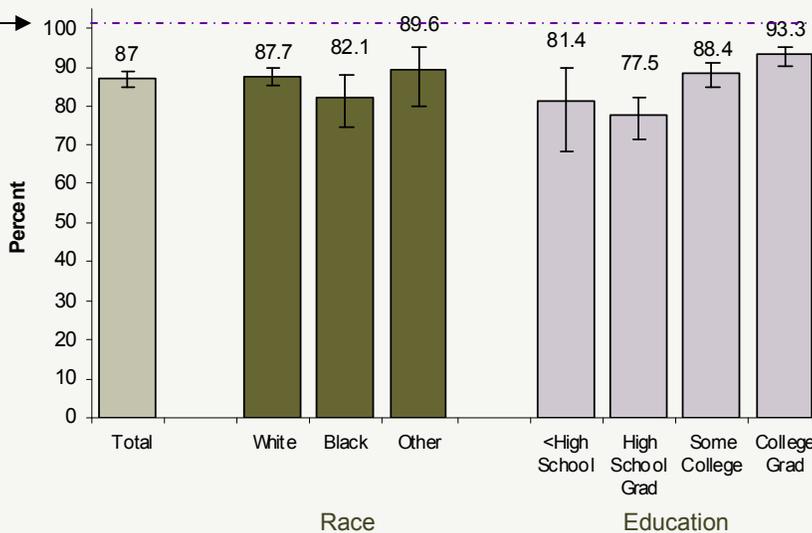
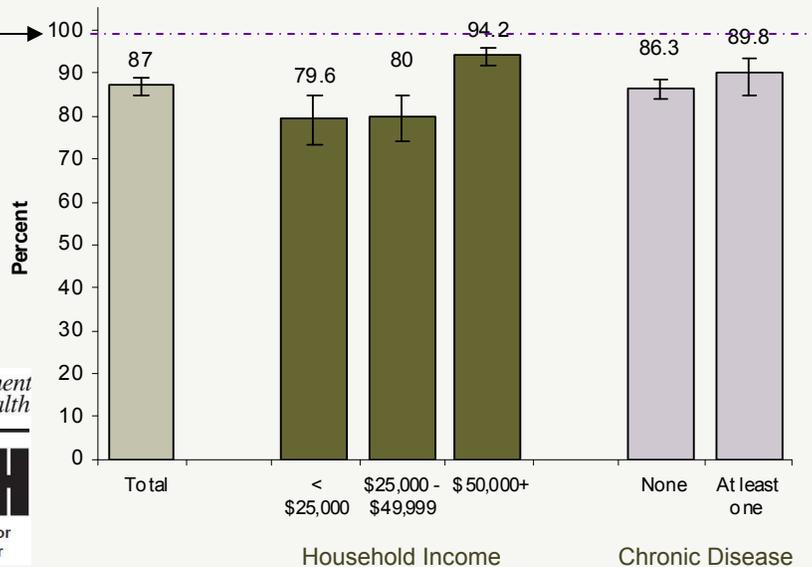


Figure 3. Prevalence of self-reported **health care coverage**^a among MI women by household income or at least one chronic disease^b, Michigan BRFSS 2008



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TABLE & FIGURE FOOTNOTES

^a Among adult women aged 18-44 years, the proportion who reported having health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare.

^b Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

REFERENCES

1. Nelson, DE, Holtzman, D, Bolen, J, Stanwyck, CAT & Mack, KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Preventivmedizin*, 46 (Suppl 1), S3-S42.
2. Johnson K, Posner S, Biermann J, Cordero, JF (2006) Recommendations to improve preconception health and health care in the United States. *MMWR* 55 (RR06); 1-23.
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HP 2020 goal:
100%

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100%

Michigan Department
of Community Health



Rick Snyder, Governor
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PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: HEALTH CARE

SUB-DOMAIN: ACCESS & UTILIZATION OF HEALTH CARE

INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO HAD HEALTH CARE COVERAGE DURING THE MONTH PRIOR TO PREGNANCY

SUMMARY

DATA SOURCE: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
 RELIABILITY: STRONG^{1,2}
 VALIDITY: STRONG^{1,2}
 HP 2020 OBJECTIVE: INCREASE THE PROPORTION OF PERSONS WITH HEALTH INSURANCE TO 100%

“Optimizing a woman’s health before and between pregnancies is an ongoing process that requires access to the full participation of all segments of the health care system.”³ While BRFSS estimated insurance coverage for women of reproductive age without regard to pregnancy, PRAMS estimates coverage specifically just prior to pregnancy among women who had a live birth. Two questions

Figure 1 Trend of self-reported **health care coverage**^a among women 18-44: Michigan 2004-2008, PRAMS

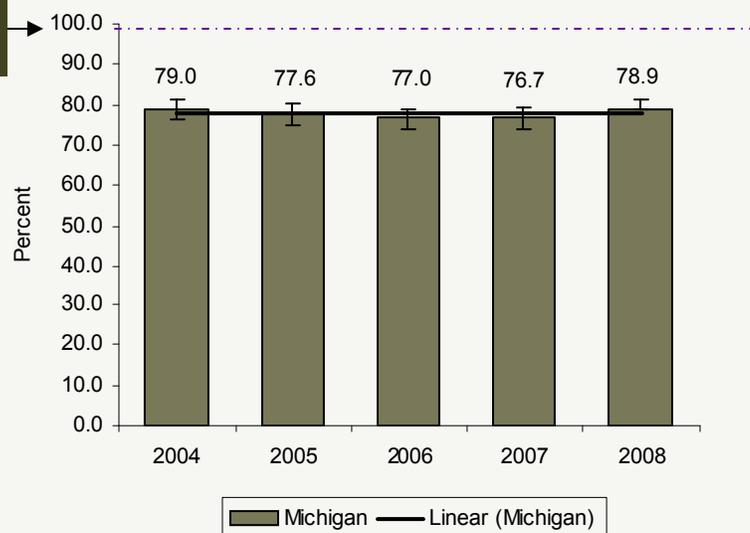


Table 1 Self-reported **health care coverage**^a by age group and race, MI PRAMS 2008

Demographic Characteristics	Health Care Coverage	
	%	95% Confidence Interval
Total	78.9	(76.4-81.3)
Age		
18 - 24	65.5	(60.4-70.2)
25 - 34	84.5	(81.3-87.3)
35 - 44	89.3	(83.5-93.2)
Race		
White	79.7	(76.6-82.5)
Black	78.8	(74.9-82.3)
Other	73.6	(54.2-86.8)

were asked of all respondents: 1. Just before you got pregnant did you have health insurance? and 2. Just before you got pregnant were you on Medicaid? Women who answered ‘Yes’ to either question were classified as having insurance.

The prevalence of insurance coverage (78.9%) was fairly constant among PRAMS respondents from 2004 to 2008 (Figure1). Significant disparities in health care coverage were seen when analyzed by age, education and income (Table1, Figures 2-3). The prevalence of health care coverage was lower among women who: were younger, had lower educational attainment or lower household income.

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Figure 2. Prevalence of self-reported **health care coverage**^a among MI women by race or educational attainment, Michigan PRAMS 2008

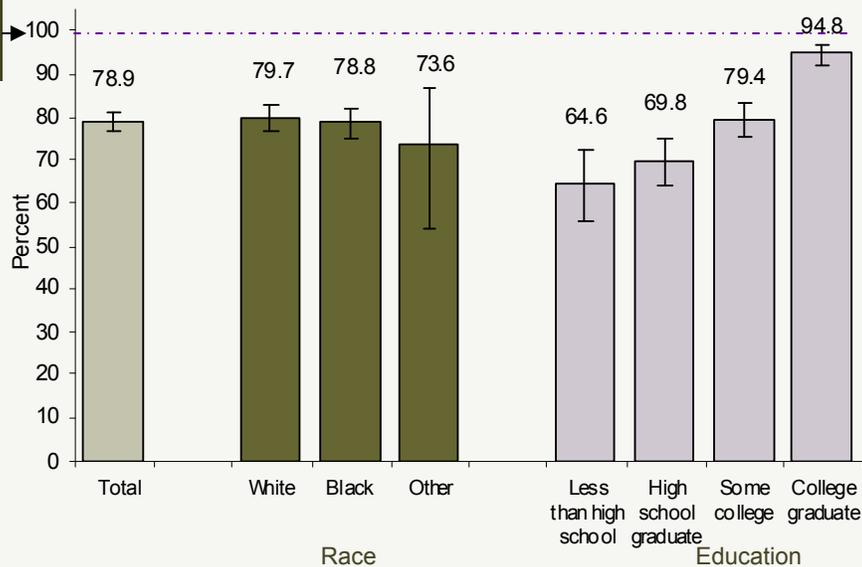
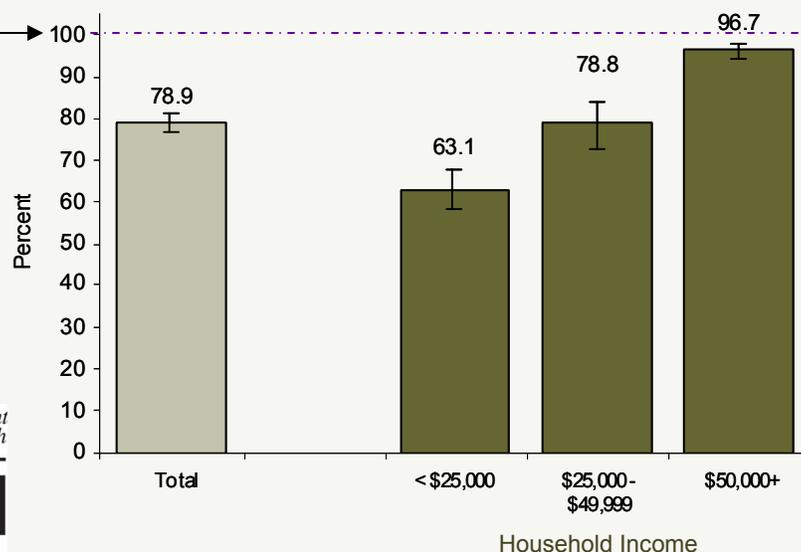


Figure 3. Prevalence of self-reported **health care coverage**^a among MI women by household income, Michigan PRAMS 2008



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TABLE & FIGURE FOOTNOTES

^a Among women aged 18-44 years, who had a live birth in 2008, the proportion who reported having health insurance (including Medicaid) during the month before conception.

REFERENCES

1. Core State Preconception Health Indicators: a voluntary, multi-state selection process November 2009.
2. Larder, C MI PRAMS Epidemiologist/Coordinator, Personal communication.
3. Committee Opinion, Number 31. American College of Obstetricians and Gynecologists, September 2005.

HP 2020 goal:
100%

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PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: HEALTH CARE

SUB-DOMAIN: ACCESS TO & UTILIZATION OF HEALTH CARE

INDICATOR: PERCENTAGE OF WOMEN WHO HAD A ROUTINE CHECKUP IN THE PAST YEAR

SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: MODERATE¹

VALIDITY: LOW¹

HP 2020 OBJECTIVE: AHS-5 INCREASE THE PROPORTION OF PERSONS WHO HAVE A SPECIFIC SOURCE OF ONGOING CARE TO 89.4%

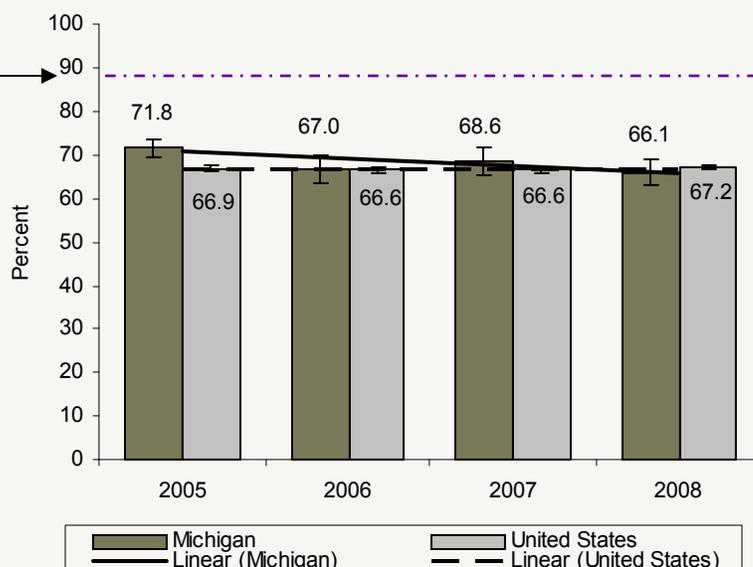
In 2008, more than 41 million people in the United States did not visit a doctor or health care professional.² Having a usual source of care was found to be strongly correlated to early receipt of preventative health care.³ In addition, the effects of having a usual source of care and health insurance coverage on receiving preventative care have been found to

Table 1. Prevalence of **routine checkup in the past year^a** by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Had Routine Checkup in the Past Year	
	%	95% Confidence Interval
Total	66.1	(63.0-69.1)
Age		
18 - 24	67.6	(59.9-74.5)
25 - 34	62.7	(57.1-67.9)
35 - 44	67.9	(64.2-71.5)
Race		
White	65.9	(62.6-69.1)
Black	69.8	(60.1-78.0)
Other	59.6	(45.4-72.3)

be additive.⁴ Improving access to preventative care is especially important for women of reproductive age, as this provides an opportunity for preconception health assessment and counseling.

Figure 1. Trend of self-reported **routine checkup in the past year^a** among women 18-44: US average vs. Michigan BRFSS, 2005-2008



In 2008, 66.1% of Michigan women of reproductive age reported having a routine checkup in the past year, an 8% decline since 2005 (Figure 1).

Further disparities based on race, education, household income and insurance status were evident (Table 1, Figures 2-3). Significant disparities based on health insurance were found.

- Only 43% of women who lack health insurance reported a routine checkup in the past year, compared to 69% of women with health insurance.

HP 2020 goal:
89.4%

PRECONCEPTION HEALTH IN MICHIGAN

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INDICATOR: PERCENTAGE OF WOMEN WHO HAD A ROUTINE CHECKUP IN THE PAST YEAR

Figure 2. Prevalence of self-reported **routine checkup in the past year**^a among MI women by educational attainment or household income, Michigan BRFSS 2008

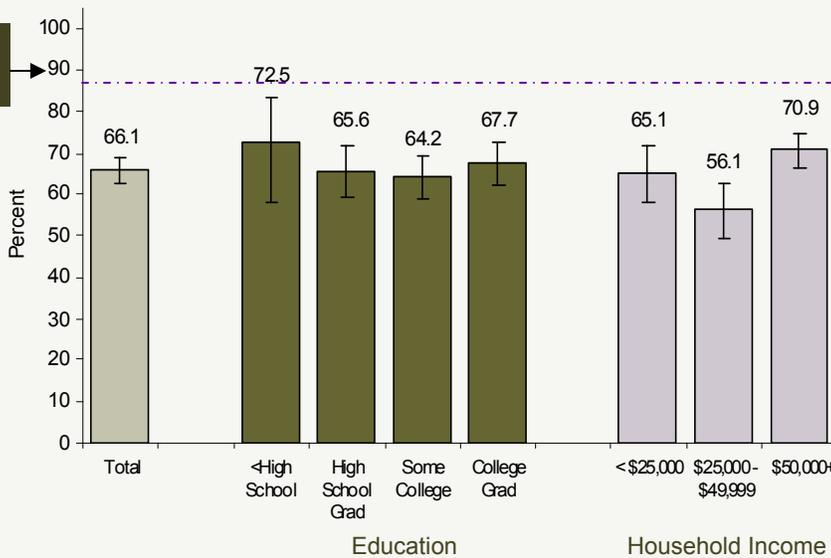
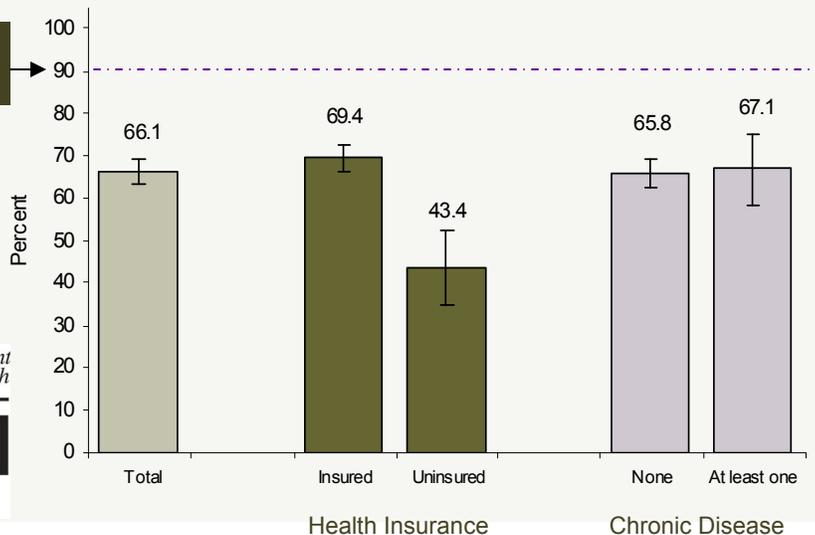


Figure 3. Prevalence of self-reported **routine checkup in the past year**^a among MI women by health insurance coverage or at least one chronic disease^b, Michigan BRFSS 2008



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TABLE & FIGURE FOOTNOTES

- ^a Among adult women aged 18-44 years, the proportion who reported having had a routine checkup within the past year.
- ^b Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

REFERENCES

1. Nelson DE, Holtzman D, Bolen J, Stanwyck CAT & Mack KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Preventivmedizin*, 46 (Suppl 1), S3-S42.
2. Peis JR, Lucas JW, Ward BW. (2009) Summary health statistics for U.S adults: National Health Interview Survey, 2008. National Center for Health Statistics. *Vital Health Stat* 10 (242).
3. Ettner SL (1996) The timing of preventative services for women and children: The effect of having a usual source of care. *Am J Public Health* 86 (12): 1748-54.
4. Devore JE, Fryer GE, Phillips R, Green L. (2003) Receipt of preventative care among adults: Insurance status and usual source of care. *Am J Public Health* 93(5) 786-91.

HP 2020 goal:
89.4%

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PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: HEALTH CARE

SUB-DOMAIN: REPRODUCTIVE HEALTH CARE

INDICATOR: PERCENTAGE OF WOMEN WHO HAD A PAPER TEST IN THE PAST 3 YEARS

SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: MODERATE¹

VALIDITY: LOW TO MODERATE¹

HP 2020 OBJECTIVE: C-15 INCREASE THE PROPORTION OF WOMEN WHO RECEIVE A CERVICAL CANCER SCREENING BASED ON THE MOST RECENT GUIDELINES TO 93%

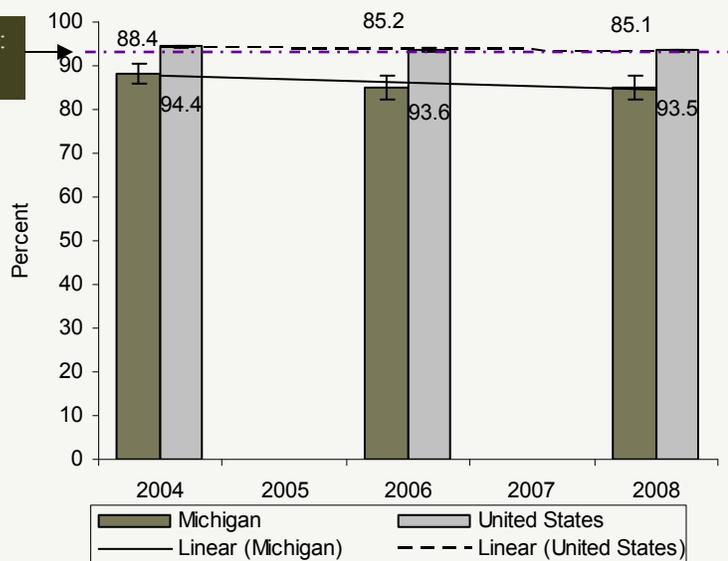
Papanicolaou test or Pap test is a test that can detect cervical cancer early, when it is highly curable. The CDC's Select Panel on Preconception Care recommends that women be screened routinely for human papillomavirus (HPV)-associated abnormalities of the cervix and that recommended subgroups receive the HPV vaccine.² In addition, the office visit for

Table 1. **Appropriately timed pap test^a** by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Had Appropriately Timed Pap Test	
	%	95% Confidence Interval
Total	85.1	(82.3-87.4)
Age		
18 - 24	66.3	(58.3-73.4)
25 - 34	92.8	(89.5-95.1)
35 - 44	90.9	(88.2-92.9)
Race		
White	85.4	(82.4-88.0)
Black	86.8	(79.9-91.6)
Other	76.6	(60.7-87.5)

the Pap test is an opportunity for health care providers to assess preconception health and provide treatment if needed.

Figure 1. Trend of **appropriately timed pap test^a** among women 18-44: US average vs. Michigan BRFSS 2004-2008



In 2008, 85.1% of Michigan women of reproductive age reported having a pap test in the past 3 years. The rate among Michigan women is significantly and consistently lower than the national rate and the HP2020 goal (Figure 1).

Significant disparities based on race, education, household income and insurance status were evident (Table 1, Figures 2-3).

The Pap test is recommended for women age 21 and older or 3 years after initiation of intercourse, thus the prevalence among younger women would be expected to be lower than for older women.

HP 2020 goal: 93%

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INDICATOR: PERCENTAGE OF WOMEN WHO HAD A PAP TEST IN THE PAST 3 YEARS

Figure 2. Prevalence of **appropriately timed pap test**^a among MI women by educational attainment or household income, Michigan BRFSS 2008

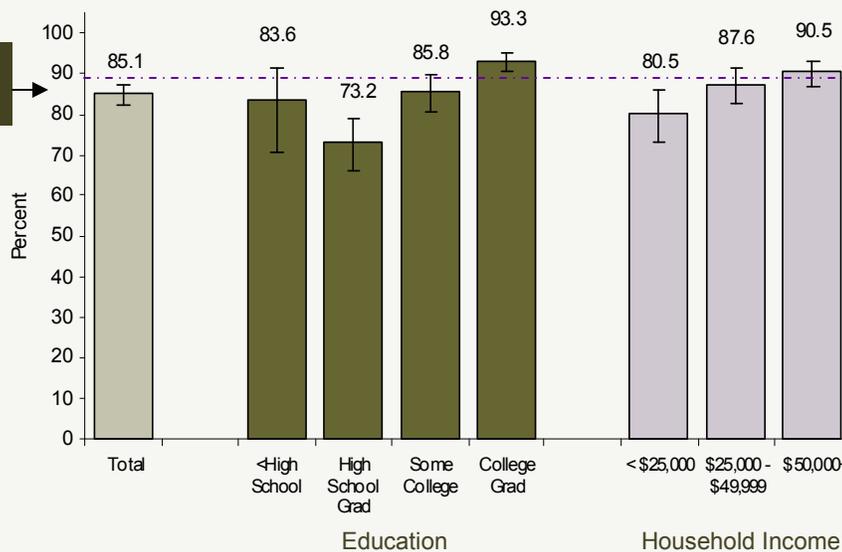
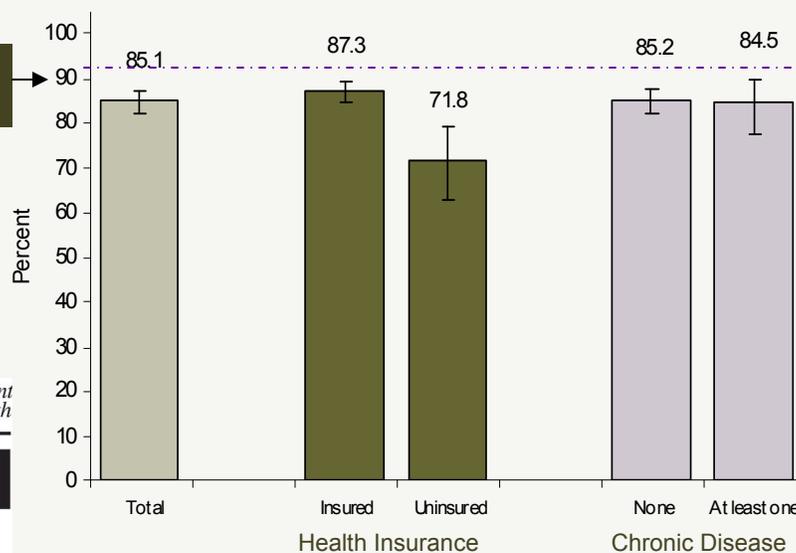


Figure 3. Prevalence of **appropriately timed pap test**^a among MI women by health insurance coverage or at least one chronic disease^b, Michigan BRFSS 2008



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TABLE & FIGURE FOOTNOTES

- ^a Among adult women aged 18-44 years, the proportion who reported having had a Pap test within the previous three years.
- ^b Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

REFERENCES

1. Nelson DE, Holtzman D, Bolen J, Stanwyck CAT & Mack KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Preventivmedizin*, 46 (Suppl 1), S3-S42.
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