

Outcome Indicators

The primary activity of the waiver is to increase access to publicly funded family planning services. To make significant changes in fertility intentions and outcomes will require a more comprehensive approach than just increasing access to services (see conceptual model).

Hypothesis #6: The mother’s age at first birth among women eligible for services under the waiver will increase following implementation of the waiver.

Benchmark Measure #6.1: Maintain prior increases in the mother’s age at first birth among women eligible for services under the waiver, and continue to increase age at first birth as it parallels secular trends.

Figure #6a: Age at First Birth for Regular Medicaid, OCWI Medicaid, & All Other

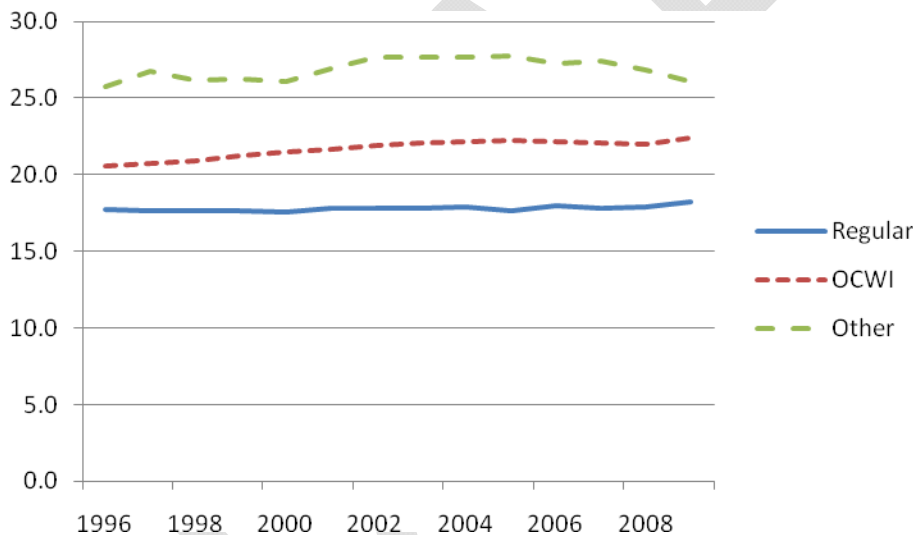


Figure #6a shows the average age at first birth for women whose delivery was covered by regular Medicaid, OCWI Medicaid, and all other (top line) based on Medicaid claims and birth certificate data. See Data Table #6a in Appendix A for reference data.

Discussion: Over the course of the waiver implementation age of first birth has increased from 20.5 years in 1996 to 22.4 years in 2009, while over the same time period, the age at first birth for regular Medicaid has remained relatively constant. Also during the same time frame, the secular trend in age of first birth has increased. There are two possible explanations that prevent the increase in age at first birth for OCWI mothers from being attributed solely to the waiver. One is that over the same time period the age at first birth for women not covered by Medicaid showed similar increases. So the increase in age for OCWI women might just reflect a change in social norms; although, it should be noted that the age at first birth for women not covered by

Medicaid has shown a slight decrease since 2007.

Another potential explanation for the increase in age at first birth for women covered by OCWI Medicaid might be that, as more children have become covered by expansions of the regular Medicaid program (including the “Partners for a Healthy Tomorrow,” South Carolina’s Title XXI SCHIP Medicaid expansion), teen mothers that were included in the statistics for the OCWI program in 1996 might now be included in the statistics for the regular Medicaid program. This would have the effect of increasing the average age for the remaining OCWI clients.

Regardless, Benchmark #6.1 was met for 2009. While celebrating this progress, the difference in age at first birth for women with different family incomes remains striking (see Figure #6a). The difference in age at first birth between women on Medicaid (OCWI and regular) and all other women shows how much more change is potentially possible. Given historical trends and the four-year gap between age at first birth for OCWI mothers and women in the general population, it is unrealistic to expect this ground to be made up in the near future

Hypothesis #7: The rate of inadequate inter-pregnancy intervals among women eligible for services under the waiver will decline following implementation of the waiver.

Benchmark Measure #7.1: The rate of repeat conception for OCWI mothers within 18 months will decrease to less than 12% by the end of the renewal period.

Benchmark Measure #7.2: The rate of repeat conception within 6, 12, and 18 months among women participating in the waiver will remain substantially lower will remain substantially lower than the rate of repeat conception within 6, 12, and 18 months of women eligible for the waiver (OCWI mothers).

Figure #7a: Percent of Repeat Births Conceived Within 18 Months

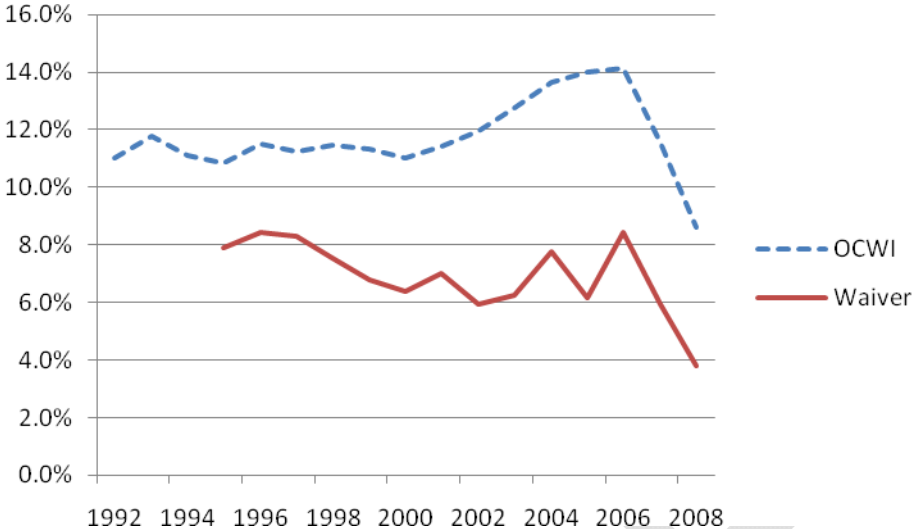


Figure #7a shows two lines based on Medicaid claims, hospital discharge, and birth certificate data: the percent of OCWI Medicaid women giving birth in a month who later conceived again within 18 months and the corresponding percent for waiver participants. See Data Table #7a in Appendix A for reference data.

Figure #7b: Percent of Repeat Births Conceived Within 12 Months, OCWI Mothers & Waiver Participants

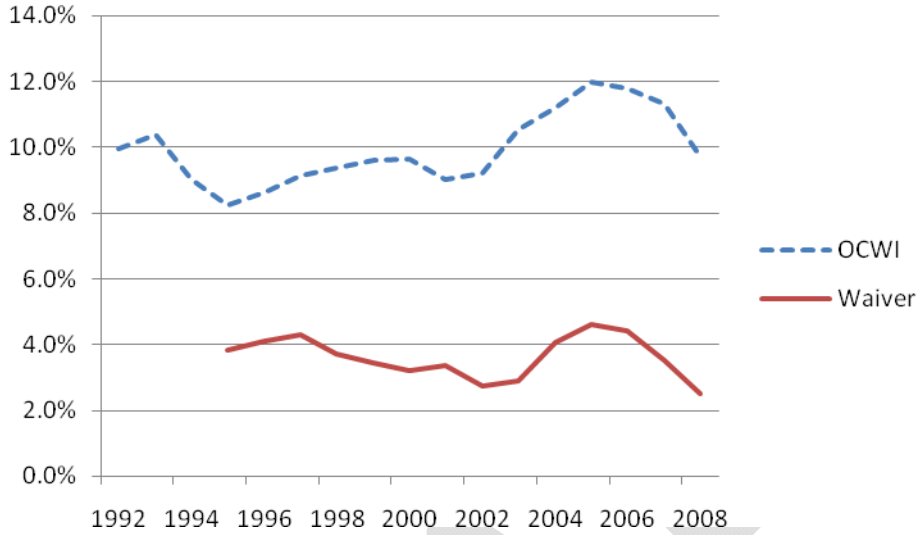


Figure #7b shows two lines based on Medicaid claims, hospital discharge, and birth certificate data: the percent of OCWI Medicaid women giving birth in a month who later conceived again within 12 months and the corresponding percent for waiver participants. See Data Table #7b in Appendix A for reference data.

Figure #7c: Percent of Repeat Births Conceived Within 6 Months, OCWI Mothers & Waiver Participants

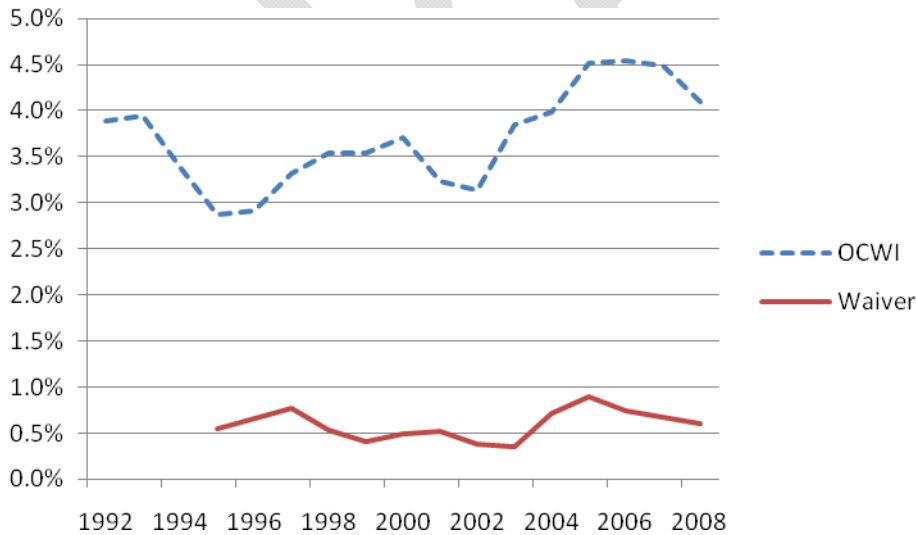


Figure #7c shows two lines based on Medicaid claims, hospital discharge, and birth certificate data: the percent of OCWI Medicaid women giving birth in a month who later conceived again within 6 months and the corresponding percent for waiver participants. See Data Table #7c in Appendix A for reference data.

Discussion: Based on Figures #7a, #7b, and #7c, it is clear that participation in the waiver reduces the frequency of inadequate birth spacing. As expected, the effect of

the waiver on women who actually received services after their index birth was much stronger. This highlights the importance of participation as opposed to enrollment in the waiver. It is likely that some of the difference is related to motivation – women more motivated to space their births are more likely to participate in family planning services. Since only 39% of the OCWI mothers in 2009 participated in the waiver, there is considerable room for improvement. Recent research published in the Journal of the American Medical Association has demonstrated that birth to conception intervals of less than 18 months are associated with an increased prevalence of low birth weight, preterm birth and small for gestational age birth. Benchmarks #7.1 and #7.2 were met for 2009.