

Section III Perinatal Services in the Capital Region

ACCESS

The Capital Region is considered a "service rich" area in terms of the availability of health and human services. However, the majority of these services are concentrated in the urban centers of each county, i.e., City of Albany, City of Schenectady, and Troy (Rensselaer County). This holds true for perinatal services and family planning programs as well. Particularly affected by this are residents of Rensselaer County which is a large county (654 square miles) and has a large rural area. Rural areas pose unique service availability and access issues. Services are typically more limited in rural areas given the difficulty in recruiting and retaining health care professionals. Additionally, rural hospitals face significant challenges in delivering quality health services while struggling to maintain financial solvency. There are no rural hospitals in the Capital Region. Service provision is further challenged by the difficulty of coordinating services over wide geographical expanses. On the individual level, residents of rural areas face unique challenges in accessing services. Confidentiality is a major concern in small towns. Access to services is hampered by the lack of public transportation both within towns and villages as well as from rural areas to urban centers where services are more readily available. Area coalitions have assessed this transportation problem and have tried to address it, but financial and liability concerns as well as the intricacies of coordinating a rural transportation system have thus far proven insurmountable obstacles.

But access problems are not limited to rural areas. Women who are poor, unmarried, Black or Hispanic, multiparous, extreme ages (under 15 or over 40), or have low levels of educational attainment have the lowest rates of adequate prenatal care use. These demographic risk factors for prenatal care under-utilization are indicative of larger social issues affecting these groups' access to and use of health care services. For example, pregnant women who are young, poor, under-educated, or members of racial or ethnic minority groups are more likely to live in under-served urban areas. Additionally, women in these groups are more likely to be in poorer general health due to the effects of poverty such as insufficient nutrition, unsanitary living conditions, and inadequate health care. These conditions of poverty also increase a poor woman's chances of having a high-risk pregnancy and poor birth outcomes. A recent study of late entry into prenatal care among New York City women found that living in a distressed urban neighborhood significantly increased a woman's risk of late prenatal care initiation, even when controlling for individual risk factors. Obtaining prenatal care simply is not the highest priority for some women who live in poverty. Taking precedence over prenatal care may be issues of obtaining food and shelter, caring for other children, and dealing with substance use or abusive relationships.

The cultural appropriateness of prenatal services can have a significant impact on service use. Language barriers are an obvious example. But, language barriers imply a larger issue regarding culture. Consumers have different cultural or spiritual beliefs and customs regarding the body, health, and perceived need for medical services. Providers' lack of respect for varying cultural perspectives can be a barrier to service use. A woman's experience during a health care visit can have long lasting effects. A negative experience may deter a pregnant woman's subsequent use of services. A consumer's visit experience encompasses the initial reception at the front desk, the

waiting room atmosphere and length of the wait, the level of respect of the health care providers as well as office staff towards the consumer, and a general sense of caring displayed by the providers.

Women who have been pregnant before are less likely to access prenatal care services at adequate levels or to enter later. Some of these women perceive prenatal care as unnecessary because they have already experienced a healthy pregnancy and feel they know what to expect and how to care for themselves. Additionally, pregnant women with other children may not be able to obtain child care while they attend a prenatal care session. Few prenatal clinics have designated space or staff to assist with child care.

Whether a pregnancy is planned has implications for prenatal care use. Women who plan for and want to become pregnant are more likely to know they are pregnant earlier, and to initiate prenatal care early. Studies have found that problems with accepting the pregnancy (e.g., ambivalence, denial, didn't know or didn't think they could become pregnant) were the most frequently reported reasons for late initiation of prenatal care in their samples. This is a particularly significant issue for pregnant teens whose unintended pregnancy rate is higher than their older counterparts.

Prenatal substance use can affect women's use of health care services. Shame, denial, and guilt may deter a woman's use of the health care system. Laws criminalizing fetal exposure to alcohol and drugs do not exist in New York State. However, women may still avoid the service system for fear of presumed legal reprisal.

Family violence can impact service access and use. Domestic violence often begins or escalates during pregnancy, placing mother and infant at risk. Battered women are twice as likely as non-abused women to enter prenatal care during the third trimester or not at all. Some of the reasons for this late entry are a woman's fear of detection of the abuse, her embarrassment over her situation, guilt regarding her inability to leave, and fear that a medical provider may pursue legal action against the abuser, thus placing her in a potentially more dangerous situation when she returns home. Additionally, the abusing partner may prevent the woman from seeking care.

Practical issues, such as limited hours and days of service and transportation problems, can be significant access barriers. Transportation, in particular, is a very real problem in rural areas where health clinics cover large geographic territories. Rural areas typically have no formal public transportation. Even in urban areas where public transportation is likely to be available, practical problems, such as cost, added time, discomfort during pregnancy, and traveling with small children, become obstacles.

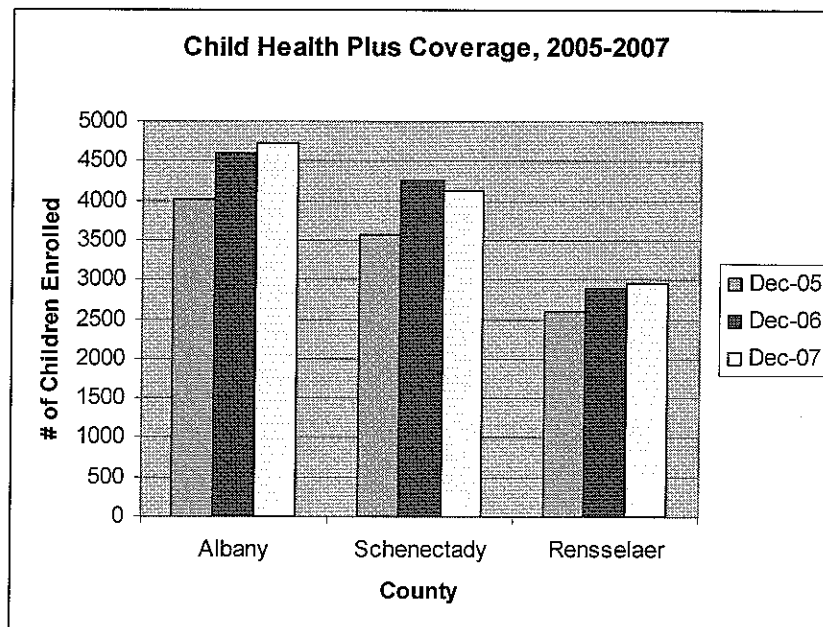
Policies and programs have been set in place to address some of the above access issues, and are articulated in the following section.

HEALTH INSURANCE COVERAGE

Health insurance coverage is vital in our effort to create healthy families within our service area. In 2003-2004 one in six New Yorkers lacked medical coverage. Estimates put numbers at 2.8 million individuals in New York State without insurance. Although it is evident we have not reached a point where health insurance is available to all, the steps that have been taken are slowly moving us in that direction. Along with federal and state programs for Family Health Plus and Child Health Plus, we now have programs such as Healthy New York which offer additional coverage to the Capital Region population.

Child Health Plus – Depending on gross income levels, families with children under the age of 19 who have no medical coverage may be eligible for Children’s Medicaid, in which children are enrolled in a managed care plan or see Medicaid accepting providers, or Child Health Plus, where children can be seen by any Child Health Plus doctor. For families at 1.6 times the poverty level, there are no premiums, and for those above that level (from 1.5 to 2.6 times the poverty level), premiums range from \$9-\$15 dollars per month per child (capped at 3 children per family). Benefits of the program include well-child care; physical exams; immunizations; diagnosis and treatment of illness and injury, x-ray and lab tests; outpatient surgery; emergency care; prescription and non-prescription drugs if ordered; inpatient hospital medical or surgical care; short-term therapeutic outpatient services (chemotherapy, hemodialysis); limited inpatient and outpatient treatment for alcoholism, substance abuse and mental health; dental care; vision care; speech and hearing; durable medical equipment; emergency ambulance transportation to a hospital; and hospice. Plans can be accessed via facilitated enrollment agencies, the area Social Services department, or by calling 1-800-698-4KIDS.

Statewide, as of 2003-2004, 450,000 children were still uninsured. Locally, enrollment in these programs over the past years has generally increased, with a slight decline, then increase in Schenectady County



Source: http://www.nyhealth.gov/statistics/child_health_plus/enrollment/

Family Health Plus is a program which has been designed to provide coverage for individuals between the ages of 19 and 64 who do not have health insurance, either on their own or through their employers, but have incomes which exceed eligibility limits for Medicaid. FHP was signed into law by Governor Pataki as part of the Health Care Reform Act of 2000, and began operation in upstate New York on October 1, 2001. Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall into eligible immigration categories. Family Health Plus provides comprehensive coverage, including prevention, primary care, hospitalization, prescriptions and other services. Health care is provided through participating managed care plans and there is no cost to the consumer.

Healthy NYⁱ is an insurance program started by New York State as a result of the 2000 Health Care Reform Act. The program “promotes access to quality health care by providing comprehensive health insurance to those citizens who need it most....Healthy NY includes health benefits that cover essential health needs including inpatient and outpatient hospital services, physician services, maternity care, preventative health services, diagnostic and x-ray services, and emergency services. Applicants may now choose a benefit package with a limited prescription drug benefit or a benefit package without a prescription drug benefit.” The program is available to small business owners, sole proprietors, and individuals who are not otherwise offered health benefits by their employer. The 2006 Report on Healthy NYⁱⁱ shows that:

- 131,546 are enrolled in the program of which
 - 72,518 are working individuals
 - 22,559 are sole proprietors,
 - 36,469 are small business employees
- Enrollment increased 23 percent over the past year

FAMILY PLANNING

Family Planning Benefit Program - New York State offers a family planning program to help aid in the reduction of unintended pregnancy due to lack of family planning services resulting from the lack of resources. Individuals, both male and female, falling within certain income guidelines, and being able to prove residency in New York, citizenship or current immigration status, and ineligibility for Medicaid or Family Health Plus or a desire to only participate in this program, are eligible. Individuals are provided access to all approved birth control methods, emergency contraception, sterilization, and preconceptional counseling and testing.

Family Planning Extension Programⁱⁱⁱ – This program allows an additional 26 weeks of family planning services for mothers who were pregnant and on Medicaid who have lost their coverage after the birth of their child.

BIRTHING CENTERS- DISCUSSION OF BERGER COMMISSION REPORTS IMPLICATIONS ON ACCESS TO CARE...

The Berger Commission was a “broad-based, non-partisan panel created by former Governor Pataki and the New York State Legislature to undertake a rational, independent review of health care capacity and resources in New York State.”^{iv} The recommendations made by this commission have had a significant impact on healthcare in the Capital Region, specifically in Schenectady County. A few key points from the Commission’s Report include:

- Albany Memorial Hospital should be maintained as a part of Samaritan Health.
- Hospitals in Troy should continue to work together to avoid duplication of services within the hospitals.
- All the hospitals but Sunnyview Rehabilitation Hospital are facing financial difficulty which needs to be addressed.

The recommendations of the Commission on the hospitals in Schenectady are as follows:

1. “Assuming adequate resources are available to make necessary investments, the Commissioner of Health should execute a merger between the two major hospitals in Schenectady (St. Clare’s and Ellis). In doing so, the commissioner should establish an advisory board that, at minimum, examines the structure of a parent corporation, how to consolidate assets, how to retire debt—including the sale or adaptive reuse of infrastructure rendered unnecessary, how to maintain adequate service levels, and what investments are needed for restructuring.”
2. “The Commissioner of Health should revoke the Article 28 license of Bellevue Woman’s Hospital, provided that some arrangement is made to ensure that the services provided by Bellevue continue to be offered by the remaining providers in Schenectady County, especially including obstetric and neonatal services.”

These recommendations have had a significant impact on the care provided in Schenectady County. Since the publication of this report, Ellis Hospital has taken over as the main administrator of a merger between Ellis, St. Clare’s and Bellevue Hospital. Citing an inability to maintain two OB/GYN sites, Ellis has as of June 2008 decided which campus will house OB services. Services will be provided on the Bellevue campus.

This will create a dilemma for the 400 or so per year deliveries done at St. Clare’s, a majority of which are Medicaid/ self-pay patients because there is limited access to Bellevue due to transportation barriers. A solution to this problem will have to be found.

i <http://www.ins.state.ny.us/website2/hny/english/hny.htm>

ii <http://www.ins.state.ny.us/website2/hny/reports/hnyep2006.pdf>

iii http://www.health.state.ny.us/community/pregnancy/family_planning/index.htm

iv <http://www.nyhealthcarecommission.org/>