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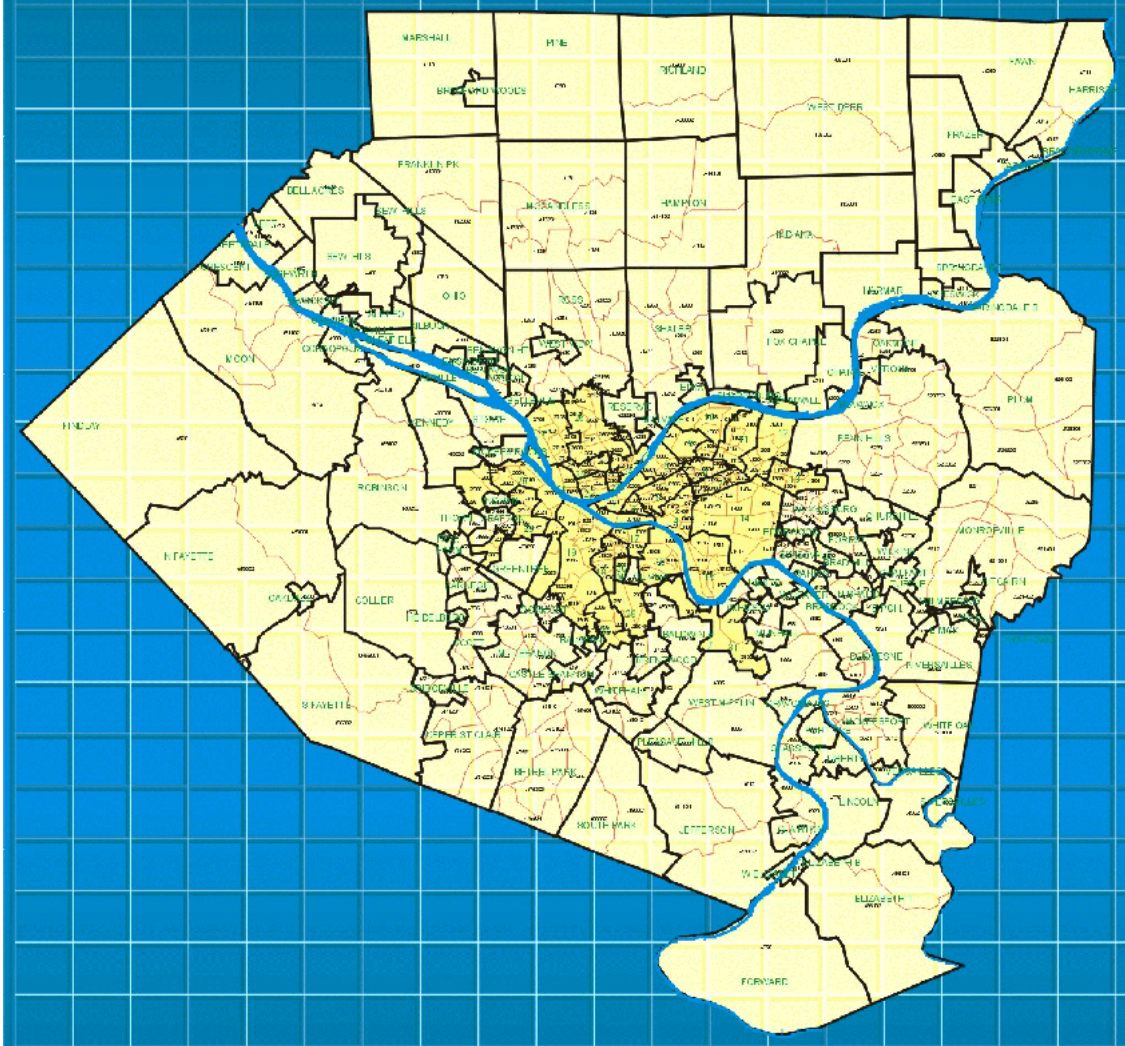
MATERNAL and CHILD HEALTH
NEEDS ASSESSMENT



ALLEGHENY COUNTY
HEALTH DEPARTMENT
MARCH 1999

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EXECUTIVE SUMMARY, KEY FINDINGS AND RECOMMENDATIONS

This assessment of the health status and needs of the maternal and child populations of Allegheny County was completed, in part, to fulfill contractual requirements with the Pennsylvania Department of Health. Such an assessment is a component of the Maternal and Child Health Services Block Grant (Title V). It was completed utilizing "Needs Assessment Guidelines for County and Municipal Health Departments" (August 1998) distributed by the Pennsylvania Department of Health, Division of Maternal and Child Health.

Additionally, this needs assessment was completed to provide a foundation upon which Allegheny County Health Department and other institutions and agencies can plan and implement interventions to reduce risks and improve the health status of child-bearing families in our area. It is hoped that many will find the assessment information useful as we work together toward the Healthy People 2000 and 2010 goals. Achieving these goals for healthy children and families will require the participation and commitment of every segment of society. With health care providers, education, voluntary agencies, business, the faith community, civic groups, foundations and government all have critical roles in promoting and maintaining the health status of our community.

The quantitative data in this report are comprised of population and health indicators recommended by the Division of Maternal and Child Health. Qualitative data from key informants and consumers are included. Several other assessment initiatives are briefly summarized with their findings highlighted.

DEMOGRAPHIC DATA

Findings

Population loss slowing

The analysis of data included in this report revealed that, based on population estimates from 1990-1995, the loss of population from both the city and the county appears to be slowing. This is true for the population in general, and it is also true for children and youth. While the total number of Allegheny County children has declined, this trend reversed when 1995 populations were estimated; there were small increases in both the city (+0.9%) and county (+3.0%) child populations.

Children living in poverty

More children who are living in poverty reside in Pittsburgh and McKeesport than in other sections of Allegheny County. More children from minority groups, especially African Americans, reside in Pittsburgh than other sections of Allegheny County. A disproportionate number of African American children are living in poverty. This is true even as 1993 estimated median household incomes in Allegheny County have risen above both Pennsylvania and United States median household incomes.

Recommendations

- Allegheny County institutions and agencies must continue to focus efforts on families living in poverty since these families are vulnerable to health problems associated with low economic status such as malnutrition or substandard living conditions that may include exposure to lead. They often live in communities that are medically underserved or enmeshed in violence and they are more likely to suffer an early death. Families living in poverty require help to meet fundamental needs including nutrition, shelter, clothing and basic supplies, emotional stability, education and job training, employment and financial support and health care.

- Programs are needed that target the health care needs of children from families who are uninsured or underinsured, including families with employed parents who do not earn a basic living wage (up to 300% P.L.) or without coverage for routine preventive and ambulatory care. It is estimated that the number of uninsured children has increased by one-third in recent years. Some middle class and lower middle class families do not meet the federal poverty guidelines to qualify for public assistance programs, although they are struggling financially. These families may not be able to access medical care since they lack health insurance and do not have the financial means to pay for needed medical care.

PREGNANT WOMEN AND INFANTS

Findings

Perinatal Indicators

Although there have been improvements, it appears unlikely that Healthy People 2000 goals for infant mortality, low birth weight or early prenatal care will be met in Allegheny County. Women who are pregnant need to start prenatal care early in their first trimester. Access to early and quality prenatal care on a regular basis is beneficial in preventing less-then-optimal pregnancy outcomes, such as low birth weight infants. Women who receive early prenatal care can learn about the benefits of a healthy lifestyle during pregnancy, such as appropriate diet and the avoidance of toxic substances and receive information and adequate support for breastfeeding.

Cigarette smoking during pregnancy contributes to low birth weight infants. More white teens age nineteen years and younger reported smoking than black teens. A higher percentage of older black mother reported smoking than white mothers.

There are poorer birth indicators in low-income communities than in high-income communities; intensive, sustained efforts will be required on many fronts to reduce poverty and achieve improved indicators such as the infant mortality and low birth weight rates.

Recommendations

- The data presented in this report can be used to develop or continue targeted outreach programs to women who may not initiate early prenatal care and are vulnerable to delivering low birthweight infants and who need guidance and support about infant feeding, specifically breastfeeding. For example, one-third of teenagers did not initiate prenatal care during their first trimester. Women who did not receive first-trimester prenatal care and delivered low birth weight infants were more likely to live in Pittsburgh than Allegheny County. Efforts should target black families since they are more likely to start child-bearing as teenagers, to initiate prenatal care late and deliver low weight infants.

- The recommendations of the Healthy Start Infant Mortality Review Project should be fully implemented. These include recommendations for preterm labor prevention, screening and education regarding maternal infections, family planning, early and regular prenatal care, screening, education and cessation activities for cigarette smoking, screening and treatment for illicit substance use and SIDS risk reduction.

- Effective smoking cessation strategies must be part of all prenatal care protocols. Efforts are needed to prevent children and teenagers from ever starting to smoke.

- Breastfeeding should be promoted as the norm in Allegheny County. Prenatal care providers should help women make informed infant feeding choices. Pediatric health care providers, employers and family members should all promote successful breastfeeding experiences for mothers and infants.

- Continuity of care for child-bearing women is critical to ensure that women have optimal health status before becoming pregnant and to prevent close internal pregnancies. Interventions should target at-risk groups identified in this report for education and other services to reduce barriers to regular preventive health care throughout the child-bearing years.

CHILDREN

Findings and Recommendations

Children from birth through nine years have some general health needs and other health needs specific to their race. Child abuse and neglect continue to be serious problems in Allegheny County.

- Death rates due to automobile accidents, drownings, fires and homicides are higher among black children from birth to nine years of age, demonstrating the need for injury prevention initiatives targeted to African American families.

- The importance of family support services, parenting education and similar preventive services cannot be overemphasized.

- Immunization levels among children must be improved, especially among those less than two

years of age.

- Dental needs of children continue to be a public health priority. Routine preventive care, including dental sealants, should be readily available to families who cannot afford private dental care.

ADOLESCENTS

Findings and Recommendations

Adolescents have unique health needs. Data in this report revealed that more white youth die due to auto accidents and suicides than black youth; more black youth die due to homicides. Alcohol, cigarette and drug use usually begin in adolescence. Adolescents are at risk for sexually transmitted diseases.

- Youth need culturally relevant preventive programs which effectively reduce risk-taking, promote positive alternatives and enhance coping and conflict resolution skills.

- Effective initiatives are needed to compete with peer pressure and the powerful advertising messages that encourage the use of cigarettes and alcohol.

- County-based data are needed to assist in the development and implementation of prevention programs to discourage the use of substances and to identify other risk behaviors. Interventions could then be targeted to the audience they are intended to reach.

- Continued efforts are needed to identify and treat sexually transmitted diseases and to prevent their transmission.

KEY INFORMANTS AND CONSUMERS

Findings and Recommendations

Both clients and professionals identified teenage pregnancy and family planning services as important issues in our community. Inadequate health care, especially prenatal care and preventive pediatric care, were noted deficiencies. Other important problems selected by both groups were inadequate health insurance, poor housing conditions and the lack of a support person or someone who could answer questions about infant and child care. These are issues which have long received public health attention, but which obviously require enhanced, creative efforts. Maternal and Child Health Block Grant funds have supported and will continue to target interventions to the issues noted above.

I. GENERAL DESCRIPTION OF ALLEGHENY COUNTY

Allegheny County is located in southwestern Pennsylvania and covers a 730.90 square mile area. The county is both urban, suburban, and somewhat rural in composition. Total county population from the 1990 U.S. census was 1,336,449. The estimated 1995 population is 1,309,821.

The major urban area in the county is the City of Pittsburgh. The City of Pittsburgh is 55.38 square miles with a 1990 population of 369,879 residents. Although the City of Pittsburgh accounts for only 7.5% of the county=s square mile area, the city population reflects 27.6% of the county=s 1990 total population. The 1990 census classified 95.9% of Allegheny County=s population as urban since the census includes the suburban areas surrounding Pittsburgh. The city=s 1995 estimated population is 358,913.

The population, economic, and racial composition of the City of Pittsburgh differs from Allegheny County. Since various health outcomes have been associated with race and class, such as infant mortality, low birth weight, and certain injury rates, it is important to designate and report population and health indicators for the City of Pittsburgh as well as Allegheny County.

Both the populations of Allegheny County and Pittsburgh have changed in the past three decades. The following tables present city and county population changes based on U.S. Census data. Since 1970 there has been a substantial loss of population from both the city and the county. However, the loss appears to be slowing, as reflected in the changes from 1990-1995.

Allegheny County Population

	1970	1980	1990	1995	Change from 1980 - 1990	Change from 1990 - 1995	% of Change from 1980 - 1990	% of Change from 1990 - 1995
Total	1,605,016	1,450,180	1,336,449	1,309,821	-113,731	-26,628	-7.8	-1.99
Male	762,488	685,320	626,732	614,941	-58,588	-11,791	-8.5	-1.9
Female	842,528	764,765	709,717	694,880	-55,048	-14,837	-7.2	-2.1

City of Pittsburgh Population

	1970	1980	1990	1995	Change from 1980 - 1990	Change from 1990 - 1995	% of Change from 1980 - 1990	% of Change from 1990 - 1995
Total	520,117	423,938	369,879	358,913	-54,059	-10966	-12.8	-3.0
Male	242,343	196,451	171,722	167,403	-24,729	-4319	-12.6	-2.5
Female	277,774	227,487	198,157	191,510	-29,330	-6647	-12.9	-3.4

The age distributions of both Allegheny County and the City of Pittsburgh have changed in the past three decades. The following tables, based on U.S. Census data, present the changes in age distributions.

Allegheny County Age Distribution (in years)

	1970	1980	1990	1995	Change from 1980 - 1990	Change from 1990 - 1995	% of Change from 1980 - 1990	% of Change from 1990 - 1995
Under 5	116,350	79,245	84,113	82,705	4,868	-1,408	6.1	-1.7
5 - 17	349,264	266,909	198,070	207,952	-68,839	9,882	-25.8	5.0
18 - 20	76,464	77,570	56,138	46,452	-21,432	-9,686	-27.6	-17.3
21 - 24	88,972	105,597	73,732	63,978	-31,865	-9,754	-30.2	-13.2
25 - 44	358,857	372,068	416,724	388,294	44,656	-28,430	12.0	-6.8
45 - 54	218,623	165,882	133,938	157,971	-31,944	24,033	-19.3	17.9
55 - 59	96,132	97,421	64,860	63,209	-32,561	-1,651	-33.4	-2.5
60 - 64	79,393	85,802	76,963	62,476	-8,839	-14,487	-10.3	-18.8
65 - 74	109,143	125,260	137,054	127,530	11,794	-9,524	9.4	-6.9
75 - 84	54,382	58,690	74,238	82,848	15,548	8,610	26.5	11.6
85 plus	12,436	15,641	20,619	26,206	4,978	5,587	31.8	27.1
Median Age	32.1	35.7	36.7	38.3	1.0	1.6	2.8	4.4

City of Pittsburgh Age Distribution (in years)

	1970	1980	1990	1995	Change from 1980 - 1990	Change from 1990 - 1995	% of Change from 1980 - 1990	% of Change from 1990 - 1995
Under 5	34,726	22,383	22,788	22,539	405	-249	1.8	-1.1
5 - 17	113,200	68,445	50,591	51,522	-17,854	931	-26.1	1.8
18 - 20	31,672	28,966	23,941	20,030	-5,025	-3911	-17.3	-16.3
21 - 24	35,032	38,067	27,751	24,108	-10,316	-3643	-27.1	-13.1
25 - 44	106,223	102,801	111,340	109,104	8,539	-2236	8.3	-2.0
45 - 54	67,203	42,281	31,439	35,577	-10,842	4138	-25.6	13.2
55 - 59	32,876	27,301	15,906	15,116	-11,395	-790	-41.7	-5.0
60 - 64	29,151	25,851	19,787	16,914	-6,064	-2873	-23.5	-14.5
65 - 74	43,765	41,702	37,426	34,995	-4,276	-2431	-10.3	-6.5
75 - 84	21,571	20,485	22,286	21,913	1,801	-373	8.8	-1.7
85 plus	4,698	5,656	6,624	7,095	968	471	17.1	7.1
Median Age	33.4	32.5	34.6	35.9	2.1	1.3	6.5	3.8

Data presented in the above two tables note the small increase in the number of children in the under five age group and the substantial decrease in the 5 - 17 year old age group. This trend reversed with 1995 estimated data.

According to 1990 census data, 282,183 residents in Allegheny County were 17 years old or younger, representing 21.1% of the total county population. Of these 282,183 youth aged 17 and younger, 73,379 lived in Pittsburgh. These 73,379 youth represented 19.8% of the total city population and comprised 26% of the 282,183 youth aged 17 and younger in Allegheny County. Thus, 74% of youth aged 17 and younger live outside Pittsburgh.

The total numbers of children 17 years and younger have declined in the past three decades. The following table presents the decline in the number of children in both Allegheny County and the City of Pittsburgh. This trend also changed when 1995 populations were estimated.

Change in Residents Aged 17 and Younger

	Change from 1980 - 1990	Percent Change from 1980 - 1990	Change from 1990 - 1995	Percent Change from 1990 - 1995
Allegheny County	- 63,971	- 18.5	8474	+3.0
City of Pittsburgh	- 17,449	- 19.2	682	+0.9

Income levels vary between the county and the city. The 1989 median household income in Allegheny County was $28,136 with a per capita income of $15,115; the 1993 estimated median household income in the county was $32,364. The 1989 median household income in the City of Pittsburgh was $20,747 with a per capita income of $12,580.

The 1989 median household incomes for both Allegheny County and the City of Pittsburgh were lower than state and national medians. The 1989 median household income level was $29,069 in Pennsylvania and $30,056 in the United States. The following table illustrates the differences in median incomes. The 1993 estimates show a rise in Allegheny County's median household income ($32,364) above Pennsylvania ($31,044) and the U.S. ($31,241). Estimated Pittsburgh data were not available.

Differences in Median Incomes	Allegheny County Median Income		Pittsburgh Median Income	
	1989	1993	1989	1993
Pennsylvania Median Income	- $933	+1,320	- $8,322	na
U.S. Median Income	-$1,920	+1,123	- $9,309	na

The 1989 per capita income was $14,068 for Pennsylvania and $14,420 for the United States. The 1989 per capita income in Allegheny County was higher than the reported state and national levels. The City of Pittsburgh 1989 per capita level was lower than both the state and national levels. Estimates for 1995 show Pennsylvania per capita income at $21,281, $17,227 for the U.S. and $24,406 for Allegheny County. The following table presents the differences in per capita income.

Differences in Per Capita Incomes	Allegheny County Per Capita Income		Pittsburgh Per Capita Income	
	1989	1995	1989	1995
Pennsylvania Per Capita Income	+ $1,047	+3,125	- $ 1,488	na
U.S. Per Capita Income	+ $ 695	+7,179	- $ 1,840	na

Further income disparity between the county and city is noted by examining the number of households who report public assistance as the main source of income. In 1989, 8% of total households in Allegheny County reported public assistance while 13.7% of total households in Pittsburgh reported a public assistance source. Additional indicators of poverty will be presented in the next section.

II. POPULATION DATA SPECIFIC TO MATERNAL-CHILD HEALTH

This section presents parameters for both Allegheny County and the City of Pittsburgh when data are available. All data are from the most recent sources, such as the 1990 United States census.

As noted in the previous section, the 1990 census reported 1,336,449 residents in Allegheny County; 369,879 of these residents live in Pittsburgh. Slightly more females than males reside in both the county and the city, as noted in the following table.

Gender	Allegheny County		Pittsburgh		%Reside in Pittsburgh	
	1990	1995	1990	1995	1990	1995
Females	709,717	694,880	198,157	191,510	30%	27.6%
Males	626,732	614,941	171,722	167,403	27%	27.2%
Total	1,336,449	1,309,821	369,879	358,913	27.6%	27.4%

The following tables present age by gender using 5 year age groups for both Allegheny County and Pittsburgh. The age groups were limited to the ages 0 through 49 years since a majority of clients seeking and utilizing maternal-child services are within these age categories. Separate tables were developed for females and males.

Age Categories for Females	Allegheny County		City of Pittsburgh	
	1990	1995	1990	1995
0 -4	41,156	40,324	11,176	11,061
5 - 9	39,193	40,053	10,154	10,301
10 - 14	36,073	38,322	9,328	9,488
15 - 19	40,160	39,169	13,470	12,898
20 - 24	47,352	40,983	18,380	15,313
25 - 29	53,801	43,542	15,869	13,279
30 - 34	59,283	50,601	15,641	14,650
35 - 39	54,268	53,705	13,833	14,560
40 - 44	47,016	51,231	11,080	12,517
45 - 49	37,846	45,298	8,942	10,354
Total	456,148	443,228	127,873	124,421

Age Categories for Males	Allegheny County		City of Pittsburgh	
	1990	1995	1990	1995
0 -4	42,957	42,381	11,612	11,478
5 - 9	40,897	41,831	10,591	10,689
10 - 14	37,611	39,458	9,364	9,817
15 - 19	41,260	39,776	13,184	12,332
20 - 24	45,394	38,990	17,812	14,822
25 - 29	50,757	42,551	15,723	13,173
30 - 34	56,284	48,168	15,369	14,769
35 - 39	51,841	50,555	13,318	14,452
40 - 44	43,473	47,941	10,507	11,704
45 - 49	33,320	40,959	7,488	9,146
Total	443,794	432,610	124,968	122,382

Differences between the county and the city are noted in race/ethnicity categories. A majority of whites live outside Pittsburgh and more than one-half of the African-Americans live in Pittsburgh. The following table presents all race/ethnicity categories for both Allegheny County and Pittsburgh.

Race/Ethnicity for County and City-1990					
	White	African-American	Native American	Asian	Other
Allegheny County	1,169,452	149,550	1452	13,469	2,526
Pittsburgh	266,791	95,362	671	5,937	1,118
% Living in Pittsburgh	19%	64%	46%	44%	44%

Differences between the county and the city are also noted regarding the percent of children less than 18 years of age who are living below the poverty level. In Allegheny County, 46,658 (17%) children less than 18 years of age are below the poverty level, while 23,545 (32.2 %) Pittsburgh children less than 18 years of age are below the poverty level (1989 data). Both the county and city percentages of children living in poverty are higher than the 15.4% reported for the Commonwealth of Pennsylvania.

There are noted differences among races regarding children less than 18 years of age who are living in poverty. The following table illustrates racial differences in four different areas: Pennsylvania, Allegheny County, Pittsburgh, and McKeesport City. McKeesport was added to the table to highlight another Allegheny County region where high numbers of children less than 18 years of age are also living in poverty. More children from minority groups are living in poverty than white children.

Children Living in Poverty-1990	All Races Numbers and (%)	White Numbers and (%)	Black Numbers and (%)	Hispanic Numbers and (%)
Pennsylvania	421,750 (15.4)	155,985 (10.9)	121, 568 (40.5)	36,301 (48.8)
Allegheny County	47,669 (17%)	24,621 (11.0)	21,864 (50.0)	422 (21.0)
Pittsburgh	23,545 (32.5)	7,195 (16.6)	15,604 (56.9)	216 (26.5)
McKeesport	2,084 (38.1)	1,343 (33.5)	707 (52.5)	55 (61.1)

The number of children living in low-income families can be examined through enrollments in government assistance programs, such as Medical Assistance (MA), Aid to Families with Dependent Children (AFDC), and Women, Infants, and Children (WIC) Programs.

The Pennsylvania Department of Welfare published the annual averages of the number of children receiving MA and AFDC. The following table presents annual averages for both MA and AFDC for Allegheny County.

Child Recipients Allegheny County	1988 - 1989	1989 - 1990	1990 - 1991	1991- 1992	1992- 1993	1993- 1994	1995- 1996
MA	59,154	59,445	62,443	67,067	70,365	73,793	73,870
AFDC	44,482	42,765	44,301	45,799	46,464	46,904	40,630

According to the above table, the number of children receiving AFDC increased by 2,422 from 1988 to 1994 but then decreased by 6,274 in 1996. An increase of 14,716 is noted for MA from 1988 to 1996. These increases are partially attributable to the introduction of Healthy Beginnings in Pennsylvania. Healthy Beginnings is a Medical Assistance Program for pregnant women and children that was implemented on April 1, 1988. This initiative raised the allowable incomes for certain age groups of children. For example, the allowable income for infants under age one was expanded to 185% of the poverty level and the allowable income for children ages one to six years was set at 133% of the poverty level. The income level of 100% of the federal poverty level was established for all older children up to age 20 who were born after September 30, 1983.

According to the Pennsylvania Department of Welfare, an overwhelming majority of children who are eligible for MA are receiving MA benefits. The Department establishes an annual enrollment goal for each county. The 1995 MA enrollment goal for Allegheny County was 90%. Allegheny

County surpassed this goal by achieving a rate of 91.3% for children less than 1 year of age and a rate of 100% for children 1 through 17 years of age. Although the enrollment goal was met for 1995, it will be important to monitor this goal in the future due to proposed changes in MA eligibility.

Differences between race are noted in children who are eligible for AFDC. Sixty percent of the children who are eligible for AFDC are from minority groups . The following table is based on the monthly average for May, 1994, in Allegheny County.

AFDC Eligibility by Race	Number and Percent of Total
White	27,582 (40%)
Black	40,395 (59%)
Hispanic	281 (.4%)
Asian/Pacific Islander	233 (.2%)
Native American	42 (.06%)
Other	271 (.4%)
Total	68,804

Children who receive MA and AFDC do so since their families meet income guidelines. These income guidelines are set by the government and are based on a poverty level defined by the government. For example, the 1998 federal poverty level was based on an annual income of $16,450 for a four person household; the annual income for a two person household was $10,850. A household at these established income levels was considered at 100% of the federal poverty level. It is assumed that families at or below the federal poverty level qualify for government funded programs. Some programs such as WIC and MA set income eligibility well above the federal poverty level (i.e. 185%). A growing concern is the children who do not qualify for government programs but are still from low-income families. These children may be underinsured or uninsured.

On March 3, 1997 Pennsylvania implemented a revised cash assistance program called Temporary Assistance for Needy Families (TANF). Replacing AFDC, TANF includes new work requirements and sets a five-year lifetime limit on welfare checks for most families. TANF removed old rules that made it hard to get off welfare. It allows families to receive a welfare check and health care until they are earning more money than the old welfare program allowed. Approved educational programs constitute “work” in some situations. TANF is designed to help families become self-sufficient through training and employment.

There are no population-based studies that document the numbers of underinsured and uninsured children in Allegheny County. Estimates of uninsured and underinsured children living in Allegheny County have been calculated by researchers at the University of Pittsburgh, Graduate School of Public Health. These estimates were calculated from a relatively small sample of children living in the United States and extrapolated to Allegheny County. The sample was from the Current Population Survey (CPS) and represented averages over a three year time period (1991, 1992, and 1993).

The following table presents these estimates by age group and poverty level; the estimates are reported in percentages. Due to the small sample size, some categories in the table are reported as minimal since the extrapolation of the national data to Allegheny County resulted in percentages close to zero. It cannot be assumed that there are no uninsured or underinsured children in these categories. Current programs targeted to children less than 1 year of age may be contributing to a small percentage of uninsured or underinsured children in these categories.

The largest percentage of children who are uninsured or underinsured are from families who are 101 to 185 percent above the federal poverty level. It is possible that these families represent the working poor, meaning lower middle class families who are employed but do not have health care benefits. A noted percentage of young adults who are 19 - 20 years old are also uninsured or underinsured. Further analysis should be done to substantiate this claim; further county-based data need to be gathered to document the profile of the uninsured / underinsured.

ESTIMATES OF UNINSURED AND UNDERINSURED CHILDREN IN ALLEGHENY COUNTY

Age Groups in Years	Below 50% Poverty Level	50 - 100 % Poverty Level	101 - 134% Poverty Level	135 - 150 % Poverty Level	151 - 185% Poverty Level	186 - 235 % Poverty Level	Above 235% Poverty Level
less than 1 Year	minimal	minimal	minimal	minimal	minimal	minimal	7.5%
1 - 5	4.1%	12.6%	minimal	minimal	16.8%	8.1%	1.7%
6 - 11	5.5%	4.8%	14.7%	10.8%	9.0%	7.0%	1.4%
12 - 14	12.8%	8.7%	12%	41.7%	7.1%	4.2%	1.7%
15 - 18	10%	minimal	18.5%	64.2%	minimal	minimal	13.9%
19 - 20	21.2%	18.4%	79.4%	minimal	minimal	19%	14.4%

Pennsylvania Partnerships for Children estimates that, from 1993 to 1995, the number of uninsured children in Pennsylvania increased by about 32%, or by 81,000 children. This occurred in spite of the implementation of the Children's Health Insurance Program (CHIP) in May 1993. Funded by a tax on cigarettes, the Program provided coverage for low-income children who were ineligible for Medicaid.

The Balanced Budget Act of 1997 established the State Children's Health Insurance Program under Title XXI of the Social Security Act. This Act makes more than $40 billion in Federal grants available to states over the next ten years to provide health insurance coverage. States must contribute a share of funds in order to obtain federal matching funds. The legislation gives great flexibility to states in designing and implementing their programs.

Pennsylvania chose the option of expanding the existing CHIP and waiting lists for CHIP have now been eliminated. Many additional children have been enrolled through the two CHIP administrators in Allegheny County, Highmark Blue Cross Blue Shield and Aetna U.S. Healthcare.

However, current programming is still very confusing to families. Even with differing funding streams, Medicaid and CHIP should be promoted and administered as one health insurance program for children. All children in a given family should be able to see the same primary care physician. Outreach is a key to success; while media campaigns are helpful, experience has shown that some families require assistance from a trusted friend, relative or health agency representative to help them apply and establish a relationship with a primary care provider.

Of continuing concern are low-income families with inadequate insurance. Such families are generally employed, but the insurance provided by their employer or which they can afford provides only inpatient coverage. Like families without any insurance, these families also postpone primary and preventive health care, including immunizations. Minor illnesses are left untreated.

Even if a child has insurance, their area of residence may present a barrier to accessing health care. Certain areas within Allegheny County have been identified as medically underserved and health professional shortage areas (HPSAs). If an area or community in Allegheny County has been designated a HPSA, then this area has a shortage of primary medical care health professionals. In addition, these shortage areas have been assigned a degree-of-shortage rating. There are four degrees of shortage; a level 1 indicates the highest degree of shortage. Level 4 indicates that an area is still designated as a HPSA, but the degree of shortage is not as severe as an area assigned a Level 1 rating. The following table presents the areas in Allegheny County that have been designated as a HPSA. The degree of shortage is also presented for each of these designated HPSAs.

HEALTH PROFESSIONAL SHORTAGE AREAS AND DEGREE OF SHORTAGE

HPSA	Degree of Shortage	HPSA	Degree of Shortage
West End Pittsburgh	1	**Homestead**	2
Arlington Heights/ St. Clair	1	**Duquesne**	2
Homewood-Brushton	1	**West Mifflin**	2
McKees Rocks-Stowe	1	**South Braddock**	2
Manchester	1	**North Braddock**	3
McKeesport	2	**Hill District**	4
East Liberty	2		

III. PREGNANT WOMEN AND PREGNANCY OUTCOMES

The general fertility rate per 1,000 females ages 15 through 44 was 58.7 in 1996. The average general fertility rate over a three year period (1994-1996) was 54.4 (59.3 in 1990-1992). A total of 15,209 women reported a pregnancy in 1996. These 15,209 pregnancies resulted in one of three outcomes: live birth, fetal death, or induced abortion. The following table presents the 1996 outcomes in Allegheny County of these reported pregnancies by age of the women.

Pregnancy Outcome by Age	Live Births	Non-induced Fetal Deaths	Induced Abortions	Total Reported Pregnancies
under 15	26	0	4	30
15 - 17	496	4	25	525
18 - 19	797	16	14	827
20 - 29	6,474	63	88	6625
30 and over	7,061	68	66	7195
Total (% of 15,209)	14,861 (97.7%)	151 (1.0%)	197 (1.3%)	15,209 (100%)

The total number of births during 1992 to 1996 was 80,662 for Allegheny County; 23,600 (29%) of the births were to Pittsburgh residents. The 1996 median age of mother was 29.6 years.

The following table presents the number of births for both the County and Pittsburgh by age of the mother for 1992-1996. Percentages of the total number of births from 1992-1996 for the county and city are included in this table.

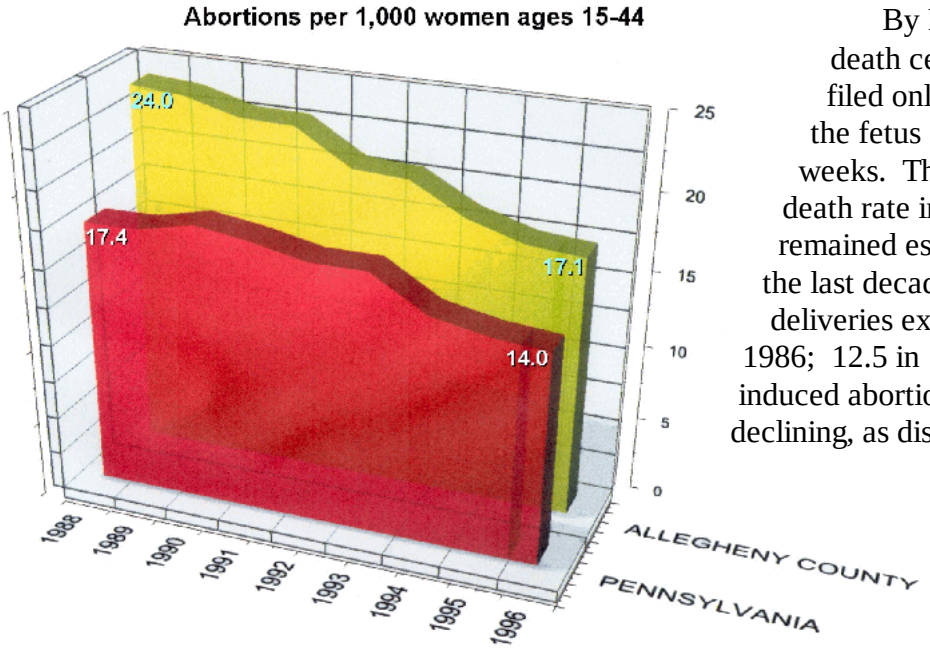
Number of Births and % (1992-1996)	Less than 15 Years Old (%)	15 - 19 Years Old (%)	20 plus Years Old (%)
Allegheny County (% of 80,662)	195 (0.2%)	7,114 (9%)	73,353 (91%)
Pittsburgh (% of 23,600)	120 (0.5%)	3,525 (15%)	19,955 (85%)

As the following tables demonstrate, the number of births to teenagers has been declining. However, since births to all Allegheny County women are also declining, the proportion of births to teens has remained unchanged.

Select Birth Statistics by Age, 1992-1996	Age	1992	1993	1994	1995	1996
Allegheny County	**<15**	46	38	48	37	26
	15-19	1535	1517	1426	1343	1293
Pittsburgh	**<15**	26	27	31	22	14
	15-19	819	778	707	623	598

Allegheny County Teen Births	Total Births	Teen Births	Teen %
1996	14861	1319	8.9
1995	15506	1380	8.9
1994	16128	1474	9.1
1993	16624	1555	9.4
1992	17543	1581	9.0

INDUCED ABORTION RATES



By Pennsylvania law, a fetal death certificate is required to be filed only if the gestational age of the fetus is more than sixteen weeks. The non-induced fetal death rate in Allegheny County has remained essentially unchanged over the last decade (12.8 per 1,000 deliveries excluding abortions in 1986; 12.5 in 1995). However, induced abortions have been declining, as displayed here.

Early prenatal care is considered important in assuring a healthy outcome. Ideally, a women is expected to initiate prenatal care in her first trimester of pregnancy. The following table presents the numbers of women in two different age groups who did not initiate prenatal care during their first trimester. The data are presented for both Allegheny County and Pittsburgh, and includes percentages for each age group.

Did Not Initiate Prenatal Care in First Trimester – 1992-1996	19 Years Old and Less (% of number of births for this age group)	20 Plus Years Old (% of number of births for this age group)
Allegheny County	2,331 (32%)	8,594 (13%)
Pittsburgh	1,202 (33%)	3,816 (19%)

An indicator that is used to determine pregnancy outcome is the birth weight of the infant. Low birth weight and very low birth weight infants are considered less than ideal pregnancy outcomes. The following tables present the numbers of low birth weight and very low birth weight infants from 1992 to 1996 for both the county and the city. The data are presented for two age groups: mothers 19 years old and less and mothers twenty years old or more.

Low Birth Weight Infants: 1992-1996	19 Years Old and Less (% of number of births for this age group)	20 Plus Years Old (% of number of births for this age group)
Allegheny County	816 (11.2%)	5500 (7.5%)
Pittsburgh	461 (13.4%)	2078 (12.4%)

Very Low Birth Weight Infants: 1992-1996	19 Years Old and Less (% of number of births for this age group)	20 Plus Years Old (% of number of births for this age group)
Allegheny County	192 (2.6%)	1032 (1.4%)
Pittsburgh	102 (3.0%)	436 (2.6%)

The above tables suggest that public health efforts need to be concentrated in Pittsburgh. Women who do not receive first trimester prenatal care and deliver low birth weight infants are more likely to live in Pittsburgh than Allegheny County.

Variations are noted between racial groups. The following table presents the numbers of births from 1992 - 1996 for Allegheny County by race for three different age groups**:**

Numbers of Births by Race, 1992-1996	Mother Less than 15 Years Old	Mother 15 to 19 Years Old	Mother 20 Years Old or More	Total Numbers of Births by Race
White	31	3,324	59,596	62,951
Black	162	3,722	12,126	16,010
Other	1	60	1,608	1,669

The above table highlights the fact that more black women 19 years old and younger deliver infants than other racial groups. For example, approximately 25% of all the births to black women occur to mothers who are 19 years old or younger compared to 5% of births to mothers in the same age group who are white.

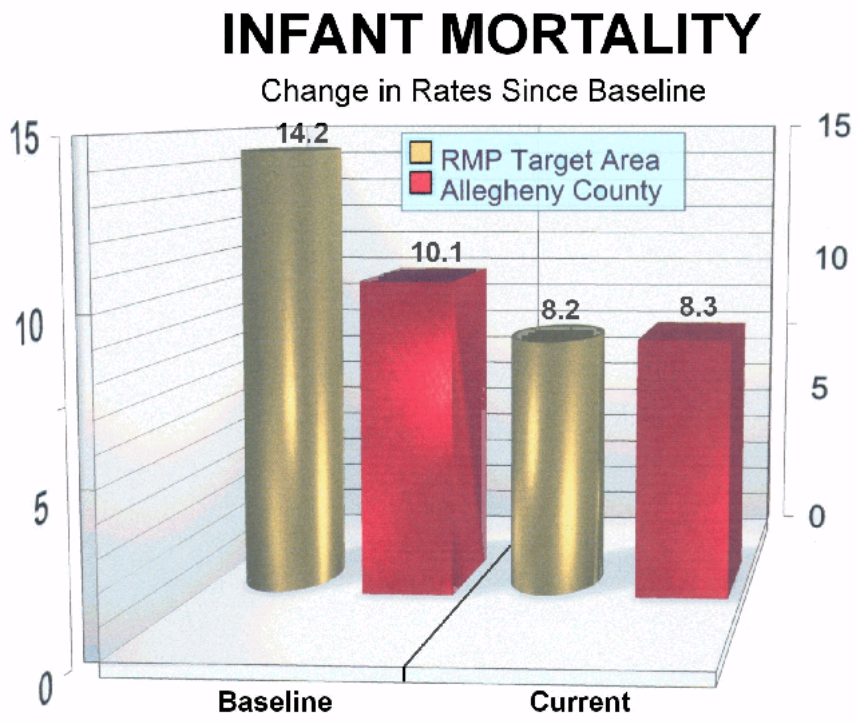
Other birth statistics provide additional comparisons between races. The numbers of low birth weight infants, births to mothers under 18 years old, and no prenatal care in the first trimester are higher for blacks than whites. The following table provides an illustration for 1996.

Select Birth Statistics by Race, 1996	Births to Mothers Under 18 (%)	No Prenatal Care First Trimester (%)	Low Birth Weight (%)
White	207 (1.8)	1,017 (8.8)	686 (5.9)
Black	308 (10.8)	762 (26.8)	387 (13.6)
All Races	522 (3.5)	1,833 (12.3)	1,109 (7.5)

This table suggests that public health efforts should be targeted for black families who are more likely to deliver low weight infants and start prenatal care late.

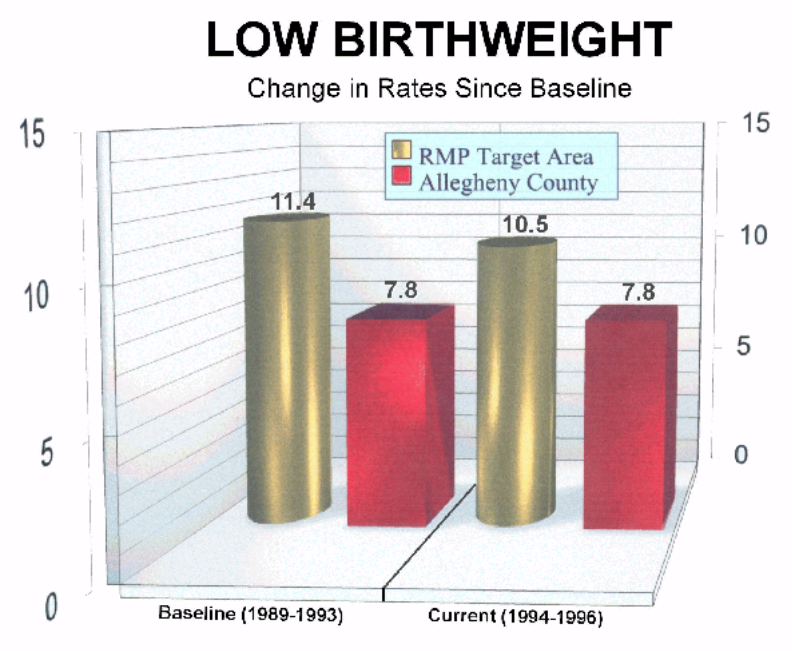
Resource Mothers Project

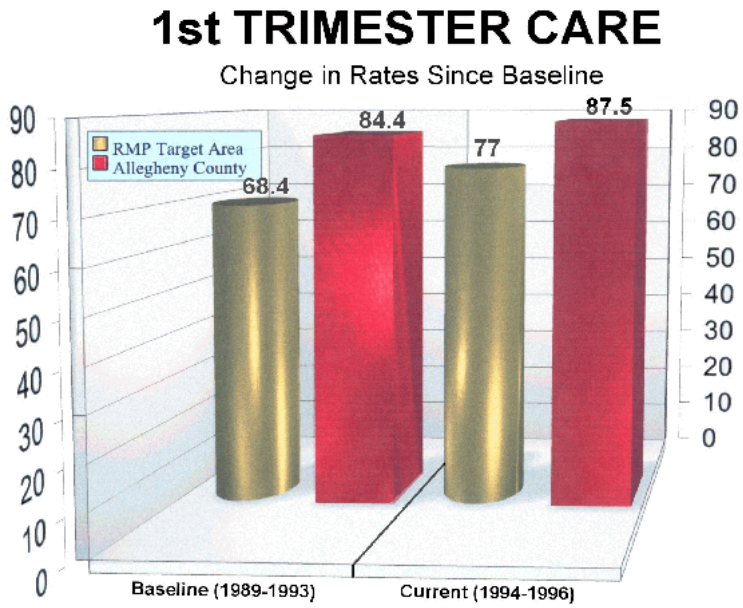
Allegheny County Health Department has implemented two initiatives in communities where women are less likely to receive first trimester prenatal care and more likely to deliver low birth weight infants. The Resource Mothers Project (RMP) has served women in McKeesport, Homestead and North Braddock since 1993. The staff includes public health nurses, case workers, resource mothers and Americorps members. Resource mothers are women who are mothers themselves and have personal experience with Medical Assistance, WIC and other resources; they serve as mentors and peer counselors. The staff make home visits, teaching women about pregnancy and infant care and helping them access prenatal care and other needed services.



Of the 525 women who completed the RMP during 1994-1996, 60% were African American and 39% were teenagers, two known high-risk groups. Reflecting in part the age of the clients, 17% had not completed junior high school (grades 7-9) and an additional 25% had not completed high school. Before the RMP began, infant death rates in the target area were 1.4 times higher than the county average. Three years into the project, the target area rate is now as low as the county average. Infant deaths in the target area have been reduced by 43%, more than twice the 18% improvement that occurred countywide.

Low birthweight (<2500 grams) is the leading cause of infant deaths. Compared to county averages, the RMP target area was 1.5 times higher during the baseline period and is now only 1.3 times higher. There has been an 8% improvement in the target area while the countywide incidence has remained unchanged.





Early and regular prenatal care can improve the chances of having a healthy baby. Women living in the Project area are less likely to get prenatal care during the first trimester, but the percentages are improving faster. Early care in the RMP area improved by 13%, triple the 4% improvement that occurred countywide.

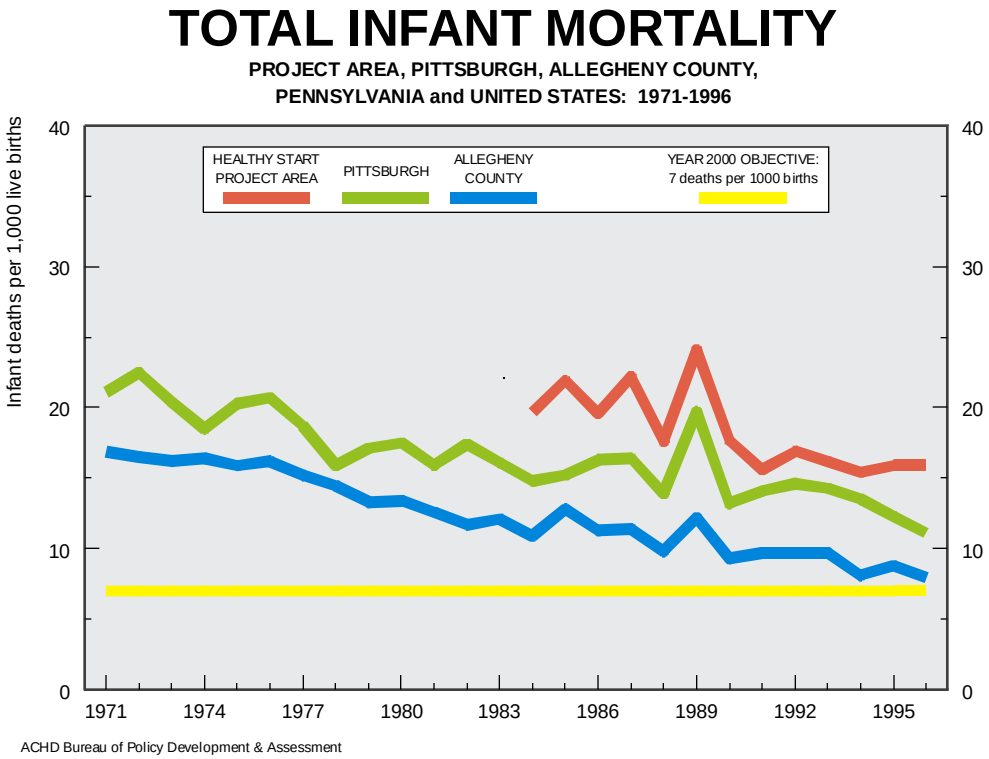
The successes noted above are based on all births and infant deaths among residents of the target area, regardless of whether or not they were served by the Project. Among participants, all eligible clients were receiving WIC and MA benefits within two months of enrollment; by age one, 90% of infants were immunized appropriately; 88% of clients delayed subsequent pregnancies for at least one year; 70% of clients stayed in school or began vocational training.

Healthy Start Project

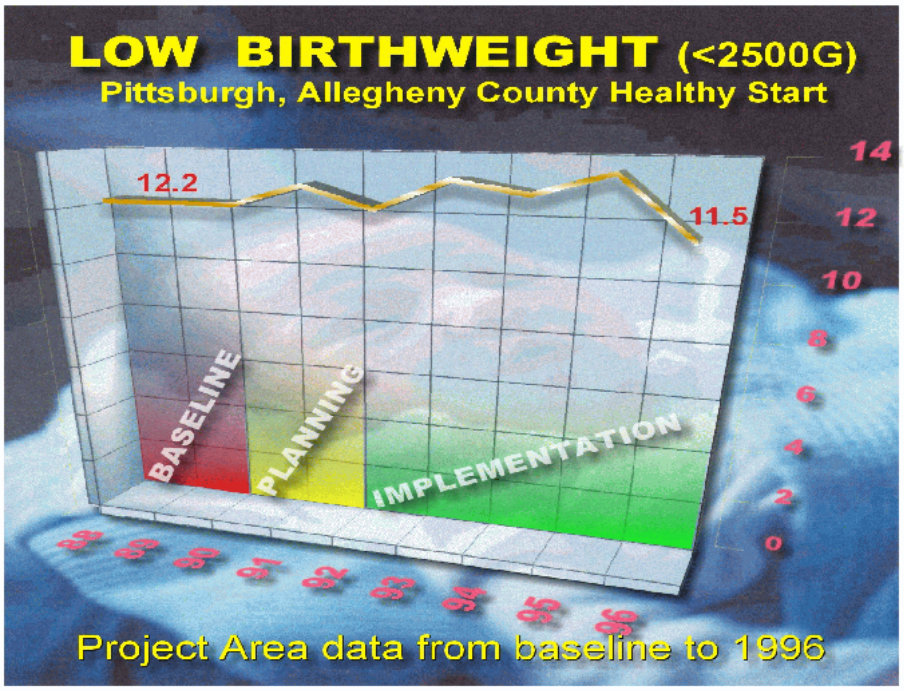
The Healthy Start Initiative was established in 1991 as a national demonstration program to reduce infant mortality in communities experiencing high rates. Pittsburgh and Allegheny County were chosen as one of fifteen original special projects in the United States. Additional sites have since been added. The major components of the Project include community involvement through a consortium and other empowerment strategies; creation of the nonprofit Healthy Start, Inc. to implement the Project; outreach and case management to identify women and bring them into care, generally using lay workers for many functions; nontraditional support services such as transportation and nutrition education; enhanced clinical services, building on an existing delivery system; public information campaigns and infant mortality review.

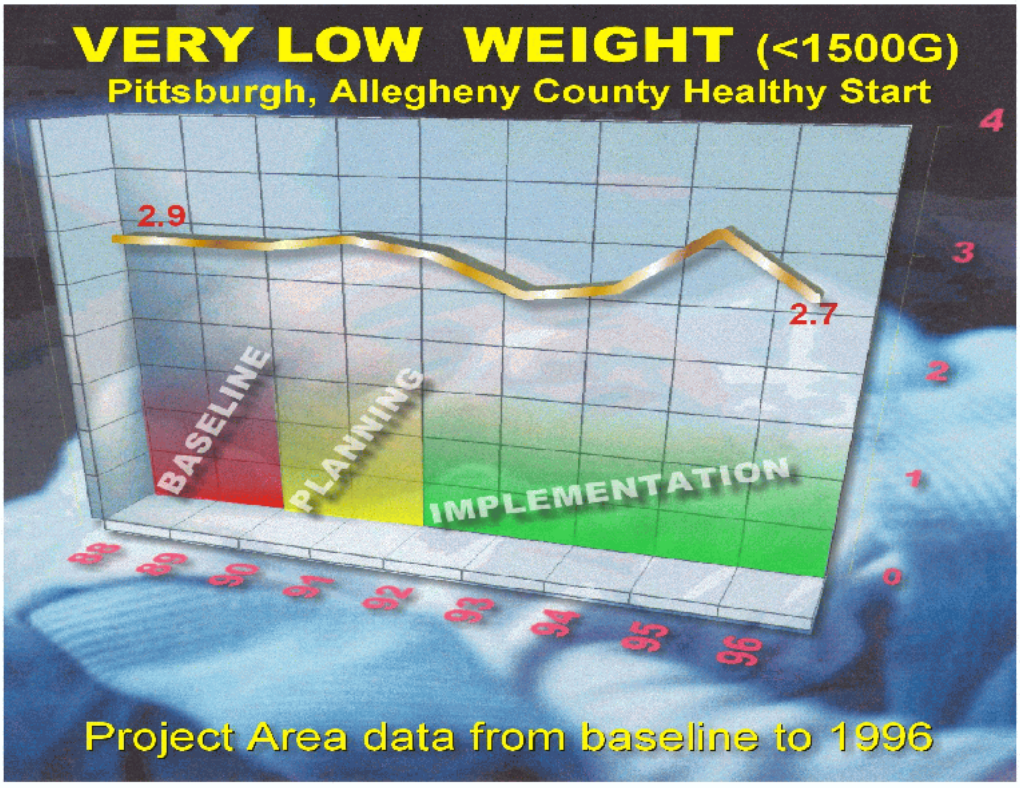
The Healthy Start service areas include Northside, Center City, East End/Wilkinsburg, Southside, Western Communities and Duquesne/Braddock. These service areas comprise eighteen different neighborhoods and communities and some are geographically separated. They were targeted because they accounted for nearly half (43%) of the infant deaths in Allegheny County.

At the end of the fifth year of operation (1995), there has been a marked improvement in the birth outcomes and early childhood experiences of families living in the service area. The 1994-1995 infant mortality rate for Healthy Start communities is 20% lower than the 1988-1990 baseline rate. Even more dramatically, the infant mortality rate for Healthy Start case-managedparticipants is 7.8 compared to 15.6 among all births in the Project area.

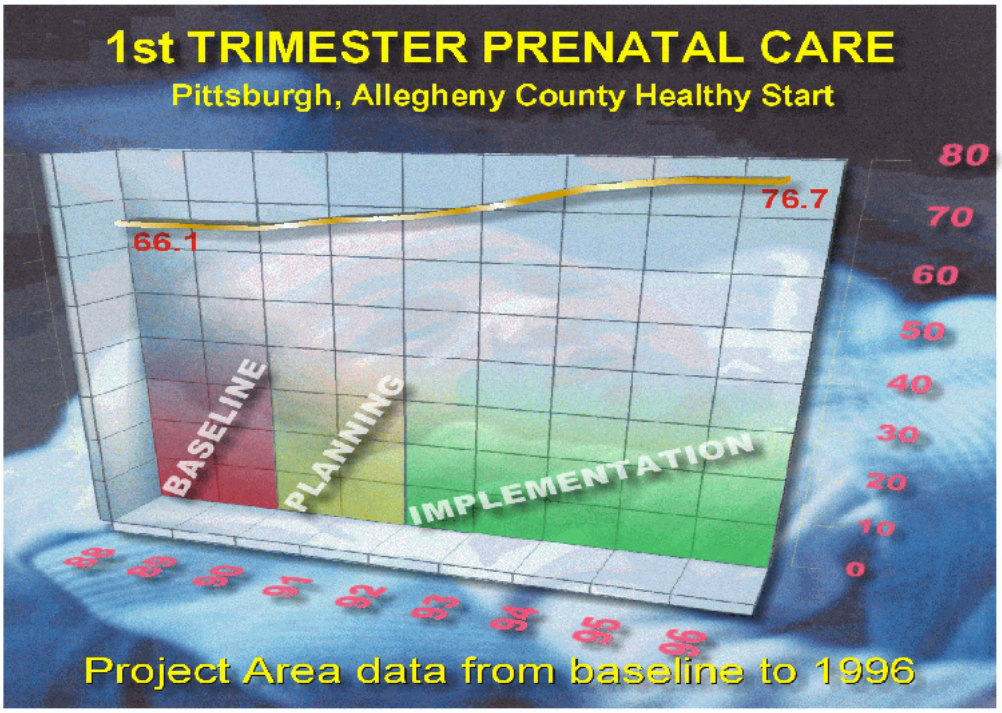


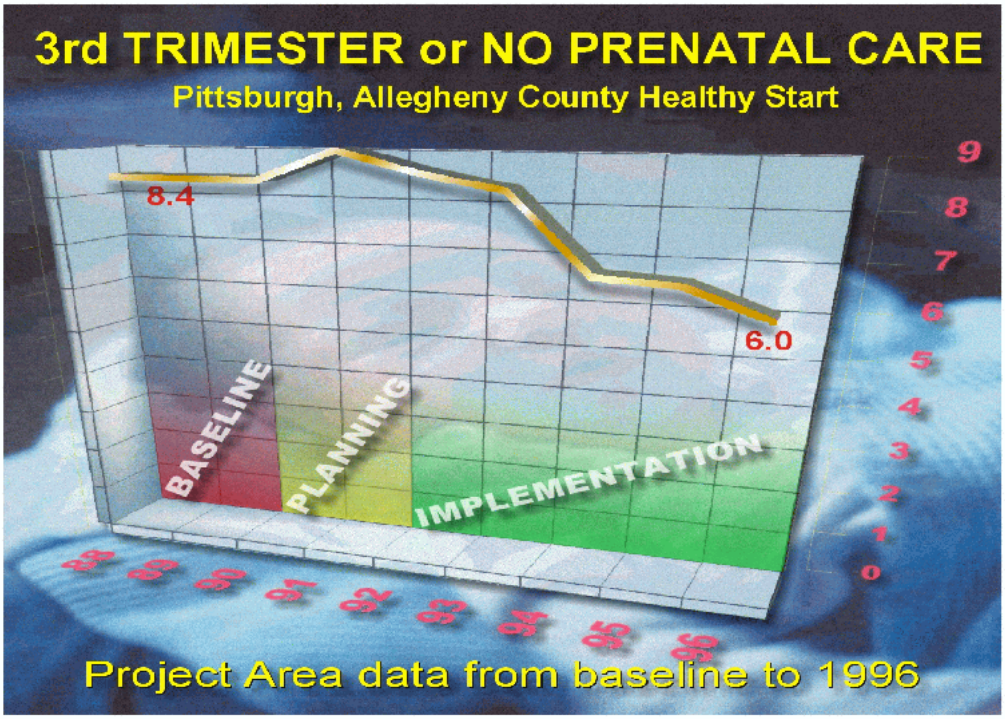
The incidence of low birthweight (<2500 grams) and very low birthweight (<1500 grams) has declined in the Healthy Start service area since the Project's implementation in 1991. In 1996 the incidence of low weight births was almost 6% lower than during the baseline period and the incidence of very low weight births was almost 7% lower than baseline.





By 1996, in the Healthy Start service area, the percentage of women who received prenatal care during the first trimester improved by 16% since the baseline period. Additionally, there has been a 29% reduction in births where the mother received late or no prenatal care.





There has also been a 41% decline in sexually transmitted diseases in the Project area and higher percentages of women are now breastfeeding and using family planning and pediatric services. There are other indications of improved health status among residents of the Healthy Start service area.

The Resource Mothers and Healthy Start Projects have demonstrated that risk factors and barriers to care can be overcome. Staff can empower families to adopt healthy lifestyles and take control of their lives. The acceptance and rapport achieved by peer counselors facilitates the delivery of essential services and services.

Cigarette smoking during pregnancy contributes to low birth weight infants. The following tables present data from birth records on maternal tobacco use for resident live births by race and age group for 1995-1996. Except in the less than 19 year old group, a higher percentage of black mothers reported smoking than white mothers:

MATERNAL TOBACCO USE FOR RESIDENT LIVE BIRTHS

SMOKERS: Allegheny County, Pennsylvania 1995-1996

	Age Of Mother <19		20+		All Ages	
	Number	Percent	Number	Percent	Number	Percent
White	449	35.3	3714	16.5	4163	17.5
Black	317	22.8	1378	31.4	1695	29.3
Other	9	32.1	30	4.3	39	5.3
Total	777	28.8	5124	18.5	5901	19.4

SMOKERS: Pittsburgh, Pennsylvania 1995-1996

	Age Of Mother <19		20+		All Ages	
	Number	Percent	Number	Percent	Number	Percent
White	140	37.2	1025	23.2	1165	24.3
Black	205	23.7	881	33.6	1086	31.1
Other	3	27.3	14	4.6	17	5.3
Total	349	27.8	1920	26.1	2269	26.3

The following tables reveal the negative impact maternal smoking has on infant birth weight:

BIRTHWEIGHTS among SMOKERS and NONSMOKERS ***Based on self-report of mother on birth certificates*** **PITTSBURGH RESIDENTS BIRTHS, 1993-1995**			
Birthweight In Grams	Smoked During Pregnancy	Did Not Smoke During Pregnancy	All Births, Regardless Of Smoking Status
All births			
under 500	24	39	66
500-1499	90	177	271
1500-2499	603	636	1,254
2500-3499	2,536	5,463	8,028
3500-4499	797	3,529	4,336
4500+	10	135	145
Unknown	1	2	3
Total	**4,061**	**9,981**	**14,103**
Very low birthweight (<1500 g)			
Number	114	216	337
Percent	2.8%	2.2%	2.4%
Mothers who smoked during pregnancy were 1.3 times more likely to have a very low birthweight birth.			
Low birthweight (<2500 g)			
Number	717	852	1,591
Percent	17.7%	8.5%	11.3%
Mothers who smoked during pregnancy were 2.1 times more likely to have a low birthweight birth.			

BIRTHWEIGHTS Among SMOKERS and NONSMOKERS *Based on self-report of mother on birth certificates* ALLEGHENY COUNTY RESIDENTS BIRTHS, 1993-1995			
Birthweight In Grams	Smoked During Pregnancy	Did Not Smoke During Pregnancy	All Births, Regardless Of Smoking Status
All births			
Under 500	36	79	121
500-1499	174	452	636
1500-2499	1,212	1,886	3,128
2500-3499	6,355	18,939	25,365
3500-4499	2,326	15,854	18,212
4500+	58	723	783
Unknown	1	8	13
Total	**10,162**	**37,941**	**48,258**
Very low birthweight (<1500 g)			
Number	210	531	757
Percent	2.1%	1.4%	1.6%
Mothers who smoked during pregnancy were 1.5 times more likely to have a very low birthweight birth.			
Low birthweight (<2500 g)			
Number	1,422	2,417	3,885
Percent	14.0%	6.4%	8.1%
Mothers who smoked during pregnancy were 2.2 times more likely to have a low birthweight birth.			

Further disparity is noted between blacks and other races by examining infant mortality data. The following table presents infant mortality data by race for both the city and the county. Additional infant mortality data will be presented in the next section.

1996 Infant Mortality	Allegheny County (rate)	Pittsburgh (rate)
White	63 (5.4)	13 (5.7)
Black	54 (19.0)	33 (19.5)
Non-white	54 (16.7)	33 (17.7)
All Races	117 (7.9)	46 (11.1)

Another public health concern is the increasing numbers of women who are becoming infected with human immunodeficiency virus (HIV). HIV is the virus that causes acquired immune deficiency syndrome (AIDS). AIDS is reportable in Pennsylvania; HIV is not reportable. AIDS represents a diagnosis. Thus, a person may be infected with HIV for 8 to 10 years before s/he meets the criteria to be diagnosed with AIDS.

Allegheny County is not immune from the AIDS epidemic. A total of 1,676 AIDS cases were reported to the Pennsylvania Department of Health by Allegheny County from January 1, 1980 through March 30, 1998. Of these 1,676 cases, 1,118 (67%) people have died and 558 (33%) are presumed to be alive.

The numbers of people infected with HIV are not known since there are no population-based studies and HIV is not reportable in Pennsylvania. The Centers for Disease Control and Prevention (CDC) has conducted an HIV seroprevalence study among childbearing women by anonymously testing newborn blood specimens for the presence of HIV antibodies. This seroprevalence study provides a picture of childbearing women who are infected with HIV. Pennsylvania Department of Health participated in this study ; the fourth survey was conducted from October 1994 through March 1995 on 69,511 specimens.

A report about the seroprevalence study conducted from October 1994 through March 1995 noted that HIV antibody was detected in all but the youngest age group (less than 15 years) of childbearing women. Black and Hispanic mothers had higher HIV rates than whites (HIV Seroprevalence Survey in Pennsylvania Childbearing Women, Bureau of Epidemiology, PA Department of Health, 1995).

Data from the seroprevalence study is only available by region. Allegheny County is one of 24 counties grouped in the Western Region. A total of 17,766 newborn blood specimens was tested from the Western region; 7 of these specimens tested positive, resulting in an HIV seroprevalence rate of 0.4 per 1,000 births. Philadelphia had the highest rate of 6.1 per 1000 births. Of course, the data are limiting since the specimens are from newborns. Thus, we do not know the HIV seroprevalence rates of women who have not delivered a live infant that was tested for HIV antibodies through this study.

The numbers of women, blacks, and Hispanics that are living with AIDS have increased in past years on both a state and national level. AIDS is now the leading cause of death among Americans aged 25 to 44. Public health experts have emphasized the need for HIV prevention efforts that are targeted to adolescents and young adults, especially women and men from minority groups and gay/bisexual males.

IV. INFANTS AND CHILDREN

An important indicator of the health of a community is the infant mortality rate. The infant mortality rate indicates the number of deaths that occurred during a specified time period for infants one year of age or less. The infant mortality rate is comprised of the neonatal mortality and the post neonatal mortality rates. The neonatal mortality rate represents the deaths that occurred within the infant=s first month of birth, while the post neonatal rate represents those deaths that occurred after one month of age and up to one year of age. The following table provides data on neonatal mortality, post neonatal mortality, and infant mortality for both the county and the city for 1992 - 1996. The table includes mortality rates per 1000 live births.

Infant Mortality from 1992-1996	Neonatal Mortality (rates)	Post Neonatal Mortality (rates)	Infant Mortality (rates)
Allegheny County	507 (6.2)	209 (2.6)	716 (8.8)
Pittsburgh	220 (9.2)	93 (3.9)	313 (13.2)

The following table presents infant mortality data by race for Allegheny County from 1992 through 1996. This table illustrates that infants who are African-American or Asian are at a higher risk to die during their first year after birth than white infants. Black infants are the highest risk group for infant mortality. Rates are also included in this table and represent per 1000 live births. No infant deaths were recorded for infants from Native American or Hispanic groups.

Infant Mortality in Allegheny County: 1992-1996	Neonatal Mortality (rates)	Post Neonatal Mortality (rates)	Infant Mortality (rates)
White	274 (4.4)	97 (1.5)	371 (5.9)
Black	225 (13.9)	110 (6.8)	335 (20.7)

Infant mortality data for 1996, including rates, for both Allegheny County and the City of Pittsburgh were presented on page 27 of this report. The 1996 infant mortality rates for blacks remain higher than the rates for whites. In addition, infants who reside in Pittsburgh and are from minority groups (especially African-Americans) have higher infant mortality rates than white infants who reside in Pittsburgh.

Infants and children also die due to intentional and unintentional injuries. The following tables present the number of deaths by age, race, and nature of injury for children from birth through nine years of age. The tables include data from 1992-1996 for Allegheny County. No deaths were recorded for children in the Asian, Native American, and Hispanic groups.

1992-1996 Mortality Numbers/(Rates*) due to Injury: 0 - 4 Year Olds					
	Deaths due to Auto Accidents	Deaths due to Drowning	Deaths due to Fire	Deaths due to Homicides	Totals
White	5 (1.5)	4 (1.2)	6 (1.8)	4 (1.2)	19 (5.7)
Black	3 (4.0)	0 (-)	5 (6.7)	10 (13.5)	18 (24.2)
Total	8 (1.9)	4 (1.0)	11 (2.7)	14 (3.4)	37 (8.9)

* per 100,000

1992-1996 Mortality Numbers/(Rates) due to Injury: 5 - 9 Year Olds					
	Deaths due to Auto Accidents	Deaths due to Drowning	Deaths due to Fire	Deaths due to Homicides	Total
White	5 (1.5)	2 (0.6)	1 (0.3)	1 (0.3)	9 (2.7)
Black	3 (4.2)	3 (4.2)	4 (5.6)	3 (4.2)	13 (18.2)
Total	8 (2.0)	5 (1.2)	5 (1.2)	4 (2.0)	22 (5.4)

More black children between the ages of 5 to 9 years die due to fires, drowning and homicides than white children. More white children between the ages of 5 - 9 years die due to auto accidents than black children, but the rate for black children is higher. Except for drownings, mortality rates are higher among black children 0- 4 years old for all types of injuries.

Breastfeeding is the preferred method of infant feeding since breastmilk provides natural immunity to an infant and contains more complete nutrients than prepared formula. Epidemiologic research has shown that feeding infants human milk provides benefits relative to their general health, growth and development and it decreases their risk for many diseases. There is strong evidence that breast milk decreases the incidence and/or severity of diarrhea, lower respiratory infections, otitis media, bacteremia and other infections. Some studies show a possible protective effect against sudden infant death syndrome, insulin-dependent diabetes mellitus, allergic diseases and other chronic diseases.

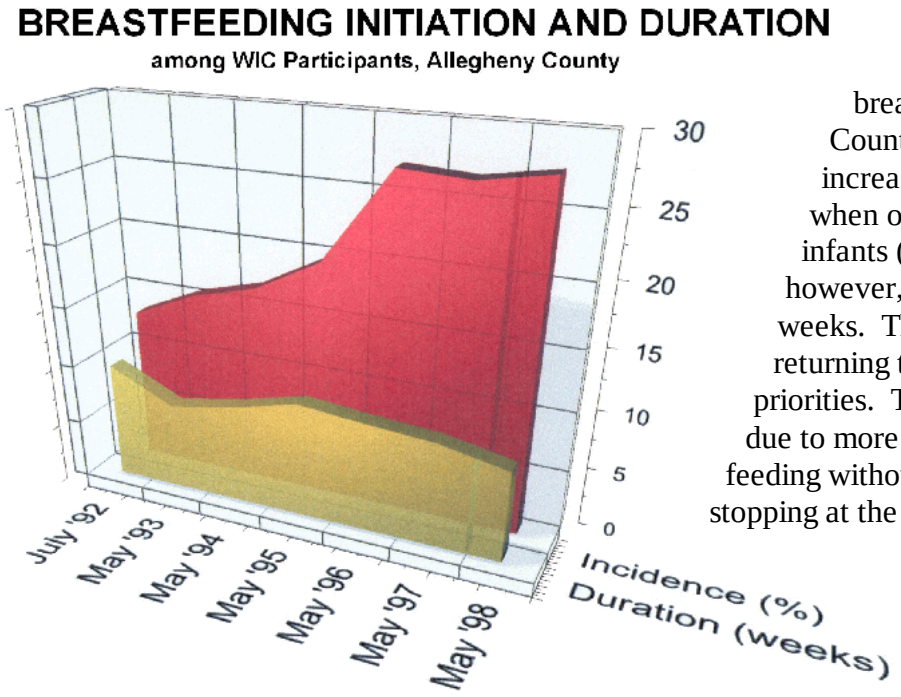
Research has shown possible health benefits for mothers, including increased levels of oxytocin resulting in less postpartum bleeding and more rapid uterine involution. Lactational amenorrhea causes less menstrual blood loss over the months after delivery. An earlier return to prepregnant weight, delayed resumption of ovulation with increased child spacing and improved bone remineralization postpartum have been demonstrated.

There are social and economic benefits of breastfeeding, including reduced health care costs and reduced employee absenteeism attributable to child illness. Breastfeeding is also more affordable than commercially-prepared formula. Mothers should be encouraged to breastfeed and supported by the health care and business communities. Social support (i.e. family) is also very important. Women from lower socioeconomic classes usually breastfeed less than middle and upper middle class women. Usually, mothers who are aware of the benefits of breastfeeding and receive support for breastfeeding will choose to breastfeed their infants.

The Division of Special Food Programs (WIC) of the Pennsylvania Department of Health gathered data during May 1998 to document the numbers of mothers in WIC who were breastfeeding. According to this survey, 32.4% of all Pennsylvania women enrolled in WIC breastfed their infants (meaning they put their babies to breast at least once after delivery) compared to 27.3% in Allegheny County. Duration data were also gathered for May 1998. Women who were enrolled across the state breastfed their infants an average of 7.6 weeks, meaning they put their babies to breast at least once a day. The mean duration for women in Allegheny County from the same group was 7.7 weeks.

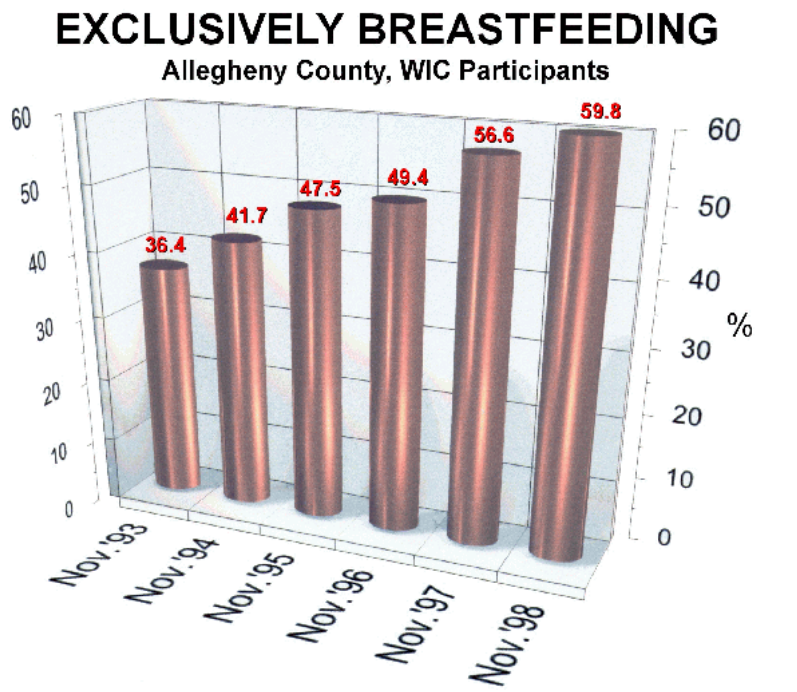
Breastfeeding Initiation And Duration Among WIC Participants
May 1998

	Pennsylvania	Allegheny County
Initiation	32.4	27.3
White	35.6	30.0
Black	24.5	22.3
Duration	7.6	7.7
White	8.1	7.4
Black	7.0	7.9



The incidence and duration of breastfeeding among Allegheny County WIC participants has increased substantially since 1992 when only 12.9% breastfed their infants (27.3% in 1998). The duration, however, has decreased by about two weeks. This may be the result of women returning to work or having other priorities. The decrease may also be due to more women initiating breast-feeding without a commitment and then stopping at the first sign of a problem.

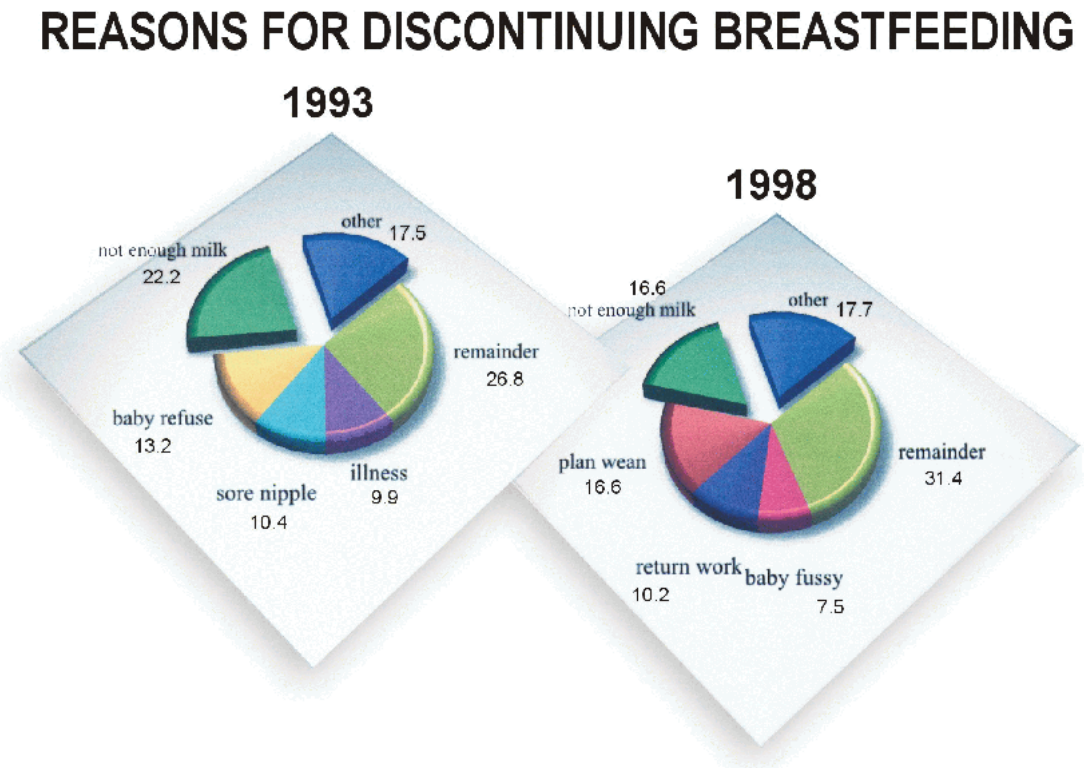
The percentage of exclusively breastfed babies among Allegheny County WIC participants has increased significantly over the last five years. In 1993, 36.4% of breastfeeding women were exclusively breastfeeding. In 1998, 59.8% were exclusively breastfeeding, a 39% increase.



Source: Pennsylvania Department of Health, Division of Special Food Programs - Allegheny County Health Department, WIC Program, Sup/Formula for Breastfed Infants, 1993 - 1998.

Reasons for discontinuing breastfeeding have changed somewhat during the last five years. The top reasons among Allegheny County WIC participants for discontinuing breastfeeding in 1993 and in 1998 are displayed below.

The perception of "not having enough breast milk" has



Source: Pennsylvania Department of Health, Division of Special Food Programs - Allegheny County Health Department, WIC Program, Reasons for Discontinuing Breastfeeding, 1993 - 1998.

diminished. However, the issue of women returning to the work force after having a baby and the current welfare to work policy have recently affected the breastfeeding WIC population.

Encouraging employers to be supportive of breastfeeding women returning to work is an ongoing objective of the Department's Breastfeeding Promotion Steering Committee. The "Breastfeeding Friendly Work Place Award" is one of its annual activities to promote support for women and families in the workplace.

"Planning to Wean" has emerged recently as a major reason for discontinuing breastfeeding. The goals of the Department's Breastfeeding Promotion Program are to encourage women to breastfeed their babies and to promote the necessary support so they have a comfortable breastfeeding experience. They should then wean with a positive attitude about breastfeeding. Discontinuing breastfeeding because one planned to is seen as one sign of achieving Program goals.

An important public health indicator is the immunization levels among children. In Allegheny County, a recent survey was conducted utilizing a sample of public and private providers. The survey revealed that 72% of children two years of age had received four doses of diphtheria/tetanus/pertussis vaccine, three doses of polio vaccine and one dose of measles/mumps/rubella vaccine. The level of immunizations for school-aged children is high because of the School Immunization Law. In the 1997-98 school year in Allegheny County, 97.8% of the children=s records were complete. This rate compares well with the Pennsylvania rate of 96.6%.

Child abuse and neglect are public health concerns. The 1995 substantiated child abuse rate for Allegheny County was 2.18 per 1000 children age 18 and younger; this is a decline of 14.9% from the reported rate of 2.57 in 1990. The rate for Pennsylvania was at 2.40 per 1000 children age 18 and younger in 1995; this is a 15.5% decline from the 1990 rate of 2.84. These numbers only reflect those children who were reported to and evaluated by authorities. The numbers of children who are neglected are difficult to determine since these children are usually not reported to authorities.

Substantiated Child Abuse
Per 1000 children under 18

		Total	Rate	% Change In Rate
Allegheny County	1990 1995	724 635	2.57 2.18	 -14.9%
Pennsylvania	1990 1995	7,951 6,891	2.84 2.40	 -15.7%
Pittsburgh	1990 1995	4,524 4,159	3.03 2.72	 -10.3%

Infant Mortality Review Project

As noted earlier, the Healthy Start Initiative was established in 1991 as a national demonstration program to reduce infant mortality in communities experiencing high rates. This Initiative included an Infant Mortality Review Project to identify medical and social factors that contribute to infant deaths and then to recommend interventions to reduce the high rate of infant mortality. A report on 1994-1995 infant deaths in the Healthy Start, Inc. target areas was released in February, 1997. Findings and recommendations are briefly summarized below.

During 1994 and 1995 there were 104 infant deaths (15.6 infant deaths per 1,000 live births). The leading cause of death was extreme prematurity (58%). Half of all deaths occurred on the first day of life; 69% were neonatal deaths. Infants born at less than 24 weeks gestation comprised 45% of all deaths. Single mothers accounted for 68% of all births, but 89% of all deaths. African- American women accounted for 62% of all births, but 84% of all deaths. Differences by mothers' ages were not significant. Twenty-four percent of the mothers had previously experienced a fetal or infant death, a second trimester abortion and/or a very preterm delivery.

In 25% of the sixty deaths due to extreme prematurity, either the physician or the patient failed to recognize or respond appropriately to the signs of preterm labor. Among these same mothers, 68% had a urinary tract infection or a genital tract infection during the pregnancy; 60% of these mothers at delivery had evidence of chorioamnionitis. Unintended pregnancies were common as was close spacing between pregnancies. In 44% of the infant deaths, the mothers had no prenatal care or waited until after the first trimester to begin care. In 52% of the infant deaths, the mother smoked cigarettes and in 20% of the deaths, the mother used cocaine during pregnancy. Among the seventeen deaths attributed to SIDS, 65% were sleeping in a position and/or a location that may have contributed to their death.

Recommendations related to preterm labor prevention, screening and education, family planning, prenatal care, smoking cessation, substance use treatment, SIDS prevention and continuity of care for women. Many actions have been taken, but it is clear that ongoing, intense interventions will be required to eliminate the racial disparities in maternal and child health indicators.

V. ADOLESCENTS

Adolescents have health care needs that are unique to their age group. Major health indicators point to specific health risks that adolescents are exposed to, such as substance use, sexually transmitted diseases, and injuries. This section presents data addressing selected health indicators for adolescents and young adults in Allegheny County. Data on pregnancy rates for females 19 years of age or less were presented in a previous section of this report.

The following tables present deaths related to injuries for three age groups in Allegheny County: 10 - 14 year olds, 15 - 19 year olds, and 20 - 24 year olds. The data are presented by race and encompass the years from 1992 - 1996. Not all races had deaths due to injuries; thus, the tables only document the deaths reported for those races that had deaths. For example, the first table presents deaths for white and black children in the 10 - 14 year old age group. Asian, Native American, and Hispanic children did not have deaths in this age group so are not included in this table.

1992-1996 Mortality Numbers/(Rates) due to Injury: 10 - 14 Year Olds

	Deaths Due to Auto Accidents	Deaths Due to Drowning	Deaths Due to Fire	Deaths Due to Homicide	Deaths Due to Suicides	Totals
White	10 (3.1)	2 (0.6)	2 (0.6)	1 (0.3)	4 (1.3)	19 (6.0)
Black	0 (-)	2 (3.1)	0 (-)	6 (9.3)	1 (1.6)	9 (14.0)
Total	10 (2.6)	4 (1.0)	2 (0.5)	7 (1.8)	5 (1.3)	28 (7.2)

More white children between the ages of 10 and 14 years die due to auto accidents and suicide than blacks. Black children in the same age group have more deaths due to homicide than white children.

1992-1996 Mortality Numbers/(Rates) due to Injury: 15 - 19 Year Olds

	Deaths Due to Auto Accidents	Deaths Due to Drowning	Deaths Due to Fire	Deaths Due to Homicide	Deaths Due to Suicides	Totals
White	28 (8.6)	2 (0.6)	0 (-)	11 (3.4)	22 (6.8)	63 (19.4)
Black	3 (4.9)	0 (-)	0 (-)	80 (130.5)	3 (4.9)	86 (140.3)
Total	32 (8.1)	2 (0.5)	0 (-)	91 (23.1)	25 (6.3)	150 (38.0)

More white adolescents between the ages of 15 and 19 years died due to auto accidents, drowning, and suicides than black adolescents in the same age group. More black adolescents between the ages of 15 and 19 die due to homicides than whites in the same age group.

1992-1996 Mortality Numbers/(Rates) due to Injury: 20- 24 Year Olds						
	Deaths Due to Auto Accidents	Deaths Due to Drowning	Deaths Due to Fire	Deaths Due to Homicide	Deaths Due to Suicides	Totals
White	60 (18.1)	3 (0.9)	5 (1.5)	18 (5.4)	44 (13.3)	130 (39.2)
Blacks	7 (12.0)	1 (1.7)	0 (-)	83 (142.5)	8 (13.7)	99 (170.0)
Totals	69 (17.3	4 (1.0)	5 (1.3)	101 (25.3)	53 (13.3)	232 (58.0)

As noted in previous tables, more black young adults die due to homicides than whites in the same age group. More whites who are 20 to 24 years of age die due to auto accidents, drowning, fire, and suicides than blacks in the same age group.

Alcohol, cigarette and drug use usually begin during adolescence. National, population-based surveys, such as the CDC's Youth Risk Survey, document the substance use in this age group. Effective preventive health initiatives are needed that can compete with the powerful advertising messages that encourage the use of cigarettes and alcohol. Prevention messages need to be targeted to the audience they are intended to reach and need to be culturally relevant to this group. Ideally, county-based data would be available that would help assist in the development and implementation of prevention programs that discourage the use of substances.

Until county-based data are available, secondary indicators can be examined. For example, Pittsburgh Public Schools have a Student Assistance Program (SAP) to refer students for drug intervention. In 1993, 8.87 students per 1000 students who were 10 to 17 years of age were referred for drug treatment.

Youth and adolescents who are not attending school are a concern since studies have noted that these adolescents are more likely not to complete secondary education, have extremely limited employment opportunities, are more vulnerable to arrests, and are usually destined to lower socioeconomic conditions. An analysis of school attendance in all Allegheny County schools reveals that attendance problems are greatest at the middle and high school level. The average school attendance for Pittsburgh Public Schools for 1997-98 was 92.9% for elementary grades, 88.1% for secondary grades, and 80.4% high school. Absentee rates increase as the grade level increases. Thus, adolescents are most vulnerable for low school attendance and school drop-out is also a concern.

In Allegheny County the 1994 public secondary school dropout rate (per 100 students enrolled in grades 9-12) has decreased since 1990. This rate increased for the state and the city by 8.5% and 5.2% respectively.

Public Secondary School Dropouts Per 100 students enrolled in grades 9-12				
		Total	Rate	% Change In Rate
Allegheny County	1990 1994	1,656 1,534	3.30 3.02	8.4%
Pennsylvania	1990 1994	18,650 21,257	3.75 4.08	8.5%
Pittsburgh	1990 1994	11,734 13,184	4.84 5.09	5.2%

Adolescents are at risk for sexually transmitted diseases. A recent report released by the Allegheny County Health Department notes the increases in certain sexually transmitted diseases among adolescents, especially females aged 15 to 24. The following points are from this March 1998 report titled Sexually Transmitted Diseases and AIDS Statistical Summary Report.

1. Adolescents, aged 15-19, comprise 29% of all gonorrhea cases in Allegheny County (33% in 1996). Thirty-eight percent of the female cases were in this age group.

2. Chlamydia is the most reported sexually transmitted disease in Allegheny County: 2,877 cases were reported in 1997. Seventy-five percent of the female cases were in the 15-24 age group. This is an increase of 12 percentage points from the 1996 figures.

3. Since 1981, there have been 209 cases of AIDS reported in the 25-29 age group. Since asymptomatic HIV lasts 8-10 years, many of these infections were acquired in the teens.

4. African-Americans are disproportionately infected with HIV. While they comprise 12.5% of the population, 51% of the 1997 AIDS cases were in African-Americans. In 1995, 44% of the AIDS cases were African-Americans.

Continued aggressive public health efforts are needed to identify and treat sexually transmitted diseases (STDs). Adolescents who contract sexually transmitted diseases may sustain damage to their reproductive systems and may also contract viral STDs, such as herpes and HIV.

Allegheny County Health Department conducted a dental needs assessment in May, 1994. A sample of 631 students, ages 9-20, from Pittsburgh Public Schools and McKeesport Area Schools were surveyed using the "Decayed, Missing and Filled Teeth" survey method. Findings were compared to samples for the region (New York, New Jersey and Pennsylvania) and the United States.

Children and adolescents in these two school districts had a 70% greater risk of dental caries than children in the region, and 104% greater risk than children in the nation. Survey participants had fewer filled teeth and more decayed teeth, indicating a need for treatment. The situation suggested the problem was a lack of available care.

The Department's Dental Program provides the only known free dental services for children in Allegheny County. The Program is the primary source of dental care for uninsured and underinsured children. The Department also administers a school-based dental sealant project, now in its second year of operation. This three-year project targets seven-year-old children who are at risk for dental disease. Sealants are applied to permanent molars to prevent cavities in these teeth. Sealants have been placed on 1,172 children in the county and an oral health education component has reached 8,600 children in school settings. While the number of children with caries varied among the 29 schools targeted, as many as 52% of children in a single setting were observed to have caries in their primary teeth. In addition, 10% of children seen had urgent dental care needs.

A statewide oral health needs assessment is now underway and results of this assessment will be available next year. This assessment is being conducted by the University of Pittsburgh School of Dental Medicine with a grant from the State Department of Health.

VI: OTHER ASSESSMENTS

Several additional assessments of need relevant to maternal and child health have been completed recently. Four are briefly summarized here. Taken together, they contribute to a more complete understanding of the health status of young families in Allegheny County.

Home Visiting Programs

The University of Pittsburgh Office of Child Development conducted a needs assessment of home visiting services for families with young children and expectant parents in Allegheny County during late 1997 and early 1998. The needs assessment included a review of the literature and the identification of model home visiting programs conducted elsewhere in the United States. There were reports on evaluations of local home visiting programs, an inventory of 86 local home visiting programs and focus groups of 28 individuals who received home visiting services. Neighborhoods were identified with high rates of problems typically addressed by home visiting programs and areas judged to be underserved by existing programs were noted.

The Advisory Committee for the needs assessment made the following recommendations:

Home visiting services in Allegheny County generally are operating well and have no major problems requiring immediate and drastic remediation.

While home visiting staff received above-average amounts of training, agencies expressed the desire for additional competency- and skill-based training that builds on the strengths of agencies and individual staff for the purpose of improving the quality of services.

Some Advisory Committee members recommended that a local Resource and Coordination Center be created and provide staff support services and training to agencies and improve the coordination of home visiting services in the County. An alternate recommendation is to hire a full-time support person and house him/her at an existing site rather than create another Center.

The existing Home Visiting Network should be expanded and provide strong leadership and advice to the local Resource and Coordination Center and to policy makers and funders interested in improving the quality of home visiting services in the County.

Home visiting programs and staff need to be aware of new policies and regulations and adjust home visiting practices to fit them (e.g. TANF, managed care).

Health and Income in Allegheny County, 1998

The report by Allegheny County Health Department, “Health and Income in Allegheny County, 1998", compared health indicators from County zip codes with the highest and lowest median household incomes.. Birth indicators in low-income communities are poorer than those in high income communities. The early prenatal care ratio between low and high income women is not equal but is

moving in the right direction. Infant mortality has decreased in Allegheny County over the past fifteen years, but rates in low-income areas are still nearly twice as high as rates in the higher-income areas. Individuals from low-income areas were admitted to hospitals for ambulatory care sensitive (ACS) conditions twice as often as people from high-income areas. Residents of low-income areas were hospitalized for chronic ACS conditions nearly three times more frequently than people from high-income areas.

Hospital Discharges in Allegheny County, 1995

In May, 1998, Allegheny County Health Department released a report on "Hospital Discharges in Allegheny County, 1995" comparing local hospital discharge data with national data through an examination of diagnostic and procedure codes. Newborn discharges were omitted to allow for national comparisons.

This study showed that, beginning at age fifteen, more women were discharged from the hospital than men due to child bearing for ages fifteen to forty-four and to a larger population after age sixty-five. Both locally and nationally, pregnancy was one of five major diagnostic groups accounting for the majority of hospital discharges. With 17,862 inpatients for pregnancy-related conditions, it was the single most frequently first listed diagnostic code for Allegheny County in 1995. Each pregnancy-related hospitalization averaged 2.3 days and cost $4,942.

Excluding newborn, infant hospitalizations in 1995 totaled 1,679 and there were 2,570 young children ages one to four admitted. Respiratory system conditions were the most frequent cause for hospitalization with respiratory infections/pneumonia and asthma the most common diagnoses. Injuries were responsible for a significant proportion of young child admissions.

Among children and youth ages five to fifteen there were 4,258 hospitalizations primarily due to mental health conditions (22%), respiratory system problems (20%) and injuries (16%). Young adults ages fifteen to twenty-four had 12,202 hospitalizations. Injuries and mental health were again the primary causes for men while pregnancy and mental health were the primary causes for women.

The primary insurance payers for children under 18 years were Blue Cross (35%), Medicaid (28%) and commercial (23%). This report did not examine payer by diagnostic code.

Healthy Children 2000

In cooperation with Allegheny County Health Department, Highmark Blue Cross Blue Shield issued the third edition of "Healthy Children 2000" (December 1997). This report on the health status of children and youth in Allegheny County compares a set of 15 health status indicators with the national goals from Healthy People 2000. These comparisons since the first report in 1993 have shown positive movement in many areas including a decrease in infant mortality and reduction in youth violence. However, it appears that several of the national targets will not be met in Allegheny County by the year 2000.

At the time of this report, Allegheny County had already met goals for:

Child and youth death rates (ages 0-24)
Motor vehicle crash deaths (ages 1-24)
Residential fire deaths (ages 0-4)
Drowning deaths (ages 0-4)
Suicide deaths (ages 15-19)
Gonorrhea infections (ages 15-19)

Allegheny County had not met goals for:

Infant mortality and black infant mortality
Low birth weight (black infants and all infants)
Early prenatal care (black mothers and all mothers)
Homicides (ages 0-3)

A table displaying "Selected Health Status Indicators for Children and Youth, Allegheny County, 1989-90 through 1995-96 and Healthy People 2000 Goals" is included here as Appendix A.

The report notes a 26% decrease in the black infant mortality rate and a 22% decrease in the total infant mortality rate between 1998 and 1996. However, without a greater rate of decline, the national goals of 11 deaths per 1,000 live births among black infants and 7 deaths per 1,000 live births among all infants will not be met. Both nationally and locally there has been very little change in the proportion of infants born at low birth weight. The proportion of women receiving prenatal care during the first trimester has been increasing, with the greatest increase among black women, but it is unlikely that the year 2000 goal for black women will be met in Allegheny County. The small number of homicides among very young children here make it hard to determine trends, but averaged rates for the three most recent two-year periods exceeded the target.

VII. KEY INFORMANT AND CLIENT RESPONSES

The perceptions of individuals in positions of leadership with local programs which serve young families are very important. These "key informants" work in a wide variety of health and human service programs and bring their own experiences and knowledge to help identify unmet health needs which should be addressed. The opinions of clients are equally important in identifying the most important health problems occurring in our community.

Methodology: Key Informants

A checklist on maternal health issues and another list of infant/child/adolescent health issues were distributed to members of the Allegheny County Child Death Review Team at their November 1998 meeting. The same checklists were mailed to members of the Maternal and Child Health Program Advisory Committee. Respondents were asked to help identify problems and gaps in services for which the Health Department should utilize MCH Block Grant funds. They were asked to consider the size and seriousness of each problem, the effectiveness of available interventions and services already in place to address each problem. They were asked to check the top five problems on each list which the Health Department should address with MCH Block Grant funds.

Members of the Child Death Review Team (CDRT) were asked to complete and return the checklists anonymously at the meeting. Advisory Committee members who did not return the checklists by mail were interviewed by telephone if possible. Thirteen of the 16 surveys sent to the Advisory Committee were completed (81%) and five of seven were completed (71%) and returned by CDRT members. The 18 completed checklists were tabulated together (Appendix B).

Findings: Key Informants

Inadequate prenatal care, barriers to contraceptive services, and lack of information and support in the home, especially for teenage mothers, appeared to be major themes in the top five maternal issues selected by those surveyed. Twelve respondents (67%) selected "teens and women receiving inadequate prenatal care (no care, starting care late in pregnancy or having only 1-2 visits)" as a problem which should be addressed utilizing MCH Block Grant funds. Ten (56%) selected "lack of access to birth control information and supplies; close interval pregnancies" and the same number chose "teenage pregnancies". Nine respondents (50%) selected "first-time mothers without positive role models or support in the home" for Block Grant attention. Seven respondents (39%) would target teens and women smoking, inadequate health insurance and poor housing conditions.

Specific infant/child/adolescent issues selected by key informants varied considerably. The top issue (ten respondents; 56%) was "lack of immunizations according to recommended guidelines". Other issues selected by seven or more respondents (39%) included inadequate/no health insurance; very low birth weight and other at-risk infants receiving inadequate follow-up for medical and developmental issues; tobacco, drug, or alcohol use among children/teens; living in physically or emotionally abusive environments; and inadequate nutrition (lack of food or appropriate food).

Methodology: Clients

A checklist was also utilized to obtain consumer input regarding health problems (Appendix C). From December 7-11, 1998, clients with young children or teenagers who were receiving services administered by the MCH Program were asked to note the five most important health problems which they believe impact their communities. Primary care clients were surveyed along with families receiving home-based services from public health nurses, social services and breastfeeding staff and resource mothers. Checklists completed and returned for analysis totaled 101; however 11 showed more than five problems selected and were excluded.

Findings: Clients

Almost half of the clients (49%) chose "teenagers having babies" as a health problem affecting their communities. Forty-two (47%) selected "using drugs or alcohol" and 36 (40%) chose "family members being abused; domestic violence; child abuse". The following health problems were selected by 21-34% of respondents: deaths or injuries due to violence or guns; babies and children not receiving their shots and check-ups; babies or children not having enough food to eat; poor housing conditions; parents having questions about taking care of their babies or children; people not understanding birth control or not using birth control; and no health insurance or unable to pay for health care; not knowing where to go for health care.

Discussion

Not unexpectedly, there was considerable consistency among the problems chosen by clients and by health and human service professionals. Issues related to teenage pregnancy and family planning services were noted by both groups. Both identified inadequate health care, prenatal care and preventive pediatric care specifically, as problems affecting our residents. Other problems selected by both consumers and professionals included inadequate health insurance, poor housing conditions and the lack of a support person or someone who could answer questions about infant and child care. A higher proportion of clients chose problems with drug or alcohol abuse, violence, domestic and child abuse issues and insufficient food for children.

The MCH Program and other Department programs are already addressing some of these issues through initiatives such as the Childhood Immunization Program. All Department programs which serve children provide Medicaid and CHIP applications for uninsured children and assist parents to apply. Our partnership with the Alliance for Infants and Toddlers Program brings follow-up services to families with very low birth weight infants and infants with other high risk conditions. The WIC Program provides nutrition education and supplemental foods for eligible pregnant women, new mothers, breastfeeding mothers, infants and children to age five. Various Department programs work to prevent tobacco use among children and teens, reduce violence and refer individuals for drug and alcohol treatment.