
CHAPTER IV

IMPACT OF IN-HOSPITAL PATERNITY OUTREACH EFFORTS

A. Evaluation Methodology

The Colorado paternity demonstration project involved four hospitals in the Denver area. The in-hospital intervention was initiated at slightly different timepoints at each hospital site. We initiated at-birth orientations about paternity in University Hospital in October 1992. At-birth orientations about paternity were introduced in Mercy Hospital and St. Joseph Hospital in September 1993. We initiated the at-birth paternity overture in Denver General Hospital in June 1993.

At all hospitals, the at-birth orientation involved the routine presentation of oral and written information about paternity to all unmarried mothers and fathers (when he was available at the hospital). The orientation was made following the baby's delivery but before the mother's discharge from the hospital. It stressed the benefits of paternity for babies and the rights and responsibilities associated with paternity for parents. Unmarried parents were offered the opportunity to acknowledge paternity on a voluntary basis and interested parents were assisted with the acknowledgement process. Paternity acknowledgement was treated as a confidential process; voluntary acknowledgements were not reported to the child support enforcement agency.

At all hospital sites, identical information was collected about every woman exposed to the paternity orientation. Most of the information could be readily extracted from the birth certificate worksheet. This included standard demographic items about unmarried mothers and their partners. In addition, paternity outreach workers collected some limited information that went beyond the birth certificate worksheet including whether the baby's father had attended the birth and whether or not one or both parents had signed the acknowledgement form.

The assessment of the impact of the in-hospital paternity outreach effort involved a comparison of pre- and post-intervention paternity patterns at each hospital setting. Our picture of paternity patterns prior to the demonstration project was derived from automated records of births to unmarried parents at the four participating hospitals in 1991. Across the four hospitals, there were 4,260 births to unmarried parents in 1991. During this year, none of the hospitals presented information about paternity and the voluntary acknowledgement process to unmarried parents on a regular basis.

Our information about paternity patterns following the introduction of the at-birth overture came from the database compiled by paternity workers affiliated with the demonstration project. Workers completed data collection forms for each unmarried parent exposed to the paternity overture following delivery. During the demonstration project, at-birth orientations about paternity were made to 3,902 unmarried parents. Thus, our post-intervention database consists

of 3,902 births across the four participating hospitals during 1993-1994. A copy of the data collection form used to compile the post-intervention database appears in Appendix C.

Table IV-1 presents the numbers of cases in our comparisons of pre- and post-intervention patterns across the four hospital sites.

Table IV-1
Numbers of Unmarried Births Prior to and During
the Paternity Demonstration Project by Facility

Facility	Pre-intervention (1991)	Post-intervention* (1993-1994)
Denver General	1,697 (39.8%)	1,574 (40%)
Mercy	87 (2.0%)	297 (7.6%)
St. Joseph	1,290 (30.3%)	650 16.7%
University	1,186 (27.8%)	1,381 (35.4%)
Total	4,260	3,902
*Only includes cases seen in the project, not all unmarried births at these facilities.		

B. The Populations Served

Can observed changes in voluntary paternity acknowledgement levels following the initiation of the demonstration project safely be attributed to the at-birth paternity overture? Are any changes in paternity acknowledgement levels due to changes in the demographic profile of the unmarried populations served at the four participating facilities?

To answer these questions, we compared selected demographic characteristics of unmarried mothers who delivered at each facility in 1991 with patterns for 1993-1994. The analysis revealed that the types of populations served by each of the hospitals remained relatively constant at the two timepoints.

In two of the hospital facilities, Denver General and University, unmarried mothers looked virtually the same both prior to and following the initiation of the demonstration project.

Race, education, age, employment and prior numbers of births for unmarried mothers were all quite similar at both pre- and post-demonstration project timepoints. These patterns may be summarized as follows:

- ❑ In Denver General Hospital, the average age of unmarried mothers in 1991 was 22.3 as compared with 22.8 in 1993-1994. The proportion of unmarried mothers who were White was 12 percent in 1991 as compared with 16 percent in 1993-1994. The proportion of mothers with less than a high school education was 66 percent in 1991 and 70 percent in 1993-1994.
- ❑ In University Hospital, the average age of unmarried mothers in 1991 was 22.7 as compared with 23.4 in 1993-1994. The proportion of unmarried mothers who were White was 49 percent in both 1991 and 1993-1994. The proportion of mothers with less than a high school education was 45 percent in 1991 versus 44 percent in 1993-1994.

In two of the hospitals, Mercy and Saint Joseph, the post-demonstration project population was more heavily White and somewhat more apt to have had no prior births. While these demographic characteristics **are** correlated with voluntary paternity acknowledgement levels, they are offset by the fact that mothers who delivered in 1993-1994 at these facilities had somewhat lower education levels than their counterparts in 1991. Education is also correlated with voluntary paternity acknowledgement patterns with women with lower levels of education tending to reject the paternity option. There was no difference in the average age of unmarried mothers who delivered at these hospital facilities at the pre- and post-project timepoints. Nor were there consistent differences in the tendency to be employed during pregnancy. The following examples are illustrative of patterns at Mercy and Saint Joseph Hospitals.

- ❑ At Mercy Hospital, the proportion of unmarried mothers who were White rose from 24 percent in 1991 to 46 percent in 1993-1994. During the same time period, the proportion of unmarried mothers with prior children dropped from 51 percent to 32 percent. At the same time, the proportions employed during pregnancy remained approximately 35 percent during both timepoints and the proportion with less than a high school education was consistently 40 percent.
- ❑ At Saint Joseph Hospital, the proportion of unmarried mothers who were White rose from 44 to 60 percent while the proportion with prior births dropped from 35 to 26 percent. Simultaneously, the proportion with less than a high school education rose from 25 to 32 percent.

Taken together, it appears that while there were some modest differences in the unmarried populations served at some of the facilities, none of the differences were very substantial or consistent. As a result, we can rule out the hypothesis that observed differences were due to

changes in the patient profile at the participating hospitals prior to and following the initiation of the program.

C. Other Possible Sources of Sample Bias

Virtually all unmarried mothers were exposed to the paternity outreach at University Hospital, since the birth registration clerk assumed responsibility for presenting the paternity orientation to unmarried mothers soon after the inception of the demonstration project. At that hospital, the number of women exposed to the orientation during 1993-1994 essentially equalled the total number of unmarried births. There was no sampling process or potential source of bias due to sample factors.

At the other three hospitals, however, the paternity overture was only presented to a segment of the unmarried population that delivered. In general, presentations were made to all women who delivered on days when a project paternity worker was at the hospital. Although there was no obvious bias or selection process in the scheduling of presentations, there is nevertheless a possibility that the segment exposed to the orientation was unrepresentative of the total population of unmarried patients.

To determine whether this was indeed the case, we compared the voluntary acknowledgement rate achieved in the database of cases compiled for this demonstration project with the universe of births occurring at each hospital facility during the last quarter of 1993. The analysis revealed that acknowledgement rates for the two groups of births at each facility were virtually identical. This suggests that the samples of mothers exposed to paternity orientations at the project hospitals were essentially equivalent to the total unmarried population of mothers served at each facility.

D. Changes in Rates of Paternity Acknowledgement

In each hospital setting, the process of systematically presenting the paternity option to unmarried parents led to dramatic increases in the voluntary acknowledgement rate. In 1991, prior to the project, voluntary acknowledgement rates at the four participating hospitals ranged from 13 percent to 24 percent. In 1993-1994, both parents signed the paternity acknowledgement form in 27 percent to 52 percent of the births where they were given the option to do so. Figure IV-1 compares the proportions who voluntarily acknowledged paternity at each project facility in 1991 and in 1993-1994, following the initiation of at-birth paternity presentations.

Despite these gains in levels of voluntary paternity acknowledgement following the introduction of the in-hospital paternity effort, substantial proportions of unmarried parents continued to disavow paternity and reject the option. Indeed, one-half to three quarters of the unmarried parents at each participating facility refused to sign the voluntary acknowledgement during 1993-1994 when presented with the opportunity.

Naturally, some proportion of parents who fail to acknowledge paternity in the hospital immediately following delivery will proceed to acknowledge on a voluntary basis at a later date. Based upon the 1991 data for Colorado as a whole, an additional 6 percent of unmarried parents acknowledge during the three-year period following their children's birth. In addition,

approximately 12 to 14 percent obtain paternity establishments by court order within a three-year time frame.

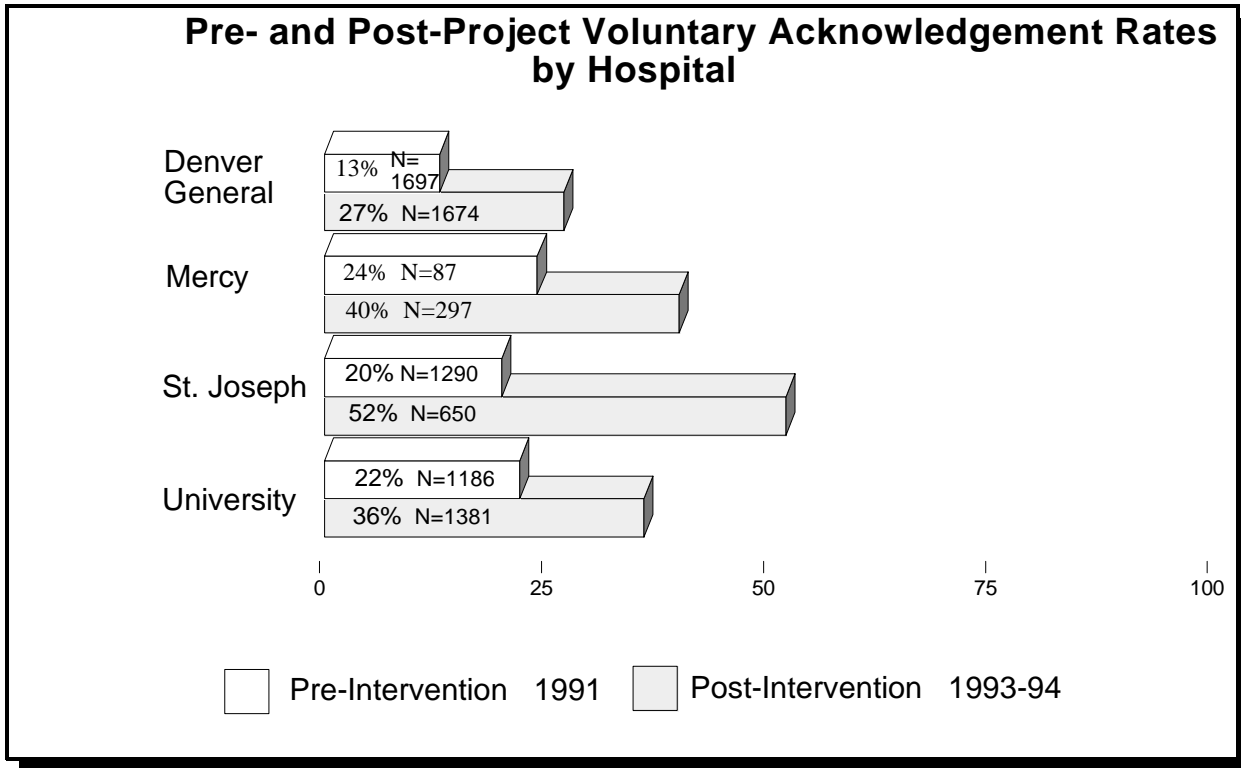


Figure IV-1

At this point, we are unable to determine whether our project hospitals will experience a comparable rise in voluntary paternity acknowledgements over time. On the one hand, it is possible that the project's aggressive at-birth outreach efforts will more effectively serve interested unmarried parents and this will lessen the number of acknowledgements achieved at a later date. On the other hand, some proportion of unmarried parents may continue to acknowledge a few years following birth no matter what the quality of the at-birth effort. Researchers who have studied paternity acknowledgement patterns in Massachusetts have failed to find conclusive evidence of trade-offs between at-birth and post-birth acknowledgements. Although Massachusetts cities where in-hospital acknowledgement rates are high generally have low estimated post-birth acknowledgement rates, some areas with average in-hospital rates still have substantial numbers of post-birth acknowledgements (Williams et al, 1995).

E. Summary

The overall impact of the in-hospital paternity demonstration project at the four participating facilities was dramatic. At Denver General and St. Joseph Hospitals, the voluntary acknowledgement rate more than doubled. At Mercy and University Hospitals, the voluntary acknowledgement rate rose by approximately 65 percent. These increases could not be attributed to changes in the unmarried populations served at each facility which resembled one another at

both pre- and post-project timepoints. Nor did changes in the voluntary acknowledgement rate reflect sample factors or other sources of bias.