

# Approaches in Data Collection on Abortion: Georgia & Southeast -Specific Efforts

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National Academies of Sciences, Engineering and Medicine  
Workshop

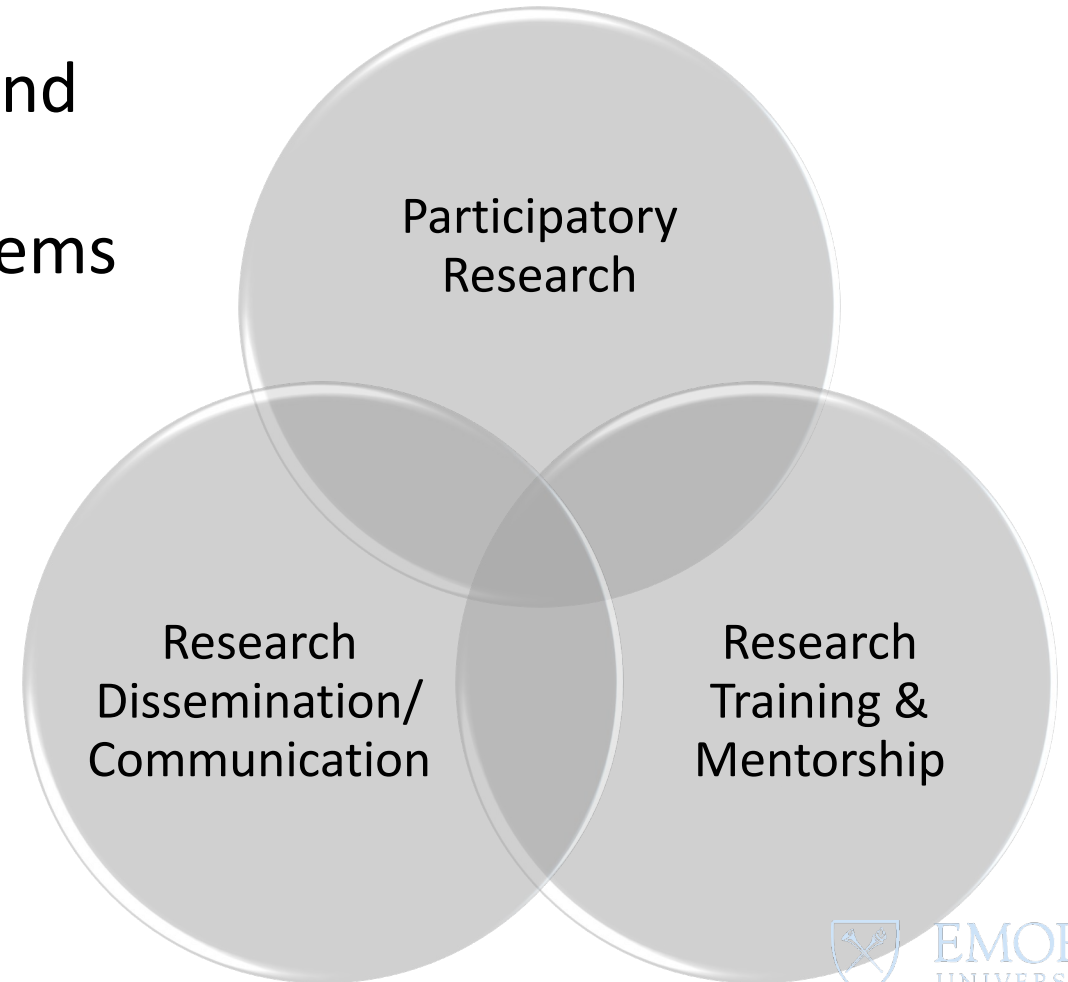
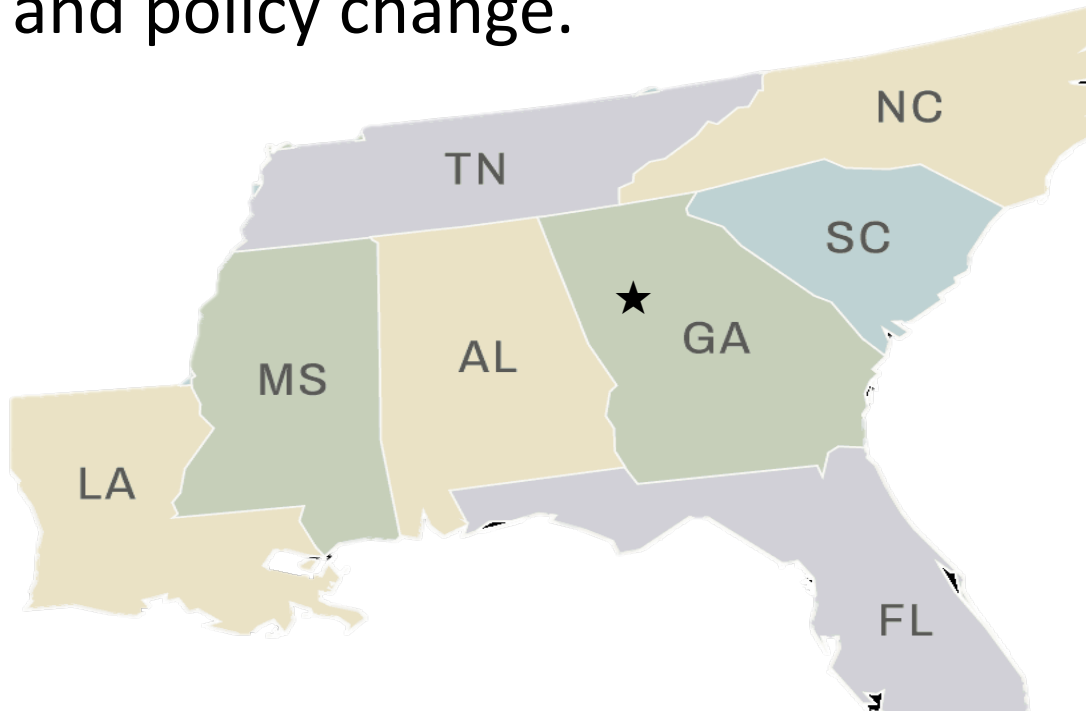
October 5, 2023



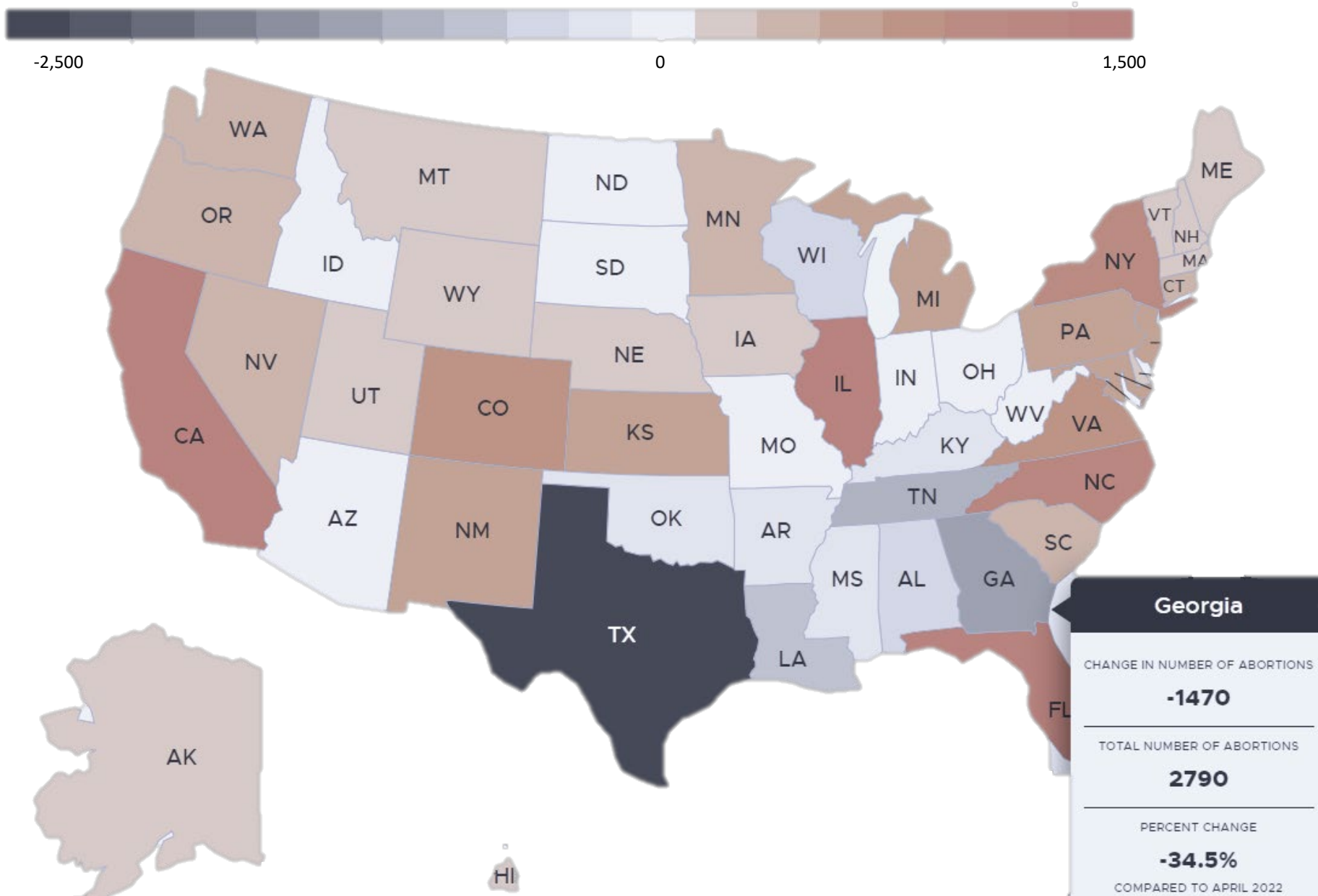
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Aim to improve the reproductive health and equity of people in the U.S. Southeast through research that informs social, systems and policy change.



# Society of Family Planning #WeCount US Map of change in number of abortions by state, from April '22 to March '23



# Types of Data Leveraged and Collected

State Abortion  
Surveillance Data

Abortion Fund &  
Hotline  
Administrative Data

Cross-State  
Abortion Policy  
Surveillance Data

Abortion Law Text  
& Legislative  
Meeting Data

Survey Data  
(involving  
Providers, Pregnant  
People, etc.)

Focus Group &  
Interview Data  
(with Providers,  
Community, etc.)

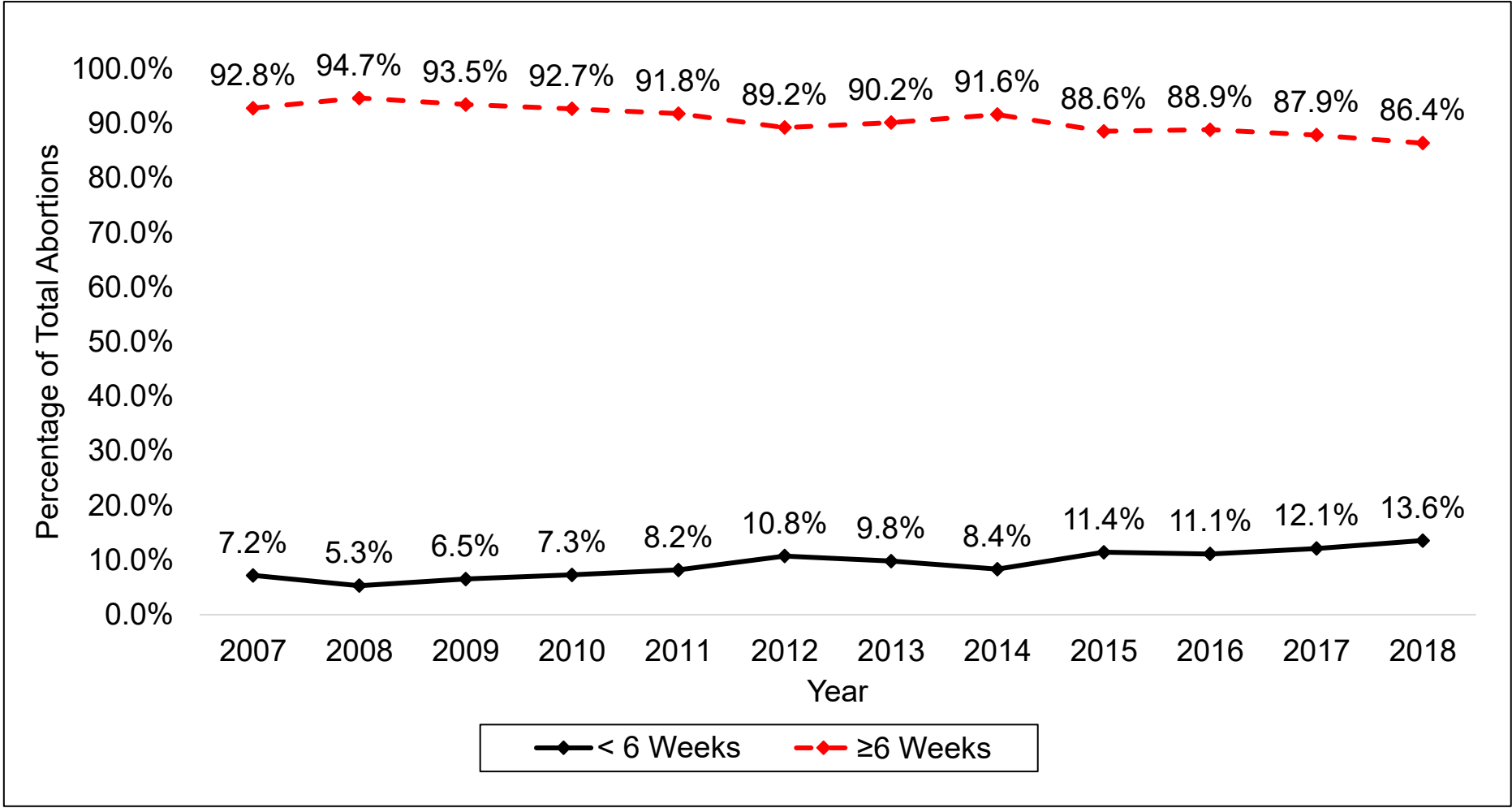
## State Abortion Surveillance Data

- Describe trends in abortion by weeks' gestation and state of residence before, during, and after implementation of HB954, Georgia's 22-week abortion restriction. – Hall, Redd et al *Am J Public Health* 2020

- Did the change in number and ratio of abortions in Georgia after HB954 vary by race and ethnicity? – Mosley Redd et al *Womens Health Issues* 2022

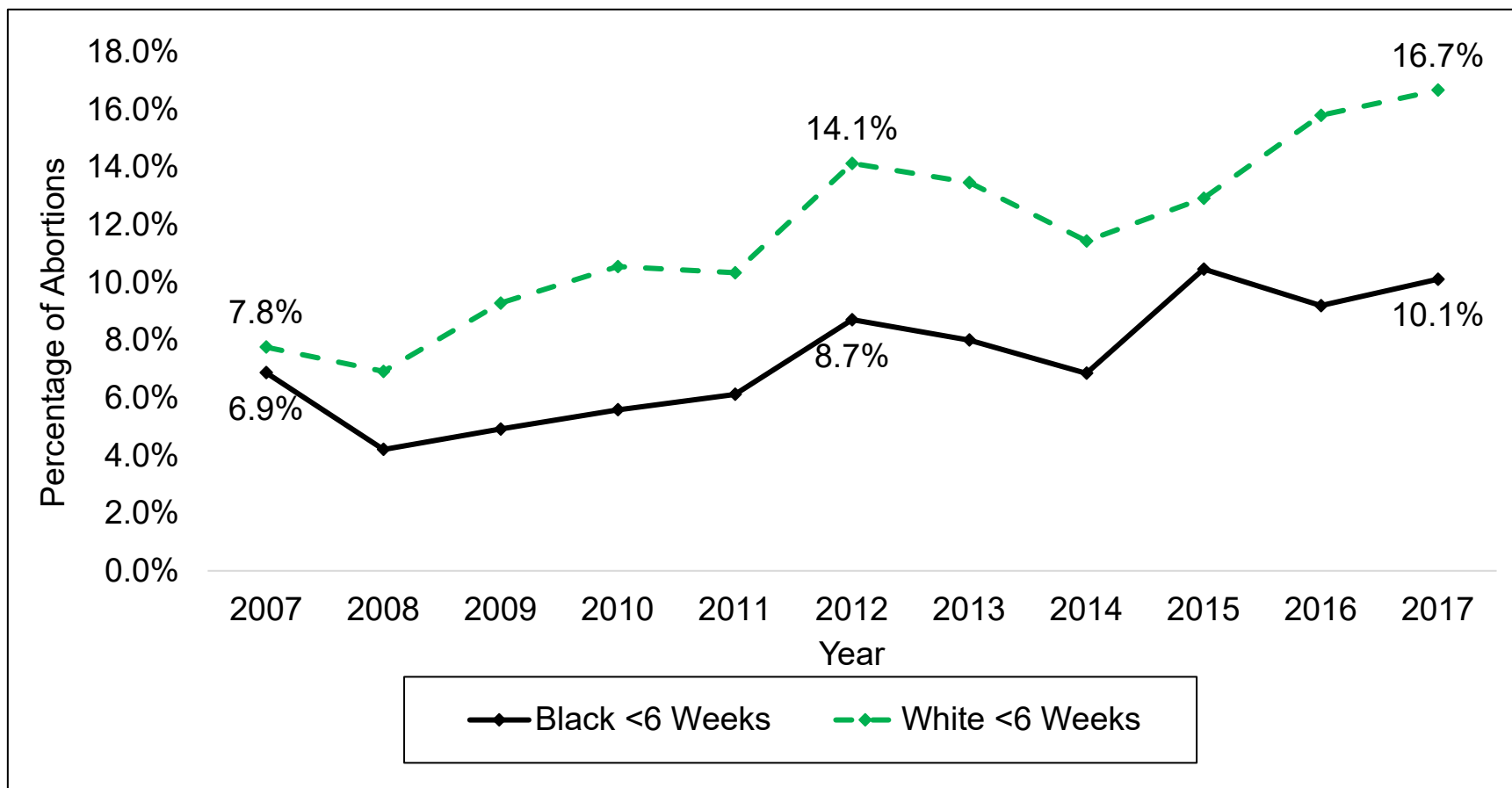
- To estimate anticipated multiyear effects of HB481, Georgia's restriction on abortion following embryonic cardiac activity, on abortion incidence in Georgia, and to examine inequities by race, age, and socioeconomic status. – Redd, Mosley et al *JAMA Network Open* 2023

**eFigure 1.** Percentage of Abortions Provided in Georgia, Stratified by Weeks' Gestation



**Induced Termination of Pregnancy (ITOP) Data, 2007-2017**

**eFigure 2.** Percentage of Abortions Provided in Georgia <6 Weeks from Last Menstrual Period, Stratified by Patient Educational Race



Induced Termination of Pregnancy (ITOP) Data, 2007-2017

## Abortion Fund & Hotline Administrative Data

- Describe the sociodemographic and service use characteristics represented in case data managed by a regional abortion fund in the U.S. Southeast, overall and stratified by state of residence.

– Rice, Labgold *Int J Environ Res Public Health* et al 2021

- Identify barriers to abortion access experienced by young people in the U.S. Southeast who seek abortion funding, and describe the context young Southerners must navigate to receive abortion care.

– Larsen, Njoku et al *Contraception* 2022



# RESULTS

## Characteristics of abortion fund callers



**81%** Non-Hispanic Black or African American



**84%** 18-34 years of age



**87%** Publicly insured or uninsured



**55%** Christian



**77%** Have one or more children



**70%** Completed high school degree or some college

**Table 4.** Abortion fund service use characteristics of abortion fund cases <sup>1</sup> representing callers residing in the six southeastern states where Access Reproductive Care (ARC)-Southeast provides assistance, 1 January 2017–31 December 2019 <sup>2</sup>.

<i>n</i> (Column %) <sup>3</sup>	Overall ( <i>n</i> = 9585)	Alabama ( <i>n</i> = 1421)	Florida ( <i>n</i> = 715)	Georgia ( <i>n</i> = 4637)	Mississippi ( <i>n</i> = 1206)	South Carolina ( <i>n</i> = 423)	Tennessee ( <i>n</i> = 1183)
Gestational Age Category, Weeks							
0–10 weeks	5948 (64%)	836 (61%)	449 (64%)	2830 (63%)	884 (74%)	241 (58%)	708 (61%)
11–12 weeks	869 (9%)	124 (9%)	78 (11%)	378 (8%)	91 (8%)	36 (8%)	162 (14%)
13–15 weeks	1072 (11%)	169 (12%)	69 (10%)	503 (11%)	123 (10%)	33 (8%)	175 (15%)
16–18 weeks	744 (8%)	121 (9%)	49 (7%)	422 (9%)	46 (4%)	46 (11%)	60 (5%)
19–21 weeks	608 (7%)	114 (8%)	35 (5%)	322 (7%)	44 (4%)	44 (11%)	49 (4%)
22+ weeks	122 (1%)	—	21 (3%)	63 (2%)	—	16 (4%)	—
Missing	222	46	14	119	12	7	24
Abortion Type							
Medication Abortion	3202 (35%)	343 (25%)	272 (39%)	1434 (32%)	661 (56%)	127 (32%)	365 (32%)
Procedural Abortion	6072 (65%)	1018 (75%)	423 (61%)	3060 (68%)	515 (44%)	275 (68%)	781 (68%)
Missing	311	60	20	143	30	21	37
Visiting Clinic in state of Residence	7652 (81%)	720 (51%)	652 (91%)	4366 (96%)	889 (74%)	75 (18%)	950 (81%)
Distance from Residential Zip Code to Clinic, Miles							
0–24 miles	4627 (48%)	377 (27%)	522 (73%)	2517 (54%)	394 (33%)	61 (14%)	756 (64%)
25–49 miles	1374 (14%)	179 (12%)	40 (6%)	922 (20%)	94 (8%)	59 (14%)	80 (7%)
50–99 miles	1386 (15%)	248 (18%)	30 (4%)	600 (13%)	321 (27%)	109 (26%)	78 (6%)
100–299 miles	1887 (20%)	566 (40%)	67 (9%)	527 (11%)	320 (26%)	163 (39%)	244 (21%)
300+ miles	311 (3%)	51 (4%)	56 (8%)	71 (2%)	77 (6%)	31 (7%)	25 (2%)

- Examine racial/ethnic and educational inequities in the relationship between state-level restrictive abortion policies and adverse birth outcomes from 2005 to 2015 in the U.S.

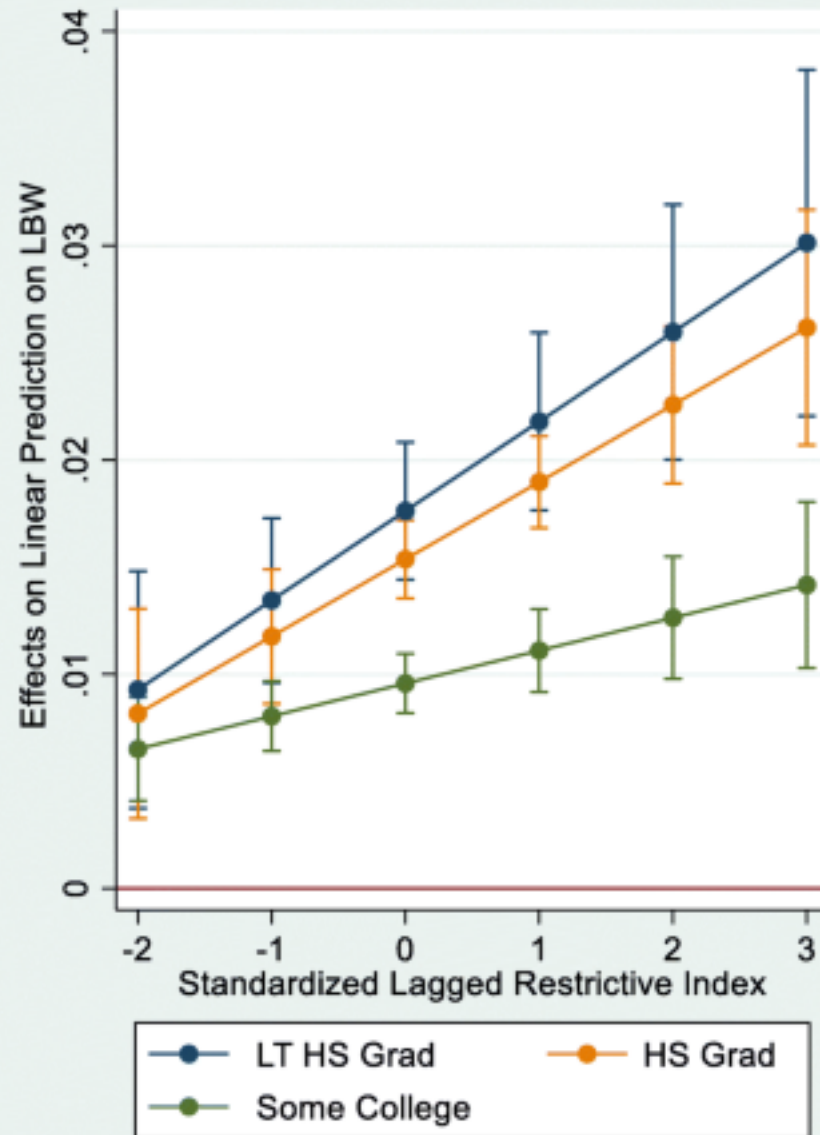
– Redd, Rice, et al *BMC Health Services Research* 2021

## Cross-State Abortion Policy Surveillance Data

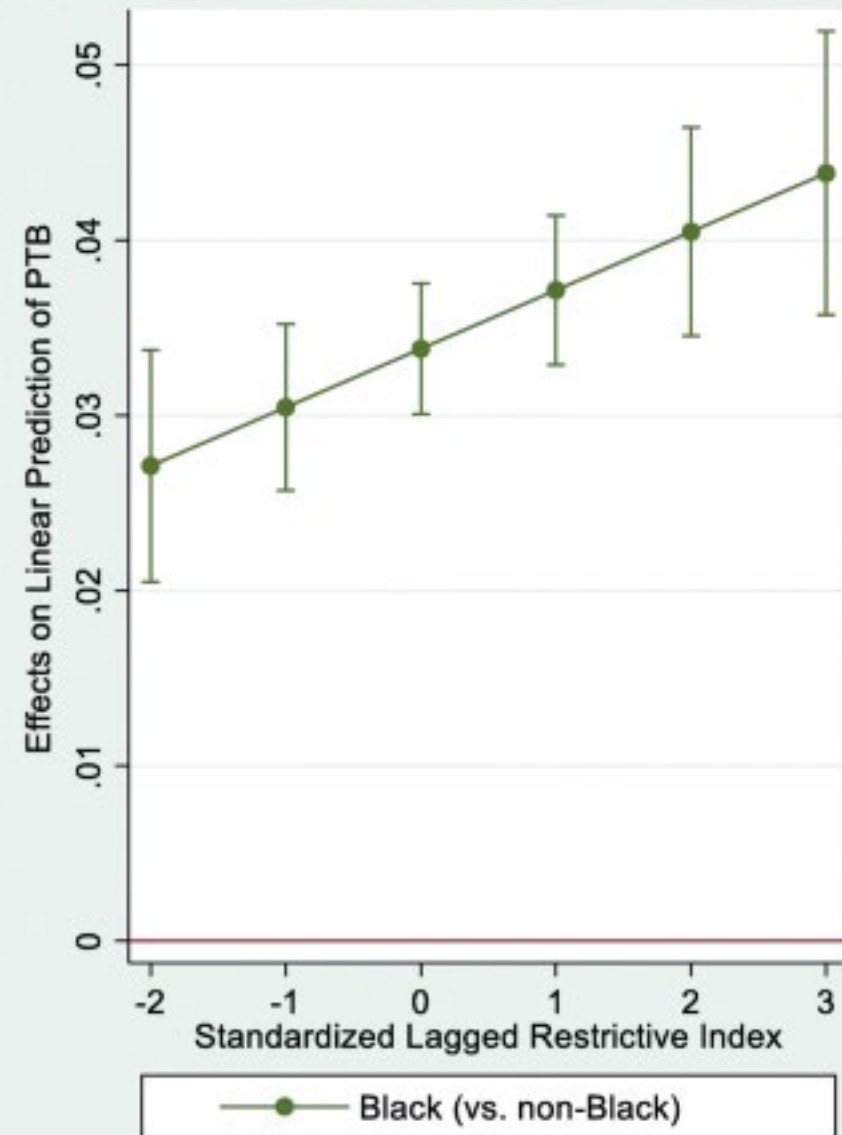
- Evaluate the relationship between a state's restrictive environment toward abortion access and birth outcomes (preterm birth and low birthweight) in the U.S. and in each Census Region.

– Redd, Hall et al *Womens Health Issues* 2022

Average Marginal Effects



Average Marginal Effects



- Distinguish and characterize the arguments and tactics used by legislators and community members in support of HB 481, Georgia's early abortion ban. – Evans and Narasimhan *Sex Reprod Health Matters* 2021

## Abortion Law Text & Legislative Meeting Data

- Understand how legislators viewed evidence and subsequently made decisions on HB 481 and similar early abortion bans. – Barton, Narasimhan et al *J Ga Public Health Assoc* 2021
- Longitudinally examine the legal landscape of laws requiring abortion patients be informed about the possibility of medication abortion (MAB) “reversal”. – Redd, AbiSamra *Am J Public Health* 2023

- Evaluate the consequences of restrictive environments for the abortion workforce to inform strategies to reduce the provider shortage in the South.

– Chowdhary, Newton-Levinson et al *Matern Child Health J* 2022

- Examines the scope of work and opinions of community-based doulas in metro-Atlanta, Georgia regarding full spectrum and abortion services, and potential barriers and facilitators.

– Lindsey, Narasimhan et al *Front. Glob. Womens Health* 2023

- Explore Black and Latinx women's perceptions of, experiences with, barriers to, and facilitators of medication abortion (MA)

- What are their understandings, attitudes, beliefs, and perceptions of MA?
- How do they describe their MA experiences or experiences they have heard about?
- What are the barriers and facilitators in accessing MA?
- What are their recommendations for integrated approaches to MA care?

– Mosley, Ayala et al *Sex Reprod Health Matters* 2022

Focus Group & In-Depth  
Interview Data



## ABORTION CLINIC PROVIDERS SAID GEORGIA'S 22-WEEK ABORTION BAN HAD ADVERSE EFFECTS, WHICH INCLUDED:

Additional  
labor +  
service  
delivery  
restrictions

Legally  
constructed  
risks for  
providers

Intrusion into  
the patient-  
provider  
relationship

Impact of  
Limited  
services

### Additional Labor + Service Delivery Restrictions

“

*“It makes my job hard because I have to turn somebody away... the look of despair and hopelessness on their face... I try to do as much as I possibly can to help them get to where they can get to.”*

### Legally Constructed Risks

“

For instance, hesitancy to take on cases that may have more risk, even if those patients are under the limit: *“Our physicians just have become more restrictive in who they see, because they know that they have a hostile legal environment to deal with, and that... the law will not support them... they're feeling scared to take on sicker patients....”*

- Examine racial variation in receipt of counseling and referral for pregnancy options (abortion, adoption, and parenting) following pregnancy within a statewide family planning system in the U.S Southeast.

– Nobel, Luke et al *Health Serv Res* 2022

Survey Data  
(involving  
Providers, Pregnant  
People, etc.)

- Investigate doula accessibility in Georgia, through the following research questions:

- What doula services are currently provided in Georgia?
- How do doulas build their businesses in Georgia?
- What are the barriers and facilitators of doula businesses in Georgia?
- How can doula care be scaled-up and implemented across Georgia?

– Mosley, Linsey et al *Perspect Sex Reprod Health* 2023



Doula mentorship  
 Sliding scale and payment plans  
 Community health worker model  
 Diversity of doula workforce  
 Doula training including business education  
 Medicaid and private insurance reimbursement  
 Networking with providers and community members



Lack of insurance coverage  
 Inflexible, high prices for patients  
 Providers not being open to doulas  
 Perception of doulas as “luxury” item  
 Exclusive hospital policies during COVID-19  
 Lack of provider and patient awareness about doulas

Informational  
support/education

Connection and  
referral to care

Emotional  
support

Partner support  
and engagement

Physical  
comfort

Provider-patient  
communication



Equitable access to doula care in Georgia

# Considerations, Limitations, Challenges, Opportunities

- Areas of relative benefits of versus drawbacks to approaches
  - Time and resource intensity of obtaining, accessing, managing, and analyzing the data
  - Availability of and access to nuanced demographic and other information
  - Representation of population groups underrepresented in abortion access research in the data
  - Storage and computing capacity
  - Institutional Review Board determination
- Many frontline organizations who lead and partner in these kinds of research are heavily burdened by reproductive health access law and policy changes.
- Research at this time could be seen as conflicting with the goal of care provision (legally, ethically) with respect to time, resources and risks.
  - *How can research study designs prevent further burden?*
  - *How could the information produced contribute to alleviation of burden?*

# Thank you!

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