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# Financing Reproductive Health Care: Role of Statewide Contraceptive Access Initiatives

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# Financing Contraceptive Care for Low-Income Women: Role of Public Programs

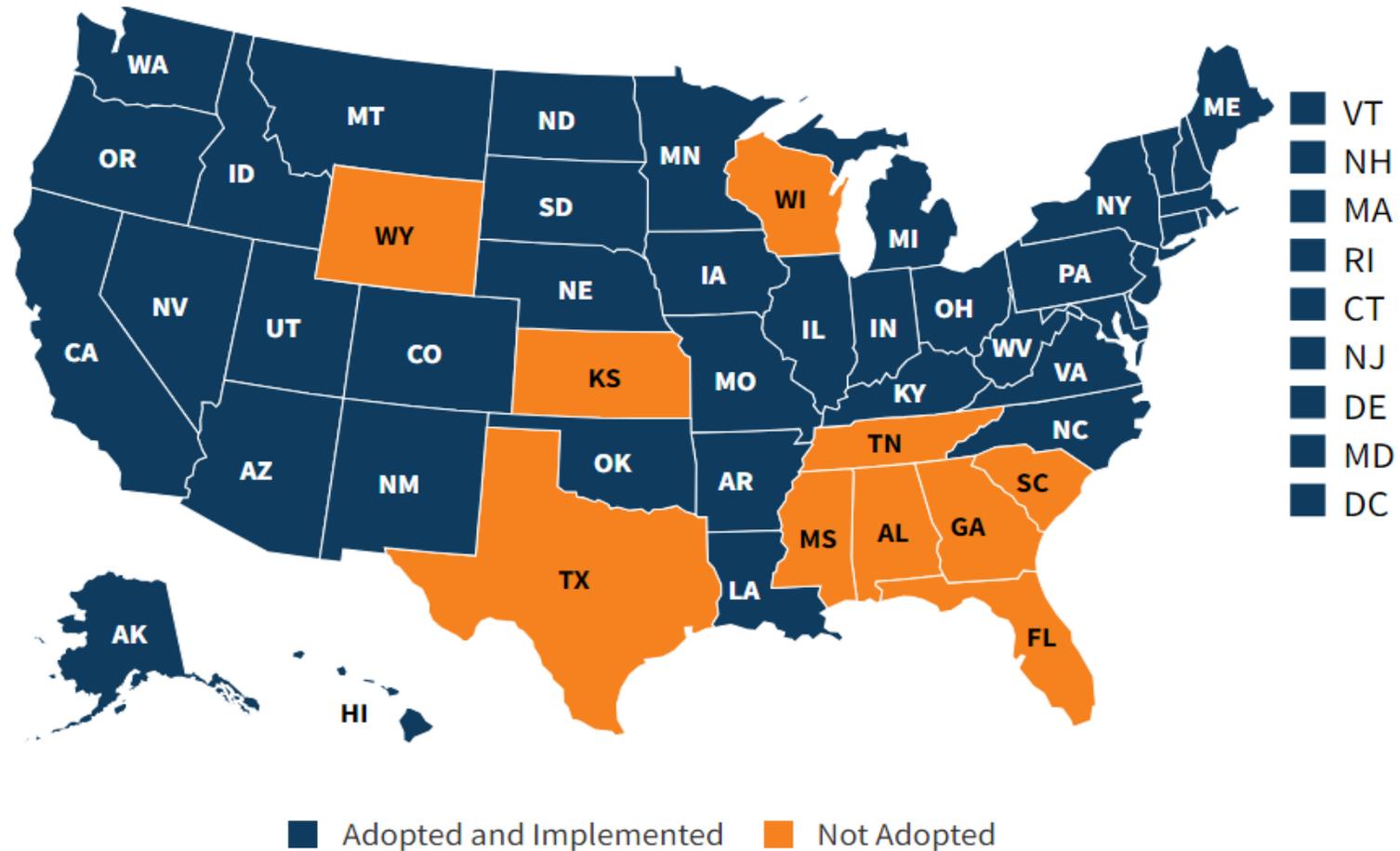
- Medicaid
  - Largest funding source for public family planning services
  - Covers contraception without cost sharing post-ACA
  - 40 states and DC expanded their Medicaid programs under the ACA
  - Many states expanded Medicaid eligibility for family planning services
  - All but three states have extended Medicaid postpartum coverage to 12 months
- Title X Family Planning Program
- Section 330 Grants to Federally Qualified Health Centers



# Financing Contraceptive Care for Low-Income Women: A Patchwork Quilt with Gaps

- Policy changes at state and federal level in Medicaid and Title X can limit access by restricting eligible beneficiaries, eligible providers, covered services, and reimbursement rates.
- Employers (closely held for-profits and religiously affiliated nonprofits) can opt out of providing and paying for contraceptive coverage.
- Ten states have not expanded Medicaid, mostly southern states.

# Status of Medicaid Expansion by State, May 2024



Source: [Status of State Medicaid Expansion Decisions: Interactive Map](#) | KFF

# Uninsured Rate Among Low-Income Women Ages 19-64 in Select Southern States, 2022

Alabama	21%
Florida	23%
Georgia	28%
Mississippi	22%
South Carolina	22%
Tennessee	20%
Texas	38%



- Launched in 2017 as a 6-year initiative to promote equitable access to contraception
- Collective impact model
  - Backbone organization
  - Clinical and non-clinical sectors
- Clinical sites in 45 of South Carolina's 46 counties



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# South Carolina Initiative -- Core Components

Capacity  
Building and  
Training

Infrastructure  
and Workforce

Integrated  
Marketing and  
Communications

Strategic  
Learning and  
Sustainability

**Source:** Smith MG, Hale N, Kelley S, Satterfield K, Beatty KE, Khoury AJ 2022.  
South Carolina's Choose Well Initiative to Reduce Unintended Pregnancy.  
*American Journal of Public Health* 112(55):S484-489

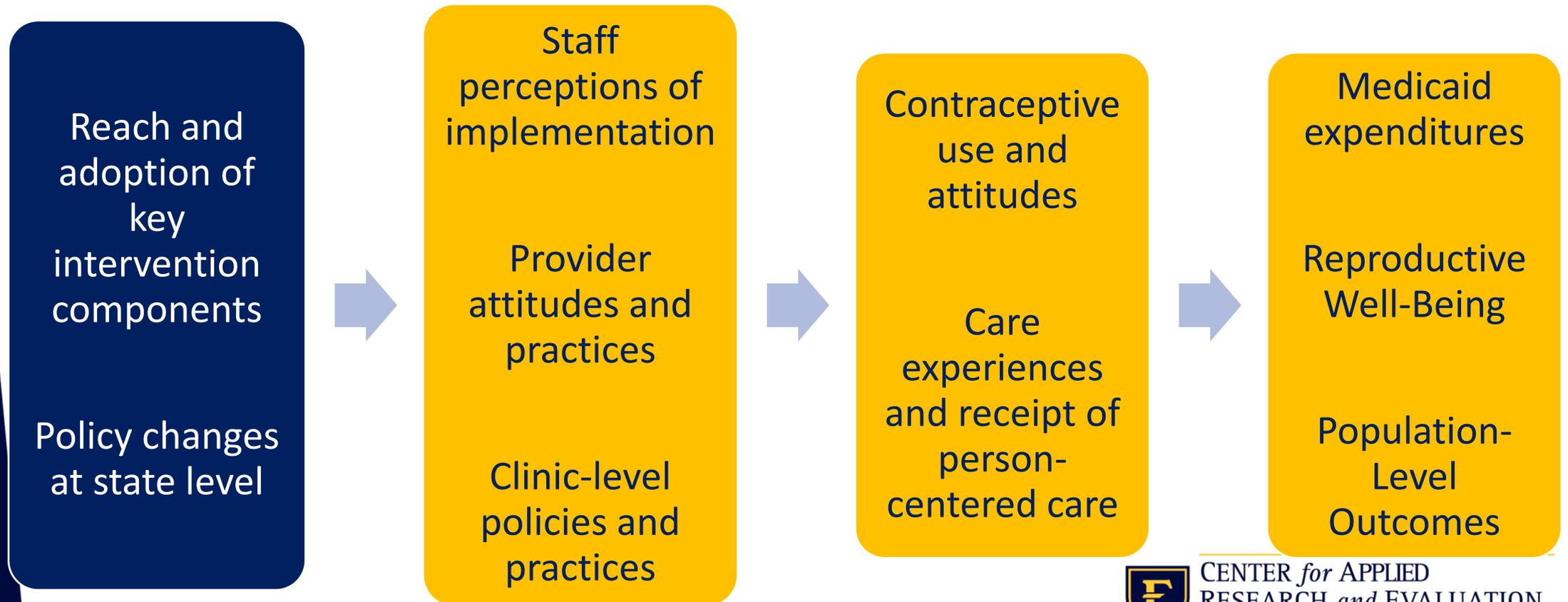


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# Evaluation of the South Carolina Initiative

Mixed methods application of the RE-AIM Framework to evaluate the process and impact of the initiative



**Source:** Smith MG, Hale N, ... Beatty KE, Khoury AJ 2022. South Carolina's Choose Well Initiative to Reduce Unintended Pregnancy. *AJPH* 112(55):S484-489



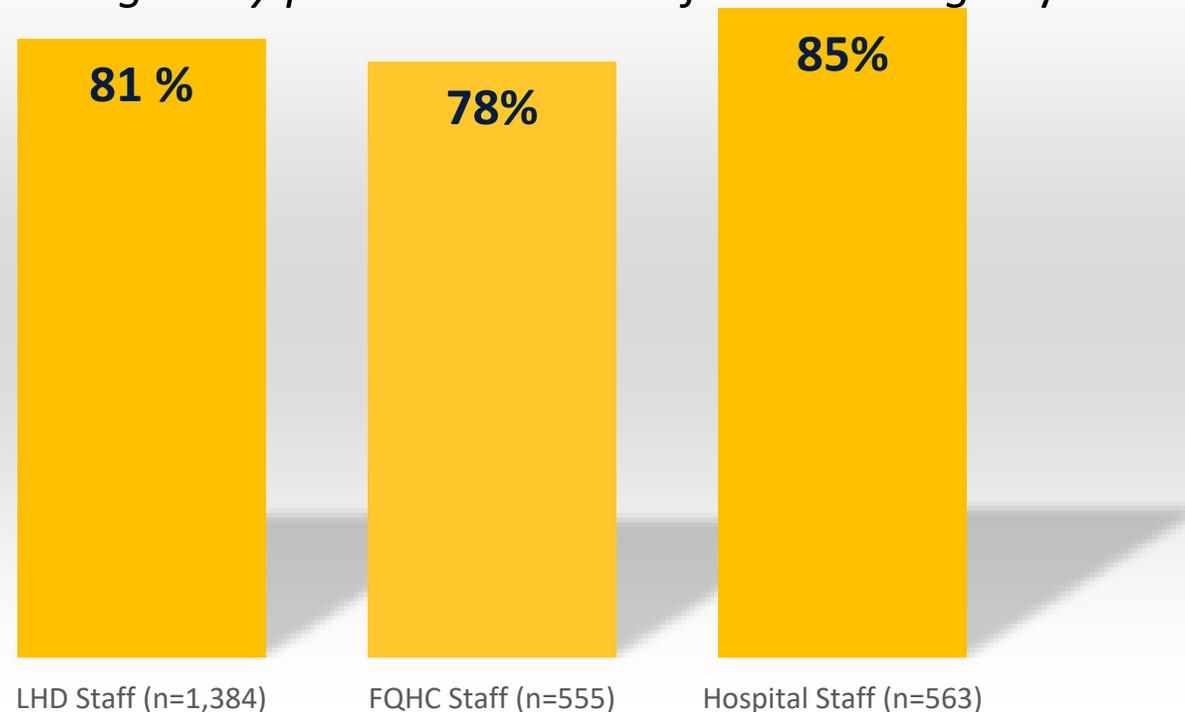
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# Key Findings: Contraceptive Trainings

Data Collected from 160 Contraceptive Training Sessions Provided to Clinical and Administrative Staff between 2017 and 2019

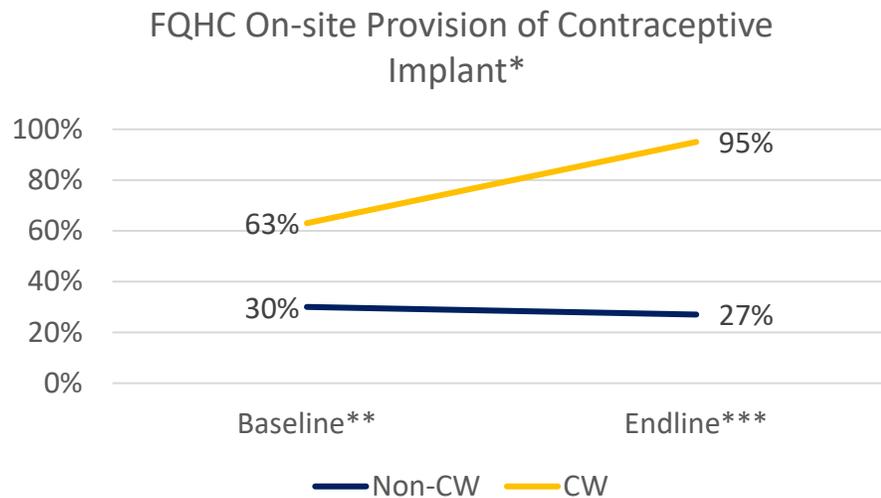
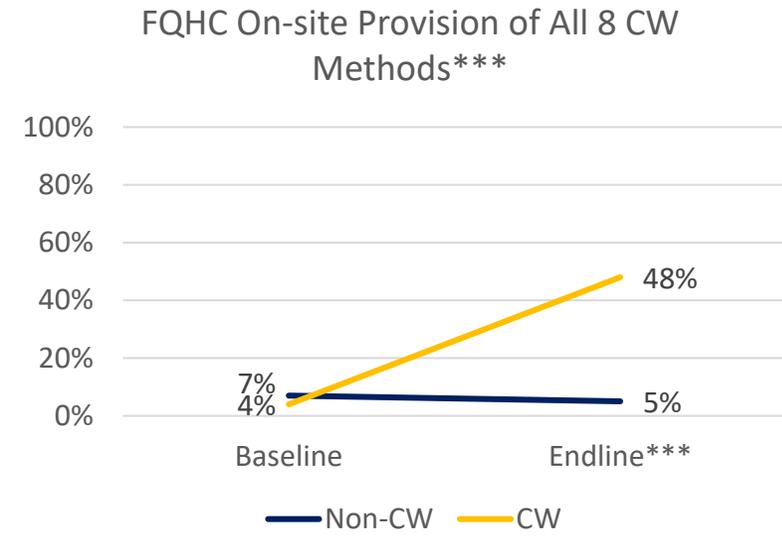
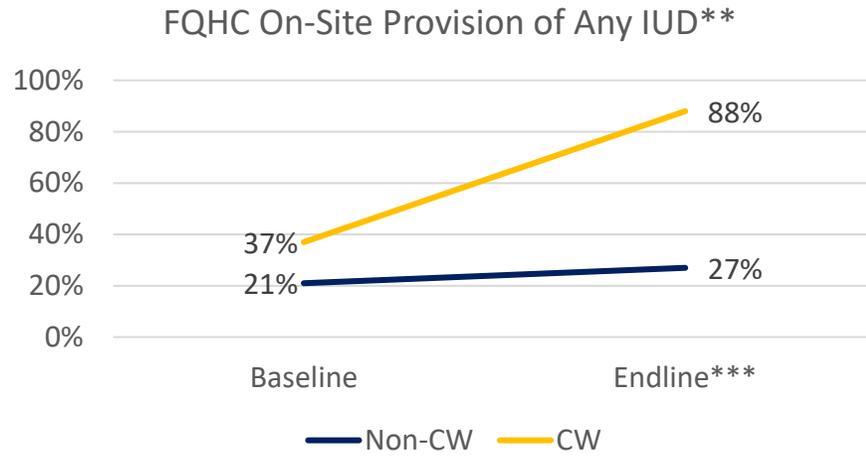
Proportion of Training Participants who Agreed that *“I intend to change at least one thing in my practice because of this training”* by Sector



LHD = Local Health Department; FQHC = Federally Qualified Health Center

**Source:** Ariyo O, Khoury AJ, Smith MG, et al. 2021. From Training to Implementation: Improving Contraceptive Practices in South Carolina. *Contraception* 104:155-158.

# Key Findings: Contraceptive Provision at FQHCs, n=107 FQHCs at Baseline (2016) and 103 FQHCs at Endline (2022)



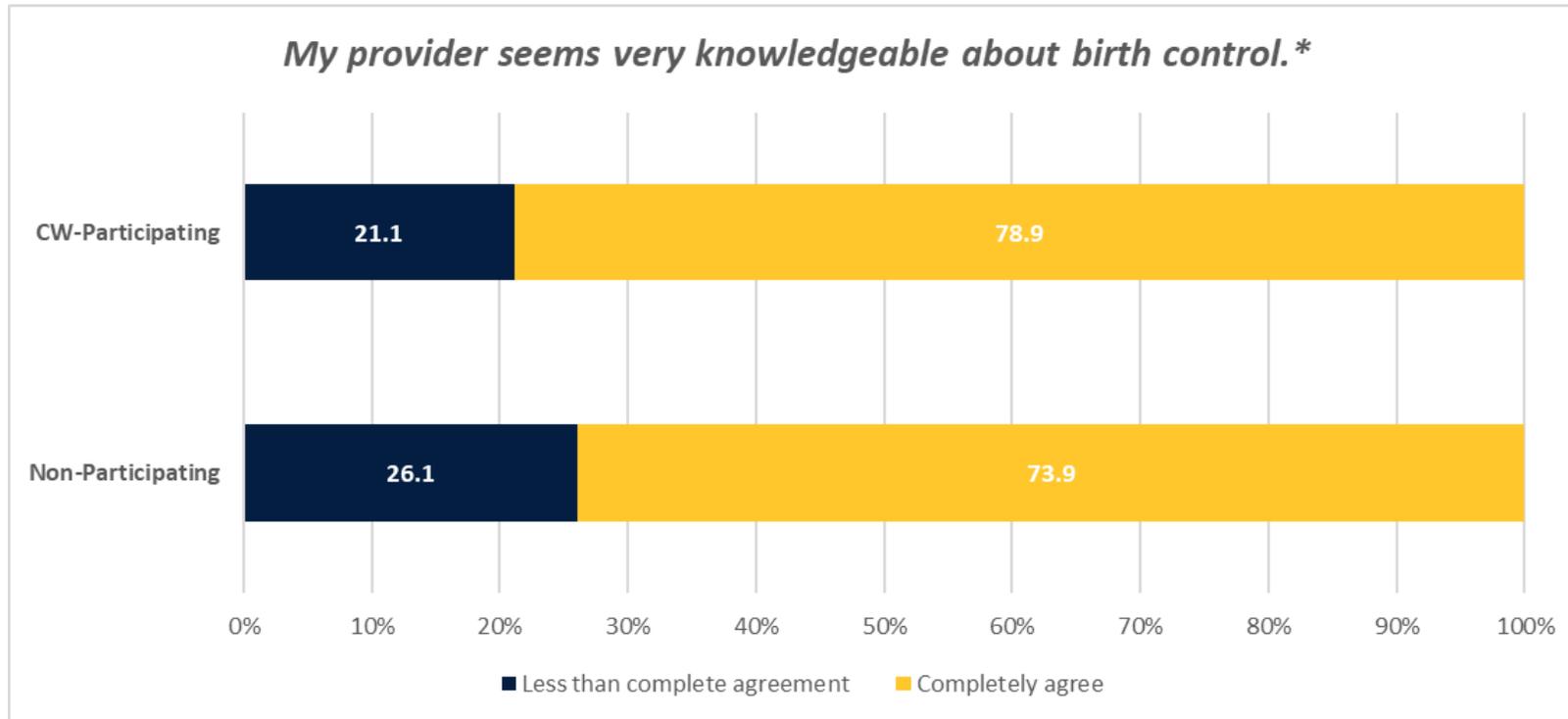
\*p < .05; \*\* p < .01; \*\*\* p < .0001



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# Key Findings: Experiences with Care at *Choose Well* Clinics (n=2,027 Participants in the Women's Longitudinal Study)



\*p<0.05

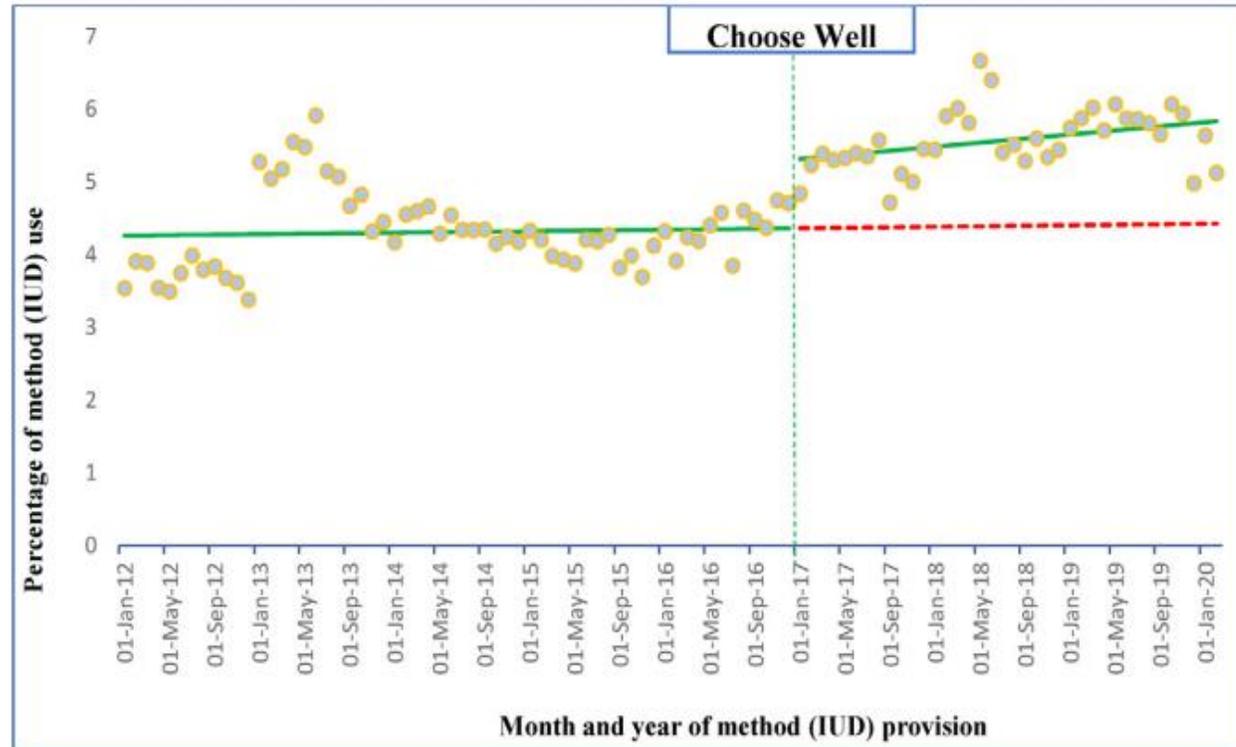
# Key Findings: Experiences with Care at *Choose Well* Clinics (n=2,027 Participants in the Women’s Longitudinal Study)

P	% of Choose Well Clinic Patients	% of Non- Choose Well Clinic Patients
<b><i>My Provider...</i></b>		
Clearly respects me as a person*	81.8%	77.1%
Took my preferences about birth control seriously*	75.0%	70.1%
Gave me the info I needed to choose the best birth control method for me	67.0%	63.0%
Let me say what mattered to me about my birth control method*	72.0%	66.8%

\*p<0.05

# Key Findings: Contraceptive Use within Medicaid (n=309,608 women)

Trends in  
Monthly Use of  
IUDs in South  
Carolina  
Medicaid,  
2012 to 2020



**Source:** Hale N, Manalew WS, Leinaar E, Smith M, Sen B, Khoury AJ 2023. Impact of the Choose Well Contraceptive Access Initiative on Method Use among Women Enrolled in South Carolina’s Medicaid Program: A Midline Assessment. *Women’s Health Issues* 33(6):626-635.

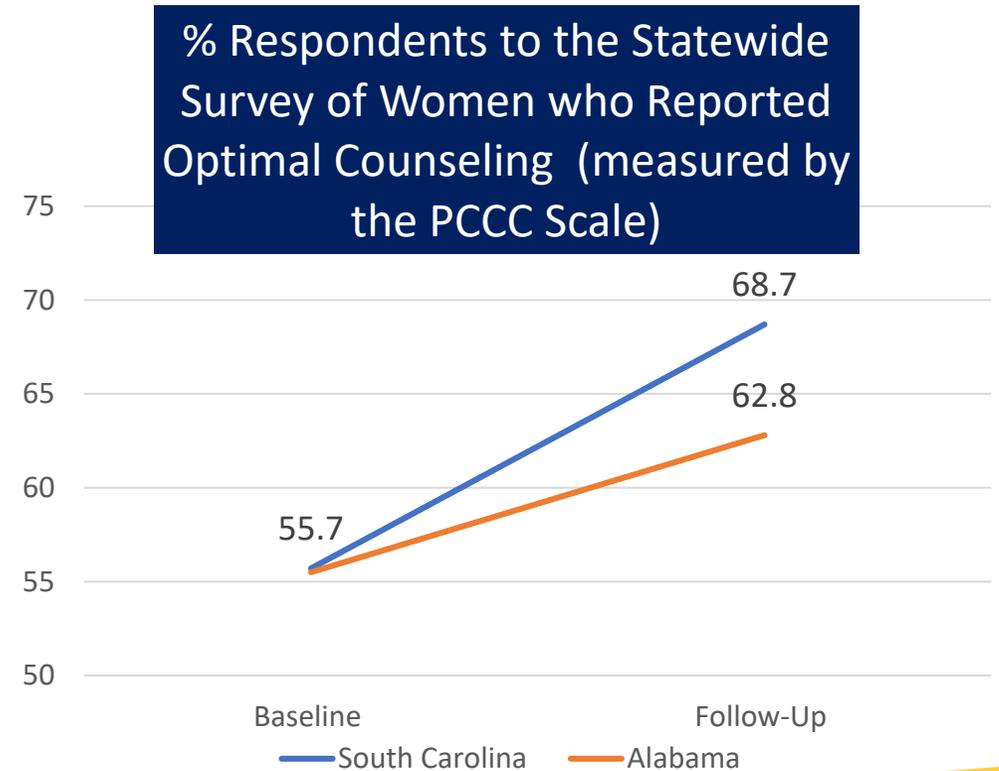


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# Key Findings: Contraceptive Use at Population Level (n=1,344 respondents to longitudinal Statewide Surveys of Women)

In a population-based cohort of reproductive age women from South Carolina and Alabama, the odds of respondents in South Carolina reporting long-acting reversible contraception use were significantly higher (24%) compared with respondents from Alabama.



**Source:** Hale N, Lee J, de Jong J, Smith MG, Khoury AG. 2024. Contraceptive Method Use Among a Population-Based Cohort During the South Carolina Choose Well Initiative. *JAMA Network Open*. 7(4):e248262.



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# Next Steps

- The evaluation is on-going with a focus on impact of the South Carolina initiative on population-level reproductive health outcomes, sustainability, and lessons learned.
- The South Carolina state legislature and Medicaid agency have allocated funds to support continued activities, particularly contraceptive provision at FQHCs.
  - Evaluation findings, particularly those related to changes in contraceptive use within the Medicaid program, have been instrumental in securing this funding.



# Considerations Moving Forward

- Evidence is growing about role of SCAs in financing care and promoting reproductive health equity
- Need for rigorous evaluation
  - Document impact and lessons learned
- Need for growth/expansion of contraceptive access initiatives
- Access to reproductive health care is continually challenged
  - Policies restricting abortion may extend to contraception (IUDs and emergency contraception)
  - Contraceptive deserts made worse by restrictive policies
  - Uninsurance rates among low-income women may climb after expiration of the COVID-19 public health emergency provisions



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**Thank You!**

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