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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

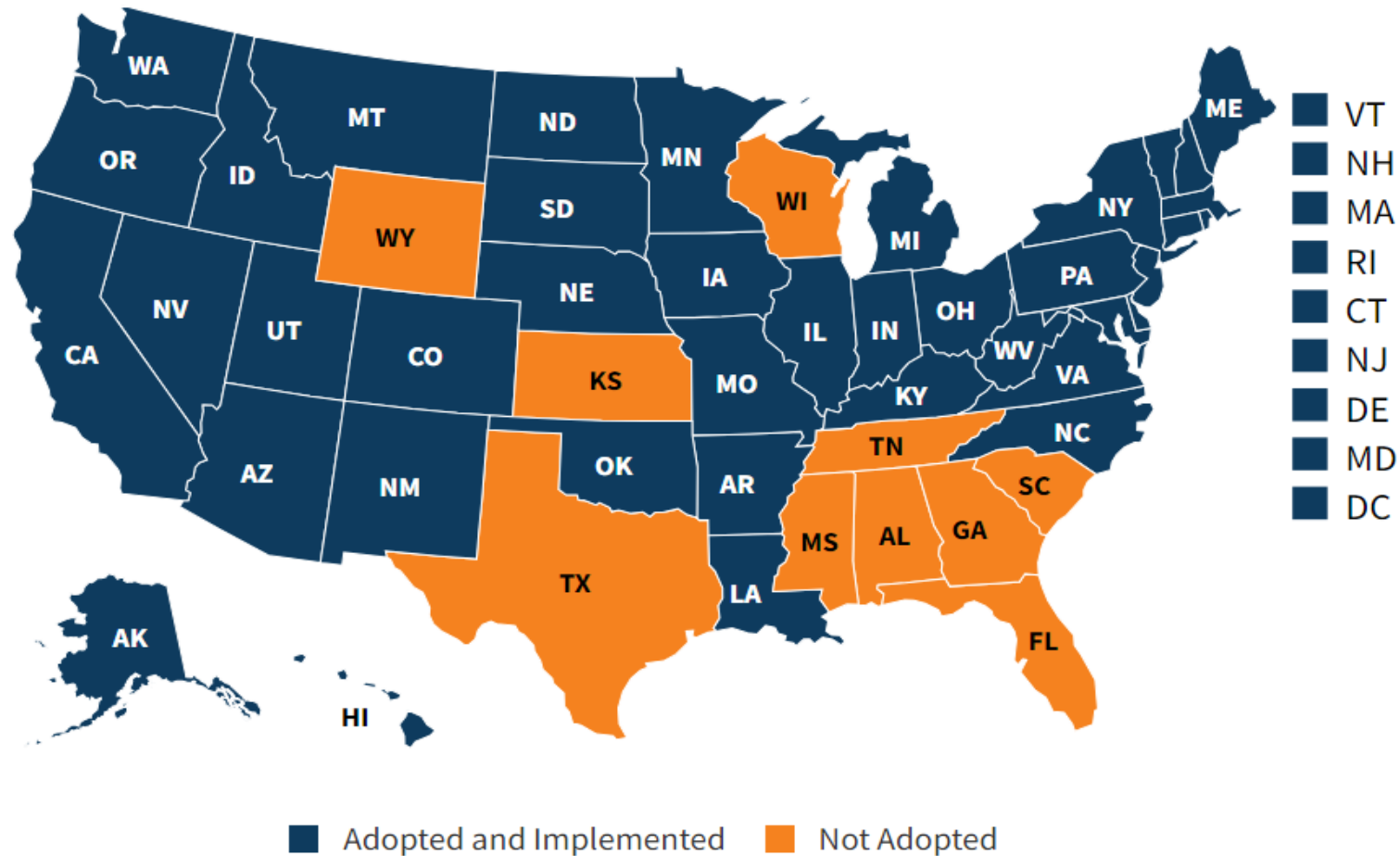
- Medicaid
 - Largest funding source for public family planning services
 - Covers contraception without cost sharing post-ACA
 - 40 states and DC expanded their Medicaid programs under the ACA
 - Many states expanded Medicaid eligibility for family planning services
 - All but three states have extended 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%

Statewide Contraceptive Access Initiatives (SCAIs)

- Privately financed projects, at least initially
- Coalition of partners from multiple sectors who coordinate efforts to increase access to contraception across all/multiple regions of a state
 - Public, private, non-profit
 - Clinical and non-clinical
- More than 30 SCAs implemented since early 2000s
 - Operate under diverse contexts and needs
 - Most/all have common components

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**RESHAPING
CONTRACEPTIVE
ACCESS EFFORTS
BY CENTERING
EQUITY,
JUSTICE, AND
AUTONOMY**

Evidence-Based Practices, p. S473
Statewide Initiatives, pp. S478–S493
Reproductive Justice, p. S494
Notes From the Field, pp. S523–S544
Telehealth for Contraceptive Care, pp. S545
Safety Net Clinic, p. S555

- 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

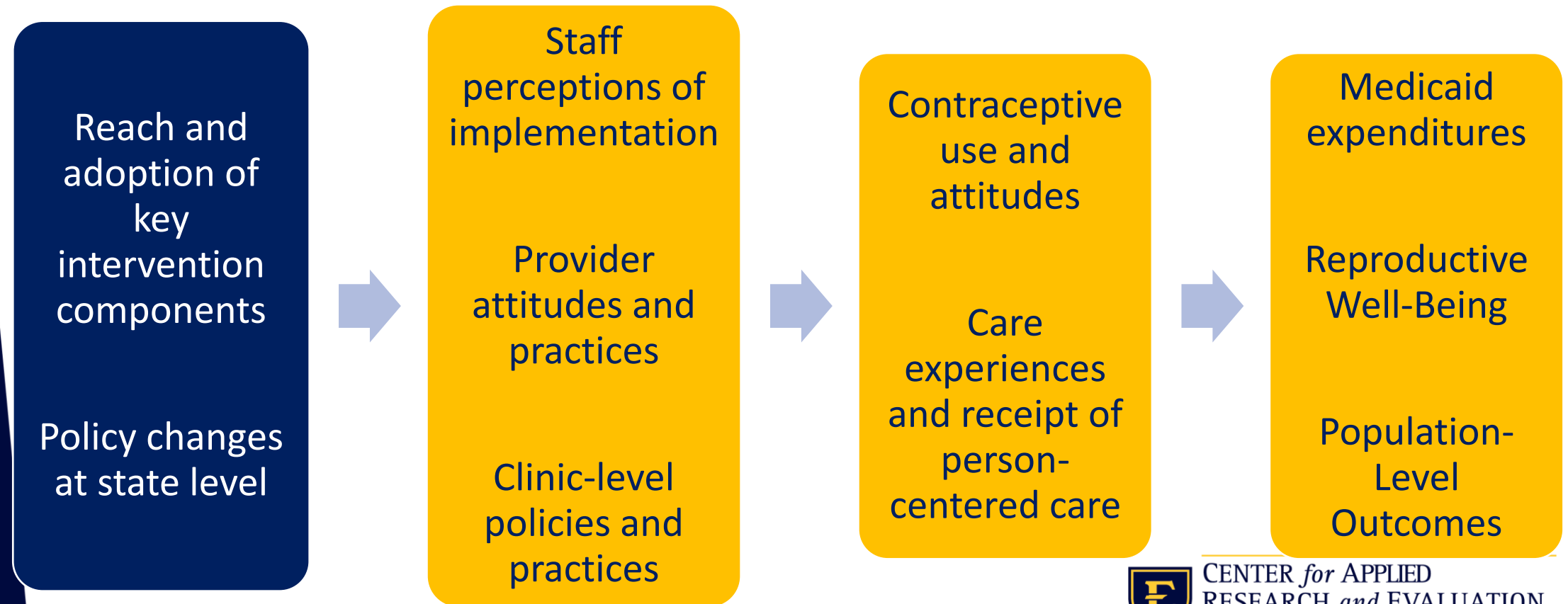


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Evaluation of the South Carolina Initiative

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



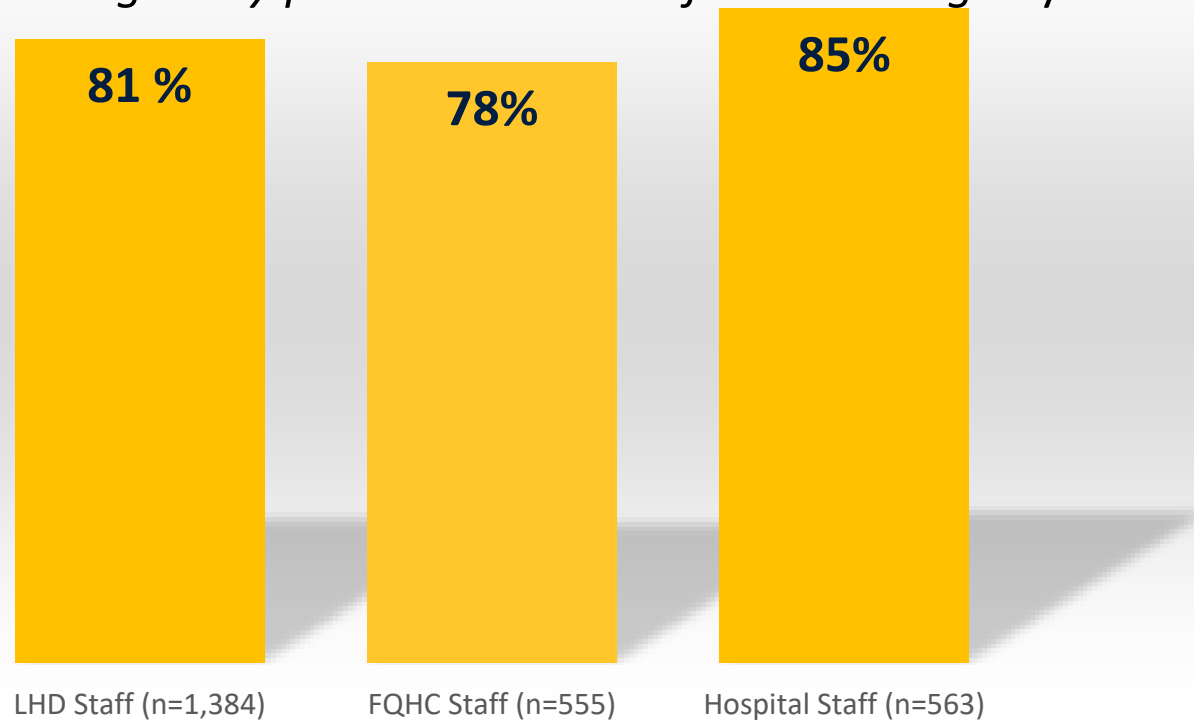
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Key Findings: Contraceptive Trainings

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

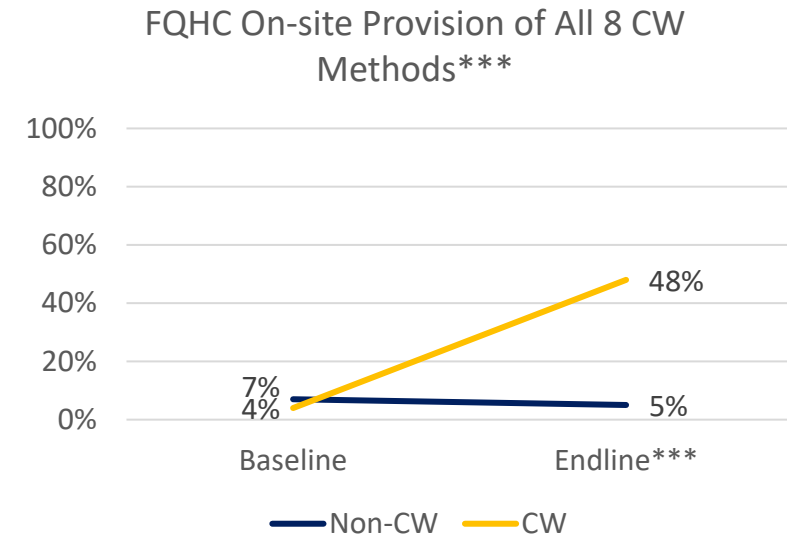
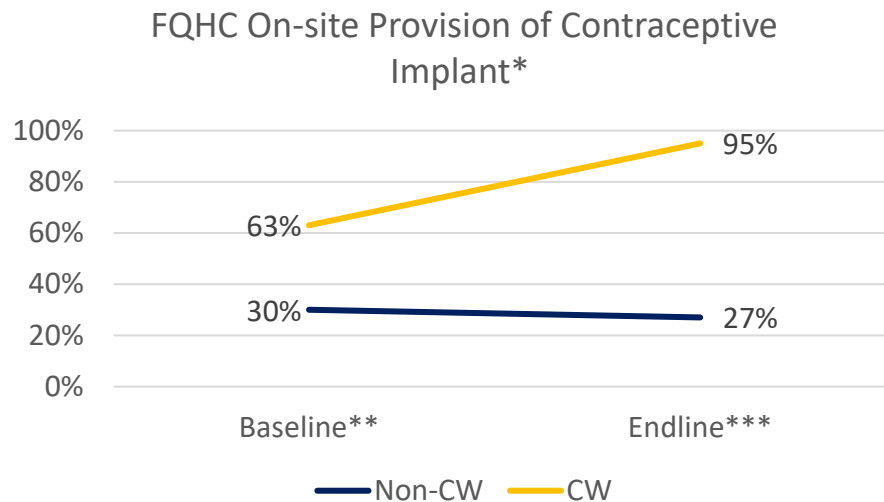
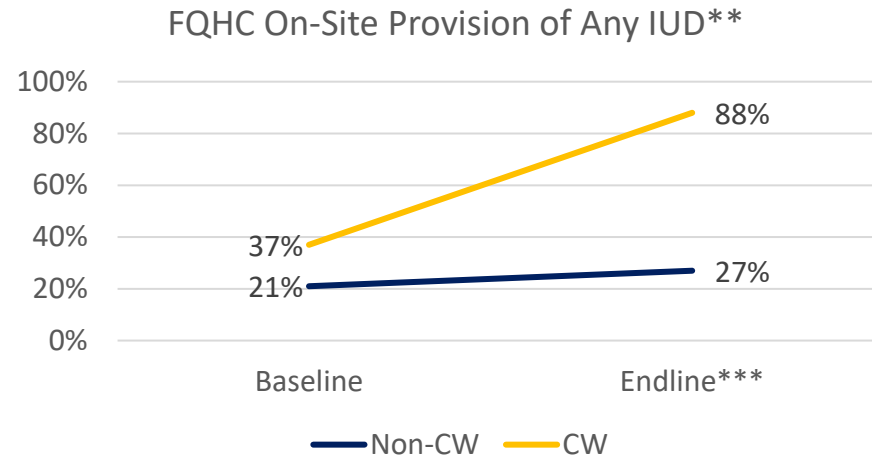
Proportion of Training Participants who Agreed that *“I intend to change at least one thing in my practice because of this training”* by Sector



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)



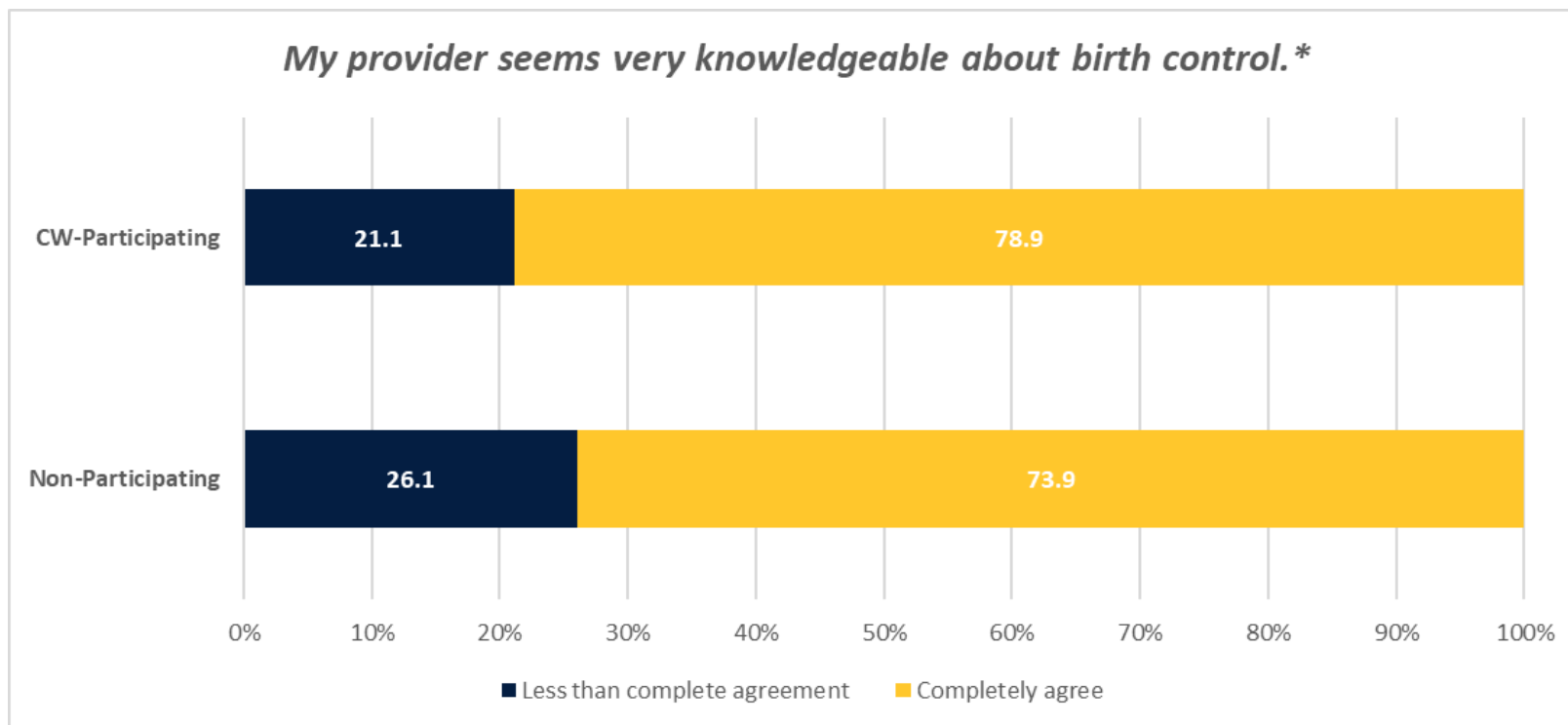
*p < .05; ** p < .01; *** p < .0001



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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

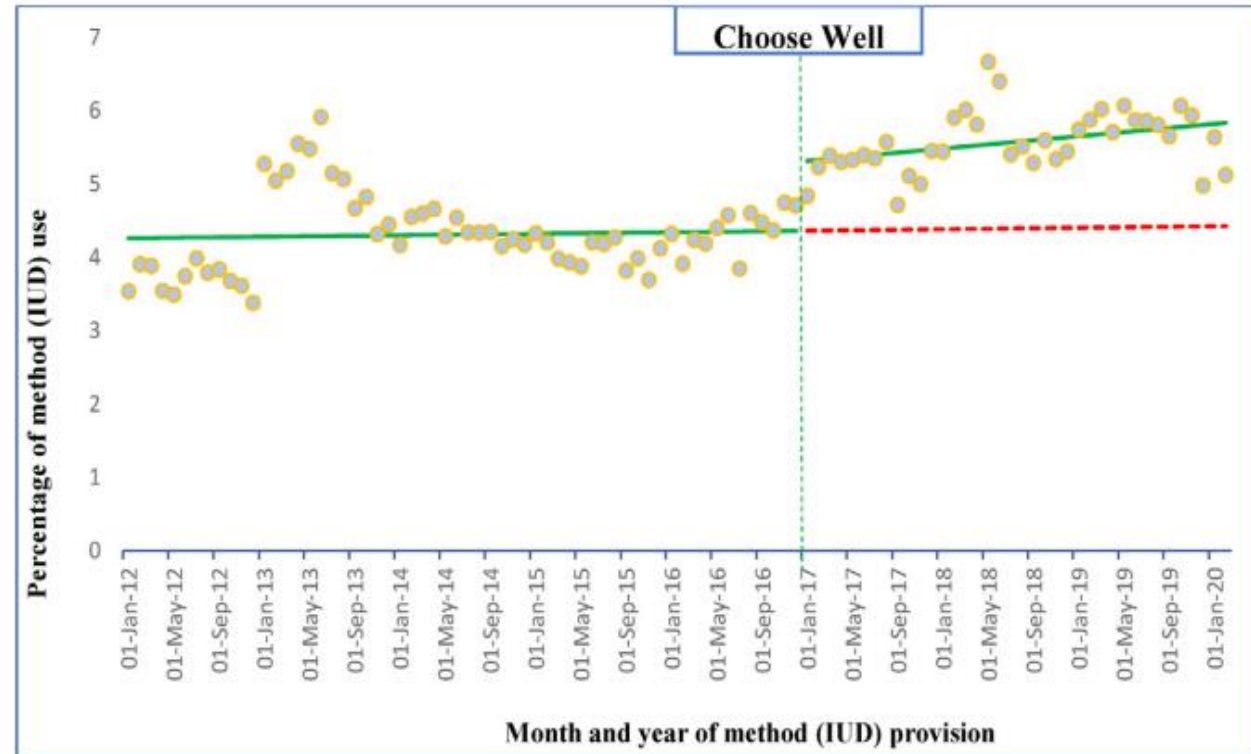
Key Findings: Experiences with Care at *Choose Well* Clinics (n=2,027 Participants in the Women’s Longitudinal Study)

P	% of Choose Well Clinic Patients	% of Non- Choose Well Clinic Patients
<i>My Provider...</i>		
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.

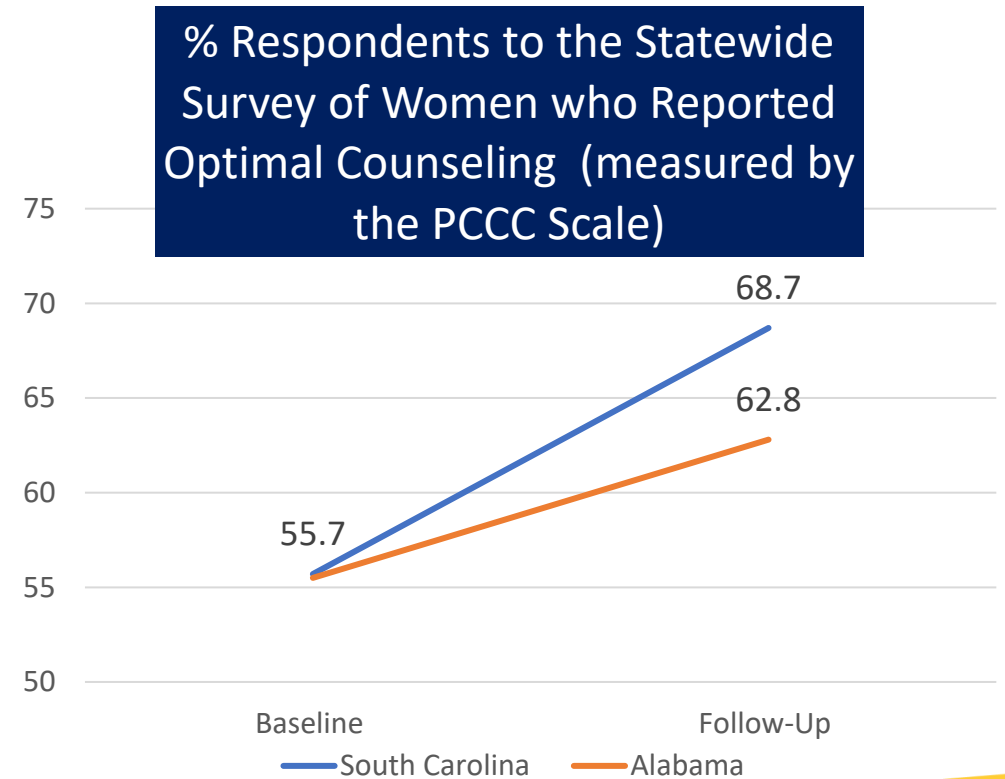


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Key Findings: Contraceptive Use at Population Level (n=1,344 respondents to longitudinal Statewide Surveys of Women)

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.



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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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