

Disparities in Reproductive Health Care Access

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Outline

- Scope of grant
- Conceptual framework
- Study objective and methods
- Findings
- Conclusions

Scope of research grant

- Examine whether differences exist in access to reproductive health care for vulnerable women and men, including
 - Poor and low-income
 - Uninsured
 - Racial or ethnic minorities
 - Teens or young adults
 - Rural/non-metropolitan residents
- Disseminate findings
 - Scientific meetings
 - Peer-reviewed journals

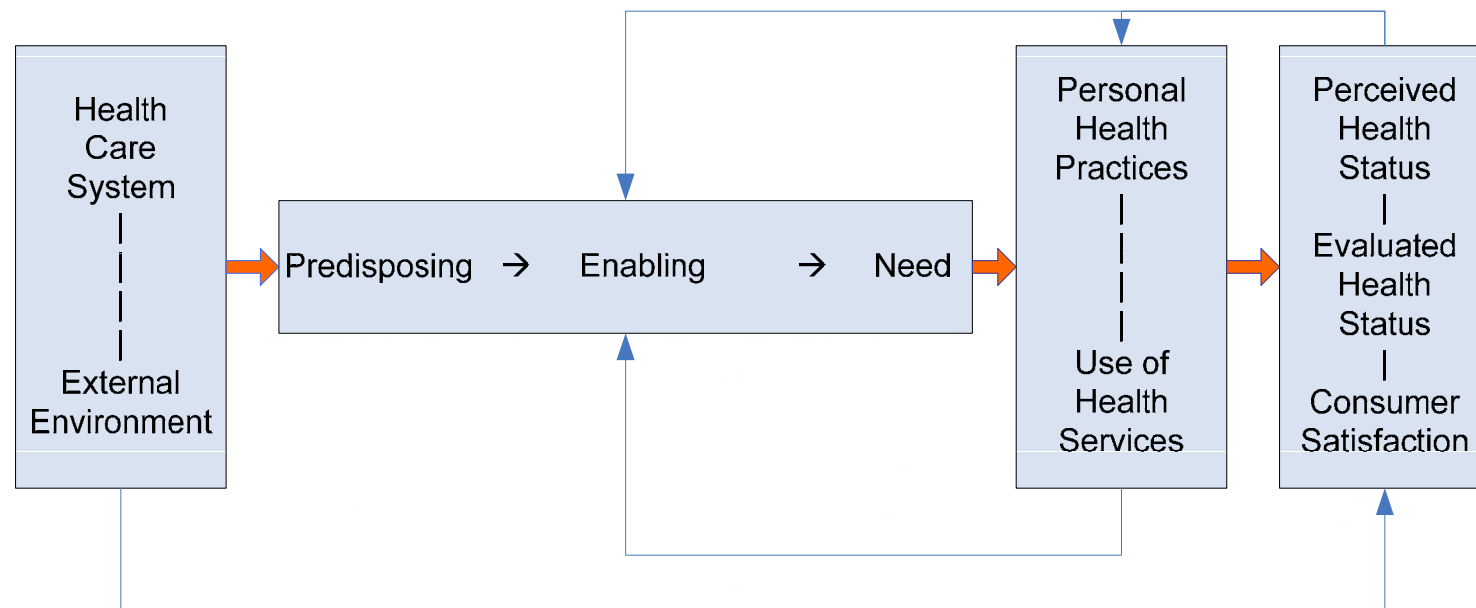
Conceptual framework: Behavioral Model of Health Care Use

ENVIRONMENT

POPULATION CHARACTERISTICS

BEHAVIOR

OUTCOMES



Source: Andersen, 1995

Objective

- Examine patterns and trends (1994-95 vs 2001-02) in the relationship between health insurance coverage and decisions about use and source of RH care:
 - Contraceptive (BC) services, exclude sterilization
 - Preventive gynecological (PG) services

Data sources

- National Surveys of Family Growth (NSFG)
 - Female Surveys (1995 and 2002)
- NSFG Contextual Data Files (1995 and 2002)
- Area Resource File (1999 and 2003)
- Merged files prepared by and stored at the Research Data Center of the National Center for Health Statistics

Dependent variables

- *Whether respondent received BC services in past 12 months*
- *Whether respondent received PG services in past 12 months*
- Response categories for dependent variables:
 - Yes, from a publicly funded FP clinic
 - Yes, from a private physician, HMO, or other
 - No services received
- Used corrected source of care data for 2002 NSFG provided by Jennifer Frost (Guttmacher Institute)

Dependent variable (continued)

- *BC services*: Receipt 1 or more services in past 12 months:
 - BC method/prescription
 - BC-related checkup/test
 - BC counseling/ information
- *PG services*: Receipt of pap or pelvic in past 12 months

Independent variables

■ Health insurance coverage

- Type of coverage during one or more months of past 12 months
 - Private or other non-Medicaid
 - Medicaid or other public assistance
 - Uninsured: No coverage during the full 12 months
- Priority in coding multiple types of coverage
- Insurance questions asked differently in the two NSFG surveys
- No control for gaps in coverage

Samples

- n = 7,113 women: BC services model
- n = 7,124 women: PG services model
- Inclusion criteria
 - 18 to 45 years
 - Black, white or Hispanic
 - At risk of unintended pregnancy during 12 months before interview
 - Sexually active
 - Able to conceive (not sterilized, sterile or subfecund)
 - Not pregnant, seeking pregnancy, or postpartum

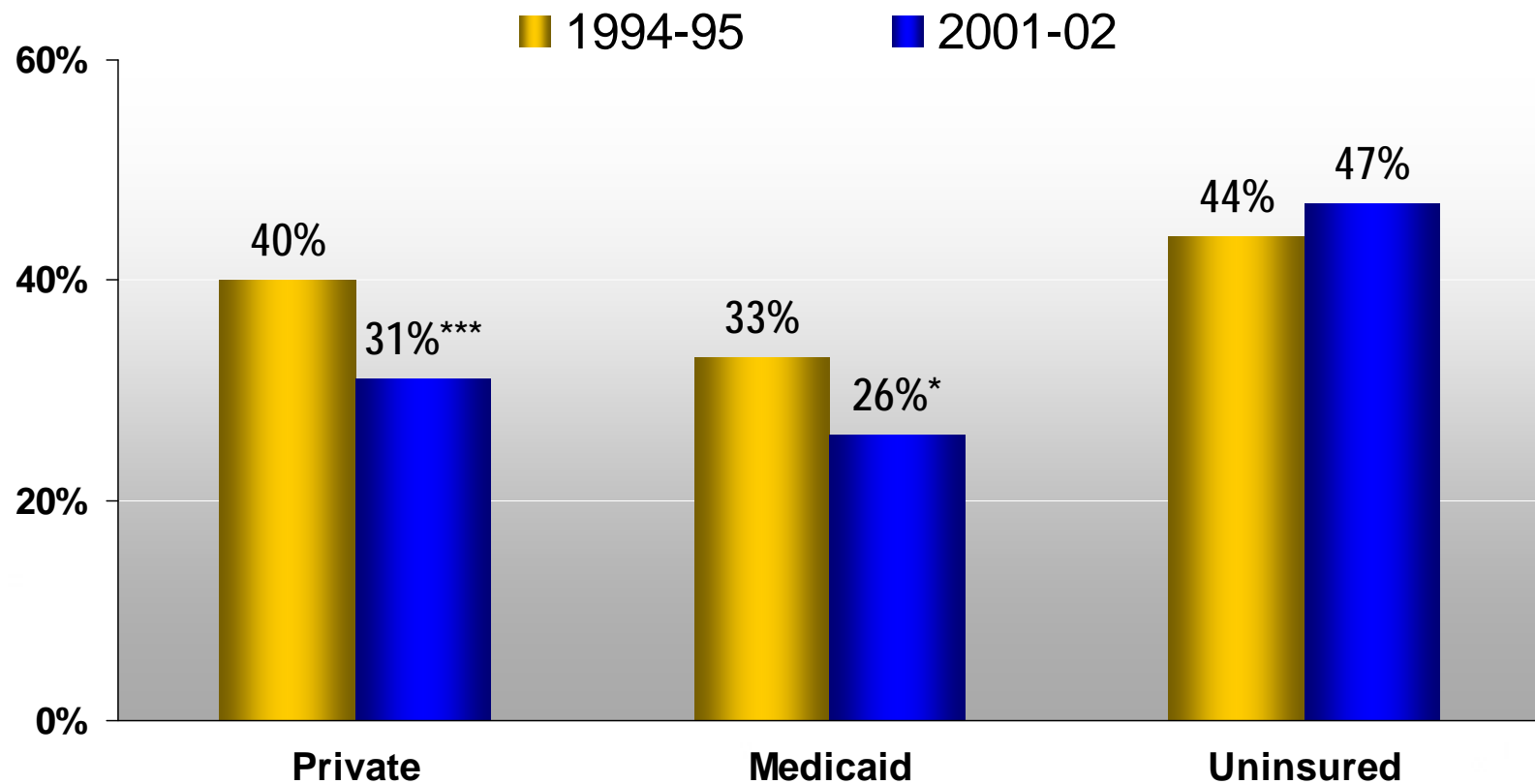
Estimation technique

- Separate regression models for each type of RH service
- Interact insurance coverage status x survey year to analyze trends
- Convert regression results for interaction to predicted probabilities (%)
- Test for differences between the predicted probabilities
- Results based on fully-adjusted regression models

Variables in regression models

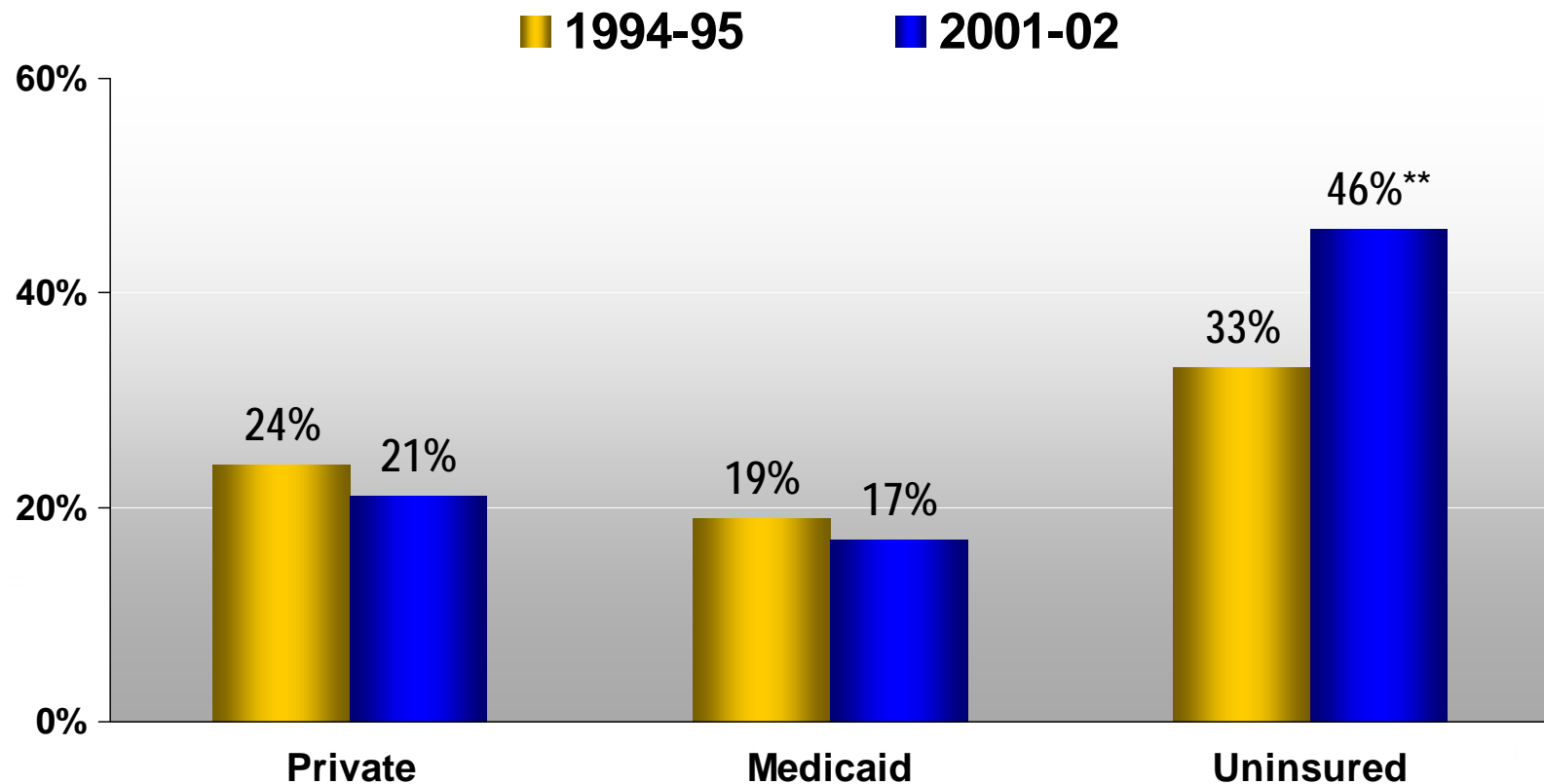
Predisposing	<ul style="list-style-type: none">▪ Age▪ Race/Ethnicity▪ Education
Enabling– Individual	<ul style="list-style-type: none">▪ Income▪ Health insurance
Enabling– Community	<ul style="list-style-type: none">▪ Publicly-funded FP providers per 10,000 reproductive age women▪ OB/GYNS per 10,000 reproductive age women▪ County deprivation/affluence score▪ Urban/rural status
Need	<ul style="list-style-type: none">▪ Number of previous live births▪ Marital status
Other	<ul style="list-style-type: none">▪ Survey year

Cross-year differences in the probability of receiving no BC services, by insurance status



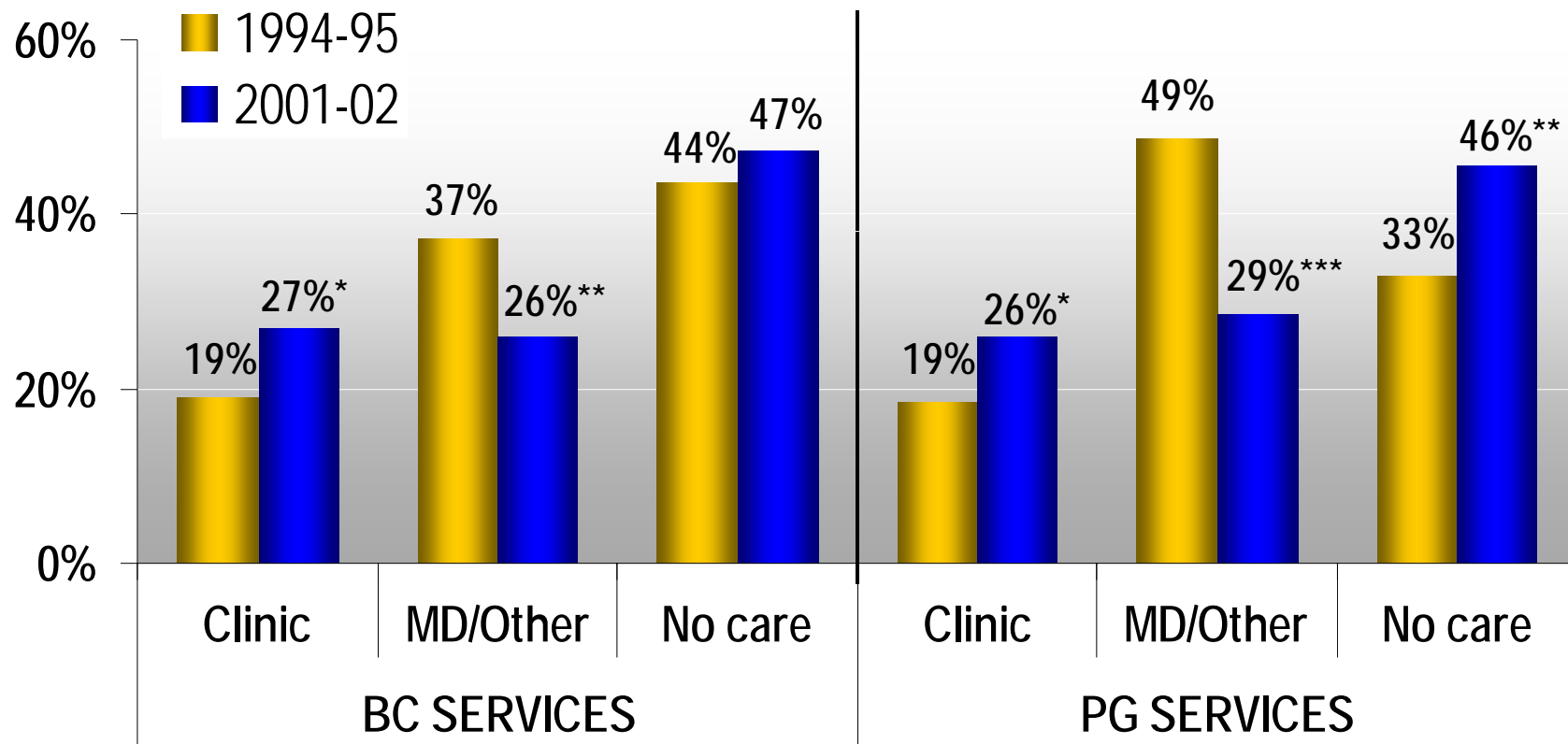
* $p < .05$; *** $p < .001$

Cross-year differences in the probability of receiving no PG services, by insurance status



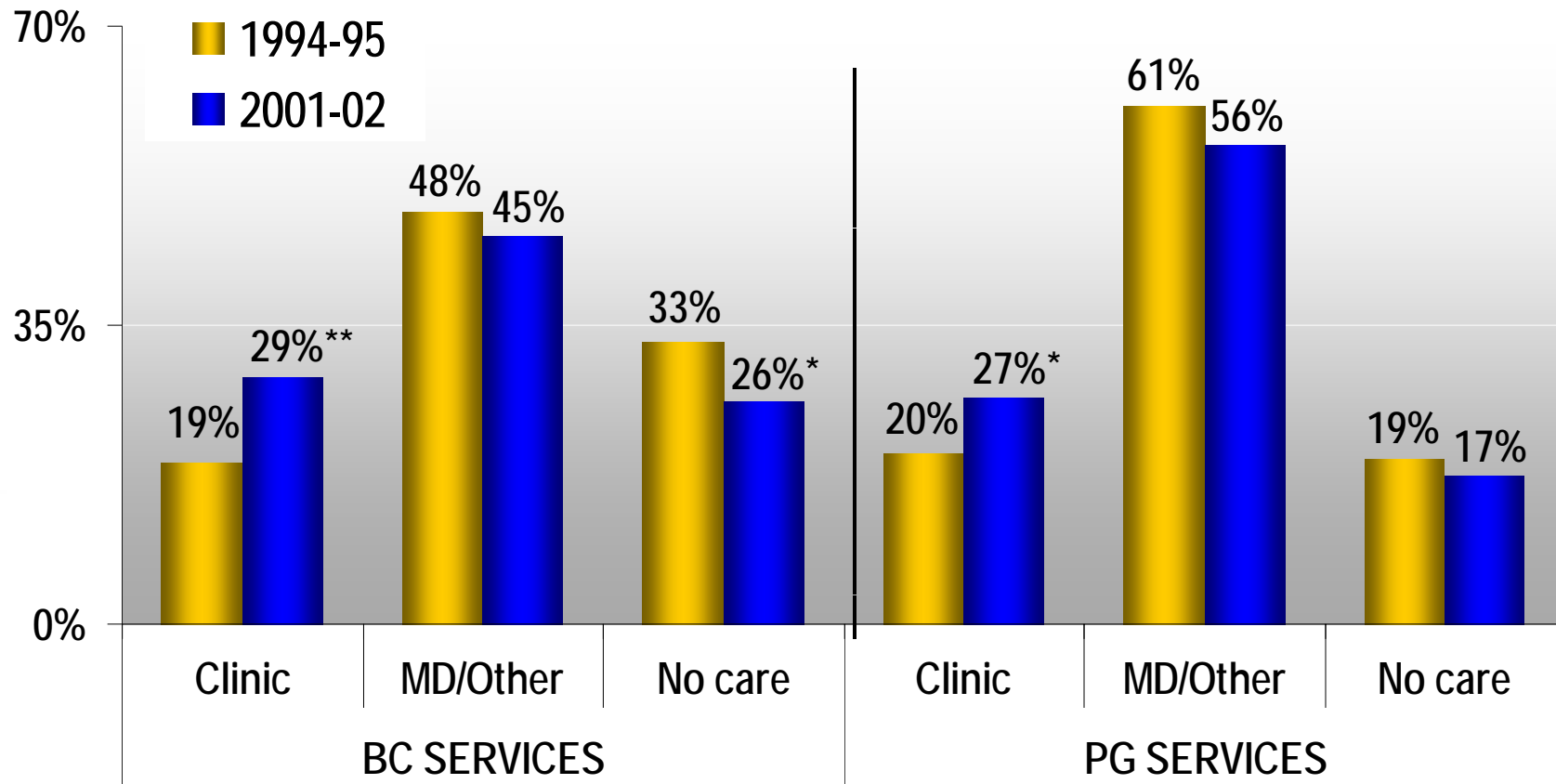
** Differs from 1994-95 at $p < .01$

Probability of receiving BC or PG services among uninsured, by source: 1994-95 vs. 2001-02



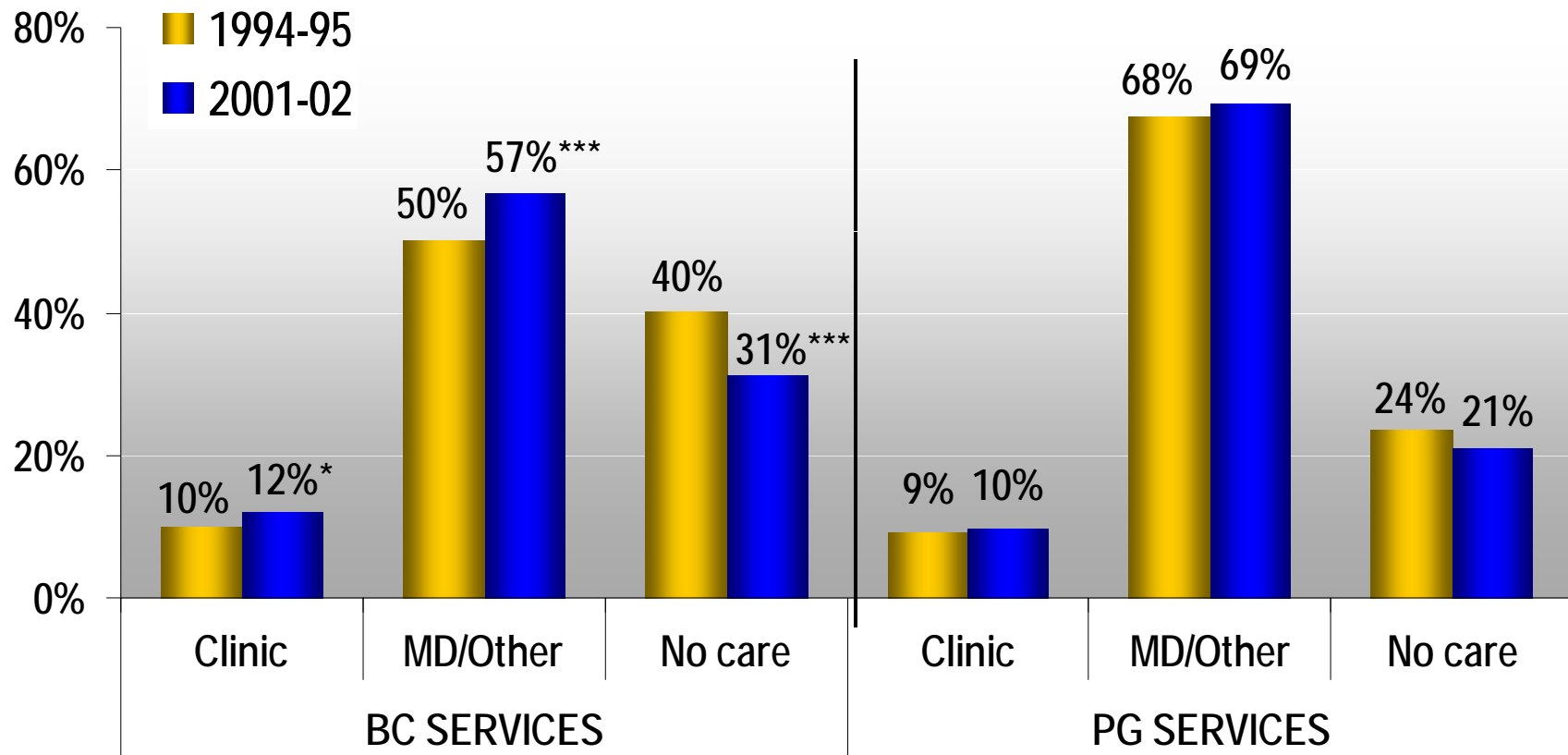
* p<.05; ** p<.01; ***p<.001

Probability of receiving BC or PG services among Medicaid insured, by source: 1994-95 vs. 2001-02



* $p < .05$; ** $p < .01$

Probability of receiving BC or PG services among privately insured by source, 1994-95 vs. 2001-02



* $p < .05$; *** $p < .001$

Conclusions

- Health insurance is associated with better access to family planning and preventive gynecological services
- Significant shifts in where women seek care, according to their insurance status
- Insured women's access to RH services has increased or remained at a relatively high level
- Differences between the insured and uninsured in use of services persist and have grown

Conclusions

- Physicians/HMOs
 - Major sources of BC and RH services for the insured
 - Less important source for the uninsured, who have come to rely on clinics as much physicians/HMOs
- Increased use of publicly funded clinics by insured groups
 - Possible coverage gap?
 - Potential source of third-party reimbursement?
 - Covered, but only affordable option?
- Research needed to understand these shifts in source of care and how they affect the financial status and operational well-being of safety net providers
- Action is needed to ensure equitable access for uninsured and to ensure adequate financial support to help the safety net respond to growing demand for their services



Thank you