Geographic Variation in Medicaid Financed Contraceptive Use in Delaware

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Introduction

Delaware has a high rate of unintended pregnancy

- Highest in the nation in 2010 - 57% vs. national average of 45%
- Lower in recent years but remains high

Statewide public-private initiative to reduce unintended pregnancy rate began in 2016

- Primary emphasis is increased access to Long Acting Reversible Contraceptives (LARC), especially IUDs
- All methods, not just LARCs, will be provided free

Baseline geographic analysis from years prior to the intervention fulfills the objectives of determining:

1. Historical context for rates of LARC (IUD & implant) use compared to other methods
2. Urban-rural differences that may affect local population needs and effects of the intervention
3. Usefulness of including Primary Care Service Area (PCSA) characteristics as explanatory variables

Subjects, Data & Approach

- Time period: calendar year 2013
- Sample was limited to women aged 15-44 years old who had a Delaware address, no tubal ligation or hysterectomy medical claims, & continuous Medicaid eligibility

Delaware has 3 counties

- New Castle sample: N=22,511 (86% of the sample)  
  45.2% black, 17.2% Hispanic  
  Mean proportion urban 95%
- Kent sample: N=8,180 (21% of the sample)  
  74.8% in area with few ob/gyns; 27.6% black; 14.7% Hispanic  
  Mean proportion urban 73%
- Sussex sample: N=9,196 (23% of the sample)  
  77.4% in area with few physicians; 26.7% black; 12.7% Hispanic  
  Mean proportion urban 55%

Contraceptive claims were examined by individual characteristics (age, race) and the following primary care service area (PCSA) characteristics:

- 2 or fewer ob/gyn in PCSA (26.6% of sample)
- 18 or fewer GP in PCSA (26.6% of sample)
- Proportion urban (range 28%-98%)
- Proportion at or below poverty level (range 5%-19.2%)