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TITLE: Access to family planning in rural communities primarily served by Catholic versus non-Catholic hospitals: a mystery caller study

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PURPOSE OF STUDY: Catholic hospitals account for one in six acute care hospital beds. A total of 46 hospitals are considered sole community hospitals, a designation that generally refers to care in remote locations, and three are located in Colorado. Catholic hospitals are expected to follow the Ethical and Religious Directives for Catholic Health Care Services, which applies the Catholic doctrine to the practice of medicine and results in prohibition of common reproductive services. Little is known about reproductive health care access in rural communities served primarily by Catholic hospitals. The purpose of this study is to compare access to family planning service appointments in three rural communities (Grand Junction, Durango, Cañon City) that are served by Catholic sole community provider (SCP) hospitals to similar communities served by non-Catholic sole community provider hospitals (Greeley, Montrose, Sterling).

METHODS: We performed an online search of all general obstetrics and gynecology (ob/gyn), family practice, and midwifery practices in each community. For each practice, we called five different times, each one week apart, and queried about availability of (1) short-acting reversible contraception (pill, injection), (2) long-acting reversible contraception (intrauterine device [IUD], implant), (3) emergency contraception (EC), (4) tubal ligation (interval, postpartum), and (5) abortion using structured telephone scripts.

SUMMARY OF RESULTS: In comparing whether service appointments were offered in communities with Catholic SCP hospitals versus non-Catholic SCP hospitals, a lack of service appointment for DMPA injection was significant ($p = 0.01$). In comparing presumed Catholic clinics to all other clinics, lack of appointment availability for was significant for OCP ($p = 0.01$) and IUD ($p = 0.01$). Across all communities, there was of low availability of EC (14.1%), tubal ligations (20.5%), and abortions (5.1%).

CONCLUSION: There was some restriction to family planning services secondary to Catholic health care affiliation. Across all rural communities, there was little access to many forms of contraception.