CONTRACEPTIVE ACCESS IN APPALACHIA

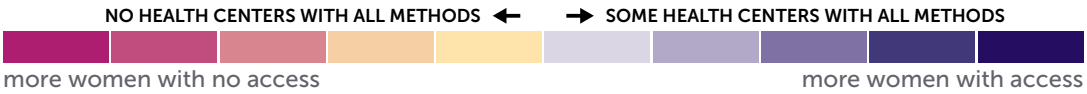
As of March 3, 2022

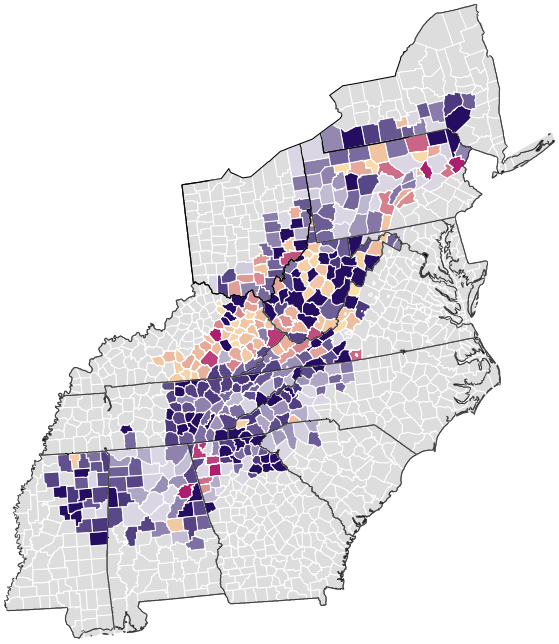
Contraceptive Deserts Nationwide

More than 19 million U.S. women with low incomes live in contraceptive deserts – counties in which there is not reasonable access to a health center offering the full range of contraceptive methods. Of those 19 million women, roughly 1.2 million women live in counties without a single health center that offers the full range of contraceptive methods.

These barriers put women already struggling to make ends meet at risk of not being able to access the birth control method that is right for them. These women might face additional transportation costs, child care costs, and unpaid time off work because of the long distances they need to travel to access care.

Contraceptive Deserts in Appalachia





1,508,720

Women in need in Appalachia live in contraceptive deserts, counties that lack reasonable access to the full range of methods.*

176,120

Of the 1,508,720 women in need, 176,120 live in counties without a single health center that provides the full range of methods.

*For more information please see: https://powertodecide.org/what-we-do/information/resource-library/understanding-contraceptive-deserts

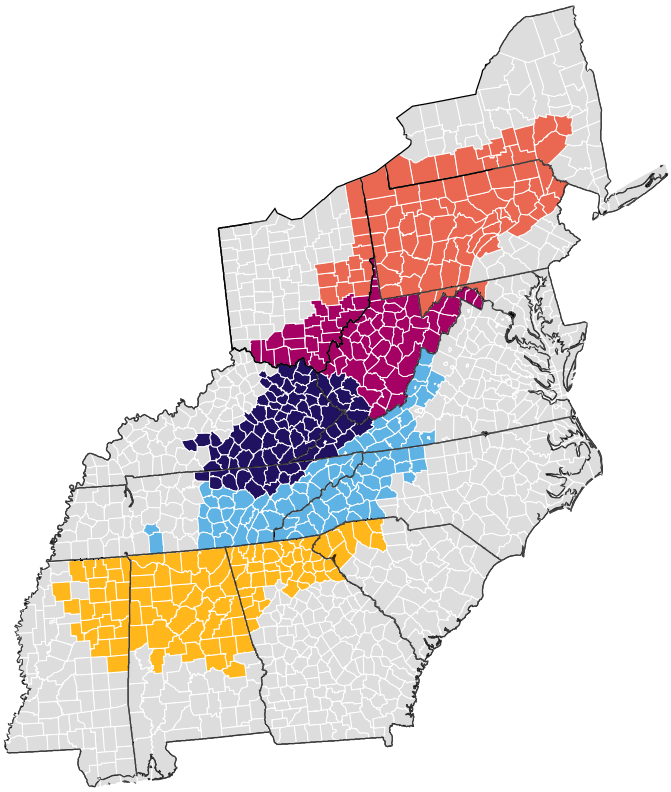
To review our methods, please see: https://powertodecide.org/system/files/resources/primary-download/Contraceptive%20Deserts_Handout.pdf

The Appalachian Region

Appalachia is a diverse region that spans **423** counties across **13** states:

Alabama: 37 counties	New York: 14 counties	Tennessee: 52 counties
Georgia: 37 counties	North Carolina: 31 counties	Virginia: 25 counties
Kentucky: 54 counties	Ohio: 32 counties	West Virginia: 55 counties
Maryland: 3 counties	Pennsylvania: 52 counties	
Mississippi: 24 counties	South Carolina: 7 counties	

Central Appalachia is widely referred to as coal-country, while Northern Appalachia is known to be more industrial and Southern Appalachia is known for its tourism. In general, Appalachia can be better understood by looking at its **5 subregions**.



Northern Appalachia
States: MD, NY, OH, PA
Employment Rate: 95.7
Poverty Rate: 13.6
Uninsured Rate: 5.3

North Central Appalachia
States: OH, WV
Employment Rate: 95.1
Poverty Rate: 16.9
Uninsured Rate: 6.2

Central Appalachia
States: KY, TN, VA, WV
Employment Rate: 93.7
Poverty Rate: 23.5
Uninsured Rate: 7.2

South Central Appalachia
States: NC, TN, VA
Employment Rate: 95.8
Poverty Rate: 15.7
Uninsured Rate: 10.1

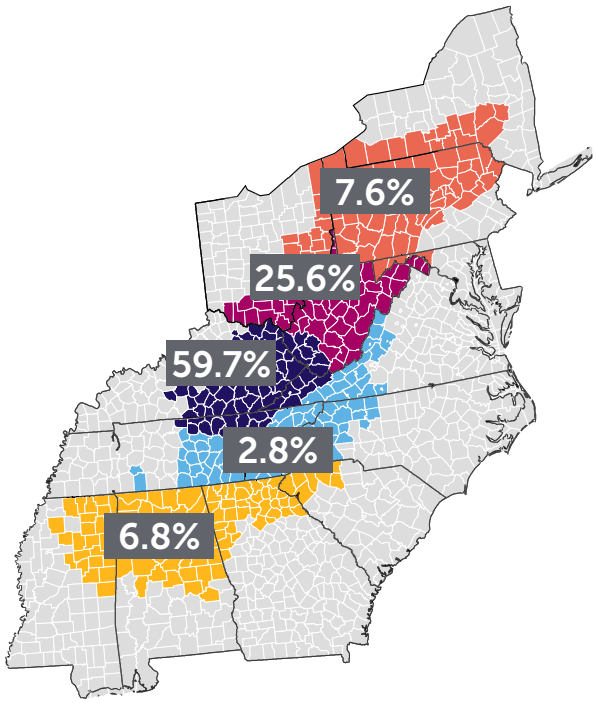
Southern Appalachia
States: Al, GA, MS, SC
Employment Rate: 95.8
Poverty Rate: 14.2
Uninsured Rate: 11.5

Within this factsheet, references to the Appalachian Region and its subregions are as defined by the Appalachian Regional Commission (ARC): www.arc.gov

The above statistics are from the following ARC report:
The Appalachian Region: A Data Overview from the 2015-2019 American Community Survey
https://www.arc.gov/report/the-appalachian-region-a-data-overview-from-the-2015-2019-american-community-survey/

Contraceptive Deserts with No Access

- Across the region, **176,120** women in need live in counties without a single health center that provides the full range of methods.
- Central Appalachia has the highest percentage of women in need living in contraceptive deserts who have no access – **59.7%** (See the map to the right to compare to the four other subregions).
- There is an outsized impact in the central subregion of Appalachia – **less than 8%** of women living in contraceptive deserts are concentrated there, but it has **nearly five times (38.8%)** as many women living in contraceptive deserts who have no access (data not shown).



Estimates based on Power to Decide's internal data from 2021.

Appalachian States Can Improve Contraceptive Access Here's What they are Doing

Policy	States that Have Enacted Them
Expand Medicaid to low-income adults as the ACA allows	KY, MD, NY, OH, PA, VA, WV
Medicaid Family Planning Waiver or State Plan Amendment (SPA)	AL, GA, MD, MS, NY, NC, PA, SC, VA
Medicaid reimbursement for postpartum long-acting reversible contraception	AL, GA, MD, MS, NY, NC, OH, PA, SC TN, VA, WV
State law/policies that allow pharmacists to prescribe contraception	MD, NC, TN, VA, WV
State law/policies to extend the supply of prescription contraceptives	MD, NY, SC, VA, WV
State law/policies to educate college students about unplanned pregnancy	MS
State laws/policies to protect contraceptive coverage	MD, NY

In addition to these state policies, the federal government can also improve access to contraception by increasing funding for Title X Family Planning Program. Title X supports health centers that provide free or low-cost birth control and related services to people with low incomes. In Appalachia, there were approximately 488 clinics in 2021 that received Title X funding.

State Telehealth Policies Relevant to Contraceptive Access

Telehealth policies have long been a way to increase access to health care, including contraception. Since the start of the COVID-19 pandemic, use of telehealth has greatly expanded in the US and has proven itself a viable option for some folks to obtain contraception. Power to Decide's polling data found that 77% of respondents agree that telehealth is a useful method to get birth control when in-person visits are not possible.

Over the course of the pandemic, states have changed their policies to facilitate access to telehealth. To better understand the ways in which telehealth access has changed and expanded over the course of the pandemic, we have synthesized and visualized the state-level landscape of telehealth access for Medicaid and private payor insurance both pre-COVID and during the pandemic. We focused on data that answers three questions: how is telehealth delivered, who can provide it, and what services are provided?

We've chosen these three questions to help simplify complicated policies so that advocates, public health officials, elected officials, and everyday health care users can more easily understand the various telehealth policies that are most likely to affect access to birth control in their states.

While telehealth shows great promise in increasing access to health care, including contraception, there are also cautions. Power to Decide's polling data revealed gaps in access and knowledge for women with lower income, with 67% of respondents with annual household incomes over $50,000 reporting understanding what telehealth is, compared to only 21% of respondents with annual household incomes under $50,000. Additionally, there are concerns over quality of care, payment parity, HIPAA compliance, individual privacy, and internet access. To ensure that telehealth is not only beneficial but also equitable, these are important considerations to address as states decide whether and in what form to continue temporary telehealth expansions past the COVID-19 pandemic.

For more information on state telehealth policies, please read our Overview of State Telehealth Polices Relevant to Contraceptive Access. To see the most up-to-date information for your state, please check out our interactive maps and tables.