CORE Brief

Religious Restrictions on Reproductive Care: Wisconsin Patient Perspectives

Prepared by Renee Kramer, June 24, 2021

UW CORE
COLLABORATIVE FOR REPRODUCTIVE EQUITY

Executive Summary

Catholic healthcare systems prohibit abortion, sterilization, reversible contraceptives, and some treatments during obstetric complications. Wisconsin has the highest concentration of Catholic hospitals in the nation, with 43% of hospitals having a Catholic affiliation. We fielded a survey to Wisconsin women[a] aged 18-45 to learn about their perceptions of and experiences with Catholic healthcare. Sixty-one percent of the 675 women in our survey believed that hospitals should never be able to restrict services for religious reasons and 55% expressed strong preferences for transparency regarding restrictions on care. However, the majority of women expected to be able to obtain contraceptive care in Catholic settings, and a substantial proportion of women reporting that they would go to a Catholic hospital for reproductive care did not know it was a Catholic institution. One in 12 women in rural counties served by a Catholic sole community hospital had been turned away from Catholic healthcare institutions without receiving desired contraceptive or fertility care, and many women experienced substantial delays in acquiring services elsewhere. Taken together, our findings suggest that many Wisconsin women do not know that Catholic institutions restrict reproductive services, a surprising minority can be unexpectedly turned away from receiving services, and as a result some experience delays in receiving the care they need.

Religious Restrictions on Reproductive Care

Hospitals owned by or affiliated with the Catholic Church have grown to comprise a large share of U.S. hospitals. Between 2001 and 2020, the proportion of acute-care hospitals that were Catholic-owned or affiliated increased 41%.[1] As of 2020, one in six inpatient beds (16.8%) in the U.S. was in a Catholic hospital.[1] Provision of reproductive services in Catholic healthcare systems is governed by the Ethical and Religious Directives ("ERDs" or "the directives").[2] Unbeknownst to many patients, these directives prohibit critical reproductive health services, including abortion, postpartum sterilization, other contraceptive methods and services, and some treatments during obstetric complications. These restrictions undermine patient care and safety.[1] The American College of Obstetricians and Gynecologists[3] and the

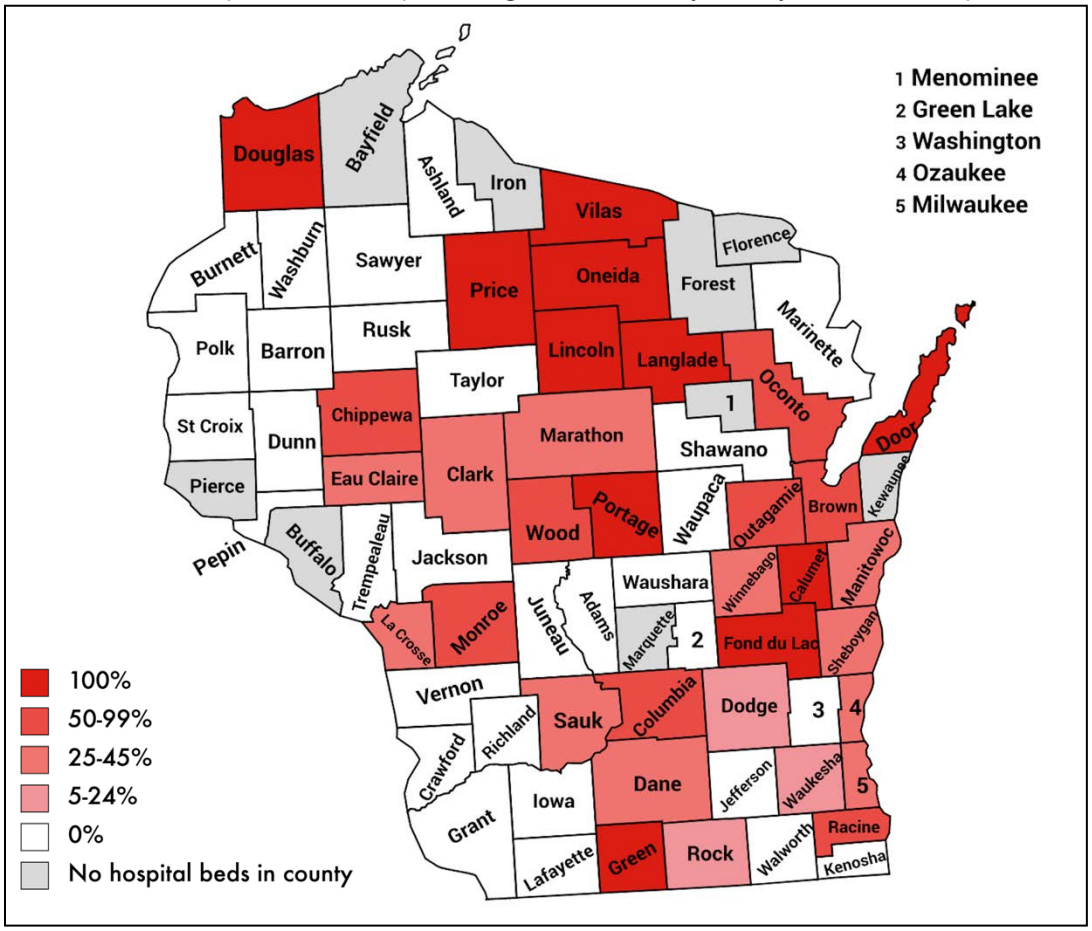
[a] We use the term "women" since restricted services are largely utilized by women; however, two respondents out of 675 indicated an alternate gender identity alongside their physiological ability to get pregnant.

American Public Health Association[4] oppose institutional restrictions on access to comprehensive reproductive healthcare services.

The Reach of Catholic Healthcare in Wisconsin

Catholic hospital penetration is even higher in Wisconsin than it is nationally. Forty-three percent of inpatient beds in Wisconsin are located in Catholic facilities, compared to 17% nationally and far fewer in many Southern states.[1] In addition to high concentration overall, the geographic distribution of hospitals means that certain areas of the state are more likely than others to be served by Catholic healthcare institutions (see **Figure 1**).

Figure 1. Catholic hospital beds as a percentage of all beds, by county, Wisconsin, September 2020



Data sources: Beds by facility data from the American Hospital Directory,[5] Catholic healthcare data from Solomon et al.,[1] and the Catholic Health Association's provider directory.[6]

As of 2020, Wisconsin had four Catholic hospitals in three counties (Fond du Lac, Oneida, and Wood) that were "sole community hospitals."[b] Further, concentration of Catholic hospitals in Wisconsin is very high in metropolitan counties, including Brown, Dane, Milwaukee, and Racine, which places Black and Hispanic women at a higher likelihood of giving birth in Catholic healthcare institutions. In fact, in a recent study of birth records in 33 states, Wisconsin was the only state where Black women were more likely to deliver at a Catholic hospital than a non-Catholic hospital.[8] This disparity is especially problematic from a reproductive justice perspective, given that women of color already face heightened barriers to quality reproductive care.[4]

Our Survey: Wisconsin Women Weigh in on Catholic Healthcare

Between October 2019 and April 2020, we fielded a two-stage survey to Wisconsin women aged 18-45 to learn about their perceptions of and experiences with Catholic healthcare in the state. We oversampled rural census tracts[c] (N=2,000) and the three rural counties where most Medicare recipients obtain inpatient care at a Catholic sole community hospital (Oneida, Vilas, and Forest Counties; N=2,000).[1,9,10]

Our final sample included 675 participants and reflected a response rate of 83% between the eligibility screener and the survey—a very high response rate. The overwhelming majority of participants identified as White (91.7%), similar to the population of Wisconsin women of reproductive age. Participants in our sample were more likely to be privately-insured (82.7%) and college-educated (55.6%) compared to the population (78.7% and 31.8%, respectively).[11] Twenty-nine percent were "not at all confident" that they could afford an unexpected $2,000 expense. Eighty-eight percent had ever used a provider-dependent contraceptive method.

Key Survey Findings: Wisconsin Women Disagree with Religious Restrictions—But Some Are Turned Away from Care, and Most Expect Prohibited Reproductive Services to be Available

1. Six in ten women said hospitals should not be able to restrict care under any conditions, and the majority (55%) said it was "very" important to know about restrictions before deciding where to seek care.

    - Women with fewer financial resources were significantly more likely to say that hospitals should never be able to restrict care. For example, among women reporting being "not at all confident" in their ability to afford an unexpected $2,000 expense, this figure was 70%.

[b] "Sole community hospital:" a federal designation giving hospitals higher Medicare reimbursement because the next nearest hospital is too distant to access.
[c] Rural tracts defined as Rural-Urban Commuting Area (RUCA)[7] code ≥ 4.

2. <u>One in five women identified a Catholic institution as the place they would seek hospital-based reproductive care, but a significant minority of these women (40%) did not know it was Catholic</u>.

    - Publicly-insured women and women of color were more likely than privately-insured women and White women, respectively, to misidentify their Catholic hospital as being non-Catholic.

    - Among women who misidentified their Catholic hospital as being non-Catholic, more than one-third (35%) were "somewhat" or "very sure" of their decision, with publicly-insured women reporting feeling more confident than privately-insured women.

3. <u>In rural Wisconsin counties served by Catholic sole community hospitals, one in 12 women reported ever being turned away from a Catholic healthcare institution without receiving desired contraceptive or fertility care</u>.[12]

    - This figure is significantly greater than among women in urban census tracts (1.5%) and among women in other rural census tracts (2.8%).

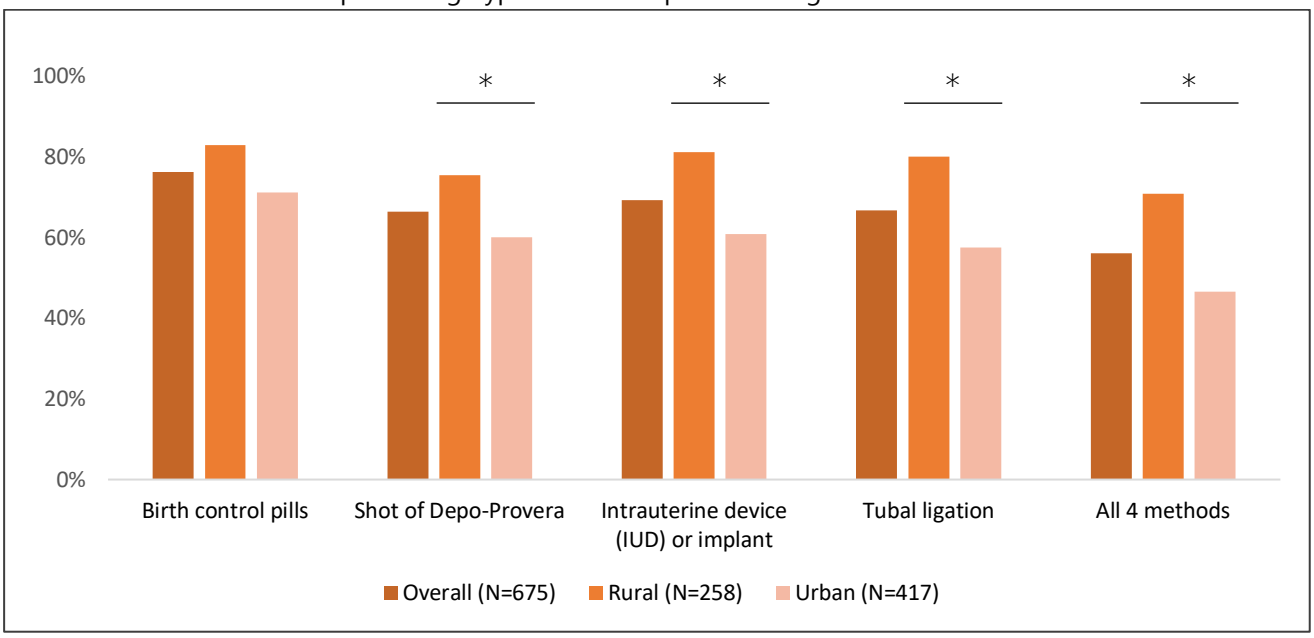
    - These women reported experiencing long wait times to obtain services elsewhere, especially those seeking tubal ligation. Eight of the 14 women who sought a tubal ligation never obtained this procedure or became pregnant before they could do so.

4. <u>Most women expected to be able to obtain reproductive services that are prohibited by the Catholic directives in a hypothetical hospital they perceived to be Catholic</u>.[13]

    - Participants read about a hypothetical hospital with a Catholic name and indicated their perceptions of the hospital's religious affiliation.

    - Expectations for contraceptive services among the 56% of women who perceived the hospital as Catholic are shown in **Figure 2** on the following page. Most notably, more than half (56%) expected to be able to obtain a broad mix of methods (tubal ligation, IUD/implant, Depo-Provera, *and* birth control pills) at this hypothetical hospital. While some evidence suggests that certain birth control methods may be easier to access than others in Catholic institutions,[2,10] it is highly unlikely that women would be able to obtain tubal ligation, IUD/implant, Depo-Provera, *and* birth control pills there – as 71% of rural-dwelling women and 47% of urban-dwelling women expected.

Figure 2. Percentage of women expecting contraceptive services by urban-rural status, among those perceiving hypothetical hospital as being Catholic



* = Statistically significant difference between urban and rural groups, p<.05

- These findings suggest that even when women know of a hospital's Catholic affiliation, they inaccurately think that the Catholic hospital will provide contraceptive services such as tubal ligation or IUDs.

5. Women also held misconceptions about availability of abortion services at a hypothetical hospital they perceived to be Catholic.[13]

   - One-third of women who perceived the hypothetical hospital as being Catholic expected they could obtain an abortion there in the case of a fetal anomaly, and 15% expected they could obtain an abortion there for personal reasons, such as relationship or financial troubles that make it not a good time to have a baby. The Catholic directives prohibit abortion services in all of these cases.

Conclusion

Our research study demonstrates some of the lived consequences of the Catholic directives.

In rural counties served by a Catholic sole community hospital, 1 in 12 women had been turned away from Catholic healthcare institutions without receiving desired contraceptive or fertility care.

Women turned away from Catholic healthcare institutions also experienced delays in accessing this care elsewhere, especially those seeking tubal ligation—and many either never obtained their desired method and/or experienced an unintended pregnancy. We found

differences by urban-rural status in how commonly women had been turned away from Catholic healthcare institutions and in their expectations for availability of contraceptive services in these settings. These differences may exacerbate existing disparities in access to full-scope reproductive services in rural areas.[14–18]

> Ultimately, patients should be able to access compassionate, patient-centered reproductive care—regardless of where they seek care—and in a manner that does not interfere with their safety or reproductive autonomy.

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