Geographic Accessibility of Contraceptive Prescribers in Georgia

Kelsey Bouwman, Pharm.D. Candidate 2022[1], Gelina Sani, B.S., Pharm.D. Candidate 2023[1], Blake Johnson, Pharm.D., MPH, BCACP[2], Jayani Jayawardhana, Ph.D.[2], Henry Young, Ph.D.[2] and Rebecca H. Stone, Pharm.D., BCPS, BCACP, FCCP[2]

(1)University of Georgia College of Pharmacy, Athens, GA

(2)Department of Clinical and Administrative Pharmacy, University of Georgia College of Pharmacy, Athens, GA

Introduction

- Unintended pregnancy is increasingly concentrated in low-income women, and occurs in 45% and 60% of pregnancies in the United States and Georgia, respectively.
- Commonly cited barriers to contraceptive access include difficulty obtaining, traveling to, or attending a traditional clinic appointment.
- Novel strategies are needed to improve contraceptive access, especially for low-income and rural women.

Research Question

- Examine access to traditional contraceptive services and community pharmacies across metropolitan and non-metropolitan counties in Georgia.

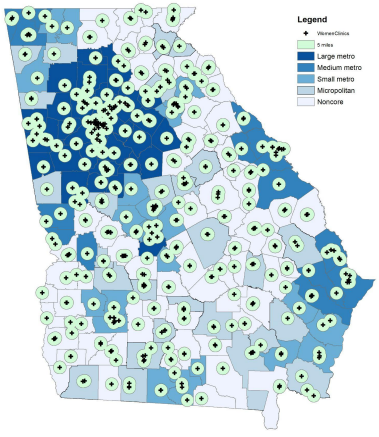
Study Design

- This is a retrospective, cross-sectional study.

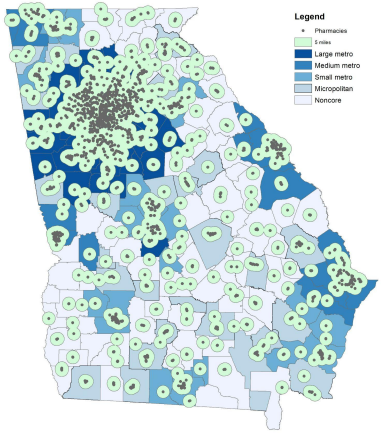
Methods

- A list of 2021 licensed community pharmacies was obtained from the Georgia Board of Pharmacy.
- Georgia Department of Public Health, Planned Parenthood, and Federally Qualified Health Centers websites were used to identify safety net clinics providing free or low-cost contraceptive services.
- The pharmacies and clinics were classified by county using their zip code.
- Counties were stratified as metropolitan or non-metropolitan per 2013 National Center for Health Statistics Code.
- Demographic and pregnancy outcome data was obtained using the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)
- Descriptive statistics and student's t-test were conducted using SPSS Version 27.

Georgia Safety Net Clinics



Georgia Pharmacies



Results

- Overall, there are more pharmacies than safety net clinics per county in Georgia (p<0.01).
  - Pharmacies: 6.2 ± 0.7
  - Clinics: 3.9 ± 0.2

Outcome	Metropolitan Counties (n=73)	Non-metropolitan Counties (n=86)
Pharmacies per 100 square miles (p<0.01)	6.7 ± 9.8	1.6 ± 1.7
Safety net clinics per 100 square miles (p<0.01)	1.1 ± 1.1	0.9 ± 0.5
Pharmacies per 10,000 women of reproductive age (p<0.01)	8.0 ± 4.0	13.8 ± 11.9
Safety net clinics per 10,000 women of reproductive age (p<0.01)	4.1 ± 4.5	12.3 ± 12.3
Poverty rates (p<0.01)	16.2% ± 5.9%	23.1% ± 5.8%
Teen birth rates per 1000 women (p<0.01)	29 ± 11.6	41.5 ± 12.1

Discussion

- Over twenty states already permit pharmacist prescribed hormonal contraception (HC); however, Georgia does not.
- Allowing pharmacist prescribed HC could significantly increase the number of locations prescribing HC across all regions of Georgia, which may facilitate patient access to these important medications.
- Nonmetropolitan counties could potentially experience a 175% increase in the number of locations where HC is prescribed. This may be particularly beneficial since these counties have higher poverty and teen birth rates, which are factors associated with unintended pregnancy.

If **pharmacist prescribed contraception** was permitted in Georgia, the number of locations where woman could **access contraception** could increase significantly, including an over **175% increase** in non-metropolitan counties.