Geographic Accessibility to Contraceptives and the Potential Impact of Pharmacist Prescribing: Comparing Georgia Counties with Majority Non-White versus Majority White Demographics

Gelina M. Sani, Pharm.D. Candidate 2023, Meagan Duever, MA, MLIS, Jayani Jayawardhana, PhD, Blake R. Johnson, Pharm.D., MPH, BCACP, Rebecca H. Stone, Pharm.D., BCPS, BCACP, FCCP

Introduction

- Unintended and teenage pregnancy rates in Georgia are higher than the national average.4
- Minority women are less likely to utilize highly or moderately effective contraceptive methods due to socioeconomic and access issues.5
- In Georgia, 44.4% of reproductive aged women identify as a racial minority.
- Pharmacist prescribed hormonal contraception (HC) is one approach to improve access.
- Pharmacist prescribed HC does not require an appointment and is authorized in over 20 states, but not in Georgia.

Objectives

- Explore how pharmacist prescribed contraception could potentially increase care access points for HC and facilitate patient care.
- Compare differences between Georgia counties with a majority of women who identify as non-white vs white.

Methods

- Retrospective, cross-sectional study.
- 2019 US Census provided county and population data.3
- 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 family planning clinics providing low-cost or free contraceptive services.
- Teenage pregnancy rates were acquired from the County Health Rankings and Roadmaps.6
- Family Planning Safety net clinics and community pharmacy addresses were mapped utilizing ArcGIS Desktop and ArcGIS Online’s Create Drive-Time Areas analysis tools.1
- Women of reproductive age (15-49 years old) were considered non-white women if they identified as African American, Asian, American Indian or Alaskan Native, Native Hawaiian or other Pacific Islander, or Multiracial.
- Chi square and t-test statistics were used.2

Results

In Georgia, permitting pharmacist prescribed hormonal contraception has the potential to increase patient access points in 95% of counties.

Georgia Counties Where 50% of Reproductive Aged Women Self-Identifier as White vs Non-White (n = 159)

<table>
<thead>
<tr>
<th>Demographic Factors</th>
<th>Majority White County n = 123</th>
<th>Majority Non-White County n = 36</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen pregnancy rates above national average</td>
<td>87.0%</td>
<td>97.2%</td>
<td>0.12</td>
</tr>
<tr>
<td>Number of pharmacies</td>
<td>9.7 ± 15.3</td>
<td>25.4 ± 45.8</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Number of Family Planning Safety Net Clinics</td>
<td>1.4 ± 9.7</td>
<td>4.7 ± 4.3</td>
<td>0.006</td>
</tr>
<tr>
<td>Reproductive aged women with &gt; 15 Minute Drive Time to Family Planning Safety Net Clinic</td>
<td>21.3%</td>
<td>21.5%</td>
<td>0.9</td>
</tr>
<tr>
<td>Reproductive Age Women with a change in Drive Time to &lt; 15 Minutes</td>
<td>28%</td>
<td>10%</td>
<td>0.53</td>
</tr>
</tbody>
</table>

- Increasing HC contraceptive access points through pharmacies has the potential to expand patient access in 95% of counties.
- If pharmacies became contraceptive access points, > 10% of reproductive aged women in 24% GA counties could have increased accessibility.
- This reduction in transit time would affect, and likely benefit, women in majority non-white and white counties.
- Additional strategies to reduce unintended and teenage pregnancy may be needed, particularly in majority non-white counties.

References

4. StataCorp. (2022). Stata/LP. College Station, TX

Disclosures: The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities.