

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



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## Introduction

- Unintended and teenage pregnancy rates in Georgia are higher than the national average.<sup>4</sup>
- Minority women are less likely to utilize highly or moderately effective contraceptive methods due to socioeconomic and access issues.<sup>2</sup>
- 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

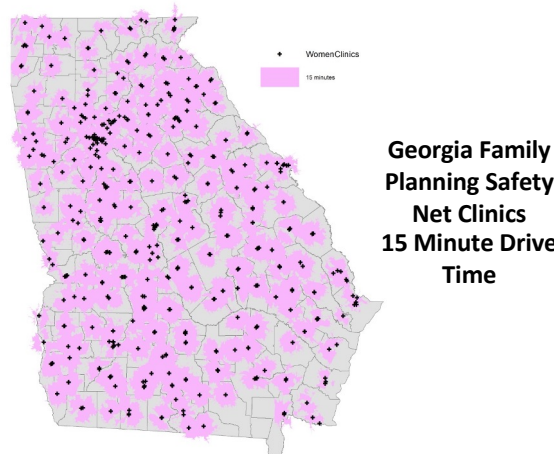
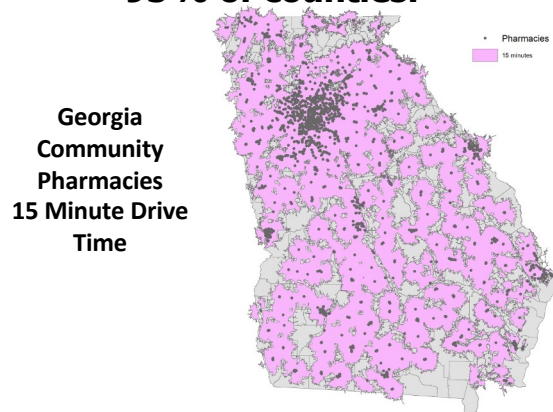
- Explore how pharmacist prescribed contraception could potentially increase care access points for HC and facilitate patient care.
- Compare differences between Georgia counties with a majority of women who identify as non-white vs white.

## Methods

- Retrospective, cross-sectional study.
- 2019 US Census provided county and population data.<sup>3</sup>
- 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.<sup>6</sup>
- Family Planning Safety net clinics and community pharmacy addresses were mapped utilizing ArcGIS Desktop and ArcGIS Online's Create Drive-Time Areas analysis tools.<sup>1</sup>
- 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.<sup>5</sup>

## Results

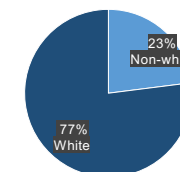
**In Georgia, permitting pharmacist prescribed hormonal contraception has the potential to increase patient access points in 95% of counties.**



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## Results

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



*There is at least 1 pharmacy in 95% of all counties.*

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

- 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

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