

Barriers and Provision of Emergency and Pharmacist-Prescribed Contraception: Insights from Pharmacy in Utah State

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Background

- Utah had 19.4% unintended pregnancy, with 203,600 women in contraceptive deserts lacking adequate access to contraception services.
- Pharmacies, accessible to 96.5% of Americans, can play a vital role in improving access to healthcare services, including contraception, in the US.
- Previous literature has identified that relatively few pharmacies in Utah provide pharmacist-prescribed hormonal contraception.

Objective

- This study examines pharmacy-based emergency and pharmacist-prescribed contraception availability, barriers, and their impact on patient care in Utah.

Methods

- This survey focused on licensed pharmacists registered with Utah's Department of Professional Licensing (DOPL) practicing within community settings, either part-time or full-time.
- Demographic data collected encompassed age, race, gender, pharmacy education, training levels, experience, pharmacy type, location, and geographical region.
- The survey aimed to gauge pharmacist provision of specific services and explore associated barriers such as time constraints, reimbursement issues, managerial attitudes, training deficiencies, patients' privacy, and pharmacy liability
- In this study, we employed a survey distributed via Qualtrics to gather data. Additionally, this research was exempted from the Institutional Review Board (IRB) due to its nature.

References and contacts



Results

- In the surveyed cohort, around 51% were male, while approximately 55% fell within the age bracket of 30 to 50 years—moreover, a significant majority, constituting 82%, self-identified as Caucasian. Of the participants, 48% received their pharmacy education from the University of Utah College of Pharmacy, with 57.1% practicing pharmacy for 11 or more years. The majority (66.8%) worked in urban settings.
- Regarding services, 73% reported that their pharmacies offered emergency contraceptives, while 44% indicated the provision of prescribed hormonal contraception. There was no significant difference in service availability between urban and rural areas.

Figure 1: Percentages of pharmacies providing emergency contraception and pharmacist-prescribed hormonal

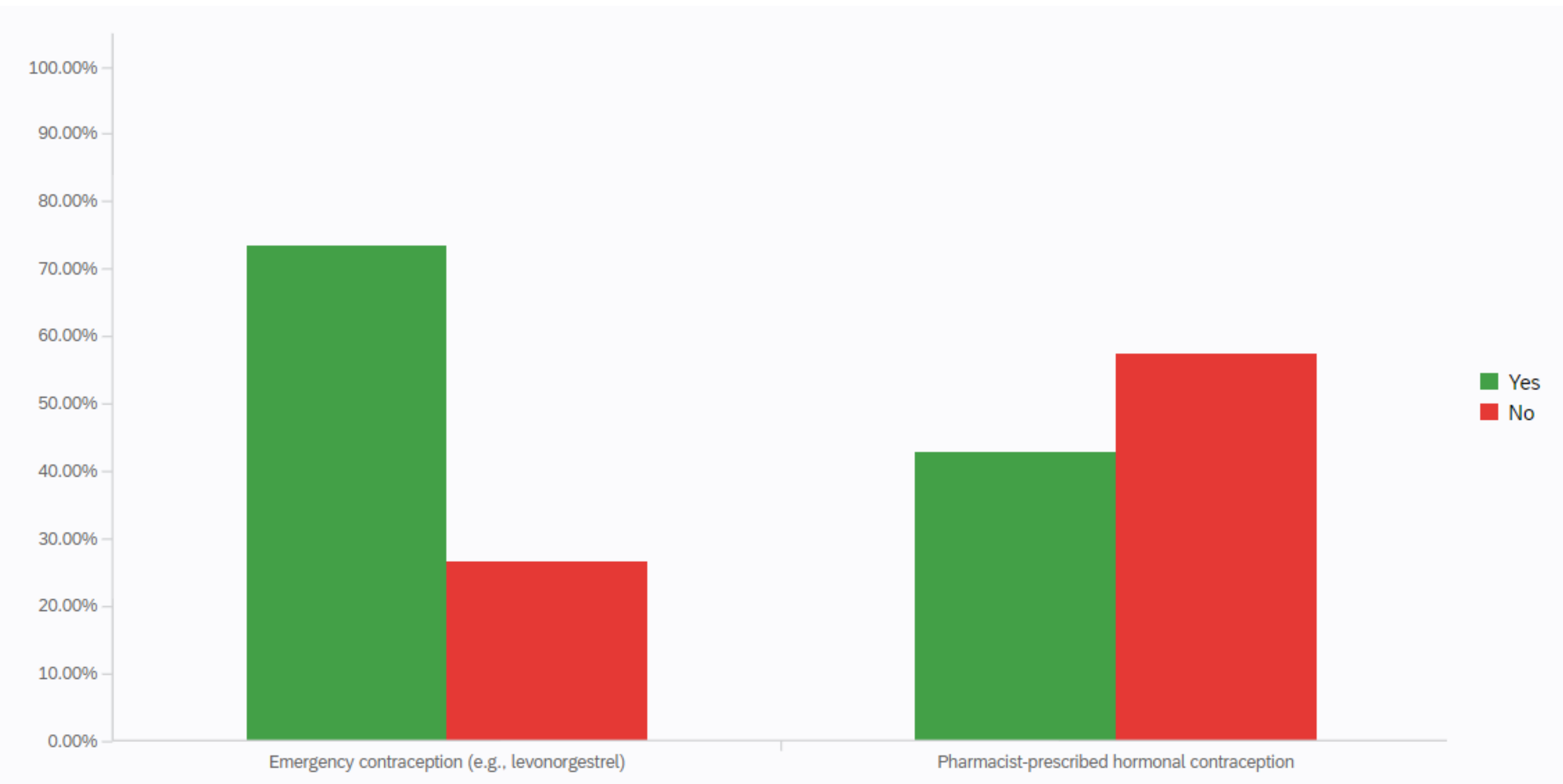


Figure 2: highest level of pharmacy training

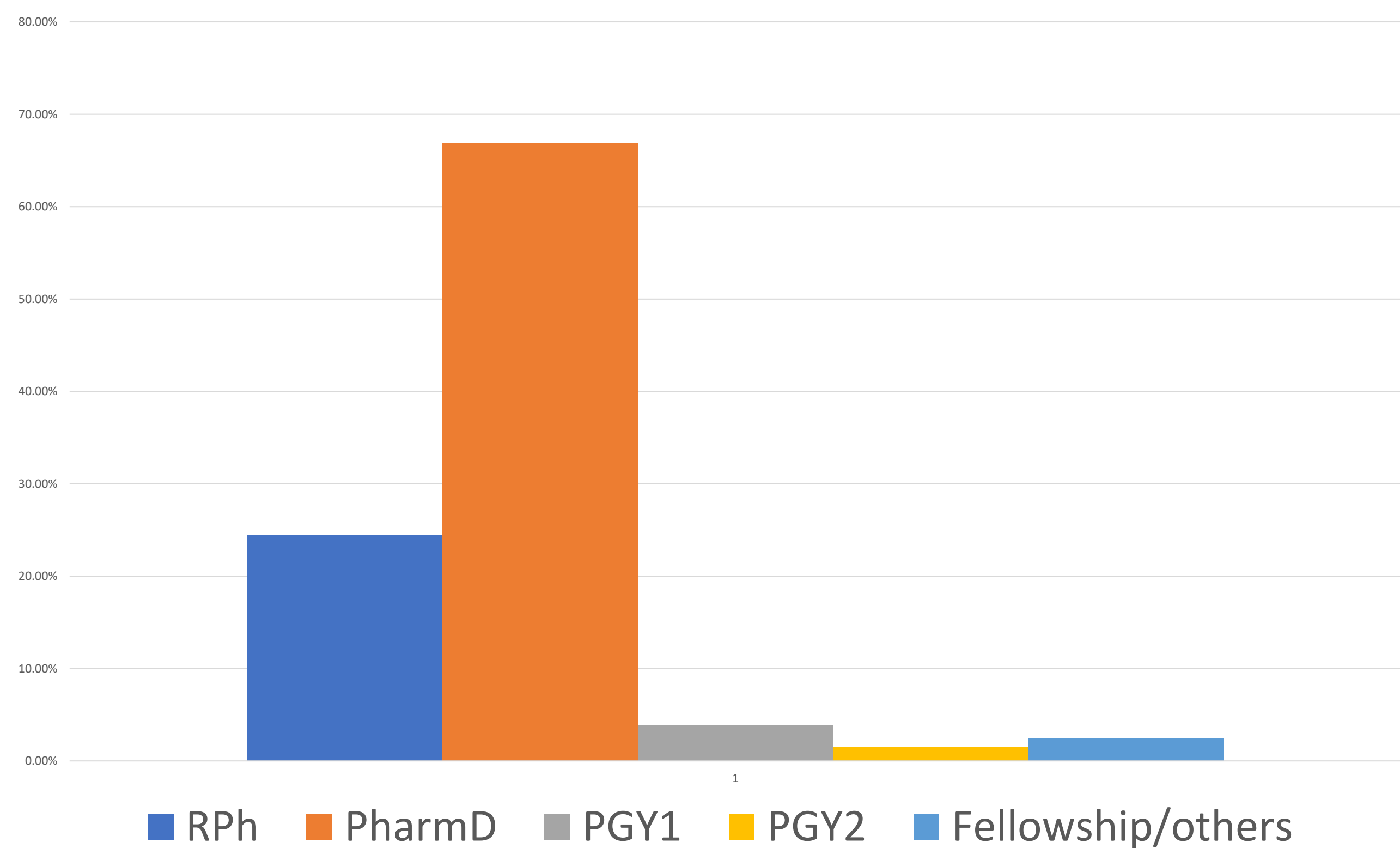


Figure 3: Potential barriers affect your ability to provide emergency contraception

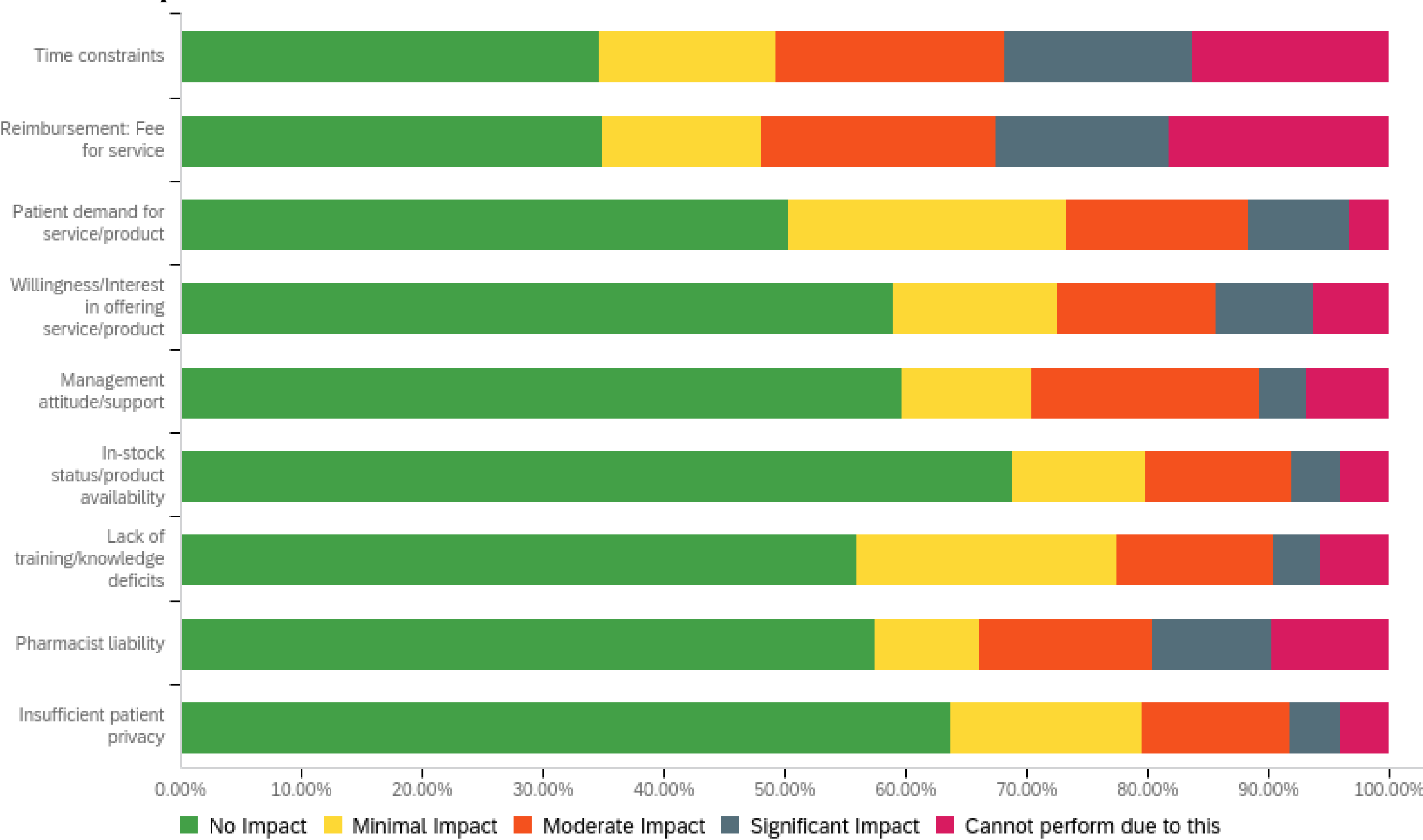
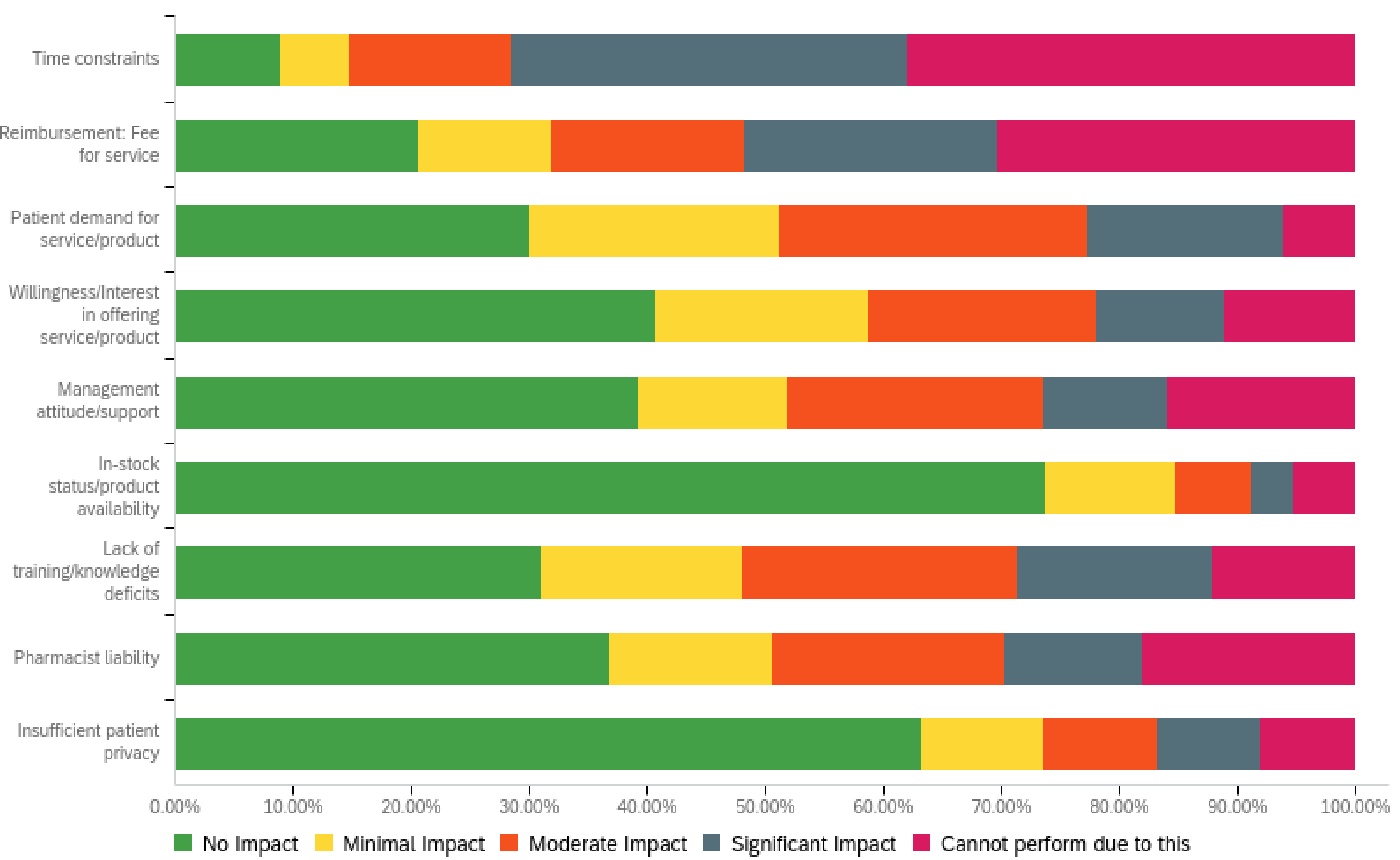


Figure 4: Potential barriers affect your ability to provide pharmacist-prescribed hormonal contraception



Conclusion

- This study emphasizes pharmacies' crucial role in addressing Utah's high unintended pregnancy rates. Despite notable service availability, barriers like reimbursement, time constraints, and managerial attitudes persist, hindering contraception provision.
- Overcoming these challenges is vital to enhance access and ensure equitable reproductive healthcare statewide.