

NEEDS ASSESSMENT FOR THE DEVELOPMENT OF AN INTERVENTION TO PROMOTE LARC PROVISION IN PRIMARY CARE

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Poorly timed or unwanted pregnancies can negatively impact women's and men's ability to achieve their life goals. Unintended pregnancies are also costly to the health care system and can detrimentally affect the health of women and their children. Long-acting reversible contraception (LARC) methods are highly effective, reversible, cost-effective, convenient, and safe methods to prevent unintended pregnancy. LARC methods are more effective than permanent contraception (sterilization), and can be safely provided by non-specialists; *e.g.* primary care physicians. However, few US women use LARC compared to similar countries around the world. The reasons for this disparity are not fully understood. However, prior research suggests that healthcare providers' skills and attitudes related to LARC may make these methods particularly difficult for US women to access.

LARC methods hold the potential to be particularly beneficial to the health of women at high risk of unwanted or poorly timed pregnancies and births. In the United States, the burden of unintended pregnancy and related health outcomes rests disproportionately on low-income women and women of color. These women are precisely the populations served by community health centers (CHCs). CHCs are safety net providers for vulnerable women, as well as pioneers of the increasingly popular patient-centered medical home model. Therefore, ensuring women have full access to LARC alongside all other contraceptive methods in the CHC setting may be particularly impactful on women's health, autonomy, and wellbeing; and may hold particular promise for reducing health inequities related to unintended pregnancy and birth.

This study seeks to understand barriers to and facilitators of LARC provision in the CHC setting. Using qualitative data collection methods, we explored the perceptions, knowledge, attitudes, and experiences of physicians, nurse practitioners, medical assistants, nursing staff, patient services staff, and administrators regarding LARC. Analysis of focus group data has revealed that perceptions of factors affecting LARC provision vary between health center staff members with different roles (*e.g.*, physician vs. MA). We have also noted that barriers to LARC have emerged at the individual staff member, health center, and health systems levels. Our results suggest that changes at the health center level and the broader health systems level may help support CHCs in providing the full spectrum of contraceptive options to their clients, including LARC.