

PATTERNS OF HEALTHCARE USE AND RECEIPT OF CONTRACEPTION AMONG WOMEN RECEIVING CARE IN A LARGE INTEGRATED HEALTHCARE SYSTEM

Yhenneko J. Taylor, PhD¹ | Tsai-Ling Liu, PhD, MSPH¹ | Lisa Tucker, BSN² | Johanna Claire Schuch, PhD³ | Michael F. Dulin, MD, PhD³

¹Center for Outcomes Research and Evaluation, Atrium Health | ²Community Care Partners of Greater Mecklenburg, Charlotte, NC | ³Academy for Population Health Innovation, University of North Carolina at Charlotte

RESEARCH OBJECTIVES

- Unplanned pregnancy is associated with adverse outcomes for mothers and children.¹
- Use of effective contraception can help reduce unplanned pregnancy; however, many women lack the education and resources to access these services.²
- New strategies are needed to achieve the Healthy People 2020 goal to increase the proportion of pregnancies that are intended by 10% between 2010 and 2020.³
- This study examined patterns of healthcare use and receipt of contraception among a sample of young women receiving care in a large integrated healthcare system in North Carolina to inform strategies to reduce gaps in care.

STUDY DESIGN

- Cross-sectional study using data from the electronic medical record system of a large integrated healthcare system with facilities across Mecklenburg County, North Carolina.
- Use of primary care and contraception services by race/ethnicity and insurance status were compared using chi-square statistics.

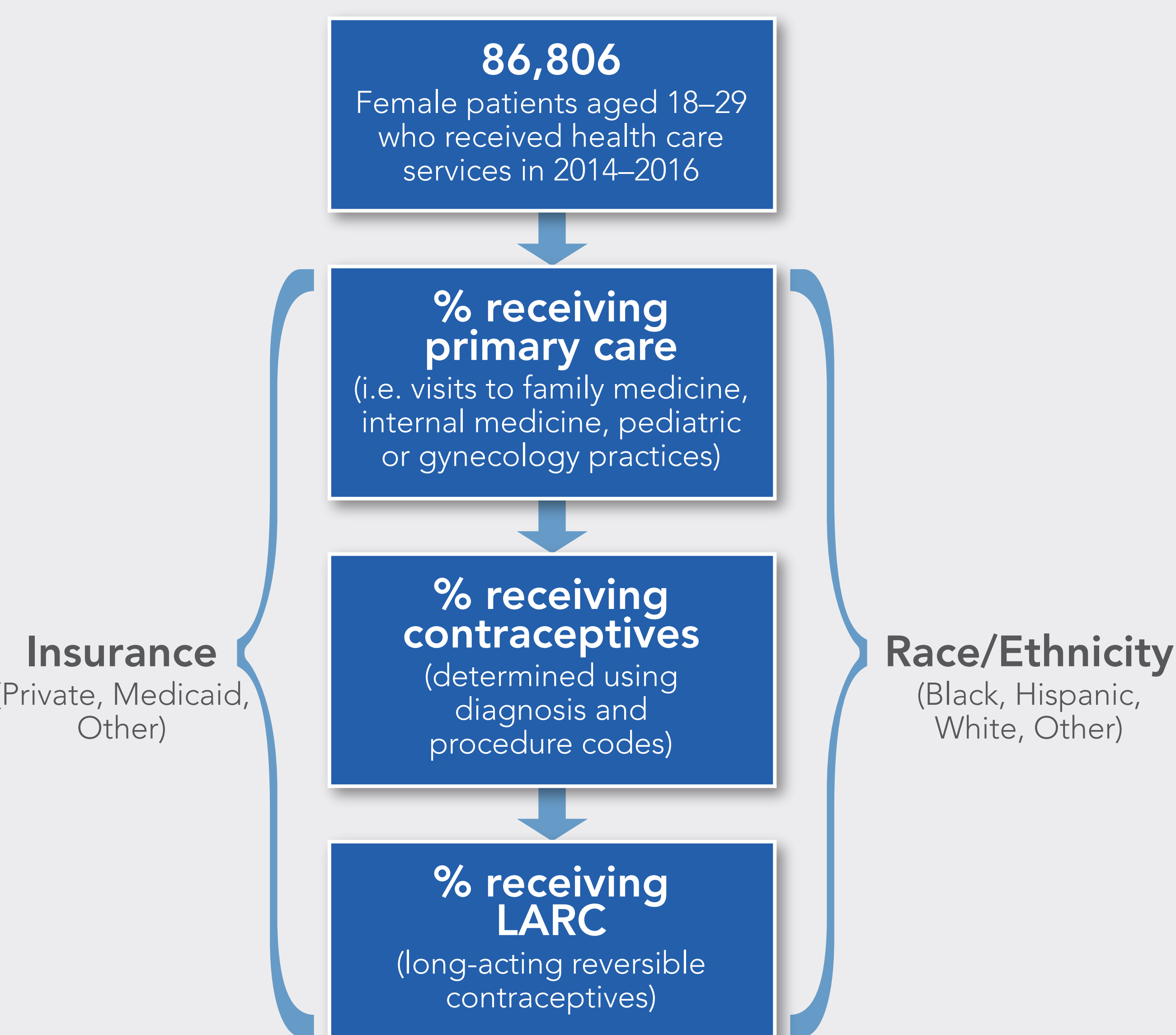


FIGURE 1: Demographic Characteristics of Study Sample (n=86,806)

Majority were single, non-white and had private insurance.

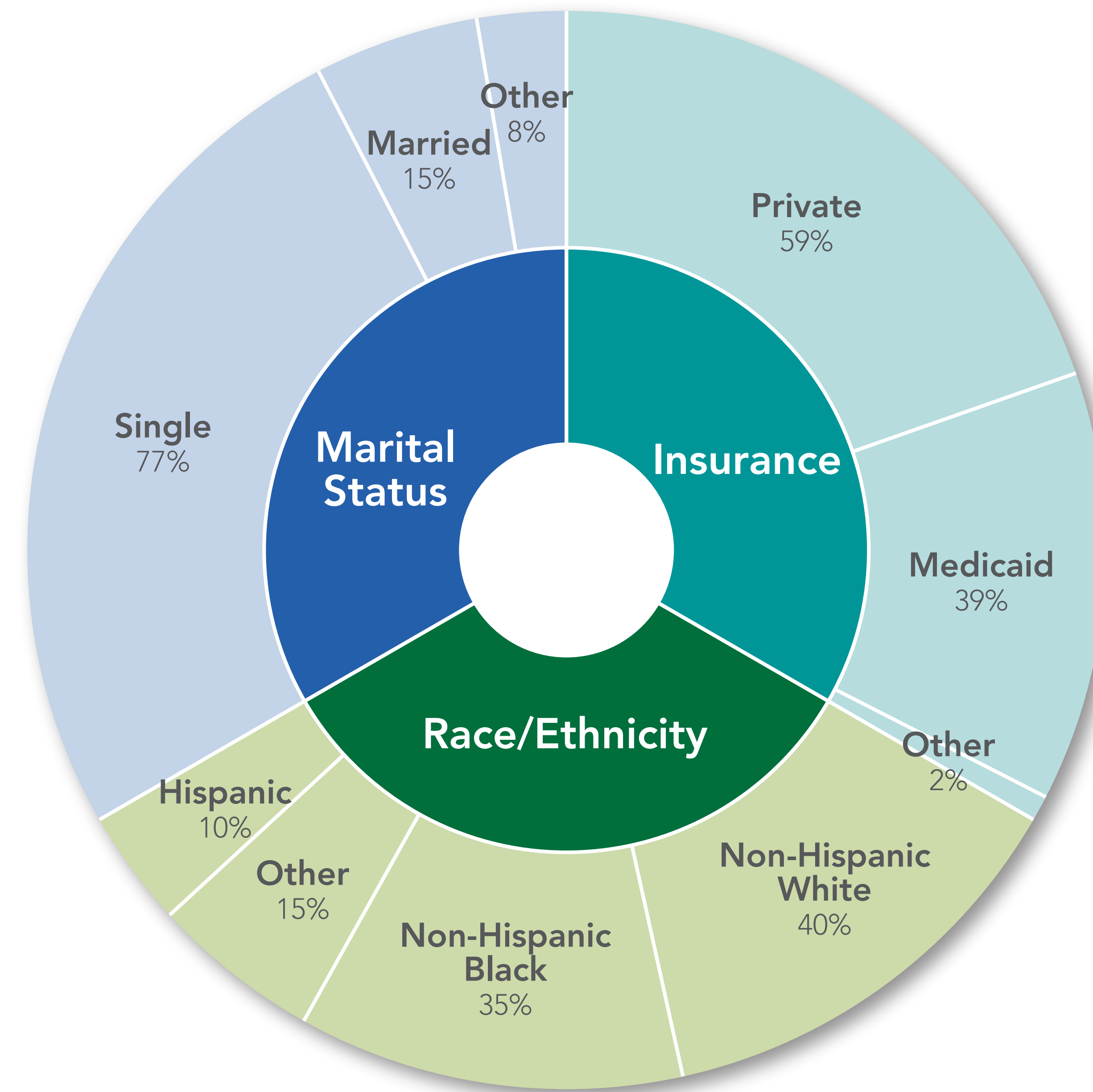


FIGURE 3: Use of Primary Care and Contraception by Race/Ethnicity, 2014–2016

Use of primary care was highest among non-Hispanic White women, followed by Hispanics and non-Hispanic Blacks ($p < 0.001$). Hispanic and Non-Hispanic Black women using primary care services both had higher use of contraception compared to non-Hispanic White women ($p < 0.001$). The proportion of women using LARC versus other contraceptives was lowest among non-Hispanic Black women ($p < 0.001$).

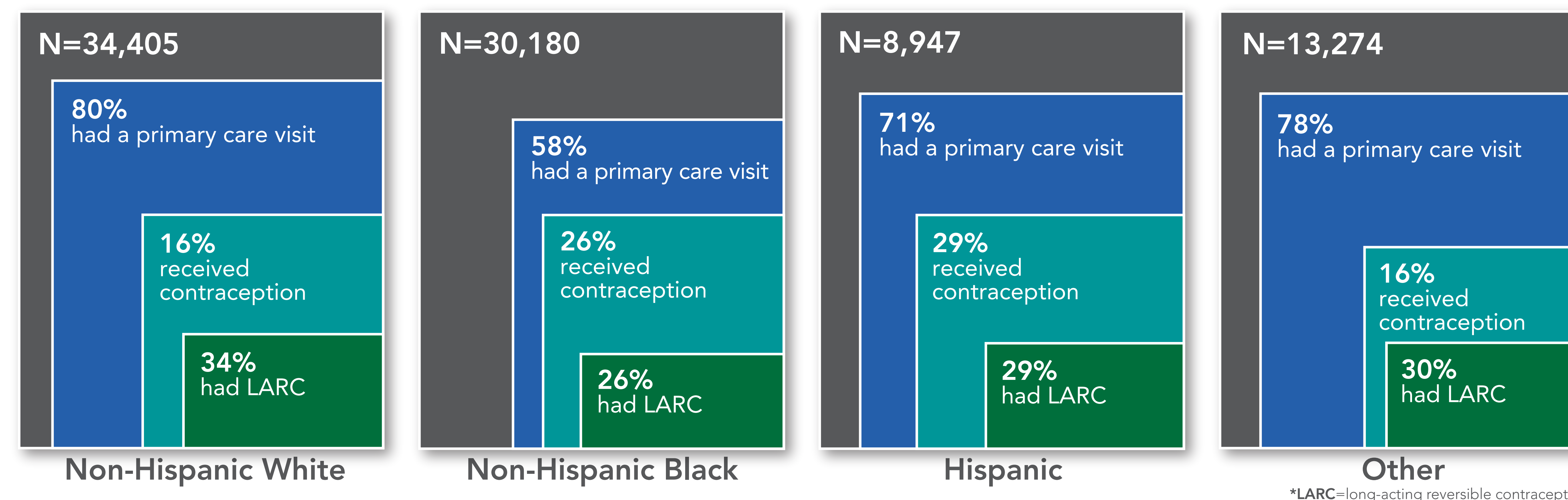
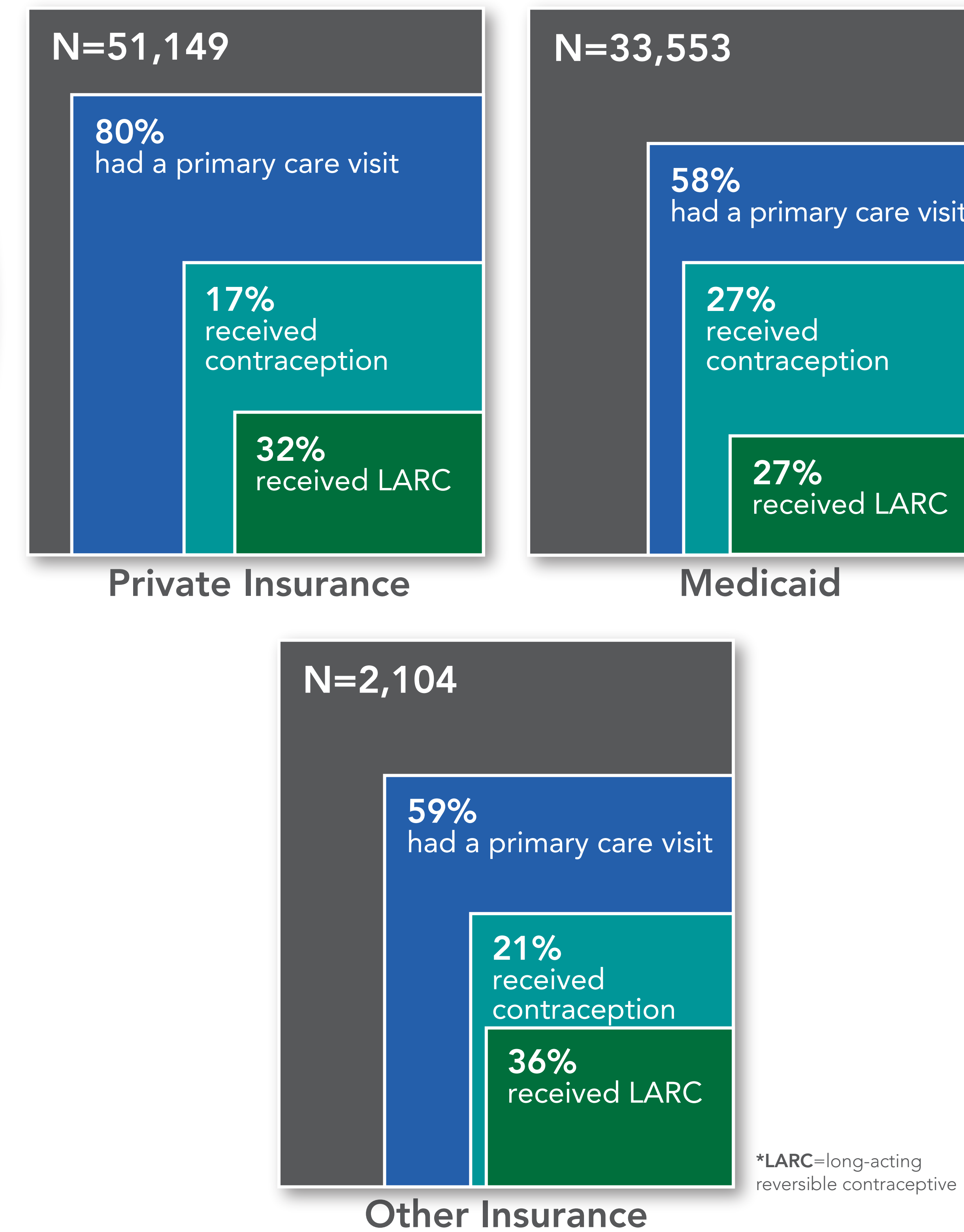


FIGURE 2: Use of Primary Care and Contraception by Insurance Status, 2014–2016

Use of primary care was highest among women with private insurance ($p < 0.001$). Among women with a primary care visit, use of contraception services was higher among women with Medicaid or no insurance compared to women with private insurance ($p < 0.001$). The proportion of women using LARC versus other contraceptives was lowest among women with Medicaid ($p < 0.001$).



CONCLUSIONS

- Results suggest that young women who have Medicaid or are uninsured and those belonging to racial/ethnic minorities are less likely to access primary health care compared to women with private insurance and non-Hispanic Whites.
- Access to primary care may be associated with higher contraceptive use for young women with low incomes and racial/ethnic minorities, although a lower percent of these women may choose LARC versus other forms of contraceptives.

POLICY & PRACTICE IMPLICATIONS

- Consistent education from primary care providers can ensure that all women gain an equal awareness of the options available to them for contraception.
- Changes in current payment policies as well as alternative methods for outreach and education are potential ways to address the existing financial and physical barriers preventing access to family planning services for underserved populations who may not be regularly engaged in primary care.

REFERENCES:

1. Guttmacher Institute. Unintended Pregnancy in the United States. <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>. Published September 2016. Accessed May 15, 2018.
2. Thaxton L, Espey E. Family planning American style redux: Unintended pregnancy improves, barriers remain. *Obstet Gynecol Clin North Am*. 2017 Mar;44(1):41-56.doi: 10.1016/j.ogc.2016.11.001.
3. U.S. Department of Health and Human Services. Healthy People 2020 Family planning objectives. <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives>. Accessed May 15, 2018.

CONTACT:

yhenneko.taylor@atriumhealth.org

RESEARCH FUNDER:

This study was supported by The Foundation for the Carolinas.