

## A Needs Assessment of Contraception Prescription in Rural Kansas

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**Introduction.** Approximately 40% of pregnancies in the U.S. are unintended, often due to inconsistent or absent contraception use, despite efforts to enhance accessibility to contraceptive options. Discrepancies in access persist, leaving a need for contraceptive services. The CDC prioritizes long-acting reversible contraception (LARC), but past studies have shown that in Kansas, LARC usage was found to be the lowest of contraception methods. The scarcity of LARC services is particularly pronounced in rural areas where 27.7% of the Kansas population resides. Previous research found that rural physicians provide LARC less frequently due to training gaps, low demand, cost considerations, and personal beliefs. This study aimed to assess the contraception prescription patterns among rural providers, recognize barriers to providing LARC, and identify intervention opportunities.

**Methods.** In this cross-sectional, descriptive study, the research team administered surveys through REDCap at Summer Training Options in Rural Medicine (STORM) sites. Inclusion criteria were providers who practice in a rural or frontier county based on the Rural-Urban Continuum Codes and were STORM preceptors.

**Results.** Results revealed a positive correlation between increased comfortability and the number of IUDs and implants inserted annually. Significant difference was observed in the comfort with IUD insertions observed between physicians and non-physicians ( $p = 0.050$ ).

**Conclusions.** To increase LARC utilization, continuing medical education could provide hands-on training for IUD and implant insertion to interested providers. Further studies could assess the impact of such education on LARC use, with the goal of contributing to improved contraceptive access and reduction in unintended pregnancies in rural areas.