

Arkansas Trains and Educates Healthcare Providers to Increase Access to Long-Acting Reversible Contraception

To address its high rate of teen births, the state trains nurse practitioners at its family planning clinic to place LARC and educates healthcare providers about why LARC can be a good option for adolescents.

About a decade ago, Arkansas launched a training program to allow nurse practitioners at its family planning clinics to insert long-acting reversible contraception (LARC) devices. As the state with the [highest](#) teen birth rate in the nation and third highest rate of teen pregnancies, LARC has the potential to improve health and reduce economic costs. Teen pregnancy is closely [linked](#) with higher rates of prematurity, stillbirth, and low birth weight. Additionally, only 50 percent of teen mothers [earn](#) a high school diploma by the age of 22, making it more difficult for teen mothers to secure jobs that support their families. The financial repercussions of teen birth ripple through their communities, too. In 2010, teen childbearing [cost](#) Arkansas an estimated \$129 million.

Arkansas Department of Health (ADH) identified LARC as an important tool to address the state's high rate of teen pregnancies and births. Teens are more likely to have problems using oral contraception effectively, so the foolproof effectiveness of LARCs make them a compelling option for public health professionals, healthcare providers, and patients who want to prevent or delay pregnancy.

To increase access to LARC for all populations, ADH decided to leverage the strengths of its [centralized public health structure](#). All of the 92 local health departments (LHDs) in Arkansas are staffed and run by ADH. Additionally, almost all of the LHDs include family planning clinics, which [serve](#) almost 50,000 unduplicated clients annually. Every county has at least one LHD that offers reproductive health services. This governance system enables ADH to implement LARC programs and policies in the LHDs to reach communities across the state.

- Arkansas has the highest teen birth rate in the United States.
- ¾ of the teen births are to 18-19 year olds and 2/3 of teen births are reported as unintended.
- It also ranks 48th in teen pregnancies.
- Arkansas' teen birth rate [dropped](#) by 35 percent from 2007 to 2014.

Steps Taken:

- It was once common practice in Arkansas for an ADH physician to travel to the LHD to insert an intrauterine device (IUD) if a patient wanted that method from the local family planning clinic. However, most of these clinics had nurse practitioners on staff, which offered ADH an opportunity to reduce the burden on the physicians and facilitate greater access to IUDs.
- Because ADH operates the family planning clinics, the agency purchased a central supply of LARC devices for the clinics' patients and trained its nurse practitioners to perform IUD insertions. As of December 2016, 42 nurse practitioners statewide were qualified and available to insert IUDs. The clinics also strive to provide same-day IUD placement to patients who want them.
- The nurse practitioner training project was the first major step in ADH's work to increase access to LARC, and provided a foundation for the department to recalibrate its programming as

needed. Based on its experience training the nurse practitioners, ADH staff recognized the need to not just provide and place the devices at clinics, but also educate healthcare providers about how to discuss LARC with their patients.

- ADH now trains its family planning clinic staff to talk to patients about their contraception options, including dispelling myths about LARC, discussing their benefits, and helping patients determine which form of contraception best meets their needs. “A patient may come in saying they want to get on the pill, but as they learn about the pros and cons, often they’ll choose a different method,” says ADH Family Health Branch Chief Bradley Planey.
- Building on the training experience in its own LHDs, ADH began working to educate healthcare providers across the state about LARC, particularly for adolescents due to the high teen birth and pregnancy rates. However, one barrier the department faced was that many providers believed that teenagers who received LARC, particularly IUDs, were at higher risk for complications—a theory that has been [disproven](#). CDC and the [American College of Obstetricians and Gynecologists](#) now recommend that providers discuss LARC with their adolescent patients. The American Association of Pediatrics has guidance too, that is especially helpful in focusing on teens: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-updates-recommendations-on-teen-pregnancy-prevention.aspx>.
- To address healthcare providers’ misconceptions about adolescent LARC use, ADH physicians conducted grand rounds to share that LARC are not only safe for teenagers, but a superior form of birth control for them. “Although we are careful not to push people, we’re trying to refine the ways we educate patients so they understand what’s more effective and they can make a good choice,” says Planey.
- Arkansas’ teen birth rate [dropped](#) by 35 percent from 2007 to 2014.
- ADH also support the work of other entities, such as Arkansas Medicaid, to disseminate facts about LARC. In 2016, Arkansas Medicaid started an initiative to educate providers and potential users about LARC, and created a provider toolkit that describes various contraceptive methods’ effectiveness and emphasizes LARC’s benefits.
- The toolkit includes flip charts and models showing the placement of the different LARCs, a model of the devices, and a model that allows patients to feel a Nexplanon rod. Some toolkit components can be seen in the video “[LARC: Take Control of Your Life](#),” which was produced by Arkansas Medicaid and Arkansas Foundation for Medical Care, a quality improvement organization.
- Arkansas Medicaid gave the toolkit to local health departments, community health centers, university health offices, and private practice physicians. The agency also sent representatives to these locations to introduce it to them.
- ADH is always looking for new ways to help patients access the contraception that works best for them, so it has expanded its LARC offerings to include Nexplanon. Some patients prefer the subcutaneously-inserted device because it seems less invasive, particularly postpartum.
- In 2016, ADH had unspent funds and asked the legislature to carry those moneys forward for its LARC work. The legislature approved ADH’s request, which allowed the department to put \$2 million toward buying a Nexplanon stockpile. “In our family planning clinics, a third of the patients don’t have a funding source. We don’t turn anyone away, so we need to have money to buy LARC to use for that population,” says Planey.

Next Steps:

- Learning how to place LARC can be daunting for new healthcare providers, so ADH is partnering with the University of Arkansas for Medical Sciences to create a LARC training center. Planey has regular meetings with the university's OB/GYN department related to a different project, but these conversations led to the two entities discussing LARC training. The university representatives said they wanted to improve their students' knowledge of LARC by giving them more hands-on experience with insertion. ADH and the university are currently in negotiations, but hope to form the LARC training center after July 2017.

Lessons Learned:

- Don't be afraid to advocate for LARC at the state level. Due to LARC's success around the country, such as in [Colorado](#), it's becoming easier to make the argument that states should increase access to LARC. "Everyone can see the benefit of very effective contraception," says Planey.
- To determine what LARC initiatives will work best in your state, evaluate what you're currently doing and your agency's strengths and weaknesses. One of ADH's strengths is that it's a single agency responsible for all the state's public health activities, a structure which allowed it to implement education and training changes statewide and stock a central supply of LARC for LHDs.
- Get buy-in from leadership. Staff presented ADH leadership with evidence that increasing access to LARC made sense from both health and financial perspectives. Having leadership's support then made it easier to onboard other agency employees.
- Educating providers about LARC means dispelling myths and highlighting its benefits, and encouraging them to share that information as they counsel their patients about contraception. According to Planey, it takes significant individual effort at first to overcome entrenched misconceptions. Through toolkits, trainings, and other outreach efforts, health departments can educate providers about the facts and reinforce that LARCs are effective, safe, and foolproof options that they should discuss with their patients, including teens.
- You need partnerships and collaboration. They allow you to tackle issues in as many areas as possible. You or your collaborator may not be able to make a huge difference individually, but if you work together, you may start to see improvement.

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