



## Contraceptive Needs and Services, 2012 Update

Jennifer J. Frost, Mia R. Zolna and Lori Frohwirth

### HIGHLIGHTS

- In 2012, 20 million U.S. women were in need of publicly funded contraceptive services and supplies because they were sexually active, physically able to conceive, and not currently pregnant or trying to get pregnant, and were either adults with incomes under 250% of the federal poverty level or younger than 20. Of this group in need, 5.9 million (30%) were uninsured.
- During 2000–2012, the number of women in need of publicly funded contraceptive services and supplies increased by 22%, representing 3.5 million additional women. Growth in need was driven primarily by an increase in the number of adult women who were poor or low income; the overall number of women of reproductive age remained stable, and the number of teens in need fell by 3%.
- Publicly funded clinics served 6.1 million women, of whom 4.3 million were served by clinics funded by the federal Title X program.
- Between 2001 and 2012, the overall number of women receiving publicly funded contraceptive services from clinics decreased by 9%, from almost 6.7 million to 6.1 million.
- Publicly funded clinics met an estimated 31% of the need for publicly supported contraceptive services and supplies in 2012, down from 41% in 2001; Title X–funded clinics met 22% of the need. The drop in met need between 2000 and 2012 was due to both rising numbers of women in need and falling numbers of clients served.
- In 2012, publicly funded clinics helped women prevent 1.5 million unintended pregnancies; 741,000 of these would have resulted in unplanned births and 510,000 in abortions. Without such clinics, the rates of unintended pregnancies, unplanned births and abortions in the United States would all have been 44% higher.
- Services provided by clinics that receive Title X funding helped women avert 1.1 million unintended pregnancies in 2012, preventing 527,000 unplanned births and 363,000 abortions. Without the services provided by these clinics, the U.S. unintended pregnancy rate would have been 32% higher.



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# Background

Millions of U.S. women need ongoing access to contraceptive care so that they can plan the size and timing of their families. The availability of a wide range of contraceptive methods helps to ensure that women can find one that works best for their personal situation and current stage in life. However, many women cannot afford to pay for contraceptives and related services on their own, especially because some of the newer hormonal and long-acting methods that are most effective at preventing pregnancy are also some of the most expensive. A large network of publicly supported providers, including those that are funded through the federal Title X family planning program—the only national program dedicated to providing subsidized contraceptive services to individuals who are disadvantaged because of their age or income—have long been the key source of contraceptive care for teens and low-income adults. Each year, this network serves millions of women and helps to prevent hundreds of thousands of unintended pregnancies, unplanned births and abortions. Understanding the size of the population in need of this care and the current ability of providers to meet women’s contraceptive needs is crucial for the planning and design of improved health care delivery systems.

Since the 1970s, the Guttmacher Institute has made periodic estimates of the number of U.S. women in need of contraceptive services and supplies, focusing on the needs of teenagers and poor or low-income adults; the publicly supported services available to these women and the number of women who receive public-sector contraceptive care; and the impact that providing publicly supported contraceptive care has on preventing unintended pregnancies and the unplanned births and abortions that would follow. Most recently, these estimates were made for 2010.<sup>1</sup>

This report provides updated 2012 estimates of contraceptive needs and services in the United States and of the impact that publicly funded clinic services in particular have on preventing unintended pregnancy. This report does not provide estimates of the services or impact of Medicaid-funded care provided by private doctors, nor does it provide updated information on the cost savings from these services. Estimates are made at the national and state levels. The report highlights the national-level findings and trends, and includes summary tables of national and state data.

# Methodology

The following describes the methodology used to update for 2012 a number of key national and state-level contraceptive needs and services indicators:

- The number of women in need of contraceptive services and supplies, as well as those in need of publicly supported contraceptive care;

- The number of women who received contraceptive services at all publicly funded family planning clinics; and
- The numbers of pregnancies, births and abortions that were averted by providing publicly funded contraceptive care.

## KEY DEFINITIONS

### We used the following definitions in analyses.

- Women were defined as **in need of contraceptive services and supplies** during a given year if they were aged 13–44 and met all of three criteria:

1. they were sexually experienced—that is, they had ever had vaginal intercourse;
2. they were fecund, meaning that neither they nor their partner had been contraceptively sterilized, and they did not believe that they were infecund for any other reason; and
3. they were neither intentionally pregnant nor trying to become pregnant at any time during the past year.

- Women were defined as **in need of publicly funded contraceptive services and supplies** if they met the above criteria and had a family income below 250% of the federal poverty level. In addition, all women younger than 20 who needed contraceptive services, regardless of their family income, were assumed to need publicly funded care because of their heightened need—for reasons of confidentiality—to obtain care without depending on their family's resources or private insurance.

- A **publicly funded clinic** was a site that offered contraceptive services to the general public and used public funds, which may have included Medicaid, to provide free or reduced-fee services to at

least some clients. These sites may be operated by a diverse range of provider agencies, including public health departments, Planned Parenthood affiliates, hospitals, federally qualified health centers (FQHCs) and other independent organizations. In this report, these sites are referred to as *clinics*; other Guttmacher Institute reports may use the synonymous term *centers*.

- A **female contraceptive client** was a woman who made at least one initial or subsequent visit for contraceptive services during the 12-month reporting period. This included all women who received a medical examination related to the provision of a contraceptive method and all active contraceptive clients who made supply-related return visits, who received counseling and a method prescription but deferred the medical examination, or who chose nonmedical contraceptive methods, even if a medical examination was not performed, as long as a chart was maintained.

- **Poor** women were those whose family income was under 100% of the federal poverty level (\$19,090 for a family of three in 2012).

- **Low-income** women were those whose family income was between 100% and 250% of the federal poverty level (between \$19,090 and \$47,725 for a family of three in 2012).

## **Women in Need of Contraceptive Services and Supplies**

To update estimates of the numbers of women in need of contraceptive services and supplies, we began with state-level 2012 U.S. Census Bureau estimates of the numbers of women by age-group (younger than 20, 20–29, 30–44) and race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic and other).<sup>2</sup> We further divided these groups according to marital status and poverty status using the 2012 American Community Survey (ACS). We did so by estimating the proportion of women in each age-group by race/ethnicity category, according to their marital status (married and living with husband, not married) and their income as a percentage of federal poverty level (less than 100%, 100–137%, 138–199%, 200–249% and more than 250%).<sup>3</sup> Proportions of women in the ACS in each age, race/ethnicity, marital status and poverty group were calculated for each state and then applied to the census bureau estimates of the numbers of women (by age-group and race/ethnicity) in that state. For further explanation of this methodology, see the Contraceptive Needs and Services, 2010 Methodological Appendix.<sup>4</sup>

The final step for updating estimates of women in need of contraceptive services and supplies for 2012 was to apply the proportion of women in each demographic subgroup (age by race/ethnicity by marital status by poverty status) who were in need of contraceptive services and supplies because they were sexually active, fecund and not pregnant nor trying to become pregnant. For this report, we use the same tabulations of the 2006–2010 National Survey of Family Growth (NSFG) that were made for our 2010 report<sup>1</sup> (as these are the most recent nationally representative data on women’s need for services). Those tabulations calculated the proportions of women in each demographic group (by age, race/ethnicity, marital status and poverty status) according to whether they need contraceptive services (as defined above) or not.<sup>5</sup> The proportions in need were then applied to the 2012 population numbers by demographic subgroup to derive final estimates of the number of women in need.

## **Women Served at Publicly Funded Family Planning Clinics**

We estimated the total numbers of women receiving contraceptive care at publicly funded family planning clinics in 2012 from two sources. For approximately two-thirds of all family planning clinic clients, we used Title X program-specific data for 2012, tabulated by state.<sup>6</sup> For the remaining 29% of women served at publicly funded clinics that

do not receive Title X funds, we estimated 2012 clientele by starting with published state tabulations of data for all clinics for 2010,<sup>1</sup> the most recent year available, and adjusting them forward in time according to the observed state-level change in clients between 2010 and 2012 experienced by Title X clinics (which we assumed was the same as the change in non–Title X clinics). We did not estimate clients served in U.S. territories.

## **Impact of Publicly Supported Contraceptive Care**

We estimated the numbers of unintended pregnancies, unplanned births and abortions that were averted by the provision of publicly funded contraceptive care at clinics in 2012 using the same methodology as in previous estimates.<sup>1</sup> To do so, we began with the number of female clients served. We adjusted this number based on the fact that some clients served do not obtain or use a contraceptive method. In 2012, 15% of women served at Title X clinics were not current method users.<sup>6</sup> We assumed that this same percentage applied to all clinics and estimated the total number of method users in that year to be 85% of all clients served. Next, we estimated the total number of unintended pregnancies prevented in 2012 by multiplying the number of method users, nationally and in each state, by the ratio of pregnancies prevented per user. This ratio was most recently estimated to be 288 unintended pregnancies averted per 1,000 method users.<sup>1</sup> Finally, we then classified the unintended pregnancies averted according to observed outcomes at the national level. Overall, 50% of unintended pregnancies result in an unplanned birth, 34% in an elective abortion and 16% in miscarriage.<sup>1</sup>

## Table Notes

- The source for all 2012 data in the tables and figures is this report. Data for earlier years (women in need for 2010, 2006 and 2000 and for clients served for 2010, 2006 and 2001) have most recently been reported on in our 2010 report.<sup>1</sup>
- All population and client estimates have been rounded to the nearest 10 or nearest 100, in the case of numbers of women who are uninsured and numbers of unintended pregnancies, births and abortions averted. State and subgroup totals, therefore, do not always sum to the national total.
- Race/ethnicity subgroup totals do not sum to the overall total because the subgroup of women reporting other or multiple races is not shown separately, although it is included in all other totals.
- Federal regions, as defined by the Department of Health and Human Services,<sup>7</sup> are constituted as follows (U.S. territories are excluded):
  - Region 1:* Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont;
  - Region 2:* New Jersey and New York;
  - Region 3:* Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia;
  - Region 4:* Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee;
  - Region 5:* Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin;
  - Region 6:* Arkansas, Louisiana, New Mexico, Oklahoma and Texas;
  - Region 7:* Iowa, Kansas, Missouri and Nebraska;
  - Region 8:* Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming;
  - Region 9:* Arizona, California, Hawaii and Nevada;
  - Region 10:* Alaska, Idaho, Oregon and Washington.

# Need for Publicly Funded Contraceptive Services

Women are in need of contraceptive services and supplies if they are sexually active and able to conceive but not currently pregnant or trying to get pregnant. Poor and low-income women and teenagers are in need of *publicly funded* contraceptive services and supplies (see Key Definitions, page 4).

## Overall Need for Services

In 2012, there were 66.8 million U.S. women of reproductive age (13–44), a number that has remained relatively stable since 2000, increasing only 2% over the past 12 years (Tables 1 and 2). However, the population distributions of some key subgroups of these women changed considerably during this period:

- The distribution of women shifted toward younger age. The number who were younger than 30 rose—by 5% among teenagers and 14% among women in their 20s—while the number aged 30–44 fell by 6%.
- The number of poor adult women (those aged 20–44 with family incomes below 100% of the federal poverty level) increased dramatically, rising by 40%, as did the number of women of Hispanic ethnicity, rising by 44%.
- In the most recent two-year period from 2010 to 2012 alone, the number of poor adult women rose by 13%.

More than half of all women of reproductive age (37.7 million) were in need of contraceptive services and supplies in 2012. This number translated to an 11% increase since 2000.

- The largest increases in the need for contraceptive services and supplies were among poor women (53%) and Hispanic women (51%). There was also an increase among women in their 20s (19%), non-Hispanic black women (16%), but a decrease among non-Hispanic white women (–3%).
- In the period 2010–2012 alone, the number of poor adult women in need of contraceptive services and supplies increased 12% and the number of low-income adult women in need rose by 4%.

Table 2 includes state-level detail on the numbers of women of reproductive age and women needing contraceptive services and supplies in 2012 by key characteristics.

## Need for Publicly Funded Services

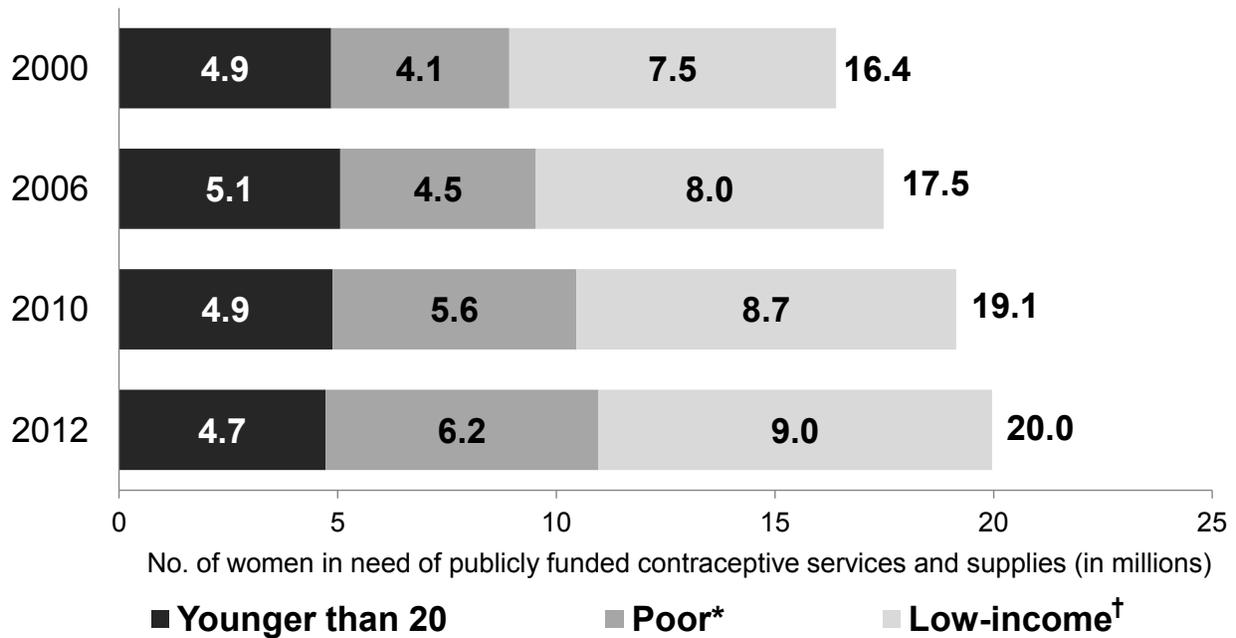
**Need in 2012.** A total of 20 million U.S. women were in need of *publicly funded* contraceptive services and supplies in 2012 because they needed such services and supplies, and were either adult women with a family income under 250% of the federal poverty level or were younger than 20 (Tables 1 and 3).

- Some 15 million women in need of publicly funded contraceptive services and supplies were adults living below 250% of the federal poverty level. Of these, 6.2 million were poor adult women living below the federal poverty level (\$19,090 for a family of three in 2012), and 9 million were low-income adult women (those whose incomes were 100–249% of poverty). Among the latter group, some 2.4 million women had family incomes of 100–137% of poverty.
- Some 4.7 million women in need of publicly funded contraceptive services were younger than 20.
- Of all women in need of such services and supplies, 9.9 million were non-Hispanic white, 3.5 million were non-Hispanic black and 4.8 million were Hispanic (the remaining women were of other or multiple races/ethnicities).

**Change in need 2000–2012.** Overall need for publicly funded contraceptive care increased over the entire observation period, but the extent of the increase varied across social and demographic groups (Table 1 and Figure 1).

- Between 2000 and 2012, the overall number of women in need of publicly funded contraceptive services and supplies increased by 22%, representing 3.5 million additional women needing such care.
- Over this same period, the number of Hispanic women in need of publicly supported care increased by 54%, the

**FIGURE 1. Increasing numbers of poor and low-income adult women account for growing numbers of women who need publicly funded contraceptive services.**



\*Women aged 20–44 with family income less than 100% of the federal poverty level.

†Women aged 20–44 with family income at 100–249% of the federal poverty level.

number of black women in need increased by 22% and the number of white women in need increased by 7%.

- All of the growth in the number of women in need of publicly funded contraceptive services between 2000 and 2012 occurred among adult women who were poor or low income, as opposed to teenagers. The number of poor adult women who were in need increased by 53%, and the number of low-income women who were in need increased by 20%. The number of teens in need fell slightly, by 3%.

**Change in need 2010–2012.** The total number of women needing publicly funded care continued to rise in recent years (Table 3).

- In the two most recent years, the overall number of women in need of publicly funded care rose by 4%, representing nearly 1 million additional women.
- The proportion change in need for such care between 2010 and 2012 fell as income rose—from 12% among women with incomes less than 100% of poverty, to 9% among those with incomes of 100–137% of poverty, to 4% among those with incomes 138–199% of poverty, to no change among women with incomes of 200–249% of poverty.

**State variation.** States varied widely in terms of their changing patterns of need for publicly supported family planning care (Table 4).

- Twenty-one states experienced a 20% or greater increase in the number of women needing publicly funded contraceptive services or supplies over the 2000–2012 period; seven of these states had an increase of more than 40%.
- Only two states experienced small declines (3–5%) in the number of women in need of publicly funded care.

**Numbers of uninsured women in need.** A sizable share of women needing publicly supported care in 2012 were uninsured (Table 5).

- Of the 20 million women in need of publicly supported care that year, 5.9 million (30%) had neither public nor private health insurance.
- Among poor adult women in need, the percentages who were uninsured were even higher: 39–41% for women with family incomes below 137% of poverty.

**TABLE 1. The number of U.S. women aged 13–44, the number in need of contraceptive services and supplies, and the number in need of publicly funded contraceptive services and supplies—by age-group, poverty status and race/ethnicity, 2000, 2006, 2010 and 2012**

Year	Total	Age-group			Poverty status, % of FPL (among those 20–44)			Race/ethnicity*		
		<20	20–29	30–44	<100%	100– 249%	≥250%	Non- Hispanic white	Non- Hispanic black	Hispanic
<b>All women aged 13–44 (in 000s)</b>										
2000	65,507	13,758	18,859	32,889	7,418	13,831	30,500	42,951	8,844	9,100
2006	66,381	14,511	20,327	31,543	7,949	13,766	30,154	41,202	9,244	11,002
2010	66,419	14,780	21,038	30,600	9,245	14,328	28,066	38,668	9,167	12,655
2012	66,775	14,428	21,587	30,760	10,405	14,792	27,150	38,334	9,294	13,101
% change 2000 to 2012	2	5	14	–6	40	7	–11	–11	5	44
% change 2010 to 2012	1	–2	3	1	13	3	–3	–1	1	4
<b>Women needing contraceptive services and supplies (in 000s)†</b>										
2000	33,983	4,850	14,233	14,899	4,076	7,470	17,587	22,205	4,580	4,741
2006	36,215	5,056	15,582	15,577	4,478	7,951	18,730	22,524	5,095	5,857
2010	37,400	4,881	16,484	16,036	5,576	8,688	18,257	21,562	5,198	6,944
2012	37,728	4,725	16,880	16,122	6,239	8,998	17,766	21,476	5,303	7,182
% change 2000 to 2012	11	–3	19	8	53	20	1	–3	16	51
% change 2010 to 2012	1	–3	2	1	12	4	–3	0	2	3
<b>Women needing publicly funded contraceptive services and supplies (in 000s)‡</b>										
2000	16,396	4,850	6,747	4,799	4,076	7,470	–	9,193	2,898	3,128
2006	17,485	5,056	7,331	5,098	4,478	7,951	–	9,560	3,068	3,646
2010	19,144	4,880	8,443	5,820	5,576	8,688	–	9,558	3,379	4,587
2012	19,962	4,725	8,999	6,238	6,239	8,998	–	9,859	3,546	4,832
% change 2000 to 2012	22	–3	33	30	53	20	–	7	22	54
% change 2010 to 2012	4	–3	7	7	12	4	–	3	5	5

Note: FPL=federal poverty level. \*Women of other or multiple races/ethnicities are excluded here. †Women are in need of contraceptive services and supplies if they are sexually active, able to conceive, not currently pregnant and not seeking pregnancy (see Key Definitions, page 4). ‡Women are in need of publicly funded contraceptive services and supplies if they are in need of contraceptive services and supplies and they are either aged 20–44 with a family income below 250% of the FPL or are younger than 20 (see Key Definitions).

**TABLE 2. Total number of women aged 13–44 and number of women in need of contraceptive services and supplies, by age-group, poverty status and race/ethnicity—2010 and 2012 national summary and 2012 state and region detail**

State and region*	All women aged 13–44	Women needing contraceptive services and supplies							
		Total	By age-group		By poverty status (among those 20–44)		By race/ethnicity		
			<20	20–44	<250%	≥250%	Non-Hispanic white	Non-Hispanic black	Hispanic
<b>2010 Total</b>	<b>66,419,460</b>	<b>37,400,340</b>	<b>4,880,600</b>	<b>32,519,904</b>	<b>14,263,350</b>	<b>18,256,560</b>	<b>21,562,320</b>	<b>5,198,410</b>	<b>6,944,450</b>
<b>2012 Total</b>	<b>66,774,680</b>	<b>37,727,780</b>	<b>4,725,070</b>	<b>33,002,710</b>	<b>15,237,020</b>	<b>17,765,690</b>	<b>21,475,720</b>	<b>5,302,550</b>	<b>7,181,780</b>
<b>% change 2010 to 2012</b>	<b>1</b>	<b>1</b>	<b>-3</b>	<b>1</b>	<b>7</b>	<b>-3</b>	<b>0</b>	<b>2</b>	<b>3</b>
Alabama	1,021,290	543,990	74,670	469,310	248,150	221,170	330,650	168,720	23,110
Alaska	157,050	91,440	10,190	81,250	31,590	49,670	55,010	3,590	6,620
Arizona	1,368,980	802,200	92,080	710,120	362,160	347,960	403,840	35,460	276,170
Arkansas	611,440	320,400	44,440	275,970	155,210	120,760	220,990	59,310	23,620
California	8,460,810	5,067,720	544,930	4,522,790	2,104,820	2,417,970	1,694,860	307,190	2,096,370
Colorado	1,115,830	659,220	68,680	590,540	247,580	342,960	437,540	26,540	148,910
Connecticut	733,090	432,350	51,360	380,990	127,830	253,160	268,560	52,160	76,580
Delaware	190,780	104,510	13,760	90,750	40,990	49,760	60,470	25,750	10,210
District of Columbia	175,040	109,230	10,080	99,150	32,840	66,320	47,600	41,830	10,100
Florida	3,835,820	2,101,610	249,700	1,851,920	949,780	902,140	1,013,770	408,680	552,610
Georgia	2,223,340	1,200,190	157,850	1,042,340	532,570	509,770	585,420	418,940	112,100
Hawaii	280,540	167,820	17,100	150,720	53,880	96,850	34,180	3,870	18,310
Idaho	332,390	184,660	24,180	160,480	89,810	70,670	150,030	1,160	23,870
Illinois	2,782,090	1,546,190	218,960	1,327,240	565,840	761,400	884,370	249,070	277,960
Indiana	1,375,080	746,760	115,430	631,320	319,190	312,140	578,550	80,540	51,880
Iowa	619,040	334,710	54,780	279,930	127,910	152,020	284,570	11,930	20,460
Kansas	596,340	324,360	50,320	274,030	131,000	143,040	238,220	21,160	39,540
Kentucky	907,340	474,780	64,380	410,400	216,810	193,580	396,660	42,950	16,810
Louisiana	994,530	540,610	72,200	468,400	250,740	217,660	298,710	193,550	24,910
Maine	252,550	141,340	17,940	123,410	63,110	60,290	131,030	1,860	2,460
Maryland	1,272,340	715,100	84,380	630,730	209,670	421,060	334,160	235,200	69,360
Massachusetts	1,433,010	876,300	95,660	780,650	267,890	512,760	612,430	67,350	106,370
Michigan	2,026,460	1,108,140	176,400	931,730	467,790	463,950	784,050	187,580	58,380
Minnesota	1,115,160	616,230	90,050	526,170	203,080	323,100	475,200	41,270	33,830
Mississippi	642,630	335,750	53,870	281,880	172,580	109,290	173,790	142,860	9,490
Missouri	1,249,510	682,970	103,000	579,970	289,860	290,100	522,660	94,940	28,740
Montana	193,820	105,180	14,370	90,810	49,060	41,730	89,030	760	4,140
Nebraska	382,690	206,300	32,550	173,750	81,200	92,550	160,670	10,970	21,970
Nevada	589,980	350,290	36,670	313,630	149,200	164,420	161,710	31,570	107,220
New Hampshire	261,830	149,230	20,330	128,910	43,370	85,540	133,360	2,190	5,850
New Jersey	1,841,220	1,103,770	115,880	987,890	319,060	668,820	554,400	167,390	236,720
New Mexico	426,850	242,360	30,980	211,380	116,450	94,920	80,180	4,270	124,460
New York	4,271,720	2,603,720	276,450	2,327,270	952,250	1,375,020	1,340,970	425,310	522,860

**TABLE 2. (continued)**

State and region*	All women aged 13–44	Women needing contraceptive services and supplies							
		Total	By age-group		By poverty status (among those 20–44)		By race/ethnicity		
			<20	20–44	<250%	≥250%	Non-Hispanic white	Non-Hispanic black	Hispanic
<b>North Carolina</b>	2,088,180	1,113,450	147,190	966,260	501,420	464,840	659,910	272,270	105,020
<b>North Dakota</b>	143,350	79,930	12,220	67,710	31,370	36,330	67,870	1,300	2,500
<b>Ohio</b>	2,362,810	1,286,530	198,890	1,087,650	528,250	559,390	989,630	183,880	47,630
<b>Oklahoma</b>	798,410	429,890	57,630	372,260	193,700	178,560	270,360	36,440	43,530
<b>Oregon</b>	811,320	471,860	51,980	419,880	214,710	205,170	347,520	8,890	65,230
<b>Pennsylvania</b>	2,578,480	1,525,530	185,910	1,339,620	574,240	765,380	1,126,470	194,740	111,610
<b>Rhode Island</b>	223,580	136,750	16,570	120,180	47,760	72,410	96,380	8,670	21,270
<b>South Carolina</b>	989,640	536,500	72,380	464,120	245,140	218,970	317,330	166,890	30,270
<b>South Dakota</b>	165,430	89,060	14,720	74,340	35,830	38,490	71,520	1,540	3,440
<b>Tennessee</b>	1,365,510	727,130	94,520	632,620	330,120	302,490	510,940	147,040	38,040
<b>Texas</b>	5,848,180	3,148,250	393,430	2,754,820	1,356,020	1,398,800	1,242,520	412,910	1,254,280
<b>Utah</b>	664,250	387,990	46,140	341,840	163,020	178,820	305,530	3,680	52,670
<b>Vermont</b>	123,740	67,990	9,980	58,000	25,850	32,160	62,860	860	1,570
<b>Virginia</b>	1,770,930	985,060	117,240	867,820	326,730	541,100	572,140	205,730	94,440
<b>Washington</b>	1,462,050	869,300	91,130	778,170	338,780	439,390	578,470	33,980	113,350
<b>West Virginia</b>	360,870	188,280	25,500	162,770	85,570	77,210	172,730	6,960	2,990
<b>Wisconsin</b>	1,161,380	631,410	97,340	534,080	238,610	295,460	493,070	50,000	45,560
<b>Wyoming</b>	115,970	63,430	8,670	54,760	26,620	28,140	52,800	830	6,400
<b>Region 1</b>	3,027,800	1,803,960	211,840	1,592,140	575,810	1,016,320	1,304,620	133,090	214,100
<b>Region 2</b>	6,112,940	3,707,490	392,330	3,315,160	1,271,310	2,043,840	1,895,370	592,700	759,580
<b>Region 3</b>	6,348,440	3,627,710	436,870	3,190,840	1,270,040	1,920,830	2,313,570	710,210	298,710
<b>Region 4</b>	13,073,750	7,033,400	914,560	6,118,850	3,196,570	2,922,250	3,988,470	1,768,350	887,450
<b>Region 5</b>	10,822,980	5,935,260	897,070	5,038,190	2,322,760	2,715,440	4,204,870	792,340	515,240
<b>Region 6</b>	8,679,410	4,681,510	598,680	4,082,830	2,072,120	2,010,700	2,112,760	706,480	1,470,800
<b>Region 7</b>	2,847,580	1,548,340	240,650	1,307,680	629,970	677,710	1,206,120	139,000	110,710
<b>Region 8</b>	2,398,650	1,384,810	164,800	1,220,000	553,480	666,470	1,024,290	34,650	218,060
<b>Region 9</b>	10,700,310	6,388,030	690,780	5,697,260	2,670,060	3,027,200	2,294,590	378,090	2,498,070
<b>Region 10</b>	2,762,810	1,617,260	177,480	1,439,780	674,890	764,900	1,131,030	47,620	209,070

\*See Table Notes (page 6) for states included in each region.

**TABLE 3. Total number of women in need of publicly funded contraceptive services and supplies, by age-group and poverty status—2010 and 2012 national summary and 2012 state and region detail**

State and region*	Women needing publicly funded contraceptive services and supplies								
	Total	<20	By poverty status, % of FPL (among those 20–44)				By race/ethnicity		
			<100%	100–137%	138–199%	200–249%	Non-Hispanic white	Non-Hispanic black	Hispanic
<b>2010 Total</b>	<b>19,144,100</b>	<b>4,880,320</b>	<b>5,575,570</b>	<b>2,229,050</b>	<b>3,686,590</b>	<b>2,772,220</b>	<b>9,558,360</b>	<b>3,379,360</b>	<b>4,587,340</b>
<b>2012 Total</b>	<b>19,962,090</b>	<b>4,725,070</b>	<b>6,238,960</b>	<b>2,420,730</b>	<b>3,816,200</b>	<b>2,761,140</b>	<b>9,858,750</b>	<b>3,546,010</b>	<b>4,831,990</b>
<b>% change 2010 to 2012</b>	<b>4</b>	<b>-3</b>	<b>12</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>5</b>
<b>Alabama</b>	322,810	74,670	109,260	38,370	59,220	41,300	168,600	124,590	17,660
<b>Alaska</b>	41,780	10,190	11,510	4,990	8,260	6,830	20,810	2,390	3,320
<b>Arizona</b>	454,240	92,080	154,600	58,630	90,050	58,880	185,140	22,940	193,810
<b>Arkansas</b>	199,640	44,440	64,450	24,590	40,370	25,800	126,930	45,820	17,910
<b>California</b>	2,649,750	544,930	838,330	353,170	530,670	382,650	682,640	186,160	1,392,110
<b>Colorado</b>	316,250	68,680	95,600	41,920	62,070	47,990	179,370	17,770	99,020
<b>Connecticut</b>	179,190	51,360	49,310	20,090	32,680	25,750	89,080	27,800	50,260
<b>Delaware</b>	54,760	13,760	16,690	7,270	9,730	7,300	29,160	15,180	7,030
<b>District of Columbia</b>	42,920	10,080	16,710	5,800	5,130	5,200	10,980	24,340	5,440
<b>Florida</b>	1,199,480	249,700	368,430	151,520	252,220	177,610	493,260	290,800	351,710
<b>Georgia</b>	690,420	157,850	225,130	82,930	132,460	92,050	277,340	286,710	84,160
<b>Hawaii</b>	70,970	17,100	18,920	8,360	15,630	10,970	14,360	1,500	9,530
<b>Idaho</b>	113,990	24,180	34,900	14,320	24,440	16,150	88,890	760	18,380
<b>Illinois</b>	784,800	218,960	237,500	89,630	141,160	97,550	369,490	176,600	185,830
<b>Indiana</b>	434,620	115,430	134,130	50,380	79,240	55,440	317,620	59,630	36,180
<b>Iowa</b>	182,690	54,780	51,640	18,180	31,720	26,370	148,040	8,660	15,270
<b>Kansas</b>	181,320	50,320	50,340	22,270	31,670	26,720	124,650	14,400	28,040
<b>Kentucky</b>	281,200	64,380	98,950	32,190	50,140	35,530	225,840	33,270	12,230
<b>Louisiana</b>	322,950	72,200	112,040	38,820	56,770	43,110	151,390	143,530	15,710
<b>Maine</b>	81,050	17,940	25,700	9,660	17,600	10,150	74,560	1,730	1,780
<b>Maryland</b>	294,040	84,380	76,280	28,960	58,800	45,630	110,700	115,850	39,990
<b>Massachusetts</b>	363,540	95,660	116,340	35,440	66,500	49,610	211,150	40,670	72,040
<b>Michigan</b>	644,190	176,400	211,490	67,120	114,570	74,610	419,270	138,360	44,360
<b>Minnesota</b>	293,130	90,050	80,180	30,670	49,780	42,450	204,050	31,850	23,900
<b>Mississippi</b>	226,450	53,870	79,340	26,460	39,630	27,150	95,530	116,860	7,270
<b>Missouri</b>	392,870	103,000	123,340	43,930	68,480	54,110	285,220	67,960	20,260
<b>Montana</b>	63,440	14,370	18,310	10,350	12,900	7,500	51,470	550	3,210
<b>Nebraska</b>	113,750	32,550	27,480	14,270	22,030	17,420	81,770	8,420	17,100
<b>Nevada</b>	185,870	36,670	55,240	23,670	42,640	27,650	66,410	21,920	73,690
<b>New Hampshire</b>	63,700	20,330	16,810	6,450	11,930	8,180	55,930	1,270	2,970
<b>New Jersey</b>	434,950	115,880	121,820	50,700	85,750	60,790	163,690	90,380	139,610
<b>New Mexico</b>	147,430	30,980	50,550	18,960	27,260	19,680	38,800	2,910	82,720
<b>New York</b>	1,228,700	276,450	409,070	143,890	233,040	166,250	507,290	235,970	332,450

**TABLE 3. (continued)**

State and region*	Women needing publicly funded contraceptive services and supplies								
	Total	<20	By poverty status, % of FPL (among those 20–44)				By race/ethnicity		
			<100%	100–137%	138–199%	200–249%	Non-Hispanic white	Non-Hispanic black	Hispanic
<b>North Carolina</b>	648,610	147,190	217,970	75,380	123,300	84,770	331,810	190,380	82,890
<b>North Dakota</b>	43,590	12,220	11,180	4,710	9,730	5,750	35,090	1,300	1,130
<b>Ohio</b>	727,140	198,890	234,360	84,750	119,490	89,650	514,960	140,700	35,860
<b>Oklahoma</b>	251,320	57,630	74,830	31,500	52,470	34,900	142,120	25,710	33,970
<b>Oregon</b>	266,690	51,980	89,750	35,040	49,240	40,680	185,360	6,350	46,860
<b>Pennsylvania</b>	760,150	185,910	238,050	84,770	145,540	105,880	498,060	133,420	83,790
<b>Rhode Island</b>	64,340	16,570	18,290	8,230	11,360	9,880	38,260	6,120	14,920
<b>South Carolina</b>	317,530	72,380	103,260	41,630	62,200	38,050	162,760	121,390	20,330
<b>South Dakota</b>	50,570	14,720	13,040	6,710	11,470	4,610	36,850	1,200	2,210
<b>Tennessee</b>	424,640	94,520	140,960	51,390	81,760	56,010	275,370	103,590	28,870
<b>Texas</b>	1,749,450	393,430	535,350	234,500	338,430	247,740	524,560	264,300	863,550
<b>Utah</b>	209,170	46,140	51,900	28,170	44,570	38,380	152,880	2,180	38,620
<b>Vermont</b>	35,830	9,980	9,320	4,230	6,510	5,790	32,490	390	1,380
<b>Virginia</b>	443,960	117,240	125,190	49,630	84,760	67,150	230,370	123,670	51,320
<b>Washington</b>	429,910	91,130	133,920	52,420	86,590	65,850	261,200	22,320	82,350
<b>West Virginia</b>	111,070	25,500	36,410	12,560	20,680	15,920	100,000	5,910	2,230
<b>Wisconsin</b>	335,950	97,340	93,830	37,290	57,500	49,990	239,540	38,970	32,020
<b>Wyoming</b>	35,290	8,670	10,950	3,850	6,040	5,780	27,650	520	4,720
<b>Region 1</b>	787,650	211,840	235,770	84,100	146,580	109,360	501,470	77,980	143,350
<b>Region 2</b>	1,663,650	392,330	530,890	194,590	318,790	227,040	670,980	326,350	472,060
<b>Region 3</b>	1,706,900	436,870	509,330	188,990	324,640	247,080	979,270	418,370	189,800
<b>Region 4</b>	4,111,140	914,560	1,343,300	499,870	800,930	552,470	2,030,510	1,267,590	605,120
<b>Region 5</b>	3,219,830	897,070	991,490	359,840	561,740	409,690	2,064,930	586,110	358,150
<b>Region 6</b>	2,670,790	598,680	837,220	348,370	515,300	371,230	983,800	482,270	1,013,860
<b>Region 7</b>	870,630	240,650	252,800	98,650	153,900	124,620	639,680	99,440	80,670
<b>Region 8</b>	718,310	164,800	200,980	95,710	146,780	110,010	483,310	23,520	148,910
<b>Region 9</b>	3,360,830	690,780	1,067,090	443,830	678,990	480,150	948,550	232,520	1,669,140
<b>Region 10</b>	852,370	177,480	270,080	106,770	168,530	129,510	556,260	31,820	150,910

\*See Table Notes (page 6) for states included in each region.

**TABLE 4. Total numbers of women aged 13–44, in need of contraceptive services and supplies and in need of publicly funded contraceptive services and supplies, and percentage change between 2000 and 2012—national summary and state and region detail, 2000 and 2012**

State and region*	All women 13–44			Women needing contraceptive services and supplies			Women needing publicly funded contraceptive services and supplies		
	2000	2012	% change	2000	2012	% change	2000	2012	% change
<b>Total</b>	<b>65,506,530</b>	<b>66,774,680</b>	<b>2</b>	<b>33,982,660</b>	<b>37,727,780</b>	<b>11</b>	<b>16,396,050</b>	<b>19,962,090</b>	<b>22</b>
Alabama	1,032,010	1,021,290	–1	496,250	543,990	10	275,750	322,810	17
Alaska	152,150	157,050	3	71,620	91,440	28	32,230	41,780	30
Arizona	1,156,640	1,368,980	18	606,160	802,200	32	314,600	454,240	44
Arkansas	599,970	611,440	2	279,870	320,400	14	165,250	199,640	21
California	8,050,740	8,460,810	5	4,281,480	5,067,720	18	2,110,740	2,649,750	26
Colorado	1,030,440	1,115,830	8	536,670	659,220	23	229,000	316,250	38
Connecticut	768,970	733,090	–5	438,450	432,350	–1	161,100	179,190	11
Delaware	184,230	190,780	4	92,530	104,510	13	39,760	54,760	38
Dist. of Columbia	149,480	175,040	17	84,830	109,230	29	41,260	42,920	4
Florida	3,425,830	3,835,820	12	1,699,100	2,101,610	24	848,380	1,199,480	41
Georgia	2,013,930	2,223,340	10	988,200	1,200,190	21	472,120	690,420	46
Hawaii	269,590	280,540	4	137,950	167,820	22	61,390	70,970	16
Idaho	298,020	332,390	12	140,820	184,660	31	80,360	113,990	42
Illinois	2,916,860	2,782,090	–5	1,568,370	1,546,190	–1	694,420	784,800	13
Indiana	1,409,540	1,375,080	–2	735,070	746,760	2	357,070	434,620	22
Iowa	651,850	619,040	–5	324,810	334,710	3	168,760	182,690	8
Kansas	612,840	596,340	–3	308,670	324,360	5	157,410	181,320	15
Kentucky	941,850	907,340	–4	442,320	474,780	7	240,430	281,200	17
Louisiana	1,073,590	994,530	7	519,690	540,610	4	309,360	322,950	4
Maine	285,450	252,550	12	152,170	141,340	–7	78,700	81,050	3
Maryland	1,265,140	1,272,340	1	637,240	715,100	12	243,480	294,040	21
Massachusetts	1,505,400	1,433,010	5	879,720	876,300	0	333,710	363,540	9
Michigan	2,298,840	2,026,460	12	1,214,580	1,108,140	–9	562,410	644,190	15
Minnesota	1,155,060	1,115,160	–3	598,050	616,230	3	253,250	293,130	16
Mississippi	676,790	642,630	5	309,680	335,750	8	194,380	226,450	16
Missouri	1,285,750	1,249,510	–3	664,690	682,970	3	342,080	392,870	15
Montana	198,720	193,820	–2	89,240	105,180	18	54,990	63,440	15
Nebraska	389,980	382,690	2	196,620	206,300	5	102,430	113,750	11
Nevada	450,350	589,980	31	238,580	350,290	47	110,030	185,870	69
New Hampshire	287,360	261,830	9	157,610	149,230	–5	62,840	63,700	1
New Jersey	1,926,570	1,841,220	4	1,100,840	1,103,770	0	395,100	434,950	10
New Mexico	419,340	426,850	2	206,600	242,360	17	127,390	147,430	16
New York	4,468,370	4,271,720	4	2,556,730	2,603,720	2	1,195,150	1,228,700	3
North Carolina	1,888,920	2,088,180	11	924,450	1,113,450	20	455,030	648,610	43
North Dakota	144,480	143,350	1	71,530	79,930	12	41,810	43,590	4

**TABLE 4. (continued)**

State and region*	All women 13–44			Women needing contraceptive services and supplies			Women needing publicly funded contraceptive services and supplies		
	2000	2012	% change	2000	2012	% change	2000	2012	% change
<b>Total</b>	<b>65,506,530</b>	<b>66,774,680</b>	<b>2</b>	<b>33,982,660</b>	<b>37,727,780</b>	<b>11</b>	<b>16,396,050</b>	<b>19,962,090</b>	<b>22</b>
<b>Ohio</b>	2,603,250	2,362,810	–9	1,368,970	1,286,530	–6	657,860	727,140	11
<b>Oklahoma</b>	783,120	798,410	2	371,710	429,890	16	217,250	251,320	16
<b>Oregon</b>	768,730	811,320	6	389,810	471,860	21	196,920	266,690	35
<b>Pennsylvania</b>	2,727,140	2,578,480	–5	1,527,500	1,525,530	0	715,330	760,150	6
<b>Rhode Island</b>	245,870	223,580	–9	142,760	136,750	–4	66,370	64,340	–3
<b>South Carolina</b>	940,110	989,640	5	458,220	536,500	17	244,440	317,530	30
<b>South Dakota</b>	169,310	165,430	–2	81,890	89,060	9	47,370	50,570	7
<b>Tennessee</b>	1,326,530	1,365,510	3	645,820	727,130	13	331,390	424,640	28
<b>Texas</b>	5,050,370	5,848,180	16	2,469,310	3,148,250	27	1,303,550	1,749,450	34
<b>Utah</b>	563,610	664,250	18	292,430	387,990	33	147,120	209,170	42
<b>Vermont</b>	139,280	123,740	–11	72,340	67,990	–6	37,550	35,830	–5
<b>Virginia</b>	1,684,420	1,770,930	5	834,890	985,060	18	365,760	443,960	21
<b>Washington</b>	1,376,280	1,462,050	6	708,340	869,300	23	318,990	429,910	35
<b>West Virginia</b>	396,210	360,870	–9	181,800	188,280	4	110,200	111,070	1
<b>Wisconsin</b>	1,235,200	1,161,380	–6	634,220	631,410	0	294,440	335,950	14
<b>Wyoming</b>	112,040	115,970	4	51,470	63,430	23	29,340	35,290	20
<b>Region 1</b>	3,232,330	3,027,800	–6	1,843,050	1,803,960	–2	740,270	787,650	6
<b>Region 2</b>	6,394,940	6,112,940	–4	3,657,570	3,707,490	1	1,590,250	1,663,650	5
<b>Region 3</b>	6,406,620	6,348,440	–1	3,358,790	3,627,710	8	1,515,790	1,706,900	13
<b>Region 4</b>	12,245,970	13,073,750	7	5,964,040	7,033,400	18	3,061,920	4,111,140	34
<b>Region 5</b>	11,618,750	10,822,980	–7	6,119,260	5,935,260	–3	2,819,450	3,219,830	14
<b>Region 6</b>	7,926,390	8,679,410	10	3,847,180	4,681,510	22	2,122,800	2,670,790	26
<b>Region 7</b>	2,940,420	2,847,580	–7	1,494,790	1,548,340	4	770,680	870,630	13
<b>Region 8</b>	2,218,600	2,398,650	8	1,123,230	1,384,810	23	549,630	718,310	31
<b>Region 9</b>	9,927,320	10,700,310	8	5,264,170	6,388,030	21	2,596,760	3,360,830	29
<b>Region 10</b>	2,595,180	2,762,810	6	1,310,590	1,617,260	23	628,500	852,370	36

\*See Table Notes (page 6) for states included in each region.

**TABLE 5. Percentage of women currently uninsured and the estimated number of women in need of publicly funded contraceptive services and supplies who are uninsured, by age-group and poverty status—national and state detail, 2012**

State	% of women who are uninsured						Estimated no. of women in need who are uninsured					
	Aged <20	By poverty status, % of FPL (among those 20–44)				Total	Aged <20	By poverty status, % of FPL (among those 20–44)				Total
		<100%	100–137%	138–199%	200–249%			<100%	100–137%	138–199%	200–249%	
<b>Total</b>	<b>12</b>	<b>39</b>	<b>41</b>	<b>34</b>	<b>25</b>	<b>30</b>	<b>533,400</b>	<b>2,412,800</b>	<b>982,100</b>	<b>1,276,600</b>	<b>698,300</b>	<b>5,903,200</b>
Alabama	8	43	37	31	19	29	6,300	46,900	14,100	18,400	8,000	93,800
Alaska	21	41	35	38	31	33	2,200	4,700	1,800	3,200	2,100	13,900
Arizona	16	37	40	34	26	31	14,800	57,300	23,200	30,400	15,200	140,800
Arkansas	12	51	47	37	26	36	5,300	32,700	11,400	15,000	6,700	71,000
California	13	40	44	38	31	33	72,600	336,900	154,400	203,900	118,500	886,300
Colorado	12	41	45	34	27	32	8,400	39,400	18,800	21,300	12,900	100,800
Connecticut	5	22	22	24	19	17	2,800	11,100	4,400	7,900	4,900	31,100
Delaware	2	24	21	19	22	17	300	4,000	1,500	1,800	1,600	9,300
District of Columbia	3	9	10	10	10	8	300	1,500	600	500	500	3,400
Florida	18	50	52	44	34	40	45,100	182,700	78,800	110,200	59,900	476,600
Georgia	15	51	49	39	27	37	24,200	115,600	40,500	51,100	25,200	256,600
Hawaii	5	20	15	10	11	12	800	3,800	1,300	1,600	1,200	8,700
Idaho	14	47	47	35	26	34	3,500	16,300	6,700	8,500	4,200	39,200
Illinois	8	34	36	30	23	25	16,800	80,100	32,000	42,600	22,800	194,200
Indiana	11	39	38	30	22	28	12,700	52,300	19,300	23,900	12,400	120,600
Iowa	7	27	34	22	13	19	3,600	13,800	6,300	7,100	3,400	34,100
Kansas	10	40	40	30	19	27	5,300	20,300	8,900	9,500	5,000	48,900
Kentucky	9	40	42	31	24	30	5,900	40,000	13,500	15,300	8,700	83,300
Louisiana	10	46	44	36	27	34	7,200	51,800	17,100	20,500	11,700	108,400
Maine	8	16	21	14	18	15	1,500	4,000	2,000	2,500	1,800	11,800
Maryland	6	35	38	30	26	25	5,500	26,800	11,000	17,700	12,000	72,900
Massachusetts	2	9	10	9	7	7	2,100	10,200	3,600	6,100	3,500	25,500
Michigan	7	28	33	26	20	22	12,800	59,900	21,800	30,000	14,800	139,300
Minnesota	7	22	24	22	16	17	5,900	18,000	7,500	11,200	6,700	49,200
Mississippi	15	42	39	33	27	32	7,900	33,300	10,400	13,000	7,200	71,800
Missouri	11	38	38	30	21	27	11,300	46,900	16,800	20,800	11,200	107,100
Montana	16	42	37	36	30	33	2,300	7,700	3,800	4,600	2,300	20,700
Nebraska	9	39	35	27	19	24	2,800	10,800	5,000	5,900	3,300	27,800
Nevada	22	56	53	40	33	42	8,100	31,200	12,600	17,100	9,000	78,000
New Hampshire	6	32	38	32	21	23	1,200	5,400	2,400	3,800	1,800	14,600
New Jersey	8	38	38	35	27	28	9,800	45,800	19,400	30,200	16,400	121,600
New Mexico	16	47	47	37	33	37	5,100	24,000	8,900	10,000	6,500	54,500
New York	6	25	28	26	21	21	16,700	103,700	40,200	61,300	35,500	257,300

**TABLE 5. (continued)**

State	% of women who are uninsured						Estimated no. of women in need who are uninsured					
	Aged <20	By poverty status, % of FPL (among those 20–44)				Total	Aged <20	By poverty status, % of FPL (among those 20–44)				Total
		<100%	100–137%	138–199%	200–249%			<100%	100–137%	138–199%	200–249%	
<b>Total</b>	<b>12</b>	<b>39</b>	<b>41</b>	<b>34</b>	<b>25</b>	<b>30</b>	<b>533,400</b>	<b>2,412,800</b>	<b>982,100</b>	<b>1,276,600</b>	<b>698,300</b>	<b>5,903,200</b>
North Carolina	12	43	45	35	25	32	18,200	93,200	33,600	42,600	21,000	208,600
North Dakota	7	26	34	19	13	18	800	2,900	1,600	1,900	700	7,900
Ohio	8	28	32	27	19	22	16,100	65,200	27,500	32,000	17,200	158,100
Oklahoma	16	52	46	39	27	37	9,500	38,600	14,300	20,300	9,500	92,300
Oregon	10	43	43	38	27	33	5,400	38,600	15,100	18,600	10,900	88,500
Pennsylvania	6	24	29	24	17	19	11,600	57,200	24,800	34,900	17,500	145,900
Rhode Island	7	23	23	28	24	20	1,100	4,200	1,900	3,200	2,300	12,700
South Carolina	12	41	43	34	26	31	8,600	42,100	17,800	20,900	10,000	99,500
South Dakota	8	33	42	27	15	24	1,100	4,300	2,800	3,100	700	12,000
Tennessee	9	34	35	27	19	25	8,700	48,000	18,000	22,300	10,600	107,600
Texas	21	60	57	48	36	45	82,500	323,400	134,800	160,900	89,400	791,000
Utah	16	39	41	29	19	28	7,200	20,200	11,600	13,000	7,300	59,200
Vermont	6	13	15	16	19	13	600	1,200	600	1,000	1,100	4,600
Virginia	9	38	41	31	23	27	10,700	47,000	20,200	26,600	15,200	119,700
Washington	10	36	40	33	25	29	9,500	48,500	20,700	28,800	16,200	123,700
West Virginia	9	41	43	33	24	30	2,200	14,900	5,500	6,900	3,800	33,300
Wisconsin	7	21	26	18	12	16	7,200	19,900	9,900	10,500	6,200	53,600
Wyoming	17	42	39	37	30	33	1,500	4,600	1,500	2,200	1,700	11,600

Note: FPL=federal poverty level.

# Use of Publicly Funded Contraceptive Services

Women in the United States can obtain publicly supported contraceptive care from thousands of clinics that receive public funding through a variety of federal, state and local sources. These clinics include health departments, hospital outpatient clinics, federally qualified health centers (FQHCs), Planned Parenthood clinics and facilities run by other organizations. This section focuses on this clinic network, looking at the numbers of female contraceptive clients they served. Outside of this network, many private doctors provide contraceptive care to Medicaid recipients. The most recent national estimates of the number of women who receive Medicaid-funded contraceptive care from private doctors are for 2010; we have not updated those numbers in this report. We also provide an assessment of the proportion of the need for publicly funded contraceptive care that is met by publicly supported clinics. We focus on data for 2012 and make comparisons with data collected for 2010 and 2001.

## Women Served by Publicly Funded Clinics

- In 2012, an estimated 6.1 million female contraceptive clients were served at all publicly funded clinics; 71% (4.3 million) were served at Title X-funded clinics, and 29% (1.8 million) were served at non-Title X-funded sites (Table 6).
- Between 2001 and 2012, the overall number of women receiving publicly funded contraceptive services from clinics decreased from almost 6.7 to 6.1 million, with slightly more than half of the decrease due to fewer women receiving services from non-Title X-funded clinics.
- During 2001–2006, the total number of contraceptive clients served at publicly funded clinics rose by 8% (data not shown), but during the subsequent period, 2006–2010, the number served fell back to nearly the same as that in 2001, and continued to decline sharply, by another 9%, between 2010 and 2012.
- The majority of states (38) experienced a drop in the number of contraceptive clients served at publicly funded clinics between 2001 and 2012, while 12 states and the District of Columbia experienced an increase (data not shown).

## Proportion of Need Met by Publicly Funded Clinics

Publicly funded clinics met roughly 31% of the need in 2012 for publicly supported contraceptive services and supplies. Only 6 million of the 20 million women in need of care were served by clinics; 22% of the need was met by Title X-funded clinics and 9% was met by non-Title X-funded clinics (Tables 4 and 6).

- Between 2001 and 2010, the overall proportion of need met by publicly funded clinics fell from 41% to 35%, because the number of women needing publicly supported care increased over this period, while the number of women cared for by public clinics changed little. Between 2010 and 2012, the proportion of need met by public clinics declined even further, to 31%, primarily because of the drop in clients served.
- Title X-funded clinics met 22% of the need for publicly supported contraceptive care in 2012, a drop from 28% in 2001.
- The percentage of the need for publicly funded contraceptive services that was met by all clinics and by Title X-funded clinics varied widely by state. Clinics met more than half of the need for such care in three states (Alaska, California and Vermont) and the District of Columbia, whereas publicly funded clinics in 14 states (Arizona, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Michigan, Missouri, Nevada, North Carolina, Ohio, Texas and Virginia) met less than 25% of the need for such care.

**TABLE 6. Number of female clients served, percent of need met and number of unintended pregnancies, unplanned births and abortions averted among clients, all publicly funded clinics and those funded by Title X—2001, 2010 and 2012 national summary and 2012 state and region detail**

State and region*	All publicly funded clinics					Title X-funded clinics				
	Clients served	% of need met by all clinics	Events averted			Clients served	% of need met by Title X clinics	Events averted		
			Unintended pregnancies	Unplanned births	Abortions			Unintended pregnancies	Unplanned births	Abortions
<b>2001 Total</b>	<b>6,663,570</b>	<b>41</b>	–	–	–	<b>4,599,930</b>	<b>28</b>	–	–	–
<b>2010 Total</b>	<b>6,706,280</b>	<b>35</b>	<b>1,677,200</b>	<b>831,700</b>	<b>572,200</b>	<b>4,724,250</b>	<b>25</b>	<b>1,181,500</b>	<b>585,900</b>	<b>403,100</b>
<b>2012 Total</b>	<b>6,100,540</b>	<b>31</b>	<b>1,494,400</b>	<b>741,000</b>	<b>509,900</b>	<b>4,338,020</b>	<b>22</b>	<b>1,062,600</b>	<b>526,900</b>	<b>362,500</b>
<b>% change 2010 to 2012</b>	<b>–9</b>	<b>–13</b>	<b>–11</b>	<b>–11</b>	<b>–11</b>	<b>–8</b>	<b>–13</b>	<b>–10</b>	<b>–10</b>	<b>–10</b>
<b>Alabama</b>	113,110	35	27,700	13,700	9,500	101,550	31	24,900	12,300	8,500
<b>Alaska</b>	22,780	55	5,600	2,800	1,900	6,600	16	1,600	800	500
<b>Arizona</b>	90,030	20	22,100	11,000	7,500	39,420	9	9,700	4,800	3,300
<b>Arkansas</b>	79,840	40	19,600	9,700	6,700	73,310	37	18,000	8,900	6,100
<b>California</b>	1,471,820	56	360,500	178,800	123,000	1,059,040	40	259,400	128,600	88,500
<b>Colorado</b>	141,040	45	34,500	17,100	11,800	54,390	17	13,300	6,600	4,500
<b>Connecticut</b>	77,940	43	19,100	9,500	6,500	40,080	22	9,800	4,900	3,300
<b>Delaware</b>	18,430	34	4,500	2,200	1,500	18,200	33	4,500	2,200	1,500
<b>District of Columbia</b>	37,810	88	9,300	4,600	3,200	32,880	77	8,100	4,000	2,800
<b>Florida</b>	249,230	21	61,100	30,300	20,800	193,110	16	47,300	23,500	16,100
<b>Georgia</b>	144,130	21	35,300	17,500	12,000	123,970	18	30,400	15,100	10,400
<b>Hawaii</b>	21,750	31	5,300	2,600	1,800	21,440	30	5,300	2,600	1,800
<b>Idaho</b>	29,250	26	7,200	3,600	2,500	20,420	18	5,000	2,500	1,700
<b>Illinois</b>	169,860	22	41,600	20,600	14,200	95,360	12	23,400	11,600	8,000
<b>Indiana</b>	102,490	24	25,100	12,400	8,600	37,000	9	9,100	4,500	3,100
<b>Iowa</b>	74,840	41	18,300	9,100	6,200	59,440	33	14,600	7,200	5,000
<b>Kansas</b>	41,770	23	10,200	5,100	3,500	32,950	18	8,100	4,000	2,800
<b>Kentucky</b>	98,050	35	24,000	11,900	8,200	90,940	32	22,300	11,100	7,600
<b>Louisiana</b>	49,510	15	12,100	6,000	4,100	35,580	11	8,700	4,300	3,000
<b>Maine</b>	31,680	39	7,800	3,900	2,700	24,210	30	5,900	2,900	2,000
<b>Maryland</b>	81,250	28	19,900	9,900	6,800	67,990	23	16,700	8,300	5,700
<b>Massachusetts</b>	93,660	26	22,900	11,400	7,800	57,050	16	14,000	6,900	4,800
<b>Michigan</b>	131,820	20	32,300	16,000	11,000	98,410	15	24,100	12,000	8,200
<b>Minnesota</b>	91,360	31	22,400	11,100	7,600	52,240	18	12,800	6,300	4,400
<b>Mississippi</b>	76,010	34	18,600	9,200	6,300	60,490	27	14,800	7,300	5,000
<b>Missouri</b>	88,990	23	21,800	10,800	7,400	56,600	14	13,900	6,900	4,700
<b>Montana</b>	31,440	50	7,700	3,800	2,600	21,980	35	5,400	2,700	1,800
<b>Nebraska</b>	28,000	25	6,900	3,400	2,400	25,050	22	6,100	3,000	2,100
<b>Nevada</b>	33,570	18	8,200	4,100	2,800	21,990	12	5,400	2,700	1,800
<b>New Hampshire</b>	24,120	38	5,900	2,900	2,000	22,130	35	5,400	2,700	1,800
<b>New Jersey</b>	113,440	26	27,800	13,800	9,500	95,470	22	23,400	11,600	8,000

**TABLE 6. (continued)**

State and region*	All publicly funded clinics					Title X-funded clinics				
	Clients served	% of need met by all clinics	Events averted			Clients served	% of need met by Title X clinics	Events averted		
			Unintended pregnancies	Unplanned births	Abortions			Unintended pregnancies	Unplanned births	Abortions
<b>New Mexico</b>	53,790	36	13,200	6,500	4,500	28,720	19	7,000	3,500	2,400
<b>New York</b>	457,250	37	112,000	55,500	38,200	334,280	27	81,900	40,600	27,900
<b>North Carolina</b>	149,680	23	36,700	18,200	12,500	121,200	19	29,700	14,700	10,100
<b>North Dakota</b>	14,550	33	3,600	1,800	1,200	10,600	24	2,600	1,300	900
<b>Ohio</b>	122,360	17	30,000	14,900	10,200	75,690	10	18,500	9,200	6,300
<b>Oklahoma</b>	98,690	39	24,200	12,000	8,300	65,030	26	15,900	7,900	5,400
<b>Oregon</b>	123,390	46	30,200	15,000	10,300	63,900	24	15,700	7,800	5,400
<b>Pennsylvania</b>	279,810	37	68,500	34,000	23,400	247,780	33	60,700	30,100	20,700
<b>Rhode Island</b>	23,740	37	5,800	2,900	2,000	21,960	34	5,400	2,700	1,800
<b>South Carolina</b>	98,170	31	24,000	11,900	8,200	81,510	26	20,000	9,900	6,800
<b>South Dakota</b>	18,270	36	4,500	2,200	1,500	8,100	16	2,000	1,000	700
<b>Tennessee</b>	129,430	30	31,700	15,700	10,800	107,390	25	26,300	13,000	9,000
<b>Texas</b>	228,040	13	55,900	27,700	19,100	132,890	8	32,600	16,200	11,100
<b>Utah</b>	53,980	26	13,200	6,500	4,500	36,080	17	8,800	4,400	3,000
<b>Vermont</b>	20,210	56	5,000	2,500	1,700	7,450	21	1,800	900	600
<b>Virginia</b>	90,120	20	22,100	11,000	7,500	72,010	16	17,600	8,700	6,000
<b>Washington</b>	115,320	27	28,200	14,000	9,600	76,510	18	18,700	9,300	6,400
<b>West Virginia</b>	53,820	48	13,200	6,500	4,500	52,150	47	12,800	6,300	4,400
<b>Wisconsin</b>	97,880	29	24,000	11,900	8,200	45,590	14	11,200	5,600	3,800
<b>Wyoming</b>	13,030	37	3,200	1,600	1,100	9,890	28	2,400	1,200	800
<b>Region 1</b>	271,350	34	66,500	33,100	22,700	172,880	22	42,300	21,000	14,300
<b>Region 2</b>	570,690	34	139,800	69,300	47,700	429,750	26	105,300	52,200	35,900
<b>Region 3</b>	561,240	33	137,500	68,200	46,900	491,010	29	120,400	59,600	41,100
<b>Region 4</b>	1,057,810	26	259,100	128,400	88,300	880,160	21	215,700	106,900	73,500
<b>Region 5</b>	715,770	22	175,400	86,900	59,800	404,290	13	99,100	49,200	33,800
<b>Region 6</b>	509,870	19	125,000	61,900	42,700	335,530	13	82,200	40,800	28,000
<b>Region 7</b>	233,600	27	57,200	28,400	19,500	174,040	20	42,700	21,100	14,600
<b>Region 8</b>	272,310	38	66,700	33,000	22,700	141,040	20	34,500	17,200	11,700
<b>Region 9</b>	1,617,170	48	396,100	196,500	135,100	1,141,890	34	279,800	138,700	95,400
<b>Region 10</b>	290,740	34	71,200	35,400	24,300	167,430	20	41,000	20,400	14,000

\*See Table Notes (page 6) for states included in each region.

# Impact of Publicly Funded Contraceptive Services

By providing women with the contraceptive services they need and want, publicly funded clinics are able to help women achieve their childbearing goals. A host of benefits accrue when women and families are able to plan the timing and number of their children.<sup>8,9</sup> One of the most basic benefits of these services is the prevention of unintended pregnancy. To estimate how many unintended pregnancies were averted by publicly funded clinics in 2012, we applied our most recent estimation procedure to 2012 data on numbers of clients served. We present the results from these analyses, estimating the number of unintended events prevented by publicly funded clinics.

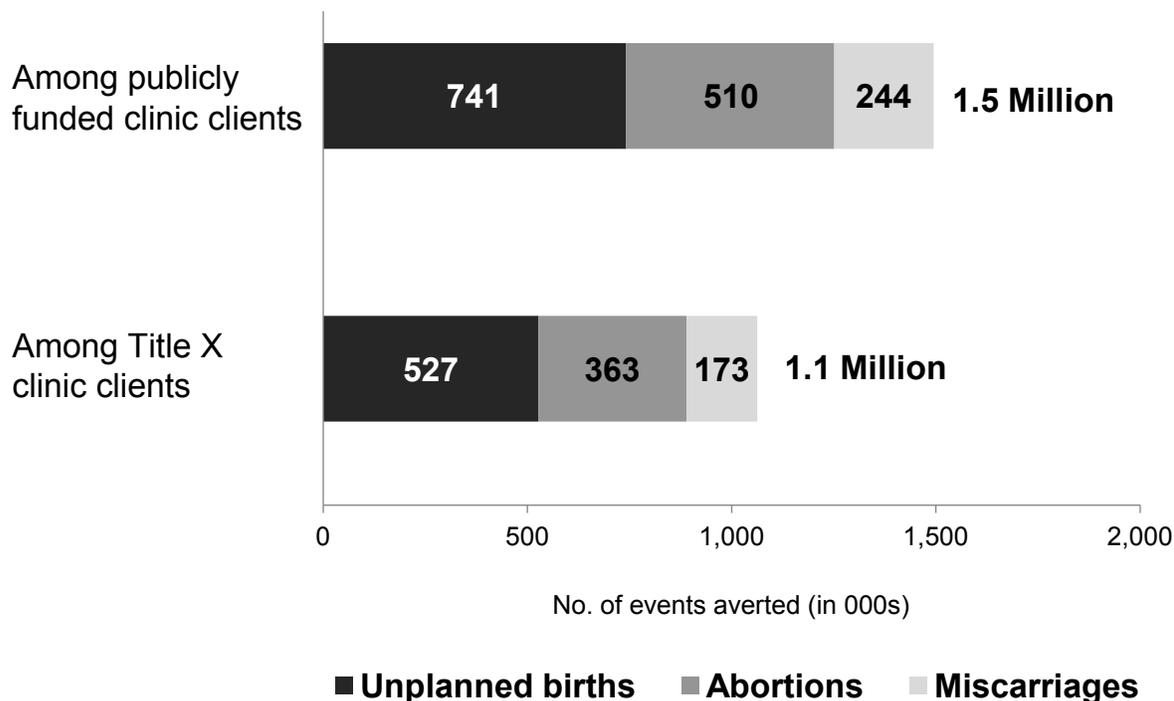
## Unintended Pregnancies Averted

- Publicly funded clinics as a whole helped to avert some 1.5 million unintended pregnancies in 2012 (Table 6 and Figure 2). Of these pregnancies, 741,000 would

have resulted in an unplanned birth and 510,000 would have resulted in an abortion (the remainder would have resulted in miscarriage).

- Title X-funded clinics accounted for the large majority of this benefit, helping to avert 1.1 million unintended pregnancies in 2012, which would have resulted in 527,000 unplanned births and 363,000 abortions.
- Without the contraceptive services provided by all publicly funded clinics in 2012, the rates of unintended pregnancies, unplanned births and abortions in the United States would all have been 44% higher (data not shown). Title X-funded clinics alone were responsible for about three-quarters of this impact: Without their services, the unintended pregnancy rate would have been 32% higher.

**FIGURE 2. In 2012, publicly funded clinic services helped avert 1.5 million unintended pregnancies.**



# Discussion

Over the last 12 years, the number of U.S. women of reproductive age rose less than 2%, while the number needing contraceptive services and supplies increased by 11%. Outpacing the overall increase in need for contraceptive care, the subset of women needing publicly funded contraceptive services and supplies rose 22%, resulting in 3.5 million additional women who were in need of such care.

A large share of the increase in need for publicly funded care was due to a disproportionate rise in the number of poor adult women (those with family incomes below 100% of the federal poverty level) needing contraceptive services and supplies. Their number rose 53% between 2000 and 2012. The increase in the number of women in need of publicly funded contraceptive care, especially those in the lowest income groups, is undoubtedly due, in large part, to the recession and its economic consequences that continue to be felt by many women and their families. It is consistent with the overall increase in the percentage of American women living in poverty, as well as with documented changes in women's behavior during the recession: Because of economic concerns, more women reported wanting to postpone or limit their childbearing,<sup>10</sup> putting them at risk for unintended pregnancy and in need of contraceptive services.

Over this same period, the number of women who received contraceptive services from publicly funded clinics declined. From 2010 to 2012 alone, this number fell from 6.7 million to 6.1 million, a 9% drop. As a result, the numbers of women served at clinics did not keep up with the rising numbers of women needing publicly supported contraceptive care. In 2012, only 31% of all women in need of publicly funded contraceptive services and supplies received care from clinics, down from 41% in 2001. Several factors might be related to this decline—including an increase in use of long-acting reversible contraceptive methods, changing standards for cervical cancer screening and cuts to some funding sources, most notably Title X—although more research is needed to determine

the exact cause of these trends.

Even so, the impact of publicly supported contraceptive services on the prevention of unintended pregnancy in 2012 was significant: Publicly funded clinics prevented 1.5 million unintended pregnancies. The contraceptive services provided by these clinics therefore helped women avoid 741,000 unplanned births and 510,000 abortions. Without these services, the overall U.S. unintended pregnancy rate would have been 44% higher.

Critical to the provision of clinic-based contraceptive care is the federal Title X family planning program. In 2012, clinics funded by this program provided contraceptive services to 4.3 million women, a group representing 71% of all contraceptive clients served by clinics. Not only do Title X–funded clinics typically serve a much greater number of contraceptive clients per year than do other clinics, prior research has documented that Title X clinics offer their clients a greater variety of contraceptive methods, do more to facilitate method initiation and consistent method use among clients, are more likely to advise clients about contraception during annual gynecologic visits, and spend more time counseling clients about contraception and sexual health.<sup>11</sup> Title X–funded clinics alone helped to avert 1.1 million unintended pregnancies in 2012, preventing 527,000 unplanned births and 363,000 abortions.

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