

Contraception Counts: In Brief and State Fact Sheets Definitions, Data Sources and Methodology for Ranking States, 2005

Credits

Jennifer J. Frost oversaw data compilation and analyses, and was assisted by Susheela Singh and Lawrence B. Finer in developing the ranking methodology. Cynthia Dailard wrote the report and was assisted by Cory Richards, Rachel Benson Gold and Elizabeth Nash in developing the system for scoring state laws and policies. Additional research assistance was provided by Caroline Sten. This work was made possible by support from the John Merck Fund, the Prospect Hill Foundation and the Compton Foundation.

Definitions

- *Women in poverty* are those whose family income is below the federal poverty level (\$18,100 for a family of four in 2002).
- *Women needing contraceptive services and supplies during a given year* are women aged 13–44 who are sexually experienced; fecund (i.e., neither they nor their partners have been contraceptively sterilized, and they do not believe that they are infecund for any other reason); and, during at least part of the year, neither intentionally pregnant nor trying to become pregnant.
- *Women needing publicly supported contraceptive services and supplies* are those in need of contraceptive services and supplies who either are aged 20–44 and have a family income that is below 250% of the federal poverty level (\$45,250 for a family of four in 2002) or are younger than 20.
- *Publicly supported family planning clinics* are sites that provide family planning services to the general public in a clinic setting and receive some form of

public funding (including Medicaid) that enables them to serve all or some clients for free or for a reduced fee. Included among these are a small number of clinics that use privately donated funds to provide care at reduced or no cost.

Sources and Ranking Methodology Pregnancies and Their Outcomes, 2000 (In Brief [IB], Table 1, and state fact sheets)

Data for women aged 15–44, 2000:
Number of births: National Center for Health Statistics (NCHS), Revised birth and fertility rates for the United States, 2000 and 2001, 2003, *National Vital Statistics Report*, Vol. 51, No. 4. **Number of abortions:** Unpublished data on the number of abortions among state residents, from 2001 abortion provider survey, New York: The Alan Guttmacher Institute (AGI), 2005. **Pregnancies:** Calculated as births plus abortions plus miscarriages (estimated as 20% of births plus 10% of abortions). **Population data as of July 1, 2000 (used for calculation of rates):** NCHS, U.S. Census populations with bridged race categories, 2003, <<http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>> accessed Feb. 15, 2004; and Ingram DD et al., U.S. census 2000 population with bridged race categories, *Vital and Health Statistics*, 2000, Series 2, No. 135.

Data for women aged 15–19, 2000: AGI, U.S. teenage pregnancy statistics: overall trends, trends by race and ethnicity and state-by-state information, 2004, <http://www.guttmacher.org/pubs/state_pregnancy_trends.pdf>, accessed Sept. 15, 2005.

The Need for Publicly Supported Family Planning Services (IB, Table 2, and state fact sheets)

Number of women aged 13–44, number needing contraceptive services and supplies, and number needing publicly supported contraceptive services and supplies, 2002: The Alan Guttmacher Institute, Women in need of contraceptive services and supplies, 2001–2002, 2004, <www.guttmacher.org/pubs/win/index.html>, accessed Sept. 15, 2005.

Percentages of women aged 15–44 who lived in poverty, had no private or public health insurance, or received Medicaid, 2003–2004: Special tabulations of data from the March 2004 and March 2005 Current Population Survey, U.S. Bureau of the Census.

Availability of Publicly Supported Family Planning Services, 2001 (IB, Table 3, and state fact sheets)

Numbers of publicly supported family planning clinics and women served; and percentage of women in need who were served by publicly supported clinics: The Alan Guttmacher Institute, Women in need of contraceptive services and supplies, 2001–2002, 2004, <www.guttmacher.org/pubs/win/index.html>, accessed Sept. 15, 2005. National totals in this fact sheet differ from the published totals because they exclude data from U.S. territories.

Number of unintended pregnancies averted by clinics: We calculated the number of unintended pregnancies averted by clinics in 2001 using the estimated ratio of unintended pregnan-

cies averted to clients served derived from Forrest JD and Samara R, Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditure, *Family Planning Perspectives*, 1996, 28(5):188–195. This ratio was then applied to the number of clients served by publicly funded family planning clinics in 2001.

Percentage of U.S. counties with one or more publicly supported clinics: Frost JJ, Frohwirth L and Purcell A, The availability and use of publicly funded family planning clinics: U.S. trends, 1994–2001, *Perspectives on Sexual and Reproductive Health*, 2004, 36(5):206–215.

Data on Title X–funded clinics (in state fact sheets): Sources are same as above.

Summary service availability score and rank: A summary score was constructed for each state, using two variables—the percentage of women in need served by clinics and the percentage of counties with one or more publicly supported clinics. Each of the component measures was first standardized to remove the effects of different scales of measurement across variables; the state with the highest raw score received a standardized score of 100, and the state with the lowest raw score received a standardized score of 0. The two standardized scores for each state were then averaged, thereby giving equal weight to each indicator. The resulting summary scores were ranked, with the state having the highest score ranked first

and the state with the lowest score ranked 51st

Family Planning Laws and Policies, 2005 (IB, Table 4, and state fact sheets)

Laws and policies: Expanded Medicaid eligibility for family planning: The Alan Guttmacher Institute, (AGI), State Medicaid family planning eligibility expansions, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf>, accessed Nov. 3, 2005.

Insurance coverage of contraception: AGI, Insurance coverage of contraceptives, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_ICC.pdf>, accessed Nov. 3, 2005.

Access to emergency contraception: AGI, Emergency contraception, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_EC.pdf>, accessed Nov. 3, 2005. **Minors’ consent law:** AGI, Minors’ access to contraceptive services, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf>, accessed Nov. 3, 2005.

Sex education policies: AGI, Sex and HIV/AIDS education, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf>, accessed Nov. 3, 2005; Sexuality Information and Education Council of the United States, Maine rejects federal abstinence-only-until marriage funding, 2005, <<http://www.siecus.org/policy/PUdates/pdate0206.html#story>>, accessed Dec. 21, 2005.

Restrictions on family planning funds: AGI, State family planning funding restrictions, *State Policies in*

Brief, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_SFPFR.pdf>, accessed Nov. 3, 2005; AGI, Minors’ access to contraceptive services, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf>, accessed Nov. 3, 2005.

Refusal clause for contraceptives: AGI, Refusing to provide health services, *State Policies in Brief*, 2005, <http://www.guttmacher.org/statecenter/spibs/spib_RPHS.pdf>, accessed Nov. 3, 2005.

Individual scores: Seven categories of laws and policies were scored as shown in the table below. Each state receives the score in each category that most accurately characterizes its policy.

Summary laws and policies score and rank: A summary score was constructed for each state by summing the state’s scores in the seven categories. A maximum score of 100 was possible for states with the best laws and policies; the minimum possible score was

Policy	Score
Expanded Medicaid eligibility for family planning services	0–20
For all individuals with incomes up to a state-specified level	20
Only for all or certain individuals losing Medicaid coverage	10
No expansion	0
Insurance coverage of contraception	0–20
Mandate for all insurers with no refusal clause or a narrow refusal clause	20
Mandate for all insurers that includes a broad refusal clause	10
Mandate for all insurers that excludes emergency contraception	10
No policy, or mandate that covers only a limited segment of the insurance market	0
Access to emergency contraception	0–20
Available from pharmacists through a collaborative practice arrangement	10
Discussion or provision in emergency rooms required	10
No policy	0
Minors’ consent law	0–20
All or most minors can consent to contraceptive services	20
No policy, or only certain classes of minors can consent to services	0
Sex education policy	–20 to 20
Requires contraceptive education statewide or in school districts with sex education	10
Rejects abstinence-only education funds	10
Requires abstinence education statewide or in school districts with sex education	0
Does not require contraceptive education statewide or in school districts with sex education, requires abstinence education statewide or in school districts with sex and accepts federal abstinence-only education funds	–20
Restrictions on family planning funds	–20 to 0
No restrictions	0
Separation of abortion and state-funded family planning services required	–10
Parental consent required for state-funded contraceptive services to minors	–10
Refusal clause for contraceptives	–20 to 0
No policy	0
Applies to individual health care providers	–10
Applies only to pharmacists (without consumer protections) and does not apply to other individual health care providers	–10
Applies to health care institutions	–10

–60. Actual scores ranged from –30 to 100. The resulting summary scores were ranked, with the state having the highest score ranked first and the state with the lowest score ranked 51st. The laws and policies summary scores were then standardized (using a scale of 0–100) for use in creating the overall composite score.

Public Funding for Family Planning Services, 2001 (IB, Table 5, and state fact sheets)

All public funding data: The Alan Guttmacher Institute (AGI), Public funding for contraceptive, sterilization and abortion services, FY 1980–2001, 2005, <www.guttmacher.org/pubs/fpfunding/index>, accessed Sept. 15, 2005; and unpublished tabulations from 2001 public funding survey of state agencies, New York: AGI, 2005. **Total expenditures** include both contraceptive services and outreach and education, and exclude data for Puerto Rico. **Expenditures allocated by the state** include state-only funds and all non-Medicaid federal funds (e.g., from block grants and Temporary Assistance for Needy Families) for both contraceptive services and outreach and education. These are categorized as having been allocated by the state because the state has discretion over whether such funding should be spent on family planning care or for some other health care or social service. **Total funding per woman in need** uses the number of women in need of publicly funded contraceptive services and supplies in 2002 as the denominator, and has

been adjusted for state differences in cost of living using ACCRA—The Council for Community and Economic Research’s 2001 cost-of-living index for health care (available for purchase at <www.accra.org>). (An annual index was created, using the average of the quarterly ACCRA 2001 indices for areas surveyed in each state. For some states, indices were available for only one, two or three quarters; the average of those was used. For three states, no data on cost of living were available; these states were given the average index value of 100, meaning that no adjustment was made.)

Summary public funding score and rank:

A summary score was constructed for each state, using two variables—the percentage of all funding for family planning that came from state funds or from federal programs that the state directed to cover family planning services; and the total amount of public funding per woman in need of publicly supported contraceptive services, adjusted for variation among states in the cost of medical services. Each of the component measures was first standardized (using a scale of 0–100) to remove the effects of different scales of measurement across variables. The two standardized scores for each state were then averaged, thereby giving equal weight to each indicator. The resulting summary scores were ranked, with the state having the highest score ranked first and the state with the lowest score ranked 51st.

Progress over Time, 1994–2001 (IB, Table 6)
Change in average number of contraceptive clients served per woman in need of publicly supported services: Frost JJ, Frohwirth L and Purcell A, The availability and use of publicly funded family planning clinics: U.S. trends, 1994–2001, *Perspectives on Sexual and Reproductive Health*, 2004, 36(5):206–215; and The Alan Guttmacher Institute (AGI), Women in need of contraceptive services and supplies, 2001–2002, 2004, <www.guttmacher.org/pubs/win/index.html>, accessed Sept. 15, 2005.

Change in average public funding spent per woman in need of publicly supported services, 1994–2001: Special tabulations of funding data from AGI, Public funding for contraceptive, sterilization and abortion services, FY 1980–2001, 2005, <www.guttmacher.org/pubs/fpfunding/index>, accessed Sept. 15, 2005; and AGI, Women in need of contraceptive services and supplies, 2001–2002, 2004, <www.guttmacher.org/pubs/win/index.html>, accessed Sept. 15, 2005. Total funding per woman in need has been adjusted for inflation, using the Medical Care Consumer Price Index-All Urban Consumers, with \$1.00 in 1980 equal to \$0.27 in 2001, available from the Bureau of Labor Statistics, <<http://www.bls.gov/cpi/home.htm>>, accessed Dec. 22, 2004.

Summary progress over time score and rank: A summary score was constructed for each state, using the above two variables. Each of the compo-

nent measures was first standardized (using a scale of 0–100) to remove the effects of different scales of measurement across variables. The two standardized scores for each state were then averaged, thereby giving equal weight to each measure. The resulting summary scores were ranked, with the state having the highest score ranked first and the state with the lowest score ranked 51st.

Overall Composite Score and Rank of State Efforts to Help Women Avoid Unintended Pregnancy (IB, Figure 1, and state sheets)

Finally, an overall score was constructed for each state by averaging the values for the three individual summary measures and assigning equal weight to service availability, funding and policy efforts to improve contraceptive access and help women avoid unintended pregnancy. One-third of the overall composite score was based on the average of the two standardized service availability scores, one-third on the average of the two standardized funding scores and one-third on the one standardized laws and policies score (which combined data across seven categories of laws and policies). A perfect score of 100 on the overall composite measure could have been obtained by a state that achieved the highest score of all states on both service availability measures and both funding measures, and a score of “best” on all seven categories of laws and policies. The resulting scores were ranked, with the state having the highest score ranked first and the state with the lowest score ranked 51st.