



Contraceptive Needs and Services, 2013 Update

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

HIGHLIGHTS

- In 2013, 20.1 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 an income under 250% of the federal poverty level or were younger than 20; of those, 5.6 million (28%) had neither public nor private health insurance.
- The number of women in need of publicly funded contraceptive services and supplies grew steadily between 2000 and 2010—an increase of 17% over the decade; by 2013, the number had increased by another 5%, or 918,000 additional women in need.
- Growth in need has been driven entirely by an increase in the proportion of adult women who are poor or low-income; the overall number of women of reproductive age has remained stable, and the number of teens in need has declined.
- Between 2010 and 2013, the numbers of adult women in need with a family income under 100% or between 100% and 250% of poverty increased 13% and 4%, respectively; the number of Hispanic women in need increased 7% over the period.
- Publicly funded providers met an estimated 42% of the need for publicly supported contraceptive services and supplies in 2013, down from 47% in 2010; this drop in the proportion of need met by publicly funded providers was due to both the rising number of women in need and the falling number of clients served by these providers.
- In 2013, publicly funded family planning services helped women prevent two million unintended pregnancies; of those, one million would have resulted in an unplanned birth and 693,000 in an abortion. Without publicly funded family planning services, the U.S. rates of unintended pregnancy, unplanned birth and abortion each would have been 60% higher.
- Family planning clinics that receive funding through the federal Title X program met 21% of the need for publicly funded contraceptive care in 2013. Services provided by these clinics helped women avert one million unintended pregnancies in 2013, which prevented 501,000 unplanned births and 345,000 abortions. Without the services provided by these clinics, the U.S. unintended pregnancy rate would have been 30% higher.



July 2015

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ACKNOWLEDGMENTS

This report was written by Jennifer J. Frost, Lori Frohwirth and Mia R. Zolna, all of the Guttmacher Institute. It was edited by Jared Rosenberg. The authors performed all data analyses and tabulations.

The authors thank the following Guttmacher colleagues: Jonathan Bearak, for assistance in programming and data tabulations of the county level Small Area Health Insurance Estimates (SAHIE) data; Suzette Audam, for assistance in programming and data tabulations of the American Community Survey (ACS) data; Lawrence B. Finer, Rachel B. Gold and Adam Sonfield, for reviewing drafts of the report and tables; and Kristen Burke, for research assistance.

This research was supported by the Office of Population Affairs, U.S. Department of Health and Human Services, under grant FPRPA006058. Additional support was provided by the Guttmacher Center for Population Research Innovation and Dissemination, under National Institutes of Health grant 5 R24 HD074034. The Guttmacher Institute gratefully acknowledges the general support it receives from individuals and foundations, including major grants from the William and Flora Hewlett Foundation and the David and Lucile Packard Foundation, which undergirds all of the Institute's work.

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Suggested citation: Frost JJ et.al, *Contraceptive Needs and Services, 2013 Update*, New York: Guttmacher Institute, 2015, <<http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>>.

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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 they can find one that works best for their personal situation and current stage in life. Many women, however, cannot afford to pay for contraceptives and related services on their own; this is especially true for some of the newer hormonal and long-acting methods, which are among the most effective at preventing pregnancy, but have some of the highest upfront costs. 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—has 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 millions of unplanned pregnancies and hundreds of thousands of 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 periodically estimated the number of U.S. women in need of contraceptive services and supplies. These estimates have focused on the needs of teens, and poor and 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, estimates were made at the national, state and county levels for 2010,¹ and at the national and state levels for 2012.²

This report provides updated 2013 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 at the national and state levels. It also provides estimates of the contraceptive services and impact of Medicaid-funded care provided by private doctors at the national level. It does not provide updated information on the cost savings from any of these services; the most current information on cost savings is from 2010.³ (See www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf).

This report highlights the national-level findings and trends, and includes summary tables of national and state data. Detailed county-level information on numbers and characteristics of women in need has not been estimated for 2013, with one exception: new information on the number and proportion of women in need who are uninsured has been estimated for all U.S. counties and can be found in Guttmacher’s county-level table maker at www.guttmacher.org/pubs/win/counties.

Methodology

The following describes the methodology used to update for 2013 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 providers, including publicly funded clinics and private doctors who served Medicaid enrollees; 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 our analyses.

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

1. they were sexually active—that is, they had ever had voluntary vaginal intercourse (includes both currently sexually active women and those likely to be sexually active during the next 12 months);
2. they were able to conceive—that is, 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 are defined as **in need of publicly funded contraceptive services and supplies** if they meet the above criteria and have a family income below 250% of the federal poverty level. In addition, all women younger than 20 who need contraceptive services, regardless of their family income, are 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** is a site that offers contraceptive services to the general public and uses public funds, which may include 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** is a woman who made at least one initial or subsequent visit for contraceptive services during the 12-month reporting period. This includes 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. All female contraceptive clients who received care from publicly funded clinics are counted; this includes a small proportion of clients who paid for their visit using private insurance or who paid the full fee for services because their income was above the threshold for free or reduced fee services.

• **Poor** women are those whose family income is under 100% of the federal poverty level (\$19,530 for a family of three in 2013).

• **Low-income** women are those whose family income is between 100% and 250% of the federal poverty level (\$19,530–48,825 for a family of three in 2013).

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 2013 U.S. Census Bureau estimates of the numbers of women by age-group (younger than 20, 20–29 and 30–44), and race and ethnicity (non-Hispanic white, non-Hispanic black, Hispanic and other).⁴ We further divided these groups according to marital status and poverty status using the 2013 American Community Survey (ACS). We did so by estimating the proportion of women in each age-group by race and ethnicity, according to their marital status (married and living with husband or not married) and their income as a percentage of the federal poverty level (less than 100%, 100–137%, 138–199%, 200–249% and more than 250%).⁵ Proportions of women in the ACS in each age, race and 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 and ethnicity) in that state. For further explanation of this methodology, see the *Contraceptive Needs and Services, 2010* Methodological Appendix.⁶

The final step for updating estimates of women in need of contraceptive services and supplies for 2013 was to apply the proportion of women in each demographic subgroup (by age, race and ethnicity, marital status and poverty status) who were in need of contraceptive services and supplies because they were sexually active, able to conceive and not pregnant nor trying to become pregnant to the numbers of women in that subgroup. For this report, we use the same tabulations of the 2006–2010 National Survey of Family Growth (NSFG) that were made for our 2010 report¹ (as these are the most recent nationally representative data on women’s need for services).

Women in Need of Contraceptive Services and Supplies Who Are Uninsured

To estimate the number of women in need of publicly funded contraceptive services and supplies who are uninsured, we multiplied the estimated number of women in need by the estimated proportion of women in need without health insurance. To estimate the proportion of women in need without health insurance, we first extracted from the census bureau’s Small Area Health Insurance Estimates (SAHIE) the proportion of all women who are uninsured, by age and poverty level, according to state and county.⁷ The age categories available through SAHIE did not exactly match the age-groups for women in need. For adult women (aged 20–44) in need, we used estimates of insurance status for women aged 18–49 available from SAHIE. These were further divided

by poverty status into two groups: 0–137% of the federal poverty level and 138–249% of the federal poverty level. For adolescents (aged 13–19) in need, there was no comparable SAHIE age-group. At the state level, we estimated the proportion of all women aged 13–19 who were uninsured using the 2013 American Community Survey (the data on which SAHIE estimates are based). We compared this to the SAHIE estimate for females 17 or younger; in all states, the SAHIE estimate for the proportion of females 17 or younger who were uninsured was much lower than the ACS estimate for females aged 13–19, because young children are typically insured at higher rates than adolescents. To estimate the number of uninsured women aged 13–19 in need by county, we created a state-level adjustment factor as the quotient of the ACS and SAHIE results, and used this to adjust the SAHIE county-level estimates for females 17 or younger. For both adults and adolescents, we assumed that the proportion of all women of the appropriate age and poverty group who were uninsured was equivalent to the proportion of women in need (of the same age and poverty group) who were uninsured.

Women Served at Publicly Funded Family Planning Clinics

We estimated the total numbers of women and teens receiving contraceptive care at publicly funded family planning clinics in 2013 from two sources. For more than two-thirds (71%) of all family planning clinic clients, we used Title X program-specific data for 2013, tabulated by state, excluding male clients and all clients served in U.S. territories.⁸ For the remaining 29% of women served at publicly funded clinics that do not receive Title X funds, we estimated 2013 clientele by starting with published state tabulations of data for all clinics for 2010,¹ the most recent year available, and adjusting them forward in time according to the observed state-level change in clients between 2010 and 2013 experienced by Title X clinics (which we assumed was the same as the change in non-Title X clinics). To separate out the share of women that were teens, we used the overall proportion of teens served at Title X clinics in 2013 to adjust the proportion of teens served at all clinics by state from 2010, and applied those adjusted ratios separately to our 2013 counts of all women served and women served at Title X clinics by state.

Women Receiving Medicaid-Funded Contraceptive Services from Private Physicians

To estimate the number of women receiving Medicaid-funded contraceptive services from private physicians, we used information on payment and source of care for

contraceptive services reported by respondents to the 2011–2013 National Survey of Family Growth (NSFG).⁹ Among the 25.1 million women who reported receiving at least one contraceptive service in the prior 12 months, 75%—or 18.9 million women—reported receiving that care from a private doctor; of those, 13.3%—2.5 million—reported that their contraceptive visit had been paid for by Medicaid.

Proportion of Need Met by Publicly Supported Providers

We estimated the proportion of need met as the ratio of the number of clients receiving publicly supported contraceptive services over the number of women of reproductive age who are in need of publicly supported services. This estimate does not account for the fact that some women who receive care from clinics may not fit the definition of being “in need,” nor does it account for the fact that some women who fit the definition of being in need may have private health insurance. National percentages of met need include all women receiving contraceptive care from publicly supported clinics, as well as Medicaid clients who received such care from private doctors. State estimates are for need that is met by clinics only and exclude women who receive Medicaid-covered services from private providers, because accurate data on the numbers of Medicaid clients receiving contraceptive care from private providers is not available at the state level. All estimates are for women receiving contraceptive services from a medical provider and exclude users of nonprescription methods who did not visit a contraceptive service provider during the year.

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 2013 using the same methodology as in previous estimates.¹ To do so, we began with the total number of female contraceptive clients and teen clients served. We adjusted these numbers based on the fact that some clients served do not obtain or use a contraceptive method. In 2013, 15% of women served at Title X clinics were not current method users.⁸ 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, including 85% of teen clients. Next, we estimated the total number of unintended pregnancies prevented in 2013 for all women and for teens separately

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.⁶ 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;⁶ for teens, those figures are 53%, 30% and 16%, respectively. To estimate the increase in rates of unintended and teen pregnancy that would be expected in the absence of publicly funded family planning services, we compared the most recent national counts of unintended pregnancy¹⁰ and teen pregnancy¹¹ with our estimates of unintended pregnancies averted in 2013.

Table Notes

- The source for all 2013 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.¹
- 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.
- Racial and ethnic 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 the overall total.

The 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 nor trying to get pregnant. Women are in need of publicly funded contraceptive services and supplies if they are adults with an income under 250% of the federal poverty level or teenagers of any income (see Key Definitions, page 4).

Overall Need for Services

In 2013, there were 67.0 million U.S. women of reproductive age (13–44), a number that has remained relatively stable since 2000—increasing only 1% between 2000 and 2010, and another 1% between 2010 and 2013 (Tables 1 and 2). However, the population distributions of some key subgroups of these women have changed considerably:

- Between 2000 and 2010, the distribution of women shifted toward younger age: The number who were younger than 30 rose—by 7% among teenagers and 12% among women in their 20s—while the number aged 30–44 fell by 7%. However, between 2010 and 2013, the number of women aged 30 and older stabilized, and the number of teenagers fell by 3%.
- The numbers of poor women and women of Hispanic ethnicity increased dramatically between 2000 and 2010: The number of women aged 20–44 with a family income below 100% of the federal poverty level rose by 25% over the period, and the number of Hispanic women rose by 39%.
- In the most recent three-year period (2010–2013), the number of poor adult women rose by another 13%.

More than half of all women of reproductive age (37.9 million) were in need of contraceptive services and supplies in 2013. This number represents a 10% increase between 2000 and 2010, and a 1% increase between 2010 and 2013.

- The largest increases in the need for contraceptive services and supplies between 2000 and 2010 were among women in their 20s (16%), poor and low-income women (37% and 16%, respectively) and Hispanic women (46%); there was also an increase among non-Hispanic black women (14%), but a decrease among non-Hispanic white women (–3%).

- In the period 2010–2013, the numbers of poor and low-income adult women in need of contraceptive services and supplies increased by another 13% and 4%, respectively.

Table 2 includes state-level detail on the numbers of women of reproductive age and women needing contraceptive services and supplies in 2013, by key characteristics.

Need for Publicly Funded Services

Need in 2013. A total of 20.1 million U.S. women were in need of publicly funded contraceptive services and supplies in 2013 because they needed contraceptive 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 15.4 million women in need of publicly funded contraceptive services and supplies were adults living below 250% of the federal poverty level; 6.3 million were poor and 9.1 million were low income.
- 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, 9.8 million were non-Hispanic white, 3.6 million were non-Hispanic black and 4.9 million were Hispanic. (The remaining women were members of other or multiple racial and ethnic groups.)

Change in need 2000–2010. Overall need for publicly funded contraceptive care increased over this 10-year period, but the extent of the increase varied across social and demographic groups (Table 1 and Figure 1).

- Between 2000 and 2010, the number of women in need of publicly funded contraceptive services and supplies increased by 17%—representing nearly three million additional women needing such care.
- Over this same period, the number of Hispanic women in need of publicly supported care increased by 47%, the number of black women in need increased by 17% and the number of white women in need increased by 4%.

- All of the growth in the number of women in need of publicly funded contraceptive services between 2000 and 2010 occurred among adult women who were poor or low income, rather than among teenagers. The numbers of poor and low-income adult women in need increased over the period by 37% and 16%, respectively, whereas the number of teens in need remained stable.

Change in need 2010–2013. The total number of women needing publicly funded care has continued to rise in recent years (Tables 1, 3 and 4).

- In the three most recent years, the overall number of women in need of publicly funded care rose by 5%—representing 918,000 additional women in need; however, 3% fewer teens were in need—representing the first time the number of teens in need has declined.
- Need rose the most among those with the lowest family incomes—13% among poor women, but only 4% among low-income women.

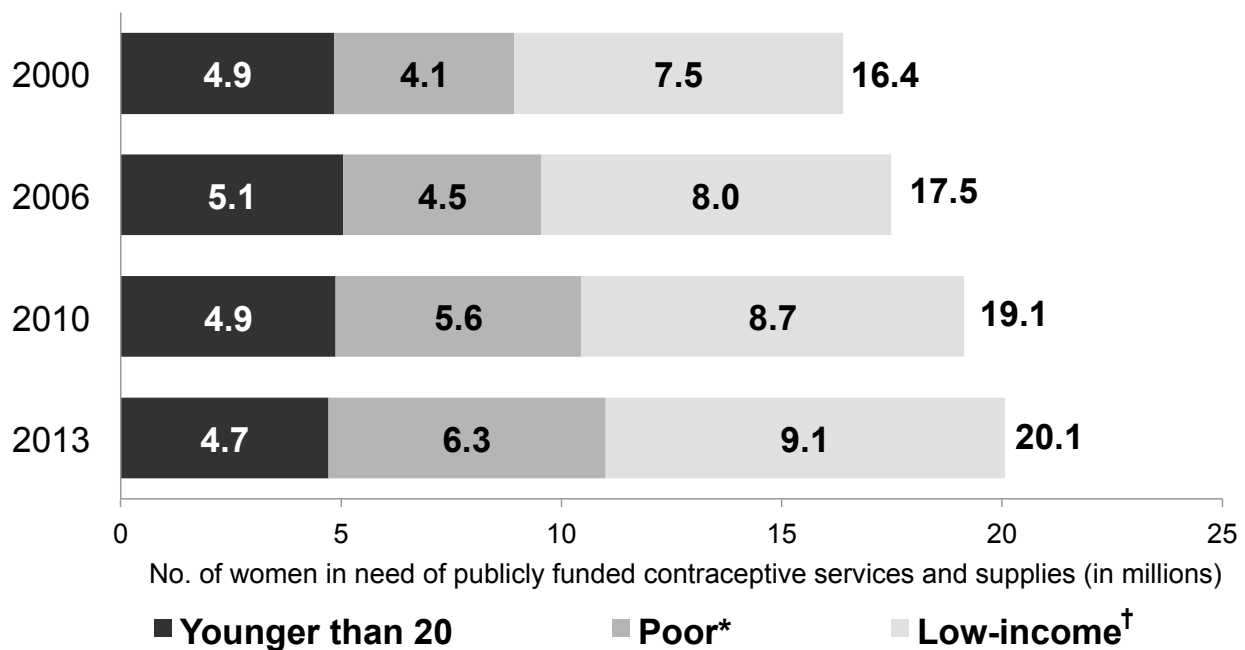
State variation in need. States varied widely in terms of their changing patterns of need for publicly supported family planning care (Table 4).

- Thirteen states (Alaska, Arizona, California, Delaware, Florida, Georgia, Montana, Nevada, North Dakota, Oregon, Utah, Washington and Wyoming) experienced a 7% or greater increase in the number of women needing publicly funded contraceptive services or supplies between 2010 and 2013.
- Only two states (New Hampshire and Rhode Island) and the District of Columbia experienced a decline (1–3%) in the number of women in need of publicly funded care during this period.

Numbers of uninsured women in need. A sizable share of women needing publicly supported care in 2013 were uninsured (Table 5).

- Of the 20.1 million women in need of publicly supported care that year, 5.6 million (28%) had neither public nor private health insurance.
- Among adult women in need with a family income below 138% of poverty, the percentage who were uninsured was even higher (36%). Hispanic women in need were more likely than any other group to be uninsured (40%).

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



*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.

State variation in insurance status of women in need.

States varied widely in terms of the proportion of women in need of publicly funded contraceptive services and supplies who are uninsured (Table 5). Additional county-level detail on the proportion and number of uninsured women in need is available at www.guttmacher.org/pubs/win/counties.

- In seven states (Alaska, Florida, Georgia, Nevada, New Mexico, Oklahoma and Texas) at least one-third (33%) of all women in need were uninsured in 2013; the highest was Texas, with 43% of all women in need having neither public nor private health insurance.
- The proportion of women in need who were uninsured in 2013 was lowest in Massachusetts (7%), followed by Vermont and the District of Columbia (11% each).

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. Outside of this network, many private doctors provide publicly funded contraceptive care to Medicaid recipients.

Women Served by Publicly Funded Providers

In 2013, an estimated 8.3 million women received publicly supported contraceptive services from all sources (Tables 6 and 7, and Figure 2). The majority—an estimated 5.8 million female contraceptive clients—were served at publicly funded clinics; an estimated 2.5 million women received Medicaid-funded contraceptive care from private providers. Among women served at clinics, 71% (4.1 million*) were served at Title X-funded clinics, and 29% (1.7 million) were served at non-Title X-funded sites.

- From 2001 to 2013, the number of women receiving publicly funded contraceptive services from clinics decreased from 6.7 to 5.8 million, while the number of Medicaid recipients receiving contraceptive care from private doctors nearly doubled, from 1.3 million to 2.5 million.
- Between 2001 and 2006, the number of female contraceptive clients served at publicly funded clinics increased to 7.2 million; however, during the subsequent five-year period, 2006–2010, the number served fell back to 6.7 million—nearly the same as that in 2001—and continued to decline sharply, by another 13%, between 2010 and 2013.
- The majority of states (44) experienced a drop in the number of female contraceptive clients served at publicly funded clinics between 2010 and 2013; four states (Rhode Island, Tennessee, Vermont and West Virginia)

and the District of Columbia experienced an increase, and two states experienced no change.

- Similar patterns in the numbers of women served and trends over time were found at Title X-funded clinics.

Proportion of Need Met by Publicly Funded Providers

Publicly funded providers met roughly 42% of the need in 2013 for publicly supported contraceptive services and supplies (Table 8). Over eight million of the 20 million women in need of care were served by publicly funded providers; 21% of the need was met by Title X-funded clinics, 8% was met by non-Title X-funded clinics and 13% by private providers serving Medicaid recipients (Figure 3).

- Between 2001 and 2013, the overall proportion of need met by all publicly funded providers fell by seven percentage points, from 49% to 42%, largely because of the rising numbers of women needing publicly supported care and the fact that the number of women cared for by publicly funded providers did not keep pace with the increasing need.
- The proportion of need met by public clinics displayed an even steeper decline, falling from 41% in 2001 to 35% in 2010 and 29% in 2013 (12 percentage points overall), primarily because of the drop in women served.
- Title X-funded clinics met 21% of the need for publicly supported contraceptive care in 2013—lower than in 2001 (28%) and 2010 (25%).
- The proportion of the need for publicly funded contraceptive services met by all clinics and by Title X-funded clinics varied widely by state. In 2013, 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 18 states (Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Missouri, Nebraska, Nevada, North Carolina, Ohio, Texas, Utah and Virginia) met less than 25% of the need for such care.

*This total varies from the 4.6 million total Title X family planning users reported for 2013 in the Office of Population Affairs' *Family Planning Annual Report* because it excludes male clients and clients served in the U.S. territories.

FIGURE 2. The number of women receiving publicly supported contraceptive care from clinics has fallen in recent years.

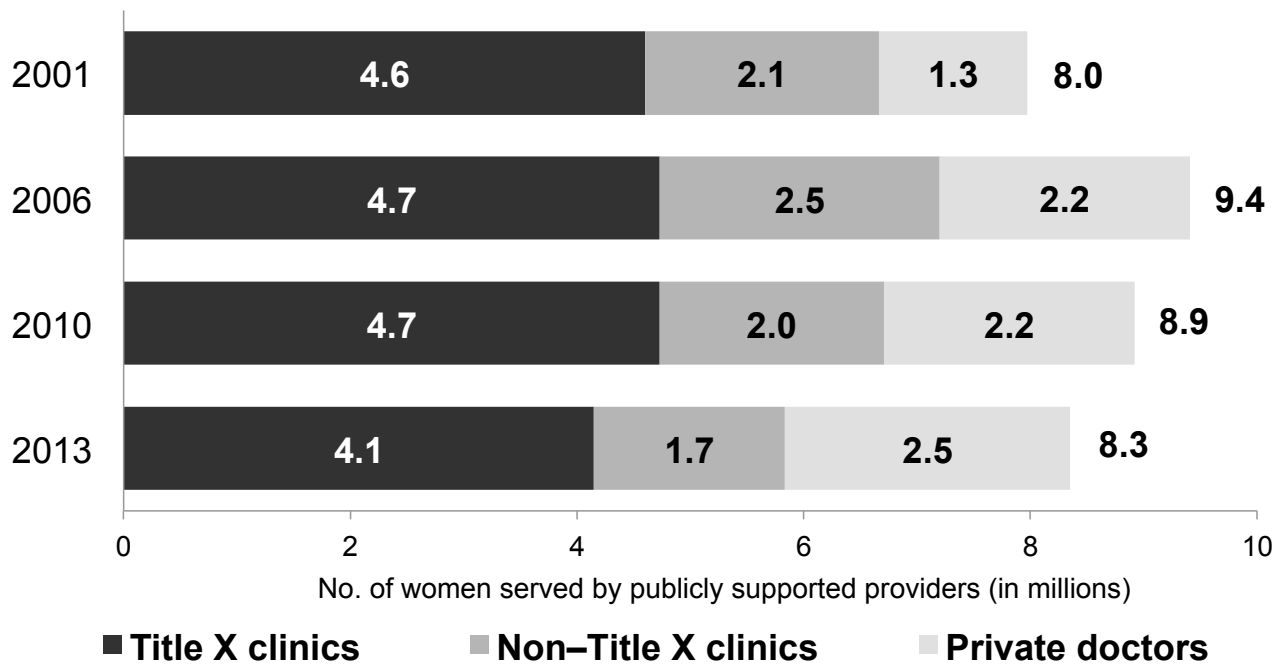
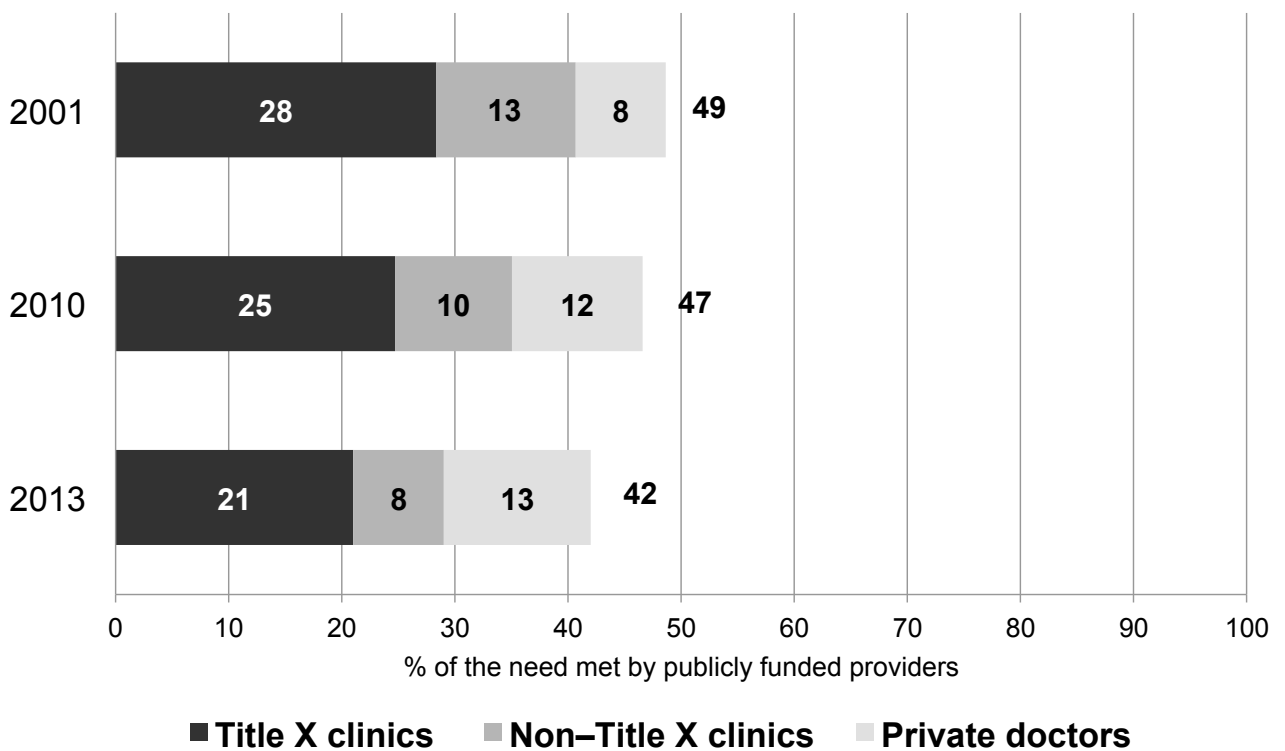


FIGURE 3. Between 2001 and 2013, the proportion of need met by publicly supported providers declined.



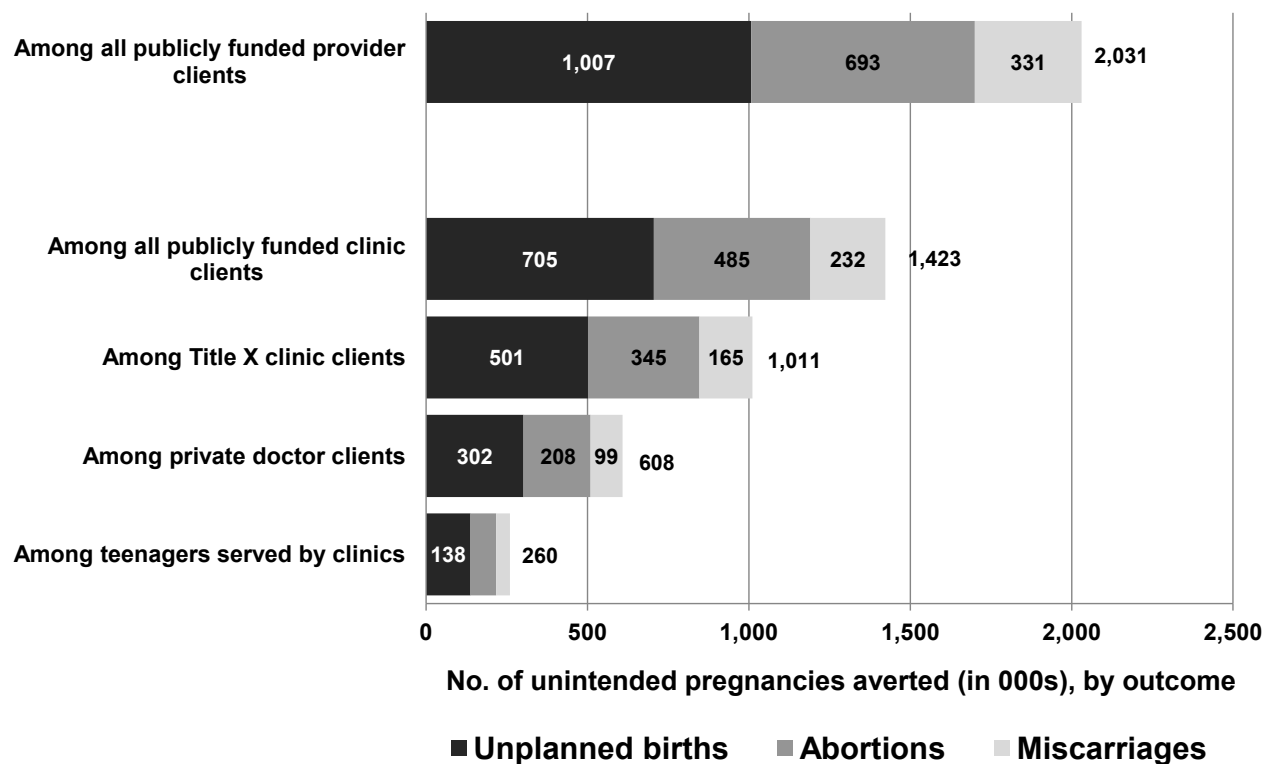
The Impact of Publicly Funded Contraceptive Services

By providing women with the contraceptive services they need and want, providers of publicly funded contraceptive services 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.^{12,13} One of the most basic benefits of these services is the prevention of unintended pregnancy.

Unintended Pregnancies Averted

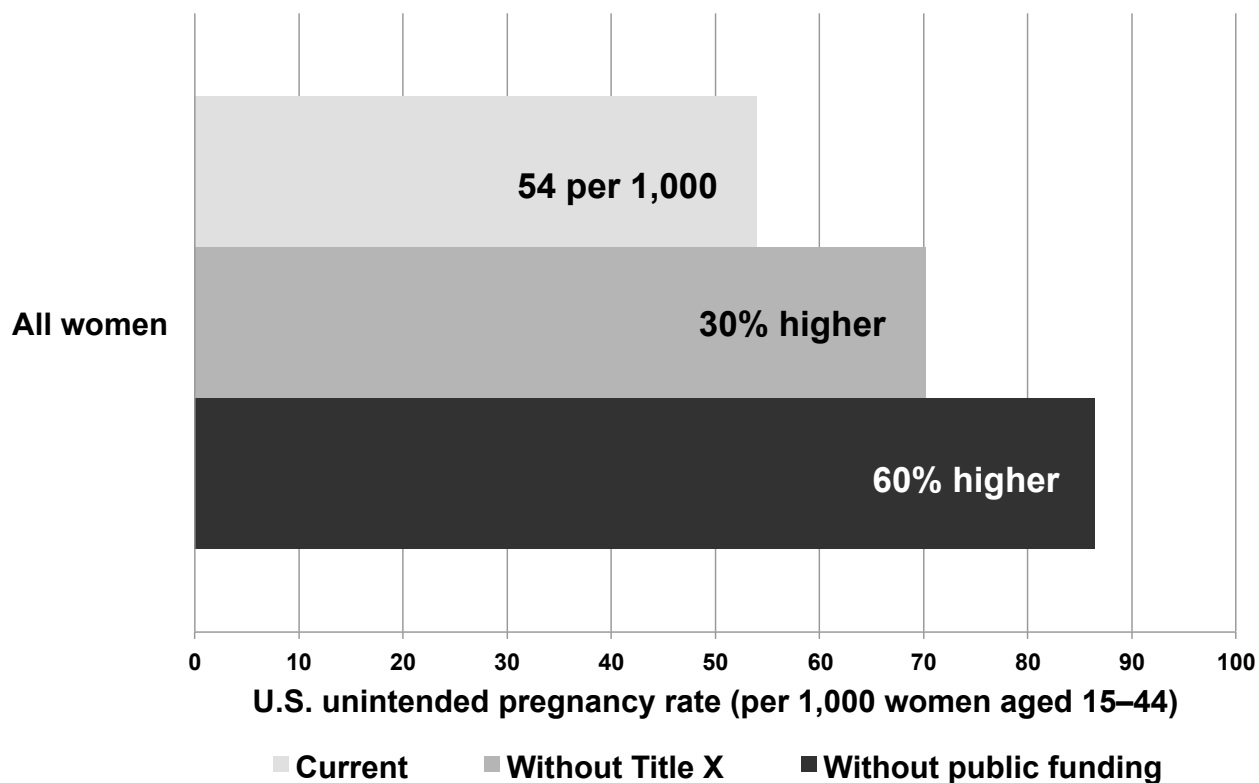
- Publicly funded providers as a whole helped to avert some two million unintended pregnancies in 2013 (Table 9 and Figure 4). Of those, one million would have resulted in an unplanned birth and nearly 700,000 would have resulted in an abortion (the remainder would have resulted in miscarriage).
- Publicly funded clinics alone were responsible for averting some 1.4 million unintended pregnancies in 2013, which would have resulted in 705,000 unplanned births and 485,000 abortions.
- Title X-funded clinics accounted for the large majority of this benefit, helping to avert one million unintended pregnancies in 2013, which would have resulted in 501,000 unplanned births and 345,000 abortions.
- Without the contraceptive services provided by all publicly funded providers in 2013, the rates of unintended pregnancies, unplanned births and abortions in the United States would all have been 60% higher (Figure 5). Title X-funded clinics alone were responsible for half of this impact: Without their services, the rates of unintended pregnancies, unplanned births and abortions would have been 30% higher.

FIGURE 4. In 2013, publicly supported services helped avert two million unintended pregnancies.



- An estimated 1.1 million adolescents (aged 19 or younger) were served at publicly funded clinics in 2013 (Table 10). That year, 23% of adolescents in need of publicly funded contraceptive services and supplies were served at clinics. Some 260,000 unintended adolescent pregnancies were prevented by clinics in 2013; of those, 186,500 were prevented by the services to adolescents provided by Title X funded clinics.
- Without the contraceptive services provided to teens by publicly funded clinics in 2013, the teen pregnancy rate in the United States would have been 42% higher. Title X–funded clinics were responsible for the majority of this impact: Without their services, the teen pregnancy rate would have been 30% higher.

FIGURE 5. Without publicly funded contraceptive services, the U.S. unintended pregnancy rate would rise by 60%.



Discussion

Since 2000, the number of U.S. women in need of publicly funded contraceptive services and supplies has continued to rise—increasing 17% between 2000 and 2010, and by another 5% from 2010 to 2013. In the three years between 2010 and 2013 alone, nearly one million additional women needed publicly funded contraceptive care.

Unfortunately, the increase in need was not met by a proportionate increase in the number of women receiving subsidized contraceptive care. The number of women receiving publicly funded contraceptive care from all providers in 2010 was 12% higher than in 2001. Thus, the proportion of need met fell slightly over the period, from 49% to 47%. Moreover, the number of women receiving publicly funded contraceptive care has fallen since 2010, especially at clinics. The number served by all providers dropped from 8.9 million in 2010 to 8.3 million in 2013, a 6% decrease; the number served by clinics fell 13% over the three-year period. Thus, the proportion of need met by all providers dropped to 42% in 2013, and the proportion of need met by clinics fell from 35% in 2010 to 29% in 2013.

A large share of the increase in need for publicly funded care was because of a disproportionate rise in the number of poor adult women (those with a family income below 100% of the federal poverty level) needing contraceptive services and supplies: The number of such women rose 37% between 2000 and 2010, and by another 13% between 2010 and 2013. The increased number of women in need—especially in the lowest income groups—is undoubtedly attributable in large part to growing income disparities in the United States during the period, which were exacerbated by the recession and its economic consequences, as well as by other factors that continue to impact many women and their families.

In 2013, 28% of women in need of publicly funded contraceptive care had neither public nor private health insurance; the proportion without health insurance was even higher among Hispanic women in need (40%) and women with an income under 138% of the federal poverty level (36%). These can be considered baseline levels, measured prior to the implementation of most aspects of the Affordable Care Act (ACA) in 2014. Going forward,

it will be important to monitor whether the proportion of women in need who are uninsured declines as more women obtain health insurance available because of the ACA, and whether the proportion varies by state, depending on whether they expanded their Medicaid programs as permitted under the ACA.

For low-income women without public or private health insurance, the network of clinics providing contraceptive care is often their only option for affordable contraceptive services. Further research is needed to fully understand the factors related to the declining number of women served by publicly funded clinics. In many states and communities, factors related to the supply of clinic services have contributed to this trend: shrinking government budgets, as well as targeted reductions in funding for specific programs or grantees, have led to clinic closures and reductions in clinic services. In addition to this troubling trend, however, falling demand for clinic services may also have contributed to fewer clients: An increase in long-acting reversible contraceptive use and changing standards for cervical cancer screening have meant that some clients do not need to visit their provider annually for cervical cancer testing or to obtain contraceptive supplies and can have their needs met with less frequent visits. In addition, the number of women who receive contraceptive services from private providers through Medicaid has risen in recent years, perhaps offsetting some of the decline found among clinics. This trend is likely to continue and will need to be watched carefully as more women are enrolled in Medicaid as part of the ACA expansions.

Overall, the impact of publicly supported contraceptive services on the prevention of unintended pregnancy in 2013 was significant: Publicly funded contraceptive services helped women to prevent some two million unintended pregnancies; without these services, the overall U.S. unintended pregnancy rate would have been 60% higher. The contraceptive services provided by clinics alone helped women to prevent some 1.4 million unintended pregnancies, thereby helping women avoid 705,000 unplanned births and 485,000 abortions. Without these services from clinics, the overall U.S. unintended pregnancy rate would have been 42% higher.

The federal Title X family planning program is critical to the provision of clinic-based contraceptive care. In 2013, clinics funded by this program provided contraceptive services to 4.1 million women, a group representing 71% of all female 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.¹⁴ Title X–funded clinics alone helped women to avert one million unintended pregnancies in 2013—preventing 501,000 unplanned births and 345,000 abortions.

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TABLE 1. Total number of women aged 13–44, number in need of contraceptive services and supplies, and number in need of publicly funded contraceptive services and supplies, all by age-group, poverty status, and race and ethnicity—2000, 2006, 2010 and 2013

Year	Total	Age-group			Poverty status, % of FPL (among those 20–44)			Race and ethnicity*		
		<20	20–29	30–44	<100%	100– 249%	≥250%	Non- Hispanic white	Non- Hispanic black	Hispanic
All women aged 13–44 (in 000s)										
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
2013	67,017	14,390	21,737	30,890	10,485	14,890	27,252	38,191	9,340	13,290
% change 2000–2010	1	7	12	–7	25	4	–8	–10	4	39
% change 2010–2013	1	–3	3	1	13	4	–3	–1	2	5
Women needing contraceptive services and supplies (in 000s)†										
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
2013	37,903	4,711	16,998	16,195	6,289	9,062	17,842	21,411	5,344	7,287
% change 2000–2010	10	1	16	8	37	16	4	–3	14	46
% change 2010–2013	1	–3	3	1	13	4	–2	–1	3	5
Women needing publicly funded contraceptive services and supplies (in 000s)‡										
2000	16,396	4,850	6,747	4,799	4,076	7,470	na	9,193	2,898	3,128
2006	17,485	5,056	7,331	5,098	4,478	7,951	na	9,560	3,068	3,646
2010	19,144	4,880	8,443	5,820	5,576	8,688	na	9,558	3,379	4,587
2013	20,062	4,711	9,073	6,277	6,289	9,062	na	9,822	3,570	4,902
% change 2000–2010	17	1	25	21	37	16	na	4	17	47
% change 2010–2013	5	–3	7	8	13	4	na	3	6	7

*Women of other or multiple races are excluded here. †Women are in need of contraceptive services and supplies if they are sexually active, able to get pregnant, 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). Notes: FPL=federal poverty level. na=not applicable.

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 and ethnicity—2010 and 2013 national summary, and 2013 state detail

State	All women aged 13–44	Women needing contraceptive services and supplies							
		Total	Age-group		Poverty status, % of FPL (among those 20–44)		Race and ethnicity		
			<20	20–44	<250%	≥250%	Non-Hispanic white	Non-Hispanic black	Hispanic
2010 Total	66,419,460	37,400,340	4,880,600	32,519,904	14,263,350	18,256,560	21,562,320	5,198,410	6,944,450
2013 Total	67,016,900	37,903,410	4,711,080	33,192,340	15,350,450	17,841,870	21,411,020	5,343,750	7,286,530
% change 2010–2013	1	1	-3	2	8	-2	-1	3	5
Alabama	1,022,750	545,010	74,490	470,520	249,000	221,520	330,230	169,600	23,040
Alaska	157,020	91,540	10,180	81,370	31,740	49,620	54,570	3,660	7,000
Arizona	1,380,500	808,340	93,180	715,160	365,720	349,450	401,420	36,590	281,500
Arkansas	613,330	321,220	44,590	276,630	155,620	121,010	220,590	59,610	23,940
California	8,481,950	5,093,470	537,170	4,556,300	2,123,110	2,433,190	1,685,150	307,010	2,117,460
Colorado	1,133,040	670,150	69,370	600,780	252,180	348,600	442,690	27,280	152,050
Connecticut	731,550	432,500	51,130	381,370	128,870	252,500	265,670	52,660	78,250
Delaware	190,940	104,930	13,520	91,420	41,400	50,020	60,090	25,910	10,530
District of Columbia	179,290	111,670	9,810	101,850	33,520	68,330	48,310	42,630	10,590
Florida	3,861,860	2,117,160	250,150	1,867,000	959,400	907,600	1,009,350	413,400	564,900
Georgia	2,227,520	1,202,840	158,210	1,044,640	534,590	510,040	581,530	423,430	111,280
Hawaii	281,430	168,370	17,080	151,300	54,130	97,160	34,400	4,230	19,000
Idaho	335,100	185,810	24,430	161,380	90,260	71,120	150,210	1,290	24,460
Illinois	2,773,010	1,542,290	216,410	1,325,870	565,750	760,120	876,230	248,560	279,350
Indiana	1,381,940	751,110	115,690	635,420	321,720	313,700	578,310	81,700	53,070
Iowa	622,720	336,660	54,860	281,800	129,000	152,800	284,200	12,680	21,130
Kansas	597,460	324,550	50,500	274,050	130,950	143,100	236,980	21,330	40,090
Kentucky	908,970	475,820	64,560	411,260	217,380	193,880	395,960	43,650	16,970
Louisiana	999,890	543,120	72,090	471,040	252,220	218,820	297,970	194,890	25,910
Maine	250,250	140,440	17,600	122,830	62,960	59,870	129,920	1,940	2,550
Maryland	1,271,660	715,820	83,550	632,270	210,650	421,620	331,540	235,460	70,580
Massachusetts	1,437,840	881,870	94,830	787,030	271,770	515,270	610,490	68,140	109,920
Michigan	2,021,580	1,108,900	175,610	933,300	469,710	463,590	781,480	187,190	59,720
Minnesota	1,119,160	618,760	89,610	529,150	204,590	324,560	473,410	42,330	34,640
Mississippi	642,540	335,980	53,330	282,650	173,210	109,450	173,350	142,980	9,490
Missouri	1,251,650	684,360	102,110	582,250	291,060	291,190	521,490	95,510	29,480
Montana	196,030	106,550	14,220	92,330	49,930	42,390	89,830	740	4,460
Nebraska	386,080	207,900	32,680	175,230	81,900	93,330	160,860	11,080	22,690
Nevada	593,380	352,300	36,790	315,510	150,620	164,890	159,680	32,440	109,090
New Hampshire	259,880	148,860	19,910	128,950	43,600	85,350	132,560	2,250	6,090
New Jersey	1,835,470	1,102,640	115,050	987,590	320,010	667,580	548,850	166,970	239,110
New Mexico	426,660	242,300	30,870	211,440	116,730	94,710	78,740	4,330	125,500
New York	4,267,440	2,606,780	272,350	2,334,430	957,030	1,377,400	1,334,490	425,140	526,200

TABLE 2. continued

State	All women aged 13–44	Women needing contraceptive services and supplies							
		Total	Age-group		Poverty status, % of FPL (among those 20–44)		Race and ethnicity		
			<20	20–44	<250%	≥250%	Non-Hispanic white	Non-Hispanic black	Hispanic
North Carolina	2,100,070	1,120,510	148,300	972,200	505,350	466,850	660,410	275,140	106,120
North Dakota	148,800	83,000	12,540	70,460	32,710	37,750	69,910	1,600	2,980
Ohio	2,365,430	1,290,050	198,070	1,091,980	531,610	560,380	986,770	185,490	49,240
Oklahoma	806,810	433,860	57,850	376,010	195,770	180,230	270,710	36,880	44,990
Oregon	818,280	475,870	52,120	423,750	216,650	207,100	347,940	9,070	66,770
Pennsylvania	2,568,360	1,522,720	183,010	1,339,710	576,130	763,580	1,116,760	195,670	114,590
Rhode Island	221,820	136,160	16,180	119,980	48,010	71,970	94,860	8,750	21,720
South Carolina	996,790	540,440	72,590	467,860	247,270	220,590	319,150	168,100	30,200
South Dakota	167,430	90,170	14,840	75,320	36,360	38,960	71,900	1,670	3,860
Tennessee	1,370,730	730,200	94,640	635,560	331,880	303,680	512,060	148,200	37,880
Texas	5,926,430	3,190,970	398,380	2,792,590	1,375,870	1,416,720	1,246,110	421,880	1,274,990
Utah	676,300	393,630	47,340	346,280	164,910	181,370	308,860	3,870	53,720
Vermont	123,450	68,060	9,830	58,230	26,030	32,190	62,670	950	1,670
Virginia	1,778,580	990,160	117,220	872,930	328,820	544,120	570,810	206,480	96,140
Washington	1,469,680	874,100	91,170	782,930	341,080	441,850	576,240	35,000	115,420
West Virginia	360,320	188,060	25,560	162,510	85,500	77,000	171,920	7,130	3,160
Wisconsin	1,160,440	631,430	96,710	534,720	239,340	295,380	490,360	50,300	46,520
Wyoming	117,290	64,000	8,800	55,200	26,830	28,370	53,030	960	6,520

Note: FPL=federal poverty level.

TABLE 3. Total number of women in need of publicly supported contraceptive services and supplies, by age-group, poverty status, and race and ethnicity—2010 and 2013 national summary, and 2013 state detail

State	Women needing publicly supported contraceptive services and supplies								
	Total	Aged <20	Poverty status, % of FPL (among those 20–44)				Race and ethnicity		
			<100%	100–137%	138–199%	200–249%	Non-Hispanic white	Non-Hispanic black	Hispanic
2010 Total	19,144,100	4,880,320	5,575,570	2,229,050	3,686,590	2,772,220	9,558,360	3,379,360	4,587,341
2013 Total	20,061,530	4,711,080	6,288,750	2,439,560	3,843,500	2,778,610	9,822,280	3,569,590	4,901,530
% change 2010–2013	5	–3	13	9	4	0	3	6	7
Alabama	323,490	74,490	109,730	38,480	59,400	41,390	168,380	125,110	17,610
Alaska	41,920	10,180	11,580	5,020	8,280	6,870	20,620	2,490	3,500
Arizona	458,900	93,180	156,350	59,260	90,820	59,290	184,110	23,630	197,580
Arkansas	200,210	44,590	64,600	24,680	40,520	25,830	126,720	46,010	18,170
California	2,660,280	537,170	845,520	356,370	535,270	385,940	676,590	185,650	1,404,500
Colorado	321,550	69,370	97,440	42,690	63,200	48,850	181,150	18,280	101,190
Connecticut	180,000	51,130	49,870	20,260	32,910	25,830	88,200	28,020	51,360
Delaware	54,920	13,520	16,850	7,340	9,840	7,370	28,920	15,250	7,240
District of Columbia	43,330	9,810	16,980	5,920	5,280	5,340	10,870	24,580	5,710
Florida	1,209,560	250,150	372,120	153,170	254,820	179,290	491,180	293,840	359,320
Georgia	692,800	158,210	226,170	83,040	133,000	92,380	275,840	289,620	83,640
Hawaii	71,210	17,080	18,990	8,430	15,700	11,000	14,410	1,640	9,840
Idaho	114,690	24,430	35,050	14,400	24,590	16,220	88,920	850	18,830
Illinois	782,170	216,410	237,600	89,620	141,110	97,420	365,190	175,870	186,960
Indiana	437,410	115,690	135,440	50,780	79,780	55,720	317,360	60,480	37,070
Iowa	183,860	54,860	52,130	18,360	31,940	26,570	147,630	9,200	15,780
Kansas	181,450	50,500	50,250	22,320	31,690	26,690	123,800	14,480	28,530
Kentucky	281,940	64,560	99,290	32,260	50,250	35,580	225,460	33,800	12,310
Louisiana	324,300	72,090	112,740	39,030	57,130	43,320	150,880	144,320	16,330
Maine	80,570	17,600	25,700	9,670	17,510	10,090	73,940	1,800	1,840
Maryland	294,200	83,550	76,610	29,080	59,140	45,820	109,520	115,760	40,760
Massachusetts	366,600	94,830	118,290	35,940	67,360	50,180	210,170	41,050	74,400
Michigan	645,320	175,610	212,800	67,330	114,830	74,750	418,270	138,020	45,400
Minnesota	294,200	89,610	80,850	30,950	50,190	42,590	202,600	32,610	24,520
Mississippi	226,530	53,330	79,630	26,570	39,740	27,270	95,260	116,830	7,260
Missouri	393,170	102,110	123,980	44,150	68,690	54,230	284,170	68,160	20,770
Montana	64,150	14,220	18,620	10,510	13,170	7,630	51,780	520	3,440
Nebraska	114,580	32,680	27,720	14,360	22,260	17,560	81,640	8,500	17,670
Nevada	187,410	36,790	55,770	23,950	43,070	27,830	65,500	22,470	75,000
New Hampshire	63,510	19,910	16,950	6,500	11,940	8,210	55,560	1,280	3,070
New Jersey	435,060	115,050	122,400	50,930	85,910	60,770	161,970	90,080	141,060
New Mexico	147,590	30,870	50,670	19,030	27,290	19,730	38,070	2,950	83,400
New York	1,229,380	272,350	411,370	144,630	234,090	166,930	503,940	235,370	334,140

TABLE 3. continued

State	Women needing publicly supported contraceptive services and supplies								
	Total	Aged <20	Poverty status, % of FPL (among those 20–44)				Race and ethnicity		
			<100%	100–137%	138–199%	200–249%	Non-Hispanic white	Non-Hispanic black	Hispanic
North Carolina	653,660	148,300	219,930	75,920	124,220	85,280	332,460	192,330	83,880
North Dakota	45,250	12,540	11,750	4,860	10,100	6,010	36,060	1,600	1,330
Ohio	729,680	198,070	236,180	85,270	120,150	90,000	513,460	141,780	37,060
Oklahoma	253,630	57,850	75,580	31,890	53,040	35,260	142,030	25,960	35,120
Oregon	268,770	52,120	90,530	35,350	49,720	41,050	185,170	6,440	48,000
Pennsylvania	759,140	183,010	239,430	85,040	145,800	105,860	493,040	133,920	85,930
Rhode Island	64,180	16,180	18,460	8,260	11,400	9,890	37,580	6,170	15,230
South Carolina	319,860	72,590	104,130	42,040	62,680	38,420	163,710	122,120	20,380
South Dakota	51,200	14,840	13,300	6,780	11,620	4,660	36,950	1,300	2,500
Tennessee	426,520	94,640	141,750	51,710	82,180	56,240	276,060	104,270	28,840
Texas	1,774,240	398,380	543,330	237,920	343,450	251,170	525,570	269,710	878,080
Utah	212,250	47,340	52,460	28,530	45,090	38,820	154,460	2,290	39,430
Vermont	35,860	9,830	9,410	4,270	6,530	5,830	32,360	440	1,460
Virginia	446,040	117,220	126,030	49,990	85,280	67,520	229,710	123,940	52,320
Washington	432,250	91,170	134,770	52,820	87,210	66,280	259,760	22,970	83,870
West Virginia	111,060	25,560	36,410	12,540	20,630	15,930	99,570	6,050	2,350
Wisconsin	336,050	96,710	94,230	37,460	57,580	50,070	237,960	39,170	32,740
Wyoming	35,630	8,800	11,010	3,880	6,100	5,830	27,750	610	4,810

Note: FPL=federal poverty level.

TABLE 4. Total number of women aged 13–44, number in need of contraceptive services and supplies, and number in need of publicly funded contraceptive services and supplies, and percentage change between 2010 and 2013—national summary and state detail, 2000, 2010 and 2013

State	All women 13–44				Women needing contraceptive services and supplies				Women needing publicly funded contraceptive services and supplies			
	2000	2010	2013	% change 2010–2013	2000	2010	2013	% change 2010–2013	2000	2010	2013	% change 2010–2013
Total	65,506,530	66,419,460	67,016,900	1	33,982,660	37,400,340	37,903,410	1	16,396,050	19,144,100	20,061,530	5
Alabama	1,032,010	1,022,450	1,022,750	0	496,250	542,770	545,010	0	275,750	320,280	323,490	1
Alaska	152,150	153,090	157,020	3	71,620	88,790	91,540	3	32,230	37,400	41,920	12
Arizona	1,156,640	1,349,610	1,380,500	2	606,160	788,050	808,340	3	314,600	429,830	458,900	7
Arkansas	599,970	607,900	613,330	1	279,870	317,720	321,220	1	165,250	198,090	200,210	1
California	8,050,740	8,393,180	8,481,950	1	4,281,480	4,998,920	5,093,470	2	2,110,740	2,472,310	2,660,280	8
Colorado	1,030,440	1,088,870	1,133,040	4	536,670	642,480	670,150	4	229,000	307,160	321,550	5
Connecticut	768,970	738,970	731,550	–1	438,450	435,540	432,500	–1	161,100	175,950	180,000	2
Delaware	184,230	190,320	190,940	0	92,530	104,560	104,930	0	39,760	50,450	54,920	9
District of Columbia	149,480	167,470	179,290	7	84,830	105,240	111,670	6	41,260	44,560	43,330	–3
Florida	3,425,830	3,782,800	3,861,860	2	1,699,100	2,061,580	2,117,160	3	848,380	1,116,280	1,209,560	8
Georgia	2,013,930	2,205,910	2,227,520	1	988,200	1,189,220	1,202,840	1	472,120	648,120	692,800	7
Hawaii	269,590	278,220	281,430	1	137,950	165,700	168,370	2	61,390	67,880	71,210	5
Idaho	298,020	328,770	335,100	2	140,820	183,710	185,810	1	80,360	112,370	114,690	2
Illinois	2,916,860	2,805,470	2,773,010	–1	1,568,370	1,556,970	1,542,290	–1	694,420	767,110	782,170	2
Indiana	1,409,540	1,375,360	1,381,940	0	735,070	744,300	751,110	1	357,070	422,430	437,410	4
Iowa	651,850	615,300	622,720	1	324,810	330,620	336,660	2	168,760	182,930	183,860	1
Kansas	612,840	592,910	597,460	1	308,670	322,990	324,550	0	157,410	177,400	181,450	2
Kentucky	941,850	909,390	908,970	0	442,320	472,160	475,820	1	240,430	273,030	281,940	3
Louisiana	1,073,590	987,600	999,890	1	519,690	534,580	543,120	2	309,360	310,720	324,300	4
Maine	285,450	257,550	250,250	–3	152,170	143,950	140,440	–2	78,700	77,520	80,570	4
Maryland	1,265,140	1,268,630	1,271,660	0	637,240	712,160	715,820	1	243,480	277,170	294,200	6
Massachusetts	1,505,400	1,430,910	1,437,840	0	879,720	873,940	881,870	1	333,710	351,830	366,600	4
Michigan	2,298,840	2,051,780	2,021,580	–1	1,214,580	1,113,390	1,108,900	0	562,410	623,060	645,320	4
Minnesota	1,155,060	1,114,610	1,119,160	0	598,050	614,320	618,760	1	253,250	287,010	294,200	3
Mississippi	676,790	644,200	642,540	0	309,680	335,430	335,980	0	194,380	213,460	226,530	6
Missouri	1,285,750	1,254,060	1,251,650	0	664,690	684,240	684,360	0	342,080	387,790	393,170	1
Montana	198,720	191,690	196,030	2	89,240	104,700	106,550	2	54,990	60,200	64,150	7
Nebraska	389,980	378,850	386,080	2	196,620	204,690	207,900	2	102,430	110,640	114,580	4
Nevada	450,350	585,730	593,380	1	238,580	346,920	352,300	2	110,030	172,670	187,410	9
New Hampshire	287,360	267,020	259,880	–3	157,610	151,140	148,860	–2	62,840	63,840	63,510	–1
New Jersey	1,926,570	1,854,510	1,835,470	–1	1,100,840	1,112,140	1,102,640	–1	395,100	414,670	435,060	5
New Mexico	419,340	426,120	426,660	0	206,600	240,530	242,300	1	127,390	144,920	147,590	2
New York	4,468,370	4,289,390	4,267,440	–1	2,556,730	2,601,230	2,606,780	0	1,195,150	1,187,850	1,229,380	3

TABLE 4. continued

State	All women 13–44				Women needing contraceptive services and supplies				Women needing publicly funded contraceptive services and supplies			
	2000	2010	2013	% change 2010–2013	2000	2010	2013	% change 2010–2013	2000	2010	2013	% change 2010–2013
North Carolina	1,888,920	2,070,090	2,100,070	1	924,450	1,105,570	1,120,510	1	455,030	619,570	653,660	6
North Dakota	144,480	137,050	148,800	8	71,530	75,590	83,000	10	41,810	42,290	45,250	7
Ohio	2,603,250	2,386,230	2,365,430	–1	1,368,970	1,295,830	1,290,050	0	657,860	710,200	729,680	3
Oklahoma	783,120	784,610	806,810	3	371,710	420,260	433,860	3	217,250	241,450	253,630	5
Oregon	768,730	801,580	818,280	2	389,810	465,570	475,870	2	196,920	251,590	268,770	7
Pennsylvania	2,727,140	2,599,600	2,568,360	–1	1,527,500	1,530,470	1,522,720	–1	715,330	734,640	759,140	3
Rhode Island	245,870	227,270	221,820	–2	142,760	137,750	136,160	–1	66,370	66,060	64,180	–3
South Carolina	940,110	985,250	996,790	1	458,220	530,550	540,440	2	244,440	307,870	319,860	4
South Dakota	169,310	162,990	167,430	3	81,890	87,060	90,170	4	47,370	50,600	51,200	1
Tennessee	1,326,530	1,354,890	1,370,730	1	645,820	718,420	730,200	2	331,390	410,670	426,520	4
Texas	5,050,370	5,689,320	5,926,430	4	2,469,310	3,051,530	3,190,970	5	1,303,550	1,690,150	1,774,240	5
Utah	563,610	644,840	676,300	5	292,430	377,360	393,630	4	147,120	198,200	212,250	7
Vermont	139,280	125,680	123,450	–2	72,340	69,620	68,060	–2	37,550	35,560	35,860	1
Virginia	1,684,420	1,752,430	1,778,580	1	834,890	971,730	990,160	2	365,760	421,280	446,040	6
Washington	1,376,280	1,441,110	1,469,680	2	708,340	853,190	874,100	2	318,990	401,600	432,250	8
West Virginia	396,210	363,430	360,320	–1	181,800	186,970	188,060	1	110,200	110,870	111,060	0
Wisconsin	1,235,200	1,170,950	1,160,440	–1	634,220	636,030	631,430	–1	294,440	332,520	336,050	1
Wyoming	112,040	113,500	117,290	3	51,470	62,160	64,000	3	29,340	32,050	35,630	11

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, both by age-group, poverty status, and race and ethnicity—2013 national and state detail

State	% of women in need who are uninsured							Estimated no. of women in need who are uninsured						
	Total	Aged <20	Poverty status, % of FPL (among those 20–44)		Race and ethnicity			Total	Aged <20	Poverty status, % of FPL (among those 20–44)		Race and ethnicity		
			<138%	138–249%	Non-hispanic white	Non-hispanic black	Hispanic			<138%	138–249%	Non-hispanic white	Non-hispanic black	Hispanic
Total	28	11	36	28	22	23	40	5,590,770	540,700	3,174,090	1,875,980	2,149,430	883,850	2,053,860
Alabama	28	10	38	25	25	27	52	89,250	7,130	57,050	25,070	42,760	33,600	9,110
Alaska	35	17	43	38	30	31	48	14,650	1,710	7,180	5,760	6,140	770	1,670
Arizona	31	18	38	29	23	23	39	142,030	16,360	82,080	43,590	43,020	5,400	77,350
Arkansas	31	12	42	29	29	29	48	62,320	5,250	37,870	19,200	37,240	13,300	8,750
California	31	13	38	33	22	22	39	834,810	71,060	460,600	303,150	147,120	39,990	542,060
Colorado	27	14	33	28	21	22	38	87,750	9,450	46,770	31,530	38,900	4,060	38,860
Connecticut	19	7	25	23	14	17	30	34,730	3,700	17,460	13,570	12,270	4,800	15,240
Delaware	18	8	23	19	15	14	32	9,850	1,020	5,620	3,210	4,420	2,200	2,340
District of Columbia	11	8	12	13	9	10	20	4,900	780	2,770	1,350	980	2,440	1,160
Florida	36	19	45	36	30	32	47	438,510	46,310	235,470	156,730	149,720	94,580	168,870
Georgia	35	15	46	33	30	32	59	240,510	22,990	143,430	74,090	81,590	91,790	49,340
Hawaii	14	7	18	14	12	12	18	9,850	1,190	4,910	3,750	1,700	190	1,820
Idaho	30	14	38	29	26	25	45	34,000	3,300	18,930	11,770	23,110	210	8,500
Illinois	23	9	31	26	17	21	38	182,540	18,680	101,080	62,780	60,910	37,600	70,730
Indiana	27	11	37	26	25	26	41	117,200	12,270	69,410	35,520	78,930	15,480	15,230
Iowa	17	7	24	17	15	17	32	30,620	3,890	16,900	9,830	21,770	1,590	5,030
Kansas	26	11	37	25	22	23	41	46,920	5,710	26,570	14,640	27,280	3,310	11,700
Kentucky	29	10	40	26	27	29	48	81,230	6,290	52,370	22,570	61,970	9,680	5,860
Louisiana	32	10	43	30	29	31	52	102,530	7,470	64,520	30,540	43,850	45,350	8,500
Maine	19	6	24	22	19	22	38	15,680	1,130	8,600	5,950	13,850	390	700
Maryland	20	8	26	24	14	17	43	59,560	6,610	27,810	25,140	15,730	19,650	17,520
Massachusetts	7	2	9	9	6	7	11	26,220	2,070	14,060	10,090	12,040	2,890	7,970
Michigan	20	7	27	21	18	20	31	128,280	12,030	76,860	39,390	77,220	27,640	14,160
Minnesota	15	7	21	17	12	18	36	45,410	6,020	23,440	15,950	24,530	5,760	8,910
Mississippi	30	13	40	28	29	30	49	68,450	6,780	42,940	18,730	27,720	34,570	3,550
Missouri	26	11	36	24	24	26	43	101,660	11,430	60,190	30,040	68,850	17,710	8,830
Montana	30	14	37	31	27	33	50	19,360	1,970	10,930	6,460	13,790	170	1,730
Nebraska	22	9	33	23	18	23	38	25,660	2,780	13,760	9,120	15,100	1,970	6,760
Nevada	38	20	48	35	31	31	48	70,880	7,490	38,380	25,010	20,110	6,980	35,730
New Hampshire	23	8	33	27	22	19	37	14,570	1,600	7,630	5,340	12,040	240	1,150
New Jersey	30	11	39	34	21	23	44	129,320	12,840	67,330	49,150	34,630	20,710	61,850
New Mexico	35	16	45	32	24	27	39	51,570	5,010	31,330	15,230	9,040	790	32,600
New York	19	6	23	21	14	15	28	229,710	16,560	128,110	85,040	68,060	35,080	92,980

TABLE 5. continued

State	% of women in need who are uninsured							Estimated no. of women in need who are uninsured						
	Total	Aged <20	Poverty status, % of FPL (among those 20–44)		Race and ethnicity			Total	Aged <20	Poverty status, % of FPL (among those 20–44)		Race and ethnicity		
			<138%	138–249%	Non-hispanic white	Non-hispanic black	Hispanic			<138%	138–249%	Non-hispanic white	Non-hispanic black	Hispanic
North Carolina	30	10	42	29	25	28	57	198,330	14,660	123,750	59,920	82,580	53,310	47,530
North Dakota	19	9	25	21	17	24	33	8,700	1,150	4,140	3,410	6,130	380	440
Ohio	20	7	27	21	19	18	34	143,860	14,800	85,460	43,600	96,460	25,550	12,540
Oklahoma	33	15	43	33	28	30	51	83,880	8,610	46,350	28,920	39,080	7,880	17,830
Oregon	28	11	35	28	24	23	43	75,130	5,980	44,040	25,110	44,910	1,450	20,420
Pennsylvania	20	6	27	21	18	19	30	150,630	11,690	86,770	52,170	88,380	25,790	25,580
Rhode Island	23	7	31	25	17	22	36	14,740	1,160	8,180	5,400	6,530	1,350	5,440
South Carolina	30	13	39	28	28	26	55	94,640	9,780	56,810	28,050	45,160	32,260	11,190
South Dakota	23	12	32	22	19	23	37	11,720	1,850	6,330	3,540	7,100	300	920
Tennessee	25	9	33	23	23	21	53	105,310	8,970	64,350	31,990	62,580	21,690	15,190
Texas	43	22	55	41	31	32	53	755,160	85,850	426,950	242,360	160,310	87,130	464,500
Utah	26	12	35	24	20	23	49	54,740	5,820	28,620	20,300	30,170	530	19,280
Vermont	11	3	15	14	11	11	25	4,080	310	2,080	1,690	3,440	50	360
Virginia	26	9	36	27	21	25	46	115,450	10,790	63,100	41,560	48,830	30,860	24,060
Washington	30	11	38	30	25	27	46	127,940	10,390	71,280	46,270	64,370	6,150	38,310
West Virginia	28	9	39	28	28	25	43	31,530	2,410	18,980	10,140	28,250	1,510	1,020
Wisconsin	16	7	22	17	14	17	33	54,860	6,970	29,250	18,640	32,160	6,630	10,650
Wyoming	27	7	36	30	24	23	42	9,540	630	5,290	3,620	6,600	140	2,040

TABLE 6. Number of women receiving publicly supported contraceptive services, by state—2001, 2010 and 2013

State	2001	2010	2013	% change 2001–2010	% change 2010–2013
All publicly supported providers	7,970,070	8,916,280	8,349,244	12	-6
Private doctors serving Medicaid recipients	1,306,500	2,210,000	2,515,574	69	14
Publicly funded clinics	6,663,570	6,706,280	5,833,670	1	-13
Alabama	113,310	115,460	108,620	2	-6
Alaska	24,530	23,500	22,140	-4	-6
Arizona	100,680	97,610	80,880	-3	-17
Arkansas	81,340	83,940	81,790	3	-3
California	1,014,890	1,529,820	1,441,370	51	-6
Colorado	132,890	150,040	131,380	13	-12
Connecticut	70,560	74,170	68,670	5	-7
Delaware	20,600	24,180	17,320	17	-28
District of Columbia	19,140	24,220	35,640	27	47
Florida	266,100	295,180	232,780	11	-21
Georgia	199,840	154,060	131,030	-23	-15
Hawaii	9,020	23,910	19,800	165	-17
Idaho	41,720	32,810	26,550	-21	-19
Illinois	206,340	200,180	158,900	-3	-21
Indiana	147,260	110,380	91,580	-25	-17
Iowa	69,230	83,930	66,170	21	-21
Kansas	57,660	50,290	38,000	-13	-24
Kentucky	133,450	104,330	88,180	-22	-15
Louisiana	82,810	65,130	45,070	-21	-31
Maine	49,150	32,990	27,500	-33	-17
Maryland	82,230	89,170	77,600	8	-13
Massachusetts	138,640	106,120	89,570	-23	-16
Michigan	233,810	156,420	118,600	-33	-24
Minnesota	103,880	92,410	87,890	-11	-5
Mississippi	121,240	83,200	68,860	-31	-17
Missouri	108,590	95,870	76,130	-12	-21
Montana	33,920	34,390	31,410	1	-9
Nebraska	35,170	32,600	26,530	-7	-19
Nevada	47,730	36,480	29,650	-24	-19
New Hampshire	30,680	23,900	20,920	-22	-12
New Jersey	129,630	145,740	107,330	12	-26
New Mexico	68,500	68,760	52,540	0	-24
New York	446,500	436,080	437,800	-2	0
North Carolina	194,250	164,450	152,510	-15	-7
North Dakota	16,010	18,580	13,160	16	-29
Ohio	201,040	156,880	111,430	-22	-29
Oklahoma	95,260	109,800	84,760	15	-23
Oregon	123,270	131,620	111,630	7	-15
Pennsylvania	293,900	263,390	262,180	-10	0
Rhode Island	16,200	23,070	24,790	42	7
South Carolina	139,070	110,060	94,350	-21	-14
South Dakota	22,950	23,070	16,450	1	-29
Tennessee	102,870	87,740	121,420	-15	38
Texas	540,620	431,760	281,170	-20	-35
Utah	41,660	56,390	51,280	35	-9
Vermont	20,620	17,150	21,950	-17	28
Virginia	97,150	95,060	85,590	-2	-10
Washington	168,510	162,130	111,880	-4	-31
West Virginia	59,400	47,940	51,720	-19	8
Wisconsin	93,010	114,280	87,120	23	-24
Wyoming	16,770	15,690	12,080	-6	-23

TABLE 7. Number of women receiving Title X–supported contraceptive services, by state—2001, 2010 and 2013

State	2001	2010	2013	% change 2001–2010	% change 2010–2013
Title X supported clinics	4,599,930	4,724,250	4,146,860	3	-12
Alabama	94,410	103,660	97,520	10	-4
Alaska	10,450	6,810	6,420	-35	-10
Arizona	46,730	42,740	35,420	-9	-20
Arkansas	71,770	77,070	75,100	7	1
California	672,170	1,100,770	1,037,120	64	42
Colorado	57,660	57,860	50,670	0	-1
Connecticut	47,430	38,140	35,310	-20	-3
Delaware	20,600	23,880	17,110	16	-16
District of Columbia	14,390	21,060	30,990	46	86
Florida	197,170	228,710	180,360	16	-13
Georgia	178,710	132,510	112,700	-26	-34
Hawaii	9,020	23,570	19,520	161	120
Idaho	37,090	22,910	18,540	-38	-36
Illinois	154,620	112,380	89,210	-27	-23
Indiana	48,970	39,850	33,060	-19	-38
Iowa	57,470	66,660	52,550	16	-4
Kansas	43,770	39,670	29,980	-9	-34
Kentucky	113,650	96,770	81,790	-15	-34
Louisiana	75,950	46,810	32,400	-38	-46
Maine	30,600	25,210	21,010	-18	-44
Maryland	71,410	74,620	64,940	4	-6
Massachusetts	73,460	64,640	54,560	-12	-35
Michigan	187,280	116,770	88,540	-38	-49
Minnesota	44,290	52,840	50,250	19	-15
Mississippi	102,570	66,210	54,800	-35	-43
Missouri	76,010	60,980	48,430	-20	-30
Montana	28,820	24,040	21,960	-17	-7
Nebraska	33,550	29,160	23,730	-13	-25
Nevada	36,350	23,890	19,410	-34	-38
New Hampshire	27,890	21,930	19,200	-21	-32
New Jersey	103,590	122,660	90,340	18	-17
New Mexico	34,580	36,720	28,060	6	-23
New York	295,360	318,800	320,060	8	-2
North Carolina	142,230	133,160	123,490	-6	-21
North Dakota	13,920	13,540	9,590	-3	-18
Ohio	136,010	97,040	68,920	-29	-45
Oklahoma	71,580	72,350	55,850	1	-11
Oregon	66,700	68,160	57,810	2	-9
Pennsylvania	262,810	233,240	232,170	-11	-11
Rhode Island	13,680	21,340	22,930	56	53
South Carolina	121,360	91,390	78,350	-25	-32
South Dakota	15,970	10,230	7,300	-36	-28
Tennessee	81,730	72,800	100,740	-11	18
Texas	253,960	251,600	163,850	-1	-48
Utah	21,430	37,690	34,280	76	23
Vermont	10,510	6,320	8,090	-40	6
Virginia	75,990	75,960	68,390	0	-12
Washington	103,150	107,570	74,230	4	-34
West Virginia	56,340	46,450	50,120	-18	-13
Wisconsin	41,380	53,230	40,580	29	-6
Wyoming	13,390	11,910	9,170	-11	-28

TABLE 8. Percentage of the need for publicly funded contraceptive services met by all publicly supported providers and by Title X–funded clinics, by state—2001, 2010 and 2013

State	% of need met by publicly supported providers			% of need met by Title X–funded clinics		
	2001	2010	2013	2001	2010	2013
All publicly supported providers	49	47	42	na	na	na
Private doctors serving Medicaid recipients	8	12	13	na	na	na
Publicly funded clinics	41	35	29	28	25	21
Alabama	41	36	34	34	32	30
Alaska	76	63	53	32	18	15
Arizona	32	23	18	15	10	8
Arkansas	49	42	41	43	39	38
California	48	62	54	32	45	39
Colorado	58	49	41	25	19	16
Connecticut	44	42	38	29	22	20
Delaware	52	48	32	52	47	31
District of Columbia	46	54	82	35	47	72
Florida	31	26	19	23	20	15
Georgia	42	24	19	38	20	16
Hawaii	15	35	28	15	35	27
Idaho	52	29	23	46	20	16
Illinois	30	26	20	22	15	11
Indiana	41	26	21	14	9	8
Iowa	41	46	36	34	36	29
Kansas	37	28	21	28	22	17
Kentucky	56	38	31	47	35	29
Louisiana	27	21	14	25	15	10
Maine	62	43	34	39	33	26
Maryland	34	32	26	29	27	22
Massachusetts	42	30	24	22	18	15
Michigan	42	25	18	33	19	14
Minnesota	41	32	30	18	18	17
Mississippi	62	39	30	53	31	24
Missouri	32	25	19	22	16	12
Montana	62	57	49	52	40	34
Nebraska	34	29	23	33	26	21
Nevada	43	21	16	33	14	10
New Hampshire	49	37	33	44	34	30
New Jersey	33	35	25	26	30	21
New Mexico	54	47	36	27	25	19
New York	37	37	36	25	27	26
North Carolina	43	27	23	31	21	19
North Dakota	38	44	29	33	32	21
Ohio	31	22	15	21	14	9
Oklahoma	44	45	33	33	30	22
Oregon	63	52	42	34	27	22
Pennsylvania	41	36	35	37	32	31
Rhode Island	24	35	39	21	32	36
South Carolina	57	36	29	50	30	24
South Dakota	48	46	32	34	20	14
Tennessee	31	21	28	25	18	24
Texas	41	26	16	20	15	9
Utah	28	28	24	15	19	16
Vermont	55	48	61	28	18	23
Virginia	27	23	19	21	18	15
Washington	53	40	26	32	27	17
West Virginia	54	43	47	51	42	45
Wisconsin	32	34	26	14	16	12
Wyoming	57	49	34	46	37	26

Note : na=not applicable.

TABLE 9. Number of unintended pregnancies, births and abortions averted among clients served by all publicly supported providers and among clients served by Title X-funded clinics, both by state—2013

State	All publicly funded providers			Title X-funded providers		
	Events averted			Events averted		
	Unintended pregnancies	Unplanned births	Abortions	Unintended pregnancies	Unplanned births	Abortions
All publicly supported providers	2,031,000	1,007,100	693,000	na	na	na
Private doctors serving Medicaid recipients	608,400	301,700	207,600	na	na	na
Publicly funded clinics	1,422,600	705,400	485,400	1,011,300	501,500	345,000
Alabama	26,500	13,100	9,000	23,800	11,800	8,100
Alaska	5,400	2,700	1,800	1,600	800	500
Arizona	19,700	9,800	6,700	8,600	4,300	2,900
Arkansas	19,900	9,900	6,800	18,300	9,100	6,200
California	351,500	174,300	119,900	252,900	125,400	86,300
Colorado	32,000	15,900	10,900	12,400	6,100	4,200
Connecticut	16,700	8,300	5,700	8,600	4,300	2,900
Delaware	4,200	2,100	1,400	4,200	2,100	1,400
District of Columbia	8,700	4,300	3,000	7,600	3,800	2,600
Florida	56,800	28,200	19,400	44,000	21,800	15,000
Georgia	32,000	15,900	10,900	27,500	13,600	9,400
Hawaii	4,800	2,400	1,600	4,800	2,400	1,600
Idaho	6,500	3,200	2,200	4,500	2,200	1,500
Illinois	38,800	19,200	13,200	21,800	10,800	7,400
Indiana	22,300	11,100	7,600	8,100	4,000	2,800
Iowa	16,100	8,000	5,500	12,800	6,300	4,400
Kansas	9,300	4,600	3,200	7,300	3,600	2,500
Kentucky	21,500	10,700	7,300	19,900	9,900	6,800
Louisiana	11,000	5,500	3,800	7,900	3,900	2,700
Maine	6,700	3,300	2,300	5,100	2,500	1,700
Maryland	18,900	9,400	6,400	15,800	7,800	5,400
Massachusetts	21,800	10,800	7,400	13,300	6,600	4,500
Michigan	28,900	14,300	9,900	21,600	10,700	7,400
Minnesota	21,400	10,600	7,300	12,300	6,100	4,200
Mississippi	16,800	8,300	5,700	13,400	6,600	4,600
Missouri	18,600	9,200	6,300	11,800	5,900	4,000
Montana	7,700	3,800	2,600	5,400	2,700	1,800
Nebraska	6,500	3,200	2,200	5,800	2,900	2,000
Nevada	7,200	3,600	2,500	4,700	2,300	1,600
New Hampshire	5,100	2,500	1,700	4,700	2,300	1,600
New Jersey	26,200	13,000	8,900	22,000	10,900	7,500
New Mexico	12,800	6,300	4,400	6,800	3,400	2,300
New York	106,800	53,000	36,400	78,100	38,700	26,600
North Carolina	37,200	18,400	12,700	30,100	14,900	10,300
North Dakota	3,200	1,600	1,100	2,300	1,100	800
Ohio	27,200	13,500	9,300	16,800	8,300	5,700
Oklahoma	20,700	10,300	7,100	13,600	6,700	4,600
Oregon	27,200	13,500	9,300	14,100	7,000	4,800
Pennsylvania	63,900	31,700	21,800	56,600	28,100	19,300
Rhode Island	6,000	3,000	2,000	5,600	2,800	1,900
South Carolina	23,000	11,400	7,800	19,100	9,500	6,500
South Dakota	4,000	2,000	1,400	1,800	900	600
Tennessee	29,600	14,700	10,100	24,600	12,200	8,400
Texas	68,600	34,000	23,400	40,000	19,800	13,600
Utah	12,500	6,200	4,300	8,400	4,200	2,900
Vermont	5,400	2,700	1,800	2,000	1,000	700
Virginia	20,900	10,400	7,100	16,700	8,300	5,700
Washington	27,300	13,500	9,300	18,100	9,000	6,200
West Virginia	12,600	6,200	4,300	12,200	6,000	4,200
Wisconsin	21,200	10,500	7,200	9,900	4,900	3,400
Wyoming	2,900	1,400	1,000	2,200	1,100	800

Note: na=not applicable.

TABLE 10. Number of teenage contraceptive clients; percentage of teens' need for services that is met; and number of unintended pregnancies, unplanned births and abortions among teenagers averted by all publicly funded clinics and by Title X-funded clinics, all by state—2013

State	No. of teens served at publicly funded clinics	% of teens' need met by publicly funded clinics	No. unintended events averted among teens by all clinics			No. of teens served at Title X-funded clinics	% of teens' need met by Title X-funded clinics	No. unintended events averted among teens by Title X-funded clinics		
			Pregnancies	Births	Abortions			Pregnancies	Births	Abortions
Total	1,066,210	23	260,000	137,700	79,100	764,810	16	186,500	98,800	56,700
Alabama	22,510	30	5,500	2,900	1,700	20,310	27	5,000	2,600	1,500
Alaska	3,640	36	900	500	300	1,060	10	300	200	100
Arizona	13,110	14	3,200	1,700	1,000	5,770	6	1,400	700	400
Arkansas	15,710	35	3,800	2,000	1,200	14,500	33	3,500	1,900	1,100
California	233,320	43	56,900	30,100	17,300	168,750	31	41,200	21,800	12,500
Colorado	20,510	30	5,000	2,600	1,500	7,950	11	1,900	1,000	600
Connecticut	12,540	25	3,100	1,600	900	6,480	13	1,600	800	500
Delaware	4,850	36	1,200	600	400	4,820	36	1,200	600	400
District of Columbia	6,510	66	1,600	800	500	5,690	58	1,400	700	400
Florida	44,140	18	10,800	5,700	3,300	34,380	14	8,400	4,400	2,600
Georgia	29,130	18	7,100	3,800	2,200	25,190	16	6,100	3,200	1,900
Hawaii	4,140	24	1,000	500	300	4,100	24	1,000	500	300
Idaho	5,120	21	1,200	600	400	3,590	15	900	500	300
Illinois	32,050	15	7,800	4,100	2,400	18,080	8	4,400	2,300	1,300
Indiana	18,370	16	4,500	2,400	1,400	6,670	6	1,600	800	500
Iowa	14,540	27	3,500	1,900	1,100	11,610	21	2,800	1,500	900
Kansas	5,850	12	1,400	700	400	4,640	9	1,100	600	300
Kentucky	13,460	21	3,300	1,700	1,000	12,550	19	3,100	1,600	900
Louisiana	9,560	13	2,300	1,200	700	6,910	10	1,700	900	500
Maine	5,810	33	1,400	700	400	4,460	25	1,100	600	300
Maryland	16,630	20	4,100	2,200	1,200	13,990	17	3,400	1,800	1,000
Massachusetts	19,620	21	4,800	2,500	1,500	12,010	13	2,900	1,500	900
Michigan	22,710	13	5,500	2,900	1,700	17,040	10	4,200	2,200	1,300
Minnesota	14,370	16	3,500	1,900	1,100	8,260	9	2,000	1,100	600
Mississippi	18,960	36	4,600	2,400	1,400	15,160	28	3,700	2,000	1,100
Missouri	14,320	14	3,500	1,900	1,100	9,150	9	2,200	1,200	700
Montana	6,320	44	1,500	800	500	4,440	31	1,100	600	300
Nebraska	4,260	13	1,000	500	300	3,830	12	900	500	300
Nevada	4,780	13	1,200	600	400	3,150	9	800	400	200
New Hampshire	3,860	19	900	500	300	3,560	18	900	500	300
New Jersey	17,300	15	4,200	2,200	1,300	14,630	13	3,600	1,900	1,100
New Mexico	10,160	33	2,500	1,300	800	5,450	18	1,300	700	400
New York	77,990	29	19,000	10,100	5,800	57,310	21	14,000	7,400	4,300

TABLE 10. continued

State	No. of teens served at publicly funded clinics	% of teens' need met by publicly funded clinics	No. unintended events averted among teens by all clinics			No. of teens served at Title X-funded clinics	% of teens' need met by Title X-funded clinics	No. unintended events averted among teens by Title X-funded clinics		
			Pregnancies	Births	Abortions			Pregnancies	Births	Abortions
North Carolina	23,920	16	5,800	3,100	1,800	19,470	13	4,700	2,500	1,400
North Dakota	2,440	19	600	300	200	1,790	14	400	200	100
Ohio	22,730	11	5,500	2,900	1,700	14,130	7	3,400	1,800	1,000
Oklahoma	16,350	28	4,000	2,100	1,200	10,830	19	2,600	1,400	800
Oregon	20,570	39	5,000	2,600	1,500	10,710	21	2,600	1,400	800
Pennsylvania	54,210	30	13,200	7,000	4,000	48,250	26	11,800	6,300	3,600
Rhode Island	4,190	26	1,000	500	300	3,900	24	1,000	500	300
South Carolina	16,290	22	4,000	2,100	1,200	13,590	19	3,300	1,700	1,000
South Dakota	3,030	20	700	400	200	1,350	9	300	200	100
Tennessee	26,750	28	6,500	3,400	2,000	22,310	24	5,400	2,900	1,600
Texas	47,390	12	11,600	6,100	3,500	27,760	7	6,800	3,600	2,100
Utah	7,830	17	1,900	1,000	600	5,260	11	1,300	700	400
Vermont	4,290	44	1,000	500	300	1,590	16	400	200	100
Virginia	16,170	14	3,900	2,100	1,200	12,990	11	3,200	1,700	1,000
Washington	21,310	23	5,200	2,800	1,600	14,210	16	3,500	1,900	1,100
West Virginia	10,270	40	2,500	1,300	800	10,000	39	2,400	1,300	700
Wisconsin	19,890	21	4,900	2,600	1,500	9,310	10	2,300	1,200	700
Wyoming	2,460	28	600	300	200	1,880	21	500	300	200



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