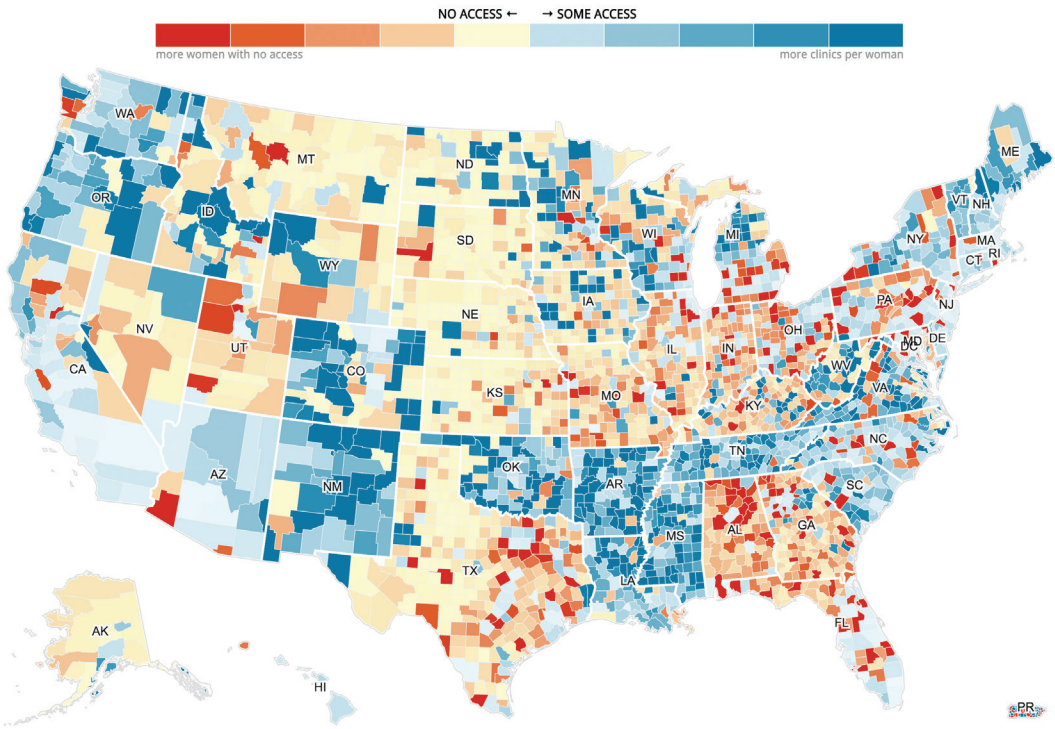
The National Campaign
to Prevent Teen and Unplanned Pregnancy

PUBLICLY FUNDED SITES OFFERING BIRTH CONTROL BY COUNTY



ABOUT THE BIRTH CONTROL ACCESS MAP

WHAT DOES THE MAP SHOW?

The Birth Control Access Map depicts the availability of publicly funded clinics in each U.S. county that provide **any form of birth control** in one view and **the full range of methods (using the availability of both the Implant and IUD as a marker)** in the other view.

When there are zero publicly funded clinics in a county, the colors reflect the number of women in need of publicly funded contraception who live in those counties, ranging from yellow (fewer women living there) to red (more women living there). When clinics are present in a county, they are represented in shades of blue, with the darkest blue representing "reasonable access," which is defined as meeting the recommended ratio of clinics/providers to the population that needs to be served in that particular county.

CONTRACEPTIVE DESERTS

Contraceptive deserts are defined as a county where the number of public clinics is not enough to meet the needs of the county's population, with at least one clinic to every 1,000 women in need of publicly funded contraception. We consulted the ratios developed by Richard Cooper, M.D. of the University

19,765,530

Total number of women in need who live in contraceptive deserts meaning they lack "reasonable access" to a public clinic with the full range of methods. "Reasonable access" is a county where the number of public clinics, and estimated number of providers in those clinics, are enough to meet the needs of the county's population, defined as at least 1 clinic/provider to every 1,000 women.

3,115,910

Number of women in need in counties without a single public clinic that offers the full range of contraceptive methods.

38,265,700

Total number of women, aged 13-44, in the U.S.

10,457,420

Total number of women, aged 13-44, in counties without any access to a single publicly funded clinic offering the full range of methods.

of Pennsylvania/Wharton School, one of the leading physician utilization and supply experts in the United States, in his "Hospital Specific Physician Requirements Model." Dr. Cooper's model, developed in 2012, indicates the number of physicians in various specialties that a community can support and is "demand-based." The numbers are based on national figures and are not necessarily universally applicable, but they are among the most accurate we have to study supply and demand. Using these numbers, which indicate a demand of nearly 100 physicians for a population of 100,000 for family practice services, and estimating one provider always available in any given clinic, we then denote "reasonable access" as one clinic per 1,000 in a county. Those counties with one clinic per 1,000 women are shown by the darkest blue, counties with one clinic per 2,000 women are shown by the middle blue shade, and those with one clinic per 5,000, women are shown by the lightest blue.

DATA SOURCES

The maps include more than 18,000 clinics and providers. The data on clinics come from more than 10 verified sources, including Title X clinics, Planned Parenthood, the Indian Health Service, and The National Association of County and City Health Officials (NACCHO), among others. The National Campaign manages this nationwide compilation of data, which also includes territories like Puerto Rico. The vast majority of publicly-funded clinic locations are included on these maps, as well as private providers and other health care sites that have made themselves known to us. Any site or provider can register their location and services at *https://bedsider.org/clinic_submissions/new*. The data on the number of women in need of publicly funded contraception come from the Guttmacher Institute.

DATA LIMITATIONS

While we are continually updating our information, the U.S. is a big country and the landscape of contraceptive access is consistently changing. One clarification is that the database has limited listings of private providers even though there are more in the U.S. who accept Medicaid and could, in theory, offer the full range of methods to women in need. We are now turning our attention to building this list. Furthermore, as pharmacies become sources of a wider range of direct access to contraception in the U.S. (without a prescription) in places like California, Oregon, and Tennessee—and online—we will begin to build a database of these locations. However, no pharmacy or online source offers direct access to the full range, and most effective forms, of contraception—the focus of our heat map.

ACCESS VIEW LIMITATIONS

The current view is only one way of looking at access (by proximity of a publicly funded clinic and the availability of the full range of methods for women in need). The color chart doesn't depict the population of women who are not in need of publicly funded contraceptive services and supplies yet may still need to rely on these clinics. Included in this group are women who may not want to use their insurance for privacy reasons, or who travel to a location out of their area to hide their contraceptive choice from their partner—an all-too-common story—so as to avoid birth control sabotage or coercion.

There are many other barriers that may stand in the way of a person's access that we would like to represent in the future including lack of same-day service, cost, the availability of a same-gender provider, pleasant environment, or customer service rating. In addition, our current view of proximity is limited in that it does not represent one's ability to access transportation to get to a clinic or pharmacy. There are many areas of the country where the percentage of people who lack access to a vehicle and other forms of transportation is high thus making more important the availability of close-by clinics and pharmacies. For people who can't afford health care and who often are missing from the system, there are knowledge barriers, which represents another kind of access. Often people in this cohort go to a local pharmacist to ask questions about a wide range of health issues, but in many areas of the country it is difficult for people to conveniently get to a pharmacy, or any provider, to ask a question. We seek to represent this lack of access on a map in the future.

At a later date, The National Campaign will layer onto the map representations of social issues that may be correlated with lack of proper birth control access; issues such as unplanned pregnancy rates, poverty, and education that might reveal a "network of disallowance" that forces people to work extra hard to avoid social ills.

VIEW THE INTERACTIVE BIRTH CONTROL ACCESS MAP AT WWW.THENATIONALCAMPAIGN.ORG/RESOURCE/ACCESSMAP