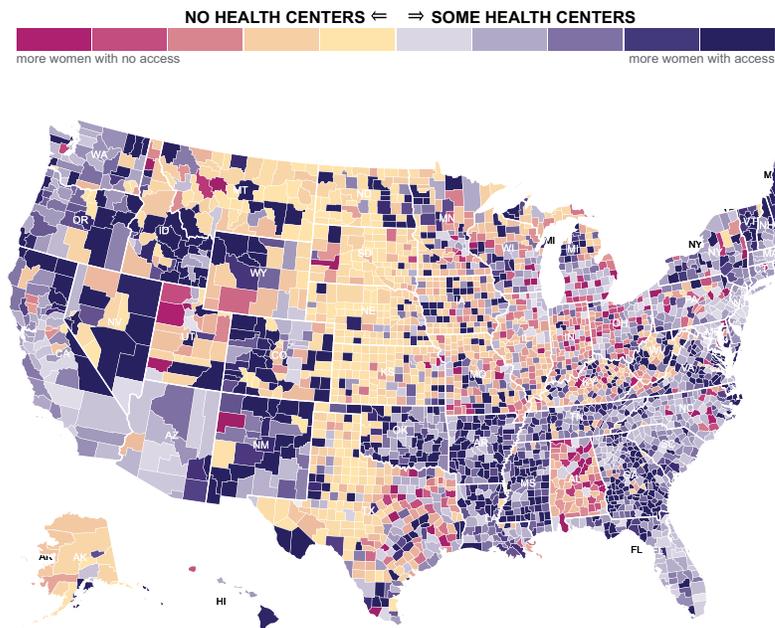


PUBLICLY FUNDED SITES OFFERING BIRTH CONTROL BY COUNTY



ABOUT THE BIRTH CONTROL ACCESS MAP

What Does the Map Show?

The Birth Control Access Map depicts the availability of health centers in each county across the U.S. that provide any form of birth control, as well as the full range of methods (i.e., health centers that offer IUDs, implants, and most other FDA-approved methods such as birth control pills, the shot, the ring, the patch, cervical caps, diaphragms and emergency contraception on site).

When there are zero health centers 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 with no access) to dark pink (more women with no access). When health centers are present in a county, they are represented in shades of purple, with the darkest shade representing "reasonable access," which is defined as

at least one health center or provider that provides the full range of contraceptive methods for every 1,000 women in need of publicly funded contraception.

19,505,330

Total number of women 13-44 in need of publicly funded contraception who live in contraceptive deserts meaning they lack "reasonable access" to a health center with the full range of contraceptive methods. Reasonable access is defined as at least one health center or provider that provides the full range of contraceptive methods for every 1,000 women in need of publicly funded contraception at the county level.

1,665,730

Total number of women 13-44 in need of publicly funded contraception living in counties without ccess to a single health center that provides the full range of contraceptive methods.

66,418,240

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

Contraceptive Deserts

Contraceptive deserts are defined as counties where the number of health centers offering the full range of methods is not enough to meet the needs of the county's number of women eligible for publicly funded contraception, defined as at least one health center for every 1,000 women in need of publicly funded contraception. We consulted the ratios developed by Richard Cooper, MD, of the University 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. Those counties with one health center per 1,000 women are shown by the darkest purple, counties with one health center per 2,000 women are shown by the middle purple shade, and those with one health center per 5,000 are shown by the lightest purple.

Data Sources:

The maps include more than 16,000 health centers and providers. The data come from multiple verified sources, including Title X clinics, Planned Parenthood, and Health Resources and Services Administration, Federally Qualified Health Centers, and county and state government programs, as well as from providers who identify themselves as places for women in need to access services. Power to Decide, the campaign to prevent unplanned pregnancy, manages this nationwide compilation of data, which also includes 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 its location and services here.](#) The data on the number of women in need of publicly funded contraception come from the Guttmacher Institute.

Data Limitations:

We continually update our information, but the landscape of contraceptive access is constantly changing. The database has limited listings of private providers even though some private providers do accept Medicaid and could, in theory, offer the full range of methods to women in need. Further, as pharmacies become sources of direct access (without

a prescription) to a wider range of contraception in the United States in places like California, Oregon, and Tennessee—and online—we will begin to build a database of those 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 maps.

Access View Limitations:

The current view is only one way of looking at access: by the proximity of health centers and the availability of the full range of contraceptive methods for women in need of publicly funded contraception. The color chart doesn't depict the population of women who are not in financial need of or eligible for publicly funded contraceptive services and supplies, yet may still need to rely on such health centers. 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 from their partner—an all-too-common story—so as to avoid birth control sabotage or coercion.

Many other barriers can stand in the way of a person's access, and we would like to represent those in the future, including lack of same-day service, cost, unavailability of a same-gender provider, lack of a pleasant environment, or a poor 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 health center or pharmacy. In many areas of the country, a high percentage of people lack access to a vehicle or other form of transportation, thus making more important the availability of close-by health centers and pharmacies. In addition, people who cannot afford health care and who often are missing from the system face knowledge gaps, which represents another kind of access barrier. 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 getting to a pharmacy, or any provider, to ask a question is difficult. We seek to represent this lack of access on a map in the future.