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U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995–2010

Jennifer J. Frost

HIGHLIGHTS

- Seven in 10 U.S. women of reproductive age, some 43–45 million women, make at least one medical visit to obtain sexual and reproductive health (SRH) services each year. Uninsured women are significantly less likely than either privately or Medicaid-insured women to receive SRH services. Approximately 25 million women receive contraceptive services annually.
- The number of women having either a Pap test or pelvic exam each year fell from 41 million in 2002 to 39 million in 2006–2010, consistent with recent changes in cervical cancer screening recommendations.
- The number of women receiving STD testing, treatment or counseling each year doubled from 4.6 million in 1995 to 9.8 million in 2006–2010, reflecting both an increase in routine chlamydia screening now recommended for all sexually active women younger than age 25, as well as an increase in the reported incidence of chlamydia.
- The number of women receiving any SRH service who went to a publicly funded clinic for that care rose from 7.3 million (17% of those receiving care) in 1995 to 10.2 million (23%) in 2006–2010, mirroring concurrent increases in the number of women in poverty and in need of publicly funded contraceptive services. Compared with women receiving services from private doctors, women going to publicly funded clinics received a wider range of SRH services and were more likely to have conversations about contraception during annual gynecologic visits.
- Title X–funded clinics continue to play an important role in providing SRH care to poor and low-income women—14% of all women who receive any contraceptive service obtain that care from these clinics, as do 25% of poor women and 36% of uninsured women receiving care. In fact, six in 10 women (61%) visiting Title X–funded clinics for contraceptive and related services report that the clinic is their usual source for medical care.
- Between 1995 and 2006–2010, there was a significant rise in the use of private insurance to pay for contraceptive visits—from 48% to 63%. Going forward, the Affordable Care Act is likely to accelerate this trend.

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Background and Significance

A core component of the Patient Protection and Affordable Care Act (ACA) of 2010 is its focus on preventive services and the role that these services play in promoting optimal health and well-being. For women, many critical preventive care services are provided within the context of sexual and reproductive health (SRH) visits. A recent Institute of Medicine study identified a number of specific preventive services and screenings that support women's overall health and that should be provided by health insurance plans without cost sharing.[1] The recommended services include contraceptive counseling and provision of the full range of Food and Drug Administration–approved contraceptive methods, as well as several related screening and counseling services that address broader SRH conditions such as cervical cancer, STIs and HIV, interpersonal and domestic violence, and maternity services such as screening for gestational diabetes. Taken together, the services identified by the Institute of Medicine comprise a large portion of the broad package of SRH services received by U.S. women every year. Moving forward, as the ACA is implemented and more women gain health care coverage, one challenge will be ensuring that all women have access to these important preventive services and that there is a network of providers capable of meeting women's SRH care needs.

In order to meet this challenge, policymakers and program planners need information and evidence about the current state of SRH care service provision in the United States. Understanding what SRH services women currently receive and where they go to obtain that care, and identifying gaps in the services provided or in the care received by subgroups of the population are important steps necessary for designing programs and service delivery options that will best meet the SRH care needs of women. This report aims to lay out a comprehensive picture of trends and current provision and use of key SRH services nationally over the last decade.

In the United States, women rely on a mix of private and public providers for their SRH care. Such care is offered by some 16,000 private practice obstetrician-gynecologists, many of the more than 68,000 office-based family practice doctors,[2] and more than 8,000 publicly funded clinics.[3] Researchers have paid particular attention to examining services provided by publicly funded clinics, distinguishing between clinics that receive funding through the federal Title X family planning program and those that receive other, non–Title X sources of public funding. This focus is important because Title X–funded clinics are often the only source of SRH care for poor and low-income women. In addition, Title X provides the only federal funding dedicated solely to family planning and requires its grantees to adhere to program regulations and guidelines that set a high standard of care and direct both how and what SRH services should be provided.

Several studies have investigated the practices and services provided by the network of publicly funded clinics that provide SRH services to poor and low-income Americans.[4–7] Over the last two decades, a few studies, using nationally representative data from the 1980s, 1990s and 2002, have examined the SRH services received by all U.S. women at both public and private providers.[8–12] These latter analyses are the precursors to the current report and use data from the National Survey of Family Growth (NSFG), an ongoing survey of nationally representative samples of U.S. women and men aged 15–44, to examine trends in use of SRH services and variation in the types of services received by women from different types of providers. Analyses using data from the 1995 and 2002 NSFGs found that the range and type of SRH services received by women visiting publicly funded clinics differed from those received by women visiting private doctors.[8,9] Some, but not all, of these differences could be attributed to differences in the characteristics of women using each type of provider—with young, unmarried, minority, less-educated and low-income women most likely to depend on public providers for their care. More recently, researchers have examined the use of SRH services by adolescent and young adult women (aged 15–24) using the 2006–2010 NSFG, finding an upward trend in overall use of services by this group, but variation in access to care with disadvantaged women less likely to use SRH services.[13,14] These studies did not look at variation in service use according to type of provider and focused solely on women younger than age 25.

The analysis reported here uses the women's data from the 2006–2010 NSFG to update many of the analyses published in earlier reports using the 1995 and 2002 NSFGs, and to more completely examine both the patterns and trends in SRH service use, as well as the factors associated with use of services and with use of specific provider types among women receiving services in the prior year.

The NSFG is the only national data source that identifies women who have received care from Title X–funded clinics and collects data on specific services received, allowing for comparisons in service delivery patterns among these clinics, other clinics and private doctors. A secondary focus of this report is to look at differences in service provision among publicly funded clinics according to their type, distinguishing between community health clinics (which include federally qualified health centers [FQHCs]), independent family planning clinics and public health department clinics. Given the increased funding of and expectations for FQHCs to serve many of the newly insured women under the ACA, it is important to assess the current role that they and the other types of clinics have in providing SRH services. Finally, we also update earlier analyses[10,15] looking at whether women who receive family planning services from clinics report that the clinic is their usual source for medical care.

By assessing trends in the mix of SRH services received from different types of providers, controlling for women's sociodemographic characteristics, we expect these findings to inform the work of policymakers and program planners when developing recommendations for improving the delivery and financing of SRH services in the United States.

Methodology

Data Sources

This study is based on data from the three most recent releases of the NSFG—those conducted in 1995,[16] in 2002[17] and in 2006–2010.[18] These nationally representative, in-home, cross-sectional surveys collect retrospective data from women aged 15–44 and are conducted by the U.S. National Center for Health Statistics. In 2006–2010, the sample size was 12,279 female respondents and the response rate was 77%; in 2002, the sample size was 7,643 female respondents and the response rate was 80%; and in 1995, the sample size was 10,847 female respondents and the response rate was 79%.

Key Measures

We focus on several key measures related to the use of SRH services by U.S. women. An overview regarding how these measures were operationalized is given below, with further detail in the Appendix.

- *Receipt of services* measures whether women reported receiving any of 15 specific SRH services in the prior year. In addition, four summary variables measure receipt of any contraceptive service, any preventive gynecologic service (either a Pap test or pelvic exam), any STD/HIV service and any of the remaining other services.
- *Mix of services* measures the combinations of types of SRH services received by women each year, classified into six service mix groupings; for example, contraceptive services plus other different types of services, and other different types of services without contraceptive care.
- *Source of care* indicates the type of provider visited for each individual SRH service received, classified as private doctor or HMO, publicly funded clinic or other. Clinics are further divided according to whether they receive federal Title X funding and according to their type (community clinic, independent family planning clinic, public health department clinic, and hospital outpatient or school-based clinic). Other providers include hospital inpatient services, emergency rooms, urgent care centers and other, nonspecified providers.
- *Usual source for medical care* measures whether women who visited publicly funded clinics reported that the clinic visited was their usual source for medical care.
- *Women's characteristics* measure a variety of demographic and socioeconomic variables. The items used in these analyses include age (15–19, 20–24, 25–29, 30–34, 35–39, ≥40 years); marital status (married, not married but cohabiting, formerly married, never married); parity (zero children, one or more children); race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic, other); nativity (U.S. born, foreign born); education (less than high school, high school/GED, some college, college complete); poverty status based on income as a percentage of federal poverty level (FPL)* (0–99% FPL=poor, 100–249% FPL=low-income, ≥250% FPL=better-off); health insurance status (has private insurance, has Medicaid or other public insurance, has no insurance); any uninsured period in the past year (yes, no); metropolitan location (yes, no); sexually active in the past year (yes, no), defined as having had heterosexual intercourse at least once in the past year; at risk for unintended pregnancy (yes, no), defined as being sexually active, able to become pregnant and not currently pregnant or seeking pregnancy; and number of sex partners in the past year (zero or one, two or more).

Receipt of Services

Female respondents of the NSFG are asked whether they received any of 15 specific contraceptive and related reproductive health care services from a doctor or other medical care provider in the prior 12 months. In all three survey cycles, 11 of the services asked about—five of the contraceptive services and six of the related SRH services—were identical (see table below). Starting in 2002, two additional contraceptive services were included: emergency contraception counseling and emergency contraception pills or prescription. All three surveys had an item on STD testing and treatment, but the wording of the question changed between 1995 and 2002 when the term *counsel-*

*The federal poverty level for a family of four in 2010 was $20,050.

In the past 12 months have you received:	1995	2002	2006–2010
Contraceptive services			
Counseling or information about birth control?	✓	✓	✓
A check-up or medical test related to using a birth control method?	✓	✓	✓
A method of birth control or a prescription for a method?	✓	✓	✓
Counseling or information about getting sterilized?	✓	✓	✓
A sterilizing operation?	✓	✓	✓
Counseling or information about emergency contraception, also known as "Plan B" or "Preven," or the "morning-after pill"?	na	✓*	✓*
Emergency contraception, also known as "Plan B" or "Preven," or the "morning-after pill," or a prescription for it?	na	✓*	✓*
Preventive gynecologic services			
A Pap smear?	✓	✓	✓
A pelvic exam?	✓	✓	✓
STD/HIV services			
Counseling for, or been tested or treated for a sexually transmitted disease?	✓*	✓*	✓*
An HIV test (outside of blood donation)?	✓	✓–	✓
Other SRH services			
A pregnancy test?	✓	✓	✓
Prenatal care?	✓	✓	✓
Postpregnancy care?	✓	✓	✓
An abortion?	✓	✓	✓

Notes: SRH=sexual and reproductive health. ✓=item asked. ✓*=item wording changed slightly across survey years. na=item not asked. ✓– =item asked, but detail on clinic providers missing.

ing was added to STD testing and treatment. And, in all three surveys, a question about receipt of HIV testing was included, but some of the detail on the type of provider visited was not collected in 2002 for women going to clinics.

Data are presented on each service separately, and several summary measures examine women's receipt of any contraceptive or reproductive health care services, altogether and for subgroups of services. For the 1995 overall summary measure of any SRH service, we include the 13 similar service items (five contraceptive services, two gynecologic services, two STD/HIV services and four other SRH services). For 2002 and 2006–2010, we include the 13 similar service items and also include both emergency contraception questions, even though they were not asked in 1995. (Only 22 respondents, representing 160,000 women, reported receiving one of these services but no other family planning service in 2002, and only 14 respondents, representing 57,000 women, did so in 2006–2010, so the lack of data on emergency contraception for 1995 should not skew the results.)

We created additional summary measures for receipt of any contraceptive service, any preventive gynecologic service, any STD/HIV service and any of the remaining other services. Receipt of any contraceptive service includes the five contraceptive service items asked in all years plus the two emergency contraception items asked in the later surveys. For 1995, one other adjustment was made: Women using reversible contraception who reported having obtained their method from a medical source, but who did not report having received any of the five specific contraceptive services, were coded as having received a contraceptive service. This adjustment has been described previously.[8] In 2002 and 2006–2010, this adjustment was not necessary because a follow-up question was added to the NSFG to check for this inconsistency, and many fewer women reported being current contraceptive users with no contraceptive visit.

Receipt of any preventive gynecologic service includes having received a Pap test or pelvic exam and, in most instances, it is this combined variable that is presented because these services are typically provided together and most women who report receiving one also report the other. Receipt of any STD/HIV service includes receiving counseling, testing or treatment for an STD or having

received an HIV test. Finally, receipt of other SRH services includes having received a pregnancy test, prenatal care, postpregnancy care or an abortion. Although we include abortion as one of the SRH services that women may have received in the prior year in summary measures, because this service is estimated to be underreported by about 50% in the NSFG,[19] we do not show abortion separately in any of the tables or figures. All of the respondents who reported undergoing an abortion in the prior year also reported receiving at least one of the other 14 SRH services.

Mix of Services

We combined the information on the specific SRH services that each woman reported receiving to classify women according to the mix of services received during the prior year using the following six categories, also shown in the table below: (1) contraceptive services with STD/HIV services (with or without preventive gynecologic or other services); (2) contraceptive services with other services (with or without preventive gynecologic services); (3) contraceptive services alone (with or without preventive gynecologic services); (4) STD/HIV services without contraceptive services (with or without preventive gynecologic services or other services); (5) other services without contraceptive care (with or without preventive gynecologic services); and (6) only preventive gynecologic services.

Source of Care

For each SRH service received, women were asked a series of questions about the type of provider visited to obtain that service and the method of payment used. Respondents were shown a card with 11 provider types to choose from: private doctor's office, HMO, four types of potentially publicly funded clinics (community or public health clinic, family planning or Planned Parenthood clinic, school/school-based clinic, hospital outpatient clinic), employer or company clinic, hospital emergency room, hospital regular room, urgent care center and some other place.

Women reporting services from any of the four clinic types were asked for a specific provider name and address that was then compared with a database of family planning clinics. This database is updated regularly and contains all known publicly funded clinics providing contraceptive services; each clinic is classified according to its type and whether it receives federal Title X program funding. Information on Title X funding status and whether the clinic was a public health department was then attached to each respondent's record for all clinics found in the database. Clinics reported by women that could not be found in the database were coded as being unknown, and the name and address were "written in" if women could provide that information. In each survey year, extensive effort was put into classifying these unknown clinics (see the Appendix for details on methods used in each year).

After all adjustments, the recoded categories for source of care used in this analysis are private doctor/HMO, publicly funded clinic (divided into Title X–funded clinics and non–Title X–funded clinics) and other. These categories are used for comparisons across all three survey periods. In addition to these categories, for the 2006–2010 analysis, a second variable was created to classify clinics using the original four clinic categories reported by women, along with the information on whether a clinic was a public health department. This variable classifies clinics as community clinics, independent family planning clinics, public health department clinics and other clinics (which include both hospital outpatient and school-based clinics).

Mix of services received	Contraceptive services	Preventive gynecologic services	STD/HIV services	Other services
(1) Contraceptive services with STD/HIV services	Yes	Possibly	Yes	Possibly
(2) Contraceptive services with other services	Yes	Possibly	No	Yes
(3) Contraceptive services alone	Yes	Possibly	No	No
(4) STD/HIV services without contraceptive care	No	Possibly	Yes	Possibly
(5) Other services without contraceptive care	No	Possibly	No	Yes
(6) Only preventive gynecologic services	No	Yes	No	No

- *Community clinics* likely include all or most FQHCs that women visited as well as other community clinics that do not receive this funding, but provide a range of primary care services. In 2006–2010, 27% of women going to community clinics for SRH services went to sites that received Title X funding (data not shown).
- *Independent family planning clinics* include Planned Parenthood clinics, as well as many other freestanding publicly funded clinics that specialize in the provision of contraceptive services. Fifty-eight percent of women going to independent family planning clinics went to sites that received Title X funding (data not shown).
- *Public health department clinics* often specialize in the provision of family planning services and sometimes provide related STD services; many also provide immunizations and infectious disease services, typically separate from family planning care. Ninety-one percent of women going to public health departments for SRH services went to sites that receive Title X funding (data not shown).
- Among the *other clinics,* hospital outpatient clinics were split between those that focus on family planning and those that provide a broader range of primary or maternity care services. Twenty percent of women going to hospital outpatient clinics or school-based clinics for SRH services went to sites that receive Title X funding (data not shown).

In each year, about 7% of women receiving any contraceptive service and 15% of women receiving any SRH care service visited more than one provider type for their services in the past 12 months (data not shown). In these cases, we assigned women to a single provider type using the following hierarchy of services and order of provider types. First, we coded the provider type for contraceptive services received from a Title X–funded clinic, non–Title X–funded clinic, private doctor or HMO, hospital, other, or employer clinic; if no contraceptive services were received, we coded the provider type for Pap test or pelvic exam, using the same order of providers; and finally, if no contraceptive services or Pap test or pelvic exam were received, we coded the provider type for STD/HIV services or other SRH services, again using the same order of providers. Thus, for example, a woman who visited both a publicly funded clinic and a private doctor for contraceptive services during the year would be coded as a clinic client; a woman who received STD/HIV services from a clinic, but contraceptive services or an annual gynecologic visit from a private doctor would be coded as a private doctor client.

Usual Source for Medical Care

For the subset of women visiting clinics for contraceptive and related services, we examined information about whether respondents considered these clinics to be their usual source for medical care. All female respondents who reported visiting a clinic were asked: "Is this clinic your *regular* place for medical care, or do you *usually* go somewhere else for medical care?" Women were asked this question separately for each clinic that they reported visiting in the prior 12 months for any of the SRH services received. Response options were as follows: clinic is regular place; clinic is regular place, but I have more than one regular place; usually go somewhere else; or don't have a usual place for medical care.

For this analysis, we examined the percentage of women reporting that the clinic visited for family planning care was their only regular or usual source of medical care (excluding those with more than one usual source of care). We defined family planning care broadly to include all contraceptive services, as well as standard preventive gynecologic services typically provided in a family planning visit. These services included birth control method/prescription; birth control check-up; birth control counseling; sterilization counseling; emergency contraception counseling; emergency contraception; sterilization procedure; Pap test; pelvic exam; pregnancy test; and STD counseling, testing or treatment. To keep the focus on women who reported that their source for family planning care was their usual source of care, we excluded from analysis those who visited a publicly funded clinic in the past 12 months but received only prenatal care, postpartum care or abortion services, and none of the other family planning services.

Statistical Analysis

All analyses were performed using SPSS, version 18. In comparing proportions between surveys, we used the SPSS complex sample module, which produces standard errors and confidence intervals that account for the complex sample design used by the NSFG. In addition to the bivariate comparisons, for 2006–2010, we examined the predictors of receipt of specific types of services, provider choice and reliance on the clinic as a usual source of care using multivariate logistic regression analysis. Again, the significance levels for the odds ratios (ORs) in each model were obtained using the complex samples module of SPSS.

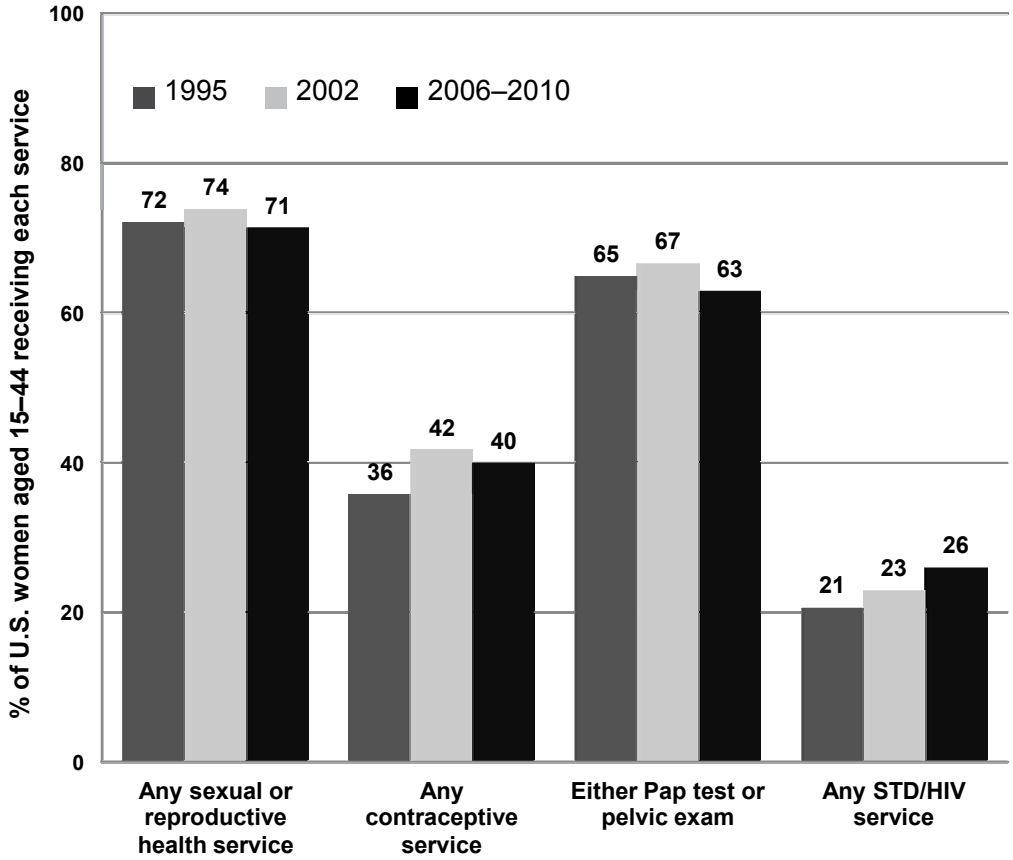
SRH Services Received

Trends in Service Use

The number and proportion of all U.S. women receiving any SRH service in the prior year has remained relatively stable over the past decade (Figure 1, Table 1). Some small, but significant, changes have occurred for individual services and for specific subgroups of women.

- A total of 44 million women reported receiving at least one SRH service in the 12 months before the 2006–2010 NSFG interview, representing 71% of all reproductive-age women. This proportion is not statistically significantly different from the 74% of women in 2002 and the 72% in 1995 who reported receiving similar services.
- Nearly 25 million women, or 40%, reported receiving at least one contraceptive service in the prior year in 2006–2010. This proportion is statistically unchanged from 2002, but it is significantly higher than the 36% observed in 1995.
- The number and proportion of women receiving preventive gynecologic care (either a Pap test or pelvic exam) fell between 2002 and 2006–2010 from 41 million women (67%) to 39 million women (63%).
- The receipt of STD/HIV services increased significantly from 21% in 1995 to 23% in 2002 and to 26% in 2006–2010. This increase was due exclusively to an increase in receipt of counseling, testing or treatment

FIGURE 1. Percentage of U.S. women 15–44 receiving each type of service in the prior year, 1995–2010.



for STDs (as opposed to HIV testing), which rose from 8% of all women to 13% and then to 16%. Some of the initial rise in STD care between 1995 and 2002 may have been related to the change in wording of this item, but the rise between 2002 and 2006–2010 is not affected by this issue. There were no significant changes in receipt of HIV testing over the period.

- Among the individual SRH services, receipt of several increased between the first two survey cycles and then remained at the higher level in the third. For example, the proportion of all women reporting that they had received a birth control method or prescription rose from 28% in 1995 to 34% in 2002 and then leveled off at 33% in 2006–2010. Similar patterns were found for increases in the percentages of women receiving birth control counseling and receiving pregnancy tests.

Trends in Contraceptive Service Use by Women's Characteristics

Increases in the percentage of women receiving any contraceptive service between 1995 and 2006–2010 occurred among some subpopulations of women, but not all (Table 2, page 13).

- The most consistent increases in contraceptive service use occurred among older women, women with family incomes of at least 250% of the FPL and non-Hispanic white women. For each of these subpopulations, the percentage receiving services rose significantly between 1995 and 2002, and remained significantly higher in 2006–2010 than in 1995.
- Among women in their 20s, poor and low-income women, and minority women, there was virtually no change in the proportion reporting receipt of contraceptive services across survey years.

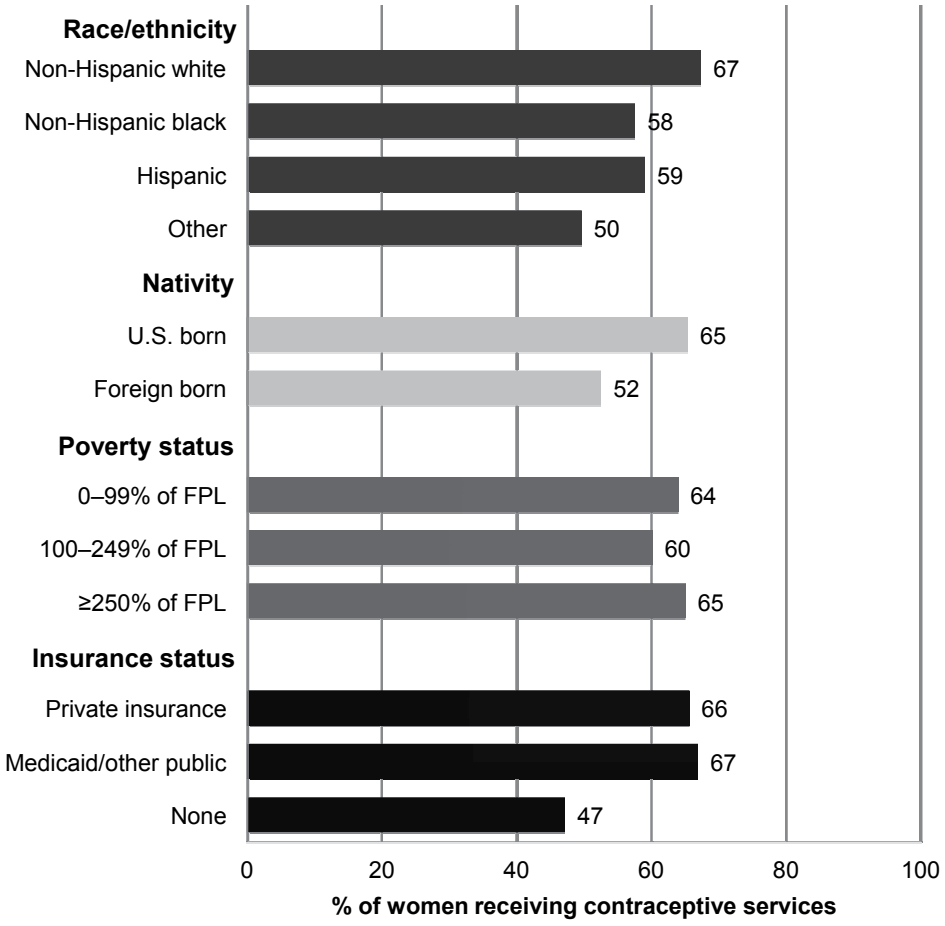
Factors Associated with Use of SRH Services

To assess patterns or gaps in service provision among subgroups of women, we examined variation in receipt of SRH services according to women's characteristics, limiting our samples to women for whom the service was appropriate (Table 3 and Figure 2). For receipt of any SRH service or any STD/HIV service, we included only women who were sexually active in the prior year, and for receipt of contraceptive services, we included only women who were at risk for unintended pregnancy (sexually active in the prior year, able to get pregnant, not currently pregnant with an intended pregnancy and not trying to become pregnant).

Generally, young and unmarried women had the highest levels of receipt of SRH services in the prior year, patterns that likely reflect life course variation in SRH care needs rather than gaps in access. On the other hand, disadvantaged women, particularly those without health insurance, and women with little education had the lowest levels of receipt, patterns that may indicate population subgroups for whom improved service access is needed.

- Compared with women in their 40s, younger women were significantly more likely to receive any SRH service, any contraceptive service and any STD/HIV service (ORs=1.5–4.3).
- Relative to their married peers, cohabiting women were more likely to receive each type of service measured (1.5–1.7), and formerly married women and never-married women had higher odds of receiving STD/HIV services (1.7).
- Non-Hispanic black women were more likely to receive any SRH service or any STD/HIV service compared with non-Hispanic white women (1.7–2.2), but they were less likely to receive any contraceptive service (0.7). Women of other races were also less likely than non-Hispanic white women to receive contraceptive services in the prior year (0.5).
- Relative to college-educated women, those with a high school education or less had lower odds of receiving any SRH care service, and the least educated had lower odds of receiving contraceptive services (0.5–0.6).
- Compared with women having private insurance, those having Medicaid coverage were more likely to receive any SRH service or any STD/HIV service (1.3–1.8). However, women who were uninsured all year had lower odds of receiving any SRH service, any contraceptive service and any STD/HIV service (0.4–0.7).
- Nonmetropolitan residents were less likely to receive STD/HIV services compared with metropolitan peers (0.8), while women with two or more sexual partners during the year had higher odds of receiving these services compared with peers having a single partner (1.8).

FIGURE 2 . Percentage of women at risk for unintended pregnancy who received any contraceptive service in the prior year by selected characteristics, 2006–2010



Note: FPL=federal poverty level.

TABLE 1. Number and percentage of women aged 15–44 who received any SRH service in the prior year, and the percentage receiving each specific service, United States, 1995, 2002, 2006–2010

Type of service	1995		2002		2006–2010	
	No. (in 000s)	%	No. (in 000s)	%	No. (in 000s)	%
No. of women aged 15–44	**59,958**	**–**	**61,561**	**–**	**61,755**	**–**
No. and % receiving any SRH service	**43,204**	**72**	**45,414**	**74**	**44,050**	**71**
No. and % receiving specific services						
Birth control counseling	8,694	15	11,432	19 *	10,304	17 *
Birth control check-up	13,370	22	14,510	24	13,793	22
Birth control method or prescription	16,480	28	20,864	34 *	20,610	33 *
Sterilization counseling	2,011	3	2,697	4 *	1,943	3 †
Sterilization operation	1,158	2	1,139	2	1,131	2
Emergency contraception counseling	na	na	1,986	3	2,007	3
Emergency contraception pills or prescription	na	na	568	1	1,345	2
Any contraceptive service	***21,428***	***36***	**25,659**	***42 ****	***24,665***	***40 ****
Pap test	37,162	62	39,629	64	37,305	60 †
Pelvic exam	36,804	61	36,667	60	34,053	55 *†
Either Pap test or pelvic exam	***38,916***	***65***	**41,034**	***67***	***38,835***	***63*** †
Test/treatment for STD	4,562	8	7,732	13 *	9,847	16 *†
Test for HIV	10,387	17	10,329	17	11,752	19
Any STD/HIV service	***12,370***	***21***	**14,106**	***23 ****	***16,045***	***26*** *†
Pregnancy test	9,622	16	12,125	20 *	11,481	19 *
Prenatal care	5,700	10	4,555	7 *	4,218	7 *
Postpregnancy care	3,534	6	3,804	6	3,498	6
Other SRH services	***11,773***	***20***	**13,668**	***22 ****	***13,240***	***21***

*Proportion is significantly different from 1995 at p<.05.

†Proportion is significantly different from 2002 at p<.05.

Note: SRH=sexual and reproductive health. na=not available.

TABLE 2. Percentage of women aged 15–44 who received any contraceptive service in the prior year according to women's characteristics, United States, 1995, 2002, 2006–2010

Characteristic	1995	2002	2006–2010
No. of women (in 000s)	**59,958**	**61,561**	**61,755**
% receiving any contraceptive service	**36**	**42 ***	**40 ***
Age-group			
15–19 years	32	40 *	36
20–24 years	60	63	58
25–29 years	52	55	52
30–34 years	39	47 *	43
35–39 years	23	31 *	31 *
40–44 years	14	20 *	21 *
Marital status			
Currently married	33	39 *	37
Cohabiting	50	50	54
Formerly married	31	34	35
Never married	38	44 *	41
Race/ethnicity			
Non-Hispanic white	36	43 *	42 *
Non-Hispanic black	38	40	37
Hispanic	37	40	36
Other	24	35 *	33
Poverty status, % of FPL			
0–99	37	41	40
100–249	35	38	37
≥250	36	45 *	42 *

* Proportion is significantly different from 1995 at p<.05.

Note: FPL=federal poverty level.

TABLE 3. Percentage of women receiving various services in the prior year among subgroups of women for whom the service is relevant, according to their characteristics, and multivariate odds ratios predicting receipt of services, United States, 2006–2010

Characteristic	Received any SRH service†			Received any contraceptive service‡			Received any STD/HIV service†		
	No. (in 000s)	%	Odds ratio	No. (in 000s)	%	Odds ratio	No. (in 000s)	%	Odds ratio
No. of women (in 000s)	49,414	80	–	30,841	63	–	49,414	31	–
Age-group									
15–19	4,183	80	1.67 *	3,895	66	3.05 *	4,183	43	2.55 *
20–24	8,399	89	3.30 *	7,226	70	3.27 *	8,399	49	4.31 *
25–29	9,523	85	2.13 *	6,799	67	2.63 *	9,523	38	3.30 *
30–34	8,441	81	1.52 *	4,880	63	1.94 *	8,441	28	2.32 *
35–39	9,605	73	1.00	4,674	56	1.54 *	9,605	20	1.51 *
40–44 (ref)	9,262	74	1.00	3,367	47	1.00	9,262	14	1.00
Marital status									
Currently married (ref)	25,388	78	1.00	12,839	60	1.00	25,388	19	1.00
Cohabiting	6,828	85	1.54 *	4,589	72	1.61 *	6,828	40	1.72 *
Formerly married	4,194	78	1.29	2,208	61	1.35	4,194	34	1.74 *
Never married	13,004	83	1.00	11,204	64	1.00	13,004	46	1.68 *
Any children									
No (ref)	17,266	84	1.00	13,820	66	1.00	17,266	36	1.00
Yes	32,148	78	1.08	17,021	61	1.22	32,148	27	1.08
Race/ethnicity									
Non-Hispanic white (ref)	30,741	81	1.00	18,927	67	1.00	30,741	26	1.00
Non-Hispanic black	7,067	87	1.74 *	4,395	58	0.67 *	7,067	51	2.23 *
Hispanic	8,457	74	1.00	5,308	59	0.91	8,457	33	1.18
Other	3,149	75	0.77	2,212	50	0.55 *	3,149	25	0.98
Nativity									
U.S. born (ref)	41,810	81	1.00	25,863	65	1.00	41,810	31	1.00
Foreign born	7,569	74	1.11	4,946	52	0.87	7,569	30	1.17
Education									
<high school complete	9,357	74	0.54 *	5,663	58	0.59 *	9,357	39	1.12
High school complete	12,557	77	0.65 *	7,112	62	0.76	12,557	31	1.01
Some college	14,267	82	0.84	9,470	65	0.87	14,267	32	1.05
College graduate (ref)	13,233	84	1.00	8,597	65	1.00	13,233	23	1.00
Poverty status, % of FPL									
0–99 (ref)	10,393	79	1.00	6,404	64	1.00	10,393	41	1.00
100–249	15,871	75	0.80	9,905	60	0.81 *	15,871	31	0.92
≥250	23,150	83	1.20	14,532	65	0.94	23,150	25	1.00
Health insurance									
Private (ref)	31,834	82	1.00	19,877	66	1.00	31,834	25	1.00
Medicaid	10,029	86	1.32 *	6,547	67	1.05	10,029	49	1.76 *
None all year	7,551	63	0.45 *	4,417	47	0.56 *	7,551	27	0.73 *
Any uninsured period in past year									
No (ref)	34,734	83	1.00	21,742	66	1.00	34,734	29	1.00
Yes	14,680	73	0.84	9,100	57	0.82	14,680	33	1.10
Metropolitan location									
Yes (ref)	39,247	80	1.00	25,192	62	1.00	39,247	32	1.00
No	10,167	80	1.21	5,649	68	1.26	10,167	25	0.76 *
No. of partners in past year									
1 (ref)	42,896	79	1.00	25,877	63	1.00	42,896	27	1.00
≥2	6,518	84	1.10	4,964	65	1.02	6,518	52	1.80 *

*Significant at p<.05. †Among sexually active women (see page 10 for definition). ‡Among women at risk for unintended pregnancy (see page 10 for definition). *Notes:* ref=reference group. FPL=federal poverty level.

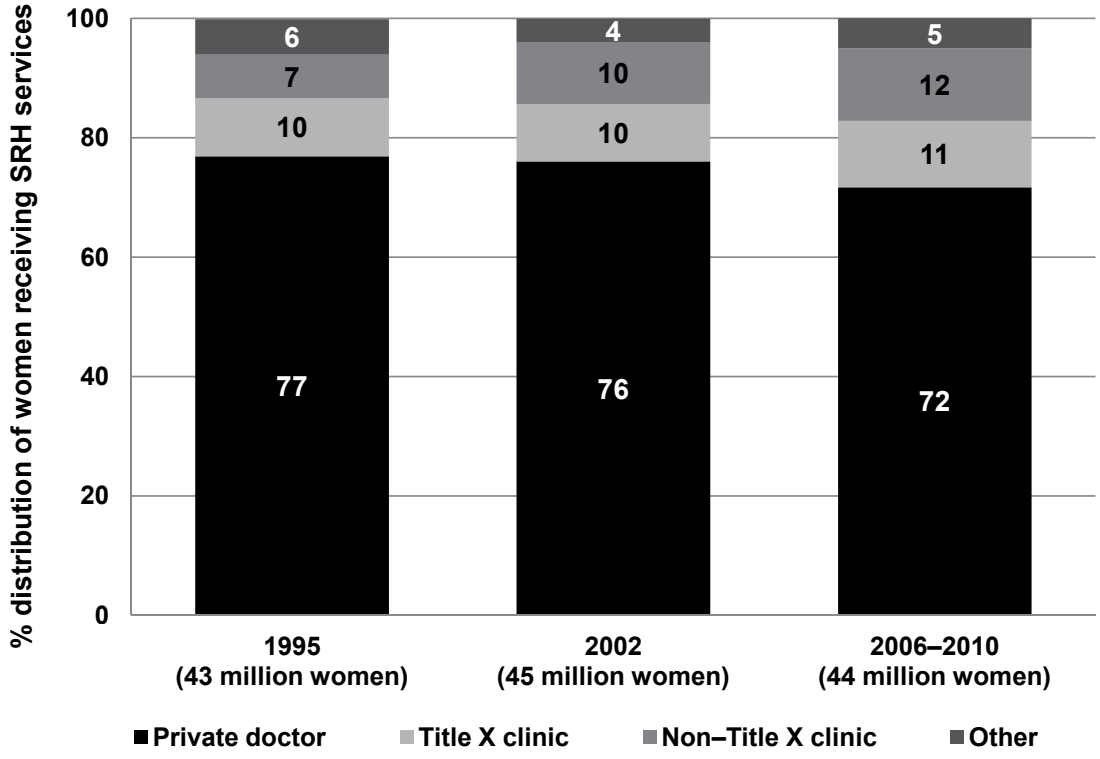
Source of SRH Services Received

Variation in Source of Care over Time

Over the past decade, the number and percentage of women relying on certain types of providers for their SRH care has shifted, with a greater share of women relying on publicly funded clinics in 2006–2010 (Table 4, Figure 3). However, even with this change, the large majority of women who receive these services still rely on the private sector—in each survey year, more than seven in 10 women receiving SRH care reported a private doctor or HMO as the source for this care.

- Between 1995 and 2006–2010, the proportion of women receiving any SRH service whose source was a private doctor or HMO fell from 77% to 72%. Meanwhile, the proportion whose source was a publicly funded clinic rose from 17% to 23%, mainly because the share of women using non–Title X clinics increased (from 7% to 12%).
- Over time, for women receiving contraceptive services specifically, there were no significant changes in the proportion receiving care from private doctors versus clinics. Among women receiving STD/HIV services, although similar proportions relied on private doctors each year, the proportion going to clinics did increase significantly because fewer women relied on "other" provider types, which include hospital emergency rooms, urgent care centers, blood banks and other places, for this care.

FIGURE 3. Among women receiving any SRH service, distribution according to source of care, 1995–2010



Note : SRH=sexual and reproductive health.

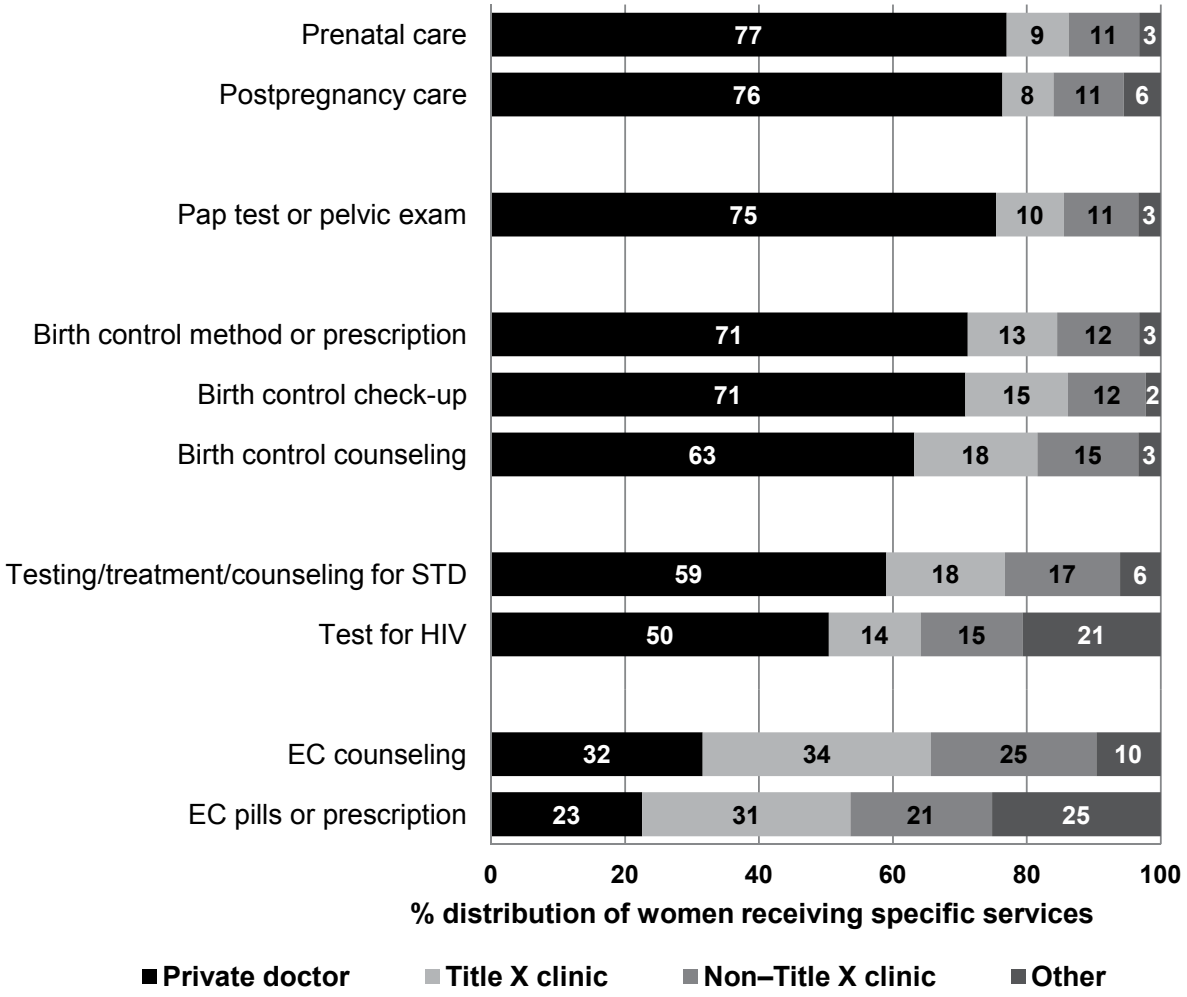
- Among women receiving preventive gynecologic care or other SRH services, a smaller share relied on private doctors and a larger share relied on publicly funded clinics in 2006–2010 versus 1995.

Variation in Source of Care According to Type of Service

Comparing different types of SRH services, there is wide variation in where women go to receive that care, with greater percentages relying on private doctors for maternity and preventive gynecologic care than do so for contraceptive or STD/HIV services (Tables 4 and 5, Figure 4).

- In 2006–2010, for maternity care (prenatal or postpregnancy care) and preventive gynecologic care (Pap test or pelvic exam), more than three-quarters of women (76–77%) received each service from a private doctor or HMO and about 20% from a publicly funded clinic, split fairly evenly between those that were and were not funded by Title X (8–10% vs. 11%, respectively).
- For basic contraceptive services (receipt of a birth control method or a check-up related to birth control), one in four women (25–27%) received care from a publicly funded clinic, as did one-third of those who said they received birth control counseling in the past year.
- More than one in three women (35%) who reported receiving STD testing, treatment or counseling did so from a publicly funded clinic, as did 29% of those who reported receiving an HIV test in the prior year. Fewer than 60% of women reporting STD or HIV services received that care from private doctors. One in five women who reported receipt of an HIV test did so from an "other"

FIGURE 4. Percent distribution of women receiving each service according to the source of care, 2006–2010.



Note: EC=emergency contraception.

type of provider—a group that includes not only hospital inpatient services, emergency rooms and urgent care centers, but also the respondents' home or work site, and labs or blood banks.

- Among the small percentage of women who reported receiving emergency contraception services—counseling, pills or a prescription—more than half (52–59%) received the service from a publicly funded clinic, with Title X–funded clinics providing these services to one-third (31–34%) of all women receiving the service. Only about one-quarter (23%) of women who obtained emergency contraception pills or a prescription in the past year went to a private doctor, while a similar proportion (25%) used "other" provider types.

Among women who received SRH services from publicly funded clinics, Table 5 presents additional detail on the source of care according to clinic type—classifying clinics into four types that typically rely on different funding sources and have different missions and focus in delivering care. Community clinics include FQHCs that receive federal funding from the Bureau of Primary Care and focus on provision of a broad range of primary care services. Independent family planning clinics include Planned Parenthood clinics and other freestanding clinics that focus on provision of contraceptive services; many receive funding from Title X and from state or local sources. Public health department clinics often focus on the provision of contraceptive and STD services, and typically rely on Title X funding for contraceptive care and state or county funding for their other services. Finally, other clinics include both hospital outpatient clinics and school-based clinics—sites that vary widely in terms of their service focus (some are reproductive health focused, whereas others have a broader service focus).

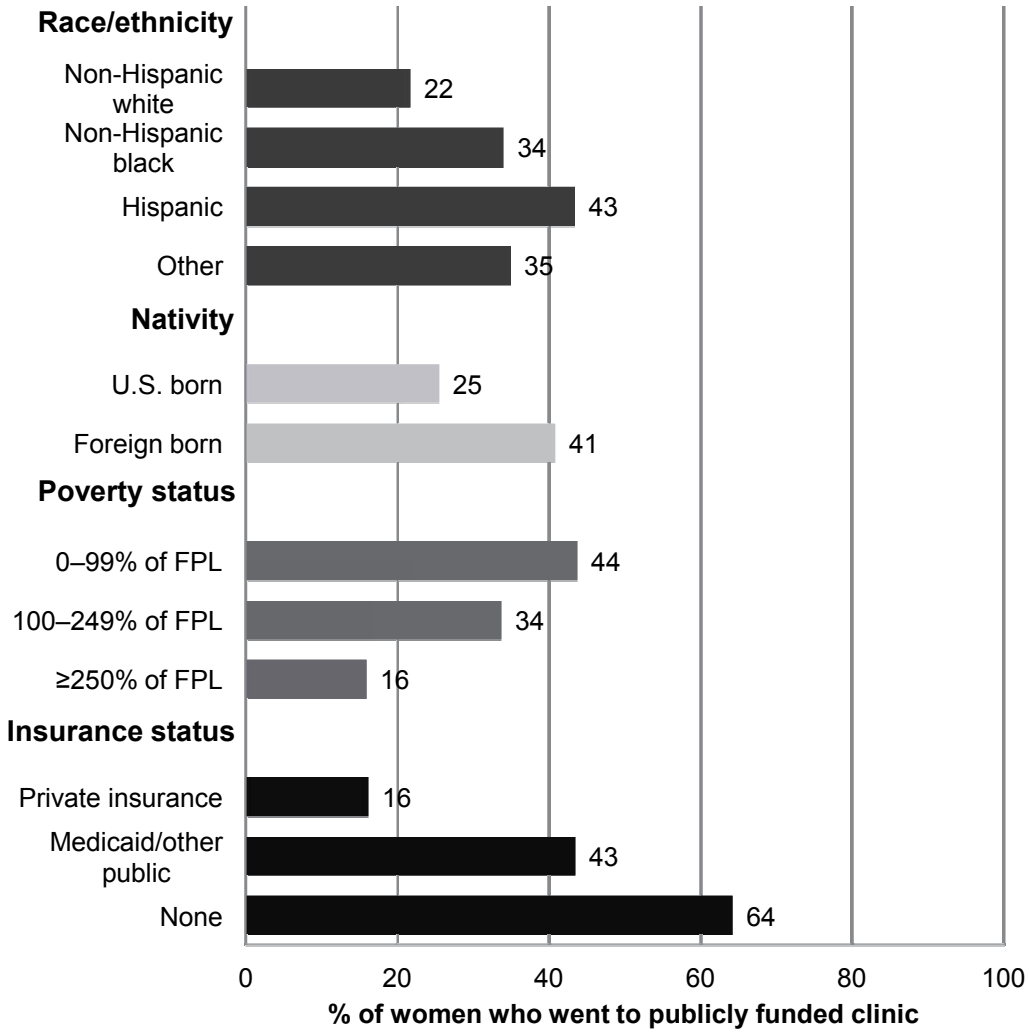
- The 23% of women receiving any SRH service from a publicly funded clinic included 8% who did so from a community clinic, 6% from an independent family planning clinic, 5% from a public health department clinic and 4% from a hospital outpatient or school-based clinic.
- Among the 28% of women receiving contraceptive services from publicly funded clinics, the distribution differed slightly, with the largest group, 9%, receiving care from independent family planning clinics, 8% from community clinics, 6% from public health department clinics and 5% from hospital outpatient or school-based clinics.
- With respect to specific individual services, community clinics provided care to the largest shares of women visiting publicly funded clinics for Pap tests and pelvic exams, and prenatal or postpregnancy care. More than one-third of women getting either a Pap test or pelvic exam from publicly funded clinics did so from a community clinic (7–8% of all women receiving these services), and about half of those getting prenatal or postpregnancy care from clinics did so from community clinics (9–10% of women receiving these services).
- In contrast, independent family planning clinics provided care to the largest shares of women visiting publicly funded clinics for specific contraceptive services, particularly emergency contraception services. About one in three women visiting publicly funded clinics for birth control counseling or a birth control check-up or to get a method or prescription went to an independent family planning clinic (9–10% of women receiving these services), as did half of those going to clinics for emergency contraception (30–37% of women receiving emergency contraception services).

Factors Associated with Use of Publicly Funded Clinics

Women's demographic and socioeconomic characteristics were strongly associated with the type of provider they visited for SRH care (Table 6 and Figure 5, page 18).

- Compared with older, married, white and more affluent women, those who were in their 20s, unmarried, nonwhite, and poor or low income had a greater likelihood (ORs=1.4–1.9) of getting both any SRH service and any contraceptive service from a publicly funded clinic as opposed to private doctors or other providers. Women with children had lower odds of visiting clinics for either type of service relative to their childless peers (0.5–0.6).
- Women without a high school education were significantly more likely to visit clinics for both categories of services compared with college-educated women (1.8–1.9).
- Foreign-born women had greater odds of visiting clinics for any SRH service compared with their U.S.-born counterparts (1.4), and marginally significantly greater odds for receipt of any contraceptive service (1.4, p significant at .10). The proportion of foreign-born women visiting clinics for contraceptive services was significantly higher than that for U.S.-born women (41% vs. 25%).
- Relative to women with private health insurance, those on Medicaid were more than twice as likely to visit clinics (2.5 for any SRH service and 2.7 for any contraceptive service), and those who were uninsured all year had a more than four times the odds of getting care from clinics (4.5 and 5.2).
- Compared with their metropolitan peers, nonmetropolitan residents had greater odds of getting care from clinics (1.7–1.8).

FIGURE 5. Percentage of women receiving contraceptive services in the prior year who went to a publicly funded clinic, by selected characteristics, 2006–2010.



Note: FPL=federal poverty level.

Characteristics of Women Receiving SRH Care

Focusing on only the women who received SRH services in the prior year, we examined variation in their characteristics over time and compared women who went to private providers with those who went to publicly funded clinics. Table 7 provides information for women receiving any SRH care, and Table 8 provides similar data for women who received contraceptive services. (Further detail for 2006–2010 by type of clinic, including both row and column percentage distributions, can be found in Appendix Tables 1–6.)

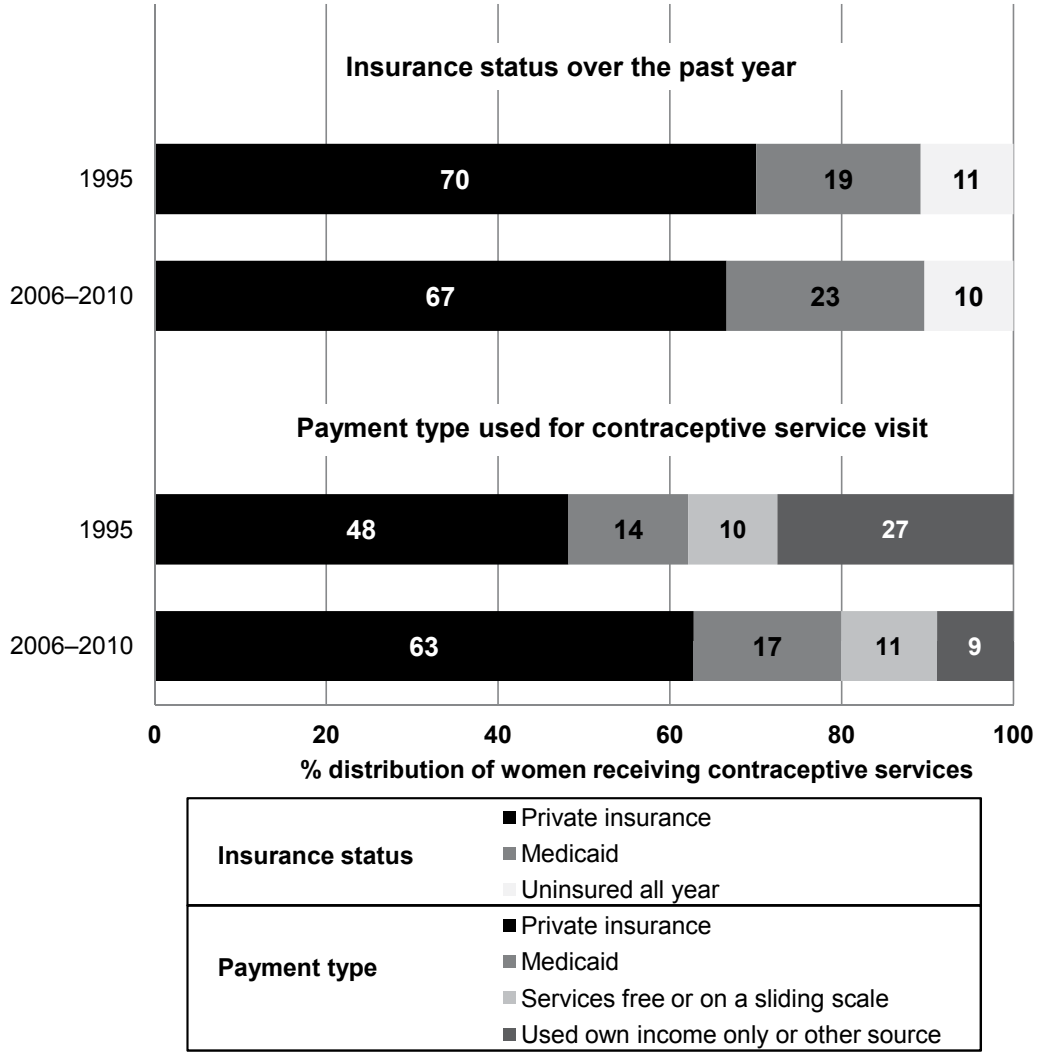
In general, the distributions of women receiving SRH services according to key sociodemographic characteristics varied somewhat over time, typically mirroring national demographic and economic change between 1995 and 2006–2010. Moreover, the distributions of women receiving care from private doctors by these characteristics differed widely from those of women going to clinics in all survey years. Generally similar patterns were observed for the larger group of women receiving any SRH care service (Table 7) and the subset who received contraceptive services (Table 8). To simplify the presentation of results, we focus on the latter.

- Overall, in all survey periods, about six in 10 women receiving contraceptive services were younger than age 30. Some 55–56% of women who received such services from private physicians fell in this age-group, while 74–79% of the women receiving them from clinics did. Over time, fewer women who received care from clinics

were teenagers—24% in 1995 and 19% in 2006–2010—while the teenager share among women going to private doctors rose—from 9% to 14%.

- The share of women receiving contraceptive services who were married fell from 46% in 1995 to 38% in 2006–2010, and the percentage in cohabiting relationships increased. Union status also varied widely according to provider type—women receiving care from private doctors were more likely to be married, while those going to clinics were more likely to have never married.
- Reflecting demographic and economic trends, the distributions of women by race/ethnicity and poverty status changed over time—the percentage of women receiving contraceptive services who were non-Hispanic white fell from 71% in 1995 to 66% in 2006–2010, accompanied by increases in the percentage who were Hispanic; the percentage who had a family income below 100% of the FPL increased from 14% to 22% over that period. Comparing provider types, larger shares of minority and poor women were served at clinics in all survey periods.
- Significant and opposing changes are seen in women's receipt of contraceptive care according to health insurance status and in how they reported paying for that care (Figure 6). On the one hand, slightly fewer women reported having private health insurance in 2006–2010 compared with 1995 (67% vs. 70%), while the share of women covered by Medicaid rose from 19% to 23%. On the other hand, use of private insurance to pay for contraceptive care increased substantially—in 1995, 48% of women receiving this care paid for their visits with private insurance; in 2006–2010, 63% did so. Meanwhile the percentage of women reporting that they paid for their contraceptive care using self-pay only fell from 27% in 1995 to 9% in 2006–2010.

FIGURE 6. Percent distribution of women receiving contraceptive services according to their health insurance status and visit payment type, 1995 and 2006–2010.



- This change is most dramatic among women receiving contraceptive services from private doctors/HMOs. Although about 8 in 10 women who received contraceptive care from private doctors reported having private health insurance in each survey period (78–84%), in 1995, only 61% of private doctor clients used insurance to pay for this care; in contrast, in 2006–2010, 79% of private doctor clients did so—virtually all of this group of clients who reported having health insurance during the year.
- Among the 2006–2010 subset of women who received contraceptive services and reported being covered by private health insurance for the entire prior year, the vast majority (89%) reported that they used their insurance to pay for their contraceptive visit. However, this varied by women's age and poverty status. Teens (83%) and women in their 20s (85%) were less likely than women in their 30s (95%) to have used their insurance to pay for the visit. Similarly, poor women below 100% of the FPL (81%) and low-income women between 100% and 249% of this level (85%) were less likely than their more affluent peers at 250% or more of the FPL (91%) to have used their insurance to pay for the visit (data not shown).

TABLE 4. Number and distribution of women receiving contraceptive or other reproductive health care services in the prior year according to the source of that care, United States, 1995, 2002, 2006–2010

Type of service	No. receiving service (in 000s)		Source of care‡				
			Private doctor/ HMO	Publicly funded clinic			Other§
				Total	Title X	Non–Title X	
1995							
Any SRH service	43,204	100	77	17	10	7	6
Any contraceptive service	21,428	100	70	24	15	9	6
Either Pap test or pelvic exam	38,916	100	81	16	9	6	4
Any STD/HIV service	12,370	100	57	26	15	11	16
Other SRH services	11,773	100	70	22	12	10	8
2002							
Any SRH service	45,414	100	76	20 *	10	10 *	4 *
Any contraceptive service	25,659	100	72	25	13	12	3 *
Either Pap test or pelvic exam	41,034	100	81	17	8	9	2
Any STD/HIV service	14,106	100	54	33	14	19	13
Other SRH services	13,668	100	68	25	12	12	8
2006–2010							
Any SRH service	44,050	100	72 *†	23 *	11	12 *	5
Any contraceptive service	24,665	100	69	28	14	13 *	4 *
Either Pap test or pelvic exam	38,835	100	75 *	21 *	10	11 *	3
Any STD/HIV service	16,045	100	55	33 *	16	16 *	13
Other SRH services	13,240	100	61 *†	29 *	14	15 *	9
2006–2010, specific services							
Birth control counseling	10,304	100	63	33	18	15	3
Birth control check-up	13,793	100	71	27	15	12	2
Birth control method or prescription	20,610	100	71	26	13	12	3
Sterilization counseling	1,943	100	72	19	9	10	9
Sterilization operation	1,131	100	6	13	4	9	81
Emergency contraception counseling	2,007	100	32	59	34	25	10
Emergency contraception pills or prescription	1,345	100	23	52	31	21	25
Pap test	37,305	100	76	21	10	11	3
Pelvic exam	34,053	100	77	19	9	10	4
Testing/treatment/counseling for STD	9,847	100	59	35	18	17	6
Test for HIV	11,731	100	50	29	14	15	21
Pregnancy test	11,481	100	59	29	15	14	12
Prenatal care	4,218	100	77	20	9	11	3
Postpregnancy care	3,498	100	76	18	8	11	6

*Significantly different from 1995 at p<.05.

†Significantly different from 2002 at p<.05.

‡For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received.

§Other providers include hospital inpatient care, emergency room, urgent care center and some other place.

Note: SRH=sexual and reproductive health.

TABLE 5. Number and distribution of women receiving contraceptive or other reproductive health care services in the prior year from publicly funded clinics according to the type of clinic visited, United States, 2006–2010

Type of service received	No. receiving service (in 000)	Source of care*				
		Publicly funded clinics by type†				
		Total clinics	Community clinics	Independent FP clinics	Health department clinics	Hospital outpatient or school-based clinics
2006–2010						
Any SRH service	44,050	23	8	6	5	4
Any contraceptive service	24,665	28	8	9	6	5
Either Pap test or pelvic exam	38,835	21	8	5	5	3
Any STD/HIV care	16,045	33	11	8	8	6
Other SRH services	13,240	29	10	8	7	4
2006–2010, specific services						
Birth control counseling	10,304	33	8	10	9	6
Birth control check-up	13,793	27	7	9	7	4
Birth control method or prescription	20,610	26	7	9	6	4
Sterilization counseling	1,943	19	8	5	2	4
Sterilization operation	1,131	13	2		2	9
Emergency contraception counseling	2,007	59	14	30	10	5
Emergency contraception pills or prescription	1,345	52	4	37	7	4
Pap test	37,305	21	8	5	5	3
Pelvic exam	34,053	19	7	4	4	3
Testing/treatment/counseling for STD	9,847	35	11	10	8	6
Test for HIV	11,731	29	10	5	8	5
Pregnancy test	11,481	29	10	8	7	3
Prenatal care	4,218	20	10	2	4	3
Postpregnancy care	3,498	18	9	1	4	4

*For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received.

†See methods section, page 8 for description of clinic types.

Notes: FP=family planning. SRH=sexual and reproductive health.

TABLE 6. Percentage of women receiving various services who obtained those services from a publicly funded clinic, according to their characteristics, and multivariate odds ratios predicting receipt of services from publicly funded clinics as opposed to private doctors or other providers, United States, 2006–2010

	Women who received services from a clinic, among those receiving:					
	Any SRH service			Any contraceptive service		
Characteristic	No. (in 000s)	%	Odds ratio	No. (in 000s)	%	Odds ratio
No. of women (in 000s)	44,050	23	–	24,665	27	–
Age-group						
15–19	4,677	33	0.89	3,770	34	0.87
20–24	8,208	35	1.42 *	5,976	36	1.49
25–29	8,677	28	1.42 *	5,485	33	1.74 *
30–34	7,301	17	0.96	3,937	19	1.06
35–39	7,586	15	0.94	3,276	16	0.89
40–44 (ref)	7,601	13	1.00	2,223	13	1.00
Marital status						
Currently married (ref)	19,846	13	1.00	9,416	16	1.00
Cohabiting	5,856	34	1.67 *	3,699	38	1.61 *
Formerly married	4,223	23	1.31	1,959	27	1.37
Never married	14,124	32	1.82 *	9,591	34	1.73 *
Any children						
No (ref)	17,594	26	1.00	11,866	30	1.00
Yes	26,455	21	0.59 *	12,799	25	0.51 *
Race/ethnicity						
Non-Hispanic white (ref)	27,470	17	1.00	16,170	22	1.00
Non-Hispanic black	6,904	30	1.45 *	3,284	34	1.49 *
Hispanic	6,905	38	1.74 *	3,804	43	1.68 *
Other	2,770	33	1.94 *	1,407	35	1.51
Nativity						
U.S. born (ref)	37,738	21	1.00	21,530	25	1.00
Foreign born	6,277	34	1.40 *	3,135	41	1.42
Education						
<high school complete	8,206	42	1.90 *	4,623	44	1.78 *
High school complete	10,659	26	1.27	5,581	31	1.20
Some college	12,963	21	1.11	7,548	25	1.07
College graduate (ref)	12,221	12	1.00	6,914	16	1.00
Poverty status, % of FPL						
0–99	9,489	39	1.68 *	5,494	44	1.67 *
100–249	13,320	30	1.67 *	7,372	34	1.55 *
≥250 (ref)	21,241	12	1.00	11,799	16	1.00
Health insurance						
Private (ref)	29,180	12	1.00	16,429	16	1.00
Medicaid	9,680	38	2.49 *	5,682	43	2.66 *
None all year	5,189	56	4.47 *	2,555	64	5.18 *
Any uninsured period in past year						
No (ref)	32,468	17	1.00	18,410	21	1.00
Yes	11,582	42	1.36 *	6,256	48	1.49 *
Metropolitan location						
Yes (ref)	35,083	21	1.00	19,631	26	1.00
No	8,967	30	1.83 *	5,034	34	1.71 *
No. of partners in past year						
0–1 (ref)	38,598	22	1.00	21,068	25	1.00
≥2	5,451	35	1.22	3,597	39	1.28
At risk for unintended pregnancy						
No	17,786	18	0.65 *	5,176	23	0.68 *
Yes (ref)	26,264	26	1.00	19,489	29	1.00

*Significant at p<.05. *Notes:* SRH=sexual and reproductive health. ref=reference group. FPL=federal poverty level. Odds ratios are relative odds that women received services from clinics as opposed to private providers or other providers after controlling for all the variables listed.

TABLE 7. Distribution of women who received any SRH service in the prior year according to their characteristics and the source of care, United States, 1995, 2002, 2006–2010

Characteristic	1995			2002			2006–2010		
		Source of care*			Source of care*			Source of care*	
	Total	Private doctor/ HMO	Publicly funded clinic	Total	Private doctor/ HMO	Publicly funded clinic	Total	Private doctor/ HMO	Publicly funded clinic
Total no. of women obtaining any care (in 000s)	**43,204**	**33,223**	**7,345**	**45,414**	**34,529**	**7,398**	**44,050**	**31,571**	**10,231**
	100	100	100	100	100	100	100	100	100
Age-group									
15–19	10	7	20	11	8	22	11	9	15
20–24	17	14	29	18	16	25	19	16	28
25–29	19	18	20	17	16	17	20	19	24
30–34	20	22	14	19	20	14	17	18	12
35–39	19	21	11	18	19	12	17	19	11
40–44	16	18	7	19	21	10	17	20	10
Marital status									
Currently married	53	59	31	50	56	29	45	52	26
Cohabiting	8	7	13	10	8	17	13	11	20
Formerly married	11	11	12	10	10	11	10	9	10
Never married	28	23	44	30	26	44	32	28	45
Any children									
No	38	36	45	37	36	43	40	38	45
Yes	62	64	55	63	64	57	60	62	55
Race/ethnicity									
Non-Hispanic white	70	75	53	66	72	44	62	69	45
Non-Hispanic black	15	13	23	15	13	21	16	14	20
Hispanic	11	9	20	14	10	28	16	12	26
Other	4	4	3	5	4	7	6	5	9
Nativity									
U.S. born	90	92	86	86	89	78	86	88	79
Foreign born	10	8	14	14	11	22	14	12	21
Education									
<high school complete	16	12	31	16	10	36	19	13	33
High school complete	36	36	37	28	27	31	24	23	27
Some college	25	26	21	31	33	26	29	31	26
College complete	23	26	11	25	30	7	28	33	14
Poverty status, % of FPL									
0–99	13	9	29	18	12	40	22	16	36
100–249	28	25	37	29	28	35	30	27	39
≥250	59	66	34	53	60	26	48	57	25
Health insurance									
Private	73	81	40	73	83	39	66	78	35
Medicaid	17	12	38	18	12	41	22	17	36
None	10	7	21	8	5	20	12	5	29
Payment type									
Insurance	54	64	15	67	80	19	64	79	24
Medicaid	12	8	30	12	7	29	16	12	27
Public/free/sliding scale	7	1	34	9	1	39	10	1	36
Self-pay only/other	26	27	20	12	12	12	10	8	13
Metropolitan location									
Yes	80	81	77	83	85	77	80	82	73
No	20	19	23	17	15	23	20	18	27

*For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received. *Notes:* SRH=sexual and reproductive health. FPL=federal poverty level.

TABLE 8. Distribution of women who received any contraceptive service in the prior year according to their characteristics and the source of care, United States, 1995, 2002, 2006–2010

Characteristic	1995			2002			2006–2010		
		Source of care*			Source of care*			Source of care*	
	Total	Private doctor/ HMO	Publicly funded clinic	Total	Private doctor/ HMO	Publicly funded clinic	Total	Private doctor/ HMO	Publicly funded clinic
Total no. of women obtaining any care (in 000s)	**21,428**	**14,973**	**5,100**	**25,669**	**18,411**	**6,368**	**24,665**	**17,004**	**6,754**
	100	100	100	100	100	100	100	100	100
Age-group									
15–19	13	9	24	15	11	27	15	14	19
20–24	25	22	34	24	23	29	24	21	32
25–29	24	25	22	20	21	18	22	21	27
30–34	20	23	11	19	21	13	16	18	11
35–39	12	14	7	13	14	9	13	15	8
40–44	6	8	3	9	10	5	9	11	4
Marital status									
Currently married	46	53	29	44	49	26	38	44	23
Cohabiting	10	8	15	11	9	16	15	13	21
Formerly married	9	10	8	8	8	9	8	8	8
Never married	35	30	48	37	33	50	39	35	49
Any children									
No	46	44	50	45	45	50	48	47	52
Yes	54	56	50	55	55	50	52	53	48
Race/ethnicity									
Non-Hispanic white	71	77	56	68	75	49	66	72	52
Non-Hispanic black	14	12	22	13	11	18	13	12	17
Hispanic	11	9	19	14	9	26	15	12	24
Other	3	2	4	5	4	7	6	5	7
Nativity									
U.S. born	91	93	87	87	90	80	87	90	81
Foreign born	9	7	13	13	10	20	13	10	19
Education									
<high school complete	17	12	28	17	11	34	19	13	30
High school complete	34	33	36	25	23	29	23	22	26
Some college	26	26	24	33	34	29	31	31	28
College complete	24	29	12	26	32	8	28	34	16
Poverty status, % of FPL									
0–99	14	10	26	19	12	37	22	17	36
100–249	29	24	38	28	26	33	30	27	37
≥250	57	66	36	53	62	29	48	57	28
Health insurance									
Private	70	80	44	73	84	43	67	78	39
Medicaid	19	13	35	20	12	40	23	17	37
None	11	7	21	8	4	18	10	4	24
Payment type									
Insurance	48	61	14	63	78	19	63	79	24
Medicaid	14	9	27	12	7	27	17	13	27
Public/free/sliding scale	10	1	38	12	2	42	11	1	36
Self-pay only/other	27	28	22	13	13	13	9	7	13
Metropolitan location									
Yes	80	81	75	83	86	75	80	82	74
No	20	19	25	17	14	25	20	18	26

*For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received.

Note: FPL=federal poverty level.

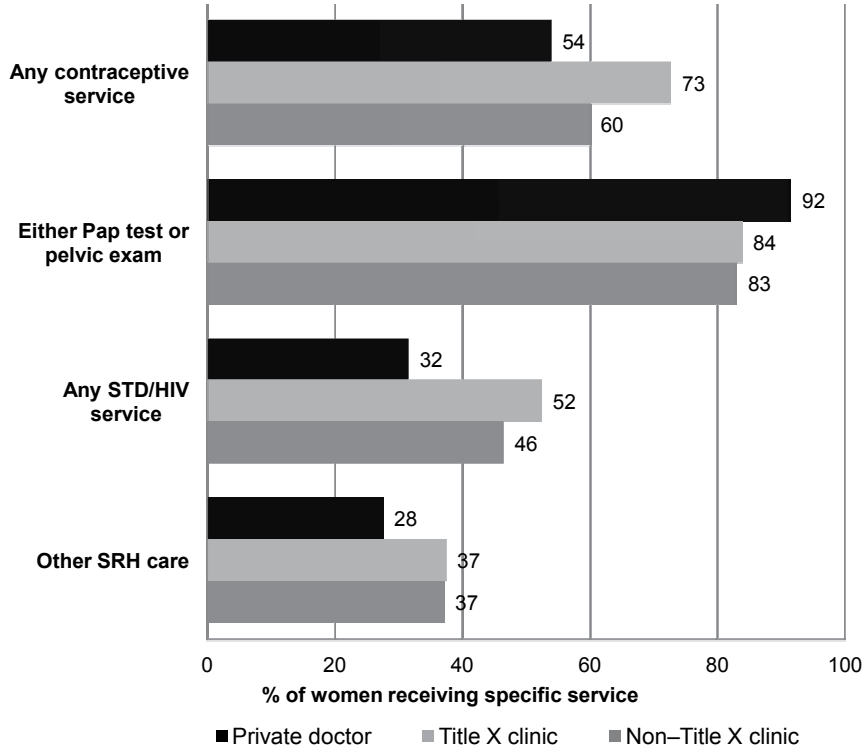
Variation in the Mix of SRH Services Received

Receipt of Specific Services by Provider Type

Among women who received any SRH service during the year, we examined which specific services they received along with the mix of combined services received. This analysis is important to understanding the scope of individual women's SRH care needs (e.g., how many women need and obtain a combination of contraceptive and STD services each year?) and how these needs are being met by different types of providers (e.g., do all providers offer the same mix of services to the clients who receive care from them each year?).

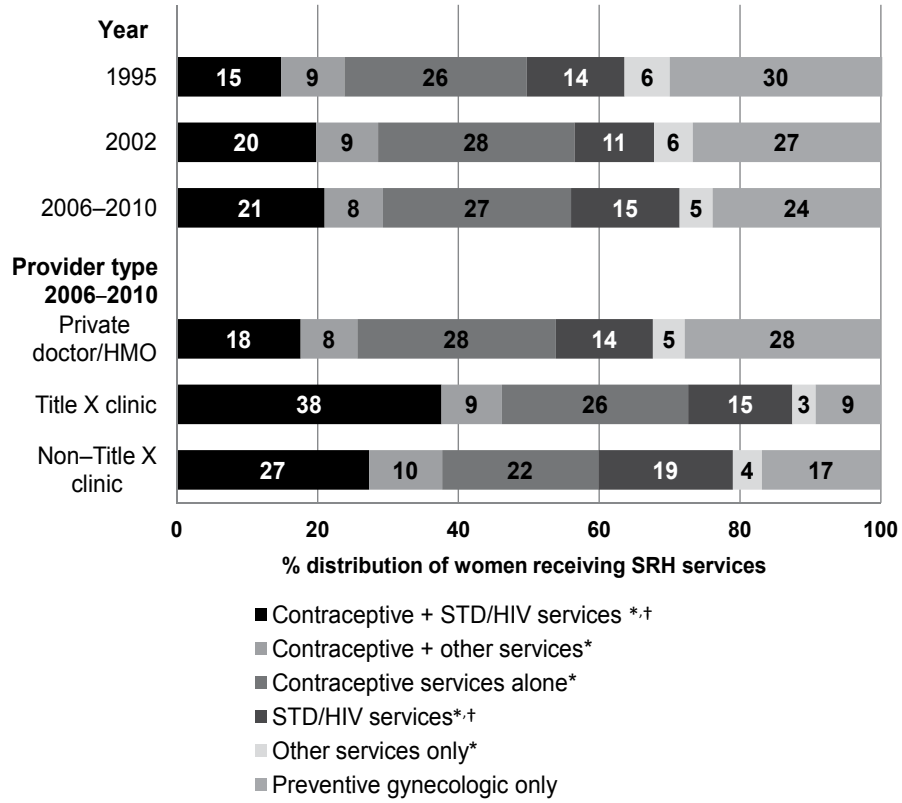
- In all years, about half of women (50–57%) receiving any SRH care received at least one contraceptive service and nine in 10 (88–90%) received preventive gynecologic care (Table 9). About one in three (29–36%) received STD/HIV services, and similar proportions received other SRH care (27–30%). These patterns varied according to the type of provider visited, as did the mix of services that individual women report receiving over the course of a year.
- In 2006–2010, 54% of women who relied on private doctors/HMOs for SRH care reported receiving contraceptive services (Table 9 and Figure 7). This is significantly higher than the 44% of women going to private doctors for SRH care in 1995 who received a contraceptive service, although it is virtually unchanged from 2002.
- Women who relied on publicly funded clinics for their SRH care were significantly more likely than those who relied on private doctors to report receipt of contraceptive services in all survey years. In 2006–2010, 73% of

FIGURE 7. Percentages of women receiving specific types of services in the prior year, according to their source of care, 2006–2010.



Note: SRH=sexual and reproductive health.

FIGURE 8. Percent distribution of women according to the mix of SRH services received in the prior year, 1995–2010, and by provider type, 2006–2010.



*With or without preventive gynecologic care. †May include other SRH care. *Note:* SRH=sexual and reproductive health.

women who relied on Title X clinics and 60% of those visiting non–Title X clinics for SRH care received contraceptive services during the year. These percentages were not significantly different from earlier years.

- Similar patterns are found for receipt of STD/HIV care. Between 1995 and 2006–2010, the proportion of women receiving SRH care from private doctors/HMOs who received STD/HIV services rose from 23% to 32%. And in all years, women going to clinics were more likely to report receipt of this care compared with those going to private doctors. In 2006–2010, more than half (52%) of all women relying on Title X clinics for SRH care received STD/HIV services; nearly half (46%) of those going to non–Title X clinics did so.
- Among women receiving any care, receipt of preventive gynecologic care remained fairly stable over time (a slight increase among women going to private providers between 1995 and 2002 was followed by a drop back to the prior level in 2006–2010). In all years, women going to publicly funded clinics or other providers were somewhat less likely to have received preventive gynecologic care compared with peers going to private doctors/HMOs.

Mix of SRH Services Received

Comparing the mix of all SRH services received by women during the prior year reveals both changes over time, consistent with the patterns already observed, and variation by provider type (Table 10 and Figure 8). In general, women who received SRH care from private doctors received a more limited mix of preventive gynecologic and contraceptive services, whereas women who received care from clinics received a broader mix of services that more often included STD/HIV care.

- Over time, the proportion of women who reported receiving a combination of contraceptive and STD care rose from 15% in 1995 to 21% in 2006–2010, while the proportion who reported receiving only preventive gynecologic care in the prior year fell from 30% to 24%.
- In 2006–2010, a higher percentage of women receiving SRH care from Title X clinics reported receiving contraceptive services in combination with STD care (38%) compared with women relying on either private doctors (18%) or non–Title X clinics (27%).
- More than one-quarter (28%) of women relying on private doctors reported receipt of only preventive gyne-

cologic care during the prior year, compared with 9% of women going to Title X clinics and 17% of those going to non–Title X clinics.

- Finally, although the proportion of private doctor clients reporting a combination of contraceptive and STD/HIV services increased significantly between 1995 and 2006–2010 (from 12% to 18%) and the proportion receiving only preventive gynecologic care declined (from 36% to 28%), the differences between private providers and clinics in the mix of services received by clients remained significant and striking.

Mix of SRH Services Received by Clinic Type

For the most recent survey period (2006–2010), we further analyzed the mix of services women received according to the type of clinic visited (community clinics, independent family planning clinics, public health department clinics, and hospital outpatient or school-based clinics). Again, we found variation in the proportion of women receiving specific SRH services and in the mix of services received, according to the type of clinic providing care (Table 11 and Figures 9 and 10).

FIGURE 9. Percentages of women receiving specific types of services in the prior year, according to their source of care, 2006–2010.

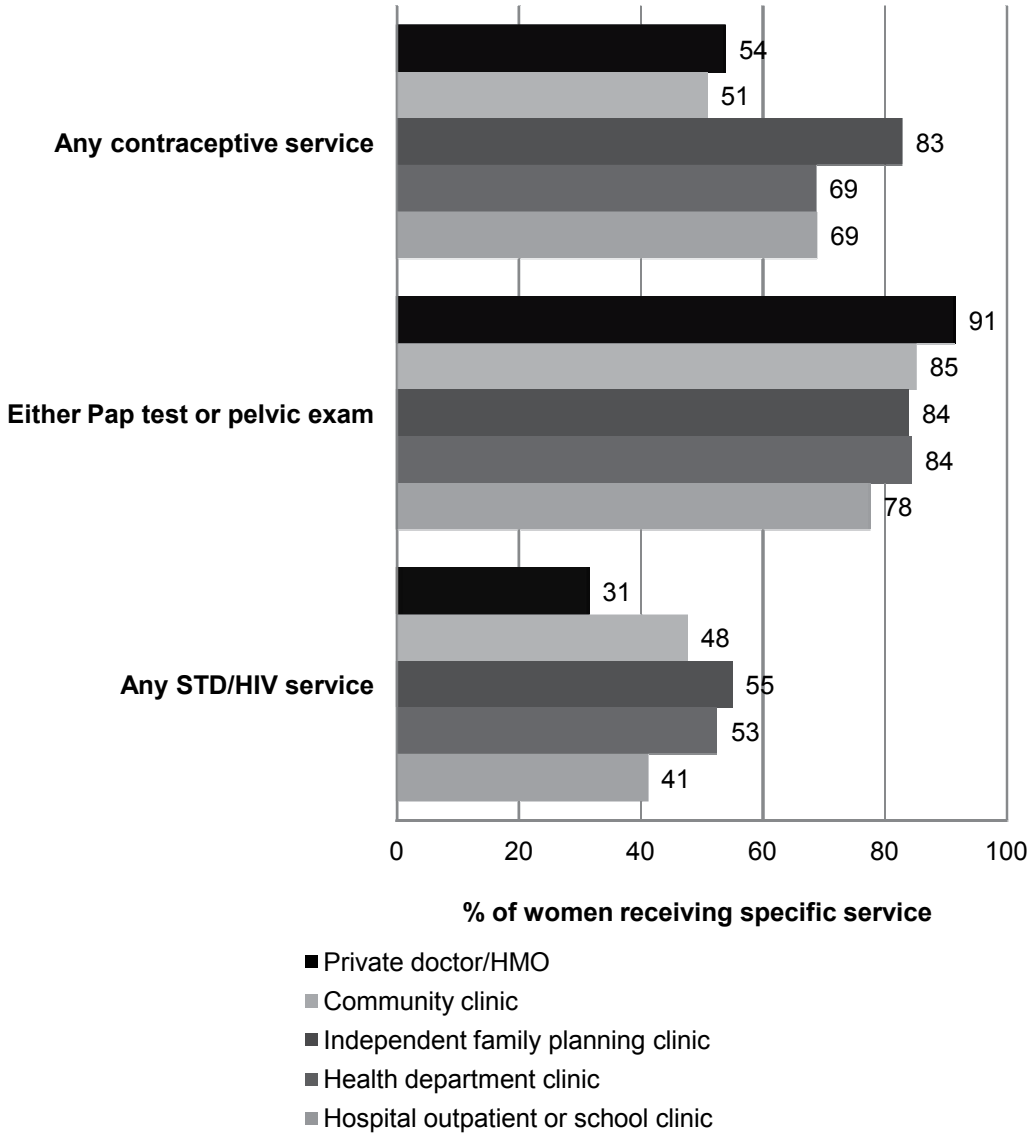
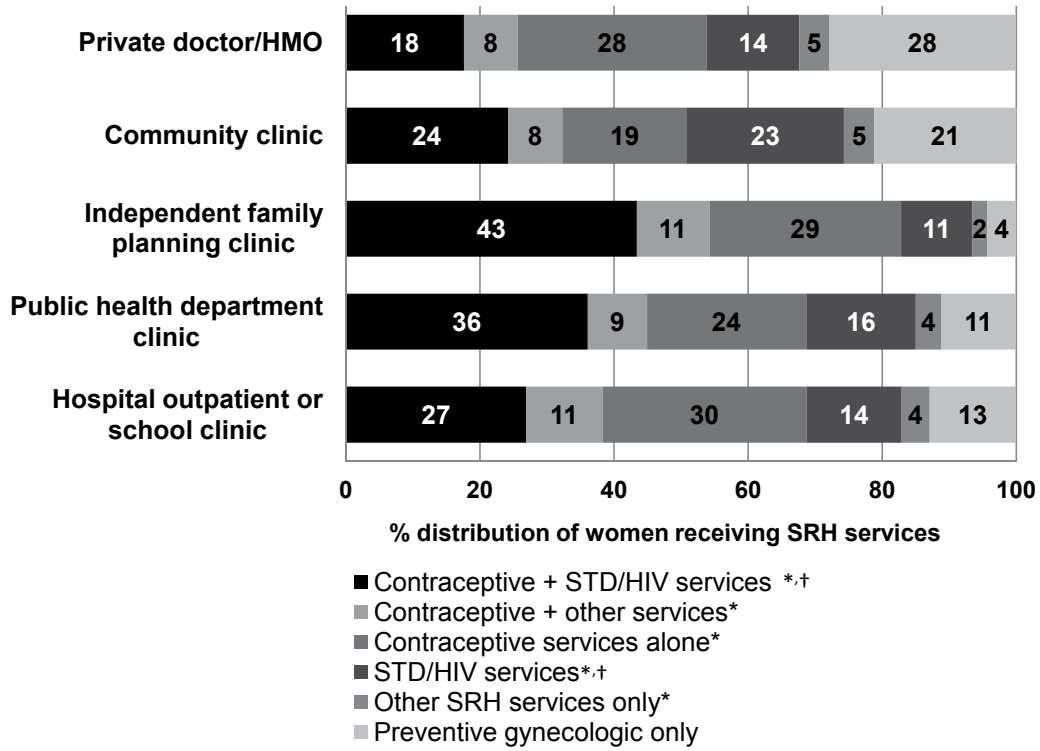


FIGURE 10. Percent distribution of women according to the mix of SRH services received in the prior year, by source of care, 2006–2010.



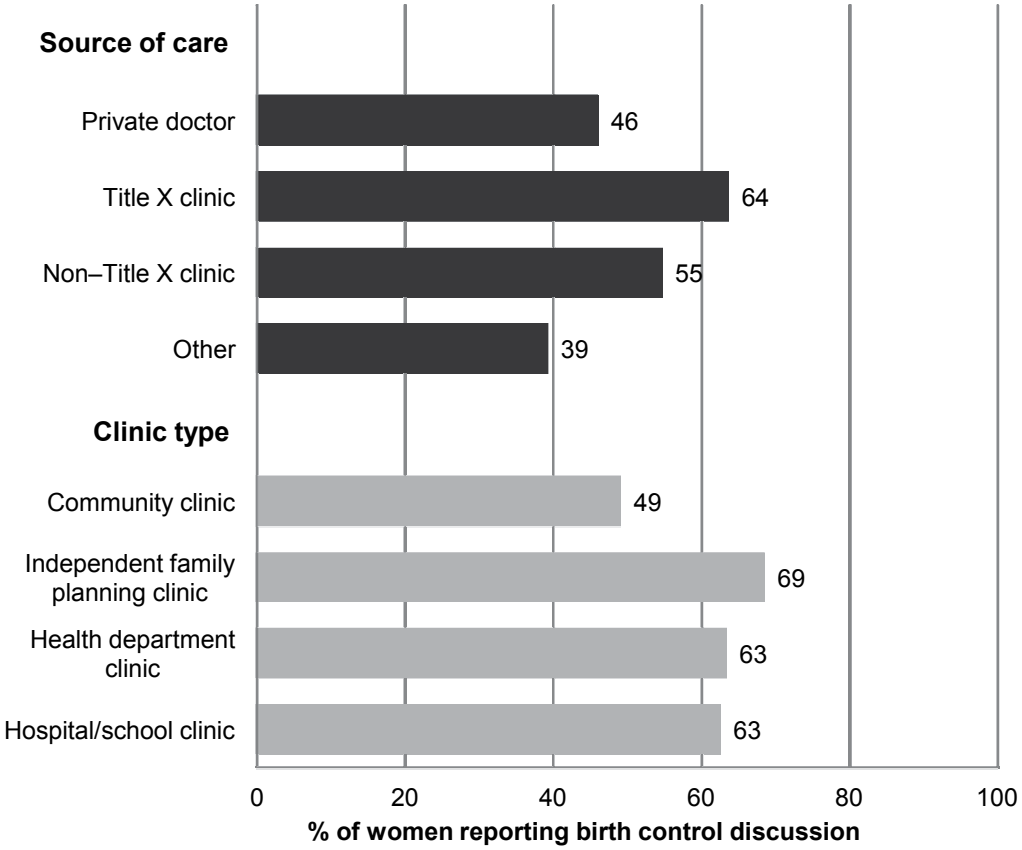
*With or without preventive gynecologic care. †May include other SRH care. *Note:* SRH=sexual and reproductive health.

- Similar to women going to private providers for SRH care, about half (51%) of those going to community clinics reported receipt of contraceptive services in the prior year. In contrast, 83% of women who received any SRH care from an independent family planning clinic received contraceptive care, as did 69% of those going to health department or hospital outpatient/other clinics.
- There were no significant differences in the provision of preventive gynecologic care or STD care among different publicly funded clinic types, although clinics of all types were more likely than private doctors to provide STD care.
- Perhaps not surprisingly, women who received their SRH care from independent family planning clinics were much more likely to receive contraceptive services than women going to other types of clinics; in particular, such women were the most likely to receive a mix of contraceptive and STD services (43% vs. 24–36% of peers going to other types of clinics).
- Women receiving SRH care from community clinics—although similar to peers receiving this care from other clinics in their overall receipt of STD services—were more likely to receive such care alone or with preventive gynecologic care and not in the context of a contraceptive visit (23% of women going to community clinics vs. 11% of women going to independent family planning clinics).
- Finally, one in five women (21%) receiving SRH care from community clinics reported receiving only preventive gynecologic care and no other SRH care service. Among women receiving care from either an independent family planning clinic or a public health department clinic, the percentages receiving only preventive gynecologic care were significantly lower—4% and 11%, respectively.

Factors Associated with Type of SRH Services Received

Some of the variation in the mix of SRH services received from different types of providers is likely associated with variation in the characteristics of clients seeking care from each provider type. As described earlier, women who receive these services from publicly funded clinics are more likely to be younger, unmarried and from racial or ethnic minorities, and to have less education compared with women who receive these services from private doctors

FIGURE 11. Among women receiving preventive gynecologic services in the prior year, percentage who reported that their provider talked to them about birth control during the visit, according to source of care and clinic type, 2006–2010.



(Table 6). Thus, the greater provision of contraceptive and STD services by clinics may reflect, in part, the greater need for these services by their clients. Alternatively, it may reflect the fact that women choose providers that they expect will have the specific types of services they are seeking. To examine these possibilities, we conducted multivariate logistic regression analyses measuring the association between provider type and women's receipt of either contraceptive services or STD/HIV services, controlling for women's characteristics and limiting the sample to women who received any SRH care service (Table 12).

As expected, many of women's characteristics, as well as their level of risk for unintended pregnancy and STDs, were strongly associated with having received a contraceptive or STD/HIV service in the prior year. However, even after controlling for these characteristics and risk factors, the type of provider visited for care remained strongly associated with women's receipt of specific SRH services.

- Overall, 56% of women receiving any SRH service reported receipt of one or more contraceptive services, and 36% reported receipt of STD/HIV services.
- After controlling for women's characteristics and risk factors, women going to Title X clinics were about twice as likely as those going to private doctors to receive contraceptive services (OR=2.2) and also to receive STD/HIV services (1.9). Women going to other (non–Title X) publicly funded clinics or to other provider types also had comparatively higher odds of receiving STD/HIV services (1.7 and 4.1, respectively).
- Comparing women according to the type of clinic visited, there were significant differences for receipt of contraceptive services, but not for receipt of STD/HIV services. Relative to counterparts who received SRH services from community clinics, those going to independent family planning clinics were more than three times as likely to receive contraceptive services (3.4), and those going to health department clinics or

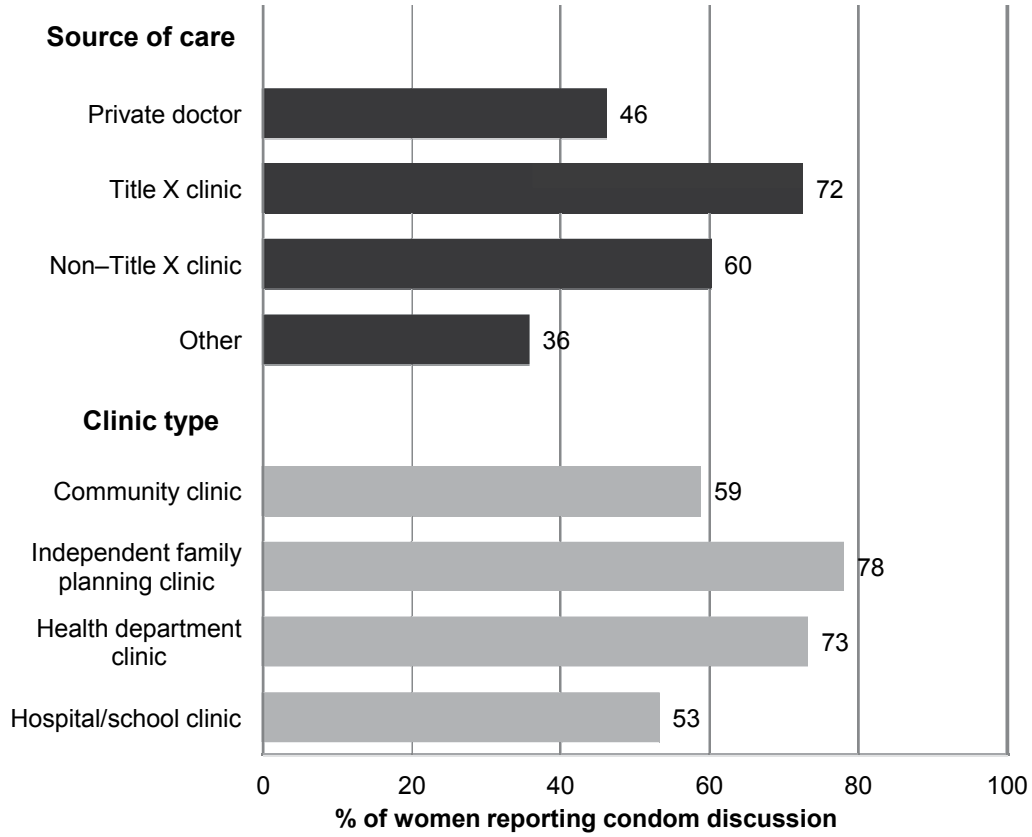
to hospital outpatient or school clinics were about two times as likely (1.8–2.4).

- Relative to 40–44-year-olds receiving any SRH services, younger women were more likely—often much more so—to receive both contraceptive services and STD/HIV services (1.6–9.7), as were most unmarried women compared with currently married peers (1.3–1.9). Cohabiting women were similar to married women in their use of contraceptive services, but similar to other unmarried women in their use of STD/HIV services.
- Non-Hispanic black women were only about half as likely as white women to receive a contraceptive service (0.5), but twice as likely to receive an STD/HIV service (2.0).
- Women with a high school education or less had lower odds of receiving contraceptive services compared with college-educated women (0.6–0.7), as did uninsured women compared with those privately insured (0.6). Women covered by Medicaid had higher odds of receiving STD/HIV services (1.6).
- Women who had had two or more sexual partners in the past year were significantly more likely to receive STD/HIV services relative to peers having only a single partner (1.9) but were less likely to receive any contraceptive service (0.7).

Conversations with Providers During SRH Visits

Some women in the NSFG were asked about their interaction with the provider during their visit for SRH services in the past year. Specifically, those who made a visit for preventive gynecologic care (Pap test or pelvic exam) were asked if the doctor talked to them about birth control or about emergency contraception; in addition, those who made a visit for STD testing, treatment or counseling were asked if a doctor talked to them about use of condoms. We examined the percentages of women reporting that these conversations had occurred, making comparisons according to women's characteristics and the type of provider visited (Table 13, Figures 11 and 12). Results from multivariate logistic regression analyses indicated that clinic clients were more likely to have these types of conversations with their doctors than private doctor clients, even after controlling for their characteristics.

FIGURE 12. Among women receiving STD services in the prior year, percentage who reported that their provider talked to them about condom use during the visit, according to source of care and clinic type, 2006–2010



- Overall, nearly half (49%) of women who received a Pap test or pelvic exam during the year reported that the clinician talked to them about birth control at that visit, and 9% of similar women reported having a conversation about emergency contraception.
- Women receiving preventive gynecologic care from publicly funded clinics were significantly more likely to report having conversations about birth control during the visit, even after controlling for their characteristics. Compared with women visiting private doctors for such care, those going to Title X clinics were nearly twice as likely to talk to the clinician about birth control (OR=1.9) and those going to non–Title X clinics were nearly one and a half times as likely to do so (1.4).
- In terms of clinic type, women receiving preventive gynecologic care from independent family planning clinics or health department clinics were more likely to report conversations about birth control than those going to community clinics (1.7).
- Relative to private doctor clients, women going to Title X clinics were more than three times as likely to report that their doctor talked about emergency contraception, and women going to non–Title X clinics were nearly twice as likely to report such discussion (3.2 and 1.9, respectively). Similarly, women going to independent family planning clinics were more than twice as likely to talk about this topic, compared women going to community clinics (2.3).
- The odds of conversations about birth control during preventive gynecologic exams were higher among younger women and among unmarried and noncohabiting women compared with older women and married women (1.3–4.1).
- There were few differences in the likelihood of providers having conversations about birth control according to women's socioeconomic characteristics—women of all races and poverty statuses were equally likely to report having had these conversations with their doctors. However, uninsured women were less likely than insured women to have talked about birth control during the visit (0.7).
- Conversations about emergency contraception were more likely to occur among 15–29-year-olds, as well as among minority women and those with less than a high school education, compared with older, white or college-educated women (1.5–2.7).
- Slightly more than half (53%) of all women receiving STD/HIV services reported that a clinician talked to them about condoms at that visit. Teenagers, unmarried women and women with less than a college education all had greater odds of reporting such conversations, compared with respective reference categories.
- Clients of Title X clinics were more than twice as likely to report talking to their clinician about condoms during STD visits relative to private doctor clients (2.1).

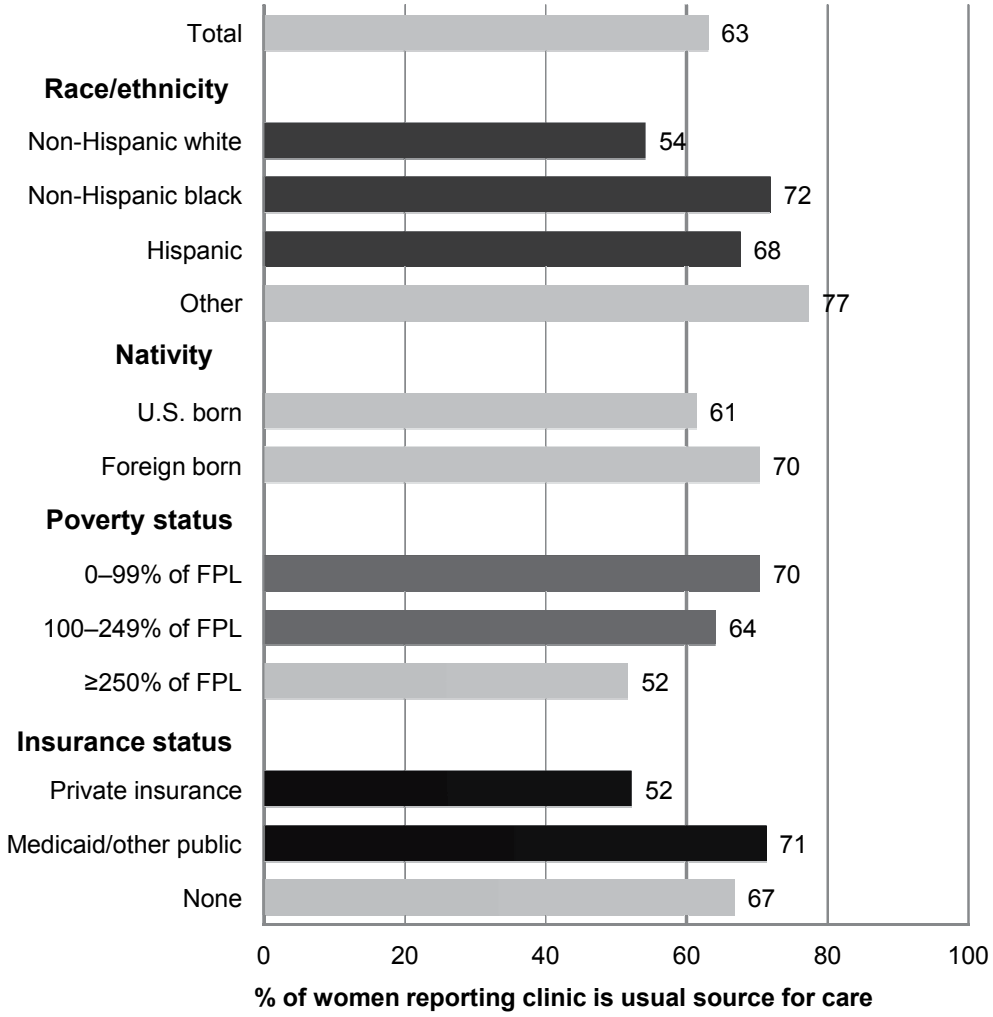
Usual Source of Care

Many women who receive family planning services from publicly funded clinics report that the clinic is their usual source for medical care. Using the 2002 NSFG, we found that 61% of women going to clinics for family planning and related services reported this to be true.[10] Here, we update that analysis. Women who reported visiting a publicly funded clinic for any SRH service were asked whether that clinic was their regular or usual source for medical care. In examining whether women considered the provider where they received family planning and related services to be their usual medical source, we excluded responses given regarding providers visited for prenatal or postpregnancy care only.

In 2006–2010, a majority (63%) of women who visited a publicly funded clinic for one or more family planning services in the prior year reported that the clinic was their usual source for medical care (Table 14 and Figure 13). These percentages varied according the type of service that the woman had received and the type of clinic visited.

- Among women who received any family planning service from a publicly funded clinic, 61% of those visiting Title X clinics and 66% of those attending non–Title X clinics reported that the clinic was their usual source for care. In multivariate analyses, the difference was not significant.
- For specific types of clinics, these differences were much wider: 76% of women going to a community clinic reported it to be their usual source for medical care, compared with 47% of those going to independent family planning clinics and 60–64% of those going to health department and hospital outpatient or school clinics. In the multivariate analysis, these differences were significant, with independent family planning clinics one-third as likely and health department clinics less than half as likely to be considered women's usual source of care, compared with community clinics (ORs=0.4–0.5).
- Adult women, non-Hispanic black women, uninsured women, Medicaid recipients and low-income women who relied on clinics for their family planning care were more likely to report that that clinic was their usual source for medical care compared with teenagers, white women, privately insured women or more affluent women who also visited publicly funded clinics for contraception or gynecologic care.

FIGURE 13. Among women receiving family planning services from publicly funded clinics, percentage who rely on the clinic as their usual source for medical care, 2006–2010.



Note: FPL=federal poverty level.

- Overall, among all women visiting publicly funded family planning clinics for one or more of these services, 70% of poor women, 67% of uninsured women, 68% of Hispanic women and 72% of black women reported that the clinic was their usual source for medical care. In comparison, this was true for only about half of women who were more affluent (52%), had private insurance (52%) or were white (54%).
- The characteristics of women that were associated with calling a clinic their medical home were primarily related to socioeconomic status—with uninsured or publicly insured women, poor women and minority women most likely to rely on clinics as their usual source of care.

Among women who considered the clinic to be their usual source for care, we did not know whether they were reporting this because they received other types of medical care at the same clinic or whether the only type of usual medical care they received during the year was the SRH care that they got at the clinic. The fact that more than three-quarters of the women receiving family planning services from community clinics reported the clinic as their usual source of care was not surprising and suggests that for them, these services were being provided along with other types of medical care. However, even among the women who received family planning services from independent family planning clinics, nearly half reported the clinic to be their usual source for medical care. For these women, it is likely that they considered their SRH care to be the only type of usual care they received.

TABLE 9. Among women receiving any SRH service, the percentage who received each type of service during the prior year according to their source of reproductive health care, United States, 1995, 2002, 2006–2010

Type of service received	All women receiving care	Source of care§				
		Private doctor/ HMO	Publicly funded clinic			Other**
			Total	Title X	Non–Title X	
1995						
No. receiving any care (in 000s)	**43,204**	**33,223**	**7,345**	**4,190**	**3,155**	**2,572**
% reporting receipt of:						
Any contraceptive service	50	44	69*	75*	61*	48
Either Pap test or pelvic exam	90	92	83*	87*	79*	64*
Any STD/HIV care	29	23	44*	46*	42*	43*
Other SRH services	27	25	35*	36*	33*	31*
2002						
No. receiving any care (in 000s)	**45,414**	**34,529**	**9,107**	**4,380**	**4,726**	**1,779**
% reporting receipt of:						
Any contraceptive service	57†	53†	70*	75*	65*	50
Either Pap test or pelvic exam	90	94†	84*	85*	83*	60*
Any STD/HIV care	31	27†	45*	48*	43*	44*
Other SRH services	30†	28†	38*	40*	35*	37*
2006–2010						
No. receiving any care (in 000s)	**44,050**	**31,571**	**10,231**	**4,902**	**5,329**	**2,248**
% reporting receipt of:						
Any contraceptive service	56†	54†	66*	73*	60*	40
Either pap test or pelvic exam	88	92‡	83*	84*	83*	63*
Any STD/HIV care	36†‡	32†‡	49*	52*	46*	48*
Other SRH services	30†	28	37*	37*	37*	33

*Significantly different from private doctor/HMO at p<.05.

†Significantly different from 1995 at p<.05.

‡Significantly different from 2002 at p<.05.

§For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received.

**Other providers include hospital inpatient care, emergency room, urgent care center and some other place.

Note: SRH=sexual and reproductive health.

TABLE 10. Distribution of women according to the mix of contraceptive or other reproductive health care services received during the prior year by their source of reproductive health care, United States, 1995, 2002, 2006–2010

Mix of services received	All women receiving care (in 000s)	Source of care§				
		Private doctor/ HMO	Publicly funded clinic			Other**
			Total	Title X	Non–Title X	
1995						
No. receiving any care (in 000s)	**43,204**	**33,223**	**7,345**	**4,190**	**3,155**	**2,572**
Distribution by mix of services	100	100	100	100	100	100
Any contraceptive service						
Plus STD/HIV care	15	12	24*	33*	29*	16*
Plus other SRH	9	9	9	12*	11	10
Alone or with pap/pelvic	26	25	29*	31*	30	24
No contraceptive service						
Any STD/HIV care	14	12	19*	13	15*	29*
Other SRH care only	6	7	5	4	5	7
Pap/pelvic only	30	36	15*	7*	11*	14*
2002						
No. receiving any care (in 000s)	**45,414**	**34,529**	**9,107**	**4,380**	**4,726**	**1,779**
Distribution by mix of services	100	100	100	100	100	100
Any contraceptive service						
Plus STD/HIV care	20†	16†	29*	39*	33*	19
Plus other SRH care	9	9	9	10	10	6
Alone or with pap/pelvic	28	28†	27	27	27	25
No contraceptive service						
Any STD/HIV care	11†	10	14	9	12	25*
Other SRH care only	6	5	5	5	5	15*
Pap/pelvic only	27†	31†	16*	11*	14*	11*
2006–2010						
No. receiving any care (in 000s)	**44,050**	**31,571**	**10,231**	**4,902**	**5,329**	**2,248**
Distribution by mix of services	100	100	100	100	100	100
Any contraceptive service						
Plus STD/HIV care	21†	18†	32*	38*	27*	17
Plus other SRH care	8	8	10	9	10	6
Alone or with Pap/pelvic	27	28†	24	26	22*	17*
No contraceptive service						
Any STD/HIV care	15‡	14‡	17‡	15‡	19*	31*
Other SRH care only	5†	5†	4	3	4	11*
Pap/pelvic only	24†	28†	13*	9*	17*	18*

*Significantly different from private doctor/HMO at p<.05.

†Significantly different from 1995 at p<.05.

‡Significantly different from 2002 at p<.05.

§For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received.

**Other providers include hospital inpatient care, emergency room, urgent care center and some other place.

Note: SRH=sexual and reproductive health.

TABLE 11. Among women receiving any SRH service, the percentage who received each type of service during the prior year according to their primary source of reproductive health care, United States, 2006–2010

Type of service received	All women receiving care	Source of care‡					
		Private doctor/ HMO	Publicly funded clinic§				Other
			Com-munity clinic	Indepen-dent FP clinic	Health depart-ment clinic	Hospital outpatient or school clinic	
2006–2010							
No. receiving any care (in 000s)	**44,050**	**31,571**	**3,643**	**2,646**	**2,279**	**1,663**	**2,248**
% reporting receipt of:							
Any contraceptive service	56	54	51	83*†	69*†	69*†	40*
Either Pap test or pelvic exam	88	91	85	84	84	78	63*†
Any STD care	36	31	48*	55*	53*	41*	48*
Other SRH care	30	27	38*	39*	38*	33	33
No. receiving any care (in 000s)	**44,050**	**31,571**	**3,643**	**2,646**	**2,279**	**1,663**	**2,248**
Distribution by mix of services received	100	100	100	100	100	100	100
Any contraceptive service							
Plus STD care	21	18	24*	43*†	36*†	27*	17
Plus other SRH care	8	8	8	11	9	11	6
Alone or with pap/pelvic	27	28	19*	29†	24	30†	17*
No contraceptive service							
Any STD/HIV care	15	14	23*	11†	16	14	31*
Other SRH care only	5	5	5	2	4	4	11*†
Pap/pelvic only	24	28	21*	4*†	11*†	13*	18*

*Significantly different from private doctor/HMO at p<.05.

†Significantly different from community clinic at p<.05.

‡For women with more than one source type we have assigned one type coded hierarchically first for contraceptive service source (Title X clinic, other clinic, private doctor, hospital/other), then for source of Pap or pelvic (according to same order) and finally for the source of pregnancy care or STD care if that was all they received.

§See methods section, page 8 for description of clinic types.

Notes: FP=family planning. SRH=sexual and reproductive health.

TABLE 12. Percentage of women receiving various services among all women who received any SRH service in the prior year, according to their characteristics, and multivariate odds ratios predicting receipt of either contraceptive or STD/HIV services, United States, 2006–2010

	Among women receiving any SRH service, women who received:					
	Any contraceptive service			Any STD/HIV service		
Characteristic	No. (in 000s)	%	Odds ratio	No. (in 000s)	%	Odds ratio
No. of women (in 000s)	44,052	56	–	44,052	36	–
Provider type[†]						
Private doctor (ref)	31,571	54	1.00	30,414	29	1.00
Title X clinic	4,902	73	2.21 *	4,954	53	1.89 *
Non–Title X clinic	5,329	60	1.14	5,490	48	1.74 *
Other	2,248	40	0.54	3,191	63	4.14 *
Clinic type[†]						
Community clinic (ref)	3,643	51	1.00	3,635	47	1.00
Independent family planning clinic	2,646	83	3.45 *	2,493	51	0.93
Health department clinic	2,279	69	2.43 *	2,396	55	1.17
Hospital/school clinic	1,663	69	1.82 *	1,920	49	1.16
Not a clinic	33,819	53	1.05	33,605	32	1.16
Age-group						
15–19	4,679	81	9.73 *	4,679	43	2.25 *
20–24	8,208	73	3.91 *	8,208	52	3.41 *
25–29	8,677	63	2.89 *	8,677	44	2.97 *
30–34	7,301	54	2.21 *	7,301	34	2.12 *
35–39	7,586	43	1.56 *	7,586	27	1.59 *
40–44 (ref)	7,601	29	1.00	7,601	19	1.00
Marital status						
Currently married (ref)	19,846	47	1.00	19,846	25	1.00
Cohabiting	5,856	63	1.21	5,856	47	1.65 *
Formerly married	4,223	46	1.61 *	4,223	40	1.92 *
Never married	14,127	68	1.31 *	14,127	47	1.74 *
Any children						
No (ref)	17,597	67	1.00	17,597	39	1.00
Yes	26,455	48	0.99	26,455	35	1.11
Race/ethnicity						
Non-Hispanic white (ref)	27,473	59	1.00	27,473	30	1.00
Non-Hispanic black	6,904	48	0.53 *	6,904	56	1.97 *
Hispanic	6,905	55	0.89	6,905	43	1.20
Other	2,770	51	0.74 *	2,770	31	1.04
Nativity						
U.S. born (ref)	37,740	57	1.00	37,740	36	1.00
Foreign born	6,277	50	0.88	6,277	38	1.05
Education						
<high school complete	8,206	56	0.63 *	8,206	47	1.20
High school complete	10,659	52	0.73 *	10,659	39	1.12
Some college	12,966	58	0.90	12,966	37	1.06
College graduate (ref)	12,221	57	1.00	12,221	26	1.00
Poverty status, % of FPL						
0–99 (ref)	9,489	58	1.00	9,489	49	1.00
100–249	13,322	55	0.79 *	13,322	40	0.97
≥250	21,241	56	0.86	21,241	29	0.97
Health Insurance						
Private (ref)	29,183	56	1.00	29,183	30	1.00
Medicaid	9,680	59	0.84	9,680	55	1.57 *
None all year	5,189	49	0.64 *	5,189	41	0.93

TABLE 12 (continued)

Characteristic	Among women receiving any SRH service, women who received:					
	Any contraceptive service			Any STD/HIV service		
	No. (in 000s)	%	Odds ratio	No. (in 000s)	%	Odds ratio
Metropolitan location						
Yes (ref)	35,085	56	1.00	35,085	38	1.00
No	8,967	56	1.08	8,967	30	0.65 *
No. of partners in past year						
1 (ref)	38,601	55	1.00	38,601	33	1.00
≥2	5,451	66	0.71 *	5,451	63	1.94 *
At risk‡						
Yes (ref)	26,264	74	1.00	39,535	38	1.00
No	17,788	29	0.16 *	4,517	21	0.33 *

*Significant at p<.05.

†Provider type and clinic type are added separately in two separate regression analyses, controlling for all other variables.

‡At risk=at risk for unintended pregnancy (in contraceptive service model) or at risk for STDs/HIV because of being sexually active (in STD/HIV model). See page 5 for definitions.

Notes: ref=reference group. SRH=sexual and reproductive health. FPL=federal poverty level.

TABLE 13. Percentage of women reporting that a doctor talked to them about birth control or emergency contraception during a preventive gynecologic exam, or about condoms during an STD visit, and multivariate odds ratios predicting such conversations, United States, 2006–2010

Characteristic	During preventive gynecologic exam doctor talked about:					During STD visit, doctor talked about using condoms		
		Birth control		Emergency contraception				
	No. (in 000s)	%	Odds ratio	%	Odds ratio	No. (in 000s)	%	Odds ratio
No. of women (in 000s)	38,835	49	–	9	–	16,045	53	–
Source of care[†]								
Private doctor (ref)	29,296	46	1.00	6	1.00	8,761	46	1.00
Title X clinic	3,936	64	1.94 *	24	3.21 *	2,614	72	2.12 *
Non–Title X clinic	4,314	55	1.39 *	17	1.91 *	2,635	60	1.28
Other	1,289	39	0.72	6	0.67	2,015	36	0.44 *
Clinic type[†]								
Community clinic (ref)	3,168	49	1.00	16	1.00	1,726	59	1.00
Independent family planning clinic	1,922	69	1.65 *	32	2.27 *	1,275	78	2.22 *
Health department clinic	1,897	63	1.75 *	21	1.41	1,307	73	2.02 *
Hospital/school clinic	1,262	63	1.46	10	0.60	941	53	0.85
Not a clinic	30,585	46	0.81	6	0.50 *	10,776	45	0.76
Age-group								
15–19	2,973	70	4.06 *	18	2.43 *	2,019	74	2.01 *
20–24	7,195	64	2.84 *	15	2.74 *	4,254	62	1.83
25–29	7,770	55	2.25 *	9	1.83 *	3,854	46	1.44
30–34	6,758	46	1.70 *	7	1.72	2,453	40	1.39
35–39	7,024	39	1.38 *	5	1.23	2,025	41	1.26
40–44 (ref)	7,115	29	1.00	3	1.00	1,441	34	1.00
Marital status								
Currently married (ref)	18,452	41	1.00	5	1.00	4,926	28	1.00
Cohabiting	5,265	52	1.10	11	1.06	2,763	54	1.80 *
Formerly married	3,753	41	1.34 *	7	1.27	1,691	51	2.49 *
Never married	11,364	61	1.46 *	14	1.38	6,665	67	2.90 *
Any children								
No (ref)	14,733	58	1.00	11	1.00	6,847	60	1.00
Yes	24,102	43	1.10	7	0.74	9,198	48	0.77
Race/ethnicity								
Non-Hispanic white (ref)	24,472	49	1.00	6	1.00	8,369	50	1.00
Non-Hispanic black	6,106	47	0.81	12	1.53 *	3,835	59	1.28
Hispanic	5,919	49	1.02	18	2.36 *	2,985	59	1.23
Other	2,339	45	0.85	8	1.41	857	49	0.91
Nativity								
U.S. born (ref)	33,398	49	1.00	8	1.00	13,646	54	1.00
Foreign born	5,405	46	0.95	13	1.03	2,395	51	1.10
Education								
<high school complete	6,232	51	0.81	17	1.80 *	3,882	63	2.60 *
High school complete	9,233	43	0.69 *	9	1.29	4,189	60	2.65 *
Some college	11,863	51	0.91	8	1.15	4,770	54	2.07 *
College graduate (ref)	11,507	49	1.00	5	1.00	3,205	32	1.00
Poverty status, % of FPL								
0–99 (ref)	7,963	49	1.00	13	1.00	4,615	60	1.00
100–249	11,521	50	1.08	11	1.20	5,295	59	1.12
≥250	19,351	48	1.12	5	0.92	6,135	44	0.98
Health insurance								
Private (ref)	26,610	48	1.00	6	1.00	8,631	48	1.00
Medicaid	8,181	51	0.85	14	1.12	5,279	58	0.99
None all year	4,044	45	0.74 *	16	1.25	2,135	63	1.12

TABLE 13 (continued)

Characteristic	During preventive gynecologic exam doctor talked about:					During STD visit, doctor talked about using condoms		
		Birth control		Emergency contraception				
	No. (in 000s)	%	Odds ratio	%	Odds ratio	No. (in 000s)	%	Odds ratio
Metropolitan location								
Yes (ref)	30,924	49	1.00	9	1.00	13,388	53	1.00
No	7,911	45	0.86	6	0.57 *	2,658	55	1.06
No. of partners in past year								
1 (ref)	34,148	47	1.00	8	1.00	12,629	50	1.00
≥2	4,687	58	0.86	15	1.17	3,416	64	1.12
At risk‡								
Yes (ref)	23,329	60	1.00	11	1.00	10,350	58	1.00
No	15,506	31	0.38 *	5	0.62 *	5,696	44	0.67 *

*Significant at p<.05.

†Provider type and clinic type are added separately in two separate regression analyses, controlling for all other variables.

‡At risk=at risk for unintended pregnancy (in contraceptive service model) or at risk for STDs/HIV because of being sexually active (in STD/HIV model). See page 5 for definitions.

Notes: ref=reference group. SRH=sexual and reproductive health. FPL=federal poverty level.

TABLE 14. Among women who received at least one family planning or related service† in the prior year from a publicly funded clinic, the percentage who reported that the clinic was their usual source for medical care, by clinic and women's characteristics, and multivariate odds ratios predicting that a clinic is their usual source for care, United States, 2006–2010

Characteristic	Clinic is usual source for care (among women receiving family planning services from clinics)		
	No. (in 000s)	%	Odds ratio
No. of women (in 000s)	9,929	63	–
Provider type			
Title X clinic (ref)	5,056	61	1.00
Non–Title X clinic	4,873	66	0.86
Clinic type			
Community clinic (ref)	3,529	76	1.00
Independent family planning clinic	2,597	47	0.36 *
Health department clinic	2,243	60	0.46 *
Hospital/school clinic	1,560	64	0.79 *
Age-group			
15–19 (ref)	1,522	52	1.00
20–24	2,784	60	1.71 *
25–29	2,327	67	2.06 *
30–34	1,252	66	1.68 *
35–39	1,076	71	1.98 *
40–44	967	70	1.86 *
Marital status			
Currently married (ref)	2,563	74	1.00
Cohabiting	1,998	62	0.57 *
Formerly married	927	59	0.46 *
Never married	4,441	58	0.61 *
Any children			
No	4,537	53	ns
Yes	5,392	72	
Race/ethnicity			
Non-Hispanic white (ref)	4,471	54	1.00
Non-Hispanic black	1,973	72	1.61 *
Hispanic	2,600	68	1.24
Other	885	77	1.99 *
Nativity			
U.S. born (ref)	7,827	61	1.00
Foreign born	2,099	70	0.98
Education			
< high school complete	3,300	64	
High school complete	2,682	68	ns
Some college	2,585	61	
College graduate	1,363	56	
Poverty status, % of FPL			
0–99	3,619	70	1.46 *
100–249	3,837	64	1.34
≥250 (ref)	2,473	52	1.00
Health insurance			
Private (ref)	3,507	52	1.00
Medicaid	3,649	71	2.02 *
None all year	2,773	67	1.55 *

*Significant at p<.05. †Family planning or related services include all contraceptive services, preventive gynecologic services, STD services and pregnancy testing (we exclude women who only reported receiving prenatal care, postpregnancy care or abortion). *Notes:* ns=not significant (these variables were excluded from the final logistic regression models as they were not significant in preliminary models). ref=reference group. FPL=federal poverty level.

Discussion

Use of Services

Seven in 10 U.S. women of reproductive age, some 44 million women in 2006–2010, make at least one medical visit to obtain SRH services each year, and this number has remained constant over the past decade. However, use of specific SRH services has varied over the same period.

Fewer women are receiving preventive gynecologic care. The number of women receiving preventive gynecologic care (either a Pap test or pelvic exam) each year fell between 2002 and 2006–2010 from 41 million women to 39 million women. This trend is not unexpected and follows recent changes in cervical cancer screening guidelines that now recommend that many women be screened every two or three years rather than annually, and that screening not begin before age 21, regardless of age of sexual initiation.[20,21]

More women are receiving STD services. The annual number of women receiving STD testing, treatment or counseling doubled between 1995 and 2006–2010 from 4.6 million to 9.8 million. Although a small part of this trend may be related to a change in question wording, most of the rise is likely due to an actual increase in the reported incidence of STDs, particularly chlamydia, among women, and to the concomitant increase in routine chlamydia screening among women aged 25 and younger. Between 1996 and 2009, the reported chlamydia rate among women rose from 369 per 100,000 to 716 per 100,000[22]; the estimated percentage of sexually active young women aged 15–25 in participating health plans who were screened rose from 25% in 2000 to 48% in 2010.[23]

More older women are using contraceptive services. Over the past decade, the percentage of all women of reproductive age receiving contraceptive services each year increased significantly, from 36% in 1995 to 40% in 2006–2010, and this trend was found primarily among older women (as well as non-Hispanic white women and more affluent women). One likely explanation relates to changes in the types of contraceptive methods available and used by women, especially older women, during this period. In the past, older women relied primarily on sterilization and condoms, methods that do not need ongoing provider support, and few relied on oral contraceptives, other hormonal methods or IUDs—methods that do require ongoing provider contact to obtain refills or to discuss method-related issues or side effects. Current formulations of many oral contraceptives and other types of hormonal contraception have lower doses of estrogen than in the past or are progestin-only and are now recommended as safe to use by many older women, as are currently available IUDs.[24] As a result, the types of methods used by older women have changed—in 1995, only 14% of contraceptive-using women aged 35–39 and 8% of those aged 40–44 relied on hormonal contraception or IUDs. In 2006–2010, those percentages had nearly doubled to 26% of contraceptive-using women aged 35–39 and 15% of those aged 40–44.[25]

Persistent disparities in service use remain. Although the availability of publicly funded clinics provides many women with access to SRH services that they might otherwise forgo, disparities persist in the receipt of SRH services among certain groups of women, including those at high risk for unintended pregnancy. In particular, uninsured women were significantly less likely than either privately insured or Medicaid-covered women to have received any type of SRH service in the prior year, and among women receiving any SRH service, uninsured women were less likely to receive a contraceptive service and were less likely to talk to their doctor about birth control during preventive gynecologic visits. Disparities in receipt of SRH services were also found according to women's race and educational status. Non-Hispanic black women at risk for unintended pregnancy were less likely than white women to have received a contraceptive service in the prior year, even though they were more likely to have received an STD service. And the least educated women were significantly less likely to receive SRH services compared with their more educated counterparts. It is not clear exactly how or why these factors influence receipt of SRH services, although possibilities include a variety of patient barriers—for example, women not knowing where to go to obtain affordable or free services, or women choosing nonprescription methods because they don't have insurance or they think they can't afford other methods, as well as provider assumptions that may affect care once women seek services.

The Importance of Safety Net Providers

More women depend on clinics for SRH care. Although the majority of women receiving SRH services each year do so from private doctors, publicly funded clinics play an important role in equalizing service access for poor and low-income women. Over time, both the number and share of women receiving any SRH service who went to a publicly funded clinic rose—from 7.3 million (17%) in 1995 to 10.2 million (23%) in 2006–2010. The increase in women's dependence on publicly funded clinics for SRH care mirrors both an increase in the number of women who were estimated to be in need of publicly funded contraceptive services—from 16.5 million in 1995[26] to 17.4 million in 2008[27]—as well as an overall rise in the numbers of U.S. women living in poverty in recent years. Between 2000 and 2010, the numbers of women living in poverty increased from 18 million to 25 million,[28] while the numbers of women who were poor or low income (up to 200% of the FPL) increased from 44 million[29] to 56 million.[30]

Much of the increased use of clinics occurred because more women reported receiving care from non–Title X–funded clinics (an increase from 7% in 1995 to 12% in 2006–2010). A number of factors may have contributed to this trend, including a nearly 200% increase in federal funding for and expanded service provision by FQHCs (publicly funded clinics that typically do not receive Title X funding) over the period.[31]

Disadvantaged women are most likely to depend on clinics. Publicly funded family planning clinics, including clinics that receive Title X funding, as well as clinics that receive other federal, state or local funds, such as FQHC funding, play a critical role in providing SRH services to the increasing numbers of poor and low-income women who need affordable care. These clinics are especially important in the provision of specific types of SRH care—28% of all women receiving any contraceptive service obtain care from publicly funded clinics, as do 35% of women receiving STD testing, treatment or counseling, and more than half of women who seek emergency contraception services. Women are also increasingly going to clinics for preventive gynecologic care and other SRH services, such as maternity care. For example, in 1995, only 16% of women receiving a Pap test or pelvic exam received the service from a clinic, but in 2006–2010, that proportion had risen to 21%. Moreover, specific subgroups of women—particularly those who are disadvantaged—are significantly more likely than other subgroups to depend on clinics for their care. Among uninsured women who received any SRH service, more than half went to a publicly funded clinic, and the odds of receiving care from clinics were also high for minority women, foreign-born women, poor and low-income women, and women with less than a high school education.

Clinics are the usual source of medical care for many women. For many women, the publicly funded clinic that they visit for contraceptive and related services is their usual source for medical care—overall, six in 10 women (63%) visiting publicly funded clinics for such services consider this to be true. For many women from disadvantaged subgroups, dependence on clinics as their usual source is even higher. Among poor women, foreign-born women and non-Hispanic black women who visited a clinic for contraceptive or related care, seven in 10 reported that the clinic was their usual source for care. As expected, women who received family planning and related services from a community clinic were more likely to report the clinic as their usual source for care (76%) compared with women who received family planning care from an independent family planning clinic (47%).

Similar results were reported from a targeted study that examined service use over the prior year among a sample of clients visiting publicly funded family planning clinics. This study sampled only women attending reproductive health–focused clinics that were located in relatively urban areas and measured whether the clinic was the only medical provider that they had visited in the prior year—41% reported this to be true.[32] Although the measures used and the samples of respondents interviewed are very different across these studies, both support the conclusion that many women visiting clinics for SRH care depend on these clinics as their main source for medical care, and that this is even truer for disadvantaged women.

Title X clinics remain an important source of SRH care for many women. Fourteen percent of all women receiving any contraceptive service obtain care from Title X–funded clinics, as do 18% of women receiving STD testing, treatment or counseling, and more than one-third of women who seek emergency contraception services. Moreover, Title X–funded clinics provide clients with a broad mix of SRH services that is not always available from other types of providers. For example, women who receive SRH services from private doctors typically receive a more limited mix of mostly preventive gynecologic care and contraceptive services, whereas women who receive care from publicly funded clinics receive a broader mix of services that more often includes STD/HIV care. Women going to clinics funded by the federal Title X family planning program and to independent family planning clinics receive the broadest range of services, compared with other provider types.

Some of these differences are undoubtedly due to the characteristics of women who seek care from different types of providers, with younger, unmarried women who are at higher risk for STDs and unplanned pregnancy more likely to visit clinics. However, when we tested for this possibility by controlling for women's demographic and socioeconomic characteristics, as well as their risk for STDs and unplanned pregnancy, we found that the type of provider remained strongly associated with receipt of specific services—women going to Title X–funded clinics were twice as likely as women going to private doctors to receive a contraceptive service, and women going to any kind of clinic had higher odds of receiving STD care. This latter finding is especially troubling and suggests that private doctors may be lagging behind publicly funded clinics in their implementation of current STD screening protocols that recommend all sexually active women younger than age 25 be routinely screened for chlamydia, and that older women with certain risk factors be routinely screened.[33]

Ongoing monitoring of measures of health care quality also reveal similar variation in the chlamydia screening rates for commercial health plans compared with Medicaid health plans, with Medicaid plans reporting higher screening rates among sexually active female enrollees younger than age 25 (58% in 2010) compared with commercial plans (40–43%).[34] Our results suggest that part of the discrepancy in screening rates between private and public health plans may be the fact that many Medicaid enrollees are served at publicly funded clinics. Additionally, they suggest that there are real differences between private doctors and publicly funded clinics in terms of the likelihood that clients will receive STD screening as part of a broad mix of SRH services. One explanation for the broader mix of services delivered by publicly funded clinics is the fact that many are funded by Title X and therefore adhere to comprehensive guidelines that set high standards for delivery of SRH care, including chlamydia screening protocols and requirements for provision of a broad range of contraceptive methods and services.

There are missed opportunities for client-provider conversations. Conversations that women have with their doctors around SRH issues are critical to their health. It is recommended that doctors talk to patients about their reproductive health plan at annual visits both to ensure timely receipt of preconception care among women desiring pregnancy, and to ensure effective contraceptive use among those who want to avoid pregnancy.[35] Regular conversations between providers and patients about birth control have the potential to identify and remedy issues around method satisfaction, side effects, appropriateness of method given current life situations, and adherence to method protocols—all factors that can contribute to inconsistent method use or stopping use altogether.[36] Among women who received a preventive gynecologic visit in the past year, fewer than half (49%) reported that their doctor talked to them about birth control at that visit, suggesting many missed opportunities for conveying important information and assessing whether women's contraceptive needs were being met. Such conversations were more common among unmarried women, adolescents and women in their 20s. However, even after controlling for women's demographic and socioeconomic characteristics and risk factors for unintended pregnancy, women visiting publicly funded clinics for preventive gynecologic care were significantly more likely than those visiting private doctors to report that they spoke to the doctor about birth control at the visit. Women visiting Title X–funded clinics were nearly twice as likely as those going to private doctors to report such conversations.

We noted similar findings with respect to conversations about condom use during visits for STD testing, treatment or counseling. Women receiving STD care from Title X–funded clinics were more than twice as likely to report talking about condom use with their doctor compared with women visiting private doctors. Moreover, there were clear differences among publicly funded clinics on this measure. Women visiting clinics with a family planning focus, such as independent family planning clinics and public health department clinics, were more than twice as likely to report conversations about condom use during STD visits than women visiting community clinics that provide contraception and STD services within a broader primary care context.

SRH Service Use Under the ACA

Contraceptive coverage affects payment patterns. Changes in state and federal regulations around private insurance coverage of contraceptive services and supplies have already affected women's payment patterns and service use. There has been an overall decline in the percentage of women aged 15–44 covered by private health insurance (from 70% in 1995 to 60% in 2010[37]) and a similar, though not as dramatic, decline among those receiving contraceptive services (from 70% in 1995 to 67% in 2006–2010). However, over the same period, there was a significant rise in the use of private insurance to pay for contraceptive visits (from 48% to 63%).

These contrasting patterns suggest that during the earlier period, many women who reported having private insurance were not using that insurance to pay for their contraceptive and other SRH care visits (the difference between 70% and 48%), most likely because their insur-

ance did not cover the contraceptive method or service they were receiving. However, by 2006–2010, nearly all women who reported having private health insurance coverage during the year also reported that they used this insurance to pay for their contraceptive visit (the difference between 67% and 63%). The increased use of insurance to pay for contraceptive visits was especially pronounced among women obtaining care from private doctors and may help to explain some of the shifts in the mix of services received by private doctor clients between 1995 and 2006–2010, particularly the broader mix of services, including more contraceptive services received in the recent period. However, the reduced likelihood that teenagers and young adults will actually use their insurance to pay for contraceptive services compared with older women likely reflects continuing concerns about confidentiality among young women whose health insurance is through their parents' plan.

Changes in women's use of private insurance to pay for SRH care are consistent with the rise and impact of contraceptive coverage mandates, starting in the late 1990s, whereby many states enacted laws requiring private-sector insurers to cover prescription contraceptives and related services if they also covered other prescription drugs and devices. A 2004 study found that the percentage of employer-sponsored insurance plans that covered a full range of reversible contraceptive methods rose from 28% in 1993 to 86% in 2002 as a direct response to these mandates.[38] Insurance coverage of contraceptive methods and services has risen even further since that study was published and, under the ACA, contraceptive services are required to be covered by private health plans without out-of-pocket costs to patients.

There are several implications for implementation of the ACA. Moving forward, our findings clearly show that health insurance coverage—either private or public—reduces financial obstacles to receipt of critical SRH services and increases the likelihood that women will receive care. Under the ACA, the financial barriers faced by women who currently lack coverage will be greatly reduced, with the potential for more women seeking and receiving regular SRH services. Numerous benefits will accrue if and when more women are able to access regular preventive SRH care, such as screening for breast and cervical cancer and STDs, as well as contraceptive counseling and methods, including assistance choosing and using methods consistently and correctly. Lower morbidity and mortality from reproductive cancers, fewer complications from STDs and reduced rates of unintended pregnancy are only some of the benefits that may result as currently uninsured women gain coverage and access care.

However, benefits of coverage under the ACA will be realized only if there are providers available and willing to serve those women who are newly insured. Although some women may be able to obtain care from private doctors, it is likely that many newly insured women will seek services from publicly funded clinics, adding pressure to an already taxed network of safety net providers. Our findings reveal variation in the package of services provided by different kinds of providers, even between different types of clinics. Although some women may choose to seek care from community clinics such as FQHCs where they can obtain both SRH care and primary care services, others may want and need the broader mix of SRH services provided by those publicly funded clinics that focus on the provision of family planning services, such as independent family planning clinics and public health department clinics. Family planning–focused clinics have also been shown to provide patients with a much broader choice of contraceptive methods, including IUDs and other long-acting methods, compared with primary care–focused clinics and are more likely to have dispensing protocols that help clients initiate and continue using methods, such as providing oral contraceptive supplies and refills on site rather than requiring clients to make a separate visit to a pharmacy.[4]

Program planners and policymakers who are involved in designing programs and service delivery options under the ACA need to ensure that women continue to have access to a wide range of SRH care provider sources, as our analysis makes clear that one size or provider type does not fit all women's needs. It is also not possible to expect that primary care providers, especially as they are attempting to increase their capacity to serve more newly insured women, will also be able to broaden the SRH services they offer in a way that would match those services offered by providers specializing in reproductive health. One model for ensuring women have continued access to the care they need would be to encourage the formation of linkages between primary care providers and reproductive health–focused clinics. Under such a model, women would have the option of receiving SRH care, including routine screenings and a full range of contraceptive methods and services, from specialized providers in a seamless fashion, while still being able to establish an ongoing primary care relationship with a family doctor or primary care clinic.

Appendix

Methodology Used to Classify Some Clinics

In each survey, some women who reported visiting clinics for their SRH care were unable to provide information during the interview that allowed identification of the clinic in the clinic database provided to the NSFG by the Guttmacher Institute. When this happened, interviewers wrote in the name of the clinic, the address, whatever identifying information the respondent could provide or some combination thereof. These "unfound" or unknown clinics were dealt with slightly differently in each round of the NSFG.

Methodology by Year

1995

For the 1995 NSFG, unknown clinics were mostly left as a separate category in the public use data file, although the National Center for Health Statistics (NCHS) contractor made some attempt to review the clinic database again and check the written-in information for possible identification. Some clinics were identified during this process, but still, when the NCHS released the 1995 NSFG public use data file, 1.6 million of the women receiving any of the five contraceptive services (about 8%) were coded as having obtained their service from an unknown clinic, and 3.7 million women receiving any of the contraceptive or other SRH services were coded with unknown clinic as the source of care (actual respondent counts were 294 and 698, respectively). Further detail has been published.[8]

To more accurately describe the source of care for NSFG respondents, in 1997, staff at the Guttmacher Institute reviewed a special file provided by NCHS containing the unknown clinic write-in information and reclassified these responses using the following procedures: (1) clinic write-ins were again compared with the clinic database by staff familiar with the database who were instructed to search for both definite and probable clinic matches; (2) clinics still not found were then searched for using online Yellow Pages directories; (3) clinics identified through the Yellow Pages were called to ascertain the type of clinic and whether it received public funding. Many sites located in this manner were found to be private physician groups and not clinics at all. Of the 698 respondents who obtained services from unknown clinics, two-thirds (or 457) were identified through these procedures; of these, 13% were Title X clinics, 28% were public clinics not funded by Title X, 46% were private physician offices and 13% were other types of providers (schools, military clinics, etc.). Most of the remaining respondents who obtained care from unknown clinics had provided too little write-in information about the name or address of the clinic to locate it (many had provided little more than the name of the town in which the clinic was located). Each of these sites was randomly imputed a clinic or private physician type based on the distribution of those write-in clinics that had been identified.

2002

For the 2002 NSFG, unknown clinics were investigated by staff at NCHS during data cleaning, primarily to ensure that all Title X–funded sites had been correctly identified. This investigation included manual review of the clinic database, review of online Yellow Pages listings of clinics and review of the list of unfound clinics by Title X regional consultants, grantees and other individuals in the states where clinics were listed. NCHS staff did not call any potential sites found in the Yellow Pages to determine if the site was a publicly funded clinic.

After this investigation, the remaining unfound clinics were imputed, and most appeared as non–Title X–funded clinics in the 2002 public use data file. However, there were several problems with the way these cases were coded, and several additional steps were needed to classify these sites appropriately. First, women who reported going to a hospital emergency room, hospital regular room or urgent care center for a service had been classified as visiting a clinic. As most of these sites were not found in the database, they were later coded incorrectly as non–Title X–funded clinics. Some 305 respondents, representing more than 2 million women, were classified incorrectly because of this issue. In our recoding process, all cases wherein a woman originally reported receiving care from a hospital emergency room, hospital regular room or urgent care center were moved to a "hospital/other" category, and any clinic information found for these sites was ignored. Second, when NCHS imputed the type and funding information for clinics that could not be found in the

clinic database, some sites were imputed to be employer clinics. In our recoding process, cases wherein a woman originally reported receiving care from one of the four true clinic types (community clinic, family planning clinic, hospital outpatient clinic or school-based clinic) but that were later imputed to be employer clinics because the woman could give no information about the name or location of the site, were coded as non–Title X clinics.

Finally, even after making these corrections, some additional unknown clinics remained. In the 2002 public use data file, these were classified as "non–Title X, agency unknown." Because we made no effort to confirm whether these were actually publicly funded clinics, keeping all of them classified as such overestimates the number of clinics providing SRH services. Therefore, we developed a methodology to reclassify some of the unknown clinics based on the method of payment used to pay for services received at each site. Women visiting unknown clinics who reported that payment for the service was based on a sliding fee scale or that the visit was paid for by Medicaid or that payment was not required were retained as having received the service from a clinic (coded as a non–Title X clinic). Women visiting unknown clinics who reported that their visit was paid for by private insurance or that they paid themselves (not based on a sliding scale) were classified as having visited a private doctor/HMO for that service. Overall, approximately 200 respondents, representing about 1.5 million women, were reclassified from unknown clinic to private doctor using this methodology. Further detail has been reported previously.[39]

2006–2010

For the 2006–2010 NSFG, most of the problems with unknown clinics encountered in earlier cycles were corrected based on lessons learned, and a coordinated effort was made to identify as many clinics as possible before releasing the public use data file. Cases of unknown clinics that were not identified from the clinic database were flagged in the public use data file as either logical or multiple regression imputations. Logical imputations were based on both NCHS staff and Guttmacher staff reviewing all of the lists of unknown clinics and attempting to make definite or likely matches using the clinic database, online searches and Yellow Pages, and follow-up to confirm whether matched sites were publicly funded clinics or private doctors or group practices. Multiple regression imputations were done by NCHS staff using the same procedures as all other NSFG imputations (refer to their documentation[18] for details), and unlike 2002, only the correct clinic codes were used during this process.

APPENDIX TABLE 1. Percentage distribution of women aged 15–44 who reported receiving any contraceptive or other reproductive health care in the prior year according to their source of care and characteristics, United States, 2006–2010 (row percents)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
All women	44,050	100	72	23	5	11	12	8	6	5	4
Age-group											
15–19	4,679	100	60	33	7	15	18	11	9	7	6
20–24	8,208	100	60	35	6	17	18	10	12	7	6
25–29	8,677	100	67	28	5	14	14	9	8	6	5
30–34	7,301	100	79	17	4	9	8	7	3	6	2
35–39	7,586	100	80	15	5	7	8	7	3	3	2
40–44	7,601	100	81	13	5	5	8	6	1	3	3
Marital status											
Currently married	19,846	100	83	13	4	6	8	6	2	3	2
Cohabiting	5,856	100	60	34	5	18	16	13	9	9	4
Formerly married	4,223	100	69	23	8	11	12	8	6	6	3
Never married	14,127	100	62	32	6	16	16	10	10	7	6
Any children											
No	17,597	100	69	26	5	13	14	7	9	4	5
Yes	26,455	100	74	21	5	10	11	9	4	6	3
Race/ethnicity											
Non-Hispanic white	27,473	100	79	17	4	9	8	4	6	3	3
Non-Hispanic black	6,904	100	63	30	8	16	14	11	4	10	5
Hispanic	6,905	100	56	38	6	18	20	16	10	9	3
Other	2,770	100	59	33	8	6	27	23	5	1	5
Nativity											
U.S. born	37,740	100	74	21	5	10	11	7	6	5	4
Foreign born	6,277	100	59	34	7	16	18	15	7	8	5
Education											
<high school complete	8,206	100	49	42	9	21	21	16	9	12	5
High school complete	10,659	100	69	26	5	13	13	11	6	6	3
Some college	12,966	100	74	21	5	9	11	7	6	4	4
College graduate	12,221	100	86	12	2	5	6	3	4	1	4
Poverty status, % of FPL											
0–99	9,489	100	54	39	7	19	20	16	9	9	5
100–249	13,322	100	63	30	7	15	15	11	7	7	5
≥250	21,241	100	85	12	3	5	7	3	4	2	2
Health insurance											
Private	29,183	100	84	12	3	6	7	3	4	2	3
Medicaid	9,680	100	55	38	7	19	19	16	8	10	5
None all year	5,189	100	32	56	12	27	30	22	15	15	4
Any uninsured period in past year											
No	32,470	100	79	17	4	8	9	6	4	3	4
Yes	11,582	100	50	42	8	21	20	15	11	11	4
Payment type											
Private insurance	27,752	100	89	9	3	4	5	3	2	1	3
Medicaid	6,917	100	56	39	5	19	21	15	9	10	5
Own income only	3,357	100	63	29	8	11	18	11	8	6	5
Free/sliding scale	4,251	100	7	85	8	46	39	27	26	24	8
School/other	912	100	41	38	21	21	16	15	9	11	2

APPENDIX TABLE 1 (continued)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
Metropolitan location											
Yes	35,085	100	74	21	5	10	12	7	7	4	4
No	8,967	100	63	30	6	17	13	12	4	11	4
No. of partners in past year											
0–1	36,539	100	74	22	5	11	11	8	5	5	3
2	3,341	100	59	35	5	19	16	6	13	9	7
≥3	2,110	100	56	35	9	13	22	14	12	4	5
At risk for unintended pregnancy											
No	17,788	100	76	18	5	8	10	8	3	4	3
Yes	26,264	100	69	26	5	13	13	8	8	6	4
Current contraceptive method											
Sterilization	9,506	100	77	16	7	7	9	7	2	4	3
Long-acting reversible contraceptives	1,985	100	69	29	3	15	14	12	6	7	5
Hormonal	12,954	100	72	26	2	15	11	7	9	6	4
Barrier/spermicide	4,638	100	68	26	6	9	16	9	8	4	5
Rhythm/withdrawal	1,722	100	72	20	8	8	12	8	6	2	3
No method—at risk	3,485	100	70	24	6	13	11	8	7	7	2
Pregnant/seeking	5,001	100	71	25	4	11	13	10	5	6	3
No recent sex	3,821	100	65	26	8	9	17	10	5	5	7
Sterile	940	100	71	19	10	9	10	7	6	3	3

Notes: FP=family planning. FPL=federal poverty level.

APPENDIX TABLE 2. Percentage distribution of women aged 15–44 who reported receiving any contraceptive or other reproductive health care in the prior year according to their characteristics and their source of care, United States, 2006–2010 (column percents)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
No. of women (in 000s)	44,050		31,571	10,231	2,248	4,902	5,329	3,643	2,646	2,279	1,663
		100	100	100	100	100	100	100	100	100	100
Age-group											
15–19	4,679	11	9	15	14	15	15	14	16	14	17
20–24	8,208	19	16	28	21	28	27	23	37	25	28
25–29	8,677	20	19	24	18	25	23	22	25	23	25
30–34	7,301	17	18	12	13	13	11	13	9	18	7
35–39	7,586	17	19	11	16	11	12	15	9	9	10
40–44	7,601	17	20	10	18	8	11	13	4	11	13
Marital status											
Currently married	19,846	45	52	26	34	23	29	33	17	25	27
Cohabiting	5,856	13	11	20	14	22	18	20	20	23	14
Formerly married	4,223	10	9	10	15	10	9	10	9	11	8
Never married	14,127	32	28	45	37	46	44	37	53	42	52
Any children											
No	17,597	40	38	45	39	45	45	34	63	34	55
Yes	26,455	60	62	55	61	55	55	66	37	66	45
Race/ethnicity											
Non-Hispanic white	27,473	62	69	45	49	49	41	32	59	42	55
Non-Hispanic black	6,904	16	14	20	24	22	18	21	10	30	23
Hispanic	6,905	16	12	26	18	26	26	30	26	27	14
Other	2,770	6	5	9	10	3	14	17	5	1	8
Nativity											
U.S. born	37,740	86	88	79	81	79	78	74	84	78	81
Foreign born	6,277	14	12	21	19	21	22	26	16	22	19
Education											
<high school complete	8,206	19	13	33	34	35	32	35	28	42	26
High school complete	10,659	24	23	27	26	27	26	32	24	28	17
Some college	12,966	29	31	26	29	25	27	23	31	23	31
College graduate	12,221	28	33	14	11	13	15	9	17	8	26
Poverty status, % of FPL											
0–99	9,489	22	16	36	30	38	35	41	31	39	31
100–249	13,322	30	27	39	40	40	38	39	35	43	39
≥250	21,241	48	57	25	30	23	27	20	34	18	31
Health insurance											
Private	29,183	66	78	35	44	34	36	26	42	25	56
Medicaid	9,680	22	17	36	29	38	35	42	28	41	32
None all year	5,189	12	5	29	27	28	29	32	30	34	13
Any uninsured period in past year											
No	32,470	74	82	53	59	50	56	52	50	43	72
Yes	11,582	26	18	47	41	50	44	48	50	57	28
Payment type											
Private insurance	27,752	64	79	24	40	21	26	25	20	11	46
Medicaid	6,917	16	12	27	19	27	27	29	24	31	22
Own income only	3,357	8	7	10	14	8	12	10	10	9	9
Free/sliding scale	4,251	10	1	36	17	40	32	32	42	45	22
School/other	912	2	1	3	10	4	3	4	3	5	1

APPENDIX TABLE 2 (continued)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
Metropolitan location											
Yes	35,085	80	82	73	75	69	78	71	87	58	79
No	8,967	20	18	27	25	31	22	29	13	42	21
No. of partners in past year											
0–1	36,539	87	89	81	82	81	80	86	73	82	78
2	3,341	8	7	12	9	13	11	5	17	14	15
≥3	2,110	5	4	7	9	6	9	8	10	4	7
At risk for unintended pregnancy											
No	17,788	40	43	32	43	30	34	39	21	35	31
Yes	26,264	60	57	68	57	70	66	61	79	65	69
Current contraceptive method											
Sterilization	9,506	22	23	15	31	14	15	19	6	16	17
Long-acting reversible contraceptives	1,985	5	4	6	2	6	5	6	4	6	5
Hormonal	12,954	29	30	33	11	38	28	25	45	36	29
Barrier/spermicide	4,638	11	10	12	13	9	14	11	13	8	14
Rhythm/withdrawal	1,722	4	4	3	6	3	4	4	4	2	4
No method—at risk	3,485	8	8	8	9	9	7	8	9	10	4
Pregnant/seeking	5,001	11	11	12	10	12	12	14	10	13	10
No recent sex	3,821	9	8	10	14	7	12	11	7	8	16
Sterile	940	2	2	2	4	2	2	2	2	1	2

Notes: FP=family planning. FPL=federal poverty level.

APPENDIX TABLE 3. Percentage distribution of women aged 15–44 who reported receiving any contraceptive care in the prior year according to their source of contraceptive care and characteristics, United States, 2006–2010 (row percents)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
All women	24,665	100	69	27	4	14	13	8	9	6	5
Age-group											
15–19	3,770	100	62	34	5	15	18	10	11	7	6
20–24	5,976	100	61	36	3	19	17	8	14	7	6
25–29	5,485	100	65	33	2	19	14	9	11	8	5
30–34	3,937	100	78	19	3	10	9	6	5	6	2
35–39	3,276	100	80	16	5	8	7	6	4	4	2
40–44	2,223	100	81	13	6	7	6	3	1	4	5
Marital status											
Currently married	9,416	100	80	16	3	8	8	5	4	4	3
Cohabiting	3,699	100	60	38	3	21	17	11	12	10	4
Formerly married	1,959	100	66	27	7	14	13	7	7	8	5
Never married	9,591	100	62	34	3	18	16	8	13	7	7
Any children											
No	11,866	100	68	30	3	15	15	7	13	5	6
Yes	12,799	100	70	25	4	14	11	8	5	8	4
Race/ethnicity											
Non-Hispanic white	16,170	100	76	22	3	12	10	4	9	4	4
Non-Hispanic black	3,284	100	60	34	6	20	14	9	5	13	7
Hispanic	3,804	100	52	43	4	22	21	15	13	11	4
Other	1,407	100	55	35	10	8	26	21	9	1	4
Nativity											
U.S. born	21,530	100	71	25	3	13	12	7	9	6	4
Foreign born	3,135	100	54	41	5	21	20	14	10	11	6
Education											
<high school complete	4,623	100	49	44	7	24	21	13	12	14	6
High school complete	5,581	100	66	31	3	17	14	11	9	8	4
Some college	7,548	100	71	25	4	12	12	6	9	4	5
College graduate	6,914	100	83	16	1	8	7	3	6	3	4
Poverty status, % of FPL											
0–99	5,494	100	51	44	5	25	19	13	12	12	6
100–249	7,372	100	62	34	5	17	16	10	10	8	6
≥250	11,799	100	82	16	3	8	8	3	7	3	3
Health insurance											
Private	16,429	100	81	16	3	8	8	3	6	3	4
Medicaid	5,682	100	52	43	5	23	20	15	11	12	6
None all year	2,555	100	29	64	7	36	28	19	22	18	6
Any uninsured period in past year											
No	18,410	100	76	21	3	10	10	6	6	4	4
Yes	6,256	100	48	48	5	27	21	13	16	13	5
Payment type											
Private insurance	15,439	100	87	10	3	5	5	3	3	1	3
Medicaid	4,219	100	52	44	4	22	22	14	12	12	6
Own income only	1,702	100	60	36	5	14	21	11	11	5	8
Free/sliding scale	2,747	100	7	89	4	52	37	20	34	25	11
School/other	486	100	28	51	21	29	22	15	17	17	3

APPENDIX TABLE 3 (continued)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
Metropolitan location											
Yes	19,631	100	71	26	3	13	13	7	10	5	5
No	5,034	100	60	34	6	22	13	10	6	13	5
No. of partners in past year											
0–1	19,661	100	71	25	4	14	12	8	7	6	4
2	2,183	100	56	41	3	24	17	4	18	11	7
≥3	1,414	100	58	36	6	14	22	12	15	3	5
At risk for unintended pregnancy											
No	5,176	100	74	23	3	13	11	6	5	6	5
Yes	19,489	100	68	29	4	15	14	8	10	6	4
Current contraceptive method											
Sterilization	2,063	100	66	18	15	9	9	4	2	5	7
Long-acting reversible contraceptives	1,723	100	68	30	2	17	13	10	6	8	5
Hormonal	12,823	100	72	26	2	15	12	7	9	6	4
Barrier/spermicide	2,168	100	63	33	4	14	19	8	14	6	4
Rhythm/withdrawal	714	100	68	26	5	13	13	10	12	1	3
No method—at risk	1,560	100	67	29	4	16	13	7	12	8	3
Pregnant/seeking	1,843	100	68	31	2	17	13	8	7	10	6
No recent sex	1,388	100	57	38	5	14	24	12	9	5	12
Sterile	382	100	71	19	10	14	5	5	7	6	1

Notes: FP=family planning. FPL=federal poverty level.

APPENDIX TABLE 4. Percentage distribution of women aged 15–44 who reported receiving any contraceptive care in the prior year according to their source of contraceptive care and characteristics, United States, 2006–2010 (column percents)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Community clinic	Independent FP clinic	Health department	Hospital or school
No. of women (in 000)	24,665		17,004	6,755	906	3,562	3,193	1,853	2,192	1,566	1,144
		100	100	100	100	100	100	100	100	100	100
Age-group											
15–19	3,770	15	14	19	20	16	21	21	18	16	19
20–24	5,976	24	21	32	21	32	31	27	39	26	32
25–29	5,485	22	21	27	14	29	24	26	26	28	26
30–34	3,937	16	18	11	15	11	11	13	10	15	6
35–39	3,276	13	15	8	16	8	8	10	5	9	7
40–44	2,223	9	11	4	14	4	4	3	1	6	10
Marital status											
Currently married	9,416	38	44	23	36	22	24	26	17	25	24
Cohabiting	3,699	15	13	21	12	22	19	23	21	23	13
Formerly married	1,959	8	8	8	15	8	8	8	6	10	8
Never married	9,591	39	35	49	37	49	49	43	55	42	55
Any children											
No	11,866	48	47	52	37	50	54	42	68	34	61
Yes	12,799	52	53	48	63	50	46	58	32	66	39
Race/ethnicity											
Non-Hispanic white	16,170	66	72	52	45	54	49	38	63	44	63
Non-Hispanic black	3,284	13	12	17	21	19	14	16	8	28	19
Hispanic	3,804	15	12	24	18	24	25	31	23	27	13
Other	1,407	6	5	7	15	3	12	16	6	1	5
Nativity											
U.S. born	21,530	87	90	81	83	82	81	76	86	79	83
Foreign born	3,135	13	10	19	17	18	19	24	14	21	17
Education											
<high school complete	4,623	19	13	30	35	31	30	32	25	40	25
High school complete	5,581	23	22	26	19	27	25	32	24	27	18
Some college	7,548	31	31	28	36	26	29	26	32	21	31
College graduate	6,914	28	34	16	11	16	16	10	19	11	27
Poverty status, % of FPL											
0–99	5,494	22	17	36	30	39	32	40	31	41	31
100–249	7,372	30	27	37	37	36	38	39	33	38	39
≥250	11,799	48	57	28	33	25	30	21	36	21	30
Health insurance											
Private	16,429	67	78	39	51	38	41	28	47	28	59
Medicaid	5,682	23	17	37	30	37	36	46	28	42	28
None all year	2,555	10	4	24	19	26	23	26	25	30	13
Any uninsured period in past year											
No	18,410	75	82	56	67	53	60	56	54	47	72
Yes	6,256	25	18	44	33	47	40	44	46	53	28
Payment type											
Private insurance	15,439	63	79	24	48	22	25	24	21	14	41
Medicaid	4,219	17	13	27	20	26	29	33	23	31	21
Own income only	1,702	7	6	9	10	7	11	10	9	5	11
Free/sliding scale	2,747	11	1	36	11	41	32	29	42	44	26
School/other	486	2	1	4	11	4	3	4	4	5	1

APPENDIX TABLE 4 (continued)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
Metropolitan location											
Yes	19,631	80	82	74	69	69	80	72	86	57	78
No	5,034	20	18	26	31	31	20	28	14	43	22
No. of partners in past year											
0–1	19,661	85	87	78	84	79	77	85	71	80	77
2	2,183	9	8	14	7	15	13	6	19	17	16
≥3	1,414	6	5	8	9	6	11	10	10	3	7
At risk for unintended pregnancy											
No	5,176	21	22	18	17	18	17	18	12	21	25
Yes	19,489	79	78	82	83	82	83	82	88	79	75
Current contraceptive method											
Sterilization	2,063	8	8	6	35	5	6	4	2	7	13
Long-acting reversible contraceptives	1,723	7	7	8	4	8	7	10	5	8	8
Hormonal	12,823	52	54	50	26	53	46	49	53	51	42
Barrier/spermicide	2,168	9	8	11	9	9	13	10	14	9	8
Rhythm/withdrawal	714	3	3	3	4	3	3	4	4	0	2
No method—at risk	1,560	6	6	7	6	7	7	5	9	8	3
Pregnant/seeking	1,843	7	7	8	3	9	8	8	6	11	9
No recent sex	1,388	6	5	8	8	6	10	9	6	4	15
Sterile	382	2	2	1	4	1	1	1	1	1	0

Notes: FP=family planning. FPL=federal poverty level.

APPENDIX TABLE 5. Percentage distribution of women aged 15–44 who reported receiving any contraceptive or STD care in the prior year according to their source of care and characteristics, United States, 2006–2010 (row percents)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Community clinic	Independent FP clinic	Health department	Hospital or school
All women	31,464	100	68	27	5	14	13	9	8	6	4
Age-group											
15–19	4,250	100	60	34	6	15	18	11	10	7	6
20–24	7,302	100	58	36	5	18	18	10	13	7	6
25–29	6,981	100	65	31	4	16	15	10	9	7	5
30–34	5,120	100	77	19	4	10	9	6	5	6	2
35–39	4,514	100	77	18	5	9	9	8	4	4	2
40–44	3,297	100	78	15	7	7	8	5	1	4	4
Marital status											
Currently married	11,924	100	81	16	4	8	8	6	3	4	3
Cohabiting	4,751	100	58	37	5	20	17	14	11	9	4
Formerly married	2,890	100	66	26	8	13	13	9	6	7	4
Never married	11,899	100	60	34	6	17	17	9	12	7	6
Any children											
No	14,200	100	66	29	5	14	15	7	11	5	6
Yes	17,264	100	69	25	5	13	12	10	5	7	3
Race/ethnicity											
Non-Hispanic white	19,403	100	75	21	4	11	10	5	8	4	4
Non-Hispanic black	5,306	100	60	32	8	17	14	11	4	11	5
Hispanic	4,996	100	52	42	5	21	22	17	12	10	4
Other	1,759	100	56	34	10	7	27	21	7	1	5
Nativity											
U.S. born	27,245	100	70	25	5	13	12	8	8	6	4
Foreign born	4,214	100	55	38	7	18	20	14	9	9	6
Education											
<high school complete	6,378	100	48	44	9	23	21	15	11	13	6
High school complete	7,452	100	65	30	5	16	15	12	8	7	3
Some college	9,258	100	70	24	5	12	13	7	8	5	5
College graduate	8,377	100	83	15	2	7	8	3	5	2	4
Poverty status, % of FPL											
0–99	7,476	100	52	42	7	22	19	15	10	10	6
100–249	9,623	100	61	32	7	17	16	11	9	8	5
≥250	14,365	100	81	16	3	7	9	4	6	3	3
Health insurance											
Private	19,954	100	81	16	3	7	8	4	5	3	4
Medicaid	7,876	100	53	41	6	21	20	16	9	10	6
None all year	3,633	100	29	60	11	32	28	19	20	17	5
Any uninsured period in past year											
No	22,947	100	76	20	4	9	11	7	6	4	4
Yes	8,517	100	47	45	8	25	20	14	14	12	4
Payment type											
Private insurance	18,641	100	87	11	3	5	6	4	3	1	3
Medicaid	5,769	100	55	41	4	20	21	15	10	11	5
Own income only	2,175	100	60	32	8	13	20	11	10	5	6
Free/sliding scale	3,364	100	7	89	5	51	38	22	31	26	10
School/other	682	100	33	46	21	28	18	17	12	14	2

APPENDIX TABLE 5 (continued)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in 000)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
Metropolitan location											
Yes	25,325	100	70	25	5	12	13	8	9	5	4
No	6,139	100	60	34	6	21	14	11	5	13	5
No. of partners in past year											
0–1	25,009	100	70	25	5	13	12	9	7	6	4
2	2,927	100	56	39	5	21	17	6	15	10	7
≥3	1,931	100	56	36	8	13	23	14	13	4	5
At risk for unintended pregnancy											
No	9,234	100	70	24	6	12	12	9	5	6	4
Yes	22,230	100	67	28	5	14	14	9	9	6	4
Current contraceptive method											
Sterilization	3,938	100	67	21	13	11	9	7	2	7	5
Long-acting reversible contraceptives	1,770	100	68	29	3	17	13	10	6	8	5
Hormonal	12,889	100	72	26	2	15	11	7	9	6	4
Barrier/spermicide	3,017	100	62	32	6	13	19	10	11	6	5
Rhythm/withdrawal	1,046	100	69	23	9	9	13	10	10	1	2
No method—at risk	2,416	100	66	29	5	16	13	9	9	8	3
Pregnant/seeking	3,646	100	68	28	5	13	15	12	6	7	3
No recent sex	2,123	100	56	35	10	12	23	13	7	4	10
Sterile	619	100	67	25	8	12	13	9	8	5	3

Notes: FP=family planning. FPL=federal poverty level.

APPENDIX TABLE 6. Percentage distribution of women aged 15–44 who reported receiving any contraceptive or STD care in the prior year according to their source of care and characteristics, United States, 2006–2010 (column percents)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in '000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Community clinic	Independent FP clinic	Health department	Hospital or school
No. of women (in '000s)	31,464		21,370	8,497	1,594	4,285	4,212	2,706	2,472	1,939	1,380
		100	100	100	100	100	100	100	100	100	100
Age-group											
15–19	4,250	14	12	17	17	15	18	17	17	15	17
20–24	7,302	23	20	31	25	31	31	26	39	27	32
25–29	6,981	22	21	26	17	26	25	25	26	25	26
30–34	5,120	16	19	11	13	12	11	11	9	17	7
35–39	4,514	14	16	10	13	10	9	14	7	9	7
40–44	3,297	10	12	6	15	5	6	6	2	7	10
Marital status											
Currently married	11,924	38	45	22	29	21	23	25	16	24	22
Cohabiting	4,751	15	13	21	15	22	20	24	21	22	14
Formerly married	2,890	9	9	9	15	9	9	10	7	10	9
Never married	11,899	38	33	48	42	48	48	41	56	44	55
Any children											
No	14,200	45	44	49	41	47	50	38	65	34	60
Yes	17,264	55	56	51	59	53	50	62	35	66	40
Race/ethnicity											
Non-Hispanic white	19,403	62	68	48	45	52	45	35	61	42	60
Non-Hispanic black	5,306	17	15	20	27	21	18	21	9	31	21
Hispanic	4,996	16	12	25	17	24	26	30	24	26	13
Other	1,759	6	5	7	11	3	11	14	5	1	6
Nativity											
U.S. born	27,245	87	89	81	81	82	80	78	85	79	83
Foreign born	4,214	13	11	19	19	18	20	22	15	21	17
Education											
<high school complete	6,378	20	14	33	35	34	31	34	28	42	25
High school complete	7,452	24	23	26	24	27	26	34	24	26	18
Some college	9,258	29	31	26	31	25	28	23	31	22	31
College graduate	8,377	27	33	14	11	14	15	9	18	9	25
Poverty status, % of FPL											
0–99	7,476	24	18	37	32	39	34	41	31	40	33
100–249	9,623	31	27	37	40	38	36	37	34	40	35
≥250	14,365	46	55	27	28	23	30	22	35	20	32
Health insurance											
Private	19,954	63	76	37	43	34	39	28	44	26	56
Medicaid	7,876	25	20	38	32	38	37	47	27	43	32
None all year	3,633	12	5	26	26	28	24	26	29	31	12
Any uninsured period in past year											
No	22,947	73	81	55	58	51	60	57	52	45	72
Yes	8,517	27	19	45	42	49	40	43	48	55	28
Payment type											
Private insurance	18,641	61	77	24	42	21	27	26	21	12	43
Medicaid	5,769	19	15	28	20	27	29	33	24	32	22
Own income only	2,175	7	6	8	14	7	10	9	9	6	10
Free/sliding scale	3,364	11	1	36	13	41	31	28	43	45	24
School/other	682	2	1	4	12	5	3	4	3	5	1

APPENDIX TABLE 6 (continued)

Characteristic	TOTAL		All sources			All clinics according to:					
						Funding		Type			
	No. (in '000s)	%	Private doctor	All clinics	Other	Title X	Non–Title X	Com-munity clinic	Indepen-dent FP clinic	Health dept-ment	Hospi-tal or school
Metropolitan location											
Yes	25,325	80	83	75	78	71	80	74	87	60	78
No	6,139	20	17	25	22	29	20	26	13	40	22
No. of partners in past year											
0–1	25,009	84	87	78	79	79	76	83	71	80	75
2	2,927	10	8	14	10	15	13	7	18	16	17
≥3	1,931	6	5	9	11	6	11	11	10	4	8
At risk for unintended pregnancy											
No	9,234	29	30	26	37	26	26	30	18	29	28
Yes	22,230	71	70	74	63	74	74	70	82	71	72
Current contraceptive method											
Sterilization	3,938	13	12	10	31	10	9	10	4	13	15
Long-acting reversible	1,770	6	6	6	3	7	5	7	5	7	6
Hormonal	12,889	41	43	40	15	44	35	33	48	41	34
Barrier/spermicide	3,017	10	9	11	11	9	14	11	14	9	12
Rhythm/withdrawal	1,046	3	3	3	6	2	3	4	4	0	2
No method—at risk	2,416	8	7	8	8	9	7	8	9	10	5
Pregnant/seeking	3,646	12	12	12	10	11	13	16	9	12	9
No recent sex	2,123	7	6	9	13	6	12	10	6	5	15
Sterile	619	2	2	2	3	2	2	2	2	2	2

Notes: FP=family planning. FPL=federal poverty level.

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