Almost one-half of pregnancies in the U.S. are unintended, and rates for black and Hispanic women are higher than for white women.5 Funded by public and private organizations for almost 40 years, the National Survey of Family Growth (NSFG) is a continuous survey that collects data on family planning and preventive gynecological (PG) services. However, racial/ethnic differences in use of specific types of FP and PG services continue to be found.

There were also significant interaction effects between multivariable and parity. For example, only parity was related to Hispanic Spanish-speakers but held significance (p < 0.05) for non-Hispanic Spanish-speakers, non-Hispanic English-speakers and Hispanic English-speakers. Multivariate Results: Content of BC services (Tables 3 to 5) Exhibit 7: Predicted receipt of BC service by multivariable, according to type of service (n=7,103)

There were also significant interaction effects between multivariable and parity. For example, only parity was related to Hispanic Spanish-speakers but held significance (p < 0.05) for non-Hispanic Spanish-speakers, non-Hispanic English-speakers and Hispanic English-speakers. Multivariate Results: Content of BC services (Tables 3 to 5) Exhibit 7: Predicted receipt of BC service by multivariable, according to type of service (n=7,103)

5. Results: Content of BC and PG services (continued)

5. Results: Content of BC and PG services (continued)

4. Results: Use of any BC or PG services

4. Results: Use of any BC or PG services

3. Methods (continued)

3. Methods (continued)

2. Objectives and Research Questions

2. Objectives and Research Questions

1. Background

1. Background

Do Racial and Ethnic Differences Exist in Access to Family Planning and Related Preventive Health Services in the United States? Christina I. Fowler, PhD, MPH*, Janet B. Mitchell, PhD, and Jian tong Wang, MS • RTI International, Research Triangle Park, NC

References available on request.

Key BC or any PG service: There were no significant localities when differences in access to and use of BC and PG services were compared between women who identified as black and Hispanic and non-Hispanic women. BC services were most commonly received by women who identified as Hispanic, followed by non-Hispanic women, and then women who identified as black. BC counseling during PG care: Women who identified as Hispanic were less likely to receive BC counseling during PG care than women who identified as black, non-Hispanic white, and non-Hispanic black. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white.

5. Results: Content of BC and PG services (continued)

5. Results: Content of BC and PG services (continued)

4. Results: Use of any BC or PG services

4. Results: Use of any BC or PG services

3. Methods (continued)

3. Methods (continued)

2. Objectives and Research Questions

2. Objectives and Research Questions

1. Background

1. Background

Do Racial and Ethnic Differences Exist in Access to Family Planning and Related Preventive Health Services in the United States? Christina I. Fowler, PhD, MPH*, Janet B. Mitchell, PhD, and Jian tong Wang, MS • RTI International, Research Triangle Park, NC

References available on request.

Key BC or any PG service: There were no significant localities when differences in access to and use of BC and PG services were compared between women who identified as black and Hispanic and non-Hispanic women. BC services were most commonly received by women who identified as Hispanic, followed by non-Hispanic women, and then women who identified as black. BC counseling during PG care: Women who identified as Hispanic were less likely to receive BC counseling during PG care than women who identified as black, non-Hispanic white, and non-Hispanic black. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white.

5. Results: Content of BC and PG services (continued)

5. Results: Content of BC and PG services (continued)

4. Results: Use of any BC or PG services

4. Results: Use of any BC or PG services

3. Methods (continued)

3. Methods (continued)

2. Objectives and Research Questions

2. Objectives and Research Questions

1. Background

1. Background

Do Racial and Ethnic Differences Exist in Access to Family Planning and Related Preventive Health Services in the United States? Christina I. Fowler, PhD, MPH*, Janet B. Mitchell, PhD, and Jian tong Wang, MS • RTI International, Research Triangle Park, NC

References available on request.

Key BC or any PG service: There were no significant localities when differences in access to and use of BC and PG services were compared between women who identified as black and Hispanic and non-Hispanic women. BC services were most commonly received by women who identified as Hispanic, followed by non-Hispanic women, and then women who identified as black. BC counseling during PG care: Women who identified as Hispanic were less likely to receive BC counseling during PG care than women who identified as black, non-Hispanic white, and non-Hispanic black. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white.

5. Results: Content of BC and PG services (continued)

5. Results: Content of BC and PG services (continued)

4. Results: Use of any BC or PG services

4. Results: Use of any BC or PG services

3. Methods (continued)

3. Methods (continued)

2. Objectives and Research Questions

2. Objectives and Research Questions

1. Background

1. Background

Do Racial and Ethnic Differences Exist in Access to Family Planning and Related Preventive Health Services in the United States? Christina I. Fowler, PhD, MPH*, Janet B. Mitchell, PhD, and Jian tong Wang, MS • RTI International, Research Triangle Park, NC

References available on request.

Key BC or any PG service: There were no significant localities when differences in access to and use of BC and PG services were compared between women who identified as black and Hispanic and non-Hispanic women. BC services were most commonly received by women who identified as Hispanic, followed by non-Hispanic women, and then women who identified as black. BC counseling during PG care: Women who identified as Hispanic were less likely to receive BC counseling during PG care than women who identified as black, non-Hispanic white, and non-Hispanic black. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white. BC use: Women who identified as Hispanic were less likely to receive BC than women who identified as black and non-Hispanic white.