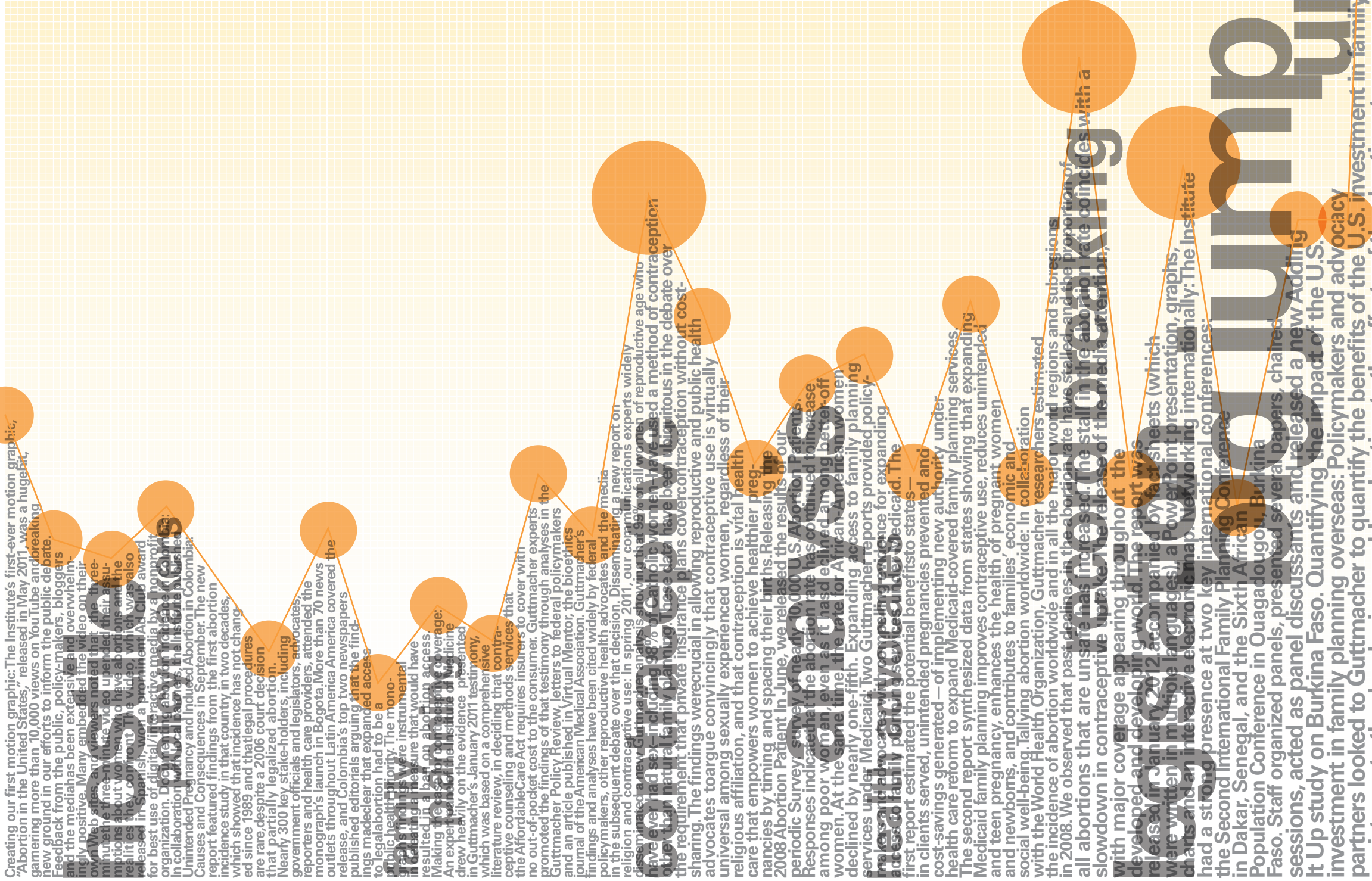


Guttmacher Institute

ANNUAL REPORT 2011

The Guttmacher Institute advances sexual and reproductive health through an interrelated program of social science research, policy analysis and public education designed to generate new ideas, encourage enlightened public debate and promote sound policy and program development.



Unprecedented

investment in family planning assistance in the House of Representatives. international family planning assistance on contraceptive use, unintended pregnancies,

Dear Friends,

174!

That's how many individual reproductive health and rights-related provisions state legislators across the country introduced in 2011—a big jump up from the 950 measures introduced in 2010. We know, because we tracked every one of them.

Not surprisingly, given the conservative sweep in the 2010 midterm election, the bulk of these provisions were restrictive—and most of them were aimed at abortion. Some sought to cut public support for family planning (Texas actually did cut state family planning funds by 57%), mandate abstinence-only education or defund Planned Parenthood.

Fortunately, only a small percentage of bills that get introduced in state legislatures (or, for that matter, in the U.S. Congress) ever get signed into law. But last year was still a record-breaker, both in the number of provisions enacted and the number that targeted abortion. Of the 135 proposals that finally became law, 92 restrict abortion. Compare that to the last record set for new abortion restrictions in 2005, when 34 were enacted.

Some of the new state restrictions also set a new bar for mean-spiritedness. A new law in South Dakota—fortunately enjoined in federal court—would have imposed a three-day waiting period after in-person counseling, effectively requiring a woman seeking an abortion to make two trips to the clinic; in the interim, she would be forced to receive “counseling” at an antiabortion crisis pregnancy center. Five states banned abortion after 20 weeks, based on the unfounded claim that a fetus can feel pain at this point. And four states tried to regulate abortion providers out of business: In Virginia, any doctor who performs at least five procedures a month would have to meet the full complement of standards designed for hospitals.

Not to be outdone, conservatives in the U.S. House of Representatives sought to eliminate the domestic Title X family planning program entirely, slash foreign aid for family planning and resurrect discredited abstinence-only sex education programs. Already in 2012, they've launched a broadside against the requirement under the federal health care reform law that almost all health insurance plans include coverage for contraceptives without copays or deductibles.

Into the fray, Guttmacher has launched a fusillade of new state-specific and national data on

- unintended pregnancy, including its cost to the public sector;
- adolescent pregnancy;
- abortion;
- gaps in health insurance coverage for women of reproductive age; and
- unmet need for subsidized contraceptive services.

To inform the debate over continued funding for the Title X family planning program and its state-by-state impact, Guttmacher staff produced fact sheets for every state and the District of Columbia, documenting the numbers of women served, unintended pregnancies averted and savings to state governments resulting from pregnancy care averted—critical information for advocates and policymakers alike.

We've found that nothing captures the attention of state legislators or congressional delegations like new data comparing their states with others. Which is why Guttmacher

staff worked for over two years to pioneer a methodology resulting in the first ever state-level estimates of unintended pregnancy, its costs, and variables associated with the substantial disparities between states. A key finding—that levels of public and private health insurance coverage appear to be just as important as poverty levels, race, ethnicity and other characteristics—is powerful new evidence in support of state expansions of Medicaid eligibility for family planning services for low-income women and the new federal requirement for contraceptive coverage in private health insurance plans.

Although Guttmacher is mostly known for its large national and international data sets, and for its incisive analyses of U.S. and global policy issues, last year finally brought our state-level work the recognition it deserves. Guttmacher became the undisputed go-to source for reporters covering reproductive health policy debates in the states. And a record number of visitors to the State Center on Guttmacher's Web site used our ever-expanding resources to inform and arm themselves to participate in those debates.

Those resources now include

- policy profiles for every state, updated monthly, covering the full range of sexual and reproductive health issues;
- state-by-state comparisons of current policy on each major issue;
- state-by-state tables of key indicators, like teen pregnancy

rates, unmet need for contraception, levels of unintended pregnancy and abortion incidence;

- state fact sheets on issues under debate;
- an interactive Web-based Data Center that lets users create their own color-coded maps, charts and other graphics using our state-level datasets;
- technical assistance to help state agencies apply best practices to expanded Medicaid coverage for family planning; and
- toolkits on controversial issues containing links to relevant Guttmacher articles.

Every year, we are doing more than the year before to promote sound reproductive health and rights policy making in the states. That doesn't mean we are doing any less to support evidence-based policies in Washington, DC, and around the globe. It just means we're working that much harder.

We are grateful for the help we received last year from our colleagues around the country and the globe, and especially for the financial support of our generous donors. We know we are not in this fight alone. Thanks for standing with us.

Gratefully yours,



Sharon L. Camp, Ph.D.
President and CEO

2011 Highlights of Our Work

Creating our first motion graphic: The Institute's first-ever motion graphic, "Abortion in the United States," released in May 2011, was a huge hit, garnering more than 110,000 views on YouTube and breaking new ground in our efforts to inform the public debate. Feedback from the public, policymakers, bloggers and the media has been extensive and overwhelmingly positive. Many embedded the video on their own Web sites, and viewers noted that the three-minute video upended their assumptions about women who have abortions and the realities they confront. The video, which was also released in Spanish, won a prominent Ad Club award for best use of digital/interactive media by a nonprofit organization.

Making the case for contraceptive coverage: An expert panel of the Institute of Medicine drew heavily on the evidence presented in Guttmacher's January 2011 testimony, which was based on a comprehensive literature review, in deciding that contraceptive counseling and methods should be included in a package of women's preventive health services that the Affordable Care Act requires insurers to cover with no out-of-pocket cost to the consumer. Guttmacher experts promoted the findings of that testimony through analyses in the *Guttmacher Policy Review*, letters to federal policymakers and an article published in *Virtual Mentor*, the bioethics journal of the American Medical Association. Guttmacher's findings and analyses have been cited widely by federal policymakers, other reproductive health advocates and the media in the subsequent debate over that decision.

Crafting new partnerships between family planning providers and community health centers: A paper jointly authored by Guttmacher and the George Washington University Department of Health Policy, and subsequently adapted for the *Guttmacher Policy Review*, mapped out pathways for strategic alliances between community health centers and family planning centers. These collaborations could allow women using family planning centers as the gateway to the health care system to receive the contraceptive services they are seeking, while also gaining broader health coverage and access to comprehensive care. Collaboration could also provide women already served by community health centers a new option for meeting their sexual and reproductive health needs, while allowing them to retain all the benefits of being part of a larger, broader system.

Documenting abortion incidence in Colombia: In collaboration with local partners, the Institute published *Unintended Pregnancy and Induced Abortion in Colombia: Causes and Consequences* in September. The new report featured findings from the first abortion incidence study in that country in two decades, which showed that incidence has not changed since 1989 and that legal procedures are rare, despite a 2006 court decision that partially legalized abortion. Nearly 300 key stakeholders, including government officials and legislators, advocates, reporters and health care providers, attended the monograph's launch in Bogota. More than 70 news outlets throughout Latin America covered the release, and Colombia's top two newspapers published editorials arguing that the findings made clear that expanded access to legal abortion had to be a public health priority. The monograph's findings were instrumental in defeating a measure that would have resulted in a ban on abortion access.

Disseminating a new report on religion and contraceptive use: In spring 2011, our communications experts widely disseminated a new Guttmacher analysis showing that 99% of all women of reproductive age who have ever had sex—including 98% of Catholic women—have used a method of contraception other than natural family planning. These data have been ubiquitous in the debate over the requirement that private insurance plans cover contraception without cost-sharing. The findings were crucial in allowing reproductive and public health advocates to argue convincingly that contraceptive use is virtually universal among sexually experienced women, regardless of their religious affiliation, and that contraception is vital health care that empowers women to achieve healthier pregnancies by timing and spacing their births.

Networking internationally: The Institute had a strong presence at two key international conferences: the Second International Family Planning Conference in Dakar, Senegal, and the Sixth African Population Conference in Ouagadougou, Burkina Faso. Staff organized panels, presented several papers, chaired sessions, acted as panel discussants and released a new *Adding It Up* study on Burkina Faso.

Breaking ground on new unsafe abortion studies: Guttmacher researchers began work on innovative projects on the cost of unsafe abortion in Rwanda and Colombia. The studies build on our ongoing costing work in Uganda.

Major Publications Released in 2011

JOURNALS

- *Guttmacher Policy Review*: Volume 14
- *International Perspectives on Sexual and Reproductive Health*: Volume 37
- *Perspectivas Internacionales en Salud Sexual y Reproductiva*, Número especial de 2011
- *Perspectives Internationales sur la Santé Sexuelle et Génésique*, Numéro spécial de 2011
- *Perspectives on Sexual and Reproductive Health*: Volume 43

REPORTS

- *Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills*
- *Contraceptive Technologies: Responding to Women's Needs*
- *Countering Conventional Wisdom: New Evidence on Religion and Contraceptive Use*
- *Couple-Focused Services in Publicly Funded Family Planning Clinics: Identifying the Need, 2009*

Examining changes in the use of long-acting methods:

Guttmacher researchers documented a substantial increase in the United States in the use of long-acting contraceptive methods, including the IUD. We highlighted the role these methods can play in reducing unintended pregnancy, including among younger women with no children.

Tallying abortion worldwide: In collaboration with the World Health Organization, Guttmacher researchers estimated the incidence of abortion worldwide and in all the major world regions and subregions in 2008. We observed that past declines in the abortion rate have stalled, and the proportion of all abortions that are unsafe has increased. The stall in the abortion rate coincides with a slowdown in contraceptive uptake. The release of the abortion study, which was published in *The Lancet*, drew global media attention in both the developed and developing worlds. The report was released in January 2012, accompanied by fact sheets (which were written in multiple languages), a PowerPoint presentation, graphs, charts and an interactive electronic map.

Expanding access to family planning services under Medicaid:

Two Guttmacher reports provided policymakers and advocates with compelling evidence for expanding access to family planning services under Medicaid. The first report estimated the potential benefits to states—in clients served, unintended pregnancies prevented and cost-savings generated—of implementing new authority under health care reform to expand Medicaid-covered family planning services. The second report synthesized data from states showing that expanding Medicaid family planning services improves contraceptive use, reduces unintended and teen pregnancy, enhances the health of pregnant women and newborns, and contributes to families' economic and social well-being.

Advancing adolescent sexual health in developing countries:

The Guttmacher Institute is collaborating with the International Planned Parenthood Federation to improve the provision of sex education and access to reproductive health services for youth in developing countries. A 2011 *Guttmacher Policy Review* article assessed the state of sex education and made the case for more comprehensive and effective approaches. This article laid the foundation for evidence-based advocacy at the national and local levels.

Releasing the 2008 Abortion Patient Survey:

In June, we released the results of our periodic survey of nearly 10,000 U.S. abortion patients. Responses indicated that the abortion rate has continued to increase among poor women, even as it has declined among better-off women. At the same time, the rate for African-American women declined by nearly one-fifth.

Quantifying the impact of the U.S. investment in family planning overseas:

Policymakers and advocacy partners looked to Guttmacher to quantify the benefits of the U.S. investment in family planning assistance to the developing world and estimate the effects of the drastic cuts proposed by the leadership in the House of Representatives. Policy staff led a cross-divisional effort to produce and disseminate a *News in Context* on the impact of U.S. international family planning assistance on contraceptive use, unintended pregnancies, unwanted births, abortions and maternal deaths. The analysis was cited extensively by advocacy groups and members of Congress in decrying the cuts approved by the House, and it provided an important part of the evidence base that the Senate and the Obama administration relied upon to mitigate the severity of the cut the program ultimately sustained in 2011.

- *Embarazo no deseado y aborto inducido en Colombia: Causas y Consecuencias (Unintended Pregnancy and Induced Abortion in Colombia: Causes and Consequences)*
- *Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services: 2011 Update*
- *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future*

IN BRIEFS

- *Avantages liés à la satisfaction des besoins en matière de contraception moderne au Burkina Faso (Benefits of Meeting Women's Contraceptive Needs in Burkina Faso)*

FACT SHEETS

- *Facts on Unintended Pregnancy and Induced Abortion in Colombia*
- *Facts on American Teens' Sources of Information About Sex*
- *Datos sobre el embarazo no deseado y aborto inducido en Colombia (Facts on Unintended Pregnancy and Induced Abortion in Colombia)*
- *State Facts About Title X and Family Planning*

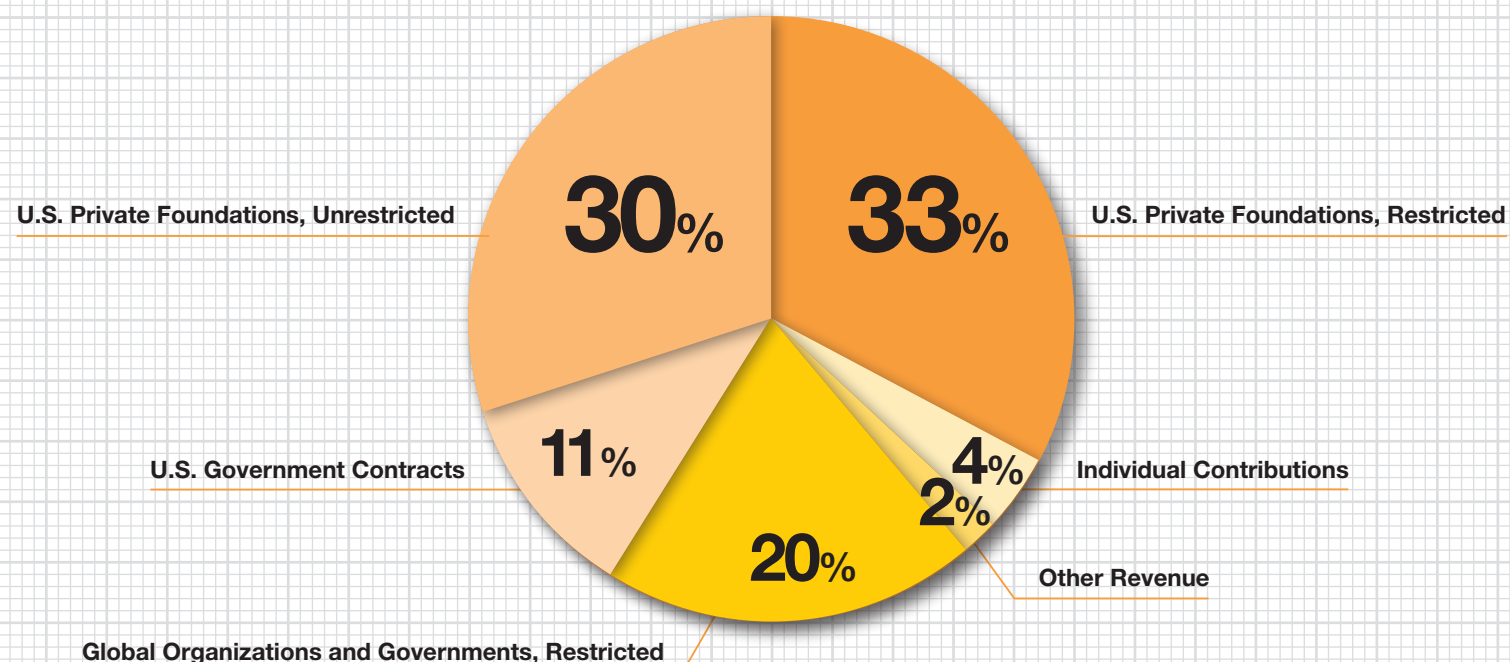
Statement of Financial Position

	December 31, 2011
ASSETS	
Cash and cash equivalents	\$ 1,094,845
Investments	18,233,898
Contributions and grants receivable	8,628,618
Other receivables	77,400
Prepaid expenses and other assets	218,794
Security deposits	19,163
Deferred debt issuance costs	415,928
Property and equipment, net	11,510,236
Total assets	\$ 40,198,882
LIABILITIES AND NET ASSETS	
Liabilities	
Accounts payable and accrued expenses	\$ 607,990
Note payable	700,003
New York City Industrial Development Agency Bonds	10,210,000
Total liabilities	11,517,993
Net assets	
Unrestricted	
Undesignated, available for general activities	3,563,882
Designated by Board of Directors	3,522,968
Net investment in property and equipment	1,016,161
Total unrestricted	8,103,011
Temporarily restricted	15,722,640
Permanently restricted	4,855,238
Total net assets	28,680,889
Total liabilities and net assets	\$ 40,198,882

Statement of Activities

	Year ended December 31, 2011			
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
REVENUE AND SUPPORT				
Contributions	\$ 481,902			\$ 481,902
Grants and contracts from government agencies	1,537,782			1,537,782
Grants from private organizations		14,838,548		14,838,548
Grants from global organizations		2,350,903		2,350,903
Publication income and other revenue	167,618			167,618
Investment income (loss) – Operating	68,924			68,924
Net assets released from restriction	11,429,780	(11,429,780)		-
Total public support and revenues	13,686,006	5,759,671	-	19,445,677
EXPENSES				
Program services				
Research	6,349,198			6,349,198
Public Education	3,192,039			3,192,039
Public Policy	1,454,188			1,454,188
Total program services	10,995,425			10,995,425
SUPPORTING SERVICES				
Management and general	2,102,434			2,102,434
Fundraising	486,241			486,241
Total supporting services	2,588,675			2,588,675
Total expenses	13,584,100			13,584,100
Change in net assets before investment income (loss)				
– Endowment	101,906	5,759,671	-	5,861,577
Investment income (loss) – Endowment	(464,745)			(464,745)
Increase (decrease) in net assets	(362,839)	5,759,671	-	5,396,832
Net assets at beginning of year	8,465,850	9,962,969	4,855,238	23,284,057
Net assets at end of year	\$ 8,103,011	\$ 15,722,640	\$ 4,855,238	\$ 28,680,889

Sources of Support



Supporting the Guttmacher Institute

We invite you to join the thousands of individuals who support the Guttmacher Institute—voted the nation's leading reproductive health and rights organization in a 2010 survey of experts conducted by *Philanthropedia*. Because Guttmacher does not accept assistance from companies or other entities that might want to influence our findings, we rely on the generosity of informed individuals like you to sustain our work. You can make a difference now with

- check payable to Guttmacher Institute;
- credit card donation through our Web site, www.guttmacher.org, or by mail or telephone;
- donation of stocks, bonds, real estate or property;
- grant from a family or community foundation or trust; or
- matching gift from your employer.



By including the Guttmacher Institute in your will, you can become a member of our Legacy Circle, a society of dedicated supporters who value our position at the vanguard of advancing sexual and reproductive health and recognize the enduring need for our work. To enroll, simply inform us that you have included the Institute in your will. Legacy Circle members receive complimentary subscriptions to our scientific and policy journals and form an alliance with others who share a vision for a better future.

Should you choose to make a gift through your estate plans, it is important to ensure that the Guttmacher Institute is listed as the recipient. The Institute's address is 125 Maiden Lane, New York, NY 10038, and our tax I.D. number is 13-2890727. For additional information, please contact Jonathan Wittenberg, director of development, at 1-800-355-0244, ext. 2233, or jwittenberg@guttmacher.org.

Give online at www.guttmacher.org/support

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