

poverty level was considered low-income. We compared outcome measures across low-income vs non-low-income neighborhoods using logistic regression models, clustering by city, and adjusting for whether the pharmacy was independent or a chain. To exclude the possibility of differential findings between pharmacy chains, we repeated the analyses adjusting for pharmacy chain (eg, CVS/pharmacy, Walgreens) as a fixed effect. The Boston University Medical Center institutional review board deemed this study to be non-human subjects research.

Results. Of 943 commercial pharmacies, 687 (72.9%) were chains (≥ 4 locations); 432 (47%) were located in low-income neighborhoods; and 916 addresses (97%) were successfully linked with census data and included in the analysis. Missing census information was distributed evenly across cities. The average cost of emergency contraception without insurance was \$45 (range, \$15-\$65).

The availability of emergency contraception did not differ based on neighborhood income (TABLE). However, in 19% ($n=138$) of calls, the adolescent was told she could not obtain emergency contraception under any circumstance. This misinformation occurred more often (23.7% vs 14.6%) among pharmacies in low-income neighborhoods (adjusted odds ratio [AOR], 1.93; 95% CI, 1.53-2.43). When callers queried the age threshold for over-the-counter access, they were given the correct age less often by pharmacies in low-income neighborhoods (50.0% vs 62.8%; AOR, 0.59 [95% CI, 0.45-0.79]). In all but 11 calls, the incorrect age was stated as erroneously too high, potentially restricting access. Adjusting analyses for pharmacy chain as a fixed effect yielded virtually identical results.

Comment. Although we found approximately 80% same-day availability of emergency contraception in US metropolitan areas, misinformation regarding access was common—particularly in low-income neighborhoods. Although our design did not permit us to determine why disparities in access to emergency contraception exist, possible explanations include differences in pharmacy staffing or training, frequency of requests for information, or organizational cultures around customer service. Our study assessed only telephone calling and not in-person visits. Limitations withstanding, the finding that misinformation regarding emergency contraception access is more common in low-income neighborhoods, which have higher teen pregnancy rates, suggests that targeted education for consumers and pharmacy staff may be necessary.

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Published online: December 19, 2011 (doi:10.1001/jama.2011.1949).

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Analysis and interpretation of data: Wilkinson, Fahey, Cabral, Silverstein.

Drafting of the manuscript: Wilkinson, Fahey, Suther, Cabral, Silverstein.

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Statistical analysis: Wilkinson, Cabral, Silverstein.

Administrative, technical or material support: Wilkinson, Fahey, Suther.

Study supervision: Wilkinson, Silverstein.

Obtained funding: Wilkinson, Silverstein.

Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Funding/Support: The Joel and Barbara Alpert Endowment for the Children of the City and Boston University School of Medicine provided funding for the study.

Role of the Sponsors: The Joel and Barbara Alpert Endowment for the Children of the City and Boston University School of Medicine did not play any role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript.

Additional Contributions: We thank Christine Shields, RN, who contributed greatly to the data collection as a paid research assistant. (Ms Shields is now with South Shore Home and Health Resources, Braintree, Massachusetts.)

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CORRECTIONS

Table Error: In the Original Contribution "Association of *BRCA1* and *BRCA2* Mutations With Survival, Chemotherapy Sensitivity, and Gene Mutator Phenotype in Patients With Ovarian Cancer," published in the October 12, 2011, issue of *JAMA* (2011;306[14]:1557-1565), an incorrect proportion was listed in Table 1. In the column describing *BRCA1* mutation cases, the number (%) of those with residual tumor size of less than 1 cm should be 15 (50). This article was corrected online. An accompanying letter to the editor appears in this issue of *JAMA*.

Errors in Text, Table Legend, and End Matter: In the Original Contribution "Sleep Disorders, Health, and Safety in Police Officers" by Rajaratnam et al, published in the December 21, 2012, issue of *JAMA* (2012;306[23]:2567-2578), incorrect language was used in several places in the text, in the footnotes in Tables 3 through 5, in the row stubs in Tables 3 and 4, in a column head of Table 2, in the Financial Disclosures, and in the first 2 references. Some individuals were inadvertently missing from the Additional Contributions. This article was corrected online.

Error in Editorial: In the Editorial entitled "Onward," published in the June 22/29, 2011, issue of *JAMA* (2011;305[24]:2575-2576), the first sentence of the second paragraph should have read, "Considering the history of the previous 14 *JAMA* editors, all of whom had left their offices by firing, resignation, or retirement at times not necessarily of their choosing,¹ . . ." with this supporting reference: Riley RW. A century of editors. *JAMA*. 1983;250(2):230-235. This article was corrected online.