November 2006

Family Planning Annual Report

2005 National Summary

Title X

RTI INTERNATIONAL

Errata Sheet
Family Planning Annual Report
2005 National Summary (November 2006)
Updated: 12/12/06

Note: The items in this errata sheet pertain to errors in the November 2006 print version of the FPAR *2005 National Summary*. These items have been corrected in this electronic version of the report.

Corrections

Page 54, Exhibit 32:
Amount of revenue from the "Title X service grant" for **Region I** should be **$12,540,291**.

Page 54, Exhibit 32:
Amount of revenue from "Local government grants/contracts" for **Region I** should be **$1,885,662**.

November 2006

Family Planning Annual Report: 2005 National Summary

Prepared for

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Office of Population Affairs
Office of Public Health and Science
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ADDITIONAL COPIES

To obtain additional copies of this report, please contact the Office of Population Affairs Clearinghouse at 866-640-PUBS (7827). The report can also be downloaded from OPA's Web site at http://opa.osophs.dhhs.gov/titlex/ofp_references.html.

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CONTENTS

EXHIBITS

1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, authorized under Title X of the Public Health Service Act,* is administered within the Office of Population Affairs (OPA) by the Office of Family Planning (OFP). Created in 1970, Title X is the only federal program dedicated solely to the provision of family planning and related preventive health care. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to low-income persons. Title X-funded agencies offer a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis. In addition to contraceptive services and counseling, Title X funds support the delivery of related preventive health services, including patient education and counseling; breast and pelvic examinations; cervical cancer, sexually transmitted disease (STD), and HIV screening; and pregnancy diagnosis and counseling. For many clients, Title X clinics provide the only continuing source of health care and health education. In fiscal year 2005, the program was funded at $288 million.†

FAMILY PLANNING ANNUAL REPORT (FPAR)

The FPAR is the only source of annual, uniform reporting by all Title X service grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of Title X and other program revenue. Annual submission of the FPAR is required of all Title X service grantees for purposes of monitoring and reporting program performance. The FPAR data are reported and presented in summary form to protect the confidentiality of the persons that receive Title X-funded services.‡

Title X administrators and grantees use FPAR data to

- monitor program performance and compliance with statutory requirements;
- comply with accountability and federal performance requirements for Title X family planning funds, as required by the 1993 Government Performance and Results Act and the Office of Management and Budget's (OMB's) Program Assessment Rating Tool;
- guide strategic and financial planning and respond to inquiries from policy makers and Congress about the program; and
- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.

* Section 1001, 42 United States Code [USC] 300

† http://opa.osophs.dhhs.gov/titlex/ofp.html

‡ 42 Code of Federal Regulations [CFR] Part 59

REPORT STRUCTURE

RTI International (RTI) tabulated the grantee reports and prepared the *2005 National Summary* under a contract from the Office of Population Affairs. The report has six sections:

Section 1—Introduction—describes the Title X National Family Planning Program and the role of FPAR data in Title X program management and performance reporting.

Section 2—Methodology—describes the methodology used to collect, validate, and tabulate the grantee reports.

Section 3—Key Terms and Definitions—presents and defines key FPAR terms from the *Title X Family Planning Annual Report: Forms and Instructions.*

Section 4—Findings—presents the results for each FPAR table, and includes a discussion of national and regional patterns and trends (1997–2005) for selected indicators. Section 4 also includes additional table-specific definitions and instructions from the *Title X Family Planning Annual Report: Forms and Instructions.*

Section 5—References—is a list of key FPAR and report references.

Section 6—Appendixes—includes trend tables (***Appendix A),*** state* tables (***Appendix B),*** and methodological notes (***Appendix C)***. Specifically, ***Appendix A*** presents trends (1997–2005) in the total number of clients served by region, age group, race, Hispanic or Latino ethnicity, and income level. ***Appendix A*** also presents trend data for primary contraceptive method use among female users and revenue by source. ***Appendix B*** includes information on the number and distribution of users served in 2005 by gender and income level for each state.

* Includes U.S. territories and jurisdictions.

2 Methodology

DATA COLLECTION AND REPORTING

On February 15, 2006, Title X service grantees were required to submit their reports for the 2005 reporting period (January 1–December 31, 2005) using a revised form that went into effect in January 2005. The revised FPAR consists of a Grantee Profile Cover Sheet and 14 tables, and includes such new data elements as user health insurance coverage status, English proficiency, contraceptive use by male family planning users, summary Pap (abnormal) and confidential HIV (positive) test results, and disease-specific information on STD screening. OPA instructs grantees to report on the scope of services or activities that are proposed in their approved grant applications and supported with Title X grant and related sources of funding. A copy of the *Title X Family Planning Annual Report: Forms and Instructions* is available at http://opa.osophs.dhhs.gov/titlex/fpar-package-01-01-2005.pdf.

Eighty-seven of 88 Title X service grantees submitted FPARs for 2005. The single grantee that did not submit an FPAR is a new service grantee that had no users or activities to report for 2005. Eighty-four of the 87 reports (97%) were submitted by the due date (February 15), and 82 (94%) were submitted using OPA's Web-based electronic grants management system (*e*Grants). For the five grantees that submitted paper reports, the Regional Program Consultants (RPCs) entered their data into the *e*Grants system, thus consolidating all reports into a single electronic file. OPA staff reviewed and approved the reports in the electronic data file.

VALIDATION AND TABULATION PROCEDURES

FPAR data undergo both electronic and manual validations. The *e*Grants system performs a set of automated validation procedures that ensure consistency within and across tables. The automated validation procedures include calculation of row and column totals and cross-table comparisons of selected cell values, including but not limited to the FPAR checkpoints (AA = unduplicated number of female family planning users, BB = unduplicated number of male family planning users, and CC = unduplicated number of all family planning users). Each validation procedure is based on a validation rule that defines which table cells to compare and what condition or validation test (e.g., $=$, $<$, $>$, $\leq$, $\geq$) to apply.

Using SAS statistical software, RTI performs further validations to identify potential reporting errors and problems (e.g., $\geq$ 10% unknown/not reported) and to identify extreme or unexpected values for selected data items (e.g., STD test-to-user ratios). RTI also performs a manual review of each hard copy FPAR. RTI uploads the results of these validations into an Access-based tracking system that contains a record for each grantee and generates a report of validation issues that is sent to the FPAR Data Coordinator for followup and resolution. Once OPA staff addresses all outstanding validation issues and updates the electronic reports in *e*Grants, OPA sends RTI a second data file for tabulation and analysis. RTI received the initial data file on April 17, 2006, and the second data file on July 6, 2006. All validations and corrections were completed by July 31, 2006.

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3 Key Terms and Definitions

OPA provides definitions for key FPAR terms to ensure uniform reporting among Title X grantees. The key terms describe the persons receiving family planning and related preventive health services at Title X-funded service sites, the range and scope of the services provided, and the family planning providers that render care. Except for Table 14, the following definitions apply to all FPAR tables. ***Section 4*** presents additional, table-specific terms and instructions.

Family Planning User – A family planning user is an individual who has at least one family planning encounter at a Title X service site during the reporting period. The same individual may be counted as a family planning user only once during a reporting period.

Family Planning Encounter – A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or nonclinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the service(s) provided during the family planning encounter must be documented in the client record.

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a clinical services provider and (2) family planning encounters with a nonclinical services provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the test(s) is/are accompanied by family planning counseling or education.

Family Planning Provider – A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and nonclinical services providers.

Family Planning Service Site – A family planning service site refers to an established unit where grantee or delegate agency staff provides Title X services (clinical, counseling, educational, and/or referral) that comply with the Title X *Program Guidelines for Project Grants for Family Planning Services*, and where at least some of the encounters between the family planning provider(s) and the individual(s) served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X

agency staff provides these family planning services. Service sites may also include equipped mobile vans or schools.

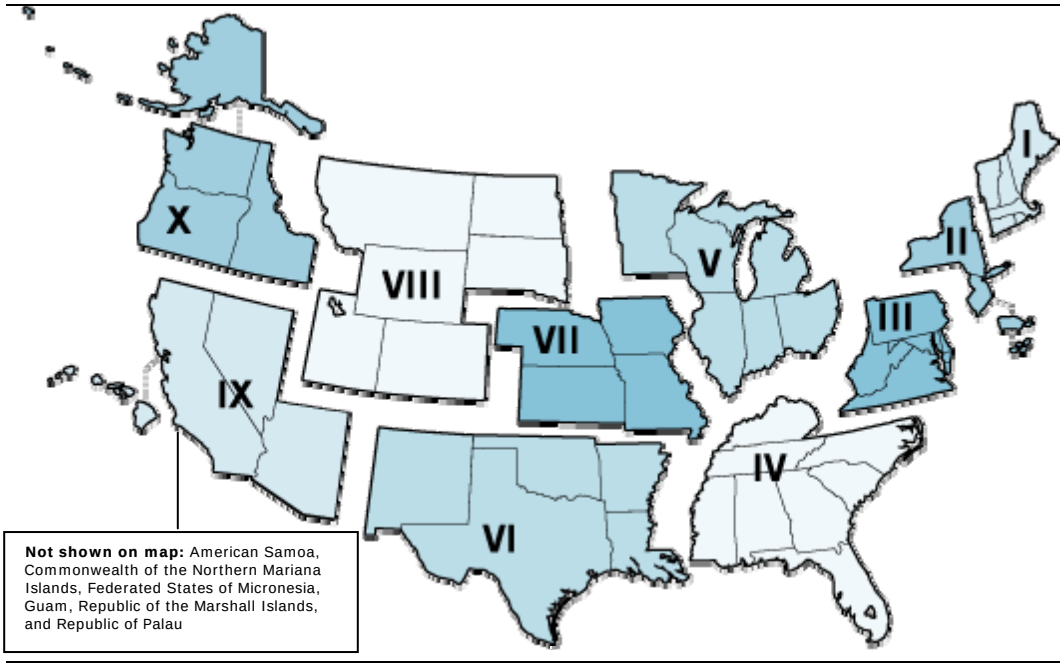
Client Record – Title X projects must establish a medical record for every client who obtains clinical services or other screening or laboratory services (e.g., blood pressure check, urine-based pregnancy or STD test). The medical record contains personal data; a medical history; physical exam data; laboratory test orders, results, and followup; treatment and special instructions; scheduled revisits; informed consent forms; documentation of refusal of services; and information on allergies and untoward reactions to identified drug(s). The medical record also contains clinical findings; diagnostic and therapeutic orders; and documentation of continuing care, referral, and followup. The medical record allows for entries by counseling and social service staff. The medical record is a confidential record, accessible only to authorized staff and secured by lock when not in use. The client medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results.

4 Findings

GRANTEE PROFILE

OPA allocates Title X service funds to U.S. Department of Health and Human Services (HHS) offices in 10 regions,* shown in ***Exhibit 1***. Each regional office manages the competitive review of Title X grant applications, makes grant awards, and monitors program performance for its respective region. In 2005, OPA regional offices awarded Title X service grants to 88 public and private grantees, including state and local health departments, hospitals, family planning agencies, independent clinics, and nonprofit community agencies. The *2005 National Summary* summarizes the data for 87 Title X service grantees that submitted reports for the 2005 reporting period.

Exhibit 1. Health and Human Services (HHS) regions



* The 10 HHS regions (location of regional office) are as follows: **Region I (Boston, MA) –** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; **Region II (New York, NY) –** New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands; **Region III (Philadelphia, PA) –** Delaware, Washington, D.C., Maryland, Pennsylvania, Virginia, and West Virginia; **Region IV (Atlanta, GA) –** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; **Region V (Chicago, IL) –** Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; **Region VI (Dallas, TX) –** Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; **Region VII (Kansas City, MO) –** Iowa, Kansas, Missouri, and Nebraska; **Region VIII (Denver, CO) –** Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming; **Region IX (San Francisco, CA) –** Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau; **Region X (Seattle, WA) –** Alaska, Idaho, Oregon, and Washington.

Eighty-seven grantees, and the 1,173 delegates or subcontractors that received Title X funding through them, provided Title X-funded services at 4,426 service sites in the 50 U.S. states and eight U.S. territories and jurisdictions* (***Exhibit 2***).

Between 2004 and 2005, the total number of service grantees increased from 86 in 2004 to 87 in 2005 because of changes (plus/minus 1 grantee) in Regions IV, VI, and X. Despite the addition of one grantee in 2005, the overall number of Title X-funded service sites decreased 3% from 4,568 in 2004 to 4,426 in 2005. In seven regions (II, III, IV, VI, VII, VIII, and IX), the number of service sites decreased between 1% and 5%, while in Region X the percentage decrease was 29%. Region I experienced a 13% increase in the number of service sites, while Region V experienced no change (***Exhibit 2***).

Exhibit 2. **Change in the number and percentage of grantees, delegates, and service sites, by region: 2004–2005 (Source: FPAR Grantee Profile Cover Sheet)**

Region	Number						% Change 2004–2005	
	Grantees		Delegates		Service Sites			
	2004	2005	2004†	2005	2004	2005	Grantees	Service Sites
I	10	10	—	68	193	219	0%	13%
II	6	6	—	96	312	299	0%	-4%
III	9	9	—	228	647	634	0%	-2%
IV	11	10	—	185	1,170	1,152	-9%	-2%
V	12	12	—	165	427	427	0%	0%
VI	5	6	—	82	615	589	20%	-4%
VII	5	5	—	109	285	282	0%	-1%
VIII	6	6	—	63	192	191	0%	-1%
IX	15	15	—	119	483	460	0%	-5%
X	7	8	—	58	244	173	14%	-29%
Total	**86**	**87**	**—**	**1,173**	**4,568**	**4,426**	1%	-3%

† The 2001 version of the FPAR form did not collect information on the number of delegates supported by the Title X grant.

* U.S. territories and jurisdictions include Puerto Rico and the U.S. Virgin Islands in Region II, and American Samoa, Federated States of Micronesia, Guam, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, and Republic of Palau in Region IX.

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2005, Title X service grantees served 5,002,961 family planning users at 4,426 service sites. Regions IV and IX accounted for 21% and 19%, respectively, of the total users served in 2005. Regions II, III, V, and VI served between 9% and 12% of total users, and Regions I, VII, VIII, and X served between 3% and 5% (***Exhibit 3***).

Between 2004 and 2005, the total number of users decreased more than 1%, or by almost 65,000 users. The number of family planning users decreased between 2% and 6% in five regions (III, V, VI, VII, and X), increased between 1% and 2% in three regions (I, VIII, and IX), and stayed about the same in two regions (II and IV) (***Exhibit 3***). The average number of users per clinic increased from 1,109 in 2004 to 1,130 in 2005, or an average increase of 21 users per service site (not shown).

Since 1997, the percentage distribution across regions has remained relatively constant, except in Region IV, where the percentage of total users decreased from 24% in 1997 to 21% in 2005, and in Region IX, where the percentage of total users increased from 14% in 1997 to 19% in 2005. Numerically, Region IV was the only region to experience a decrease (4%) in the number of users between 1997 and 2005 (***Exhibits A-1a and A-1b, Appendix A***).

Exhibit 3. **Change in the number, distribution, and percentage of all family planning users, by region: 2004–2005 (Source: FPAR Table 1)**

	Number		Distribution		% Change
Region	**2004**	**2005**	**2004**	**2005**	**2004–2005**
I	207,450	211,693	4%	4%	2%
II	468,635	468,237	9%	9%	0%†
III	571,883	562,173	11%	11%	-2%
IV	1,052,584	1,051,887	21%	21%	0%†
V	610,058	600,145	12%	12%	-2%
VI	547,802	513,130	11%	10%	-6%
VII	257,833	243,299	5%	5%	-6%
VIII	154,924	157,150	3%	3%	1%
IX	920,543	931,827	18%	19%	1%
X	276,073	263,420	5%	5%	-5%
Total	**5,067,785**	**5,002,961**	**100%***	**100%***	**-1%**

† Percentage is less than 0.5%

* Individual percentages may not sum to 100% due to rounding

FPAR Guidance for Reporting User Demographic Data in Tables 1 to 3

In FPAR **Tables 1**, **2,** and **3**, grantees report information on the demographic profile of family planning users, including gender and age (**Table 1**) and race and ethnicity (**Tables 2** and **3**).

In FPAR **Table 1**, grantees report the unduplicated number of family planning users by age group and gender, categorizing the users based on their age as of June 30th of the reporting period.

In FPAR **Tables 2** and **3**, grantees report both the race and ethnicity of female (**Table 2**) and male (**Table 3**) family planning users, using categories that comply with the *1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* from the Office of Management and Budget (OMB).

The two minimum OMB categories for reporting ethnicity are

Hispanic or Latino (All Races) – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino (All Races) – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five minimum OMB categories for reporting race are

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

If an agency wants to collect data for ethnic or race subcategories, the agency must be able to aggregate the data reported into the OMB minimum standard set of ethnicity and race categories.

OMB encourages self-identification of race. When respondents are allowed to self-identify or self-report their race, agencies should adopt a method that allows respondents to mark or select more than one of the five minimum race categories. FPAR **Tables 2** and **3** allow grantees to report the number of users who self-identify with two or more of the five minimum race categories

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 13–17, A1–A2.

Users by Gender (Exhibits 4 and 5)

Of the total number of users in 2005, 95% (4,740,168) were female and 5% (262,793) were male. The distribution of users by gender ranged from 89% female and 11% male in Region IX to 98% female and 2% male in Region IV (***Exhibits 4 and 5***). ***Exhibit B-1*** (***Appendix B***) presents the number and distribution of family planning users for 2005 by gender and state, including the U.S. territories and jurisdictions.

Between 1997 and 2005, the percentage of users that were female decreased from 98% of total users in 1997 to 95% in 2005. Numerically, however, the number of female users increased 8%, from 4,371,689 in 1997 to 4,740,168 in 2005. During this same time, the number of male users more than doubled (149%), from 105,387 in 1997 to 262,793 in 2005 (***Exhibit A-1a***).

Users by Age (Exhibits 4 and 5)

In 2005, 58% (2,891,403) of all family planning users were either in their teens (26% were 19 or younger) or early 20s (32% were 20 to 24 years), and 23% (1,190,133) of users were 30 years or older. In all regions, the largest percentage of users—ranging from 29% in Region I to 35% in Regions V and VI—were in their early 20s. The next largest percentage of users—ranging from 21% in Region IX to 31% in Region VIII—were in their teens (***Exhibits 4 and 5***).

Nationally, about the same percentages of male (28%) and female (26%) users were in their teens, and a slightly higher percentage of female (32%) than male (29%) users were in their early 20s. Across regions there was substantially more variation in the age distribution of male users than female users. For example, the percentage of male users who were teens ranged from 16% (Region VII) to 44% (Regions IV and VIII), compared with a range of 21% (Region IX) to 30% (Regions III, V, and VIII) for female users (***Exhibits 4 and 5***).

Since 1997, the distribution of family planning users by age group has remained relatively stable, with only small changes (i.e., 1 to 3 percentage points) between 1997 and 2005. Numerically, however, the only age group to experience a decrease (5%) in users during this period was the group under 18 years (***Exhibits A-2a and A-2b***).

Exhibit 4. Number of family planning users, by gender, age, and region: 2005 (Source: FPAR Table 1)

Age Group (in years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	58,759	1,882	4,713	8,523	17,820	6,468	5,914	1,486	1,937	6,881	3,135
15–17	520,956	23,785	50,627	72,997	111,297	72,888	49,119	20,383	19,175	69,804	30,881
18–19	651,006	28,337	61,507	75,794	135,078	93,857	61,272	31,111	24,403	103,547	36,100
20–24	1,513,034	57,029	140,010	167,684	329,547	204,417	149,894	81,506	52,089	250,978	79,880
25–29	876,238	32,591	84,513	91,092	197,556	98,343	96,330	42,484	25,111	163,232	44,986
30–34	495,129	18,308	47,028	49,322	110,103	49,591	60,199	21,299	12,266	102,995	24,018
35–39	301,561	13,040	29,057	30,739	63,729	27,800	36,133	13,474	7,025	66,652	13,912
40–44	181,579	9,353	17,030	19,892	37,734	15,989	22,023	9,777	4,643	37,226	7,912
Over 44	141,906	11,729	12,478	18,437	23,374	10,175	16,892	9,252	3,173	30,406	5,990
Total Females	**4,740,168**	**196,054**	**446,963**	**534,480**	**1,026,238**	**579,528**	**497,776**	**230,772**	**149,822**	**831,721**	**246,814**
Male Users											
Under 15	12,081	537	446	880	6,820	313	432	154	824	1,561	114
15–17	28,123	2,270	3,219	4,919	2,472	2,572	2,040	621	1,604	7,142	1,264
18–19	30,684	1,841	3,008	3,463	1,836	2,985	2,280	1,287	824	11,234	1,926
20–24	76,760	4,466	7,485	7,522	4,137	7,801	4,534	4,725	1,993	28,723	5,374
25–29	45,187	2,484	3,460	3,956	3,335	3,420	2,381	2,616	997	19,434	3,104
30–34	24,319	1,258	1,472	1,994	2,218	1,457	1,367	1,223	446	11,160	1,724
35–39	16,339	847	889	1,493	1,515	770	907	689	272	7,819	1,138
40–44	11,911	699	526	1,244	1,286	521	589	592	160	5,507	787
Over 44	17,389	1,237	769	2,222	2,030	778	824	620	208	7,526	1,175
Total Males	**262,793**	**15,639**	**21,274**	**27,693**	**25,649**	**20,617**	**15,354**	**12,527**	**7,328**	**100,106**	**16,606**
All Users											
Under 15	70,840	2,419	5,159	9,403	24,640	6,781	6,346	1,640	2,761	8,442	3,249
15–17	549,079	26,055	53,846	77,916	113,769	75,460	51,159	21,004	20,779	76,946	32,145
18–19	681,690	30,178	64,515	79,257	136,914	96,842	63,552	32,398	25,227	114,781	38,026
20–24	1,589,794	61,495	147,495	175,206	333,684	212,218	154,428	86,231	54,082	279,701	85,254
25–29	921,425	35,075	87,973	95,048	200,891	101,763	98,711	45,100	26,108	182,666	48,090
30–34	519,448	19,566	48,500	51,316	112,321	51,048	61,566	22,522	12,712	114,155	25,742
35–39	317,900	13,887	29,946	32,232	65,244	28,570	37,040	14,163	7,297	74,471	15,050
40–44	193,490	10,052	17,556	21,136	39,020	16,510	22,612	10,369	4,803	42,733	8,699
Over 44	159,295	12,966	13,247	20,659	25,404	10,953	17,716	9,872	3,381	37,932	7,165
Total All Users	**5,002,961**	**211,693**	**468,237**	**562,173**	**1,051,887**	**600,145**	**513,130**	**243,299**	**157,150**	**931,827**	**263,420**

Exhibit 5. Distribution of family planning users, by gender, age, and region: 2005 (Source: FPAR Table 1)

Age Group (in years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	1%	1%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15–17	11%	12%	11%	14%	11%	13%	10%	9%	13%	8%	13%
18–19	14%	14%	14%	14%	13%	16%	12%	13%	16%	12%	15%
20–24	32%	29%	31%	31%	32%	35%	30%	35%	35%	30%	32%
25–29	18%	17%	19%	17%	19%	17%	19%	18%	17%	20%	18%
30–34	10%	9%	11%	9%	11%	9%	12%	9%	8%	12%	10%
35–39	6%	7%	7%	6%	6%	5%	7%	6%	5%	8%	6%
40–44	4%	5%	4%	4%	4%	3%	4%	4%	3%	4%	3%
Over 44	3%	6%	3%	3%	2%	2%	3%	4%	2%	4%	2%
Total Females	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Male Users											
Under 15	5%	3%	2%	3%	27%	2%	3%	1%	11%	2%	1%
15–17	11%	15%	15%	18%	10%	12%	13%	5%	22%	7%	8%
18–19	12%	12%	14%	13%	7%	14%	15%	10%	11%	11%	12%
20–24	29%	29%	35%	27%	16%	38%	30%	38%	27%	29%	32%
25–29	17%	16%	16%	14%	13%	17%	16%	21%	14%	19%	19%
30–34	9%	8%	7%	7%	9%	7%	9%	10%	6%	11%	10%
35–39	6%	5%	4%	5%	6%	4%	6%	6%	4%	8%	7%
40–44	5%	4%	2%	4%	5%	3%	4%	5%	2%	6%	5%
Over 44	7%	8%	4%	8%	8%	4%	5%	5%	3%	8%	7%
Total Males	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
All Users											
Under 15	1%	1%	1%	2%	2%	1%	1%	1%	2%	1%	1%
15–17	11%	12%	11%	14%	11%	13%	10%	9%	13%	8%	12%
18–19	14%	14%	14%	14%	13%	16%	12%	13%	16%	12%	14%
20–24	32%	29%	32%	31%	32%	35%	30%	35%	34%	30%	32%
25–29	18%	17%	19%	17%	19%	17%	19%	19%	17%	20%	18%
30–34	10%	9%	10%	9%	11%	9%	12%	9%	8%	12%	10%
35–39	6%	7%	6%	6%	6%	5%	7%	6%	5%	8%	6%
40–44	4%	5%	4%	4%	4%	3%	4%	4%	3%	5%	3%
Over 44	3%	6%	3%	4%	2%	2%	3%	4%	2%	4%	3%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female users	95%	93%	95%	95%	98%	97%	97%	95%	95%	89%	94%
Male users	5%	7%	5%	5%	2%	3%	3%	5%	5%	11%	6%

Users by Race (Exhibits 6 to 14)

In 2005, 64% (3,183,116) of family planning users were white, 19% (969,301) were black, 2% (124,946) were Asian, 1% (58,946) were Native Hawaiian or Other Pacific Islander, and 1% (35,665) were American Indian or Alaska Native. Three percent (127,543) of all users self-identified with two or more of the five minimum race categories, and race was not reported for 10% (503,444) (***Exhibits 6, 9***, ***and 10***). The race profile for female users (***Exhibits 7, 11***, ***and 12***) was similar to the race profile for all users, while it varied somewhat for male users (***Exhibits 8, 13***, ***and 14***). Among male users, 55% were white and 22% were black, compared to 64% and 19%, respectively, among female users. Further, race was unknown or not reported for a higher percentage of male (12%) than female (10%) users ***(Exhibits 7 and 8).***

The racial distribution of family planning users varied across regions, reflecting differences in the geographic distribution of racial groups. More than 8 in 10 users in Regions VII (82%) and VIII (85%) were white, compared with less than 6 in 10 users in Regions II (51%), IV (56%), and IX (55%). More than one-third of users (35%) in Region IV were black, compared with between 2% and 7% in Regions VIII, IX, and X. Region IX, which includes the Pacific territories, had the highest percentage of users identifying themselves as Asian (6%) or Native Hawaiian or Other Pacific Islander (5%). The percentage of users for whom race was not reported exceeded the national average (10%) in Regions II (23%), IX (20%), and X (13%) (***Exhibits 9 and 10***).

Since 1997, there have been gradual shifts in the distribution of family planning users by race. Between 1997 and 2005, the percentage of total users that were white decreased from 67% to 64%, the percentage that were black decreased from 22% to 19%, and the percentage of users for which race was not reported increased from 8% to 10%. Numerically, blacks were the only group to experience a decrease (3%) in total users between 1997 and 2005 (***Exhibits A-3a and A-3b***).

Users by Ethnicity (Exhibits 6 to 14)

Nationally, 24% (1,181,093) of all users identified as Hispanic or Latino, including 23% (1,113,215) of female users and 26% (67,878) of male users. Ethnicity was not reported for 4% of total and female users and for 6% of male users (***Exhibits 6, 7, and 8)***. For both female and male users, the highest percentages of Hispanic or Latino users were in Regions IX (44% of females and 39% of males), VI (40% of females and 50% of males), and II (30% of females and 25% of males) (***Exhibits 11, 12, 13 and 14)***.

Beginning with the FPAR for 2005, grantees report race and ethnicity data in a single, cross-tabulated table for female (FPAR Table 2) and male (FPAR Table 3) users. The revised format provides new information on the ethnic composition of users reported in each race category and for whom race was not reported. Among the 10% (472,433) of female users for whom race was not reported in 2005, 68% (321,213) were Hispanic or Latino (***Exhibit 7)***. Similarly, among the 12% (31,011) of male users for whom race was not reported, 60% (18,564) were Hispanic or Latino (***Exhibit 8***). Both ethnicity and race were not reported for only 1% of female users and 3% of male users.

Between 1997 and 2005, the percentage of family planning users reporting Hispanic or Latino ethnicity increased from 17% of total users in 1997 to 24% in 2005, while the percentage of users with unknown ethnicity was 4% or lower (***Exhibits A-4a and A-4b***). Numerically, the number of Hispanic or Latino users increased 56% from 758,653 in 1997 to 1,181,093 in 2005.

Exhibit 6. **Number and distribution of all family planning users, by ethnicity and race: 2005 (Source: FPAR Tables 2 and 3)**

	Number				Distribution			
Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown	Total	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown	Total
American Indian or Alaska Native	3,661	30,643	1,361	35,665	0%†	1%	0%†	1%
Asian	4,218	118,499	2,229	124,946	0%†	2%	0%†	2%
Black or African American	24,443	929,066	15,792	969,301	0%†	19%	0%†	19%
Native Hawaiian/ Pacific Islander	7,060	51,413	473	58,946	0%†	1%	0%†	1%
White	724,102	2,366,762	92,252	3,183,116	14%	47%	2%	64%
More than one race	77,832	40,264	9,447	127,543	2%	1%	0%†	3%
Unknown or NR	339,777	91,495	72,172	503,444	7%	2%	1%	10%
Total	**1,181,093**	**3,628,142**	**193,726**	**5,002,961**	**24%**	**73%**	**4%**	**100%**

Note: **NR**=not reported.
† Percentage is less than 0.5%

Exhibit 7. **Number and distribution of female family planning users, by ethnicity and race: 2005 (Source: FPAR Table 2)**

	Number				Distribution			
Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown	Total	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown	Total
American Indian or Alaska Native	3,388	28,524	972	32,884	0%†	1%	0%†	1%
Asian	3,153	112,989	2,046	118,188	0%†	2%	0%†	2%
Black or African American	22,613	874,336	14,191	911,140	0%†	18%	0%†	19%
Native Hawaiian/ Pacific Islander	3,907	43,220	430	47,557	0%†	1%	0%†	1%
White	684,385	2,267,457	85,435	3,037,277	14%	48%	2%	64%
More than one race	74,556	37,745	8,388	120,689	2%	1%	0%†	3%
Unknown or NR	321,213	85,920	65,300	472,433	7%	2%	1%	10%
Total	**1,113,215**	**3,450,191**	**176,762**	**4,740,168**	**23%**	**73%**	**4%**	**100%**

Note: **NR**=not reported
† Percentage is less than 0.5%

Exhibit 8. **Number and distribution of male family planning users, by ethnicity and race: 2005 (Source: FPAR Table 3)**

	Number				Distribution			
Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown	Total	Hispanic or Latino	Not Hispanic or Latino	Ethnicity Unknown	Total
American Indian or Alaska Native	273	2,119	389	2,781	0%†	1%	0%†	1%
Asian	1,065	5,510	183	6,758	0%†	2%	0%†	3%
Black or African American	1,830	54,730	1,601	58,161	1%	21%	1%	22%
Native Hawaiian/ Pacific Islander	3,153	8,193	43	11,389	1%	3%	0%†	4%
White	39,717	99,305	6,817	145,839	15%	38%	3%	55%
More than one race	3,276	2,519	1,059	6,854	1%	1%	0%†	3%
Unknown or NR	18,564	5,575	6,872	31,011	7%	2%	3%	12%
Total	**67,878**	**177,951**	**16,964**	**262,793**	**26%**	**68%**	**6%**	**100%**

Note: NR=not reported.
† Percentage is less than 0.5%

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2005 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	3,661	90	601	791	34	325	331	187	176	765	361
Not Hispanic or Latino	30,643	447	1,183	854	2,675	2,041	5,622	1,122	2,160	11,370	3,169
Ethnicity unknown or NR	1,361	7	68	53	7	39	64	6	32	930	155
Total	**35,665**	**544**	**1,852**	**1,698**	**2,716**	**2,405**	**6,017**	**1,315**	**2,368**	**13,065**	**3,685**
Asian											
Hispanic or Latino	4,218	89	172	788	296	241	156	119	41	2,197	119
Not Hispanic or Latino	118,499	6,397	8,697	8,019	19,631	5,560	2,600	2,688	1,300	55,249	8,358
Ethnicity unknown or NR	2,229	64	82	437	52	76	165	31	5	783	534
Total	**124,946**	**6,550**	**8,951**	**9,244**	**19,979**	**5,877**	**2,921**	**2,838**	**1,346**	**58,229**	**9,011**
Black or African American											
Hispanic or Latino	24,443	1,707	4,364	2,990	9,764	1,080	902	151	85	3,085	315
Not Hispanic or Latino	929,066	21,127	93,844	154,993	361,326	105,611	91,700	30,813	3,094	58,346	8,212
Ethnicity unknown or NR	15,792	279	2,789	6,028	2,030	801	664	160	78	2,139	824
Total	**969,301**	**23,113**	**100,997**	**164,011**	**373,120**	**107,492**	**93,266**	**31,124**	**3,257**	**63,570**	**9,351**
Native Hawaiian/Pacific Islander											
Hispanic or Latino	7,060	200	179	290	1,602	105	190	123	20	3,708	643
Not Hispanic or Latino	51,413	326	545	618	2,047	614	361	284	306	44,643	1,669
Ethnicity unknown or NR	473	4	162	13	2	13	3	6	3	152	115
Total	**58,946**	**530**	**886**	**921**	**3,651**	**732**	**554**	**413**	**329**	**48,503**	**2,427**
White											
Hispanic or Latino	724,102	15,240	45,127	22,359	96,358	53,545	183,023	23,130	13,520	249,646	22,154
Not Hispanic or Latino	2,366,762	136,610	194,423	292,650	489,183	383,229	182,737	175,994	118,143	220,836	172,957
Ethnicity unknown or NR	92,252	1,377	345	26,101	3,396	2,618	925	1,542	2,193	45,008	8,747
Total	**3,183,116**	**153,227**	**239,895**	**341,110**	**588,937**	**439,392**	**366,685**	**200,666**	**133,856**	**515,490**	**203,858**
More Than One Race											
Hispanic or Latino	77,832	9,107	5,208	522	28,997	6,268	610	141	1,445	25,202	332
Not Hispanic or Latino	40,264	3,553	1,593	1,662	1,828	13,682	608	874	1,447	13,738	1,279
Ethnicity unknown or NR	9,447	44	7	113	15	662	102	138	36	8,320	10
Total	**127,543**	**12,704**	**6,808**	**2,297**	**30,840**	**20,612**	**1,320**	**1,153**	**2,928**	**47,260**	**1,621**
Race Unknown or Not Reported											
Hispanic or Latino	339,777	12,371	84,453	28,624	16,620	14,859	21,290	2,540	11,185	122,478	25,357
Not Hispanic or Latino	91,495	1,910	18,128	9,172	11,889	4,972	16,667	822	1,210	19,647	7,078
Ethnicity unknown or NR	72,172	744	6,267	5,096	4,135	3,804	4,410	2,428	671	43,585	1,032
Total	**503,444**	**15,025**	**108,848**	**42,892**	**32,644**	**23,635**	**42,367**	**5,790**	**13,066**	**185,710**	**33,467**
All Races											
Hispanic or Latino	1,181,093	38,804	140,104	56,364	153,671	76,423	206,502	26,391	26,472	407,081	49,281
Not Hispanic or Latino	3,628,142	170,370	318,413	467,968	888,579	515,709	300,295	212,597	127,660	423,829	202,722
Ethnicity unknown or NR	193,726	2,519	9,720	37,841	9,637	8,013	6,333	4,311	3,018	100,917	11,417
Total All Users	**5,002,961**	**211,693**	**468,237**	**562,173**	**1,051,887**	**600,145**	**513,130**	**243,299**	**157,150**	**931,827**	**263,420**

Note: NR=not reported.

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2005 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	1%	1%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	2%	1%	2%	1%	1%	1%	1%	6%	3%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**2%**	**3%**	**2%**	**2%**	**2%**	**1%**	**1%**	**1%**	**1%**	**6%**	**3%**
Black or African American											
Hispanic or Latino	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	10%	20%	28%	34%	18%	18%	13%	2%	6%	3%
Ethnicity unknown or NR	0%†	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**19%**	**11%**	**22%**	**29%**	**35%**	**18%**	**18%**	**13%**	**2%**	**7%**	**4%**
Native Hawaiian/Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	5%	1%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**5%**	**1%**
White											
Hispanic or Latino	14%	7%	10%	4%	9%	9%	36%	10%	9%	27%	8%
Not Hispanic or Latino	47%	65%	42%	52%	47%	64%	36%	72%	75%	24%	66%
Ethnicity unknown or NR	2%	1%	0%†	5%	0%†	0%†	0%†	1%	1%	5%	3%
Total	**64%**	**72%**	**51%**	**61%**	**56%**	**73%**	**71%**	**82%**	**85%**	**55%**	**77%**
More Than One Race											
Hispanic or Latino	2%	4%	1%	0%†	3%	1%	0%†	0%†	1%	3%	0%†
Not Hispanic or Latino	1%	2%	0%†	0%†	0%†	2%	0%†	0%†	1%	1%	0%†
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Total	**3%**	**6%**	**1%**	**0%†**	**3%**	**3%**	**0%†**	**0%†**	**2%**	**5%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	7%	6%	18%	5%	2%	2%	4%	1%	7%	13%	10%
Not Hispanic or Latino	2%	1%	4%	2%	1%	1%	3%	0%†	1%	2%	3%
Ethnicity unknown or NR	1%	0%†	1%	1%	0%†	1%	1%	1%	0%†	5%	0%†
Total	**10%**	**7%**	**23%**	**8%**	**3%**	**4%**	**8%**	**2%**	**8%**	**20%**	**13%**
All Races											
Hispanic or Latino	24%	18%	30%	10%	15%	13%	40%	11%	17%	44%	19%
Not Hispanic or Latino	73%	80%	68%	83%	84%	86%	59%	87%	81%	45%	77%
Ethnicity unknown or NR	4%	1%	2%	7%	1%	1%	1%	2%	2%	11%	4%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Note: **NR**=not reported.

† Percentage is less than 0.5%

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2005 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	3,388	85	572	774	30	307	303	173	163	642	339
Not Hispanic or Latino	28,524	391	1,127	820	2,644	1,930	5,265	1,034	1,869	10,664	2,780
Ethnicity unknown or NR	972	7	63	49	7	30	55	6	28	575	152
Total	**32,884**	**483**	**1,762**	**1,643**	**2,681**	**2,267**	**5,623**	**1,213**	**2,060**	**11,881**	**3,271**
Asian											
Hispanic or Latino	3,153	77	165	717	292	232	149	117	39	1,252	113
Not Hispanic or Latino	112,989	6,149	8,387	7,739	19,538	5,385	2,546	2,589	1,248	51,475	7,933
Ethnicity unknown or NR	2,046	54	79	425	52	68	152	29	5	653	529
Total	**118,188**	**6,280**	**8,631**	**8,881**	**19,882**	**5,685**	**2,847**	**2,735**	**1,292**	**53,380**	**8,575**
Black or African American											
Hispanic or Latino	22,613	1,468	4,102	2,612	9,538	1,031	852	144	77	2,496	293
Not Hispanic or Latino	874,336	18,647	87,502	142,616	350,844	99,980	89,155	28,133	2,644	47,893	6,922
Ethnicity unknown or NR	14,191	212	2,727	5,596	1,985	712	500	111	57	1,534	757
Total	**911,140**	**20,327**	**94,331**	**150,824**	**362,367**	**101,723**	**90,507**	**28,388**	**2,778**	**51,923**	**7,972**
Native Hawaiian/Pacific Islander											
Hispanic or Latino	3,907	197	167	275	1,593	100	182	117	20	629	627
Not Hispanic or Latino	43,220	318	522	598	1,958	595	348	268	287	36,741	1,585
Ethnicity unknown or NR	430	4	146	10	2	13	3	6	3	130	113
Total	**47,557**	**519**	**835**	**883**	**3,553**	**708**	**533**	**391**	**310**	**37,500**	**2,325**
White											
Hispanic or Latino	684,385	13,926	43,932	21,626	93,587	52,771	176,564	21,798	13,236	225,637	21,308
Not Hispanic or Latino	2,267,457	127,702	186,498	282,692	479,206	371,543	179,172	168,305	113,243	197,150	161,946
Ethnicity unknown or NR	85,435	1,110	328	25,239	3,338	2,217	872	1,350	2,119	40,514	8,348
Total	**3,037,277**	**142,738**	**230,758**	**329,557**	**576,131**	**426,531**	**356,608**	**191,453**	**128,598**	**463,301**	**191,602**
More Than One Race											
Hispanic or Latino	74,556	8,728	5,121	491	28,771	6,138	370	130	1,429	23,058	320
Not Hispanic or Latino	37,745	3,380	1,513	1,556	1,694	13,404	581	831	1,362	12,223	1,201
Ethnicity unknown or NR	8,388	37	7	106	15	592	98	133	34	7,356	10
Total	**120,689**	**12,145**	**6,641**	**2,153**	**30,480**	**20,134**	**1,049**	**1,094**	**2,825**	**42,637**	**1,531**
Race Unknown or Not Reported											
Hispanic or Latino	321,213	11,186	80,666	27,120	16,161	14,344	20,414	2,411	10,352	114,337	24,222
Not Hispanic or Latino	85,920	1,719	17,206	8,539	11,700	4,775	15,894	772	1,133	17,835	6,347
Ethnicity unknown or NR	65,300	657	6,133	4,880	3,283	3,361	4,301	2,315	474	38,927	969
Total	**472,433**	**13,562**	**104,005**	**40,539**	**31,144**	**22,480**	**40,609**	**5,498**	**11,959**	**171,099**	**31,538**
All Races											
Hispanic or Latino	1,113,215	35,667	134,725	53,615	149,972	74,923	198,834	24,890	25,316	368,051	47,222
Not Hispanic or Latino	3,450,191	158,306	302,755	444,560	867,584	497,612	292,961	201,932	121,786	373,981	188,714
Ethnicity unknown or NR	176,762	2,081	9,483	36,305	8,682	6,993	5,981	3,950	2,720	89,689	10,878
Total All Users	**4,740,168**	**196,054**	**446,963**	**534,480**	**1,026,238**	**579,528**	**497,776**	**230,772**	**149,822**	**831,721**	**246,814**

Note: **NR**=not reported.

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2005 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	1%	1%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**1%**	**1%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	2%	1%	2%	1%	1%	1%	1%	6%	3%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**2%**	**3%**	**2%**	**2%**	**2%**	**1%**	**1%**	**1%**	**1%**	**6%**	**3%**
Black or African American											
Hispanic or Latino	0%†	1%	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	18%	10%	20%	27%	34%	17%	18%	12%	2%	6%	3%
Ethnicity unknown or NR	0%†	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**19%**	**10%**	**21%**	**28%**	**35%**	**18%**	**18%**	**12%**	**2%**	**6%**	**3%**
Native Hawaiian/Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**5%**	**1%**
White											
Hispanic or Latino	14%	7%	10%	4%	9%	9%	35%	9%	9%	27%	9%
Not Hispanic or Latino	48%	65%	42%	53%	47%	64%	36%	73%	76%	24%	66%
Ethnicity unknown or NR	2%	1%	0%†	5%	0%†	0%†	0%†	1%	1%	5%	3%
Total	**64%**	**73%**	**52%**	**62%**	**56%**	**74%**	**72%**	**83%**	**86%**	**56%**	**78%**
More Than One Race											
Hispanic or Latino	2%	4%	1%	0%†	3%	1%	0%†	0%†	1%	3%	0%†
Not Hispanic or Latino	1%	2%	0%†	0%†	0%†	2%	0%†	0%†	1%	1%	0%†
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Total	**3%**	**6%**	**1%**	**0%†**	**3%**	**3%**	**0%†**	**0%†**	**2%**	**5%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	7%	6%	18%	5%	2%	2%	4%	1%	7%	14%	10%
Not Hispanic or Latino	2%	1%	4%	2%	1%	1%	3%	0%†	1%	2%	3%
Ethnicity unknown or NR	1%	0%†	1%	1%	0%†	1%	1%	1%	0%†	5%	0%†
Total	**10%**	**7%**	**23%**	**8%**	**3%**	**4%**	**8%**	**2%**	**8%**	**21%**	**13%**
All Races											
Hispanic or Latino	23%	18%	30%	10%	15%	13%	40%	11%	17%	44%	19%
Not Hispanic or Latino	73%	81%	68%	83%	85%	86%	59%	88%	81%	45%	76%
Ethnicity unknown or NR	4%	1%	2%	7%	1%	1%	1%	2%	2%	11%	4%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Note: **NR**=not reported.

† Percentage is less than 0.5%

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2005 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	273	5	29	17	4	18	28	14	13	123	22
Not Hispanic or Latino	2,119	56	56	34	31	111	357	88	291	706	389
Ethnicity unknown or NR	389	0	5	4	0	9	9	0	4	355	3
Total	**2,781**	**61**	**90**	**55**	**35**	**138**	**394**	**102**	**308**	**1,184**	**414**
Asian											
Hispanic or Latino	1,065	12	7	71	4	9	7	2	2	945	6
Not Hispanic or Latino	5,510	248	310	280	93	175	54	99	52	3,774	425
Ethnicity unknown or NR	183	10	3	12	0	8	13	2	0	130	5
Total	**6,758**	**270**	**320**	**363**	**97**	**192**	**74**	**103**	**54**	**4,849**	**436**
Black or African American											
Hispanic or Latino	1,830	239	262	378	226	49	50	7	8	589	22
Not Hispanic or Latino	54,730	2,480	6,342	12,377	10,482	5,631	2,545	2,680	450	10,453	1,290
Ethnicity unknown or NR	1,601	67	62	432	45	89	164	49	21	605	67
Total	**58,161**	**2,786**	**6,666**	**13,187**	**10,753**	**5,769**	**2,759**	**2,736**	**479**	**11,647**	**1,379**
Native Hawaiian/Pacific Islander											
Hispanic or Latino	3,153	3	12	15	9	5	8	6	0	3,079	16
Not Hispanic or Latino	8,193	8	23	20	89	19	13	16	19	7,902	84
Ethnicity unknown or NR	43	0	16	3	0	0	0	0	0	22	2
Total	**11,389**	**11**	**51**	**38**	**98**	**24**	**21**	**22**	**19**	**11,003**	**102**
White											
Hispanic or Latino	39,717	1,314	1,195	733	2,771	774	6,459	1,332	284	24,009	846
Not Hispanic or Latino	99,305	8,908	7,925	9,958	9,977	11,686	3,565	7,689	4,900	23,686	11,011
Ethnicity unknown or NR	6,817	267	17	862	58	401	53	192	74	4,494	399
Total	**145,839**	**10,489**	**9,137**	**11,553**	**12,806**	**12,861**	**10,077**	**9,213**	**5,258**	**52,189**	**12,256**
More Than One Race											
Hispanic or Latino	3,276	379	87	31	226	130	240	11	16	2,144	12
Not Hispanic or Latino	2,519	173	80	106	134	278	27	43	85	1,515	78
Ethnicity unknown or NR	1,059	7	0	7	0	70	4	5	2	964	0
Total	**6,854**	**559**	**167**	**144**	**360**	**478**	**271**	**59**	**103**	**4,623**	**90**
Race Unknown or Not Reported											
Hispanic or Latino	18,564	1,185	3,787	1,504	459	515	876	129	833	8,141	1,135
Not Hispanic or Latino	5,575	191	922	633	189	197	773	50	77	1,812	731
Ethnicity unknown or NR	6,872	87	134	216	852	443	109	113	197	4,658	63
Total	**31,011**	**1,463**	**4,843**	**2,353**	**1,500**	**1,155**	**1,758**	**292**	**1,107**	**14,611**	**1,929**
All Races											
Hispanic or Latino	67,878	3,137	5,379	2,749	3,699	1,500	7,668	1,501	1,156	39,030	2,059
Not Hispanic or Latino	177,951	12,064	15,658	23,408	20,995	18,097	7,334	10,665	5,874	49,848	14,008
Ethnicity unknown or NR	16,964	438	237	1,536	955	1,020	352	361	298	11,228	539
Total All Users	**262,793**	**15,639**	**21,274**	**27,693**	**25,649**	**20,617**	**15,354**	**12,527**	**7,328**	**100,106**	**16,606**

Note: **NR**=not reported.

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2005 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	1%	2%	1%	4%	1%	2%
Ethnicity unknown or NR	0%†	0%	0%†	0%†	0%	0%†	0%†	0%	0%†	0%†	0%†
Total	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**3%**	**1%**	**4%**	**1%**	**2%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	2%	2%	1%	1%	0%†	1%	0%†	1%	1%	4%	3%
Ethnicity unknown or NR	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%	0%†	0%†
Total	**3%**	**2%**	**2%**	**1%**	**0%†**	**1%**	**0%†**	**1%**	**1%**	**5%**	**3%**
Black or African American											
Hispanic or Latino	1%	2%	1%	1%	1%	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	21%	16%	30%	45%	41%	27%	17%	21%	6%	10%	8%
Ethnicity unknown or NR	1%	0%†	0%†	2%	0%†	0%†	1%	0%†	0%†	1%	0%†
Total	**22%**	**18%**	**31%**	**48%**	**42%**	**28%**	**18%**	**22%**	**7%**	**12%**	**8%**
Native Hawaiian/Pacific Islander											
Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	3%	0%†
Not Hispanic or Latino	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	8%	1%
Ethnicity unknown or NR	0%†	0%	0%†	0%†	0%	0%	0%	0%	0%	0%†	0%†
Total	**4%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**11%**	**1%**
White											
Hispanic or Latino	15%	8%	6%	3%	11%	4%	42%	11%	4%	24%	5%
Not Hispanic or Latino	38%	57%	37%	36%	39%	57%	23%	61%	67%	24%	66%
Ethnicity unknown or NR	3%	2%	0%†	3%	0%†	2%	0%†	2%	1%	4%	2%
Total	**55%**	**67%**	**43%**	**42%**	**50%**	**62%**	**66%**	**74%**	**72%**	**52%**	**74%**
More Than One Race											
Hispanic or Latino	1%	2%	0%†	0%†	1%	1%	2%	0%†	0%†	2%	0%†
Not Hispanic or Latino	1%	1%	0%†	0%†	1%	1%	0%†	0%†	1%	2%	0%†
Ethnicity unknown or NR	0%†	0%†	0%	0%†	0%	0%†	0%†	0%†	0%†	1%	0%
Total	**3%**	**4%**	**1%**	**1%**	**1%**	**2%**	**2%**	**0%†**	**1%**	**5%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	7%	8%	18%	5%	2%	2%	6%	1%	11%	8%	7%
Not Hispanic or Latino	2%	1%	4%	2%	1%	1%	5%	0%†	1%	2%	4%
Ethnicity unknown or NR	3%	1%	1%	1%	3%	2%	1%	1%	3%	5%	0%†
Total	**12%**	**9%**	**23%**	**8%**	**6%**	**6%**	**11%**	**2%**	**15%**	**15%**	**12%**
All Races											
Hispanic or Latino	26%	20%	25%	10%	14%	7%	50%	12%	16%	39%	12%
Not Hispanic or Latino	68%	77%	74%	85%	82%	88%	48%	85%	80%	50%	84%
Ethnicity unknown or NR	6%	3%	1%	6%	4%	5%	2%	3%	4%	11%	3%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Note: **NR**=not reported.

† Percentage is less than 0.5%

FPAR Guidance for Reporting User Social and Economic Data in Tables 4 to 6

In FPAR **Tables 4, 5,** and **6**, grantees report information on the social and economic profile of family planning users, including income level (**Table 4**), health insurance coverage (**Table 5)**, and English proficiency (**Table 6**).

In FPAR **Table 4**, grantees report the unduplicated number of family planning users by income level, using the following instructions:

Income Level as a Percentage of the HHS Poverty Guidelines – Grantees are required to collect income data on all users at least annually. In determining user income, agencies should use the poverty guidelines updated periodically in the Federal Register by HHS under the authority of 42 USC 9902(2). Report the unduplicated number of users by income level, using the most current income information available.

In FPAR **Table 5**, grantees report the unduplicated number of users by their principal insurance coverage status, using the following instructions:

Principal Health Insurance Covering Primary Medical Care – Refers to public and private health insurance plans that provide a broad set of primary medical care benefits to enrolled individuals. Report the most current health insurance coverage information available for the client even though he or she may not have used this health insurance to pay for family planning services received during his or her last encounter. For individuals who have coverage under more than one health plan, principal insurance is defined as the insurance plan that the agency would bill first (i.e., primary) if a claim were to be filed. Categories of health insurance covering primary medical care include public and private sources of coverage.

Public Health Insurance Covering Primary Medical Care – Refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals. Examples of such programs include Medicaid (both regular and managed care), Medicare, state Children's Health Insurance Programs (CHIPs), and health plans for military personnel and their dependents (e.g., TRICARE or CHAMPVA).

Private Health Insurance Covering Primary Medical Care – Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

(Optional) Private Health Insurance Coverage for Family Planning Services – Title X grantees have the option of reporting additional information on the level of private health insurance coverage for family planning services. Family planning services are defined broadly as any services—physical exam, lab tests, counseling and education, contraceptive supplies, and/or prescription medication—that a client receives during a family planning encounter with a clinical or nonclinical services provider. Levels of family planning coverage are defined as follows:

Private Insurance/All or Some Family Planning Services Coverage – The user reports that his or her private health insurance plan *covers all or some family planning services*.

Private Insurance/No Family Planning Services Coverage – The user reports that his or her private health insurance plan *covers no family planning services*.

Private Insurance/Unknown Family Planning Services Coverage – The user reports that he or she *does not know about family planning service coverage* under his or her private health insurance plan.

Uninsured – Refers to clients who *do not have a public or private health insurance plan that covers broad, primary medical care benefits*. Clients whose services are subsidized through state or local indigent care programs, or clients insured through the Indian Health Service who obtain care in a nonparticipating facility, are considered uninsured.

In FPAR **Table 6**, grantees report the unduplicated number of limited English proficient (LEP) users, using the following instructions:

Limited English Proficiency (LEP) – Refers to clients whose native or dominant language is not English and whose skills in listening to, speaking, reading, or writing English are such that they derive little benefit from family planning and related preventive health services provided in English. In **Table 6**, report the unduplicated number of family planning users who required oral language assistance services to optimize their use of Title X services. Include those users who received family planning and related preventive health services from bilingual staff or who were assisted by a competent agency or contracted interpreter. Also include users who opted to use a family member or friend as interpreter after refusing an agency's offer to provide a qualified interpreter at no cost to the user. Additional LEP-related definitions provided on the FPAR (pages 20–21) include English proficiency, native language, dominant language, and interpreter competence.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 19–26.

Users by Income Level (Exhibit 15)

In 2005, two thirds (3,316,699) of Title X family planning users had family incomes at or below the poverty level. Another 18% (879,666) had incomes between 101% and 150% of the poverty level, 6% (324,358) had incomes between 151% and 200% of the poverty level, and 8% (371,338) had incomes that exceeded 200% of the poverty level. The income status for 2% (110,900) of family planning users was not reported (***Exhibit 15***).

The percentage of users with family incomes at or below 100% of the poverty level ranged from 47% in Region I to 75% in Region VI. In five regions (IV, V, VI, VIII, and IX) the percentage of users with incomes at or below 100% of the poverty level was greater than or equal to the national average of 66%. Six of 10 regions (II, IV, V, VI, IX, and X) reported 90% or more of users with incomes at or below 200% of the poverty level, while the percentage of users over 200% of poverty ranged from 3% in Region VI to 18% in Region VII. In all but four regions (I, III, VI, and IX), the percentage of users for whom income was not reported was at or below the national average (2%) (***Exhibit 15***). ***Exhibit B-2*** presents the distribution of family planning users for 2005 by income status for each state, including U.S. territories and jurisdictions.

Between 1997 and 2005, there were only small shifts in the percentage of users with family incomes at or below 100% (65% in 1997 and 66% in 2005) or 200% (90% in both years) of the poverty level. Numerically, however, between 1997 and 2005 the number of users with family incomes at or below 100% of the poverty level increased 14% from 2,912,900 in 1997 to 3,316,699 in 2005 (***Exhibits A-5a and A-5b***).

Users by Insurance Status (Exhibit 16)

Beginning with the 2005 reporting period, grantees are required to collect and report the number of users by type of principal health insurance coverage—public or private insurance covering broad primary medical care benefits, uninsured, or unknown/not reported. In 2005, 60% (2,998,508) of family planning users were uninsured, meaning they did not have a public or private health insurance plan that covered broad primary medical care benefits. Another 20% (1,016,853) had public health insurance, 8% (377,372) had private insurance, and insurance coverage was not reported for 12% (610,228) (***Exhibit 16***).

Across regions, there were large variations in the distribution of users by insurance coverage status. In all regions, the highest percentage of users was uninsured, with levels ranging from 36% of users in Region IV to 80% in Region IX. The percentage of publicly insured users was highest in Regions X (33%) and IV (31%) and lowest in Region VIII (7%). Regions I (19%) and VII (18%) had the highest percentage of privately insured users, while Regions IX (3%), IV (4%), and VI (4%) had the lowest. The percentage of users for whom insurance coverage was not reported was highest in Region IV (29%) and lowest in Region III (2%) (***Exhibit 16***).

Several factors may have contributed to these large regional variations, including differences in Medicaid eligibility across states, agency reliance on source of payment as a measure of health insurance coverage, reporting errors, and delays in implementing systems to collect and report these data for 2005.

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2005 (Source: FPAR Table 4)

Income Level	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
100% and below	3,316,699	99,172	276,369	358,862	779,551	406,615	383,146	125,113	104,479	612,084	171,308
101% – 150%	879,666	53,826	134,742	79,694	138,910	97,460	79,068	50,470	22,403	171,098	51,995
151% – 200%	324,358	20,386	25,805	36,289	54,957	41,070	21,923	19,097	11,274	70,999	22,558
201% – 250%	129,097	9,732	9,697	18,255	20,273	21,163	7,161	12,091	5,710	18,242	6,773
Over 250%	242,241	14,685	19,495	38,643	48,606	29,626	8,860	30,653	11,805	29,326	10,542
Unknown/not reported	110,900	13,892	2,129	30,430	9,590	4,211	12,972	5,875	1,479	30,078	244
Total	**5,002,961**	**211,693**	**468,237**	**562,173**	**1,051,887**	**600,145**	**513,130**	**243,299**	**157,150**	**931,827**	**263,420**
100% and below	66%	47%	59%	64%	74%	68%	75%	51%	66%	66%	65%
101% – 150%	18%	25%	29%	14%	13%	16%	15%	21%	14%	18%	20%
151% – 200%	6%	10%	6%	6%	5%	7%	4%	8%	7%	8%	9%
201% – 250%	3%	5%	2%	3%	2%	4%	1%	5%	4%	2%	3%
Over 250%	5%	7%	4%	7%	5%	5%	2%	13%	8%	3%	4%
Unknown/not reported	2%	7%	0%†	5%	1%	1%	3%	2%	1%	3%	0%†
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Note: Grantees calculate user income as a percentage of the FPL based on HHS poverty guidelines; see http://aspe.hhs.gov/poverty/.
† Percentage is less than 0.5%

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2005 (Source: FPAR Table 5)

Insurance Status	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Public health insurance	1,016,853	51,341	114,675	101,209	327,667	126,480	54,112	32,966	11,562	109,419	87,422
Private health insurance	377,372	39,560	53,044	53,176	40,813	53,686	20,330	43,635	23,496	23,553	26,079
All/some FP services	62,515	15,287	3,237	15,592	12,600	428	219	2,010	6,669	5,956	517
No FP services	29,641	0	7,897	1	10,920	1,628	183	5,217	804	2,979	12
Unknown FP coverage	285,216	24,273	41,910	37,583	17,293	51,630	19,928	36,408	16,023	14,618	25,550
Uninsured	2,998,508	94,837	276,590	394,692	378,974	338,661	381,233	145,513	110,260	748,063	129,685
Unknown/not reported	610,228	25,955	23,928	13,096	304,433	81,318	57,455	21,185	11,832	50,792	20,234
Total	**5,002,961**	**211,693**	**468,237**	**562,173**	**1,051,887**	**600,145**	**513,130**	**243,299**	**157,150**	**931,827**	**263,420**
Public health insurance	20%	24%	24%	18%	31%	21%	11%	14%	7%	12%	33%
Private health insurance	8%	19%	11%	9%	4%	9%	4%	18%	15%	3%	10%
All/some FP services	1%	7%	1%	3%	1%	0%†	0%†	1%	4%	1%	0%†
No FP services	1%	0%	2%	0%†	1%	0%†	0%†	2%	1%	0%†	0%†
Unknown FP coverage	6%	11%	9%	7%	2%	9%	4%	15%	10%	2%	10%
Uninsured	60%	45%	59%	70%	36%	56%	74%	60%	70%	80%	49%
Unknown/not reported	12%	12%	5%	2%	29%	14%	11%	9%	8%	5%	8%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Note: **FP**=family planning.
† Percentage is less than 0.5%

Limited English Proficient (LEP) Users (Exhibit 17)

In compliance with the *HHS Guidance Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*,* any agency that receives federal financial assistance from HHS must take steps to ensure that LEP persons have meaningful access to the health and social services that the agency provides. As recipients of HHS assistance, Title X grantees and delegates, including those operating in U.S. territories and jurisdictions where English is an official language, are required to provide LEP persons with assistance to remove any language-related barrier. Beginning with the 2005 reporting period, grantees are required to collect and report information on the number of family planning users who are LEP.

In 2005, 12% (602,524) of all family planning users were LEP. Region IX (29%) had the highest percentage of LEP users, followed by Regions VI (16%), II (11%), and X (10%). When users in eight U.S. territories and jurisdictions in Regions II and IX are excluded, LEP individuals comprised 11% (557,034) of family planning users overall, including 27% in Region IX, and 8% in Region II (***Exhibit 17***).

Exhibit 17. Number and distribution of all family planning users, by region and limited English proficiency (LEP) status: 2005 (Source: FPAR Table 6)

	Number		Distribution	
Region	LEP	LEP (excludes U.S. territories/jurisdictions)	LEP	LEP (excludes U.S. territories/jurisdictions)
I	18,574	18,574	9%	9%
II	51,761	34,328[a]	11%	8%[a]
III	24,479	24,479	4%	4%
IV	70,748	70,748	7%	7%
V	26,887	26,887	4%	4%
VI	82,493	82,493	16%	16%
VII	19,582	19,582	8%	8%
VIII	11,325	11,325	7%	7%
IX	270,532	242,475[b]	29%	27%[b]
X	26,143	26,143	10%	10%
Total	**602,524**	**557,034**	**12%**	**11%**

Note: **LEP**=limited English proficiency.

[a] Excludes LEP users in Puerto Rico and the U.S. Virgin Islands.

[b] Excludes LEP users in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands, and Republic of Palau.

* See http: //www.hhs.gov/ocr/lep/revisedlep.html for further information.

FAMILY PLANNING METHOD USE

Female Users by Primary Contraceptive Method (Exhibits 18 to 21)

In 2005, grantees reported that more than 4 million (4,083,018) or 86% of all female users were using a contraceptive method at their last encounter in the reporting period. Fourteen percent (657,150) of users were not using a contraceptive method because they were pregnant or seeking pregnancy (8%) or for other reasons (6%). The leading contraceptive method, used by almost 4 of every 10 female users, was oral contraceptives (39%), followed by male condoms (14%), injectable contraceptives (13%), the contraceptive patch (6%), intrauterine devices (IUDs) (2%), female sterilization (2%), the vaginal ring (1%), and abstinence (1%). Less than 1% of female users relied on the hormonal implant, vasectomy, a cervical cap or diaphragm, the contraceptive sponge, female condoms, spermicides, or a fertility awareness method (FAM). Four percent of female users relied on an "unknown" method and 2% used "other" methods (***Exhibits 18 and 19***).

By age group, the percentage using any contraceptive method ranged from 82% among female users 45 years and older to 89% among those 17 years and younger. Among users 44 years and younger, the pill was the most widely used contraceptive method (29% to 43%), followed by either male condoms (13% to 17%) or injectable contraceptives (12% to 17%). Among users in the oldest age group (> 44 years), the same percentage (18%) of women relied on either the pill or male condoms, and 8% used injectable contraceptives. The contraceptive patch, the fourth most common method among users in the age groups 34 years and younger, was used by 5% to 9% of users. In contrast, among users 35 years and older the fourth most common method was female sterilization, which was used by 7% to 14% of users in these age groups. The percentage of users for whom the type of method used was unknown was highest among female users 14 years and younger (6%) and those 45 years and older (8%) (***Exhibits 18 and 19***).

By region, use of any contraceptive method ranged from 83% (Regions I and II) to 91% (Region VIII), and in six regions (III, V, VI, VIII, IX, and X) the percentage using any method was at or above the national average (86%). The pill also was the leading method in all regions, where use ranged from 32% of female users (Region I) to 53% (Region VIII). In four regions (I, II, III, and IX), male condoms were the second most common method among female users, while in five other regions (IV, V, VI, VII, and VIII) the second most common method was injectable contraceptives. The percentage of female users for whom the type of method used was unknown was highest in Region IV (8%) and lowest (1%) in Regions II and X (***Exhibits 20 and 21***).

As shown in ***Exhibit A-6a,*** among the 86% of female users nationally for whom contraceptive method use was reported in 2005, just under one half (45%) were using oral contraceptives, followed by male condoms (17%), injectable contraceptives (15%), the hormonal patch (7%), female or male sterilization (3%), the vaginal ring (2%), IUDs (2%), spermicides (1%), and abstinence (1%). Less than one percent of method users relied on other female barrier methods (e.g., cervical cap or diaphragm, sponge, or female condom), the hormonal implant, or a fertility awareness method. Finally, in 2005 3% of female method users relied on "other" methods and 5% used an "unknown" method.

Since 1997, oral contraceptive use has decreased 11 percentage points, from 56% of female method users in 1997 to 45% in 2005. Until 2002, the decrease in pill prevalence was mostly offset by the growing percentage of users who relied on injectable contraceptives. After 2002, the percentage using injectable contraceptives started to decline and the combined percentage of females using either injectable or oral contraceptives decreased from 71% in 2002 to 60% in 2005. However, with the expansion of primary method reporting categories in the revised FPAR, grantees were able to report that an additional 9% of female contraceptive users in 2005 relied on either the contraceptive patch (7%) or vaginal ring (2%) as a primary method. Information on the use of these additional hormonal methods in 2005 increases the total percentage of female method users who relied on hormonal methods, excluding implants, to 69% in 2005 compared with 71% in 2002 and 73% in 1997 (***Exhibits A-6a and A-6b***).

In terms of other methods, between 1997 and 2005 the percentage of female method users relying on male condoms increased from 14% in 1997 to 17% in 2005, IUD use increased from 1% to 2%, female and male sterilization use remained level at 3%, and implant use decreased from 1% to less than 1%. Numerically, the number of condom users increased 31% (163,332 users), the number of IUD users increased 119% (48,050 users), the number of female sterilization and vasectomy users decreased 14% (16,099 users), and the number of implant users decreased 89% (26,942 users) (***Exhibits A-6a and A-6b***).

Finally, between 1997 and 2002 the percentage of users who relied on "other" methods was between 2% and 3%. This percentage increased to 7%–8% during 2003–2004, and dropped to 3% in 2005. The addition of method reporting categories in the revised FPAR to include separate lines for reporting newer hormonal methods (e.g., contraceptive patch and vaginal ring), as well as several methods previously included in the "other" method category (e.g., sponge and abstinence), may account for some of the decrease in "other" method use since 2004–2005 (***Exhibits A-6a and A-6b***).

FPAR Guidance for Reporting Primary Contraceptive Use in Tables 7 and 8

In FPAR **Table 7**, grantees report the unduplicated number of female family planning users by primary method and age, and in FPAR **Table 8**, grantees report the unduplicated number of male users by primary method and age. The FPAR instructions provide the following guidance for reporting this information:

Age – Use the client's age as of June 30th of the reporting period.

Primary Method of Family Planning – The primary method of family planning is the user's method—adopted or continued—at the time of exit from his or her last encounter in the reporting period. If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method. Family planning methods include:

Female Sterilization – Refers to surgical (tubal ligation) or non-surgical (Essure™ implants) sterilization procedures performed on a female user in the current or any previous reporting period. In **Table 7**, report the number of female users who rely on female sterilization as their primary family planning method.

Intrauterine Device (IUD) – In **Table 7**, report the number of female users who use a long-term hormonal or other type of intrauterine device (IUD) or system as their primary family planning method.

Hormonal Implant – In **Table 7**, report the number of female users who use a long-term, subdermal hormonal implant as their primary family planning method.

1-Month Hormonal Injection – In **Table 7**, report the number of female users who use 1-month injectable hormonal contraception as their primary family planning method.

3-Month Hormonal Injection – In **Table 7**, report the number of female users who use 3-month injectable hormonal contraception as their primary family planning method.

Oral Contraceptive – In **Table 7**, report the number of female users who use any oral contraceptive, including combination and progestin-only ("mini-pills") formulations, as their primary family planning method.

Hormonal/Contraceptive Patch – In **Table 7**, report the number of female users who use a transdermal hormonal contraceptive patch as their primary family planning method.

Vaginal Ring – In **Table 7**, report the number of female users who use a hormonal vaginal ring as their primary family planning method.

Cervical Cap/Diaphragm – In **Table 7**, report the number of female users who use a cervical cap or diaphragm (with or without spermicidal jelly or cream) as their primary family planning method.

Contraceptive Sponge – In **Table 7**, report the number of female users who use a contraceptive sponge as their primary family planning method.

Female Condom – In **Table 7**, report the number of female users who use female condoms (with or without spermicidal foam or film) as their primary family planning method.

Spermicide (used alone) – In **Table 7**, report the number of female users who use only spermicidal jelly, cream, foam, or film (i.e., not in conjunction with another method of contraception) as their primary family planning method.

Fertility Awareness Method (FAM) – Refers to family planning methods that rely on identifying potentially fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. Fertility awareness methods include rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. In **Tables 7** and **8**, report the number of users who use one or a combination of the FAMs listed above as their primary family planning method. Post-partum women who are practicing the lactational amenorrhea method (LAM) should also be reported with users of fertility awareness methods in **Tables 7** and **8**.

Abstinence – For purposes of FPAR reporting, abstinence is defined as refraining from oral, vaginal, and anal intercourse. In **Table 7**, report the number of female users who rely on abstinence as their primary family planning method or who are not currently sexually active and therefore not using contraception. In **Table 8**, report the number of male users who rely on abstinence as their primary family planning method or who are not currently sexually active.

(continued)

FPAR Guidance for Reporting Primary Contraceptive Use (continued)

Other Method – In **Tables 7** and **8**, report the number of female and male users, respectively, who use withdrawal or other methods not listed in the tables as their primary family planning method.

Method Unknown – In **Tables 7** and **8**, report the number of users for whom documentation exists that the users adopted or continued use of a family planning method, but information about the specific method(s) used is unavailable.

No Method–[Partner] Pregnant or Seeking Pregnancy – In **Tables 7** and **8**, report the number of users who are not using any family planning method because they (**Table 7**) or their partners (**Table 8**) are pregnant or seeking pregnancy.

No Method–Other Reason – In **Tables 7** and **8**, report the number of users who are not using any family planning method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy, including if either partner is sterile without having been sterilized surgically.

Vasectomy – Refers to conventional incisional or no-scalpel vasectomy performed on a male user, or the male partner of a female user, in the current or any previous reporting period. In **Table 7**, report the number of female users who rely on vasectomy as their (partner's) primary family planning method. In **Table 8**, report the number of male users on whom a vasectomy was performed in the current or any previous reporting period.

Male condom – In **Table 7**, report the number of female users who rely on their sexual partner to use male condoms (with or without spermicidal foam or film) as their primary family planning method. In **Table 8**, report the number of male users who use male condoms (with or without spermicidal foam or film) as their primary family planning method.

Rely on Female Method(s) – In **Table 8**, report the number of male family planning users who rely on their female partner's family planning method(s) as their primary method. "Female" contraceptive methods include female sterilization, IUDs, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, hormonal/contraceptive patches, vaginal rings, cervical caps/diaphragms, contraceptive sponges, female condoms, and spermicides.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 27–31.

Male Users by Primary Contraceptive Method (Exhibits 22 to 25)

In 2005, grantees reported that 240,418 or 92% of all male users were using a contraceptive method at their last family planning encounter during the reporting period. The remaining 8% (22,375) were not using a contraceptive because their partner was pregnant or seeking pregnancy (1%) or for other reasons (7%). The leading contraceptive method, used by more than 7 of every 10 male users, was male condoms (71%), followed by reliance on a female partner's contraceptive (7%), abstinence (3%), vasectomy (1%), or a fertility awareness method (<1%). Ten percent of male users relied on either an unknown method (7%) or "other" methods (3%) (***Exhibits 22 and 23***).

Across all age groups, the percentage of male users who used any contraceptive method ranged from 88% (> 44 years) to 94% (18 to 19 years). Among male users 15 years and older, the leading method was male condoms, used by 64% to 78%, followed by reliance on a female partner's contraceptive method (5% to 10%). Among males in the youngest age group (< 15 years), 25% used male condoms, 21% relied on abstinence, and the type of method used was unknown for 42% (***Exhibits 22 and 23***).

The male condom was also the leading method for male users in all regions—with use ranging from 48% in Region IV to 84% in Region II. In four regions (IV, VI, VII, and VIII), the percentage of male users with an unknown method was above the national average (7%) (***Exhibits 24 and 25***).

Among the 92% of male users nationally for whom contraceptive use was reported in 2005 (not shown), more than three of every four (77%) relied on male condoms, 7% relied on a female partner's method, 3% used abstinence, 3% used "other" methods, and 2% relied on vasectomy. The type of primary contraceptive method was unknown for 8% of male method users.

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2005 (Source: FPAR Table 7)

Primary Method	All Female Users	User Age (years)								
		<15	15–17	18–19	20–24	25–29	30–34	35–39	40–44	>44
Female sterilization	95,264	0	0	8[f]	3,811	13,820	19,159	19,949	18,139	20,378
Intrauterine device (IUD)	88,342	46	907	2,787	20,028	25,244	19,027	11,359	5,846	3,098
Hormonal implant	3,395	38	218	328	750	750	584	454	186	87
Hormonal injection[a]	602,721	9,830	70,659	78,435	187,289	115,241	63,374	40,684	25,285	11,924
Oral contraceptive	1,852,654	20,379	219,991	278,292	643,532	336,385	177,870	97,815	53,299	25,091
Hormonal/contraceptive patch	286,214	5,149	39,011	44,344	98,500	54,216	27,163	11,873	4,485	1,473
Vaginal ring	65,320	294	5,507	9,457	27,391	13,611	5,560	2,186	921	393
Cervical cap/diaphragm	5,477	15	112	263	1,143	1,120	792	657	620	755
Contraceptive sponge	2,826	27	160	214	514	468	447	335	235	426
Female condom	8,862	125	943	1,070	2,436	1,504	1,041	777	539	427
Spermicide (used alone)	23,226	93	1,111	1,553	6,623	5,073	3,512	2,330	1,735	1,196
Fertility awareness method (FAM)[b]	9,702	61	459	573	2,498	2,124	1,623	1,122	684	558
Abstinence[c]	44,939	2,801	6,200	4,804	9,845	6,192	4,031	3,324	2,963	4,779
Other method[d]	104,779	1,186	11,515	15,382	31,261	17,179	9,956	6,615	4,644	7,041
Method unknown[e]	195,245	3,609	18,125	23,313	58,789	36,050	20,892	13,402	9,038	12,027
Rely on Male Method										
Vasectomy	7,060	0	0	102	567	973	1,213	1,445	1,382	1,378
Male condom	686,992	8,785	87,741	100,294	202,998	116,330	67,709	47,772	30,314	25,049
No Method										
Pregnant or seeking pregnancy	358,492	1,793	28,943	51,576	128,844	77,558	41,087	20,048	6,742	1,901
Other reason	298,658	4,528	29,354	38,211	86,215	52,400	30,089	19,414	14,522	23,925
Total Female	**4,740,168**	**58,759**	**520,956**	**651,006**	**1,513,034**	**876,238**	**495,129**	**301,561**	**181,579**	**141,906**
Using a method	4,083,018	52,438	462,659	561,219	1,297,975	746,280	423,953	262,099	160,315	116,080
Not using a method	657,150	6,321	58,297	89,787	215,059	129,958	71,176	39,462	21,264	25,826

[a] Includes both 1- and 3-month hormonal injections. [b] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods. [c] User refrained from oral, vaginal, and anal intercourse. [d] Includes withdrawal and any other method not listed in FPAR Table 7.
[e] User adopted or continued use of an unspecified family planning method. [f] The 8 reported sterilization users in the 18 to 19 year age category did not obtain their sterilizations through the Title X Family Planning Program. See ***Appendix C Methodological Notes.***

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2005 (Source: FPAR Table 7)

Primary Method	All Female Users	User Age (years)								
		<15	15–17	18–19	20–24	25–29	30–34	35–39	40–44	>44
Female sterilization	2%	0%	0%	0%†[f]	0%†	2%	4%	7%	10%	14%
Intrauterine device (IUD)	2%	0%†	0%†	0%†	1%	3%	4%	4%	3%	2%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection[a]	13%	17%	14%	12%	12%	13%	13%	13%	14%	8%
Oral contraceptive	39%	35%	42%	43%	43%	38%	36%	32%	29%	18%
Hormonal/contraceptive patch	6%	9%	7%	7%	7%	6%	5%	4%	2%	1%
Vaginal ring	1%	1%	1%	1%	2%	2%	1%	1%	1%	0%†
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Fertility awareness method (FAM)[b]	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence[c]	1%	5%	1%	1%	1%	1%	1%	1%	2%	3%
Other method[d]	2%	2%	2%	2%	2%	2%	2%	2%	3%	5%
Method unknown[e]	4%	6%	3%	4%	4%	4%	4%	4%	5%	8%
Rely on Male Method										
Vasectomy	0%†	0%	0%	0%†	0%†	0%†	0%†	0%†	1%	1%
Male condom	14%	15%	17%	15%	13%	13%	14%	16%	17%	18%
No Method										
Pregnant or seeking pregnancy	8%	3%	6%	8%	9%	9%	8%	7%	4%	1%
Other reason	6%	8%	6%	6%	6%	6%	6%	6%	8%	17%
Total Female	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using a method	86%	89%	89%	86%	86%	85%	86%	87%	88%	82%
Not using a method	14%	11%	11%	14%	14%	15%	14%	13%	12%	18%

† Percentage is less than 0.5%

[a] Includes both 1- and 3-month hormonal injections. [b] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods. [c] User refrained from oral, vaginal, and anal intercourse. [d] Includes withdrawal and any other method not listed in FPAR Table 7. [e] User adopted or continued use of an unspecified family planning method. [f] The 8 reported sterilization users in the 18 to 19 year age category did not obtain their sterilizations through the Title X Family Planning Program. See ***Appendix C Methodological Notes***.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2005 (Source: FPAR Table 7)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female sterilization	95,264	7,763	8,427	10,462	15,779	10,615	21,476	6,492	1,049	7,567	5,634
Intrauterine device (IUD)	88,342	3,813	9,868	5,601	12,230	8,756	10,116	2,386	2,682	24,506	8,384
Hormonal implant	3,395	80	122	121	648	372	203	78	17	1,693	61
Hormonal injection[a]	602,721	14,512	36,667	67,498	166,107	78,388	79,977	30,966	17,175	82,740	28,691
Oral contraceptive	1,852,654	63,542	150,430	207,501	398,663	254,264	212,039	100,474	79,352	289,780	96,609
Hormonal/contraceptive patch	286,214	7,968	27,219	36,065	51,346	37,106	23,755	10,991	10,010	60,814	20,940
Vaginal ring	65,320	1,367	7,367	3,280	3,328	13,967	3,227	3,122	2,188	16,353	11,121
Cervical cap/diaphragm	5,477	501	787	620	751	623	411	190	277	843	474
Contraceptive sponge	2,826	60	23	39	322	14	2,120	23	7	199	19
Female condom	8,862	170	1,036	1,163	1,743	1,135	643	509	42	2,299	122
Spermicide (used alone)	23,226	197	1,621	1,636	10,016	1,203	3,219	194	158	4,383	599
Fertility awareness method (FAM)[b]	9,702	336	611	1,395	1,455	427	1,348	240	234	3,074	582
Abstinence[c]	44,939	4,625	2,086	4,477	9,103	4,642	5,313	2,372	1,803	6,342	4,176
Other method[d]	104,779	12,154	15,638	5,016	22,323	15,947	9,586	3,100	2,431	12,327	6,257
Method unknown[e]	195,245	3,283	4,625	19,812	86,909	10,155	8,925	13,896	7,003	38,942	1,695
Rely on Male Method											
Vasectomy	7,060	555	607	484	581	610	778	658	432	1,364	991
Male condom	686,992	41,084	102,794	95,439	86,308	72,614	45,513	17,547	10,806	186,482	28,405
No Method											
Pregnant or seeking pregnancy	358,492	12,560	48,698	35,819	58,546	42,619	43,276	15,260	9,658	66,491	25,565
Other reason	298,658	21,484	28,337	38,052	100,080	26,071	25,851	22,274	4,498	25,522	6,489
Total Female	**4,740,168**	**196,054**	**446,963**	**534,480**	**1,026,238**	**579,528**	**497,776**	**230,772**	**149,822**	**831,721**	**246,814**
Using a method	4,083,018	162,010	369,928	460,609	867,612	510,838	428,649	193,238	135,666	739,708	214,760
Not using a method	657,150	34,044	77,035	73,871	158,626	68,690	69,127	37,534	14,156	92,013	32,054

[a] Includes both 1- and 3-month hormonal injections. [b] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods. [c] User refrained from oral, vaginal, and anal intercourse. [d] Includes withdrawal and any other method not listed in FPAR Table 7.
[e] User adopted or continued use of an unspecified family planning method.

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2005 (Source: FPAR Table 7)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female sterilization	2%	4%	2%	2%	2%	2%	4%	3%	1%	1%	2%
Intrauterine device (IUD)	2%	2%	2%	1%	1%	2%	2%	1%	2%	3%	3%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection[a]	13%	7%	8%	13%	16%	14%	16%	13%	11%	10%	12%
Oral contraceptive	39%	32%	34%	39%	39%	44%	43%	44%	53%	35%	39%
Hormonal/contraceptive patch	6%	4%	6%	7%	5%	6%	5%	5%	7%	7%	8%
Vaginal ring	1%	1%	2%	1%	0%†	2%	1%	1%	1%	2%	5%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	1%	0%†
Fertility awareness method (FAM)[b]	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence[c]	1%	2%	0%†	1%	1%	1%	1%	1%	1%	1%	2%
Other method[d]	2%	6%	3%	1%	2%	3%	2%	1%	2%	1%	3%
Method unknown[e]	4%	2%	1%	4%	8%	2%	2%	6%	5%	5%	1%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	14%	21%	23%	18%	8%	13%	9%	8%	7%	22%	12%
No Method											
Pregnant or seeking pregnancy	8%	6%	11%	7%	6%	7%	9%	7%	6%	8%	10%
Other reason	6%	11%	6%	7%	10%	4%	5%	10%	3%	3%	3%
Total Female	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using a method	86%	83%	83%	86%	85%	88%	86%	84%	91%	89%	87%
Not using a method	14%	17%	17%	14%	15%	12%	14%	16%	9%	11%	13%

† Percentage is less than 0.5%

[a] Includes both 1- and 3-month hormonal injections. [b] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods. [c] User refrained from oral, vaginal, and anal intercourse. [d] Includes withdrawal and any other method not listed in FPAR Table 7.
[e] User adopted or continued use of an unspecified family planning method.

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2005 (Source: FPAR Table 8)

Primary Method	All Male Users	<15	15–17	18–19	20–24	25–29	30–34	35–39	40–44	>44
Vasectomy	3,742	0	0	0	209	1,077	724	651	503	578
Male condom	185,257	3,034	20,619	23,920	59,314	32,139	16,683	10,729	7,722	11,097
Fertility awareness method (FAM)[a]	805	31	23	14	166	250	140	64	39	78
Abstinence[b]	7,029	2,584	1,404	616	866	503	259	219	174	404
Other method[c]	7,626	268	441	757	2,252	1,630	827	571	389	491
Method unknown[d]	18,225	5,027	2,020	1,346	3,066	2,345	1,517	1,031	720	1,153
Rely on female method[e]	17,734	324	1,333	2,039	4,814	3,222	1,806	1,429	1,244	1,523
No Method										
Partner pregnant or seeking pregnancy	3,209	30	202	235	727	777	501	349	163	225
Other reason	19,166	783	2,081	1,757	5,346	3,244	1,862	1,296	957	1,840
Total Male	**262,793**	**12,081**	**28,123**	**30,684**	**76,760**	**45,187**	**24,319**	**16,339**	**11,911**	**17,389**
Using a method	240,418	11,268	25,840	28,692	70,687	41,166	21,956	14,694	10,791	15,324
Not using a method	22,375	813	2,283	1,992	6,073	4,021	2,363	1,645	1,120	2,065

[a] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods.

[b] User refrained from oral, vaginal, and anal intercourse.

[c] Includes withdrawal and any other method not listed in FPAR Table 8.

[d] User adopted or continued use of an unspecified family planning method.

[e] Primary method of user's partner was female sterilization, intrauterine device, hormonal implant, 1- or 3-month hormonal injection, oral contraceptive, hormonal/contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), or spermicide.

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2005 (Source: FPAR Table 8)

Primary Method	All Male Users	<15	15–17	18–19	20–24	25–29	30–34	35–39	40–44	>44
Vasectomy	1%	0%	0%	0%	0%†	2%	3%	4%	4%	3%
Male condom	71%	25%	73%	78%	77%	71%	69%	66%	65%	64%
Fertility awareness method (FAM)[a]	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†	0%†	0%†
Abstinence[b]	3%	21%	5%	2%	1%	1%	1%	1%	1%	2%
Other method[c]	3%	2%	2%	2%	3%	4%	3%	3%	3%	3%
Method unknown[d]	7%	42%	7%	4%	4%	5%	6%	6%	6%	7%
Rely on female method[e]	7%	3%	5%	7%	6%	7%	7%	9%	10%	9%
No Method										
Partner pregnant or seeking pregnancy	1%	0%†	1%	1%	1%	2%	2%	2%	1%	1%
Other reason	7%	6%	7%	6%	7%	7%	8%	8%	8%	11%
Total Male	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using a method	92%	93%	92%	94%	92%	91%	90%	90%	91%	88%
Not using a method	8%	7%	8%	6%	8%	9%	10%	10%	9%	12%

† Percentage is less than 0.5%

[a] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods.

[b] User refrained from oral, vaginal, and anal intercourse.

[c] Includes withdrawal and any other method not listed in FPAR Table 8.

[d] User adopted or continued use of an unspecified family planning method.

[e] Primary method of user's partner was female sterilization, intrauterine device, hormonal implant, 1- or 3-month hormonal injection, oral contraceptive, hormonal/contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), or spermicide.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2005 (Source: FPAR Table 8)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Vasectomy	3,742	37	218	101	742	115	363	66	91	1,578	431
Male condom	185,257	11,157	17,936	21,343	12,364	14,611	9,660	7,133	4,709	75,622	10,722
Fertility awareness method (FAM)[a]	805	10	25	32	85	10	410	27	1	187	18
Abstinence[b]	7,029	939	54	547	2,356	275	893	200	214	648	903
Other method[c]	7,626	589	403	244	516	377	611	266	71	3,989	560
Method unknown[d]	18,225	605	41	1,114	7,382	493	1,458	1,567	1,264	3,963	338
Rely on female method[e]	17,734	728	493	1,254	577	1,696	699	864	469	10,021	933
No Method											
Partner pregnant or seeking pregnancy	3,209	50	31	114	167	165	79	105	74	2,220	204
Other reason	19,166	1,524	2,073	2,944	1,460	2,875	1,181	2,299	435	1,878	2,497
Total Male	**262,793**	**15,639**	**21,274**	**27,693**	**25,649**	**20,617**	**15,354**	**12,527**	**7,328**	**100,106**	**16,606**
Using a method	240,418	14,065	19,170	24,635	24,022	17,577	14,094	10,123	6,819	96,008	13,905
Not using a method	22,375	1,574	2,104	3,058	1,627	3,040	1,260	2,404	509	4,098	2,701

[a] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods.

[b] User refrained from oral, vaginal, and anal intercourse.

[c] Includes withdrawal and any other method not listed in FPAR Table 8.

[d] User adopted or continued use of an unspecified family planning method.

[e] Primary method of user's partner was female sterilization, intrauterine device, hormonal implant, 1- or 3-month hormonal injection, oral contraceptive, hormonal/contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), or spermicide.

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2005 (Source: FPAR Table 8)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Vasectomy	1%	0%†	1%	0%†	3%	1%	2%	1%	1%	2%	3%
Male condom	71%	71%	84%	77%	48%	71%	63%	57%	64%	76%	65%
Fertility awareness method (FAM)[a]	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%†	0%†	0%†	0%†
Abstinence[b]	3%	6%	0%†	2%	9%	1%	6%	2%	3%	1%	5%
Other method[c]	3%	4%	2%	1%	2%	2%	4%	2%	1%	4%	3%
Method unknown[d]	7%	4%	0%†	4%	29%	2%	9%	13%	17%	4%	2%
Rely on female method[e]	7%	5%	2%	5%	2%	8%	5%	7%	6%	10%	6%
No Method											
Partner pregnant or seeking pregnancy	1%	0%†	0%†	0%†	1%	1%	1%	1%	1%	2%	1%
Other reason	7%	10%	10%	11%	6%	14%	8%	18%	6%	2%	15%
Total Male	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using a method	92%	90%	90%	89%	94%	85%	92%	81%	93%	96%	84%
Not using a method	8%	10%	10%	11%	6%	15%	8%	19%	7%	4%	16%

† Percentage is less than 0.5%

[a] Includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, Sympto-Thermal, and lactational amenorrhea methods.

[b] User refrained from oral, vaginal, and anal intercourse.

[c] Includes withdrawal and any other method not listed in FPAR Table 8.

[d] User adopted or continued use of an unspecified family planning method.

[e] Primary method of user's partner was female sterilization, intrauterine device, hormonal implant, 1- or 3-month hormonal injection, oral contraceptive, hormonal/contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), or spermicide.

FPAR Guidance for Reporting Cervical and Breast Cancer Screening Activities in Tables 9 and 10

In FPAR **Tables 9** and **10**, grantees report information on cervical (**Table 9**) and breast cancer (**Table 10**) screening activities during the reporting period.

In FPAR **Table 9**, grantees report the following information on cervical cancer screening activities:

- Unduplicated number of users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result, including ASC-US, ASC-H, LSIL, HSIL, AGC, adenocarcinoma, and presence of endometrial cells in a woman ≥40 years of age; and
- Number of Pap tests with an HSIL or higher result (i.e., HSIL, AGC, adenocarcinoma, and presence of endometrial cells in a woman ≥40 years of age).

The FPAR instructions provide the following guidance for reporting this information:

Tests – Report Pap tests that are documented in the client medical record and provided within the scope of the agency's Title X project during the reporting period.

Atypical Squamous Cells (ASC) – ASC refers to cytological changes that are suggestive of a squamous intraepithelial lesion. The 2001 Bethesda System (Wright et al., 2002) subdivides atypical squamous cells into two categories:

Atypical squamous cells of undetermined significance (ASC-US) – Cytological changes that are suggestive of a squamous intraepithelial lesion, but lack criteria for a definitive interpretation.

Atypical squamous cells, cannot exclude HSIL (ASC-H) – Cytological changes that are suggestive of a high-grade squamous intraepithelial lesion, but lack criteria for a definitive interpretation.

Low-Grade Squamous Intraepithelial Lesions (LSIL) – LSIL refers to low-grade squamous intraepithelial lesions encompassing human papillomavirus, mild dysplasia, and cervical intraepithelial neoplasia (CIN) 1.

High-Grade Squamous Intraepithelial Lesions (HSIL) – HSIL refers to high-grade squamous intraepithelial lesions encompassing moderate and severe dysplasia, carcinoma in situ, CIN 2, and CIN 3.

Atypical Glandular Cells (AGC) – AGC refers to glandular cell abnormalities, including adenocarcinoma. The 2001 Bethesda System (Wright et al., 2002) classifies AGC less severe than adenocarcinoma into three categories: atypical glandular cells, either endocervical, endometrial, or "glandular cells" not otherwise specified (AGC NOS); atypical glandular cells, either endocervical or "glandular cells" favor neoplasia (AGC "favor neoplasia"); and endocervical adenocarcinoma in situ (AIS).

In FPAR **Table 10,** grantees report the following information on breast cancer screening activities:

- Unduplicated number of users receiving a clinical breast exam (CBE).
- Unduplicated number of users referred for further evaluation based on CBE results.

The FPAR instructions provide the following guidance for reporting this information:

Tests – Report CBEs that are documented in the client medical record and provided within the scope of the agency's Title X project during the reporting period.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 33–38.

CERVICAL AND BREAST CANCER SCREENING ACTIVITIES

Cervical Cancer Screening Activities (Exhibit 26)

In 2005, 52% (2,447,498) of female family planning users obtained a Pap test, and Title X service providers performed more than 2.6 million Pap tests. Nine percent (243,130) of the Pap tests performed had an ASC or higher result, and 1% (20,952) had an HSIL or higher result. By region, the percentage of female users who obtained a Pap test was at or above the national average (52%) in five regions (II, III, IV, VI, and VII), where screening rates ranged between 52% (Region II) and 61% (Region VI) of all female users (***Exhibit 26***).

Breast Cancer Screening Activities (Exhibit 26)

In 2005, over 2.5 million (50%) family planning users obtained a clinical breast exam (CBE), and providers referred 2% (52,877) of those examined for further evaluation based on the CBE. Screening rates were above the national average (50%) in all but three regions (I, IX, and X), where 35% (Region IX) to 40% (Region X) of all users obtained a CBE. CBE referrals ranged from 1% to 2% of those who obtained an exam, except in three regions (IV, VI, and IX) where referrals exceeded the national average of 2% (***Exhibit 26***).

SEXUALLY TRANSMITTED DISEASE SCREENING

Chlamydia Testing (Exhibits 27 and 28)

The U.S. Preventive Services Task Force (USPSTF) recommends routine chlamydia screening for all sexually active women aged 25 and younger and for women over 25 that are at an increased risk of infection (USPSTF, 2001). Through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and OPA, about one half of all Title X-funded clinics participate in chlamydia prevention efforts through the national Infertility Prevention Project (IPP).

In 2005, Title X-funded clinics tested 2,182,081 female users for chlamydia. Overall, 50% of all female users 24 years and younger were tested for chlamydia. Among those tested, 28% were 19 years and younger, 35% were 20 to 24 years, and 37% were 25 years and older. In five regions (III, IV, VI, VII, and IX), screening rates for female users 24 years and younger were above the national rate of 50%. However, screening rates in all regions were substantially lower than the level recommended by the USPSTF (***Exhibits 27 and 28***).

Additionally, Title X-funded clinics tested 128,559 male users for chlamydia. Overall, 49% of all male users were tested for chlamydia. Among those tested, 24% were 19 years and younger, 37% were 20 to 24 years, and 40% were 25 years and older. Across regions, chlamydia testing ranged from 12% of all male users in Region IV to 59% in Region VIII. In all but three regions (I, IV, and VI), the percentage of male users tested was at or above the national average (49%) (***Exhibits 27 and 28***).

Exhibit 26. Cervical and breast cancer screening activities among female family planning users, by screening test/exam and region: 2005 (Source: FPAR Tables 9 and 10)

Screening Tests/Exams	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
Pap Tests											
Unduplicated users tested	2,447,498	86,968	231,925	285,128	602,469	294,405	301,594	132,111	63,711	349,641	99,546
Percentage of users tested[a]	52%	44%	52%	53%	59%	51%	61%	57%	43%	42%	40%
Number performed	2,644,413	90,409	254,204	301,649	653,578	315,255	320,258	140,913	73,551	391,086	103,510
≥ ASC result											
Number	243,130	9,641	28,075	30,520	50,908	27,800	21,226	14,642	7,677	42,295	10,346
Percentage[b]	9%	11%	11%	10%	8%	9%	7%	10%	10%	11%	10%
≥ HSIL result											
Number	20,952	1,191	2,406	2,314	4,405	2,311	1,583	1,146	507	4,107	982
Percentage[b]	1%	1%	1%	1%	1%	1%	0%†	1%	1%	1%	1%
Clinical Breast Exams											
Unduplicated users that obtained a CBE	2,510,861	80,312	236,666	323,172	569,639	328,091	317,322	139,556	82,207	327,824	106,072
Percentage of users that obtained a CBE[c]	50%	38%	51%	57%	54%	55%	62%	57%	52%	35%	40%
Number of users referred based on CBE result	52,877	1,938	2,936	3,883	16,372	2,468	7,992	2,445	450	13,279	1,114
Percentage of users referred based on CBE result	2%	2%	1%	1%	3%	1%	3%	2%	1%	4%	1%

Notes: **ASC**=atypical squamous cells; **CBE**=clinical breast exam; **HSIL**=high-grade squamous intraepithelial lesion.

† Percentage is less than 0.5%

[a] Denominator is the total unduplicated number of female users.

[b] Denominator is the total number of Pap tests performed.

[c] Denominator is the total unduplicated number of users (female and male).

Gonorrhea and Syphilis Testing (Exhibit 29)

In 2005, Title X clinics performed 2,292,187 gonorrhea tests (2,161,720 female tests and 130,467 male tests) and 758,138 syphilis tests (687,755 female tests and 70,383 male tests) (***Exhibit 29***). Nationally, clinics performed about 5 gonorrhea tests and 1.5 syphilis tests for every 10 users (not shown).

HIV Testing (Exhibit 29)

In 2005, Title X clinics performed 607,974 confidential HIV tests (519,221 female tests and 88,753 male tests) and 13,349 anonymous HIV tests. Of the confidential HIV tests performed, 1,114 were positive (***Exhibit 29***). Nationally, clinics performed 1.2 confidential HIV tests for every 10 family planning users (not shown).

FPAR Guidance for Reporting STD Screening Activities in Tables 11 and 12

In FPAR **Tables 11** and **12**, grantees report testing information for chlamydia (**Table 11**), gonorrhea (**Table 12**), syphilis (**Table 12**), and HIV (**Table 12**).

In FPAR **Table 11**, grantees report the unduplicated number of family planning users tested for chlamydia by age group (<15, 15–17, 18–19, 20–24, and 25 and over) and gender.

In FPAR **Table 12**, grantees report the following information on gonorrhea, syphilis, and HIV testing:

- Number of gonorrhea, syphilis, and confidential HIV tests performed, by gender;
- Number of positive, confidential HIV tests performed; and
- Number of anonymous HIV tests performed.

The FPAR instructions provide the following guidance for reporting this information:

Age – Use the client's age as of June 30th of the reporting period.

Tests – Report STD (chlamydia, gonorrhea, and syphilis) and HIV (confidential and anonymous) tests that an agency performs within the scope of its Title X project. Do not report tests performed in an STD clinic operated by the Title X-funded agency, unless the activities of the STD clinic are within the defined scope of the agency's Title X project.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 39–42.

Exhibit 27. Number of all family planning users tested for chlamydia, by gender, age and region: 2005 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	25,903	695	1,985	4,849	6,847	3,220	3,151	814	678	2,821	843
15–17	259,965	10,761	22,554	36,203	58,811	35,346	28,167	12,131	7,661	38,051	10,280
18–19	323,480	11,592	28,474	37,437	71,237	42,364	33,848	18,001	9,785	57,954	12,788
20–24	766,439	24,289	67,541	90,032	179,754	89,263	71,200	46,985	20,155	148,100	29,120
25 and over	806,294	30,976	75,895	90,446	198,308	68,767	98,578	27,558	13,394	180,662	21,710
Total Females	**2,182,081**	**78,313**	**196,449**	**258,967**	**514,957**	**238,960**	**234,944**	**105,489**	**51,673**	**427,588**	**74,741**
Male Users											
Under 15	1,407	37	43	469	104	61	45	25	252	337	34
15–17	11,534	680	856	2,327	345	918	705	348	1,038	3,526	791
18–19	17,383	1,072	1,470	1,902	454	1,830	1,044	830	539	6,927	1,315
20–24	47,335	2,796	4,468	4,507	889	4,897	2,250	2,969	1,305	19,770	3,484
25 and over	50,900	2,526	3,560	5,217	1,345	3,795	1,816	2,779	1,206	24,742	3,914
Total Males	**128,559**	**7,111**	**10,397**	**14,422**	**3,137**	**11,501**	**5,860**	**6,951**	**4,340**	**55,302**	**9,538**
All Users											
Under 15	27,310	732	2,028	5,318	6,951	3,281	3,196	839	930	3,158	877
15–17	271,499	11,441	23,410	38,530	59,156	36,264	28,872	12,479	8,699	41,577	11,071
18–19	340,863	12,664	29,944	39,339	71,691	44,194	34,892	18,831	10,324	64,881	14,103
20–24	813,774	27,085	72,009	94,539	180,643	94,160	73,450	49,954	21,460	167,870	32,604
25 and over	857,194	33,502	79,455	95,663	199,653	72,562	100,394	30,337	14,600	205,404	25,624
Total All Users	**2,310,640**	**85,424**	**206,846**	**273,389**	**518,094**	**250,461**	**240,804**	**112,440**	**56,013**	**482,890**	**84,279**
Females <25 Tested	**1,375,787**	**47,337**	**120,554**	**168,521**	**316,649**	**170,193**	**136,366**	**77,931**	**38,279**	**246,926**	**53,031**

Exhibit 28. Distribution of all family planning users tested for chlamydia, by gender, age, and region: 2005 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%
15–17	12%	14%	11%	14%	11%	15%	12%	11%	15%	9%	14%
18–19	15%	15%	14%	14%	14%	18%	14%	17%	19%	14%	17%
20–24	35%	31%	34%	35%	35%	37%	30%	45%	39%	35%	39%
25 and over	37%	40%	39%	35%	39%	29%	42%	26%	26%	42%	29%
Total Females	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Male Users											
Under 15	1%	1%	0%†	3%	3%	1%	1%	0%†	6%	1%	0%†
15–17	9%	10%	8%	16%	11%	8%	12%	5%	24%	6%	8%
18–19	14%	15%	14%	13%	14%	16%	18%	12%	12%	13%	14%
20–24	37%	39%	43%	31%	28%	43%	38%	43%	30%	36%	37%
25 and over	40%	36%	34%	36%	43%	33%	31%	40%	28%	45%	41%
Total Males	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
All Users											
Under 15	1%	1%	1%	2%	1%	1%	1%	1%	2%	1%	1%
15–17	12%	13%	11%	14%	11%	14%	12%	11%	16%	9%	13%
18–19	15%	15%	14%	14%	14%	18%	14%	17%	18%	13%	17%
20–24	35%	32%	35%	35%	35%	38%	31%	44%	38%	35%	39%
25 and over	37%	39%	38%	35%	39%	29%	42%	27%	26%	43%	30%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Females <25 Tested[a]	**50%**	**43%**	**47%**	**52%**	**53%**	**45%**	**51%**	**58%**	**39%**	**57%**	**35%**
All Male Users Tested[b]	**49%**	**45%**	**49%**	**52%**	**12%**	**56%**	**38%**	**55%**	**59%**	**55%**	**57%**

† Percentage is less than 0.5%

[a] Denominator is the total unduplicated number of female users under 25 years of age.

[b] Denominator is the total unduplicated number of male users.

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests among family planning users, by test type and region: 2005 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
Number of Gonorrhea Tests											
Female	2,161,720	67,609	179,964	346,906	524,200	210,716	260,298	105,884	38,119	370,402	57,622
Male	130,467	6,787	10,159	17,240	5,301	7,638	5,451	6,941	5,342	56,699	8,909
Total	**2,292,187**	**74,396**	**190,123**	**364,146**	**529,501**	**218,354**	**265,749**	**112,825**	**43,461**	**427,101**	**66,531**
Number of Syphilis Tests											
Female	687,755	7,708	52,272	68,347	347,214	28,650	92,285	15,226	1,641	70,984	3,428
Male	70,383	2,402	5,912	11,162	4,319	2,979	3,847	3,194	662	33,067	2,839
Total	**758,138**	**10,110**	**58,184**	**79,509**	**351,533**	**31,629**	**96,132**	**18,420**	**2,303**	**104,051**	**6,267**
Number of Confidential HIV Tests											
Female	519,221	11,772	69,565	46,405	186,512	19,433	69,728	15,083	4,493	88,199	8,031
Male	88,753	4,701	9,455	11,083	4,740	4,013	3,781	3,239	1,991	40,544	5,206
Total	**607,974**	**16,473**	**79,020**	**57,488**	**191,252**	**23,446**	**73,509**	**18,322**	**6,484**	**128,743**	**13,237**
Number of Positive Confidential HIV Tests	1,114	39	293	82	306	10	109	29	2	214	30
Number of Anonymous HIV Tests	13,349	632	12	1,312	0	2,186	297	486	1	5,510	2,913

STAFFING AND FAMILY PLANNING ENCOUNTERS (EXHIBIT 30)

In 2005, 2,508 full-time equivalent (FTE) physicians and mid-level health providers (physician assistants, nurse practitioners, and certified nurse midwifes) participated in the delivery of Title X-funded family planning and related preventive health services. Mid-level health providers comprised 81% (2,036 FTEs) of the full-time medical staff, while physicians accounted for 19% (472 FTEs). Nationally, grantees reported an average of 4.3 FTE mid-level family planning providers for each FTE physician (***Exhibit 30***).

The staffing composition varied across regions, with Title X-funded agencies in some regions relying more heavily on mid-level family planning providers than in other regions. For example, the number of mid-level FTEs per physician FTE ranged from 2.6 in Region III to 10.0 in Region VIII, and in Regions III (2.6) and IX (3.1) this ratio was more than one FTE lower than the national average of 4.3 mid-level FTEs per physician FTE (***Exhibit 30***).

In 2005, Title X-funded agencies reported 10,080,003 family planning encounters, or approximately two (2.01) encounters per family planning user. Across regions, the total number of encounters per user ranged from 1.60 in Region X to 2.31 in Region IV, and in three regions (III, IV, and VI), agencies exceeded the national average of 2.01 encounters per user (***Exhibit 30***).

FPAR Guidance for Reporting Encounter and Staffing Data in Table 13

In FPAR **Table 13**, grantees report information on the number of family planning encounters and composition of clinical services provider staff, including:

- Number of full-time equivalent (FTE) family planning clinical services providers by type of provider;
- Number of family planning encounters with clinical services providers; and
- Number of family planning encounters with non-clinical services providers.

The FPAR instructions provide the following guidance for reporting this information:

Family Planning Provider – A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and nonclinical services providers.

> **Clinical Services Provider** – Includes physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and other licensed health providers (e.g., registered nurses) who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessment, as described in Section 8.3 of the Program Guidelines. Clinical services providers are able to offer client education, counseling, referral, follow-up, and/or clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment.
>
> **Nonclinical Services Provider** – Includes other agency staff (e.g., nurses, health educators, social workers, or clinic aides) that are able to offer client education, counseling, referral, and/or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment. Nonclinical services providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), as described in Section 8.3 of the Program Guidelines.

Full-Time Equivalent (FTE) – For each type of clinical services provider, report the time in FTEs that these providers are involved in the direct provision of Title X services (i.e., engaged in a family planning encounter).

Family Planning Encounter – See Section 3, ***Key Terms and Definitions***.

> **Family Planning Encounter with a Clinical Services Provide** – A face-to-face, documented encounter between a family planning client and a clinical services provider that takes place in a Title X service site.
>
> **Family Planning Encounter with a NonClinical Services Provider** – A face-to-face, documented encounter between a family planning client and a nonclinical services provider that takes place in a Title X service site.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 43–46.

Exhibit 30. Staff composition and utilization, by region, 2005 (Source: FPAR Table 13)

Clinical Services Providers	All Regions	Region I	II	III	IV	V	VI	VII	VIII	IX	X
Number of CSP FTEs											
Physician FTEs	472	18	45	94	69	50	36	26	7	113	14
PA/NP/CNM FTEs	2,036	88	190	243	428	199	239	99	73	354	122
Total[a]	**2,508**	**106**	**235**	**337**	**497**	**249**	**276**	**126**	**80**	**467**	**136**
Distribution of CSP FTEs											
Physician FTEs	19%	17%	19%	28%	14%	20%	13%	21%	9%	24%	10%
PA/NP/CNM FTEs	81%	83%	81%	72%	86%	80%	87%	79%	91%	76%	90%
Total[a]	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Mid-level FTE per Physician FTE	4.3	4.9	4.2	2.6	6.2	4.0	6.6	3.8	10.0	3.1	8.9
Total Encounters[b]	10,080,003	361,817	909,212	1,248,420	2,428,050	1,182,928	1,068,865	463,340	276,147	1,718,648	422,576
Encounters per User	2.01	1.71	1.94	2.22	2.31	1.97	2.08	1.90	1.76	1.84	1.60

Notes: **CNM**=certified nurse midwife; **CSP**=clinical services provider; **FTE**=full-time equivalent; **NP**=nurse practitioner; **PA**=physician assistant.

[a] Total excludes "other CSP" FTEs. See the ***Methodological Notes*** in ***Appendix C*** for additional information.

[b] Total encounters includes both encounters with CSPs and encounters with non-CSPs.

FPAR Guidance for Reporting Project Revenue in Table 14

In FPAR **Table 14**, grantees report the revenue (i.e., actual *cash* receipts) they received during the reporting period, even if they did not expend the funds during the reporting period. The FPAR instructions provide the following guidance for reporting this information:

Federal Grants (Rows 1–5) – Refers to funds the grantee received **directly** from the federal government. Do **not** include federal funds that were first received by a state government, local government, or other agency and then passed on to the grantee.

Title X Grant (Row 1) – Enter the amount received during the reporting period from the Title X grant. Do not enter the amount of grant funds awarded unless this figure is the same as the actual *cash* receipts.

Bureau of Primary Health Care (BPHC) (Row 2) – Specify the amount of revenue received from BPHC grants (e.g., Section 330) during the reporting period that supported services within the scope of the grantee's Title X project.

Other Federal Grant (Rows 3–4) – Specify the amount and source of any other federal grant revenue received during the reporting period that supported services within the scope of the grantee's Title X project.

Payment for Services (Rows 6–9) – Refers to revenue from public and private third parties (capitated or fee-for-service) and funds collected directly from clients.

Total Client Collections/Self-Pay (Row 6) – Report the amount collected directly from clients during the reporting period for services rendered within the scope of the grantee's Title X project.

Third-Party Payers (Rows 7a–7e) – For each third-party source listed, enter the amount of funds received during the reporting period for services rendered within the scope of the grantee's Title X project. Only revenue from pre-paid (capitated) managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts) should be reported as "pre-paid." Revenue received after the service was rendered, even under managed care arrangements, should be reported as "not pre-paid."

Medicaid (Row 7a) – Grantees should report as "Medicaid" all services paid for by Medicaid (Title XIX) regardless of whether they were paid directly by Medicaid or through a fiscal intermediary or a health maintenance organization (HMO). For example, in states with a capitated Medicaid program (i.e., the grantee has a contract with a private plan like Blue Cross), the payer is Medicaid, even though the actual payment may come from Blue Cross. Report revenue from state-only Medicaid programs in accordance with the services covered by the state plan.

Medicare (Row 7b) – Grantees should report as "Medicare" all services paid for by Medicare (Title XVIII) regardless of whether they were paid directly by Medicare or through a fiscal intermediary or an HMO. For clients enrolled in a capitated Medicare program (i.e., where the grantee has a contract with a private plan like Blue Cross), the payer is Medicare, even though the actual payment may come from Blue Cross.

State Children's Health Insurance Program (CHIP) (Row 7c) – Enter the amount of funds received in the reporting period from the non-Medicaid, state CHIPs for services rendered within the scope of the grantee's Title X project.

Other Public Health Insurance (Row 7d) – Enter the amount of funds received in the reporting period from other federal, state, and/or local government health insurance programs for services rendered within the scope of the grantee's Title X project. Examples of other public third-party insurance programs include health insurance plans for military personnel and their dependents (e.g., TRICARE, CHAMPVA).

Private Health Insurance (Row 7e) – Refers to health insurance provided by commercial and non-profit companies. Individuals may obtain health insurance through employers, unions, or on their own.

Other Revenue (Rows 10–18) – Enter the amount of funds from contracts, state and local indigent care programs, and other public or private revenue that were received during the reporting period and that supported services within the scope of the grantee's Title X project.

Title V (Maternal and Child Health [MCH] Block Grant) (Row 10) – Enter the amount of Title V funds received during the reporting period that supported services within the scope of the grantee's Title X project.

Title XX (Social Services Block Grant) (Row 11) – Enter the amount of Title XX funds received during the reporting period that supported services within the scope of the grantee's Title X project.

Temporary Assistance for Needy Families (TANF) (Row 12) – Enter the amount of TANF funds received during the reporting period that supported services within the scope of the grantee's Title X project.

Local Government Grants and Contracts (Row 13) – Enter the amount of funds from local government grants or contracts that were received during the reporting period and that supported services within the scope of the grantee's Title X project.

Other Revenue (Rows 14–17) – Enter the amount and specify the source of funds received during the reporting period from other sources that supported services within the scope of the grantee's Title X project. This may include revenue from private grants and donations, fundraising, interest income, or other sources.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 47–50.

REVENUE (EXHIBITS 31 TO 33)

Nationally, Title X grantees reported total revenue of more than $1 billion ($1,004,633,020)—an average of $201 per user—to support the provision of family planning and related preventive health services in 2005. The major sources of program revenue—Medicaid ($311.1 million) and Title X ($249.6 million)—accounted for 31% and 25%, respectively, of total revenue. Revenue from state governments ($133.6 million) and client collections ($101.4 million) accounted for an additional 13% and 10%, respectively. Other sources of revenue, contributing between 2% and 6% of total revenue, included local governments ($56.3 million), other sources ($41.5 million), private third-party payments ($31.8 million), the Title XX Social Services Block Grants ($27.2 million), the Title V Maternal and Child Health Block Grants ($24.4 million), and Temporary Assistance for Needy Families (TANF) ($17.0 million). Revenue from the Bureau of Primary Health Care, other federal grants, and other non-Medicaid third-party payments (i.e., other public third parties, Medicare, and State Child Health Insurance Programs) each accounted for 1% or less of total revenue (***Exhibit 31***).

While Medicaid revenue (federal and state) accounted for 31% of total revenue nationally, across regions the Medicaid share of total revenue varied widely. In two regions (IX and X) that included states with well-established Medicaid family planning waiver programs, Medicaid revenue accounted for 59% to 61% of total revenue. In contrast, Medicaid's share of total revenue accounted for less than the national average (31%) in the other eight regions, where it ranged from 3% of total revenue in Region VIII to 29% in Region IV (***Exhibits 32 and 33***).

Title X revenue accounted for 25% of total revenue nationally and between 11% (Region X) and 35% (Region VII) across regions. In three regions (II, IX, and X), Title X revenue accounted for less than the national average of 25% of total revenue (***Exhibits 32 and 33***).

Revenue from state governments accounted for 13% of total revenue nationally and between 2% (Regions V and VII) and 24% (Region IV) across regions. In Regions II and IV, state government funds accounted for 20% and 24% of total funds, respectively, while in four regions (V, VII, VIII, and X), state government funds comprised between 2% and 6% of total revenue. Local government funds accounted for 6% of total revenue nationally and between 1% (Region II) and 19% (Region VIII) across regions (***Exhibits 32 and 33***).

Nationally, client collections accounted for 10% of total revenue and between 4% (Regions IX and X) and 36% (Region VII) across regions. In three regions, client collections accounted for 21% (Regions I and VIII) to 36% (Region VII) of total revenue. In Region VII, client collections exceeded revenue from Title X (35%), Medicaid (9%), and state and other nonfederal sources (10%) (***Exhibits 32 and 33***).

Increasingly, Title X clinics are implementing systems and organizational arrangements that reduce the administrative burden of billing private third-party payers when clients have coverage that pays for family planning and related preventive care. Moreover, Title X *Program Guidelines* require Title X-funded agencies to "bill all third parties authorized or legally obligated to pay for services" but to "make reasonable efforts to collect charges without jeopardizing client confidentiality." In 2005, private third-party payments accounted for 3% of total revenue nationally and ranged from about 1% (Regions IV, VI, and IX) to 11% (Region I) of total revenue across regions (***Exhibits 32 and 33***).

There was little regional variation in the percentage of total revenue accounted for by Title V MCH Block Grant revenue. Title V revenue accounted for 2% of total revenue nationally and between around 1% (Regions I, VI, VII, IX, and X) and 5% (Region IV) across regions. In contrast, revenue from the Title XX Social Services Block Grant, which accounted for 3% of total revenue nationally, ranged from 0% to 4% in all regions except Region VI, where it accounted for 19% of total revenue (***Exhibits 32 and 33***).

In terms of total revenue per user, in all but three regions (I, II, and X) total revenue per user was below the national average of $201 (***Exhibit 32)***.

As shown in ***Exhibits A-7a and A-7b***, the distribution of program revenue from various sources has been relatively stable over time. Between 1997 and 2003, there were small changes (i.e., 1 to 4 percentage points) in the distribution of revenue across sources. In 2004, the reclassification of revenue from California's (Family PACT) Medicaid waiver from state government sources to Medicaid increased the Medicaid share of total revenue nationally from 17% in 2003 to 28% in 2004. This reclassification also decreased the share of total revenue from state government sources from 23% in 2003 to 13% in 2004. In 2005, efforts also were made to ensure that all (federal and state shares) revenue from Medicaid family planning waivers be reported with other Medicaid revenue under "Payment for Services" (see ***Appendix C Methodological Notes***). A comparison of the distribution of total revenue between 2004 and 2005 shows only small percentage-point changes in the distribution of total revenue across sources (***Exhibits A-7a and A-7b***).

Between 1997 and 2005, actual (unadjusted) total revenue increased 50% from $668.7 million in 1997 to just over $1 billion in 2005. However, when adjusted for inflation (constant 1999 dollars) total program revenue grew only 9%, increasing from an adjusted $714.3 million in 1997 to almost $779 million in 2005 (***Exhibit A-7a)***.

Exhibit 31. Title X project revenue: 2005 (Source: FPAR Table 14)

Source	Amount	% Distribution
Federal Grants		
Title X service grant	$249,562,677	25%
BPHC	$6,172,992	1%
Other	$1,531,956	0%†
Total Federal Grants	**$257,267,625**	**26%**
Payment for Services		
Client collections	$101,353,959	10%
Third-party payers[a]		
Medicaid (Title XIX)	$311,066,271	31%
Medicare (Title XVIII)	$850,289	0%†
State CHIP	$159,966	0%†
Other public	$2,137,736	0%†
Private	$31,794,914	3%
Total Payment for Services	**$447,363,135**	**45%**
Other Revenue		
MCH Block Grant (Title V)	$24,384,126	2%
SS Block Grant (Title XX)	$27,232,575	3%
TANF	$16,986,542	2%
State government	$133,633,278	13%
Local government grants/contracts	$56,251,710	6%
Other	$41,514,029	4%
Total Other Revenue	**$300,002,260**	**30%**
Unadjusted[b] Total Revenue	**$1,004,633,020**	**100%**
Adjusted[c] Total Revenue (1999$)	**$778,963,598**	—
Adjusted[c] Total Revenue (1981$)	**$257,685,883**	—
Unadjusted[b] Total Revenue per User	**$201**	—

Notes: **BPHC**=Bureau of Primary Health Care; **CHIP**=Child Health Insurance Program; **MCH**=Maternal and Child Health; **SS**=Social Service; **TANF**=Temporary Assistance for Needy Families.
† Percentage is less than 0.5%

[a] Prepaid and not prepaid.

[b] Unadjusted total revenue is in actual dollar values.

[c] Adjusted total revenue is in constant 1999$ or 1981$ based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, http://www.bls.gov/cpi/).

Exhibit 32. Amount of Title X project revenue, by source and region: 2005 (Source: FPAR Table 14)

Revenue Sources	All Regions	Regions									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Federal Grants											
Title X service grant	$249,562,677	$12,540,291	$25,625,422	$28,397,171	$52,185,755	$36,475,273	$26,784,676	$13,619,473	$10,035,898	$33,410,164	$10,488,554
BPHC	$6,172,992	$793	$90,138	—	$184,701	$823,350	—	$490,703	$46,276	$4,537,031	—
Other	$1,531,956	—	—	$48,966	$1,247,372	$184,942	—	—	$4,995	$45,681	—
Total **Federal Grants**	**$257,267,625**	**$12,541,084**	**$25,715,560**	**$28,446,137**	**$53,617,828**	**$37,483,565**	**$26,784,676**	**$14,110,176**	**$10,087,169**	**$37,992,876**	**$10,488,554**
Payment for Services											
Client collections	$101,353,959	$9,082,475	$15,446,308	$11,985,039	$11,960,108	$15,706,411	$5,504,956	$14,016,495	$6,714,171	$7,524,017	$3,413,979
Third-party payers[a]											
Medicaid (Title XIX)	$311,066,271	$6,203,334	$33,241,616	$15,765,689	$55,332,399	$17,753,527	$16,239,126	$3,388,987	$807,826	$106,229,344	$56,104,423
Medicare (Title XVIII)	$850,289	$88,564	$77,159	$59,713	$16,115	$223,700	$263,271	$40,389	$1,867	$64,307	$15,204
State CHIP	$159,966	$428	$4,427	—	$34,225	$65,374	$2,356	$46,534	$6,622	—	—
Other public	$2,137,736	$3,645	$140,359	$2,962	$37,037	$196,979	$171,696	$275,617	$19,912	$282,521	$1,007,008
Private	$31,794,914	$5,005,496	$8,563,030	$4,203,966	$427,421	$3,531,977	$439,561	$2,889,805	$1,347,620	$1,274,991	$4,111,047
Total Payment for Services	**$447,363,135**	**$20,383,942**	**$57,472,899**	**$32,017,369**	**$67,807,305**	**$37,477,968**	**$22,620,966**	**$20,657,827**	**$8,898,018**	**$115,375,180**	**$64,651,661**
Other Revenue											
MCH Block Grant (Title V)	$24,384,126	$172,459	$3,587,971	$3,946,111	$9,129,312	$3,143,144	$1,231,804	$256,818	$528,659	$1,444,414	$943,434
SS Block Grant (Title XX)	$27,232,575	$1,405,363	$1,624,966	$3,998,263	—	$3,224,238	$16,893,319	$82,335	$4,091	—	—
TANF	$16,986,542	$659,142	$6,613,608	—	$7,574,030	$727,279	—	$931,498	$133,333	$347,652	—
State government	$133,633,278	$5,502,671	$28,559,875	$15,630,175	$46,219,318	$1,738,604	$10,406,918	$594,484	$1,745,318	$18,145,640	$5,090,275
Local government grants/contracts	$56,251,710	$1,885,662	$708,181	$7,385,270	$4,579,011	$15,936,276	$8,624,923	$793,205	$5,860,033	$4,393,853	$6,085,296
Other	$41,514,029	$1,174,994	$17,227,419	$2,327,896	$44,367	$8,442,104	$314,064	$1,141,468	$3,989,462	$2,264,945	$4,587,310
Total Other Revenue	**$300,002,260**	**$10,800,291**	**$58,322,020**	**$33,287,715**	**$67,546,038**	**$33,211,645**	**$37,471,028**	**$3,799,808**	**$12,260,896**	**$26,596,504**	**$16,706,315**
Unadjusted[b] Total Revenue	**$1,004,633,020**	**$43,725,317**	**$141,510,479**	**$93,751,221**	**$188,971,171**	**$108,173,178**	**$86,876,670**	**$38,567,811**	**$31,246,083**	**$179,964,560**	**$91,846,530**
Unadjusted[b] Total Revenue per User	**$201**	**$207**	**$302**	**$167**	**$180**	**$180**	**$169**	**$159**	**$199**	**$193**	**$349**

Notes: **BPHC**=Bureau of Primary Health Care; **CHIP**=Child Health Insurance Program; **MCH**=Maternal and Child Health; **SS**=Social Service; **TANF**=Temporary Assistance for Needy Families.

[a] Prepaid and not prepaid. [b] Unadjusted total revenue is in actual dollar values.

Exhibit 33. Distribution of Title X project revenue, by source and region: 2005 (Source: FPAR Table 14)

Revenue Sources	All Regions	Regions									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Federal Grants											
Title X service grant	25%	29%	18%	30%	28%	34%	31%	35%	32%	19%	11%
BPHC	1%	0%†	0%†	0%	0%†	1%	0%	1%	0%†	3%	0%
Other	0%†	0%	0%	0%†	1%	0%†	0%	0%	0%†	0%†	0%
Total Federal Grants	**26%**	**29%**	**18%**	**30%**	**28%**	**35%**	**31%**	**37%**	**32%**	**21%**	**11%**
Payment for Services											
Client collections	10%	21%	11%	13%	6%	15%	6%	36%	21%	4%	4%
Third-party payers[a]											
Medicaid (Title XIX)	31%	14%	23%	17%	29%	16%	19%	9%	3%	59%	61%
Medicare (Title XVIII)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%	0%
Other public	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	1%
Private	3%	11%	6%	4%	0%†	3%	1%	7%	4%	1%	4%
Total Payment for Services	**45%**	**47%**	**41%**	**34%**	**36%**	**35%**	**26%**	**54%**	**28%**	**64%**	**70%**
Other Revenue											
MCH Block Grant (Title V)	2%	0%†	3%	4%	5%	3%	1%	1%	2%	1%	1%
SS Block Grant (Title XX)	3%	3%	1%	4%	0%	3%	19%	0%†	0%†	0%	0%
TANF	2%	2%	5%	0%	4%	1%	0%	2%	0%†	0%†	0%
State government	13%	13%	20%	17%	24%	2%	12%	2%	6%	10%	6%
Local government grants/ contracts	6%	4%	1%	8%	2%	15%	10%	2%	19%	2%	7%
Other	4%	3%	12%	2%	0%†	8%	0%†	3%	13%	1%	5%
Total Other Revenue	**30%**	**25%**	**41%**	**36%**	**36%**	**31%**	**43%**	**10%**	**39%**	**15%**	**18%**
Total Revenue	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Notes: **BPHC**=Bureau of Primary Health Care; **CHIP**=Child Health Insurance Program; **MCH**=Maternal and Child Health; **SS**=Social Service; **TANF**=Temporary Assistance for Needy Families.

† Percentage is less than 0.5%

[a] Prepaid and not prepaid.

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Appendix A

Trend Tables

Exhibit A–1a. Number and distribution of Title X family planning users, by region: 1997–2005

Region	1997	1999	2001	2002	2003	2004	2005
I	199,514	187,589	216,098	220,094	212,422	207,450	211,693
II	397,424	415,848	428,169	449,854	460,798	468,635	468,237
III	512,497	499,163	533,956	551,759	562,182	571,883	562,173
IV	1,091,160	1,025,865	1,043,788	1,077,707	1,065,310	1,052,584	1,051,887
V	575,474	532,036	595,982	617,372	607,756	610,058	600,145
VI	492,927	488,372	529,997	532,268	539,704	547,802	513,130
VII	242,063	247,863	254,278	260,651	260,034	257,833	243,299
VIII	136,034	138,469	148,353	143,595	147,730	154,924	157,150
IX	623,664	709,360	844,781	870,070	878,088	920,543	931,827
X	206,319	197,573	262,315	251,504	278,024	276,073	263,420
Total Users	**4,477,076**	**4,442,138**	**4,857,717**	**4,974,874**	**5,012,048**	**5,067,785**	**5,002,961**
Female	4,371,689	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168
Male	105,387	127,098	199,245	202,620	227,159	244,381	262,793
I	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	9%	9%	9%
III	11%	11%	11%	11%	11%	11%	11%
IV	24%	23%	21%	22%	21%	21%	21%
V	13%	12%	12%	12%	12%	12%	12%
VI	11%	11%	11%	11%	11%	11%	10%
VII	5%	6%	5%	5%	5%	5%	5%
VIII	3%	3%	3%	3%	3%	3%	3%
IX	14%	16%	17%	17%	18%	18%	19%
X	5%	4%	5%	5%	6%	5%	5%
Total Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female	98%	97%	96%	96%	95%	95%	95%
Male	2%	3%	4%	4%	5%	5%	5%

Exhibit A-1b. Distribution of Title X family planning users, by region: 1997–2005

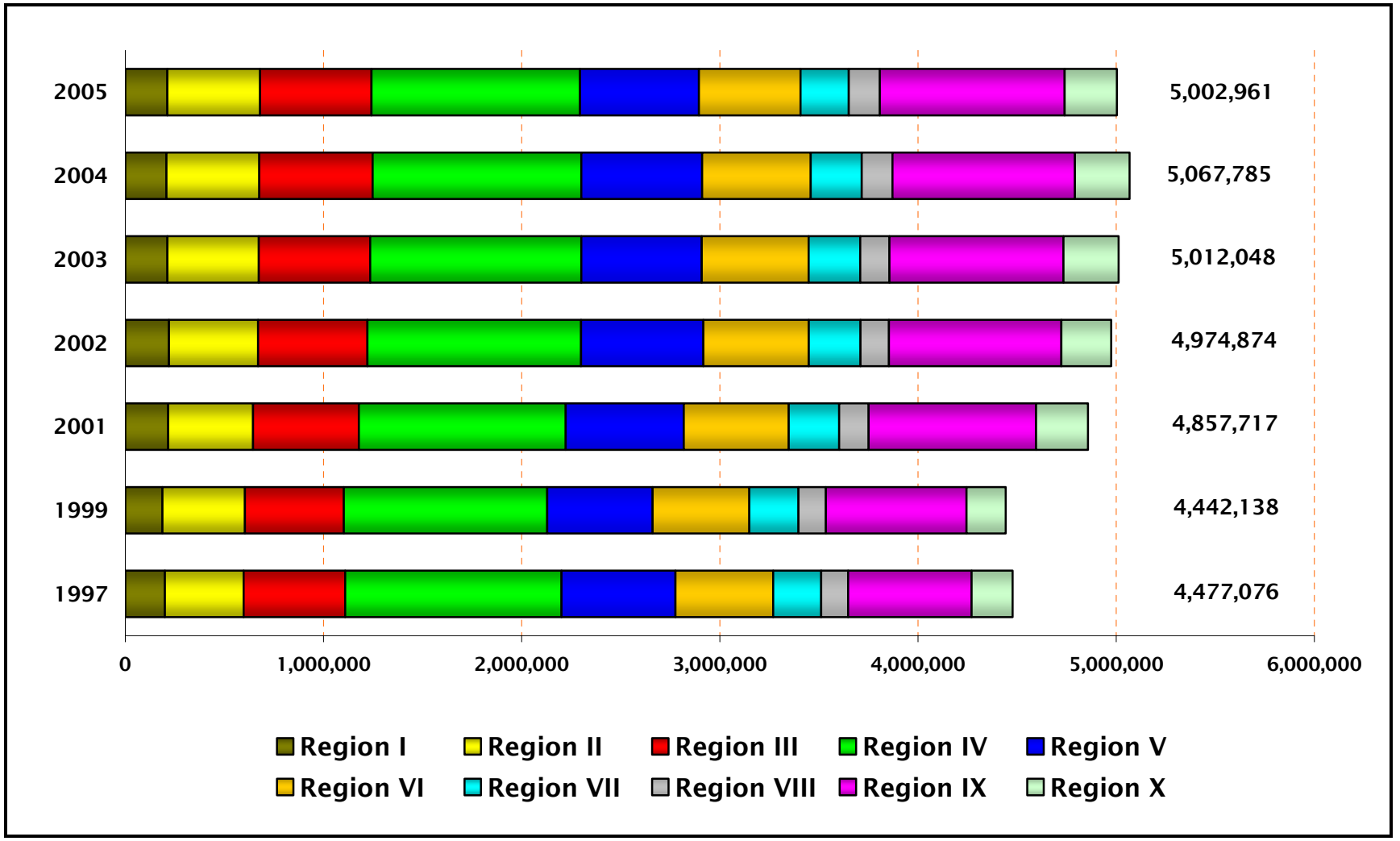


Exhibit A–2a. Number and distribution of Title X family planning users, by age: 1997–2005

Age Group (Years)	1997	1999	2001	2002	2003	2004	2005
<15	—	—	—	—	—	—	70,840
<18	655,980	627,496	690,718	693,416	674,639	667,734	
15–17	—	—	—	—	—	—	549,079
18–19	622,748	648,224	720,939	728,049	711,364	716,399	681,690
20–24	1,330,820	1,312,102	1,493,687	1,550,715	1,590,344	1,608,278	1,589,794
25–29	875,653	812,323	835,897	851,926	870,394	898,231	921,425
30–44	912,568	937,691	995,231	1,016,055	1,021,266	1,028,661	—
30–34	—	—	—	—	—	—	519,448
35–39	—	—	—	—	—	—	317,900
40–44	—	—	—	—	—	—	193,490
>44	78,461	104,302	121,245	134,713	144,041	148,482	159,295
Unknown	846	0	0	0	0	0	0
Total Users	**4,477,076**	**4,442,138**	**4,857,717**	**4,974,874**	**5,012,048**	**5,067,785**	**5,002,961**
<15	—	—	—	—	—	—	1%
<18	15%	14%	14%	14%	13%	14%	—
15–17	—	—	—	—	—	—	11%
18–19	14%	15%	15%	15%	14%	15%	14%
20–24	30%	30%	31%	31%	32%	33%	32%
25–29	20%	18%	17%	17%	17%	18%	18%
30–44	20%	21%	20%	20%	20%	21%	—
30–34	—	—	—	—	—	—	10%
35–39	—	—	—	—	—	—	6%
40–44	—	—	—	—	—	—	4%
>44	2%	2%	2%	3%	3%	3%	3%
Unknown	0%†	0%	0%	0%	0%	0%	0%
Total Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

† Percentage is less than 0.5%

Exhibit A-2b. Distribution of Title X family planning users, by age: 1997–2005

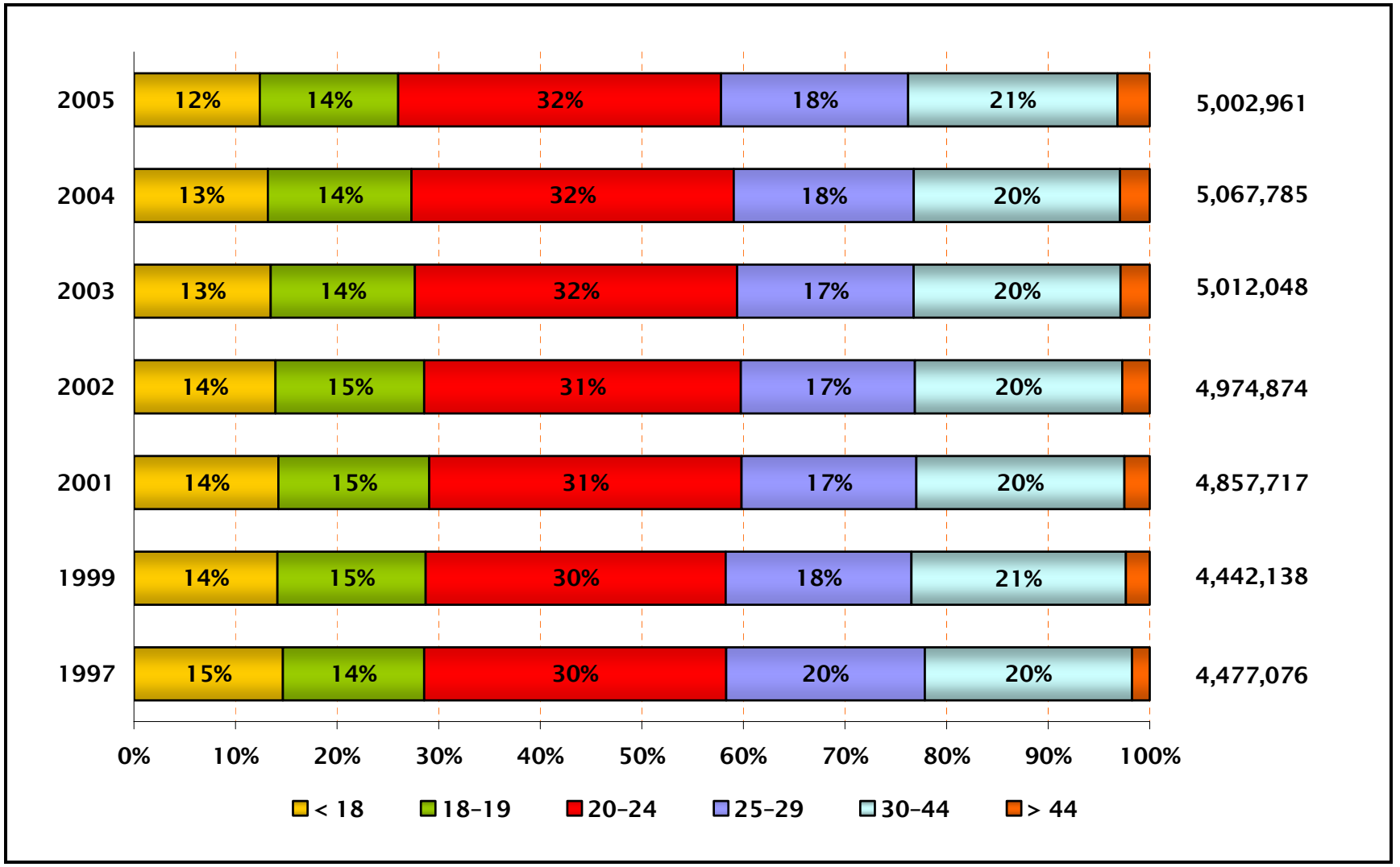


Exhibit A–3a. Number and distribution of Title X family planning users, by race: 1997–2005

Race	1997	1999	2001	2002	2003	2004	2005
American Indian or Alaska Native	30,529	31,372	34,241	34,811	35,320	36,050	35,665
Asian	99,189	115,564	109,007	137,064	117,122	136,813	124,946
Black or African American	997,598	986,448	1,049,740	1,041,329	1,028,446	1,027,880	969,301
Native Hawaiian or other Pacific Islander	—	—	46,330	51,672	124,055	58,881	58,946
White	2,991,108	2,896,882	3,079,264	3,137,887	3,100,808	3,225,150	3,183,116
More than one race	—	—	—	—	—	—	127,543
Unknown/not reported	358,652	411,872	539,135	572,111	606,297	583,011	503,444
Total Users	**4,477,076**	**4,442,138**	**4,857,717**	**4,974,874**	**5,012,048**	**5,067,785**	**5,002,961**
American Indian or Alaska Native	1%	1%	1%	1%	1%	1%	1%
Asian	2%	3%	2%	3%	2%	3%	2%
Black or African American	22%	22%	22%	21%	21%	20%	19%
Native Hawaiian or other Pacific Islander	—	—	1%	1%	2%	1%	1%
White	67%	65%	63%	63%	62%	64%	64%
More than one race	—	—	—	—	—	—	3%
Unknown/not reported	8%	9%	11%	12%	12%	12%	10%
Total Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Exhibit A–3b. Distribution of Title X family planning users, by race: 1997–2005

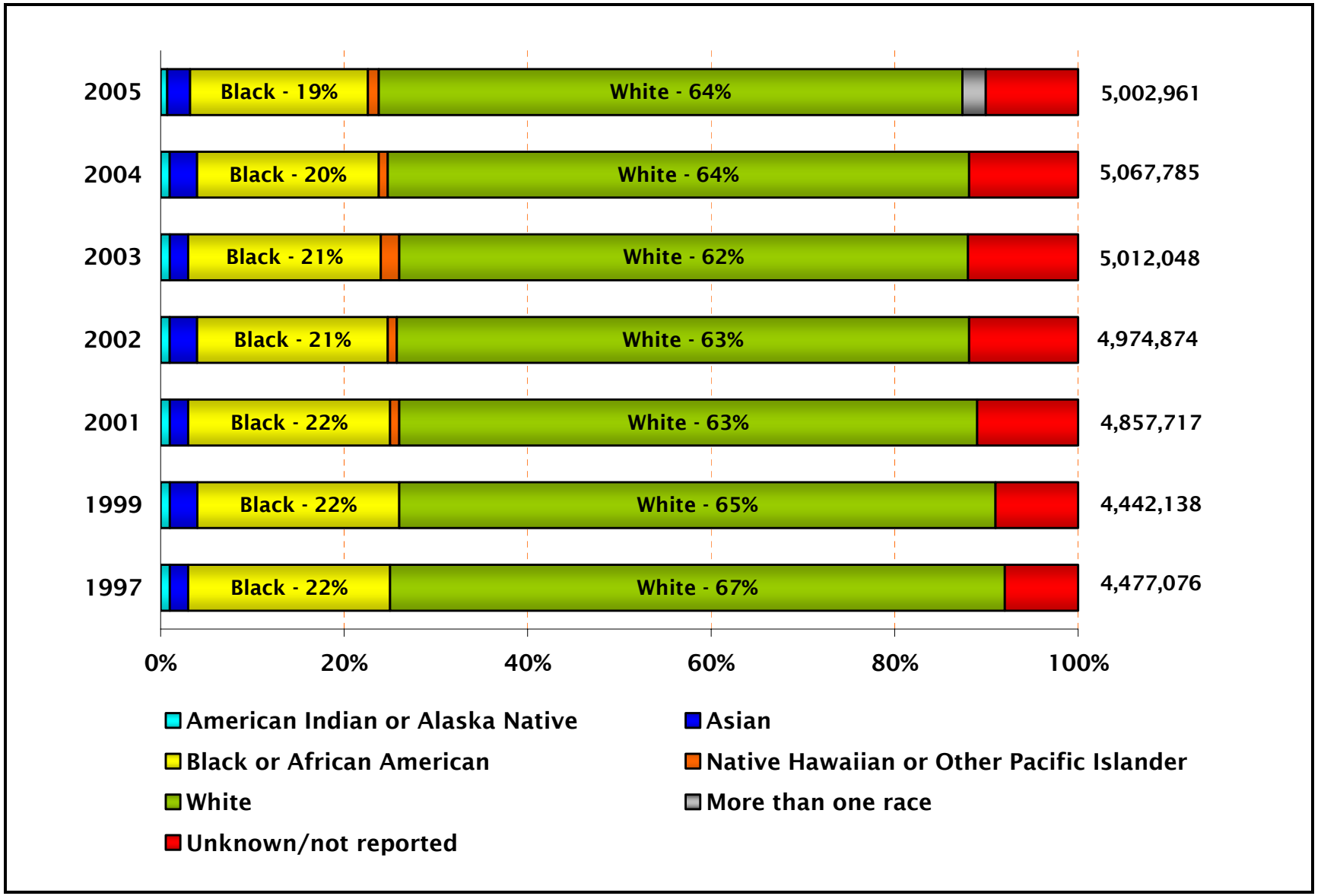


Exhibit A–4a. Number and distribution of Title X family planning users, by Hispanic or Latino ethnicity: 1997–2005

Ethnicity	1997	1999	2001	2002	2003	2004	2005
Hispanic or Latino (all races)	758,653	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093
Not Hispanic or Latino (all races)	3,520,054	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	3,628,142
Unknown/not reported	198,369	197,866	139,458	105,389	124,275	127,752	193,726
Total Users	**4,477,076**	**4,442,138**	**4,857,717**	**4,974,874**	**5,012,048**	**5,067,785**	**5,002,961**
Hispanic or Latino (all races)	17%	17%	20%	21%	22%	23%	24%
Not Hispanic or Latino (all races)	79%	78%	77%	77%	76%	75%	73%
Unknown/not reported	4%	4%	3%	2%	2%	3%	4%
Total Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Exhibit A-4b. Distribution of Title X family planning users, by Hispanic or Latino ethnicity: 1997–2005

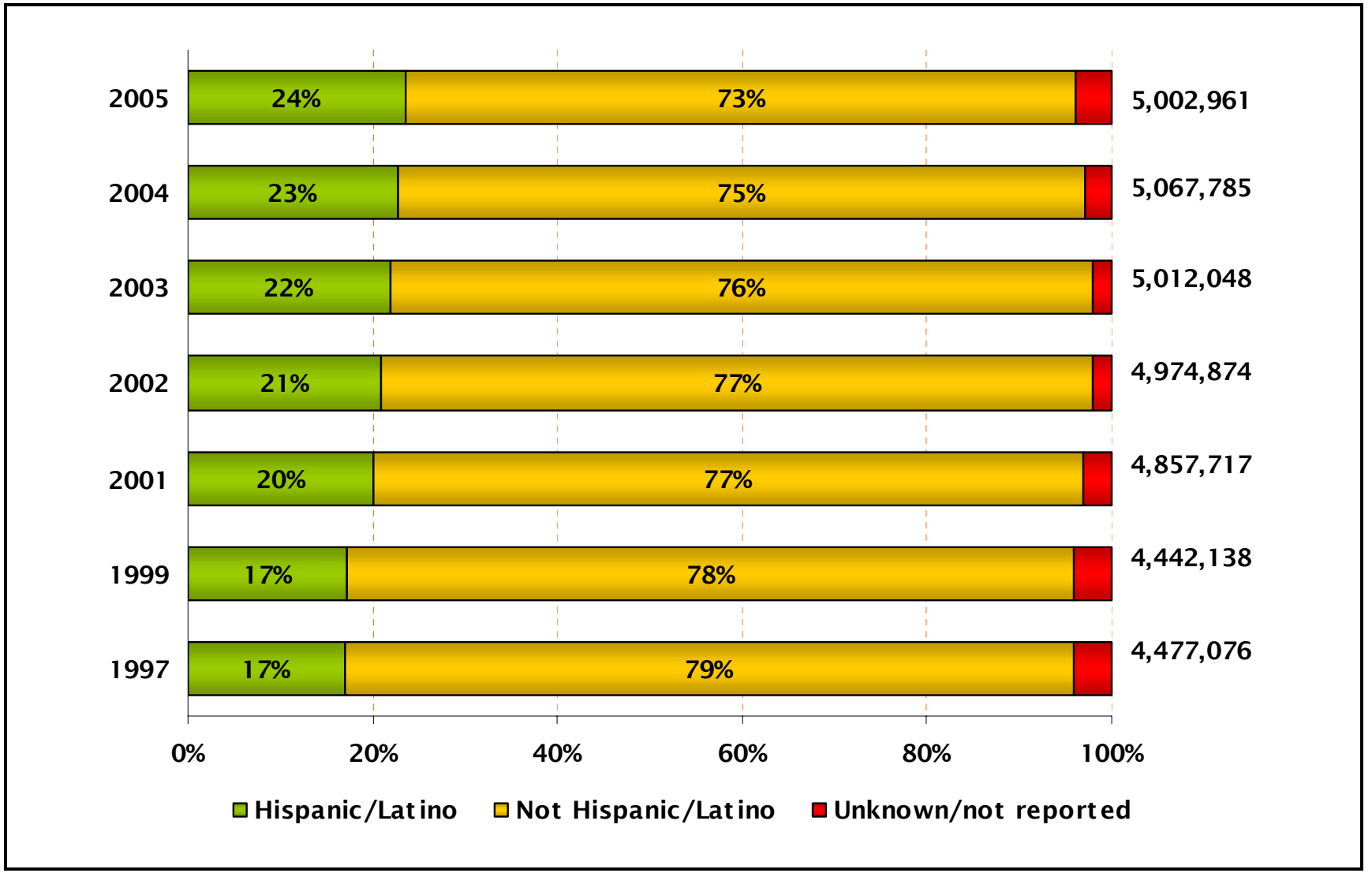


Exhibit A–5a. Number and distribution of Title X family planning users, by income level: 1997–2005

Income Level	1997	1999	2001	2002	2003	2004	2005
100% and below	2,912,900	2,886,684	3,177,934	3,256,554	3,374,895	3,461,649	3,316,699
101% – 150%	794,551	803,360	832,137	872,911	854,878	838,704	879,666
151% – 200%	326,964	328,084	328,019	335,792	318,001	312,393	324,358
Over 200%	316,773	346,735	422,460	408,346	370,790	355,025	—
201% – 250%	—	—	—	—	—	—	129,097
Over 250%	—	—	—	—	—	—	242,241
Unknown/not reported	125,888	77,275	97,167	101,271	93,484	100,014	110,900
Total Users	**4,477,076**	**4,442,138**	**4,857,717**	**4,974,874**	**5,012,048**	**5,067,785**	**5,002,961**
100% and below	65%	65%	65%	65%	67%	68%	66%
101% – 150%	18%	18%	17%	18%	17%	17%	18%
151% – 200%	7%	7%	7%	7%	6%	6%	6%
Over 200%	7%	8%	9%	8%	7%	7%	—
201% – 250%	—	—	—	—	—	—	3%
Over 250%	—	—	—	—	—	—	5%
Unknown/not reported	3%	2%	2%	2%	2%	2%	2%
Total Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Note: Grantees calculate user income as a percentage of the federal poverty level based on U.S. Department of Health and Human Services (HHS) poverty guidelines; see http://aspe.hhs.gov/poverty/.

Exhibit A–5b. Distribution of Title X family planning users, by income level: 1997–2005

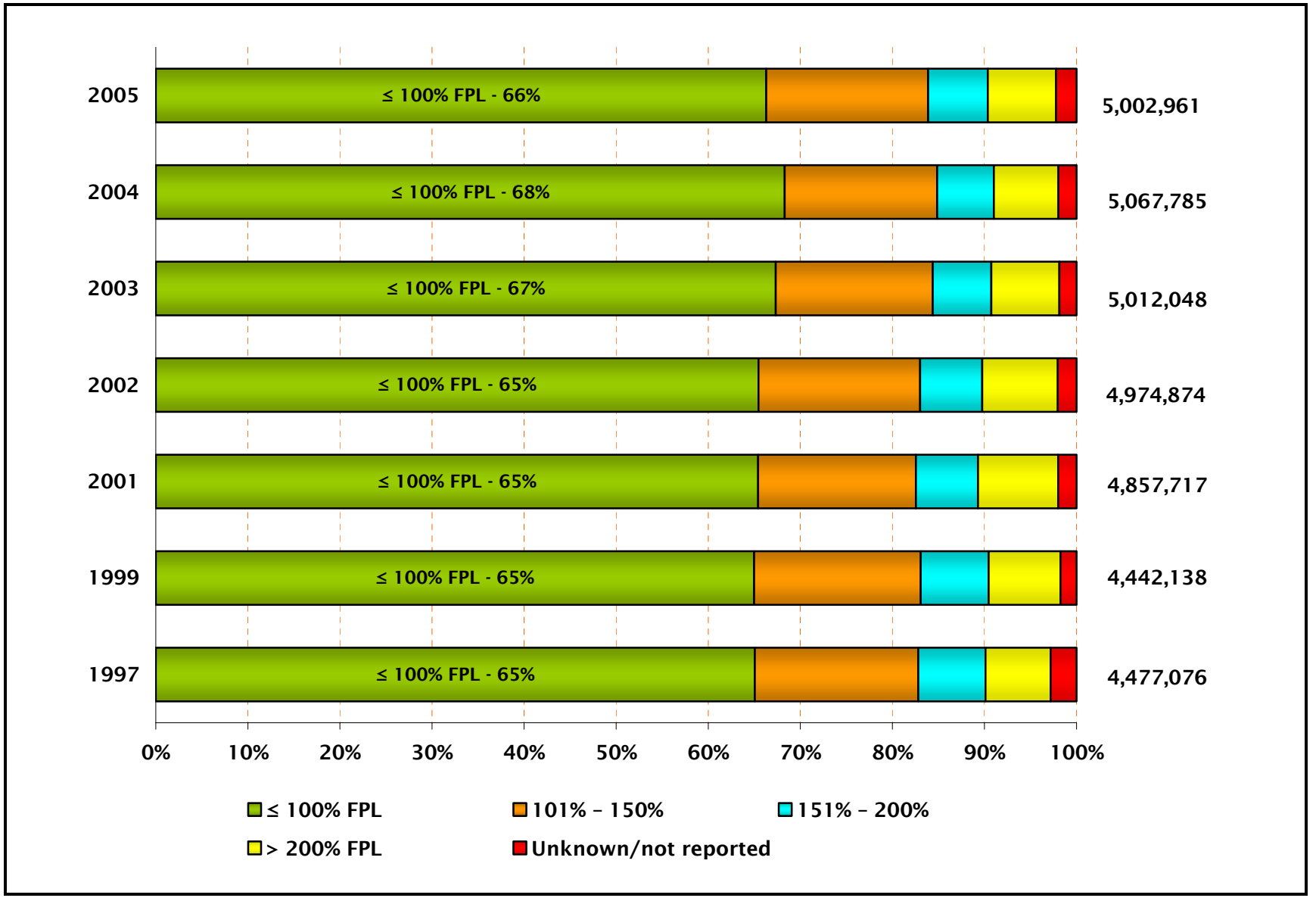


Exhibit A–6a. Number and distribution of female Title X family planning users, by primary contraceptive method: 1997–2005

Primary Method	Number of Female Users							Distribution: Female Method Users Only						
	1997	1999	2001	2002	2003	2004	2005	1997	1999	2001	2002	2003	2004	2005
Sterilization[a]	118,423	111,609	117,787	115,742	110,513	105,103	95,264	3%	3%	3%	3%	3%	3%	2%
Intrauterine device	40,292	48,015	63,045	68,802	72,378	77,773	88,342	1%	1%	2%	2%	2%	2%	2%
Hormonal implant	30,337	22,881	12,390	12,791	13,180	5,602	3,395	1%	1%	0%†	0%†	0%†	0%†	0%†
Hormonal injection[b]	637,787	699,932	799,521	809,170	765,266	740,028	602,721	17%	19%	20%	20%	18%	18%	15%
Oral contraceptive	2,148,920	1,981,664	2,111,124	2,111,088	1,994,310	1,974,050	1,852,654	56%	53%	52%	51%	48%	47%	45%
Hormonal patch[c]	—	—	—	—	—	—	286,214	—	—	—	—	—	—	7%
Vaginal ring[c]	—	—	—	—	—	—	65,320	—	—	—	—	—	—	2%
Cervical cap or diaphragm	20,189	14,816	10,442	9,021	7,863	11,717	5,477	—	—	—	—	—	—	0%†
Cervical cap	796	581	753	732	623	2,034	—	0%†	0%†	0%†	0%†	0%†	0%†	—
Diaphragm	19,393	14,235	9,689	8,289	7,240	9,683	—	1%	0%†	0%†	0%†	0%†	0%†	—
Contraceptive sponge[c]	—	—	—	—	—	—	2,826	—	—	—	—	—	—	0%†
Female condom[c]	—	—	—	—	—	—	8,862	—	—	—	—	—	—	0%†
Spermicide	121,918	78,762	65,309	45,977	33,483	19,861	23,226	3%	2%	2%	1%	1%	0%†	1%
Natural method[d]	12,793	9,931	17,573	18,265	22,972	25,906	—	0%†	0%†	0%†	0%†	1%	1%	—
Fertility awareness method[d]	—	—	—	—	—	—	9,702	—	—	—	—	—	—	0%†
Abstinence[c]	—	—	—	—	—	—	44,939	—	—	—	—	—	—	1%
Other method[e]	97,496	89,199	88,579	133,529	293,383	313,688	104,779	3%	2%	2%	3%	7%	8%	3%
Method unknown	63,427	153,785	175,780	106,785	128,432	146,417	195,245	2%	4%	4%	3%	3%	4%	5%
Rely on Male Method														
Vasectomy[a]	—	—	—	—	—	—	7,060	—	—	—	—	—	—	0%†
Male condom	523,660	527,248	616,696	679,656	698,248	737,169	686,992	14%	14%	15%	17%	17%	18%	17%
No Method														
Pregnant/seeking pregnancy	226,978	261,399	244,706	273,051	265,190	287,485	358,492	—	—	—	—	—	—	—
Other reason	320,310	307,528	335,520	388,377	379,671	378,605	298,658	—	—	—	—	—	—	—
Total Female Users	**4,362,530**	**4,306,769**	**4,658,472**	**4,772,254**	**4,784,889**	**4,823,404**	**4,740,168**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Percentage Using a Method	87%	87%	88%	86%	87%	86%	86%	—	—	—	—	—	—	—
Percentage Not Using a Method	13%	13%	12%	14%	13%	14%	14%	—	—	—	—	—	—	—

† Percentage is less than 0.5%

[a] Sterilization figures for 1997–2004 include both male and female sterilization. In 2005, data for female and male (vasectomy) sterilization were reported separately. [b] Includes both 1- and 3-month hormonal injections. [c] Prior to the FPAR 2005 version, grantees reported data for these methods under the "other method" category. [d] For 1997–2004 FPAR data, the "natural methods" category included only safe period by temperature or cervical mucus test. In the 2005 FPAR, the category "natural method" was renamed "fertility awareness method (FAM)," which includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. Postpartum women who rely on the lactational amenorrhea method (LAM) are also included in the FAM category of primary methods. [e] For 1997–2004, "other" methods included withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001version. For 2005, "other" methods included withdrawal and other methods not listed in FPAR Table 7 of the 2005 version.

Exhibit A-6b. Distribution of female Title X family planning users, by primary contraceptive method: 1997–2005

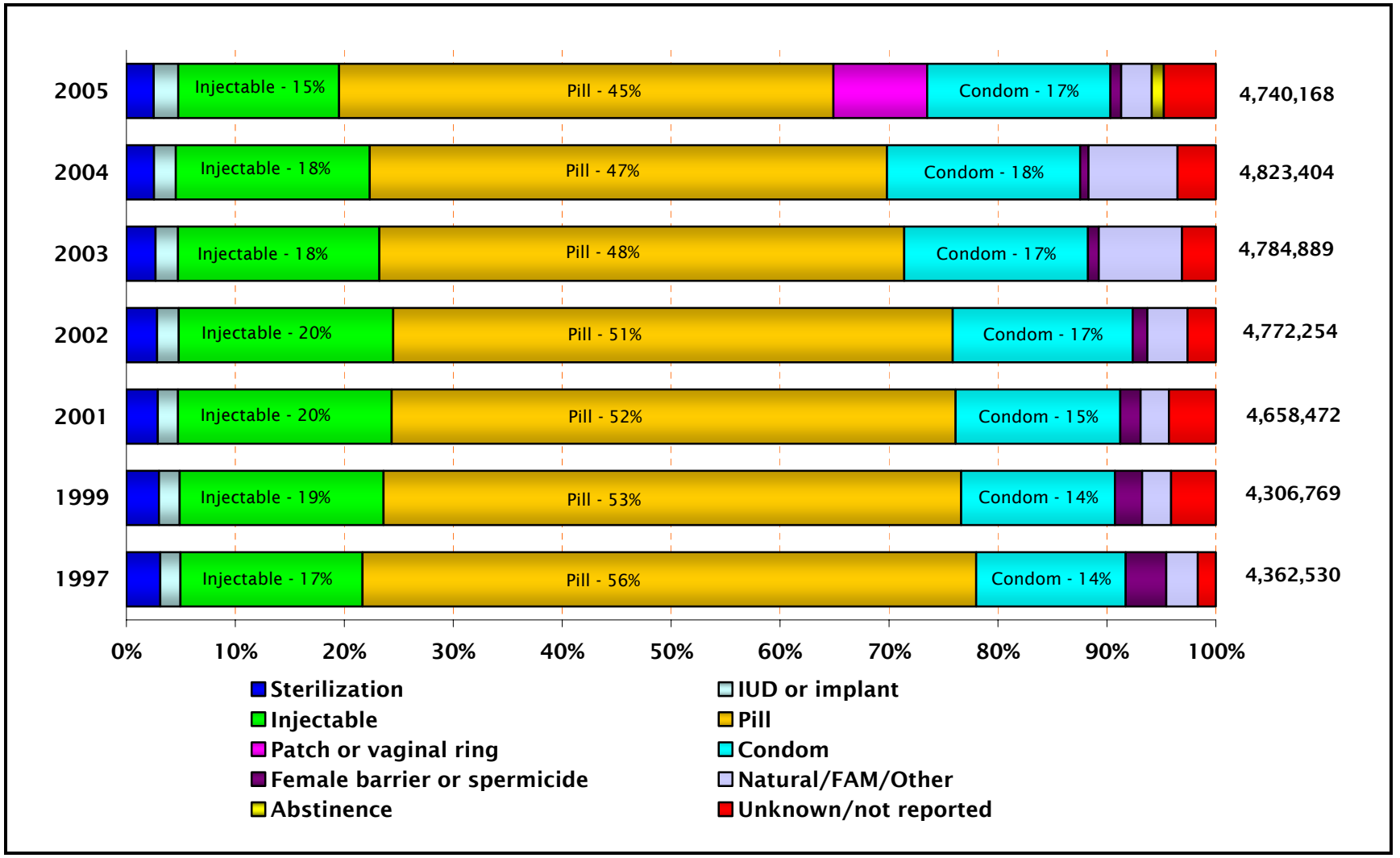


Exhibit A–7a. Amount and distribution of Title X project revenue: 1997–2005

Revenue Sources	Amount							Percentage Distribution						
	1997	1999	2001	2002	2003	2004	2005	1997	1999	2001	2002	2003	2004	2005
Federal Grants														
Title X service grant	$174,911,594	$183,163,632	$226,582,287	$231,549,999	$245,714,562	$252,141,527	$249,562,677	26%	25%	27%	26%	27%	26%	25%
BPHC	5,823,482	2,960,179	1,208,964	2,257,586	843,273	3,959,649	6,172,992	1%	0%†	0%†	0%†	0%†	0%†	1%
WIC	1,359,666	5,109,103	4,189,226	3,638,969	2,486,260	3,344,085	—	0%†	1%	1%	0%†	0%†	0%†	—
Other	6,442,842	16,592,272	22,883,785	21,371,845	18,107,490	18,408,627	1,531,956	1%	2%	3%	2%	2%	2%	0%†
Total Federal Grants	**$188,537,584**	**$207,825,186**	**$254,864,262**	**$258,818,399**	**$267,151,585**	**$277,853,888**	**$257,267,625**	**28%**	**28%**	**31%**	**29%**	**29%**	**28%**	**26%**
Payment for Services														
Client collections	95,570,352	97,376,797	95,257,186	96,842,560	97,561,767	99,774,741	101,353,959	14%	13%	11%	11%	11%	10%	10%
Third-party payers[a]														
Medicaid (Title XIX)	86,262,872	100,361,553	133,121,016	148,746,779	156,182,638	277,174,817	311,066,271	13%	14%	16%	17%	17%	28%	31%
Medicare (Title XVIII)	424,304	468,189	127,709	329,980	585,762	755,938	850,289	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	—	—	—	—	—	—	159,966	—	—	—	—	—	—	0%†
Other public	—	—	—	—	—	—	2,137,736	—	—	—	—	—	—	0%†
Other third-party	20,744,545	10,345,386	17,893,603	20,413,354	12,035,788	15,231,967	—	3%	1%	2%	2%	1%	2%	—
Private	6,455,631	11,721,540	15,828,979	21,129,413	22,717,290	23,923,861	31,794,914	1%	2%	2%	2%	2%	2%	3%
Total Payment for Services	**$209,457,704**	**$220,273,465**	**$262,228,493**	**$287,462,086**	**$289,083,245**	**$416,861,324**	**$ 447,363,135**	**31%**	**30%**	**32%**	**32%**	**31%**	**42%**	**45%**
Other Revenue														
MCH Block Grant (Title V)	28,981,872	32,055,309	23,931,198	28,604,028	30,827,138	32,992,292	24,384,126	4%	4%	3%	3%	3%	3%	2%
SS Block Grant (Title XX)	29,027,575	34,049,367	31,284,545	27,626,015	32,913,637	30,835,001	27,232,575	4%	5%	4%	3%	4%	3%	3%
TANF	—	—	—	—	—	—	16,986,542	—	—	—	—	—	—	2%
State government	139,318,917	169,673,542	171,766,076	193,508,723	211,814,774	125,848,881	133,633,278	21%	23%	21%	22%	23%	13%	13%
Local government	44,359,794	44,383,037	52,744,977	61,587,837	57,939,837	50,028,918	56,251,710	7%	6%	6%	7%	6%	5%	6%
Other	28,998,743	29,720,705	34,148,311	41,732,704	37,351,435	48,117,497	41,514,029	4%	4%	4%	5%	4%	5%	4%
Total Other Revenue	**$270,686,901**	**$309,881,960**	**$313,875,107**	**$353,059,307**	**$370,846,821**	**$287,822,589**	**$300,002,260**	**40%**	**42%**	**38%**	**39%**	**40%**	**29%**	**30%**
Unadjusted[b] Total Revenue	**$668,682,189**	**$737,980,611**	**$830,967,862**	**$899,339,792**	**$927,081,651**	**$982,537,801**	**$1,004,633,020**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Adjusted[c] Total Revenue (1999$)	**$714,287,112**	**$737,980,611**	**$763,345,111**	**$789,126,582**	**$781,981,359**	**$794,014,747**	**$778,963,598**	—	—	—	—	—	—	—
Adjusted[c] Total Revenue (1981$)	**$236,290,509**	**$244,128,462**	**$252,519,193**	**$261,047,860**	**$258,684,177**	**$262,664,894**	**$257,685,883**	—	—	—	—	—	—	—

Notes: **BPHC**=Bureau of Primary Health Care; **CHIP**=Child Health Insurance Program; **MCH**=Maternal and Child Health; **SS**=Social Services; **TANF**=Temporary Assistance for Needy Families; **WIC**=Special Supplemental Food Program for Women, Infants and Children.

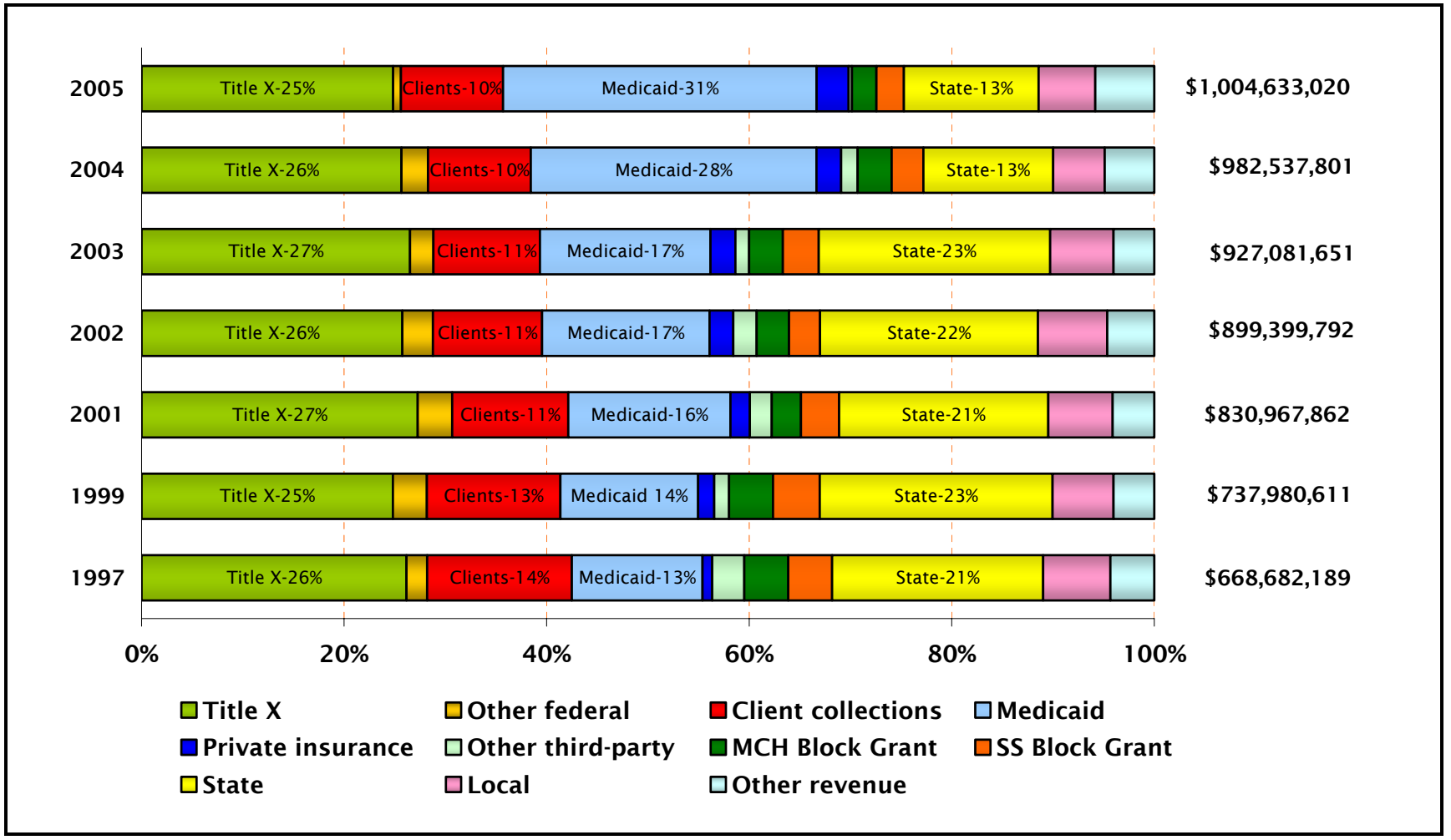
† Percentage is less than 0.5%

[a] Prepaid and not prepaid.

[b] Unadjusted total revenue is in actual dollar values.

[c] Adjusted total revenue is in constant 1999$ and 1981$ based on the consumer price index for medical care, which includes medical care commodities and medical care services. (Source: U.S. Department of Labor Bureau of Labor Statistics, http://www.bls.gov/cpi/). Title X project revenue was $737,980,611 in 1999 and an estimated $268,400,000 in 1981.

Exhibit A–7b. Distribution of Title X project revenue: 1997–2005



Appendix B

State Tables

Exhibit B–1. Number and distribution of Title X family planning users, by gender and state: 2005

State	Family Planning Users			% of State Users		% of Total Users
	Female	Male	Total	Female	Male	
Alabama	95,121	495	95,616	99%	1%	2%
Alaska	8,026	2,495	10,521	76%	24%	0%†
Arizona	43,163	2,542	45,705	94%	6%	1%
Arkansas	76,836	334	77,170	100%	0%†	2%
California	717,506	83,875	801,381	90%	10%	16%
Colorado	49,615	2,456	52,071	95%	5%	1%
Connecticut	41,039	2,966	44,005	93%	7%	1%
Delaware	20,220	4,163	24,383	83%	17%	0%†
District of Columbia	14,975	2,074	17,049	88%	12%	0%†
Florida	224,019	9,624	233,643	96%	4%	5%
Georgia	167,692	5,457	173,149	97%	3%	3%
Hawaii	16,470	383	16,853	98%	2%	0%†
Idaho	31,219	2,675	33,894	92%	8%	1%
Illinois	149,092	670	149,762	100%	0%†	3%
Indiana	43,972	2,920	46,892	94%	6%	1%
Iowa	68,319	2,785	71,104	96%	4%	1%
Kansas	44,037	4,184	48,221	91%	9%	1%
Kentucky	113,785	5,251	119,036	96%	4%	2%
Louisiana	61,374	768	62,142	99%	1%	1%
Maine	29,540	1,765	31,305	94%	6%	1%
Maryland	76,651	2,012	78,663	97%	3%	2%
Massachusetts	66,734	7,050	73,784	90%	10%	1%
Michigan	172,974	5,793	178,767	97%	3%	4%
Minnesota	40,777	3,311	44,088	92%	8%	1%
Mississippi	69,854	295	70,149	100%	0%†	1%
Missouri	81,062	3,205	84,267	96%	4%	2%
Montana	27,844	1,251	29,095	96%	4%	1%
Nebraska	37,354	2,353	39,707	94%	6%	1%
Nevada	25,896	865	26,761	97%	3%	1%
New Hampshire	29,892	1,407	31,299	96%	4%	1%
New Jersey	121,113	5,714	126,827	95%	5%	3%
New Mexico	39,531	5,422	44,953	88%	12%	1%

† Percentage is less than 0.5%

(continued)

Exhibit B–1. Number and distribution of Title X family planning users, by gender and state: 2005 (continued)

State	Family Planning Users			% of State Users		% of Total Users
	Female	Male	Total	Female	Male	
New York	303,310	15,135	318,445	95%	5%	6%
North Carolina	141,926	3,102	145,028	98%	2%	3%
North Dakota	14,844	924	15,768	94%	6%	0%†
Ohio	125,312	4,358	129,670	97%	3%	3%
Oklahoma	83,373	1,736	85,109	98%	2%	2%
Oregon	88,575	3,702	92,277	96%	4%	2%
Pennsylvania	296,113	16,673	312,786	95%	5%	6%
Rhode Island	19,198	1,920	21,118	91%	9%	0%†
South Carolina	99,238	1,059	100,297	99%	1%	2%
South Dakota	13,861	583	14,444	96%	4%	0%†
Tennessee	114,603	366	114,969	100%	0%†	2%
Texas	236,662	7,094	243,756	97%	3%	5%
Utah	27,642	1,662	29,304	94%	6%	1%
Vermont	9,651	531	10,182	95%	5%	0%†
Virginia	69,570	736	70,306	99%	1%	1%
Washington	118,994	7,734	126,728	94%	6%	3%
West Virginia	56,951	2,035	58,986	97%	3%	1%
Wisconsin	47,401	3,565	50,966	93%	7%	1%
Wyoming	16,016	452	16,468	97%	3%	0%†
Jurisdictions/ Territories						
Puerto Rico	18,919	411	19,330	98%	2%	0%†
U.S. Virgin Islands	3,621	14	3,635	100%	0%†	0%†
Pacific region[a]	28,686	12,441	41,127	70%	30%	1%
Total Users	**4,740,168**	**262,793**	**5,002,961**	**95%**	**5%**	**100%**

† Percentage is less than 0.5%

[a] The U.S. jurisdictions in the Pacific region include American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

Exhibit B–2. Number and distribution of Title X family planning users, by income level and state: 2005

State	Number of Users by Income Level					Distribution of Users by Income Level			
	≤100%	101% –200%	>200%	Unknown	Total Users	≤100%	101% –200%	>200%	Unknown
Alabama	71,886	18,174	3,486	2,070	95,616	75%	19%	4%	2%
Alaska	8,057	1,738	724	2	10,521	77%	17%	7%	0%†
Arizona	38,812	4,379	804	1,710	45,705	85%	10%	2%	4%
Arkansas	45,410	20,000	4,698	7,062	77,170	59%	26%	6%	9%
California	523,339	222,205	43,045	12,792	801,381	65%	28%	5%	2%
Colorado	38,336	10,456	2,488	791	52,071	74%	20%	5%	2%
Connecticut	11,258	23,774	4,479	4,494	44,005	26%	54%	10%	10%
Delaware	15,093	5,676	2,242	1,372	24,383	62%	23%	9%	6%
District of Columbia	10,116	2,829	3,530	574	17,049	59%	17%	21%	3%
Florida	158,791	58,286	16,285	281	233,643	68%	25%	7%	0%†
Georgia	118,345	43,608	11,196	0	173,149	68%	25%	6%	0%
Hawaii	13,020	1,650	1,174	1,009	16,853	77%	10%	7%	6%
Idaho	20,596	10,355	2,943	0	33,894	61%	31%	9%	0%
Illinois	107,635	32,268	9,411	448	149,762	72%	22%	6%	0%†
Indiana	33,503	10,540	2,843	6	46,892	71%	22%	6%	0%†
Iowa	40,550	16,995	13,312	247	71,104	57%	24%	19%	0%†
Kansas	23,278	16,148	4,794	4,001	48,221	48%	33%	10%	8%
Kentucky	83,842	22,521	6,016	6,657	119,036	70%	19%	5%	6%
Louisiana	52,668	5,783	499	3,192	62,142	85%	9%	1%	5%
Maine	16,228	8,814	4,987	1,276	31,305	52%	28%	16%	4%
Maryland	47,581	13,228	6,241	11,613	78,663	60%	17%	8%	15%
Massachusetts	41,947	24,672	4,103	3,062	73,784	57%	33%	6%	4%
Michigan	112,607	46,214	17,096	2,850	178,767	63%	26%	10%	2%
Minnesota	29,317	9,813	4,932	26	44,088	66%	22%	11%	0%†
Mississippi	59,503	9,650	966	30	70,149	85%	14%	1%	0%†
Missouri	46,647	24,215	13,405	0	84,267	55%	29%	16%	0%
Montana	16,613	6,541	5,941	0	29,095	57%	22%	20%	0%
Nebraska	14,638	12,209	11,233	1,627	39,707	37%	31%	28%	4%
Nevada	17,504	5,765	2,520	972	26,761	65%	22%	9%	4%
New Hampshire	14,119	9,648	6,652	880	31,299	45%	31%	21%	3%
New Jersey	59,843	62,047	4,937	0	126,827	47%	49%	4%	0%

† Percentage is less than 0.5%

(continued)

Exhibit B–2. Number and distribution of Title X family planning users, by income level and state: 2005 (continued)

State	Number of Users by Income Level					Distribution of Users by Income Level			
	≤100%	101% –200%	>200%	Unknown	Total Users	≤100%	101% –200%	>200%	Unknown
New Mexico	36,504	6,334	1,589	526	44,953	81%	14%	4%	1%
New York	196,657	96,282	23,561	1,945	318,445	62%	30%	7%	1%
North Carolina	120,269	11,093	13,666	0	145,028	83%	8%	9%	0%
North Dakota	7,862	3,971	3,929	6	15,768	50%	25%	25%	0%†
Ohio	88,867	28,524	11,571	708	129,670	69%	22%	9%	1%
Oklahoma	64,197	18,429	2,464	19	85,109	75%	22%	3%	0%†
Oregon	64,867	23,338	4,039	33	92,277	70%	25%	4%	0%†
Pennsylvania	199,117	70,877	39,384	3,408	312,786	64%	23%	13%	1%
Rhode Island	12,268	3,617	1,053	4,180	21,118	58%	17%	5%	20%
South Carolina	93,211	4,719	1,849	518	100,297	93%	5%	2%	1%
South Dakota	8,749	3,080	2,565	50	14,444	61%	21%	18%	0%†
Tennessee	73,704	25,816	15,415	34	114,969	64%	22%	13%	0%†
Texas	184,367	50,445	6,771	2,173	243,756	76%	21%	3%	1%
Utah	22,043	5,631	1,001	629	29,304	75%	19%	3%	2%
Vermont	3,352	3,687	3,143	0	10,182	33%	36%	31%	0%
Virginia	35,838	16,111	4,894	13,463	70,306	51%	23%	7%	19%
Washington	77,788	39,122	9,609	209	126,728	61%	31%	8%	0%†
West Virginia	51,117	7,262	607	0	58,986	87%	12%	1%	0%
Wisconsin	34,686	11,171	4,936	173	50,966	68%	22%	10%	0%†
Wyoming	10,876	3,998	1,591	3	16,468	66%	24%	10%	0%†
Jurisdictions/ Territories									
Puerto Rico	16,926	1,875	507	22	19,330	88%	10%	3%	0%†
U.S. Virgin Islands	2,943	343	187	162	3,635	81%	9%	5%	4%
Pacific region[a]	19,409	8,098	25	13,595	41,127	47%	20%	0%†	33%
Total Users	**3,316,699**	**1,204,024**	**371,338**	**110,900**	**5,002,961**	**66%**	**24%**	**7%**	**2%**

Note: Grantees calculate user income as a percentage of the federal poverty level based on U.S. Department of Health and Human Services (HHS) poverty guidelines; see http://aspe.hhs.gov/poverty.

† Percentage is less than 0.5%

[a] The U.S. jurisdictions in the Pacific region include American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

Appendix C

Methodological Notes

INTRODUCTION

On February 15, 2006, reports were submitted by 87 of 88 Title X service grantees for the 2005 reporting period (January 1 through December 31) using the revised Family Planning Annual Report (FPAR) form that went into effect in January 2005. The grantee that did not submit an FPAR for 2005 is a new service grantee that had no users or activities to report. Eighty-four of the 87 reports (97%) were submitted by the due date (February 15), and 82 (94%) were submitted using the Office of Population Affair's (OPA) Web-based electronic grants management system (*e*Grants). For the five grantees that submitted paper reports, the Regional Program Consultants (RPCs) entered their data into the *e*Grants system, thus consolidating all reports into a single electronic file. OPA staff reviewed and approved the reports in the electronic data file.

On April 17, 2006, OPA sent the initial data file to RTI International (RTI), where further validations aimed at identifying potential reporting errors (e.g., extreme or unexpected values for selected data items) and problems (e.g., ≥ 10% unknown/not reported) were performed. RTI also performed a manual review of each hard copy report. Once these validations were complete, RTI submitted to OPA a grantee-specific report listing validation issues that required follow-up with the grantee. Once OPA addressed the validation issues in the report and updated the electronic reports in *e*Grants, OPA sent RTI a second data file for tabulation and analysis. RTI received the second data file on July 6, 2006, and completed additional validations and corrections by July 31, 2006. This appendix presents general and table-specific notes from grantees, OPA, and RTI about the data and validation issues.

COMMENTS: GRANTEE PROFILE

Family Planning Association of Maine—Region I—Grantee note: "42 Family Planning Sites reported users in CY 2005. Several of these sites are new since the grant application was done."

Family Health Council of Central Pennsylvania, Inc.—Region III—Grantee note: "In CY05 two sites closed including Pinnacle Hospital in Dauphin County and Planned Parenthood of Central PA's site in Franklin County. In addition, three existing delegates opened additional sites including Family Planning Plus in Northumberland County, Planned Parenthood of Susquehanna Valley in Clinton County, and Welsh Mountain in Lancaster County. These sites are open fewer days than the sites that closed. This also explains why our patient numbers are lower than the previous year. Especially since the hospital provider (Pinnacle) that dropped our program previously served a significant amount of patients in Dauphin County. We secured a new provider in the same county but those users will be reflected in next year's FPAR."

Maternal and Family Health Services, Inc.—Region III—Grantee note: "List includes Red Rock Job Corp, which was not identified in the application."

Planned Parenthood of Metropolitan Washington, DC—Region III—Grantee note: "Mary's Center for Maternal and Child Care has two sites. Unity Health Care Center has three clinic sites."

Florida Department of Health—Region IV—Grantee note: "Since the 2005–06 applications there have been some changes in clinics, yielding an increase of 2 more clinic sites."

Tennessee Department of Health—Region IV—Grantee note: "One site closed on the University of TN Chattanooga campus."

Indiana Family Health Council, Inc.—**Region V—**Grantee note: "Our 2006 application for Title X funds refers to 38 sites. Some sites used at the beginning of 2005 became inactive during the year."

Planned Parenthood of Minnesota/ North Dakota/South Dakota—**Region V—**Grantee note: "Our application listed 30 sites. Three additional sites were added in November/December 2005: Long Prairie, Pine River, and Walker."

State of Ohio Department of Health—**Region V—**Grantee note: "The application for CY2005 was submitted 11/01/04. There was a competitive application process for delegate agencies for the period of 03/01/05–02/28/06, which resulted in the addition of 12 delegate agencies."

Planned Parenthood of Central Ohio, Inc.—**Region V—**Grantee note: "As reported, Planned Parenthood of Central Ohio had 5 sites at the beginning of the year and then merged the Marion site into the Delaware site in September 2005."

Planned Parenthood of Wisconsin, Inc.—**Region V—**Grantee note: "The OutCare health center has, since last FPAR, closed and its clients are now being seen at the King Heights health center."

Texas Department of State Health Services—**Region VI—**Grantee note: "The legal name of the grantee has changed to the Texas Department of State Health Services (DSHS). There was an overall decrease of 23,938 users in the Texas CY2005 FPAR. This reduction can be attributed to the following reasons: The majority of delegate agencies (26) reported serving fewer clients since the last reporting period. Of these 26, the largest decrease was reported by The University of Texas Southwestern Medical Center (UTSMC), which reported a decrease of 14,535 users. This decrease in users is related to the decrease in Title XX funding to this agency. The DSHS was directed to reduce the allocation of Title XX funds to contractors and replace this reduction with Title V family planning funds, thereby assuring that total available funds for family planning services would not be impacted. Title XX funds are considered part of the Title X budget, whereas Title V family planning funds are not reported under the Title X Grant. UTSMC was identified as an agency that receives Title X, Title XX, and Title V family planning funds. UTSMC's Title XX contract for CY2004 was reduced from $2,910,401 to $1,666,278, and the Title V family planning contract was increased to offset the Title XX reduction. This was a one-time reduction of $1,244,123 Title XX funds, which are considered part of the Title X Grant and did reduce the number of individuals reported as Title X/XX clients by UTSMC. Besides UTSMC, three additional delegate agencies reported significant decreases in client numbers. All totaled, the decrease in users at these four delegate agencies account for the total state decrease in users. The decrease at the three additional delegate agencies can be attributed to a third-party billing vendor who compiled FPAR data for these agencies. This vendor included Title V family planning client numbers in previous FPARs. This was identified during this year's FPAR reporting process and corrected. Therefore, CY2005 FPAR user data for these agencies does not include Title V clients and accounts for the significant reduction in the users these agencies reported for CY2005 compared to previous FPARs. Additional explanation can be found in the notes for Table 14."

Planned Parenthood of Arkansas and Eastern Oklahoma, Inc.—**Region VI—**Grantee note: "During the course of the grant period, our Title X project had a total number of 5 delegates and 7 service sites. As of 12/31/05, the Title X project grantee, PPAEO, had 3 delegates: Family Care Services (FCS), Southeastern Oklahoma Area Health Center (SEO AHEC), and Stigler Health and Wellness Center (SHWC). Also as of 12/31/05, PPAEO had 5 service sites: FCS = 2 sites in Skiatook & Pawhuska; SEO AHEC; SHWC; and PPAEO's mobile Care-A-Van with four service stops a week."

California Family Health Council, Inc.—Region IX—Grantee note: "Sites were added after we submitted the application due to the CFHC's competitive bid for agencies in California."

Oregon Department of Human Services—Region X—Grantee note: "Fewer sites due to Planned Parenthood of the Columbia/Willamette becoming their own grantee midway through the year and due to the closure of several Title X clinic sites."

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 1 COMMENTS: USERS BY AGE AND GENDER

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity."

Virginia Department of Health—Region III—Grantee note: "Noted decrease from last year. One district moved services from a major medical center back to the health department. Clients have been very slow in returning to a different site. Several Health districts had clinicians resign, and recruiting in rural areas has been difficult."

Mississippi State Department of Health—Region IV—Grantee note: "The number of female users changed under Age Groups 18–19 and 20–24."

South Carolina Department of Health and Environmental Control—Region IV—Grantee note: "In South Carolina there was a 5,980 decrease in the total number of users from CY 2004 to CY 2005. This decrease was statewide and attributed to several issues. For a period of time, Depo was not being given in SC, which accounted for a change in caseload. This issue has been resolved, therefore it is expected that the users receiving Depo will return. SC has also experienced a significant budget deficit due to Medicaid changes involving enhanced services. This budget deficit has accounted for a hiring freeze, which has significantly impacted existing staffing shortages across the state. Some clinics are limited to only one FP nurse in their areas."

Arkansas Department of Health—Region VI—Grantee note: "790 less clients were served in 2005 as compared to 2004. The decrease was seen across Regions. No objective reason has yet been identified. There were 500 less blacks served and 300 less whites. We served 2,500 less clients whose income was under 100% of the FPL."

Louisiana Department of Health and Hospitals—Region VI—Grantee note: "Decrease in overall count this calendar year is due to service site closures (8), a shift in workforce during the response period, and data loss over a 3-month period as a result of Hurricane Katrina and Hurricane Rita."

New Mexico Department of Health—Region VI—Grantee note: "NMDOHFPP had a drop of 296 clients seen in 2005 from 2004. Given that the number has been increasing for the past few years, we feel the decrease occurred due to staff vacancies. There was also a drop in younger teens (396 fewer teens under 15). NMFPP has not changed our clinical practice for serving teens, but the Mandatory Reporting and Sexual Coercion awareness emphasis may be discouraging some younger teens who could see those rules as a barrier."

Oklahoma State Department of Health—Region VI—Grantee note: "The total in row 10 represents the number of unduplicated users for the entire Oklahoma Family Planning Program. The number of

users representative of the Title X portion of Family Planning is 29,033. This is calculated from the proportion that the Title X Project contributed (35%) to the overall OSDH Family Planning Program effort."

California Family Health Council, Inc.—Region IX—Grantee note: "Age corrected for one male client. Line #3 deducted 1 user; line #4: added 1 user."

Clark County Health District—Region IX—Grantee note: "Total unduplicated number for 2005 is lower than the 2004 FPAR. The reason for the reduction is due to the separation of the STD and FP programs and one of the delegate agencies pulling out of the FP program towards the end of 2005."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

Oregon Department of Human Services—Region X—Grantee note: "The decrease of 7,284 clients from last year's FPAR is attributed to [Planned Parenthood of the Columbia/Willamette, Inc.] (PPCW) becoming their own grantee midway through 2005. In 2004, PPCW's 2 Title X sites contributed a total of 13,699 clients. Also some delegates, such as Lane County, closed several clinic sites."

State of Washington Department of Health—Region X—Grantee note: "The reason for the decrease in the number of unduplicated female users can be attributed to one large delegate agency changing the number of clinic sites in the Title X project. A number of delegates also made major changes to their data systems."

International Community Health Services—Region X—Grantee note: "Please note, this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 2 COMMENTS: FEMALE USERS BY ETHNICITY AND RACE

Medical and Health Research Association of New York City, Inc.—Region II—Grantee note: "Delegates experienced difficulty during the reporting period collecting client race and ethnicity data. MHRA is working with delegates to improve data collection methods."

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity."

Virginia Department of Health—Region III—Grantee note: "VA FP Program began 1/01/05 with new service codes for reporting all encounters. Some districts were late in implementation and there are more that we probably are not aware of. There is no way to obtain unduplicated numbers from this early data or know all districts that started late using the new codes."

Florida Department of Health—Region IV—Grantee note: "There was a delay in the development and deployment of a new statewide data system. The current statewide system does not have the capacity to collect multiple race data. It would be too cumbersome and labor-intensive to try to collect data manually. Statewide deployment of new system is planned to occur in 2006 and multi-race data can be collected and compiled electronically for 2006 report."

Louisiana Department of Health and Hospitals—Region VI—Grantee note: "High volume of unknown/ unreported data is due to incomplete data collection before instituting COMPASS (encounter system)."

New Mexico Department of Health—Region VI—Grantee note: "The number of Native Americans increased. There was an outreach effort to this population. The increase was from local public health offices. This could represent the syphilis outbreak in the Native American community bringing more Native Americans into our clinics as well as the inadequate reproductive health coverage from Indian Health Services."

Texas Department of State Health Services—Region VI—Grantee note: "Table 2 notes: Table 2 is new for CY 2005. DSHS will use this data as a baseline for comparisons with future FPAR female user data."

Planned Parenthood Association of Utah—Region VIII—RPC note: "Grantee did not ask the question pertaining to Hispanic or Latino (A). Programmatic assistance will be forthcoming."

Republic of the Marshall Islands Ministry of Health and Environment—Region IX—Grantee note: "There is a large community of Chinese on the island and some of their women come for our family planning services. Some go to their own clinics."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

International Community Health Services—Region X—Grantee note: "Please note, this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 3 COMMENTS: MALE USERS BY ETHNICITY AND RACE

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity."

Florida Department of Health—Region IV—Grantee note: "There was a delay in the development and deployment of a new statewide data system. The current statewide system does not have the capacity to collect multiple race data. It would be too cumbersome and labor-intensive to try to collect data manually. Statewide deployment of new system is planned to occur in 2006, and multiple race data can be collected and compiled electronically for 2006 report."

New Mexico Department of Health—Region VI—Grantee note: "The number of Native Americans increased. There was an outreach effort to this population. The increase was from local public health offices. This could represent the syphilis outbreak in the Native American community bringing more Native Americans into our clinics as well as the inadequate reproductive health coverage from Indian Health Services."

Texas Department of State Health Services—Region VI—Grantee note: "There was a 9% increase in the number of males served."

Planned Parenthood Association of Utah—Region VIII—RPC note: "Grantee did not ask the question pertaining to Hispanic or Latino. Programmatic assistance will be forthcoming."

Republic of the Marshall Islands Ministry of Health and Environment—Region IX—Grantee note: "Family Planning sought out these 3,844 men and gave condoms to (them). The 788 is from the Chinese community here."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

International Community Health Services—Region X—Grantee note: "Please note, this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 4 COMMENTS: USERS BY INCOME LEVEL

Rhode Island Department of Health—Region I—Grantee note: "Out of the unknown/not reported, it is estimated that 69% are private insured patients and 31% are truly unknown."

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity."

Virginia Department of Health—Region III—Grantee note: "We have determined that patients with Medicaid, Medicaid Waiver, private insurance, those over 250% of poverty, and some teens are not receiving an income determination, which is responsible for the high unknown number. We hope to correct the problem as soon as it is determined that the WebVISION system will accept an income-eligibility determination on the above categories of patients."

Kentucky Cabinet for Health and Family Services—Region IV—Grantee note: "Extracting error identified through central data processing (CDP) agency. For CY 05 reporting, all Medicaid clients were previously added to row '6' if income level not identified. Adjusted data extracting procedures at CDP to now identify all Medicaid clients in row '1'; thus rows '2–5' Medicaid clients were then also moved to row '1'. For CY 06, delegates will be instructed to assess income level on all family planning clients. Dissemination of information will be provided via mass email memos to all delegates and reinforced during program site reviews."

Texas Department of State Health Services—Region VI—Grantee note: "While the overall number of users decreased for CY2005, proportionally the income levels that are 100% and below, 101%–150%, and 151%–200% of FPL, remained the same when compared to previous FPARs. The number of users whose level of income was unknown or not reported increased by 31%."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

International Community Health Services—Region X—Grantee note: "Please note, this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 5 COMMENTS: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Planned Parenthood of Connecticut, Inc.—Region I—Grantee note: "As far as we know, everyone we collect insurance information on has a plan that covers all or some of their family planning services."

Rhode Island Department of Health—Region I—Grantee note: "Rhode Island has a contraceptive equity law. Specifically, the law requires private insurance companies to cover contraceptives."

Virgin Islands Department of Health—Region II—RTI note: The grantee initially reported 26 users in row 2a. This information was verified as inaccurate and, with grantee approval, was revised (26 users moved to row 2c) by the FPAR Data Coordinator.

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity."

Family Planning Council, Inc.—Region III—Grantee note: "The only information we have on client private insurance status is for those who use their private insurance for family planning services. We do not have information on clients who have private insurance for other, non-family planning services."

Maternal and Family Health Services, Inc.—Region III—RTI note: The grantee initially reported 7,058 users in row 2a. This information was verified as inaccurate and, with grantee approval, was revised (7,058 users moved to row 2c) by the FPAR Data Coordinator.

Planned Parenthood of Metropolitan Washington, DC—Region III—RTI note: The grantee initially reported 2,057 users in row 2a. This information was verified as inaccurate and, with grantee approval, was revised (2,057 users moved to row 2c) by the FPAR Data Coordinator.

Florida Department of Health—Region IV—Grantee note: "The department's current Health Care Management System (HCMS) only allows Medicaid third-party payer information to be uploaded to the department's statewide system; the current design of the HCMS does not have the capacity for other third-party payer information to be uploaded to the statewide server. The other third-party payer information is maintained on the CHD local servers. It would have been too cumbersome and labor-intensive to try to collect data manually due to the need for timely coordination with 67 system administrators to get unduplicated count on health insurance coverage for family planning users. If there was not a Medicaid number associated with the client-specific ID, the user is being reported as uninsured. The new statewide system is to be fully deployed in 2006, and principal health insurance data can be collected and compiled electronically for 2006 report."

Georgia Department of Human Resources—Region IV—Grantee note: "When we looked at the last two years, the number of unknown/not reported has gone down about 9,000 from 114,019 to 104,699. Also when we looked at the data, 31% of the clients are from the age group 15–24, which might explain some of the reason for such a high number. We have quarterly meetings with our staff and will follow up with them to make sure they understand this area better."

North Carolina Department of Health and Human Services—Region IV—Grantee note: "For item No. 1, 'total' represents all Medicaid-covered patients. For item No. 2, 'total' represents patients covered partially by Medicaid, and other insurance coverage, as well as reported insurance plus self-pay. For item No. 3, 'total' represents all self-pay patients, assumes no insurance coverage."

South Carolina Department of Health and Environmental Control—Region IV—Grantee note: "In SC health departments, clients are not asked if they have any private health insurance. Since it is unknown as to whether a client has any private health insurance that would cover any primary medical care, this is reported as 0 on line 2."

Planned Parenthood of Greater Miami, Inc.—Region IV—Grantee note: "Most of the unknowns were teens that were unsure of insurance coverage or type."

State of Ohio Department of Health—Region V—Grantee note: "Data systems did not differentiate between 2a, 2b, and 2c."

Minnesota Department of Health—Region V—Grantee note: "Private insurance of 202 users covers all or some family planning services."

Arkansas Department of Health—Region VI—RTI note: The grantee initially reported 46,184 users covered by the state Medicaid family planning waiver in row 1. This information was verified as inaccurate and, with grantee approval, was revised (46,184 users added to row 3) by the FPAR Data Coordinator.

Louisiana Department of Health and Hospitals—Region VI—Grantee note: "Information on insurance coverage was not consistently counted on the agency's encounter form the first half of the year, resulting in large numbers of unknown/not reported."

Texas Department of State Health Services—Region VI—Grantee note: "Table 5 is new for CY2005. DSHS will use this data as a baseline for comparisons with future FPAR insurance-level data. The table shows that the vast majority (81%) of Texas users are uninsured."

Nebraska Department of Health and Human Services Regulation and Licensure—Region VII— RTI note: The information initially reported in rows 2, 2c, and 4 was verified as inaccurate and corrected by the grantee in a revised submission (row 2=5,661; row 2c=4,249; and row 4=8,761).

Planned Parenthood Association of Utah—Region VIII—Grantee note: "Can't tell whose private insurance denied service; 315 were covered."

Bienvenidos Children's Center, Inc.—Region IX—RTI note: FPAR Data Coordinator confirmed that all 2,518 users are uninsured.

Navajo Family Health Resource Network—Region IX—Grantee note: "First, this question is (optional). Second, NFHRN will be able to obtain better data on insurance coverage in the next FPAR. NFHRN Family Planning Counselors are in the final stage of orientation to the new data-collecting software."

California Family Health Council, Inc.—Region IX—Grantee note: "Data was collected specifically to respond directly to question #2. This resulted in 11,716 users being entered in line 2c."

State of Hawaii Department of Health—Region IX—Grantee note: "Table 5, number 2 is correct—all insurance plans in Hawaii must provide family planning coverage."

Nevada State Division of Health—Region IX—Grantee note: "For Table 5, Cell 2a, clinic staff do ask patients the question whether they have insurance or not. It's estimated that 8%—10% of those seen have insurance; however, the majority of them are underinsured with limited plans and coverage. Patients usually prefer paying us based on our fee schedule and/or submit a service invoice into their insurance for reimbursement. The program currently does not have the capability to bill third-party insurance; however, with a recent acquisition of an automated billing system, this service may become available to patients and allow the program to collect a copay and/or bill directly with local insurance companies."

Commonwealth of the Northern Mariana Islands Department of Public Health and Environmental Services—Region IX—Grantee note: "The number of individuals with private health insurance covering primary medical care was reported at 168. There was no breakout for items 2a–c, so this number was added to 2c 'unknown.'"

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

Oregon Department of Human Services—Region X—Grantee note: "Ahlers data does not provide the insurance information broken out this way."

State of Washington Department of Health—Region X—Grantee note: "2a–2c are not listed separately in Ahlers. The amount on 2a is the TOTAL for 2a–2c." RTI note: The grantee initially reported 10,826 users in row 2a. This information was verified as inaccurate and, with grantee approval, was revised (10,826 users moved to row 2c) by the FPAR Data Coordinator.

International Community Health Services—Region X—Grantee note: "Please note, this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 6 COMMENTS: USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Vermont Department of Health—Region I—Grantee note: "This number is now being underreported. In-services are under way to train staff to more accurately report these data for future FPAR reports and also to inform planning for service delivery to LEP clients."

Medical and Health Research Association of New York City, Inc.—Region II—Grantee note: "MHRA is working with delegates to improve data collection methods for LEP users."

University of Puerto Rico, School of Public Health—Region II—Grantee note: "The services provides by UPR Family Planning Staff in Puerto Rico are normally rendered in Spanish. However, most of our medical providers are able to provide the services in English upon request by the users. Generally, this table does not apply for UPR Title X Family Planning Program."

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity."

Florida Department of Health—Region IV—Grantee note: "To address the Regional Office concern about the low number of LEP users, the statewide data was reviewed. In further review of the data, it was noted that 9,933 oral language services were provided and 1,093 written services were provided. In our program, we strive to have diverse staff to better meet the needs of the individuals accessing services. Bilingual staff may not be coding oral or written services provided. Since this is a new reporting requirement, the grantee will reinforce the need to use the codes if a family planning service is provided in a language other than English and if translated materials were needed."

North Carolina Department of Health and Human Services—Region IV—Grantee note: "Total includes patient data reported through FP Health Services Information System, plus 2,128 Hispanic/Latino clients enrolled in special initiative projects."

Texas Department of State Health Services—Region VI—Grantee note: "Table 6 is new for CY 2005. DSHS will use this data as a baseline for comparisons with future FPAR LEP data. The table shows that 25% of Texas users have limited English proficiency."

Navajo Family Health Resource Network—Region IX—Grantee note: "LEP—Predominately referring to Native American Indian (Navajo)."

Republic of Palau Ministry of Health—Region IX—Grantee note: "Number noted is Asian women population, which at this time in Palau is very migrant."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

Oregon Department of Human Services—Region X—Grantee note: "Although LEP wasn't on the FPAR last year, our 'All Sources of Pay' tables (which include Title X and FPEP-only sites) show that we served 12,886 LEP clients in CY04 and 12,595 in CY03. So this year's FPAR number isn't an anomaly."

International Community Health Services—Region X—Grantee note: "Please note, this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 7 COMMENTS: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Planned Parenthood of Connecticut, Inc.—Region I—Grantee note: "Originally we had one sterilization (user) in the 18–19 [age group]–which was a mistake."

Healthcare of Southeastern Massachusetts—Region I—Grantee note: "Initial entry of one female sterilization user aged 18–19 determined to be a data entry error."

Action for Boston Community Development, Inc.—Region I—Grantee note: "#6 Oral contraceptive (Patch), there is no such thing. It is only 'Oral contraceptive.'"

Tapestry Health Systems, Inc.—Region I—Grantee note: "3/16/06—correction made—to column C: one client removed from row 1 and added to row 20."

Family Planning Association of Maine—Region I—RTI note: The grantee initially reported 2 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

New Hampshire Department of Health and Human Services—Region I—Grantee note: "The initial submission showed 3 clients under 20 with sterilization as their primary method of birth control. This was a data error (incorrect information submitted at the site level). These clients have been moved to 'method unknown.'" FPAR Data Coordinator note: "Replaced Line 20 with Line 19 and Line 19 with Line 20. EG."

Rhode Island Department of Health—Region I—RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

New Jersey Family Planning League, Inc.—Region II—RTI note: The grantee initially reported 2 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

New Jersey Department of Health and Senior Services—Region II—RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

New York State Department of Health—Region II—RTI note: The grantee initially reported 4 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Medical and Health Research Association of New York City, Inc.—Region II—RTI note: The grantee initially reported 2 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission. Further, the grantee also reported 1 user under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Delaware Department of Health and Social Services—Region III—RTI note: The grantee initially reported 2 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first-quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first-quarter activity. The identification of 16 female users under the age of 20 with a primary method of sterilization is a data entry error." RTI note: The grantee initially reported 16 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission. The grantee also reported 3 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Family Health Council of Central Pennsylvania, Inc.—Region III—Grantee note: "Revised due to delegate data entry coding errors in our data collection system. (Nine users were miscoded as sterilization.)" RTI note: The grantee initially reported 2 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Family Planning Council, Inc.—Region III—RTI note: The grantee initially reported 6 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Adagio Health—Region III—RTI note: The grantee initially reported 4 users under 20 as sterilization users. This information for 3 of 4 users was verified as inaccurate and corrected in a revised submission. For the remaining user, the grantee noted: "One patient under age 20 (column c) listed as sterilized had a hysterectomy due to complications from childbirth."

Planned Parenthood of Metropolitan Washington, DC—Region III—RTI note: The grantee initially reported 1 user under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and this case was moved to method unknown.

West Virginia Department of Health & Human Resources—Region III—RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission. The grantee also reported 3 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Virginia Department of Health—Region III—Grantee note: "The female aged 18–19 using female sterilization as her method had this procedure performed prior to becoming a VDH family planning patient. No VDH or Title X funds paid for the sterilization of anyone under age 21 during 2005. VA law allows sterilization of individuals above the age of 18."

State of Alabama—**Region IV—**RTI note: The grantee initially reported 1 user under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and this case was moved to method unknown.

Florida Department of Health—**Region IV—**Grantee note: "To address the Regional Office concerns of the increased number of clients reported as unknown method, we reviewed the programming to generate the method tables. In discussion with Data Analysts, we noted that there was a significant number of services that were identified that should have had a method linked to the user: initial/annual exams, medical management services, HIV pre- and post-test counseling, family planning education counseling. Even if the clients decided not to receive a birth control method, there is a 'no service' code that is to be used. In discussing the logic for programming with the Data Analyst, the program logic may need to be addressed to account for miscoding, and appropriate coding for services provided needs to be reinforced. The issue of coding and programming will be addressed to ensure accurate reporting of program activity and services. Entries for line 1A, 1B, and 1C previously reported (2/24/06) were in error and have been corrected." RTI note: The grantee initially reported 1 user under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and this case was moved to method unknown.

Georgia Department of Human Resources—**Region IV—**RTI note: The grantee initially reported 15 users under 20 as sterilization users. This information was verified as inaccurate for 14 of 15 users and corrected in a revised submission. For the remaining user, the grantee noted: "We have one young lady who was sterilized in the state of Florida. When she came for services in Georgia, she had been sterilized at 19 due to three C-sections and health risk."

Kentucky Cabinet for Health and Family Services—**Region IV—**Grantee note: "Extracting error identified for row 16 through central data processing (CDP) agency for CY 05 data (including ECPs and infertility clients). Correction action plan for CY 06 data includes quarterly data reviews from CDP."

Mississippi State Department of Health—**Region IV—**Grantee note: "There was a keying error under the Female Sterilization Age Group 18–19. It should have been keyed under Age Group 20–24."

North Carolina Department of Health and Human Services—**Region IV—**Grantee note: "Other methods category includes Emergency Contraception (1,297). Spermicide category combines contraceptive foam and contraceptive jelly users. Data system does not currently capture 1-month hormonal injection users, nor data on the current/previous method used by patients reporting emergency contraception. Patient <20 [years] with sterilization had procedure done under court order out-of-state prior to enrolling in NC Family Planning Program." RTI note: The grantee initially reported 4 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission. The grantee also reported 4 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

South Carolina Department of Health and Environmental Control—**Region IV—**Grantee note: "The number of female users reported on line 18 as 'No Method' 'Other Reason' shows a significant increase over the number reported on the CY 2004 FPAR. The CY 2005 FPAR number reported is consistent with actual prior year numbers in our system, but prior to CY 2005 we were not sure if the sites were reporting this number accurately. It was also thought that the data system might not be accurate. Because of this, prior to the CY 2005 FPAR, SC reported a percentage of the actual number of 'No Method' users into other methods. The system has now been tested and it has been determined that

the actual number for this method is accurate as reported in the CY 2005 FPAR. Also, on the initial submission of the 2005 report, it was reported that five females 19 and under used sterilization as their primary method. Due to keying errors, these numbers were reported to the incorrect method. The ages were reported correctly, but the method should have been reported as contraceptive patch."

Community Health Centers, Inc.—Region IV—Grantee note: "Emergency Contraception is [reported] on line 15." RTI note: The grantee initially reported 10 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Illinois Department of Human Services—Region V—RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

Indiana Family Health Council, Inc.—Region V—Grantee note: "1C 19-year-old had sterilization procedure before coming to FP clinic and FP services were provided."

The Center for Community Solutions—Region V—RTI note: The grantee initially reported 3 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Planned Parenthood of Wisconsin, Inc.—Region V—RTI note: The grantee initially reported 2 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

State of Ohio Department of Health—Region V—RTI note: The grantee initially reported 3 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Arkansas Department of Health—Region VI—RTI note: The grantee initially reported 1 user under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and this case was moved to method unknown.

Louisiana Department of Health and Hospitals—Region VI—Grantee note: "The higher number of OC users and lower number of 'method unknown' reflect more accurate and consistent documentation of contraceptive method in the agency's data collection system."

New Mexico Department of Health—Region VI—Grantee note: "The 50 clients reporting 1-month hormonal injections are clients seen throughout our sites that have traveled here from Mexico."

Oklahoma State Department of Health—Region VI—Grantee note: "RE: 19-year-old female with sterilization. The Women's Health Analyst called the Tahlequah clinic in Cherokee County to confirm this record via chart documentation. The nurse stated that the 19-year-old female presented to the Family Planning clinic on 06/08/05 stating she had missed her period and was concerned she might be pregnant. The client was given a pregnancy test—confirmed negative. The client reported to have previously received a tubal ligation by a provider outside the OSDH Family Planning Program. The client has not been seen since her visit on 06/08/05."

Texas Department of State Health Services—Region VI—Grantee note: "While the overall number of users decreased for CY2005, proportionally female contraceptive use remained the same for users of oral contraception, hormonal injections, IUDs, male condoms, and sterilizations. However, the number of users who use a diaphragm or cervical cap as their primary method decreased significantly. Other changes to the table limited comparisons to previous FPAR data."

Kansas Department of Health and Environment—Region VII—Grantee note: "Corrected entry for 15–17-year-old female." RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

Missouri Family Health Council, Inc.—Region VII—Grantee note: "Number of female clients under 20 with female sterilization as their primary method of contraception was a data submission error. Grantee delegates who submitted such data to the grantee were contacted to verify. All grantee delegates verified that such clients had not in fact undergone any sort of female sterilization process and that the data had been submitted incorrectly to the grantee. No clients under 20 are actually using female sterilization as their primary method of contraception. Grantee delegates submitted the actual primary method of contraception of such clients. Such numbers are now reflected in the revised table." RTI note: The grantee initially reported 11 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Nebraska Department of Health and Human Services Regulation and Licensure—Region VII— Grantee note: "On the 2005 FPAR report an error in reporting has been determined. The error was information that was mistakenly entered as number 52 for sterilization rather than number 51 for oral contraception in the Client Visit Record, CVR. The FPAR report is populated by the data entered into CVRs. The date of service was 9/16/2005. This has been corrected."

Colorado Department of Public Health and Environment—Region VIII—Grantee note: "The two clients in the 18–19 age group with 'sterilization' as the reported method had tubal ligations prior to enrollment in the Title X program. Both had several children and were sterilized in the private setting." RTI note: The grantee initially reported 2 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Montana Department of Public Health and Human Services—Region VIII—Grantee note: "Data was in error for two <20-year-old sterilization users; they are now reported as oral contraceptive users."

Wyoming Health Council—Region VIII—RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

Arizona Family Planning Council—Region IX—RTI note: The grantee initially reported 2 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

California Family Health Council, Inc.—Region IX—Grantee note: "The reporting error for 'Primary method' line number 1 was corrected for ages 15–17 and 18–19. No Title X funds were used for female sterilizations in these age groups." RTI note: The grantee initially reported 2 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

Clark County Health District—Region IX—RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

Federated States of Micronesia Department of Health—Region IX—RTI note: The grantee initially reported 3 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Republic of the Marshall Islands Ministry of Health and Environment—Region IX—Grantee note: "This year we have the patch and look forward to including it in next year's report. Also please note the difference in the way this report reports on the BTLs [bilateral tubal ligations] for this year. It includes only those who underwent the procedure this year and excludes anyone from previous years as we did not see them again returning for further service." RTI note: The grantee initially reported 1 user under 20 as a sterilization user. This information was verified as inaccurate and corrected in a revised submission.

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

Idaho Department of Health and Welfare—Region X—RTI note: The grantee initially reported 6 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

Oregon Department of Human Services—Region X—Grantee note: "Even though Implants have been off the market for several years, we still see a small number of supposed Implant users in our data. These could be women who have kept the implant in for over five years, or women who have moved here from other countries, or simple data entry error. The number is falling over time—80 in 2003, 51 in 2004, and 18 this year—so it will likely bottom out soon." RTI note: The grantee initially reported 11 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission.

State of Washington Department of Health—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05." RTI note: The grantee initially reported 3 users under 20 as sterilization users. This information was verified as inaccurate and corrected in a revised submission. The grantee also reported 3 users under 18 as relying on vasectomy as a primary method. The accuracy of this information could not be verified and these cases were moved to method unknown.

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 8 COMMENTS: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

University of Puerto Rico School of Public Health—Region II—RTI note: The grantee initially reported 3 users under 20 as vasectomy users. This information was verified as inaccurate and corrected in a revised submission.

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first quarter activity. The identification of 2 male users under the age of 20 with a primary method of sterilization is a data entry error." RTI note: This information was corrected in a revised submission.

West Virginia Department of Health & Human Resources—Region III—RTI note: The grantee initially reported 1 user under 20 as a vasectomy user. This information was verified as inaccurate and corrected in a revised submission.

North Carolina Department of Health and Human Services—Region IV—Grantee note: "A majority of males <15 are enrolled in a number of abstinence focused teen pregnancy prevention programs."

South Carolina Department of Health and Environmental Control—Region IV—Grantee note: "On the initial submission of the 2005 report, three (3) male clients 17 and under were reported as having vasectomy as their primary method. The ages were reported accurately but due to keying errors the numbers should have been reported as male condom for the method. The submitted revision reflects the correct totals."

Planned Parenthood of Greater Miami, Inc.—Region IV—Grantee note: "Modified methods #1 & #2. Method #2 incorrectly coded in one location as Method #1." RTI note: The grantee initially reported 24 users under 20 as vasectomy users. This information was verified as inaccurate and corrected in a revised submission.

New Mexico Department of Health—Region VI—RTI note: The grantee initially reported 1 user under 20 as a vasectomy user. This information was verified as inaccurate and corrected in a revised submission.

Texas Department of State Health Services—Region VI—Grantee note: "Table 8 is new for CY 2005. DSHS will use this data as a baseline for comparisons with future FPAR male contraceptive use data. The table shows that the vast majority (61%) of Texas male users chose condoms as their primary method of contraception." RTI note: The grantee initially reported 1 user under 20 as a vasectomy user. This information was verified as inaccurate and corrected in a revised submission.

Kansas Department of Health and Environment—Region VII—Grantee note: "Corrected entry for 18–19 y/o males." RTI note: The grantee initially reported 2 users under 20 as vasectomy users. This information was verified as inaccurate and corrected in a revised submission.

Montana Department of Public Health and Human Services—Region VIII—Grantee note: "No changes were made to this table, even though the status says revised."

California Family Health Council, Inc.—Region IX—Grantee note: "One client was incorrectly reported in line #1 age group 15–17. The client was corrected to line #2 male condoms. One client's age in line #1 was corrected from 18–19 to 20–24."

Nevada State Division of Health—Region IX—RTI note: The grantee initially reported 1 user under 20 as a vasectomy user. This information was verified as inaccurate and corrected in a revised submission.

Republic of the Marshall Islands Ministry of Health and Environment—Region IX—Grantee note: "The numbers for the Abstinence come from our school encounters."

Municipality of Anchorage—Region X—Grantee note: "Number 6 completed as method unknown."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 9 COMMENTS: CERVICAL CANCER SCREENING ACTIVITIES

Planned Parenthood of Connecticut, Inc.—Region I—Grantee note: "Does not include abnormal Pap results from two delegate agencies."

University of Puerto Rico, School of Public Health—Region II—Grantee note: "Current pathology labs contractual agreements for UPR agencies are performing Traditional Standard Pap tests. In 2006 UPR will be contracting with new lab to perform Thinprep Pap tests." RTI note: Grantee reported 401 abnormal pap tests that were not classified according to the Bethesda System.

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first quarter activity."

Planned Parenthood of Metropolitan Washington, DC—Region III—Grantee note: "Starting from Q4 '05, Delegates' concerns and problems about entries numbers 3 and 4 have now been resolved. An automated system will be installed to capture lab (including pap) data electronically on an on-going basis. All of 2006 will be reported. Expeditious efforts will be made to capture as much as possible, entry numbers 3 and 4, for '05 retrospectively."

Kentucky Cabinet for Health and Family Services—Region IV—Grantee note: "Total number of clients for row "1" less than the total number of female clients seen in CY 05, as suggested by the following scenarios: Current CDC pap guidelines recommend initiation of pap screening at age 21 or three years from onset of sexual activity. 24,379 clients identified as being less than 20 years old and date of onset of sexual activity possibly less than 3 yrs; some family planning clients are seen only for pregnancy tests and would not receive pap smears; some clients receive pap smears from outside providers but seek contraceptive services from Title X clinics."

Alivio Medical Center—Region V—Grantee note: "[Row] 4—There were no Pap tests with an HSIL grade or higher result reported."

Louisiana Department of Health and Hospitals—Region VI—Grantee note: "A lower number of unduplicated pap smears performed compared to clinical breast exams is due to women bringing current pap results from another provider."

Texas Department of State Health Services—Region VI—Grantee note: "Table 9 is new for CY2005. DSHS will use this data as a baseline for comparisons with future FPAR pap test data. However, the table does show that the number of users obtaining a pap test has remained similar to past FPAR at 66% of female users."

Bienvenidos Children's Center, Inc.—Region IX—RTI note: In a revised submission, the grantee corrected the entry for row 4.

Gila River Health Care Corporation—Region IX—Grantee note: "Clinical services did not start until January 1, 2006. Therefore there are no clinical statistics to report at this time."

Navajo Family Health Resource Network—Region IX—Grantee note: "NFHRN and the Indian Health Services' Management and Information System (MIS) data collecting system is still working on coordinating ways NFHRN Family Planning Counselors can better retrieve these lab data. Since NFHRN does not have medical providers or implement lab tests on its own we have to negotiate this with the Indian Health Services. We also have nine clinics to work with so consistency is a factor,

getting everyone to agree. Even if there is an agreement; all clinics operate differently therefore NFHRN will need to meet with each clinic (OB-GYN) to reach a decision on retrieving Pap test data on ASC and HSIL."

American Samoa Medical Center Authority—Region IX—RTI note: Grantee was unable to report Pap test results data in rows 3A and 4A.

Republic of Palau Ministry of Health—**Region IX—**Grantee note: "Numbers reported in line 3 and 4 include all tests performed at all clinics within the Family Health Unit. Family Planning Program comes under this unit." RTI note: The grantee states that at this time, they cannot determine the origin site for the positive tests.

Republic of the Marshall Islands Ministry of Health and Environment—**Region IX—**Grantee note: "Cancer of the Cervix is common here. A National Cancer Program was started last year to deal with the problem. Our program handles most of the pap testing and this is not all the data to expect this year. We will finalize as soon as we are all clear."

State of Alaska Department of Health and Social Services—**Region X**—Grantee note: "Reporting period = 12/01/04–11/30/05."

Oregon Department of Human Services—**Region X—**Grantee note: "There were a couple of small delegate agencies that we were unable to provide this information by the FPAR deadline."

International Community Health Services—**Region X—**Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 10 COMMENTS: BREAST CANCER SCREENING ACTIVITIES

Vermont Department of Health—**Region I—**Grantee note: "The source for this data is PPNNE's practice management system. Based on a comparison of annual exams (where a CBE is standard practice) to CBEs reported in the Region 1 Data System, we believe the logic model for determining Regional 1 data system is undercounting the number of clinical breast exams we do. Hence, the number reported is the number of annual exams."

University of Puerto Rico School of Public Health—Region II—RTI note: The grantee initially reported zero users referred for further evaluation based on CBE results (row 2). This information was verified as inaccurate and corrected (row 2=180) in a revised submission.

Maryland Department of Health and Mental Hygiene—**Region III—**Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first quarter activity."

Kentucky Cabinet for Health and Family Services—**Region IV—**Grantee note: "Total number of clients for row "1" less than the total number of female clients seen in CY 05, as suggested by the following scenarios: Some family planning clients are seen only for pregnancy tests and would not receive CBE screenings; Some clients receive annual exams and CBE screenings from outside providers but seek contraceptive services from Title X clinics."

South Carolina Department of Health and Environmental Control—**Region IV—**Grantee note: "The current data system that collects the SC data does not report referrals."

Tennessee Department of Health—Region IV—Grantee note: "Line 2 is very under reported. Not all regions and agencies captured referral information. Approximately 44% of the reports included referral information for 2005. Procedures are now in place in all regions and agencies to capture 2006 data."

Minnesota Department of Health—Region V—Grantee note: "#1 There is a problem in our data extraction of the number for the clinical breast exam. We will be evaluating and correcting. #2 This is an estimate. Verbal report from clinicians for a very rare event in a project that serves only adolescents."

Texas Department of State Health Services—Region VI—Grantee note: "Table 10 is new for CY2005. DSHS will use this data as a baseline for comparisons with future FPAR clinical breast (CBE) exam data. However, the table does indicate that the number of users obtaining a CBE increased by 6% in CY2005."

Colorado Department of Public Health and Environment—Region VIII—Grantee note: "Breast exam is part of a global service of complete physical exam (CPE), therefore we used CPE as a proxy for CBE and added in any clients receiving a CBE not represented in the first group."

Planned Parenthood Association of Utah—Region VIII—RTI note: The grantee initially reported zero users referred for further evaluation based on CBE results (row 2). This information was verified as inaccurate and corrected (row 2=38) in a revised submission.

American Samoa Medical Center Authority—Region IX—RTI note: Grantee was unable to report CBE referral data (row 2A).

Gila River Health Care Corporation—Region IX—Grantee note: "Clinical services did not start until January 1, 2006. Therefore there are no clinical statistics to report at this time."

Republic of Palau Ministry of Health—Region IX—Grantee note: "Numbers reported in this table represents breast exams performed in all clinics within the Family Health Unit. Family Planning Program comes under this Unit. The grantee reports that they cannot determine the origin site for the users referred for further evaluation."

Republic of the Marshall Islands Ministry of Health and Environment—Region IX—Grantee note: "Breast Examination is one of the topics included in our lectures. The number included presented with various complaints and were examined. Only 4 were referred for further evaluation and examination. RMI has a Mammogram Machine."

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

Planned Parenthood of Columbia/Willamette, Inc.—Region X—RTI note: The grantee initially reported zero users referred for further evaluation based on CBE results (row 2). This information was verified as inaccurate and corrected (row 2=260) in a revised submission.

TABLE 11 COMMENTS: USERS TESTED FOR CHLAMYDIA BY AGE AND GENDER

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first quarter activity."

St. Paul—Ramsey County—Region V—Grantee note: "The duplicated count is: Females–948, Males–280. TOTAL–1,228."

Texas Department of State Health Services—Region VI—Grantee note: "Table 11 is new for CY 2005. DSHS will use this data as a baseline for comparisons with future FPAR chlamydia test data."

Gila River Health Care Corporation—Region IX—Grantee note: "Clinical services did not start until January 1, 2006. Therefore there are no clinical statistics to report at this time."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 12 COMMENTS: STD TESTING BY GENDER

Tapestry Health Systems, Inc.—Region I—Grantee note: "HIV confirmatory tests not included in #3."

Rhode Island Department of Health—Region I—RTI note: The information initially reported in row 3 (A, B, and C) was verified as inaccurate and corrected in a revised submission (3A = 2,436, 3B = 358, and 3C = 2,794).

Vermont Department of Health—Region I—Grantee note: "There is a technical mapping issue in the Region 1 data system which is resulting in an undercount of the STIs and an over count of HIV tests. Thus we chose to use PPNNE's practice management system as the source of the data. The data reported are the best estimates available."

Maryland Department of Health and Mental Hygiene—Region III—Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first quarter activity."

Family Health Council of Central Pennsylvania, Inc.—Region III—Grantee note: "Row 4 was unable to be completed this year due to an error in our data collection. The data collected included positive HIV test results which were administered outside the scope of the Title X program. Therefore, this is invalid data and can not be reported accurately this year. We will rectify our data collection methodology in order to ensure valid data reporting for the 2006 FPAR."

Planned Parenthood of Metropolitan Washington, DC—Region III—Grantee note: "For Test Type 4, the number of HIV Positive Confidential Tests, the numbers are from the three Delegates receiving the OPA HIV-Integration into Family Planning Supplemental Grant: Planned Parenthood of Metropolitan Washington, D.C., Mary's Center for Maternal and Child Care, and Bread for the City."

State of Alabama Department of Public Health—Region IV—RTI note: The information initially reported in row 4 was verified as inaccurate and, with grantee approval, was changed by the FPAR Data Coordinator from 4,405 to 7.

Mississippi State Department of Health—Region IV—RTI note: The information initially reported in rows 3 and 4 was verified as inaccurate and, with grantee approval, was changed by the FPAR Data Coordinator as follows: 3A (28,289), 3B (108), 3C (28,397) and 4 (80).

Florida Department of Health—Region IV—Grantee note: "A total of 55,929 HIV tests were provided; 141 tests had missing data on sex." RTI note: In a revised submission the grantee revised the HIV testing data reported on row 3 to include the 141 tests with unknown user gender: row 3A (53,692), 3B (2,237), and 3C (55,929).

North Carolina Department of Health and Human Services—Region IV—Grantee note: "Anonymous testing for HIV was discontinued in May 1997."

Tennessee Department of Health—Region IV—Grantee note: "Line 5 No testing in Tennessee Family Planning program is anonymous."

Alivio Medical Center—Region V—Grantee note: "Our lab automatically does both chlamydia and gonorrhea testing from a single swab, otherwise we would not need as much GC testing, as we are a low incidence area."

New Mexico Department of Health—Region VI—Grantee note: "The number of HIV tests dropped by 2/3s (from 3,266 to 900). The clinics are doing less testing because of the FPP raising awareness among providers on the positivity rate of HIV in New Mexico and encouraging targeted testing for high-risk individuals."

Texas Department of State Health Services—Region VI—Grantee note: "Table 12 is new for CY2005. DSHS will use this data as a baseline for comparisons with future FPAR gonorrhea, syphilis, and HIV test data. However, the table does show that the number of HIV tests performed increased by 5%."

Colorado Department of Public Health and Environment—Region VIII—Grantee note: "Anonymous HIV testing may not be accurately reported since our family planning-only sites do not do anonymous testing. The sites that do anonymous testing would not be able to link an anonymous test with a family planning client due to the nature of the test—anonymous."

Gila River Health Care Corporation—Region IX—Grantee note: "Clinical services did not start until January 1, 2006. Therefore there are no clinical statistics to report at this time."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

Oregon Department of Human Services—Region X—Grantee note: "The approximate 16,500 drop in total STI tests from 2004 is still being investigated, but the following are contributing factors: the loss of PPCW as a delegate, fewer Title X clinics, more delegates becoming FQHCs and limiting services to birth control only, increase of moving clients from FP to STD clinics, and flat funding and/or no funding allows for less tests to be given. In addition, the number of STD tests reported in CY 04 incorrectly included vaginal wet mount tests, thus resulting in an unusually high number of "STD" tests. Wet mounts should not have been considered STD tests. In contrast, CY 05 data only includes Gonorrhea, Syphilis, and Chlamydia."

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 13 COMMENTS: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION

General note: FTE data for "other clinical services providers" is a new FPAR data item beginning with the 2005 reporting period. The "other clinical services providers" category was introduced in the

revised FPAR to capture information on the relatively small number of cases where other nonphysician or non-mid-level health providers deliver clinical family planning services generally restricted to physician and mid-level providers (e.g., all aspects of the user physical assessment). The FPAR instructions define "other clinical services providers" as "other licensed health providers (e.g., registered nurses) who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessment, as described in Section 8.3 of the *Program Guidelines.*"

However, when 2005 aggregate and provider-specific data for clinical services provider FTEs and encounters are compared with similar data for 2004, it appears that grantees overreported the FTE and encounters attributed to "other clinical services providers." Therefore, the *2005 National Summary* does not present FTE data for "other clinical services providers" or the number of encounters by type of clinical services provider. OPA will provide grantees with technical assistance to correct this reporting issue.

Planned Parenthood of Connecticut, Inc.—**Region I—**Grantee note: "Inadvertently counted non-clinical provider encounters twice." RTI note: Grantee submitted a revised table.

Maryland Department of Health and Mental Hygiene—**Region III—**Grantee note: "A new data system was implemented on April 1, 2005. Data from the previous system could not be converted to the new system. Only first quarter client counts from the old system are estimated in this report. The estimate is based on previous client trends for first quarter activity."

Mississippi State Department of Health—Region IV—Grantee note: "The number of FTEs is reported from Jan–Dec. 2005."

State of Ohio Department of Health—**Region V—**Grantee note: "Number of FTE for 1a, 1b and 1c was determined by adding the numbers of 1a, 1b and 1c received from 35 delegate agencies."

Arkansas Department of Health—**Region VI**—Grantee note: "1c includes RNs and LPNs."

Texas Department of State Health Services—**Region VI—**Grantee note: "Table 13 is new for CY2005. DSHS will use this data as a baseline for comparisons with future FPAR encounter data. Because of differences between Table 13 and Table 5 on previous FPARs comparable analysis is not possible. However, Table 13 indicates an increase in both physician FTEs, and FTEs for physician assistants, nurse practitioners and certified nurse midwives. There was a minimal increase of 1% in the number of family planning encounters with clinical service providers."

Missouri Family Health Council, Inc.—**Region VII—**Grantee note: "Incorrect data submission was due to misinterpretation of directions. FTEs submitted by grantee delegates to the grantee and are now reflected in the revised table."

Planned Parenthood Association of Utah—**Region VIII—**Grantee note: "Line 1—Number of Encounters that are primary clinician but may have also received service from non-clinical provider."

Wyoming Health Council—**Region VIII—**RPC note: "Grantee needs to work with contractor to capture the FTEs in addition to the encounters. RPC Leslie."

Gila River Health Care Corporation—**Region IX—**Grantee note: "Clinical Services did not start until January 6, 2006. Therefore there are no clinical encounters."

Municipality of Anchorage—**Region X—**Grantee note: "Includes PHN visits of expanded role performing male and female genital exams."

State of Alaska Department of Health and Social Services—Region X—Grantee note: "Reporting period = 12/01/04–11/30/05."

Idaho Department of Health and Welfare—Region X—Grantee note: "Ahlers data used for number of encounters."

International Community Health Services—Region X—Grantee note: "Please note this FPAR data is for the reporting period 12/01/04–11/30/05."

TABLE 14 COMMENTS: REVENUE REPORT

Other Federal Grants (rows 3 and 4)—Grantees specified the following types of "other" federal grant revenue on rows 3 and 4: HRSA; HRSA (not 330 funds); STD screening, CT Project, breast/cervical cancer screening funds; Abstinence Education Grant; Preventive Block Grant; HIV Integration; HIV Supplemental Grant; and OMH cultural outreach.

Medicaid Family Planning Waiver Revenue (row 7)—FPAR instructions are not clear as to where revenue received from state-initiated Medicaid family planning waiver programs ("waiver states") should be recorded. Some grantees have always listed revenue from these programs under Medicaid. Others have varied between listing such revenue as "other third parties," "state government," "local government," or Medicaid. For the 2005 reporting period, grantees in the following states confirmed that reported Medicaid revenue included revenue from state Medicaid waiver programs: Arkansas, California, Florida (Florida Department of Health), New Mexico, North Carolina, Oklahoma (Oklahoma State Department of Health), Oregon, and Washington (State of Washington Department of Health). Grantees in waiver states that confirmed that the 2005 Medicaid revenue amount was "accurate" or "complete," but did not explicitly mention the exclusion/inclusion of waiver revenue, included Arizona (Arizona Family Planning Council), Illinois (Illinois Department of Human Services), Missouri, South Carolina, and Virginia. Finally, grantees in waiver states where the inclusion/exclusion of Medicaid waiver revenue was not confirmed included Alabama, Delaware, Maryland, Mississippi, New York, Rhode Island, and Wisconsin.

State Government Revenue (rows 14 to 17)—The following sources of revenue were reported by grantees under "other revenue" (rows 14 to 17), and included in the tabulation of "state government revenue" shown in ***Exhibits 32, 33,*** and ***A-7a*** of the *2005 National Summary* and ***Exhibits 29*** and ***30*** of the *2005 Regional Summaries*: State, State funds, State Government, State General Funds, State General Revenue, State Supplement, State Appropriated Dollars, State family planning funds, Mass. State Contracts, MA Department of Public Health (State), MA DPH Family Planning, NJ State Grants, Delaware State Grant Aid, State-Women's Medical Services, State-Cervical Cancer, FP State General Revenue, Uncategorical State general revenue, Pharmacy State general revenue, Tobacco Settlement Trust Fund, Tobacco Settlement, State Family Planning Special Projects, KS Statewide Farmworker Health Program, State CT Project, State Abstinence, State of Alaska grants, FPRH State Funds, DSHS CSO.

Other Revenue (rows 14 to 17)—Grantees specified the following types of "other revenue" on rows 14 to 17: VNA, Other Contractual, Education Fees, Donations, City of Cambridge, Medical Supply, Free Care Pool, United Way, HPV Study, Preventive Health Block Grant, Breast and Cervical Cancer Prevention (CDC), CDC Infertility Prevention Project, WHN Unit Rate Program, IRB Pregnancy Test Study, Foundations, Business and Community Contributions, Rental Income, Private Contributions and Grants, Agency Support and State Grants, Ladies First (CDC), HIV and STD (CDC funds),

Applicant—Various Sources, Applicant, Uncompensated Care, In-kind laboratory, Local and In Kind Foundations, In Kind, Interest Income, Carryover, CDC/STD, Interest as fees, Revenue from Data Services, Revenue from Coverage Program, STD, chlamydia, #434, HW, WMS, BCS, KWH, interest, Delegate Reimbursements, Breast and Cervical/Lab, Refunds and Returns, Contracts, Earned Funds, Private Foundation, CDC Funding, In-kind hospitals, Private Grants, Miscellaneous, Rural Health Care Services Outreach, Teen Pregnancy Prevention, Patient donations, Patient fees, CAP, United Way, Workers Compensation, County Women's Fund, foundation grant, Wellness Grant, PPFA grant, Tobacco foundation, county levy, GRF, Hennepin County, Archdiocese of Santa Fe Subsidy, Texas Center for Health Training Contract, Ryan White, United Way, Stern Foundation, In Kind Pathology, Interest and medication refund, Local Resources, Foundations, Vasectomies and Health Screenings, Educational Programs, Agency/Local, Interest, Refunds, Bad Debt Recovery, Cash—DSI, In-kind match, local funds, universities, Cancer, STD, In-kind/Restricted Contributions, Fundraising, interest, in-kind, local grants, Agency Contribution, Tribe/Corporation In-Kind, In-Kind Provider Services, WHC, County General Fund Support, UNFPA, SSDI grant, County general funds, WBCHP, BCHC, SEARHC-BCCEDP, Miscellaneous, Other.

Planned Parenthood of Connecticut, Inc.—Region I—Grantee note: "Title X amount reflects actual funds drawn from electronic account during calendar 2005."

Rhode Island Department of Health—Region I—Grantee note: "Line 1—The $910,740 amount includes only drawdowns beginning on 1/14/2005 and includes the last drawdown in CY 2005, which was on 12/28/2005."

Vermont Department of Health—Region I—Grantee note: "Line 1: includes supplemental grants for LEP ($4,000) and contraceptive purchase ($10,400). Line 4 includes IPP funds ($26,412)." RTI note: With the grantee's approval, the FPAR Data Coordinator moved the revenue reported on rows 3 (CDC Ladies First) and 4 (CDC IPP) of the original submission to "Other Revenue" rows 15 and 16, respectively.

New York State Department of Health—Region II—RTI note: In a revised submission the grantee reported Title V funds on row 10 and TANF funds on row 12.

Medical and Health Research Association of New York City, Inc.—Region II—RTI note: With grantee permission, the FPAR Data Coordinator moved CDC IPP revenue to row 16.

University of Puerto Rico, School of Public Health—Region II—Grantee note: "The revenues [are] as part of the contract agreement between the Delegated Agencies and the UPR Family Planning Program for the services provided. Th[ese] revenues are use[d]to cover cost increase[s] in the Family Planning Services, for example increased cost of contraceptive methods, hired physician and nurses, paid labs, medical office space and other cost not covered by the federal grant but necessary for the continuation of the Family Planning Program Operation."

Maryland Department of Health and Mental Hygiene—Region III—RTI note: In a revised submission the grantee reported CDC/STD funds on row 17.

Family Planning Council, Inc.—Region III—Grantee note: "The revenue in Table 14 includes more sources than previously reported and is not a substantial increase as might first appear. Title X revenue includes: base, male project, and the HIV supplement. Other Federal revenue reflects HRSA funds for HRCs not previously reported. State/local funds include support for cervical cancer screening, chlamydia screening, genetics and preconception health screening. Growth in fees and third party

revenue result from an increase in total patients with MA, as well as inclusion of commercial insurance revenue for the first time. Line 3: HRSA revenue is Ryan White Title IV Funding awarded to support a school-based HIV/STD prevention program."

Maternal and Family Health Services, Inc.—Region III—Grantee note: "Delegate reimbursements represent sub providers reimbursing MFHS for contraceptive supplies provided to them at cost. Interest income is short overnight earnings on general family planning cash flows."

Adagio Health—Region III—RTI note: In a revised submission the grantee reported CDC IPP/STD funds on row 14.

Planned Parenthood of Metropolitan Washington, DC—Region III—RTI note: In a revised submission the grantee reported CDC IPP funds on row 15. Furthermore, with grantee approval the FPAR data coordinator moved revenue from Title X HIV Supplemental funds to row 1.

Virginia Department of Health—Region III—Grantee note: "As compared to last year, revenue is higher this year. The data provided for this table is obtained from the VDH financial system by a person in the fiscal office at the request of our financial grant manager. We do not know what accounts for this increase as the central fiscal office pulls the data from the system from all the 34 health districts. The Title XIX revenues which include state and federal match have been verified by the VDH Office of Budget and Accounting and reported in row 7a column B." RTI note: With grantee approval, "other revenue" reported as "local government" or "local match" was combined and reported on row 13 "Local government grants and contracts." This correction was made during data tabulation, and is not reflected in the grantee's FPAR report.

Florida Department of Health—Region IV—Grantee note: "Being a state agency, the department utilizes 3 State of Florida fiscal systems to report expenditures and revenue. In these systems, there is the capacity for third party revenue information to be accessed through the departments Health Care Management System (HCMS) through a different reporting process. There is the capacity for all third party revenue to be reported through HCMS even though there is not the capacity for all third-party payer information to be uploaded from local CHD servers to the statewide database server for HCMS. Line 7A includes FP waiver income of $476,550."

Georgia Department of Human Resources—Region IV—Grantee note: "The CY 05 Report is correct. In CY 04 reported on total district funds which was $1,766,379. We inadvertently omitted the $4,376,514; making the total TANF funds in CY 04 $6,142,893. In Table 14, Other Revenue funds (#'s 10–17) were reported by districts which were included in the Federal Grants Section (#'s 1–5). Thereby reporting the same funds twice. Corrections have been made to reverse the Other Revenue Section of Table 14. MCH Block Grant misreported." RTI note: In revised submission, TANF funds were reported on row 12 and Title X funds were reported on row 1.

Kentucky Cabinet for Health and Family Services—Region IV—RTI note: In a revised submission the grantee reported Title V revenue on row 10. Furthermore, with grantee permission, RTI moved "local government" revenue from row 15 to row 13 during tabulation procedures.

Mississippi State Department of Health—Region IV—Grantee note: "Financial Report corrected by MDH F&A Office."

North Carolina Department of Health and Human Services—Region IV—Grantee note: "The sum reported in line 7a includes an estimated $33,789.88 in Medicaid reimbursements for the period of October 2005 to December 2005 from the recently implemented Family Planning Medicaid Waiver."

South Carolina Department of Health and Environmental Control—**Region IV—**Grantee note: "This revision reflects the source of funds for the amounts listed on lines 14 and 15. Line 14 is State Government funds and Line 15 is Earned Funds. Both have been listed but for some reason, *e*Grants is not saving the source on line 15. As requested, the amounts of Medicaid totals on line 7a and the amounts on lines 13 through 15 have been verified as being accurate."

Tennessee Department of Health—Region IV—RTI note: In a revised submission the grantee reported HRSA/BPHC revenue on row 2.

Illinois Department of Human Services—**Region V—**Grantee note: "Other Revenue—Line 17 Interest Income $20,762 United Way $112,874 IBCC $ $3,915 Education $1,088 Institutional Hospital Funds $431,254 miscellaneous $4,980 Grantee verifies that all Medicaid funds are reported in 7a Column b."

Michigan Department of Community Health—**Region V—**Grantee note: "Row 3–Grantee states Preventive Health Block grant funds are Federal and earmarked for family planning. Row 7a–There are no Title XIX waiver revenues reported for CY 2005."

Planned Parenthood of Minnesota/North Dakota/South Dakota—**Region V—**Grantee note: "Row7a–There are no Title XIX waiver revenues reported for CY 2005."

State of Ohio Department of Health—Region V—RTI note: In a revised submission the grantee reported HRSA/BPHC revenue on row 2.

Minnesota Department of Health—**Region V—**Grantee note: "The financial information is not consistent with the approved budget."

Arkansas Department of Health—**Region VI—**Grantee note: "Unable to separate Medicaid waiver payments from other Medicaid payments, so all are reported on line 7a, column B."

Louisiana Department of Health and Hospitals—Region VI—RTI note: In a revised submission the grantee reported revenue from Title X HIV Supplemental funds on row 1 and Preventive Health Block Grant revenue on row 15.

New Mexico Department of Health—**Region VI—**Grantee note: "Medicaid waiver revenues were reported on row 7a, column B ('Medicaid, not prepaid') as required."

Oklahoma State Department of Health—**Region VI—**Grantee note: "Title XIX waiver revenues include both state and federal match and have been reported on Table 14, row 7a."

Texas Department of State Health Services—**Region VI—**Grantee note: "Title X (Administrative Costs: $763,992; Client Services: $8,875,836). Title XX (Administrative Costs: $1,145,339; Client Services: $15,747,980). Due to recent state legislation, Title XX/TANF funding available for DSHS family planning services was reduced by $5 million for FY 06 and FY 07. This resulted in an 11% reduction for all Title XX contracts. Additional legislation directed DSHS to allocate family planning funds to Federally Qualified Health Centers in FY 06. To implement this legislative requirement, a competitive application process for family planning funds was released in September 2005. New contracts were effective January 1, 2006 through August 31, 2006. To assure funding for new contracts, more client service dollars were budgeted for January to August 2006. In CY 2004, the Title X and Title XX client service dollars was $33,043,227, compared to $24,623,816 for CY 2005. This is reflected on Table 14. It is anticipated that additional users will be reported in the CY 2006 FPAR."

Iowa Department of Public Health—Region VII—Grantee note: "Iowa did not have an 1115 waiver in 2005."

Kansas Department of Health and Environment—Region VII—Grantee note: "Farm worker Health revenues moved from 'Federal Grants' to 'Other Revenue, Specify.'"

Missouri Family Health Council, Inc.—Region VII—Grantee note: "The Title XIX revenue amounts were verified by the grantee. Numbers are accurate and reflect the amounts submitted by grantee delegates."

Nebraska Department of Health and Human Services Regulation and Licensure—Region VII—Grantee note: "Line 17 is money we receive from Development Systems, Inc. (DSI) of Kansas City to supplement the Region VII Training Manager position in the Nebraska Reproductive Health Program."

South Dakota Department of Health—Region VIII—Grantee note: "Revised according to instructions from Region VIII Family Planning Office."

Colorado Department of Public Health and Environment—Region VIII—RTI note: In a revised submission, the grantee reported CDC IPP revenue on row 16.

Montana Department of Public Health and Human Services—Region VIII—RTI note: In a revised submission, the grantee reported Preventive Health Block Grant revenue on row 15.

North Dakota Department of Health—Region VIII—RTI note: In a revised submission, the grantee reported CDC IPP revenue on row 17.

Planned Parenthood Association of Utah—Region VIII—Grantee note: "Title X revenue included HIV Grant." RTI note: In a revised submission, the grantee reported HRSA/BPHC revenue on row 2.

Gila River Health Care Corporation—Region IX—Grantee note: "This program transitioned from the Gila River Indian Community Department of Public Health to the Gila River Health Care Corporation, which is a 501(c)(3), May 1, 2005." RTI note: In a revised submission, the grantee reported the drawdown amount for the Title X service grant and included revenue from Title X HIV Supplemental funds on row 1.

California Family Health Council, Inc.—Region IX—Grantee note: "Detail for line 7a State Family PACT $95,119,689 MediCal $10,357,813 Medicaid $453,259 Total $105,930,761. The information shown on the Revenue Report—Table 14 is based on unaudited figures and may still be subject to change, depending on the outcome of the Annual CFHC Audit, which is expected to be completed in June, 2006."

Nevada State Division of Health—Region IX—RTI note: In a revised submission, the grantee reported Preventive Health Block Grant revenue on row 14.

Clark County Health District—Region IX—RTI note: In a revised submission, the grantee deleted the entry for WIC revenue.

Federated States of Micronesia Department of Health—Region IX—Grantee note: "Line 1—This project received a 'no-cost extension' for the project year of 7/1/2005–6/30/2006, and there was no actual new funding awarded by Title X." RTI note: In a revised submission, the grantee reported the drawdown amount for the Title X service grant on row 1.

Republic of Palau Ministry of Health—Region IX—RTI note: In a revised submission, the grantee reported the drawdown amount for the Title X service grant on row 1.

Republic of the Marshall Islands Ministry of Health and Environment—Region IX—RTI note: In a revised submission, the grantee reported the drawdown amount for the Title X service grant on row 1.

Commonwealth of the Northern Mariana Islands Department of Public Health and Environmental Services—Region IX—RTI note: In a revised submission, the grantee reported the drawdown amount for the Title X service grant on row 1.

Bienvenidos Children's Center, Inc.—Region IX—RTI note: In a revised submission, the grantee reported Medicaid waiver revenue on row 7.

Municipality of Anchorage—**Region X—**RPC note: "Revenue generated is reported for time period of 12/1/04 through 11/30/05. Client donations separated from client collections and placed in line 15 (J Wildeboor)." RTI note: In a revised submission, the grantee reported CDC Breast/Cervical Cancer Early Detection revenue on row 16.

Oregon Department of Human Services—**Region X—**Grantee note: "1. Title X grant funds based on actual calendar year 2005 drawdowns. 6. Delegates did not separate donations from total client collections 15. County general funds refer to the amount that the specific county contributes to the local health department (delegate) for family planning. It varies widely from county to county. In Oregon most delegates are county health departments." RTI note: In a revised submission, the grantee reported Medicaid waiver revenue on row 7.

State of Washington Department of Health—**Region X—**Grantee note: "Line one shows actual expenditures. Actual award is $5,138,521." RPC note: "Line 7a, column B reflects combined state and federal portions. Line 17 includes CDC Breast and Cervical Cancer funds. Deleted Medicaid Match of 46,000 from Line 3 and added it to Line 7a/B (J Wildeboor)." FPAR Data Coordinator note: "Deleted 'DSHS Take Charge' of 5,752,277 from Line 15 and added it to Line 7a/B."

Idaho Department of Health and Welfare—**Region X—**Grantee note: "Report only reflects income based on Title X services only. Report submitted for CY 2004 reflects cost sharing requirements."

International Community Health Services—**Region X—**Grantee note: "Reporting period is 1/1/05–12/31/05. $265,748 is the amount of actual drawdowns of Title X funds during CY 2005."

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