

February 2008

Family Planning Annual Report

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2006 NATIONAL SUMMARY

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Family Planning Annual Report: 2006 National Summary

ERRATA SHEET

As of March 10, 2008, the following errors were found in the print version of the *Family Planning Annual Report: 2006 National Summary*. These errors have been corrected in the PDF and HTML versions of the report, which can be found on the Office of Population Affairs/Office of Family Planning Web site at <http://www.hhs.gov/opa/familyplanning/toolsdocs/index.html>.

Page A-4, Exhibit A-2a:

In 2004, the distribution of all family planning users by age group should be 13% (not 14%) under 18 years, 14% (not 15%) between 18 and 19 years, 32% (not 33%) between 20 and 24 years, and 20% (not 21%) between 30 and 44 years.

Page A-15, Exhibit A-7b:

In 2006, client collections accounted for 9% (not 10%), Medicaid accounted for 30% (not 29%), and state governments accounted for 12% (not 13%) of total Title X project revenue.

In 2004, client collections accounted for 10% (not 11%) of total Title X project revenue.

In 2001, client collections accounted for 11% (not 13%) and Medicaid accounted for 16% (not 14%) of total Title X project revenue.

In 1999, client collections accounted for 13% (not 14%) of total Title X project revenue.

February 2008

Family Planning Annual Report: 2006 National Summary

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CONTENTS

1	Introduction	1
	Title X National Family Planning Program.....	1
	Family Planning Annual Report (FPAR)	1
	Report Structure.....	3
2	FPAR Methodology	5
	Data Collection.....	5
	Data Reporting.....	5
	Data Validation.....	5
3	Findings	7
	Grantee Profile.....	7
	Family Planning User Demographic Profile.....	8
	Total Users (Exhibit 3).....	8
	Users by Gender (Exhibits 4 and 5)	9
	Users by Age (Exhibits 4 and 5)	9
	Users by Race (Exhibits 6 to 14).....	9
	Users by Ethnicity (Exhibits 6 to 14).....	12
	Family Planning User Social and Economic Profile	21
	Users by Income Level (Exhibit 15)	21
	Users by Insurance Coverage Status (Exhibit 16).....	21
	Limited English Proficient (LEP) Users (Exhibit 17)	24
	Family Planning Method Use	25
	Female Users by Primary Contraceptive Method (Exhibits 18 to 21).....	25
	Male Users by Primary Contraceptive Method (Exhibits 22 to 25).....	29
	Cervical and Breast Cancer Screening Activities	39
	Cervical Cancer Screening Activities (Exhibit 26)	39
	Breast Cancer Screening Activities (Exhibit 26).....	39
	Sexually Transmitted Disease (STD) Screening	39
	Chlamydia Testing (Exhibits 27 and 28).....	39
	Gonorrhea and Syphilis Testing (Exhibit 29).....	41
	HIV Testing (Exhibit 29)	41
	Staffing and Family Planning Encounters (Exhibit 30).....	45

Revenue (Exhibits 31 to 33).....	49
Medicaid.....	49
Title X.....	49
State and Local Government.....	49
Client Payment for Services.....	49
Private Third-Party Payers.....	49
Other Revenue Sources.....	50
4 References.....	55
5 Appendixes	
A. Trend Tables.....	A-1
B. State Tables.....	B-1
C. Methodological Notes.....	C-1

EXHIBITS

1. U.S. Department of Health and Human Services (HHS) regions.....	2
2. Number of and percentage change in grantees, delegates, and service sites, by region: 2005–2006 (Source: FPAR Grantee Profile Cover Sheet).....	7
3. Number, distribution, and percentage change in all family planning users, by region: 2005–2006 (Source: FPAR Table 1).....	8
4. Number of family planning users, by gender, age, and region: 2006 (Source: FPAR Table 1).....	10
5. Distribution of family planning users, by gender, age, and region: 2006 (Source: FPAR Table 1).....	11
6. Number and distribution of all family planning users, by race and ethnicity: 2006 (Source: FPAR Tables 2 and 3).....	13
7. Number and distribution of female family planning users, by race and ethnicity: 2006 (Source: FPAR Table 2).....	13
8. Number and distribution of male family planning users, by race and ethnicity: 2006 (Source: FPAR Table 3).....	13
9. Number of all family planning users, by race, ethnicity, and region: 2006 (Source: FPAR Tables 2 and 3).....	14
10. Distribution of all family planning users, by race, ethnicity, and region: 2006 (Source: FPAR Tables 2 and 3).....	15
11. Number of female family planning users, by race, ethnicity, and region: 2006 (Source: FPAR Table 2).....	16
12. Distribution of female family planning users, by race, ethnicity, and region: 2006 (Source: FPAR Table 2).....	17

13.	Number of male family planning users, by race, ethnicity, and region: 2006 (Source: FPAR Table 3).....	18
14.	Distribution of male family planning users, by race, ethnicity, and region: 2006 (Source: FPAR Table 3).....	19
15.	Number and distribution of all family planning users, by income level and region: 2006 (Source: FPAR Table 4).....	22
16.	Number and distribution of all family planning users, by principal health insurance coverage status and region: 2006 (Source: FPAR Table 5)	23
17.	Number and distribution of all family planning users, by region and limited English proficiency (LEP) status: 2006 (Source: FPAR Table 6).....	24
18.	Number of female family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 7).....	30
19.	Distribution of female family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 7).....	31
20.	Number of female family planning users, by primary contraceptive method and region: 2006 (Source: FPAR Table 7).....	32
21.	Distribution of female family planning users, by primary contraceptive method and region: 2006 (Source: FPAR Table 7).....	33
22.	Number of male family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 8)	34
23.	Distribution of male family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 8).....	35
24.	Number of male family planning users, by primary contraceptive method and region: 2006 (Source: FPAR Table 8).....	36
25.	Distribution of male family planning users, by primary contraceptive method and region: 2006 (Source: FPAR Table 8).....	37
26.	Cervical and breast cancer screening activities, by screening test/exam and region: 2006 (Source: FPAR Tables 9 and 10).....	40
27.	Number of family planning users tested for chlamydia, by gender, age, and region: 2006 (Source: FPAR Table 11).....	42
28.	Percentage of family planning users in each age group tested for chlamydia, by gender, age, and region: 2006 (Source: FPAR Table 11).....	43
29.	Number of gonorrhea, syphilis, and HIV tests performed, by test type and region: 2006 (Source: FPAR Table 12).....	44
30.	Composition of clinical services provider (CSP) staff and number and distribution of family planning (FP) encounters, by type and region: 2006 (Source: FPAR Table 13).....	47
31.	Dollar amount and distribution of Title X project revenues, by revenue source: 2006 (Source: FPAR Table 14).....	51

32.	Dollar amount of Title X project revenues, by revenue source and region: 2006 (Source: FPAR Table 14).....	52
33.	Distribution of Title X project revenues, by revenue source and region: 2006 (Source: FPAR Table 14).....	53
A-1a.	Number and distribution of all family planning users, by region: 1999-2006	A-2
A-1b.	Distribution of all family planning users, by region: 1999-2006	A-3
A-2a.	Number and distribution of all family planning users, by age: 1999-2006	A-4
A-2b.	Distribution of all family planning users, by age: 1999-2006	A-5
A-3a.	Number and distribution of all family planning users, by race: 1999-2006	A-6
A-3b.	Distribution of all family planning users, by race: 1999-2006	A-7
A-4a.	Number and distribution of all family planning users, by Hispanic or Latino ethnicity: 1999-2006	A-8
A-4b.	Distribution of all family planning users, by Hispanic or Latino ethnicity: 1999-2006	A-9
A-5a.	Number and distribution of all family planning users, by income level: 1999-2006	A-10
A-5b.	Distribution of all family planning users, by income level: 1999-2006	A-11
A-6a.	Number and distribution of female family planning users, by primary contraceptive method: 1999-2006	A-12
A-6b.	Distribution of female family planning users, by primary contraceptive method: 1999-2006	A-13
A-7a.	Dollar amount and distribution of Title X project revenue, by revenue source: 1999-2006	A-14
A-7b.	Distribution of Title X project revenue: 1999-2006	A-15
A-8a.	Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total and Title X revenue: 1999-2006	A-16
A-8b.	Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue: 1999-2006	A-17
A-8c.	Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Title X revenue: 1999-2006	A-18
B-1.	Number and distribution of all family planning users, by state and gender: 2006	B-2
B-2.	Number and distribution of all family planning users, by state and income level: 2006	B-4

1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act,¹ is administered within the Office of Population Affairs (OPA) by the Office of Family Planning (OFP). The Title X program 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. Title X funds also support the delivery of related, preventive, health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and HIV prevention, education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.² For many clients, Title X clinics provide the only continuing source of health care and health education. In fiscal year 2006, the program received \$283.1 million in funding.³

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.

FAMILY PLANNING ANNUAL REPORT (FPAR)

The Family Planning Annual Report (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.⁴ The FPAR data are reported and presented in summary form to protect the confidentiality of the persons that receive Title X-funded services.⁵

¹ 42 United States Code (USC) 300. *Population Research and Voluntary Family Planning Programs, Section 1001 of Title X of the Public Health Service Act*. Retrieved January 31, 2008, from <http://www.hhs.gov/opa/familyplanning/toolsdocs/xstatut.pdf>.

² Office of Population Affairs (OPA) Web site. *Family Planning*. Retrieved January 31, 2008, from <http://www.hhs.gov/opa/familyplanning/index.html>.

³ OPA Web site. *Budget: Family Planning*. Retrieved January 31, 2008, from <http://www.hhs.gov/opa/about/budget/>.

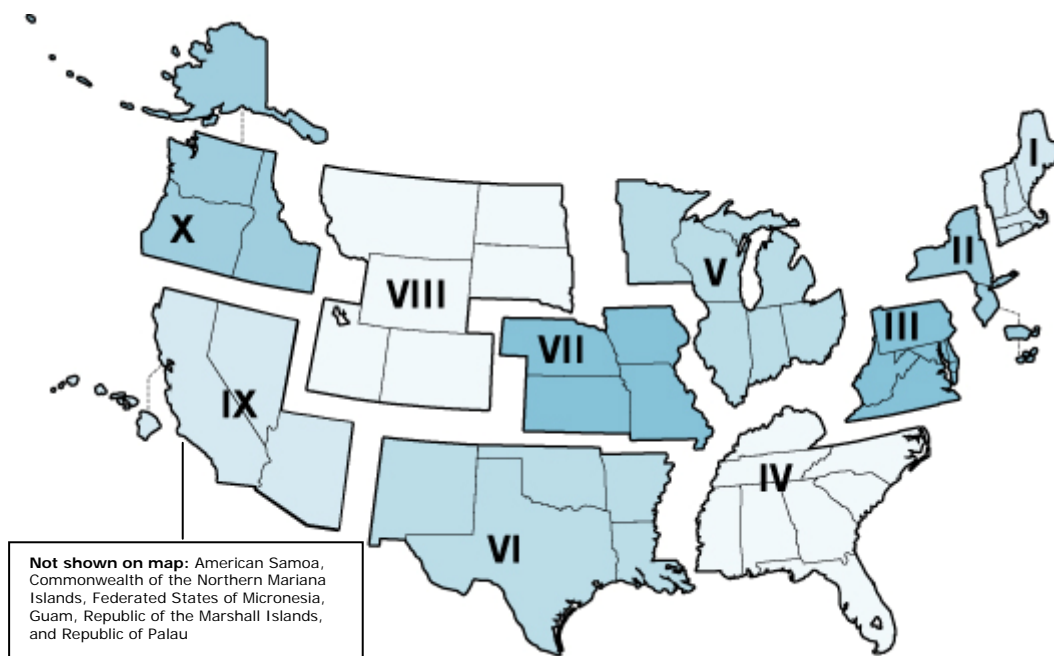
⁴ 45 Code of Federal Regulations (CFR) Part 74 and 45 CFR Part 92. Retrieved January 31, 2008, from <http://www.hhs.gov/opa/grants/toolsdocs/45cfr74.pdf> and <http://www.hhs.gov/opa/grants/toolsdocs/45cfr92.pdf>.

⁵ 42 CFR Part 59. Retrieved January 31, 2008, from http://www.hhs.gov/opa/about/legislation/ofp_regs_42cfr59_10-1-2000.pdf.

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.

Exhibit 1. U.S. Department of Health and Human Services (HHS) regions¹



¹ The 10 HHS regions (and regional office locations) 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

REPORT STRUCTURE

The *Family Planning Annual Report: 2006 National Summary* presents data for the 88 Title X service grantees that submitted reports for the 2006 reporting period. It has five 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—FPAR Methodology—describes the procedures for collecting, reporting, and validating FPAR data, and presents the definitions for key FPAR terms.

Section 3—Findings—presents the results for each FPAR table, and includes a discussion of national and regional patterns and trends (1999–2006) for selected indicators. Section 3 also presents definitions for table-specific FPAR terms and reporting instructions.

Section 4—References—is a list of key FPAR and report references.

Section 5—Appendixes—consists of three appendixes. *Appendix A* presents trend data from 1999 to 2006 for the total unduplicated number of users by region, age group, race, ethnicity, and income level. *Appendix A* also presents trend data for primary contraceptive method use among female users, revenue by source, and Title X revenue. *Appendix B* presents state-level¹ information on the number and distribution of users served in 2006 by gender and income level. *Appendix C* presents general and table-specific notes about the data presented in this report.

¹ Includes U.S. territories and jurisdictions.

Key Terms and Definitions for FPAR Reporting

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.

Source: *Title X Family Planning Annual Report: Forms and Instructions*, pp. 5-7.

2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report: Forms and Instructions*¹ consists of a Grantee Profile Cover Sheet and 14 reporting tables. 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. 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. In this report, we reproduce table-specific FPAR guidance alongside the table-specific findings.

DATA REPORTING

Title X service grantees are required to submit an FPAR by February 15 for the completed reporting period (January 1–December 31). In February 2007, 88 Title X service grantees submitted FPARs for 2006. Eighty-three reports (94%) were submitted by the February 15 due date, and 82 reports (93%) were submitted using OPA’s Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered into *GrantSolutions* the data for six hardcopy reports, thereby consolidating all reports into a single electronic file. HHS regional staff and the FPAR Data Coordinator reviewed and approved all FPAR data prior to their tabulation.

DATA VALIDATION

FPAR data undergo both electronic and manual validations. *GrantSolutions* 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., =, <, >, ≤, ≥) to apply.

RTI performs further validations to identify potential reporting errors and problems (e.g., ≥ 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 hardcopy FPAR. The results of the RTI validations are presented in a grantee-specific report that is sent to the FPAR Data Coordinator for followup and resolution. Once OPA staff addresses all

¹ Office of Population Affairs, Office of Family Planning (OPA/OFP). (2004). *Family Planning Annual Report: Forms and Instructions (Effective January 2005)*. Rockville, MD: U.S. Department of Health and Human Services, Office of Public Health and Science/Office of Population Affairs/Office of Family Planning, 56 p.

outstanding validation issues and updates the electronic reports in *GrantSolutions*, OPA sends RTI a second data file for tabulation and analysis.

Appendix C, Methodological Notes summarizes general and table-specific notes about limitations and other issues related to the data presented in this report.

FPAR Guidance for Reporting User Demographic Profile 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.

3 Findings

GRANTEE PROFILE

In 2006, OPA regional offices awarded Title X service grants to 88 public and private grantees, including state and local health departments (57%) and nonprofit family planning agencies, independent clinics, and community health agencies (43%). In turn, grantees distributed these funds to 1,195 subcontractors (“delegates”) and their own clinics, ultimately supporting a family planning service network of 4,480 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions¹ (*Exhibit 2*).

Between 2005 and 2006, the total number of service grantees increased from 87 in 2005 to 88 in 2006 due to the addition of one grantee in Region II. Six regions experienced an increase in the number of service sites (I, II, III, V, IX, and X) while four (IV, VI, VII, and VIII) experienced declines. Overall, the number of Title X-funded service sites increased by 54 (1%) from 4,426 in 2005 to 4,480 in 2006, with Region X experiencing the largest increase of 50 additional service sites (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, delegates, and service sites, by region: 2005–2006 (Source: FPAR Grantee Profile Cover Sheet)

Region	Number						% Change 2005–2006	
	Grantees		Delegates		Service Sites		Grantees	Service Sites
	2005	2006	2005	2006	2005	2006		
I	10	10	68	68	219	224	0.0%	2.3%
II	6	7	96	98	299	302	16.7%	1.0%
III	9	9	228	228	634	638	0.0%	0.6%
IV	10	10	185	185	1,152	1,145	0.0%	-0.6%
V	12	12	165	165	427	432	0.0%	1.2%
VI	6	6	82	92	589	587	0.0%	-0.3%
VII	5	5	109	107	282	279	0.0%	-1.1%
VIII	6	6	63	74	191	184	0.0%	-3.7%
IX	15	15	119	114	460	466	0.0%	1.3%
X	8	8	58	64	173	223	0.0%	28.9%
Total	87	88	1,173	1,195	4,426	4,480	1.1%	1.2%

¹ U.S. territories and jurisdictions include Puerto Rico and the U.S. Virgin Islands in Region II, and American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau in Region IX.

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2006, Title X service grantees served 4,994,278 family planning users. Regions IV and IX accounted for 21% and 19%, respectively, of the total users served in 2006. 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 2005 and 2006, there was a small decrease of 0.2% (8,683 users) in the total number of users served. The number of family planning users decreased between 3% and 6% in three regions (V, VI, and X), increased between 1% and 5% in two regions (III and IX), and stayed about the same in five regions (I, II, IV, VII, and VIII) (*Exhibit 3*). The average number of users per clinic decreased from 1,130 in 2005 to 1,117 in 2006, or an average decrease of almost 14 users per service site (not shown).

Since 1999 the distribution of total users served across regions has remained relatively stable, except in Region IV, where the percentage decreased from 23% of total users served in 1999 to 21% in 2006, and in Region IX, where the percentage of total users served increased from 16% in 1999 to 19% in 2006. Numerically, only Regions VI and VII experienced declines (1%) in the number of users served between 1999 and 2006 (*Exhibits A-1a and A-1b in Appendix A*).

Exhibit 3. Number, distribution, and percentage change in all family planning users, by region: 2005-2006 (Source: FPAR Table 1)

Region	Number		Distribution		% Change 2005-2006
	2005	2006	2005	2006	
I	211,693	212,169	4%	4%	0.2%
II	468,237	470,148	9%	9%	0.4%
III	562,173	567,583	11%	11%	1.0%
IV	1,051,887	1,051,330	21%	21%	-0.1%
V	600,145	582,313	12%	12%	-3.0%
VI	513,130	483,632	10%	10%	-5.7%
VII	243,299	245,133	5%	5%	0.8%
VIII	157,150	156,482	3%	3%	-0.4%
IX	931,827	973,524	19%	19%	4.5%
X	263,420	251,964	5%	5%	-4.3%
Total All Users	5,002,961	4,994,278	100%	100%	-0.2%

Users by Gender (Exhibits 4 and 5)

Of the total number of users in 2006, 95% (4,721,869) were female and 5% (272,409) were male. The distribution of users by gender ranged from 90% female (10% male) in Region IX to 98% female (2% male) in Region IV (*Exhibits 4 and 5*). *Exhibit B-1 (Appendix B)* presents the number and distribution of family planning users for 2006 by gender and state, including the U.S. territories and jurisdictions.

Between 1999 and 2006, the percentage of users that was female decreased from 97% of total users in 1999 to 95% in 2006. Numerically, however, the number of female users increased 9%, from 4,315,040 in 1999 to 4,721,869 in 2006. During this same time, the number of male users more than doubled (114%), increasing from 127,098 in 1999 to 272,409 in 2006 (*Exhibit A-1a*).

Users by Age (Exhibits 4 and 5)

In 2006, just over one of every two (2,525,697) family planning users were in their 20s, and about one of every four were either 19 and younger (25%) or 30 years and older (23%). The highest percentage of users was aged 20 to 24 years (32%), followed by those 15 to 19 (24%) and 25 to 29 (19%). By region, the percentage of users in their early 20s ranged from 29% (I) to 35% (V), while the percentage 15 to 19 ranged from 21% (IX) to 28% (III and VIII). Teens younger than 15 years accounted for 1% (67,627) of total users nationally, and between 1% and 2% of total users across the regions (*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 (30%) 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% (VII) to 46% (IV), compared with a range of 22% (IX) to 29% (III, V, and VIII) for female users (*Exhibits 4 and 5*).

Since 1999, the distribution of family planning users by age group has remained relatively stable, with only small changes between 1999 and 2006. Numerically, however, the only age group to experience a decline (2%) were those 17 years and under (*Exhibits A-2a and A-2b*).

Users by Race (Exhibits 6 to 14)

In 2006, 65% (3,239,675) of family planning users were white, 19% (953,580) were black, 3% (129,155) were Asian, 1% (44,708) were Native Hawaiian or other Pacific Islander, and 1% (38,098) were American Indian or Alaska Native. Two percent (122,583) of all users self-identified with two or more of the five minimum OMB race categories, and race was either unknown or not reported for 9% (466,479) (*Exhibits 6, 9, and 10*). The race profile for female users (*Exhibits 7, 11, and 12*) was similar to the profile for all users, while it varied somewhat for male users (*Exhibits 8, 13, and 14*). Among female users, 65% were white and 19% were black, compared to 57% and 24%, respectively, among male users. Race was unknown or not reported for a slightly higher percentage of male (11%) than female (9%) users (*Exhibits 7 and 8*).

Exhibit 4. Number of family planning users, by gender, age, and region: 2006 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	55,491	1,575	4,615	8,304	16,532	5,875	5,684	1,860	1,767	6,753	2,526
15-17	518,998	22,180	50,282	73,192	109,384	68,514	47,908	22,418	18,157	79,464	27,499
18-19	639,844	27,500	60,452	74,901	134,225	88,515	57,113	31,458	23,159	110,170	32,351
20-24	1,501,981	57,339	140,198	167,668	327,244	196,917	141,206	79,329	50,737	264,297	77,046
25-29	895,548	34,202	85,841	94,190	203,412	99,895	93,855	42,621	25,960	170,100	45,472
30-34	488,004	18,231	46,656	48,463	110,353	48,209	57,264	21,802	12,153	100,800	24,073
35-39	298,627	12,830	29,418	30,920	63,938	27,659	34,018	13,455	6,992	65,285	14,112
40-44	177,168	9,290	16,571	19,595	37,026	15,467	18,126	9,376	4,214	39,670	7,833
Over 44	146,208	11,760	13,023	19,182	24,184	10,462	12,157	9,070	3,387	36,929	6,054
Total Female Users	4,721,869	194,907	447,056	536,415	1,026,298	561,513	467,331	231,389	146,526	873,468	236,966
Male Users											
Under 15	12,136	465	518	1,047	6,996	330	395	142	633	1,442	168
15-17	30,846	2,105	3,490	6,326	2,540	2,530	2,182	780	1,723	7,924	1,246
18-19	32,183	1,876	3,250	4,277	2,054	2,991	2,427	1,320	1,040	11,307	1,641
20-24	80,707	5,131	7,832	8,325	4,224	7,722	5,060	4,760	2,971	30,006	4,676
25-29	47,461	3,117	3,937	4,253	2,961	3,747	2,717	2,909	1,743	19,061	3,016
30-34	24,169	1,382	1,627	2,101	1,942	1,583	1,431	1,329	752	10,483	1,539
35-39	15,861	963	939	1,495	1,393	789	889	790	444	7,134	1,025
40-44	11,339	783	639	1,265	1,072	466	544	684	246	4,994	646
Over 44	17,707	1,440	860	2,079	1,850	642	656	1,030	404	7,705	1,041
Total Male Users	272,409	17,262	23,092	31,168	25,032	20,800	16,301	13,744	9,956	100,056	14,998
All Users											
Under 15	67,627	2,040	5,133	9,351	23,528	6,205	6,079	2,002	2,400	8,195	2,694
15-17	549,844	24,285	53,772	79,518	111,924	71,044	50,090	23,198	19,880	87,388	28,745
18-19	672,027	29,376	63,702	79,178	136,279	91,506	59,540	32,778	24,199	121,477	33,992
20-24	1,582,688	62,470	148,030	175,993	331,468	204,639	146,266	84,089	53,708	294,303	81,722
25-29	943,009	37,319	89,778	98,443	206,373	103,642	96,572	45,530	27,703	189,161	48,488
30-34	512,173	19,613	48,283	50,564	112,295	49,792	58,695	23,131	12,905	111,283	25,612
35-39	314,488	13,793	30,357	32,415	65,331	28,448	34,907	14,245	7,436	72,419	15,137
40-44	188,507	10,073	17,210	20,860	38,098	15,933	18,670	10,060	4,460	44,664	8,479
Over 44	163,915	13,200	13,883	21,261	26,034	11,104	12,813	10,100	3,791	44,634	7,095
Total All Users	4,994,278	212,169	470,148	567,583	1,051,330	582,313	483,632	245,133	156,482	973,524	251,964

Exhibit 5. Distribution of family planning users, by gender, age, and region: 2006 (Source: FPAR Table 1)

Age Group (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%	11%	11%	14%	11%	12%	10%	10%	12%	9%	12%
18-19	14%	14%	14%	14%	13%	16%	12%	14%	16%	13%	14%
20-24	32%	29%	31%	31%	32%	35%	30%	34%	35%	30%	33%
25-29	19%	18%	19%	18%	20%	18%	20%	18%	18%	19%	19%
30-34	10%	9%	10%	9%	11%	9%	12%	9%	8%	12%	10%
35-39	6%	7%	7%	6%	6%	5%	7%	6%	5%	7%	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 Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	4%	3%	2%	3%	28%	2%	2%	1%	6%	1%	1%
15-17	11%	12%	15%	20%	10%	12%	13%	6%	17%	8%	8%
18-19	12%	11%	14%	14%	8%	14%	15%	10%	10%	11%	11%
20-24	30%	30%	34%	27%	17%	37%	31%	35%	30%	30%	31%
25-29	17%	18%	17%	14%	12%	18%	17%	21%	18%	19%	20%
30-34	9%	8%	7%	7%	8%	8%	9%	10%	8%	10%	10%
35-39	6%	6%	4%	5%	6%	4%	5%	6%	4%	7%	7%
40-44	4%	5%	3%	4%	4%	2%	3%	5%	2%	5%	4%
Over 44	7%	8%	4%	7%	7%	3%	4%	7%	4%	8%	7%
Total Male Users	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%	11%	11%	14%	11%	12%	10%	9%	13%	9%	11%
18-19	13%	14%	14%	14%	13%	16%	12%	13%	15%	12%	13%
20-24	32%	29%	31%	31%	32%	35%	30%	34%	34%	30%	32%
25-29	19%	18%	19%	17%	20%	18%	20%	19%	18%	19%	19%
30-34	10%	9%	10%	9%	11%	9%	12%	9%	8%	11%	10%
35-39	6%	7%	6%	6%	6%	5%	7%	6%	5%	7%	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%	5%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female users	95%	92%	95%	95%	98%	96%	97%	94%	94%	90%	94%
Male users	5%	8%	5%	5%	2%	4%	3%	6%	6%	10%	6%

The distribution of family planning users by race varied across regions, reflecting differences in the geographic distribution of racial groups. More than 80% of users in two regions (VII and VIII) were white, compared with less than seven in ten users in Regions II, III, IV, and IX. Approximately 30% of users in Regions III and IV were black, compared with 2% to 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 (4%). The percentage of users for whom race was unknown or not reported exceeded the national average (9%) in three regions (II, IX, and X) (*Exhibits 9 and 10*).

Since 1999, there have been small shifts in the distribution of family planning users by race. Between 1999 and 2006, the percentage of total users that was white remained at or slightly below 65%, while the percentage that was black decreased from 22% to 19%. There were only small changes in the percentages of users in other race groups, and numerically, black users were the only group to experience a decrease (3%) compared to 1999 levels. The number of users identifying with two or more race groups, a category that was introduced in the 2005 reporting period, decreased from 3% to 2% of total users (4,960 users). The percentage of users for whom race was unknown or not reported declined from 12% in 2002–2004 to 9% in 2006 (*Exhibits A–3a and A–3b*).

Users by Ethnicity (Exhibits 6 to 14)

Nationally, one of every four users (1,223,732) identified themselves as Hispanic or Latino, including 24% (1,154,224) of female users and 26% (69,508) of male users. Ethnicity was unknown or not reported for 2% of total and female users and 3% 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 (46% of females and 39% of males), VI (41% of females and 47% of males), and II (31% of females and 27% 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 is unknown or not reported. Among the 9% (435,985) of female users for whom race was not reported in 2006, 71% (311,080) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 11% (30,494) of male users for whom race was not reported, 68% (20,883) were Hispanic or Latino (*Exhibit 8*). One percent of female and male users did not identify themselves with either a race or an ethnicity.

Between 1999 and 2006, the percentage of family planning users reporting Hispanic or Latino ethnicity increased from 17% of total users in 1999 to 25% in 2006, while the percentage of users with unknown Hispanic or Latino ethnicity decreased from 4% to 2% (*Exhibits A–4a and A–4b*). Numerically, the number of Hispanic or Latino users increased 58% from 772,129 in 1999 to 1,223,732 in 2006.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2006
(Source: FPAR Tables 2 and 3)

Race	Number				Distribution			
	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total
American Indian/ Alaska Native	5,621	31,730	747	38,098	0%†	1%	0%†	1%
Asian	3,531	123,192	2,432	129,155	0%†	2%	0%†	3%
Black/African American	23,147	918,983	11,450	953,580	0%†	18%	0%†	19%
Native Hawaiian/ Pacific Islander	3,619	40,016	1,073	44,708	0%†	1%	0%†	1%
White	789,334	2,400,897	49,444	3,239,675	16%	48%	1%	65%
More than one race	66,517	54,058	2,008	122,583	1%	1%	0%†	2%
Unknown/ not reported	331,963	102,018	32,498	466,479	7%	2%	1%	9%
Total All Users	1,223,732	3,670,894	99,652	4,994,278	25%	74%	2%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2006
(Source: FPAR Table 2)

Race	Number				Distribution			
	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total
American Indian/ Alaska Native	5,128	29,454	661	35,243	0%†	1%	0%†	1%
Asian	3,258	117,584	2,247	123,089	0%†	2%	0%†	3%
Black/African American	21,475	857,632	9,848	888,955	0%†	18%	0%†	19%
Native Hawaiian/ Pacific Islander	3,377	33,161	951	37,489	0%†	1%	0%†	1%
White	745,976	2,292,120	45,939	3,084,035	16%	49%	1%	65%
More than one race	63,930	51,305	1,838	117,073	1%	1%	0%†	2%
Unknown/ not reported	311,080	95,053	29,852	435,985	7%	2%	1%	9%
Total Female Users	1,154,224	3,476,309	91,336	4,721,869	24%	74%	2%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2006
(Source: FPAR Table 3)

Race	Number				Distribution			
	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total
American Indian/ Alaska Native	493	2,276	86	2,855	0%†	1%	0%†	1%
Asian	273	5,608	185	6,066	0%†	2%	0%†	2%
Black/African American	1,672	61,351	1,602	64,625	1%	23%	1%	24%
Native Hawaiian/ Pacific Islander	242	6,855	122	7,219	0%†	3%	0%†	3%
White	43,358	108,777	3,505	155,640	16%	40%	1%	57%
More than one race	2,587	2,753	170	5,510	1%	1%	0%†	2%
Unknown/ not reported	20,883	6,965	2,646	30,494	8%	3%	1%	11%
Total Male Users	69,508	194,585	8,316	272,409	26%	71%	3%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2006 (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	5,621	49	843	508	763	288	775	127	286	1,584	398	
Not Hispanic or Latino	31,730	428	1,229	767	2,057	1,857	6,626	1,268	2,117	12,367	3,014	
Unknown/not reported	747	9	75	16	3	62	97	12	27	163	283	
Total	38,098	486	2,147	1,291	2,823	2,207	7,498	1,407	2,430	14,114	3,695	
Asian												
Hispanic or Latino	3,531	77	246	1,006	307	163	165	92	38	1,323	114	
Not Hispanic or Latino	123,192	6,621	9,052	8,329	19,203	5,282	3,121	2,781	1,385	59,223	8,195	
Unknown/not reported	2,432	37	59	252	18	90	149	34	7	858	928	
Total	129,155	6,735	9,357	9,587	19,528	5,535	3,435	2,907	1,430	61,404	9,237	
Black or African American												
Hispanic or Latino	23,147	1,740	5,508	2,931	8,527	953	936	180	105	1,989	278	
Not Hispanic or Latino	918,983	21,251	95,665	157,302	349,299	102,046	81,892	32,487	3,539	67,889	7,613	
Unknown/not reported	11,450	173	2,174	3,568	538	1,048	911	128	74	1,386	1,450	
Total	953,580	23,164	103,347	163,801	358,364	104,047	83,739	32,795	3,718	71,264	9,341	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	3,619	200	258	244	796	79	244	139	21	1,062	576	
Not Hispanic or Latino	40,016	366	553	537	904	598	451	393	344	34,294	1,576	
Unknown/not reported	1,073	3	264	29	0	20	11	11	1	481	253	
Total	44,708	569	1,075	810	1,700	697	706	543	366	35,837	2,405	
White												
Hispanic or Latino	789,334	19,384	50,251	26,429	95,038	53,666	180,810	23,494	14,021	304,105	22,136	
Not Hispanic or Latino	2,400,897	137,233	194,149	296,820	505,965	364,432	174,991	173,926	116,196	285,215	151,970	
Unknown/not reported	49,444	1,356	571	16,714	399	3,180	1,251	728	1,623	7,840	15,782	
Total	3,239,675	157,973	244,971	339,963	601,402	421,278	357,052	198,148	131,840	597,160	189,888	
More Than One Race												
Hispanic or Latino	66,517	4,694	7,966	1,650	31,064	6,919	876	161	1,426	11,563	198	
Not Hispanic or Latino	54,058	2,545	2,004	2,083	1,925	20,227	2,950	875	1,412	19,230	807	
Unknown/not reported	2,008	32	29	103	2	980	121	9	101	555	76	
Total	122,583	7,271	9,999	3,836	32,991	28,126	3,947	1,045	2,939	31,348	1,081	
Race Unknown or Not Reported												
Hispanic or Latino	331,963	13,608	78,186	30,569	16,765	14,618	15,921	4,489	12,048	119,525	26,234	
Not Hispanic or Latino	102,018	1,728	16,288	14,018	14,438	3,759	7,407	2,637	1,323	32,598	7,822	
Unknown/not reported	32,498	635	4,778	3,708	3,319	2,046	3,927	1,162	388	10,274	2,261	
Total	466,479	15,971	99,252	48,295	34,522	20,423	27,255	8,288	13,759	162,397	36,317	
All Races												
Hispanic or Latino	1,223,732	39,752	143,258	63,337	153,260	76,686	199,727	28,682	27,945	441,151	49,934	
Not Hispanic or Latino	3,670,894	170,172	318,940	479,856	893,791	498,201	277,438	214,367	126,316	510,816	180,997	
Unknown/not reported	99,652	2,245	7,950	24,390	4,279	7,426	6,467	2,084	2,221	21,557	21,033	
Total All Users	4,994,278	212,169	470,148	567,583	1,051,330	582,313	483,632	245,133	156,482	973,524	251,964	

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2006 (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%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	2%	1%	2%	1%	1%	1%
Asian												
Hispanic or Latino	0%†	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%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	3%	3%	2%	2%	2%	1%	1%	1%	1%	6%	4%	
Black or African American												
Hispanic or Latino	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	18%	10%	20%	28%	33%	18%	17%	13%	2%	7%	3%	
Unknown/not reported	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	1%	
Total	19%	11%	22%	29%	34%	18%	17%	13%	2%	7%	4%	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	0%†	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%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%	
White												
Hispanic or Latino	16%	9%	11%	5%	9%	9%	37%	10%	9%	31%	9%	
Not Hispanic or Latino	48%	65%	41%	52%	48%	63%	36%	71%	74%	29%	60%	
Unknown/not reported	1%	1%	0%†	3%	0%†	1%	0%†	0%†	1%	1%	6%	
Total	65%	74%	52%	60%	57%	72%	74%	81%	84%	61%	75%	
More Than One Race												
Hispanic or Latino	1%	2%	2%	0%†	3%	1%	0%†	0%†	1%	1%	0%†	
Not Hispanic or Latino	1%	1%	0%†	0%†	0%†	3%	1%	0%†	1%	2%	0%†	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	
Total	2%	3%	2%	1%	3%	5%	1%	0%†	2%	3%	0%†	
Race Unknown or Not Reported												
Hispanic or Latino	7%	6%	17%	5%	2%	3%	3%	2%	8%	12%	10%	
Not Hispanic or Latino	2%	1%	3%	2%	1%	1%	2%	1%	1%	3%	3%	
Unknown/not reported	1%	0%†	1%	1%	0%†	0%†	1%	0%†	0%†	1%	1%	
Total	9%	8%	21%	9%	3%	4%	6%	3%	9%	17%	14%	
All Races												
Hispanic or Latino	25%	19%	30%	11%	15%	13%	41%	12%	18%	45%	20%	
Not Hispanic or Latino	74%	80%	68%	85%	85%	86%	57%	87%	81%	52%	72%	
Unknown/not reported	2%	1%	2%	4%	0%†	1%	1%	1%	1%	2%	8%	
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2006 (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	5,128	48	724	485	757	273	738	117	214	1,393	379
Not Hispanic or Latino	29,454	366	1,173	727	2,044	1,777	6,268	1,176	1,842	11,365	2,716
Unknown/not reported	661	8	70	15	3	56	73	12	18	129	277
Total	35,243	422	1,967	1,227	2,804	2,106	7,079	1,305	2,074	12,887	3,372
Asian											
Hispanic or Latino	3,258	72	237	899	304	159	153	89	37	1,201	107
Not Hispanic or Latino	117,584	6,347	8,748	8,050	19,068	5,123	3,027	2,661	1,319	55,418	7,823
Unknown/not reported	2,247	35	59	235	16	87	135	30	2	756	892
Total	123,089	6,454	9,044	9,184	19,388	5,369	3,315	2,780	1,358	57,375	8,822
Black or African American											
Hispanic or Latino	21,475	1,510	5,136	2,597	8,348	897	867	167	93	1,597	263
Not Hispanic or Latino	857,632	18,730	89,440	142,973	338,774	96,004	78,433	28,789	2,670	55,410	6,409
Unknown/not reported	9,848	155	2,106	2,835	519	923	645	111	41	1,188	1,325
Total	888,955	20,395	96,682	148,405	347,641	97,824	79,945	29,067	2,804	58,195	7,997
Native Hawaiian/Pacific Islander											
Hispanic or Latino	3,377	192	233	237	789	76	243	136	18	890	563
Not Hispanic or Latino	33,161	348	523	511	881	575	430	369	294	27,752	1,478
Unknown/not reported	951	2	212	29	0	20	8	11	1	427	241
Total	37,489	542	968	777	1,670	671	681	516	313	29,069	2,282
White											
Hispanic or Latino	745,976	17,764	48,700	25,419	92,993	52,734	174,054	22,338	13,671	276,832	21,471
Not Hispanic or Latino	2,292,120	126,932	185,121	286,399	495,488	352,690	171,161	165,982	109,926	255,721	142,700
Unknown/not reported	45,939	1,128	547	15,964	354	2,934	1,168	653	1,550	6,705	14,936
Total	3,084,035	145,824	234,368	327,782	588,835	408,358	346,383	188,973	125,147	539,258	179,107
More Than One Race											
Hispanic or Latino	63,930	4,195	7,728	1,611	30,804	6,696	806	146	1,396	10,360	188
Not Hispanic or Latino	51,305	2,278	1,866	1,941	1,818	19,919	2,871	828	1,317	17,728	739
Unknown/not reported	1,838	28	27	101	2	916	113	9	74	499	69
Total	117,073	6,501	9,621	3,653	32,624	27,531	3,790	983	2,787	28,587	996
Race Unknown or Not Reported											
Hispanic or Latino	311,080	12,655	74,337	28,898	16,307	14,206	15,218	4,222	10,613	109,529	25,095
Not Hispanic or Latino	95,053	1,547	15,373	13,115	14,158	3,656	7,108	2,480	1,192	29,383	7,041
Unknown/not reported	29,852	567	4,696	3,374	2,871	1,792	3,812	1,063	238	9,185	2,254
Total	435,985	14,769	94,406	45,387	33,336	19,654	26,138	7,765	12,043	148,097	34,390
All Races											
Hispanic or Latino	1,154,224	36,436	137,095	60,146	150,302	75,041	192,079	27,215	26,042	401,802	48,066
Not Hispanic or Latino	3,476,309	156,548	302,244	453,716	872,231	479,744	269,298	202,285	118,560	452,777	168,906
Unknown/not reported	91,336	1,923	7,717	22,553	3,765	6,728	5,954	1,889	1,924	18,889	19,994
Total Female Users	4,721,869	194,907	447,056	536,415	1,026,298	561,513	467,331	231,389	146,526	873,468	236,966

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2006 (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%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%	1%	1%	1%
Asian												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	2%	2%	2%	1%	1%	1%	1%	1%	6%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	3%	3%	2%	2%	2%	1%	1%	1%	1%	1%	7%	4%
Black or African American												
Hispanic or Latino	0%†	1%	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	18%	10%	20%	27%	33%	17%	17%	12%	2%	6%	3%	3%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Total	19%	10%	22%	28%	34%	17%	17%	13%	2%	7%	3%	3%
Native Hawaiian/Pacific Islander												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%
White												
Hispanic or Latino	16%	9%	11%	5%	9%	9%	37%	10%	9%	32%	9%	9%
Not Hispanic or Latino	49%	65%	41%	53%	48%	63%	37%	72%	75%	29%	60%	60%
Unknown/not reported	1%	1%	0%†	3%	0%†	1%	0%†	0%†	1%	1%	6%	6%
Total	65%	75%	52%	61%	57%	73%	74%	82%	85%	62%	76%	76%
More Than One Race												
Hispanic or Latino	1%	2%	2%	0%†	3%	1%	0%†	0%†	1%	1%	0%†	0%†
Not Hispanic or Latino	1%	1%	0%†	0%†	0%†	4%	1%	0%†	1%	2%	0%†	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	2%	3%	2%	1%	3%	5%	1%	0%†	2%	3%	0%†	0%†
Race Unknown or Not Reported												
Hispanic or Latino	7%	6%	17%	5%	2%	3%	3%	2%	7%	13%	11%	11%
Not Hispanic or Latino	2%	1%	3%	2%	1%	1%	2%	1%	1%	3%	3%	3%
Unknown/not reported	1%	0%†	1%	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%
Total	9%	8%	21%	8%	3%	4%	6%	3%	8%	17%	15%	15%
All Races												
Hispanic or Latino	24%	19%	31%	11%	15%	13%	41%	12%	18%	46%	20%	20%
Not Hispanic or Latino	74%	80%	68%	85%	85%	85%	58%	87%	81%	52%	71%	71%
Unknown/not reported	2%	1%	2%	4%	0%†	1%	1%	1%	1%	2%	8%	8%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2006 (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	493	1	119	23	6	15	37	10	72	191	19	
Not Hispanic or Latino	2,276	62	56	40	13	80	358	92	275	1,002	298	
Unknown/not reported	86	1	5	1	0	6	24	0	9	34	6	
Total	2,855	64	180	64	19	101	419	102	356	1,227	323	
Asian												
Hispanic or Latino	273	5	9	107	3	4	12	3	1	122	7	
Not Hispanic or Latino	5,608	274	304	279	135	159	94	120	66	3,805	372	
Unknown/not reported	185	2	0	17	2	3	14	4	5	102	36	
Total	6,066	281	313	403	140	166	120	127	72	4,029	415	
Black or African American												
Hispanic or Latino	1,672	230	372	334	179	56	69	13	12	392	15	
Not Hispanic or Latino	61,351	2,521	6,225	14,329	10,525	6,042	3,459	3,698	869	12,479	1,204	
Unknown/not reported	1,602	18	68	733	19	125	266	17	33	198	125	
Total	64,625	2,769	6,665	15,396	10,723	6,223	3,794	3,728	914	13,069	1,344	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	242	8	25	7	7	3	1	3	3	172	13	
Not Hispanic or Latino	6,855	18	30	26	23	23	21	24	50	6,542	98	
Unknown/not reported	122	1	52	0	0	0	3	0	0	54	12	
Total	7,219	27	107	33	30	26	25	27	53	6,768	123	
White												
Hispanic or Latino	43,358	1,620	1,551	1,010	2,045	932	6,756	1,156	350	27,273	665	
Not Hispanic or Latino	108,777	10,301	9,028	10,421	10,477	11,742	3,830	7,944	6,270	29,494	9,270	
Unknown/not reported	3,505	228	24	750	45	246	83	75	73	1,135	846	
Total	155,640	12,149	10,603	12,181	12,567	12,920	10,669	9,175	6,693	57,902	10,781	
More Than One Race												
Hispanic or Latino	2,587	499	238	39	260	223	70	15	30	1,203	10	
Not Hispanic or Latino	2,753	267	138	142	107	308	79	47	95	1,502	68	
Unknown/not reported	170	4	2	2	0	64	8	0	27	56	7	
Total	5,510	770	378	183	367	595	157	62	152	2,761	85	
Race Unknown or Not Reported												
Hispanic or Latino	20,883	953	3,849	1,671	458	412	703	267	1,435	9,996	1,139	
Not Hispanic or Latino	6,965	181	915	903	280	103	299	157	131	3,215	781	
Unknown/not reported	2,646	68	82	334	448	254	115	99	150	1,089	7	
Total	30,494	1,202	4,846	2,908	1,186	769	1,117	523	1,716	14,300	1,927	
All Races												
Hispanic or Latino	69,508	3,316	6,163	3,191	2,958	1,645	7,648	1,467	1,903	39,349	1,868	
Not Hispanic or Latino	194,585	13,624	16,696	26,140	21,560	18,457	8,140	12,082	7,756	58,039	12,091	
Unknown/not reported	8,316	322	233	1,837	514	698	513	195	297	2,668	1,039	
Total Male Users	272,409	17,262	23,092	31,168	25,032	20,800	16,301	13,744	9,956	100,056	14,998	

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2006 (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%†	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	2%	1%	3%	1%	2%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%	0%†	0%†	0%†	
Total	1%	0%†	1%	0%†	0%†	0%†	3%	1%	4%	1%	2%	
Asian												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	
Not Hispanic or Latino	2%	2%	1%	1%	1%	1%	1%	1%	1%	4%	2%	
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	
Total	2%	2%	1%	1%	1%	1%	1%	1%	1%	4%	3%	
Black or African American												
Hispanic or Latino	1%	1%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	
Not Hispanic or Latino	23%	15%	27%	46%	42%	29%	21%	27%	9%	12%	8%	
Unknown/not reported	1%	0%†	0%†	2%	0%†	1%	2%	0%†	0%†	0%†	1%	
Total	24%	16%	29%	49%	43%	30%	23%	27%	9%	13%	9%	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	
Not Hispanic or Latino	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	7%	1%	
Unknown/not reported	0%†	0%†	0%†	0%	0%	0%	0%†	0%	0%	0%†	0%†	
Total	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	7%	1%	
White												
Hispanic or Latino	16%	9%	7%	3%	8%	4%	41%	8%	4%	27%	4%	
Not Hispanic or Latino	40%	60%	39%	33%	42%	56%	23%	58%	63%	29%	62%	
Unknown/not reported	1%	1%	0%†	2%	0%†	1%	1%	1%	1%	1%	6%	
Total	57%	70%	46%	39%	50%	62%	65%	67%	67%	58%	72%	
More Than One Race												
Hispanic or Latino	1%	3%	1%	0%†	1%	1%	0%†	0%†	0%†	1%	0%†	
Not Hispanic or Latino	1%	2%	1%	0%†	0%†	1%	0%†	0%†	1%	2%	0%†	
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%	0%†	0%†	0%†	
Total	2%	4%	2%	1%	1%	3%	1%	0%†	2%	3%	1%	
Race Unknown or Not Reported												
Hispanic or Latino	8%	6%	17%	5%	2%	2%	4%	2%	14%	10%	8%	
Not Hispanic or Latino	3%	1%	4%	3%	1%	0%†	2%	1%	1%	3%	5%	
Unknown/not reported	1%	0%†	0%†	1%	2%	1%	1%	1%	2%	1%	0%†	
Total	11%	7%	21%	9%	5%	4%	7%	4%	17%	14%	13%	
All Races												
Hispanic or Latino	26%	19%	27%	10%	12%	8%	47%	11%	19%	39%	12%	
Not Hispanic or Latino	71%	79%	72%	84%	86%	89%	50%	88%	78%	58%	81%	
Unknown/not reported	3%	2%	1%	6%	2%	3%	3%	1%	3%	3%	7%	
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

† Percentage is less than 0.5%.

FPAR Guidance for Reporting User Social and Economic Profile 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.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

A user's income level is self-declared and based on his or her family size and family income. Across all regions, 67% (3,353,129) of users had family incomes at or below the poverty level, based on HHS poverty guidelines for 2006. Additionally, 17% (846,873) of users had incomes between 101% and 150% of poverty, 6% (311,958) had incomes between 151% and 200% of poverty, and 8% (390,403) had incomes exceeding 200% of poverty. The income status for 2% (91,915) of users was not reported (*Exhibit 15*).

Across regions, the percentage of users with family incomes at or below 100% of the poverty level ranged from 48% (I) to 73% (VI). In six regions (III, 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 67%. In five regions (II, V, VI, IX, and X), at least 90% of users had incomes at or below 200% of the poverty level, while the percentage of users with incomes over 200% of poverty ranged from 4% (VI and IX) to 15% (VII). In all but three regions (I, VI, and IX), the percentage of users for whom income was not reported was at or below the national average of 2% (*Exhibit 15*). *Exhibit B-2* presents the distribution of family planning users for 2006 by income status for each state, including the eight U.S. territories and jurisdictions.

Between 1999 and 2006, there were only small shifts in the percentage of users with family incomes at or below 100% (65% in 1999 and 67% in 2006) or family incomes at or below 200% (90% in both years) of the poverty level. Numerically, however, between 1999 and 2006 the number of users with family incomes at or below 100% of the poverty level increased 16% (2,886,684 in 1999 versus 3,353,129 in 2006) and the number with incomes at or below 200% increased 12% (4,018,128 in 1999 versus 4,511,960 in 2006) (*Exhibits A-5a* and *A-5b*).

Users by Insurance Coverage Status (Exhibit 16)

Beginning with the 2005 reporting period, grantees were required to collect and report the number of users by type of principal health insurance coverage, including those insured by a public or private plan covering broad primary medical care benefits, those who were uninsured, or those for whom insurance status was unknown or not reported. Users whose family planning care is covered by a Medicaid family planning waiver, but who have no private or public health insurance that covers a broad set of primary medical care services are considered uninsured, as are users who have a plan that covers only a single health service. In 2006, 61% (3,053,824) of family planning users were uninsured, 21% (1,027,381) had Medicaid or other public health insurance, 8% (412,562) had private insurance, and insurance coverage was unknown or not reported for 10% (500,511) (*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 38% (IV) to 82% (IX). The percentage of publicly insured users ranged from 6% (VIII) to 30% (IV), while the percentage of users that was privately insured ranged from 3% (IX) to 23% (I). The percentage of users for whom insurance coverage was not reported was highest in Region IV (28%) and lowest in Regions II and III (3%) (*Exhibit 16*).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2006 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
≤ 100%	3,353,129	101,785	274,982	387,160	753,088	395,649	353,339	134,662	104,174	681,732	166,558
101% - 150%	846,873	53,279	134,851	75,238	126,285	94,158	74,407	48,604	22,161	165,837	52,053
151% - 200%	311,958	23,001	24,913	35,883	59,828	42,056	22,813	18,472	10,577	56,837	17,578
201% - 250%	127,902	9,262	10,015	20,837	18,826	19,096	8,258	11,275	6,665	16,868	6,800
> 250%	262,501	13,300	19,884	36,652	83,773	29,254	8,672	26,703	11,743	23,694	8,826
Unknown/not reported	91,915	11,542	5,503	11,813	9,530	2,100	16,143	5,417	1,162	28,556	149
Total All Users	4,994,278	212,169	470,148	567,583	1,051,330	582,313	483,632	245,133	156,482	973,524	251,964
≤ 100%	67%	48%	58%	68%	72%	68%	73%	55%	67%	70%	66%
101% - 150%	17%	25%	29%	13%	12%	16%	15%	20%	14%	17%	21%
151% - 200%	6%	11%	5%	6%	6%	7%	5%	8%	7%	6%	7%
201% - 250%	3%	4%	2%	4%	2%	3%	2%	5%	4%	2%	3%
> 250%	5%	6%	4%	6%	8%	5%	2%	11%	8%	2%	4%
Unknown/not reported	2%	5%	1%	2%	1%	0%†	3%	2%	1%	3%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

^a Title X-funded agencies calculate and report user income as a percentage of the poverty guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Web site <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: 2006 (Source: FPAR Table 5)

Insurance Status	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Public health insurance	1,027,381	52,652	116,650	113,221	317,467	151,774	64,890	43,975	8,955	101,634	56,163
Private health insurance	412,562	48,465	52,404	59,780	46,933	55,235	21,917	52,184	20,822	29,416	25,406
All/some FP coverage	77,407	27,050	4,652	12,868	13,966	248	297	4,070	6,801	5,042	2,413
No FP coverage	35,134	1,461	3,352	0	15,596	1,266	427	10,355	1,127	1,550	0
Unknown FP coverage	300,021	19,954	44,400	46,912	17,371	53,721	21,193	37,759	12,894	22,824	22,993
Uninsured	3,053,824	102,782	285,228	379,367	394,319	328,426	361,477	131,806	113,495	797,550	159,374
Unknown/not reported	500,511	8,270	15,866	15,215	292,611	46,878	35,348	17,168	13,210	44,924	11,021
Total All Users	4,994,278	212,169	470,148	567,583	1,051,330	582,313	483,632	245,133	156,482	973,524	251,964
Public health insurance	21%	25%	25%	20%	30%	26%	13%	18%	6%	10%	22%
Private health insurance	8%	23%	11%	11%	4%	9%	5%	21%	13%	3%	10%
All/some FP coverage	2%	13%	1%	2%	1%	0%†	0%†	2%	4%	1%	1%
No FP coverage	1%	1%	1%	0%	1%	0%†	0%†	4%	1%	0%†	0%
Unknown FP coverage	6%	9%	9%	8%	2%	9%	4%	15%	8%	2%	9%
Uninsured	61%	48%	61%	67%	38%	56%	75%	54%	73%	82%	63%
Unknown/not reported	10%	4%	3%	3%	28%	8%	7%	7%	8%	5%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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*,¹ any agency that receives federal financial assistance from HHS must take steps to ensure that limited English proficient (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 to service.

In 2006, 13% (626,234) of all family planning users were LEP. Region IX (25%) had the highest percentage of LEP users, followed by Regions VI (15%), II (13%), I (12%), and X (11%). When users in the eight U.S. territories and jurisdictions in Regions II and IX are excluded, LEP individuals accounted for 12% (590,771) of total users, including 24% of total users in Region IX and 10% in Region II (*Exhibit 17*). Since 2005, the number of LEP users increased 4% (23,710 users) overall, and 6% (33,737 users) when LEP users in U.S. territories and jurisdictions are excluded (not shown).

Exhibit 17. Number and distribution of all family planning users, by region and limited English proficiency (LEP) status: 2006 (Source: FPAR Table 6)

Region	Number		Distribution	
	LEP (All grantees)	LEP (Excluding territories)	LEP (All grantees)	LEP (Excluding territories)
I	24,728	24,728	12%	12%
II	62,906	43,585 ^a	13%	10% ^a
III	33,538	33,538	6%	6%
IV	98,678	98,678	9%	9%
V	32,300	32,300	6%	6%
VI	74,407	74,407	15%	15%
VII	18,773	18,773	8%	8%
VIII	12,567	12,567	8%	8%
IX	240,513	224,371 ^b	25%	24% ^b
X	27,824	27,824	11%	11%
Total	626,234	590,771	13%	12%

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 the Marshall Islands, and Republic of Palau.

¹ 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 2006, grantees reported that 85% (4,021,873) of all female users were using a contraceptive method at their last encounter in the reporting period. Fifteen percent (699,996) of users were not using a contraceptive method because they were pregnant or seeking pregnancy (8%) or for other reasons (7%). The leading contraceptive method, used by almost four of every ten female users, was oral contraceptives (39%), followed by male condoms (16%), injectable contraceptives (12%), the contraceptive patch (4%), intrauterine devices (IUDs) (2%), female sterilization (2%), the vaginal ring (2%), and abstinence (1%). Less than 1% of female users relied on hormonal implants, vasectomy, cervical caps or diaphragms, the contraceptive sponge, female condoms, spermicides, or fertility awareness methods (FAMs). Six percent of female users relied on either unknown (3%) or other (3%) methods (*Exhibits 18 and 19*).

By age group, the percentage of female users who used any contraceptive method ranged from 83% (> 44 years) to 88% (< 20 years and 40 to 44 years). Among users 44 years and younger, the leading method was the pill, used by 29% to 43% of users in these age groups, followed by either male condoms (15% to 18%) or injectable contraceptives (11% to 15%). One of every five (20%) female users older than 44 years relied on male condoms, 17% used the pill, and 14% relied on female sterilization. Across all age groups, newer methods like the patch and the vaginal ring were used by 5% of users or less. 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 older than 44 years (10%) (*Exhibits 18 and 19*).

By region, use of any contraceptive method ranged from 83% (II and VI) to 90% (VIII), and in four regions (V, VIII, IX, and X) the percentage using any method was at or above the national average (85%). The pill also was the leading method in all regions, where use ranged from 33% (I) to 56% (VIII) of female users. In six regions (I, II, III, V, IX, and X), male condoms were the second most common method among female users, while in the four other regions (IV, 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 exceeded the national average (3%) in two regions (IV and IX) (*Exhibits 20 and 21*).

As shown in *Exhibit A-6a*, among the 85% of female users nationally for whom contraceptive method use was reported in 2006, just under one-half (46%) used oral contraceptives, followed by male condoms (19%), injectable contraceptives (14%), the hormonal patch (4%), IUDs (3%), female or male sterilization (2%), the vaginal ring (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), hormonal implants, or FAMs. Information on the specific type of method used in 2006 was unavailable for 6% of female method users who relied on other methods not listed separately in FPAR Table 7 (3%) or for whom the type of method was unknown (3%).

Since 1999, contraceptive pills have been the leading method among female contraceptive users, followed by other short-term hormonal methods (e.g., injectables) and condoms. However, the percentage of female contraceptive users relying on pills has declined steadily from 53% in 1999 to 46% in 2006. Between 1999 and 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 began to decline, resulting in a combined percentage of 60% of female contraceptive users relying on either injectable or oral contraceptives in 2006 compared to between 71% and 72% during 1999–2002. With the expansion of primary method reporting categories in the revised FPAR form, grantees reported an additional 9% of female contraceptive users relying on newer short-term hormonal methods (contraceptive patch [7%] and vaginal ring [2%]) in 2005 and 6% (contraceptive patch [4%] and vaginal ring [2%]) in 2006. Overall, 67% of female contraceptive users in 2006 relied on short-term hormonal methods compared to 72% in 1999. Numerically, however, the number of female contraceptive users who relied on short-term hormonal methods increased 1% (19,038) during this period (*Exhibits A-6a* and *A-6b*).

Regarding use of other methods, between 1999 and 2006 the percentage of female contraceptive users relying on male condoms increased from 14% to 19%, IUD use increased from 1% to 3%, female and male sterilization use decreased from 3% to 2%, and implant use decreased from 1% to less than 1%. Numerically, the number of female users who relied on male condoms increased 42% (220,075), the number of IUD users increased 130% (62,323), the number of female sterilization and vasectomy users decreased 14% (15,576), and the number of implant users decreased 89% (20,375) (*Exhibits A-6a* and *A-6b*).

Finally, the percentage of users who relied on other methods was 2% to 3% during 1999–2002, 7% to 8% during 2003–2004, and 3% during 2005–2006. The substantial shifts over time in the level of other method use reflect the availability of new FDA-approved methods (e.g., 1-month injectable, contraceptive patch, and contraceptive ring) in Title X-funded clinics and the limitations of the FPAR form to capture these method-specific data prior to 2005. Revisions to the FPAR form for 2005 resulted in separate rows for reporting these newly available methods, as well as several methods previously included in the other method category (e.g., sponge and abstinence), thereby reducing the percentage reported as other method users in 2005–2006. Grantees continue to report emergency contraceptive pills using the other method category (*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 2006, grantees reported that 92% (249,900) of all male users were using a contraceptive method at their last family planning encounter during the reporting period. The remaining 8% (22,509) 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 seven of every ten male users, was male condoms (72%), followed by reliance on a female partner's contraceptive (5%), abstinence (3%), vasectomy (1%), or FAMs (<1%). Ten percent of male users relied on either an unknown (7%) or other method (3%) (*Exhibits 22 and 23*).

By age group, the percentage of male users who used any contraceptive method ranged from 88% (> 44 years) to 93% (15 to 19 years). Among male users 18 years and older, the leading method was male condoms, used by 63% to 79% of male users in these age groups, followed by reliance on a female partner's contraceptive method (5% to 7%). Among male users 15 to 17 years, the leading method was male condoms, used by 72%, followed by abstinence (6%) and reliance on female partner's contraceptive method (4%). Among males in the youngest age group (< 15 years), 22% used male condoms, 26% relied on abstinence, 30% used other methods, and 10% used an unknown method (*Exhibits 22 and 23*).

By region, the percentage of males who used any method ranged from 79% (VII) to 97% (IX), and male method use was at or above the national level (92%) in five regions (I, IV, VI, VIII, and IX). Use of male condoms, the leading method for male users in all regions, ranged from 49% (VII) to 85% (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 2006 (not shown), more than three of every four (78%) relied on male condoms, 6% relied on a female partner's method, 4% used abstinence, 4% used other methods, and 1% relied on vasectomy. The type of primary contraceptive method was unknown for 7% of male method users.

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 7)

Primary Method	All Female Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Female sterilization	89,428	0	0	3	3,472	12,825	17,614	19,013	16,452	20,049
Intrauterine device (IUD)	110,338	30	1,230	3,886	26,437	31,190	23,847	13,602	6,787	3,329
Hormonal implant	2,506	7	88	173	565	617	509	325	151	71
Hormonal injection ^a	571,588	8,578	69,017	72,050	176,330	112,506	60,434	38,119	23,337	11,217
Oral contraceptive	1,859,542	20,558	224,790	278,021	647,956	346,546	170,451	95,587	50,979	24,654
Contraceptive patch	170,815	3,017	21,680	25,396	59,480	34,295	16,402	7,099	2,672	774
Vaginal ring	98,689	412	8,407	14,249	42,123	20,935	7,787	3,045	1,173	558
Cervical cap/diaphragm	4,753	34	132	229	958	999	689	522	486	704
Contraceptive sponge	1,076	5	55	79	245	193	158	148	76	117
Female condom	6,031	67	594	667	1,662	1,091	697	552	429	272
Spermicide (used alone)	22,075	208	1,565	1,925	6,053	4,576	3,025	2,177	1,429	1,117
Fertility awareness method ^b	9,446	27	396	648	2,228	2,179	1,594	1,094	718	562
Abstinence ^c	49,022	3,105	7,023	4,766	10,314	6,855	4,561	3,822	3,325	5,251
Other method ^d	133,099	1,269	12,304	17,602	42,111	24,660	13,364	8,321	5,380	8,088
Method unknown ^e	139,537	3,238	13,935	15,857	34,435	23,773	14,856	10,548	8,351	14,544
Rely on Male Method										
Vasectomy	6,605	1	4	63	504	987	1,209	1,396	1,305	1,136
Male condom	747,323	8,282	94,358	107,641	218,831	129,936	75,033	51,131	32,769	29,342
No Method										
Pregnant/seeking pregnancy	373,111	2,170	30,614	54,131	132,557	82,397	42,061	20,654	6,776	1,751
Other reason	326,885	4,483	32,806	42,458	95,720	58,988	33,713	21,472	14,573	22,672
Total Female Users	4,721,869	55,491	518,998	639,844	1,501,981	895,548	488,004	298,627	177,168	146,208
Using a method	4,021,873	48,838	455,578	543,255	1,273,704	754,163	412,230	256,501	155,819	121,785
Not using a method	699,996	6,653	63,420	96,589	228,277	141,385	75,774	42,126	21,349	24,423

^a See *Appendix C, Methodological Notes*.

^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 19. Distribution of female family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 7)

Primary Method	All Female Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Female sterilization	2%	0%	0%	0%†	0%†	1%	4%	6%	9%	14%
Intrauterine device (IUD)	2%	0%†	0%†	1%	2%	3%	5%	5%	4%	2%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection ^a	12%	15%	13%	11%	12%	13%	12%	13%	13%	8%
Oral contraceptive	39%	37%	43%	43%	43%	39%	35%	32%	29%	17%
Contraceptive patch	4%	5%	4%	4%	4%	4%	3%	2%	2%	1%
Vaginal ring	2%	1%	2%	2%	3%	2%	2%	1%	1%	0%†
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
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 ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	1%	6%	1%	1%	1%	1%	1%	1%	2%	4%
Other method ^d	3%	2%	2%	3%	3%	3%	3%	3%	3%	6%
Method unknown ^e	3%	6%	3%	2%	2%	3%	3%	4%	5%	10%
Rely on Male Method										
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Male condom	16%	15%	18%	17%	15%	15%	15%	17%	18%	20%
No Method										
Pregnant/seeking pregnancy	8%	4%	6%	8%	9%	9%	9%	7%	4%	1%
Other reason	7%	8%	6%	7%	6%	7%	7%	7%	8%	16%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a method	85%	88%	88%	85%	85%	84%	84%	86%	88%	83%
Not using a method	15%	12%	12%	15%	15%	16%	16%	14%	12%	17%

^a See *Appendix C, Methodological Notes*.

^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.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2006 (Source: FPAR Table 7)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female sterilization	89,428	7,698	8,608	11,127	15,789	10,228	12,124	7,612	1,047	9,488	5,707
Intrauterine device (IUD)	110,338	4,651	12,096	8,125	16,945	10,334	12,674	3,212	3,270	28,567	10,464
Hormonal implant	2,506	75	96	167	477	99	152	14	12	1,383	31
Hormonal injection ^a	571,588	13,204	35,521	63,181	168,734	74,019	68,783	30,295	16,585	75,655	25,611
Oral contraceptive	1,859,542	63,648	151,609	200,584	403,638	239,562	195,485	106,203	81,624	325,171	92,018
Contraceptive patch	170,815	5,462	17,710	21,588	32,704	23,121	12,477	6,297	5,629	33,445	12,382
Vaginal ring	98,689	2,965	11,862	9,423	7,374	17,863	6,810	5,559	4,028	18,959	13,846
Cervical cap/diaphragm	4,753	449	710	529	653	474	409	184	206	664	475
Contraceptive sponge	1,076	71	143	76	374	118	51	36	17	150	40
Female condom	6,031	120	277	490	1,437	715	793	153	93	1,857	96
Spermicide (used alone)	22,075	170	1,070	1,576	9,635	1,079	3,347	158	175	4,389	476
Fertility awareness method ^b	9,446	422	425	1,344	1,647	423	1,787	229	242	2,253	674
Abstinence ^c	49,022	5,135	2,978	7,006	9,389	4,716	5,381	2,829	1,549	6,017	4,022
Other method ^d	133,099	11,984	11,838	6,585	59,261	14,561	9,100	7,039	860	8,197	3,674
Method unknown ^e	139,537	4,123	5,167	6,157	41,309	3,850	10,860	6,260	4,805	55,595	1,411
Rely on Male Method											
Vasectomy	6,605	590	626	537	472	653	632	684	382	1,030	999
Male condom	747,323	42,998	108,556	113,274	87,147	86,872	46,544	17,292	11,019	203,520	30,101
No Method											
Pregnant/seeking pregnancy	373,111	12,419	49,663	38,983	59,967	43,469	50,701	15,084	9,975	64,789	28,061
Other reason	326,885	18,723	28,101	45,663	109,346	29,357	29,221	22,249	5,008	32,339	6,878
Total Female Users	4,721,869	194,907	447,056	536,415	1,026,298	561,513	467,331	231,389	146,526	873,468	236,966
Using a method	4,021,873	163,765	369,292	451,769	856,985	488,687	387,409	194,056	131,543	776,340	202,027
Not using a method	699,996	31,142	77,764	84,646	169,313	72,826	79,922	37,333	14,983	97,128	34,939

^a See *Appendix C, Methodological Notes*.

^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: 2006 (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%	3%	3%	1%	1%	2%
Intrauterine device (IUD)	2%	2%	3%	2%	2%	2%	3%	1%	2%	3%	4%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection ^a	12%	7%	8%	12%	16%	13%	15%	13%	11%	9%	11%
Oral contraceptive	39%	33%	34%	37%	39%	43%	42%	46%	56%	37%	39%
Contraceptive patch	4%	3%	4%	4%	3%	4%	3%	3%	4%	4%	5%
Vaginal ring	2%	2%	3%	2%	1%	3%	1%	2%	3%	2%	6%
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 ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	1%	3%	1%	1%	1%	1%	1%	1%	1%	1%	2%
Other method ^d	3%	6%	3%	1%	6%	3%	2%	3%	1%	1%	2%
Method unknown ^e	3%	2%	1%	1%	4%	1%	2%	3%	3%	6%	1%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	16%	22%	24%	21%	8%	15%	10%	7%	8%	23%	13%
No Method											
Pregnant/seeking pregnancy	8%	6%	11%	7%	6%	8%	11%	7%	7%	7%	12%
Other reason	7%	10%	6%	9%	11%	5%	6%	10%	3%	4%	3%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a method	85%	84%	83%	84%	84%	87%	83%	84%	90%	89%	85%
Not using a method	15%	16%	17%	16%	16%	13%	17%	16%	10%	11%	15%

^a See *Appendix C, Methodological Notes*.

^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.

† Percentage is less than 0.5%.

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2006 (Source: FPAR Table 8)

Primary Method	All Male Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Vasectomy	2,548	0	0	0	160	496	553	505	378	456
Male condom	195,819	2,623	22,074	25,389	63,502	35,649	16,936	10,802	7,610	11,234
Fertility awareness method ^a	769	29	32	18	182	226	120	76	34	52
Abstinence ^b	9,375	3,215	1,930	748	1,150	626	389	296	288	733
Other method ^c	8,996	3,693	388	555	1,630	1,083	599	371	256	421
Method unknown ^d	17,708	1,256	2,932	1,803	3,522	2,679	1,710	1,224	957	1,625
Rely on Female Method^e	14,685	284	1,284	1,576	4,291	2,766	1,597	1,041	748	1,098
No Method										
Partner pregnant/seeking pregnancy	2,937	38	156	262	923	616	454	278	116	94
Other reason	19,572	998	2,050	1,832	5,347	3,320	1,811	1,268	952	1,994
Total Male Users	272,409	12,136	30,846	32,183	80,707	47,461	24,169	15,861	11,339	17,707
Using a method	249,900	11,100	28,640	30,089	74,437	43,525	21,904	14,315	10,271	15,619
Not using a method	22,509	1,036	2,206	2,094	6,270	3,936	2,265	1,546	1,068	2,088

^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, 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: 2006 (Source: FPAR Table 8)

Primary Method	All Male Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Vasectomy	1%	0%	0%	0%	0%†	1%	2%	3%	3%	3%
Male condom	72%	22%	72%	79%	79%	75%	70%	68%	67%	63%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^b	3%	26%	6%	2%	1%	1%	2%	2%	3%	4%
Other method ^c	3%	30%	1%	2%	2%	2%	2%	2%	2%	2%
Method unknown ^d	7%	10%	10%	6%	4%	6%	7%	8%	8%	9%
Rely on Female Method^e	5%	2%	4%	5%	5%	6%	7%	7%	7%	6%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	2%	2%	1%	1%
Other reason	7%	8%	7%	6%	7%	7%	7%	8%	8%	11%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a method	92%	91%	93%	93%	92%	92%	91%	90%	91%	88%
Not using a method	8%	9%	7%	7%	8%	8%	9%	10%	9%	12%

^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, hormonal injection, oral contraceptive, hormonal/contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), or spermicide.

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2006 (Source: FPAR Table 8)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Vasectomy	2,548	50	63	106	743	74	212	68	86	755	391
Male condom	195,819	12,630	19,552	23,083	12,676	15,210	10,492	6,796	6,301	79,494	9,585
Fertility awareness method ^a	769	10	21	60	88	1	423	21	11	113	21
Abstinence ^b	9,375	946	98	1,041	2,763	318	994	675	498	1,206	836
Other method ^c	8,996	822	305	281	4,450	296	518	253	80	1,628	363
Method unknown ^d	17,708	459	155	1,825	2,123	553	1,362	2,230	1,542	7,413	46
Rely on Female Method^e	14,685	947	643	1,134	688	1,608	1,015	754	832	6,066	998
No Method											
Partner pregnant/seeking pregnancy	2,937	35	24	478	307	138	151	80	164	1,315	245
Other reason	19,572	1,363	2,231	3,160	1,194	2,602	1,134	2,867	442	2,066	2,513
Total Male Users	272,409	17,262	23,092	31,168	25,032	20,800	16,301	13,744	9,956	100,056	14,998
Using a method	249,900	15,864	20,837	27,530	23,531	18,060	15,016	10,797	9,350	96,675	12,240
Not using a method	22,509	1,398	2,255	3,638	1,501	2,740	1,285	2,947	606	3,381	2,758

^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, 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: 2006 (Source: FPAR Table 8)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Vasectomy	1%	0%†	0%†	0%†	3%	0%†	1%	0%†	1%	1%	3%
Male condom	72%	73%	85%	74%	51%	73%	64%	49%	63%	79%	64%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%†	0%†	0%†	0%†
Abstinence ^b	3%	5%	0%†	3%	11%	2%	6%	5%	5%	1%	6%
Other method ^c	3%	5%	1%	1%	18%	1%	3%	2%	1%	2%	2%
Method unknown ^d	7%	3%	1%	6%	8%	3%	8%	16%	15%	7%	0%†
Rely on Female Method^e	5%	5%	3%	4%	3%	8%	6%	5%	8%	6%	7%
No Method											
Partner pregnant/seeking pregnancy	1%	0%†	0%†	2%	1%	1%	1%	1%	2%	1%	2%
Other reason	7%	8%	10%	10%	5%	13%	7%	21%	4%	2%	17%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a method	92%	92%	90%	88%	94%	87%	92%	79%	94%	97%	82%
Not using a method	8%	8%	10%	12%	6%	13%	8%	21%	6%	3%	18%

^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, hormonal injection, oral contraceptive, hormonal/contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), or spermicide.

† Percentage is less than 0.5%.

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 (Solomon 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 (Solomon 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) and
- 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

OPA requires Title X-funded service providers to adhere to cancer screening recommendations established by professional organizations that set national standards of care (e.g., American College of Obstetricians and Gynecologists, American Cancer Society, or U.S. Preventive Services Task Force [USPSTF]) (OPA, 2003).

Cervical Cancer Screening Activities (Exhibit 26)

In 2006, Title X service providers performed more than 2.4 million Pap tests and tested over 2.3 million (49%) female family planning users. Based on the 2001 Bethesda System (Solomon et al., 2002) for classifying Pap results, 10% (240,702) of the Pap tests performed by Title X service providers had a result indicating a precancerous or cancerous condition requiring further evaluation and possible treatment (i.e., atypical squamous cell [ASC] or higher result). Of Pap tests with an ASC or higher result, 24,868 (10%) had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition. By region, the percentage of female users who obtained a Pap test was at or above the national average (49%) in three regions (IV, VI, and VII), where screening rates ranged between 55% (VII) and 59% (VI) of all female users (*Exhibit 26*).

Breast Cancer Screening Activities (Exhibit 26)

In 2006, 2.4 million (49%) family planning users obtained a clinical breast exam (CBE), and providers referred 3% (65,157) of those examined for further evaluation based on the CBE. Screening rates were at or above the national average (49%) in seven regions (II, III, IV, V, VI, VII, VIII), where 49% (II) to 61% (VI) of all users obtained a CBE. CBE referrals ranged from 1% to 2% of those who obtained an exam, except in two regions (IV and IX) where referrals exceeded the national average (3%) (*Exhibit 26*).

SEXUALLY TRANSMITTED DISEASE (STD) SCREENING

Chlamydia Testing (Exhibits 27 and 28)

The U.S. Centers for Disease Control and Prevention (CDC) recommends routine chlamydia screening, at least annually, for all sexually active, nonpregnant women aged 25 years and younger, and for older, nonpregnant women at increased risk (e.g., with a new or multiple sex partners) (CDC, 2006).¹ Through a cooperative agreement between 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 2006, Title X-funded clinics tested 47% (2,197,489) of all female users for chlamydia. Testing rates were highest among female users aged 20 to 24 years (52%) and lowest among females 25 years and older (40%). Overall, 51% of all female users 24 years and younger were tested for chlamydia, and in five regions (III, IV, VI, VII, and IX), screening rates for female users 24 years and younger were at or above the national rate. Testing rates in all regions, however, were substantially lower than the level recommended by CDC (*Exhibits 27 and 28*).

¹ The USPSTF recommends screening for chlamydial infection for all sexually active, nonpregnant young women age 24 years or younger and older, nonpregnant women who are at increased risk (USPSTF, 2007).

Exhibit 26. Cervical and breast cancer screening activities, by screening test/exam and region: 2006 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Pap Tests											
Female users tested ^a	2,326,153	84,268	216,186	257,499	581,557	263,405	274,048	127,476	66,284	356,287	99,143
Percentage tested ^b	49%	43%	48%	48%	57%	47%	59%	55%	45%	41%	42%
Number of tests	2,477,209	88,165	230,085	274,671	614,392	278,343	284,080	138,001	78,672	388,774	102,026
Require follow-up											
≥ <i>ASC result</i>											
Number	240,702	11,391	27,906	30,705	47,702	27,108	18,720	14,290	8,166	43,112	11,602
Percentage ^c	10%	13%	12%	11%	8%	10%	7%	10%	10%	11%	11%
≥ <i>HSIL result</i>											
Number	24,868	994	3,329	2,228	9,843	1,824	1,954	934	443	2,479	840
Percentage ^c	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Users examined ^d	2,448,120	85,328	232,677	295,698	553,984	315,460	292,619	132,918	80,081	353,102	106,253
Percentage examined ^e	49%	40%	49%	52%	53%	54%	61%	54%	51%	36%	42%
Users referred based on exam	65,157	2,038	4,739	4,378	20,335	2,805	4,631	2,370	672	21,882	1,307
Percentage referred based on exam ^f	3%	2%	2%	1%	4%	1%	2%	2%	1%	6%	1%

ASC=atypical squamous cells. HSIL=high-grade squamous intraepithelial lesion.

^a Unduplicated number of female users.

^b Denominator is the total unduplicated number of female users.

^c Denominator is the total number of Pap tests performed.

^d Unduplicated number of female and male users.

^e Denominator is the total unduplicated number of users (female and male).

^f Denominator is the total unduplicated number of users examined.

Additionally, Title X-funded clinics tested 142,642 (52%) male users for chlamydia. Across regions, chlamydia testing ranged from 17% (IV) to 63% (IX) of male users (*Exhibits 27 and 28*).

Gonorrhea and Syphilis Testing (Exhibit 29)

In 2006, Title X service sites performed 2,125,719 gonorrhea tests (1,991,658 female tests and 134,061 male tests) and 700,592 syphilis tests (626,626 female tests and 73,966 male tests) (*Exhibit 29*). Nationally, Title X-funded service providers performed about 4 gonorrhea tests and 1.4 syphilis tests for every 10 family planning users (not shown).

HIV Testing (Exhibit 29)

In 2006, Title X service sites performed 652,426 confidential HIV tests (557,309 female tests and 95,117 male tests) and 14,280 anonymous HIV tests. Of the confidential HIV tests performed, 1,337 were positive (*Exhibit 29*). Nationally, Title X-funded service providers performed 1.3 confidential HIV tests for every 10 family planning users (not shown).

FPAR Guidance for Reporting STD Testing 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 family planning users tested for chlamydia, by gender, age, and region: 2006 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	24,226	661	1,751	4,339	6,456	2,701	2,798	881	680	3,294	665
15-17	262,219	10,986	22,122	38,269	58,656	31,912	26,018	12,134	7,353	45,652	9,117
18-19	322,528	11,879	28,492	38,362	69,597	38,175	31,136	16,698	9,489	67,145	11,555
20-24	778,249	26,952	69,288	84,237	180,343	82,996	79,595	41,567	19,465	163,456	30,350
25 and over	810,267	33,971	79,355	79,390	203,025	64,585	95,740	25,839	12,060	193,601	22,701
Total Female Users	2,197,489	84,449	201,008	244,597	518,077	220,369	235,287	97,119	49,047	473,148	74,388
Female Users <25^a	1,387,222	50,478	121,653	165,207	315,052	155,784	139,547	71,280	36,987	279,547	51,687
Male Users											
Under 15	1,432	43	39	529	62	49	27	65	151	429	38
15-17	13,511	660	795	3,301	406	931	693	478	902	4,556	789
18-19	18,719	1,130	1,550	2,371	601	1,784	1,100	808	560	7,654	1,161
20-24	51,334	3,207	4,036	5,261	1,303	5,014	2,393	2,784	1,826	22,327	3,183
25 and over	57,646	3,233	3,602	5,776	1,834	3,985	2,105	2,967	2,242	27,884	4,018
Total Male Users	142,642	8,273	10,022	17,238	4,206	11,763	6,318	7,102	5,681	62,850	9,189
All Users											
Under 15	25,658	704	1,790	4,868	6,518	2,750	2,825	946	831	3,723	703
15-17	275,730	11,646	22,917	41,570	59,062	32,843	26,711	12,612	8,255	50,208	9,906
18-19	341,247	13,009	30,042	40,733	70,198	39,959	32,236	17,506	10,049	74,799	12,716
20-24	829,583	30,159	73,324	89,498	181,646	88,010	81,988	44,351	21,291	185,783	33,533
25 and over	867,913	37,204	82,957	85,166	204,859	68,570	97,845	28,806	14,302	221,485	26,719
Total All Users	2,340,131	92,722	211,030	261,835	522,283	232,132	241,605	104,221	54,728	535,998	83,577

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active nonpregnant women age 25 years and younger, and for older nonpregnant women at increased risk (e.g., new sexual partner, multiple sexual partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active nonpregnant young women age 24 years or younger and older nonpregnant women who are at increased risk. (Sources: CDC. Sexually Transmitted Diseases Treatment Guidelines, 2006. *MMWR* 2006; 55 (No. RR-11):1-94 and Screening for Chlamydial Infection: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine* 2007; 147(2):128-134.)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by gender, age, and region: 2006 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
Under 15	44%	42%	38%	52%	39%	46%	49%	47%	38%	49%	26%
15-17	51%	50%	44%	52%	54%	47%	54%	54%	40%	57%	33%
18-19	50%	43%	47%	51%	52%	43%	55%	53%	41%	61%	36%
20-24	52%	47%	49%	50%	55%	42%	56%	52%	38%	62%	39%
25 and over	40%	39%	41%	37%	46%	32%	44%	27%	23%	47%	23%
Total Female Users	47%	43%	45%	46%	50%	39%	50%	42%	33%	54%	31%
Female Users <25^a	51%	46%	48%	51%	54%	43%	55%	53%	39%	61%	37%
Male Users											
Under 15	12%	9%	8%	51%	1%	15%	7%	46%	24%	30%	23%
15-17	44%	31%	23%	52%	16%	37%	32%	61%	52%	57%	63%
18-19	58%	60%	48%	55%	29%	60%	45%	61%	54%	68%	71%
20-24	64%	63%	52%	63%	31%	65%	47%	58%	61%	74%	68%
25 and over	49%	42%	45%	52%	20%	55%	34%	44%	62%	56%	55%
Total Male Users	52%	48%	43%	55%	17%	57%	39%	52%	57%	63%	61%
All Users											
Under 15	38%	35%	35%	52%	28%	44%	46%	47%	35%	45%	26%
15-17	50%	48%	43%	52%	53%	46%	53%	54%	42%	57%	34%
18-19	51%	44%	47%	51%	52%	44%	54%	53%	42%	62%	37%
20-24	52%	48%	50%	51%	55%	43%	56%	53%	40%	63%	41%
25 and over	41%	40%	42%	38%	46%	33%	44%	28%	25%	48%	25%
Total All Users	47%	44%	45%	46%	50%	40%	50%	43%	35%	55%	33%

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active nonpregnant women age 25 years and younger, and for older nonpregnant women at increased risk (e.g., new sexual partner, multiple sexual partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active nonpregnant young women age 24 years or younger and older nonpregnant women who are at increased risk. (Sources: CDC. Sexually Transmitted Diseases Treatment Guidelines, 2006. *MMWR* 2006; 55 (No. RR-11):1-94 and Screening for Chlamydial Infection: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine* 2007; 147(2):128-134.)

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region: 2006 (Source: FPAR Table 12)

STD Test	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Gonorrhea											
Female	1,991,658	68,158	187,767	237,804	515,196	197,170	241,298	102,954	40,829	349,059	51,423
Male	134,061	7,452	11,246	17,053	6,497	9,797	6,479	7,761	5,411	54,773	7,592
Total	2,125,719	75,610	199,013	254,857	521,693	206,967	247,777	110,715	46,240	403,832	59,015
Syphilis											
Female	626,626	7,832	52,855	63,320	292,461	29,119	92,552	16,220	1,818	67,005	3,444
Male	73,966	2,691	5,889	12,758	5,499	3,128	4,320	3,308	1,861	31,609	2,903
Total	700,592	10,523	58,744	76,078	297,960	32,247	96,872	19,528	3,679	98,614	6,347
HIV (Confidential)											
Female	557,309	14,781	81,825	49,609	182,544	20,040	75,815	15,575	8,319	101,753	7,048
Male	95,117	5,672	10,368	12,842	4,370	4,259	3,672	3,801	4,992	40,292	4,849
Total	652,426	20,453	92,193	62,451	186,914	24,299	79,487	19,376	13,311	142,045	11,897
Positive Test Results	1,337	52	227	201	446	49	31	16	6	287	22
HIV (Anonymous)	14,280	1,623	0	1,409	0	1,609	627	416	0	5,259	3,337

STAFFING AND FAMILY PLANNING ENCOUNTERS (EXHIBIT 30)

In 2006, 3,937 full-time equivalent (FTE) physicians, midlevel health providers (physician assistants, nurse practitioners, and certified nurse midwives), and other clinical services providers (CSPs) participated in the delivery of clinical family planning and related, preventive, health services. Midlevel health providers comprised 51% (2,014 FTEs) of the full-time medical staff, followed by other CSPs (36% or 1,429 FTEs), and physicians (13% or 494 FTEs). Nationally, grantees reported an average of 4.1 midlevel provider FTEs per physician FTE (*Exhibit 30*).

The staffing composition varied across regions, with Title X-funded agencies in some regions relying more heavily on midlevel family planning providers and other CSPs than in other regions. For example, the number of midlevel provider FTEs per physician FTE ranged from 2.5 (III) to 16.2 (VIII), and in half of the regions (I, IV, VI, VIII, and X) this ratio was higher than the national average of 4.1 midlevel FTEs per physician FTE (*Exhibit 30*).

In 2006, Title X-funded agencies reported over 9.8 million family planning encounters, or almost two encounters per family planning user. Encounters with a CSP accounted for almost three of every four (74%) family planning encounters. Across regions, the total number of encounters per user ranged from 1.6 (X) to 2.3 (III), and in five regions (II, III, IV, VI, and VII), the number of encounters per user exceeded the national average (1.97) (*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 nonclinical 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 – 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.

Family Planning Encounter with a Clinical Services Provider – 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.

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.

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

Exhibit 30. Composition of clinical services provider (CSP) staff and number and distribution of family planning (FP) encounters, by type and region: 2006 (Source: FPAR Table 13)

FTEs and FP Encounters	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
CSP FTEs											
Number of FTEs											
Physician	494.09	17.48	56.37	100.24	79.96	55.22	43.54	28.91	4.44	98.58	9.35
PA/NP/CNM	2,014.20	91.27	200.50	250.94	381.96	196.80	242.89	104.17	71.86	357.01	116.80
Other CSP	1,428.77	16.58	129.87	138.16	427.65	1.70	319.23	139.03	51.77	87.19	117.59
Total	3,937.06	125.33	386.74	489.34	889.57	253.72	605.66	272.11	128.07	542.78	243.74
Distribution of FTEs											
Physician	13%	14%	15%	20%	9%	22%	7%	11%	3%	18%	4%
PA/NP/CNM	51%	73%	52%	51%	43%	78%	40%	38%	56%	66%	48%
Other CSP	36%	13%	34%	28%	48%	1%	53%	51%	40%	16%	48%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ratio of midlevel^a to physician FTE	4.08	5.22	3.56	2.50	4.78	3.56	5.58	3.60	16.18	3.62	12.49
FP Encounters											
Number of Encounters											
With a CSP	7,253,595	301,036	707,288	952,361	1,344,021	773,307	835,476	376,168	215,093	1,382,424	366,421
With a non-CSP	2,585,437	57,444	227,163	366,667	759,027	344,714	163,566	158,718	68,701	404,194	35,243
Total	9,839,032	358,480	934,451	1,319,028	2,103,048	1,118,021	999,042	534,886	283,794	1,786,618	401,664
Distribution of Encounters											
With a CSP	74%	84%	76%	72%	64%	69%	84%	70%	76%	77%	91%
With a non-CSP	26%	16%	24%	28%	36%	31%	16%	30%	24%	23%	9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User	1.97	1.69	1.99	2.32	2.00	1.92	2.07	2.18	1.81	1.84	1.59

CNM=Certified Nurse Midwife. CSP=clinical services provider. FP=family planning. FTE=full-time equivalent. NP=Nurse Practitioner. PA=Physician Assistant.

^a Midlevel providers includes Physician Assistants, Nurse Practitioners, and Certified Nurse Midwives.

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 nonprofit 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)

In 2006, Title X grantees reported total revenue of almost \$1.1 billion (\$1,081,431,527), or \$217 per user, to support the provision of family planning and related, preventive, health services. The major sources of program revenue—Medicaid (\$320.2 million) and Title X (\$263.0 million)—accounted for 30% and 24%, respectively, of total national revenue. Other key sources of revenue, including state governments (\$133.6 million), client payment for services (\$102.5 million), and local governments (\$93.4 million), each accounted for 9% to 12% of total national revenue, while all other sources of revenue accounted for 3% or less of total national revenue (*Exhibit 31*).

Medicaid

There was substantial variation in Medicaid’s contribution to total regional revenue. While Medicaid revenue (federal and state shares) accounted for 30% of total national revenue, its contribution ranged between 2% and 58% of total regional revenue. In Regions IX and X, which include states with established Medicaid family planning waiver programs (i.e., California, Oregon, and Washington), Medicaid accounted for 58% and 55%, respectively, of the regions’ total revenue. In seven other regions (I, II, III, IV, V, VI, and VII), Medicaid accounted for 14% to 26% of total revenue, while in Region VIII only 2% of the region’s total revenue was from this source (*Exhibits 32 and 33*). *Appendix C, Methodological Notes* presents a list of states for which grantees reported Medicaid family planning waiver revenue.

Title X

Revenue from Title X accounted for 24% of total national revenue and between 12% (X) and 34% (VI) of total regional revenue. In all but three regions (II, IX, and X), the percentage of total revenue from Title X exceeded the national average of 24% (*Exhibits 32 and 33*).

State and Local Government

State and local government revenue accounted for 12% and 9%, respectively, of total national revenue. Across regions, revenue from state governments ranged from 1% (VII and IX) to 25% (II) of total regional revenue, while local government revenue contributed between 2% (VII and IX) and 18% (VIII) of total regional revenue. In four regions (I, II, III, and IV), the percentage of total revenue from state governments exceeded the national average of 12%, while the share of total regional revenue from local government sources exceeded the national average (9%) in all but three regions (I, VII, and IX) (*Exhibits 32 and 33*). A list of the sources of revenue reported as state government revenue is presented in *Appendix C, Methodological Notes*.

Client Payment for Services

Nationally, revenue from client payment for services accounted for 9% of total revenue and between 4% (IX) and 27% (VII) of total regional revenue. In six regions (I, II, III, V, VII, and VIII), the percentage of total regional revenue from client payments exceeded the national average (9%). In Region VII, revenue from client payment for services (27%) was the second most important source of program revenue after Title X (28%).

Private Third-Party Payers

Title X *Program Guidelines* require Title X-funded agencies to “bill all third parties authorized or legally obligated to pay for services” and to “make reasonable efforts to collect

charges without jeopardizing client confidentiality.” After Medicaid, revenue from private third-party payers (\$37.3 million) was the next most important source of third-party revenue in 2006, accounting for 3% of total national revenue and between 1% (IV, VI, and IX) and 14% (I) of total regional revenue. Revenue from private third-party payers exceeded the national average of 3% in six regions (I, II, III, VII, VIII, and X) (*Exhibits 32 and 33*).

Other Revenue Sources

Revenue from the Title XX Social Services Block Grant (\$28.4 million) and the Title V Maternal and Child Health Block Grant (\$22.8 million) accounted for 3% and 2%, respectively, of total national revenue. Across regions there was little variation in the share of total revenue accounted for by Title V or Title XX revenue (*Exhibits 32 and 33*).

Revenue from all other identified sources each accounted for 1% or less of total national revenue, while 6% (\$59.6 million) came from numerous sources reported as other revenue, which are listed in *Appendix C, Methodological Notes (Exhibits 31, 32, and 33)*.

Trends

As shown in *Exhibits A-7a and A-7b*, the distribution of program revenue by source has been relatively stable over time. During 1999–2003 and 2004–2006, there were small percentage-point shifts in the distribution of revenue across the different sources. In 2004, revenue from California’s family planning Medicaid waiver was moved from state government revenue to Medicaid revenue, which increased the Medicaid share of total national revenue from 17% in 2003 to 28% in 2004. The practice of reporting Medicaid waiver revenue with other Medicaid revenue has continued since 2004 (see *Appendix C, Methodological Notes*). The 2004 reclassification of Medicaid revenue also decreased the share of total revenue from state governments from 23% in 2003 to 13% in 2004 (*Exhibits A-7a and A-7b*).

Between 1999 and 2006, unadjusted (actual) total revenue grew 47% from almost \$738 million in 1999 to \$1.1 billion in 2006. When adjusted for inflation (constant 1999 dollars), however, total revenue increased only 9% between 1999 and 2006 (*Exhibits A-8a and A-8b*). During this same period, Title X revenue (unadjusted) increased 44% (\$183.2 million in 1999 versus \$263.0 million in 2006), but only 7% when adjusted for inflation (\$183.2 million in 1999 versus \$196.0 million [constant 1999 dollars] in 2006) (*Exhibits A-8a and A-8c*).

Exhibit 31. Dollar amount and distribution of Title X project revenues, by revenue source: 2006
(Source: FPAR Table 14)

Revenue Source	Dollar Amount	Distribution
Federal Grants		
Title X	\$262,983,478	24%
Bureau of Primary Health Care	\$5,847,921	1%
Other ^a	\$92,411	0%†
Subtotal Federal Grants	\$268,923,810	25%
Payment for Services		
Client collections	\$102,527,805	9%
Third-party payers ^b		
Medicaid (Title XIX) ^c	\$320,154,915	30%
Medicare (Title XVIII)	\$695,725	0%†
State Child Health Insurance Program	\$302,282	0%†
Other public	\$3,173,806	0%†
Private	\$37,263,692	3%
Subtotal Payment for Services	\$464,118,225	43%
Other Revenue		
Maternal and Child Health Block Grant (Title V)	\$22,806,213	2%
Social Services Block Grant (Title XX)	\$28,443,123	3%
Temporary Assistance for Needy Families	\$10,521,097	1%
State government	\$133,618,734	12%
Local government	\$93,388,186	9%
Other ^a	\$59,612,139	6%
Subtotal Other Revenue	\$348,389,492	32%
Total Revenue		
Unadjusted ^d	\$1,081,431,527	100%
Adjusted (1999\$) ^e	\$806,087,866	
Total Revenue per User		
Unadjusted ^d	\$217	

^a *Appendix C, Methodological Notes* lists the types of revenue reported as “other” within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

^d Unadjusted total revenue is in actual dollar values.

^e Adjusted total revenue is in constant 1999 dollars (1999\$), 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>).

† Percentage is less than 0.5%.

Exhibit 32. Dollar amount of Title X project revenues, by revenue source and region: 2006 (Source: FPAR Table 14)

Revenue Source	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
Federal Grants												
Title X	\$262,983,478	\$13,631,322	\$28,491,427	\$27,162,706	\$55,218,318	\$36,078,391	\$34,075,697	\$12,498,897	\$10,509,397	\$35,529,148	\$9,788,175	
BPHC	\$5,847,921	\$180,786	\$339,647	\$0	\$1,277,249	\$271,380	\$0	\$1,620,225	\$0	\$2,158,634	\$0	
Other ^a	\$92,411	\$20,000	\$0	\$40,356	\$5,946	\$18,566	\$0	\$0	\$7,543	\$0	\$0	
Subtotal Federal Grants	\$268,923,810	\$13,832,108	\$28,831,074	\$27,203,062	\$56,501,513	\$36,368,337	\$34,075,697	\$14,119,122	\$10,516,940	\$37,687,782	\$9,788,175	
Payment for Services												
Client collections	\$102,527,805	\$9,170,400	\$15,426,362	\$12,504,493	\$13,251,752	\$16,092,504	\$4,938,986	\$12,027,334	\$6,791,648	\$8,467,139	\$3,857,187	
Third-party payers ^b												
Medicaid (Title XIX) ^c	\$320,154,915	\$6,647,827	\$33,548,622	\$16,667,686	\$52,704,014	\$21,891,026	\$17,293,650	\$8,055,406	\$691,504	\$118,539,059	\$44,116,121	
Medicare (Title XVIII)	\$695,725	\$31,886	\$93,247	\$21,694	\$115,896	\$59,977	\$268,165	\$22,610	\$2,026	\$79,058	\$1,166	
State CHIP	\$302,282	\$11,111	\$2,109	\$87,448	\$46,807	\$51,777	\$0	\$97,322	\$5,708	\$0	\$0	
Other public	\$3,173,806	\$9,907	\$381,848	\$968,945	\$86,395	\$184,322	\$164,862	\$289,514	\$15,639	\$330,286	\$742,088	
Private	\$37,263,692	\$6,377,399	\$9,107,994	\$6,437,014	\$1,899,195	\$3,597,569	\$481,355	\$3,262,910	\$1,539,396	\$1,186,731	\$3,374,129	
Subtotal Payment for Services	\$464,118,225	\$22,248,530	\$58,560,182	\$36,687,280	\$68,104,059	\$41,877,175	\$23,147,018	\$23,755,096	\$9,045,921	\$128,602,273	\$52,090,691	
Other Revenue												
MCH Block Grant (Title V)	\$22,806,213	\$222,500	\$3,377,315	\$3,692,330	\$6,646,912	\$2,999,594	\$2,539,432	\$287,916	\$641,404	\$1,492,636	\$906,174	
SS Block Grant (Title XX)	\$28,443,123	\$1,819,094	\$1,514,164	\$3,677,551	\$0	\$4,026,652	\$17,262,731	\$103,514	\$39,417	\$0	\$0	
TANF	\$10,521,097	\$813,510	\$3,239,437	\$0	\$5,800,446	\$262,934	\$0	\$57,118	\$0	\$347,652	\$0	
State government	\$133,618,734	\$5,906,821	\$36,968,436	\$18,399,828	\$43,271,601	\$8,223,770	\$10,879,450	\$514,605	\$1,878,881	\$2,943,134	\$4,632,208	
Local government	\$93,388,186	\$1,289,354	\$13,777,620	\$9,715,903	\$23,666,891	\$12,315,040	\$11,801,978	\$1,031,970	\$5,823,812	\$3,363,822	\$10,601,796	
Other ^a	\$59,612,139	\$1,068,557	\$2,968,065	\$1,278,849	\$2,364,513	\$9,978,978	\$733,505	\$5,418,869	\$4,555,775	\$28,506,997	\$2,738,031	
Subtotal Other Revenue	\$348,389,492	\$11,119,836	\$61,845,037	\$36,764,461	\$81,750,363	\$37,806,968	\$43,217,096	\$7,413,992	\$12,939,289	\$36,654,241	\$18,878,209	
Total Revenue												
Unadjusted ^d	\$1,081,431,527	\$47,200,474	\$149,236,293	\$100,654,803	\$206,355,935	\$116,052,480	\$100,439,811	\$45,288,210	\$32,502,150	\$202,944,296	\$80,757,075	
Adjusted (1999\$) ^e	\$806,087,866	\$35,182,745	\$111,239,188	\$75,027,048	\$153,815,578	\$86,504,317	\$74,866,795	\$33,757,363	\$24,226,766	\$151,272,578	\$60,195,488	
Total Revenue per User												
Unadjusted ^d	\$217	\$222	\$317	\$177	\$196	\$199	\$208	\$185	\$208	\$208	\$321	

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 Appendix C, Methodological Notes lists the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

^d Unadjusted total revenue is in actual dollar values.

^e Adjusted total revenue is in constant 1999 dollars (1999\$), 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 33. Distribution of Title X project revenues, by revenue source and region: 2006 (Source: FPAR Table 14)

Revenue Source	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Federal Grants											
Title X	24%	29%	19%	27%	27%	31%	34%	28%	32%	18%	12%
BPHC	1%	0%†	0%†	0%	1%	0%†	0%	4%	0%	1%	0%
Other ^a	0%†	0%†	0%	0%†	0%†	0%†	0%	0%	0%†	0%	0%
Subtotal Federal Grants	25%	29%	19%	27%	27%	31%	34%	31%	32%	19%	12%
Payment for Services											
Client collections	9%	19%	10%	12%	6%	14%	5%	27%	21%	4%	5%
Third-party payers ^b											
Medicaid (Title XIX) ^c	30%	14%	22%	17%	26%	19%	17%	18%	2%	58%	55%
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%†	1%	0%†	0%†	0%†	1%	0%†	0%†	1%
Private	3%	14%	6%	6%	1%	3%	0%†	7%	5%	1%	4%
Subtotal Payment for Services	43%	47%	39%	36%	33%	36%	23%	52%	28%	63%	65%
Other Revenue											
MCH Block Grant (Title V)	2%	0%†	2%	4%	3%	3%	3%	1%	2%	1%	1%
SS Block Grant (Title XX)	3%	4%	1%	4%	0%	3%	17%	0%†	0%†	0%	0%
TANF	1%	2%	2%	0%	3%	0%†	0%	0%†	0%	0%†	0%
State government	12%	13%	25%	18%	21%	7%	11%	1%	6%	1%	6%
Local government	9%	3%	9%	10%	11%	11%	12%	2%	18%	2%	13%
Other ^a	6%	2%	2%	1%	1%	9%	1%	12%	14%	14%	3%
Subtotal Other Revenue	32%	24%	41%	37%	40%	33%	43%	16%	40%	18%	23%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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 Appendix C, Methodological Notes lists the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

† Percentage is less than 0.5%.

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4

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Appendix A

Trend Tables

Exhibit A-1a. Number and distribution of all family planning users, by region: 1999-2006

Region	1999	2001	2002	2003	2004	2005	2006
I	187,589	216,098	220,094	212,422	207,450	211,693	212,169
II	415,848	428,169	449,854	460,798	468,635	468,237	470,148
III	499,163	533,956	551,759	562,182	571,883	562,173	567,583
IV	1,025,865	1,043,788	1,077,707	1,065,310	1,052,584	1,051,887	1,051,330
V	532,036	595,982	617,372	607,756	610,058	600,145	582,313
VI	488,372	529,997	532,268	539,704	547,802	513,130	483,632
VII	247,863	254,278	260,651	260,034	257,833	243,299	245,133
VIII	138,469	148,353	143,595	147,730	154,924	157,150	156,482
IX	709,360	844,781	870,070	878,088	920,543	931,827	973,524
X	197,573	262,315	251,504	278,024	276,073	263,420	251,964
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278
Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869
Male Users	127,098	199,245	202,620	227,159	244,381	262,793	272,409
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	23%	21%	22%	21%	21%	21%	21%
V	12%	12%	12%	12%	12%	12%	12%
VI	11%	11%	11%	11%	11%	10%	10%
VII	6%	5%	5%	5%	5%	5%	5%
VIII	3%	3%	3%	3%	3%	3%	3%
IX	16%	17%	17%	18%	18%	19%	19%
X	4%	5%	5%	6%	5%	5%	5%
Total All Users	100%	100%	100%	100%	100%	100%	100%
Female Users	97%	96%	96%	95%	95%	95%	95%
Male Users	3%	4%	4%	5%	5%	5%	5%

Exhibit A-1b. Distribution of all family planning users, by region: 1999-2006

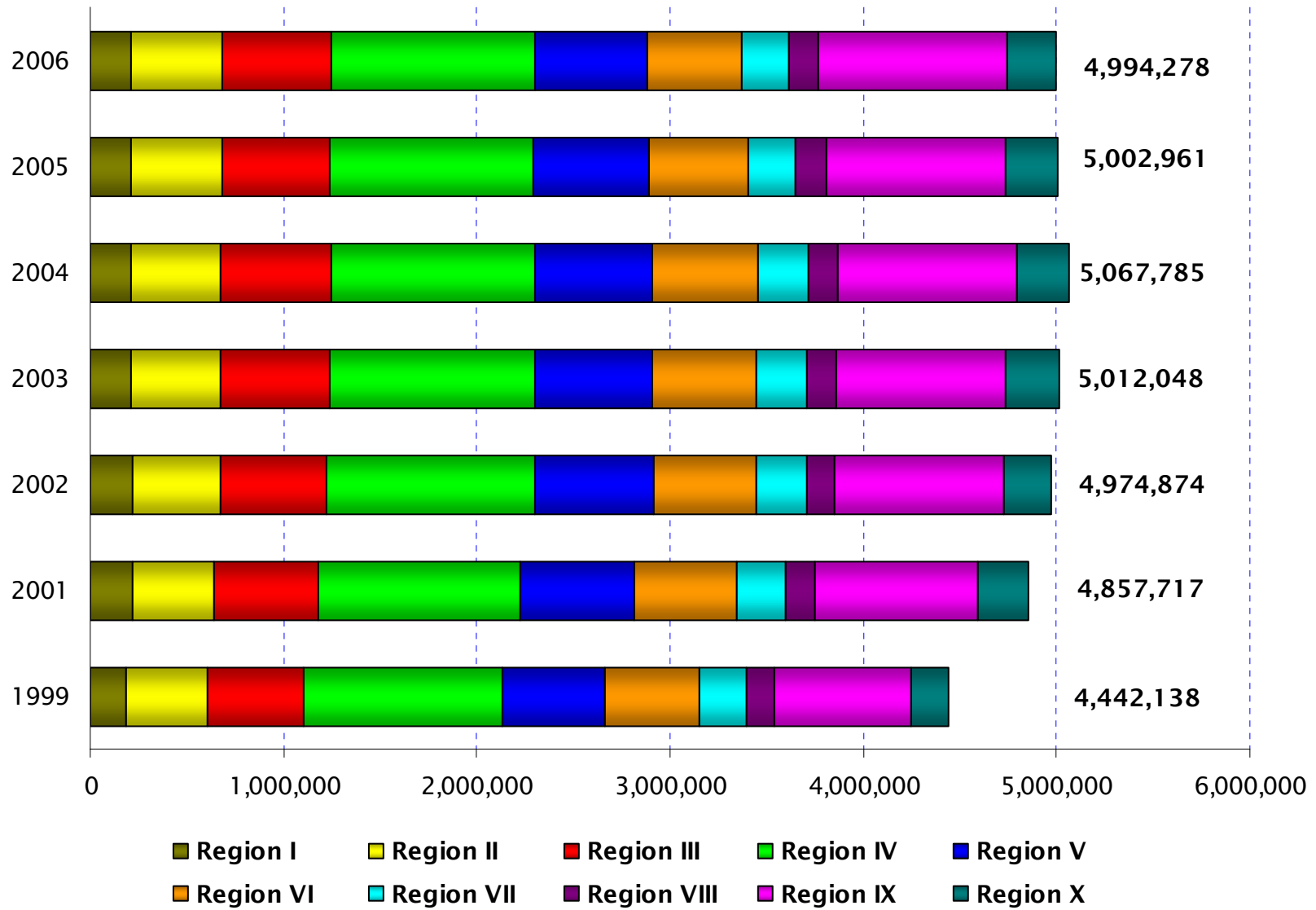


Exhibit A-2a. Number and distribution of all family planning users, by age: 1999-2006

Age Group (Years)	1999	2001	2002	2003	2004	2005	2006
<15	—	—	—	—	—	70,840	67,627
<18	627,496	690,718	693,416	674,639	667,734	--	--
15-17	—	—	—	—	—	549,079	549,844
18-19	648,224	720,939	728,049	711,364	716,399	681,690	672,027
20-24	1,312,102	1,493,687	1,550,715	1,590,344	1,608,278	1,589,794	1,582,688
25-29	812,323	835,897	851,926	870,394	898,231	921,425	943,009
30-44	937,691	995,231	1,016,055	1,021,266	1,028,661	--	--
30-34	—	—	—	—	—	519,448	512,173
35-39	—	—	—	—	—	317,900	314,488
40-44	—	—	—	—	—	193,490	188,507
>44	104,302	121,245	134,713	144,041	148,482	159,295	163,915
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278
<15	—	—	—	—	—	1%	1%
<18	14%	14%	14%	13%	13%	--	--
15-17	—	—	—	—	—	11%	11%
18-19	15%	15%	15%	14%	14%	14%	13%
20-24	30%	31%	31%	32%	32%	32%	32%
25-29	18%	17%	17%	17%	18%	18%	19%
30-44	21%	20%	20%	20%	20%	--	--
30-34	—	—	—	—	—	10%	10%
35-39	—	—	—	—	—	6%	6%
40-44	—	—	—	—	—	4%	4%
>44	2%	2%	3%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-2b. Distribution of all family planning users, by age: 1999-2006

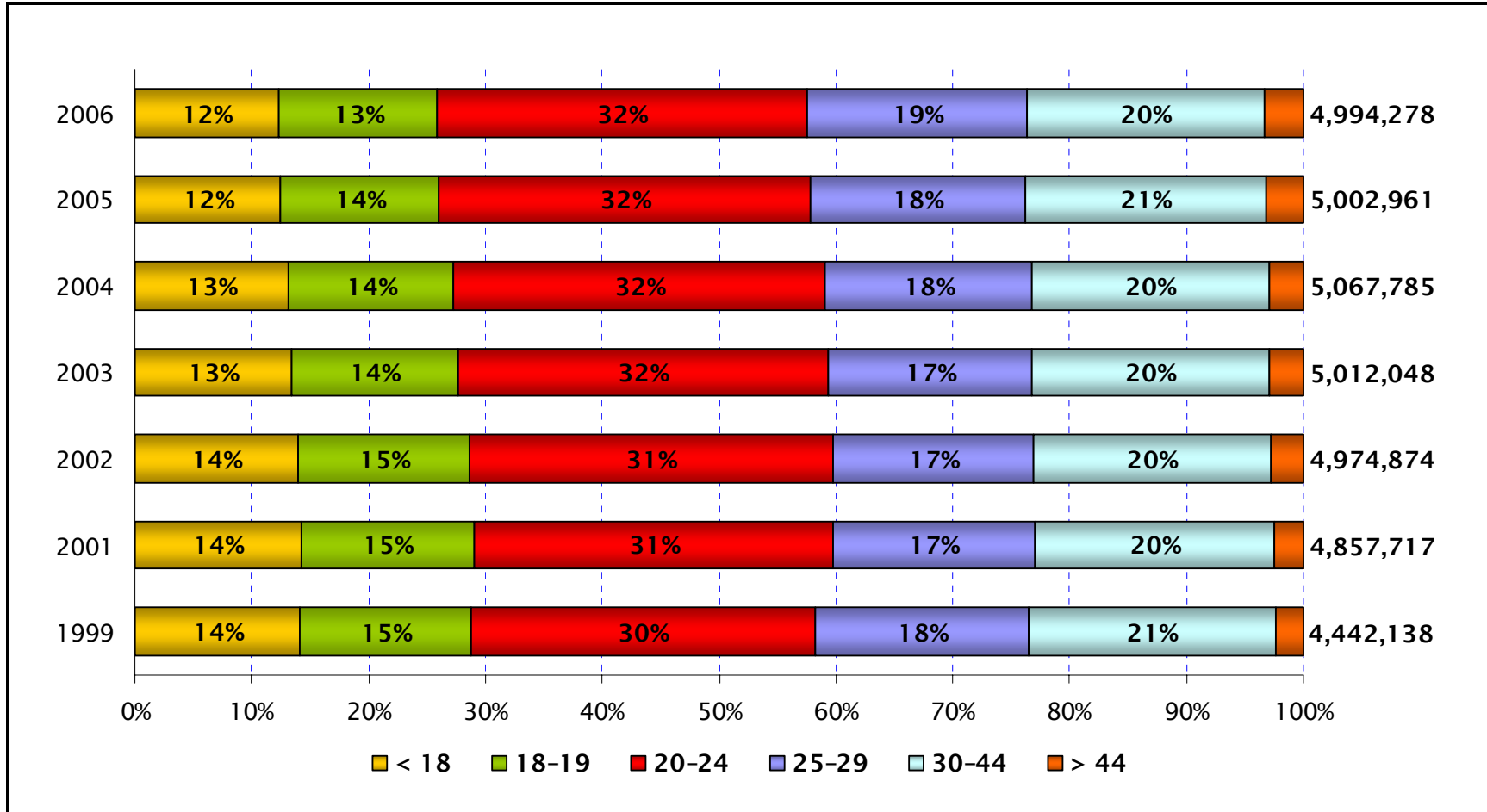


Exhibit A-3a. Number and distribution of all family planning users, by race: 1999–2006

Race	1999	2001	2002	2003	2004	2005	2006
American Indian or Alaska Native	31,372	34,241	34,811	35,320	36,050	35,665	38,098
Asian	115,564 ^a	109,007	137,064	117,122	136,813	124,946	129,155
Black or African American	986,448	1,049,740	1,041,329	1,028,446	1,027,880	969,301	953,580
Native Hawaiian or other Pacific Islander	— ^a	46,330	51,672	124,055	58,881	58,946	44,708
White	2,896,882	3,079,264	3,137,887	3,100,808	3,225,150	3,183,116	3,239,675
More than one race	—	—	—	—	—	127,543	122,583
Unknown/not reported	411,872	539,135	572,111	606,297	583,011	503,444	466,479
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278
American Indian or Alaska Native	1%	1%	1%	1%	1%	1%	1%
Asian	3% ^a	2%	3%	2%	3%	2%	3%
Black or African American	22%	22%	21%	21%	20%	19%	19%
Native Hawaiian or other Pacific Islander	— ^a	1%	1%	2%	1%	1%	1%
White	65%	63%	63%	62%	64%	64%	65%
More than one race	—	—	—	—	—	3%	2%
Unknown/not reported	9%	11%	12%	12%	12%	10%	9%
Total All Users	100%	100%	100%	100%	100%	100%	100%

— Data are not available.

^a In 1999, data for Pacific Islanders was combined with the Asian race category.

Exhibit A-3b. Distribution of all family planning users, by race: 1999-2006

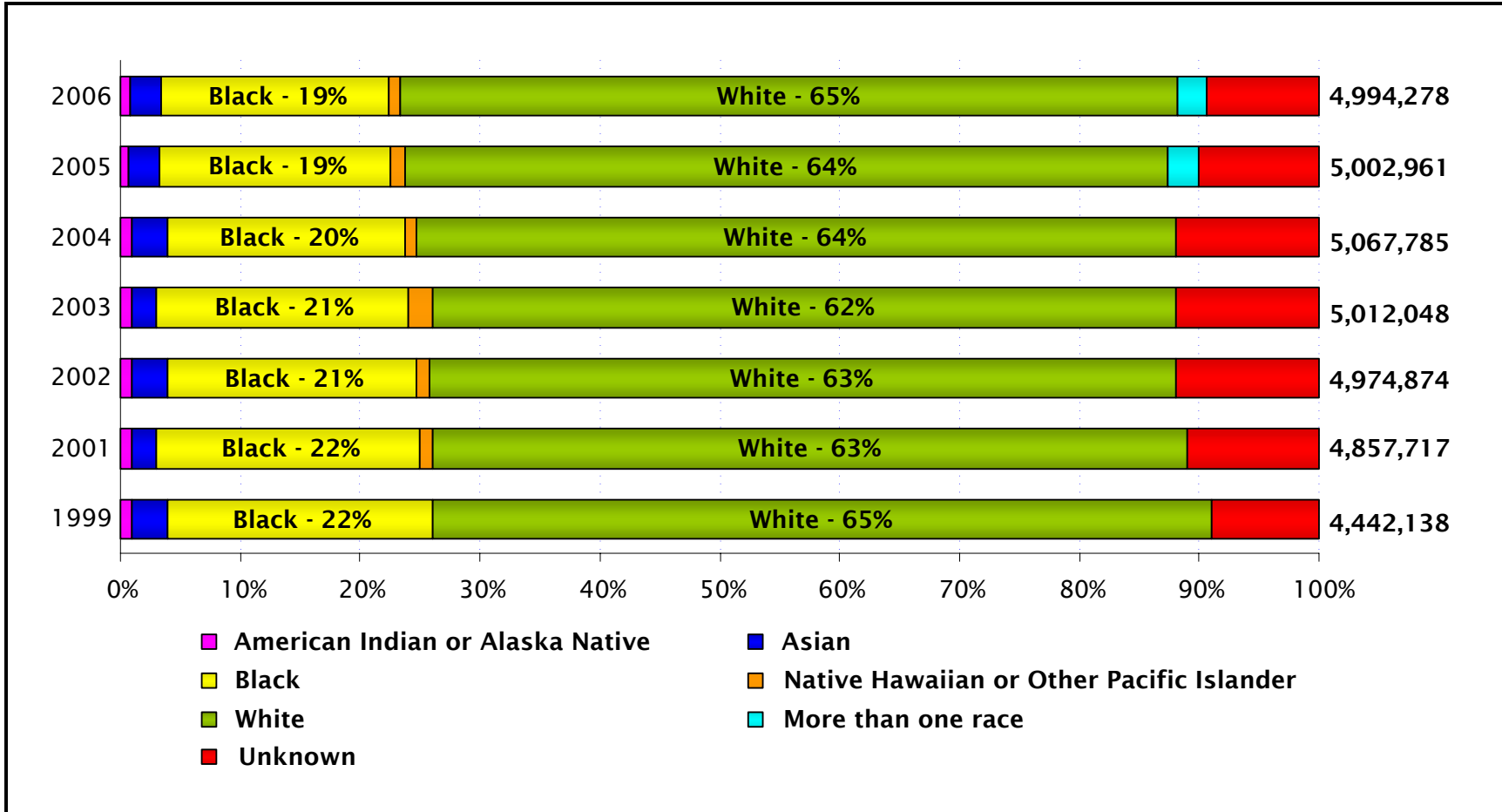


Exhibit A-4a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity: 1999-2006

Ethnicity	1999	2001	2002	2003	2004	2005	2006
Hispanic or Latino (all races)	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732
Not Hispanic or Latino (all races)	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	3,628,142	3,670,894
Unknown/not reported	197,866	139,458	105,389	124,275	127,752	193,726	99,652
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278
Hispanic or Latino (all races)	17%	20%	21%	22%	23%	24%	25%
Not Hispanic or Latino (all races)	78%	77%	77%	76%	75%	73%	74%
Unknown/not reported	4%	3%	2%	2%	3%	4%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%

Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity: 1999-2006

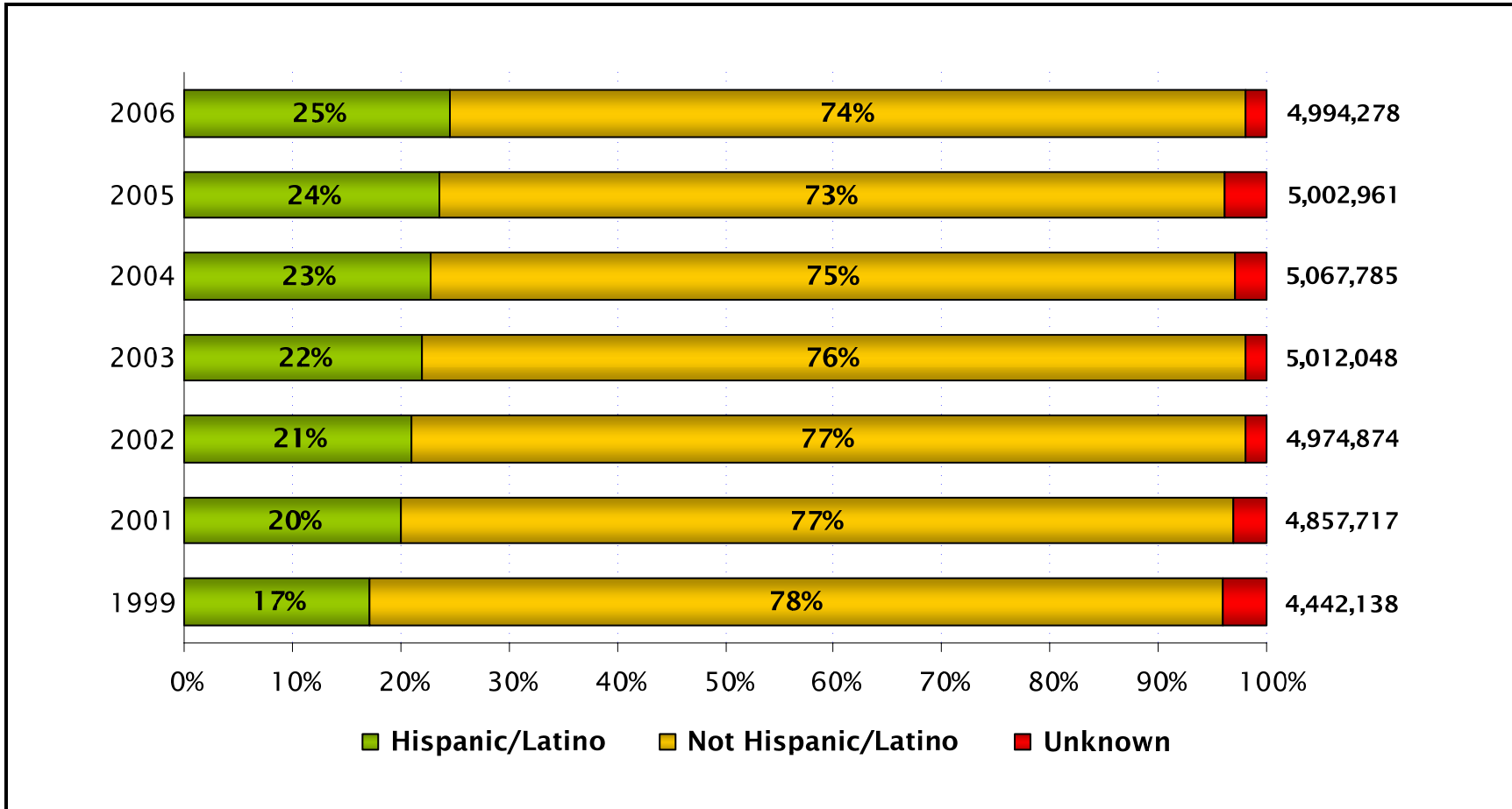


Exhibit A-5a. Number and distribution of all family planning users, by income level: 1999-2006

Income Level ^a	1999	2001	2002	2003	2004	2005	2006
≤ 100%	2,886,684	3,177,934	3,256,554	3,374,895	3,461,649	3,316,699	3,353,129
101% - 150%	803,360	832,137	872,911	854,878	838,704	879,666	846,873
151% - 200%	328,084	328,019	335,792	318,001	312,393	324,358	311,958
> 200%	346,735	422,460	408,346	370,790	355,025	--	--
201% - 250%	—	—	—	—	—	129,097	127,902
> 250%	—	—	—	—	—	242,241	262,501
Unknown/not reported	77,275	97,167	101,271	93,484	100,014	110,900	91,915
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278
≤ 100%	65%	65%	65%	67%	68%	66%	67%
101% - 150%	18%	17%	18%	17%	17%	18%	17%
151% - 200%	7%	7%	7%	6%	6%	6%	6%
> 200%	8%	9%	8%	7%	7%	--	--
201% - 250%	—	—	—	—	—	3%	3%
> 250%	—	—	—	—	—	5%	5%
Unknown/not reported	2%	2%	2%	2%	2%	2%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%

^a Title X-funded agencies calculate and report user income as a percentage of the poverty guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Web site <http://aspe.hhs.gov/poverty/>.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-5b. Distribution of all family planning users, by income level: 1999-2006

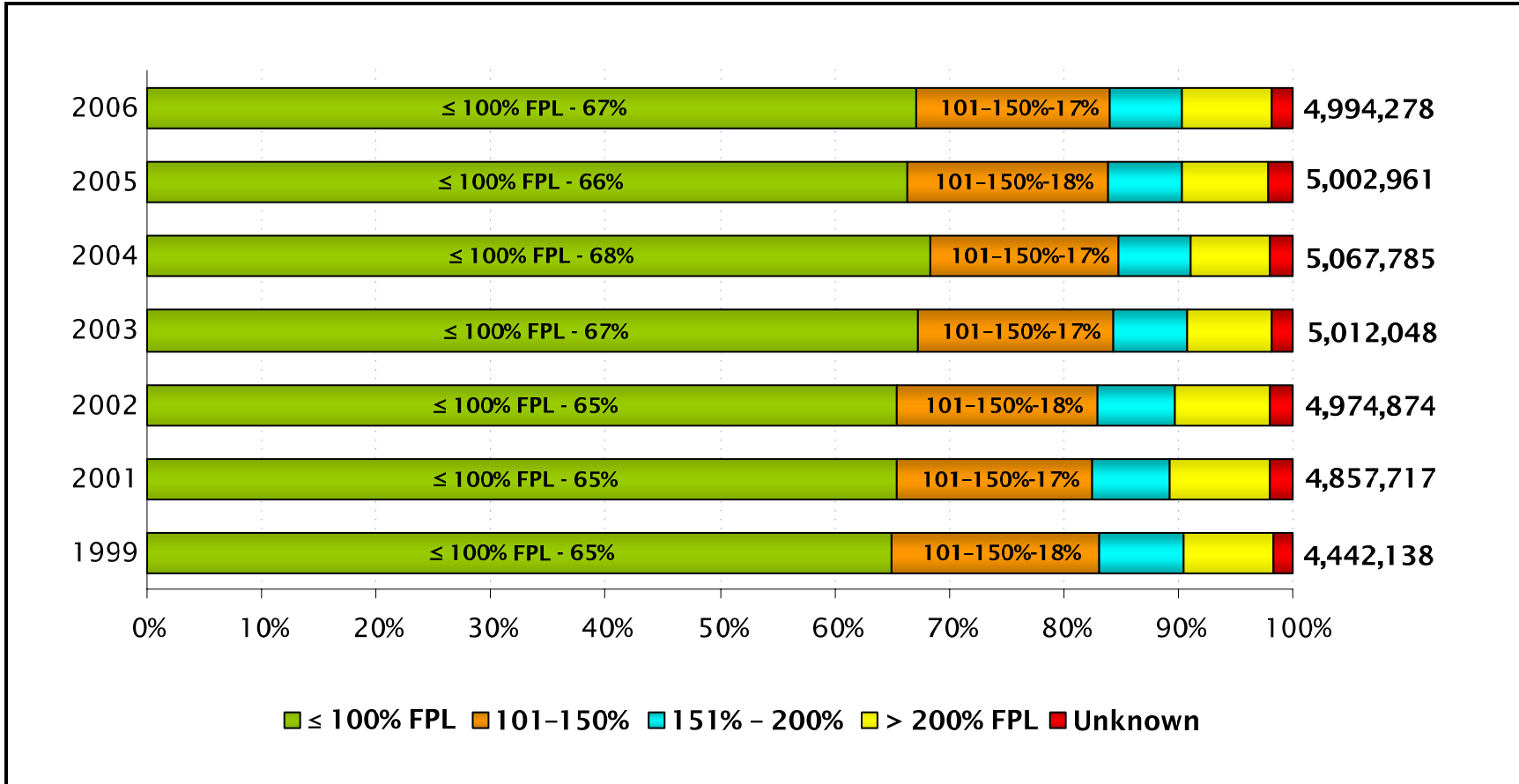


Exhibit A-6a. Number and distribution of female family planning users, by primary contraceptive method: 1999-2006

Primary Method	Number of Female Users							Distribution: Female Method Users Only						
	1999	2001	2002	2003	2004	2005	2006	1999	2001	2002	2003	2004	2005	2006
Sterilization	111,609 ^a	117,787 ^a	115,742 ^a	110,513 ^a	105,103 ^a	95,264	89,428	3% ^a	3% ^a	3% ^a	3% ^a	3% ^a	2%	2%
Intrauterine device	48,015	63,045	68,802	72,378	77,773	88,342	110,338	1%	2%	2%	2%	2%	2%	3%
Hormonal implant	22,881	12,390	12,791	13,180	5,602	3,395	2,506	1%	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection	699,932	799,521 ^b	809,170 ^b	765,266 ^b	740,028 ^b	602,721 ^b	571,588 ^b	19%	20% ^b	20% ^b	18% ^b	18% ^b	15% ^b	14% ^b
Oral contraceptive	1,981,664	2,111,124	2,111,088	1,994,310	1,974,050	1,852,654	1,859,542	53%	52%	51%	48%	47%	45%	46%
Hormonal patch	—	—	— ^c	— ^c	— ^c	286,214	170,815	—	—	— ^c	— ^c	— ^c	7%	4%
Vaginal ring	—	—	— ^c	— ^c	— ^c	65,320	98,689	—	—	— ^c	— ^c	— ^c	2%	2%
Cervical cap or diaphragm	14,816	10,442	9,021	7,863	11,717	5,477	4,753	—	—	—	—	—	0%†	0%†
Cervical cap	581	753	732	623	2,034	--	--	0%†	0%†	0%†	0%†	0%†	--	--
Diaphragm	14,235	9,689	8,289	7,240	9,683	--	--	0%†	0%†	0%†	0%†	0%†	--	--
Contraceptive sponge	— ^c	— ^c	— ^c	— ^c	— ^c	2,826	1,076	— ^c	— ^c	— ^c	— ^c	— ^c	0%†	0%†
Female condom	— ^c	— ^c	— ^c	— ^c	— ^c	8,862	6,031	— ^c	— ^c	— ^c	— ^c	— ^c	0%†	0%†
Spermicide	78,762	65,309	45,977	33,483	19,861	23,226	22,075	2%	2%	1%	1%	0%†	1%	1%
Natural method	9,931	17,573	18,265	22,972	25,906	— ^d	— ^d	0%†	0%†	0%†	1%	1%	— ^d	— ^d
Fertility awareness method	— ^d	— ^d	— ^d	— ^d	— ^d	9,702	9,446	— ^d	— ^d	— ^d	— ^d	— ^d	0%†	0%†
Abstinence	— ^c	— ^c	— ^c	— ^c	— ^c	44,939	49,022	— ^c	— ^c	— ^c	— ^c	— ^c	1%	1%
Other method ^e	89,199	88,579	133,529	293,383	313,688	104,779	133,099	2%	2%	3%	7%	8%	3%	3%
Method unknown	162,056	175,780	106,785	128,432	146,417	195,245	139,537	4%	4%	3%	3%	4%	5%	3%
Rely on Male Method														
Vasectomy	— ^a	— ^a	— ^a	— ^a	— ^a	7,060	6,605	— ^a	— ^a	— ^a	— ^a	— ^a	0%†	0%†
Male condom	527,248	616,696	679,656	698,248	737,169	686,992	747,323	14%	15%	17%	17%	18%	17%	19%
No Method														
Pregnant/seeking pregnancy	261,399	244,706	273,051	265,190	287,485	358,492	373,111							
Other reason	307,528	335,520	388,377	379,671	378,605	298,658	326,885							
Total Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869							
Percentage Using a Method	87%	88%	86%	87%	86%	86%	85%	100%	100%	100%	100%	100%	100%	100%
Percentage Not Using a Method	13%	12%	14%	13%	14%	14%	15%							

^a Sterilization figures for 1999-2004 include both male and female sterilization. Beginning in 2005, data for female and male (vasectomy) sterilization were reported separately.

^b Includes both 1- and 3-month hormonal injections.

^c Prior to 2005, grantees reported these methods under the other method category.

^d For 1999-2004, the natural method category included only safe period by temperature or cervical mucus test. In 2005, the natural method category 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 1999-2004, "other" methods included withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version. Beginning in 2005, "other" methods included withdrawal and other methods not listed in FPAR Table 7 of the 2005 FPAR form.

— Data are not available. -- Disaggregated data are presented in the table. † Percentage is less than 0.5%.

Exhibit A-6b. Distribution of female family planning users, by primary contraceptive method: 1999-2006

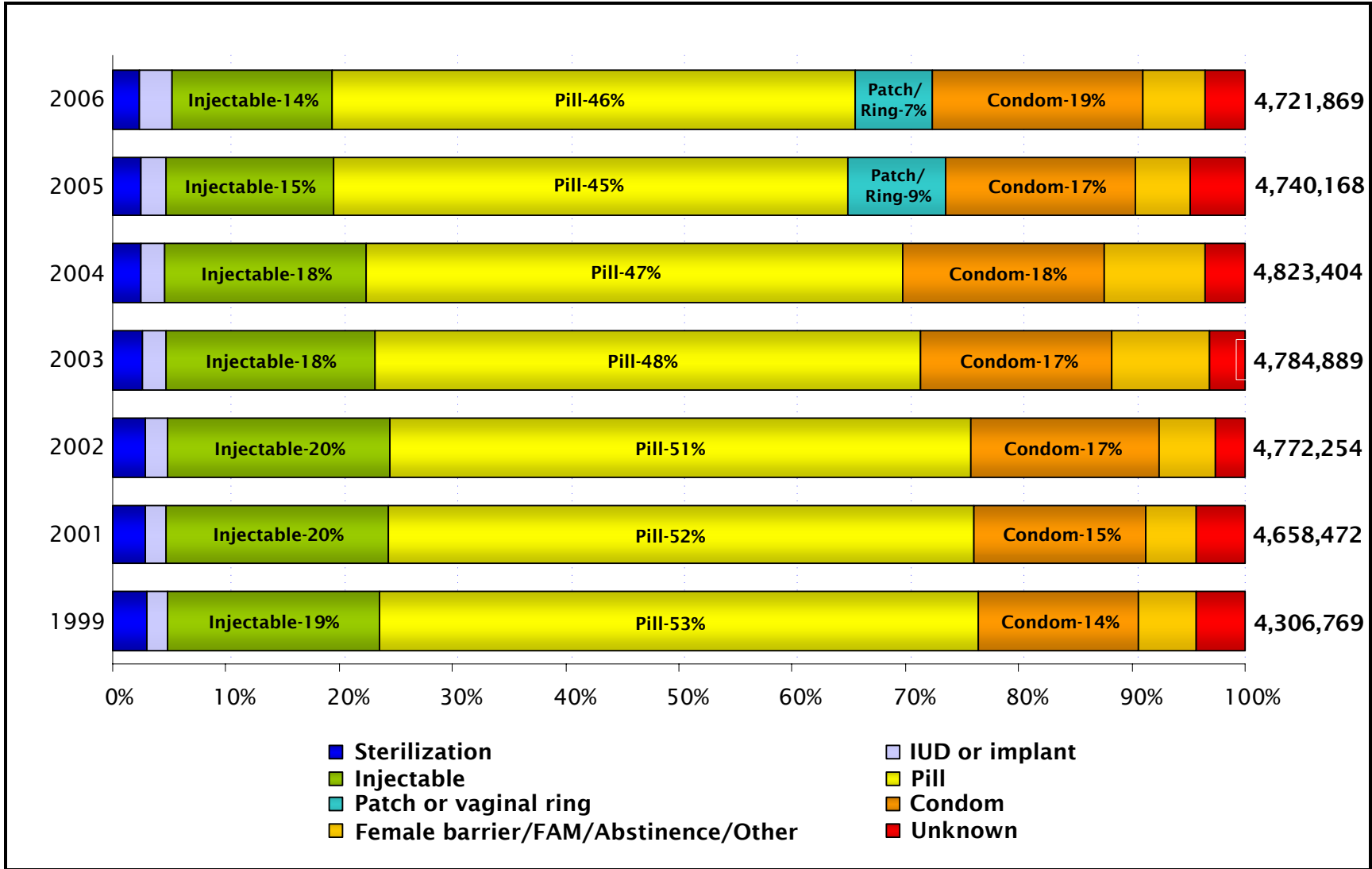


Exhibit A-7a. Dollar amount and distribution of Title X project revenue, by revenue source: 1999-2006

Revenue Sources	Dollar Amount							Percentage Distribution						
	1999	2001	2002	2003	2004	2005	2006	1999	2001	2002	2003	2004	2005	2006
Federal Grants														
Title X	\$183,163,632	\$226,582,287	\$231,549,999	\$245,714,562	\$252,141,527	\$249,562,677	\$262,983,478	25%	27%	26%	27%	26%	25%	24%
BPHC	\$2,960,179	\$1,208,964	\$2,257,586	\$843,273	\$3,959,649	\$6,172,992	\$5,847,921	0%†	0%†	0%†	0%†	0%†	1%	1%
WIC	\$5,109,103	\$4,189,226	\$3,638,969	\$2,486,260	\$3,344,085	\$0	\$0	1%	1%	0%†	0%†	0%†	0%	0%
Other ^a	\$16,592,272	\$22,883,785	\$21,371,845	\$18,107,490	\$18,408,627	\$1,531,956	\$92,411	2%	3%	2%	2%	2%	0%†	0%†
Subtotal Federal Grants	\$207,825,186	\$254,864,262	\$258,818,399	\$267,151,585	\$277,853,888	\$257,267,625	\$268,923,810	28%	31%	29%	29%	28%	26%	25%
Payment for Services														
Client collections	\$97,376,797	\$95,257,186	\$96,842,560	\$97,561,767	\$99,774,741	\$101,353,959	\$102,527,805	13%	11%	11%	11%	10%	10%	9%
Third-party payers ^b														
Medicaid (Title XIX) ^c	\$100,361,553	\$133,121,016	\$148,746,779	\$156,182,638	\$277,174,817	\$311,066,271	\$320,154,915	14%	16%	17%	17%	28%	31%	30%
Medicare (Title XVIII)	\$468,189	\$127,709	\$329,980	\$585,762	\$755,938	\$850,289	\$695,725	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	—	—	—	—	—	\$159,966	\$302,282	—	—	—	—	—	0%†	0%†
Other public	—	—	—	—	—	\$2,137,736	\$3,173,806	—	—	—	—	—	0%†	0%†
Other third-party	\$10,345,386	\$17,893,603	\$20,413,354	\$12,035,788	\$15,231,967	—	—	1%	2%	2%	1%	2%	—	—
Private	\$11,721,540	\$15,828,979	\$21,129,413	\$22,717,290	\$23,923,861	\$31,794,914	\$37,263,692	2%	2%	2%	2%	2%	3%	3%
Subtotal Payment for Services	\$220,273,465	\$262,228,493	\$287,462,086	\$289,083,245	\$416,861,324	\$447,363,135	\$464,118,225	30%	32%	32%	31%	42%	45%	43%
Other Revenue														
MCH Block Grant (Title V)	\$32,055,309	\$23,931,198	\$28,604,028	\$30,827,138	\$32,992,292	\$24,384,126	\$22,806,213	4%	3%	3%	3%	3%	2%	2%
SS Block Grant (Title XX)	\$34,049,367	\$31,284,545	\$27,626,015	\$32,913,637	\$30,835,001	\$27,232,575	\$28,443,123	5%	4%	3%	4%	3%	3%	3%
TANF	—	—	—	—	—	\$16,986,542	\$10,521,097	—	—	—	—	—	2%	1%
State government	\$169,673,542	\$171,766,076	\$193,508,723	\$211,814,774	\$125,848,881	\$115,558,888	\$133,618,734	23%	21%	22%	23%	13%	12%	12%
Local government	\$44,383,037	\$52,744,977	\$61,587,837	\$57,939,837	\$50,028,918	\$56,251,710	\$93,388,186	6%	6%	7%	6%	5%	6%	9%
Other ^a	\$29,720,705	\$34,148,311	\$41,732,704	\$37,351,435	\$48,117,497	\$59,588,419	\$59,612,139	4%	4%	5%	4%	5%	6%	6%
Subtotal Other Revenue	\$309,881,960	\$313,875,107	\$353,059,307	\$370,846,821	\$287,822,589	\$300,002,260	\$348,389,492	42%	38%	39%	40%	29%	30%	32%
Unadjusted^d Total Revenue	\$737,980,611	\$830,967,862	\$899,339,792	\$927,081,651	\$982,537,801	\$1,004,633,020	\$1,081,431,527	100%	100%	100%	100%	100%	100%	100%
Adjusted^e Total Revenue (1999\$)	\$737,980,611	\$763,345,111	\$789,126,582	\$781,981,359	\$794,014,747	\$778,963,598	\$806,087,866							
Adjusted^e Total Revenue (1981\$)	\$244,128,462	\$252,519,193	\$261,047,860	\$258,684,177	\$262,664,894	\$257,685,883	\$266,658,755							

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.

WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

^a Appendix C, Methodological Notes lists the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

^d Unadjusted total revenue is in actual dollar values.

^e Adjusted total revenue is in constant 1999 dollars (1999\$) or 1981 dollars (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>).

— Data are not available. -- Disaggregated data are presented in the table † Percentage is less than 0.5%.

Exhibit A-7b. Distribution of Title X project revenue: 1999-2006

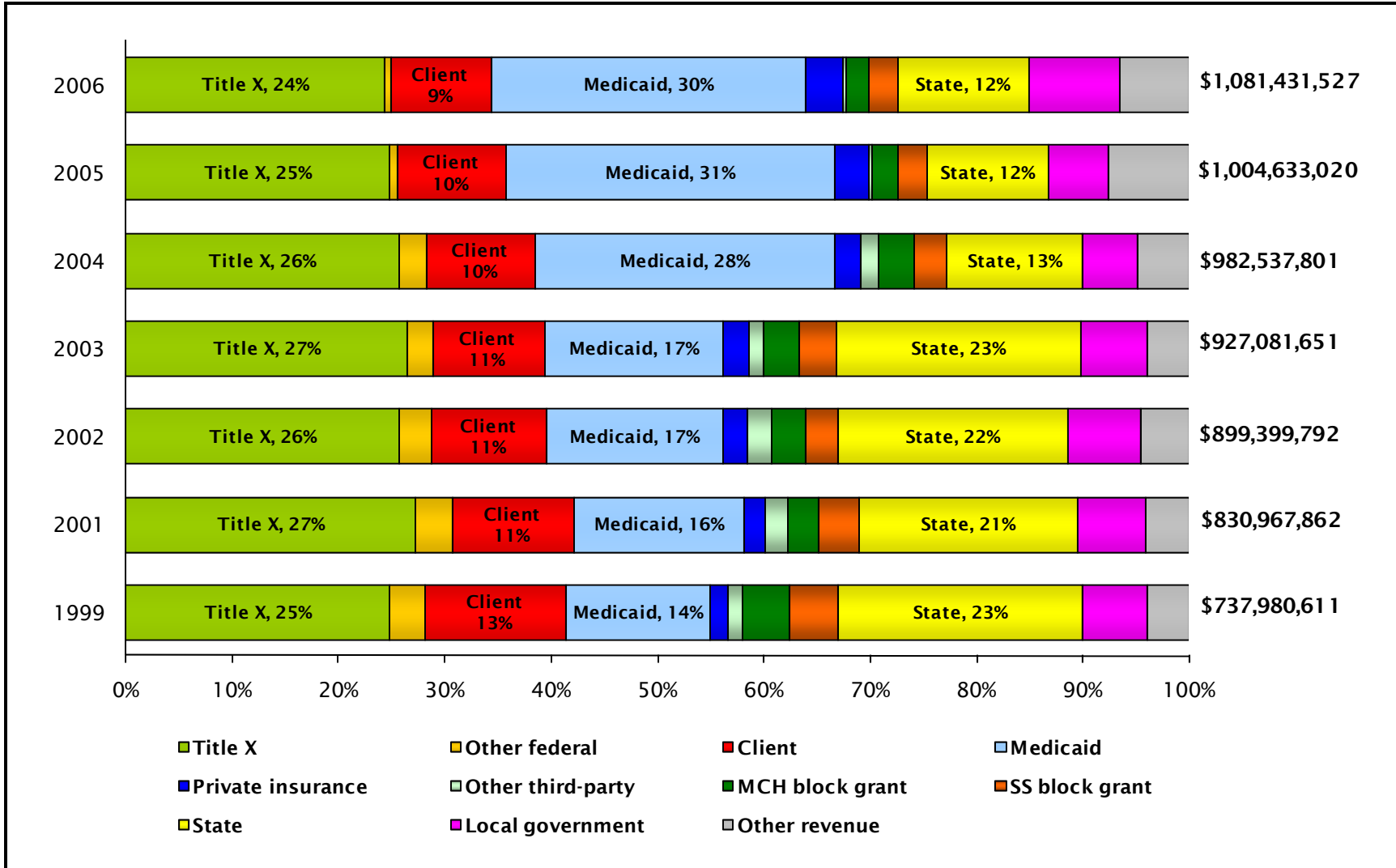


Exhibit A-8a. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total and Title X revenue: 1999-2006

Revenue	1999	2001	2002	2003	2004	2005	2006	1999-2006 Change
Total Revenue								
Unadjusted (actual)	\$737,980,611	\$830,967,862	\$899,339,792	\$927,081,651	\$982,537,801	\$1,004,633,020	\$1,081,431,527	47%
Adjusted, 1999\$	\$737,980,611	\$763,345,111	\$789,126,582	\$781,981,359	\$794,014,747	\$778,963,598	\$806,087,866	9%
Adjusted, 1981\$	\$244,128,462	\$252,519,193	\$261,047,860	\$258,684,177	\$262,664,894	\$257,685,883	\$266,658,755	9%
Title X Revenue								
Unadjusted (actual)	\$183,163,632	\$226,582,287	\$231,549,999	\$245,714,562	\$252,141,527	\$249,562,677	\$262,983,478	44%
Adjusted, 1999\$	\$183,163,632	\$208,143,406	\$203,173,774	\$207,257,049	\$203,762,227	\$193,503,734	\$196,025,162	7%
Adjusted, 1981\$	\$60,591,640	\$68,855,101	\$67,211,117	\$68,561,889	\$67,405,781	\$64,012,209	\$64,846,313	7%

Note: Unadjusted revenue is in actual dollar values. Adjusted revenue is in constant 1999 dollars (1999\$) or 1981 dollars (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 A-8b. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue: 1999-2006

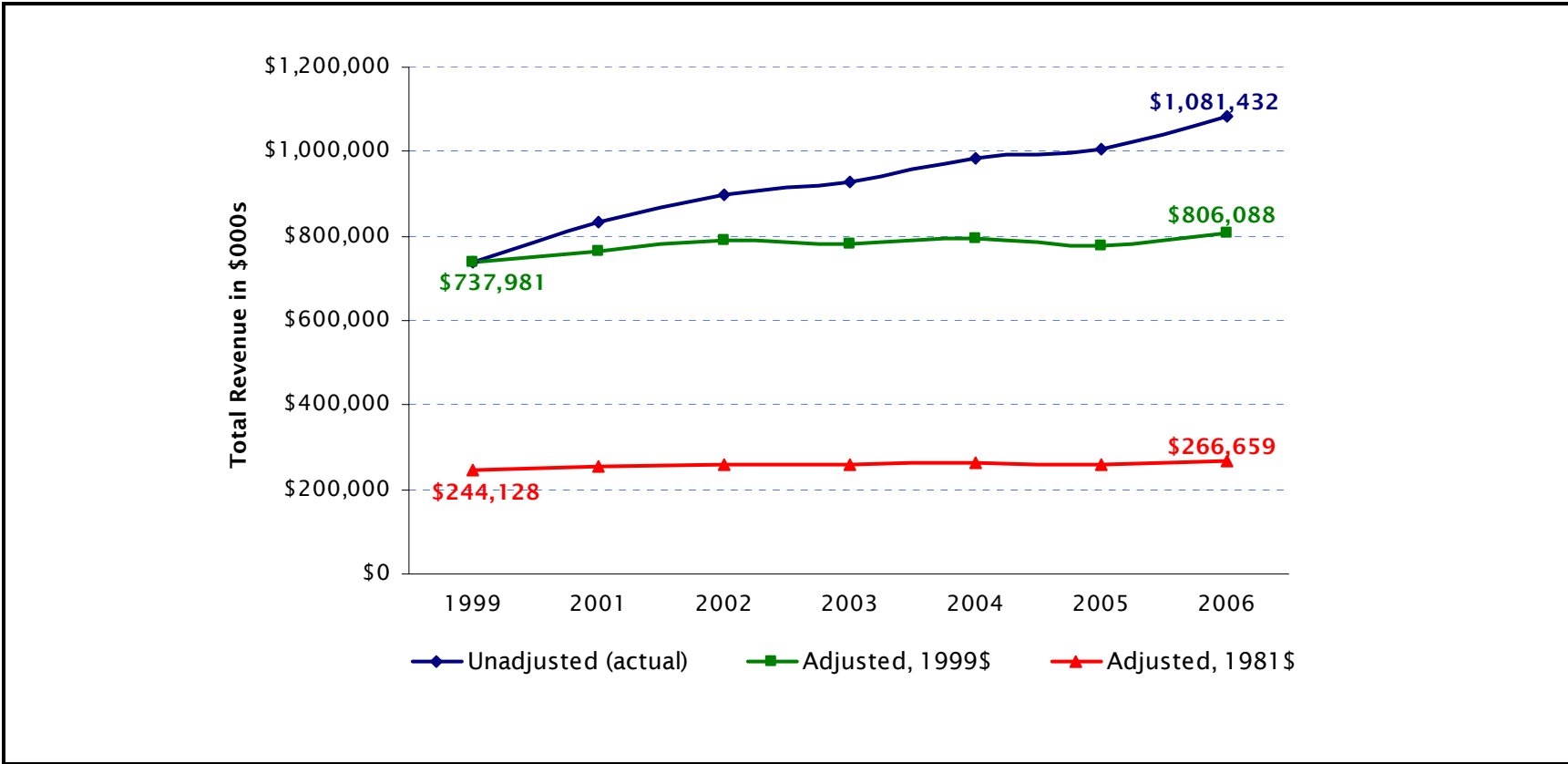
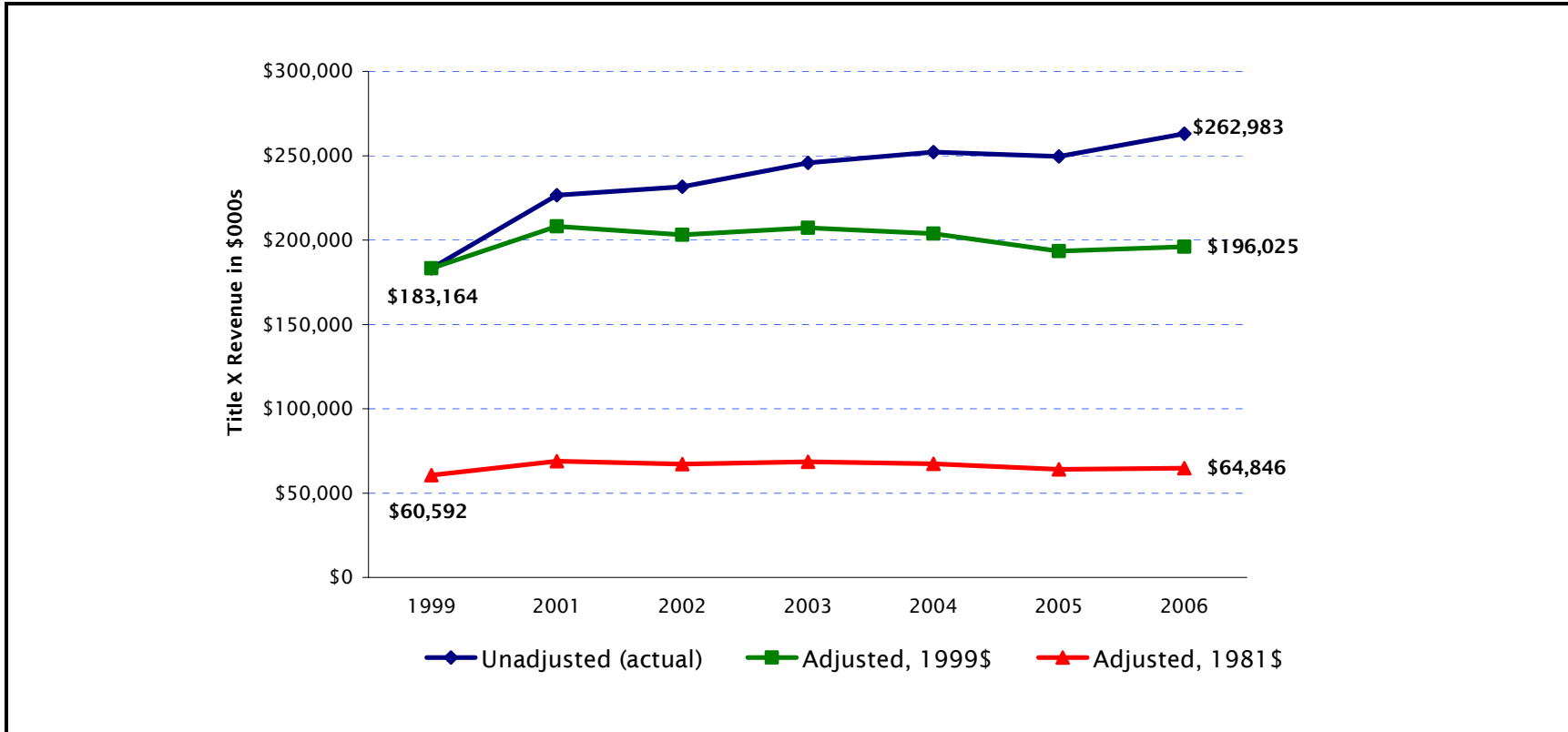


Exhibit A-8c. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Title X revenue: 1999-2006



Appendix B

State Tables

Exhibit B-1. Number and distribution of all family planning users, by state and gender: 2006 (Source: FPAR Table 1)

State	Family Planning Users			% of State Users		% of Total Users
	Female	Male	Total	Female	Male	
Alabama	96,004	994	96,998	99%	1%	2%
Alaska	7,640	2,502	10,142	75%	25%	0%†
Arizona	45,057	2,808	47,865	94%	6%	1%
Arkansas	76,534	428	76,962	99%	1%	2%
California	769,763	90,120	859,883	90%	10%	17%
Colorado	47,281	3,849	51,130	92%	8%	1%
Connecticut	40,984	3,271	44,255	93%	7%	1%
Delaware	23,385	4,390	27,775	84%	16%	1%
District of Columbia	10,700	1,490	12,190	88%	12%	0%†
Florida	227,596	8,325	235,921	96%	4%	5%
Georgia	164,188	5,200	169,388	97%	3%	3%
Hawaii	14,969	391	15,360	97%	3%	0%†
Idaho	30,801	2,741	33,542	92%	8%	1%
Illinois	139,487	574	140,061	100%	0%†	3%
Indiana	42,688	3,116	45,804	93%	7%	1%
Iowa	68,733	2,564	71,297	96%	4%	1%
Kansas	42,663	3,968	46,631	91%	9%	1%
Kentucky	112,187	5,320	117,507	95%	5%	2%
Louisiana	52,329	1,646	53,975	97%	3%	1%
Maine	29,914	2,116	32,030	93%	7%	1%
Maryland	79,379	2,891	82,270	96%	4%	2%
Massachusetts	67,601	7,799	75,400	90%	10%	2%
Michigan	165,795	5,344	171,139	97%	3%	3%
Minnesota	38,764	2,808	41,572	93%	7%	1%
Mississippi	62,589	287	62,876	100%	0%†	1%
Missouri	82,539	4,621	87,160	95%	5%	2%
Montana	26,725	1,384	28,109	95%	5%	1%
Nebraska	37,454	2,591	40,045	94%	6%	1%
Nevada	23,815	612	24,427	97%	3%	0%†
New Hampshire	29,541	1,468	31,009	95%	5%	1%
New Jersey	125,265	6,491	131,756	95%	5%	3%

(continued)

Exhibit B-1. Number and distribution of all family planning users, by state and gender: 2006 (Source: FPAR Table 1) (continued)

State	Family Planning Users			% of State Users		% of Total Users
	Female	Male	Total	Female	Male	
New Mexico	36,842	5,173	42,015	88%	12%	1%
New York	299,933	15,977	315,910	95%	5%	6%
North Carolina	143,460	3,978	147,438	97%	3%	3%
North Dakota	15,208	1,030	16,238	94%	6%	0%†
Ohio	123,568	5,012	128,580	96%	4%	3%
Oklahoma	84,994	1,327	86,321	98%	2%	2%
Oregon	85,885	3,578	89,463	96%	4%	2%
Pennsylvania	302,233	19,171	321,404	94%	6%	6%
Rhode Island	17,434	2,030	19,464	90%	10%	0%†
South Carolina	97,782	571	98,353	99%	1%	2%
South Dakota	13,362	517	13,879	96%	4%	0%†
Tennessee	122,492	357	122,849	100%	0%†	2%
Texas	216,632	7,727	224,359	97%	3%	4%
Utah	29,411	2,645	32,056	92%	8%	1%
Vermont	9,433	578	10,011	94%	6%	0%†
Virginia	69,361	1,135	70,496	98%	2%	1%
Washington	112,640	6,177	118,817	95%	5%	2%
West Virginia	51,357	2,091	53,448	96%	4%	1%
Wisconsin	51,211	3,946	55,157	93%	7%	1%
Wyoming	14,539	531	15,070	96%	4%	0%†
Jurisdictions/ Territories						
Puerto Rico	18,542	607	19,149	97%	3%	0%†
U.S. Virgin Islands	3,316	17	3,333	99%	1%	0%†
Pacific region ^a	19,864	6,125	25,989	76%	24%	1%
Total All Users	4,721,869	272,409	4,994,278	95%	5%	100%

^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.

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by state and income level: 2006 (Source: FPAR Table 4)

State	Number of Users by Income Level ^a					Distribution of Users by Income Level ^a			
	≤100%	101%–200%	>200%	Unknown	Total Users	≤100%	101%–200%	>200%	Unknown
Alabama	71,901	19,218	3,866	2,013	96,998	74%	20%	4%	2%
Alaska	7,686	1,735	720	1	10,142	76%	17%	7%	0%†
Arizona	39,575	5,468	538	2,284	47,865	83%	11%	1%	5%
Arkansas	45,621	20,125	4,900	6,316	76,962	59%	26%	6%	8%
California	599,814	206,787	36,463	16,819	859,883	70%	24%	4%	2%
Colorado	38,568	9,751	2,503	308	51,130	75%	19%	5%	1%
Connecticut	11,585	24,655	4,363	3,652	44,255	26%	56%	10%	8%
Delaware	16,745	5,952	3,295	1,783	27,775	60%	21%	12%	6%
District of Columbia	9,078	1,241	1,515	356	12,190	74%	10%	12%	3%
Florida	135,056	49,055	51,572	238	235,921	57%	21%	22%	0%†
Georgia	119,537	40,003	9,848	0	169,388	71%	24%	6%	0%
Hawaii	11,545	1,740	1,019	1,056	15,360	75%	11%	7%	7%
Idaho	20,040	10,369	3,133	0	33,542	60%	31%	9%	0%
Illinois	101,539	29,515	8,476	531	140,061	72%	21%	6%	0%†
Indiana	33,291	9,905	2,608	0	45,804	73%	22%	6%	0%
Iowa	48,574	14,691	7,739	293	71,297	68%	21%	11%	0%†
Kansas	20,000	17,203	5,267	4,161	46,631	43%	37%	11%	9%
Kentucky	81,869	22,274	7,101	6,263	117,507	70%	19%	6%	5%
Louisiana	47,330	4,111	426	2,108	53,975	88%	8%	1%	4%
Maine	16,402	9,392	4,745	1,491	32,030	51%	29%	15%	5%
Maryland	54,903	14,778	7,899	4,690	82,270	67%	18%	10%	6%
Massachusetts	43,787	25,391	4,385	1,837	75,400	58%	34%	6%	2%
Michigan	111,446	43,514	15,774	405	171,139	65%	25%	9%	0%†
Minnesota	27,346	9,527	4,694	5	41,572	66%	23%	11%	0%†
Mississippi	52,301	9,522	1,041	12	62,876	83%	15%	2%	0%†
Missouri	49,431	24,253	13,476	0	87,160	57%	28%	15%	0%
Montana	15,277	6,676	6,156	0	28,109	54%	24%	22%	0%
Nebraska	16,657	10,929	11,496	963	40,045	42%	27%	29%	2%
Nevada	14,983	5,867	2,530	1,047	24,427	61%	24%	10%	4%
New Hampshire	13,678	9,172	6,408	1,751	31,009	44%	30%	21%	6%
New Jersey	59,026	66,879	5,851	0	131,756	45%	51%	4%	0%

(continued)

Exhibit B-2. Number and distribution of all family planning users, by state and income level: 2006 (Source: FPAR Table 4) (continued)

State	Number of Users by Income Level ^a					Distribution of Users by Income Level ^a			
	≤100%	101%–200%	>200%	Unknown	Total Users	≤100%	101%–200%	>200%	Unknown
New Mexico	35,374	4,391	1,156	1,094	42,015	84%	10%	3%	3%
New York	198,392	91,060	23,115	3,343	315,910	63%	29%	7%	1%
North Carolina	120,509	12,179	14,750	0	147,438	82%	8%	10%	0%
North Dakota	7,999	4,057	4,182	0	16,238	49%	25%	26%	0%
Ohio	84,646	31,343	11,708	883	128,580	66%	24%	9%	1%
Oklahoma	63,339	20,108	2,874	0	86,321	73%	23%	3%	0%
Oregon	64,251	22,215	2,942	55	89,463	72%	25%	3%	0%†
Pennsylvania	213,341	66,113	39,273	2,677	321,404	66%	21%	12%	1%
Rhode Island	12,959	4,109	815	1,581	19,464	67%	21%	4%	8%
South Carolina	89,819	5,509	2,028	997	98,353	91%	6%	2%	1%
South Dakota	8,393	2,891	2,503	92	13,879	60%	21%	18%	1%
Tennessee	82,096	28,353	12,393	7	122,849	67%	23%	10%	0%†
Texas	161,675	48,485	7,574	6,625	224,359	72%	22%	3%	3%
Utah	24,024	5,875	1,395	762	32,056	75%	18%	4%	2%
Vermont	3,374	3,561	1,846	1,230	10,011	34%	36%	18%	12%
Virginia	46,719	16,485	4,985	2,307	70,496	66%	23%	7%	3%
Washington	74,581	35,312	8,831	93	118,817	63%	30%	7%	0%†
West Virginia	46,374	6,552	522	0	53,448	87%	12%	1%	0%
Wisconsin	37,381	12,410	5,090	276	55,157	68%	22%	9%	1%
Wyoming	9,913	3,488	1,669	0	15,070	66%	23%	11%	0%
Jurisdictions/ Territories									
Puerto Rico	14,958	1,279	752	2,160	19,149	78%	7%	4%	11%
U.S. Virgin Islands	2,606	546	181	0	3,333	78%	16%	5%	0%
Pacific region ^b	15,815	2,812	12	7,350	25,989	61%	11%	0%†	28%
Total All Users	3,353,129	1,158,831	390,403	91,915	4,994,278	67%	23%	8%	2%

^a Title X-funded agencies calculate and report user income as a percentage of the poverty guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Web site <http://aspe.hhs.gov/poverty>.

^b 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.

† Percentage is less than 0.5%.

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Appendix C

Methodological Notes

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Methodological Notes

INTRODUCTION

In February 2007, 88 Title X service grantees submitted Family Planning Annual Reports (FPARs) for the 2006 reporting period (January 1 through December 31, 2006). Eighty-three reports (94%) were submitted by the February 15 due date, and 82 reports (93%) were submitted using the Office of Population Affairs (OPA) Web-based electronic grants management system *GrantSolutions*. For the six reports submitted in hardcopy, the Regional Program Consultants (RPCs) entered the data into *GrantSolutions*, thus consolidating all reports into a single electronic file. OPA regional staff and the FPAR Data Coordinator reviewed and approved all FPARs prior to sending RTI the first electronic data file on May 7, 2007.

After RTI received the initial data file, we performed further validations to identify potential reporting errors (e.g., extreme or unexpected values for selected data items) and problems (e.g., 10% or more unknown or not reported). RTI also performed a manual review of each hardcopy report. Once these validations were complete, RTI submitted to OPA a grantee-specific report listing validation issues that required follow-up with the grantee. OPA addressed the validation issues identified in the report, updated the grantees' FPARs in *GrantSolutions*, and released the second electronic data file to RTI on September 21, 2007. Final corrections were completed October 22, 2007, including OPA-approved changes made by RTI in the final RTI analysis file.

This appendix summarizes table-specific notes from grantees and OPA staff (RPCs and the FPAR Data Coordinator) about the 2006 FPAR data, as well as issues identified by RTI during validation.

COVER SHEET COMMENTS: GRANTEE PROFILE

RTI note: Two grantees noted that the data reported in their FPARs covered the 12-month period from 12/01/05 to 11/30/06.

TABLE 1 COMMENTS: USERS BY AGE AND GENDER

RTI note: Several grantees noted reasons for a decrease in total number of users between 2005 and 2006, including staffing problems (e.g., recruitment and retention of midlevel clinical services providers [CSPs], a shortage of nursing staff, and administrative staff vacancies); reduced funding from Title X and other sources; clinic closures or reductions in operating hours; clients presenting with more serious health needs that required greater staff time and clinic resources; disruption of operations during implementation of clinic-level information systems; new eligibility restrictions under Washington State's Medicaid family planning waiver program (Take Charge); state-mandated changes to the allocation of Title X resources in Texas; and continued storm-related (Katrina and Rita) disruption in service operations (e.g., temporary, mobile, or space-restricted service sites and nonavailability of staff) in Louisiana. One grantee attributed an *increase* in the number of users served to the expansion in clinic hours (open 7 days/week and on 4 days open for 12 hours/day).

TABLE 2 COMMENTS: FEMALE USERS BY ETHNICITY AND RACE

RTI note: Nine grantees commented on female users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum Office of Management and Budget (OMB) race options in FPAR Table 2. The failure of some Hispanic female users to self-identify with at least one of the five minimum race categories results in a higher percentage of female users reported in the race unknown or not reported category. However, the structure of FPAR Table 2 allows grantees and OPA to determine the ethnic composition for a majority of female users who do not report a race. Of the 9% of total female users for whom race was unknown or not reported in 2006, 71% were Hispanic or Latino. In 2005 and 2006, there were only small percentages of total female users—1.4% in 2005 and 0.6% in 2006—for whom both race and ethnicity were unknown or not reported. Several grantees noted ongoing efforts to improve the collection and reporting of ethnicity and race data.

TABLE 3 COMMENTS: MALE USERS BY ETHNICITY AND RACE

RTI note: Six grantees commented on male users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum OMB race options in FPAR Table 3. The failure of some Hispanic male users to self-identify with at least one of the five minimum race categories results in a higher percentage of male users reported in the race unknown or not reported category. However, the structure of FPAR Table 3 allows grantees and OPA to determine the ethnic composition for a majority of male users who do not report a race. Of the 11% of total male users for whom race was unknown or not reported in 2006, 68% were Hispanic or Latino. In 2005 and 2006, there were only small percentages of total male users—3% in 2005 and 1% in 2006—for whom both race and ethnicity were unknown or not reported. Several grantees noted ongoing efforts to improve the collection and reporting of ethnicity and race data.

TABLE 4 COMMENTS: USERS BY INCOME LEVEL

RTI note: Four grantees noted that data on user income were not collected for some users (e.g., some users served in nonclinic settings), resulting in higher proportions of users reported in the income unknown or not reported category.

TABLE 5 COMMENTS: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

RTI note: One grantee noted that the statewide data system from which they generated the Table 5 data only allowed third-party data for Medicaid. Therefore, this grantee only reported users in two categories: public insurance (Medicaid) or insurance coverage status unknown/not reported. A second grantee mentioned that younger teens could not provide information about their health insurance coverage status, while a third grantee noted that only users who used their private health insurance to pay for care were reported as privately insured. Finally, the number of users with private health insurance in the national and Region VIII columns of the insurance coverage tables exclude 1,954 users whose health insurance coverage was incorrectly reported as unknown/not reported instead of as private insurance.

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

RTI note: Grantees in Puerto Rico (the University of Puerto Rico [UPR] School of Public Health and the Family Planning Association [FPA] of Puerto Rico) reported that all (FPA) or nearly all (UPR) of their family planning users were LEP, and noted that Spanish is the predominant language of Puerto Rico and that Title X-funded services are delivered in Spanish.

TABLE 7 COMMENTS: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

RTI note—hormonal injection users: Grantees in all but one region (X) reported a total of 2,095 users of 1-month hormonal injection, accounting for less than 0.5% of all 571,588 hormonal injection users reported in 2006. Preliminary feedback from grantees indicates that most of the reported 1-month injection users are coding errors while a smaller number are actual users who obtained the method in countries where it is produced (e.g., Mexico) or locally through non-Title X sources. Data coding errors identified after tabulation have not been corrected in the *2006 National Summary*. Furthermore, one grantee noted that the 2004 black box warning for Depo Provera had reduced use of this method among teen users.

RTI note—sterilization users <20 years: Three grantees reported three female users 18–19 years of age who relied on female sterilization as their primary contraceptive method. In each case the grantee confirmed that the teen had been sterilized prior to seeking services at the Title X-funded site.

RTI note—vasectomy users <18 years: Two grantees reported five female users under 18 years who relied on their partners' vasectomy as their primary contraceptive method. In each case, the grantee confirmed that the teen was either above the age of consent for their state or that the staff had followed procedures in accordance with state mandatory reporting laws. Furthermore, one grantee in Region X reported two female users under 18 years who relied on their partners' vasectomy as their primary contraceptive method. The regional office was unable to confirm the accuracy of this information, and the users were moved to the method unknown category.

RTI note—unknown methods: Seven grantees noted that primary contraceptive use data were incomplete for some female users, including those who received counseling in nonclinic settings or during a postpartum visit, or those who received only a pregnancy test at the last encounter.

TABLE 8 COMMENTS: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

RTI note—unknown methods: Four grantees noted that primary contraceptive use data were incomplete for some male users, including those who received counseling in nonclinic settings or during outreach activities.

TABLE 9 COMMENTS: CERVICAL CANCER SCREENING ACTIVITIES

RTI note: Five grantees noted a decrease in the number of Pap tests performed in 2006 compared to 2005. Two grantees attributed the decrease in Pap tests to the adoption of the 2002 American Cancer Society Pap screening guidelines (Saslow et al., 2002), while three others attributed the decrease to a reduction in the number of unsatisfactory specimens from using improved Pap testing technology (e.g., brush and liquid-based cytologic methods). One grantee noted that the

Pap test data for one of their delegates were incomplete because of limitations in the delegate's data system.

TABLE 10 COMMENTS: BREAST CANCER SCREENING ACTIVITIES

RTI note: Three grantees noted that the number of clinical breast exams (CBEs) reported was an estimate because CBEs were recorded as part of a single, comprehensive billing code. Two grantees noted that their own data system or that of one of their delegates were not able to track CBE-related referrals, while another mentioned that the CBE field on the encounter form was not clearly identified, resulting in incomplete data.

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

No comments for this section.

TABLE 12 COMMENTS: STD TESTING BY GENDER

RTI note: Three grantees noted that anonymous HIV testing was not available in their states (NC, ND, and TN), while six others reported that Title X-funded sites did not offer anonymous HIV testing. One grantee in Region V failed to revise or confirm STD testing data that were out-of-range. Therefore, the FPAR Data Coordinator corrected these data using test-to-user ratios from the grantee's 2005 FPAR.

TABLE 13 COMMENTS: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION

RTI note: In 2005, a new category of clinical services provider (CSP) was introduced in the FPAR in an effort to collect information on the role of nonphysician/nonmidlevel providers in delivering clinical family planning services traditionally restricted to physician and midlevel providers. The FPAR defines other CSPs 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*."

The *2005 FPAR National Summary* excluded full-time equivalent (FTE) data for other CSPs because grantee reports overstated their role in providing clinical family planning services. To improve the quality of these data, OPA provided technical guidance to grantees on reporting other CSP FTEs and encounters in advance of the 2006 FPAR submission. A comparison of 2005 and 2006 data (not shown) indicates that many grantees made substantial downward adjustments in the number of other CSP FTEs they reported in 2006. For example, the overall number of other CSP FTEs decreased 46%, from 2,641 in 2005 to 1,429 in 2006. Seven grantees that reported a total of 867 other CSP FTEs in 2005 reported 0 in 2006. Eight other grantees reported a decrease of 12 to 103 other CSP FTEs in 2005, reducing their 2006 figures by 42% from a combined total of 930 in 2005 to 542 in 2006. While the quality of these data appear to have improved, there is evidence that some grantees may still be overstating the role of the other CSP in delivering Title X-funded clinical services. OPA will continue monitoring the quality of these data.

Finally, in the Table 13 comment field one grantee noted that they had not reported FTEs for advanced registered nurse practitioners in Table 13 row 1b because they were only licensed to

perform female physical assessments and not both female and male assessments as stated in the FPAR definition.

TABLE 14 COMMENTS: REVENUE REPORT

RTI note—general: Two grantees noted that their data systems were limited or not able to report data for private, third-party payers, and one of these two also mentioned that they were unable to capture revenue from client payment for services. Finally, an RPC (IX) noted that the revenue data from one of the grantees should be interpreted with caution due to weaknesses in the grantee's accounting system.

RTI note—Title X revenue (row 1): Title X grant revenue includes Family Planning Service Grants and HIV Supplemental Awards.

RTI note—other federal grant revenue (rows 3 and 4): Grantees specified the following types of other federal grant revenue on rows 3 and 4: U.S. Department of Health and Human Services (HHS) Health Resources Services Administration (HRSA); Centers for Disease Control and Prevention (CDC), Ryan White Care Act (adolescent prevention); Violence Against Women Act; and Office of Women's Health/HIV. The national and Region IV subtotal for this category includes \$5,946, reported by the South Carolina Department of Health and Environmental Control, from WIC (\$19), CDC, and the Preventive Health Block Grant. This revenue should have been reported and tabulated as other revenue.

RTI note—Medicaid waiver revenue (row 7): FPAR instructions are not clear as to where revenue received from state-initiated Medicaid family planning waiver programs should be recorded. Some grantees have always listed revenue from these programs under Medicaid, while others have varied between reporting such revenue as other third party, state government, local government, Medicaid, or a combination of these categories to account for the state and federal shares (i.e., match). For the 2006 reporting period, OPA instructed grantees in states with waivers to report all (state and federal shares) revenue from the Medicaid family planning waiver with other Medicaid revenue reported in FPAR Table 14 (row 7a, column B). In 2006, Medicaid revenue reported on row 7a, column B included revenue from Medicaid family planning waivers in Arizona, Arkansas, California, Delaware, Florida, Illinois, Iowa, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Mexico, New York, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Virginia, Washington, and Wisconsin. The State of Alabama Department of Public Health reported that waiver revenue was not included in the Medicaid revenue reported in the FPAR.

RTI note—state government revenue (rows 14 to 17): The following sources of revenue were reported by grantees as other revenue (rows 14 to 17), and were included in the tabulation of state government revenue: Child and Family Health Services (OH), Community Health Center Grant (IN), Department of Public Health (MA), Department of Public Health Family Planning (CT, MA), Department of the Family (Puerto Rico), Family Planning & Reproductive Health State Funds (WA), family planning state general revenue (FL), grant in aid (DE), Puerto Rico legislature, state (CO, MA, ND, NY, NJ, TN), state appropriated dollars (OK), State Breast and Cervical Cancer Project (OH), state cervical cancer (PA), state contracts (MA, PA), state contracts (STD, chlamydia, genetics, Healthy Woman) (PA), State Family Life (RI), state family planning special projects (MN), state funding (Women's Medical Services, Keeping Women Healthy

Program, Breast and Cervical Cancer Screening Program) (PA), state funds or funding (AL, NJ, MA, MI, TN), state general funds/revenue (AR, IL, LA, MD, NM, OR), state government (AZ, HI, KS, KY, NC, SC, WV, VA, LA, WI, MS), state grants (CA, ME, PA, AK), state Pap and chlamydia (NE), state sources (NH, NJ, NY), Statewide Farm Worker Health Program (KS), Tobacco Settlement (MS), Washington State Department of Social and Health Services Community Services Offices, Women's Procurement Office (Puerto Rico), Women's Health Services and Workers Compensation Refund (OH), and Women's Medical Services (PA).

RTI note—other revenue (rows 14 to 17): Grantees specified the following types of other revenue on rows 14 to 17: agency contribution, agency general funds, applicant—uncompensated care, applicant—various sources, Avon Foundation Grant, bank interest, BlueCross Grant, California Family Health Council general fund, CDC Breast and Cervical Cancer Project, CDC funds (Ladies First, HIV, STD), CDC HIV Prevention, CDC Infertility Prevention Project, collections by delegate agencies, community foundation, Community Service Block Grant, consultation fee, contributions, coverage programs, data services, delegate reimbursements, disability income, donations, donations (client and private, non-profit), education fees, Fetal Alcohol Syndrome Prevention in Family Planning, foundations, fundraising, general operating funds, grants from other agencies, Indian Health Service, in-kind, in-kind (other), in-kind lab, in-kind provider services, in-kind restricted contributions, interest, interest and fees, interest income, intra-agency transfers, local resources, local funds (excluding grants), Map Coalition, March of Dimes, May Medical Education Grant, MGM Mirage, mileage reimbursement, miscellaneous business and community contributions, miscellaneous income, Missouri Show Me Healthy Women Program, Venture Medicaid Education Project, Navajo Nation, nongovernment grants, nongovernment local funds, other contracts, other contractual, other contributions, other foundations, other nonfederal revenue, other private grants, other revenue/income, patient contributions, patient donations, Pink Ribbon, Preventive Health and Health Services Block Grant, Preventive Health Block Grant, private foundation(s), private fundraising, private grants, public health screening, refunds, rental income, Rural Health Care Services Outreach, special/earned funds, symposium, Teen Pregnancy Prevention, United Nations Population Fund, United Way, university donations, University of Alabama at Birmingham Hispanic Education Project, Wonder of Myself, and other.

TREND TABLE COMMENTS

RTI note—Exhibits A-6a and A-6b: In the 1999–2005 *FPAR National Summaries*, the 1999 column in the primary contraceptive use trend tables excluded 8,271 female users from the total number. These users were excluded from the contraceptive use tables because a Region IX grantee did not report a method of contraception for them. The correct total number of female users in 1999 was 4,315,040, rather than the 4,306,769 shown in the contraceptive use table for 1999 and the contraceptive trend tables for 1999–2005. In the 2006 *FPAR National Summary*, these 8,271 users have been included in the 1999 column on the unknown method row of the primary contraceptive use trend table (*Exhibit A-6a*) and graph (*Exhibit A-6b*), bringing the total number of female users for 1999 to 4,315,040.

RTI note—Exhibits A-7a and A-7b: In the 2005 *FPAR National Summary*, RTI incorrectly included \$18,074,390 as state government revenue when it should have been reported as other revenue. In the 2006 *FPAR National Summary*, we have corrected this error in the 2005 column of

the revenue trend table (*Exhibit A-7a*) and graph (*Exhibit A-7b*). The correct total for state government revenue in 2005 is \$115,558,888, instead of the \$133,633,278 reported originally. Furthermore, the correct total for other revenue in 2005 is \$59,588,419 instead of the \$41,514,029 reported originally. This correction was verified with the grantee, the Region IX RPC, and the FPAR Data Coordinator.

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