

September 2011

Family Planning Annual Report

X

2010 NATIONAL SUMMARY

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Family Planning Annual Report: 2010 National Summary

Prepared for

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Office of Population Affairs
Office of Public Health and Science
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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 persons from low-income families. Title X-funded agencies offer a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis. In addition, Title X funds 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 2010, the program received approximately \$317.5 million in funding (OPA/OFP personal communication, August 9, 2011).

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

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 program performance and reporting.^{3,4} The FPAR data are reported and presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.⁵

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;
- 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 regions



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, DC, 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: 2010 National Summary* presents data for the 89 Title X service grantees that submitted reports for the 2010 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 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 for 1999 to 2010, or 2005 to 2010, for selected indicators. *Appendix B* presents information on the number and distribution of users served in 2010 by sex and income level for each state, the District of Columbia, and the eight U.S. territories and jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). *Appendix C* presents general and table-specific notes about the data presented in this report.

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 who 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*⁶ 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* (Reissued October 2007), pp. 5–7.

2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2007)⁷ 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 individuals 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 to December 31). In February 2011, 89 Title X service grantees submitted FPARs for 2010. Eighty-six grantees (97%) submitted their FPAR by the February 15 due date, and 86 grantees (97%) submitted their FPAR using OPA's Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered data into *GrantSolutions* for three hardcopy reports, thereby consolidating all FPAR data 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. RTI presents the results of the validations in a grantee-specific report that is sent to the FPAR Data Coordinator for followup and resolution. Once OPA staff address all outstanding validation issues and update the electronic reports in *GrantSolutions*, OPA sends RTI a second data file for tabulation and analysis. The *Methodological Notes* in **Appendix C** summarize general and table-specific limitations and issues about the data 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* (Reissued October 2007), pp. 13–17, A1–A2.

3 Findings

GRANTEE PROFILE

In 2010, OPA regional offices awarded Title X service grants to 89 public and private grantees, including state and local health departments (49 agencies, 55% of grantees) and nonprofit family planning agencies, independent clinics, and community health agencies (40 agencies, 45% of grantees). In turn, grantees distributed these funds to 1,122 subcontractors (“delegates”) and their own clinics, ultimately supporting a family planning service network of 4,389 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions (*Exhibit 2*).

From 2009 to 2010, there was a small decline in the size of the Title X service network. Although the number of grantees remained the same, there was a decrease of 35 delegates and 126 service sites. All but two regions (I and VIII) reported a decrease in the number of delegates, while all 10 regions reported a decrease in the number of service sites. Regions IX (12 delegates), II (7), and V (6) reported the largest declines in the number of delegates, while regions X (41 sites), II (24), III (15), and IV (13) reported the largest declines in the number of service sites (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, delegates, and service sites, by year and region: 2009–2010 (Source: FPAR Grantee Profile Cover Sheet)

Network Features	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2009	89	10	7	9	10	11	8	5	6	16	7
2010	89	10	7	9	10	12	6	5	6	16	8
% Change	0%	0%	0%	0%	0%	9%	-25%	0%	0%	0%	14%
Delegates											
2009	1,157	69	89	222	190	136	94	107	73	116	61
2010	1,122	71	82	218	188	130	90	105	74	104	60
% Change	-3%	3%	-8%	-2%	-1%	-4%	-4%	-2%	1%	-10%	-2%
Service Sites											
2009	4,515	230	296	656	1,104	373	588	296	185	501	286
2010	4,389	221	272	641	1,091	371	580	289	184	495	245
% Change	-3%	-4%	-8%	-2%	-1%	-1%	-1%	-2%	-1%	-1%	-14%

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2010, Title X-funded sites served 5,224,862 family planning users. Regions IV and IX accounted for 19% and 26%, respectively, of the total users served in 2010. Regions II, III, V, and VI each served between 9% and 11% of total users, and Regions I, VII, VIII, and X each served between 3% and 4% (*Exhibit 3*).

Between 2009 and 2010, the total number of users served in Title X-funded service sites increased by 38,595 users, or about 0.7%. Five of the 10 regions (I, II, III, V, and VI) experienced only small changes of 1% or less (increase or decrease) in the number of users served. Regions IV and X reported a decrease of 2% and 6%, respectively, while the other three regions (VII, VIII, and IX) reported increases of between 2% and 10% (*Exhibit 3*). On average, the number of users per service site increased by 41, from 1,149 in 2009 to 1,190 in 2010 (not shown).

Between 1999 and 2010, the total number of users increased 18%, from 4,442,138 in 1999 to 5,224,862 in 2010. During this period, the changes in total users served widely varied by region. Four of the 10 regions (II, III, VIII, and IX) increased total users served by 17% or more, with Region IX nearly doubling the total users served between 1999 and 2010 (an increase of 91%). Three of the 10 regions (I, VI, and X) experienced an increase of 6% or less in total users served. Likewise, three regions experienced a decrease in total users served (IV, V, and VII), with Region VII experiencing the greatest decrease in users (a decrease of 14%). (*Exhibits A-1a in Appendix A*).

Users by Sex (Exhibits 4 and 5)

Of the total number of users in 2010, 92% (4,822,570) were female and 8% (402,292) were male. Across regions, the percentage of total users who were female ranged from 87% (VIII) to 97% (IV) (*Exhibits 4 and 5*). *Exhibit B-1 (Appendix B)* presents the number and distribution of female and male family planning users for 2010 within and across each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Exhibit 3. Number, distribution, and percentage change in number of family planning users, by year and region: 2008–2010 (Source: FPAR Table 1)

Users	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number											
2009	5,186,267	199,779	497,614	592,475	1,010,012	492,741	512,019	209,350	160,919	1,294,974	216,384
2010	5,224,862	198,962	499,231	584,167	989,770	492,359	512,868	214,032	176,892	1,352,569	204,012
Distribution											
2009	100%	4%	10%	11%	19%	10%	10%	4%	3%	25%	4%
2010	100%	4%	10%	11%	19%	9%	10%	4%	3%	26%	4%
% Change	0.7%	0%†	0%†	-1%	-2%	0%†	0%†	2%	10%	4%	-6%

† Percentage is greater than -0.5% and less than 0.5%.

Between 1999 and 2010, the percentage of users who were female decreased from 97% of total users in 1999 to 92% in 2010. Numerically, however, the number of female users increased 12%, from 4,315,040 in 1999 to 4,822,570 in 2010. During this same time, the number of male users more than tripled, increasing from 127,098 in 1999 to 402,292 in 2010 (*Exhibit A-1a*).

Users by Age (Exhibits 4 and 5)

In 2010, 51% (2,672,832) of family planning users were in their 20s, 27% (1,395,654) were 30 or over, and 22% (1,156,376) were 19 or under. By age group, the highest percentages of users were 20 to 24 (31%), 25 to 29 (21%), and 15 to 19 (21%). By region, the percentage of users in their early 20s ranged from 28% (I) to 34% (V), while the percentage 15 to 19 ranged from 19% (II and IX) to 23% (I, III, and V). Users under 15 accounted for only 1% (73,383) 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 (23%) and female (22%) users were in their teens, and a slightly higher percentage of female (31%) than male (28%) users were in their early 20s. Compared to female users, there was more variation across regions in the age distribution of male users. For example, the percentage of male users who were teenagers ranged from 14% (X) to 46% (IV), compared with a range of 20% (II and IX) to 25% (VIII) for female users. Similarly, the percentage of male users in their early 20s ranged from 16% (IV) to 36% (V) of male users, compared to 28% (I) to 34% (V) of female users. Females under 15 comprised 1% to 2% of female users in all regions, while males in this age group accounted for less than 1% to 4% of male users in all regions except Region IV, where they accounted for 23% of male users (*Exhibits 4 and 5*).

Between 1999 and 2010, there were small shifts in the percentage distribution of family planning users by age group. In addition, there was an increase in the number of users in all age groups, except in the group 17 or under, which decreased 14% (from 627,496 users in 1999 to 539,667 in 2010), and the age group 18 to 19, which decreased 5% (from 648,224 users in 1999 to 616,709 in 2010). The most dramatic change in the number of users was in the group over 44, which increased 104% (from 104,302 users in 1999 to 212,734 in 2010) (*Exhibits A-2a and A-2b*).

Users by Race (Exhibits 6 to 14)

In 2010, 58% (3,015,861) of all family planning users identified themselves as white, 20% (1,028,991) as black, 3% (136,958) as Asian, 1% (65,662) as Native Hawaiian or Other Pacific Islander, and 1% (44,899) as American Indian or Alaska Native. Five percent (261,397) of all users self-identified with two or more of the five minimum race categories specified in the Office of Management and Budget's *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*.⁸ Race was either unknown or not reported for 13% (671,094) of all users (*Exhibits 6, 9, and 10*).

Exhibit 4. Number of family planning users, by sex, age, and region: 2010 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	58,148	2,631	4,273	8,632	13,772	4,956	6,066	2,433	1,844	11,426	2,115
15 to 17	429,699	19,616	37,005	55,389	83,616	45,985	43,934	19,067	14,711	90,652	19,724
18 to 19	574,596	20,649	50,842	63,210	113,000	61,886	57,089	25,024	21,203	137,541	24,152
20 to 24	1,487,851	49,826	141,505	159,426	297,856	160,039	139,370	63,255	50,458	368,139	57,977
25 to 29	997,282	33,299	100,913	103,341	203,395	94,549	102,337	40,387	30,515	247,971	40,575
30 to 34	565,685	19,022	58,353	58,197	119,649	47,169	66,393	22,224	16,206	135,906	22,566
35 to 39	333,898	12,361	34,286	33,779	66,888	25,943	39,597	13,265	8,981	86,020	12,778
40 to 44	197,102	8,813	20,003	21,412	35,797	14,643	20,173	8,219	5,421	55,810	6,811
Over 44	178,309	11,409	18,845	24,773	26,947	11,761	13,692	8,855	4,772	51,957	5,298
Subtotal	4,822,570	177,626	466,025	528,159	960,920	466,931	488,651	202,729	154,111	1,185,422	191,996
Male Users											
Under 15	15,235	792	586	1,793	6,540	267	319	242	274	4,363	59
15 to 17	36,585	2,646	2,722	7,881	4,649	2,143	2,274	823	1,102	11,681	664
18 to 19	42,113	2,042	3,991	7,213	2,169	2,992	3,493	1,223	2,308	15,677	1,005
20 to 24	112,982	5,805	11,589	14,528	4,685	9,058	7,537	3,812	7,168	45,613	3,187
25 to 29	74,717	3,952	6,737	8,574	3,520	5,221	4,478	2,454	5,115	32,193	2,473
30 to 34	41,572	1,991	3,367	4,699	2,405	2,502	2,511	1,162	2,800	18,558	1,577
35 to 39	25,851	1,295	1,639	2,981	1,650	1,248	1,468	646	1,492	12,409	1,023
40 to 44	18,812	1,034	910	2,722	1,149	769	899	341	927	9,335	726
Over 44	34,425	1,779	1,665	5,617	2,083	1,228	1,238	600	1,595	17,318	1,302
Subtotal	402,292	21,336	33,206	56,008	28,850	25,428	24,217	11,303	22,781	167,147	12,016
All Users											
Under 15	73,383	3,423	4,859	10,425	20,312	5,223	6,385	2,675	2,118	15,789	2,174
15 to 17	466,284	22,262	39,727	63,270	88,265	48,128	46,208	19,890	15,813	102,333	20,388
18 to 19	616,709	22,691	54,833	70,423	115,169	64,878	60,582	26,247	23,511	153,218	25,157
20 to 24	1,600,833	55,631	153,094	173,954	302,541	169,097	146,907	67,067	57,626	413,752	61,164
25 to 29	1,071,999	37,251	107,650	111,915	206,915	99,770	106,815	42,841	35,630	280,164	43,048
30 to 34	607,257	21,013	61,720	62,896	122,054	49,671	68,904	23,386	19,006	154,464	24,143
35 to 39	359,749	13,656	35,925	36,760	68,538	27,191	41,065	13,911	10,473	98,429	13,801
40 to 44	215,914	9,847	20,913	24,134	36,946	15,412	21,072	8,560	6,348	65,145	7,537
Over 44	212,734	13,188	20,510	30,390	29,030	12,989	14,930	9,455	6,367	69,275	6,600
Total All Users	5,224,862	198,962	499,231	584,167	989,770	492,359	512,868	214,032	176,892	1,352,569	204,012

Exhibit 5. Distribution of family planning users, by sex, age, and region: 2010 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%
15 to 17	9%	11%	8%	10%	9%	10%	9%	9%	10%	8%	10%
18 to 19	12%	12%	11%	12%	12%	13%	12%	12%	14%	12%	13%
20 to 24	31%	28%	30%	30%	31%	34%	29%	31%	33%	31%	30%
25 to 29	21%	19%	22%	20%	21%	20%	21%	20%	20%	21%	21%
30 to 34	12%	11%	13%	11%	12%	10%	14%	11%	11%	11%	12%
35 to 39	7%	7%	7%	6%	7%	6%	8%	7%	6%	7%	7%
40 to 44	4%	5%	4%	4%	4%	3%	4%	4%	4%	5%	4%
Over 44	4%	6%	4%	5%	3%	3%	3%	4%	3%	4%	3%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	4%	4%	2%	3%	23%	1%	1%	2%	1%	3%	0%†
15 to 17	9%	12%	8%	14%	16%	8%	9%	7%	5%	7%	6%
18 to 19	10%	10%	12%	13%	8%	12%	14%	11%	10%	9%	8%
20 to 24	28%	27%	35%	26%	16%	36%	31%	34%	31%	27%	27%
25 to 29	19%	19%	20%	15%	12%	21%	18%	22%	22%	19%	21%
30 to 34	10%	9%	10%	8%	8%	10%	10%	10%	12%	11%	13%
35 to 39	6%	6%	5%	5%	6%	5%	6%	6%	7%	7%	9%
40 to 44	5%	5%	3%	5%	4%	3%	4%	3%	4%	6%	6%
Over 44	9%	8%	5%	10%	7%	5%	5%	5%	7%	10%	11%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	1%	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15 to 17	9%	11%	8%	11%	9%	10%	9%	9%	9%	8%	10%
18 to 19	12%	11%	11%	12%	12%	13%	12%	12%	13%	11%	12%
20 to 24	31%	28%	31%	30%	31%	34%	29%	31%	33%	31%	30%
25 to 29	21%	19%	22%	19%	21%	20%	21%	20%	20%	21%	21%
30 to 34	12%	11%	12%	11%	12%	10%	13%	11%	11%	11%	12%
35 to 39	7%	7%	7%	6%	7%	6%	8%	6%	6%	7%	7%
40 to 44	4%	5%	4%	4%	4%	3%	4%	4%	4%	5%	4%
Over 44	4%	7%	4%	5%	3%	3%	3%	4%	4%	5%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

† Percentage is less than 0.5%.

The racial composition of female users (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed in terms of the percentages in each group that self-identified as white or black. Among female users, 58% self-identified as white and 19% as black, while among male users, 49% self-identified as white and 23% as black. Additionally, race was unknown or not reported for a slightly higher percentage of male (16%) than female (13%) users.

At least 6 of every 10 users in six regions (I, V, VI, VII, VIII, and X) self-identified as white, and between 18% and 34% in five regions (II, III, IV, V, and VI) self-identified as black. Region IX, which includes the Pacific territories, had the highest percentages of users identifying themselves as either Asian (6%) or Native Hawaiian or Other Pacific Islander (4%). The percentage of users for whom race was unknown or not reported met or exceeded the national average of 13% in four regions (II, VIII, IX, and X) (*Exhibits 9 and 10*).

Between 1999 and 2010, there were small changes (2 to 7 percentage points) in the percentage distribution of family planning users by race. The percentage of total users who self-identified as white decreased from 65% in 1999 to 58% in 2010, and the percentage who self-identified as black decreased from 22% to 20%. In addition, between 2005 and 2010, the percentage of all users who self-identified with two or more OMB race categories increased from 3% to 5% of total users. Finally, the percentage of users for whom race was unknown or not reported increased from 9% in 1999 to 13% in 2010. The increased percentage of users with an unknown race is likely due to the increase in Hispanic/Latino users, many of whom do not self-identify with any OMB race category (*Exhibits A-3a and A-3b*).

Users by Ethnicity (Exhibits 6 to 14)

In 2010, 29% (1,493,007) of users identified themselves as Hispanic or Latino, including 28% (1,371,150) of female users and 30% (121,857) of male users. Ethnicity was unknown or not reported for 2% of female users and 3% of male users (*Exhibits 6, 7, and 8*). For female and male users, the highest percentages of Hispanic or Latino users were in Regions II (35% of female and 30% of male users), VI (45% of female and 53% of male users), and IX (45% of female and 45% of male users) (*Exhibits 11, 12, 13, and 14*).

Between 1999 and 2010, the percentage of all family planning users who identified themselves as Hispanic or Latino increased from 17% of users in 1999 to 29% in 2010, while the percentage of users with unknown Hispanic or Latino ethnicity decreased from 4% to 2%. Numerically, the number of Hispanic or Latino users increased 93%, from 772,129 in 1999 to 1,493,007 in 2010 (*Exhibits A-4a and A-4b*).

Since 2005, grantees have reported 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, including those for whom race is unknown or not reported. Among the 13% (607,744) of female users for whom race was unknown or not reported in 2010, 73% (444,477) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 16% (63,350) of male users for whom race was unknown or not reported, 75% (47,467) were Hispanic or Latino (*Exhibit 8*). One percent of female and male users did not self-identify with either a race or an ethnic group category. *Exhibits A-5a and A-5b* present trends in the distribution of users by ethnicity and race for 1999 to 2010.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2010
(Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	8,539	35,567	793	44,899	0%†	1%	0%†	1%
Asian	6,494	126,413	4,051	136,958	0%†	2%	0%†	3%
Black/African American	29,687	986,409	12,895	1,028,991	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	6,566	58,106	990	65,662	0%†	1%	0%†	1%
White	763,961	2,214,680	37,220	3,015,861	15%	42%	1%	58%
More than one race	185,816	64,857	10,724	261,397	4%	1%	0%†	5%
UK/NR	491,944	132,253	46,897	671,094	9%	3%	1%	13%
Total All Users	1,493,007	3,618,285	113,570	5,224,862	29%	69%	2%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.

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: 2010
(Source: FPAR Table 2)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	7,882	32,788	729	41,399	0%†	1%	0%†	1%
Asian	5,977	118,256	3,781	128,014	0%†	2%	0%†	3%
Black/African American	27,477	898,139	10,572	936,188	1%	19%	0%†	19%
Nat Hawaiian/Pac Island	6,184	49,037	921	56,142	0%†	1%	0%†	1%
White	711,359	2,072,568	33,671	2,817,598	15%	43%	1%	58%
More than one race	167,794	58,033	9,658	235,485	3%	1%	0%†	5%
UK/NR	444,477	120,577	42,690	607,744	9%	3%	1%	13%
Total Female Users	1,371,150	3,349,398	102,022	4,822,570	28%	69%	2%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.

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: 2010
(Source: FPAR Table 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	657	2,779	64	3,500	0%†	1%	0%†	1%
Asian	517	8,157	270	8,944	0%†	2%	0%†	2%
Black/African American	2,210	88,270	2,323	92,803	1%	22%	1%	23%
Nat Hawaiian/Pac Island	382	9,069	69	9,520	0%†	2%	0%†	2%
White	52,602	142,112	3,549	198,263	13%	35%	1%	49%
More than one race	18,022	6,824	1,066	25,912	4%	2%	0%†	6%
UK/NR	47,467	11,676	4,207	63,350	12%	3%	1%	16%
Total Male Users	121,857	268,887	11,548	402,292	30%	67%	3%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.

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: 2010 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	8,539	33	556	280	1,025	715	636	340	329	3,963	662
Not Hispanic or Latino	35,567	432	1,313	886	2,088	1,641	5,870	1,542	2,318	16,620	2,857
UK/NR	793	6	7	29	1	134	37	109	88	382	0
Subtotal	44,899	471	1,876	1,195	3,114	2,490	6,543	1,991	2,735	20,965	3,519
Asian											
Hispanic or Latino	6,494	121	472	2,735	304	122	271	48	48	2,260	113
Not Hispanic or Latino	126,413	7,147	13,213	10,810	6,875	5,273	3,104	2,428	1,908	70,535	5,120
UK/NR	4,051	64	28	459	12	226	151	101	76	2,923	11
Subtotal	136,958	7,332	13,713	14,004	7,191	5,621	3,526	2,577	2,032	75,718	5,244
Black or African American											
Hispanic or Latino	29,687	2,056	9,471	3,422	8,193	1,110	1,181	194	392	3,406	262
Not Hispanic or Latino	986,409	24,439	113,206	186,498	332,280	101,319	93,007	28,957	6,485	94,212	6,006
UK/NR	12,895	267	301	1,901	551	3,285	484	1,307	407	4,388	4
Subtotal	1,028,991	26,762	122,978	191,821	341,024	105,714	94,672	30,458	7,284	102,006	6,272
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	6,566	559	330	479	1,120	88	488	109	46	2,632	715
Not Hispanic or Latino	58,106	485	939	573	905	482	719	509	521	51,699	1,274
UK/NR	990	6	0	28	1	27	7	14	25	880	2
Subtotal	65,662	1,050	1,269	1,080	2,026	597	1,214	632	592	55,211	1,991
White											
Hispanic or Latino	763,961	17,846	69,617	29,016	104,450	38,388	209,546	21,366	17,646	236,765	19,321
Not Hispanic or Latino	2,214,680	116,204	164,938	275,876	450,305	294,611	161,891	141,806	117,968	366,795	124,286
UK/NR	37,220	1,353	210	5,396	449	4,536	1,152	3,219	3,010	17,823	72
Subtotal	3,015,861	135,403	234,765	310,288	555,204	337,535	372,589	166,391	138,624	621,383	143,679
More Than One Race											
Hispanic or Latino	185,816	5,301	18,070	4,268	38,673	1,822	4,483	805	523	109,933	1,938
Not Hispanic or Latino	64,857	3,644	2,675	3,739	3,901	4,087	6,958	1,504	2,525	34,068	1,756
UK/NR	10,724	76	283	155	38	954	116	117	99	8,877	9
Subtotal	261,397	9,021	21,028	8,162	42,612	6,863	11,557	2,426	3,147	152,878	3,703
Race Unknown or Not Reported											
Hispanic or Latino	491,944	14,771	75,104	32,492	23,276	23,241	17,902	6,232	20,000	255,913	23,013
Not Hispanic or Latino	132,253	2,215	27,068	17,935	7,814	8,175	2,049	1,976	1,598	46,838	16,585
UK/NR	46,897	1,937	1,430	7,190	7,509	2,123	2,816	1,349	880	21,657	6
Subtotal	671,094	18,923	103,602	57,617	38,599	33,539	22,767	9,557	22,478	324,408	39,604
All Races											
Hispanic or Latino	1,493,007	40,687	173,620	72,692	177,041	65,486	234,507	29,094	38,984	614,872	46,024
Not Hispanic or Latino	3,618,285	154,566	323,352	496,317	804,168	415,588	273,598	178,722	133,323	680,767	157,884
UK/NR	113,570	3,709	2,259	15,158	8,561	11,285	4,763	6,216	4,585	56,930	104
Total All Users	5,224,862	198,962	499,231	584,167	989,770	492,359	512,868	214,032	176,892	1,352,569	204,012

UK/NR=unknown or not reported.

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2010 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	1%	1%	1%	2%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	4%	3%	2%	1%	1%	1%	1%	1%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	4%	3%	2%	1%	1%	1%	1%	1%	6%	3%
Black or African American											
Hispanic or Latino	1%	1%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	12%	23%	32%	34%	21%	18%	14%	4%	7%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†
Subtotal	20%	13%	25%	33%	34%	21%	18%	14%	4%	8%	3%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
White											
Hispanic or Latino	15%	9%	14%	5%	11%	8%	41%	10%	10%	18%	9%
Not Hispanic or Latino	42%	58%	33%	47%	45%	60%	32%	66%	67%	27%	61%
UK/NR	1%	1%	0%†	1%	0%†	1%	0%†	2%	2%	1%	0%†
Subtotal	58%	68%	47%	53%	56%	69%	73%	78%	78%	46%	70%
More Than One Race											
Hispanic or Latino	4%	3%	4%	1%	4%	0%†	1%	0%†	0%†	8%	1%
Not Hispanic or Latino	1%	2%	1%	1%	0%†	1%	1%	1%	1%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	5%	5%	4%	1%	4%	1%	2%	1%	2%	11%	2%
Race Unknown or Not Reported											
Hispanic or Latino	9%	7%	15%	6%	2%	5%	3%	3%	11%	19%	11%
Not Hispanic or Latino	3%	1%	5%	3%	1%	2%	0%†	1%	1%	3%	8%
UK/NR	1%	1%	0%†	1%	1%	0%†	1%	1%	0%†	2%	0%†
Subtotal	13%	10%	21%	10%	4%	7%	4%	4%	13%	24%	19%
All Races											
Hispanic or Latino	29%	20%	35%	12%	18%	13%	46%	14%	22%	45%	23%
Not Hispanic or Latino	69%	78%	65%	85%	81%	84%	53%	84%	75%	50%	77%
UK/NR	2%	2%	0%†	3%	1%	2%	1%	3%	3%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2010 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	7,882	31	533	267	1,021	680	614	325	274	3,492	645
Not Hispanic or Latino	32,788	362	1,239	789	2,058	1,555	5,562	1,460	2,081	15,185	2,497
UK/NR	729	5	7	26	1	129	34	106	79	342	0
Subtotal	41,399	398	1,779	1,082	3,080	2,364	6,210	1,891	2,434	19,019	3,142
Asian											
Hispanic or Latino	5,977	116	457	2,476	300	116	267	48	45	2,042	110
Not Hispanic or Latino	118,256	6,800	12,407	10,149	6,751	5,066	3,001	2,333	1,716	65,061	4,972
UK/NR	3,781	55	28	437	9	215	138	98	68	2,722	11
Subtotal	128,014	6,971	12,892	13,062	7,060	5,397	3,406	2,479	1,829	69,825	5,093
Black or African American											
Hispanic or Latino	27,477	1,820	8,949	3,035	7,953	1,026	1,083	168	321	2,872	250
Not Hispanic or Latino	898,139	20,746	103,942	159,149	320,355	92,859	88,226	26,382	4,168	77,333	4,979
UK/NR	10,572	201	285	1,571	264	2,686	434	1,180	233	3,714	4
Subtotal	936,188	22,767	113,176	163,755	328,572	96,571	89,743	27,730	4,722	83,919	5,233
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	6,184	539	307	437	1,100	80	483	104	39	2,387	708
Not Hispanic or Latino	49,037	457	887	514	881	454	704	487	440	43,047	1,166
UK/NR	921	5	0	22	1	24	5	13	23	826	2
Subtotal	56,142	1,001	1,194	973	1,982	558	1,192	604	502	46,260	1,876
White											
Hispanic or Latino	711,359	16,215	66,337	27,412	102,076	37,026	197,905	20,437	15,387	209,681	18,883
Not Hispanic or Latino	2,072,568	104,360	153,957	258,106	437,944	282,051	156,228	135,168	104,584	323,542	116,628
UK/NR	33,671	1,091	198	4,964	341	4,312	1,094	3,079	2,426	16,095	71
Subtotal	2,817,598	121,666	220,492	290,482	540,361	323,389	355,227	158,684	122,397	549,318	135,582
More Than One Race											
Hispanic or Latino	167,794	4,706	16,794	4,172	38,594	1,745	4,425	735	379	94,353	1,891
Not Hispanic or Latino	58,033	3,321	2,455	2,526	3,785	3,809	6,886	1,398	2,135	30,104	1,614
UK/NR	9,658	54	261	137	24	896	110	103	75	7,989	9
Subtotal	235,485	8,081	19,510	6,835	42,403	6,450	11,421	2,236	2,589	132,446	3,514
Race Unknown or Not Reported											
Hispanic or Latino	444,477	13,038	70,281	29,545	22,520	22,418	16,875	5,918	17,565	224,333	21,984
Not Hispanic or Latino	120,577	1,949	25,371	15,856	7,572	7,897	1,941	1,890	1,361	41,174	15,566
UK/NR	42,690	1,755	1,330	6,569	7,370	1,887	2,636	1,297	712	19,128	6
Subtotal	607,744	16,742	96,982	51,970	37,462	32,202	21,452	9,105	19,638	284,635	37,556
All Races											
Hispanic or Latino	1,371,150	36,465	163,658	67,344	173,564	63,091	221,652	27,735	34,010	539,160	44,471
Not Hispanic or Latino	3,349,398	137,995	300,258	447,089	779,346	393,691	262,548	169,118	116,485	595,446	147,422
UK/NR	102,022	3,166	2,109	13,726	8,010	10,149	4,451	5,876	3,616	50,816	103
Total All Users	4,822,570	177,626	466,025	528,159	960,920	466,931	488,651	202,729	154,111	1,185,422	191,996

UK/NR=unknown or not reported.

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2010 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	1%	1%	1%	2%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	4%	3%	2%	1%	1%	1%	1%	1%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	4%	3%	2%	1%	1%	1%	1%	1%	6%	3%
Black or African American											
Hispanic or Latino	1%	1%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	12%	22%	30%	33%	20%	18%	13%	3%	7%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†
Subtotal	19%	13%	24%	31%	34%	21%	18%	14%	3%	7%	3%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
White											
Hispanic or Latino	15%	9%	14%	5%	11%	8%	41%	10%	10%	18%	10%
Not Hispanic or Latino	43%	59%	33%	49%	46%	60%	32%	67%	68%	27%	61%
UK/NR	1%	1%	0%†	1%	0%†	1%	0%†	2%	2%	1%	0%†
Subtotal	58%	68%	47%	55%	56%	69%	73%	78%	79%	46%	71%
More Than One Race											
Hispanic or Latino	3%	3%	4%	1%	4%	0%†	1%	0%†	0%†	8%	1%
Not Hispanic or Latino	1%	2%	1%	0%†	0%†	1%	1%	1%	1%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	5%	5%	4%	1%	4%	1%	2%	1%	2%	11%	2%
Race Unknown or Not Reported											
Hispanic or Latino	9%	7%	15%	6%	2%	5%	3%	3%	11%	19%	11%
Not Hispanic or Latino	3%	1%	5%	3%	1%	2%	0%†	1%	1%	3%	8%
UK/NR	1%	1%	0%†	1%	1%	0%†	1%	1%	0%†	2%	0%†
Subtotal	13%	9%	21%	10%	4%	7%	4%	4%	13%	24%	20%
All Races											
Hispanic or Latino	28%	21%	35%	13%	18%	14%	45%	14%	22%	45%	23%
Not Hispanic or Latino	69%	78%	64%	85%	81%	84%	54%	83%	76%	50%	77%
UK/NR	2%	2%	0%†	3%	1%	2%	1%	3%	2%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2010 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	657	2	23	13	4	35	22	15	55	471	17
Not Hispanic or Latino	2,779	70	74	97	30	86	308	82	237	1,435	360
UK/NR	64	1	0	3	0	5	3	3	9	40	0
Subtotal	3,500	73	97	113	34	126	333	100	301	1,946	377
Asian											
Hispanic or Latino	517	5	15	259	4	6	4	0	3	218	3
Not Hispanic or Latino	8,157	347	806	661	124	207	103	95	192	5,474	148
UK/NR	270	9	0	22	3	11	13	3	8	201	0
Subtotal	8,944	361	821	942	131	224	120	98	203	5,893	151
Black or African American											
Hispanic or Latino	2,210	236	522	387	240	84	98	26	71	534	12
Not Hispanic or Latino	88,270	3,693	9,264	27,349	11,925	8,460	4,781	2,575	2,317	16,879	1,027
UK/NR	2,323	66	16	330	287	599	50	127	174	674	0
Subtotal	92,803	3,995	9,802	28,066	12,452	9,143	4,929	2,728	2,562	18,087	1,039
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	382	20	23	42	20	8	5	5	7	245	7
Not Hispanic or Latino	9,069	28	52	59	24	28	15	22	81	8,652	108
UK/NR	69	1	0	6	0	3	2	1	2	54	0
Subtotal	9,520	49	75	107	44	39	22	28	90	8,951	115
White											
Hispanic or Latino	52,602	1,631	3,280	1,604	2,374	1,362	11,641	929	2,259	27,084	438
Not Hispanic or Latino	142,112	11,844	10,981	17,770	12,361	12,560	5,663	6,638	13,384	43,253	7,658
UK/NR	3,549	262	12	432	108	224	58	140	584	1,728	1
Subtotal	198,263	13,737	14,273	19,806	14,843	14,146	17,362	7,707	16,227	72,065	8,097
More Than One Race											
Hispanic or Latino	18,022	595	1,276	96	79	77	58	70	144	15,580	47
Not Hispanic or Latino	6,824	323	220	1,213	116	278	72	106	390	3,964	142
UK/NR	1,066	22	22	18	14	58	6	14	24	888	0
Subtotal	25,912	940	1,518	1,327	209	413	136	190	558	20,432	189
Race Unknown or Not Reported											
Hispanic or Latino	47,467	1,733	4,823	2,947	756	823	1,027	314	2,435	31,580	1,029
Not Hispanic or Latino	11,676	266	1,697	2,079	242	278	108	86	237	5,664	1,019
UK/NR	4,207	182	100	621	139	236	180	52	168	2,529	0
Subtotal	63,350	2,181	6,620	5,647	1,137	1,337	1,315	452	2,840	39,773	2,048
All Races											
Hispanic or Latino	121,857	4,222	9,962	5,348	3,477	2,395	12,855	1,359	4,974	75,712	1,553
Not Hispanic or Latino	268,887	16,571	23,094	49,228	24,822	21,897	11,050	9,604	16,838	85,321	10,462
UK/NR	11,548	543	150	1,432	551	1,136	312	340	969	6,114	1
Total All Users	402,292	21,336	33,206	56,008	28,850	25,428	24,217	11,303	22,781	167,147	12,016

UK/NR=unknown or not reported.

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2010 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	3%
UK/NR	0%†	0%†	0%	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	3%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	2%	1%	0%†	1%	0%†	1%	1%	3%	1%
UK/NR	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	2%	2%	2%	2%	0%†	1%	0%†	1%	1%	4%	1%
Black or African American											
Hispanic or Latino	1%	1%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	22%	17%	28%	49%	41%	33%	20%	23%	10%	10%	9%
UK/NR	1%	0%†	0%†	1%	1%	2%	0%†	1%	1%	0%†	0%
Subtotal	23%	19%	30%	50%	43%	36%	20%	24%	11%	11%	9%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	5%	1%
UK/NR	0%†	0%†	0%	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	5%	1%
White											
Hispanic or Latino	13%	8%	10%	3%	8%	5%	48%	8%	10%	16%	4%
Not Hispanic or Latino	35%	56%	33%	32%	43%	49%	23%	59%	59%	26%	64%
UK/NR	1%	1%	0%†	1%	0%†	1%	0%†	1%	3%	1%	0%†
Subtotal	49%	64%	43%	35%	51%	56%	72%	68%	71%	43%	67%
More Than One Race											
Hispanic or Latino	4%	3%	4%	0%†	0%†	0%†	0%†	1%	1%	9%	0%†
Not Hispanic or Latino	2%	2%	1%	2%	0%†	1%	0%†	1%	2%	2%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%
Subtotal	6%	4%	5%	2%	1%	2%	1%	2%	2%	12%	2%
Race Unknown or Not Reported											
Hispanic or Latino	12%	8%	15%	5%	3%	3%	4%	3%	11%	19%	9%
Not Hispanic or Latino	3%	1%	5%	4%	1%	1%	0%†	1%	1%	3%	8%
UK/NR	1%	1%	0%†	1%	0%†	1%	1%	0%†	1%	2%	0%
Subtotal	16%	10%	20%	10%	4%	5%	5%	4%	12%	24%	17%
All Races											
Hispanic or Latino	30%	20%	30%	10%	12%	9%	53%	12%	22%	45%	13%
Not Hispanic or Latino	67%	78%	70%	88%	86%	86%	46%	85%	74%	51%	87%
UK/NR	3%	3%	0%†	3%	2%	4%	1%	3%	4%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

† 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* (Reissued October 2007), pp. 19–26.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations specify that priority in the provision of Title X-funded services be given to persons from low-income families and that individuals with family incomes at or below the poverty level receive services at no charge, unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty level, Title X-funded agencies are required to charge for services using a sliding scale based on family size and family income.⁵ For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.⁵

Nationally, 69% (3,618,813) of users had family incomes at or below the poverty level, based on U.S. Department of Health and Human Services (HHS) poverty guidelines for the 2010 calendar year (\$18,310 for a family of three).⁹ Additionally, 23% (1,201,657) of users had incomes between 101% and 250% of poverty, and 5% (250,440) had incomes exceeding 250% of the poverty level. The income level for 3% (153,952) of users was unknown or not reported (*Exhibit 15*).

Across regions, between 55% (I) and 75% (VI and IX) of users had family incomes at or below 100% of the poverty level, and between 86% (VII) and 97% (VI) had incomes at or below the level that would qualify them for free or subsidized care (\leq 250% of the poverty level). The percentage of users in poverty (\leq 100% of the poverty level) was at or above the national average of 69% in four regions (IV, V, VI, and IX) (*Exhibit 15*). *Exhibit B-2 (Appendix B)* presents the distribution of family planning users for 2010 by income level within each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Between 1999 and 2010, the percentage of total users with family incomes at or below 100% of the poverty level increased from 65% to 69%. Numerically, however, the number of users eligible for free services increased 25%, from 2,886,684 in 1999 to 3,618,813 in 2010 (*Exhibit A-6a*).

Users by Insurance Coverage Status (Exhibit 16)

Since 2005, grantees have reported the number of users by type of principal health insurance coverage, including those insured by public or private plans 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 was covered by a Medicaid family planning waiver, but who had no private or public health insurance plan that covered broad primary medical care services, were considered uninsured, as were users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities. In 2010, 67% (3,483,360) of family planning users were uninsured, 23% (1,184,795) had Medicaid or other public health insurance, 8% (438,042) had private insurance, and insurance coverage was unknown or not reported for 2% (118,665) (*Exhibit 16*).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2010 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	3,618,813	109,670	299,781	387,235	699,332	349,969	384,042	124,802	118,056	1,010,283	135,643
101% to 150%	795,065	46,128	129,189	75,422	134,025	77,168	72,468	39,107	24,540	160,701	36,317
151% to 200%	281,294	14,808	30,719	34,253	40,874	30,964	31,615	13,921	13,048	57,985	13,107
201% to 250%	125,298	7,725	11,047	24,388	14,785	13,367	7,799	6,123	7,091	27,804	5,169
Over 250%	250,440	11,058	23,546	36,229	23,798	19,906	7,404	27,135	13,891	77,794	9,679
UK/NR	153,952	9,573	4,949	26,640	76,956	985	9,540	2,944	266	18,002	4,097
Total All Users	5,224,862	198,962	499,231	584,167	989,770	492,359	512,868	214,032	176,892	1,352,569	204,012
Under 101%	69%	55%	60%	66%	71%	71%	75%	58%	67%	75%	66%
101% to 150%	15%	23%	26%	13%	14%	16%	14%	18%	14%	12%	18%
151% to 200%	5%	7%	6%	6%	4%	6%	6%	7%	7%	4%	6%
201% to 250%	2%	4%	2%	4%	1%	3%	2%	3%	4%	2%	3%
Over 250%	5%	6%	5%	6%	2%	4%	1%	13%	8%	6%	5%
UK/NR	3%	5%	1%	5%	8%	0%†	2%	1%	0%†	1%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

^a Title X-funded agencies calculate and report user income as a percentage of poverty based on 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 Website at <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: 2010
 (Source: FPAR Table 5)

Insurance Status	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Public health insurance	1,184,795	64,216	157,052	144,936	271,848	146,173	101,899	35,760	12,250	205,998	44,663
Private Health Insurance	438,042	50,688	52,777	71,267	79,436	46,026	17,736	36,169	24,950	34,734	24,259
Uninsured	3,483,360	78,228	277,004	350,065	611,125	293,446	381,261	137,795	129,814	1,097,497	127,125
UK/NR	118,665	5,830	12,398	17,899	27,361	6,714	11,972	4,308	9,878	14,340	7,965
Total All Users	5,224,862	198,962	499,231	584,167	989,770	492,359	512,868	214,032	176,892	1,352,569	204,012
Public health insurance	23%	32%	31%	25%	27%	30%	20%	17%	7%	15%	22%
Private Health Insurance	8%	25%	11%	12%	8%	9%	3%	17%	14%	3%	12%
Uninsured	67%	39%	55%	60%	62%	60%	74%	64%	73%	81%	62%
UK/NR	2%	3%	2%	3%	3%	1%	2%	2%	6%	1%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

Across regions, there were large differences in the distribution of users by insurance coverage status. The percentage of total users who were uninsured ranged from 39% (I) to 81% (IX), with three regions (VI, VIII, and IX) reporting a percentage of uninsured users at or above the national average of 67%. The percentage of users with any health insurance coverage (Medicaid or other public or private insurance) ranged from 18% (IX) to 58% (I), with three regions (VI, VIII, and IX) reporting levels of insurance coverage at or below the national average of 31%. The percentage of users with Medicaid or other public coverage ranged from 7% (VIII) to 32% (I), and the percentage of privately insured users ranged from 3% (VI and IX) to 25% (I). The percentage of users for whom insurance coverage was unknown or not reported ranged from 1% (V and IX) to 6% (VIII). The percentage of users with Medicaid or other public coverage exceeded the percentage covered by private sources in all regions except Region VII, where the percentages of users with private and Medicaid or other public insurance were the same (17%), and Region VIII where the percentage of users with private coverage (14%) exceeded the percentage with Medicaid or other public coverage (7%) (*Exhibit 16*). Since 2005, the number of family planning users who are uninsured increased 16%, from 2,998,508 in 2005 to 3,483,360 in 2010 (not shown).

Limited English Proficient Users (Exhibit 17)

In compliance with the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*,¹⁰ any agency that receives federal financial assistance from HHS must take steps to ensure that limited English proficient (LEP) individuals 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 language assistance services to LEP individuals. In 2005, grantees began reporting the number of LEP users receiving Title X-funded services.

Exhibit 17. Number and percentage of LEP family planning users who are served by all grantees and grantees in the 50 states and DC, by region: 2010 (Source: FPAR Table 6)

Region	LEP Users	LEP Users (50 states and DC) ^a	% LEP Users	% LEP Users (50 states and DC) ^a
I	24,143	24,143	12%	12%
II	61,370	46,101 ^b	12%	10% ^b
III	40,911	40,911	7%	7%
IV	122,924	122,924	12%	12%
V	33,438	33,438	7%	7%
VI	108,498	108,498	21%	21%
VII	18,938	18,938	9%	9%
VIII	16,538	16,538	9%	9%
IX	281,300	261,888 ^c	21%	20% ^c
X	21,315	21,315	10%	10%
Total	729,375	694,694	14%	13%

DC=District of Columbia. LEP=limited English proficient.

^a Excludes LEP users in U.S. territories and jurisdictions.

^b Excludes LEP users in Puerto Rico and the U.S. Virgin Islands.

^c 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.

In 2010, 14% (729,375) of family planning users were LEP. Across regions, the percentage of total users who were LEP ranged from 7% (III and V) to 21% (VI and IX). When users in the eight U.S. territories and jurisdictions in Regions II and IX are excluded, the percentage of total users who were LEP was slightly lower (13%), and the percentages of users who were LEP decreased from 12% to 10% in Region II and 21% to 20% in Region IX (*Exhibit 17*). Since 2005, the number of LEP users in the 50 states and District of Columbia has increased 25%, from 557,034 in 2005 to 694,694 in 2010 (not shown).

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.

(continued)

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

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.

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* (Reissued October 2007), pp. 27–31.

FAMILY PLANNING METHOD USE

Federal regulations specify that Title X projects are required to provide a broad range of acceptable and effective medically approved family planning methods, including natural family planning methods.⁵

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

In 2010, grantees reported that 83% (4,023,241) of all female users had adopted or continued use of a contraceptive method at exit from their last family planning encounter, and that 62% (3,009,091) of all female users were relying on a highly effective method¹¹ (i.e., female or male sterilization, implant, intrauterine device [IUD], injectable, patch, vaginal ring, or the pill). Thirteen percent (638,541) of female users were not using a contraceptive method, either because they were pregnant or seeking pregnancy (8%) or for other reasons (5%), and data on primary method use were unknown or not reported for 3% (160,788).

The leading primary method among female users was the pill, used by 35% of female users. Male condoms were the second most commonly used method by female users (16%), followed by injectable contraception (13%), IUDs (5%), the vaginal ring (4%), the contraceptive patch (2%), female sterilization (2%), and the hormonal implant (1%). Less than one percent of users relied on each of the following methods: a female barrier method (i.e., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide), a fertility awareness method (FAM), or vasectomy. Two percent of female users reported abstinence or use of withdrawal or “other” methods not listed in FPAR Table 7 (*Exhibits 18 and 19*).

Grantees reported that between 80% and 87% of female users across age groups were using a primary contraceptive method, and that 45% to 65% of those using a method were using a highly effective method. For users 18 to 44, the pill, male condoms, and injectable contraception were the three leading methods. Between 25% and 40% of users in these age groups used the pill, 15% to 22% used male condoms, and 12% to 15% used injectable contraception. Female users under 18 relied primarily on the pill (32% to 39%), injectable contraception (19% to 20%), and male condoms (14% to 17%), while a large percentage of those under 15 also relied on abstinence (16%). The most popular methods among female users in the oldest age group (over 44) were male condoms (23%), the pill (18%), and female sterilization (13%). The percentage of female users for whom the type of method used was unknown exceeded the national average of 3% in the age groups under 15 (4%), 35 to 39 (4%), 40 to 44 (4%), and over 44 (7%). Finally, nonuse of a contraceptive method due to pregnancy or the desire for pregnancy was highest (9%) among users 18 to 34, between 3% and 7% for users under 18 and users 35 to 44, and 1% for users over 44 (*Exhibits 18 and 19*).

By region, use of any contraceptive method among female users ranged from 81% (I, II, and III) to 88% (VIII), and use of a highly effective method ranged from 53% (II) to 78% (VIII). Use of the pill, the leading method in all regions, ranged between 30% (I and II) and 45% (VIII) of female users. Male condoms were the second most common method in five regions (I, II, III, V, and IX), used by 15% to 23% of female users. The second most common method in the five other regions (IV, VI, VII, VIII, and X) was injectable contraception, used by 13% to 20% of female users. The percentage of female users for whom the type of method used

was unknown met or exceeded the national average of 3% in three regions (III, IV, and IX) (*Exhibits 20 and 21*).

As shown in *Exhibits A-7a, A-7b, and A-7c*, among the 83% (4,023,241) of female users for whom grantees reported use of any contraceptive method, 75% relied on a highly effective method, including the pill (42%), injectable contraception (16%), hormonal patch or vaginal ring (7%), IUD (6%), female sterilization (2%), hormonal implant (1%), or vasectomy (< 1%). Furthermore, almost one of every five female method users (20%) relied on male condoms, 2% practiced abstinence, 1% used a female barrier method (e.g., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide), and less than 1% used a fertility awareness method. The remaining 3% of female method users relied on withdrawal or “other” method not listed in FPAR Table 7.

Since 1999, the contraceptive pill has been the leading method among female contraceptive users, followed by either injectables (1999 to 2004) or male condoms (2005 to 2010). The percentage of female contraceptive users relying on the pill declined from 55% of method users in 1999 to 42% in 2010. However, the decrease in pill use was partially offset by increased use of other short-term hormonal methods, including injectable contraception, the vaginal ring, and the contraceptive patch. After the U.S. Food and Drug Administration (FDA) approved the vaginal ring and contraceptive patch in late 2001, and prior to the FPAR revisions in 2005, grantees reported users of newer hormonal methods as “other” method users. Since the addition of separate reporting categories for the patch and vaginal ring to the FPAR form, the percentage of female method users relying on the vaginal ring increased from 2% in 2005 to 5% in 2010, while the percentage using the contraceptive patch decreased from 7% to 2%. Overall, 65% of female contraceptive users in 2010 relied on a short-term hormonal method (the pill, injectables, patch, or vaginal ring) compared to 75% in 1999 (*Exhibits A-7a, A-7b, and A-7c*).

Compared to other highly effective methods, the percentage of female contraceptive users relying on long-acting reversible contraceptives (LARCs), specifically IUDs and the hormonal implant, is low but increasing. Between 1999 and 2010, the percentage of LARC users increased from 2% of total female contraceptive users in 1999 to 7% in 2010. Numerically, the number of LARC users more than quadrupled (from 70,896 in 1999 to 300,136 in 2010), primarily because of the more than five-fold increase (425%) in IUD users (from 48,015 in 1999 to 252,121 in 2010). Due to their limited availability, use of hormonal implants has been more modest among Title X users. After a steady decline in the number of implant users between 1999 and 2006, the number of users relying on implants grew from 2,506 users in 2006 to 48,015 in 2010 because of increased availability of the Implanon™ implant after its FDA approval in mid-2006 (*Exhibits A-7a, A-7b, and A-7c*).

Between 1999 and 2010, the percentage of female contraceptive users relying on male condoms has remained relatively steady, ranging between 15% and 20%. Similarly, the percentages of female contraceptive users relying on female sterilization (2%) or vasectomy (< 1%) have also remained level since 2005 (*Exhibits A-7a, A-7b, and A-7c*).

Since 1999, reliance on “other” methods has ranged between 2% and 3% of method users, except in 2003 and 2004, when the percentage increased to 7% and 8%, respectively. This spike in “other” method use was likely caused by an increase in contraceptive patch and

vaginal ring users, which, as noted earlier, were reported as “other” method users prior to the 2005 revision of the FPAR form. After the revision, the contraceptive use reporting table included separate rows for reporting these and other methods (e.g., contraceptive sponge, abstinence), resulting in a drop in the percentage of “other” method users between 2004 (8%) and 2005 (3%). Since 2005, the percentage of female method users relying on withdrawal and “other methods” not listed in FPAR Table 7 has remained at 3% (*Exhibits A-7a* and *A-7b*).

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

In 2010, grantees reported that 89% (356,948) of all male users were using a contraceptive method at exit from their last encounter during the reporting period, and 6% (25,667) were using no method because either their partners were pregnant or seeking pregnancy (1%) or for other reasons (5%). The type of method used was unknown or not reported for 5% of male users. The leading contraceptive method was male condoms (70%), followed by reliance on a female method (9%), abstinence (6%), vasectomy (1%), a fertility awareness method (< 1%), or an “other” method (2%) not listed in FPAR Table 8 (e.g., withdrawal) (*Exhibits 22* and *23*).

By age group, the percentage of male users who used any contraceptive method ranged from 85% (over 44) to 92% (under 15). For male users 18 or over, male condoms and reliance on a female method were the two leading methods. Between 56% and 79% of users in these age groups used male condoms, and 6% to 15% relied on a female method. The two leading methods among male users 15 to 17 were male condoms (67%) and abstinence (16%), while those under 15 relied on abstinence (62%) or male condoms (26%). Vasectomy prevalence ranged between 1% and 4% of male users 25 or over and was less than 1% among male users 20 to 24. Between 2% and 5% of male users in each age group used an “other” method (e.g., withdrawal), and less than 1% relied on a fertility awareness method. The type of primary method used was unknown for 4% to 7% of male users in each age group (*Exhibits 22* and *23*).

By region, the percentage of males who used any method ranged from 73% (X) to 92% (VIII). The male condom was the leading method in all regions, with between 49% (IV) and 84% (II) of all male users reporting it as their primary method. In eight regions (II, III, V, VI, VII, VIII, IX, and X), reliance on a female method was the second most prevalent method, with use ranging from 2% to 25% of male users. Abstinence was the second most prevalent method in Regions I (8%) and IV (28%). The percentage of male users for whom the type of method used was unknown or not reported exceeded the national average of 5% in four regions (III, IV, V, and IX). The percentage of male users who reported no method use due to “other reasons” ranged between 2% (IV and IX) and 26% (X), while only 2% or fewer reported that they were not using a method because their partner was pregnant or seeking pregnancy (*Exhibits 24* and *25*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2010 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	92,652	0	0	5	2,871	11,996	18,285	19,851	16,616	23,028
Intrauterine device (IUD)	252,121	146	4,755	13,203	69,876	69,576	46,918	27,248	13,593	6,806
Hormonal implant	48,015	638	5,743	6,836	16,042	9,859	4,704	2,479	1,192	522
Hormonal injection	643,682 ^a	11,360	80,874 ^a	83,595 ^a	185,083 ^a	125,833 ^a	73,667 ^a	43,579 ^a	24,400 ^a	15,291 ^a
Oral contraceptive	1,684,201	18,390	168,433	229,392	578,278	346,033	171,243	90,751	50,195	31,486
Contraceptive patch	93,499	1,241	9,882	12,278	30,070	21,737	10,928	4,983	1,762	618
Vaginal ring	186,238	717	11,581	22,178	77,882	47,512	17,062	5,919	2,290	1,097
Cervical cap/diaphragm	4,402	7	148	190	885	1,081	728	541	343	479
Contraceptive sponge	1,581	17	150	211	483	281	166	113	88	72
Female condom	5,944	23	372	618	1,654	1,183	776	613	387	318
Spermicide (used alone)	8,346	46	470	645	2,116	1,739	1,278	935	596	521
Fertility awareness method ^b	14,379	72	424	868	3,171	3,206	2,488	1,758	1,156	1,236
Abstinence ^c	75,534	9,091	11,126	7,005	13,940	10,144	6,770	5,163	4,301	7,994
Other method ^d	116,635	1,014	8,151	11,729	32,702	23,038	14,250	8,780	6,161	10,810
Method unknown ^e	160,788	2,496	12,498	16,740	43,537	31,773	19,410	12,792	8,697	12,845
Rely on Male Method										
Vasectomy	8,683	0	1	65	684	1,263	1,598	1,897	1,550	1,625
Male condom	787,329	8,043	71,577	90,789	222,345	151,045	94,720	63,924	43,676	41,210
No Method										
Pregnant/seeking pregnancy	400,194	1,650	24,769	51,971	138,791	94,521	53,013	24,994	8,015	2,470
Other reason	238,347	3,197	18,745	26,278	67,441	45,462	27,681	17,578	12,084	19,881
Total Female Users	4,822,570	58,148	429,699	574,596	1,487,851	997,282	565,685	333,898	197,102	178,309
Using a Method	4,023,241	50,805	373,687	479,607	1,238,082	825,526	465,581	278,534	168,306	143,113
Not Using a Method	638,541	4,847	43,514	78,249	206,232	139,983	80,694	42,572	20,099	22,351
Method Unknown ^e	160,788	2,496	12,498	16,740	43,537	31,773	19,410	12,792	8,697	12,845

^a Includes both 3-month and 1-month hormonal injection users. See Table 7 comments in the *Methodological Notes (Appendix C)*.

^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 See Table 7 comments in the *Methodological Notes (Appendix C)*.

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2010 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%	0%†	0%†	1%	3%	6%	8%	13%
Intrauterine device (IUD)	5%	0%†	1%	2%	5%	7%	8%	8%	7%	4%
Hormonal implant	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%†
Hormonal injection	13% ^a	20%	19% ^a	15% ^a	12% ^a	13% ^a	13% ^a	13% ^a	12% ^a	9% ^a
Oral contraceptive	35%	32%	39%	40%	39%	35%	30%	27%	25%	18%
Contraceptive patch	2%	2%	2%	2%	2%	2%	2%	1%	1%	0%†
Vaginal ring	4%	1%	3%	4%	5%	5%	3%	2%	1%	1%
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%†	0%†	0%†	0%†	0%†	0%†
Fertility awareness method ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Abstinence ^c	2%	16%	3%	1%	1%	1%	1%	2%	2%	4%
Other method ^d	2%	2%	2%	2%	2%	2%	3%	3%	3%	6%
Method unknown ^e	3%	4%	3%	3%	3%	3%	3%	4%	4%	7%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	16%	14%	17%	16%	15%	15%	17%	19%	22%	23%
No Method										
Pregnant/seeking pregnancy	8%	3%	6%	9%	9%	9%	9%	7%	4%	1%
Other reason	5%	5%	4%	5%	5%	5%	5%	5%	6%	11%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	83%	87%	87%	83%	83%	83%	82%	83%	85%	80%
Not Using a Method	13%	8%	10%	14%	14%	14%	14%	13%	10%	13%
Method Unknown ^e	3%	4%	3%	3%	3%	3%	3%	4%	4%	7%

Note: Due to rounding, percentages may not sum to 100%.

^a Includes both 3-month and 1-month hormonal injection users. See Table 7 comments in the *Methodological Notes (Appendix C)*.

^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 See Table 7 comments in the *Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2010 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	92,652	7,103	9,427	11,779	15,180	6,830	9,151	7,866	3,105	18,616	3,595
Intrauterine device (IUD)	252,121	10,863	24,634	18,180	37,272	19,436	28,450	9,418	9,969	78,388	15,511
Hormonal implant	48,015	772	1,660	5,094	6,984	2,667	7,075	4,021	2,400	15,421	1,921
Hormonal injection	643,682 ^a	14,367 ^a	41,464 ^a	68,907 ^a	188,726 ^a	69,976	83,913 ^a	32,955 ^a	19,930	98,883 ^a	24,561
Oral contraceptive	1,684,201	53,996	141,636	178,103	356,853	183,837	175,015	78,234	70,009	374,029	72,489
Contraceptive patch	93,499	2,864	9,450	8,311	10,900	10,131	13,936	3,061	3,212	25,058	6,576
Vaginal ring	186,238	6,430	19,635	20,355	16,327	24,727	10,790	7,982	10,411	55,632	13,949
Cervical cap/diaphragm	4,402	243	449	574	348	293	176	144	123	1,808	244
Contraceptive sponge	1,581	43	107	343	215	25	217	13	20	572	26
Female condom	5,944	134	678	1,579	307	759	280	59	68	2,011	69
Spermicide (used alone)	8,346	53	498	605	3,248	183	2,427	77	49	947	259
Fertility awareness method ^b	14,379	505	917	1,247	5,746	328	1,794	446	184	2,860	352
Abstinence ^c	75,534	5,648	4,807	9,112	16,047	4,100	6,176	2,669	2,455	21,312	3,208
Other method ^d	116,635	6,444	14,181	8,739	39,038	3,621	9,057	3,055	581	28,860	3,059
Method unknown ^e	160,788	3,522	3,143	26,208	33,594	6,323	7,994	1,748	2,798	74,689	769
Rely on Male Method											
Vasectomy	8,683	670	494	504	705	645	1,717	649	720	1,817	762
Male condom	787,329	33,234	105,661	95,354	107,167	71,909	58,133	20,965	12,019	263,389	19,498
No Method											
Pregnant/seeking pregnancy	400,194	14,586	60,520	39,300	61,288	32,020	48,555	14,685	11,388	98,742	19,110
Other reason	238,347	16,149	26,664	33,865	60,975	29,121	23,795	14,682	4,670	22,388	6,038
Total Female Users	4,822,570	177,626	466,025	528,159	960,920	466,931	488,651	202,729	154,111	1,185,422	191,996
Using a Method	4,023,241	143,369	375,698	428,786	805,063	399,467	408,307	171,614	135,255	989,603	166,079
Not Using a Method	638,541	30,735	87,184	73,165	122,263	61,141	72,350	29,367	16,058	121,130	25,148
Method Unknown ^e	160,788	3,522	3,143	26,208	33,594	6,323	7,994	1,748	2,798	74,689	769

^a Includes both 3-month and 1-month hormonal injection users. See Table 7 comments in the *Methodological Notes (Appendix C)*.

^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 See Table 7 comments in the *Methodological Notes (Appendix C)*.

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2010 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	2%	4%	2%	2%	2%	1%	2%	4%	2%	2%	2%
Intrauterine device (IUD)	5%	6%	5%	3%	4%	4%	6%	5%	6%	7%	8%
Hormonal implant	1%	0%†	0%†	1%	1%	1%	1%	2%	2%	1%	1%
Hormonal injection	13% ^a	8% ^a	9% ^a	13% ^a	20% ^a	15%	17% ^a	16% ^a	13%	8% ^a	13%
Oral contraceptive	35%	30%	30%	34%	37%	39%	36%	39%	45%	32%	38%
Contraceptive patch	2%	2%	2%	2%	1%	2%	3%	2%	2%	2%	3%
Vaginal ring	4%	4%	4%	4%	2%	5%	2%	4%	7%	5%	7%
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%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Fertility awareness method ^b	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	2%	3%	1%	2%	2%	1%	1%	1%	2%	2%	2%
Other method ^d	2%	4%	3%	2%	4%	1%	2%	2%	0%†	2%	2%
Method unknown ^e	3%	2%	1%	5%	3%	1%	2%	1%	2%	6%	0%†
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	16%	19%	23%	18%	11%	15%	12%	10%	8%	22%	10%
No Method											
Pregnant/seeking pregnancy	8%	8%	13%	7%	6%	7%	10%	7%	7%	8%	10%
Other reason	5%	9%	6%	6%	6%	6%	5%	7%	3%	2%	3%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	83%	81%	81%	81%	84%	86%	84%	85%	88%	83%	87%
Not Using a Method	13%	17%	19%	14%	13%	13%	15%	14%	10%	10%	13%
Method Unknown^e	3%	2%	1%	5%	3%	1%	2%	1%	2%	6%	0%

Note: Due to rounding, percentages may not sum to 100%.

^a Includes both 3-month and 1-month hormonal injection users. See Table 7 comments in the *Methodological Notes (Appendix C)*.

^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 See Table 7 comments in the *Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2010 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	4,676	0	0	0	187	731	1,081	1,000	754	923
Male condom	282,672	4,028	24,343	33,115	88,377	55,803	29,233	16,909	11,569	19,295
Fertility awareness method ^a	768	5	47	37	146	187	121	78	57	90
Abstinence ^b	23,243	9,439	6,009	1,478	1,839	1,084	669	510	488	1,727
Other method ^c	9,983	248	781	815	1,959	1,565	1,101	906	816	1,792
Method unknown ^d	19,677	714	2,529	1,762	4,429	3,324	2,070	1,423	1,158	2,268
Rely on female method ^e	35,606	237	1,224	2,719	9,043	7,006	4,348	3,086	2,644	5,299
No Method										
Partner pregnant/seeking pregnancy	3,630	25	175	260	895	750	520	336	250	419
Other reason	22,037	539	1,477	1,927	6,107	4,267	2,429	1,603	1,076	2,612
Total Male Users	402,292	15,235	36,585	42,113	112,982	74,717	41,572	25,851	18,812	34,425
Using a Method	356,948	13,957	32,404	38,164	101,551	66,376	36,553	22,489	16,328	29,126
Not Using a Method	25,667	564	1,652	2,187	7,002	5,017	2,949	1,939	1,326	3,031
Method Unknown ^d	19,677	714	2,529	1,762	4,429	3,324	2,070	1,423	1,158	2,268

^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 See Table 8 comments in the *Methodological Notes (Appendix C)*.

^e Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, 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: 2010 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	1%	0%	0%	0%	0%†	1%	3%	4%	4%	3%
Male condom	70%	26%	67%	79%	78%	75%	70%	65%	61%	56%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^b	6%	62%	16%	4%	2%	1%	2%	2%	3%	5%
Other method ^c	2%	2%	2%	2%	2%	2%	3%	4%	4%	5%
Method unknown ^d	5%	5%	7%	4%	4%	4%	5%	6%	6%	7%
Rely on female method ^e	9%	2%	3%	6%	8%	9%	10%	12%	14%	15%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Other reason	5%	4%	4%	5%	5%	6%	6%	6%	6%	8%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	89%	92%	89%	91%	90%	89%	88%	87%	87%	85%
Not Using a Method	6%	4%	5%	5%	6%	7%	7%	8%	7%	9%
Method Unknown ^d	5%	5%	7%	4%	4%	4%	5%	6%	6%	7%

Note: Due to rounding, percentages may not sum to 100%.

^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 See Table 8 comments in the *Methodological Notes (Appendix C)*.

^e Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, 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: 2010 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	4,676	87	109	509	1,212	59	297	37	452	1,578	336
Male condom	282,672	14,710	27,772	40,520	14,070	19,329	17,786	7,814	13,482	120,818	6,371
Fertility awareness method ^a	768	12	30	66	8	30	437	1	16	154	14
Abstinence ^b	23,243	1,704	550	2,259	7,994	364	1,029	240	895	7,722	486
Other method ^c	9,983	777	565	2,131	906	180	582	396	443	3,352	651
Method unknown ^d	19,677	872	173	3,568	2,161	1,711	488	368	793	9,517	26
Rely on female method ^e	35,606	1,310	638	2,618	1,943	1,025	1,406	1,078	5,592	19,140	856
No Method											
Partner pregnant/seeking pregnancy	3,630	73	34	666	78	119	150	107	67	2,145	191
Other reason	22,037	1,791	3,335	3,671	478	2,611	2,042	1,262	1,041	2,721	3,085
Total Male Users	402,292	21,336	33,206	56,008	28,850	25,428	24,217	11,303	22,781	167,147	12,016
Using a Method	356,948	18,600	29,664	48,103	26,133	20,987	21,537	9,566	20,880	152,764	8,714
Not Using a Method	25,667	1,864	3,369	4,337	556	2,730	2,192	1,369	1,108	4,866	3,276
Method Unknown ^d	19,677	872	173	3,568	2,161	1,711	488	368	793	9,517	26

^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 See Table 8 comments in the *Methodological Notes (Appendix C)*.

^e Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, 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: 2010 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	0%†	0%†	1%	4%	0%†	1%	0%†	2%	1%	3%
Male condom	70%	69%	84%	72%	49%	76%	73%	69%	59%	72%	53%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	2%	0%†	0%†	0%†	0%†
Abstinence ^b	6%	8%	2%	4%	28%	1%	4%	2%	4%	5%	4%
Other method ^c	2%	4%	2%	4%	3%	1%	2%	4%	2%	2%	5%
Method unknown ^d	5%	4%	1%	6%	7%	7%	2%	3%	3%	6%	0%†
Rely on female method ^e	9%	6%	2%	5%	7%	4%	6%	10%	25%	11%	7%
No Method											
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	0%†	0%†	1%	1%	0%†	1%	2%
Other reason	5%	8%	10%	7%	2%	10%	8%	11%	5%	2%	26%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	89%	87%	89%	86%	91%	83%	89%	85%	92%	91%	73%
Not Using a Method	6%	9%	10%	8%	2%	11%	9%	12%	5%	3%	27%
Method Unknown ^d	5%	4%	1%	6%	7%	7%	2%	3%	3%	6%	0%

Note: Due to rounding, percentages may not sum to 100%.

^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 See Table 8 comments in the **Methodological Notes (Appendix C)**.

^e Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, 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 subdivides atypical squamous cells into two categories:^{12,13}

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^{12,13} 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* (Reissued October 2007), pp. 33–38.

CERVICAL AND BREAST CANCER SCREENING

OPA requires Title X-funded service providers to develop and adhere to written clinical protocols that reference and are consistent with current, evidence-based recommendations for cervical and breast cancer screening established by health agencies or professional organizations (e.g., the American Cancer Society, the American College of Obstetricians and Gynecologists, and the U.S. Preventive Services Task Force [USPSTF]).¹⁴⁻¹⁶

Cervical Cancer Screening (Exhibit 26)

In 2010, Title X service sites provided Papanicolaou (Pap) testing to 36% (1,727,251) of female family planning users and performed 1,810,620 tests, or an average of 3.8 Pap tests per 10 female users. Of the total number of Pap tests performed, 13% (243,091) had a result indicating a precancerous or cancerous condition (i.e., atypical squamous cell [ASC] or higher result) that required further evaluation and possible treatment. Additionally, 1% (14,827) of the total Pap tests performed 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 total female users who received a Pap test ranged from 28% (IX) to 42% (II, VI, and VII), and the percentage tested was at or above the national average of 36% in seven regions (II, III, IV, V, VI, VII, and VIII) (*Exhibit 26*).

Between 2005 and 2010, the percentage of female users who received a Pap test decreased from 52% (2,447,498) of female users in 2005 to 36% (1,727,251) in 2010, and the number of tests performed decreased 32%, from 2,644,413 in 2005 to 1,810,620 in 2010. The downward trend in Pap testing is a result of several factors, including provider adoption of updated national standards for cervical cancer screening¹⁶ and use of newer Pap testing technologies (e.g., brush, liquid-based cytologic methods). The updated screening guidelines have increased both the age at which Pap testing should begin and the testing interval for women with a normal result, while improved testing technology has reduced the number of repeat tests due to unsatisfactory specimens (*Exhibits A-8a* and *A-8b*).

Breast Cancer Screening (Exhibit 26)

In 2010, Title X service sites provided clinical breast exams (CBEs) to 42% (2,192,051) of family planning users. Service providers referred 2% (50,766) of users who received a CBE for further evaluation based on the results of the exam. By region, between 22% (IX) and 62% (VI) of total users received a CBE, and the percentage examined was at or above the national average of 42% in all but three regions (I, IX, and X). In addition, the percentage of users who were referred for further evaluation on the basis of their CBE ranged from 1% or less (III, V, VI, VII, VIII, and X) to 6% (IX) (*Exhibit 26*).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2010 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Users tested											
Number ^a	1,727,251	58,743	197,170	189,460	369,217	169,275	203,406	85,171	55,113	335,475	64,221
Percentage ^b	36%	33%	42%	36%	38%	36%	42%	42%	36%	28%	33%
Tests performed											
Number	1,810,620	60,474	205,413	206,552	382,307	174,845	217,079	90,313	57,579	351,440	64,618
Tests per 10 users	3.8	3.4	4.4	3.9	4.0	3.7	4.4	4.5	3.7	3.0	3.4
ASC or higher result											
Number	243,091	7,793	24,882	29,162	70,761	21,672	22,302	12,063	7,192	37,027	10,237
Percentage ^c	13%	13%	12%	14%	19%	12%	10%	13%	12%	11%	16%
HSIL or higher result											
Number	14,827	610	1,138	1,737	3,977	1,261	1,217	695	708	2,926	558
Percentage ^c	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Users examined											
Number ^d	2,192,051	74,420	217,449	279,653	548,778	208,551	317,722	99,871	76,269	293,117	76,221
Percentage ^e	42%	37%	44%	48%	55%	42%	62%	47%	43%	22%	37%
Users referred based on exam											
Number	50,766	1,608	5,899	4,040	11,648	2,793	4,424	1,111	1,131	17,855	257
Percentage ^f	2%	2%	3%	1%	2%	1%	1%	1%	1%	6%	0%†

^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.

† Percentage is less than 0.5%.

SEXUALLY TRANSMITTED DISEASE TESTING

Sexually transmitted diseases (STDs) are a concern for clients served in Title X service projects, particularly young, sexually active women (15 to 24), who have the highest reported rates of chlamydia and gonorrhea.^{15,17} Title X *Program Guidelines*⁶ require Title X-funded sites to provide family planning users with a thorough history and physical assessment that includes screening for risk of STDs, both symptomatic and asymptomatic, in accordance with the current CDC *STD Treatment Guidelines*.¹⁸ As part of a comprehensive family planning visit, Title X providers offer—onsite or by referral—STD testing, treatment, and management.

Chlamydia Testing (Exhibits 27 and 28)

CDC recommends routine chlamydia screening, at least annually, for all sexually active, nonpregnant women 25 or under and for older, nonpregnant women at increased risk (e.g., with a new or multiple sex partners).^{18,19} Although the evidence is insufficient for CDC to recommend routine chlamydia screening for sexually active young men, the guidelines suggest screening in high-prevalence settings (e.g., adolescent clinics and STD clinics).¹⁸ Through an interagency agreement between CDC and OPA, about half of all Title X-funded clinics participate in chlamydia prevention efforts through the national Infertility Prevention Project (IPP).

In 2010, Title X-funded service sites tested 49% (2,376,721) of all female users for chlamydia and 57% (1,442,176) of female users 24 or under. Chlamydia testing rates among female users 24 or under were at or above the national rate of 57% in four regions (II, VI, VII, and IX). By age group, rates of chlamydia testing were higher (56% to 57%) among female users 15 to 24 and lower among female users under 15 (43%) or over 24 (41%) (*Exhibits 27 and 28*). Between 2005 and 2010, the percentage of female users 24 or under who were tested for chlamydia increased from 50% to 57% (*Exhibits A-9a and A-9b*).

Additionally, Title X-funded service sites tested 58% (234,646) of all male users for chlamydia. Compared to female users, there was substantially more variation by region and age in rates of male chlamydia testing. By region, service providers tested between 21% (IV) and 76% (VIII) of all male users for chlamydia, and testing rates were above the national average of 58% in four regions (II, V, VIII, and IX). By age group, rates of chlamydia testing were highest among male users 20 to 24 (72%) and lowest (9%) among male users under 15 (*Exhibits 27 and 28*).

Gonorrhea Testing (Exhibit 29)

In 2010, Title X service sites performed 2,714,392 gonorrhea tests (2,471,475 female tests and 242,917 male tests). On average, Title X service sites performed 5.1 gonorrhea tests for every 10 female users and 6.0 tests for every 10 male users. By region, the rate of gonorrhea testing ranged between 3.3 (VIII) and 6.2 (VI) tests for every 10 female users and 2.3 (IV) and 7.1 (V) tests for every 10 male users (*Exhibit 29*).

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2010 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	24,957	796	1,806	4,103	5,067	2,183	3,254	1,122	793	4,983	850
15 to 17	241,450	8,926	19,821	30,966	43,958	22,178	25,854	11,033	8,365	60,973	9,376
18 to 19	327,662	10,283	29,094	36,849	58,073	29,906	33,085	14,542	11,247	92,964	11,619
20 to 24	848,107	25,107	82,857	84,615	158,513	77,704	86,735	36,773	26,184	240,738	28,881
Over 24	934,545	33,439	107,355	86,405	173,910	70,123	123,248	30,256	20,517	266,369	22,923
Subtotal	2,376,721	78,551	240,933	242,938	439,521	202,094	272,176	93,726	67,106	666,027	73,649
Under 25^a	1,442,176	45,112	133,578	156,533	265,611	131,971	148,928	63,470	46,589	399,658	50,726
Male Users											
Under 15	1,392	66	96	368	53	97	80	44	58	509	21
15 to 17	15,998	950	1,435	3,153	544	1,327	1,054	504	732	5,841	458
18 to 19	27,691	1,347	2,640	4,171	807	2,414	1,978	749	1,902	10,959	724
20 to 24	81,691	4,100	8,382	10,198	1,814	7,072	4,704	2,376	5,614	35,325	2,106
Over 24	107,874	5,153	9,025	12,568	2,875	7,938	5,596	2,737	8,976	49,745	3,261
Subtotal	234,646	11,616	21,578	30,458	6,093	18,848	13,412	6,410	17,282	102,379	6,570
All Users											
Under 15	26,349	862	1,902	4,471	5,120	2,280	3,334	1,166	851	5,492	871
15 to 17	257,448	9,876	21,256	34,119	44,502	23,505	26,908	11,537	9,097	66,814	9,834
18 to 19	355,353	11,630	31,734	41,020	58,880	32,320	35,063	15,291	13,149	103,923	12,343
20 to 24	929,798	29,207	91,239	94,813	160,327	84,776	91,439	39,149	31,798	276,063	30,987
Over 24	1,042,419	38,592	116,380	98,973	176,785	78,061	128,844	32,993	29,493	316,114	26,184
Total All Users	2,611,367	90,167	262,511	273,396	445,614	220,942	285,588	100,136	84,388	768,406	80,219

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active, nonpregnant women 25 or under and for older, nonpregnant women at increased risk (e.g., new sex partner, multiple sex partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or under and for older, nonpregnant women who are at increased risk. (Sources: CDC. (2006). Sexually transmitted diseases treatment guidelines, 2006. *MMWR*, 55(No. RR-11): 1-94 and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2): 128-134.)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2010 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	43%	30%	42%	48%	37%	44%	54%	46%	43%	44%	40%
15 to 17	56%	46%	54%	56%	53%	48%	59%	58%	57%	67%	48%
18 to 19	57%	50%	57%	58%	51%	48%	58%	58%	53%	68%	48%
20 to 24	57%	50%	59%	53%	53%	49%	62%	58%	52%	65%	50%
Over 24	41%	39%	46%	36%	38%	36%	51%	33%	31%	46%	26%
Subtotal	49%	44%	52%	46%	46%	43%	56%	46%	44%	56%	38%
Under 25^a	57%	49%	57%	55%	52%	48%	60%	58%	53%	66%	49%
Male Users											
Under 15	9%	8%	16%	21%	1%	36%	25%	18%	21%	12%	36%
15 to 17	44%	36%	53%	40%	12%	62%	46%	61%	66%	50%	69%
18 to 19	66%	66%	66%	58%	37%	81%	57%	61%	82%	70%	72%
20 to 24	72%	71%	72%	70%	39%	78%	62%	62%	78%	77%	66%
Over 24	55%	51%	63%	51%	27%	72%	53%	53%	75%	55%	46%
Subtotal	58%	54%	65%	54%	21%	74%	55%	57%	76%	61%	55%
All Users											
Under 15	36%	25%	39%	43%	25%	44%	52%	44%	40%	35%	40%
15 to 17	55%	44%	54%	54%	50%	49%	58%	58%	58%	65%	48%
18 to 19	58%	51%	58%	58%	51%	50%	58%	58%	56%	68%	49%
20 to 24	58%	53%	60%	55%	53%	50%	62%	58%	55%	67%	51%
Over 24	42%	41%	47%	37%	38%	38%	51%	34%	38%	47%	28%
Total All Users	50%	45%	53%	47%	45%	45%	56%	47%	48%	57%	39%

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active, nonpregnant women 25 or under and for older, nonpregnant women at increased risk (e.g., new sex partner, multiple sex partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or under and for older, nonpregnant women who are at increased risk. (Sources: CDC. (2006). Sexually transmitted diseases treatment guidelines, 2006. *MMWR*, 55(No. RR-11): 1-94 and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2): 128-134.)

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region: 2010 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	2,471,475	75,281	243,660	290,587	467,623	187,389	300,977	98,481	50,702	685,587	71,188
Male	242,917	10,842	21,423	35,058	6,626	18,080	15,647	6,762	15,219	106,729	6,531
Total	2,714,392	86,123	265,083	325,645	474,249	205,469	316,624	105,243	65,921	792,316	77,719
Tests per 10 Users											
Female	5.1	4.2	5.2	5.5	4.9	4.0	6.2	4.9	3.3	5.8	3.7
Male	6.0	5.1	6.5	6.3	2.3	7.1	6.5	6.0	6.7	6.4	5.4
Total	5.2	4.3	5.3	5.6	4.8	4.2	6.2	4.9	3.7	5.9	3.8
Syphilis Tests											
Female	636,977	9,981	50,295	82,630	188,063	17,910	128,881	25,067	1,514	129,650	2,986
Male	115,807	3,803	10,842	20,868	5,904	3,860	8,757	3,321	2,352	54,440	1,660
Total	752,784	13,784	61,137	103,498	193,967	21,770	137,638	28,388	3,866	184,090	4,646
Tests per 10 Users											
Female	1.3	0.6	1.1	1.6	2.0	0.4	2.6	1.2	0.1	1.1	0.2
Male	2.9	1.8	3.3	3.7	2.0	1.5	3.6	2.9	1.0	3.3	1.4
Total	1.4	0.7	1.2	1.8	2.0	0.4	2.7	1.3	0.2	1.4	0.2
Confidential HIV Tests											
Female	927,005	24,943	128,675	108,537	233,188	38,689	147,323	32,517	17,799	186,817	8,517
Male	174,660	10,262	18,752	24,814	6,814	8,347	13,884	5,114	11,245	70,954	4,474
Total	1,101,665	35,205	147,427	133,351	240,002	47,036	161,207	37,631	29,044	257,771	12,991
Tests per 10 Users											
Female	1.9	1.4	2.8	2.1	2.4	0.8	3.0	1.6	1.2	1.6	0.4
Male	4.3	4.8	5.6	4.4	2.4	3.3	5.7	4.5	4.9	4.2	3.7
Total	2.1	1.8	3.0	2.3	2.4	1.0	3.1	1.8	1.6	1.9	0.6
Positive Test Results	1,440	59	221	197	208	19	124	34	40	518	20
Anonymous HIV Tests	3,474	368	0	0	373	577	565	66	0	1,354	171

Syphilis Testing (Exhibit 29)

In 2010, Title X service sites performed 752,784 syphilis tests (636,977 female tests and 115,807 male tests). On average, Title X service sites performed 1.3 syphilis tests for every 10 female users and 2.9 tests for every 10 male users. By region, the rate of syphilis testing ranged between 0.1 (VIII) and 2.6 (VI) tests for every 10 female users and 1.0 (VIII) and 3.7 (III) tests for every 10 male users (*Exhibit 29*).

Human Immunodeficiency Virus Testing (Exhibit 29)

CDC recommends²⁰ that diagnostic HIV testing and opt-out HIV screening be part of routine clinical care in all health care settings, including family planning, and that routine HIV screening be provided to all persons seeking STD treatment or before initiating a new sexual relationship, regardless of whether these individuals are known or suspected to have specific behavioral risks for HIV infection.^{20–22} Furthermore, CDC recommends initial as well as repeat screening at least annually for persons at high risk for HIV (e.g., injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, men who have sex with men, or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test).

In 2010, Title X service sites performed 1,101,665 confidential HIV tests (927,005 female tests and 174,660 male tests). On average, Title X service sites performed 1.9 confidential HIV tests for every 10 female users and 4.3 tests for every 10 male users. By region, the rate of HIV testing ranged between 0.4 (X) and 3.0 (VI) tests for every 10 female users and 2.4 (IV) and 5.7 (VI) tests for every 10 male users. Of the total number of confidential HIV tests performed, 1,440 were positive for HIV. In addition, Title X service providers performed 3,474 anonymous HIV tests (*Exhibit 29*). Between 1999 and 2010, the number of confidential HIV tests performed increased 201%, from 365,883 tests in 1999 to 1,101,665 in 2010, and the average number of tests per 10 users increased from 0.8 to 2.1 (*Exhibits A–10a* and *A–10b*).

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 or 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* (Reissued October 2007), pp. 39–42.

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* (Reissued October 2007), pp. 43–46.

STAFFING AND FAMILY PLANNING ENCOUNTERS

Staffing (Exhibit 30)

In 2010, 3,258 full-time equivalent (FTE) clinical services providers (CSPs), including physicians, midlevel clinicians (physician assistants, nurse practitioners, and certified nurse midwives), and “other” CSPs, delivered clinical family planning and related preventive health services in Title X-funded services sites. “Other” CSPs are licensed health providers, such as registered nurses, who are trained and permitted by state-specific regulations to perform all aspects of the male and female user physical assessment, as described in the Title X *Program Guidelines*.⁶ Midlevel clinicians accounted for 66% (2,151 FTEs) of total CSP FTEs, followed by “other” CSPs (19%, or 633 FTEs) and physicians (15%, or 474 FTEs). Nationally, grantees reported an average of 4.5 midlevel CSP FTEs per physician FTE (*Exhibit 30*).

The composition of CSP staffing varied across regions. In all regions, Title X-funded agencies relied more heavily on midlevel clinicians than physicians to provide clinical care. The number of midlevel clinician FTEs per physician FTE ranged between 2.0 (III) and 12.3 (X), with six regions (IV, V, VI, VII, VIII, and X) exceeding the national average of 4.5. In all regions except Region IV, midlevel CSPs accounted for the largest percentage (48% to 92%) of total CSP FTEs. In Region IV, other CSPs accounted for 53% of total CSP FTEs (*Exhibit 30*).

Family Planning Encounters (Exhibit 30)

In 2010, Title X-funded agencies reported 9,766,736 family planning encounters, or an average of 1.9 encounters per family planning user. Encounters with a clinical services provider accounted for 72% of total family planning encounters nationally, and between 58% (VII) and 87% (II) across regions. The total number of encounters per user ranged from 1.5 (X) to 2.2 (VII), and in five regions (III, IV, V, VI, and VII) the number of encounters per user was at or slightly above the national average of 1.9 (*Exhibit 30*).

Exhibit 30. Number and distribution of CSP FTE staff by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2010 (Source: FPAR Table 13)

FTEs and FP Encounters	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number of CSP FTEs											
Physician	474.0	24.0	71.2	106.0	40.0	26.4	42.0	17.3	7.4	129.9	9.9
PA/NP/CNM	2,151.2	85.9	213.7	216.2	318.2	200.7	278.5	100.4	89.5	526.4	121.7
Other CSP	633.1	0.0	2.5	126.4	406.8	13.0	0.0	2.8	57.7	23.9	0.0
Total	3,258.3	109.9	287.4	448.6	765.0	240.1	320.5	120.5	154.6	680.2	131.6
Distribution of CSP FTEs											
Physician	15%	22%	25%	24%	5%	11%	13%	14%	5%	19%	8%
PA/NP/CNM	66%	78%	74%	48%	42%	84%	87%	83%	58%	77%	92%
Other CSP	19%	0%	1%	28%	53%	5%	0%	2%	37%	4%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE^a	4.5	3.6	3.0	2.0	8.0	7.6	6.6	5.8	12.1	4.1	12.3
Number of FP Encounters											
With a CSP	7,021,387	272,609	762,514	887,455	1,142,920	685,693	601,148	279,201	225,469	1,900,023	264,355
With a non-CSP	2,745,349	57,170	116,808	276,292	720,359	271,640	394,863	202,035	76,464	582,427	47,291
Total	9,766,736	329,779	879,322	1,163,747	1,863,279	957,333	996,011	481,236	301,933	2,482,450	311,646
Distribution of FP Encounters											
With a CSP	72%	83%	87%	76%	61%	72%	60%	58%	75%	77%	85%
With a non-CSP	28%	17%	13%	24%	39%	28%	40%	42%	25%	23%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User	1.9	1.7	1.8	2.0	1.9	1.9	1.9	2.2	1.7	1.8	1.5

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

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

REVENUE

In 2010, Title X grantees reported total program revenue of nearly \$1.3 billion to support the delivery of Title X-funded family planning and related preventive health services. The major sources of revenue—Medicaid (\$481.3 million) and Title X (\$279.3 million)—accounted for 37% and 22%, respectively, of total revenue. Revenue from state governments (\$135.5 million), local governments (\$91.3 million), and client payment for services (\$84.5 million) each accounted for 7% to 10% of total revenue, while all other sources each contributed 4% or less (*Exhibit 31*).

Federal Grants

Title X. Revenue from Title X accounted for 22% of total national revenue and between 11% (IX) and 33% (I and V) of total regional revenues. Title X was the largest source of revenue in four regions (I, V, VII, and VIII) and the second most important source after Medicaid in four others (III, IV, VI, and IX). In all but three regions (II, IX, and X), the percentage of total regional revenue from Title X exceeded the national average of 22% (*Exhibits 32 and 33*).

Other Federal Grants. Revenue from other federal grant programs, including the Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC), accounted for less than 1% (\$4.4 million) of total national revenue and 1% or less of total regional revenue in all regions. Three regions (VI, VIII, and X) reported no revenue from the BPHC or other federal grant sources (*Exhibits 32 and 33*).

Payment for Services: Client Collections

Nationally, revenue from client payment for services accounted for 7% (\$84.5 million) of total revenue and between 3% (IX) and 15% (I and VII) of total regional revenue. In five regions (I, V, VII, VIII, and IX), revenue from client payment was the third most important source of revenue. The share of revenue from client payment met or exceeded the national average of 7% in seven regions (I, II, III, V, VII, VIII, and X) (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

Title X *Program Guidelines*⁶ 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.”

Medicaid and SCHIP. Revenue from Medicaid (federal and state shares) accounted for 37% (\$481.3 million) of total national revenue and between 2% (VIII) and 67% (IX) of total regional revenue. Medicaid accounted for the largest share of total regional revenue in Regions III (34%), IV (28%), VI (31%), IX (67%), and X (36%). In 2010, grantees in 26 states and all 10 HHS regions reported revenue from state Medicaid family planning eligibility expansions (*Appendix C: Methodological Notes*). In four other regions (I, II, V, and VII), Medicaid was the second largest source of revenue, accounting for 16% (I) to 32% (V) of total regional revenue. Revenue from SCHIP accounted for less than 1% of total national revenue (\$913,045) and 1% or less of total regional revenue in the seven regions (I, II, III, V, VI, VII, and VIII) that reported any SCHIP revenue (*Exhibits 32 and 33*).

Medicare and Other Public. Revenue from Medicare (\$1,913,519) and other public, third-party payers (\$2,466,949) together accounted for less than 1% of total national revenue. Across regions, revenue from these third-party payers represented 2% or less of total regional revenue in all regions (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$50.4 million) accounted for 4% of total national revenue and ranged from less than 1% (VI) to 13% (I) of total regional revenue. Revenue from private third-party payers was at or above the national average of 4% in seven regions (I, II, III, V, VII, VIII, and X) (*Exhibits 32 and 33*).

Other Revenue

Block Grants and Temporary Assistance for Needy Families (TANF). Revenue from the Title XX Social Services Block Grant (\$34.0 million), the Title V Maternal and Child Health (MCH) Block Grant (\$21.2 million), and Temporary Assistance for Needy Families (TANF) (\$14.5 million) each accounted for 1% to 3% of total national revenue. Across regions, the share of total regional revenue from MCH or Social Services Block Grants or TANF ranged between 0% and 5% of total regional revenues, except in Region VI, where the Social Services Block Grant accounted for 19% of total regional revenue (*Exhibits 32 and 33*).

State Governments. State government revenue accounted for 10% (\$135.5 million) of total national revenue, and between 1% (VII and IX) and 27% (II) of total regional revenue. State government revenue was the largest source of revenue in Region II (27%) and the second largest source in Region X (17%). In five regions (I, II, III, IV, and X), the percentage of total regional revenue from state governments exceeded the national average of 10% (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 7% (\$91.3 million) of total national revenue, and between less than 1% (I) and 19% (VIII) of total regional revenue. Local government revenue was the second largest source of revenue in Region VIII (19%), after Title X, and the percentage of total regional revenue from local governments was at or above the national average of 7% in six regions (II, IV, V, VI, VIII, and X) (*Exhibits 32 and 33*).

Other Revenue. Finally, 7% (\$92.2 million) of total revenue came from numerous public and private sources reported as “other” revenue. A combination of revenue from “other” sources accounted for 29% of the total revenue in Region VIII, and in three regions (VII, VIII, and IX) the percentage of total regional revenue from “other” sources was at or above the national average of 7% (*Exhibits 32 and 33*). The notes for FPAR Table 14 in *Appendix C: Methodological Notes* include an illustrative list of “other” revenue sources.

Revenue per User

On average, grantees reported \$248 in program revenue per user served in 2010. By region, revenue per user ranged from \$181 (III) to \$354 (II), and was above the national average of \$248 in four regions (II, V, VIII, and X) (*Exhibit 32*).

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 or *drawdown* amounts.

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 revenues 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. Report revenue (Federal and State shares) from family planning waivers with other Medicaid revenue on row 7a, column B. If the amount reported on row 7a, column B includes family planning waiver revenue, indicate this in the table-specific comment field.

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

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

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

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

Other Revenue (Rows 10–18)—Enter the amount of funds from contracts, state and local indigent care programs, and other public or private revenues 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.

(continued)

FPAR Guidance for Reporting Project Revenue in Table 14 (continued)

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 Revenue (Row 13)—Enter the amount of funds from local government sources, including county and city grants or contracts that were received during the reporting period and that supported services within the scope of the grantee’s Title X project.

State Government Revenue (Row 14)—Enter the amount of funds from state government sources, including grants or contracts that were received during the reporting period and that supported services within the scope of the grantee’s Title X project. CDC (e.g., IPP funds) and block grant funds awarded to and distributed by the state are not considered “state revenues.” Report these revenues as “Other” and indicate the specific program source.

Other Revenue (Rows 15–17)—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* (Reissued October 2007), pp. 47–50.

Trends

Between 1999 and 2010, there were notable changes in the growth and composition of total revenue. During this period, inflation-adjusted (constant 1999 dollars)²³ Title X revenue decreased 2% (from \$183.2 million in 1999 to \$180.2 million in 2010), while inflation-adjusted revenue from Medicaid increased 209%, (from \$100.4 million in 1999 to \$310.5 million in 2010). In addition, there was a decrease of 24% (from \$454.5 million in 1999 to \$344.0 million in 2010) in inflation-adjusted revenue (not shown) from other sources, with the largest declines in state government revenue (48%), client payment (44%), and block grants (46%). Overall, the decline in Title X and other revenue sources was offset by the dramatic increase in revenue from Medicaid, resulting in an increase of 13% in inflation-adjusted total program revenue between 1999 (\$738.0 million) and 2010 (\$834.7 million) (*Exhibits A-11a, A-11b, A-11c, A-11d, and A-11e*). Between 2009 and 2010, there was an increase of 2% in inflation-adjusted total revenue, with a 1% increase in Title X revenue and a 3% increase in Medicaid revenue (not shown).

Between 1999 and 2010, the share of total revenue from Medicaid grew from 14% in 1999 to 37% in 2010, while the share from Title X decreased from 25% to 22%. Between 2003 and 2004, there were large percentage-point changes in the shares of total revenue from Medicaid and state governments. In 2004, revenue from California’s Medicaid family planning waiver (Family Planning, Access, Care, and Treatment Program) was reclassified as Medicaid rather than state government revenue, thereby increasing the Medicaid share of total revenue from 17% in 2003 to 28% in 2004 and decreasing the state government share from 23% in 2003 to 13% in 2004. Since 2004, revenue from Medicaid family planning waivers has been included in the total Medicaid figure, as have both the federal and state shares of Medicaid (*Exhibits A-12a, A-12b, and A-12c*). (See Table 14 notes in *Appendix C: Methodological Notes*.)

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2010
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Federal Grants		
Title X	\$279,295,186	22%
Bureau of Primary Health Care	\$4,090,546	0%†
Other ^a	\$315,636	0%†
Subtotal	\$283,701,368	22%
Payment for Services		
Client collections	\$84,540,815	7%
Third-party payers ^b		
Medicaid ^c	\$481,262,633	37%
Medicare	\$1,913,519	0%†
State Children's Health Insurance Program	\$913,045	0%†
Other public	\$2,466,949	0%†
Private	\$50,409,637	4%
Subtotal	\$621,506,598	48%
Other Revenue		
Maternal and Child Health Block Grant	\$21,205,336	2%
Social Services Block Grant	\$34,001,848	3%
Temporary Assistance for Needy Families	\$14,475,023	1%
State government	\$135,464,470	10%
Local government	\$91,289,586	7%
Other ^a	\$92,191,680	7%
Subtotal	\$388,627,943	30%
Total Revenue	\$1,293,835,909	100%
Total Revenue 1999\$ ^d	\$834,719,951	—
Total Revenue 1981\$ ^d	\$276,130,423	—
Total Revenue per User	\$248	—

NA = Not applicable.

Note: Unless otherwise noted, revenue is shown in actual dollars (unadjusted) for each year.

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning eligibility expansions in 26 states in all 10 HHS regions. See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of states by region.

^d Revenue is shown 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://data.bls.gov/cgi-bin/srgate>).

† Percentage is less than 0.5%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2010 (Source: FPAR Table 14)

Revenue Source	All Regions (in \$)	Region I (in \$)	Region II (in \$)	Region III (in \$)	Region IV (in \$)	Region V (in \$)	Region VI (in \$)	Region VII (in \$)	Region VIII (in \$)	Region IX (in \$)	Region X (in \$)
Federal Grants											
Title X	279,295,186	15,329,465	30,136,560	28,476,127	60,512,480	40,711,801	31,446,649	13,920,183	10,909,258	36,386,109	11,466,554
BPHC	4,090,546	180,000	242,500	130,152	128,046	56,438	0	598,618	0	2,754,792	0
Other ^a	315,636	0	0	31,214	0	202,020	0	0	0	82,402	0
Subtotal	283,701,368	15,509,465	30,379,060	28,637,493	60,640,526	40,970,259	31,446,649	14,518,801	10,909,258	39,223,303	11,466,554
Payment for Services											
Client collections	84,540,815	7,078,727	17,319,090	7,129,001	10,761,826	10,829,267	4,800,886	7,192,625	6,023,249	8,665,633	4,740,511
Third-party payers ^b											
Medicaid ^c	481,262,633	7,508,422	41,198,517	36,303,891	65,203,652	39,496,598	39,130,267	11,561,732	1,003,867	215,024,313	24,831,374
Medicare	1,913,519	117,001	615,183	118,343	177,781	547,189	31,577	56,755	1,527	243,437	4,726
State CHIP	913,045	6,701	797	750,263	0	62,411	28,633	53,832	10,408	0	0
Other public	2,466,949	918,973	36,467	522,158	0	164,918	300,492	135,275	7,510	356,749	24,407
Private	50,409,637	6,152,228	12,876,510	8,229,108	2,659,200	4,629,868	526,502	5,429,529	1,982,059	4,020,864	3,903,769
Subtotal	621,506,598	21,782,052	72,046,564	53,052,764	78,802,459	55,730,251	44,818,357	24,429,748	9,028,620	228,310,996	33,504,787
Other Revenue											
MCH Block Grant	21,205,336	126,355	2,520,839	3,996,840	5,945,941	2,747,576	1,969,100	706,141	528,620	1,740,602	923,322
SS Block Grant	34,001,848	954,059	1,722,759	2,164,083	2,460,342	3,171,186	23,476,910	16,374	36,135	0	0
TANF	14,475,023	275,106	0	1,651,346	10,479,396	1,534,541	0	141,360	126,210	267,064	0
State government	135,464,470	7,022,082	47,318,300	12,687,490	37,815,926	3,238,804	9,426,694	473,966	3,095,408	2,757,130	11,628,670
Local government	91,289,586	111,846	13,312,018	1,180,127	32,454,898	9,039,686	13,770,522	516,843	8,614,329	2,298,134	9,991,183
Other ^a	92,191,680	1,339,560	9,221,318	2,299,257	3,448,489	5,984,527	207,785	6,636,511	13,241,252	48,701,323	1,111,658
Subtotal	388,627,943	9,829,008	74,095,234	23,979,143	92,604,992	25,716,320	48,851,011	8,491,195	25,641,954	55,764,253	23,654,833
Total Revenue	1,293,835,909	47,120,525	176,520,858	105,669,400	232,047,977	122,416,830	125,116,017	47,439,744	45,579,832	323,298,552	68,626,174
Total Revenue 1999\$^d	834,719,951	30,399,869	113,882,665	68,172,753	149,706,060	78,977,380	80,718,764	30,605,814	29,405,889	208,576,489	44,274,267
Total Revenue 1981\$^d	276,130,423	10,056,461	37,673,076	22,551,960	49,523,673	26,126,196	26,702,257	10,124,589	9,727,646	68,998,368	14,646,196
Total Revenue per User	248	237	354	181	234	249	244	222	258	239	336

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

Note: Unless otherwise noted, revenue is shown in actual dollars (unadjusted) for each year.

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning eligibility expansions in 26 states in all 10 HHS regions. See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of states by region.

^d Revenue is shown 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://data.bls.gov/cgi-bin/srgate>).

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2010 (Source: FPAR Table 14)

Revenue Source	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Federal Grants											
Title X	22%	33%	17%	27%	26%	33%	25%	29%	24%	11%	17%
BPHC	0%†	0%†	0%†	0%†	0%†	0%†	0%	1%	0%	1%	0%
Other ^a	0%†	0%	0%	0%†	0%	0%†	0%	0%	0%	0%†	0%
Subtotal	22%	33%	17%	27%	26%	33%	25%	31%	24%	12%	17%
Payment for Services											
Client collections	7%	15%	10%	7%	5%	9%	4%	15%	13%	3%	7%
Third-party payers ^b											
Medicaid ^c	37%	16%	23%	34%	28%	32%	31%	24%	2%	67%	36%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	0%†	0%†	0%†	1%	0%	0%†	0%†	0%†	0%†	0%	0%
Other public	0%†	2%	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†
Private	4%	13%	7%	8%	1%	4%	0%†	11%	4%	1%	6%
Subtotal	48%	46%	41%	50%	34%	46%	36%	51%	20%	71%	49%
Other Revenue											
MCH Block Grant	2%	0%†	1%	4%	3%	2%	2%	1%	1%	1%	1%
SS Block Grant	3%	2%	1%	2%	1%	3%	19%	0%†	0%†	0%	0%
TANF	1%	1%	0%	2%	5%	1%	0%	0%†	0%†	0%†	0%
State government	10%	15%	27%	12%	16%	3%	8%	1%	7%	1%	17%
Local government	7%	0%†	8%	1%	14%	7%	11%	1%	19%	1%	15%
Other ^a	7%	3%	5%	2%	1%	5%	0%†	14%	29%	15%	2%
Subtotal	30%	21%	42%	23%	40%	21%	39%	18%	56%	17%	34%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning eligibility expansions in 26 states in all 10 HHS regions. See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of states by region.

† Percentage is less than 0.5%.

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19. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or under and for older, nonpregnant women who are at increased risk. *Source*: USPSTF. (2007). Screening for Chlamydial Infection: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, 147(2): 128–134. Retrieved September 26, 2011, from <http://www.annals.org/content/147/2/128.full.pdf+html>.
20. CDC. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR*, 55(No. RR-14): 1–17. Retrieved September 26, 2011, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.
21. CDC (2006) (see footnote 20) defines *diagnostic HIV testing* as “Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.”
22. CDC (2006) (see footnote 20) defines *opt-out HIV screening* as “Performing HIV screening after notifying the patient that (1) the test will be performed and (2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.”
23. U.S. Department of Labor, Bureau of Labor Statistics (BLS). *Consumer Price Index: Series ID. CUUR0000SAM*. Retrieved September 26, 2011, from <http://data.bls.gov/cgi-bin/srgate>.

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Appendix A

Trend Tables

Exhibit A-1a. Number and distribution of all family planning users, by region and year: 1999-2010

Region	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
I	187,589	216,098	220,094	212,422	207,450	211,693	212,169	199,010	197,165	199,779	198,962
II	415,848	428,169	449,854	460,798	468,635	468,237	470,148	479,572	483,928	497,614	499,231
III	499,163	533,956	551,759	562,182	571,883	562,173	567,583	557,031	564,138	592,475	584,167
IV	1,025,865	1,043,788	1,077,707	1,065,310	1,052,584	1,051,887	1,051,330	1,018,656	1,019,264	1,010,012	989,770
V	532,036	595,982	617,372	607,756	610,058	600,145	582,313	531,679	507,431	492,741	492,359
VI	488,372	529,997	532,268	539,704	547,802	513,130	483,632	486,378	491,406	512,019	512,868
VII	247,863	254,278	260,651	260,034	257,833	243,299	245,133	234,592	210,012	209,350	214,032
VIII	138,469	148,353	143,595	147,730	154,924	157,150	156,482	149,395	151,261	160,919	176,892
IX	709,360	844,781	870,070	878,088	920,543	931,827	973,524	1,102,718	1,209,114	1,294,974	1,352,569
X	197,573	262,315	251,504	278,024	276,073	263,420	251,964	228,207	217,786	216,384	204,012
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862
Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570
Male Users	127,098	199,245	202,620	227,159	244,381	262,793	272,409	295,381	327,843	374,576	402,292
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	9%	9%	9%	10%	10%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%
IV	23%	21%	22%	21%	21%	21%	21%	20%	20%	19%	19%
V	12%	12%	12%	12%	12%	12%	12%	11%	10%	10%	9%
VI	11%	11%	11%	11%	11%	10%	10%	10%	10%	10%	10%
VII	6%	5%	5%	5%	5%	5%	5%	5%	4%	4%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	16%	17%	17%	18%	18%	19%	19%	22%	24%	25%	26%
X	4%	5%	5%	6%	5%	5%	5%	5%	4%	4%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	97%	96%	96%	95%	95%	95%	95%	94%	94%	93%	92%
Male Users	3%	4%	4%	5%	5%	5%	5%	6%	6%	7%	8%

Exhibit A-1b. Distribution of all family planning users, by region and year: 1999-2010

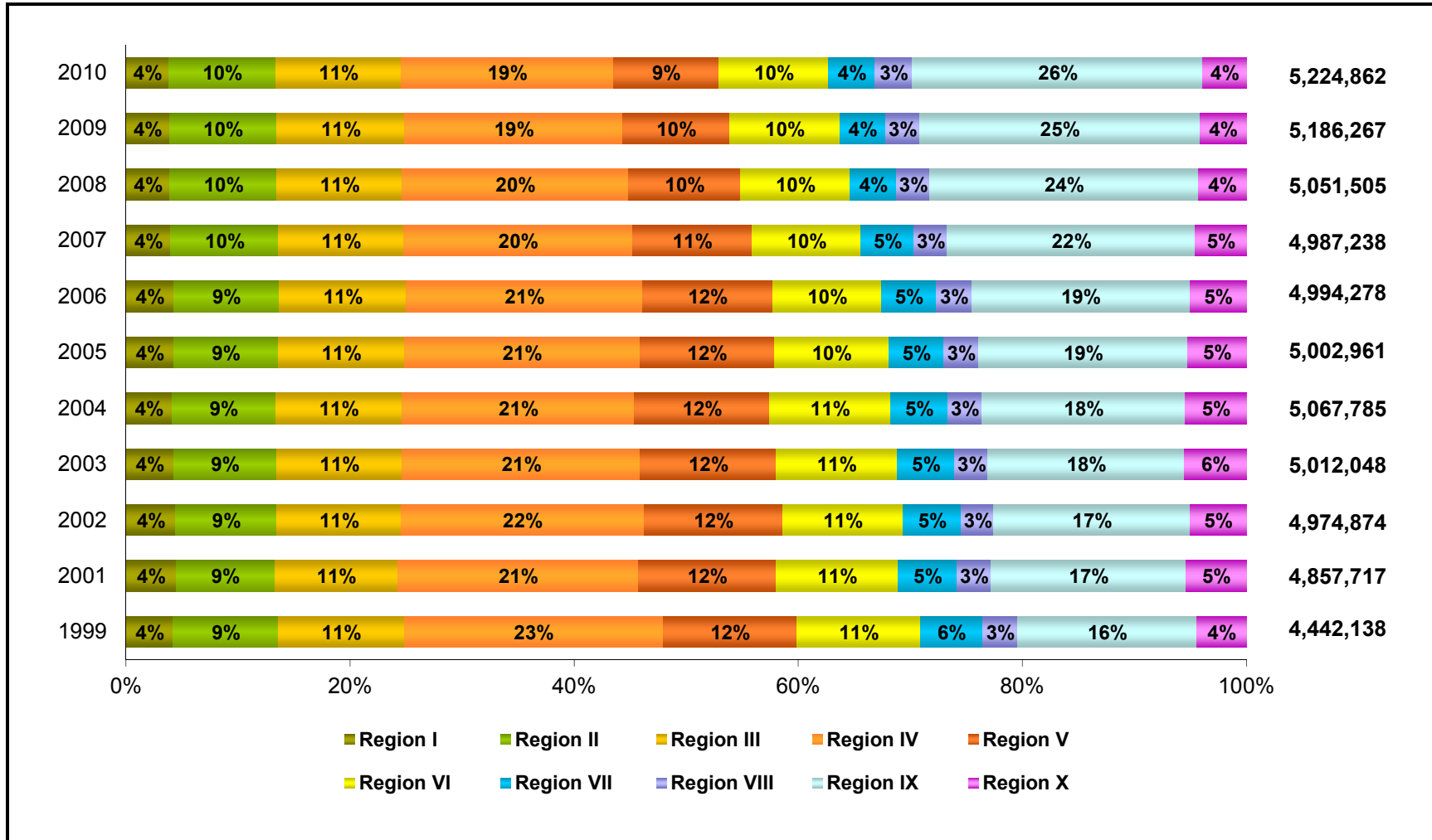


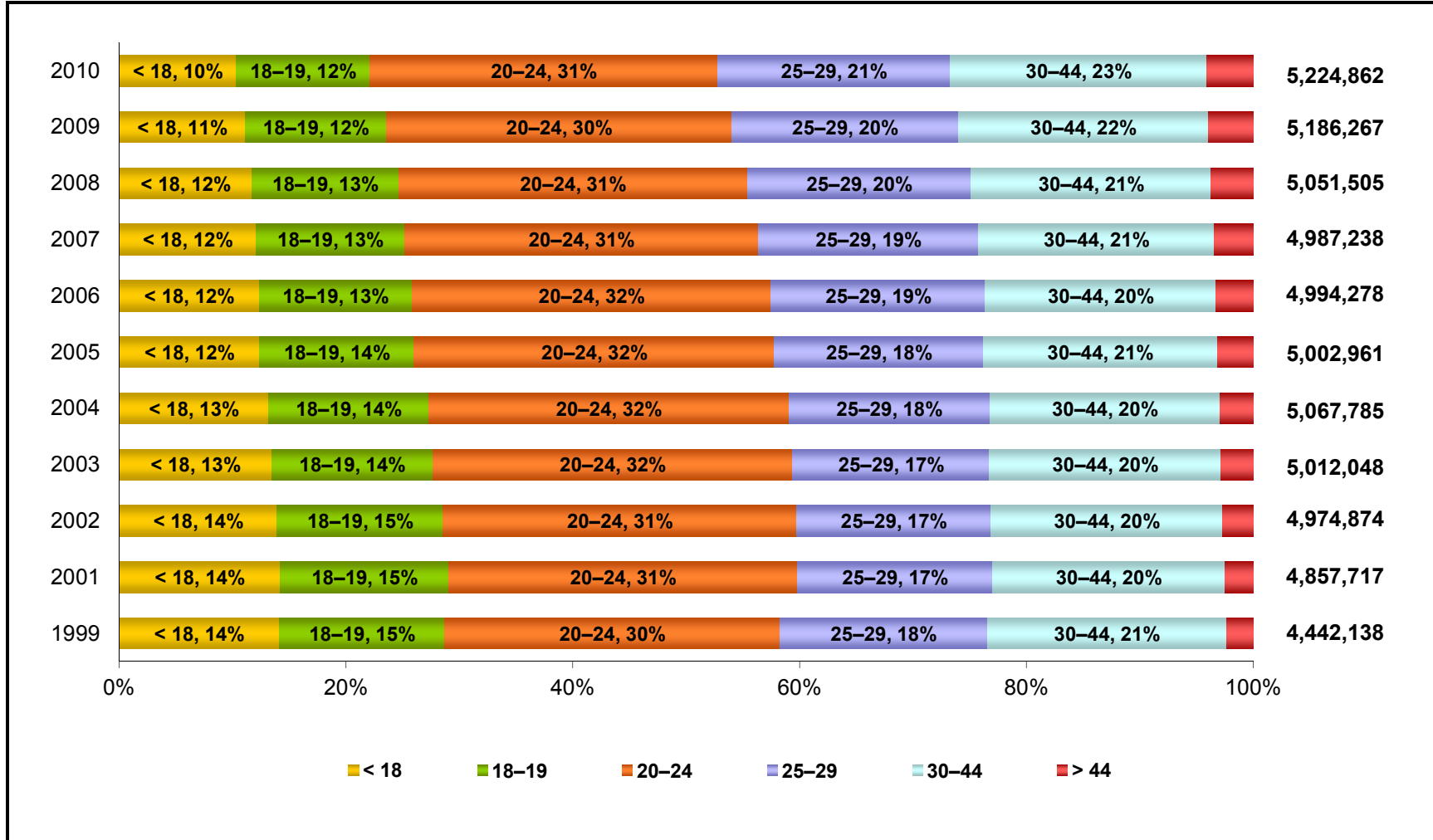
Exhibit A-2a. Number and distribution of all family planning users, by age and year: 1999-2010

Age Group (Years)	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Under 15	—	—	—	—	—	70,840	67,627	68,918	71,738	74,287	73,383
Under 18	627,496	690,718	693,416	674,639	667,734	--	--	--	--	--	--
15 to 17	—	—	—	—	—	549,079	549,844	534,054	521,202	502,226	466,284
18 to 19	648,224	720,939	728,049	711,364	716,399	681,690	672,027	651,784	652,059	647,432	616,709
20 to 24	1,312,102	1,493,687	1,550,715	1,590,344	1,608,278	1,589,794	1,582,688	1,556,670	1,553,469	1,577,051	1,600,833
25 to 29	812,323	835,897	851,926	870,394	898,231	921,425	943,009	967,409	996,754	1,037,776	1,071,999
30 to 44	937,691	995,231	1,016,055	1,021,266	1,028,661	--	--	--	--	--	--
30 to 34	—	—	—	—	—	519,448	512,173	522,673	539,998	578,031	607,257
35 to 39	—	—	—	—	—	317,900	314,488	323,885	332,854	353,712	359,749
40 to 44	—	—	—	—	—	193,490	188,507	191,503	195,582	209,292	215,914
Over 44	104,302	121,245	134,713	144,041	148,482	159,295	163,915	170,342	187,849	206,460	212,734
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862
Under 15	—	—	—	—	—	1%	1%	1%	1%	1%	1%
Under 18	14%	14%	14%	13%	13%	--	--	--	--	--	--
15 to 17	—	—	—	—	—	11%	11%	11%	10%	10%	9%
18 to 19	15%	15%	15%	14%	14%	14%	13%	13%	13%	12%	12%
20 to 24	30%	31%	31%	32%	32%	32%	32%	31%	31%	30%	31%
25 to 29	18%	17%	17%	17%	18%	18%	19%	19%	20%	20%	21%
30 to 44	21%	20%	20%	20%	20%	--	--	--	--	--	--
30 to 34	—	—	—	—	—	10%	10%	10%	11%	11%	12%
35 to 39	—	—	—	—	—	6%	6%	6%	7%	7%	7%
40 to 44	—	—	—	—	—	4%	4%	4%	4%	4%	4%
Over 44	2%	2%	3%	3%	3%	3%	3%	3%	4%	4%	4%
Total All Users	100%	100%	100%	100%	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 and year: 1999-2010



Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

Exhibit A-3a. Number and distribution of all family planning users, by race and year: 1999-2010

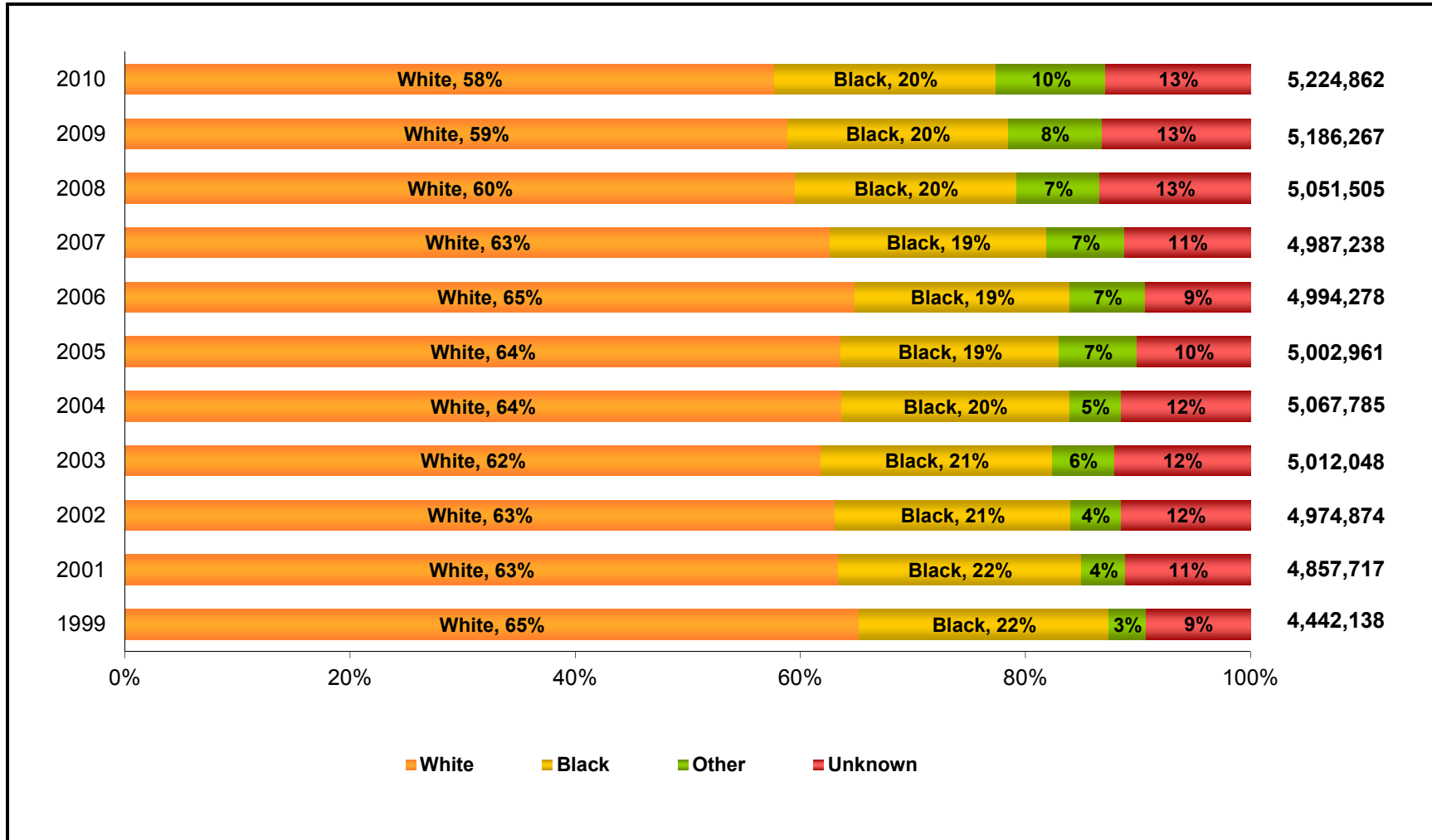
Race	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Am Indian/Alaska Native	31,372	34,241	34,811	35,320	36,050	35,665	38,098	38,080	36,974	39,220	44,899
Asian	115,564	109,007	137,064	117,122	136,813	124,946	129,155	131,735	137,747	150,847	136,958
Black/African American	986,448	1,049,740	1,041,329	1,028,446	1,027,880	969,301	953,580	958,241	996,093	1,015,013	1,028,991
Nat Hawaiian/Pac Island ^a	—	46,330	51,672	124,055	58,881	58,946	44,708	43,360	45,693	73,559	65,662
White	2,896,882	3,079,264	3,137,887	3,100,808	3,225,150	3,183,116	3,239,675	3,125,435	3,007,568	3,054,226	3,015,861
More than one race	—	—	—	—	—	127,543	122,583	132,911	151,535	169,044	261,397
UK/NR	411,872	539,135	572,111	606,297	583,011	503,444	466,479	557,476	675,895	684,358	671,094
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862
Am Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	2%	3%	2%	3%	2%	3%	3%	3%	3%	3%
Black/African American	22%	22%	21%	21%	20%	19%	19%	19%	20%	20%	20%
Nat Hawaiian/Pac Island ^a	—	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%
White	65%	63%	63%	62%	64%	64%	65%	63%	60%	59%	58%
More than one race	—	—	—	—	—	3%	2%	3%	3%	3%	5%
UK/NR	9%	11%	12%	12%	12%	10%	9%	11%	13%	13%	13%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Am Indian/Alaska Native=American Indian or Alaskan Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander. **UK/NR**=unknown or not reported.

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

— Data are not available.

Exhibit A-3b. Distribution of all family planning users, by race and year: 1999-2010



Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander (2001-2010), and more than one race (2005-2010). For 1999 data, the Native Hawaiian or Other Pacific Islander race category was combined with Asian race into a single category.

Exhibit A-4a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999–2010

Ethnicity	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Hispanic or Latino	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007
Not Hispanic or Latino	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	3,628,142	3,670,894	3,611,497	3,534,915	3,618,344	3,618,285
UK/NR	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862
Hispanic or Latino	17%	20%	21%	22%	23%	24%	25%	26%	28%	28%	29%
Not Hispanic or Latino	78%	77%	77%	76%	75%	73%	74%	72%	70%	70%	69%
UK/NR	4%	3%	2%	2%	3%	4%	2%	1%	2%	2%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999–2010

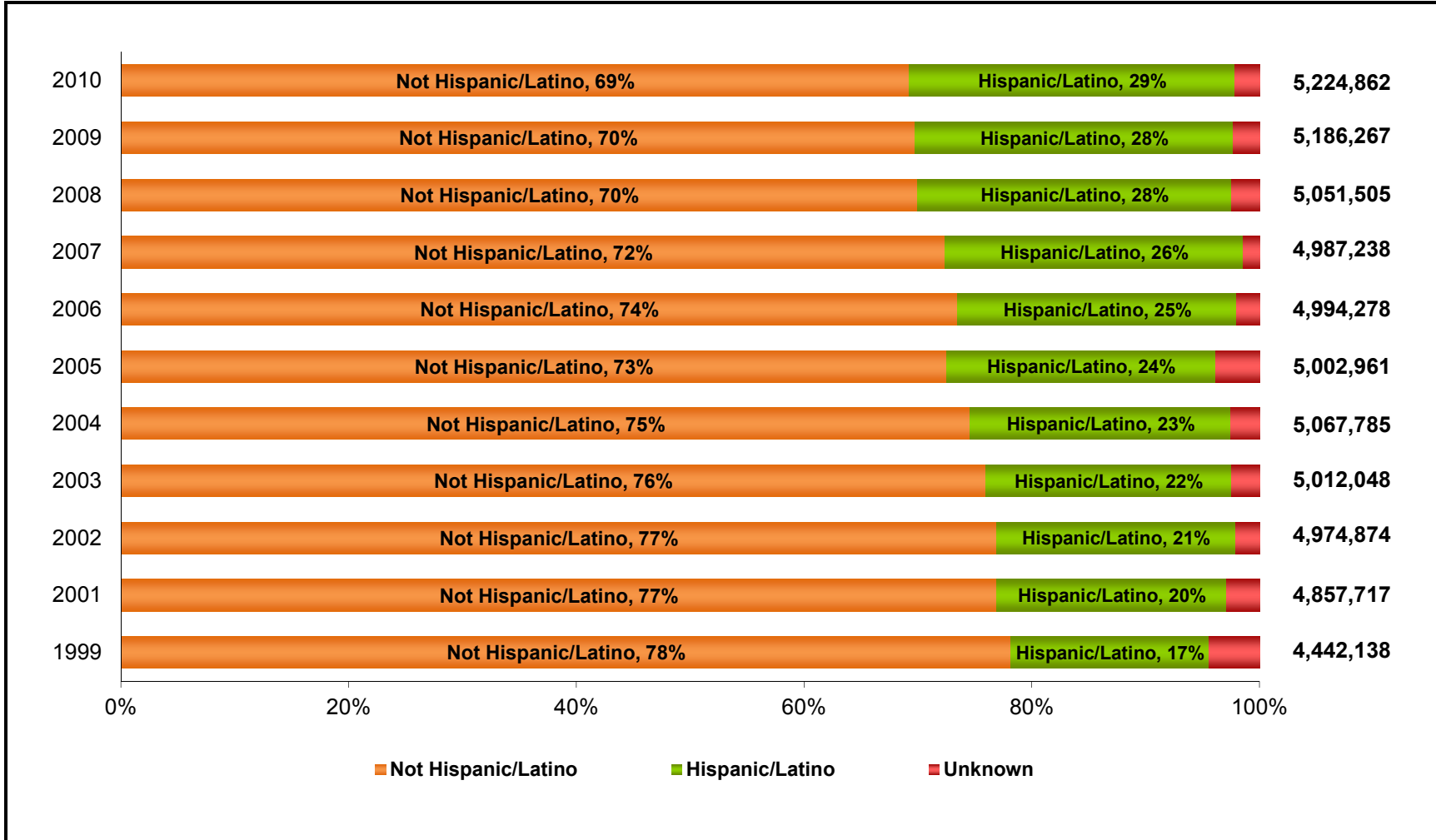


Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 1999–2010

Race/Ethnicity Trend	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Not Hispanic											
All races	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	--	--	--	--	--	--
Asian	—	—	—	—	—	118,499	123,192	126,320	127,850	139,831	126,413
Black or African American	—	—	—	—	—	929,066	918,983	926,564	956,741	969,690	986,409
White	—	—	—	—	—	2,366,762	2,400,897	2,324,430	2,232,893	2,227,867	2,214,680
Other/unknown	—	—	—	—	—	213,815	227,822	234,183	217,431	280,956	290,783
Hispanic or Latino, all races	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007
Ethnicity UK/NR	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862
Not Hispanic											
All races	78%	77%	77%	76%	75%	--	--	--	--	--	--
Asian	—	—	—	—	—	2%	2%	3%	3%	3%	2%
Black or African American	—	—	—	—	—	19%	18%	19%	19%	19%	19%
White	—	—	—	—	—	47%	48%	47%	44%	43%	42%
Other/unknown	—	—	—	—	—	4%	5%	5%	4%	5%	6%
Hispanic or Latino, all races	17%	20%	21%	22%	23%	24%	25%	26%	28%	28%	29%
Ethnicity UK/NR	4%	3%	2%	2%	3%	4%	2%	1%	2%	2%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

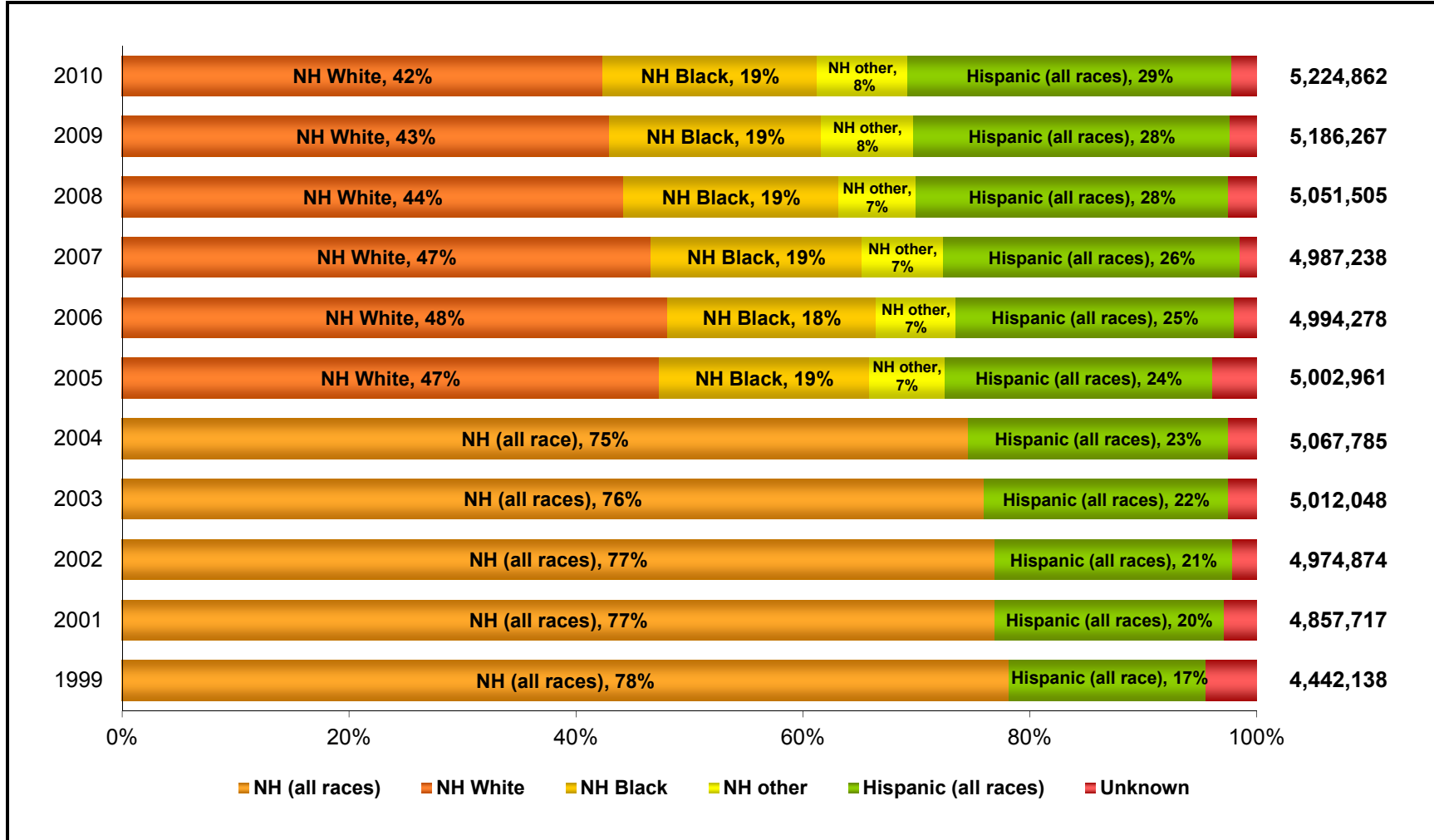
UK/NR=unknown or not reported.

Note: The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander (2001–2010), and more than one race (2005–2010). For 1999 data, the Native Hawaiian or Other Pacific Islander race category was combined with Asian race into a single category.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-5b. Distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 1999–2010



NH=Not Hispanic or Latino.

Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The “NH other” category (2005–2010) includes users who self-identified as not Hispanic or Latino and for whom either race was unknown or not reported or race was self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. The “Unknown” category includes users with unknown or not reported Hispanic or Latino ethnicity.

Exhibit A-6a. Number and distribution of all family planning users, by income level and year: 1999-2010

Income Level ^a	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Under 101%	2,886,684	3,177,934	3,256,554	3,374,895	3,461,649	3,316,699	3,353,129	3,455,335	3,553,222	3,632,506	3,618,813
101% to 150%	803,360	832,137	872,911	854,878	838,704	879,666	846,873	820,870	781,113	785,090	795,065
151% to 200%	328,084	328,019	335,792	318,001	312,393	324,358	311,958	303,992	278,881	277,103	281,294
Over 200%	346,735	422,460	408,346	370,790	355,025	--	--	--	--	--	--
201% to 250%	—	—	—	—	—	129,097	127,902	121,473	119,181	119,768	125,298
Over 250%	—	—	—	—	—	242,241	262,501	212,849	224,603	207,484	250,440
UK/NR	77,275	97,167	101,271	93,484	100,014	110,900	91,915	72,719	94,505	164,316	153,952
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862
Under 101%	65%	65%	65%	67%	68%	66%	67%	69%	70%	70%	69%
101% to 150%	18%	17%	18%	17%	17%	18%	17%	16%	15%	15%	15%
151% to 200%	7%	7%	7%	6%	6%	6%	6%	6%	6%	5%	5%
Over 200%	8%	9%	8%	7%	7%	--	--	--	--	--	--
201% to 250%	—	—	—	—	—	3%	3%	2%	2%	2%	2%
Over 250%	—	—	—	—	—	5%	5%	4%	4%	4%	5%
UK/NR	2%	2%	2%	2%	2%	2%	2%	1%	2%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

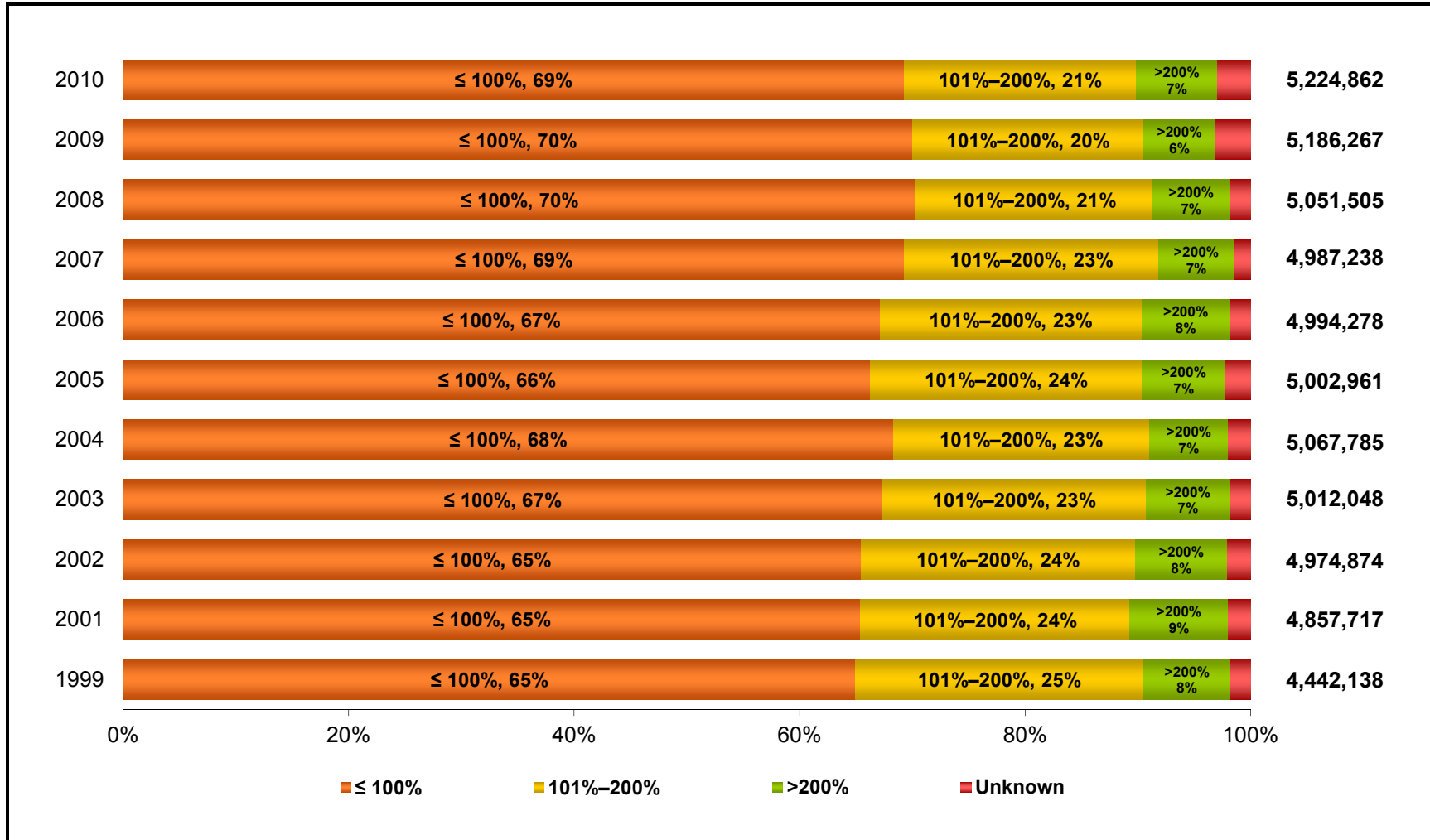
UK/NR=unknown or not reported.

^a Title X-funded agencies calculate and report user income as a percentage of poverty based on 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 Website at <http://aspe.hhs.gov/poverty/>.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-6b. Distribution of all family planning users, by income level and year: 1999-2010



Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

Exhibit A–7a. Number of female family planning users, by primary contraceptive method and year: 1999–2010

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Sterilization ^a	111,609	117,787	115,742	110,513	105,103	95,264	89,428	89,447	87,167	92,616	92,652
Intrauterine device	48,015	63,045	68,802	72,378	77,773	88,342	110,338	138,714	179,876	216,390	252,121
Hormonal implant	22,881	12,390	12,791	13,180	5,602	3,395	2,506	7,300	18,738	30,135	48,015
Hormonal injection ^b	699,932	799,521	809,170	765,266	740,028	602,721	571,588	591,861	597,572	615,188	643,682
Oral contraceptive	1,981,664	2,111,124	2,111,088	1,994,310	1,974,050	1,852,654	1,859,542	1,826,518	1,734,786	1,696,319	1,684,201
Contraceptive patch ^c	—	—	—	—	—	286,214	170,815	128,324	101,763	106,266	93,499
Vaginal ring ^c	—	—	—	—	—	65,320	98,689	139,656	149,627	165,121	186,238
Cervical cap or diaphragm	14,816	10,442	9,021	7,863	11,717	5,477	4,753	4,087	3,612	12,278	4,402
Contraceptive sponge ^c	—	—	—	—	—	2,826	1,076	1,827	1,337	991	1,581
Female condom ^c	—	—	—	—	—	8,862	6,031	3,925	4,753	4,635	5,944
Spermicide	78,762	65,309	45,977	33,483	19,861	23,226	22,075	16,882	13,627	15,598	8,346
Natural method\FAM ^d	9,931	17,573	18,265	22,972	25,906	9,702	9,446	8,784	10,409	12,633	14,379
Abstinence ^c	—	—	—	—	—	44,939	49,022	53,987	61,329	62,380	75,534
Other method ^e	89,199	88,579	133,529	293,383	313,688	104,779	133,099	123,844	111,160	105,705	116,635
Method unknown ^f	162,056	175,780	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788
Rely on Male Method											
Vasectomy ^a	—	—	—	—	—	7,060	6,605	6,546	6,312	6,905	8,683
Male condom	527,248	616,696	679,656	698,248	737,169	686,992	747,323	716,646	727,440	737,991	787,329
No Method											
Pregnant/seeking pregnancy	261,399	244,706	273,051	265,190	287,485	358,492	373,111	383,303	381,848	395,633	400,194
Other reason	307,528	335,520	388,377	379,671	378,605	298,658	326,885	308,061	283,848	260,946	238,347
Total Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570
Using a Method	3,584,057	3,902,466	4,004,041	4,011,596	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241
Not Using a Method	568,927	580,226	661,428	644,861	666,090	657,150	699,996	691,364	665,696	656,579	638,541
Method Unknown^f	162,056	175,780	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788
Using a Method	83%	84%	84%	84%	83%	82%	82%	82%	81%	81%	83%
Not Using a Method	13%	12%	14%	13%	14%	14%	15%	15%	14%	14%	13%
Method Unknown^f	4%	4%	2%	3%	3%	4%	3%	3%	5%	6%	3%

FAM=fertility awareness method.

Note: Due to rounding, percentages may not sum to 100%.

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

^b For 2005–2010, includes both 1- and 3-month hormonal injection users.

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

^d For 1999–2004, the natural method category includes 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. The FAM category also includes postpartum women who rely on the lactational amenorrhea method (LAM).

^e For 1999–2004, “other” methods include withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version *Title X FPAR: Forms and Instructions*. Beginning in 2005, “other” methods includes withdrawal and other methods not listed in Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued October 2007).

^f See comments for Trend Exhibits in the *Methodological Notes (Appendix C)*.

— Data are not available.

Exhibit A–7b. Distribution of female family planning users who reported use of a method, by primary contraceptive method and year: 1999–2010

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Sterilization ^a	3%	3%	3%	3%	3%	2%	2%	2%	2%	2%	2%
Intrauterine device	1%	2%	2%	2%	2%	2%	3%	4%	5%	6%	6%
Hormonal implant	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Hormonal injection ^b	20%	20%	20%	19%	18%	16%	15%	15%	16%	16%	16%
Oral contraceptive	55%	54%	53%	50%	49%	48%	48%	47%	46%	44%	42%
Contraceptive patch ^c	—	—	—	—	—	7%	4%	3%	3%	3%	2%
Vaginal ring ^c	—	—	—	—	—	2%	3%	4%	4%	4%	5%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge ^c	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†
Female condom ^c	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	2%	2%	1%	1%	0%†	1%	1%	0%†	0%†	0%†	0%†
Natural method\FAM ^d	0%†	0%†	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	—	—	—	—	—	1%	1%	1%	2%	2%	2%
Other method ^e	2%	2%	3%	7%	8%	3%	3%	3%	3%	3%	3%
Rely on Male Method											
Vasectomy ^a	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	16%	17%	17%	18%	18%	19%	19%	19%	19%	20%
Total Using a Method											
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number	3,584,057	3,902,466	4,004,041	4,011,596	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241

FAM=fertility awareness method.

Note: Due to rounding, percentages may not sum to 100%.

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

^b For 2005–2010, includes both 1- and 3-month hormonal injection users.

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

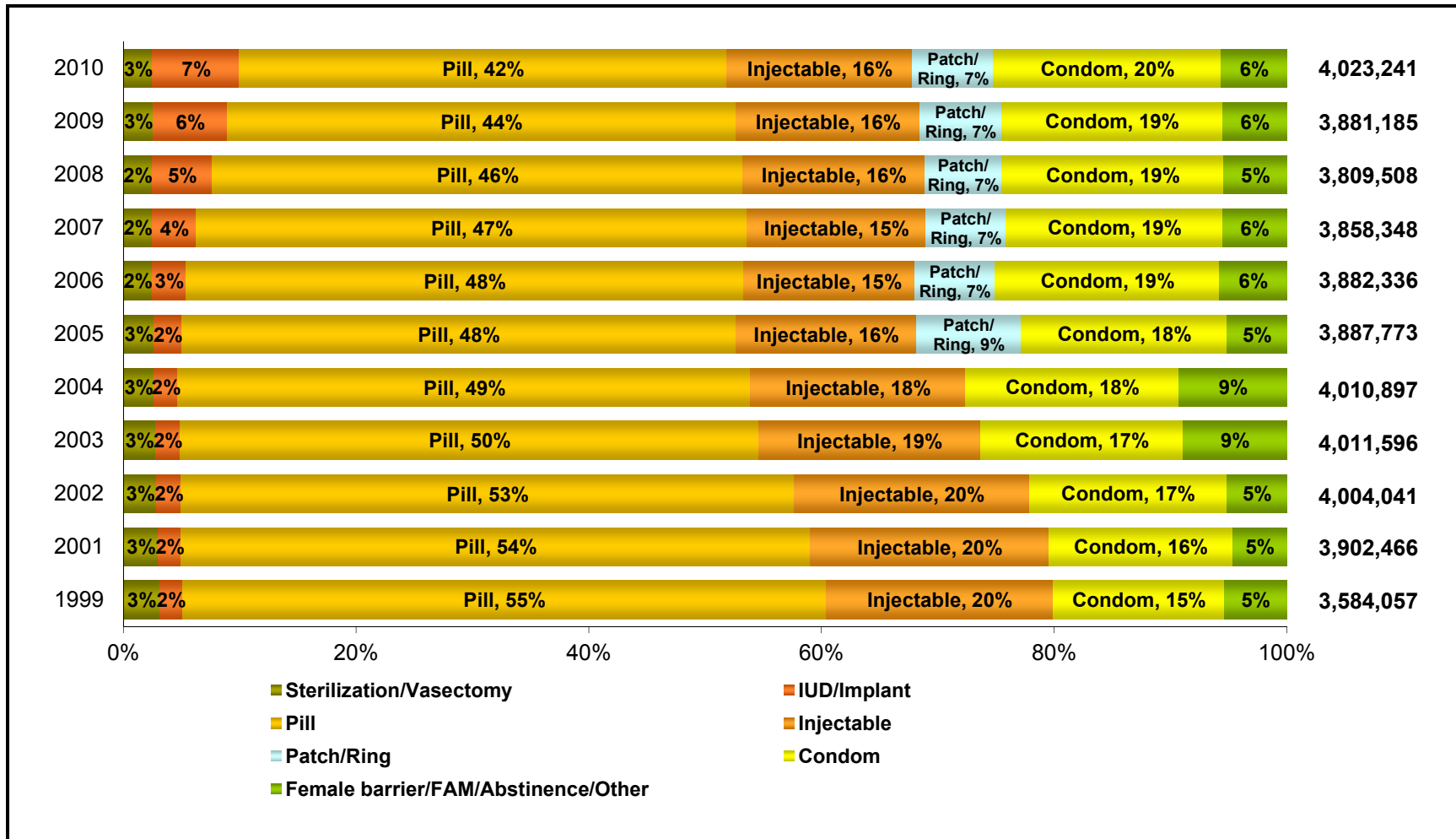
^d For 1999–2004, the natural method category includes only safe period by temperature or cervical mucus test. In 2005, the natural method category was renamed fertility awareness method (FAM), which includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. The FAM category also includes postpartum women who rely on the lactational amenorrhea method (LAM).

^e For 1999–2004, “other” methods include withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version *Title X FPAR: Forms and Instructions*. Beginning in 2005, “other” methods includes withdrawal and other methods not listed in Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued October 2007).

— Data are not available.

† Percentage is less than 0.5%.

Exhibit A-7c. Distribution of female family planning users who reported use of a method, by primary contraceptive method and year: 1999-2010



Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

Exhibit A-8a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an atypical squamous cells or higher result, by year: 2005-2010

Pap Test Indicators	2005	2006	2007	2008	2009	2010
Female Users Who Received a Pap Test						
Number	2,447,498	2,326,153	2,272,571	2,088,218	2,035,017	1,727,251
Percentage	52%	49%	48%	44%	42%	36%
Pap Tests Performed						
Number	2,644,413	2,477,209	2,470,674	2,209,087	2,190,127	1,810,620
Percentage with ASC or higher result	9%	10%	10%	11%	12%	13%

ASC=atypical squamous cells.

Exhibit A-8b. Number and percentage of female users who received a Pap test, by year: 2005-2010

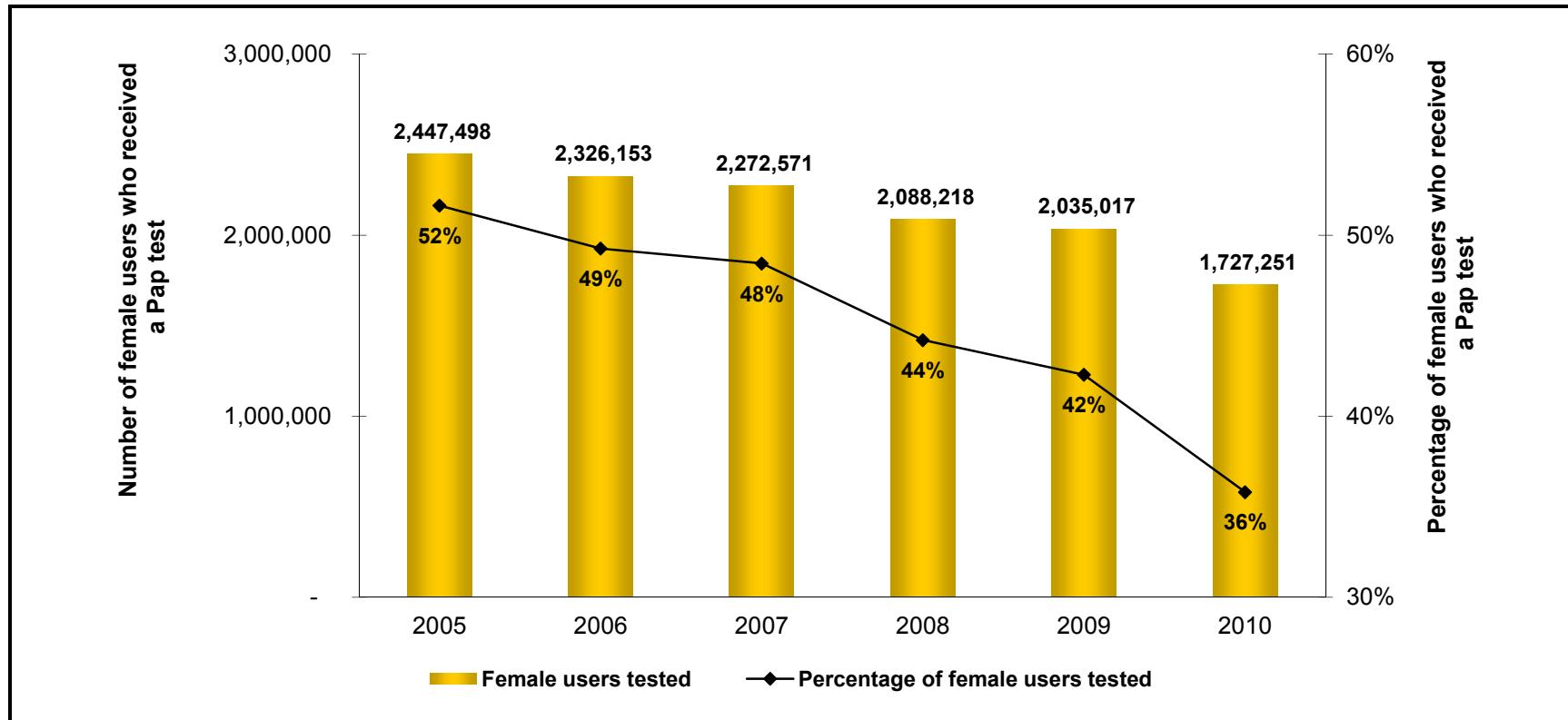


Exhibit A-9a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2010

Chlamydia Testing Indicators	2005	2006	2007	2008	2009	2010
Female Users Under 25 Years Tested						
Number	1,375,787	1,387,222	1,385,623	1,435,430	1,433,829	1,442,176
Percentage	50%	51%	52%	55%	55%	57%

Exhibit A-9b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2010

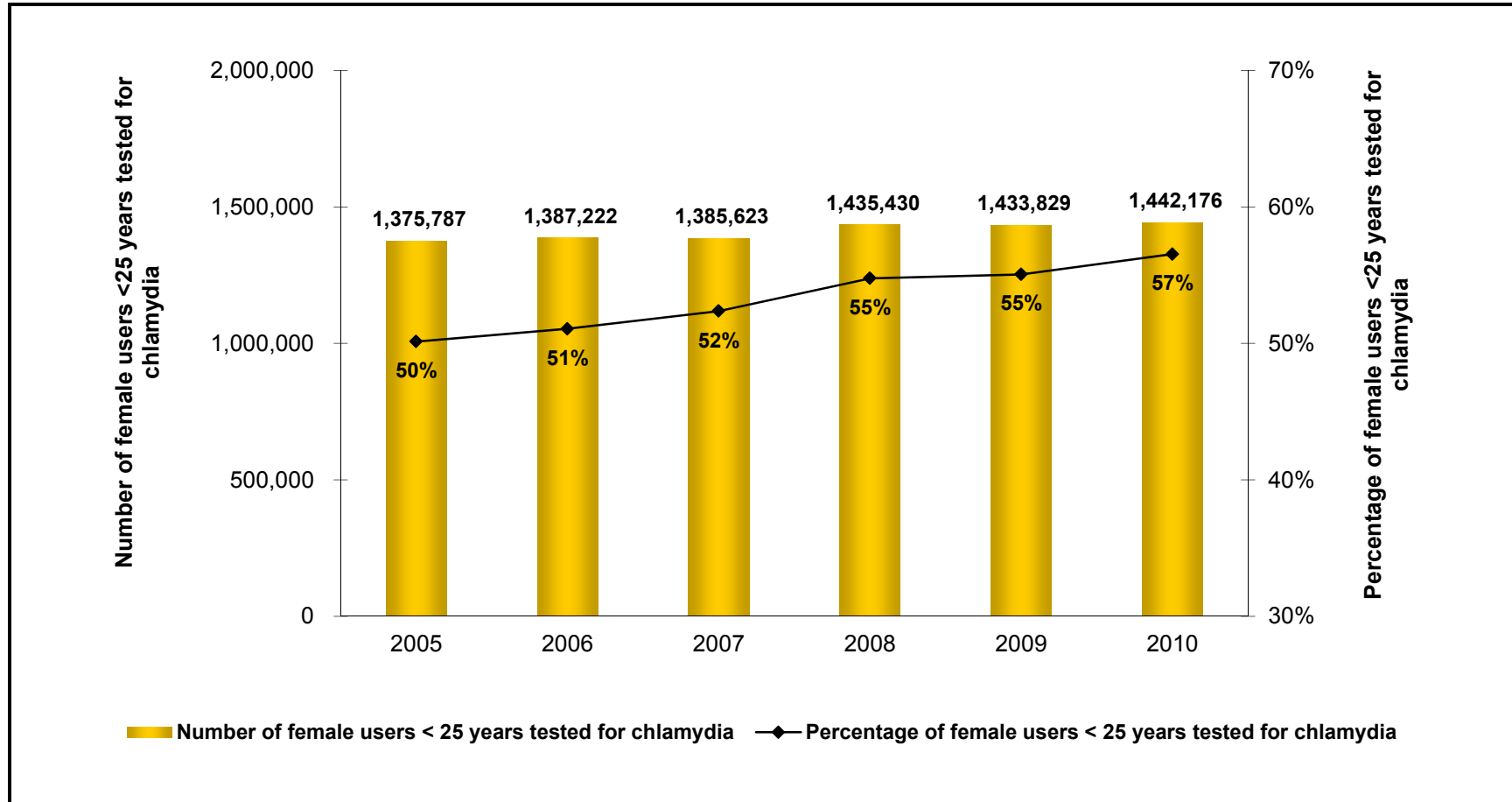


Exhibit A-10a. Number of confidential HIV tests performed and number of tests per 10 users: 1999–2010

HIV Testing Indicators	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of tests performed	365,883	601,259	493,622	526,360	530,569	607,974	652,426	764,126	833,105	997,765	1,101,665
Number of tests per 10 users	0.8	1.2	1.0	1.1	1.0	1.2	1.3	1.5	1.6	1.9	2.1

Exhibit A-10b. Number of confidential HIV tests performed and number of tests per 10 users: 1999–2010

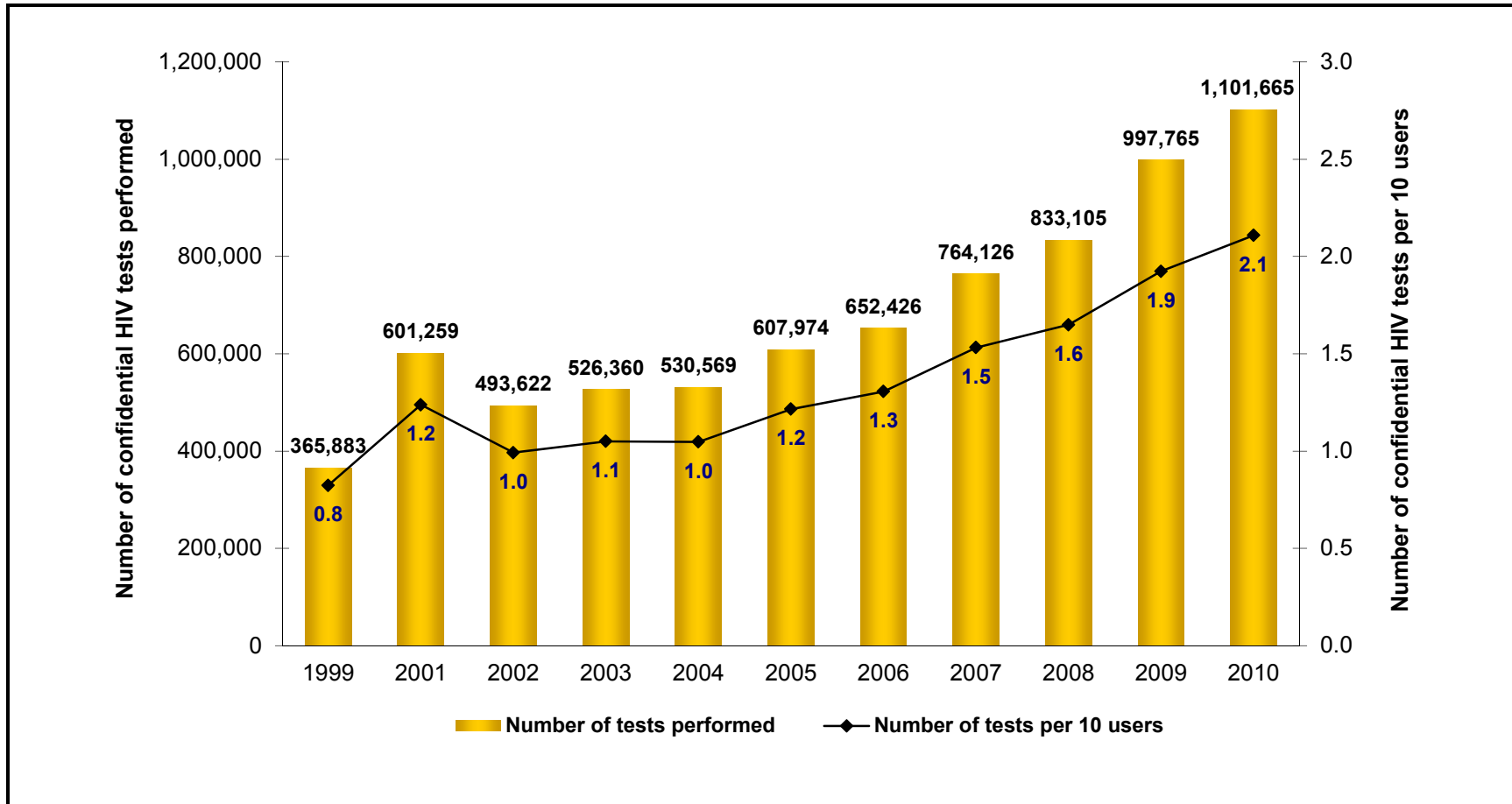


Exhibit A-11a. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue, Title X revenue, and Medicaid revenue, by year: 1999-2010

Revenue	1999 (in \$)	2001 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)	Change 1999- 2010
Total Revenue												
Actual ^a	737,980,611	830,967,862	899,339,792	927,081,651	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	75%
1999\$ ^b	737,980,611	763,345,111	789,126,582	781,981,359	794,014,747	778,963,598	806,087,866	814,154,225	833,914,990	821,501,274	834,719,951	13%
1981\$ ^b	244,128,462	252,519,193	261,047,860	258,684,177	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423	13%
Title X Revenue												
Actual ^a	183,163,632	226,582,287	231,549,999	245,714,562	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	52%
1999\$ ^b	183,163,632	208,143,406	203,173,774	207,257,049	203,762,227	193,503,734	196,025,162	182,273,008	178,791,814	177,731,619	180,187,659	-2%
1981\$ ^b	60,591,640	68,855,101	67,211,117	68,561,889	67,405,781	64,012,209	64,846,313	60,297,017	59,145,416	58,794,698	59,607,171	-2%
Medicaid Revenue												
Actual ^a	100,361,553	133,121,016	148,746,779	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	380%
1999\$ ^b	100,361,553	122,287,854	130,518,007	131,738,031	223,992,290	241,191,855	238,640,160	249,613,599	280,394,481	300,118,561	310,487,225	209%
1981\$ ^b	33,200,210	40,453,564	43,176,148	43,579,740	74,098,008	79,787,729	78,943,612	82,573,693	92,756,195	99,281,040	102,711,057	209%

^a Revenue is shown in actual dollars (unadjusted) for each year.

^b Revenue is shown 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://data.bls.gov/cgi-bin/srgate>).

Exhibit A-11b. Adjusted (constant 1999\$) total revenue, Title X revenue, and Medicaid revenue, by year: 1999-2010

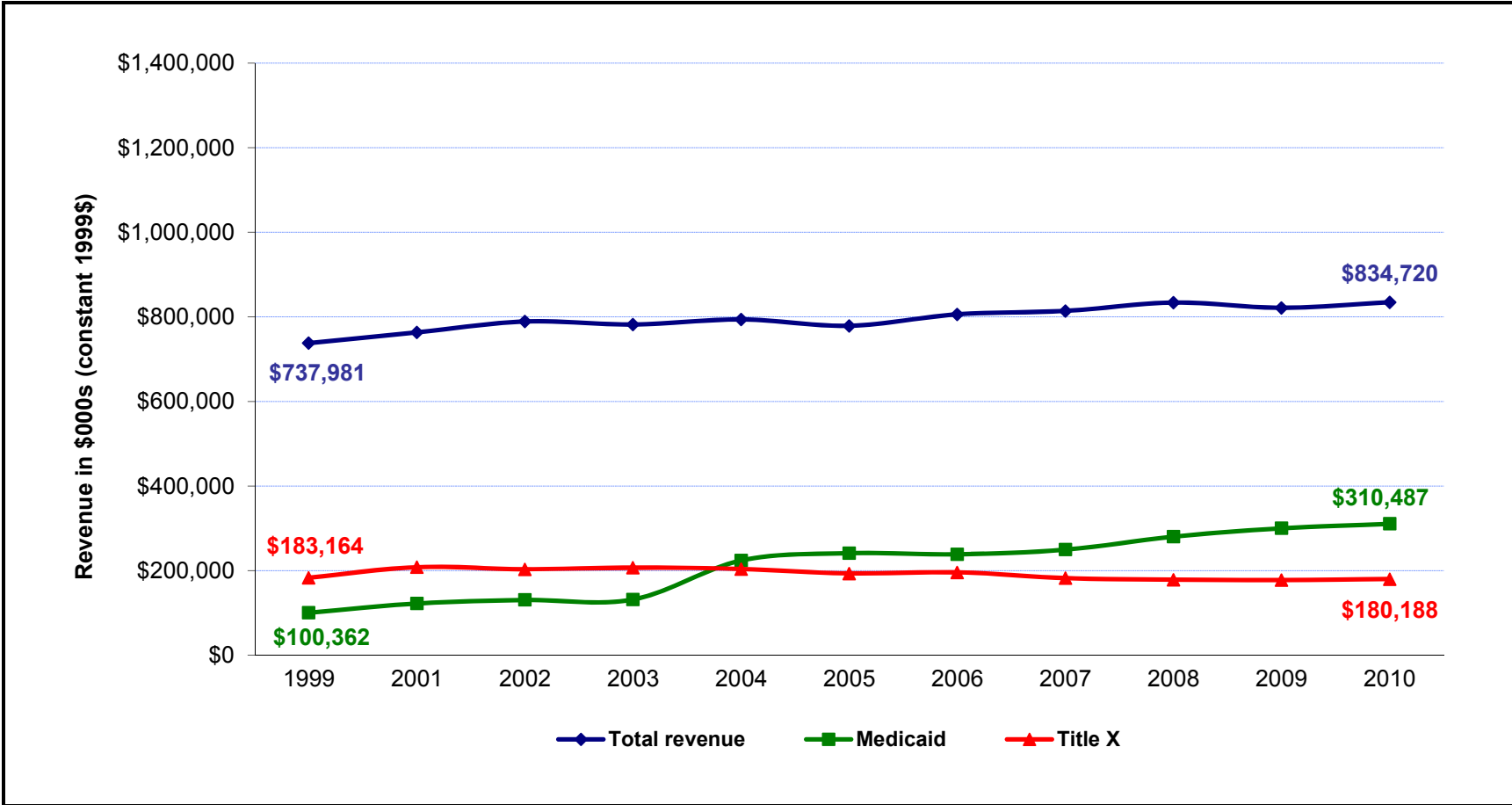


Exhibit A-11c. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue, by year: 1999-2010

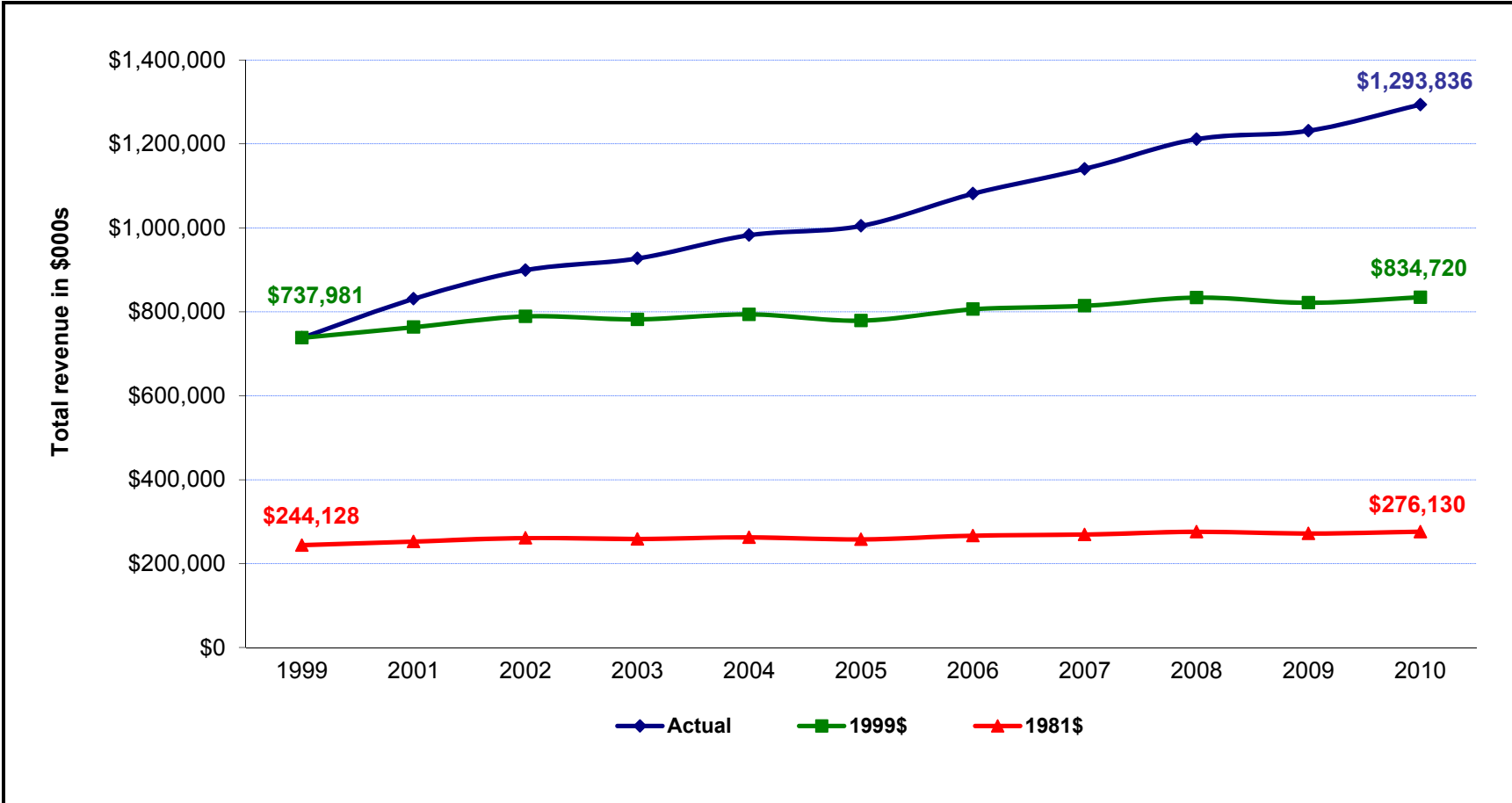


Exhibit A-11d. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Title X revenue, by year: 1999-2010

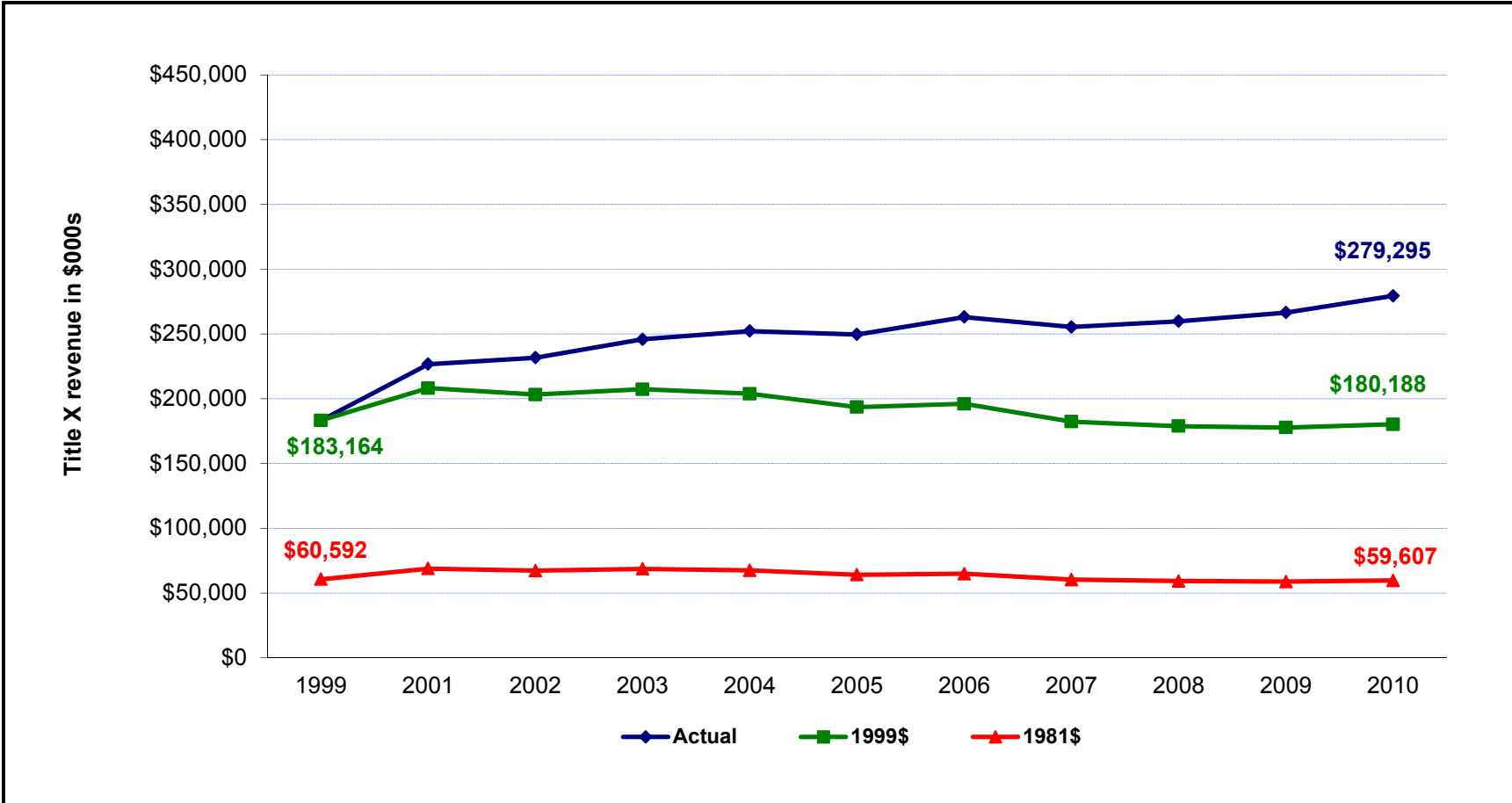


Exhibit A-11e. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Medicaid revenue, by year: 1999-2010

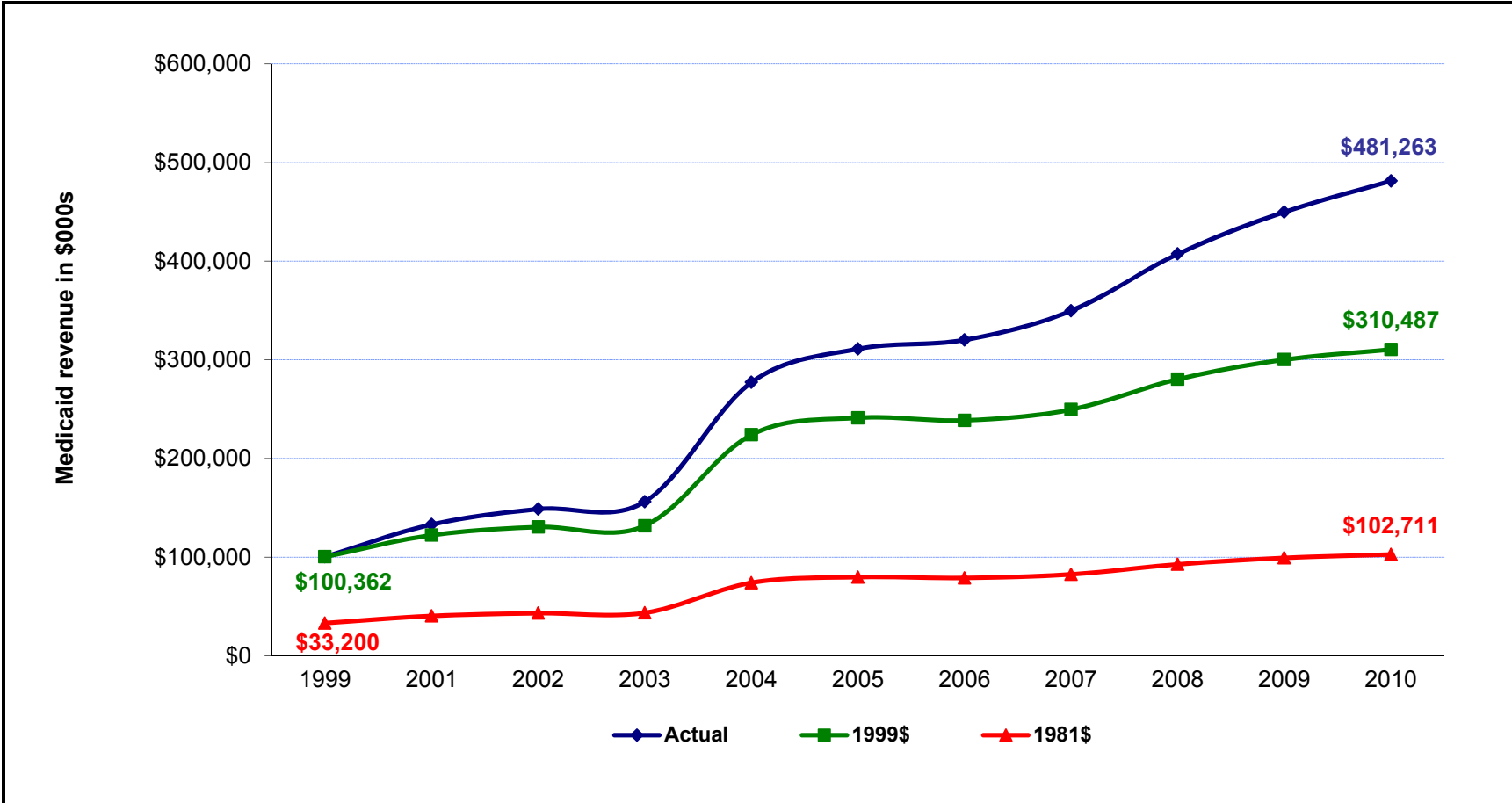


Exhibit A–12a. Amount of Title X project revenue, by revenue source and year: 1999–2010

Revenue Sources	1999 (in \$)	2001 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)
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	255,337,864	259,743,981	266,393,881	279,295,186
BPHC	2,960,179	1,208,964	2,257,586	843,273	3,959,649	6,172,992	5,847,921	7,177,359	9,531,860	4,965,372	4,090,546
WIC	5,109,103	4,189,226	3,638,969	2,486,260	3,344,085	—	—	—	—	—	—
Other ^a	16,592,272	22,883,785	21,371,845	18,107,490	18,408,627	1,531,956	92,411	83,560	1,837,707	202,906	315,636
Subtotal	207,825,186	254,864,262	258,818,399	267,151,585	277,853,888	257,267,625	268,923,810	262,598,783	271,113,548	271,562,159	283,701,368
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	94,273,992	94,531,003	80,940,857	84,540,815
Third-party payers ^b											
Medicaid ^c	100,361,553	133,121,016	148,746,779	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633
Medicare	468,189	127,709	329,980	585,762	755,938	850,289	695,725	523,170	826,424	843,164	1,913,519
State CHIP	—	—	—	—	—	159,966	302,282	247,539	212,168	194,482	913,045
Other public	—	—	—	—	—	2,137,736	3,173,806	3,042,991	3,855,406	4,903,482	2,466,949
Other	10,345,386	17,893,603	20,413,354	12,035,788	15,231,967	—	—	—	—	—	—
Private	11,721,540	15,828,979	21,129,413	22,717,290	23,923,861	31,794,914	37,263,692	46,403,049	45,067,919	48,445,935	50,409,637
Subtotal	220,273,465	262,228,493	287,462,086	289,083,245	416,861,324	447,363,135	464,118,225	494,162,937	551,842,548	585,162,051	621,506,598
Other Revenue											
MCH Block Grant	32,055,309	23,931,198	28,604,028	30,827,138	32,992,292	24,384,126	22,806,213	23,484,206	23,058,822	21,044,962	21,205,336
SS Block Grant	34,049,367	31,284,545	27,626,015	32,913,637	30,835,001	27,232,575	28,443,123	28,593,275	27,333,993	30,841,136	34,001,848
TANF	—	—	—	—	—	16,986,542	10,521,097	23,460,554	22,325,121	15,580,002	14,475,023
State government	169,673,542	171,766,076	193,508,723	211,814,774	125,848,881	115,558,888	133,618,734	138,760,608	147,447,953	153,830,395	135,464,470
Local government	44,383,037	52,744,977	61,587,837	57,939,837	50,028,918	56,251,710	93,388,186	99,510,026	101,295,242	84,666,243	91,289,586
Other ^a	29,720,705	34,148,311	41,732,704	37,351,435	48,117,497	59,588,419	59,612,139	69,940,773	67,072,242	68,624,137	92,191,680
Subtotal	309,881,960	313,875,107	353,059,307	370,846,821	287,822,589	300,002,260	348,389,492	383,749,442	388,533,373	374,586,875	388,627,943
Total Revenue											
Actual^d	737,980,611	830,967,862	899,339,792	927,081,651	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909
1999\$^e	737,980,611	763,345,111	789,126,582	781,981,359	794,014,747	778,963,598	806,087,866	814,154,225	833,914,990	821,501,274	834,719,951
1981\$^e	244,128,462	252,519,193	261,047,860	258,684,177	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423

BPHC=Bureau of Primary Health Care. **CHIP**=Children's 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 See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning eligibility expansions in 26 states in all 10 HHS regions. See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of states by region.

^d Revenue is shown in actual dollars for each year.

^e Revenue is shown 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://data.bls.gov/cgi-bin/srgate>).

— Data are not available.

— — Disaggregated data are presented in the table.

Exhibit A–12b. Distribution of Title X project revenue, by revenue source and year: 1999–2010

Revenue Sources	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Federal Grants											
Title X	25%	27%	26%	27%	26%	25%	24%	22%	21%	22%	22%
BPHC	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	0%†	0%†
WIC	1%	1%	0%†	0%†	0%†	0%	0%	0%	0%	0%	0%
Other ^a	2%	3%	2%	2%	2%	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	28%	31%	29%	29%	28%	26%	25%	23%	22%	22%	22%
Payment for Services											
Client collections	13%	11%	11%	11%	10%	10%	9%	8%	8%	7%	7%
Third-party payer ^b											
Medicaid ^c	14%	16%	17%	17%	28%	31%	30%	31%	34%	37%	37%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†
Other public	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†
Other	1%	2%	2%	1%	2%	--	--	--	--	--	--
Private	2%	2%	2%	2%	2%	3%	3%	4%	4%	4%	4%
Subtotal	30%	32%	32%	31%	42%	45%	43%	43%	46%	48%	48%
Other Revenue											
MCH Block Grant	4%	3%	3%	3%	3%	2%	2%	2%	2%	2%	2%
SS Block Grant	5%	4%	3%	4%	3%	3%	3%	3%	2%	3%	3%
TANF	—	—	—	—	—	2%	1%	2%	2%	1%	1%
State government	23%	21%	22%	23%	13%	12%	12%	12%	12%	12%	10%
Local government	6%	6%	7%	6%	5%	6%	9%	9%	8%	7%	7%
Other ^a	4%	4%	5%	4%	5%	6%	6%	6%	6%	6%	7%
Subtotal	42%	38%	39%	40%	29%	30%	32%	34%	32%	30%	30%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

BPHC=Bureau of Primary Health Care. **CHIP**=Children's 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 See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

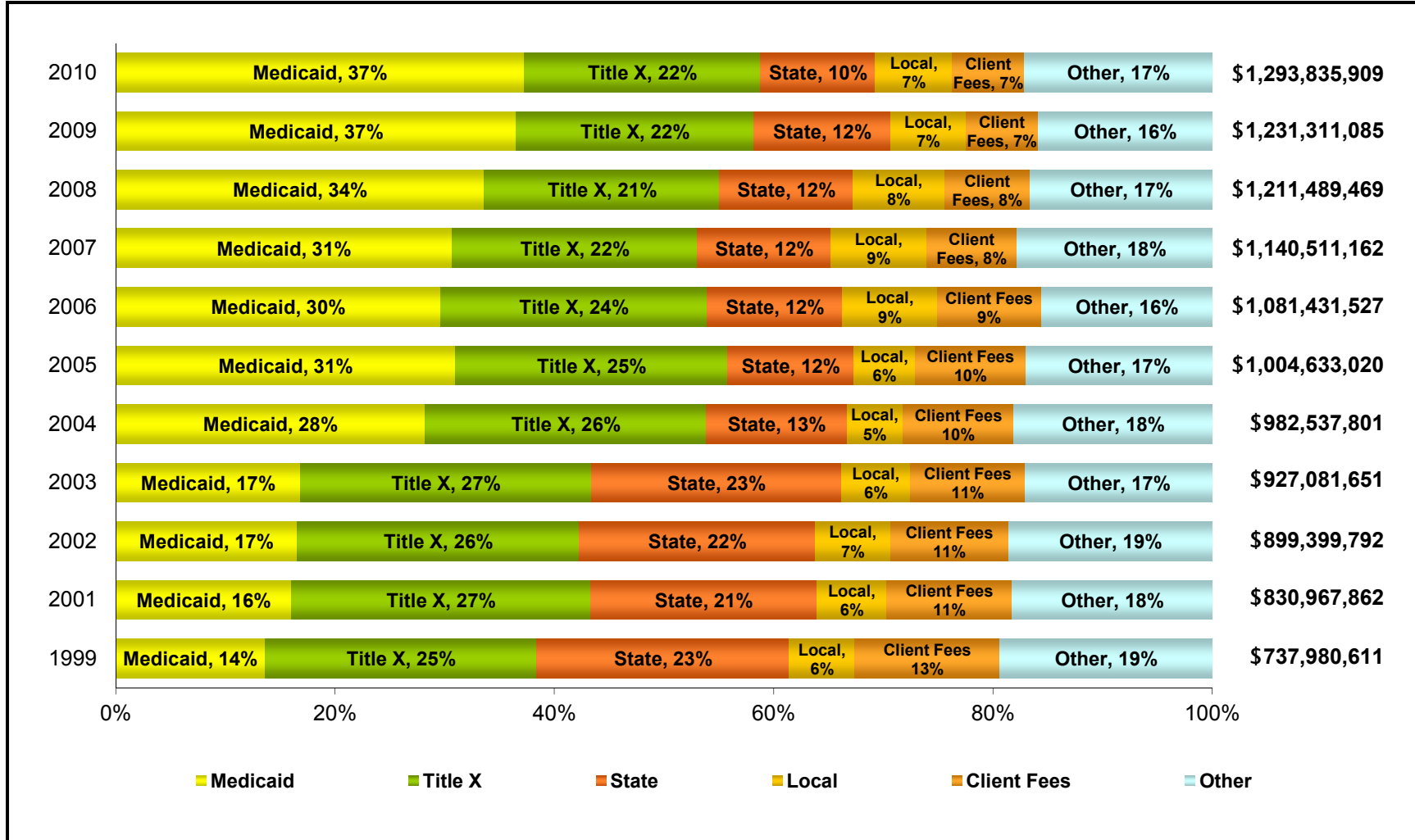
^c Includes revenue from Medicaid family planning waivers.

— Data are not available.

-- Disaggregated data are presented in the table.

† Percentage is less than 0.5%.

Exhibit A-12c. Distribution of Title X project revenue, by revenue source and year: 1999-2010



Notes: The "other" revenue category includes revenue from the Bureau of Primary Health Care and other federal grants, non-Medicaid third-parties, block grants, Temporary Assistance for Needy Families, and revenue reported as "other revenue" in the FPAR revenue table. For 2005-2010, the Medicaid category includes revenue from the State Children's Health Insurance Program. Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

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Appendix B

State Tables

Exhibit B-1. State-level number and distribution of family planning users, by user sex, and distribution of all users by state: 2010 (Source: FPAR Table 1)

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Alabama	103,678	1,375	105,053	99%	1%	2%
Alaska	7,371	2,330	9,701	76%	24%	0%†
Arizona	46,676	3,723	50,399	93%	7%	1%
Arkansas	75,397	746	76,143	99%	1%	1%
California	1,070,587	154,404	1,224,991	87%	13%	23%
Colorado	56,733	11,442	68,175	83%	17%	1%
Connecticut	41,051	4,493	45,544	90%	10%	1%
Delaware	20,419	3,608	24,027	85%	15%	0%†
District of Columbia	19,259	4,006	23,265	83%	17%	0%†
Florida	219,945	9,273	229,218	96%	4%	4%
Georgia	132,527	3,315	135,842	98%	2%	3%
Hawaii	22,526	767	23,293	97%	3%	0%†
Idaho	22,667	1,472	24,139	94%	6%	0%†
Illinois	114,266	2,618	116,884	98%	2%	2%
Indiana	41,976	3,924	45,900	91%	9%	1%
Iowa	71,292	3,938	75,230	95%	5%	1%
Kansas	40,250	3,041	43,291	93%	7%	1%
Kentucky	96,881	6,898	103,779	93%	7%	2%
Louisiana	51,958	1,842	53,800	97%	3%	1%
Maine	25,150	2,557	27,707	91%	9%	1%
Maryland	72,838	5,589	78,427	93%	7%	2%
Massachusetts	59,876	8,570	68,446	87%	13%	1%
Michigan	111,123	2,338	113,461	98%	2%	2%
Minnesota	53,018	3,865	56,883	93%	7%	1%
Mississippi	64,912	412	65,324	99%	1%	1%
Missouri	66,546	2,241	68,787	97%	3%	1%
Montana	24,985	2,283	27,268	92%	8%	1%
Nebraska	24,641	2,083	26,724	92%	8%	1%
Nevada	23,249	673	23,922	97%	3%	0%†
New Hampshire	24,101	1,735	25,836	93%	7%	0%†
New Jersey	122,619	9,272	131,891	93%	7%	3%
New Mexico	35,106	4,522	39,628	89%	11%	1%
New York	324,595	22,687	347,282	93%	7%	7%
North Carolina	136,172	3,810	139,982	97%	3%	3%
North Dakota	13,451	1,326	14,777	91%	9%	0%†

† Percentage is less than 0.5%.

(continued)

Exhibit B-1. State-level number and distribution of family planning users, by user sex, and distribution of all users by state: 2010 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Ohio	93,143	8,136	101,279	92%	8%	2%
Oklahoma	72,143	1,195	73,338	98%	2%	1%
Oregon	67,719	4,249	71,968	94%	6%	1%
Pennsylvania	287,126	30,409	317,535	90%	10%	6%
Rhode Island	20,913	3,459	24,372	86%	14%	0%†
South Carolina	90,161	3,509	93,670	96%	4%	2%
South Dakota	9,601	429	10,030	96%	4%	0%†
Tennessee	116,644	258	116,902	100%	0%†	2%
Texas	254,047	15,912	269,959	94%	6%	5%
Utah	37,437	6,023	43,460	86%	14%	1%
Vermont	6,535	522	7,057	93%	7%	0%†
Virginia	75,914	7,315	83,229	91%	9%	2%
Washington	94,239	3,965	98,204	96%	4%	2%
West Virginia	52,603	5,081	57,684	91%	9%	1%
Wisconsin	53,405	4,547	57,952	92%	8%	1%
Wyoming	11,904	1,278	13,182	90%	10%	0%†
Jurisdictions/ Territories						
Puerto Rico	15,561	1,180	16,741	93%	7%	0%†
U.S. Virgin Islands	3,250	67	3,317	98%	2%	0%†
Pacific region ^a	22,384	7,580	29,964	75%	25%	1%
Total All Users	4,822,570	402,292	5,224,862	92%	8%	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. State-level number and distribution of family planning users, by user income level: 2010
(Source: FPAR Table 4)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
Alabama	82,759	20,494	1,646	154	105,053	79%	20%	2%	0%†
Alaska	7,529	1,770	402	0	9,701	78%	18%	4%	0%
Arizona	38,911	6,193	5,203	92	50,399	77%	12%	10%	0%†
Arkansas	50,707	20,150	2,078	3,208	76,143	67%	26%	3%	4%
California	912,784	231,288	69,120	11,799	1,224,991	75%	19%	6%	1%
Colorado	52,527	13,739	1,909	0	68,175	77%	20%	3%	0%
Connecticut	15,953	24,170	2,556	2,865	45,544	35%	53%	6%	6%
Delaware	13,469	7,020	1,099	2,439	24,027	56%	29%	5%	10%
District of Columbia	14,166	1,369	676	7,054	23,265	61%	6%	3%	30%
Florida	102,887	47,203	4,347	74,781	229,218	45%	21%	2%	33%
Georgia	107,513	26,466	1,863	0	135,842	79%	19%	1%	0%
Hawaii	18,185	3,658	1,319	131	23,293	78%	16%	6%	1%
Idaho	16,042	7,256	841	0	24,139	66%	30%	3%	0%
Illinois	93,743	20,782	2,344	15	116,884	80%	18%	2%	0%†
Indiana	34,659	10,135	1,106	0	45,900	76%	22%	2%	0%
Iowa	46,331	13,131	15,742	26	75,230	62%	17%	21%	0%†
Kansas	24,221	14,733	1,834	2,503	43,291	56%	34%	4%	6%
Kentucky	75,045	23,916	3,194	1,624	103,779	72%	23%	3%	2%
Louisiana	49,572	3,796	164	268	53,800	92%	7%	0%†	0%†
Maine	14,808	8,876	2,645	1,378	27,707	53%	32%	10%	5%
Maryland	58,554	11,557	3,473	4,843	78,427	75%	15%	4%	6%
Massachusetts	43,448	21,705	2,029	1,264	68,446	63%	32%	3%	2%
Michigan	79,905	29,110	4,394	52	113,461	70%	26%	4%	0%†
Minnesota	34,684	16,600	5,589	10	56,883	61%	29%	10%	0%†
Mississippi	56,380	8,671	237	36	65,324	86%	13%	0%†	0%†
Missouri	40,663	22,284	5,840	0	68,787	59%	32%	8%	0%
Montana	15,279	7,837	4,152	0	27,268	56%	29%	15%	0%
Nebraska	13,587	9,003	3,719	415	26,724	51%	34%	14%	2%
Nevada	15,046	5,213	2,113	1,550	23,922	63%	22%	9%	6%
New Hampshire	13,405	7,501	2,449	2,481	25,836	52%	29%	9%	10%
New Jersey	55,191	72,821	3,879	0	131,891	42%	55%	3%	0%

UK/NR=unknown or not reported.

(continued)

Note: Due to rounding, percentages may not sum to 100%. Title X-funded agencies calculate and report user income as a percentage of poverty based on 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 Website at <http://aspe.hhs.gov/poverty>.

† Percentage is less than 0.5%.

Exhibit B–2. State-level number and distribution of family planning users, by user income level: 2010
(Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
New Mexico	30,623	5,012	957	3,036	39,628	77%	13%	2%	8%
New York	228,270	96,615	19,445	2,952	347,282	66%	28%	6%	1%
North Carolina	95,187	37,107	7,327	361	139,982	68%	27%	5%	0%†
North Dakota	7,228	5,250	2,271	28	14,777	49%	36%	15%	0%†
Ohio	66,509	30,221	4,280	269	101,279	66%	30%	4%	0%†
Oklahoma	52,249	20,103	986	0	73,338	71%	27%	1%	0%
Oregon	51,086	15,435	1,433	4,014	71,968	71%	21%	2%	6%
Pennsylvania	201,392	78,776	29,539	7,828	317,535	63%	25%	9%	2%
Rhode Island	19,419	4,325	603	25	24,372	80%	18%	2%	0%†
South Carolina	86,170	6,381	1,119	0	93,670	92%	7%	1%	0%
South Dakota	6,757	2,355	680	238	10,030	67%	23%	7%	2%
Tennessee	93,391	19,446	4,065	0	116,902	80%	17%	3%	0%
Texas	200,891	62,821	3,219	3,028	269,959	74%	23%	1%	1%
Utah	27,421	12,011	4,028	0	43,460	63%	28%	9%	0%
Vermont	2,637	2,084	776	1,560	7,057	37%	30%	11%	22%
Virginia	46,927	30,400	1,435	4,467	83,229	56%	37%	2%	5%
Washington	60,986	30,132	7,003	83	98,204	62%	31%	7%	0%†
West Virginia	52,727	4,941	7	9	57,684	91%	9%	0%†	0%†
Wisconsin	40,469	14,651	2,193	639	57,952	70%	25%	4%	1%
Wyoming	8,844	3,487	851	0	13,182	67%	26%	6%	0%
Jurisdictions/ Territories									
Puerto Rico	13,394	1,184	166	1,997	16,741	80%	7%	1%	12%
U.S. Virgin Islands	2,926	335	56	0	3,317	88%	10%	2%	0%
Pacific region ^a	25,357	138	39	4,430	29,964	85%	0%†	0%†	15%
Total All Users	3,618,813	1,201,657	250,440	153,952	5,224,862	69%	23%	5%	3%

UK/NR=unknown or not reported.

Note: Due to rounding, percentages may not sum to 100%. Title X-funded agencies calculate and report user income as a percentage of poverty based on 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 Website at <http://aspe.hhs.gov/poverty>.

^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%.

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Appendix C

Methodological Notes

Methodological Notes

INTRODUCTION

In February 2011, 89 Title X service grantees submitted Family Planning Annual Reports (FPARs) for the 2010 reporting period (January 1, 2010 to December 31, 2010). Grantees submitted 86 reports (97%) by the February 15 due date, and 86 reports (97%) using the Office of Population Affairs (OPA) Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered into *GrantSolutions* the data for three hardcopy reports, thereby consolidating all FPAR data into a single electronic file. HHS regional staff and the FPAR Data Coordinator reviewed and approved all FPARs prior to sending RTI the first electronic data file on March 21, 2011.

After receiving the initial data file, RTI 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 sent RTI the second and final electronic data file on June 21, 2011.

This appendix summarizes table-specific notes from grantees and OPA staff (RPCs, other regional staff, and the FPAR Data Coordinator) about the 2010 FPAR data, as well as issues identified by RTI during validation. The comments are organized according to the FPAR reporting table to which they apply, and not according to the exhibits in the main body of the *FPAR 2010 National Summary*.

FPAR COVER SHEET: GRANTEE PROFILE

Between 2009 and 2010, there was no change in the number of grantees and a net decrease of 35 delegates. Eleven grantees reported an increase in the number of delegates while 23 reported a decrease. Six grantees attributed the decrease in the number of delegates to one or more of the following reasons: delegate closures or discontinuation of services, consolidation of delegates, and reduced funding.

Between 2009 and 2010, there was a net decrease of 126 service sites. Eleven grantees reported an increase in service sites while 35 reported a decrease. One grantee attributed the increase in number of sites to the increased demand for services. Fifteen grantees attributed the decrease in number of sites to site closures or consolidation of sites, reduced funding, staff shortages, and changes in subcontracting arrangements.

Four grantees reported data for a different 12-month period than the 2010 calendar year (December 1, 2009 to November 30, 2010).

FPAR TABLE 1: USERS BY AGE AND SEX

Between 2009 and 2010, there was a net increase of 38,595 users. Of the 86 grantees operating in both 2009 and 2010, 40 reported an increase in users and 46 reported a decrease.

Fourteen grantees attributed the increase in number of family planning users to one or more of the following reasons: increase in the population in need of free or subsidized services; increased outreach to, or services for, selected client groups (e.g., males, teens); increased availability of non-traditional operating hours; increased clinic efficiency (e.g., pairing scribes with clinicians, better appointment system); improved data collection and reporting; and increased site capacity.

Twenty grantees attributed the decrease in number of family planning users to one or more of the following reasons: reduction in number of delegates or service sites; reduced funding; staffing issues (e.g., reduction in staff due to funding constraints, challenges in recruiting and retaining qualified staff); reduced or modified hours of operation; decrease in the size of the target population (e.g., incarcerated, emigration); improvements in data collection and reporting, increased supply of publicly funded service providers; disruption of clinic hours due to inclement weather; decrease in outreach; over-the-counter access to emergency contraception; client concerns about immigration enforcement (immigrant users' fear of being "turned in" to government officials); and increased documentation requirements. Of the eight grantees who attributed a decrease in number of family planning users to reduced funding, all were state health departments and seven attributed their decrease in funding to a decrease in their respective state's budget.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Between 2009 and 2010, the percentage of total female users with an unknown race (13%) or unknown ethnicity (2%) remained stable. Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown or not reported race. Of the 13% of total female users for whom race was unknown or not reported in 2010, 73% identified as Hispanic or Latino. Sixteen 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. In addition, four grantees attributed the large percentage of female users with unknown race or ethnicity to problems with data collection and staff training, while three grantees attributed a reduction in number of female users with an unknown race or ethnicity to improved data collection.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Between 2009 and 2010, the percentage of total male users with an unknown race decreased from 17% to 16%, while unknown ethnicity (3%) remained stable. Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown or not reported race. Of the 16% of total male users for whom race was unknown or not reported in 2010, 75% identified as Hispanic or Latino. Fourteen 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. In addition, four grantees attributed the large percentage of male users with unknown race or ethnicity to problems with data collection and staff training, while three grantees attributed the reduction in number of male users with an unknown race or ethnicity to improved data collection.

FPAR TABLE 4: USERS BY INCOME LEVEL

Thirteen grantees attributed the high or increased number of family planning users with unknown or not reported income to one or more of the following reasons: problems with data collection, including inadequate adherence to data collection protocols, client refusal to report income data, or a failure of sites to collect income data for specific client subgroups (e.g., education-only visits). One grantee attributed a decreased number of family planning users with unknown or not reported income to improved data collection.

Two grantees attributed a high or increased number of family planning users at lower income levels to poor economic conditions in their service area. Five grantees attributed the increased number of family planning users with incomes over 250% of poverty to one or more of the following reasons: increased number of newly uninsured users with higher incomes; increased number of services that attract a higher income population (e.g., LARC insertions); and the addition of delegates that serve a higher percentage of higher-income users.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Three grantees attributed the high or increased number of family planning users with unknown or not reported principal health insurance coverage status to problems with data collection, including failure of sites to collect insurance coverage data for specific client subgroups (e.g., clients who do not plan to use their insurance to pay for services). Three grantees attributed the decreased number of family planning users with unknown or not reported principal health insurance coverage status to improved data collection.

FPAR TABLE 6: USERS WITH LIMITED ENGLISH PROFICIENCY

Ten grantees attributed the high or increased number of limited English proficient (LEP) family planning users to one or more of the following reasons: improved data collection, an increase in the number of users who are LEP immigrants, or increased outreach to minority communities.

Seven grantees attributed the decrease in the number of LEP users to one or more of the following reasons: underreporting of LEP users due to problems with data collection and reporting, increased English-speaking abilities of their client population, or new delegates who are beginning outreach in LEP communities.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Hormonal injection users—Twelve grantees in seven regions (I, II, III, IV, VI, VII, and IX) reported a total of 230 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.04% of all 643,682 hormonal injection users reported in 2010.

Sterilization users under 20—Four grantees reported five female users under 20 who relied on female sterilization as their primary contraceptive method. These grantees confirmed that these female users had been sterilized prior to seeking services at the Title X service site.

LARC methods—Between 2009 and 2010, the percentage female users relying on LARC methods (IUDs or implants) increased from 5% to 6% among all female users and 6% to 7% among those using a known method (excludes unknown/not reported and includes abstinence, withdrawal, and “other” methods). Eighteen grantees reported an increase in LARC use, and of these grantees, 10 attributed the high or increased number of LARC users to one or more of the following reasons: increased LARC acceptance and awareness resulting from marketing and community education efforts, increased funding or insurance coverage for LARCs, increased staff training on LARCs and LARC insertion techniques, and increased availability. One grantee attributed a decrease in IUD use to decreased funding of a local IUD promotion program. Likewise, one grantee commented that hormonal implants were too expensive to provide at delegate service sites.

Unknown method—In previous *FPAR National Summaries*, female users whose primary contraceptive method was unknown or not reported were assumed to be using a method, and these users were included in the percentage of female users using a method in the second to the last row of *Exhibits 18 to 21*. An assessment of grantee comments indicates that method use information for these female users is missing from the client record and that we cannot assume that a method was continued or adopted at exit from the encounter. A new row (“Method Unknown”) has been added to the bottom of *Exhibits 18 to 21* to provide a more accurate summary of female primary method use.

Furthermore, eight grantees attributed the high or increased number of female users with an unknown primary method to problems with data systems or collection, including clients unsure about their method of choice at the end of their visit, primary method coding in new electronic medical records systems or existing systems, or non-collection of primary method data for specific client subgroups or encounters (e.g., stand-alone pregnancy, over-the-counter supply, or education-only visits). Three grantees attributed the low or decreased number of female users with an unknown primary method to improved staff training or improved data collection methods.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Unknown method—In previous *FPAR National Summaries*, male users whose primary contraceptive method was unknown or not reported were assumed to be using a method, and these users were included in the percentage of male users using a method in the second to the last row of *Exhibits 22 to 25*. An assessment of grantee comments indicates that method use

information for these male users is missing from the client record and that we cannot assume that a method was continued or adopted at exit from the encounter. A new row (“Method Unknown”) has been added to the bottom of *Exhibits 22 to 25* to provide a more accurate summary of male primary method use.

Furthermore, six grantees attributed the high or increased number of male users with an unknown primary method to problems with data systems or data collection, including inadequate adherence to data collection protocols, problems with data coding in new electronic medical record systems, or failure to collect primary contraceptive method data for specific client subgroups or encounters (e.g., education-only visits). Six grantees attributed the decreased number of male users with an unknown primary method to improved data collection that resulted from increased technical assistance, improved staff training, and increased communication with male clients.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Thirty-eight grantees attributed a decrease in the number of female users screened and Pap tests performed to adoption of updated cervical cancer screening guidelines, while four grantees attributed the decline to a decrease in the number of pelvic exams or females served. Five grantees attributed an increase in cervical cancer screening to an increase in the number of female users served or more accurate reporting.

One grantee noted that Pap testing data were incomplete for users with Medicaid or Medicaid HMO coverage.

FPAR TABLE 10: BREAST CANCER SCREENING ACTIVITIES

Five grantees attributed an increase in the number of users that received a clinical breast exam (CBE) to improved data collection or an increased number of older female users.

Eleven grantees attributed a decrease in the number of users who received a CBE to provider adherence to breast cancer screening guidelines, while 10 grantees attributed a decrease to an increased number of younger users, a decreased number of clients served, and a decrease in female users receiving physical exams.

One grantee noted that the number of reported CBEs was an estimate based on the comprehensive/global billing code for a complete physical exam, and three grantees commented that CBE data were incomplete due to issues related to new electronic health records systems, lack of adherence to data collection protocols, or lack of screening data for users with Medicaid or Medicaid HMO coverage.

One grantee attributed the increase in CBE-related referrals to improved collection of referral data. One grantee attributed the decrease in CBE-related referrals to improved collection of referral data from the previous year, while another grantee attributed the decrease to a decreased number of clients served. Two grantees reported that referral data were incomplete because of lack of adherence to data collection protocols.

FPAR TABLE 11: USERS TESTED FOR CHLAMYDIA BY AGE AND SEX

Eleven grantees attributed an increase in the number of users tested for chlamydia to one or more of the following reasons: increased number of users, improved adherence to screening guidelines, participation in the Infertility Prevention Project, improved data collection, or additional funding to tests more users.

Thirteen grantees attributed the decrease in the number of users tested for chlamydia to one or more of the following reasons: improved adherence to screening guidelines, a decline in the size of the target populations, discontinuation of the funds from the Infertility Prevention Project, site closures, and an increase in non-exam appointments.

Five grantees noted that chlamydia testing data were incomplete due to problems with data systems, including lack of data for selected delegates or user subgroups (e.g., users whose services were paid for by Medicaid/Medicaid HMO) or an accidental loss of data.

FPAR TABLE 12: STD TESTING BY SEX

Gonorrhea—Twelve grantees attributed the increase in the number of gonorrhea tests performed to one or more of the following reasons: improved adherence to screening recommendations, better data collection systems, use of a combined test for chlamydia and gonorrhea, implementation of opt-out testing, increased number of users, lower cost of testing services, or increased funding for testing. Furthermore, seven grantees attributed the decrease in the number of gonorrhea tests performed to greater adherence to testing guidelines, better data collection, a decrease in the number of IPP-funded testing sites, or a decrease in the size of the target population.

Syphilis—Seven grantees attributed the increase in the number of syphilis tests performed to one or more of the following factors: improved data collection, outreach to and increased testing of male populations, a syphilis outbreak, improved adherence to STD testing recommendations, or lower cost of testing services. Twelve grantees attributed the decrease in the number of syphilis tests performed to lack of dedicated funding, a decrease in the size of the target population, improved adherence to screening guidelines, increased cost of syphilis tests, or decreased need in the community.

HIV—Fifteen grantees attributed the increase in the number of confidential HIV tests performed to one or more of the following factors: implementation of opt-out testing, use of rapid HIV testing technology, the integration of HIV testing services into family planning, increased marketing and promotion of HIV testing programs, increased funding for HIV testing, improved data collection, increase in clients, changes in state-level HIV legislation, or lower cost of testing services. Eight grantees attributed the decrease in the number of confidential HIV tests performed to one or more of the following reasons: a loss of dedicated funding, improved data collection, increased HIV outreach and testing programs from non-Title X sources in the community, or a decreased number of users.

General—One grantee noted that routine testing of prenatal patients may have resulted in an overestimate of the number of STD tests reported on the FPAR because the tests were credited to the family planning program, rather than to the prenatal program. Furthermore,

two grantees noted that STD test figures were incomplete due to problems with data collection systems (i.e., accidental loss of data) or incomplete STD testing data for specific client subgroups (e.g., users for one grantee with Medicaid or Medicaid HMO coverage).

FPAR TABLE 13: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION

In 2005, OPA began collecting FTE data for a new category of clinical services provider (CSP) in an effort to monitor the role of “other CSPs”—specifically, registered nurses with expanded scopes of practice who deliver clinical family planning services traditionally delivered by physician and midlevel providers (physician assistants, nurse practitioners, and certified nurse midwives). 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*.”

Since the collection of other CSP FTE data began, OPA regional and grantee staff have provided technical assistance to grantees and delegates to improve the quality of these data and reduce over-reporting of the other CSP FTEs or CSP encounters attributed to staff that do not meet the FPAR definition of a CSP. As a result, there has been a steady decline in the number of other CSP FTEs reported and in the number of grantees reporting other CSP FTEs. Between 2005 and 2010, the number of other CSP FTEs reported decreased 76%, from 2,641 in 2005 to 633 in 2010.

Staffing—Eight grantees attributed the decrease in the number of CSP FTEs to reduced funding, staffing changes, or a decrease in number of delegates. Two others noted that the FTE data were underreported because they excluded FTE data for delegates that discontinued participation in the program or delegates that were unable to report FTE data for selected encounters. Two grantees attributed the increase in CSP FTEs to either an expansion of services to new sites or a shift in the delivery of care from non-CSPs to CSPs. One grantee commented that the reported CSP FTE data were estimates based on payroll or clinical data systems.

Encounters—Five grantees attributed the increase in CSP encounters to expanded services or increased demand, increased staffing, increased number of sites, or better data collection. Ten grantees attributed the decrease in CSP encounters to budget and staffing reductions, decreased demand, improved reporting of CSP data, or an increase in clinic efficiency. One grantee noted that encounter data were incomplete for users covered by Medicaid or Medicaid HMO.

Ten grantees attributed the increase in non-CSP encounters to better data collection and improved reporting of non-CSP encounters. Three grantees attributed a decrease in the number of non-CSP encounters to a decreased number of sites, decreased demand, or changes in clinic flow resulting in a shift toward delivery by CSPs.

FPAR TABLE 14: REVENUE REPORT

Title X revenue (row 1)—Title X revenue includes 2010 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and male involvement).

Other federal grant revenue (rows 3 and 4)—Grantees specified the following sources of other federal grant revenue on rows 3 and 4: American Recovery and Reinvestment Act New Access Points grant (ARRA NAP), the Health Resources Services Administration (HRSA), and the Office on Women’s Health (HIV Prevention Funds).

Medicaid revenue (row 7a)—Medicaid revenue reported on row 7a included revenue from state Medicaid family planning eligibility expansions in 26 states in all 10 HHS regions. The states, by region, include the following:

Region I—Rhode Island

Region II—New York

Region III—Delaware, Pennsylvania, and Virginia

Region IV—Alabama, Florida, North Carolina, Mississippi, and South Carolina

Region V—Illinois, Michigan, Minnesota, and Wisconsin

Region VI—Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII—Iowa and Missouri

Region VIII—Wyoming

Region IX—Arizona and California

Region X—Oregon and Washington

Other revenue (rows 15 to 17)—Sources of other revenue include carry over, client and other donations, consultation fees, the U.S. Centers for Disease Control and Prevention (e.g., Infertility Prevention Project, Breast and Cervical Cancer Early Detection Program, HIV/AIDS Prevention and Testing, HIV Integration, and STD Control), contraceptive revenue, revenue from training and education activities, delegate and other program revenue, foundation or private grants, social service charities, state grants, student health fees, subcontracts, uncompensated care, refunds, rental income, interest or investment income, general funds, Healthy Woman Program, Home Health Services Public Health Support, Male Service Initiative, Project Connect, Refugee Health Program, United Nations Population Fund, Women/Girls HIV Awareness Grant, and Woman’s Health Connection.

TREND EXHIBITS

Exhibits A-7a, A-7b, and A-7c—In the *FPAR National Summaries* for 1999 to 2004 (*Table A-6*) and 2005 (*Exhibit A-7a*), the primary contraceptive use trend data for 1999 excluded 8,271 female users from the total number because the grantee did not report a method of contraception for them. The correct total number of female users in 1999 was 4,315,040 and not 4,306,769, as shown in these trend tables from previous reports. In the *FPAR 2010 National Summary*, these 8,271 users are included in the unknown method cell of

the 1999 primary contraceptive use column, bringing the total number of female users with an unknown method in 1999 to 162,056 (instead of 153,785) and the total number of female primary method users to 3,746,113 (instead of 3,737,842).

Exhibit A-7b—In the *FPAR National Summaries* for 1999 to 2009, female users for whom the primary contraceptive method was unknown or not reported were assumed to be using a method, and these users were included in the table presenting the distribution of methods across female method users. An assessment of grantee comments in the FPAR reports for 2005 to 2010 indicates that method use information for these female users is missing from the client record and that we cannot assume that a method was continued or adopted at exit from the encounter. In the *2010 FPAR National Summary*, female users with an unknown or not reported method in 1999 to 2010 are excluded from ***Exhibit A-7b***.