

# Title X Family Planning Annual Report

## 2013 National Summary





November 2014

# Family Planning Annual Report: 2013 National Summary

Prepared for

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## **SUGGESTED CITATION**

Fowler, C. I., Gable, J., & Wang, J. (2014, November). *Family Planning Annual Report: 2013 national summary*. Research Triangle Park, NC: RTI International.

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## **ADDITIONAL COPIES**

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## **ACKNOWLEDGMENTS**

This report was prepared at RTI International by Christina Fowler (Senior Health Services Research Analyst), Julia Gable (Statistician), and Jiantong Wang (Statistician). Sharon Barrell and Margaret Smith (Editors); Roxanne Snaauw, Cathy Boykin, and Judy Cannada (Document Preparation Specialists); and Cheryl Velez, Kimberly Cone, Teresa Bass, and Danny Occoquan (Web Conversion Team) provided publications assistance. Nathan Sikes, Yuying Zhang, and Al-Nisa Berry provided support for web-based data collection.

For their help resolving data validation issues or reviewing the final report, the authors thank U.S. Department of Health and Human Services (HHS) staff Susan Moskosky (Acting Director, Office of Population Affairs [OPA]), CDR Nancy Mautone-Smith (Public Health Advisor, OPA), Evelyn Glass (FPAR Consultant), and HHS staff in regional offices. We also acknowledge the assistance of RTI analysts Beth Lasater and Emily McClure for their help in validating the data.

RTI prepared this report under OPA contract number HHSP23320095651WC/HHSP23337041T. The conclusions expressed in this report are those of the authors and do not necessarily represent the views of HHS or OPA.

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# Executive Summary

The Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive health care. Title X-funded services include contraceptive education and counseling; pregnancy diagnosis and counseling; cervical and breast cancer screening; and sexually transmitted disease (STD) and human immunodeficiency virus (HIV) education, testing, and referral.<sup>1</sup> The program is implemented through grants to over 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in 4,200 sites to all individuals who want and need these services, with priority to those from low-income families.<sup>1</sup> For many clients, Title X-funded providers are their only ongoing source of health care and health education.<sup>2</sup> In fiscal year 2013, the Title X program received approximately \$278.3 million in funding.<sup>3</sup>

Annual submission of the Family Planning Annual Report (FPAR) is required of all Title X services grantees.<sup>4,5</sup> The 15-table FPAR provides grantee-level data on the demographic and social characteristics of Title X clients, their use of family planning and related preventive health services, and staffing and revenue. FPAR data have multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. In addition, OPA uses FPAR data to respond to inquiries from policy makers and Congress about the program and to estimate the impact of Title X on key reproductive health outcomes.

The purpose of the *Family Planning Annual Report: 2013 National Summary* is to present the national-, regional-, and state-level findings for the 2013 reporting period (calendar year) and trends (2003–2013 or 2005–2013) for selected measures. Below we highlight key findings.

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## KEY 2013 FPAR FINDINGS

**A network of public and private nonprofit health and community service agencies deliver Title X services.** In 2013, Title X-funded services were implemented through grants to 95 agencies, including 50 (53%) state and local health departments and 45 (47%) nonprofit family planning and community health agencies. Title X funds supported a network of 4,168 service sites operated by grantees and 1,181 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States.

**Title X providers serve a vulnerable population, most of whom are female, poor, uninsured, and young.** In 2013, Title X-funded providers served almost 4.6 million family planning users (i.e., clients) through almost 8.2 million family planning encounters. 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. A *family planning encounter* is a documented, face-to-face contact between an individual and a family planning provider with the purpose of delivering family planning and related preventive health services to avoid unintended pregnancies or achieve intended pregnancies. More than 9 of every 10 users (92%) were

female, 70% had family incomes at or below the poverty level (\$23,550 for a family of four in the 48 contiguous states and DC),<sup>6</sup> 63% were uninsured, and 47% were under 25.

**Title X providers serve a racially and ethnically diverse population.** Of almost 4.6 million family planning users served in 2013, 30% self-identified with at least one of the nonwhite Office of Management and Budget (OMB) race categories (black or African American, Asian, Native Hawaiian or Pacific Islander, or American Indian or Alaska Native), 30% self-identified as Hispanic or Latino, and 13% were limited English proficient.

**Title X providers offer clients a broad range of effective, medically safe contraceptive methods approved by the U.S. Food and Drug Administration (FDA).** In 2013, 85% (3.5 million) of all female users adopted or continued use of a contraceptive method at exit from their last encounter. More than 6 of every 10 exited the encounter with a contraceptive method that was highly (11%) or moderately effective (52%) in preventing unintended pregnancy.<sup>7</sup> Thirteen percent of female users exited the encounter with no primary method, either because they were pregnant or seeking pregnancy (9%) or for other reasons (4%).

**Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients.** In 2013, 8% (373,237) of all Title X users were men, a number that has grown by 64% since 2003. Most male Title X users were in their 20s (50%) or teens (17%), and 88% (329,825) adopted or continued use of condoms (75%) or another contraceptive method (14%) at exit from their last encounter. In addition, Title X providers tested 67% of all male users (77% of those under 25) for chlamydia and provided testing for several other STDs, including tests for gonorrhea (7.3 tests per 10 male users), HIV (5.3 tests per 10 male users), and syphilis (3.3 tests per 10 male users).

**Title X-funded cancer screening contributes to early detection and management.** In 2013, Title X providers conducted Papanicolaou (Pap) testing on over 988,000 female users. Fourteen percent of the over 1.0 million Pap tests performed had an indeterminate or abnormal result requiring further evaluation or possible treatment. In addition, providers performed clinical breast exams on almost 1.6 million users and referred 4% of those examined for further evaluation based on abnormal findings.

**Title X-funded STD and HIV services prevent transmission and adverse health consequences.** In 2013, Title X providers tested 60% (1.2 million) of female users under 25 for chlamydia. In addition, providers performed 2.6 million gonorrhea tests (5.6 tests per 10 users), 1.2 million confidential HIV tests (2.6 per 10 users), and over 687,500 syphilis tests (1.5 per 10 users). Of the confidential HIV tests performed, 1,771 were positive for HIV.

**A variety of qualified health providers deliver Title X-funded clinical services.** In 2013, 3,217 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 66% of total CSP FTEs, with the remaining FTEs divided between physicians (18%) and registered nurses with an expanded scope of practice (16%). A CSP attended 71% of the 8.2 million family planning encounters in 2013.

**Six sources account for almost 9 of every 10 dollars in Title X project revenue.** In 2013, Title X grantees reported total program revenue of almost \$1.3 billion to support Title X-funded activities. Six sources accounted for 87% of total revenue: Medicaid (39%, or

\$505.7 million), Title X (20%, or \$253.7 million), state governments (10%, or \$131.1 million), local governments (7%, or \$93.8 million), client fees (5%, or \$69.4 million), and private third-party reimbursements (5%, or \$69.2 million).

Compared with 2012, Title X projects reported a net decrease in 2013 total revenue of 1% (or \$6.5 million in 2013 constant dollars). The total increase (\$27.7 million) from private and other third-party payments (\$11.4 million), state government (\$10.7 million), local government (\$4.6 million), and other revenue sources (\$614,038) was less than the total decrease (\$34.2 million) from Title X (\$20.0 million), block grants (\$7.9 million), Medicaid (\$3.0 million), and client service fees (\$2.7 million). In addition, grantees and subrecipients operated 21 fewer service sites, served 206,000 fewer clients, and provided almost 458,700 fewer encounters in 2013 than in 2012.

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# 1 Introduction

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## 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,<sup>8</sup> is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). 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 cannot be used in programs where abortion is a method of family planning.<sup>8</sup> For many clients, Title X service sites provide the only continuing source of health care and health education. In fiscal year 2013, the program received approximately \$278.3 million in funding.<sup>3</sup>

OASH facilitates Title X grant application review and sets funding levels in accordance with federal regulations.<sup>8</sup> The HHS Regional Offices monitor the performance of the Title X grantees in their respective regions (see *Exhibit 1*).

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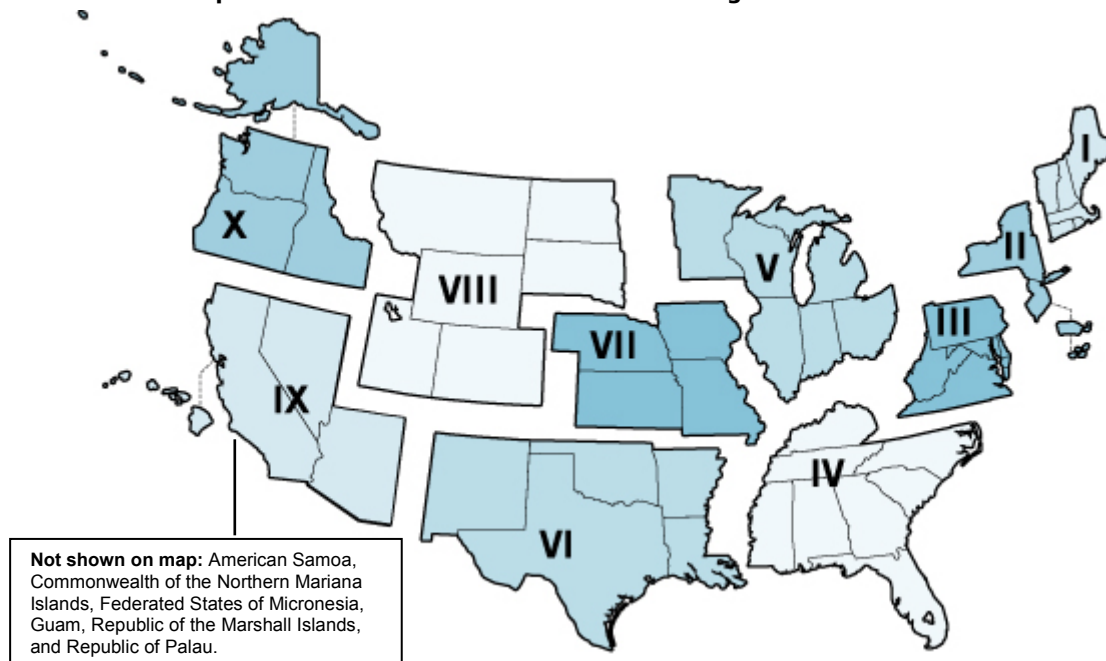
## FAMILY PLANNING ANNUAL REPORT

The Family Planning Annual Report (FPAR) is the only source of 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 program revenue. Annual submission of the FPAR is required of all Title X service grantees for purposes of monitoring and reporting program performance.<sup>4,5</sup> The FPAR data are presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.<sup>9</sup>

Title X administrators and grantees use FPAR data to

- monitor compliance with statutory requirements;
- comply with accountability and federal performance reporting requirements for Title X family planning funds, including but not limited to the Government Performance and Results Modernization Act and the Office of Management and Budget (OMB);
- 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



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## REPORT STRUCTURE

The *Family Planning Annual Report: 2013 National Summary* presents data for the 95 Title X service grantees that submitted an FPAR report for the 2013 reporting period (January 1, 2013, to December 31, 2013). The *National Summary* has four sections:

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

**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.

Additional data for the *National Summary* are included in three appendices: **Appendix A** presents trend data for selected indicators for 2003 to 2013 or 2003 to 2013. **Appendix B** presents information for 2013 on chlamydia testing rates and the number and distribution of users served by sex, income level, health insurance coverage status, and contraceptive use for each state, the District of Columbia, and the eight U.S. territories and Freely Associated States (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 other services providers. 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 other services providers.

**Family Planning Service Site**—A family planning service site refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, and/or referral) that comply with the Title X *Program Guidelines*<sup>10</sup> 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 provide 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 January 2011), pp. 5–7.

# 2 FPAR Methodology

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## DATA COLLECTION

The FPAR (*Title X Family Planning Annual Report: Forms and Instructions* [Reissued January 2011]) consists of 15 reporting tables, including a Grantee Profile.<sup>11</sup> 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. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by 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.

Throughout this report, we present the instructions for preparing each FPAR table alongside the table-specific findings. In addition, we use the term “table” when referring to an FPAR reporting table and “exhibit” when referring to the tabular presentation of the 2013 findings. Each exhibit identifies the FPAR table that is the source for the data presented.

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## DATA REPORTING

Title X service grantees are required to submit an FPAR by February 15 for the recently completed reporting period (January 1 to December 31). In February 2013, 95 grantees submitted FPARs for the 2013 reporting period. Grantees submitted 99% (94 reports) of FPARs by the February 15 due date and 100% (95 reports) using the web-based *FPAR Data System* (<https://fpar.opa.hhs.gov/>).

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## DATA VALIDATION

FPAR data undergo both electronic and manual validations prior to tabulation. During data entry, the *FPAR Data System* performs a set of automated validation procedures that ensure consistency within and across tables. These validation procedures include calculation of row and column totals and cross-table comparisons of selected cell values. Each validation procedure is based on a validation rule that defines which table cells to compare and what condition or validation test to apply (e.g., =, <, >, ≤, ≥).

After a grantee submits an FPAR, it goes through two levels of review by HHS staff. First, regional HHS staff review the FPAR and either accept it or return it to the grantee for correction or clarification. Once the regional HHS staff accept the FPAR, the FPAR Data Coordinator performs a second and final review, either accepting the FPAR or returning it to the HHS regional staff and the grantee for correction or clarification. When the FPAR Data Coordinator has accepted all FPARs, RTI International extracts the FPAR data from the *FPAR Data System* database and performs further electronic validations to identify potential reporting errors and problems, including missing (e.g., ≥ 10% unknown/not reported) and

out-of-range values for selected measures (e.g., STD test-to-user ratios). RTI also performs a manual review of all comments entered into the FPAR “Notes” fields.

RTI summarizes the results of the electronic and manual validations in a grantee-specific report, compiled by region, which RTI sends to the FPAR Data Coordinator for followup and resolution. Once HHS staff address all outstanding validation issues in the *FPAR Data System*, RTI extracts the final data file for tabulation and analysis.

### Guidance for Reporting User Demographic Profile Data in FPAR Tables 1 through 3

In FPAR **Tables 1, 2, and 3**, grantees report information on the demographic profile of family planning users, including age and sex (**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 sex, categorizing the users based on their age as of June 30th of the reporting period. The FPAR instructions provide the following guidance for reporting this information:

**Age Group**—Categorize family planning users based on their age as of June 30th of the reporting period.

In FPAR **Tables 2 and 3**, grantees report the unduplicated number of female (**Table 2**) and male (**Table 3**) family planning users by race and ethnicity. The FPAR instructions provide the following guidance for reporting this information:

**Race and Ethnicity**—The categories for reporting ethnicity and race in the FPAR conform to the Office of Management and Budget (OMB) 1997 Revisions to the *Standards for the Classification of Federal Data on Race and Ethnicity*<sup>12</sup> and are used by other HHS programs and compilers of such national data sets as the National Survey of Family Growth. If an agency wants to collect data for ethnicity 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.

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.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 13–14, A1–A2.

# 3 Findings

## GRANTEE PROFILE

In 2013, Title X-funded services were implemented through grants to 95 agencies, including 50 (53%) state and local health departments and 45 (47%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,181 subrecipients (subcontractors) and 4,168 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (*Exhibit 2*).

Between 2012 and 2013, there were small net increases in the total number of grantees and subrecipients. The number of grantees increased from 93 to 95, and the number of subrecipients increased from 1,148 to 1,181. In contrast, there was a net decrease of 21 service sites, from 4,189 to 4,168, with all except two regions (II and VI) reporting reductions of between 2 and 25 in the number of service sites (*Exhibit 2*).

**Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2012–2013 (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
<b>Grantees</b>											
2013	95	11	6	10	13	11	7	5	6	18	8
2012	93	11	7	9	13	11	6	5	6	17	8
<b>Difference</b>	<b>2</b>	<b>0</b>	<b>-1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>% Change</b>	<b>2%</b>	<b>0%</b>	<b>-14%</b>	<b>11%</b>	<b>0%</b>	<b>0%</b>	<b>17%</b>	<b>0%</b>	<b>0%</b>	<b>6%</b>	<b>0%</b>
<b>Subrecipients</b>											
2013	1,181	66	71	271	214	133	90	97	74	105	60
2012	1,148	67	75	265	184	129	78	101	75	113	61
<b>Difference</b>	<b>33</b>	<b>-1</b>	<b>-4</b>	<b>6</b>	<b>30</b>	<b>4</b>	<b>12</b>	<b>-4</b>	<b>-1</b>	<b>-8</b>	<b>-1</b>
<b>% Change</b>	<b>3%</b>	<b>-1%</b>	<b>-5%</b>	<b>2%</b>	<b>16%</b>	<b>3%</b>	<b>15%</b>	<b>-4%</b>	<b>-1%</b>	<b>-7%</b>	<b>-2%</b>
<b>Service Sites</b>											
2013	4,168	225	256	627	1,019	362	571	242	182	460	224
2012	4,189	238	253	633	1,044	364	521	251	185	474	226
<b>Difference</b>	<b>-21</b>	<b>-13</b>	<b>3</b>	<b>-6</b>	<b>-25</b>	<b>-2</b>	<b>50</b>	<b>-9</b>	<b>-3</b>	<b>-14</b>	<b>-2</b>
<b>% Change</b>	<b>-1%</b>	<b>-5%</b>	<b>1%</b>	<b>-1%</b>	<b>-2%</b>	<b>-1%</b>	<b>10%</b>	<b>-4%</b>	<b>-2%</b>	<b>-3%</b>	<b>-1%</b>

## FAMILY PLANNING USER DEMOGRAPHIC PROFILE

### Total Users (Exhibit 3)

In 2013, Title X-funded sites served 4.6 million family planning users, which was 4% (or 205,973 users) lower than the number served in 2012. Regions IV and IX accounted for 19% and 28%, respectively, of the total users served in 2013. Regions II, III, V, and VI each served between 8% and 11% of total users, and Regions I, VII, VIII, and X each served between 3% and 4%. Nine of 10 regions reported a decrease in users served that ranged between 10,132 and 54,620 (*Exhibit 3*). On average, the number of users per site decreased by 44, from 1,137 in 2012 to 1,094 in 2013 (not shown).

**Exhibit 3. Number, distribution, and percentage change in number of family planning users, by year and region: 2012–2013 (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
<b>Number</b>											
2013	4,557,824	182,684	470,836	520,403	852,400	401,935	372,296	167,286	152,248	1,269,252	168,484
2012	4,763,797	195,264	488,872	550,051	907,020	434,587	350,164	186,716	163,068	1,309,439	178,616
<b>Difference</b>	<b>-205,973</b>	<b>-12,580</b>	<b>-18,036</b>	<b>-29,648</b>	<b>-54,620</b>	<b>-32,652</b>	<b>22,132</b>	<b>-19,430</b>	<b>-10,820</b>	<b>-40,187</b>	<b>-10,132</b>
<b>% Change</b>	<b>-4%</b>	<b>-6%</b>	<b>-4%</b>	<b>-5%</b>	<b>-6%</b>	<b>-8%</b>	<b>6%</b>	<b>-10%</b>	<b>-7%</b>	<b>-3%</b>	<b>-6%</b>
<b>Distribution</b>											
2013	100%	4%	10%	11%	19%	9%	8%	4%	3%	28%	4%
2012	100%	4%	10%	12%	19%	9%	7%	4%	3%	27%	4%

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

Since 2003, the number of family planning users has declined 9% (or 454,224 users). The 2013 user figure is also 13% (or 667,038 users) lower than the highest number of users served by the program in 2010 (5.2 million) (*Exhibit A-1a* in *Appendix A*).

### Users by Sex (Exhibits 4 and 5)

Of the total number of users in 2013, 92% (4.2 million) were female and 8% (373,237) were male. By region, the percentage of total users who were female ranged from 87% (VIII) to 97% (IV) (*Exhibits 4* and *5*). *Exhibit B-1* (in *Appendix B*) presents the number and distribution of female and male family planning users in 2013 for each state, the District of Columbia, and the eight U.S. territories and Freely Associated States. It shows some variation by state in the percentages of users that were female (75% to 100%) and male (0% to 25%).

Since 2003, the percentage of users who are female decreased from 95% of total users in 2003 to 92% after 2009. Numerically, the number of female users decreased 13% (by 600,302 female users) between 2003 (4.8 million) and 2013 (4.2 million). During this same period, the number of male users grew by 64%, from 227,159 in 2003 to 373,237 in 2013 (*Exhibits A-1a* and *A-1b*).

## **Users by Age (Exhibits 4 and 5)**

In 2013, 51% (2.3 million) of family planning users were in their 20s, 31% (1.4 million) were 30 or over, and 18% (826,829) were 19 or under. By 5-year age group, the highest percentages of users were aged 20 to 24 years (29%), 25 to 29 years (22%), and 15 to 19 years (17%). Nationally, about the same percentages of female and male users were in their teens (18% vs. 17%) and 20s (51% vs. 50%), while a slightly higher percentage of male than female users were in their 30s or over (34% vs. 31%) (*Exhibits 4 and 5*).

By region, there were small differences in the distribution of users by age group. The percentage of users in their teens ranged from 16% (IX) to 22% (VIII), the percentage in their 20s ranged from 47% (I) to 54% (V), and the percentage 30 or over ranged from 27% (V and VIII) to 33% (II and VI). Users under 15 accounted for only 1% (45,633) of total users nationally and between 1% and 2% of total users by region.

Compared with female users, there was slightly more variation by region in the age distribution of male users. Among male users, between 12% (X) and 24% (I) were in their teens, 42% (IV) to 55% (V) were in their 20s, and 27% (II) to 42% (X) were 30 or over. Among female users, between 16% (IX) and 23% (VIII) were in their teens, 47% (I) to 54% (V) were in their 20s, and 26% (V and VIII) to 33% (II and VI) were 30 or over. Finally, family planning users under 15 accounted for 1% or less (IX) of female users and between 1% (V, VII, IX, and X) and 8% (IV) of male users (*Exhibits 4 and 5*).

Since 2003, there has been a gradual decrease in the number and percentage of family planning users 24 or under, with the largest declines among users in their teens. Numerically, the number of teenage users decreased 40% (by 559,174 users) between 2003 (1.4 million) and 2013 (826,829), while the number of users 20 to 24 decreased 17% (by 270,156 users), from 1.6 million (2003) to 1.3 million (2013). In contrast, the number of users 25 or over increased 18% (by 375,106 users) to 2.4 million in 2013 compared with 2.0 million in 2003 (*Exhibits A-2a and A-2b*).

## **Users by Race (Exhibits 6 through 14)**

In 2013, 56% (2.5 million) of all family planning users identified themselves as white, 21% (939,941) as black or African American, 3% (135,567) as Asian, and 1% as either Native Hawaiian or Other Pacific Islander (52,263) or American Indian or Alaska Native (34,051). Four percent (191,871) of all users self-identified with two or more of the five minimum race categories specified by OMB,<sup>12</sup> and race was either unknown or not reported for 15% (673,927) of all users (*Exhibit 6*).

The racial composition of female users (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed slightly in terms of the percentages in each group that self-identified as white (56% of female users vs. 50% of male users), black (20% vs. 25%), or Asian (3% vs. 2%). Additionally, race was unknown or not reported for a slightly higher percentage of male (17%) than female (15%) users. Hispanic or Latino users accounted for a majority of those with missing race data. Among the 15% (609,081) of female users for whom race was unknown or not reported in 2013, 75% (454,572) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 17% (64,846) of male users with unknown or not reported race, 69% (44,684) were Hispanic or Latino (*Exhibit 8*).

**Exhibit 4. Number of family planning users, by sex, age, and region: 2013 (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
<b>Female Users</b>											
Under 15	38,563	2,171	3,614	5,213	10,265	3,041	3,890	1,707	1,510	5,499	1,653
15 to 17	303,045	14,315	28,586	38,215	58,776	29,546	27,255	12,611	12,263	66,495	14,983
18 to 19	423,201	16,455	40,245	46,274	82,551	41,899	35,218	16,755	16,959	109,811	17,034
20 to 24	1,214,655	42,774	117,679	128,960	243,321	117,873	96,520	44,440	41,413	337,824	43,851
25 to 29	919,636	33,250	98,319	99,569	185,290	81,092	74,212	31,344	26,525	256,610	33,425
30 to 34	574,516	20,795	63,130	63,619	120,619	47,200	54,213	20,427	15,917	147,216	21,380
35 to 39	329,110	12,713	36,958	35,053	66,599	24,903	33,320	11,714	8,801	86,557	12,492
40 to 44	202,282	9,200	22,186	21,967	36,567	14,203	18,082	7,555	5,292	60,073	7,157
Over 44	179,579	9,427	20,736	24,843	25,763	10,809	12,537	8,128	4,269	58,050	5,017
<b>Subtotal</b>	<b>4,184,587</b>	<b>161,100</b>	<b>431,453</b>	<b>463,713</b>	<b>829,751</b>	<b>370,566</b>	<b>355,247</b>	<b>154,681</b>	<b>132,949</b>	<b>1,128,135</b>	<b>156,992</b>
<b>Male Users</b>											
Under 15	7,070	845	959	1,373	1,836	160	259	134	457	974	73
15 to 17	24,107	2,545	2,634	5,751	1,691	1,458	771	703	1,077	6,923	554
18 to 19	30,843	1,710	3,881	5,392	1,711	2,591	1,528	1,163	1,515	10,615	737
20 to 24	105,533	5,553	12,611	15,190	5,418	10,061	5,029	4,021	5,387	39,440	2,823
25 to 29	79,840	4,160	8,637	10,158	4,121	7,257	3,217	2,828	4,379	32,622	2,461
30 to 34	47,742	2,422	4,744	6,084	2,700	4,209	2,104	1,618	2,635	19,497	1,729
35 to 39	26,767	1,380	2,260	3,620	1,807	2,050	1,402	849	1,486	10,824	1,089
40 to 44	18,554	1,124	1,351	2,641	1,312	1,360	1,010	491	930	7,582	753
Over 44	32,781	1,845	2,306	6,481	2,053	2,223	1,729	798	1,433	12,640	1,273
<b>Subtotal</b>	<b>373,237</b>	<b>21,584</b>	<b>39,383</b>	<b>56,690</b>	<b>22,649</b>	<b>31,369</b>	<b>17,049</b>	<b>12,605</b>	<b>19,299</b>	<b>141,117</b>	<b>11,492</b>
<b>All Users</b>											
Under 15	45,633	3,016	4,573	6,586	12,101	3,201	4,149	1,841	1,967	6,473	1,726
15 to 17	327,152	16,860	31,220	43,966	60,467	31,004	28,026	13,314	13,340	73,418	15,537
18 to 19	454,044	18,165	44,126	51,666	84,262	44,490	36,746	17,918	18,474	120,426	17,771
20 to 24	1,320,188	48,327	130,290	144,150	248,739	127,934	101,549	48,461	46,800	377,264	46,674
25 to 29	999,476	37,410	106,956	109,727	189,411	88,349	77,429	34,172	30,904	289,232	35,886
30 to 34	622,258	23,217	67,874	69,703	123,319	51,409	56,317	22,045	18,552	166,713	23,109
35 to 39	355,877	14,093	39,218	38,673	68,406	26,953	34,722	12,563	10,287	97,381	13,581
40 to 44	220,836	10,324	23,537	24,608	37,879	15,563	19,092	8,046	6,222	67,655	7,910
Over 44	212,360	11,272	23,042	31,324	27,816	13,032	14,266	8,926	5,702	70,690	6,290
<b>Total All Users</b>	<b>4,557,824</b>	<b>182,684</b>	<b>470,836</b>	<b>520,403</b>	<b>852,400</b>	<b>401,935</b>	<b>372,296</b>	<b>167,286</b>	<b>152,248</b>	<b>1,269,252</b>	<b>168,484</b>



**Exhibit 5. Distribution of family planning users, by sex, age, and region: 2013 (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
<b>Female Users</b>											
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%†	1%
15 to 17	7%	9%	7%	8%	7%	8%	8%	8%	9%	6%	10%
18 to 19	10%	10%	9%	10%	10%	11%	10%	11%	13%	10%	11%
20 to 24	29%	27%	27%	28%	29%	32%	27%	29%	31%	30%	28%
25 to 29	22%	21%	23%	21%	22%	22%	21%	20%	20%	23%	21%
30 to 34	14%	13%	15%	14%	15%	13%	15%	13%	12%	13%	14%
35 to 39	8%	8%	9%	8%	8%	7%	9%	8%	7%	8%	8%
40 to 44	5%	6%	5%	5%	4%	4%	5%	5%	4%	5%	5%
Over 44	4%	6%	5%	5%	3%	3%	4%	5%	3%	5%	3%
<b>Subtotal</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Male Users</b>											
Under 15	2%	4%	2%	2%	8%	1%	2%	1%	2%	1%	1%
15 to 17	6%	12%	7%	10%	7%	5%	5%	6%	6%	5%	5%
18 to 19	8%	8%	10%	10%	8%	8%	9%	9%	8%	8%	6%
20 to 24	28%	26%	32%	27%	24%	32%	29%	32%	28%	28%	25%
25 to 29	21%	19%	22%	18%	18%	23%	19%	22%	23%	23%	21%
30 to 34	13%	11%	12%	11%	12%	13%	12%	13%	14%	14%	15%
35 to 39	7%	6%	6%	6%	8%	7%	8%	7%	8%	8%	9%
40 to 44	5%	5%	3%	5%	6%	4%	6%	4%	5%	5%	7%
Over 44	9%	9%	6%	11%	9%	7%	10%	6%	7%	9%	11%
<b>Subtotal</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>All Users</b>											
Under 15	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%
15 to 17	7%	9%	7%	8%	7%	8%	8%	8%	9%	6%	9%
18 to 19	10%	10%	9%	10%	10%	11%	10%	11%	12%	9%	11%
20 to 24	29%	26%	28%	28%	29%	32%	27%	29%	31%	30%	28%
25 to 29	22%	20%	23%	21%	22%	22%	21%	20%	20%	23%	21%
30 to 34	14%	13%	14%	13%	14%	13%	15%	13%	12%	13%	14%
35 to 39	8%	8%	8%	7%	8%	7%	9%	8%	7%	8%	8%
40 to 44	5%	6%	5%	5%	4%	4%	5%	5%	4%	5%	5%
Over 44	5%	6%	5%	6%	3%	3%	4%	5%	4%	6%	4%
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

† Percentage is less than 0.5%.

By region, the distribution of users by race varied widely. Between 42% (II) and 77% (VII and VIII) of users self-identified as white and between 4% (VIII and X) and 36% (IV) self-identified as black or African American. Region IX, which includes California, Hawaii, and the Pacific territories and Freely Associated States, had the highest percentages of users identifying themselves as Asian (6%) and Native Hawaiian or Other Pacific Islander (3%). The percentage of users self-identifying with more than one of the five OMB race categories ranged between 1% (VII) and 6% (I, VIII, and IX). Finally, race was unknown or not reported for 3% (IV) to 28% (IX) of users, with three regions (X, II and IX) at or above the national average of 15% of users with an unknown race (*Exhibits 9 and 10*).

Since 2003, there have been small changes in the percentage distribution of family planning users by race, except in the percentage that self-identified as white, which declined from 62% in 2003 to 56% in 2013. The decrease in the percentage of users that self-identified as white was offset by an increase in the percentage of users that either self-identified with two or more OMB race categories or for whom race data were missing. The percentage of total users who self-identified with two or more OMB race categories increased from 3% in 2005 (the first year data were available) to 4% in 2013, and the percentage with missing race data increased from 12% (2003) to 15% (2013) (*Exhibits A-3a and A-3b*).

### **Users by Ethnicity (Exhibits 6 through 14)**

In 2013, 30% (1.3 million) of users identified themselves as Hispanic or Latino, including 30% (1.2 million) of female users and 27% (101,421) of male users. Ethnicity was unknown or not reported for 2% of female users and 4% of male users (*Exhibits 6, 7, and 8*).

Regions II, VI, and IX reported the highest percentages of female (38% to 48%) and male (31% to 44%) users who self-identified as Hispanic or Latino (*Exhibits 11, 12, 13, and 14*).

Since 2003, the percentage of total users who self-identify as Hispanic or Latino increased from 22% in 2003 to 30% in 2013. Numerically, the number of Hispanic or Latino users grew 24% during this period, from 1.1 million in 2003 to 1.3 million in 2013 (*Exhibits A-4a and A-4b*).

**Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2013**  
(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	9,261	24,167	623	34,051	0%†	1%	0%†	1%
Asian	4,128	128,015	3,424	135,567	0%†	3%	0%†	3%
Black/African American	29,949	890,133	19,859	939,941	1%	20%	0%†	21%
Nat Hawaiian/Pac Island	6,431	45,188	644	52,263	0%†	1%	0%†	1%
White	673,476	1,812,924	43,804	2,530,204	15%	40%	1%	56%
More than one race	122,100	62,246	7,525	191,871	3%	1%	0%†	4%
Unknown/not reported	499,256	130,872	43,799	673,927	11%	3%	1%	15%
<b>Total All Users</b>	<b>1,344,601</b>	<b>3,093,545</b>	<b>119,678</b>	<b>4,557,824</b>	<b>30%</b>	<b>68%</b>	<b>3%</b>	<b>100%</b>

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

† Percentage is less than 0.5%.

**Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2013**  
(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	8,518	22,237	555	31,310	0%†	1%	0%†	1%
Asian	3,822	119,581	3,138	126,541	0%†	3%	0%†	3%
Black/African American	27,362	803,794	16,510	847,666	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	5,859	42,470	567	48,896	0%†	1%	0%†	1%
White	629,897	1,676,756	38,262	2,344,915	15%	40%	1%	56%
More than one race	113,150	56,184	6,844	176,178	3%	1%	0%†	4%
Unknown/not reported	454,572	115,811	38,698	609,081	11%	3%	1%	15%
<b>Total Female Users</b>	<b>1,243,180</b>	<b>2,836,833</b>	<b>104,574</b>	<b>4,184,587</b>	<b>30%</b>	<b>68%</b>	<b>2%</b>	<b>100%</b>

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

† Percentage is less than 0.5%.

**Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2013**  
(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	743	1,930	68	2,741	0%†	1%	0%†	1%
Asian	306	8,434	286	9,026	0%†	2%	0%†	2%
Black/African American	2,587	86,339	3,349	92,275	1%	23%	1%	25%
Nat Hawaiian/Pac Island	572	2,718	77	3,367	0%†	1%	0%†	1%
White	43,579	136,168	5,542	185,289	12%	36%	1%	50%
More than one race	8,950	6,062	681	15,693	2%	2%	0%†	4%
Unknown/not reported	44,684	15,061	5,101	64,846	12%	4%	1%	17%
<b>Total Male Users</b>	<b>101,421</b>	<b>256,712</b>	<b>15,104</b>	<b>373,237</b>	<b>27%</b>	<b>69%</b>	<b>4%</b>	<b>100%</b>

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

† Percentage is less than 0.5%.

**Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2013 (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
<b>American Indian or Alaska Native</b>											
Hispanic or Latino	9,261	134	350	229	1,025	1,033	473	174	239	4,948	656
Not Hispanic or Latino	24,167	409	809	731	2,178	1,576	4,379	1,166	1,979	8,941	1,999
Unknown/not reported	623	25	16	52	4	100	54	90	76	194	12
<b>Subtotal</b>	<b>34,051</b>	<b>568</b>	<b>1,175</b>	<b>1,012</b>	<b>3,207</b>	<b>2,709</b>	<b>4,906</b>	<b>1,430</b>	<b>2,294</b>	<b>14,083</b>	<b>2,667</b>
<b>Asian</b>											
Hispanic or Latino	4,128	91	234	265	316	128	202	31	40	2,700	121
Not Hispanic or Latino	128,015	8,552	12,583	8,372	7,860	5,327	2,498	2,310	2,250	73,219	5,044
Unknown/not reported	3,424	67	93	497	26	318	215	423	72	1,703	10
<b>Subtotal</b>	<b>135,567</b>	<b>8,710</b>	<b>12,910</b>	<b>9,134</b>	<b>8,202</b>	<b>5,773</b>	<b>2,915</b>	<b>2,764</b>	<b>2,362</b>	<b>77,622</b>	<b>5,175</b>
<b>Black or African American</b>											
Hispanic or Latino	29,949	2,414	12,841	4,107	3,618	1,243	1,038	298	150	3,895	345
Not Hispanic or Latino	890,133	24,010	109,387	165,785	301,103	95,718	69,623	20,278	6,384	92,152	5,693
Unknown/not reported	19,859	180	495	8,380	574	2,832	694	3,522	182	2,989	11
<b>Subtotal</b>	<b>939,941</b>	<b>26,604</b>	<b>122,723</b>	<b>178,272</b>	<b>305,295</b>	<b>99,793</b>	<b>71,355</b>	<b>24,098</b>	<b>6,716</b>	<b>99,036</b>	<b>6,049</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	6,431	547	920	365	613	168	302	93	39	2,983	401
Not Hispanic or Latino	45,188	328	773	566	874	354	808	223	927	39,242	1,093
Unknown/not reported	644	7	7	31	4	20	19	42	14	499	1
<b>Subtotal</b>	<b>52,263</b>	<b>882</b>	<b>1,700</b>	<b>962</b>	<b>1,491</b>	<b>542</b>	<b>1,129</b>	<b>358</b>	<b>980</b>	<b>42,724</b>	<b>1,495</b>
<b>White</b>											
Hispanic or Latino	673,476	14,618	56,236	33,468	96,428	29,347	144,880	18,555	13,022	246,733	20,189
Not Hispanic or Latino	1,812,924	100,017	139,570	222,615	372,786	217,219	120,348	100,119	101,672	334,452	104,126
Unknown/not reported	43,804	3,746	500	6,706	655	6,455	635	9,715	2,353	12,876	163
<b>Subtotal</b>	<b>2,530,204</b>	<b>118,381</b>	<b>196,306</b>	<b>262,789</b>	<b>469,869</b>	<b>253,021</b>	<b>265,863</b>	<b>128,389</b>	<b>117,047</b>	<b>594,061</b>	<b>124,478</b>
<b>More Than One Race</b>											
Hispanic or Latino	122,100	5,240	16,456	5,919	35,595	2,061	1,923	663	5,934	46,765	1,544
Not Hispanic or Latino	62,246	5,401	1,817	4,622	5,170	4,219	3,270	1,675	2,356	31,496	2,220
Unknown/not reported	7,525	102	104	315	50	737	2,604	64	127	3,416	6
<b>Subtotal</b>	<b>191,871</b>	<b>10,743</b>	<b>18,377</b>	<b>10,856</b>	<b>40,815</b>	<b>7,017</b>	<b>7,797</b>	<b>2,402</b>	<b>8,417</b>	<b>81,677</b>	<b>3,770</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	499,256	11,519	88,734	26,020	15,993	23,956	13,937	4,695	7,783	288,508	18,111
Not Hispanic or Latino	130,872	3,635	28,175	16,739	4,864	5,833	1,910	1,498	6,141	55,433	6,644
Unknown/not reported	43,799	1,642	736	14,619	2,664	3,291	2,484	1,652	508	16,108	95
<b>Subtotal</b>	<b>673,927</b>	<b>16,796</b>	<b>117,645</b>	<b>57,378</b>	<b>23,521</b>	<b>33,080</b>	<b>18,331</b>	<b>7,845</b>	<b>14,432</b>	<b>360,049</b>	<b>24,850</b>
<b>All Races</b>											
Hispanic or Latino	1,344,601	34,563	175,771	70,373	153,588	57,936	162,755	24,509	27,207	596,532	41,367
Not Hispanic or Latino	3,093,545	142,352	293,114	419,430	694,835	330,246	202,836	127,269	121,709	634,935	126,819
Unknown/not reported	119,678	5,769	1,951	30,600	3,977	13,753	6,705	15,508	3,332	37,785	298
<b>Total All Users</b>	<b>4,557,824</b>	<b>182,684</b>	<b>470,836</b>	<b>520,403</b>	<b>852,400</b>	<b>401,935</b>	<b>372,296</b>	<b>167,286</b>	<b>152,248</b>	<b>1,269,252</b>	<b>168,484</b>

**Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2013 (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
<b>American Indian or Alaska Native</b>											
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%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>
<b>Asian</b>											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	1%	1%	1%	1%	6%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>3%</b>	<b>5%</b>	<b>3%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>6%</b>	<b>3%</b>
<b>Black or African American</b>											
Hispanic or Latino	1%	1%	3%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	13%	23%	32%	35%	24%	19%	12%	4%	7%	3%
Unknown/not reported	0%†	0%†	0%†	2%	0%†	1%	0%†	2%	0%†	0%†	0%†
<b>Subtotal</b>	<b>21%</b>	<b>15%</b>	<b>26%</b>	<b>34%</b>	<b>36%</b>	<b>25%</b>	<b>19%</b>	<b>14%</b>	<b>4%</b>	<b>8%</b>	<b>4%</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
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%†	1%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>3%</b>	<b>1%</b>
<b>White</b>											
Hispanic or Latino	15%	8%	12%	6%	11%	7%	39%	11%	9%	19%	12%
Not Hispanic or Latino	40%	55%	30%	43%	44%	54%	32%	60%	67%	26%	62%
Unknown/not reported	1%	2%	0%†	1%	0%†	2%	0%†	6%	2%	1%	0%†
<b>Subtotal</b>	<b>56%</b>	<b>65%</b>	<b>42%</b>	<b>50%</b>	<b>55%</b>	<b>63%</b>	<b>71%</b>	<b>77%</b>	<b>77%</b>	<b>47%</b>	<b>74%</b>
<b>More Than One Race</b>											
Hispanic or Latino	3%	3%	3%	1%	4%	1%	1%	0%†	4%	4%	1%
Not Hispanic or Latino	1%	3%	0%†	1%	1%	1%	1%	2%	2%	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>4%</b>	<b>6%</b>	<b>4%</b>	<b>2%</b>	<b>5%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>6%</b>	<b>6%</b>	<b>2%</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	11%	6%	19%	5%	2%	6%	4%	3%	5%	23%	11%
Not Hispanic or Latino	3%	2%	6%	3%	1%	1%	1%	1%	4%	4%	4%
Unknown/not reported	1%	1%	0%†	3%	0%†	1%	1%	1%	0%†	1%	0%†
<b>Subtotal</b>	<b>15%</b>	<b>9%</b>	<b>25%</b>	<b>11%</b>	<b>3%</b>	<b>8%</b>	<b>5%</b>	<b>5%</b>	<b>9%</b>	<b>28%</b>	<b>15%</b>
<b>All Races</b>											
Hispanic or Latino	30%	19%	37%	14%	18%	14%	44%	15%	18%	47%	25%
Not Hispanic or Latino	68%	78%	62%	81%	82%	82%	54%	76%	80%	50%	75%
Unknown/not reported	3%	3%	0%†	6%	0%†	3%	2%	9%	2%	3%	0%†
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

† Percentage is less than 0.5%.

**Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2013 (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
<b>American Indian or Alaska Native</b>											
Hispanic or Latino	8,518	123	325	211	995	981	449	159	214	4,427	634
Not Hispanic or Latino	22,237	351	753	646	2,114	1,440	4,223	1,086	1,730	8,133	1,761
Unknown/not reported	555	23	14	45	2	81	50	85	73	171	11
<b>Subtotal</b>	<b>31,310</b>	<b>497</b>	<b>1,092</b>	<b>902</b>	<b>3,111</b>	<b>2,502</b>	<b>4,722</b>	<b>1,330</b>	<b>2,017</b>	<b>12,731</b>	<b>2,406</b>
<b>Asian</b>											
Hispanic or Latino	3,822	86	218	252	311	122	196	28	37	2,463	109
Not Hispanic or Latino	119,581	8,161	11,732	7,834	7,698	4,972	2,381	2,210	2,050	67,702	4,841
Unknown/not reported	3,138	58	80	467	23	291	183	404	65	1,558	9
<b>Subtotal</b>	<b>126,541</b>	<b>8,305</b>	<b>12,030</b>	<b>8,553</b>	<b>8,032</b>	<b>5,385</b>	<b>2,760</b>	<b>2,642</b>	<b>2,152</b>	<b>71,723</b>	<b>4,959</b>
<b>Black or African American</b>											
Hispanic or Latino	27,362	2,084	12,000	3,709	3,517	1,106	918	266	139	3,325	298
Not Hispanic or Latino	803,794	20,317	98,879	141,908	290,269	84,868	65,884	16,764	4,379	75,827	4,699
Unknown/not reported	16,510	150	407	6,624	541	2,480	497	3,230	142	2,431	8
<b>Subtotal</b>	<b>847,666</b>	<b>22,551</b>	<b>111,286</b>	<b>152,241</b>	<b>294,327</b>	<b>88,454</b>	<b>67,299</b>	<b>20,260</b>	<b>4,660</b>	<b>81,583</b>	<b>5,005</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	5,859	433	867	329	609	156	170	88	36	2,775	396
Not Hispanic or Latino	42,470	310	688	516	855	335	772	212	792	36,978	1,012
Unknown/not reported	567	7	6	22	4	18	16	40	14	439	1
<b>Subtotal</b>	<b>48,896</b>	<b>750</b>	<b>1,561</b>	<b>867</b>	<b>1,468</b>	<b>509</b>	<b>958</b>	<b>340</b>	<b>842</b>	<b>40,192</b>	<b>1,409</b>
<b>White</b>											
Hispanic or Latino	629,897	12,964	53,584	30,835	94,646	28,196	138,230	17,685	12,247	221,990	19,520
Not Hispanic or Latino	1,676,756	88,221	127,405	203,512	364,727	202,622	115,910	94,135	89,488	293,934	96,802
Unknown/not reported	38,262	3,420	417	5,704	608	5,739	589	8,841	2,086	10,720	138
<b>Subtotal</b>	<b>2,344,915</b>	<b>104,605</b>	<b>181,406</b>	<b>240,051</b>	<b>459,981</b>	<b>236,557</b>	<b>254,729</b>	<b>120,661</b>	<b>103,821</b>	<b>526,644</b>	<b>116,460</b>
<b>More Than One Race</b>											
Hispanic or Latino	113,150	4,647	14,954	5,316	35,094	1,867	1,833	624	5,269	42,169	1,377
Not Hispanic or Latino	56,184	4,897	1,542	4,163	4,972	3,842	3,193	1,562	2,054	28,013	1,946
Unknown/not reported	6,844	87	76	275	50	658	2,596	58	111	2,928	5
<b>Subtotal</b>	<b>176,178</b>	<b>9,631</b>	<b>16,572</b>	<b>9,754</b>	<b>40,116</b>	<b>6,367</b>	<b>7,622</b>	<b>2,244</b>	<b>7,434</b>	<b>73,110</b>	<b>3,328</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	454,572	10,179	81,442	23,337	15,674	22,492	13,467	4,392	7,276	259,237	17,076
Not Hispanic or Latino	115,811	3,106	25,502	14,594	4,524	5,490	1,763	1,349	4,296	48,923	6,264
Unknown/not reported	38,698	1,476	562	13,414	2,518	2,810	1,927	1,463	451	13,992	85
<b>Subtotal</b>	<b>609,081</b>	<b>14,761</b>	<b>107,506</b>	<b>51,345</b>	<b>22,716</b>	<b>30,792</b>	<b>17,157</b>	<b>7,204</b>	<b>12,023</b>	<b>322,152</b>	<b>23,425</b>
<b>All Races</b>											
Hispanic or Latino	1,243,180	30,516	163,390	63,989	150,846	54,920	155,263	23,242	25,218	536,386	39,410
Not Hispanic or Latino	2,836,833	125,363	266,501	373,173	675,159	303,569	194,126	117,318	104,789	559,510	117,325
Unknown/not reported	104,574	5,221	1,562	26,551	3,746	12,077	5,858	14,121	2,942	32,239	257
<b>Total All Users</b>	<b>4,184,587</b>	<b>161,100</b>	<b>431,453</b>	<b>463,713</b>	<b>829,751</b>	<b>370,566</b>	<b>355,247</b>	<b>154,681</b>	<b>132,949</b>	<b>1,128,135</b>	<b>156,992</b>

**Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2013 (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
<b>American Indian or Alaska Native</b>											
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%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>
<b>Asian</b>											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	1%	1%	1%	2%	6%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>3%</b>	<b>5%</b>	<b>3%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>6%</b>	<b>3%</b>
<b>Black or African American</b>											
Hispanic or Latino	1%	1%	3%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	13%	23%	31%	35%	23%	19%	11%	3%	7%	3%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	2%	0%†	0%†	0%†
<b>Subtotal</b>	<b>20%</b>	<b>14%</b>	<b>26%</b>	<b>33%</b>	<b>35%</b>	<b>24%</b>	<b>19%</b>	<b>13%</b>	<b>4%</b>	<b>7%</b>	<b>3%</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
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%†	1%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>
<b>White</b>											
Hispanic or Latino	15%	8%	12%	7%	11%	8%	39%	11%	9%	20%	12%
Not Hispanic or Latino	40%	55%	30%	44%	44%	55%	33%	61%	67%	26%	62%
Unknown/not reported	1%	2%	0%†	1%	0%†	2%	0%†	6%	2%	1%	0%†
<b>Subtotal</b>	<b>56%</b>	<b>65%</b>	<b>42%</b>	<b>52%</b>	<b>55%</b>	<b>64%</b>	<b>72%</b>	<b>78%</b>	<b>78%</b>	<b>47%</b>	<b>74%</b>
<b>More Than One Race</b>											
Hispanic or Latino	3%	3%	3%	1%	4%	1%	1%	0%†	4%	4%	1%
Not Hispanic or Latino	1%	3%	0%†	1%	1%	1%	1%	1%	2%	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>4%</b>	<b>6%</b>	<b>4%</b>	<b>2%</b>	<b>5%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>6%</b>	<b>6%</b>	<b>2%</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	11%	6%	19%	5%	2%	6%	4%	3%	5%	23%	11%
Not Hispanic or Latino	3%	2%	6%	3%	1%	1%	0%†	1%	3%	4%	4%
Unknown/not reported	1%	1%	0%†	3%	0%†	1%	1%	1%	0%†	1%	0%†
<b>Subtotal</b>	<b>15%</b>	<b>9%</b>	<b>25%</b>	<b>11%</b>	<b>3%</b>	<b>8%</b>	<b>5%</b>	<b>5%</b>	<b>9%</b>	<b>29%</b>	<b>15%</b>
<b>All Races</b>											
Hispanic or Latino	30%	19%	38%	14%	18%	15%	44%	15%	19%	48%	25%
Not Hispanic or Latino	68%	78%	62%	80%	81%	82%	55%	76%	79%	50%	75%
Unknown/not reported	2%	3%	0%†	6%	0%†	3%	2%	9%	2%	3%	0%†
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

† Percentage is less than 0.5%.

**Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2013 (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
<b>American Indian or Alaska Native</b>											
Hispanic or Latino	743	11	25	18	30	52	24	15	25	521	22
Not Hispanic or Latino	1,930	58	56	85	64	136	156	80	249	808	238
Unknown/not reported	68	2	2	7	2	19	4	5	3	23	1
<b>Subtotal</b>	<b>2,741</b>	<b>71</b>	<b>83</b>	<b>110</b>	<b>96</b>	<b>207</b>	<b>184</b>	<b>100</b>	<b>277</b>	<b>1,352</b>	<b>261</b>
<b>Asian</b>											
Hispanic or Latino	306	5	16	13	5	6	6	3	3	237	12
Not Hispanic or Latino	8,434	391	851	538	162	355	117	100	200	5,517	203
Unknown/not reported	286	9	13	30	3	27	32	19	7	145	1
<b>Subtotal</b>	<b>9,026</b>	<b>405</b>	<b>880</b>	<b>581</b>	<b>170</b>	<b>388</b>	<b>155</b>	<b>122</b>	<b>210</b>	<b>5,899</b>	<b>216</b>
<b>Black or African American</b>											
Hispanic or Latino	2,587	330	841	398	101	137	120	32	11	570	47
Not Hispanic or Latino	86,339	3,693	10,508	23,877	10,834	10,850	3,739	3,514	2,005	16,325	994
Unknown/not reported	3,349	30	88	1,756	33	352	197	292	40	558	3
<b>Subtotal</b>	<b>92,275</b>	<b>4,053</b>	<b>11,437</b>	<b>26,031</b>	<b>10,968</b>	<b>11,339</b>	<b>4,056</b>	<b>3,838</b>	<b>2,056</b>	<b>17,453</b>	<b>1,044</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	572	114	53	36	4	12	132	5	3	208	5
Not Hispanic or Latino	2,718	18	85	50	19	19	36	11	135	2,264	81
Unknown/not reported	77	0	1	9	0	2	3	2	0	60	0
<b>Subtotal</b>	<b>3,367</b>	<b>132</b>	<b>139</b>	<b>95</b>	<b>23</b>	<b>33</b>	<b>171</b>	<b>18</b>	<b>138</b>	<b>2,532</b>	<b>86</b>
<b>White</b>											
Hispanic or Latino	43,579	1,654	2,652	2,633	1,782	1,151	6,650	870	775	24,743	669
Not Hispanic or Latino	136,168	11,796	12,165	19,103	8,059	14,597	4,438	5,984	12,184	40,518	7,324
Unknown/not reported	5,542	326	83	1,002	47	716	46	874	267	2,156	25
<b>Subtotal</b>	<b>185,289</b>	<b>13,776</b>	<b>14,900</b>	<b>22,738</b>	<b>9,888</b>	<b>16,464</b>	<b>11,134</b>	<b>7,728</b>	<b>13,226</b>	<b>67,417</b>	<b>8,018</b>
<b>More Than One Race</b>											
Hispanic or Latino	8,950	593	1,502	603	501	194	90	39	665	4,596	167
Not Hispanic or Latino	6,062	504	275	459	198	377	77	113	302	3,483	274
Unknown/not reported	681	15	28	40	0	79	8	6	16	488	1
<b>Subtotal</b>	<b>15,693</b>	<b>1,112</b>	<b>1,805</b>	<b>1,102</b>	<b>699</b>	<b>650</b>	<b>175</b>	<b>158</b>	<b>983</b>	<b>8,567</b>	<b>442</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	44,684	1,340	7,292	2,683	319	1,464	470	303	507	29,271	1,035
Not Hispanic or Latino	15,061	529	2,673	2,145	340	343	147	149	1,845	6,510	380
Unknown/not reported	5,101	166	174	1,205	146	481	557	189	57	2,116	10
<b>Subtotal</b>	<b>64,846</b>	<b>2,035</b>	<b>10,139</b>	<b>6,033</b>	<b>805</b>	<b>2,288</b>	<b>1,174</b>	<b>641</b>	<b>2,409</b>	<b>37,897</b>	<b>1,425</b>
<b>All Races</b>											
Hispanic or Latino	101,421	4,047	12,381	6,384	2,742	3,016	7,492	1,267	1,989	60,146	1,957
Not Hispanic or Latino	256,712	16,989	26,613	46,257	19,676	26,677	8,710	9,951	16,920	75,425	9,494
Unknown/not reported	15,104	548	389	4,049	231	1,676	847	1,387	390	5,546	41
<b>Total All Users</b>	<b>373,237</b>	<b>21,584</b>	<b>39,383</b>	<b>56,690</b>	<b>22,649</b>	<b>31,369</b>	<b>17,049</b>	<b>12,605</b>	<b>19,299</b>	<b>141,117</b>	<b>11,492</b>



**Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2013 (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
<b>American Indian or Alaska Native</b>											
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%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>
<b>Asian</b>											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	2%	1%	1%	1%	1%	1%	1%	4%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>2%</b>
<b>Black or African American</b>											
Hispanic or Latino	1%	2%	2%	1%	0%†	0%†	1%	0%†	0%†	0%†	0%†
Not Hispanic or Latino	23%	17%	27%	42%	48%	35%	22%	28%	10%	12%	9%
Unknown/not reported	1%	0%†	0%†	3%	0%†	1%	1%	2%	0%†	0%†	0%†
<b>Subtotal</b>	<b>25%</b>	<b>19%</b>	<b>29%</b>	<b>46%</b>	<b>48%</b>	<b>36%</b>	<b>24%</b>	<b>30%</b>	<b>11%</b>	<b>12%</b>	<b>9%</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	2%	1%
Unknown/not reported	0%†	0%	0%†	0%†	0%	0%†	0%†	0%†	0%	0%†	0%
<b>Subtotal</b>	<b>1%</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>0%†</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>
<b>White</b>											
Hispanic or Latino	12%	8%	7%	5%	8%	4%	39%	7%	4%	18%	6%
Not Hispanic or Latino	36%	55%	31%	34%	36%	47%	26%	47%	63%	29%	64%
Unknown/not reported	1%	2%	0%†	2%	0%†	2%	0%†	7%	1%	2%	0%†
<b>Subtotal</b>	<b>50%</b>	<b>64%</b>	<b>38%</b>	<b>40%</b>	<b>44%</b>	<b>52%</b>	<b>65%</b>	<b>61%</b>	<b>69%</b>	<b>48%</b>	<b>70%</b>
<b>More Than One Race</b>											
Hispanic or Latino	2%	3%	4%	1%	2%	1%	1%	0%†	3%	3%	1%
Not Hispanic or Latino	2%	2%	1%	1%	1%	1%	0%†	1%	2%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>4%</b>	<b>5%</b>	<b>5%</b>	<b>2%</b>	<b>3%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>5%</b>	<b>6%</b>	<b>4%</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	12%	6%	19%	5%	1%	5%	3%	2%	3%	21%	9%
Not Hispanic or Latino	4%	2%	7%	4%	2%	1%	1%	1%	10%	5%	3%
Unknown/not reported	1%	1%	0%†	2%	1%	2%	3%	1%	0%†	1%	0%†
<b>Subtotal</b>	<b>17%</b>	<b>9%</b>	<b>26%</b>	<b>11%</b>	<b>4%</b>	<b>7%</b>	<b>7%</b>	<b>5%</b>	<b>12%</b>	<b>27%</b>	<b>12%</b>
<b>All Races</b>											
Hispanic or Latino	27%	19%	31%	11%	12%	10%	44%	10%	10%	43%	17%
Not Hispanic or Latino	69%	79%	68%	82%	87%	85%	51%	79%	88%	53%	83%
Unknown/not reported	4%	3%	1%	7%	1%	5%	5%	11%	2%	4%	0%†
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

† Percentage is less than 0.5%.

## Guidance for Reporting User Social and Economic Profile Data in FPAR Tables 4 through 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 a user's family income, agencies should refer to 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. For additional guidance, see OPA Program Instruction Series documents *OPA 08-1: Verification of Income for Title X Clients*<sup>13</sup> and *OPA 97-1: Fees and Charges to Title X Low-Income Clients and Teenagers (Revised)*,<sup>14</sup> which are available on the OPA Website at <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-instructions/>.

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), health plans for military personnel and their dependents (e.g., TRICARE or CHAMPVA), and state-sponsored health insurance programs.

**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).

**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 family planning users with limited English proficiency (LEP), using the following instructions:

**Limited English Proficiency (LEP)**—Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Because of their limited English proficiency, LEP users derive little benefit from Title X services and information provided in English. In **Table 6**, report the unduplicated number of family planning users who required language assistance services (interpretation or translation) to optimize their use of Title X services. Include those users who received Title X 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 an interpreter after refusing an offer for a qualified interpreter at no cost. Service providers should consult the *Revised HHS LEP Guidance*<sup>15</sup> for further information about identifying LEP individuals and complying with language assistance requirements.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 19–21.

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## FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

### Users by Income Level (Exhibit 15)

Federal regulations specify that Title X-funded providers give priority in the provision of services to persons from low-income families and that individuals with family incomes at or below the poverty threshold (\$23,550 for a family of four in the 48 contiguous states and DC),<sup>6</sup> which is established annually in the HHS poverty guidelines,<sup>6</sup> 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 HHS poverty threshold, Title X-funded agencies are required to charge for services using a sliding scale based on family size and family income.<sup>9,14</sup> For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.<sup>9,14</sup>

Nationally, 92% (4.2 million) of users had family incomes that qualified them for either free or subsidized Title X services. Seventy percent (3.2 million) of users had family incomes at or below the poverty threshold, and an additional 22% (985,535) had family incomes between 101% and 250% of poverty. Five percent (222,718) of users had incomes over 250% of poverty, and family income data were unknown or not reported for 3% (138,191) of users (*Exhibit 15*).

By region, between 55% (I) and 77% (IX) of users had family incomes at or below poverty, and in three regions (IV, VI, and IX) the percentage of users with incomes at or below poverty exceeded the national average of 70%. In addition, between 17% (IV and IX) and 33% (I) of users had incomes between 101% and 250% of poverty (*Exhibit 15*).

*Exhibit B-2* presents the distribution of family planning users by income level in 2013 for each state, the District of Columbia, and the eight U.S. territories and Freely Associated States. It shows wide variation in the percentages of users with incomes at or below poverty (0% to 100%), between 101% and 250% of poverty (0% to 59%), and over 250% of poverty (0% to 20%).

Since 2003, the percentage of total users with family incomes at or below poverty increased from 67% (3.4 million) in 2003 to 70% (3.2 million) in 2013. In addition, the percentage of users with incomes at or below 250% of poverty decreased from 93% (4.6 million) in 2005 (the first year data were available) to 92% (4.2 million) in 2013 (*Exhibits A-6a* and *A-6b*).

### Users by Insurance Coverage Status (Exhibit 16)

In 2013, 63% (2.9 million) of family planning users were uninsured. Over one-third of users had either Medicaid or other public insurance (25%, 1.1 million) or private insurance (10%, 453,535) that provided broad primary medical care benefits. The health insurance coverage status was unknown or not reported for 2% (107,211) of users. Users whose family planning care was covered by a Medicaid family planning waiver, but who had no other public or private health insurance plan covering 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 (*Exhibit 16*).

**Exhibit 15. Number and distribution of all family planning users, by income level and region: 2013 (Source: FPAR Table 4)**

Income Level <sup>a</sup>	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	3,211,380	99,718	286,654	345,575	633,089	272,407	276,587	103,586	103,765	972,735	117,264
101% to 150%	636,484	37,846	100,624	68,030	99,915	63,385	45,506	26,151	20,370	147,215	27,442
151% to 200%	245,805	13,998	30,474	35,280	33,638	27,421	17,968	11,287	10,905	54,762	10,072
201% to 250%	103,246	8,115	15,244	14,093	10,786	12,613	6,769	5,815	5,780	19,115	4,916
Over 250%	222,718	10,973	36,415	34,521	44,170	21,685	6,690	7,895	10,935	41,087	8,347
Unknown/not reported	138,191	12,034	1,425	22,904	30,802	4,424	18,776	12,552	493	34,338	443
<b>Total All Users</b>	<b>4,557,824</b>	<b>182,684</b>	<b>470,836</b>	<b>520,403</b>	<b>852,400</b>	<b>401,935</b>	<b>372,296</b>	<b>167,286</b>	<b>152,248</b>	<b>1,269,252</b>	<b>168,484</b>
Under 101%	70%	55%	61%	66%	74%	68%	74%	62%	68%	77%	70%
101% to 150%	14%	21%	21%	13%	12%	16%	12%	16%	13%	12%	16%
151% to 200%	5%	8%	6%	7%	4%	7%	5%	7%	7%	4%	6%
201% to 250%	2%	4%	3%	3%	1%	3%	2%	3%	4%	2%	3%
Over 250%	5%	6%	8%	7%	5%	5%	2%	5%	7%	3%	5%
Unknown/not reported	3%	7%	0%†	4%	4%	1%	5%	8%	0%†	3%	0%†
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<sup>a</sup> Title X-funded agencies calculate and report user family 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: 2013**  
 (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	1,131,406	66,335	168,826	146,508	270,869	123,102	97,232	29,219	13,689	186,403	29,223
Private health insurance	453,535	48,199	56,232	81,974	77,056	51,795	20,004	33,713	29,326	29,830	25,406
Uninsured	2,865,672	66,348	230,274	274,774	492,851	223,838	251,273	101,473	102,554	1,012,998	109,289
Unknown/not reported	107,211	1,802	15,504	17,147	11,624	3,200	3,787	2,881	6,679	40,021	4,566
<b>Total All Users</b>	<b>4,557,824</b>	<b>182,684</b>	<b>470,836</b>	<b>520,403</b>	<b>852,400</b>	<b>401,935</b>	<b>372,296</b>	<b>167,286</b>	<b>152,248</b>	<b>1,269,252</b>	<b>168,484</b>
Public health insurance	25%	36%	36%	28%	32%	31%	26%	17%	9%	15%	17%
Private health insurance	10%	26%	12%	16%	9%	13%	5%	20%	19%	2%	15%
Uninsured	63%	36%	49%	53%	58%	56%	67%	61%	67%	80%	65%
Unknown/not reported	2%	1%	3%	3%	1%	1%	1%	2%	4%	3%	3%
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

By region, there were large differences in the distribution of users by health insurance coverage status. The percentage of users who were uninsured ranged from 36% (I) to 80% (IX), and in all regions except Region I, the percentage of uninsured users exceeded the percentage of insured users. By type of insurance, between 9% (VIII) and 36% (I and II) of users had Medicaid or other public coverage, while 2% (IX) to 26% (I) had private coverage. The percentage of users with Medicaid or other public coverage exceeded the percentage covered by private sources in all regions except two (VII and VIII). Finally, the percentage of users for whom insurance coverage was unknown or not reported ranged from 1% (I, IV, V, and VI) to 4% (VIII) (*Exhibit 16*).

*Exhibit B-3* presents the distribution of family planning users by health insurance coverage status in 2013 for each state, the District of Columbia, and the eight U.S. territories and Freely Associated States. . It shows wide variation in the percentages of users with Medicaid or other public (0% to 97%), private (0% to 50%), or no (1% to 100%) health insurance. Since 2005 (the first year data were available), the number of uninsured family planning users decreased 4%, from almost 3.0 million in 2005 to 2.9 million in 2013 (not shown).

### **Limited English Proficient Users (*Exhibit 17*)**

As recipients of HHS assistance, Title X grantees and subrecipients, including those operating in U.S. territories and Freely Associated States where English is an official language, are required to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services they provide.<sup>15</sup> In 2013, 13% (611,425) of family planning users were LEP. When we exclude LEP users (31,291) in the U.S. territories and Freely Associated States, the percentage of users who were LEP in the 50 states and the District of Columbia remains at 13% and the number declines to 580,134.

By region, the percentage of users who were LEP ranged between 6% (V) and 22% (VI). In Regions II and IX, the percentage of users who were LEP decreased between one and four percentage points when LEP users in the U.S. territories and Freely Associated States are excluded (*Exhibit 17*). Since 2005 (the first year data were available), the number of LEP users in the 50 states and District of Columbia increased 4%, from 557,034 in 2005 to 580,134 in 2013 (not shown).

**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: 2013 (Source: FPAR Table 6)**

Region	LEP Users	LEP Users (50 states and DC) <sup>a</sup>	% LEP Users	% LEP Users (50 states and DC) <sup>a</sup>
I	19,564	19,564	11%	11%
II	68,428	49,529 <sup>b</sup>	15%	11% <sup>b</sup>
III	49,607	49,607	10%	10%
IV	116,331	116,331	14%	14%
V	25,121	25,121	6%	6%
VI	80,692	80,692	22%	22%
VII	14,407	14,407	9%	9%
VIII	14,327	14,327	9%	9%
IX	206,195	193,803 <sup>c</sup>	16%	15% <sup>c</sup>
X	16,753	16,753	10%	10%
<b>Total</b>	<b>611,425</b>	<b>580,134</b>	<b>13%</b>	<b>13%</b>

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

<sup>a</sup> Excludes LEP users in U.S. territories and Freely Associated States.

<sup>b</sup> Excludes LEP users in Puerto Rico and the U.S. Virgin Islands.

<sup>c</sup> 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.

### Guidance for Reporting Primary Contraceptive Use Data in FPAR 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**—In **Table 7**, report the number of female users who rely on female sterilization as their primary family planning method. Female sterilization refers to surgical (tubal ligation) or non-surgical (implant) sterilization procedures performed on a female user in the current or any previous reporting period.

**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.

(continued)

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

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

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

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

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

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

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

**Fertility Awareness Method (FAM) or Lactational Amenorrhea Method (LAM)**—Fertility awareness methods (FAMs) refer 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. FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods. In **Table 7**, report the number of female users who use one or a combination of the FAMs listed above or who rely on LAM as their primary family planning method. In **Table 8**, row 3 report male users who rely on a FAM as their primary method. Report male users who rely on LAM as their primary method in **Table 8**, Row 6, “Rely on female method(s).”

**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.

**Withdrawal or Other Methods**—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.

**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.

**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 or if either partner has had a non-contraceptive surgical procedure that has rendered him or her unable to conceive or impregnate.

**Method Unknown or Not Reported**—In **Tables 7 and 8**, report the number of female and male users for whom the primary family planning method at exit from the last family planning encounter is unknown or not reported.

**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, the contraceptive patch, the vaginal ring, cervical cap/diaphragms, the contraceptive sponge, female condoms, LAM, and spermicides.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 25–28.



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## 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.<sup>9</sup>

### **Female Users by Primary Contraceptive Method (Exhibits 18 through 21)**

In 2013, 85% (3.5 million) of all female users adopted or continued use of a contraceptive method at exit from their last encounter in the reporting period. Thirteen percent (538,407) of female users exited the encounter with no primary method, either because they were pregnant or seeking pregnancy (9%) or for other reasons (4%). The type of primary method used was unknown or not reported for 3% (106,017) of female users (*Exhibits 18 and 19*).

By level of effectiveness in preventing unintended pregnancy, 11% of all female users relied on a contraceptive method that was highly effective (vasectomy, female sterilization, implant, or IUD), 52% used a moderately effective method (injectable contraception, vaginal ring, patch, pill, or diaphragm), and 19% used a less-effective method (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM], or spermicide).<sup>7</sup> The most popular choice of method was the pill, used by 31% of all female users, followed by male condoms (17%), injectable contraception (15%), IUDs (7%), the vaginal ring (3%), the hormonal implant (3%), female sterilization (2%), and the contraceptive patch (2%). Less than 1% of users relied on each of the following methods: a FAM or the lactational amenorrhea method (LAM), cervical cap or diaphragm, vasectomy, spermicide, female condom, or the sponge. Two percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and 2% reported that they were abstinent (*Exhibits 18 and 19*).

By age group, between 83% and 89% of female users exited the encounter with a primary contraceptive method. The percentage using a highly effective method ranged from 4% (under 15) to 19% (over 39), while 27% (over 44) to 65% (15 to 17) used a moderately effective method. Among female users 20 to 44, the pill (23% to 35%), male condoms (15% to 22%), and injectables (13% to 15%) were the three leading methods. The three preferred methods for female users under 20 were the pill (29% to 37%), injectables (19% to 26%), and male condoms (10% to 15%), and 14% of female users under 15 practiced abstinence. Among female users over 44, male condoms (24%), the pill (16%), and female sterilization (13%) were the most preferred methods. The percentage of female users for whom the type of primary method used was unknown exceeded the national average (3%) in the age groups under 15 (4%) and over 44 (5%). Finally, nonuse of a contraceptive method due to pregnancy or the desire for pregnancy was highest (8% to 10%) among users 18 to 39, between 4% and 5% among users 15 to 17 and 40 to 44, and between 1% and 2% among users under 15 and over 44 (*Exhibits 18 and 19*).

By region, between 79% and 89% of female users exited the encounter with a primary method. The percentage using a highly effective method ranged from 8% (IV) to 16% (I and X), while 43% (I) to 62% (VIII) used a moderately effective method.<sup>7</sup> Pills were the leading method in all regions. Injectable contraception and male condoms were the second and third

most popular methods, respectively, among users in four regions (IV, V, VI, and VII), while in four others (I, II, III, and IX) male condoms were more popular than injectables. Regions VIII and X departed from the contraceptive use patterns exhibited in the other eight regions, with the IUD as the third most popular method after pills and injectables (*Exhibits 20 and 21*).

*Exhibit B-4* presents the number and percentage of female users at risk of unintended pregnancy who relied on highly, moderately, or less effective methods in 2013 for each state, the District of Columbia, and the eight U.S. territories and Freely Associated States. It shows wide state-level variation in the use of highly effective (less than 1% to 48%), moderately effective (16% to 90%), and less effective (1% to 70%) contraceptive methods by female users at risk of unintended pregnancy.

*Exhibit A-7a* presents trends (2003 to 2013) in the number of all female users by type of primary contraceptive method used, including use of no method or an unknown method. From 2003 to 2013, the percentage of female users relying on any primary method ranged between 81% and 85% of all female users, and the percentage using no primary method either because they were pregnant, seeking pregnancy, or for other reasons ranged between 13% and 15%.

*Exhibits A-7b and A-7c* present trends (2003 to 2013) in the number and distribution of female users by type of primary method used. The exhibits exclude female users who were pregnant, seeking pregnancy, not using a method for other reasons, or for whom primary method was unknown. During this period, the percentage of female users relying on highly effective methods increased from 5% to 14%, and the number of highly effective method users more than doubled, from 196,071 (2003) to 478,117 (2013). IUD and implant use accounted for all of the increase in highly effective methods. The percentage of female users relying on IUDs increased from 2% to 8%, while the number of IUD users grew by 286%, from 72,378 in 2003 to 279,289 in 2013. Similarly, the percentage of females using implants grew from less than 1% in 2003 to 3% in 2013, and the number of implant users increased from 13,180 (2003) to 108,586 (2013) (*Exhibits A-7a, A-7b, and A-7c*).

During this same period, the percentage of female users relying on moderately effective methods (injectables, vaginal ring, patch, pill, or diaphragm) decreased from 69% in 2003 to 62% in 2013. Numerically, this was a 21% drop in the number of moderately effective method users between 2003 (2.8 million) and 2013 (2.2 million). Despite the gradual decrease in female users relying on the pill, from 50% of female users in 2003 to 37% in 2013, it has remained the most popular method since 2003 and before. The second most popular moderately effective method is the injectable, used by 19% (765,266) of female users in 2003 and 18% (635,093) in 2013. The vaginal ring and hormonal patch rank third and fourth in popularity, respectively. Since 2005 when the FPAR began collecting data separately for these two methods, the percentage of females relying on the vaginal ring increased from 2% (65,320) in 2005 to 4% (142,292) in 2013, while the percentage using the hormonal patch decreased from 7% (286,214) in 2005 to 2% (78,547) in 2013. Finally, from 2003 to 2013, less than 1% of female users—7,863 in 2003 and 8,245 in 2013—relied on either the cervical cap or diaphragm (*Exhibits A-7a, A-7b, and A-7c*).

The percentage of female contraceptive users relying on less effective methods (male condom, female condom, sponge, withdrawal, FAM, or spermicide) decreased from 26% (1.0 million) in 2003 to 23% (808,712) in 2013. Most female contraceptive users relying on a less effective method (67% to 86%) are male condom users. Since 2003, the percentage of all female contraceptive users relying on male condoms increased from 17% (698,248) to 20% (692,678) (*Exhibits A-7b and A-7c*).

### **Male Users by Primary Contraceptive Method (Exhibits 22 through 25)**

In 2013, grantees reported that 88% (329,825) of all male users had adopted or continued use of a primary contraceptive method at exit from their last family planning encounter in the reporting period. The leading method was male condoms, which were used by 75% of male users, followed by reliance on a female method (6%), abstinence (4%), withdrawal or other method (2%), vasectomy (1%), or a FAM (less than 1%). Six percent (23,183) of male users exited the encounter with no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (5%). Data on the type of primary contraceptive method used were unknown or not reported for 5% (20,229) of male users (*Exhibits 22 and 23*).

By age group, between 79% and 91% of male users exited the encounter with a primary contraceptive method. For male users 18 or over, male condoms (58% to 82%) and reliance on a female method (5% to 9%) were the two leading methods. Among male users under 18, those 15 to 17 relied primarily on male condoms (66%) and abstinence (15%), while those under 15 relied primarily on abstinence (47%) or male condoms (26%). Vasectomy prevalence ranged from less than 1% to 3% among male users 20 or over. Between 2% and 3% of male users in each age group relied on withdrawal or other methods not listed in FPAR Table 8, and less than 1% relied on a FAM. Primary method use was unknown for 4% (18 to 29) to 11% (over 44) of male users (*Exhibits 22 and 23*).

By region, the percentage of males who used any method ranged from 68% to 94%. Male condoms, the leading method in all regions, were used by 53% (X) to 84% (IX) of male users. In seven regions (III, V, VI, VII, VIII, IX, and X), reliance on a female method was the second most common primary method, with use ranging from 5% (III, V, VI, and IX) to 22% (VIII) of male users. Abstinence was the second most common method in Regions I (12%) and IV (12%), and withdrawal or use of a method not listed on FPAR Table 8 was the second most common method in Region II (7%). The percentage of male users who exited the encounter with no method due to “other reasons” ranged between 2% (IX) and 30% (X), while only 2% or less in all regions reported that they were not using a method because their partner was pregnant or seeking pregnancy. The percentage of male users for whom the type of method used was unknown exceeded the national average of 5% in three regions (III, V, and VII) (*Exhibits 24 and 25*).

**Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2013 (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	82,067	0	1	5	1,790	8,486	15,742	17,270	16,276	22,497
Intrauterine device	279,289	244	5,116	12,281	67,589	76,978	55,968	33,398	18,505	9,210
Hormonal implant	108,586	1,352	11,770	14,755	38,471	22,776	11,075	5,211	2,177	999
Hormonal injection	635,093	10,170	73,167 <sup>a</sup>	79,342 <sup>a</sup>	180,263 <sup>a</sup>	123,433 <sup>a</sup>	79,155 <sup>a</sup>	46,578 <sup>a</sup>	27,094 <sup>a</sup>	15,891 <sup>a</sup>
Oral contraceptive	1,316,671	11,242	109,954	156,447	425,449	295,024	161,870	80,762	46,560	29,363
Contraceptive patch	78,547	793	6,886	9,180	24,757	18,287	10,832	5,118	2,046	648
Vaginal ring	142,292	333	6,594	12,660	52,305	42,351	18,650	5,957	2,414	1,028
Cervical cap or diaphragm	8,245	65	347	586	1,699	1,562	1,142	758	671	1,415
Contraceptive sponge	541	3	23	21	91	108	103	85	56	51
Female condom	3,914	29	307	333	1,003	701	560	385	298	298
Spermicide (used alone)	4,028	16	145	219	1,038	834	712	489	316	259
FAM or LAM <sup>b</sup>	11,753	35	352	620	2,453	2,560	1,952	1,556	1,020	1,205
Abstinence <sup>c</sup>	72,486	5,273	7,901	5,241	13,612	11,277	8,094	6,017	5,397	9,674
Withdrawal or other method <sup>d</sup>	95,798	591	4,914	7,361	23,821	19,928	13,532	8,818	6,243	10,590
<b>Rely on Male Method</b>										
Vasectomy	8,175	0	3	29	540	999	1,603	1,766	1,712	1,523
Male condom	692,678	3,988	42,382	65,076	188,647	142,532	97,268	63,770	45,219	43,796
<b>No Method</b>										
Pregnant/seeking pregnancy	356,750	882	14,725	34,624	118,053	93,377	57,201	26,982	8,744	2,162
Other reason	181,657	2,192	11,023	14,909	45,545	37,205	24,504	15,301	11,357	19,621
<b>Method Unknown<sup>e</sup></b>	106,017	1,355	7,435	9,512	27,529	21,218	14,553	8,889	6,177	9,349
<b>Total Female Users</b>	<b>4,184,587</b>	<b>38,563</b>	<b>303,045</b>	<b>423,201</b>	<b>1,214,655</b>	<b>919,636</b>	<b>574,516</b>	<b>329,110</b>	<b>202,282</b>	<b>179,579</b>
<b>Using a Method</b>	3,540,163	34,134	269,862	364,156	1,023,528	767,836	478,258	277,938	176,004	148,447
<b>Not Using a Method</b>	538,407	3,074	25,748	49,533	163,598	130,582	81,705	42,283	20,101	21,783
<b>Method Unknown<sup>e</sup></b>	106,017	1,355	7,435	9,512	27,529	21,218	14,553	8,889	6,177	9,349

FAM=fertility awareness-based method. LAM=lactational amenorrhea method.

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

<sup>b</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>c</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>d</sup> Includes withdrawal or any other method not listed in FPAR Table 7.

<sup>e</sup> See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

**Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2013 (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%	5%	8%	13%
Intrauterine device	7%	1%	2%	3%	6%	8%	10%	10%	9%	5%
Hormonal implant	3%	4%	4%	3%	3%	2%	2%	2%	1%	1%
Hormonal injection	15%	26%	24% <sup>a</sup>	19% <sup>a</sup>	15% <sup>a</sup>	13% <sup>a</sup>	14% <sup>a</sup>	14% <sup>a</sup>	13% <sup>a</sup>	9% <sup>a</sup>
Oral contraceptive	31%	29%	36%	37%	35%	32%	28%	25%	23%	16%
Contraceptive patch	2%	2%	2%	2%	2%	2%	2%	2%	1%	0%†
Vaginal ring	3%	1%	2%	3%	4%	5%	3%	2%	1%	1%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM <sup>b</sup>	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Abstinence <sup>c</sup>	2%	14%	3%	1%	1%	1%	1%	2%	3%	5%
Withdrawal or other method <sup>d</sup>	2%	2%	2%	2%	2%	2%	2%	3%	3%	6%
<b>Rely on Male Method</b>										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	17%	10%	14%	15%	16%	15%	17%	19%	22%	24%
<b>No Method</b>										
Pregnant/seeking pregnancy	9%	2%	5%	8%	10%	10%	10%	8%	4%	1%
Other reason	4%	6%	4%	4%	4%	4%	4%	5%	6%	11%
<b>Method Unknown <sup>e</sup></b>	3%	4%	2%	2%	2%	2%	3%	3%	3%	5%
<b>Total Female Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Using a Method</b>	85%	89%	89%	86%	84%	83%	83%	84%	87%	83%
<b>Not Using a Method</b>	13%	8%	8%	12%	13%	14%	14%	13%	10%	12%
<b>Method Unknown <sup>e</sup></b>	3%	4%	2%	2%	2%	2%	3%	3%	3%	5%

**FAM**=fertility awareness-based method. **LAM**=lactational amenorrhea method.

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

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

<sup>b</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>c</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>d</sup> Includes withdrawal or any other method not listed in FPAR Table 7.

<sup>e</sup> See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

**Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2013 (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	82,067	6,371	9,240	10,621	12,043	6,202	6,059	6,654	2,369	19,547	2,961
Intrauterine device	279,289	13,927	32,309	22,271	40,085	19,927	20,489	8,919	11,023	94,499	15,840
Hormonal implant	108,586	4,680	6,416	10,184	16,050	7,396	11,489	5,146	5,115	36,727	5,383
Hormonal injection	635,093	16,145 <sup>a</sup>	46,365 <sup>a</sup>	63,781 <sup>a</sup>	192,773 <sup>a</sup>	68,674	67,138 <sup>a</sup>	28,750 <sup>a</sup>	21,105	107,201 <sup>a</sup>	23,161
Oral contraceptive	1,316,671	44,526	118,316	137,942	272,193	125,993	97,967	52,395	51,389	357,923	58,027
Contraceptive patch	78,547	2,862	9,247	6,489	9,775	7,468	8,959	2,414	2,310	23,848	5,175
Vaginal ring	142,292	5,449	14,776	15,615	15,386	14,958	6,404	4,595	7,759	47,978	9,372
Cervical cap or diaphragm	8,245	97	330	5,417	227	266	133	63	89	1,443	180
Contraceptive sponge	541	34	26	49	93	15	212	11	12	82	7
Female condom	3,914	46	462	1,160	580	262	306	33	78	939	48
Spermicide (used alone)	4,028	54	238	403	1,993	116	757	48	33	262	124
FAM or LAM <sup>b</sup>	11,753	472	1,161	794	2,779	501	1,844	548	230	3,075	349
Abstinence <sup>c</sup>	72,486	6,197	4,827	7,905	13,964	4,466	5,017	2,426	2,360	22,442	2,882
Withdrawal or other method <sup>d</sup>	95,798	2,515	19,822	3,366	28,752	5,299	8,219	2,837	851	22,409	1,728
<b>Rely on Male Method</b>											
Vasectomy	8,175	676	609	495	1,081	588	807	531	566	2,192	630
Male condom	692,678	29,564	87,813	89,923	93,355	45,815	45,751	13,321	10,501	262,381	14,254
<b>No Method</b>											
Pregnant/seeking pregnancy	356,750	11,476	43,661	23,349	90,155	29,851	29,849	13,983	9,992	92,049	12,385
Other reason	181,657	10,733	33,016	30,089	31,616	21,283	15,984	6,268	5,545	22,952	4,171
<b>Method Unknown<sup>e</sup></b>	106,017	5,276	2,819	33,860	6,851	11,486	27,863	5,739	1,622	10,186	315
<b>Total Female Users</b>	<b>4,184,587</b>	<b>161,100</b>	<b>431,453</b>	<b>463,713</b>	<b>829,751</b>	<b>370,566</b>	<b>355,247</b>	<b>154,681</b>	<b>132,949</b>	<b>1,128,135</b>	<b>156,992</b>
<b>Using a Method</b>	3,540,163	133,615	351,957	376,415	701,129	307,946	281,551	128,691	115,790	1,002,948	140,121
<b>Not Using a Method</b>	538,407	22,209	76,677	53,438	121,771	51,134	45,833	20,251	15,537	115,001	16,556
<b>Method Unknown<sup>e</sup></b>	106,017	5,276	2,819	33,860	6,851	11,486	27,863	5,739	1,622	10,186	315

**FAM**=fertility awareness-based method. **LAM**=lactational amenorrhea method.

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

<sup>b</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>c</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>d</sup> Includes withdrawal or any other method not listed in FPAR Table 7.

<sup>e</sup> See Table 7 comments in the **Field and Methodological Notes (Appendix C)**.

**Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2013 (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%	1%	2%	2%	4%	2%	2%	2%
Intrauterine device	7%	9%	7%	5%	5%	5%	6%	6%	8%	8%	10%
Hormonal implant	3%	3%	1%	2%	2%	2%	3%	3%	4%	3%	3%
Hormonal injection	15%	10% <sup>a</sup>	11% <sup>a</sup>	14% <sup>a</sup>	23% <sup>a</sup>	19%	19% <sup>a</sup>	19% <sup>a</sup>	16%	10% <sup>a</sup>	15%
Oral contraceptive	31%	28%	27%	30%	33%	34%	28%	34%	39%	32%	37%
Contraceptive patch	2%	2%	2%	1%	1%	2%	3%	2%	2%	2%	3%
Vaginal ring	3%	3%	3%	3%	2%	4%	2%	3%	6%	4%	6%
Cervical cap or diaphragm	0%†	0%†	0%†	1%	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%†
FAM or LAM <sup>b</sup>	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†
Abstinence <sup>c</sup>	2%	4%	1%	2%	2%	1%	1%	2%	2%	2%	2%
Withdrawal or other method <sup>d</sup>	2%	2%	5%	1%	3%	1%	2%	2%	1%	2%	1%
<b>Rely on Male Method</b>											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	17%	18%	20%	19%	11%	12%	13%	9%	8%	23%	9%
<b>No Method</b>											
Pregnant/seeking pregnancy	9%	7%	10%	5%	11%	8%	8%	9%	8%	8%	8%
Other reason	4%	7%	8%	6%	4%	6%	4%	4%	4%	2%	3%
<b>Method Unknown<sup>e</sup></b>	3%	3%	1%	7%	1%	3%	8%	4%	1%	1%	0%†
<b>Total Female Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Using a Method</b>	85%	83%	82%	81%	84%	83%	79%	83%	87%	89%	89%
<b>Not Using a Method</b>	13%	14%	18%	12%	15%	14%	13%	13%	12%	10%	11%
<b>Method Unknown<sup>e</sup></b>	3%	3%	1%	7%	1%	3%	8%	4%	1%	1%	0%†

**FAM**=fertility awareness-based method. **LAM**=lactational amenorrhea method.

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

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

<sup>b</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>c</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>d</sup> Includes withdrawal or any other method not listed in FPAR Table 7.

<sup>e</sup> See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

**Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2013 (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	3,619	0	0	0	115	486	847	833	644	694
Male condom	278,964	1,863	15,968	24,958	86,621	63,080	35,959	18,980	12,359	19,176
FAM <sup>a</sup>	953	1	17	23	184	259	179	89	73	128
Abstinence <sup>b</sup>	15,269	3,354	3,541	964	1,626	1,272	880	644	637	2,351
Withdrawal or other method <sup>c</sup>	8,892	245	543	642	2,346	1,830	1,155	711	484	936
Rely on female method <sup>d</sup>	22,128	111	752	1,412	5,349	4,921	3,262	2,078	1,586	2,657
<b>No Method</b>										
Partner pregnant/seeking pregnancy	2,900	14	114	161	662	687	498	283	185	296
Other reason	20,283	849	1,711	1,355	4,188	3,784	2,519	1,604	1,372	2,901
<b>Method Unknown<sup>e</sup></b>	20,229	633	1,461	1,328	4,442	3,521	2,443	1,545	1,214	3,642
<b>Total Male Users</b>	<b>373,237</b>	<b>7,070</b>	<b>24,107</b>	<b>30,843</b>	<b>105,533</b>	<b>79,840</b>	<b>47,742</b>	<b>26,767</b>	<b>18,554</b>	<b>32,781</b>
<b>Using a Method</b>	329,825	5,574	20,821	27,999	96,241	71,848	42,282	23,335	15,783	25,942
<b>Not Using a Method</b>	23,183	863	1,825	1,516	4,850	4,471	3,017	1,887	1,557	3,197
<b>Method Unknown<sup>e</sup></b>	20,229	633	1,461	1,328	4,442	3,521	2,443	1,545	1,214	3,642

**FAM**=fertility awareness-based method.

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>b</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>c</sup> Includes withdrawal or any other method not listed in FPAR Table 8.

<sup>d</sup> 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), spermicide, or the lactational amenorrhea method.

<sup>e</sup> See Table 8 comments in the *Field and Methodological Notes (Appendix C)*.



**Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2013 (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%	2%	3%	3%	2%
Male condom	75%	26%	66%	81%	82%	79%	75%	71%	67%	58%
FAM <sup>a</sup>	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence <sup>b</sup>	4%	47%	15%	3%	2%	2%	2%	2%	3%	7%
Withdrawal or other method <sup>c</sup>	2%	3%	2%	2%	2%	2%	2%	3%	3%	3%
Rely on female method <sup>d</sup>	6%	2%	3%	5%	5%	6%	7%	8%	9%	8%
<b>No Method</b>										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Other reason	5%	12%	7%	4%	4%	5%	5%	6%	7%	9%
<b>Method Unknown<sup>e</sup></b>	5%	9%	6%	4%	4%	4%	5%	6%	7%	11%
<b>Total Male Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Using a Method</b>	88%	79%	86%	91%	91%	90%	89%	87%	85%	79%
<b>Not Using a Method</b>	6%	12%	8%	5%	5%	6%	6%	7%	8%	10%
<b>Method Unknown<sup>e</sup></b>	5%	9%	6%	4%	4%	4%	5%	6%	7%	11%

**FAM**=fertility awareness-based method.

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

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>b</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>c</sup> Includes withdrawal or any other method not listed in FPAR Table 8.

<sup>d</sup> 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), spermicide, or the lactational amenorrhea method.

<sup>e</sup> See Table 8 comments in the *Field and Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

**Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2013 (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	3,619	122	132	147	962	82	298	78	377	1,112	309
Male condom	278,964	13,935	32,004	37,946	12,842	23,827	12,768	9,170	11,398	119,030	6,044
FAM <sup>a</sup>	953	17	21	62	48	6	407	14	21	350	7
Abstinence <sup>b</sup>	15,269	2,503	732	1,506	2,694	607	494	296	1,136	4,910	391
Withdrawal or other method <sup>c</sup>	8,892	346	2,614	492	2,627	233	677	300	117	1,142	344
Rely on female method <sup>d</sup>	22,128	1,583	1,129	2,575	1,864	1,522	831	1,267	4,228	6,358	771
<b>No Method</b>											
Partner pregnant/seeking pregnancy	2,900	401	69	182	134	166	97	113	252	1,367	119
Other reason	20,283	1,874	2,438	2,726	1,037	2,579	759	671	1,449	3,343	3,407
<b>Method Unknown<sup>e</sup></b>	20,229	803	244	11,054	441	2,347	718	696	321	3,505	100
<b>Total Male Users</b>	<b>373,237</b>	<b>21,584</b>	<b>39,383</b>	<b>56,690</b>	<b>22,649</b>	<b>31,369</b>	<b>17,049</b>	<b>12,605</b>	<b>19,299</b>	<b>141,117</b>	<b>11,492</b>
<b>Using a Method</b>	329,825	18,506	36,632	42,728	21,037	26,277	15,475	11,125	17,277	132,902	7,866
<b>Not Using a Method</b>	23,183	2,275	2,507	2,908	1,171	2,745	856	784	1,701	4,710	3,526
<b>Method Unknown<sup>e</sup></b>	20,229	803	244	11,054	441	2,347	718	696	321	3,505	100

**FAM**=fertility awareness-based method.

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>b</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>c</sup> Includes withdrawal or any other method not listed in FPAR Table 8.

<sup>d</sup> 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), spermicide, or the lactational amenorrhea method.

<sup>e</sup> See Table 8 comments in the *Field and Methodological Notes (Appendix C)*.

**Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2013 (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%	1%	0%†	0%†	4%	0%†	2%	1%	2%	1%	3%
Male condom	75%	65%	81%	67%	57%	76%	75%	73%	59%	84%	53%
FAM <sup>a</sup>	0%†	0%†	0%†	0%†	0%†	0%†	2%	0%†	0%†	0%†	0%†
Abstinence <sup>b</sup>	4%	12%	2%	3%	12%	2%	3%	2%	6%	3%	3%
Withdrawal or other method <sup>c</sup>	2%	2%	7%	1%	12%	1%	4%	2%	1%	1%	3%
Rely on female method <sup>d</sup>	6%	7%	3%	5%	8%	5%	5%	10%	22%	5%	7%
<b>No Method</b>											
Partner pregnant/seeking pregnancy	1%	2%	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Other reason	5%	9%	6%	5%	5%	8%	4%	5%	8%	2%	30%
<b>Method Unknown<sup>e</sup></b>	5%	4%	1%	19%	2%	7%	4%	6%	2%	2%	1%
<b>Total Male Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Using a Method</b>	88%	86%	93%	75%	93%	84%	91%	88%	90%	94%	68%
<b>Not Using a Method</b>	6%	11%	6%	5%	5%	9%	5%	6%	9%	3%	31%
<b>Method Unknown<sup>e</sup></b>	5%	4%	1%	19%	2%	7%	4%	6%	2%	2%	1%

**FAM**=fertility awareness-based method.

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

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods.

<sup>b</sup> User refrained from oral, vaginal, and anal intercourse.

<sup>c</sup> Includes withdrawal or any other method not listed in FPAR Table 8.

<sup>d</sup> 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), spermicide, or the lactational amenorrhea method.

<sup>e</sup> See Table 8 comments in the *Field and Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

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

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, according to the 2001 Bethesda System.<sup>16</sup> ASC or higher results include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; AIS; adenocarcinoma; or other (e.g., endometrial cells in a woman  $\geq$  40 years of age); and
- Number of Pap tests with an HSIL or higher result according to the 2001 Bethesda System.<sup>16</sup> HSIL or higher results include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; AIS; adenocarcinoma; or other (e.g., endometrial cells in a woman  $\geq$  40 years of age).

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

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

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

**Tests**—Report Pap tests and CBEs performed during the reporting period that are provided within the scope of the agency's Title X project.

**Atypical Squamous Cells (ASC)**—ASC refers to cytological changes that are suggestive of a squamous intraepithelial lesion. The 2001 Bethesda System<sup>16</sup> subdivides atypical squamous cells into two categories:

- Atypical squamous cells of undetermined significance (ASC-US)—ASC-US refers to cytological changes that are suggestive of a squamous intraepithelial lesion, but lack criteria for a definitive interpretation.<sup>17</sup>
- Atypical squamous cells, cannot exclude HSIL (ASC-H)—ASC-H refers to cytological changes that are suggestive of a high-grade squamous intraepithelial lesion (HSIL), but lack criteria for a definitive interpretation.<sup>17</sup>

**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.<sup>17</sup>

**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.<sup>17</sup>

**Atypical Glandular Cells (AGC)**—AGC refers to glandular cell abnormalities, including adenocarcinoma. The 2001 Bethesda System (see *Exhibit 1* of the Title X FPAR: Forms and Instructions) classifies AGC less severe than adenocarcinoma into three categories.<sup>18</sup>

- Atypical glandular cells, either endocervical, endometrial, or "glandular cells" not otherwise specified;
- Atypical glandular cells, either endocervical or "glandular cells" favor neoplasia (AGC, favor neoplastic); and
- Endocervical adenocarcinoma in situ (AIS).

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 31–33.

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## 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., U.S. Preventive Services Task Force, American Cancer Society, and American College of Obstetricians and Gynecologists).<sup>19-26</sup>

### Cervical Cancer Screening (Exhibit 26)

In 2013, Title X service sites provided Papanicolaou (Pap) testing to 24% (988,114) of female family planning users and performed over 1.0 million tests, or an average of 2.5 Pap tests per 10 female users. By region, the percentage of total female users who received a Pap test ranged from 20% (I, V, IX, and X) to 31% (VII), and the percentage tested exceeded the national average of 24% in five regions (II, III, IV, VI, and VII) (*Exhibit 26*).

Of the total of Pap tests performed in 2013, 14% (142,698) had an indeterminate or abnormal result (i.e., atypical squamous cell [ASC] or higher result) requiring further evaluation and possible treatment. In addition, 1% (11,855) of Pap tests 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 Pap tests with an ASC or higher result ranged from 10% (IX) to 18% (I), and the percentage with an HSIL or higher result ranged from 1% to 2% (*Exhibit 26*).

Since 2005 (the first year data were available), the percentage of female users who received a Pap test decreased from 52% (2.4 million) of female users in 2005 to 24% (988,114) in 2013, and the number of tests performed decreased 61%, from 2.6 million in 2005 to 1.0 million in 2013 (*Exhibits A-8a* and *A-8b*). The downward trend in the percentage of female users tested is due to provider adoption of updated national standards for cervical cancer screening, which have increased both the age at which Pap testing should begin and the testing interval for women with a normal result.<sup>22-24</sup>

### Breast Cancer Screening (Exhibit 26)

In 2013, Title X service provided clinical breast exams (CBEs) to 35% (1.6 million) of family planning users and referred 4% (64,863) of users who received a CBE for further evaluation based on the results of the exam. By region, between 18% (IX) and 57% (VI) of total users received a CBE and from 1% (VIII and X) to 13% (IX) of those examined were referred for further evaluation (*Exhibit 26*).

**Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2013 (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
<b>Pap Tests</b>											
Users tested											
Number <sup>a</sup>	988,114	31,677	117,551	112,117	220,549	75,529	100,047	48,344	28,440	221,950	31,910
Percentage <sup>b</sup>	24%	20%	27%	24%	27%	20%	28%	31%	21%	20%	20%
Tests performed											
Number	1,043,671	32,414	121,108	117,933	229,501	85,972	110,341	50,311	30,065	233,617	32,409
Tests per 10 users	2.5	2.0	2.8	2.5	2.8	2.3	3.1	3.3	2.3	2.1	2.1
ASC or higher result											
Number	142,698	5,717	15,959	20,283	35,618	10,614	15,105	7,449	4,152	22,235	5,566
Percentage <sup>c</sup>	14%	18%	13%	17%	16%	12%	14%	15%	14%	10%	17%
HSIL or higher result											
Number	11,855	513	1,481	1,559	2,880	940	1,327	625	288	1,746	496
Percentage <sup>c</sup>	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	2%
<b>Clinical Breast Exams</b>											
Users examined											
Number <sup>d</sup>	1,575,994	48,562	172,038	180,986	436,831	116,461	212,935	78,323	62,565	222,227	45,066
Percentage <sup>e</sup>	35%	27%	37%	35%	51%	29%	57%	47%	41%	18%	27%
Users referred based on exam											
Number	64,863	1,500	3,720	6,800	13,069	2,929	4,786	1,668	617	29,379	395
Percentage <sup>f</sup>	4%	3%	2%	4%	3%	3%	2%	2%	1%	13%	1%

**ASC**=atypical squamous cells. **HSIL**=high-grade squamous epithelial lesion.

<sup>a</sup> Unduplicated number of female users.

<sup>b</sup> Denominator is the total unduplicated number of female users.

<sup>c</sup> Denominator is the total number of Pap tests performed.

<sup>d</sup> Unduplicated number of female and male users.

<sup>e</sup> Denominator is the total unduplicated number of users (female and male).

<sup>f</sup> Denominator is the total unduplicated number of users examined.

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## SEXUALLY TRANSMITTED DISEASE TESTING

Sexually transmitted diseases (STDs) are a concern for clients served in Title X service projects, particularly young (15 to 24), sexually active women, who have the highest reported rates of chlamydia and gonorrhea.<sup>20,27</sup> Title X *Program Guidelines*<sup>10</sup> 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 Centers for Disease Control and Prevention (CDC) *STD Treatment Guidelines*.<sup>28</sup> 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).<sup>28</sup> 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).<sup>28</sup> Through an interagency agreement between CDC and OPA, many Title X-funded service sites participated in chlamydia prevention efforts through the national Infertility Prevention Project (IPP), which ended in December 2013.

In 2013, Title X-funded service sites tested 50% (2.1 million) of all female users for chlamydia and 60% (1.2 million) of female users under 25. Among females under 25, rates of chlamydia testing were highest (60% to 61%) among those 15 to 24 and lowest among those under 15 (45%). Providers tested 41% of females over 24 (*Exhibits 27 and 28*). Since 2005 (the first year data were available), the percentage of females under 25 tested for chlamydia increased 10 points, from 50% in 2005 to 60% in 2013 (*Exhibits A–9a and A–9b*).

By region, chlamydia testing rates for females under 25 ranged from 49% (V) to 71% (IX) and were at or above the national rate of 60% in Regions VII, IX, and X (*Exhibits 27 and 28*). *Exhibit B–5* presents the number and percentage of female users under 25 who were tested for chlamydia in 2013 for each state, the District of Columbia, and the eight U.S. territories and Freely Associated States. It shows wide variation in the percentages of females under 25 who were tested for chlamydia (1% to 85%).

Additionally, Title X-funded service sites tested 67% (250,970) of all male users for chlamydia and 70% (117,410) of male users under 25. By age group, rates of chlamydia testing were highest among male users 18 or over (65% to 77%) and lowest among male users 15 to 17 (53%) and under 15 (19%). Compared with female users, there was substantially more variation by region and age in rates of male chlamydia testing. By region, service providers tested 41% (IV) to 79% (V) of all male users and 43% (IV) to 80% (V and IX) of male users under 25 for chlamydia. Finally, male chlamydia testing rates were above the national average of 67% in five regions (II, V, VII, VIII, and IX) (*Exhibits 27 and 28*).

### Gonorrhea Testing (Exhibit 29)

In 2013, Title X service sites performed almost 2.6 million gonorrhea tests (2.3 million female tests and 271,920 male tests). On average, Title X service sites performed 5.5 gonorrhea tests for every 10 female users and 7.3 tests for every 10 male users. By region, the rate of gonorrhea testing ranged between 3.4 (VIII) and 6.6 (IX) tests for every 10 female users and 4.1 (IV) and 8.4 (V) tests for every 10 male users (*Exhibit 29*).

**Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2013 (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
<b>Female Users</b>											
Under 15	17,394	670	1,418	2,822	3,921	1,359	1,898	797	554	3,114	841
15 to 17	182,741	7,314	16,664	24,051	33,319	14,651	15,239	7,580	6,893	47,658	9,372
18 to 19	258,480	9,312	23,944	28,674	44,662	20,431	20,230	10,399	9,570	80,136	11,122
20 to 24	722,919	24,200	68,248	67,750	130,950	57,756	57,202	27,027	21,870	240,043	27,873
Over 24	913,151	36,532	114,475	89,946	157,316	62,118	82,141	27,553	16,007	300,929	26,134
<b>Subtotal</b>	<b>2,094,685</b>	<b>78,028</b>	<b>224,749</b>	<b>213,243</b>	<b>370,168</b>	<b>156,315</b>	<b>176,710</b>	<b>73,356</b>	<b>54,894</b>	<b>671,880</b>	<b>75,342</b>
<b>Under 25<sup>a</sup></b>	<b>1,181,534</b>	<b>41,496</b>	<b>110,274</b>	<b>123,297</b>	<b>212,852</b>	<b>94,197</b>	<b>94,569</b>	<b>45,803</b>	<b>38,887</b>	<b>370,951</b>	<b>49,208</b>
<b>Male Users</b>											
Under 15	1,317	133	102	456	112	60	85	28	42	269	30
15 to 17	12,785	1,153	1,495	2,561	525	926	445	452	496	4,283	449
18 to 19	22,369	1,225	2,670	3,433	896	2,073	975	841	1,118	8,515	623
20 to 24	80,939	4,399	9,758	9,765	3,012	8,340	3,191	2,895	4,309	33,046	2,224
Over 24	133,560	6,767	13,450	14,888	4,722	13,522	4,467	4,338	8,461	58,952	3,993
<b>Subtotal</b>	<b>250,970</b>	<b>13,677</b>	<b>27,475</b>	<b>31,103</b>	<b>9,267</b>	<b>24,921</b>	<b>9,163</b>	<b>8,554</b>	<b>14,426</b>	<b>105,065</b>	<b>7,319</b>
<b>All Users</b>											
Under 15	18,711	803	1,520	3,278	4,033	1,419	1,983	825	596	3,383	871
15 to 17	195,526	8,467	18,159	26,612	33,844	15,577	15,684	8,032	7,389	51,941	9,821
18 to 19	280,849	10,537	26,614	32,107	45,558	22,504	21,205	11,240	10,688	88,651	11,745
20 to 24	803,858	28,599	78,006	77,515	133,962	66,096	60,393	29,922	26,179	273,089	30,097
Over 24	1,046,711	43,299	127,925	104,834	162,038	75,640	86,608	31,891	24,468	359,881	30,127
<b>Total All Users</b>	<b>2,345,655</b>	<b>91,705</b>	<b>252,224</b>	<b>244,346</b>	<b>379,435</b>	<b>181,236</b>	<b>185,873</b>	<b>81,910</b>	<b>69,320</b>	<b>776,945</b>	<b>82,661</b>

<sup>a</sup> 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., with a new sex partner or 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. (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 59(No. RR-12), 1-114 [See reference 28.] and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2), 128-134. [See reference 29.]



**Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2013 (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
<b>Female Users</b>											
Under 15	45%	31%	39%	54%	38%	45%	49%	47%	37%	57%	51%
15 to 17	60%	51%	58%	63%	57%	50%	56%	60%	56%	72%	63%
18 to 19	61%	57%	59%	62%	54%	49%	57%	62%	56%	73%	65%
20 to 24	60%	57%	58%	53%	54%	49%	59%	61%	53%	71%	64%
Over 24	41%	43%	47%	37%	36%	35%	43%	35%	26%	49%	33%
<b>Subtotal</b>	<b>50%</b>	<b>48%</b>	<b>52%</b>	<b>46%</b>	<b>45%</b>	<b>42%</b>	<b>50%</b>	<b>47%</b>	<b>41%</b>	<b>60%</b>	<b>48%</b>
<b>Under 25<sup>a</sup></b>	<b>60%</b>	<b>55%</b>	<b>58%</b>	<b>56%</b>	<b>54%</b>	<b>49%</b>	<b>58%</b>	<b>61%</b>	<b>54%</b>	<b>71%</b>	<b>63%</b>
<b>Male Users</b>											
Under 15	19%	16%	11%	33%	6%	38%	33%	21%	9%	28%	41%
15 to 17	53%	45%	57%	45%	31%	64%	58%	64%	46%	62%	81%
18 to 19	73%	72%	69%	64%	52%	80%	64%	72%	74%	80%	85%
20 to 24	77%	79%	77%	64%	56%	83%	63%	72%	80%	84%	79%
Over 24	65%	62%	70%	51%	39%	79%	47%	66%	78%	71%	55%
<b>Subtotal</b>	<b>67%</b>	<b>63%</b>	<b>70%</b>	<b>55%</b>	<b>41%</b>	<b>79%</b>	<b>54%</b>	<b>68%</b>	<b>75%</b>	<b>74%</b>	<b>64%</b>
<b>All Users</b>											
Under 15	41%	27%	33%	50%	33%	44%	48%	45%	30%	52%	50%
15 to 17	60%	50%	58%	61%	56%	50%	56%	60%	55%	71%	63%
18 to 19	62%	58%	60%	62%	54%	51%	58%	63%	58%	74%	66%
20 to 24	61%	59%	60%	54%	54%	52%	59%	62%	56%	72%	64%
Over 24	43%	45%	49%	38%	36%	39%	43%	37%	34%	52%	35%
<b>Total All Users</b>	<b>51%</b>	<b>50%</b>	<b>54%</b>	<b>47%</b>	<b>45%</b>	<b>45%</b>	<b>50%</b>	<b>49%</b>	<b>46%</b>	<b>61%</b>	<b>49%</b>

<sup>a</sup> 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., with a new sex partner or 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. (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 59(No. RR-12), 1–114 [See reference 28.] and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2), 128–134. [See reference 29.]

**Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region: 2013 (Source: FPAR Table 12)**

<b>STD Tests</b>	<b>All Regions</b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>	<b>Region VI</b>	<b>Region VII</b>	<b>Region VIII</b>	<b>Region IX</b>	<b>Region X</b>
<b>Gonorrhea Tests</b>											
Female	2,285,723	80,889	252,309	254,904	394,506	166,700	193,244	78,621	45,537	741,415	77,598
Male	271,920	14,310	31,107	36,854	9,352	26,390	9,452	8,958	13,080	114,998	7,419
<b>Total</b>	<b>2,557,643</b>	<b>95,199</b>	<b>283,416</b>	<b>291,758</b>	<b>403,858</b>	<b>193,090</b>	<b>202,696</b>	<b>87,579</b>	<b>58,617</b>	<b>856,413</b>	<b>85,017</b>
<b>Tests per 10 Users</b>											
Female	5.5	5.0	5.8	5.5	4.8	4.5	5.4	5.1	3.4	6.6	4.9
Male	7.3	6.6	7.9	6.5	4.1	8.4	5.5	7.1	6.8	8.1	6.5
<b>Total</b>	<b>5.6</b>	<b>5.2</b>	<b>6.0</b>	<b>5.6</b>	<b>4.7</b>	<b>4.8</b>	<b>5.4</b>	<b>5.2</b>	<b>3.9</b>	<b>6.7</b>	<b>5.0</b>
<b>Syphilis Tests</b>											
Female	564,953	12,062	49,259	80,389	182,222	12,813	91,807	16,203	1,370	115,743	3,085
Male	122,620	4,774	12,841	22,492	7,343	7,322	6,330	4,528	926	54,403	1,661
<b>Total</b>	<b>687,573</b>	<b>16,836</b>	<b>62,100</b>	<b>102,881</b>	<b>189,565</b>	<b>20,135</b>	<b>98,137</b>	<b>20,731</b>	<b>2,296</b>	<b>170,146</b>	<b>4,746</b>
<b>Tests per 10 Users</b>											
Female	1.4	0.7	1.1	1.7	2.2	0.3	2.6	1.0	0.1	1.0	0.2
Male	3.3	2.2	3.3	4.0	3.2	2.3	3.7	3.6	0.5	3.9	1.4
<b>Total</b>	<b>1.5</b>	<b>0.9</b>	<b>1.3</b>	<b>2.0</b>	<b>2.2</b>	<b>0.5</b>	<b>2.6</b>	<b>1.2</b>	<b>0.2</b>	<b>1.3</b>	<b>0.3</b>
<b>Confidential HIV Tests</b>											
Female	989,872	27,448	136,286	100,061	223,853	65,290	106,146	27,559	13,139	279,924	10,166
Male	197,759	11,804	24,599	26,463	8,115	16,312	8,309	5,624	9,263	84,372	2,898
<b>Total</b>	<b>1,187,631</b>	<b>39,252</b>	<b>160,885</b>	<b>126,524</b>	<b>231,968</b>	<b>81,602</b>	<b>114,455</b>	<b>33,183</b>	<b>22,402</b>	<b>364,296</b>	<b>13,064</b>
<b>Tests per 10 Users</b>											
Female	2.4	1.7	3.2	2.2	2.7	1.8	3.0	1.8	1.0	2.5	0.6
Male	5.3	5.5	6.2	4.7	3.6	5.2	4.9	4.5	4.8	6.0	2.5
<b>Total</b>	<b>2.6</b>	<b>2.1</b>	<b>3.4</b>	<b>2.4</b>	<b>2.7</b>	<b>2.0</b>	<b>3.1</b>	<b>2.0</b>	<b>1.5</b>	<b>2.9</b>	<b>0.8</b>
<b>Positive Test Results</b>	<b>1,771</b>	<b>59</b>	<b>300</b>	<b>291</b>	<b>203</b>	<b>95</b>	<b>213</b>	<b>57</b>	<b>30</b>	<b>517</b>	<b>6</b>
<b>Anonymous HIV Tests</b>	<b>2,289</b>	<b>22</b>	<b>0</b>	<b>469</b>	<b>0</b>	<b>24</b>	<b>75</b>	<b>17</b>	<b>0</b>	<b>1,670</b>	<b>12</b>

## Syphilis Testing (Exhibit 29)

In 2013, Title X service sites performed 687,573 syphilis tests (564,953 female tests and 122,620 male tests). On average, Title X service sites performed 1.4 syphilis tests for every 10 female users and 3.3 tests for every 10 male users. By region, the rate of syphilis testing ranged between 0.1 tests (VIII) and 2.6 tests (VI) for every 10 female users and between 0.5 tests (VIII) and 4.0 tests (III) for every 10 male users (*Exhibit 29*).

## Human Immunodeficiency Virus Testing (Exhibit 29)

CDC recommends<sup>30</sup> 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.<sup>30–32</sup> Furthermore, CDC recommends initial as well as repeat screening at least annually for persons at high risk for HIV (e.g., injecting 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 2013, Title X service sites performed almost 1.2 million confidential HIV tests (989,872 female tests and 197,759 male tests). On average, Title X service sites performed 2.4 confidential HIV tests for every 10 female users and 5.3 tests for every 10 male users. By region, the rate of HIV testing ranged between 0.6 tests (X) and 3.2 tests (II) for every 10 female users and 2.5 tests (X) and 6.2 tests (II) for every 10 male users. Of the total number of confidential HIV tests performed, 1,771 were positive for HIV. In addition, Title X service providers performed 2,289 anonymous HIV tests (*Exhibit 29*).

From 2003 to 2013, the number of confidential HIV tests performed more than doubled (126%), from 526,360 tests in 2003 to 1.2 million in 2013. In addition, the average number of tests per 10 users increased from 1.1 in 2003 to 2.6 in 2013 (*Exhibits A–10a* and *A–10b*).

### Guidance for Reporting STD Testing Activities in FPAR 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 sex.

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 sex;
- Number of positive, confidential HIV tests; 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 performed during the reporting period that are provided within the scope of the grantee’s 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 January 2011), pp. 37–38.

## Guidance for Reporting Encounter and Staffing Data in FPAR 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 other 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 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 other services providers.

**Clinical Services Provider**—Includes physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessment, as described in the *Program Guidelines*. Clinical services providers are able to offer client education, counseling, referral, followup, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.

**Other Services Provider**—Includes other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or followup services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*. Other 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), in accordance with the *Program Guidelines*.

**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 an other services provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or non-clinical assessment and care during the visit is credited with the 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 an Other Services Provider**—A face-to-face, documented encounter between a family planning client and an other 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.

**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).

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 41–43.

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## STAFFING AND FAMILY PLANNING ENCOUNTERS

### Staffing (Exhibit 30)

In 2013, 3,217 full-time equivalent (FTE) clinical services providers (CSPs), which include 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 registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessment, as described in the *Program Guidelines*.<sup>10</sup> Midlevel clinicians accounted for 66% (2,113 FTEs) of total CSP FTEs, followed by physicians (18%, 578 FTEs) and other CSPs (16%, 526 FTEs). Nationally, grantees reported an average of 3.7 midlevel CSP FTEs per physician FTE (*Exhibit 30*).

Title X-funded agencies relied more extensively on midlevel clinicians than on physicians to provide clinical care, and in all but Region IV, midlevel CSPs accounted for the largest percentage (58% to 83%) of total CSP FTEs. The ratio of midlevel clinician FTEs per physician FTE ranged from 1.8 (III) to 13.3 (VIII), with all but three regions (II, III, and VI) exceeding the national average of 3.7. Other CSP FTEs accounted for 51% of total FTEs in Region IV and between 1% and 11% of total FTEs in five other regions (II, III, V, VIII, and IX); the remaining four regions (I, VI, VII, and X) reported zero other CSP FTEs (*Exhibit 30*).

### Family Planning Encounters (Exhibit 30)

In 2013, Title X-funded agencies reported almost 8.2 million family planning encounters or an average of 1.8 encounters per family planning user. Encounters with a CSP accounted for 71% (5.8 million) of total encounters with an average of 1,800 CSP encounters per CSP FTE (*Exhibit 30*).

By region, the total number of encounters per user ranged between 1.5 (X) and 2.0 (V and VII), and in three regions (IV, V, and VII) the number of encounters per user exceeded the national average of 1.8. In addition, encounters with a CSP accounted for 55% (IV) to 90% (II) of all family planning encounters, and the number of CSP encounters per CSP FTE ranged from 1,039 (VI) to 2,990 (IX) (*Exhibit 30*).

**Exhibit 30. Number and distribution of FTE CSP staff, by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2013 (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
<b>Number of CSP FTEs</b>											
Physician	578.3	21.0	67.7	131.9	61.4	24.3	124.8	15.9	5.4	92.7	33.3
PA/NP/CNM	2,112.6	88.9	205.4	240.0	369.9	186.8	259.4	79.2	71.2	484.0	128.0
Other CSP <sup>a</sup>	525.8	0.0	12.0	40.7	445.1	12.7	0.0	0.0	9.8	5.6	0.0
<b>Total</b>	<b>3,216.8</b>	<b>109.9</b>	<b>285.0</b>	<b>412.6</b>	<b>876.5</b>	<b>223.7</b>	<b>384.2</b>	<b>95.1</b>	<b>86.3</b>	<b>582.3</b>	<b>161.2</b>
<b>Distribution of CSP FTEs</b>											
Physician	18%	19%	24%	32%	7%	11%	32%	17%	6%	16%	21%
PA/NP/CNM	66%	81%	72%	58%	42%	83%	68%	83%	82%	83%	79%
Other CSP <sup>a</sup>	16%	0%	4%	10%	51%	6%	0%	0%	11%	1%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Midlevel to Physician FTE <sup>b</sup></b>	<b>3.7</b>	<b>4.2</b>	<b>3.0</b>	<b>1.8</b>	<b>6.0</b>	<b>7.7</b>	<b>2.1</b>	<b>5.0</b>	<b>13.3</b>	<b>5.2</b>	<b>3.8</b>
<b>Number of FP Encounters</b>											
With CSP	5,791,110	253,156	726,120	651,653	919,404	562,137	399,182	200,532	147,223	1,741,172	190,531
With other	2,379,041	42,293	83,421	302,553	738,241	252,924	269,504	139,626	103,415	379,170	67,894
<b>Total</b>	<b>8,170,151</b>	<b>295,449</b>	<b>809,541</b>	<b>954,206</b>	<b>1,657,645</b>	<b>815,061</b>	<b>668,686</b>	<b>340,158</b>	<b>250,638</b>	<b>2,120,342</b>	<b>258,425</b>
<b>Distribution of FP Encounters</b>											
With CSP	71%	86%	90%	68%	55%	69%	60%	59%	59%	82%	74%
With other	29%	14%	10%	32%	45%	31%	40%	41%	41%	18%	26%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>FP Encounters per User</b>	<b>1.8</b>	<b>1.6</b>	<b>1.7</b>	<b>1.8</b>	<b>1.9</b>	<b>2.0</b>	<b>1.8</b>	<b>2.0</b>	<b>1.6</b>	<b>1.7</b>	<b>1.5</b>
<b>CSP Encounters per CSP FTE</b>	<b>1,800</b>	<b>2,304</b>	<b>2,547</b>	<b>1,579</b>	<b>1,049</b>	<b>2,513</b>	<b>1,039</b>	<b>2,110</b>	<b>1,707</b>	<b>2,990</b>	<b>1,182</b>

**CNM**=certified nurse midwife. **CSP**=clinical services provider. **FP**=family planning. **FTE**=full-time equivalent. **NP**=nurse practitioner. **PA**=physician assistant.

<sup>a</sup> Other CSPs are registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessment, as described in the *Program Guidelines*.

<sup>b</sup> Midlevel providers include physician assistants, nurse practitioners, and certified nurse midwives.

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## REVENUE

In 2013, Title X grantees reported total program revenue of almost \$1.3 billion to support the delivery of Title X-funded family planning and related preventive health services. The major sources of revenue—Medicaid (\$505.7 million) and Title X (\$253.7 million)—accounted for 39% and 20%, respectively, of total revenue. Revenue from state governments (\$131.1 million), local governments (\$93.8 million), client service fees (\$69.4 million), and private third-party payers (\$69.2 million) each accounted for 5% to 10% of total revenue, while all other sources each contributed 2% or less (*Exhibit 31*).

### **Title X Services Grant**

Revenue from Title X accounted for 20% (\$253.7 million) of total national revenue and between 9% (IX) and 35% (VI) of total regional revenue. Title X was the largest source of revenue in four regions (I, VI, VII, and VIII) and the second largest source after Medicaid in four others (III, IV, V, and IX). In all except three regions (II, IX, and X), the percentage of total regional revenue from Title X exceeded the national average of 20% (*Exhibits 32 and 33*).

### **Payment for Services: Client Fees**

Revenue from client service fees accounted for 5% (\$69.4 million) of total revenue and between 3% (IX) and 13% (VII and VIII) of total regional revenue. In three regions (V, VIII, and IX), revenue from client fees was the third largest source of project revenue. The share of revenue from client fees was at or above the national average of 5% in all except two regions (IV and IX) (*Exhibits 32 and 33*).

### **Payment for Services: Third-Party Payers**

Title X regulations<sup>8</sup> and *Program Guidelines*<sup>10</sup> 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 Children's Health Insurance Program (CHIP).** Medicaid revenue (federal and state shares) accounted for 39% (\$505.7 million) of total revenue, while separately reported CHIP revenue accounted for less than 1% (\$2.8 million). Together, they accounted for \$508.5 million or 40% of total revenue in 2013. By region, Medicaid (including CHIP) accounted for 5% (VIII) to 67% (IX) of total regional revenue and was the largest share (29% to 67%) of regional revenue in six regions (II, III, IV, V, IX, and X) and the second largest source of revenue in three others (I, VI, and VII) (*Exhibits 32 and 33*). In 2013, grantees in 32 states and in all 10 HHS regions reported revenue from state Medicaid family planning eligibility expansions. For a list of the 32 states, see the notes for FPAR Table 14 data in *Appendix C: Field and Methodological Notes*.

**Medicare and Other Public.** Revenue from Medicare (\$1.9 million) and other public third-party payers (\$10.8 million) together accounted for 1% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers accounted for 1% or less of total regional revenue in all but Regions I and VI, where it accounted for 4% and 8%, respectively (*Exhibits 32 and 33*).

**Private.** Revenue from private third-party payers (\$69.2 million) accounted for 5% of total national revenue and ranged from 1% (IV) to 19% (I) of total regional revenue. Revenue from private third-party payers exceeded the national average of 5% in all except three regions (IV, VI, and IX) and was the third largest source of regional revenue in Regions I and VII (*Exhibits 32 and 33*).

### **Other Revenue**

**Block Grants and Temporary Assistance for Needy Families (TANF).** Revenue from the Title V Maternal and Child Health (MCH) block grant (\$19.9 million), the Title XX Social Services block grant (\$8.8 million), and TANF (\$13.3 million) each accounted for 1% to 2% of total national revenue. By region, the share of total regional revenue from the MCH or Social Services block grants or TANF ranged between 0% and 5% of total regional revenues. Although all regions reported some revenue from the MCH block grant, only four regions reported revenue from the Social Services block grant (I, III, V, and VI) or TANF (I, IV, V, and VIII) (*Exhibits 32 and 33*).

**State Governments.** State government revenue accounted for 10% (\$131.1 million) of total national revenue and between 1% (VIII and IX) and 23% (II) of total regional revenue. State government revenue was the second largest source of project revenue in Regions II (23%) and X (18%) and the third largest source in Region III (19%). 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% (\$93.8 million) of total national revenue and between 0.2% (I) and 22% (VIII) of total regional revenue. Local government revenue was the second largest source of revenue in Region VIII (22%), after Title X, and the third largest source in Regions IV (16%) and VI (11%). The percentage of total regional revenue from local governments was at or above the national average of 7% in five regions (IV, V, VI, VIII, and X) (*Exhibits 32 and 33*).

**Bureau of Primary Health Care.** Revenue from the Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC) accounted for 1% (\$11.5 million) of total national revenue. Two regions (III and VIII) reported no BPHC revenue, while eight others reported BPHC revenue ranging from less than 1% (I, IV, and VII) to 4% (V) (*Exhibits 32 and 33*).

**Other Revenue.** Finally, 7% (\$93.0 million) of total revenue came from a combination of all other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 1% (III and IV) to 21% (VIII), and in two regions (VIII and IX) the percentage of total regional revenue from other sources exceeded the national average of 7% (*Exhibits 32 and 33*). The notes for FPAR Table 14 in *Appendix C: Field and Methodological Notes* include an illustrative list of other revenue sources.

### **Revenue per User**

On average, grantees reported \$282 in program revenue per user served in 2013. By region, revenue per user ranged from \$219 (III) to \$429 (X) and was above the national average (\$282) in three regions (II, V, and X) (*Exhibit 32*).



## Guidance for Reporting Project Revenue in FPAR Table 14

In FPAR Table 14, grantees report the revenues (i.e., actual cash receipts or drawdown amounts) received during the reporting period from each funding source to support activities within the scope of the grantee's Title X services grant (Section 1001), even if the funds were not expended during the reporting period. Grantees are instructed not to report the monetary value of in-kind contributions as revenue in Table 14. The FPAR instructions provide the following guidance for reporting this information:

**Title X Grant (Row 1)**—Report the amount received (cash receipts or drawdown amounts) during the reporting period from the Title X Section 1001 family planning services grant. Do not report the amount of grant funds awarded unless this figure is the same as the actual cash receipts or drawdown amounts.

**Payment for Services (Rows 2–5)**—Refers to funds collected directly from clients and revenues received from public and private third-party payers (capitated or fee-for-service) for services provided within the scope of the grantee's Title X project.

**Total Client Collections/Self-Pay (“Client Fees”)** (Row 2)—Report the amount collected directly from clients during the reporting period for services provided within the scope of the grantee's Title X project.

**Third-Party Payers (Rows 3a–3e)**—For each third-party source listed, report the amount received (i.e., reimbursed) during the reporting period for services provided within the scope of the grantee's Title X project. Only revenue from prepaid (capitated) managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts) should be reported as prepaid. Revenues received after the date of service, even under managed care arrangements, should be reported as not prepaid.

**Medicaid (Row 3a)**—Report the amount received from Medicaid (federal and state shares) during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was 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. Include revenue from family planning waivers (both federal and state shares) in Row 3a, Column B. If the amount reported in Row 3a, Column B includes family planning waiver revenue, indicate this in the Table 14 “Notes” field.

**Medicare (Row 3b)**—Report the amount received from Medicare during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was 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 3c)**—Report the amount of funds received during the reporting period from CHIP for services provided within the scope of the grantee's Title X project. If the grantee is unable to report CHIP revenue separately from Medicaid (Row 3a), indicate this in the Table 14 “Notes” field.

**Other Public Health Insurance (Row 3d)**—Report the amount reimbursed by other federal, state, or local government health insurance programs during the reporting period for services provided within the scope of the grantee's Title X project. Examples of other sources of public third-party insurance programs include health insurance plans for military personnel and their dependents (e.g., TRICARE, CHAMPVA) and state health insurance plans.

**Private Health Insurance (Row 3e)**—Report the amount of funds received from private third-party health insurance plans during the reporting period for services provided within the scope of the grantee's Title X project.

**Other Revenue (Rows 6–17)**—Refers to revenue received from other sources during the reporting period that supported services provided within the scope of the grantee's Title X project. Other revenue sources include block grants, TANF, state and local governments (e.g., contracts, state and local indigent care programs), the Bureau of Primary Health Care, private and client donations, or other public or private revenues.

**Title V (Maternal and Child Health [MCH] Block Grant) (Row 6)**—Report the amount of Title V funds received during the reporting period that supported services provided within the scope of the grantee's Title X project.

**Title XX (Social Services Block Grant) (Row 7)**—Report the amount of Title XX funds received in the reporting period that supported services provided within the scope of the grantee's Title X project.

(continued)

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

**Temporary Assistance for Needy Families (TANF)** (Row 8)—Report the amount of TANF funds received in the reporting period that supported services provided within the scope of the grantee’s Title X project.

**Local Government Revenue** (Row 9)—Report 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 provided within the scope of the grantee’s Title X project.

**State Government Revenue** (Row 10)—Report the amount of funds from state government sources (including grants or contracts) that were received during the reporting period and that supported services provided within the scope of the grantee’s Title X project. Do not report as “state government revenue” funding from sources like the Centers for Disease Control and Prevention (CDC) (e.g., Infertility Prevention Project) or block grant funds that are awarded to and distributed by the state. Report these revenues as “Other revenue” and specify their source(s).

**Bureau of Primary Health Care (BPHC)** (Row 11)—Report the amount of revenue received from BPHC grants (e.g., Section 330) during the reporting period that supported services provided within the scope of the grantee’s Title X project.

**Other Revenue** (Row 12–16)—Report the amount and specify the source of funds received during the reporting period from other sources that supported services provided within the scope of the grantee’s Title X project. This may include revenue from such sources as CDC (infertility, STD, or HIV prevention; breast and cervical cancer detection), private grants and donations, fundraising, interest income, or other sources.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 45–47.

### Revenue Trends

From 2003 to 2013, inflation-adjusted (constant 2013 dollars)<sup>33</sup> total revenue decreased 3%, from \$1.33 billion in 2003 to \$1.28 billion in 2013 (*Exhibit A–11a*). This relatively small change in total revenue masked larger changes in the different sources of Title X project revenue. To allow for comparison, we present all revenue amounts in this section in constant 2013 dollars.

Revenue from Medicaid (including CHIP), the largest source of Title X project funding after 2003, more than doubled from \$223.5 million in 2003 to \$508.5 million in 2013 (*Exhibit A–11a*). There were also increases in revenue from other sources (not shown), including a 62% increase (\$50.6 million in 2003 vs. \$81.9 million in 2013) in private and other third-party reimbursements, a 13% increase (\$82.9 million in 2003 vs. \$93.8 million in 2013) in local government revenue, and a 24% increase (\$84.1 million in 2003 vs. \$104.5 million in 2013) in other sources (includes Bureau of Primary Health Care and other revenue sources not listed separately in FPAR Table 14).

From 2003 to 2013, the increase (\$360.8 million) in revenue from Medicaid and other sources described above was less than the \$402.7 million decrease from four other sources, including state government, Title X, client fees, and block grants. For each of these sources, the losses were as follows:

- **State government** revenue decreased 57%, or \$172.0 million, from 2003 (\$303.1 million) to 2013 (\$131.1 million).
- **Title X** revenue decreased 28%, or \$97.9 million, from 2003 (\$351.6 million) to 2013 (\$253.7 million) (*Exhibit A–11a*).
- **Client fee** revenue decreased 50%, or \$70.2 million, from 2003 (\$139.6 million) to 2013 (\$69.4 million).

- **Block grants** revenue decreased 69%, or \$62.6 million, from 2003 (\$91.2 million) to 2013 (\$28.7 million).

*Exhibit A-11a* presents trends (2003 to 2013) in actual and inflation-adjusted (constant 2013, 2003, and 1981 dollars) total, Title X, and Medicaid (including CHIP) revenue. *Exhibits A-11b, A-11c, A-11d, and A-11e* present these data graphically.

Since 2003 there have been some noteworthy shifts in the composition of Title X program revenue. Among the program's major revenue sources, Medicaid (includes separately reported CHIP revenue after 2004) revenue increased from 17% of total revenue in 2003 to 40% in 2013, Title X revenue decreased from 27% to 20%, state government revenue decreased from 23% to 10%, and client fees decreased from 11% to 5%. Regarding Medicaid's share of total revenue, in 2004 the state share of California's Medicaid family planning eligibility expansion was reclassified as Medicaid instead of state government revenue. This adjustment increased the Medicaid share of total revenue from 17% in 2003 to 28% in 2004 and decreased the state government share from 23% in 2003 to 13% in 2004. Since 2004, both the federal and state shares of Medicaid and Medicaid family planning eligibility expansions have been included in the Medicaid figure (*Exhibits A-12a, A-12b, and A-12c*). (See Table 14 notes in *Appendix C: Field and Methodological Notes*.)

**Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2013**  
**(Source: FPAR Table 14)**

Revenue Source	Amount	Distribution
<b>Title X</b>	<b>\$253,655,493</b>	<b>20%</b>
<b>Payment for Services</b>		
Client fees	\$69,425,823	5%
Third-party payers <sup>a</sup>		
Medicaid <sup>b</sup>	\$505,709,855	39%
Medicare	\$1,864,987	0%†
Children's Health Insurance Program	\$2,784,603	0%†
Other public	\$10,848,382	1%
Private	\$69,210,207	5%
<b>Subtotal</b>	<b>\$659,843,857</b>	<b>51%</b>
<b>Other Revenue</b>		
Maternal and Child Health block grant	\$19,852,391	2%
Social Services block grant	\$8,805,626	1%
Temporary Assistance for Needy Families	\$13,268,175	1%
State government	\$131,054,838	10%
Local government	\$93,770,370	7%
Bureau of Primary Health Care	\$11,461,645	1%
Other <sup>c</sup>	\$93,002,768	7%
<b>Subtotal</b>	<b>\$371,215,813</b>	<b>29%</b>
<b>Total Revenue</b>	<b>\$1,284,715,163</b>	<b>100%</b>
<b>Total Revenue 2003\$ <sup>d</sup></b>	<b>\$897,808,397</b>	<b>—</b>
<b>Total Revenue 1981\$ <sup>d</sup></b>	<b>\$250,516,042</b>	<b>—</b>
<b>Total Revenue per User</b>	<b>\$282</b>	<b>—</b>

— Not applicable.

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

<sup>a</sup> Prepaid and not prepaid.

<sup>b</sup> Includes revenue from Medicaid family planning eligibility expansions in 32 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

<sup>c</sup> See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other."

<sup>d</sup> Revenue is shown in constant 2003 dollars (2003\$) 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, Series ID. CUUR0000SAM, <http://data.bls.gov/cgi-bin/srgate>).

† Percentage is less than 0.5%.

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**Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2013 (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 (\$)
<b>Title X</b>	<b>253,655,493</b>	<b>13,784,606</b>	<b>25,057,697</b>	<b>26,721,038</b>	<b>55,026,130</b>	<b>32,151,085</b>	<b>33,367,491</b>	<b>14,209,898</b>	<b>11,057,572</b>	<b>31,952,459</b>	<b>10,327,517</b>
<b>Payment for Services</b>											
Client fees	69,425,823	4,065,072	14,407,288	6,142,291	7,766,394	9,012,382	4,515,889	5,492,719	4,773,473	8,881,865	4,368,450
Third-party payers <sup>a</sup>											
Medicaid <sup>b</sup>	505,709,855	9,848,679	55,515,160	33,567,664	71,221,653	41,810,893	21,720,766	11,881,163	1,812,274	231,415,125	26,916,478
Medicare	1,864,987	193,828	344,190	354,593	132,164	335,800	162,416	61,934	21,401	255,403	3,258
CHIP	2,784,603	7,256	6,882	61,929	56,462	2,503,348	100,595	16,084	32,047	0	0
Other public <sup>c</sup>	10,848,382	1,866,732	35,915	918,649	223	273,909	7,338,622	49,843	60,773	286,979	16,737
Private	69,210,207	8,826,455	15,099,918	9,513,519	3,250,848	8,889,563	1,474,151	6,661,278	3,179,041	5,530,453	6,784,981
<b>Subtotal</b>	<b>659,843,857</b>	<b>24,808,022</b>	<b>85,409,353</b>	<b>50,558,645</b>	<b>82,427,744</b>	<b>62,825,895</b>	<b>35,312,439</b>	<b>24,163,021</b>	<b>9,879,009</b>	<b>246,369,825</b>	<b>38,089,904</b>
<b>Other Revenue</b>											
MCH block grant	19,852,391	36,000	5,006,941	3,486,725	3,575,670	3,007,069	1,904,879	152,403	285,545	937,545	1,459,614
SS block grant	8,805,626	1,348,932	0	3,029,097	0	2,499,803	1,927,794	0	0	0	0
TANF	13,268,175	168,898	0	0	11,387,819	1,648,976	0	0	62,482	0	0
State government	131,054,838	5,772,391	41,873,820	21,261,319	30,734,144	5,303,067	8,218,261	793,709	394,387	3,583,898	13,119,842
Local government	93,770,370	78,255	11,674,951	7,337,529	34,836,090	8,912,642	10,578,216	557,982	8,357,169	3,858,546	7,578,990
BPHC	11,461,645	136,749	1,104,300	0	11,665	4,528,520	2,665,964	109,875	0	2,503,172	401,400
Other <sup>d</sup>	93,002,768	1,112,589	9,676,088	1,704,608	3,131,544	6,764,652	2,235,759	2,153,749	8,138,329	56,811,751	1,273,699
<b>Subtotal</b>	<b>371,215,813</b>	<b>8,653,814</b>	<b>69,336,100</b>	<b>36,819,278</b>	<b>83,676,932</b>	<b>32,664,729</b>	<b>27,530,873</b>	<b>3,767,718</b>	<b>17,237,912</b>	<b>67,694,912</b>	<b>23,833,545</b>
<b>Total Revenue</b>	<b>1,284,715,163</b>	<b>47,246,442</b>	<b>179,803,150</b>	<b>114,098,961</b>	<b>221,130,806</b>	<b>127,641,709</b>	<b>96,210,803</b>	<b>42,140,637</b>	<b>38,174,493</b>	<b>346,017,196</b>	<b>72,250,966</b>
<b>Total Revenue 2003\$ <sup>e</sup></b>	<b>897,808,397</b>	<b>33,017,632</b>	<b>125,653,361</b>	<b>79,736,745</b>	<b>154,534,717</b>	<b>89,200,938</b>	<b>67,235,812</b>	<b>29,449,499</b>	<b>26,677,805</b>	<b>241,810,133</b>	<b>50,491,756</b>
<b>Total Revenue 1981\$ <sup>e</sup></b>	<b>250,516,042</b>	<b>9,212,931</b>	<b>35,061,136</b>	<b>22,248,994</b>	<b>43,119,919</b>	<b>24,889,794</b>	<b>18,760,851</b>	<b>8,217,312</b>	<b>7,443,925</b>	<b>67,472,434</b>	<b>14,088,746</b>
<b>Total Revenue per User</b>	<b>282</b>	<b>259</b>	<b>382</b>	<b>219</b>	<b>259</b>	<b>318</b>	<b>258</b>	<b>252</b>	<b>251</b>	<b>273</b>	<b>429</b>

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

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

<sup>a</sup> Prepaid and not prepaid.

<sup>b</sup> Includes revenue from Medicaid family planning eligibility expansions in 32 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

<sup>c</sup> "All Region" and "Region VI" amounts for "Other Public" third-party payment for services include revenue from the Texas Women's Health Program.

<sup>d</sup> See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other."

<sup>e</sup> Revenue is shown in constant 2003 dollars (2003\$) 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, Series ID. CUUR0000SAM, <http://data.bls.gov/cgi-bin/srgate>).

**Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2013 (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
<b>Title X</b>	<b>20%</b>	<b>29%</b>	<b>14%</b>	<b>23%</b>	<b>25%</b>	<b>25%</b>	<b>35%</b>	<b>34%</b>	<b>29%</b>	<b>9%</b>	<b>14%</b>
<b>Payment for Services</b>											
Client fees	5%	9%	8%	5%	4%	7%	5%	13%	13%	3%	6%
Third-party payers <sup>a</sup>											
Medicaid <sup>b</sup>	39%	21%	31%	29%	32%	33%	23%	28%	5%	67%	37%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	2%	0%†	0%†	0%†	0%	0%
Other public <sup>c</sup>	1%	4%	0%†	1%	0%†	0%†	8%	0%†	0%†	0%†	0%†
Private	5%	19%	8%	8%	1%	7%	2%	16%	8%	2%	9%
<b>Subtotal</b>	<b>51%</b>	<b>53%</b>	<b>48%</b>	<b>44%</b>	<b>37%</b>	<b>49%</b>	<b>37%</b>	<b>57%</b>	<b>26%</b>	<b>71%</b>	<b>53%</b>
<b>Other Revenue</b>											
MCH block grant	2%	0%†	3%	3%	2%	2%	2%	0%†	1%	0%†	2%
SS block grant	1%	3%	0%	3%	0%	2%	2%	0%	0%	0%	0%
TANF	1%	0%†	0%	0%	5%	1%	0%	0%	0%†	0%	0%
State government	10%	12%	23%	19%	14%	4%	9%	2%	1%	1%	18%
Local government	7%	0%†	6%	6%	16%	7%	11%	1%	22%	1%	10%
BPHC	1%	0%†	1%	0%	0%†	4%	3%	0%†	0%	1%	1%
Other <sup>d</sup>	7%	2%	5%	1%	1%	5%	2%	5%	21%	16%	2%
<b>Subtotal</b>	<b>29%</b>	<b>18%</b>	<b>39%</b>	<b>32%</b>	<b>38%</b>	<b>26%</b>	<b>29%</b>	<b>9%</b>	<b>45%</b>	<b>20%</b>	<b>33%</b>
<b>Total Revenue</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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

<sup>a</sup> Prepaid and not prepaid.

<sup>b</sup> Includes revenue from Medicaid family planning eligibility expansions in 32 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

<sup>c</sup> "All Region" and "Region VI" percentages for "Other Public" third-party payment for services include revenue from the Texas Women's Health Program.

<sup>d</sup> See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other."

† Percentage is less than 0.5%.

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# 4 References

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1. Office of Population Affairs. *History of Title X and Title X: The National Family Planning Program*. Retrieved from <http://www.hhs.gov/opa/title-x-family-planning/index.html>
2. Frost, J. J. (2013, May). *U.S. women's use of sexual and reproductive health services: Trends, sources of care and factors associated with use, 1995–2010*. New York: Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/sources-of-care-2013.pdf>
3. Office of Population Affairs. *Title X funding history*. Retrieved from <http://www.hhs.gov/opa/about-opa-and-initiatives/funding-history/>
4. 45 Code of Federal Regulations Part 74. *Uniform administrative requirements for awards and subawards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments, and Indian tribal governments*. Retrieved from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-74.html>
5. 45 Code of Federal Regulations Part 92. *Uniform administrative requirements for grants and cooperative agreements to state and local governments*. Retrieved from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-92.html>
6. U.S. Department of Health and Human Services. (2013). *The 2013 HHS poverty guidelines*. Retrieved from <http://aspe.hhs.gov/poverty/13poverty.cfm>
7. We group primary contraceptive methods into three categories—highly, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These categories correspond to the three groups or tiers defined by Trussell (2011).

*Highly effective contraceptives* refer to methods that result in less than 1% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Male sterilization/vasectomy, 0.15%
- Female sterilization, 0.5%
- Implant (Implanon), 0.05%
- Intrauterine device (Mirena), 0.2%
- Intrauterine device (ParaGard), 0.8%

*Moderately effective contraceptives* refer to methods that result in between 6% and 12% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Injectable (Depo-Provera), 6%
- Vaginal ring (NuvaRing), 9%
- Contraceptive patch (Evra), 9%
- Combined and progestin-only pills, 9%
- Diaphragm (with spermicidal cream/jelly), 12%

*Less-effective contraceptives* refer to methods that result in between 18% and 28% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Male condom, 18%
- Female condom, 21%
- Sponge, Nulliparous women, 12%
- Sponge, Parous women, 24%
- Withdrawal, 22%
- Fertility awareness-based method, 24%
- Spermicides, 28%

Because the FPAR combines some methods into a single reporting category (e.g., FAM or LAM, diaphragm or cervical cap), the methods in two of the three effectiveness categories may differ slightly from those listed above. We do not expect these differences to have an impact on the findings because there are so few users relying on the methods in these combined categories. (Source: Trussell, J. [2011]. Chapter 26: Contraceptive: efficacy. In R. A. Hatcher, J. Trussell, A. L. Nelson, W. Cates, D. Kowal, & M. S. Policar (Eds.), *Contraceptive technology* (20th ed.). New York, NY: Ardent Media, Inc.)

8. Office of Population Affairs. *Title X statute and regulations*. Retrieved from <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>
9. 42 CFR Part 59. *Grants for family planning services*. Retrieved from <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/final-rules-42-cfr-59.html>
10. Office of Population Affairs. (2001). *Program guidelines for project grants for family planning services*. Bethesda, MD: U.S. Department of Health and Human Services, Office of Public Health and Science/Office of Population Affairs/Office of Family Planning. Retrieved from <http://www.hhs.gov/opa/pdfs/2001-ofp-guidelines-complete.pdf>
11. Office of Population Affairs. (2011). *Family planning annual report: Forms and instructions*. Rockville, MD: U.S. Department of Health and Human Services, Office of Public Health and Science/Office of Population Affairs/Office of Family Planning. Retrieved from <http://www.hhs.gov/opa/pdfs/fpar-forms-and-instructions-2011.pdf>

12. Office of Management and Budget. (1997). Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, October 30, 1997. Federal Register Notice. Retrieved from [http://www.whitehouse.gov/omb/fedreg\\_1997standards](http://www.whitehouse.gov/omb/fedreg_1997standards)
13. Office of Population Affairs. (2008). *Verification of income for Title X clients*. OPA Program Instruction Series (OPA 08-1). Retrieved from <http://www.hhs.gov/opa/pdfs/opa-08-01.pdf>
14. Office of Population Affairs. (1997). *Fees and charges to low-income clients and teenagers (Revised)*. OPA Program Instruction Series (OPA 97-1). Retrieved from <http://www.hhs.gov/opa/pdfs/opa-97-01.pdf>
15. U.S. Department of Health and Human Services. (2003). *Guidance to federal financial assistance recipients regarding Title VI Prohibition against national origin discrimination affecting limited English proficient persons* (“Revised HHS LEP Guidance”). Retrieved from <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>
16. Solomon, D., Davey, D., Kurman, R., Moriarty, A., O’Connor, D., Prey, M., Raab, S., Sherman, M., Wilbur, D., Wright, Jr., T., & Young, N. (2002). The 2001 Bethesda System: Terminology for reporting results of cervical cytology. *Journal of the American Medical Association*, 287(16), 2114–2119. Retrieved from <http://jama.jamanetwork.com/article.aspx?volume=287&page=2114>
17. Apgar, B. S., Zoschnick, L., & Wright, T. C. (2003). The 2001 Bethesda System terminology. *American Academy of Family Physicians*, 2003(68), 1992–1998. Retrieved from <http://www.aafp.org/afp/2003/1115/p1992.pdf>
18. Wright, T. C., Cox, J. T., Massad, L. S., Twigg, L. B., & Wilkinson, E. J. (2002). 2001 consensus guidelines for the management of women with cervical cytological abnormalities. *Journal of the American Medical Association*, 287(16), 2120–2129. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=194862>. For updated consensus guidelines for managing women with abnormal tests, see Wright, T. C., Massad, L. S., Dunton, C. J., Spitzer, M., Wilkinson, E. J., & Solomon, D. (2007, October). 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. *American Journal of Obstetrics & Gynecology*, 197(4), 337–339. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0002937807009301>
19. Office of Population Affairs. (2009). *Clinical services in Title X family planning clinics—Consistency with current practice recommendations*. OPA Program Instruction Series (OPA 09-01). Retrieved from <http://www.hhs.gov/opa/pdfs/opa-09-01.pdf>
20. Office of Population Affairs. (2003). *Screening for cervical and colorectal cancer and sexually transmitted diseases (STD)*. OPA Program Instruction Series (OPA 03-01). Retrieved from <http://www.hhs.gov/opa/pdfs/opa-03-01.pdf>

21. Agency for Healthcare Research and Quality. (2012). *The guide to clinical preventive services, 2012, Recommendations of the U.S. Preventive Services Task Force*. Rockville, MD: AHRQ. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK115115/pdf/TOC.pdf>
22. U.S. Preventive Services Task Force. (2012, March). *Cervical cancer: Screening*. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>
23. Saslow, D., Solomon, D., Lawson, H.W., Killackey, M., Kulasingam, S., Cain, J., Garcia, F.A.R., Moriarty, A., Waxman, A., Wilbur, D., Wentzensen, N., Downs, L., Spitzer, M., Moscicki, A.B., Franco, E.L., Stoler, M.H., Schiffman, M., Castle, P.E., Myers, E.R. (2012, May–June). American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology. Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. *CA: A Cancer Journal for Clinicians*, 62(3), 147–172. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3801360/pdf/nihms433131.pdf>
24. American Cancer Society. (2013). *American Cancer Society Guidelines for the early detection of cancer*. Retrieved from <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>
25. U.S. Preventive Services Task Force. (2009, December). *Breast cancer: Screening*. Retrieved from <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening>
26. The American College of Obstetricians and Gynecologists. (2011, July). *Annual mammograms now recommended for women beginning at age 40*. Retrieved from <http://www.acog.org/About%20ACOG/News%20Room/News%20Releases/2011/Annual%20Mammograms%20Now%20Recommended%20for%20Women%20Beginning%20at%20Age%2040.aspx>
27. Centers for Disease Control and Prevention. (2014). *Sexually transmitted disease surveillance 2012*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <http://www.cdc.gov/std/stats12/Surv2012.pdf>
28. Centers for Disease Control and Prevention. (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 59(RR-12), 1–114. Retrieved from <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>
29. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or younger or nonpregnant women 25 and over who are at increased risk. *Source*: USPSTF. (2007, June). *Chlamydial infection: Screening*. Retrieved from <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydial-infection-screening>
30. Centers for Disease Control and Prevention. (2006). Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings.

*MMWR*, 55(No. RR-14), 1–17. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. Source: USPSTF. (2013, April). *Screening for HIV*. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>

31. CDC (2006) (see footnote 30) defines *diagnostic HIV testing* as “Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.”
32. CDC (2006) (see footnote 30) 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.”
33. U.S. Department of Labor, Bureau of Labor Statistics (BLS). *Consumer price index: Series ID. CUUR0000SAM*. Retrieved from <http://data.bls.gov/cgi-bin/srgate>

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# **Appendix A**

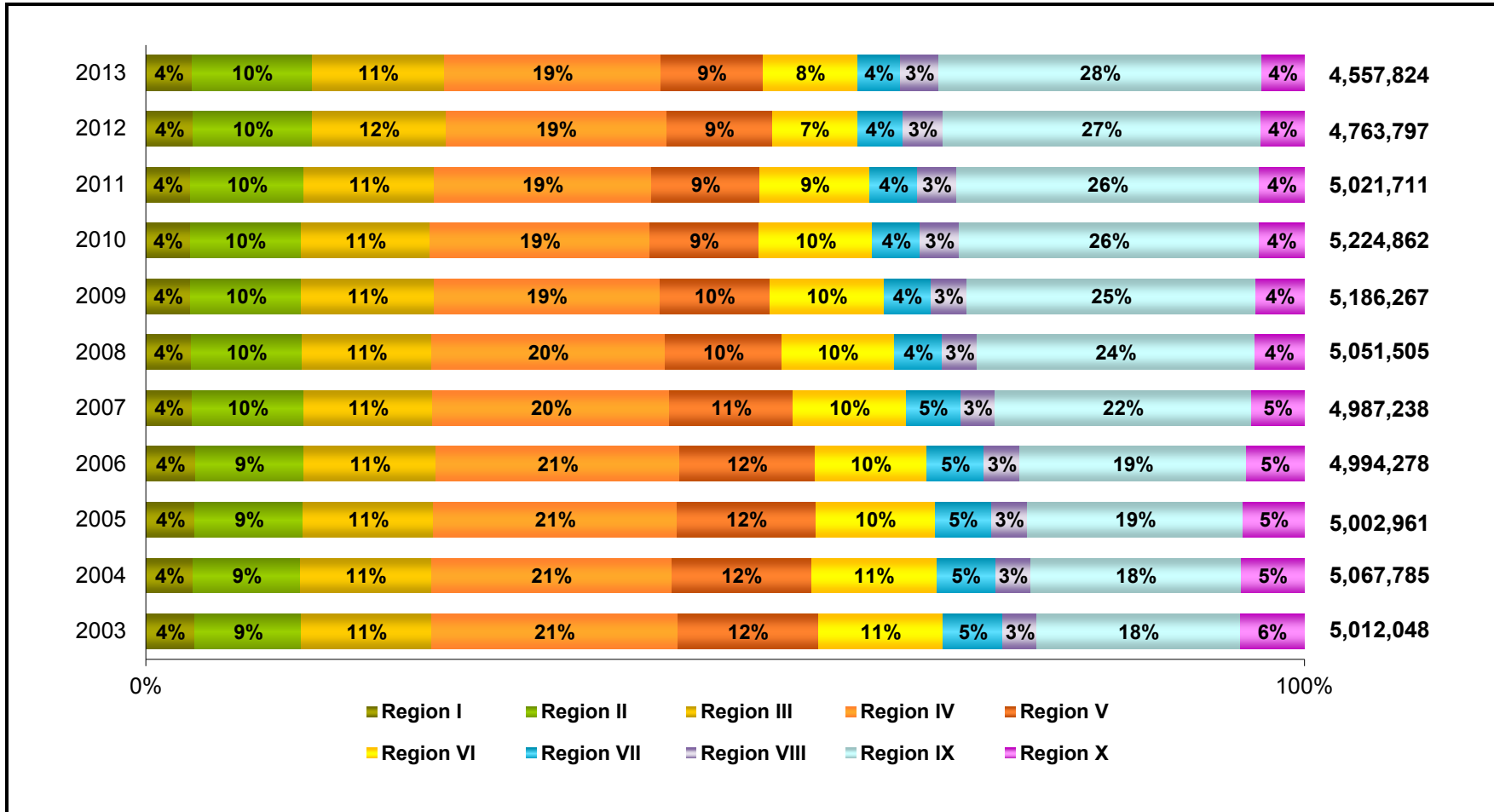
## **National and Regional Trend Exhibits**

**Exhibit A-1a. Number and distribution of all family planning users, by region and year: 2003-2013**

Region	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
I	212,422	207,450	211,693	212,169	199,010	197,165	199,779	198,962	192,252	195,264	182,684
II	460,798	468,635	468,237	470,148	479,572	483,928	497,614	499,231	493,369	488,872	470,836
III	562,182	571,883	562,173	567,583	557,031	564,138	592,475	584,167	564,163	550,051	520,403
IV	1,065,310	1,052,584	1,051,887	1,051,330	1,018,656	1,019,264	1,010,012	989,770	940,931	907,020	852,400
V	607,756	610,058	600,145	582,313	531,679	507,431	492,741	492,359	472,062	434,587	401,935
VI	539,704	547,802	513,130	483,632	486,378	491,406	512,019	512,868	475,863	350,164	372,296
VII	260,034	257,833	243,299	245,133	234,592	210,012	209,350	214,032	205,167	186,716	167,286
VIII	147,730	154,924	157,150	156,482	149,395	151,261	160,919	176,892	169,311	163,068	152,248
IX	878,088	920,543	931,827	973,524	1,102,718	1,209,114	1,294,974	1,352,569	1,314,270	1,309,439	1,269,252
X	278,024	276,073	263,420	251,964	228,207	217,786	216,384	204,012	194,323	178,616	168,484
<b>Total</b>	<b>5,012,048</b>	<b>5,067,785</b>	<b>5,002,961</b>	<b>4,994,278</b>	<b>4,987,238</b>	<b>5,051,505</b>	<b>5,186,267</b>	<b>5,224,862</b>	<b>5,021,711</b>	<b>4,763,797</b>	<b>4,557,824</b>
Female	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587
Male	227,159	244,381	262,793	272,409	295,381	327,843	374,576	402,292	386,516	385,053	373,237
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	10%	10%	10%	10%	10%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	11%	12%	11%
IV	21%	21%	21%	21%	20%	20%	19%	19%	19%	19%	19%
V	12%	12%	12%	12%	11%	10%	10%	9%	9%	9%	9%
VI	11%	11%	10%	10%	10%	10%	10%	10%	9%	7%	8%
VII	5%	5%	5%	5%	5%	4%	4%	4%	4%	4%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	18%	18%	19%	19%	22%	24%	25%	26%	26%	27%	28%
X	6%	5%	5%	5%	5%	4%	4%	4%	4%	4%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Female	95%	95%	95%	95%	94%	94%	93%	92%	92%	92%	92%
Male	5%	5%	5%	5%	6%	6%	7%	8%	8%	8%	8%



**Exhibit A-1b. Distribution of all family planning users, by region and year: 2003-2013**



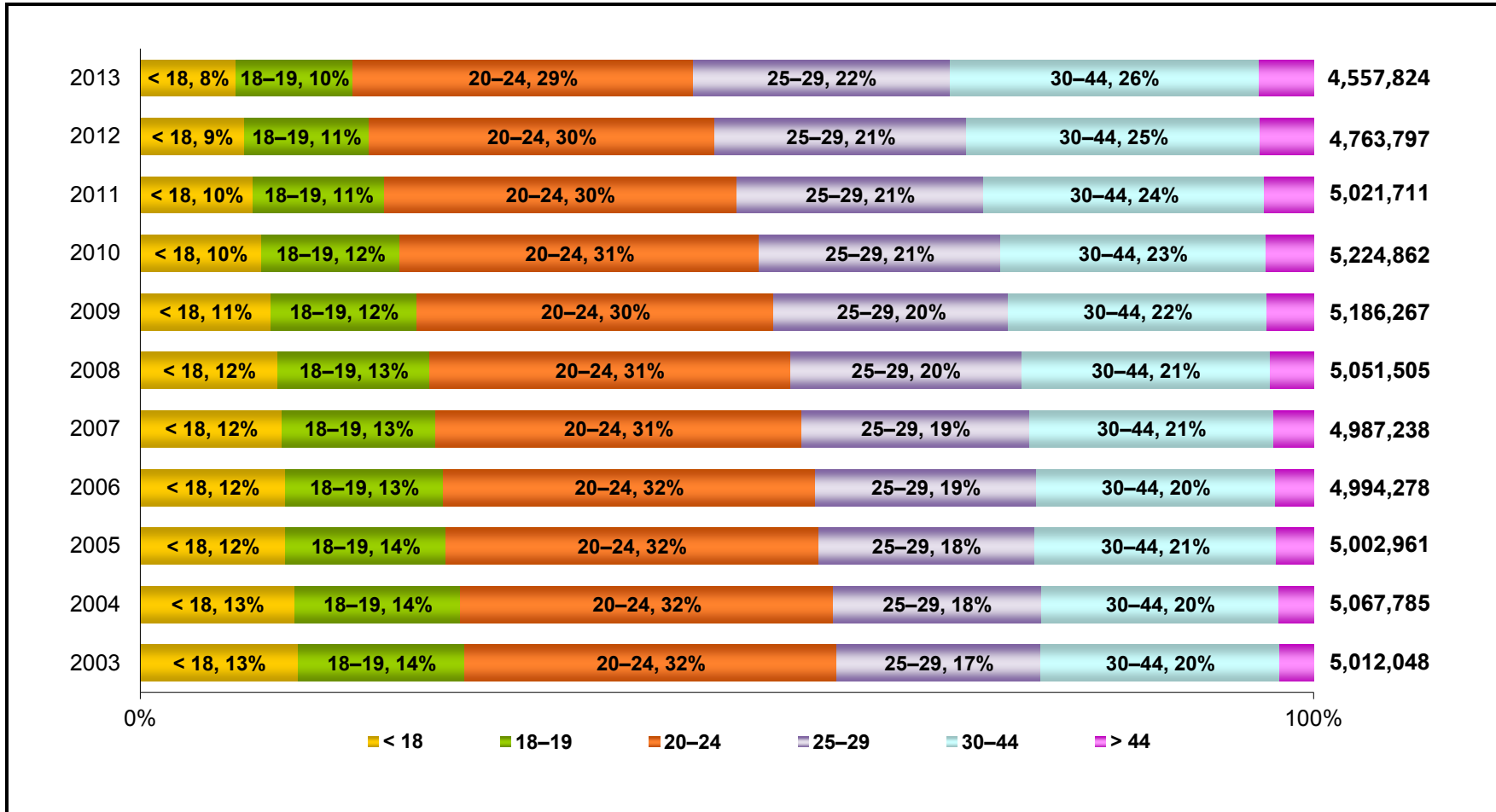
**Exhibit A-2a. Number and distribution of all family planning users, by age and year: 2003-2013**

Age Group (Years)	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Under 15	—	—	70,840	67,627	68,918	71,738	74,287	73,383	59,351	53,012	45,633
Under 18	674,639	667,734	--	--	--	--	--	--	--	--	--
15 to 17	—	—	549,079	549,844	534,054	521,202	502,226	466,284	423,702	368,965	327,152
18 to 19	711,364	716,399	681,690	672,027	651,784	652,059	647,432	616,709	560,848	505,356	454,044
20 to 24	1,590,344	1,608,278	1,589,794	1,582,688	1,556,670	1,553,469	1,577,051	1,600,833	1,508,215	1,405,487	1,320,188
25 to 29	870,394	898,231	921,425	943,009	967,409	996,754	1,037,776	1,071,999	1,058,256	1,023,503	999,476
30 to 44	1,021,266	1,028,661	--	--	--	--	--	--	--	--	--
30 to 34	—	—	519,448	512,173	522,673	539,998	578,031	607,257	621,119	616,259	622,258
35 to 39	—	—	317,900	314,488	323,885	332,854	353,712	359,749	358,400	351,820	355,877
40 to 44	—	—	193,490	188,507	191,503	195,582	209,292	215,914	222,429	222,621	220,836
Over 44	144,041	148,482	159,295	163,915	170,342	187,849	206,460	212,734	209,391	216,774	212,360
<b>Total</b>	<b>5,012,048</b>	<b>5,067,785</b>	<b>5,002,961</b>	<b>4,994,278</b>	<b>4,987,238</b>	<b>5,051,505</b>	<b>5,186,267</b>	<b>5,224,862</b>	<b>5,021,711</b>	<b>4,763,797</b>	<b>4,557,824</b>
Under 15	—	—	1%	1%	1%	1%	1%	1%	1%	1%	1%
Under 18	13%	13%	--	--	--	--	--	--	--	--	--
15 to 17	—	—	11%	11%	11%	10%	10%	9%	8%	8%	7%
18 to 19	14%	14%	14%	13%	13%	13%	12%	12%	11%	11%	10%
20 to 24	32%	32%	32%	32%	31%	31%	30%	31%	30%	30%	29%
25 to 29	17%	18%	18%	19%	19%	20%	20%	21%	21%	21%	22%
30 to 44	20%	20%	--	--	--	--	--	--	--	--	--
30 to 34	—	—	10%	10%	10%	11%	11%	12%	12%	13%	14%
35 to 39	—	—	6%	6%	6%	7%	7%	7%	7%	7%	8%
40 to 44	—	—	4%	4%	4%	4%	4%	4%	4%	5%	5%
Over 44	3%	3%	3%	3%	3%	4%	4%	4%	4%	5%	5%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

**Exhibit A-2b. Distribution of all family planning users, by age and year: 2003-2013**



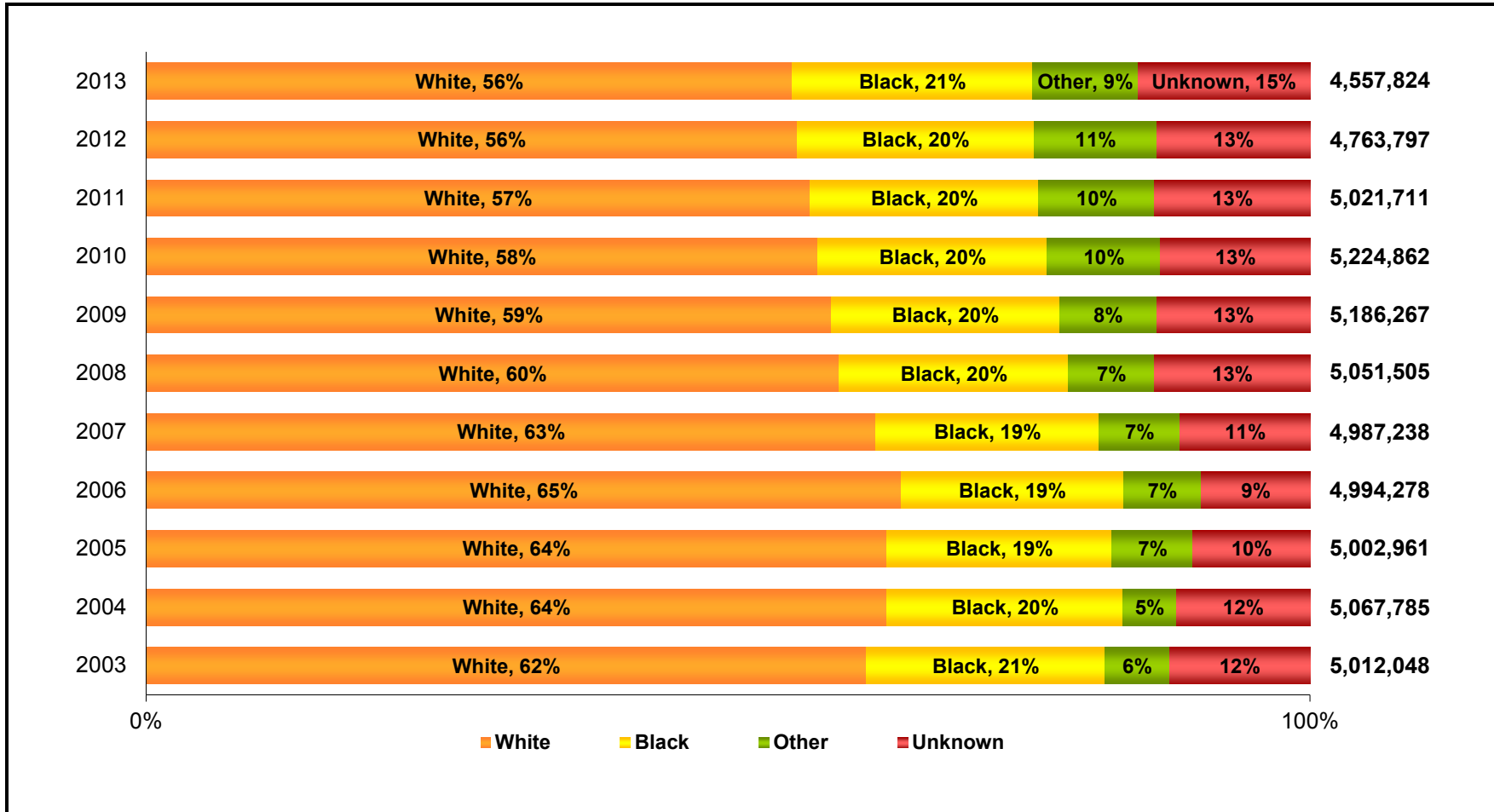
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

**Exhibit A-3a. Number and distribution of all family planning users, by race and year: 2003-2013**

<b>Race</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
American Indian/Alaska Native	35,320	36,050	35,665	38,098	38,080	36,974	39,220	44,899	43,204	45,785	34,051
Asian	117,122	136,813	124,946	129,155	131,735	137,747	150,847	136,958	134,345	136,412	135,567
Black/African American	1,028,446	1,027,880	969,301	953,580	958,241	996,093	1,015,013	1,028,991	986,803	969,776	939,941
Native Hawaiian/Pacific Islander	124,055	58,881	58,946	44,708	43,360	45,693	73,559	65,662	70,929	70,519	52,263
White	3,100,808	3,225,150	3,183,116	3,239,675	3,125,435	3,007,568	3,054,226	3,015,861	2,864,253	2,664,736	2,530,204
More than one race	—	—	127,543	122,583	132,911	151,535	169,044	261,397	250,825	248,590	191,871
Unknown/not reported	606,297	583,011	503,444	466,479	557,476	675,895	684,358	671,094	671,352	627,979	673,927
<b>Total All Users</b>	<b>5,012,048</b>	<b>5,067,785</b>	<b>5,002,961</b>	<b>4,994,278</b>	<b>4,987,238</b>	<b>5,051,505</b>	<b>5,186,267</b>	<b>5,224,862</b>	<b>5,021,711</b>	<b>4,763,797</b>	<b>4,557,824</b>
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	2%	3%	2%	3%	3%	3%	3%	3%	3%	3%	3%
Black/African American	21%	20%	19%	19%	19%	20%	20%	20%	20%	20%	21%
Native Hawaiian/Pacific Islander	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	62%	64%	64%	65%	63%	60%	59%	58%	57%	56%	56%
More than one race	—	—	3%	2%	3%	3%	3%	5%	5%	5%	4%
Unknown/not reported	12%	12%	10%	9%	11%	13%	13%	13%	13%	13%	15%
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

— Data are not available.

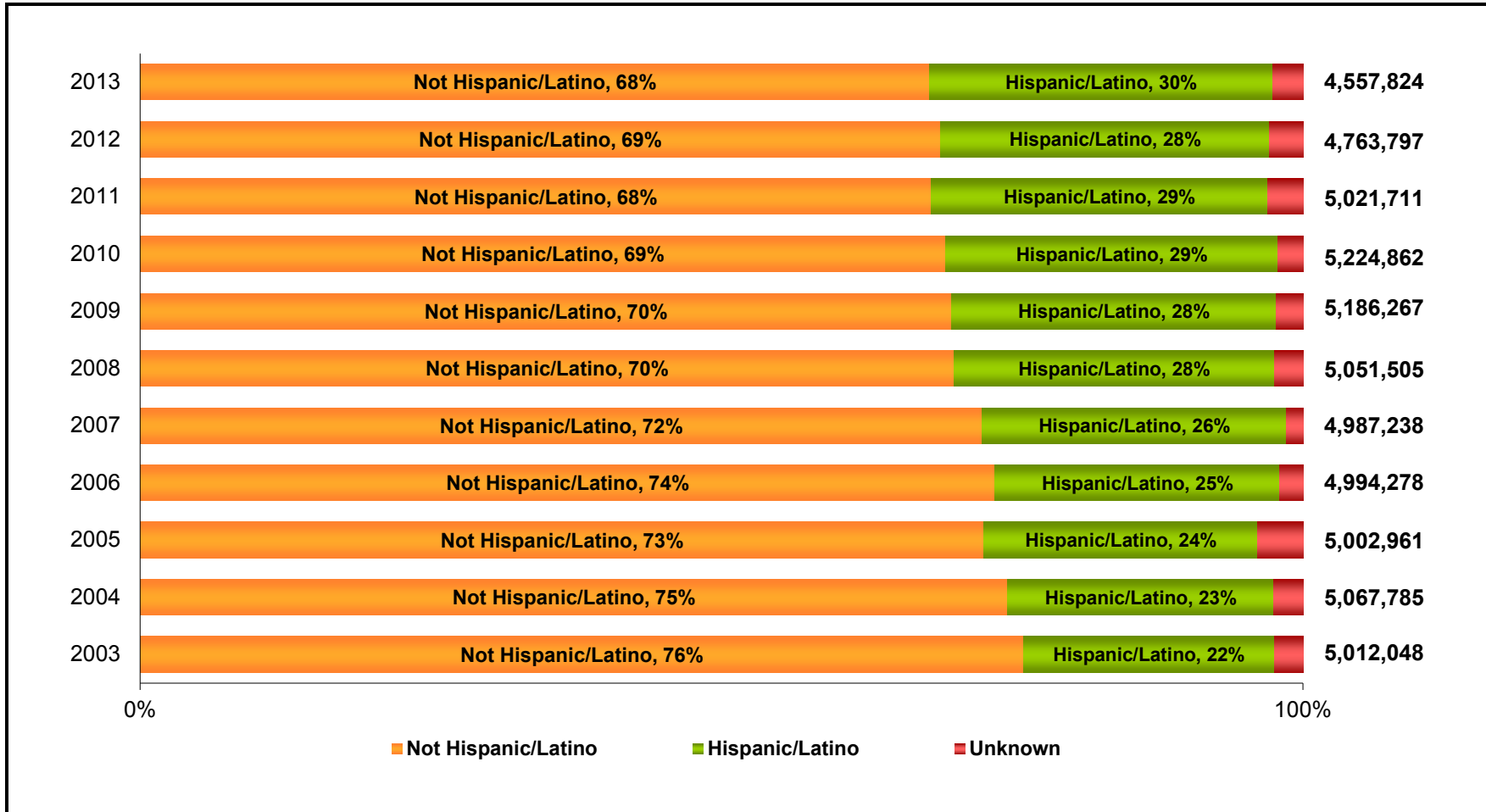
**Exhibit A-3b. Distribution of all family planning users, by race and year: 2003–2013**



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 (2003–2013), and more than one race (2005–2013).



**Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2003-2013**



**Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2003-2013**

Race/Ethnicity Trend	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Not Hispanic											
All races	3,806,566	3,780,396	--	--	--	--	--	--	--	--	--
Asian	—	—	118,499	123,192	126,320	127,850	139,831	126,413	121,777	124,790	128,015
Black or African American	—	—	929,066	918,983	926,564	956,741	969,690	986,409	939,143	917,539	890,133
White	—	—	2,366,762	2,400,897	2,324,430	2,232,893	2,227,867	2,214,680	2,060,244	1,951,410	1,812,924
Other/unknown	—	—	213,815	227,822	234,183	217,431	280,956	290,783	295,150	284,089	262,473
Hispanic or Latino, all races	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601
Ethnicity unknown/not reported	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678
<b>Total All Users</b>	<b>5,012,048</b>	<b>5,067,785</b>	<b>5,002,961</b>	<b>4,994,278</b>	<b>4,987,238</b>	<b>5,051,505</b>	<b>5,186,267</b>	<b>5,224,862</b>	<b>5,021,711</b>	<b>4,763,797</b>	<b>4,557,824</b>
Not Hispanic											
All races	76%	75%	--	--	--	--	--	--	--	--	--
Asian	—	—	2%	2%	3%	3%	3%	2%	2%	3%	3%
Black or African American	—	—	19%	18%	19%	19%	19%	19%	19%	19%	20%
White	—	—	47%	48%	47%	44%	43%	42%	41%	41%	40%
Other/unknown	—	—	4%	5%	5%	4%	5%	6%	6%	6%	6%
Hispanic or Latino, all races	22%	23%	24%	25%	26%	28%	28%	29%	29%	28%	30%
Ethnicity unknown/not reported	2%	3%	4%	2%	1%	2%	2%	2%	3%	3%	3%
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

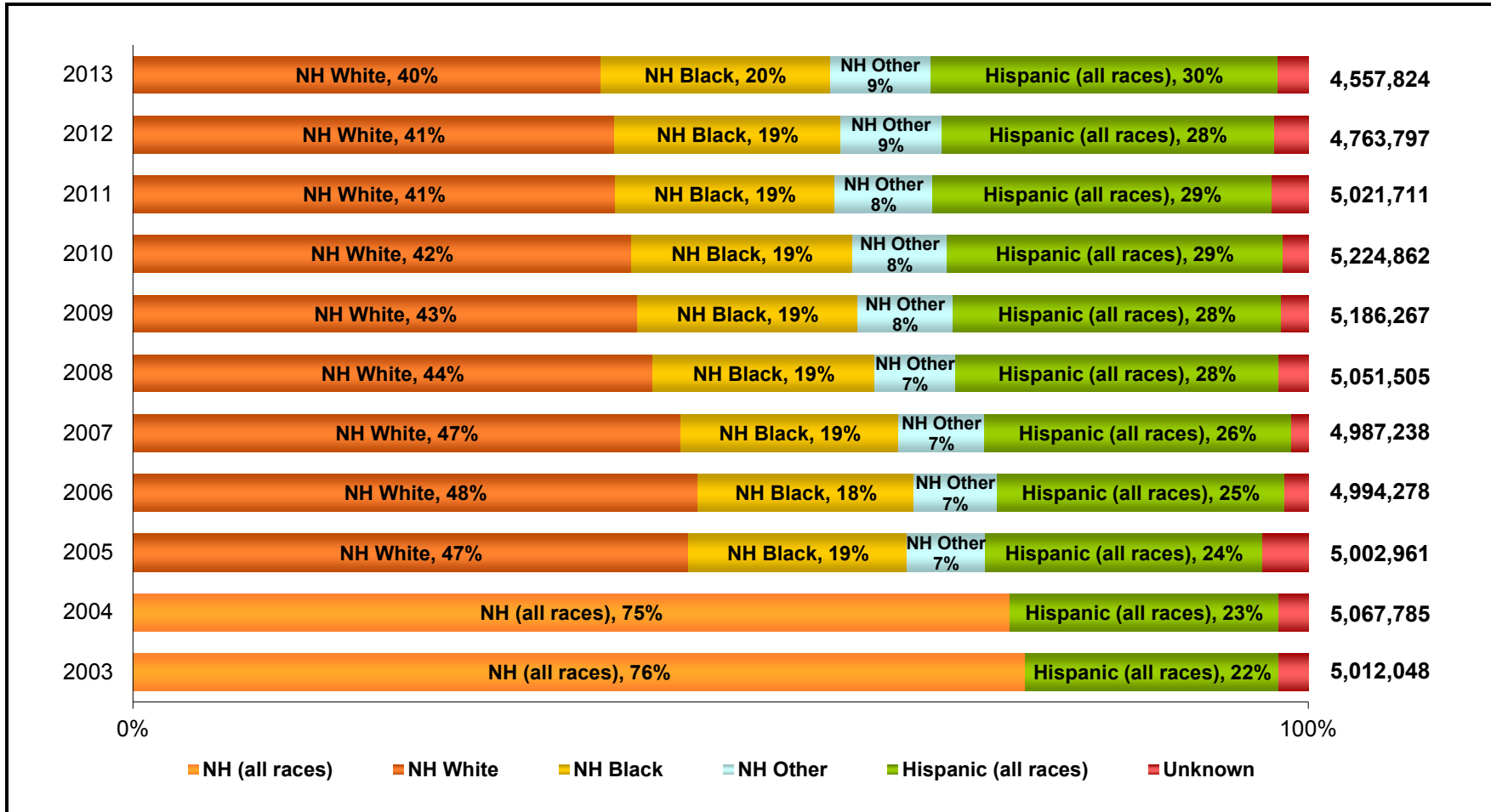
Note: The Other race category includes users who self-identified as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander (2003-2013), and more than one race (2005-2013).

— Disaggregated 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: 2003–2013**



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 (2005–2013) includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user 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: 2003-2013**

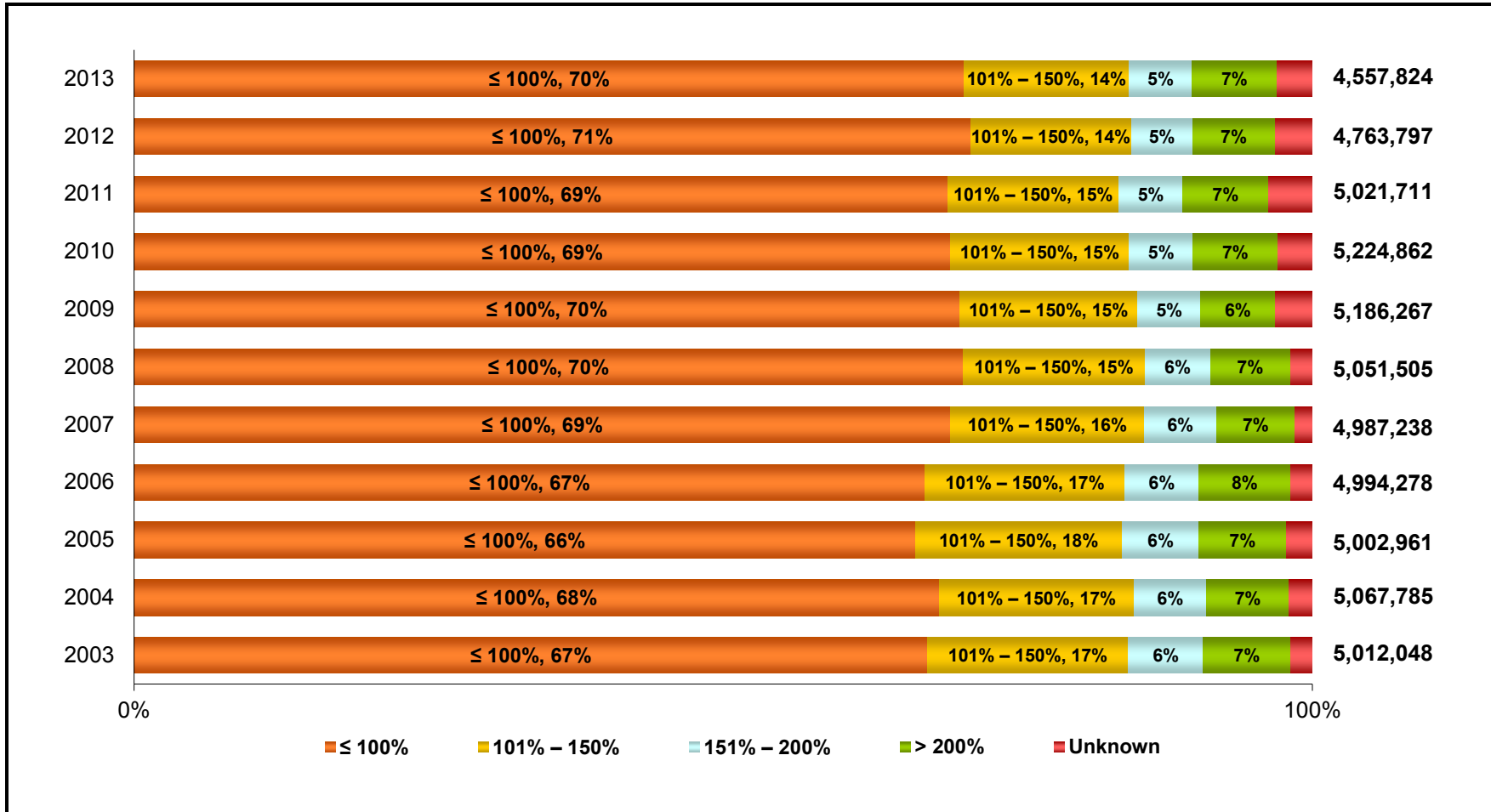
Income Level <sup>a</sup>	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Under 101%	3,374,895	3,461,649	3,316,699	3,353,129	3,455,335	3,553,222	3,632,506	3,618,813	3,466,912	3,382,089	3,211,380
101% to 150%	854,878	838,704	879,666	846,873	820,870	781,113	785,090	795,065	731,410	649,462	636,484
151% to 200%	318,001	312,393	324,358	311,958	303,992	278,881	277,103	281,294	269,478	247,490	245,805
Over 200%	370,790	355,025	--	--	--	--	--	--	--	--	--
201% to 250%	—	—	129,097	127,902	121,473	119,181	119,768	125,298	116,188	103,061	103,246
Over 250%	—	—	242,241	262,501	212,849	224,603	207,484	250,440	250,829	230,947	222,718
Unknown/not reported	93,484	100,014	110,900	91,915	72,719	94,505	164,316	153,952	186,894	150,748	138,191
<b>Total All Users</b>	<b>5,012,048</b>	<b>5,067,785</b>	<b>5,002,961</b>	<b>4,994,278</b>	<b>4,987,238</b>	<b>5,051,505</b>	<b>5,186,267</b>	<b>5,224,862</b>	<b>5,021,711</b>	<b>4,763,797</b>	<b>4,557,824</b>
Under 101%	67%	68%	66%	67%	69%	70%	70%	69%	69%	71%	70%
101% to 150%	17%	17%	18%	17%	16%	15%	15%	15%	15%	14%	14%
151% to 200%	6%	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%
Over 200%	7%	7%	--	--	--	--	--	--	--	--	--
201% to 250%	—	—	3%	3%	2%	2%	2%	2%	2%	2%	2%
Over 250%	—	—	5%	5%	4%	4%	4%	5%	5%	5%	5%
Unknown/not reported	2%	2%	2%	2%	1%	2%	3%	3%	4%	3%	3%
<b>Total All Users</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<sup>a</sup> Title X-funded agencies 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/>.

— Disaggregated 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: 2003-2013**



Note: Title X-funded agencies 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/>. 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: 2003-2013**

Primary Method	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Highly Effective<sup>a</sup></b>											
Vasectomy <sup>b</sup>	—	—	7,060	6,605	6,546	6,312	6,905	8,683	8,632	8,540	8,175
Sterilization <sup>b</sup>	110,513	105,103	95,264	89,428	89,447	87,167	92,616	92,652	90,438	86,854	82,067
Hormonal implant	13,180	5,602	3,395	2,506	7,300	18,738	30,135	48,015	65,673	82,642	108,586
Intrauterine device	72,378	77,773	88,342	110,338	138,714	179,876	216,390	252,121	272,683	284,461	279,289
<b>Moderately Effective<sup>a</sup></b>											
Hormonal injection <sup>c</sup>	765,266	740,028	602,721	571,588	591,861	597,572	615,188	643,682	645,351	645,136	635,093
Vaginal ring <sup>d</sup>	—	—	65,320	98,689	139,656	149,627	165,121	186,238	183,182	164,693	142,292
Contraceptive patch <sup>d</sup>	—	—	286,214	170,815	128,324	101,763	106,266	93,499	89,795	83,145	78,547
Oral contraceptive	1,994,310	1,974,050	1,852,654	1,859,542	1,826,518	1,734,786	1,696,319	1,684,201	1,534,684	1,409,300	1,316,671
Cervical cap/diaphragm	7,863	11,717	5,477	4,753	4,087	3,612	12,278	4,402	3,390	4,116	8,245
<b>Less Effective<sup>a</sup></b>											
Male condom	698,248	737,169	686,992	747,323	716,646	727,440	737,991	787,329	838,131	745,265	692,678
Female condom <sup>d</sup>	—	—	8,862	6,031	3,925	4,753	4,635	5,944	5,939	3,722	3,914
Contraceptive sponge <sup>d</sup>	—	—	2,826	1,076	1,827	1,337	991	1,581	921	765	541
Withdrawal or other <sup>e</sup>	293,383	313,688	104,779	133,099	123,844	111,160	105,705	116,635	115,002	113,016	95,798
FAM <sup>f</sup> or LAM	22,972	25,906	9,702	9,446	8,784	10,409	12,633	9,479	17,105	12,676	11,753
Spermicide	33,483	19,861	23,226	22,075	16,882	13,627	15,598	8,346	7,061	4,926	4,028
<b>Other</b>											
Abstinence <sup>d</sup>	—	—	44,939	49,022	53,987	61,329	62,380	75,534	69,924	71,737	72,486
<b>No Method</b>											
Pregnant or seeking pregnancy	265,190	287,485	358,492	373,111	383,303	381,848	395,633	400,194	361,056	377,547	356,750
Other reason	379,671	378,605	298,658	326,885	308,061	283,848	260,946	238,347	229,541	183,613	181,657
<b>Method Unknown<sup>g</sup></b>	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590	106,017
<b>Total Female Users</b>	<b>4,784,889</b>	<b>4,823,404</b>	<b>4,740,168</b>	<b>4,721,869</b>	<b>4,691,857</b>	<b>4,723,662</b>	<b>4,811,691</b>	<b>4,822,570</b>	<b>4,635,195</b>	<b>4,378,744</b>	<b>4,184,587</b>
<b>Using a Method</b>	4,011,596	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241	3,947,911	3,720,994	3,540,163
<b>Not Using a Method</b>	644,861	666,090	657,150	699,996	691,364	665,696	656,579	638,541	590,597	561,160	538,407
<b>Method Unknown<sup>g</sup></b>	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590	106,017
<b>Using a Method</b>	84%	83%	82%	82%	82%	81%	81%	83%	85%	85%	85%
<b>Not Using a Method</b>	13%	14%	14%	15%	15%	14%	14%	13%	13%	13%	13%
<b>Method Unknown<sup>g</sup></b>	3%	3%	4%	3%	3%	5%	6%	3%	2%	2%	3%

FAM=fertility awareness-based method. LAM=lactational amenorrhea method. Note: Due to rounding, percentages may not sum to 100%.

<sup>a</sup> See reference note 7.

<sup>b</sup> For 2003-2004, sterilization figures include both female and male (vasectomy) sterilization users. Beginning in 2005, female and male sterilization figures are reported separately.

<sup>c</sup> For 2005-2013, hormonal injection figures include both 1- and 3-month hormonal injection users.

<sup>d</sup> For 2003-2004, grantees reported these methods in the Withdrawal/Other method category.

<sup>e</sup> For 2003-2004, the Withdrawal/Other category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not listed in Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, the Withdrawal/Other category includes all and other methods not listed in Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued January 2011).

<sup>f</sup> For 2003-2004, the FAM category includes only safe period by temperature or cervical mucus test. For 2005-2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011-2013, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods. For 2005-2013, the FAM category has also includes postpartum women relying on LAM.

<sup>g</sup> See comments for Trend Exhibits in the *Field and Methodological Notes (Appendix C)*.

— Data are not available.

**Exhibit A-7b. Distribution of female family planning users who reported a primary contraceptive method at exit from the encounter, by method and year: 2003–2013**

Primary Method	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Highly Effective<sup>a</sup></b>											
Vasectomy <sup>b</sup>	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization <sup>b</sup>	3%	3%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	2%	2%	3%
Intrauterine device	2%	2%	2%	3%	4%	5%	6%	6%	7%	8%	8%
<b>Moderately Effective<sup>a</sup></b>											
Hormonal injection <sup>c</sup>	19%	18%	16%	15%	15%	16%	16%	16%	16%	17%	18%
Vaginal ring <sup>d</sup>	—	—	2%	3%	4%	4%	4%	5%	5%	4%	4%
Contraceptive patch <sup>d</sup>	—	—	7%	4%	3%	3%	3%	2%	2%	2%	2%
Oral contraceptive	50%	49%	48%	48%	47%	46%	44%	42%	39%	38%	37%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Less Effective<sup>a</sup></b>											
Male condom	17%	18%	18%	19%	19%	19%	19%	20%	21%	20%	20%
Female condom <sup>d</sup>	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge <sup>d</sup>	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other <sup>e</sup>	7%	8%	3%	3%	3%	3%	3%	3%	3%	3%	3%
FAM or LAM <sup>f</sup>	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	1%	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Other</b>											
Abstinence <sup>d</sup>	—	—	1%	1%	1%	2%	2%	2%	2%	2%	2%
<b>Total Using a Method Percentage</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Number</b>	<b>4,011,596</b>	<b>4,010,897</b>	<b>3,887,773</b>	<b>3,882,336</b>	<b>3,858,348</b>	<b>3,809,508</b>	<b>3,881,151</b>	<b>4,023,241</b>	<b>3,947,911</b>	<b>3,720,994</b>	<b>3,540,163</b>

**FAM**=fertility awareness-based method. **LAM**=lactational amenorrhea method. Note: Due to rounding, percentages may not sum to 100%.

<sup>a</sup> See reference note 7.

<sup>b</sup> For 2003–2004, sterilization figures include both female and male (vasectomy) sterilization users. Beginning in 2005, female and male sterilization figures are reported separately.

<sup>c</sup> For 2005–2013, hormonal injection figures include both 1- and 3-month hormonal injection users.

<sup>d</sup> For 2003–2004, grantees reported these methods in the Withdrawal/Other method category.

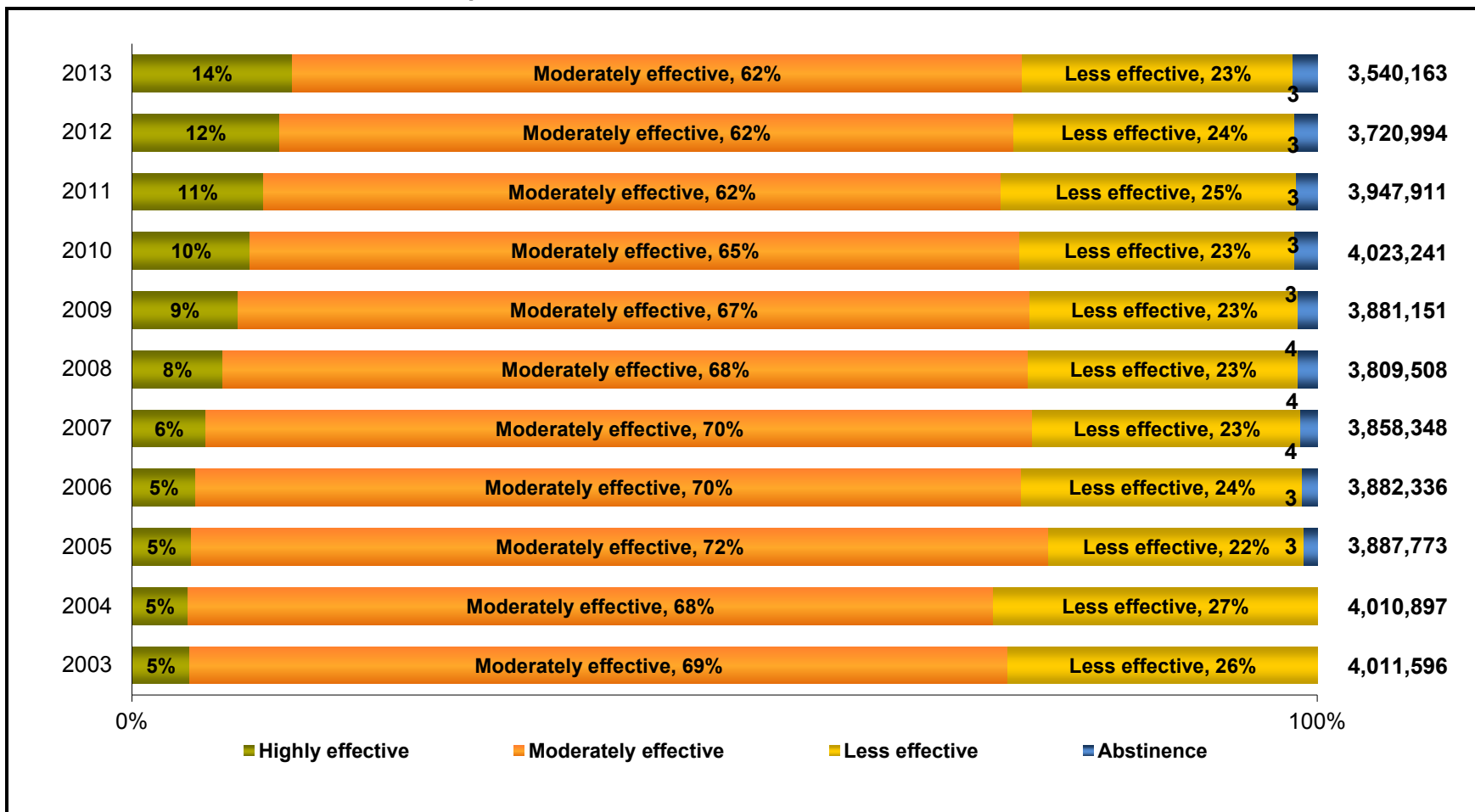
<sup>e</sup> For 2003–2004, the Withdrawal/Other category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not listed in Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, the Withdrawal/Other category includes all and other methods not listed in Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued January 2011).

<sup>f</sup> For 2003–2004, the FAM category includes only safe period by temperature or cervical mucus test. For 2005–2010, the FAM category includes Calendar Rhythm, Standard Days<sup>®</sup>, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2013, the FAM category includes Calendar Rhythm, Standard Days<sup>®</sup>, TwoDay, Billings Ovulation, and SymptoThermal methods. For 2005–2013, the FAM category has also included postpartum women relying on LAM.

— Data are not available.

† Percentage is less than 0.5%.

**Exhibit A-7c. Distribution of female family planning users who reported a primary contraceptive method at exit from the encounter, by level of method effectiveness and year: 2003–2013**



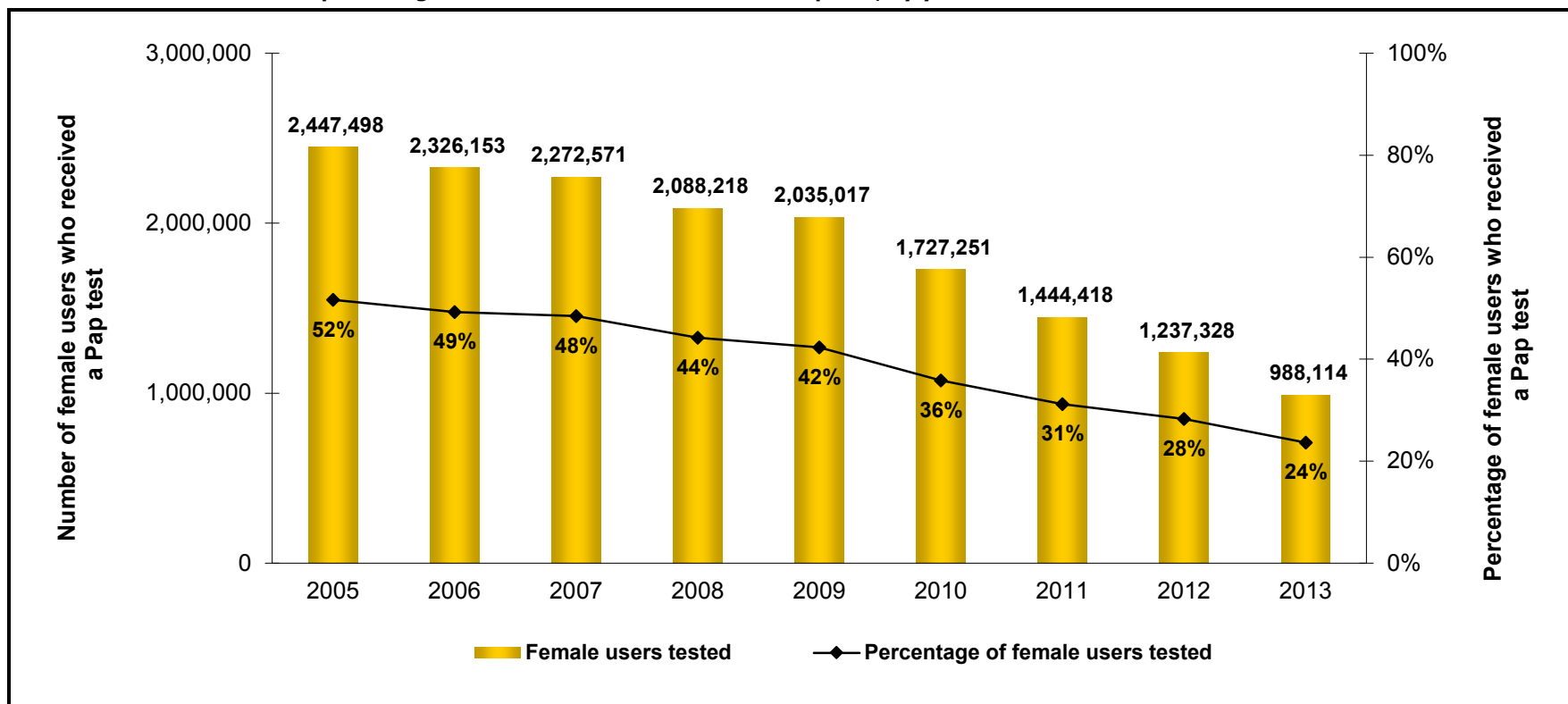
Note: Due to rounding, the percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of individual percentages included in the aggregated categories. **Highly effective** methods include vasectomy (male sterilization), female sterilization, implant, and intrauterine devices/systems. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm with spermicidal cream/jelly, and the cervical cap. **Less-effective** methods include male condoms, female condoms, the sponge, withdrawal, fertility awareness-based (FAM) and lactational amenorrhea (LAM) methods, spermicides, and other methods not listed in Table 7. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the moderately and less-effective method categories defined in reference note 7.

**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 ASC or higher result, by year: 2005-2013**

Pap Test Indicators	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Female Users Who Received a Pap Test</b>									
Number	2,447,498	2,326,153	2,272,571	2,088,218	2,035,017	1,727,251	1,444,418	1,237,328	988,114
Percentage	52%	49%	48%	44%	42%	36%	31%	28%	24%
<b>Pap Tests Performed</b>									
Number	2,644,413	2,477,209	2,470,674	2,209,087	2,190,127	1,810,620	1,522,777	1,308,667	1,043,671
Percentage with ASC or higher result	9%	10%	10%	11%	12%	13%	15%	14%	14%

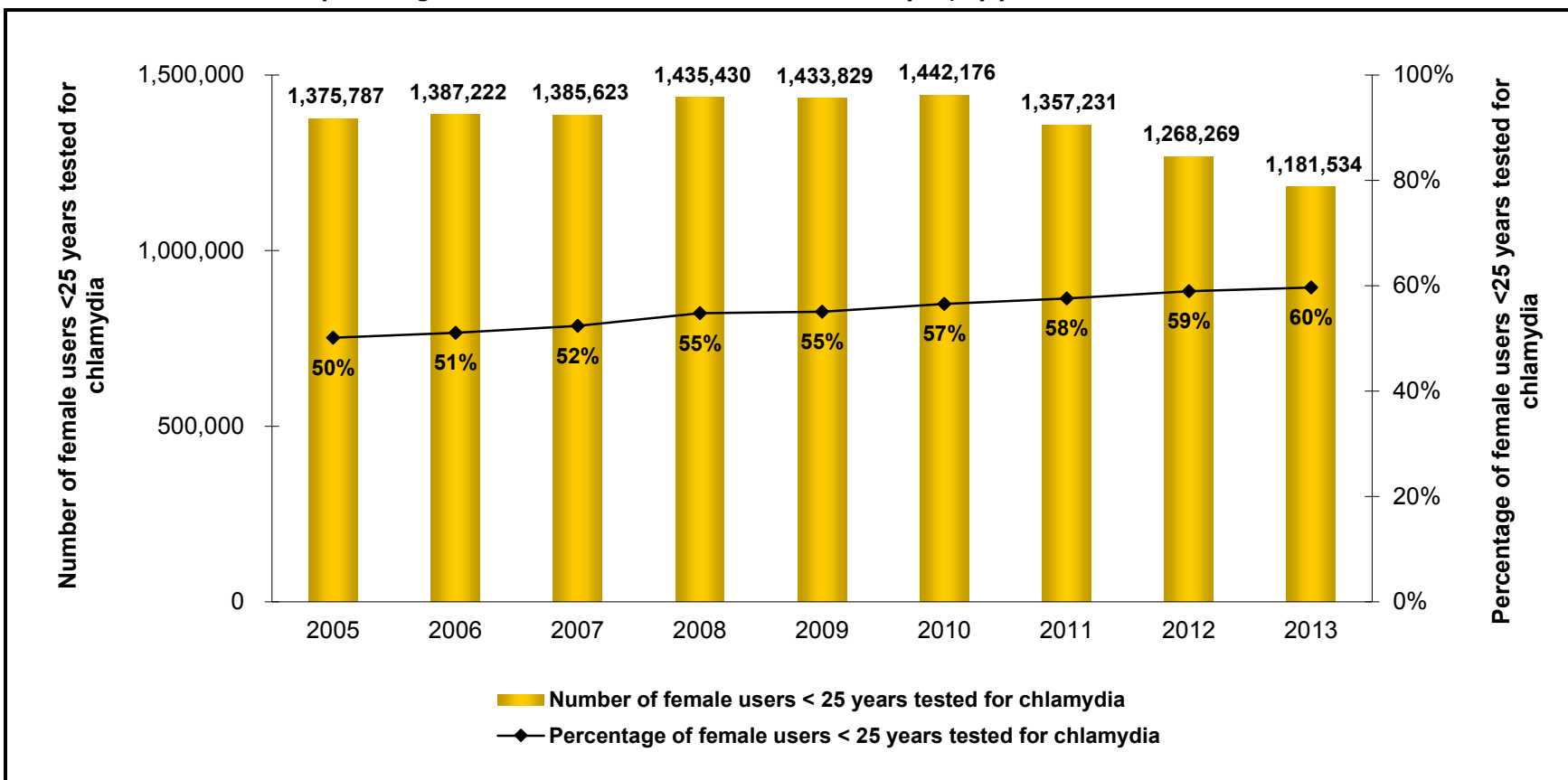
ASC=atypical squamous cells.

**Exhibit A-8b. Number and percentage of female users who received a Pap test, by year: 2005-2013**



**Exhibit A-9a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2013**

Chlamydia Testing Indicators	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Female Users Under 25 Years Tested</b>									
Number	1,375,787	1,387,222	1,385,623	1,435,430	1,433,829	1,442,176	1,357,231	1,268,269	1,181,534
Percentage	50%	51%	52%	55%	55%	57%	58%	59%	60%

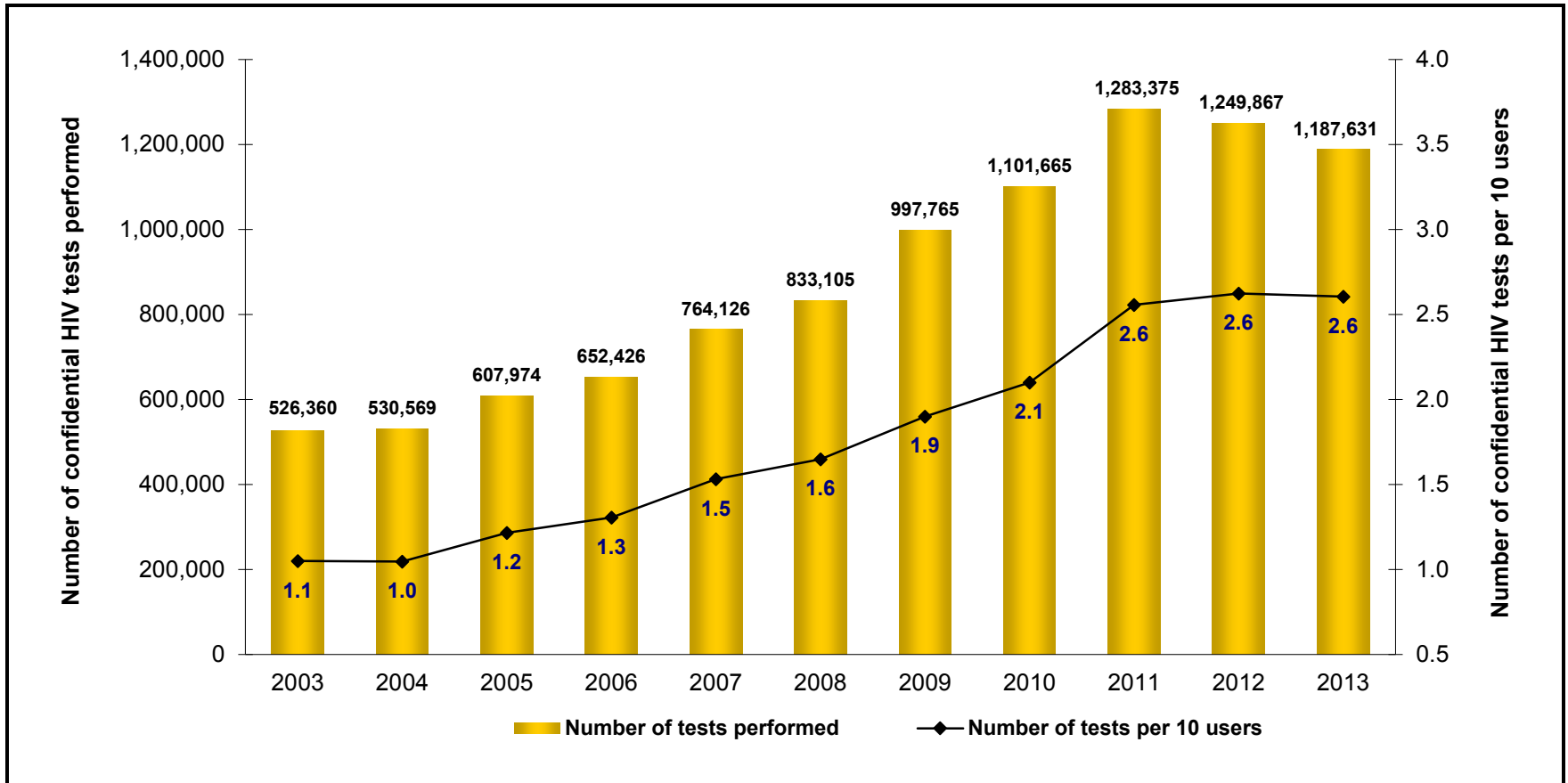
**Exhibit A-9b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2013**



**Exhibit A-10a. Number of confidential HIV tests performed and number of tests per 10 users: 2003–2013**

HIV Testing	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Tests performed	526,360	530,569	607,974	652,426	764,126	833,105	997,765	1,101,665	1,283,375	1,249,867	1,187,631
Tests per 10 users	1.1	1.0	1.2	1.3	1.5	1.6	1.9	2.1	2.6	2.6	2.6

**Exhibit A-10b. Number of confidential HIV tests performed and number of tests per 10 users: 2003–2013**



**Exhibit A-11a. Actual and adjusted (constant 2013\$, 2003\$, and 1981\$) total, Title X, and Medicaid revenue, by year: 2003–2013**

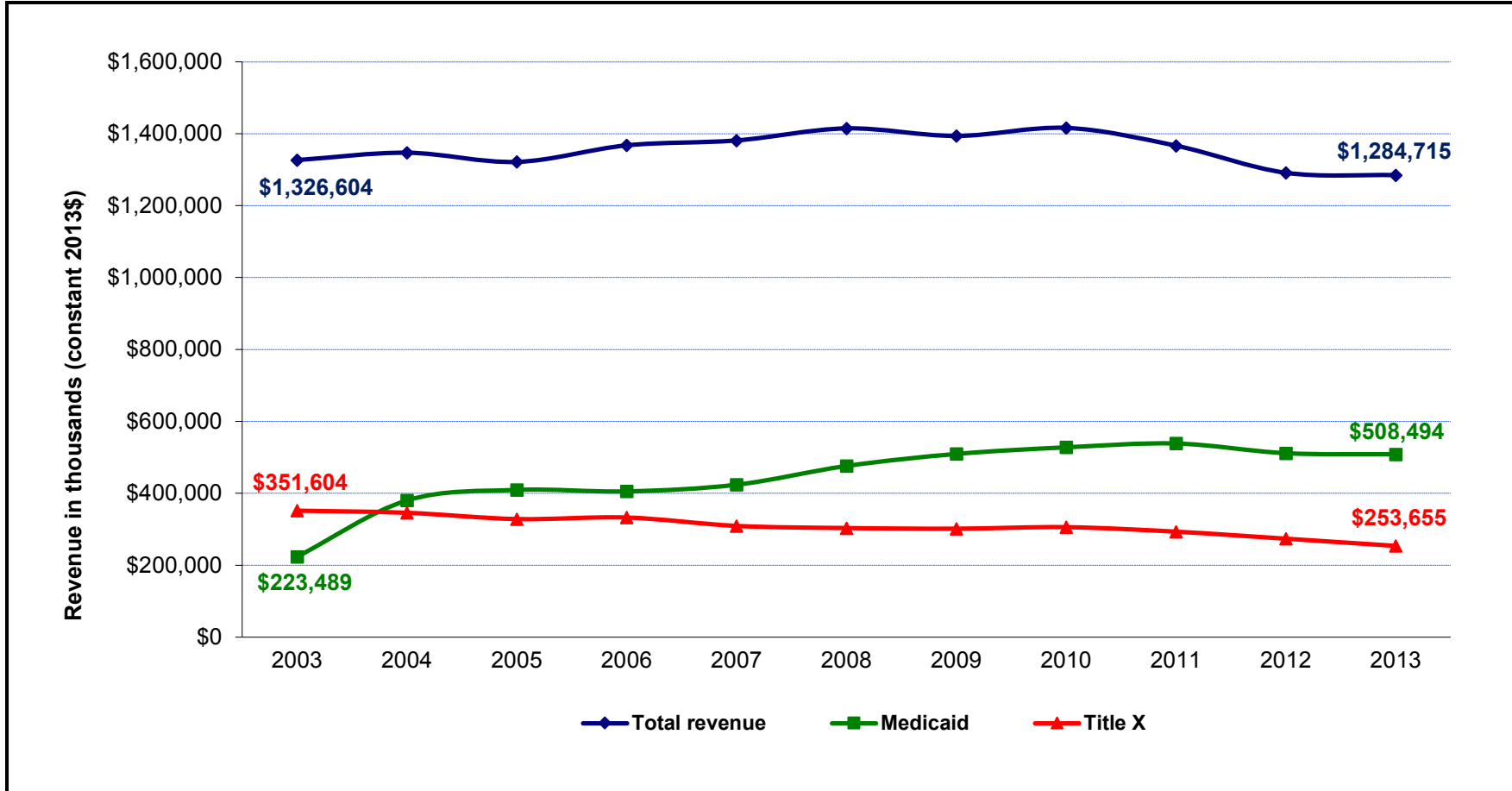
Revenue	2003 (\$)	2004 (\$)	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	Change 2003– 2013
<b>Total Actual<sup>a</sup></b>	927,081,651	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	39%
2013\$ <sup>b</sup>	1,326,603,604	1,347,017,818	1,321,484,079	1,367,499,437	1,381,183,728	1,414,707,164	1,393,647,735	1,416,072,752	1,366,535,110	1,291,216,741	1,284,715,163	–3%
2003\$ <sup>b</sup>	927,081,651	941,347,890	923,503,930	955,661,233	965,224,342	988,651,810	973,934,670	989,606,135	954,987,325	902,351,950	897,808,397	–3%
1981\$ <sup>b</sup>	258,684,177	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423	266,470,714	251,783,832	250,516,042	–3%
<b>Title X Actual<sup>a</sup></b>	245,714,562	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	3%
2013\$ <sup>b</sup>	351,604,223	345,675,382	328,272,213	332,549,726	309,219,686	303,313,962	301,515,379	305,681,965	293,156,264	273,667,605	253,655,493	–28%
2003\$ <sup>b</sup>	245,714,562	241,571,260	229,409,255	232,398,546	216,094,616	211,967,469	210,710,551	213,622,321	204,868,879	191,249,454	177,264,220	–28%
1981\$ <sup>b</sup>	68,561,889	67,405,781	64,012,209	64,846,313	60,297,017	59,145,416	58,794,698	59,607,171	57,164,692	53,364,455	49,462,147	–28%
<b>Medicaid<sup>c</sup> Actual<sup>a</sup></b>	156,182,638	277,174,817	311,226,237	320,457,197	349,919,735	407,561,796	450,028,613	482,175,678	506,887,574	499,181,475	508,494,458	226%
2013\$ <sup>b</sup>	223,488,891	379,994,965	409,383,834	405,226,799	423,760,381	475,927,037	509,360,603	527,729,857	538,390,593	511,464,792	508,494,458	128%
2003\$ <sup>b</sup>	156,182,638	265,555,105	286,093,178	283,188,082	296,140,062	332,596,129	355,960,792	368,797,933	376,248,066	357,431,280	355,355,496	128%
1981\$ <sup>b</sup>	43,579,740	74,098,008	79,828,759	79,018,149	82,632,148	92,804,507	99,323,964	102,905,919	104,984,735	99,734,275	99,155,068	128%

<sup>a</sup> Revenue is shown in actual dollars (unadjusted) for each year.

<sup>b</sup> Revenue is shown in constant 2013 dollars (2013\$), 2003 dollars (2003\$), 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>).

<sup>c</sup> Medicaid revenue for 2005–2013 includes Children's Health Insurance Program revenue.

**Exhibit A-11b. Total, Title X, and Medicaid adjusted (constant 2013\$) revenue, by year: 2003-2013**



Note: For 2005-2013, Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

**Exhibit A-11c. Total actual (unadjusted) and adjusted (constant 2013\$, 2003\$, and 1981\$) revenue, by year: 2003-2013**

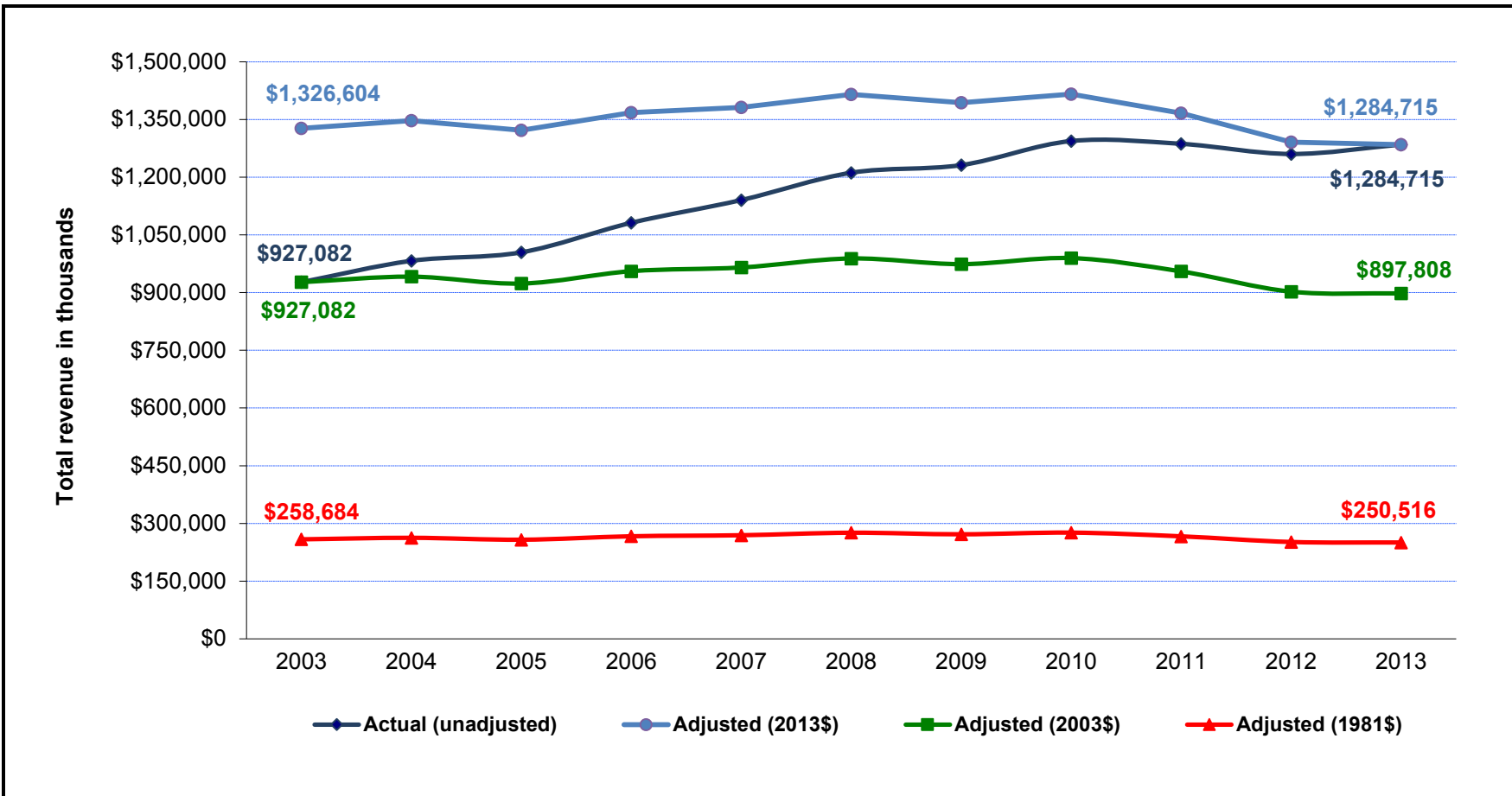


Exhibit A-11d. Title X actual (unadjusted) and adjusted (constant 2013\$, 2003\$, and 1981\$) revenue, by year: 2003-2013

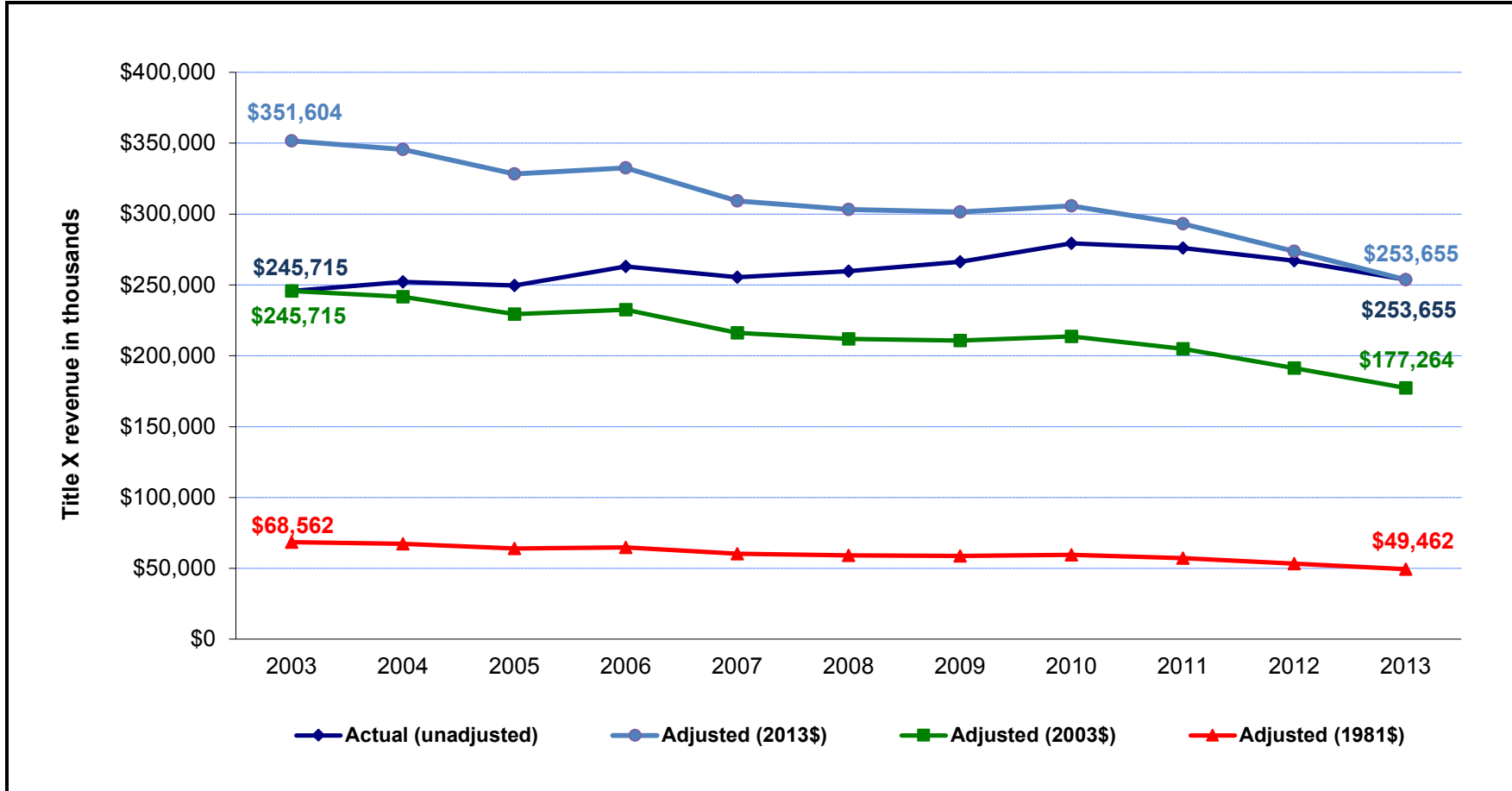
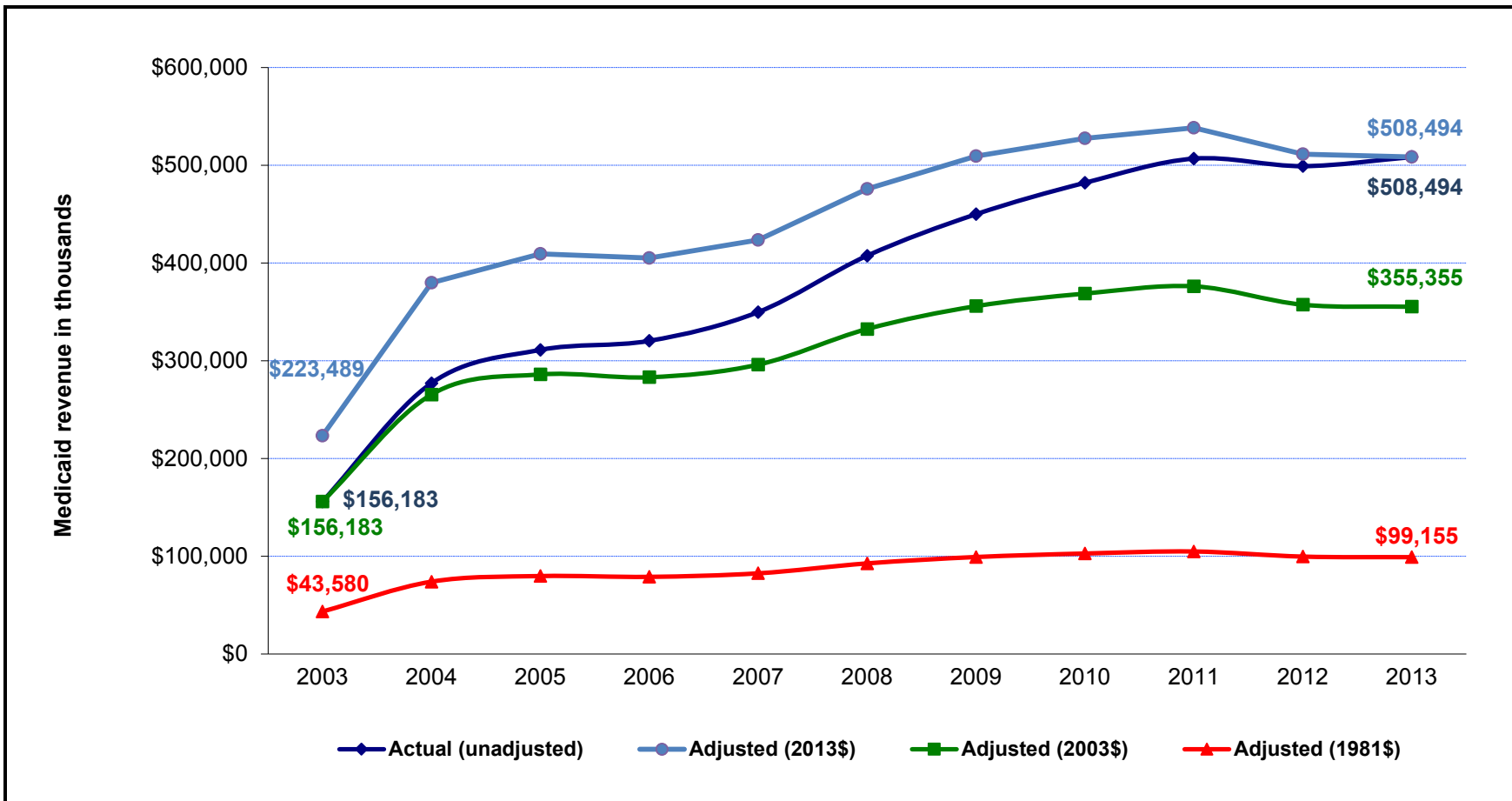


Exhibit A-11e. Medicaid actual (unadjusted) and adjusted (constant 2013\$, 2003\$, and 1981\$) revenue, by year: 2003-2013



Note: For 2005-2013, Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

**Exhibit A-12a. Amount of Title X project revenue, by revenue source and year: 2003-2013**

Revenue Sources	2003 (\$)	2004 (\$)	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)
<b>Title X</b>	<b>245,714,562</b>	<b>252,141,527</b>	<b>249,562,677</b>	<b>262,983,478</b>	<b>255,337,864</b>	<b>259,743,981</b>	<b>266,393,881</b>	<b>279,295,186</b>	<b>276,002,719</b>	<b>267,095,215</b>	<b>253,655,493</b>
<b>Payment for Services</b>											
Client fees	97,561,767	99,774,741	101,353,959	102,527,805	94,273,992	94,531,003	80,940,857	84,540,815	72,156,363	70,400,120	69,425,823
Third-party payers											
Medicaid	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330	498,739,261	505,709,855
Medicare	585,762	755,938	850,289	695,725	523,170	826,424	843,164	1,913,519	2,002,181	1,173,110	1,864,987
CHIP	—	—	159,966	302,282	247,539	212,168	194,482	913,045	279,244	442,214	2,784,603
Other	12,035,788	15,231,967	2,137,736	3,173,806	3,042,991	3,855,406	4,903,482	2,466,949	4,088,072	3,743,183	10,848,382
Private	22,717,290	23,923,861	31,794,914	37,263,692	46,403,049	45,067,919	48,445,935	50,409,637	51,655,083	63,955,467	69,210,207
<b>Subtotal</b>	<b>289,083,245</b>	<b>416,861,324</b>	<b>447,363,135</b>	<b>464,118,225</b>	<b>494,162,937</b>	<b>551,842,548</b>	<b>585,162,051</b>	<b>621,506,598</b>	<b>636,789,273</b>	<b>638,453,355</b>	<b>659,843,857</b>
<b>Other Revenue</b>											
MCH block grant	30,827,138	32,992,292	24,384,126	22,806,213	23,484,206	23,058,822	21,044,962	21,205,336	25,512,030	24,439,148	19,852,391
SS block grant	32,913,637	30,835,001	27,232,575	28,443,123	28,593,275	27,333,993	30,841,136	34,001,848	23,736,983	11,229,640	8,805,626
TANF	—	—	16,986,542	10,521,097	23,460,554	22,325,121	15,580,002	14,475,023	14,517,155	13,548,818	13,268,175
State government	211,814,774	125,848,881	115,558,888	133,618,734	138,760,608	147,447,953	153,830,395	135,464,470	125,392,165	117,468,476	131,054,838
Local government	57,939,837	50,028,918	56,251,710	93,388,186	99,510,026	101,295,242	84,666,243	91,289,586	84,214,372	87,010,991	93,770,370
BPHC	843,273	3,959,649	6,172,992	5,847,921	7,177,359	9,531,860	4,965,372	4,090,546	5,289,075	4,625,737	11,461,645
Other	57,945,185	69,870,209	61,120,375	59,704,550	70,024,333	68,909,949	68,827,043	92,507,316	95,120,838	96,335,555	93,002,768
<b>Subtotal</b>	<b>392,283,844</b>	<b>313,534,950</b>	<b>307,707,208</b>	<b>354,329,824</b>	<b>391,010,361</b>	<b>399,902,940</b>	<b>379,755,153</b>	<b>393,034,125</b>	<b>373,782,618</b>	<b>354,658,365</b>	<b>371,215,813</b>
<b>Total Revenue</b>											
<b>Actual</b>	<b>927,081,651</b>	<b>982,537,801</b>	<b>1,004,633,020</b>	<b>1,081,431,527</b>	<b>1,140,511,162</b>	<b>1,211,489,469</b>	<b>1,231,311,085</b>	<b>1,293,835,909</b>	<b>1,286,574,610</b>	<b>1,260,206,935</b>	<b>1,284,715,163</b>
<b>2013\$<sup>a</sup></b>	<b>1,326,603,604</b>	<b>1,347,017,818</b>	<b>1,321,484,079</b>	<b>1,367,499,437</b>	<b>1,381,183,728</b>	<b>1,414,707,164</b>	<b>1,393,647,735</b>	<b>1,416,072,752</b>	<b>1,366,535,110</b>	<b>1,291,216,741</b>	<b>1,284,715,163</b>
<b>2003\$<sup>a</sup></b>	<b>927,081,651</b>	<b>941,347,890</b>	<b>923,503,930</b>	<b>955,661,233</b>	<b>965,224,342</b>	<b>988,651,810</b>	<b>973,934,670</b>	<b>989,606,135</b>	<b>954,987,325</b>	<b>902,351,950</b>	<b>897,808,397</b>
<b>1981\$<sup>a</sup></b>	<b>258,684,177</b>	<b>262,664,894</b>	<b>257,685,883</b>	<b>266,658,755</b>	<b>269,327,156</b>	<b>275,864,137</b>	<b>271,757,604</b>	<b>276,130,423</b>	<b>266,470,714</b>	<b>251,783,832</b>	<b>250,516,042</b>

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

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

<sup>a</sup> Revenue is shown in constant 2013 dollars (2013\$), 2003 dollars (2003\$) 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.

**Exhibit A-12b. Distribution of Title X project revenue, by revenue source and year: 2003-2013**

Revenue Sources	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Title X</b>	<b>27%</b>	<b>26%</b>	<b>25%</b>	<b>24%</b>	<b>22%</b>	<b>21%</b>	<b>22%</b>	<b>22%</b>	<b>21%</b>	<b>21%</b>	<b>20%</b>
<b>Payment for Services</b>											
Client fees	11%	10%	10%	9%	8%	8%	7%	7%	6%	6%	5%
Third-party payers											
Medicaid	17%	28%	31%	30%	31%	34%	37%	37%	39%	40%	39%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	1%	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Private	2%	2%	3%	3%	4%	4%	4%	4%	4%	5%	5%
<b>Subtotal</b>	<b>31%</b>	<b>42%</b>	<b>45%</b>	<b>43%</b>	<b>43%</b>	<b>46%</b>	<b>48%</b>	<b>48%</b>	<b>49%</b>	<b>51%</b>	<b>51%</b>
<b>Other Revenue</b>											
MCH block grant	3%	3%	2%	2%	2%	2%	2%	2%	2%	2%	2%
SS block grant	4%	3%	3%	3%	3%	2%	3%	3%	2%	1%	1%
TANF	—	—	2%	1%	2%	2%	1%	1%	1%	1%	1%
State government	23%	13%	12%	12%	12%	12%	12%	10%	10%	9%	10%
Local government	6%	5%	6%	9%	9%	8%	7%	7%	7%	7%	7%
BPHC	0%†	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†	1%
Other	6%	7%	6%	6%	6%	6%	6%	7%	7%	8%	7%
<b>Subtotal</b>	<b>42%</b>	<b>32%</b>	<b>31%</b>	<b>33%</b>	<b>34%</b>	<b>33%</b>	<b>31%</b>	<b>30%</b>	<b>29%</b>	<b>28%</b>	<b>29%</b>
<b>Total Revenue</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

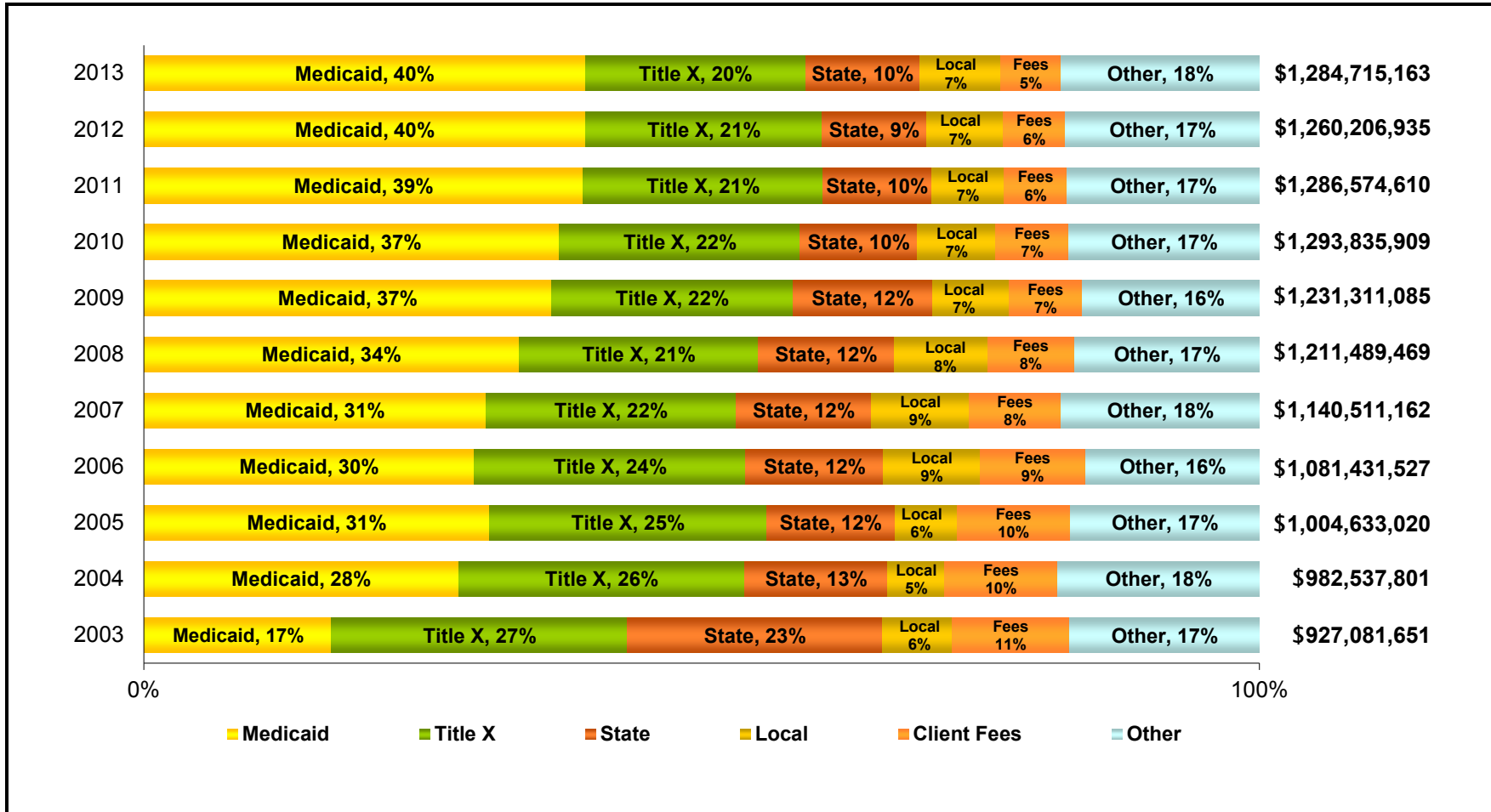
**BPHC**=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

— Data are not available.

† Percentage is less than 0.5%.



**Exhibit A-12c. Distribution of Title X project revenue, by revenue source and year: 2003-2013**



Notes: Revenue figures are unadjusted. For 2005-2013, Medicaid revenue includes separately reported Children's Health Insurance Program revenue. The Other revenue category includes revenue from the Bureau of Primary Health Care and other federal grants; other public and private third parties; block grants; Temporary Assistance for Needy Families revenue; and revenue reported as Other in the FPAR revenue table. 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 Exhibits**

**Exhibit B-1. Number and distribution of family planning users by user sex and state, and distribution of all users by state: 2013 (Source: FPAR Table 1)**

State	Female	Male	Total	% Female	% Male	State Users as % of All Users
Alabama	97,515	1,152	98,667	99%	1%	2%
Alaska	6,416	1,665	8,081	79%	21%	0%†
Arizona	35,415	3,650	39,065	91%	9%	1%
Arkansas	75,096	724	75,820	99%	1%	2%
California	1,037,123	134,479	1,171,602	89%	11%	26%
Colorado	50,665	8,568	59,233	86%	14%	1%
Connecticut	35,313	4,759	40,072	88%	12%	1%
Delaware	17,107	3,554	20,661	83%	17%	0%†
District of Columbia	30,989	10,432	41,421	75%	25%	1%
Florida	180,359	4,914	185,273	97%	3%	4%
Georgia	112,703	2,604	115,307	98%	2%	3%
Hawaii	19,519	1,084	20,603	95%	5%	0%†
Idaho	18,537	923	19,460	95%	5%	0%†
Illinois	89,208	3,520	92,728	96%	4%	2%
Indiana	33,064	2,459	35,523	93%	7%	1%
Iowa	52,551	3,385	55,936	94%	6%	1%
Kansas	29,978	2,878	32,856	91%	9%	1%
Kentucky	81,794	5,136	86,930	94%	6%	2%
Louisiana	32,396	661	33,057	98%	2%	1%
Maine	21,012	2,406	23,418	90%	10%	1%
Maryland	64,940	6,152	71,092	91%	9%	2%
Massachusetts	54,561	8,111	62,672	87%	13%	1%
Michigan	88,536	3,052	91,588	97%	3%	2%
Minnesota	50,254	7,308	57,562	87%	13%	1%
Mississippi	54,800	676	55,476	99%	1%	1%
Missouri	48,425	3,910	52,335	93%	7%	1%
Montana	21,958	2,293	24,251	91%	9%	1%
Nebraska	23,727	2,432	26,159	91%	9%	1%
Nevada	19,414	1,056	20,470	95%	5%	0%†
New Hampshire	19,195	1,420	20,615	93%	7%	0%†
New Jersey	90,336	8,821	99,157	91%	9%	2%
New Mexico	28,057	3,511	31,568	89%	11%	1%
New York	320,055	28,897	348,952	92%	8%	8%

† Percentage is less than 0.5%.

(continued)

**Exhibit B-1. Number and distribution of family planning users by user sex and state, and distribution of all users by state: 2013 (Source: FPAR Table 1) (continued)**

State	Female	Male	Total	% Female	% Male	State Users as % of All Users
North Carolina	123,492	2,413	125,905	98%	2%	3%
North Dakota	9,587	1,436	11,023	87%	13%	0%†
Ohio	68,924	9,693	78,617	88%	12%	2%
Oklahoma	55,852	926	56,778	98%	2%	1%
Oregon	57,810	4,144	61,954	93%	7%	1%
Pennsylvania	232,169	23,534	255,703	91%	9%	6%
Rhode Island	22,929	4,106	27,035	85%	15%	1%
South Carolina	78,346	4,986	83,332	94%	6%	2%
South Dakota	7,295	451	7,746	94%	6%	0%†
Tennessee	100,742	768	101,510	99%	1%	2%
Texas	163,846	11,227	175,073	94%	6%	4%
Utah	34,275	5,351	39,626	86%	14%	1%
Vermont	8,090	782	8,872	91%	9%	0%†
Virginia	68,391	5,851	74,242	92%	8%	2%
Washington	74,229	4,760	78,989	94%	6%	2%
West Virginia	50,117	7,167	57,284	87%	13%	1%
Wisconsin	40,580	5,337	45,917	88%	12%	1%
Wyoming	9,169	1,200	10,369	88%	12%	0%†
<b>Territories &amp; FAS</b>						
American Samoa	1,864	386	2,250	83%	17%	0%†
Comm. of the Northern Mariana Islands	882	0	882	100%	0%	0%†
Federated States of Micronesia	8,953	0	8,953	100%	0%	0%†
Guam	1,143	377	1,520	75%	25%	0%†
Puerto Rico	17,971	1,435	19,406	93%	7%	0%†
Republic of the Marshall Islands	2,533	40	2,573	98%	2%	0%†
Republic of Palau	1,289	45	1,334	97%	3%	0%†
U.S. Virgin Islands	3,091	230	3,321	93%	7%	0%†
<b>Total All Users</b>	<b>4,184,587</b>	<b>373,237</b>	<b>4,557,824</b>	<b>92%</b>	<b>8%</b>	<b>100%</b>
<b>Range</b>				<b>75%–100%</b>	<b>0%–25%</b>	<b>0%†–26%</b>

FAS=Freely Associated States.

† Percentage is less than 0.5%.

**Exhibit B-2. Number and distribution of family planning users by user income level and state: 2013**  
**(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	75,863	20,933	1,750	121	98,667	77%	21%	2%	0%†
Alaska	5,013	1,999	1,011	58	8,081	62%	25%	13%	1%
Arizona	28,280	5,235	5,422	128	39,065	72%	13%	14%	0%†
Arkansas	50,329	17,134	1,532	6,825	75,820	66%	23%	2%	9%
California	908,451	208,827	32,716	21,608	1,171,602	78%	18%	3%	2%
Colorado	45,057	12,112	2,064	0	59,233	76%	20%	3%	0%
Connecticut	16,795	19,522	2,531	1,224	40,072	42%	49%	6%	3%
Delaware	11,248	3,802	890	4,721	20,661	54%	18%	4%	23%
District of Columbia	25,525	7,308	1,570	7,018	41,421	62%	18%	4%	17%
Florida	110,067	36,724	28,972	9,510	185,273	59%	20%	16%	5%
Georgia	98,811	15,745	751	0	115,307	86%	14%	1%	0%
Hawaii	15,172	2,042	1,198	2,191	20,603	74%	10%	6%	11%
Idaho	12,969	5,779	711	1	19,460	67%	30%	4%	0%†
Illinois	78,442	13,065	1,221	0	92,728	85%	14%	1%	0%
Indiana	26,646	8,067	810	0	35,523	75%	23%	2%	0%
Iowa	33,441	12,420	1,891	8,184	55,936	60%	22%	3%	15%
Kansas	20,627	9,668	1,556	1,005	32,856	63%	29%	5%	3%
Kentucky	67,052	15,902	2,532	1,444	86,930	77%	18%	3%	2%
Louisiana	29,146	3,665	228	18	33,057	88%	11%	1%	0%†
Maine	11,468	8,320	2,047	1,583	23,418	49%	36%	9%	7%
Maryland	54,637	10,970	2,111	3,374	71,092	77%	15%	3%	5%
Massachusetts	38,869	18,786	3,146	1,871	62,672	62%	30%	5%	3%
Michigan	59,776	24,752	6,723	337	91,588	65%	27%	7%	0%†
Minnesota	35,060	16,669	4,476	1,357	57,562	61%	29%	8%	2%
Mississippi	50,931	4,457	79	9	55,476	92%	8%	0%†	0%†
Missouri	35,299	13,649	3,387	0	52,335	67%	26%	6%	0%
Montana	13,522	6,939	3,790	0	24,251	56%	29%	16%	0%
Nebraska	14,219	7,516	1,061	3,363	26,159	54%	29%	4%	13%
Nevada	13,765	4,750	1,709	246	20,470	67%	23%	8%	1%
New Hampshire	10,759	6,178	1,691	1,987	20,615	52%	30%	8%	10%
New Jersey	37,270	58,710	3,177	0	99,157	38%	59%	3%	0%
New Mexico	24,019	4,825	409	2,315	31,568	76%	15%	1%	7%
New York	231,397	84,167	32,030	1,358	348,952	66%	24%	9%	0%†

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

**Exhibit B-2. Number and distribution of family planning users by user income level and state: 2013**  
**(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
North Carolina	68,667	30,970	7,013	19,255	125,905	55%	25%	6%	15%
North Dakota	4,549	3,998	2,199	277	11,023	41%	36%	20%	3%
Ohio	41,951	28,665	5,602	2,399	78,617	53%	36%	7%	3%
Oklahoma	41,423	13,481	943	931	56,778	73%	24%	2%	2%
Oregon	44,493	16,070	1,007	384	61,954	72%	26%	2%	1%
Pennsylvania	158,045	62,483	27,433	7,742	255,703	62%	24%	11%	3%
Rhode Island	17,569	4,565	632	4,269	27,035	65%	17%	2%	16%
South Carolina	79,627	2,937	768	0	83,332	96%	4%	1%	0%
South Dakota	4,935	2,014	581	216	7,746	64%	26%	8%	3%
Tennessee	82,071	16,671	2,305	463	101,510	81%	16%	2%	0%†
Texas	131,670	31,138	3,578	8,687	175,073	75%	18%	2%	5%
Utah	29,487	8,757	1,382	0	39,626	74%	22%	3%	0%
Vermont	4,258	2,588	926	1,100	8,872	48%	29%	10%	12%
Virginia	43,122	28,586	2,514	20	74,242	58%	39%	3%	0%†
Washington	54,789	18,582	5,618	0	78,989	69%	24%	7%	0%
West Virginia	52,998	4,254	3	29	57,284	93%	7%	0%†	0%†
Wisconsin	30,532	12,201	2,853	331	45,917	66%	27%	6%	1%
Wyoming	6,215	3,235	919	0	10,369	60%	31%	9%	0%
<b>Territories &amp; FAS</b>									
American Samoa	2,250	0	0	0	2,250	100%	0%	0%	0%
Comm. of the Northern Mariana Islands	844	29	6	3	882	96%	3%	1%	0%†
Federated States of Micronesia	0	0	0	8,953	8,953	0%	0%	0%	100%
Guam	411	28	23	1,058	1,520	27%	2%	2%	70%
Puerto Rico	14,971	3,185	1,183	67	19,406	77%	16%	6%	0%†
Republic of the Marshall Islands	2,567	0	0	6	2,573	100%	0%	0%	0%†
Republic of Palau	995	181	13	145	1,334	75%	14%	1%	11%
U.S. Virgin Islands	3,016	280	25	0	3,321	91%	8%	1%	0%
<b>Total All Users</b>	<b>3,211,380</b>	<b>985,535</b>	<b>222,718</b>	<b>138,191</b>	<b>4,557,824</b>	<b>70%</b>	<b>22%</b>	<b>5%</b>	<b>3%</b>
<b>Range</b>						<b>0%–100%</b>	<b>0%–59%</b>	<b>0%–20%</b>	<b>0%–100%</b>

UK/NR=unknown or not reported. FAS=Freely Associated States. Note: Due to rounding, percentages may not sum to 100%. Title X-funded agencies 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-3. Number and distribution of family planning users by insurance status and state: 2013**  
**(Source: FPAR Table 5)**

State	Public	Private	Uninsured	UK/NR	Total	% Public	% Private	% Uninsured	% UK/NR
Alabama	29,077	11,146	58,432	12	98,667	29%	11%	59%	0%†
Alaska	917	1,496	5,651	17	8,081	11%	19%	70%	0%†
Arizona	4,793	3,026	31,241	5	39,065	12%	8%	80%	0%†
Arkansas	31,071	3,265	40,765	719	75,820	41%	4%	54%	1%
California	166,802	21,362	947,158	36,280	1,171,602	14%	2%	81%	3%
Colorado	9,789	6,044	38,411	4,989	59,233	17%	10%	65%	8%
Connecticut	14,626	12,467	12,637	342	40,072	36%	31%	32%	1%
Delaware	6,956	3,158	9,200	1,347	20,661	34%	15%	45%	7%
District of Columbia	30,696	2,808	4,600	3,317	41,421	74%	7%	11%	8%
Florida	92,531	30,682	59,793	2,267	185,273	50%	17%	32%	1%
Georgia	20,784	16,311	73,313	4,899	115,307	18%	14%	64%	4%
Hawaii	8,170	4,480	6,664	1,289	20,603	40%	22%	32%	6%
Idaho	1,599	3,079	14,328	454	19,460	8%	16%	74%	2%
Illinois	38,209	7,909	45,988	622	92,728	41%	9%	50%	1%
Indiana	2,965	2,964	28,945	649	35,523	8%	8%	81%	2%
Iowa	10,602	16,721	27,885	728	55,936	19%	30%	50%	1%
Kansas	3,737	4,635	24,359	125	32,856	11%	14%	74%	0%†
Kentucky	21,195	6,436	58,772	527	86,930	24%	7%	68%	1%
Louisiana	18,296	2,118	12,421	222	33,057	55%	6%	38%	1%
Maine	6,275	7,759	9,345	39	23,418	27%	33%	40%	0%†
Maryland	20,311	11,320	34,499	4,962	71,092	29%	16%	49%	7%
Massachusetts	28,402	13,455	19,432	1,383	62,672	45%	21%	31%	2%
Michigan	25,153	11,941	53,888	606	91,588	27%	13%	59%	1%
Minnesota	7,831	15,155	34,031	545	57,562	14%	26%	59%	1%
Mississippi	17,830	3,757	30,664	3,225	55,476	32%	7%	55%	6%
Missouri	13,069	7,241	32,025	0	52,335	25%	14%	61%	0%
Montana	1,473	9,814	12,733	231	24,251	6%	40%	53%	1%
Nebraska	1,811	5,116	17,204	2,028	26,159	7%	20%	66%	8%
Nevada	1,211	812	18,424	23	20,470	6%	4%	90%	0%†
New Hampshire	3,598	6,416	10,571	30	20,615	17%	31%	51%	0%†
New Jersey	17,865	9,114	71,719	459	99,157	18%	9%	72%	0%†
New Mexico	5,376	1,875	23,771	546	31,568	17%	6%	75%	2%
New York	140,025	40,838	153,144	14,945	348,952	40%	12%	44%	4%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.



**Exhibit B-3. Number and distribution of family planning users by insurance status and state: 2013**  
**(Source: FPAR Table 5) (continued)**

State	Public	Private	Uninsured	UK/NR	Total	% Public	% Private	% Uninsured	% UK/NR
North Carolina	33,485	5,672	86,748	0	125,905	27%	5%	69%	0%
North Dakota	619	4,041	5,952	411	11,023	6%	37%	54%	4%
Ohio	22,125	10,780	44,934	778	78,617	28%	14%	57%	1%
Oklahoma	13,638	6,984	36,107	49	56,778	24%	12%	64%	0%†
Oregon	10,552	6,917	40,876	3,609	61,954	17%	11%	66%	6%
Pennsylvania	73,544	52,928	121,973	7,258	255,703	29%	21%	48%	3%
Rhode Island	10,526	4,924	11,577	8	27,035	39%	18%	43%	0%†
South Carolina	19,170	337	63,825	0	83,332	23%	0%†	77%	0%
South Dakota	303	3,853	3,288	302	7,746	4%	50%	42%	4%
Tennessee	36,797	2,715	61,304	694	101,510	36%	3%	60%	1%
Texas	28,851	5,762	138,209	2,251	175,073	16%	3%	79%	1%
Utah	811	2,889	35,926	0	39,626	2%	7%	91%	0%
Vermont	2,908	3,178	2,786	0	8,872	33%	36%	31%	0%
Virginia	7,385	11,487	55,140	230	74,242	10%	15%	74%	0%†
Washington	16,155	13,914	48,434	486	78,989	20%	18%	61%	1%
West Virginia	7,616	273	49,362	33	57,284	13%	0%†	86%	0%†
Wisconsin	26,819	3,046	16,052	0	45,917	58%	7%	35%	0%
Wyoming	694	2,685	6,244	746	10,369	7%	26%	60%	7%
<b>Territories &amp; FAS</b>									
American Samoa	0	0	2,250	0	2,250	0%	0%	100%	0%
Comm. of the Northern Mariana Islands	411	69	401	1	882	47%	8%	45%	0%†
Federated States of Micronesia	831	16	5,752	2,354	8,953	9%	0%†	64%	26%
Guam	442	62	1,011	5	1,520	29%	4%	67%	0%†
Puerto Rico	9,886	5,942	3,535	43	19,406	51%	31%	18%	0%†
Republic of the Marshall Islands	2,490	0	83	0	2,573	97%	0%	3%	0%
Republic of Palau	1,253	3	14	64	1,334	94%	0%†	1%	5%
U.S. Virgin Islands	1,050	338	1,876	57	3,321	32%	10%	56%	2%
<b>Total Users</b>	<b>1,131,406</b>	<b>453,535</b>	<b>2,865,672</b>	<b>107,211</b>	<b>4,557,824</b>	<b>25%</b>	<b>10%</b>	<b>63%</b>	<b>2%</b>
<b>Range</b>						<b>0%–97%</b>	<b>0%–50%</b>	<b>1%–100%</b>	<b>0%–26%</b>

UK/NR=unknown or not reported. FAS=Freely Associated States.

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

† Percentage is less than 0.5%.

**Exhibit B-4. Number and distribution of family planning users by effectiveness level of primary method at exit from the encounter, by state: 2013 (Source: FPAR Table 7)**

State	Highly Effective Permanent Methods <sup>a</sup>	Highly Effective Reversible Methods <sup>a</sup>	Moderately Effective Methods <sup>b</sup>	Less Effective Methods <sup>c</sup>	Total At Risk <sup>d</sup>	% Highly Effective Methods <sup>a</sup>	% Moderately Effective Methods <sup>b</sup>	% Less Effective Methods <sup>c</sup>
Alabama	47	4,712	62,874	12,168	81,283	6%	77%	15%
Alaska	133	1,117	2,670	1,124	5,543	23%	48%	20%
Arizona	251	3,829	19,877	5,236	30,704	13%	65%	17%
Arkansas	1,937	3,458	32,187	7,028	65,263	8%	49%	11%
California	18,576	119,963	493,135	276,653	937,646	15%	53%	30%
Colorado	1,162	10,776	24,617	4,998	43,946	27%	56%	11%
Connecticut	963	3,300	14,070	12,722	32,071	13%	44%	40%
Delaware	311	856	4,412	1,493	15,103	8%	29%	10%
District of Columbia	1,240	4,065	9,614	2,647	27,568	19%	35%	10%
Florida	4,050	10,948	88,158	21,143	130,047	12%	68%	16%
Georgia	1,629	8,711	68,699	16,567	98,512	10%	70%	17%
Hawaii	561	2,235	7,793	2,183	13,792	20%	57%	16%
Idaho	706	1,870	12,091	1,471	16,413	16%	74%	9%
Illinois	1,960	8,966	45,168	12,684	70,343	16%	64%	18%
Indiana	306	1,803	22,125	4,180	29,281	7%	76%	14%
Iowa	2,059	7,730	29,795	5,051	47,352	21%	63%	11%
Kansas	1,642	1,819	17,963	3,271	25,500	14%	70%	13%
Kentucky	2,997	3,405	41,719	25,424	75,847	8%	55%	34%
Louisiana	121	1,802	25,351	2,783	30,721	6%	83%	9%
Maine	857	2,103	10,819	2,460	18,795	16%	58%	13%
Maryland	1,377	6,692	31,162	10,173	51,200	16%	61%	20%
Massachusetts	1,415	7,014	22,916	10,373	44,882	19%	51%	23%
Michigan	735	4,741	58,786	11,940	77,117	7%	76%	15%
Minnesota	615	4,605	29,556	6,149	46,664	11%	63%	13%
Mississippi	1,960	1,608	38,846	8,742	51,389	7%	76%	17%
Missouri	2,568	2,463	30,243	4,600	40,585	12%	75%	11%
Montana	536	1,218	15,154	1,906	19,525	9%	78%	10%
Nebraska	916	2,053	10,216	3,876	20,993	14%	49%	18%
Nevada	360	2,110	11,380	1,952	16,329	15%	70%	12%
New Hampshire	1,090	2,491	9,870	1,910	17,002	21%	58%	11%
New Jersey	2,586	4,214	36,122	32,982	76,988	9%	47%	43%
New Mexico	216	2,820	12,701	4,516	23,173	13%	55%	19%
New York	7,092	34,110	138,755	71,515	257,867	16%	54%	28%

(continued)

**Exhibit B-4. Number and distribution of family planning users by effectiveness level of primary method at exit from the encounter, by state: 2013 (Source: FPAR Table 7) (continued)**

State	Highly Effective Permanent Methods <sup>a</sup>	Highly Effective Reversible Methods <sup>a</sup>	Moderately Effective Methods <sup>b</sup>	Less Effective Methods <sup>c</sup>	Total At Risk <sup>d</sup>	% Highly Effective Methods <sup>a</sup>	% Moderately Effective Methods <sup>b</sup>	% Less Effective Methods <sup>c</sup>
North Carolina	1,186	12,194	76,861	19,602	113,446	12%	68%	17%
North Dakota	312	586	6,757	957	8,809	10%	77%	11%
Ohio	2,826	4,262	38,859	9,571	58,912	12%	66%	16%
Oklahoma	537	6,034	30,094	6,046	43,941	15%	68%	14%
Oregon	1,341	8,295	34,199	6,888	52,219	18%	65%	13%
Pennsylvania	6,725	11,345	111,847	55,238	206,142	9%	54%	27%
Rhode Island	2,446	2,682	7,019	4,423	19,032	27%	37%	23%
South Carolina	822	4,964	48,285	11,996	67,933	9%	71%	18%
South Dakota	92	342	5,981	421	6,945	6%	86%	6%
Tennessee	433	9,593	64,912	11,910	89,523	11%	73%	13%
Texas	4,055	17,864	80,268	36,716	146,316	15%	55%	25%
Utah	443	2,702	24,059	2,522	30,231	10%	80%	8%
Vermont	276	1,017	4,385	797	7,109	18%	62%	11%
Virginia	533	7,257	46,070	12,636	67,128	12%	69%	19%
Washington	1,411	9,941	46,955	7,027	66,261	17%	71%	11%
West Virginia	930	2,240	26,139	13,508	43,134	7%	61%	31%
Wisconsin	348	2,946	22,865	7,484	37,115	9%	62%	20%
Wyoming	390	514	6,084	901	7,956	11%	76%	11%
<b>Territories &amp; FAS</b>								
American Samoa	35	320	1,441	29	1,825	19%	79%	2%
Comm. of the Northern Mariana Islands	0	35	708	40	783	4%	90%	5%
Federated States of Micronesia	1,826	2,121	1,804	2,398	8,294	48%	22%	29%
Guam	2	1	122	523	742	0%†	16%	70%
Puerto Rico	30	349	12,886	3,852	17,282	2%	75%	22%
Republic of the Marshall Islands	88	399	1,110	121	1,730	28%	64%	7%
Republic of Palau	40	213	1,023	13	1,289	20%	79%	1%
U.S. Virgin Islands	141	52	1,271	1,173	2,639	7%	48%	44%
<b>Total Users</b>	<b>90,242</b>	<b>387,875</b>	<b>2,180,848</b>	<b>808,712</b>	<b>3,646,180</b>	<b>13%</b>	<b>60%</b>	<b>22%</b>
<b>Range</b>						<b>0%†–48%</b>	<b>16%–90%</b>	<b>1%–70%</b>

FAS=Freely Associated States. Note: Percentages (row) do not sum to 100% because the table does not show the percentages for female users relying on abstinence or whose method is unknown/not reported. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the three method-effectiveness categories (see reference note 7).

<sup>a</sup> Highly effective *permanent* methods include female sterilization and vasectomy (male sterilization). Highly effective *reversible* methods include implants and intrauterine devices/systems.

<sup>b</sup> Moderately effective methods include injectable contraception, vaginal ring, contraceptive patch, pills, and diaphragm or cervical cap.

<sup>c</sup> Less-effective methods include male condoms, female condoms, the sponge, withdrawal, fertility-based awareness or lactational amenorrhea methods, and spermicides.

<sup>d</sup> Female users at risk of unintended pregnancy exclude users who are pregnant, seeking pregnancy, or not using a method for "other" reasons (e.g., sterile).

**Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2013 (Source: FPAR Table 1.1)**

<b>State</b>	<b>Number of Female Users Under 25 Years Tested for Chlamydia</b>	<b>Total Number of Female Users Under 25 Years</b>	<b>% of Female Users Under 25 Years Tested for Chlamydia</b>
Alabama	41,564	53,247	78%
Alaska	2,672	3,288	81%
Arizona	12,734	16,206	79%
Arkansas	21,349	39,152	55%
California	346,452	480,625	72%
Colorado	18,603	26,702	70%
Connecticut	10,565	16,316	65%
Delaware	6,358	8,137	78%
District of Columbia	7,707	11,165	69%
Florida	34,245	79,568	43%
Georgia	29,478	52,774	56%
Hawaii	4,573	9,006	51%
Idaho	5,328	8,874	60%
Illinois	23,120	43,433	53%
Indiana	9,079	15,504	59%
Iowa	16,901	27,871	61%
Kansas	8,492	12,834	66%
Kentucky	15,477	35,280	44%
Louisiana	13,657	16,059	85%
Maine	4,561	10,639	43%
Maryland	14,908	29,438	51%
Massachusetts	14,409	25,257	57%
Michigan	19,258	45,391	42%
Minnesota	16,364	29,383	56%
Mississippi	19,553	29,492	66%
Missouri	14,571	24,719	59%
Montana	6,898	12,272	56%
Nebraska	5,839	10,089	58%
Nevada	5,526	7,994	69%
New Hampshire	4,918	9,049	54%
New Jersey	18,149	34,813	52%
New Mexico	7,125	14,465	49%
New York	84,460	144,421	58%

(continued)

**Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2013 (Source: FPAR Table 1.1) (continued)**

<b>State</b>	<b>Number of Female Users Under 25 Years Tested for Chlamydia</b>	<b>Total Number of Female Users Under 25 Years</b>	<b>% of Female Users Under 25 Years Tested for Chlamydia</b>
North Carolina	29,159	52,403	56%
North Dakota	2,805	5,081	55%
Ohio	18,056	36,513	49%
Oklahoma	18,857	31,434	60%
Oregon	13,329	25,886	51%
Pennsylvania	63,311	111,137	57%
Rhode Island	4,565	10,286	44%
South Carolina	22,260	39,202	57%
South Dakota	2,178	4,390	50%
Tennessee	21,116	52,947	40%
Texas	33,581	61,773	54%
Utah	6,202	18,836	33%
Vermont	2,478	4,168	59%
Virginia	18,044	30,623	59%
Washington	27,879	39,473	71%
West Virginia	12,969	28,162	46%
Wisconsin	8,320	22,135	38%
Wyoming	2,201	4,864	45%
<b>Territories &amp; FAS</b>			
American Samoa	278	605	46%
Comm. of the Northern Mariana Islands	3	436	1%
Federated States of Micronesia	943	2,871	33%
Guam	33	428	8%
Puerto Rico	6,700	9,587	70%
Republic of the Marshall Islands	240	978	25%
Republic of Palau	169	480	35%
U.S. Virgin Islands	965	1,303	74%
<b>Total Users</b>	<b>1,181,534</b>	<b>1,979,464</b>	<b>60%</b>
<b>Range</b>			<b>1%–85%</b>

FAS=Freely Associated States.

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

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# **Appendix C**

## **Field and Methodological Notes**

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## INTRODUCTION

This appendix presents additional information about the 2013 FPAR, including issues RTI identified during data validation and relevant table-specific notes from grantees and Health and Human Services (HHS) staff (Regional Program Consultants and the FPAR Data Coordinator). These notes are organized according to the FPAR reporting table to which they apply.

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## FPAR COVER SHEET: GRANTEE PROFILE

**Subrecipients**—From 2012 to 2013, there was a net decrease of 33 subrecipients. Of the 92 grantees that were active in both 2012 and 2013, 69 reported no change in the number of subrecipients, 18 reported a decrease, and 5 reported an increase. Several grantees attributed the decrease in subrecipients to their withdrawal from Title X participation, an error in the number of subrecipients reported in 2012, or organizational mergers or closures.

**Service Sites**—From 2012 to 2013, there was a net decrease of 21 service sites. Of the 92 grantees active in both 2012 and 2013, 41 reported no change in the number of service sites, 38 reported a decrease, and 13 reported an increase. Several grantees attributed the decrease in number of sites to one or more of the following reasons: closures or consolidations, withdrawal from Title X participation, and reduced or the end of funding from a specific source (e.g., Iowa Initiative). Organizational mergers was the reason cited for an increase in the number of service sites.

**Reporting Period**—Seven grantees reported data for a reporting period that was less than 12 months.

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## FPAR TABLE 1: USERS BY AGE AND SEX

From 2012 to 2013, there was a net decrease of 205,973 users. Of the 92 grantees operating in both 2012 and 2013, 73 reported a net decrease and 19 reported a net increase in the total number of family planning users. Several grantees attributed the decrease in number of users served to one or more of the following reasons: reduced funding from Title X (e.g., sequestration, end of Title X male integration grant funding); loss of funding from Title X or other source (e.g., Iowa Initiative); reduced access to services because of site closure, site relocation, subrecipient withdrawal from Title X participation, reduced operating hours, or staffing shortages (i.e., layoffs, furloughs, medical leave, difficulty recruiting/retaining clinical services providers); changes in screening guidelines, service policies, or increased use of long-acting reversible contraception (LARC) that have resulted in fewer or less frequent encounters; increased ability of clients to seek affordable family planning care from other providers because of Affordable Care Act provisions, participation of private physicians in Medicaid eligibility expansion, increase in private health insurance coverage, and lower cost of generic pills through pharmacies; more accurate collection of encounter data; a reduction



in service or service efficiency because of a transition to or implementation of new electronic health record (EHR) systems; and a decline in the reproductive age population in the state.

Several grantees attributed the increase in number of family planning users to one or more of the following reasons: the addition of new service sites, scaling up and promoting services, relocation to physical space with the capacity to handle more clients, increased outreach to or services for selected client groups (e.g., males and teens), full-year operation as a Title X grantee, and improved data collection and reporting.

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## **FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE**

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown race. Of the 15% of total female users for whom race was unknown or not reported in 2013, 75% self-identified as Hispanic or Latino. Other reasons cited by grantees for the increase or continued high percentage of female users with unknown race include client refusal to report or confusion about reporting race or issues affecting data quality, including data loss during EHR transitions, a glitch in the EHR system, optional race field in the EHR system, EHR systems or data collection forms that allow clients to refuse to report race or ethnicity or to report “Other” race, or staff failure to collect data.

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## **FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE**

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 17% of total male users for whom race was unknown or not reported in 2013, 69% identified as Hispanic or Latino. Other reasons cited by grantees for the increase in or continued high percentage of male users with unknown race include client refusal to report or confusion about reporting race or issues affecting data quality, including data loss during EHR transitions, a glitch in the EHR system, optional race field in the EHR system, EHR systems or data collection forms that allow clients to refuse to report race or ethnicity or to report “Other” race, or staff failure to collect data.

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## **FPAR TABLE 4: USERS BY INCOME LEVEL**

Several grantees attributed the high or increased number of family planning users with unknown or not reported income to problems with data collection, including client refusal to report income data, misreporting teens with no income, loss of income data during EHR transitions, EHR systems without a required income field, or failure of sites to collect income data for all or specific client subgroups (e.g., full-fee or insured [Medicaid or private] clients). Several other grantees attributed the decrease in number of family planning users with unknown or not reported income to improved data collection or data quality monitoring and staff training.

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**FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS**

Several grantees attributed the high or increased number of family planning users with unknown or not reported principal health insurance coverage status to problems implementing or transitioning to EHR systems, staff failure to collect insurance coverage data, and client concerns about confidentiality and third-party billing. Several other grantees attributed the decreased number of family planning users with unknown or not reported principal health insurance coverage status to increased technical assistance and data quality monitoring, better staff adherence to data collection procedures, and increased third-party billing leading to more complete insurance data.

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**FPAR TABLE 6: USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)**

Several grantees attributed the high or increased number of LEP users to one or more of the following reasons: improved data collection, EHR modifications, changing demographic characteristics of client population, enhanced language assistance (e.g., bilingual providers, phone-based translation services), an increase in users who are immigrants, and increased outreach to minority communities. Several other grantees attributed the decrease in LEP users to improved data collection, weaknesses in data collection resulting in an LEP user undercount, or a decline in LEP users.

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**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 181 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.03% of the 635,093 hormonal injection users reported in 2013.

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

**Unknown method**—Several grantees attributed the high or increased number of female users with an unknown primary method to problems with data systems or procedures, including transition to, design of (e.g., drop-down menu), or querying of EHR systems or failure to collect primary method data for specific user subgroups or encounters (e.g., nonclinical encounters, emergency contraception clients, LEP clients). Two grantees attributed the low or decreased number of female users with an unknown primary method to improved data collection; several grantees noted that their EHR systems do not have an “unknown or not reported” method category, thereby eliminating missing primary method data.

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**FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD**

**Unknown method**—Several grantees attributed the high or increased number of male users with an unknown primary method to one or more of the following reasons: weaknesses in

data collection systems or procedures, including inconsistent collection of primary method data; lack of a field in the EHR system to record primary method or method at exit; and staff turnover and the lack of familiarity of new staff with instructions or reporting templates. Several others attributed the decline in number of male users with an unknown primary method to improved data collection because of training, technical assistance, targeted data quality monitoring and feedback, and coding strategies designed to overcome EHR system deficiencies.

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### **FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES**

Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 78 reported a decrease in the unduplicated number and percentage of female users who received a Pap test, and 14 reported an increase. Several grantees attributed the decline in cervical cancer screening activities to continued adherence to cervical cancer screening guidelines, a decline in the number of female users, or better data. One grantee attributed the increase in cervical cancer screening to the expansion of Title X services to a population of female users with previously low screening rates.

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### **FPAR TABLE 10: CLINICAL BREAST EXAMS AND REFERRALS**

Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 73 reported a decrease in the unduplicated number of users who received a clinical breast exam (CBE), and 60 reported a decrease in the percentage of users examined. Several grantees attributed the decrease in CBEs to better adherence to breast cancer screening guidelines, a decline in the number of female clients, a decrease in the number of clients receiving an exam or test (e.g., Pap) during which a CBE would be performed, a shortage of clinicians, or data system issues resulting in either more accurate CBE counts or a loss of data. Only two grantees commented on an increase in the number of CBEs performed, attributing it to the correction of an error in the EHR system or expansion of services to a new client population. Finally, a few grantees noted that the number of reported CBEs was an estimate based on the comprehensive/global billing code for a complete physical exam.

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

Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 51 reported an increase and 41 reported a decrease in the percentage of female users under 25 tested for chlamydia. In addition, 51 reported an increase and 34 reported a decrease in the percentage of male users under 25 tested for chlamydia. Several grantees attributed the increase in chlamydia testing to one or more of the following reasons: increased adherence to screening guidelines, offsite testing, use of urine-based tests, (male) partner testing, new lab facilities, and use of dual chlamydia/gonorrhea test in response to a local gonorrhea outbreak. Several other grantees attributed the decrease in testing to one or more of the following reasons: adherence to screening guidelines, loss of funding, inadequate staffing, failure to document testing among clients seeking confidential services, site closures, referral to non-Title X providers for

testing, and implementation of flat-fee sexually transmitted disease (STD) testing (tests not reported in FPAR).

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## **FPAR TABLE 12: GONORRHEA, SYPHILIS, AND HIV TESTING BY SEX**

**Gonorrhea Tests**—Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 56 grantees reported an increase and 36 reported a decrease in the number of gonorrhea tests per female user, and 56 grantees reported an increase and 32 reported a decrease in the number of gonorrhea tests per male user. Several grantees attributed the increase in rates of gonorrhea testing or number of gonorrhea tests performed to one or more of the following reasons: improved adherence to Centers for Disease Control and Prevention (CDC) testing guidelines, use of a combined test for chlamydia and gonorrhea, increased number of users, increased number of high-risk users, additional funding to support testing, implementation of new screening initiatives (e.g., routine screening), high prevalence or outbreak in the service area, increased partner notification and testing, increased promotion of STD testing services, collection and testing of multiple specimens from the same client, and improved data collection/reporting. The decline in users was cited as a reason for the decrease in gonorrhea testing.

**Syphilis Test**—Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 50 grantees reported an increase and 42 reported a decrease in the number of syphilis tests per female user, and 58 grantees reported an increase and 29 reported a decrease in the number of syphilis tests per male user. Several grantees attributed the increase in syphilis testing to one or more of the following reasons: high prevalence or outbreak in the service area, increased number of high-risk users, increased partner notification, increased compliance with CDC testing guidelines, and improved data collection/reporting. Reasons cited for the decrease in syphilis testing included a decline in users, improved adherence to CDC testing guidelines, low prevalence in the service area, loss of funding or elimination of free testing, and more accurate data collection/reporting.

**Confidential HIV Tests**—Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 49 grantees reported an increase and 42 reported a decrease in the number of confidential HIV tests per female user, and 53 grantees reported an increase and 32 reported a decrease in the number of confidential HIV tests per male user. Several grantees attributed the increase in confidential HIV testing to one or more of the following reasons: increased compliance with CDC testing guidelines, implementation of opt-out testing, use of rapid HIV testing technology, the integration of HIV testing services into family planning, increased staff training for HIV testing, increased number of male users, improved collaboration with other agencies, offsite testing, and improved data collection/reporting. Several grantees attributed the decrease in confidential HIV testing to one or more of the following reasons: a decrease in the number of users, loss of dedicated funding, improved data collection/reporting, and fewer rapid testing kits.

**Positive Confidential HIV Tests**—Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 37 grantees reported an increase in the number of positive confidential HIV tests per 1,000 tests performed, 27 reported a decrease, and 27 reported no change. Of the 27 grantees reporting no change, all reported no positive confidential HIV tests in either 2012 or

2013. Several grantees attributed the increase in the number of positive confidential HIV tests to increased testing of high-risk clients (e.g., men who have sex with men). One grantee attributed the decrease in positive confidential HIV tests to incorrect reporting in 2012.

**General Comments**—Several grantees cited reasons for an increase or decrease in STD testing that were not specific to the type of test. Reasons for the increase in STD testing included health insurance coverage for testing, funding from a Medicaid family planning eligibility expansion, promotion of STD testing services, and increased availability of local laboratory services. An increase in male STD testing was attributed to encouraging at-risk males to be tested, repeat testing during the reporting period, and collection and testing of multiple specimens (e.g., urine, oral, urethral, or anal). Grantees attributed the decline in general STD testing to the decrease in clients, improved compliance with CDC testing guidelines, less funding for STD testing activities, and offering of STD testing at a flat rate (tests not reported in FPAR).

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### **FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING**

**Clinical Services Providers**—Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 36 reported an increase and 45 reported a decrease in the number of full-time equivalent (FTE) clinical services providers (CSPs) delivering Title X-funded services. Several grantees attributed increases in CSP FTEs to one or more of the following reasons: more accurate collection/reporting of FTE data, hiring of staff, and the addition of new service sites. Several grantees attributed the decrease in number of CSP FTEs reported to such factors as a decline in users, decreased funding, site closures, reduced clinic hours, unfilled vacancies, more efficient use of other services providers, and more accurate collection/reporting of FTE data.

**Encounters**—Of the 92 grantees that submitted an FPAR in both 2012 and 2013, 71 reported a decrease in the number of total encounters and 64 reported a decrease in the number of encounters with a CSP. Several grantees attributed the decrease in family planning encounters to a decline in users, changes in method-supply policies or increased use of methods (e.g., LARCs) resulting in fewer visits, site closures, staffing shortages, insurance plan restrictions on the number of visits, and work slowdowns because of EHR implementation. In contrast, 21 grantees reported an increase in total encounters and 28 reported an increase in the number of encounters with a CSP. Several grantees attributed the increase in number of encounters with a CSP to changes in service policy, insurance billing requirements, increased demand for clinical services or LARC methods, and more accurate collection of data on the type of provider rendering care.

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### **FPAR TABLE 14: REVENUE REPORT**

**Title X revenue (row 1)—All Regions**—Title X revenue includes 2013 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and male involvement).

**Medicaid revenue (row 3a)—All Regions**—Medicaid revenue includes revenue from state Medicaid family planning eligibility expansions in 32 states in all 10 HHS regions. The states, by region, are the following:

- Region I—Connecticut, New Hampshire, and Rhode Island
- Region II—New York
- Region III—Delaware, Maryland, Pennsylvania, and Virginia
- Region IV—Alabama, Florida, Georgia, North Carolina, Mississippi, and South Carolina
- Region V—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- Region VI—Arkansas, Louisiana, New Mexico, and Oklahoma
- Region VII—Iowa and Missouri
- Region VIII—Montana, Wyoming
- Region IX—Arizona, California
- Region X—Oregon and Washington

**Other revenue (rows 12 through 16)—All Regions**—A list of “other” revenue sources reported in rows 12 through 16 includes grantee or agency contribution; AIDS Surveillance and Seroprevalence; Ashland Parenting Plus; Breast and Cervical Cancer Early Detection Program; Breast and Cervical Cancer Program; Breast and Cervical Health Check Program (Alaska); Breast and Cervical Health Program; business and community contributions; CAPP/Teen Pregnancy Prevention; cash donations; CDC Comprehensive STD Prevention Systems; CDC Infertility Prevention Program; CDC MSM Testing Initiative; CDC STD Prevention; CDC Teen Pregnancy Prevention Initiative; client or other contributions or donations; Cohen Foundation; Colorado Family Planning Initiative; Community Services Block Grant; contraceptive sales; contracts; cost-sharing expenditure; earned and special funds; education (FLASH curriculum/educators); education income; Every Woman Matters Program (Over 40); foundation grant or award; fundraising; private (non-government) general fund; grants; Guardian Life grant; health screenings; Healthy Women Healthy Babies; HIV integration testing grant; HIV Prevention Center; HIV/STD; HPV grant; interest income; Komen Foundation Breast, Cervical, and Colon Health Program; KS Statewide Farmworker Health Program; local private support; Managed Care IPA; Marpat Foundation; Mass Alliance Teen Pregnancy Grant; Meaningful Use stimulus funds; miscellaneous; NYS Cancer Services Program; other federal funds or revenue (computer, supplies, contractual, travel); Penn State Nutritional Educational Services; Personal Responsibility Education Program grant; pharmacy insurance; Preventive Health and Health Services Block Grant; Project Connect; Refugee Health Program; reimbursement for travel/other; rental income; research; restricted gifts or contributions; Show Me Healthy Women breast and cervical cancer screening program; St. James Physician Hospital Organization; state STD program; STD 106 federal grant; STD pass-through grant funding; STD testing; subrecipient (reimbursement for contraceptives, contributions, and unspent funds); tobacco settlement revenue; United Nations Population Fund; United Way; and Women’s Health Connection.

