

# Title X Family Planning Annual Report

## 2012 National Summary



November 2013  
Revised August 2014

# Family Planning Annual Report: 2012 National Summary

Prepared for

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RTI International is a trade name of Research Triangle Institute.

## ERRATA AND REVISIONS

### Family Planning Annual Report: 2012 National Summary

As of August 12, 2014, the following items in the print version of the *Family Planning Annual Report: 2012 National Summary* (November 2013) have been corrected or updated in the online version (PDF), which can be found on the Office of Population Affairs Web site at <http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/#fpar>.

#### Section 3 Findings, Limited English Proficient Users, Exhibit 17, page 25

Errors were found in the data reported in Exhibit 17. Below we present a revised version of the exhibit with corrected values highlighted in yellow and shown in brackets. Also included below are sections of the report text that were revised to reflect the Exhibit 17 corrections; these revisions also are highlighted and bracketed.

**Exhibit 17. Number and percentage of limited English proficient family planning users who are served by all grantees and grantees in the 50 states and DC, by region: 2012 (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	22,588	22,588	12%	12%
II	66,345	47,515 <sup>b</sup>	[14%]	10% <sup>b</sup>
III	46,797	46,797	[9%]	[9%]
IV	118,327	118,327	13%	13%
V	27,733	27,733	6%	6%
VI	63,565	63,565	[18%]	[18%]
VII	16,319	16,319	[9%]	[9%]
VIII	14,140	14,140	[9%]	[9%]
IX	230,147	212,795 <sup>c</sup>	18%	17% <sup>c</sup>
X	18,372	18,372	[10%]	[10%]
<b>Total</b>	<b>624,333</b>	<b>588,151</b>	<b>[13%]</b>	<b>12%</b>

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

<sup>a</sup> Excludes LEP users in U.S. territories and jurisdictions.

<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.

#### Executive Summary, Key 2012 FPAR Findings, page ES–2

**Title X providers serve a racially and ethnically diverse population.** Of the almost 4.8 million family planning users served in 2012, 31% 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), 28% self-identified as Hispanic or Latino, and [13%] were limited English proficient.

#### Section 3 Findings, Limited English Proficient Users, page 24

As recipients of HHS assistance, Title X grantees and subrecipients, including those operating in U.S. territories and jurisdictions 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 2012, [13%] (624,333) of family planning users in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions were LEP. When we exclude the LEP users in the U.S. territories and jurisdictions, the percentage of users who were LEP [declines to] 12% and the number declines to 588,151.

Across regions, the percentage of users who were LEP ranged between 6% (V) and 18% ([VI and] IX). In Regions II and IX, the percentage of users who were LEP decreases between one and [four] percentage points when LEP users in the U.S. territories and jurisdictions are excluded (*Exhibit 17*). Since 2005 (the first year that these data were available), the number of LEP users in the 50 states and District of Columbia has increased 6%, from 557,034 in 2005 to 588,151 in 2012 (not shown).

**Exhibit B–1, Pages B–2 and B–3: *Number and distribution of family planning users by user sex and State, and distribution of all users by State: 2012***

- **California:** The numbers of female, male, and total family planning users were changed to 1,058,489 Female, 136,192 Male, and 1,194,681 Total.
- **Nevada:** The numbers of female, male, and total family planning users were changed to 22,538 Female, 1,490 Male, and 24,028 Total. The percentage of total family planning users was changed to 1%.
- **North Dakota:** The numbers (and percentages) of female, male, and total family planning users are 10,602 Female (88%), 1,381 Male (12%), and 11,983 Total. The percentage of total family planning users is less than 0.5%.

**Exhibit B–2, Page B–4: *Number and distribution of family planning users by user income level and State: 2012***

- **California:** The numbers of family planning users by income level were changed to 937,883 Under 101%, 203,037 at 101% to 250%, 28,790 at Over 250%, 24,971 Unknown/Not Reported, and 1,194,681 Total. The percentage of family planning users with an income level Under 101% was changed to 79%.
- **Nevada:** The numbers of family planning users by income level were changed to 14,650 Under 101%, 5,732 at 101% to 250%, 3,013 at Over 250%, 633 Unknown/Not Reported, and 24,028 Total.

**Exhibit B–3, Page B–6: *Number and distribution of family planning users by insurance status and State: 2012***

- **California:** The numbers of family planning users by insurance type were changed to 158,202 Public, 24,822 Private, 975,950 Uninsured, 35,707 Unknown/Not Reported, and 1,194,681 Total.
- **Nevada:** The numbers of family planning users by insurance type were changed to 1,262 Public, 989 Private, 21,678 Uninsured, 99 Unknown/Not Reported, and 24,028 Total.

**Exhibit B–4, Page B–8: *Number and distribution of family planning users by effectiveness level of primary method at exit from the encounter, by State: 2012***

- **California:** The numbers of female family planning users by level of primary contraceptive method effectiveness were changed to 18,962 Highly Effective Permanent Methods, 114,795 Highly Effective Reversible Methods, 501,992 Moderately Effective Methods, and 297,727 Less Effective Methods. The number of female family planning users at risk of unintended pregnancy was changed to 958,989.
- **Nevada:** The numbers of female family planning users by level of primary contraceptive method effectiveness were changed to 362 Highly Effective Permanent Methods, 2,189 Highly Effective Reversible Methods, 12,637 Moderately Effective Methods, and 3,019 Less Effective Methods. The number of female family planning users at risk of unintended pregnancy was changed to 19,794.

**Exhibit B–5, Page B–10: *Number and percentage of female family planning users under 25 years who were tested for chlamydia, by State: 2012***

- **California:** The number of female family planning users under 25 tested for chlamydia was changed to 366,013. The total number of female family planning users under 25 was changed to 505,700.
- **Nevada:** The number of female family planning users under 25 tested for chlamydia was changed to 5,781. The number of female family planning users under 25 was changed to 9,618. The percentage of female family planning users under 25 tested for chlamydia was changed to 60%.

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## **SUGGESTED CITATION**

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## **ADDITIONAL COPIES**

This report can be viewed, downloaded, and printed from the Office of Population Affairs Website at <http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/#fpar>.

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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 Title X services in 4,200 “safety net” sites for 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 2012, the Title X program received approximately \$296.8 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. Below we highlight key 2012 FPAR findings.

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## KEY 2012 FPAR FINDINGS

**A network of public and private nonprofit health and community service agencies deliver Title X services.** In 2012, Title X-funded services were implemented through grants to 93 agencies, including 49 (53%) state and local health departments and 44 (47%) nonprofit family planning and community health agencies. Title X funds supported a network of 4,189 service sites operated by grantees and 1,148 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and jurisdictions.

**Title X providers serve a vulnerable population, most of whom are female, poor, uninsured, and young.** In 2012, Title X-funded providers served almost 4.8 million family planning users (i.e., clients) through more than 8.6 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, 71% had family incomes at or below the poverty level (\$23,050 for a family of four in the 48 contiguous states and DC),<sup>6</sup> 64% were uninsured, and 49% were under 25.

**Title X providers serve a racially and ethnically diverse population.** Of the almost 4.8 million family planning users served in 2012, 31% 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), 28% 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 2012, 85% (3.7 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 chose a contraceptive method that was moderately effective (53%) or highly effective (11%) 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 2012, 8% (385,053) of all Title X users were men, a number that has more than tripled since 1999. Most male Title X users were in their 20s (49%) or teens (18%), and 90% (346,873) adopted or continued use of condoms (74%) or another contraceptive method (16%) at exit from their last encounter. In addition, Title X providers tested 65% of all male users (67% of those under 25) for chlamydia and provided testing for several other STDs, including tests for gonorrhea (7.0 tests per 10 male users), HIV (5.5 tests per 10 male users), and syphilis (3.5 tests per 10 male users).

**Title X-funded cancer screening contributes to early detection and management.** In 2012, Title X providers conducted Papanicolaou (Pap) testing on 1.2 million female users. Fourteen percent of the more than 1.3 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 1.8 million users and referred 5% of those examined for further evaluation based on abnormal findings.

**Title X-funded STD and HIV services prevent transmission and adverse health consequences.** In 2012, Title X providers tested 59% (almost 1.3 million) of female users under 25 for chlamydia. In addition, providers performed almost 2.7 million gonorrhea tests (5.6 tests per 10 users), 1.2 million confidential HIV tests (2.6 per 10 users), and over 714,000 syphilis tests (1.5 per 10 users). Of the confidential HIV tests performed, 2,125 were positive for HIV.

**A variety of qualified health providers deliver Title X-funded clinical services.** In 2012, 3,261 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 roughly evenly between registered nurses with an expanded scope of practice and physicians. A CSP provided 70% of the 8.6 million family planning encounters in 2012.

**Six sources account for almost 9 of every 10 dollars in Title X project revenue.** In 2012, Title X grantees reported total program revenue of almost \$1.3 billion to support Title X-funded activities. Six sources accounted for 88% of total revenue, including Medicaid (40%, or \$498.7 million), Title X (21%, or \$267.1 million), state governments (9%, or

\$117.5 million), local governments (7%, or \$87.0 million), client fees (6%, or \$70.4 million), and private third-party reimbursements (5%, or \$64.0 million).

Compared to 2011, Title X projects reported a 6% (or \$73.5 million in 2012 constant dollars) decrease in 2012 total revenue that included a 5% (or \$26.3 million) decrease in Medicaid revenue and a 7% (or \$19.0 million) decrease in Title X revenue. In addition, grantees and subrecipients operated 193 fewer service sites, served almost 258,000 fewer clients, and provided 726,500 fewer family planning encounters. In addition to fewer clients, the decline in the number of encounters is partially attributed to provider compliance with guidelines that reduce the overuse of selected services (e.g., cervical cancer screening) and to increased use of long-acting methods that reduce the need for repeat visits during the reporting period. Despite the decline in revenues and utilization of services, Title X providers increased or maintained the percentages of female users who rely on highly or moderately effective contraception and the percentage of female users under 25 who were tested for chlamydia.

The purpose of the *Family Planning Annual Report: 2012 National Summary* is to present the national, regional, and state-level findings for the 2012 reporting period (calendar year). The *National Summary* also describes the Title X program and FPAR data collection and processing procedures, and presents national trend (1999 and 2002–2012 or 2005–2012) data for selected measures.

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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 may not 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 2012, the program received approximately \$296.8 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

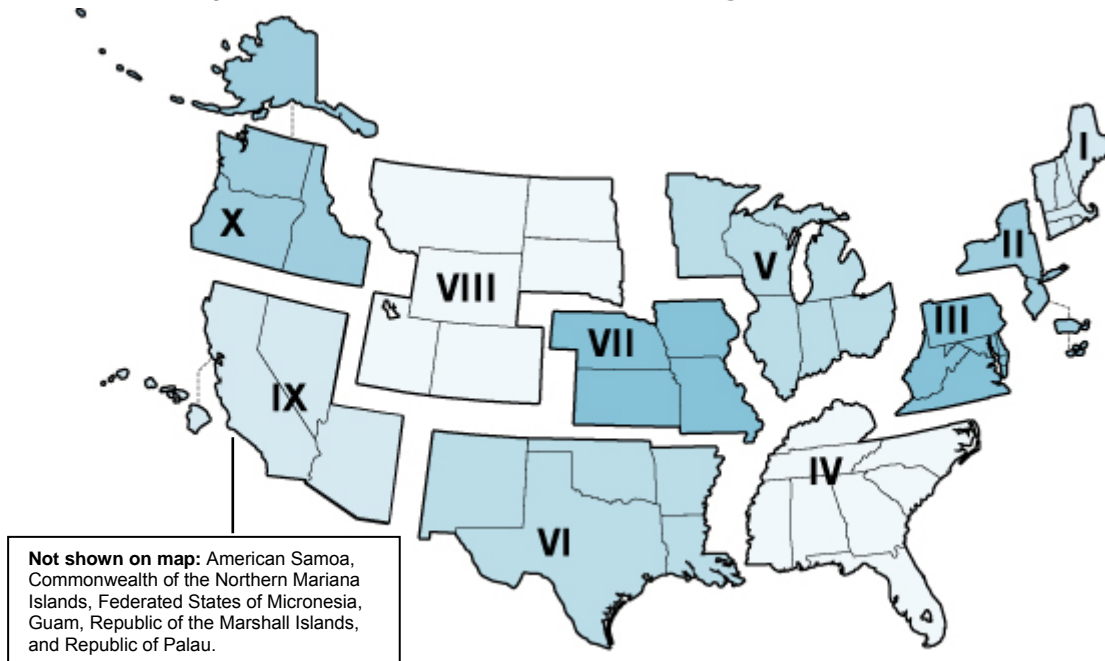
The Family Planning Annual Report (FPAR) is the only source of uniform reporting by all Title X service grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. 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;
- 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: 2012 National Summary* presents data for the 93 Title X service grantees that submitted an FPAR report for the 2012 reporting period (January 1, 2012 to December 31, 2012). 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 1999 (baseline for comparison) and 2002 to 2012 or 2005 to 2012. **Appendix B** presents information for 2012 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 jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). **Appendix C** presents general and table-specific notes about the data presented in this report.

## Key Terms and Definitions for FPAR Reporting

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

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

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a clinical services provider and (2) family planning encounters with 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 follow-up; 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 follow-up. 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 2012 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, 93 grantees submitted FPARs for the 2012 reporting period. Grantees submitted 91% (85 reports) of FPARs by the February 15 due date, and 100% (93 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 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 follow-up 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 to 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 2012, Title X-funded services were implemented through grants to 93 agencies, including 49 (53%) state and local health departments and 44 (47%) nonprofit family planning and community health agencies. This funding supported a network of 4,189 service sites operated by grantees and 1,148 subrecipients (subcontractors) in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions (*Exhibit 2*).

Between 2011 and 2012, there were small net increases in the total number of grantees and subrecipients. The number of grantees increased from 91 to 93, and the number of subrecipients increased from 1,142 to 1,148. In contrast, there was a large net decrease of 193 service sites, from 4,382 to 4,189, with all except two regions (I and VIII) reporting reductions of between 6 and 65 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: 2011–2012 (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>											
2012	93	11	7	9	13	11	6	5	6	17	8
2011	91	11	7	9	10	12	6	5	6	17	8
<b>Difference</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>% Change</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>30%</b>	<b>-8%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>Subrecipients</b>											
2012	1,148	67	75	265	184	129	78	101	75	113	61
2011	1,142	72	80	230	183	135	79	106	74	121	62
<b>Difference</b>	<b>6</b>	<b>-5</b>	<b>-5</b>	<b>35</b>	<b>1</b>	<b>-6</b>	<b>-1</b>	<b>-5</b>	<b>1</b>	<b>-8</b>	<b>-1</b>
<b>% Change</b>	<b>1%</b>	<b>-7%</b>	<b>-6%</b>	<b>15%</b>	<b>1%</b>	<b>-4%</b>	<b>-1%</b>	<b>-5%</b>	<b>1%</b>	<b>-7%</b>	<b>-2%</b>
<b>Service Sites</b>											
2012	4,189	238	253	633	1,044	364	521	251	185	474	226
2011	4,382	228	263	639	1,076	392	553	267	179	539	246
<b>Difference</b>	<b>-193</b>	<b>10</b>	<b>-10</b>	<b>-6</b>	<b>-32</b>	<b>-28</b>	<b>-32</b>	<b>-16</b>	<b>6</b>	<b>-65</b>	<b>-20</b>
<b>% Change</b>	<b>-4%</b>	<b>4%</b>	<b>-4%</b>	<b>-1%</b>	<b>-3%</b>	<b>-7%</b>	<b>-6%</b>	<b>-6%</b>	<b>3%</b>	<b>-12%</b>	<b>-8%</b>

## FAMILY PLANNING USER DEMOGRAPHIC PROFILE

### Total Users (Exhibit 3)

In 2012, Title X-funded sites served 4,763,797 family planning users. Regions IV and IX accounted for 19% and 27%, respectively, of the total users served in 2012. Regions II, III, V, and VI each served between 7% and 12% of total users, and Regions I, VII, VIII, and X each served between 3% and 5% (*Exhibit 3*).

In 2012, Title X sites served 5% (or 257,914) fewer users than in 2011. Nine of 10 regions reported a decrease in users served, ranging between 4,497 and 125,699 (*Exhibit 3*). On average, the number of users per site decreased by 9, from 1,146 in 2011 to 1,137 in 2012 (not shown). Furthermore, the number of users served in 2012 was 9% (or 461,065 users) lower than the highest number of users served by the program (5,224,862 in 2010) since 1999 (*Exhibit A-1a* in *Appendix A*).

**Exhibit 3. Number, distribution, and percentage change in number of family planning users, by year and region: 2011–2012 (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>											
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
2011	5,021,711	192,252	493,369	564,163	940,931	472,062	475,863	205,167	169,311	1,314,270	194,323
<b>Difference</b>	<b>-257,914</b>	<b>3,012</b>	<b>-4,497</b>	<b>-14,112</b>	<b>-33,911</b>	<b>-37,475</b>	<b>-125,699</b>	<b>-18,451</b>	<b>-6,243</b>	<b>-4,831</b>	<b>-15,707</b>
<b>% Change</b>	<b>-5%</b>	<b>2%</b>	<b>-1%</b>	<b>-3%</b>	<b>-4%</b>	<b>-8%</b>	<b>-26%</b>	<b>-9%</b>	<b>-4%</b>	<b>0%†</b>	<b>-8%</b>
<b>Distribution</b>											
2012	100%	4%	10%	12%	19%	9%	7%	4%	3%	27%	4%
2011	100%	4%	10%	11%	19%	9%	9%	4%	3%	26%	4%

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

† Percentage is greater than -0.5% and less than 0.0%.

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

Of the total number of users in 2012, 92% (4,378,744) were female and 8% (385,053) were male. Across regions, the percentage of total users who were female ranged from 86% (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 2012 for each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Since 1999, the percentage of users who are female has decreased gradually from 97% of total users in 1999 to 92% in 2010 and onward. Numerically, the number of female users increased 12% between 1999 (4,315,040) and the high mark in 2004 (4,823,404) and decreased 9% between 2004 and 2012 (4,378,744). Similarly, the number of male users more than tripled (217%) between 1999 (127,098) and 2010 (402,292), and decreased 4% between 2010 and 2012 (385,053) (*Exhibit A-1a*).

## Users by Age (Exhibits 4 and 5)

In 2012, 51% of family planning users (2,428,990) were in their 20s, 30% (1,407,474) were 30 or over, and 19% (927,333) were 19 or under. By 5-year age group, the highest percentages of users were aged 20 to 24 years (30%), 25 to 29 years (21%), or 15 to 19 years (19%). Nationally, a slightly higher percentage of female than male users were in their teens (20% vs. 18%) and 20s (51% vs. 49%), while a slightly higher percentage of male than female users were in their 30s or over (32% vs. 29%) (*Exhibits 4 and 5*).

Across regions, there were small differences in the distribution of users by age group. The percentage of users in their teens ranged from 17% (IX) to 22% (I, V, VIII, and X), the percentage in their 20s ranged from 47% (I) to 54% (V), and the percentage in their 30s and over ranged from 25% (V) to 31% (I, II, and IX). Users under 15 accounted for only 1% (53,012) of total users nationally and between 1% and 2% of total users across the regions. Compared to female users, there was more variation across regions in the age distribution of male users, except among users in their 20s. The percentage of male users in their teens ranged from 13% (X) to 30% (IV), compared with 17% (IX) to 24% (VIII) for female users. Similarly, the percentage of male users 30 or over ranged from 25% (II) to 41% (X), compared with a range of 24% (V) to 32% (I) for female users. Females under 15 accounted for 1% of female users in all regions, and males in this age group accounted for 1% to 3% of male users in all regions except Region IV, where they comprised 12% of male users (*Exhibits 4 and 5*).

Between 1999 and 2012, there were small shifts in the distribution of family planning users by age group, except among teenage users, where the percentage in this age group decreased from 29% in 1999 to 19% in 2012. Between 1999 (1,275,720) and 2002 (1,421,465) the number of teenage users increased 11% (by 145,745 users). After 2002, the percentage and number of teen users began a steady decline, decreasing 35% (by 494,132 users) between 2002 and 2012 (927,333). The 25 to 29 age group had the largest numeric increase (by 211,180 users) between 1999 (812,323) and 2012 (1,023,503), while the over 44 age group had the largest percentage increase (108%), with the number of users in this older age group increasing from 104,302 in 1999 to 216,774 in 2012 (*Exhibits A-2a and A-2b*).

## Users by Race (Exhibits 6 to 14)

In 2012, 56% (2,664,736) of all family planning users identified themselves as white, 20% (969,776) as black or African American, 3% (136,412) as Asian, and 1% as either as Native Hawaiian or Other Pacific Islander (70,519) or American Indian or Alaska Native (45,785). Five percent (248,590) of all users self-identified with two or more of the five minimum race categories specified in the Office of Management and Budget's *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*.<sup>12</sup> Race was either unknown or not reported for 13% (627,979) of all users (*Exhibits 6, 9, and 10*).

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 or black. Among female users, 57% self-identified as white and 20% as black, while among male users, 50% self-identified as white and 24% as black. Additionally, race was unknown or not reported for a slightly higher percentage of male (15%) than female (13%) users.



**Exhibit 4. Number of family planning users, by sex, age, and region: 2012 (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	44,981	2,318	3,942	5,744	12,662	3,892	4,049	2,209	1,653	6,568	1,944
15 to 17	341,528	16,197	32,551	41,632	66,507	35,558	27,855	14,996	13,436	75,886	16,910
18 to 19	469,659	19,024	44,241	51,545	93,121	49,556	36,876	19,513	18,079	119,091	18,613
20 to 24	1,294,788	46,235	127,416	138,944	263,527	130,589	95,388	51,488	44,086	349,167	47,948
25 to 29	944,043	34,254	102,467	104,264	191,365	86,313	69,402	35,527	28,267	256,240	35,944
30 to 34	570,095	21,098	63,056	63,897	121,644	47,547	47,445	21,657	16,454	145,494	21,803
35 to 39	325,698	12,622	36,109	35,298	66,557	24,852	28,340	12,326	8,955	88,434	12,205
40 to 44	203,871	9,617	22,016	23,132	37,351	14,673	15,279	7,963	5,619	61,171	7,050
Over 44	184,081	11,513	19,035	26,558	27,425	11,311	10,893	8,368	4,488	59,476	5,014
<b>Subtotal</b>	<b>4,378,744</b>	<b>172,878</b>	<b>450,833</b>	<b>491,014</b>	<b>880,159</b>	<b>404,291</b>	<b>335,527</b>	<b>174,047</b>	<b>141,037</b>	<b>1,161,527</b>	<b>167,431</b>
<b>Male Users</b>											
Under 15	8,031	758	648	1,154	3,219	190	110	313	388	1,194	57
15 to 17	27,437	2,350	2,663	5,944	2,825	1,857	794	835	1,064	8,499	606
18 to 19	35,697	2,047	3,970	6,727	2,091	2,950	1,647	1,218	1,796	12,417	834
20 to 24	110,699	6,273	12,684	16,258	6,014	9,810	4,883	4,067	6,351	41,608	2,751
25 to 29	79,460	4,332	8,386	10,205	4,367	6,694	2,773	2,857	5,076	32,385	2,385
30 to 34	46,164	2,415	4,531	6,038	2,855	3,644	1,652	1,484	3,004	18,923	1,618
35 to 39	26,122	1,350	2,018	3,389	1,857	1,891	1,028	760	1,682	11,122	1,025
40 to 44	18,750	1,165	1,293	2,862	1,440	1,215	642	431	972	7,993	737
Over 44	32,693	1,696	1,846	6,460	2,193	2,045	1,108	704	1,698	13,771	1,172
<b>Subtotal</b>	<b>385,053</b>	<b>22,386</b>	<b>38,039</b>	<b>59,037</b>	<b>26,861</b>	<b>30,296</b>	<b>14,637</b>	<b>12,669</b>	<b>22,031</b>	<b>147,912</b>	<b>11,185</b>
<b>All Users</b>											
Under 15	53,012	3,076	4,590	6,898	15,881	4,082	4,159	2,522	2,041	7,762	2,001
15 to 17	368,965	18,547	35,214	47,576	69,332	37,415	28,649	15,831	14,500	84,385	17,516
18 to 19	505,356	21,071	48,211	58,272	95,212	52,506	38,523	20,731	19,875	131,508	19,447
20 to 24	1,405,487	52,508	140,100	155,202	269,541	140,399	100,271	55,555	50,437	390,775	50,699
25 to 29	1,023,503	38,586	110,853	114,469	195,732	93,007	72,175	38,384	33,343	288,625	38,329
30 to 34	616,259	23,513	67,587	69,935	124,499	51,191	49,097	23,141	19,458	164,417	23,421
35 to 39	351,820	13,972	38,127	38,687	68,414	26,743	29,368	13,086	10,637	99,556	13,230
40 to 44	222,621	10,782	23,309	25,994	38,791	15,888	15,921	8,394	6,591	69,164	7,787
Over 44	216,774	13,209	20,881	33,018	29,618	13,356	12,001	9,072	6,186	73,247	6,186
<b>Total All Users</b>	<b>4,763,797</b>	<b>195,264</b>	<b>488,872</b>	<b>550,051</b>	<b>907,020</b>	<b>434,587</b>	<b>350,164</b>	<b>186,716</b>	<b>163,068</b>	<b>1,309,439</b>	<b>178,616</b>

**Exhibit 5. Distribution of family planning users, by sex, age, and region: 2012 (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%	1%	1%
15 to 17	8%	9%	7%	8%	8%	9%	8%	9%	10%	7%	10%
18 to 19	11%	11%	10%	10%	11%	12%	11%	11%	13%	10%	11%
20 to 24	30%	27%	28%	28%	30%	32%	28%	30%	31%	30%	29%
25 to 29	22%	20%	23%	21%	22%	21%	21%	20%	20%	22%	21%
30 to 34	13%	12%	14%	13%	14%	12%	14%	12%	12%	13%	13%
35 to 39	7%	7%	8%	7%	8%	6%	8%	7%	6%	8%	7%
40 to 44	5%	6%	5%	5%	4%	4%	5%	5%	4%	5%	4%
Over 44	4%	7%	4%	5%	3%	3%	3%	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%	3%	2%	2%	12%	1%	1%	2%	2%	1%	1%
15 to 17	7%	10%	7%	10%	11%	6%	5%	7%	5%	6%	5%
18 to 19	9%	9%	10%	11%	8%	10%	11%	10%	8%	8%	7%
20 to 24	29%	28%	33%	28%	22%	32%	33%	32%	29%	28%	25%
25 to 29	21%	19%	22%	17%	16%	22%	19%	23%	23%	22%	21%
30 to 34	12%	11%	12%	10%	11%	12%	11%	12%	14%	13%	14%
35 to 39	7%	6%	5%	6%	7%	6%	7%	6%	8%	8%	9%
40 to 44	5%	5%	3%	5%	5%	4%	4%	3%	4%	5%	7%
Over 44	8%	8%	5%	11%	8%	7%	8%	6%	8%	9%	10%
<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%	2%	1%	1%	1%	1%	1%	1%
15 to 17	8%	9%	7%	9%	8%	9%	8%	8%	9%	6%	10%
18 to 19	11%	11%	10%	11%	10%	12%	11%	11%	12%	10%	11%
20 to 24	30%	27%	29%	28%	30%	32%	29%	30%	31%	30%	28%
25 to 29	21%	20%	23%	21%	22%	21%	21%	21%	20%	22%	21%
30 to 34	13%	12%	14%	13%	14%	12%	14%	12%	12%	13%	13%
35 to 39	7%	7%	8%	7%	8%	6%	8%	7%	7%	8%	7%
40 to 44	5%	6%	5%	5%	4%	4%	5%	4%	4%	5%	4%
Over 44	5%	7%	4%	6%	3%	3%	3%	5%	4%	6%	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>

Across regions, the distribution of users by race varied widely. Between 43% (II) and 78% (VIII) self-identified as white and between 3% (X) and 36% (IV) self-identified as black or African American. Region IX, which includes California, Hawaii, and the Pacific territories, had the highest percentages of users identifying themselves as Asian (6%), Native Hawaiian or Other Pacific Islander (5%), or more than one race (10%). The percentage of users for whom race was unknown or not reported met or exceeded the national average of 13% in three regions (II, IX, and X) (*Exhibits 9 and 10*).

Between 1999 and 2012, there were small (between less than 1% and 5%) changes in the percentage distribution of family planning users by race, except in the percentage that self-identified as white, which decreased 9 points from 65% in 1999 to 56% in 2012. The four-point increase in the percentage of users with an unknown race during this same period is likely due to the increase in Hispanic/Latino users, many of whom do not self-identify with any OMB race categories. In addition, the percentage of total users who self-identified with two or more OMB race categories increased from 3% in 2005 (the first year that these data were available) to 5% in 2012 (*Exhibits A-3a and A-3b*).

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

In 2012, 28% (1,349,528) of users identified themselves as Hispanic or Latino, including 28% (1,246,893) of female users and 27% (102,635) of male users. Ethnicity was unknown or not reported for 3% of female users and 4% of male users (*Exhibits 6, 7, and 8*). Regions II, VI, and IX reported the highest percentages of female (36% to 47%) and male (28% to 48%) users who self-identified as Hispanic or Latino (*Exhibits 11, 12, 13, and 14*).

Since 2005, grantees have reported race and ethnicity data in a single, cross-tabulated table for female (FPAR Table 2) and male (FPAR Table 3) users. The revised format provides information on the ethnic composition of users reported in each race category, including those for whom race is unknown or not reported. Among the 13% (570,224) of female users for whom race was unknown or not reported in 2012, 73% (413,870) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 15% (57,755) of male users for whom race was unknown or not reported, 68% (39,258) were Hispanic or Latino (*Exhibit 8*). Among both female and male users, 1% did not self-identify with either a race or ethnic group category.

Since 1999, the percentage of family planning users who self-identify as Hispanic or Latino has increased. The percentage of Hispanic or Latino users increased from 17% of total users in 1999 to 29% in 2010 and 2011, and then dropped to 28% in 2012. Numerically, the number of Hispanic or Latino users increased 93% between 1999 (772,129) and 2010 (1,493,007), and decreased 10% between 2010 and 2012 (1,349,528) (*Exhibits A-4a and A-4b*).

**Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2012**  
(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	12,971	31,778	1,036	45,785	0%†	1%	0%†	1%
Asian	3,854	124,790	7,768	136,412	0%†	3%	0%†	3%
Black/African American	29,813	917,539	22,424	969,776	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	13,030	56,714	775	70,519	0%†	1%	0%†	1%
White	666,397	1,951,410	46,929	2,664,736	14%	41%	1%	56%
More than one race	170,335	68,243	10,012	248,590	4%	1%	0%†	5%
UK/NR	453,128	127,354	47,497	627,979	10%	3%	1%	13%
<b>Total All Users</b>	<b>1,349,528</b>	<b>3,277,828</b>	<b>136,441</b>	<b>4,763,797</b>	<b>28%</b>	<b>69%</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.

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

**Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2012**  
(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	12,228	29,565	925	42,718	0%†	1%	0%†	1%
Asian	3,586	116,173	7,238	126,997	0%†	3%	0%†	3%
Black/African American	27,412	829,177	18,908	875,497	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	12,028	49,179	702	61,909	0%†	1%	0%†	1%
White	621,192	1,811,748	41,113	2,474,053	14%	41%	1%	57%
More than one race	156,577	61,715	9,054	227,346	4%	1%	0%†	5%
UK/NR	413,870	113,689	42,665	570,224	9%	3%	1%	13%
<b>Total Female Users</b>	<b>1,246,893</b>	<b>3,011,246</b>	<b>120,605</b>	<b>4,378,744</b>	<b>28%</b>	<b>69%</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.

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

**Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2012**  
(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	2,213	111	3,067	0%†	1%	0%†	1%
Asian	268	8,617	530	9,415	0%†	2%	0%†	2%
Black/African American	2,401	88,362	3,516	94,279	1%	23%	1%	24%
Nat Hawaiian/Pac Island	1,002	7,535	73	8,610	0%†	2%	0%†	2%
White	45,205	139,662	5,816	190,683	12%	36%	2%	50%
More than one race	13,758	6,528	958	21,244	4%	2%	0%†	6%
UK/NR	39,258	13,665	4,832	57,755	10%	4%	1%	15%
<b>Total Male Users</b>	<b>102,635</b>	<b>266,582</b>	<b>15,836</b>	<b>385,053</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.

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

**Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2012 (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	12,971	60	305	368	965	1,613	636	217	247	7,794	766
Not Hispanic or Latino	31,778	454	1,016	840	2,278	1,420	4,894	1,286	2,182	15,107	2,301
UK/NR	1,036	16	99	62	6	86	72	49	86	544	16
<b>Subtotal</b>	<b>45,785</b>	<b>530</b>	<b>1,420</b>	<b>1,270</b>	<b>3,249</b>	<b>3,119</b>	<b>5,602</b>	<b>1,552</b>	<b>2,515</b>	<b>23,445</b>	<b>3,083</b>
<b>Asian</b>											
Hispanic or Latino	3,854	88	208	222	514	121	163	24	56	2,336	122
Not Hispanic or Latino	124,790	8,404	14,160	9,187	6,713	5,230	2,435	2,346	2,128	68,962	5,225
UK/NR	7,768	46	48	384	40	260	144	363	81	6,397	5
<b>Subtotal</b>	<b>136,412</b>	<b>8,538</b>	<b>14,416</b>	<b>9,793</b>	<b>7,267</b>	<b>5,611</b>	<b>2,742</b>	<b>2,733</b>	<b>2,265</b>	<b>77,695</b>	<b>5,352</b>
<b>Black or African American</b>											
Hispanic or Latino	29,813	1,810	11,767	2,532	6,986	1,218	730	342	202	3,879	347
Not Hispanic or Latino	917,539	25,027	113,439	175,197	315,898	96,315	68,684	22,443	6,783	87,899	5,854
UK/NR	22,424	247	631	4,388	1,357	3,103	524	3,330	161	8,665	18
<b>Subtotal</b>	<b>969,776</b>	<b>27,084</b>	<b>125,837</b>	<b>182,117</b>	<b>324,241</b>	<b>100,636</b>	<b>69,938</b>	<b>26,115</b>	<b>7,146</b>	<b>100,443</b>	<b>6,219</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	13,030	582	992	329	696	149	231	128	62	9,386	475
Not Hispanic or Latino	56,714	541	904	552	799	376	658	377	787	50,571	1,149
UK/NR	775	9	42	22	2	20	13	35	14	616	2
<b>Subtotal</b>	<b>70,519</b>	<b>1,132</b>	<b>1,938</b>	<b>903</b>	<b>1,497</b>	<b>545</b>	<b>902</b>	<b>540</b>	<b>863</b>	<b>60,573</b>	<b>1,626</b>
<b>White</b>											
Hispanic or Latino	666,397	14,039	55,006	32,408	100,391	32,544	128,417	19,156	16,516	249,791	18,129
Not Hispanic or Latino	1,951,410	109,647	153,615	244,025	400,990	247,000	122,540	120,881	107,730	331,765	113,217
UK/NR	46,929	3,348	282	3,978	827	5,589	1,939	3,101	2,259	25,523	83
<b>Subtotal</b>	<b>2,664,736</b>	<b>127,034</b>	<b>208,903</b>	<b>280,411</b>	<b>502,208</b>	<b>285,133</b>	<b>252,896</b>	<b>143,138</b>	<b>126,505</b>	<b>607,079</b>	<b>131,429</b>
<b>More Than One Race</b>											
Hispanic or Latino	170,335	5,271	18,534	6,401	37,038	1,863	1,599	422	6,662	91,251	1,294
Not Hispanic or Latino	68,243	5,133	2,287	5,208	5,741	4,331	2,760	1,555	2,532	36,957	1,739
UK/NR	10,012	111	81	1,812	73	559	149	62	106	7,054	5
<b>Subtotal</b>	<b>248,590</b>	<b>10,515</b>	<b>20,902</b>	<b>13,421</b>	<b>42,852</b>	<b>6,753</b>	<b>4,508</b>	<b>2,039</b>	<b>9,300</b>	<b>135,262</b>	<b>3,038</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	453,128	13,600	84,266	28,458	16,162	23,071	9,424	5,165	8,695	244,371	19,916
Not Hispanic or Latino	127,354	4,081	30,225	22,845	6,481	5,604	2,092	3,781	5,021	39,275	7,949
UK/NR	47,497	2,750	965	10,833	3,063	4,115	2,060	1,653	758	21,296	4
<b>Subtotal</b>	<b>627,979</b>	<b>20,431</b>	<b>115,456</b>	<b>62,136</b>	<b>25,706</b>	<b>32,790</b>	<b>13,576</b>	<b>10,599</b>	<b>14,474</b>	<b>304,942</b>	<b>27,869</b>
<b>All Races</b>											
Hispanic or Latino	1,349,528	35,450	171,078	70,718	162,752	60,579	141,200	25,454	32,440	608,808	41,049
Not Hispanic or Latino	3,277,828	153,287	315,646	457,854	738,900	360,276	204,063	152,669	127,163	630,536	137,434
UK/NR	136,441	6,527	2,148	21,479	5,368	13,732	4,901	8,593	3,465	70,095	133
<b>Total All Users</b>	<b>4,763,797</b>	<b>195,264</b>	<b>488,872</b>	<b>550,051</b>	<b>907,020</b>	<b>434,587</b>	<b>350,164</b>	<b>186,716</b>	<b>163,068</b>	<b>1,309,439</b>	<b>178,616</b>

UK/NR=unknown or not reported.

**Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2012 (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%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>2%</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%	4%	3%	2%	1%	1%	1%	1%	1%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>3%</b>	<b>4%</b>	<b>3%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>6%</b>	<b>3%</b>
<b>Black or African American</b>											
Hispanic or Latino	1%	1%	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	13%	23%	32%	35%	22%	20%	12%	4%	7%	3%
UK/NR	0%†	0%†	0%†	1%	0%†	1%	0%†	2%	0%†	1%	0%†
<b>Subtotal</b>	<b>20%</b>	<b>14%</b>	<b>26%</b>	<b>33%</b>	<b>36%</b>	<b>23%</b>	<b>20%</b>	<b>14%</b>	<b>4%</b>	<b>8%</b>	<b>3%</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>5%</b>	<b>1%</b>
<b>White</b>											
Hispanic or Latino	14%	7%	11%	6%	11%	7%	37%	10%	10%	19%	10%
Not Hispanic or Latino	41%	56%	31%	44%	44%	57%	35%	65%	66%	25%	63%
UK/NR	1%	2%	0%†	1%	0%†	1%	1%	2%	1%	2%	0%†
<b>Subtotal</b>	<b>56%</b>	<b>65%</b>	<b>43%</b>	<b>51%</b>	<b>55%</b>	<b>66%</b>	<b>72%</b>	<b>77%</b>	<b>78%</b>	<b>46%</b>	<b>74%</b>
<b>More Than One Race</b>											
Hispanic or Latino	4%	3%	4%	1%	4%	0%†	0%†	0%†	4%	7%	1%
Not Hispanic or Latino	1%	3%	0%†	1%	1%	1%	1%	2%	2%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
<b>Subtotal</b>	<b>5%</b>	<b>5%</b>	<b>4%</b>	<b>2%</b>	<b>5%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>6%</b>	<b>10%</b>	<b>2%</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	10%	7%	17%	5%	2%	5%	3%	3%	5%	19%	11%
Not Hispanic or Latino	3%	2%	6%	4%	1%	1%	1%	2%	3%	3%	4%
UK/NR	1%	1%	0%†	2%	0%†	1%	1%	1%	0%†	2%	0%†
<b>Subtotal</b>	<b>13%</b>	<b>10%</b>	<b>24%</b>	<b>11%</b>	<b>3%</b>	<b>8%</b>	<b>4%</b>	<b>6%</b>	<b>9%</b>	<b>23%</b>	<b>16%</b>
<b>All Races</b>											
Hispanic or Latino	28%	18%	35%	13%	18%	14%	40%	14%	20%	46%	23%
Not Hispanic or Latino	69%	79%	65%	83%	81%	83%	58%	82%	78%	48%	77%
UK/NR	3%	3%	0%†	4%	1%	3%	1%	5%	2%	5%	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>

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

**Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2012 (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	12,228	50	291	348	955	1,570	613	204	217	7,246	734
Not Hispanic or Latino	29,565	387	959	762	2,240	1,307	4,726	1,147	1,916	14,122	1,999
UK/NR	925	15	98	62	6	77	66	44	74	471	12
<b>Subtotal</b>	<b>42,718</b>	<b>452</b>	<b>1,348</b>	<b>1,172</b>	<b>3,201</b>	<b>2,954</b>	<b>5,405</b>	<b>1,395</b>	<b>2,207</b>	<b>21,839</b>	<b>2,745</b>
<b>Asian</b>											
Hispanic or Latino	3,586	81	195	203	510	118	156	23	53	2,130	117
Not Hispanic or Latino	116,173	8,031	12,910	8,507	6,592	4,875	2,342	2,232	1,882	63,797	5,005
UK/NR	7,238	45	41	370	21	240	124	351	76	5,965	5
<b>Subtotal</b>	<b>126,997</b>	<b>8,157</b>	<b>13,146</b>	<b>9,080</b>	<b>7,123</b>	<b>5,233</b>	<b>2,622</b>	<b>2,606</b>	<b>2,011</b>	<b>71,892</b>	<b>5,127</b>
<b>Black or African American</b>											
Hispanic or Latino	27,412	1,543	11,098	2,198	6,763	1,081	659	294	174	3,307	295
Not Hispanic or Latino	829,177	21,342	103,250	148,518	304,141	85,660	65,547	19,436	4,422	72,058	4,803
UK/NR	18,908	173	538	3,510	830	2,739	451	3,173	120	7,364	10
<b>Subtotal</b>	<b>875,497</b>	<b>23,058</b>	<b>114,886</b>	<b>154,226</b>	<b>311,734</b>	<b>89,480</b>	<b>66,657</b>	<b>22,903</b>	<b>4,716</b>	<b>82,729</b>	<b>5,108</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	12,028	470	947	300	688	133	202	127	50	8,645	466
Not Hispanic or Latino	49,179	517	810	506	782	352	616	362	651	43,512	1,071
UK/NR	702	7	40	17	2	19	13	33	12	558	1
<b>Subtotal</b>	<b>61,909</b>	<b>994</b>	<b>1,797</b>	<b>823</b>	<b>1,472</b>	<b>504</b>	<b>831</b>	<b>522</b>	<b>713</b>	<b>52,715</b>	<b>1,538</b>
<b>White</b>											
Hispanic or Latino	621,192	12,488	52,754	30,013	98,336	31,228	122,094	18,256	15,566	222,902	17,555
Not Hispanic or Latino	1,811,748	97,234	141,327	224,120	390,470	233,104	118,975	113,967	93,865	292,654	106,032
UK/NR	41,113	3,039	212	3,028	617	5,011	1,728	2,831	2,044	22,532	71
<b>Subtotal</b>	<b>2,474,053</b>	<b>112,761</b>	<b>194,293</b>	<b>257,161</b>	<b>489,423</b>	<b>269,343</b>	<b>242,797</b>	<b>135,054</b>	<b>111,475</b>	<b>538,088</b>	<b>123,658</b>
<b>More Than One Race</b>											
Hispanic or Latino	156,577	4,654	17,226	5,940	36,605	1,704	1,551	378	6,498	80,892	1,129
Not Hispanic or Latino	61,715	4,733	2,085	4,802	5,554	3,956	2,695	1,419	2,297	32,607	1,567
UK/NR	9,054	90	60	1,797	48	490	138	59	92	6,275	5
<b>Subtotal</b>	<b>227,346</b>	<b>9,477</b>	<b>19,371</b>	<b>12,539</b>	<b>42,207</b>	<b>6,150</b>	<b>4,384</b>	<b>1,856</b>	<b>8,887</b>	<b>119,774</b>	<b>2,701</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	413,870	12,155	77,744	25,732	15,838	21,742	8,873	4,841	7,201	220,738	19,006
Not Hispanic or Latino	113,689	3,493	27,467	20,143	6,251	5,226	2,049	3,500	3,175	34,840	7,545
UK/NR	42,665	2,331	781	10,138	2,910	3,659	1,909	1,370	652	18,912	3
<b>Subtotal</b>	<b>570,224</b>	<b>17,979</b>	<b>105,992</b>	<b>56,013</b>	<b>24,999</b>	<b>30,627</b>	<b>12,831</b>	<b>9,711</b>	<b>11,028</b>	<b>274,490</b>	<b>26,554</b>
<b>All Races</b>											
Hispanic or Latino	1,246,893	31,441	160,255	64,734	159,695	57,576	134,148	24,123	29,759	545,860	39,302
Not Hispanic or Latino	3,011,246	135,737	288,808	407,358	716,030	334,480	196,950	142,063	108,208	553,590	128,022
UK/NR	120,605	5,700	1,770	18,922	4,434	12,235	4,429	7,861	3,070	62,077	107
<b>Total All Users</b>	<b>4,378,744</b>	<b>172,878</b>	<b>450,833</b>	<b>491,014</b>	<b>880,159</b>	<b>404,291</b>	<b>335,527</b>	<b>174,047</b>	<b>141,037</b>	<b>1,161,527</b>	<b>167,431</b>

UK/NR=unknown or not reported.

**Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2012 (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%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>2%</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%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	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>1%</b>	<b>1%</b>	<b>6%</b>	<b>3%</b>
<b>Black or African American</b>											
Hispanic or Latino	1%	1%	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	12%	23%	30%	35%	21%	20%	11%	3%	6%	3%
UK/NR	0%†	0%†	0%†	1%	0%†	1%	0%†	2%	0%†	1%	0%†
<b>Subtotal</b>	<b>20%</b>	<b>13%</b>	<b>25%</b>	<b>31%</b>	<b>35%</b>	<b>22%</b>	<b>20%</b>	<b>13%</b>	<b>3%</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%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>1%</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>5%</b>	<b>1%</b>
<b>White</b>											
Hispanic or Latino	14%	7%	12%	6%	11%	8%	36%	10%	11%	19%	10%
Not Hispanic or Latino	41%	56%	31%	46%	44%	58%	35%	65%	67%	25%	63%
UK/NR	1%	2%	0%†	1%	0%†	1%	1%	2%	1%	2%	0%†
<b>Subtotal</b>	<b>57%</b>	<b>65%</b>	<b>43%</b>	<b>52%</b>	<b>56%</b>	<b>67%</b>	<b>72%</b>	<b>78%</b>	<b>79%</b>	<b>46%</b>	<b>74%</b>
<b>More Than One Race</b>											
Hispanic or Latino	4%	3%	4%	1%	4%	0%†	0%†	0%†	5%	7%	1%
Not Hispanic or Latino	1%	3%	0%†	1%	1%	1%	1%	2%	2%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
<b>Subtotal</b>	<b>5%</b>	<b>5%</b>	<b>4%</b>	<b>3%</b>	<b>5%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>6%</b>	<b>10%</b>	<b>2%</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	9%	7%	17%	5%	2%	5%	3%	3%	5%	19%	11%
Not Hispanic or Latino	3%	2%	6%	4%	1%	1%	1%	2%	2%	3%	5%
UK/NR	1%	1%	0%†	2%	0%†	1%	1%	1%	0%†	2%	0%†
<b>Subtotal</b>	<b>13%</b>	<b>10%</b>	<b>24%</b>	<b>11%</b>	<b>3%</b>	<b>8%</b>	<b>4%</b>	<b>6%</b>	<b>8%</b>	<b>24%</b>	<b>16%</b>
<b>All Races</b>											
Hispanic or Latino	28%	18%	36%	13%	18%	14%	40%	14%	21%	47%	23%
Not Hispanic or Latino	69%	79%	64%	83%	81%	83%	59%	82%	77%	48%	76%
UK/NR	3%	3%	0%†	4%	1%	3%	1%	5%	2%	5%	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>

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.



**Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2012 (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	10	14	20	10	43	23	13	30	548	32
Not Hispanic or Latino	2,213	67	57	78	38	113	168	139	266	985	302
UK/NR	111	1	1	0	0	9	6	5	12	73	4
<b>Subtotal</b>	<b>3,067</b>	<b>78</b>	<b>72</b>	<b>98</b>	<b>48</b>	<b>165</b>	<b>197</b>	<b>157</b>	<b>308</b>	<b>1,606</b>	<b>338</b>
<b>Asian</b>											
Hispanic or Latino	268	7	13	19	4	3	7	1	3	206	5
Not Hispanic or Latino	8,617	373	1,250	680	121	355	93	114	246	5,165	220
UK/NR	530	1	7	14	19	20	20	12	5	432	0
<b>Subtotal</b>	<b>9,415</b>	<b>381</b>	<b>1,270</b>	<b>713</b>	<b>144</b>	<b>378</b>	<b>120</b>	<b>127</b>	<b>254</b>	<b>5,803</b>	<b>225</b>
<b>Black or African American</b>											
Hispanic or Latino	2,401	267	669	334	223	137	71	48	28	572	52
Not Hispanic or Latino	88,362	3,685	10,189	26,679	11,757	10,655	3,137	3,007	2,361	15,841	1,051
UK/NR	3,516	74	93	878	527	364	73	157	41	1,301	8
<b>Subtotal</b>	<b>94,279</b>	<b>4,026</b>	<b>10,951</b>	<b>27,891</b>	<b>12,507</b>	<b>11,156</b>	<b>3,281</b>	<b>3,212</b>	<b>2,430</b>	<b>17,714</b>	<b>1,111</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	1,002	112	45	29	8	16	29	1	12	741	9
Not Hispanic or Latino	7,535	24	94	46	17	24	42	15	136	7,059	78
UK/NR	73	2	2	5	0	1	0	2	2	58	1
<b>Subtotal</b>	<b>8,610</b>	<b>138</b>	<b>141</b>	<b>80</b>	<b>25</b>	<b>41</b>	<b>71</b>	<b>18</b>	<b>150</b>	<b>7,858</b>	<b>88</b>
<b>White</b>											
Hispanic or Latino	45,205	1,551	2,252	2,395	2,055	1,316	6,323	900	950	26,889	574
Not Hispanic or Latino	139,662	12,413	12,288	19,905	10,520	13,896	3,565	6,914	13,865	39,111	7,185
UK/NR	5,816	309	70	950	210	578	211	270	215	2,991	12
<b>Subtotal</b>	<b>190,683</b>	<b>14,273</b>	<b>14,610</b>	<b>23,250</b>	<b>12,785</b>	<b>15,790</b>	<b>10,099</b>	<b>8,084</b>	<b>15,030</b>	<b>68,991</b>	<b>7,771</b>
<b>More Than One Race</b>											
Hispanic or Latino	13,758	617	1,308	461	433	159	48	44	164	10,359	165
Not Hispanic or Latino	6,528	400	202	406	187	375	65	136	235	4,350	172
UK/NR	958	21	21	15	25	69	11	3	14	779	0
<b>Subtotal</b>	<b>21,244</b>	<b>1,038</b>	<b>1,531</b>	<b>882</b>	<b>645</b>	<b>603</b>	<b>124</b>	<b>183</b>	<b>413</b>	<b>15,488</b>	<b>337</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	39,258	1,445	6,522	2,726	324	1,329	551	324	1,494	23,633	910
Not Hispanic or Latino	13,665	588	2,758	2,702	230	378	43	281	1,846	4,435	404
UK/NR	4,832	419	184	695	153	456	151	283	106	2,384	1
<b>Subtotal</b>	<b>57,755</b>	<b>2,452</b>	<b>9,464</b>	<b>6,123</b>	<b>707</b>	<b>2,163</b>	<b>745</b>	<b>888</b>	<b>3,446</b>	<b>30,452</b>	<b>1,315</b>
<b>All Races</b>											
Hispanic or Latino	102,635	4,009	10,823	5,984	3,057	3,003	7,052	1,331	2,681	62,948	1,747
Not Hispanic or Latino	266,582	17,550	26,838	50,496	22,870	25,796	7,113	10,606	18,955	76,946	9,412
UK/NR	15,836	827	378	2,557	934	1,497	472	732	395	8,018	26
<b>Total All Users</b>	<b>385,053</b>	<b>22,386</b>	<b>38,039</b>	<b>59,037</b>	<b>26,861</b>	<b>30,296</b>	<b>14,637</b>	<b>12,669</b>	<b>22,031</b>	<b>147,912</b>	<b>11,185</b>

UK/NR=unknown or not reported.

**Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2012 (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%	3%
UK/NR	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>3%</b>
<b>Asian</b>											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	3%	1%	0%†	1%	1%	1%	1%	3%	2%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
<b>Subtotal</b>	<b>2%</b>	<b>2%</b>	<b>3%</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%	1%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	23%	16%	27%	45%	44%	35%	21%	24%	11%	11%	9%
UK/NR	1%	0%†	0%†	1%	2%	1%	0%†	1%	0%†	1%	0%†
<b>Subtotal</b>	<b>24%</b>	<b>18%</b>	<b>29%</b>	<b>47%</b>	<b>47%</b>	<b>37%</b>	<b>22%</b>	<b>25%</b>	<b>11%</b>	<b>12%</b>	<b>10%</b>
<b>Native Hawaiian or Other Pacific Islander</b>											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	5%	1%
UK/NR	0%†	0%†	0%†	0%†	0%	0%†	0%	0%†	0%†	0%†	0%†
<b>Subtotal</b>	<b>2%</b>	<b>1%</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>0%†</b>	<b>1%</b>	<b>5%</b>	<b>1%</b>
<b>White</b>											
Hispanic or Latino	12%	7%	6%	4%	8%	4%	43%	7%	4%	18%	5%
Not Hispanic or Latino	36%	55%	32%	34%	39%	46%	24%	55%	63%	26%	64%
UK/NR	2%	1%	0%†	2%	1%	2%	1%	2%	1%	2%	0%†
<b>Subtotal</b>	<b>50%</b>	<b>64%</b>	<b>38%</b>	<b>39%</b>	<b>48%</b>	<b>52%</b>	<b>69%</b>	<b>64%</b>	<b>68%</b>	<b>47%</b>	<b>69%</b>
<b>More Than One Race</b>											
Hispanic or Latino	4%	3%	3%	1%	2%	1%	0%†	0%†	1%	7%	1%
Not Hispanic or Latino	2%	2%	1%	1%	1%	1%	0%†	1%	1%	3%	2%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%
<b>Subtotal</b>	<b>6%</b>	<b>5%</b>	<b>4%</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>10%</b>	<b>3%</b>
<b>Race Unknown or Not Reported</b>											
Hispanic or Latino	10%	6%	17%	5%	1%	4%	4%	3%	7%	16%	8%
Not Hispanic or Latino	4%	3%	7%	5%	1%	1%	0%†	2%	8%	3%	4%
UK/NR	1%	2%	0%†	1%	1%	2%	1%	2%	0%†	2%	0%†
<b>Subtotal</b>	<b>15%</b>	<b>11%</b>	<b>25%</b>	<b>10%</b>	<b>3%</b>	<b>7%</b>	<b>5%</b>	<b>7%</b>	<b>16%</b>	<b>21%</b>	<b>12%</b>
<b>All Races</b>											
Hispanic or Latino	27%	18%	28%	10%	11%	10%	48%	11%	12%	43%	16%
Not Hispanic or Latino	69%	78%	71%	86%	85%	85%	49%	84%	86%	52%	84%
UK/NR	4%	4%	1%	4%	3%	5%	3%	6%	2%	5%	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>

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

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

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

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

**Income Level as a Percentage of the HHS Poverty Guidelines**—Grantees are required to collect income data on all users at least annually. In determining 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 level receive services at no charge, unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty level, Title X-funded agencies are required to charge for services using a sliding scale based on family size and family income.<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, 71% (3,382,089) of users had family incomes at or below the poverty level, based on HHS poverty guidelines for the 2012 calendar year (\$23,050 for a family of four in the 48 contiguous states and DC),<sup>6</sup> and 90% (4,279,041) had family incomes at or below 200% of the poverty level. In addition, 2% (103,061) of users had incomes between 201% and 250% of the poverty level, and 5% (230,947) had incomes exceeding 250% of the poverty level. The income level was unknown or not reported for 3% (150,748) of users (*Exhibit 15*).

Across regions, between 55% (I) and 77% (IX) of users had family incomes at or below the poverty level, and between 84% (I and VII) and 93% (VI and X) had incomes at or below 200% of poverty. The percentage of users with incomes at or below the poverty level exceeded the national average of 71% in three regions (IV, VI, and IX) (*Exhibit 15*).

*Exhibit B-2* presents the distribution of family planning users by income level in 2012 for each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Since 1999, the percentage of total users with family incomes at or below the poverty level has increased gradually from 65% during 1999 through 2002 to 71% in 2012. During this same period, the percentage of users with incomes at or below 200% of poverty has remained fairly stable, ranging between 89% and 92%. Numerically, the number of users at or below poverty increased 26% between 1999 (2,886,684) and the high mark in 2009 (3,632,506) and decreased 7% between 2009 and 2012 (3,382,089) (*Exhibits A-6a* and *A-6b*).

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

In 2012, 64% (3,050,415) of family planning users were uninsured. One-third of users had Medicaid or other public insurance (24%, 1,121,372) or private insurance (9%, 447,341) that covered broad primary medical care benefits. The health insurance coverage status was unknown or not reported for 3% (144,669) 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: 2012 (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%	3,382,089	107,643	294,452	371,454	678,042	306,162	264,340	114,006	112,222	1,009,143	124,625
101% to 150%	649,462	40,668	109,634	65,656	103,256	60,739	43,691	30,150	21,768	146,005	27,895
151% to 200%	247,490	14,792	33,383	34,755	32,592	26,977	17,422	12,956	11,825	50,086	12,702
201% to 250%	103,061	7,745	13,645	15,142	11,366	11,846	6,739	5,704	5,842	20,544	4,488
Over 250%	230,947	10,087	36,198	35,460	42,596	23,743	5,007	18,297	11,009	40,010	8,540
UK/NR	150,748	14,329	1,560	27,584	39,168	5,120	12,965	5,603	402	43,651	366
<b>Total All Users</b>	<b>4,763,797</b>	<b>195,264</b>	<b>488,872</b>	<b>550,051</b>	<b>907,020</b>	<b>434,587</b>	<b>350,164</b>	<b>186,716</b>	<b>163,068</b>	<b>1,309,439</b>	<b>178,616</b>
Under 101%	71%	55%	60%	68%	75%	70%	75%	61%	69%	77%	70%
101% to 150%	14%	21%	22%	12%	11%	14%	12%	16%	13%	11%	16%
151% to 200%	5%	8%	7%	6%	4%	6%	5%	7%	7%	4%	7%
201% to 250%	2%	4%	3%	3%	1%	3%	2%	3%	4%	2%	3%
Over 250%	5%	5%	7%	6%	5%	5%	1%	10%	7%	3%	5%
UK/NR	3%	7%	0%†	5%	4%	1%	4%	3%	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>

UK/NR=unknown or not reported.

<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: 2012**  
**(Source: FPAR Table 5)**

<b>Insurance Status</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>
Public health insurance	1,121,372	71,057	170,708	149,951	261,992	114,095	88,767	34,613	13,030	185,331	31,828
Private health insurance	447,341	50,517	54,481	80,869	74,301	48,645	17,516	35,332	27,587	33,020	25,073
Uninsured	3,050,415	71,020	244,067	299,136	556,208	264,784	224,631	114,515	114,484	1,045,189	116,381
UK/NR	144,669	2,670	19,616	20,095	14,519	7,063	19,250	2,256	7,967	45,899	5,334
<b>Total All Users</b>	<b>4,763,797</b>	<b>195,264</b>	<b>488,872</b>	<b>550,051</b>	<b>907,020</b>	<b>434,587</b>	<b>350,164</b>	<b>186,716</b>	<b>163,068</b>	<b>1,309,439</b>	<b>178,616</b>
Public health insurance	24%	36%	35%	27%	29%	26%	25%	19%	8%	14%	18%
Private health insurance	9%	26%	11%	15%	8%	11%	5%	19%	17%	3%	14%
Uninsured	64%	36%	50%	54%	61%	61%	64%	61%	70%	80%	65%
UK/NR	3%	1%	4%	4%	2%	2%	5%	1%	5%	4%	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>

UK/NR=unknown or not reported.

Across regions, there were large differences in the distribution of users by health insurance coverage status. The percentage of total users who were uninsured ranged from 36% (I) to 80% (IX), with four regions (VI, VIII, IX, and X) reporting a percentage of uninsured users at or above the national average (64%). The percentage of users with any health insurance coverage (Medicaid, other public, or private) ranged from 17% (IX) to 62% (I), with four regions (VI, VIII, IX, and X) reporting levels of insurance coverage below the national average (33%). The percentage of users for whom insurance coverage was unknown or not reported ranged from 1% (I and VII) to 5% (VI and VIII). By type of insurance, the percentage of users with Medicaid or other public coverage ranged from 8% (VIII) to 36% (I), and the percentage of privately insured users ranged from 3% (IX) to 26% (I). 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) (*Exhibit 16*). Since 2005 (the first year that these data were available), the number of family planning users who are uninsured has increased 2%, from 2,998,508 in 2005 to 3,050,415 in 2012 (not shown).

*Exhibit B-3* presents the distribution of family planning users by health insurance coverage status in 2012 for each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

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

As recipients of HHS assistance, Title X grantees and subrecipients, including those operating in U.S. territories and jurisdictions 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 2012, 13% (624,333) of family planning users in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions were LEP. When we exclude the LEP users in the U.S. territories and jurisdictions, the percentage of users who were LEP declines to 12% and the number declines to 588,151.

Across regions, the percentage of users who were LEP ranged between 6% (V) and 18% (VI and IX). In Regions II and IX, the percentage of users who were LEP decreases between one and four percentage points when LEP users in the U.S. territories and jurisdictions are excluded (*Exhibit 17*). Since 2005 (the first year that these data were available), the number of LEP users in the 50 states and District of Columbia has increased 6%, from 557,034 in 2005 to 588,151 in 2012 (not shown).

**Exhibit 17. Number and percentage of limited English proficient family planning users who are served by all grantees and grantees in the 50 states and DC, by region: 2012**  
(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	22,588	22,588	12%	12%
II	66,345	47,515 <sup>b</sup>	14%	10% <sup>b</sup>
III	46,797	46,797	9%	9%
IV	118,327	118,327	13%	13%
V	27,733	27,733	6%	6%
VI	63,565	63,565	18%	18%
VII	16,319	16,319	9%	9%
VIII	14,140	14,140	9%	9%
IX	230,147	212,795 <sup>c</sup>	18%	17% <sup>c</sup>
X	18,372	18,372	10%	10%
<b>Total</b>	<b>624,333</b>	<b>588,151</b>	<b>13%</b>	<b>12%</b>

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

<sup>a</sup> Excludes LEP users in U.S. territories and jurisdictions.

<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, 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 to 21)

In 2012, grantees reported that 85% (3,720,994) of all female users relied on—or “used” (i.e., adopted or continued use at exit from their last encounter in the reporting period)—a primary contraceptive method. Thirteen percent (561,160) of female users exited the encounter with no primary method, either because they were pregnant or seeking pregnancy (9%) or for other reasons (4%), and data on the type of primary method used were unknown for 2% (96,590) 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), 53% used a moderately effective method (injectable contraception, vaginal ring, patch, pill, or diaphragm), and 20% used a less-effective method (male condom, female condom, sponge, withdrawal, a fertility-based awareness method [FAM], or spermicide).<sup>7</sup> The most popular choice of method was the pill, used by 32% of all female users, followed by male condoms (17%), injectable contraception (15%), IUDs (6%), the vaginal ring (4%), female sterilization (2%), the contraceptive patch (2%), and the hormonal implant (2%). Less than one percent of users relied on each of the following methods: a FAM or the lactational amenorrhea method (LAM), vasectomy, spermicide, cervical cap or diaphragm, female condom, or the sponge. Three percent of female users reported use of withdrawal or other methods not listed in FPAR Table 7, and 2% reported that they were abstinent (*Exhibits 18 and 19*).

Across age groups, between 82% (over 44) and 89% (15 to 17) of female users exited the encounter with a primary contraceptive method. Between 3% (under 15) and 18% (over 39) used a highly effective method, while between 26% (over 44) and 65% (15 to 17) used a moderately effective method.<sup>7</sup> Among female users 20 to 39, the pill (24% to 36%), male condoms (16% to 20%), and injectable contraception (13% to 14%) were the three leading methods. Female users 19 or under relied on the pill (32% to 37%), injectable contraception (18% to 26%), or male condoms (12% to 16%). Ten percent of female users under 15 practiced abstinence. Among female users in the older age groups, those 40 to 44 used male condoms (23%), the pill (22%), or injectables (14%), and those over 44 used male condoms (24%), the pill (16%), or female sterilization (12%). The percentage of female users for whom the type of primary method used was unknown exceeded the national average (2%) in the age groups under 15 (3%), 35 to 39 (3%), 40 to 44 (3%), and over 44 (6%). 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 under 18, and between 1% and 4% among users 40 or over (*Exhibits 18 and 19*).

Across regions, between 81% (III) and 89% (IX and X) of female users exited the encounter with a primary method, and between 53% (II) and 76% (VIII and X) used a highly or moderately effective method.<sup>7</sup> Between 8% (IV and V) and 15% (X) of users relied on a

highly effective method, and between 43% (I and II) and 63% (VIII) used a moderately effective method.<sup>7</sup> Pills were the leading method in all regions. Injectables and male condoms were the second and third most popular methods, respectively, among users in five regions (IV, V, VI, VII, and VIII), while in four others (I, II, III, and IX) male condoms were more popular than injectables. Region X departed from the contraceptive use patterns exhibited in the other nine regions. In Region X, the IUD was the third most popular method among female users after pills and injectables (*Exhibits 20 and 21*).

*Exhibit B–4* presents the number and percentage of female users at risk of unintended pregnancy that rely on highly, moderately, or less effective methods in 2012 for each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

*Exhibit A–7a* presents trends (1999 and 2002 to 2012) in the number of all female family planning users by primary contraceptive method status, including use of no method. Between 1999 and 2012, the percentage of female users relying on any primary method fluctuated 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 (1999 and 2002 to 2012) in the distribution of female users by type of primary method used and 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 *permanent* methods (female sterilization or vasectomy)<sup>7</sup> ranged between 2% and 3%, while numerically the number of highly effective permanent method users decreased 15%, from 111,609 in 1999 to 95,394 in 2012. In contrast, the percentage of female users relying on highly effective *reversible* methods (implant or IUD)<sup>7</sup> increased from 2% in 1999 to 10% in 2012. Numerically, the number of female users relying on highly effective *reversible* methods more than quadrupled between 1999 (70,896) and 2012 (367,103). The large increase in the use of highly effective *reversible* methods is due to the growing adoption of IUDs—from 48,015 users in 1999 to 284,461 in 2012. After a decline in implant use between 1999 (22,881) and 2006 (2,506), the availability of newer hormonal implants since mid-2006 has increased their use among Title X clients. In 2012, the number of implant users reached 82,642 (*Exhibits A–7a, A–7b, and A–7c*).

In contrast, during this same period the percentage of female method users relying on moderately effective methods (injectables, vaginal ring, patch, pill, or diaphragm)<sup>7</sup> decreased from 75% of female method users in 1999 to 62% in 2012. Numerically, this was a 14% drop in the number of moderately effective method users between 1999 (2,696,412) and 2012 (2,306,390). During this period, the pill has remained the most popular method despite a gradual decrease in its use between 1999 (55%) and 2012 (38%). The second most popular methods, accounting for between 18% and 21% of method users, have been injectables (1999 to 2004) and condoms (2005 to 2012). The increased use of newer, short-term hormonal methods (i.e., vaginal ring and patch) partially offset the 17-point decline in pill use between 1999 and 2012. Although the FDA approved the vaginal ring and contraceptive patch in late 2001, the FPAR form did not track the use of these individual methods until 2005. Since the addition of separate reporting categories, the FPAR data show that the percentage of female method users relying on the vaginal ring has increased from 2% in 2005 to 4% in 2012, while

the percentage using the contraceptive patch decreased from 7% to 2% (*Exhibits A-7a, A-7b, and A-7c*).

Finally, the percentage of female contraceptive users relying on less effective methods (male condom, female condom, sponge, withdrawal, FAM, or spermicide) increased from 20% (705,140) of female method users in 1999 to 24% (880,370) in 2012.<sup>7</sup> About 8 of every 10 female users in this method group rely on male condoms (*Exhibits A-7b and A-7c*).

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

In 2012, grantees reported that 90% (346,873) 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 among male users was male condoms (74%), followed by reliance on a female method (7%), abstinence (4%), withdrawal or other method (4%), vasectomy (1%), or fertility-based awareness methods (< 1%). Six percent (23,653) 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 was unknown or not reported for 4% (14,527) of male users (*Exhibits 22 and 23*).

Across age groups, between 84% (under 15) and 92% (18 to 24) of male users exited the encounter with a primary contraceptive method. For male users 18 or over, male condoms (57% to 81%) and reliance on a female method (5% to 11%) were the two leading methods. Among male users 15 to 17, the two leading methods were male condoms (67%) and abstinence (15%), while those under 15 relied on abstinence (49%) or male condoms (29%). Vasectomy prevalence ranged between 1% and 4% among male users 25 or over and was less than 1% in the 18 to 24 age groups. Between 3% and 8% 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 fertility-based awareness method. Primary method use was unknown for between 3% and 6% of male users (*Exhibits 22 and 23*).

Across regions, the percentage of males who used any method ranged from 69% (X) to 95% (IX). 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 between 4% (VI and IX) and 21% (VIII) of male users in these regions. Abstinence was the second most common method in Regions I (11%) and IV (16%), 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 29% (X), while only 1% or fewer 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 4% in four regions (III, V, VI, and VII) (*Exhibits 24 and 25*).

**Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2012 (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	86,854	0	1	8	1,964	9,788	17,105	18,324	16,892	22,772
Intrauterine device	284,461	220	5,422	14,016	73,571	78,960	54,525	32,211	17,145	8,391
Hormonal implant	82,642	1,080	9,245	12,008	29,227	16,494	8,050	3,760	1,737	1,041
Hormonal injection <sup>a</sup>	645,136	11,478	77,958	82,756	180,444	123,617	77,446	45,008	28,355	18,074
Oral contraceptive	1,409,300	14,376	125,695	175,280	467,815	310,388	162,060	79,709	45,356	28,621
Contraceptive patch	83,145	975	8,260	10,133	25,658	19,447	11,022	5,137	1,908	605
Vaginal ring	164,693	480	8,970	16,370	63,442	46,643	19,132	6,164	2,414	1,078
Cervical cap or diaphragm	4,116	12	184	293	1,082	869	640	449	288	299
Contraceptive sponge	765	2	49	47	130	133	118	85	84	117
Female condom	3,722	19	244	340	945	708	535	358	314	259
Spermicide (used alone)	4,926	31	227	358	1,267	973	696	604	356	414
FAM or LAM <sup>b</sup>	12,676	88	301	572	2,639	2,867	2,123	1,584	1,148	1,354
Abstinence <sup>c</sup>	71,737	4,576	7,921	5,635	14,391	11,138	7,875	5,763	5,142	9,296
Withdrawal or other method <sup>d</sup>	113,016	1,004	6,457	9,635	28,690	22,502	15,028	9,861	7,374	12,465
<b>Rely on Male Method</b>										
Vasectomy	8,540	2	14	244	537	1,073	1,586	1,826	1,638	1,620
Male condom	745,265	5,326	54,188	76,728	205,086	147,983	98,959	64,923	46,984	45,088
<b>No Method</b>										
Pregnant/seeking pregnancy	377,547	1,690	18,203	40,143	127,173	95,708	56,853	26,650	8,983	2,144
Other reason	183,613	2,381	11,205	16,766	46,963	36,765	23,961	14,879	11,181	19,512
<b>Method Unknown<sup>e</sup></b>	96,590	1,241	6,984	8,327	23,764	17,987	12,381	8,403	6,572	10,931
<b>Total Female Users</b>	<b>4,378,744</b>	<b>44,981</b>	<b>341,528</b>	<b>469,659</b>	<b>1,294,788</b>	<b>944,043</b>	<b>570,095</b>	<b>325,698</b>	<b>203,871</b>	<b>184,081</b>
<b>Using a Method</b>	3,720,994	39,669	305,136	404,423	1,096,888	793,583	476,900	275,766	177,135	151,494
<b>Not Using a Method</b>	561,160	4,071	29,408	56,909	174,136	132,473	80,814	41,529	20,164	21,656
<b>Method Unknown<sup>e</sup></b>	96,590	1,241	6,984	8,327	23,764	17,987	12,381	8,403	6,572	10,931

FAM=fertility awareness 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™, 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: 2012 (Source: FPAR Table 7)**

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%†	0%†	0%†	1%	3%	6%	8%	12%
Intrauterine device	6%	0%†	2%	3%	6%	8%	10%	10%	8%	5%
Hormonal implant	2%	2%	3%	3%	2%	2%	1%	1%	1%	1%
Hormonal injection	15% <sup>a</sup>	26% <sup>a</sup>	23% <sup>a</sup>	18% <sup>a</sup>	14% <sup>a</sup>	13% <sup>a</sup>	14% <sup>a</sup>	14% <sup>a</sup>	14% <sup>a</sup>	10% <sup>a</sup>
Oral contraceptive	32%	32%	37%	37%	36%	33%	28%	24%	22%	16%
Contraceptive patch	2%	2%	2%	2%	2%	2%	2%	2%	1%	0%†
Vaginal ring	4%	1%	3%	3%	5%	5%	3%	2%	1%	1%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM <sup>b</sup>	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Abstinence <sup>c</sup>	2%	10%	2%	1%	1%	1%	1%	2%	3%	5%
Withdrawal or other method <sup>d</sup>	3%	2%	2%	2%	2%	2%	3%	3%	4%	7%
<b>Rely on Male Method</b>										
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	17%	12%	16%	16%	16%	16%	17%	20%	23%	24%
<b>No Method</b>										
Pregnant/seeking pregnancy	9%	4%	5%	9%	10%	10%	10%	8%	4%	1%
Other reason	4%	5%	3%	4%	4%	4%	4%	5%	5%	11%
<b>Method Unknown<sup>e</sup></b>	2%	3%	2%	2%	2%	2%	2%	3%	3%	6%
<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%	88%	89%	86%	85%	84%	84%	85%	87%	82%
<b>Not Using a Method</b>	13%	9%	9%	12%	13%	14%	14%	13%	10%	12%
<b>Method Unknown<sup>e</sup></b>	2%	3%	2%	2%	2%	2%	2%	3%	3%	6%

FAM=Fertility Awareness 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™, 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: 2012 (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	86,854	6,690	8,635	10,517	14,400	5,105	8,016	7,049	2,721	20,527	3,194
Intrauterine device	284,461	13,818	31,386	22,328	40,680	20,053	21,261	10,176	10,977	97,522	16,260
Hormonal implant	82,642	2,844	3,733	9,336	11,852	5,163	7,573	5,233	4,157	28,566	4,185
Hormonal injection	645,136 <sup>a</sup>	16,282 <sup>a</sup>	44,897	72,946 <sup>a</sup>	192,958 <sup>a</sup>	70,091 <sup>a</sup>	66,772 <sup>a</sup>	32,188	20,747	104,669 <sup>a</sup>	23,586
Oral contraceptive	1,409,300	49,393	122,382	153,434	291,335	145,353	100,996	61,359	55,532	367,011	62,505
Contraceptive patch	83,145	2,764	8,820	8,535	9,773	8,450	8,440	2,939	2,743	25,143	5,538
Vaginal ring	164,693	6,572	16,586	18,334	17,144	19,022	7,258	5,856	9,032	53,407	11,482
Cervical cap or diaphragm	4,116	124	382	768	239	256	124	88	946	1,025	164
Contraceptive sponge	765	211	28	50	93	12	156	14	9	169	23
Female condom	3,722	62	193	1,156	328	374	239	36	206	1,097	31
Spermicide (used alone)	4,926	95	241	581	2,162	262	932	38	52	383	180
FAM or LAM <sup>b</sup>	12,676	525	1,775	771	2,628	349	2,462	490	198	3,175	303
Abstinence <sup>c</sup>	71,737	6,234	4,853	8,306	14,951	4,097	4,578	2,554	2,614	20,422	3,128
Withdrawal or other method <sup>d</sup>	113,016	4,900	26,683	5,118	31,581	6,180	6,112	2,851	1,066	26,787	1,738
<b>Rely on Male Method</b>											
Vasectomy	8,540	645	529	731	1,436	636	249	620	654	2,297	743
Male condom	745,265	34,927	99,717	85,170	101,846	57,265	41,182	14,241	11,824	283,284	15,809
<b>No Method</b>											
Pregnant/seeking pregnancy	377,547	12,716	45,904	26,271	94,635	29,475	36,494	15,340	10,939	93,208	12,565
Other reason	183,613	8,841	31,293	26,482	43,010	21,039	14,358	6,723	5,152	20,901	5,814
<b>Method Unknown<sup>e</sup></b>	96,590	5,235	2,796	40,180	9,108	11,109	8,325	6,252	1,468	11,934	183
<b>Total Female Users</b>	<b>4,378,744</b>	<b>172,878</b>	<b>450,833</b>	<b>491,014</b>	<b>880,159</b>	<b>404,291</b>	<b>335,527</b>	<b>174,047</b>	<b>141,037</b>	<b>1,161,527</b>	<b>167,431</b>
<b>Using a Method</b>	3,720,994	146,086	370,840	398,081	733,406	342,668	276,350	145,732	123,478	1,035,484	148,869
<b>Not Using a Method</b>	561,160	21,557	77,197	52,753	137,645	50,514	50,852	22,063	16,091	114,109	18,379
<b>Method Unknown<sup>e</sup></b>	96,590	5,235	2,796	40,180	9,108	11,109	8,325	6,252	1,468	11,934	183

FAM=Fertility Awareness 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™, 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: 2012 (Source: FPAR Table 7)**

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	2%	4%	2%	2%	2%	1%	2%	4%	2%	2%	2%
Intrauterine device	6%	8%	7%	5%	5%	5%	6%	6%	8%	8%	10%
Hormonal implant	2%	2%	1%	2%	1%	1%	2%	3%	3%	2%	2%
Hormonal injection	15% <sup>a</sup>	9% <sup>a</sup>	10%	15% <sup>a</sup>	22% <sup>a</sup>	17% <sup>a</sup>	20% <sup>a</sup>	18%	15%	9% <sup>a</sup>	14%
Oral contraceptive	32%	29%	27%	31%	33%	36%	30%	35%	39%	32%	37%
Contraceptive patch	2%	2%	2%	2%	1%	2%	3%	2%	2%	2%	3%
Vaginal ring	4%	4%	4%	4%	2%	5%	2%	3%	6%	5%	7%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	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%	1%	2%	2%	2%
Withdrawal or other method <sup>d</sup>	3%	3%	6%	1%	4%	2%	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%	20%	22%	17%	12%	14%	12%	8%	8%	24%	9%
<b>No Method</b>											
Pregnant/seeking pregnancy	9%	7%	10%	5%	11%	7%	11%	9%	8%	8%	8%
Other reason	4%	5%	7%	5%	5%	5%	4%	4%	4%	2%	3%
<b>Method Unknown<sup>e</sup></b>	2%	3%	1%	8%	1%	3%	2%	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%	85%	82%	81%	83%	85%	82%	84%	88%	89%	89%
<b>Not Using a Method</b>	13%	12%	17%	11%	16%	12%	15%	13%	11%	10%	11%
<b>Method Unknown<sup>e</sup></b>	2%	3%	1%	8%	1%	3%	2%	4%	1%	1%	0%†

FAM=Fertility Awareness 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™, 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: 2012 (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	5,132	0	0	2	121	992	1,141	933	785	1,158
Male condom	284,445	2,291	18,292	28,578	90,168	61,965	34,038	18,231	12,258	18,624
FAM <sup>a</sup>	986	2	35	36	206	248	175	113	76	95
Abstinence <sup>b</sup>	15,855	3,971	4,066	1,027	1,628	1,266	862	589	575	1,871
Withdrawal or other method <sup>c</sup>	14,222	295	760	1,093	3,155	2,641	1,715	1,097	954	2,512
Rely on female method <sup>d</sup>	26,233	183	1,130	1,963	6,539	5,542	3,550	2,110	1,767	3,449
<b>No Method</b>										
Partner pregnant/seeking pregnancy	3,565	25	150	215	745	778	669	438	255	290
Other reason	20,088	747	1,475	1,415	4,817	3,588	2,411	1,591	1,286	2,758
<b>Method Unknown<sup>e</sup></b>	14,527	517	1,529	1,368	3,320	2,440	1,603	1,020	794	1,936
<b>Total Male Users</b>	<b>385,053</b>	<b>8,031</b>	<b>27,437</b>	<b>35,697</b>	<b>110,699</b>	<b>79,460</b>	<b>46,164</b>	<b>26,122</b>	<b>18,750</b>	<b>32,693</b>
<b>Using a Method</b>	346,873	6,742	24,283	32,699	101,817	72,654	41,481	23,073	16,415	27,709
<b>Not Using a Method</b>	23,653	772	1,625	1,630	5,562	4,366	3,080	2,029	1,541	3,048
<b>Method Unknown<sup>e</sup></b>	14,527	517	1,529	1,368	3,320	2,440	1,603	1,020	794	1,936

**FAM**=Fertility Awareness Method.

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days™, 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: 2012 (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%	4%	4%	4%
Male condom	74%	29%	67%	80%	81%	78%	74%	70%	65%	57%
FAM <sup>a</sup>	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence <sup>b</sup>	4%	49%	15%	3%	1%	2%	2%	2%	3%	6%
Withdrawal or other method <sup>c</sup>	4%	4%	3%	3%	3%	3%	4%	4%	5%	8%
Rely on female method <sup>d</sup>	7%	2%	4%	5%	6%	7%	8%	8%	9%	11%
<b>No Method</b>										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	1%	2%	1%	1%
Other reason	5%	9%	5%	4%	4%	5%	5%	6%	7%	8%
<b>Method Unknown<sup>e</sup></b>	4%	6%	6%	4%	3%	3%	3%	4%	4%	6%
<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>	90%	84%	89%	92%	92%	91%	90%	88%	88%	85%
<b>Not Using a Method</b>	6%	10%	6%	5%	5%	5%	7%	8%	8%	9%
<b>Method Unknown<sup>e</sup></b>	4%	6%	6%	4%	3%	3%	3%	4%	4%	6%

**FAM**=Fertility Awareness Method.

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

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days™, 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: 2012 (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	5,132	76	86	1,725	693	67	183	67	522	1,386	327
Male condom	284,445	15,196	30,516	36,976	14,621	22,866	11,374	9,189	13,664	124,093	5,950
FAM <sup>a</sup>	986	15	23	70	38	8	375	5	9	436	7
Abstinence <sup>b</sup>	15,855	2,479	582	2,312	4,210	609	239	341	1,013	3,683	387
Withdrawal or other method <sup>c</sup>	14,222	709	2,816	1,033	2,421	413	498	511	226	5,244	351
Rely on female method <sup>d</sup>	26,233	1,278	1,123	6,108	2,749	1,717	595	934	4,651	6,399	679
<b>No Method</b>											
Partner pregnant/seeking pregnancy	3,565	203	170	508	76	168	72	71	287	1,936	74
Other reason	20,088	1,703	2,505	2,802	1,320	2,663	506	808	1,252	3,242	3,287
<b>Method Unknown<sup>e</sup></b>	14,527	727	218	7,503	733	1,785	795	743	407	1,493	123
<b>Total Male Users</b>	<b>385,053</b>	<b>22,386</b>	<b>38,039</b>	<b>59,037</b>	<b>26,861</b>	<b>30,296</b>	<b>14,637</b>	<b>12,669</b>	<b>22,031</b>	<b>147,912</b>	<b>11,185</b>
<b>Using a Method</b>	346,873	19,753	35,146	48,224	24,732	25,680	13,264	11,047	20,085	141,241	7,701
<b>Not Using a Method</b>	23,653	1,906	2,675	3,310	1,396	2,831	578	879	1,539	5,178	3,361
<b>Method Unknown<sup>e</sup></b>	14,527	727	218	7,503	733	1,785	795	743	407	1,493	123

**FAM**=Fertility Awareness Method.

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days™, 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: 2012 (Source: FPAR Table 8)**

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	0%†	0%†	3%	3%	0%†	1%	1%	2%	1%	3%
Male condom	74%	68%	80%	63%	54%	75%	78%	73%	62%	84%	53%
FAM <sup>a</sup>	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%†	0%†	0%†	0%†
Abstinence <sup>b</sup>	4%	11%	2%	4%	16%	2%	2%	3%	5%	2%	3%
Withdrawal or other method <sup>c</sup>	4%	3%	7%	2%	9%	1%	3%	4%	1%	4%	3%
Rely on female method <sup>d</sup>	7%	6%	3%	10%	10%	6%	4%	7%	21%	4%	6%
<b>No Method</b>											
Partner pregnant/seeking pregnancy	1%	1%	0%†	1%	0%†	1%	0%†	1%	1%	1%	1%
Other reason	5%	8%	7%	5%	5%	9%	3%	6%	6%	2%	29%
<b>Method Unknown<sup>e</sup></b>	4%	3%	1%	13%	3%	6%	5%	6%	2%	1%	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>	90%	88%	92%	82%	92%	85%	91%	87%	91%	95%	69%
<b>Not Using a Method</b>	6%	9%	7%	6%	5%	9%	4%	7%	7%	4%	30%
<b>Method Unknown<sup>e</sup></b>	4%	3%	1%	13%	3%	6%	5%	6%	2%	1%	1%

**FAM**=Fertility Awareness Method.

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

<sup>a</sup> FAMs include Calendar Rhythm, Standard Days™, 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 **Tables 9** and **10**, grantees report information on cervical (**Table 9**) and breast cancer (**Table 10**) screening activities during the reporting period.

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

- Unduplicated number of users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result, 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 refer 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 2012, Title X service sites provided Papanicolaou (Pap) testing to 28% (1,237,328) of female family planning users and performed 1,308,667 tests, or an average of 3.0 Pap tests per 10 female users. Of the total number of Pap tests performed, 14% (182,044) had an indeterminate or abnormal result (i.e., atypical squamous cell [ASC] or higher result) requiring further evaluation or possible treatment. Additionally, 1% (11,525) of the total Pap tests performed had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition. By region, the percentage of total female users who received a Pap test ranged from 24% (I and IX) to 37% (VI), and the percentage tested exceeded the national average of 28% in five regions (II, III, IV, VI, and VII) (*Exhibit 26*).

Since 2005 (the first year that these data were available), the percentage of female users who received a Pap test has decreased from 52% (2,447,498) of female users in 2005 to 28% (1,237,328) in 2012, and the number of tests performed has decreased 51%, from 2,644,413 in 2005 to 1,308,667 in 2012 (*Exhibits A-8a* and *A-8b*). The downward trend in Pap testing is due to provider adoption of updated national standards for cervical cancer screening.<sup>22-24</sup> The updated screening guidelines have increased both the age at which Pap testing should begin and the testing interval for women with a normal result.

### Breast Cancer Screening (Exhibit 26)

In 2012, Title X service sites provided clinical breast exams (CBEs) to 38% (1,787,453) of family planning users. Service providers referred 5% (80,809) of users who received a CBE for further evaluation based on the results of the exam. By region, between 21% (IX) and 61% (VI) of total users received a CBE, and the percentage examined was above the national average of 38% in all except four regions (I, V, IX, and X). In addition, the percentage of users who were referred for further evaluation on the basis of their CBE ranged from 1% (VIII and X) to 15% (IX) (*Exhibit 26*).

**Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2012 (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>	1,237,328	41,331	142,312	142,403	262,700	104,018	124,883	61,852	36,632	276,851	44,346
Percentage <sup>b</sup>	28%	24%	32%	29%	30%	26%	37%	36%	26%	24%	26%
Tests performed											
Number	1,308,667	43,027	146,934	169,109	271,091	107,102	133,662	64,972	39,078	288,406	45,286
Tests per 10 users	3.0	2.5	3.3	3.4	3.1	2.6	4.0	3.7	2.8	2.5	2.7
ASC or higher result											
Number	182,044	6,410	20,153	22,818	46,436	13,916	20,211	10,097	6,787	28,972	6,244
Percentage <sup>c</sup>	14%	15%	14%	13%	17%	13%	15%	16%	17%	10%	14%
HSIL or higher result											
Number	11,525	831	1,292	1,222	2,772	1,302	1,073	687	429	1,546	371
Percentage <sup>c</sup>	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%
<b>Clinical Breast Exams</b>											
Users examined											
Number <sup>d</sup>	1,787,453	58,544	183,810	234,826	471,093	149,480	213,478	85,621	67,553	269,726	53,322
Percentage <sup>e</sup>	38%	30%	38%	43%	52%	34%	61%	46%	41%	21%	30%
Users referred based on exam											
Number	80,809	1,468	3,629	10,245	14,297	2,414	4,306	1,531	752	41,779	388
Percentage <sup>f</sup>	5%	3%	2%	4%	3%	2%	2%	2%	1%	15%	1%

<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 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 participate in chlamydia prevention efforts through the national Infertility Prevention Project (IPP).

In 2012, Title X-funded service sites tested 50% (2,197,517) of all female users for chlamydia and 59% (1,268,269) of female users 24 or under. Chlamydia testing rates among female users 24 or under were at or above the national rate of 59% in four regions (II, VI, VII, and IX). By age group, rates of chlamydia testing were higher (59% to 60%) among female users 15 to 24 and lower among female users under 15 (46%) or over 24 (42%) (**Exhibits 27 and 28**). Since 2005 (the first year that these data were available), the percentage of female users 24 or under who were tested for chlamydia increased from 50% in 2005 to 59% in 2012 (**Exhibits A–9a and A–9b**). **Exhibit B–5** presents the number and percentage of female users 24 or under who were tested for chlamydia in 2012 for each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Additionally, Title X-funded service sites tested 65% (250,913) of all male users for chlamydia. Compared to female users, there was substantially more variation by region and age in rates of male chlamydia testing. By region, service providers tested between 33% (IV) and 79% (V) of all male users for chlamydia, and male testing rates were above the national average of 65% in four regions (II, V, VIII, and IX). By age group, rates of chlamydia testing were higher among male users 18 and over (63% to 75%) and lower among male users 15 to 17 (50%) and under 15 (17%) (**Exhibits 27 and 28**).

### Gonorrhea Testing (Exhibit 29)

In 2012, Title X service sites performed 2,680,559 gonorrhea tests (2,409,406 female tests and 271,153 male tests). On average, Title X service sites performed 5.5 gonorrhea tests for every 10 female users and 7.0 tests for every 10 male users. By region, the rate of gonorrhea testing ranged between 3.5 (VIII) and 6.8 (IX) tests for every 10 female users and 3.4 (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: 2012 (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	20,744	786	1,630	3,222	4,692	1,772	2,181	933	739	3,924	865
15 to 17	203,416	7,913	18,930	25,971	37,001	16,133	16,804	8,886	8,368	54,173	9,237
18 to 19	281,624	10,103	26,585	32,356	49,397	22,001	22,260	11,737	11,075	85,889	10,221
20 to 24	762,485	25,796	74,950	75,905	140,412	59,583	57,574	30,387	23,598	248,059	26,221
Over 24	929,248	36,291	115,009	98,030	167,731	63,818	73,518	29,173	17,694	304,353	23,631
<b>Subtotal</b>	<b>2,197,517</b>	<b>80,889</b>	<b>237,104</b>	<b>235,484</b>	<b>399,233</b>	<b>163,307</b>	<b>172,337</b>	<b>81,116</b>	<b>61,474</b>	<b>696,398</b>	<b>70,175</b>
<b>Under 25<sup>a</sup></b>	<b>1,268,269</b>	<b>44,598</b>	<b>122,095</b>	<b>137,454</b>	<b>231,502</b>	<b>99,489</b>	<b>98,819</b>	<b>51,943</b>	<b>43,780</b>	<b>392,045</b>	<b>46,544</b>
<b>Male Users</b>											
Under 15	1,359	110	97	416	82	90	41	47	47	405	24
15 to 17	13,823	975	1,444	2,675	452	1,004	517	482	607	5,215	452
18 to 19	24,143	1,378	2,929	3,572	801	2,150	1,093	809	1,446	9,353	612
20 to 24	82,791	4,704	9,527	10,219	3,061	7,961	3,020	2,762	5,066	34,766	1,705
Over 24	128,797	6,375	12,566	15,072	4,602	12,651	3,265	3,693	9,468	57,856	3,249
<b>Subtotal</b>	<b>250,913</b>	<b>13,542</b>	<b>26,563</b>	<b>31,954</b>	<b>8,998</b>	<b>23,856</b>	<b>7,936</b>	<b>7,793</b>	<b>16,634</b>	<b>107,595</b>	<b>6,042</b>
<b>All Users</b>											
Under 15	22,103	896	1,727	3,638	4,774	1,862	2,222	980	786	4,329	889
15 to 17	217,239	8,888	20,374	28,646	37,453	17,137	17,321	9,368	8,975	59,388	9,689
18 to 19	305,767	11,481	29,514	35,928	50,198	24,151	23,353	12,546	12,521	95,242	10,833
20 to 24	845,276	30,500	84,477	86,124	143,473	67,544	60,594	33,149	28,664	282,825	27,926
Over 24	1,058,045	42,666	127,575	113,102	172,333	76,469	76,783	32,866	27,162	362,209	26,880
<b>Total All Users</b>	<b>2,448,430</b>	<b>94,431</b>	<b>263,667</b>	<b>267,438</b>	<b>408,231</b>	<b>187,163</b>	<b>180,273</b>	<b>88,909</b>	<b>78,108</b>	<b>803,993</b>	<b>76,217</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: 2012 (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	46%	34%	41%	56%	37%	46%	54%	42%	45%	60%	44%
15 to 17	60%	49%	58%	62%	56%	45%	60%	59%	62%	71%	55%
18 to 19	60%	53%	60%	63%	53%	44%	60%	60%	61%	72%	55%
20 to 24	59%	56%	59%	55%	53%	46%	60%	59%	54%	71%	55%
Over 24	42%	41%	47%	39%	38%	35%	43%	34%	28%	50%	29%
<b>Subtotal</b>	<b>50%</b>	<b>47%</b>	<b>53%</b>	<b>48%</b>	<b>45%</b>	<b>40%</b>	<b>51%</b>	<b>47%</b>	<b>44%</b>	<b>60%</b>	<b>42%</b>
<b>Under 25<sup>a</sup></b>	<b>59%</b>	<b>53%</b>	<b>59%</b>	<b>58%</b>	<b>53%</b>	<b>45%</b>	<b>60%</b>	<b>59%</b>	<b>57%</b>	<b>71%</b>	<b>54%</b>
<b>Male Users</b>											
Under 15	17%	15%	15%	36%	3%	47%	37%	15%	12%	34%	42%
15 to 17	50%	41%	54%	45%	16%	54%	65%	58%	57%	61%	75%
18 to 19	68%	67%	74%	53%	38%	73%	66%	66%	81%	75%	73%
20 to 24	75%	75%	75%	63%	51%	81%	62%	68%	80%	84%	62%
Over 24	63%	58%	70%	52%	36%	82%	45%	59%	76%	69%	47%
<b>Subtotal</b>	<b>65%</b>	<b>60%</b>	<b>70%</b>	<b>54%</b>	<b>33%</b>	<b>79%</b>	<b>54%</b>	<b>62%</b>	<b>76%</b>	<b>73%</b>	<b>54%</b>
<b>All Users</b>											
Under 15	42%	29%	38%	53%	30%	46%	53%	39%	39%	56%	44%
15 to 17	59%	48%	58%	60%	54%	46%	60%	59%	62%	70%	55%
18 to 19	61%	54%	61%	62%	53%	46%	61%	61%	63%	72%	56%
20 to 24	60%	58%	60%	55%	53%	48%	60%	60%	57%	72%	55%
Over 24	44%	43%	49%	40%	38%	38%	43%	36%	36%	52%	30%
<b>Total All Users</b>	<b>51%</b>	<b>48%</b>	<b>54%</b>	<b>49%</b>	<b>45%</b>	<b>43%</b>	<b>51%</b>	<b>48%</b>	<b>48%</b>	<b>61%</b>	<b>43%</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: 2012 (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	2,409,406	78,831	260,812	280,192	430,528	169,294	191,340	87,958	49,684	789,020	71,747
Male	271,153	13,429	29,311	35,539	9,122	25,373	8,403	8,158	14,628	120,721	6,469
<b>Total</b>	<b>2,680,559</b>	<b>92,260</b>	<b>290,123</b>	<b>315,731</b>	<b>439,650</b>	<b>194,667</b>	<b>199,743</b>	<b>96,116</b>	<b>64,312</b>	<b>909,741</b>	<b>78,216</b>
<b>Tests per 10 Users</b>											
Female	5.5	4.6	5.8	5.7	4.9	4.2	5.7	5.1	3.5	6.8	4.3
Male	7.0	6.0	7.7	6.0	3.4	8.4	5.7	6.4	6.6	8.2	5.8
<b>Total</b>	<b>5.6</b>	<b>4.7</b>	<b>5.9</b>	<b>5.7</b>	<b>4.8</b>	<b>4.5</b>	<b>5.7</b>	<b>5.1</b>	<b>3.9</b>	<b>6.9</b>	<b>4.4</b>
<b>Syphilis Tests</b>											
Female	580,583	11,992	54,034	90,671	153,058	13,544	83,678	18,935	1,219	150,746	2,706
Male	133,957	4,893	13,630	24,608	7,660	7,329	4,818	3,295	1,087	65,505	1,132
<b>Total</b>	<b>714,540</b>	<b>16,885</b>	<b>67,664</b>	<b>115,279</b>	<b>160,718</b>	<b>20,873</b>	<b>88,496</b>	<b>22,230</b>	<b>2,306</b>	<b>216,251</b>	<b>3,838</b>
<b>Tests per 10 Users</b>											
Female	1.3	0.7	1.2	1.8	1.7	0.3	2.5	1.1	0.1	1.3	0.2
Male	3.5	2.2	3.6	4.2	2.9	2.4	3.3	2.6	0.5	4.4	1.0
<b>Total</b>	<b>1.5</b>	<b>0.9</b>	<b>1.4</b>	<b>2.1</b>	<b>1.8</b>	<b>0.5</b>	<b>2.5</b>	<b>1.2</b>	<b>0.1</b>	<b>1.7</b>	<b>0.2</b>
<b>Confidential HIV Tests</b>											
Female	1,036,695	26,492	139,762	106,196	232,561	59,941	103,073	31,678	12,900	311,786	12,306
Male	213,172	11,568	23,762	28,746	8,860	15,305	6,740	5,848	9,416	99,472	3,455
<b>Total</b>	<b>1,249,867</b>	<b>38,060</b>	<b>163,524</b>	<b>134,942</b>	<b>241,421</b>	<b>75,246</b>	<b>109,813</b>	<b>37,526</b>	<b>22,316</b>	<b>411,258</b>	<b>15,761</b>
<b>Tests per 10 Users</b>											
Female	2.4	1.5	3.1	2.2	2.6	1.5	3.1	1.8	0.9	2.7	0.7
Male	5.5	5.2	6.2	4.9	3.3	5.1	4.6	4.6	4.3	6.7	3.1
<b>Total</b>	<b>2.6</b>	<b>1.9</b>	<b>3.3</b>	<b>2.5</b>	<b>2.7</b>	<b>1.7</b>	<b>3.1</b>	<b>2.0</b>	<b>1.4</b>	<b>3.1</b>	<b>0.9</b>
<b>Positive Test Results</b>	2,125	56	440	280	188	93	94	23	27	913	11
<b>Anonymous HIV Tests</b>	8,388	400	0	422	568	362	175	63	0	6,351	47

## Syphilis Testing (Exhibit 29)

In 2012, Title X service sites performed 714,540 syphilis tests (580,583 female tests and 133,957 male tests). On average, Title X service sites performed 1.3 syphilis tests for every 10 female users and 3.5 tests for every 10 male users. By region, the rate of syphilis testing ranged between 0.1 tests (VIII) and 2.5 tests (VI) for every 10 female users and between 0.5 tests (VIII) and 4.4 tests (IX) 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 2012, Title X service sites performed 1,249,867 confidential HIV tests (1,036,695 female tests and 213,172 male tests). On average, Title X service sites performed 2.4 confidential HIV tests for every 10 female users and 5.5 tests for every 10 male users. By region, the rate of HIV testing ranged between 0.7 tests (X) and 3.1 tests (II and VI) for every 10 female users and 3.1 tests (X) and 6.7 tests (IX) for every 10 male users. Of the total number of confidential HIV tests performed, 2,125 were positive for HIV. In addition, Title X service providers performed 8,388 anonymous HIV tests (*Exhibit 29*).

Between 1999 and 2012, the number of confidential HIV tests performed more than tripled (242%), from 365,883 tests in 1999 to 1,249,867 in 2012. In addition, the average number of tests per 10 users increased from less than 1 (0.8) in 1999 to 2.6 in 2012 (*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, follow-up, 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 follow-up 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 non-clinical—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 2012, 3,261 full-time equivalent (FTE) clinical services providers (CSPs), including physicians, midlevel clinicians (physician assistants, nurse practitioners, and certified nurse midwives), and “other” CSPs, delivered clinical family planning and related preventive health services in Title X-funded services sites. Other CSPs are 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% (2,140 FTEs) of total CSP FTEs, followed by other CSPs (18%, or 583 FTEs) and physicians (17%, or 538 FTEs). Nationally, grantees reported an average of 4.0 midlevel CSP FTEs per physician FTE (*Exhibit 30*).

In all regions except Region IV, midlevel CSPs accounted for the largest percentage (53% to 88%) of total CSP FTEs. In Region IV, other CSPs accounted for 53% of total CSP FTEs while midlevel CSPs accounted for 41%. In addition, in all regions, Title X-funded agencies relied more extensively on midlevel clinicians than on physicians to provide clinical care. The ratio of midlevel clinician FTEs per physician FTE ranged from 1.8 (III) to 12.7 (VIII), with all except three regions (II, III, and VI) exceeding the national average of 4.0 (*Exhibit 30*).

### Family Planning Encounters (Exhibit 30)

In 2012, Title X-funded agencies reported 8,628,819 family planning encounters or an average of 1.8 encounters per family planning user. Encounters with a CSP accounted for 70% (6,000,715) of total encounters for an average of 1,840 CSP encounters per CSP FTE.

Across regions, the total number of encounters per user ranged between 1.5 (X) and 2.1 (VII), and in five regions (III, IV, V, VI, 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 89% (II) of all family planning encounters, and the number of CSP encounters per CSP FTE ranged from 1,155 (IV) to 2,557 (II) (*Exhibit 30*).

**Exhibit 30. Number and distribution of clinical services provider (CSP) full-time equivalent (FTE) staff by type of CSP and region, and number and distribution of family planning encounters, by type of encounter and region: 2012 (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	538.2	22.4	70.3	136.4	54.5	25.9	82.9	13.8	5.6	112.6	13.8
PA/NP/CNM	2,140.4	94.9	212.4	248.1	337.8	185.3	249.2	81.6	70.8	558.3	102.1
Other CSP <sup>a</sup>	582.7	0.7	12.0	85.7	434.3	11.0	0.0	0.0	8.0	31.1	0.0
<b>Total</b>	<b>3,261.3</b>	<b>118.0</b>	<b>294.7</b>	<b>470.2</b>	<b>826.6</b>	<b>222.2</b>	<b>332.1</b>	<b>95.4</b>	<b>84.4</b>	<b>701.9</b>	<b>115.8</b>
<b>Distribution of CSP FTEs</b>											
Physician	17%	19%	24%	29%	7%	12%	25%	14%	7%	16%	12%
PA/NP/CNM	66%	80%	72%	53%	41%	83%	75%	86%	84%	80%	88%
Other CSP <sup>a</sup>	18%	1%	4%	18%	53%	5%	0%	0%	9%	4%	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>4.0</b>	<b>4.2</b>	<b>3.0</b>	<b>1.8</b>	<b>6.2</b>	<b>7.1</b>	<b>3.0</b>	<b>5.9</b>	<b>12.7</b>	<b>5.0</b>	<b>7.4</b>
<b>Number of FP Encounters</b>											
With CSP	6,000,715	266,017	753,577	728,126	954,371	522,489	420,998	214,858	171,694	1,766,015	202,570
With other	2,628,104	50,443	97,848	307,984	795,559	354,170	296,037	168,165	102,574	384,699	70,625
<b>Total</b>	<b>8,628,819</b>	<b>316,460</b>	<b>851,425</b>	<b>1,036,110</b>	<b>1,749,930</b>	<b>876,659</b>	<b>717,035</b>	<b>383,023</b>	<b>274,268</b>	<b>2,150,714</b>	<b>273,195</b>
<b>Distribution of FP Encounters</b>											
With CSP	70%	84%	89%	70%	55%	60%	59%	56%	63%	82%	74%
With other	30%	16%	11%	30%	45%	40%	41%	44%	37%	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>1.9</b>	<b>1.9</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>1.7</b>	<b>1.6</b>	<b>1.5</b>
<b>CSP Encounters per CSP FTE</b>	<b>1,840</b>	<b>2,254</b>	<b>2,557</b>	<b>1,549</b>	<b>1,155</b>	<b>2,351</b>	<b>1,268</b>	<b>2,253</b>	<b>2,035</b>	<b>2,516</b>	<b>1,749</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 2012, 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 (\$498.7 million) and Title X (\$267.1 million)—accounted for 40% and 21%, respectively, of total revenue. Revenue from state governments (\$117.5 million), local governments (\$87.0 million), client service fees (\$70.4 million), and private third-party payers (\$64.0 million) each accounted for 5% to 9% of total revenue, while all other sources each contributed 2% or less (*Exhibit 31*).

### **Title X Services Grant**

Revenue from Title X accounted for 21% (\$267.1 million) of total national revenue and between 10% (IX) and 36% (VII) of total regional revenue. Title X was the largest source of revenue in three regions (I, VII, and VIII) and the second largest source after Medicaid in five others (III, IV, V, VI, 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 21% (*Exhibits 32 and 33*).

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

Revenue from client service fees accounted for 6% (\$70.4 million) of total revenue and between 3% (IV and IX) and 14% (VIII) of total regional revenue. In three regions (V, VIII, and IX), revenue from client fees was the third largest source of revenue. The share of revenue from client fees was at or above the national average of 6% in all except three regions (IV, VI, 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 40% (\$498.7 million) of total revenue while separately reported CHIP revenue accounted for less than 1% (\$442,214). Together, they accounted for \$499.2 million or 40% of total revenue in 2012. Medicaid (including CHIP) accounted for the largest share (27% to 66%) of total regional revenue in seven regions (II, III, IV, V, VI, IX, and X), and the second largest source of revenue after Title X in regions I and VII (*Exhibits 32 and 33*). In 2012, grantees in 30 states and in all 10 HHS regions reported revenue from state Medicaid family planning eligibility expansions. For a list of the 30 states, see the notes for FPAR Table 14 data in *Appendix C: Field and Methodological Notes*.

**Medicare and Other Public.** Revenue from Medicare (\$1.2 million) and other public third-party payers (\$3.7 million) together accounted for 0.4% of total national revenue. Across regions, revenue from Medicare and other public third-party payers accounted for 3% or less of total regional revenue (*Exhibits 32 and 33*).



**Private.** Revenue from private third-party payers (\$64.0 million) accounted for 5% of total national revenue and ranged from 1% (IV) to 18% (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 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 (\$24.4 million), the Title XX Social Services Block Grant (\$11.2 million), and Temporary Assistance for Needy Families (TANF) (\$13.5 million) each accounted for 1% to 2% of total national revenue. Across regions, 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 (*Exhibits 32 and 33*).

**State Governments.** State government revenue accounted for 9% (\$117.5 million) of total national revenue and between 1% (VII and IX) and 21% (II) of total regional revenue. State government revenue was the second largest source of revenue in Region II (21%) and Region X (17%) 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 9% (*Exhibits 32 and 33*).

**Local Governments.** Local government revenue accounted for 7% (\$87.0 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 four regions (IV, 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 0.4% (\$4.6 million) of total national revenue and 1% or less of total regional revenue across regions. Three regions (III, VI, and VIII) reported no BPHC revenue (*Exhibits 32 and 33*).

**Other Revenue.** Finally, 8% (\$96.3 million) of total revenue came from a combination of other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 1% (X) to 21% (VIII), and in two regions (VIII and IX) the percentage of total regional revenue from other sources exceeded the national average of 8% (*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 \$265 in program revenue per user served in 2012. By region, revenue per user ranged from \$202 (III) to \$426 (X), and was above the national average of \$265 in four regions (II, VI, IX, 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 pre-paid (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 the 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

Between 1999 and 2012, inflation-adjusted (constant 2012 dollars)<sup>33</sup> total revenue increased 3%, from \$1.2 billion in 1999 to almost \$1.3 billion in 2012 (*Exhibit A–11a*). This relatively small change in total revenue masked larger changes across the different sources of Title X project revenue. To allow for comparison, all revenue amounts in this section are presented in constant 2012 dollars.

Revenue from Medicaid (includes CHIP), the largest source of Title X project funding after 2004, more than tripled from \$166.2 million in 1999 to \$499.2 million in 2012 (*Exhibit A–11a*). There were also increases in revenue from other sources (not shown), including an 85% increase in private and other third-party reimbursements (\$37.3 million in 1999 vs. \$68.9 million in 2012), an 18% increase in local government revenue (\$73.5 million in 1999 vs. \$87.0 million in 2012), and a 12% increase in “other sources” not listed separately in FPAR Table 14 (\$90.0 million in 1999 vs. \$101.0 million in 2012).

The increase in Medicaid and other sources described above were only slightly larger than the \$364.2 million loss from four other sources, including Title X, state government, client fees, and block grants. For each of these sources, the losses were as follows:

- **Title X** revenue decreased 12%, or \$36.2 million, between 1999 (\$303.3 million) and 2012 (\$267.1 million) (*Exhibit A–11a*).
- **State government** revenue decreased 58%, or \$163.5 million, between 1999 (\$280.9 million) and 2012 (\$117.5 million).
- **Client fee** revenue decreased 56%, or \$90.8 million, between 1999 (\$161.2 million) and 2012 (\$70.4 million).

- **Block grants** revenue decreased 67%, or \$73.8 million, between 1999 (\$109.5 million) and 2012 (\$35.7 million).

*Exhibit A-11a* presents trends (1999 and 2002 to 2012) in actual and inflation-adjusted (constant 2012, 1999, 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. Inflation-adjusted revenue figures for other sources are not shown.

Since 1999 there have been some noteworthy shifts in the composition of Title X program revenue. Among the program's major revenue sources, Title X revenue decreased from 25% of total revenue in 1999 to 21% in 2012, Medicaid revenue increased from 14% to 40%, state government revenue decreased from 23% to 9%, local government revenue increased from 6% to 7%, client fees decreased from 13% to 6%, and revenue from all other sources combined decreased from 19% to 17%. Regarding Medicaid's share of total revenue, the 1999 to 2012 period includes an adjustment in 2004 in which revenue from the state share of California's Medicaid family planning eligibility expansion was reclassified as Medicaid rather than 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, revenue from Medicaid family planning eligibility expansions has been included in the total Medicaid figures, as have both the federal and state shares of Medicaid (*Exhibits A-12a, A-12b, and A-12c*). (See Table 14 notes in *Appendix C: Field and Methodological Notes*.)

**Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2012**  
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
<b>Title X</b>	\$267,095,215	21%
<b>Payment for Services</b>		
Client fees	\$70,400,120	6%
Third-party payers <sup>a</sup>		
Medicaid <sup>b</sup>	\$498,739,261	40%
Medicare	\$1,173,110	0%†
Children's Health Insurance Program	\$442,214	0%†
Other public	\$3,743,183	0%†
Private	\$63,955,467	5%
<b>Subtotal</b>	<b>\$638,453,355</b>	<b>51%</b>
<b>Other Revenue</b>		
Maternal and Child Health Block Grant	\$24,439,148	2%
Social Services Block Grant	\$11,229,640	1%
Temporary Assistance for Needy Families	\$13,548,818	1%
State government	\$117,468,476	9%
Local government	\$87,010,991	7%
Bureau of Primary Health Care	\$4,625,737	0%†
Other <sup>c</sup>	\$96,335,555	8%
<b>Subtotal</b>	<b>\$354,658,365</b>	<b>28%</b>
<b>Total Revenue</b>	<b>\$1,260,206,935</b>	<b>100%</b>
<b>Total Revenue 1999\$ <sup>d</sup></b>	<b>\$761,122,176</b>	<b>NA</b>
<b>Total Revenue 1981\$ <sup>d</sup></b>	<b>\$251,783,832</b>	<b>NA</b>
<b>Total Revenue per User</b>	<b>\$265</b>	<b>NA</b>

NA = 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 30 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 1999 dollars (1999\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, 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: 2012 (Source: FPAR Table 14)**

Revenue Source	All Regions (in \$)	Region I (in \$)	Region II (in \$)	Region III (in \$)	Region IV (in \$)	Region V (in \$)	Region VI (in \$)	Region VII (in \$)	Region VIII (in \$)	Region IX (in \$)	Region X (in \$)
<b>Title X</b>	\$267,095,215	\$14,678,974	\$28,599,547	\$27,085,044	\$58,665,969	\$34,071,300	\$31,530,523	\$14,729,186	\$12,438,421	\$35,165,711	\$10,130,540
<b>Payment for Services</b>											
Client fees	\$70,400,120	\$5,281,089	\$14,466,383	\$7,087,622	\$6,849,986	\$7,791,722	\$4,073,064	\$4,197,054	\$6,018,011	\$8,867,290	\$5,767,899
Third-party payers <sup>a</sup>											
Medicaid <sup>b</sup>	\$498,739,261	\$9,192,918	\$42,439,938	\$33,250,972	\$67,234,945	\$40,164,520	\$32,397,821	\$11,088,316	\$1,704,882	\$231,894,464	\$29,370,485
Medicare	\$1,173,110	\$167,142	\$325,926	\$170,171	\$137,002	\$52,853	\$77,199	\$66,513	\$2,137	\$161,869	\$12,298
CHIP	\$442,214	\$7,162	\$3,017	\$102,300	\$76,265	\$96,823	\$59,641	\$65,101	\$21,116	\$10,789	\$0
Other public	\$3,743,183	\$1,184,565	\$399,985	\$1,237,419	\$0	\$306,578	\$59,439	\$77,369	\$18,720	\$437,065	\$22,043
Private	\$63,955,467	\$8,468,460	\$14,505,188	\$6,668,491	\$2,606,028	\$6,521,847	\$1,817,572	\$6,142,263	\$2,591,157	\$6,430,892	\$8,203,569
<b>Subtotal</b>	<b>\$638,453,355</b>	<b>\$24,301,336</b>	<b>\$72,140,437</b>	<b>\$48,516,975</b>	<b>\$76,904,226</b>	<b>\$54,934,343</b>	<b>\$38,484,736</b>	<b>\$21,636,616</b>	<b>\$10,356,023</b>	<b>\$247,802,369</b>	<b>\$43,376,294</b>
<b>Other Revenue</b>											
MCH Block Grant	\$24,439,148	\$36,000	\$6,307,073	\$3,363,241	\$7,844,805	\$2,915,629	\$818,425	\$350,688	\$451,183	\$1,083,113	\$1,268,991
SS Block Grant	\$11,229,640	\$1,607,802	\$1,664,088	\$2,477,867	\$0	\$2,926,555	\$2,528,094	\$0	\$25,234	\$0	\$0
TANF	\$13,548,818	\$206,461	\$0	\$0	\$11,579,492	\$1,634,891	\$0	\$0	\$127,974	\$0	\$0
State government	\$117,468,476	\$5,669,365	\$34,123,507	\$21,152,201	\$30,304,693	\$3,210,777	\$6,734,040	\$376,281	\$742,066	\$2,079,454	\$13,076,092
Local government	\$87,010,991	\$93,607	\$8,182,851	\$5,870,475	\$35,200,857	\$7,285,739	\$10,631,674	\$897,833	\$9,377,050	\$2,666,975	\$6,803,930
BPHC	\$4,625,737	\$76,911	\$1,036,234	\$0	\$18,187	\$109,533	\$0	\$105,289	\$0	\$2,889,899	\$389,684
Other <sup>c</sup>	\$96,335,555	\$1,660,334	\$7,816,652	\$2,410,002	\$3,569,492	\$6,729,256	\$4,118,898	\$2,400,323	\$8,966,268	\$57,575,735	\$1,088,595
<b>Subtotal</b>	<b>\$354,658,365</b>	<b>\$9,350,480</b>	<b>\$59,130,405</b>	<b>\$35,273,786</b>	<b>\$88,517,526</b>	<b>\$24,812,380</b>	<b>\$24,831,131</b>	<b>\$4,130,414</b>	<b>\$19,689,775</b>	<b>\$66,295,176</b>	<b>\$22,627,292</b>
<b>Total Revenue</b>	<b>\$1,260,206,935</b>	<b>\$48,330,790</b>	<b>\$159,870,389</b>	<b>\$110,875,805</b>	<b>\$224,087,721</b>	<b>\$113,818,023</b>	<b>\$94,846,390</b>	<b>\$40,496,216</b>	<b>\$42,484,219</b>	<b>\$349,263,256</b>	<b>\$76,134,126</b>
<b>Total Revenue 1999\$<sup>d</sup></b>	<b>\$761,122,176</b>	<b>\$29,190,155</b>	<b>\$96,556,284</b>	<b>\$66,965,219</b>	<b>\$135,341,371</b>	<b>\$68,742,219</b>	<b>\$57,283,997</b>	<b>\$24,458,339</b>	<b>\$25,659,025</b>	<b>\$210,943,141</b>	<b>\$45,982,426</b>
<b>Total Revenue 1981\$<sup>d</sup></b>	<b>\$251,783,832</b>	<b>\$9,656,280</b>	<b>\$31,941,404</b>	<b>\$22,152,501</b>	<b>\$44,771,746</b>	<b>\$22,740,343</b>	<b>\$18,949,894</b>	<b>\$8,090,967</b>	<b>\$8,488,161</b>	<b>\$69,781,271</b>	<b>\$15,211,265</b>
<b>Total Revenue per User</b>	<b>\$265</b>	<b>\$248</b>	<b>\$327</b>	<b>\$202</b>	<b>\$247</b>	<b>\$262</b>	<b>\$271</b>	<b>\$217</b>	<b>\$261</b>	<b>\$267</b>	<b>\$426</b>

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

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

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

<sup>b</sup> Includes revenue from Medicaid family planning eligibility expansions in 30 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 1999 dollars (1999\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, Series ID. CUUR0000SAM, <http://data.bls.gov/cgi-bin/srgate>).

**Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2012 (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>21%</b>	<b>30%</b>	<b>18%</b>	<b>24%</b>	<b>26%</b>	<b>30%</b>	<b>33%</b>	<b>36%</b>	<b>29%</b>	<b>10%</b>	<b>13%</b>
<b>Payment for Services</b>											
Client fees	6%	11%	9%	6%	3%	7%	4%	10%	14%	3%	8%
Third-party payers <sup>a</sup>											
Medicaid <sup>b</sup>	40%	19%	27%	30%	30%	35%	34%	27%	4%	66%	39%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Other public	0%†	2%	0%†	1%	0%	0%†	0%†	0%†	0%†	0%†	0%†
Private	5%	18%	9%	6%	1%	6%	2%	15%	6%	2%	11%
<b>Subtotal</b>	<b>51%</b>	<b>50%</b>	<b>45%</b>	<b>44%</b>	<b>34%</b>	<b>48%</b>	<b>41%</b>	<b>53%</b>	<b>24%</b>	<b>71%</b>	<b>57%</b>
<b>Other Revenue</b>											
MCH Block Grant	2%	0%†	4%	3%	4%	3%	1%	1%	1%	0%†	2%
SS Block Grant	1%	3%	1%	2%	0%	3%	3%	0%	0%†	0%	0%
TANF	1%	0%†	0%	0%	5%	1%	0%	0%	0%†	0%	0%
State government	9%	12%	21%	19%	14%	3%	7%	1%	2%	1%	17%
Local government	7%	0%†	5%	5%	16%	6%	11%	2%	22%	1%	9%
BPHC	0%†	0%†	1%	0%	0%†	0%†	0%	0%†	0%	1%	1%
Other <sup>c</sup>	8%	3%	5%	2%	2%	6%	4%	6%	21%	16%	1%
<b>Subtotal</b>	<b>28%</b>	<b>19%</b>	<b>37%</b>	<b>32%</b>	<b>40%</b>	<b>22%</b>	<b>26%</b>	<b>10%</b>	<b>46%</b>	<b>19%</b>	<b>30%</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 Service. **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 30 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."

† Percentage is less than 0.5%.



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# 4 References

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1. Office of Population Affairs (OPA) Website. *History of Title X and Title X: The National Family Planning Program*. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/title-x-family-planning/index.html>.
2. Frost, JJ. (May 2013). *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. Accessed October 28, 2013, from <http://www.guttmacher.org/pubs/sources-of-care-2013.pdf>.
3. OPA Website. *Title X Funding History*. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/about-opa-and-initiatives/funding-history/>.
4. 45 Code of Federal Regulations (CFR) 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 October 28, 2013, from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-74.html>.
5. 45 CFR Part 92. *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-92.html>.
6. HHS. (2012). *The 2012 HHS Poverty Guidelines*. Retrieved October 28, 2013, from <http://aspe.hhs.gov/poverty/12poverty.shtml>.
7. Using method effectiveness (typical use) data from Trussell (2011), we classified contraceptive methods into three tiers: highly, moderately, and less effective.

*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-based awareness method, 24%
- Spermicides, 28%

Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the methods included in the three effectiveness categories may vary slightly from the categories described above. We do not expect these discrepancies to have an impact on the findings because there are so few users relying on the methods in the combined reporting categories, including such methods as LAM, cervical cap, or other methods not listed in FPAR Table 7. (Source: Trussell, J. [2011]. Chapter 26: Contraceptive: Efficacy. In RA Hatcher, J Trussell, AL Nelson, W Cates, D Kowal, MS Policar (Eds.), *Contraceptive Technology: Twentieth Edition*. New York, NY: Ardent Media, Inc.)

8. OPA Website. *Title X Statute and Regulations*. Retrieved October 28, 2013, 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 October 28, 2013, from <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/final-rules-42-cfr-59.html>.
10. OPA/Office of Family Planning (OFP). (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, 30 pages. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/pdfs/2001-ofp-guidelines-complete.pdf>.
11. OPA/OFP. (2011). *Family Planning Annual Report: Forms and Instructions* (Reissued January 2011). 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 October 28, 2013, <http://www.hhs.gov/opa/pdfs/fpar-forms-and-instructions-2011.pdf>.

12. Office of Management and Budget (OMB). (1997). *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, October 30, 1997. Federal Register Notice*. Retrieved October 28, 2013, from [http://www.whitehouse.gov/omb/fedreg\\_1997standards](http://www.whitehouse.gov/omb/fedreg_1997standards).
13. OPA. (2008). *Verification of Income for Title X Clients*. OPA Program Instruction Series, OPA 08-1. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/pdfs/opa-08-01.pdf>.
14. OPA. (1997). *Fees and Charges to Low-Income Clients and Teenagers (Revised)*. OPA Program Instruction Series, OPA 97-1. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/pdfs/opa-97-01.pdf>.
15. U.S. Department of Health and Human Services (HHS). (2003). *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons ("Revised HHS LEP Guidance")*, August 4, 2003. Retrieved October 28, 2013, 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, and 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 October 28, 2013, from <http://jama.jamanetwork.com/article.aspx?volume=287&page=2114>.
17. Apgar, BS, Zoschnick, L, and Wright, TC. (2003). The 2001 Bethesda System terminology. *American Academy of Family Physicians*, 2003(68): 1992–1998. Retrieved October 28, 2013, from <http://www.aafp.org/afp/2003/1115/p1992.pdf>.
18. Wright, TC, Cox, JT, Massad, LS, Twiggs, LB, and Wilkinson, EJ. (2002). 2001 consensus guidelines for the management of women with cervical cytological abnormalities. *Journal of the American Medical Association*, 287(16): 2120–2129. Retrieved October 28, 2013, 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 October 28, 2013, from <http://www.sciencedirect.com/science/article/pii/S0002937807009301>.
19. OPA. (2009). *Clinical Services in Title X Family Planning Clinics—Consistency with Current Practice Recommendations*. OPA Program Instruction Series, OPA 09-01. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/pdfs/opa-09-01.pdf>.
20. OPA. (2003). *Screening for Cervical and Colorectal Cancer and Sexually Transmitted Diseases (STD)*. OPA Program Instruction Series, OPA 03-01, 2 pages. Retrieved October 28, 2013, from <http://www.hhs.gov/opa/pdfs/opa-03-01.pdf>.

21. Agency for Healthcare Research and Quality (AHRQ). (2012). *The Guide to Clinical Preventive Services, 2012, Recommendations of the U.S. Preventive Services Task Force*. Rockville, MD: AHRQ, 110 pages. Retrieved October 28, 2013, from <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/guide-clinical-preventive-services.pdf>.
22. U.S. Preventive Services Task Force (USPSTF). (March 2012) *Screening for Cervical Cancer*. Accessed on October 28, 2013, from <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>.
23. The American College of Obstetricians and Gynecologists. (March 2012). *New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology*. Accessed on October 28, 2013, from [http://www.acog.org/About\\_ACOG/Announcements/New\\_Cervical\\_Cancer\\_Screening\\_Recommendations](http://www.acog.org/About_ACOG/Announcements/New_Cervical_Cancer_Screening_Recommendations).
24. American Cancer Society. (2013). *American Cancer Society Guidelines for the Early Detection of Cancer*. Accessed on October 28, 2013, from <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>.
25. USPSTF. (December 2009). *Screening for Breast Cancer*. Accessed on October 28, 2013, from <http://www.uspreventiveservicestaskforce.org/uspstf/uspbrca.htm>.
26. The American College of Obstetricians and Gynecologists. (July 2011). *Annual Mammograms Now Recommended for Women Beginning at Age 40*. Accessed on October 28, 2013, 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 (CDC). (2012). *Sexually Transmitted Disease Surveillance 2011*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved October 28, 2013, from <http://www.cdc.gov/std/stats11/Surv2011.pdf>.
28. CDC. (2010). Sexually Transmitted Diseases Treatment Guidelines, 2010. *MMWR*, 59(RR-12): 1–114. Retrieved October 28, 2013, 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 and for older, nonpregnant women who are at increased risk. *Source*: USPSTF. (June 2007). *Screening for Chlamydial Infection*. Accessed on October 28, 2013, from <http://www.uspreventiveservicestaskforce.org/uspstf/uspchlmm.htm>.
30. CDC. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR*, 55(No. RR-14): 1–17. Retrieved October 28, 2013, 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. (April 2013). *Screening for HIV*. Access October 28, 2013, 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 October 28, 2013, from <http://data.bls.gov/cgi-bin/srgate>.

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# **Appendix A**

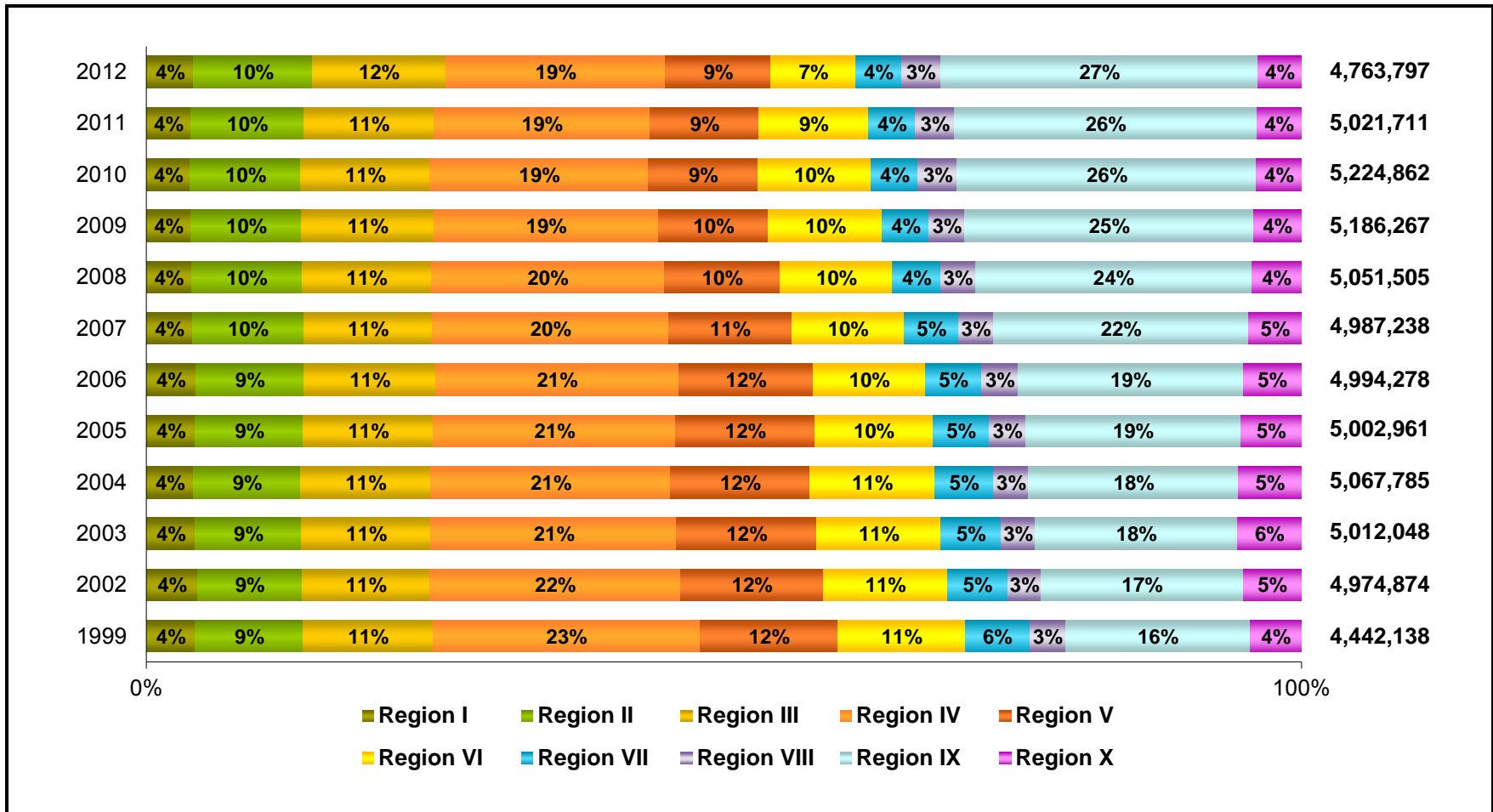
## **National and Regional Trend Exhibits**



**Exhibit A-1a. Number and distribution of all family planning users, by region and year: 1999 and 2002-2012**

Region	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
I	187,589	220,094	212,422	207,450	211,693	212,169	199,010	197,165	199,779	198,962	192,252	195,264
II	415,848	449,854	460,798	468,635	468,237	470,148	479,572	483,928	497,614	499,231	493,369	488,872
III	499,163	551,759	562,182	571,883	562,173	567,583	557,031	564,138	592,475	584,167	564,163	550,051
IV	1,025,865	1,077,707	1,065,310	1,052,584	1,051,887	1,051,330	1,018,656	1,019,264	1,010,012	989,770	940,931	907,020
V	532,036	617,372	607,756	610,058	600,145	582,313	531,679	507,431	492,741	492,359	472,062	434,587
VI	488,372	532,268	539,704	547,802	513,130	483,632	486,378	491,406	512,019	512,868	475,863	350,164
VII	247,863	260,651	260,034	257,833	243,299	245,133	234,592	210,012	209,350	214,032	205,167	186,716
VIII	138,469	143,595	147,730	154,924	157,150	156,482	149,395	151,261	160,919	176,892	169,311	163,068
IX	709,360	870,070	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
X	197,573	251,504	278,024	276,073	263,420	251,964	228,207	217,786	216,384	204,012	194,323	178,616
<b>Total</b>	<b>4,442,138</b>	<b>4,974,874</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>
Female	4,315,040	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744
Male	127,098	202,620	227,159	244,381	262,793	272,409	295,381	327,843	374,576	402,292	386,516	385,053
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	9%	9%	10%	10%	10%	10%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	12%
IV	23%	22%	21%	21%	21%	21%	20%	20%	19%	19%	19%	19%
V	12%	12%	12%	12%	12%	12%	11%	10%	10%	9%	9%	9%
VI	11%	11%	11%	11%	10%	10%	10%	10%	10%	10%	9%	7%
VII	6%	5%	5%	5%	5%	5%	5%	4%	4%	4%	4%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	16%	17%	18%	18%	19%	19%	22%	24%	25%	26%	26%	27%
X	4%	5%	6%	5%	5%	5%	5%	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>	<b>100%</b>
Female	97%	96%	95%	95%	95%	95%	94%	94%	93%	92%	92%	92%
Male	3%	4%	5%	5%	5%	5%	6%	6%	7%	8%	8%	8%

**Exhibit A-1b. Distribution of all family planning users, by region and year: 1999 and 2002-2012**



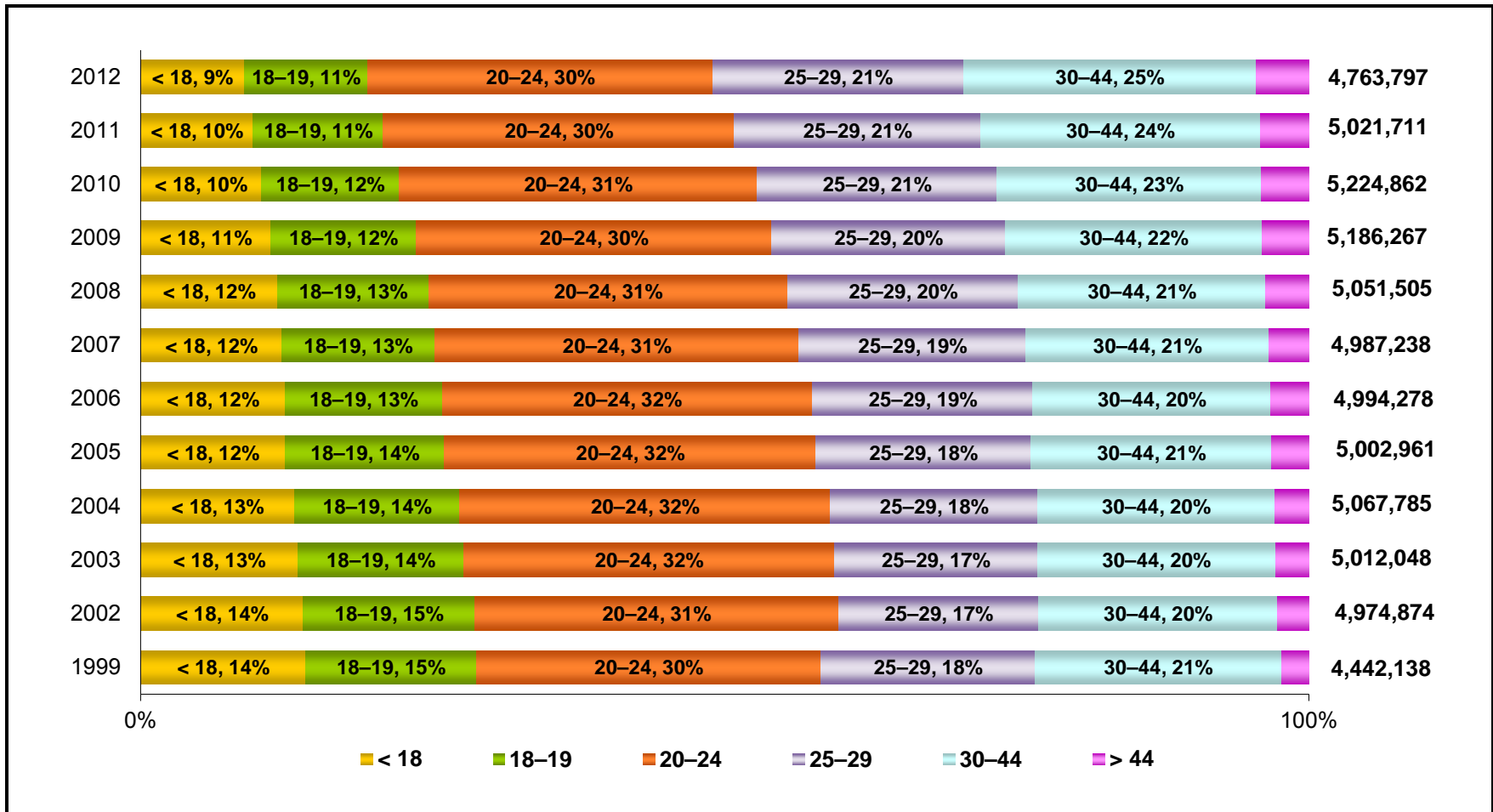
**Exhibit A-2a. Number and distribution of all family planning users, by age and year: 1999 and 2002-2012**

Age Group (Years)	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Under 15	—	—	—	—	70,840	67,627	68,918	71,738	74,287	73,383	59,351	53,012
Under 18	627,496	693,416	674,639	667,734	--	--	--	--	--	--	--	--
15 to 17	—	—	—	—	549,079	549,844	534,054	521,202	502,226	466,284	423,702	368,965
18 to 19	648,224	728,049	711,364	716,399	681,690	672,027	651,784	652,059	647,432	616,709	560,848	505,356
20 to 24	1,312,102	1,550,715	1,590,344	1,608,278	1,589,794	1,582,688	1,556,670	1,553,469	1,577,051	1,600,833	1,508,215	1,405,487
25 to 29	812,323	851,926	870,394	898,231	921,425	943,009	967,409	996,754	1,037,776	1,071,999	1,058,256	1,023,503
30 to 44	937,691	1,016,055	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
35 to 39	—	—	—	—	317,900	314,488	323,885	332,854	353,712	359,749	358,400	351,820
40 to 44	—	—	—	—	193,490	188,507	191,503	195,582	209,292	215,914	222,429	222,621
Over 44	104,302	134,713	144,041	148,482	159,295	163,915	170,342	187,849	206,460	212,734	209,391	216,774
<b>Total</b>	<b>4,442,138</b>	<b>4,974,874</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>
Under 15	—	—	—	—	1%	1%	1%	1%	1%	1%	1%	1%
Under 18	14%	14%	13%	13%	--	--	--	--	--	--	--	--
15 to 17	—	—	—	—	11%	11%	11%	10%	10%	9%	8%	8%
18 to 19	15%	15%	14%	14%	14%	13%	13%	13%	12%	12%	11%	11%
20 to 24	30%	31%	32%	32%	32%	32%	31%	31%	30%	31%	30%	30%
25 to 29	18%	17%	17%	18%	18%	19%	19%	20%	20%	21%	21%	21%
30 to 44	21%	20%	20%	20%	--	--	--	--	--	--	--	--
30 to 34	—	—	—	—	10%	10%	10%	11%	11%	12%	12%	13%
35 to 39	—	—	—	—	6%	6%	6%	7%	7%	7%	7%	7%
40 to 44	—	—	—	—	4%	4%	4%	4%	4%	4%	4%	5%
Over 44	2%	3%	3%	3%	3%	3%	3%	4%	4%	4%	4%	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>	<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: 1999 and 2002-2012**



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

**Exhibit A-3a. Number and distribution of all family planning users, by race and year: 1999 and 2002-2012**

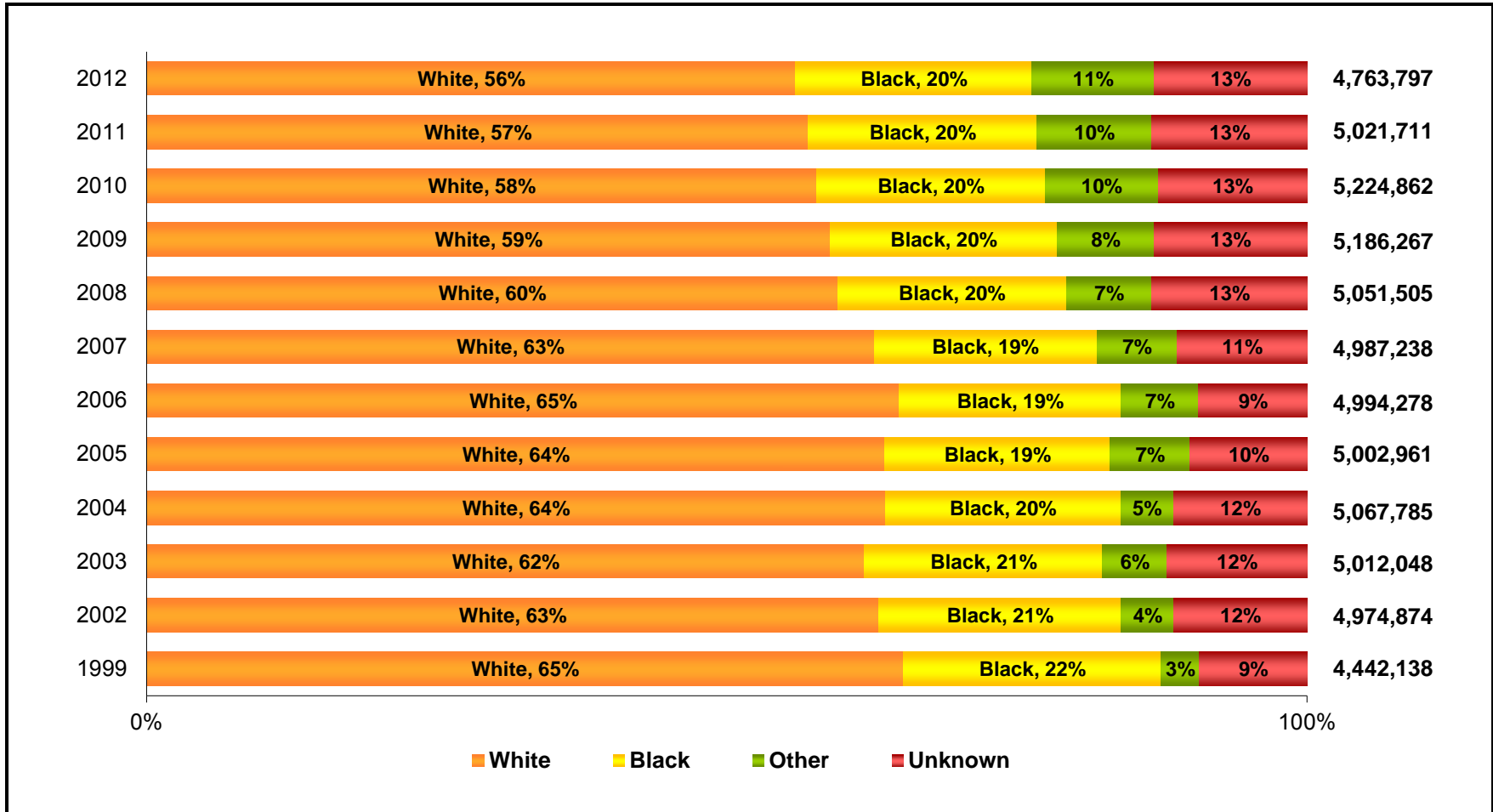
Race	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Am Indian/Alaska Native	31,372	34,811	35,320	36,050	35,665	38,098	38,080	36,974	39,220	44,899	43,204	45,785
Asian	115,564 <sup>a</sup>	137,064	117,122	136,813	124,946	129,155	131,735	137,747	150,847	136,958	134,345	136,412
Black/African American	986,448	1,041,329	1,028,446	1,027,880	969,301	953,580	958,241	996,093	1,015,013	1,028,991	986,803	969,776
Nat Hawaiian/Pac Island	— <sup>a</sup>	51,672	124,055	58,881	58,946	44,708	43,360	45,693	73,559	65,662	70,929	70,519
White	2,896,882	3,137,887	3,100,808	3,225,150	3,183,116	3,239,675	3,125,435	3,007,568	3,054,226	3,015,861	2,864,253	2,664,736
More than one race	—	—	—	—	127,543	122,583	132,911	151,535	169,044	261,397	250,825	248,590
UK/NR	411,872	572,111	606,297	583,011	503,444	466,479	557,476	675,895	684,358	671,094	671,352	627,979
<b>Total All Users</b>	<b>4,442,138</b>	<b>4,974,874</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>
Am Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3% <sup>a</sup>	3%	2%	3%	2%	3%	3%	3%	3%	3%	3%	3%
Black/African American	22%	21%	21%	20%	19%	19%	19%	20%	20%	20%	20%	20%
Nat Hawaiian/Pac Island	— <sup>a</sup>	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	65%	63%	62%	64%	64%	65%	63%	60%	59%	58%	57%	56%
More than one race	—	—	—	—	3%	2%	3%	3%	3%	5%	5%	5%
UK/NR	9%	12%	12%	12%	10%	9%	11%	13%	13%	13%	13%	13%
<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>	<b>100%</b>

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

<sup>a</sup> In 1999, the Pacific Islander race category was combined with Asian race into a single category (Asian and Pacific Islander).

— Data are not available.

**Exhibit A-3b. Distribution of all family planning users, by race and year: 1999 and 2002-2012**



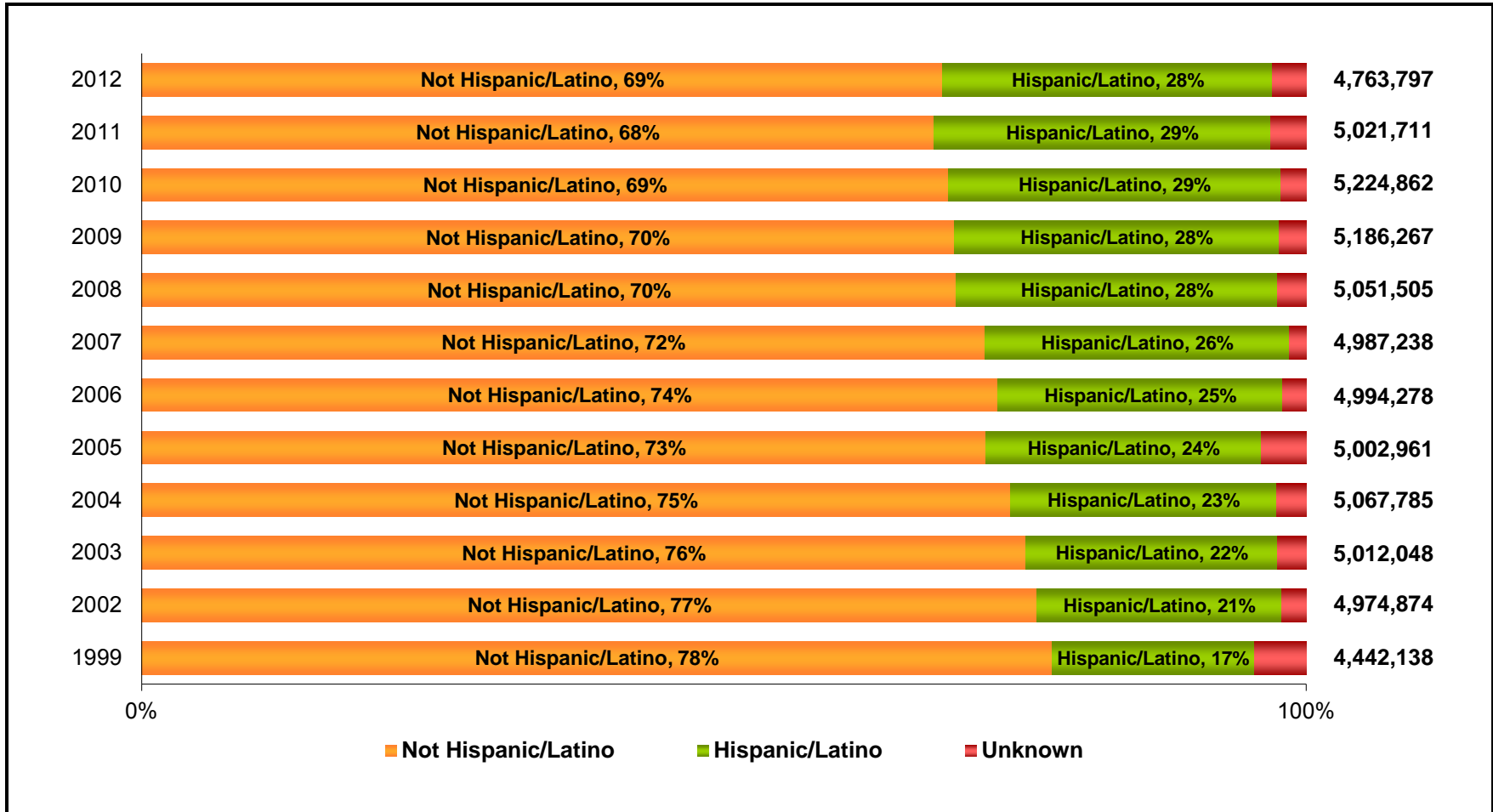
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander (2002-2012), and more than one race (2005-2012). In 1999, the Pacific Islander race category was combined with Asian race into a single category (Asian and Pacific Islander).

**Exhibit A-4a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999 and 2002-2012**

<b>Ethnicity</b>	<b>1999</b>	<b>2002</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>
Hispanic or Latino	772,129	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528
Not Hispanic or Latino	3,472,143	3,825,440	3,806,566	3,780,396	3,628,142	3,670,894	3,611,497	3,534,915	3,618,344	3,618,285	3,416,314	3,277,828
UK/NR	197,866	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441
<b>Total All Users</b>	<b>4,442,138</b>	<b>4,974,874</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>
Hispanic or Latino	17%	21%	22%	23%	24%	25%	26%	28%	28%	29%	29%	28%
Not Hispanic or Latino	78%	77%	76%	75%	73%	74%	72%	70%	70%	69%	68%	69%
UK/NR	4%	2%	2%	3%	4%	2%	1%	2%	2%	2%	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>	<b>100%</b>

UK/NR=unknown or not reported.

**Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999 and 2002-2012**





**Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 1999 and 2002–2012**

Race/Ethnicity Trend	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Not Hispanic												
All races	3,472,143	3,825,440	3,806,566	3,780,396	--	--	--	--	--	--	--	--
Asian	—	—	—	—	118,499	123,192	126,320	127,850	139,831	126,413	121,777	124,790
Black or African American	—	—	—	—	929,066	918,983	926,564	956,741	969,690	986,409	939,143	917,539
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
Other/unknown	—	—	—	—	213,815	227,822	234,183	217,431	280,956	290,783	295,150	284,089
Hispanic or Latino, all races	772,129	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528
Ethnicity UK/NR	197,866	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441
<b>Total All Users</b>	<b>4,442,138</b>	<b>4,974,874</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>
Not Hispanic												
All races	78%	77%	76%	75%	--	--	--	--	--	--	--	--
Asian	—	—	—	—	2%	2%	3%	3%	3%	2%	2%	3%
Black or African American	—	—	—	—	19%	18%	19%	19%	19%	19%	19%	19%
White	—	—	—	—	47%	48%	47%	44%	43%	42%	41%	41%
Other/unknown	—	—	—	—	4%	5%	5%	4%	5%	6%	6%	6%
Hispanic or Latino, all races	17%	21%	22%	23%	24%	25%	26%	28%	28%	29%	29%	28%
Ethnicity UK/NR	4%	2%	2%	3%	4%	2%	1%	2%	2%	2%	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>	<b>100%</b>

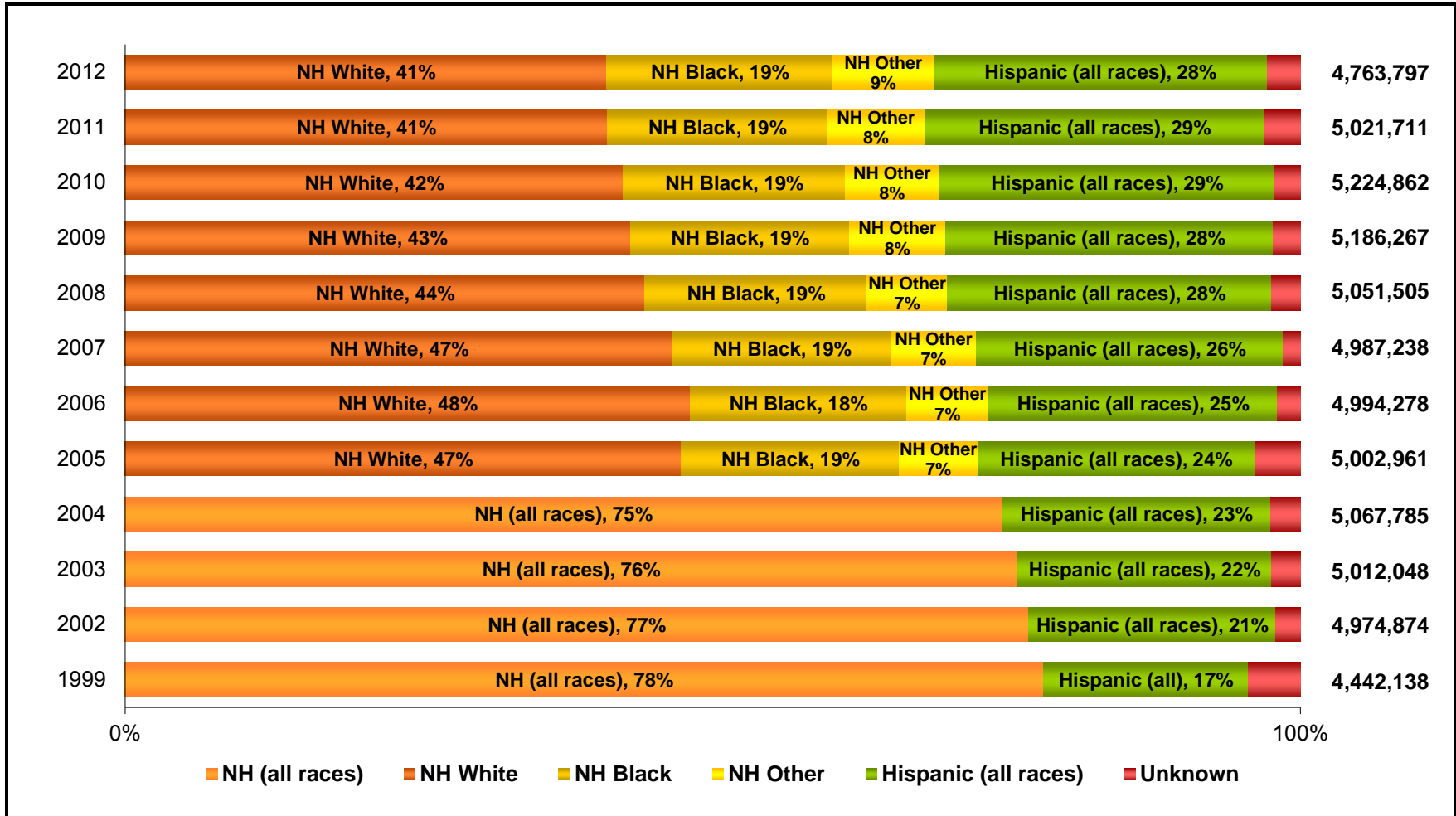
UK/NR=unknown or not reported.

Note: The "other" race category includes users who self-identified as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander (2002–2012), and more than one race (2005–2012). For 1999 data, the Native Hawaiian or Other Pacific Islander race category was combined with Asian race into a single category.

— 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: 1999 and 2002-2012**



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 (2005-2012) 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: 1999 and 2002-2012**

Income Level <sup>a</sup>	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Under 101%	2,886,684	3,256,554	3,374,895	3,461,649	3,316,699	3,353,129	3,455,335	3,553,222	3,632,506	3,618,813	3,466,912	3,382,089
101% to 150%	803,360	872,911	854,878	838,704	879,666	846,873	820,870	781,113	785,090	795,065	731,410	649,462
151% to 200%	328,084	335,792	318,001	312,393	324,358	311,958	303,992	278,881	277,103	281,294	269,478	247,490
Over 200%	346,735	408,346	370,790	355,025	--	--	--	--	--	--	--	--
201% to 250%	—	—	—	—	129,097	127,902	121,473	119,181	119,768	125,298	116,188	103,061
Over 250%	—	—	—	—	242,241	262,501	212,849	224,603	207,484	250,440	250,829	230,947
UK/NR	77,275	101,271	93,484	100,014	110,900	91,915	72,719	94,505	164,316	153,952	186,894	150,748
<b>Total All Users</b>	<b>4,442,138</b>	<b>4,974,874</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>
Under 101%	65%	65%	67%	68%	66%	67%	69%	70%	70%	69%	69%	71%
101% to 150%		18%	17%	17%	18%	17%	16%	15%	15%	15%	15%	14%
151% to 200%	7%	7%	6%	6%	6%	6%	6%	6%	5%	5%	5%	5%
Over 200%	8%	8%	7%	7%	--	--	--	--	--	--	--	--
201% to 250%	—	—	—	—	3%	3%	2%	2%	2%	2%	2%	2%
Over 250%	—	—	—	—	5%	5%	4%	4%	4%	5%	5%	5%
UK/NR	2%	2%	2%	2%	2%	2%	1%	2%	3%	3%	4%	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>	<b>100%</b>

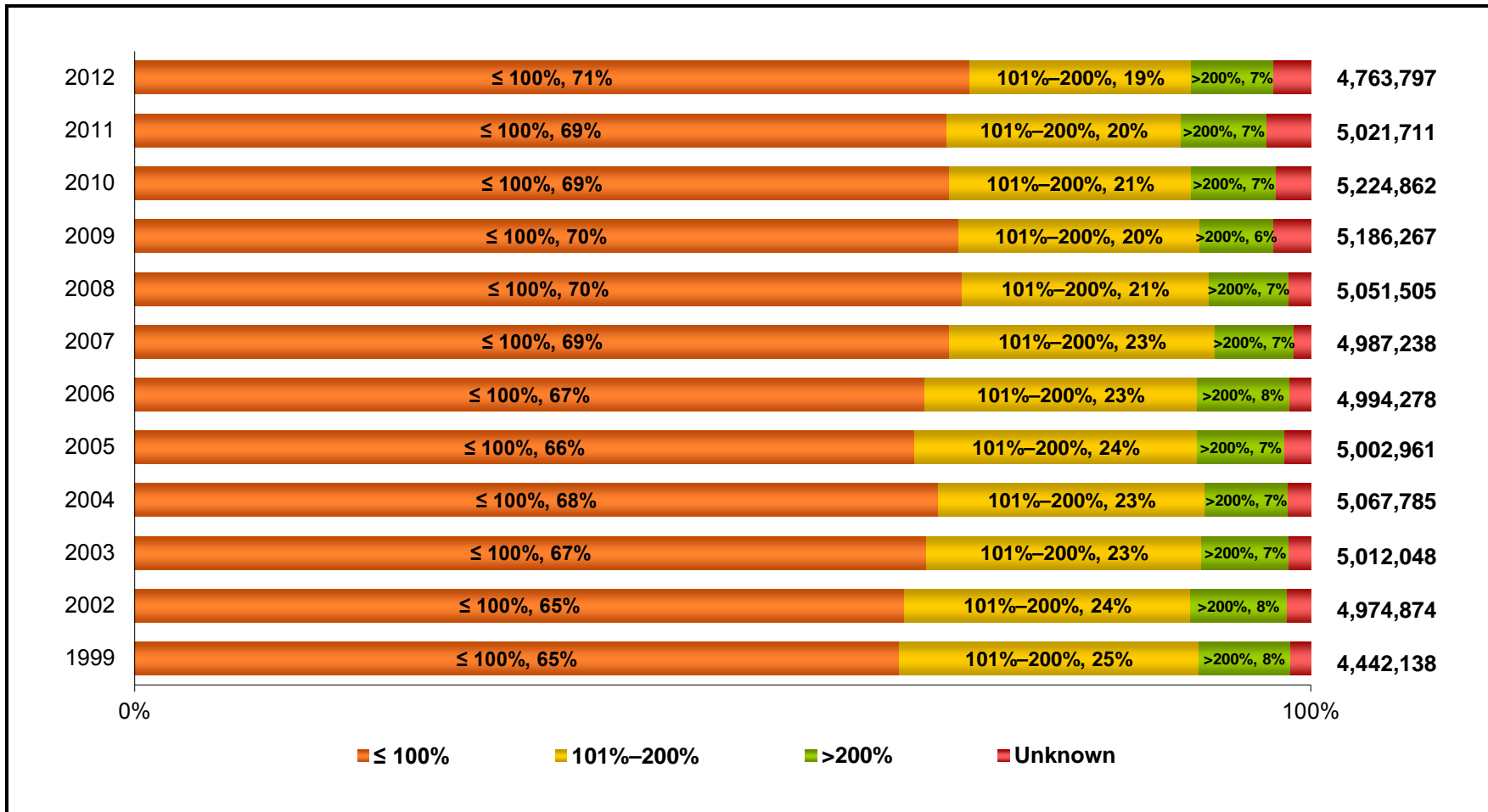
UK/NR=unknown or not reported.

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

— 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: 1999 and 2002-2012**



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

**Exhibit A-7a. Number of female family planning users, by primary contraceptive method and year: 1999 and 2002-2012**

Primary Method	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<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
Sterilization <sup>b</sup>	111,609	115,742	110,513	105,103	95,264	89,428	89,447	87,167	92,616	92,652	90,438	86,854
Hormonal implant	22,881	12,791	13,180	5,602	3,395	2,506	7,300	18,738	30,135	48,015	65,673	82,642
Intrauterine device	48,015	68,802	72,378	77,773	88,342	110,338	138,714	179,876	216,390	252,121	272,683	284,461
<b>Moderately Effective<sup>a</sup></b>												
Hormonal injection <sup>c</sup>	699,932	809,170	765,266	740,028	602,721	571,588	591,861	597,572	615,188	643,682	645,351	645,136
Vaginal ring <sup>d</sup>	—	—	—	—	65,320	98,689	139,656	149,627	165,121	186,238	183,182	164,693
Contraceptive patch <sup>d</sup>	—	—	—	—	286,214	170,815	128,324	101,763	106,266	93,499	89,795	83,145
Oral contraceptive	1,981,664	2,111,088	1,994,310	1,974,050	1,852,654	1,859,542	1,826,518	1,734,786	1,696,319	1,684,201	1,534,684	1,409,300
Cervical cap/diaphragm	14,816	9,021	7,863	11,717	5,477	4,753	4,087	3,612	12,278	4,402	3,390	4,116
<b>Less Effective<sup>a</sup></b>												
Male condom	527,248	679,656	698,248	737,169	686,992	747,323	716,646	727,440	737,991	787,329	838,131	745,265
Female condom <sup>d</sup>	—	—	—	—	8,862	6,031	3,925	4,753	4,635	5,944	5,939	3,722
Contraceptive sponge <sup>d</sup>	—	—	—	—	2,826	1,076	1,827	1,337	991	1,581	921	765
Withdrawal/Other <sup>e</sup>	89,199	133,529	293,383	313,688	104,779	133,099	123,844	111,160	105,705	116,635	115,002	113,016
FAM <sup>f</sup> or LAM	9,931	18,265	22,972	25,906	9,702	9,446	8,784	10,409	12,633	14,379	17,105	12,676
Spermicide	78,762	45,977	33,483	19,861	23,226	22,075	16,882	13,627	15,598	8,346	7,061	4,926
<b>Other</b>												
Abstinence <sup>d</sup>	—	—	—	—	44,939	49,022	53,987	61,329	62,380	75,534	69,924	71,737
<b>No Method</b>												
Pregnant or seeking pregnancy	261,399	273,051	265,190	287,485	358,492	373,111	383,303	381,848	395,633	400,194	361,056	377,547
Other reason	307,528	388,377	379,671	378,605	298,658	326,885	308,061	283,848	260,946	238,347	229,541	183,613
<b>Method Unknown<sup>g</sup></b>	162,056	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590
<b>Total Female Users</b>	<b>4,315,040</b>	<b>4,772,254</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>Using a Method</b>	3,584,057	4,004,041	4,011,596	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241	3,947,911	3,720,994
<b>Not Using a Method</b>	568,927	661,428	644,861	666,090	657,150	699,996	691,364	665,696	656,579	638,541	590,597	561,160
<b>Method Unknown<sup>g</sup></b>	162,056	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590
<b>Using a Method</b>	83%	84%	84%	83%	82%	82%	82%	81%	81%	83%	85%	85%
<b>Not Using a Method</b>	13%	14%	13%	14%	14%	15%	15%	14%	14%	13%	13%	13%
<b>Method Unknown<sup>g</sup></b>	4%	2%	3%	3%	4%	3%	3%	5%	6%	3%	2%	2%

FAM=fertility awareness 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> Sterilization figures for 1999-2004 include both female and male (vasectomy) sterilization users. Beginning in 2005, female and male sterilization figures are reported separately.

<sup>c</sup> For 2005-2012, includes both 1- and 3-month hormonal injection users.

<sup>d</sup> Prior to 2005, grantees reported these methods under the "Withdrawal/Other" method category.

<sup>e</sup> For 1999-2004, the "Withdrawal/Other" category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR 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 1999-2004, 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. Since 2011, the "FAM" category has included Calendar Rhythm, Standard Days™, TwoDay, Billings Ovulation, and SymptoThermal methods. Since 2005, the FAM category has also included 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: 1999 and 2002–2012**

Primary Method	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Highly Effective<sup>a</sup></b>												
Vasectomy <sup>b</sup>	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization <sup>b</sup>	3%	3%	3%	3%	2%	2%	2%	2%	2%	2%	2%	2%
Hormonal implant	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	2%	2%
Intrauterine device	1%	2%	2%	2%	2%	3%	4%	5%	6%	6%	7%	8%
<b>Moderately Effective<sup>a</sup></b>												
Hormonal injection <sup>c</sup>	20%	20%	19%	18%	16%	15%	15%	16%	16%	16%	16%	17%
Vaginal ring <sup>d</sup>	—	—	—	—	2%	3%	4%	4%	4%	5%	5%	4%
Contraceptive patch <sup>d</sup>	—	—	—	—	7%	4%	3%	3%	3%	2%	2%	2%
Oral contraceptive	55%	53%	50%	49%	48%	48%	47%	46%	44%	42%	39%	38%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
<b>Less Effective<sup>a</sup></b>												
Male condom	15%	17%	17%	18%	18%	19%	19%	19%	19%	20%	21%	20%
Female condom <sup>d</sup>	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sponge <sup>d</sup>	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal/Other <sup>e</sup>	2%	3%	7%	8%	3%	3%	3%	3%	3%	3%	3%	3%
FAM or LAM <sup>f</sup>	0%†	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	2%	1%	1%	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
<b>Other</b>												
Abstinence <sup>d</sup>	—	—	—	—	1%	1%	1%	2%	2%	2%	2%	2%
<b>Total Using a Method</b>												
<b>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>100%</b>
<b>Number</b>	<b>3,584,057</b>	<b>4,004,041</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>

FAM=fertility awareness 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> Sterilization figures for 1999–2004 include both female and male (vasectomy) sterilization users. Beginning in 2005, female and male sterilization figures are reported separately.

<sup>c</sup> For 2005–2012, includes both 1- and 3-month hormonal injection users.

<sup>d</sup> Prior to 2005, grantees reported these methods under the “Withdrawal/Other” method category.

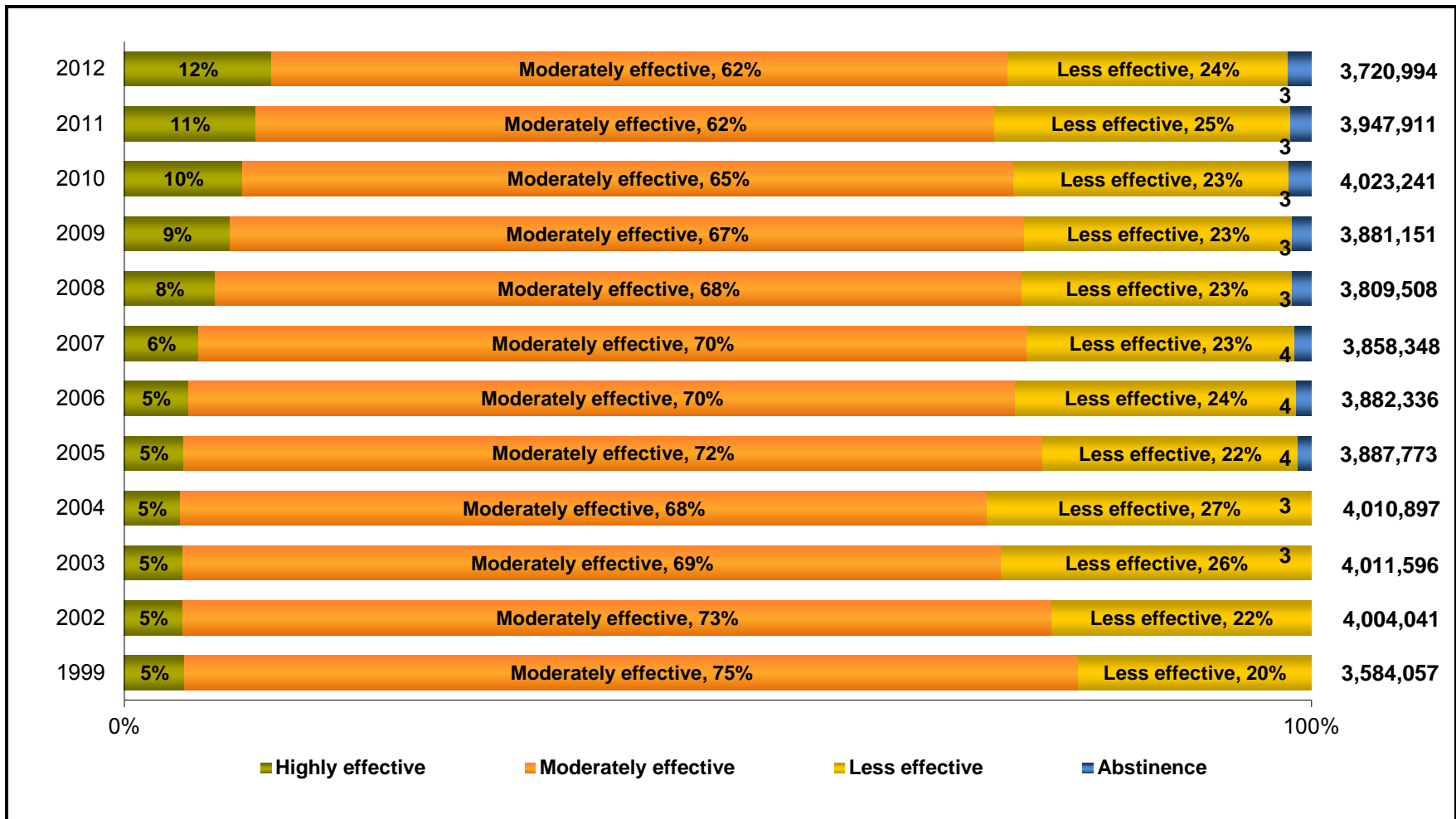
<sup>e</sup> For 1999–2004, the “Withdrawal/Other” category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, the “Withdrawal/Other” category 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 1999–2004, the “FAM” category includes only safe period by temperature or cervical mucus test. For 2005–2010, the “FAM” category included Calendar Rhythm, Standard Days™, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. Since 2011, the “FAM” category has included Calendar Rhythm, Standard Days™, TwoDay, Billings Ovulation, and SymptoThermal methods. Since 2005, 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: 1999 and 2002–2012**



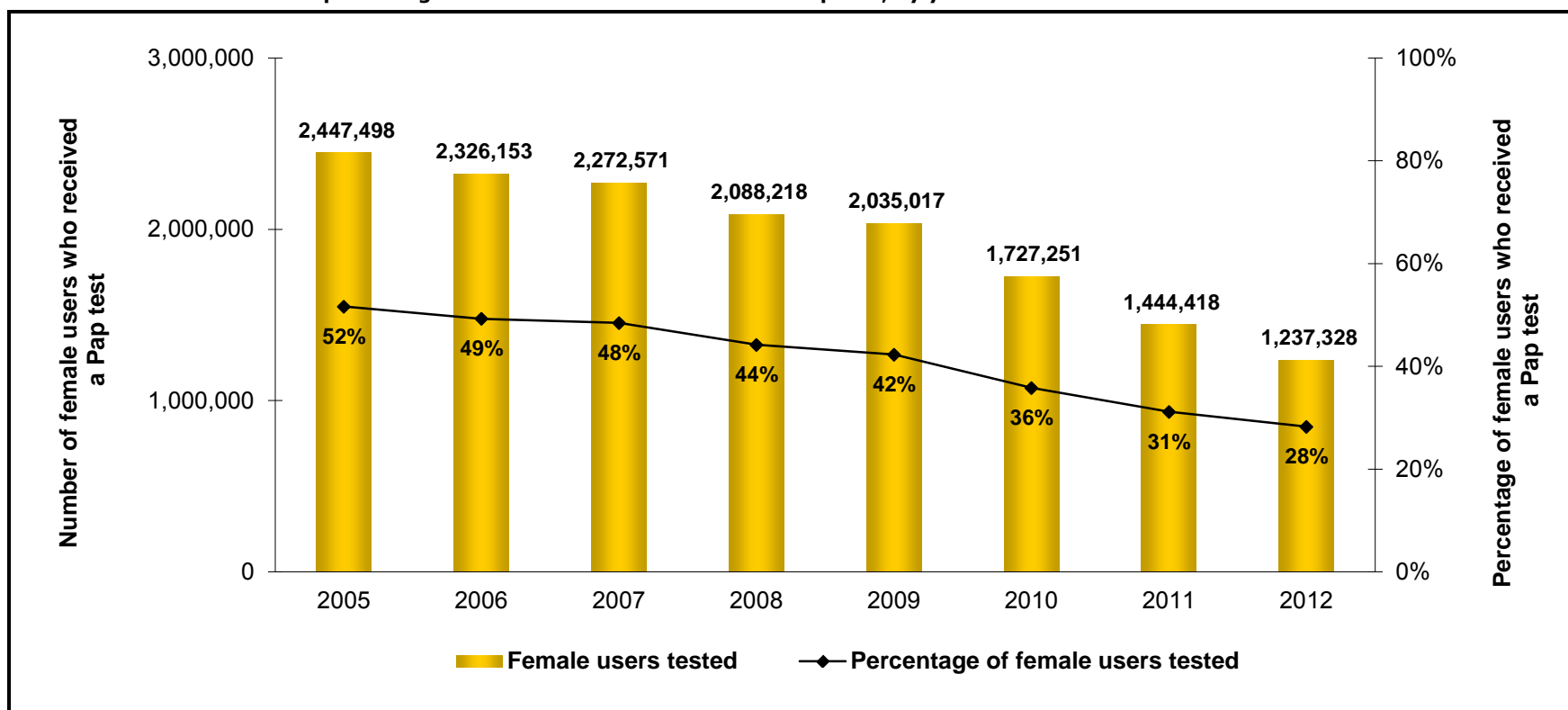
Note: Due to rounding, the percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of individual percentages included in the aggregated categories. **Highly effective** methods include vasectomy (male sterilization), female sterilization, implant, and intrauterine devices/systems. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and diaphragm with spermicidal cream/jelly. **Less-effective** methods include male condoms, female condoms, the sponge, withdrawal, fertility awareness-based and Lactational Amenorrhea methods, and spermicides. (Source: Trussell, 2011, see reference note 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 three method-effectiveness categories.

**Exhibit A-8a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an atypical squamous cells or higher result, by year: 2005-2012**

Pap Test Indicators	2005	2006	2007	2008	2009	2010	2011	2012
<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
Percentage	52%	49%	48%	44%	42%	36%	31%	28%
<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
Percentage with ASC or higher result	9%	10%	10%	11%	12%	13%	15%	14%

ASC=atypical squamous cells.

**Exhibit A-8b. Number and percentage of female users who received a Pap test, by year: 2005-2012**

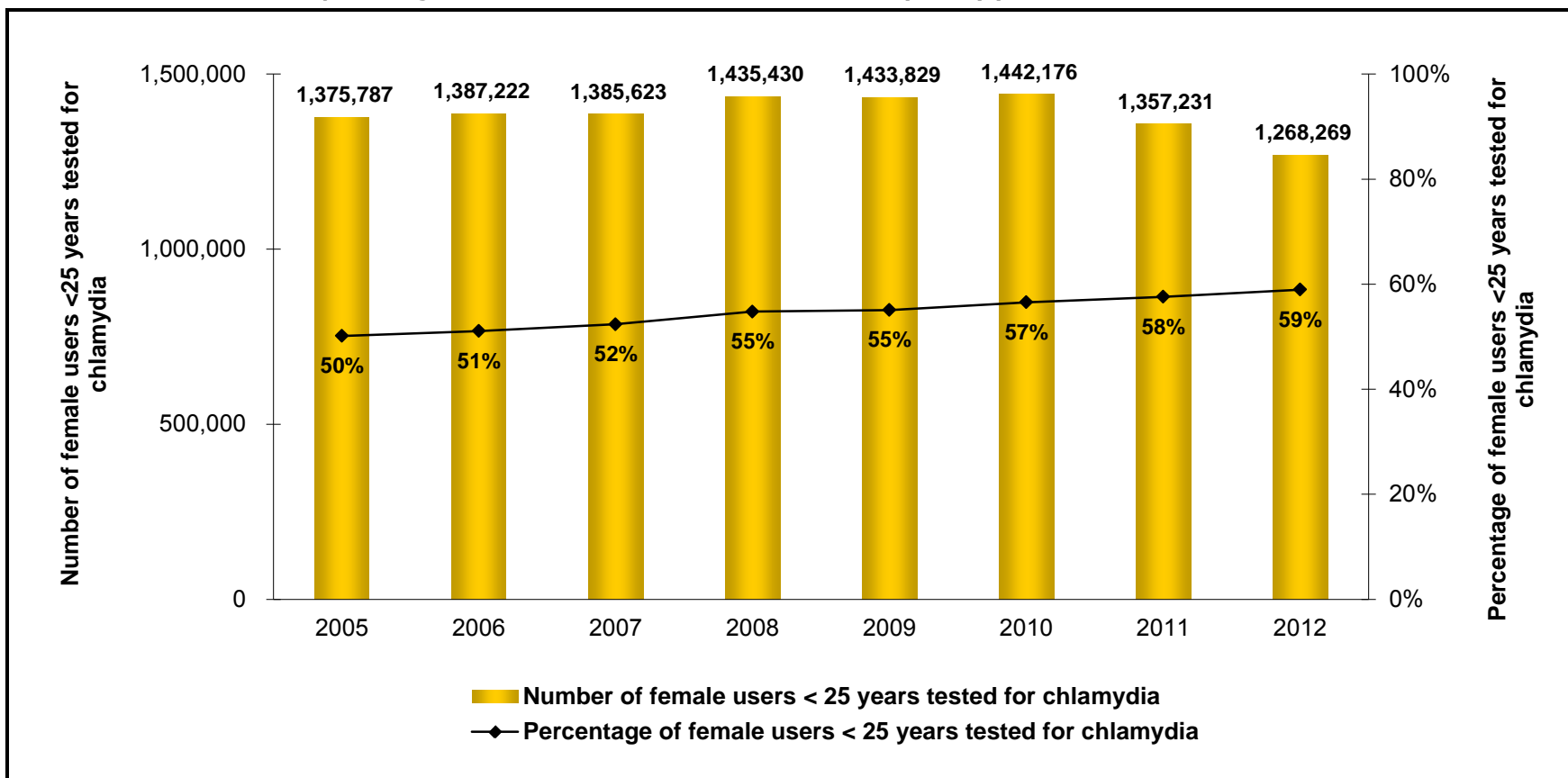




**Exhibit A-9a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2012**

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

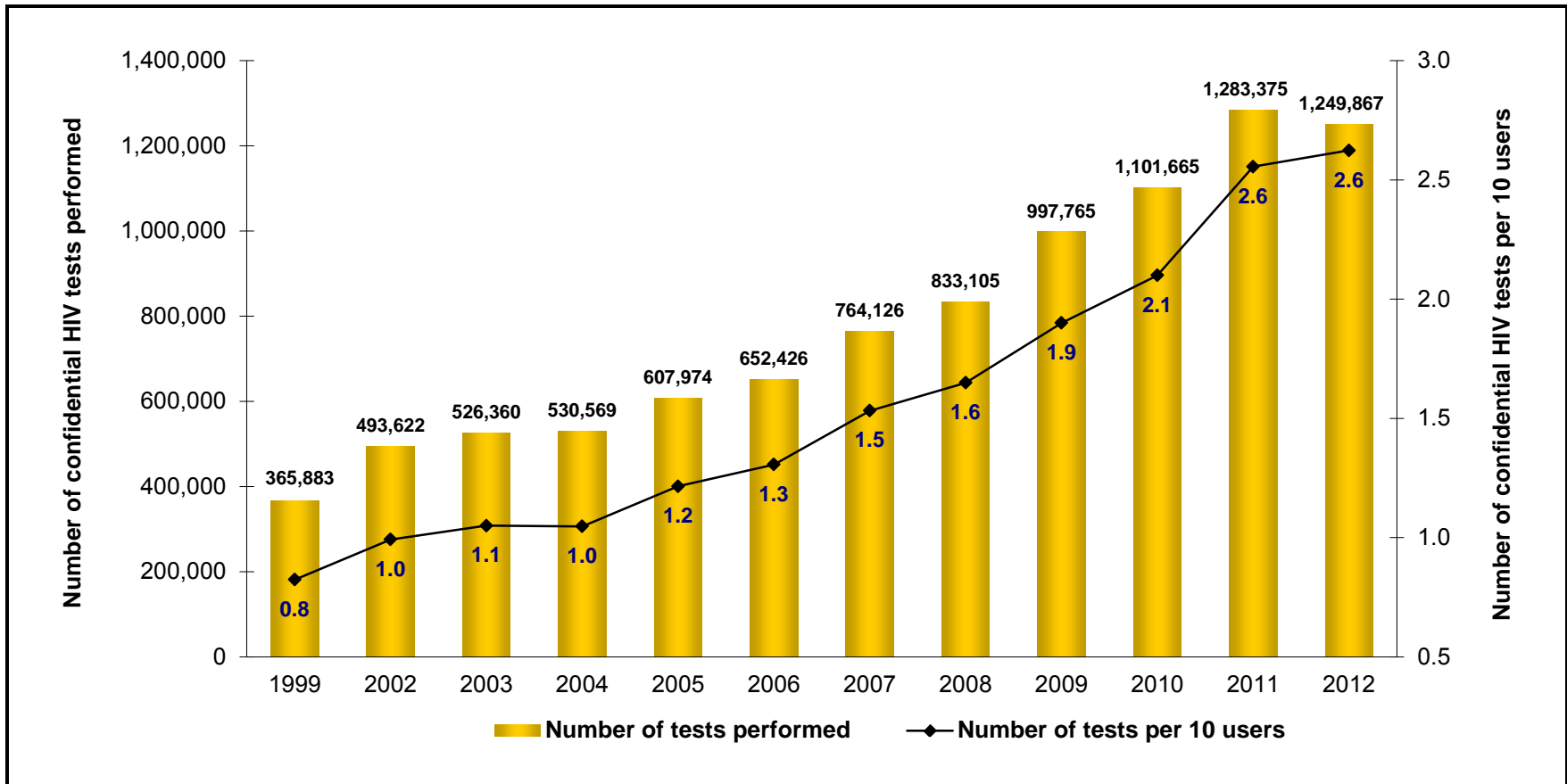
**Exhibit A-9b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2012**



**Exhibit A-10a. Number of confidential HIV tests performed and number of tests per 10 users: 1999 and 2002–2012**

HIV Testing	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Tests performed	365,883	493,622	526,360	530,569	607,974	652,426	764,126	833,105	997,765	1,101,665	1,283,375	1,249,867
Tests per 10 users	0.8	1.0	1.1	1.0	1.2	1.3	1.5	1.6	1.9	2.1	2.6	2.6

**Exhibit A-10b. Number of confidential HIV tests performed and number of tests per 10 users: 1999 and 2002–2012**



**Exhibit A-11a. Actual and adjusted (constant 2012\$, 1999\$ and 1981\$) total, Title X, and Medicaid revenue, by year: 1999 and 2002-2012**

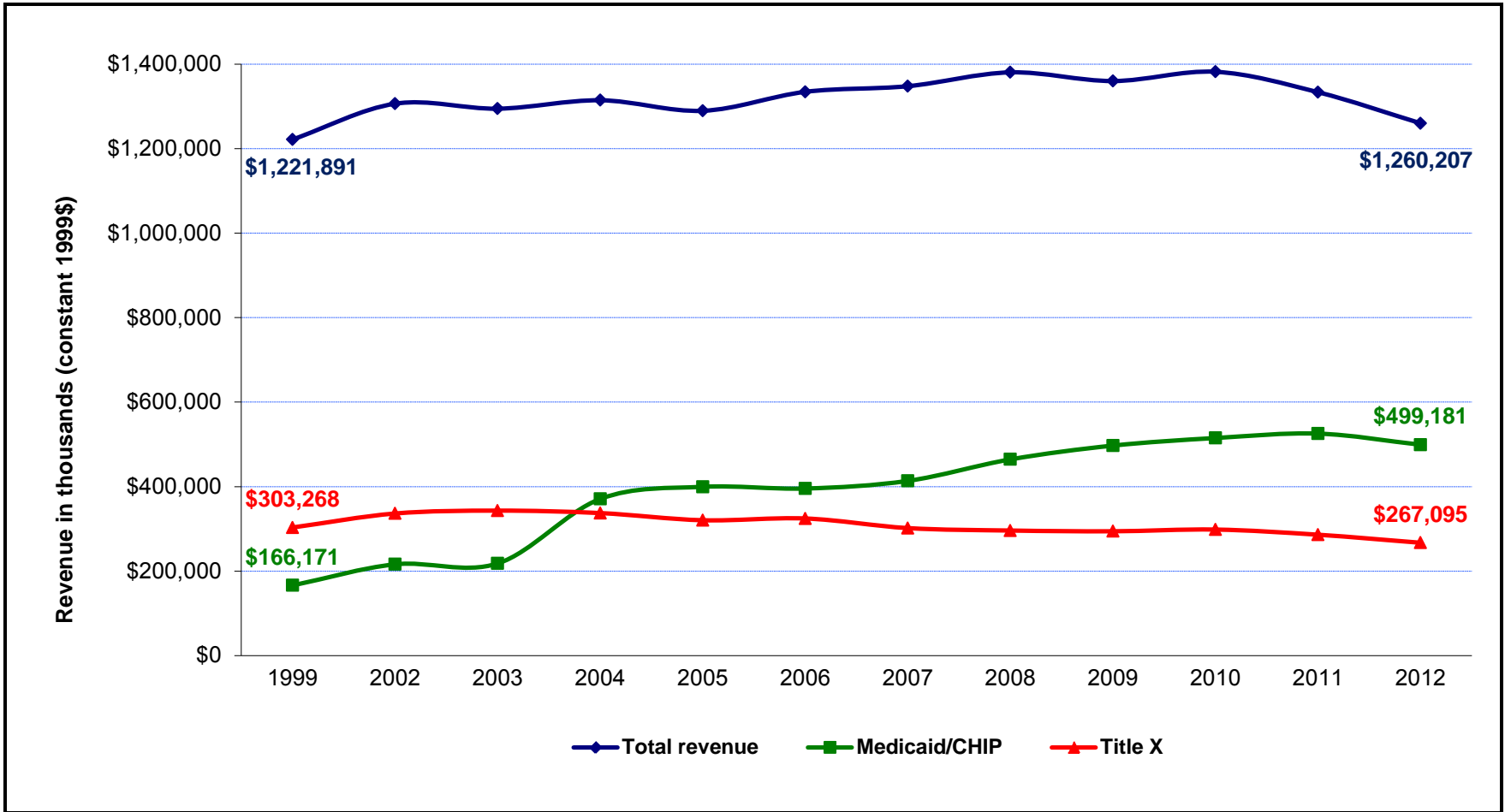
Revenue	1999 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)	2011 (in \$)	2012 (in \$)	Change 1999- 2012
<b>Total</b>													
Actual <sup>a</sup>	737,980,611	899,339,792	927,081,651	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	71%
2012\$ <sup>b</sup>	1,221,890,930	1,306,574,453	1,294,743,948	1,314,667,896	1,289,747,374	1,334,657,629	1,348,013,278	1,380,731,617	1,360,177,951	1,382,064,409	1,333,716,462	1,260,206,935	3%
1999\$ <sup>b</sup>	737,980,611	789,126,582	781,981,359	794,014,747	778,963,598	806,087,866	814,154,225	833,914,990	821,501,274	834,719,951	805,519,433	761,122,176	3%
1981\$ <sup>b</sup>	244,128,462	261,047,860	258,684,177	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423	266,470,714	251,783,832	3%
<b>Title X</b>													
Actual <sup>a</sup>	183,163,632	231,549,999	245,714,562	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	46%
2012\$ <sup>b</sup>	303,268,104	336,399,341	343,160,111	337,373,657	320,388,441	324,563,226	301,793,479	296,029,587	294,274,199	298,340,720	286,115,836	267,095,215	-12%
1999\$ <sup>b</sup>	183,163,632	203,173,774	207,257,049	203,762,227	193,503,734	196,025,162	182,273,008	178,791,814	177,731,619	180,187,659	172,804,245	161,316,436	-12%
1981\$ <sup>b</sup>	60,591,640	67,211,117	68,561,889	67,405,781	64,012,209	64,846,313	60,297,017	59,145,416	58,794,698	59,607,171	57,164,692	53,364,455	-12%
<b>Medicaid</b>													
Actual <sup>a</sup>	100,361,553	148,746,779	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	397%
2012\$ <sup>b</sup>	166,170,858	216,101,570	218,121,592	370,869,022	399,552,089	395,494,890	413,583,369	464,497,193	497,127,821	515,055,919	525,460,627	499,181,475	200%
1999\$ <sup>b</sup>	100,361,553	130,518,007	131,738,031	223,992,290	241,315,888	238,865,478	249,790,305	280,540,525	300,248,315	311,076,277	317,360,368	301,488,652	200%
1981\$ <sup>b</sup>	33,200,210	43,176,148	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	200%

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

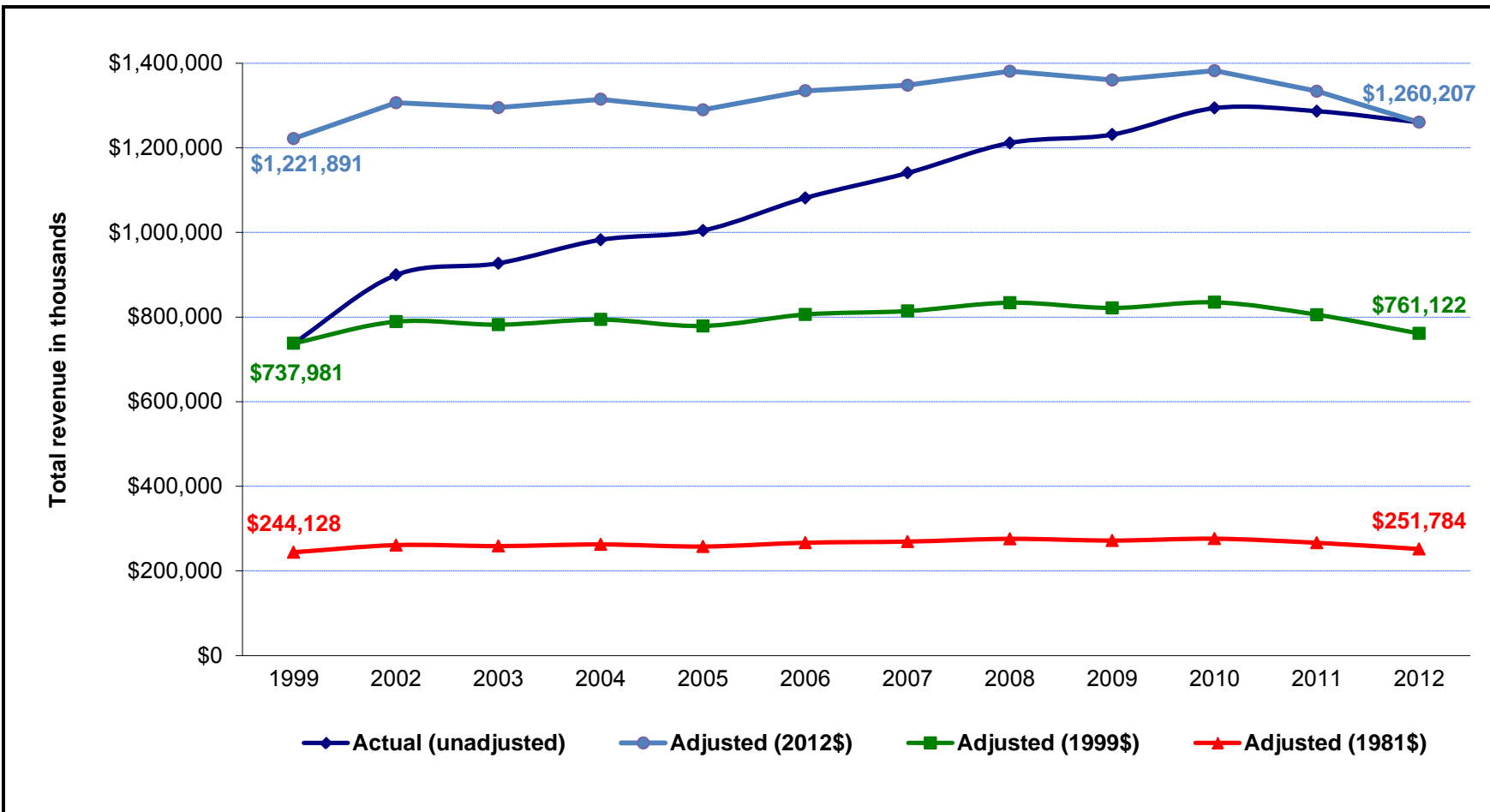
<sup>b</sup> Revenue is shown in constant 2012 dollars (2012\$), 1999 dollars (1999\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

<sup>c</sup> Medicaid revenue for 2005-2012 includes Children's Health Insurance Program revenue.

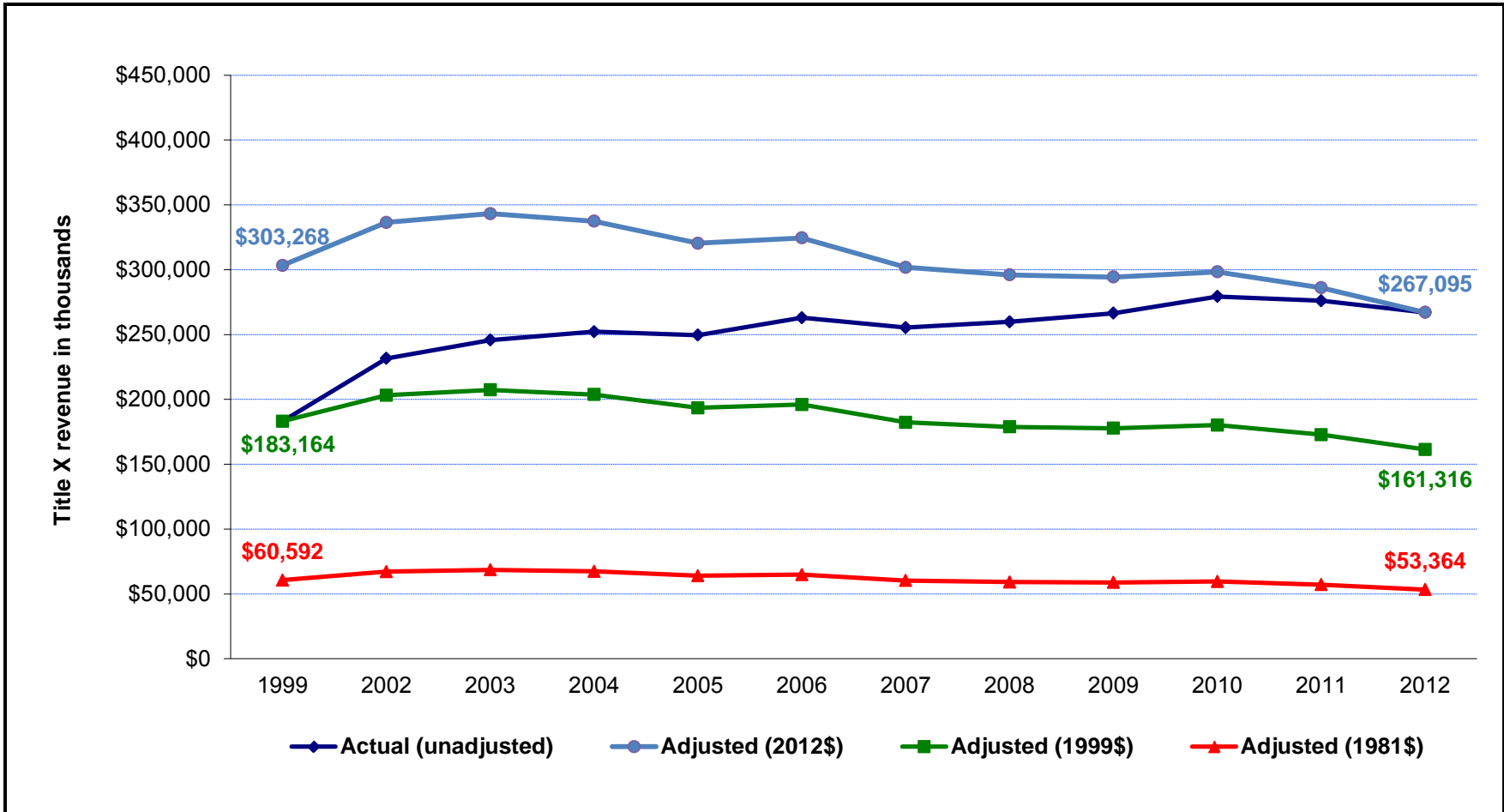
**Exhibit A-11b. Total, Title X, and Medicaid adjusted (constant 2012\$) revenue, by year: 1999 and 2002-2012**



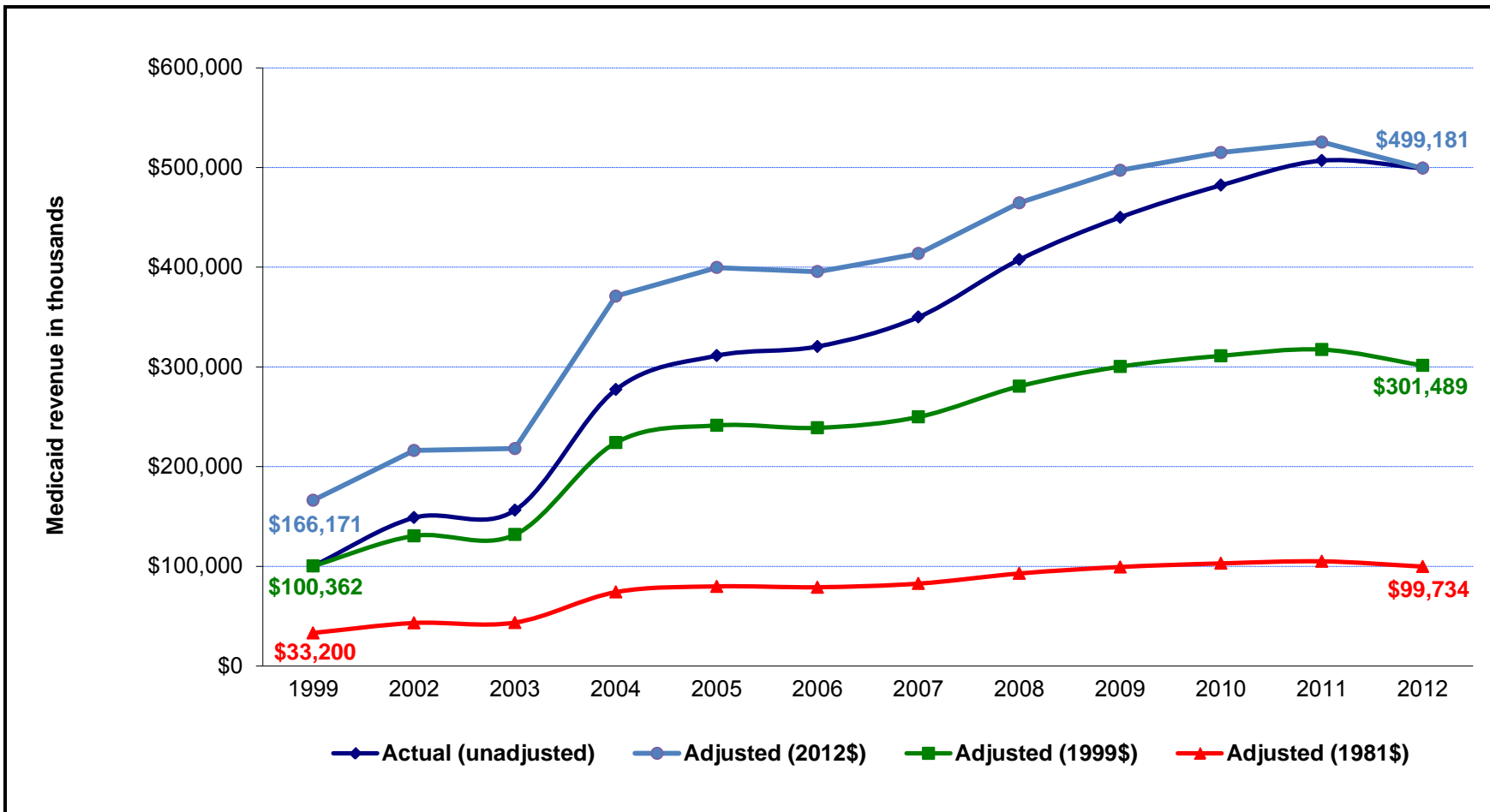
**Exhibit A-11c. Total actual (unadjusted) and adjusted (constant 2012\$, 1999\$, and 1981\$) revenue, by year: 1999 and 2002-2012**



**Exhibit A-11d. Title X actual (unadjusted) and adjusted (constant 2012\$, 1999\$, and 1981\$) revenue, by year: 1999 and 2002-2012**



**Exhibit A-11e. Medicaid actual (unadjusted) and adjusted (constant 2012\$, 1999\$, and 1981\$) revenue, by year: 1999 and 2002-2012**



**Exhibit A-12a. Amount of Title X project revenue, by revenue source and year: 1999 and 2002-2012**

Revenue Sources	1999 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)	2011 (in \$)	2012 (in \$)
<b>Title X</b>	183,163,632	231,549,999	245,714,562	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215
<b>Payment for Services</b>												
Client fees	97,376,797	96,842,560	97,561,767	99,774,741	101,353,959	102,527,805	94,273,992	94,531,003	80,940,857	84,540,815	72,156,363	70,400,120
Third-party payers												
Medicaid	100,361,553	148,746,779	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330	498,739,261
Medicare	468,189	329,980	585,762	755,938	850,289	695,725	523,170	826,424	843,164	1,913,519	2,002,181	1,173,110
CHIP	—	—	—	—	159,966	302,282	247,539	212,168	194,482	913,045	279,244	442,214
Other	10,345,386	20,413,354	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
Private	11,721,540	21,129,413	22,717,290	23,923,861	31,794,914	37,263,692	46,403,049	45,067,919	48,445,935	50,409,637	51,655,083	63,955,467
<b>Subtotal</b>	<b>220,273,465</b>	<b>287,462,086</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>Other Revenue</b>												
MCH Block Grant	32,055,309	28,604,028	30,827,138	32,992,292	24,384,126	22,806,213	23,484,206	23,058,822	21,044,962	21,205,336	25,512,030	24,439,148
SS Block Grant	34,049,367	27,626,015	32,913,637	30,835,001	27,232,575	28,443,123	28,593,275	27,333,993	30,841,136	34,001,848	23,736,983	11,229,640
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
State government	169,673,542	193,508,723	211,814,774	125,848,881	115,558,888	133,618,734	138,760,608	147,447,953	153,830,395	135,464,470	125,392,165	117,468,476
Local government	44,383,037	61,587,837	57,939,837	50,028,918	56,251,710	93,388,186	99,510,026	101,295,242	84,666,243	91,289,586	84,214,372	87,010,991
BPHC	2,960,179	2,257,586	843,273	3,959,649	6,172,992	5,847,921	7,177,359	9,531,860	4,965,372	4,090,546	5,289,075	4,625,737
Other	51,422,080	66,743,518	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
<b>Subtotal</b>	<b>334,543,514</b>	<b>380,327,707</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>Total Revenue</b>												
<b>Actual</b>	<b>737,980,611</b>	<b>899,339,792</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>2012\$<sup>a</sup></b>	<b>1,221,890,930</b>	<b>1,306,574,453</b>	<b>1,294,743,948</b>	<b>1,314,667,896</b>	<b>1,289,747,374</b>	<b>1,334,657,629</b>	<b>1,348,013,278</b>	<b>1,380,731,617</b>	<b>1,360,177,951</b>	<b>1,382,064,409</b>	<b>1,333,716,462</b>	<b>1,260,206,935</b>
<b>1999\$<sup>a</sup></b>	<b>737,980,611</b>	<b>789,126,582</b>	<b>781,981,359</b>	<b>794,014,747</b>	<b>778,963,598</b>	<b>806,087,866</b>	<b>814,154,225</b>	<b>833,914,990</b>	<b>821,501,274</b>	<b>834,719,951</b>	<b>805,519,433</b>	<b>761,122,176</b>
<b>1981\$<sup>a</sup></b>	<b>244,128,462</b>	<b>261,047,860</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>

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

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

<sup>a</sup> Revenue is shown in constant 2012 dollars (2012\$), 1999 dollars (1999\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

— Data are not available.



**Exhibit A-12b. Distribution of Title X project revenue, by revenue source and year: 1999 and 2002-2012**

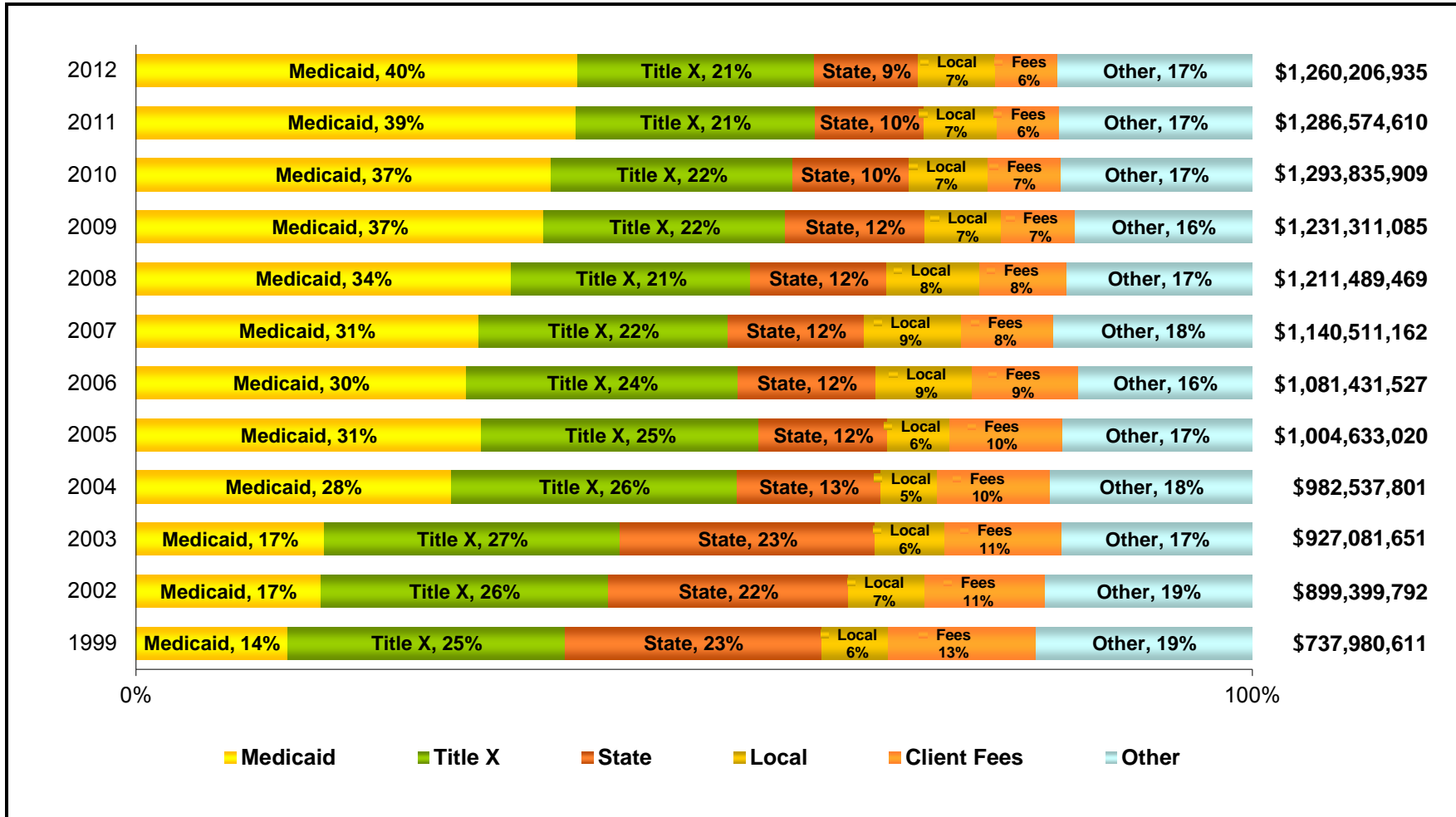
Revenue Sources	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Title X</b>	25%	26%	27%	26%	25%	24%	22%	21%	22%	22%	21%	21%
<b>Payment for Services</b>												
Client fees	13%	11%	11%	10%	10%	9%	8%	8%	7%	7%	6%	6%
Third-party payers												
Medicaid	14%	17%	17%	28%	31%	30%	31%	34%	37%	37%	39%	40%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	1%	2%	1%	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Private	2%	2%	2%	2%	3%	3%	4%	4%	4%	4%	4%	5%
<b>Subtotal</b>	<b>30%</b>	<b>32%</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>Other Revenue</b>												
MCH Block Grant	4%	3%	3%	3%	2%	2%	2%	2%	2%	2%	2%	2%
SS Block Grant	5%	3%	4%	3%	3%	3%	3%	2%	3%	3%	2%	1%
TANF	—	—	—	—	2%	1%	2%	2%	1%	1%	1%	1%
State government	23%	22%	23%	13%	12%	12%	12%	12%	12%	10%	10%	9%
Local government	6%	7%	6%	5%	6%	9%	9%	8%	7%	7%	7%	7%
BPHC	0%†	0%†	0%†	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†
Other	7%	7%	6%	7%	6%	6%	6%	6%	6%	7%	7%	8%
<b>Subtotal</b>	<b>45%</b>	<b>42%</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>Total Revenue Actual</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>100%</b>

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

— Data are not available.

† Percentage is less than 0.5%.

**Exhibit A-12c. Distribution of Title X project revenue, by revenue source and year: 1999 and 2002-2012**



Notes: Revenue figures are unadjusted. Medicaid includes separately reported CHIP 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: 2012 (Source: FPAR Table 1)**

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Alabama	101,554	1,531	103,085	99%	1%	2%
Alaska	6,600	1,920	8,520	77%	23%	0%†
Arizona	39,421	3,519	42,940	92%	8%	1%
Arkansas	73,307	360	73,667	100%	0%†	2%
California	1,058,489	136,192	1,194,681	89%	11%	25%
Colorado	54,389	9,764	64,153	85%	15%	1%
Connecticut	40,077	5,074	45,151	89%	11%	1%
Delaware	18,202	3,775	21,977	83%	17%	0%†
District of Columbia	32,879	8,570	41,449	79%	21%	1%
Florida	193,107	6,528	199,635	97%	3%	4%
Georgia	123,967	3,025	126,992	98%	2%	3%
Hawaii	21,436	1,008	22,444	96%	4%	0%†
Idaho	20,424	964	21,388	95%	5%	0%†
Illinois	95,358	3,581	98,939	96%	4%	2%
Indiana	37,001	2,831	39,832	93%	7%	1%
Iowa	59,443	3,998	63,441	94%	6%	1%
Kansas	32,953	2,997	35,950	92%	8%	1%
Kentucky	90,942	6,924	97,866	93%	7%	2%
Louisiana	35,582	492	36,074	99%	1%	1%
Maine	24,210	2,675	26,885	90%	10%	1%
Maryland	67,989	6,603	74,592	91%	9%	2%
Massachusetts	57,052	8,829	65,881	87%	13%	1%
Michigan	98,409	2,781	101,190	97%	3%	2%
Minnesota	52,242	7,141	59,383	88%	12%	1%
Mississippi	60,486	517	61,003	99%	1%	1%
Missouri	56,604	3,017	59,621	95%	5%	1%
Montana	21,975	2,484	24,459	90%	10%	1%
Nebraska	25,047	2,657	27,704	90%	10%	1%
Nevada	22,538	1,490	24,028	94%	6%	1%

† 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: 2012 (Source: FPAR Table 1) (continued)**

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
New Hampshire	22,134	1,660	23,794	93%	7%	0%†
New Jersey	95,471	7,826	103,297	92%	8%	2%
New Mexico	28,724	4,178	32,902	87%	13%	1%
New York	334,276	28,757	363,033	92%	8%	8%
North Carolina	121,200	1,998	123,198	98%	2%	3%
North Dakota	10,602	1,381	11,983	88%	12%	0%†
Ohio	75,690	8,635	84,325	90%	10%	2%
Oklahoma	65,028	1,506	66,534	98%	2%	1%
Oregon	63,897	4,056	67,953	94%	6%	1%
Pennsylvania	247,784	26,014	273,798	90%	10%	6%
Rhode Island	21,957	3,601	25,558	86%	14%	1%
South Carolina	81,513	5,958	87,471	93%	7%	2%
South Dakota	8,103	452	8,555	95%	5%	0%†
Tennessee	107,390	380	107,770	100%	0%†	2%
Texas	132,886	8,101	140,987	94%	6%	3%
Utah	36,076	6,735	42,811	84%	16%	1%
Vermont	7,448	547	7,995	93%	7%	0%†
Virginia	72,014	7,050	79,064	91%	9%	2%
Washington	76,510	4,245	80,755	95%	5%	2%
West Virginia	52,146	7,025	59,171	88%	12%	1%
Wisconsin	45,591	5,327	50,918	90%	10%	1%
Wyoming	9,892	1,215	11,107	89%	11%	0%†
<b>Jurisdictions/ Territories</b>						
Puerto Rico	17,966	1,211	19,177	94%	6%	0%†
U.S. Virgin Islands	3,120	245	3,365	93%	7%	0%†
Pacific region <sup>a</sup>	19,643	5,703	25,346	77%	23%	1%
<b>Total All Users</b>	<b>4,378,744</b>	<b>385,053</b>	<b>4,763,797</b>	<b>92%</b>	<b>8%</b>	<b>100%</b>
<b>Range</b>				<b>77%–100%</b>	<b>0%†–23%</b>	<b>0%†–25%</b>

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

† Percentage is less than 0.5%.

**Exhibit B-2. Number and distribution of family planning users by user income level and State: 2012**  
**(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	80,032	21,341	1,551	161	103,085	78%	21%	2%	0%†
Alaska	5,484	2,148	888	0	8,520	64%	25%	10%	0%
Arizona	32,414	4,306	6,180	40	42,940	75%	10%	14%	0%†
Arkansas	50,286	19,458	1,744	2,179	73,667	68%	26%	2%	3%
California	937,883	203,037	28,790	24,971	1,194,681	79%	17%	2%	2%
Colorado	48,652	13,345	2,156	0	64,153	76%	21%	3%	0%
Connecticut	18,278	21,653	2,549	2,671	45,151	40%	48%	6%	6%
Delaware	12,259	4,343	660	4,715	21,977	56%	20%	3%	21%
District of Columbia	22,609	6,980	3,307	8,553	41,449	55%	17%	8%	21%
Florida	115,365	35,885	26,412	21,973	199,635	58%	18%	13%	11%
Georgia	106,751	19,092	1,149	0	126,992	84%	15%	1%	0%
Hawaii	16,737	3,352	2,000	355	22,444	75%	15%	9%	2%
Idaho	14,343	6,315	727	3	21,388	67%	30%	3%	0%†
Illinois	87,633	10,567	724	15	98,939	89%	11%	1%	0%†
Indiana	28,688	8,994	2,150	0	39,832	72%	23%	5%	0%
Iowa	38,410	12,930	11,486	615	63,441	61%	20%	18%	1%
Kansas	20,879	11,580	2,073	1,418	35,950	58%	32%	6%	4%
Kentucky	73,881	17,685	3,393	2,907	97,866	75%	18%	3%	3%
Louisiana	32,286	3,603	168	17	36,074	89%	10%	0%†	0%†
Maine	13,665	8,303	1,992	2,925	26,885	51%	31%	7%	11%
Maryland	57,114	10,867	1,818	4,793	74,592	77%	15%	2%	6%
Massachusetts	39,685	20,607	2,675	2,914	65,881	60%	31%	4%	4%
Michigan	67,608	27,197	6,141	244	101,190	67%	27%	6%	0%†
Minnesota	34,337	15,505	5,157	4,384	59,383	58%	26%	9%	7%
Mississippi	51,918	8,755	312	18	61,003	85%	14%	1%	0%†
Missouri	40,287	15,775	3,559	0	59,621	68%	26%	6%	0%
Montana	14,071	6,787	3,601	0	24,459	58%	28%	15%	0%
Nebraska	14,430	8,525	1,179	3,570	27,704	52%	31%	4%	13%
Nevada	14,650	5,732	3,013	633	24,028	61%	24%	13%	3%

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: 2012**  
**(Source: FPAR Table 4) (continued)**

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
New Hampshire	12,010	6,734	1,605	3,445	23,794	50%	28%	7%	14%
New Jersey	41,800	58,478	3,019	0	103,297	40%	57%	3%	0%
New Mexico	25,871	4,667	446	1,918	32,902	79%	14%	1%	6%
New York	236,735	94,946	29,820	1,532	363,033	65%	26%	8%	0%†
North Carolina	72,620	30,122	6,400	14,056	123,198	59%	24%	5%	11%
North Dakota	5,193	4,361	2,222	207	11,983	43%	36%	19%	2%
Ohio	53,280	24,026	6,671	348	84,325	63%	28%	8%	0%†
Oklahoma	48,528	15,951	1,234	821	66,534	73%	24%	2%	1%
Oregon	50,186	15,855	1,589	323	67,953	74%	23%	2%	0%†
Pennsylvania	177,513	64,469	28,304	3,512	273,798	65%	24%	10%	1%
Rhode Island	20,846	3,788	588	336	25,558	82%	15%	2%	1%
South Carolina	82,983	3,533	955	0	87,471	95%	4%	1%	0%
South Dakota	5,609	2,122	629	195	8,555	66%	25%	7%	2%
Tennessee	94,492	10,801	2,424	53	107,770	88%	10%	2%	0%†
Texas	107,369	24,173	1,415	8,030	140,987	76%	17%	1%	6%
Utah	31,709	9,614	1,488	0	42,811	74%	22%	3%	0%
Vermont	3,159	2,120	678	2,038	7,995	40%	27%	8%	25%
Virginia	47,468	24,261	1,352	5,983	79,064	60%	31%	2%	8%
Washington	54,612	20,767	5,336	40	80,755	68%	26%	7%	0%†
West Virginia	54,491	4,633	19	28	59,171	92%	8%	0%†	0%†
Wisconsin	34,616	13,273	2,900	129	50,918	68%	26%	6%	0%†
Wyoming	6,988	3,206	913	0	11,107	63%	29%	8%	0%
<b>Jurisdictions/ Territories</b>									
Puerto Rico	12,864	2,956	3,329	28	19,177	67%	15%	17%	0%†
U.S. Virgin Islands	3,053	282	30	0	3,365	91%	8%	1%	0%
Pacific region <sup>a</sup>	7,459	208	27	17,652	25,346	29%	1%	0%†	70%
<b>Total All Users</b>	<b>3,382,089</b>	<b>1,000,013</b>	<b>230,947</b>	<b>150,748</b>	<b>4,763,797</b>	<b>71%</b>	<b>21%</b>	<b>5%</b>	<b>3%</b>
<b>Range</b>						<b>29%–95%</b>	<b>1%–57%</b>	<b>0%†–19%</b>	<b>0%–70%</b>

UK/NR=unknown or not reported. Note: Due to rounding, percentages may not sum to 100%. Title X-funded agencies calculate and report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <http://aspe.hhs.gov/poverty>.

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

† Percentage is less than 0.5%.



**Exhibit B-3. Number and distribution of family planning users by insurance status and State: 2012**  
**(Source: FPAR Table 5)**

State	Public	Private	Uninsured	UN/NR	Total	% Public	% Private	% Uninsured	% UN/NR
Alabama	29,992	12,961	60,109	23	103,085	29%	13%	58%	0%†
Alaska	2,020	1,535	4,950	15	8,520	24%	18%	58%	0%†
Arizona	10,901	2,617	29,417	5	42,940	25%	6%	69%	0%†
Arkansas	21,280	2,810	48,237	1,340	73,667	29%	4%	65%	2%
California	158,202	24,822	975,950	35,707	1,194,681	13%	2%	82%	3%
Colorado	8,917	6,059	43,035	6,142	64,153	14%	9%	67%	10%
Connecticut	19,557	12,532	12,519	543	45,151	43%	28%	28%	1%
Delaware	7,994	3,207	9,202	1,574	21,977	36%	15%	42%	7%
District of Columbia	29,668	3,018	3,024	5,739	41,449	72%	7%	7%	14%
Florida	99,241	29,682	68,342	2,370	199,635	50%	15%	34%	1%
Georgia	19,716	18,701	82,223	6,352	126,992	16%	15%	65%	5%
Hawaii	8,972	4,308	9,136	28	22,444	40%	19%	41%	0%†
Idaho	1,771	3,138	15,992	487	21,388	8%	15%	75%	2%
Illinois	42,137	7,924	48,097	781	98,939	43%	8%	49%	1%
Indiana	3,787	3,206	32,098	741	39,832	10%	8%	81%	2%
Iowa	13,182	17,539	31,924	796	63,441	21%	28%	50%	1%
Kansas	3,361	4,973	27,318	298	35,950	9%	14%	76%	1%
Kentucky	24,457	6,942	65,586	881	97,866	25%	7%	67%	1%
Louisiana	19,938	1,810	14,007	319	36,074	55%	5%	39%	1%
Maine	7,518	8,556	10,621	190	26,885	28%	32%	40%	1%
Maryland	19,431	11,351	37,481	6,329	74,592	26%	15%	50%	8%
Massachusetts	27,870	13,067	23,343	1,601	65,881	42%	20%	35%	2%
Michigan	24,855	12,271	60,031	4,033	101,190	25%	12%	59%	4%
Minnesota	7,941	13,709	37,228	505	59,383	13%	23%	63%	1%
Mississippi	19,257	301	37,945	3,500	61,003	32%	0%†	62%	6%
Missouri	16,038	6,920	36,663	0	59,621	27%	12%	61%	0%
Montana	1,440	8,268	14,473	278	24,459	6%	34%	59%	1%
Nebraska	2,032	5,900	18,610	1,162	27,704	7%	21%	67%	4%
Nevada	1,262	989	21,678	99	24,028	5%	4%	90%	0%†

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: 2012**  
(Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UN/NR	Total	% Public	% Private	% Uninsured	% UN/NR
New Hampshire	3,833	7,483	12,297	181	23,794	16%	31%	52%	1%
New Jersey	20,351	7,380	69,968	5,598	103,297	20%	7%	68%	5%
New Mexico	6,481	1,972	24,052	397	32,902	20%	6%	73%	1%
New York	139,373	41,198	168,942	13,520	363,033	38%	11%	47%	4%
North Carolina	30,587	4,309	88,302	0	123,198	25%	3%	72%	0%
North Dakota	780	4,406	6,639	158	11,983	7%	37%	55%	1%
Ohio	22,516	8,308	52,510	991	84,325	27%	10%	62%	1%
Oklahoma	15,635	7,450	42,679	770	66,534	23%	11%	64%	1%
Oregon	12,101	7,244	45,058	3,550	67,953	18%	11%	66%	5%
Pennsylvania	75,800	52,709	139,286	6,003	273,798	28%	19%	51%	2%
Rhode Island	9,742	4,807	10,993	16	25,558	38%	19%	43%	0%†
South Carolina	19,583	0	67,888	0	87,471	22%	0%	78%	0%
South Dakota	359	4,150	3,967	79	8,555	4%	49%	46%	1%
Tennessee	19,159	1,405	85,813	1,393	107,770	18%	1%	80%	1%
Texas	25,433	3,474	95,656	16,424	140,987	18%	2%	68%	12%
Utah	730	2,317	39,764	0	42,811	2%	5%	93%	0%
Vermont	2,537	4,072	1,247	139	7,995	32%	51%	16%	2%
Virginia	10,257	10,265	58,125	417	79,064	13%	13%	74%	1%
Washington	15,936	13,156	50,381	1,282	80,755	20%	16%	62%	2%
West Virginia	6,801	319	52,018	33	59,171	11%	1%	88%	0%†
Wisconsin	12,859	3,227	34,820	12	50,918	25%	6%	68%	0%†
Wyoming	804	2,387	6,606	1,310	11,107	7%	21%	59%	12%
<b>Jurisdictions/ Territories</b>									
Puerto Rico	10,183	5,711	3,222	61	19,177	53%	30%	17%	0%†
U.S. Virgin Islands	801	192	1,935	437	3,365	24%	6%	58%	13%
Pacific Region <sup>a</sup>	5,994	284	9,008	10,060	25,346	24%	1%	36%	40%
<b>Total Users</b>	<b>1,121,372</b>	<b>447,341</b>	<b>3,050,415</b>	<b>144,669</b>	<b>4,763,797</b>	<b>24%</b>	<b>9%</b>	<b>64%</b>	<b>3%</b>
<b>Range</b>						<b>2%–72%</b>	<b>0%–51%</b>	<b>7%–93%</b>	<b>0%–40%</b>

UK/NR=unknown or not reported.

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

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

† Percentage is less than 0.5%.

**Exhibit B-4. Number and distribution of family planning users by effectiveness level of primary method at exit from the encounter, by State: 2012 (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	188	4,775	64,733	12,470	83,650	6%	77%	15%
Alaska	353	931	2,561	1,408	5,641	23%	45%	25%
Arizona	429	4,032	20,571	6,553	33,330	13%	62%	20%
Arkansas	3,498	5,607	39,301	6,132	55,879	16%	70%	11%
California	18,962	114,795	501,992	297,727	958,989	14%	52%	31%
Colorado	1,436	9,588	28,284	5,793	47,391	23%	60%	12%
Connecticut	1,246	3,092	14,807	15,608	36,684	12%	40%	43%
Delaware	750	726	5,646	3,425	15,801	9%	36%	22%
District of Columbia	1,249	3,126	10,962	2,595	30,909	14%	35%	8%
Florida	4,317	11,173	92,494	23,992	140,865	11%	66%	17%
Georgia	3,095	8,273	74,947	18,599	108,449	10%	69%	17%
Hawaii	564	2,213	9,197	2,778	18,034	15%	51%	15%
Idaho	707	2,075	13,063	1,670	17,885	16%	73%	9%
Illinois	1,853	8,727	49,545	14,299	75,904	14%	65%	19%
Indiana	369	1,994	24,941	4,057	32,318	7%	77%	13%
Iowa	2,041	8,533	35,387	5,158	54,765	19%	65%	9%
Kansas	1,412	1,727	19,820	3,548	27,479	11%	72%	13%
Kentucky	3,271	3,378	48,142	28,753	85,192	8%	57%	34%
Louisiana	133	1,598	29,410	2,633	34,103	5%	86%	8%
Maine	774	1,810	12,873	3,481	21,721	12%	59%	16%
Maryland	1,187	5,674	34,705	10,304	54,411	13%	64%	19%
Massachusetts	1,700	6,273	23,781	12,229	47,092	17%	50%	26%
Michigan	865	4,522	65,409	13,435	85,991	6%	76%	16%
Minnesota	516	4,006	30,561	6,476	49,298	9%	62%	13%
Mississippi	2,258	1,948	41,586	7,142	54,140	8%	77%	13%
Missouri	3,151	3,014	34,910	5,728	47,717	13%	73%	12%
Montana	581	1,123	15,307	2,146	19,859	9%	77%	11%
Nebraska	1,065	2,135	12,313	3,236	22,023	15%	56%	15%
Nevada	362	2,189	12,637	3,019	19,794	13%	64%	15%

(continued)

**Exhibit B-4. Number and distribution of family planning users by effectiveness level of primary method at exit from the encounter, by State: 2012 (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>
New Hampshire	1,062	2,479	12,583	2,928	20,299	17%	62%	14%
New Jersey	2,393	3,920	37,192	36,373	80,897	8%	46%	45%
New Mexico	313	2,675	12,739	5,802	23,956	12%	53%	24%
New York	6,547	30,940	141,875	86,695	272,525	14%	52%	32%
North Carolina	1,161	12,177	71,866	21,466	110,028	12%	65%	20%
North Dakota	271	628	7,572	1,051	9,762	9%	78%	11%
Ohio	1,842	3,303	44,475	17,005	67,178	8%	66%	25%
Oklahoma	721	6,134	34,824	7,252	52,228	13%	67%	14%
Oregon	1,520	7,960	38,368	7,871	57,329	17%	67%	14%
Pennsylvania	6,375	13,513	117,710	58,775	222,922	9%	53%	26%
Rhode Island	2,250	2,189	6,558	5,178	18,291	24%	36%	28%
South Carolina	950	4,498	48,187	13,846	69,885	8%	69%	20%
South Dakota	109	321	6,694	504	7,726	6%	87%	7%
Tennessee	596	6,310	69,494	12,370	90,305	8%	77%	14%
Texas	3,600	12,820	67,316	29,264	118,509	14%	57%	25%
Utah	541	3,007	24,426	3,004	31,661	11%	77%	9%
Vermont	303	819	4,533	1,296	7,234	16%	63%	18%
Virginia	772	6,307	53,324	9,192	70,232	10%	76%	13%
Washington	1,357	9,479	49,283	7,135	68,197	16%	72%	10%
West Virginia	915	2,318	31,670	8,555	43,986	7%	72%	19%
Wisconsin	296	2,664	28,241	9,170	43,088	7%	66%	21%
Wyoming	437	467	6,717	857	8,547	11%	79%	10%
<b>Jurisdictions/ Territories</b>								
Puerto Rico	98	240	12,889	4,116	17,504	2%	74%	24%
U.S. Virgin Islands	126	19	1,111	1,453	2,710	5%	41%	54%
Pacific Region <sup>f</sup>	2,507	2,859	6,858	4,818	17,271	31%	40%	28%
<b>Total Users</b>	<b>95,394</b>	<b>367,103</b>	<b>2,306,390</b>	<b>880,370</b>	<b>3,817,584</b>	<b>12%</b>	<b>60%</b>	<b>23%</b>
<b>Range</b>						<b>2%–31%</b>	<b>35%–87%</b>	<b>7%–54%</b>

UK/NR=unknown or not reported. 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 Amenorrhoea 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).

<sup>e</sup> The U.S. jurisdictions in the Pacific region include American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

**Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by State: 2012 (Source: FPAR Table 11)**

<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	42,902	56,811	76%
Alaska	2,577	3,306	78%
Arizona	13,568	18,253	74%
Arkansas	25,070	38,803	65%
California	366,013	505,700	72%
Colorado	20,402	28,835	71%
Connecticut	11,641	18,566	63%
Delaware	6,260	8,944	70%
District of Columbia	7,500	10,920	69%
Florida	35,404	89,916	39%
Georgia	35,165	59,028	60%
Hawaii	5,553	10,264	54%
Idaho	6,169	10,122	61%
Illinois	25,847	48,024	54%
Indiana	10,529	18,103	58%
Iowa	18,923	33,287	57%
Kansas	9,407	14,472	65%
Kentucky	20,909	40,633	51%
Louisiana	13,490	17,429	77%
Maine	4,949	12,442	40%
Maryland	17,608	32,993	53%
Massachusetts	15,354	27,772	55%
Michigan	20,356	52,379	39%
Minnesota	15,552	31,526	49%
Mississippi	20,727	33,673	62%
Missouri	17,453	29,014	60%
Montana	7,408	12,560	59%
Nebraska	6,160	11,433	54%
Nevada	5,781	9,618	60%

(continued)

**Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by State: 2012 (Source: FPAR Table 11) (continued)**

<b>State</b>	<b>Number of Female Users under 25 Tested for Chlamydia</b>	<b>Total Number of Female Users under 25</b>	<b>% of Female Users under 25 Tested for Chlamydia</b>
New Hampshire	5,708	10,996	52%
New Jersey	22,062	39,519	56%
New Mexico	7,612	15,562	49%
New York	91,946	157,718	58%
North Carolina	29,860	54,225	55%
North Dakota	3,400	5,883	58%
Ohio	17,935	43,089	42%
Oklahoma	20,609	37,106	56%
Oregon	15,655	30,301	52%
Pennsylvania	71,707	122,165	59%
Rhode Island	4,654	10,099	46%
South Carolina	24,829	42,282	59%
South Dakota	2,558	5,012	51%
Tennessee	21,706	59,249	37%
Texas	32,038	55,268	58%
Utah	7,582	19,572	39%
Vermont	2,292	3,899	59%
Virginia	20,218	33,114	61%
Washington	22,143	41,686	53%
West Virginia	14,161	29,729	48%
Wisconsin	9,270	26,474	35%
Wyoming	2,430	5,392	45%
<b>Jurisdictions/Territories</b>			
Puerto Rico	7,014	9,568	73%
U.S. Virgin Islands	1,073	1,345	80%
Pacific Region <sup>a</sup>	1,130	6,877	16%
<b>Total Users</b>	<b>1,268,269</b>	<b>2,150,956</b>	<b>59%</b>
<b>Range</b>			<b>16%–80%</b>

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

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

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# **Appendix C**

## **Field and Methodological Notes**



# Field and Methodological Notes

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## INTRODUCTION

This appendix presents additional information about the 2012 FPAR, including issues identified by RTI during data validation and relevant table-specific notes from grantees and HHS staff (Regional Program Consultants [RPC], other regional HHS staff, and the FPAR Data Coordinator). The notes have been organized according to the FPAR reporting table to which they apply.

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## FPAR COVER SHEET: GRANTEE PROFILE

In 2012, there were two new grantees and a net increase of six subrecipients. Eight grantees reported an increase in the number of subrecipients, and 22 reported a decrease. Three grantees attributed the decrease in the number of subrecipients to their withdrawal from Title X participation or an error in the number of subrecipients reported in 2012.

Between 2011 and 2012, there was a net decrease of 193 service sites. Twenty-one grantees reported an increase in service sites while 38 reported a decrease. Seventeen grantees attributed the decrease in number of sites to one or more of the following reasons: clinic closures or consolidations, withdrawal from Title X participation, reduced funding, staff shortage due to recruitment challenges, and reporting error in the number of clinics reported in 2011. Three grantees attributed the increase in number of sites to more health department sites and increased availability of clinical staff.

Three grantees reported data for a 12-month reporting period (December 1, 2011 to November 30, 2012) that was different from the calendar year. In addition, three grantees were active for less than 12 months during 2012.

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## FPAR TABLE 1: USERS BY AGE AND SEX

Between 2011 and 2012, there was a net decrease of 257,914 users. Of the 90 grantees operating in both 2011 and 2012, 25 reported an increase in users and 65 reported a decrease.

Twenty grantees attributed the increase in number of family planning users to one or more of the following reasons: increased outreach to or services for selected client groups (e.g., males and teens), increased number of sites, increased number of grantees or subrecipients, increased availability of non-traditional operating hours, increased financing options from insurance and Medicaid family planning eligibility expansions, improved data collection and reporting, enhanced technical assistance and marketing support, or increased provider staff.

Thirty-five grantees attributed the decrease in number of family planning users to one or more of the following reasons: reduced staffing or challenges recruiting and retaining qualified staff; reduction in number of service sites due to closures, mergers, and withdrawal from Title X participation; reduced funding; relocation of service sites; reduced or modified hours of

operation; decreased efficiency during transition to new electronic health record systems; reporting problems related to the data system; ability of users to seek care elsewhere as a result of Affordable Care Act provisions, Medicaid eligibility expansions, and increase in private health insurance coverage; screening guidelines and changes in service policies that require fewer client visits, such as not requiring an annual exam; decrease in service offerings (e.g., STD testing); lower cost of generic contraceptive supplies (e.g., pills) at pharmacies; or natural disasters (e.g., Hurricane Sandy) that prevented sites from functioning at regular capacity.

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

Between 2011 and 2012, the percentage of total female users with an unknown race (13%) or unknown ethnicity (1%) remained stable. Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown race. Of the 13% of total female users for whom race was unknown or not reported in 2012, 73% identified as Hispanic or Latino. Twenty-two grantees commented on female users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum Office of Management and Budget (OMB) race options in FPAR Table 2. Five grantees attributed the large percentage of female users with unknown race or ethnicity to problems with data collection, while seven others attributed a reduction in number of female users with an unknown race or ethnicity to improved data collection or better technical guidance.

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

Between 2011 and 2012, the percentage of total male users with an unknown race (15%) or unknown ethnicity (4%) remained stable. Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 15% of total male users for whom race was unknown or not reported in 2012, 68% identified as Hispanic or Latino. Nineteen grantees commented on male users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum OMB race options in FPAR Table 3. Three grantees attributed the large percentage of male users with unknown race or ethnicity to data collection problems, while three others attributed the decrease in number of male users with an unknown race or ethnicity to improved data collection.

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

Seven 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 or a failure of sites to collect income data for specific client subgroups (e.g., education-only users and full-fee clients). Three grantees attributed a decreased number of family planning users with unknown or not reported income to improved data collection.

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

Two grantees attributed the high or increased number of family planning users with unknown or not reported principal health insurance coverage status to data collection problems, including clients lacking knowledge about their coverage status, problems transitioning to electronic health records systems, and failure to collect the data. In addition, two grantees attributed the decreased number of family planning users with unknown or not reported principal health insurance coverage status to improved collection of insurance data.

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

Ten grantees attributed the high or increased number of LEP users to one or more of the following reasons: improved data collection, an increase in the number of users who are immigrants, increased outreach to minority communities, or the addition of new sites, services, and providers who serve large LEP populations.

Nine grantees attributed the decrease in the number of LEP users to one or more of the following reasons: underreporting of LEP users, weaknesses in data collection practices, a decline in LEP users due to emigration or fear, or loss of sites that serve LEP populations.

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**FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD**

**Hormonal injection users**—Thirteen grantees in six regions (I, III, IV, V, VI, and IX) reported a total of 175 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.04% of the 645,136 hormonal injection users reported in 2012.

**Sterilization among users under 20**—Eight grantees reported nine 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 sites.

**Unknown method**—Ten grantees attributed the high or increased number of female users with an unknown primary method to problems with data collection, including transition or implementation of electronic health record systems or failure to collect primary method data for specific user subgroups or encounters (e.g., education-only visits). In addition, four grantees attributed the low or decreased number of female users with an unknown primary method to improved data collection. One of the four grantees noted that the new electronic health record system does not have an “unknown or not reported” method category.

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

**Sterilization users under 20**—Two grantees each reported one male user under 20 who relied on vasectomy as his primary contraceptive method. Both grantees confirmed that these users had been sterilized prior to their seeking services at the Title X service sites.

**Unknown method**—Ten grantees attributed the high or increased number of male users with an unknown primary method to weaknesses in data collection procedures, including failure to collect method use data for selected user subgroups (e.g., standalone STD testing and education-only clients). Two of the 10 grantees that reported an increase in the unknown primary method category offered some additional reasons, including male clients not knowing what method their partners were using, inability of male clients to decide on a method at the time of the encounter, and client refusal to answer the question about method use.

Five grantees attributed the decrease in the number of male users with an unknown method to improvements in data collection; one of the five noted that their electronic health records system does not allow staff to leave the primary method field blank.

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

Of the 90 grantees that submitted an FPAR in both 2011 and 2012, 72 reported a decrease in the unduplicated number of female users who received a Pap test, and 73 reported a decrease in the percentage of female users tested. Thirty grantees attributed the decrease in cervical cancer screening activities to better adherence to cervical cancer screening guidelines. Ten other grantees attributed the decrease in screening to one or more of the following reasons: a reduction in the number females served, fewer licensed clinical providers, fewer service sites, reduced clinic hours, or reduced funding.

Of the 90 grantees that submitted an FPAR in both 2011 and 2012, 18 reported an increase in the unduplicated number of female users who received a Pap test, and 17 reported an increase in the percentage of female users tested. Five grantees attributed the increase in cervical cancer screening to one or more of the following reasons: increased client demand for Pap screening, more providers able to perform the test, improved data collection, and greater community outreach.

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### **FPAR TABLE 10: BREAST CANCER SCREENING ACTIVITIES**

Of the 90 grantees that submitted an FPAR in both 2011 and 2012, 65 reported a decrease in the unduplicated number of users who received a clinical breast exam (CBE), and 53 reported a decrease in the percentage of users examined. Fourteen grantees attributed a decrease in breast cancer screening activities (i.e., CBEs) to better adherence to breast cancer screening guidelines, while 12 others attributed the decrease to fewer clients served, a decrease in the number of clients receiving a physical exam, site closures, staff shortages, budget cuts, reduced clinic hours, or reduced clinic efficiency during transition to an electronic health records system.

Of the 90 grantees that submitted an FPAR in both 2011 and 2012, 25 reported an increase in the unduplicated number of users who received a CBE, and 37 reported an increase in the percentage of users examined. Eight grantees attributed the increase in breast cancer screening activities to one or more of the following reasons: improved data collection, an increased number of users, increased case management, or community outreach aimed at

increasing screening. One grantee reported that the increase in 2012 resulted from an error in the data reported for 2011.

Two grantees noted that the number of reported CBEs was an estimate based on the comprehensive/global billing code for a complete physical exam, and one grantee commented on the difficulty of tracking CBE-related referrals due to the limitations of their data system.

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

Of the 90 grantees that submitted an FPAR in both 2011 and 2012, 40 reported an increase in the unduplicated number of female users tested for chlamydia, 50 reported an increase in the unduplicated number of male users tested for chlamydia, and 49 reported an increase in the percentage of female users under 25 years tested for chlamydia.

Eleven grantees attributed the increase in number of users tested to high chlamydia prevalence in the population served, an increase in users, increased outreach and marketing to subgroups (e.g., adolescents), use of urine-based testing technology, increased adherence to CDC testing guidelines, mergers with STD clinics, or the addition of new service sites. In addition, nine grantees commented on the increase in the number of females tested, particularly females under 25, attributing this increase to improved adherence to CDC testing guidelines.

Seven grantees attributed the increase in the number of male users tested to one or more of the following reasons: an increase in the number of male users, marketing efforts, increased efforts to identify high-risk male clients, better adherence to CDC testing guidelines, or increased off-site testing.

Eight grantees attributed the decrease in the unduplicated number of users tested for chlamydia to one or more of the following reasons: a reduction in the number of users, better adherence to CDC testing guidelines, site closures, staff shortages, a decrease in clinic operating or clinician hours, or a decrease in funding.

Two grantees noted that chlamydia testing data were incomplete due to problems or weaknesses in family planning data systems.

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### **FPAR TABLE 12: STD TESTING BY SEX**

**Gonorrhea**—Ten grantees attributed the increase in the number of gonorrhea tests performed to one or more of the following reasons: improved adherence to testing guidelines, more efficient test collection and analysis, use of a combined test for chlamydia and gonorrhea, increased number of users, increased number of high-risk users, increased funding to support testing, implementation of new screening initiatives (e.g., routine screening), high prevalence or outbreaks in service area, or mergers with STD clinics. Six grantees attributed the decrease in the number of gonorrhea tests performed to one or more of the following reasons: a decrease in users, data collection issues, better adherence to testing guidelines, decreased funding, reductions in qualified staff, or reduced operating hours.

**Syphilis**—Fifteen grantees attributed the increase in the number of syphilis tests performed to one or more of the following reasons: increase in users due to closure of or merger with STD clinics, comprehensive STD screening, local outbreaks, high prevalence in the population served, increased case management, implementation of initiatives to expand screening (e.g., waiver, marketing, community outreach), or more males presenting with STD symptoms. Six grantees attributed the decrease in the number of syphilis tests to improved adherence to testing guidelines, users declining to be tested, low prevalence in the community, or data collection issues. One grantee eliminated testing due to loss of funding.

**HIV**—Nineteen grantees attributed the increase in the number of confidential HIV tests performed to one or more of the following reasons: implementation of opt-out testing, use of rapid HIV testing technology, the integration of HIV testing services into family planning, increased marketing and promotion of HIV testing programs, increased funding for HIV testing, increased training for HIV testing, merger between the family planning and STD clinics, increased availability of HIV testing sites, or improved data collection. Nine grantees attributed the decrease in the number of confidential HIV tests performed to one or more of the following reasons: a decrease in the number of users, loss of dedicated funding, improved data collection, more targeted testing, or a decrease in number of sites. One grantee reported that the number of HIV tests was underreported due to a data system problem. Two grantees commented that HIV test results were not available.

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### **FPAR TABLE 13: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION**

**Staffing**—Eleven grantees attributed a decrease in the number of CSP FTEs to reduced funding, less physician time allocated to direct patient care, staffing changes, reduced clinic hours, better data collection, or a decrease in the number of subrecipients or service sites. Seventeen grantees attributed the increase in CSP FTEs to integration of family planning services into comprehensive primary care, better data collection, an expansion of services, new sites, additional staff, or additional funding. One grantee commented that the reported CSP FTE data were estimates.

**Encounters**—Six grantees attributed the increase in total encounters to an increase in clients served, improvements in data collection, or more clients having multiple encounters during the reporting period. One grantee attributed the increase in total encounters to an error in the grantee's electronic health records system that resulted in over-counting of users. Fourteen grantees attributed a decrease in total encounters to clinic closures, staff shortages, better data collection, reduction in funding, disruptions in clinic operations associated with a transition to electronic health records systems, better adherence to national practice guidelines, a decrease in users, or changes in prescribing practices that have reduced the frequency of visits for refills.

Three grantees attributed the increase in CSP encounters to one or more of the following reasons: expanded services, reassignment of non-CSPs to other public health activities, increased CSP staffing, increased number of sites, or improved data collection. Nine grantees attributed the decrease in CSP encounters to one or more of the following reasons: budget cuts, staffing shortages or reductions, a decrease in client visits due to increased use of long-

acting contraceptive methods and elimination of the required annual exam, or reduction in clinic operating hours.

Seven grantees attributed the increase in non-CSP encounters to one or more of the following reasons: better data collection, CSP staffing shortages, restricted clinician hours, increased number of encounters not requiring a CSP (e.g., pregnancy test counseling), or improved reporting of non-CSP encounters. Two of the seven grantees noted an increase in non-CSP encounters due to errors in reporting encounters for reclassifying other CSPs in 2011. Five grantees attributed a decrease in the number of non-CSP encounters to a reduction in the number of service sites, additional funding, or increased delivery of care by CSPs.

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

**Title X revenue (row 1)**—Title X revenue includes 2012 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and male involvement).

**Medicaid revenue (row 3a)**—Medicaid revenue includes revenue from state Medicaid family planning eligibility expansions in 30 states in all 10 HHS regions. The states, by region, include the following:

Region I—Connecticut, Rhode Island

Region II—New York

Region III—Delaware, Maryland, Pennsylvania, and Virginia

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

Region V—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

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

Region VII—Iowa and Missouri

Region VIII—Montana, Wyoming

Region IX—Arizona, California

Region X—Oregon and Washington

**Other revenue (rows 12 to 16)**—An illustrative list of “other” revenue sources reported in rows 12 to 16 include grantee contributions or general funds, client contributions/donations, U.S. Centers for Disease Control and Prevention funding (e.g., Infertility Prevention Project; Breast, Cervical, and Colon Health Program; Breast and Cervical Cancer Early Detection Program, HIV/AIDS Prevention and Testing; Health Woman Program, technical assistance funding), other state and federal grants (e.g., Ryan White, Personal Responsibility Education Program), Community Services Block Grant, Colorado Family Planning Initiative, Iowa Initiative, UNFPA, private foundation grants and donations, consultation fees, contraceptive or pharmacy revenue, interest income, training and education services revenue, subrecipient support, social service charities, rental income, interest income, Massachusetts Alliance for Teen Pregnancy, and Refugee Health Program.

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## TREND EXHIBITS

**Exhibits A-7a, A-7b, and A-7c**—In the *FPAR National Summaries* for 1999 to 2004 (**Table A-6**) and 2005 (**Exhibit A-7a**), the primary contraceptive use trend data for 1999 excluded 8,271 female users from the total number because the grantee did not report a method of contraception for them. The correct total number of female users in 1999 was 4,315,040 and not 4,306,769, as shown in these trend tables from previous reports. In the *FPAR 2012 National Summary*, these 8,271 users are included in the unknown method cell of the 1999 primary contraceptive use column, bringing the total number of female users with an unknown method in 1999 to 162,056 (instead of 153,785) and the total number of female primary method users to 3,746,113 (instead of 3,737,842).

**Exhibit A-7b**—In the *FPAR National Summaries* for 1999 to 2009, female users for whom the primary contraceptive method was unknown or not reported were assumed to be using a method, and these users were included in the table presenting the distribution of methods across female method users. An assessment of grantee comments in the FPAR reports for 2005 to 2012 indicates that method use information for these female users may be missing from the client record. Therefore, we cannot assume that a method was continued or adopted at exit from the encounter. In the *2012 FPAR National Summary*, we exclude female users with an unknown or not reported method from **Exhibit A-7b** for all years.

**Exhibits A-11a, A-11b, and A-11e**—In the *FPAR 2012 National Summary*, the 2005 to 2012 Medicaid revenue figures (unadjusted and adjusted) presented in **Exhibit A-11a** include separately reported revenue from the Children’s Health Insurance Program (CHIP). The line graphs (**Exhibits A-11b** and **A-11e**) based on the **Exhibit A-11a** Medicaid figures also include CHIP revenue. Please note that in the *FPAR National Summaries* for 2008 to 2011, the Medicaid revenue figures presented in this same table (**Exhibit A-11a** in 2010–2011 and **Exhibit A-10a** in 2008–2009) and the line graphs based on the Medicaid revenue figures (**Exhibit A-11b** and **A-11e** in 2010–2011 and **Exhibits A-10b** and **A-10e** in 2008–2009) excluded CHIP revenue.

**Exhibits A-12c**—In **Exhibit A-12c** of the *FPAR 2012 National Summary*, the percentage of total revenue from Medicaid in each bar graph (2005 to 2012) includes separately reported CHIP. Please note that the Medicaid bar in this same exhibit in the *FPAR National Summaries* for 2005 to 2009, and 2011 (**Exhibit A-12c** in 2011, **Exhibit A-11c** in 2007–2009, and **Exhibit A-7** in 2005–2006) excluded CHIP revenue. (CHIP revenue was combined with Other revenue.) Because the percentage of total revenue from CHIP is less than 1%, the exclusion or inclusion of CHIP revenue does not alter the percentages of total revenue from Medicaid that are shown in these exhibits for the current or previous years.



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