

Title X Family Planning Annual Report

2014 National Summary



August 2015
Revised August 2016

Family Planning Annual Report: 2014 National Summary

Prepared for

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ERRATA AND REVISIONS

Family Planning Annual Report: 2014 National Summary

As of August 31, 2016, the following items in the print version of the *Family Planning Annual Report: 2014 National Summary* (August 2015) have been corrected in the online version 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/>.

In *Exhibit 26*, an error was found in the percentages of female users who received a clinical breast exam (CBE). This error affected text on page 41 and in the Executive Summary on page ES-2. Below we highlight the corrections made to the text and exhibit in the online version.

Executive Summary, Key 2014 FPAR Findings, page ES-2

Title X-funded cervical and breast cancer screening services contribute to early detection and management. In 2014, Title X providers conducted Papanicolaou (Pap) testing on 21% (785,540) of female users. Fourteen percent of almost 813,900 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on [34%] (1.3 million) of female users and referred 4% of those examined for further evaluation based on abnormal findings.

Section 3 Findings, Cervical and Breast Cancer Screening, pages 41–42

Breast Cancer Screening (Exhibit 26), page 41

In 2014, Title X service sites provided clinical breast exams (CBEs) to [34%] (1.3 million) of female users and referred 4% (46,892) of those examined for further evaluation based on CBE results. By region, from [16%] (IX) to [53% (VI)] of total users received a CBE, and 1% (VIII and X) to 13% (IX) of those examined were referred for further evaluation (*Exhibit 26*).

Exhibit 26, Clinical Breast Exams (CBEs), page 42

The following changes were made to the CBE section in the lower half of *Exhibit 26*:

- The row headings were changed from “Users Examined” to “Female Users Examined” and from “Users Referred Based on Exam” to “Female Users Referred Based on CBE.”
- Footnote “d” on the row heading “Number” was changed to footnote “a,” which reads “Unduplicated number of female users.”
- Footnote “e” on the row heading “Percentage” was changed to footnote “b,” which reads “Denominator is the total unduplicated number of female users.”
- Footnote “f” was relettered as footnote “d,” and original footnotes “d” and “e” were deleted.
- The second row of figures in the CBE section, which shows the “Percentage of Female Users Examined,” was changed as follows:

All Regions: Changed from 31% to 34%

Region I: Changed from 25% to 28%

Region II: Changed from 33% to 36%

Region III: Changed from 31% to 35%

Region IV: Changed from 48% to 50%

Region V: Changed from 27% to 30%

Region VI: Changed from 48% to 53%

Region VII: Changed from 44% to 48%

Region VIII: Changed from 40% to 46%

Region IX: Changed from 14% to 16%

Region X: Changed from 23% to 25%

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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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Finally, publication of this report would not have been possible without the contributions of Title X service grantees and subrecipients that collect, compile, and submit FPAR data to OPA.

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Executive Summary

The Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive health care. 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. In addition to offering a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis, Title X-funded service sites provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.^{1,2} The program is implemented through grants to over 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in over 4,100 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2014, the Title X program received approximately \$286.4 million in funding.⁴

Annual submission of the Family Planning Annual Report (FPAR)⁵ is required of all Title X services grantees.^{6,7} 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.⁵

The purpose of the *Family Planning Annual Report: 2014 National Summary* is to present the national-, regional-, and state-level findings for the 2014 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

KEY 2014 FPAR FINDINGS

A diverse network of public and private nonprofit health and community service agencies deliver Title X services. In 2014, Title X-funded services were implemented through grants to 94 agencies: 50 (53%) state and local health departments and 44 (47%) nonprofit family planning and community health agencies. Title X funds supported a network of 4,127 service sites operated either by grantees or 1,134 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States.

Title X providers serve a vulnerable population, most of whom are female, poor, uninsured, and young. In 2014, Title X-funded providers served more than 4.1 million family planning users (i.e., clients) through almost 7.2 million family planning encounters. A *family planning user* is an individual who has at least one family planning encounter at a Title X service site during the reporting period. A *family planning encounter* is a

documented, face-to-face contact between an individual and a family planning provider with the purpose of delivering family planning and related preventive health services to avoid unintended pregnancies or achieve intended pregnancies. More than 9 of every 10 users (91%) were female, 69% were under 30, 69% had family incomes at or below the poverty level (\$23,850 for a family of four in the 48 contiguous states and DC),⁸ and 54% were uninsured.

Title X providers serve a racially and ethnically diverse population. Of the more than 4.1 million family planning users served in 2014, 29% self-identified with at least one of the nonwhite Office of Management and Budget⁹ race categories (black or African American, Asian, Native Hawaiian or Pacific Islander, or American Indian or Alaska Native), 30% self-identified as Hispanic or Latino, and 13% were limited English proficient.

Title X providers offer clients a broad range of effective, medically safe contraceptive methods approved by the U.S. Food and Drug Administration. In 2014, 84% (3.2 million) of all female users adopted or continued use of a contraceptive method at exit from their last encounter. Almost two-thirds of female users exited the encounter with a contraceptive method that was either highly (13%) or moderately effective (51%) in preventing unintended pregnancy.¹⁰ Nine percent of female users exited the encounter with no primary method because they were either pregnant or seeking pregnancy.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients. In 2014, 9% (364,661) of all Title X users were men, a number that has grown by 49% since 2004. Most male users were in their 20s (49%) or teens (17%), and 88% (319,279) adopted or continued use of condoms (72%) or other methods (16%) at exit from their last encounter. In addition, Title X providers tested 66% of all male users for chlamydia and provided testing for several other STDs, including gonorrhea (7.4 tests per 10 male users), HIV (5.7 tests per 10 male users), and syphilis (3.3 tests per 10 male users).

Title X-funded cervical and breast cancer screening services contribute to early detection and management. In 2014, Title X providers conducted Papanicolaou (Pap) testing on 21% (785,540) of female users. Fourteen percent of almost 813,900 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 34% (1.3 million) of female users and referred 4% of those examined for further evaluation based on abnormal findings.

Title X-funded STD and HIV services prevent transmission and adverse health consequences. In 2014, Title X providers tested 58% (1.0 million) of female users under 25 for chlamydia. Providers also performed 2.2 million gonorrhea tests (5.4 tests per 10 users), 1.0 million confidential HIV tests (2.5 tests per 10 users), and 590,115 syphilis tests (1.4 tests per 10 users). Of the confidential HIV tests performed, 2,112 were positive for HIV.

A variety of qualified health providers deliver Title X-funded clinical services. In 2014, 3,066 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 67% of total CSP FTEs, followed by physicians (18%) and registered nurses with an

expanded scope of practice (15%). A CSP attended 71% of the 7.2 million family planning encounters in 2014.

Six sources account for almost 9 of every 10 dollars in Title X project revenue. In 2014, Title X grantees reported total project revenue of \$1.24 billion to support their approved Title X services projects. Six sources accounted for 88% of total revenue: Medicaid/Children's Health Insurance Program (40%, or \$493.1 million), Title X (20%, or \$249.5 million), state governments (10%, or \$121.0 million), private third-party payers (8%, or \$95.1 million), local governments (6%, or \$80.4 million), and client service fees (4%, or \$53.2 million).

Title X project revenue has declined as has the size and reach of the service network. In 2014, Title X projects reported a net decrease of \$71.5 million (2014 constant dollars) in total revenue compared with 2013. The 1-year increase in revenue from private and other third-party payer revenue (\$24.5 million) was insufficient to offset a total 1-year loss of \$96.1 million from Medicaid (\$27.6 million), client service fees (\$17.9 million), local government (\$15.6 million), state government (\$13.2 million), Title X (\$10.2 million), and block grant and other revenue sources (\$11.5 million). This 1-year drop in revenue was accompanied by declines in the number of clients served (by 428,541), encounters (by 955,119 million), and service sites (by 41).

Apart from a decrease in Title X project revenue, grantees suggested other factors affecting the demand for and use of Title X-funded services, including changes in clinical guidelines that have reduced the frequency of recommended preventive health services (e.g., Pap test). In addition, other health system factors that may have affected Title X services include electronic health record system implementation and changes in health insurance coverage status under the Affordable Care Act.

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1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act¹¹ 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. In addition to offering a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis, Title X-funded centers provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.^{1,2} By law, Title X funds cannot be used in programs where abortion is a method of family planning.^{1,2} The program is implemented through grants to over 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in over 4,100 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2014, the Title X program received approximately \$286.4 million in funding.⁴

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

FAMILY PLANNING ANNUAL REPORT

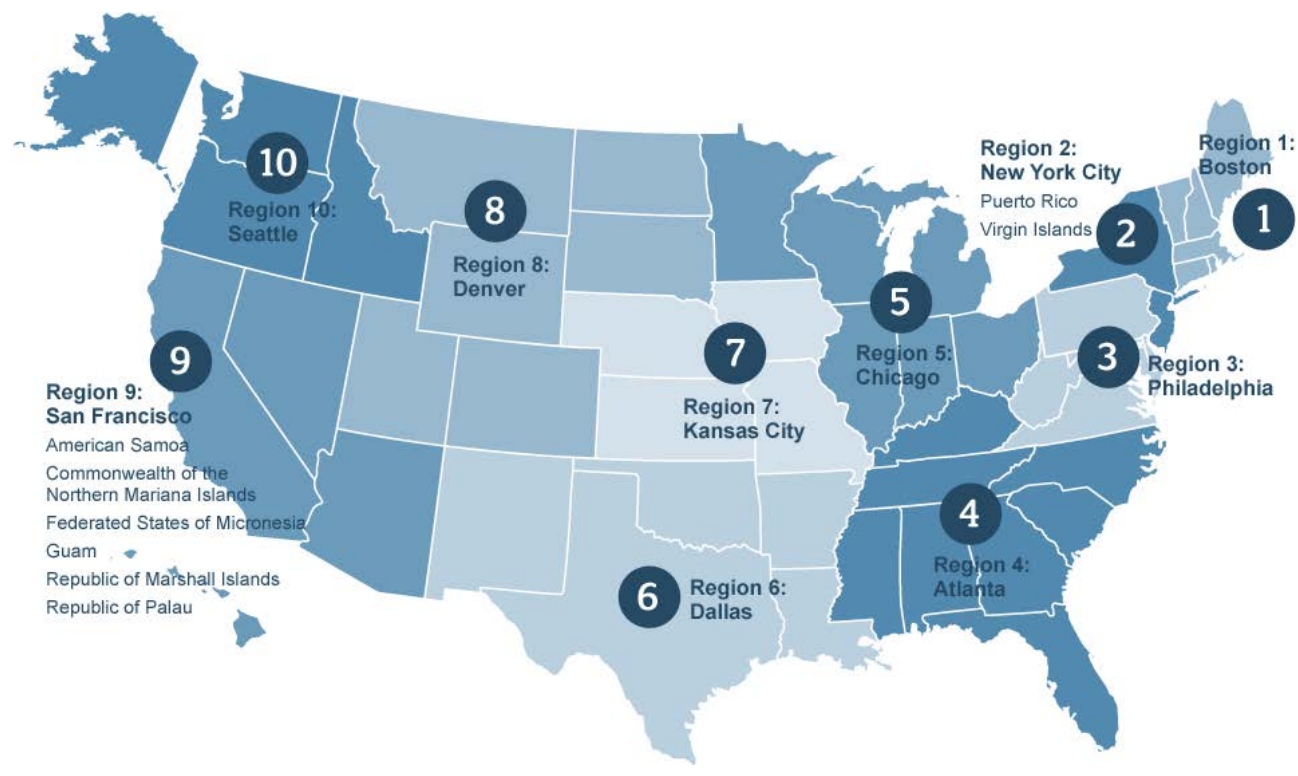
The Family Planning Annual Report (FPAR)⁵ is the only source of uniform reporting by all Title X service grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. Annual submission of the FPAR is required of all Title X service grantees for purposes of monitoring and reporting program performance.^{6,7} The FPAR data are presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.²

Title X administrators and grantees use FPAR data to

- monitor compliance with statutory requirements;
- comply with accountability and federal performance reporting requirements for Title X family planning funds, including but not limited to the Government Performance and Results Modernization Act and the Office of Management and Budget (OMB);
- guide strategic and financial planning and respond to inquiries from policy makers and Congress about the program; and

- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.⁵

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; Maryland; Pennsylvania; Virginia; Washington, DC; and West Virginia
- **Region IV (Atlanta, GA)**—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region V (Chicago, IL)**—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI (Dallas, TX)**—Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII (Kansas City, MO)**—Iowa, Kansas, Missouri, and Nebraska
- **Region VIII (Denver, CO)**—Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- **Region IX (San Francisco, CA)**—Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau
- **Region X (Seattle, WA)**—Alaska, Idaho, Oregon, and Washington

REPORT STRUCTURE

The *Family Planning Annual Report: 2014 National Summary* presents data for the 94 Title X service grantees that submitted an FPAR report for the 2014 reporting period (January 1, 2014, to December 31, 2014). 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 includes definitions for table-specific FPAR terms and reporting guidance.

Section 4—References—is a list of *National Summary* references.

Additional data for the *National Summary* are included in three appendices: **Appendix A** presents trend data for selected indicators for 2004 through 2014 or 2005 through 2014. **Appendix B** presents 2014 data for selected indicators by “state,” which includes the 50 states, the District of Columbia, and the eight U.S. territories and Freely Associated States (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). **Appendix B** exhibits include information on the number and distribution of Title X family planning users served by sex, income level, health insurance coverage status, female contraceptive use, and chlamydia testing (females under 25). **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 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 services 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.

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 tests 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, or referral) that comply with *Title X Program Guidelines*¹ and where at least some of the encounters between the family planning providers and the individuals 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 Records—Title X projects must establish a medical record for every client who obtains clinical services or other screening or laboratory services (e.g., blood pressure check, urine-based pregnancy, or STD test). The medical record contains personal data; a medical history; physical exam data; laboratory test orders, results, and followup; treatment and special instructions; scheduled revisits; informed consent forms; documentation of refusal of services; and information on allergies and untoward reactions to identified drug(s). The medical record also contains clinical findings; diagnostic and therapeutic orders; and documentation of continuing care, referral, and followup. The medical record allows for entries by counseling and social service staff. The medical record is a confidential record, accessible only to authorized staff and secured by lock when not in use. The client medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 7–10.

2

FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions* (Reissued October 2013)⁵ consists of 15 reporting tables. OPA instructs grantees to report on the scope of services or activities that are proposed in their approved grant applications and supported with Title X grant and related sources of funding. 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 2014 findings. Each exhibit identifies the FPAR table that is the source for the data presented.

DATA REPORTING

Title X service grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1 to December 31). In February 2015, 94 grantees submitted FPARs for the 2014 reporting period. Ninety-six percent (90 reports) of FPARs were submitted by the due date, and all were submitted using the web-based *FPAR Data System* (<https://fpar.opa.hhs.gov/>).

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

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

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

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

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

In FPAR **Table 1**, grantees report the unduplicated number of family planning users by age group and sex, categorizing the users based on their age as of June 30 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 30 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*⁹ 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 as follows:

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 as follows:

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 October 2013), pp. 15–17, A-1–A-2.

3 Findings

GRANTEE PROFILE

In 2014, Title X-funded services were implemented through grants to 94 agencies: 50 (53%) state and local health departments and 44 (47%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,134 subrecipients (subcontractors) and 4,127 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (*Exhibit 2*).

In 2014, the Title X program had 1 fewer grantee (94 in 2014 vs. 95 in 2013), 47 fewer subrecipients (1,181 vs. 1,134), and 41 fewer service sites (4,127 vs. 4,168) than in 2013. All but three regions (I, IV, and VIII) reported declines in the numbers of subrecipients (1 to 45) and service sites (5 to 129) from 2013 to 2014 (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2013–2014 (Source: FPAR Grantee Profile Cover Sheet)

Network Feature	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2014	94	12	6	10	14	10	6	5	6	17	8
2013	95	11	6	10	13	11	7	5	6	18	8
Difference	-1	1	0	0	1	-1	-1	0	0	-1	0
% Change	-1%	9%	0%	0%	8%	-9%	-14%	0%	0%	-6%	0%
Subrecipients											
2014	1,134	67	70	258	253	120	45	93	74	95	59
2013	1,181	66	71	271	214	133	90	97	74	105	60
Difference	-47	1	-1	-13	39	-13	-45	-4	0	-10	-1
% Change	-4%	2%	-1%	-5%	18%	-10%	-50%	-4%	0%	-10%	-2%
Service Sites											
2014	4,127	233	251	615	1,183	340	442	223	182	441	217
2013	4,168	225	256	627	1,019	362	571	242	182	460	224
Difference	-41	8	-5	-12	164	-22	-129	-19	0	-19	-7
% Change	-1%	4%	-2%	-2%	16%	-6%	-23%	-8%	0%	-4%	-3%

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2014, Title X-funded sites served 4.1 million family planning users, a number that was 9% (or 428,541 users) lower than in 2013. Grantees in Regions IV and IX served the most users—19% and 28%, respectively—while Regions II, III, V, and VI each served from 7% to 11%. Compared with 2013, 9 of 10 regions reported declines in the number of users served in 2014 that ranged from 2,814 (X) to 119,471 (IX) users (*Exhibit 3*). On average, the number of users per service site decreased by 93, from 1,094 in 2013 to 1,001 in 2014 (not shown).

Exhibit 3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2013–2014 (Source: FPAR Table 1)

Users	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number											
2014	4,129,283	184,005	429,409	468,157	770,501	377,552	298,294	148,405	137,509	1,149,781	165,670
2013	4,557,824	182,684	470,836	520,403	852,400	401,935	372,296	167,286	152,248	1,269,252	168,484
Difference	-428,541	1,321	-41,427	-52,246	-81,899	-24,383	-74,002	-18,881	-14,739	-119,471	-2,814
% Change	-9%	1%	-9%	-10%	-10%	-6%	-20%	-11%	-10%	-9%	-2%
Distribution											
2014	100%	4%	10%	11%	19%	9%	7%	4%	3%	28%	4%
2013	100%	4%	10%	11%	19%	9%	8%	4%	3%	28%	4%

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

In 2014, the number of family planning users served (4.1 million) was 19% (or 938,502 users) lower than the number served in 2004 (5.1 million) and 21% (or 1.1 million) lower than the highest number of users (5.2 million) ever served by the program in 2010 (*Exhibit A-1a* in *Appendix A*).

Users by Sex (Exhibits 4 and 5)

Of the 4.1 million users served in 2014, 91% (3.8 million) were female and 9% (364,661) were male (*Exhibits 4* and *5*). Additional results include the following:

- By region, 86% (VIII) to 97% (IV) of total users were female, while 3% (IV) to 14% (VIII) were male (*Exhibits 4* and *5*).
- By state, the percentage of total users who were female ranged from 73% to 99%, and the percentage who were male ranged from 1% to 27% (*Exhibit B-1* in *Appendix B*).

In 2014, the percentage of users who were male (9%) was 4 points higher than in 2004 (5%). Numerically, the number of female users decreased 22% from 2004 (4.8 million) to 2014 (3.8 million), while the number of male users grew 49%, from 244,381 in 2004 to 364,661 in 2014 (*Exhibits A-1a* and *A-1b*).

Users by Age (Exhibits 4 and 5)

In 2014, 18% (748,899) of family planning users were under 20, 50% (2.1 million) were 20 to 29, and 32% (1.3 million) were 30 or over (*Exhibits 4 and 5*). Additional results include the following:

- By sex, about the same percentages of female and male users were in their teens (17% to 18%) and 20s (49% to 51%), while a slightly higher percentage of male (34%) than female (31%) users was 30 or over.
- By region, there was slightly more variation in the age distribution of male than female users.
 - Among female users, 16% (II and IX) to 23% (VIII) were in their teens, 47% (I and VI) to 53% (IX) were in their 20s, and 27% (VIII) to 34% (II and VI) were 30 or over.
 - Among male users, 11% (X) to 26% (III) of male users were in their teens, 40% (IV) to 55% (VII) were in their 20s, and 29% (II) to 44% (X) were 30 or over.

Since 2004, the percentage of family planning users under 25 decreased 13 points, from 59% (2004) to 46% (2014), with users under 20 accounting for most of this decline (27% in 2004 vs. 18% in 2014) (*Exhibits A-2a and A-2b*).

- Numerically, the number of teenage users decreased 46%, from 1.4 million (2004) to 748,899 (2014), while the number of users 20 to 24 decreased 27%, from 1.6 million (2004) to 1.2 million (2014).
- In contrast, the percentage of users over 24 increased from 41% (2004) to 54% (2014); numerically this represented a 7% increase, from 2.1 million users (2004) to 2.2 million (2014).

Exhibit 4. Number of all family planning users, by sex, age, and region: 2014 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	36,626	2,470	3,015	5,889	8,428	3,346	3,706	1,556	1,470	5,066	1,680
15 to 17	274,520	14,235	24,677	36,098	53,869	27,356	21,055	11,148	10,973	59,902	15,207
18 to 19	375,973	15,680	35,014	41,395	72,343	37,803	26,832	14,449	15,252	100,543	16,662
20 to 24	1,071,463	41,659	105,236	110,686	210,444	105,346	72,580	38,203	36,418	308,379	42,512
25 to 29	832,106	32,953	91,151	88,530	168,126	75,517	56,479	27,564	23,013	235,940	32,833
30 to 34	525,675	20,791	59,366	57,800	111,695	45,578	41,134	18,681	14,566	135,011	21,053
35 to 39	304,474	13,174	35,499	33,649	62,690	25,171	25,607	11,023	8,327	77,114	12,220
40 to 44	183,220	9,492	20,627	20,170	34,028	14,156	14,385	7,002	4,837	51,625	6,898
Over 44	160,565	9,720	17,685	20,775	25,013	10,716	11,249	7,087	3,984	49,490	4,846
Subtotal	3,764,622	160,174	392,270	414,992	746,636	344,989	273,027	136,713	118,840	1,023,070	153,911
Male Users											
Under 15	9,237	1,125	877	2,288	1,662	515	955	158	435	1,143	79
15 to 17	24,319	3,123	2,509	6,322	1,698	1,647	1,042	621	1,057	5,741	559
18 to 19	28,224	1,805	3,170	5,047	1,634	2,480	1,880	963	1,402	9,213	630
20 to 24	98,485	5,605	11,345	12,959	5,219	9,853	6,355	3,652	5,287	35,482	2,728
25 to 29	80,024	4,484	8,541	9,185	4,393	7,391	4,983	2,739	4,419	31,315	2,574
30 to 34	47,335	2,668	4,720	5,482	2,952	4,179	3,413	1,559	2,503	17,950	1,909
35 to 39	26,965	1,559	2,274	3,388	2,035	2,339	2,183	795	1,408	9,806	1,178
40 to 44	17,735	1,244	1,296	2,357	1,491	1,515	1,561	501	859	6,132	779
Over 44	32,337	2,218	2,407	6,137	2,781	2,644	2,895	704	1,299	9,929	1,323
Subtotal	364,661	23,831	37,139	53,165	23,865	32,563	25,267	11,692	18,669	126,711	11,759
All Users											
Under 15	45,863	3,595	3,892	8,177	10,090	3,861	4,661	1,714	1,905	6,209	1,759
15 to 17	298,839	17,358	27,186	42,420	55,567	29,003	22,097	11,769	12,030	65,643	15,766
18 to 19	404,197	17,485	38,184	46,442	73,977	40,283	28,712	15,412	16,654	109,756	17,292
20 to 24	1,169,948	47,264	116,581	123,645	215,663	115,199	78,935	41,855	41,705	343,861	45,240
25 to 29	912,130	37,437	99,692	97,715	172,519	82,908	61,462	30,303	27,432	267,255	35,407
30 to 34	573,010	23,459	64,086	63,282	114,647	49,757	44,547	20,240	17,069	152,961	22,962
35 to 39	331,439	14,733	37,773	37,037	64,725	27,510	27,790	11,818	9,735	86,920	13,398
40 to 44	200,955	10,736	21,923	22,527	35,519	15,671	15,946	7,503	5,696	57,757	7,677
Over 44	192,902	11,938	20,092	26,912	27,794	13,360	14,144	7,791	5,283	59,419	6,169
Total All Users	4,129,283	184,005	429,409	468,157	770,501	377,552	298,294	148,405	137,509	1,149,781	165,670

Exhibit 5. Distribution of all family planning users, by sex, age, and region: 2014 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	2%	1%	1%	1%	1%	1%	1%	1%	0%†	1%
15 to 17	7%	9%	6%	9%	7%	8%	8%	8%	9%	6%	10%
18 to 19	10%	10%	9%	10%	10%	11%	10%	11%	13%	10%	11%
20 to 24	28%	26%	27%	27%	28%	31%	27%	28%	31%	30%	28%
25 to 29	22%	21%	23%	21%	23%	22%	21%	20%	19%	23%	21%
30 to 34	14%	13%	15%	14%	15%	13%	15%	14%	12%	13%	14%
35 to 39	8%	8%	9%	8%	8%	7%	9%	8%	7%	8%	8%
40 to 44	5%	6%	5%	5%	5%	4%	5%	5%	4%	5%	4%
Over 44	4%	6%	5%	5%	3%	3%	4%	5%	3%	5%	3%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	3%	5%	2%	4%	7%	2%	4%	1%	2%	1%	1%
15 to 17	7%	13%	7%	12%	7%	5%	4%	5%	6%	5%	5%
18 to 19	8%	8%	9%	9%	7%	8%	7%	8%	8%	7%	5%
20 to 24	27%	24%	31%	24%	22%	30%	25%	31%	28%	28%	23%
25 to 29	22%	19%	23%	17%	18%	23%	20%	23%	24%	25%	22%
30 to 34	13%	11%	13%	10%	12%	13%	14%	13%	13%	14%	16%
35 to 39	7%	7%	6%	6%	9%	7%	9%	7%	8%	8%	10%
40 to 44	5%	5%	3%	4%	6%	5%	6%	4%	5%	5%	7%
Over 44	9%	9%	6%	12%	12%	8%	11%	6%	7%	8%	11%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	1%	2%	1%	2%	1%	1%	2%	1%	1%	1%	1%
15 to 17	7%	9%	6%	9%	7%	8%	7%	8%	9%	6%	10%
18 to 19	10%	10%	9%	10%	10%	11%	10%	10%	12%	10%	10%
20 to 24	28%	26%	27%	26%	28%	31%	26%	28%	30%	30%	27%
25 to 29	22%	20%	23%	21%	22%	22%	21%	20%	20%	23%	21%
30 to 34	14%	13%	15%	14%	15%	13%	15%	14%	12%	13%	14%
35 to 39	8%	8%	9%	8%	8%	7%	9%	8%	7%	8%	8%
40 to 44	5%	6%	5%	5%	5%	4%	5%	5%	4%	5%	5%
Over 44	5%	6%	5%	6%	4%	4%	5%	5%	4%	5%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	91%	87%	91%	89%	97%	91%	92%	92%	86%	89%	93%
Male Users	9%	13%	9%	11%	3%	9%	8%	8%	14%	11%	7%

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

† Percentage is less than 0.5%.

Users by Race (Exhibits 6 through 14)

In 2014, 54% (2.2 million) of all family planning users identified themselves as white, 21% (863,136) as black or African American, 3% (128,797) as Asian, and 1% as either Native Hawaiian or Other Pacific Islander (39,266) or American Indian or Alaska Native (29,327). Four percent (153,907) of all users self-identified with two or more of the five minimum race categories specified by OMB,⁹ and race was either unknown or not reported for 16% (676,003) (*Exhibit 6*). Additional results include the following:

- By sex, the racial composition of female (*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 (55% of female users vs. 48% of male users), black or African American (20% vs. 26%), and Asian (3% vs. 2%). Race was unknown or not reported for a slightly higher percentage of male (19%) than female (16%) users.
- By region, the distribution of users by race varied widely (*Exhibits 9 and 10*).
 - From 41% (II) to 77% (VIII) of users self-identified as white, 4% (X) to 36% (IV) self-identified as black or African American, and 1% (VII) to 7% (I) self-identified with two or more of the five OMB race categories. Race was unknown or not reported for 3% (IV) to 30% (IX) of users.
 - Region IX, which includes California, Hawaii, and the Pacific territories and Freely Associated States, had the highest percentages of users identifying themselves as Asian (6%) and Native Hawaiian or Other Pacific Islander (3%).
- By ethnicity, Hispanic or Latino users accounted for a majority of users with unknown race data. Among female and male users with an unknown race, 70% (427,396) of females (*Exhibit 7*) and 66% (45,712) of males (*Exhibit 8*) were Hispanic or Latino.

In 2014, the percentage distribution of family planning users by race showed little change compared with 2004, except in the percentage who self-identified as white, which declined from 64% in 2004 to 54% in 2014. This decline was offset by increases in the percentages of users for whom race was unknown (12% in 2004 vs. 16% in 2014) and who self-identified with two or more OMB race categories (new category added in 2005) (*Exhibits A-3a and A-3b*).

Users by Ethnicity (Exhibits 6 through 14)

In 2014, 30% (1.2 million) of users identified themselves as Hispanic or Latino (*Exhibit 6*).

- By sex, 30% (1.1 million) of female users and 28% (100,607) of male users self-identified as Hispanic or Latino, while ethnicity was unknown or not reported for 2% of female users and 4% of male users (*Exhibits 7 and 8*).
- By region, Regions II, VI, and IX reported the highest percentages of female (39% to 49%) and male (33% to 43%) users who self-identified as Hispanic or Latino (*Exhibits 11, 12, 13, and 14*).

In 2014, the percentage of users who self-identified as Hispanic or Latino was 30% compared with 23% in 2004. Numerically, the number of Hispanic or Latino users grew 7%, from 1.16 million (2004) to 1.24 million (2014) (*Exhibits A-4a and A-4b*).

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2014
(Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	8,240	20,388	699	29,327	0%†	0%†	0%†	1%
Asian	6,008	119,454	3,335	128,797	0%†	3%	0%†	3%
Black/African American	29,621	816,061	17,454	863,136	1%	20%	0%†	21%
Nat Hawaiian/Pac Island	5,438	32,650	1,178	39,266	0%†	1%	0%†	1%
White	617,516	1,583,629	37,702	2,238,847	15%	38%	1%	54%
More than one race	97,721	50,658	5,528	153,907	2%	1%	0%†	4%
Unknown/not reported	473,108	163,165	39,730	676,003	11%	4%	1%	16%
Total All Users	1,237,652	2,786,005	105,626	4,129,283	30%	67%	3%	100%

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

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

† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2014
(Source: FPAR Table 2)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	7,498	18,403	594	26,495	0%†	0%†	0%†	1%
Asian	5,605	111,392	3,045	120,042	0%†	3%	0%†	3%
Black/African American	26,746	728,166	14,169	769,081	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	5,012	30,090	1,077	36,179	0%†	1%	0%†	1%
White	573,859	1,458,046	32,946	2,064,851	15%	39%	1%	55%
More than one race	90,929	45,513	4,746	141,188	2%	1%	0%†	4%
Unknown/not reported	427,396	144,399	34,991	606,786	11%	4%	1%	16%
Total Female Users	1,137,045	2,536,009	91,568	3,764,622	30%	67%	2%	100%

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

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

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2014
(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	742	1,985	105	2,832	0%†	1%	0%†	1%
Asian	403	8,062	290	8,755	0%†	2%	0%†	2%
Black/African American	2,875	87,895	3,285	94,055	1%	24%	1%	26%
Nat Hawaiian/Pac Island	426	2,560	101	3,087	0%†	1%	0%†	1%
White	43,657	125,583	4,756	173,996	12%	34%	1%	48%
More than one race	6,792	5,145	782	12,719	2%	1%	0%†	3%
Unknown/not reported	45,712	18,766	4,739	69,217	13%	5%	1%	19%
Total Male Users	100,607	249,996	14,058	364,661	28%	69%	4%	100%

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

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

† Percentage is less than 0.5%.

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2014 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	8,240	152	410	307	1,336	637	420	203	325	3,951	499
Not Hispanic or Latino	20,388	438	713	1,864	2,095	1,535	3,977	911	1,674	5,140	2,041
Unknown/not reported	699	11	20	62	6	151	23	88	82	249	7
Subtotal	29,327	601	1,143	2,233	3,437	2,323	4,420	1,202	2,081	9,340	2,547
Asian											
Hispanic or Latino	6,008	328	271	193	317	121	120	39	58	4,473	88
Not Hispanic or Latino	119,454	8,825	12,611	7,508	7,568	4,896	2,227	2,143	2,087	66,105	5,484
Unknown/not reported	3,335	38	85	308	37	386	84	250	98	2,027	22
Subtotal	128,797	9,191	12,967	8,009	7,922	5,403	2,431	2,432	2,243	72,605	5,594
Black or African American											
Hispanic or Latino	29,621	3,773	12,611	2,447	3,468	1,204	1,438	314	197	3,870	299
Not Hispanic or Latino	816,061	23,919	97,497	147,570	274,629	90,139	66,627	20,072	6,160	83,324	6,124
Unknown/not reported	17,454	192	484	6,317	1,221	3,210	120	1,854	281	3,742	33
Subtotal	863,136	27,884	110,592	156,334	279,318	94,553	68,185	22,240	6,638	90,936	6,456
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,438	406	905	553	723	142	154	72	51	2,066	366
Not Hispanic or Latino	32,650	153	697	569	799	314	651	225	541	27,546	1,155
Unknown/not reported	1,178	2	8	38	7	26	7	12	10	894	174
Subtotal	39,266	561	1,610	1,160	1,529	482	812	309	602	30,506	1,695
White											
Hispanic or Latino	617,516	17,290	52,317	30,148	91,529	30,574	108,886	19,390	21,195	228,003	18,184
Not Hispanic or Latino	1,583,629	85,874	123,383	196,225	331,276	182,498	95,639	90,666	82,078	294,086	101,904
Unknown/not reported	37,702	2,692	488	5,583	1,566	7,568	339	3,300	2,917	12,866	383
Subtotal	2,238,847	105,856	176,188	231,956	424,371	220,640	204,864	113,356	106,190	534,955	120,471
More Than One Race											
Hispanic or Latino	97,721	7,267	16,517	5,091	24,281	1,705	2,153	753	994	38,065	895
Not Hispanic or Latino	50,658	4,693	1,349	2,037	5,709	3,755	3,675	1,354	1,461	23,859	2,766
Unknown/not reported	5,528	115	69	188	48	731	22	46	107	4,048	154
Subtotal	153,907	12,075	17,935	7,316	30,038	6,191	5,850	2,153	2,562	65,972	3,815
Race Unknown or Not Reported											
Hispanic or Latino	473,108	10,855	82,266	32,757	12,609	25,608	8,256	2,953	13,130	272,925	11,749
Not Hispanic or Latino	163,165	14,059	25,993	21,895	4,146	18,502	2,692	2,565	2,920	57,224	13,169
Unknown/not reported	39,730	2,923	715	6,497	7,131	3,850	784	1,195	1,143	15,318	174
Subtotal	676,003	27,837	108,974	61,149	23,886	47,960	11,732	6,713	17,193	345,467	25,092
All Races											
Hispanic or Latino	1,237,652	40,071	165,297	71,496	134,263	59,991	121,427	23,724	35,950	553,353	32,080
Not Hispanic or Latino	2,786,005	137,961	262,243	377,668	626,222	301,639	175,488	117,936	96,921	557,284	132,643
Unknown/not reported	105,626	5,973	1,869	18,993	10,016	15,922	1,379	6,745	4,638	39,144	947
Total All Users	4,129,283	184,005	429,409	468,157	770,501	377,552	298,294	148,405	137,509	1,149,781	165,670

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2014 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	1%	1%	1%	2%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	1%	1%	1%	2%	6%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	5%	3%	2%	1%	1%	1%	2%	2%	6%	3%
Black or African American											
Hispanic or Latino	1%	2%	3%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	13%	23%	32%	36%	24%	22%	14%	4%	7%	4%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	0%†	0%†	0%†
Subtotal	21%	15%	26%	33%	36%	25%	23%	15%	5%	8%	4%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%
White											
Hispanic or Latino	15%	9%	12%	6%	12%	8%	37%	13%	15%	20%	11%
Not Hispanic or Latino	38%	47%	29%	42%	43%	48%	32%	61%	60%	26%	62%
Unknown/not reported	1%	1%	0%†	1%	0%†	2%	0%†	2%	2%	1%	0%†
Subtotal	54%	58%	41%	50%	55%	58%	69%	76%	77%	47%	73%
More Than One Race											
Hispanic or Latino	2%	4%	4%	1%	3%	0%†	1%	1%	1%	3%	1%
Not Hispanic or Latino	1%	3%	0%†	0%†	1%	1%	1%	1%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	7%	4%	2%	4%	2%	2%	1%	2%	6%	2%
Race Unknown or Not Reported											
Hispanic or Latino	11%	6%	19%	7%	2%	7%	3%	2%	10%	24%	7%
Not Hispanic or Latino	4%	8%	6%	5%	1%	5%	1%	2%	2%	5%	8%
Unknown/not reported	1%	2%	0%†	1%	1%	1%	0%†	1%	1%	1%	0%†
Subtotal	16%	15%	25%	13%	3%	13%	4%	5%	13%	30%	15%
All Races											
Hispanic or Latino	30%	22%	38%	15%	17%	16%	41%	16%	26%	48%	19%
Not Hispanic or Latino	67%	75%	61%	81%	81%	80%	59%	79%	70%	48%	80%
Unknown/not reported	3%	3%	0%†	4%	1%	4%	0%†	5%	3%	3%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2014 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	7,498	128	387	256	1,310	601	399	186	256	3,501	474
Not Hispanic or Latino	18,403	377	654	1,527	2,059	1,376	3,813	823	1,484	4,467	1,823
Unknown/not reported	594	11	11	48	5	131	21	83	63	214	7
Subtotal	26,495	516	1,052	1,831	3,374	2,108	4,233	1,092	1,803	8,182	2,304
Asian											
Hispanic or Latino	5,605	307	244	185	314	117	111	39	54	4,152	82
Not Hispanic or Latino	111,392	8,426	11,764	6,995	7,129	4,568	2,025	2,038	1,894	61,264	5,289
Unknown/not reported	3,045	31	76	272	36	338	77	246	92	1,856	21
Subtotal	120,042	8,764	12,084	7,452	7,479	5,023	2,213	2,323	2,040	67,272	5,392
Black or African American											
Hispanic or Latino	26,746	3,287	11,612	2,039	3,362	1,074	1,303	291	155	3,339	284
Not Hispanic or Latino	728,166	19,610	88,359	124,756	263,352	78,771	57,324	16,687	4,180	69,829	5,298
Unknown/not reported	14,169	150	391	4,660	1,037	2,802	96	1,762	206	3,035	30
Subtotal	769,081	23,047	100,362	131,455	267,751	82,647	58,723	18,740	4,541	76,203	5,612
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,012	318	847	477	707	127	147	65	47	1,916	361
Not Hispanic or Latino	30,090	128	626	526	783	297	623	209	465	25,352	1,081
Unknown/not reported	1,077	2	6	28	7	23	7	12	8	810	174
Subtotal	36,179	448	1,479	1,031	1,497	447	777	286	520	28,078	1,616
White											
Hispanic or Latino	573,859	15,179	49,595	27,882	89,838	28,891	100,315	18,495	19,240	206,861	17,563
Not Hispanic or Latino	1,458,046	74,351	112,131	181,233	322,718	169,353	90,003	84,617	71,323	258,116	94,201
Unknown/not reported	32,946	2,433	392	4,789	1,436	6,859	283	3,010	2,493	10,912	339
Subtotal	2,064,851	91,963	162,118	213,904	413,992	205,103	190,601	106,122	93,056	475,889	112,103
More Than One Race											
Hispanic or Latino	90,929	6,553	15,795	4,415	23,886	1,588	2,038	718	877	34,204	855
Not Hispanic or Latino	45,513	4,163	1,229	1,795	5,410	3,437	3,557	1,245	1,261	20,958	2,458
Unknown/not reported	4,746	95	61	143	44	661	18	42	87	3,441	154
Subtotal	141,188	10,811	17,085	6,353	29,340	5,686	5,613	2,005	2,225	58,603	3,467
Race Unknown or Not Reported											
Hispanic or Latino	427,396	9,407	74,602	29,329	12,172	23,911	7,663	2,779	11,400	245,114	11,019
Not Hispanic or Latino	144,399	12,492	22,969	18,510	3,963	16,654	2,512	2,334	2,285	50,452	12,228
Unknown/not reported	34,991	2,726	519	5,127	7,068	3,410	692	1,032	970	13,277	170
Subtotal	606,786	24,625	98,090	52,966	23,203	43,975	10,867	6,145	14,655	308,843	23,417
All Races											
Hispanic or Latino	1,137,045	35,179	153,082	64,583	131,589	56,309	111,976	22,573	32,029	499,087	30,638
Not Hispanic or Latino	2,536,009	119,547	237,732	335,342	605,414	274,456	159,857	107,953	82,892	490,438	122,378
Unknown/not reported	91,568	5,448	1,456	15,067	9,633	14,224	1,194	6,187	3,919	33,545	895
Total All Users	3,764,622	160,174	392,270	414,992	746,636	344,989	273,027	136,713	118,840	1,023,070	153,911

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2014 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	1%	2%	1%	2%	1%	1%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	1%	1%	1%	2%	6%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	5%	3%	2%	1%	1%	1%	2%	2%	7%	4%
Black or African American											
Hispanic or Latino	1%	2%	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	12%	23%	30%	35%	23%	21%	12%	4%	7%	3%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	0%†	0%†	0%†
Subtotal	20%	14%	26%	32%	36%	24%	22%	14%	4%	7%	4%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%
White											
Hispanic or Latino	15%	9%	13%	7%	12%	8%	37%	14%	16%	20%	11%
Not Hispanic or Latino	39%	46%	29%	44%	43%	49%	33%	62%	60%	25%	61%
Unknown/not reported	1%	2%	0%†	1%	0%†	2%	0%†	2%	2%	1%	0%†
Subtotal	55%	57%	41%	52%	55%	59%	70%	78%	78%	47%	73%
More Than One Race											
Hispanic or Latino	2%	4%	4%	1%	3%	0%†	1%	1%	1%	3%	1%
Not Hispanic or Latino	1%	3%	0%†	0%†	1%	1%	1%	1%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	7%	4%	2%	4%	2%	2%	1%	2%	6%	2%
Race Unknown or Not Reported											
Hispanic or Latino	11%	6%	19%	7%	2%	7%	3%	2%	10%	24%	7%
Not Hispanic or Latino	4%	8%	6%	4%	1%	5%	1%	2%	2%	5%	8%
Unknown/not reported	1%	2%	0%†	1%	1%	1%	0%†	1%	1%	1%	0%†
Subtotal	16%	15%	25%	13%	3%	13%	4%	4%	12%	30%	15%
All Races											
Hispanic or Latino	30%	22%	39%	16%	18%	16%	41%	17%	27%	49%	20%
Not Hispanic or Latino	67%	75%	61%	81%	81%	80%	59%	79%	70%	48%	80%
Unknown/not reported	2%	3%	0%†	4%	1%	4%	0%†	5%	3%	3%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2014 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	742	24	23	51	26	36	21	17	69	450	25
Not Hispanic or Latino	1,985	61	59	337	36	159	164	88	190	673	218
Unknown/not reported	105	0	9	14	1	20	2	5	19	35	0
Subtotal	2,832	85	91	402	63	215	187	110	278	1,158	243
Asian											
Hispanic or Latino	403	21	27	8	3	4	9	0	4	321	6
Not Hispanic or Latino	8,062	399	847	513	439	328	202	105	193	4,841	195
Unknown/not reported	290	7	9	36	1	48	7	4	6	171	1
Subtotal	8,755	427	883	557	443	380	218	109	203	5,333	202
Black or African American											
Hispanic or Latino	2,875	486	999	408	106	130	135	23	42	531	15
Not Hispanic or Latino	87,895	4,309	9,138	22,814	11,277	11,368	9,303	3,385	1,980	13,495	826
Unknown/not reported	3,285	42	93	1,657	184	408	24	92	75	707	3
Subtotal	94,055	4,837	10,230	24,879	11,567	11,906	9,462	3,500	2,097	14,733	844
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	426	88	58	76	16	15	7	7	4	150	5
Not Hispanic or Latino	2,560	25	71	43	16	17	28	16	76	2,194	74
Unknown/not reported	101	0	2	10	0	3	0	0	2	84	0
Subtotal	3,087	113	131	129	32	35	35	23	82	2,428	79
White											
Hispanic or Latino	43,657	2,111	2,722	2,266	1,691	1,683	8,571	895	1,955	21,142	621
Not Hispanic or Latino	125,583	11,523	11,252	14,992	8,558	13,145	5,636	6,049	10,755	35,970	7,703
Unknown/not reported	4,756	259	96	794	130	709	56	290	424	1,954	44
Subtotal	173,996	13,893	14,070	18,052	10,379	15,537	14,263	7,234	13,134	59,066	8,368
More Than One Race											
Hispanic or Latino	6,792	714	722	676	395	117	115	35	117	3,861	40
Not Hispanic or Latino	5,145	530	120	242	299	318	118	109	200	2,901	308
Unknown/not reported	782	20	8	45	4	70	4	4	20	607	0
Subtotal	12,719	1,264	850	963	698	505	237	148	337	7,369	348
Race Unknown or Not Reported											
Hispanic or Latino	45,712	1,448	7,664	3,428	437	1,697	593	174	1,730	27,811	730
Not Hispanic or Latino	18,766	1,567	3,024	3,385	183	1,848	180	231	635	6,772	941
Unknown/not reported	4,739	197	196	1,370	63	440	92	163	173	2,041	4
Subtotal	69,217	3,212	10,884	8,183	683	3,985	865	568	2,538	36,624	1,675
All Races											
Hispanic or Latino	100,607	4,892	12,215	6,913	2,674	3,682	9,451	1,151	3,921	54,266	1,442
Not Hispanic or Latino	249,996	18,414	24,511	42,326	20,808	27,183	15,631	9,983	14,029	66,846	10,265
Unknown/not reported	14,058	525	413	3,926	383	1,698	185	558	719	5,599	52
Total All Users	364,661	23,831	37,139	53,165	23,865	32,563	25,267	11,692	18,669	126,711	11,759

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2014 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	1%	2%
Unknown/not reported	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	1%	0%†	1%	1%	1%	1%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	2%	1%	2%	1%	1%	1%	1%	4%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	2%	2%	2%	1%	2%	1%	1%	1%	1%	4%	2%
Black or African American											
Hispanic or Latino	1%	2%	3%	1%	0%†	0%†	1%	0%†	0%†	0%†	0%†
Not Hispanic or Latino	24%	18%	25%	43%	47%	35%	37%	29%	11%	11%	7%
Unknown/not reported	1%	0%†	0%†	3%	1%	1%	0%†	1%	0%†	1%	0%†
Subtotal	26%	20%	28%	47%	48%	37%	37%	30%	11%	12%	7%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%	0%†	0%†	0%	0%†	0%	0%	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
White											
Hispanic or Latino	12%	9%	7%	4%	7%	5%	34%	8%	10%	17%	5%
Not Hispanic or Latino	34%	48%	30%	28%	36%	40%	22%	52%	58%	28%	66%
Unknown/not reported	1%	1%	0%†	1%	1%	2%	0%†	2%	2%	2%	0%†
Subtotal	48%	58%	38%	34%	43%	48%	56%	62%	70%	47%	71%
More Than One Race											
Hispanic or Latino	2%	3%	2%	1%	2%	0%†	0%†	0%†	1%	3%	0%†
Not Hispanic or Latino	1%	2%	0%†	0%†	1%	1%	0%†	1%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	3%	5%	2%	2%	3%	2%	1%	1%	2%	6%	3%
Race Unknown or Not Reported											
Hispanic or Latino	13%	6%	21%	6%	2%	5%	2%	1%	9%	22%	6%
Not Hispanic or Latino	5%	7%	8%	6%	1%	6%	1%	2%	3%	5%	8%
Unknown/not reported	1%	1%	1%	3%	0%†	1%	0%†	1%	1%	2%	0%†
Subtotal	19%	13%	29%	15%	3%	12%	3%	5%	14%	29%	14%
All Races											
Hispanic or Latino	28%	21%	33%	13%	11%	11%	37%	10%	21%	43%	12%
Not Hispanic or Latino	69%	77%	66%	80%	87%	83%	62%	85%	75%	53%	87%
Unknown/not reported	4%	2%	1%	7%	2%	5%	1%	5%	4%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

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

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

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

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect family income data from all users in order to determine charges based on the schedule of discounts.^{1,2} 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).¹² Report the unduplicated number of users by income level, using the most current income information available. For additional guidance, see *Program Requirements for Title X Funded Family Planning Projects (Version 1.0)*.¹

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, the Children's Health Insurance Program (CHIP), and other state or local government programs that provide a broad set of benefits (e.g., Washington's Basic Health or Massachusetts's Commonwealth Care plans). Also included are public-paid or public-subsidized private 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). Private insurance includes insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA).

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 Proficient (LEP) Users—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 as LEP any user who received Title X services from bilingual staff in the user's preferred non-English language, who was assisted by a competent agency or contracted interpreter, or who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services. Service providers should consult the *Revised HHS LEP Guidance*¹³ for further information about identifying LEP individuals and complying with language assistance requirements. Unless they are also LEP, *do not include users* who are visually or hearing impaired or have other disabilities.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 21–23.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations^{1,2} require Title X-funded providers to give priority in the delivery of care to persons from low-income families. These regulations specify that individuals with family incomes at or below the HHS poverty threshold (\$23,850 for a family of four in the 48 contiguous states and DC)⁸ for the reporting year 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 threshold (“poverty”), Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family’s income.

In 2014, 91% (3.7 million) of users had family incomes that qualified them for either subsidized or no-charge services. Sixty-nine percent (2.8 million) of users had family incomes at or below poverty, 22% (907,775) had incomes ranging from 101% to 250% of poverty, and 5% (226,918) had incomes over 250% of poverty. Data on family income were unknown or not reported for 4% (153,940) of users (*Exhibit 15*). Additional results include the following:

- By region, from 85% (I and VII) to 95% (IX) of users had family incomes qualifying them for either subsidized (15% to 31%) or no-charge (54% to 75%) services. In three regions (IV, VI, and IX), the percentage of users with incomes at or below poverty exceeded the national average of 69% (*Exhibit 15*).
- By state, there was wide variation in the percentage of users with incomes at or below poverty (36% to 100%), from 101% to 250% of poverty (0% to 60%), and over 250% of poverty (0% to 22%) (*Exhibit B-2*).

Since 2004, the percentage of users with family incomes at or below poverty increased slightly from 68% (2004) to 69% (2014), while the percentage with incomes from 101% to 250% of poverty decreased from 27% in 2005 (the first year disaggregated income data were available) to 22% in 2014 (*Exhibits A-6a* and *A-6b*).

Users by Insurance Coverage Status (Exhibit 16)

Title X regulations^{1,2} 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. On the FPAR, grantees report the health insurance coverage status for a client even though an insured client may not have used his or her health insurance to pay for services received during the last encounter. Users whose family planning care was paid by a Medicaid family planning eligibility expansion but who had no other public or private health insurance plan covering broad primary medical care benefits are considered uninsured, as are 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 15. Number and distribution of all family planning users, by income level and region: 2014 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	2,840,650	99,958	249,863	304,059	566,646	246,879	223,848	89,042	89,409	865,672	105,274
101% to 150%	572,948	35,296	87,665	58,422	80,800	59,637	35,513	21,703	19,101	146,562	28,249
151% to 200%	234,425	14,375	30,085	27,648	27,881	30,149	13,529	10,406	10,514	59,348	10,490
201% to 250%	100,402	7,367	15,706	13,895	9,906	13,395	6,056	5,606	5,984	17,062	5,425
Over 250%	226,918	11,766	33,370	33,930	50,378	21,777	9,780	8,531	12,079	37,918	7,389
Unknown/not reported	153,940	15,243	12,720	30,203	34,890	5,715	9,568	13,117	422	23,219	8,843
Total All Users	4,129,283	184,005	429,409	468,157	770,501	377,552	298,294	148,405	137,509	1,149,781	165,670
Under 101%	69%	54%	58%	65%	74%	65%	75%	60%	65%	75%	64%
101% to 150%	14%	19%	20%	12%	10%	16%	12%	15%	14%	13%	17%
151% to 200%	6%	8%	7%	6%	4%	8%	5%	7%	8%	5%	6%
201% to 250%	2%	4%	4%	3%	1%	4%	2%	4%	4%	1%	3%
Over 250%	5%	6%	8%	7%	7%	6%	3%	6%	9%	3%	4%
Unknown/not reported	4%	8%	3%	6%	5%	2%	3%	9%	0%†	2%	5%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

^a 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: 2014
 (Source: FPAR Table 5)

Insurance Status	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Public health insurance	1,215,648	78,738	177,734	150,611	258,856	123,846	63,773	28,091	20,353	262,168	51,478
Private health insurance	559,845	53,951	55,230	96,198	95,376	62,457	50,176	36,388	31,056	43,109	35,904
Uninsured	2,239,377	49,979	179,494	204,673	373,918	188,557	183,404	82,650	78,777	822,120	75,805
Unknown/not reported	114,413	1,337	16,951	16,675	42,351	2,692	941	1,276	7,323	22,384	2,483
Total All Users	4,129,283	184,005	429,409	468,157	770,501	377,552	298,294	148,405	137,509	1,149,781	165,670
Public health insurance	29%	43%	41%	32%	34%	33%	21%	19%	15%	23%	31%
Private health insurance	14%	29%	13%	21%	12%	17%	17%	25%	23%	4%	22%
Uninsured	54%	27%	42%	44%	49%	50%	61%	56%	57%	72%	46%
Unknown/not reported	3%	1%	4%	4%	5%	1%	0%†	1%	5%	2%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

In 2014, 54% (2.2 million) of family planning users were uninsured and 43% (1.8 million) had either public (29%, 1.2 million) or private (14%, 559,845) insurance covering broad primary medical care benefits. Health insurance coverage status was unknown or not reported for 3% (114,413) of users (*Exhibit 16*). Additional results include the following:

- By region, the percentage of uninsured users ranged from 27% (I) to 72% (IX). From 15% (VIII) to 43% (I) of users had public coverage, and 4% (IX) to 29% (I) had private coverage. In all but four regions (I, II, III, and X), the percentage of uninsured users exceeded the percentage insured (*Exhibit 16*).
- By state, there was wide variation in the percentage of users with private health insurance (0% to 53%), Medicaid or other public health insurance (0% to 98%), and no health insurance (less than 1% to 100%) (*Exhibit B-3*).

In 2014, the percentage of users with public or private health insurance (43%) was 14 points higher than in 2005 (29%) (the first year data were available), while the percentage uninsured was 7 points lower (54% in 2014 vs. 61% in 2005). Several factors account for these insurance coverage trends, including better collection of health insurance data (i.e., fewer users with an unknown health insurance status), increased administrative efforts to identify and bill third-party payers, and state and national (i.e., Affordable Care Act [ACA]) reforms aimed at increasing insurance coverage (*Exhibits A-7a* and *A-7b*).

Limited English Proficient Users (*Exhibit 17*)

As recipients of HHS assistance, Title X grantees and subrecipients, including those operating in U.S. territories and Freely Associated States where English is an official language, are required to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services they provide.¹³ The 2014 results for LEP status are the following (*Exhibit 17*):

- 13% (522,944) of total family planning users were LEP, including 12% (499,421) of users in the 50 states and the District of Columbia (not shown).
- By region, the percentage of users who were LEP ranged from 7% (V) to 18% (VI), with three regions (II, VI, and IX) exceeding the national average of 13%.

Since 2005 (the first year these data were available), the percentage of total users who are LEP increased by 1 point, from 12% in 2005 to 13% in 2014. Numerically, however, the number of LEP users decreased 13%, from 602,524 (2005) to 522,944 (2014) (not shown).

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2014
 (Source: FPAR Table 6)

LEP Status	All Regions	Region I	Region II ^a	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX ^b	Region X
LEP	522,944	20,452	70,963	45,937	94,489	25,801	54,028	12,611	13,730	169,075	15,858
Not LEP	3,517,740	163,539	357,457	383,958	667,104	351,751	223,804	135,063	123,748	977,657	133,659
Unknown/not reported	88,599	14	989	38,262	8,908	0	20,462	731	31	3,049	16,153
Total All Users	4,129,283	184,005	429,409	468,157	770,501	377,552	298,294	148,405	137,509	1,149,781	165,670
LEP	13%	11%	17%	10%	12%	7%	18%	8%	10%	15%	10%
Not LEP	85%	89%	83%	82%	87%	93%	75%	91%	90%	85%	81%
Unknown/not reported	2%	0%†	0%†	8%	1%	0%	7%	0%†	0%†	0%†	10%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

LEP=limited English proficient.

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

^a Puerto Rico and the U.S. Virgin Islands.

^b American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, Republic of Palau.

† Percentage is less than 0.5%.

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 family planning 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 30 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 the following:

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 a contraceptive surgical (tubal ligation) or nonsurgical (implant) procedure performed on a female user in the current or any previous reporting period.

Intrauterine Device or System (IUD/IUS)—In **Table 7**, report the number of female users who use a long-term hormonal or other type of intrauterine device (IUD) or system (IUS) 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.

Contraceptive Patch—In **Table 7**, report the number of female users who use a transdermal 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 or 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 the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal methods. The Lactational Amenorrhea Method (LAM) is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first 6 months after delivery. To be effective, LAM requires full (i.e., no other liquid or solid given to infant) or nearly full (i.e., infrequent supplementation in small amounts, but not by bottle) breastfeeding.¹⁴ 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—In **Tables 7** and **8**, report the number of female and male users, respectively, who rely on abstinence as their primary family planning method or who are not currently sexually active and therefore not using contraception. For purposes of FPAR reporting, abstinence is defined as refraining from oral, vaginal, and anal intercourse.¹⁴

Withdrawal and 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.

(continued)

PRIMARY CONTRACEPTIVE METHOD USE

Federal regulations^{1,2} 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. In addition to offering a full range of methods for clients to consider, the *Quality Family Planning (QFP) Recommendations*¹⁵ advise providers to identify methods that are safe for the client, provide counseling to help the client choose a method and use it correctly and consistently, conduct any physical assessments warranted by the selected method, and provide the method on site (preferable) or by referral. The *QFP Recommendations* also note that providers should ensure that services for adolescent clients are provided in a “youth-friendly” way.

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

In 2014, 84% (3.2 million) of all female users adopted or continued use of a contraceptive method at exit from their last encounter in the reporting period. Nine percent (330,279) of females exited the encounter with no primary method because they were pregnant or seeking pregnancy; 5% (175,111) exited with no method for other reasons. The type of primary method used was unknown or not reported for 3% (98,207) of female users (*Exhibits 18 and 19*).

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

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 female and male, respectively, 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 female and male 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, if either partner has had a noncontraceptive surgical procedure that has rendered him or her unable to conceive or impregnate, or if the user has a sexual partner of the same sex.

Method Unknown or Not Reported—In **Tables 7 and 8**, report the number of female and male users, respectively, 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 methods as their primary method. “Female” contraceptive methods include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, cervical cap or diaphragms, the contraceptive sponge, female condoms, LAM, and spermicides.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 27–30.

Additional results include the following:

- By level of effectiveness in preventing pregnancy,¹⁰ 13% of female users relied on a highly effective contraceptive method (vasectomy, female sterilization, implant, or IUD), 51% used a moderately effective method (injectable contraception, vaginal ring, patch, pills, diaphragm, or cervical cap), and 18% used a less effective method (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM], or spermicide used alone) (*Exhibits 18 and 19*).
- By type of method, the leading method was pills, which were used by 30% of female users (*Exhibits 18 and 19*).
 - Injectable contraception was the second most common method (16% of female users), followed by male condoms (15%), IUDs (7%), hormonal implants (4%), the vaginal ring (3%), female sterilization (2%), and the contraceptive patch (2%).
 - Less than 1% of female users relied on each of the following methods: a FAM or the lactational amenorrhea method (LAM), vasectomy, female condoms, spermicide (used alone), cervical cap or diaphragm, or the sponge.
 - 2% of female users reported using withdrawal or other methods not listed in FPAR Table 7, and 2% reported that they were abstinent.
- By age group, from 5% (under 15) to 20% (over 39) of female users relied on highly effective methods, 28% (over 44) to 64% (15 to 17) relied on moderately effective methods, and 10% (under 15) to 28% (over 44) relied on less effective methods (*Exhibits 18 and 19*).
 - Females 15 to 44 preferred pills (22% to 36%) followed by either injectables (14% to 25%) or male condoms (13% to 20%).
 - Females under 15 preferred pills (25%), injectables (24%), and male condoms (9%); 20% were abstinent.
 - Females over 44 preferred male condoms (21%), pills (16%), and female sterilization (13%).
 - Nonuse of contraception because of pregnancy or the desire for pregnancy was highest among females 18 to 39 (8% to 11%) and 5% or less among females in the younger (under 18) and older (over 39) age groups.
- By region, from 78% (VI) to 89% (IX and X) of female users exited the encounter with a primary method (*Exhibits 20 and 21*).
 - The percentage of female users relying on highly effective methods ranged from 10% (III and IV) to 18% (I), while 41% (I) to 60% (VIII and X) used moderately effective methods.
 - Pills, used by 26% (I) to 37% (VIII) of females, were the leading method in all regions. The second and third most common methods were injectables and condoms in six regions (III, IV, V, VI, and VII), condoms and injectables in three regions (I, II, and IX), and injectables and IUDs in two regions (VIII and X).
 - Nonuse of contraception because of pregnancy or the desire for pregnancy ranged from 6% (III) to 11% (II and IV).

- By state, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on highly effective (2% to 37%), moderately effective (35% to 86%), and less effective (1% to 41%) contraceptive methods (*Exhibit B-4*).

Trends in Female Primary Contraceptive Method Use

- **Any method:** From 2004 to 2014, the percentage of all female users relying on any method, including abstinence, ranged from 81% to 85%. Thirteen percent to 15% used no method either because they were pregnant, seeking pregnancy, or for other reasons (*Exhibit A-8a*).
- **Highly effective method use:** Among female method users (excludes those who were pregnant, seeking pregnancy, not using a method for other reasons, or whose primary method was unknown), the percentage relying on *highly effective methods* increased from 5% in 2004 to 15% in 2014. Numerically, the number of highly effective method users more than doubled, from 188,478 (2004) to 487,640 (2014), with IUD and implant use accounting for this increase (*Exhibits A-8a, A-8b, and A-8c*).
 - IUD use increased from 2% of female method users in 2004 to 8% in 2014. Numerically, the number of IUD users grew 241%, from 77,773 in 2004 to 265,511 in 2014.
 - Implant use increased from less than 1% of female method users in 2004 to 4% in 2014. The large increase (2,396%) in the number of females using implants (5,602 in 2004 vs. 139,799 in 2014) was made possible by the availability of a newer hormonal implant introduced in late 2006.
- **Moderately effective method use:** The percentage of female method users relying on *moderately effective methods* decreased from 68% in 2004 to 61% in 2014. Numerically, the number of moderately effective method users declined 29%, from 2.7 million (2004) to 1.9 million (2014) (*Exhibits A-8a, A-8b, and A-8c*).
 - Pills were the leading method for female users in all years, accounting for 49% of method use in 2004 and 36% in 2014.
 - Injectable contraception, the second most commonly used moderately effective method, was preferred by 18% of female method users in 2004 and 19% in 2014.
 - The vaginal ring and hormonal patch were ranked either third or fourth most common moderately effective methods used since 2005, when the FPAR began collecting data for these two methods. The percentage of female method users relying on the vaginal ring increased from 2% in 2005 to 4% in 2014, while the percentage using the hormonal patch decreased from 7% in 2005 to 2% in 2014.
 - Less than 1% of female users relied on either the cervical cap or diaphragm in 2004 and 2014.
- **Less-effective method use:** The percentage of female method users relying on *less-effective methods* decreased from 27% in 2004 to 21% in 2014. Among females relying on less-effective methods, male condoms were preferred by 67% in 2004 and 86% in 2014 (*Exhibits A-8b and A-8c*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2014 (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	74,748	0	0	3	1,262	7,084	13,859	16,281	15,667	20,592
Intrauterine device	265,511	227	5,334	12,381	63,325	71,994	53,606	32,311	17,529	8,804
Hormonal implant	139,799	1,641	15,882	18,796	49,610	29,712	13,900	6,420	2,750	1,088
Hormonal injection	611,619 ^a	8,847	68,726 ^a	74,078 ^a	169,234 ^a	119,443 ^a	81,225 ^a	46,286 ^a	26,901 ^a	16,879 ^a
Oral contraceptive	1,135,950	9,121	95,517	134,948	359,467	256,535	140,452	72,927	40,587	26,396
Contraceptive patch	69,469	752	6,072	7,845	21,409	15,956	10,047	4,788	1,945	655
Vaginal ring	115,230	228	4,795	9,424	39,985	35,425	16,834	5,511	2,090	938
Cervical cap or diaphragm	2,379	7	69	105	433	533	474	311	207	240
Contraceptive sponge	651	7	50	67	157	139	106	47	36	42
Female condom	3,308	40	257	305	796	609	423	310	257	311
Spermicide (used alone)	2,911	12	184	215	814	547	402	333	209	195
FAM or LAM ^b	12,648	41	434	833	2,600	2,801	2,208	1,504	1,097	1,130
Abstinence ^c	70,098	7,379	9,048	5,228	12,319	10,260	7,472	5,620	4,656	8,116
Withdrawal or other method ^d	70,982	354	3,497	5,259	17,532	14,774	9,910	6,466	4,767	8,423
Rely on Male Method										
Vasectomy	7,582	0	5	23	369	931	1,541	1,620	1,550	1,543
Male condom	578,139	3,321	34,364	54,201	161,380	121,819	80,595	52,260	35,754	34,445
No Method										
Pregnant/seeking pregnancy	330,279	734	13,021	30,252	106,086	88,527	54,439	26,291	8,654	2,275
Other reason	175,111	1,953	10,727	14,061	42,784	35,591	24,145	15,428	11,320	19,102
Method Unknown^e	98,208	1,962	6,538	7,949	21,901	19,426	14,037	9,760	7,244	9,391
Total Female Users	3,764,622	36,626	274,520	375,973	1,071,463	832,106	525,675	304,474	183,220	160,565
Using a Method	3,161,024	31,977	244,234	323,711	900,692	688,562	433,054	252,995	156,002	129,797
Not Using a Method	505,390	2,687	23,748	44,313	148,870	124,118	78,584	41,719	19,974	21,377
Method Unknown^e	98,208	1,962	6,538	7,949	21,901	19,426	14,037	9,760	7,244	9,391

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

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

^b FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e 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: 2014 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%	0%†	0%†	1%	3%	5%	9%	13%
Intrauterine device	7%	1%	2%	3%	6%	9%	10%	11%	10%	5%
Hormonal implant	4%	4%	6%	5%	5%	4%	3%	2%	2%	1%
Hormonal injection	16% ^a	24%	25% ^a	20% ^a	16% ^a	14% ^a	15% ^a	15% ^a	15% ^a	11% ^a
Oral contraceptive	30%	25%	35%	36%	34%	31%	27%	24%	22%	16%
Contraceptive patch	2%	2%	2%	2%	2%	2%	2%	2%	1%	0%†
Vaginal ring	3%	1%	2%	3%	4%	4%	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 ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Abstinence ^c	2%	20%	3%	1%	1%	1%	1%	2%	3%	5%
Withdrawal or other method ^d	2%	1%	1%	1%	2%	2%	2%	2%	3%	5%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	15%	9%	13%	14%	15%	15%	15%	17%	20%	21%
No Method										
Pregnant/seeking pregnancy	9%	2%	5%	8%	10%	11%	10%	9%	5%	1%
Other reason	5%	5%	4%	4%	4%	4%	5%	5%	6%	12%
Method Unknown ^e	3%	5%	2%	2%	2%	2%	3%	3%	4%	6%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	84%	87%	89%	86%	84%	83%	82%	83%	85%	81%
Not Using a Method	13%	7%	9%	12%	14%	15%	15%	14%	11%	13%
Method Unknown ^e	3%	5%	2%	2%	2%	2%	3%	3%	4%	6%

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

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

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

^b FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e 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: 2014 (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	74,748	6,469	8,943	9,736	9,987	6,596	6,055	5,896	1,989	16,385	2,692
Intrauterine device	265,511	15,218	34,266	20,842	36,626	20,309	15,966	7,842	10,627	88,255	15,560
Hormonal implant	139,799	7,234	10,128	10,100	25,395	11,339	10,826	5,126	6,178	46,241	7,232
Hormonal injection	611,619 ^a	16,729 ^a	45,469	74,449 ^a	182,250 ^a	65,575 ^a	50,796 ^a	27,071	19,463 ^a	105,824 ^a	23,993
Oral contraceptive	1,135,950	41,538	108,705	120,397	223,421	112,606	72,423	45,684	44,127	311,433	55,616
Contraceptive patch	69,469	2,513	8,803	6,649	8,905	6,613	6,058	1,971	1,832	21,340	4,785
Vaginal ring	115,230	4,394	12,326	12,764	13,097	12,300	4,455	3,378	6,153	38,410	7,953
Cervical cap or diaphragm	2,379	71	241	613	337	302	36	53	66	536	124
Contraceptive sponge	651	22	23	78	160	21	86	20	13	210	18
Female condom	3,308	81	800	977	194	212	200	19	51	732	42
Spermicide (used alone)	2,911	43	76	349	1,324	82	630	25	36	266	80
FAM or LAM ^b	12,648	495	1,429	811	3,199	365	1,969	460	226	3,446	248
Abstinence ^c	70,098	7,549	5,811	8,280	10,664	5,272	5,427	2,274	2,155	19,803	2,863
Withdrawal or other method ^d	70,982	2,337	13,356	5,056	17,362	4,232	3,088	1,955	716	21,305	1,575
Rely on Male Method											
Vasectomy	7,582	661	494	541	1,176	437	252	530	511	2,479	501
Male condom	578,139	28,017	72,540	61,670	73,227	40,085	34,636	12,898	9,709	231,312	14,045
No Method											
Pregnant/seeking pregnancy	330,279	10,834	44,252	26,254	83,309	28,439	21,775	13,209	8,592	82,099	11,516
Other reason	175,111	11,210	22,617	26,127	31,567	22,228	21,924	5,126	5,418	24,165	4,729
Method Unknown^e	98,208	4,759	1,991	29,299	24,436	7,976	16,425	3,176	978	8,829	339
Total Female Users	3,764,622	160,174	392,270	414,992	746,636	344,989	273,027	136,713	118,840	1,023,070	153,911
Using a Method	3,161,024	133,371	323,410	333,312	607,324	286,346	212,903	115,202	103,852	907,977	137,327
Not Using a Method	505,390	22,044	66,869	52,381	114,876	50,667	43,699	18,335	14,010	106,264	16,245
Method Unknown^e	98,208	4,759	1,991	29,299	24,436	7,976	16,425	3,176	978	8,829	339

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

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

^b FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e 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: 2014 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	2%	4%	2%	2%	1%	2%	2%	4%	2%	2%	2%
Intrauterine device	7%	10%	9%	5%	5%	6%	6%	6%	9%	9%	10%
Hormonal implant	4%	5%	3%	2%	3%	3%	4%	4%	5%	5%	5%
Hormonal injection	16% ^a	10% ^a	12%	18% ^a	24% ^a	19% ^a	19% ^a	20%	16% ^a	10% ^a	16%
Oral contraceptive	30%	26%	28%	29%	30%	33%	27%	33%	37%	30%	36%
Contraceptive patch	2%	2%	2%	2%	1%	2%	2%	1%	2%	2%	3%
Vaginal ring	3%	3%	3%	3%	2%	4%	2%	2%	5%	4%	5%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†
Abstinence ^c	2%	5%	1%	2%	1%	2%	2%	2%	2%	2%	2%
Withdrawal or other method ^d	2%	1%	3%	1%	2%	1%	1%	1%	1%	2%	1%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	17%	18%	15%	10%	12%	13%	9%	8%	23%	9%
No Method											
Pregnant/seeking pregnancy	9%	7%	11%	6%	11%	8%	8%	10%	7%	8%	7%
Other reason	5%	7%	6%	6%	4%	6%	8%	4%	5%	2%	3%
Method Unknown ^e											
	3%	3%	1%	7%	3%	2%	6%	2%	1%	1%	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	84%	83%	82%	80%	81%	83%	78%	84%	87%	89%	89%
Not Using a Method	13%	14%	17%	13%	15%	15%	16%	13%	12%	10%	11%
Method Unknown ^e	3%	3%	1%	7%	3%	2%	6%	2%	1%	1%	0%†

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

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

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

^b FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

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

† Percentage is less than 0.5%.

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

In 2014, grantees reported that 88% (319,279) of all male users had adopted or continued use of a primary contraceptive method at exit from their last encounter in the reporting period. Seven percent (24,754) of males used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (6%). The type of primary contraceptive method used was unknown or not reported for 6% (20,628) of male users (*Exhibits 22 and 23*). Additional results include the following:

- By type of method, male condoms were used by a majority (72%) of male users, followed by reliance on a female method (6%), abstinence (6%), withdrawal or other method (3%), vasectomy (1%), or a FAM (less than 1%) (*Exhibits 22 and 23*).
- By age group, from 80% (over 44) to 90% (18 to 24) of male users exited the encounter with a primary contraceptive method (*Exhibits 22 and 23*).
 - Males 18 or over preferred male condoms (55% to 80%) followed by reliance on a female method (5% to 10%).
 - Among males under 18, those 15 to 17 preferred condoms (59%) followed by abstinence (20%), while males under 15 preferred abstinence (60%) followed by male condoms (18%).
 - For males 20 or over, vasectomy prevalence ranged from less than 1% to 3%.
 - Between 2% and 5% of male users in each age group relied on withdrawal or other methods not listed in FPAR Table 8, and less than 1% relied on a FAM.
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy was reported for 1% or less of male users in all age groups.
- By region, the percentage of males who used any method ranged from 72% (III) to 95% (IX) (*Exhibits 24 and 25*).
 - Male condoms, used by 52% (X) to 83% (IX) of male users, were the leading method in all regions.
 - Reliance on a female method (5% to 20% of males) was the second most common method in six regions (II, IV, V, VII, VIII, and IX), while abstinence (5% to 26%) was the second most common method in four others (I, III, VI, and X).
 - Methods with less than 5% of male users included withdrawal (1% to 4%), vasectomy (<1% to 3%), and FAMs (<1% to 2%).
 - The percentage of male users who exited the encounter with no method because of “other reasons” ranged from 3% (IX) to 10% (IV and VIII).
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy was reported for 2% or less of male users in all regions, while nonuse for “other reasons” ranged from 3% (IX) to 10% (IV and VIII).

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2014 (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	2,763	0	0	0	71	346	590	652	491	613
Male condom	262,255	1,706	14,337	22,050	79,022	62,528	34,989	18,574	11,338	17,711
FAM ^a	1,079	6	29	56	250	251	162	115	70	140
Abstinence ^b	21,127	5,512	4,974	1,246	1,977	1,761	1,324	919	816	2,598
Withdrawal or other method ^c	9,992	149	675	633	2,093	1,884	1,352	882	700	1,624
Rely on female method ^d	22,063	167	761	1,298	5,022	4,715	3,199	2,145	1,645	3,111
No Method										
Partner pregnant/seeking pregnancy	3,253	36	165	168	751	708	556	344	210	315
Other reason	21,501	771	1,696	1,415	4,876	4,352	2,695	1,659	1,213	2,824
Method Unknown^e	20,628	890	1,682	1,358	4,423	3,479	2,468	1,675	1,252	3,401
Total Male Users	364,661	9,237	24,319	28,224	98,485	80,024	47,335	26,965	17,735	32,337
Using a Method	319,279	7,540	20,776	25,283	88,435	71,485	41,616	23,287	15,060	25,797
Not Using a Method	24,754	807	1,861	1,583	5,627	5,060	3,251	2,003	1,423	3,139
Method Unknown^e	20,628	890	1,682	1,358	4,423	3,479	2,468	1,675	1,252	3,401

FAM=fertility awareness-based method.

^a FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d 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.

^e 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: 2014 (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%†	0%†	1%	2%	3%	2%
Male condom	72%	18%	59%	78%	80%	78%	74%	69%	64%	55%
FAM ^a	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^b	6%	60%	20%	4%	2%	2%	3%	3%	5%	8%
Withdrawal or other method ^c	3%	2%	3%	2%	2%	2%	3%	3%	4%	5%
Rely on female method ^d	6%	2%	3%	5%	5%	6%	7%	8%	9%	10%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	1%	1%	1%	1%
Other reason	6%	8%	7%	5%	5%	5%	6%	6%	7%	9%
Method Unknown^e	6%	10%	7%	5%	4%	4%	5%	6%	7%	11%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	88%	82%	85%	90%	90%	89%	88%	86%	85%	80%
Not Using a Method	7%	9%	8%	6%	6%	6%	7%	7%	8%	10%
Method Unknown^e	6%	10%	7%	5%	4%	4%	5%	6%	7%	11%

FAM=fertility awareness-based method.

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

^a FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d 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.

^e 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: 2014 (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	2,763	133	86	117	613	158	191	81	391	778	215
Male condom	262,255	14,514	29,213	31,554	13,419	24,258	18,280	8,661	11,222	104,974	6,160
FAM ^a	1,079	42	29	104	240	5	458	25	13	155	8
Abstinence ^b	21,127	3,663	924	2,693	2,409	1,062	1,703	309	955	4,320	3,089
Withdrawal or other method ^c	9,992	543	1,450	1,941	543	284	744	241	110	3,621	515
Rely on female method ^d	22,063	1,761	2,304	1,880	2,423	1,514	542	1,234	3,744	5,997	664
No Method											
Partner pregnant/seeking pregnancy	3,253	404	161	132	108	102	185	131	265	1,672	93
Other reason	21,501	2,017	2,630	3,269	2,289	2,639	1,462	499	1,785	3,930	981
Method Unknown^e	20,628	754	342	11,475	1,821	2,541	1,702	511	184	1,264	34
Total Male Users	364,661	23,831	37,139	53,165	23,865	32,563	25,267	11,692	18,669	126,711	11,759
Using a Method	319,279	20,656	34,006	38,289	19,647	27,281	21,918	10,551	16,435	119,845	10,651
Not Using a Method	24,754	2,421	2,791	3,401	2,397	2,741	1,647	630	2,050	5,602	1,074
Method Unknown^e	20,628	754	342	11,475	1,821	2,541	1,702	511	184	1,264	34

FAM=fertility awareness-based method.

^a FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d 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.

^e 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: 2014 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	1%	0%†	0%†	3%	0%†	1%	1%	2%	1%	2%
Male condom	72%	61%	79%	59%	56%	74%	72%	74%	60%	83%	52%
FAM ^a	0%†	0%†	0%†	0%†	1%	0%†	2%	0%†	0%†	0%†	0%†
Abstinence ^b	6%	15%	2%	5%	10%	3%	7%	3%	5%	3%	26%
Withdrawal or other method ^c	3%	2%	4%	4%	2%	1%	3%	2%	1%	3%	4%
Rely on female method ^d	6%	7%	6%	4%	10%	5%	2%	11%	20%	5%	6%
No Method											
Partner pregnant/seeking pregnancy	1%	2%	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Other reason	6%	8%	7%	6%	10%	8%	6%	4%	10%	3%	8%
Method Unknown^e	6%	3%	1%	22%	8%	8%	7%	4%	1%	1%	0%†
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	88%	87%	92%	72%	82%	84%	87%	90%	88%	95%	91%
Not Using a Method	7%	10%	8%	6%	10%	8%	7%	5%	11%	4%	9%
Method Unknown^e	6%	3%	1%	22%	8%	8%	7%	4%	1%	1%	0%†

FAM=fertility awareness-based method.

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

^a FAMs include Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d 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.

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

† Percentage is less than 0.5%.

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

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

- Unduplicated number of female 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;¹⁶ 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;¹⁶ 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 female users receiving a clinical breast exam (CBE).
- Unduplicated number of female users referred for further evaluation based on CBE results.

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

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

Atypical Squamous Cells (ASC)—ASC refers to cytological changes that are suggestive of a squamous intraepithelial lesion. The 2001 Bethesda System¹⁶ 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.¹⁷
- 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.¹⁷

Low-Grade Squamous Intraepithelial Lesions (LSIL)—LSIL refers to low-grade squamous intraepithelial lesions encompassing human papillomavirus, mild dysplasia, and cervical intraepithelial neoplasia (CIN) 1.¹⁷

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 3.¹⁷

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.¹⁸

- 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 October 2013), pp. 33–35.

CERVICAL AND BREAST CANCER SCREENING

According to the *QFP Recommendations*,¹⁵ providers should assess clients' need for related preventive health services (e.g., cervical and breast cancer screening) and provide these services according to federal and professional recommendations regarding frequency, client eligibility, and procedures. This assessment is especially important for clients whose only source of health care is the Title X service site.

Cervical Cancer Screening (Exhibit 26)

In 2014, Title X service sites provided Papanicolaou (Pap) testing to 21% (785,540) of female family planning users and performed 813,858 Pap tests (average of 2.2 tests per 10 female users) (*Exhibit 26*). Additional results include the following:

- Of the Pap tests performed, 14% had an indeterminate or abnormal result (i.e., atypical squamous cell [ASC] or higher result) requiring further evaluation and possible treatment. One percent of Pap tests had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition.
- By region, the percentage of total female users who received a Pap test ranged from 16% (IX) to 29% (VI). Ten percent (IX) to 16% (III, V, and X) of Pap tests had an ASC or higher result, and 1% to 2% had an HSIL or higher result.

In 2014, the percentage of female users who received a Pap test (21%) was substantially lower than in 2005 (52%), which was the first year these data were collected (*Exhibits A-9a* and *A-9b*). The downward trend in cervical cancer screening is attributed to adoption of national screening recommendations, which 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 2014, Title X service sites provided clinical breast exams (CBEs) to 34% (1.3 million) of female users and referred 4% (46,892) of those examined for further evaluation based on CBE results. By region, from 16% (IX) to 53% (VI) of total users received a CBE, and 1% (VIII and X) to 13% (IX) of those examined were referred for further evaluation (*Exhibit 26*).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2014 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Users tested											
Number ^a	785,540	28,680	94,378	84,299	183,848	63,279	78,279	34,547	24,077	167,810	26,343
Percentage ^b	21%	18%	24%	20%	25%	18%	29%	25%	20%	16%	17%
Tests performed											
Number	813,858	30,219	96,737	86,635	190,962	64,908	80,027	35,295	25,350	177,159	26,566
Tests per 10 users	2.2	1.9	2.5	2.1	2.6	1.9	2.9	2.6	2.1	1.7	1.7
ASC or higher result											
Number	112,457	4,065	13,706	13,948	29,445	10,116	10,755	5,421	3,432	17,208	4,361
Percentage ^c	14%	13%	14%	16%	15%	16%	13%	15%	14%	10%	16%
HSIL or higher result											
Number	8,860	483	841	1,094	2,495	983	950	373	242	1,062	337
Percentage ^c	1%	2%	1%	1%	1%	2%	1%	1%	1%	1%	1%
Clinical Breast Exams (CBEs)											
Female users examined											
Number ^a	1,265,920	45,178	142,280	145,052	370,330	102,477	143,697	65,215	54,991	158,806	37,894
Percentage ^b	34%	28%	36%	35%	50%	30%	53%	48%	46%	16%	25%
Female users referred based on CBE											
Number	46,892	1,833	2,777	5,170	7,943	3,214	3,540	1,519	459	20,187	250
Percentage ^d	4%	4%	2%	4%	2%	3%	2%	2%	1%	13%	1%

ASC=atypical squamous cells. **CBE**=clinical breast exam. **HSIL**=high-grade squamous epithelial lesion.

^a Unduplicated number of female users.

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

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

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

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.¹⁹ According to the *QFP Recommendations*,¹⁵ STD services are integral to family planning services because they improve health and can affect a person's ability to conceive and have a healthy birth outcome. The *QFP Recommendations* advise providers to offer STD services to clients, both symptomatic and asymptomatic, in accordance with CDC's STD treatment²⁰ and HIV testing guidelines.²¹

Chlamydia Testing (Exhibits 27 and 28)

CDC recommends routine annual chlamydia screening for all sexually active women under 25, for older women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD), and for sexually active women with HIV at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.²⁰ The 2014 results for *female* chlamydia testing are as follows:

- Title X service sites tested 48% (1.8 million) of all female users for chlamydia and 58% (1.0 million) of female users under 25 (**Exhibits 27 and 28**).
- By age group, chlamydia testing rates were higher for females 15 to 24 (57% to 59%) than those under 15 (41%) or over 24 (40%) (**Exhibits 27 and 28**).
- By region, chlamydia testing rates for females under 25 ranged from 49% (IV) to 70% (IX) and were at or above the national rate of 58% in Regions VI, VII, and IX (**Exhibits 27 and 28**).
- By state, chlamydia testing rates for females under 25 ranged from 5% to 84% (**Exhibit B-5**).
- In 2014, the percentage of females under 25 tested for chlamydia was 58% compared with 50% in 2005 (the first year data were available) (**Exhibits A-10a and A-10b**).

CDC recommends that providers consider screening young men for chlamydia in high-prevalence clinical settings (e.g., adolescent clinics, correctional facilities, and STD clinics) or in populations with a high burden of infection (e.g., men who have sex with men [MSM]). CDC also recommends screening sexually active MSM at anatomic sites of contact (urethral and rectal) at least annually or every 3 to 6 months if at increased risk and sexually active men with HIV at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.²⁰ The 2014 results for *male* chlamydia testing are as follows (**Exhibits 27 and 28**):

- Title X service sites tested 66% (241,809) of all male users for chlamydia.
- By age group, rates of chlamydia testing were highest for males 18 or over (65% to 77%) and lowest for males under 15 (16%).
- By region, Title X service sites tested 32% (VI) to 78% (V and IX) of all male users for chlamydia.

Gonorrhea Testing (Exhibit 29)

CDC recommends annual gonorrhea screening for all sexually active women under 25 and for older women at increased risk of infection (e.g., new or multiple sex partners, a sex partner with concurrent partners, a sex partner who has an STD, inconsistent condom use among persons who are not in mutually monogamous relationships, previous or coexisting STDs, and exchanging sex for drugs or money). CDC also recommends screening sexually active MSM at anatomic sites of contact (urethra, rectum, and pharynx) at least annually or every 3 to 6 months if at increased risk. Finally, CDC recommends screening sexually active persons with HIV at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.²⁰ The 2014 results for *female and male* gonorrhea testing are as follows (**Exhibit 29**):

- Title X service sites performed over 2.2 million gonorrhea tests (2.0 million female tests and 271,201 male tests). On average, sites performed 5.2 gonorrhea tests for every 10 female users and 7.4 tests for every 10 male users.
- By region, the rate of gonorrhea testing ranged from 3.5 (VIII) to 6.1 (IX) tests for every 10 female users and from 3.9 (IV) to 9.0 (IX) tests for every 10 male users.

Syphilis Testing (Exhibit 29)

CDC recommends screening sexually active MSM at least annually or every 3 to 6 months if at increased risk. CDC also recommends screening sexually active persons with HIV at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.²⁰ The 2014 results for *female and male* syphilis testing are as follows (**Exhibit 29**):

- Title X service sites performed 590,115 syphilis tests (468,980 female tests and 121,135 male tests). On average, sites performed 1.2 syphilis tests for every 10 female users and 3.3 tests for every 10 male users.
- By region, the rate of syphilis testing ranged from 0.1 tests (VIII) to 2.4 tests (VI) for every 10 female users and from 0.7 tests (VIII) to 4.5 tests (VI) for every 10 male users.

Human Immunodeficiency Virus Testing (Exhibit 29)

CDC recommends HIV screening (opt-out approach) for men and women 13 to 64 in all health care settings, including family planning, and for men and women who seek evaluation and treatment for STDs. CDC also recommends HIV screening at least annually for sexually active MSM if their HIV status is unknown or negative and the client himself or his partner(s) has had more than one sex partner since the most recent HIV test.^{20,21}

The 2014 results for *female and male* HIV testing are as follows (*Exhibit 29*):

- Title X service sites performed over 1.0 million confidential HIV tests (822,723 female tests and 208,901 male tests) and 1,458 anonymous HIV tests. On average, sites performed 2.2 confidential HIV tests for every 10 female users and 5.7 tests for every 10 male users. Of the confidential HIV tests performed, 2,112 were positive for HIV.
- By region, the rate of HIV testing ranged from 0.8 tests (X) to 3.2 tests (II) for every 10 female users and from 3.0 (X) to 6.9 tests (IX) for every 10 male users.

Since 2004, the HIV testing rate for Title X service sites increased, growing from 1.0 test per 10 users in 2004 to 2.5 tests per 10 users in 2014 (*Exhibits A-11a* and *A-11b*).

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 tests performed, by sex;
- Number of syphilis tests performed, by sex;
- Number of confidential HIV tests performed, by sex;
- Number of confidential HIV tests with a positive result; and
- Number of anonymous HIV tests performed.

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

Age Group—Use the client’s age as of June 30 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 October 2013), p. 39.

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2014 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	15,095	714	1,178	2,707	3,205	1,339	1,435	639	423	2,661	794
15 to 17	155,861	7,045	14,400	19,089	25,667	13,777	12,625	6,454	5,703	42,355	8,746
18 to 19	222,948	8,795	20,246	24,840	35,074	18,988	16,267	8,649	8,105	72,151	9,833
20 to 24	617,570	23,731	58,000	54,951	104,272	52,236	45,229	22,922	18,881	213,536	23,812
Over 24	810,826	36,429	104,364	81,874	145,040	61,827	63,946	26,901	13,092	251,900	25,453
Subtotal	1,822,300	76,714	198,188	183,461	313,258	148,167	139,502	65,565	46,204	582,603	68,638
Under 25^a	1,011,474	40,285	93,824	101,587	168,218	86,340	75,556	38,664	33,112	330,703	43,185
Male Users											
Under 15	1,441	241	115	541	80	76	18	30	37	278	25
15 to 17	11,838	1,240	1,236	2,820	425	872	274	385	466	3,695	425
18 to 19	19,816	1,209	2,265	3,330	787	1,972	644	694	1,057	7,344	514
20 to 24	75,373	4,449	8,845	9,220	2,677	8,230	2,371	2,798	4,293	30,464	2,026
Over 24	133,341	7,611	13,582	14,894	5,164	14,205	4,883	4,341	8,499	56,439	3,723
Subtotal	241,809	14,750	26,043	30,805	9,133	25,355	8,190	8,248	14,352	98,220	6,713
All Users											
Under 15	16,536	955	1,293	3,248	3,285	1,415	1,453	669	460	2,939	819
15 to 17	167,699	8,285	15,636	21,909	26,092	14,649	12,899	6,839	6,169	46,050	9,171
18 to 19	242,764	10,004	22,511	28,170	35,861	20,960	16,911	9,343	9,162	79,495	10,347
20 to 24	692,943	28,180	66,845	64,171	106,949	60,466	47,600	25,720	23,174	244,000	25,838
Over 24	944,167	44,040	117,946	96,768	150,204	76,032	68,829	31,242	21,591	308,339	29,176
Total All Users	2,064,109	91,464	224,231	214,266	322,391	173,522	147,692	73,813	60,556	680,823	75,351

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active women 24 years or younger and for older women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in sexually active women 24 years or younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening women whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2015]. Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, 64(No. RR-3), 1–137 [See reference 20] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [See reference 22])

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2014 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	41%	29%	39%	46%	38%	40%	39%	41%	29%	53%	47%
15 to 17	57%	49%	58%	53%	48%	50%	60%	58%	52%	71%	58%
18 to 19	59%	56%	58%	60%	48%	50%	61%	60%	53%	72%	59%
20 to 24	58%	57%	55%	50%	50%	50%	62%	60%	52%	69%	56%
Over 24	40%	42%	47%	37%	36%	36%	43%	38%	24%	46%	33%
Subtotal	48%	48%	51%	44%	42%	43%	51%	48%	39%	57%	45%
Under 25^a	58%	54%	56%	52%	49%	50%	61%	59%	52%	70%	57%
Male Users											
Under 15	16%	21%	13%	24%	5%	15%	2%	19%	9%	24%	32%
15 to 17	49%	40%	49%	45%	25%	53%	26%	62%	44%	64%	76%
18 to 19	70%	67%	71%	66%	48%	80%	34%	72%	75%	80%	82%
20 to 24	77%	79%	78%	71%	51%	84%	37%	77%	81%	86%	74%
Over 24	65%	63%	71%	56%	38%	79%	32%	69%	81%	75%	48%
Subtotal	66%	62%	70%	58%	38%	78%	32%	71%	77%	78%	57%
All Users											
Under 15	36%	27%	33%	40%	33%	37%	31%	39%	24%	47%	47%
15 to 17	56%	48%	58%	52%	47%	51%	58%	58%	51%	70%	58%
18 to 19	60%	57%	59%	61%	48%	52%	59%	61%	55%	72%	60%
20 to 24	59%	60%	57%	52%	50%	52%	60%	61%	56%	71%	57%
Over 24	43%	45%	48%	39%	36%	40%	42%	40%	33%	49%	34%
Total All Users	50%	50%	52%	46%	42%	46%	50%	50%	44%	59%	45%

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active women 24 years or younger and for older women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in sexually active women 24 years or younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening women whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2015]. Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, 64(No. RR-3), 1-137 [See reference 20] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [See reference 22])

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2014 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	1,966,864	81,411	228,174	208,121	323,375	167,978	153,570	68,637	41,712	620,448	73,438
Male	271,201	15,544	30,448	30,858	9,212	27,885	14,006	8,789	13,408	113,973	7,078
Total	2,238,065	96,955	258,622	238,979	332,587	195,863	167,576	77,426	55,120	734,421	80,516
Tests per 10 Users											
Female	5.2	5.1	5.8	5.0	4.3	4.9	5.6	5.0	3.5	6.1	4.8
Male	7.4	6.5	8.2	5.8	3.9	8.6	5.5	7.5	7.2	9.0	6.0
Total	5.4	5.3	6.0	5.1	4.3	5.2	5.6	5.2	4.0	6.4	4.9
Syphilis Tests											
Female	468,980	13,484	40,481	67,541	156,708	13,836	65,592	15,145	1,282	90,630	4,281
Male	121,135	5,857	12,448	21,500	7,402	7,922	11,400	4,353	1,232	47,109	1,912
Total	590,115	19,341	52,929	89,041	164,110	21,758	76,992	19,498	2,514	137,739	6,193
Tests per 10 Users											
Female	1.2	0.8	1.0	1.6	2.1	0.4	2.4	1.1	0.1	0.9	0.3
Male	3.3	2.5	3.4	4.0	3.1	2.4	4.5	3.7	0.7	3.7	1.6
Total	1.4	1.1	1.2	1.9	2.1	0.6	2.6	1.3	0.2	1.2	0.4
Confidential HIV Tests											
Female	822,723	30,304	124,973	94,799	163,659	65,063	85,035	23,274	11,690	211,412	12,514
Male	208,901	12,199	24,147	29,466	8,380	16,572	13,271	4,951	9,116	87,261	3,538
Total	1,031,624	42,503	149,120	124,265	172,039	81,635	98,306	28,225	20,806	298,673	16,052
Tests per 10 Users											
Female	2.2	1.9	3.2	2.3	2.2	1.9	3.1	1.7	1.0	2.1	0.8
Male	5.7	5.1	6.5	5.5	3.5	5.1	5.3	4.2	4.9	6.9	3.0
Total	2.5	2.3	3.5	2.7	2.2	2.2	3.3	1.9	1.5	2.6	1.0
Positive Test Results	2,112	67	279	239	341	80	413	32	24	623	14
Anonymous HIV Tests	1,458	0	0	926	1	145	0	32	0	350	4

STAFFING AND FAMILY PLANNING ENCOUNTERS

Clinical Services Provider Staffing (Exhibit 30)

Highly trained clinical services providers (CSPs) participate in the delivery of Title X-funded services. CSPs include physicians, physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and registered nurses with an expanded scope of practice (“other” CSPs) who are trained and permitted by state-specific regulations to perform exams and medical procedures as described in the *Program Requirements for Title X Funded Family Planning Projects*¹ and the *QFP Recommendations*.¹⁵

In 2014, 3,066 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (**Exhibit 30**). Additional results include the following:

- Midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 67% of total FTEs, followed by physicians (18%) and other CSPs (15%). On average, there were 3.6 midlevel clinician FTEs for every 1.0 physician FTE.
- By region, 9% (IV and VIII) to 27% (III and VI) of total FTEs were physician FTEs, 46% (IV) to 84% (VII and VIII) were midlevel clinician FTEs, and 0% (I, VI, VII, and X) to 45% (IV) were other CSP FTEs.
 - There were from 2.4 (III) to 9.1 (VIII) midlevel clinician FTEs for every 1.0 physician FTE.
 - In Region IV, midlevel clinicians and other CSPs accounted for almost the same share of total CSP FTEs, 46% and 45%, respectively.

Family Planning Encounters (Exhibit 30)

In 2014, Title X service sites reported a total of 7.2 million family planning encounters, or an average of 1.7 encounters per family planning user (**Exhibit 30**). Additional results include the following:

- Most (5.1 million or 71%) encounters were attended by a CSP, resulting in an average of 1.2 CSP encounters per user and 1,676 CSP encounters per CSP FTE.
- By region, encounters with a CSP accounted for 56% (IV) to 89% (II) of all family planning encounters.
 - The number of total encounters per user ranged from 1.5 (X) to 2.0 (V and VII).
 - The number of CSP encounters per user ranged from 1.0 (IV and VIII) to 1.5 (II), and the number of CSP encounters per CSP FTE ranged from 1,022 (IV) to 2,569 (IX).

Guidance for Reporting Encounter and Staffing Data in FPAR Table 13

In FPAR **Table 13**, grantees report information on the number and type of family planning encounters and the use of clinical services providers to deliver Title X-funded family planning and related preventive health services. Table 13 reports the following provider staffing and encounter data:

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

Other Services Providers—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or followup services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*. Other services providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), in accordance with the *Program Guidelines*.

Family Planning Encounter—A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or nonclinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the service(s) provided during the family planning encounter must be documented in the client record. There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a clinical services provider and (2) family planning encounters with an other services provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or nonclinical 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 tests 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-funded services (i.e., engaged in a family planning encounter).

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 43–45.

Exhibit 30. Number and distribution of FTE CSP staff, by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2014 (Source: FPAR Table 13)

FTEs and FP Encounters	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number of CSP FTEs											
Physician	563.5	26.4	66.5	123.9	69.6	52.4	65.4	14.7	7.6	109.1	27.9
PA/NP/CNM	2,052.5	110.5	198.7	295.1	351.2	178.1	175.3	78.2	69.5	474.8	121.1
Other CSP ^a	450.2	0.0	11.0	46.4	347.3	34.2	0.0	0.0	5.8	5.5	0.0
Total	3,066.2	136.8	276.2	465.4	768.1	264.7	240.6	92.9	83.0	589.4	149.0
Distribution of CSP FTEs											
Physician	18%	19%	24%	27%	9%	20%	27%	16%	9%	19%	19%
PA/NP/CNM	67%	81%	72%	63%	46%	67%	73%	84%	84%	81%	81%
Other CSP ^a	15%	0%	4%	10%	45%	13%	0%	0%	7%	1%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE ^b	3.6	4.2	3.0	2.4	5.0	3.4	2.7	5.3	9.1	4.4	4.3
Number of FP Encounters											
With CSP	5,138,139	259,296	645,662	599,790	785,069	536,817	316,489	168,007	132,341	1,514,289	180,379
With other	2,076,893	36,860	76,938	203,685	628,901	210,782	223,542	126,713	95,214	404,466	69,792
Total	7,215,032	296,156	722,600	803,475	1,413,970	747,599	540,031	294,720	227,555	1,918,755	250,171
Distribution of FP Encounters											
With CSP	71%	88%	89%	75%	56%	72%	59%	57%	58%	79%	72%
With other	29%	12%	11%	25%	44%	28%	41%	43%	42%	21%	28%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User											
With CSP	1.2	1.4	1.5	1.3	1.0	1.4	1.1	1.1	1.0	1.3	1.1
With other	0.5	0.2	0.2	0.4	0.8	0.6	0.7	0.9	0.7	0.4	0.4
Total	1.7	1.6	1.7	1.7	1.8	2.0	1.8	2.0	1.7	1.7	1.5
CSP Encounters per CSP FTE	1,676	1,895	2,337	1,289	1,022	2,028	1,315	1,808	1,595	2,569	1,210

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

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

^a 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*.

^b Midlevel providers include physician assistants, nurse practitioners, and certified nurse midwives.

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REVENUE

In 2014, Title X grantees reported total program revenue of \$1.24 billion to support the delivery of Title X-funded family planning and related preventive health services. The major sources of revenue—Medicaid (\$490.5 million) and Title X (\$249.5 million)—accounted for 39% and 20%, respectively, of total revenue. Revenue from state governments (\$121.0 million), private third-party payers (\$95.1 million), local governments (\$80.4 million), and client service fees (\$53.2 million) each accounted for 4% to 10% of total revenue, while all other sources each contributed 2% or less (*Exhibit 31*).

Title X Services Grant

Revenue from Title X accounted for 20% (\$249.5 million) of total national revenue and between 9% (IX) and 40% (VII) of total regional revenue. Title X was the largest source of revenue in four regions (I, VI, VII, and VIII) and the second largest single source after Medicaid in four others (III, IV, V, and IX) (*Exhibits 32 and 33*).

Payment for Services: Client Fees

Revenue from client service fees accounted for 4% (\$53.2 million) of total revenue and between 2% (IX) and 11% (VIII) of total regional revenue (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

In 2014, revenue from third-party payers was 48% (\$601.5 million) of total revenue, with Medicaid accounting for most (82%) of this amount.

Medicaid and Children's Health Insurance Program (CHIP). Medicaid revenue (federal and state shares) accounted for 39% (\$490.5 million) of total revenue, and separately reported CHIP revenue accounted for less than 1% (\$2.6 million) of total revenue. Together, these two sources summed to \$493.1 million or 40% of total revenue in 2014.

By region, Medicaid (including CHIP) accounted for 10% (VIII) to 69% (IX) of total regional revenue. Medicaid was the largest source (29% to 69%) of regional revenue in six regions (II, III, IV, V, IX, and X) and the second largest source in three others (I, VI, and VII) (*Exhibits 32 and 33*). Medicaid revenue reported by grantees in 29 states included revenue from state Medicaid family planning eligibility expansions. (See the FPAR Table 14 notes in *Appendix C: Field and Methodological Notes* for a list of the 29 states.)

Medicare and Other Public. Revenue from Medicare (\$3.1 million) and other public third-party payers (\$10.2 million) together accounted for 1% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers accounted for 1% or less of total regional revenue in all but Regions I and VI, where it accounted for 3% and 10%, respectively (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$95.1 million) accounted for 8% of total national revenue and between 2% (IX) and 20% (I and VII) of total regional revenue. Private third-party payer revenue was the third most important source in Regions I, V, VII, VIII, and IX (*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 (\$23.1 million), the Title XX Social Services block grant (\$5.6 million), and TANF (\$10.6 million) each accounted for less than 1% to 2% of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged between 0% and 4% of total regional revenues. While all regions reported some revenue from the MCH block grant, only five (I, III, V, VIII, and IX) reported Social Services block grant revenue and only four (I, IV, V, and VIII) reported TANF revenue (*Exhibits 32 and 33*).

State Governments. State government revenue accounted for 10% (\$121.0 million) of total national revenue and from 0.5% (IX) to 23% (II) of total regional revenue. State government revenue was the second largest source of project revenue in Regions II (23%) and X (17%), and the third largest source in Regions III (18%) and VI (14%) (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 6% (\$80.4 million) of total national revenue and from 0.1% (I) to 23% (VIII) of total regional revenue. Local government revenue was the second largest source of revenue in Region VIII (23%), after Title X, and the third largest source in Region IV (16%) after Medicaid and Title X (*Exhibits 32 and 33*).

Bureau of Primary Health Care. Revenue from the Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC) accounted for 1% (\$10.1 million) of total national revenue. Two regions (III and VIII) reported no BPHC revenue, while eight others reported BPHC revenue ranging from less than 1% (I, IV, VI, and VII) to 3% (V) of total regional revenue (*Exhibits 32 and 33*).

All Other Revenue. Finally, 7% (\$89.0 million) of total revenue came from a combination of all other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 2% (III, IV, and X) to 15% (IX) of total regional revenue (*Exhibits 32 and 33*). See the notes for FPAR Table 14 in *Appendix C: Field and Methodological Notes* for a list of other revenue sources.

Revenue per User

On average, grantees reported \$301 in program revenue per user served in 2014. By region, revenue per user ranged from \$231 (VII) to \$399 (II) and was above the national average (\$301) in three regions (II, V, and X) (*Exhibit 32*).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2014
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	\$249,517,445	20%
Payment for Services		
Client fees	\$53,170,034	4%
Third-party payers ^a		
Medicaid ^b	\$490,470,842	39%
Medicare	\$3,083,719	0%†
Children's Health Insurance Program	\$2,590,621	0%†
Other public	\$10,202,966	1%
Private	\$95,138,355	8%
Subtotal	\$654,656,537	53%
Other Revenue		
Maternal and Child Health block grant	\$23,095,828	2%
Social Services block grant	\$5,601,590	0%†
Temporary Assistance for Needy Families	\$10,570,729	1%
State government	\$120,974,720	10%
Local government	\$80,388,864	6%
Bureau of Primary Health Care	\$10,080,722	1%
Other ^c	\$89,015,512	7%
Subtotal	\$339,727,965	27%
Total Revenue	\$1,243,901,947	100%
Total Revenue 2004\$ ^d	\$886,133,687	—
Total Revenue 1981\$ ^d	\$236,892,882	—
Total Revenue per User	\$301	—

— Not applicable.

Note: Unless otherwise noted, revenue is shown in actual dollars (unadjusted) for each year. Due to rounding, percentages may not sum to 100%.

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 29 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.

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

^d Revenue is shown in constant 2004 dollars (2004\$) 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%.

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)—Refers to funds received from the Title X Section 1001 family planning services grant. Report the amount received (cash receipts or drawdown amounts) during the reporting period from the Title X services grant. Include base Title X grant funding and other Title X funding for special initiatives (e.g., HIV integration and male involvement). Do not report the amount of grant funds awarded unless this figure is the same as the actual *cash* receipts or *drawdown* amounts.

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

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

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

Medicaid/Title XIX (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/Title XVIII (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.

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 public health insurance programs include state or local government programs that provide a broad set of benefits (e.g., Washington’s Basic Health or Massachusetts’s Commonwealth Care), including public-paid or public-subsidized private insurance programs.

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.

Maternal and Child Health (MCH) Block Grant/Title V (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.

Social Services Block Grant/Title XX (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 sources.

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 47–49.

Revenue Trends

From 2004 to 2014, inflation-adjusted (constant 2014 dollars)²³ total revenue decreased 10%, from \$1.38 billion in 2004 to \$1.24 billion in 2014 (*Exhibit A–12a*). The change in total revenue masked larger shifts in different sources of Title X project revenue. To ease comparisons, we present all revenue amounts in this section in constant 2014 dollars.

Revenue from Medicaid (including CHIP), the largest source of Title X project funding after 2003, increased 27%, from \$389.1 million in 2004 to \$493.1 million in 2014 (*Exhibit A–12a*). Revenue from private and other third-party payers increased by 94% (\$56.0 million in 2004 vs. \$108.4 million in 2014) (not shown), and local government revenue increased by 14% (\$70.2 million in 2004 vs. \$80.4 million in 2014) (not shown). The increase (\$166.5 million) in revenue from these three sources was too low to offset the \$308.0 million in losses from Title X, client service fees, block grants, and state government. For each of these sources, the decline was as follows:

- **Title X** revenue decreased 30%, or by \$104.5 million, from 2004 (\$353.9 million) to 2014 (\$249.5 million) (*Exhibit A–12a*).
- **Client service fee** revenue decreased 62%, or by \$86.9 million, from 2004 (\$140.1 million) to 2014 (\$53.2 million) (not shown).
- **Block grant** revenue decreased 68%, or by \$60.9 million, from 2004 (\$89.6 million) to 2014 (\$28.7 million) (not shown).
- **State government** revenue decreased 32%, or by \$55.7 million, from 2004 (\$176.7 million) to 2014 (\$121.0 million) (not shown).

Exhibit A–12a to *A–12e* present trends (2004 to 2014) in actual and inflation-adjusted total, Title X, and Medicaid (including CHIP) revenue.

Since 2004, there have been some noteworthy changes in the composition of Title X program revenue. From 2004 to 2014, Medicaid revenue (includes CHIP revenue after 2004) increased from 28% of total revenue to 40%, Title X revenue decreased from 26% to 20%, state and local government revenue decreased from 18% to 16%, and revenue from all other sources decreased from 28% to 24% (*Exhibits A-13a* through *A-13c*).

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2014 (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 (\$)
Title X	249,517,445	13,310,967	28,391,674	25,721,998	52,372,338	35,812,377	28,946,492	13,660,766	10,264,499	31,841,098	9,195,236
Payment for Services											
Client fees	53,170,034	2,940,592	10,870,359	5,263,678	6,772,878	6,938,196	1,959,533	3,328,318	4,042,395	7,483,260	3,570,825
Third-party payers ^a											
Medicaid ^b	490,470,842	12,960,617	53,774,118	33,486,099	69,879,226	36,776,894	12,537,245	7,568,391	3,590,959	236,509,259	23,388,034
Medicare	3,083,719	261,771	465,864	970,856	430,222	439,611	47,985	70,266	30,600	279,258	87,286
CHIP	2,590,621	2,357	12,090	48,622	169,268	2,194,727	124,592	9,001	29,964	0	0
Other public ^c	10,202,966	1,197,295	45,824	730,000	1,843	236,929	7,594,707	85,623	70,071	236,594	4,080
Private	95,138,355	9,943,265	14,389,419	13,666,019	6,426,907	18,364,233	5,667,449	6,844,067	4,216,996	8,519,079	7,100,921
Subtotal	654,656,537	27,305,897	79,557,674	54,165,274	83,680,344	64,950,590	27,931,511	17,905,666	11,980,985	253,027,450	34,151,146
Other Revenue											
MCH block grant	23,095,828	36,000	6,356,491	3,152,485	4,363,814	3,608,516	2,023,636	335,687	286,890	1,342,274	1,590,035
SS block grant	5,601,590	1,063,759	0	2,544,711	0	1,857,006	0	0	22,280	113,834	0
TANF	10,570,729	238,369	0	0	8,605,054	1,679,139	0	0	48,167	0	0
State government	120,974,720	5,698,088	38,954,953	21,028,964	27,553,654	3,279,495	10,439,523	259,314	735,799	1,652,463	11,372,467
Local government	80,388,864	67,431	10,878,609	7,050,099	34,625,951	6,516,860	979,268	612,811	8,550,562	3,356,227	7,751,046
BPHC	10,080,722	122,793	1,227,325	0	490,497	4,506,744	156,832	132,254	0	3,066,400	377,877
Other ^d	89,015,512	2,067,092	6,064,547	1,928,643	4,778,662	11,944,327	3,570,071	1,420,619	5,169,859	50,731,818	1,339,874
Subtotal	339,727,965	9,293,532	63,481,925	35,704,902	80,417,632	33,392,087	17,169,330	2,760,685	14,813,557	60,263,016	22,431,299
Total Revenue	1,243,901,947	49,910,396	171,431,273	115,592,174	216,470,314	134,155,054	74,047,333	34,327,117	37,059,041	345,131,564	65,777,681
Total Revenue 2004 ^e	886,133,687	35,555,281	122,124,599	82,345,815	154,209,613	95,569,681	52,750,007	24,454,029	26,400,204	245,865,605	46,858,853
Total Revenue 1981 ^e	236,892,882	9,505,104	32,647,950	22,013,763	41,225,337	25,548,941	14,101,824	6,537,372	7,057,649	65,728,019	12,526,923
Total Revenue per User	301	271	399	247	281	355	248	231	270	300	397

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

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 29 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.

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

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

^e Revenue is shown in constant 2004 dollars (2004\$) 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. CUUR000SAM, <http://data.bls.gov/cgi-bin/srgate>).

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2014 (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
Title X	20%	27%	17%	22%	24%	27%	39%	40%	28%	9%	14%
Payment for Services											
Client fees	4%	6%	6%	5%	3%	5%	3%	10%	11%	2%	5%
Third-party payers ^a											
Medicaid ^b	39%	26%	31%	29%	32%	27%	17%	22%	10%	69%	36%
Medicare	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	2%	0%†	0%†	0%†	0%	0%
Other public ^c	1%	2%	0%†	1%	0%†	0%†	10%	0%†	0%†	0%†	0%†
Private	8%	20%	8%	12%	3%	14%	8%	20%	11%	2%	11%
Subtotal	53%	55%	46%	47%	39%	48%	38%	52%	32%	73%	52%
Other Revenue											
MCH block grant	2%	0%†	4%	3%	2%	3%	3%	1%	1%	0%†	2%
SS block grant	0%†	2%	0%	2%	0%	1%	0%	0%	0%†	0%†	0%
TANF	1%	0%†	0%	0%	4%	1%	0%	0%	0%†	0%	0%
State government	10%	11%	23%	18%	13%	2%	14%	1%	2%	0%†	17%
Local government	6%	0%†	6%	6%	16%	5%	1%	2%	23%	1%	12%
BPHC	1%	0%†	1%	0%	0%†	3%	0%†	0%†	0%	1%	1%
Other ^d	7%	4%	4%	2%	2%	9%	5%	4%	14%	15%	2%
Subtotal	27%	19%	37%	31%	37%	25%	23%	8%	40%	17%	34%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 29 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.

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

^d 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

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10. We group primary contraceptive methods into three categories—highly, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These categories correspond to the three groups or tiers defined by Trussell (2011) (see <http://www.contraceptivetechnology.org/the-book/take-a-peek/contraceptive-efficacy/>).

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

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

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

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

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

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

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

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Appendix A

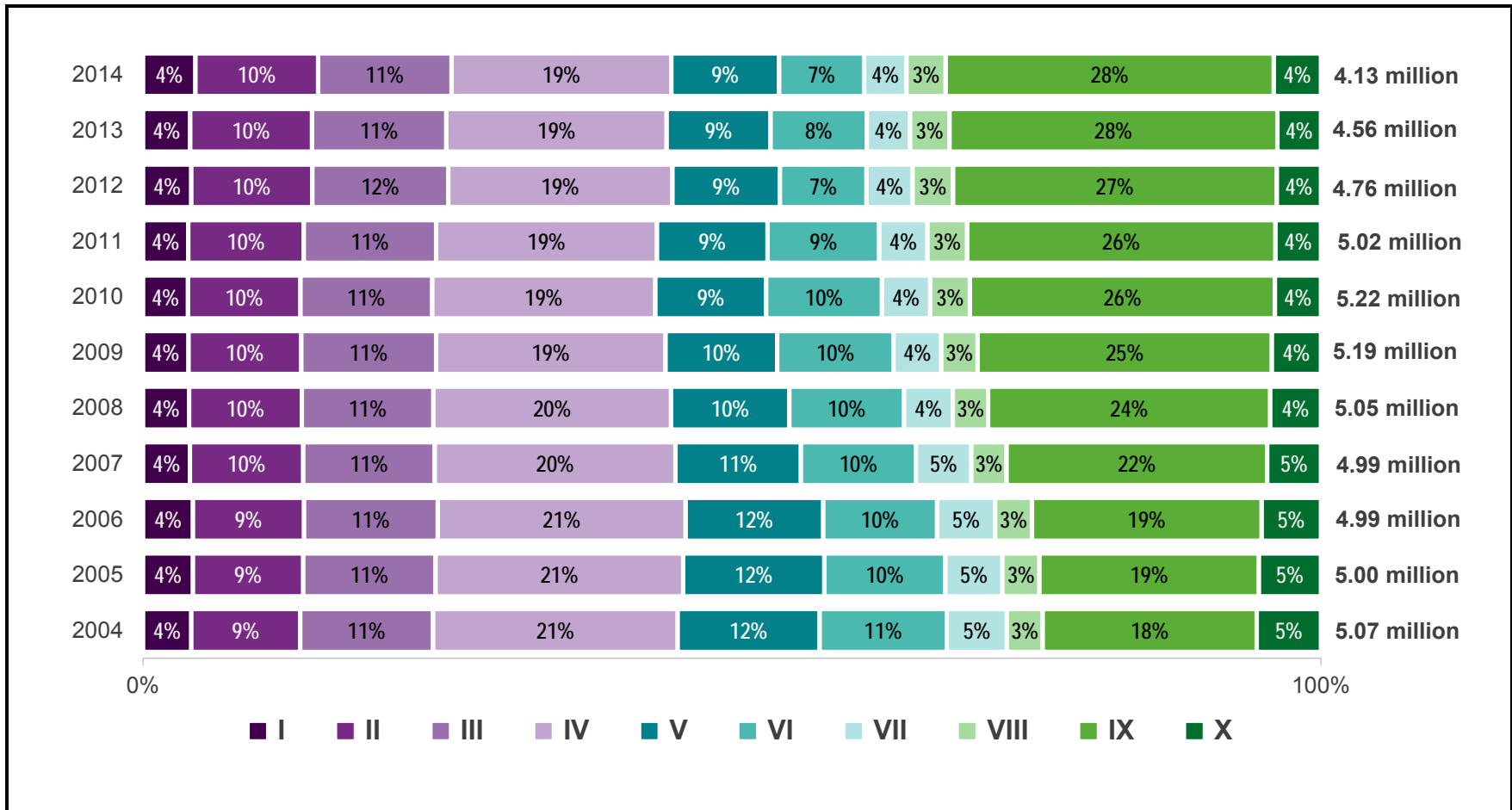
National Trend Exhibits

Exhibit A-1a. Number and distribution of all family planning users, by region and year: 2004-2014

Region	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
I	207,450	211,693	212,169	199,010	197,165	199,779	198,962	192,252	195,264	182,684	184,005
II	468,635	468,237	470,148	479,572	483,928	497,614	499,231	493,369	488,872	470,836	429,409
III	571,883	562,173	567,583	557,031	564,138	592,475	584,167	564,163	550,051	520,403	468,157
IV	1,052,584	1,051,887	1,051,330	1,018,656	1,019,264	1,010,012	989,770	940,931	907,020	852,400	770,501
V	610,058	600,145	582,313	531,679	507,431	492,741	492,359	472,062	434,587	401,935	377,552
VI	547,802	513,130	483,632	486,378	491,406	512,019	512,868	475,863	350,164	372,296	298,294
VII	257,833	243,299	245,133	234,592	210,012	209,350	214,032	205,167	186,716	167,286	148,405
VIII	154,924	157,150	156,482	149,395	151,261	160,919	176,892	169,311	163,068	152,248	137,509
IX	920,543	931,827	973,524	1,102,718	1,209,114	1,294,974	1,352,569	1,314,270	1,309,439	1,269,252	1,149,781
X	276,073	263,420	251,964	228,207	217,786	216,384	204,012	194,323	178,616	168,484	165,670
Total	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283
Female	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622
Male	244,381	262,793	272,409	295,381	327,843	374,576	402,292	386,516	385,053	373,237	364,661
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	10%	10%	10%	10%	10%	10%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	12%	11%	11%
IV	21%	21%	21%	20%	20%	19%	19%	19%	19%	19%	19%
V	12%	12%	12%	11%	10%	10%	9%	9%	9%	9%	9%
VI	11%	10%	10%	10%	10%	10%	10%	9%	7%	8%	7%
VII	5%	5%	5%	5%	4%	4%	4%	4%	4%	4%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	18%	19%	19%	22%	24%	25%	26%	26%	27%	28%	28%
X	5%	5%	5%	5%	4%	4%	4%	4%	4%	4%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female	95%	95%	95%	94%	94%	93%	92%	92%	92%	92%	91%
Male	5%	5%	5%	6%	6%	7%	8%	8%	8%	8%	9%

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

Exhibit A-1b. Number and distribution of all family planning users, by region and year: 2004-2014



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

Exhibit A-2a. Number and distribution of all family planning users, by age and year: 2004-2014

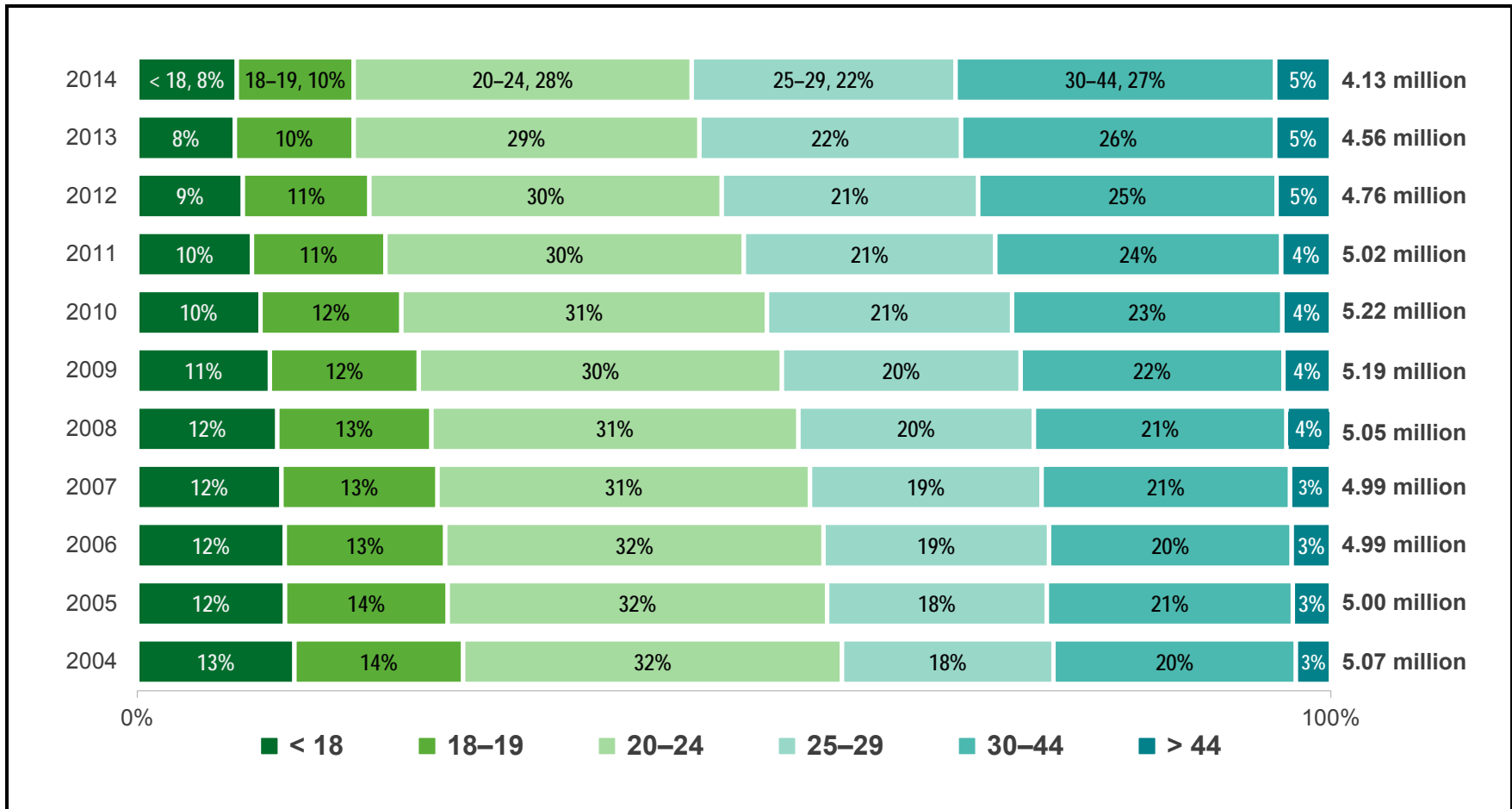
Age Group (Years)	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Under 15	—	70,840	67,627	68,918	71,738	74,287	73,383	59,351	53,012	45,633	45,863
Under 18	667,734	--	--	--	--	--	--	--	--	--	--
15 to 17	—	549,079	549,844	534,054	521,202	502,226	466,284	423,702	368,965	327,152	298,839
18 to 19	716,399	681,690	672,027	651,784	652,059	647,432	616,709	560,848	505,356	454,044	404,197
20 to 24	1,608,278	1,589,794	1,582,688	1,556,670	1,553,469	1,577,051	1,600,833	1,508,215	1,405,487	1,320,188	1,169,948
25 to 29	898,231	921,425	943,009	967,409	996,754	1,037,776	1,071,999	1,058,256	1,023,503	999,476	912,130
30 to 44	1,028,661	--	--	--	--	--	--	--	--	--	--
30 to 34	—	519,448	512,173	522,673	539,998	578,031	607,257	621,119	616,259	622,258	573,010
35 to 39	—	317,900	314,488	323,885	332,854	353,712	359,749	358,400	351,820	355,877	331,439
40 to 44	—	193,490	188,507	191,503	195,582	209,292	215,914	222,429	222,621	220,836	200,955
Over 44	148,482	159,295	163,915	170,342	187,849	206,460	212,734	209,391	216,774	212,360	192,902
Total	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283
Under 15	—	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Under 18	13%	--	--	--	--	--	--	--	--	--	--
15 to 17	—	11%	11%	11%	10%	10%	9%	8%	8%	7%	7%
18 to 19	14%	14%	13%	13%	13%	12%	12%	11%	11%	10%	10%
20 to 24	32%	32%	32%	31%	31%	30%	31%	30%	30%	29%	28%
25 to 29	18%	18%	19%	19%	20%	20%	21%	21%	21%	22%	22%
30 to 44	20%	--	--	--	--	--	--	--	--	--	--
30 to 34	—	10%	10%	10%	11%	11%	12%	12%	13%	14%	14%
35 to 39	—	6%	6%	6%	7%	7%	7%	7%	7%	8%	8%
40 to 44	—	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%
Over 44	3%	3%	3%	3%	4%	4%	4%	4%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-2b. Number and distribution of all family planning users, by age and year: 2004-2014



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.

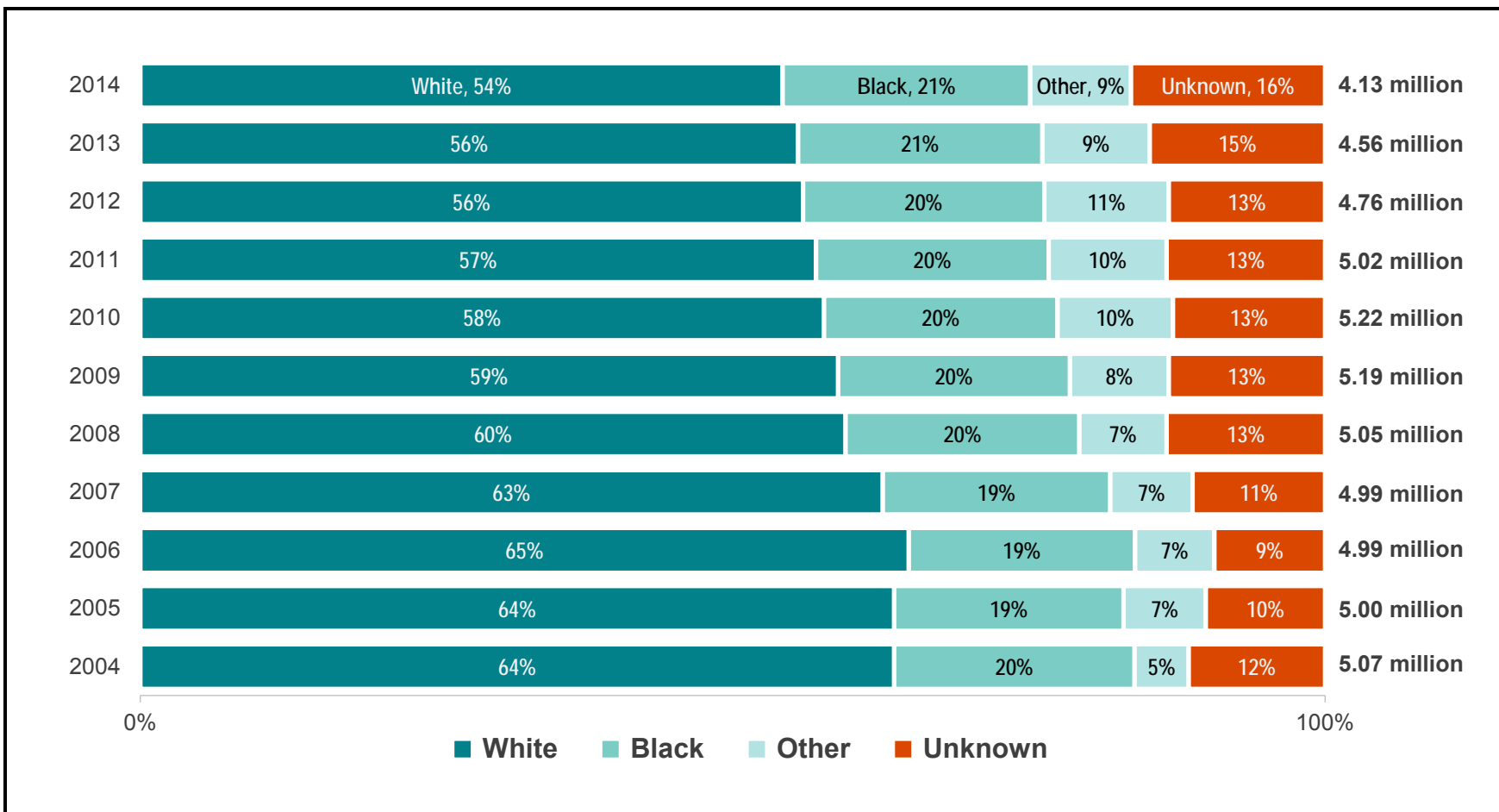
Exhibit A-3a. Number and distribution of all family planning users, by race and year: 2004-2014

Race	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
American Indian/Alaska Native	36,050	35,665	38,098	38,080	36,974	39,220	44,899	43,204	45,785	34,051	29,327
Asian	136,813	124,946	129,155	131,735	137,747	150,847	136,958	134,345	136,412	135,567	128,797
Black/African American	1,027,880	969,301	953,580	958,241	996,093	1,015,013	1,028,991	986,803	969,776	939,941	863,136
Native Hawaiian/Pacific Islander	58,881	58,946	44,708	43,360	45,693	73,559	65,662	70,929	70,519	52,263	39,266
White	3,225,150	3,183,116	3,239,675	3,125,435	3,007,568	3,054,226	3,015,861	2,864,253	2,664,736	2,530,204	2,238,847
More than one race	—	127,543	122,583	132,911	151,535	169,044	261,397	250,825	248,590	191,871	153,907
Unknown/not reported	583,011	503,444	466,479	557,476	675,895	684,358	671,094	671,352	627,979	673,927	676,003
Total All Users	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	2%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Black/African American	20%	19%	19%	19%	20%	20%	20%	20%	20%	21%	21%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	64%	64%	65%	63%	60%	59%	58%	57%	56%	56%	54%
More than one race	—	3%	2%	3%	3%	3%	5%	5%	5%	4%	4%
Unknown/not reported	12%	10%	9%	11%	13%	13%	13%	13%	13%	15%	16%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

— Data are not available.

Exhibit A-3b. Number and distribution of all family planning users, by race and year: 2004–2014



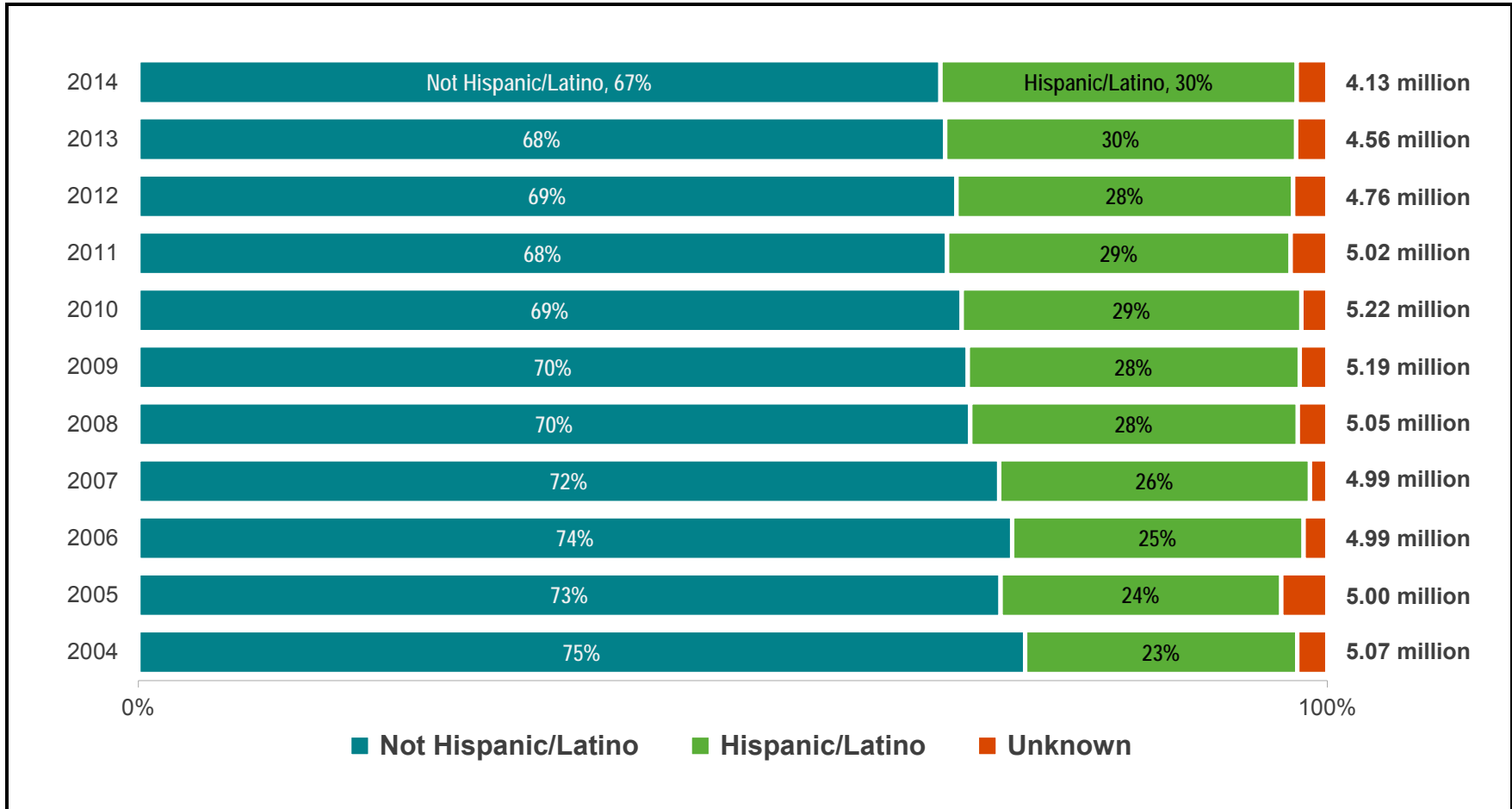
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander (2004–2014), and more than one race (2005–2014).

Exhibit A-4a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2004–2014

Ethnicity	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Hispanic or Latino	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652
Not Hispanic or Latino	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	3,093,545	2,786,005
Unknown/not reported	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626
Total All Users	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283
Hispanic or Latino	23%	24%	25%	26%	28%	28%	29%	29%	28%	30%	30%
Not Hispanic or Latino	75%	73%	74%	72%	70%	70%	69%	68%	69%	68%	67%
Unknown/not reported	3%	4%	2%	1%	2%	2%	2%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-4b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2004–2014



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

Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2004–2014

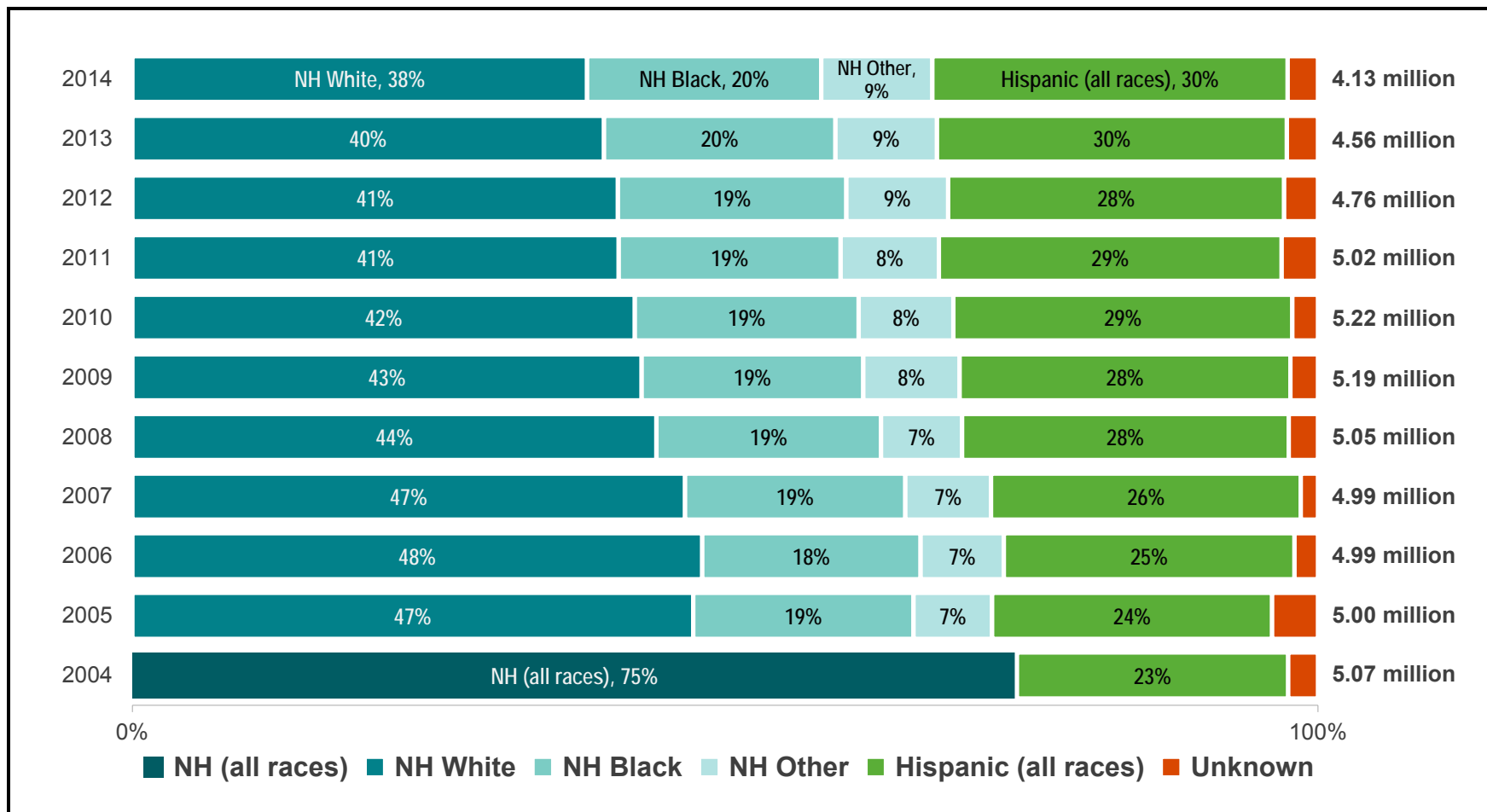
Ethnicity and Race	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Not Hispanic or Latino											
All races	3,780,396	--	--	--	--	--	--	--	--	--	--
Asian	—	118,499	123,192	126,320	127,850	139,831	126,413	121,777	124,790	128,015	119,454
Black or African American	—	929,066	918,983	926,564	956,741	969,690	986,409	939,143	917,539	890,133	816,061
White	—	2,366,762	2,400,897	2,324,430	2,232,893	2,227,867	2,214,680	2,060,244	1,951,410	1,812,924	1,583,629
Other/unknown	—	213,815	227,822	234,183	217,431	280,956	290,783	295,150	284,089	262,473	266,861
Hispanic or Latino											
All races	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652
Unknown/not reported	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626
Total All Users	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283
Not Hispanic or Latino											
All races	75%	--	--	--	--	--	--	--	--	--	--
Asian	—	2%	2%	3%	3%	3%	2%	2%	3%	3%	3%
Black or African American	—	19%	18%	19%	19%	19%	19%	19%	19%	20%	20%
White	—	47%	48%	47%	44%	43%	42%	41%	41%	40%	38%
Other/unknown	—	4%	5%	5%	4%	5%	6%	6%	6%	6%	6%
Hispanic or Latino											
All races	23%	24%	25%	26%	28%	28%	29%	29%	28%	30%	30%
Unknown/not reported	3%	4%	2%	1%	2%	2%	2%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: The Other race category includes users who self-identified as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander (2004–2014), and more than one race (2005–2014). Due to rounding, percentages may not sum to 100%.

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-5b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2004–2014



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 (2005–2014) 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: 2004-2014

Income Level ^a	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Under 101%	3,461,649	3,316,699	3,353,129	3,455,335	3,553,222	3,632,506	3,618,813	3,466,912	3,382,089	3,211,380	2,840,650
101% to 150%	838,704	879,666	846,873	820,870	781,113	785,090	795,065	731,410	649,462	636,484	572,948
151% to 200%	312,393	324,358	311,958	303,992	278,881	277,103	281,294	269,478	247,490	245,805	234,425
Over 200%	355,025	--	--	--	--	--	--	--	--	--	--
201% to 250%	—	129,097	127,902	121,473	119,181	119,768	125,298	116,188	103,061	103,246	100,402
Over 250%	—	242,241	262,501	212,849	224,603	207,484	250,440	250,829	230,947	222,718	226,918
Unknown/not reported	100,014	110,900	91,915	72,719	94,505	164,316	153,952	186,894	150,748	138,191	153,940
Total All Users	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283
Under 101%	68%	66%	67%	69%	70%	70%	69%	69%	71%	70%	69%
101% to 150%	17%	18%	17%	16%	15%	15%	15%	15%	14%	14%	14%
151% to 200%	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%	6%
Over 200%	7%	--	--	--	--	--	--	--	--	--	--
201% to 250%	—	3%	3%	2%	2%	2%	2%	2%	2%	2%	2%
Over 250%	—	5%	5%	4%	4%	4%	5%	5%	5%	5%	5%
Unknown/not reported	2%	2%	2%	1%	2%	3%	3%	4%	3%	3%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

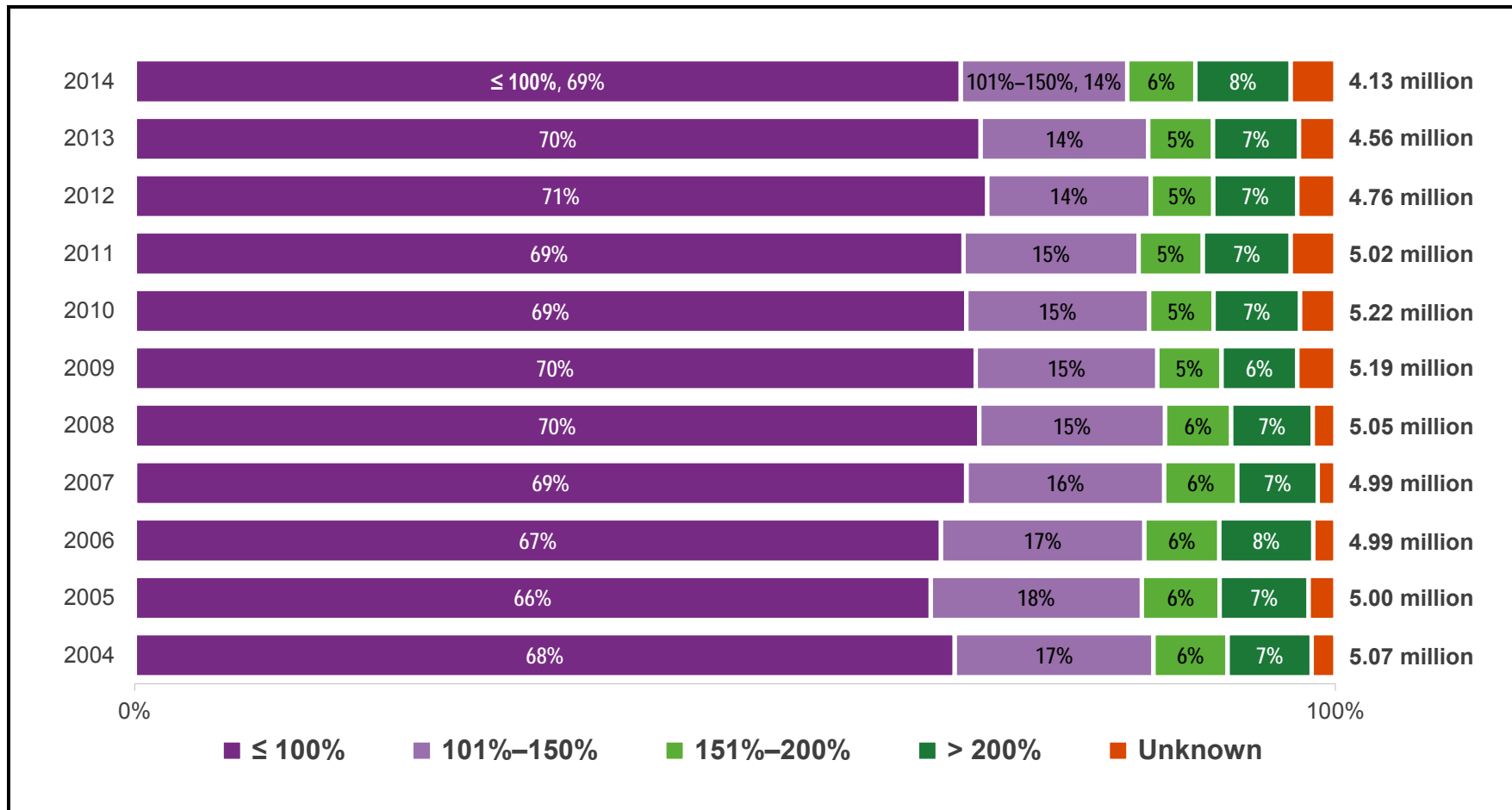
Note: Due to rounding, percentages may not sum to 100%.

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

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-6b. Number and distribution of all family planning users, by income level and year: 2004-2014



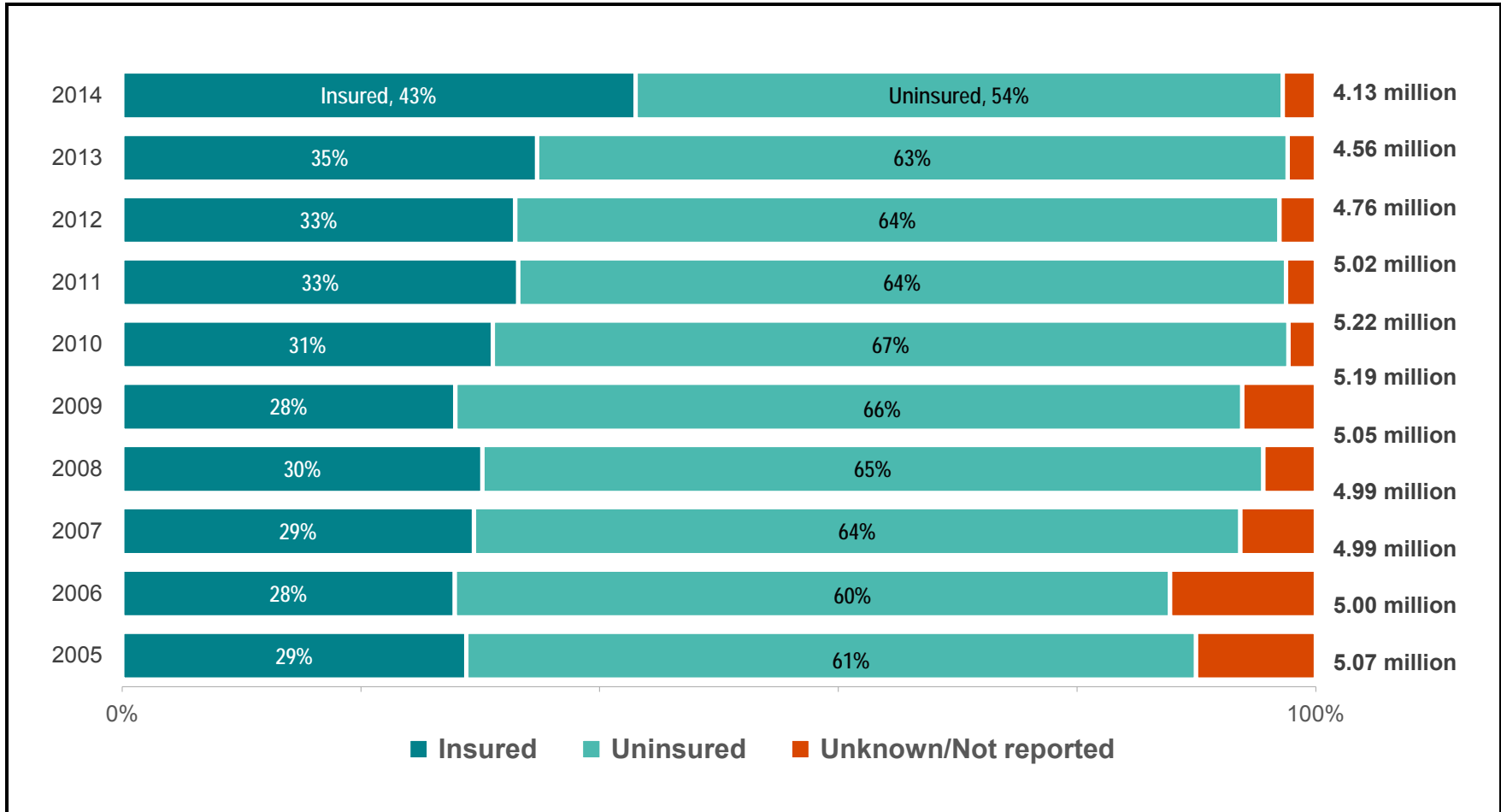
Note: Title X-funded agencies report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <http://aspe.hhs.gov/poverty/>.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

Exhibit A-7a. Number and distribution of all family planning users, by health insurance status and year: 2005-2014

Insurance Status	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Insured	1,439,943	1,394,225	1,470,034	1,524,906	1,447,472	1,622,837	1,666,262	1,568,713	1,584,941	1,775,368
Uninsured	3,053,824	2,998,508	3,202,642	3,305,185	3,419,915	3,483,360	3,230,784	3,050,415	2,865,672	2,237,098
Unknown/not reported	500,511	610,228	314,562	221,414	318,880	118,665	124,665	144,669	107,211	114,453
Total	4,994,278	5,002,961	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,126,919
Insured	29%	28%	29%	30%	28%	31%	33%	33%	35%	43%
Uninsured	61%	60%	64%	65%	66%	67%	64%	64%	63%	54%
Unknown/not reported	10%	12%	6%	4%	6%	2%	2%	3%	2%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-7b. Number and distribution of all family planning users, by health insurance status and year: 2005-2014



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

Exhibit A–8a. Number of female family planning users, by primary contraceptive method and year: 2004–2014

Primary Method	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Highly Effective^a											
Vasectomy ^b	—	7,060	6,605	6,546	6,312	6,905	8,683	8,632	8,540	8,175	7,582
Sterilization ^b	105,103	95,264	89,428	89,447	87,167	92,616	92,652	90,438	86,854	82,067	74,748
Hormonal implant	5,602	3,395	2,506	7,300	18,738	30,135	48,015	65,673	82,642	108,586	139,799
Intrauterine device	77,773	88,342	110,338	138,714	179,876	216,390	252,121	272,683	284,461	279,289	265,511
Moderately Effective^a											
Hormonal injection ^c	740,028	602,721	571,588	591,861	597,572	615,188	643,682	645,351	645,136	635,093	611,619
Vaginal ring ^d	—	65,320	98,689	139,656	149,627	165,121	186,238	183,182	164,693	142,292	115,230
Contraceptive patch ^d	—	286,214	170,815	128,324	101,763	106,266	93,499	89,795	83,145	78,547	69,469
Oral contraceptive	1,974,050	1,852,654	1,859,542	1,826,518	1,734,786	1,696,319	1,684,201	1,534,684	1,409,300	1,316,671	1,135,950
Cervical cap/diaphragm	11,717	5,477	4,753	4,087	3,612	12,278	4,402	3,390	4,116	8,245	2,379
Less Effective^a											
Male condom	737,169	686,992	747,323	716,646	727,440	737,991	787,329	838,131	745,265	692,678	578,139
Female condom ^d	—	8,862	6,031	3,925	4,753	4,635	5,944	5,939	3,722	3,914	3,308
Contraceptive sponge ^d	—	2,826	1,076	1,827	1,337	991	1,581	921	765	541	651
Withdrawal or other ^e	313,688	104,779	133,099	123,844	111,160	105,705	116,635	115,002	113,016	95,798	70,982
FAM ^f or LAM	25,906	9,702	9,446	8,784	10,409	12,633	14,379	17,105	12,676	11,753	12,648
Spermicide	19,861	23,226	22,075	16,882	13,627	15,598	8,346	7,061	4,926	4,028	2,911
Other											
Abstinence ^d	—	44,939	49,022	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098
No Method											
Pregnant or seeking pregnancy	287,485	358,492	373,111	383,303	381,848	395,633	400,194	361,056	377,547	356,750	330,279
Other reason	378,605	298,658	326,885	308,061	283,848	260,946	238,347	229,541	183,613	181,657	175,111
Method Unknown	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590	106,017	98,208
Total Female Users	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622
Using a Method	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241	3,947,911	3,720,994	3,540,163	3,161,024
Not Using a Method	666,090	657,150	699,996	691,364	665,696	656,579	638,541	590,597	561,160	538,407	505,390
Method Unknown	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590	106,017	98,208
Using a Method	83%	82%	82%	82%	81%	81%	83%	85%	85%	85%	84%
Not Using a Method	14%	14%	15%	15%	14%	14%	13%	13%	13%	13%	13%
Method Unknown	3%	4%	3%	3%	5%	6%	3%	2%	2%	3%	3%

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

^a See reference note 10.

^b For 2004, sterilization figures include both female and male (vasectomy) sterilization users. Beginning in 2005, female and male sterilization figures are reported separately.

^c For 2005–2014, hormonal injection figures include both 1- and 3-month hormonal injection users.

^d For 2004, grantees reported these methods in the Withdrawal/Other method category.

^e For 2004, the Withdrawal/Other category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not listed in Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. The Withdrawal/Other category excludes rhythm/calendar, sponge, vaginal suppositories, and abstinence.

^f For 2004, the FAM category includes only safe period by temperature or cervical mucus test. For 2005–2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2014, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods. For 2005–2014, the FAM category also includes postpartum women relying on LAM.

— Data are not available.

Exhibit A–8b. Distribution of female family planning users who reported a primary contraceptive method at exit from the encounter, by primary contraceptive method and year: 2004–2014

Primary Method	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Highly Effective ^a											
Vasectomy ^b	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization ^b	3%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	1%	1%	2%	2%	3%	4%
Intrauterine device	2%	2%	3%	4%	5%	6%	6%	7%	8%	8%	8%
Moderately Effective ^a											
Hormonal injection ^c	18%	16%	15%	15%	16%	16%	16%	16%	17%	18%	19%
Vaginal ring ^d	—	2%	3%	4%	4%	4%	5%	5%	4%	4%	4%
Contraceptive patch ^d	—	7%	4%	3%	3%	3%	2%	2%	2%	2%	2%
Oral contraceptive	49%	48%	48%	47%	46%	44%	42%	39%	38%	37%	36%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective ^a											
Male condom	18%	18%	19%	19%	19%	19%	20%	21%	20%	20%	18%
Female condom ^d	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge ^d	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^e	8%	3%	3%	3%	3%	3%	3%	3%	3%	3%	2%
FAM or LAM ^f	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence ^d	—	1%	1%	1%	2%	2%	2%	2%	2%	2%	2%
Total Using a Method											
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241	3,947,911	3,720,994	3,540,163	3,161,024

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

^a See reference note 10.

^b For 2004, sterilization figures include both female and male (vasectomy) sterilization users. Beginning in 2005, female and male sterilization figures are reported separately.

^c For 2005–2014, hormonal injection figures include both 1- and 3-month hormonal injection users.

^d For 2004, grantees reported these methods in the Withdrawal/Other method category.

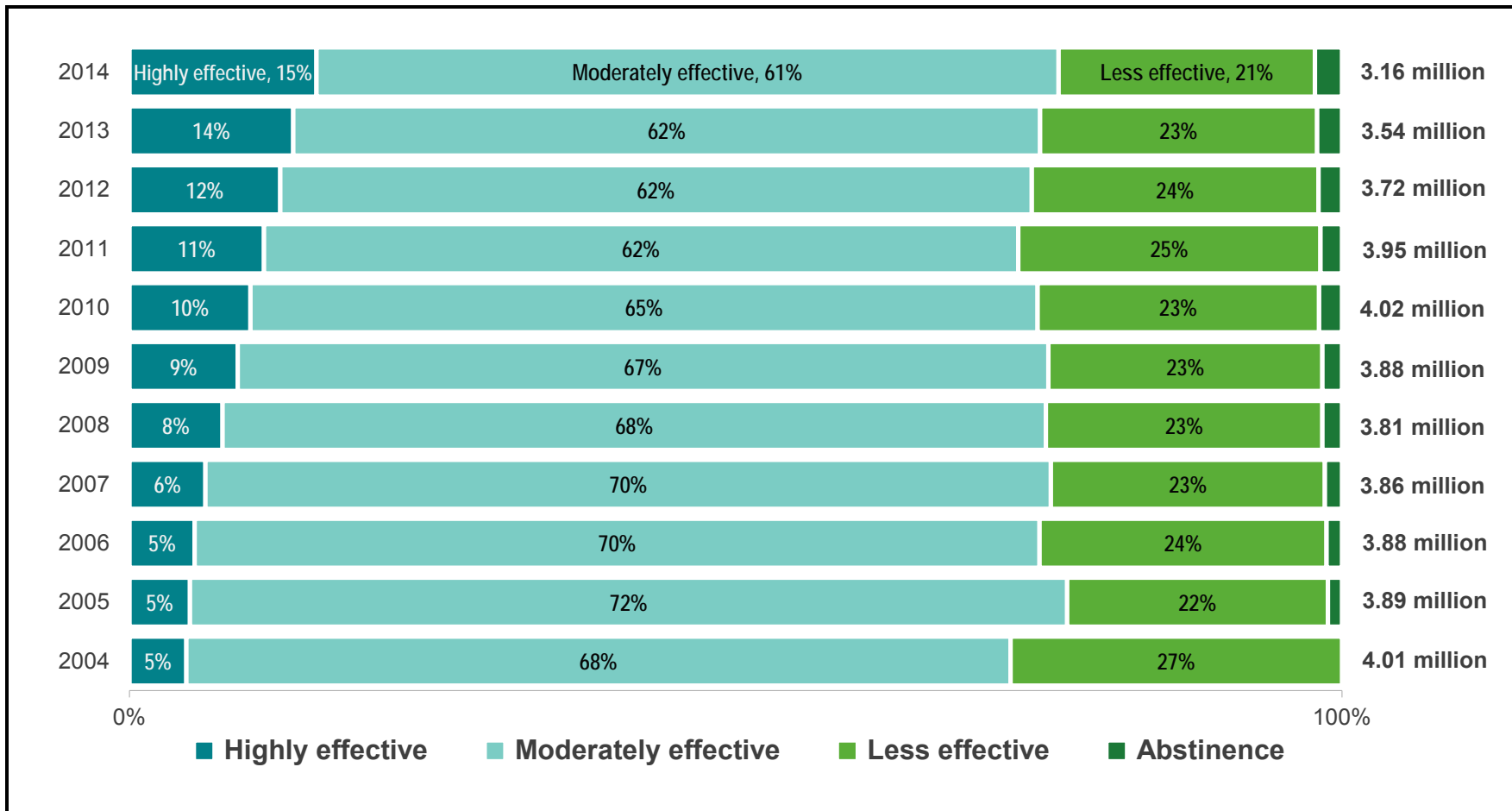
^e For 2004, the Withdrawal/Other category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not listed in Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, the Withdrawal/Other category excludes rhythm/calendar, sponge, vaginal suppositories, and abstinence.

^f For 2004, the FAM category includes only safe period by temperature or cervical mucus test. For 2005–2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2014, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods. For 2005–2014, the FAM category also included postpartum women who rely on LAM.

— Data are not available.

† Percentage is less than 0.5%.

Exhibit A-8c. Number and distribution of female family planning users who reported a primary contraceptive method at exit from the encounter, by level of method effectiveness and year: 2004–2014



Note: Due to rounding, the percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of individual percentages included in the aggregated categories. **Highly effective** methods include vasectomy (male sterilization), female sterilization, implant, and intrauterine devices/systems. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm with spermicidal cream/jelly, and the cervical cap. **Less-effective** methods include male condoms, female condoms, the sponge, withdrawal, fertility awareness-based (FAM) and lactational amenorrhea (LAM) methods, spermicides, and other methods not listed in Table 7. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the moderately and less effective method categories defined in reference note 10.

Exhibit A-9a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2005-2014

Screening Measures	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Female Users Who Received a Pap Test										
Number	2,447,498	2,326,153	2,272,571	2,088,218	2,035,017	1,727,251	1,444,418	1,237,328	988,114	785,540
Percentage	52%	49%	48%	44%	42%	36%	31%	28%	24%	21%
Pap Tests Performed										
Number	2,644,413	2,477,209	2,470,674	2,209,087	2,190,127	1,810,620	1,522,777	1,308,667	1,043,671	813,858
Percentage with an ASC or higher result	9%	10%	10%	11%	12%	13%	15%	14%	14%	14%

ASC=atypical squamous cells.

Exhibit A-9b. Number and percentage of female users who received a Pap test, by year: 2005-2014

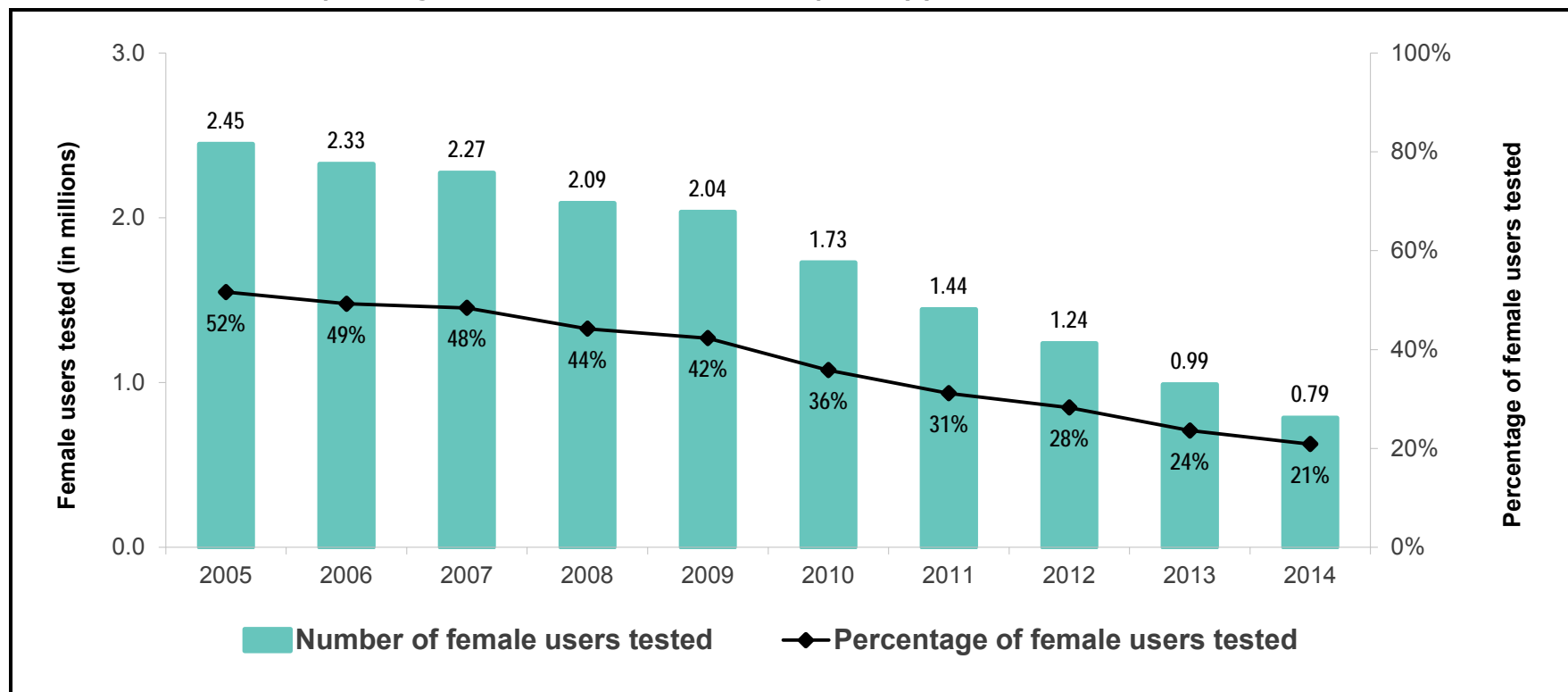


Exhibit A-10a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2014

Chlamydia Testing Measures	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number tested	1,375,787	1,387,222	1,385,623	1,435,430	1,433,829	1,442,176	1,357,231	1,268,269	1,181,534	1,011,474
Percentage tested	50%	51%	52%	55%	55%	57%	58%	59%	60%	58%

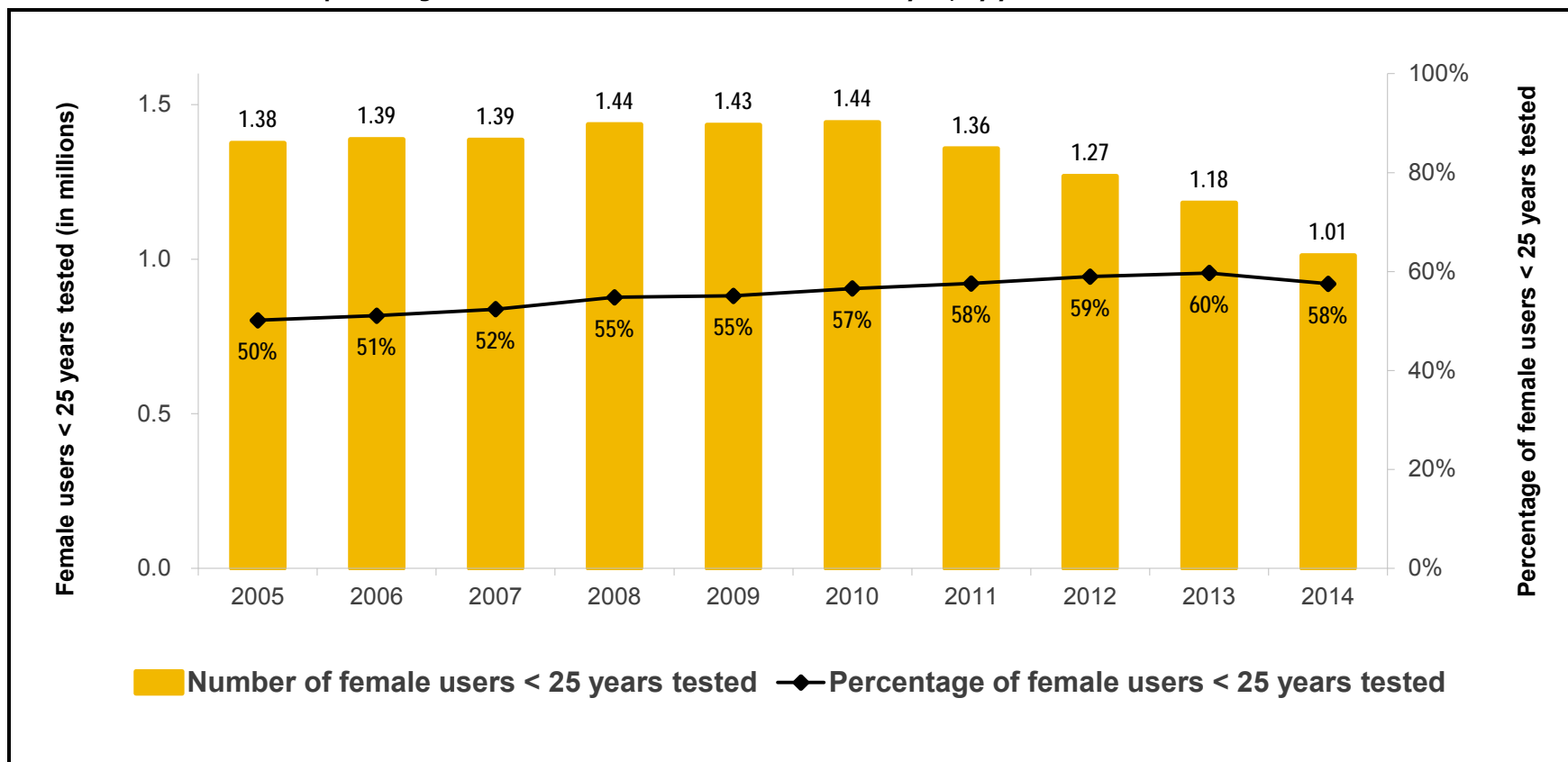
Exhibit A-10b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2014

Exhibit A-11a. Number of confidential HIV tests performed and number of tests per 10 users: 2004–2014

HIV Testing Measures	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Tests performed	530,569	607,974	652,426	764,126	833,105	997,765	1,101,665	1,283,375	1,249,867	1,187,631	1,031,624
Tests per 10 users	1.0	1.2	1.3	1.5	1.6	1.9	2.1	2.6	2.6	2.6	2.5

Exhibit A-11b. Number of confidential HIV tests performed and number of tests per 10 users: 2004–2014

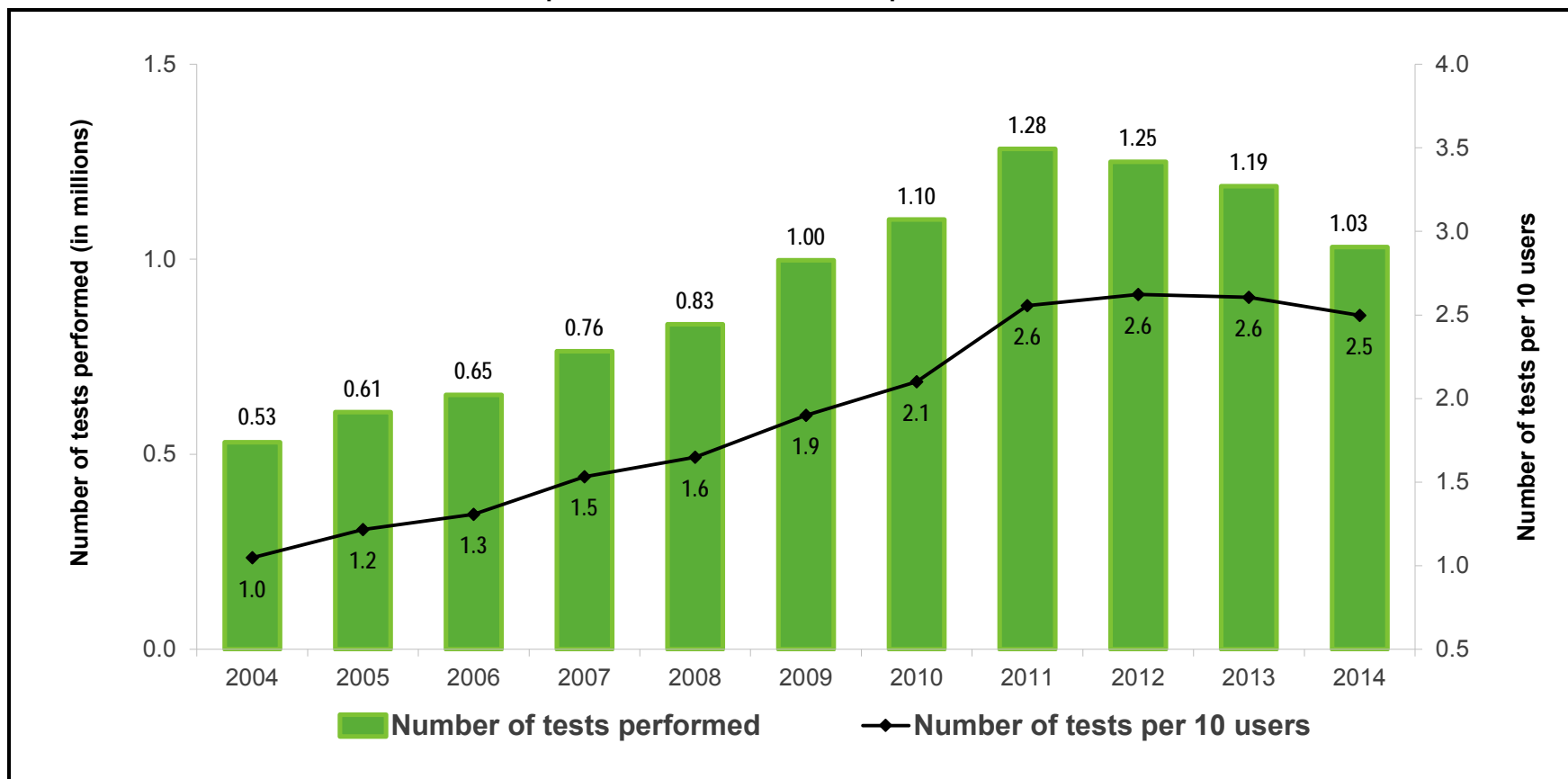


Exhibit A-12a. Actual and adjusted (constant 2014\$, 2004\$, and 1981\$) total, Title X, and Medicaid revenue, by year: 2004–2014

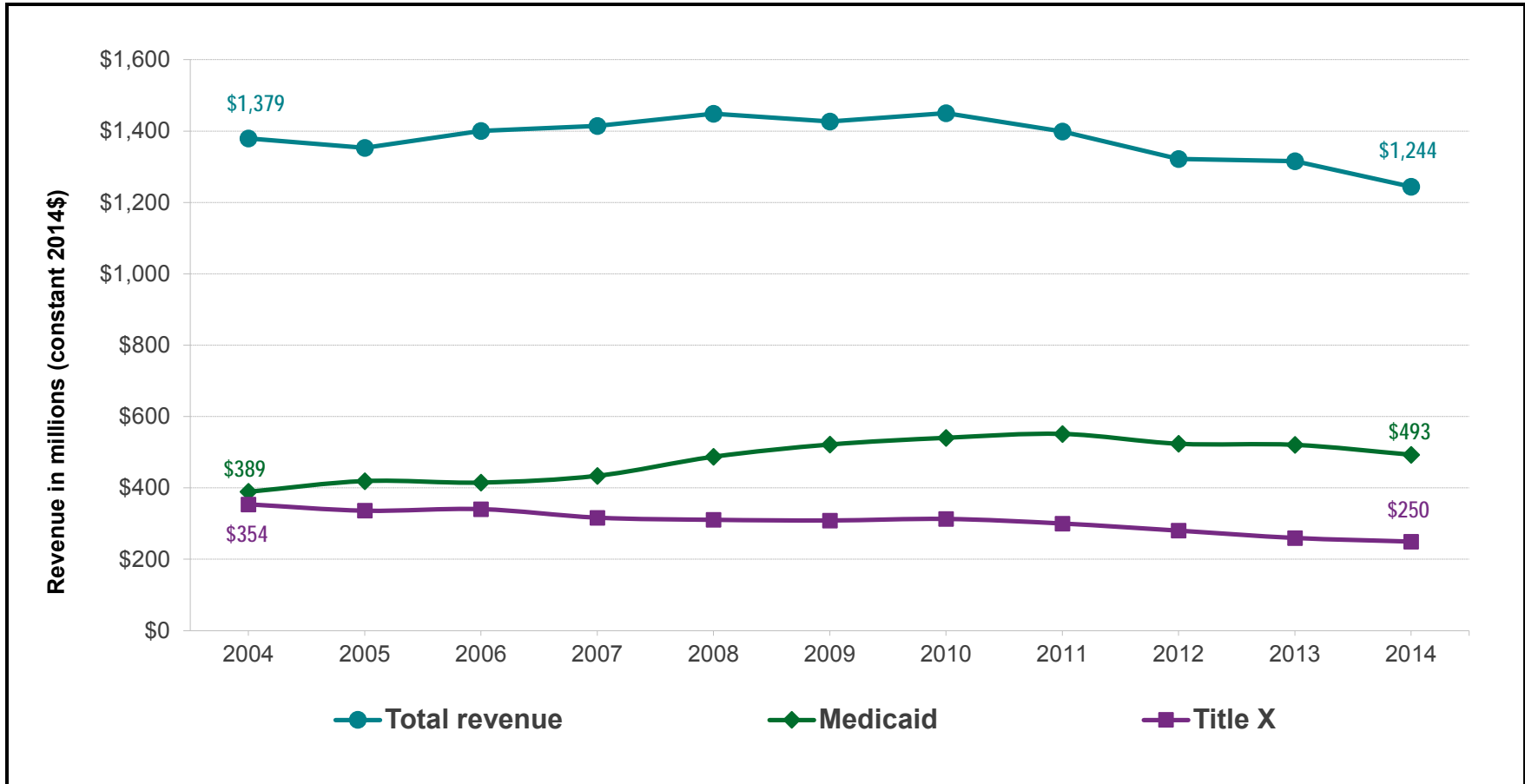
Revenue	2004 (\$)	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	Change		
												2004– 2014	2013– 2014	
Total														
Actual ^a	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947		27%	–3%
2014\$ ^b	1,379,228,329	1,353,084,015	1,400,199,714	1,414,211,229	1,448,536,293	1,426,973,282	1,449,934,535	1,399,212,327	1,322,092,911	1,315,435,864	1,243,901,947		–10%	–5%
2004\$ ^b	982,537,801	963,913,055	997,477,444	1,007,458,999	1,031,911,566	1,016,550,459	1,032,907,649	996,774,047	941,835,542	937,093,180	886,133,687		–10%	–5%
1981\$ ^b	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423	266,470,714	251,783,832	250,516,042	236,892,882		–10%	–5%
Title X														
Actual ^a	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445		–1%	–2%
2014\$ ^b	353,941,331	336,122,009	340,501,808	316,613,889	310,566,945	308,725,354	312,991,573	300,166,352	280,211,670	259,721,020	249,517,445		–30%	–4%
2004\$ ^b	252,141,527	239,447,358	242,567,450	225,550,119	221,242,384	219,930,467	222,969,645	213,833,186	199,617,824	185,020,648	177,751,803		–30%	–4%
1981\$ ^b	67,405,781	64,012,209	64,846,313	60,297,017	59,145,416	58,794,698	59,607,171	57,164,692	53,364,455	49,462,147	47,518,944		–30%	–4%
Medicaid ^c														
Actual ^a	277,174,817	311,226,237	320,457,197	349,919,735	407,561,796	450,028,613	482,175,678	506,887,574	499,181,475	508,494,458	493,061,463		78%	–3%
2014\$ ^b	389,081,580	419,173,208	414,916,769	433,893,534	487,307,623	521,540,669	540,349,176	551,264,837	523,695,173	520,653,812	493,061,463		27%	–5%
2004\$ ^b	277,174,817	298,611,560	295,579,348	309,098,058	347,149,308	371,536,323	384,935,170	392,711,293	373,071,154	370,904,542	351,248,242		27%	–5%
1981\$ ^b	74,098,008	79,828,759	79,018,149	82,632,148	92,804,507	99,323,964	102,905,919	104,984,735	99,734,275	99,155,068	93,900,288		27%	–5%

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

^b Revenue is shown in constant 2014 dollars (2014\$), 2004 dollars (2004\$), 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>).

^c Medicaid revenue for 2005–2014 includes separately reported Children’s Health Insurance Program revenue.

Exhibit A-12b. Total, Title X, and Medicaid adjusted (constant 2014\$) revenue, by year: 2004-2014



Note: For 2005-2014, Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

Exhibit A-12c. Total actual (unadjusted) and adjusted (constant 2014\$, 2004\$, and 1981\$) revenue, by year: 2004–2014

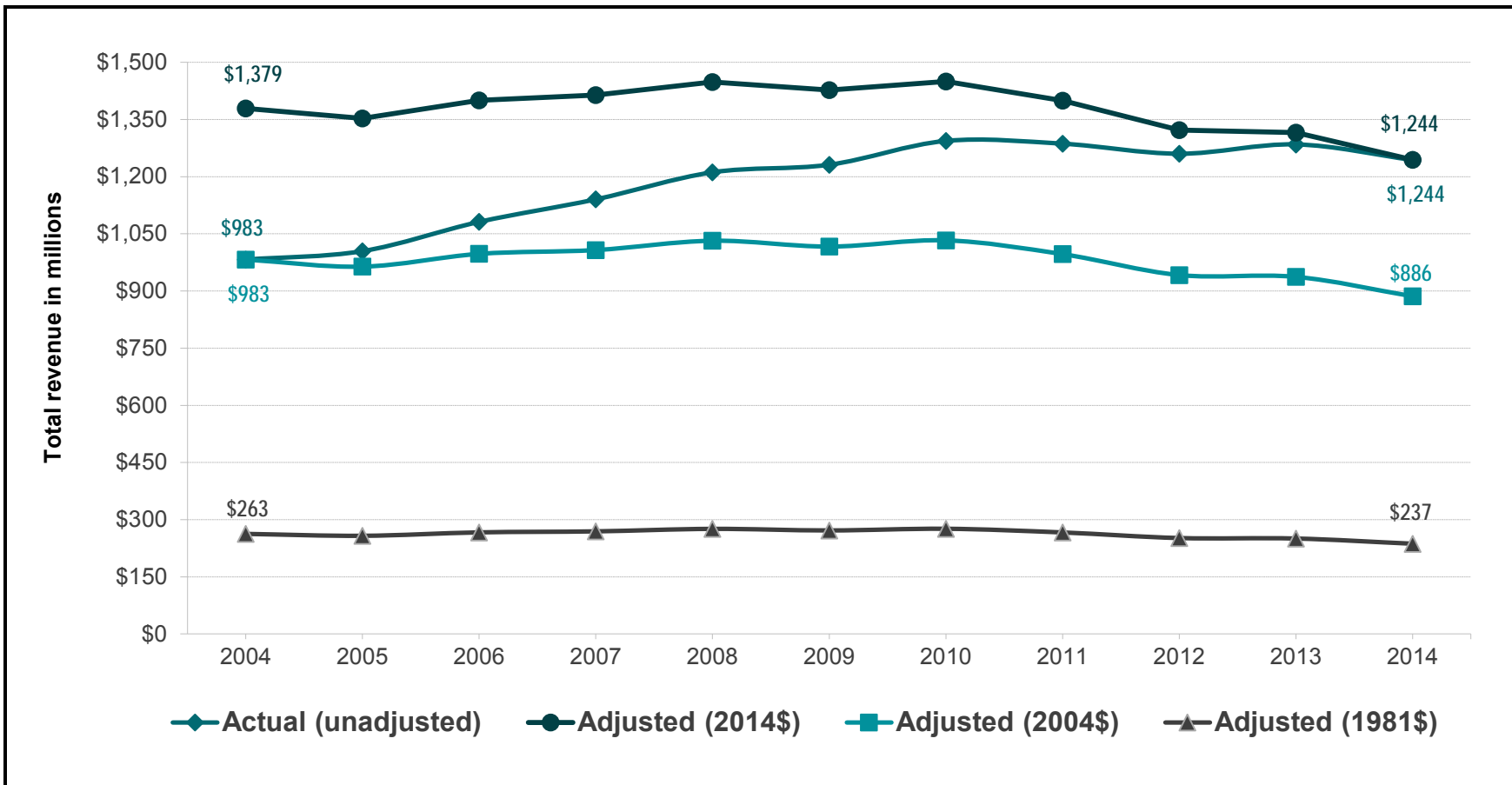


Exhibit A-12d. Title X actual (unadjusted) and adjusted (constant 2014\$, 2004\$, and 1981\$) revenue, by year: 2004-2014

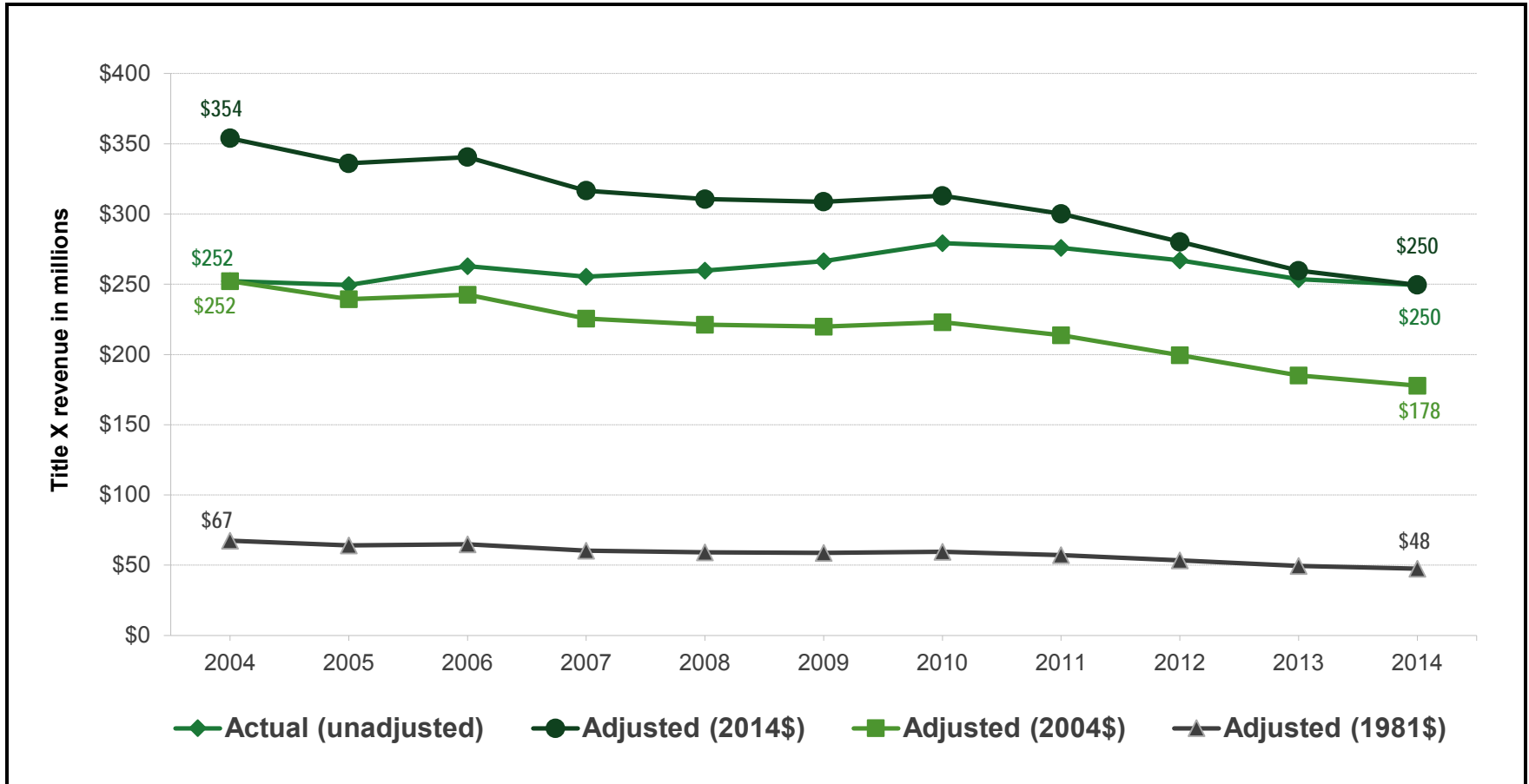
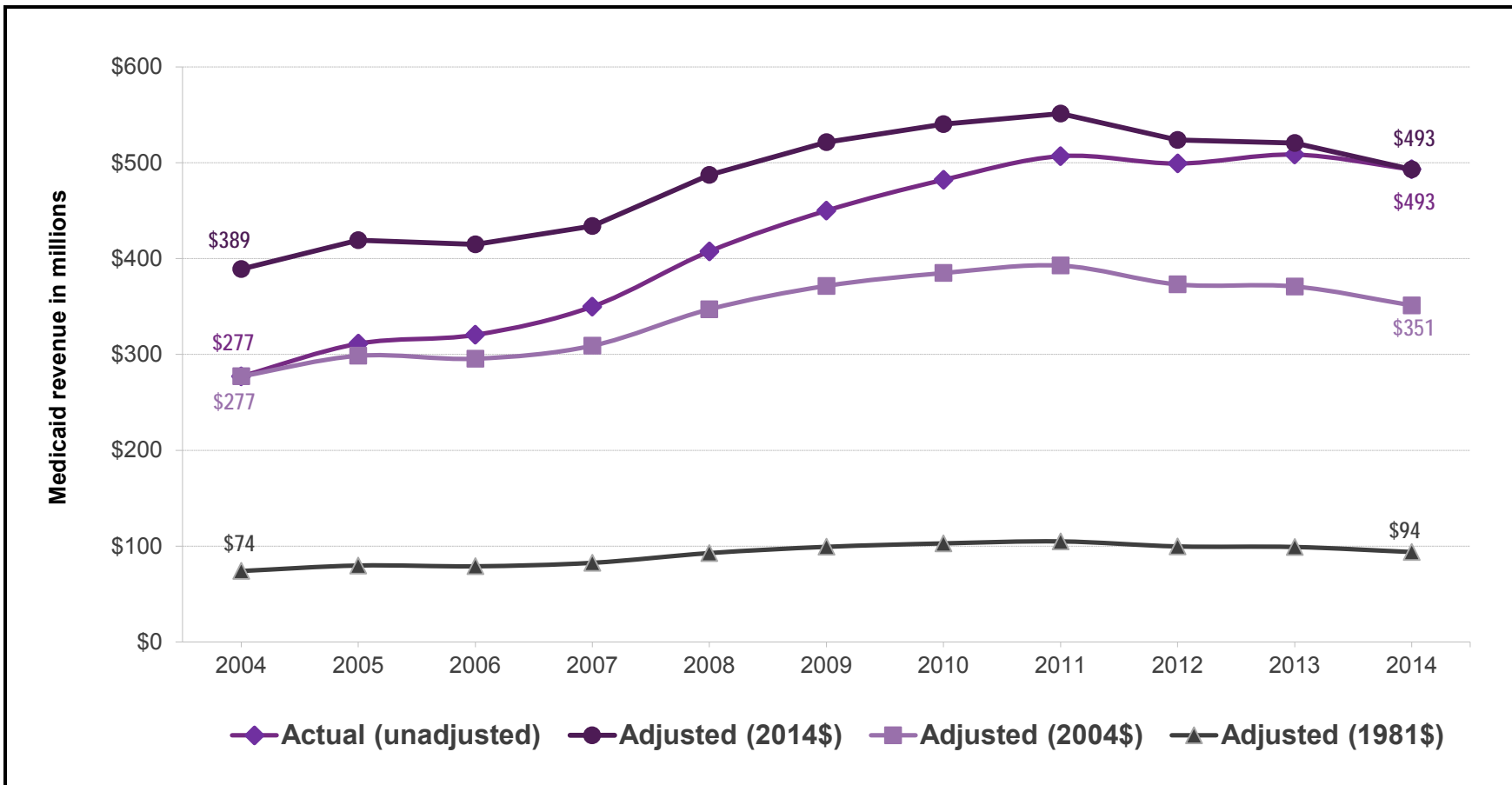


Exhibit A-12e. Medicaid actual (unadjusted) and adjusted (constant 2014\$, 2004\$, and 1981\$) revenue, by year: 2004–2014



Note: For 2005–2014 Medicaid revenue includes separately reported Children’s Health Insurance Program revenue.

Exhibit A-13b. Distribution of Title X project revenue, by revenue source and year: 2004-2014

Revenue Sources	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Title X	26%	25%	24%	22%	21%	22%	22%	21%	21%	20%	20%
Payment for Services											
Client fees	10%	10%	9%	8%	8%	7%	7%	6%	6%	5%	4%
Third-party payers											
Medicaid	28%	31%	30%	31%	34%	37%	37%	39%	40%	39%	39%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Private	2%	3%	3%	4%	4%	4%	4%	4%	5%	5%	8%
Subtotal	42%	45%	43%	43%	46%	48%	48%	49%	51%	51%	53%
Other Revenue											
MCH block grant	3%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
SS block grant	3%	3%	3%	3%	2%	3%	3%	2%	1%	1%	0%†
TANF	0%	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%
State government	13%	12%	12%	12%	12%	12%	10%	10%	9%	10%	10%
Local government	5%	6%	9%	9%	8%	7%	7%	7%	7%	7%	6%
BPHC	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†	1%	1%
Other	7%	6%	6%	6%	6%	6%	7%	7%	8%	7%	7%
Subtotal	32%	31%	33%	34%	33%	31%	30%	29%	28%	29%	27%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

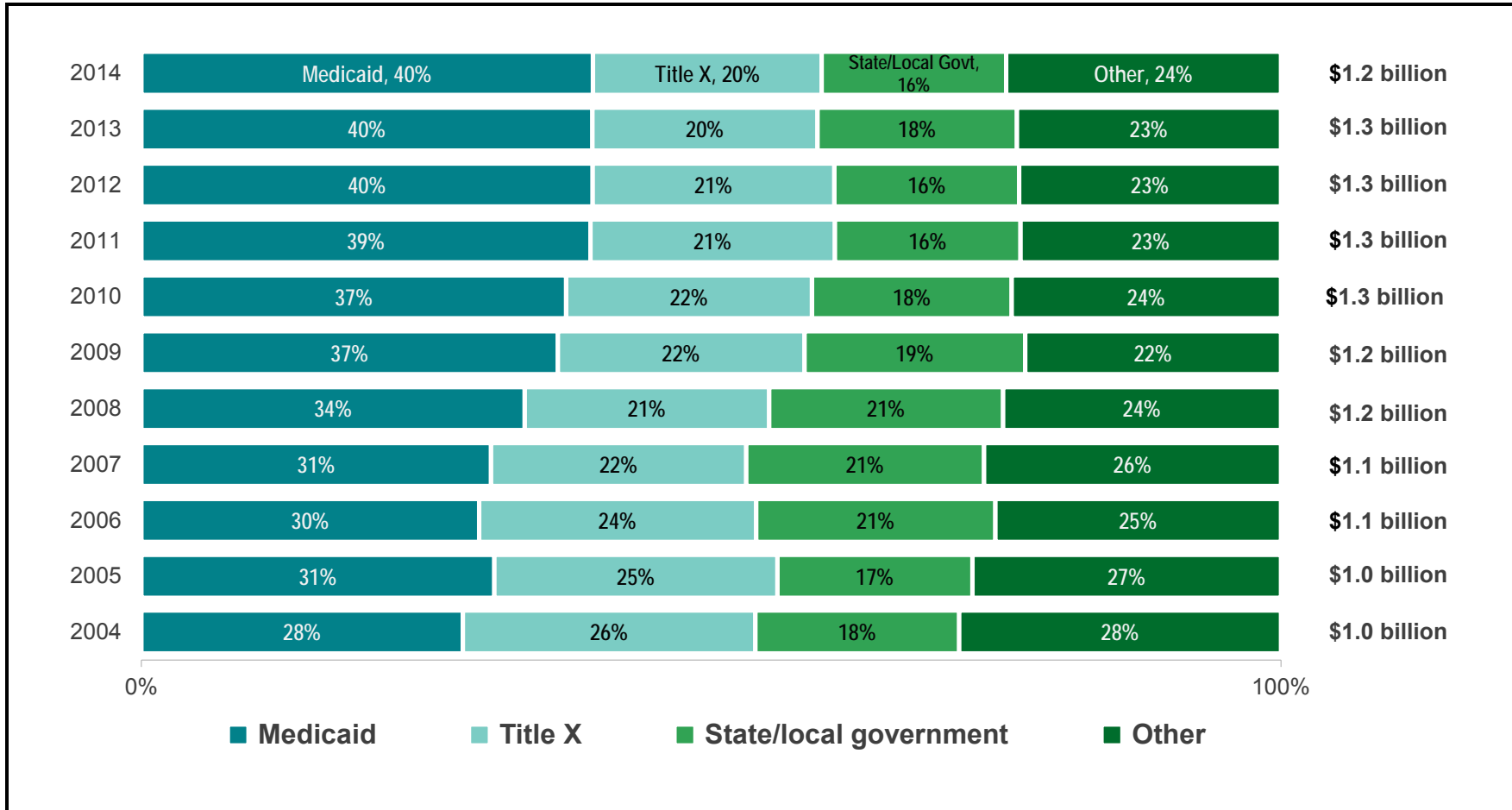
BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

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

— Data are not available.

† Percentage is less than 0.5%.

Exhibit A-13c. Amount and distribution of Title X project revenue, by revenue source and year: 2004-2014



Notes: Revenue figures are unadjusted. For 2005-2014, Medicaid revenue includes separately reported Children's Health Insurance Program revenue. The Other revenue category includes revenue from the Bureau of Primary Health Care and other federal grants; other public and private third parties; block grants; Temporary Assistance for Needy Families revenue; and revenue reported as Other in the FPAR revenue table. Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

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Appendix B

State Exhibits

Exhibit B-1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2014 (Source: FPAR Table 1)

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	92,797	900	93,697	99%	1%	2%
Alaska	7,555	1,066	8,621	88%	12%	0%†
Arizona	29,790	3,778	33,568	89%	11%	1%
Arkansas	54,359	964	55,323	98%	2%	1%
California	954,569	120,424	1,074,993	89%	11%	26%
Colorado	47,513	8,190	55,703	85%	15%	1%
Connecticut	35,617	5,128	40,745	87%	13%	1%
Delaware	14,716	3,466	18,182	81%	19%	0%†
District of Columbia	32,668	12,216	44,884	73%	27%	1%
Florida	159,715	4,163	163,878	97%	3%	4%
Georgia	97,483	4,840	102,323	95%	5%	2%
Hawaii	17,992	847	18,839	96%	4%	0%†
Idaho	16,726	844	17,570	95%	5%	0%†
Illinois	86,828	4,209	91,037	95%	5%	2%
Indiana	30,661	2,538	33,199	92%	8%	1%
Iowa	43,472	3,010	46,482	94%	6%	1%
Kansas	25,865	2,458	28,323	91%	9%	1%
Kentucky	64,523	5,106	69,629	93%	7%	2%
Louisiana	35,630	6,421	42,051	85%	15%	1%
Maine	20,006	2,531	22,537	89%	11%	1%
Maryland	61,823	6,451	68,274	91%	9%	2%
Massachusetts	56,159	9,145	65,304	86%	14%	2%
Michigan	77,339	3,151	80,490	96%	4%	2%
Minnesota	49,198	7,621	56,819	87%	13%	1%
Mississippi	47,652	354	48,006	99%	1%	1%
Missouri	45,728	3,743	49,471	92%	8%	1%
Montana	18,833	2,364	21,197	89%	11%	1%
Nebraska	21,648	2,481	24,129	90%	10%	1%
Nevada	12,765	579	13,344	96%	4%	0%†
New Hampshire	17,699	1,700	19,399	91%	9%	0%†
New Jersey	84,648	8,454	93,102	91%	9%	2%
New Mexico	22,769	3,351	26,120	87%	13%	1%
New York	285,372	27,638	313,010	91%	9%	8%

† Percentage is less than 0.5%.

(continued)

Exhibit B-1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2014 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	107,949	2,218	110,167	98%	2%	3%
North Dakota	8,356	1,437	9,793	85%	15%	0%†
Ohio	65,221	10,555	75,776	86%	14%	2%
Oklahoma	52,732	799	53,531	99%	1%	1%
Oregon	54,788	5,011	59,799	92%	8%	1%
Pennsylvania	193,310	22,681	215,991	89%	11%	5%
Rhode Island	22,897	4,404	27,301	84%	16%	1%
South Carolina	83,534	5,641	89,175	94%	6%	2%
South Dakota	6,197	417	6,614	94%	6%	0%†
Tennessee	92,983	643	93,626	99%	1%	2%
Texas	107,537	13,732	121,269	89%	11%	3%
Utah	29,991	5,186	35,177	85%	15%	1%
Vermont	7,796	923	8,719	89%	11%	0%†
Virginia	62,017	4,459	66,476	93%	7%	2%
Washington	74,842	4,838	79,680	94%	6%	2%
West Virginia	50,458	3,892	54,350	93%	7%	1%
Wisconsin	35,742	4,489	40,231	89%	11%	1%
Wyoming	7,950	1,075	9,025	88%	12%	0%†
Territories & FAS						
American Samoa	909	91	1,000	91%	9%	0%†
Comm. of the Northern Mariana Islands	803	5	808	99%	1%	0%†
Federated States of Micronesia	3,402	811	4,213	81%	19%	0%†
Guam	352	41	393	90%	10%	0%†
Puerto Rico	19,236	710	19,946	96%	4%	0%†
Republic of the Marshall Islands	1,183	88	1,271	93%	7%	0%†
Republic of Palau	1,305	47	1,352	97%	3%	0%†
U.S. Virgin Islands	3,014	337	3,351	90%	10%	0%†
Total All Users	3,764,622	364,661	4,129,283	91%	9%	100%
Range				73%–99%	1%–27%	0%†–26%

FAS=Freely Associated States.

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by user income level and state: 2014 (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	71,684	20,255	1,650	108	93,697	77%	22%	2%	0%†
Alaska	4,467	2,257	1,593	304	8,621	52%	26%	18%	4%
Arizona	24,547	3,446	5,515	60	33,568	73%	10%	16%	0%†
Arkansas	44,986	9,647	687	3	55,323	81%	17%	1%	0%†
California	807,175	213,649	31,292	22,877	1,074,993	75%	20%	3%	2%
Colorado	41,743	11,644	2,316	0	55,703	75%	21%	4%	0%
Connecticut	18,811	17,990	2,666	1,278	40,745	46%	44%	7%	3%
Delaware	11,701	3,183	1,008	2,290	18,182	64%	18%	6%	13%
District of Columbia	28,114	8,516	1,772	6,482	44,884	63%	19%	4%	14%
Florida	97,802	28,969	31,827	5,280	163,878	60%	18%	19%	3%
Georgia	78,118	12,646	1,100	10,459	102,323	76%	12%	1%	10%
Hawaii	15,692	2,554	590	3	18,839	83%	14%	3%	0%†
Idaho	11,561	5,274	706	29	17,570	66%	30%	4%	0%†
Illinois	74,781	14,557	1,692	7	91,037	82%	16%	2%	0%†
Indiana	24,155	8,124	920	0	33,199	73%	24%	3%	0%
Iowa	26,642	9,579	1,840	8,421	46,482	57%	21%	4%	18%
Kansas	17,406	8,000	1,603	1,314	28,323	61%	28%	6%	5%
Kentucky	54,499	11,556	2,793	781	69,629	78%	17%	4%	1%
Louisiana	34,089	6,534	1,399	29	42,051	81%	16%	3%	0%†
Maine	9,925	8,416	2,544	1,652	22,537	44%	37%	11%	7%
Maryland	57,101	7,739	999	2,435	68,274	84%	11%	1%	4%
Massachusetts	42,108	18,250	2,958	1,988	65,304	64%	28%	5%	3%
Michigan	50,307	24,249	5,903	31	80,490	63%	30%	7%	0%†
Minnesota	30,779	19,273	4,666	2,101	56,819	54%	34%	8%	4%
Mississippi	44,013	3,877	111	5	48,006	92%	8%	0%†	0%†
Missouri	32,942	12,823	3,706	0	49,471	67%	26%	7%	0%
Montana	10,960	6,067	4,157	13	21,197	52%	29%	20%	0%†
Nebraska	12,052	7,313	1,382	3,382	24,129	50%	30%	6%	14%
Nevada	9,505	3,162	498	179	13,344	71%	24%	4%	1%
New Hampshire	9,826	5,789	1,763	2,021	19,399	51%	30%	9%	10%
New Jersey	33,688	55,847	3,567	0	93,102	36%	60%	4%	0%
New Mexico	19,843	4,417	448	1,412	26,120	76%	17%	2%	5%
New York	197,489	73,787	29,125	12,609	313,010	63%	24%	9%	4%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by user income level and state: 2014 (Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
North Carolina	61,276	23,121	9,535	16,235	110,167	56%	21%	9%	15%
North Dakota	3,827	3,549	2,173	244	9,793	39%	36%	22%	2%
Ohio	40,503	25,853	6,331	3,089	75,776	53%	34%	8%	4%
Oklahoma	38,926	13,033	1,014	558	53,531	73%	24%	2%	1%
Oregon	40,609	14,697	1,572	2,921	59,799	68%	25%	3%	5%
Pennsylvania	120,947	59,076	26,711	9,257	215,991	56%	27%	12%	4%
Rhode Island	15,178	4,000	906	7,217	27,301	56%	15%	3%	26%
South Carolina	85,384	3,095	696	0	89,175	96%	3%	1%	0%
South Dakota	4,222	1,653	574	165	6,614	64%	25%	9%	2%
Tennessee	73,870	15,068	2,666	2,022	93,626	79%	16%	3%	2%
Texas	86,004	21,467	6,232	7,566	121,269	71%	18%	5%	6%
Utah	23,733	9,637	1,807	0	35,177	67%	27%	5%	0%
Vermont	4,110	2,593	929	1,087	8,719	47%	30%	11%	12%
Virginia	37,638	15,677	3,428	9,733	66,476	57%	24%	5%	15%
Washington	48,637	21,936	3,518	5,589	79,680	61%	28%	4%	7%
West Virginia	48,558	5,774	12	6	54,350	89%	11%	0%†	0%†
Wisconsin	26,354	11,125	2,265	487	40,231	66%	28%	6%	1%
Wyoming	4,924	3,049	1,052	0	9,025	55%	34%	12%	0%
Territories & FAS									
American Samoa	1,000	0	0	0	1,000	100%	0%	0%	0%
Comm. of the Northern Mariana Islands	757	28	0	23	808	94%	3%	0%	3%
Federated States of Micronesia	4,210	0	0	3	4,213	100%	0%	0%	0%†
Guam	302	4	13	74	393	77%	1%	3%	19%
Puerto Rico	15,708	3,478	649	111	19,946	79%	17%	3%	1%
Republic of the Marshall Islands	1,271	0	0	0	1,271	100%	0%	0%	0%
Republic of Palau	1,213	129	10	0	1,352	90%	10%	1%	0%
U.S. Virgin Islands	2,978	344	29	0	3,351	89%	10%	1%	0%
Total All Users	2,840,650	907,775	226,918	153,940	4,129,283	69%	22%	5%	4%
Range						36%–100%	0%–60%	0%–22%	0%–26%

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

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

† Percentage is less than 0.5%.

Exhibit B-3. Number and distribution of all family planning users, by insurance status and state: 2014
(Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	26,383	11,179	56,116	19	93,697	28%	12%	60%	0%†
Alaska	1,117	2,907	4,581	16	8,621	13%	34%	53%	0%†
Arizona	3,084	3,147	27,322	15	33,568	9%	9%	81%	0%†
Arkansas	22,154	12,939	20,230	0	55,323	40%	23%	37%	0%
California	246,223	33,752	774,441	20,577	1,074,993	23%	3%	72%	2%
Colorado	16,002	6,825	29,271	3,605	55,703	29%	12%	53%	6%
Connecticut	15,738	13,419	11,256	332	40,745	39%	33%	28%	1%
Delaware	5,888	3,920	7,340	1,034	18,182	32%	22%	40%	6%
District of Columbia	33,790	3,868	3,929	3,297	44,884	75%	9%	9%	7%
Florida	70,498	41,503	49,303	2,574	163,878	43%	25%	30%	2%
Georgia	22,393	14,973	59,130	5,827	102,323	22%	15%	58%	6%
Hawaii	8,335	4,751	5,461	292	18,839	44%	25%	29%	2%
Idaho	1,404	4,283	11,411	472	17,570	8%	24%	65%	3%
Illinois	40,121	9,744	40,692	480	91,037	44%	11%	45%	1%
Indiana	3,494	3,618	25,013	1,074	33,199	11%	11%	75%	3%
Iowa	11,401	17,037	17,391	653	46,482	25%	37%	37%	1%
Kansas	3,745	4,826	19,544	208	28,323	13%	17%	69%	1%
Kentucky	27,014	6,549	34,023	2,043	69,629	39%	9%	49%	3%
Louisiana	4,282	21,239	16,340	190	42,051	10%	51%	39%	0%†
Maine	5,325	8,960	8,226	26	22,537	24%	40%	36%	0%†
Maryland	23,482	12,726	29,115	2,951	68,274	34%	19%	43%	4%
Massachusetts	35,351	14,809	14,218	926	65,304	54%	23%	22%	1%
Michigan	28,863	14,340	36,881	406	80,490	36%	18%	46%	1%
Minnesota	12,964	17,276	26,448	131	56,819	23%	30%	47%	0%†
Mississippi	17,516	3,864	24,816	1,810	48,006	36%	8%	52%	4%
Missouri	11,146	8,300	30,025	0	49,471	23%	17%	61%	0%
Montana	1,892	9,212	9,607	486	21,197	9%	43%	45%	2%
Nebraska	1,799	6,225	15,690	415	24,129	7%	26%	65%	2%
Nevada	2,605	974	9,710	55	13,344	20%	7%	73%	0%†
New Hampshire	4,540	6,971	7,843	45	19,399	23%	36%	40%	0%†
New Jersey	25,850	11,026	56,183	43	93,102	28%	12%	60%	0%†
New Mexico	4,369	4,086	17,320	345	26,120	17%	16%	66%	1%
New York	139,731	37,992	118,470	16,817	313,010	45%	12%	38%	5%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-3. Number and distribution of all family planning users, by insurance status and state: 2014
(Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	30,401	7,297	43,025	29,444	110,167	28%	7%	39%	27%
North Dakota	521	3,455	4,502	1,315	9,793	5%	35%	46%	13%
Ohio	26,684	13,663	34,828	601	75,776	35%	18%	46%	1%
Oklahoma	11,807	7,048	34,671	5	53,531	22%	13%	65%	0%†
Oregon	16,705	8,374	32,964	1,756	59,799	28%	14%	55%	3%
Pennsylvania	63,011	53,101	93,630	6,249	215,991	29%	25%	43%	3%
Rhode Island	14,442	6,514	6,337	8	27,301	53%	24%	23%	0%†
South Carolina	27,171	5,550	56,454	0	89,175	30%	6%	63%	0%
South Dakota	261	3,487	2,202	664	6,614	4%	53%	33%	10%
Tennessee	37,480	4,461	51,051	634	93,626	40%	5%	55%	1%
Texas	21,161	4,864	94,843	401	121,269	17%	4%	78%	0%†
Utah	1,063	5,507	28,607	0	35,177	3%	16%	81%	0%
Vermont	3,342	3,278	2,099	0	8,719	38%	38%	24%	0%
Virginia	7,383	10,114	45,835	3,144	66,476	11%	15%	69%	5%
Washington	32,252	20,340	26,849	239	79,680	40%	26%	34%	0%†
West Virginia	17,057	12,469	24,824	0	54,350	31%	23%	46%	0%
Wisconsin	11,720	3,816	24,695	0	40,231	29%	9%	61%	0%
Wyoming	614	2,570	4,588	1,253	9,025	7%	28%	51%	14%
Territories & FAS									
American Samoa	0	0	1,000	0	1,000	0%	0%	100%	0%
Comm. of the Northern Mariana Islands	376	76	348	8	808	47%	9%	43%	1%
Federated States of Micronesia	184	382	3,477	170	4,213	4%	9%	83%	4%
Guam	37	11	345	0	393	9%	3%	88%	0%
Puerto Rico	11,162	5,865	2,878	41	19,946	56%	29%	14%	0%†
Republic of the Marshall Islands	0	0	4	1,267	1,271	0%	0%	0%†	100%
Republic of Palau	1,324	16	12	0	1,352	98%	1%	1%	0%
U.S. Virgin Islands	991	347	1,963	50	3,351	30%	10%	59%	1%
Total Users	1,215,648	559,845	2,239,377	114,413	4,129,283	29%	14%	54%	3%
Range						0%–98%	0%–53%	0%†–100%	0%–100%

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

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

† Percentage is less than 0.5%.

Exhibit B-4. Number and distribution of female family planning users, by effectiveness level of the users' primary method at exit from the encounter and state: 2014 (Source: FPAR Table 7)

State	Highly Effective Permanent Methods ^a	Highly Effective Reversible Methods ^a	Moderately Effective Methods ^b	Less Effective Methods ^c	Total At Risk ^d	Highly Effective Methods ^a	Moderately Effective Methods ^b	Less Effective Methods ^c
Alabama	145	4,490	58,698	12,505	77,184	6%	76%	16%
Alaska	117	1,498	3,375	753	6,086	27%	55%	12%
Arizona	145	3,109	17,683	4,491	26,732	12%	66%	17%
Arkansas	1,232	4,076	23,562	5,084	41,504	13%	57%	12%
California	17,783	126,250	440,371	248,275	858,566	17%	51%	29%
Colorado	861	11,499	21,982	4,472	40,954	30%	54%	11%
Connecticut	1,048	3,771	13,172	12,232	31,406	15%	42%	39%
Delaware	288	848	4,639	1,652	12,807	9%	36%	13%
District of Columbia	935	4,286	10,419	2,071	28,568	18%	36%	7%
Florida	2,216	12,076	80,335	18,190	116,600	12%	69%	16%
Georgia	1,866	6,770	53,233	9,243	84,339	10%	63%	11%
Hawaii	485	2,102	7,047	2,321	13,016	20%	54%	18%
Idaho	556	1,451	10,941	1,708	15,115	13%	72%	11%
Illinois	2,358	10,133	42,054	11,107	68,037	18%	62%	16%
Indiana	333	1,725	20,527	3,594	26,922	8%	76%	13%
Iowa	1,767	6,401	24,650	4,096	39,005	21%	63%	11%
Kansas	1,443	1,730	15,186	2,719	21,963	14%	69%	12%
Kentucky	2,585	2,850	33,654	17,179	58,571	9%	57%	29%
Louisiana	360	2,568	25,042	3,725	32,540	9%	77%	11%
Maine	916	2,949	10,076	2,176	17,938	22%	56%	12%
Maryland	1,355	7,098	28,963	7,746	46,632	18%	62%	17%
Massachusetts	1,409	8,712	22,237	10,250	46,743	22%	48%	22%
Michigan	540	5,342	51,046	9,681	67,485	9%	76%	14%
Minnesota	611	5,888	26,586	5,716	44,324	15%	60%	13%
Mississippi	1,844	1,418	35,520	5,888	44,670	7%	80%	13%
Missouri	2,286	2,618	28,409	4,379	38,395	13%	74%	11%
Montana	579	1,237	12,310	1,769	16,313	11%	75%	11%
Nebraska	930	2,219	9,912	4,183	19,015	17%	52%	22%
Nevada	219	1,724	7,623	1,301	11,150	17%	68%	12%
New Hampshire	884	2,772	8,971	1,713	15,805	23%	57%	11%
New Jersey	2,231	4,923	33,813	27,300	70,147	10%	48%	39%
New Mexico	106	2,493	9,561	5,041	19,006	14%	50%	27%
New York	6,970	38,926	126,112	56,060	233,805	20%	54%	24%

(continued)

Exhibit B-4. Number and distribution of female family planning users, by effectiveness level of the users' primary method at exit from the encounter and state: 2014 (Source: FPAR Table 7) (continued)

State	Highly Effective Permanent Methods ^a	Highly Effective Reversible Methods ^a	Moderately Effective Methods ^b	Less Effective Methods ^c	Total At Risk ^d	Highly Effective Methods ^a	Moderately Effective Methods ^b	Less Effective Methods ^c
North Carolina	610	18,665	57,669	11,116	99,304	19%	58%	11%
North Dakota	310	594	5,793	783	7,676	12%	75%	10%
Ohio	2,847	5,430	36,524	8,691	55,147	15%	66%	16%
Oklahoma	424	5,789	28,967	5,500	41,567	15%	70%	13%
Oregon	1,263	9,452	31,478	5,794	49,339	22%	64%	12%
Pennsylvania	6,492	11,512	87,680	48,357	170,723	11%	51%	28%
Rhode Island	2,601	3,006	6,687	3,995	19,378	29%	35%	21%
South Carolina	1,473	6,413	52,205	12,372	73,600	11%	71%	17%
South Dakota	74	300	5,086	350	5,882	6%	86%	6%
Tennessee	424	9,339	56,696	8,973	77,492	13%	73%	12%
Texas	4,185	11,866	46,636	21,259	94,711	17%	49%	22%
Utah	307	2,688	21,138	2,665	27,048	11%	78%	10%
Vermont	272	1,242	4,102	629	6,860	22%	60%	9%
Virginia	490	4,932	48,712	4,015	61,035	9%	80%	7%
Washington	1,257	10,391	46,677	7,753	67,126	17%	70%	12%
West Virginia	717	2,266	34,459	5,100	42,846	7%	80%	12%
Wisconsin	344	3,130	20,659	6,208	32,407	11%	64%	19%
Wyoming	369	487	5,332	712	6,957	12%	77%	10%
Territories & FAS								
American Samoa	18	95	758	10	881	13%	86%	1%
Comm. of the Northern Mariana Islands	1	58	560	34	663	9%	84%	5%
Federated States of Micronesia	114	665	1,912	634	3,379	23%	57%	19%
Guam	5	0	154	35	202	2%	76%	17%
Puerto Rico	59	448	14,322	3,745	18,707	3%	77%	20%
Republic of the Marshall Islands	54	285	423	127	914	37%	46%	14%
Republic of Palau	40	208	1,012	43	1,303	19%	78%	3%
U.S. Virgin Islands	177	97	1,297	1,119	2,742	10%	47%	41%
Total Users	82,330	405,310	1,934,647	668,639	3,259,232	15%	59%	21%
Range						2%–37%	35%–86%	1%–41%

FAS=Freely Associated States.

Note: Percentages (row) do not sum to 100% because the table does not show the percentages for female users relying on abstinence or whose method is unknown/not reported. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the three method-effectiveness categories (see reference note 10).

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

^b Moderately effective methods include injectable contraception, vaginal ring, contraceptive patch, pills, and diaphragm or cervical cap.

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

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

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2014 (Source: FPAR Table 11)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
Alabama	38,665	49,291	78%
Alaska	2,230	3,685	61%
Arizona	11,545	13,821	84%
Arkansas	19,287	26,431	73%
California	310,232	443,556	70%
Colorado	15,110	24,629	61%
Connecticut	10,074	15,968	63%
Delaware	5,368	7,408	72%
District of Columbia	7,139	12,063	59%
Florida	26,469	68,943	38%
Georgia	16,729	41,754	40%
Hawaii	3,877	8,012	48%
Idaho	2,959	7,915	37%
Illinois	21,805	41,112	53%
Indiana	7,753	13,797	56%
Iowa	13,847	22,475	62%
Kansas	6,391	10,650	60%
Kentucky	12,708	28,361	45%
Louisiana	13,712	17,358	79%
Maine	4,879	9,809	50%
Maryland	13,052	26,686	49%
Massachusetts	14,202	25,660	55%
Michigan	15,874	38,867	41%
Minnesota	15,267	27,228	56%
Mississippi	16,076	25,277	64%
Missouri	12,697	23,231	55%
Montana	5,351	10,377	52%
Nebraska	5,729	9,000	64%
Nevada	4,204	5,306	79%
New Hampshire	4,091	8,185	50%
New Jersey	17,470	32,493	54%
New Mexico	5,617	11,761	48%
New York	73,930	124,830	59%

(continued)

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2014 (Source: FPAR Table 11) (continued)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
North Carolina	15,208	44,062	35%
North Dakota	2,490	4,303	58%
Ohio	18,670	34,050	55%
Oklahoma	17,608	29,473	60%
Oregon	12,362	25,156	49%
Pennsylvania	46,112	91,825	50%
Rhode Island	4,645	10,463	44%
South Carolina	21,503	40,264	53%
South Dakota	1,802	3,729	48%
Tennessee	20,860	47,132	44%
Texas	19,332	39,150	49%
Utah	6,461	16,838	38%
Vermont	2,394	3,959	60%
Virginia	16,978	26,688	64%
Washington	25,634	39,305	65%
West Virginia	12,938	29,398	44%
Wisconsin	6,971	18,797	37%
Wyoming	1,898	4,237	45%
Territories & FAS			
American Samoa	202	396	51%
Comm. of the Northern Mariana Islands	17	350	5%
Federated States of Micronesia	355	1,394	25%
Guam	91	199	46%
Puerto Rico	1,512	9,357	16%
Republic of the Marshall Islands	61	383	16%
Republic of Palau	119	473	25%
U.S. Virgin Islands	912	1,262	72%
Total Users	1,011,474	1,758,582	58%
Range			5%–84%

FAS=Freely Associated States.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2014 FPAR, including issues RTI identified during data validation and relevant table-specific notes from grantees and Health and Human Services (HHS) Regional Project Officers. The notes are organized according to the FPAR reporting table to which they apply.

FPAR COVER SHEET: GRANTEE PROFILE

Subrecipients—Of the 92 grantees that were active in both 2013 and 2014, 66 reported no change in the number of subrecipients, 19 reported a decrease, and 7 reported an increase. Several grantees attributed the decrease in subrecipients to their withdrawal from Title X participation, an error in the number of subrecipients reported in 2013, agency mergers, and agency closures.

Service Sites—Of the 92 grantees active in both 2013 and 2014, 48 reported no change in the number of service sites, 28 reported a decrease, and 16 reported an increase. Several grantees attributed the decrease in number of sites to one or more of the following reasons: site closures or consolidations, withdrawal from Title X participation, an error in the number of service sites reported in 2013, reduced funding, and loss of funding from a specific source (e.g., state funding). The addition of new subrecipients was the reason cited for the increase in number of service sites.

Reporting Period—Seven grantees in Regions I, IV, IX, and X reported data for a reporting period that was less than 12 months.

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 92 grantees operating in both 2013 and 2014, 70 reported a decrease and 22 reported an increase in the number of family planning users.

Several grantees attributed the decrease in number of users to one or more of the following reasons: reduced funding from Title X or other sources (e.g., Infertility Prevention Project [IPP] and HIV prevention grants); reduced access or efficiency because of site closures, site or subrecipient withdrawal from Title X participation, electronic health record (EHR) implementation or transition, inclement weather, or staffing shortages (e.g., furlough, medical leave, and clinical services provider recruitment or retention); a reduced number of encounters because of adherence to screening guidelines or increased use of long-acting reversible contraception (LARC); increased ability of newly insured clients to seek care from other providers (e.g., federally qualified health centers [FQHCs] or private practitioners); more accurate collection of encounter data; and a reduction in teenage users because of abstinence messaging in schools.

Several grantees attributed the increase in number of users to one or more of the following reasons: the addition of a new subrecipient, integration of family planning services with

primary health care, increased outreach to males and teens, successful staff recruitment, legislation permitting expedited partner therapy, and improved data collection and reporting.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown race. Of the 16% of total female users for whom race was unknown or not reported in 2014, 70% self-identified as Hispanic or Latino.

Reasons cited by grantees for the increase or continued high percentage of female users with unknown race or ethnicity include client confusion about or refusal to report race, loss of data during EHR implementation or transition (e.g., EHR system “glitches” or optional race field), data transmission errors, EHR systems or data collection forms that allow clients to refuse to report race or ethnicity or to report “Other” race, and staff failure to collect data. Reasons cited for a decrease in the percentage of female users with unknown race include an improved workflow resulting in better capture of ethnicity and race data, reprogramming of the EHR, monthly data monitoring and corrections, and staff training.

FPAR Table 3: MALE USERS BY ETHNICITY AND RACE

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 19% of total male users for whom race was unknown or not reported in 2014, 66% identified as Hispanic or Latino.

Reasons cited by grantees for an increase in or continued high percentage of male users with unknown race include client confusion about or refusal to report race, data transmission errors, loss of data during EHR implementation or transition (e.g., “glitches” or optional race field), data transmission errors, EHR systems or data collection forms that allow clients to refuse to report race or ethnicity or to report “Other” race, data entry errors, and staff failure to collect data. Reasons cited for a decrease in the percentage of male users with unknown race include an improved workflow resulting in better capture of ethnicity and race data, reprogramming of the EHR, monthly data monitoring and corrections, and staff training.

FPAR TABLE 4: USERS BY INCOME LEVEL

Unknown/not reported income status—Several grantees attributed the high or increased number of family planning users with unknown or not reported income to problems with data collection, including client (e.g., full-fee or insured clients) refusal to report income data; failure of sites to collect income data for all or specific client subgroups (e.g., full-fee, insured, and teens); loss of income data during EHR system transitions; failure to collect the data because of an optional income field in the EHR system; and system-related processing errors. Several other grantees attributed the decrease in number of family planning users with unknown or not reported income to improved data collection or data quality monitoring and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 92 grantees operating in both 2013 and 2014, 78 reported an increase in the percentage of users with health insurance, 12 reported a decrease, and 2 reported no change. Several grantees attributed the increase in the number or percentage of family planning users with health insurance to one or more of the following reasons: an increase in newly insured clients who gained access to affordable private or public (Medicaid in expansion states) health insurance because of the ACA and increased enrollment efforts by site staff, improved collection of health insurance data, an increase in the number of higher-income clients who are insured, and increased efforts to bill private insurance.

Unknown/not reported health insurance status—Several grantees attributed the high or increased number of family planning users with unknown or not reported health insurance coverage status to problems extracting accurate data from EHRs, correctly reporting clients who do not report health insurance status as unknown or not reported health insurance instead of uninsured, errors in transmitting health insurance status data, and failure to collect or record health insurance status. One grantee attributed the decreased number of family planning users with unknown or not reported principal health insurance coverage status to correction of an error in the electronic practice management system.

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

Of the 92 grantees operating in both 2013 and 2014, 62 reported a decrease in the number of LEP users, 38 reported a decrease in the percentage of users who are LEP, and 2 reported no change in either the number or percentage of LEP users. Several grantees attributed the decrease in LEP users to a decline in users overall, a decline in LEP users, and improved data collection.

Of the 92 grantees operating in both 2013 and 2014, 28 reported an increase in the number of LEP users, 52 reported an increase in the percentage of LEP users, and 2 reported no change. Several grantees attributed the increase in LEP users to one or more of the following reasons: improved data collection resulting from modifications to EHR systems, changing demographic characteristics of client population, and increased outreach to minority communities.

Unknown/not reported LEP status—Several grantees reported limitations of their data systems to collect “unknown/not reported” LEP status because the systems only capture LEP status (yes or no). Some grantees noted that LEP status was added to their data systems during the reporting period and that LEP figures will be more accurate in 2015.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Hormonal injection users—Twelve grantees in seven regions (I, III, IV, V, VI, VIII, and IX) reported a total of 117 female users who relied on 1-month hormonal injections as their

primary method. One-month hormonal injection users accounted for 0.02% of the 611,618 hormonal injection users reported in 2014.

Sterilization among users under 20—Grantees that reported female users under 20 relying on female sterilization as their primary method confirmed that these female users were sterilized prior to their seeking services at the Title X service site.

Vasectomy among users under 18—Grantees that reported five female users under 18 relying on vasectomy as their primary method confirmed that these female users received noncoercion counseling.

Unknown/not reported primary contraceptive method—Several grantees attributed the high or increased number of female users with an unknown primary method to staff turnover; misreporting of clients with same sex partners; problems with data systems or data collection procedures, including EHR implementation or transition and EHR design (e.g., drop-down menu); and failure to collect primary method data for specific user subgroups (e.g., LEP clients or clients seeking emergency contraception) or encounters (e.g., nonclinical encounters). Two grantees attributed the low or decreased number of female users with an unknown primary method to improved data collection, EHR systems that did not allow an “unknown or not reported” method category, and staff training.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Unknown/not reported primary contraceptive method—Several grantees attributed the high or increased number of male users with an unknown primary method to one or more of the following reasons: clients refused a method, data entry or coding error, inconsistent collection of primary method data, lack of a field or poorly defined field in the EHR system to record primary method at exit, data collection error during EHR implementation, lack of oversight due to management turnover, failure to require primary method at exit for male clients, loss of data during transmission, and staff turnover. Several other grantees attributed the decline in number of male users with an unknown primary method to improved data collection, staff training, increased patient education, and improved workflow.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 67 reported a decrease in the percentage of female users who received a Pap test. Several grantees attributed the decline in cervical cancer screening to adherence to cervical cancer screening guidelines and a decline in the number of female users.

In contrast, 25 grantees reported an increase in the percentage of female users tested. Several grantees attributed the increase in cervical cancer screening to one or more of the following reasons: improved reporting, increased patient volume, better documentation, patients returning for follow-up test based on guidelines, and increased emphasis on preventive health screenings.

FPAR TABLE 10: CLINICAL BREAST EXAMS AND REFERRALS

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 62 reported a decrease in the percentage of female users who received a CBE and 69 reported a decrease in the number of females examined. Several grantees attributed the decrease in CBEs to better adherence to breast cancer screening guidelines, a decline in the number of female clients, a decrease in the frequency of clients receiving other physical exams or tests during which a CBE might be performed (e.g., Pap tests or comprehensive physical exams), improved data collection, and changes in protocol.

In contrast, 30 grantees reported an increase in the percentage of female users examined and 23 reported an increase in the number examined. Several grantees attributed the increase in CBEs performed to one or more of the following reasons: improved data collection, including correction of an error in the EHR system and EHR implementation; an increase in new clients; the addition of a physician; and an increased emphasis on preventive health screenings.

Finally, a few grantees noted that the number of reported CBEs was an estimate based on the comprehensive/global billing code for a complete physical exam.

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

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 58 reported a decrease in the percentage of female users under 25 tested for chlamydia and 74 reported a decrease in the number tested. Several grantees attributed the decrease in chlamydia testing to one or more of the following reasons: a decrease in patient volume, decreased funding or loss of targeted funding (e.g., IPP), difficulty extracting testing data from the EHR, implementation of a flat-fee STD testing program (tests not reported in FPAR), adherence to screening guidelines, delays in obtaining test kits from the state, site closures, and changes in clients' care-seeking behavior.

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 34 reported an increase in the percentage of female users under 25 tested for chlamydia and 18 reported an increase in the number tested. Several grantees attributed the increase in chlamydia testing to one or more of the following reasons: availability of targeted funding (IPP), increased marketing to males, an increase in patient volume or service sites, chlamydia outbreaks, increased adherence to screening guidelines, and (male) partner testing.

Finally, of the 92 grantees that submitted an FPAR in both 2013 and 2014, 45 grantees reported an increase and 42 reported a decrease in the percentage of male users under 25 tested, while 32 reported an increase and 56 reported a decrease in the number tested.

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

Gonorrhea Tests—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 50 reported an increase in the number of gonorrhea tests per female user and 46 grantees reported an increase in the number of tests per male user. Reasons cited for the increase in

gonorrhea testing include an increased use of the combined chlamydia and gonorrhea test, an increased number of users or high-risk users, additional funding to support testing, implementation of new screening initiatives (e.g., routine screening), high prevalence or an outbreak in the service area, increased promotion of STD testing services, collection and testing of multiple specimens from the same client, a change in reimbursement for STD tests, the addition of new service sites, and improved data collection/reporting.

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 42 reported a decrease in the number of gonorrhea tests performed per female user and 42 reported a decrease in the number of tests per male user. Reasons cited for the decrease in gonorrhea testing include loss of funding, loss of providers, site closures, a decrease in the number of users, and loss of laboratory equipment.

Syphilis Tests—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 55 reported an increase in the number of syphilis tests per female user and 57 reported an increase in the number of tests per male user. Reasons cited for the increase in syphilis testing include high prevalence or an outbreak in the service area, patient request, extended service hours, an increase in the number of service sites or users, an increase in the number of high-risk users, implementation of routine testing for men, a change in reimbursement for STD tests, and improved data collection/reporting.

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 37 reported a decrease in the number of syphilis tests per female user and 31 reported a decrease in the number of syphilis tests per male user. Reasons cited for the decrease in syphilis testing include a decline in users, low prevalence in the service area, a change in reimbursement for STD-related labs, loss of funding, and more accurate data collection/reporting.

Confidential HIV Tests—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 41 reported an increase in the number of confidential HIV tests per female user and 45 reported an increase in the number of confidential HIV tests per male user. Reasons cited for the increase in confidential HIV testing include increased compliance with CDC testing guidelines, implementation of opt-out testing, increased HIV incidence in the service area, availability of free rapid HIV tests, the integration of HIV testing services into family planning, availability of targeted funding for HIV (e.g., CDC, Title X), an increase in the number of male users, additional service sites, improved collaboration with other agencies, off-site testing, and improved data collection/reporting.

Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 51 reported a decrease in the number of confidential HIV tests per female user and 42 reported a decrease in the number of confidential HIV tests per male user. Reasons cited for the decrease in confidential HIV tests include a decrease in the number of users, loss of dedicated funding, problems or improvements in data collection/reporting, and fewer rapid HIV testing kits.

Positive Confidential HIV Tests—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 37 reported an increase in the number of positive confidential HIV tests per 1,000 tests performed, 27 reported a decrease, 26 reported no change (ratio was zero in both years), and 2 performed no confidential HIV tests. Reasons cited for the increase in number of positive confidential HIV tests include increased testing of high-risk male clients,

participation in a Title X HIV testing intervention, and an error in reporting by one subrecipient. One grantee attributed the decrease to changes in data collection methods.

General Comments—Several grantees cited reasons for an increase or decrease in STD testing that were not specific to the type of test. Reasons for the increase in STD testing include health insurance coverage for testing, funding from a Medicaid family planning eligibility expansion, promotion of STD testing services, improved data collection, closure of state STD clinics, enhanced referrals from community organizations, colocating a Title X service site and needle exchange program, an increase in number of clients, extended operating hours, availability of walk-in appointments, increased STD rates or outbreaks in the service area, and increased availability of local laboratory services. An increase in male STD testing was attributed to encouraging at-risk males to be tested, offering repeat testing during the reporting period, offering flat-rate testing, and testing multiple specimens for the same individual (e.g., urine, oral, urethral, or anal). Grantees attributed the decline in general STD testing to a decrease in clients, site closures, improved data collection, improved compliance with CDC testing guidelines, changes in reimbursement for STD tests, less funding for STD testing activities, offer of flat-rate STD testing (not reported in FPAR), and difficulty obtaining testing supplies.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

Clinical Services Providers—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 49 reported a decrease in the total number of FTE CSPs delivering Title X-funded services, 30 reported an increase, and 13 reported no change. By type of CSP, the changes in number of FTEs were as follows:

- **Physicians**—37 grantees reported a decrease in physician CSP FTEs, 26 reported an increase, and 29 reported no change.
- **Midlevel Clinicians**—42 grantees reported a decrease in midlevel clinician CSP FTEs, 33 reported an increase, and 17 reported no change.
- **Other CSPs**—72 grantees reported zero Other CSP FTEs in both years, 11 reported a decrease, 5 reported an increase, and 4 reported no change.

Several grantees attributed the increase in CSP FTEs to the addition of new sites and more staff or improved collection/reporting of FTE data. Reasons cited for the decrease in CSP FTEs include decreased funding, site closures, reduced clinic hours, a decline in users, staff retirement, difficulty retaining or recruiting staff, more efficient use of other services providers, and more accurate collection/reporting of FTE data.

Encounters—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 74 reported a decrease in the number of total encounters, and 61 reported a decrease in the number of encounters with a CSP. Several grantees attributed the decrease in family planning encounters to a decline in users, work slowdowns because of EHR implementation, changes in method-supply policies or use of methods that require fewer visits (e.g., LARCs), staffing shortages, decreased funding, site closures, reduced operating hours, and data system problems.

Eighteen of 92 grantees reported an increase in total encounters, and 31 reported an increase in the number of encounters with a CSP. Several grantees attributed the increase in the number of encounters with a CSP to changes in service policy, more accurate collection of data on the type of provider rendering care, and an increase in CSP FTEs. Reasons for the increase in CSP FTEs include filling vacancies, adding new service sites, and more accurately collecting and reporting FTE data.

FPAR TABLE 14: REVENUE REPORT

Title X revenue (row 1)—All Regions—Title X revenue includes 2014 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and health information technology).

Medicaid revenue (row 3a)—All Regions—Medicaid revenue includes revenue from state Medicaid family planning eligibility expansions in 29 states in all 10 HHS regions. The 29 expansion states, by region, are the following:

Region I—Connecticut, New Hampshire, and Rhode Island

Region II—New York

Region III—Maryland, Pennsylvania, and Virginia

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

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

Region VI—Louisiana, New Mexico, and Oklahoma

Region VII—Iowa and Missouri

Region VIII—Montana and Wyoming

Region IX—California

Region X—Oregon and Washington

Other revenue (rows 12 through 16)—All Regions—An illustrative list of “other” revenue sources reported in rows 12 through 16 includes 340B rebates; agency contributions; state STD programs (formerly IPP); bad debt recoupment; business and community contributions; cash; CDC; CDC (breast, cervical, and colon health); CDC (IPP); charity care; chlamydia project funds; Community Health Network grant; Community Service Block Grant; consultation fees; contraceptives; delayed payment from previous grant; donations (private or client); earned income and special funds; education revenue; Eskenazi Health (contribution toward patient fee); foundation and private grants; grantee general fund; grantee subsidy; Healthy Women/Healthy Babies program; HealthyWoman program; HHS ACA Navigator grant; HIV or STD prevention programs; insurance exchange; interest income; Kansas Statewide Farmworker Health Program; local grants; Massachusetts Alliance on Teen Pregnancy; Medicaid Meaningful Use; medical records; Merck 340b refund; mileage reimbursement; miscellaneous; MPA Grant; nonclient donations; noninsurance; other (donations, grants, local support, supplies, contracts, and travel); other federal grants (e.g., Ryan White, Personal Responsibility Education Program) or revenue; other nonfederal grants

and contracts; pharmacy reimbursements, discounts, or return refunds; PPFA Breast Health Program; preceptor honorarium; Project Connect grant; Refugee Health Program; rental income; restricted donations and gifts; revenue recovery; School Base Health program; Show Me Healthy Women; St. James PHO; state grant-in-aid; STD 106 Federal Grant; STD program funding (state and state pass-through); STD program funding and income; subcontracts; subrecipient contraceptive purchases; subrecipient contributions; tobacco settlement; travel reimbursements; Trilogy; UNFPA; United Way; vendor reimbursement; Women over 40; and HIV Prevention Center.

Total revenue (row 18)—All Regions—Of the 92 grantees that submitted an FPAR in both 2013 and 2014, 49 reported a decrease in total revenue and 43 reported an increase.

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