

August 2016

Title X Family Planning Annual Report 2015 National Summary



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Family Planning Annual Report: 2015 National Summary

Prepared for

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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 almost 4,000 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2015, the Title X program received approximately \$286.5 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: 2015 National Summary* is to present the national-, regional-, and state-level findings for the 2015 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

KEY 2015 FPAR FINDINGS

A diverse network of public and private nonprofit health and community service agencies deliver Title X services. In 2015, Title X-funded services were implemented through grants to 91 agencies: 46 (51%) state and local health departments and 45 (49%) nonprofit family planning and community health agencies. Title X funds supported a network of 3,951 service sites operated either by grantees or 1,181 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States.

Title X providers serve a vulnerable population, most of whom are female, poor, and young. In 2015, Title X-funded providers served more than 4.0 million family planning users (i.e., clients) through almost 6.9 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. Nine of every 10 users (90%) were female, 67% were under 30, and 66% had family incomes at or below the poverty level (\$24,250 for a family of four in the 48 contiguous states and DC).⁸ Almost two-thirds (64% or 2.6 million) of family planning users in the 50 states and District of Columbia received Title X services in 1 of 27 states to expand Medicaid under the Affordable Care Act (ACA), while the remaining one-third (36% or 1.4 million users) were served in 1 of 24 states that had not.

Title X providers are a critical source of high-quality and affordable reproductive health care for individuals with and without health insurance. The 2015 reporting period was the first year since the FPAR began collecting health insurance information in 2005 that the percentage of users who had health insurance (50%) exceeded the percentage uninsured (48%). Almost 7 of every 10 (69%) insured family planning users had coverage through Medicaid or other public sources. Title X fee policies remain an important safeguard for protecting access to care for family planning users who are uninsured, poor or low income, or seeking confidential services.

Title X providers serve a racially and ethnically diverse population. Of the 4.0 million family planning users served in 2015, 30% 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), 32% 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 2015, 81% (2.9 million) of *all* female users used a most, moderately, or less effective contraceptive method at exit from their last encounter.¹⁰ Nine percent (321,229) of all female users exited the encounter with no primary method because they were either pregnant or seeking pregnancy. Among female users *at risk of unintended pregnancy* (3.2 million), over 70% (2.3 million) exited the encounter with either a most (17%) or moderately effective (54%) contraceptive method.¹⁰

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients. In 2015, 10% (410,662) of all Title X users were men, a number that has grown by 56% since 2005. Most male users were in their 20s (47%) or 30s (21%), and 79% (322,981) adopted or continued use of condoms (70%) or other methods (9%) at exit from their last encounter. In addition, Title X providers tested 67% (276,705) of all male users for chlamydia and provided testing for several other STDs, including gonorrhea (7.3 tests per 10 male users), HIV (5.9 tests per 10 male users), and syphilis (3.2 tests per 10 male users).

Title X-funded cervical and breast cancer screening services contribute to early detection and treatment. In 2015, Title X providers conducted Papanicolaou (Pap) testing on 21% (743,683) of female users. Fourteen percent of over 769,800 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 29% (1.0 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 2015, Title X providers tested 59% (955,775) of female users under 25 for chlamydia. Providers also performed 2.2 million gonorrhea tests (5.4 tests per 10 users), 1.1 million confidential HIV tests (2.8 tests per 10 users), and over 576,700 syphilis tests (1.4 tests per 10 users). Of the confidential HIV tests performed, 2,423 were positive for HIV.

A variety of qualified health providers deliver Title X-funded clinical services. In 2015, 3,569 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 63% of total CSP FTEs, followed by physicians (22%) and registered nurses with an expanded scope of practice (15%). A CSP attended 73% of the 6.9 million family planning encounters in 2015.

Title X projects rely on revenue from a variety of public and private sources. In 2015, 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 \$503.2 million), Title X (19%, or \$242.6 million), state governments (10%, or \$120.0 million), private third-party payers (8%, or \$104.0 million), local governments (6%, or \$73.0 million), and client service fees (4%, or \$47.9 million).

Title X project revenue has declined as has the size and reach of the service network. In 2015, Title X projects reported a net decrease of \$32.6 million (2015 constant dollars) in total revenue compared with 2014. The increases in revenue (\$15.9 million) from private third-party payers (\$6.4 million), Medicare or other public third-party payers (\$5.3 million), and miscellaneous other sources (\$4.2 million) were insufficient to offset losses totaling \$48.5 million from Title X (\$13.5 million), local governments (\$9.5 million), client service fees (\$6.7 million), block grants (\$6.3 million), Temporary Assistance for Needy Families (TANF) (\$5.5 million), state governments (\$4.2 million), and Medicaid (\$2.9 million). This 1-year drop in revenue was accompanied by declines in the number of clients served (by 111,268) and the number of service sites (by 176).

The FPAR data for 2015, and over time, show that Title X providers continue to make important gains in delivering the highest quality, evidence-based contraceptive and related preventive care to a vulnerable population. While declining revenue has resulted in fewer funded health centers and users, trends in such areas as contraceptive use, cervical cancer screening, and chlamydia testing demonstrate the Title X program's continued dedication to delivering services that meet the highest national standards. This dedication to service quality is matched by efforts to respond to health system changes and to increase the efficiency and financial sustainability of service operations through investments in health information technology and revenue diversification.

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1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act,¹¹ 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 almost 4,000 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2015, the Title X program received approximately \$286.5 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

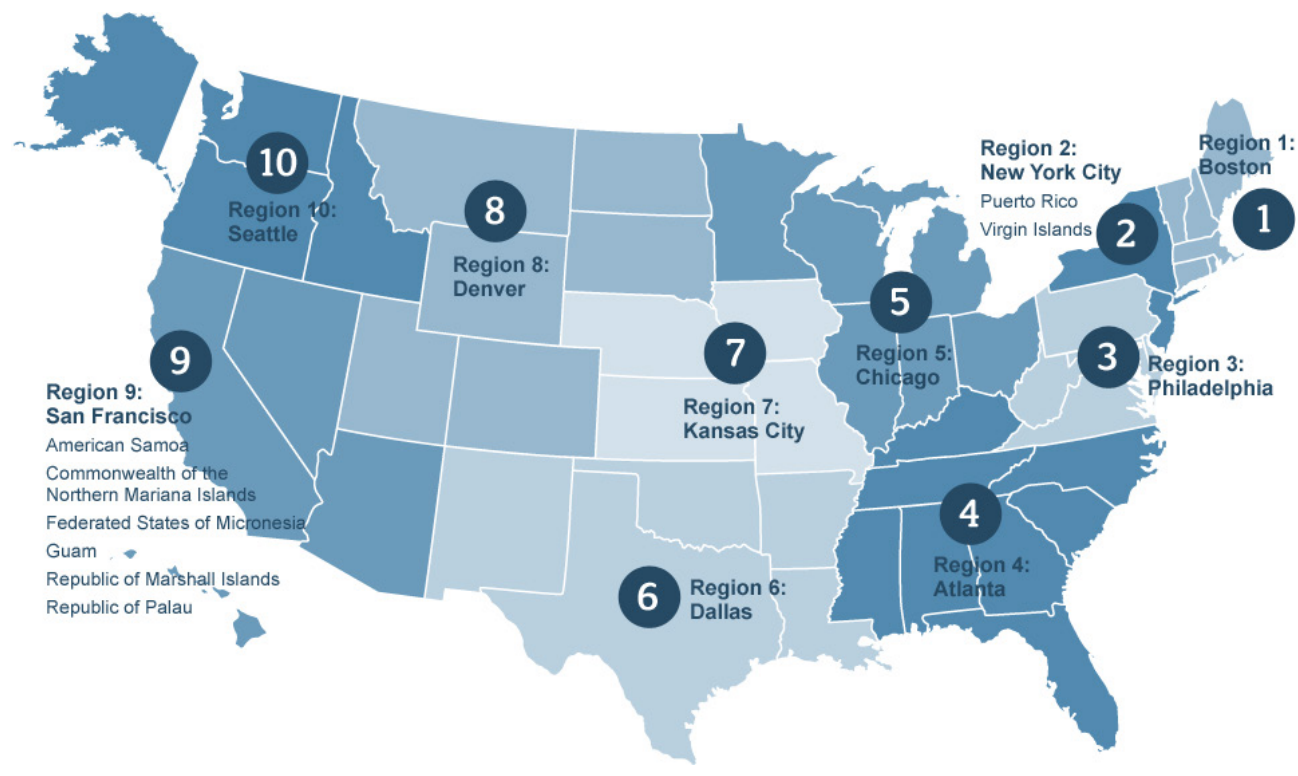
The Family Planning Annual Report (FPAR)⁵ is the only source of uniform reporting by all Title X services grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. 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: 2015 National Summary* presents data for the 91 Title X services grantees that submitted an FPAR report for the 2015 reporting period (January 1, 2015, through December 31, 2015). 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 2005 through 2015. **Appendix B** presents 2015 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, contraceptive use, and chlamydia testing. **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 2015 findings. Each exhibit identifies the FPAR table that is the source for the data presented.

DATA REPORTING

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1 to December 31). In February 2016, 91 grantees submitted FPARs for the 2015 reporting period. Ninety-five percent (86 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.

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 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 table “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

TITLE X SERVICE NETWORK PROFILE

In 2015, Title X-funded services were implemented through grants to 91 agencies: 46 (51%) state and local health departments and 45 (49%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,181 subrecipients (subcontractors) and 3,951 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (*Exhibit 2*).

Compared with 2014, in 2015 the Title X program had 3 fewer grantees (91 in 2015 vs. 94 in 2014), 47 more subrecipients (1,181 vs. 1,134), and 176 fewer service sites (3,951 vs. 4,127). Only one region (IV) reported a decrease in the number of subrecipients, and six regions (I, II, IV, VII, VIII, and X) reported decreases in the number of service sites that ranged from 4 (II) to 247 (IV) (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2014–2015 (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											
2015	91	11	6	10	10	12	6	5	6	17	8
2014	94	12	6	10	14	10	6	5	6	17	8
Difference	-3	-1	0	0	-4	2	0	0	0	0	0
% Change	-3%	-8%	0%	0%	-29%	20%	0%	0%	0%	0%	0%
Subrecipients											
2015	1,181	71	70	316	226	122	47	94	74	102	59
2014	1,134	67	70	258	253	120	45	93	74	95	59
Difference	47	4	0	58	-27	2	2	1	0	7	0
% Change	4%	6%	0%	22%	-11%	2%	4%	1%	0%	7%	0%
Service Sites											
2015	3,951	224	247	648	936	383	457	218	177	461	200
2014	4,127	233	251	615	1,183	340	442	223	182	441	217
Difference	-176	-9	-4	33	-247	43	15	-5	-5	20	-17
% Change	-4%	-4%	-2%	5%	-21%	13%	3%	-2%	-3%	5%	-8%

Since 2005, there have been small or negligible changes in the number of grantees and subrecipients and relatively larger changes in the number of service sites. Compared with 2005, in 2015, there was a 5% increase in the number of grantees (91 in 2015 vs. 87 in 2005), a 1% increase in the number of subrecipients, (1,181 vs. 1,173), and an 11% decrease in the number of service sites (3,951 vs. 4,426). Grantees in six regions (II, IV, V, VI, VII, and VIII) reported a loss of 522 service sites, while those in four other regions reported a gain of 47 sites. The regions with the largest decrease in the number of service sites are Region IV (-216 sites), VI (-132 sites), VII (-64 sites), II (-52 sites), and V (-44 sites) (see *Exhibits A-1a, A-1b, and A-1c* in *Appendix A*).

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2015, Title X-funded sites served over 4.0 million family planning users. Grantees in Region IX served 29% of Title X users; those in Regions II, III, IV, V, and VI each served from 9% to 16%; and those in Regions I, VII, VIII, and X served from 3% to 5%. The number of users served in 2015 was 3% (or 111,268 users) lower than in 2014. Region IV grantees accounted for most of the loss in clients, reporting a 14% (or 110,345 users) decline since 2014. Five other regions reported client losses that ranged from 3,598 (IX) to 35,739 (III), while four reported gains ranging from 384 (I) to 48,376 (VI) (*Exhibit 3*). On average, the number of users per service site increased by 16, from 1,001 in 2014 to 1,017 in 2015 (*Exhibit A-1c*).

In 2015, the number of family planning users served (4.0 million) was 20% (or 984,946 users) lower than the number served in 2005 (5.0 million) and 23% (or 1.2 million) lower than the highest number of users (5.2 million) ever served by the program in 2010 (*Exhibits A-2a* and *A-2b*).

Exhibit 3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2014–2015 (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											
2015	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607
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
Difference	-111,268	384	1,651	-35,739	-110,345	12,894	48,376	-8,350	-6,478	-3,598	-10,063
% Change	-3%	0%†	0%†	-8%	-14%	3%	16%	-6%	-5%	0%†	-6%
Distribution											
2015	100%	5%	11%	11%	16%	10%	9%	3%	3%	29%	4%
2014	100%	4%	10%	11%	19%	9%	7%	4%	3%	28%	4%

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

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

Users by Sex (Exhibits 4 and 5)

Of the 4.0 million family planning users served in 2015, 90% (3.6 million) were female and 10% (410,662) were male (*Exhibits 4 and 5*). Additional results include the following:

- By **region**, 86% (I and VIII) to 93% (IV and X) of total users were female (*Exhibits 4 and 5*).
- By **state**, the percentage of total users who were female ranged from 73% to 100% (*Exhibit B-1 in Appendix B*).

In 2015, the percentage of users who were male (10%) was 5 points higher than in 2005 (5%). Numerically, the number of female users decreased 24%, from 4.7 million in 2005 to 3.6 million in 2015, while the number of male users grew 56%, from 262,793 in 2005 to 410,662 in 2015 (*Exhibits A-2a and A-2b*).

Users by Age (Exhibits 4 and 5)

In 2015, 18% (706,540) of family planning users were under 20, 49% (2.0 million) were 20 to 29, and 33% (1.3 million) were 30 or over (*Exhibits 4 and 5*). Additional results include the following:

- About the same percentages of female and male users were in their teens (18% vs. 16%) and 20s (49% vs. 47%), while a slightly higher percentage of male (36%) than female (33%) users was 30 or over.
- By **region**, there was more variation in the age distribution of male than female users.
 - Among female users, 15% (II) to 23% (VIII) were in their teens, 46% (I and III) to 52% (IX) were in their 20s, and 27% (VIII) to 36% (VI) were 30 or over.
 - Among male users, 10% (X) to 27% (III) of male users were in their teens, 35% (IV) to 54% (II) were in their 20s, and 30% (II) to 47% (IV) were 30 or over.

Since 2005, the percentage of family planning users under 25 decreased 13 points, from 58% (2005) to 45% (2015), with users under 20 accounting for most of this decline (26% in 2005 vs. 18% in 2015) (*Exhibits A-3a and A-3b*).

- Numerically, the number of teenage users decreased 46%, from 1.3 million (2005) to 706,540 (2015), while the number of users 20 to 24 decreased 31%, from 1.6 million (2005) to 1.1 million (2015).
- In contrast, the percentage of users 25 or over increased from 42% (2005) to 55% (2015). Numerically this represented a 5% increase, from 2.1 million users (2005) to 2.2 million (2015).

Exhibit 4. Number of all family planning users, by sex, age, and region: 2015 (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	35,531	2,523	2,749	6,150	7,389	3,353	3,604	1,315	1,308	5,670	1,470
15 to 17	254,358	13,162	22,625	33,769	43,576	26,931	22,705	10,049	10,148	57,407	13,986
18 to 19	349,432	14,765	33,550	37,434	57,545	37,254	29,587	12,960	14,386	96,249	15,702
20 to 24	987,138	39,515	102,463	95,100	162,335	102,986	80,630	34,838	34,200	295,509	39,562
25 to 29	797,982	33,526	91,285	81,279	134,549	78,273	66,677	26,242	21,595	233,382	31,174
30 to 34	516,524	22,114	60,835	54,402	93,261	48,339	49,709	18,162	13,633	136,260	19,809
35 to 39	311,689	14,158	36,799	32,684	56,454	27,536	31,985	11,298	8,601	80,590	11,584
40 to 44	183,625	9,547	20,955	18,696	31,250	15,002	17,349	6,614	4,837	53,047	6,328
Over 44	171,074	9,832	18,506	21,249	28,400	12,911	13,225	7,104	3,770	51,365	4,712
Subtotal	3,607,353	159,142	389,767	380,763	614,759	352,585	315,471	128,582	112,478	1,009,479	144,327
Male Users											
Under 15	10,514	1,385	731	2,553	2,238	442	683	100	352	1,989	41
15 to 17	26,427	2,910	2,366	6,444	3,016	2,045	1,321	610	1,022	6,204	489
18 to 19	30,278	1,895	3,319	4,802	3,014	2,639	2,241	934	1,308	9,499	627
20 to 24	104,411	5,508	12,676	11,538	8,341	10,900	8,126	3,483	5,201	36,114	2,524
25 to 29	89,243	4,784	9,650	8,905	7,392	9,166	6,574	2,654	4,302	33,176	2,640
30 to 34	54,184	3,018	5,398	5,448	5,245	5,068	4,340	1,579	2,632	19,585	1,871
35 to 39	32,696	1,929	2,736	3,497	4,237	2,802	2,793	857	1,551	11,154	1,140
40 to 44	20,735	1,324	1,510	2,314	3,308	1,665	1,706	490	874	6,807	737
Over 44	42,174	2,494	2,907	6,154	8,606	3,134	3,415	766	1,311	12,176	1,211
Subtotal	410,662	25,247	41,293	51,655	45,397	37,861	31,199	11,473	18,553	136,704	11,280
All Users											
Under 15	46,045	3,908	3,480	8,703	9,627	3,795	4,287	1,415	1,660	7,659	1,511
15 to 17	280,785	16,072	24,991	40,213	46,592	28,976	24,026	10,659	11,170	63,611	14,475
18 to 19	379,710	16,660	36,869	42,236	60,559	39,893	31,828	13,894	15,694	105,748	16,329
20 to 24	1,091,549	45,023	115,139	106,638	170,676	113,886	88,756	38,321	39,401	331,623	42,086
25 to 29	887,225	38,310	100,935	90,184	141,941	87,439	73,251	28,896	25,897	266,558	33,814
30 to 34	570,708	25,132	66,233	59,850	98,506	53,407	54,049	19,741	16,265	155,845	21,680
35 to 39	344,385	16,087	39,535	36,181	60,691	30,338	34,778	12,155	10,152	91,744	12,724
40 to 44	204,360	10,871	22,465	21,010	34,558	16,667	19,055	7,104	5,711	59,854	7,065
Over 44	213,248	12,326	21,413	27,403	37,006	16,045	16,640	7,870	5,081	63,541	5,923
Total All Users	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607

Exhibit 5. Distribution of all family planning users, by sex, age, and region: 2015 (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%	2%	1%	1%	1%	1%	1%	1%	1%
15 to 17	7%	8%	6%	9%	7%	8%	7%	8%	9%	6%	10%
18 to 19	10%	9%	9%	10%	9%	11%	9%	10%	13%	10%	11%
20 to 24	27%	25%	26%	25%	26%	29%	26%	27%	30%	29%	27%
25 to 29	22%	21%	23%	21%	22%	22%	21%	20%	19%	23%	22%
30 to 34	14%	14%	16%	14%	15%	14%	16%	14%	12%	13%	14%
35 to 39	9%	9%	9%	9%	9%	8%	10%	9%	8%	8%	8%
40 to 44	5%	6%	5%	5%	5%	4%	5%	5%	4%	5%	4%
Over 44	5%	6%	5%	6%	5%	4%	4%	6%	3%	5%	3%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	3%	5%	2%	5%	5%	1%	2%	1%	2%	1%	0%†
15 to 17	6%	12%	6%	12%	7%	5%	4%	5%	6%	5%	4%
18 to 19	7%	8%	8%	9%	7%	7%	7%	8%	7%	7%	6%
20 to 24	25%	22%	31%	22%	18%	29%	26%	30%	28%	26%	22%
25 to 29	22%	19%	23%	17%	16%	24%	21%	23%	23%	24%	23%
30 to 34	13%	12%	13%	11%	12%	13%	14%	14%	14%	14%	17%
35 to 39	8%	8%	7%	7%	9%	7%	9%	7%	8%	8%	10%
40 to 44	5%	5%	4%	4%	7%	4%	5%	4%	5%	5%	7%
Over 44	10%	10%	7%	12%	19%	8%	11%	7%	7%	9%	11%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	1%	2%	1%	2%	1%	1%	1%	1%	1%	1%	1%
15 to 17	7%	9%	6%	9%	7%	7%	7%	8%	9%	6%	9%
18 to 19	9%	9%	9%	10%	9%	10%	9%	10%	12%	9%	10%
20 to 24	27%	24%	27%	25%	26%	29%	26%	27%	30%	29%	27%
25 to 29	22%	21%	23%	21%	22%	22%	21%	21%	20%	23%	22%
30 to 34	14%	14%	15%	14%	15%	14%	16%	14%	12%	14%	14%
35 to 39	9%	9%	9%	8%	9%	8%	10%	9%	8%	8%	8%
40 to 44	5%	6%	5%	5%	5%	4%	5%	5%	4%	5%	5%
Over 44	5%	7%	5%	6%	6%	4%	5%	6%	4%	6%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	90%	86%	90%	88%	93%	90%	91%	92%	86%	88%	93%
Male Users	10%	14%	10%	12%	7%	10%	9%	8%	14%	12%	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 2015, 53% (2.1 million) of all family planning users identified themselves as white, 21% (857,659) as black or African American, 3% (131,676) as Asian, and 1% as either Native Hawaiian or Other Pacific Islander (40,941) or American Indian or Alaska Native (30,526). Three percent (136,043) 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 17% (678,335) (*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 (54% of female users vs. 48% of male users) and black or African American (21% vs. 27%). The distribution of users across the remaining race categories and for whom race was unknown was the same for female and male users.
- By **region**, the distribution of users by race varied widely (*Exhibits 9 and 10*). The percentage of users who self-identified as white ranged from 41% (II) to 77% (VIII), 4% (X) to 39% (IV) self-identified as black or African American, 1% (IV and VI) to 6% (IX) self-identified as Asian, and 1% (VII) to 8% (I) self-identified with two or more race categories.
- Hispanic or Latino users accounted for 72% of the 678,335 users with an unknown race. Among female and male users with an unknown race, approximately 7 of every 10 were Hispanic or Latino (*Exhibits 7 and 8*).

In 2015, the percentage distribution of family planning users by race showed little change compared with 2005, except in the percentage of users that self-identified as white, which declined from 64% in 2005 to 53% in 2015. This decline was offset partially by an increase in the percentage of users for whom race was unknown (10% in 2005 vs. 17% in 2015) (*Exhibits A-4a and A-4b*).

Users by Ethnicity (Exhibits 6 through 14)

In 2015, 32% (1.3 million) of users identified themselves as Hispanic or Latino (*Exhibit 6*).

- By **sex**, 32% (1.2 million) of female users and 27% (112,193) of male users self-identified as Hispanic or Latino, while ethnicity was unknown for 3% of female users and 5% of male users (*Exhibits 7 and 8*).
- By **region**, grantees in Regions II, VI, and IX reported the highest percentages of female (39% to 50%) and male (31% to 43%) users who self-identified as Hispanic or Latino (*Exhibits 11, 12, 13, and 14*).

In 2015, the percentage of users who self-identified as Hispanic or Latino was 32% compared with 24% in 2005. Numerically, the number of Hispanic or Latino users grew 8%, from 1.2 million in 2005 to 1.3 million in 2015 (*Exhibits A-5a and A-5b*). *Exhibits A-6a and A-6b* present the number and distribution of total users by ethnicity and race for 2005 to 2015.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2015
(Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	9,231	20,611	684	30,526	0%†	1%	0%†	1%
Asian	5,177	122,310	4,189	131,676	0%†	3%	0%†	3%
Black/African American	30,370	811,244	16,045	857,659	1%	20%	0%†	21%
Nat Hawaiian/Pac Island	5,473	34,470	998	40,941	0%†	1%	0%†	1%
White	665,967	1,439,284	37,584	2,142,835	17%	36%	1%	53%
More than one race	74,918	52,847	8,278	136,043	2%	1%	0%†	3%
Unknown/not reported	485,629	136,831	55,875	678,335	12%	3%	1%	17%
Total All Users	1,276,765	2,617,597	123,653	4,018,015	32%	65%	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: 2015
(Source: FPAR Table 2)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	8,460	18,550	564	27,574	0%†	1%	0%†	1%
Asian	4,673	112,322	3,695	120,690	0%†	3%	0%†	3%
Black/African American	26,692	706,731	12,372	745,795	1%	20%	0%†	21%
Nat Hawaiian/Pac Island	5,004	31,581	881	37,466	0%†	1%	0%†	1%
White	615,052	1,300,116	31,791	1,946,959	17%	36%	1%	54%
More than one race	67,589	47,613	6,780	121,982	2%	1%	0%†	3%
Unknown/not reported	437,102	120,697	49,088	606,887	12%	3%	1%	17%
Total Female Users	1,164,572	2,337,610	105,171	3,607,353	32%	65%	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 8. Number and distribution of male family planning users, by race and ethnicity: 2015
(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	771	2,061	120	2,952	0%†	1%	0%†	1%
Asian	504	9,988	494	10,986	0%†	2%	0%†	3%
Black/African American	3,678	104,513	3,673	111,864	1%	25%	1%	27%
Nat Hawaiian/Pac Island	469	2,889	117	3,475	0%†	1%	0%†	1%
White	50,915	139,168	5,793	195,876	12%	34%	1%	48%
More than one race	7,329	5,234	1,498	14,061	2%	1%	0%†	3%
Unknown/not reported	48,527	16,134	6,787	71,448	12%	4%	2%	17%
Total Male Users	112,193	279,987	18,482	410,662	27%	68%	5%	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: 2015 (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	9,231	117	453	522	1,992	581	586	213	366	3,840	561
Not Hispanic or Latino	20,611	514	746	2,537	1,542	1,445	3,680	947	1,629	5,742	1,829
Unknown/not reported	684	13	28	54	7	119	8	31	85	330	9
Subtotal	30,526	644	1,227	3,113	3,541	2,145	4,274	1,191	2,080	9,912	2,399
Asian											
Hispanic or Latino	5,177	130	337	277	355	131	121	29	54	3,635	108
Not Hispanic or Latino	122,310	9,568	12,306	7,520	7,141	6,329	3,154	2,152	2,187	66,249	5,704
Unknown/not reported	4,189	49	148	387	32	442	61	32	166	2,817	55
Subtotal	131,676	9,747	12,791	8,184	7,528	6,902	3,336	2,213	2,407	72,701	5,867
Black or African American											
Hispanic or Latino	30,370	3,052	12,692	3,367	3,780	1,503	1,081	339	235	3,987	334
Not Hispanic or Latino	811,244	24,230	97,070	140,241	249,949	98,949	81,261	19,685	5,982	88,103	5,774
Unknown/not reported	16,045	237	550	5,618	966	3,069	324	403	470	4,355	53
Subtotal	857,659	27,519	110,312	149,226	254,695	103,521	82,666	20,427	6,687	96,445	6,161
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,473	364	758	580	787	182	275	54	64	2,092	317
Not Hispanic or Latino	34,470	160	588	643	650	399	575	176	494	29,777	1,008
Unknown/not reported	998	10	10	24	6	25	0	10	17	893	3
Subtotal	40,941	534	1,356	1,247	1,443	606	850	240	575	32,762	1,328
White											
Hispanic or Latino	665,967	18,842	54,738	31,488	96,311	31,762	132,642	19,163	20,729	243,379	16,913
Not Hispanic or Latino	1,439,284	90,798	121,518	155,209	265,049	191,096	92,565	77,173	76,818	276,410	92,648
Unknown/not reported	37,584	3,468	751	5,325	1,193	6,581	838	941	3,473	14,254	760
Subtotal	2,142,835	113,108	177,007	192,022	362,553	229,439	226,045	97,277	101,020	534,043	110,321
More Than One Race											
Hispanic or Latino	74,918	9,040	19,851	5,464	3,251	2,268	2,268	521	1,005	29,856	1,394
Not Hispanic or Latino	52,847	5,652	1,992	2,677	7,157	7,159	4,351	1,413	1,454	17,317	3,675
Unknown/not reported	8,278	506	104	352	59	474	14	59	99	6,565	46
Subtotal	136,043	15,198	21,947	8,493	10,467	9,901	6,633	1,993	2,558	53,738	5,115
Race Unknown or Not Reported											
Hispanic or Latino	485,629	10,462	79,180	31,841	14,204	26,713	13,671	3,881	12,543	276,986	16,148
Not Hispanic or Latino	136,831	5,371	26,378	14,030	3,758	7,632	7,062	11,015	2,037	51,463	8,085
Unknown/not reported	55,875	1,806	862	24,262	1,967	3,587	2,133	1,818	1,124	18,133	183
Subtotal	678,335	17,639	106,420	70,133	19,929	37,932	22,866	16,714	15,704	346,582	24,416
All Races											
Hispanic or Latino	1,276,765	42,007	168,009	73,539	120,680	63,140	150,644	24,200	34,996	563,775	35,775
Not Hispanic or Latino	2,617,597	136,293	260,598	322,857	535,246	313,009	192,648	112,561	90,601	535,061	118,723
Unknown/not reported	123,653	6,089	2,453	36,022	4,230	14,297	3,378	3,294	5,434	47,347	1,109
Total All Users	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2015 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	1%	1%	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%	2%	1%	2%	2%	6%	4%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	5%	3%	2%	1%	2%	1%	2%	2%	6%	4%
Black or African American											
Hispanic or Latino	1%	2%	3%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	13%	23%	32%	38%	25%	23%	14%	5%	8%	4%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†
Subtotal	21%	15%	26%	35%	39%	27%	24%	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%†	3%	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	17%	10%	13%	7%	15%	8%	38%	14%	16%	21%	11%
Not Hispanic or Latino	36%	49%	28%	36%	40%	49%	27%	55%	59%	24%	60%
Unknown/not reported	1%	2%	0%†	1%	0%†	2%	0%†	1%	3%	1%	0%†
Subtotal	53%	61%	41%	44%	55%	59%	65%	69%	77%	47%	71%
More Than One Race											
Hispanic or Latino	2%	5%	5%	1%	0%†	1%	1%	0%†	1%	3%	1%
Not Hispanic or Latino	1%	3%	0%†	1%	1%	2%	1%	1%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	8%	5%	2%	2%	3%	2%	1%	2%	5%	3%
Race Unknown or Not Reported											
Hispanic or Latino	12%	6%	18%	7%	2%	7%	4%	3%	10%	24%	10%
Not Hispanic or Latino	3%	3%	6%	3%	1%	2%	2%	8%	2%	4%	5%
Unknown/not reported	1%	1%	0%†	6%	0%†	1%	1%	1%	1%	2%	0%†
Subtotal	17%	10%	25%	16%	3%	10%	7%	12%	12%	30%	16%
All Races											
Hispanic or Latino	32%	23%	39%	17%	18%	16%	43%	17%	27%	49%	23%
Not Hispanic or Latino	65%	74%	60%	75%	81%	80%	56%	80%	69%	47%	76%
Unknown/not reported	3%	3%	1%	8%	1%	4%	1%	2%	4%	4%	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: 2015 (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	8,460	104	416	471	1,950	541	548	200	287	3,410	533
Not Hispanic or Latino	18,550	435	659	2,193	1,477	1,299	3,543	847	1,439	4,979	1,679
Unknown/not reported	564	11	11	40	5	102	7	30	68	282	8
Subtotal	27,574	550	1,086	2,704	3,432	1,942	4,098	1,077	1,794	8,671	2,220
Asian											
Hispanic or Latino	4,673	120	247	265	330	125	107	28	50	3,294	107
Not Hispanic or Latino	112,322	9,064	11,240	6,895	6,110	5,839	2,856	2,077	1,960	60,765	5,516
Unknown/not reported	3,695	35	96	334	26	397	57	31	158	2,507	54
Subtotal	120,690	9,219	11,583	7,494	6,466	6,361	3,020	2,136	2,168	66,566	5,677
Black or African American											
Hispanic or Latino	26,692	2,620	11,092	2,885	3,542	1,337	970	318	190	3,421	317
Not Hispanic or Latino	706,731	20,190	87,015	118,561	227,280	86,063	67,715	17,246	4,109	73,529	5,023
Unknown/not reported	12,372	188	366	4,087	715	2,607	195	340	324	3,503	47
Subtotal	745,795	22,998	98,473	125,533	231,537	90,007	68,880	17,904	4,623	80,453	5,387
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,004	296	673	507	757	161	251	52	58	1,938	311
Not Hispanic or Latino	31,581	134	507	583	609	355	555	158	423	27,302	955
Unknown/not reported	881	7	9	19	4	21	0	9	14	795	3
Subtotal	37,466	437	1,189	1,109	1,370	537	806	219	495	30,035	1,269
White											
Hispanic or Latino	615,052	16,304	50,998	28,896	92,918	29,781	124,152	18,270	19,068	218,281	16,384
Not Hispanic or Latino	1,300,116	78,301	109,250	140,427	249,727	174,125	86,278	72,052	66,101	238,489	85,366
Unknown/not reported	31,791	3,093	496	4,545	881	5,648	749	816	2,879	11,996	688
Subtotal	1,946,959	97,698	160,744	173,868	343,526	209,554	211,179	91,138	88,048	468,766	102,438
More Than One Race											
Hispanic or Latino	67,589	7,909	18,614	4,467	3,095	2,057	2,169	506	867	26,564	1,341
Not Hispanic or Latino	47,613	4,930	1,773	2,249	6,827	6,425	4,167	1,269	1,260	15,310	3,403
Unknown/not reported	6,780	435	86	279	50	427	10	57	82	5,312	42
Subtotal	121,982	13,274	20,473	6,995	9,972	8,909	6,346	1,832	2,209	47,186	4,786
Race Unknown or Not Reported											
Hispanic or Latino	437,102	8,727	71,787	28,700	13,258	25,066	12,925	3,586	10,614	247,629	14,810
Not Hispanic or Latino	120,697	4,652	23,854	12,114	3,452	7,037	6,361	9,241	1,615	44,783	7,588
Unknown/not reported	49,088	1,587	578	22,246	1,746	3,172	1,856	1,449	912	15,390	152
Subtotal	606,887	14,966	96,219	63,060	18,456	35,275	21,142	14,276	13,141	307,802	22,550
All Races											
Hispanic or Latino	1,164,572	36,080	153,827	66,191	115,850	59,068	141,122	22,960	31,134	504,537	33,803
Not Hispanic or Latino	2,337,610	117,706	234,298	283,022	495,482	281,143	171,475	102,890	76,907	465,157	109,530
Unknown/not reported	105,171	5,356	1,642	31,550	3,427	12,374	2,874	2,732	4,437	39,785	994
Total All Users	3,607,353	159,142	389,767	380,763	614,759	352,585	315,471	128,582	112,478	1,009,479	144,327

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2015 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	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%†	1%	1%	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%	6%	3%	2%	1%	2%	1%	2%	2%	6%	4%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	6%	3%	2%	1%	2%	1%	2%	2%	7%	4%
Black or African American											
Hispanic or Latino	1%	2%	3%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	13%	22%	31%	37%	24%	21%	13%	4%	7%	3%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†
Subtotal	21%	14%	25%	33%	38%	26%	22%	14%	4%	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%†	3%	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	17%	10%	13%	8%	15%	8%	39%	14%	17%	22%	11%
Not Hispanic or Latino	36%	49%	28%	37%	41%	49%	27%	56%	59%	24%	59%
Unknown/not reported	1%	2%	0%†	1%	0%†	2%	0%†	1%	3%	1%	0%†
Subtotal	54%	61%	41%	46%	56%	59%	67%	71%	78%	46%	71%
More Than One Race											
Hispanic or Latino	2%	5%	5%	1%	1%	1%	1%	0%†	1%	3%	1%
Not Hispanic or Latino	1%	3%	0%†	1%	1%	2%	1%	1%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	8%	5%	2%	2%	3%	2%	1%	2%	5%	3%
Race Unknown or Not Reported											
Hispanic or Latino	12%	5%	18%	8%	2%	7%	4%	3%	9%	25%	10%
Not Hispanic or Latino	3%	3%	6%	3%	1%	2%	2%	7%	1%	4%	5%
Unknown/not reported	1%	1%	0%†	6%	0%†	1%	1%	1%	1%	2%	0%†
Subtotal	17%	9%	25%	17%	3%	10%	7%	11%	12%	30%	16%
All Races											
Hispanic or Latino	32%	23%	39%	17%	19%	17%	45%	18%	28%	50%	23%
Not Hispanic or Latino	65%	74%	60%	74%	81%	80%	54%	80%	68%	46%	76%
Unknown/not reported	3%	3%	0%†	8%	1%	4%	1%	2%	4%	4%	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: 2015 (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	771	13	37	51	42	40	38	13	79	430	28
Not Hispanic or Latino	2,061	79	87	344	65	146	137	100	190	763	150
Unknown/not reported	120	2	17	14	2	17	1	1	17	48	1
Subtotal	2,952	94	141	409	109	203	176	114	286	1,241	179
Asian											
Hispanic or Latino	504	10	90	12	25	6	14	1	4	341	1
Not Hispanic or Latino	9,988	504	1,066	625	1,031	490	298	75	227	5,484	188
Unknown/not reported	494	14	52	53	6	45	4	1	8	310	1
Subtotal	10,986	528	1,208	690	1,062	541	316	77	239	6,135	190
Black or African American											
Hispanic or Latino	3,678	432	1,600	482	238	166	111	21	45	566	17
Not Hispanic or Latino	104,513	4,040	10,055	21,680	22,669	12,886	13,546	2,439	1,873	14,574	751
Unknown/not reported	3,673	49	184	1,531	251	462	129	63	146	852	6
Subtotal	111,864	4,521	11,839	23,693	23,158	13,514	13,786	2,523	2,064	15,992	774
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	469	68	85	73	30	21	24	2	6	154	6
Not Hispanic or Latino	2,889	26	81	60	41	44	20	18	71	2,475	53
Unknown/not reported	117	3	1	5	2	4	0	1	3	98	0
Subtotal	3,475	97	167	138	73	69	44	21	80	2,727	59
White											
Hispanic or Latino	50,915	2,538	3,740	2,592	3,393	1,981	8,490	893	1,661	25,098	529
Not Hispanic or Latino	139,168	12,497	12,268	14,782	15,322	16,971	6,287	5,121	10,717	37,921	7,282
Unknown/not reported	5,793	375	255	780	312	933	89	125	594	2,258	72
Subtotal	195,876	15,410	16,263	18,154	19,027	19,885	14,866	6,139	12,972	65,277	7,883
More Than One Race											
Hispanic or Latino	7,329	1,131	1,237	997	156	211	99	15	138	3,292	53
Not Hispanic or Latino	5,234	722	219	428	330	734	184	144	194	2,007	272
Unknown/not reported	1,498	71	18	73	9	47	4	2	17	1,253	4
Subtotal	14,061	1,924	1,474	1,498	495	992	287	161	349	6,552	329
Race Unknown or Not Reported											
Hispanic or Latino	48,527	1,735	7,393	3,141	946	1,647	746	295	1,929	29,357	1,338
Not Hispanic or Latino	16,134	719	2,524	1,916	306	595	701	1,774	422	6,680	497
Unknown/not reported	6,787	219	284	2,016	221	415	277	369	212	2,743	31
Subtotal	71,448	2,673	10,201	7,073	1,473	2,657	1,724	2,438	2,563	38,780	1,866
All Races											
Hispanic or Latino	112,193	5,927	14,182	7,348	4,830	4,072	9,522	1,240	3,862	59,238	1,972
Not Hispanic or Latino	279,987	18,587	26,300	39,835	39,764	31,866	21,173	9,671	13,694	69,904	9,193
Unknown/not reported	18,482	733	811	4,472	803	1,923	504	562	997	7,562	115
Total All Users	410,662	25,247	41,293	51,655	45,397	37,861	31,199	11,473	18,553	136,704	11,280

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2015 (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%†	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	1%	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	2%	2%	3%	1%	2%	1%	1%	1%	1%	4%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	2%	3%	1%	2%	1%	1%	1%	1%	4%	2%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	25%	16%	24%	42%	50%	34%	43%	21%	10%	11%	7%
Unknown/not reported	1%	0%†	0%†	3%	1%	1%	0%†	1%	1%	1%	0%†
Subtotal	27%	18%	29%	46%	51%	36%	44%	22%	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%	0%†
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%	10%	9%	5%	7%	5%	27%	8%	9%	18%	5%
Not Hispanic or Latino	34%	49%	30%	29%	34%	45%	20%	45%	58%	28%	65%
Unknown/not reported	1%	1%	1%	2%	1%	2%	0%†	1%	3%	2%	1%
Subtotal	48%	61%	39%	35%	42%	53%	48%	54%	70%	48%	70%
More Than One Race											
Hispanic or Latino	2%	4%	3%	2%	0%†	1%	0%†	0%†	1%	2%	0%†
Not Hispanic or Latino	1%	3%	1%	1%	1%	2%	1%	1%	1%	1%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	8%	4%	3%	1%	3%	1%	1%	2%	5%	3%
Race Unknown or Not Reported											
Hispanic or Latino	12%	7%	18%	6%	2%	4%	2%	3%	10%	21%	12%
Not Hispanic or Latino	4%	3%	6%	4%	1%	2%	2%	15%	2%	5%	4%
Unknown/not reported	2%	1%	1%	4%	0%†	1%	1%	3%	1%	2%	0%†
Subtotal	17%	11%	25%	14%	3%	7%	6%	21%	14%	28%	17%
All Races											
Hispanic or Latino	27%	23%	34%	14%	11%	11%	31%	11%	21%	43%	17%
Not Hispanic or Latino	68%	74%	64%	77%	88%	84%	68%	84%	74%	51%	81%
Unknown/not reported	5%	3%	2%	9%	2%	5%	2%	5%	5%	6%	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%.

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 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).⁸ 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*¹² 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 guideline for 2015 (\$24,250 for a family of four in the 48 contiguous states and DC)⁸ 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 guideline, 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 2015, 88% (3.6 million) of users had family incomes that qualified them for either subsidized or no-charge services. Sixty-six percent (2.7 million) of users had family incomes at or below poverty, 22% (900,536) had incomes ranging from 101% to 250% of poverty, and 6% (255,093) had incomes over 250% of poverty. Family income data were unknown or not reported for 5% (208,545) of users (*Exhibit 15*). Additional results include the following:

- By **region**, from 82% (I) to 93% (IX) of users had family incomes qualifying them for either no-charge (51% to 74%) or subsidized (16% to 32%) services. In Regions IV and IX, the percentage of users with incomes at or below poverty exceeded the national average of 66% (*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 45%), and over 250% of poverty (0% to 25%) (*Exhibit B-2*).

In 2015, the percentage of users with family incomes at or below poverty was the same (66%) as in 2005, while the percentage with incomes from 101% to 250% of poverty decreased from 27% (2005) to 22% (2015). The percentage of users with incomes over 250% of poverty increased from 5% (2005) to 6% (2015) (*Exhibits A-7a* and *A-7b*).

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: 2015 (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%	2,653,841	93,307	253,626	269,612	459,137	237,497	228,912	88,044	85,288	844,083	94,335
101% to 150%	556,141	34,194	73,554	68,655	70,071	59,395	38,292	18,666	17,318	147,602	28,394
151% to 200%	238,420	16,366	33,854	24,510	25,140	33,602	14,947	9,131	9,827	58,960	12,083
201% to 250%	105,975	7,544	15,886	12,684	11,696	14,607	5,520	5,085	5,788	20,503	6,662
Over 250%	255,093	14,797	42,387	31,967	52,462	31,094	10,881	8,593	9,199	43,925	9,788
Unknown/not reported	208,545	18,181	11,753	24,990	41,650	14,251	48,118	10,536	3,611	31,110	4,345
Total All Users	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607
Under 101%	66%	51%	59%	62%	70%	61%	66%	63%	65%	74%	61%
101% to 150%	14%	19%	17%	16%	11%	15%	11%	13%	13%	13%	18%
151% to 200%	6%	9%	8%	6%	4%	9%	4%	7%	7%	5%	8%
201% to 250%	3%	4%	4%	3%	2%	4%	2%	4%	4%	2%	4%
Over 250%	6%	8%	10%	7%	8%	8%	3%	6%	7%	4%	6%
Unknown/not reported	5%	10%	3%	6%	6%	4%	14%	8%	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%.

^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 <https://aspe.hhs.gov/2015-poverty-guidelines#guidelines>.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2015
 (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	1,395,201	86,146	199,020	171,159	246,272	146,966	64,867	28,354	23,067	377,129	52,221
Private health insurance	621,066	54,640	58,232	83,656	116,803	84,715	45,025	38,826	33,532	64,978	40,659
Uninsured	1,934,154	41,507	152,704	161,775	288,293	154,529	231,783	70,517	71,126	701,434	60,486
Unknown/not reported	67,594	2,096	21,104	15,828	8,788	4,236	4,995	2,358	3,306	2,642	2,241
Total All Users	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607
Public health insurance	35%	47%	46%	40%	37%	38%	19%	20%	18%	33%	34%
Private health insurance	15%	30%	14%	19%	18%	22%	13%	28%	26%	6%	26%
Uninsured	48%	23%	35%	37%	44%	40%	67%	50%	54%	61%	39%
Unknown/not reported	2%	1%	5%	4%	1%	1%	1%	2%	3%	0%†	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 2015, 50% (2.0 million) of family planning users had either public (35%, 1.4 million) or private (15%, 621,066) insurance covering broad primary medical care benefits, while 48% (1.9 million) were uninsured. Health insurance coverage status was unknown or not reported for 2% (67,594) of users (*Exhibit 16*). Additional results include the following:

- By **region**, from 18% (VIII) to 47% (I) of users had public coverage, and from 6% (IX) to 30% (I) had private coverage. The percentage of uninsured users ranged from 23% (I) to 67% (VI), and the number of uninsured users exceeded the number of insured users in four regions (VI, VII, VIII, and IX) (*Exhibit 16*).
- By **state**, there was wide variation in the percentage of users who were publicly insured (0% to 97%), privately insured (0% to 54%), and uninsured (3% to 100%) (*Exhibit B–3a*).
- Among family planning users in the 50 states and District of Columbia, almost two-thirds (64% or 2.6 million) received Title X services in 1 of 27 states (including the District of Columbia) to expand Medicaid under the Affordable Care Act (ACA), while the remaining one-third (36% or 1.4 million users) were served in 1 of 24 states that had not. On average, compared with users in “nonexpansion” states, those in “expansion” states had a higher rate of health insurance coverage from public sources (38% vs. 28%) and lower rates of private coverage (14% vs. 19%) and uninsurance (47% vs. 51%) (*Exhibit B–3b*).

This marked the first year since Title X began collecting health insurance information (2005) that the number of insured users exceeded the number of uninsured users. In 2015, the percentage of users with either public or private health insurance (50%) was 21 points higher than in 2005 (29%), while the percentage uninsured was 13 points lower (48% in 2015 vs. 61% in 2005). Several factors account for this shift toward higher levels of coverage, including state and national (i.e., ACA) reforms to increase health insurance coverage, better collection of health insurance data (i.e., fewer users with an unknown health insurance status), and increased efforts by Title X providers to identify and bill third-party payers (*Exhibits A–8a* and *A–8b*).

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.¹² In 2015, 13% (535,625) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 7% (V) to 22% (VI), with four regions (II, IV, VI, and IX) exceeding the national average of 13% (*Exhibit 17*).

Since 2005, the percentage of total users who are LEP has increased by only 1 percentage point, from 12% in 2005 to 13% in 2015. Numerically, however, the number of LEP users has decreased 11%, from 602,524 (2005) to 535,625 (2015) (not shown).

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2015
 (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	535,625	22,695	76,649	39,219	100,877	26,151	75,302	12,995	12,566	155,852	13,319
Not LEP	3,415,796	161,694	353,131	339,685	558,863	360,020	269,923	125,674	118,393	986,126	142,287
Unknown/not reported	66,594	0	1,280	53,514	416	4,275	1,445	1,386	72	4,205	1
Total All Users	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607
LEP	13%	12%	18%	9%	15%	7%	22%	9%	10%	14%	9%
Not LEP	85%	88%	82%	79%	85%	92%	78%	90%	90%	86%	91%
Unknown/not reported	2%	0%	0%†	12%	0%†	1%	0%†	1%	0%†	0%†	0%†
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, and 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.¹³ 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.¹³

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*¹⁴ 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 2015, 81% (2.9 million) of all female users adopted or continued use of a most, moderately, or highly effective contraceptive method at their last encounter in the reporting period. Nine percent (321,229) of females exited the encounter with no primary method because they were pregnant or seeking pregnancy, and another 5% (171,068) exited with no method for other reasons. Two percent (73,896) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 3% (124,449) (*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 15% of all female users relied on a *most effective* contraceptive method (vasectomy, female sterilization, implant, or IUD), 48% used a *moderately effective* method (injectable contraception, vaginal ring, contraceptive 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 pill was the preferred method of 28% of all female users, followed by injectable contraception (16%), male condoms (16%), IUDs (8%), hormonal implants (5%), the vaginal ring (3%), female sterilization (2%), and the contraceptive patch (1%). Two percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and less than 0.5% 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 (*Exhibits 18 and 19*).
- By **age group**, from 62% (under 15) to 85% (15 to 17) of female users relied on a most, moderately, or less effective method (*Exhibits 18 and 19*). The three leading methods varied by age group, as shown below:
 - **Females under 15:** Injectables (22%), pills (21%), and male condoms (9%)
 - **Females 15 to 24:** Pills (31% to 33%), injectables (16% to 26%), and male condoms 13% to 16%)
 - **Females 25 to 44:** Pills (20% to 29%), male condoms (16% to 19%), and injectables (14% to 15%)
 - **Females over 44:** Male condoms (20%), pills (14%), and female sterilization (14%)
- 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 73% (VI) to 87% (VIII) of female users exited the encounter with a most, moderately, or less effective contraceptive method (*Exhibits 20 and 21*).
 - The percentage of females relying on the most effective methods ranged from 11% (IV) to 20% (I), 39% (I) to 57% (VIII and X) used a moderately effective method, and 10% (VIII and X) to 26% (IX) used a less effective method.
 - Pills, used by 23% (VI) to 35% (VIII and X) of females, were the leading method in all regions. The second most common method was either injectables (III, IV, V, VI, VII, VIII, and X) or condoms (I, II, and IX).
 - Nonuse of contraception because of pregnancy or the desire for pregnancy ranged from 6% (III) to 12% (IV).
- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (0% to 33%), moderately effective (18% to 85%), and less effective (<0.5% to 37%) contraceptive methods (*Exhibit B-4*).

Trends in Female Primary Contraceptive Method Use

From 2005 to 2015, the percentage of all female users relying on a most, moderately, or less effective method ranged from 79% to 84%; 13% to 15% used no method either because they were pregnant, seeking pregnancy, or for other reasons; and 1% to 2% were abstinent (*Exhibits A-9a, A-9b, and A-9c*).

Use of most effective methods: Among all female users, the percentage relying on the *most effective methods* increased from 4% in 2005 to 15% in 2015. Numerically, the number of females relying on the most effective methods almost tripled, from 194,061 (2005) to 542,612 (2015), with IUD and implant use accounting for all of this increase (*Exhibits A-9a, A-9b, and A-9c*).

- IUD use increased from 2% of female users in 2005 to 8% in 2015. Numerically, the number of IUD users more than tripled, from 88,342 in 2005 to 273,650 in 2015.
- Implant use increased from less than 0.5% of female users in 2005 to 5% in 2015. Numerically, the number of implant users increased 52-fold, from 3,395 in 2005 to 177,975 in 2015. This growth was aided by the Food and Drug Administration's approval of a single-rod implant in 2006.

Use of moderately effective methods: The percentage of all female users relying on *moderately effective methods* decreased from 59% in 2005 to 48% in 2015. Numerically, the number of moderately effective method users declined 39%, from 2.8 million (2005) to 1.7 million (2015) (*Exhibits A-9a, A-9b, and A-9c*).

- The pill, used by 39% of female users in 2005 and 28% in 2015, was the preferred contraceptive method among female users in all years during this period.
- Injectable contraception, used by 13% of female users in 2005 and 16% in 2015, was the third most common method (after male condoms) from 2005 through 2013 and the second most common method in 2014 and 2015.
- The percentage of female users relying on the vaginal ring increased from 1% in 2005 to 3% in 2015, while the percentage using the contraceptive patch decreased from 6% in 2005 to 1% in 2015. In all years from 2005 through 2015, less than 0.5% of female users relied on either the cervical cap or diaphragm.

Use of less effective methods: From 2005 to 2015, the percentage of all female users relying on *less effective methods* ranged from 18% to 21%, with 18% relying on these methods in both 2005 and 2015. Numerically, the number of females relying on less effective methods declined 22%, from 2005 (836,387) to 2015 (653,705). During this period, male condoms accounted for 81% to 88% of all less effective method use by female users (*Exhibits A-9a, A-9b, and A-9c*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2015 (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	84,108	0	1	6	1,416	7,679	15,184	18,371	17,263	24,188
Intrauterine device	273,650	284	6,244	13,636	63,680	73,071	54,153	34,175	18,627	9,780
Hormonal implant	177,975	2,227	20,087	24,499	61,772	37,364	18,370	8,584	3,594	1,478
Hormonal injection	574,476 ^a	7,782 ^a	65,168 ^a	69,959 ^a	155,152 ^a	111,861 ^a	75,262 ^a	46,742 ^a	25,989 ^a	16,561 ^a
Oral contraceptive	1,000,062	7,553	79,867	116,377	310,793	228,269	129,067	67,140	36,361	24,635
Contraceptive patch	49,010	399	3,890	5,427	15,440	11,263	7,019	3,523	1,488	561
Vaginal ring	95,186	206	3,778	7,378	30,697	29,812	15,303	5,302	1,904	806
Cervical cap or diaphragm	1,660	6	42	78	322	390	331	210	133	148
Contraceptive sponge	660	3	39	51	160	130	109	72	55	41
Female condom	3,558	26	222	327	948	767	487	339	206	236
Spermicide (used alone)	1,873	7	86	127	358	403	320	240	185	147
FAM or LAM ^b	13,503	30	427	808	2,724	2,882	2,387	1,681	1,233	1,331
Abstinence ^c	73,896	7,850	10,395	5,559	12,379	10,339	7,686	5,908	5,079	8,701
Withdrawal or other method ^d	61,504	273	2,893	4,277	14,040	13,117	9,096	6,117	4,316	7,375
Rely on Male Method										
Vasectomy	6,879	0	2	23	235	788	1,372	1,513	1,448	1,498
Male condom	572,607	3,285	32,377	51,244	154,621	125,651	82,189	53,874	35,388	33,978
No Method										
Pregnant/seeking pregnancy	321,229	709	12,084	28,041	99,830	86,922	55,260	27,578	8,601	2,204
Other reason	171,068	1,844	9,033	12,894	38,056	34,433	25,229	17,068	11,978	20,533
Method Unknown^e	124,449	3,047	7,723	8,721	24,515	22,841	17,700	13,252	9,777	16,873
Total Female Users	3,607,353	35,531	254,358	349,432	987,138	797,982	516,524	311,689	183,625	171,074
Using Most, Moderately, or Less Effective Method^f	2,916,711	22,081	215,123	294,217	812,358	643,447	410,649	247,883	148,190	122,763
Most Effective ^f	542,612	2,511	26,334	38,164	127,103	118,902	89,079	62,643	40,932	36,944
Moderately Effective ^f	1,720,394	15,946	152,745	199,219	512,404	381,595	226,982	122,917	65,875	42,711
Less Effective ^f	653,705	3,624	36,044	56,834	172,851	142,950	94,588	62,323	41,383	43,108
Abstinence	73,896	7,850	10,395	5,559	12,379	10,339	7,686	5,908	5,079	8,701
Not Using a Method	492,297	2,553	21,117	40,935	137,886	121,355	80,489	44,646	20,579	22,737
Method Unknown	124,449	3,047	7,723	8,721	24,515	22,841	17,700	13,252	9,777	16,873

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)*.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7.

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2015 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%†	0%†	0%†	1%	3%	6%	9%	14%
Intrauterine device	8%	1%	2%	4%	6%	9%	10%	11%	10%	6%
Hormonal implant	5%	6%	8%	7%	6%	5%	4%	3%	2%	1%
Hormonal injection	16% ^a	22% ^a	26% ^a	20% ^a	16% ^a	14% ^a	15% ^a	15% ^a	14% ^a	10% ^a
Oral contraceptive	28%	21%	31%	33%	31%	29%	25%	22%	20%	14%
Contraceptive patch	1%	1%	2%	2%	2%	1%	1%	1%	1%	0%†
Vaginal ring	3%	1%	1%	2%	3%	4%	3%	2%	1%	0%†
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%†	1%	1%	1%
Abstinence ^c	2%	22%	4%	2%	1%	1%	1%	2%	3%	5%
Withdrawal or other method ^d	2%	1%	1%	1%	1%	2%	2%	2%	2%	4%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Male condom	16%	9%	13%	15%	16%	16%	16%	17%	19%	20%
No Method										
Pregnant/seeking pregnancy	9%	2%	5%	8%	10%	11%	11%	9%	5%	1%
Other reason	5%	5%	4%	4%	4%	4%	5%	5%	7%	12%
Method Unknown^e	3%	9%	3%	2%	2%	3%	3%	4%	5%	10%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^f	81%	62%	85%	84%	82%	81%	80%	80%	81%	72%
Most Effective ^f	15%	7%	10%	11%	13%	15%	17%	20%	22%	22%
Moderately Effective ^f	48%	45%	60%	57%	52%	48%	44%	39%	36%	25%
Less Effective ^f	18%	10%	14%	16%	18%	18%	18%	20%	23%	25%
Abstinence	2%	22%	4%	2%	1%	1%	1%	2%	3%	5%
Not Using a Method	14%	7%	8%	12%	14%	15%	16%	14%	11%	13%
Method Unknown	3%	9%	3%	2%	2%	3%	3%	4%	5%	10%

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)*.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2015 (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	84,108	6,385	8,461	10,036	14,133	7,085	9,117	5,334	1,876	19,483	2,198
Intrauterine device	273,650	16,384	38,038	22,131	26,924	23,928	18,305	8,257	12,200	91,975	15,508
Hormonal implant	177,975	9,145	16,033	15,361	23,886	15,296	15,768	6,009	7,227	60,581	8,669
Hormonal injection	574,476 ^a	17,895 ^a	46,241	75,284 ^a	136,512	69,310	57,505 ^a	25,679 ^a	19,339 ^a	104,931 ^a	21,780
Oral contraceptive	1,000,062	39,086	110,156	91,855	163,934	111,792	71,619	41,307	39,308	281,159	49,846
Contraceptive patch	49,010	1,758	8,499	3,388	4,350	4,962	2,855	893	561	18,057	3,687
Vaginal ring	95,186	3,851	11,995	9,781	8,107	11,572	4,621	2,517	5,360	30,762	6,620
Cervical cap or diaphragm	1,660	67	220	135	140	260	37	47	64	595	95
Contraceptive sponge	660	17	23	33	47	19	23	15	8	463	12
Female condom	3,558	54	859	432	529	218	376	36	91	718	245
Spermicide (used alone)	1,873	38	78	126	533	106	708	27	22	175	60
FAM or LAM ^b	13,503	454	1,283	1,162	2,737	376	1,944	458	217	4,673	199
Abstinence ^c	73,896	7,481	6,174	8,895	11,984	5,514	6,179	2,309	1,966	20,282	3,112
Withdrawal or other method ^d	61,504	2,501	11,536	3,688	11,542	4,344	2,274	2,729	1,072	19,963	1,855
Rely on Male Method											
Vasectomy	6,879	569	601	546	742	414	274	460	459	2,318	496
Male condom	572,607	26,343	64,278	60,583	67,323	40,687	43,966	11,007	10,116	235,735	12,569
No Method											
Pregnant/seeking pregnancy	321,229	10,571	41,614	23,876	75,706	25,615	29,091	12,243	7,866	81,291	13,356
Other reason	171,068	10,501	22,772	22,012	26,754	24,068	29,967	4,907	4,156	22,439	3,492
Method Unknown^e	124,449	6,042	906	31,439	38,876	7,019	20,842	4,348	570	13,879	528
Total Female Users	3,607,353	159,142	389,767	380,763	614,759	352,585	315,471	128,582	112,478	1,009,479	144,327
Using Most, Moderately, or Less Effective Method^f	2,916,711	124,547	318,301	294,541	461,439	290,369	229,392	104,775	97,920	871,588	123,839
Most Effective ^f	542,612	32,483	63,133	48,074	65,685	46,723	43,464	20,060	21,762	174,357	26,871
Moderately Effective ^f	1,720,394	62,657	177,111	180,443	313,043	197,896	136,637	70,443	64,632	435,504	82,028
Less Effective ^f	653,705	29,407	78,057	66,024	82,711	45,750	49,291	14,272	11,526	261,727	14,940
Abstinence	73,896	7,481	6,174	8,895	11,984	5,514	6,179	2,309	1,966	20,282	3,112
Not Using a Method	492,297	21,072	64,386	45,888	102,460	49,683	59,058	17,150	12,022	103,730	16,848
Method Unknown	124,449	6,042	906	31,439	38,876	7,019	20,842	4,348	570	13,879	528

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)*.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7.

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2015 (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%	3%	2%	2%	3%	4%	2%	2%	2%
Intrauterine device	8%	10%	10%	6%	4%	7%	6%	6%	11%	9%	11%
Hormonal implant	5%	6%	4%	4%	4%	4%	5%	5%	6%	6%	6%
Hormonal injection	16% ^a	11% ^a	12%	20% ^a	22%	20%	18% ^a	20% ^a	17% ^a	10% ^a	15%
Oral contraceptive	28%	25%	28%	24%	27%	32%	23%	32%	35%	28%	35%
Contraceptive patch	1%	1%	2%	1%	1%	1%	1%	1%	0%†	2%	3%
Vaginal ring	3%	2%	3%	3%	1%	3%	1%	2%	5%	3%	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%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Withdrawal or other method ^d	2%	2%	3%	1%	2%	1%	1%	2%	1%	2%	1%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	16%	17%	16%	16%	11%	12%	14%	9%	9%	23%	9%
No Method											
Pregnant/seeking pregnancy	9%	7%	11%	6%	12%	7%	9%	10%	7%	8%	9%
Other reason	5%	7%	6%	6%	4%	7%	9%	4%	4%	2%	2%
Method Unknown^e	3%	4%	0%†	8%	6%	2%	7%	3%	1%	1%	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^f	81%	78%	82%	77%	75%	82%	73%	81%	87%	86%	86%
Most Effective ^f	15%	20%	16%	13%	11%	13%	14%	16%	19%	17%	19%
Moderately Effective ^f	48%	39%	45%	47%	51%	56%	43%	55%	57%	43%	57%
Less Effective ^f	18%	18%	20%	17%	13%	13%	16%	11%	10%	26%	10%
Abstinence	2%	5%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Not Using a Method	14%	13%	17%	12%	17%	14%	19%	13%	11%	10%	12%
Method Unknown	3%	4%	0%†	8%	6%	2%	7%	3%	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)*.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7.

† Percentage is less than 0.5%.

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

In 2015, grantees reported that 79% (322,981) of all male users had adopted or continued use of a most, moderately, or less effective primary method at their last encounter in the reporting period. Seven percent (30,648) of males used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (6%), and another 6% (24,163) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 8% (32,870) of male users (*Exhibits 22 and 23*). Additional results include the following:

- By **type of method**, male condoms were used by a majority (70%) of all male users, followed by reliance on a female method (5%), withdrawal (3%), vasectomy (1%), or a FAM (less than 0.5%) (*Exhibits 22 and 23*).
- By **age group**, from 23% (under 15) to 87% (20 to 24) of male users relied on a most, moderately, or less effective method. Across all age groups, the two leading contraceptive methods were male condoms, which were the primary method for 18% to 80% of male users, and reliance on a female method, a choice for 3% to 8% of male users (*Exhibits 22 and 23*). Other findings by age group were as follows:
 - Vasectomy prevalence was less than 0.5% among males 18 to 29 and from 1% to 3% among males 30 or older.
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among males under 15 and from 1% to 2% of male users in all other age groups.
- By **region**, the percentage of males who exited the encounter with a most, moderately, or less effective method ranged from 62% (III) to 88% (VIII) (*Exhibits 24 and 25*).
 - The male condom, used by 53% (IV) to 81% (IX) of male users, was the leading method in all regions. Reliance on a female method was the second most common method in all regions except Region IX; use ranged from 2% (III) to 20% (VIII).
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy ranged from less than 0.5% (II, III, and VII) to 2% (V and VI).

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2015 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	3,309	0	0	1	91	315	646	838	615	803
Male condom	285,549	1,859	14,871	22,933	83,148	69,516	39,342	21,596	12,335	19,949
FAM ^a	1,092	2	15	41	232	256	177	133	104	132
Abstinence ^b	24,163	5,851	5,965	1,760	2,196	1,891	1,409	1,073	899	3,119
Withdrawal or other method ^c	10,858	90	468	545	2,184	2,101	1,584	1,142	831	1,913
Rely on female method ^d	22,173	429	885	1,307	4,871	4,538	3,089	2,159	1,579	3,316
No Method										
Partner pregnant/seeking pregnancy	4,981	26	189	250	969	1,091	882	598	310	666
Other reason	25,667	625	1,704	1,829	5,791	4,636	3,167	2,101	1,496	4,318
Method Unknown^e	32,870	1,632	2,330	1,612	4,929	4,899	3,888	3,056	2,566	7,958
Total Male Users	410,662	10,514	26,427	30,278	104,411	89,243	54,184	32,696	20,735	42,174
Using Most, Moderately, or Less Effective Method ^f	322,981	2,380	16,239	24,827	90,526	76,726	44,838	25,868	15,464	26,113
Abstinence ^b	24,163	5,851	5,965	1,760	2,196	1,891	1,409	1,073	899	3,119
Not Using a Method	30,648	651	1,893	2,079	6,760	5,727	4,049	2,699	1,806	4,984
Method Unknown ^e	32,870	1,632	2,330	1,612	4,929	4,899	3,888	3,056	2,566	7,958

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)**.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8.

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2015 (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%	3%	3%	2%
Male condom	70%	18%	56%	76%	80%	78%	73%	66%	59%	47%
FAM ^a	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Abstinence ^b	6%	56%	23%	6%	2%	2%	3%	3%	4%	7%
Withdrawal or other method ^c	3%	1%	2%	2%	2%	2%	3%	3%	4%	5%
Rely on female method ^d	5%	4%	3%	4%	5%	5%	6%	7%	8%	8%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	2%	2%	1%	2%
Other reason	6%	6%	6%	6%	6%	5%	6%	6%	7%	10%
Method Unknown^e	8%	16%	9%	5%	5%	5%	7%	9%	12%	19%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method ^f	79%	23%	61%	82%	87%	86%	83%	79%	75%	62%
Abstinence ^b	6%	56%	23%	6%	2%	2%	3%	3%	4%	7%
Not Using a Method	7%	6%	7%	7%	6%	6%	7%	8%	9%	12%
Method Unknown ^e	8%	16%	9%	5%	5%	5%	7%	9%	12%	19%

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)**.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8.

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2015 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	3,309	134	108	227	1,028	176	188	77	310	838	223
Male condom	285,549	14,132	30,839	29,764	23,919	28,772	21,606	7,860	12,045	110,294	6,318
FAM ^a	1,092	23	29	76	195	4	640	25	14	81	5
Abstinence ^b	24,163	3,986	991	3,190	4,670	1,111	1,809	308	862	4,779	2,457
Withdrawal or other method ^c	10,858	838	1,457	1,048	559	657	1,653	154	206	3,832	454
Rely on female method ^d	22,173	1,860	3,459	1,169	4,818	1,404	1,862	1,305	3,753	1,898	645
No Method											
Partner pregnant/seeking pregnancy	4,981	295	176	211	497	934	566	54	274	1,870	104
Other reason	25,667	2,260	3,990	3,990	1,288	3,653	2,042	552	898	6,015	979
Method Unknown^e	32,870	1,719	244	11,980	8,423	1,150	833	1,138	191	7,097	95
Total Male Users	410,662	25,247	41,293	51,655	45,397	37,861	31,199	11,473	18,553	136,704	11,280
Using Most, Moderately, or Less Effective Method ^f	322,981	16,987	35,892	32,284	30,519	31,013	25,949	9,421	16,328	116,943	7,645
Abstinence ^b	24,163	3,986	991	3,190	4,670	1,111	1,809	308	862	4,779	2,457
Not Using a Method	30,648	2,555	4,166	4,201	1,785	4,587	2,608	606	1,172	7,885	1,083
Method Unknown ^e	32,870	1,719	244	11,980	8,423	1,150	833	1,138	191	7,097	95

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)**.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8.

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2015 (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%†	2%	0%†	1%	1%	2%	1%	2%
Male condom	70%	56%	75%	58%	53%	76%	69%	69%	65%	81%	56%
FAM ^a	0%†	0%†	0%†	0%†	0%†	0%†	2%	0%†	0%†	0%†	0%†
Abstinence ^b	6%	16%	2%	6%	10%	3%	6%	3%	5%	3%	22%
Withdrawal or other method ^c	3%	3%	4%	2%	1%	2%	5%	1%	1%	3%	4%
Rely on female method ^d	5%	7%	8%	2%	11%	4%	6%	11%	20%	1%	6%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	0%†	0%†	1%	2%	2%	0%†	1%	1%	1%
Other reason	6%	9%	10%	8%	3%	10%	7%	5%	5%	4%	9%
Method Unknown^e	8%	7%	1%	23%	19%	3%	3%	10%	1%	5%	1%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method ^f	79%	67%	87%	62%	67%	82%	83%	82%	88%	86%	68%
Abstinence ^b	6%	16%	2%	6%	10%	3%	6%	3%	5%	3%	22%
Not Using a Method	7%	10%	10%	8%	4%	12%	8%	5%	6%	6%	10%
Method Unknown ^e	8%	7%	1%	23%	19%	3%	3%	10%	1%	5%	1%

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)**.

^f **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8.

† 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;¹⁵ 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;¹⁵ 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 System¹⁵ 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.¹⁶
- 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.¹⁶

Low-Grade Squamous Intraepithelial Lesions (LSIL)—LSIL refers to low-grade squamous intraepithelial lesions encompassing human papillomavirus, mild dysplasia, and cervical intraepithelial neoplasia (CIN) 1.¹⁶

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 3.¹⁶

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.¹⁷

- 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*,¹⁴ 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 2015, Title X service sites provided Papanicolaou (Pap) testing to 21% (743,683) of female family planning users and performed 769,807 Pap tests (2.1 tests per 10 female users). 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, and 1% had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition (*Exhibit 26*).

- By region, the percentage of total female users who received a Pap test ranged from 17% (IX) to 27% (VII).
- From 9% (IX) to 21% (X) of Pap tests had an ASC or higher result, and from 1% (V, VI, VII, VIII, IX, and X) to 2% (I, II, III, and IV) had an HSIL or higher result.

In 2015, the percentage of female users who received a Pap test (21%) was substantially lower than in 2005 (52%) (*Exhibits A-10a* and *A-10b*). The downward trend in cervical cancer screening is consistent with changing national screening guidelines, which raised the age at first Pap test to 21 years and lengthened the testing interval for women with normal results.

Breast Cancer Screening (Exhibit 26)

In 2015, Title X service sites provided clinical breast exams (CBEs) to over 1 million (29%) female users and referred 4% (45,600) of those examined for further evaluation based on CBE results. By region, from 15% (IX) to 46% (IV) of female users received a CBE, and from 1% (VIII) 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: 2015 (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											
Female users tested											
Number ^a	743,683	28,604	87,561	70,702	162,199	61,958	77,926	34,508	22,621	170,590	27,014
Percentage ^b	21%	18%	22%	19%	26%	18%	25%	27%	20%	17%	19%
Tests performed											
Number	769,807	29,932	89,839	72,302	170,777	63,974	79,438	35,722	23,738	176,723	27,362
Tests per 10 users	2.1	1.9	2.3	1.9	2.8	1.8	2.5	2.8	2.1	1.8	1.9
ASC or higher result											
Number	108,043	4,902	16,216	11,169	23,063	8,833	12,172	5,540	4,029	16,345	5,774
Percentage ^c	14%	16%	18%	15%	14%	14%	15%	16%	17%	9%	21%
HSIL or higher result											
Number	10,288	464	1,406	1,169	2,929	874	958	399	296	1,423	370
Percentage ^c	1%	2%	2%	2%	2%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Female users examined											
Number ^a	1,044,055	39,283	128,151	116,198	283,502	83,762	109,430	50,710	47,636	153,019	32,364
Percentage ^b	29%	25%	33%	31%	46%	24%	35%	39%	42%	15%	22%
Female users referred based on exam											
Number	45,600	1,443	2,222	5,992	4,810	3,503	4,364	1,588	391	20,561	726
Percentage ^d	4%	4%	2%	5%	2%	4%	4%	3%	1%	13%	2%

ASC=atypical squamous cells. **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.¹⁸ According to the *QFP Recommendations*,¹⁴ 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 the Centers for Disease Control and Prevention's (CDC's) STD treatment¹⁹ and HIV testing guidelines.²⁰

Chlamydia Testing (Exhibits 27 and 28)

Chlamydia Testing of Female Users: CDC recommends routine annual chlamydia screening for all sexually active women under 25 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).¹⁹ For sexually active women with HIV, CDC recommends chlamydia screening at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.¹⁹

In 2015, Title X service sites tested 49% (1.8 million) of all female users for chlamydia, and 59% (955,775) of females under 25 (*Exhibits 27 and 28*). Other results are as follows:

- By **age group**, chlamydia testing rates were higher among females 15 to 24 (58% to 60%) than those under 15 or over 24 (41% each) (*Exhibits 27 and 28*).
- By **region**, the chlamydia testing rate for females under 25 ranged from 51% (III) to 69% (IX) and was at or above the national rate of 59% in three regions (II, IX, and X) (*Exhibits 27 and 28*).
- By **state**, chlamydia testing rates for females under 25 ranged from 1% to 79% (*Exhibit B-5*).
- Since 2005, there has been a gradual increase in the rate of chlamydia testing for females under 25. In 2015, the testing rate (59%) was 9 points higher than in 2005 (50%) (*Exhibits A-11a and A-11b*).

Chlamydia Testing of Male Users: CDC recommends that providers consider screening young men for chlamydia in high-prevalence clinical settings (e.g., adolescent clinics, correctional facilities, and STD clinics) and in populations with a high burden of infection (e.g., men who have sex with men [MSM]). In addition, CDC 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.¹⁹

In 2015, Title X service sites tested 67% (276,705) of all male users for chlamydia (*Exhibits 27 and 28*). Other results are as follows:

- By **age group**, rates of chlamydia testing were highest for males 18 or over (66% to 79%) and lowest for males 15 to 17 (49%) and under 15 (16%).
- By **region**, Title X service sites tested 42% (IV) to 79% (V) 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.¹⁹ The 2015 results for *female and male* gonorrhea testing are as follows (*Exhibit 29*):

- Title X service sites performed just under 2.2 million gonorrhea tests (1.9 million female tests and 298,056 male tests). On average, sites performed 5.2 gonorrhea tests for every 10 female users and 7.3 tests for every 10 male users.
- By **region**, the rate of gonorrhea testing ranged from 3.9 (VIII) to 6.1 (II) tests for every 10 female users and from 4.1 (IV) to 8.6 (V and 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.¹⁹ The 2015 results for *female and male* syphilis testing are as follows (*Exhibit 29*):

- Title X service sites performed 576,706 syphilis tests (444,259 female tests and 132,447 male tests). On average, sites performed 1.2 syphilis tests for every 10 female users and 3.2 tests for every 10 male users.
- By **region**, the rate of syphilis testing ranged from 0.1 tests (VIII) to 2.3 tests (IV) for every 10 female users and from 0.9 tests (VIII) to 4.4 tests (III) 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.^{19,20}

The 2015 results for *female and male* HIV testing are as follows (**Exhibit 29**):

- Title X service sites performed over 1.1 million confidential (869,678 female tests and 243,957 male tests) and 3,939 anonymous HIV tests.
- On average, sites performed 2.4 confidential HIV tests for every 10 female users and 5.9 tests for every 10 male users.
- Of the 1.1 million confidential HIV tests performed, 2,423 were positive for HIV.
- By **region**, the rate of HIV testing ranged from 1.0 test (X) to 3.3 tests (II) for every 10 female users and from 3.7 tests (X) to 7.4 tests (IX) for every 10 male users.

From 2005 to 2015, the rate of confidential HIV testing among female and male users increased, growing from 1.1 (2005) to 2.4 (2015) tests per 10 female users and 3.4 (2005) to 5.9 (2015) tests per 10 male users (**Exhibits A-12a** and **A-12b**).

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: 2015 (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	14,575	677	1,162	2,661	2,830	1,355	1,467	485	420	2,824	694
15 to 17	147,842	6,726	14,142	18,209	22,197	14,406	12,584	5,573	5,387	40,177	8,441
18 to 19	210,234	8,422	20,745	19,820	30,932	20,057	16,244	7,562	7,993	68,434	10,025
20 to 24	583,124	23,226	60,471	46,992	87,546	54,741	43,062	20,464	18,023	203,907	24,692
Over 24	805,236	38,086	110,166	78,811	124,733	70,218	66,126	25,828	14,033	249,734	27,501
Subtotal	1,761,011	77,137	206,686	166,493	268,238	160,777	139,483	59,912	45,856	565,076	71,353
Under 25^a	955,775	39,051	96,520	87,682	143,505	90,559	73,357	34,084	31,823	315,342	43,852
Male Users											
Under 15	1,680	215	101	629	53	58	49	18	20	518	19
15 to 17	12,830	1,082	1,352	3,048	706	1,045	598	396	508	3,729	366
18 to 19	21,145	1,182	2,389	3,054	1,363	2,107	1,261	723	1,016	7,534	516
20 to 24	82,555	4,317	9,591	8,626	5,147	9,492	4,917	2,735	4,243	31,453	2,034
Over 24	158,495	8,881	15,397	16,273	11,892	17,318	9,761	4,149	8,755	61,792	4,277
Subtotal	276,705	15,677	28,830	31,630	19,161	30,020	16,586	8,021	14,542	105,026	7,212
All Users											
Under 15	16,255	892	1,263	3,290	2,883	1,413	1,516	503	440	3,342	713
15 to 17	160,672	7,808	15,494	21,257	22,903	15,451	13,182	5,969	5,895	43,906	8,807
18 to 19	231,379	9,604	23,134	22,874	32,295	22,164	17,505	8,285	9,009	75,968	10,541
20 to 24	665,679	27,543	70,062	55,618	92,693	64,233	47,979	23,199	22,266	235,360	26,726
Over 24	963,731	46,967	125,563	95,084	136,625	87,536	75,887	29,977	22,788	311,526	31,778
Total All Users	2,037,716	92,814	235,516	198,123	287,399	190,797	156,069	67,933	60,398	670,102	78,565

^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 19] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 21])

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2015 (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%	27%	42%	43%	38%	40%	41%	37%	32%	50%	47%
15 to 17	58%	51%	63%	54%	51%	53%	55%	55%	53%	70%	60%
18 to 19	60%	57%	62%	53%	54%	54%	55%	58%	56%	71%	64%
20 to 24	59%	59%	59%	49%	54%	53%	53%	59%	53%	69%	62%
Over 24	41%	43%	48%	38%	36%	39%	37%	37%	27%	45%	37%
Subtotal	49%	48%	53%	44%	44%	46%	44%	47%	41%	56%	49%
Under 25^a	59%	56%	60%	51%	53%	53%	54%	58%	53%	69%	62%
Male Users											
Under 15	16%	16%	14%	25%	2%	13%	7%	18%	6%	26%	46%
15 to 17	49%	37%	57%	47%	23%	51%	45%	65%	50%	60%	75%
18 to 19	70%	62%	72%	64%	45%	80%	56%	77%	78%	79%	82%
20 to 24	79%	78%	76%	75%	62%	87%	61%	79%	82%	87%	81%
Over 24	66%	66%	69%	62%	41%	79%	52%	65%	82%	75%	56%
Subtotal	67%	62%	70%	61%	42%	79%	53%	70%	78%	77%	64%
All Users											
Under 15	35%	23%	36%	38%	30%	37%	35%	36%	27%	44%	47%
15 to 17	57%	49%	62%	53%	49%	53%	55%	56%	53%	69%	61%
18 to 19	61%	58%	63%	54%	53%	56%	55%	60%	57%	72%	65%
20 to 24	61%	61%	61%	52%	54%	56%	54%	61%	57%	71%	64%
Over 24	43%	46%	50%	41%	37%	43%	38%	40%	36%	49%	39%
Total All Users	51%	50%	55%	46%	44%	49%	45%	49%	46%	58%	50%

^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 19] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 21])

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2015 (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	1,885,899	82,066	239,176	193,602	275,278	180,311	146,917	65,155	43,843	582,955	76,596
Male	298,056	15,547	33,498	33,036	18,812	32,523	16,918	9,060	13,887	117,258	7,517
Total	2,183,955	97,613	272,674	226,638	294,090	212,834	163,835	74,215	57,730	700,213	84,113
Tests per 10 Users											
Female	5.2	5.2	6.1	5.1	4.5	5.1	4.7	5.1	3.9	5.8	5.3
Male	7.3	6.2	8.1	6.4	4.1	8.6	5.4	7.9	7.5	8.6	6.7
Total	5.4	5.3	6.3	5.2	4.5	5.5	4.7	5.3	4.4	6.1	5.4
Syphilis Tests											
Female	444,259	13,928	30,782	64,877	143,553	13,323	62,895	14,439	1,494	94,166	4,802
Male	132,447	6,618	12,186	22,739	14,976	7,962	13,340	3,117	1,591	47,566	2,352
Total	576,706	20,546	42,968	87,616	158,529	21,285	76,235	17,556	3,085	141,732	7,154
Tests per 10 Users											
Female	1.2	0.9	0.8	1.7	2.3	0.4	2.0	1.1	0.1	0.9	0.3
Male	3.2	2.6	3.0	4.4	3.3	2.1	4.3	2.7	0.9	3.5	2.1
Total	1.4	1.1	1.0	2.0	2.4	0.5	2.2	1.3	0.2	1.2	0.5
Confidential HIV Tests											
Female	869,678	29,042	127,685	94,532	156,329	67,959	78,215	23,597	12,314	265,287	14,718
Male	243,957	12,071	25,559	30,734	19,546	19,785	16,325	5,376	9,331	101,072	4,158
Total	1,113,635	41,113	153,244	125,266	175,875	87,744	94,540	28,973	21,645	366,359	18,876
Tests per 10 Users											
Female	2.4	1.8	3.3	2.5	2.5	1.9	2.5	1.8	1.1	2.6	1.0
Male	5.9	4.8	6.2	5.9	4.3	5.2	5.2	4.7	5.0	7.4	3.7
Total	2.8	2.2	3.6	2.9	2.7	2.2	2.7	2.1	1.7	3.2	1.2
Positive Test Results	2,423	60	242	515	368	203	381	19	39	583	13
Anonymous HIV Tests	3,939	0	0	2,002	477	20	0	1,017	0	398	25

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*.¹⁴

In 2015, 3,569 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X centers (*Exhibit 30*).

- By **CSP type**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 63% of total FTEs, followed by physicians (22%) and other CSPs (15%). On average, there were 2.9 midlevel clinician FTEs for every 1.0 physician FTE.
- By **region**, 7% (V) to 35% (I) of total FTEs were physician FTEs, 49% (IV) to 87% (VIII) were midlevel clinician FTEs, and 0% (I, VI, VII, and X) to 43% (V) were other CSP FTEs. There were from 1.9 (I and III) to 8.6 (VIII) midlevel clinician FTEs for every 1.0 physician FTE.

Family Planning Encounters (Exhibit 30)

In 2015, Title X service sites reported a total of 6.9 million family planning encounters, or an average of 1.7 encounters per user (*Exhibit 30*).

- By **type**, most (73%, or 5.0 million) family planning encounters were attended by a CSP, resulting in an average of 1.2 CSP encounters per user and 1,402 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
 - **Total encounters:** The average number of encounters per user ranged from 1.5 (I and X) to 2.1 (VIII).
 - **CSP encounters:** The percentage of encounters that were attended by a CSP ranged from 56% (VI) to 91% (I). The number of CSP encounters per user ranged from 0.9 (VI) to 1.5 (II), and the number of CSP encounters per CSP FTE ranged from 850 (IV) to 2,308 (II).
 - **Non-CSP encounters:** The percentage of encounters that were not attended by a CSP ranged from 9% (I) to 44% (VI). The number of non-CSP encounters per user ranged from 0.1 (I) to 0.8 (IV and VII).

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: 2015 (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	768.5	66.6	63.2	172.8	178.5	27.1	57.3	24.8	8.4	144.7	25.3
PA/NP/CNM	2,256.9	126.3	203.1	331.0	436.7	209.7	165.1	68.5	71.8	521.4	123.4
Other CSP ^a	543.9	0.0	9.0	62.8	277.4	178.9	0.0	0.0	2.6	13.2	0.0
Total	3,569.2	192.9	275.3	566.5	892.6	415.7	222.3	93.3	82.8	679.2	148.7
Distribution of CSP FTEs											
Physician	22%	35%	23%	30%	20%	7%	26%	27%	10%	21%	17%
PA/NP/CNM	63%	65%	74%	58%	49%	50%	74%	73%	87%	77%	83%
Other CSP ^a	15%	0%	3%	11%	31%	43%	0%	0%	3%	2%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE ^b	2.9	1.9	3.2	1.9	2.4	7.7	2.9	2.8	8.6	3.6	4.9
Number of FP Encounters											
With CSP	5,005,727	253,964	635,275	509,480	758,703	479,015	326,785	191,671	131,108	1,540,578	179,148
With other	1,878,836	26,532	72,789	201,782	499,658	217,794	251,808	105,996	78,459	368,909	55,109
Total	6,884,563	280,496	708,064	711,262	1,258,361	696,809	578,593	297,667	209,567	1,909,487	234,257
Distribution of FP Encounters											
With CSP	73%	91%	90%	72%	60%	69%	56%	64%	63%	81%	76%
With other	27%	9%	10%	28%	40%	31%	44%	36%	37%	19%	24%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User											
With CSP	1.2	1.4	1.5	1.2	1.1	1.2	0.9	1.4	1.0	1.3	1.2
With other	0.5	0.1	0.2	0.5	0.8	0.6	0.7	0.8	0.6	0.3	0.4
Total	1.7	1.5	1.6	1.6	1.9	1.8	1.7	2.1	1.6	1.7	1.5
CSP Encounters per CSP FTE	1,402	1,316	2,308	899	850	1,152	1,470	2,054	1,584	2,268	1,205

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 2015, 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/Children’s Health Insurance Program (\$503.2 million) and Title X (\$242.6 million)—accounted for 40% and 19%, respectively, of total revenue. Revenue from state governments (\$120.0 million), private third-party payers (\$104.0 million), local governments (\$73.0 million), and client service fees (\$47.9 million) each accounted for 4% to 10% of total revenue, while all other sources each contributed 1% or less (*Exhibit 31*).

Title X Services Grant

Revenue from Title X accounted for 19% (\$242.6 million) of total national revenue and between 9% (IX) and 36% (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% (\$47.9 million) of total revenue and between 2% (IX) and 8% (VII and VIII) of total regional revenue (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

In 2015, revenue from third-party payers was 50% (\$626.1 million) of total revenue, with Medicaid accounting for most (80%) of this amount.

Medicaid and Children’s Health Insurance Program (CHIP). Medicaid revenue (federal and state shares) accounted for 40% (\$501.4 million) of total revenue, and separately reported CHIP revenue accounted for less than 0.5% (\$1.8 million) of total revenue. Together, these two sources totaled \$503.2 million, or 40% of total 2015 revenue.

By region, Medicaid (including CHIP) accounted for 11% (VIII) to 67% (IX) of total regional revenue. Medicaid was the largest source (30% to 67%) of regional revenue in six regions (II, III, IV, V, IX, and X) and the second largest source (18% to 25%) in two others (I and VI) (*Exhibits 32 and 33*). Medicaid revenue reported by grantees in 28 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 28 states.)

Medicare and Other Public. Revenue from Medicare (\$4.7 million) and other public third-party payers (\$14.2 million) together accounted for 2% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers accounted for 2% or less of total regional revenue in all but Region VI, where it accounted for 13% (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$104.0 million) accounted for 8% of total national revenue and between 4% (IV and IX) and 21% (I) of total regional revenue. Private third-party payer revenue was the second most important source in Region VII, and the third most important source in four regions (I, V, 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 (\$18.5 million), the Title XX Social Services block grant (\$4.7 million), and TANF (\$5.3 million) each accounted for 1% or less of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged from 0% to 4% of total regional revenues. While all regions reported some revenue from the MCH block grant, only six (I, III, V, VII, 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% (\$120.0 million) of total national revenue and from 1% (VII and IX) to 24% (II) of total regional revenue. State government revenue was the second largest source of project revenue in Regions II (24%) and X (16%) and the third largest source in Region III (18%) (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 6% (\$73.0 million) of total national revenue and from less than 0.5% (I) to 21% (VIII) of total regional revenue. Local government revenue was the second largest source of revenue in Region VIII (21%) after Title X and the third largest source in Region IV (17%) after Medicaid and Title X (*Exhibits 32 and 33*).

Bureau of Primary Health Care. Revenue from the Health Resources Services Administration Bureau of Primary Health Care (BPHC) accounted for 1% (\$12.5 million) of total national revenue. Two regions (III and VIII) reported no BPHC revenue, while eight others reported BPHC revenue ranging from less than 0.5% (I, II, IV, and VI) to 4% (V) of total regional revenue (*Exhibits 32 and 33*).

All Other Revenue. Finally, 8% (\$93.4 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 and IV) 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 \$310 in program revenue per user served in 2015. By region, revenue per user ranged from \$248 (VI) to \$422 (X) and was above the national average (\$310) in three regions (II, V, and X) (*Exhibit 32*).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2015
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	\$242,576,878	19%
Payment for Services		
Client fees	\$47,872,483	4%
Third-party payers ^a		
Medicaid ^b	\$501,418,354	40%
Medicare	\$4,731,999	0%†
Children's Health Insurance Program	\$1,768,014	0%†
Other public	\$14,230,460	1%
Private	\$104,000,648	8%
Subtotal	\$674,021,958	54%
Other Revenue		
Maternal and Child Health block grant	\$18,485,003	1%
Social Services block grant	\$4,711,602	0%†
Temporary Assistance for Needy Families	\$5,347,682	0%†
State government	\$119,983,576	10%
Local government	\$73,018,511	6%
Bureau of Primary Health Care	\$12,468,766	1%
Other ^c	\$93,426,923	8%
Subtotal	\$327,442,063	26%
Total Revenue	\$1,244,040,899	100%
Total Revenue 2005\$ ^d	\$899,993,774	—
Total Revenue 1981\$ ^d	\$230,846,175	—
Total Revenue per User	\$310	—

— 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 28 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 2005 dollars (2005\$) 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.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2015 (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	242,576,878	13,335,794	28,417,571	26,905,674	49,650,803	32,460,919	27,473,467	13,214,263	10,058,245	31,817,757	9,242,385
Payment for Services											
Client fees	47,872,483	2,232,306	8,458,853	4,457,911	5,774,090	5,512,181	3,128,725	3,073,537	3,291,613	8,530,926	3,412,341
Third-party payers ^a											
Medicaid ^b	501,418,354	12,834,753	56,417,762	33,711,891	64,906,611	41,955,449	15,857,356	6,862,622	4,322,958	240,045,083	24,503,869
Medicare	4,731,999	203,257	1,378,134	532,571	159,323	1,715,906	147,724	213,211	30,267	225,499	126,107
CHIP	1,768,014	2,357	129,725	27,158	64,206	1,119,410	171,348	212,623	41,187	0	0
Other public ^c	14,230,460	880,433	532,265	719,558	97,409	160,427	11,091,343	525,305	36,740	177,051	9,929
Private	104,000,648	10,871,349	16,920,174	11,270,299	8,364,308	15,076,170	6,253,609	7,378,173	6,174,396	12,646,535	9,045,635
Subtotal	674,021,958	27,024,455	83,836,913	50,719,388	79,365,947	65,539,543	36,650,105	18,265,471	13,897,161	261,625,094	37,097,881
Other Revenue											
MCH block grant	18,485,003	36,000	4,741,172	2,276,353	2,394,025	4,634,326	1,632,694	158,756	282,457	1,111,770	1,217,450
SS block grant	4,711,602	1,590,257	0	1,735,612	0	1,211,700	0	6,611	32,912	134,510	0
TANF	5,347,682	203,401	0	0	3,318,501	1,641,466	0	0	184,314	0	0
State government	119,983,576	7,233,726	40,830,679	20,853,425	23,900,979	3,870,073	9,046,614	229,832	1,281,105	1,928,409	10,808,734
Local government	73,018,511	10,933	2,921,656	7,866,904	33,800,381	5,517,288	6,467,415	553,657	8,276,804	2,693,947	4,909,526
BPHC	12,468,766	156,596	121,250	0	29,857	5,640,898	113,708	1,186,907	0	4,530,701	688,849
Other ^d	93,426,923	2,369,030	8,061,336	2,504,563	4,800,176	9,363,680	4,686,448	2,837,578	5,066,991	52,030,527	1,706,594
Subtotal	327,442,063	11,599,943	56,676,093	35,236,857	68,243,919	31,879,431	21,946,879	4,973,341	15,124,583	62,429,864	19,331,153
Total Revenue	1,244,040,899	51,960,192	168,930,577	112,861,919	197,260,669	129,879,893	86,070,451	36,453,075	39,079,989	355,872,715	65,671,419
Total Revenue 2005 ^e	899,993,774	37,590,283	122,211,792	81,649,265	142,707,024	93,960,814	62,267,141	26,371,754	28,272,179	257,453,938	47,509,586
Total Revenue 1981 ^e	230,846,175	9,641,815	31,347,022	20,942,834	36,603,998	24,100,716	15,971,368	6,764,290	7,251,744	66,036,298	12,186,091
Total Revenue per User	310	282	392	261	299	333	248	260	298	310	422

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 28 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 2005 dollars (2005\$) 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: 2015 (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	19%	26%	17%	24%	25%	25%	32%	36%	26%	9%	14%
Payment for Services											
Client fees	4%	4%	5%	4%	3%	4%	4%	8%	8%	2%	5%
Third-party payers ^a											
Medicaid ^b	40%	25%	33%	30%	33%	32%	18%	19%	11%	67%	37%
Medicare	0%†	0%†	1%	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	0%	0%
Other public ^c	1%	2%	0%†	1%	0%†	0%†	13%	1%	0%†	0%†	0%†
Private	8%	21%	10%	10%	4%	12%	7%	20%	16%	4%	14%
Subtotal	54%	52%	50%	45%	40%	50%	43%	50%	36%	74%	56%
Other Revenue											
MCH block grant	1%	0%†	3%	2%	1%	4%	2%	0%†	1%	0%†	2%
SS block grant	0%†	3%	0%	2%	0%	1%	0%	0%†	0%†	0%†	0%
TANF	0%†	0%†	0%	0%	2%	1%	0%	0%	0%†	0%	0%
State government	10%	14%	24%	18%	12%	3%	11%	1%	3%	1%	16%
Local government	6%	0%†	2%	7%	17%	4%	8%	2%	21%	1%	7%
BPHC	1%	0%†	0%†	0%	0%†	4%	0%†	3%	0%	1%	1%
Other ^d	8%	5%	5%	2%	2%	7%	5%	8%	13%	15%	3%
Subtotal	26%	22%	34%	31%	35%	25%	25%	14%	39%	18%	29%
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 28 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%.

Revenue Trends

Exhibits A–13a through *A–13e* present trends (2005–2015 and 2014–2015) in actual and inflation-adjusted total, Title X, and Medicaid revenue. Compared with 2014, total revenue declined \$32.6 million (or by 3%) in 2015, Title X revenue declined \$13.5 million (or by 5%), and Medicaid (includes CHIP) declined \$2.9 million (or by 1%). To ease comparisons, we present all revenue amounts in this section in constant 2015 dollars.

From 2005 to 2015, inflation-adjusted (constant 2015 dollars)²² total revenue decreased 10%, from \$1.39 billion in 2005 to \$1.24 billion in 2015 (*Exhibit A–13a*). The change in total revenue masked larger shifts in different sources of Title X project revenue. Revenue from Medicaid (including CHIP), the largest source of Title X project funding after 2003, increased 17%, from \$430.2 million in 2005 to \$503.2 million in 2015 (*Exhibit A–13a*). In addition to Medicaid, revenue from the two other third-party payer sources (private and Medicare or other public) and the combined “other” revenue category increased from 2005 to 2015. Private third-party payer revenue increased by 137% (\$43.9 million in 2005 vs. \$104.0 million in 2015) (not shown), Medicare or other third-party payer revenue increased by 359% (\$4.1 million in 2005 vs. \$19.0 million in 2015) (not shown), and other revenue not listed separately on Table 14 increased by 14% (\$93.0 million in 2005 vs. \$ 105.9 million in 2015).

The increase (\$160.7 million) in revenue from these four sources was too low to offset losses totaling \$305.4 million from Title X, client service fees, block grants, TANF, and state and local governments. For each of these sources, the decrease was as follows:

- **Title X** revenue decreased 30%, or by \$102.4 million, from 2005 (\$345.0 million) to 2015 (\$242.6 million) (*Exhibit A–13a*).
- **Client service fees** revenue decreased 66%, or by \$92.2 million, from 2005 (\$140.1 million) to 2015 (\$47.9 million) (not shown).
- **Block grant** revenue decreased 67%, or by \$48.2 million, from 2005 (\$71.3 million) to 2015 (\$23.2 million) (not shown).
- **TANF** revenue decreased 77%, or by \$18.1 million, from 2005 (\$23.5 million) to 2015 (\$5.3 million) (not shown).
- **State government** revenue decreased 25%, or by \$39.8 million, from 2005 (\$159.7 million) to 2015 (\$120.0 million) (not shown).
- **Local government** revenue decreased 6%, or by \$4.7 million, from 2005 (\$77.8 million) to 2015 (\$73.0 million) (not shown).

Finally, since 2005, there have been noteworthy changes in the composition of total revenue. From 2005 to 2015, Medicaid (includes CHIP) revenue grew from 31% of total revenue to 40% and Title X revenue decreased from 25% to 19%. In 2015, the share of total revenue from state and local government and all other sources combined remained almost the same as in 2005 (*Exhibits A–14a, A–14b, and A–14c*).

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10. We group primary contraceptive methods into three categories—most, 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/>).

Most effective contraceptives (Tier 1) 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 (Nexplanon/Implanon), 0.05%
- Intrauterine device (Mirena), 0.2%
- Intrauterine device (ParaGard), 0.8%

Moderately effective contraceptives (Tier 2) 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 (Tier 3) 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:

- Sponge, Nulliparous women, 12%
- Male condom, 18%
- Female condom, 21%
- Withdrawal, 22%
- Sponge, Parous women, 24%
- 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

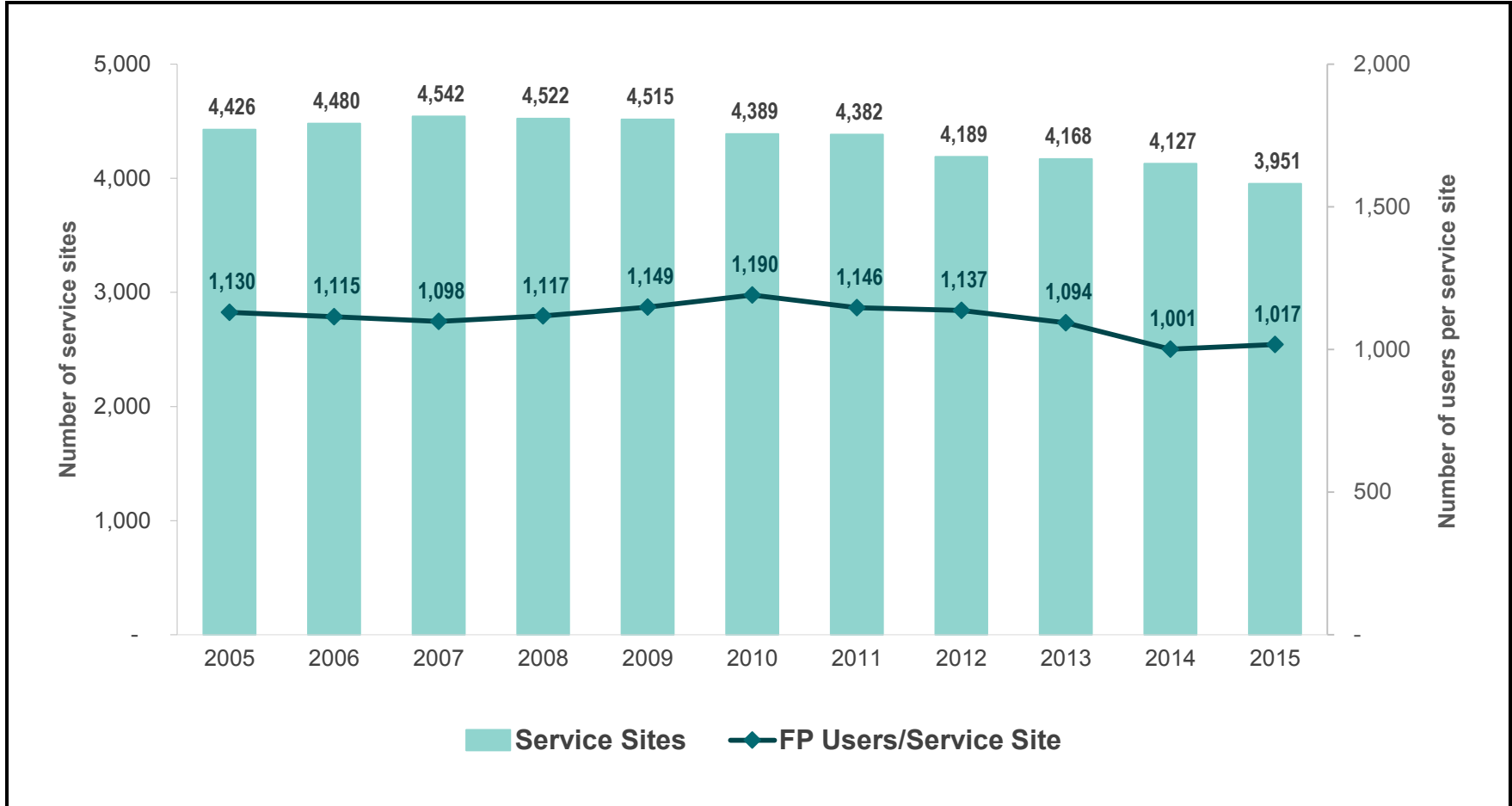
Exhibit A-1a. Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2005-2015

Region	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Grantees											
I	10	10	10	10	10	10	11	11	11	12	11
II	6	7	7	7	7	7	7	7	6	6	6
III	9	9	9	9	9	9	9	9	10	10	10
IV	10	10	10	10	10	10	10	13	13	14	10
V	12	12	11	11	11	12	12	11	11	10	12
VI	6	6	8	8	8	6	6	6	7	6	6
VII	5	5	5	5	5	5	5	5	5	5	5
VIII	6	6	6	6	6	6	6	6	6	6	6
IX	15	15	15	15	16	16	17	17	18	17	17
X	8	8	8	7	7	8	8	8	8	8	8
Total	87	88	89	88	89	89	91	93	95	94	91
Subrecipients											
I	68	68	70	70	69	71	72	67	66	67	71
II	96	98	91	91	89	82	80	75	71	70	70
III	228	228	226	222	222	218	230	265	271	258	316
IV	185	185	187	185	190	188	183	184	214	253	226
V	165	165	158	146	136	130	135	129	133	120	122
VI	82	92	93	95	94	90	79	78	90	45	47
VII	109	107	107	107	107	105	106	101	97	93	94
VIII	63	74	73	78	73	74	74	75	74	74	74
IX	119	114	107	112	116	104	121	113	105	95	102
X	58	64	64	64	61	60	62	61	60	59	59
Total	1,173	1,195	1,176	1,170	1,157	1,122	1,142	1,148	1,181	1,134	1,181
Service Sites											
I	219	224	240	233	230	221	228	238	225	233	224
II	299	302	293	292	296	272	263	253	256	251	247
III	634	638	662	651	656	641	639	633	627	615	648
IV	1,152	1,145	1,117	1,093	1,104	1,091	1,076	1,044	1,019	1,183	936
V	427	432	428	410	373	371	392	364	362	340	383
VI	589	587	573	571	588	580	553	521	571	442	457
VII	282	279	286	294	296	289	267	251	242	223	218
VIII	191	184	187	190	185	184	179	185	182	182	177
IX	460	466	479	508	501	495	539	474	460	441	461
X	173	223	277	280	286	245	246	226	224	217	200
Total	4,426	4,480	4,542	4,522	4,515	4,389	4,382	4,189	4,168	4,127	3,951

Exhibit A-1b. Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2005-2015

Region	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Grantees											
I	11%	11%	11%	11%	11%	11%	12%	12%	12%	13%	12%
II	7%	8%	8%	8%	8%	8%	8%	8%	6%	6%	7%
III	10%	10%	10%	10%	10%	10%	10%	10%	11%	11%	11%
IV	11%	11%	11%	11%	11%	11%	11%	14%	14%	15%	11%
V	14%	14%	12%	13%	12%	13%	13%	12%	12%	11%	13%
VI	7%	7%	9%	9%	9%	7%	7%	6%	7%	6%	7%
VII	6%	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%
VIII	7%	7%	7%	7%	7%	7%	7%	6%	6%	6%	7%
IX	17%	17%	17%	17%	18%	18%	19%	18%	19%	18%	19%
X	9%	9%	9%	8%	8%	9%	9%	9%	8%	9%	9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
II	8%	8%	8%	8%	8%	7%	7%	7%	6%	6%	6%
III	19%	19%	19%	19%	19%	19%	20%	23%	23%	23%	27%
IV	16%	15%	16%	16%	16%	17%	16%	16%	18%	22%	19%
V	14%	14%	13%	12%	12%	12%	12%	11%	11%	11%	10%
VI	7%	8%	8%	8%	8%	8%	7%	7%	8%	4%	4%
VII	9%	9%	9%	9%	9%	9%	9%	9%	8%	8%	8%
VIII	5%	6%	6%	7%	6%	7%	6%	7%	6%	7%	6%
IX	10%	10%	9%	10%	10%	9%	11%	10%	9%	8%	9%
X	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service Sites											
I	5%	5%	5%	5%	5%	5%	5%	6%	5%	6%	6%
II	7%	7%	6%	6%	7%	6%	6%	6%	6%	6%	6%
III	14%	14%	15%	14%	15%	15%	15%	15%	15%	15%	16%
IV	26%	26%	25%	24%	24%	25%	25%	25%	24%	29%	24%
V	10%	10%	9%	9%	8%	8%	9%	9%	9%	8%	10%
VI	13%	13%	13%	13%	13%	13%	13%	12%	14%	11%	12%
VII	6%	6%	6%	7%	7%	7%	6%	6%	6%	5%	6%
VIII	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
IX	10%	10%	11%	11%	11%	11%	12%	11%	11%	11%	12%
X	4%	5%	6%	6%	6%	6%	6%	5%	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%.

Exhibit A-1c. Number of Title X-funded service sites and users per service site, by year: 2005–2015

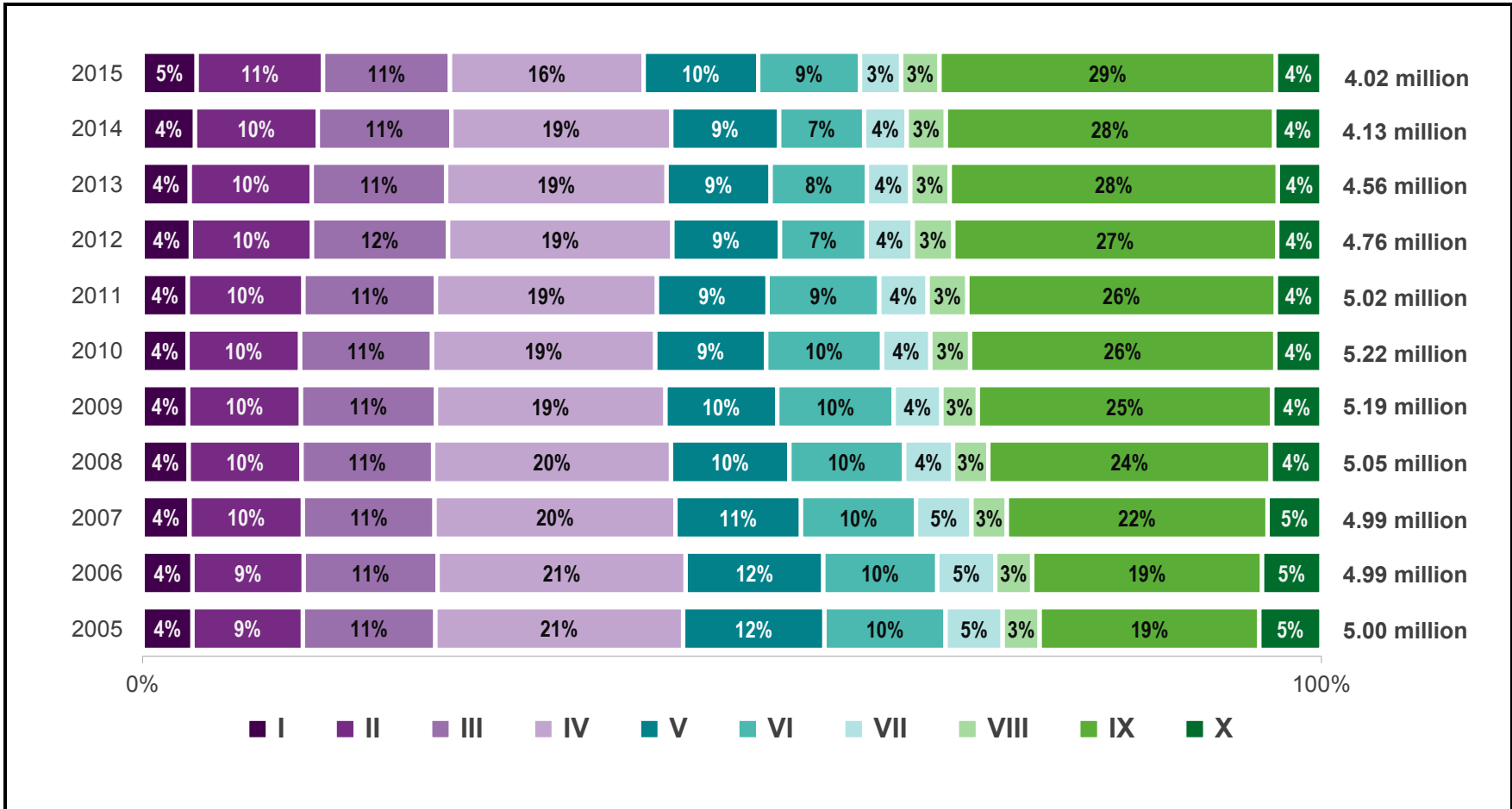
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Exhibit A-2a. Number and distribution of all family planning users, by region and year: 2005-2015

Region	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
I	211,693	212,169	199,010	197,165	199,779	198,962	192,252	195,264	182,684	184,005	184,389
II	468,237	470,148	479,572	483,928	497,614	499,231	493,369	488,872	470,836	429,409	431,060
III	562,173	567,583	557,031	564,138	592,475	584,167	564,163	550,051	520,403	468,157	432,418
IV	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	660,156
V	600,145	582,313	531,679	507,431	492,741	492,359	472,062	434,587	401,935	377,552	390,446
VI	513,130	483,632	486,378	491,406	512,019	512,868	475,863	350,164	372,296	298,294	346,670
VII	243,299	245,133	234,592	210,012	209,350	214,032	205,167	186,716	167,286	148,405	140,055
VIII	157,150	156,482	149,395	151,261	160,919	176,892	169,311	163,068	152,248	137,509	131,031
IX	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	1,146,183
X	263,420	251,964	228,207	217,786	216,384	204,012	194,323	178,616	168,484	165,670	155,607
Total	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	4,018,015
Female	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	3,607,353
Male	262,793	272,409	295,381	327,843	374,576	402,292	386,516	385,053	373,237	364,661	410,662
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%
II	9%	9%	10%	10%	10%	10%	10%	10%	10%	10%	11%
III	11%	11%	11%	11%	11%	11%	11%	12%	11%	11%	11%
IV	21%	21%	20%	20%	19%	19%	19%	19%	19%	19%	16%
V	12%	12%	11%	10%	10%	9%	9%	9%	9%	9%	10%
VI	10%	10%	10%	10%	10%	10%	9%	7%	8%	7%	9%
VII	5%	5%	5%	4%	4%	4%	4%	4%	4%	4%	3%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	19%	19%	22%	24%	25%	26%	26%	27%	28%	28%	29%
X	5%	5%	5%	4%	4%	4%	4%	4%	4%	4%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female	95%	95%	94%	94%	93%	92%	92%	92%	92%	91%	90%
Male	5%	5%	6%	6%	7%	8%	8%	8%	8%	9%	10%

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

Exhibit A-2b. Number and distribution of all family planning users, by region and year: 2005–2015



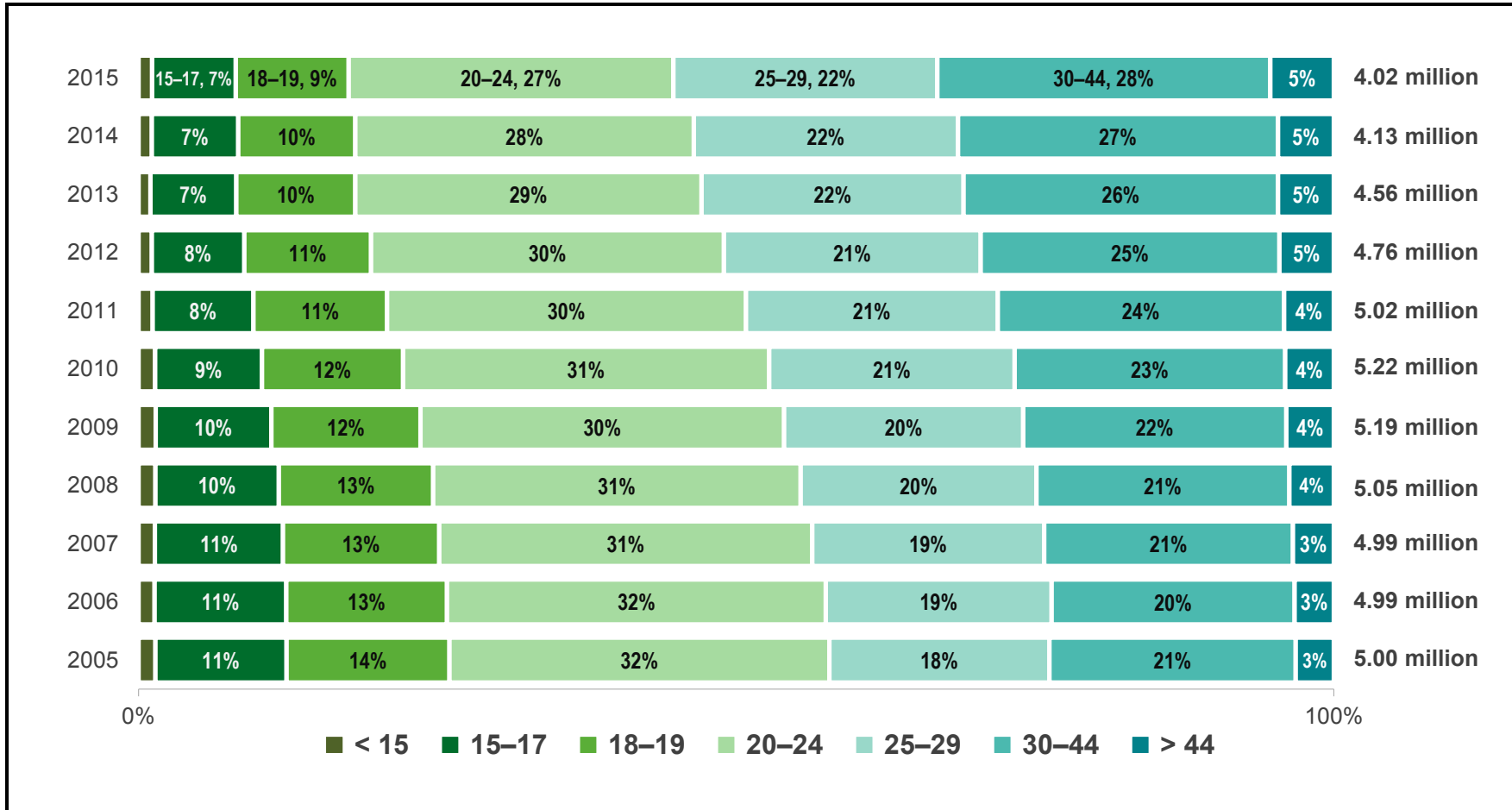
Note: Due to rounding, percentages may not sum to 100%.

Exhibit A-3a. Number and distribution of all family planning users, by age and year: 2005-2015

Age Group (Years)	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Under 15	70,840	67,627	68,918	71,738	74,287	73,383	59,351	53,012	45,633	45,863	46,045
15 to 17	549,079	549,844	534,054	521,202	502,226	466,284	423,702	368,965	327,152	298,839	280,785
18 to 19	681,690	672,027	651,784	652,059	647,432	616,709	560,848	505,356	454,044	404,197	379,710
20 to 24	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	1,091,549
25 to 29	921,425	943,009	967,409	996,754	1,037,776	1,071,999	1,058,256	1,023,503	999,476	912,130	887,225
30 to 34	519,448	512,173	522,673	539,998	578,031	607,257	621,119	616,259	622,258	573,010	570,708
35 to 39	317,900	314,488	323,885	332,854	353,712	359,749	358,400	351,820	355,877	331,439	344,385
40 to 44	193,490	188,507	191,503	195,582	209,292	215,914	222,429	222,621	220,836	200,955	204,360
Over 44	159,295	163,915	170,342	187,849	206,460	212,734	209,391	216,774	212,360	192,902	213,248
Total	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	4,018,015
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
15 to 17	11%	11%	11%	10%	10%	9%	8%	8%	7%	7%	7%
18 to 19	14%	13%	13%	13%	12%	12%	11%	11%	10%	10%	9%
20 to 24	32%	32%	31%	31%	30%	31%	30%	30%	29%	28%	27%
25 to 29	18%	19%	19%	20%	20%	21%	21%	21%	22%	22%	22%
30 to 34	10%	10%	10%	11%	11%	12%	12%	13%	14%	14%	14%
35 to 39	6%	6%	6%	7%	7%	7%	7%	7%	8%	8%	9%
40 to 44	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%
Over 44	3%	3%	3%	4%	4%	4%	4%	5%	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%.

Exhibit A-3b. Number and distribution of all family planning users, by age and year: 2005–2015



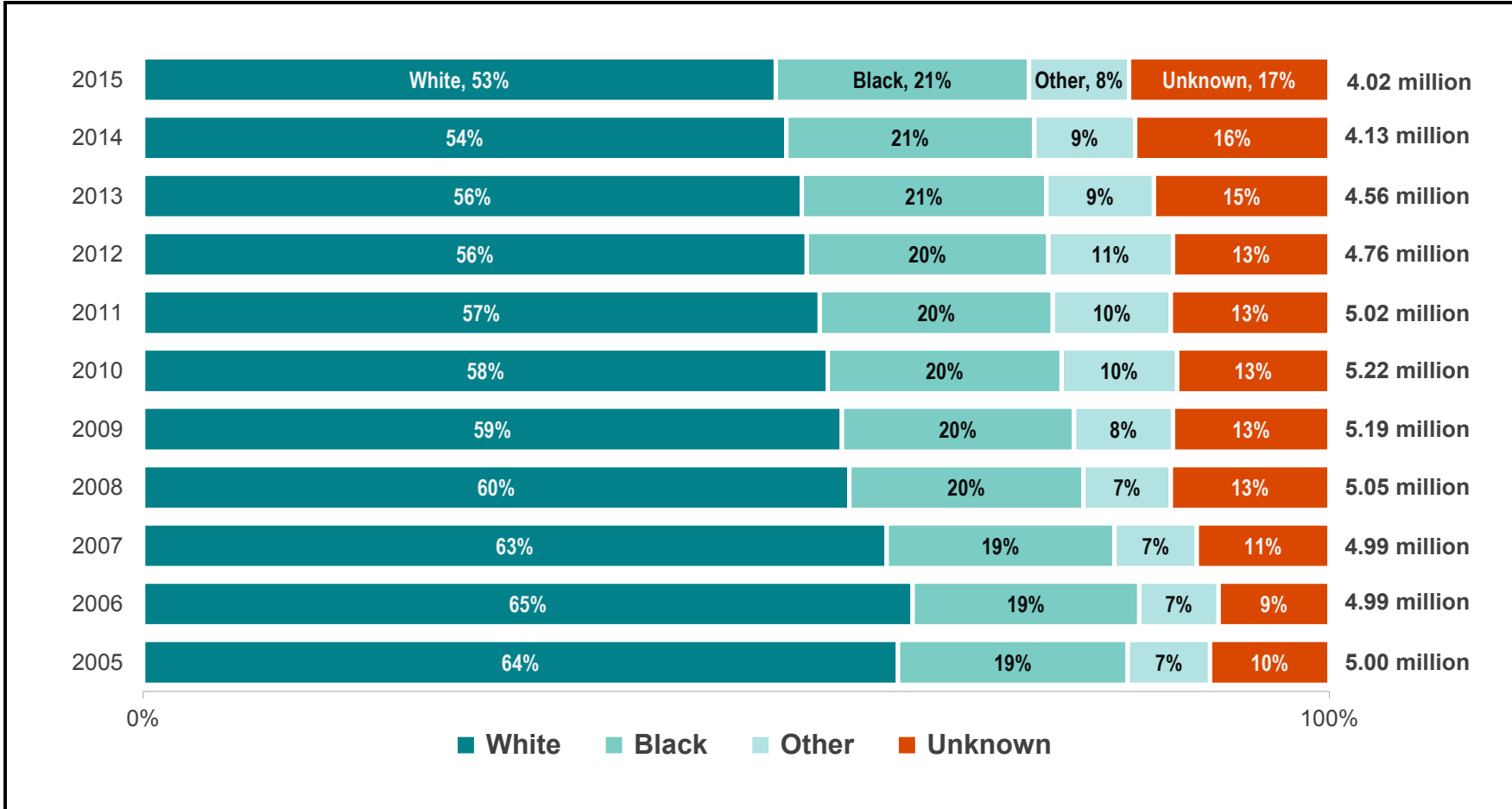
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users under 15 is 1% each year from 2005 to 2015.

Exhibit A-4a. Number and distribution of all family planning users, by race and year: 2005-2015

Race	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
American Indian/Alaska Native	35,665	38,098	38,080	36,974	39,220	44,899	43,204	45,785	34,051	29,327	30,526
Asian	124,946	129,155	131,735	137,747	150,847	136,958	134,345	136,412	135,567	128,797	131,676
Black/African American	969,301	953,580	958,241	996,093	1,015,013	1,028,991	986,803	969,776	939,941	863,136	857,659
Native Hawaiian/Pacific Islander	58,946	44,708	43,360	45,693	73,559	65,662	70,929	70,519	52,263	39,266	40,941
White	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	2,142,835
More than one race	127,543	122,583	132,911	151,535	169,044	261,397	250,825	248,590	191,871	153,907	136,043
Unknown/not reported	503,444	466,479	557,476	675,895	684,358	671,094	671,352	627,979	673,927	676,003	678,335
Total All Users	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	4,018,015
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	2%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Black/African American	19%	19%	19%	20%	20%	20%	20%	20%	21%	21%	21%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	64%	65%	63%	60%	59%	58%	57%	56%	56%	54%	53%
More than one race	3%	2%	3%	3%	3%	5%	5%	5%	4%	4%	3%
Unknown/not reported	10%	9%	11%	13%	13%	13%	13%	13%	15%	16%	17%
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 race and year: 2005–2015



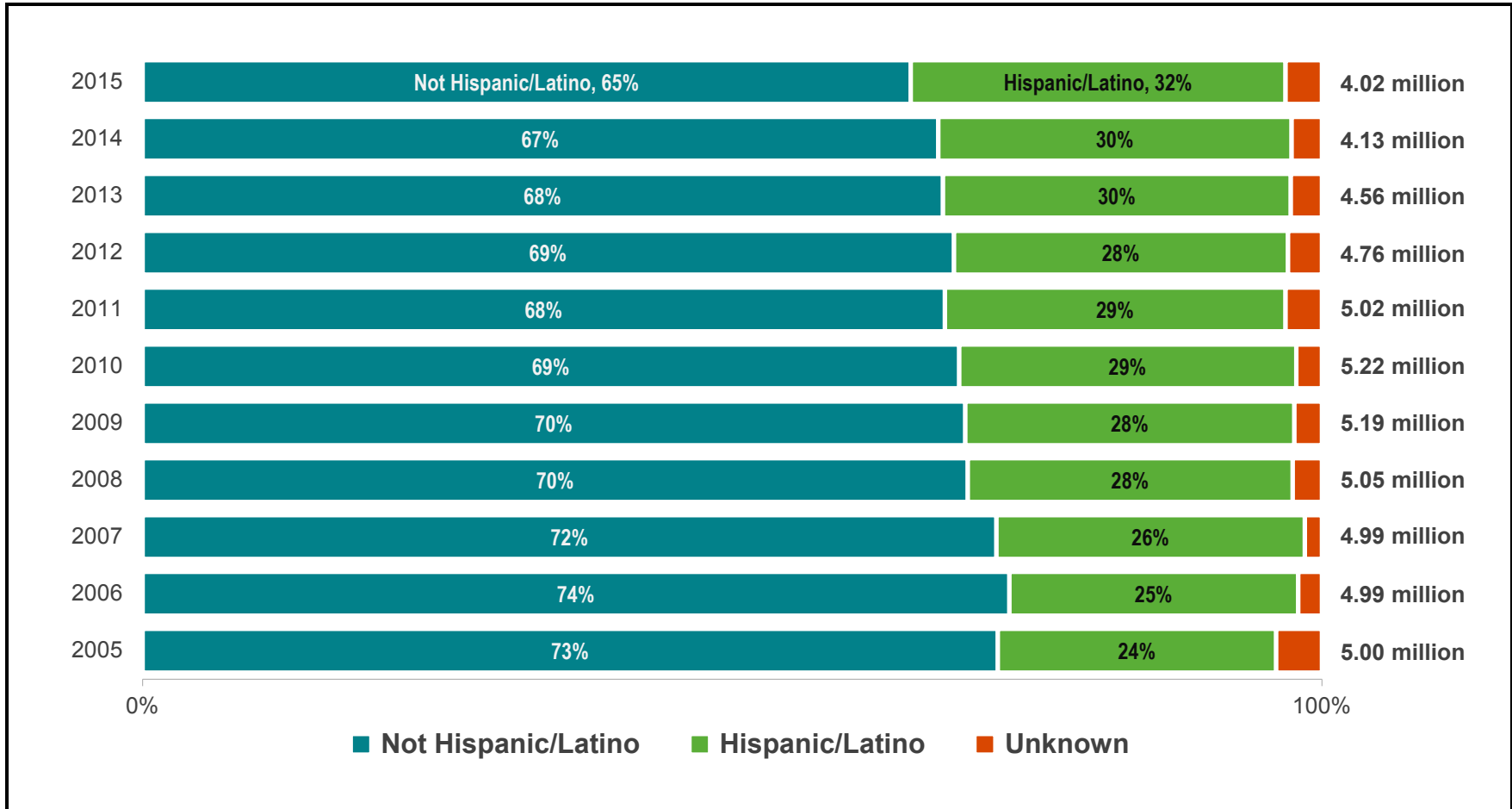
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian or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

Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2005-2015

Ethnicity	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Hispanic or Latino	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	1,276,765
Not Hispanic or Latino	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	2,617,597
Unknown/not reported	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653
Total All Users	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	4,018,015
Hispanic or Latino	24%	25%	26%	28%	28%	29%	29%	28%	30%	30%	32%
Not Hispanic or Latino	73%	74%	72%	70%	70%	69%	68%	69%	68%	67%	65%
Unknown/not reported	4%	2%	1%	2%	2%	2%	3%	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-5b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2005–2015



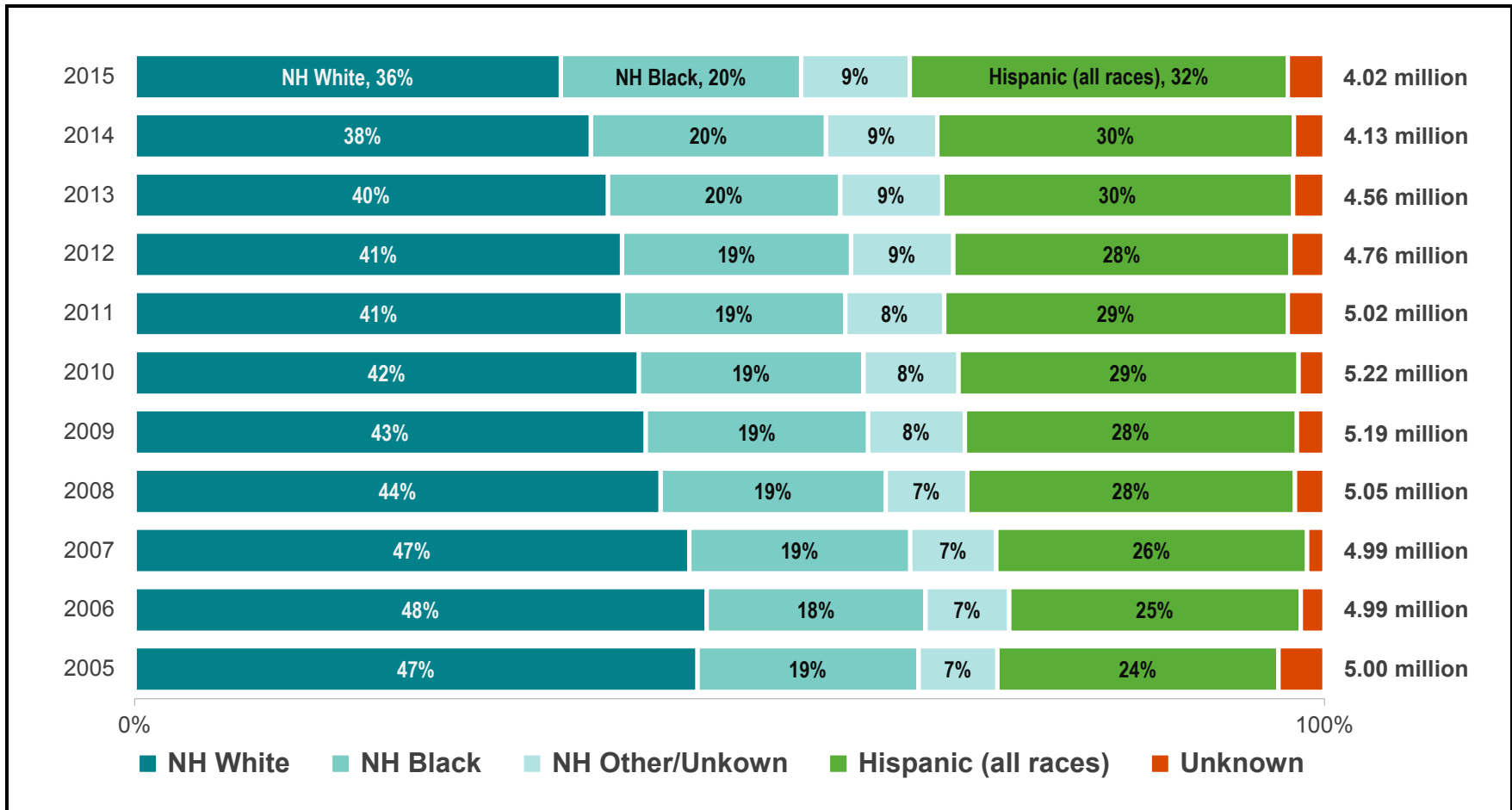
Note: Due to rounding, percentages may not sum to 100%.

Exhibit A-6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2005-2015

Ethnicity and Race	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Not Hispanic or Latino											
Asian	118,499	123,192	126,320	127,850	139,831	126,413	121,777	124,790	128,015	119,454	122,310
Black or African American	929,066	918,983	926,564	956,741	969,690	986,409	939,143	917,539	890,133	816,061	811,244
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	1,439,284
Other/unknown	213,815	227,822	234,183	217,431	280,956	290,783	295,150	284,089	262,473	266,861	244,759
Hispanic or Latino											
All races	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	1,276,765
Unknown/Not Reported	193,726	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653
Total All Users	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	4,018,015
Not Hispanic or Latino											
Asian	2%	2%	3%	3%	3%	2%	2%	3%	3%	3%	3%
Black or African American	19%	18%	19%	19%	19%	19%	19%	19%	20%	20%	20%
White	47%	48%	47%	44%	43%	42%	41%	41%	40%	38%	36%
Other/unknown	4%	5%	5%	4%	5%	6%	6%	6%	6%	6%	6%
Hispanic or Latino											
All races	24%	25%	26%	28%	28%	29%	29%	28%	30%	30%	32%
Unknown/Not Reported	4%	2%	1%	2%	2%	2%	3%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: The Not Hispanic or Latino "Other/Unknown" category 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. Due to rounding, percentages may not sum to 100%.

Exhibit A-6b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2005–2015



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 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.

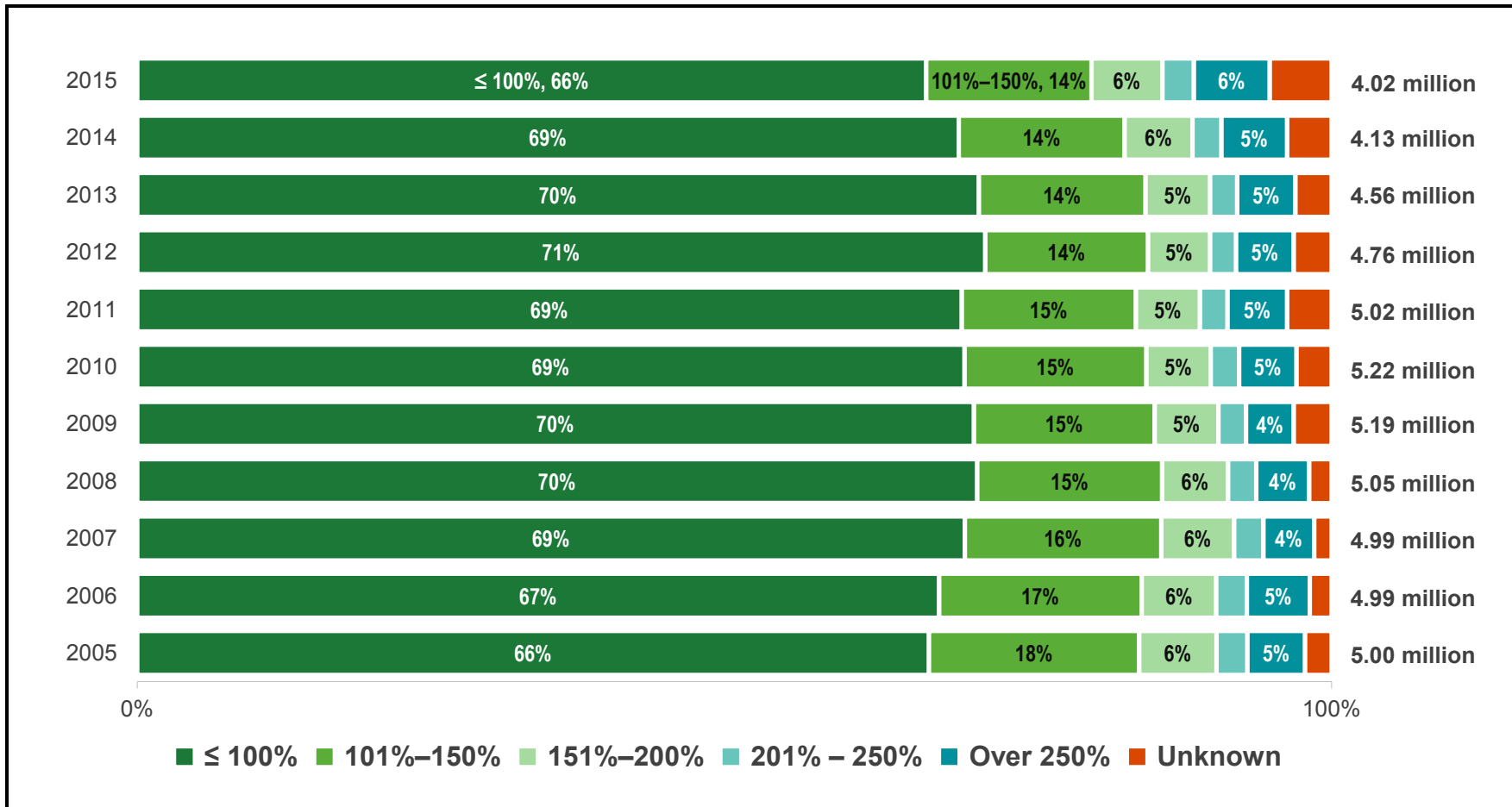
Exhibit A-7a. Number and distribution of all family planning users, by income level and year: 2005-2015

Income Level ^a	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Under 101%	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	2,653,841
101% to 150%	879,666	846,873	820,870	781,113	785,090	795,065	731,410	649,462	636,484	572,948	556,141
151% to 200%	324,358	311,958	303,992	278,881	277,103	281,294	269,478	247,490	245,805	234,425	238,420
201% to 250%	129,097	127,902	121,473	119,181	119,768	125,298	116,188	103,061	103,246	100,402	105,975
Over 250%	242,241	262,501	212,849	224,603	207,484	250,440	250,829	230,947	222,718	226,918	255,093
Unknown/not reported	110,900	91,915	72,719	94,505	164,316	153,952	186,894	150,748	138,191	153,940	208,545
Total All Users	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	4,018,015
Under 101%	66%	67%	69%	70%	70%	69%	69%	71%	70%	69%	66%
101% to 150%	18%	17%	16%	15%	15%	15%	15%	14%	14%	14%	14%
151% to 200%	6%	6%	6%	6%	5%	5%	5%	5%	5%	6%	6%
201% to 250%	3%	3%	2%	2%	2%	2%	2%	2%	2%	2%	3%
Over 250%	5%	5%	4%	4%	4%	5%	5%	5%	5%	5%	6%
Unknown/not reported	2%	2%	1%	2%	3%	3%	4%	3%	3%	4%	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 grantees and subrecipients 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/>.

Exhibit A-7b. Number and distribution of all family planning users, by income level and year: 2005–2015



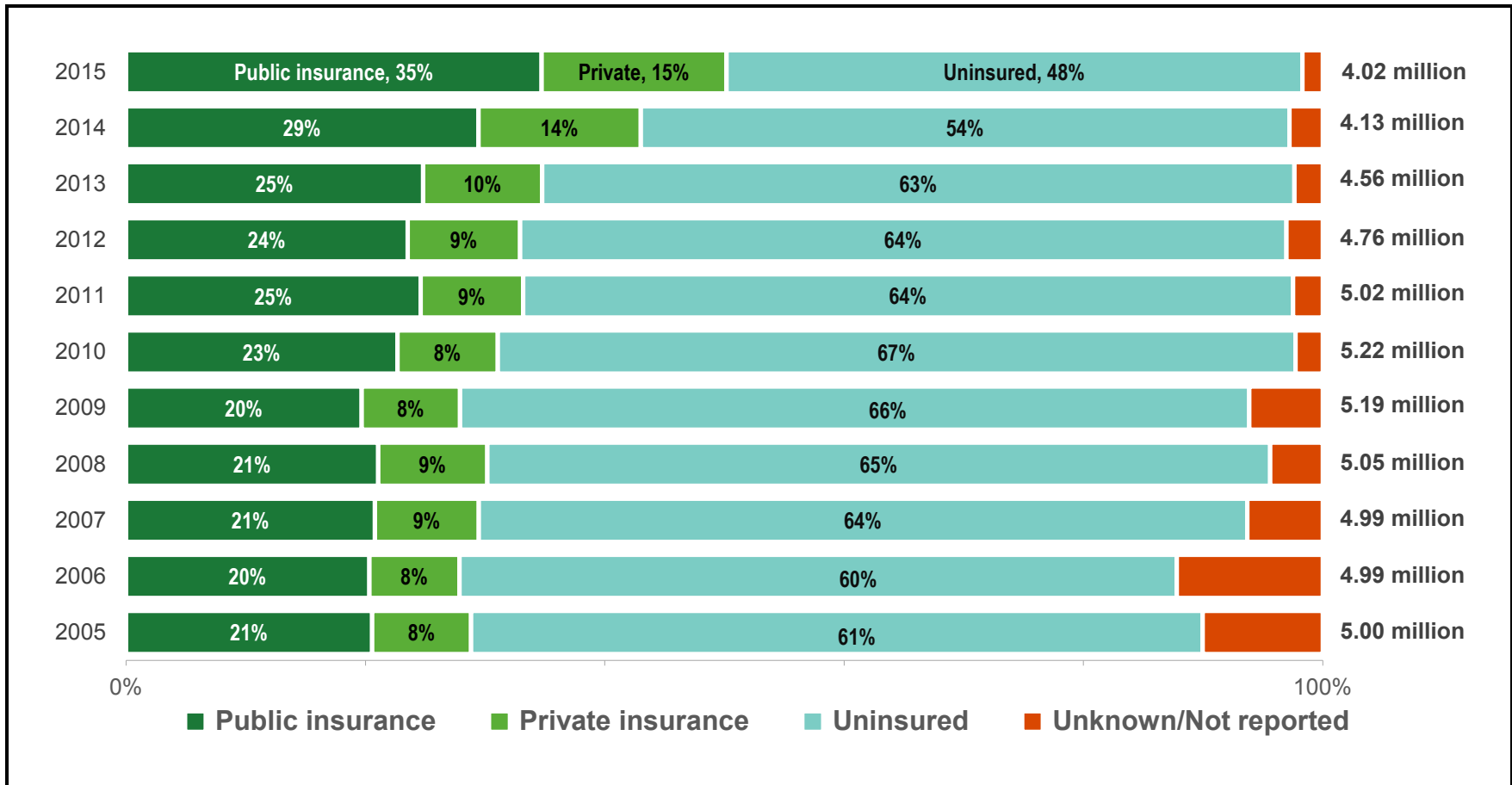
Note: Title X-funded grantees and subrecipients report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <http://aspe.hhs.gov/poverty/>. 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-8a. Number and distribution of all family planning users, by primary health insurance status and year: 2005-2015

Primary Insurance	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Public insurance	1,027,381	1,016,853	1,036,976	1,063,937	1,021,164	1,184,795	1,236,343	1,121,372	1,131,406	1,215,449	1,395,201
Private insurance	412,562	377,372	433,058	460,969	426,308	438,042	429,919	447,341	453,535	559,919	621,066
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	1,934,154
Unknown/not reported	500,511	610,228	314,562	221,414	318,880	118,665	124,665	144,669	107,211	114,453	67,594
Total All Users	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	4,018,015
Public insurance	21%	20%	21%	21%	20%	23%	25%	24%	25%	29%	35%
Private insurance	8%	8%	9%	9%	8%	8%	9%	9%	10%	14%	15%
Uninsured	61%	60%	64%	65%	66%	67%	64%	64%	63%	54%	48%
Unknown/not reported	10%	12%	6%	4%	6%	2%	2%	3%	2%	3%	2%
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-8b. Number and distribution of all family planning users, by primary health insurance status and year: 2005-2015



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

Exhibit A-9a. Number of all female family planning users, by primary contraceptive method and year: 2005–2015

Primary Method	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Most Effective ^a											
Vasectomy	7,060	6,605	6,546	6,312	6,905	8,683	8,632	8,540	8,175	7,582	6,879
Sterilization	95,264	89,428	89,447	87,167	92,616	92,652	90,438	86,854	82,067	74,748	84,108
Hormonal implant	3,395	2,506	7,300	18,738	30,135	48,015	65,673	82,642	108,586	139,799	177,975
Intrauterine device	88,342	110,338	138,714	179,876	216,390	252,121	272,683	284,461	279,289	265,511	273,650
Moderately Effective ^a											
Hormonal injection ^b	602,721	571,588	591,861	597,572	615,188	643,682	645,351	645,136	635,093	611,619	574,476
Vaginal ring	65,320	98,689	139,656	149,627	165,121	186,238	183,182	164,693	142,292	115,230	95,186
Contraceptive patch	286,214	170,815	128,324	101,763	106,266	93,499	89,795	83,145	78,547	69,469	49,010
Oral contraceptive	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	1,000,062
Cervical cap/diaphragm	5,477	4,753	4,087	3,612	12,278	4,402	3,390	4,116	8,245	2,379	1,660
Less Effective ^a											
Male condom	686,992	747,323	716,646	727,440	737,991	787,329	838,131	745,265	692,678	578,139	572,607
Female condom	8,862	6,031	3,925	4,753	4,635	5,944	5,939	3,722	3,914	3,308	3,558
Contraceptive sponge	2,826	1,076	1,827	1,337	991	1,581	921	765	541	651	660
Withdrawal or other ^c	104,779	133,099	123,844	111,160	105,705	116,635	115,002	113,016	95,798	70,982	61,504
FAM ^d or LAM	9,702	9,446	8,784	10,409	12,633	14,379	17,105	12,676	11,753	12,648	13,503
Spermicide	23,226	22,075	16,882	13,627	15,598	8,346	7,061	4,926	4,028	2,911	1,873
Other											
Abstinence	44,939	49,022	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896
No Method											
Pregnant/seeking pregnancy	358,492	373,111	383,303	381,848	395,633	400,194	361,056	377,547	356,750	330,279	321,229
Other reason	298,658	326,885	308,061	283,848	260,946	238,347	229,541	183,613	181,657	175,111	171,068
Method Unknown	195,245	139,537	142,145	248,458	273,961	160,788	96,687	96,590	106,017	98,208	124,449
Total Female Users	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	3,607,353
Using Most, Moderately, or Less Effective Method	3,842,834	3,833,314	3,804,361	3,748,179	3,818,771	3,947,707	3,877,987	3,649,257	3,467,677	3,090,926	2,916,711
Most Effective ^a	194,061	208,877	242,007	292,093	346,046	401,471	437,426	462,497	478,117	487,640	542,612
Moderately Effective ^a	2,812,386	2,705,387	2,690,446	2,587,360	2,595,172	2,612,022	2,456,402	2,306,390	2,180,848	1,934,647	1,720,394
Less Effective ^a	836,387	919,050	871,908	868,726	877,553	934,214	984,159	880,370	808,712	668,639	653,705
Abstinent	44,939	49,022	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896
Not Using a Method	657,150	699,996	691,364	665,696	656,579	638,541	590,597	561,160	538,407	505,390	492,297

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

^a See reference note 10.

^b Hormonal injection figures include both 1- and 3-month hormonal injection users.

^c Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.

^d For 2005–2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2015, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

Exhibit A-9b. Distribution of all female family planning users, by primary contraceptive method and year: 2005–2015

Primary Method	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Most Effective^a											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Hormonal implant	0%†	0%†	0%†	0%†	1%	1%	1%	2%	3%	4%	5%
Intrauterine device	2%	2%	3%	4%	4%	5%	6%	6%	7%	7%	8%
Moderately Effective^a											
Hormonal injection ^b	13%	12%	13%	13%	13%	13%	14%	15%	15%	16%	16%
Vaginal ring	1%	2%	3%	3%	3%	4%	4%	4%	3%	3%	3%
Contraceptive patch	6%	4%	3%	2%	2%	2%	2%	2%	2%	2%	1%
Oral contraceptive	39%	39%	39%	37%	35%	35%	33%	32%	31%	30%	28%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective^a											
Male condom	14%	16%	15%	15%	15%	16%	18%	17%	17%	15%	16%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^c	2%	3%	3%	2%	2%	2%	2%	3%	2%	2%	2%
FAM ^d or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	1%	1%	1%	1%	1%	2%	2%	2%	2%	2%	2%
No Method											
Pregnant/seeking pregnancy	8%	8%	8%	8%	8%	8%	8%	9%	9%	9%	9%
Other reason	6%	7%	7%	6%	5%	5%	5%	4%	4%	5%	5%
Method Unknown	4%	3%	3%	5%	6%	3%	2%	2%	3%	3%	3%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method	81%	81%	81%	79%	79%	82%	84%	83%	83%	82%	81%
Most Effective ^a	4%	4%	5%	6%	7%	8%	9%	11%	11%	13%	15%
Moderately Effective ^a	59%	57%	57%	55%	54%	54%	53%	53%	52%	51%	48%
Less Effective ^a	18%	19%	19%	18%	18%	19%	21%	20%	19%	18%	18%
Abstinent	1%	1%	1%	1%	1%	2%	2%	2%	2%	2%	2%
Not Using a Method	14%	15%	15%	14%	14%	13%	13%	13%	13%	13%	14%

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

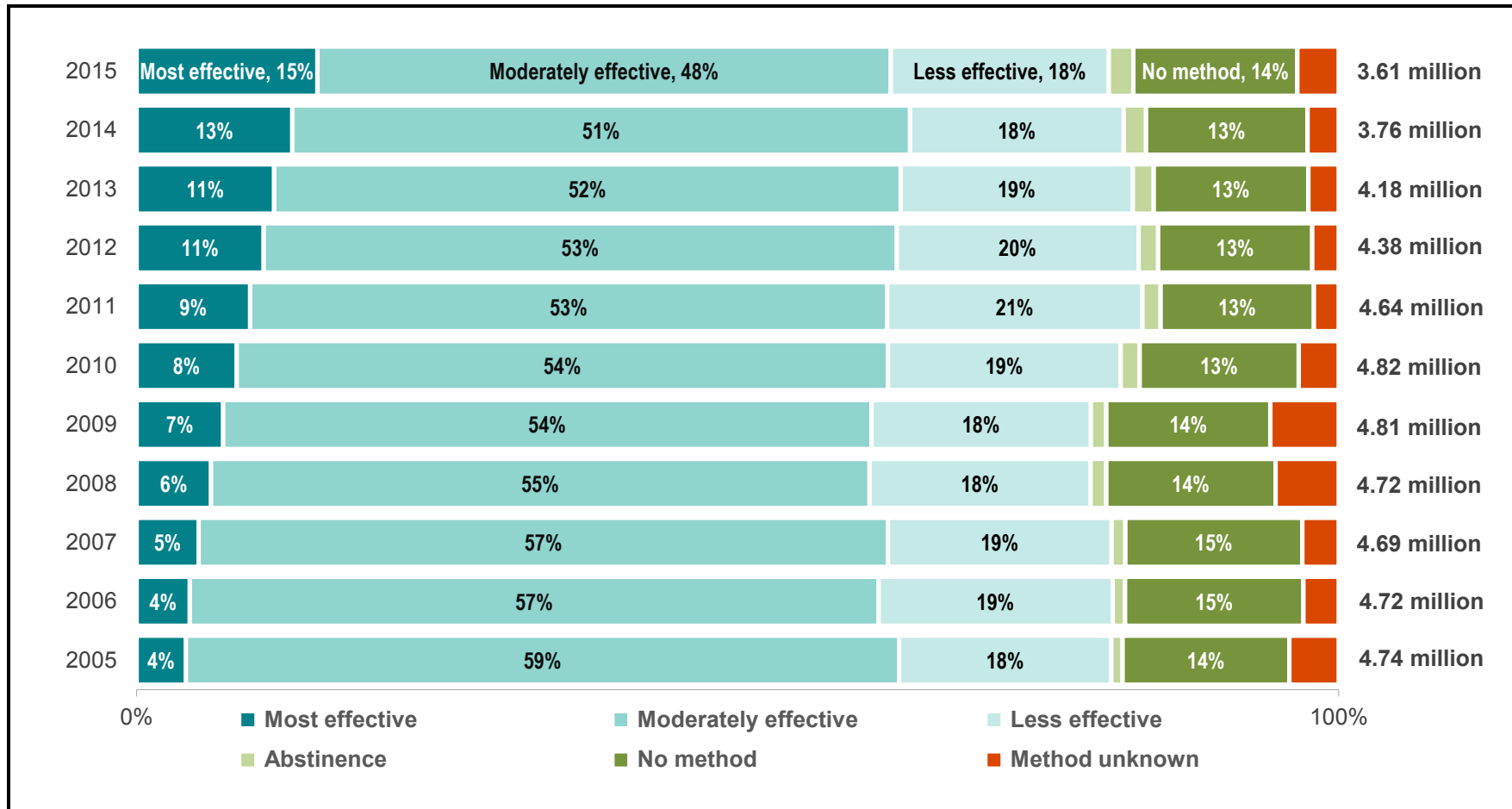
^a See reference note 10.

^b Hormonal injection figures include both 1- and 3-month hormonal injection users.

^c Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.

^d For 2005–2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2015, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

† Percentage is less than 0.5%.

Exhibit A-9c. Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2005–2015

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. **Most effective permanent** methods include vasectomy (male sterilization) and female sterilization. **Most effective reversible** methods include implants 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-10a. 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: 2005-2015

Screening Measures	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Female Users Screened											
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	743,683
Percentage	52%	49%	48%	44%	42%	36%	31%	28%	24%	21%	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	769,807
Percentage with an ASC or higher result	9%	10%	10%	11%	12%	13%	15%	14%	14%	14%	14%

ASC=atypical squamous cells.

Exhibit A-10b. Number and percentage of female users who received a Pap test, by year: 2005-2015

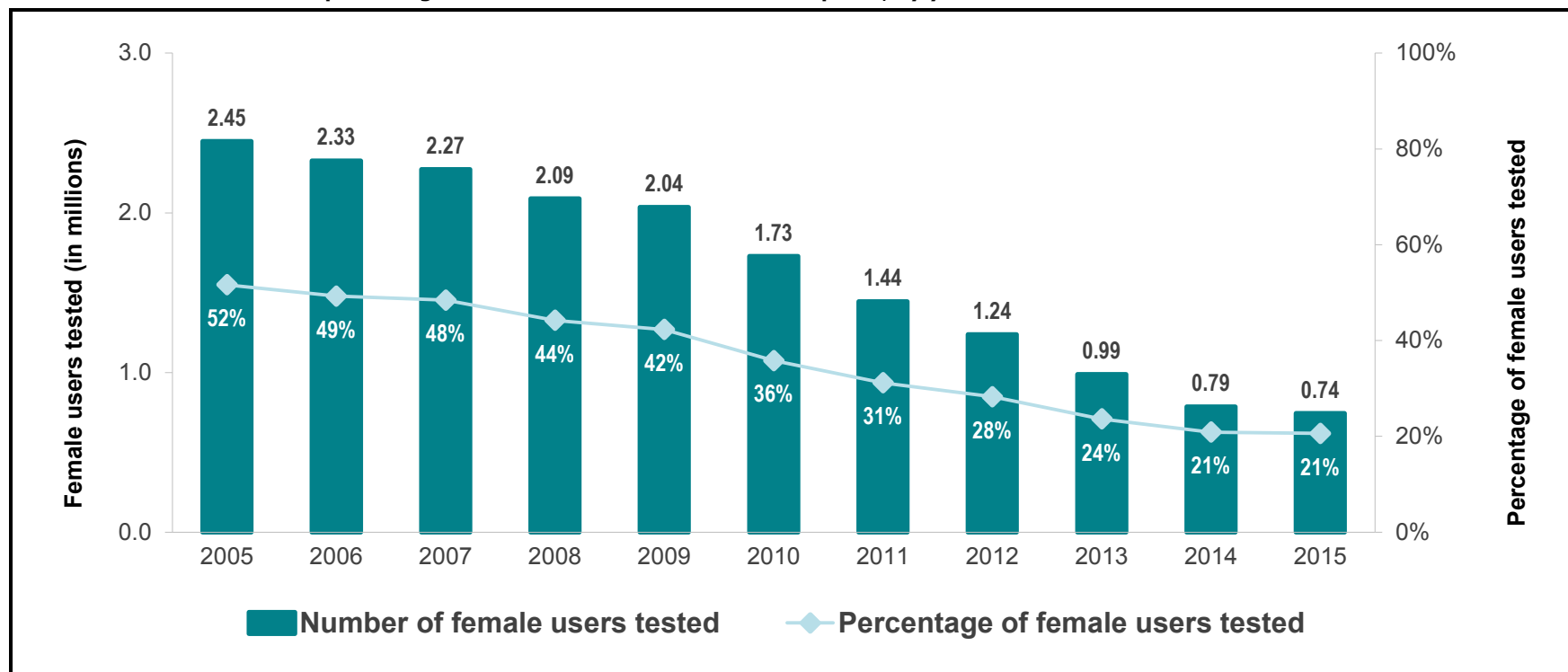


Exhibit A-11a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005–2015

Chlamydia Testing Measures	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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	955,775
Percentage tested	50%	51%	52%	55%	55%	57%	58%	59%	60%	58%	59%

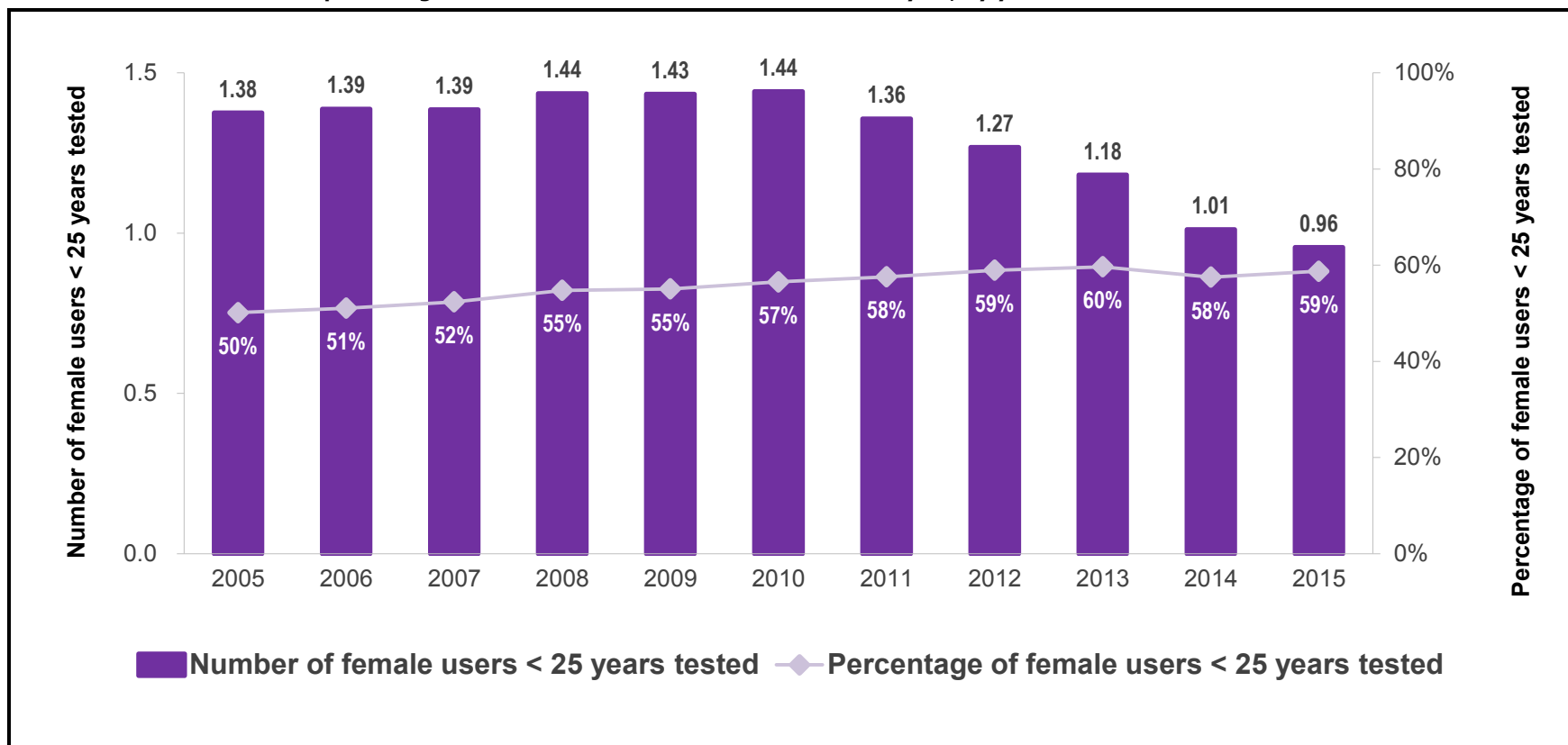
Exhibit A-11b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005–2015

Exhibit A-12a. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2005–2015

HIV Testing Measures	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Tests performed	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	1,113,635
Tests per 10 users	1.2	1.3	1.5	1.6	1.9	2.1	2.6	2.6	2.6	2.5	2.8
Tests per 10 female users	1.1	1.2	1.4	1.5	1.8	1.9	2.3	2.4	2.4	2.2	2.4
Tests per 10 male users	3.4	3.5	4.1	3.9	4.1	4.3	5.2	5.5	5.3	5.7	5.9

Exhibit A-12b. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2005–2015

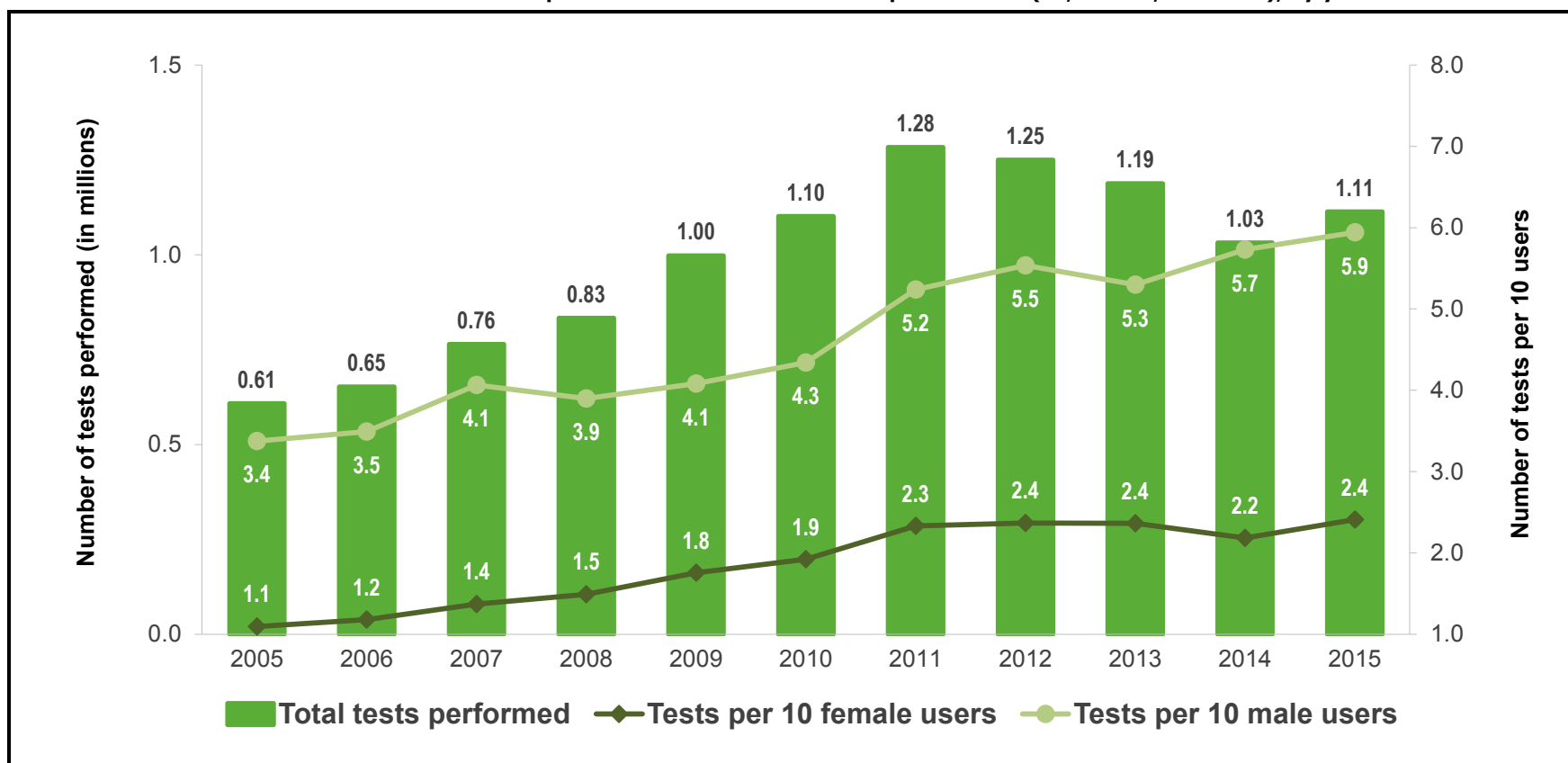


Exhibit A-13a. Actual and adjusted (constant 2015\$, 2005\$, and 1981\$) total, Title X, and Medicaid revenue, by year: 2005-2015

Revenue	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	Change		
												2005- 2015	2014- 2015	
Total														
Actual ^a	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	1,244,040,899		24%	0%†
2015\$ ^b	1,388,681,346	1,437,036,578	1,451,416,713	1,486,644,811	1,464,514,513	1,488,079,838	1,436,023,215	1,356,874,918	1,350,042,736	1,276,650,346	1,244,040,899		-10%	-3%
2005\$ ^b	1,004,633,020	1,039,615,317	1,050,018,537	1,075,504,089	1,059,494,061	1,076,542,251	1,038,882,206	981,622,855	976,680,154	923,584,879	899,993,774		-10%	-3%
1981\$ ^b	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	236,897,235	230,846,175		-10%	-3%
Title X														
Actual ^a	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	242,576,878		-3%	-3%
2015\$ ^b	344,964,805	349,459,830	324,943,460	318,737,432	316,847,391	321,225,847	308,063,216	287,583,561	266,553,837	256,086,529	242,576,878		-30%	-5%
2005\$ ^b	249,562,677	252,814,575	235,078,357	230,588,644	229,221,306	232,388,873	222,866,448	208,050,567	192,836,742	185,264,232	175,490,758		-30%	-5%
1981\$ ^b	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	47,519,817	45,012,945		-30%	-5%
Medicaid ^c														
Actual ^a	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	503,186,368		62%	2%
2015\$ ^b	430,200,940	425,832,521	445,308,532	500,127,855	535,261,514	554,564,841	565,767,673	537,472,699	534,351,325	506,042,369	503,186,368		17%	-1%
2005\$ ^b	311,226,237	308,065,931	322,155,732	361,814,436	387,231,666	401,196,540	409,301,161	388,831,335	386,573,195	366,093,254	364,027,098		17%	-1%
1981\$ ^b	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	93,902,014	93,372,050		17%	-1%

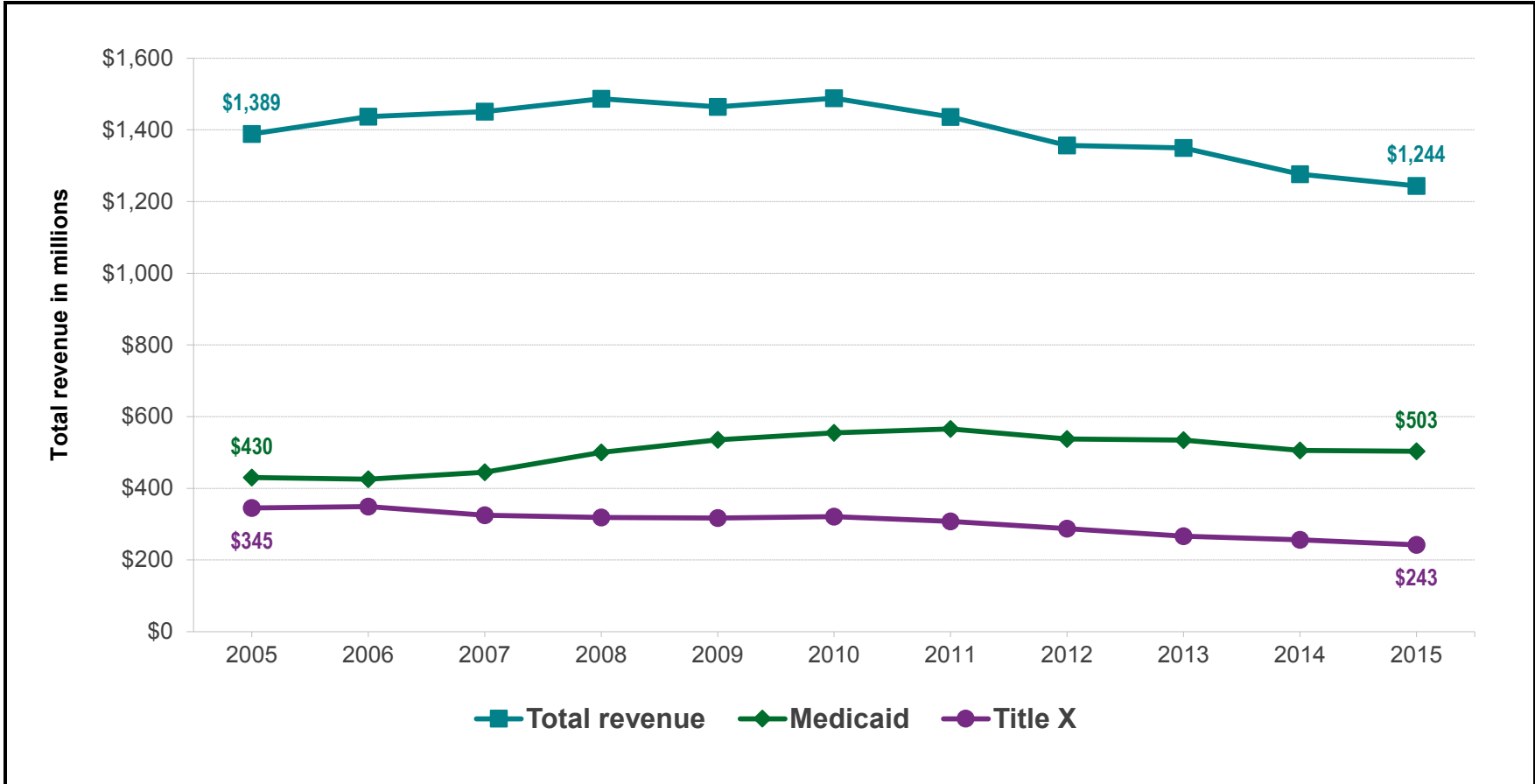
^a Revenue is shown in actual dollars (unadjusted) for each year.

^b Revenue is shown in constant 2015 dollars (2015\$), 2005 dollars (2005\$), and 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 includes separately reported Children's Health Insurance Program revenue.

† Percentage is less than 0.5%.

Exhibit A-13b. Total, Title X, and Medicaid adjusted (constant 2015\$) revenue, by year: 2005-2015



Note: Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

Exhibit A-13c. Total actual (unadjusted) and adjusted (constant 2015\$, 2005\$, and 1981\$) revenue, by year: 2005-2015

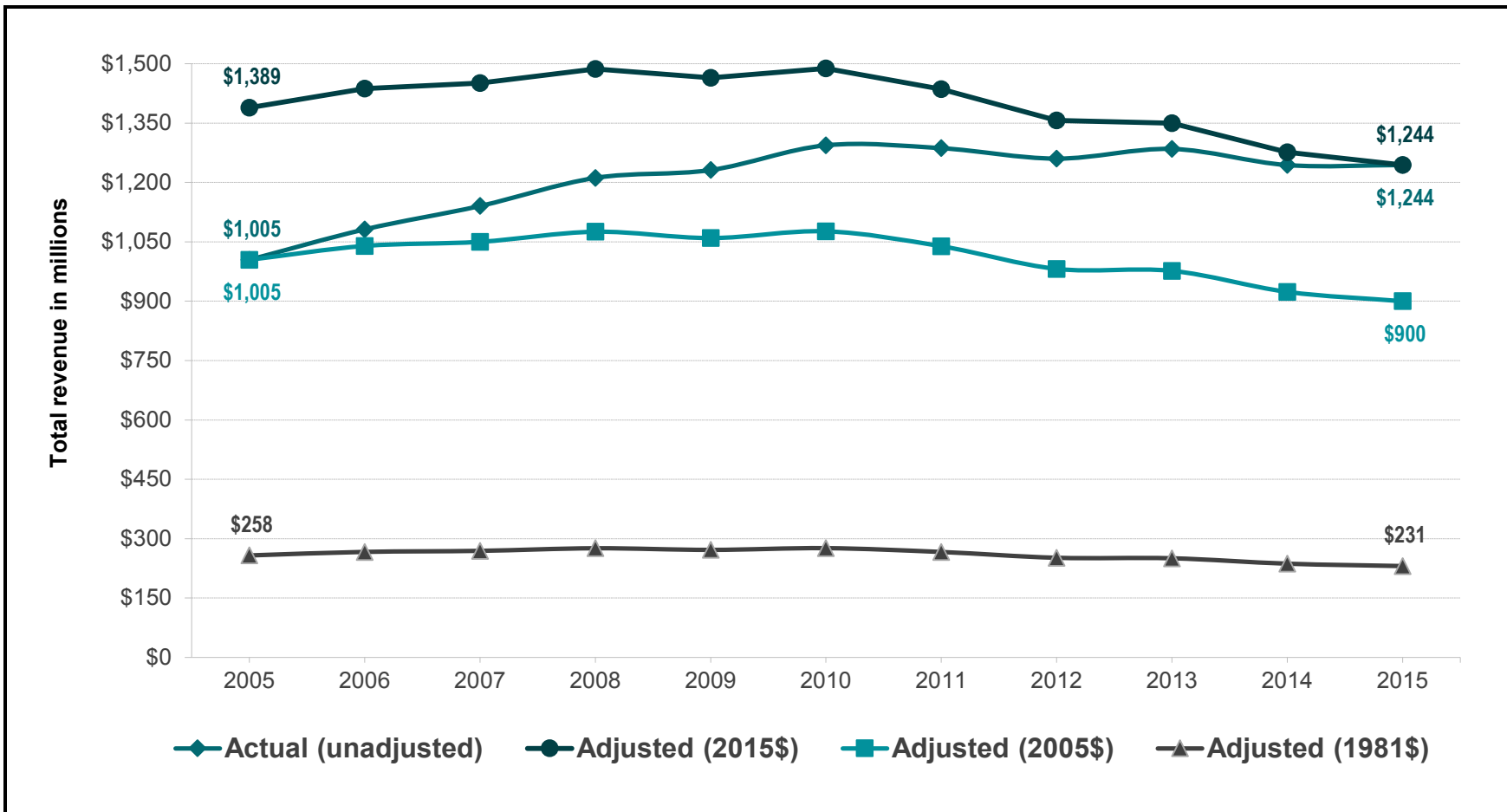


Exhibit A-13d. Title X actual (unadjusted) and adjusted (constant 2015\$, 2005\$, and 1981\$) revenue, by year: 2005-2015

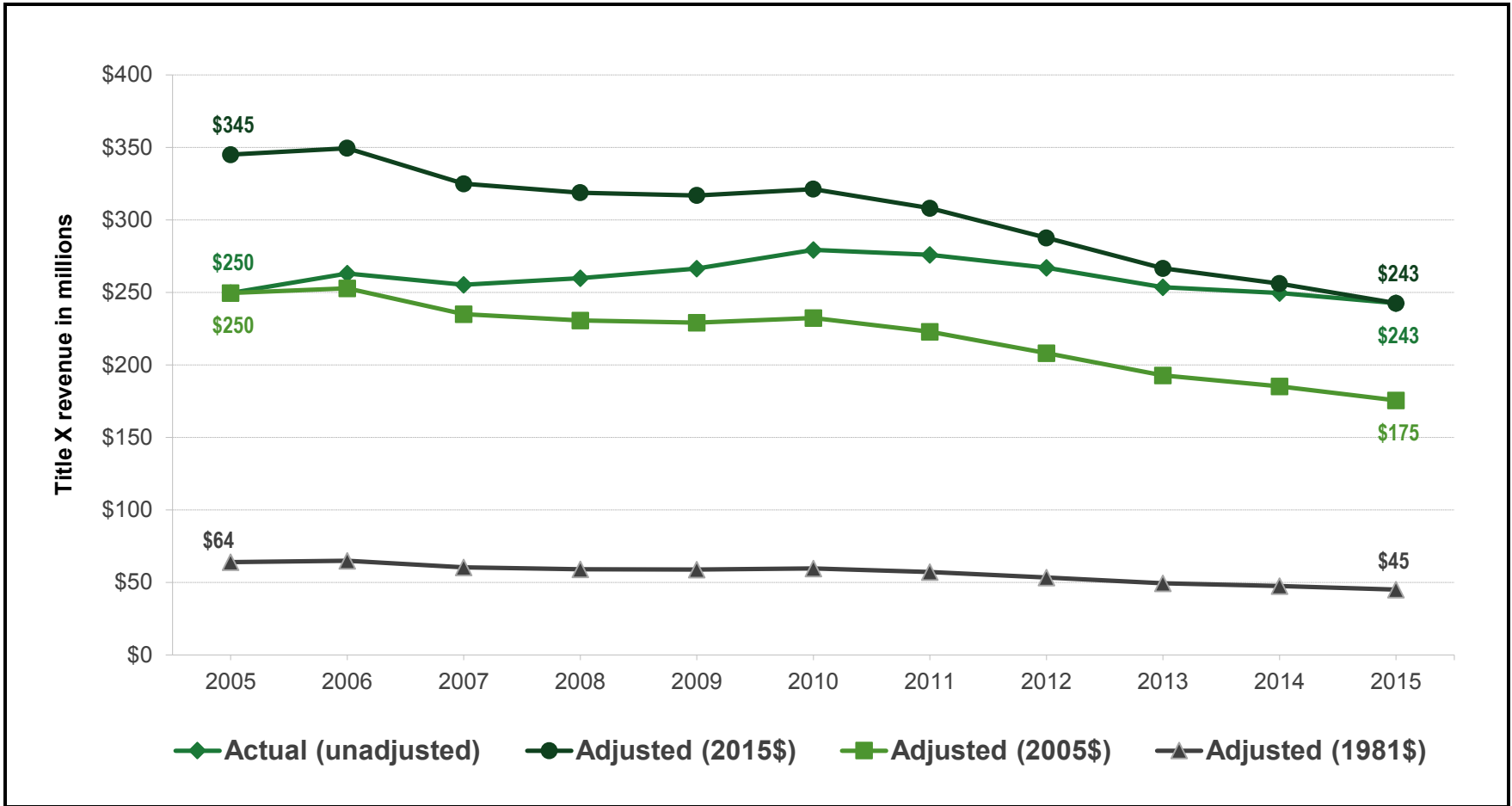
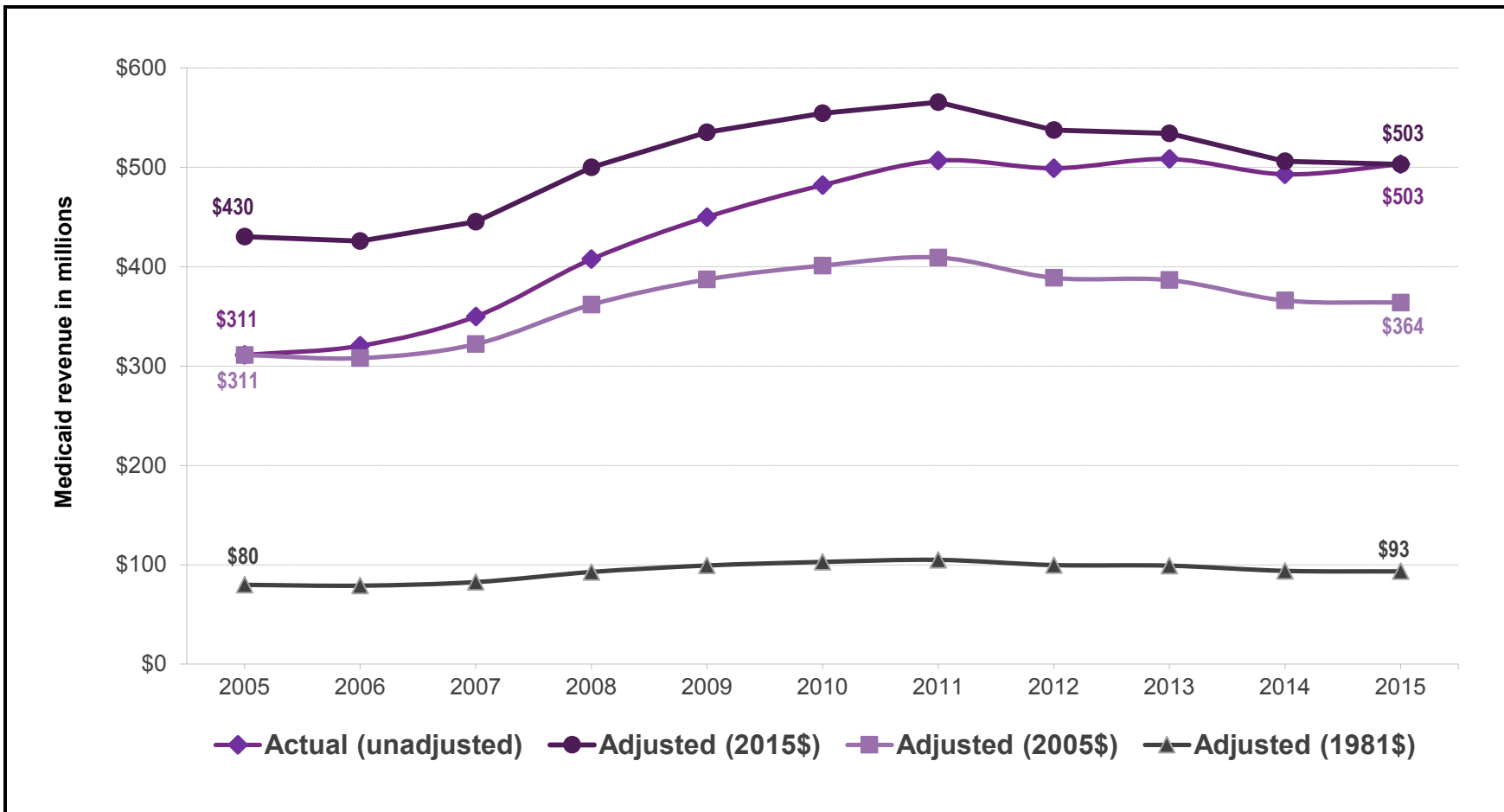


Exhibit A-13e. Medicaid actual (unadjusted) and adjusted (constant 2015\$, 2005\$, and 1981\$) revenue, by year: 2005-2015



Note: Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

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Exhibit A-14a. Amount of Title X project revenue, by revenue source and year: 2005-2015

Revenue Sources	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)
Title X	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	242,576,878
Payment for Services											
Client fees	101,353,959	102,527,805	94,273,992	94,531,003	80,940,857	84,540,815	72,156,363	70,400,120	69,425,823	53,170,034	47,872,483
Third-party payers											
Medicaid	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330	498,739,261	505,709,855	490,470,842	501,418,354
Medicare	850,289	695,725	523,170	826,424	843,164	1,913,519	2,002,181	1,173,110	1,864,987	3,083,719	4,731,999
CHIP	159,966	302,282	247,539	212,168	194,482	913,045	279,244	442,214	2,784,603	2,590,621	1,768,014
Other	2,137,736	3,173,806	3,042,991	3,855,406	4,903,482	2,466,949	4,088,072	3,743,183	10,848,382	10,202,966	14,230,460
Private	31,794,914	37,263,692	46,403,049	45,067,919	48,445,935	50,409,637	51,655,083	63,955,467	69,210,207	95,138,355	104,000,648
Subtotal	447,363,135	464,118,225	494,162,937	551,842,548	585,162,051	621,506,598	636,789,273	638,453,355	659,843,857	654,656,537	674,021,958
Other Revenue											
MCH block grant	24,384,126	22,806,213	23,484,206	23,058,822	21,044,962	21,205,336	25,512,030	24,439,148	19,852,391	23,095,828	18,485,003
SS block grant	27,232,575	28,443,123	28,593,275	27,333,993	30,841,136	34,001,848	23,736,983	11,229,640	8,805,626	5,601,590	4,711,602
TANF	16,986,542	10,521,097	23,460,554	22,325,121	15,580,002	14,475,023	14,517,155	13,548,818	13,268,175	10,570,729	5,347,682
State government	115,558,888	133,618,734	138,760,608	147,447,953	153,830,395	135,464,470	125,392,165	117,468,476	131,054,838	120,974,720	119,983,576
Local government	56,251,710	93,388,186	99,510,026	101,295,242	84,666,243	91,289,586	84,214,372	87,010,991	93,770,370	80,388,864	73,018,511
BPHC	6,172,992	5,847,921	7,177,359	9,531,860	4,965,372	4,090,546	5,289,075	4,625,737	11,461,645	10,080,722	12,468,766
Other	61,120,375	59,704,550	70,024,333	68,909,949	68,827,043	92,507,316	95,120,838	96,335,555	93,002,768	89,015,512	93,426,923
Subtotal	307,707,208	354,329,824	391,010,361	399,902,940	379,755,153	393,034,125	373,782,618	354,658,365	371,215,813	339,727,965	327,442,063
Total Revenue											
Actual	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	1,244,040,899
2015\$^a	1,388,681,346	1,437,036,578	1,451,416,713	1,486,644,811	1,464,514,513	1,488,079,838	1,436,023,215	1,356,874,918	1,350,042,736	1,276,650,346	1,244,040,899
2005\$^a	1,004,633,020	1,039,615,317	1,050,018,537	1,075,504,089	1,059,494,061	1,076,542,251	1,038,882,206	981,622,855	976,680,154	923,584,879	899,993,774
1981\$^a	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	236,897,235	230,846,175

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 Total revenue is shown in constant 2015 dollars (2015\$), 2005 dollars (2005\$), and 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

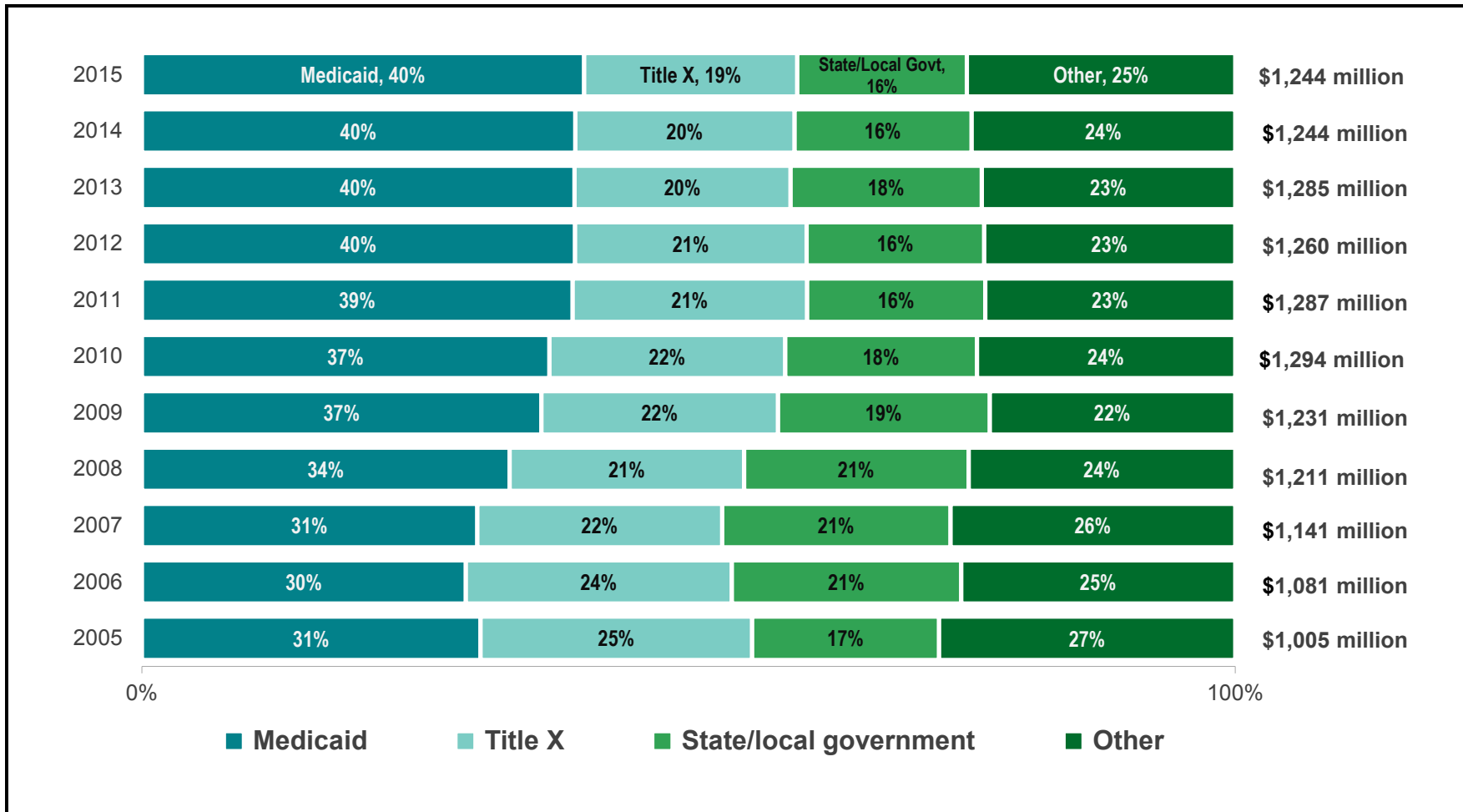
Exhibit A-14b. Distribution of Title X project revenue, by revenue source and year: 2005-2015

Revenue Sources	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Title X	25%	24%	22%	21%	22%	22%	21%	21%	20%	20%	19%
Payment for Services											
Client fees	10%	9%	8%	8%	7%	7%	6%	6%	5%	4%	4%
Third-party payers											
Medicaid	31%	30%	31%	34%	37%	37%	39%	40%	39%	39%	40%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Private	3%	3%	4%	4%	4%	4%	4%	5%	5%	8%	8%
Subtotal	45%	43%	43%	46%	48%	48%	49%	51%	51%	53%	54%
Other Revenue											
MCH block grant	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	1%
SS block grant	3%	3%	3%	2%	3%	3%	2%	1%	1%	0%†	0%†
TANF	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%	0%†
State government	12%	12%	12%	12%	12%	10%	10%	9%	10%	10%	10%
Local government	6%	9%	9%	8%	7%	7%	7%	7%	7%	6%	6%
BPHC	1%	1%	1%	1%	0%†	0%†	0%†	0%†	1%	1%	1%
Other	6%	6%	6%	6%	6%	7%	7%	8%	7%	7%	8%
Subtotal	31%	33%	34%	33%	31%	30%	29%	28%	29%	27%	26%
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%.

† Percentage is less than 0.5%.

Exhibit A-14c. Amount (unadjusted) and distribution of Title X project revenue, by revenue source and year: 2005-2015

Note: 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.

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: 2015 (Source: FPAR Table 1)

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	88,244	687	88,931	99%	1%	2%
Alaska	7,438	1,270	8,708	85%	15%	0%†
Arizona	29,256	5,380	34,636	84%	16%	1%
Arkansas	49,455	220	49,675	100%	0%†	1%
California	942,857	129,039	1,071,896	88%	12%	27%
Colorado	44,469	7,670	52,139	85%	15%	1%
Connecticut	37,629	5,291	42,920	88%	12%	1%
Delaware	13,228	3,461	16,689	79%	21%	0%†
District of Columbia	31,825	11,731	43,556	73%	27%	1%
Florida	133,889	2,463	136,352	98%	2%	3%
Georgia	66,912	19,397	86,309	78%	22%	2%
Hawaii	15,206	540	15,746	97%	3%	0%†
Idaho	12,788	676	13,464	95%	5%	0%†
Illinois	99,864	6,685	106,549	94%	6%	3%
Indiana	28,471	2,326	30,797	92%	8%	1%
Iowa	39,465	2,985	42,450	93%	7%	1%
Kansas	21,814	2,233	24,047	91%	9%	1%
Kentucky	45,661	4,028	49,689	92%	8%	1%
Louisiana	41,894	11,296	53,190	79%	21%	1%
Maine	18,352	2,859	21,211	87%	13%	1%
Maryland	57,606	6,454	64,060	90%	10%	2%
Massachusetts	57,641	9,652	67,293	86%	14%	2%
Michigan	68,384	3,928	72,312	95%	5%	2%
Minnesota	51,663	8,010	59,673	87%	13%	1%
Mississippi	41,007	240	41,247	99%	1%	1%
Missouri	44,067	3,122	47,189	93%	7%	1%
Montana	17,699	2,184	19,883	89%	11%	0%†
Nebraska	23,236	3,133	26,369	88%	12%	1%
Nevada	10,866	496	11,362	96%	4%	0%†
New Hampshire	15,555	1,715	17,270	90%	10%	0%†
New Jersey	88,142	11,090	99,232	89%	11%	2%
New Mexico	20,871	2,828	23,699	88%	12%	1%
New York	279,295	29,188	308,483	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: 2015 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	88,135	3,311	91,446	96%	4%	2%
North Dakota	7,297	1,365	8,662	84%	16%	0%†
Ohio	73,227	12,610	85,837	85%	15%	2%
Oklahoma	52,527	1,041	53,568	98%	2%	1%
Oregon	50,627	4,192	54,819	92%	8%	1%
Pennsylvania	186,357	24,083	210,440	89%	11%	5%
Rhode Island	22,440	4,857	27,297	82%	18%	1%
South Carolina	76,060	14,766	90,826	84%	16%	2%
South Dakota	5,517	365	5,882	94%	6%	0%†
Tennessee	74,851	505	75,356	99%	1%	2%
Texas	150,724	15,814	166,538	91%	9%	4%
Utah	30,350	5,903	36,253	84%	16%	1%
Vermont	7,525	873	8,398	90%	10%	0%†
Virginia	56,036	3,600	59,636	94%	6%	1%
Washington	73,474	5,142	78,616	93%	7%	2%
West Virginia	35,711	2,326	38,037	94%	6%	1%
Wisconsin	30,976	4,302	35,278	88%	12%	1%
Wyoming	7,146	1,066	8,212	87%	13%	0%†
Territories & FAS						
American Samoa	1,998	106	2,104	95%	5%	0%†
Comm. of the Northern Mariana Islands	509	0	509	100%	0%	0%†
Federated States of Micronesia	6,182	1,020	7,202	86%	14%	0%†
Guam	225	36	261	86%	14%	0%†
Puerto Rico	19,393	692	20,085	97%	3%	0%†
Republic of the Marshall Islands	1,130	17	1,147	99%	1%	0%†
Republic of Palau	1,250	70	1,320	95%	5%	0%†
U.S. Virgin Islands	2,937	323	3,260	90%	10%	0%†
Total All Users	3,607,353	410,662	4,018,015	90%	10%	100%
Range				73%–100%	0%–27%	0%†–27%

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: 2015 (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	67,153	19,884	1,174	720	88,931	76%	22%	1%	1%
Alaska	4,262	2,485	1,088	873	8,708	49%	29%	12%	10%
Arizona	20,972	3,695	903	9,066	34,636	61%	11%	3%	26%
Arkansas	39,688	9,162	824	1	49,675	80%	18%	2%	0%†
California	791,024	217,758	41,718	21,396	1,071,896	74%	20%	4%	2%
Colorado	38,779	10,912	2,448	0	52,139	74%	21%	5%	0%
Connecticut	19,308	19,307	3,831	474	42,920	45%	45%	9%	1%
Delaware	10,526	2,860	570	2,733	16,689	63%	17%	3%	16%
District of Columbia	26,552	8,164	1,634	7,206	43,556	61%	19%	4%	17%
Florida	76,282	24,174	31,686	4,210	136,352	56%	18%	23%	3%
Georgia	40,103	11,745	3,265	31,196	86,309	46%	14%	4%	36%
Hawaii	12,681	2,188	875	2	15,746	81%	14%	6%	0%†
Idaho	8,406	4,394	596	68	13,464	62%	33%	4%	1%
Illinois	75,541	17,301	3,679	10,028	106,549	71%	16%	3%	9%
Indiana	21,571	8,160	1,066	0	30,797	70%	26%	3%	0%
Iowa	26,607	8,217	1,536	6,090	42,450	63%	19%	4%	14%
Kansas	17,798	4,634	874	741	24,047	74%	19%	4%	3%
Kentucky	38,497	8,603	2,114	475	49,689	77%	17%	4%	1%
Louisiana	41,212	9,159	1,559	1,260	53,190	77%	17%	3%	2%
Maine	8,528	8,488	2,836	1,359	21,211	40%	40%	13%	6%
Maryland	53,805	6,701	870	2,684	64,060	84%	10%	1%	4%
Massachusetts	39,571	18,880	3,604	5,238	67,293	59%	28%	5%	8%
Michigan	44,178	21,991	5,917	226	72,312	61%	30%	8%	0%†
Minnesota	28,703	23,567	6,226	1,177	59,673	48%	39%	10%	2%
Mississippi	35,325	4,556	1,366	0	41,247	86%	11%	3%	0%
Missouri	29,585	13,051	4,553	0	47,189	63%	28%	10%	0%
Montana	9,583	5,710	1,371	3,219	19,883	48%	29%	7%	16%
Nebraska	14,054	6,980	1,630	3,705	26,369	53%	26%	6%	14%
Nevada	7,492	3,201	410	259	11,362	66%	28%	4%	2%
New Hampshire	8,597	4,981	1,742	1,950	17,270	50%	29%	10%	11%
New Jersey	49,271	44,145	4,210	1,606	99,232	50%	44%	4%	2%
New Mexico	16,950	5,454	449	846	23,699	72%	23%	2%	4%
New York	185,679	75,111	37,653	10,040	308,483	60%	24%	12%	3%

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: 2015 (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	60,110	19,207	8,397	3,732	91,446	66%	21%	9%	4%
North Dakota	3,130	3,084	2,163	285	8,662	36%	36%	25%	3%
Ohio	45,292	26,300	11,750	2,495	85,837	53%	31%	14%	3%
Oklahoma	38,462	12,860	1,076	1,170	53,568	72%	24%	2%	2%
Oregon	36,772	14,375	2,431	1,241	54,819	67%	26%	4%	2%
Pennsylvania	122,438	54,450	25,993	7,559	210,440	58%	26%	12%	4%
Rhode Island	13,576	3,825	1,751	8,145	27,297	50%	14%	6%	30%
South Carolina	82,818	6,431	1,577	0	90,826	91%	7%	2%	0%
South Dakota	3,676	1,557	542	107	5,882	62%	26%	9%	2%
Tennessee	58,849	12,307	2,883	1,317	75,356	78%	16%	4%	2%
Texas	92,600	22,124	6,973	44,841	166,538	56%	13%	4%	27%
Utah	25,460	9,024	1,769	0	36,253	70%	25%	5%	0%
Vermont	3,727	2,623	1,033	1,015	8,398	44%	31%	12%	12%
Virginia	35,484	16,486	2,858	4,808	59,636	60%	28%	5%	8%
Washington	44,895	25,885	5,673	2,163	78,616	57%	33%	7%	3%
West Virginia	20,807	17,188	42	0	38,037	55%	45%	0%†	0%
Wisconsin	22,212	10,285	2,456	325	35,278	63%	29%	7%	1%
Wyoming	4,660	2,646	906	0	8,212	57%	32%	11%	0%
Territories & FAS									
American Samoa	2,104	0	0	0	2,104	100%	0%	0%	0%
Comm. of the Northern Mariana Islands	458	11	4	36	509	90%	2%	1%	7%
Federated States of Micronesia	7,200	0	0	2	7,202	100%	0%	0%	0%†
Guam	227	10	6	18	261	87%	4%	2%	7%
Puerto Rico	15,758	3,723	497	107	20,085	78%	19%	2%	1%
Republic of the Marshall Islands	815	1	0	331	1,147	71%	0%†	0%	29%
Republic of Palau	1,110	201	9	0	1,320	84%	15%	1%	0%
U.S. Virgin Islands	2,918	315	27	0	3,260	90%	10%	1%	0%
Total All Users	2,653,841	900,536	255,093	208,545	4,018,015	66%	22%	6%	5%
Range						36%–100%	0%–45%	0%–25%	0%–36%

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 <https://aspe.hhs.gov/2015-poverty-guidelines>.

† Percentage is less than 0.5%.

Exhibit B-3a. Number and distribution of all family planning users, by insurance status and state: 2015
(Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	23,406	11,060	54,396	69	88,931	26%	12%	61%	0%†
Alaska	1,192	3,858	3,613	45	8,708	14%	44%	41%	1%
Arizona	4,547	5,804	24,260	25	34,636	13%	17%	70%	0%†
Arkansas	18,412	12,557	18,706	0	49,675	37%	25%	38%	0%
California	360,549	53,469	655,391	2,487	1,071,896	34%	5%	61%	0%†
Colorado	17,750	7,064	25,567	1,758	52,139	34%	14%	49%	3%
Connecticut	20,745	13,091	8,635	449	42,920	48%	31%	20%	1%
Delaware	5,947	3,000	6,399	1,343	16,689	36%	18%	38%	8%
District of Columbia	32,680	3,375	6,351	1,150	43,556	75%	8%	15%	3%
Florida	53,565	41,818	37,977	2,992	136,352	39%	31%	28%	2%
Georgia	24,719	23,753	34,105	3,732	86,309	29%	28%	40%	4%
Hawaii	7,404	4,247	4,083	12	15,746	47%	27%	26%	0%†
Idaho	1,233	3,451	8,419	361	13,464	9%	26%	63%	3%
Illinois	43,666	22,832	39,559	492	106,549	41%	21%	37%	0%†
Indiana	4,924	4,604	20,334	935	30,797	16%	15%	66%	3%
Iowa	12,694	15,699	13,519	538	42,450	30%	37%	32%	1%
Kansas	3,197	4,585	16,145	120	24,047	13%	19%	67%	0%†
Kentucky	23,639	5,935	18,337	1,778	49,689	48%	12%	37%	4%
Louisiana	13,938	5,989	33,187	76	53,190	26%	11%	62%	0%†
Maine	4,692	9,406	7,078	35	21,211	22%	44%	33%	0%†
Maryland	23,163	12,618	26,191	2,088	64,060	36%	20%	41%	3%
Massachusetts	36,805	15,262	13,672	1,554	67,293	55%	23%	20%	2%
Michigan	30,301	14,629	27,151	231	72,312	42%	20%	38%	0%†
Minnesota	17,467	18,674	21,391	2,141	59,673	29%	31%	36%	4%
Mississippi	17,603	5,362	18,282	0	41,247	43%	13%	44%	0%
Missouri	9,782	10,441	26,966	0	47,189	21%	22%	57%	0%
Montana	2,669	8,859	7,815	540	19,883	13%	45%	39%	3%
Nebraska	2,681	8,101	13,887	1,700	26,369	10%	31%	53%	6%
Nevada	2,701	834	7,804	23	11,362	24%	7%	69%	0%†
New Hampshire	4,752	6,410	6,061	47	17,270	28%	37%	35%	0%†
New Jersey	36,643	12,890	48,884	815	99,232	37%	13%	49%	1%
New Mexico	1,618	8,141	13,894	46	23,699	7%	34%	59%	0%†
New York	149,306	39,700	99,269	20,208	308,483	48%	13%	32%	7%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-3a. Number and distribution of all family planning users, by insurance status and state: 2015
(Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	47,413	6,932	36,896	205	91,446	52%	8%	40%	0%†
North Dakota	519	4,163	3,336	644	8,662	6%	48%	39%	7%
Ohio	34,852	19,464	31,091	430	85,837	41%	23%	36%	1%
Oklahoma	11,659	8,357	33,485	67	53,568	22%	16%	63%	0%†
Oregon	15,272	8,599	29,517	1,431	54,819	28%	16%	54%	3%
Pennsylvania	84,277	54,241	66,574	5,348	210,440	40%	26%	32%	3%
Rhode Island	15,711	7,092	4,483	11	27,297	58%	26%	16%	0%†
South Carolina	28,042	14,769	48,015	0	90,826	31%	16%	53%	0%
South Dakota	295	3,194	2,227	166	5,882	5%	54%	38%	3%
Tennessee	27,885	7,174	40,285	12	75,356	37%	10%	53%	0%†
Texas	19,240	9,981	132,511	4,806	166,538	12%	6%	80%	3%
Utah	1,214	7,887	27,152	0	36,253	3%	22%	75%	0%
Vermont	3,441	3,379	1,578	0	8,398	41%	40%	19%	0%
Virginia	6,768	9,453	37,516	5,899	59,636	11%	16%	63%	10%
Washington	34,524	24,751	18,937	404	78,616	44%	31%	24%	1%
West Virginia	18,324	969	18,744	0	38,037	48%	3%	49%	0%
Wisconsin	15,756	4,512	15,003	7	35,278	45%	13%	43%	0%†
Wyoming	620	2,365	5,029	198	8,212	8%	29%	61%	2%
Territories & FAS									
American Samoa	0	0	2,104	0	2,104	0%	0%	100%	0%
Comm. of the Northern Mariana Islands	286	41	182	0	509	56%	8%	36%	0%
Federated States of Micronesia	356	571	6,180	95	7,202	5%	8%	86%	1%
Guam	6	6	249	0	261	2%	2%	95%	0%
Puerto Rico	11,943	5,311	2,783	48	20,085	59%	26%	14%	0%†
Republic of the Marshall Islands	0	0	1,147	0	1,147	0%	0%	100%	0%
Republic of Palau	1,280	6	34	0	1,320	97%	0%†	3%	0%
U.S. Virgin Islands	1,128	331	1,768	33	3,260	35%	10%	54%	1%
Total Users	1,395,201	621,066	1,934,154	67,594	4,018,015	35%	15%	48%	2%
Range						0%–97%	0%–54%	3%–100%	0%–10%

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-3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status under the Affordable Care Act: 2015 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Arizona	4,547	5,804	24,260	25	34,636	13%	17%	70%	0%†
Arkansas	18,412	12,557	18,706	0	49,675	37%	25%	38%	0%
California	360,549	53,469	655,391	2,487	1,071,896	34%	5%	61%	0%†
Colorado	17,750	7,064	25,567	1,758	52,139	34%	14%	49%	3%
Connecticut	20,745	13,091	8,635	449	42,920	48%	31%	20%	1%
Delaware	5,947	3,000	6,399	1,343	16,689	36%	18%	38%	8%
District of Columbia	32,680	3,375	6,351	1,150	43,556	75%	8%	15%	3%
Hawaii	7,404	4,247	4,083	12	15,746	47%	27%	26%	0%†
Illinois	43,666	22,832	39,559	492	106,549	41%	21%	37%	0%†
Iowa	12,694	15,699	13,519	538	42,450	30%	37%	32%	1%
Kentucky	23,639	5,935	18,337	1,778	49,689	48%	12%	37%	4%
Maryland	23,163	12,618	26,191	2,088	64,060	36%	20%	41%	3%
Massachusetts	36,805	15,262	13,672	1,554	67,293	55%	23%	20%	2%
Michigan	30,301	14,629	27,151	231	72,312	42%	20%	38%	0%†
Minnesota	17,467	18,674	21,391	2,141	59,673	29%	31%	36%	4%
Nevada	2,701	834	7,804	23	11,362	24%	7%	69%	0%†
New Hampshire	4,752	6,410	6,061	47	17,270	28%	37%	35%	0%†
New Jersey	36,643	12,890	48,884	815	99,232	37%	13%	49%	1%
New Mexico	1,618	8,141	13,894	46	23,699	7%	34%	59%	0%†
New York	149,306	39,700	99,269	20,208	308,483	48%	13%	32%	7%
North Dakota	519	4,163	3,336	644	8,662	6%	48%	39%	7%
Ohio	34,852	19,464	31,091	430	85,837	41%	23%	36%	1%
Oregon	15,272	8,599	29,517	1,431	54,819	28%	16%	54%	3%
Rhode Island	15,711	7,092	4,483	11	27,297	58%	26%	16%	0%†
Vermont	3,441	3,379	1,578	0	8,398	41%	40%	19%	0%
Washington	34,524	24,751	18,937	404	78,616	44%	31%	24%	1%
West Virginia	18,324	969	18,744	0	38,037	48%	3%	49%	0%
Expansion States									
Subtotal	973,432	344,648	1,192,810	40,105	2,550,995	38%	14%	47%	2%
Range						6%–75%	3%–48%	15–70%	0%–8%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status under the Affordable Care Act: 2015 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	23,406	11,060	54,396	69	88,931	26%	12%	61%	0%†
Alaska	1,192	3,858	3,613	45	8,708	14%	44%	41%	1%
Florida	53,565	41,818	37,977	2,992	136,352	39%	31%	28%	2%
Georgia	24,719	23,753	34,105	3,732	86,309	29%	28%	40%	4%
Idaho	1,233	3,451	8,419	361	13,464	9%	26%	63%	3%
Indiana	4,924	4,604	20,334	935	30,797	16%	15%	66%	3%
Kansas	3,197	4,585	16,145	120	24,047	13%	19%	67%	0%†
Louisiana	13,938	5,989	33,187	76	53,190	26%	11%	62%	0%†
Maine	4,692	9,406	7,078	35	21,211	22%	44%	33%	0%†
Mississippi	17,603	5,362	18,282	0	41,247	43%	13%	44%	0%
Missouri	9,782	10,441	26,966	0	47,189	21%	22%	57%	0%
Montana	2,669	8,859	7,815	540	19,883	13%	45%	39%	3%
Nebraska	2,681	8,101	13,887	1,700	26,369	10%	31%	53%	6%
North Carolina	47,413	6,932	36,896	205	91,446	52%	8%	40%	0%†
Oklahoma	11,659	8,357	33,485	67	53,568	22%	16%	63%	0%†
Pennsylvania	84,277	54,241	66,574	5,348	210,440	40%	26%	32%	3%
South Carolina	28,042	14,769	48,015	0	90,826	31%	16%	53%	0%
South Dakota	295	3,194	2,227	166	5,882	5%	54%	38%	3%
Tennessee	27,885	7,174	40,285	12	75,356	37%	10%	53%	0%†
Texas	19,240	9,981	132,511	4,806	166,538	12%	6%	80%	3%
Utah	1,214	7,887	27,152	0	36,253	3%	22%	75%	0%
Virginia	6,768	9,453	37,516	5,899	59,636	11%	16%	63%	10%
Wisconsin	15,756	4,512	15,003	7	35,278	45%	13%	43%	0%†
Wyoming	620	2,365	5,029	198	8,212	8%	29%	61%	2%
Nonexpansion States Subtotal	406,770	270,152	726,897	27,313	1,431,132	28%	19%	51%	2%
Range						3%–52%	6%–54%	28%–80%	0%–10%
All States Total	1,380,202	614,800	1,919,707	67,418	3,982,127	35%	15%	48%	2%
Range						3%–75%	3%–54%	15%–80%	0%–10%

UK/NR=unknown or not reported.

Note: Due to rounding, the percentages may not sum to 100%. The exhibit excludes the eight U.S. Territories and Freely Associated States.

† Percentage is less than 0.5%.

Exhibit B-4. Number and distribution of female family planning users at risk of unintended pregnancy,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2015 (Source: FPAR Table 7)

State	Most Effective Permanent Methods ^b	Most Effective Reversible Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d	Total At Risk ^a	Most Effective Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d
Alabama	23	4,659	54,011	12,977	74,990	6%	72%	17%
Alaska	170	1,719	3,142	763	6,624	29%	47%	12%
Arizona	162	3,617	16,499	4,441	26,206	14%	63%	17%
Arkansas	2,011	4,176	26,546	4,958	44,059	14%	60%	11%
California	20,653	143,459	400,017	253,379	850,246	19%	47%	30%
Colorado	780	12,376	19,318	4,184	39,911	33%	48%	10%
Connecticut	1,251	4,468	14,837	12,296	35,558	16%	42%	35%
Delaware	342	1,384	4,086	1,697	12,096	14%	34%	14%
District of Columbia	1,143	4,700	9,219	2,015	26,019	22%	35%	8%
Florida	1,575	10,725	68,427	13,860	108,308	11%	63%	13%
Georgia	5,345	4,010	11,020	6,293	60,745	15%	18%	10%
Hawaii	497	2,336	6,557	1,749	12,557	23%	52%	14%
Idaho	482	1,642	7,890	1,047	11,278	19%	70%	9%
Illinois	2,312	13,451	48,846	13,805	89,035	18%	55%	16%
Indiana	329	1,789	19,355	2,912	27,127	8%	71%	11%
Iowa	1,624	6,421	21,441	3,865	36,553	22%	59%	11%
Kansas	1,121	1,686	12,765	2,330	18,749	15%	68%	12%
Kentucky	2,249	2,571	24,093	9,074	40,660	12%	59%	22%
Louisiana	1,822	3,674	24,478	4,699	37,333	15%	66%	13%
Maine	854	3,435	8,587	2,175	16,946	25%	51%	13%
Maryland	1,341	9,262	27,231	9,008	51,183	21%	53%	18%
Massachusetts	1,353	9,918	21,633	8,949	50,206	22%	43%	18%
Michigan	547	5,422	47,254	7,378	62,391	10%	76%	12%
Minnesota	1,022	7,699	26,252	6,682	48,594	18%	54%	14%
Mississippi	1,572	1,679	31,550	4,063	38,864	8%	81%	10%
Missouri	2,109	3,549	26,305	4,153	38,005	15%	69%	11%
Montana	593	1,761	11,171	2,310	16,221	15%	69%	14%
Nebraska	940	2,610	9,932	3,924	20,723	17%	48%	19%
Nevada	271	1,682	6,108	1,010	9,340	21%	65%	11%
New Hampshire	737	2,989	7,478	1,548	14,222	26%	53%	11%
New Jersey	1,838	7,115	42,796	20,946	76,837	12%	56%	27%
New Mexico	33	2,743	8,634	4,709	18,201	15%	47%	26%
New York	6,987	46,408	118,746	52,171	243,048	22%	49%	21%

(continued)

Exhibit B-4. Number and distribution of female family planning users at risk of unintended pregnancy,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2015 (continued)

State	Most Effective Permanent Methods ^b	Most Effective Reversible Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d	Total At Risk ^a	Most Effective Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d
North Carolina	525	12,416	49,628	13,501	82,499	16%	60%	16%
North Dakota	259	634	4,883	694	6,764	13%	72%	10%
Ohio	2,889	7,164	38,870	9,602	65,451	15%	59%	15%
Oklahoma	425	6,120	28,138	4,915	42,862	15%	66%	11%
Oregon	1,134	9,850	26,530	5,771	44,567	25%	60%	13%
Pennsylvania	6,970	14,801	72,816	44,609	171,447	13%	42%	26%
Rhode Island	2,494	3,170	6,441	3,845	16,992	33%	38%	23%
South Carolina	3,363	7,381	38,797	15,801	65,342	16%	59%	24%
South Dakota	54	304	4,463	346	5,270	7%	85%	7%
Tennessee	223	7,369	35,517	7,142	55,661	14%	64%	13%
Texas	5,100	17,360	48,841	30,010	137,746	16%	35%	22%
Utah	305	3,786	20,316	3,063	27,817	15%	73%	11%
Vermont	265	1,549	3,681	594	7,166	25%	51%	8%
Virginia	281	4,902	44,025	4,725	55,155	9%	80%	9%
Washington	908	10,966	44,466	7,359	65,390	18%	68%	11%
West Virginia	505	2,443	23,066	3,970	32,092	9%	72%	12%
Wisconsin	400	3,699	17,319	5,371	28,858	14%	60%	19%
Wyoming	344	566	4,481	929	6,663	14%	67%	14%
Territories & FAS								
American Samoa	3	289	1,700	1	1,993	15%	85%	0%†
Comm. of the Northern Mariana Islands	0	104	365	9	490	21%	74%	2%
Federated States of Micronesia	133	819	2,760	1,074	4,952	19%	56%	22%
Guam	0	0	89	14	108	0%	82%	13%
Puerto Rico	46	448	14,382	3,883	19,246	3%	75%	20%
Republic of the Marshall Islands	20	41	467	13	764	8%	61%	2%
Republic of Palau	62	209	942	37	1,250	22%	75%	3%
U.S. Virgin Islands	191	100	1,187	1,057	2,848	10%	42%	37%
Total Users	90,987	451,625	1,720,394	653,705	3,212,228	17%	54%	20%
Range						0%–33%	18%–85%	0%†–37%

FAS=Freely Associated States.

Note: Percentages (row) do not sum to 100% because the table does not show the percentages for female users 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 Female users at risk of unintended pregnancy exclude users who are pregnant, seeking pregnancy, or abstinent.

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

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

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

† Percentage is less than 0.5%.

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2015 (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	34,981	45,296	77%
Alaska	2,739	3,530	78%
Arizona	10,721	13,492	79%
Arkansas	16,812	23,711	71%
California	297,312	426,037	70%
Colorado	14,118	22,674	62%
Connecticut	9,091	15,756	58%
Delaware	4,971	6,503	76%
District of Columbia	7,288	11,672	62%
Florida	18,430	56,556	33%
Georgia	7,073	21,493	33%
Hawaii	3,366	6,768	50%
Idaho	2,879	5,995	48%
Illinois	23,546	45,226	52%
Indiana	6,840	12,263	56%
Iowa	12,475	19,559	64%
Kansas	4,881	8,680	56%
Kentucky	8,350	20,613	41%
Louisiana	12,070	19,114	63%
Maine	4,972	8,595	58%
Maryland	11,295	24,159	47%
Massachusetts	14,569	25,020	58%
Michigan	14,327	33,940	42%
Minnesota	16,910	26,610	64%
Mississippi	13,616	20,433	67%
Missouri	11,167	21,837	51%
Montana	5,103	9,689	53%
Nebraska	5,561	9,086	61%
Nevada	3,265	4,217	77%
New Hampshire	3,801	6,899	55%
New Jersey	19,963	31,431	64%
New Mexico	5,287	10,696	49%
New York	74,074	119,529	62%

(continued)

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2015 (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	18,911	35,049	54%
North Dakota	2,035	3,615	56%
Ohio	22,083	36,819	60%
Oklahoma	17,016	28,769	59%
Oregon	12,680	23,188	55%
Pennsylvania	41,934	86,024	49%
Rhode Island	4,176	9,946	42%
South Carolina	22,938	34,945	66%
South Dakota	1,547	3,293	47%
Tennessee	19,206	36,460	53%
Texas	22,172	54,236	41%
Utah	7,242	17,092	42%
Vermont	2,442	3,749	65%
Virginia	14,990	22,869	66%
Washington	25,554	38,007	67%
West Virginia	7,204	21,226	34%
Wisconsin	6,853	15,666	44%
Wyoming	1,778	3,679	48%
Territories & FAS			
American Samoa	24	600	4%
Comm. of the Northern Mariana Islands	24	243	10%
Federated States of Micronesia	462	2,477	19%
Guam	62	118	53%
Puerto Rico	1,617	9,269	17%
Republic of the Marshall Islands	5	440	1%
Republic of Palau	101	443	23%
U.S. Virgin Islands	866	1,158	75%
Total Users	955,775	1,626,459	59%
Range			1%–79%

FAS=Freely Associated States.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2015 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 86 grantees that were active in both 2014 and 2015, 62 reported no change in the number of subrecipients, 10 reported a decrease, and 14 reported an increase. Several grantees attributed the decrease in subrecipients to their withdrawal from Title X participation, agency mergers, and agency closures.

Service Sites—Of the 86 grantees active in both 2014 and 2015, 44 reported no change in the number of service sites, 22 reported an increase, and 20 reported a decrease. 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, and reduced funding. Several grantees that reported an increase in the number of service sites attributed the increase to adding subrecipients and an error in reporting the number of service sites in 2014.

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

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 86 grantees operating in both 2014 and 2015, 61 reported a decrease and 25 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; reduced access or efficiency because of site closures, site or subrecipient withdrawal from Title X participation, electronic health record (EHR) implementation or transition, 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, changes in methodology for identifying family planning users in EHR systems; more accurate collection of encounter data, inclement weather, changes in the demographics of the state, missing data due to the null/other/unknown gender option on forms, and coding issues during the transition from ICD-9 to ICD-10.

Several grantees attributed the increase in number of users to one or more of the following reasons: the addition of new subrecipients, integration of family planning services with primary health care, increased outreach to males and teens, implementation of increased productivity standards, expanded clinic hours, 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 17% of total female users for whom race was unknown or not reported in 2015, 72% self-identified as Hispanic or Latino.

Reasons cited by grantees for an 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, errors in the EHR system (e.g., reporting is optional or inclusion of an “Other” race category), inclusion of a “decline to state” response category, glitch in data transfer from subrecipient, and staff failure to collect data.

Reasons cited for a decrease in the percentage of female users with unknown race include improvements in the collection, storage, and retrieval of race data.

FPAR Table 3: MALE USERS BY ETHNICITY AND RACE

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 17% of total male users for whom race was unknown or not reported in 2015, 68% identified as Hispanic or Latino.

Reasons cited by grantees for an increase in or continued high percentage of male users with unknown race or ethnicity data 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-mapping issue from subrecipient, data transmission errors, subrecipient not collecting these data previously, EHR systems or data collection forms that allow clients to refuse to report race or ethnicity or to report “Other” race, site utilization of a “decline to state” category, 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, corrected EHR programming, 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), 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 86 grantees operating in both 2014 and 2015, 68 reported an increase in the percentage of users with health insurance, 16 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 the number of newly insured clients who gained access to affordable health insurance because of the Affordable Care Act (ACA) and increased enrollment efforts by site staff, staff training to improve the collection of health insurance data, increased number of contracts with private insurers, 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.

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

Of the 86 grantees operating in both 2014 and 2015, 43 reported a decrease in the number of LEP users and 33 reported a decrease in the percentage of users who are LEP. 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 86 grantees operating in both 2014 and 2015, 43 reported an increase in the number of LEP users and 53 reported an increase in the percentage of LEP users. Several grantees attributed the increase in LEP users to one or more of the following reasons: improved data collection resulting from modifications to or implementation of 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). Other reasons for missing LEP status data include difficulty extracting data from EHR systems and need for staff training on collecting and recording LEP status data.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Hormonal injection users—Twelve grantees in six regions (I, III, VI, VII, VIII, and IX) reported a total of 138 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.02% of the 574,476 hormonal injection users reported in 2015.

Sterilization among users under 20—Five grantees reported seven female users under 20 who reported female sterilization as their primary contraceptive method. All grantees confirmed that these female users were sterilized prior to their seeking services at the Title X service site.

Vasectomy among users under 18—One grantee reported two female users under 18 relying on vasectomy as their primary contraceptive method. The grantee 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 teens) or encounters (e.g., nonclinical or off-site encounters). 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, failure to require primary method at exit for male clients, 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 86 grantees that submitted an FPAR in both 2014 and 2015, 48 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, 38 grantees reported an increase in the percentage of female users screened for cervical cancer. Reasons for the increase in cervical cancer screening include improved reporting, patients returning for follow-up test based on guidelines, and funding to support screening.

FPAR TABLE 10: CLINICAL BREAST EXAMS (CBEs) AND REFERRALS

Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 28 reported a decrease in the percentage of female users who received a CBE and 66 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, 28 grantees reported an increase in the percentage of female users examined and 20 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, correction of an error in the EHR system, and staff training.

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

Female user chlamydia testing—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 38 reported a decrease in the percentage of female users under 25 tested for chlamydia. Several grantees attributed the decrease in chlamydia testing to one or more of the following reasons: a decrease in the number of clients, decreased funding or loss of dedicated funding, difficulty extracting testing data from the EHR, under-reporting by subrecipients, exclusion of sexually transmitted disease (STD)-only visits, a decrease in sites, failure to adhere to screening guidelines, and staff turnover.

Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 48 reported an increase in the percentage of female users under 25 tested for chlamydia. Several grantees attributed the increase in chlamydia testing to one or more of the following reasons: an increase in the number of female clients served, an increase in the number of service sites, high prevalence or an outbreak in the service area, improved data collection, and increased adherence to screening guidelines.

Male user chlamydia testing—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 45 grantees reported an increase in the percentage of male users tested, 39 reported a decrease, and 2 had no male users in 2015. Several grantees attributed the decrease in chlamydia testing to one or more of the following reasons: decreased funding or loss of targeted funding, decrease in the number of clients, difficulty extracting testing data from the EHR, under-reporting by subrecipient, exclusion of STD-only visits, no longer including mobile clinic stop, failure to adhere to screening guidelines, and staff turnover.

Several grantees attributed the increase in chlamydia testing to one or more of the following reasons: improved data collection, an increase in the number of male clients served, an increase in service hours, high prevalence or an outbreak in the service area, and increased adherence to screening guidelines.

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

Gonorrhea Tests—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 45 reported an increase in the number of gonorrhea tests per female user and 42 grantees reported an increase in the number of tests per male user. Reasons cited for the increase in gonorrhea testing include increased use of the combined chlamydia and gonorrhea test, an increased number of high-risk users, additional funding to support testing, implementation of screening initiatives (e.g., routine screening), high prevalence or an outbreak in the service area, increased promotion of STD testing services, improved data collection/reporting, and increased adherence to screening guidelines.

Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 41 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 data because of data system problems, staff vacancies, and site closures.

Syphilis Tests—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 52 reported an increase in the number of syphilis tests per female user and 45 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, adding point-of-care testing, focus on high-risk males, emphasis on continuous quality improvement efforts, and more accurate data collection/reporting.

Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 34 reported a decrease in the number of syphilis tests per female user and 38 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, site closure, change to risk-based testing, and data collection/reporting issue.

Confidential HIV Tests—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 52 reported an increase in the number of confidential HIV tests per female user, 33 reported a decrease, and 1 reported no change. For male users, 48 grantees reported an increase in the number of confidential HIV tests per male user, 34 reported a decrease, 2 reported no change, and 2 reported no male users.

Reasons cited for the increase in confidential HIV testing include increased compliance with Centers for Disease Control and Prevention (CDC) testing guidelines, addition of an HIV care team, implementation of a continuous quality improvement initiative, implementation of opt-out testing, and state-level effort to increase HIV testing/awareness.

Reasons cited for the decrease in confidential HIV tests include a decrease in repeat testing, under-reporting by subrecipients, availability of testing at alternative sites, and difficulty obtaining HIV testing kits.

Positive Confidential HIV Tests—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 29 reported an increase in the number of positive confidential HIV tests per 1,000 tests performed, 33 reported a decrease, 23 reported no change (ratio was zero in both years), and 1 performed no confidential HIV tests. Reasons cited for the increase in number of positive confidential HIV tests include outreach to HIV-positive clients for family planning services and implementation of HIV care team.

General Comments—Several grantees cited reasons for an increase or decrease in STD testing that were not specific to a type of test. Reasons for the increase in STD testing include improved data collection, an increase in number of clients, extended operating hours, and increased staffing. An increase in male STD testing was attributed to encouraging males to be tested and an increase in male clients. Grantees attributed the decline in general STD testing to clients going elsewhere for testing, inability to extract data from system, staff vacancies, efforts to reduce over-screening, site closure, and relocation.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

Clinical Services Providers (CSPs)—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 41 reported a decrease in the total number of full-time equivalent (FTE) CSPs delivering Title X-funded services, 41 reported an increase, and 4 reported no change. By type of CSP, the changes in number of FTEs are as follows:

- **Physicians**—30 grantees reported a decrease in physician CSP FTEs, 28 reported an increase, and 28 reported no change.
- **Midlevel Clinicians**—41 grantees reported a decrease in midlevel clinician CSP FTEs, 39 reported an increase, and 6 reported no change.
- **Other CSPs**—65 grantees reported zero Other CSP FTEs in both years, 11 reported a decrease, 8 reported an increase, and 2 reported no change.

Several grantees attributed the increase in CSP FTEs to the addition of new subrecipients (e.g., federally qualified health centers) and sites, increased staff, or improved collection and reporting of FTE data. Reasons cited for the decrease in CSP FTEs include decreased funding, a decline in users, staff retirement, difficulty retaining or recruiting staff, and more accurate collection and reporting of FTE data.

Encounters—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 64 reported a decrease in the number of total encounters, and 57 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, use of contraceptive methods (e.g., LARCs) that require fewer visits, staffing shortages, decreased funding, site closures, and data system problems.

Twenty-two of 86 grantees reported an increase in total encounters, and 29 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 or more accurate collection of data on the type of provider rendering care.

FPAR TABLE 14: REVENUE REPORT

Title X revenue (row 1)—All Regions—Title X revenue includes 2015 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and health information technology [HIT]).

Medicaid revenue (row 3a)—All Regions—Medicaid revenue includes revenue from state Medicaid family planning eligibility expansions in 28 states in all 10 HHS regions. States with family planning eligibility expansions 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, Mississippi, North Carolina, and South Carolina

Region V—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 include the following: ACA Navigator Grant, Ashland Parenting Plus, AZ Department of Health Services STD funding, CDC, CDC (Breast and Cervical Cancer Early Detection Program), CDC (HIV Counseling, Testing, and Referral), CDC (Infertility Prevention Program), CDC (STD Assessment, Assurance, Policy Development, and Prevention Strategies), CDC (STDs), client donations, Cohen Foundation, community health network, Community Services Block Grant, contraceptives, county taxes, DC Campaign to Prevent Teen Pregnancy, DE Healthy Women/Healthy Babies, donations, drug refund, earned and special funds, education income, EHR incentive funds, Every Woman Matters, foundation grants, fundraising, general funds, grant in aid, grantee subsidy, Guardian Life Grant, health center funding, HHS ACA Navigator Grant, HIT grant, HIV grant, Health Resources and Services Administration (Ryan White), individual donations, insurance exchange, interest, Komen Foundation, KS Statewide Farmworker Health Program, LARC donor, local private support, MA Alliance for Teen Pregnancy, MA Health Safety Net, Marpat Foundation, Medicaid Meaningful Use, medical records fee, mileage, miscellaneous, Net Assets Released From Restrictions, NH Health Plan Marketplace Assistors, nonfederal unrestricted funds, other federal grants, other federal revenue, other nonfederal revenue, PA HealthyWoman Program (breast and cervical cancer screening), payment for education services, Personal Responsibility Education Program grant, pharmacy reimbursements/discounts, pharmacy revenues, Preventive Health and Health Services Block Grant, private grants, Project Connect, Refugee Health Program, refunds for pharmacy returns, research, restricted donations/gifts, Royalton Foundation grant, St. James Physician Hospital Organization, state STD funding, STD funding, subcontracts, subrecipient contraceptive purchases, subrecipient contributions, supplies and contracts, teen pregnancy prevention grant, teen pregnancy prevention survey, The Contraceptive CHOICE Project, tobacco settlement funds, travel reimbursements, United Nations Population Fund, United Way, and the Weinberg Foundation.

Total revenue (row 18)—All Regions—Of the 86 grantees that submitted an FPAR in both 2014 and 2015, 41 reported a decrease in total revenue and 45 reported an increase.

