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Family Planning Annual Report: 2011 National Summary

Prepared for

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ERRATA AND REVISIONS
Family Planning Annual Report: 2011 National Summary

As of August 12, 2014, the following items in the print version of the *Family Planning Annual Report: 2011 National Summary* (November 2012) have been corrected or updated in the online version (PDF), which can be found on the Office of Population Affairs Web site at <http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/#fpar>.

Exhibit B-1, Pages B-2 and B-3: State-level number and distribution of family planning users, by user sex, and distribution of all users, by State: 2011

- **California:** The numbers of female, male, and total family planning users were changed to 1,063,263 Female, 133,184 Male, and 1,196,447 Total.
- **Nevada:** The numbers of female, male, and total family planning users were changed to 22,636 Female, 1,070 Male, and 23,706 Total.
- **New Hampshire:** The numbers (and percentages) of female, male, and total family planning users were changed to 22,638 (93%) Female, 1,637 (7%) Male, and 24,275 Total.
- **Vermont:** The numbers (and percentages) of female, male, and total family planning users were changed to 5,505 (92%) Female, 479 (8%) Male, and 5,984 Total.

Exhibit B-2, Pages B-4 and B-5: State-level number and distribution of family planning users, by user income level: 2011

- **California:** The numbers of family planning users by income level were changed to 854,089 Under 101%, 225,184 at 101% to 250%, 61,663 at Over 250%, 55,511 Unknown/Not Reported, and 1,196,447 Total.
- **Nevada:** The numbers of family planning users by income level were changed to 14,321 Under 101%, 5,123 at 101% to 250%, 2,582 at Over 250%, 1,680 Unknown/Not Reported, and 23,706 Total.
- **New Hampshire:** The numbers (and percentages) of family planning users by income level were changed to 12,653 Under 101%, 6,502 (27%) at 101% to 250%, 1,874 (8%) at Over 250%, 3,246 (13%) Unknown/Not Reported, and 24,275 Total.
- **Vermont:** The numbers (and percentages) of family planning users by income level were changed to 1,891 (32%) Under 101%, 1,316 (22%) at 101% to 250%, 417 (7%) at Over 250%, 2,360 (39%) Unknown/Not Reported, and 5,984 Total.

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

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1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act,¹ is administered by the Office of Population Affairs (OPA). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. Title X-funded agencies offer a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis. In addition, Title X funds support the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.² For many clients, Title X service sites provide the only continuing source of health care and health education. In fiscal year 2011, the program received approximately \$299.4 million in funding.³

OPA allocates Title X service funds to U.S. Department of Health and Human Services (HHS) offices in 10 regions, shown in *Exhibit 1*. Each regional office manages the competitive review of Title X grant applications, makes grant awards, and monitors program performance for its respective region.

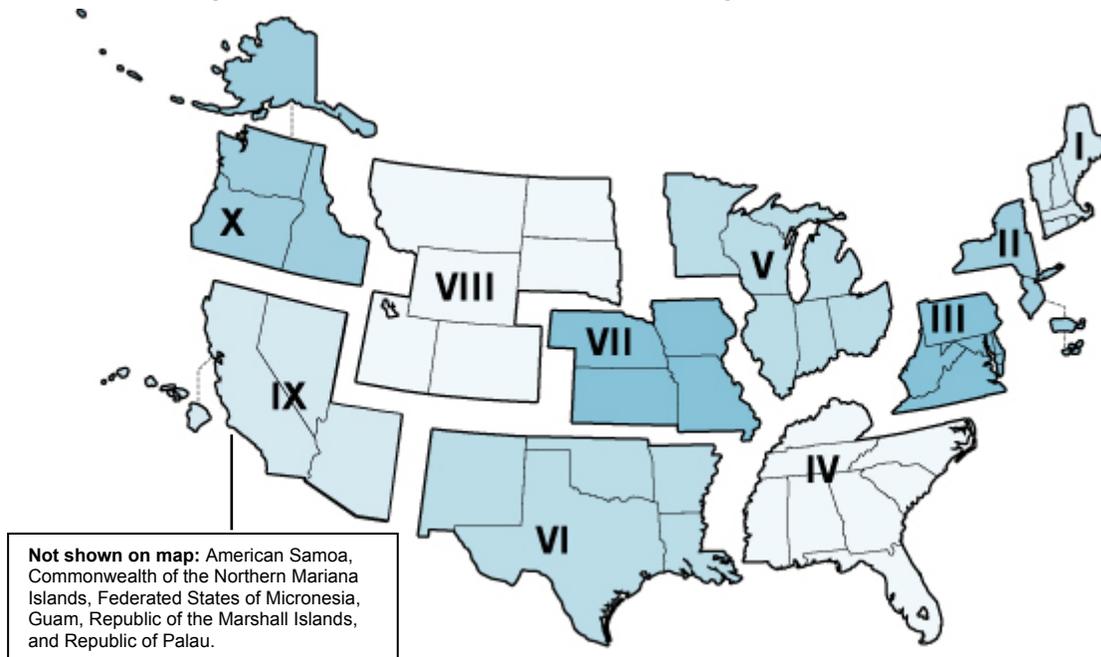
FAMILY PLANNING ANNUAL REPORT

The Family Planning Annual Report (FPAR) is the only source of uniform reporting by all Title X service grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. Annual submission of the FPAR is required of all Title X service grantees for purposes of monitoring program performance and reporting.^{4,5} The FPAR data are reported and presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.⁶

Title X administrators and grantees use FPAR data to

- monitor compliance with statutory requirements;
- comply with accountability and federal performance requirements for Title X family planning funds, as required by the 1993 Government Performance and Results Act and the Office of Management and Budget;
- guide strategic and financial planning and respond to inquiries from policy makers and Congress about the program; and
- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.

Exhibit 1. U.S. Department of Health and Human Services regions



The 10 HHS regions (and regional office locations) are as follows:

- **Region I (Boston, MA)**—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- **Region II (New York, NY)**—New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III (Philadelphia, PA)**—Delaware, Washington, DC, Maryland, Pennsylvania, Virginia, and West Virginia
- **Region IV (Atlanta, GA)**—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region V (Chicago, IL)**—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI (Dallas, TX)**—Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII (Kansas City, MO)**—Iowa, Kansas, Missouri, and Nebraska
- **Region VIII (Denver, CO)**—Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
- **Region IX (San Francisco, CA)**—Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau
- **Region X (Seattle, WA)**—Alaska, Idaho, Oregon, and Washington

REPORT STRUCTURE

The *Family Planning Annual Report: 2011 National Summary* presents data for the 91 Title X service grantees that submitted an FPAR report for the 2011 reporting period (January 1, 2011 to December 31, 2011). The *Summary* has five sections:

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

Section 2—FPAR Methodology—describes the procedures for collecting, reporting, and validating FPAR data and presents the definitions for key FPAR terms.

Section 3—Findings—presents the results for each FPAR table and includes a discussion of national and regional patterns and trends for selected indicators. Section 3 also presents definitions for table-specific FPAR terms and reporting instructions.

Section 4—References—is a list of key FPAR and report references.

Section 5—Appendixes—consists of three appendixes. *Appendix A* presents trend data for 1999 to 2011 or 2005 to 2011 for selected indicators. *Appendix B* presents information on the number and distribution of users served in 2011 by sex and income level for each state, the District of Columbia, and the eight U.S. territories and jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). *Appendix C* presents general and table-specific notes about the data presented in this report.

Key Terms and Definitions for FPAR Reporting

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

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

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a clinical services provider and (2) family planning encounters with other services providers. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the test(s) is/are accompanied by family planning counseling or education.

Family Planning Provider—A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff who exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other services providers.

Family Planning Service Site—A family planning service site refers to an established unit where grantee or delegate agency staff provide Title X services (clinical, counseling, educational, and/or referral) that comply with the Title X *Program Guidelines*⁷ and where at least some of the encounters between the family planning provider(s) and the individual(s) served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 5–7.

2 FPAR Methodology

DATA COLLECTION

The FPAR (*Title X Family Planning Annual Report: Forms and Instructions* [Reissued January 2011]) consists of a Grantee Profile and 14 reporting tables.⁸ 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 2011 findings. Each exhibit identifies the FPAR table that is the source for the data presented.

DATA REPORTING

Title X service grantees are required to submit an FPAR by February 15 for the recently completed reporting period (January 1 to December 31). In February 2012, 91 grantees submitted FPARs for the 2011 reporting period. Grantees submitted 90% (82 reports) of FPARs by the February 15 due date, and 99% (90 reports) using the web-based *FPAR Data System* (<https://fpar.opa.hhs.gov/>).

DATA VALIDATION

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

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

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

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

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

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

In FPAR **Table 1**, grantees report the unduplicated number of family planning users by age group and sex, categorizing the users based on their age as of June 30th of the reporting period. The FPAR instructions provide the following guidance for reporting this information:

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

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

Race and Ethnicity—The categories for reporting ethnicity and race in the FPAR conform to the Office of Management and Budget (OMB) 1997 Revisions to the *Standards for the Classification of Federal Data on Race and Ethnicity*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

Hispanic or Latino (All Races)—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino (All Races)—A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five minimum OMB categories for reporting race are

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

3 Findings

GRANTEE PROFILE

In 2011, OPA regional offices awarded Title X service grants to 91 public and private grantees, including 49 (54% of grantees) state and local health departments and 42 (46% of grantees) nonprofit family planning agencies, independent service sites, and community health agencies. In turn, grantees distributed these funds to 1,142 subrecipients (“delegates”) and their own service sites, ultimately supporting a family planning service network of 4,382 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions (*Exhibit 2*).

From 2010 to 2011, there were small changes in the size and distribution of the Title X service network. The number of grantees increased 2%, from 89 to 91, with new grantees in Regions I and IX. There was a net increase of 20 delegate agencies, from 1,122 to 1,142. Six regions (I, III, V, VII, IX, and X) reported an increase in delegates, three (II, IV, and VI) reported a decrease, and one (VIII) reported no change. There was a net decrease of seven service sites, from 4,389 to 4,382, with four regions (I, V, IX, and X) reporting increases of between 1 and 44 sites and the remaining six regions (II, III, IV, VI, VII, and VIII) reporting declines of between 2 and 27 sites (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, delegates, and service sites, by year and region: 2010–2011 (Source: FPAR Grantee Profile Cover Sheet)

Network Features	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2011	91	11	7	9	10	12	6	5	6	17	8
2010	89	10	7	9	10	12	6	5	6	16	8
Difference	2	1	0	0	0	0	0	0	0	1	0
% Change	2%	10%	0%	0%	0%	0%	0%	0%	0%	6%	0%
Delegates											
2011	1,142	72	80	230	183	135	79	106	74	121	62
2010	1,122	71	82	218	188	130	90	105	74	104	60
Difference	20	1	-2	12	-5	5	-11	1	0	17	2
% Change	2%	1%	-2%	6%	-3%	4%	-12%	1%	0%	16%	3%
Service Sites											
2011	4,382	228	263	639	1,076	392	553	267	179	539	246
2010	4,389	221	272	641	1,091	371	580	289	184	495	245
Difference	-7	7	-9	-2	-15	21	-27	-22	-5	44	1
% Change	0%†	3%	-3%	0%†	-1%	6%	-5%	-8%	-3%	9%	0%†

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

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2011, Title X-funded sites served 5,021,711 family planning users. Regions IV and IX accounted for 19% and 26%, respectively, of the total users served in 2011. Regions II, III, V, and VI each served between 9% and 11% of total users, and Regions I, VII, VIII, and X each served between 3% and 4% (*Exhibit 3*).

Between 2010 and 2011, the total number of users served in Title X-funded service sites decreased 4%, or by 203,151 users. All 10 regions reported declines ranging between 5,800 and 49,000 users (*Exhibit 3*). On average, the number of users per service site decreased by 44, from 1,190 in 2010 to 1,146 in 2011 (not shown).

Between 1999 and 2011, the total number of users increased 13%, from 4,442,138 in 1999 to 5,021,711 in 2011. During this period, four regions (II, III, VIII, and IX) increased their total number of users served by 13% or more, with Region IX nearly doubling (85% increase) their number of users. Five regions experienced a decrease in total users served (IV, V, VI, VII, and X), with Region VII experiencing the highest percentage decrease in number of users (17%) (*Exhibit A-1a in Appendix A*).

Exhibit 3. Number, distribution, and percentage change in number of family planning users, by year and region: 2010–2011 (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											
2011	5,021,711	192,252	493,369	564,163	940,931	472,062	475,863	205,167	169,311	1,314,270	194,323
2010	5,224,862	198,962	499,231	584,167	989,770	492,359	512,868	214,032	176,892	1,352,569	204,012
Difference	-203,151	-6,710	-5,862	-20,004	-48,839	-20,297	-37,005	-8,865	-7,581	-38,299	-9,689
% Change	-4%	-3%	-1%	-3%	-5%	-4%	-7%	-4%	-4%	-3%	-5%
Distribution											
2010	100%	4%	10%	11%	19%	9%	10%	4%	3%	26%	4%
2011	100%	4%	10%	11%	19%	9%	9%	4%	3%	26%	4%

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

Users by Sex (Exhibits 4 and 5)

Of the total number of users in 2011, 92% (4,635,195) were female and 8% (386,516) were male. Across regions, the percentage of total users who were female ranged from 87% (VIII) to 97% (IV) (*Exhibits 4 and 5*). *Exhibit B-1 (Appendix B)* presents the number and distribution of female and male family planning users for 2011 for each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Between 1999 and 2011, the percentage of users who were female decreased from 97% of total users in 1999 to 92% in 2011. Numerically, however, the number of female users increased 7%, from 4,315,040 in 1999 to 4,635,195 in 2011. During this same time, the number of male users more than tripled, increasing from 127,098 in 1999 to 386,516 in 2011 (*Exhibit A-1a*).

Users by Age (Exhibits 4 and 5)

In 2011, 51% (2,566,471) of family planning users were in their 20s, 28% (1,411,339) were 30 or over, and 21% (1,043,901) were 19 or under. By age group, the highest percentages of users were 20 to 24 (30%), 25 to 29 (21%), and 15 to 19 (20%). By region, the percentage of users in their early 20s ranged from 28% (I and VI) to 33% (V), while the percentage 15 to 19 ranged from 18% (II and IX) to 22% (I, V, VIII, and X). Users under 15 accounted for only 1% (59,351) of total users nationally and between 1% and 2% of total users across the regions (*Exhibits 4 and 5*).

Nationally, the same percentages of male and female users were in their teens (21%), and a slightly higher percentage of female (30%) than male (29%) users were in their early 20s. Compared to female users, there was more variation across regions in the age distribution of male users. For example, the percentage of male users who were teenagers ranged from 15% (X) to 39% (IV), compared with 19% (II and IX) to 25% (VIII) for female users. Similarly, the percentage of male users in their early 20s ranged from 20% (IV) to 34% (II and V) of male users, compared with 27% (I) to 33% (V) for female users. Females under 15 accounted for 1% of female users in all regions, while males in this age group accounted for 1% to 4% of male users in all regions except Region IV, where they comprised 18% of male users (*Exhibits 4 and 5*).

Between 1999 and 2011, there were small shifts in the percentage distribution of family planning users by age group. There was an increase in the number of users in all age groups, except in the group 17 or under, which decreased 23% (or by 144,443 users), and the age group 18 to 19, which decreased 13% (or by 87,376 users). Numerically, the age group 25 to 29 had the largest increase in users (245,933 or a 30% increase). In addition, the age group over 44 increased by 101%, or by 105,089 users (*Exhibits A-2a and A-2b*).

Users by Race (Exhibits 6 to 14)

In 2011, 57% (2,864,253) of all family planning users identified themselves as white, 20% (986,803) as black, 3% (134,345) as Asian, 1% (70,929) as Native Hawaiian or Other Pacific Islander, and 1% (43,204) as American Indian or Alaska Native. Five percent (250,825) of all users self-identified with two or more of the five minimum race categories specified in the Office of Management and Budget's *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*.⁹ Race was either unknown or not reported for 13% (671,352) of all users (*Exhibits 6, 9, and 10*).

The racial composition of female users (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed slightly in terms of the percentages in each group that self-identified as white or black. Among female users, 58% self-identified as white and 19% as black, while among male users, 50% self-identified as white and 23% as black. Additionally, race was unknown or not reported for a slightly higher percentage of male (15%) than female (13%) users.

Exhibit 4. Number of family planning users, by sex, age, and region: 2011 (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	49,297	2,509	4,240	7,571	10,755	4,661	5,455	2,434	1,840	7,651	2,181
15 to 17	391,124	17,851	35,229	49,767	72,281	41,723	37,980	17,893	14,355	84,876	19,169
18 to 19	520,921	19,259	46,792	56,579	100,467	56,937	49,386	23,123	19,910	126,846	21,622
20 to 24	1,395,493	46,810	132,808	148,535	280,091	145,945	127,706	57,751	46,491	355,468	53,888
25 to 29	981,737	32,988	101,639	104,308	197,998	92,610	95,346	38,191	29,083	250,363	39,211
30 to 34	578,197	19,458	60,798	61,349	121,570	49,093	64,365	22,405	16,393	140,209	22,557
35 to 39	334,025	12,118	35,140	34,114	66,590	25,825	38,771	12,789	8,895	87,191	12,592
40 to 44	204,591	9,109	20,989	21,506	36,776	15,061	20,550	8,320	5,491	59,617	7,172
Over 44	179,810	10,851	18,288	24,360	27,390	11,139	13,536	8,936	4,608	55,599	5,103
Subtotal	4,635,195	170,953	455,923	508,089	913,918	442,994	453,095	191,842	147,066	1,167,820	183,495
Male Users											
Under 15	10,054	767	686	1,324	4,748	334	216	248	377	1,299	55
15 to 17	32,578	2,383	3,073	7,037	3,724	2,302	1,691	939	1,142	9,650	637
18 to 19	39,927	2,047	4,248	6,839	2,116	3,365	3,027	1,418	2,028	13,948	891
20 to 24	112,722	6,110	12,575	14,969	5,271	9,777	7,539	4,365	6,809	42,559	2,748
25 to 29	76,519	4,152	7,853	9,098	3,661	5,942	4,206	2,872	5,010	31,474	2,251
30 to 34	42,922	2,043	4,005	5,235	2,486	3,182	2,497	1,460	2,845	17,680	1,489
35 to 39	24,375	1,182	1,867	3,193	1,664	1,570	1,424	791	1,512	10,229	943
40 to 44	17,838	1,000	1,256	2,703	1,241	1,049	879	457	978	7,591	684
Over 44	29,581	1,615	1,883	5,676	2,102	1,547	1,289	775	1,544	12,020	1,130
Subtotal	386,516	21,299	37,446	56,074	27,013	29,068	22,768	13,325	22,245	146,450	10,828
All Users											
Under 15	59,351	3,276	4,926	8,895	15,503	4,995	5,671	2,682	2,217	8,950	2,236
15 to 17	423,702	20,234	38,302	56,804	76,005	44,025	39,671	18,832	15,497	94,526	19,806
18 to 19	560,848	21,306	51,040	63,418	102,583	60,302	52,413	24,541	21,938	140,794	22,513
20 to 24	1,508,215	52,920	145,383	163,504	285,362	155,722	135,245	62,116	53,300	398,027	56,636
25 to 29	1,058,256	37,140	109,492	113,406	201,659	98,552	99,552	41,063	34,093	281,837	41,462
30 to 34	621,119	21,501	64,803	66,584	124,056	52,275	66,862	23,865	19,238	157,889	24,046
35 to 39	358,400	13,300	37,007	37,307	68,254	27,395	40,195	13,580	10,407	97,420	13,535
40 to 44	222,429	10,109	22,245	24,209	38,017	16,110	21,429	8,777	6,469	67,208	7,856
Over 44	209,391	12,466	20,171	30,036	29,492	12,686	14,825	9,711	6,152	67,619	6,233
Total All Users	5,021,711	192,252	493,369	564,163	940,931	472,062	475,863	205,167	169,311	1,314,270	194,323

Exhibit 5. Distribution of family planning users, by sex, age, and region: 2011 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
15 to 17	8%	10%	8%	10%	8%	9%	8%	9%	10%	7%	10%
18 to 19	11%	11%	10%	11%	11%	13%	11%	12%	14%	11%	12%
20 to 24	30%	27%	29%	29%	31%	33%	28%	30%	32%	30%	29%
25 to 29	21%	19%	22%	21%	22%	21%	21%	20%	20%	21%	21%
30 to 34	12%	11%	13%	12%	13%	11%	14%	12%	11%	12%	12%
35 to 39	7%	7%	8%	7%	7%	6%	9%	7%	6%	7%	7%
40 to 44	4%	5%	5%	4%	4%	3%	5%	4%	4%	5%	4%
Over 44	4%	6%	4%	5%	3%	3%	3%	5%	3%	5%	3%
Subtotal	100%										
Male Users											
Under 15	3%	4%	2%	2%	18%	1%	1%	2%	2%	1%	1%
15 to 17	8%	11%	8%	13%	14%	8%	7%	7%	5%	7%	6%
18 to 19	10%	10%	11%	12%	8%	12%	13%	11%	9%	10%	8%
20 to 24	29%	29%	34%	27%	20%	34%	33%	33%	31%	29%	25%
25 to 29	20%	19%	21%	16%	14%	20%	18%	22%	23%	21%	21%
30 to 34	11%	10%	11%	9%	9%	11%	11%	11%	13%	12%	14%
35 to 39	6%	6%	5%	6%	6%	5%	6%	6%	7%	7%	9%
40 to 44	5%	5%	3%	5%	5%	4%	4%	3%	4%	5%	6%
Over 44	8%	8%	5%	10%	8%	5%	6%	6%	7%	8%	10%
Subtotal	100%										
All Users											
Under 15	1%	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15 to 17	8%	11%	8%	10%	8%	9%	8%	9%	9%	7%	10%
18 to 19	11%	11%	10%	11%	11%	13%	11%	12%	13%	11%	12%
20 to 24	30%	28%	29%	29%	30%	33%	28%	30%	31%	30%	29%
25 to 29	21%	19%	22%	20%	21%	21%	21%	20%	20%	21%	21%
30 to 34	12%	11%	13%	12%	13%	11%	14%	12%	11%	12%	12%
35 to 39	7%	7%	8%	7%	7%	6%	8%	7%	6%	7%	7%
40 to 44	4%	5%	5%	4%	4%	3%	5%	4%	4%	5%	4%
Over 44	4%	6%	4%	5%	3%	3%	3%	5%	4%	5%	3%
Total All Users	100%										

In all regions, between 44% (II) and 80% (VIII) self-identified as white, and between 3% (X) and 35% (IV) self-identified as black. Region IX, which includes the Pacific territories, had the highest percentages of users identifying themselves as Asian (6%), Native Hawaiian or Other Pacific Islander (5%), and more than one race (10%). The percentage of users for whom race was unknown or not reported met or exceeded the national average of 13% in three regions (II, IX, and X) (*Exhibits 9 and 10*).

Between 1999 and 2011, there were small changes (two to eight percentage points) in the percentage distribution of family planning users by race. The percentage of total users who self-identified as white decreased from 65% in 1999 to 57% in 2011, the percentage who self-identified as black decreased from 22% to 20%, and the percentage of users for whom race was unknown or not reported increased from 9% to 13%. In addition, between 2005 and 2011, the percentage of total users who self-identified with two or more OMB race categories increased from 3% to 5%. The increased percentage of users with an unknown race is likely due to the increase in Hispanic/Latino users, many of whom do not self-identify with any OMB race category (*Exhibits A-3a and A-3b*).

Users by Ethnicity (Exhibits 6 to 14)

In 2011, 29% (1,451,215) of users identified themselves as Hispanic or Latino, including 29% (1,344,769) of female users and 28% (106,446) of male users. Ethnicity was unknown or not reported for 3% of female users and 4% of male users (*Exhibits 6, 7, and 8*). For female and male users, the highest percentages of Hispanic or Latino users were in Regions II, VI, and IX (*Exhibits 11 to 14*).

Between 1999 and 2011, the percentage of all family planning users who identified themselves as Hispanic or Latino increased from 17% of users in 1999 to 29% in 2011, while the percentage of users with unknown Hispanic or Latino ethnicity decreased from 4% to 3%. Numerically, the number of Hispanic or Latino users increased 88%, from 772,129 in 1999 to 1,451,215 in 2011 (*Exhibits A-4a and A-4b*).

Since 2005, grantees have reported race and ethnicity data in a single, cross-tabulated table for female (FPAR Table 2) and male (FPAR Table 3) users. The revised format provides information on the ethnic composition of users reported in each race category, including those for whom race is unknown or not reported. Among the 13% (611,704) of female users for whom race was unknown or not reported in 2011, 71% (436,806) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 15% (59,648) of male users for whom race was unknown or not reported, 69% (40,936) were Hispanic or Latino (*Exhibit 8*). Among both female and male users, 1% did not self-identify with either a race or an ethnic group category. *Exhibits A-5a and A-5b* present trends in the distribution of users by ethnicity and race for 1999 to 2011.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2011
(Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	12,530	29,629	1,045	43,204	0%†	1%	0%†	1%
Asian	3,976	121,777	8,592	134,345	0%†	2%	0%†	3%
Black/African American	27,474	939,143	20,186	986,803	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	11,218	58,687	1,024	70,929	0%†	1%	0%†	1%
White	742,062	2,060,244	61,947	2,864,253	15%	41%	1%	57%
More than one race	176,213	64,182	10,430	250,825	4%	1%	0%†	5%
UK/NR	477,742	142,652	50,958	671,352	10%	3%	1%	13%
Total All Users	1,451,215	3,416,314	154,182	5,021,711	29%	68%	3%	100%

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

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2011
(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	11,777	27,494	907	40,178	0%†	1%	0%†	1%
Asian	3,709	113,805	8,011	125,525	0%†	2%	0%†	3%
Black/African American	25,453	852,955	17,582	895,990	1%	18%	0%†	19%
Nat Hawaiian/Pac Island	10,417	49,173	915	60,505	0%†	1%	0%†	1%
White	694,347	1,921,198	56,314	2,671,859	15%	41%	1%	58%
More than one race	162,260	58,058	9,116	229,434	4%	1%	0%†	5%
UK/NR	436,806	128,445	46,453	611,704	9%	3%	1%	13%
Total Female Users	1,344,769	3,151,128	139,298	4,635,195	29%	68%	3%	100%

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

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2011
(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	753	2,135	138	3,026	0%†	1%	0%†	1%
Asian	267	7,972	581	8,820	0%†	2%	0%†	2%
Black/African American	2,021	86,188	2,604	90,813	1%	22%	1%	23%
Nat Hawaiian/Pac Island	801	9,514	109	10,424	0%†	2%	0%†	3%
White	47,715	139,046	5,633	192,394	12%	36%	1%	50%
More than one race	13,953	6,124	1,314	21,391	4%	2%	0%†	6%
UK/NR	40,936	14,207	4,505	59,648	11%	4%	1%	15%
Total Male Users	106,446	265,186	14,884	386,516	28%	69%	4%	100%

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

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2011 (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	12,530	111	402	250	940	1,208	642	256	339	7,614	768
Not Hispanic or Latino	29,629	441	1,303	898	2,033	1,486	5,357	1,208	2,250	12,093	2,560
UK/NR	1,045	49	20	23	3	142	34	39	79	656	0
Subtotal	43,204	601	1,725	1,171	2,976	2,836	6,033	1,503	2,668	20,363	3,328
Asian											
Hispanic or Latino	3,976	93	305	194	263	116	341	41	52	2,270	301
Not Hispanic or Latino	121,777	7,225	13,130	9,791	6,977	5,133	3,084	2,315	1,957	66,663	5,502
UK/NR	8,592	287	44	73	12	287	121	240	81	7,442	5
Subtotal	134,345	7,605	13,479	10,058	7,252	5,536	3,546	2,596	2,090	76,375	5,808
Black or African American											
Hispanic or Latino	27,474	2,228	9,208	2,024	7,457	1,100	1,404	269	295	3,111	378
Not Hispanic or Latino	939,143	22,856	115,374	181,271	319,729	101,268	81,967	28,166	6,229	76,200	6,083
UK/NR	20,186	302	814	1,856	537	5,913	529	1,933	297	7,999	6
Subtotal	986,803	25,386	125,396	185,151	327,723	108,281	83,900	30,368	6,821	87,310	6,467
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	11,218	418	394	388	919	147	398	165	48	7,748	593
Not Hispanic or Latino	58,687	614	995	583	832	450	604	457	506	52,263	1,383
UK/NR	1,024	17	94	20	6	30	31	13	8	803	2
Subtotal	70,929	1,049	1,483	991	1,757	627	1,033	635	562	60,814	1,978
White											
Hispanic or Latino	742,062	17,686	54,059	29,388	104,105	35,756	201,405	19,856	22,157	236,154	21,496
Not Hispanic or Latino	2,060,244	109,718	163,344	260,940	421,651	264,986	149,085	128,339	110,703	328,776	122,702
UK/NR	61,947	2,789	274	6,998	512	10,626	1,142	3,348	2,199	33,990	69
Subtotal	2,864,253	130,193	217,677	297,326	526,268	311,368	351,632	151,543	135,059	598,920	144,267
More Than One Race											
Hispanic or Latino	176,213	6,051	19,412	6,161	38,416	3,096	1,254	949	4,989	94,548	1,337
Not Hispanic or Latino	64,182	3,418	2,685	2,889	6,475	5,273	2,675	1,549	2,785	34,601	1,832
UK/NR	10,430	99	311	104	33	938	111	84	109	8,631	10
Subtotal	250,825	9,568	22,408	9,154	44,924	9,307	4,040	2,582	7,883	137,780	3,179
Race Unknown or Not Reported											
Hispanic or Latino	477,742	13,500	78,008	35,029	18,216	23,182	19,601	5,267	11,372	252,583	20,984
Not Hispanic or Latino	142,652	2,213	32,687	19,098	7,339	7,741	3,340	5,231	1,967	54,728	8,308
UK/NR	50,958	2,137	506	6,185	4,476	3,184	2,738	5,442	889	25,397	4
Subtotal	671,352	17,850	111,201	60,312	30,031	34,107	25,679	15,940	14,228	332,708	29,296
All Races											
Hispanic or Latino	1,451,215	40,087	161,788	73,434	170,316	64,605	225,045	26,803	39,252	604,028	45,857
Not Hispanic or Latino	3,416,314	146,485	329,518	475,470	765,036	386,337	246,112	167,265	126,397	625,324	148,370
UK/NR	154,182	5,680	2,063	15,259	5,579	21,120	4,706	11,099	3,662	84,918	96
Total All Users	5,021,711	192,252	493,369	564,163	940,931	472,062	475,863	205,167	169,311	1,314,270	194,323

UK/NR=unknown or not reported.

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2011 (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%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	1%	1%	1%	2%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	4%	3%	2%	1%	1%	1%	1%	1%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	4%	3%	2%	1%	1%	1%	1%	1%	6%	3%
Black or African American											
Hispanic or Latino	1%	1%	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	12%	23%	32%	34%	21%	17%	14%	4%	6%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	0%†
Subtotal	20%	13%	25%	33%	35%	23%	18%	15%	4%	7%	3%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	5%	1%						
White											
Hispanic or Latino	15%	9%	11%	5%	11%	8%	42%	10%	13%	18%	11%
Not Hispanic or Latino	41%	57%	33%	46%	45%	56%	31%	63%	65%	25%	63%
UK/NR	1%	1%	0%†	1%	0%†	2%	0%†	2%	1%	3%	0%†
Subtotal	57%	68%	44%	53%	56%	66%	74%	74%	80%	46%	74%
More Than One Race											
Hispanic or Latino	4%	3%	4%	1%	4%	1%	0%†	0%†	3%	7%	1%
Not Hispanic or Latino	1%	2%	1%	1%	1%	1%	1%	1%	2%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	5%	5%	5%	2%	5%	2%	1%	1%	5%	10%	2%
Race Unknown or Not Reported											
Hispanic or Latino	10%	7%	16%	6%	2%	5%	4%	3%	7%	19%	11%
Not Hispanic or Latino	3%	1%	7%	3%	1%	2%	1%	3%	1%	4%	4%
UK/NR	1%	1%	0%†	1%	0%†	1%	1%	3%	1%	2%	0%†
Subtotal	13%	9%	23%	11%	3%	7%	5%	8%	8%	25%	15%
All Races											
Hispanic or Latino	29%	21%	33%	13%	18%	14%	47%	13%	23%	46%	24%
Not Hispanic or Latino	68%	76%	67%	84%	81%	82%	52%	82%	75%	48%	76%
UK/NR	3%	3%	0%†	3%	1%	4%	1%	5%	2%	6%	0%†
Total All Users	100%										

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2011 (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	11,777	101	386	237	938	1,180	624	243	282	7,048	738
Not Hispanic or Latino	27,494	392	1,223	818	2,016	1,386	5,071	1,088	2,046	11,152	2,302
UK/NR	907	45	18	21	3	132	28	36	69	555	0
Subtotal	40,178	538	1,627	1,076	2,957	2,698	5,723	1,367	2,397	18,755	3,040
Asian											
Hispanic or Latino	3,709	90	292	179	260	114	337	39	47	2,052	299
Not Hispanic or Latino	113,805	6,859	12,332	9,175	6,854	4,819	2,947	2,241	1,733	61,557	5,288
UK/NR	8,011	264	44	67	12	274	115	235	76	6,919	5
Subtotal	125,525	7,213	12,668	9,421	7,126	5,207	3,399	2,515	1,856	70,528	5,592
Black or African American											
Hispanic or Latino	25,453	1,977	8,763	1,696	7,225	999	1,334	240	228	2,631	360
Not Hispanic or Latino	852,955	19,516	105,182	154,969	308,769	91,099	77,346	24,716	4,057	62,289	5,012
UK/NR	17,582	252	743	1,297	526	5,391	500	1,828	185	6,854	6
Subtotal	895,990	21,745	114,688	157,962	316,520	97,489	79,180	26,784	4,470	71,774	5,378
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	10,417	387	368	348	900	140	389	161	34	7,101	589
Not Hispanic or Latino	49,173	564	668	531	806	427	584	440	424	43,458	1,271
UK/NR	915	16	87	14	6	27	27	12	8	716	2
Subtotal	60,505	967	1,123	893	1,712	594	1,000	613	466	51,275	1,862
White											
Hispanic or Latino	694,347	15,805	51,715	27,592	102,050	34,272	190,571	18,873	20,072	212,329	21,068
Not Hispanic or Latino	1,921,198	97,798	150,906	241,885	409,376	251,647	143,776	121,340	97,462	291,518	115,490
UK/NR	56,314	2,485	230	6,589	504	10,102	1,077	3,189	1,873	30,197	68
Subtotal	2,671,859	116,088	202,851	276,066	511,930	296,021	335,424	143,402	119,407	534,044	136,626
More Than One Race											
Hispanic or Latino	162,260	5,446	17,885	5,750	38,077	2,852	1,188	868	4,097	84,791	1,306
Not Hispanic or Latino	58,058	3,138	2,454	2,553	6,279	4,883	2,581	1,405	2,341	30,789	1,635
UK/NR	9,116	79	222	26	33	840	105	80	85	7,638	8
Subtotal	229,434	8,663	20,561	8,329	44,389	8,575	3,874	2,353	6,523	123,218	2,949
Race Unknown or Not Reported											
Hispanic or Latino	436,806	11,917	71,919	31,983	17,791	22,050	18,739	4,939	9,569	227,733	20,166
Not Hispanic or Latino	128,445	1,852	30,046	16,493	7,086	7,398	3,193	5,087	1,624	47,788	7,878
UK/NR	46,453	1,970	440	5,866	4,407	2,962	2,563	4,782	754	22,705	4
Subtotal	611,704	15,739	102,405	54,342	29,284	32,410	24,495	14,808	11,947	298,226	28,048
All Races											
Hispanic or Latino	1,344,769	35,723	151,328	67,785	167,241	61,607	213,182	25,363	34,329	543,685	44,526
Not Hispanic or Latino	3,151,128	130,119	302,811	426,424	741,186	361,659	235,498	156,317	109,687	548,551	138,876
UK/NR	139,298	5,111	1,784	13,880	5,491	19,728	4,415	10,162	3,050	75,584	93
Total All Users	4,635,195	170,953	455,923	508,089	913,918	442,994	453,095	191,842	147,066	1,167,820	183,495

UK/NR=unknown or not reported.

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2011 (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%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	1%	1%	1%	2%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	4%	3%	2%	1%	1%	1%	1%	1%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	4%	3%	2%	1%	1%	1%	1%	1%	6%	3%
Black or African American											
Hispanic or Latino	1%	1%	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	18%	11%	23%	31%	34%	21%	17%	13%	3%	5%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	0%†
Subtotal	19%	13%	25%	31%	35%	22%	17%	14%	3%	6%	3%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	4%	1%						
White											
Hispanic or Latino	15%	9%	11%	5%	11%	8%	42%	10%	14%	18%	11%
Not Hispanic or Latino	41%	57%	33%	48%	45%	57%	32%	63%	66%	25%	63%
UK/NR	1%	1%	0%†	1%	0%†	2%	0%†	2%	1%	3%	0%†
Subtotal	58%	68%	44%	54%	56%	67%	74%	75%	81%	46%	74%
More Than One Race											
Hispanic or Latino	4%	3%	4%	1%	4%	1%	0%†	0%†	3%	7%	1%
Not Hispanic or Latino	1%	2%	1%	1%	1%	1%	1%	1%	2%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	5%	5%	5%	2%	5%	2%	1%	1%	4%	11%	2%
Race Unknown or Not Reported											
Hispanic or Latino	9%	7%	16%	6%	2%	5%	4%	3%	7%	20%	11%
Not Hispanic or Latino	3%	1%	7%	3%	1%	2%	1%	3%	1%	4%	4%
UK/NR	1%	1%	0%†	1%	0%†	1%	1%	2%	1%	2%	0%†
Subtotal	13%	9%	22%	11%	3%	7%	5%	8%	8%	26%	15%
All Races											
Hispanic or Latino	29%	21%	33%	13%	18%	14%	47%	13%	23%	47%	24%
Not Hispanic or Latino	68%	76%	66%	84%	81%	82%	52%	81%	75%	47%	76%
UK/NR	3%	3%	0%†	3%	1%	4%	1%	5%	2%	6%	0%†
Total All Users	100%										

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2011 (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	753	10	16	13	2	28	18	13	57	566	30
Not Hispanic or Latino	2,135	49	80	80	17	100	286	120	204	941	258
UK/NR	138	4	2	2	0	10	6	3	10	101	0
Subtotal	3,026	63	98	95	19	138	310	136	271	1,608	288
Asian											
Hispanic or Latino	267	3	13	15	3	2	4	2	5	218	2
Not Hispanic or Latino	7,972	366	798	616	123	314	137	74	224	5,106	214
UK/NR	581	23	0	6	0	13	6	5	5	523	0
Subtotal	8,820	392	811	637	126	329	147	81	234	5,847	216
Black or African American											
Hispanic or Latino	2,021	251	445	328	232	101	70	29	67	480	18
Not Hispanic or Latino	86,188	3,340	10,192	26,302	10,960	10,169	4,621	3,450	2,172	13,911	1,071
UK/NR	2,604	50	71	559	11	522	29	105	112	1,145	0
Subtotal	90,813	3,641	10,708	27,189	11,203	10,792	4,720	3,584	2,351	15,536	1,089
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	801	31	26	40	19	7	9	4	14	647	4
Not Hispanic or Latino	9,514	50	327	52	26	23	20	17	82	8,805	112
UK/NR	109	1	7	6	0	3	4	1	0	87	0
Subtotal	10,424	82	360	98	45	33	33	22	96	9,539	116
White											
Hispanic or Latino	47,715	1,881	2,344	1,796	2,055	1,484	10,834	983	2,085	23,825	428
Not Hispanic or Latino	139,046	11,920	12,438	19,055	12,275	13,339	5,309	6,999	13,241	37,258	7,212
UK/NR	5,633	304	44	409	8	524	65	159	326	3,793	1
Subtotal	192,394	14,105	14,826	21,260	14,338	15,347	16,208	8,141	15,652	64,876	7,641
More Than One Race											
Hispanic or Latino	13,953	605	1,527	411	339	244	66	81	892	9,757	31
Not Hispanic or Latino	6,124	280	231	336	196	390	94	144	444	3,812	197
UK/NR	1,314	20	89	78	0	98	6	4	24	993	2
Subtotal	21,391	905	1,847	825	535	732	166	229	1,360	14,562	230
Race Unknown or Not Reported											
Hispanic or Latino	40,936	1,583	6,089	3,046	425	1,132	862	328	1,803	24,850	818
Not Hispanic or Latino	14,207	361	2,641	2,605	253	343	147	144	343	6,940	430
UK/NR	4,505	167	66	319	69	222	175	660	135	2,692	0
Subtotal	59,648	2,111	8,796	5,970	747	1,697	1,184	1,132	2,281	34,482	1,248
All Races											
Hispanic or Latino	106,446	4,364	10,460	5,649	3,075	2,998	11,863	1,440	4,923	60,343	1,331
Not Hispanic or Latino	265,186	16,366	26,707	49,046	23,850	24,678	10,614	10,948	16,710	76,773	9,494
UK/NR	14,884	569	279	1,379	88	1,392	291	937	612	9,334	3
Total All Users	386,516	21,299	37,446	56,074	27,013	29,068	22,768	13,325	22,245	146,450	10,828

UK/NR=unknown or not reported.

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2011 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	2%
UK/NR	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	3%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	2%	1%	0%†	1%	1%	1%	1%	3%	2%
UK/NR	0%†	0%†	0%	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	2%	2%	2%	1%	0%†	1%	1%	1%	1%	4%	2%
Black or African American											
Hispanic or Latino	1%	1%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	22%	16%	27%	47%	41%	35%	20%	26%	10%	9%	10%
UK/NR	1%	0%†	0%†	1%	0%†	2%	0%†	1%	1%	1%	0%
Subtotal	23%	17%	29%	48%	41%	37%	21%	27%	11%	11%	10%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	6%	1%
UK/NR	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%	0%†	0%
Subtotal	3%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	7%	1%
White											
Hispanic or Latino	12%	9%	6%	3%	8%	5%	48%	7%	9%	16%	4%
Not Hispanic or Latino	36%	56%	33%	34%	45%	46%	23%	53%	60%	25%	67%
UK/NR	1%	1%	0%†	1%	0%†	2%	0%†	1%	1%	3%	0%†
Subtotal	50%	66%	40%	38%	53%	53%	71%	61%	70%	44%	71%
More Than One Race											
Hispanic or Latino	4%	3%	4%	1%	1%	1%	0%†	1%	4%	7%	0%†
Not Hispanic or Latino	2%	1%	1%	1%	1%	1%	0%†	1%	2%	3%	2%
UK/NR	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	6%	4%	5%	1%	2%	3%	1%	2%	6%	10%	2%
Race Unknown or Not Reported											
Hispanic or Latino	11%	7%	16%	5%	2%	4%	4%	2%	8%	17%	8%
Not Hispanic or Latino	4%	2%	7%	5%	1%	1%	1%	1%	2%	5%	4%
UK/NR	1%	1%	0%†	1%	0%†	1%	1%	5%	1%	2%	0%
Subtotal	15%	10%	23%	11%	3%	6%	5%	8%	10%	24%	12%
All Races											
Hispanic or Latino	28%	20%	28%	10%	11%	10%	52%	11%	22%	41%	12%
Not Hispanic or Latino	69%	77%	71%	87%	88%	85%	47%	82%	75%	52%	88%
UK/NR	4%	3%	1%	2%	0%†	5%	1%	7%	3%	6%	0%†
Total All Users	100%										

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

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

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

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

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect income data on all users at least annually. In determining a user's family income, agencies should refer to the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2). Report the unduplicated number of users by income level, using the most current income information available. For additional guidance, see OPA Program Instruction Series documents *OPA 08-1: Verification of Income for Title X Clients*¹⁰ and *OPA 97-1: Fees and Charges to Title X Low-Income Clients and Teenagers (Revised)*,¹¹ which are available on the OPA website at <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-instructions/>.

In FPAR **Table 5**, grantees report the unduplicated number of users by their principal insurance coverage status, using the following instructions:

Principal Health Insurance Covering Primary Medical Care—Refers to public and private health insurance plans that provide a broad set of primary medical care benefits to enrolled individuals. Report the most current health insurance coverage information available for the client even though he or she may not have used this health insurance to pay for family planning services received during his or her last encounter. For individuals who have coverage under more than one health plan, principal insurance is defined as the insurance plan that the agency would bill first (i.e., primary) if a claim were to be filed. Categories of health insurance covering primary medical care include public and private sources of coverage.

Public Health Insurance Covering Primary Medical Care—Refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals. Examples of such programs include Medicaid (both regular and managed care), Medicare, state Children's Health Insurance Programs (CHIPs), health plans for military personnel and their dependents (e.g., TRICARE or CHAMPVA), and state-sponsored health insurance programs.

Private Health Insurance Covering Primary Medical Care—Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

Uninsured—Refers to clients who do not have a public or private health insurance plan that covers broad, primary medical care benefits. Clients whose services are subsidized through state or local indigent care programs, or clients insured through the Indian Health Service who obtain care in a nonparticipating facility, are considered uninsured.

In FPAR **Table 6**, grantees report the unduplicated number of family planning users with limited English proficiency (LEP), using the following instructions:

Limited English Proficiency (LEP)—Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Because of their limited English proficiency, LEP users derive little benefit from Title X services and information provided in English. In **Table 6**, report the unduplicated number of family planning users who required language assistance services (interpretation or translation) to optimize their use of Title X services. Include those users who received Title X services from bilingual staff or who were assisted by a competent agency or contracted interpreter. Also, include users who opted to use a family member or friend as an interpreter after refusing an offer for a qualified interpreter at no cost. Service providers should consult the *Revised HHS LEP Guidance*¹² for further information about identifying LEP individuals and complying with language assistance requirements.

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

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations specify that Title X-funded providers give priority in the provision of services to persons from low-income families and that individuals with family incomes at or below the poverty level receive services at no charge, unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty level, Title X-funded agencies are required to charge for services using a sliding scale based on family size and family income.^{6,11} For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.^{6,11}

Nationally, 69% (3,466,912) of users had family incomes at or below the poverty level, based on HHS poverty guidelines¹³ for the 2011 calendar year (\$18,530 for a family of three in 48 contiguous states and DC), and 89% (4,467,800) had family incomes at or below 200% of the poverty level. Additionally, 2% (116,188) of users had incomes between 201% and 250% of the poverty level and 5% (250,829) had incomes exceeding 250% of the poverty level. The income level for 4% (186,894) of users was unknown or not reported (*Exhibit 15*).

Across regions, between 54% (I) and 75% (VI) of users had family incomes at or below the poverty level, and between 83% (I) and 95% (VI) had incomes at or below 200% of poverty. The percentage of users with incomes at or below the poverty level met or exceeded the national average of 69% in five regions (IV, V, VI, IX, and X) (*Exhibit 15*). *Exhibit B-2 (Appendix B)* presents the distribution of family planning users by income level within each state, the District of Columbia, and the eight U.S. territories and jurisdictions for 2011.

Between 1999 and 2011, the percentage of total users with family incomes at or below the poverty level increased from 65% to 69%, and the percentage with incomes at or below 200% decreased from 90% to 89%. Numerically, the number of users at or below poverty increased 20%, from 2,886,684 in 1999 to 3,466,912 in 2011, and the number with incomes at or below two times the poverty level increased 11%, from 4,018,128 in 1999 to 4,467,800 in 2011 (*Exhibit A-6a*).

Users by Insurance Coverage Status (Exhibit 16)

Since 2005, grantees have reported the number of users by type of principal health insurance coverage, including those insured by public or private plans covering broad primary medical care benefits, those who were uninsured, or those for whom insurance status was unknown or not reported. In 2011, 64% (3,230,784) of family planning users were uninsured, 25% (1,236,343) had Medicaid or other public health insurance, 9% (429,919) had private insurance, and coverage status was unknown or not reported for 2% (124,665). Users whose family planning care was covered by a Medicaid family planning waiver, but who had no private or public health insurance plan that covered broad primary medical care services, were considered uninsured, as were users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities (*Exhibit 16*).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2011 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	3,466,912	103,978	304,235	374,322	677,553	334,170	354,626	122,854	114,206	946,870	134,098
101% to 150%	731,410	39,683	112,979	72,638	114,766	69,421	68,649	36,018	24,579	160,530	32,147
151% to 200%	269,478	15,183	33,175	37,041	34,593	29,977	28,896	12,907	11,686	53,110	12,910
201% to 250%	116,188	7,779	12,086	20,430	13,239	13,758	7,623	5,505	6,342	24,556	4,870
Over 250%	250,829	10,238	28,774	35,752	35,288	23,475	6,949	19,917	11,974	71,157	7,305
UK/NR	186,894	15,391	2,120	23,980	65,492	1,261	9,120	7,966	524	58,047	2,993
Total All Users	5,021,711	192,252	493,369	564,163	940,931	472,062	475,863	205,167	169,311	1,314,270	194,323
Under 101%	69%	54%	62%	66%	72%	71%	75%	60%	67%	72%	69%
101% to 150%	15%	21%	23%	13%	12%	15%	14%	18%	15%	12%	17%
151% to 200%	5%	8%	7%	7%	4%	6%	6%	6%	7%	4%	7%
201% to 250%	2%	4%	2%	4%	1%	3%	2%	3%	4%	2%	3%
Over 250%	5%	5%	6%	6%	4%	5%	1%	10%	7%	5%	4%
UK/NR	4%	8%	0%†	4%	7%	0%†	2%	4%	0%†	4%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

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

† Percentage is less than 0.5%.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2011
 (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	1,236,343	66,454	165,197	148,566	272,157	140,999	95,726	36,224	12,501	257,570	40,949
Private health insurance	429,919	47,687	51,404	65,364	76,813	47,424	20,354	36,260	26,107	29,935	28,571
Uninsured	3,230,784	74,038	260,317	329,516	566,088	277,253	347,437	128,727	120,879	1,009,075	117,454
UK/NR	124,665	4,073	16,451	20,717	25,873	6,386	12,346	3,956	9,824	17,690	7,349
Total All Users	5,021,711	192,252	493,369	564,163	940,931	472,062	475,863	205,167	169,311	1,314,270	194,323
Public health insurance	25%	35%	33%	26%	29%	30%	20%	18%	7%	20%	21%
Private health insurance	9%	25%	10%	12%	8%	10%	4%	18%	15%	2%	15%
Uninsured	64%	39%	53%	58%	60%	59%	73%	63%	71%	77%	60%
UK/NR	2%	2%	3%	4%	3%	1%	3%	2%	6%	1%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

Across regions, there were large differences in the distribution of users by insurance coverage status. The percentage of total users who were uninsured ranged from 39% (I) to 77% (IX), with three regions (VI, VIII, and IX) reporting a percentage of uninsured users at or above the national average of 64%. The percentage of users with any health insurance coverage (Medicaid or other public or private insurance) ranged from 22% (IX) to 59% (I), with three regions (VI, VIII, and IX) reporting levels of insurance coverage below the national average of 33%. By type of insurance, the percentage of users with Medicaid or other public coverage ranged from 7% (VIII) to 35% (I), and the percentage of privately insured users ranged from 2% (IX) to 25% (I). The percentage of users for whom insurance coverage was unknown or not reported ranged from 1% (V and IX) to 6% (VIII). The percentage of users with Medicaid or other public coverage exceeded the percentage covered by private sources in all regions except Region VII, where the percentages of users with private and Medicaid or other public insurance were the same (18%), and Region VIII where the percentage of users with private coverage (15%) exceeded the percentage with Medicaid or other public coverage (7%) (*Exhibit 16*). Since 2005, the number of family planning users who are uninsured has increased 8%, from 2,998,508 in 2005 to 3,230,784 in 2011 (not shown).

Limited English Proficient Users (Exhibit 17)

In compliance with the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*,¹² any agency that receives federal financial assistance from HHS must take steps to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services that the agency provides. As recipients of HHS assistance, Title X grantees and delegates, including those operating in U.S. territories and jurisdictions where English is an official language, are required to provide language assistance services to LEP individuals.

In 2011, 14% (681,630) of family planning users were LEP, a percentage that drops to just 13% (641,817) when LEP users in the eight U.S territories and jurisdictions are excluded. Across regions, the percentage of users who were LEP ranged between 6% (V) and 22% (VI), and in Regions II and IX the percentage of users who were LEP decreased between 1 and 3 percentage points when excluding users in the U.S. territories and jurisdictions (*Exhibit 17*). Since 2005, the number of LEP users in the 50 states and District of Columbia has increased 22%, from 557,034 in 2005 to 681,630 in 2011 (not shown).

Exhibit 17. Number and percentage of limited English proficiency family planning users who are served by all grantees and grantees in the 50 states and DC, by region: 2011 (Source: FPAR Table 6)

Region	LEP Users	LEP Users (50 states and DC) ^a	% LEP Users	% LEP Users (50 states and DC) ^a
I	24,670	24,670	13%	13%
II	64,138	45,010 ^b	13%	10% ^b
III	39,953	39,953	7%	7%
IV	127,744	127,744	14%	14%
V	28,472	28,472	6%	6%
VI	102,854	102,854	22%	22%
VII	18,163	18,163	9%	9%
VIII	15,973	15,973	9%	9%
IX	239,291	218,606 ^c	18%	17% ^c
X	20,372	20,372	10%	10%
Total	681,630	641,817	14%	13%

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

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

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

^c Excludes LEP users in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

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

In FPAR **Table 7**, grantees report the unduplicated number of female family planning users by primary method and age, and in FPAR **Table 8**, grantees report the unduplicated number of male users by primary method and age. The FPAR instructions provide the following guidance for reporting this information:

Age—Use the client’s age as of June 30th of the reporting period.

Primary Method of Family Planning—The primary method of family planning is the user’s method—adopted or continued—at the time of exit from his or her last encounter in the reporting period. If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method. Family planning methods include:

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

Intrauterine Device (IUD)—In **Table 7**, report the number of female users who use a long-term hormonal or other type of intrauterine device (IUD) or system as their primary family planning method.

Hormonal Implant—In **Table 7**, report the number of female users who use a long-term, subdermal hormonal implant as their primary family planning method.

1-Month Hormonal Injection—In **Table 7**, report the number of female users who use 1-month injectable hormonal contraception as their primary family planning method.

3-Month Hormonal Injection—In **Table 7**, report the number of female users who use 3-month injectable hormonal contraception as their primary family planning method.

Oral Contraceptive—In **Table 7**, report the number of female users who use any oral contraceptive, including combination and progestin-only (“mini-pills”) formulations, as their primary family planning method.

(continued)

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

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

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

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

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

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

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

Fertility Awareness Method (FAM) or Lactational Amenorrhea Method (LAM)—Fertility awareness methods (FAMs) refer to family planning methods that rely on identifying potentially fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Calendar Rhythm, Standard Days, TwoDay, Billings Ovulation, and SymptoThermal methods. In **Table 7**, report the number of female users who use one or a combination of the FAMs listed above or who rely on LAM as their primary family planning method. In **Table 8**, row 3 report male users who rely on a FAM as their primary method. Report male users who rely on LAM as their primary method in **Table 8**, Row 6, "Rely on female method(s)."

Abstinence—For purposes of FPAR reporting, abstinence is defined as refraining from oral, vaginal, and anal intercourse. In **Table 7**, report the number of female users who rely on abstinence as their primary family planning method or who are not currently sexually active and therefore not using contraception. In **Table 8**, report the number of male users who rely on abstinence as their primary family planning method or who are not currently sexually active.

Withdrawal or Other Methods—In **Tables 7 and 8**, report the number of female and male users, respectively, who use withdrawal or other methods not listed in the tables as their primary family planning method.

Vasectomy—Refers to conventional incisional or no-scalpel vasectomy performed on a male user, or the male partner of a female user, in the current or any previous reporting period. In **Table 7**, report the number of female users who rely on vasectomy as their (partner's) primary family planning method. In **Table 8**, report the number of male users on whom a vasectomy was performed in the current or any previous reporting period.

Male condom—In **Table 7**, report the number of female users who rely on their sexual partner to use male condoms (with or without spermicidal foam or film) as their primary family planning method. In **Table 8**, report the number of male users who use male condoms (with or without spermicidal foam or film) as their primary family planning method.

No Method—[Partner] Pregnant or Seeking Pregnancy—In **Tables 7 and 8**, report the number of users who are not using any family planning method because they (Table 7) or their partners (Table 8) are pregnant or seeking pregnancy.

No Method—Other Reason—In **Tables 7 and 8**, report the number of users who are not using any family planning method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy, including if either partner is sterile without having been sterilized surgically or if either partner has had a non-contraceptive surgical procedure that has rendered him or her unable to conceive or impregnate.

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

Rely on Female Method(s)—In **Table 8**, report the number of male family planning users who rely on their female partner's family planning method(s) as their primary method. "Female" contraceptive methods include female sterilization, IUDs, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, cervical cap/diaphragms, the contraceptive sponge, female condoms, LAM, and spermicides.

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

FAMILY PLANNING METHOD USE

Federal regulations specify that Title X projects are required to provide a broad range of acceptable and effective medically approved family planning methods, including natural family planning methods.⁶

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

In 2011, grantees reported that 85% (3,947,911) of all female users “used” (i.e., adopted or continued use at exit from their last encounter in the reporting period) a primary contraceptive method. Thirteen percent (590,597) of female users exited the encounter with no primary method, either because they were pregnant or seeking pregnancy (8%) or for other reasons (5%), and data on the type of primary method used were unknown for 2% (96,687) of female users (*Exhibits 18 and 19*).

By level of method effectiveness, 9% of all female users used a contraceptive method that was highly effective in preventing unintended pregnancy (vasectomy, female sterilization, implant, or IUD), 53% used a moderately effective method (injectable contraception, vaginal ring, patch, pill, or diaphragm), and 21% used a less-effective method (male condom, female condom, sponge, withdrawal, a fertility-based awareness method [FAM], or spermicide) (*Exhibits 18 and 19*).¹⁴ The most popular choice of method was the pill, used by 33% of all female users, followed by male condoms (18%), injectable contraception (14%), IUDs (6%), the vaginal ring (4%), female sterilization (2%), the contraceptive patch (2%), and the hormonal implant (1%). Less than one percent of users relied on each of the following methods: a FAM or the lactational amenorrhea method (LAM), vasectomy, or a female barrier method (i.e., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide). Two percent of female users reported relying on abstinence, and another 2% reported use of withdrawal or other methods not listed in FPAR Table 7 (*Exhibits 18 and 19*).

Across all age groups, between 82% and 89% of female users exited the encounter with a primary contraceptive method, and between 45% (over 44) and 67% (15 to 17) used a highly or moderately effective method.¹⁴ Among female users 18 to 44, the pill (24% to 38%), male condoms (17% to 24%), and injectable contraception (13% to 16%) were the three leading methods. Female users under 18 relied on the pill (33% to 38%), injectable contraception (21% to 23%), and male condoms (15% to 18%), and those over 44 used male condoms (26%), the pill (17%), and female sterilization (13%). Ten percent of female users under 15 also practiced abstinence. The percentage of female users for whom information on primary method use was unknown exceeded the national average of 2% in the age groups under 15 (3%), 40 to 44 (3%), and over 44 (6%). Finally, nonuse of a contraceptive method due to pregnancy or the desire for pregnancy was highest (7% to 9%) among users 18 to 39, between 3% and 5% among users under 18, and between 1% and 4% among users 40 and over (*Exhibits 18 and 19*).

Across all regions, between 81% (I and II) and 89% (X) of female users exited the encounter with a primary method, and between 54% (I and II) and 77% (VIII and X) used a highly or moderately effective method.¹⁴ Pills, injectable contraception, and male condoms were the leading methods in five regions (IV, V, VI, VII, and VIII), while in three others (I, II, and III) male condoms and injectables were the second and third most popular methods after pills.

Regions IX and X departed from the contraceptive use patterns exhibited in the other eight regions. In Region X, IUD was the third most popular method among female users after pills and injectables, while in Region IX, condoms were the most popular method, followed by pills and injectables (*Exhibits 20 and 21*).

Exhibit A-7a presents trends (1999 to 2011) in the number of all female family planning users by primary method status, including use of no method. Between 1999 and 2011, the percentage of female users relying on any primary method increased from 83% (3,584,057) of female users in 1999 to 85% (3,947,911) in 2011. Numerically, this represented a 10% increase in the number of female users that used a primary contraceptive method. The percentage of females using no primary method, because they were either pregnant or seeking pregnancy or for other reasons, ranged between 12% and 15% for these years, and the percentage for which the type of primary method was unknown ranged between 2% and 6% (*Exhibits A-7a*).

Exhibits A-7b and *A-7c* present trends (1999 to 2011) in the distribution of female users by type of primary method used; these exhibits exclude female users who exited with no method or for whom the type of primary method was unknown. Among female users who used a primary method, the percentage relying on highly effective methods¹⁴ (vasectomy, female sterilization, implant, or IUD) increased from 5% (182,505) in 1999 to 11% (437,426) in 2011, and the percentage using highly effective *reversible* methods (implant or IUD) increased from 2% (70,896) in 1999 to 9% (338,356) in 2011. Numerically, the number of female users relying on highly effective *reversible* methods more than quadrupled between 1999 and 2011, due primarily to the large increase—from 48,015 in 1999 to 272,683 in 2011—in the number of IUD users. Hormonal implant use during this period was low, but is increasing. After a decline in the number of implant users between 1999 and 2006, the number of users relying on implants grew rapidly, from 2,506 users in 2006 to 65,673 in 2011, because of the increasing availability of a new U.S. Food and Drug Administration (FDA)-approved hormonal implant in mid-2006 (*Exhibits A-7a, A-7b, and A-7c*).

In contrast, the percentage of female method users relying on moderately effective methods (injectable, vaginal ring, patch, pill, or diaphragm) decreased from 75% (2,696,412) of female method users in 1999 to 62% (2,456,402) in 2011. The pill was the most popular of all methods (39% to 55%) during this period, followed by injectables (15% to 20%). Increased use of newer, short-term hormonal methods (i.e., vaginal ring and patch) partially offset the 16-point decline in pill use between 1999 and 2011. Although the FDA approved the vaginal ring and contraceptive patch in late 2001, the FPAR form was not revised to track use of these methods until 2005. Since the addition of separate reporting categories for these two methods, the percentage of female method users relying on the vaginal ring has increased from 2% in 2005 to 5% in 2011, while the percentage using the contraceptive patch decreased from 7% to 2% (*Exhibits A-7b and A-7c*).

Finally, the percentage of female contraceptive users relying on less effective methods (male condom, female condom, sponge, withdrawal, FAM, or spermicide) increased from 20% (705,140) of female method users in 1999 to 25% (984,159) in 2011.¹⁴ About 8 of every 10 female method users in this group rely on male condoms (*Exhibits A-7b* and *A-7c*).

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

In 2011, grantees reported that 89% (344,340) of all male users had adopted or continued use of a primary contraceptive method at exit from their last family planning encounter in the reporting period. The leading contraceptive method among male users was male condoms (75%), followed by reliance on a female method (6%), abstinence (4%), withdrawal or other method (3%), vasectomy (1%), and fertility-based awareness methods (< 1%). Seven percent (28,156) of male users exited the encounter with no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (6%). Data on primary method at exit was unknown or not reported for 4% (14,020) of male users (*Exhibits 22* and *23*).

Across male users in all age groups, between 83% and 91% of male users exited the encounter with a primary contraceptive method. For male users 18 or over, male condoms and reliance on a female method were the two leading methods. Between 63% and 81% of males in these age groups used male condoms, and 4% to 9% relied on a female method. The two leading methods among male users 15 to 17 were male condoms (70%) and abstinence (13%), while those under 15 relied on abstinence (55%) and male condoms (30%). Vasectomy prevalence ranged between 1% and 4% among male users 25 or over and was less than 1% in the 20 to 24 age group. Between 2% and 3% of male users in each age group used withdrawal or other methods not listed in FPAR Table 8, and less than 1% relied on a fertility-based awareness method. Primary method use was unknown for between 4% and 7% of male users (*Exhibits 22* and *23*).

By region, the percentage of males who used any method ranged from 73% (X) to 94% (IV and IX). Male condoms, the leading method in all regions, were used by 49% (IV) to 86% (IX) of male users. In seven regions (III, V, VI, VII, VIII, IX, and X), reliance on a female method was the second most common primary method, with use ranging between 4% (IX) and 22% (VIII) of male users in these regions. Abstinence was the second most common primary method in Regions I (8%) and IV (25%). The percentage of male users who exited the encounter with no method due to “other reasons” ranged between 2% (IX) and 25% (X), while only 1% or fewer reported that they were not using a method because their partner was pregnant or seeking pregnancy. The percentage of male users for whom the type of method used was unknown exceeded the national average of 4% in four regions (III, V, VI, and VII) (*Exhibits 24* and *25*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2011 (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	90,438	0	0	2	2,556	10,987	18,019	19,135	16,995	22,744
Intrauterine device	272,683	206	5,256	13,326	72,624	75,910	51,786	30,414	15,834	7,327
Hormonal implant	65,673	887	7,358	9,605	22,711	13,402	6,482	3,029	1,472	727
Hormonal injection	645,351 ^a	11,332 ^a	80,532 ^a	83,298 ^a	184,517 ^a	125,822 ^a	75,159 ^a	43,500 ^a	25,671 ^a	15,520 ^a
Oral contraceptive	1,534,684	16,160	146,772	196,522	510,713	328,031	169,441	86,995	49,622	30,428
Contraceptive patch	89,795	1,109	9,408	11,549	28,491	20,371	11,200	5,120	1,943	604
Vaginal ring	183,182	586	11,039	20,305	73,650	48,789	18,928	6,289	2,523	1,073
Cervical cap or diaphragm	3,390	18	121	170	689	804	600	377	244	367
Contraceptive sponge	921	4	38	70	238	215	142	77	63	74
Female condom	5,939	27	604	669	1,462	1,075	728	549	397	428
Spermicide (used alone)	7,061	60	413	543	1,932	1,387	1,075	741	472	438
FAM or LAM ^b	17,105	71	487	964	4,009	3,868	2,767	1,986	1,298	1,655
Abstinence ^c	69,924	4,743	8,728	5,951	14,472	10,628	7,421	5,464	4,761	7,756
Withdrawal or other method ^d	115,002	835	7,859	11,140	30,911	23,691	14,929	9,119	6,393	10,125
Rely on Male Method										
Vasectomy	8,632	0	7	88	587	1,183	1,654	1,783	1,662	1,668
Male condom	838,131	7,446	68,840	92,119	236,093	164,573	105,660	68,781	48,543	46,076
No Method										
Pregnant/seeking pregnancy	361,056	1,587	20,760	42,056	122,683	88,286	51,194	24,156	8,149	2,185
Other reason	229,541	2,884	16,065	23,313	62,429	44,601	28,868	18,509	12,860	20,012
Method Unknown^e	96,687	1,342	6,837	9,231	24,726	18,114	12,144	8,001	5,689	10,603
Total Female Users	4,635,195	49,297	391,124	520,921	1,395,493	981,737	578,197	334,025	204,591	179,810
Using a Method	3,947,911	43,484	347,462	446,321	1,185,655	830,736	485,991	283,359	177,893	147,010
Not Using a Method	590,597	4,471	36,825	65,369	185,112	132,887	80,062	42,665	21,009	22,197
Method Unknown^e	96,687	1,342	6,837	9,231	24,726	18,114	12,144	8,001	5,689	10,603

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

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

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

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

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

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

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2011 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%	0%†	0%†	1%	3%	6%	8%	13%
Intrauterine device	6%	0%†	1%	3%	5%	8%	9%	9%	8%	4%
Hormonal implant	1%	2%	2%	2%	2%	1%	1%	1%	1%	0%†
Hormonal injection	14% ^a	23% ^a	21% ^a	16% ^a	13% ^a	9% ^a				
Oral contraceptive	33%	33%	38%	38%	37%	33%	29%	26%	24%	17%
Contraceptive patch	2%	2%	2%	2%	2%	2%	2%	2%	1%	0%†
Vaginal ring	4%	1%	3%	4%	5%	5%	3%	2%	1%	1%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Abstinence ^c	2%	10%	2%	1%	1%	1%	1%	2%	2%	4%
Withdrawal or other method ^d	2%	2%	2%	2%	2%	2%	3%	3%	3%	6%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	18%	15%	18%	18%	17%	17%	18%	21%	24%	26%
No Method										
Pregnant/seeking pregnancy	8%	3%	5%	8%	9%	9%	9%	7%	4%	1%
Other reason	5%	6%	4%	4%	4%	5%	5%	6%	6%	11%
Method Unknown^e										
	2%	3%	2%	2%	2%	2%	2%	2%	3%	6%
Total Female Users	100%	100%								
Using a Method	85%	88%	89%	86%	85%	85%	84%	85%	87%	82%
Not Using a Method	13%	9%	9%	13%	13%	14%	14%	13%	10%	12%
Method Unknown^e	2%	3%	2%	2%	2%	2%	2%	2%	3%	6%

Note: Due to rounding, percentages may not sum to 100%. **FAM**=Fertility Awareness 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)**.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2011 (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	90,438	6,279	9,130	13,167	15,749	5,854	8,540	7,421	2,877	18,252	3,169
Intrauterine device	272,683	11,442	27,801	20,654	38,699	19,756	29,395	9,418	10,685	87,830	17,003
Hormonal implant	65,673	1,106	2,384	7,078	8,698	4,454	9,410	4,826	3,443	21,242	3,032
Hormonal injection	645,351 ^a	15,106 ^a	43,610 ^a	66,847 ^a	189,306 ^a	73,414	81,686 ^a	33,762 ^a	20,252	95,776 ^a	25,592
Oral contraceptive	1,534,684	49,331	132,799	170,157	326,202	167,379	152,578	70,634	62,448	331,160	71,996
Contraceptive patch	89,795	2,696	9,470	7,534	10,010	9,271	13,530	2,801	2,855	25,329	6,299
Vaginal ring	183,182	5,826	18,712	20,601	18,101	22,812	11,497	7,088	9,583	55,552	13,410
Cervical cap or diaphragm	3,390	214	383	901	328	246	203	101	120	652	242
Contraceptive sponge	921	36	59	76	256	17	275	15	9	153	25
Female condom	5,939	69	658	1,096	292	378	221	45	59	3,059	62
Spermicide (used alone)	7,061	67	339	1,397	2,625	327	1,376	69	49	599	213
FAM or LAM ^b	17,105	555	1,146	1,819	6,728	290	1,988	419	177	3,677	306
Abstinence ^c	69,924	5,904	4,462	8,397	13,112	4,292	5,519	2,637	2,634	19,972	2,995
Withdrawal or other method ^d	115,002	6,950	16,451	7,641	35,097	5,150	7,597	2,562	765	29,926	2,863
Rely on Male Method											
Vasectomy	8,632	662	681	589	1,093	634	896	623	682	2,045	727
Male condom	838,131	32,555	100,669	93,444	109,019	62,761	58,912	17,788	12,644	334,155	16,184
No Method											
Pregnant/seeking pregnancy	361,056	13,173	53,928	32,333	55,838	32,655	42,321	15,089	11,122	90,191	14,406
Other reason	229,541	15,521	30,588	28,114	63,478	24,611	21,352	10,764	4,103	26,222	4,788
Method Unknown^e											
Method Unknown ^e	96,687	3,461	2,653	26,244	19,287	8,693	5,799	5,780	2,559	22,028	183
Total Female Users	4,635,195	170,953	455,923	508,089	913,918	442,994	453,095	191,842	147,066	1,167,820	183,495
Using a Method	3,947,911	138,798	368,754	421,398	775,315	377,035	383,623	160,209	129,282	1,029,379	164,118
Not Using a Method	590,597	28,694	84,516	60,447	119,316	57,266	63,673	25,853	15,225	116,413	19,194
Method Unknown^e	96,687	3,461	2,653	26,244	19,287	8,693	5,799	5,780	2,559	22,028	183

FAM=Fertility Awareness Method. LAM=lactational amenorrhea method.

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

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

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

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

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

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2011 (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%	1%	2%	4%	2%	2%	2%
Intrauterine device	6%	7%	6%	4%	4%	4%	6%	5%	7%	8%	9%
Hormonal implant	1%	1%	1%	1%	1%	1%	2%	3%	2%	2%	2%
Hormonal injection	14% ^a	9% ^a	10% ^a	13% ^a	21% ^a	17%	18% ^a	18% ^a	14%	8% ^a	14%
Oral contraceptive	33%	29%	29%	33%	36%	38%	34%	37%	42%	28%	39%
Contraceptive patch	2%	2%	2%	1%	1%	2%	3%	1%	2%	2%	3%
Vaginal ring	4%	3%	4%	4%	2%	5%	3%	4%	7%	5%	7%
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%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	2%	3%	1%	2%	1%	1%	1%	1%	2%	2%	2%
Withdrawal or other method ^d	2%	4%	4%	2%	4%	1%	2%	1%	1%	3%	2%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	18%	19%	22%	18%	12%	14%	13%	9%	9%	29%	9%
No Method											
Pregnant/seeking pregnancy	8%	8%	12%	6%	6%	7%	9%	8%	8%	8%	8%
Other reason	5%	9%	7%	6%	7%	6%	5%	6%	3%	2%	3%
Method Unknown ^e	2%	2%	1%	5%	2%	2%	1%	3%	2%	2%	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	85%	81%	81%	83%	85%	85%	85%	84%	88%	88%	89%
Not Using a Method	13%	17%	19%	12%	13%	13%	14%	13%	10%	10%	10%
Method Unknown^e	2%	2%	1%	5%	2%	2%	1%	3%	2%	2%	0%†

Note: Due to rounding, percentages may not sum to 100%. **FAM**=Fertility Awareness 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)**.

† Percentage is less than 0.5%.

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2011 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	4,409	0	0	0	150	654	1,051	951	728	875
Male condom	289,141	2,999	22,725	32,307	91,109	60,097	31,807	17,351	12,119	18,627
FAM ^a	930	7	48	33	213	246	154	88	54	87
Abstinence ^b	16,691	5,512	4,354	1,145	1,711	1,115	709	454	411	1,280
Withdrawal or other method ^c	10,635	204	786	943	2,824	2,124	1,489	709	555	1,001
Rely on female method ^d	22,534	216	821	1,751	6,111	4,749	2,918	1,753	1,450	2,765
No Method										
Partner pregnant/seeking pregnancy	3,160	22	170	238	745	670	548	337	195	235
Other reason	24,996	690	2,107	2,216	6,906	4,577	2,732	1,711	1,402	2,655
Method Unknown^e	14,020	404	1,567	1,294	2,953	2,287	1,514	1,021	924	2,056
Total Male Users	386,516	10,054	32,578	39,927	112,722	76,519	42,922	24,375	17,838	29,581
Using a Method	344,340	8,938	28,734	36,179	102,118	68,985	38,128	21,306	15,317	24,635
Not Using a Method	28,156	712	2,277	2,454	7,651	5,247	3,280	2,048	1,597	2,890
Method Unknown^e	14,020	404	1,567	1,294	2,953	2,287	1,514	1,021	924	2,056

FAM=Fertility Awareness Method.

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

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

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

^d Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), spermicide, or the lactational amenorrhea method.

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

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2011 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	1%	0%	0%	0%	0%†	1%	2%	4%	4%	3%
Male condom	75%	30%	70%	81%	81%	79%	74%	71%	68%	63%
FAM ^a	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^b	4%	55%	13%	3%	2%	1%	2%	2%	2%	4%
Withdrawal or other method ^c	3%	2%	2%	2%	3%	3%	3%	3%	3%	3%
Rely on female method ^d	6%	2%	3%	4%	5%	6%	7%	7%	8%	9%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	1%	1%	1%	1%
Other reason	6%	7%	6%	6%	6%	6%	6%	7%	8%	9%
Method Unknown^e	4%	4%	5%	3%	3%	3%	4%	4%	5%	7%
Total Male Users	100%	100%								
Using a Method	89%	89%	88%	91%	91%	90%	89%	87%	86%	83%
Not Using a Method	7%	7%	7%	6%	7%	7%	8%	8%	9%	10%
Method Unknown^e	4%	4%	5%	3%	3%	3%	4%	4%	5%	7%

Note: Due to rounding, percentages may not sum to 100%. **FAM**=Fertility Awareness 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)*.

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2011 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	4,409	62	105	427	1,232	83	284	51	459	1,347	359
Male condom	289,141	14,898	29,336	39,649	13,244	21,776	16,221	8,835	13,821	125,682	5,679
FAM ^a	930	11	49	13	24	7	625	0	15	173	13
Abstinence ^b	16,691	1,692	606	2,172	6,652	546	729	262	1,071	2,435	526
Withdrawal or other method ^c	10,635	742	1,365	1,504	1,496	385	1,004	488	400	2,662	589
Rely on female method ^d	22,534	974	781	3,055	2,803	1,385	1,037	1,042	4,868	5,798	791
No Method											
Partner pregnant/seeking pregnancy	3,160	49	55	390	82	189	117	85	50	1,993	150
Other reason	24,996	2,386	4,984	3,787	752	3,328	1,480	752	1,358	3,450	2,719
Method Unknown^e	14,020	485	165	5,077	728	1,369	1,271	1,810	203	2,910	2
Total Male Users	386,516	21,299	37,446	56,074	27,013	29,068	22,768	13,325	22,245	146,450	10,828
Using a Method	344,340	18,379	32,242	46,820	25,451	24,182	19,900	10,678	20,634	138,097	7,957
Not Using a Method	28,156	2,435	5,039	4,177	834	3,517	1,597	837	1,408	5,443	2,869
Method Unknown^e	14,020	485	165	5,077	728	1,369	1,271	1,810	203	2,910	2

FAM=Fertility Awareness Method.

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

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

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

^d Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), spermicide, or the lactational amenorrhea method.

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

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2011 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	0%†	0%†	1%	5%	0%†	1%	0%†	2%	1%	3%
Male condom	75%	70%	78%	71%	49%	75%	71%	66%	62%	86%	52%
FAM ^a	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%	0%†	0%†	0%†
Abstinence ^b	4%	8%	2%	4%	25%	2%	3%	2%	5%	2%	5%
Withdrawal or other method ^c	3%	3%	4%	3%	6%	1%	4%	4%	2%	2%	5%
Rely on female method ^d	6%	5%	2%	5%	10%	5%	5%	8%	22%	4%	7%
No Method											
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	0%†	1%	1%	1%	0%†	1%	1%
Other reason	6%	11%	13%	7%	3%	11%	7%	6%	6%	2%	25%
Method Unknown^e	4%	2%	0%†	9%	3%	5%	6%	14%	1%	2%	0%†
Total Male Users	100%										
Using a Method	89%	86%	86%	83%	94%	83%	87%	80%	93%	94%	73%
Not Using a Method	7%	11%	13%	7%	3%	12%	7%	6%	6%	4%	26%
Method Unknown^e	4%	2%	0%†	9%	3%	5%	6%	14%	1%	2%	0%†

Note: Due to rounding, percentages may not sum to 100%. **FAM**=Fertility Awareness 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)*.

† Percentage is less than 0.5%.

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

In FPAR **Tables 9** and **10**, grantees report information on cervical (**Table 9**) and breast cancer (**Table 10**) screening activities during the reporting period.

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

- Unduplicated number of users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result, according to the 2001 Bethesda System.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 users receiving a clinical breast exam (CBE).
- Unduplicated number of users referred for further evaluation based on CBE results.

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

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

Atypical Squamous Cells (ASC)—ASC refer to cytological changes that are suggestive of a squamous intraepithelial lesion. The 2001 Bethesda 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 January 2011), pp. 31–33.

CERVICAL AND BREAST CANCER SCREENING

OPA requires Title X-funded service providers to develop and adhere to written clinical protocols that reference and are consistent with current, evidence-based recommendations for cervical and breast cancer screening established by health agencies or professional organizations (e.g., U.S. Preventive Services Task Force, American Cancer Society, and American College of Obstetricians and Gynecologists).¹⁸⁻²⁵

Cervical Cancer Screening (Exhibit 26)

In 2011, Title X service sites provided Papanicolaou (Pap) testing to 31% (1,444,418) of female family planning users and performed 1,522,777 tests, or an average of 3.3 Pap tests per 10 female users. Of the total number of Pap tests performed, 15% (221,419) had a result indicating a precancerous or cancerous condition (i.e., atypical squamous cell [ASC] or higher result) that required further evaluation and possible treatment. Additionally, 1% (12,473) of the total Pap tests performed had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition. By region, the percentage of total female users who received a Pap test ranged from 26% (IX) to 39% (VII), and the percentage tested exceeded the national average of 31% in five regions (II, III, IV, VI, and VII) (*Exhibit 26*).

Between 2005 and 2011, the percentage of female users who received a Pap test decreased from 52% (2,447,498) of female users in 2005 to 31% (1,444,418) in 2011, and the number of tests performed decreased 42%, from 2,644,413 in 2005 to 1,522,777 in 2011 (*Exhibits A-8a* and *A-8b*). The downward trend in Pap testing is a result of several factors, including provider adoption of updated national standards for cervical cancer screening.²¹⁻²³ The updated screening guidelines have increased both the age at which Pap testing should begin and the testing interval for women with a normal result.

Breast Cancer Screening (Exhibit 26)

In 2011, Title X service sites provided clinical breast exams (CBEs) to 38% (1,933,162) of family planning users. Service providers referred 3% (56,234) of users who received a CBE for further evaluation based on the results of the exam. By region, between 19% (IX) and 61% (VI) of total users received a CBE, and the percentage examined was above the national average of 38% in all but four regions (I, V, IX, and X). In addition, the percentage of users who were referred for further evaluation on the basis of their CBE ranged from 1% (VI and X) to 9% (IX) (*Exhibit 26*).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2011 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Users tested											
Number ^a	1,444,418	50,085	151,588	161,985	315,676	125,356	165,594	74,259	42,939	306,821	50,115
Percentage ^b	31%	29%	33%	32%	35%	28%	37%	39%	29%	26%	27%
Tests performed											
Number	1,522,777	51,825	157,181	173,874	329,102	129,864	174,890	77,409	44,411	332,943	51,278
Tests per 10 users	3.3	3.0	3.4	3.4	3.6	2.9	3.9	4.0	3.0	2.9	2.8
ASC or higher result											
Number	221,419	7,298	22,875	25,726	54,383	17,758	22,339	10,692	5,650	48,176	6,522
Percentage ^c	15%	14%	15%	15%	17%	14%	13%	14%	13%	14%	13%
HSIL or higher result											
Number	12,473	604	1,051	1,190	3,550	1,252	1,268	614	399	2,097	448
Percentage ^c	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Users examined											
Number ^d	1,933,162	61,465	194,629	257,357	479,240	174,335	288,599	92,147	69,430	255,252	60,708
Percentage ^e	38%	32%	39%	46%	51%	37%	61%	45%	41%	19%	31%
Users referred based on exam											
Number	56,234	1,309	3,660	5,676	13,080	3,132	4,248	1,517	1,044	22,078	490
Percentage ^f	3%	2%	2%	2%	3%	2%	1%	2%	2%	9%	1%

^a Unduplicated number of female users.

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

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

^d Unduplicated number of female and male users.

^e Denominator is the total unduplicated number of users (female and male).

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

SEXUALLY TRANSMITTED DISEASE TESTING

Sexually transmitted diseases (STDs) are a concern for clients served in Title X service projects, particularly young (15 to 24), sexually active women, who have the highest reported rates of chlamydia and gonorrhea.^{19,26} Title X *Program Guidelines*⁷ require Title X-funded sites to provide family planning users with a thorough history and physical assessment that includes screening for risk of STDs, both symptomatic and asymptomatic, in accordance with the current CDC *STD Treatment Guidelines*.²⁷ As part of a comprehensive family planning visit, Title X providers offer—onsite or by referral—STD testing, treatment, and management.

Chlamydia Testing (Exhibits 27 and 28)

CDC recommends routine chlamydia screening, at least annually, for all sexually active, nonpregnant women 25 or under and for older, nonpregnant women at increased risk (e.g., with a new or multiple sex partners).^{27,28} Although the evidence is insufficient for CDC to recommend routine chlamydia screening for sexually active young men, the guidelines suggest screening in high-prevalence settings (e.g., adolescent clinics and STD clinics).²⁷ Through an interagency agreement between CDC and OPA, many Title X-funded service sites participate in chlamydia prevention efforts through the national Infertility Prevention Project (IPP).

In 2011, Title X-funded service sites tested 49% (2,287,270) of all female users for chlamydia and 58% (1,357,231) of female users 24 or under. Chlamydia testing rates among female users 24 or under were at or above the national rate of 58% in four regions (II, VI, VII, and IX). By age group, rates of chlamydia testing were higher (58% to 59%) among female users 15 to 24 and lower among female users under 15 (49%) or over 24 (41%) (**Exhibits 27 and 28**). Between 2005 and 2011, the percentage of female users 24 or under who were tested for chlamydia increased from 50% in 2005 to 58% in 2011 (**Exhibits A-9a and A-9b**).

Additionally, Title X-funded service sites tested 63% (245,326) of all male users for chlamydia. Compared to female users, there was substantially more variation by region and age in rates of male chlamydia testing. By region, service providers tested between 25% (IV) and 76% (V) of all male users for chlamydia, and male testing rates were above the national average of 63% in four regions (II, V, VIII, and IX). By age group, rates of chlamydia testing were highest among male users 20 to 24 (74%) and lowest among male users under 15 (16%) (**Exhibits 27 and 28**).

Gonorrhea Testing (Exhibit 29)

In 2011, Title X service sites performed 2,729,578 gonorrhea tests (2,470,645 female tests and 258,933 male tests). On average, Title X service sites performed 5.3 gonorrhea tests for every 10 female users and 6.7 tests for every 10 male users. By region, the rate of gonorrhea testing ranged between 3.4 (VIII) and 6.4 (IX) tests for every 10 female users and 2.7 (IV) and 8.0 (IX) tests for every 10 male users (**Exhibit 29**).

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2011 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	24,082	759	1,833	3,965	5,387	1,914	2,836	1,142	779	4,559	908
15 to 17	224,989	8,263	19,717	28,917	37,057	19,460	22,558	10,635	8,501	60,585	9,296
18 to 19	305,744	9,729	27,665	33,193	51,352	26,741	29,481	14,152	11,747	90,791	10,893
20 to 24	802,416	23,297	78,409	77,980	143,298	70,478	78,050	34,907	25,318	243,470	27,209
Over 24	930,039	31,208	108,875	87,891	167,885	69,495	108,362	31,964	19,467	283,803	21,089
Subtotal	2,287,270	73,256	236,499	231,946	404,979	188,088	241,287	92,800	65,812	683,208	69,395
Under 25^a	1,357,231	42,048	127,624	144,055	237,094	118,593	132,925	60,836	46,345	399,405	48,306
Male Users											
Under 15	1,632	90	113	443	156	138	60	55	41	513	23
15 to 17	16,159	846	1,662	2,851	472	1,341	912	569	674	6,404	428
18 to 19	26,705	1,368	2,937	3,680	806	2,494	1,710	949	1,508	10,653	600
20 to 24	83,012	4,413	9,377	9,866	2,187	8,060	4,456	2,892	5,321	34,601	1,839
Over 24	117,818	5,611	10,915	13,573	3,264	10,097	4,830	3,630	9,183	53,715	3,000
Subtotal	245,326	12,328	25,004	30,413	6,885	22,130	11,968	8,095	16,727	105,886	5,890
All Users											
Under 15	25,714	849	1,946	4,408	5,543	2,052	2,896	1,197	820	5,072	931
15 to 17	241,148	9,109	21,379	31,768	37,529	20,801	23,470	11,204	9,175	66,989	9,724
18 to 19	332,449	11,097	30,602	36,873	52,158	29,235	31,191	15,101	13,255	101,444	11,493
20 to 24	885,428	27,710	87,786	87,846	145,485	78,538	82,506	37,799	30,639	278,071	29,048
Over 24	1,047,857	36,819	119,790	101,464	171,149	79,592	113,192	35,594	28,650	337,518	24,089
Total All Users	2,532,596	85,584	261,503	262,359	411,864	210,218	253,255	100,895	82,539	789,094	75,285

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active, nonpregnant women 25 or under and for older, nonpregnant women at increased risk (e.g., with a new sex partner or multiple sex partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or under and for older, nonpregnant women who are at increased risk. (Sources: CDC. (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 59(No. RR-12): 1-114 and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2): 128-134.)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2011 (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	49%	30%	43%	52%	50%	41%	52%	47%	42%	60%	42%
15 to 17	58%	46%	56%	58%	51%	47%	59%	59%	59%	71%	48%
18 to 19	59%	51%	59%	59%	51%	47%	60%	61%	59%	72%	50%
20 to 24	58%	50%	59%	52%	51%	48%	61%	60%	54%	68%	50%
Over 24	41%	37%	46%	36%	37%	36%	47%	35%	30%	48%	24%
Subtotal	49%	43%	52%	46%	44%	42%	53%	48%	45%	59%	38%
Under 25^a	58%	49%	58%	55%	51%	48%	60%	60%	56%	69%	50%
Male Users											
Under 15	16%	12%	16%	33%	3%	41%	28%	22%	11%	39%	42%
15 to 17	50%	36%	54%	41%	13%	58%	54%	61%	59%	66%	67%
18 to 19	67%	67%	69%	54%	38%	74%	56%	67%	74%	76%	67%
20 to 24	74%	72%	75%	66%	41%	82%	59%	66%	78%	81%	67%
Over 24	62%	56%	65%	52%	29%	76%	47%	57%	77%	68%	46%
Subtotal	63%	58%	67%	54%	25%	76%	53%	61%	75%	72%	54%
All Users											
Under 15	43%	26%	40%	50%	36%	41%	51%	45%	37%	57%	42%
15 to 17	57%	45%	56%	56%	49%	47%	59%	59%	59%	71%	49%
18 to 19	59%	52%	60%	58%	51%	48%	60%	62%	60%	72%	51%
20 to 24	59%	52%	60%	54%	51%	50%	61%	61%	57%	70%	51%
Over 24	42%	39%	47%	37%	37%	38%	47%	37%	38%	50%	26%
Total All Users	50%	45%	53%	47%	44%	45%	53%	49%	49%	60%	39%

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active, nonpregnant women 25 or under and for older, nonpregnant women at increased risk (e.g., with a new sex partner or multiple sex partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or under and for older, nonpregnant women who are at increased risk. (Sources: CDC. (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 59(No. RR-12): 1-114 and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2): 128-134.)

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region: 2011 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	2,470,645	76,242	243,455	273,216	465,926	177,997	263,083	101,153	50,736	747,635	71,202
Male	258,933	12,921	24,958	31,705	7,353	22,512	12,781	8,698	14,479	117,239	6,287
Total	2,729,578	89,163	268,413	304,921	473,279	200,509	275,864	109,851	65,215	864,874	77,489
Tests per 10 Users											
Female	5.3	4.5	5.3	5.4	5.1	4.0	5.8	5.3	3.4	6.4	3.9
Male	6.7	6.1	6.7	5.7	2.7	7.7	5.6	6.5	6.5	8.0	5.8
Total	5.4	4.6	5.4	5.4	5.0	4.2	5.8	5.4	3.9	6.6	4.0
Syphilis Tests											
Female	608,224	11,495	52,151	84,165	149,139	17,005	110,766	25,577	1,847	153,420	2,659
Male	135,557	4,872	12,588	21,222	6,016	6,217	8,989	4,335	1,618	68,512	1,188
Total	743,781	16,367	64,739	105,387	155,155	23,222	119,755	29,912	3,465	221,932	3,847
Tests per 10 Users											
Female	1.3	0.7	1.1	1.7	1.6	0.4	2.4	1.3	0.1	1.3	0.1
Male	3.5	2.3	3.4	3.8	2.2	2.1	3.9	3.3	0.7	4.7	1.1
Total	1.5	0.9	1.3	1.9	1.6	0.5	2.5	1.5	0.2	1.7	0.2
Confidential HIV Tests											
Female	1,080,909	24,091	139,613	94,788	231,930	61,187	175,539	32,544	15,783	293,280	12,154
Male	202,466	10,395	22,554	24,411	7,756	12,790	10,323	6,272	10,265	93,930	3,770
Total	1,283,375	34,486	162,167	119,199	239,686	73,977	185,862	38,816	26,048	387,210	15,924
Tests per 10 Users											
Female	2.3	1.4	3.1	1.9	2.5	1.4	3.9	1.7	1.1	2.5	0.7
Male	5.2	4.9	6.0	4.4	2.9	4.4	4.5	4.7	4.6	6.4	3.5
Total	2.6	1.8	3.3	2.1	2.5	1.6	3.9	1.9	1.5	2.9	0.8
Positive Test Results	1,644	53	340	160	160	92	78	29	14	631	87
Anonymous HIV Tests	5,289	1,846	0	972	558	388	242	124	0	1,095	64

Syphilis Testing (Exhibit 29)

In 2011, Title X service sites performed 743,781 syphilis tests (608,224 female tests and 135,557 male tests). On average, Title X service sites performed 1.3 syphilis tests for every 10 female users and 3.5 tests for every 10 male users. By region, the rate of syphilis testing ranged between 0.1 (VIII and X) and 2.4 (VI) tests for every 10 female users and 0.7 (VIII) and 4.7 (IX) tests for every 10 male users (*Exhibit 29*).

Human Immunodeficiency Virus Testing (Exhibit 29)

CDC recommends²⁹ that diagnostic HIV testing and opt-out HIV screening be part of routine clinical care in all health care settings, including family planning, and that routine HIV screening be provided to all persons seeking STD treatment or before initiating a new sexual relationship, regardless of whether these individuals are known or suspected to have specific behavioral risks for HIV infection.²⁹⁻³¹ Furthermore, CDC recommends initial as well as repeat screening at least annually for persons at high risk for HIV (e.g., injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, men who have sex with men, or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test).

In 2011, Title X service sites performed 1,283,375 confidential HIV tests (1,080,909 female tests and 202,466 male tests). On average, Title X service sites performed 2.3 confidential HIV tests for every 10 female users and 5.2 tests for every 10 male users. By region, the rate of HIV testing ranged between 0.7 (X) and 3.9 (VI) tests for every 10 female users and 2.9 (IV) and 6.4 (IX) tests for every 10 male users. Of the total number of confidential HIV tests performed, 1,644 were positive for HIV. In addition, Title X service providers performed 5,289 anonymous HIV tests (*Exhibit 29*).

Between 1999 and 2011, the number of confidential HIV tests performed increased 251%, from 365,883 tests in 1999 to 1,283,375 in 2011. In addition, the average number of tests per 10 users increased from less than 1 (0.8) in 1999 to 2.6 in 2011 (*Exhibits A-10a and A-10b*).

Guidance for Reporting STD Testing Activities in FPAR Tables 11 and 12

In FPAR **Tables 11** and **12**, grantees report testing information for chlamydia (**Table 11**), gonorrhea (**Table 12**), syphilis (**Table 12**), and HIV (**Table 12**).

In FPAR **Table 11**, grantees report the unduplicated number of family planning users tested for chlamydia, by age group (< 15, 15–17, 18–19, 20–24, and 25 or over) and sex.

In FPAR **Table 12**, grantees report the following information on gonorrhea, syphilis, and HIV testing:

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

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

Age—Use the client's age as of June 30th of the reporting period.

Tests—Report STD (chlamydia, gonorrhea, and syphilis) and HIV (confidential and anonymous) tests performed during the reporting period that are provided within the scope of the grantee's Title X project. Do not report tests performed in an STD clinic operated by the Title X-funded agency, unless the activities of the STD clinic are within the defined scope of the agency's Title X project.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued January 2011), pp. 37–38.

Guidance for Reporting Encounter and Staffing Data in FPAR Table 13

In FPAR **Table 13**, grantees report information on the number of family planning encounters and composition of clinical services provider staff, including:

- Number of full-time equivalent (FTE) family planning clinical services providers by type of provider;
- Number of family planning encounters with clinical services providers; and
- Number of family planning encounters with other services providers.

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

Family Planning Provider—A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff who exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other services providers.

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

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

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

Family Planning Encounter with a Clinical Services Provider—A face-to-face, documented encounter between a family planning client and a clinical services provider that takes place in a Title X service site.

Family Planning Encounter with an Other Services Provider—A face-to-face, documented encounter between a family planning client and an other services provider that takes place in a Title X service site.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the test(s) is/are accompanied by family planning counseling or education.

Full-Time Equivalent (FTE)—For each type of clinical services provider, report the time in FTEs that these providers are involved in the direct provision of Title X services (i.e., engaged in a family planning encounter).

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

STAFFING AND FAMILY PLANNING ENCOUNTERS

Staffing (Exhibit 30)

In 2011, 3,250 full-time equivalent (FTE) clinical services providers (CSPs), including physicians, midlevel clinicians (physician assistants, nurse practitioners, and certified nurse midwives), and “other” CSPs, delivered clinical family planning and related preventive health services in Title X-funded services sites. Other CSPs are registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessment, as described in the *Program Guidelines*.⁷ Midlevel clinicians accounted for 66% (2,142 FTEs) of total CSP FTEs, followed by other CSPs (19%, or 601 FTEs) and physicians (16%, or 506 FTEs). Nationally, grantees reported an average of 4.2 midlevel CSP FTEs per physician FTE (*Exhibit 30*).

In all regions, Title X-funded agencies relied more extensively on midlevel clinicians than physicians to provide clinical care. The number of midlevel clinician FTEs per physician FTE ranged between 1.9 (III) and 13.3 (VIII), with five regions (IV, V, VI, VIII, and X) exceeding the national average of 4.2. In all regions except Region IV, midlevel CSPs accounted for the largest percentage (50% to 87%) of total CSP FTEs. In Region IV, other CSPs accounted for 54% of total CSP FTEs (*Exhibit 30*).

Family Planning Encounters (Exhibit 30)

In 2011, Title X-funded agencies reported 9,355,313 family planning encounters, or an average of 1.9 encounters per family planning user. Across regions, the total number of encounters per user ranged from 1.5 (X) to 2.1 (III, V, and VII), and in five regions (III, IV, V, VI, and VII) the number of encounters per user was at or above the national average of 1.9 (*Exhibit 30*).

Encounters with a CSP accounted for 70% of total family planning encounters nationally and between 55% (IV) and 88% (II) across regions. Nationally, CSPs provided 2,022 encounters per CSP FTE, and between 1,248 (IV) and 2,729 (V) encounters per CSP FTE across regions (*Exhibit 30*).

Exhibit 30. Number and distribution of clinical services provider (CSP) full-time equivalent (FTE) staff by type of CSP and region, and number and distribution of family planning encounters, by type of encounter and region: 2011 (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	506.4	24.4	60.0	115.7	37.7	29.9	39.0	21.1	5.6	155.6	17.5
PA/NP/CNM	2,142.3	95.8	209.8	216.5	329.3	194.4	253.9	85.4	74.2	569.4	113.7
Other CSP ^a	601.3	0.0	8.0	103.2	437.5	20.5	0.0	0.0	8.4	23.8	0.0
Total	3,250.0	120.2	277.8	435.3	804.5	244.7	292.9	106.5	88.2	748.8	131.1
Distribution of CSP FTEs											
Physician	16%	20%	22%	27%	5%	12%	13%	20%	6%	21%	13%
PA/NP/CNM	66%	80%	76%	50%	41%	79%	87%	80%	84%	76%	87%
Other CSP ^a	19%	0%	3%	24%	54%	8%	0%	0%	10%	3%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE ^b	4.2	3.9	3.5	1.9	8.7	6.5	6.5	4.1	13.3	3.7	6.5
Number of FP Encounters											
With CSP	6,571,866	264,795	753,274	866,914	1,004,263	667,871	571,570	285,154	175,836	1,762,418	219,771
With other	2,783,447	53,971	99,615	311,573	820,372	301,174	349,505	155,063	117,025	499,561	75,588
Total	9,355,313	318,766	852,889	1,178,487	1,824,635	969,045	921,075	440,217	292,861	2,261,979	295,359
Distribution of FP Encounters											
With CSP	70%	83%	88%	74%	55%	69%	62%	65%	60%	78%	74%
With other	30%	17%	12%	26%	45%	31%	38%	35%	40%	22%	26%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User	1.9	1.7	1.7	2.1	1.9	2.1	1.9	2.1	1.7	1.7	1.5
CSP Encounters per CSP FTE	2,022	2,203	2,711	1,992	1,248	2,729	1,951	2,678	1,994	2,354	1,676

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

^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.

REVENUE

In 2011, Title X grantees reported total program revenue of nearly \$1.3 billion to support the delivery of Title X-funded family planning and related preventive health services. The major sources of revenue—Medicaid (\$506.6 million) and Title X (\$276.0 million)—accounted for 39% and 21%, respectively, of total revenue. Revenue from state governments (\$125.4 million), local governments (\$84.2 million), and client payment for services (\$72.2 million) each accounted for 6% to 10% of total revenue, while all other sources each contributed 4% or less (*Exhibit 31*).

Title X Services Grant

Revenue from Title X accounted for 21% of total national revenue and between 11% (IX) and 34% (VII) of total regional revenue. Title X was the largest source of revenue in three regions (I, VII, and VIII) and the second largest source after Medicaid in six others (III, IV, V, VI, IX, and X). In all but three regions (II, IX, and X), the percentage of total regional revenue from Title X exceeded the national average of 21% (*Exhibits 32 and 33*).

Payment for Services: Client Collections

Nationally, revenue from client collections accounted for 6% (\$72.2 million) of total revenue and between 2% (IX) and 14% (VII) of total regional revenue. In three regions (VII, VIII, and IX) revenue from client collections was the third most important source of revenue. The share of revenue from client collections exceeded the national average of 6% in five regions (I, II, V, VII, and VIII) (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

Title X *Program Guidelines*⁷ require Title X-funded agencies to “bill all third parties authorized or legally obligated to pay for services” and to “make reasonable efforts to collect charges without jeopardizing client confidentiality.”

Medicaid and Children’s Health Insurance Program (CHIP). Revenue from Medicaid (federal and state shares) accounted for 39% (\$506.6 million) of total national revenue and between 2% (VIII) and 67% (IX) of total regional revenue. Medicaid accounted for the largest share (26% to 67%) of total regional revenue in seven regions (II, III, IV, V, VI, IX, and X), and was the second largest source of revenue after Title X in two regions (I and VII). In 2011, grantees in 27 states and all 10 HHS regions reported revenue from state Medicaid family planning eligibility expansions. The notes for FPAR Table 14 in *Appendix C: Field and Methodological Notes* include a list of the 27 states. Separately reported (from Medicaid) CHIP revenue accounted for less than 0.5% (\$279,244) of total national revenue (*Exhibits 32 and 33*).

Medicare and Other Public. Revenue from Medicare (\$2.0 million) and other public third-party payers (\$4.1 million) together accounted for less than 1% of total national revenue. Across all regions, revenue from these third-party payers represented 3% or less of total regional revenue (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$51.7 million) accounted for 4% of total national revenue and ranged from 1% (IV and VI) to 13% (I) of total regional revenue. Revenue from private third-party payers exceeded the national average of 4% in seven regions (I, II, III, V, VII, VIII, and X) (*Exhibits 32 and 33*).

Other Revenue

Block Grants and Temporary Assistance for Needy Families (TANF). Revenue from the Title V Maternal and Child Health (MCH) Block Grant (\$25.5 million), the Title XX Social Services Block Grant (\$23.7 million), and Temporary Assistance for Needy Families (TANF) (\$14.5 million) each accounted for 1% to 2% of total national revenue. Across regions, the share of total regional revenue from the MCH or Social Services Block Grants or TANF ranged between 0% and 5% of total regional revenues, except in Region VI, where the Social Services Block Grant accounted for 12% of total regional revenue (*Exhibits 32 and 33*).

State Governments. State government revenue accounted for 10% (\$125.4 million) of total national revenue and between 1% (VII and IX) and 22% (II) of total regional revenue. State government revenue was the second largest source of revenue in Region II (22%) and the third largest source in Regions I, III, IV, and X. In five regions (I, II, III, IV, and X), the percentage of total regional revenue from state governments exceeded the national average of 10% (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 7% (\$84.2 million) of total national revenue, and between less than 0.5% (I) and 18% (VIII) of total regional revenue. Local government revenue was the second largest source of revenue in Region VIII (18%), after Title X. The percentage of total regional revenue from local governments was at or above the national average of 7% in five regions (IV, V, VI, VIII, and X) (*Exhibits 32 and 33*).

Bureau of Primary Health Care. Revenue from the Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC) accounted for less than 0.5% (\$5.3 million) of total national revenue and 2% or less of total regional revenue across all regions. Four regions (III, VI, VIII, and X) reported no BPHC revenue (*Exhibits 32 and 33*).

Other Revenue. Finally, 7% (\$95.1 million) of total revenue came from a combination of other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 1% (IV) to 30% (VIII), and in four regions (II, VII, VIII, and IX) the percentage of total regional revenue from other sources was at or above the national average of 7% (*Exhibits 32 and 33*). The notes for FPAR Table 14 in *Appendix C: Field and Methodological Notes* include an illustrative list of other revenue sources.

Revenue per User

On average, grantees reported \$256 in program revenue per user served in 2011. By region, revenue per user ranged from \$200 (VII) to \$352 (X), and was above the national average of \$256 in four regions (II, VI, VIII, and X) (*Exhibit 32*).

Guidance for Reporting Project Revenue in FPAR Table 14

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

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

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

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

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

Medicaid (Row 3a)—Report the amount received from Medicaid (federal and state shares) during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was paid directly by Medicaid or through a fiscal intermediary or a health maintenance organization (HMO). For example, in states with a capitated Medicaid program (i.e., the grantee has a contract with a private plan like Blue Cross), the payer is Medicaid, even though the actual payment may come from Blue Cross. Include revenue from family planning waivers (both federal and state shares) in Row 3a, Column B. If the amount reported in Row 3a, Column B includes family planning waiver revenue, indicate this in the Table 14 "Notes" field.

Medicare (Row 3b)—Report the amount received from Medicare during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was paid directly by Medicare or through a fiscal intermediary or an HMO. For clients enrolled in a capitated Medicare program (i.e., where the grantee has a contract with a private plan like Blue Cross), the payer is Medicare, even though the actual payment may come from Blue Cross.

State Children's Health Insurance Program (CHIP) (Row 3c)—Report the amount of funds received during the reporting period from CHIP for services provided within the scope of the grantee's Title X project. If the grantee is unable to report CHIP revenue separately from Medicaid (Row 3a), indicate this in the Table 14 "Notes" field.

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

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

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

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

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

(continued)

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

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

Local Government Revenue (Row 9)—Report the amount of funds from local government sources (including county and city grants or contracts) that were received during the reporting period and that supported services provided within the scope of the grantee’s Title X project.

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

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

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

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

Trends

Between 1999 and 2011, there were notable changes in the growth and composition of total revenue. During this period, inflation-adjusted (constant 1999 dollars)³² Title X revenue decreased 6% (from \$183.2 million in 1999 to \$172.8 million in 2011), while inflation-adjusted revenue from Medicaid increased 216%, (from \$100.4 million in 1999 to \$317.2 million in 2011). In addition, inflation-adjusted revenue from all other sources (not shown) decreased 31% (from \$454.5 million in 1999 to \$315.5 million in 2011) during this period, with the largest declines in state government revenue (\$91.2 million), client collections (\$52.2 million), and block grants (\$35.3 million). The decrease in Title X and other revenue sources was offset by the large increase in revenue from Medicaid, resulting in a net increase of 9% in inflation-adjusted total program revenue between 1999 (\$738.0 million) and 2011 (\$805.5 million) (*Exhibits A–11a, A–11b, A–11c, A–11d, and A–11e*). Between 2010 and 2011, there was a decrease of 3% in inflation-adjusted total revenue, with a 4% decrease in Title X revenue and a 2% increase in Medicaid revenue (not shown).

Between 1999 and 2011, the share of total revenue from Medicaid grew from 14% in 1999 to 39% in 2011, while the share from Title X decreased from 25% to 21%. Between 2003 and 2004, there were large percentage-point changes in the shares of total revenue from Medicaid and state governments. In 2004, revenue from California’s Medicaid family planning waiver (Family Planning, Access, Care, and Treatment Program) was recategorized as Medicaid rather than state government revenue, thereby increasing the Medicaid share of total revenue from 17% in 2003 to 28% in 2004 and decreasing the state government share from 23% in 2003 to 13% in 2004. Since 2004, revenue from Medicaid family planning waivers has been included in the total Medicaid figure, as have both the federal and state shares of Medicaid (*Exhibits A–12a, A–12b, and A–12c*). (See Table 14 notes in *Appendix C: Field and Methodological Notes*.)

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2011
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	\$276,002,719	21%
Payment for Services		
Client collections	\$72,156,363	6%
Third-party payers ^a		
Medicaid ^b	\$506,608,330	39%
Medicare	\$2,002,181	0%†
Children's Health Insurance Program	\$279,244	0%†
Other public	\$4,088,072	0%†
Private	\$51,655,083	4%
Subtotal	\$636,789,273	49%
Other Revenue		
Maternal and Child Health Block Grant	\$25,512,030	2%
Social Services Block Grant	\$23,736,983	2%
Temporary Assistance for Needy Families	\$14,517,155	1%
State government	\$125,392,165	10%
Local government	\$84,214,372	7%
Bureau of Primary Health Care	\$5,289,075	0%†
Other ^c	\$95,120,838	7%
Subtotal	\$373,782,618	29%
Total Revenue	\$1,286,574,610	100%
Total Revenue 1999\$ ^d	\$805,519,433	
Total Revenue 1981\$ ^d	\$266,470,714	
Total Revenue per User	\$256	

NA = Not applicable.

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 27 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 1999 dollars (1999\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, Series ID. CUUR0000SAM, <http://data.bls.gov/cgi-bin/srgate>).

† Percentage is less than 0.5%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2011 (Source: FPAR Table 14)

Revenue Source	All Regions (in \$)	Region I (in \$)	Region II (in \$)	Region III (in \$)	Region IV (in \$)	Region V (in \$)	Region VI (in \$)	Region VII (in \$)	Region VIII (in \$)	Region IX (in \$)	Region X (in \$)
Title X	\$276,002,719	\$14,907,648	\$29,960,888	\$28,515,360	\$59,413,468	\$36,821,397	\$32,958,945	\$13,948,545	\$11,157,915	\$36,888,781	\$11,429,772
Payment for Services											
Client collections	\$72,156,363	\$5,937,108	\$15,767,628	\$4,740,186	\$8,928,791	\$7,842,682	\$4,829,489	\$5,776,768	\$5,884,196	\$8,300,649	\$4,148,866
Third-party payers ^a											
Medicaid ^b	\$506,608,330	\$8,685,549	\$40,417,037	\$33,883,412	\$71,498,473	\$42,171,869	\$49,039,131	\$9,696,375	\$1,018,385	\$225,814,488	\$24,383,611
Medicare	\$2,002,181	\$169,332	\$177,681	\$1,134,094	\$227,960	\$25,392	\$18,444	\$52,588	\$2,624	\$187,797	\$6,269
CHIP	\$279,244	\$3,915	\$4,748	\$79,988	\$0	\$113,275	\$6,337	\$58,712	\$12,269	\$0	\$0
Other public	\$4,088,072	\$981,679	\$244,965	\$2,291,260	\$0	\$300,555	\$129,174	\$98,776	\$23,333	\$2,175	\$16,155
Private	\$51,655,083	\$5,936,920	\$12,576,376	\$7,374,174	\$2,403,524	\$5,491,654	\$699,714	\$5,028,274	\$2,193,869	\$5,769,912	\$4,180,666
Subtotal	\$636,789,273	\$21,714,503	\$69,188,435	\$49,503,114	\$83,058,748	\$55,945,427	\$54,722,289	\$20,711,493	\$9,134,676	\$240,075,021	\$32,735,567
Other Revenue											
MCH Block Grant	\$25,512,030	\$64,200	\$4,932,119	\$3,053,587	\$9,488,942	\$2,744,818	\$1,666,100	\$433,925	\$512,911	\$1,182,415	\$1,433,013
SS Block Grant	\$23,736,983	\$1,008,219	\$1,646,701	\$2,142,792	\$1,360,616	\$2,481,653	\$14,937,682	\$0	\$28,069	\$0	\$131,251
TANF	\$14,517,155	\$193,873	\$0	\$1,049,952	\$10,924,483	\$2,036,154	\$0	\$0	\$95,317	\$217,376	\$0
State government	\$125,392,165	\$7,224,136	\$35,185,766	\$19,412,843	\$35,174,359	\$3,129,915	\$8,811,970	\$322,497	\$2,775,527	\$2,194,152	\$11,161,000
Local government	\$84,214,372	\$94,247	\$4,976,970	\$6,500,074	\$33,066,789	\$9,157,803	\$9,112,217	\$547,510	\$8,220,734	\$2,255,077	\$10,282,951
BPHC	\$5,289,075	\$180,000	\$1,200,644	\$0	\$3,028	\$181,162	\$0	\$873,572	\$0	\$2,850,669	\$0
Other ^c	\$95,120,838	\$1,372,874	\$10,544,090	\$2,992,239	\$1,674,619	\$5,154,672	\$4,315,014	\$4,276,332	\$13,642,004	\$49,896,430	\$1,252,564
Subtotal	\$373,782,618	\$10,137,549	\$58,486,290	\$35,151,487	\$91,692,836	\$24,886,177	\$38,842,983	\$6,453,836	\$25,274,562	\$58,596,119	\$24,260,779
Total Revenue	\$1,286,574,610	\$46,759,700	\$157,635,613	\$113,169,961	\$234,165,052	\$117,653,001	\$126,524,217	\$41,113,874	\$45,567,153	\$335,559,921	\$68,426,118
Total Revenue 1999\$ ^d	\$805,519,433	\$29,276,069	\$98,695,053	\$70,855,279	\$146,609,842	\$73,662,093	\$79,216,327	\$25,741,239	\$28,529,420	\$210,092,781	\$42,841,330
Total Revenue 1981\$ ^d	\$266,470,714	\$9,684,701	\$32,648,922	\$23,439,356	\$48,499,425	\$24,367,867	\$26,205,242	\$8,515,358	\$9,437,705	\$69,499,966	\$14,172,172
Total Revenue per User	\$256	\$243	\$320	\$201	\$249	\$249	\$266	\$200	\$269	\$255	\$352

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

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 27 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 1999 dollars (1999\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, Series ID. CUUR0000SAM, <http://data.bls.gov/cgi-bin/srgate>).

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2011 (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	21%	32%	19%	25%	25%	31%	26%	34%	24%	11%	17%
Payment for Services											
Client collections	6%	13%	10%	4%	4%	7%	4%	14%	13%	2%	6%
Third-party payers ^a											
Medicaid ^b	39%	19%	26%	30%	31%	36%	39%	24%	2%	67%	36%
Medicare	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%	0%
Other public	0%†	2%	0%†	2%	0%	0%†	0%†	0%†	0%†	0%†	0%†
Private	4%	13%	8%	7%	1%	5%	1%	12%	5%	2%	6%
Subtotal	49%	46%	44%	44%	35%	48%	43%	50%	20%	72%	48%
Other Revenue											
MCH Block Grant	2%	0%†	3%	3%	4%	2%	1%	1%	1%	0%†	2%
SS Block Grant	2%	2%	1%	2%	1%	2%	12%	0%	0%†	0%	0%†
TANF	1%	0%†	0%	1%	5%	2%	0%	0%	0%†	0%†	0%
State government	10%	15%	22%	17%	15%	3%	7%	1%	6%	1%	16%
Local government	7%	0%†	3%	6%	14%	8%	7%	1%	18%	1%	15%
BPHC	0%†	0%†	1%	0%	0%†	0%†	0%	2%	0%	1%	0%
Other ^c	7%	3%	7%	3%	1%	4%	3%	10%	30%	15%	2%
Subtotal	29%	22%	37%	31%	39%	21%	31%	16%	55%	17%	35%
Total Revenue	100%										

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 27 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."

† Percentage is less than 0.5%.

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4 References

1. Office of Population Affairs (OPA) Website. *Title X Statute and Regulations*. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>.
2. OPA Website. *Title X Family Planning*. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/title-x-family-planning/>.
3. OPA Website. *Title X Funding History*. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/about-opa-and-initiatives/funding-history/>.
4. 45 Code of Federal Regulations (CFR) Part 74. *Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations; and Certain Grants and Agreements with States, Local Governments, and Indian Tribal Governments*. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-74.html>.
5. 45 CFR Part 92. *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-92.html>.
6. 42 CFR Part 59. *Grants for Family Planning Services*. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/final-rules-42-cfr-59.html>.
7. OPA/Office of Family Planning (OFP). (2001). *Program Guidelines for Project Grants for Family Planning Services*. Bethesda, MD: U.S. Department of Health and Human Services, Office of Public Health and Science/Office of Population Affairs/Office of Family Planning, 30 pages. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/pdfs/2001-ofp-guidelines-complete.pdf>.
8. OPA/OFP. (2011). *Family Planning Annual Report: Forms and Instructions* (Reissued January 2011). Rockville, MD: U.S. Department of Health and Human Services, Office of Public Health and Science/Office of Population Affairs/Office of Family Planning. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/pdfs/fpar-forms-and-instructions-2011.pdf>.
9. Office of Management and Budget (OMB). (1997). *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, October 30, 1997. Federal Register Notice*. Retrieved October 15, 2012, from http://www.whitehouse.gov/omb/fedreg_1997standards/.

10. OPA. (2008). *Verification of Income for Title X Clients*. OPA Program Instruction Series, OPA 08-1. Retrieved October 23, 2012 from <http://www.hhs.gov/opa/pdfs/opa-08-01.pdf>.
11. OPA. (1997). *Fees and Charges to Low-Income Clients and Teenagers (Revised)*. OPA Program Instruction Series, OPA 97-1. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/pdfs/opa-97-01.pdf>.
12. U.S. Department of Health and Human Services (HHS). (2003). *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons ("Revised HHS LEP Guidance")*, August 4, 2003. Retrieved October 15, 2012, from <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
13. HHS. (2011). *The 2011 HHS Poverty Guideline*. Retrieved October 15, 2012, from <http://aspe.hhs.gov/poverty/11poverty.shtml>.
14. Using method effectiveness (typical use) data from Trussell (2011), we classified contraceptive methods into three tiers: high, moderate, and less effective.

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

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

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

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

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

They include:

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

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

15. Solomon, D, Davey, D, Kurman, R, Moriarty, A, O'Connor, D, Prey, M, Raab, S, Sherman, M, Wilbur, D, Wright, Jr., T, and Young, N. (2002) The 2001 Bethesda System: Terminology for Reporting Results of Cervical Cytology. *Journal of the American Medical Association*, 287(16): 2114–2119. Retrieved October 15, 2012, from <http://jama.jamanetwork.com/article.aspx?volume=287&page=2114>.
16. Apgar, BS, Zoschnick, L, and Wright, TC. (2003). The 2001 Bethesda System terminology. *American Academy of Family Physicians*, 2003(68): 1992–1998. Retrieved October 15, 2012, from <http://www.aafp.org/afp/2003/1115/p1992.pdf>.
17. Wright, TC, Cox, JT, Massad, LS, Twiggs, LB, and Wilkinson, EJ. (2002). 2001 consensus guidelines for the management of women with cervical cytological abnormalities. *Journal of the American Medical Association*, 287(16): 2120–2129. Retrieved October 15, 2012, from <http://jama.jamanetwork.com/article.aspx?articleid=194862>. For updated consensus guidelines for managing women with abnormal tests, see Wright, T. C., Massad, L. S., Dunton, C. J., Spitzer, M., Wilkinson, E. J., & Solomon, D. (2007, October). 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. *American Journal of Obstetrics & Gynecology*, 197(4): 337–339. Retrieved October 15, 2012, from <http://www.sciencedirect.com/science/article/pii/S0002937807009301>.
18. OPA. (2009). *Clinical Services in Title X Family Planning Clinics—Consistency with Current Practice Recommendations*. OPA Program Instruction Series, OPA 09-01. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/pdfs/opa-09-01.pdf>.
19. OPA. (2003). *Screening for Cervical and Colorectal Cancer and Sexually Transmitted Diseases (STD)*. OPA Program Instruction Series, OPA 03-01, 2 pages. Retrieved October 15, 2012, from <http://www.hhs.gov/opa/pdfs/opa-03-01.pdf>.
20. Agency for Healthcare Research and Quality (AHRQ). (2010). *The Guide to Clinical Preventive Services, 2010–2011, Recommendations of the U.S. Preventive Services Task Force*. Rockville, MD: AHRQ, 292 pages. Retrieved October 15, 2012, from <http://www.ahrq.gov/clinic/pocketgd1011/pocketgd1011.pdf>.
21. U.S. Preventive Services Task Force (USPSTF). (March 2012) *Screening for Cervical Cancer*. Accessed on October 15, 2012, from <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>.

22. The American College of Obstetricians and Gynecologists. (March 2012). *New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology*. Accessed on October 15, 2012, from http://www.acog.org/About_ACOG/Announcements/New_Cervical_Cancer_Screening_Recommendations.
23. American Cancer Society. (2012). *American Cancer Society Guidelines for the Early Detection of Cancer*. Accessed on October 15, 2012, from <http://www.cancer.org/Healthy/FindCancerEarly/CancerScreeningGuidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>.
24. USPSTF. (December 2009). *Screening for Breast Cancer*. Accessed on October 15, 2012, from <http://www.uspreventiveservicestaskforce.org/uspstf/uspabrca.htm>.
25. The American College of Obstetricians and Gynecologists. (July 2011). *Annual Mammograms Now Recommended for Women Beginning at Age 40*. Accessed on October 15, 2012, from http://www.acog.org/About_ACOG/News_Room/News_Releases/2011/Annual_Mammograms_Now_Recommended_for_Women_Beginning_at_Age_40.
26. Centers for Disease Control and Prevention (CDC). (November 2011). *Sexually Transmitted Disease Surveillance, 2010*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved October 15, 2012, from <http://www.cdc.gov/std/stats10/surv2010.pdf>.
27. CDC. (2010). Sexually Transmitted Diseases Treatment Guidelines, 2010. *MMWR*, 59(RR-12): 1–114. Retrieved October 15, 2012, from <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>.
28. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women 24 or under and for older, nonpregnant women who are at increased risk. *Source*: USPSTF. (2007). Screening for Chlamydial Infection: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, 147(2): 128–134. Retrieved October 15, 2012, from <http://www.annals.org/content/147/2/128.full.pdf+html>.
29. CDC. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR*, 55(No. RR-14): 1–17. Retrieved October 15, 2012, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.
30. CDC (2006) (see footnote 29) defines *diagnostic HIV testing* as “Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.”
31. CDC (2006) (see footnote 29) defines *opt-out HIV screening* as “Performing HIV screening after notifying the patient that (1) the test will be performed and (2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.”

32. U.S. Department of Labor, Bureau of Labor Statistics (BLS). *Consumer Price Index: Series ID. CUUR0000SAM*. Retrieved October 15, 2012, from <http://data.bls.gov/cgi-bin/srgate>.

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Appendix A

National and Regional Trend Exhibits

Exhibit A-1a. Number and distribution of all family planning users, by region and year: 1999-2011

Region	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
I	187,589	216,098	220,094	212,422	207,450	211,693	212,169	199,010	197,165	199,779	198,962	192,252
II	415,848	428,169	449,854	460,798	468,635	468,237	470,148	479,572	483,928	497,614	499,231	493,369
III	499,163	533,956	551,759	562,182	571,883	562,173	567,583	557,031	564,138	592,475	584,167	564,163
IV	1,025,865	1,043,788	1,077,707	1,065,310	1,052,584	1,051,887	1,051,330	1,018,656	1,019,264	1,010,012	989,770	940,931
V	532,036	595,982	617,372	607,756	610,058	600,145	582,313	531,679	507,431	492,741	492,359	472,062
VI	488,372	529,997	532,268	539,704	547,802	513,130	483,632	486,378	491,406	512,019	512,868	475,863
VII	247,863	254,278	260,651	260,034	257,833	243,299	245,133	234,592	210,012	209,350	214,032	205,167
VIII	138,469	148,353	143,595	147,730	154,924	157,150	156,482	149,395	151,261	160,919	176,892	169,311
IX	709,360	844,781	870,070	878,088	920,543	931,827	973,524	1,102,718	1,209,114	1,294,974	1,352,569	1,314,270
X	197,573	262,315	251,504	278,024	276,073	263,420	251,964	228,207	217,786	216,384	204,012	194,323
Total	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711
Female	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195
Male	127,098	199,245	202,620	227,159	244,381	262,793	272,409	295,381	327,843	374,576	402,292	386,516
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	9%	9%	9%	10%	10%	10%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%
IV	23%	21%	22%	21%	21%	21%	21%	20%	20%	19%	19%	19%
V	12%	12%	12%	12%	12%	12%	12%	11%	10%	10%	9%	9%
VI	11%	11%	11%	11%	11%	10%	10%	10%	10%	10%	10%	9%
VII	6%	5%	5%	5%	5%	5%	5%	5%	4%	4%	4%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	16%	17%	17%	18%	18%	19%	19%	22%	24%	25%	26%	26%
X	4%	5%	5%	6%	5%	5%	5%	5%	4%	4%	4%	4%
Total	100%											
Female	97%	96%	96%	95%	95%	95%	95%	94%	94%	93%	92%	92%
Male	3%	4%	4%	5%	5%	5%	5%	6%	6%	7%	8%	8%

Exhibit A-1b. Distribution of all family planning users, by region and year: 1999-2011

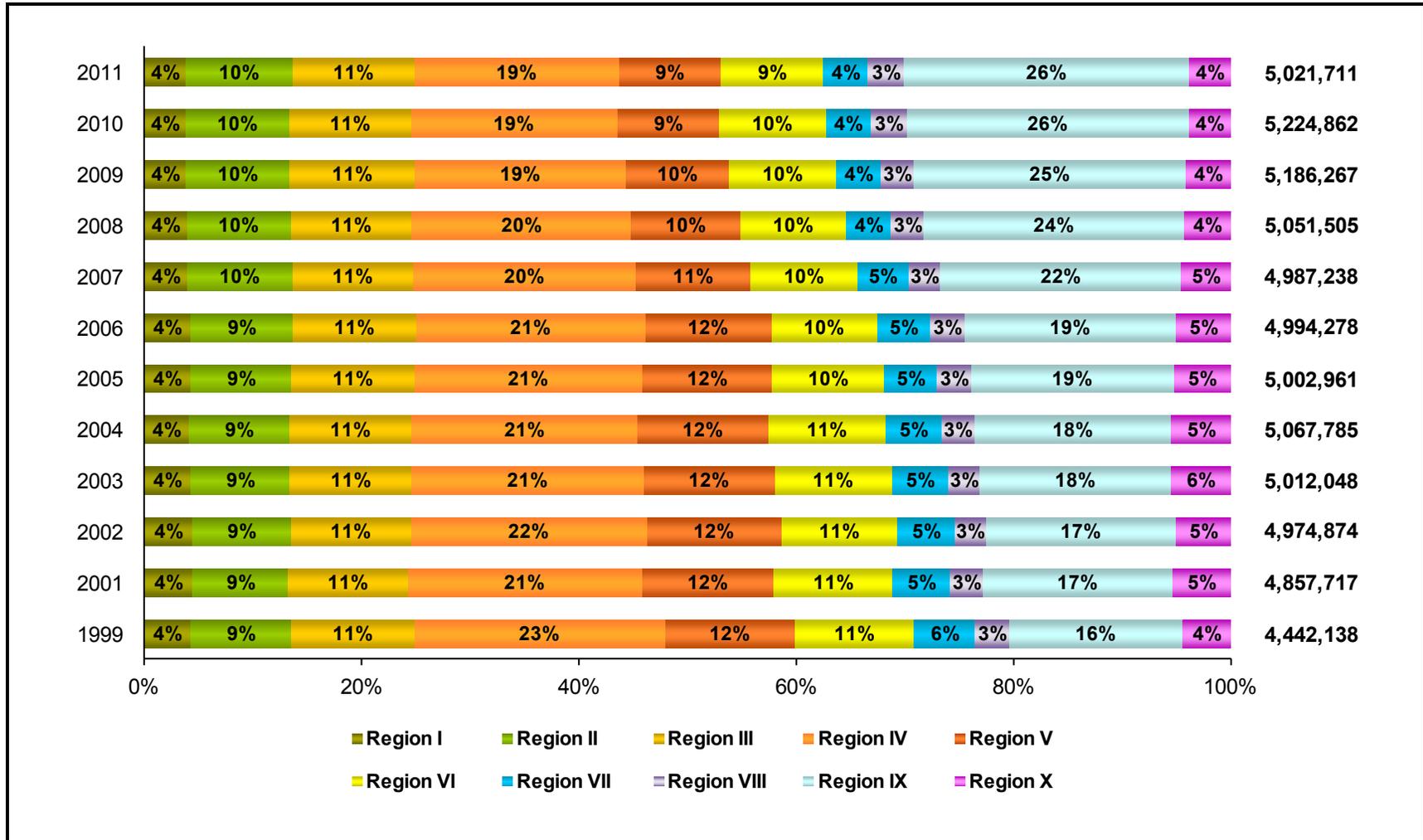


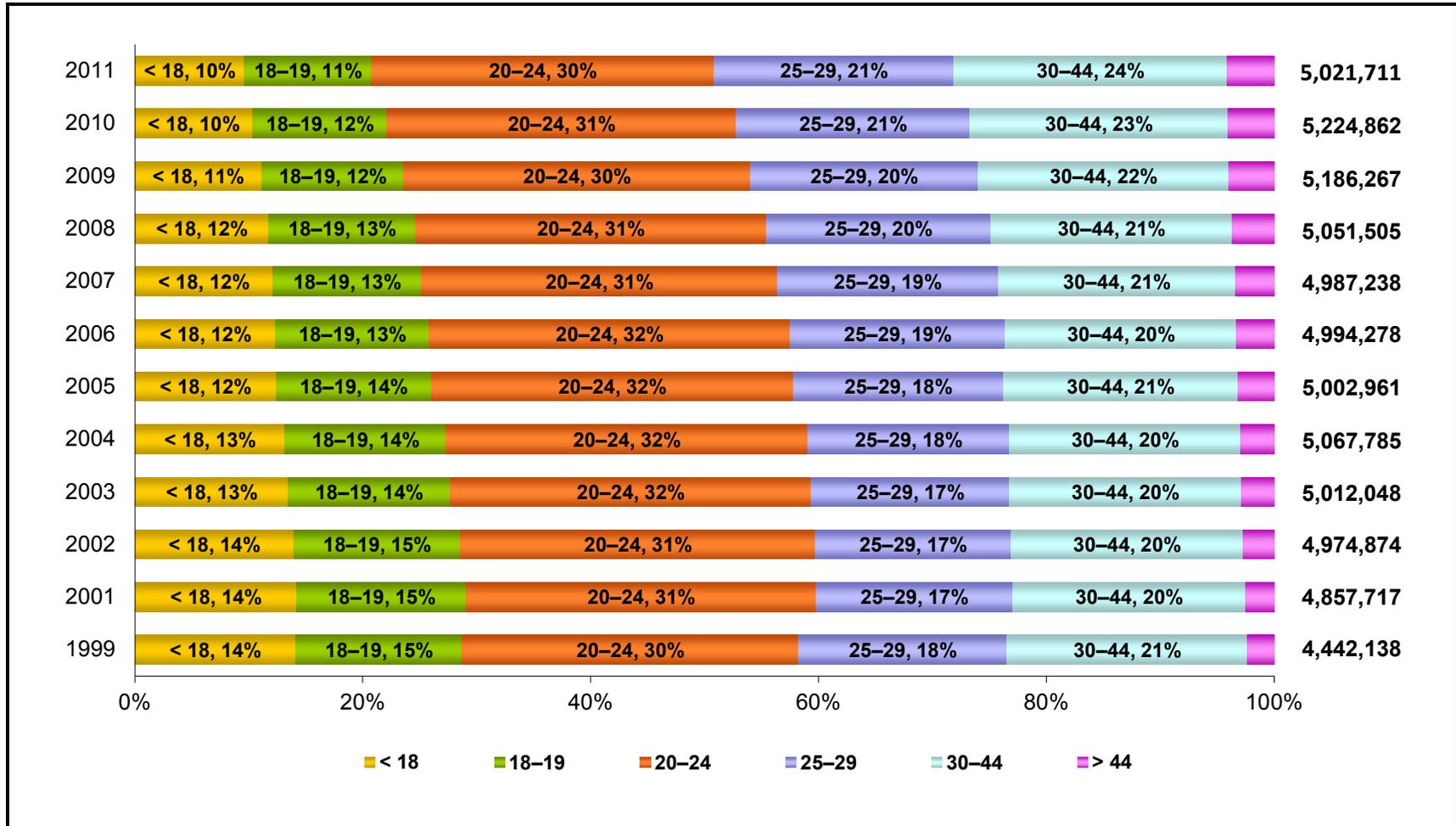
Exhibit A-2a. Number and distribution of all family planning users, by age and year: 1999-2011

Age Group (Years)	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Under 15	—	—	—	—	—	70,840	67,627	68,918	71,738	74,287	73,383	59,351
Under 18	627,496	690,718	693,416	674,639	667,734	--	--	--	--	--	--	--
15 to 17	—	—	—	—	—	549,079	549,844	534,054	521,202	502,226	466,284	423,702
18 to 19	648,224	720,939	728,049	711,364	716,399	681,690	672,027	651,784	652,059	647,432	616,709	560,848
20 to 24	1,312,102	1,493,687	1,550,715	1,590,344	1,608,278	1,589,794	1,582,688	1,556,670	1,553,469	1,577,051	1,600,833	1,508,215
25 to 29	812,323	835,897	851,926	870,394	898,231	921,425	943,009	967,409	996,754	1,037,776	1,071,999	1,058,256
30 to 44	937,691	995,231	1,016,055	1,021,266	1,028,661	--	--	--	--	--	--	--
30 to 34	—	—	—	—	—	519,448	512,173	522,673	539,998	578,031	607,257	621,119
35 to 39	—	—	—	—	—	317,900	314,488	323,885	332,854	353,712	359,749	358,400
40 to 44	—	—	—	—	—	193,490	188,507	191,503	195,582	209,292	215,914	222,429
Over 44	104,302	121,245	134,713	144,041	148,482	159,295	163,915	170,342	187,849	206,460	212,734	209,391
Total	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711
Under 15	—	—	—	—	—	1%	1%	1%	1%	1%	1%	1%
Under 18	14%	14%	14%	13%	13%	--	--	--	--	--	--	--
15 to 17	—	—	—	—	—	11%	11%	11%	10%	10%	9%	8%
18 to 19	15%	15%	15%	14%	14%	14%	13%	13%	13%	12%	12%	11%
20 to 24	30%	31%	31%	32%	32%	32%	32%	31%	31%	30%	31%	30%
25 to 29	18%	17%	17%	17%	18%	18%	19%	19%	20%	20%	21%	21%
30 to 44	21%	20%	20%	20%	20%	--	--	--	--	--	--	--
30 to 34	—	—	—	—	—	10%	10%	10%	11%	11%	12%	12%
35 to 39	—	—	—	—	—	6%	6%	6%	7%	7%	7%	7%
40 to 44	—	—	—	—	—	4%	4%	4%	4%	4%	4%	4%
Over 44	2%	2%	3%	3%	3%	3%	3%	3%	4%	4%	4%	4%
Total	100%											

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-2b. Distribution of all family planning users, by age and year: 1999-2011



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

Exhibit A-3a. Number and distribution of all family planning users, by race and year: 1999-2011

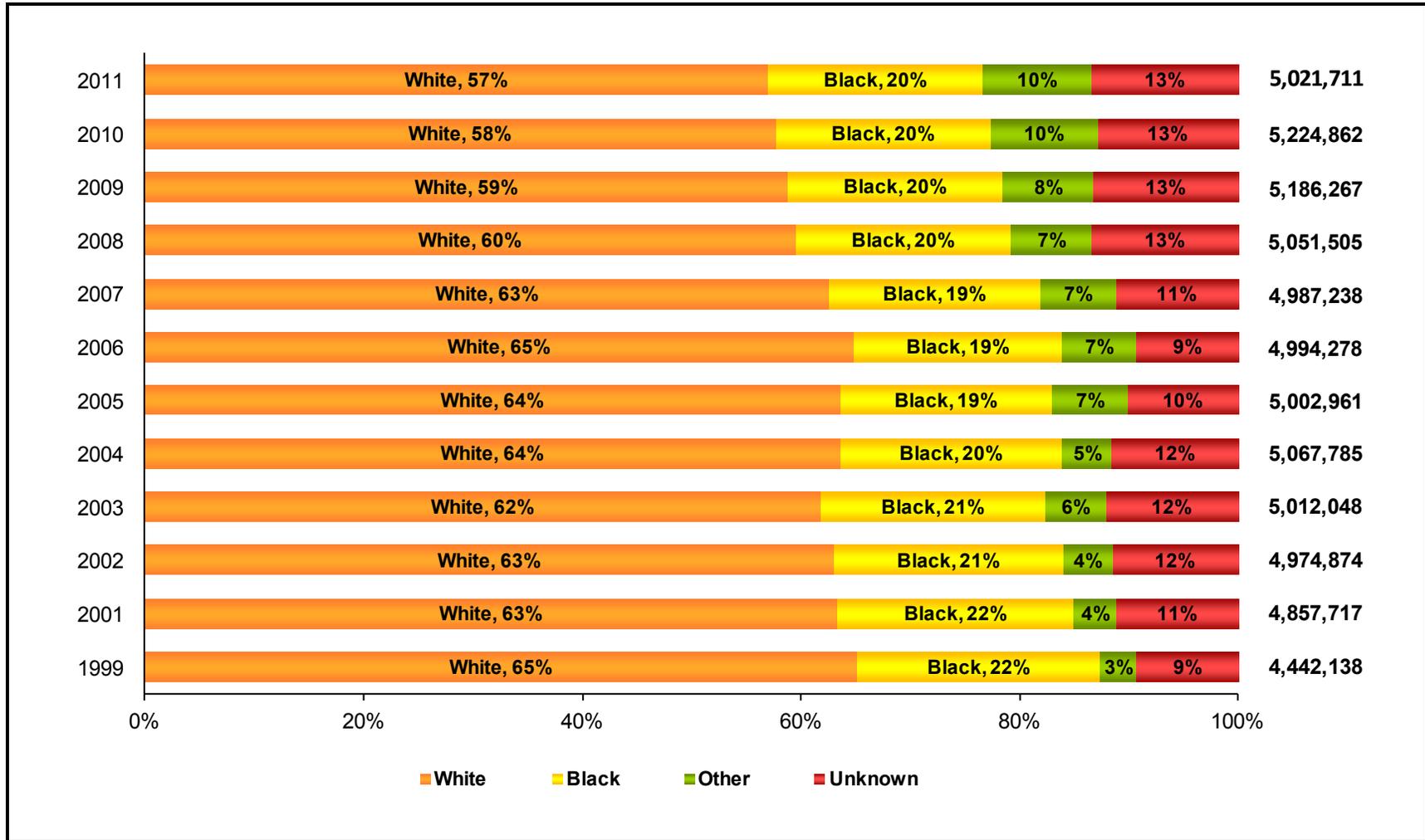
Race	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Am Indian/Alaska Native	31,372	34,241	34,811	35,320	36,050	35,665	38,098	38,080	36,974	39,220	44,899	43,204
Asian	115,564	109,007	137,064	117,122	136,813	124,946	129,155	131,735	137,747	150,847	136,958	134,345
Black/African American	986,448	1,049,740	1,041,329	1,028,446	1,027,880	969,301	953,580	958,241	996,093	1,015,013	1,028,991	986,803
Nat Hawaiian/Pac Island	— ^a	46,330	51,672	124,055	58,881	58,946	44,708	43,360	45,693	73,559	65,662	70,929
White	2,896,882	3,079,264	3,137,887	3,100,808	3,225,150	3,183,116	3,239,675	3,125,435	3,007,568	3,054,226	3,015,861	2,864,253
More than one race	—	—	—	—	—	127,543	122,583	132,911	151,535	169,044	261,397	250,825
UK/NR	411,872	539,135	572,111	606,297	583,011	503,444	466,479	557,476	675,895	684,358	671,094	671,352
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711
Am Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	2%	3%	2%	3%	2%	3%	3%	3%	3%	3%	3%
Black/African American	22%	22%	21%	21%	20%	19%	19%	19%	20%	20%	20%	20%
Nat Hawaiian/Pac Island	— ^a	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%
White	65%	63%	63%	62%	64%	64%	65%	63%	60%	59%	58%	57%
More than one race	—	—	—	—	—	3%	2%	3%	3%	3%	5%	5%
UK/NR	9%	11%	12%	12%	12%	10%	9%	11%	13%	13%	13%	13%
Total All Users	100%											

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

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

— Data are not available.

Exhibit A-3b. Distribution of all family planning users, by race and year: 1999–2011



Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander (2001–2011), and more than one race (2005–2011). For 1999 data, the Native Hawaiian or Other Pacific Islander race category was combined with Asian race into a single category.

Exhibit A-4a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999-2011

Ethnicity	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hispanic or Latino	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215
Not Hispanic or Latino	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	3,628,142	3,670,894	3,611,497	3,534,915	3,618,344	3,618,285	3,416,314
UK/NR	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711
Hispanic or Latino	17%	20%	21%	22%	23%	24%	25%	26%	28%	28%	29%	29%
Not Hispanic or Latino	78%	77%	77%	76%	75%	73%	74%	72%	70%	70%	69%	68%
UK/NR	4%	3%	2%	2%	3%	4%	2%	1%	2%	2%	2%	3%
Total All Users	100%											

UK/NR=unknown or not reported.

Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999-2011

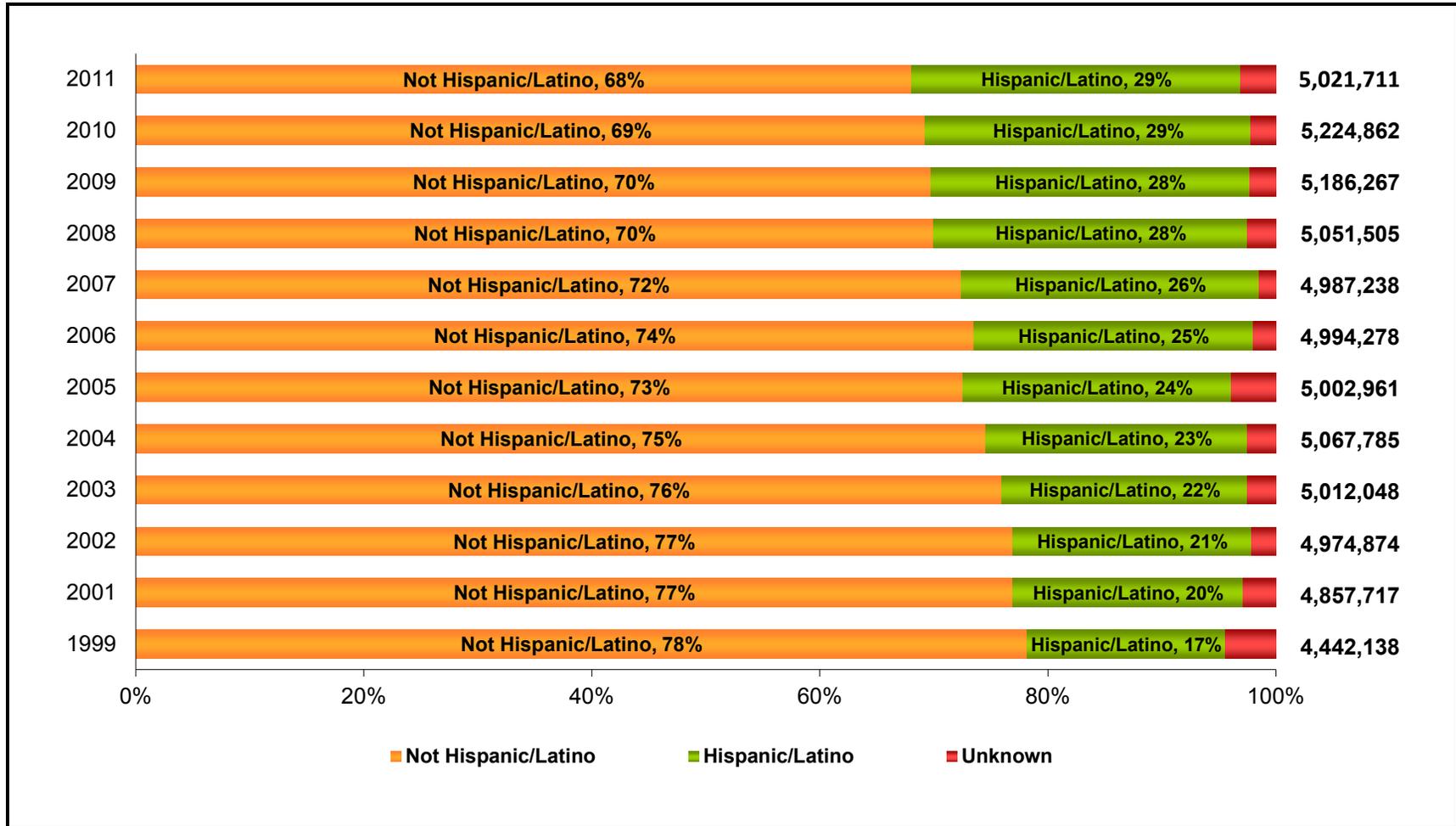


Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 1999–2011

Race/Ethnicity Trend	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Not Hispanic												
All races	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	--	--	--	--	--	--	--
Asian	—	—	—	—	—	118,499	123,192	126,320	127,850	139,831	126,413	121,777
Black or African American	—	—	—	—	—	929,066	918,983	926,564	956,741	969,690	986,409	939,143
White	—	—	—	—	—	2,366,762	2,400,897	2,324,430	2,232,893	2,227,867	2,214,680	2,060,244
Other/unknown	—	—	—	—	—	213,815	227,822	234,183	217,431	280,956	290,783	295,150
Hispanic or Latino, all races	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215
Ethnicity UK/NR	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501	113,570	154,182
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711
Not Hispanic												
All races	78%	77%	77%	76%	75%	--	--	--	--	--	--	--
Asian	—	—	—	—	—	2%	2%	3%	3%	3%	2%	2%
Black or African American	—	—	—	—	—	19%	18%	19%	19%	19%	19%	19%
White	—	—	—	—	—	47%	48%	47%	44%	43%	42%	41%
Other/unknown	—	—	—	—	—	4%	5%	5%	4%	5%	6%	6%
Hispanic or Latino, all races	17%	20%	21%	22%	23%	24%	25%	26%	28%	28%	29%	29%
Ethnicity UK/NR	4%	3%	2%	2%	3%	4%	2%	1%	2%	2%	2%	3%
Total All Users	100%											

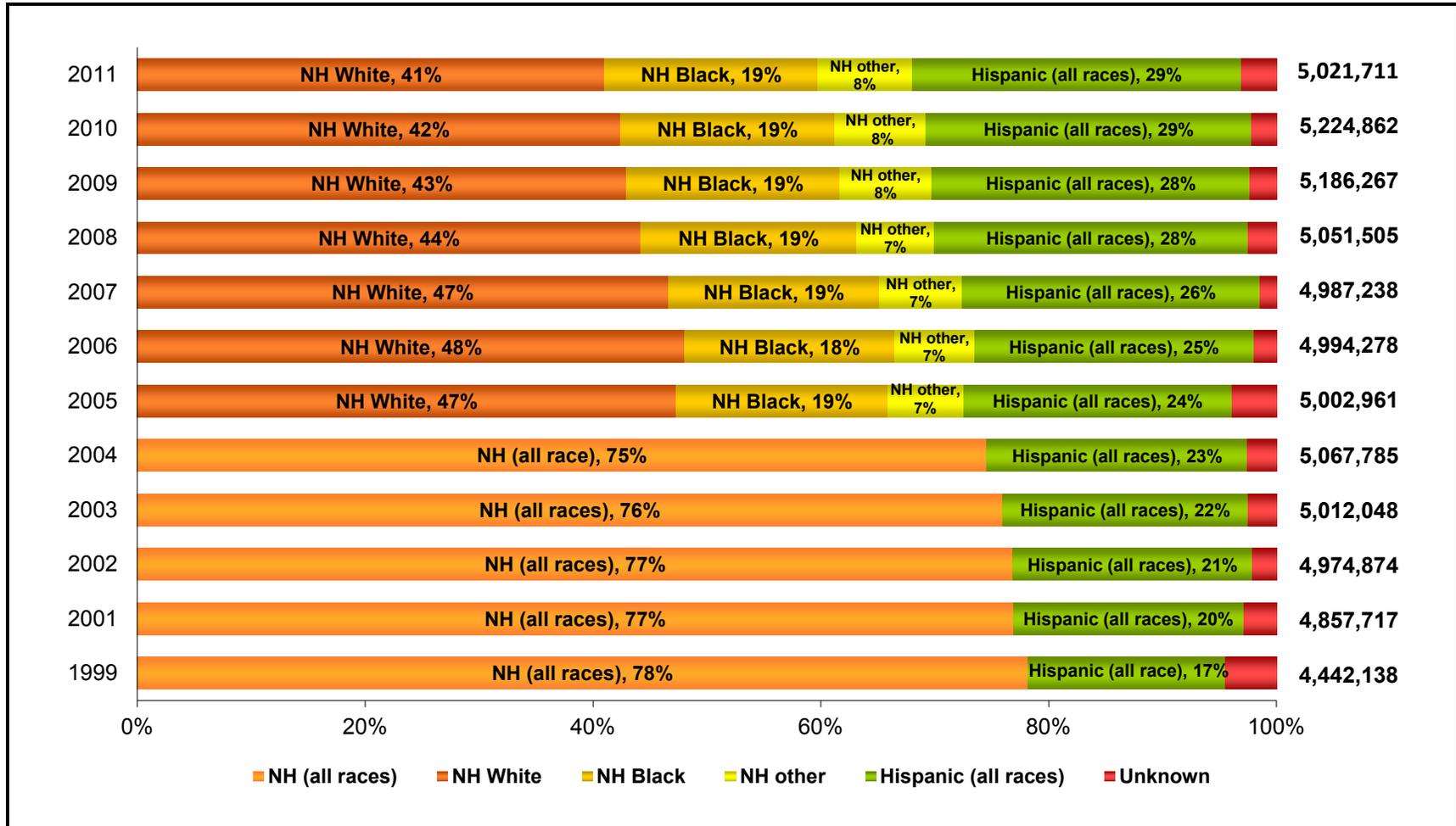
UK/NR=unknown or not reported.

Note: The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander (2001–2011), and more than one race (2005–2011). For 1999 data, the Native Hawaiian or Other Pacific Islander race category was combined with Asian race into a single category.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-5b. Distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 1999–2011



NH=Not Hispanic or Latino.

Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The “NH other” category (2005–2011) includes users who self-identified as not Hispanic or Latino and for whom either race was unknown or not reported or race was self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. The “Unknown” category includes users with unknown or not reported Hispanic or Latino ethnicity.

Exhibit A-6a. Number and distribution of all family planning users, by income level and year: 1999-2011

Income Level ^a	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Under 101%	2,886,684	3,177,934	3,256,554	3,374,895	3,461,649	3,316,699	3,353,129	3,455,335	3,553,222	3,632,506	3,618,813	3,466,912
101% to 150%	803,360	832,137	872,911	854,878	838,704	879,666	846,873	820,870	781,113	785,090	795,065	731,410
151% to 200%	328,084	328,019	335,792	318,001	312,393	324,358	311,958	303,992	278,881	277,103	281,294	269,478
Over 200%	346,735	422,460	408,346	370,790	355,025	--	--	--	--	--	--	--
201% to 250%	—	—	—	—	—	129,097	127,902	121,473	119,181	119,768	125,298	116,188
Over 250%	—	—	—	—	—	242,241	262,501	212,849	224,603	207,484	250,440	250,829
UK/NR	77,275	97,167	101,271	93,484	100,014	110,900	91,915	72,719	94,505	164,316	153,952	186,894
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711
Under 101%	65%	65%	65%	67%	68%	66%	67%	69%	70%	70%	69%	69%
101% to 150%	18%	17%	18%	17%	17%	18%	17%	16%	15%	15%	15%	15%
151% to 200%	7%	7%	7%	6%	6%	6%	6%	6%	6%	5%	5%	5%
Over 200%	8%	9%	8%	7%	7%	--	--	--	--	--	--	--
201% to 250%	—	—	—	—	—	3%	3%	2%	2%	2%	2%	2%
Over 250%	—	—	—	—	—	5%	5%	4%	4%	4%	5%	5%
UK/NR	2%	2%	2%	2%	2%	2%	2%	1%	2%	3%	3%	4%
Total All Users	100%											

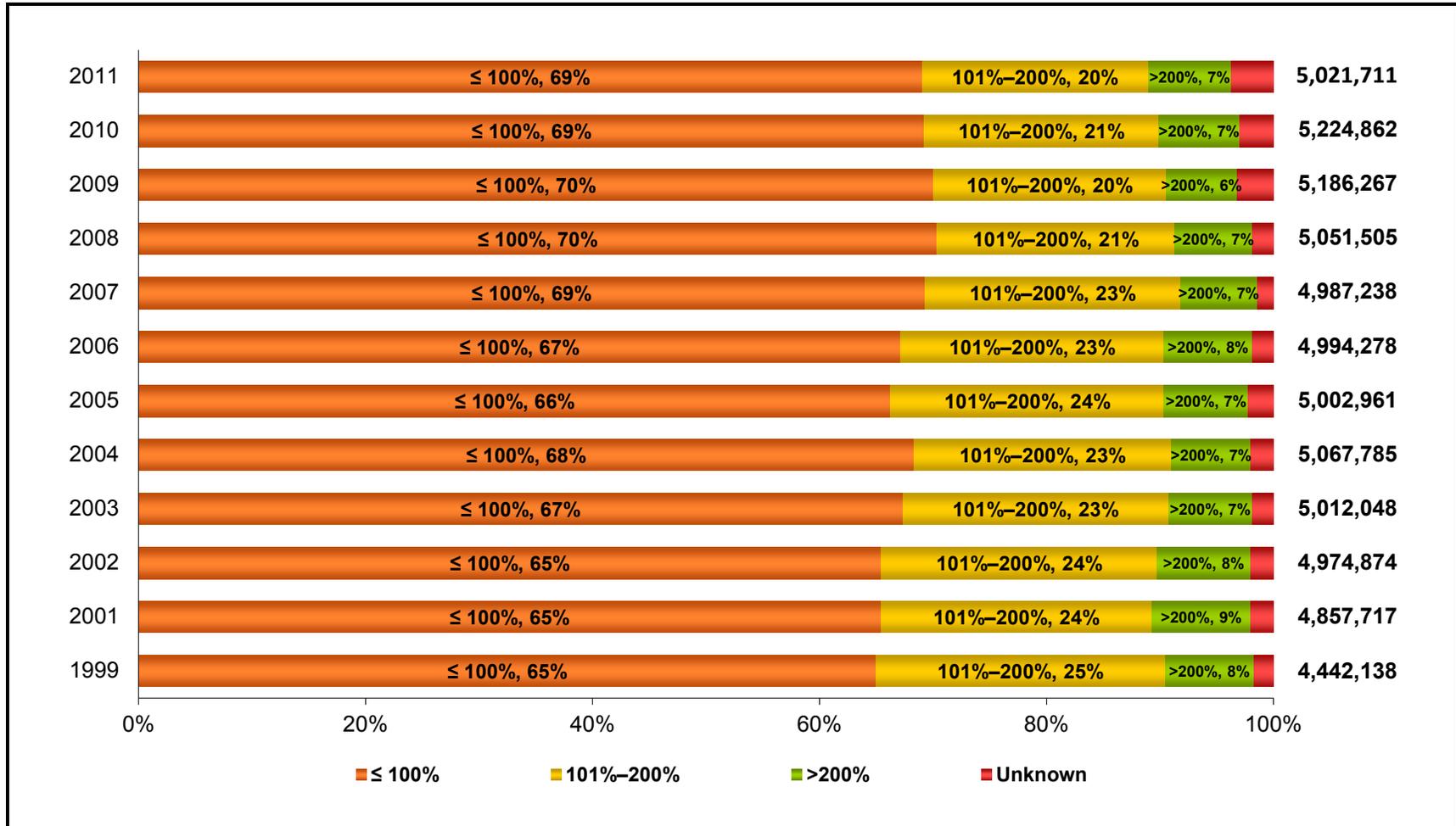
UK/NR=unknown or not reported.

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

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-6b. Distribution of all family planning users, by income level and year: 1999-2011



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

Exhibit A-7a. Number of female family planning users, by primary contraceptive method and year: 1999–2011

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Highly Effective^a												
Vasectomy ^b	—	—	—	—	—	7,060	6,605	6,546	6,312	6,905	8,683	8,632
Sterilization ^b	111,609	117,787	115,742	110,513	105,103	95,264	89,428	89,447	87,167	92,616	92,652	90,438
Hormonal implant	22,881	12,390	12,791	13,180	5,602	3,395	2,506	7,300	18,738	30,135	48,015	65,673
Intrauterine device	48,015	63,045	68,802	72,378	77,773	88,342	110,338	138,714	179,876	216,390	252,121	272,683
Moderately Effective^a												
Hormonal injection ^c	699,932	799,521	809,170	765,266	740,028	602,721	571,588	591,861	597,572	615,188	643,682	645,351
Vaginal ring ^d	—	—	—	—	—	65,320	98,689	139,656	149,627	165,121	186,238	183,182
Contraceptive patch ^d	—	—	—	—	—	286,214	170,815	128,324	101,763	106,266	93,499	89,795
Oral contraceptive	1,981,664	2,111,124	2,111,088	1,994,310	1,974,050	1,852,654	1,859,542	1,826,518	1,734,786	1,696,319	1,684,201	1,534,684
Cervical cap/diaphragm	14,816	10,442	9,021	7,863	11,717	5,477	4,753	4,087	3,612	12,278	4,402	3,390
Less Effective^a												
Male condom	527,248	616,696	679,656	698,248	737,169	686,992	747,323	716,646	727,440	737,991	787,329	838,131
Female condom ^d	—	—	—	—	—	8,862	6,031	3,925	4,753	4,635	5,944	5,939
Contraceptive sponge ^d	—	—	—	—	—	2,826	1,076	1,827	1,337	991	1,581	921
Withdrawal/Other ^f	89,199	88,579	133,529	293,383	313,688	104,779	133,099	123,844	111,160	105,705	116,635	115,002
FAM ^e or LAM	9,931	17,573	18,265	22,972	25,906	9,702	9,446	8,784	10,409	12,633	14,379	17,105
Spermicide	78,762	65,309	45,977	33,483	19,861	23,226	22,075	16,882	13,627	15,598	8,346	7,061
Other												
Abstinence ^d	—	—	—	—	—	44,939	49,022	53,987	61,329	62,380	75,534	69,924
No Method												
Pregnant or seeking pregnancy	261,399	244,706	273,051	265,190	287,485	358,492	373,111	383,303	381,848	395,633	400,194	361,056
Other reason	307,528	335,520	388,377	379,671	378,605	298,658	326,885	308,061	283,848	260,946	238,347	229,541
Method Unknown^g	162,056	175,780	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687
Total Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195
Using a Method	3,584,057	3,902,466	4,004,041	4,011,596	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241	3,947,911
Not Using a Method	568,927	580,226	661,428	644,861	666,090	657,150	699,996	691,364	665,696	656,579	638,541	590,597
Method Unknown^g	162,056	175,780	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961	160,788	96,687
Using a Method	83%	84%	84%	84%	83%	82%	82%	82%	81%	81%	83%	85%
Not Using a Method	13%	12%	14%	13%	14%	14%	15%	15%	14%	14%	13%	13%
Method Unknown^g	4%	4%	2%	3%	3%	4%	3%	3%	5%	6%	3%	2%

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

^a See reference note 14.

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

^c For 2005–2011, includes both 1- and 3-month hormonal injection users.

^d Prior to 2005, grantees reported these methods under the “other” method category.

^e For 1999–2004, the natural method category includes only safe period by temperature or cervical mucus test. In 2005, the natural method category was renamed fertility awareness method (FAM) and from 2005 to 2010 FAMs included Calendar Rhythm, Standard Days™, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. In 2011, FAMs included Calendar Rhythm, Standard Days™, TwoDay, Billings Ovulation, and SymptoThermal methods. From 2005 to 2011 the FAM category has also included postpartum women relying on LAM.

^f For 1999–2004, “other” methods include withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, “other” methods include withdrawal and other methods not listed in Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued January 2011).

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

— Data are not available.

Exhibit A-7b. Distribution of female family planning users who reported a primary contraceptive method at exit from the encounter, by method and year: 1999-2011

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Highly Effective^a												
Vasectomy ^b	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization ^b	3%	3%	3%	3%	3%	2%	2%	2%	2%	2%	2%	2%
Hormonal implant	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	2%
Intrauterine device	1%	2%	2%	2%	2%	2%	3%	4%	5%	6%	6%	7%
Moderately Effective^a												
Hormonal injection	20%	20%	20%	19%	18%	16%	15%	15%	16%	16%	16%	16%
Vaginal ring ^c	—	—	—	—	—	2%	3%	4%	4%	4%	5%	5%
Contraceptive patch ^c	—	—	—	—	—	7%	4%	3%	3%	3%	2%	2%
Oral contraceptive	55%	54%	53%	50%	49%	48%	48%	47%	46%	44%	42%	39%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective^a												
Male condom	15%	16%	17%	17%	18%	18%	19%	19%	19%	19%	20%	21%
Female condom ^c	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sponge ^c	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal/Other ^d	2%	2%	3%	7%	8%	3%	3%	3%	3%	3%	3%	3%
FAM or LAM ^e	0%†	0%†	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	2%	2%	1%	1%	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†
Other												
Abstinence ^c	—	—	—	—	—	1%	1%	1%	2%	2%	2%	2%
Total Using a Method												
Percentage	100%											
Number	3,584,057	3,902,466	4,004,041	4,011,596	4,010,897	3,887,773	3,882,336	3,858,348	3,809,508	3,881,151	4,023,241	3,947,911

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

^a See reference note 14.

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

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

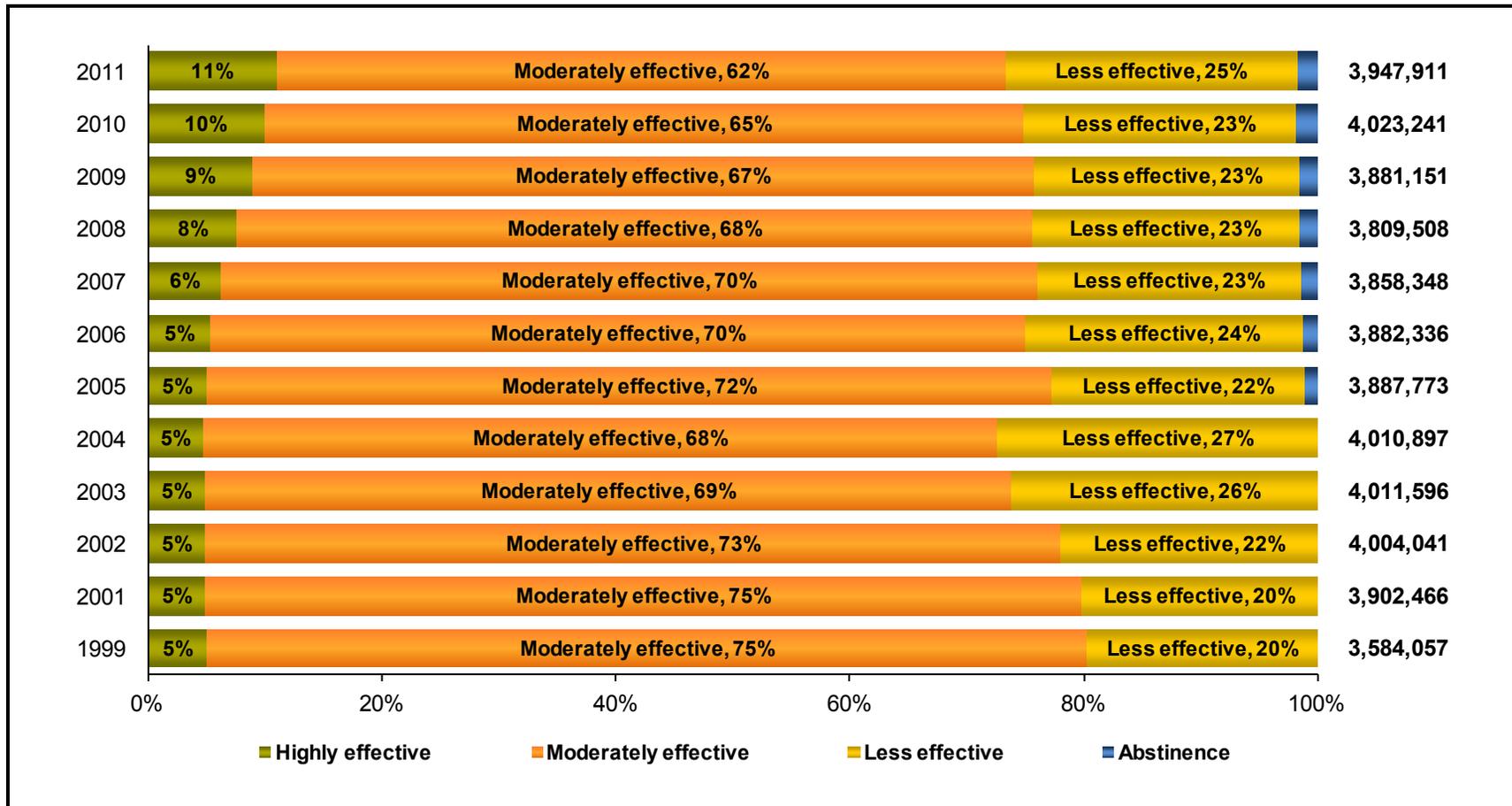
^d For 1999-2004, "other" methods include withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, "other" methods include withdrawal and other methods not listed in Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued January 2011).

^e For 1999-2004, the natural method category includes only safe period by temperature or cervical mucus test. In 2005, the natural method category was renamed fertility awareness method (FAM) and from 2005 to 2010 FAMs included Calendar Rhythm, Standard Days™, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. In 2011, FAMs included Calendar Rhythm, Standard Days™, TwoDay, Billings Ovulation, and SymptoThermal methods.

— Data are not available.

† Percentage is less than 0.5%.

Exhibit A-7c. Distribution of female family planning users who reported a primary contraceptive method at exit from the encounter, by level of method effectiveness¹⁴ and year: 1999-2011



Note: Due to rounding, the percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of individual percentages included in the aggregated categories. **Highly effective** contraceptives are methods that result in less than 1% of women experiencing an unintended pregnancy during the first year of typical use (shown in parentheses) and include male sterilization/vasectomy (0.15%), female sterilization (0.5%), implant (Implanon, 0.05%), and IUD (Mirena [0.2%] and ParaGard [0.8%]). **Moderately effective** contraceptives are methods that result in 6% to 12% of women experiencing an unintended pregnancy during the first year of typical use and include injectable contraception (Depo-Provera, 6%), vaginal ring (NuvaRing, 9%), contraceptive patch (Evra, 9%), pills (9%), and diaphragm with spermicidal cream or jelly (12%). **Less-effective** contraceptives are methods that result in 18% to 28% of women experiencing an unintended pregnancy during the first year of typical use and include male condoms (18%), female condoms (21%), the sponge (12% [nulliparous] to 24% [parous]), withdrawal (22%), fertility awareness-based methods (FAM, 24%), and spermicides (foams, creams, gels, vaginal suppositories, and vaginal film, 28%). (Source: Trussell, 2011, see reference note 14.) Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the three method-effectiveness categories.

Exhibit A-8a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an atypical squamous cells or higher result, by year: 2005–2011

Pap Test Indicators	2005	2006	2007	2008	2009	2010	2011
Female Users Who Received a Pap Test							
Number	2,447,498	2,326,153	2,272,571	2,088,218	2,035,017	1,727,251	1,444,418
Percentage	52%	49%	48%	44%	42%	36%	31%
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
Percentage with ASC or higher result	9%	10%	10%	11%	12%	13%	15%

ASC=atypical squamous cells.

Exhibit A-8b. Number and percentage of female users who received a Pap test, by year: 2005–2011

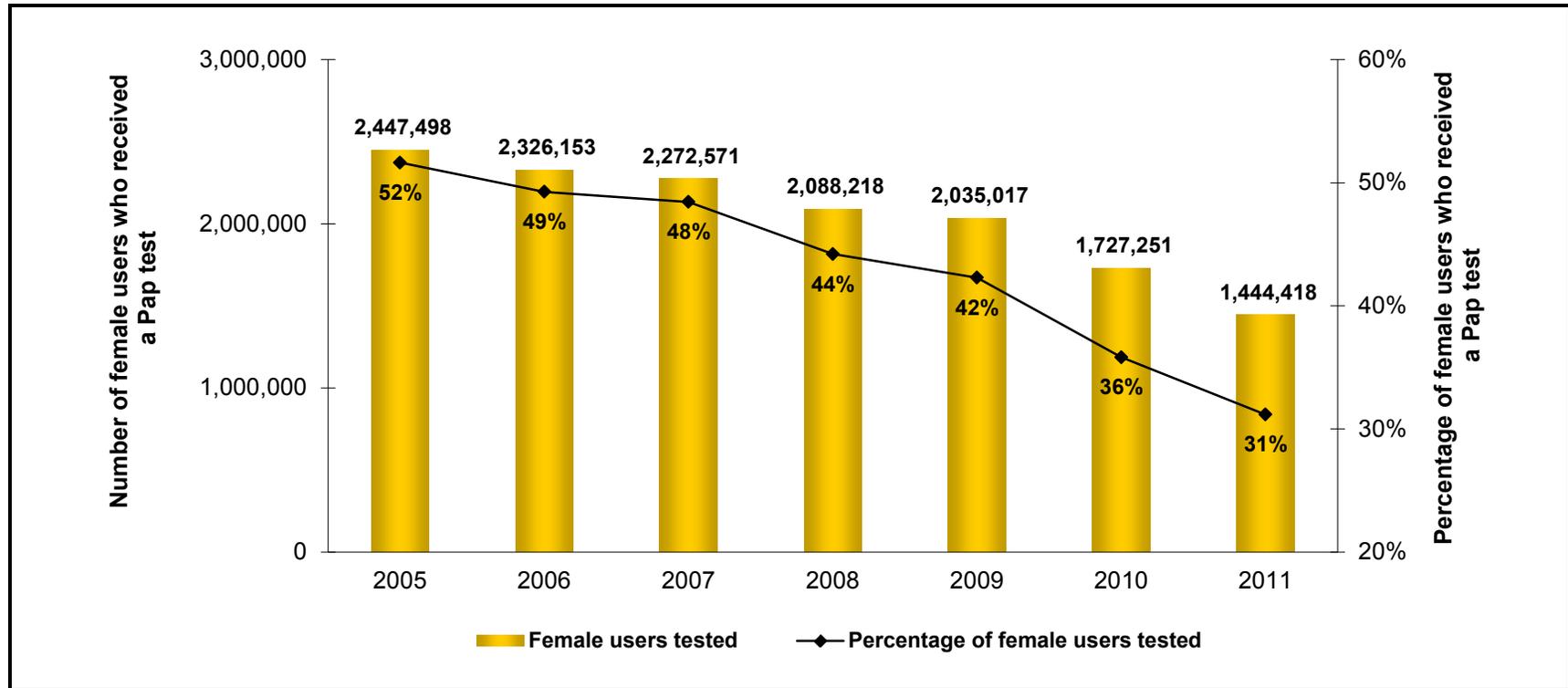


Exhibit A-9a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2011

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

Exhibit A-9b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2011

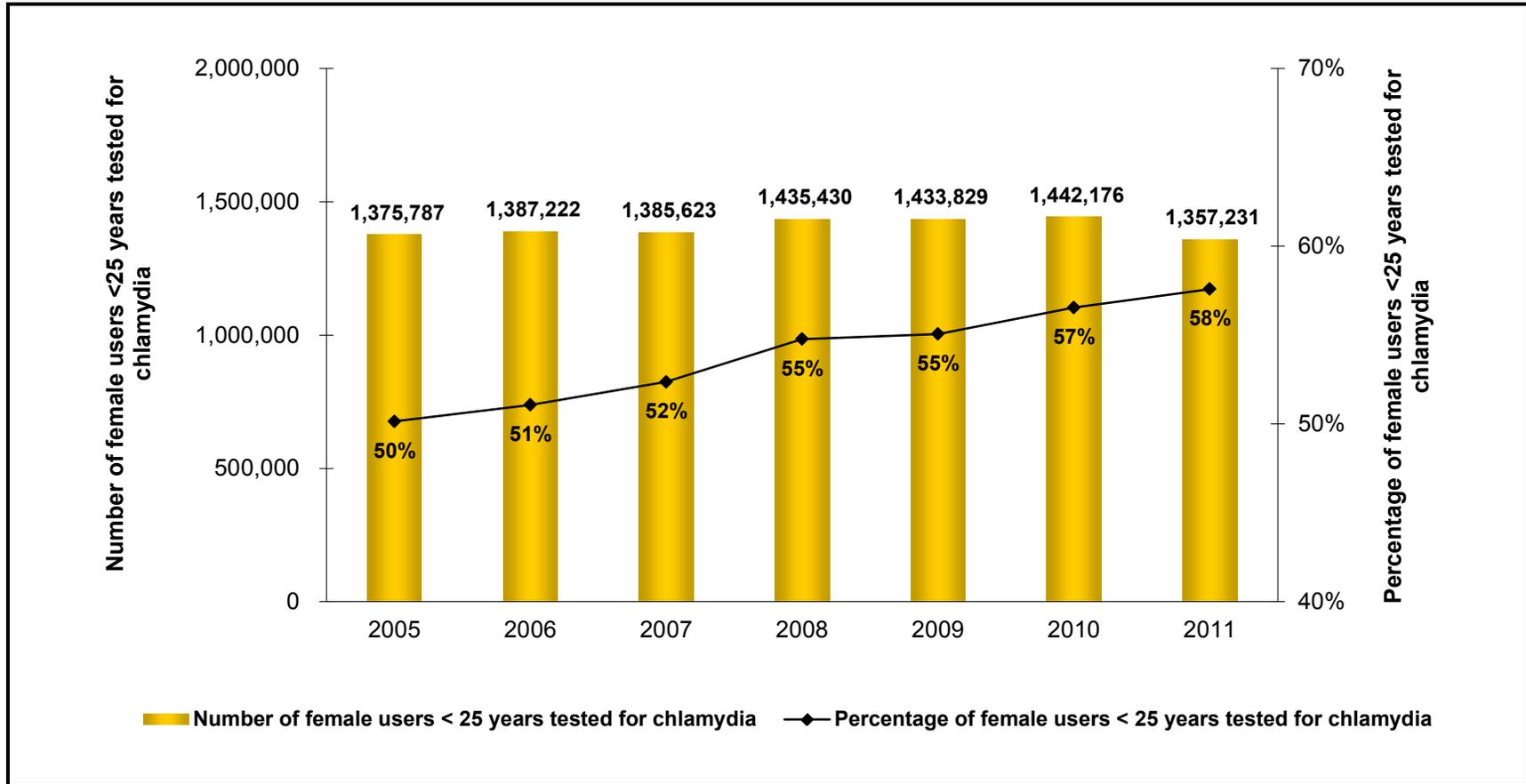


Exhibit A-10a. Number of confidential HIV tests performed and number of tests per 10 users: 1999–2011

HIV Testing	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Tests performed	365,883	601,259	493,622	526,360	530,569	607,974	652,426	764,126	833,105	997,765	1,101,665	1,283,375
Tests per 10 users	0.8	1.2	1.0	1.1	1.0	1.2	1.3	1.5	1.6	1.9	2.1	2.6

Exhibit A-10b. Number of confidential HIV tests performed and number of tests per 10 users: 1999–2011

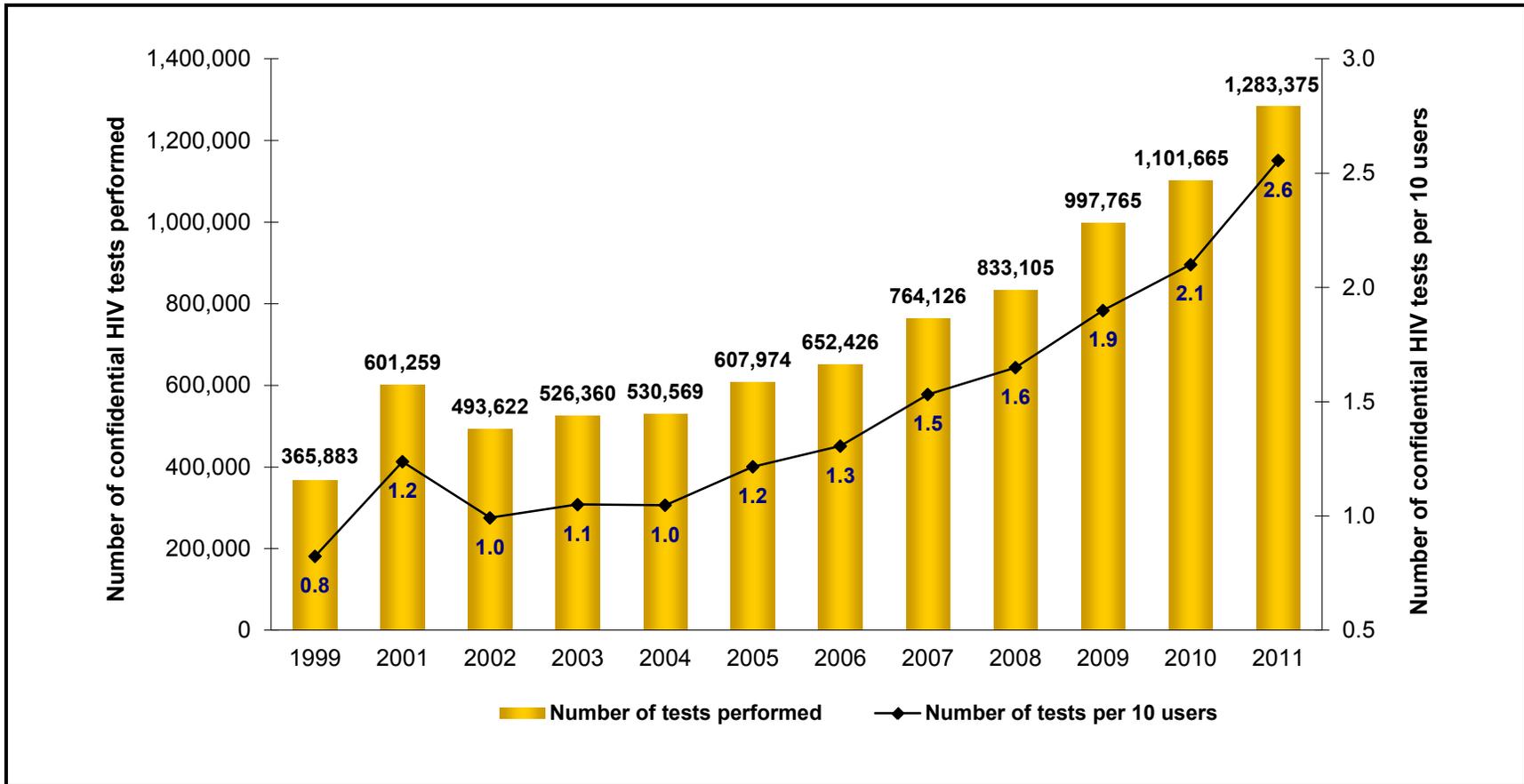


Exhibit A-11a. Actual and adjusted (constant 1999\$ and 1981\$) total, Title X, and Medicaid revenue, by year: 1999-2011

Revenue	1999 (in \$)	2001 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)	2011 (in \$)	Change 1999- 2011
Total													
Actual ^a	737,980,611	830,967,862	899,339,792	927,081,651	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	74%
1999\$ ^b	737,980,611	763,345,111	789,126,582	781,981,359	794,014,747	778,963,598	806,087,866	814,154,225	833,914,990	821,501,274	834,719,951	805,519,433	9%
1981\$ ^b	244,128,462	252,519,193	261,047,860	258,684,177	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423	266,470,714	9%
Title X													
Actual ^a	183,163,632	226,582,287	231,549,999	245,714,562	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	51%
1999\$ ^b	183,163,632	208,143,406	203,173,774	207,257,049	203,762,227	193,503,734	196,025,162	182,273,008	178,791,814	177,731,619	180,187,659	172,804,245	-6%
1981\$ ^b	60,591,640	68,855,101	67,211,117	68,561,889	67,405,781	64,012,209	64,846,313	60,297,017	59,145,416	58,794,698	59,607,171	57,164,692	-6%
Medicaid													
Actual ^a	100,361,553	133,121,016	148,746,779	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330	405%
1999\$ ^b	100,361,553	122,287,854	130,518,007	131,738,031	223,992,290	241,191,855	238,640,160	249,613,599	280,394,481	300,118,561	310,487,225	317,185,534	216%
1981\$ ^b	33,200,210	40,453,564	43,176,148	43,579,740	74,098,008	79,787,729	78,943,612	82,573,693	92,756,195	99,281,040	102,711,057	104,926,899	216%

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

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

Exhibit A-11b. Total, Title X, and Medicaid adjusted (constant 1999\$) revenue, by year: 1999-2011

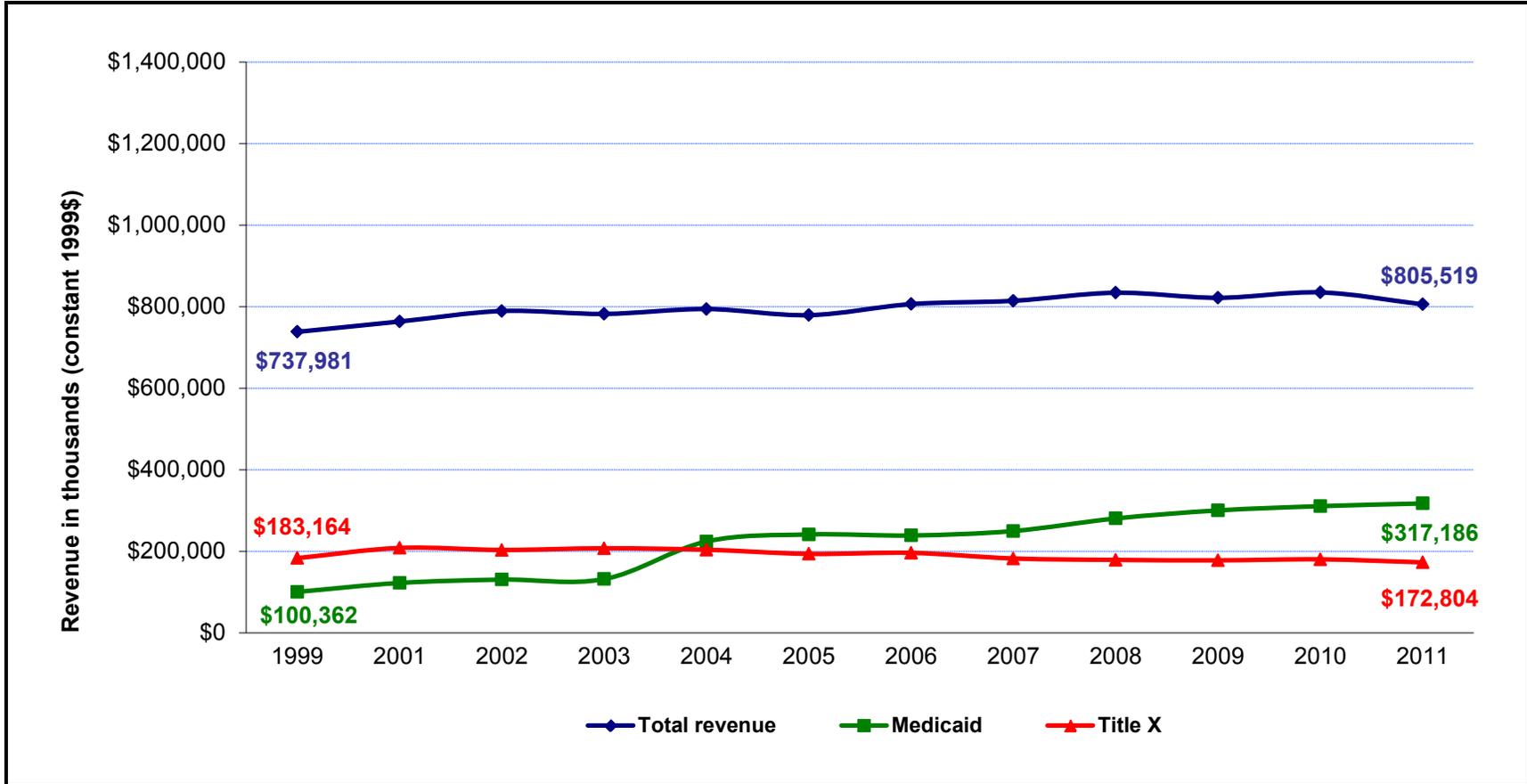


Exhibit A-11c. Total actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) revenue, by year: 1999-2011

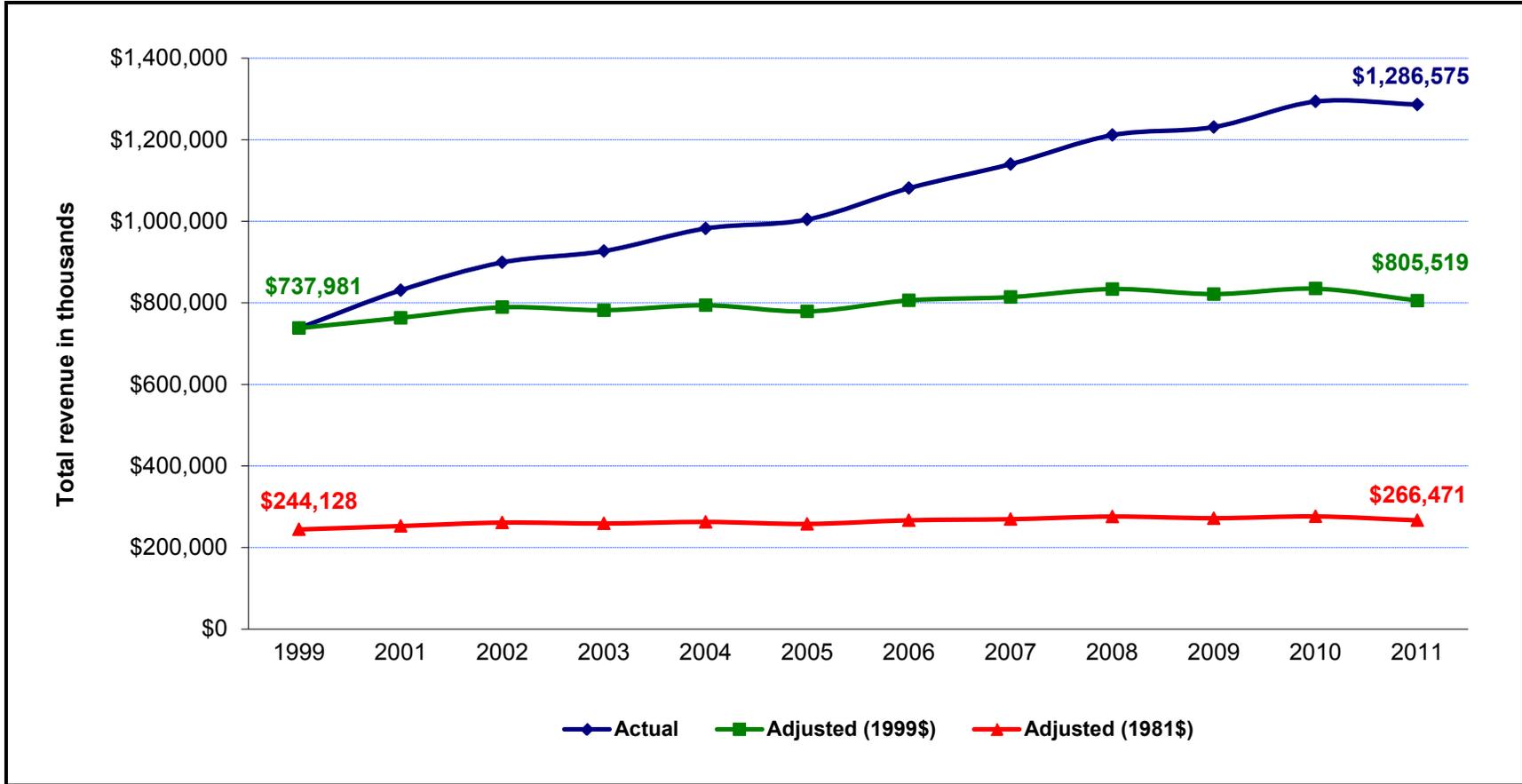


Exhibit A-11d. Title X actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) revenue, by year: 1999-2011

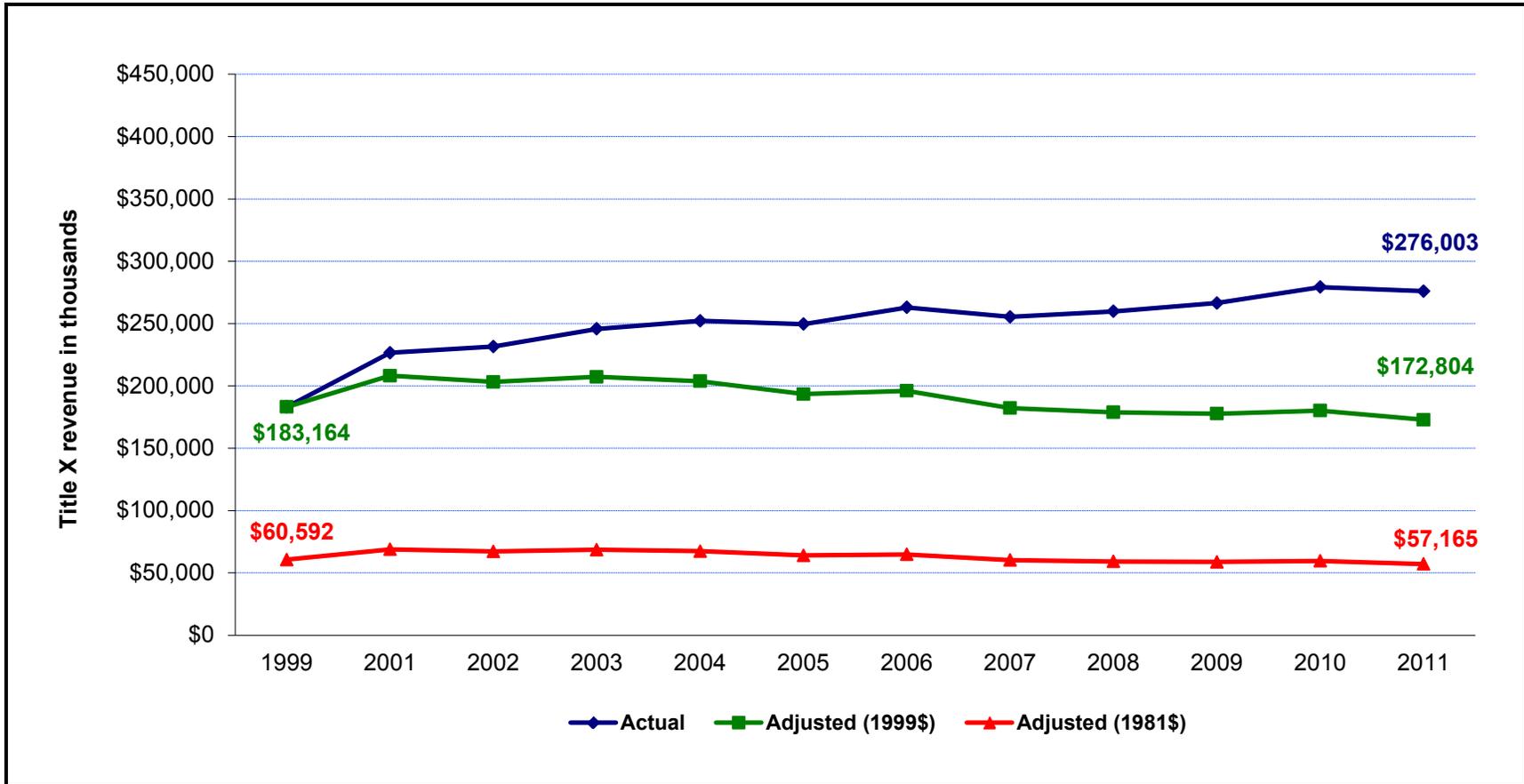


Exhibit A-11e. Medicaid actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) revenue, by year: 1999-2011

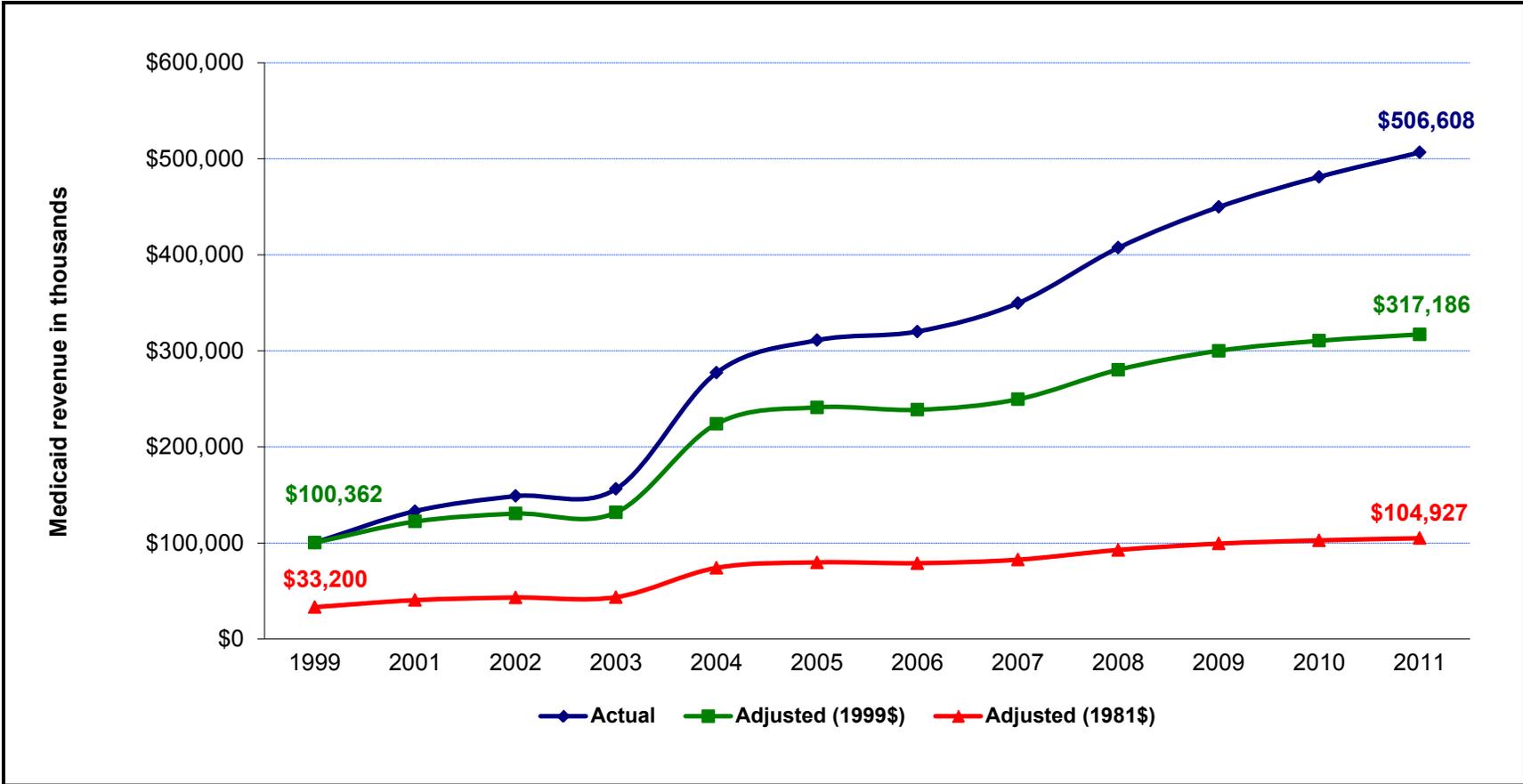


Exhibit A-12a. Amount of Title X project revenue, by revenue source and year: 1999-2011

Revenue Sources	1999 (in \$)	2001 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)	2011 (in \$)
Title X	183,163,632	226,582,287	231,549,999	245,714,562	252,141,527	249,562,677	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719
Payment for Services												
Client collections	97,376,797	95,257,186	96,842,560	97,561,767	99,774,741	101,353,959	102,527,805	94,273,992	94,531,003	80,940,857	84,540,815	72,156,363
Third-party payers												
Medicaid	100,361,553	133,121,016	148,746,779	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330
Medicare	468,189	127,709	329,980	585,762	755,938	850,289	695,725	523,170	826,424	843,164	1,913,519	2,002,181
CHIP	—	—	—	—	—	159,966	302,282	247,539	212,168	194,482	913,045	279,244
Other	10,345,386	17,893,603	20,413,354	12,035,788	15,231,967	2,137,736	3,173,806	3,042,991	3,855,406	4,903,482	2,466,949	4,088,072
Private	11,721,540	15,828,979	21,129,413	22,717,290	23,923,861	31,794,914	37,263,692	46,403,049	45,067,919	48,445,935	50,409,637	51,655,083
Subtotal	220,273,465	262,228,493	287,462,086	289,083,245	416,861,324	447,363,135	464,118,225	494,162,937	551,842,548	585,162,051	621,506,598	636,789,273
Other Revenue												
MCH Block Grant	32,055,309	23,931,198	28,604,028	30,827,138	32,992,292	24,384,126	22,806,213	23,484,206	23,058,822	21,044,962	21,205,336	25,512,030
SS Block Grant	34,049,367	31,284,545	27,626,015	32,913,637	30,835,001	27,232,575	28,443,123	28,593,275	27,333,993	30,841,136	34,001,848	23,736,983
TANF	—	—	—	—	—	16,986,542	10,521,097	23,460,554	22,325,121	15,580,002	14,475,023	14,517,155
State government	169,673,542	171,766,076	193,508,723	211,814,774	125,848,881	115,558,888	133,618,734	138,760,608	147,447,953	153,830,395	135,464,470	125,392,165
Local government	44,383,037	52,744,977	61,587,837	57,939,837	50,028,918	56,251,710	93,388,186	99,510,026	101,295,242	84,666,243	91,289,586	84,214,372
BPHC	2,960,179	1,208,964	2,257,586	843,273	3,959,649	6,172,992	5,847,921	7,177,359	9,531,860	4,965,372	4,090,546	5,289,075
Other	51,422,080	61,221,322	66,743,518	57,945,185	69,870,209	61,120,375	59,704,550	70,024,333	68,909,949	68,827,043	92,507,316	95,120,838
Subtotal	334,543,514	342,157,082	380,327,707	392,283,844	313,534,950	307,707,208	354,329,824	391,010,361	399,902,940	379,755,153	393,034,125	373,782,618
Total Revenue												
Actual	737,980,611	830,967,862	899,339,792	927,081,651	982,537,801	1,004,633,020	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610
1999^a	737,980,611	763,345,111	789,126,582	781,981,359	794,014,747	778,963,598	806,087,866	814,154,225	833,914,990	821,501,274	834,719,951	805,519,433
1981^a	244,128,462	252,519,193	261,047,860	258,684,177	262,664,894	257,685,883	266,658,755	269,327,156	275,864,137	271,757,604	276,130,423	266,470,714

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

WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

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

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

— Data are not available.

Exhibit A-12b. Distribution of Title X project revenue, by revenue source and year: 1999-2011

Revenue Sources	1999 (in \$)	2001 (in \$)	2002 (in \$)	2003 (in \$)	2004 (in \$)	2005 (in \$)	2006 (in \$)	2007 (in \$)	2008 (in \$)	2009 (in \$)	2010 (in \$)	2011 (in \$)
Title X	25%	27%	26%	27%	26%	25%	24%	22%	21%	22%	22%	21%
Payment for Services												
Client collections	13%	11%	11%	11%	10%	10%	9%	8%	8%	7%	7%	6%
Third-party payers												
Medicaid	14%	16%	17%	17%	28%	31%	30%	31%	34%	37%	37%	39%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	1%	2%	2%	1%	2%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Private	2%	2%	2%	2%	2%	3%	3%	4%	4%	4%	4%	4%
Subtotal	30%	32%	32%	31%	42%	45%	43%	43%	46%	48%	48%	49%
Other Revenue												
MCH Block Grant	4%	3%	3%	3%	3%	2%	2%	2%	2%	2%	2%	2%
SS Block Grant	5%	4%	3%	4%	3%	3%	3%	3%	2%	3%	3%	2%
TANF	—	—	—	—	—	2%	1%	2%	2%	1%	1%	1%
State government	23%	21%	22%	23%	13%	12%	12%	12%	12%	12%	10%	10%
Local government	6%	6%	7%	6%	5%	6%	9%	9%	8%	7%	7%	7%
BPHC	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	0%†	0%†	0%†
Other	7%	7%	7%	6%	7%	6%	6%	6%	6%	6%	7%	7%
Subtotal	45%	41%	42%	42%	32%	31%	33%	34%	33%	31%	30%	29%
Total Revenue Actual	100%											

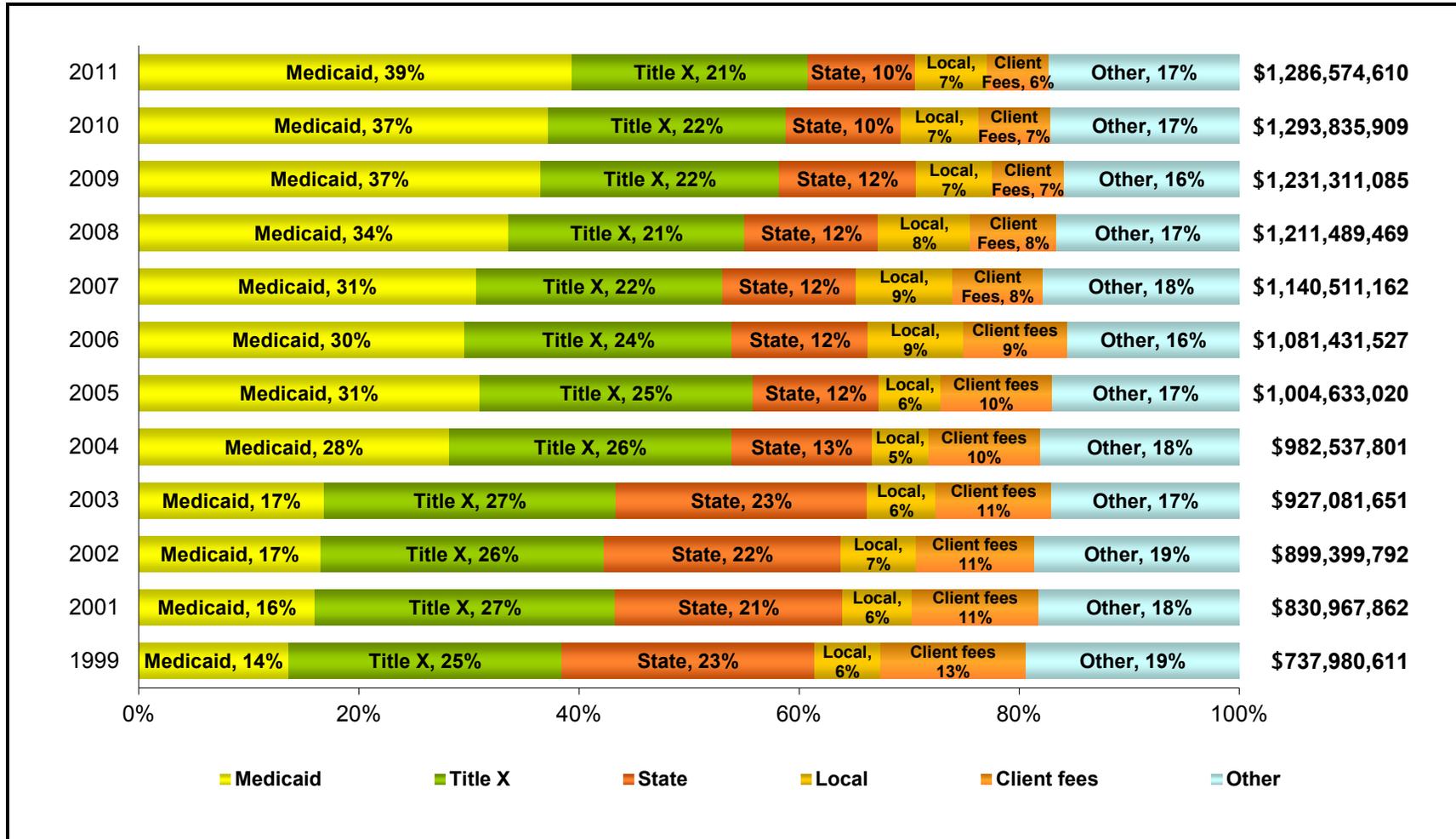
BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Service. **TANF**=Temporary Assistance for Needy Families.

WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

— Data are not available.

† Percentage is less than 0.5%.

Exhibit A-12c. Distribution of Title X project revenue, by revenue source and year: 1999-2011



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

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Appendix B

State Exhibits

Exhibit B-1. State-level number and distribution of family planning users, by user sex, and distribution of all users by state: 2011 (Source: FPAR Table 1)

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Alabama	102,547	1,232	103,779	99%	1%	2%
Alaska	7,878	2,373	10,251	77%	23%	0%†
Arizona	38,977	3,640	42,617	91%	9%	1%
Arkansas	74,719	708	75,427	99%	1%	2%
California	1,063,263	133,184	1,196,447	89%	11%	24%
Colorado	54,762	10,176	64,938	84%	16%	1%
Connecticut	38,399	4,564	42,963	89%	11%	1%
Delaware	19,089	3,854	22,943	83%	17%	0%†
District of Columbia	25,601	5,667	31,268	82%	18%	1%
Florida	207,614	8,087	215,701	96%	4%	4%
Georgia	131,316	3,105	134,421	98%	2%	3%
Hawaii	21,566	762	22,328	97%	3%	0%†
Idaho	21,820	1,339	23,159	94%	6%	0%†
Illinois	113,211	3,492	116,703	97%	3%	2%
Indiana	42,099	3,459	45,558	92%	8%	1%
Iowa	64,625	3,915	68,540	94%	6%	1%
Kansas	35,597	2,864	38,461	93%	7%	1%
Kentucky	96,203	8,048	104,251	92%	8%	2%
Louisiana	38,634	989	39,623	98%	2%	1%
Maine	24,755	2,781	27,536	90%	10%	1%
Maryland	69,226	6,702	75,928	91%	9%	2%
Massachusetts	56,719	8,236	64,955	87%	13%	1%
Michigan	103,724	2,053	105,777	98%	2%	2%
Minnesota	53,815	5,888	59,703	90%	10%	1%
Mississippi	59,839	398	60,237	99%	1%	1%
Missouri	65,660	3,865	69,525	94%	6%	1%
Montana	24,035	2,494	26,529	91%	9%	1%
Nebraska	25,960	2,681	28,641	91%	9%	1%
Nevada	22,636	1,070	23,706	95%	5%	0%†
New Hampshire	22,638	1,637	24,275	93%	7%	0%†
New Jersey	100,943	8,576	109,519	92%	8%	2%
New Mexico	30,872	4,032	34,904	88%	12%	1%
New York	332,465	27,347	359,812	92%	8%	7%
North Carolina	123,888	1,342	125,230	99%	1%	2%
North Dakota	11,594	1,391	12,985	89%	11%	0%†

† Percentage is less than 0.5%.

(continued)

Exhibit B-1. State-level number and distribution of family planning users, by user sex, and distribution of all users by state: 2011 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Ohio	82,755	9,037	91,792	90%	10%	2%
Oklahoma	65,074	1,229	66,303	98%	2%	1%
Oregon	66,637	3,727	70,364	95%	5%	1%
Pennsylvania	271,433	29,095	300,528	90%	10%	6%
Rhode Island	22,937	3,602	26,539	86%	14%	1%
South Carolina	82,361	4,640	87,001	95%	5%	2%
South Dakota	8,988	456	9,444	95%	5%	0%†
Tennessee	110,150	161	110,311	100%	0%†	2%
Texas	243,796	15,810	259,606	94%	6%	5%
Utah	37,082	6,417	43,499	85%	15%	1%
Vermont	5,505	479	5,984	92%	8%	0%†
Virginia	72,352	6,027	78,379	92%	8%	2%
Washington	87,160	3,389	90,549	96%	4%	2%
West Virginia	50,388	4,729	55,117	91%	9%	1%
Wisconsin	47,390	5,139	52,529	90%	10%	1%
Wyoming	10,605	1,311	11,916	89%	11%	0%†
Jurisdictions/ Territories						
Puerto Rico	18,925	1,365	20,290	93%	7%	0%†
U.S. Virgin Islands	3,590	158	3,748	96%	4%	0%†
Pacific region ^a	21,378	7,794	29,172	73%	27%	1%
Total All Users	4,635,195	386,516	5,021,711	92%	8%	100%

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

† Percentage is less than 0.5%.

Exhibit B-2. State-level number and distribution of family planning users, by user income level: 2011
(Source: FPAR Table 4)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
Alabama	80,911	21,066	1,606	196	103,779	78%	20%	2%	0%†
Alaska	7,686	2,026	533	6	10,251	75%	20%	5%	0%†
Arizona	32,608	4,116	5,835	58	42,617	77%	10%	14%	0%†
Arkansas	51,086	19,698	2,031	2,612	75,427	68%	26%	3%	3%
California	854,089	225,184	61,663	55,511	1,196,447	71%	19%	5%	5%
Colorado	50,509	12,633	1,796	0	64,938	78%	19%	3%	0%
Connecticut	16,411	21,253	2,432	2,867	42,963	38%	49%	6%	7%
Delaware	13,929	5,847	1,525	1,642	22,943	61%	25%	7%	7%
District of Columbia	16,843	4,419	1,871	8,135	31,268	54%	14%	6%	26%
Florida	109,895	39,113	17,407	49,286	215,701	51%	18%	8%	23%
Georgia	109,039	23,388	1,994	0	134,421	81%	17%	1%	0%
Hawaii	17,652	3,451	1,053	172	22,328	79%	15%	5%	1%
Idaho	15,460	6,890	808	1	23,159	67%	30%	3%	0%†
Illinois	91,447	21,559	3,648	49	116,703	78%	18%	3%	0%†
Indiana	33,596	10,029	1,933	0	45,558	74%	22%	4%	0%
Iowa	41,938	12,622	10,484	3,496	68,540	61%	18%	15%	5%
Kansas	21,835	12,826	1,862	1,938	38,461	57%	33%	5%	5%
Kentucky	75,150	23,446	3,982	1,673	104,251	72%	22%	4%	2%
Louisiana	36,391	3,082	127	23	39,623	92%	8%	0%†	0%†
Maine	13,662	8,689	2,331	2,854	27,536	50%	32%	8%	10%
Maryland	59,183	10,464	1,905	4,376	75,928	78%	14%	3%	6%
Massachusetts	37,703	20,775	2,501	3,976	64,955	58%	32%	4%	6%
Michigan	73,789	26,552	5,356	80	105,777	70%	25%	5%	0%†
Minnesota	37,076	16,295	5,650	682	59,703	62%	27%	9%	1%
Mississippi	51,792	8,249	189	7	60,237	86%	14%	0%†	0%†
Missouri	44,532	20,196	4,797	0	69,525	64%	29%	7%	0%
Montana	14,758	7,696	4,075	0	26,529	56%	29%	15%	0%
Nebraska	14,549	8,786	2,774	2,532	28,641	51%	31%	10%	9%
Nevada	14,321	5,123	2,582	1,680	23,706	60%	22%	11%	7%
New Hampshire	12,653	6,502	1,874	3,246	24,275	52%	27%	8%	13%
New Jersey	44,988	60,824	3,707	0	109,519	41%	56%	3%	0%

UK/NR=unknown or not reported.

(continued)

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

† Percentage is less than 0.5%.

Exhibit B-2. State-level number and distribution of family planning users, by user income level: 2011
(Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
New Mexico	26,176	4,630	821	3,277	34,904	75%	13%	2%	9%
New York	241,161	94,580	22,460	1,611	359,812	67%	26%	6%	0%†
North Carolina	73,184	31,111	6,605	14,330	125,230	58%	25%	5%	11%
North Dakota	5,963	4,682	2,249	91	12,985	46%	36%	17%	1%
Ohio	61,884	25,484	4,163	261	91,792	67%	28%	5%	0%†
Oklahoma	48,013	17,267	1,023	0	66,303	72%	26%	2%	0%
Oregon	52,248	16,053	1,489	574	70,364	74%	23%	2%	1%
Pennsylvania	187,306	78,638	28,784	5,800	300,528	62%	26%	10%	2%
Rhode Island	21,658	4,110	683	88	26,539	82%	15%	3%	0%†
South Carolina	80,822	4,991	1,188	0	87,001	93%	6%	1%	0%
South Dakota	6,306	2,276	621	241	9,444	67%	24%	7%	3%
Tennessee	96,760	11,234	2,317	0	110,311	88%	10%	2%	0%
Texas	192,960	60,491	2,947	3,208	259,606	74%	23%	1%	1%
Utah	28,831	12,089	2,387	192	43,499	66%	28%	5%	0%†
Vermont	1,891	1,316	417	2,360	5,984	32%	22%	7%	39%
Virginia	46,859	25,848	1,664	4,008	78,379	60%	33%	2%	5%
Washington	58,704	24,958	4,475	2,412	90,549	65%	28%	5%	3%
West Virginia	50,202	4,893	3	19	55,117	91%	9%	0%†	0%†
Wisconsin	36,378	13,237	2,725	189	52,529	69%	25%	5%	0%†
Wyoming	7,839	3,231	846	0	11,916	66%	27%	7%	0%
Jurisdictions/ Territories									
Puerto Rico	14,686	2,518	2,577	509	20,290	72%	12%	13%	3%
U.S. Virgin Islands	3,400	318	30	0	3,748	91%	8%	1%	0%
Pacific region ^a	28,200	322	24	626	29,172	97%	1%	0%†	2%
Total All Users	3,466,912	1,117,076	250,829	186,894	5,021,711	69%	22%	5%	4%

UK/NR=unknown or not reported.

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

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

† Percentage is less than 0.5%.

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Appendix C

Field and Methodological Notes

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2011 FPAR, including issues identified by RTI during data validation and relevant table-specific notes from grantees and HHS staff (Regional Program Consultants [RPC], other regional HHS staff, and the FPAR Data Coordinator). The notes are organized according to the FPAR reporting table to which they apply.

FPAR COVER SHEET: GRANTEE PROFILE

Between 2010 and 2011, there were two new grantees and a net increase of 20 delegates. Nineteen grantees reported an increase in the number of delegates while 14 reported a decrease. Seven grantees attributed the decrease in the number of delegates to one or more of the following reasons: delegate closure, discontinuation of Title X services, consolidation of delegates, and reduced funding.

Between 2010 and 2011, there was a net decrease of seven service sites. Twenty-five grantees reported an increase in service sites while 36 reported a decrease. Eighteen grantees attributed the decrease in number of sites to clinic closures and service consolidation, reduced funding, staff shortages, and changes in subcontracting arrangements. Ten grantees attributed the increase in number of sites to an underreporting of the number of sites.

Five grantees reported data for a different 12-month period (December 1, 2010 to November 30, 2011) than the 2011 calendar year.

FPAR TABLE 1: USERS BY AGE AND SEX

Between 2010 and 2011, there was a net decrease of 203,151 users. Of the 89 grantees operating in both 2010 and 2011, 25 reported an increase in users and 64 reported a decrease.

Seventeen grantees attributed the increase in number of family planning users to one or more of the following reasons: increased outreach to or services for selected client groups (e.g., males, teens), expanded services (e.g., STD testing), increased availability of non-traditional operating hours, increased clinic efficiency (e.g., better appointment system), more providers, or improved data collection and reporting.

Thirty-three grantees attributed the decrease in number of family planning users to one or more of the following reasons: reduction in number of delegates or service sites, reduced staffing or challenges recruiting and retaining qualified staff, reduced or modified hours of operation, decrease in the size of the target population, improvements in data collection and reporting, decreased efficiency during a transition to a new electronic health record systems, Medicaid expansions or Affordable Care Act provisions that allow users to seek care elsewhere or continue care with their provider, decrease in services offerings (e.g. STD

testing), or changes in service policies that allow users to refill prescriptions less frequently or extend the time between visits. Of the eight grantees that attributed a decrease in the number of family planning users to reduced funding, seven were state health departments and two of the seven noted the decrease in their respective state's budget.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Between 2010 and 2011, the percentage of total female users with an unknown race (13%) or unknown ethnicity (2%) remained stable. Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown or not reported race. Of the 13% of total female users for whom race was unknown or not reported in 2011, 71% identified as Hispanic or Latino. Twenty grantees commented on female users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum Office of Management and Budget (OMB) race options in FPAR Table 2. Three grantees commented that some users decline to select a race.

In addition, nine grantees attributed the large percentage of female users with unknown race or ethnicity to problems with data collection, while one grantee attributed a reduction in number of female users with an unknown race or ethnicity to improved data collection.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Between 2010 and 2011, the percentage of total male users with an unknown race decreased from 16% to 15%, while unknown ethnicity increased from 3% to 4%. Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown or not reported race. Of the 15% of total male users for whom race was unknown or not reported in 2011, 69% identified as Hispanic or Latino. Fifteen grantees commented on male users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum OMB race options in FPAR Table 3, and two grantees noted that some users refused to self-identify with any race categories.

In addition, four grantees attributed the large percentage of male users with unknown race or ethnicity to data collection problems, while one grantee attributed the decrease in number of male users with an unknown race or ethnicity to improved data collection.

FPAR TABLE 4: USERS BY INCOME LEVEL

Twelve grantees attributed the high or increased number of family planning users with unknown or not reported income to problems with data collection, including client refusal to report income data or a failure of sites to collect income data for specific client subgroups (e.g., education-only users, users not applying for discounted services). Three grantees attributed a decreased number of family planning users with unknown or not reported income to improved data collection.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Two grantees attributed the high or increased number of family planning users with unknown or not reported principal health insurance coverage status to data collection problems, including clients lacking knowledge about their coverage status, refusal to report due to confidentiality concerns, and failure to collect the data.

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

Six grantees attributed the high or increased number of LEP family planning users to one or more of the following reasons: improved data collection, an increase in the number of users who are immigrants, increased outreach to minority communities, or the addition of new sites that serve an LEP population.

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

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Hormonal injection users—Eleven grantees in seven regions (I, II, III, IV, VI, VII, and IX) reported a total of 262 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.04% of all 645,351 hormonal injection users reported in 2011.

Sterilization users under 20—Two grantees each reported one female user under 20 who relied on female sterilization as their primary contraceptive method. Both grantees confirmed that these users had been sterilized prior to seeking services at the Title X site.

Unknown method—Five grantees attributed the high or increased number of female users with an unknown primary method to problems with data systems or failure to collect primary method data for specific subgroups or encounters (e.g., standalone pregnancy, over-the-counter supply, or education-only visits). Two grantees attributed the low or decreased number of female users with an unknown primary method to improved staff training or improved data collection.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Unknown method—Seven grantees attributed the high or increased number of male users with an unknown primary method to data system issues, problems collecting the data overall or for specific client subgroups or encounters (e.g., standalone HIV testing, walk-in services such as emergency contraception). Four grantees attributed the decrease in male users in the unknown method category to improved data collection resulting from technical assistance, improved staff training, and upgrades in the electronic medical records system.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 89 grantees who reported data in both 2010 and 2011, 71 grantees reported a decrease in the proportion of users who received a Pap, and 18 reported an increase. Thirty-nine grantees attributed the decreases in the numbers of female users screened and Pap tests performed to adoption of updated cervical cancer screening guidelines, while eight others attributed the decrease in screening to a reduction in the number females served, budget or staffing cuts, acceptance of Pap results from outside providers, reduced hours of operation, reduced clinic efficiency during transition to an EMR system, and implementation of “Hormonal Contraception without a Pelvic Exam” protocol. Two grantees attributed an increase in cervical cancer screening to increased demand for Pap screening and receipt of care from a clinical services provider.

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

FPAR TABLE 10: BREAST CANCER SCREENING ACTIVITIES

Five grantees attributed an increase in the number of users who received a clinical breast exam (CBE) to improved data collection, increased number of users, increased case management, or initiatives to increase screening.

Fifteen grantees attributed a decrease in the number of users who received a CBE to provider adherence to breast cancer screening guidelines, while nine grantees attributed decreased breast cancer screening to fewer clients served or a decreased number receiving a physical exam, site closures, staff shortages, or reduced clinic efficiency during transition to an EMR system.

One grantee noted that the number of reported CBEs was an estimate based on the comprehensive/global billing code for a complete physical exam, and another commented that CBE data for users with Medicaid or Medicaid HMO coverage were unavailable. Five grantees commented on difficulties or an inability tracking CBE-related referrals due to data system issues.

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

Nine grantees attributed the decrease in the unduplicated number of users tested for chlamydia to a reduction in the number of users or the number of users receiving a physical exam, site closures, staff shortages, a decrease in clinic operating or clinician hours, adherence to CDC testing guidelines, or a decrease in funding. Four grantees attributed the increase in number of users tested to high chlamydia prevalence in the population served, an increase in users, increased adherence to CDC testing guidelines, mergers with STD clinics, or the addition of new service sites.

Two grantees attributed the increase in females tested to improved adherence to CDC testing guidelines, while two others attributed the decrease to low chlamydia prevalence and more targeted testing. Among female users under 25, three grantees attributed the increase in

testing to improved adherence to testing guidelines, while two other grantees attributed the decrease in users tested to fewer service sites and fewer users receiving a physical exam.

Eight grantees attributed the increase in males tested for chlamydia to an increase in the number of male users, increased efforts to identify high risk male clients, and better adherence to CDC testing guidelines. Two grantees attributed the decrease in male chlamydia testing to client refusal or a drop in the number of male users.

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

FPAR TABLE 12: STD TESTING BY SEX

Gonorrhea—Ten grantees attributed the increase in the number of gonorrhea tests performed to one or more of the following reasons: improved adherence to testing guidelines, more efficient test collection and analysis, use of a combined test for chlamydia and gonorrhea, increased number of users, increase in high-risk users, high prevalence or outbreaks in service area, or mergers with STD clinics. Eight grantees attributed the decrease in the number of gonorrhea tests performed to a decrease in users, data collection issues, greater adherence to testing guidelines, decreased funding, decrease in users seeking physical exams, or client refusal.

Syphilis—Ten grantees attributed the increase in the number of syphilis tests performed to one or more of the following factors: increase in users due to closure of or merger with STD clinics, comprehensive STD screening, local outbreaks, high prevalence in the population served, increased case management, or more males presenting with STD symptoms. Nine grantees attributed the decrease in the number of syphilis tests to improved adherence to testing guidelines, users declining to be tested, low prevalence in the community, or data collection issues.

HIV—Fifteen grantees attributed the increase in the number of confidential HIV tests performed to one or more of the following reasons: implementation of opt-out testing, use of rapid HIV testing technology, the integration of HIV testing services into family planning, increased marketing and promotion of HIV testing programs, increased funding for HIV testing, increased training for HIV testing, merger between FP and STD clinic, or improved data collection. Seven grantees attributed the decrease in the number of confidential HIV tests performed to one or more of the following reasons: decreased number of users, loss of dedicated funding, improved data collection, more targeted testing, or a decrease in number of sites. Two grantees commented that HIV test results were not available.

FPAR TABLE 13: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION

Staffing—Eight grantees attributed a decrease in the number of CSP FTEs to reduced funding, less physician time allocated to direct patient care, staffing changes, better data, or a decrease in number of delegates or service sites. Ten grantees attributed the increase in CSP FTEs to the integration of family planning services into comprehensive primary care, better

data collection, an expansion of services, new sites, additional staff, or additional funding. One grantee commented that the reported CSP FTE data were estimates.

Encounters—Seven grantees attributed the increase in total encounters to an increase in clients served, improvements in data collection, or more clients having multiple encounters during the reporting period. Seven grantees attributed a decrease in total encounters to clinic closures, staff shortages, better data, a decrease in users, or changes in prescribing practices that have reduced the frequency of visits for refills.

Four grantees attributed the increase in CSP encounters to one or more of the following reasons: expanded services, reassignment of non-CSPs for flu vaccination activities, increased staffing, increased number of sites, or improved data collection. Five grantees attributed the decrease in CSP encounters to budget cuts, staffing shortages or reductions, or reduction in clinic operating hours. One grantee noted that encounter data were incomplete for users covered by Medicaid or Medicaid HMO.

Seven grantees attributed the increase in non-CSP encounters to better data collection, CSP shortages, restricted clinician hours, or improved reporting of non-CSP encounters. Three grantees attributed a decrease in the number of non-CSP encounters to a reduction in number of sites, additional funding, or increased delivery of care by CSPs.

Four grantees noted difficulties in identifying encounters with non-CSP staff because of a default in the practice management systems that credits all visits to a CSP.

FPAR TABLE 14: REVENUE REPORT

Title X revenue (row 1)—Title X revenue includes 2011 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and male involvement).

Medicaid revenue (row 3a)—Medicaid revenue includes revenue from state Medicaid family planning eligibility expansions in 27 states in all 10 HHS regions. The states, by region, include the following:

Region I—Rhode Island

Region II—New York

Region III—Delaware, Maryland, Pennsylvania, and Virginia

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

Region V—Illinois, Michigan, Minnesota, and Wisconsin

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

Region VII—Iowa and Missouri

Region VIII—Wyoming

Region IX—California

Region X—Oregon and Washington

Other revenue (rows 12 to 16)—An illustrative list of “other” revenue sources reported in rows 12 to 16 include client and other donations, consultation fees, U.S. Centers for Disease Control and Prevention funding (e.g., Infertility Prevention Project, Breast and Cervical Cancer Early Detection Program, HIV/AIDS Prevention and Testing), Colorado Family Planning Initiative, Community Services Block Grant, contraceptive revenue, interest income, training and education services revenue, delegate support, private foundation or grants, other federal grants, social service charities, rental income, interest or investment income, general funds, Healthy Woman Program, Massachusetts Alliance for Teen Pregnancy, Refugee Health Program, Show Me Healthy Women, and the State of Alaska Breast/Cervical Program.

TREND EXHIBITS

Exhibits A-7a, A-7b, and A-7c—In the *FPAR National Summaries* for 1999 to 2004 (**Table A-6**) and 2005 (**Exhibit A-7a**), the primary contraceptive use trend data for 1999 excluded 8,271 female users from the total number because the grantee did not report a method of contraception for them. The correct total number of female users in 1999 was 4,315,040 and not 4,306,769, as shown in these trend tables from previous reports. In the *FPAR 2011 National Summary*, these 8,271 users are included in the unknown method cell of the 1999 primary contraceptive use column, bringing the total number of female users with an unknown method in 1999 to 162,056 (instead of 153,785) and the total number of female primary method users to 3,746,113 (instead of 3,737,842).

Exhibit A-7b—In the *FPAR National Summaries* for 1999 to 2009, female users for whom the primary contraceptive method was unknown or not reported were assumed to be using a method, and these users were included in the table presenting the distribution of methods across female method users. An assessment of grantee comments in the FPAR reports for 2005 to 2011 indicates that method use information for these female users is missing from the client record. Therefore, we cannot assume that a method was continued or adopted at exit from the encounter. In the *2011 FPAR National Summary*, female users with an unknown or not reported method in the 1999 to 2011 reporting periods are excluded from **Exhibit A-7b**.

