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Title X Family Planning Annual Report

2021 National Summary

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Family Planning Annual Report: 2021 National Summary

Prepared for

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U.S. Department of Health and Human Services
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This report can be viewed, downloaded, and printed from the Office of Population Affairs Website at https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report.

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Finally, publication of this report would not have been possible without the contributions of Title X services grantees and subrecipients that ensure access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and collect, compile, and submit FPAR data to OPA.

Contents

EXHIBITS

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Executive Summary

The Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services (HHS), Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive health care. The Title X program is designed to provide "a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents),"[1] with priority given to persons from low-income families. In addition to offering these methods and services on a voluntary and confidential basis, Title X-funded service sites provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted infection (STI) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.[2,3] The program is implemented through competitively awarded grants to state and local public health departments and family planning, community health, and other private nonprofit agencies. In fiscal year 2021, the Title X program received approximately $286.5 million in federal Title X funding.[4]

Annual submission of the Family Planning Annual Report (FPAR)[5] is required of all Title X services grantees.[6] The 15-table FPAR provides grantee-level data on the demographic and social characteristics of Title X clients, their use of family planning and related preventive health services, staffing, and revenue. FPAR data have multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. In addition, OPA uses FPAR data to respond to inquiries from policy makers about the program and to estimate the impact of Title X on key reproductive health outcomes.[5]

The purpose of the *Family Planning Annual Report: 2021 National Summary* is to present the national-, regional-, and state-level findings for the 2021 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

2021 SNAPSHOT: KEY FINDINGS

A diverse network of public and private nonprofit agencies delivers Title X services. In 2021, Title X-funded services were implemented through 75 grants* to 41 state and local health departments and 34 nonprofit family planning and community health agencies. Title X funds supported a network of 3,284 service sites operated by either grantees or

* In this report, the terms "grantee" and "grant" are synonymous. If an agency receives multiple grants to support Title X services in different geographic areas (e.g., different states), OPA will require the agency to submit separate FPARs, and the agency will appear more than once in the Title X grantee count. In 2021, 70 agencies submitted one FPAR, one agency submitted two FPARs, and one agency submitted three FPARs.

899 subrecipients in 44[†] states, the District of Columbia, and eight U.S. Territories and Freely Associated States.

Title X providers serve a socioeconomically disadvantaged population, most of whom are female,[‡] low income, and young. In 2021, Title X-funded providers served almost 1.7 million family planning users (i.e., clients) through 2.8 million family planning encounters, of which at least 6% were virtual encounters.[§] Nearly nine of every 10 users (85%) were female, 53% were under 30 years of age, and 65% had family incomes at or below the poverty level ($26,500 for a family of four in the 48 contiguous states and the District of Columbia).[7]

A ***family planning user*** is an individual who has at least one family planning encounter during the reporting period.

A ***family planning encounter*** is a documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning services, alone or together with related preventive health services, to avoid unintended pregnancies or achieve intended pregnancies.

Title X providers serve a population with low rates of health insurance. In 2021, the percentage of Title X users who were uninsured (36%) was more than two times the national uninsured rate for U.S. adults (14%).[8] Of the 62% of family planning users who had insurance, 71% had public insurance, and 29% had private insurance. In addition, of Title X users in the 44 states and the District Columbia, 59% received Title X services in a state that had expanded Medicaid under the Affordable Care Act (ACA). Compared to family planning users in nonexpansion states, those in expansion states were, on average, more likely to be publicly insured (49% vs. 37%), less likely to be uninsured (31% vs. 43%), and equally likely to be privately insured (18%).

Title X providers serve a racially and ethnically diverse population. Of the 1.7 million family planning users served in 2021, 32% self-identified with at least one of the non-White Office of Management and Budget (OMB) race categories (Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, or more than one race),[9] 38% self-identified as Hispanic or Latino, and 21% were limited English proficient.

Title X providers offer clients a broad range of acceptable and effective family planning methods and services. In 2021, 73% of the 1.4 million female users served were using or adopted a contraceptive method at their last encounter. Over one-third (35%) of female users used or adopted a short-term hormonal method, like pills, injectables, the vaginal ring, or

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[†] In 2021, there were no Title X-funded service sites in six states: Hawaii, Maine, Oregon, Utah, Vermont, and Washington.

[‡] In addition to collecting data on the number of users whose sex (i.e., based on biological and physiological characteristics) is male or female, OPA has received OMB clearance to collect sexual orientation and gender identity (SOGI) data starting in 2022. Grantees will report SOGI data on the 2022 FPAR.

[§] The number of virtual encounters reported in the *2021 FPAR National Summary* is likely an underestimate because the data systems for some grantees and subrecipients were not able to report encounter data by type (in person vs. telehealth).

patch; 16% used or adopted a long-acting reversible method, like an intrauterine device (IUD) or implant; 13% relied on barrier methods, like condoms, spermicide, cervical cap or diaphragm, or contraceptive sponge; 5% used permanent methods, like female sterilization or vasectomy; and 1% used a fertility awareness-based method (FAM). Seven percent of all female users exited their last encounter with no contraceptive method because they were either pregnant or seeking pregnancy.

Title X-funded cervical and breast cancer screening services are necessary for early detection and treatment. In 2021, Title X providers conducted Papanicolaou (Pap) testing on 23% (324,536) of female users. Twelve percent of the 349,236 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 26% (364,731) of female users and referred 7% of those examined for further evaluation based on abnormal findings.

Title X-funded STI and HIV services provide testing necessary for preventing disease transmission and adverse health consequences. In 2021, Title X providers tested 53% (265,817) of female users under 25 for chlamydia. Providers also performed 861,930 gonorrhea tests (5.2 tests per 10 users), 487,995 confidential HIV tests (2.9 tests per 10 users), and 403,492 syphilis tests (2.4 tests per 10 users). Of the confidential HIV tests performed, 1,439 (2.9 per 1,000 tests performed) were positive for HIV.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male users. In 2021, 15% (242,735) of all Title X users were men. Most male users were in their 20s (30%) or 30s (23%), and 59% adopted or continued use of condoms or another contraceptive method at exit from their last encounter. In addition, Title X providers tested 45% of all male users for chlamydia and provided testing for several other STIs, including gonorrhea (5.2 tests per 10 male users), HIV (4.6 tests per 10 male users), and syphilis (3.5 tests per 10 male users).

A variety of qualified health providers deliver Title X-funded clinical services. In 2021, 2,377 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 64% of total CSP FTEs, followed by physicians (29%) and registered nurses with an expanded scope of practice (7%). A CSP attended 81% of the 2.8 million family planning encounters that took place in 2021.

Title X projects rely on revenue from a mixture of public and private sources. In 2021, Title X grantees reported total revenue of $729 million from all public and private sources to support their approved Title X services projects. Six sources accounted for 87% of total revenue: Title X (30% or $217.4 million); Medicaid and the Children's Health Insurance Program (CHIP) combined (29% or $213.0 million); state governments (11% or $79.6 million); private third-party payers (8% or $60.3 million); local governments (5% or $38.1 million); and client service fees (3% or $22.5 million).

PERFORMANCE COMPARISON: 2021 VS. 2020

The *National Summary* presents information on Title X performance in 2021 and over time (2011–2021) in the main report and appendices. Below, we highlight the 1-year changes (2021 vs. 2020) for *key* Title X performance measures:

Title X service network. Title X had the same number of grantees (75) in 2021 and 2020 but 32 *more* subrecipients (899 vs. 867) and 253 *more* service sites (3,284 vs. 3,031).

Number of family planning users and encounters. With growth in the size of the Title X service network, there was a corresponding increase in clients served. Overall, Title X providers served 125,723 *more* family planning users in 2021 than in 2020 (1.66 million vs. 1.54 million) and attended almost 81,900 *more* family planning encounters (2.79 million vs. 2.71 million). A decrease in the percentage of encounters that were virtual (6% vs. 11%) suggests both an increased capacity of many Title X providers to deliver in-person care and increased willingness among clients to visit Title X clinics, especially to receive preventive care they may have deferred early in the pandemic and before vaccine availability. The average number of users per service site (506 vs. 507) and the average number of family planning encounters per user (1.7 vs. 1.8) were about the same.

Client sociodemographic characteristics. Between 2021 and 2020, there were small changes (± 4 percentage points) in the distribution of clients by sex, age group, self-identified race and ethnicity, income level, and insurance status.

Contraceptive use by female clients. Between 2021 and 2020, there were small changes (± 3 percentage points) in the percentages of female clients relying on most (21% vs. 19%), moderately (35% vs. 38%), and less effective (17% vs. 16%) contraceptives. There were only small differences between years in the percentages of female clients using different types of methods within each category. IUDs, pills, and male condoms were the most commonly used methods in their respective effectiveness categories (most, moderately, and less effectively, respectively).

Contraceptive use by male clients. Between 2021 and 2020, the percentage of male clients who adopted or used contraception at their last encounter was about the same (59% vs. 60%). Male condoms and reliance on a "female method" remained the most commonly used contraceptive methods among male clients.

Cancer screening. Compared with 2020, *more* women were screened for cervical or breast cancer in 2021. In 2021 vs. 2020, the number of female users screened for cervical cancer *increased* by 27,499 (324,536 vs. 297,037), while the number who received a clinical breast exam *increased* by 29,482 (364,731 vs. 335,249). The percentages of female users who received a Pap test (23% vs. 22%) or clinical breast exam (26% vs. 25%) were about the same in both years.

STI testing. Compared with 2020, *more* women and men were tested for STIs, including HIV, in 2021. In 2021 vs. 2020, the percentage of female clients under 25 who were tested for chlamydia was about the same (53% vs. 52%). For other STIs, there were *increases* in the total number of tests per 10 users for gonorrhea (5.2 vs. 5.0), syphilis (2.4 vs. 2.1), and HIV (2.9 vs. 2.8) and a *decrease* in the number of positive HIV tests per 1,000 performed (2.9 vs.

3.2). A shortage of chlamydia and gonorrhea testing supplies, which started in 2020, did not resolve until late 2021.[10,11]

Clinical staffing levels. There was a *decrease* in the number of CSP FTEs, but the distribution of FTEs across types of CSPs remained stable. In 2021, the number of CSP FTEs *decreased* by 304 FTEs (2,377 vs. 2,681), with midlevel FTEs accounting for 68% of this decrease. In contrast, the number of CSP encounters per CSP FTE *increased* by 151 (947 vs. 796).

Title X program revenue. In 2021, inflation-adjusted (constant 2021 dollars)[12] total program revenue *increased* by $116.5 million, from $612.5 million in 2020 to $729.0 million in 2021. Almost two-thirds ($75.9 million) of the total increase in revenue was from sources linked closely to the number of clients and encounters (i.e., third-party payers, client service fees). Revenue increased for all major revenue sources, except block grants. For the two largest revenue sources—Title X and combined Medicaid and CHIP—revenue increased by $9.1 million and $60.5 million, respectively. There were also notable increases in revenue from state governments (by $18.3 million), local governments (by $12.7 million), and private third-party payers (by $11.0 million).

FACTORS AFFECTING 2021 PERFORMANCE

Considering the continued impact of the ongoing COVID-19 pandemic and state-level differences in the pandemic response,[13] the program's 2021 performance was mixed. While over one-half of grantees reported increases in the number of users and encounters compared with 2020, many reported losses or only modest gains, which several attributed to pandemic-related factors affecting their capacity to deliver care or the demand for services. Maintaining adequate staffing was especially challenging because of COVID-19 exposure and illness, reassignment of staff from the Title X program to pandemic-related activities, and the disrupted and competitive labor market. To ensure continuity of Title X services during the pandemic, OPA, the Centers for Disease Control and Prevention (CDC), the Reproductive Health National Training Center, and other stakeholders continued to offer guidance to address the pandemic's impact and challenges.[14-23] In September 2021, OPA also awarded supplemental funding ($18.8 million) to all current (2021) grantees to enhance telehealth infrastructure, expand service delivery, or improve data systems.[24] Because of the timing of these awards and the necessary lead time for programming these funds, their effect on 2021 performance is likely to have been limited. ***Appendix D*** presents a special analysis of Title X performance during the first 2 years of the COVID-19 pandemic (2020–2021).

Through October 2021, the requirements of Title X service delivery and program participation were determined by the 2019 Final Rule,[25,26] which led to the withdrawal of 19 grantees and over 230 subrecipients and 1,000 service sites in 2019. The Rule's adverse impact on the size and capacity of the Title X network persisted in 2021. In October 2021, HHS released a new Final Rule (2021 Final Rule)[27,28] that revoked the 2019 Final Rule in its entirety and added provisions to ensure equitable access to affordable, client-centered, and high-quality family planning care for all individuals. Because of its timing toward the end of the year—the 2021 Final Rule became effective on November 8, 2021—the new Final Rule likely had minimal impact on 2021 Title X performance.

SUMMARY

In 2021, Title X providers responded to the challenges of the evolving COVID-19 pandemic by adapting their practices to ensure continuity of high-quality Title X services and protect the health and wellbeing of both staff and clients. The pandemic's trajectory and contextual factors (e.g., policies, vaccination rates, testing and treatment resources) affecting local risk and prevalence varied across states and continued to impact Title X performance. Even with the constant and evolving challenges, Title X grantees and their staff continued to provide high-quality contraceptive and related preventive health services to communities.

1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

Background

The Title X 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), within the U.S. Department of Health and Human Services (HHS). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. It is designed to provide "a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents),"[1] with priority given to persons from low-income families. In addition to offering these methods and services on a voluntary and confidential basis, Title X-funded centers provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted infection (STI) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.[2,3] By law, Title X funds cannot be used by centers where abortion is a method of family planning.[2,3] In fiscal year 2021, the Title X program received approximately $286.5 million in federal Title X funding.[4]

Family Planning Annual Report

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

Title X administrators and grantees use FPAR data to

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

** In this report, the terms "grantee" and "grant" are synonymous. If an agency receives multiple grants to support Title X services in different geographic areas (e.g., different states), OPA requires the agency to submit separate FPARs, and the agency will appear more than once in the Title X grantee count.

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

REPORT STRUCTURE

The *Family Planning Annual Report: 2021 National Summary* presents data for the 75 Title X services grantees that submitted an FPAR for the 2021 reporting period (January 1, 2021–December 31, 2021). The *National Summary* has nine 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.
- **Sections 3 through 8** present the results for each FPAR table and include a discussion of national and regional patterns and trends for selected indicators. These sections also include text boxes with the definitions for key FPAR terms and selected guidance specific to each FPAR table. Please see the *Title X Family Planning Annual Report (FPAR): Forms and Instructions (Reissued November 2021)*[5] for complete FPAR reporting instructions.
- **Section 9—References—**is a list of *National Summary* references.
- **Appendixes—**Additional data for the *National Summary* are included in four appendixes:
  - ***Appendix A*** presents trend data for selected indicators for 2011–2021.
  - ***Appendix B*** presents selected measures for 2021 (number and distribution of users by sex, income, and insurance status; contraceptive use among female users at risk for unintended pregnancy; and the number and percentage of female users under 25 years who were tested for chlamydia) for 44 states,[††] the District of Columbia, and the eight U.S. Territories and Freely Associated States (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands). The ***Appendix B*** exhibits show the differences on key measures across these geographic entities. Factors that contributed to these differences include health system organization, infrastructure and workforce, policy, financing, and user characteristics.
  - ***Appendix C*** presents general and table-specific notes about the data in this report.
  - ***Appendix D*** presents an analysis of Title X performance during the first 2 years (2021 vs. 2020) of the COVID-19 pandemic.

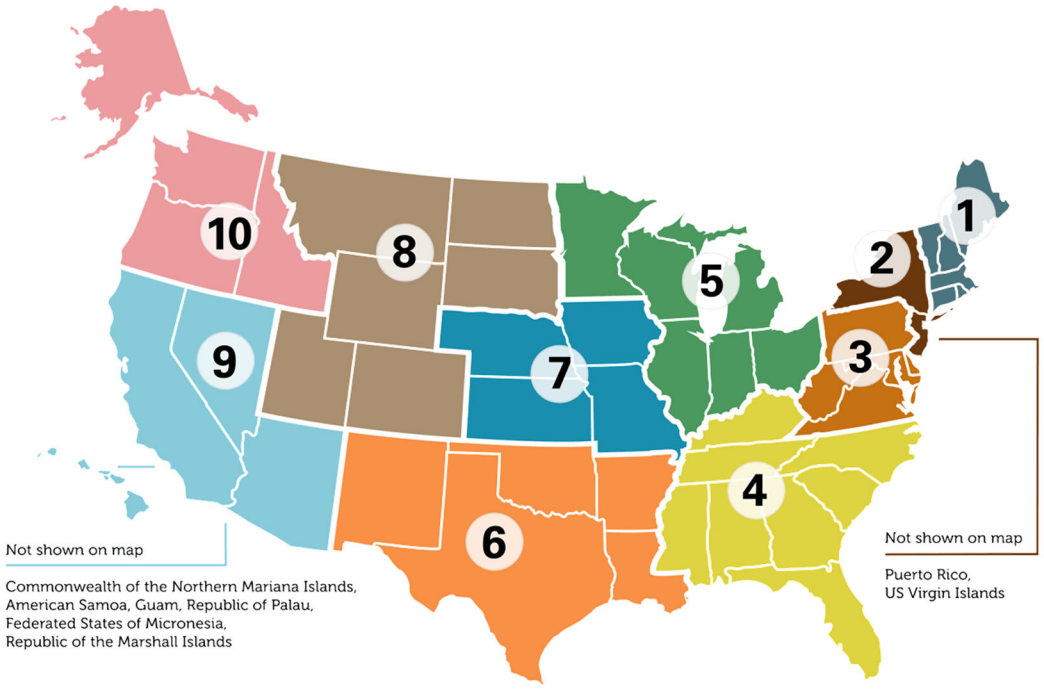
Throughout this report, we use the term "table" when referring to an FPAR reporting table and "exhibit" when referring to both the tabular and graphical presentations of the 2021 or trend data. Exhibits in the main body of the report present results for Title X overall (i.e., all

[††] In 2021, there were no Title X–funded service sites in six states: Hawaii, Maine, Oregon, Utah, Vermont, and Washington.

regions) and for each of the 10 HHS regions (***Exhibit 1***); the source of data (i.e., FPAR reporting table) for each exhibit is noted. The states in each of the 10 HHS regions are as follows:

- **Region I—**Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont (In 2021, there were no Title X services grantees in Maine or Vermont.)
- **Region II—**New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III—**Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and Washington, DC
- **Region IV—**Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region V—**Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI—**Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII—**Iowa, Kansas, Missouri, and Nebraska
- **Region VIII—**Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming (In 2021, there were no Title X services grantees in Utah.)
- **Region IX—**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 (In 2021, there were no Title X services grantees in Hawaii.)
- **Region X—**Alaska, Idaho, Oregon, and Washington (In 2021, there were no Title X services grantees in Oregon or Washington.)

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



Note:
Due to rounding, percentages cited in text may not match summed percentages from the exhibits.

2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions (Reissued November 2021)*[5] consists of 15 reporting tables. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by Title X grantees. The key terms describe the individuals receiving Title X-funded family planning and related preventive health services, the range and scope of the services provided, the family planning providers who render care, and the revenue sources that support the grantees' Title X projects.

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1–December 31). In February 2022, FPARs for 75 grantees were submitted for the 2021 reporting period. Almost all FPARs (95%) were submitted by the due date, and all were submitted using the web-based *FPAR 1.0 Data System*. OPA retired the *FPAR 1.0 Data System* on June 1, 2022.

DATA VALIDATION

FPAR data undergo both electronic and manual validations prior to tabulation. During data entry, the *FPAR 1.0 Data System* performs a set of automated validation procedures that ensure consistency within and across tables. These validation procedures include calculation of row and column totals and cross-table comparisons of selected cell values. Each validation procedure is based on a validation rule that defines which table cells to compare and what condition or validation test to apply.

After a grantee submits an FPAR, it goes through two levels of review by HHS staff. First, OPA Project Officers review the FPAR and either accept it or return it to the grantee for correction or clarification. Once the OPA Project Officer accepts the FPAR, the FPAR Data Coordinator performs a second and final review, either accepting the FPAR or returning it to the OPA Project Officer and the grantee for correction or clarification. When the FPAR Data Coordinator has accepted all FPARs, RTI International extracts the FPAR data from the *FPAR 1.0 Data System* database and performs further electronic validations to identify potential reporting errors and problems, including missing and out-of-range values for selected measures (e.g., STI test-to-user ratios). RTI also performs a manual review of all comments entered into the FPAR table Note 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 OPA staff and grantees address all outstanding validation issues in the *FPAR 1.0 Data System*, RTI extracts the final data file for tabulation and analysis.

Selected Key Terms and Definitions for FPAR Reporting

Family Planning User—An individual who has at least one family planning encounter 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 documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning and related preventive health services to clients who want to avoid unintended pregnancies or achieve intended pregnancies. Laboratory tests and related counseling and education do not constitute a family planning encounter unless the encounter is face-to-face or virtual contact between the client and provider, the provider documents the encounter, and the tests are accompanied by family planning counseling or education. A virtual family planning encounter uses telecommunications and information technology to provide access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision, at a distance. The two types of family planning encounters are classified based on the type of family planning provider who renders the care: encounter with a Clinical Services Provider or encounter with an Other Services Provider.

Family Planning Provider—The individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the client during an encounter. There are two types of family planning providers:

- ***Clinical Services Providers (CSPs)*** include physicians, 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 assessments recommended for contraceptive, related preventive health, and basic infertility care. CSPs offer a range of clinical, counseling, and educational services relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with Title X program requirements.[2]
- ***Other Services Providers*** include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with Title X program requirements.[2] Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STI, 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 Title X program requirements.[2]

Family Planning Service Site—A family planning service site refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral), either through face-to-face or virtual contact, that comply with Title X program requirements[2] and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

Client Records—Title X projects must establish a medical record for every client who is counted as a Title X user, including but not limited to those who obtain clinical services or other screening or laboratory services. 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. If a family planning user receives no clinical services, the provider still must establish a client record that enables the site to complete the required FPAR data reporting.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 7–10.[5]

3 Title X Network Characteristics

TITLE X SERVICE NETWORK PROFILE

In 2021, Title X-funded services were implemented through 75 service grants to 41 (55%) state and local health departments and 34 (45%) nonprofit family planning and community health agencies. This funding supported a service network of 899 subrecipients and 3,284 service sites in 44 states, the District of Columbia, and eight U.S. Territories and Freely Associated States (***Exhibit 2***).

In 2021 vs. 2020, the Title X program had the same number of grantees (75), 32 more subrecipients (899 vs. 867), and 253 more service sites (3,284 vs. 3,031) (***Exhibit 2***).

See ***Exhibits A–1a*** and ***A–1b*** in ***Appendix A*** for trends (2011–2021) in the numbers and distributions of grantees, subrecipients, and service sites overall and by region.

Exhibit 2. **Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2020–2021 (Source: FPAR Grantee Profile Cover Sheet)**

Network Feature	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2021	75	4	7	11	11	8	8	5	5	14	2
2020	75	4	7	11	11	8	8	5	5	14	2
Difference	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
% Change	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Subrecipients											
2021	899	22	23	171	267	110	52	90	64	93	7
2020	867	21	18	175	265	110	49	86	64	72	7
Difference	**32**	**1**	**5**	**−4**	**2**	**0**	**3**	**4**	**0**	**21**	**0**
% Change	**4%**	**5%**	**28%**	**−2%**	**1%**	**0%**	**6%**	**5%**	**0%**	**29%**	**0%**
Service Sites											
2021	3,284	60	65	606	919	239	488	180	158	526	43
2020	3,031	52	61	606	852	238	488	190	147	355	42
Difference	**253**	**8**	**4**	**0**	**67**	**1**	**0**	**−10**	**11**	**171**	**1**
% Change	**8%**	**15%**	**7%**	**0%**	**8%**	**0%†**	**0%**	**−5%**	**7%**	**48%**	**2%**

† Percentage is less than 0.5%.

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

In **FPAR Table 1**, grantees report the unduplicated number of female and male users by age group. Grantees categorize users by age group base on the users' age as of June 30 of the reporting period.

In **FPAR Table 2** and **Table 3**, grantees report the unduplicated number of female (**Table 2**) and male (**Table 3**) users by ethnicity and race.‡‡

The FPAR categories for reporting ethnicity and race conform to the 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.

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.

OMB encourages self-identification of race, and the FPAR tables allow grantees to report the number of users who self-identify with two or more of the OMB race categories.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 15–17, A-1–A-2.[5]

‡‡ In addition to collecting data on the number of users whose sex (i.e., based on biological and physiological characteristics) is male or female, OPA has received OMB clearance to collect sexual orientation and gender identity (SOGI) data starting in 2022. Grantees will report SOGI data on the 2022 FPAR.

4 Family Planning User Characteristics

DEMOGRAPHIC PROFILE

Total Users

In 2021, Title X-funded sites served almost 1.7 million family planning users. Grantees in Region IV served almost 1 of every 3 (29%) family planning users, while in each of Regions III, VI, and IX, grantees served between 16% and 18% of all users (***Exhibit 3***).

Despite ongoing challenges posed by the COVID-19 pandemic, the total number of users served in 2021 increased 8% (by 125,723) compared with 2020. The number of users increased in eight of 10 HHS regions, with Region IX grantees reporting the largest numeric increase (by 53,717) (***Exhibit 3***) and Regions III and VI each reporting increases of over 35,000 users. On average, the number of users per service site was almost the same in both years (506 in 2021 vs. 507 in 2020) (***Exhibit A–1c***).

See ***Exhibits A–2a*** and ***A–2b*** for trends (2011–2021) in the number and distribution of family planning users overall and by region.

See ***Exhibit B–1*** for 2021 data on the number and distribution of family planning users by state.

Exhibit 3. **Number, distribution, and percentage change in number of all family planning users, by year and region: 2020–2021 (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											
2021	1,662,466	53,031	53,881	262,947	477,609	87,103	294,333	81,325	64,418	279,738	8,081
2020	1,536,743	41,600	45,056	227,809	498,230	86,424	257,819	79,238	63,438	226,021	11,108
Difference	**125,723**	**11,431**	**8,825**	**35,138**	**−20,621**	**679**	**36,514**	**2,087**	**980**	**53,717**	**−3,027**
% Change	**8%**	**27%**	**20%**	**15%**	**−4%**	**1%**	**14%**	**3%**	**2%**	**24%**	**−27%**
Distribution											
2021	100%	3%	3%	16%	29%	5%	18%	5%	4%	17%	0%†
2020	100%	3%	3%	15%	32%	6%	17%	5%	4%	15%	1%

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

† Percentage is less than 0.5%.

Users by Sex

Of the almost 1.7 million family planning users served in 2021, 85% (1.4 million) were female, and 15% (242,735) were male (***Exhibits 4*** and ***5***). The percentage of total users who were female was high across all regions (81% to 90%; ***Exhibits 4*** and ***5***) and in most states (44% to 100%; ***Exhibit B–1***).

See ***Exhibits A–2a*** and ***A–2b*** for trends (2011–2021) in the number and distribution of users by region and the number and percentage of users by sex.

See ***Exhibit B–1*** for 2021 data on the number and distribution of family planning users by sex and state.

Users by Age

In 2021, 15% (255,554) of all family planning users were under 20 years of age, 37% (618,459) were 20 to 29 years of age, and 47% (788,453) were 30 years of age or older. Higher percentages of male than female users were in their teens (17% vs. 15%) or 30 or over (53% vs. 47%), while a higher percentage of female than male users were in their 20s (38% vs. 30%). Across regions, there was wider variation in the age distribution of male users than of female users (***Exhibits 4*** and ***5***).

See ***Exhibits A–3a*** and ***A–3b*** for trends (2011–2021) in the number and distribution of users by age group.

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Exhibit 4. **Number of all family planning users, by sex, age, and region: 2021 (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	22,761	1,068	324	5,288	8,257	900	2,618	901	1,040	2,258	107
15 to 17	87,906	2,703	1,593	17,292	27,217	5,158	13,920	5,166	4,641	9,625	591
18 to 19	104,174	2,336	2,782	17,643	30,467	5,935	18,559	6,651	5,465	13,665	671
20 to 24	285,210	6,477	9,748	42,590	80,684	14,985	54,681	16,456	13,819	44,391	1,379
25 to 29	259,267	7,072	9,105	39,465	73,456	12,859	49,586	12,416	9,721	44,410	1,177
30 to 34	228,971	7,043	8,356	35,686	65,309	11,077	43,672	10,282	7,681	38,793	1,072
35 to 39	174,277	5,510	6,884	26,865	48,774	8,180	33,276	8,023	5,351	30,497	917
40 to 44	124,223	4,441	5,221	18,971	32,897	5,774	23,244	5,602	3,472	23,895	706
Over 44	132,942	7,472	4,648	18,604	37,187	5,948	21,836	5,379	2,531	28,709	628
Subtotal	**1,419,731**	**44,122**	**48,661**	**222,404**	**404,248**	**70,816**	**261,392**	**70,876**	**53,721**	**236,243**	**7,248**
Male Users											
Under 15	10,864	819	129	3,065	4,514	100	520	96	407	1,185	29
15 to 17	16,393	1,339	292	4,099	5,481	425	1,192	385	833	2,303	44
18 to 19	13,456	722	428	2,550	3,695	792	1,764	826	724	1,909	46
20 to 24	37,615	1,028	1,116	5,984	9,397	3,019	5,895	2,651	2,200	6,174	151
25 to 29	36,367	891	953	5,414	9,311	3,171	5,494	2,140	2,114	6,750	129
30 to 34	31,706	985	805	4,523	8,584	2,704	4,837	1,663	1,735	5,740	130
35 to 39	25,044	936	555	3,499	7,211	1,903	3,967	1,116	1,085	4,665	107
40 to 44	20,511	812	482	2,841	6,537	1,350	3,181	636	650	3,926	96
Over 44	50,779	1,377	460	8,568	18,631	2,823	6,091	936	949	10,843	101
Subtotal	**242,735**	**8,909**	**5,220**	**40,543**	**73,361**	**16,287**	**32,941**	**10,449**	**10,697**	**43,495**	**833**
All Users											
Under 15	33,625	1,887	453	8,353	12,771	1,000	3,138	997	1,447	3,443	136
15 to 17	104,299	4,042	1,885	21,391	32,698	5,583	15,112	5,551	5,474	11,928	635
18 to 19	117,630	3,058	3,210	20,193	34,162	6,727	20,323	7,477	6,189	15,574	717
20 to 24	322,825	7,505	10,864	48,574	90,081	18,004	60,576	19,107	16,019	50,565	1,530
25 to 29	295,634	7,963	10,058	44,879	82,767	16,030	55,080	14,556	11,835	51,160	1,306
30 to 34	260,677	8,028	9,161	40,209	73,893	13,781	48,509	11,945	9,416	44,533	1,202
35 to 39	199,321	6,446	7,439	30,364	55,985	10,083	37,243	9,139	6,436	35,162	1,024
40 to 44	144,734	5,253	5,703	21,812	39,434	7,124	26,425	6,238	4,122	27,821	802
Over 44	183,721	8,849	5,108	27,172	55,818	8,771	27,927	6,315	3,480	39,552	729
Total All Users	**1,662,466**	**53,031**	**53,881**	**262,947**	**477,609**	**87,103**	**294,333**	**81,325**	**64,418**	**279,738**	**8,081**

Exhibit 5. **Distribution of all family planning users, by sex, age, and region: 2021 (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	2%	2%	1%	2%	2%	1%	1%	1%	2%	1%	1%
15 to 17	6%	6%	3%	8%	7%	7%	5%	7%	9%	4%	8%
18 to 19	7%	5%	6%	8%	8%	8%	7%	9%	10%	6%	9%
20 to 24	20%	15%	20%	19%	20%	21%	21%	23%	26%	19%	19%
25 to 29	18%	16%	19%	18%	18%	18%	19%	18%	18%	19%	16%
30 to 34	16%	16%	17%	16%	16%	16%	17%	15%	14%	16%	15%
35 to 39	12%	12%	14%	12%	12%	12%	13%	11%	10%	13%	13%
40 to 44	9%	10%	11%	9%	8%	8%	9%	8%	6%	10%	10%
Over 44	9%	17%	10%	8%	9%	8%	8%	8%	5%	12%	9%
Subtotal	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Male Users											
Under 15	4%	9%	2%	8%	6%	1%	2%	1%	4%	3%	3%
15 to 17	7%	15%	6%	10%	7%	3%	4%	4%	8%	5%	5%
18 to 19	6%	8%	8%	6%	5%	5%	5%	8%	7%	4%	6%
20 to 24	15%	12%	21%	15%	13%	19%	18%	25%	21%	14%	18%
25 to 29	15%	10%	18%	13%	13%	19%	17%	20%	20%	16%	15%
30 to 34	13%	11%	15%	11%	12%	17%	15%	16%	16%	13%	16%
35 to 39	10%	11%	11%	9%	10%	12%	12%	11%	10%	11%	13%
40 to 44	8%	9%	9%	7%	9%	8%	10%	6%	6%	9%	12%
Over 44	21%	15%	9%	21%	25%	17%	18%	9%	9%	25%	12%
Subtotal	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
All Users											
Under 15	2%	4%	1%	3%	3%	1%	1%	1%	2%	1%	2%
15 to 17	6%	8%	3%	8%	7%	6%	5%	7%	8%	4%	8%
18 to 19	7%	6%	6%	8%	7%	8%	7%	9%	10%	6%	9%
20 to 24	19%	14%	20%	18%	19%	21%	21%	23%	25%	18%	19%
25 to 29	18%	15%	19%	17%	17%	18%	19%	18%	18%	18%	16%
30 to 34	16%	15%	17%	15%	15%	16%	16%	15%	15%	16%	15%
35 to 39	12%	12%	14%	12%	12%	12%	13%	11%	10%	13%	13%
40 to 44	9%	10%	11%	8%	8%	8%	9%	8%	6%	10%	10%
Over 44	11%	17%	9%	10%	12%	10%	9%	8%	5%	14%	9%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female Users	85%	83%	90%	85%	85%	81%	89%	87%	83%	84%	90%
Male Users	15%	17%	10%	15%	15%	19%	11%	13%	17%	16%	10%

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

Users by Race

In 2021, 58% (958,762) of all family planning users identified themselves as White, 25% (418,397) as Black or African American, 2% (30,637) as Asian, and 1% each as either American Indian or Alaska Native (19,349) or Native Hawaiian or Other Pacific Islander (13,195). Three percent (45,663) of all users self-identified with two or more of the five minimum race categories specified by OMB,[9] and race was either unknown or not reported for 11% (176,463). Of the 176,463 users with an unknown race, 63% self-identified as Hispanic or Latino ethnicity (***Exhibit 6***).

- By **sex**, the racial composition of female (***Exhibits 7***, ***11***, and ***12***) and male users (***Exhibits 8***, ***13***, and ***14***) differed slightly in terms of the percentages in each group that self-identified as White (59% of female users vs. 47% of male users) and Black or African American (24% of female users vs. 33% of male users).
- By **region**, the distribution of users by race varied widely (***Exhibits 9*** and ***10***). The percentage of users who self-identified as White ranged from 40% to 77%, 1% to 38% self-identified as Black or African American, 1% to 4% self-identified as Asian, and 1% to 7% self-identified with two or more race categories.

See ***Exhibits A–4a*** and ***A–4b*** for trends (2011–2021) in the number and distribution of all family planning users by self-identified race.

See ***Exhibits A–6a*** and ***A–6b*** for trends (2011–2021) in the number and distribution of all family planning users by self-identified race and Hispanic or Latino ethnicity.

Users by Ethnicity

In 2021, 38% (626,784) of users self-identified as Hispanic or Latino ethnicity (***Exhibit 6***).

- By **sex**, 39% of female users and 30% of male users self-identified as Hispanic or Latino, while ethnicity was unknown for 5% of female users and 6% of male users (***Exhibits 7, 8,*** and ***11–14***).
- By **region**, the percentage of users who self-identified as Hispanic or Latino ranged from 17% to 71%, with grantees in Regions I, II, VI, and IX reporting the highest percentages (46% to 71%) of Hispanic or Latino users (***Exhibits 9*** and ***10***).

See ***Exhibits A–5a*** and ***A–5b*** for trends (2011–2021) in the number and distribution of all family planning users by self-identified Hispanic or Latino ethnicity.

See ***Exhibits A–6a*** and ***A–6b*** for trends (2011–2021) in the number and distribution of all family planning users by self-identified race and Hispanic or Latino ethnicity.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2021 (Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	9,075	9,469	805	19,349	1%	1%	0%†	1%
Asian	1,446	26,813	2,378	30,637	0%†	2%	0%†	2%
Black/African American	17,969	385,207	15,221	418,397	1%	23%	1%	25%
Nat Hawaiian/Pac Island	3,012	9,672	511	13,195	0%†	1%	0%†	1%
White	457,006	471,105	30,651	958,762	27%	28%	2%	58%
More than one race	26,732	15,609	3,322	45,663	2%	1%	0%†	3%
Unknown/not reported	111,544	37,651	27,268	176,463	7%	2%	2%	11%
Total All Users	**626,784**	**955,526**	**80,156**	**1,662,466**	**38%**	**57%**	**5%**	**100%**

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.
Note: Due to rounding, percentages may not sum to 100%.
† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2021 (Source: FPAR Table 2)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	8,129	8,047	640	16,816	1%	1%	0%†	1%
Asian	1,017	23,021	2,059	26,097	0%†	2%	0%†	2%
Black/African American	14,690	311,483	11,837	338,010	1%	22%	1%	24%
Nat Hawaiian/Pac Island	2,005	8,894	344	11,243	0%†	1%	0%†	1%
White	406,520	410,646	26,517	843,683	29%	29%	2%	59%
More than one race	23,197	13,414	2,687	39,298	2%	1%	0%†	3%
Unknown/not reported	98,125	25,332	21,127	144,584	7%	2%	1%	10%
Total Female Users	**553,683**	**800,837**	**65,211**	**1,419,731**	**39%**	**56%**	**5%**	**100%**

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.
Note: Due to rounding, percentages may not sum to 100%.
† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2021 (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	946	1,422	165	2,533	0%†	1%	0%†	1%
Asian	429	3,792	319	4,540	0%†	2%	0%†	2%
Black/African American	3,279	73,724	3,384	80,387	1%	30%	1%	33%
Nat Hawaiian/Pac Island	1,007	778	167	1,952	0%†	0%†	0%†	1%
White	50,486	60,459	4,134	115,079	21%	25%	2%	47%
More than one race	3,535	2,195	635	6,365	1%	1%	0%†	3%
Unknown/not reported	13,419	12,319	6,141	31,879	6%	5%	3%	13%
Total Male Users	**73,101**	**154,689**	**14,945**	**242,735**	**30%**	**64%**	**6%**	**100%**

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.
Note: Due to rounding, percentages may not sum to 100%.
† Percentage is less than 0.5%.

Exhibit 9. **Number of all family planning users, by race, ethnicity, and region: 2021 (Source: FPAR Tables 2 and 3)**

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	9,075	31	828	3,231	2,185	192	455	253	806	1,072	22
Not Hispanic or Latino	9,469	75	60	2,070	1,308	394	2,004	364	953	2,187	54
Unknown/not reported	805	19	0	291	43	42	39	37	38	295	1
Subtotal	**19,349**	**125**	**888**	**5,592**	**3,536**	**628**	**2,498**	**654**	**1,797**	**3,554**	**77**
Asian											
Hispanic or Latino	1,446	42	45	250	478	30	117	21	53	409	1
Not Hispanic or Latino	26,813	1,420	1,426	4,345	4,391	1,036	2,558	1,223	1,378	8,969	67
Unknown/not reported	2,378	156	31	444	71	45	82	157	24	1,368	0
Subtotal	**30,637**	**1,618**	**1,502**	**5,039**	**4,940**	**1,111**	**2,757**	**1,401**	**1,455**	**10,746**	**68**
Black or African American											
Hispanic or Latino	17,969	3,419	4,240	3,916	2,616	445	1,429	284	328	1,288	4
Not Hispanic or Latino	385,207	11,509	6,822	71,926	175,955	25,171	57,299	14,481	5,462	16,525	57
Unknown/not reported	15,221	828	103	6,371	3,142	829	664	1,325	105	1,854	0
Subtotal	**418,397**	**15,756**	**11,165**	**82,213**	**181,713**	**26,445**	**59,392**	**16,090**	**5,895**	**19,667**	**61**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	3,012	441	98	314	1,492	120	85	29	53	378	2
Not Hispanic or Latino	9,672	88	42	306	714	147	374	181	118	7,687	15
Unknown/not reported	511	17	6	128	155	5	8	28	5	159	0
Subtotal	**13,195**	**546**	**146**	**748**	**2,361**	**272**	**467**	**238**	**176**	**8,224**	**17**
White											
Hispanic or Latino	457,006	9,706	28,605	31,826	82,590	8,108	137,757	18,574	17,192	121,492	1,156
Not Hispanic or Latino	471,105	10,522	5,759	77,039	151,443	40,179	75,515	34,297	28,176	43,126	5,049
Unknown/not reported	30,651	1,049	100	10,184	2,482	299	1,653	4,177	479	10,224	4
Subtotal	**958,762**	**21,277**	**34,464**	**119,049**	**236,515**	**48,586**	**214,925**	**57,048**	**45,847**	**174,842**	**6,209**
More Than One Race											
Hispanic or Latino	26,732	3,311	2,513	5,460	4,360	2,279	3,150	1,119	244	4,287	9
Not Hispanic or Latino	15,609	444	406	2,189	4,349	1,444	2,787	1,181	570	2,190	49
Unknown/not reported	3,322	135	37	562	864	554	94	311	11	754	0
Subtotal	**45,663**	**3,890**	**2,956**	**8,211**	**9,573**	**4,277**	**6,031**	**2,611**	**825**	**7,231**	**58**
Race Unknown or Not Reported											
Hispanic or Latino	111,544	7,186	2,050	26,627	18,518	3,302	4,926	1,521	5,670	41,095	649
Not Hispanic or Latino	37,651	1,388	530	7,359	17,680	583	2,043	669	1,549	4,910	940
Unknown/not reported	27,268	1,245	180	8,109	2,773	1,899	1,294	1,093	1,204	9,469	2
Subtotal	**176,463**	**9,819**	**2,760**	**42,095**	**38,971**	**5,784**	**8,263**	**3,283**	**8,423**	**55,474**	**1,591**
All Races											
Hispanic or Latino	626,784	24,136	38,379	71,624	112,239	14,476	147,919	21,801	24,346	170,021	1,843
Not Hispanic or Latino	955,526	25,446	15,045	165,234	355,840	68,954	142,580	52,396	38,206	85,594	6,231
Unknown/not reported	80,156	3,449	457	26,089	9,530	3,673	3,834	7,128	1,866	24,123	7
Total All Users	**1,662,466**	**53,031**	**53,881**	**262,947**	**477,609**	**87,103**	**294,333**	**81,325**	**64,418**	**279,738**	**8,081**

Exhibit 10. **Distribution of all family planning users, by race, ethnicity, and region: 2021 (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	1%	0%†	2%	1%	0%†	0%†	0%†	0%†	1%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	0%†	1%	1%	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**0%†**	**2%**	**2%**	**1%**	**1%**	**1%**	**1%**	**3%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	3%	2%	1%	1%	1%	2%	2%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**2%**	**3%**	**3%**	**2%**	**1%**	**1%**	**1%**	**2%**	**2%**	**4%**	**1%**
Black or African American											
Hispanic or Latino	1%	6%	8%	1%	1%	1%	0%†	0%†	1%	0%†	0%†
Not Hispanic or Latino	23%	22%	13%	27%	37%	29%	19%	18%	8%	6%	1%
Unknown/not reported	1%	2%	0%†	2%	1%	1%	0%†	2%	0%†	1%	0%
Subtotal	**25%**	**30%**	**21%**	**31%**	**38%**	**30%**	**20%**	**20%**	**9%**	**7%**	**1%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**3%**	**0%†**
White											
Hispanic or Latino	27%	18%	53%	12%	17%	9%	47%	23%	27%	43%	14%
Not Hispanic or Latino	28%	20%	11%	29%	32%	46%	26%	42%	44%	15%	62%
Unknown/not reported	2%	2%	0%†	4%	1%	0%†	1%	5%	1%	4%	0%†
Subtotal	**58%**	**40%**	**64%**	**45%**	**50%**	**56%**	**73%**	**70%**	**71%**	**63%**	**77%**
More Than One Race											
Hispanic or Latino	2%	6%	5%	2%	1%	3%	1%	1%	0%†	2%	0%†
Not Hispanic or Latino	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%
Subtotal	**3%**	**7%**	**5%**	**3%**	**2%**	**5%**	**2%**	**3%**	**1%**	**3%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	7%	14%	4%	10%	4%	4%	2%	2%	9%	15%	8%
Not Hispanic or Latino	2%	3%	1%	3%	4%	1%	1%	1%	2%	2%	12%
Unknown/not reported	2%	2%	0%†	3%	1%	2%	0%†	1%	2%	3%	0%†
Subtotal	**11%**	**19%**	**5%**	**16%**	**8%**	**7%**	**3%**	**4%**	**13%**	**20%**	**20%**
All Races											
Hispanic or Latino	38%	46%	71%	27%	24%	17%	50%	27%	38%	61%	23%
Not Hispanic or Latino	57%	48%	28%	63%	75%	79%	48%	64%	59%	31%	77%
Unknown/not reported	5%	7%	1%	10%	2%	4%	1%	9%	3%	9%	0%†
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

Exhibit 11. **Number of female family planning users, by race, ethnicity, and region: 2021 (Source: FPAR Table 2)**

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	8,129	29	749	2,964	2,003	170	379	234	719	861	21
Not Hispanic or Latino	8,047	64	54	1,868	1,060	286	1,852	286	818	1,714	45
Unknown/not reported	640	15	0	264	23	22	31	28	26	231	0
Subtotal	**16,816**	**108**	**803**	**5,096**	**3,086**	**478**	**2,262**	**548**	**1,563**	**2,806**	**66**
Asian											
Hispanic or Latino	1,017	33	41	214	193	25	103	18	47	342	1
Not Hispanic or Latino	23,021	1,238	1,275	3,765	3,539	860	2,301	1,132	1,224	7,628	59
Unknown/not reported	2,059	150	29	379	56	27	77	130	22	1,189	0
Subtotal	**26,097**	**1,421**	**1,345**	**4,358**	**3,788**	**912**	**2,481**	**1,280**	**1,293**	**9,159**	**60**
Black or African American											
Hispanic or Latino	14,690	2,737	3,618	3,012	2,208	359	1,207	241	265	1,040	3
Not Hispanic or Latino	311,483	9,107	5,894	55,994	147,013	18,404	47,400	10,882	3,934	12,815	40
Unknown/not reported	11,837	759	82	5,297	2,232	505	422	1,034	65	1,441	0
Subtotal	**338,010**	**12,603**	**9,594**	**64,303**	**151,453**	**19,268**	**49,029**	**12,157**	**4,264**	**15,296**	**43**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	2,005	386	93	266	701	81	79	26	45	326	2
Not Hispanic or Latino	8,894	75	39	270	459	109	346	159	97	7,328	12
Unknown/not reported	344	15	4	116	30	4	8	27	5	135	0
Subtotal	**11,243**	**476**	**136**	**652**	**1,190**	**194**	**433**	**212**	**147**	**7,789**	**14**
White											
Hispanic or Latino	406,520	8,817	26,594	27,607	72,934	7,371	124,356	17,433	15,302	104,983	1,123
Not Hispanic or Latino	410,646	7,968	5,066	68,928	133,982	34,014	68,578	30,656	23,119	33,841	4,494
Unknown/not reported	26,517	785	85	9,123	2,325	206	1,513	3,512	366	8,599	3
Subtotal	**843,683**	**17,570**	**31,745**	**105,658**	**209,241**	**41,591**	**194,447**	**51,601**	**38,787**	**147,423**	**5,620**
More Than One Race											
Hispanic or Latino	23,197	2,698	2,211	4,476	4,003	2,035	2,991	1,006	208	3,562	7
Not Hispanic or Latino	13,414	350	356	1,964	3,607	1,195	2,646	1,012	475	1,764	45
Unknown/not reported	2,687	94	28	453	660	451	78	263	8	652	0
Subtotal	**39,298**	**3,142**	**2,595**	**6,893**	**8,270**	**3,681**	**5,715**	**2,281**	**691**	**5,978**	**52**
Race Unknown or Not Reported											
Hispanic or Latino	98,125	6,646	1,877	22,886	16,609	2,897	4,242	1,326	4,840	36,199	603
Not Hispanic or Latino	25,332	1,108	425	6,193	8,799	462	1,683	599	1,223	4,052	788
Unknown/not reported	21,127	1,048	141	6,365	1,812	1,333	1,100	872	913	7,541	2
Subtotal	**144,584**	**8,802**	**2,443**	**35,444**	**27,220**	**4,692**	**7,025**	**2,797**	**6,976**	**47,792**	**1,393**
All Races											
Hispanic or Latino	553,683	21,346	35,183	61,425	98,651	12,938	133,357	20,284	21,426	147,313	1,760
Not Hispanic or Latino	800,837	19,910	13,109	138,982	298,459	55,330	124,806	44,726	30,890	69,142	5,483
Unknown/not reported	65,211	2,866	369	21,997	7,138	2,548	3,229	5,866	1,405	19,788	5
Total All Users	**1,419,731**	**44,122**	**48,661**	**222,404**	**404,248**	**70,816**	**261,392**	**70,876**	**53,721**	**236,243**	**7,248**

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2021 (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	1%	0%†	2%	1%	0%†	0%†	0%†	0%†	1%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	0%†	2%	1%	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**0%†**	**2%**	**2%**	**1%**	**1%**	**1%**	**1%**	**3%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	3%	2%	1%	1%	1%	2%	2%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%
Subtotal	**2%**	**3%**	**3%**	**2%**	**1%**	**1%**	**1%**	**2%**	**2%**	**4%**	**1%**
Black or African American											
Hispanic or Latino	1%	6%	7%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	22%	21%	12%	25%	36%	26%	18%	15%	7%	5%	1%
Unknown/not reported	1%	2%	0%†	2%	1%	1%	0%†	1%	0%†	1%	0%
Subtotal	**24%**	**29%**	**20%**	**29%**	**37%**	**27%**	**19%**	**17%**	**8%**	**6%**	**1%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**3%**	**0%†**
White											
Hispanic or Latino	29%	20%	55%	12%	18%	10%	48%	25%	28%	44%	15%
Not Hispanic or Latino	29%	18%	10%	31%	33%	48%	26%	43%	43%	14%	62%
Unknown/not reported	2%	2%	0%†	4%	1%	0%†	1%	5%	1%	4%	0%†
Subtotal	**59%**	**40%**	**65%**	**48%**	**52%**	**59%**	**74%**	**73%**	**72%**	**62%**	**78%**
More Than One Race											
Hispanic or Latino	2%	6%	5%	2%	1%	3%	1%	1%	0%†	2%	0%†
Not Hispanic or Latino	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%
Subtotal	**3%**	**7%**	**5%**	**3%**	**2%**	**5%**	**2%**	**3%**	**1%**	**3%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	7%	15%	4%	10%	4%	4%	2%	2%	9%	15%	8%
Not Hispanic or Latino	2%	3%	1%	3%	2%	1%	1%	1%	2%	2%	11%
Unknown/not reported	1%	2%	0%†	3%	0%†	2%	0%†	1%	2%	3%	0%†
Subtotal	**10%**	**20%**	**5%**	**16%**	**7%**	**7%**	**3%**	**4%**	**13%**	**20%**	**19%**
All Races											
Hispanic or Latino	39%	48%	72%	28%	24%	18%	51%	29%	40%	62%	24%
Not Hispanic or Latino	56%	45%	27%	62%	74%	78%	48%	63%	58%	29%	76%
Unknown/not reported	5%	6%	1%	10%	2%	4%	1%	8%	3%	8%	0%†
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

Exhibit 13. **Number of male family planning users, by race, ethnicity, and region: 2021 (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	946	2	79	267	182	22	76	19	87	211	1
Not Hispanic or Latino	1,422	11	6	202	248	108	152	78	135	473	9
Unknown/not reported	165	4	0	27	20	20	8	9	12	64	1
Subtotal	**2,533**	**17**	**85**	**496**	**450**	**150**	**236**	**106**	**234**	**748**	**11**
Asian											
Hispanic or Latino	429	9	4	36	285	5	14	3	6	67	0
Not Hispanic or Latino	3,792	182	151	580	852	176	257	91	154	1,341	8
Unknown/not reported	319	6	2	65	15	18	5	27	2	179	0
Subtotal	**4,540**	**197**	**157**	**681**	**1,152**	**199**	**276**	**121**	**162**	**1,587**	**8**
Black or African American											
Hispanic or Latino	3,279	682	622	904	408	86	222	43	63	248	1
Not Hispanic or Latino	73,724	2,402	928	15,932	28,942	6,767	9,899	3,599	1,528	3,710	17
Unknown/not reported	3,384	69	21	1,074	910	324	242	291	40	413	0
Subtotal	**80,387**	**3,153**	**1,571**	**17,910**	**30,260**	**7,177**	**10,363**	**3,933**	**1,631**	**4,371**	**18**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	1,007	55	5	48	791	39	6	3	8	52	0
Not Hispanic or Latino	778	13	3	36	255	38	28	22	21	359	3
Unknown/not reported	167	2	2	12	125	1	0	1	0	24	0
Subtotal	**1,952**	**70**	**10**	**96**	**1,171**	**78**	**34**	**26**	**29**	**435**	**3**
White											
Hispanic or Latino	50,486	889	2,011	4,219	9,656	737	13,401	1,141	1,890	16,509	33
Not Hispanic or Latino	60,459	2,554	693	8,111	17,461	6,165	6,937	3,641	5,057	9,285	555
Unknown/not reported	4,134	264	15	1,061	157	93	140	665	113	1,625	1
Subtotal	**115,079**	**3,707**	**2,719**	**13,391**	**27,274**	**6,995**	**20,478**	**5,447**	**7,060**	**27,419**	**589**
More Than One Race											
Hispanic or Latino	3,535	613	302	984	357	244	159	113	36	725	2
Not Hispanic or Latino	2,195	94	50	225	742	249	141	169	95	426	4
Unknown/not reported	635	41	9	109	204	103	16	48	3	102	0
Subtotal	**6,365**	**748**	**361**	**1,318**	**1,303**	**596**	**316**	**330**	**134**	**1,253**	**6**
Race Unknown or Not Reported											
Hispanic or Latino	13,419	540	173	3,741	1,909	405	684	195	830	4,896	46
Not Hispanic or Latino	12,319	280	105	1,166	8,881	121	360	70	326	858	152
Unknown/not reported	6,141	197	39	1,744	961	566	194	221	291	1,928	0
Subtotal	**31,879**	**1,017**	**317**	**6,651**	**11,751**	**1,092**	**1,238**	**486**	**1,447**	**7,682**	**198**
All Races											
Hispanic or Latino	73,101	2,790	3,196	10,199	13,588	1,538	14,562	1,517	2,920	22,708	83
Not Hispanic or Latino	154,689	5,536	1,936	26,252	57,381	13,624	17,774	7,670	7,316	16,452	748
Unknown/not reported	14,945	583	88	4,092	2,392	1,125	605	1,262	461	4,335	2
Total All Users	**242,735**	**8,909**	**5,220**	**40,543**	**73,361**	**16,287**	**32,941**	**10,449**	**10,697**	**43,495**	**833**

Exhibit 14. **Distribution of male family planning users, by race, ethnicity, and region: 2021 (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%†	2%	1%	0%†	0%†	0%†	0%†	1%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	1%	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**0%†**	**2%**	**1%**	**1%**	**1%**	**1%**	**1%**	**2%**	**2%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Not Hispanic or Latino	2%	2%	3%	1%	1%	1%	1%	1%	1%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**2%**	**2%**	**3%**	**2%**	**2%**	**1%**	**1%**	**1%**	**2%**	**4%**	**1%**
Black or African American											
Hispanic or Latino	1%	8%	12%	2%	1%	1%	1%	0%†	1%	1%	0%†
Not Hispanic or Latino	30%	27%	18%	39%	39%	42%	30%	34%	14%	9%	2%
Unknown/not reported	1%	1%	0%†	3%	1%	2%	1%	3%	0%†	1%	0%
Subtotal	**33%**	**35%**	**30%**	**44%**	**41%**	**44%**	**31%**	**38%**	**15%**	**10%**	**2%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%
Not Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%	0%†	0%
Subtotal	**1%**	**1%**	**0%†**	**0%†**	**2%**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**0%†**
White											
Hispanic or Latino	21%	10%	39%	10%	13%	5%	41%	11%	18%	38%	4%
Not Hispanic or Latino	25%	29%	13%	20%	24%	38%	21%	35%	47%	21%	67%
Unknown/not reported	2%	3%	0%†	3%	0%†	1%	0%†	6%	1%	4%	0%†
Subtotal	**47%**	**42%**	**52%**	**33%**	**37%**	**43%**	**62%**	**52%**	**66%**	**63%**	**71%**
More Than One Race											
Hispanic or Latino	1%	7%	6%	2%	0%†	1%	0%†	1%	0%†	2%	0%†
Not Hispanic or Latino	1%	1%	1%	1%	1%	2%	0%†	2%	1%	1%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%
Subtotal	**3%**	**8%**	**7%**	**3%**	**2%**	**4%**	**1%**	**3%**	**1%**	**3%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	6%	6%	3%	9%	3%	2%	2%	2%	8%	11%	6%
Not Hispanic or Latino	5%	3%	2%	3%	12%	1%	1%	1%	3%	2%	18%
Unknown/not reported	3%	2%	1%	4%	1%	3%	1%	2%	3%	4%	0%
Subtotal	**13%**	**11%**	**6%**	**16%**	**16%**	**7%**	**4%**	**5%**	**14%**	**18%**	**24%**
All Races											
Hispanic or Latino	30%	31%	61%	25%	19%	9%	44%	15%	27%	52%	10%
Not Hispanic or Latino	64%	62%	37%	65%	78%	84%	54%	73%	68%	38%	90%
Unknown/not reported	6%	7%	2%	10%	3%	7%	2%	12%	4%	10%	0%†
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

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

In **FPAR Table 4**, grantees report the unduplicated number of users by income level as a percentage of the *HHS Poverty Guidelines*. Grantees are required to collect family income data from all users to determine charges based on the schedule of discounts.[2,3] 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).[7]

In **FPAR Table 5**, grantees report the unduplicated number of users based on whether they have principal health insurance covering primary medical care.

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. Grantees report the most current health insurance coverage information available for the client even though they may not have used this health insurance to pay for family planning services received during their 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 principal health insurance covering primary medical care include the following:

- ***Public Health Insurance***—Refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals. Examples of such programs include Medicaid (both regular and managed care), Medicare, the Children's Health Insurance Program (CHIP), and other state or local government programs that provide a broad set of benefits. Also included are public-paid or public-subsidized private insurance programs.
- ***Private Health Insurance***—Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent). Private insurance includes insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or Civilian Health and Medical Program of the Department of Veterans Affairs [CHAMPVA]).
- ***Uninsured***—Refers to users 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.

Limited English proficient (LEP) users are those 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. LEP users include those who require language assistance services (interpretation or translation) to optimize their use of Title X services, those who received Title X services from bilingual staff in the user's preferred non-English language, those who were assisted by a competent agency or contracted interpreter, or those who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services. Unless they are also LEP, users who are visually or hearing impaired or have other disabilities are not reported as LEP.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 21–23.[5]

SOCIAL AND ECONOMIC PROFILE

Users by Income Level

Federal regulations[2,3] require Title X-funded providers to give priority in the delivery of care to persons from low-income families. These regulations specify that individuals with family incomes at or below the HHS poverty guideline (poverty) for 2021 ($26,500 for a family of four in the 48 contiguous states and the District of Columbia)[7] receive services at no charge unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty guideline, Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income, on the condition that the Title X provider has documented taking specific actions to encourage the minor to involve a parent or guardian in their decision to seek family planning services.[2]

In 2021, 86% (1.4 million) of users had family incomes that qualified them for either no-charge (<101% of poverty) or subsidized (101% to 250% of poverty) services. Sixty-five percent (1.1 million) of users with family incomes at or below 100% of poverty qualified for no-charge services, while 21% (354,938) with family incomes between 101% and 250% of poverty qualified for subsidized care. Five percent (85,740) of users had incomes over 250% of poverty, and family income data were unknown or not reported for 8% (140,853) of users (***Exhibit 15***).

- By **region**, 62% to 92% of users had family incomes (<251% of poverty) qualifying them for either no-charge (48% to 72% of users) or subsidized (10% to 41% of users) services (***Exhibit 15***).
- By **state**, 26% to 99% of users had family incomes (<101% of poverty) qualifying them for no-charge services, and 0% to 50% had incomes (101% to 250% of poverty) qualifying them for subsidized care (***Exhibit B–2***).

See ***Exhibits A–7a*** and ***A–7b*** for trends (2011–2021) in the number and distribution of family planning users by income level.

See ***Exhibit B–2*** for 2021 data on the number and distribution of family planning users by income level and state.

Users by Insurance Coverage Status

Title X regulations[2,3] require Title X-funded agencies to bill all third parties authorized or legally obligated to pay for services and to make reasonable efforts to collect charges without jeopardizing client confidentiality. On the FPAR, grantees report the health insurance coverage status for a client even though an insured client may not have used their health insurance to pay for services received during their last family planning encounter. Users whose family planning care was paid by a Medicaid family planning eligibility expansion but who had no other public or private health insurance plan covering broad primary medical care benefits are considered uninsured, as are users with single-service plans (e.g., vision or

dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities.

In 2021, 62% (1.0 million) of family planning users had either public (44%, 733,081) or private (18%, 294,416) insurance covering broad primary medical care benefits; 36% (594,416) were uninsured. Health insurance coverage status was unknown or not reported for 2% (40,553) of users (***Exhibit 16***).

- By **region**, 24% to 65% of family planning users had public coverage, 8% to 27% had private coverage, and 5% to 52% were uninsured (***Exhibit 16***).
- By **state**, there was wide variation in the distribution of users by insurance status. In the 44 states and the District of Columbia, 8% to 76% of users were publicly insured, 1% to 49% were privately insured, and 1% to 68% were uninsured. There was also a wide range in health insurance status across the eight U.S. Territories and Freely Associated States, where 0% to 84% were publicly insured, 0% to 25% were privately insured, and 1% to 100% were uninsured (***Exhibit B–3a***).
- By **state Medicaid expansion status**, users in states that expanded Medicaid under the Affordable Care Act (ACA) were more likely to be publicly insured (49%) and less likely to be uninsured (31%) than users in states that had not expanded Medicaid (37% publicly insured and 43% uninsured) (***Exhibit B–3b***).

See ***Exhibits A–8a*** and ***A–8b*** for trends (2011–2021) in the number and distribution of family planning users by primary health insurance status.

See ***Exhibit B–3a*** for 2021 data on the number and distribution of family planning users by primary health insurance status and state.

See ***Exhibit B–3b*** for 2021 data on the number and distribution of family planning users by primary health insurance status and state according to states' Medicaid expansion status.

Users by Limited English Proficiency Status

As recipients of HHS funding, Title X grantees and subrecipients, including those operating in U.S. Territories and Freely Associated States where English is an official language, are required to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services they provide.[29]

In 2021, 21% (350,128) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 9% to 62% (***Exhibit 17***). The number of users with LEP in 2021 was 20% higher (by 58,894 users) than in 2020 (291,234) (not shown).

Exhibit 15. **Number and distribution of all family planning users, by income level and region: 2021 (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%	1,080,935	27,852	34,351	161,042	315,455	53,526	213,006	47,398	41,633	182,793	3,879
101% to 150%	201,162	3,127	9,074	29,272	57,621	12,606	34,031	11,354	6,918	35,484	1,675
151% to 200%	101,489	1,360	4,308	13,286	32,022	7,273	14,663	6,790	4,576	16,138	1,073
201% to 250%	52,287	698	1,570	8,197	16,731	4,859	6,949	4,285	3,187	5,246	565
Over 250%	85,740	1,379	1,379	14,171	28,835	6,471	6,824	9,412	7,546	8,859	864
Unknown/not reported	140,853	18,615	3,199	36,979	26,945	2,368	18,860	2,086	558	31,218	25
Total All Users	**1,662,466**	**53,031**	**53,881**	**262,947**	**477,609**	**87,103**	**294,333**	**81,325**	**64,418**	**279,738**	**8,081**
Under 101%	65%	53%	64%	61%	66%	61%	72%	58%	65%	65%	48%
101% to 150%	12%	6%	17%	11%	12%	14%	12%	14%	11%	13%	21%
151% to 200%	6%	3%	8%	5%	7%	8%	5%	8%	7%	6%	13%
201% to 250%	3%	1%	3%	3%	4%	6%	2%	5%	5%	2%	7%
Over 250%	5%	3%	3%	5%	6%	7%	2%	12%	12%	3%	11%
Unknown/not reported	8%	35%	6%	14%	6%	3%	6%	3%	1%	11%	0%†
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

[a] Title X-funded agencies calculate and report user family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at https://aspe.hhs.gov/2021-poverty-guidelines.

† Percentage is less than 0.5%.

Exhibit 16. **Number and distribution of all family planning users, by principal health insurance coverage status and region: 2021 (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	733,081	34,237	31,394	126,095	199,123	42,742	95,671	19,872	22,483	159,534	1,930
Private health insurance	294,416	14,058	8,830	55,569	106,990	15,107	33,538	20,968	15,799	22,322	1,235
Uninsured	594,416	2,905	13,261	72,049	168,542	27,035	152,039	39,019	24,917	91,992	2,657
Unknown/not reported	40,553	1,831	396	9,234	2,954	2,219	13,085	1,466	1,219	5,890	2,259
Total All Users	**1,662,466**	**53,031**	**53,881**	**262,947**	**477,609**	**87,103**	**294,333**	**81,325**	**64,418**	**279,738**	**8,081**
Public health insurance	44%	65%	58%	48%	42%	49%	33%	24%	35%	57%	24%
Private health insurance	18%	27%	16%	21%	22%	17%	11%	26%	25%	8%	15%
Uninsured	36%	5%	25%	27%	35%	31%	52%	48%	39%	33%	33%
Unknown/not reported	2%	3%	1%	4%	1%	3%	4%	2%	2%	2%	28%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2021 (Source: FPAR Table 6)

LEP Status	All Regions	Region I	Region II[a]	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX[b]	Region X
LEP	350,128	10,096	33,501	55,501	65,911	8,416	66,199	12,214	11,914	85,689	687
Not LEP	1,299,293	42,185	20,321	198,677	409,858	77,463	228,087	68,789	52,504	194,015	7,394
Unknown/not reported	13,045	750	59	8,769	1,840	1,224	47	322	0	34	0
Total All Users	**1,662,466**	**53,031**	**53,881**	**262,947**	**477,609**	**87,103**	**294,333**	**81,325**	**64,418**	**279,738**	**8,081**
LEP	21%	19%	62%	21%	14%	10%	22%	15%	18%	31%	9%
Not LEP	78%	80%	38%	76%	86%	89%	77%	85%	82%	69%	91%
Unknown/not reported	1%	1%	0%†	3%	0%†	1%	0%†	0%†	0%	0%†	0%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

LEP=limited English proficient.

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

[a] Includes family planning users served by grantees in Puerto Rico and the U.S. Virgin Islands.

[b] Includes family planning users served by grantees in 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%.

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

In **FPAR Tables 7 and 8**, grantees report the unduplicated number of female (**Table 7**) and male (**Table 8**) family planning users according to their primary method of family planning and age group (as of June 30 of the reporting period).

A user's **primary method of family planning** is the contraceptive method—adopted or continued—at the time of exit from the user's last encounter in the reporting period. If the user reports that they are using more than one family planning method, the grantee reports the most effective one as the primary method.

The categories for reporting the primary method in **Table 7** (female users) and **Table 8** (male users) vary and include:

- **Female Sterilization**—Refers to a contraceptive surgical [tubal ligation] or nonsurgical [implant] procedure performed on a female user in the current or any previous reporting period
- **Intrauterine Device or System (IUD/IUS)**—Refers to long-term hormonal or other type of IUD or IUS
- **Hormonal Implant**—Refers to the long-term, subdermal implant
- **1- or 3-Month Hormonal Injection**—Refers to 1- or 3-month injectable hormonal contraception
- **Oral Contraceptive**—Refers to combination and progestin-only ("mini-pills") formulations
- **Contraceptive Patch**
- **Hormonal Vaginal Ring**
- **Cervical Cap or Diaphragm**—Used with or without spermicidal jelly or cream
- **Contraceptive Sponge**
- **Female Condom**—Used with or without a spermicide or non-spermicidal gel
- **Any Spermicide or Non-Spermicidal Gel**—Refers to spermicidal jelly, cream, gel, foam, film, or suppository or non-spermicidal gel used alone, i.e., not in conjunction with another method of contraception
- **Fertility Awareness Method (FAM)**—Refers to family planning methods, e.g., Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal, that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy
- **Lactational Amenorrhea Method (LAM)**—Refers to the proactive application of *exclusive* breastfeeding—meaning full (i.e., no other liquid or solid given to infant) or nearly full (i.e., infrequent supplementation in small amounts, but not by bottle)—during the first 6 months after delivery[30]
- **Abstinence**—Refers to refraining from oral, vaginal, and anal intercourse[31] and includes users who are not currently sexually active and therefore not using contraception
- **Withdrawal and Other Methods**—Refers to the use of withdrawal or other method to prevent pregnancy that is not listed in Table 7 or 8
- **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
- **Male condom**—Used with or without spermicide or non-spermicidal gel by a male user or the male partner of a female user
- **Rely on Female Method(s)**—Male family planning users who rely on female partners' family planning methods as their primary method are reported on this row. "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).
- **Method Unknown or Not Reported**—Users whose primary method at exit from the last encounter is unknown or not reported (i.e., missing from the client record)

Reasons for not using a method **in both tables** are:

- **[Partner] Pregnant or Seeking Pregnancy**—Female (**Table 7**) or male (**Table 8**) users who are not using any method to avoid pregnancy because they (female users) or their female partners (male users) are either pregnant or seeking pregnancy.
- **No Method–Other Reason**—Female (**Table 7**) or male (**Table 8**) users who are not using any method to avoid pregnancy for reasons that include: either partner is sterile without having been sterilized surgically, either partner has had a non-contraceptive surgical procedure that has rendered them unable to conceive or impregnate, or the user has a sexual partner of the same sex.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 21–23.[5]

5 Contraceptive Use

Title X projects are required[2,3] to provide a broad range of acceptable and effective family planning methods and services. When delivering family planning care, Title X service providers are also required to comply with the *Quality Family Planning (QFP) Recommendations*[32] by identifying contraceptive methods that are safe for the client, providing counseling to help the client choose a method and use it correctly and consistently, performing any physical assessments warranted by the selected method, and providing the method on site (preferable) or by referral. For adolescent clients, the *QFP* also recommends that services be "youth-friendly."

In response to the ongoing challenges of the COVID-19 pandemic, in 2021, Title X providers continued to follow guidance and implement various strategies (see text box)[14–23] to ensure the continuity of contraceptive services.

Illustrative Strategies to Ensure Continuity of Contraceptive Care During the COVID-19 Pandemic

- Tailored strategies based on community-level COVID-19 burden
- Prioritized in-person and virtual visits based on reason for visit, need for immediate care, and access to telehealth services
- Prioritized in-person visits for clients having problems with their method; LARC placement, replacement, or removal; and contraceptive injections
- Restricted walk-in visits
- Used social media to communicate important information about service availability and options for receiving care
- Adopted alternative service strategies, like telehealth, curbside pickup, re-supply by mail, self-administered contraceptive injections, extended prescriptions for contraception, and increased number of cycles or other methods given
- Partnered with pharmacies to fill prescriptions

FEMALE CONTRACEPTIVE USE

In 2021, 73% (1.0 million) of all female users adopted or continued use of a most, moderately, or less effective contraceptive method (see text box on next page) at their last encounter in the reporting period. Seven percent (102,864) of female users exited the encounter with no method because they were pregnant or seeking pregnancy, and another 7% (100,762) exited with no method for other reasons. Five percent (73,084) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 7% (100,065) of users (***Exhibits 18*** and ***19***).

- By level of effectiveness in preventing pregnancy, 21% of all female users relied on a most effective method, 35% used a moderately effective method, and 17% used a less effective method (***Exhibits 18*** and ***19***). The grouping of methods by level of effectiveness aligns with the OPA-developed and National Quality Forum-endorsed performance measures for contraceptive care.[33] See Table 7 comments in the ***Field and Methodological Notes*** (***Appendix C***) for more information about the performance measures[33] and method-effectiveness categories.[34]

- By **type of method**, the contraceptive pill was used by 18% of all female users, followed by injectable contraception (15%), male condoms (13%), intrauterine devices (IUDs) (9%), hormonal implants (8%), female sterilization (5%), the vaginal ring (1%), the contraceptive patch (1%), and a fertility awareness-based method (FAM) or the lactational amenorrhea method (LAM) (1%). Three percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and less than 0.5% of female users relied on each of the following methods: vasectomy, female condom, spermicide (used alone) or non-spermicidal gel, cervical cap or diaphragm, and the contraceptive sponge (***Exhibits 18*** and ***19***).

Contraceptive Method Grouping by Effectiveness in Preventing Pregnancy[34]

***Most effective*:** vasectomy, female sterilization, implant, or IUD

***Moderately effective*:** injectable contraception, vaginal ring, contraceptive patch, or pills

***Least effective*:** male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, or spermicide (used alone)

- By **age group**, 41% of female users under 15 and from 65% to 78% of those 15 or older adopted or continued using a most, moderately, or less effective method (***Exhibits 18*** and ***19***).

  The two leading contraceptive methods by age group were:

  - **Female users under 15:** Injectables (14%) and pills (13%)
  - **Female users 15 to 39:** Pills (15% to 25%) and injectables (14% to 23%)
  - **Female users 40 to 44:** Pills (14%) and male condoms (14%)
  - **Female users over 44:** Female sterilization (19%) and male condoms (13%)

  The rate of nonuse of contraception because of pregnancy or the desire for pregnancy was 1% to 4% in the youngest (under 18) and oldest (over 40) age groups and from 6% to 11% among female users 18 to 39. The rate of nonuse of contraception because of abstinence was 39% for those under 15, 13% for those 15 to 17, 3% to 5% for those 18 to 44, and 9% for those over 44 (***Exhibits 18*** and ***19***).

- By **region**, from 49% to 72% of female users exited the encounter with a most or moderately effective contraceptive method (***Exhibits 20*** and ***21***).

- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (2% to 47%), moderately effective (11% to 73%), or less effective (<1% to 39%) contraceptive methods (***Exhibit B–4***). Female users *at risk of unintended pregnancy* are defined as those who were not pregnant, not seeking pregnancy, and not abstinent.

See ***Exhibit B–4*** for 2021 data on the number and percentage of female users at risk of unintended pregnancy who used a most, moderately, or less effective contraceptive by state.

Trends in Female Primary Contraceptive Method Use

From 2011 through 2021, the percentage of all female users relying on most, moderately, or less effective methods ranged from 73% to 84%. Between 13% and 14% used no method because they were either pregnant, seeking pregnancy, or for other reasons, and 2% to 5% were abstinent (***Exhibits A–9a***, ***A–9b***, and ***A–9c***). Among all female users:

- Use of **most effective methods** increased from 9% (2011) to 21% (2021).
- Use of **moderately effective methods** decreased from 53% (2011) to 35% (2021).
- Use of **less effective methods** decreased from 21% (2011) to 17% (2021).

During all years from 2011 to 2021, the IUD, the pill, and male condoms were the most popular methods in their respective method effectiveness categories.

See ***Exhibits A–9a***, ***A–9b***, and ***A–9c*** for trends (2011–2021) in the number and distribution of female family planning users by the type of primary contraceptive method used or adopted at their last encounter in the reporting period.

MALE CONTRACEPTIVE USE

In 2021, grantees reported that 59% (142,251) of all male users adopted or continued use of a most, moderately, or less effective primary method at their last encounter in the reporting period. Thirteen percent (31,879) of male clients used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (12%), and another 13% (31,511) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 15% (37,094) of male users (***Exhibits 22*** and ***23***).

- By **type of method**, 42% of all male users relied on male condoms, followed by reliance on a female method (11%), withdrawal (4%), a FAM or LAM (1%), or vasectomy (1%) (***Exhibits 22*** and ***23***).
- By **age group**, 9% to 33% of male users under 18 and from 49% to 71% of those 18 or over relied on a most, moderately, or less effective method (***Exhibits 22*** and ***23***). The rate of nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among male users under 18 and 1% to 2% among those 18 or over.

  The two leading contraceptive methods by age group were:

  - **Male users under 18:** Male condoms (6% to 27%) and withdrawal or other methods not listed in FPAR Table 8 (2% to 3%)
  - **Male users 18 and over:** Male condoms (28% to 58%) and reliance on a female method (5% to 16%)
- By **region**, the percentage of male users who exited the encounter with a most, moderately, or less effective method ranged from 39% to 76% (***Exhibits 24*** and ***25***).

See ***Exhibits A–10a***, ***A–10b***, and ***A–10c*** for trends (2011–2021) in the number and distribution of male family planning users by the type of primary contraceptive method used or adopted at their last encounter in the reporting period.

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2021 (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	64,684	0	0	0	658	3,940	9,094	12,485	13,619	24,888
Intrauterine device	121,403	169	2,495	5,154	21,293	25,020	24,539	19,929	13,606	9,198
Hormonal implant	106,668	1,384	8,719	10,394	26,711	22,692	17,570	11,032	5,662	2,504
Hormonal injection	214,237[a]	3,080	20,035[a]	20,752[a]	44,363[a]	37,172[a]	33,812[a]	25,881[a]	17,486[a]	11,656[a]
Oral contraceptive	253,963	3,012	21,322	26,385	63,236	46,422	37,182	26,712	17,567	12,125
Contraceptive patch	13,969	310	1,656	1,816	3,637	2,595	1,853	1,201	609	292
Vaginal ring	16,511	73	772	1,174	4,284	3,925	3,211	1,871	851	350
Cervical cap or diaphragm	294	2	14	11	53	60	39	50	31	34
Contraceptive sponge	156	0	3	9	29	35	25	18	23	14
Female condom	1,548	10	56	76	329	242	238	230	170	197
Any spermicide or non-spermicidal gel (used alone)	921	3	28	56	217	202	147	110	86	72
FAM or LAM[b]	10,976	76	325	555	2,203	2,264	2,113	1,419	1,032	989
Abstinence[c]	73,084	8,860	11,867	5,560	9,257	7,411	6,842	5,695	5,220	12,372
Withdrawal or other method[d]	47,902	432	1,789	2,547	8,777	8,807	8,197	6,378	4,916	6,059
Rely on Male Method										
Vasectomy	5,691	0	1	34	228	493	951	1,287	1,354	1,343
Male condom	184,033	784	6,710	12,025	40,452	35,913	30,558	23,397	17,565	16,629
No Method										
Pregnant/seeking pregnancy	102,864	183	2,345	6,469	25,724	27,521	21,764	12,277	4,790	1,791
Other reason	100,762	689	3,004	5,282	17,952	18,301	15,828	11,977	9,837	17,892
Method Unknown	100,065	3,694	6,765	5,875	15,807	16,252	15,008	12,328	9,799	14,537
Total Female Users	**1,419,731**	**22,761**	**87,906**	**104,174**	**285,210**	**259,267**	**228,971**	**174,277**	**124,223**	**132,942**
Using Most, Moderately, or Less Effective Method[e]	**1,042,956**	**9,335**	**63,925**	**80,988**	**216,470**	**189,782**	**169,529**	**132,000**	**94,577**	**86,350**
Most effective[e]	298,446	1,553	11,215	15,582	48,890	52,145	52,154	44,733	34,241	37,933
Moderately effective[e]	498,680	6,475	43,785	50,127	115,520	90,114	76,058	55,665	36,513	24,423
Less effective[e]	245,830	1,307	8,925	15,279	52,060	47,523	41,317	31,602	23,823	23,994
Abstinence	**73,084**	**8,860**	**11,867**	**5,560**	**9,257**	**7,411**	**6,842**	**5,695**	**5,220**	**12,372**
Not Using a Method	**203,626**	**872**	**5,349**	**11,751**	**43,676**	**45,822**	**37,592**	**24,254**	**14,627**	**19,683**
Method Unknown	**100,065**	**3,694**	**6,765**	**5,875**	**15,807**	**16,252**	**15,008**	**12,328**	**9,799**	**14,537**

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

[a] Includes both 3-month and 1-month hormonal injection users.

[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] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. 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: 2021 (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	5%	0%	0%	0%	0%†	2%	4%	7%	11%	19%
Intrauterine device	9%	1%	3%	5%	7%	10%	11%	11%	11%	7%
Hormonal implant	8%	6%	10%	10%	9%	9%	8%	6%	5%	2%
Hormonal injection	15%[a]	14%	23%[a]	20%[a]	16%[a]	14%[a]	15%[a]	15%[a]	14%[a]	9%[a]
Oral contraceptive	18%	13%	24%	25%	22%	18%	16%	15%	14%	9%
Contraceptive patch	1%	1%	2%	2%	1%	1%	1%	1%	0%†	0%†
Vaginal ring	1%	0%†	1%	1%	2%	2%	1%	1%	1%	0%†
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Any spermicide or non-spermicidal gel (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM[b]	1%	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Abstinence[c]	5%	39%	13%	5%	3%	3%	3%	3%	4%	9%
Withdrawal or other method[d]	3%	2%	2%	2%	3%	3%	4%	4%	4%	5%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	13%	3%	8%	12%	14%	14%	13%	13%	14%	13%
No Method										
Pregnant/seeking pregnancy	7%	1%	3%	6%	9%	11%	10%	7%	4%	1%
Other reason	7%	3%	3%	5%	6%	7%	7%	7%	8%	13%
Method Unknown	7%	16%	8%	6%	6%	6%	7%	7%	8%	11%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[e]	**73%**	**41%**	**73%**	**78%**	**76%**	**73%**	**74%**	**76%**	**76%**	**65%**
Most effective[e]	21%	7%	13%	15%	17%	20%	23%	26%	28%	29%
Moderately effective[e]	35%	28%	50%	48%	41%	35%	33%	32%	29%	18%
Less effective[e]	17%	6%	10%	15%	18%	18%	18%	18%	19%	18%
Abstinence	**5%**	**39%**	**13%**	**5%**	**3%**	**3%**	**3%**	**3%**	**4%**	**9%**
Not Using a Method	**14%**	**4%**	**6%**	**11%**	**15%**	**18%**	**16%**	**14%**	**12%**	**15%**
Method Unknown	**7%**	**16%**	**8%**	**6%**	**6%**	**6%**	**7%**	**7%**	**8%**	**11%**

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

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

[a] Includes both 3-month and 1-month hormonal injection users.

[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] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. 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: 2021 (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	64,684	2,698	1,974	8,933	16,438	4,131	15,989	3,512	865	9,971	173
Intrauterine device	121,403	4,042	5,061	17,796	23,513	5,390	22,101	8,434	8,749	25,174	1,143
Hormonal implant	106,668	2,732	2,773	16,727	25,766	5,331	21,160	5,901	7,006	18,650	622
Hormonal injection	214,237[a]	6,349	5,226	31,073[a]	74,682[a]	12,545[a]	38,370[a]	13,093[a]	7,588[a]	24,199[a]	1,112
Oral contraceptive	253,963	4,613	9,438	42,771	71,839	14,120	48,641	14,269	12,485	34,207	1,580
Contraceptive patch	13,969	573	303	2,123	3,632	829	2,735	979	450	2,307	38
Vaginal ring	16,511	245	726	2,904	3,744	1,149	3,169	862	1,403	2,107	202
Cervical cap or diaphragm	294	14	1	50	40	15	49	18	13	94	0
Contraceptive sponge	156	3	2	32	14	4	6	0	1	94	0
Female condom	1,548	6	19	192	765	78	121	29	36	300	2
Any spermicide or non-spermicidal gel (used alone)	921	17	11	164	121	23	507	15	13	49	1
FAM or LAM[b]	10,976	137	936	673	4,755	180	1,778	453	184	1,845	35
Abstinence[c]	73,084	4,727	3,126	9,863	25,999	2,129	9,714	2,230	1,503	13,444	349
Withdrawal or other method[d]	47,902	1,744	1,795	3,560	18,997	1,184	10,371	1,021	1,970	6,929	331
Rely on Male Method											
Vasectomy	5,691	224	172	1,049	1,135	288	1,120	294	251	1,067	91
Male condom	184,033	3,993	9,477	23,268	41,820	8,911	50,347	8,772	4,252	32,721	472
No Method											
Pregnant/seeking pregnancy	102,864	4,154	2,429	14,179	40,805	4,829	16,178	5,576	2,845	11,188	681
Other reason	100,762	5,637	1,784	18,158	21,396	6,862	17,015	3,493	3,792	22,209	416
Method Unknown	100,065	2,214	3,408	28,889	28,787	2,818	2,021	1,925	315	29,688	0
Total Female Users	**1,419,731**	**44,122**	**48,661**	**222,404**	**404,248**	**70,816**	**261,392**	**70,876**	**53,721**	**236,243**	**7,248**
Using Most, Moderately, or Less Effective Method[e]	**1,042,956**	**27,390**	**37,914**	**151,315**	**287,261**	**54,178**	**216,464**	**57,652**	**45,266**	**159,714**	**5,802**
Most effective[e]	298,446	9,696	9,980	44,505	66,852	15,140	60,370	18,141	16,871	54,862	2,029
Moderately effective[e]	498,680	11,780	15,693	78,871	153,897	28,643	92,915	29,203	21,926	62,820	2,932
Less effective[e]	245,830	5,914	12,241	27,939	66,512	10,395	63,179	10,308	6,469	42,032	841
Abstinence	**73,084**	**4,727**	**3,126**	**9,863**	**25,999**	**2,129**	**9,714**	**2,230**	**1,503**	**13,444**	**349**
Not Using a Method	**203,626**	**9,791**	**4,213**	**32,337**	**62,201**	**11,691**	**33,193**	**9,069**	**6,637**	**33,397**	**1,097**
Method Unknown	**100,065**	**2,214**	**3,408**	**28,889**	**28,787**	**2,818**	**2,021**	**1,925**	**315**	**29,688**	**0**

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

[a] Includes both 3-month and 1-month hormonal injection users.

[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] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. 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: 2021 (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	5%	6%	4%	4%	4%	6%	6%	5%	2%	4%	2%
Intrauterine device	9%	9%	10%	8%	6%	8%	8%	12%	16%	11%	16%
Hormonal implant	8%	6%	6%	8%	6%	8%	8%	8%	13%	8%	9%
Hormonal injection	15%[a]	14%	11%	14%[a]	18%[a]	18%[a]	15%[a]	18%[a]	14%[a]	10%[a]	15%
Oral contraceptive	18%	10%	19%	19%	18%	20%	19%	20%	23%	14%	22%
Contraceptive patch	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Vaginal ring	1%	1%	1%	1%	1%	2%	1%	1%	3%	1%	3%
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%†
Any spermicide or non-spermicidal gel (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM[b]	1%	0%†	2%	0%†	1%	0%†	1%	1%	0%†	1%	0%†
Abstinence[c]	5%	11%	6%	4%	6%	3%	4%	3%	3%	6%	5%
Withdrawal or other method[d]	3%	4%	4%	2%	5%	2%	4%	1%	4%	3%	5%
Rely on Male Method											
Vasectomy	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Male condom	13%	9%	19%	10%	10%	13%	19%	12%	8%	14%	7%
No Method											
Pregnant/seeking pregnancy	7%	9%	5%	6%	10%	7%	6%	8%	5%	5%	9%
Other reason	7%	13%	4%	8%	5%	10%	7%	5%	7%	9%	6%
Method Unknown	7%	5%	7%	13%	7%	4%	1%	3%	1%	13%	0%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[e]	**73%**	**62%**	**78%**	**68%**	**71%**	**77%**	**83%**	**81%**	**84%**	**68%**	**80%**
Most effective[e]	21%	22%	21%	20%	17%	21%	23%	26%	31%	23%	28%
Moderately effective[e]	35%	27%	32%	35%	38%	40%	36%	41%	41%	27%	40%
Less effective[e]	17%	13%	25%	13%	16%	15%	24%	15%	12%	18%	12%
Abstinence	**5%**	**11%**	**6%**	**4%**	**6%**	**3%**	**4%**	**3%**	**3%**	**6%**	**5%**
Not Using a Method	**14%**	**22%**	**9%**	**15%**	**15%**	**17%**	**13%**	**13%**	**12%**	**14%**	**15%**
Method Unknown	**7%**	**5%**	**7%**	**13%**	**7%**	**4%**	**1%**	**3%**	**1%**	**13%**	**0%**

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

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

[a] Includes both 3-month and 1-month hormonal injection users.

[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] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. 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: 2021 (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	1,878	0	0	0	37	122	273	377	402	667
Male condom	101,098	626	4,492	6,854	21,675	19,327	15,439	10,936	7,779	13,970
FAM or LAM[a]	2,319	3	38	42	239	398	337	386	541	335
Abstinence[b]	31,511	6,694	7,400	2,433	2,414	1,748	1,555	1,371	1,283	6,613
Withdrawal or other method[c]	10,560	243	524	473	1,528	1,664	1,546	1,292	1,150	2,140
Rely on female method[d]	26,396	53	401	739	3,121	3,821	3,757	3,459	3,190	7,855
No Method										
Partner pregnant/seeking pregnancy	2,982	7	32	89	506	661	619	479	243	346
Other reason	28,897	240	585	1,043	3,904	4,562	4,246	3,339	2,807	8,171
Method Unknown	37,094	2,998	2,921	1,783	4,191	4,064	3,934	3,405	3,116	10,682
Total Male Users	**242,735**	**10,864**	**16,393**	**13,456**	**37,615**	**36,367**	**31,706**	**25,044**	**20,511**	**50,779**
Using most, moderately, or less effective method[e]	**142,251**	**925**	**5,455**	**8,108**	**26,600**	**25,332**	**21,352**	**16,450**	**13,062**	**24,967**
Abstinence[b]	**31,511**	**6,694**	**7,400**	**2,433**	**2,414**	**1,748**	**1,555**	**1,371**	**1,283**	**6,613**
Not using a method	**31,879**	**247**	**617**	**1,132**	**4,410**	**5,223**	**4,865**	**3,818**	**3,050**	**8,517**
Method unknown	**37,094**	**2,998**	**2,921**	**1,783**	**4,191**	**4,064**	**3,934**	**3,405**	**3,116**	**10,682**

FAM=fertility awareness-based method. **LAM**=lactational amenorrhea 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] "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. 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: 2021 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	1%	0%	0%	0%	0%†	0%†	1%	2%	2%	1%
Male condom	42%	6%	27%	51%	58%	53%	49%	44%	38%	28%
FAM or LAM[a]	1%	0%†	0%†	0%†	1%	1%	1%	2%	3%	1%
Abstinence[b]	13%	62%	45%	18%	6%	5%	5%	5%	6%	13%
Withdrawal or other method[c]	4%	2%	3%	4%	4%	5%	5%	5%	6%	4%
Rely on female method[d]	11%	0%†	2%	5%	8%	11%	12%	14%	16%	15%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	1%	2%	2%	2%	1%	1%
Other reason	12%	2%	4%	8%	10%	13%	13%	13%	14%	16%
Method Unknown	15%	28%	18%	13%	11%	11%	12%	14%	15%	21%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using most, moderately, or less effective method[e]	**59%**	**9%**	**33%**	**60%**	**71%**	**70%**	**67%**	**66%**	**64%**	**49%**
Abstinence[b]	**13%**	**62%**	**45%**	**18%**	**6%**	**5%**	**5%**	**5%**	**6%**	**13%**
Not using a method	**13%**	**2%**	**4%**	**8%**	**12%**	**14%**	**15%**	**15%**	**15%**	**17%**
Method unknown	**15%**	**28%**	**18%**	**13%**	**11%**	**11%**	**12%**	**14%**	**15%**	**21%**

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

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

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

[b] User refrained from oral, vaginal, and anal intercourse.

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

[d] "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. 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: 2021 (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	1,878	64	79	208	651	133	263	95	106	264	15
Male condom	101,098	2,310	3,397	13,497	25,442	8,536	20,609	6,364	5,002	15,634	307
FAM or LAM[a]	2,319	0	52	18	645	6	1,078	61	6	452	1
Abstinence[b]	31,511	2,271	349	3,166	15,997	604	3,603	349	700	4,361	111
Withdrawal or other method[c]	10,560	451	230	1,112	4,513	475	897	261	1,013	1,445	163
Rely on female method[d]	26,396	644	216	2,018	13,484	1,866	1,810	1,209	1,997	3,083	69
No Method											
Partner pregnant/seeking pregnancy	2,982	72	61	261	934	174	650	151	138	529	12
Other reason	28,897	1,701	242	4,231	4,912	3,445	3,226	1,259	1,518	8,208	155
Method Unknown	37,094	1,396	594	16,032	6,783	1,048	805	700	217	9,519	0
Total Male Users	**242,735**	**8,909**	**5,220**	**40,543**	**73,361**	**16,287**	**32,941**	**10,449**	**10,697**	**43,495**	**833**
Using most, moderately, or less effective method[e]	**142,251**	**3,469**	**3,974**	**16,853**	**44,735**	**11,016**	**24,657**	**7,990**	**8,124**	**20,878**	**555**
Abstinence[b]	**31,511**	**2,271**	**349**	**3,166**	**15,997**	**604**	**3,603**	**349**	**700**	**4,361**	**111**
Not using a method	**31,879**	**1,773**	**303**	**4,492**	**5,846**	**3,619**	**3,876**	**1,410**	**1,656**	**8,737**	**167**
Method unknown	**37,094**	**1,396**	**594**	**16,032**	**6,783**	**1,048**	**805**	**700**	**217**	**9,519**	**0**

FAM=fertility awareness-based method. **LAM**=lactational amenorrhea 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] "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. 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: 2021 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	2%
Male condom	42%	26%	65%	33%	35%	52%	63%	61%	47%	36%	37%
FAM or LAM[a]	1%	0%	1%	0%†	1%	0%†	3%	1%	0%†	1%	0%†
Abstinence[b]	13%	25%	7%	8%	22%	4%	11%	3%	7%	10%	13%
Withdrawal or other method[c]	4%	5%	4%	3%	6%	3%	3%	2%	9%	3%	20%
Rely on female method[d]	11%	7%	4%	5%	18%	11%	5%	12%	19%	7%	8%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%
Other reason	12%	19%	5%	10%	7%	21%	10%	12%	14%	19%	19%
Method Unknown	15%	16%	11%	40%	9%	6%	2%	7%	2%	22%	0%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using most, moderately, or less effective method[e]	**59%**	**39%**	**76%**	**42%**	**61%**	**68%**	**75%**	**76%**	**76%**	**48%**	**67%**
Abstinence[b]	**13%**	**25%**	**7%**	**8%**	**22%**	**4%**	**11%**	**3%**	**7%**	**10%**	**13%**
Not using a method	**13%**	**20%**	**6%**	**11%**	**8%**	**22%**	**12%**	**13%**	**15%**	**20%**	**20%**
Method unknown	**15%**	**16%**	**11%**	**40%**	**9%**	**6%**	**2%**	**7%**	**2%**	**22%**	**0%**

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

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

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

[b] User refrained from oral, vaginal, and anal intercourse.

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

[d] "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. ***Less effective*** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes*** (***Appendix C***).

† Percentage is less than 0.5%.

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

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

- Unduplicated number of female users who obtained a Papanicolaou (Pap) test
- Number of Pap tests performed
- Number of Pap tests with a result of Atypical Squamous Cells (ASC) or higher according to the *2014 Bethesda System*.[35] ASC or higher results include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; atypical glandular cells (AGC); AGC, favor neoplastic; endocervical adenocarcinoma in situ (AIS); adenocarcinoma; or other malignant neoplasms. These abbreviations and terms are defined below.
- Number of Pap tests with a result of High-Grade Squamous Intraepithelial Lesion (HSIL) or higher according to the *2014 Bethesda System*.[35] HSIL or higher results include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms. These abbreviations and terms are defined below.

The *2014 Bethesda System*[35] classifies squamous cell abnormalities into the following categories:

- ***Atypical squamous cells of undetermined significance (ASC-US) or atypical squamous cells, cannot exclude HSIL (ASC-H)*** is a finding of abnormal squamous cells in the tissue lining the outer part of the cervix. ASC-US is the most common abnormal finding in a Pap test. An ASC-US result may be caused by a human papillomavirus (HPV), a benign growth (e.g., cyst or polyp), or low hormone levels in menopausal women. ASC-H may be a sign of an HSIL, which may become cervical cancer if untreated.[36]
- ***Low-grade squamous intraepithelial lesion (LSIL)*** is a finding of slightly abnormal cells on the surface of the cervix caused by certain types of HPV. LSIL is a common abnormal finding on a Pap test. Mild dysplasia and cervical intraepithelial neoplasia (CIN) 1 are other terms for referring to LSILs.[36]
- ***High-grade squamous intraepithelial lesion (HSIL)*** is a growth on the surface of the cervix with moderately or severely abnormal cells. HSILs are usually caused by certain types of HPV. If not treated, these abnormal cells may become cancer and spread to normal tissue. HSIL encompasses moderate dysplasia (CIN 2) or severe dysplasia and carcinoma in situ (CIN 3).[36]
- ***Squamous cell carcinoma*** is a finding of cancer in the squamous cells of the cervix.[36]

The *2014 Bethesda System*[35] classifies glandular cell abnormalities into the following categories:

- ***Atypical glandular cells (AGC)*** is a finding of abnormal cells that come from glands in the walls of the cervix. The presence of these abnormal cells may be a sign of more serious lesions or cancer.[36] The 2014 Bethesda System[35] subdivides AGCs into two categories:
  - AGC (endocervical, endometrial, or glandular cells), not otherwise specified
  - AGC (endocervical or glandular cells), favor neoplastic.
- ***Endocervical adenocarcinoma in situ (AIS)*** is a finding of abnormal cells found in the glandular tissue lining the endocervical canal. AIS may become cancer and spread to nearby normal tissue.[36]
- ***Adenocarcinoma*** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.[36]

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

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

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 33–35.[5]

6 Related Preventive Health Services

To support effective contraceptive use and practices, federal regulations[2,3] specify that Title X-funded projects must provide for medical services related to family planning and referral to other medical facilities when medically necessary. According to the *QFP Recommendations,*[32] providers should assess a client's need for related preventive health services (e.g., cervical and breast cancer screening, STI services) and provide these services according to federal and professional recommendations regarding frequency, client eligibility, and procedures. This assessment is especially important for clients whose only source of health care is the Title X service site. In 2021, Title X service providers continued to implement guidance from OPA, CDC, and others[14–23] to ensure access to related preventive health care during the COVID-19 pandemic (see text box).

Illustrative Strategies to Ensure Continuity of Related Preventive Health Care During the COVID-19 Pandemic

- Tailored strategies based on community-level COVID-19 burden
- Prioritized in-person and virtual visits based on reason for visit, need for immediate care, and access to telehealth services
- Reduced in-person visit exposure using alternative approaches to deliver services
- Prioritized in-person visits and testing for women with history of abnormal Pap tests
- Used social media to inform clients about availability of and changes to services

CERVICAL AND BREAST CANCER SCREENING

Cervical Cancer Screening

In 2021, Title X service sites provided Papanicolaou (Pap) testing to 23% (324,536) of female family planning users and performed 349,236 Pap tests (1.1 tests per female user tested). Of the Pap tests performed, 12% had an indeterminate or abnormal result (i.e., atypical squamous cells [ASC] or higher result) requiring further evaluation and possible treatment, and 1% had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition (***Exhibit 26***).

By **region**, the percentage of female users who received a Pap test ranged from 11% to 27%. The percentage of Pap tests with an ASC or higher result ranged from 9% to 19%, and the percentage of Pap tests with an HSIL or higher result ranged from 1% to 2% (***Exhibit 26***).

See ***Exhibits A–11a*** and ***A–11b*** for trends (2011–2021) in the number and percentage of female users screened for cervical cancer.

Breast Cancer Screening

In 2021, Title X service sites provided clinical breast exams (CBEs) to 26% (364,731) of female users and referred 7% (27,277) of those examined for further evaluation based on the results of the CBE (***Exhibit 26***).

By **region**, from 11% to 34% of female users received a CBE, and from 2% to 14% of those examined were referred for further evaluation (***Exhibit 26***).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2021 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Female users tested											
Number[a]	324,536	4,892	12,819	39,823	95,303	17,188	69,583	18,769	8,164	56,745	1,250
Percentage[b]	23%	11%	26%	18%	24%	24%	27%	26%	15%	24%	17%
Tests performed											
Number	349,236	5,109	12,959	43,179	110,988	17,653	71,274	18,985	8,360	59,475	1,254
Tests per female tested	1.1	1.0	1.0	1.1	1.2	1.0	1.0	1.0	1.0	1.0	1.0
Tests with ASC or higher result											
Number	40,825	706	1,690	6,040	10,434	1,692	9,672	2,603	1,135	6,615	238
Percentage[c]	12%	14%	13%	14%	9%	10%	14%	14%	14%	11%	19%
Tests with HSIL or higher result											
Number	4,074	68	130	537	1,050	283	652	186	104	1,046	18
Percentage[c]	1%	1%	1%	1%	1%	2%	1%	1%	1%	2%	1%
Clinical Breast Exams											
Female users examined											
Number[a]	364,731	9,892	12,766	46,903	110,619	19,332	86,111	24,044	9,450	44,807	807
Percentage[b]	26%	22%	26%	21%	27%	27%	33%	34%	18%	19%	11%
Female users referred based on exam											
Number	27,277	1,105	834	3,790	4,292	2,619	6,615	1,494	231	6,224	73
Percentage[d]	7%	11%	7%	8%	4%	14%	8%	6%	2%	14%	9%

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

[a] Unduplicated number of female users.

[b] Denominator is the total unduplicated number of female users.

[c] Denominator is the total number of Pap tests performed.

[d] Denominator is the total unduplicated number of users examined.

SEXUALLY TRANSMITTED INFECTION (STI) TESTING

STI services are integral to family planning services because they improve health and can affect a person's ability to conceive and have a healthy birth outcome.[32] Through screening and testing, Title X service providers help to prevent and treat STIs. If left untreated, STIs can be transmitted to others and lead to serious and lifelong health consequences for women, men, infants, and unborn babies.[37] The *QFP Recommendations*[32] advise providers to offer STI services to clients, both symptomatic and asymptomatic, in accordance with CDC's recommendations, which include the *Sexually Transmitted Infections Treatment Guidelines, 2021*[38] and the *Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020*.[39]

To safeguard the continuity of STI services during the pandemic, Title X providers implemented various strategies based on guidance and technical resources (e.g., toolkits) from OPA, CDC, and others (see text box).[14–23] In addition to the disruptions to in-person clinical care, they also managed the pandemic-related shortages of drugs and STI testing kits and laboratory supplies, especially for chlamydia and gonorrhea testing.[10,11,40–42] The shortage of chlamydia and gonorrhea diagnostic test kits was not resolved until December 2021.[11]

Illustrative Strategies to Ensure Continuity of STI Services During the COVID-19 Pandemic

- Prioritized clients who had STI symptoms, experienced an STI contact, or were at risk for complications
- Prioritized populations recommended by CDC and the U.S. Preventive Services Task Force for screening and testing
- Followed CDC guidance for prioritizing STI testing when test kits are in short supply, limited, or unavailable
- Offered phone or telehealth-based triage, including syndromic management
- Provided presumptive treatment for suspected infections
- Established referral relationships with other clinics and pharmacies for treatment and with laboratories for testing

Chlamydia Testing

CDC recommends[38] annual chlamydia screening for all sexually active cisgender women and transgender men or gender-diverse people with a cervix who are either under 25 or 25 or over and at increased risk of infection (e.g., new or multiple sex partners, a sex partner with concurrent partners, a sex partner with an STI). For young men who have sex with women, CDC recommends that providers consider chlamydia screening for those in high-prevalence clinical settings (e.g., adolescent clinics, correctional facilities, STI/sexual health clinics). CDC also recommends screening sexually active men who have sex with men (MSM) at anatomic sites of contact (urethra and rectum), regardless of condom use, at least annually or more frequently (every 3 to 6 months) if at increased risk (e.g., MSM on HIV pre-exposure prophylaxis [PrEP], with HIV infection, or if they or their sex partners have multiple partners). Finally, for sexually active persons with HIV, CDC recommends chlamydia screening at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.

Chlamydia Testing of Female Users. In 2021, Title X service sites tested 45% (632,123) of all female users for chlamydia and 53% (265,817) of female users under 25 (***Exhibits 27*** and ***28***).

- By **age group**, chlamydia testing rates were higher among female users 15 to 17 (51%), 20 to 24 (55%), and 18 to 19 (56%) than among those over 24 (40%) or under 15 (29%) (***Exhibits 27*** and ***28***). Testing rates in the target age group were considerably lower than the Healthy People 2030 target of 76.5%.[44]
- By **region**, the chlamydia testing rate for female users under 25 ranged from 37% to 63% (***Exhibits 27*** and ***28***).
- By **state**, the percentage of female users under 25 who were tested for chlamydia ranged from 2% to 90% (***Exhibit B–5***).

See ***Exhibits A–12a*** and ***A–12b*** for trends (2011–2021) in the number and percentage of female users under 25 years who were tested for chlamydia.

See ***Exhibit B–5*** for 2021 data on the number and percentage of female users under 25 who were tested for chlamydia by state.

Chlamydia Testing of Male Users. In 2021, Title X service sites tested 45% (109,155) of all male users for chlamydia (***Exhibits 27*** and ***28***).

- By **age group**, rates of chlamydia testing were higher for male users 18 to 19 (55%) and 20 to 24 (62%) and lower for male users over 24 (43%), 15 to 17 (35%), and under 15 (10%).
- By **region**, Title X service sites tested between 19% and 80% of all male users for chlamydia.

Selected Guidance for Reporting STI Testing Activities in FPAR Tables 11 and 12

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

In **FPAR Table 12**, grantees report the number of STI and HIV tests performed during the reporting period that are provided within the scope of the grantee's Title X project. STI tests that are performed in STI clinics operated by Title X-funded agencies should be excluded unless the activities of the STI clinic are within the scope of the agency's Title X project. STI testing information includes the following:

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

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 39–40.[5]

Exhibit 27. **Number of family planning users tested for chlamydia, by sex, age, and region: 2021 (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	6,688	307	82	1,359	2,251	402	1,139	377	217	523	31
15 to 17	44,838	1,205	742	7,662	14,175	3,063	8,144	3,062	1,837	4,690	258
18 to 19	57,928	1,332	1,362	8,722	17,011	3,824	10,933	4,240	2,590	7,656	258
20 to 24	156,363	3,451	4,695	20,529	44,602	9,819	30,902	10,231	6,555	25,106	473
Over 24	366,306	7,476	14,463	52,080	103,262	21,381	70,008	19,251	10,548	67,037	800
Subtotal	**632,123**	**13,771**	**21,344**	**90,352**	**181,301**	**38,489**	**121,126**	**37,161**	**21,747**	**105,012**	**1,820**
Under 25[a]	**265,817**	**6,295**	**6,881**	**38,272**	**78,039**	**17,108**	**51,118**	**17,910**	**11,199**	**37,975**	**1,020**
Male Users											
Under 15	1,139	170	25	481	205	36	72	31	8	109	2
15 to 17	5,705	596	127	1,822	940	302	590	307	142	863	16
18 to 19	7,375	501	292	1,533	947	638	1,123	689	412	1,219	21
20 to 24	23,455	763	827	4,350	2,865	2,433	4,146	2,153	1,629	4,200	89
Over 24	71,481	1,985	1,826	14,018	9,121	8,749	11,196	5,142	4,295	14,904	245
Subtotal	**109,155**	**4,015**	**3,097**	**22,204**	**14,078**	**12,158**	**17,127**	**8,322**	**6,486**	**21,295**	**373**
All Users											
Under 15	7,827	477	107	1,840	2,456	438	1,211	408	225	632	33
15 to 17	50,543	1,801	869	9,484	15,115	3,365	8,734	3,369	1,979	5,553	274
18 to 19	65,303	1,833	1,654	10,255	17,958	4,462	12,056	4,929	3,002	8,875	279
20 to 24	179,818	4,214	5,522	24,879	47,467	12,252	35,048	12,384	8,184	29,306	562
Over 24	437,787	9,461	16,289	66,098	112,383	30,130	81,204	24,393	14,843	81,941	1,045
Total All Users	**741,278**	**17,786**	**24,441**	**112,556**	**195,379**	**50,647**	**138,253**	**45,483**	**28,233**	**126,307**	**2,193**

[a] The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active cisgender women and transgender men or gender diverse people with a cervix who are under 25. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening individuals whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2021]. *Screening recommendations and considerations referenced in treatment guidelines and original sources* [see reference 38] and USPSTF [2021, September]. *Chlamydia and gonorrhea: Screening* [see reference 43].)

Exhibit 28. **Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2021 (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	29%	29%	25%	26%	27%	45%	44%	42%	21%	23%	29%
15 to 17	51%	45%	47%	44%	52%	59%	59%	59%	40%	49%	44%
18 to 19	56%	57%	49%	49%	56%	64%	59%	64%	47%	56%	38%
20 to 24	55%	53%	48%	48%	55%	66%	57%	62%	47%	57%	34%
Over 24	40%	24%	42%	37%	40%	49%	41%	46%	37%	40%	18%
Subtotal	**45%**	**31%**	**44%**	**41%**	**45%**	**54%**	**46%**	**52%**	**40%**	**44%**	**25%**
Under 25[a]	**53%**	**50%**	**48%**	**46%**	**53%**	**63%**	**57%**	**61%**	**45%**	**54%**	**37%**
Male Users											
Under 15	10%	21%	19%	16%	5%	36%	14%	32%	2%	9%	7%
15 to 17	35%	45%	43%	44%	17%	71%	49%	80%	17%	37%	36%
18 to 19	55%	69%	68%	60%	26%	81%	64%	83%	57%	64%	46%
20 to 24	62%	74%	74%	73%	30%	81%	70%	81%	74%	68%	59%
Over 24	43%	40%	56%	56%	18%	73%	48%	79%	66%	47%	44%
Subtotal	**45%**	**45%**	**59%**	**55%**	**19%**	**75%**	**52%**	**80%**	**61%**	**49%**	**45%**
All Users											
Under 15	23%	25%	24%	22%	19%	44%	39%	41%	16%	18%	24%
15 to 17	48%	45%	46%	44%	46%	60%	58%	61%	36%	47%	43%
18 to 19	56%	60%	52%	51%	53%	66%	59%	66%	49%	57%	39%
20 to 24	56%	56%	51%	51%	53%	68%	58%	65%	51%	58%	37%
Over 24	40%	26%	43%	40%	37%	54%	42%	51%	42%	41%	21%
Total All Users	**45%**	**34%**	**45%**	**43%**	**41%**	**58%**	**47%**	**56%**	**44%**	**45%**	**27%**

[a] The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active cisgender women and transgender men or gender diverse people with a cervix who are under 25. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening individuals whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2021]. *Screening recommendations and considerations referenced in treatment guidelines and original sources* [see reference 38] and USPSTF [2021, September]. *Chlamydia and Gonorrhea: Screening* [see reference 43].)

Gonorrhea Testing

CDC recommends[38] annual gonorrhea screening for all sexually active cisgender women and transgender men or gender diverse people with a cervix who are either under 25 or 25 or over and at increased risk of infection (e.g., new or multiple sex partners, a sex partner with concurrent partners, a sex partner who has an STI or transactional sex). CDC also recommends screening sexually active MSM at least annually, or more frequently (every 3 to 6 months) if at increased risk, at anatomic sites of contact (urethra, rectum, and pharynx), regardless of condom use. Finally, CDC recommends screening sexually active persons with HIV for gonorrhea at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.

In 2021, Title X service sites performed 861,930 gonorrhea tests, or an average of 5.2 gonorrhea tests for every 10 family planning users (***Exhibit 29***).

- By **user sex**, Title X service sites performed 734,638 gonorrhea tests for female family planning users (5.2 tests for every 10 female users) and 127,292 gonorrhea tests for male family planning users (5.2 tests for every 10 male users) (***Exhibit 29***).
- By **region**, the rate of gonorrhea testing ranged from 2.8 to 7.1 tests for every 10 female users and from 2.0 to 9.8 tests for every 10 male users (***Exhibit 29***).

See ***Exhibits A–13a*** and ***A–13b*** for trends (2011–2021) in gonorrhea testing.

Syphilis Testing

CDC recommends[38] syphilis screening for asymptomatic women and men who have sex with women if they are at increased risk (e.g., history of incarceration or transactional sex work, geography, race/ethnicity, being a male younger than 29 years). CDC also recommends at least annual screening for transgender and gender diverse people based on reported sexual behaviors and exposure and annual or more frequent (every 3 to 6 months) screening for MSM if at increased risk. Finally, for sexually active persons with HIV, CDC recommends syphilis screening at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.

In 2021, Title X service sites performed 403,492 syphilis tests, or an average of 2.4 syphilis tests for every 10 family planning users (***Exhibit 29***).

- By **user sex**, service sites performed 318,092 syphilis tests for female users (2.2 tests for every 10 female users) and 85,400 syphilis tests for male users (3.5 tests for every 10 male users) (***Exhibit 29***).
- By **region**, the rate of syphilis testing ranged from 0.4 tests to 2.6 tests for every 10 female users and from 1.4 tests to 5.0 tests for every 10 male users (***Exhibit 29***).

See ***Exhibits A–13a*** and ***A–13c*** for trends (2011–2021) in syphilis testing.

HIV Testing

CDC recommends[38] HIV screening (opt-out approach) for men and women 13 to 64 in all health care settings, including family planning, and for all persons who seek evaluation and

treatment for STIs. CDC recommends HIV screening at least annually for sexually active MSM if their HIV status is unknown or negative and if they or their sex partner(s) have had more than one sex partner since their most recent HIV test; more frequent screening (e.g., every 3 to 6 months) is recommended for those at increased risk. For transgender and gender diverse persons, HIV screening should be discussed and offered, and screening frequency should be based on level of risk.

In 2021, Title X service sites performed 487,995 *confidential* HIV tests, or an average of 2.9 tests for every 10 family planning users. Of the HIV tests performed, 1,439 tests (2.9 tests per 1,000 tests performed) were positive for HIV. Title X service sites also performed 909 anonymous HIV tests.

- By **user sex**, service sites performed 376,321 HIV tests for female users (2.7 tests for every 10 female users) and 111,674 HIV tests for male users (4.6 tests for every 10 male users) (***Exhibit 29***).
- By **region**, the rate of HIV testing ranged from 0.4 test to 3.3 tests for every 10 female users and from 1.6 tests to 7.3 tests for every 10 male users. The number of positive confidential HIV tests ranged from 0 to 388, equivalent to 0 to 4.6 positive tests per 1,000 tests performed (***Exhibit 29***).

See ***Exhibits A–13a*** and ***A–13d*** for trends (2011–2021) in confidential HIV testing.

Exhibit 29. **Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2021 (Source: FPAR Table 12)**

STI 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	734,638	15,507	24,014	107,931	200,795	50,333	135,143	46,710	26,439	125,749	2,017
Male	127,292	4,437	3,262	27,550	14,551	14,312	18,851	10,267	7,653	25,997	412
Total	**861,930**	**19,944**	**27,276**	**135,481**	**215,346**	**64,645**	**153,994**	**56,977**	**34,092**	**151,746**	**2,429**
Tests per 10 Users											
Female	5.2	3.5	4.9	4.9	5.0	7.1	5.2	6.6	4.9	5.3	2.8
Male	5.2	5.0	6.2	6.8	2.0	8.8	5.7	9.8	7.2	6.0	4.9
Total	**5.2**	**3.8**	**5.1**	**5.2**	**4.5**	**7.4**	**5.2**	**7.0**	**5.3**	**5.4**	**3.0**
Syphilis Tests											
Female	318,092	5,634	9,489	49,462	103,781	15,253	65,232	13,520	3,258	52,153	310
Male	85,400	2,214	1,872	19,615	10,013	8,197	14,733	5,181	2,319	21,056	200
Total	**403,492**	**7,848**	**11,361**	**69,077**	**113,794**	**23,450**	**79,965**	**18,701**	**5,577**	**73,209**	**510**
Tests per 10 Users											
Female	2.2	1.3	2.0	2.2	2.6	2.2	2.5	1.9	0.6	2.2	0.4
Male	3.5	2.5	3.6	4.8	1.4	5.0	4.5	5.0	2.2	4.8	2.4
Total	**2.4**	**1.5**	**2.1**	**2.6**	**2.4**	**2.7**	**2.7**	**2.3**	**0.9**	**2.6**	**0.6**
Confidential HIV Tests											
Female	376,321	9,063	9,631	59,644	101,834	20,761	85,001	17,029	7,260	65,774	324
Male	111,674	3,950	2,021	23,076	11,560	9,792	16,776	6,483	6,185	31,587	244
Total	**487,995**	**13,013**	**11,652**	**82,720**	**113,394**	**30,553**	**101,777**	**23,512**	**13,445**	**97,361**	**568**
Tests per 10 Users											
Female	2.7	2.1	2.0	2.7	2.5	2.9	3.3	2.4	1.4	2.8	0.4
Male	4.6	4.4	3.9	5.7	1.6	6.0	5.1	6.2	5.8	7.3	2.9
Total	**2.9**	**2.5**	**2.2**	**3.1**	**2.4**	**3.5**	**3.5**	**2.9**	**2.1**	**3.5**	**0.7**
Positive Test Results	1,439	35	54	262	388	91	270	63	55	221	0
Anonymous HIV Tests	909	0	0	5	0	51	0	830	0	23	0

7 Staffing and Service Utilization

STAFFING AND FAMILY PLANNING ENCOUNTERS

Clinical Services Provider Staffing

Highly trained clinical services providers (CSPs) participate in the delivery of Title X-funded services. CSPs include physicians, physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and registered nurses with an expanded scope of practice ("other" CSPs) who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care, as described in the Title X program requirements.[2]

In 2021, 2,377 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (***Exhibit 30***).

- By **type of CSP**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 64% of total FTEs, followed by physicians (29%) and other CSPs (7%). On average, there were 2.2 midlevel clinician FTEs for every 1.0 physician FTE engaged in the direct delivery of Title X services.
- By **region**, from 41% to 81% of total FTEs were midlevel clinician FTEs, 16% to 49% were physician FTEs, and 0% to 22% were other CSP FTEs. There were from 1.0 to 4.9 midlevel clinician FTEs for every 1.0 physician FTE.

See ***Exhibits A–14a*** and ***A–14b*** for trends (2011–2021) in the number and distribution of CSP FTE staffing by type.

Family Planning Encounters

In 2021, Title X service sites reported a total of almost 2.8 million family planning encounters, or an average of 1.7 encounters per user. Six percent (168,104) of total family planning encounters were virtual encounters (***Exhibit 30***).

- By **type**, most family planning encounters (81%, or 2.3 million) were attended by a CSP, resulting in an average of 1.4 CSP encounters per user and 947 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
  - **Total encounters:** The average number of encounters per user ranged from 1.4 to 1.8, and the percentage that were virtual encounters ranged from 1% to 18%.
  - **CSP encounters:** The percentage of encounters with a CSP ranged from 66% to 97%, and the number of CSP encounters per user ranged from 1.1 to 1.7.
  - **CSP encounters per CSP FTE:** The number of CSP encounters per CSP FTE ranged from 231 to 1,740.

– **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 3% to 34%, and the number of non-CSP encounters per user was 0.6 or less across regions.

See ***Exhibits A–14a*** and ***A–14c*** for trends (2011–2021) in the number and distribution of family planning encounters by type.

Selected Guidance for Reporting Staffing and Encounter Data in FPAR Table 13

In **FPAR Table 13**, grantees report the following information on the level of clinical provider staffing and the number of family planning encounters:

- 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.

Family Planning Provider—The individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the client during an encounter. There are *two types* of family planning providers:

- ***Clinical Services Providers (CSPs)*** include physicians, 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 assessments recommended for contraceptive, related preventive health, and basic infertility care. CSPs offer a range of clinical, counseling, and educational services relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the Title X program requirements.[2]
- ***Other Services Providers*** include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the Title X program requirements.[2]

Family Planning Encounter— A documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning and related preventive health services to clients who want to avoid unintended pregnancies or achieve intended pregnancies. Laboratory tests and related counseling and education do not constitute a family planning encounter unless the encounter is face-to-face or virtual contact between the client and provider, the provider documents the encounter, and the tests are accompanied by family planning counseling or education. A virtual family planning encounter uses telecommunications and information technology to provide access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision, at a distance.

The two types of family planning encounters are classified based on the type of family planning provider who renders the care: an encounter with a CSP or an encounter with an Other Services Provider.

Full-Time Equivalent (FTE)—For each type of CSP, grantees report the time in FTEs that CSP providers are involved in the direct provision of Title X-funded services (i.e., engaged in a family planning encounter). An FTE of 1.0 describes staff who, individually or as a group, work the equivalent of full time for 1 year. Each agency defines the number of hours for "full-time" work and may define it differently for different positions.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 43–46.[5]

Exhibit 30. **Number and distribution of FTE CSP staff, by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2021 (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	688.8	95.2	19.7	157.7	156.7	24.1	56.0	15.3	15.1	134.6	14.4
PA/NP/CNM	1,526.5	97.1	21.8	300.6	399.5	101.4	197.9	63.3	74.2	245.1	25.8
Other CSP[a]	161.8	1.8	12.0	37.4	67.3	21.7	0.0	0.0	6.7	14.9	0.0
Total	**2,377.1**	**194.1**	**53.4**	**495.6**	**623.6**	**147.1**	**254.0**	**78.6**	**95.9**	**394.5**	**40.2**
Distribution of CSP FTEs											
Physician	29%	49%	37%	32%	25%	16%	22%	19%	16%	34%	36%
PA/NP/CNM	64%	50%	41%	61%	64%	69%	78%	81%	77%	62%	64%
Other CSP[a]	7%	1%	22%	8%	11%	15%	0%	0%	7%	4%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Midlevel to Physician FTE[b]	**2.2**	**1.0**	**1.1**	**1.9**	**2.5**	**4.2**	**3.5**	**4.1**	**4.9**	**1.8**	**1.8**
Number of FP Encounters											
With CSP	2,251,160	62,510	92,975	428,748	654,824	134,620	311,983	100,724	86,090	369,421	9,265
With other	541,427	10,641	2,661	47,560	205,034	22,253	162,611	34,570	17,584	35,974	2,539
Total	**2,792,587**	**73,151**	**95,636**	**476,308**	**859,858**	**156,873**	**474,594**	**135,294**	**103,674**	**405,395**	**11,804**
Distribution of FP Encounters											
With CSP	81%	85%	97%	90%	76%	86%	66%	74%	83%	91%	78%
With other	19%	15%	3%	10%	24%	14%	34%	26%	17%	9%	22%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Number of FP Encounters by Type of Encounter											
In Person	2,624,483	59,767	92,705	421,169	854,776	150,551	469,080	134,580	91,542	338,628	11,685
Virtual[c]	168,104	13,384	2,931	55,139	5,082	6,322	5,514	714	12,132	66,767	119
Total	**2,792,587**	**73,151**	**95,636**	**476,308**	**859,858**	**156,873**	**474,594**	**135,294**	**103,674**	**405,395**	**11,804**
Distribution of FP Encounters by Type of Encounter											
In Person	94%	82%	97%	88%	99%	96%	99%	99%	88%	84%	99%
Virtual[c]	6%	18%	3%	12%	1%	4%	1%	1%	12%	16%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters per User											
With CSP	1.4	1.2	1.7	1.6	1.4	1.5	1.1	1.2	1.3	1.3	1.1
With other	0.3	0.2	0.0	0.2	0.4	0.3	0.6	0.4	0.3	0.1	0.3
Total	**1.7**	**1.4**	**1.8**	**1.8**	**1.8**	**1.8**	**1.6**	**1.7**	**1.6**	**1.4**	**1.5**
CSP Encounters per CSP FTE	**947**	**322**	**1,740**	**865**	**1,050**	**915**	**1,228**	**1,281**	**898**	**936**	**231**

CNM=certified nurse midwife. **CSP**=clinical services provider. **FP**=family planning. **FTE**=full-time equivalent. **NP**=nurse practitioner. **PA**=physician assistant.
Note: Due to rounding, percentages may not sum to 100%.

[a] Other CSPs are registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care.

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

[c] The number of virtual encounters reported in 2021 may be an underestimate because data systems for some grantees and subrecipients were not able to report these data by the FPAR due date. See the Table 13 comments in ***Appendix C***.

Selected Guidance for Reporting Project Revenue in FPAR Table 14

In **FPAR Table 14**, grantees report the revenue received (i.e., actual cash receipts or drawdown amounts) during the reporting period from various funding sources that support activities within the scope of the grantee's Title X services grant, even if the funds were not expended during the reporting period. Table 14 excludes the monetary value of in-kind contributions. Sources of revenue include the following:

Title X Grant—Refers to the amount received from the Title X Section 1001 family planning services grant, including revenue received from other Title X special initiatives (e.g., HIV integration).

Payment for Services—Refers to funds collected directly from clients and revenues received (i.e., reimbursed) from public and private third-party payers for services provided within the scope of the grantee's Title X project.

- ***Total Client Collections/Self-Pay ("Client Fees")***—Grantees report the amount in fees collected directly from clients.
- ***Third-Party Payers***—Grantees report revenue received from public and private third-party payers. Third-party payer revenue reported as "prepaid" (capitated) is from managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts). Third-party payer revenue reported as "not prepaid" is received after the date of service, even under managed care arrangements. Third-party payer sources include:

  Medicaid/Title XIX—Grantees report the amount received from Medicaid (federal and state shares), regardless of whether the reimbursement was paid directly by Medicaid or through a fiscal intermediary or a health maintenance organization (HMO). The Medicaid amount includes revenue (federal and state shares) from Medicaid family planning eligibility expansions (waivers or State Plan Amendments).

  Medicare/Title XVIII—Grantees report the amount received from Medicare, regardless of whether the reimbursement was paid directly by Medicare or through a fiscal intermediary or an HMO. For clients enrolled in a capitated Medicare program (i.e., where the grantee has a contract with a private plan like Blue Cross), the payer is Medicare, even though the actual payment may come from Blue Cross.

  Children's Health Insurance Program (CHIP)—Grantees report the amount received from CHIP.

  Other Public Health Insurance—Grantees report the amount received from other federal, state, or local government health insurance programs. Other public health insurance programs include state or local government programs that provide a broad set of benefits and public-paid or public-subsidized private insurance programs.

  Private Health Insurance—Grantees report the amount received from private third-party health insurance plans, which include plans obtained through an employer, union, or direct purchase that provide a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent). Private health insurance includes coverage purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA).

Other Revenue—Grantees report the amounts received from various other sources, including

- Maternal and Child Health Block Grants (Title V)
- Social Services Block Grants (Title XX)
- Temporary Assistance for Needy Families (TANF)
- Local government sources (includes county and city grants or contracts)
- State government sources (includes grants or contracts)
- Bureau of Primary Health Care grants (e.g., Section 330)
- Private and client donations
- Other public or private revenues.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021), pp. 49–51.[5]

8 Project Revenue

REVENUE

In 2021, Title X grantees reported total program revenue of about $729.0 million to support the delivery of Title X-funded family planning and related preventive health care. The two largest sources of revenue—Title X ($217.4 million) and Medicaid and the Children's Health Insurance Program (CHIP) combined ($213.0 million)—accounted for 30% and 29%, respectively, of total revenue. Revenue from state governments ($79.6 million), private third-party payers ($60.3 million), local governments ($38.1 million), client service fees ($22.5 million), and Medicare and other public third-party payers ($20.6 million) each accounted for 3% to 11% of total revenue, while all other sources each contributed 1% or less (***Exhibit 31***).

Title X Services Grant

Revenue from Title X accounted for 30% ($217.4 million) of total national revenue and between 15% and 57% of total regional revenue. Title X was the largest source of project revenue in seven regions and the second largest source after Medicaid/CHIP combined in two others (***Exhibits 32*** and ***33***).

Payment for Services: Client Fees

Revenue from client service fees accounted for 3% ($22.5 million) of total revenue and between 1% and 5% of total regional revenue (***Exhibits 32*** and ***33***).

Payment for Services: Third-Party Payers

In 2021, revenue from third-party payers was 40% ($293.9 million) of total revenue, with Medicaid/CHIP accounting for most (72%) of this amount (***Exhibits 32*** and ***33***).

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 28% ($206.1 million) of total revenue, and separately reported CHIP revenue accounted for 1% ($6.9 million) of total revenue. Together, these two sources totaled $213.0 million, or 29% of total national revenue (***Exhibits 32*** and ***33***).

By region, combined Medicaid/CHIP revenue accounted for 5% to 41% of total regional revenue and was the largest revenue source in three regions (***Exhibits 32*** and ***33***). In 19 states, grantees included revenue from federally approved Medicaid family planning eligibility expansions in the amount they reported for Medicaid. For a list of these states, see the Table 14 comments in the ***Field and Methodological Notes*** (***Appendix C***).

Medicare and Other Public. Revenue from Medicare ($7.2 million) and other public third-party payers ($13.4 million) together accounted for 3% ($20.6 million) of total national revenue. By region, the share of total regional revenue from Medicare and other public third-party payers ranged from less than 0.5% to 10% (***Exhibits 32*** and ***33***).

Private. Revenue from private third-party payers ($60.3 million) accounted for 8% of total national revenue and between 1% and 17% of total regional revenue. Private third-party payer revenue was the second or third most important revenue source in five regions (***Exhibits 32*** and ***33***).

Other Revenue

Block Grants. Revenue from the Title V Maternal and Child Health (MCH) block grant ($9.7 million) and the Title XX Social Services block grant ($2.7 million) accounted for 1% and less than 0.5%, respectively, of total national revenue. By region, the share of total regional revenue from block grants ranged from less than 0.5% to 14%, with grantees in one region reporting no revenue from the MCH block grant, and grantees in four regions reporting no revenue from the Social Services block grant (***Exhibits 32*** and ***33***).

Temporary Assistance for Needy Families (TANF). Revenue from TANF ($8.9 million) accounted for 1% of total national revenue and from 0% to 7% of total regional revenue. Grantees in five regions reported no TANF revenue (***Exhibits 32*** and ***33***).

State Governments. State government revenue accounted for 11% ($79.6 million) of total national revenue and from 2% to 30% of total regional revenue. State government revenue was the second or third largest source in four regions (***Exhibits 32*** and ***33***).

Local Governments. Local government revenue accounted for 5% ($38.1 million) of total national revenue and from less than 0.5% to 10% of total regional revenue (***Exhibits 32*** and ***33***).

Bureau of Primary Health Care (BPHC). Revenue from the Health Resources and Services Administration's (HRSA's) BPHC accounted for 1% ($6.0 million) of total national revenue. Across regions, BPHC revenue ranged from 0% to 3% of total regional revenue, with grantees in three regions reporting no BPHC revenue (***Exhibits 32*** and ***33***).

All Other Sources. Finally, a combination of other public and private sources not listed separately in Table 14 accounted for 7% ($50.3 million) of total revenue. Revenue from other sources ranged from less than 0.5% to 22% of total regional revenue (***Exhibits 32*** and ***33***). See the Table 14 comments in the ***Field and Methodological Notes*** (***Appendix C***) for a list of other revenue sources.

Revenue per User and Encounter

On average, in 2021, grantees reported $438 in program revenue per family planning user served and $261 per family planning encounter. By region, revenue per user ranged from $151 to $633, and revenue per encounter ranged from $110 to $434 (***Exhibit 32***).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2021 (Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	**$217,423,156**	**30%**
Payment for Services		
Client fees	$22,521,561	3%
Third-party payers[a]		
Medicaid[b]	$206,071,028	28%
Children's Health Insurance Program	$6,921,851	1%
Medicare	$7,182,410	1%
Other public	$13,399,591	2%
Private	$60,327,370	8%
Subtotal	**$316,423,811**	**43%**
Other Revenue		
Maternal and Child Health block grant	$9,675,113	1%
Social Services block grant	$2,671,105	0%†
Temporary Assistance for Needy Families	$8,877,977	1%
State government	$79,601,418	11%
Local government	$38,061,169	5%
Bureau of Primary Health Care	$5,966,933	1%
Other[c]	$50,275,655	7%
Subtotal	**$195,129,370**	**27%**
Total Revenue	**$728,976,337**	**100%**
Total Revenue per User	**$438**	
Total Revenue per Encounter	**$261**	**—**

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states in eight of 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."

— Not applicable.

† Percentage is less than 0.5%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2021 (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	**$217,423,156**	**$4,570,470**	**$14,942,574**	**$32,534,554**	**$56,252,704**	**$29,249,182**	**$20,123,117**	**$13,115,987**	**$9,423,135**	**$35,080,575**	**$2,130,858**
Payment for Services											
Client fees	$22,521,561	$88,843	$685,933	$3,791,629	$7,564,188	$715,912	$3,222,811	$1,375,298	$1,599,684	$3,246,176	$231,087
Third-party payers[a]											
Medicaid[b]	$206,071,028	$1,932,913	$2,129,555	$35,983,954	$44,249,724	$11,376,845	$37,957,570	$4,798,252	$5,465,883	$61,898,577	$277,755
CHIP	$6,921,851	$0	$155,031	$122,951	$396,651	$418	$6,077,822	$127,838	$37,964	$3,176	$0
Medicare	$7,182,410	$103,999	$51,208	$1,504,666	$2,331,165	$129,477	$2,244,807	$346,584	$56,980	$412,505	$1,019
Other public[c]	$13,399,591	$880	$5,292	$2,209,937	$71,278	$192,073	$10,734,429	$78,613	$5,071	$102,018	$0
Private	$60,327,370	$734,216	$414,816	$14,650,972	$11,545,954	$1,923,767	$11,570,998	$4,702,242	$4,111,493	$9,825,534	$847,378
Subtotal	**$316,423,811**	**$2,860,851**	**$3,441,835**	**$58,264,109**	**$66,158,960**	**$14,338,492**	**$71,808,437**	**$11,428,827**	**$11,277,075**	**$75,487,986**	**$1,357,239**
Other Revenue											
MCH block grant	$9,675,113	$0	$543,000	$2,178,384	$2,398,684	$1,740,810	$1,029,455	$24,902	$34,408	$1,185,470	$540,000
SS block grant	$2,671,105	$58,333	$0	$2,003,936	$0	$367,970	$0	$0	$57,627	$17,584	$165,655
TANF	$8,877,977	$7,140	$0	$730,000	$3,643,050	$3,582,390	$915,397	$0	$0	$0	$0
State government	$79,601,418	$385,175	$9,217,746	$14,994,749	$16,986,370	$1,685,444	$28,705,991	$534,821	$3,342,829	$3,511,350	$236,943
Local government	$38,061,169	$4,290	$195,725	$7,258,415	$16,377,844	$2,814,814	$5,114,611	$85,839	$2,799,238	$3,031,227	$379,166
BPHC	$5,966,933	$130,921	$0	$141,778	$125,915	$41,923	$485,653	$87,402	$0	$4,953,341	$0
Other[d]	$50,275,655	$1,003	$2,315,587	$2,410,025	$5,063,593	$512,074	$2,918,610	$7,039,384	$2,804,547	$26,902,588	$308,244
Subtotal	**$195,129,370**	**$586,862**	**$12,272,058**	**$29,717,287**	**$44,595,456**	**$10,745,425**	**$39,169,717**	**$7,772,348**	**$9,038,649**	**$39,601,560**	**$1,630,008**
Total Revenue	**$728,976,337**	**$8,018,183**	**$30,656,467**	**$120,515,950**	**$167,007,120**	**$54,333,099**	**$131,101,271**	**$32,317,162**	**$29,738,859**	**$150,170,121**	**$5,118,105**
Total Revenue per User	**$438**	**$151**	**$569**	**$458**	**$350**	**$624**	**$445**	**$397**	**$462**	**$537**	**$633**
Total Revenue per Encounter	**$261**	**$110**	**$321**	**$253**	**$194**	**$346**	**$276**	**$239**	**$287**	**$370**	**$434**

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

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states in eight of 10 HHS regions. See Table 14 comments in the ***Field and Methodological Notes*** (***Appendix C***) for a list of states by region.

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

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

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2021 (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	**30%**	**57%**	**49%**	**27%**	**34%**	**54%**	**15%**	**41%**	**32%**	**23%**	**42%**
Payment for Services											
Client fees	3%	1%	2%	3%	5%	1%	2%	4%	5%	2%	5%
Third-party payers[a]											
Medicaid[b]	28%	24%	7%	30%	26%	21%	29%	15%	18%	41%	5%
CHIP	1%	0%	1%	0%†	0%†	0%†	5%	0%†	0%†	0%†	0%
Medicare	1%	1%	0%†	1%	1%	0%†	2%	1%	0%†	0%†	0%†
Other public[c]	2%	0%†	0%†	2%	0%†	0%†	8%	0%†	0%†	0%†	0%
Private	8%	9%	1%	12%	7%	4%	9%	15%	14%	7%	17%
Subtotal	**43%**	**36%**	**11%**	**48%**	**40%**	**26%**	**55%**	**35%**	**38%**	**50%**	**27%**
Other Revenue											
MCH block grant	1%	0%	2%	2%	1%	3%	1%	0%†	0%†	1%	11%
SS block grant	0%†	1%	0%	2%	0%	1%	0%	0%	0%†	0%†	3%
TANF	1%	0%†	0%	1%	2%	7%	1%	0%	0%	0%	0%
State government	11%	5%	30%	12%	10%	3%	22%	2%	11%	2%	5%
Local government	5%	0%†	1%	6%	10%	5%	4%	0%†	9%	2%	7%
BPHC	1%	2%	0%	0%†	0%†	0%†	0%†	0%†	0%	3%	0%
Other[d]	7%	0%†	8%	2%	3%	1%	2%	22%	9%	18%	6%
Subtotal	**27%**	**7%**	**40%**	**25%**	**27%**	**20%**	**30%**	**24%**	**30%**	**26%**	**32%**
Total Revenue	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states in eight of 10 HHS regions. See Table 14 comments in the ***Field and Methodological Notes*** (***Appendix C***) for a list of states by region.

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

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

† Percentage is less than 0.5%.

Trends in Project Revenue: 2021 vs. 2020

Comparing 2021 and 2020 revenue shows that inflation-adjusted (constant 2021 dollars)[12] total revenue increased 19% (by $116.5 million), from $612.5 million in 2020 to $729.0 million in 2021 (***Exhibits A–15a***, ***A–15b***, and ***A–15c***). Revenue increased among all major revenue sources, except block grants. Almost two-thirds ($75.9 million) of the total increase in revenue was from sources linked closely to the number of clients and encounters (e.g., public and private third-party payers, client service fees). Below, we list the major Title X project revenue sources ordered by the size of the inflation-adjusted dollar amount increase from 2020 to 2021 (not shown unless specified).

- **Combined Medicaid and CHIP** revenue increased by **$60.5 million** (40%), from 2020 ($152.5 million) to 2021 ($213.0 million) (***Exhibit A–15a***, ***A–15b***, and ***A–15e***).
- **State government** revenue increased by **$18.3 million** (30%), from 2020 ($61.3 million) to 2021 ($79.6 million).
- **Local government** revenue increased by **$12.7 million** (50%), from 2020 ($25.3 million) to 2021 ($38.1 million).
- **Private third-party payer** revenue increased by **$11.0 million** (22%), from 2020 ($49.3 million) to 2021 ($60.3 million).
- **Title X** revenue increased by **$9.1 million** (4%), from 2020 ($208.4 million) to 2021 ($217.4 million) (***Exhibit A–15a***, ***A–15b***, and ***A–15d***).
- **TANF** revenue increased by **$3.0 million** (51%), from 2020 ($5.9 million) to 2021 ($8.9 million).
- **Client service fees** revenue increased by **$2.8 million** (14%), from 2020 ($19.7 million) to 2021 ($22.5 million).
- **Medicare and other public third-party payer** revenue increased by **$1.6 million** (9%), from 2020 ($19.0 million) to 2021 ($20.6 million).
- **Combined revenue from all "other" sources** increased by **$1.2 million** (2%), from 2020 ($55.0 million) to 2021 ($56.2 million).

Trends in Project Revenue: 2021 vs. 2011

Compared to 2011, inflation-adjusted total revenue in 2021 decreased 57% (or by $959.5 million), from $1.7 billion in 2011 to $729.0 million in 2021. Declines in revenue from five sources—Medicaid and CHIP, Title X, state and local government, and client service fees—accounted for 86% ($826.6 million) of the total decrease. ***Exhibits A–15a*** through ***A–15e*** present trends (2011–2021) in total, Title X, and Medicaid/CHIP revenue.

Finally, compared with 2011, there were changes in the distribution of total revenue by major source in 2021. The percentage of total revenue from Title X increased from 21% (2011) to 30% (2021), and the percentage from Medicaid and CHIP decreased from 39% (2011) to 29% (2021). ***Exhibits A–16a***, ***A–16b***, and ***A–16c*** present trends (2011–2021) in revenue (unadjusted) for all major revenue sources.

9 References

1. Title X of the Public Health Service Act, 42 U.S. Code 300 et seq. (1970). Retrieved from https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf

2. The Title X program requirements consist of the following:
(a) Office of the Assistance Secretary for Health. (2014). *Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs ("QFP")* and updates (2015 and 2017) to the *Recommendations.* Retrieved from https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning
(b) From May 3, 2019 through November 7, 2021: Office of the Assistance Secretary for Health. (March 4, 2019). *Compliance with statutory program integrity requirements* (*"2019 Title X Final Rule").* Retrieved from https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf.
(c) From November 8, 2021: Office of the Assistant Secretary for Health. (October 7, 2021). *42 C.F.R. § 59, Ensuring access to equitable, affordable, client-centered, quality family planning services ("2021 Title X Final Rule").* Retrieved from https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf

3. (a) From May 3, 2019 through November 7, 2021: 42 C.F.R. § 59.A (2019). https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf.
(b) From November 8, 2021: 42 C.F.R. § 59.A (2021). https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6

4. Consolidated Appropriations Act of 2021, Pub. L. No. 116–260, 134 Stat. 1182. https://www.congress.gov/116/plaws/publ260/PLAW-116publ260.pdf

5. Office of Population Affairs. (2021). *Title X Family Planning Annual Report: Forms and Instructions (Reissued November 2021)*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health/Office, Office of Population Affairs. Retrieved from https://opa.hhs.gov/sites/default/files/2021-11/fpar-forms-instructions-reissued-nov-2021.pdf

6. Uniform administrative requirements, cost principles, and audit requirements for HHS awards, 45 C.F.R. § 75 (2014). https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART

7. U.S. Department of Health and Human Services. (2021). *2021 poverty guidelines, U.S. federal poverty guidelines used to determine financial eligibility for certain federal programs*. Retrieved from https://aspe.hhs.gov/2021-poverty-guidelines

8. Cohen, R. A., Martinez, M. E., Cha, A. E., & Terlizzi, E. P. (2021). *Health insurance coverage: Early release of estimates from the National Health Interview Survey, January-June 2021.* Retrieved from https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202111.pdf

9. Office of Management and Budget. (1997). Revisions to the standards for the classification of federal data on race and ethnicity, October 30, 1997. *Federal Register Notice.* Retrieved from https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf

10. Centers for Disease Control and Prevention. (2020, September 8). *[Dear Colleague Letter: Shortage of STI test kits and laboratory supplies].* Retrieved from https://www.cdc.gov/std/general/DCL-Diagnostic-Test-Shortage.pdf

11. Centers for Disease Control and Prevention. (2022). *Drug and diagnostic test notices, diagnostic test kit availability information, chlamydia/gonorrhea diagnostic test kits.* Retrieved from https://www.cdc.gov/std/treatment/drug-notices.htm

12. U.S. Department of Labor, Bureau of Labor Statistics (BLS). (2022). *Consumer price index: Series ID. CUUR0000SAM*. Retrieved from https://data.bls.gov/cgi-bin/srgate

13. National Academy for State Health Policy. (2022). *2021 COVID-19 state restrictions, re-openings, and mask requirements.* Retrieved from https://www.nashp.org/2021-covid-19-state-restrictions-re-openings-and-mask-requirements/

14. Foley, D. (2020, April 3). *Essential family planning services.* U.S. Department of Health and Human Services.

15. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Population Affairs. (2020, March 19). *Conference call with Title X grantees to discuss COVID19-related questions.* U.S. Department of Health and Human Services.

16. Centers for Disease Control and Prevention. (2020, April 8). *Interim CDC guidance on handling non-COVID-19 public health activities that require face-to-face interaction with clients in the clinic and field in the current COVID-19 pandemic.* CDC Stacks. Retrieved from https://stacks.cdc.gov/view/cdc/87919

17. Reproductive Health National Training Center. (2020). *Prioritization of in-person and virtual visits during COVID-19: A decision-making guide for staff.* Retrieved from https://rhntc.org/sites/default/files/resources/fpntc_priority_decision_guide_2020-04-29.pdf

18. Reproductive Health National Training Center (2020). *COVID-19 and family planning services FAQ.* Retrieved from https://rhntc.org/resources/covid-19-and-family-planning-services-faq

19. Reproductive Health National Training Center. (2021). *COVID-19 social media toolkit for family planning providers.* Retrieved from https://rhntc.org/resources/covid-19-social-media-toolkit-family-planning-providers

20. Centers for Disease Control and Prevention. (2022). *Ensuring access to family planning services during COVID-19.* Retrieved from https://www.cdc.gov/reproductivehealth/contraception/pdf/FP-and-Covid-19-Fact-Sheet_Final.pdf

21. Foley, D. (2020, May 19). *Use of Title X funds for COVID-19 testing.* U.S. Department of Health and Human Services.

22. Moore, S. (2020, March 20). *Administrative relief for recipients of federal financial assistance directly impacted by the novel coronavirus (COVID-19) due to loss of operations.* U.S. Department of Health and Human Services.

23. Office of Population Affairs. (2020, March 23). *Frequently asked questions from Title X family planning grantees about COVID-19 implications.* U.S. Department of Health and Human Services.

24. Office of Population Affairs. (2021, September 21). *OPA awards $18.8 million in supplemental funds for current Title X grantees*. Retrieved from https://opa.hhs.gov/about/news/grant-award-announcements/opa-awards-18-million-supplemental-funds-title-x-grantees

25. Office of the Assistance Secretary for Health. (March 4, 2019). *Compliance with statutory program integrity requirements* (*"2019 Title X Final Rule").* Retrieved from https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf.

26. Napili, A. (Updated November 10, 2021). *Title X Family Planning Program: 2019 Final Rule.* Congressional Research Service No. IF 11142. Retrieved from https://crsreports.congress.gov/product/pdf/IF/IF11142

27. Office of the Assistant Secretary for Health. (2021, October 7). *Ensuring access to equitable, affordable, client-centered, quality family planning services, 42 C.F.R. §59* (*"2021 Title X Final Rule").* Retrieved from https://public-inspection.federalregister.gov/2021-21542.pdf

28. Napili, A. (2021, December 7). *Title X Family Planning Program: 2021 Final Rule.* Congressional Research Service No. IF 11986. Retrieved from https://crsreports.congress.gov/product/pdf/IF/IF11986

29. U.S. Department of Health and Human Services. (2003). Guidance to federal financial assistance recipients regarding Title VI prohibition against national origin discrimination affecting limited English proficient persons ("Revised HHS LEP guidance"). *Federal Register, 68*(153), 47311–47323. Retrieved from https://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html

30. Kennedy, K. I., & Goldsmith, C. (2018). Contraception after pregnancy. In R. A. Hatcher, A. L. Nelson, J. Trussell, C. Cwiak, P. Cason, M. S. Policar, A. R. A. Aiken, J. Marrazzo, & D. Kowal (Eds.), *Contraceptive technology* (21st ed., pp. 511–542). New York, NY: Ardent Media.

31. Centers for Disease Control and Prevention. (2021). *Sexual risk behaviors can lead to HIV, STDs & teen pregnancy.* Retrieved from https://www.cdc.gov/healthyyouth/sexualbehaviors/

32. (a) Centers for Disease Control and Prevention and the U.S. Office of Population Affairs. (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR, 63*(4), 1–54. Retrieved from https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf.
(b) For the 2015 update to the Recommendations, see Gavin, L., & Pazol, K. (2016). Update: Providing quality family planning services–Recommendations from CDC and the U.S. Office of Population Affairs, 2015. *MMWR, 65*(9), 231–234. Retrieved from https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6509a3.pdf.
(c) For the 2017 update to the Recommendations, see Gavin, L., Pazol, K., & Ahrens, K. (2017). Update: Providing quality family planning services–Recommendations from CDC and the U.S. Office of Population Affairs, 2017. *MMWR, 66*(50), 1383–1385. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6650a4-H.pdf

33. Office of Population Affairs. (2021). *Contraceptive care measures.* Retrieved from https://opa.hhs.gov/evaluation-research/title-x-services-research/contraceptive-care-measures

34. Trussell, J. & Aiken, A. R. A. (2018). Figure 3-1 Comparing typical effectiveness of contraceptive methods. In D. Kowal, R. A. Hatcher, A. L. Nelson, J. Trussell, C. Cwiak, P. Cason, M. S. Policar, A. B. Edelman, A. R. A. Aiken, & J. M. Marrazzo (Eds.), *Contraceptive technology* (21st ed). New York: Ayer Company Publishers, Inc.

35. Nayar, R., & Wilbur, D. C. (2015). The Pap test and Bethesda 2014. *Acta Cytologica*, *29,* 121–132. Retrieved from https://www.karger.com/Article/Pdf/381842

36. National Cancer Institute. (2022). *NCI dictionary of cancer terms.* Retrieved from https://www.cancer.gov/publications/dictionaries/cancer-terms

37. Centers for Disease Control and Prevention. (2021). *Reported STDs in the United States, 2019*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/STD-Trends-508.pdf

38. (a) Centers for Disease Control and Prevention. (2021). Sexually transmitted infections treatment guidelines, 2021. *MMWR*, *70*(RR-4), 1–187. Retrieved from https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf (b) Centers for Disease Control and Prevention. (2021). *Screening recommendations and considerations referenced in treatment guidelines and original sources.* Retrieved from https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

39. Barrow, R. Y., Ahmed, F., Bolan, G. A., & Workowski, K. A. (2020). Recommendations for providing quality sexually transmitted diseases clinical services, 2020. *MMWR Recommendations and Reports, 68*(RR-5), 1–20. Retrieved from https://www.cdc.gov/mmwr/volumes/68/rr/rr6805a1.htm?s_cid=rr6805a1_w

40. Centers for Disease Control and Prevention. (2020, April 6). *[Dear Colleague Letter: Guidance to STD prevention programs during COVID-19].* Retrieved from https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf

41. Centers for Disease Control and Prevention. (2020, May 13). *[Dear Colleague Letter: Clarification of guidance for the use of expedited partner therapy during COVID-19].* Retrieved from https://www.cdc.gov/std/dstdp/dcl-clarification-may2020.pdf

42. Centers for Disease Control and Prevention. (2022). *Drug and diagnostic test notices, drug shortages of gentamicin and cefixime*. Retrieved from https://www.cdc.gov/std/treatment/drug-notices.htm

43. U.S. Preventive Services Task Force. (2021, September 14). *Chlamydia and gonorrhea: Screening.* Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening

44. Healthy People 2030. (n.d.). *Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia—STI-01*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/increase-proportion-sexually-active-female-adolescents-and-young-women-who-get-screened-chlamydia-sti-01

45. Henry J. Kaiser Family Foundation. (2022, April 26). *Status of state action on the Medicaid expansion decision.* Retrieved from https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

46. Drugs.com. (2020). *How effective is Twirla® compared to other birth control methods?* Retrieved from https://www.drugs.com/medical-answers/effective-twirla-compared-birth-control-methods-3555107/

47. Evofem Biosciences. (2022). *Phexxi®.* Retrieved from https://hcp-phexxi.com/efficacy_and_safety

48. The American College of Obstetricians and Gynecologists. (2017, July, Reaffirmed 2021). Breast cancer risk assessment and screening in average-risk women. *Practice Bulletin, No. 179.* Retrieved from https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women

Appendix A

National Trend Exhibits

Exhibit A–1a. **Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2011–2021**

Region	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Grantees											
I	11	11	11	12	11	11	11	12	10	4	4
II	7	7	6	6	6	6	6	8	8	7	7
III	9	9	10	10	10	10	10	12	12	11	11
IV	10	13	13	14	10	9	9	11	12	11	11
V	12	11	11	10	12	11	11	13	12	8	8
VI	6	6	7	6	6	7	6	8	9	8	8
VII	5	5	5	5	5	5	5	5	6	5	5
VIII	6	6	6	6	6	6	6	6	6	5	5
IX	17	17	18	17	17	18	17	18	19	14	14
X	8	8	8	8	8	8	8	6	6	2	2
Total	**91**	**93**	**95**	**94**	**91**	**91**	**89**	**99**	**100**	**75**	**75**
Subrecipients											
I	72	67	66	67	71	69	68	75	61	21	22
II	80	75	71	70	70	68	68	72	68	18	23
III	230	265	271	258	316	223	225	218	173	175	171
IV	183	184	214	253	226	281	277	267	271	265	267
V	135	129	133	120	122	118	113	131	134	110	110
VI	79	78	90	45	47	41	39	48	46	49	52
VII	106	101	97	93	94	92	91	93	92	86	90
VIII	74	75	74	74	74	68	69	68	62	64	64
IX	121	113	105	95	102	99	85	89	86	72	93
X	62	61	60	59	59	58	56	67	67	7	7
Total	**1,142**	**1,148**	**1,181**	**1,134**	**1,181**	**1,117**	**1,091**	**1,128**	**1,060**	**867**	**899**
Service Sites											
I	228	238	225	233	224	225	221	242	214	52	60
II	263	253	256	251	247	244	244	241	237	61	65
III	639	633	627	615	648	640	653	626	614	606	606
IV	1,076	1,044	1,019	1,183	936	914	912	900	910	852	919
V	392	364	362	340	383	374	365	388	394	238	239
VI	553	521	571	442	457	425	415	468	466	488	488
VII	267	251	242	223	218	221	210	202	197	190	180
VIII	179	185	182	182	177	180	162	170	157	147	158
IX	539	474	460	441	461	469	465	478	391	355	526
X	246	226	224	217	200	206	211	239	245	42	43
Total	**4,382**	**4,189**	**4,168**	**4,127**	**3,951**	**3,898**	**3,858**	**3,954**	**3,825**	**3,031**	**3,284**

Exhibit A–1b. **Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2011–2021**

Region	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Grantees											
I	12%	12%	12%	13%	12%	12%	12%	12%	10%	5%	5%
II	8%	8%	6%	6%	7%	7%	7%	8%	8%	9%	9%
III	10%	10%	11%	11%	11%	11%	11%	12%	12%	15%	15%
IV	11%	14%	14%	15%	11%	10%	10%	11%	12%	15%	15%
V	13%	12%	12%	11%	13%	12%	12%	13%	12%	11%	11%
VI	7%	6%	7%	6%	7%	8%	7%	8%	9%	11%	11%
VII	5%	5%	5%	5%	5%	5%	6%	5%	6%	7%	7%
VIII	7%	6%	6%	6%	7%	7%	7%	6%	6%	7%	7%
IX	19%	18%	19%	18%	19%	20%	19%	18%	19%	19%	19%
X	9%	9%	8%	9%	9%	9%	9%	6%	6%	3%	3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	7%	6%	2%	2%
II	7%	7%	6%	6%	6%	6%	6%	6%	6%	2%	3%
III	20%	23%	23%	23%	27%	20%	21%	19%	16%	20%	19%
IV	16%	16%	18%	22%	19%	25%	25%	24%	26%	31%	30%
V	12%	11%	11%	11%	10%	11%	10%	12%	13%	13%	12%
VI	7%	7%	8%	4%	4%	4%	4%	4%	4%	6%	6%
VII	9%	9%	8%	8%	8%	8%	8%	8%	9%	10%	10%
VIII	6%	7%	6%	7%	6%	6%	6%	6%	6%	7%	7%
IX	11%	10%	9%	8%	9%	9%	8%	8%	8%	8%	10%
X	5%	5%	5%	5%	5%	5%	5%	6%	6%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Service Sites											
I	5%	6%	5%	6%	6%	6%	6%	6%	6%	2%	2%
II	6%	6%	6%	6%	6%	6%	6%	6%	6%	2%	2%
III	15%	15%	15%	15%	16%	16%	17%	16%	16%	20%	18%
IV	25%	25%	24%	29%	24%	23%	24%	23%	24%	28%	28%
V	9%	9%	9%	8%	10%	10%	9%	10%	10%	8%	7%
VI	13%	12%	14%	11%	12%	11%	11%	12%	12%	16%	15%
VII	6%	6%	6%	5%	6%	6%	5%	5%	5%	6%	5%
VIII	4%	4%	4%	4%	4%	5%	4%	4%	4%	5%	5%
IX	12%	11%	11%	11%	12%	12%	12%	12%	10%	12%	16%
X	6%	5%	5%	5%	5%	5%	5%	6%	6%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–1c. **Number of Title X-funded service sites and users per service site, by year: 2011–2021**

Note: *The data in this graph are presented in tabular form in* ***Exhibits A–1a*** *and* ***A–1b****.*

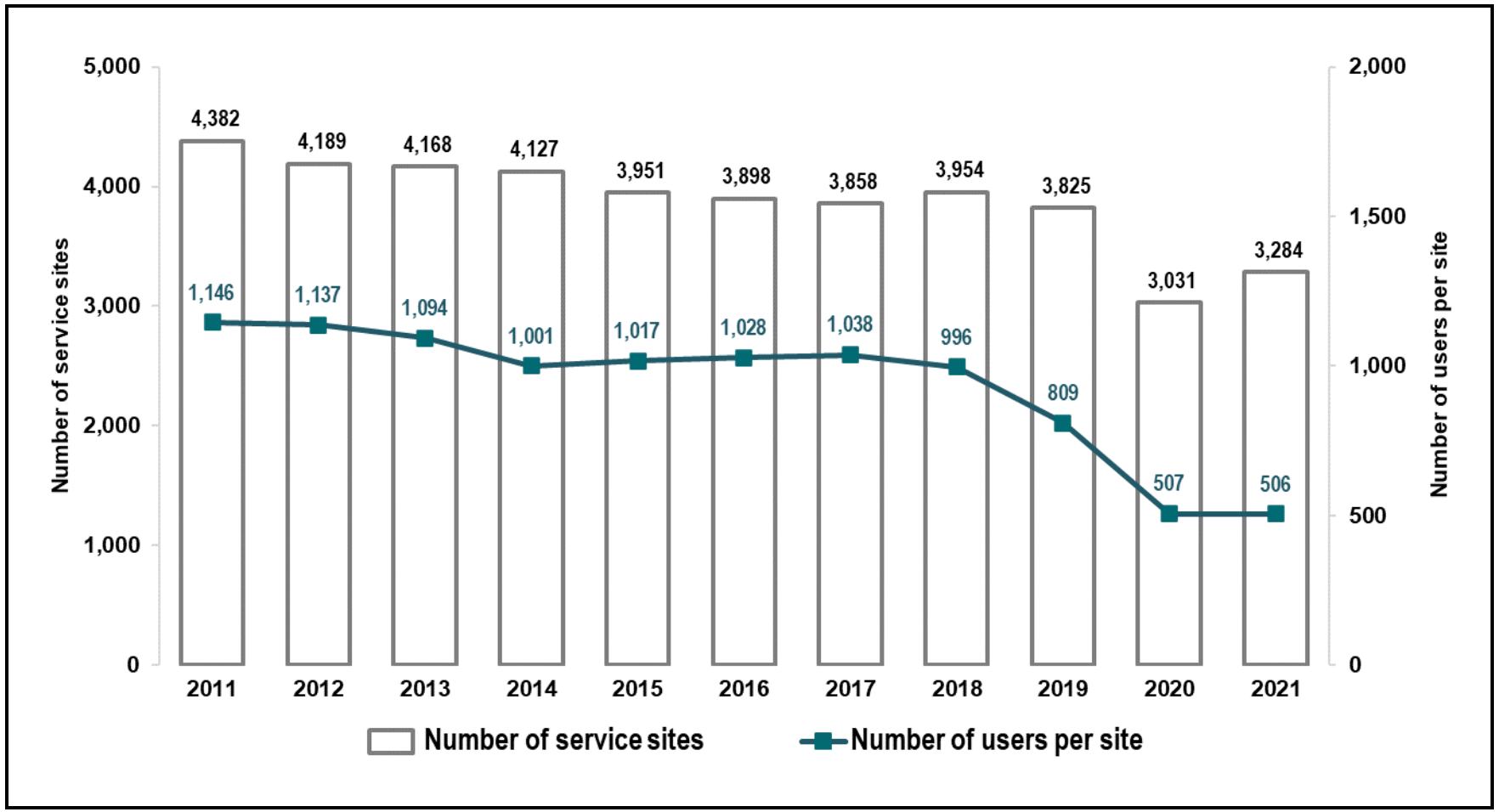

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Exhibit A–2a. **Number and distribution of all family planning users, by region and year and number and percentage of all family planning users, by sex and year: 2011–2021**

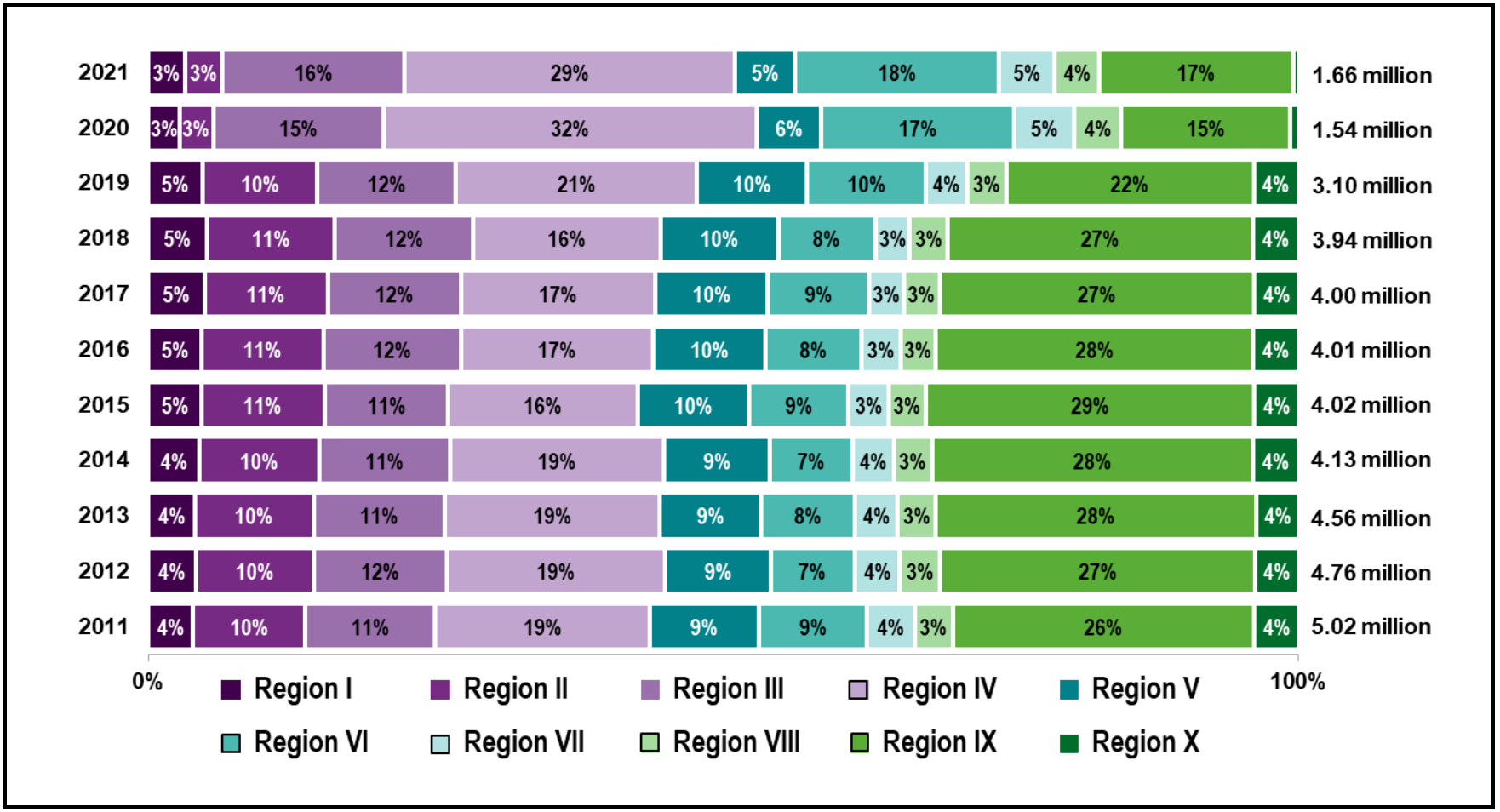
Region	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
I	192,252	195,264	182,684	184,005	184,389	183,383	194,952	201,188	145,737	41,600	53,031
II	493,369	488,872	470,836	429,409	431,060	428,146	429,091	436,971	308,031	45,056	53,881
III	564,163	550,051	520,403	468,157	432,418	477,585	464,216	472,832	374,499	227,809	262,947
IV	940,931	907,020	852,400	770,501	660,156	669,743	677,146	642,224	648,599	498,230	477,609
V	472,062	434,587	401,935	377,552	390,446	390,541	391,901	403,080	295,108	86,424	87,103
VI	475,863	350,164	372,296	298,294	346,670	334,933	350,646	334,107	321,395	257,819	294,333
VII	205,167	186,716	167,286	148,405	140,055	135,907	120,759	116,928	110,363	79,238	81,325
VIII	169,311	163,068	152,248	137,509	131,031	124,021	126,922	131,148	104,814	63,438	64,418
IX	1,314,270	1,309,439	1,269,252	1,149,781	1,146,183	1,102,836	1,093,827	1,044,056	666,147	226,021	279,738
X	194,323	178,616	168,484	165,670	155,607	160,457	154,786	157,215	120,973	11,108	8,081
Total	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
Female	4,635,195	4,378,744	4,184,587	3,764,622	3,607,353	3,553,018	3,541,235	3,446,504	2,690,552	1,326,994	1,419,731
Male	386,516	385,053	373,237	364,661	410,662	454,534	463,011	493,245	405,114	209,749	242,735
I	4%	4%	4%	4%	5%	5%	5%	5%	5%	3%	3%
II	10%	10%	10%	10%	11%	11%	11%	11%	10%	3%	3%
III	11%	12%	11%	11%	11%	12%	12%	12%	12%	15%	16%
IV	19%	19%	19%	19%	16%	17%	17%	16%	21%	32%	29%
V	9%	9%	9%	9%	10%	10%	10%	10%	10%	6%	5%
VI	9%	7%	8%	7%	9%	8%	9%	8%	10%	17%	18%
VII	4%	4%	4%	4%	3%	3%	3%	3%	4%	5%	5%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	4%	4%
IX	26%	27%	28%	28%	29%	28%	27%	27%	22%	15%	17%
X	4%	4%	4%	4%	4%	4%	4%	4%	4%	1%	0%†
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female	92%	92%	92%	91%	90%	89%	88%	87%	87%	86%	85%
Male	8%	8%	8%	9%	10%	11%	12%	13%	13%	14%	15%

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

† Percentage is less than 0.5%.

Exhibit A–2b. **Number and distribution of all family planning users, by region and year: 2011–2021**

Note: *The data in this graph are presented in tabular form in* ***Exhibit A–2a****.*



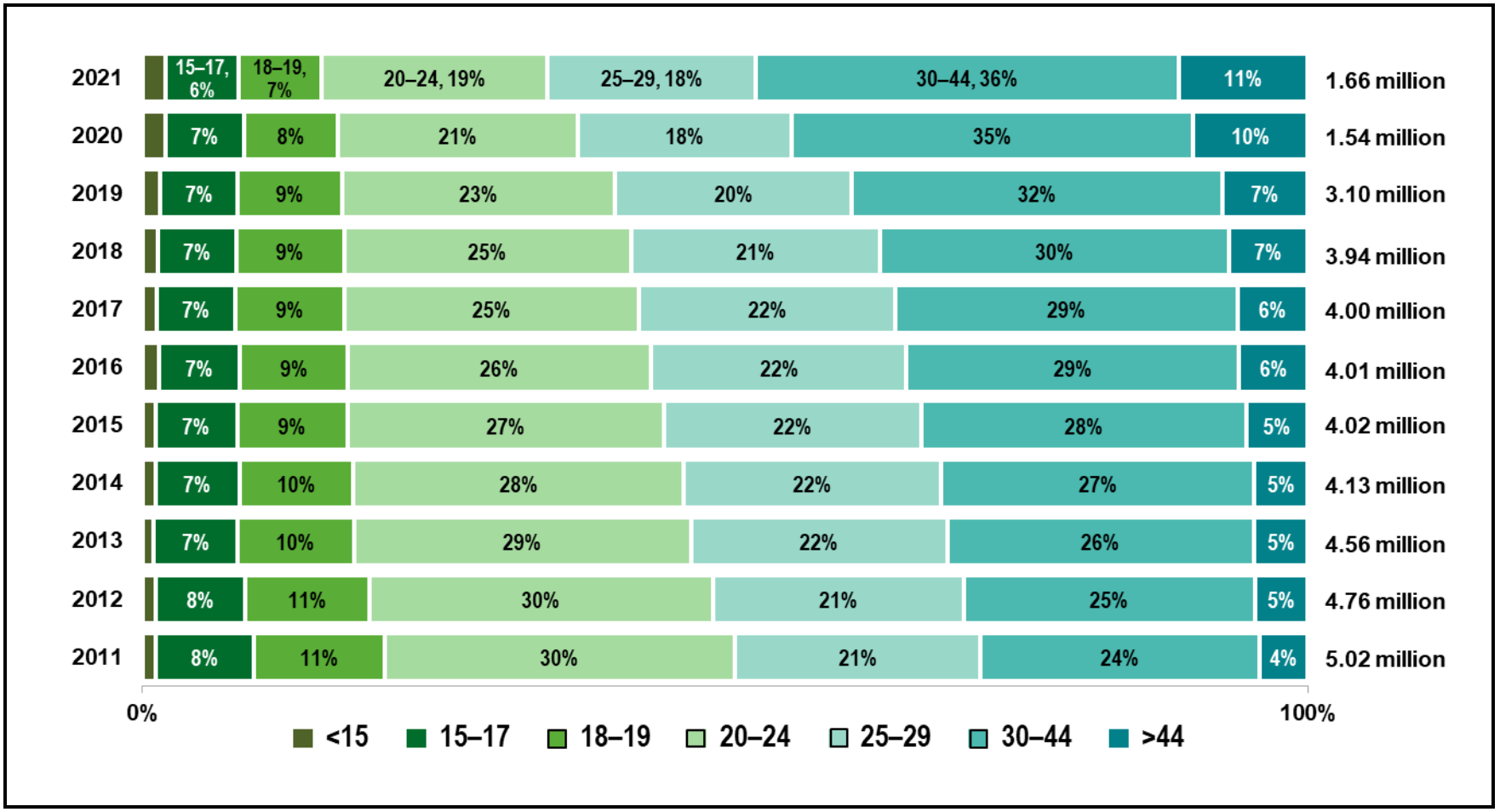
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–3a. Number and distribution of all family planning users, by age and year: 2011–2021

Age Group (Years)	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Under 15	59,351	53,012	45,633	45,863	46,045	58,649	49,060	53,998	47,836	30,052	33,625
15 to 17	423,702	368,965	327,152	298,839	280,785	275,499	271,429	264,389	206,305	104,384	104,299
18 to 19	560,848	505,356	454,044	404,197	379,710	373,253	373,235	363,399	276,270	123,286	117,630
20 to 24	1,508,215	1,405,487	1,320,188	1,169,948	1,091,549	1,043,071	1,013,943	970,356	724,585	316,426	322,825
25 to 29	1,058,256	1,023,503	999,476	912,130	887,225	876,921	877,588	841,832	629,510	281,216	295,634
30 to 34	621,119	616,259	622,258	573,010	570,708	572,573	580,833	573,004	460,181	233,315	260,677
35 to 39	358,400	351,820	355,877	331,439	344,385	359,108	374,756	380,153	320,185	175,455	199,321
40 to 44	222,429	222,621	220,836	200,955	204,360	211,324	220,748	225,997	202,397	121,464	144,734
Over 44	209,391	216,774	212,360	192,902	213,248	237,154	242,654	266,621	228,397	151,145	183,721
Total	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	2%	2%	2%
15 to 17	8%	8%	7%	7%	7%	7%	7%	7%	7%	7%	6%
18 to 19	11%	11%	10%	10%	9%	9%	9%	9%	9%	8%	7%
20 to 24	30%	30%	29%	28%	27%	26%	25%	25%	23%	21%	19%
25 to 29	21%	21%	22%	22%	22%	22%	22%	21%	20%	18%	18%
30 to 34	12%	13%	14%	14%	14%	14%	15%	15%	15%	15%	16%
35 to 39	7%	7%	8%	8%	9%	9%	9%	10%	10%	11%	12%
40 to 44	4%	5%	5%	5%	5%	5%	6%	6%	7%	8%	9%
Over 44	4%	5%	5%	5%	5%	6%	6%	7%	7%	10%	11%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–3b. **Number and distribution of all family planning users, by age and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–3a****.*



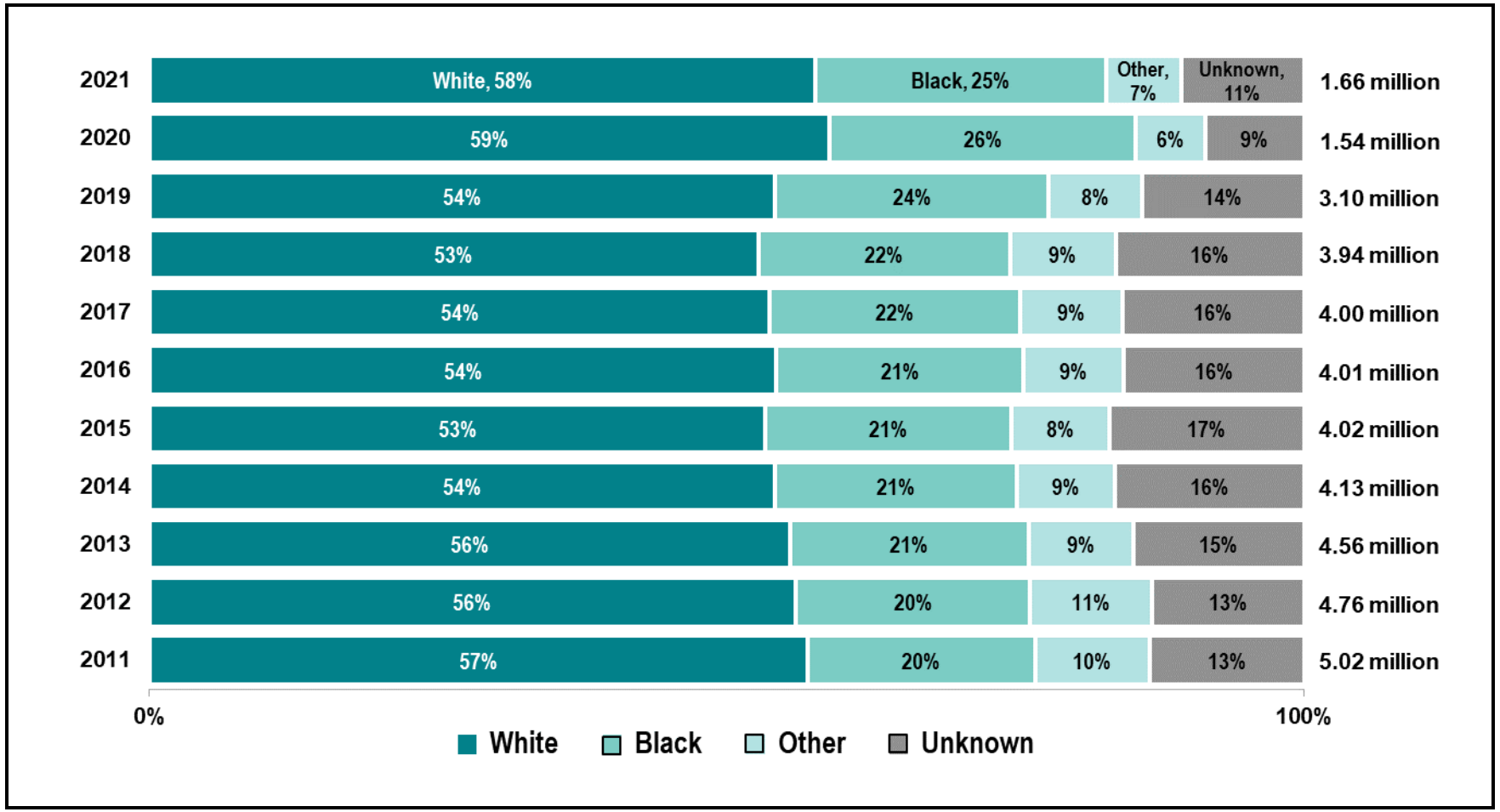
Notes: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users under 15 was 1% each year from 2011 through 2018 and 2% each year from 2019 through 2021.

Exhibit A–4a. Number and distribution of all family planning users, by race and year: 2011–2021

Race	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
American Indian/Alaska Native	43,204	45,785	34,051	29,327	30,526	33,467	35,587	38,097	29,373	16,084	19,349
Asian	134,345	136,412	135,567	128,797	131,676	135,555	143,215	139,084	89,045	25,026	30,637
Black/African American	986,803	969,776	939,941	863,136	857,659	859,886	869,574	861,707	732,825	406,686	418,397
Native Hawaiian/Pacific Islander	70,929	70,519	52,263	39,266	40,941	35,479	31,019	29,545	22,327	13,265	13,195
White	2,864,253	2,664,736	2,530,204	2,238,847	2,142,835	2,174,833	2,150,480	2,076,854	1,677,624	905,460	958,762
More than one race	250,825	248,590	191,871	153,907	136,043	142,564	144,397	151,281	110,372	38,508	45,663
Unknown/not reported	671,352	627,979	673,927	676,003	678,335	625,768	629,974	643,181	434,100	131,714	176,463
Total All Users	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	3%	4%	4%	3%	2%	2%
Black/African American	20%	20%	21%	21%	21%	21%	22%	22%	24%	26%	25%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	57%	56%	56%	54%	53%	54%	54%	53%	54%	59%	58%
More than one race	5%	5%	4%	4%	3%	4%	4%	4%	4%	3%	3%
Unknown/not reported	13%	13%	15%	16%	17%	16%	16%	16%	14%	9%	11%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–4b. **Number and distribution of all family planning users, by race and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–4a****.*



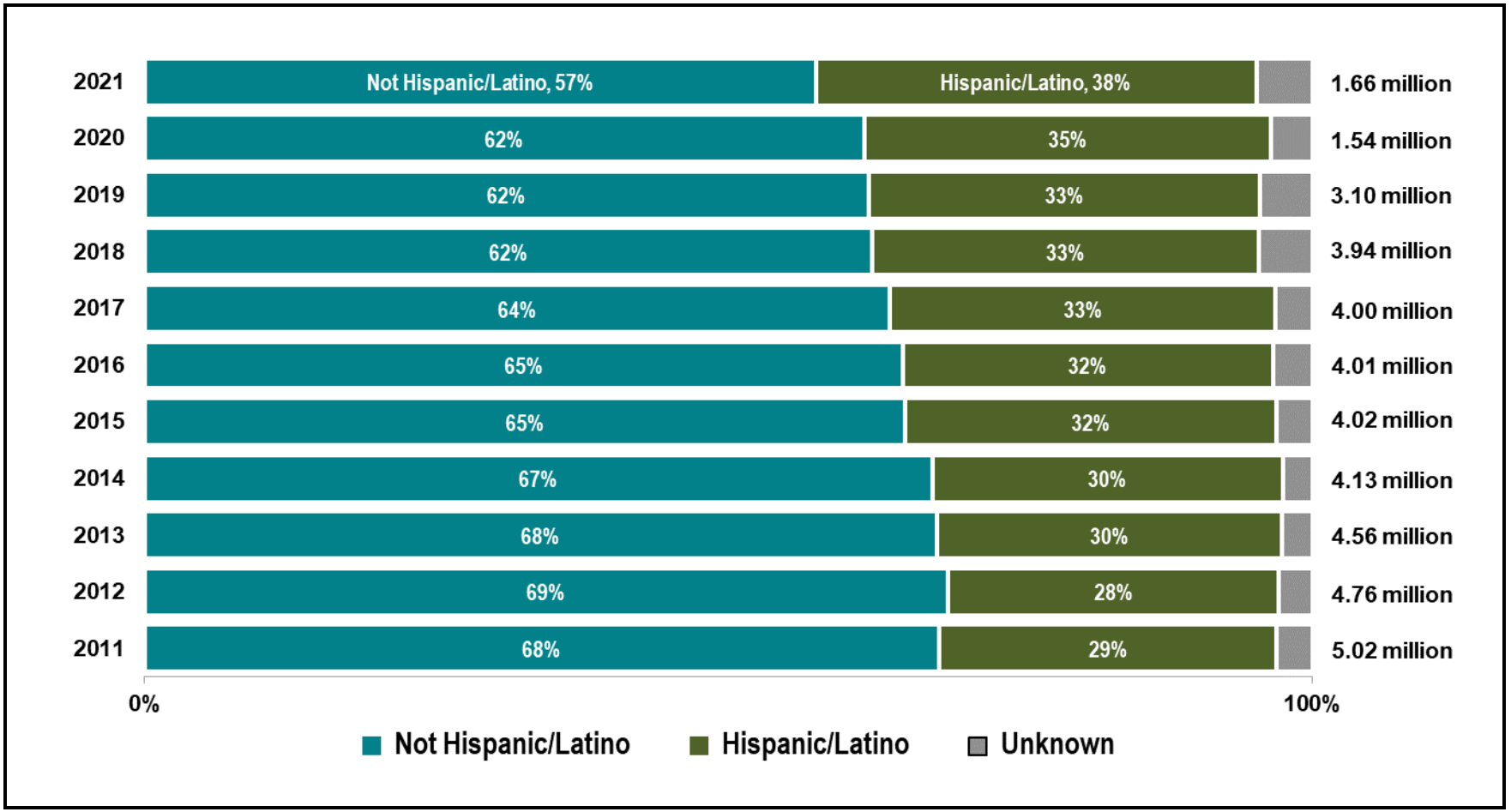
Notes: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian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

Exhibit A–5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2011–2021

Ethnicity	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Hispanic or Latino	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988	1,324,817	1,306,370	1,036,801	534,055	626,784
Not Hispanic or Latino	3,416,314	3,277,828	3,093,545	2,786,005	2,617,597	2,600,742	2,553,416	2,453,448	1,920,228	947,561	955,526
Unknown/not reported	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637	55,127	80,156
Total All Users	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
Hispanic or Latino	29%	28%	30%	30%	32%	32%	33%	33%	33%	35%	38%
Not Hispanic or Latino	68%	69%	68%	67%	65%	65%	64%	62%	62%	62%	57%
Unknown/not reported	3%	3%	3%	3%	3%	3%	3%	5%	4%	4%	5%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–5b. **Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–5a****.*



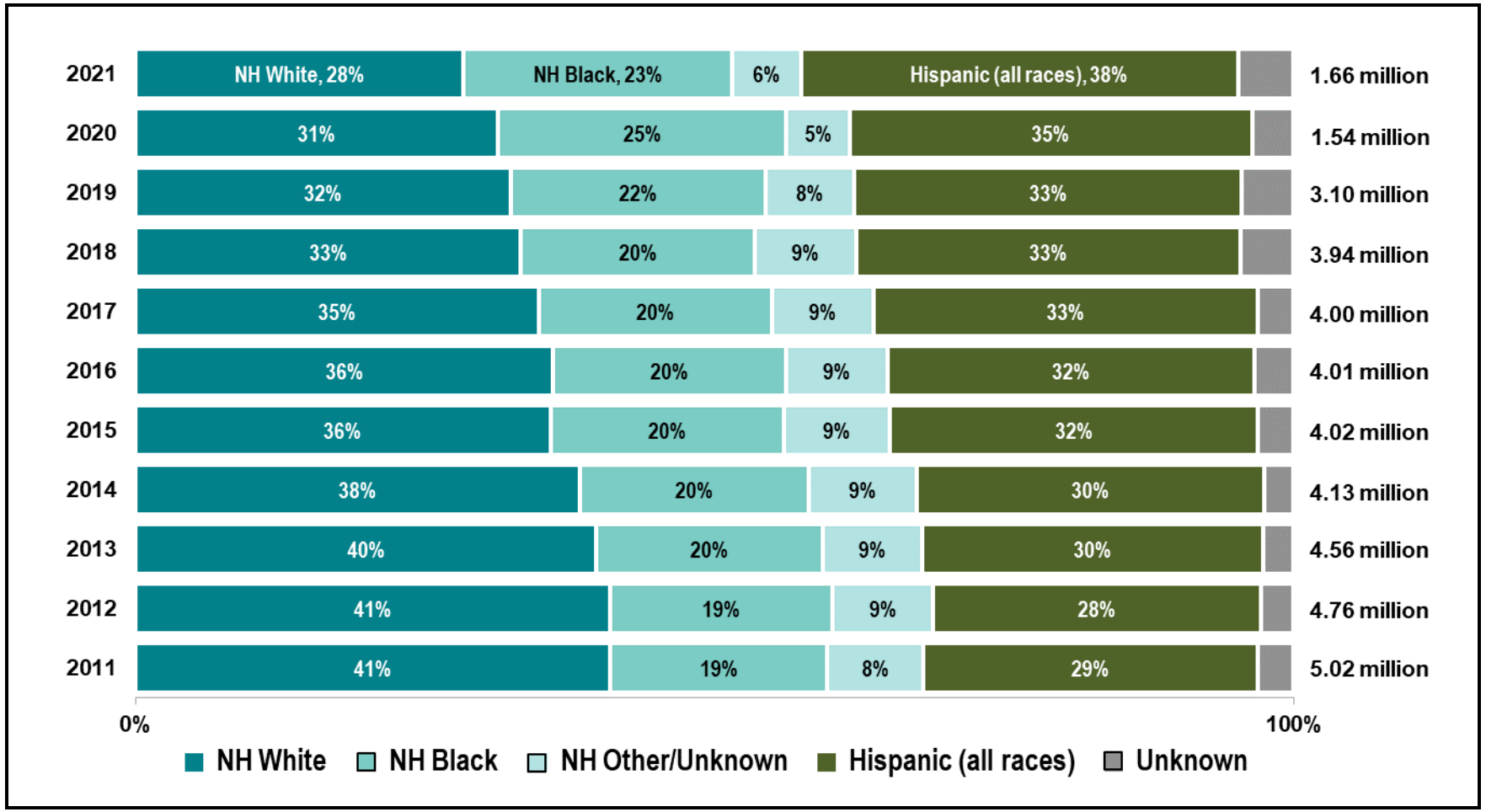
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2011–2021

Ethnicity and Race	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Not Hispanic or Latino											
Asian	121,777	124,790	128,015	119,454	122,310	124,233	130,688	128,678	80,588	22,431	26,813
Black or African American	939,143	917,539	890,133	816,061	811,244	806,815	806,970	796,450	679,361	381,858	385,207
White	2,060,244	1,951,410	1,812,924	1,583,629	1,439,284	1,445,887	1,394,432	1,311,047	1,004,060	481,594	471,105
Other/unknown	295,150	284,089	262,473	266,861	244,759	223,807	221,326	217,273	156,219	61,678	72,401
Hispanic or Latino											
All races	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988	1,324,817	1,306,370	1,036,801	534,055	626,784
Unknown/Not Reported	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637	55,127	80,156
Total All Users	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
Not Hispanic or Latino											
Asian	2%	3%	3%	3%	3%	3%	3%	3%	3%	1%	2%
Black or African American	19%	19%	20%	20%	20%	20%	20%	20%	22%	25%	23%
White	41%	41%	40%	38%	36%	36%	35%	33%	32%	31%	28%
Other/unknown	6%	6%	6%	6%	6%	6%	6%	6%	5%	4%	4%
Hispanic or Latino											
All races	29%	28%	30%	30%	32%	32%	33%	33%	33%	35%	38%
Unknown/Not Reported	3%	3%	3%	3%	3%	3%	3%	5%	4%	4%	5%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Notes: The Not Hispanic or Latino "Other/Unknown" category includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–6b. **Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–6a****.*



NH=Not Hispanic or Latino.

Notes: 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/Unknown” category includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. The “Unknown” category includes users with unknown or not reported Hispanic or Latino ethnicity.

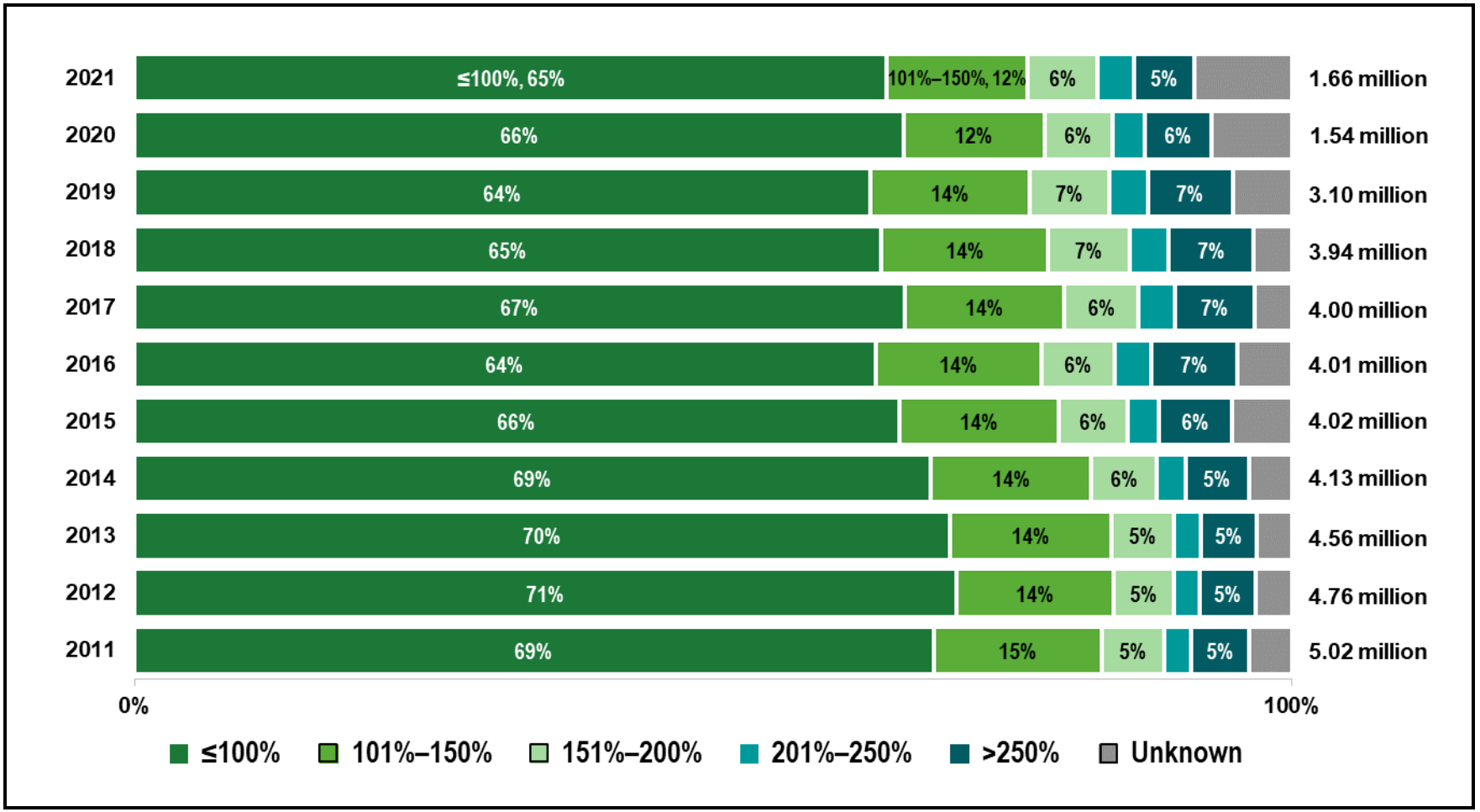
Exhibit A–7a. Number and distribution of all family planning users, by income level and year: 2011–2021

Income Level[a]	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Under 101%	3,466,912	3,382,089	3,211,380	2,840,650	2,653,841	2,564,992	2,665,911	2,542,526	1,968,876	1,020,999	1,080,935
101% to 150%	731,410	649,462	636,484	572,948	556,141	575,420	551,163	566,040	426,239	187,565	201,162
151% to 200%	269,478	247,490	245,805	234,425	238,420	252,273	257,155	277,321	211,586	89,401	101,489
201% to 250%	116,188	103,061	103,246	100,402	105,975	128,874	123,477	134,010	103,816	43,152	52,287
Over 250%	250,829	230,947	222,718	226,918	255,093	297,988	277,975	289,208	226,957	89,329	85,740
Unknown/not reported	186,894	150,748	138,191	153,940	208,545	188,005	128,565	130,644	158,192	106,297	140,853
Total All Users	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
Under 101%	69%	71%	70%	69%	66%	64%	67%	65%	64%	66%	65%
101% to 150%	15%	14%	14%	14%	14%	14%	14%	14%	14%	12%	12%
151% to 200%	5%	5%	5%	6%	6%	6%	6%	7%	7%	6%	6%
201% to 250%	2%	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%
Over 250%	5%	5%	5%	5%	6%	7%	7%	7%	7%	6%	5%
Unknown/not reported	4%	3%	3%	4%	5%	5%	3%	3%	5%	7%	8%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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 individual percentages included in the aggregated categories.

[a] Title X-funded grantees and subrecipients report users' family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at https://aspe.hhs.gov/poverty/.

Exhibit A–7b. **Number and distribution of all family planning users, by income level and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–7a****.*



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

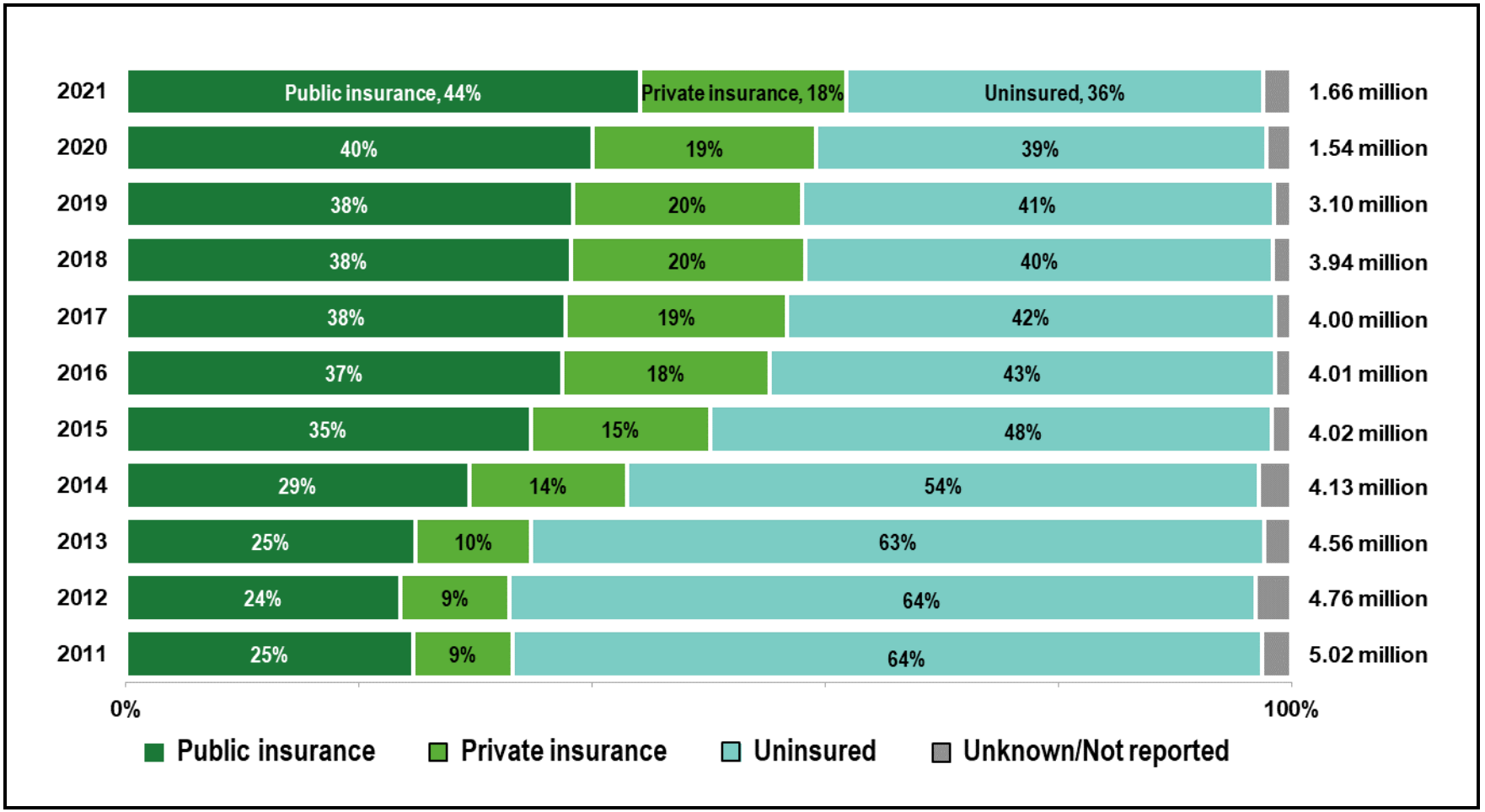
Exhibit A–8a. **Number and distribution of all family planning users, by primary health insurance status and year: 2011–2021**

Primary Insurance	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Public insurance	1,236,343	1,121,372	1,131,406	1,215,648	1,395,201	1,499,672	1,511,533	1,502,777	1,186,684	616,012	733,081
Private insurance	429,919	447,341	453,535	559,845	621,066	715,090	760,051	794,535	607,961	293,557	294,416
Uninsured	3,230,784	3,050,415	2,865,672	2,239,377	1,934,154	1,737,488	1,675,825	1,580,113	1,255,337	593,562	594,416
Unknown/not reported	124,665	144,669	107,211	114,413	67,594	55,302	56,837	62,324	45,684	33,612	40,553
Total All Users	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**	**3,095,666**	**1,536,743**	**1,662,466**
Public insurance	25%	24%	25%	29%	35%	37%	38%	38%	38%	40%	44%
Private insurance	9%	9%	10%	14%	15%	18%	19%	20%	20%	19%	18%
Uninsured	64%	64%	63%	54%	48%	43%	42%	40%	41%	39%	36%
Unknown/not reported	2%	3%	2%	3%	2%	1%	1%	2%	1%	2%	2%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–8b. **Number and distribution of all family planning users, by primary health insurance status and year: 2011–2021**

Note: *The data in this graph are presented in tabular form in* ***Exhibit A–8a.***



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

Exhibit A–9a. **Number of all female family planning users, by primary contraceptive method and year: 2011–2021**

Primary Method	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Most Effective[a]											
Vasectomy	8,632	8,540	8,175	7,582	6,879	8,178	8,848	9,237	7,668	4,751	5,691
Sterilization	90,438	86,854	82,067	74,748	84,108	86,112	94,173	91,569	82,472	56,063	64,684
Hormonal implant	65,673	82,642	108,586	139,799	177,975	209,014	239,029	240,418	190,615	93,062	106,668
Intrauterine device	272,683	284,461	279,289	265,511	273,650	288,939	324,174	323,081	237,073	99,491	121,403
Moderately Effective[a]											
Hormonal injection[b]	645,351	645,136	635,093	611,619	574,476	519,841	500,960	474,609	398,894	213,854	214,237
Vaginal ring	183,182	164,693	142,292	115,230	95,186	83,473	76,252	66,968	46,021	16,967	16,511
Contraceptive patch	89,795	83,145	78,547	69,469	49,010	47,030	48,256	46,384	32,714	12,193	13,969
Oral contraceptive	1,534,684	1,409,300	1,316,671	1,135,950	1,000,062	946,383	894,128	823,992	598,304	267,281	253,963
Cervical cap or diaphragm[c]	3,390	4,116	8,245	2,379	1,660	2,130	2,219	1,652	877	299	—
Less Effective[a]											
Cervical cap or diaphragm[c]	—	—	—	—	—	—	—	—	—	—	294
Male condom	838,131	745,265	692,678	578,139	572,607	559,356	547,129	533,079	385,950	154,843	184,033
Female condom	5,939	3,722	3,914	3,308	3,558	2,929	2,537	3,782	3,159	2,061	1,548
Contraceptive sponge	921	765	541	651	660	138	169	371	377	236	156
Withdrawal or other[d]	115,002	113,016	95,798	70,982	61,504	75,191	73,047	81,486	75,253	47,370	47,902
FAM[e] or LAM	17,105	12,676	11,753	12,648	13,503	14,392	15,287	17,320	17,370	10,107	10,976
Any spermicide or non-spermicidal gel	7,061	4,926	4,028	2,911	1,873	1,848	1,991	1,135	995	696	921
Other											
Abstinence	69,924	71,737	72,486	70,098	73,896	89,102	92,385	99,733	90,729	60,841	73,084
No Method											
Pregnant/seeking pregnancy	361,056	377,547	356,750	330,279	321,229	321,706	313,802	279,025	207,880	101,318	102,864
Other reason	229,541	183,613	181,657	175,111	171,068	175,371	190,518	194,405	167,834	90,152	100,762
Method Unknown	96,687	96,590	106,017	98,208	124,449	121,885	116,331	158,258	146,367	95,409	100,065
Total Female Users	**4,635,195**	**4,378,744**	**4,184,587**	**3,764,622**	**3,607,353**	**3,553,018**	**3,541,235**	**3,446,504**	**2,690,552**	**1,326,994**	**1,419,731**
Using Most, Moderately, or Less Effective Method	**3,877,987**	**3,649,257**	**3,467,677**	**3,090,926**	**2,916,711**	**2,844,954**	**2,828,199**	**2,715,083**	**2,077,742**	**979,274**	**1,042,956**
Most effective[a]	437,426	462,497	478,117	487,640	542,612	592,243	666,224	664,305	517,828	253,367	298,446
Moderately effective[a,c]	2,456,402	2,306,390	2,180,848	1,934,647	1,720,394	1,598,857	1,521,815	1,413,605	1,076,810	510,594	498,680
Less effective[a,c]	984,159	880,370	808,712	668,639	653,705	653,854	640,160	637,173	483,104	215,313	245,830
Abstinent	**69,924**	**71,737**	**72,486**	**70,098**	**73,896**	**89,102**	**92,385**	**99,733**	**90,729**	**60,841**	**73,084**
Not Using a Method	**590,597**	**561,160**	**538,407**	**505,390**	**492,297**	**497,077**	**504,320**	**473,430**	**375,714**	**191,470**	**203,626**
Method Unknown	**96,687**	**96,590**	**106,017**	**98,208**	**124,449**	**121,885**	**116,331**	**158,258**	**146,367**	**95,409**	**100,065**

FAM=fertility awareness-based method. **LAM**=lactational amenorrhea method. — Not applicable.

[a] See Table 7 comments in the ***Field and Methodological Notes*** (***Appendix C***).

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

[c] For 2011–2020, cervical cap or diaphragm was categorized as a "moderately effective" method, and for 2021, it is categorized as a "less effective" method (see Reference 34).

[d] Withdrawal or Other category includes other methods not listed separately in FPAR Table 7.

[e] The FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

Exhibit A–9b. Distribution of all female family planning users, by primary contraceptive method and year: 2011–2021

Primary Method	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Most Effective[a]											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	3%	3%	3%	4%	5%
Hormonal implant	1%	2%	3%	4%	5%	6%	7%	7%	7%	7%	8%
Intrauterine device	6%	6%	7%	7%	8%	8%	9%	9%	9%	7%	9%
Moderately Effective[a]											
Hormonal injection[b]	14%	15%	15%	16%	16%	15%	14%	14%	15%	16%	15%
Vaginal ring	4%	4%	3%	3%	3%	2%	2%	2%	2%	1%	1%
Contraceptive patch	2%	2%	2%	2%	1%	1%	1%	1%	1%	1%	1%
Oral contraceptive	33%	32%	31%	30%	28%	27%	25%	24%	22%	20%	18%
Cervical cap or diaphragm[c]	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	—
Less Effective[a]											
Cervical cap or diaphragm[c]	—	—	—	—	—	—	—	—	—	—	0%†
Male condom	18%	17%	17%	15%	16%	16%	15%	15%	14%	12%	13%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other[d]	2%	3%	2%	2%	2%	2%	2%	2%	3%	4%	3%
FAM[e] or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Any spermicide or non-spermicidal gel	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	2%	2%	2%	2%	2%	3%	3%	3%	3%	5%	5%
No Method											
Pregnant/seeking pregnancy	8%	9%	9%	9%	9%	9%	9%	8%	8%	8%	7%
Other reason	5%	4%	4%	5%	5%	5%	5%	6%	6%	7%	7%
Method Unknown	2%	2%	3%	3%	3%	3%	3%	5%	5%	7%	7%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method	**84%**	**83%**	**83%**	**82%**	**81%**	**80%**	**80%**	**79%**	**77%**	**74%**	**73%**
Most effective[a]	9%	11%	11%	13%	15%	17%	19%	19%	19%	19%	21%
Moderately effective[a,c]	53%	53%	52%	51%	48%	45%	43%	41%	40%	38%	35%
Less effective[a,c]	21%	20%	19%	18%	18%	18%	18%	18%	18%	16%	17%
Abstinent	**2%**	**2%**	**2%**	**2%**	**2%**	**3%**	**3%**	**3%**	**3%**	**5%**	**5%**
Not Using a Method	**13%**	**13%**	**13%**	**13%**	**14%**	**14%**	**14%**	**14%**	**14%**	**14%**	**14%**
Method Unknown	**2%**	**2%**	**3%**	**3%**	**3%**	**3%**	**3%**	**5%**	**5%**	**7%**	**7%**

FAM=fertility awareness-based method. **LAM**=lactational amenorrhea method. — Not applicable. Note: Due to rounding, the percentages in each year may not sum to 100%.

[a] See Table 7 comments in the ***Field and Methodological Notes*** (***Appendix C***).

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

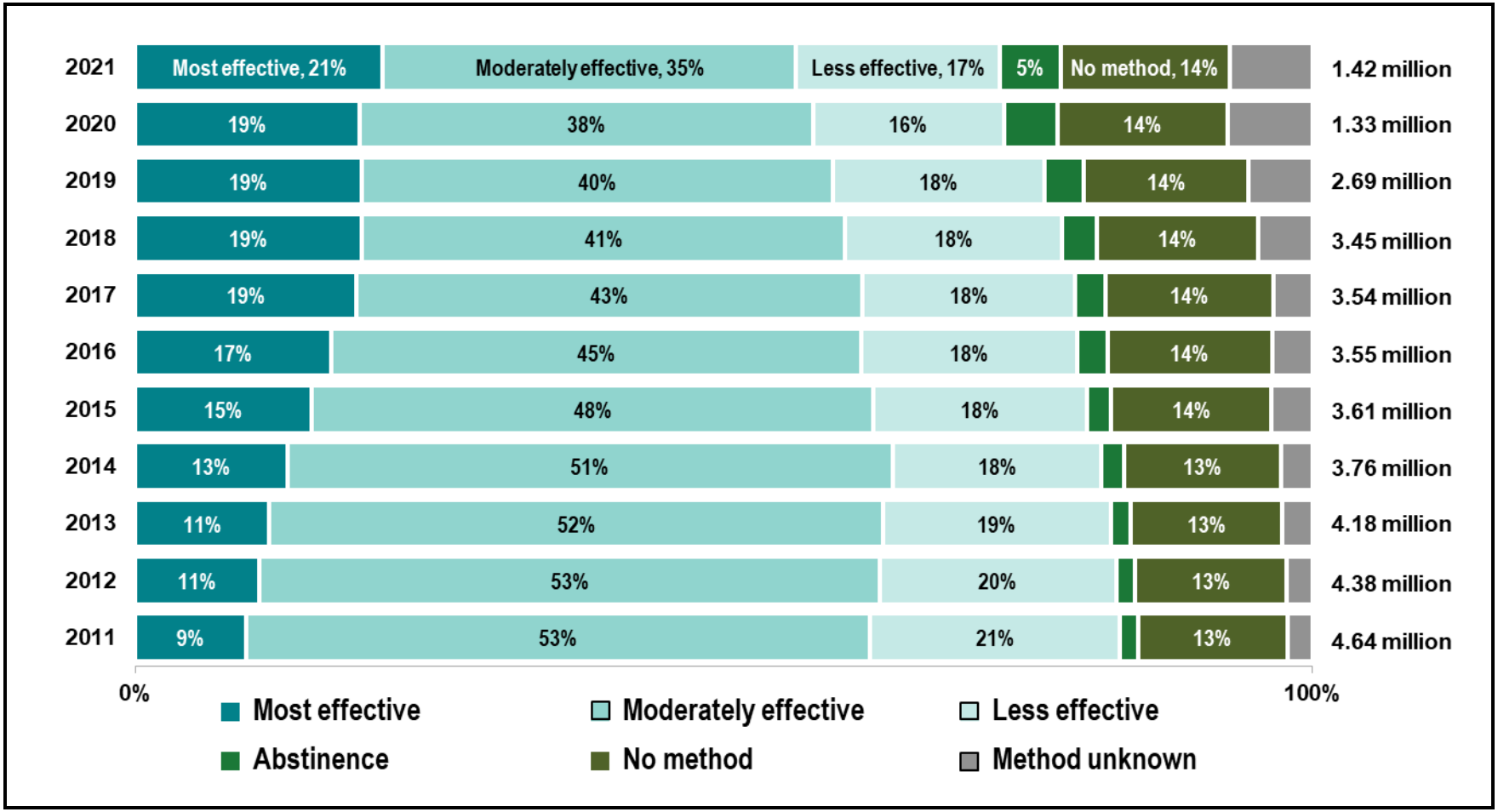
[c] For 2011–2020, cervical cap or diaphragm was categorized as a "moderately effective" method, and for 2021, it is categorized as a "less effective" method (see Reference 34).

[d] Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.

[e] The FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

† Percentage is less than 0.5%.

Exhibit A–9c. **Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibits A–9a*** *and* ***A–9b****.*



Notes: Due to rounding, the percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of individual percentages included in the aggregated categories. ***Most effective permanent*** methods include vasectomy (male sterilization) and female sterilization. ***Most effective reversible*** methods include implants and intrauterine devices/systems. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 only), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. See Table 7 comments in the ***Field and Methodological Notes*** (***Appendix C***).

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Exhibit A–10a. Number of all male family planning users, by primary contraceptive method and year: 2011–2021

Primary Contraceptive Method	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Vasectomy	4,409	5,132	3,619	2,763	3,309	3,296	3,402	3,933	2,913	1,613	1,878
Male condom	289,141	284,445	278,964	262,255	285,549	297,265	299,268	303,572	225,977	92,016	101,098
FAM[a]	930	986	953	1,079	1,092	1,873	2,585	3,417	3,747	2,115	2,319
Abstinence[b]	16,691	15,855	15,269	21,127	24,163	32,464	33,275	36,918	35,183	26,569	31,511
Withdrawal or other method	10,635	14,222	8,892	9,992	10,858	14,135	14,407	12,915	12,912	7,996	10,560
Rely on female method[c]	22,534	26,233	22,128	22,063	22,173	28,729	33,625	34,905	32,507	21,711	26,396
No Method											
Partner pregnant/seeking pregnancy	3,160	3,565	2,900	3,253	4,981	5,730	5,997	3,967	4,916	2,614	2,982
Other reason	24,996	20,088	20,283	21,501	25,667	31,729	36,330	48,035	45,850	24,204	28,897
Method Unknown	14,020	14,527	20,229	20,628	32,870	39,313	34,122	45,583	41,109	30,911	37,094
Total Male Users	**386,516**	**385,053**	**373,237**	**364,661**	**410,662**	**454,534**	**463,011**	**493,245**	**405,114**	**209,749**	**242,735**
Using Most, Moderately, or Less Effective Method[d]	**327,649**	**331,018**	**314,556**	**298,152**	**322,981**	**345,298**	**353,287**	**358,742**	**278,056**	**125,451**	**142,251**
Abstinence[b]	**16,691**	**15,855**	**15,269**	**21,127**	**24,163**	**32,464**	**33,275**	**36,918**	**35,183**	**26,569**	**31,511**
Not Using a Method	**28,156**	**23,653**	**23,183**	**24,754**	**30,648**	**37,459**	**42,327**	**52,002**	**50,766**	**26,818**	**31,879**
Method Unknown	**14,020**	**14,527**	**20,229**	**20,628**	**32,870**	**39,313**	**34,122**	**45,583**	**41,109**	**30,911**	**37,094**

FAM=fertility awareness-based method.

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

[b] User refrained from oral, vaginal, and anal intercourse.

[c] "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm with spermicidal cream/jelly, female condoms, LAM, and spermicide (used alone).

[d] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 only), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes*** (***Appendix C***).

Exhibit A–10b. Distribution of all male family planning users, by primary contraceptive method and year: 2011–2021

Primary Contraceptive Method	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Vasectomy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Male condom	75%	74%	75%	72%	70%	65%	65%	62%	56%	44%	42%
FAM[a]	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Abstinence[b]	4%	4%	4%	6%	6%	7%	7%	7%	9%	13%	13%
Withdrawal or other method	3%	4%	2%	3%	3%	3%	3%	3%	3%	4%	4%
Rely on female method[c]	6%	7%	6%	6%	5%	6%	7%	7%	8%	10%	11%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other reason	6%	5%	5%	6%	6%	7%	8%	10%	11%	12%	12%
Method Unknown	4%	4%	5%	6%	8%	9%	7%	9%	10%	15%	15%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[d]	**85%**	**86%**	**84%**	**82%**	**79%**	**76%**	**76%**	**73%**	**69%**	**60%**	**59%**
Abstinence[b]	**4%**	**4%**	**4%**	**6%**	**6%**	**7%**	**7%**	**7%**	**9%**	**13%**	**13%**
Not Using a Method	**7%**	**6%**	**6%**	**7%**	**7%**	**8%**	**9%**	**11%**	**13%**	**13%**	**13%**
Method Unknown	**4%**	**4%**	**5%**	**6%**	**8%**	**9%**	**7%**	**9%**	**10%**	**15%**	**15%**

FAM=fertility awareness-based method.

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

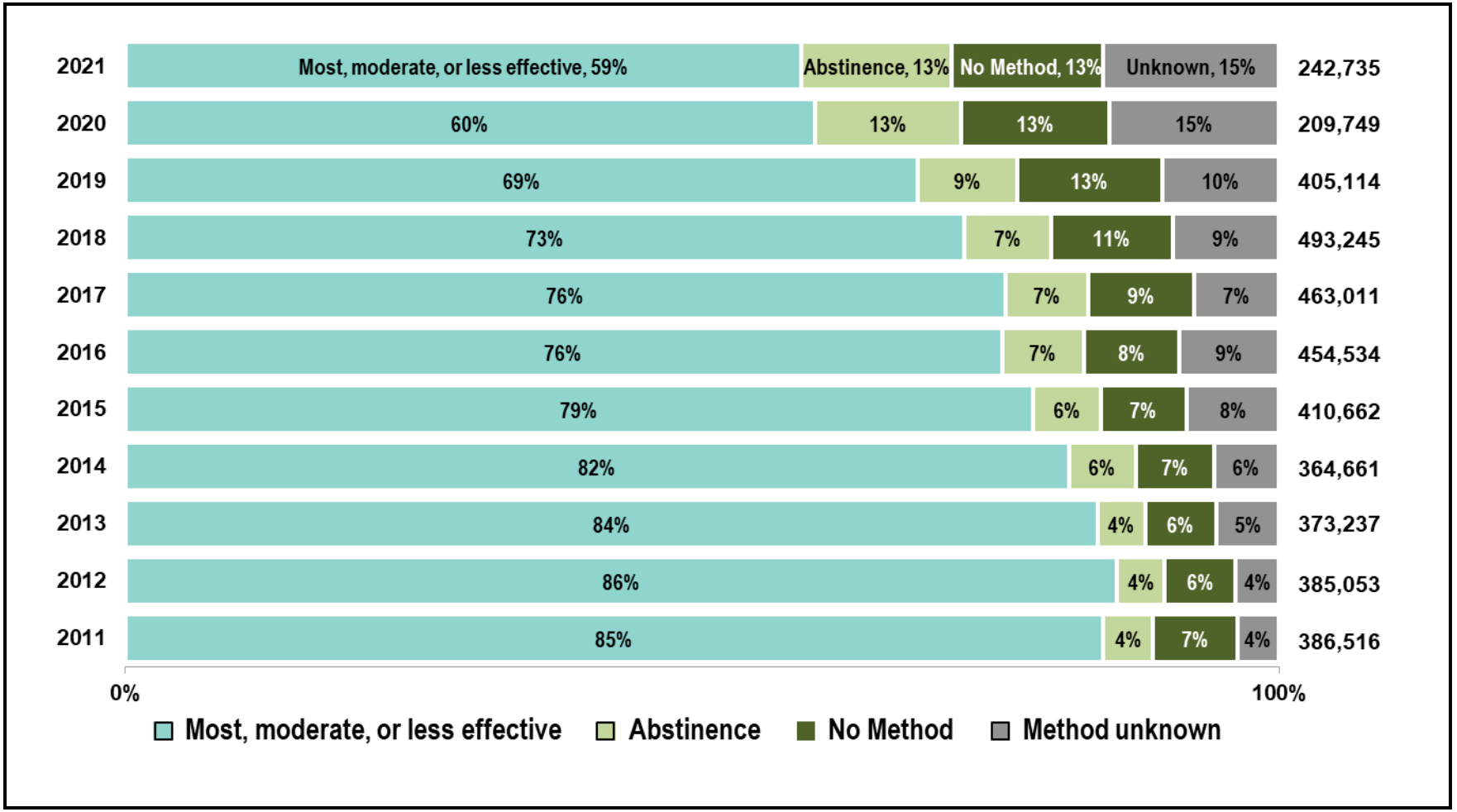
[b] User refrained from oral, vaginal, and anal intercourse.

[c] "Female methods" include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm with spermicidal cream/jelly, female condoms, LAM, and spermicide (used alone).

[d] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 only), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes*** (***Appendix C***).

† Percentage is less than 0.5%.

Exhibit A–10c. **Number and distribution of all male family planning users, by type of primary contraceptive method and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibits A–10a*** *and* ***A–10b****.*



Note: ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. ***Less effective*** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 only), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes*** (***Appendix C***).

Exhibit A–11a. **Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2011–2021**

Screening Measures	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Female Users Screened											
Number	1,444,418	1,237,328	988,114	785,540	743,683	687,373	649,266	625,808	541,661	297,037	324,536
Percentage	31%	28%	24%	21%	21%	19%	18%	18%	20%	22%	23%
Pap Tests Performed											
Number	1,522,777	1,308,667	1,043,671	813,858	769,807	720,215	683,247	651,920	561,534	312,757	349,236
Percentage with an ASC or higher result	15%	14%	14%	14%	14%	14%	14%	14%	13%	13%	12%

ASC=atypical squamous cells.

Exhibit A–11b. **Number and percentage of female users who received a Pap test, by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–11a****.*

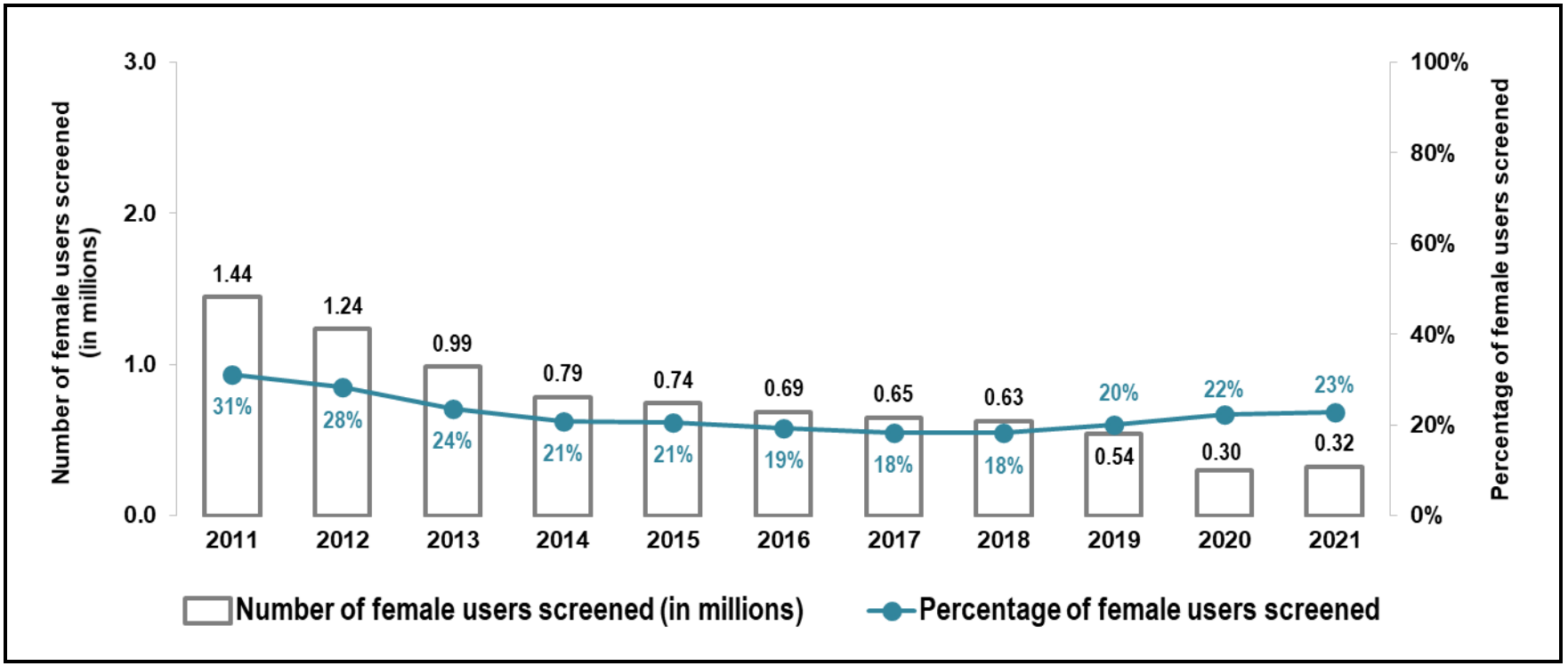


Exhibit A–12a. **Number and percentage of female users under 25 tested for chlamydia, by year: 2011–2021**

Chlamydia Testing Measures	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number tested	1,357,231	1,268,269	1,181,534	1,011,474	955,775	953,273	939,250	900,603	644,080	264,100	265,817
Percentage tested	58%	59%	60%	58%	59%	61%	61%	61%	58%	52%	53%

Exhibit A–12b. **Number and percentage of female users under 25 tested for chlamydia, by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–12a****.*

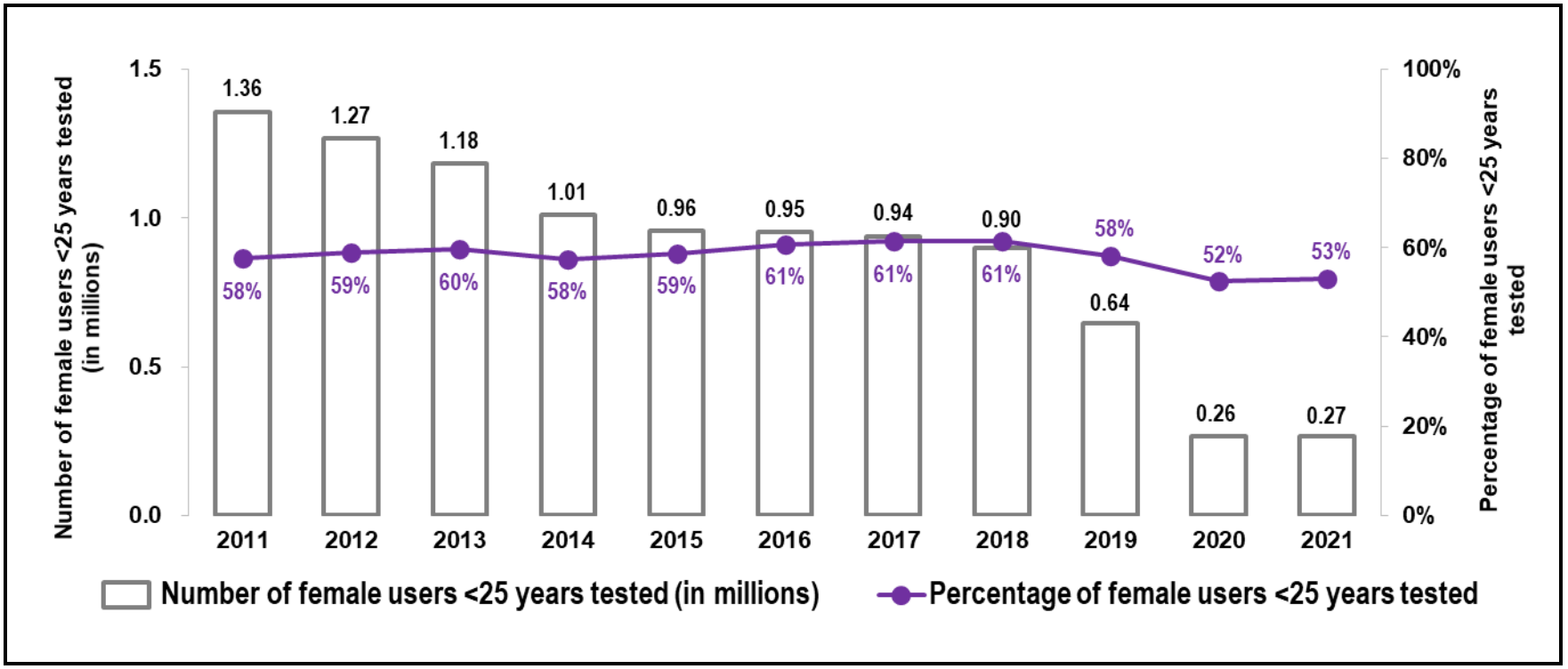


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Exhibit A–13a. **Number of gonorrhea, syphilis, and confidential HIV tests performed, number of tests per 10 users, and number of positive confidential HIV tests and anonymous HIV tests, by year: 2011–2021**

STI Tests	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Gonorrhea Tests											
Female	2,470,645	2,409,406	2,285,723	1,966,864	1,885,899	1,989,889	2,073,331	2,004,847	1,476,781	658,240	734,638
Male	258,933	271,153	271,920	271,201	298,056	326,051	351,585	372,146	274,410	114,380	127,292
Total	**2,729,578**	**2,680,559**	**2,557,643**	**2,238,065**	**2,183,955**	**2,315,940**	**2,424,916**	**2,376,993**	**1,751,191**	**772,620**	**861,930**
Tests per 10 Users											
Female	5.3	5.5	5.5	5.2	5.2	5.6	5.9	5.8	5.5	5.0	5.2
Male	6.7	7.0	7.3	7.4	7.3	7.2	7.6	7.5	6.8	5.5	5.2
Total	**5.4**	**5.6**	**5.6**	**5.4**	**5.4**	**5.8**	**6.1**	**6.0**	**5.7**	**5.0**	**5.2**
Syphilis Tests											
Female	608,224	580,583	564,953	468,980	444,259	486,687	540,346	563,072	516,439	256,861	318,092
Male	135,557	133,957	122,620	121,135	132,447	149,155	168,815	189,216	158,325	68,952	85,400
Total	**743,781**	**714,540**	**687,573**	**590,115**	**576,706**	**635,842**	**709,161**	**752,288**	**674,764**	**325,813**	**403,492**
Tests per 10 Users											
Female	1.3	1.3	1.4	1.2	1.2	1.4	1.5	1.6	1.9	1.9	2.2
Male	3.5	3.5	3.3	3.3	3.2	3.3	3.6	3.8	3.9	3.3	3.5
Total	**1.5**	**1.5**	**1.5**	**1.4**	**1.4**	**1.6**	**1.8**	**1.9**	**2.2**	**2.1**	**2.4**
Confidential HIV Tests											
Female	1,080,909	1,036,695	989,872	822,723	869,678	902,905	917,623	946,231	745,213	328,495	376,321
Male	202,466	213,172	197,759	208,901	243,957	260,978	274,496	291,737	216,646	101,050	111,674
Total	**1,283,375**	**1,249,867**	**1,187,631**	**1,031,624**	**1,113,635**	**1,163,883**	**1,192,119**	**1,237,968**	**961,859**	**429,545**	**487,995**
Tests per 10 Users											
Female	2.3	2.4	2.4	2.2	2.4	2.5	2.6	2.7	2.8	2.5	2.7
Male	5.2	5.5	5.3	5.7	5.9	5.7	5.9	5.9	5.3	4.8	4.6
Total	**2.6**	**2.6**	**2.6**	**2.5**	**2.8**	**2.9**	**3.0**	**3.1**	**3.1**	**2.8**	**2.9**
Positive Test Results	**1,644**	**2,125**	**1,771**	**2,112**	**2,423**	**2,824**	**2,195**	**2,699**	**3,685**	**1,359**	**1,439**
Anonymous HIV Tests	**5,289**	**8,388**	**2,289**	**1,458**	**3,939**	**3,886**	**2,083**	**1,963**	**613**	**672**	**909**

Exhibit A–13b. **Number of gonorrhea tests performed and number of tests per 10 users (all, female, and male), by year: 2011–2021**

Note: *The data in this graph are presented in tabular form in* ***Exhibit A–13a****.*

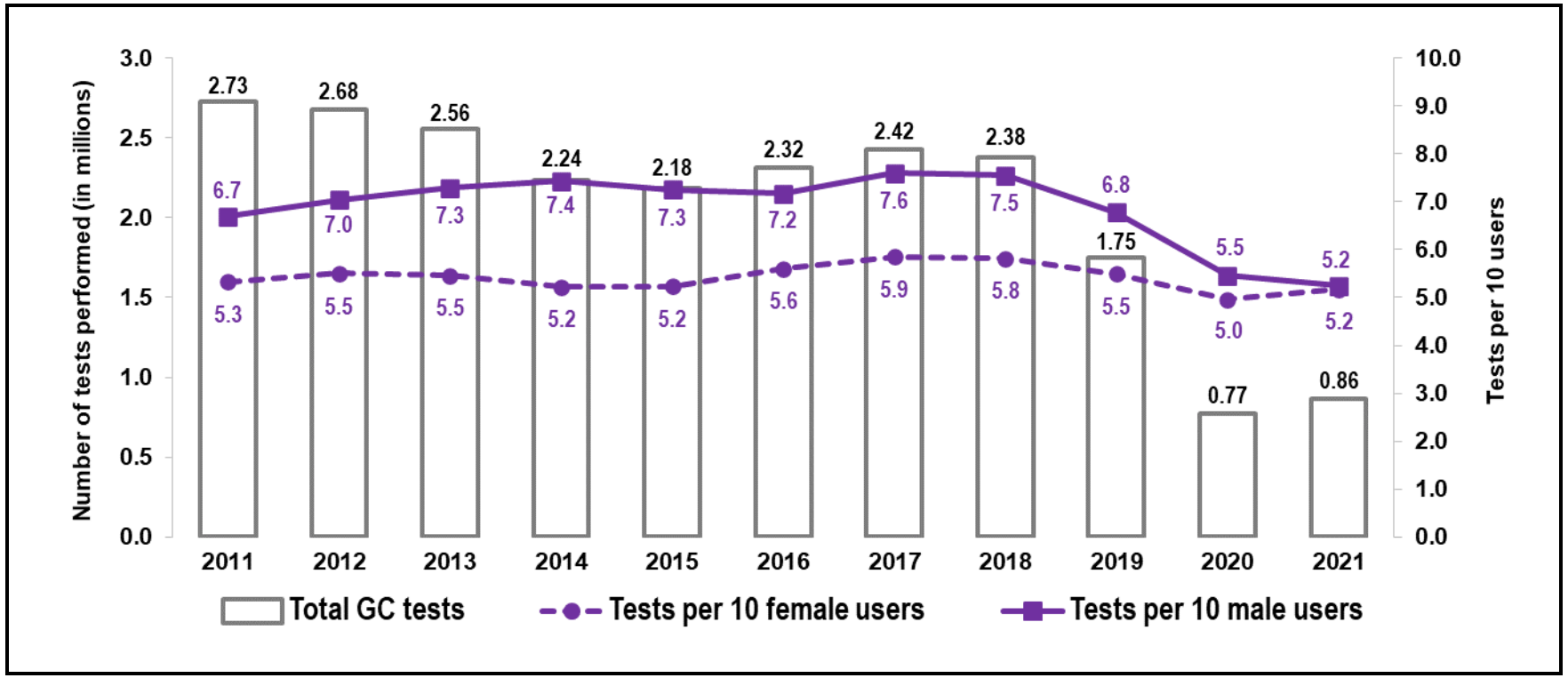


Exhibit A–13c. **Number of syphilis tests performed and number of tests per 10 users (all, female, and male), by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–13a****.*

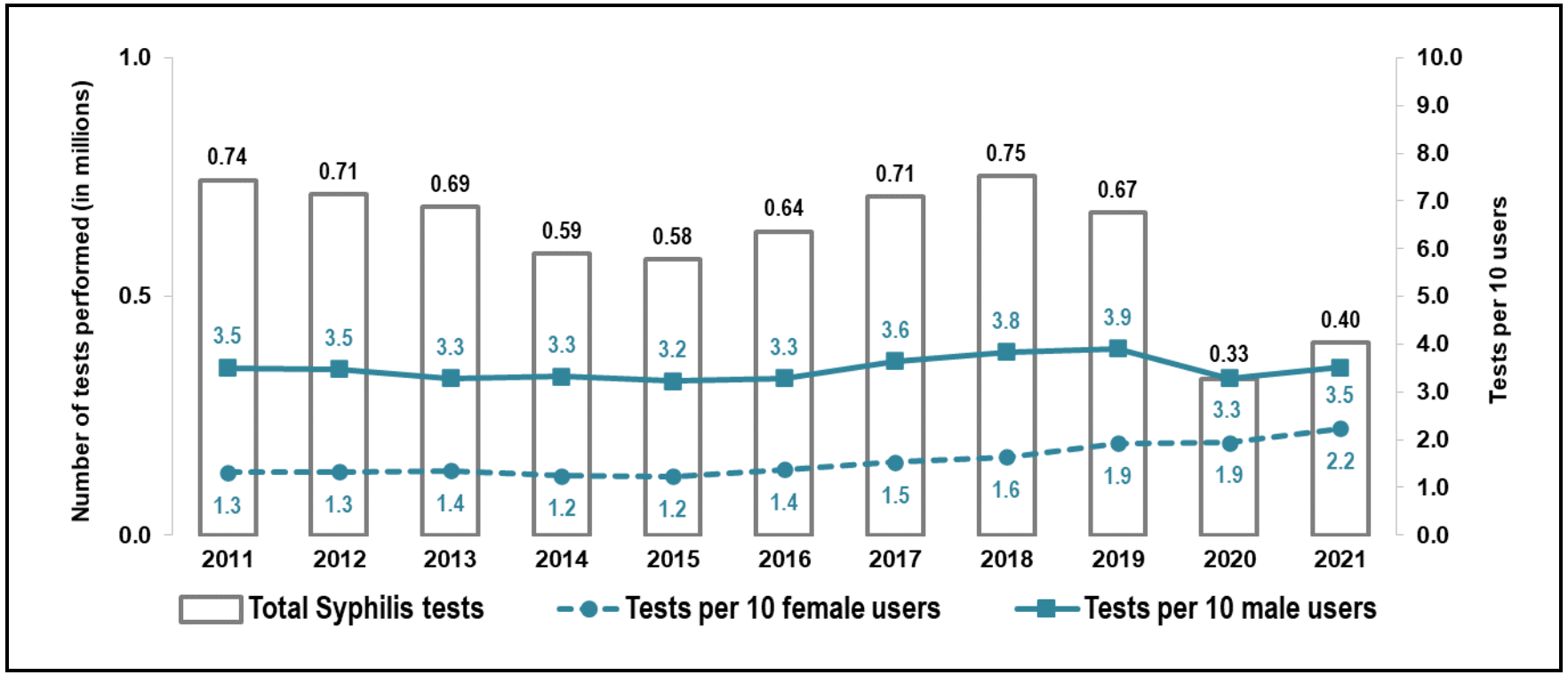


Exhibit A–13d. **Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2011–2021**

Note: *The data in this graph are presented in tabular form in* ***Exhibit A–13a****.*

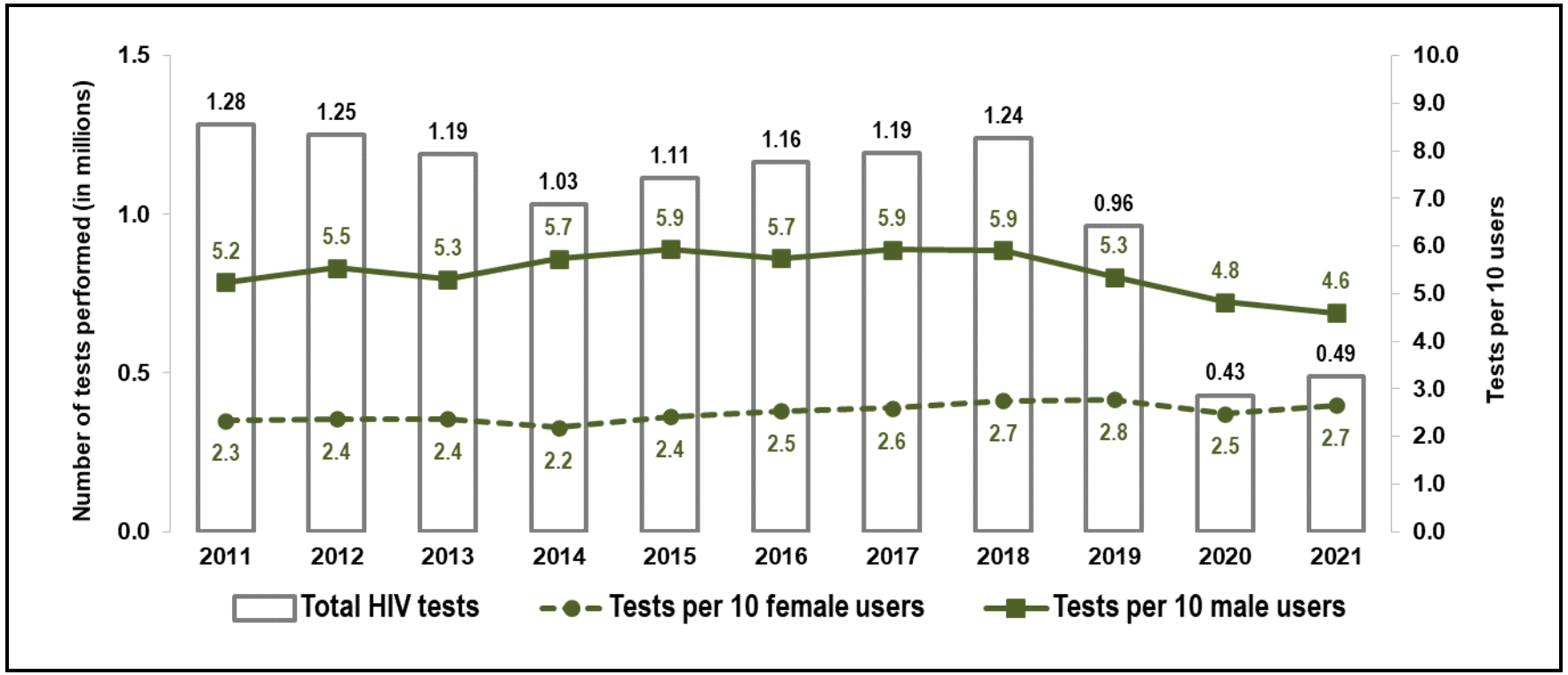


Exhibit A–14a. **Number and distribution of full-time equivalent (FTE) clinical services provider (CSP) staff and number and distribution of family planning encounters, by type and year: 2011–2021**

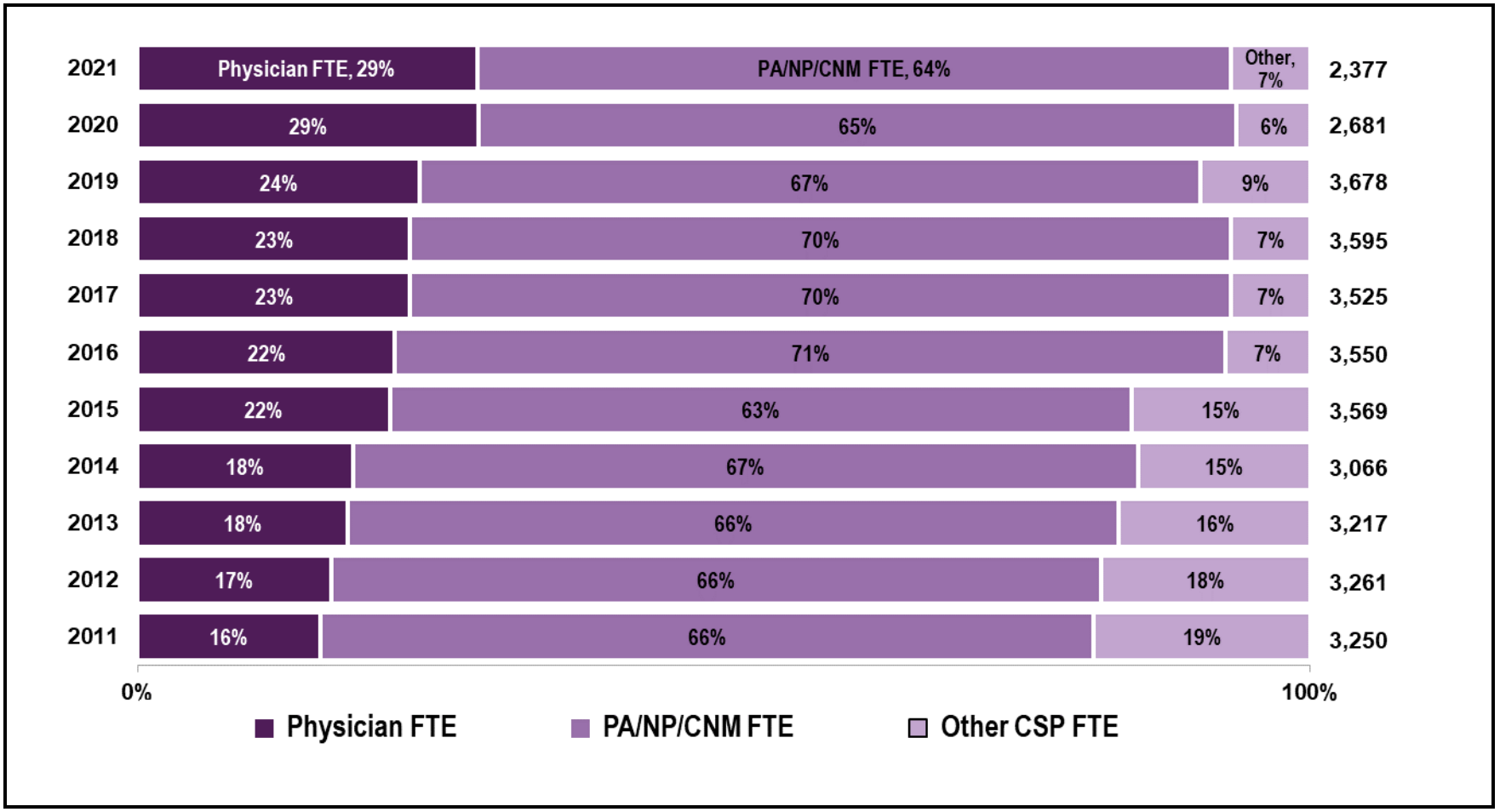
CSP Staffing and Utilization	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
FTEs by CSP Type											
Number											
Physician	506.4	538.2	578.3	563.5	768.5	779.6	819.9	836.7	884.0	779.0	688.8
PA/NP/CNM	2,142.3	2,140.4	2,112.6	2,052.5	2,256.9	2,511.8	2,465.7	2,514.0	2,449.6	1,733.7	1,526.5
Other	601.3	582.7	525.8	450.2	543.9	258.2	239.4	243.9	344.7	168.7	161.8
Total	**3,250.0**	**3,261.3**	**3,216.8**	**3,066.2**	**3,569.2**	**3,549.6**	**3,525.0**	**3,594.6**	**3,678.3**	**2,681.4**	**2,377.1**
Distribution											
Physician	16%	17%	18%	18%	22%	22%	23%	23%	24%	29%	29%
PA/NP/CNM	66%	66%	66%	67%	63%	71%	70%	70%	67%	65%	64%
Other	19%	18%	16%	15%	15%	7%	7%	7%	9%	6%	7%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters by Staff Type											
Number											
With CSP	6,571,866	6,000,715	5,791,110	5,138,139	5,005,727	4,980,534	5,162,855	5,141,083	3,602,064	2,134,047	2,251,160
With non-CSP	2,783,447	2,628,104	2,379,041	2,076,893	1,878,836	1,710,025	1,477,446	1,331,384	1,071,605	576,673	541,427
Total	**9,355,313**	**8,628,819**	**8,170,151**	**7,215,032**	**6,884,563**	**6,690,559**	**6,640,301**	**6,472,467**	**4,673,669**	**2,710,720**	**2,792,587**
Distribution											
With CSP	70%	70%	71%	71%	73%	74%	78%	79%	77%	79%	81%
With non-CSP	30%	30%	29%	29%	27%	26%	22%	21%	23%	21%	19%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters by Location											
Number											
In Person	9,355,313	8,628,819	8,170,151	7,215,032	6,884,563	6,690,559	6,640,301	6,472,467	4,673,669	2,421,037	2,624,483
Virtual[a]	—	—	—	—	—	—	—	—	—	289,683	168,104
Total	**9,355,313**	**8,628,819**	**8,170,151**	**7,215,032**	**6,884,563**	**6,690,559**	**6,640,301**	**6,472,467**	**4,673,669**	**2,710,720**	**2,792,587**
Distribution											
In Person	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	94%
Virtual[a]	—	—	—	—	—	—	—	—	—	11%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Number of Encounters/user											
With CSP	1.3	1.3	1.3	1.2	1.2	1.2	1.3	1.3	1.2	1.4	1.4
With non-CSP	0.6	0.6	0.5	0.5	0.5	0.4	0.4	0.3	0.3	0.4	0.3
Total	**1.9**	**1.8**	**1.8**	**1.7**	**1.7**	**1.7**	**1.7**	**1.6**	**1.5**	**1.8**	**1.7**
CSP Encounters/CSP FTE	**2,022**	**1,840**	**1,800**	**1,676**	**1,402**	**1,403**	**1,465**	**1,430**	**979**	**796**	**947**

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

[a] The number of virtual encounters reported in the *2021 FPAR National Summary* may be underestimated because the data systems for some grantees and subrecipients were not able to report these data.

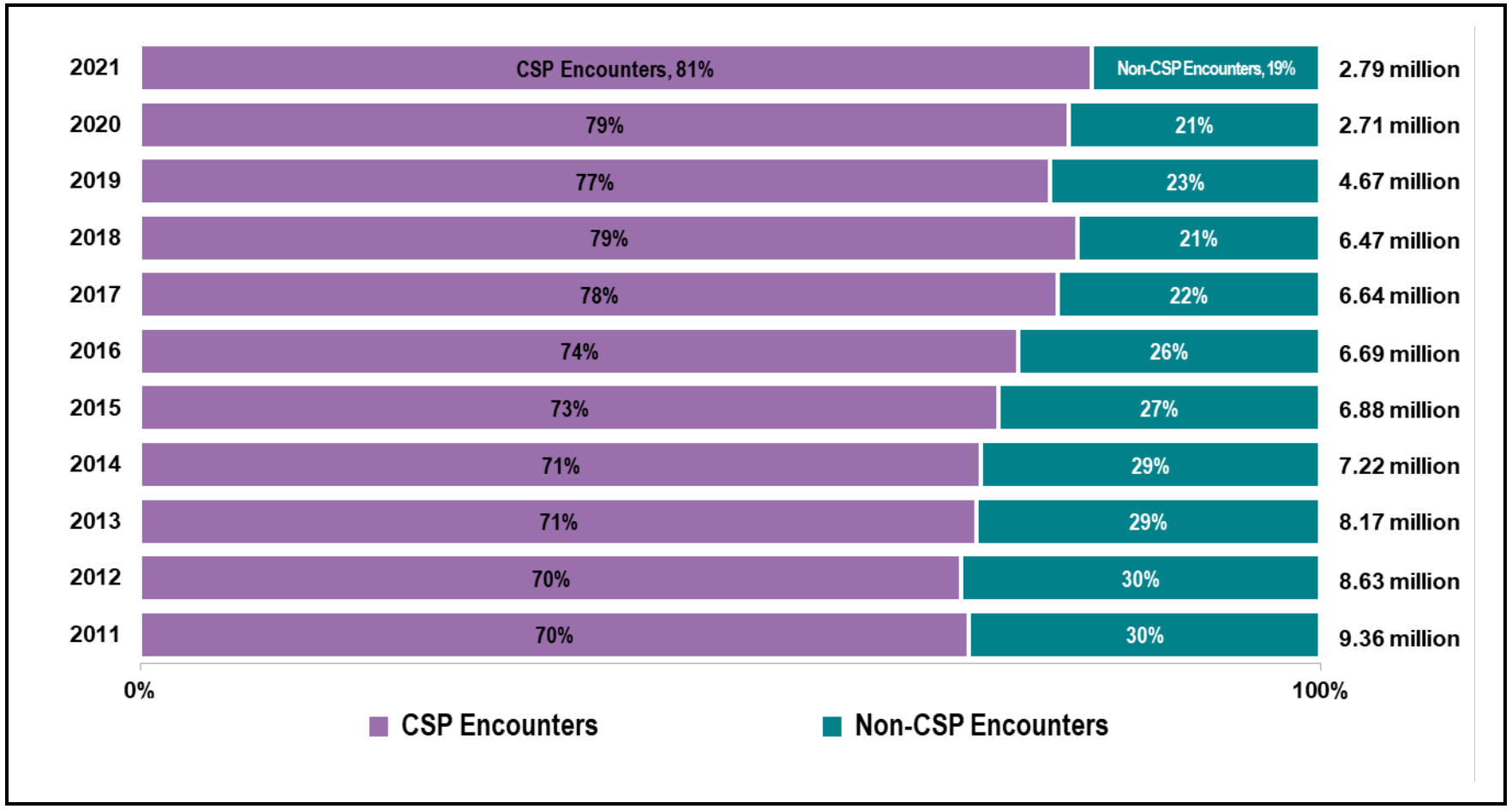
— Not available.

Exhibit A–14b. **Number and distribution of clinical services provider (CSP) full-time equivalents (FTEs), by CSP type and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–14a****.*



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

Exhibit A–14c. **Number and distribution of family planning encounters, by type and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–14a****.*



CSP=clinical services provider.

Exhibit A–15a. Actual and adjusted (constant 2021$ and 2011$) total, Title X, and Medicaid revenue, by year: 2011–2021

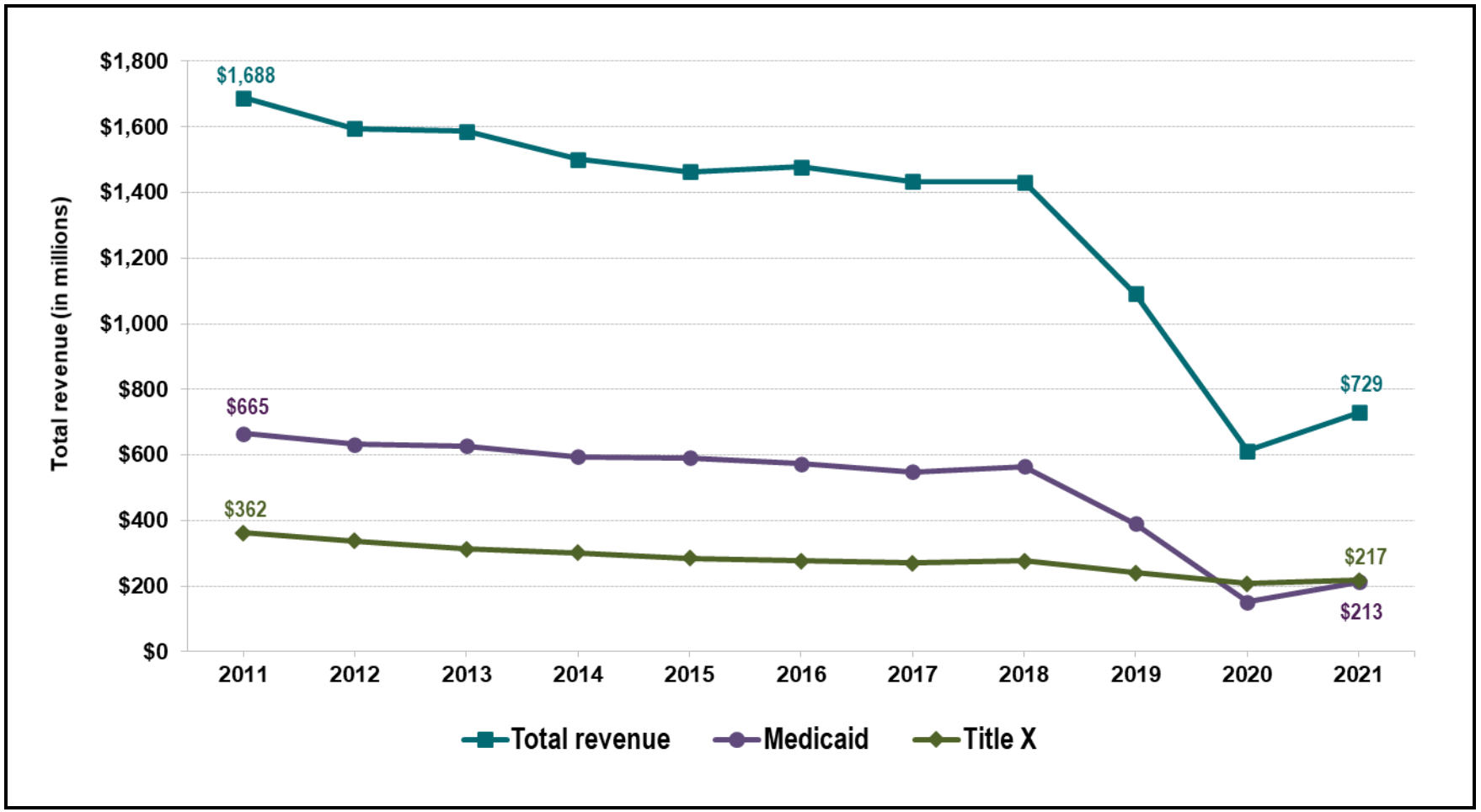
Revenue	2011 ($)	2012 ($)	2013 ($)	2014 ($)	2015 ($)	2016 ($)	2017 ($)	2018 ($)	2019 ($)	2020 ($)	2021 ($)	Change 2011–2021	Change 2020–2021
Total													
Actual[a]	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121	1,321,225,497	1,036,300,250	605,007,858	728,976,337	−43%	20%
2021$[b]	1,688,427,876	1,595,367,966	1,587,334,915	1,501,042,608	1,462,701,515	1,478,532,451	1,433,991,391	1,431,809,411	1,092,153,796	612,470,239	728,976,337	−57%	19%
2011$[b]	1,286,574,610	1,215,663,368	1,209,542,219	1,143,787,861	1,114,572,116	1,126,635,220	1,092,695,129	1,091,032,469	832,216,386	466,699,626	555,476,760	−57%	19%
Title X													
Actual[a]	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054	244,563,111	255,902,324	229,031,074	205,830,740	217,423,156	−21%	6%
2021$[b]	362,210,385	338,131,094	313,405,051	301,097,942	285,213,748	277,624,018	270,265,489	277,320,833	241,375,178	208,369,529	217,423,156	−40%	4%
2011$[b]	276,002,719	257,654,406	238,813,269	229,435,307	217,331,620	211,548,280	205,941,113	211,317,254	183,926,823	158,776,664	165,675,488	−40%	4%
Medicaid[c]													
Actual[a]	506,887,574	499,181,475	508,494,458	493,061,463	503,186,368	505,508,702	496,501,892	521,679,227	370,902,048	150,632,808	212,992,879	−58%	41%
2021$[b]	665,210,632	631,942,352	628,272,345	594,987,624	591,629,635	572,667,470	548,681,794	565,342,728	390,892,581	152,490,766	212,992,879	−68%	40%
2011$[b]	506,887,574	481,537,291	478,740,761	453,377,951	450,819,178	436,370,091	418,093,112	430,788,670	297,858,427	116,197,293	162,299,636	−68%	40%

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

[b] Revenue is shown in constant 2021 dollars (2021$) and 2011 dollars (2011$), 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, https://data.bls.gov/cgi-bin/srgate).

[c] Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

Exhibit A–15b. **Total, Title X, and Medicaid adjusted (constant 2021$) revenue (in millions), by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a****.*



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

Exhibit A–15c. **Total actual (unadjusted) and adjusted (constant 2021$ and 2011$) revenue (in millions), by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a****.*

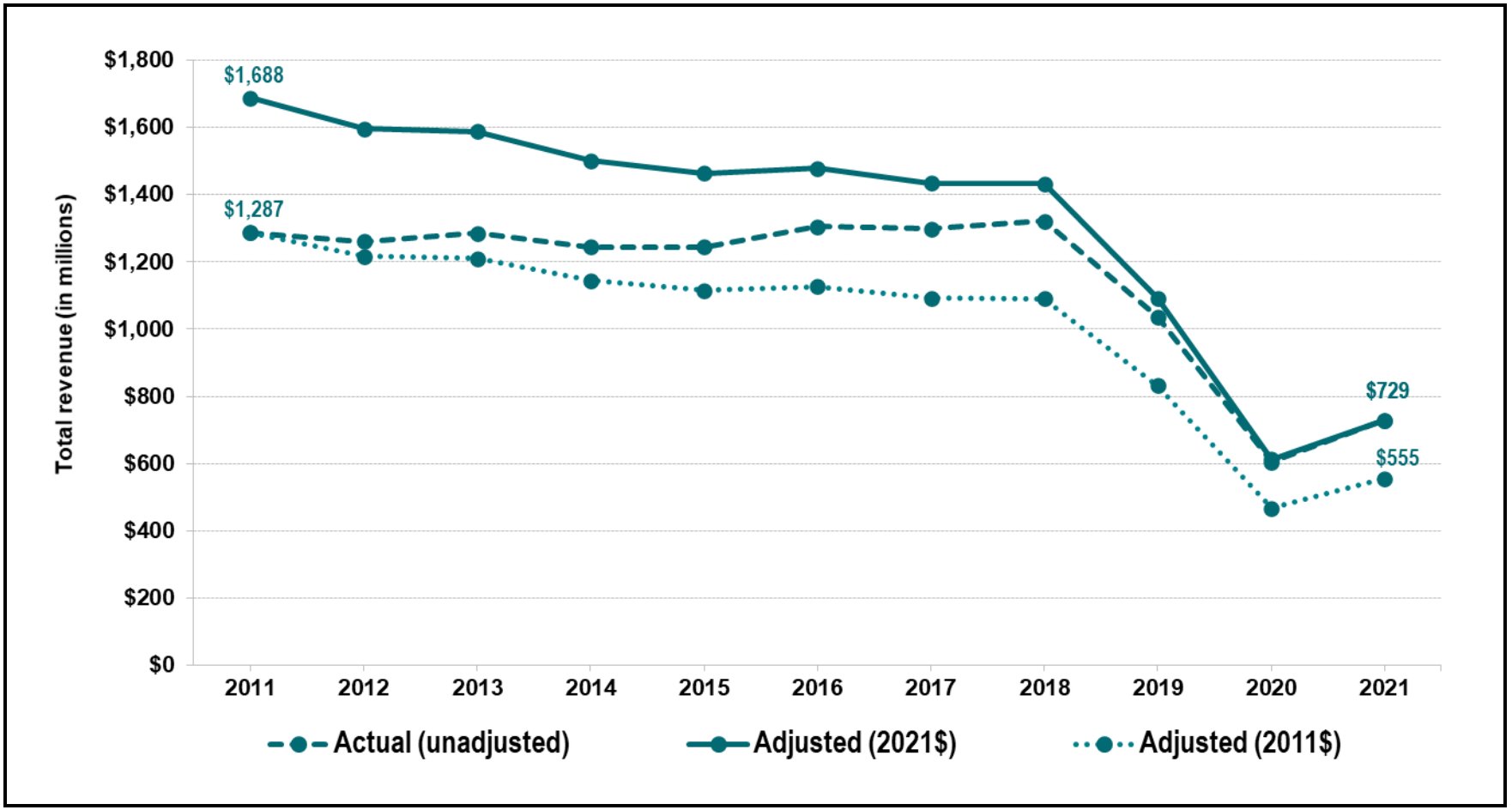


Exhibit A–15d. **Title X actual (unadjusted) and adjusted (constant 2021$ and 2011$) revenue (in millions), by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a****.*

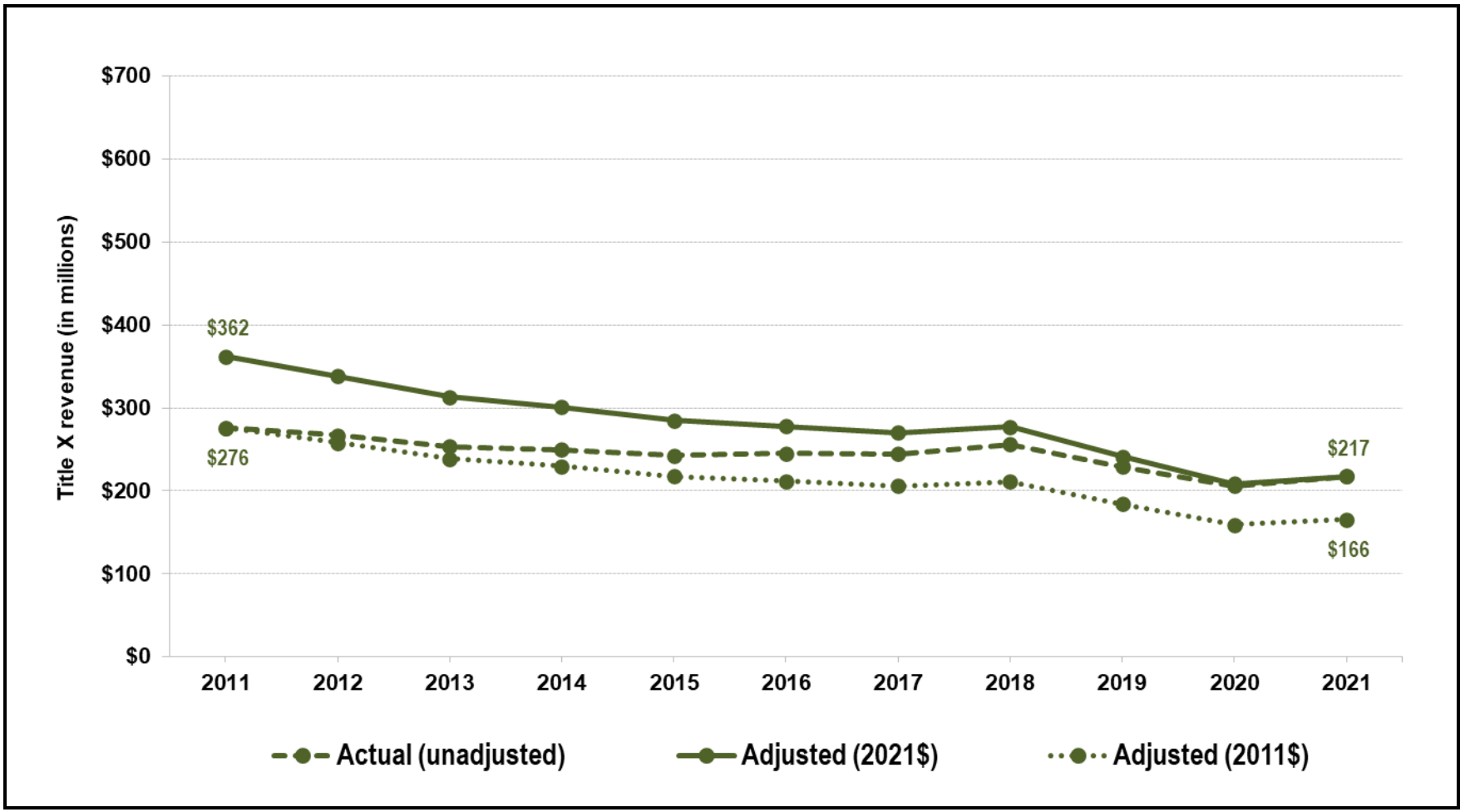
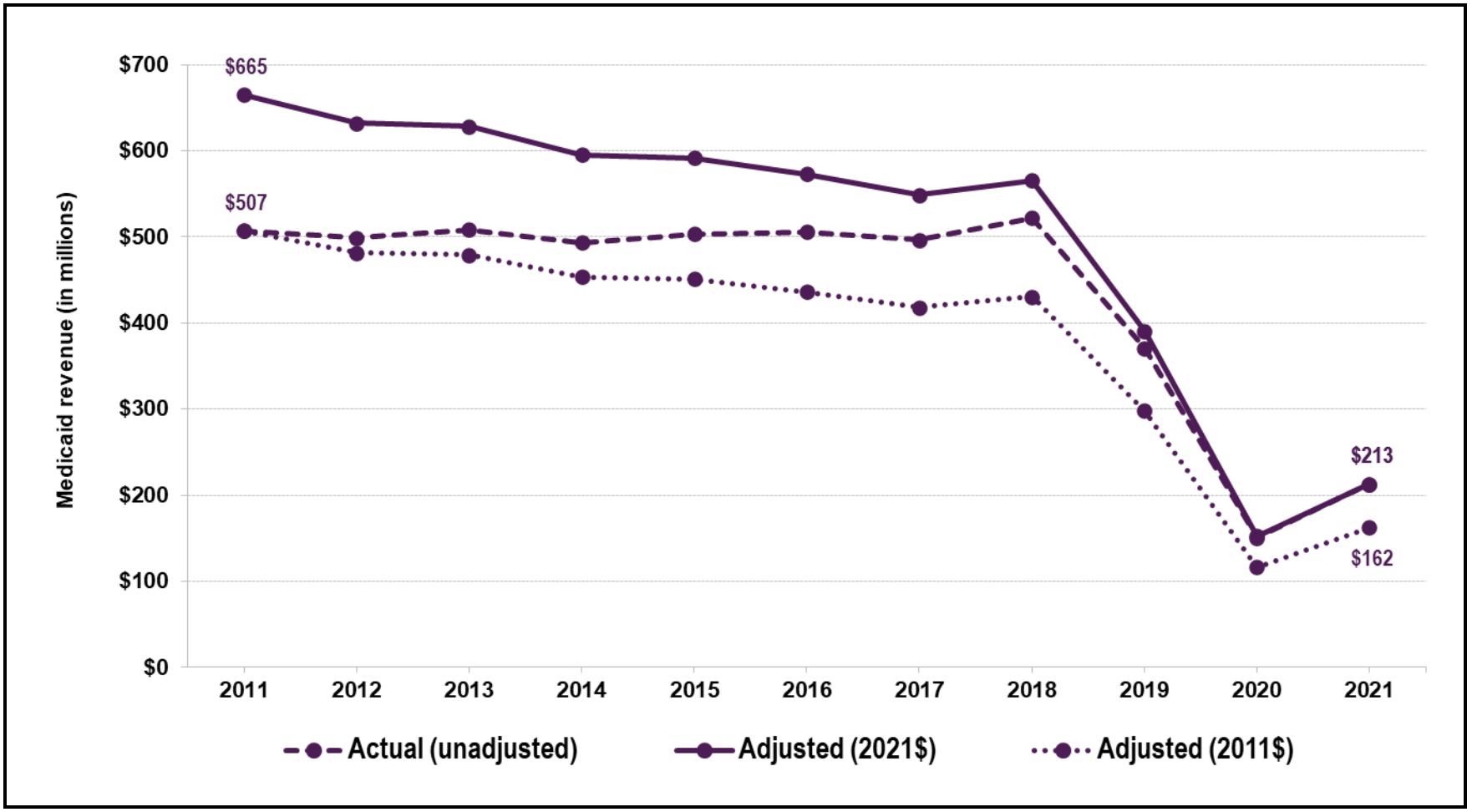


Exhibit A–15e. **Medicaid actual (unadjusted) and adjusted (constant 2021$ and 2011$) revenue (in millions), by year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a.***



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

Exhibit A–16a. Total actual (unadjusted) project revenue, by revenue source and year: 2011–2021

Revenue Sources	2011 ($)	2012 ($)	2013 ($)	2014 ($)	2015 ($)	2016 ($)	2017 ($)	2018 ($)	2019 ($)	2020 ($)	2021 ($)
Title X	**276,002,719**	**267,095,215**	**253,655,493**	**249,517,445**	**242,576,878**	**245,066,054**	**244,563,111**	**255,902,324**	**229,031,074**	**205,830,740**	**217,423,156**
Payment for Services											
Client fees	72,156,363	70,400,120	69,425,823	53,170,034	47,872,483	52,876,599	52,367,880	54,674,193	40,051,795	19,491,605	22,521,561
Third-party payers											
Medicaid	506,608,330	498,739,261	505,709,855	490,470,842	501,418,354	504,313,859	495,245,884	519,967,258	369,512,175	149,159,998	206,071,028
CHIP	279,244	442,214	2,784,603	2,590,621	1,768,014	1,194,843	1,256,008	1,711,969	1,389,873	1,472,810	6,921,851
Medicare	2,002,181	1,173,110	1,864,987	3,083,719	4,731,999	3,945,295	7,169,121	7,168,217	8,023,568	5,684,335	7,182,410
Other	4,088,072	3,743,183	10,848,382	10,202,966	14,230,460	10,540,646	11,445,695	12,052,800	12,299,248	13,038,796	13,399,591
Private	51,655,083	63,955,467	69,210,207	95,138,355	104,000,648	132,617,104	140,145,229	147,295,805	107,498,387	48,719,431	60,327,370
Subtotal	**636,789,273**	**638,453,355**	**659,843,857**	**654,656,537**	**674,021,958**	**705,488,346**	**707,629,817**	**742,870,242**	**538,775,046**	**237,566,975**	**316,423,811**
Other Revenue											
MCH block grant	25,512,030	24,439,148	19,852,391	23,095,828	18,485,003	16,526,644	12,960,533	17,488,306	16,956,909	10,308,958	9,675,113
SS block grant	23,736,983	11,229,640	8,805,626	5,601,590	4,711,602	4,285,521	4,547,979	5,972,937	6,105,713	5,551,662	2,671,105
TANF	14,517,155	13,548,818	13,268,175	10,570,729	5,347,682	7,797,115	6,385,879	5,136,717	6,077,922	5,790,068	8,877,977
State government	125,392,165	117,468,476	131,054,838	120,974,720	119,983,576	133,484,660	119,036,286	134,279,658	109,977,858	60,597,168	79,601,418
Local government	84,214,372	87,010,991	93,770,370	80,388,864	73,018,511	66,637,455	69,199,630	43,605,003	30,059,604	25,008,232	38,061,169
BPHC	5,289,075	4,625,737	11,461,645	10,080,722	12,468,766	14,319,221	21,389,246	19,194,743	15,487,598	10,500,084	5,966,933
Other	95,120,838	96,335,555	93,002,768	89,015,512	93,426,923	111,534,633	111,905,640	96,775,567	83,828,526	43,853,971	50,275,655
Subtotal	**373,782,618**	**354,658,365**	**371,215,813**	**339,727,965**	**327,442,063**	**354,585,249**	**345,425,193**	**322,452,931**	**268,494,130**	**161,610,143**	**195,129,370**
Total Revenue											
Actual	**1,286,574,610**	**1,260,206,935**	**1,284,715,163**	**1,243,901,947**	**1,244,040,899**	**1,305,139,649**	**1,297,618,121**	**1,321,225,497**	**1,036,300,250**	**605,007,858**	**728,976,337**
2021$[a]	**1,688,427,876**	**1,595,367,966**	**1,587,334,915**	**1,501,042,608**	**1,462,701,515**	**1,478,532,451**	**1,433,991,391**	**1,431,809,411**	**1,092,153,796**	**612,470,239**	**728,976,337**
2011$[a]	**1,286,574,610**	**1,215,663,368**	**1,209,542,219**	**1,143,787,861**	**1,114,572,116**	**1,126,635,220**	**1,092,695,129**	**1,091,032,469**	**832,216,386**	**466,699,626**	**555,476,760**
Total Revenue Per User (2021$)	**336**	**335**	**348**	**364**	**364**	**369**	**358**	**363**	**353**	**399**	**438**

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

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

[a] Total revenue is shown in constant 2021 dollars (2021$) and 2011 dollars (2011$), 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, https://data.bls.gov/cgi-bin/srgate).

Exhibit A–16b. Distribution of total project revenue, by revenue source and year: 2011–2021

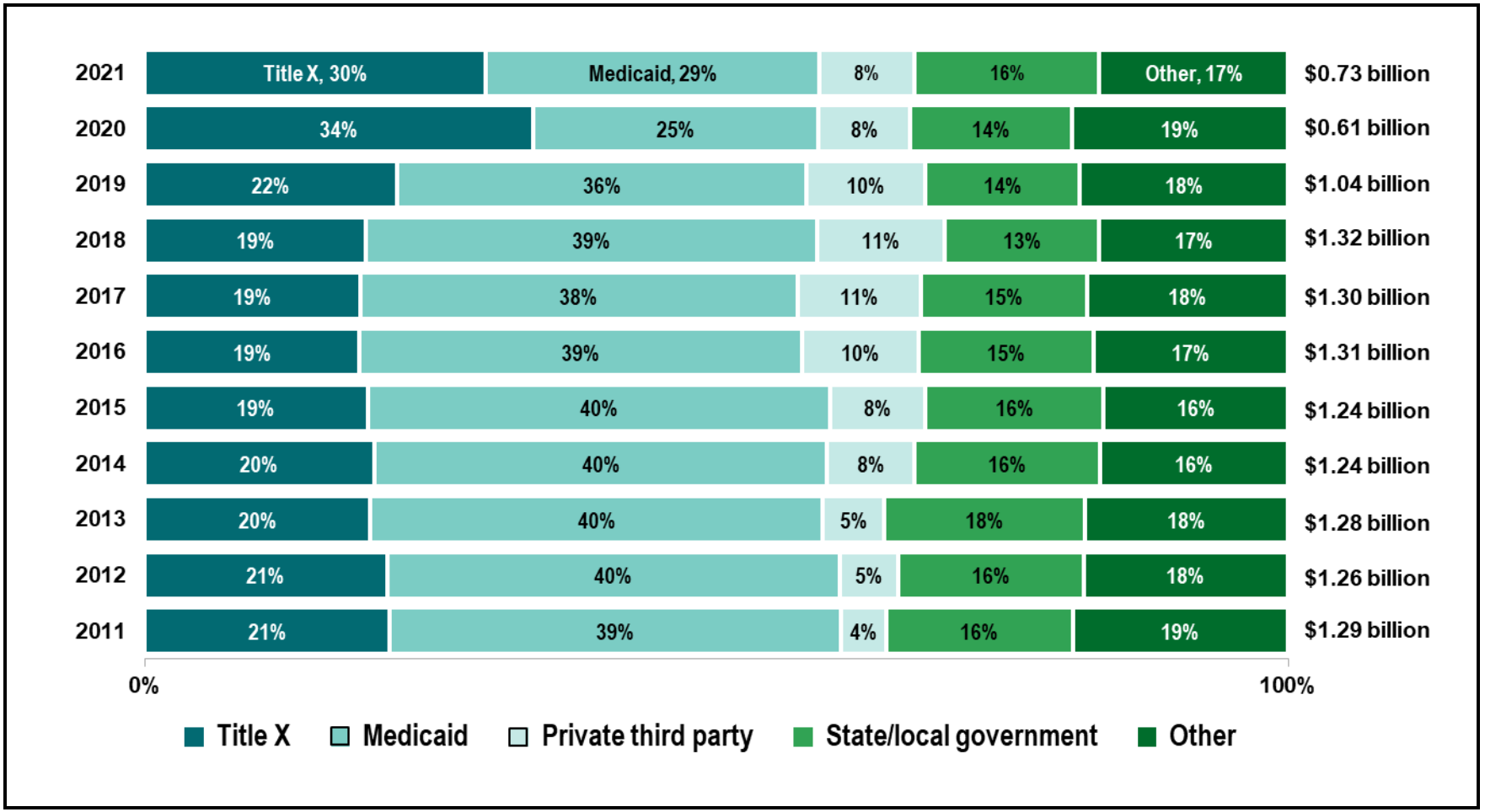
Revenue Sources	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Title X	**21%**	**21%**	**20%**	**20%**	**19%**	**19%**	**19%**	**19%**	**22%**	**34%**	**30%**
Payment for Services											
Client fees	6%	6%	5%	4%	4%	4%	4%	4%	4%	3%	3%
Third-party payers											
Medicaid	39%	40%	39%	39%	40%	39%	38%	39%	36%	25%	28%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Other	0%†	0%†	1%	1%	1%	1%	1%	1%	1%	2%	2%
Private	4%	5%	5%	8%	8%	10%	11%	11%	10%	8%	8%
Subtotal	**49%**	**51%**	**51%**	**53%**	**54%**	**54%**	**55%**	**56%**	**52%**	**39%**	**43%**
Other Revenue											
MCH block grant	2%	2%	2%	2%	1%	1%	1%	1%	2%	2%	1%
SS block grant	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†
TANF	1%	1%	1%	1%	0%†	1%	0%†	0%†	1%	1%	1%
State government	10%	9%	10%	10%	10%	10%	9%	10%	11%	10%	11%
Local government	7%	7%	7%	6%	6%	5%	5%	3%	3%	4%	5%
BPHC	0%†	0%†	1%	1%	1%	1%	2%	1%	1%	2%	1%
Other	7%	8%	7%	7%	8%	9%	9%	7%	8%	7%	7%
Subtotal	**29%**	**28%**	**29%**	**27%**	**26%**	**27%**	**27%**	**24%**	**26%**	**27%**	**27%**
Total Revenue	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

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

† Percentage is less than 0.5%.

Exhibit A–16c. **Amount (unadjusted) and distribution of total project revenue, by revenue source and year: 2011–2021**
Note: *The data in this graph are presented in tabular form in* ***Exhibits A–16a*** *and* ***16b.***



Notes: Medicaid revenue includes separately reported Children's Health Insurance Program (CHIP) revenue. The Other revenue category includes revenue from client fees, Medicare and other public third parties, block grants, Temporary Assistance for Needy Families, the Bureau of Primary Health Care, and revenue reported as "Other" in the FPAR revenue table. Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories (e.g., Medicaid plus CHIP) may not match the sum of the individual percentages that are included in the aggregated categories.

Appendix B

State Exhibits

Exhibit B–1. **Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2021 (Source: FPAR Table 1)**

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	43,881	133	44,014	100%	0%†	3%
Alaska	313	38	351	89%	11%	0%†
Arizona	25,755	7,177	32,932	78%	22%	2%
Arkansas	32,162	67	32,229	100%	0%†	2%
California	190,121	33,126	223,247	85%	15%	13%
Colorado	35,019	6,895	41,914	84%	16%	3%
Connecticut	5,458	2,795	8,253	66%	34%	0%†
Delaware	8,015	2,240	10,255	78%	22%	1%
District of Columbia	33,339	15,895	49,234	68%	32%	3%
Florida	77,007	6,221	83,228	93%	7%	5%
Georgia	117,564	54,453	172,017	68%	32%	10%
Hawaii	—	—	—	—	—	0%
Idaho	6,935	795	7,730	90%	10%	0%†
Illinois	12,361	1,835	14,196	87%	13%	1%
Indiana	11,742	1,317	13,059	90%	10%	1%
Iowa	15,479	1,504	16,983	91%	9%	1%
Kansas	11,838	1,453	13,291	89%	11%	1%
Kentucky	24,526	4,005	28,531	86%	14%	2%
Louisiana	23,549	8,447	31,996	74%	26%	2%
Maine	—	—	—	—	—	0%
Maryland	44,514	6,196	50,710	88%	12%	3%
Massachusetts	11,954	2,592	14,546	82%	18%	1%
Michigan	11,768	1,704	13,472	87%	13%	1%
Minnesota	988	1,268	2,256	44%	56%	0%†
Mississippi	17,652	464	18,116	97%	3%	1%
Missouri	26,337	4,371	30,708	86%	14%	2%
Montana	7,183	1,457	8,640	83%	17%	1%
Nebraska	17,222	3,121	20,343	85%	15%	1%
Nevada	12,635	2,929	15,564	81%	19%	1%
New Hampshire	303	7	310	98%	2%	0%†
New Jersey	33,001	3,281	36,282	91%	9%	2%
New Mexico	8,950	1,314	10,264	87%	13%	1%
New York	4,302	585	4,887	88%	12%	0%†

— In 2021, there were no Title X services in the state.

(continued)

† Percentage is less than 0.5%.

Exhibit B–1. **Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2021 (Source: FPAR Table 1) (continued)**

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	55,470	100	55,570	100%	0%†	3%
North Dakota	3,777	973	4,750	80%	20%	0%†
Ohio	27,279	8,663	35,942	76%	24%	2%
Oklahoma	27,457	914	28,371	97%	3%	2%
Oregon	—	—	—	—	—	0%
Pennsylvania	87,043	13,150	100,193	87%	13%	6%
Rhode Island	26,407	3,515	29,922	88%	12%	2%
South Carolina	26,332	6,747	33,079	80%	20%	2%
South Dakota	3,537	498	4,035	88%	12%	0%†
Tennessee	41,816	1,238	43,054	97%	3%	3%
Texas	169,274	22,199	191,473	88%	12%	12%
Utah	—	—	—	—	—	0%
Vermont	—	—	—	—	—	0%
Virginia	20,144	493	20,637	98%	2%	1%
Washington	—	—	—	—	—	0%
West Virginia	29,349	2,569	31,918	92%	8%	2%
Wisconsin	6,678	1,500	8,178	82%	18%	0%†
Wyoming	4,205	874	5,079	83%	17%	0%†
Territories & FAS						
American Samoa	1,420	80	1,500	95%	5%	0%†
Comm. of the Northern Mariana Islands	1,349	42	1,391	97%	3%	0%†
Federated States of Micronesia	2,069	39	2,108	98%	2%	0%†
Guam	306	2	308	99%	1%	0%†
Puerto Rico	9,996	1,244	11,240	89%	11%	1%
Republic of the Marshall Islands	1,971	0	1,971	100%	0%	0%†
Republic of Palau	617	100	717	86%	14%	0%†
U.S. Virgin Islands	1,362	110	1,472	93%	7%	0%†
Total All Users	**1,419,731**	**242,735**	**1,662,466**	**85%**	**15%**	**100%**
Range				**44%–100%**	**0%–56%**	**0%–13%**

FAS=Freely Associated States.

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

Exhibit B–2. **Number and distribution of all family planning users, by user income level and state: 2021 (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	28,618	11,950	1,358	2,088	44,014	65%	27%	3%	5%
Alaska	128	177	46	0	351	36%	50%	13%	0%
Arizona	18,666	6,276	1,792	6,198	32,932	57%	19%	5%	19%
Arkansas	23,299	8,166	761	3	32,229	72%	25%	2%	0%†
California	149,991	45,359	6,048	21,849	223,247	67%	20%	3%	10%
Colorado	32,495	7,570	1,849	0	41,914	78%	18%	4%	0%
Connecticut	7,856	385	12	0	8,253	95%	5%	0%†	0%
Delaware	6,455	2,614	119	1,067	10,255	63%	25%	1%	10%
District of Columbia	24,402	10,632	2,487	11,713	49,234	50%	22%	5%	24%
Florida	61,756	18,264	2,646	562	83,228	74%	22%	3%	1%
Georgia	115,711	34,527	11,407	10,372	172,017	67%	20%	7%	6%
Hawaii	—	—	—	—	—	—	—	—	—
Idaho	3,751	3,136	818	25	7,730	49%	41%	11%	0%†
Illinois	11,099	2,754	330	13	14,196	78%	19%	2%	0%†
Indiana	8,196	3,982	881	0	13,059	63%	30%	7%	0%
Iowa	11,376	4,321	798	488	16,983	67%	25%	5%	3%
Kansas	7,138	4,080	979	1,094	13,291	54%	31%	7%	8%
Kentucky	17,841	3,969	2,082	4,639	28,531	63%	14%	7%	16%
Louisiana	20,896	7,414	1,087	2,599	31,996	65%	23%	3%	8%
Maine	—	—	—	—	—	—	—	—	—
Maryland	28,464	9,081	2,597	10,568	50,710	56%	18%	5%	21%
Massachusetts	12,077	1,520	666	283	14,546	83%	10%	5%	2%
Michigan	7,769	4,333	1,105	265	13,472	58%	32%	8%	2%
Minnesota	1,546	330	193	187	2,256	69%	15%	9%	8%
Mississippi	11,418	2,589	355	3,754	18,116	63%	14%	2%	21%
Missouri	17,284	8,378	5,046	0	30,708	56%	27%	16%	0%
Montana	3,130	2,918	2,353	239	8,640	36%	34%	27%	3%
Nebraska	11,600	5,650	2,589	504	20,343	57%	28%	13%	2%
Nevada	6,668	5,186	1,010	2,700	15,564	43%	33%	6%	17%
New Hampshire	124	134	49	3	310	40%	43%	16%	1%
New Jersey	20,780	13,008	961	1,533	36,282	57%	36%	3%	4%
New Mexico	9,379	820	46	19	10,264	91%	8%	0%†	0%†
New York	2,203	894	158	1,632	4,887	45%	18%	3%	33%

UK/NR=unknown or not reported. (continued)

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

Exhibit B–2. Number and distribution of all family planning users, by user income level and state: 2021 (Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
North Carolina	29,813	14,901	5,430	5,426	55,570	54%	27%	10%	10%
North Dakota	1,889	1,516	1,189	156	4,750	40%	32%	25%	3%
Ohio	21,715	11,201	2,692	334	35,942	60%	31%	7%	1%
Oklahoma	18,361	8,608	979	423	28,371	65%	30%	3%	1%
Oregon	—	—	—	—	—	—	—	—	—
Pennsylvania	71,291	16,279	6,033	6,590	100,193	71%	16%	6%	7%
Rhode Island	7,795	3,146	652	18,329	29,922	26%	11%	2%	61%
South Carolina	20,170	9,008	3,833	68	33,079	61%	27%	12%	0%†
South Dakota	2,137	1,240	495	163	4,035	53%	31%	12%	4%
Tennessee	30,128	11,166	1,724	36	43,054	70%	26%	4%	0%†
Texas	141,071	30,635	3,951	15,816	191,473	74%	16%	2%	8%
Utah	—	—	—	—	—	—	—	—	—
Vermont	—	—	—	—	—	—	—	—	—
Virginia	13,476	5,282	1,193	686	20,637	65%	26%	6%	3%
Washington	—	—	—	—	—	—	—	—	—
West Virginia	16,954	6,867	1,742	6,355	31,918	53%	22%	5%	20%
Wisconsin	3,201	2,138	1,270	1,569	8,178	39%	26%	16%	19%
Wyoming	1,982	1,437	1,660	0	5,079	39%	28%	33%	0%
Territories & FAS									
American Samoa	1,492	6	2	0	1,500	99%	0%†	0%†	0%
Comm. of the Northern Mariana Islands	995	2	0	394	1,391	72%	0%†	0%	28%
Federated States of Micronesia	2,078	0	0	30	2,108	99%	0%	0%	1%
Guam	298	4	3	3	308	97%	1%	1%	1%
Puerto Rico	10,021	947	238	34	11,240	89%	8%	2%	0%†
Republic of the Marshall Islands	1,933	3	0	35	1,971	98%	0%†	0%	2%
Republic of Palau	672	32	4	9	717	94%	4%	1%	1%
U.S. Virgin Islands	1,347	103	22	0	1,472	92%	7%	1%	0%
Total All Users	**1,080,935**	**354,938**	**85,740**	**140,853**	**1,662,466**	**65%**	**21%**	**5%**	**8%**
Range						**26%–99%**	**0%–50%**	**0%–33%**	**0%–61%**

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

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

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2021 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	13,232	7,254	23,528	0	44,014	30%	16%	53%	0%
Alaska	113	99	139	0	351	32%	28%	40%	0%
Arizona	13,378	7,196	12,358	0	32,932	41%	22%	38%	0%
Arkansas	13,273	10,974	7,982	0	32,229	41%	34%	25%	0%
California	138,510	11,501	68,015	5,221	223,247	62%	5%	30%	2%
Colorado	18,074	6,694	16,243	903	41,914	43%	16%	39%	2%
Connecticut	5,868	1,301	1,020	64	8,253	71%	16%	12%	1%
Delaware	4,492	2,352	2,783	628	10,255	44%	23%	27%	6%
District of Columbia	37,370	3,525	8,326	13	49,234	76%	7%	17%	0%†
Florida	43,820	17,318	21,653	437	83,228	53%	21%	26%	1%
Georgia	69,699	46,580	55,451	287	172,017	41%	27%	32%	0%†
Hawaii	—	—	—	—	—	—	—	—	—
Idaho	1,817	1,136	2,518	2,259	7,730	24%	15%	33%	29%
Illinois	9,911	688	3,597	0	14,196	70%	5%	25%	0%
Indiana	4,520	2,701	5,838	0	13,059	35%	21%	45%	0%
Iowa	7,474	5,005	4,306	198	16,983	44%	29%	25%	1%
Kansas	1,708	2,919	7,399	1,265	13,291	13%	22%	56%	10%
Kentucky	13,282	6,793	6,977	1,479	28,531	47%	24%	24%	5%
Louisiana	19,511	4,136	7,268	1,081	31,996	61%	13%	23%	3%
Maine	—	—	—	—	—	—	—	—	—
Maryland	15,260	12,078	19,942	3,430	50,710	30%	24%	39%	7%
Massachusetts	10,882	3,197	191	276	14,546	75%	22%	1%	2%
Michigan	6,559	3,608	3,290	15	13,472	49%	27%	24%	0%†
Minnesota	524	192	1,532	8	2,256	23%	9%	68%	0%†
Mississippi	7,970	2,193	7,530	423	18,116	44%	12%	42%	2%
Missouri	6,399	8,570	15,739	0	30,708	21%	28%	51%	0%
Montana	2,216	4,108	2,160	156	8,640	26%	48%	25%	2%
Nebraska	4,291	4,474	11,575	3	20,343	21%	22%	57%	0%†
Nevada	5,556	3,360	6,180	468	15,564	36%	22%	40%	3%
New Hampshire	164	94	51	1	310	53%	30%	16%	0%†
New Jersey	19,206	5,176	11,678	222	36,282	53%	14%	32%	1%
New Mexico	2,731	76	6,850	607	10,264	27%	1%	67%	6%
New York	3,595	637	496	159	4,887	74%	13%	10%	3%

UK/NR=unknown or not reported.

(continued)

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2021 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	20,609	7,841	26,804	316	55,570	37%	14%	48%	1%
North Dakota	674	2,340	1,605	131	4,750	14%	49%	34%	3%
Ohio	16,874	7,215	10,846	1,007	35,942	47%	20%	30%	3%
Oklahoma	5,815	4,333	18,178	45	28,371	20%	15%	64%	0%†
Oregon	—	—	—	—	—	—	—	—	—
Pennsylvania	50,642	23,788	20,821	4,942	100,193	51%	24%	21%	5%
Rhode Island	17,323	9,466	1,643	1,490	29,922	58%	32%	5%	5%
South Carolina	15,944	13,521	3,614	0	33,079	48%	41%	11%	0%
South Dakota	1,117	1,033	1,885	0	4,035	28%	26%	47%	0%
Tennessee	14,567	5,490	22,985	12	43,054	34%	13%	53%	0%†
Texas	54,341	14,019	111,761	11,352	191,473	28%	7%	58%	6%
Utah	—	—	—	—	—	—	—	—	—
Vermont	—	—	—	—	—	—	—	—	—
Virginia	5,647	3,573	11,417	0	20,637	27%	17%	55%	0%
Washington	—	—	—	—	—	—	—	—	—
West Virginia	12,684	10,253	8,760	221	31,918	40%	32%	27%	1%
Wisconsin	4,354	703	1,932	1,189	8,178	53%	9%	24%	15%
Wyoming	402	1,624	3,024	29	5,079	8%	32%	60%	1%
Territories & FAS									
American Samoa	0	0	1,500	0	1,500	0%	0%	100%	0%
Comm. of the Northern Mariana Islands	992	200	168	31	1,391	71%	14%	12%	2%
Federated States of Micronesia	477	5	1,525	101	2,108	23%	0%†	72%	5%
Guam	16	2	266	24	308	5%	1%	86%	8%
Puerto Rico	7,744	2,807	688	1	11,240	69%	25%	6%	0%†
Republic of the Marshall Islands	0	0	1,971	0	1,971	0%	0%	100%	0%
Republic of Palau	605	58	9	45	717	84%	8%	1%	6%
U.S. Virgin Islands	849	210	399	14	1,472	58%	14%	27%	1%
Total Users	**733,081**	**294,416**	**594,416**	**40,553**	**1,662,466**	**44%**	**18%**	**36%**	**2%**
Range						**0%–84%**	**0%–49%**	**1%–100%**	**0%–29%**

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

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

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states' Medicaid expansion under the Affordable Care Act (ACA): 2021 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Alaska[a]	113	99	139	0	351	32%	28%	40%	0%
Arizona[b]	13,378	7,196	12,358	0	32,932	41%	22%	38%	0%
Arkansas[b]	13,273	10,974	7,982	0	32,229	41%	34%	25%	0%
California	138,510	11,501	68,015	5,221	223,247	62%	5%	30%	2%
Colorado	18,074	6,694	16,243	903	41,914	43%	16%	39%	2%
Connecticut	5,868	1,301	1,020	64	8,253	71%	16%	12%	1%
Delaware	4,492	2,352	2,783	628	10,255	44%	23%	27%	6%
District of Columbia	37,370	3,525	8,326	13	49,234	76%	7%	17%	0%†
Hawaii	—	—	—	—	—	—	—	—	—
Idaho[a,c]	1,817	1,136	2,518	2,259	7,730	24%	15%	33%	29%
Illinois	9,911	688	3,597	0	14,196	70%	5%	25%	0%
Indiana[a,b]	4,520	2,701	5,838	0	13,059	35%	21%	45%	0%
Iowa[b]	7,474	5,005	4,306	198	16,983	44%	29%	25%	1%
Kentucky	13,282	6,793	6,977	1,479	28,531	47%	24%	24%	5%
Louisiana[a]	19,511	4,136	7,268	1,081	31,996	61%	13%	23%	3%
Maine[a]	—	—	—	—	—	—	—	—	—
Maryland	15,260	12,078	19,942	3,430	50,710	30%	24%	39%	7%
Massachusetts	10,882	3,197	191	276	14,546	75%	22%	1%	2%
Michigan[a,b]	6,559	3,608	3,290	15	13,472	49%	27%	24%	0%†
Minnesota	524	192	1,532	8	2,256	23%	9%	68%	0%†
Missouri[a,c]	6,399	8,570	15,739	0	30,708	21%	28%	51%	0%
Montana[a,b,c]	2,216	4,108	2,160	156	8,640	26%	48%	25%	2%
Nebraska[a,c]	4,291	4,474	11,575	3	20,343	21%	22%	57%	0%†
Nevada	5,556	3,360	6,180	468	15,564	36%	22%	40%	3%
New Hampshire[a,b]	164	94	51	1	310	53%	30%	16%	0%†
New Jersey	19,206	5,176	11,678	222	36,282	53%	14%	32%	1%
New Mexico[b]	2,731	76	6,850	607	10,264	27%	1%	67%	6%
New York	3,595	637	496	159	4,887	74%	13%	10%	3%
North Dakota	674	2,340	1,605	131	4,750	14%	49%	34%	3%
Ohio[b]	16,874	7,215	10,846	1,007	35,942	47%	20%	30%	3%
Oklahoma[a,c]	5,815	4,333	18,178	45	28,371	20%	15%	64%	0%†
Oregon	—	—	—	—	—	—	—	—	—
Pennsylvania[a]	50,642	23,788	20,821	4,942	100,193	51%	24%	21%	5%
Rhode Island	17,323	9,466	1,643	1,490	29,922	58%	32%	5%	5%
Utah[a,b,c]	—	—	—	—	—	—	—	—	—
Vermont	—	—	—	—	—	—	—	—	—
Virginia[a]	5,647	3,573	11,417	0	20,637	27%	17%	55%	0%
Washington	—	—	—	—	—	—	—	—	—
West Virginia	12,684	10,253	8,760	221	31,918	40%	32%	27%	1%
Expansion States Subtotal	**474,635**	**170,639**	**300,324**	**25,027**	**970,625**	**49%**	**18%**	**31%**	**3%**
Range						**14%–76%**	**1%–49%**	**1%–68%**	**0%–29%**

UK/NR=unknown or not reported. (continued)

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

[a] Coverage under the Medicaid expansion became effective January 1, 2014 in all states that have adopted the Medicaid expansion except for the following: **Michigan** (4/1/2014), **New Hampshire** (8/15/2014), **Pennsylvania** (1/1/2015), **Indiana** (2/1/2015), **Alaska** (9/1/2015), **Montana** (1/1/2016), **Louisiana** (7/1/2016), **Virginia** (1/1/2019), **Maine** (1/10/2019 with coverage retroactive to 7/2/2018), **Idaho** (1/1/2020), **Utah** (1/1/2020), and **Nebraska** (10/1/2020), **Oklahoma** (7/1/2021), and **Missouri** (processing applications beginning 10/1/2021 with coverage retroactive to 7/1/2021 [see reference 45].

[b] **Arizona**, **Arkansas**, **Indiana**, **Iowa**, **Michigan**, **Montana**, **New Hampshire**, **New Mexico**, **Ohio**, and **Utah** have approved Section 1115 waivers to operate their Medicaid expansion programs in ways not otherwise allowed under federal law [see reference 45].

[c] See reference 45 for updates on the status of Medicaid expansion in this state.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states' Medicaid expansion under the Affordable Care Act (ACA): 2021 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	13,232	7,254	23,528	0	44,014	30%	16%	53%	0%
Florida[c]	43,820	17,318	21,653	437	83,228	53%	21%	26%	1%
Georgia[c]	69,699	46,580	55,451	287	172,017	41%	27%	32%	0%†
Kansas[c]	1,708	2,919	7,399	1,265	13,291	13%	22%	56%	10%
Mississippi[c]	7,970	2,193	7,530	423	18,116	44%	12%	42%	2%
North Carolina[c]	20,609	7,841	26,804	316	55,570	37%	14%	48%	1%
South Carolina[c]	15,944	13,521	3,614	0	33,079	48%	41%	11%	0%
South Dakota[c]	1,117	1,033	1,885	0	4,035	28%	26%	47%	0%
Tennessee	14,567	5,490	22,985	12	43,054	34%	13%	53%	0%†
Texas	54,341	14,019	111,761	11,352	191,473	28%	7%	58%	6%
Wisconsin[c]	4,354	703	1,932	1,189	8,178	53%	9%	24%	15%
Wyoming	402	1,624	3,024	29	5,079	8%	32%	60%	1%
Nonexpansion States Subtotal	**247,763**	**120,495**	**287,566**	**15,310**	**671,134**	**37%**	**18%**	**43%**	**2%**
Range						**8%–53%**	**7%–41%**	**11%–60%**	**0%–15%**
All States Total	**722,398**	**291,134**	**587,890**	**40,337**	**1,641,759**	**44%**	**18%**	**36%**	**2%**
Range						**8%–76%**	**1%–49%**	**1%–68%**	**0%–29%**

UK/NR=unknown or not reported.

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

† Percentage is less than 0.5%.

[c] See reference 45 for updates on the status of Medicaid expansion in this state.

Exhibit B–4. **Number and distribution of female family planning users *at risk of unintended pregnancy*,[a] by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2021 (Source: FPAR Table 7)**

State	Most Effective Permanent Methods[a]	Most Effective Reversible Methods[a]	Moderately Effective Methods[b]	Less Effective Methods[c]	Total At Risk[d]	Most Effective Methods[a]	Moderately Effective Methods[b]	Less Effective Methods[c]
Alabama	125	2,402	16,923	5,305	40,466	6%	42%	13%
Alaska	15	110	93	37	281	44%	33%	13%
Arizona	295	4,898	6,767	2,642	22,411	23%	30%	12%
Arkansas	2,101	5,841	14,991	2,700	28,197	28%	53%	10%
California	10,260	35,599	48,167	37,058	170,970	27%	28%	22%
Colorado	300	11,295	13,379	3,939	31,820	36%	42%	12%
Connecticut	215	365	387	716	3,638	16%	11%	20%
Delaware	319	1,589	3,406	1,453	7,342	26%	46%	20%
District of Columbia	960	4,546	7,045	1,455	30,035	18%	23%	5%
Florida	1,092	13,222	36,656	7,037	62,214	23%	59%	11%
Georgia	14,306	11,340	17,947	28,118	90,285	28%	20%	31%
Hawaii	—	—	—	—	—	—	—	—
Idaho	249	1,655	2,839	804	5,937	32%	48%	14%
Illinois	253	1,603	3,311	2,436	10,610	17%	31%	23%
Indiana	509	2,569	5,640	1,563	10,560	29%	53%	15%
Iowa	713	3,755	5,982	1,535	13,086	34%	46%	12%
Kansas	546	1,494	6,378	1,175	11,068	18%	58%	11%
Kentucky	699	2,518	9,410	7,106	21,622	15%	44%	33%
Louisiana	1,950	2,817	9,009	3,738	19,861	24%	45%	19%
Maine	—	—	—	—	—	—	—	—
Maryland	984	8,751	16,538	7,408	41,439	23%	40%	18%
Massachusetts	39	1,924	3,645	2,170	10,314	19%	35%	21%
Michigan	335	1,348	6,842	1,563	10,619	16%	64%	15%
Minnesota	55	182	146	253	822	29%	18%	31%
Mississippi	423	816	10,898	1,190	17,532	7%	62%	7%
Missouri	1,328	4,461	12,347	4,551	23,787	24%	52%	19%
Montana	334	2,188	2,722	1,319	6,665	38%	41%	20%
Nebraska	1,219	4,625	4,496	3,047	15,129	39%	30%	20%
Nevada	321	2,178	4,020	1,493	11,165	22%	36%	13%
New Hampshire	16	78	165	18	279	34%	59%	6%
New Jersey	1,849	6,314	8,995	8,055	27,855	29%	32%	29%
New Mexico	107	3,846	3,012	653	8,474	47%	36%	8%
New York	120	710	602	170	3,996	21%	15%	4%

— In 2021, there were no Title X services in the state.

(continued)

Exhibit B–4. **Number and distribution of female family planning *users at risk of unintended pregnancy*,[a] by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2021 (continued)**

State	Most Effective Permanent Methods[b]	Most Effective Reversible Methods[b]	Moderately Effective Methods[c]	Less Effective Methods[d]	Total At Risk[a]	Most Effective Methods[b]	Moderately Effective Methods[c]	Less Effective Methods[d]
North Carolina	425	10,373	26,470	7,718	50,282	21%	53%	15%
North Dakota	156	825	1,853	512	3,491	28%	53%	15%
Ohio	3,138	3,933	9,873	3,365	24,684	29%	40%	14%
Oklahoma	162	4,943	14,003	3,028	23,204	22%	60%	13%
Oregon	—	—	—	—	—	—	—	—
Pennsylvania	5,016	11,436	27,705	14,726	75,053	22%	37%	20%
Rhode Island	2,652	4,407	7,583	3,010	21,010	34%	36%	14%
South Carolina	364	3,514	14,433	5,071	23,382	17%	62%	22%
South Dakota	58	675	1,960	243	3,401	22%	58%	7%
Tennessee	139	5,094	21,160	4,967	31,661	17%	67%	16%
Texas	12,789	25,814	51,900	53,060	155,764	25%	33%	34%
Utah	—	—	—	—	—	—	—	—
Vermont	—	—	—	—	—	—	—	—
Virginia	545	4,141	10,516	1,546	17,502	27%	60%	9%
Washington	—	—	—	—	—	—	—	—
West Virginia	2,158	4,060	13,661	1,351	26,991	23%	51%	5%
Wisconsin	129	1,086	2,831	1,215	6,563	19%	43%	19%
Wyoming	268	772	2,012	456	3,996	26%	50%	11%
Territories & FAS								
American Samoa	30	72	491	442	1,308	8%	38%	34%
Comm. of the Northern Mariana Islands	7	198	955	67	1,303	16%	73%	5%
Federated States of Micronesia	40	353	1,072	282	2,063	19%	52%	14%
Guam	2	10	78	10	108	11%	72%	9%
Puerto Rico	29	761	5,577	3,502	9,923	8%	56%	35%
Republic of the Marshall Islands	79	510	831	8	1,667	35%	50%	0%†
Republic of Palau	4	6	439	30	616	2%	71%	5%
U.S. Virgin Islands	148	49	519	514	1,332	15%	39%	39%
Total Users	70,375	228,071	498,680	245,830	1,243,783	24%	40%	20%
Range						**2%–47%**	**11%–73%**	**0%†–39%**

FAS=Freely Associated States.

— In 2021, there were no Title X services in the state.

† Percentage is less than 0.5%.

Notes: Percentages (row) do not sum to 100% because the table does not show the percentages for female users whose method is unknown/not reported. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the method-effectiveness categories described in the Table 7 comments in the ***Field and Methodological Notes*** (***Appendix C***).

[a] Female users at risk of unintended pregnancy exclude users who are pregnant, seeking pregnancy, or abstinent.

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

[c] **Moderately effective methods** include injectable contraception, vaginal ring, contraceptive patch, and pill.

[d] **Less effective methods** include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, or spermicide (used alone), and other methods not listed in FPAR Table 7.

Exhibit B–5. **Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2021 (Source: FPAR Table 11)**

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
Alabama	13,715	18,208	75%
Alaska	92	109	84%
Arizona	5,357	10,039	53%
Arkansas	9,635	13,613	71%
California	29,718	52,699	56%
Colorado	5,689	15,695	36%
Connecticut	725	1,659	44%
Delaware	2,077	3,541	59%
District of Columbia	4,696	9,407	50%
Florida	12,092	28,378	43%
Georgia	12,004	34,988	34%
Hawaii	—	—	—
Idaho	928	2,639	35%
Illinois	2,647	4,099	65%
Indiana	3,705	4,394	84%
Iowa	3,994	5,957	67%
Kansas	2,585	4,407	59%
Kentucky	4,045	10,673	38%
Louisiana	5,788	8,120	71%
Maine	—	—	—
Maryland	7,699	14,790	52%
Massachusetts	2,718	5,762	47%
Michigan	3,531	5,309	67%
Minnesota	172	227	76%
Mississippi	4,702	8,051	58%
Missouri	7,472	12,459	60%
Montana	2,372	3,777	63%
Nebraska	3,859	6,351	61%
Nevada	2,184	4,407	50%
New Hampshire	50	111	45%
New Jersey	5,191	8,409	62%
New Mexico	2,221	3,526	63%
New York	220	1,224	18%

— In 2021, there were no Title X services in the state.

(continued)

Exhibit B–5. **Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2021 (Source: FPAR Table 11) (continued)**

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
North Carolina	10,126	17,348	58%
North Dakota	1,033	1,763	59%
Ohio	5,424	9,723	56%
Oklahoma	8,201	12,984	63%
Oregon	—	—	—
Pennsylvania	16,411	36,214	45%
Rhode Island	2,802	5,052	55%
South Carolina	7,258	10,028	72%
South Dakota	935	1,634	57%
Tennessee	14,097	18,951	74%
Texas	25,273	51,535	49%
Utah	—	—	—
Vermont	—	—	—
Virginia	3,887	6,331	61%
Washington	—	—	—
West Virginia	3,502	12,530	28%
Wisconsin	1,629	3,226	50%
Wyoming	1,170	2,096	56%
Territories & FAS			
American Samoa	18	395	5%
Comm. of the Northern Mariana Islands	107	535	20%
Federated States of Micronesia	421	703	60%
Guam	130	145	90%
Puerto Rico	1,210	4,452	27%
Republic of the Marshall Islands	14	826	2%
Republic of Palau	26	190	14%
U.S. Virgin Islands	260	362	72%
Total Users	**265,817**	**500,051**	**53%**
Range			**2%–90%**

FAS=Freely Associated States.

— In 2021, there were no Title X services in the state.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2021 Family Planning Annual Report (FPAR), including issues identified during data validation and relevant table-specific notes from grantees and U.S. Department of Health and Human Services (HHS) Project Officers. The notes are organized according to the FPAR reporting table to which they apply.

For purposes of describing grantee-level changes across various FPAR performance metrics, we compare data for the 73 (of 75) grantees that were active and reported family planning users in both 2020 and 2021.

FPAR COVER SHEET: GRANTEE PROFILE

Grantees—In this report, the terms "grantee" and "grant" are synonymous. If an agency receives multiple grants to support Title X services in different geographic areas (e.g., different states), the Office of Population Affairs (OPA) requires the agency to submit separate FPARs for each grant. In 2021, 70 agencies submitted one FPAR, one agency submitted two FPARs, and one agency submitted three FPARs.

Subrecipients—Of the 73 grantees that were active in both 2020 and 2021, 52 reported no change in the number of subrecipients, 16 reported an increase, and five reported a decrease.

Service Sites—Of the 73 grantees that were active in both 2020 and 2021, 39 reported no change in the number of service sites, 20 reported an increase, and 14 reported a decrease. The reasons given by several grantees for changes in the number of services sites included the addition or withdrawal of subrecipients, site closures and re-openings, and staffing shortages leading to the suspension of services.

Reporting Period—Of the 75 grantees that were active in 2021, 73 reported data for the 12-month period from January 1, 2021, through December 31, 2021, and two grantees reported data for a reporting period that was less than 12 months

FPAR TABLE 1: USERS BY AGE AND SEX[§§]

Of the 73 grantees that were active in both 2020 and 2021, 45 reported an increase in the number of family planning users, and 28 reported a decrease. For the number of female family planning users, 38 grantees reported an increase, 34 reported a decrease, and one reported no change. For the number of male family planning users, 49 grantees reported an increase, 23 reported a decrease, and one reported no change.

[§§] In addition to collecting data on the number of users whose sex (i.e., based on biological and physiological characteristics) is male or female, OPA has received OMB clearance to collect sexual orientation and gender identity (SOGI) data starting in 2022. Grantees will report SOGI data on the 2022 FPAR.

- Reasons given by grantees for **increased numbers of users** included better community- and practice-level management of the COVID-19 pandemic and increased demand for services. Community-level factors included an end to stay-at-home orders, the return to in-person work and school, increased vaccination rates and reduced community spread, and the implementation of public safety measures. Practice-level factors included the adoption of a hybrid (i.e., in-person and virtual) service delivery model, reopening of clinics or resumption of services, reversal of or decreased staff reassignments to pandemic-related services, increased outreach and community education, and increased availability of non-COVID-19–related preventive health care. Other reasons included the return of subrecipients that had withdrawn from Title X because of the 2019 Final Rule.
- Reasons given by grantees for **decreased numbers of users** were related to the continuing impact of the COVID-19 pandemic on service delivery, including clinic closures and delays in re-opening sites, reduced operating hours, scheduling adjustments to ensure social distancing and infection control, reduced staffing (e.g., staff absences, exposure to COVID-19, reassignment to work on pandemic-related activities), stay-at-home orders, and decreased user willingness to attend in-person visits. Other reasons for decreases in users were related to data collection issues (e.g., a network security incident, the implementation of new electronic health record [EHR] systems, and documentation issues) and weather-related closures (e.g., hurricanes).

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Of the 73 grantees that were active in both 2020 and 2021, 57 reported an increase in the percentage of female users who self-identified as Hispanic or Latino, 14 reported a decrease, and two reported no change.

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown or not reported race. Of the 10% of total female users for whom race was unknown or not reported in 2021, 68% self-identified as Hispanic or Latino.

- Reasons given by grantees for **increased or continued high percentages of female users with unknown race or ethnicity** included client confusion about race categories or refusal to report race data, other data collection issues (e.g., errors collecting/documenting race or ethnicity, challenges in implementing new EHR systems, the inclusion of an "other" race field), pandemic-related disruptions in operations that affected data collection (e.g., reassignment of staff to pandemic-related activities, reduced staffing and site closures, failure to record race/ethnicity for mobile/outreach visits).
- Reasons given by grantees for **decreased percentages of female users with unknown race or ethnicity** included staff training and improved capture of ethnicity and race data by staff or within the EHR systems.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Of the 73 grantees that were active in both 2020 and 2021, 45 reported an increase in the percentage of male users who self-identified as Hispanic or Latino, 22 reported a decrease, five reported no change, and one reported no male users in 2021.

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown or not reported race. Of the 13% of total male users for whom race was unknown or not reported in 2021, 42% identified as Hispanic or Latino.

- Reasons given by grantees for **increased or continued high percentages of male users with unknown race or ethnicity** included client confusion about race categories or refusal to report race data, other data collection issues (e.g., errors collecting/documenting race or ethnicity, challenges in implementing new EHR systems, the inclusion of an "other" race field), pandemic-related disruptions in operations that affected data collection (e.g., reassignment of staff to pandemic-related activities, reduced staffing and site closures, failure to record race/ethnicity for mobile/outreach visits).
- Reasons given by grantees for **decreased percentages of male users with unknown race or ethnicity** included staff training and improved capture of ethnicity and race data by staff or within the EHR systems.

FPAR TABLE 4: USERS BY INCOME LEVEL

Of the 73 grantees operating in both 2020 and 2021, 52 reported a decrease in the percentage of users with incomes at or below 100% of poverty, and 21 reported an increase.

- Grantees attributed **decreased percentages of family planning users with incomes at or below 100% of poverty** to changes in network composition (e.g., increases in the number of subrecipients that serve clients with higher incomes).
- Grantees attributed **increased percentages of family planning users with incomes at or below 100% of poverty** to users' pandemic-related losses in income or loss of employment.

Of the 73 grantees operating in both 2020 and 2021, 41 reported an increase in the percentage of users with unknown or not reported income, 19 reported a decrease, and 13 reported no change.

- Grantees attributed **increased percentages of family planning users with unknown or not reported income** to issues affecting data collection during the COVID-19 pandemic, including reassignment of staff to pandemic-related activities, site closures, changes in clinic flow, refusal by some clients (e.g., full-fee or insured/Medicaid insured clients) to report income data, client fear they would be denied services, difficulty collecting or recording income data for different types of encounters [telehealth] or in different settings [mobile/outreach visits], and data loss during the implementation of new EHR systems.

- Grantees attributed **decreased percentages of family planning users with unknown or not reported income** to improved data quality monitoring, technical assistance, and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 73 grantees operating in both 2020 and 2021, 50 reported an increase in the percentage of users with health insurance, 21 reported a decrease, and two reported no change.

- Reasons grantees gave for **increased percentages of users with health insurance** included changes in the composition of the subrecipient network, increases in clients newly insured through state Medicaid expansion, site-level efforts to help eligible clients enroll in Medicaid, and improvements in data collection (e.g., dedicated template in the EHR, better documentation).
- Reasons grantees gave for **decreased percentages of users with health insurance** included loss of employment-linked insurance because of the COVID-19 pandemic.

Unknown/not reported health insurance status—Grantees attributed high or increased numbers of family planning users with unknown or not reported health insurance coverage status to changes in the collection of insurance status data and clients' refusal to disclose their insurance because they are seeking confidential services or are concerned that they might be denied services.

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

Of the 73 grantees operating in both 2020 and 2021, 53 reported an increase in the percentage of users with LEP, 19 reported a decrease, and one reported no change.

- Reasons given by grantees for **decreased percentages of users with LEP** included pandemic-related clinic closures and reduced numbers of appointments.
- Reasons given by grantees for **increased percentages of users with LEP** included improved data collection, changes in the composition of participating subrecipients (e.g., the return of Planned Parenthood), and increased demand for services among LEP clients.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Of the 73 grantees operating in both 2020 and 2021, 47 reported a decrease in the percentage of female users using a most or moderately effective method, and 26 reported an increase.

Of the 73 grantees operating in both 2020 and 2021, 36 reported an increase in the percentage of female users with an unknown primary contraceptive method, 21 reported a decrease, and 16 reported no change.

- Grantees attributed **high or increased numbers or percentages of female users with an unknown primary method** to pandemic-related issues that affected data collection or reporting, including low staffing levels caused by staff absences or reassignment to work on pandemic-related activities and changes in clinic routines and staff capacity (e.g., inadequate training, turnover). Other data collection issues included new subrecipients collecting FPAR data items, inconsistent or incomplete documentation of primary method for selected visit types (e.g., telehealth, sexually transmitted infection [STI] testing, mobile or outreach visits), data entry or extraction problems, EHR implementation and transitions, EHR mapping errors, and client refusal to report their primary method.
- Grantees attributed **decreased numbers or percentages of female users with an unknown primary method** to improved data collection.

Pandemic-specific actions to support effective contraceptive use—One grantee noted various strategies to support the continuity of contraceptive care, including offering telehealth services, extending birth control prescriptions when appropriate, placing condoms in convenient locations to allow for social distancing, and postponing annual visits.

Primary method category definitions—Contraceptive methods are grouped into three categories—most, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These method effectiveness categories align with the OPA-developed and National Quality Forum-endorsed contraceptive care performance measures.[33] The contraceptive care measures are based on the following method groups or tiers[34]:

Most effective contraceptives (Tier 1) are methods that result in less than 1% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Male sterilization/vasectomy, 0.15%
- Female sterilization, 0.5%
- Implant (Nexplanon®), 0.1%
- Intrauterine device (Mirena®), 0.1%
- Intrauterine device (Liletta®), 0.1%
- Intrauterine device (Kyleena®), 0.2%
- Intrauterine device (Skyla®), 0.4%
- Intrauterine device (ParaGard®), 0.8%

Moderately effective contraceptives (Tier 2) are methods that result in between 4% and 7% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Injectable (Depo-Provera®), 4%
- Vaginal ring (NuvaRing®, Annovera®), 7%

- Contraceptive patch (Xulane®), 7%
- Contraceptive patch (Twirla®), 7% to 9%[46]
- Combined and progestin-only pills, 7%

Less effective contraceptives (Tier 3) are methods that result in between 13% and 27% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Male condom, 13%
- Sponge, nulliparous women, 14%
- Non-spermicidal, non-hormonal vaginal gel (Phexxi®), 14%[47]
- Fertility awareness-based methods (average across multiple types), 15%
- Diaphragm (with spermicidal cream or jelly), 17%
- Withdrawal, 20%
- Internal (female) condom, 21%
- Spermicides, 21%
- Sponge, parous women, 27%

Because the FPAR combines some methods into a single reporting category (e.g., fertility awareness-based method or lactational amenorrhea method, diaphragm or cervical cap), the methods in the less effective category may differ slightly from those listed above. We do not expect these differences to have an impact on the results because of the low number of users who rely on methods in these combined categories.

Hormonal injection users—Eighteen grantees in seven regions (III, IV, V, VI, VII, VIII, and IX) reported a total of 167 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.08% of the 214,237 hormonal injection users reported in 2021.

Sterilization among users under 20—No grantees reported female users under 20 relying on female sterilization as a primary contraceptive method.

Vasectomy among users under 18—One grantee reported one female user under 18 relying on vasectomy as her primary contraceptive method and confirmed that this user received noncoercion counseling.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Of the 73 grantees operating in both 2020 and 2021, 30 reported an increase in the percentage of male users relying on most, moderately, or less effective methods; 42 reported a decrease; and one grantee reported no male users in 2021.

- Of the 73 grantees operating in both 2020 and 2021, 30 reported an increase in the percentage of male users with an unknown primary contraceptive method, 25 reported a decrease, 17 reported no change, and one reported no male users in 2021. Grantees attributed **high or increased numbers or percentages of male users with an unknown primary method** to pandemic-related staffing issues that affected data quality (e.g., low staffing levels because of staff absence, turnover, or reassignment to work on pandemic-related activities), data collection or system issues with new subrecipients, other data collection or system issues (e.g., inconsistent or incomplete documentation of primary method overall or for specific types of visits [telehealth, mobile/outreach], new EHR systems or changes to existing systems, data mapping errors or lack of a structured field for recording primary method), and refusal by clients to disclose their primary method.
- Grantees attributed **decreased numbers or percentages of male users with an unknown primary method** to improved data collection and staff training.

Pandemic-specific actions to support effective contraceptive use—One grantee mentioned two strategies—offering curbside services and placing condoms in convenient pickup locations to allow for social distancing—that they implemented to support contraceptive use and protection for male clients during the pandemic.

Primary method category definitions—See note for FPAR Table 7 in the section above.

Sterilization among users under 20—No grantees reported male users under 20 relying on vasectomy as their primary contraceptive method.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 49 reported an increase in the percentage of female users who received a Papanicolaou (Pap) test, and 24 reported a decrease.

- Reasons given by grantees for **increased percentages of female users screened for cervical cancer** included increased in-person visits for preventive health care, a quality improvement initiative, an increase in female users over 35, and client education to promote the importance of screening.
- Reasons given by grantees for **decreased percentages of female users screened for cervical cancer** included pandemic-related issues (e.g., postponement of routine preventive care, client reluctance to seek in-person services, limited availability of in-person visits), better adherence to screening guidelines, and errors in reporting 2020 Pap testing data.

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

CBEs—Of the 73 grantees that were active in both 2020 and 2021, 46 reported an increase in the percentage of female users who received a CBE, and 27 reported a decrease.

- Reasons given by grantees for **increased percentages of female users who received a CBE** included increased availability of preventive health care services, increases in client volume and in-person visits for preventive health care, a breast cancer awareness campaign that included an offer of free CBEs performed via a health department mobile clinic, and improved documentation of CBE.

- Reasons given by grantees for **decreased percentages of female users who received a CBE** included prioritization of in-person visits for those with indications or need for screening and adherence to breast cancer screening guidelines[48] (e.g., American Cancer Society, U.S. Preventive Services Task Force) that do not recommend CBEs or note the absence of evidence for or against CBE. The American College of Obstetricians and Gynecologists and the National Comprehensive Cancer Network® recommend screening women at average risk every 1–3 years (25–39 years) or annually (≥ 40 years).[48] Grantees may vary in the national guidelines that they follow.

CBE-related referrals—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 38 reported an increase in the percentage of female users referred for further evaluation based on CBE findings, 29 reported a decrease, four reported no change, and two reported no CBEs in one of the two years.

- Reasons given by grantees for **increased percentages of CBE-related referrals** included increases in the numbers of clients, in-person visits, and women screened who were at higher risk.

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

Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 42 reported an increase in the percentage of female users under 25 tested for chlamydia, and 31 reported a decrease. In addition, 38 reported a decrease in the percentage of male users tested, 33 reported an increase, two reported no change, and one reported no male users in 2021.

- Reasons given by grantees for **decreased chlamydia testing rates** included pandemic-related issues (e.g., clinic closures, clients' hesitance to attend in-person consultations, lack of supplies and testing kits) and new subrecipient start-up activities.

- Reasons given by grantees for **increased chlamydia testing rates** included reduced COVID-19 restrictions and limitations (e.g., reopening of clinics, increased in-person visits, improved availability of testing supplies), targeted technical assistance, a change in screening protocol, and increased outreach to and education of at-risk populations.

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

General STI testing—Several grantees commented on reasons for increases or decreases in STI testing activities without specifying the type of STI test.

- Reasons given for **increased STI testing** included increased numbers of users and in-person "annual" preventive health visits, increased appointment availability and service

capacity (e.g., additional subrecipients and sites), increased provider awareness of screening guidelines and updated standing orders, increased marketing and client education, partnerships with state health departments, increased use of rapid testing technology, pandemic-related adaptations to ensure continuity of STI services, increased STI incidence (e.g., syphilis), and better monitoring and feedback on the quality of STI screening/testing practices.

- Reasons given for **decreased STI testing** included a decrease in the number of clients, pandemic-related issues (e.g., reduced in-person visits and increased telehealth visits, limited outreach, lack of supplies and testing kits), and withdrawal of subrecipients that tended to provide higher numbers of tests.

Gonorrhea testing rate—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 45 reported an increase in the number of gonorrhea tests per female user, and 28 grantees reported a decrease. In addition, 37 grantees reported a decrease in the number of gonorrhea tests per male user, 34 reported an increase, one reported no change, and one reported no male users in 2021.

Syphilis testing rate—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 45 reported an increase in the number of syphilis tests per female user, 27 reported a decrease, and one reported no change. In addition, 40 grantees reported an increase in the number of syphilis tests per male user, 29 reported a decrease, three reported no change, and one reported no male users in 2021.

Confidential HIV testing rate—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 51 reported an increase in the number of confidential HIV tests per female user, and 22 reported a decrease. In addition, 37 grantees reported an increase in the number of confidential HIV tests per male user, 35 reported a decrease, and one reported no male users in 2021.

Positive confidential HIV tests—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 27 reported a decrease in the number of positive confidential HIV tests per 1,000 tests performed, 23 reported an increase, 22 reported no change (the ratio was zero in both years), and one reported no HIV tests in 2021. A reason cited by grantees for the increase in positive confidential HIV tests was increased testing of individuals at higher risk.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

Clinical services provider (CSP) full-time equivalent (FTE)—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 36 reported an increase in the total number of CSP FTEs delivering Title X-funded services, 21 reported a decrease, and 16 reported no change. These changes by type of CSP were as follows:

- **Physician FTEs**—28 grantees reported an increase, 24 reported no change, and 21 reported a decrease.
- **Midlevel clinician FTEs—**36 grantees reported an increase, 20 grantees reported a decrease, and 17 reported no change.

- **Other CSP FTEs—**48 grantees reported zero other CSP FTEs in both years, 12 reported a decrease, eight reported no change, and five reported an increase.
- Reasons given for **increased CSP FTEs** included the addition of subrecipients and sites, more accurate reporting of CSP FTEs, and FTE reporting errors (i.e., underestimates) in the previous year.
- Reasons given for **decreased CSP FTEs** included pandemic-related issues (e.g., reduced staffing because of absence or reassignment to pandemic-related activities and temporary clinic closures), loss of staff because of poor retention or retirement, and reduced funding levels.

Family planning encounters—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 40 reported an increase in the number of total encounters, and 33 reported a decrease.

- Reasons given for **increased encounters** included a partial return to pre-pandemic service delivery processes, increased demand for deferred in-person preventive health care, expanded use of telehealth, increased hours of operation at some sites, increased staffing, and the addition of new subrecipients and service sites.
- Reasons given for **decreased encounters** included pandemic-related issues (e.g., continued need for social distancing and other safety protocols, temporary clinic closures, temporary clinic relocation, low staffing levels because of staff absence or reassignment to pandemic-related activities), data system issues (e.g., transition to new and unfamiliar EHRs, a security incident requiring the development of a workaround, the inability of one data system to track the number of encounters per user so each user was assigned one encounter), and severe weather events.

Virtual encounters—In the 2021 FPAR, grantees continued to report the number of virtual/telehealth encounters (with a CSP, with a non-CSP, or total) using the Table 13 Note field. OPA instructed grantees to use the Table 13 Note field to provide (1) the number of total family planning encounters with CSP staff that were virtual/telehealth encounters and (2) the number of total family planning encounters with non-CSP staff that were virtual/telehealth encounters. If grantee or subrecipient data systems prevented grantees from reporting virtual/telehealth encounters by type of staff (CSP vs. non-CSP), grantees were instructed to provide the total number of virtual/telehealth encounters, if possible.

Of the 73 grantees that reported family planning users in both 2020 and 2021, 36 reported a decrease in virtual encounters, 17 reported an increase, and 20 reported zero virtual encounters either because there were none in both years or because their data systems were unable to record virtual encounter data.

FPAR TABLE 14: REVENUE REPORT

Total revenue (Row 18)—All regions—Of the 73 grantees that submitted an FPAR in both 2020 and 2021, 47 reported an increase in total revenue, and 26 reported a decrease.

Title X revenue (Row 1)—All regions—2021 Title X revenue includes 2021 cash receipts or drawdown amounts from all family planning service grants.

Medicaid revenue (Row 3a)—All regions—2021 Medicaid revenue includes revenue from federally approved Medicaid family planning eligibility expansions in the following 19 states:

Region I—New Hampshire and Rhode Island

Region II—New Jersey

Region III—Maryland, Pennsylvania, and Virginia

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

Region V—Indiana, Minnesota, and Wisconsin

Region VI—New Mexico and Oklahoma

Region VII—None

Region VIII—Montana and Wyoming

Region IX—California

Region X—None

Three states (Iowa, Missouri, and Texas) operated entirely state-funded family planning programs. In Mississippi, the inclusion of Medicaid family planning waiver revenue in Table 14 (Row 3a) could not be confirmed.

Other revenue (Rows 12 through 16)—All regions—Other revenue included revenue from such sources as Administration for Children and Families Personal Responsibility Education Program grant; Agency Donations; Arizona Department of Health Services Sexually Transmitted Disease (STD) program; Board of Health; Breast and Cervical Cancer Early Detection Program; Breast and Cervical Cancer Program; Breast and Cervical Cancer Services program; Bureau Workers Compensation; Coronavirus Aid, Relief, and Economic Security (CARES) Act; carry-over funds; Centers for Disease Control and Prevention (CDC) Infertility Prevention Program; CDC; county health department federal grants; Department of Housing and Urban Development; direct relief; donations (client and other); Early Detection Works Program; earned and special funds; Educare (private grant); federal grant carry-over funds; foundation grants; fundraising; general fund; grant in aid; grants; Health Resources and Services Administration (HRSA) COVID-19 supplemental funding (H8c); HRSA CARES award supplemental funding (H8d); Maternal Infant Health Program (Michigan); incentives; interest income; LARC Medicaid Reimbursement; local health department carry-over funds; miscellaneous refunds/other; Montana Cancer Screening Program; Montana STD/HIV Program; Montgomery Cares and Health Assures; New Jersey Cancer Education and Early Detection; non-specific subrecipient funding; non-state grants; other federal grants; other grants; other HRSA grant (not section 330); other revenue; Partnership for Public Health; Payroll Protection Program; Pennsylvania Dept of Health STD Project; Personal Responsibility Education Program (PREP); pharmacy budget received; Pregnancy Prevention Grant; Preventive Health and Health Services Block Grant; private donation; private foundations; private grants; refund for expired pharmaceuticals; revenue recovery; Ryan White HIV/AIDS Program grant; services-related contractual revenue; Social Services Block Grant Program; State Farmworker Voucher Program; state set-off program; state STD/HIV

voucher program; State Uncompensated Care (federally qualified health centers [FQHCs]; subrecipient contribution; The 20/22 Act Society; The Right Time; Title V Sexual Risks Avoidance Education grant; Tobacco Settlement; United Nations Population Fund (UNFPA); United Way; University of Washington; University of Wisconsin; Women's Health Connection; and Wyoming Cancer Program.

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Appendix D

Title X Performance During the COVID-19 Pandemic: 2021 vs. 2020

PURPOSE

The purpose of this analysis is to examine the performance of the Title X program during the first 2 years (2020–2021) of the COVID-19 pandemic.

METHODOLOGICAL APPROACH

Data and Sample

The data for this analysis are from the Family Planning Annual Reports (FPARs) submitted by 56 of 75 grantees that were active in both 2020 and 2021. To increase the comparability of data across grantees, we excluded data for 19 of the 75 grantees, including nine grantees in the U.S. Territories and Freely Associated States, six grantees that served <1,000 users in 2020 and 2021, three grantees in the start-up phase of their Title X operations, and one grantee whose grant was active for 3 months of 2021 but who reported no users.

Measures and Analysis

Sample Characteristics. Characteristics of the grantee sample are based on 2021 data and include the number and distribution of the 56 grantees by sector (public or private), type of subrecipient service network (public subrecipients only, private only, and mix of public and private), and number of family planning users (or "clients") served. We used the July 2021 *Title X Family Planning Directory*[1] to determine the composition of each grantee's subrecipient network.

Availability of Title X Services. We examined changes (2021 vs. 2020) in service availability using these measures: numbers of service sites and full-time equivalent (FTE) clinical services providers (CSPs).

Use of Title X Services: Number of Family Planning Users. We examined changes (2021 vs. 2020) in service use by comparing the number of family planning users overall, by type of subrecipient network and by the Medicaid expansion status of the state of Title X operations.

- *Type of Subrecipient Network.* We examined the change in users by type of subrecipient network because grantees reported in 2020 and 2021 that staff working in some Title X–funded public health clinics were reassigned to assist with their state's COVID-19 mitigation efforts, thereby reducing their capacity to deliver Title X services. To a lesser extent, Title X staff at some private-sector subrecipient sites, especially those providing integrated care (e.g., federally qualified health centers [FQHCs]), were also actively involved in COVID-19 testing, vaccination, and health care provision, which may have reduced their capacity to provide Title X services. For these reasons, we expected that grantees with public-only or mixed public–private subrecipient networks would be more affected by the pandemic's negative impact on Title X staffing levels and service availability.

- *Medicaid Expansion Status.* Because of the pandemic's negative impact on employment, especially among low-wage earners,[2] and disruptions in employment-based health insurance coverage,[3,4,5] we compared the number and distribution of users served by grantees in states with and without Medicaid expansion as of January 1, 2020. We expected that Title X clients in expansion states would have better access to Title X and other primary health care than those operating in nonexpansion states.

Use of Title X Services: Number of Family Planning Encounters. We examined changes (2021 vs. 2020) in service use by comparing the number of family planning encounters overall and by type (in-person and virtual). We expected that the number and percentage of virtual encounters in 2021 would be lower than in 2020 because of greater opportunity and demand for in-person preventive health services that were due or had been deferred. Office of Population Affairs funding (September 2021) to support telehealth capacity, among other needs, may have had a positive but limited effect on the number of telehealth encounters in 2021.

Title X Service Quality. We assessed changes (2021 vs. 2020) in service quality using these three measures: the number of female users who adopted or used a most or moderately effective *reversible* contraceptive at exit from their last encounter, the percentage of female users *at risk* of unintended pregnancy who used a most or moderately effective *reversible* contraceptive, and the percentage of female users <25 years who were tested for chlamydia. Female users *at risk* of unintended pregnancy are those who are not pregnant, not seeking pregnancy, or not abstinent.

State-Level Vaccination Rates. To account for state-level differences in the response to the COVID-19 pandemic, we stratified the grantees into quartiles based on the percentage of adults (18–29 years) fully vaccinated for COVID-19[6] as of May 2021[7] in the grantees' states of operation. We examined the grantee sample characteristics (2021) and compared all Title X performance measures for 2021 vs. 2020 by vaccination quartile. The vaccination quartile (V) definitions and the number of grantees in each were as follows:

- V1 (12.5%–23.2%): n = 17 grantees
- V2 (23.7%–30.2%), n = 16 grantees
- V3 (31.2%–36.5%), n = 11 grantees
- V4 (36.7%–43.4%), n = 12 grantees

We expected that grantees operating in states with higher vaccination rates would experience fewer staffing disruptions, increased client willingness to seek in-person care, and a more rapid return to pre-pandemic operations (e.g., in-person or hybrid service model). We also expected that grantees in states with lower vaccination rates would report a higher percentage of their family planning encounters as virtual.

Compared to 2020, we expected an increase in the availability and use of Title X services in 2021 for two reasons: (1) increased access to a COVID-19 vaccine and the resulting decrease in COVID-19 prevalence, morbidity, and risk and (2) the implementation of streamlined administrative and clinical service protocols designed to increase care access while protecting the health and wellbeing of clinic staff and clients.

KEY FINDINGS

Sample Characteristics (Exhibit D–1)

- In 2021, 31 (55%) of the 56 grantees were public-sector grantees (e.g., state or county health departments), 28 (50%) operated networks that included a mix of public and private subrecipients, and 35 (62%) served a client population of between 1,000 and 28,000 users. The three (5%) largest grantees reported serving between 170,000 and 222,200 users.
- Thirty-three (59%) grantees operated in states with lower vaccination rates (V1 and V2). Most of these grantees were public-sector entities that operate service networks composed of public-sector or a mix of public- and private-sector subrecipients.
- Twenty-three (41%) grantees operated in states with higher vaccination rates (V3 and V4), and almost all operated service networks composed of private or mixed public–private subrecipients.

Exhibit D–1. Grantee sample characteristics (2021)

Characteristics	Overall	Percentage of 18- to 29-year-olds fully vaccinated against COVID-19 as of May 2021[6,7]			
		V1: 12.5%–23.2%	V2: 23.7%–30.2%	V3: 31.2%–36.5%	V4: 36.7%–43.4%
Total grantees	**56 (100%)**	**17 (30%)**	**16 (29%)**	**11 (20%)**	**12 (21%)**
By sector					
Public	31 (55%)	10 (18%)	12 (21%)	5 (9%)	4 (7%)
Private	25 (45%)	7 (13%)	4 (7%)	6 (11%)	8 (14%)
By type of subrecipient network					
Public only	13 (23%)	6 (11%)	6 (11%)	1 (2%)	0 (0%)
Mixed public and private	28 (50%)	6 (11%)	9 (16%)	7 (13%)	6 (11%)
Private only	15 (27%)	5 (9%)	1 (2%)	3 (5%)	6 (11%)
By FP users served					
1,093–8,253 users	18 (32%)	6 (11%)	6 (11%)	3 (5%)	3 (5%)
8,640–27,953 users	17 (30%)	3 (5%)	4 (7%)	7 (13%)	3 (5%)
28,531–75,444 users	18 (32%)	7 (13%)	5 (9%)	1 (2%)	5 (9%)
170,314–222,154 users	3 (5%)	1 (2%)	1 (2%)	0 (0%)	1 (2%)

Service Availability and Capacity (Exhibit D–2)

- In 2021, the COVID-19 pandemic's second year, grantees reported a net increase (↑ 241) in the number of service sites and a net decrease (↓ 303) in the number of CSP FTEs. The net change in number of service sites was positive in V2 and V4 but changed little or decreased in V1 and V3.
- Net decreases in CSP FTEs overall and in V1 and V3 were driven primarily by two grantees that reported declines in CSP FTEs of 259 (V1) and 194 (V3). When data for these two grantees are excluded, there was an overall net increase (not shown) in FTEs (↑ 150), a net increase (↑ 50) in V1, and a smaller net decrease (↓ 8) in V3.

Exhibit D–2. Title X service availability, capacity, and utilization: 2021 vs. 2020

Measures	Overall	Percentage of 18- to 29-year-olds fully vaccinated against COVID-19 as of May 2021[6,7]			
		V1: 12.5%–23.2%	V2: 23.7%–30.2%	V3: 31.2%–36.5%	V4: 36.7%–43.4%
No. of service sites					
2021	3,202 (100%)	1,131 (35%)	903 (28%)	435 (14%)	733 (23%)
2020	2,961 (100%)	1,130 (38%)	813 (27%)	452 (15%)	566 (19%)
2021 vs. 2020	↑ 241	↑ 1	↑ 90	↓ 17	↑ 167
No. of CSP FTEs					
2021	2,308	741	652	242	672
2020	2,611	951	601	444	615
2021 vs. 2020	↓ 303	↓ 210	↑ 52	↓ 202	↑ 57
No. of FP users served					
By year					
2021	1,634,938 (100%)	542,318 (33%)	444,095 (27%)	182,172 (11%)	466,353 (29%)
2020	1,509,232 (100%)	566,937 (38%)	390,197 (26%)	175,044 (12%)	377,054 (25%)
2021 vs. 2020	↑ 125,706	↓ 24,619	↑ 53,898	↑ 7,128	↑ 89,299
By subrecipient network					
2021					
Public only	351,699 (22%)	259,816 (48%)	89,627 (20%)	2,256 (1%)	0 (0%)
Mixed public–private	954,111 (58%)	97,962 (18%)	346,749 (78%)	127,893 (70%)	381,507 (82%)
Private only	329,128 (20%)	184,540 (34%)	7,719 (2%)	52,023 (29%)	84,846 (18%)
2020					
Public only	374,451 (25%)	274,666 (48%)	97,499 (25%)	2,286 (1%)	0 (0%)
Mixed public–private	821,643 (54%)	119,973 (21%)	287,563 (74%)	118,864 (68%)	295,243 (78%)
Private only	313,138 (21%)	172,298 (30%)	5,135 (1%)	53,894 (31%)	81,811 (22%)
2021 vs. 2020					
Public only	↓ 22,752	↓ 14,850	↓ 7,872	↓ 30	—
Mixed public–private	↑ 132,468	↓ 22,011	↑ 59,186	↑ 9,029	↑ 86,264
Private only	↑ 15,990	↑ 12,242	↑ 2,584	↓ 1,871	↑ 3,035
By state Medicaid expansion status (as of January 2020)					
2021					
Yes	886,471 (54%)	116,932 (22%)	149,535 (34%)	153,651 (84%)	466,353 (100%)
No	748,467 (46%)	425,386 (78%)	294,560 (66%)	28,521 (16%)	0 (0%)
2020					
Yes	775,671 (51%)	121,977 (22%)	129,606 (33%)	147,034 (84%)	377,054 (100%)
No	733,561 (49%)	444,960 (78%)	260,591 (67%)	28,010 (16%)	0 (0%)
2021 vs. 2020					
Yes	↑ 110,800	↓ 5,045	↑ 19,929	↑ 6,617	↑ 89,299
No	↑ 14,906	↓ 19,574	↑ 33,969	↑ 511	—
No. of FP encounters by type					
2021					
Total	2,738,804 (100%)	960,187 (100%)	739,576 (100%)	318,292(100%)	720,749 (100%)
In-person	2,571,275 (94%)	953,674 (99%)	720,826 (97%)	305,944 (96%)	590,831 (82%)
Virtual	167,529 (6%)	6,513 (1%)	18,750 (3%)	12,348 (4%)	129,918 (18%)
2020					
Total	2,660,446 (100%)	1,009,408 (100%)	681,160 (100%)	286,759 (100%)	683,119 (100%)
In-person	2,374,000 (89%)	960,062 (95%)	663,335 (97%)	265,264 (93%)	485,339 (71%)
Virtual	286,446 (11%)	49,346 (5%)	17,825 (3%)	21,495 (7%)	197,780 (29%)
2021 vs. 2020					
Total	↑ 78,358	↓ 49,221	↑ 58,416	↑ 31,533	↑ 37,630
In-person	↑ 197,275	↓ 6,388	↑ 57,491	↑ 40,680	↑ 105,492
Virtual	↓ 118,917	↓ 42,833	↑ 925	↓ 9,147	↓ 67,862

Service Use (Exhibit D–2)

- **Users Served.** In 2021, grantees reported a net increase in the number of users served overall (↑ 125,706) and in all but the lowest (V1) vaccination quartile.
- **Users Served by Type of Subrecipient Network.** In 2021, grantees with mixed or private-only subrecipient networks reported net increases in the number of users served overall (↑ 148,458). Across vaccination quartiles, the results were mixed: grantees operating mixed networks reported an increase in users in all but V1, whereas those operating private-only networks reported increases in all but V3. Grantees with public-only networks reported net decreases overall (↓ 22,752), primarily from V1 and V2.
- **Users Served by State Medicaid Expansion Status.** In 2021, 46% of clients overall and 73% of those in lower vaccination states (V1 and V2) received Title X services in a state that had not expanded Medicaid. There were net increases in the overall number of users in states with (↑ 110,800 or by 14%) and without (↑ 14,906 or by 2%) Medicaid expansion. This was also the case in all except the lowest vaccination quartile (V1), where the net change in users was negative in both expansion (↓ 5,045) and nonexpansion (↓ 19,574) states.
- **Encounters by Type.** In 2021, there was a net increase (↑ 78,358) in the total number of family planning encounters, reflecting gains in users served. By encounter type, there was a net increase (↑ 197,275) in in-person encounters and a net decrease (↓ 118,917) in virtual encounters. In V1, the net change in encounters overall and by type was negative and consistent with the net decrease in users. In V3 and V4, the net changes in virtual encounters were also negative, but virtual encounters continued to account for a high percentage (18%) of total encounters in V4.

Contraceptive Use (Exhibit D–3)

- **Use of Most and Moderately Effective Reversible Contraceptive Methods.** In 2021, there was a net increase (↑ 34,890) in the number of female users relying on long-acting reversible contraceptives (LARCs) and a net decrease (↓ 9,377) in the number of female users relying on moderately effective contraceptives. This same trend was observed in the two lower vaccination quartiles (V1 and V2). In the two higher vaccination quartiles (V3 and V4), there were net gains in both the numbers of female LARC and moderately effective contraceptive users. Overall and across vaccination quartiles, however, there was almost no change (except in V2) in the percentage of female users at risk of unintended pregnancy using most and moderately effective reversible contraception.

Chlamydia Testing (Exhibit D–4)

- **Chlamydia Testing Among Female Users <25 years.** In 2021, there were small changes overall and across vaccination quartiles in the percentage of female users <25 tested for chlamydia.

Exhibit D–3. **Use of most (LARCs) and moderately effective reversible contraception among female Title X clients: 2021 vs. 2020**

Characteristics	Overall	Percentage of 18- to 29-year-olds fully vaccinated against COVID-19 as of May 2021[6,7]			
		V1: 12.5%–23.2%	V2: 23.7%–30.2%	V3: 31.2%–36.5%	V4: 36.7%–43.4%
No. females using most and moderately effective reversible contraception					
2021					
Most effective/LARCs	225,143	58,860	62,191	26,754	77,338
Moderately effective	486,839	179,908	143,500	54,671	108,760
2020					
Most effective/LARCs	190,253	52,793	53,463	24,566	59,431
Moderately effective	496,216	206,738	145,795	53,988	89,695
2021 vs. 2020					
Most effective/LARCs	↑ 34,890	↑ 6,067	↑ 8,728	↑ 2,188	↑ 17,907
Moderately effective	↓ 9,377	↓ 26,830	↓ 2,295	↑ 683	↑ 19,065
% *at-risk* females using most and moderately effective reversible contraception					
2021	58.3%	62.3%	58.5%	58.9%	53.6%
2020	60.1%	62.4%	63.9%	59.3%	53.0%
2021 vs. 2020 (% points)	↓ 1.8	↓ 0.1	↓ 5.4	↓ 0.4	↑ 0.6

Exhibit D–4. **Chlamydia testing among female Title X clients under 25: 2021 vs. 2020**

Characteristics	Overall	Percentage of 18- to 29-year-olds fully vaccinated against COVID-19 as of May 2021[6,7]			
		V1: 12.5%–23.2%	V2: 23.7%–30.2%	V3: 31.2%–36.5%	V4: 36.7%–43.4%
% females <25 tested for chlamydia					
2021	53.6%	55.4%	53.0%	52.1%	52.5%
2020	52.8%	52.8%	55.1%	53.5%	49.7%
2021 vs. 2020 (% points)	↑ 0.8	↑ 2.6	↓ 2.1	↓ 1.4	↑ 2.8

LIMITATIONS

This analysis has several potential limitations:

- The numbers of users, encounters, and virtual encounters may be slightly underreported in either year because some subrecipients had difficulties compiling data for several FPAR tables, and the data systems used by some grantees and subrecipients were unable to distinguish between virtual and in-person encounters. We expect that collection of virtual encounter data likely improved in 2021, thereby muting the size of the decrease in virtual encounters reported in 2021, and that the occurrence of incomplete data for other measures (e.g., users, contraceptive use) was about the same in both years.
- There is also a chance that we misclassified the type (public, private, or mixed) of grantee subrecipient network because of outdated entries in the *Directory*[1] or subrecipient agency names that made it difficult to discern the appropriate sector (public or private).

- The analysis does not account for three states that expanded Medicaid after January 1, 2020. The net changes (2021 vs. 2020) in the number of clients, by vaccination quartile, for these grantees were relatively small: V1 (↓ 4,130), V2 (↑ 2,087), and V3 (↑ 568).
- Finally, we used May 2021 full vaccination rates for individuals 18–29 years because these data (by age group) were available from a government source,[6,7] and the time frame coincided with the FPAR reporting period. There were only six instances where a state's quartile assignment changed (three increased and three decreased) when defining quartiles based on rates for an older age group (i.e., 30–49 years). At the time of the analysis, we were unable to identify a similar source of vaccination rate data for reproductive-age individuals in a later month in 2021.

CONCLUSIONS AND IMPLICATIONS

- Across states, Title X service networks operate in different social and political environments that vary in access to general and reproductive health care. In 2021, Title X grantees served more clients overall compared with the first year of the COVID-19 pandemic. About six of every 10 Title X grantees, service sites, and clients were located in states with lower COVID-19 vaccination rates (V1 and V2).
- Title X operations in states in the lowest vaccination quartile (V1) did not rebound like those in states in the higher vaccination quartiles. In 2021, grantees in V1 states experienced net losses in their numbers of service providers and clients. Pandemic-related factors that may have contributed to these losses include:
  - The impact of lower vaccination rates on COVID-19 risks and other adverse health and social effects (e.g., illness, absences to care for loved ones, fear of contracting COVID-19) among Title X staff and clients.
  - Continued demands of pandemic-related job duties, especially among public-sector and integrated (e.g., FQHCs) private-sector Title X providers, leading to staffing shortages and reduced capacity for Title X activities.

  These findings suggest that Title X operations based in public-only or mixed public–private subrecipient networks may be especially vulnerable to the ongoing COVID-19 pandemic and future public health and other emergencies for which the Title X project workforce would be called on to respond.
- The lack of large differences in Title X services use between grantees in states that expanded or did not expand Medicaid is likely a result of Affordable Care Act provisions and federal COVID-19 relief efforts that increased and kept people enrolled in Medicaid across all states during the study period.[2,3]
- Although the capacity to deliver and report on virtual encounters may have increased during the COVID-19 pandemic, in 2021 there was a net decrease overall and in all quartiles except V2.

  Among grantees in V4, however, virtual encounters accounted for a larger share of total encounters in 2021 (18%) and 2020 (29%) than in lower vaccination quartiles (1%–7%). It

is likely that deferral of preventive reproductive health care during the pandemic's first year led to increased demand for in-person services in the second year. Through supplemental funding, the Office of Population Affairs has committed to growing the capacity of Title X service providers to deliver virtual services. These findings suggest a need for attention to waning or un/underdeveloped telehealth capacity among grantees and their service networks. A robust telehealth capacity could be protective against future disruptions in care caused by COVID-19 or other circumstances (e.g., weather).

- Finally, the threats against and actions taken to protect Title X access during this public health emergency should be studied to identify the most effective strategies overall and for different states and network organizational configurations.

APPENDIX D REFERENCES

1 Office of the Assistant Secretary for Health, Office of Population Affairs. (2021, July). *Title X family planning directory.* Retrieved from https://opa.hhs.gov/sites/default/files/2021-08/title-x-family-planning-directory-july2021.pdf

2 Office of the Assistant Secretary for Planning & Evaluation (ASPE), Office of Human Services Policy. (2021, September). The impact of the first year of the COVID-19 pandemic and recession on families with low incomes. Retrieved from https://aspe.hhs.gov/sites/default/files/2021-09/low-income-covid-19-impacts.pdf

3 Bundorf, M. K., Gupta, S., & Kim, C. (2021). Trends in U.S. health insurance coverage during the COVID-19 pandemic. *JAMA Health Forum, 2*(9), e212487. Retrieved from JAMA Health Forum – Health Policy, Health Care Reform, Health Affairs | JAMA Health Forum | JAMA Network

4 Chu, R. C., Lee, A., Peters, C., & Sommers, B. D. (2022, January 27). Health coverage changes from 2020-2021. *Data Point* (HP-2022-05). ASPE, Office of Health Policy. Retrieved from https://aspe.hhs.gov/sites/default/files/documents/ed44f7bb6df7a08d972a95c34060861e/aspe-data-point-2020-2021-uninsured.pdf

5 Rhuter, J., Conmy, A. B., Chu, R. C., Peters, C., DeLew, N., & Sommers, B. D. (2021, October 29). Tracking health insurance coverage in 2020-2021. *Issue Brief* (NP-2021-24). ASPE, Office of Health Policy. Retrieved from https://aspe.hhs.gov/sites/default/files/documents/2fb03bb1527d26e3f270c65e2bfffc3a/tracking-insurance-coverage-2020-2021.pdf

6 People who are fully vaccinated are those who received two doses of an FDA-authorized 2-dose vaccine or 1 dose of the 1-dose vaccine. See reference 7.

[7] Diesel, J., Sterrett, N., Dasgupta, S., Kriss, J. L., Barry, V., Esschert, K. V., … Barbour, K. E. (2021). COVID-19 vaccination coverage among adults — United States, December 14, 2020–May 22, 2021. *MMWR, 70*, 922–927. See Supplemental Table containing vaccination coverage by state (https://stacks.cdc.gov/view/cdc/107123).

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