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2023 National Summary

Family Planning Annual Report: 2023 National Summary

Prepared for:

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ADDITIONAL COPIES

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Family Planning Annual Report: 2023 National Summary

OVERVIEW

The Title X Family Planning Program (referred to as Title X), administered by the U.S. Department of Health and Human Services (HHS) Office of Population Affairs (OPA), is the only domestic federal program dedicated solely to supporting the delivery of family planning and related preventive health services for all people. The Title X program provides “a broad range of medically approved services, which includes all Food and Drug Administration-approved contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births; pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; sexually transmitted infection (STI) services; and other preconception health services.”^{1,2,3} Title X services are client-centered, culturally and linguistically appropriate, inclusive, trauma-informed, and provided in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care.

Title X services are voluntary, confidential, and provided regardless of one’s ability to pay. Priority for services is given to people from low-income families and services are provided on a sliding fee scale based on family income. There is no charge for services to people with family incomes at or below 100% of the most recent federal poverty level (FPL) (corresponding to an annual income of \$30,000 for a family of four) and services are discounted on a sliding scale for people with family incomes between 101-250% of the FPL (corresponding to an annual income of \$30,001 to \$75,000 for a family of four).

The program awards competitive grants to a diverse, nationwide network of health care organizations, including state health agencies, city and county health departments, freestanding family planning clinics, and nonprofit community-based organizations. In fiscal year 2023, the program received approximately \$286.5 million in federal funding—an annual allocation unchanged since 2015. In 2023, Title X funded 88* grants for services in all 50 states in the United States; the District of Columbia; Puerto Rico; the U.S. Virgin Islands; Guam; American Samoa; the Northern Mariana Islands; the Federated States of Micronesia; and Palau.⁴

In 2023, Title X grantees served nearly **2.8 million** users, a 7 percent increase from 2022.

All Title X grant recipients are required to submit Family Planning Annual Report (FPAR) data for each calendar year they receive funding.^{5,6} FPAR data are used in a variety of ways, including for monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, guiding strategic and financial planning, and estimating the impact of Title X on reproductive health outcomes.⁵

The purpose of the Family Planning Annual Report: 2023 National Summary is to present key themes from the 2023 reporting year and trends over time. Several changes were made to this iteration of the report. Aggregations at the regional level have been removed and replaced where appropriate by aggregations at the national and state levels. Tables and figures that were included in previous iterations of the Family Planning Annual Report are in [Appendix B](#) and [Appendix C](#). [Appendix D](#) contains exhibits describing

*Eighty-seven grantees reported 2023 FPAR data. The Oklahoma State Department of Health did not submit FPAR data for Title X services provided in 2023.

features of the encounter-level data collected this year and last year. Methodological notes describing data collection, data validation, and corrections to previous years' data are in [Appendix A](#), Data and Methodology.

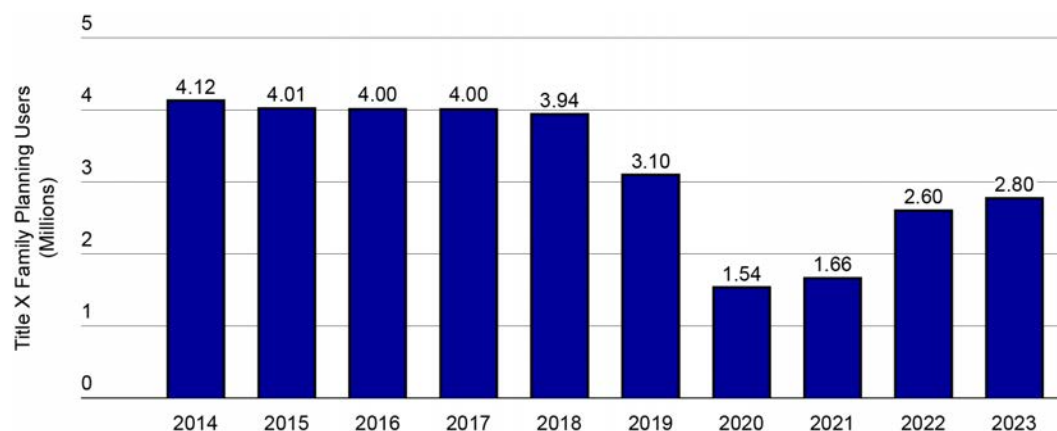
KEY FINDINGS

Title X continues to rebuild and grow, providing services to 2.8 million users in 2023, an increase of 7% from 2022 and 80% from 2020. In 2023, the Title X program continued to

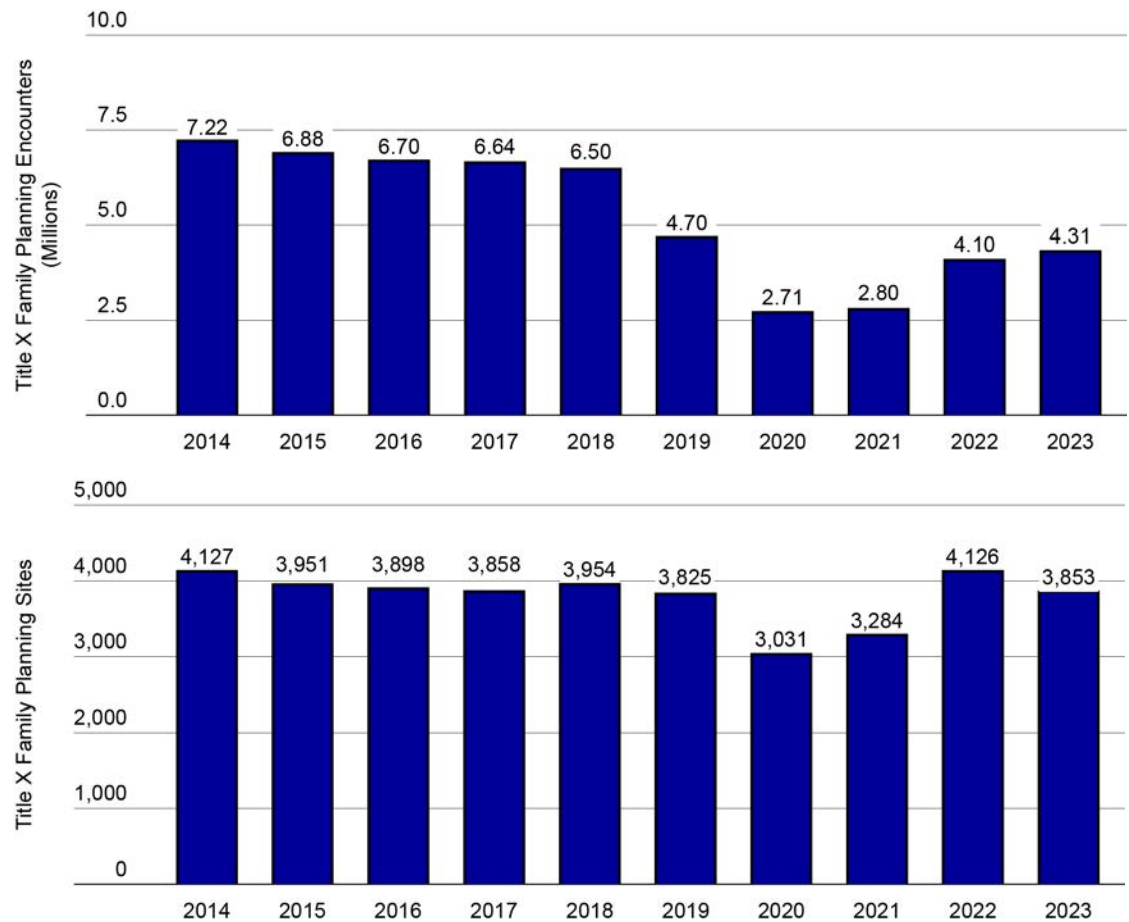
rebuild its network of service providers and recover from the lost user capacity resulting from policy changes in 2019 and a global pandemic in 2020 and 2021. In 2019, more than 1,000 service sites left the program after a change in Title X policy.² The following year, the COVID-19 pandemic contributed to a further decrease in the number of users served. In 2021, the reversal of the 2019 policy change led to a recovery of service sites and users served that continues through 2023. In 2020, the year of lowest participation in Title X in decades, the program funded 75 grants and served about 1.5 million users through 2.7 million family planning encounters[†] at 3,031 service sites. The number of Title X service sites, encounters, and users served has increased since then. In 2023, 87 grantees reported providing services to 2.8 million unique users in 4.3 million family planning encounters at 3,853 service sites (Appendix B, Exhibit B.1a).

80 percent more users, 59 percent more encounters, and 822 more sites since 2020

Exhibit 1. Number of users, encounters, and sites, 2014–2023

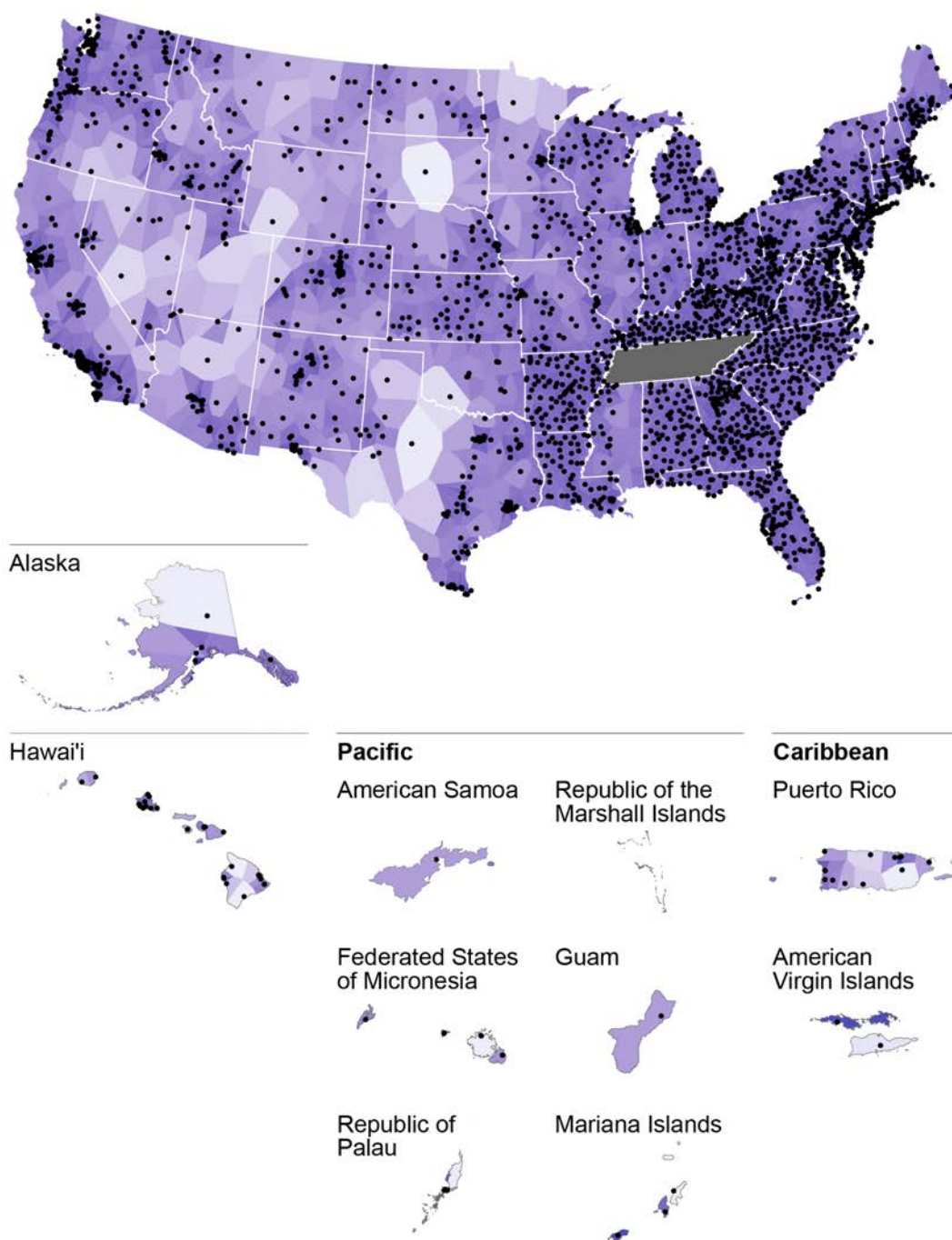


[†] Each unique Title X user can have more than one family planning encounters with a Title X service provider in a year. For a detailed definition of a Title X user and family planning encounter, see [Key terms and definitions for FPAR reporting](#) on page 23.



A diverse network of public and private nonprofit agencies delivers Title X services nationwide. In 2023, the 87 grants were awarded to two kinds of recipients: state and local health departments (45) and nonprofit family planning and community health agencies (42). The 3,853 service sites were operated either directly by grantees or by 1,614 subrecipients in all 50 states, the District of Columbia, and eight U.S. territories and freely associated states. In addition, 38 percent of service sites (1,478) used telehealth technology to serve users remotely.

Exhibit 2. Title X service site locations



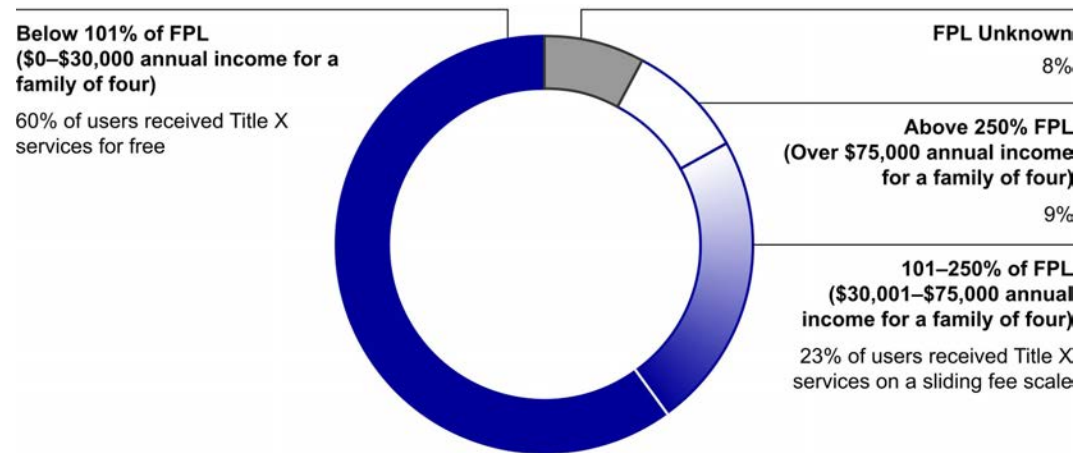
* Shaded areas indicate service site geographic density, with darker colors representing more service sites per square mile.

** Site location data were not available for Tennessee because the grantee changed in 2023, and for the Republic of the Marshall Islands because they stopped providing Title X services in early 2023.

The vast majority of Title X users are low-income and receive services for free or at a reduced rate. Title X continues to play a critical role in providing affordable family planning and preventive health services to clients in families with low incomes and those without private insurance. Of the 2.8 million unique users served in 2023, most (60 percent; 1.7

million) had a family income at or below the federal poverty level (corresponding to an annual income of \$30,000 for a family of four) and received services at no cost. An additional 23 percent of users (644,123) reported a family income between 101 to 250 percent of the poverty level (corresponding to an annual income of \$30,001 to \$75,000 for a family of four) and were charged using a sliding fee scale that increased with income (Appendix B, Exhibit B.4a). Overall, 83 percent of users received services that were totally or partially paid for through Title X grants.

Exhibit 3. Percent of users by family income level, 2023



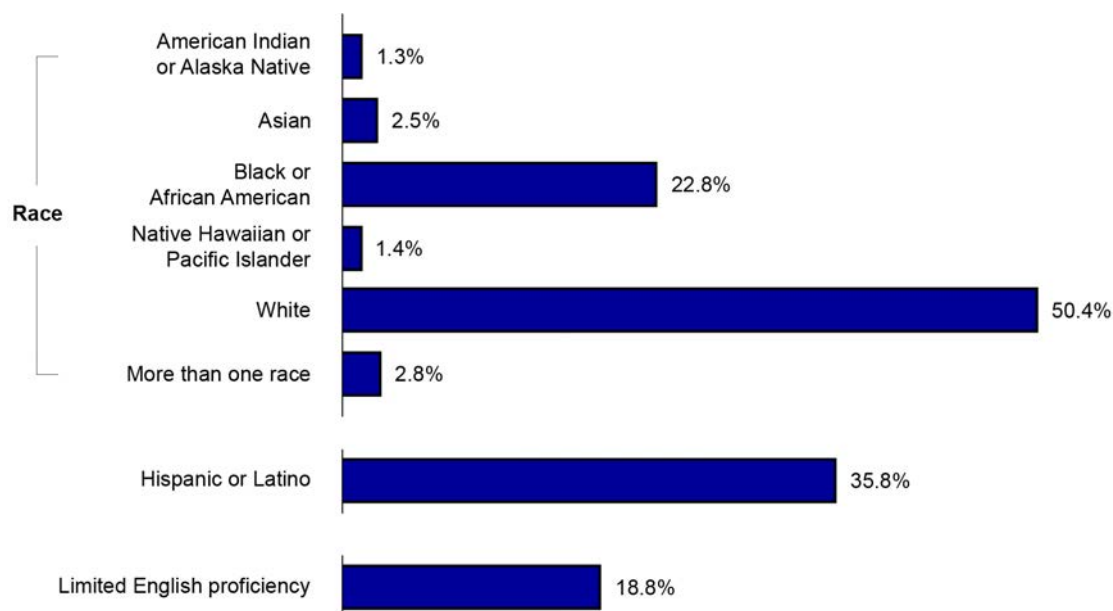
27 percent of Title X users were **uninsured**, and **67 percent** relied on **public insurance**.

Title X providers serve a population with low rates of health insurance. In 2023, the percentage of uninsured Title X users (27 percent) was more than three times the national uninsured rate for U.S. adults (8 percent).⁷ Of the users who paid with some form of health insurance, 67 percent relied on public insurance (Appendix B, Exhibit B.5a). In addition, 78 percent of Title X users received Title X services in states with expanded Medicaid under the Affordable Care Act. Compared with family planning users in non-expansion states, more of those in expansion states were publicly insured (50 percent versus 34 percent), fewer were uninsured (24 percent versus 38 percent), and a similar percentage were privately insured (23 percent).

Title X grantees provide care to a diverse group of users. Of the 2.8 million unique family planning users served in 2023, 85 percent (2.4 million) were women, and 48 percent (1.3 million) identified as a race other than White; this includes 23 percent identifying as Black/African American, 2 percent as Asian, 1 percent as American Indian/Alaskan Native, 1 percent as Native Hawaiian/Pacific Islander, and 3 percent as more than one race. Nearly 36 percent of users identified as Hispanic or Latino (Appendix B, Exhibit B.3a). Nineteen percent of users reported a limited proficiency in English (Appendix B, Exhibit B.6).[‡]

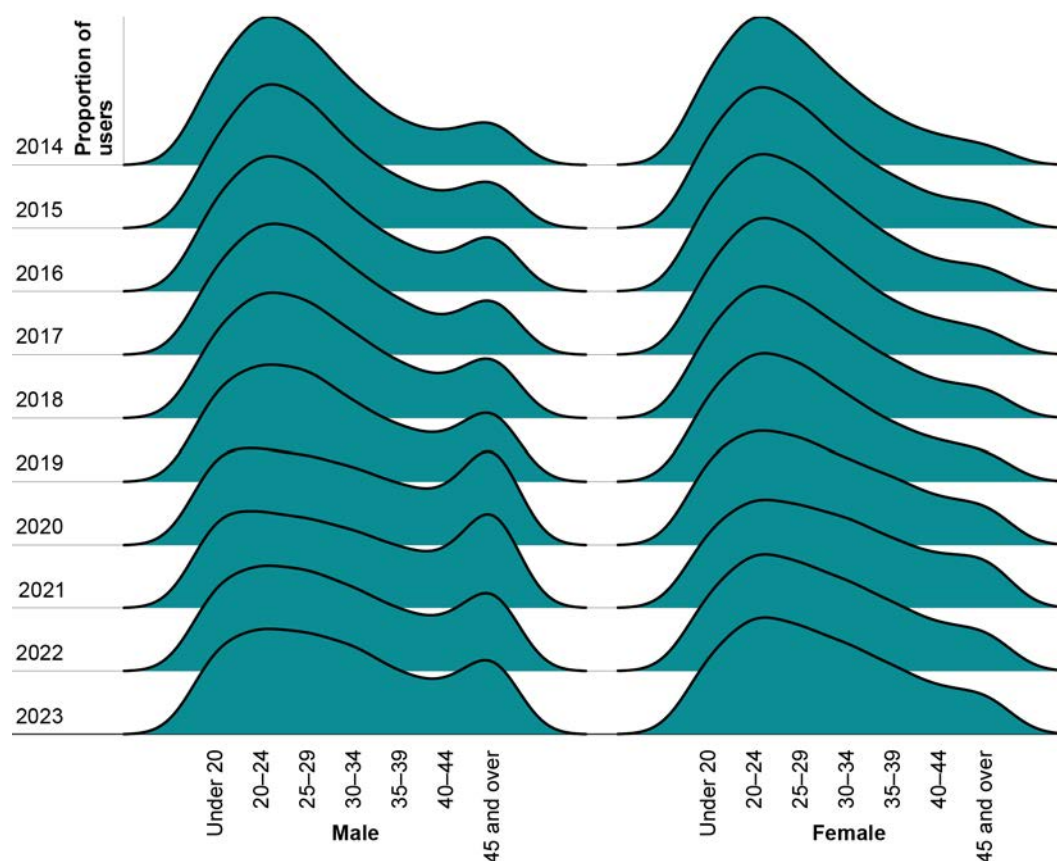
[‡] For descriptions of how race, ethnicity, and limited English proficiency information is collected by grantees, see Grant Recipient Guidance for Reporting Aggregated Data for FPAR Tables 2, 3, and 6 in Appendix A.

Exhibit 4. Race, ethnicity, and limited English proficiency, percent of users, 2023



The age of Title X users has changed over time. In the past decade, the age profile of users has trended older. In 2023, 15 percent (about 410,000) of all users were younger than 20, compared with 18 percent in 2014; 40 percent (1.1 million) were ages 20 to 29 in 2023, compared with 50 percent in 2014; and 45 percent (1.2 million) were 30 or older in 2023, compared with 32 percent in 2014 (Appendix B, Exhibit B.2a and Exhibit B.2b).

Exhibit 5. Age distributions by sex and year, 2014–2023


















A variety of qualified health providers deliver Title X–funded clinical services. In 2023, 4,036 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X–funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 63 percent of all CSP FTEs, followed by physicians (24 percent) and registered nurses with an expanded scope of practice (12 percent). In 2023, nearly nine of every 10 family planning visits were provided to users by a CSP, up from eight of every 10 in 2020 (Appendix B, Exhibit B.12a).

The Title X program provides users with access to a wide range of contraceptive methods so users can choose the method that works best for them. To meet users’ individual family planning needs, Title X supports access to a wide variety of contraceptives. In 2023, 72 percent of all users (1.7 million of 2.4 million female users and 223,388 of 419,128 male users) reported using a contraceptive method for family planning. For female users, oral contraceptives (18 percent), hormonal injections (13 percent), intrauterine devices (9 percent), and hormonal implants (8 percent) were used more often than other contraceptives offered through Title X–funded sites. In addition, 17 percent of female users and 47 percent of male users reported using barrier methods like condoms, diaphragms, and cervical caps; 9 percent of female users and 16 percent of male users reported using timing or behavioral methods like withdrawal, fertility awareness-based methods (FABMs), lactational amenorrhea method (LAM), or abstinence; and 7 percent of all users reported using permanent sterilization. In 2023, 21 percent of female users relied on a method considered

most effective, 33 percent used a moderately effective method, and 20 percent used a less effective method (Appendix B, Exhibits B.7a through B.7d). Six percent of all female users exited their last encounter with no contraceptive method because they were either pregnant or seeking to become pregnant (Appendix B, Exhibit B.7b).

Exhibit 6. Users of female contraceptives methods by effectiveness

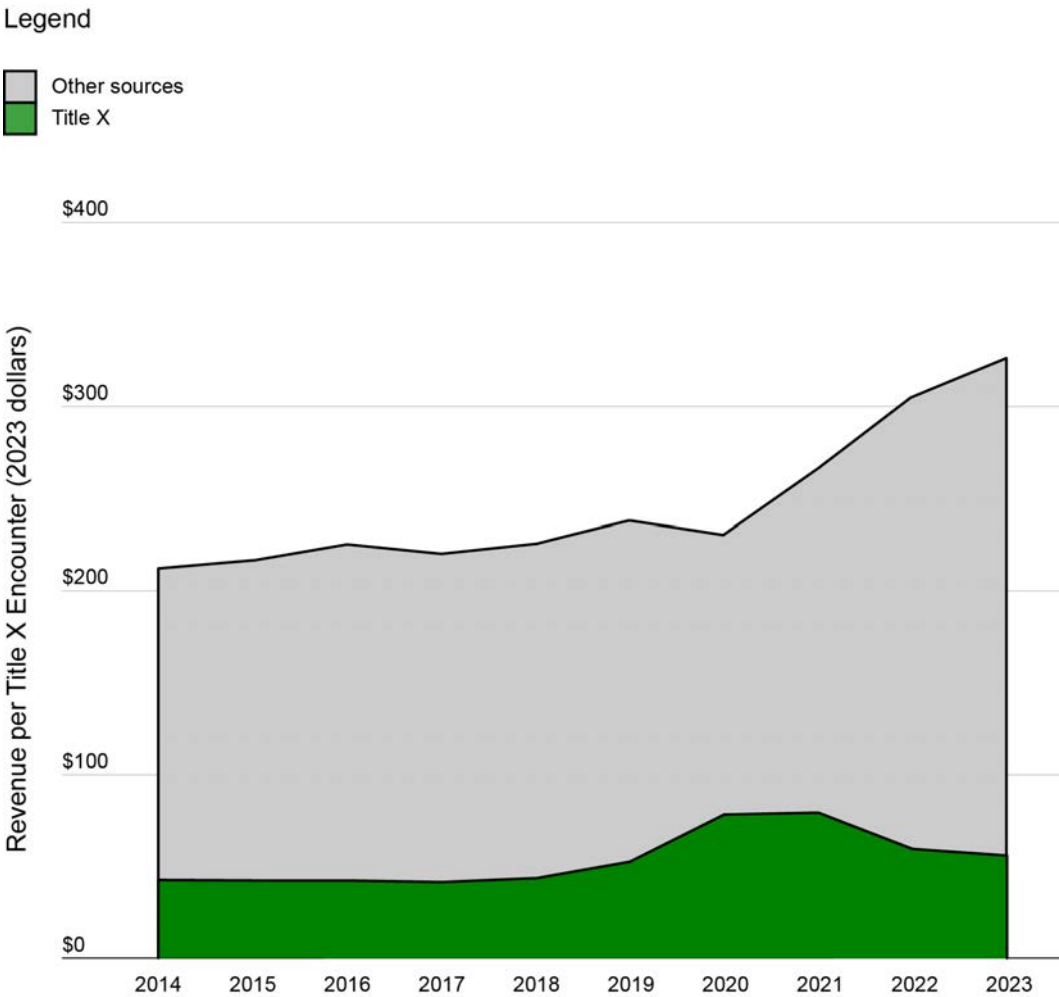
Most effective methods 21% of female users						
						
Intrauterine device 218,349 users 9% of female users	Hormonal implant 180,413 8%	Sterilization 79,540 3%	Vasectomy 8,181 <1%			
Moderately effective methods 33% of female users						
						
Oral contraceptive 413,734 18%	Hormonal injection 300,023 13%	Contraceptive patch 35,529 2%	Vaginal ring 29,756 1%			
Less effective methods 20% of female users						
						
Male condom 360,617 15%	Withdrawal/other timing method 73,625 3%	FABM or LAM 18,417 1%	Spermicide/non-spermicidal gel 6,314 <1%	Female condom 2,964 <1%	Cervical cap/diaphragm 1,018 <1%	Contraceptive sponge 110 <1%

Title X providers are a critical source for STI testing and cancer screening. STI services and related preventive health services are a part of Title X services, and Title X continues to be an important resource for STI and HIV testing and cancer screenings. In 2023, Title X provided chlamydia testing for 1,343,403 users, as well as 1,567,115 gonorrhea tests (57 per 100 users), 734,879 syphilis tests (27 per 100 users), and 984,375 confidential HIV tests (36 per 100 users). Additionally, Title X provided 461,085 cervical cancer screenings⁸ (Pap tests) to 433,844 female users (18 percent of female users) (Appendix B, Exhibits B.9a through B.11a).

Title X grantees leverage additional public and private funding sources to deliver services. Year after year, Title X reliably funds family planning care for users without insurance or those in low-income families. Title X continues to be a critical source of funding that enables providers to care for users with limited means to pay, allowing providers to offer additional services, serve more clients, and improve overall infrastructure and quality of care. Title X funding accounts for 17 percent of grantees' total revenue, with the remainder coming from third-party payers like Medicaid and other public and private insurance (56 percent), and other small federal grants and state and local governments (27 percent). Title X funds approximately 89 of the 521 total dollars of revenue per unique user served in 2023, or approximately 57 of the 335 dollars of revenue per Title X encounter (Appendix B, Exhibits

B.13 through B.15b). Title X has been funded at the same amount (\$286,479,000) since 2015, despite increasing costs of medical care. Over the same time, grantees leveraged additional revenue per encounter from other sources, with an especially pronounced increase since 2020.

Exhibit 7. Revenue per encounter in 2023 dollars, 2014–2023



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Endnotes

1. Office of the Assistant Secretary for Health. (2023). *Title X family planning program*. U.S. Department of Health and Human Services, Office of Population Affairs.
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2. The Title X program requirements consist of the following:
 - (a) Office of the Assistant 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*.
<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 Assistant Secretary for Health. (2019, March 4). *Compliance with statutory program integrity requirements (2019 Title X Final Rule)*.
<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. (2021, October 7). *42 C.F.R. § 59, Ensuring access to equitable, affordable, client-centered, quality family planning services (2021 Title X Final Rule)*.
<https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf>
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<https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6>
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<https://jamanetwork.com/journals/jama/fullarticle/2697704>.
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Appendix A

Data and Methodology

DATA COLLECTION AND METHODOLOGY

The *Family Planning Annual Report 2.0 Implementation Guide (revised May 2023)*⁵ provides Title X grant recipients with guidance for collecting and submitting FPAR data, including information about data elements and data submission options, and defines key FPAR terms to ensure uniform reporting. The instructions describe how to collect and report both encounter-level data and aggregate annual statistics in 14 FPAR reporting tables. 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 that render care, and the revenue sources that support the grant recipients’ Title X projects.

OPA required that Title X service grant recipients submit their FPAR data for the 2023 reporting period (January 1–December 31) from January 8 through February 29 of 2024. Eighty-nine separate FPAR submissions were reported to OPA through the web-based FPAR 2.0 Data System, and six were delivered directly to OPA as electronic copies of the aggregate FPAR tables.

DATA VALIDATION

FPAR data undergo both automated and manual review and validations. For grant recipients providing encounter-level data, the FPAR 2.0 Data System performs a data validation check for missing values and valid values in the uploaded data set. Once the data are successfully uploaded, the data system aggregates numbers from the encounters and populates the 14 FPAR tables. At this stage, grant recipients are allowed to review the aggregate data and correct individual cells in the FPAR tables as necessary. These corrections are stored in the FPAR 2.0 Data System for data quality review purposes. Grant recipients that are not able to provide encounter-level data continue to enter aggregate data directly into the 14 FPAR tables.

After grant recipients confirm the aggregations in the FPAR tables, they submit the data for data quality checks. These automated checks performed by the data system identify potential reporting errors and problems, including out-of-range values or data elements that surpass a certain threshold of missingness. This process also includes calculation of row and column totals and cross-table comparisons of cell values. Each validation procedure is based on a validation rule that defines which table cells to compare and which condition or validation test to apply.

Once these automated checks are completed, the FPAR is reviewed by an OPA project officer who either accepts it or returns it to the grant recipient for correction or clarification. Final acceptance is completed by the Title X Team Lead and Data Coordinators. After grant recipients address all outstanding validation issues in the FPAR 2.0 system, Mathematica extracts the final data file for tabulation and analysis.

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 users who want to avoid pregnancy or achieve pregnancy. Laboratory tests and related counseling and education do not constitute a family planning encounter unless (1) the encounter is face-to-face or virtual between the user and provider, (2) the provider documents the encounter, and (3) 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 another services provider.

Family planning provider. The individual who assumes primary responsibility for assessing a user and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the user 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 user's proposed or adopted method of contraception, general reproductive health, or type of infertility treatment, in accordance with Title X program requirements.²
- **Other services providers** include other agency staff (such as 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 user's proposed or adopted method of contraception, general reproductive health, or type of infertility treatment, in accordance with Title X program requirements.² Other services providers may also perform or obtain samples for routine laboratory tests (for example, urine, pregnancy, STI, and cholesterol and lipid analysis), give contraceptive injections (for example, Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (such as blood pressure evaluation), in accordance with Title X program requirements.²

Family planning service site. Refers to an established unit where grant recipient 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 requirements² 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 enough information to identify the user, indicate where and how the user 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 *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 6–10.⁵

GRANT RECIPIENT GUIDANCE FOR REPORTING AGGREGATED DATA

Guidance for reporting user demographic profile data in FPAR Tables 1 through 3

FPAR Table 1 aggregates unduplicated numbers of female and male users by age group. This table is created automatically from encounters for grant recipients that report encounter-level data and is directly reported by grant recipients that report aggregate data. Users are stratified by age group based on the user's age as of June 30 of the reporting period.

FPAR Table 2 and **Table 3** aggregate unduplicated numbers of female (**Table 2**) and male (**Table 3**) users by ethnicity and race. These tables are created automatically from encounters for grant recipients that report encounter-level data and are directly reported by grant recipients that report aggregate data.

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*[§] 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 grant recipients 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 *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 21–26.⁵

[§] Office of Management and Budget. (1997, October 30). Revisions to the standards for the classification of federal data on race and ethnicity. *Federal Register Notice*.
<https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>

Guidance for reporting user social and economic profile data in FPAR Tables 4 through 6

In **FPAR Table 4**, grant recipients report the unduplicated number of users by income level as a percentage of the HHS Poverty Guidelines. Data in the table are aggregated automatically from encounters for grant recipients that report encounter-level data based on reported family income and family size but are directly reported by grant recipients that report aggregate data. Grant recipients 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, grant recipients should refer to the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2).^{**}

In **FPAR Table 5**, grant recipients report the unduplicated number of users based on whether they have principal health insurance covering primary medical care. Data in the table are aggregated automatically from encounters for grant recipients that report encounter-level data and are directly reported by grant recipients that report aggregate data.

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. As with all data elements that may vary from encounter to encounter, only the information available from the most recent encounter is aggregated for grant recipients that submit encounter-level data. Grant recipients that submit aggregate data report the most current health insurance coverage information available for the user 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.** 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, 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.** Users have 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 (for example, TRICARE or Civilian Health and Medical Program of the Department of Veterans Affairs [CHAMPVA]).
- **Uninsured.** Users who do not have a public or private health insurance plan that covers broad, primary medical care benefits. Users whose services are subsidized through state or local indigent care programs or users insured through the Indian Health Service who obtain care in a nonparticipating facility are considered uninsured.

^{**} U.S. Department of Health and Human Services. Poverty guidelines API.
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/poverty-guidelines-api>

In **FPAR Table 6**, grant recipients report the unduplicated number of family planning users with limited English proficiency. Data in the table are aggregated automatically from encounters for grant recipients that report encounter-level data and are directly reported by grant recipients that report aggregate data.

Limited English proficient (LEP) users do not speak English as their primary language and 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 (interpretation or translation) to optimize their use of Title X services, those who receive Title X services from bilingual staff in the user's preferred non-English language, those who are assisted by a competent agency or contracted interpreter, or those who opt 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 *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 27–29.⁵

Guidance for reporting primary contraceptive method use in FPAR Tables 7 and 8

In **FPAR Tables 7 and 8**, grant recipients 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). Data in these tables are aggregated automatically from encounters for grant recipients that report encounter-level data and are directly reported by grant recipients that report aggregate data.

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 they are using more than one family planning method, the grant recipient 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.** A contraceptive surgical (tubal ligation) or nonsurgical (Essure) 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 non-hormonal IUD or IUS.
- **Hormonal Implant.** Refers to the long-term, subdermal implant.
- **One- or three-month hormonal injection.** Refers to one- or three-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, that is, not in conjunction with another method of contraception.
- **Fertility awareness-based method (FABM).** Refers to family planning methods (for example, Natural Cycles, Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation®, or 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 six months after delivery^{††}.
- **Abstinence.** Refers to refraining from oral, vaginal, and anal intercourse^{‡‡} and includes users who are not currently sexually active and therefore not using contraception.

^{††} 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). Ardent Media.

^{‡‡} Centers for Disease Control and Prevention. (2021). *Sexual risk behaviors can lead to HIV, STDs & teen pregnancy*. <https://www.cdc.gov/healthyyouth/sexualbehaviors/>

- **Withdrawal and other methods.** Refers to the use of withdrawal or other pregnancy prevention method that is not listed in Table 7 or 8.
- **Vasectomy.** Refers to a conventional incisional or no-scalpel surgical procedure that permanently severs the vas deferens, 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, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LABM, 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 *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 33–36.⁵

Guidance for reporting cervical cancer screening in FPAR Table 9

In **Table 9**, grant recipients report information on cervical cancer screening. Data in this table are aggregated automatically from encounters for grant recipients that report encounter-level data and is directly reported by grant recipients that report aggregate data. The activities reported include 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.^{§§} 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.^{§§} 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^{§§} 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 (for example, 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.^{***}
- **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 used to refer to LSILs.^{***}
- **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).^{***}
- **Squamous cell carcinoma** is a finding of cancer in the squamous cells of the cervix.^{***}

The 2014 Bethesda System^{§§} 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.*** The 2014 Bethesda System^{§§} 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 normal tissue nearby.***
- **Adenocarcinoma** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.***

Note: For detailed reporting guidance, please refer to the *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 40–42.⁵

^{§§} Nayar, R., & Wilbur, D. C. (2015). The Pap test and Bethesda 2014. *Acta Cytologica*, 29, 121–132.
<https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncy.21521>

^{***} National Cancer Institute. (2022). *NCI dictionary of cancer terms*.
<https://www.cancer.gov/publications/dictionaries/cancer-terms>

Guidance for reporting breast cancer screening in FPAR Table 10

Starting in 2022, Title X service sites were not required to provide breast cancer screening data (**Table 10**) as a part of the Family Planning Annual Report due to changes in clinical guidance.^{†††} Tables 11–14 retain their designations for consistency with prior years' reports.

^{†††} 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. <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women>

Guidance for reporting STI testing activities in FPAR Tables 11 and 12

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

In **FPAR Table 12**, grant recipients report the number of STI and HIV tests performed during the reporting period that are provided within the scope of the grant recipient’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.

Data in both tables are aggregated automatically from encounters and the associated lab results for grant recipients that report encounter-level data and are directly reported by grant recipients that report aggregate data.

Note: For detailed reporting guidance, please refer to the *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 45–46.⁵

Guidance for reporting staffing and encounter data in FPAR Table 13

In **FPAR Table 13**, grant recipients 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
- Number of family planning encounters with providers of other services

The number of FTE CSP staff is directly reported by all grant recipients. The number of family planning encounters with CSPs and the number of family planning encounters with other services are aggregated automatically from encounters for grant recipients that report encounter-level data and are directly reported by grant recipients that report aggregate data.

Family planning provider. The individual who assumes primary responsibility for assessing a user and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the user 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 user'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 (for example, 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 user'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 users who want to avoid pregnancies or achieve 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 user 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 another services provider.

Full-time equivalent (FTE). For each type of CSP, grant recipients 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 one year. Each agency defines the number of hours necessary for a job to be considered “full-time” work and may define it differently for different positions.

Note: For detailed reporting guidance, please refer to the *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 49–51.⁵

Guidance for reporting project revenue in FPAR Table 14

In **FPAR Table 14**, grant recipients report the revenue they received (that is, actual cash receipts or drawdown amounts) during the reporting period from various funding sources that support activities within the scope of the grant recipient's Title X services grant, even if the funds were not expended during the reporting period. Table 14 is directly reported by all grant recipients. 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 (for example, HIV integration).

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

- **Total user collections or self-pay (“client fees”).** Grant recipients report the amount in fees collected directly from users.
- **Third-party payers.** Grant recipients report revenue received from public and private third-party payers. Third-party payer revenue reported as “prepaid” (capitated) is from managed care arrangements (for example, 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 or Title XIX. Grant recipients 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 or Title XVIII. Grant recipients 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 users enrolled in a capitated Medicare program (that is, where the grant recipient 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). Grant recipients report the amount received from CHIP.

Other public health insurance. Grant recipients 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. Grant recipients 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 (for example, TRICARE or CHAMPVA).

Other revenue. Grant recipients 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 (for example, Section 330)
- Private and client donations
- Other public or private revenues.

Note: For detailed reporting guidance, please refer to the *Family Planning Annual Report 2.0 Implementation Guide* (revised May 2023), pp. 53–55.⁵

DATA NOTES

Grant recipients (Exhibit B.1a)

A grant recipient for a given FPAR data collection year (January 1 to December 31) is an entity that receives grant funding from Title X to serve client in a particular state, territory, or freely associated state, and that had at least one family planning encounter in the FPAR data collection year. Single entities (for example, a non-profit organization or state health department) that receive grant funding to serve clients in multiple states are given separate grants, one for each state served, and are counted as multiple grant recipients for the purposes of this report. In 2023, 88 grant recipients provided Title X services. Only 87 reported FPAR data.⁺⁺⁺ Six entities served multiple states, territories, or freely associated states (one entity served four states and five entities each served two).

FPAR data is reported by calendar year. Grant recipients must report encounters that occur in a given FPAR data collection year even if their funding ends before data is reported to OPA, that is, they only provided services for part of the calendar year. Eight grant recipients ended Title X services in the first quarter of calendar year 2023 and reported FPAR data, bringing the total number of FPAR data submissions for 2023 to 95.

Primary method category: definitions (Exhibits B.7a through B.8e)

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.^{\$\$\$} The contraceptive care measures are based on the following method groups or tiers.^{****}

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

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

⁺⁺⁺ Oklahoma State Department of Health did not submit FPAR data for Title X services provided in 2023.

^{\$\$\$} Office of Population Affairs. (2021). Contraceptive care measures.

<https://opa.hhs.gov/evaluation-research/title-x-services-research/contraceptive-care-measures>

^{****} 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). Ayer Company Publishers, Inc.

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

- Injectable (Depo-Provera[®]), 4 percent
- Vaginal ring (NuvaRing[®], Annovera[®]), 7 percent
- Contraceptive patch (Xulane[®]), 7 percent
- Contraceptive patch (Twirla[®]), 7 percent to 9 percent^{††††}
- Combined and progestin-only pills, 7 percent

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

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

Because the FPAR combines some methods into a single reporting category (for example, fertility awareness-based method and lactational amenorrhea method, diaphragm and cervical cap), the methods in the less effective category may differ slightly from those listed above. Few users rely on methods in these combined categories.

Other revenue (Exhibit B.15a)

Other revenue included revenue from such sources as private, personal, and foundation direct donations; interest income from funds; release of restricted assets; the Ohio Department of Health Breast and Cervical Cancer Project (BCCP); Breast and Cervical Cancer Services Program (BCCS); CDC Infertility Prevention Program; CDC Ryan White funds; Care for Kids; cancer and STD screenings; contracts; Get Yourself Tested (GYT) Funds; United Way; D.C. Primary Care Association; Delaware Grant-in-Aid program; EE Medical/Dental cost sharing; Educare; private (nongovernmental) general grants and funds; fundraising efforts; Gilead Sciences; other government grants and funds; HRSA grants (including ARPA; H8C; H8D; PrEP; and PPP); Kansas Department of Health and Environment Setoff Program; Missouri Family Health Council The Right Time Program (TRT); Montana STD/HIV program; Montgomery Cares; National Breast and Cervical Cancer Early Detection Program (NBCCEDP); New York State Department of Health Medicaid EHR Incentive Program; New

^{††††} Drugs.com. (2020). How effective is Twirla[®] compared to other birth control methods? <https://www.drugs.com/medical-answers/effective-twirla-compared-birth-control-methods-3555107/>

^{††††} Evofem Biosciences. (2022). Phexxi[®]. https://hcp-phexxi.com/efficacy_and_safety

Jersey Cancer Education and Early Detection (NJCEED); Pennsylvania STD Project; PATH4You; pharmaceutical credits; Planned Parenthood Federation of America (PPFA); ACF Personal Responsibility Education Program (PREP); New Jersey Family Planning League; The 20/22 Act Society; tobacco settlements; training grants; the United Nations Population Fund (UNFPA); Washington State Department of Health Medicaid Quality Incentive Program; Washington State Department of Health Burning Foundation Youth Education Program; West Virginia Office of Drug Control Policy; Women's Health Connection; Wyoming Cancer Program; and the Wyoming Health Council Communicable Disease Program.

Appendix B

Title X National Trends by Year

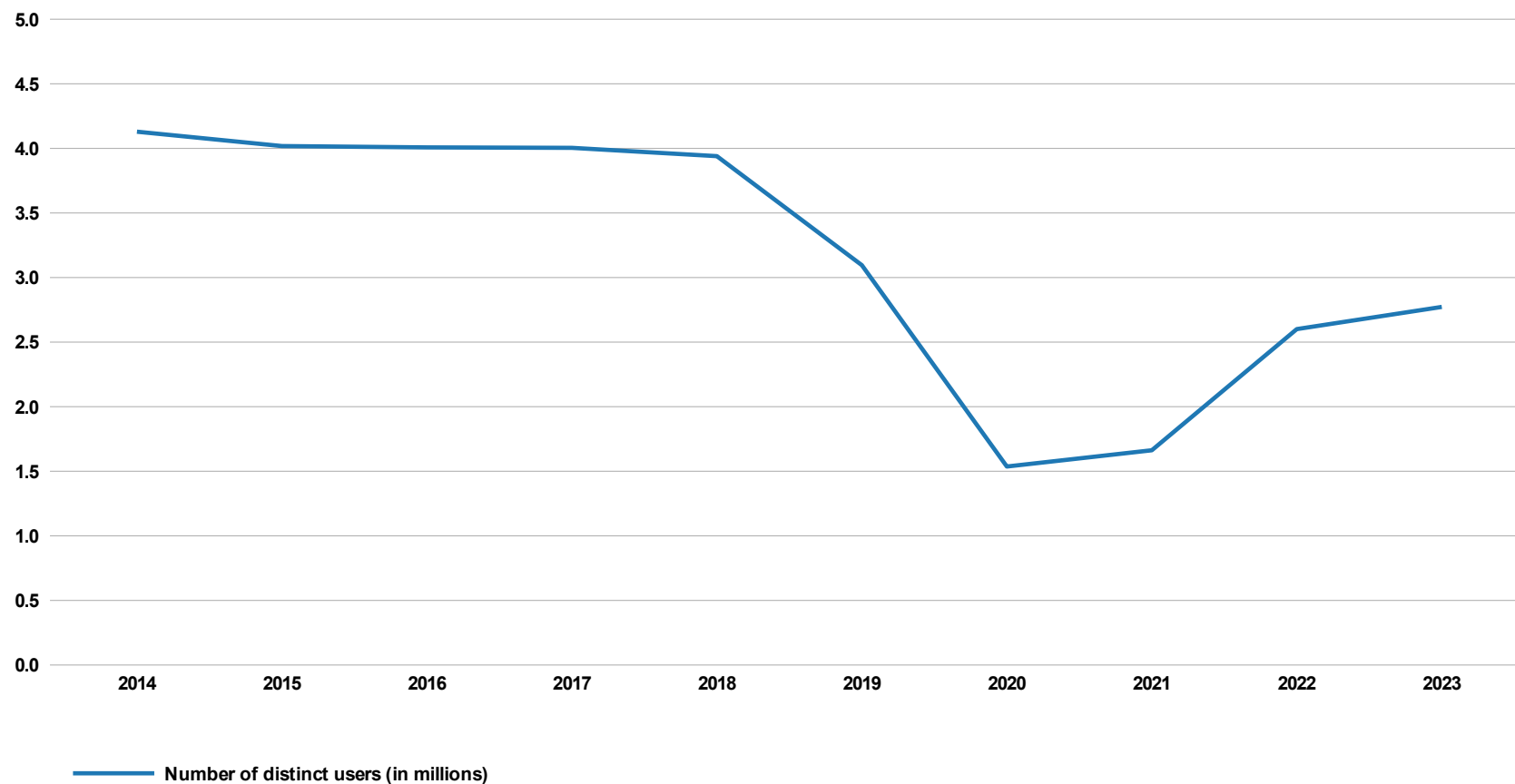
Exhibit B.1a. Number of and percent change in grant recipients, subrecipients, service sites, family planning users, and family planning encounters by year: 2014–2023

Network feature	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Grant recipients										
Grant recipients	94	91	91	89	99	100	75	75	99	95
Change from previous year	-1	-3	0	-2	10	1	-25	0	24	-4
% change from previous year	-1%	-3%	0%	-2%	11%	1%	-25%	0%	32%	-4%
Subrecipients										
Subrecipients	1,134	1,181	1,117	1,091	1,128	1,060	867	899	1,132	1,614
Change from previous year	-47	47	-64	-26	37	-68	-193	32	233	482
% change from previous year	-4%	4%	-5%	-2%	3%	-6%	-18%	4%	26%	43%
Service sites										
Service sites	4,127	3,951	3,898	3,858	3,954	3,825	3,031	3,284	4,126	3,853
Change from previous year	-41	-176	-53	-40	96	-129	-794	253	842	-273
% change from previous year	-1%	-4%	-1%	-1%	2%	-3%	-21%	8%	26%	-7%
Family planning users										
Family planning users	4,129,283	4,018,015	4,007,552	4,004,246	3,939,749	3,095,666	1,536,743	1,662,466	2,600,663	2,772,387
Change from previous year	-428,541	-111,268	-10,463	-3,306	-64,497	-844,083	-1,558,923	125,723	938,197	171,724
% change from previous year	-9%	-3%	0%	0%	-2%	-21%	-50%	8%	56%	7%
Family Planning encounters										
Family planning encounters	7,215,032	6,884,563	6,690,559	6,640,301	6,472,467	4,673,669	2,710,720	2,792,587	4,086,244	4,312,786
Change from previous year	-955,119	-330,469	-194,004	-50,258	-167,834	-1,798,798	-1,962,949	81,867	1,293,657	226,542
Change from previous year	-12%	-5%	-3%	-1%	-3%	-28%	-42%	3%	46%	6%

Source: FPAR Grantee Profile Cover Sheet, FPAR Tables 1 and 13.

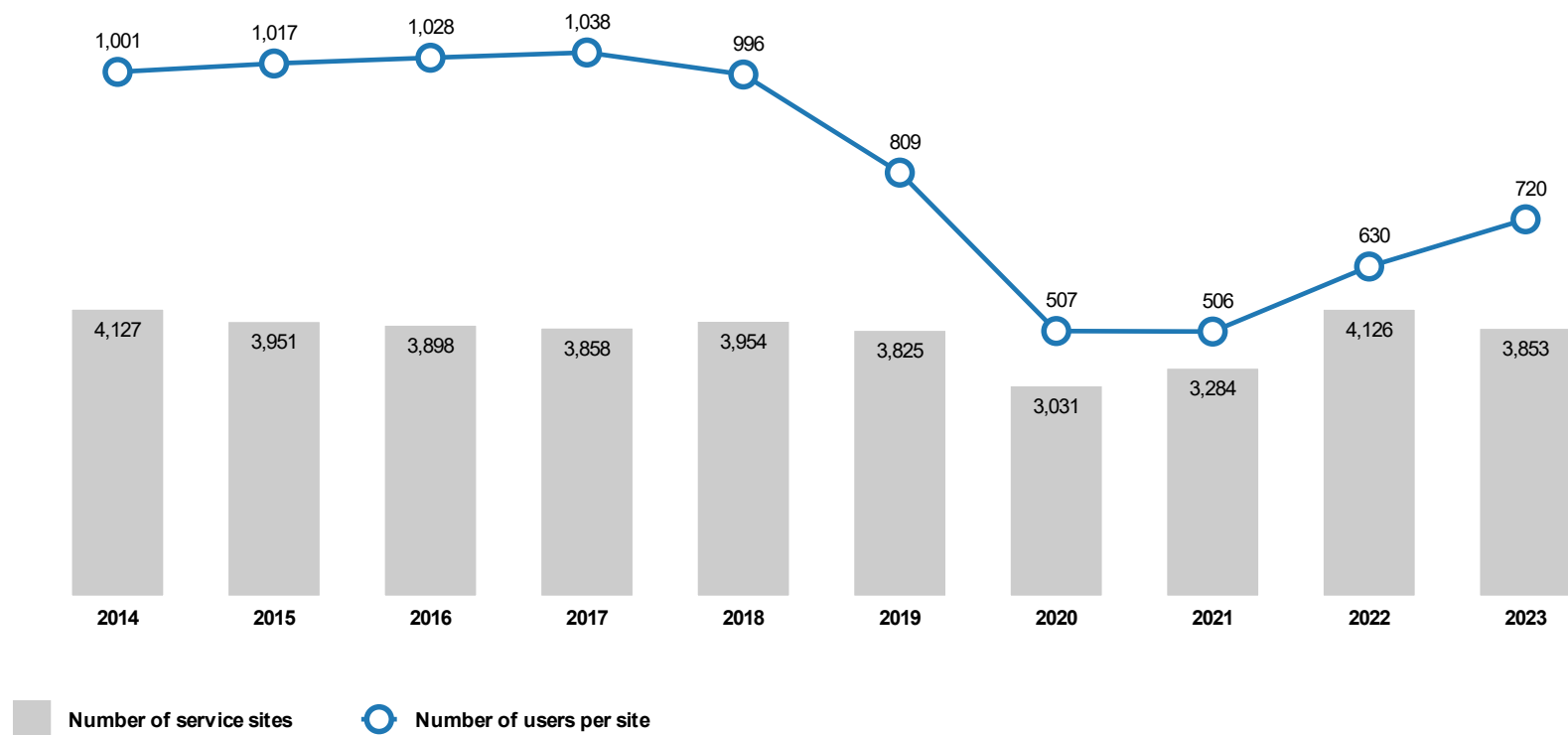
Note: A grant recipient is an entity that receives a Title X grant to provide services to clients in a given state, territory, or freely associated state and that has at least one family planning encounter in the FPAR data collection year. Entities that receive grants to serve clients in multiple states, territories, or freely associated states are counted as multiple grant recipients.

Exhibit B.1b. Number of distinct Title X users by year: 2014–2023



Note: The data in this graph are shown in tabular form in Exhibit B.1a.

Exhibit B.1c. Number of Title X-funded service sites and users per service site by year: 2014–2023



Note: The data in this graph are shown in tabular form in Exhibit B.1a.

Exhibit B.2a. Number of all family planning users by sex, age, and year: 2014–2023

Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Female users										
Under 15	36,626	35,531	41,728	36,621	38,926	34,021	20,531	22,761	33,264	35,038
15 to 17	274,520	254,358	247,696	242,464	234,470	180,610	90,315	87,906	133,342	141,753
18 to 19	375,973	349,432	341,525	340,340	329,004	248,502	110,644	104,174	166,731	169,939
20 to 24	1,071,463	987,138	936,882	908,324	862,640	643,155	281,970	285,210	491,343	510,751
25 to 29	832,106	797,982	781,383	777,777	740,003	552,984	249,644	259,267	432,879	459,523
30 to 34	525,675	516,524	512,394	517,460	505,688	405,404	206,922	228,971	357,558	382,499
35 to 39	304,474	311,689	321,162	334,384	335,722	281,785	154,346	174,277	258,835	276,141
40 to 44	183,220	183,625	187,590	195,225	197,985	175,973	104,533	124,223	177,031	191,960
Over 44	160,565	171,074	182,658	188,640	202,066	168,118	108,089	132,942	176,323	185,655
Subtotal	3,764,622	3,607,353	3,553,018	3,541,235	3,446,504	2,690,552	1,326,994	1,419,731	2,227,306	2,353,259
Male users										
Under 15	9,237	10,514	16,921	12,439	15,072	13,815	9,521	10,864	14,645	15,073
15 to 17	24,319	26,427	27,803	28,965	29,919	25,695	14,069	16,393	23,857	27,911
18 to 19	28,224	30,278	31,728	32,895	34,395	27,768	12,642	13,456	21,211	23,357
20 to 24	98,485	104,411	106,189	105,619	107,716	81,430	34,456	37,615	68,028	74,940
25 to 29	80,024	89,243	95,538	99,811	101,829	76,526	31,572	36,367	63,843	71,827
30 to 34	47,335	54,184	60,179	63,373	67,316	54,777	26,393	31,706	53,244	62,237
35 to 39	26,965	32,696	37,946	40,372	44,431	38,400	21,109	25,044	37,987	44,108
40 to 44	17,735	20,735	23,734	25,523	28,012	26,424	16,931	20,511	28,832	33,801
Over 44	32,337	42,174	54,496	54,014	64,555	60,279	43,056	50,779	61,710	65,874
Subtotal	364,661	410,662	454,534	463,011	493,245	405,114	209,749	242,735	373,357	419,128
All users										
Under 15	45,863	46,045	58,649	49,060	53,998	47,836	30,052	33,625	47,909	50,111
15 to 17	298,839	280,785	275,499	271,429	264,389	206,305	104,384	104,299	157,199	169,664
18 to 19	404,197	379,710	373,253	373,235	363,399	276,270	123,286	117,630	187,942	193,296
20 to 24	1,169,948	1,091,549	1,043,071	1,013,943	970,356	724,585	316,426	322,825	559,371	585,691
25 to 29	912,130	887,225	876,921	877,588	841,832	629,510	281,216	295,634	496,722	531,350
30 to 34	573,010	570,708	572,573	580,833	573,004	460,181	233,315	260,677	410,802	444,736
35 to 39	331,439	344,385	359,108	374,756	380,153	320,185	175,455	199,321	296,822	320,249
40 to 44	200,955	204,360	211,324	220,748	225,997	202,397	121,464	144,734	205,863	225,761
Over 44	192,902	213,248	237,154	242,654	266,621	228,397	151,145	183,721	238,033	251,529
Total users	4,129,283	4,018,015	4,007,552	4,004,246	3,939,749	3,095,666	1,536,743	1,662,466	2,600,663	2,772,387

Source: FPAR Table 1.

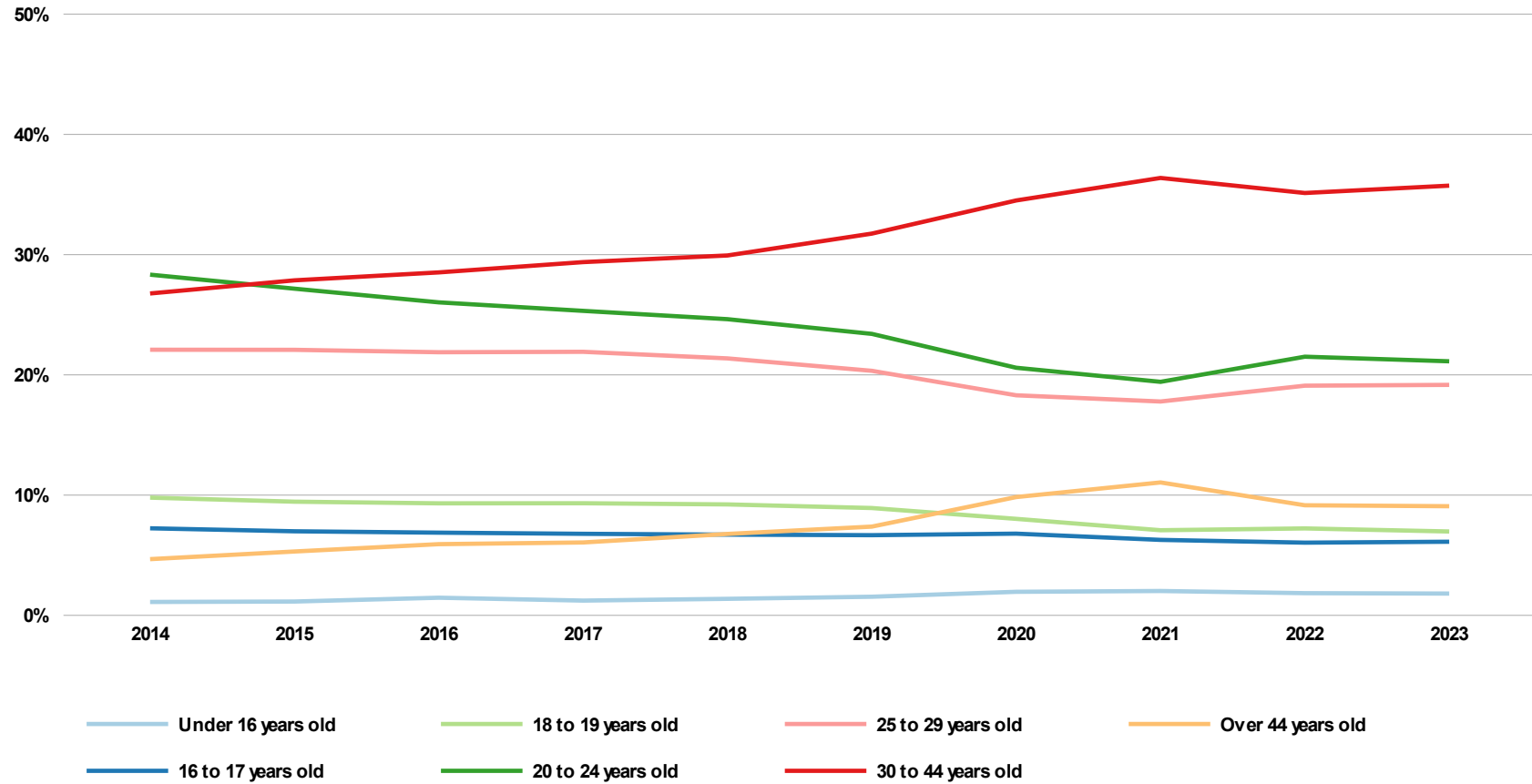
Exhibit B.2b. Percent of all family planning users by sex, age, and year: 2014–2023

Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Female users										
Under 15	1%	1%	1%	1%	1%	1%	2%	2%	1%	1%
15 to 17	7%	7%	7%	7%	7%	7%	7%	6%	6%	6%
18 to 19	10%	10%	10%	10%	10%	9%	8%	7%	7%	7%
20 to 24	28%	27%	26%	26%	25%	24%	21%	20%	22%	22%
25 to 29	22%	22%	22%	22%	21%	21%	19%	18%	19%	20%
30 to 34	14%	14%	14%	15%	15%	15%	16%	16%	16%	16%
35 to 39	8%	9%	9%	9%	10%	10%	12%	12%	12%	12%
40 to 44	5%	5%	5%	6%	6%	7%	8%	9%	8%	8%
Over 44	4%	5%	5%	5%	6%	6%	8%	9%	8%	8%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male users										
Under 15	3%	3%	4%	3%	3%	3%	5%	4%	4%	4%
15 to 17	7%	6%	6%	6%	6%	6%	7%	7%	6%	7%
18 to 19	8%	7%	7%	7%	7%	7%	6%	6%	6%	6%
20 to 24	27%	25%	23%	23%	22%	20%	16%	15%	18%	18%
25 to 29	22%	22%	21%	22%	21%	19%	15%	15%	17%	17%
30 to 34	13%	13%	13%	14%	14%	14%	13%	13%	14%	15%
35 to 39	7%	8%	8%	9%	9%	9%	10%	10%	10%	11%
40 to 44	5%	5%	5%	6%	6%	7%	8%	8%	8%	8%
Over 44	9%	10%	12%	12%	13%	15%	21%	21%	17%	16%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All users										
Under 15	1%	1%	1%	1%	1%	2%	2%	2%	2%	2%
15 to 17	7%	7%	7%	7%	7%	7%	7%	6%	6%	6%
18 to 19	10%	9%	9%	9%	9%	9%	8%	7%	7%	7%
20 to 24	28%	27%	26%	25%	25%	23%	21%	19%	22%	21%
25 to 29	22%	22%	22%	22%	21%	20%	18%	18%	19%	19%
30 to 34	14%	14%	14%	15%	15%	15%	15%	16%	16%	16%
35 to 39	8%	9%	9%	9%	10%	10%	11%	12%	11%	12%
40 to 44	5%	5%	5%	6%	6%	7%	8%	9%	8%	8%
Over 44	5%	5%	6%	6%	7%	7%	10%	11%	9%	9%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female users	91%	90%	89%	88%	87%	87%	86%	85%	86%	85%
Male users	9%	10%	11%	12%	13%	13%	14%	15%	14%	15%

Source: FPAR Table 1.

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

Exhibit B.2c. Percent of all family planning users by age and year: 2014–2023



Notes: The data in this graph are presented in tabular form in Exhibit B.2b.

Exhibit B.3a. Number and percent of all family planning users by race and ethnicity: 2023

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity unknown or not reported	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity unknown or not reported	% Total
Am Indian/Alaska Native	19,433	16,399	2,301	38,133	1%	1%	0%†	1%
Asian	2,984	59,849	6,251	69,084	0%†	2%	0%†	2%
Black/African American	35,640	575,637	21,132	632,409	1%	21%	1%	23%
Nat Hawaiian/Pac Island	10,841	24,791	2,225	37,857	0%†	1%	0%†	1%
White	596,516	805,792	47,632	1,449,940	22%	29%	2%	52%
More than one race	42,211	29,136	4,511	75,858	2%	1%	0%†	3%
Unknown/not reported	285,083	104,005	80,459	469,547	10%	4%	3%	17%
Total users	992,708	1,615,609	164,511	2,772,828	36%	58%	6%	100%

Source: FPAR Tables 2 and 3.

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

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

† Percentage is less than 0.5 percent.

Exhibit B.3b. Number and percent of female family planning users by race and ethnicity: 2023

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity unknown or not reported	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity unknown or not reported	% Total
Am Indian/Alaska Native	16,451	13,658	1,690	31,799	1%	1%	0%†	1%
Asian	2,638	51,646	5,118	59,402	0%†	2%	0%†	3%
Black/African American	29,518	475,098	15,627	520,243	1%	20%	1%	22%
Nat Hawaiian/Pac Island	9,381	21,945	1,859	33,185	0%†	1%	0%†	1%
White	521,584	678,022	38,008	1,237,614	22%	29%	2%	53%
More than one race	36,513	24,839	3,720	65,072	2%	1%	0%†	3%
Unknown/not reported	251,176	90,531	64,676	406,383	11%	4%	3%	17%
Total female users	867,261	1,355,739	130,698	2,353,698	37%	58%	6%	100%

Source: FPAR Table 2.

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

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

† Percentage is less than 0.5 percent.

Exhibit B.3c. Number and percent of male family planning users by race and ethnicity: 2023

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity unknown or not reported	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity unknown or not reported	% Total
Am Indian/Alaska Native	2,982	2,741	611	6,334	1%	1%	0%†	2%
Asian	346	8,203	1,133	9,682	0%†	2%	0%†	2%
Black/African American	6,122	100,539	5,505	112,166	1%	24%	1%	27%
Nat Hawaiian/Pac Island	1,460	2,846	366	4,672	0%†	1%	0%†	1%
White	74,932	127,770	9,624	212,326	18%	30%	2%	51%
More than one race	5,698	4,297	791	10,786	1%	1%	0%†	3%
Unknown/not reported	33,907	13,474	15,783	63,164	8%	3%	4%	15%
Total male users	125,447	259,870	33,813	419,130	30%	62%	8%	100%

Source: FPAR Table 3.

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

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

† Percentage is less than 0.5 percent.

Exhibit B.3d. Number of all family planning users by race, ethnicity, and year: 2014–2023

Race and ethnicity	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
American Indian or Alaska Native										
Hispanic or Latino	8,240	9,231	10,890	13,463	15,738	11,713	7,004	9,075	16,014	19,433
Not Hispanic or Latino	20,388	20,611	21,690	21,103	20,756	16,476	8,539	9,469	15,574	16,399
Unknown/not reported	699	684	887	1,021	1,603	1,184	541	805	1,499	2,301
Subtotal	29,327	30,526	33,467	35,587	38,097	29,373	16,084	19,349	33,087	38,133
Asian										
Hispanic or Latino	6,008	5,177	6,175	5,256	4,765	3,538	1,054	1,446	2,513	2,984
Not Hispanic or Latino	119,454	122,310	124,233	130,688	128,678	80,588	22,431	26,813	58,008	59,849
Unknown/not reported	3,335	4,189	5,147	7,271	5,641	4,919	1,541	2,378	4,843	6,251
Subtotal	128,797	131,676	135,555	143,215	139,084	89,045	25,026	30,637	65,364	69,084
Black or African American										
Hispanic or Latino	29,621	30,370	34,185	40,452	39,639	32,189	14,291	17,969	35,784	35,640
Not Hispanic or Latino	816,061	811,244	806,815	806,970	796,450	679,361	381,858	385,207	537,381	575,637
Unknown/not reported	17,454	16,045	18,886	22,152	25,618	21,275	10,537	15,221	18,702	21,132
Subtotal	863,136	857,659	859,886	869,574	861,707	732,825	406,686	418,397	591,867	632,409
Native Hawaiian or Other Pacific Islander										
Hispanic or Latino	5,438	5,473	6,373	5,453	6,872	4,780	2,141	3,012	7,684	10,841
Not Hispanic or Latino	32,650	34,470	28,302	24,508	21,848	16,778	10,801	9,672	18,609	24,791
Unknown/not reported	1,178	998	804	1,058	825	769	323	511	991	2,225
Subtotal	39,266	40,941	35,479	31,019	29,545	22,327	13,265	13,195	27,284	37,857
White										
Hispanic or Latino	617,516	665,967	675,189	706,762	687,636	618,498	400,891	457,006	594,556	596,516
Not Hispanic or Latino	1,583,629	1,439,284	1,445,887	1,394,432	1,311,047	1,004,060	481,594	471,105	787,819	805,792
Unknown/not reported	37,702	37,584	53,757	49,286	78,171	55,066	22,975	30,651	40,172	47,632
Subtotal	2,238,847	2,142,835	2,174,833	2,150,480	2,076,854	1,677,624	905,460	958,762	1,422,547	1,449,940
More than one race										
Hispanic or Latino	97,721	74,918	78,915	79,973	81,801	61,815	21,074	26,732	50,854	42,211
Not Hispanic or Latino	50,658	52,847	58,545	58,948	64,773	42,730	15,204	15,609	33,920	29,136
Unknown/not reported	5,528	8,278	5,104	5,476	4,707	5,827	2,230	3,322	5,292	4,511
Subtotal	153,907	136,043	142,564	144,397	151,281	110,372	38,508	45,663	90,066	75,858
Race unknown or not reported										
Hispanic or Latino	473,108	485,629	458,261	473,458	469,919	304,268	87,600	111,544	246,800	285,083
Not Hispanic or Latino	163,165	136,831	115,270	116,767	109,896	80,235	27,134	37,651	70,011	104,005
Unknown/not reported	39,730	55,875	52,237	39,749	63,366	49,597	16,980	27,268	53,637	80,459
Subtotal	676,003	678,335	625,768	629,974	643,181	434,100	131,714	176,463	370,448	469,547
All races										
Hispanic or Latino	1,237,652	1,276,765	1,269,988	1,324,817	1,306,370	1,036,801	534,055	626,784	954,205	992,708
Not Hispanic or Latino	2,786,005	2,617,597	2,600,742	2,553,416	2,453,448	1,920,228	947,561	955,526	1,521,322	1,615,609
Unknown/not reported	105,626	123,653	136,822	126,013	179,931	138,637	55,127	80,156	125,136	164,511
Total users	4,129,283	4,018,015	4,007,552	4,004,246	3,939,749	3,095,666	1,536,743	1,662,466	2,600,663	2,772,828

Source: FPAR Tables 2 and 3.

Exhibit B.3e. Percent of all family planning users by race, ethnicity, and year: 2014–2023

Race and ethnicity	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
American Indian or Alaska Native										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Not Hispanic or Latino	0%†	1%	1%	1%	1%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	3%	3%	3%	3%	3%	1%	2%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	3%	3%	4%	4%	3%	2%	2%	3%	2%
Black or African American										
Hispanic or Latino	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Not Hispanic or Latino	20%	20%	20%	20%	20%	22%	25%	23%	21%	21%
Unknown/not reported	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Subtotal	21%	21%	21%	22%	22%	24%	26%	25%	23%	23%
Native Hawaiian or Other Pacific Islander										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White										
Hispanic or Latino	15%	17%	17%	18%	17%	20%	26%	27%	23%	22%
Not Hispanic or Latino	38%	36%	36%	35%	33%	32%	31%	28%	30%	29%
Unknown/not reported	1%	1%	1%	1%	2%	2%	1%	2%	2%	2%
Subtotal	54%	53%	54%	54%	53%	54%	59%	58%	55%	52%
More than one race										
Hispanic or Latino	2%	2%	2%	2%	2%	2%	1%	2%	2%	2%
Not Hispanic or Latino	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	3%	4%	4%	4%	4%	3%	3%	3%	3%
Race unknown or not reported										
Hispanic or Latino	11%	12%	11%	12%	12%	10%	6%	7%	9%	10%
Not Hispanic or Latino	4%	3%	3%	3%	3%	3%	2%	2%	3%	4%
Unknown/not reported	1%	1%	1%	1%	2%	2%	1%	2%	2%	3%
Subtotal	16%	17%	16%	16%	16%	14%	9%	11%	14%	17%
All races										
Hispanic or Latino	30%	32%	32%	33%	33%	33%	35%	38%	37%	36%
Not Hispanic or Latino	67%	65%	65%	64%	62%	62%	62%	57%	58%	58%
Unknown/not reported	3%	3%	3%	3%	5%	4%	4%	5%	5%	6%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Tables 2 and 3.

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

† Percentage is less than 0.5 percent.

Exhibit B.3f. Number of female family planning users by race, ethnicity, and year: 2014–2023

Race and ethnicity	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
American Indian or Alaska Native										
Hispanic or Latino	8,240	9,231	10,890	13,463	15,738	11,713	7,004	9,075	16,014	19,433
Not Hispanic or Latino	20,388	20,611	21,690	21,103	20,756	16,476	8,539	9,469	15,574	16,399
Unknown/not reported	699	684	887	1,021	1,603	1,184	541	805	1,499	2,301
Subtotal	29,327	30,526	33,467	35,587	38,097	29,373	16,084	19,349	33,087	38,133
Asian										
Hispanic or Latino	6,008	5,177	6,175	5,256	4,765	3,538	1,054	1,446	2,513	2,984
Not Hispanic or Latino	119,454	122,310	124,233	130,688	128,678	80,588	22,431	26,813	58,008	59,849
Unknown/not reported	3,335	4,189	5,147	7,271	5,641	4,919	1,541	2,378	4,843	6,251
Subtotal	128,797	131,676	135,555	143,215	139,084	89,045	25,026	30,637	65,364	69,084
Black or African American										
Hispanic or Latino	29,621	30,370	34,185	40,452	39,639	32,189	14,291	17,969	35,784	35,640
Not Hispanic or Latino	816,061	811,244	806,815	806,970	796,450	679,361	381,858	385,207	537,381	575,637
Unknown/not reported	17,454	16,045	18,886	22,152	25,618	21,275	10,537	15,221	18,702	21,132
Subtotal	863,136	857,659	859,886	869,574	861,707	732,825	406,686	418,397	591,867	632,409
Native Hawaiian or Other Pacific Islander										
Hispanic or Latino	5,438	5,473	6,373	5,453	6,872	4,780	2,141	3,012	7,684	10,841
Not Hispanic or Latino	32,650	34,470	28,302	24,508	21,848	16,778	10,801	9,672	18,609	24,791
Unknown/not reported	1,178	998	804	1,058	825	769	323	511	991	2,225
Subtotal	39,266	40,941	35,479	31,019	29,545	22,327	13,265	13,195	27,284	37,857
White										
Hispanic or Latino	617,516	665,967	675,189	706,762	687,636	618,498	400,891	457,006	594,556	596,516
Not Hispanic or Latino	1,583,629	1,439,284	1,445,887	1,394,432	1,311,047	1,004,060	481,594	471,105	787,819	805,792
Unknown/not reported	37,702	37,584	53,757	49,286	78,171	55,066	22,975	30,651	40,172	47,632
Subtotal	2,238,847	2,142,835	2,174,833	2,150,480	2,076,854	1,677,624	905,460	958,762	1,422,547	1,449,940
More than one race										
Hispanic or Latino	97,721	74,918	78,915	79,973	81,801	61,815	21,074	26,732	50,854	42,211
Not Hispanic or Latino	50,658	52,847	58,545	58,948	64,773	42,730	15,204	15,609	33,920	29,136
Unknown/not reported	5,528	8,278	5,104	5,476	4,707	5,827	2,230	3,322	5,292	4,511
Subtotal	153,907	136,043	142,564	144,397	151,281	110,372	38,508	45,663	90,066	75,858
Race unknown or not reported										
Hispanic or Latino	473,108	485,629	458,261	473,458	469,919	304,268	87,600	111,544	246,800	285,083
Not Hispanic or Latino	163,165	136,831	115,270	116,767	109,896	80,235	27,134	37,651	70,011	104,005
Unknown/not reported	39,730	55,875	52,237	39,749	63,366	49,597	16,980	27,268	53,637	80,459
Subtotal	676,003	678,335	625,768	629,974	643,181	434,100	131,714	176,463	370,448	469,547
All races										
Hispanic or Latino	1,137,045	1,164,572	1,152,111	1,194,751	1,171,981	926,671	475,585	553,683	838,303	867,261
Not Hispanic or Latino	2,536,009	2,337,610	2,285,046	2,238,635	2,125,353	1,648,469	805,010	800,837	1,287,960	1,355,739
Unknown/not reported	91,568	105,171	115,861	107,849	149,170	115,412	46,399	65,211	101,043	130,698
Total users	3,764,622	3,607,353	3,553,018	3,541,235	3,446,504	2,690,552	1,326,994	1,419,731	2,227,306	2,353,698

Source: FPAR Table 2.

Exhibit B.3g. Percent of female family planning users by race, ethnicity, and year: 2014–2023

Race and ethnicity	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
American Indian or Alaska Native										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Not Hispanic or Latino	0%†	1%	1%	1%	1%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	3%	3%	3%	3%	3%	1%	2%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	3%	3%	4%	4%	3%	2%	2%	3%	2%
Black or African American										
Hispanic or Latino	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Not Hispanic or Latino	20%	20%	20%	20%	20%	22%	25%	23%	21%	21%
Unknown/not reported	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Subtotal	21%	21%	21%	22%	22%	24%	26%	25%	23%	23%
Native Hawaiian or Other Pacific Islander										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White										
Hispanic or Latino	15%	17%	17%	18%	17%	20%	26%	27%	23%	22%
Not Hispanic or Latino	38%	36%	36%	35%	33%	32%	31%	28%	30%	29%
Unknown/not reported	1%	1%	1%	1%	2%	2%	1%	2%	2%	2%
Subtotal	54%	53%	54%	54%	53%	54%	59%	58%	55%	52%
More than one race										
Hispanic or Latino	2%	2%	2%	2%	2%	2%	1%	2%	2%	2%
Not Hispanic or Latino	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	3%	4%	4%	4%	4%	3%	3%	3%	3%
Race unknown or not reported										
Hispanic or Latino	11%	12%	11%	12%	12%	10%	6%	7%	9%	10%
Not Hispanic or Latino	4%	3%	3%	3%	3%	3%	2%	2%	3%	4%
Unknown/not reported	1%	1%	1%	1%	2%	2%	1%	2%	2%	3%
Subtotal	16%	17%	16%	16%	16%	14%	9%	11%	14%	17%
All races										
Hispanic or Latino	30%	32%	32%	34%	34%	34%	36%	39%	38%	37%
Not Hispanic or Latino	67%	65%	64%	63%	62%	61%	61%	56%	58%	58%
Unknown/not reported	2%	3%	3%	3%	4%	4%	3%	5%	5%	6%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 2.

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

† Percentage is less than 0.5 percent.

Exhibit B.3h. Number of male family planning users by race, ethnicity, and year: 2014–2023

Race and ethnicity	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
American Indian or Alaska Native										
Hispanic or Latino	742	771	875	1,117	1,613	1,283	856	946	2,204	2,982
Not Hispanic or Latino	1,985	2,061	2,286	2,143	2,688	1,981	1,033	1,422	2,100	2,741
Unknown/not reported	105	120	164	188	313	262	112	165	302	611
Subtotal	2,832	2,952	3,325	3,448	4,614	3,526	2,001	2,533	4,606	6,334
Asian										
Hispanic or Latino	403	504	544	498	520	415	136	429	379	346
Not Hispanic or Latino	8,062	9,988	10,139	11,617	12,601	8,357	2,897	3,792	7,677	8,203
Unknown/not reported	290	494	524	702	655	711	202	319	791	1,133
Subtotal	8,755	10,986	11,207	12,817	13,776	9,483	3,235	4,540	8,847	9,682
Black or African American										
Hispanic or Latino	2,875	3,678	4,026	5,839	6,321	5,195	2,459	3,279	5,939	6,122
Not Hispanic or Latino	87,895	104,513	114,850	116,001	125,832	115,514	67,899	73,724	92,312	100,539
Unknown/not reported	3,285	3,673	4,341	4,003	4,887	4,339	2,217	3,384	4,395	5,505
Subtotal	94,055	111,864	123,217	125,843	137,040	125,048	72,575	80,387	102,646	112,166
Native Hawaiian or Other Pacific Islander										
Hispanic or Latino	426	469	624	560	1,053	663	304	1,007	1,020	1,460
Not Hispanic or Latino	2,560	2,889	2,690	1,714	1,878	1,709	1,103	778	1,669	2,846
Unknown/not reported	101	117	88	93	84	102	28	167	156	366
Subtotal	3,087	3,475	3,402	2,367	3,015	2,474	1,435	1,952	2,845	4,672
White										
Hispanic or Latino	43,657	50,915	56,262	64,292	64,092	60,097	41,886	50,486	68,171	74,932
Not Hispanic or Latino	125,583	139,168	164,787	160,764	162,315	127,562	63,469	60,459	115,919	127,770
Unknown/not reported	4,756	5,793	7,171	6,370	15,390	9,260	2,814	4,134	7,301	9,624
Subtotal	173,996	195,876	228,220	231,426	241,797	196,919	108,169	115,079	191,391	212,326
More than one race										
Hispanic or Latino	6,792	7,329	8,250	9,134	10,369	8,761	2,773	3,535	7,709	5,698
Not Hispanic or Latino	5,145	5,234	6,407	6,943	7,722	5,228	1,764	2,195	4,326	4,297
Unknown/not reported	782	1,498	854	942	781	1,127	299	635	890	791
Subtotal	12,719	14,061	15,511	17,019	18,872	15,116	4,836	6,365	12,925	10,786
Race unknown or not reported										
Hispanic or Latino	45,712	48,527	47,296	48,626	50,421	33,716	10,056	13,419	30,480	33,907
Not Hispanic or Latino	18,766	16,134	14,537	15,599	15,059	11,408	4,386	12,319	9,359	13,474
Unknown/not reported	4,739	6,787	7,819	5,866	8,651	7,424	3,056	6,141	10,258	15,783
Subtotal	69,217	71,448	69,652	70,091	74,131	52,548	17,498	31,879	50,097	63,164
All races										
Hispanic or Latino	100,607	112,193	117,877	130,066	134,389	110,130	58,470	73,101	115,902	125,447
Not Hispanic or Latino	249,996	279,987	315,696	314,781	328,095	271,759	142,551	154,689	233,362	259,870
Unknown/not reported	14,058	18,482	20,961	18,164	30,761	23,225	8,728	14,945	24,093	33,813
Total users	364,661	410,662	454,534	463,011	493,245	405,114	209,749	242,735	373,357	419,130

Source: FPAR Table 3.

Exhibit B.3i. Percent of male family planning users by race, ethnicity, and year: 2014–2023

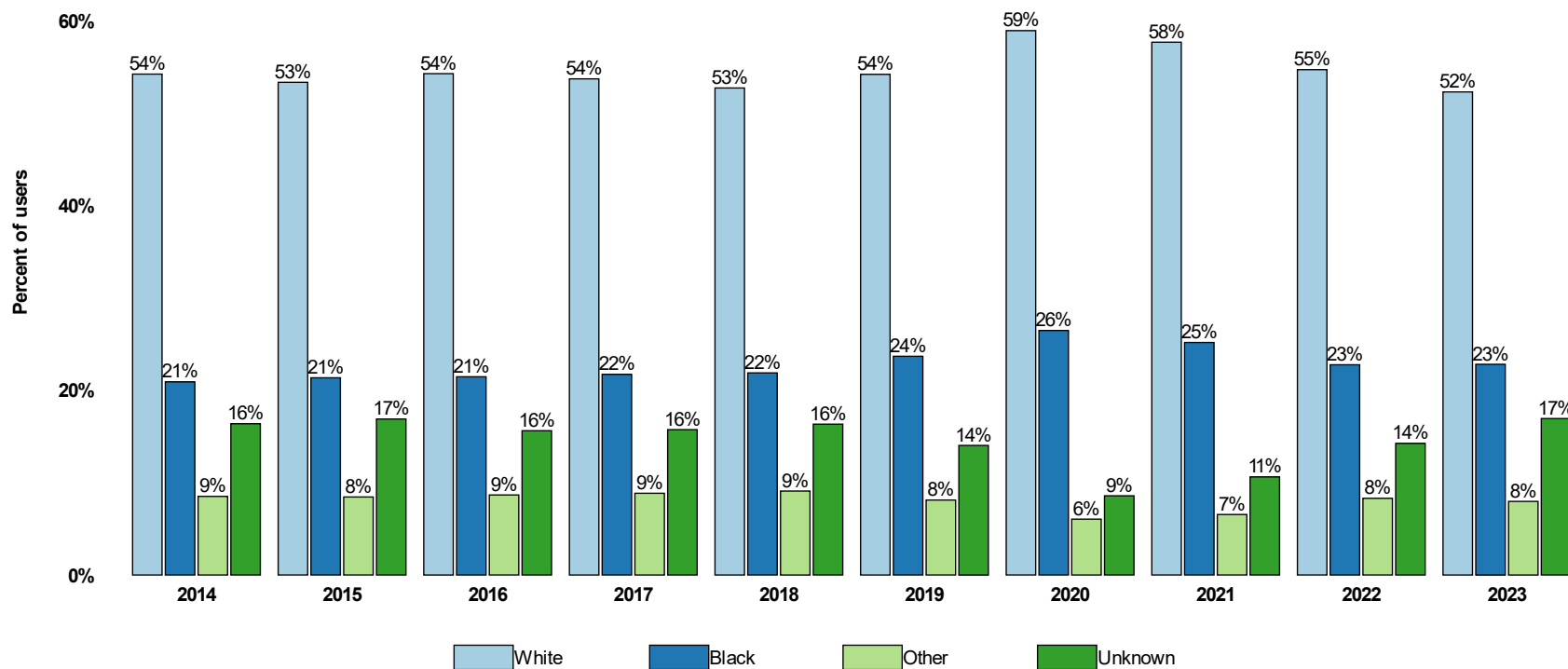
Race and ethnicity	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
American Indian or Alaska Native										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Not Hispanic or Latino	1%	1%	1%	0%†	1%	0%†	0%†	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%
Asian										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	2%	3%	3%	2%	1%	2%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	2%	3%	2%	3%	3%	2%	2%	2%	2%	2%
Black or African American										
Hispanic or Latino	1%	1%	1%	1%	1%	1%	1%	1%	2%	1%
Not Hispanic or Latino	24%	25%	25%	25%	26%	29%	32%	30%	25%	24%
Unknown/not reported	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Subtotal	26%	27%	27%	27%	28%	31%	35%	33%	27%	27%
Native Hawaiian or Other Pacific Islander										
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	1%	1%	0%†	0%†	0%†	1%	0%†	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White										
Hispanic or Latino	12%	12%	12%	14%	13%	15%	20%	21%	18%	18%
Not Hispanic or Latino	34%	34%	36%	35%	33%	31%	30%	25%	31%	30%
Unknown/not reported	1%	1%	2%	1%	3%	2%	1%	2%	2%	2%
Subtotal	48%	48%	50%	50%	49%	49%	52%	47%	51%	51%
More than one race										
Hispanic or Latino	2%	2%	2%	2%	2%	2%	1%	1%	2%	1%
Not Hispanic or Latino	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	3%	3%	4%	4%	4%	2%	3%	3%	3%
Race unknown or not reported										
Hispanic or Latino	13%	12%	10%	11%	10%	8%	5%	6%	8%	8%
Not Hispanic or Latino	5%	4%	3%	3%	3%	3%	2%	5%	3%	3%
Unknown/not reported	1%	2%	2%	1%	2%	2%	1%	3%	3%	4%
Subtotal	19%	17%	15%	15%	15%	13%	8%	13%	13%	15%
All races										
Hispanic or Latino	28%	27%	26%	28%	27%	27%	28%	30%	31%	30%
Not Hispanic or Latino	69%	68%	69%	68%	67%	67%	68%	64%	63%	62%
Unknown/not reported	4%	5%	5%	4%	6%	6%	4%	6%	6%	8%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 3.

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

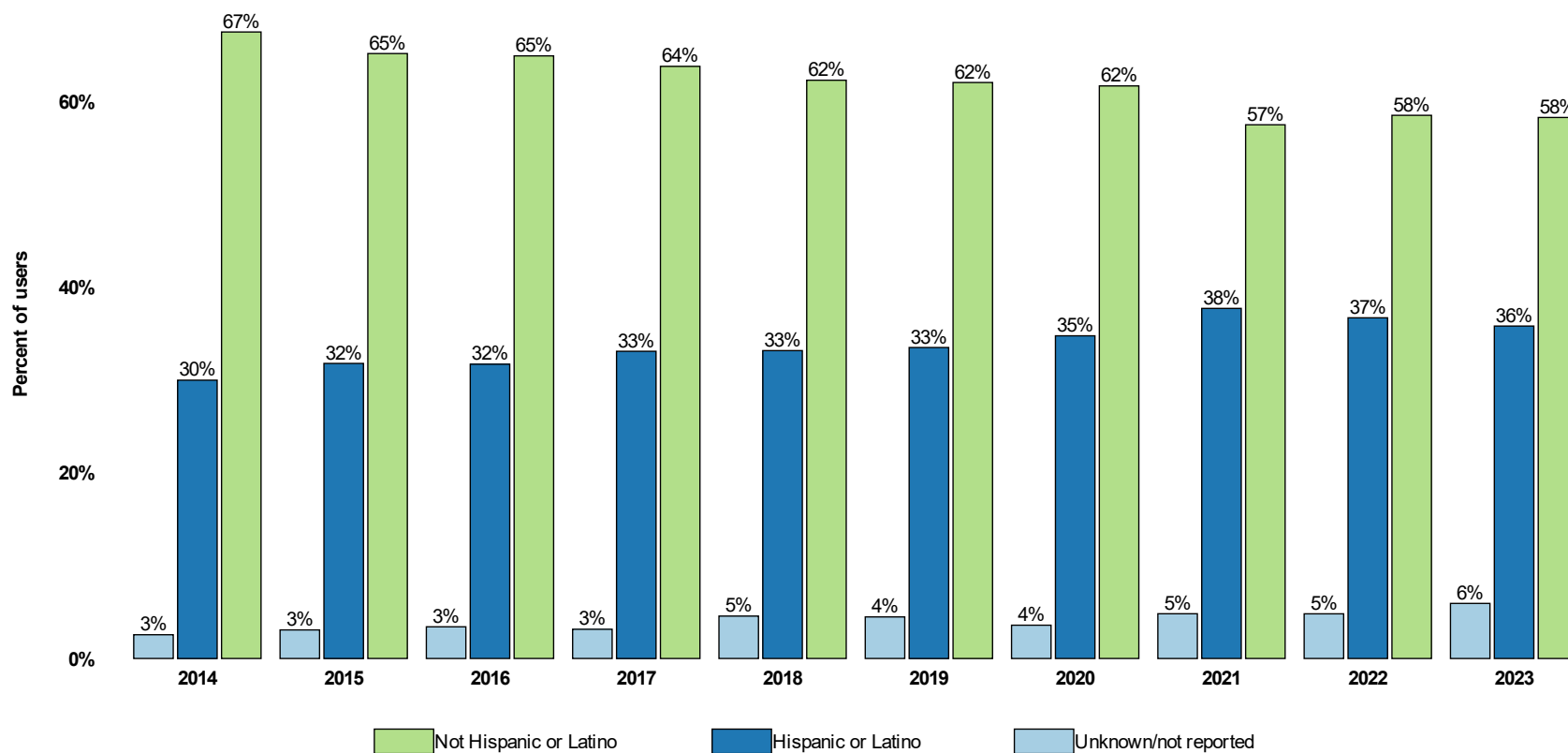
† Percentage is less than 0.5 percent.

Exhibit B.3j. Percent of all family planning users by race and year: 2014–2023



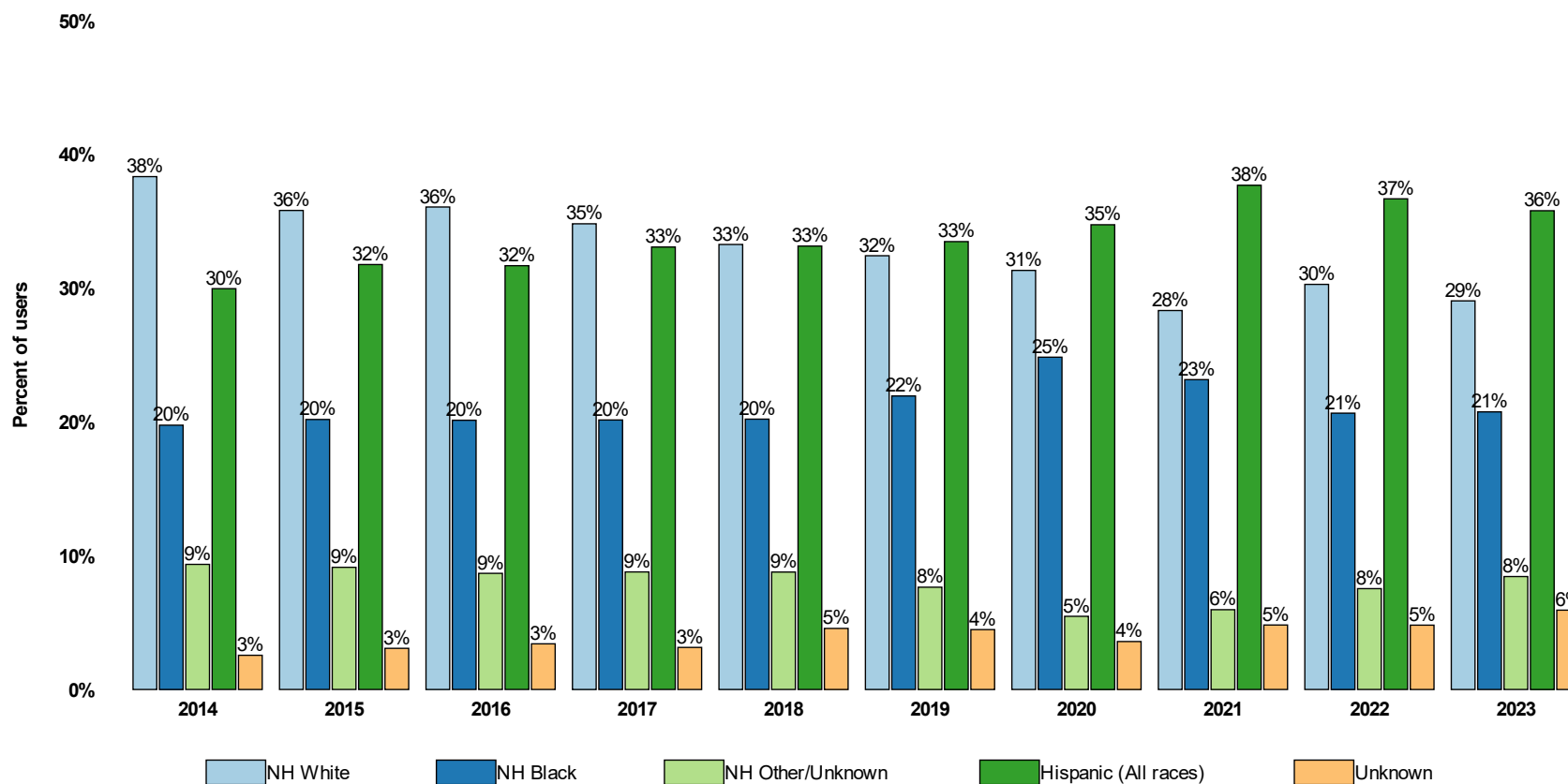
Notes: Due to rounding, percentages in each year may not sum to 100 percent, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and more than one race. The data in this graph are presented in tabular form in Exhibit B.3e.

Exhibit B.3k. Percent of all family planning users by Hispanic or Latino ethnicity (all races) and year: 2014–2023



Note: Due to rounding, percentages in each year may not sum to 100 percent. The data in this graph are presented in tabular form in Exhibit B.3e.

Exhibit B.3I. Percent of all family planning users by Hispanic or Latino ethnicity, race, and year: 2014–2023



Notes: Due to rounding, percentages in each year may not sum to 100 percent, 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 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.

The data in this graph are presented in tabular form in Exhibit B.3e.

NH = Not Hispanic or Latino.

Exhibit B.4a. Number and percent of all family planning users by income level and year: 2014–2023

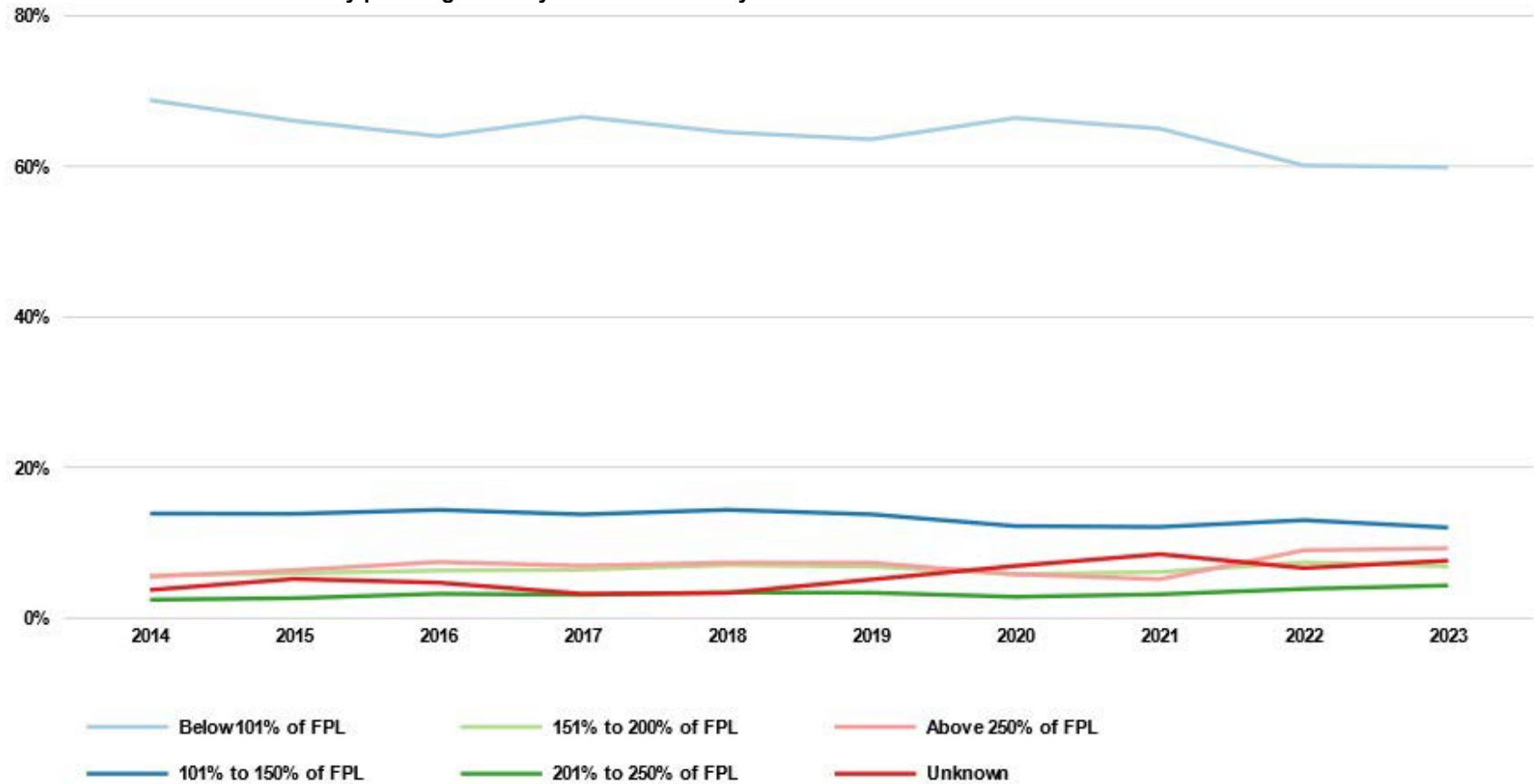
Income level ^a	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Under 101%	2,840,650	2,653,841	2,564,992	2,665,911	2,542,526	1,968,876	1,020,999	1,080,935	1,563,591	1,660,687
101% to 150%	572,948	556,141	575,420	551,163	566,040	426,239	187,565	201,162	337,967	333,321
151% to 200%	234,425	238,420	252,273	257,155	277,321	211,586	89,401	101,489	192,205	190,937
201% to 250%	100,402	105,975	128,874	123,477	134,010	103,816	43,152	52,287	100,393	119,865
Over 250%	226,918	255,093	297,988	277,975	289,208	226,957	89,329	85,740	233,962	256,774
Unknown/not reported	153,940	208,545	188,005	128,565	130,644	158,192	106,297	140,853	172,540	211,254
Total users	4,129,283	4,018,015	4,007,552	4,004,246	3,939,749	3,095,666	1,536,743	1,662,466	2,600,658	2,772,838
Under 101%	69%	66%	64%	67%	65%	64%	66%	65%	60%	60%
101% to 150%	14%	14%	14%	14%	14%	14%	12%	12%	13%	12%
151% to 200%	6%	6%	6%	6%	7%	7%	6%	6%	7%	7%
201% to 250%	2%	3%	3%	3%	3%	3%	3%	3%	4%	4%
Over 250%	5%	6%	7%	7%	7%	7%	6%	5%	9%	9%
Unknown/not reported	4%	5%	5%	3%	3%	5%	7%	8%	7%	8%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 4.

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

^a Title X–funded agencies calculate and report user family income as a percentage of poverty guideline 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/topics/poverty-economic-mobility/poverty-guidelines>

Exhibit B.4b. Percent of all family planning users by income level and year: 2014–2023



Notes: Title X–funded grant recipients 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/>.

The data in this graph are presented in tabular form in Exhibit B.4a.

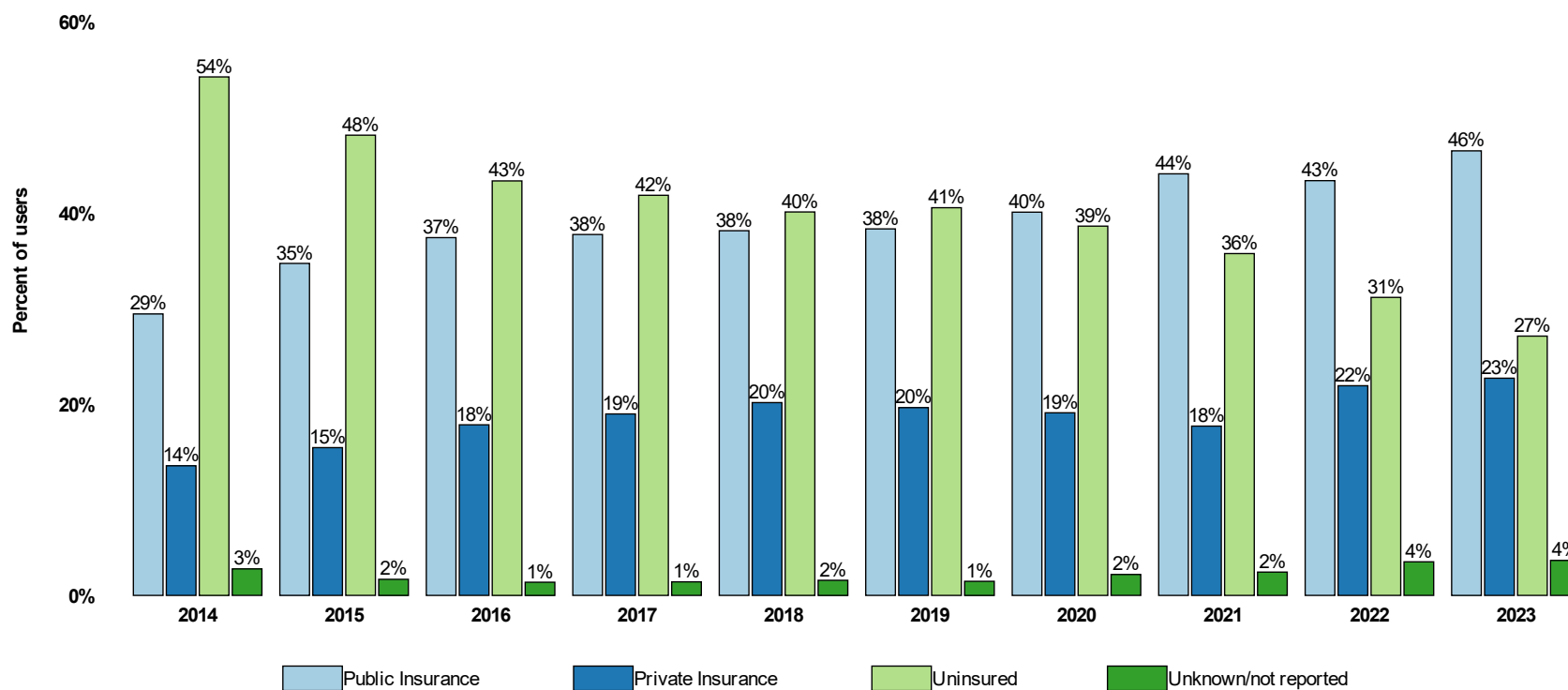
Exhibit B.5a. Number and percent of all family planning users by principal health insurance coverage status and year: 2014–2023

Insurance status	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public health insurance	1,215,648	1,395,201	1,499,672	1,511,533	1,502,777	1,186,684	616,012	733,081	1,128,221	1,289,364
Private health insurance	559,845	621,066	715,090	760,051	794,535	607,961	293,557	294,416	570,400	629,969
Uninsured	2,239,377	1,934,154	1,737,488	1,675,825	1,580,113	1,255,337	593,562	594,416	810,647	752,034
Unknown/not reported	114,413	67,594	55,302	56,837	62,324	45,684	33,612	40,553	91,395	101,467
Total users	4,129,283	4,018,015	4,007,552	4,004,246	3,939,749	3,095,666	1,536,743	1,662,466	2,600,663	2,772,834
Public health insurance	29%	35%	37%	38%	38%	38%	40%	44%	43%	46%
Private health insurance	14%	15%	18%	19%	20%	20%	19%	18%	22%	23%
Uninsured	54%	48%	43%	42%	40%	41%	39%	36%	31%	27%
Unknown/not reported	3%	2%	1%	1%	2%	1%	2%	2%	4%	4%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 5.

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

Exhibit B.5b. Percent of all family planning users by primary health insurance status and year: 2014–2023



Note: Due to rounding, percentages in each year may not sum to 100 percent. The data in this graph are presented in tabular form in Exhibit B.5a.

Exhibit B.6. Number and percent of all family planning users by limited English proficiency status and year: 2014–2023

LEP status	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
LEP	522,944	535,625	539,152	553,241	524,615	461,829	291,234	350,128	491,506	520,665
Not LEP	3,517,740	3,415,796	3,425,891	3,418,253	3,372,347	2,583,016	1,221,905	1,299,293	2,068,171	2,217,122
Unknown/not reported	88,599	66,594	42,509	32,752	42,787	50,821	23,604	13,045	31,462	32,986
Total users	4,129,283	4,018,015	4,007,552	4,004,246	3,939,749	3,095,666	1,536,743	1,662,466	2,591,139	2,770,773
LEP	13%	13%	13%	14%	13%	15%	19%	21%	19%	19%
Not LEP	85%	85%	85%	85%	86%	83%	80%	78%	80%	80%
Unknown/not reported	2%	2%	1%	1%	1%	2%	2%	1%	1%	1%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 6.

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

LEP = limited English proficiency.

Exhibit B.7a. Number of female family planning users by primary contraceptive method and age: 2023

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Most effective^a										
Vasectomy	8,181	0	1	25	346	802	1,527	1,931	1,919	1,630
Sterilization	79,540	0	0	1	785	4,790	11,711	15,933	17,680	28,640
Hormonal implant	180,413	2,577	15,537	17,851	47,415	38,587	28,719	17,084	8,808	3,835
Intrauterine device	218,349	382	5,392	11,110	44,744	47,633	41,438	31,706	21,834	14,110
Moderately effective^a										
Hormonal injection ^b	300,023	4,693	27,231	27,389	65,028	54,379	46,859	35,704	24,118	14,622
Vaginal ring	29,756	110	1,328	1,998	7,215	7,278	5,972	3,570	1,643	642
Contraceptive patch	35,529	780	4,299	4,619	9,962	6,550	4,586	2,670	1,467	596
Oral contraceptive	413,734	4,853	32,709	39,616	106,948	83,493	61,461	41,305	26,489	16,860
Less effective^a										
Cervical cap or diaphragm ^c	1,018	10	32	35	175	208	209	166	113	70
Male condom	360,617	1,934	14,221	24,484	89,035	77,960	59,371	40,009	27,910	25,693
Female condom	2,964	19	116	192	648	549	505	389	281	265
Contraceptive sponge	110	0	1	8	24	27	24	12	7	7
Withdrawal or other ^d	73,625	310	2,222	3,796	14,961	15,049	13,013	9,383	6,733	8,158
FABM ^e or LAM	18,417	233	463	869	3,952	4,090	3,566	2,357	1,448	1,439
Any spermicide or non-spermicidal gel	6,314	35	246	442	1,582	1,494	1,181	698	389	247
Other										
Abstinence	114,209	12,161	17,980	8,633	17,078	13,570	11,577	9,352	7,859	15,999
No method										
Pregnant/seeking pregnancy	144,182	250	3,498	8,371	33,182	37,597	31,940	18,835	7,801	2,708
Other	208,153	2,325	7,114	10,865	39,928	39,611	34,126	25,693	20,173	28,318
Method unknown	159,165	4,370	9,393	9,673	27,915	26,439	24,828	19,398	15,321	21,828
Total female users	2,354,299	35,042	141,783	169,977	510,923	460,106	382,613	276,195	191,993	185,667
Using most, moderately, or less effective method^a	1,728,590	15,936	103,798	132,435	392,820	342,889	280,142	202,917	140,839	116,814
Most effective ^a	486,483	2,959	20,930	28,987	93,290	91,812	83,395	66,654	50,241	48,215
Moderately effective ^a	779,042	10,436	65,567	73,622	189,153	151,700	118,878	83,249	53,717	32,720
Less effective ^a	463,065	2,541	17,301	29,826	110,377	99,377	77,869	53,014	36,881	35,879
Abstinent	114,209	12,161	17,980	8,633	17,078	13,570	11,577	9,352	7,859	15,999
Not using a method	352,335	2,575	10,612	19,236	73,110	77,208	66,066	44,528	27,974	31,026
Method unknown	159,165	4,370	9,393	9,673	27,915	26,439	24,828	19,398	15,321	21,828

FABM = Fertility awareness-based method; LAM = Lactational amenorrhea method.

^a See Data Notes in Appendix A.

^b Hormonal injection figures include both one- and three-month hormonal injection users.

^c For 2011–2020, cervical cap or diaphragm was categorized as a “moderately effective” method. For 2021 onward, it is categorized as a “less effective” method (see Data Notes in Appendix A).

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

^e The FABM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation®, and SymptoThermal methods.

Exhibit B.7b. Percent of female family planning users by primary contraceptive method and age: 2023

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Most effective^a										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Sterilization	3%	0%	0%	0%†	0%†	1%	3%	6%	9%	15%
Hormonal implant	8%	7%	11%	11%	9%	8%	8%	6%	5%	2%
Intrauterine device	9%	1%	4%	7%	9%	10%	11%	11%	11%	8%
Moderately effective^a										
Hormonal injection ^b	13%	13%	19%	16%	13%	12%	12%	13%	13%	8%
Vaginal ring	1%	0%†	1%	1%	1%	2%	2%	1%	1%	0%†
Contraceptive patch	2%	2%	3%	3%	2%	1%	1%	1%	1%	0%†
Oral contraceptive	18%	14%	23%	23%	21%	18%	16%	15%	14%	9%
Less effective^a										
Cervical cap or diaphragm ^c	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	6%	10%	14%	17%	17%	16%	14%	15%	14%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^d	3%	1%	2%	2%	3%	3%	3%	3%	4%	4%
FABM ^e or LAM	1%	1%	0%†	1%	1%	1%	1%	1%	1%	1%
Any spermicide or non-spermicidal gel	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other										
Abstinence	5%	35%	13%	5%	3%	3%	3%	3%	4%	9%
No method										
Pregnant/seeking pregnancy	6%	1%	2%	5%	6%	8%	8%	7%	4%	1%
Other reason	9%	7%	5%	6%	8%	9%	9%	9%	11%	15%
Method unknown	7%	12%	7%	6%	5%	6%	6%	7%	8%	12%
Total female users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^a	73%	45%	73%	78%	77%	75%	73%	73%	73%	63%
Most effective ^a	21%	8%	15%	17%	18%	20%	22%	24%	26%	26%
Moderately effective ^a	33%	30%	46%	43%	37%	33%	31%	30%	28%	18%
Less effective ^a	20%	7%	12%	18%	22%	22%	20%	19%	19%	19%
Abstinence	5%	35%	13%	5%	3%	3%	3%	3%	4%	9%
Not using a method	15%	7%	7%	11%	14%	17%	17%	16%	15%	17%
Method unknown	7%	12%	7%	6%	5%	6%	6%	7%	8%	12%

FABM = Fertility awareness-based method; LAM = Lactational amenorrhea method.

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

^a See Data Notes in Appendix A.

^b Hormonal injection figures include both one- and three-month hormonal injection users.

^c For 2011–2020, cervical cap or diaphragm was categorized as a “moderately effective” method. For 2021 onward, it is categorized as a “less effective” method (See Data Notes in the Data and Methodology section of Appendix A).

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

^e The FABM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation®, and SymptoThermal methods.

† Percentage is less than 0.5 percent.

Exhibit B.7c. Number of female family planning users by primary contraceptive method and year: 2014–2023

Primary method	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Most effective^a										
Vasectomy	7,582	6,879	8,178	8,848	9,237	7,668	4,751	5,691	7,674	8,181
Sterilization	74,748	84,108	86,112	94,173	91,569	82,472	56,063	64,684	74,411	79,540
Hormonal implant	139,799	177,975	209,014	239,029	240,418	190,615	93,062	106,668	168,477	180,413
Intrauterine device	265,511	273,650	288,939	324,174	323,081	237,073	99,491	121,403	208,934	218,349
Moderately effective^a										
Hormonal injection ^b	611,619	574,476	519,841	500,960	474,609	398,894	213,854	214,237	302,181	300,023
Vaginal ring	115,230	95,186	83,473	76,252	66,968	46,021	16,967	16,511	30,518	29,756
Contraceptive patch	69,469	49,010	47,030	48,256	46,384	32,714	12,193	13,969	32,527	35,529
Oral contraceptive	1,135,950	1,000,062	946,383	894,128	823,992	598,304	267,281	253,963	428,536	413,734
Cervical cap or diaphragm ^c	2,379	1,660	2,130	2,219	1,652	877	299			
Less effective^a										
Cervical cap or diaphragm ^c								294	1,215	1,018
Male condom	578,139	572,607	559,356	547,129	533,079	385,950	154,843	184,033	315,318	360,617
Female condom	3,308	3,558	2,929	2,537	3,782	3,159	2,061	1,548	6,844	2,964
Contraceptive sponge	651	660	138	169	371	377	236	156	122	110
Withdrawal or other ^d	70,982	61,504	75,191	73,047	81,486	75,253	47,370	47,902	65,027	73,625
FABM ^e or LAM	12,648	13,503	14,392	15,287	17,320	17,370	10,107	10,976	15,880	18,417
Any spermicide or non-spermicidal gel	2,911	1,873	1,848	1,991	1,135	995	696	921	2,395	6,314
Other										
Abstinence	70,098	73,896	89,102	92,385	99,733	90,729	60,841	73,084	101,197	114,209
No method										
Pregnant/seeking pregnancy	330,279	321,229	321,706	313,802	279,025	207,880	101,318	102,864	153,612	144,182
Other reason	175,111	171,068	175,371	190,518	194,405	167,834	90,152	100,762	176,923	208,153
Method unknown	98,208	124,449	121,885	116,331	158,258	146,367	95,409	100,065	127,767	159,165
Total female users	3,764,622	3,607,353	3,553,018	3,541,235	3,446,504	2,690,552	1,326,994	1,419,731	2,219,558	2,354,299
Using most, moderately, or less effective method	3,090,926	2,916,711	2,844,954	2,828,199	2,715,083	2,077,742	979,274	1,042,956	1,660,059	1,728,590
Most effective ^a	487,640	542,612	592,243	666,224	664,305	517,828	253,367	298,446	459,496	486,483
Moderately effective ^a	1,934,647	1,720,394	1,598,857	1,521,815	1,413,605	1,076,810	510,594	498,680	793,762	779,042
Less effective ^a	668,639	653,705	653,854	640,160	637,173	483,104	215,313	245,830	406,801	463,065
Abstinent	70,098	73,896	89,102	92,385	99,733	90,729	60,841	73,084	101,197	114,209
Not using a method	505,390	492,297	497,077	504,320	473,430	375,714	191,470	203,626	330,535	352,335
Method unknown	98,208	124,449	121,885	116,331	158,258	146,367	95,409	100,065	127,767	159,165

FABM = Fertility awareness-based method; LAM = Lactational amenorrhea method.

^a See Data Notes in Appendix A.

^b Hormonal injection figures include both one- and three-month hormonal injection users.

^c For 2011–2020, cervical cap or diaphragm was categorized as a “moderately effective” method. For 2021 onward, it is categorized as a “less effective” method (See Data Notes in Appendix A).

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

^e The FABM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation®, and SymptoThermal methods.

Exhibit B.7d. Percent of female family planning users by primary contraceptive method and year: 2014–2023

Primary method	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Most effective^a										
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	3%	3%	3%	4%	5%	3%	3%
Hormonal implant	4%	5%	6%	7%	7%	7%	7%	8%	8%	8%
Intrauterine device	7%	8%	8%	9%	9%	9%	7%	9%	9%	9%
Moderately effective^a										
Hormonal injection ^b	16%	16%	15%	14%	14%	15%	16%	15%	14%	13%
Vaginal ring	3%	3%	2%	2%	2%	2%	1%	1%	1%	1%
Contraceptive patch	2%	1%	1%	1%	1%	1%	1%	1%	1%	2%
Oral contraceptive	30%	28%	27%	25%	24%	22%	20%	18%	19%	18%
Cervical cap or diaphragm ^c	0%†	0%†	0%†	0%†	0%†	0%†	0%†			
Less effective^a										
Cervical cap or diaphragm ^c								0%	0%†	0%†
Male condom	15%	16%	16%	15%	15%	14%	12%	13%	14%	15%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^d	2%	2%	2%	2%	2%	3%	4%	3%	3%	3%
FABM ^e or LAM	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Any spermicide or non-spermicidal gel	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other										
Abstinence	2%	2%	3%	3%	3%	3%	5%	5%	5%	5%
No method										
Pregnant/seeking pregnancy	9%	9%	9%	9%	8%	8%	8%	7%	7%	6%
Other reason	5%	5%	5%	5%	6%	6%	7%	7%	8%	9%
Method unknown	3%	3%	3%	3%	5%	5%	7%	7%	6%	7%
Total female users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method	82%	81%	80%	80%	79%	77%	74%	73%	75%	73%
Most effective ^a	13%	15%	17%	19%	19%	19%	19%	21%	21%	21%
Moderately effective ^a	51%	48%	45%	43%	41%	40%	38%	35%	36%	33%
Less effective ^a	18%	18%	18%	18%	18%	18%	16%	17%	18%	20%
Abstinent	2%	2%	3%	3%	3%	3%	5%	5%	5%	5%
Not using a method	13%	14%	14%	14%	14%	14%	14%	14%	15%	15%
Method unknown	3%	3%	3%	3%	5%	5%	7%	7%	6%	7%

FABM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

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

^a See Data Notes in Appendix A.

^b Hormonal injection figures include both one- and three-month hormonal injection users.

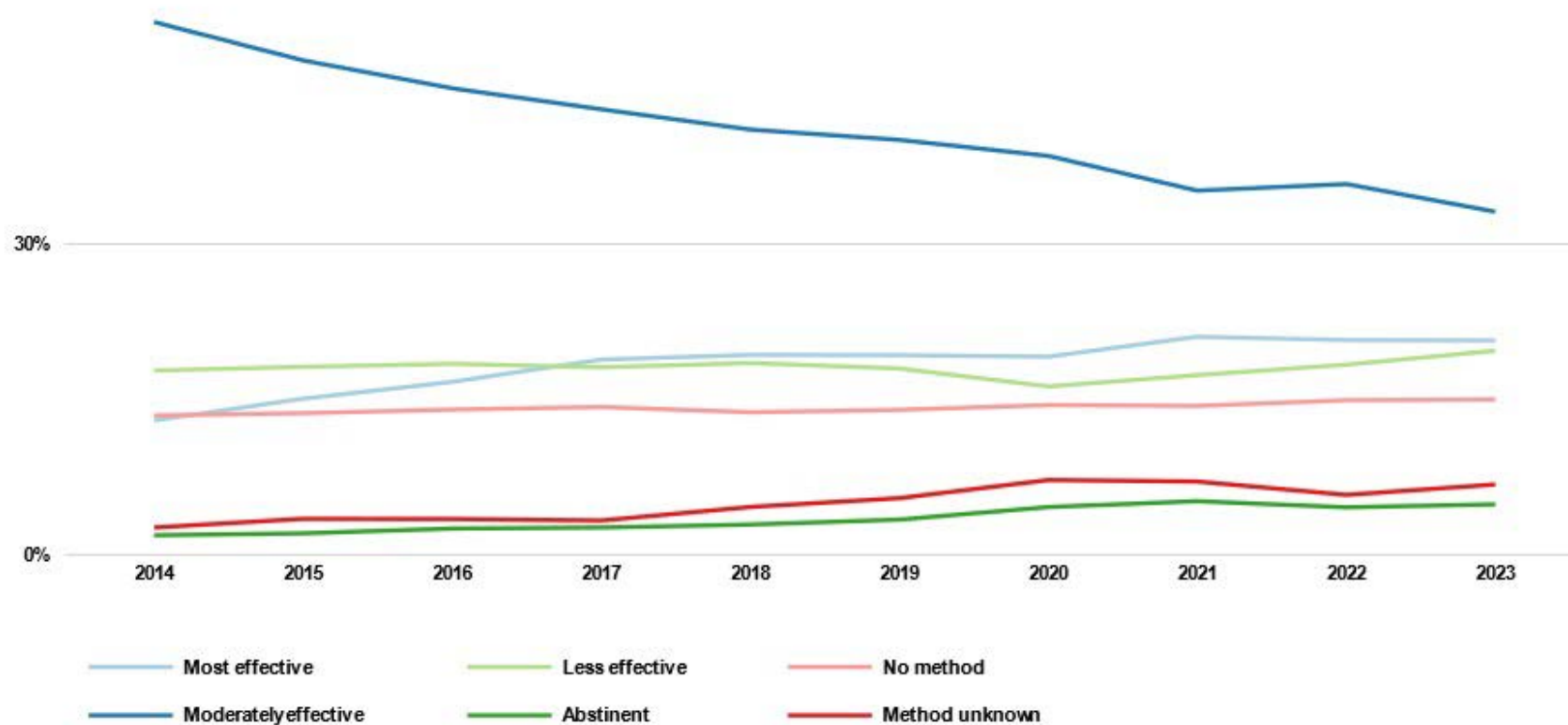
^c For 2011–2020, cervical cap or diaphragm was categorized as a “moderately effective” method. For 2021 onward, it is categorized as a “less effective” method (See Data Notes in Appendix A).

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

^e The FABM category includes Calendar Rhythm®, Standard Days®, TwoDay®, Billings Ovulation®, and SymptoThermal methods.

† Percentage is less than 0.5 percent.

Exhibit B.7e. Percent of all female family planning users by type of primary contraceptive method and year: 2014–2023



Notes: Most effective methods include vasectomy (male sterilization), female sterilization, 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), FABM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 onward), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. See Data Notes in of Appendix A. The data in this graph are presented in tabular form in Exhibit B.7d.

Exhibit B.8a. Number of male family planning users by primary contraceptive method and age: 2023

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Most effective^e										
Vasectomy	5,141	0	0	6	182	555	919	1,057	1,004	1,418
Moderately effective^e										
Less effective^e										
Male condom	198,600	1,344	9,330	12,408	44,662	41,611	33,024	20,966	13,781	21,474
FABM ^a	2,285	30	71	90	285	321	335	351	466	336
Withdrawal or other method ^c	17,362	72	386	742	2,927	3,188	2,808	2,137	1,728	3,374
Other										
Abstinence ^b	44,860	8,720	11,290	3,584	4,464	2,840	2,480	1,924	1,698	7,860
Rely on female method ^d	37,779	125	919	1,386	5,538	6,109	5,922	4,659	4,281	8,840
No method										
Partner pregnant/seeking pregnancy	3,259	2	23	61	405	676	745	607	384	356
Other reason	57,511	1,322	2,049	2,541	9,571	9,718	9,109	6,635	5,385	11,181
Method unknown	52,331	3,458	3,842	2,539	6,906	6,808	6,892	5,771	5,089	11,026
Total male users	419,128	15,073	27,910	23,357	74,940	71,826	62,234	44,107	33,816	65,865
Using most, moderately, or less effective method^e	223,388	1,446	9,787	13,246	48,056	45,675	37,086	24,511	16,979	26,602
Most effective ^e	5,141	0	0	6	182	555	919	1,057	1,004	1,418
Moderately effective ^e										
Less effective ^e	218,247	1,446	9,787	13,240	47,874	45,120	36,167	23,454	15,975	25,184
Abstinence^b	44,860	8,720	11,290	3,584	4,464	2,840	2,480	1,924	1,698	7,860
Not using a method	60,770	1,324	2,072	2,602	9,976	10,394	9,854	7,242	5,769	11,537
Method unknown	52,331	3,458	3,842	2,539	6,906	6,808	6,892	5,771	5,089	11,026

Source: FPAR Table 8.

^a FABMs 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, one- and three-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), FABM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Data Notes in Appendix A.**FABM** = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Exhibit B.8b. Percent of male family planning users by primary contraceptive method and age: 2023

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Most effective^e										
Vasectomy	1%	0%	0%	0%†	0%†	1%	1%	2%	3%	2%
Moderately effective^e										
Less effective^e										
Male condom	47%	9%	33%	53%	60%	58%	53%	48%	41%	33%
FABM ^a	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Withdrawal or other method ^c	4%	0%†	1%	3%	4%	4%	5%	5%	5%	5%
Other										
Abstinence ^b	11%	58%	40%	15%	6%	4%	4%	4%	5%	12%
Rely on female method ^d	9%	1%	3%	6%	7%	9%	10%	11%	13%	13%
No method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Other reason	14%	9%	7%	11%	13%	14%	15%	15%	16%	17%
Method unknown	12%	23%	14%	11%	9%	9%	11%	13%	15%	17%
Total male users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	58%	10%	36%	60%	69%	70%	66%	62%	57%	47%
Most effective ^e	1%	0%	0%	0%†	0%†	1%	2%	3%	3%	3%
Moderately effective ^e										
Less effective ^e	57%	10%	36%	60%	69%	69%	64%	60%	54%	44%
Abstinence^b	11%	58%	40%	15%	6%	4%	4%	4%	5%	12%
Not using a method	14%	9%	7%	11%	13%	14%	16%	16%	17%	18%
Method unknown	12%	23%	14%	11%	9%	9%	11%	13%	15%	17%

Source: FPAR Table 8.

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

^a FABMs 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, one- and three-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), FABM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Data Notes in Appendix A.

† Percentage is less than 0.5 percent.

FABM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Exhibit B.8c. Number of male family planning users by primary contraceptive method and year: 2014–2023

Primary method	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Most effective^e										
Vasectomy	2,763	3,309	3,296	3,402	3,933	2,913	1,613	1,878	3,646	5,141
Moderately effective^e										
Less effective^e										
Male condom	262,255	285,549	297,265	299,268	303,572	225,977	92,016	101,098	175,568	198,600
FABM ^a	1,079	1,092	1,873	2,585	3,417	3,747	2,115	2,319	2,716	2,285
Withdrawal or other method ^c	9,992	10,858	14,135	14,407	12,915	12,912	7,996	10,560	16,803	17,362
Other										
Abstinence ^b	21,127	24,163	32,464	33,275	36,918	35,183	26,569	31,511	43,389	44,860
Rely on female method ^d	22,063	22,173	28,729	33,625	34,905	32,507	21,711	26,396	33,746	37,779
No method										
Partner pregnant/seeking pregnancy	3,253	4,981	5,730	5,997	3,967	4,916	2,614	2,982	3,363	3,259
Other reason	21,501	25,667	31,729	36,330	48,035	45,850	24,204	28,897	49,000	57,511
Method unknown	20,628	32,870	39,313	34,122	45,583	41,109	30,911	37,094	43,068	52,331
Total male users	364,661	410,662	454,534	463,011	493,245	405,114	209,749	242,735	371,299	419,128
Using most, moderately, or less effective method^e	276,089	300,808	316,569	319,662	323,837	245,549	103,740	115,855	198,733	223,388
Most effective ^e	2,763	3,309	3,296	3,402	3,933	2,913	1,613	1,878	3,646	5,141
Moderately effective ^e										
Less effective ^e	273,326	297,499	313,273	316,260	319,904	242,636	102,127	113,977	195,087	218,247
Abstinence^b	21,127	24,163	32,464	33,275	36,918	35,183	26,569	31,511	43,389	44,860
Not using a method	24,754	30,648	37,459	42,327	52,002	50,766	26,818	31,879	52,363	60,770
Method unknown	20,628	32,870	39,313	34,122	45,583	41,109	30,911	37,094	43,068	52,331

Source: FPAR Table 8.

^a FABMs 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, one- and three-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), FABM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Data Notes in Appendix A.**FABM** = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Exhibit B.8d. Percent of male family planning users by primary contraceptive method and year: 2014–2023

Primary method	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Most effective^e										
Vasectomy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Moderately effective^e										
Less effective^e										
Male condom	72%	70%	65%	65%	62%	56%	44%	42%	47%	47%
FABM ^a	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Withdrawal or other method ^c	3%	3%	3%	3%	3%	3%	4%	4%	5%	4%
Other										
Abstinence ^b	6%	6%	7%	7%	7%	9%	13%	13%	12%	11%
Rely on female method ^d	6%	5%	6%	7%	7%	8%	10%	11%	9%	9%
No method										
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other reason	6%	6%	7%	8%	10%	11%	12%	12%	13%	14%
Method unknown	6%	8%	9%	7%	9%	10%	15%	15%	12%	12%
Total male users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	80%	77%	74%	74%	71%	66%	55%	54%	59%	59%
Most effective ^e	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Moderately effective ^e										
Less effective ^e	80%	77%	74%	74%	70%	65%	53%	53%	58%	57%
Abstinence^b	6%	6%	7%	7%	7%	9%	13%	13%	12%	11%
Not using a method	7%	7%	8%	9%	11%	13%	13%	13%	14%	14%
Method unknown	6%	8%	9%	7%	9%	10%	15%	15%	12%	12%

Source: FPAR Table 8.

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

^a FABMs 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.

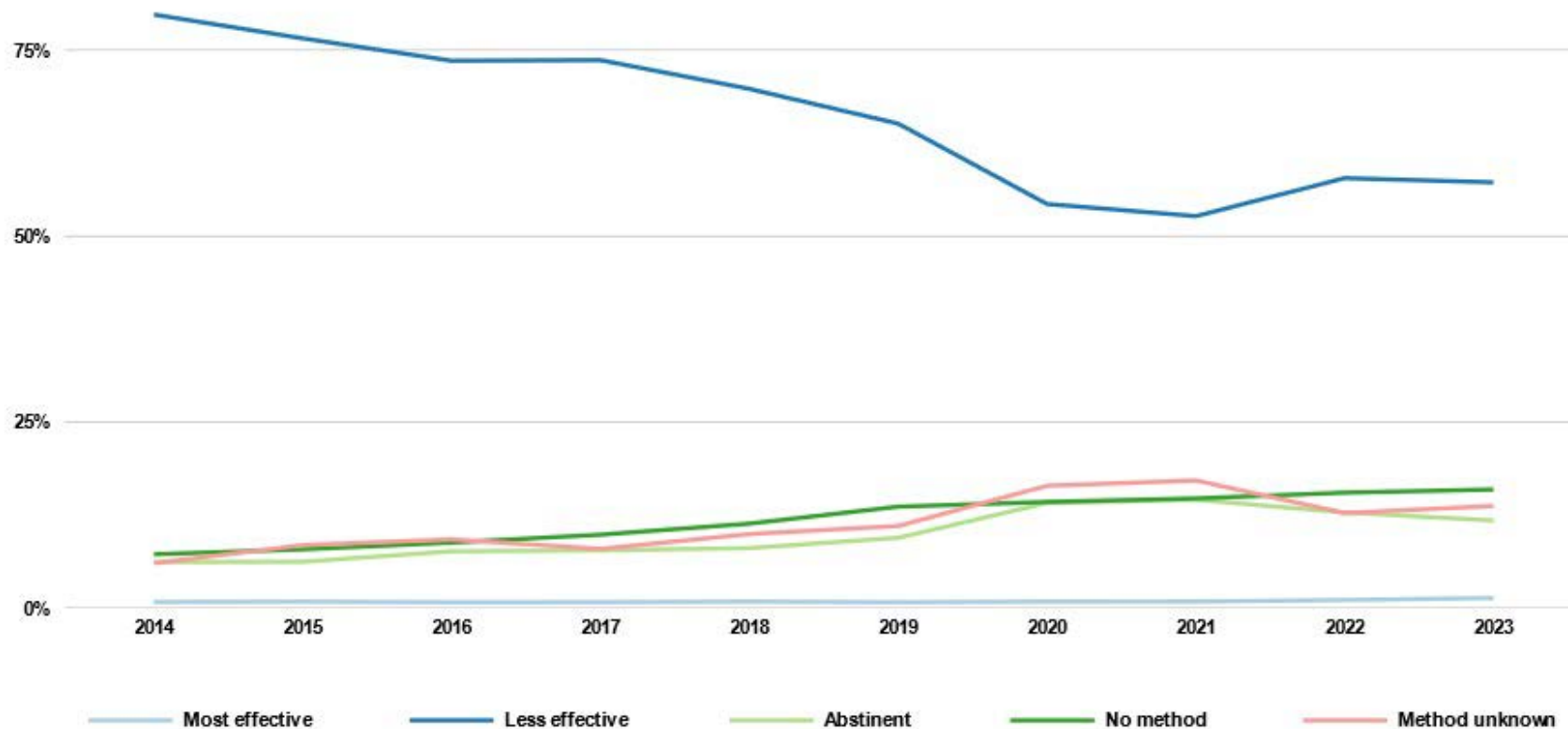
^d “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (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), FABM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Data Notes in Appendix A.

† Percentage is less than 0.5 percent.

FABM = Fertility awareness-based method; LAM = Lactational amenorrhea method.

Exhibit B.8e. Percent of all male family planning users by type of primary contraceptive method and year: 2014–2023



Note: **Most effective** method includes 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), FABM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 onward), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Data Notes in Appendix A. The data in this graph are presented in tabular form in Exhibit B.8d.

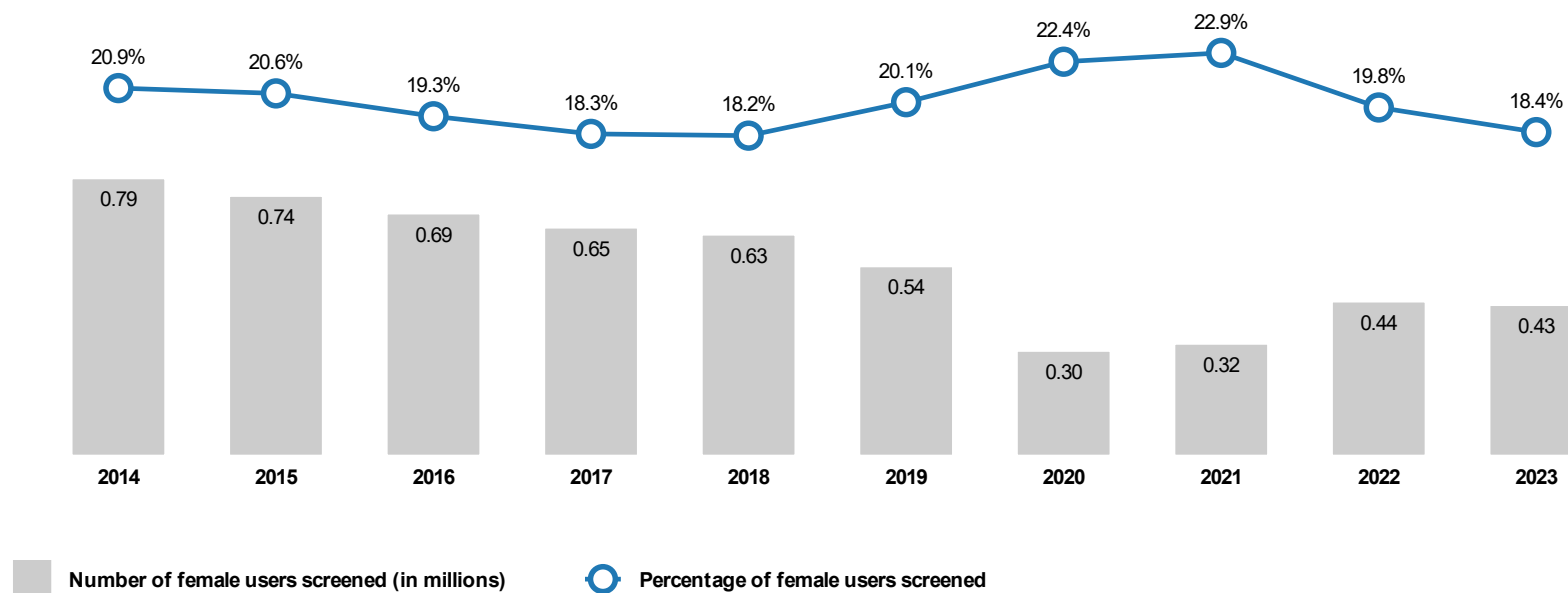
Exhibit B.9a. Cervical cancer screening activities by screening test or exam and year: 2014–2023

Tests and exams	2014	2015	2016	2017	2018 ^d	2019	2020 ^e	2021	2022	2023
Pap tests										
Female users tested										
Number ^a	785,540	743,683	687,373	649,266	625,808	541,661	297,037	324,536	440,732	433,844
Percentage ^b	21%	21%	19%	18%	18%	20%	22%	23%	20%	18%
Tests performed										
Number	813,858	769,807	720,215	683,247	651,920	561,534	312,757	349,236	467,142	461,085
Tests per female tested	1.0	1.0	1.0	1.1	1.0	1.0	1.1	1.1	1.1	1.1
Tests with ASC or higher result										
Number	112,457	108,043	102,394	95,678	93,564	72,212	40,223	40,825	64,201	58,599
Percentage ^c	14%	14%	14%	14%	14%	13%	13%	12%	14%	13%
Tests with HSIL or higher result										
Number	8,860	10,288	9,484	7,304	6,789	6,113	3,730	4,074	8,078	11,946
Percentage ^c	1%	1%	1%	1%	1%	1%	1%	1%	2%	3%

Source: FPAR Table 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 In 2018, the United States Preventative Services Task Force (USPSTF) issued guidance recommending decreased frequencies of cervical cancer screenings for most age groups.^e In 2020, the American Cancer Society (ACS) issued guidance recommending decreased frequencies of cervical cancer screenings for most age groups.

Exhibit B.9b. Number and percent of female users who received a Pap test by year: 2014–2023



Note: The data in this graph are presented in tabular form in Exhibit B.9a.

Exhibit B.10a. Number of family planning users tested for chlamydia by sex, age, and year: 2014–2023

Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Female users										
Under 15	15,095	14,575	14,049	14,129	14,502	12,574	6,008	6,688	10,227	9,531
15 to 17	155,861	147,842	147,832	146,839	139,766	103,542	45,952	44,838	69,472	67,992
18 to 19	222,948	210,234	214,007	215,830	208,167	149,612	60,313	57,928	94,036	90,103
20 to 24	617,570	583,124	577,385	562,452	538,168	378,352	151,827	156,363	274,347	277,259
Over 24	810,826	805,236	846,568	906,644	908,945	687,551	318,986	366,306	616,644	661,861
Subtotal	1,822,300	1,761,011	1,799,841	1,845,894	1,809,548	1,331,631	583,086	632,123	1,064,726	1,106,746
Under 25^a	1,011,474	955,775	953,273	939,250	900,603	644,080	264,100	265,817	448,082	444,885
Male users										
Under 15	1,441	1,680	1,612	1,976	2,281	2,300	926	1,139	1,758	1,558
15 to 17	11,838	12,830	13,665	14,434	15,188	12,120	5,230	5,705	9,706	11,251
18 to 19	19,816	21,145	22,668	24,104	25,301	19,198	6,902	7,375	14,594	14,303
20 to 24	75,373	82,555	84,738	86,537	87,961	62,325	21,856	23,455	48,576	53,032
Over 24	133,341	158,495	176,679	194,229	202,282	149,669	61,023	71,481	138,343	156,513
Subtotal	241,809	276,705	299,362	321,280	333,013	245,612	95,937	109,155	212,977	236,657
All users										
Under 15	16,536	16,255	15,661	16,105	16,783	14,874	6,934	7,827	11,985	11,089
15 to 17	167,699	160,672	161,497	161,273	154,954	115,662	51,182	50,543	79,178	79,243
18 to 19	242,764	231,379	236,675	239,934	233,468	168,810	67,215	65,303	108,630	104,406
20 to 24	692,943	665,679	662,123	648,989	626,129	440,677	173,683	179,818	322,923	330,291
Over 24	944,167	963,731	1,023,247	1,100,873	1,111,227	837,220	380,009	437,787	754,987	818,374
Total users	2,064,109	2,037,716	2,099,203	2,167,174	2,142,561	1,577,243	679,023	741,278	1,277,703	1,343,403

Source: FPAR Table 11.

^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 younger than 25. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in all sexually active women age 24 or younger and in women age 25 or older who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends re-screening 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 [9](#) and [10](#)] and USPSTF [2021, September]. Chlamydia and gonorrhea: Screening [see reference [11](#)].)

Exhibit B.10b. Percent of family planning users in each age group tested for chlamydia by sex, age, and year: 2014–2023

Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Female users										
Under 15	41%	41%	34%	39%	37%	37%	29%	29%	31%	27%
15 to 17	57%	58%	60%	61%	60%	57%	51%	51%	52%	48%
18 to 19	59%	60%	63%	63%	63%	60%	55%	56%	56%	53%
20 to 24	58%	59%	62%	62%	62%	59%	54%	55%	56%	54%
Over 24	40%	41%	43%	45%	46%	43%	39%	40%	44%	44%
Subtotal	48%	49%	51%	52%	53%	49%	44%	45%	48%	47%
Under 25^a	58%	59%	61%	61%	61%	58%	52%	53%	54%	52%
Male users										
Under 15	16%	16%	10%	16%	15%	17%	10%	10%	12%	10%
15 to 17	49%	49%	49%	50%	51%	47%	37%	35%	41%	40%
18 to 19	70%	70%	71%	73%	74%	69%	55%	55%	69%	61%
20 to 24	77%	79%	80%	82%	82%	77%	63%	62%	71%	71%
Over 24	65%	66%	65%	69%	66%	58%	44%	43%	56%	56%
Subtotal	66%	67%	66%	69%	68%	61%	46%	45%	57%	56%
All users										
Under 15	36%	35%	27%	33%	31%	31%	23%	23%	25%	22%
15 to 17	56%	57%	59%	59%	59%	56%	49%	48%	50%	47%
18 to 19	60%	61%	63%	64%	64%	61%	55%	56%	58%	54%
20 to 24	59%	61%	63%	64%	65%	61%	55%	56%	58%	56%
Over 24	43%	43%	45%	48%	49%	45%	39%	40%	46%	46%
Total users	50%	51%	52%	54%	54%	51%	44%	45%	49%	48%

Source: FPAR Table 11.

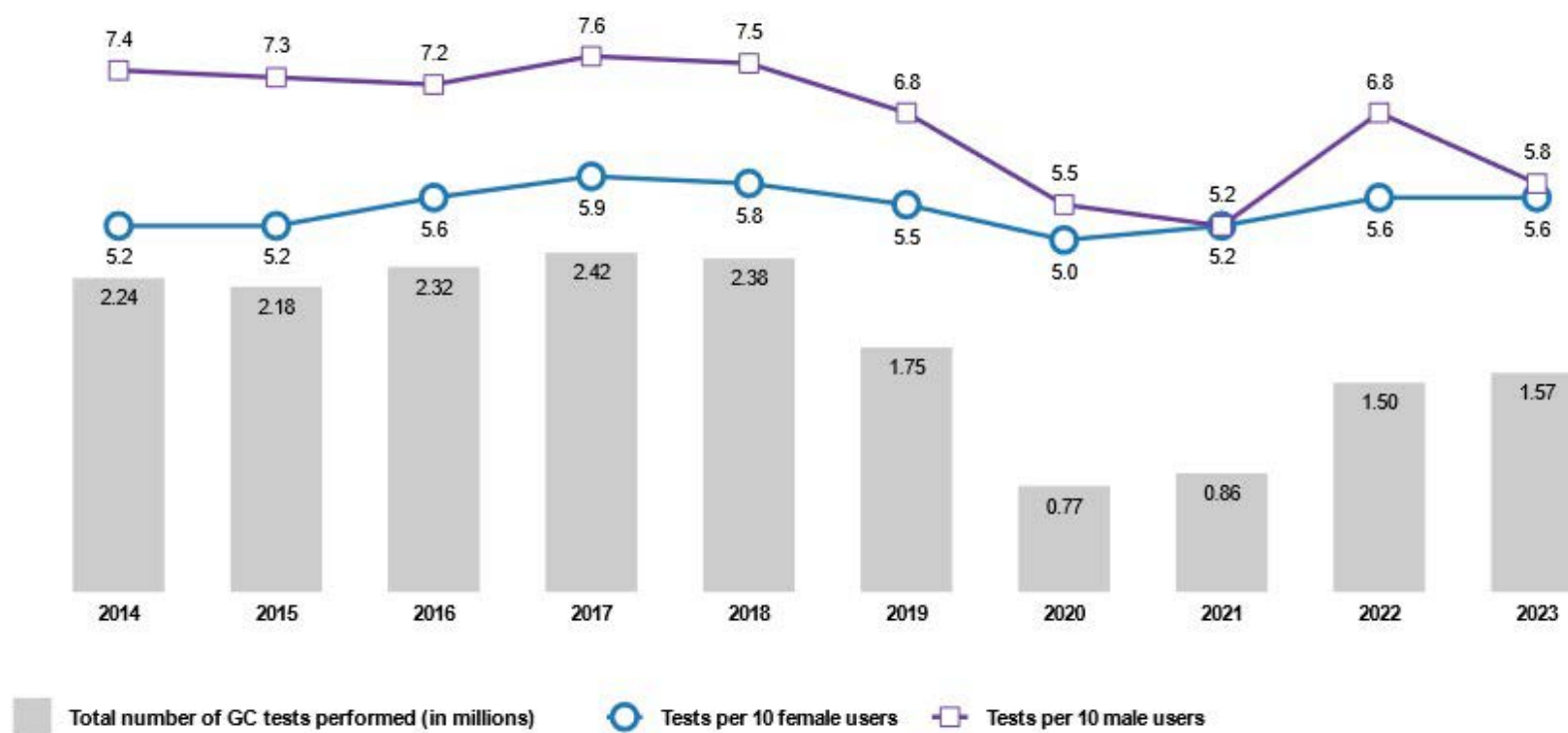
^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active cisgender women and transgender men or gender-diverse people with a cervix who are younger than 25. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in all sexually active women age 24 or younger and in women age 25 or older who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends re-screening 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 [9](#) and [10](#)] and USPSTF [2021, September]. Chlamydia and Gonorrhea: Screening [see reference [11](#)].)

Exhibit B.11a. Number of gonorrhea, syphilis, and HIV tests performed by test type and year; and number of positive HIV tests by year: 2014–2023

STI tests	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gonorrhea tests										
Female	1,966,864	1,885,899	1,989,889	2,073,331	2,004,847	1,476,781	658,240	734,638	1,249,213	1,325,638
Male	271,201	298,056	326,051	351,585	372,146	274,410	114,380	127,292	252,118	241,477
Total	2,238,065	2,183,955	2,315,940	2,424,916	2,376,993	1,751,191	772,620	861,930	1,501,331	1,567,115
Tests per 10 users										
Female	5.2	5.2	5.6	5.9	5.8	5.5	5.0	5.2	5.6	5.6
Male	7.4	7.3	7.2	7.6	7.5	6.8	5.5	5.2	6.8	5.8
Total	5.4	5.4	5.8	6.1	6.0	5.7	5.0	5.2	5.8	5.7
Syphilis tests										
Female	468,980	444,259	486,687	540,346	563,072	516,439	256,861	318,092	495,710	544,429
Male	121,135	132,447	149,155	168,815	189,216	158,325	68,952	85,400	165,282	190,450
Total	590,115	576,706	635,842	709,161	752,288	674,764	325,813	403,492	660,992	734,879
Tests per 10 users										
Female	1.2	1.2	1.4	1.5	1.6	1.9	1.9	2.2	2.2	2.3
Male	3.3	3.2	3.3	3.6	3.8	3.9	3.3	3.5	4.4	4.5
Total	1.4	1.4	1.6	1.8	1.9	2.2	2.1	2.4	2.5	2.7
Confidential HIV Tests										
Female	822,723	869,678	902,905	917,623	946,231	745,213	328,495	376,321	666,314	729,637
Male	208,901	243,957	260,978	274,496	291,737	216,646	101,050	111,674	212,414	254,738
Total	1,031,624	1,113,635	1,163,883	1,192,119	1,237,968	961,859	429,545	487,995	878,728	984,375
Tests per 10 users										
Female	2.2	2.4	2.5	2.6	2.7	2.8	2.5	2.7	3.0	3.1
Male	5.7	5.9	5.7	5.9	5.9	5.3	4.8	4.6	5.7	6.1
Total	2.5	2.8	2.9	3.0	3.1	3.1	2.8	2.9	3.4	3.6
Positive test results	2,112	2,423	2,824	2,195	2,699	3,685	1,359	1,439	3,557	3,153
Anonymous HIV tests	1,458	3,939	3,886	2,083	1,963	613	672	909	5,715	2,522

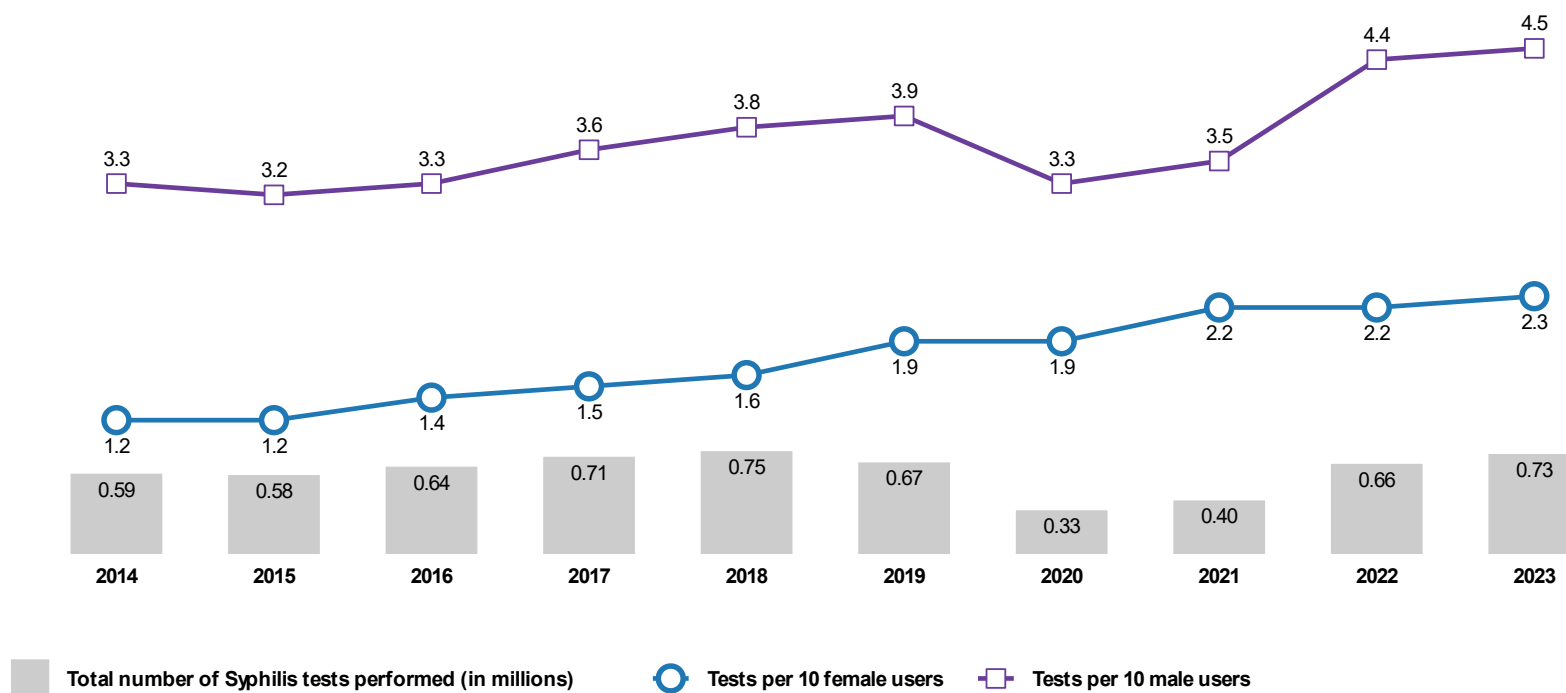
Source: FPAR Table 12.

Exhibit B.11b. Number of gonorrhea tests performed and number of tests per 10 users (all, female, and male) by year: 2014–2023



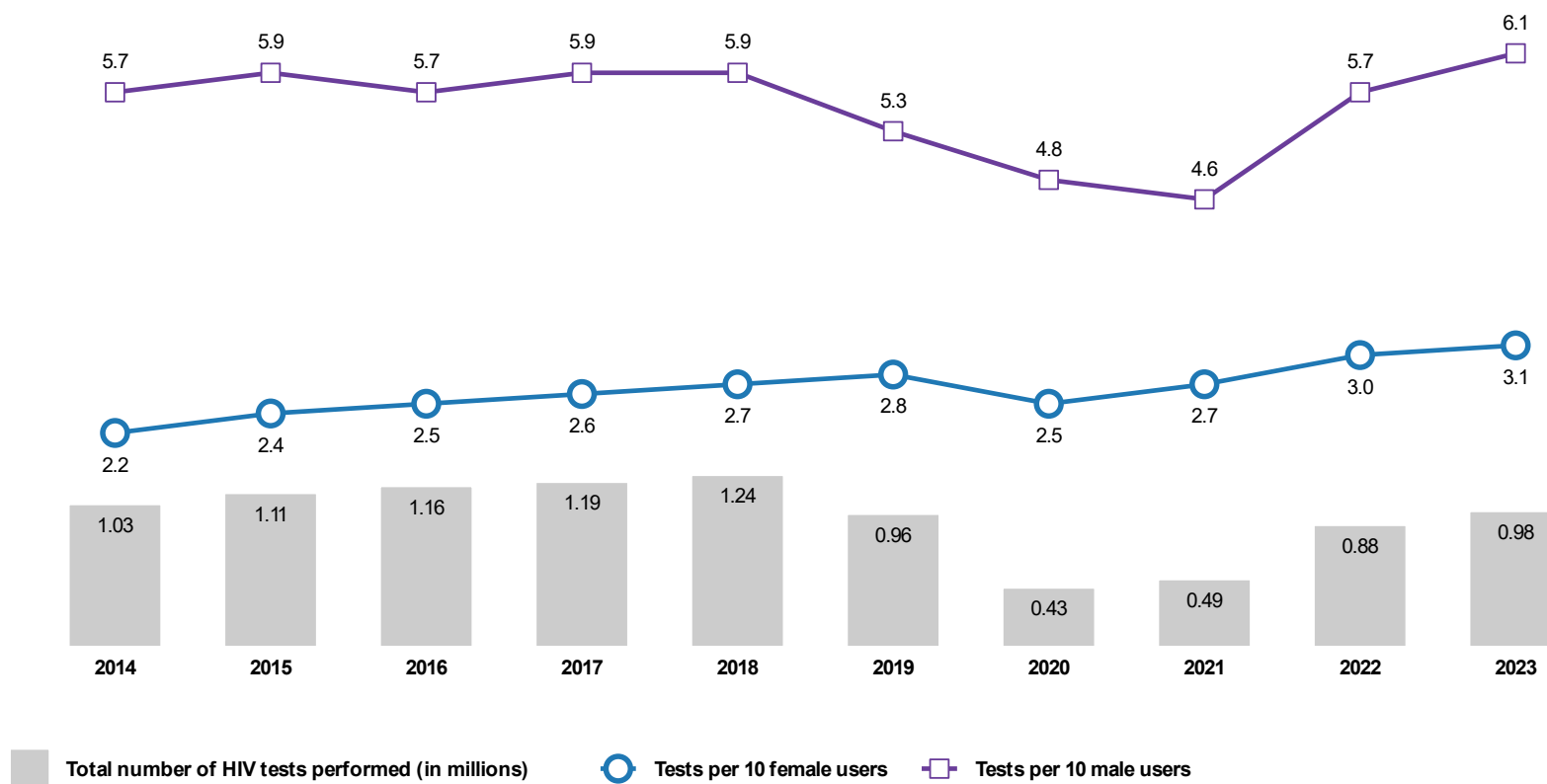
Note: The data in this graph are presented in tabular form in Exhibit B.11a.

Exhibit B.11c. Number of syphilis tests performed and number of tests per 10 users (all, female, and male) by year: 2014–2023



Note: The data in this graph are presented in tabular form in Exhibit B.11a.

Exhibit B.11d. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male) by year: 2014–2023



Note: The data in this graph are presented in tabular form in Exhibit B.11a.

Exhibit B.12a. Number and percent of FTE CSP staff by type of CSP and year, and number and percent of FP encounters by type of encounter and year: 2014–2023

FTEs and FP encounters	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of CSP FTEs										
Physician	563.5	768.5	779.6	819.9	836.6	884.0	779.0	688.8	1,161.3	3,385.6
PA/NP/CNM	2,052.5	2,256.9	2,511.8	2,465.7	2,514.0	2,449.6	1,733.7	1,526.5	2,535.2	8,107.2
Other CSP ^a	450.2	543.8	258.1	239.4	243.9	344.7	168.7	161.8	633.9	1,954.0
Total	3,066.2	3,569.2	3,549.6	3,525.0	3,594.6	3,678.3	2,681.4	2,377.1	4,330.4	13,446.8
Percentage of CSP FTEs										
Physician	18%	22%	22%	23%	23%	24%	29%	29%	27%	25%
PA/NP/CNM	67%	63%	71%	70%	70%	67%	65%	64%	59%	60%
Other CSP ^a	15%	15%	7%	7%	7%	9%	6%	7%	15%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to physician FTE ratio^b	3.6	2.9	3.2	3.0	3.0	2.8	2.2	2.2	2.2	2.4
Number of FP encounters										
With CSP	5,138,139	5,005,727	4,980,534	5,162,855	5,141,083	3,602,064	2,134,047	2,251,160	3,515,945	3,754,289
With other	2,076,893	1,878,836	1,710,025	1,477,446	1,331,384	1,071,605	576,673	541,427	570,299	558,497
Total	7,215,032	6,884,563	6,690,559	6,640,301	6,472,467	4,673,669	2,710,720	2,792,587	4,086,244	4,312,786
Percentage of FP encounters										
With CSP	71%	73%	74%	78%	79%	77%	79%	81%	86%	87%
With other	29%	27%	26%	22%	21%	23%	21%	19%	14%	13%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per user										
With CSP	1.2	1.2	1.2	1.3	1.3	1.2	1.4	1.4	1.4	1.4
With other	0.5	0.5	0.4	0.4	0.3	0.3	0.4	0.3	0.2	0.2
Total	1.7	1.7	1.7	1.7	1.6	1.5	1.8	1.7	1.6	1.6
CSP encounters per CSP FTE	1,676	1,402	1,403	1,465	1,430	979	796	947	812	279

Source: FPAR Table 13.

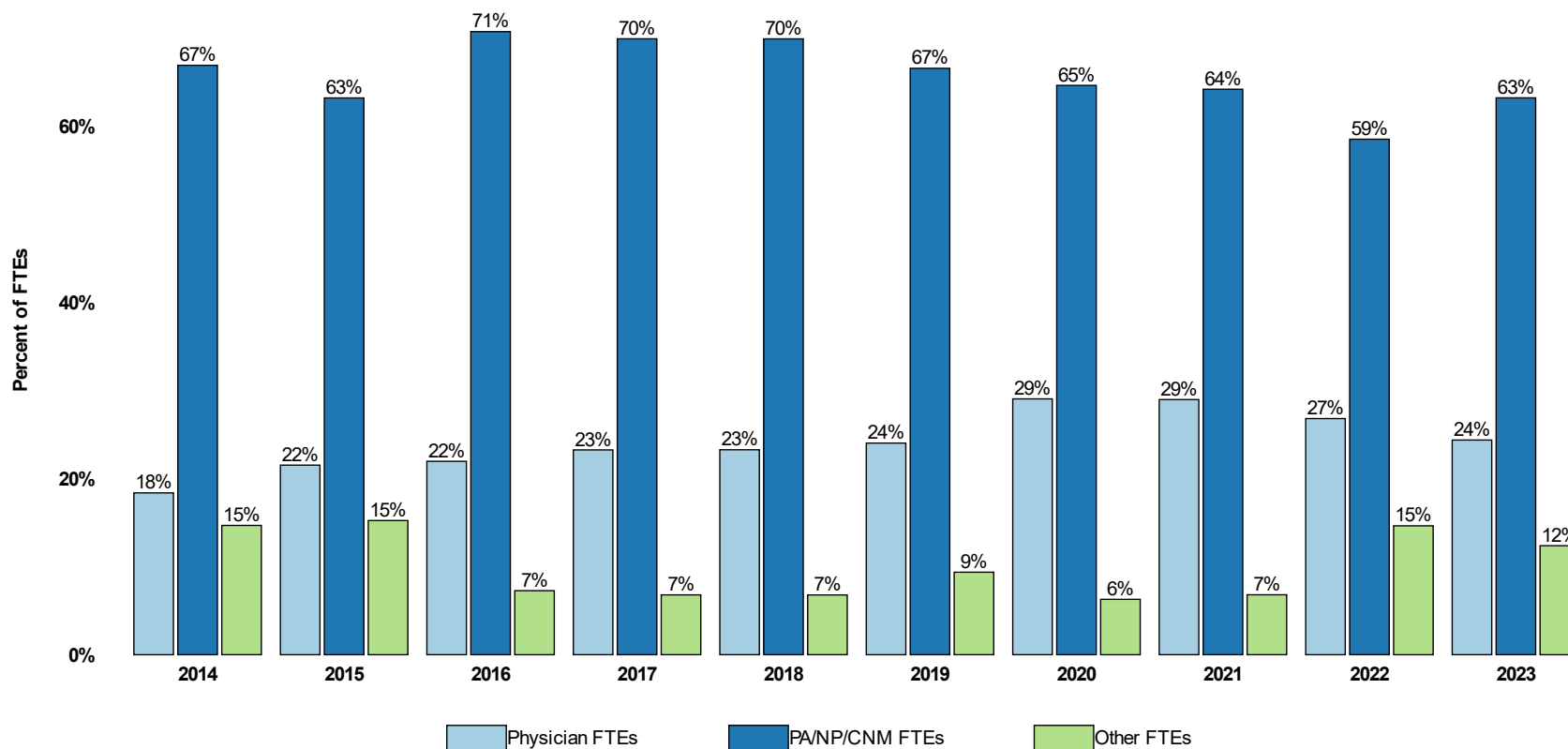
Note: Due to rounding, percentages may not sum to 100 percent.

^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.

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

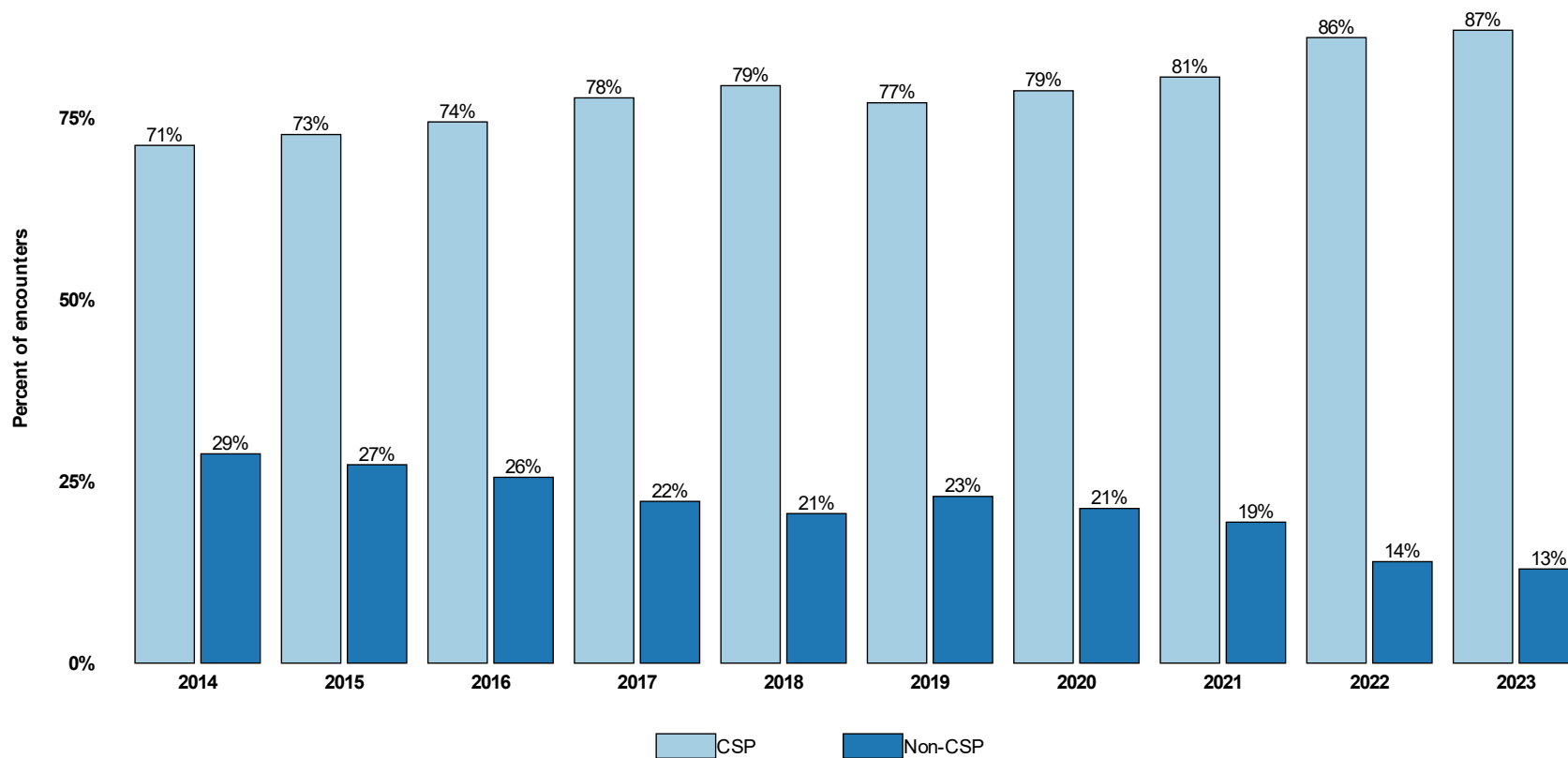
Exhibit B.12b. Percent of clinical services provider full-time equivalents by CSP type and year: 2014–2023



Note: The data in this graph are presented in tabular form in Exhibit B.12a.

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

Exhibit B.12c. Percent of family planning encounters by type and year: 2014–2023



Note: The data in this graph are presented in tabular form in Exhibit B.12a.
CSP = clinical services provider.

Exhibit B.13. Amount and percent of Title X project revenues by revenue source: 2023

Revenue source	Amount	Percent
Title X	\$247,700,882	17%
Payment for services		
Client fees	\$55,146,067	4%
Third-party payers ^a		
Medicaid ^b	\$546,905,350	38%
Children's Health Insurance Program	\$5,602,893	0%†
Medicare	\$8,596,125	1%
Other public	\$17,725,556	1%
Private	\$168,180,576	12%
Subtotal	\$802,156,568	56%
Other revenue		
Maternal and Child Health block grant	\$12,702,168	1%
Social Services block grant	\$4,777,987	0%†
Temporary Assistance for Needy Families	\$7,538,940	1%
State government	\$145,070,159	10%
Local government	\$73,185,521	5%
Bureau of Primary Health Care	\$31,030,434	2%
Other ^c	\$119,645,313	8%
Subtotal	\$393,950,522	27%
Total revenue	\$1,443,807,972	100%
Total revenue per user	\$521	
Total revenue per encounter	\$335	

Source: FPAR Table 14.

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

^a Prepaid and not prepaid.

^b Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states.

^c See Data Notes in Appendix A for a list of the types of revenue reported as "other."

† Percentage is less than 0.5 percent.

Exhibit B.14a. Amount of Title X project revenues by revenue source and year: 2014–2023

Revenue source	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)	2020 (\$)	2021 (\$)	2022 (\$)	2023 (\$)
Title X	\$249,517,445	\$242,576,878	\$245,066,054	\$244,563,111	\$255,902,324	\$229,031,074	\$205,830,740	\$217,423,156	\$248,666,814	\$247,700,882
Payment for services										
Client fees	\$53,170,034	\$47,872,483	\$52,876,599	\$52,367,880	\$54,674,193	\$40,051,795	\$19,491,605	\$22,521,561	\$48,314,100	\$55,146,067
Third-party payers ^a										
Medicaid ^b	\$490,470,842	\$501,418,354	\$504,313,859	\$495,245,884	\$519,967,258	\$369,512,175	\$149,159,998	\$206,071,028	\$459,173,874	\$546,905,350
CHIP	\$2,590,621	\$1,768,014	\$1,194,843	\$1,256,008	\$1,711,969	\$1,389,873	\$1,472,810	\$6,921,851	\$7,591,692	\$5,602,893
Medicare	\$3,083,719	\$4,731,999	\$3,945,295	\$7,169,121	\$7,168,217	\$8,023,568	\$5,684,335	\$7,182,410	\$8,467,153	\$8,596,125
Other public	\$10,202,966	\$14,230,460	\$10,540,646	\$11,445,695	\$12,052,800	\$12,299,248	\$13,038,796	\$13,399,591	\$21,623,571	\$17,725,556
Private	\$95,138,355	\$104,000,648	\$132,617,104	\$140,145,229	\$147,295,805	\$107,498,387	\$48,719,431	\$60,327,370	\$129,925,238	\$168,180,576
Subtotal	\$654,656,537	\$674,021,958	\$705,488,346	\$707,629,817	\$742,870,242	\$538,775,046	\$237,566,975	\$316,423,811	\$675,095,627	\$802,156,568
Other revenue										
MCH block grant	\$23,095,828	\$18,485,003	\$16,526,644	\$12,960,533	\$17,488,306	\$16,956,909	\$10,308,958	\$9,675,113	\$13,111,289	\$12,702,168
SS block grant	\$5,601,590	\$4,711,602	\$4,285,521	\$4,547,979	\$5,972,937	\$6,105,713	\$5,551,662	\$2,671,105	\$8,524,688	\$4,777,987
TANF	\$10,570,729	\$5,347,682	\$7,797,115	\$6,385,879	\$5,136,717	\$6,077,922	\$5,790,068	\$8,877,977	\$6,825,037	\$7,538,940
State government	\$120,974,720	\$119,983,576	\$133,484,660	\$119,036,286	\$134,279,658	\$109,977,858	\$60,597,168	\$79,601,418	\$129,353,052	\$145,070,159
Local government	\$80,388,864	\$73,018,511	\$66,637,455	\$69,199,630	\$43,605,003	\$30,059,604	\$25,008,232	\$38,061,169	\$67,068,077	\$73,185,521
BPHC	\$10,080,722	\$12,468,766	\$14,319,221	\$21,389,246	\$19,194,743	\$15,487,598	\$10,500,084	\$5,966,933	\$17,566,050	\$31,030,434
Other ^c	\$89,015,512	\$93,426,923	\$111,534,633	\$111,905,640	\$96,775,567	\$83,828,526	\$43,853,971	\$50,275,655	\$107,397,222	\$119,645,313
Subtotal	\$339,727,965	\$327,442,063	\$354,585,249	\$345,425,193	\$322,452,931	\$268,494,130	\$161,610,143	\$195,129,370	\$349,845,417	\$393,950,522
Total revenue	\$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	\$1,273,607,858	\$1,443,807,972
Total revenue per user	\$301	\$310	\$326	\$324	\$335	\$335	\$394	\$438	\$490	\$521
Total revenue per encounter	\$172	\$181	\$195	\$195	\$204	\$222	\$223	\$261	\$312	\$335

Source: FPAR Table 14.

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.

^c See Data Notes in Appendix A for a list of the types of revenue reported as "other."

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.

Exhibit B.14b. Amount of Title X project revenues by revenue source and year in 2023 dollars: 2014–2023

Revenue source	2014 (2023\$)	2015 (2023\$)	2016 (2023\$)	2017 (2023\$)	2018 (2023\$)	2019 (2023\$)	2020 (2023\$)	2021 (2023\$)	2022 (2023\$)	2023 (2023\$)
Title X	314,745,139	298,141,113	290,207,640	282,515,473	289,890,505	252,315,430	217,814,167	227,277,762	249,818,274	247,700,882
Payment for services										
Client fees	67,069,498	58,838,070	62,616,559	60,494,554	61,935,856	44,123,645	20,626,403	23,542,341	48,537,820	55,146,067
Third-party payers ^a										
Medicaid ^b	618,687,457	616,272,364	597,209,334	572,100,284	589,027,753	407,078,488	157,844,065	215,411,104	461,300,093	546,905,350
CHIP	3,267,849	2,172,992	1,414,935	1,450,921	1,939,348	1,531,174	1,558,557	7,235,581	7,626,846	5,602,893
Medicare	3,889,851	5,815,902	4,672,025	8,281,656	8,120,278	8,839,281	6,015,276	7,507,949	8,506,360	8,596,125
Other public	12,870,178	17,490,064	12,482,251	13,221,888	13,653,617	13,549,646	13,797,912	14,006,921	21,723,699	17,725,556
Private	120,008,983	127,822,854	157,045,401	161,893,572	166,859,193	118,427,169	51,555,867	63,061,681	130,526,861	168,180,576
Subtotal	825,793,816	828,412,248	835,440,506	817,442,876	841,536,045	593,549,404	251,398,079	330,765,578	678,221,679	802,156,588
Other revenue										
MCH block grant	29,133,432	22,719,145	19,570,880	14,971,805	19,811,050	18,680,827	10,909,144	10,113,633	13,172,001	12,702,168
SS block grant	7,065,932	5,790,833	5,074,921	5,253,754	6,766,245	6,726,448	5,874,879	2,792,172	8,564,162	4,777,987
TANF	13,334,080	6,572,613	9,233,357	7,376,867	5,818,960	6,695,832	6,127,165	9,280,367	6,856,641	7,538,940
State government	152,599,371	147,466,804	158,072,763	137,508,852	152,114,280	121,158,715	64,125,124	83,209,316	129,952,026	145,070,159
Local government	101,403,748	89,744,003	78,912,188	79,938,328	49,396,489	33,115,602	26,464,207	39,786,274	67,378,637	73,185,521
BPHC	12,715,978	15,324,840	16,956,846	24,708,522	21,744,131	17,062,139	11,111,397	6,237,382	17,647,391	31,030,434
Other ^c	112,285,535	114,827,130	132,079,503	129,271,642	109,629,008	92,350,921	46,407,141	52,554,376	107,894,529	119,645,313
Subtotal	428,538,075	402,445,368	419,900,458	399,029,769	365,280,164	295,790,482	171,019,054	203,973,520	351,465,386	393,950,521
Total revenue	1,569,077,031	1,528,998,729	1,545,548,605	1,498,988,119	1,496,706,714	1,141,655,317	640,231,301	762,016,861	1,279,505,340	1,443,807,972
Total revenue per user	380	381	386	374	380	369	417	458	492	521
Total revenue per encounter	217	222	231	226	231	244	236	273	313	335

Source: FPAR Table 14.

Note: Unless otherwise noted, revenue is shown in 2023 dollars.

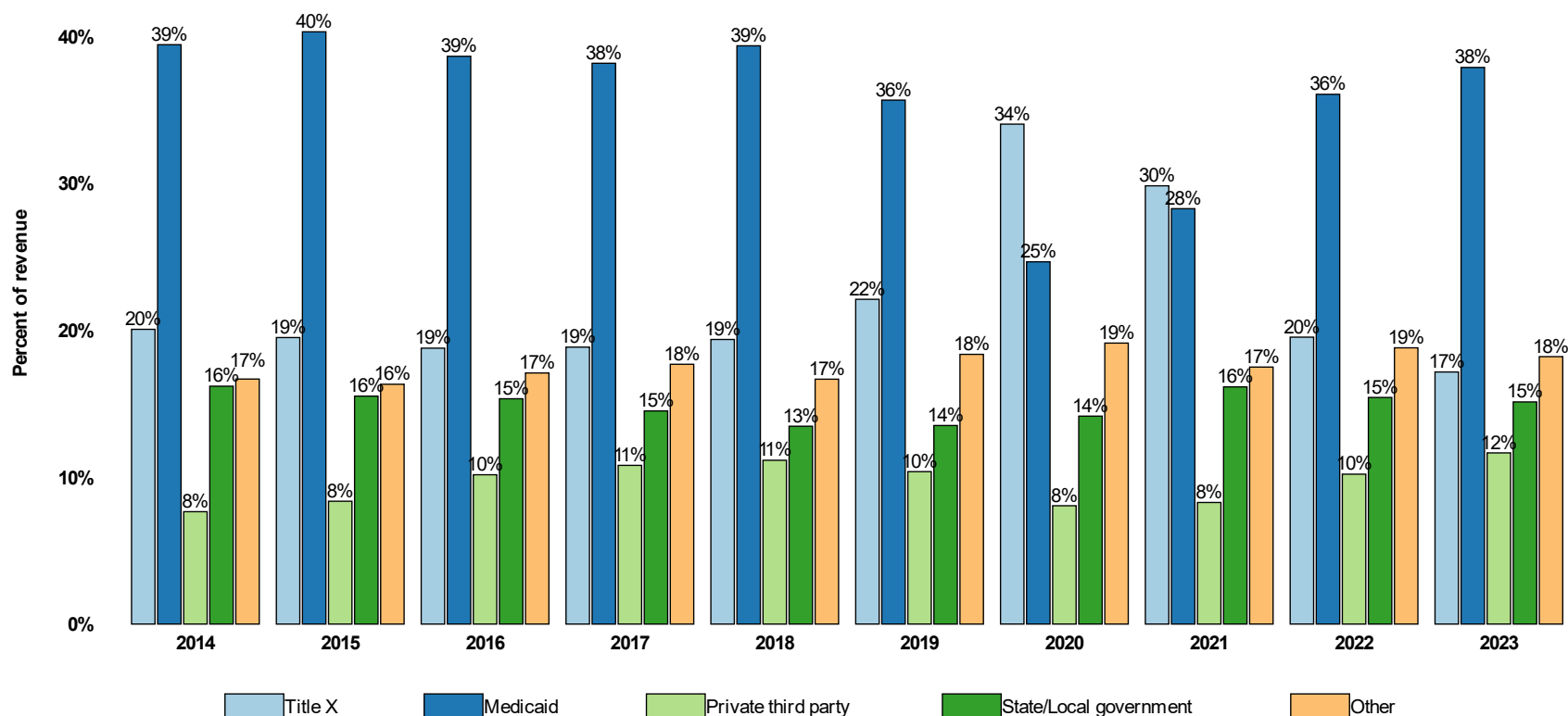
^a Prepaid and not prepaid.

^b Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states.

^c See Data Notes in Appendix A for a list of the types of revenue reported as “other.”

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.

Exhibit B.14c. Percent of total project revenue by revenue source and year: 2014–2023



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 percent, and percentages in combined or aggregated categories (for example, Medicaid plus CHIP) may not match the sum of the individual percentages that are included in the aggregated categories.

The data in this graph are presented in tabular form in Exhibits B.14a and 14b.

Exhibit B.15a. Percent of Title X project revenues by revenue source and year: 2014–2023

Revenue source	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Title X	20%	19%	19%	19%	19%	22%	34%	30%	20%	17%
Payment for services										
Client fees	4%	4%	4%	4%	4%	4%	3%	3%	4%	4%
Third-party payers ^a										
Medicaid ^b	39%	40%	39%	38%	39%	36%	25%	28%	36%	38%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†
Medicare	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Other public	1%	1%	1%	1%	1%	1%	2%	2%	2%	1%
Private	8%	8%	10%	11%	11%	10%	8%	8%	10%	12%
Subtotal	53%	54%	54%	55%	56%	52%	39%	43%	53%	56%
Other revenue										
MCH block grant	2%	1%	1%	1%	1%	2%	2%	1%	1%	1%
SS block grant	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†	1%	0%†
TANF	1%	0%†	1%	0%†	0%†	1%	1%	1%	1%	1%
State government	10%	10%	10%	9%	10%	11%	10%	11%	10%	10%
Local government	6%	6%	5%	5%	3%	3%	4%	5%	5%	5%
BPHC	1%	1%	1%	2%	1%	1%	2%	1%	1%	2%
Other ^c	7%	8%	9%	9%	7%	8%	7%	7%	8%	8%
Subtotal	27%	26%	27%	27%	24%	26%	27%	27%	27%	27%
Total revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 14.

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

^a Prepaid and not prepaid.^b Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states.^c See Data Notes in Appendix A for a list of the types of revenue reported as “other.”

† Percentage is less than 0.5 percent.

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.

Exhibit B.15b. Actual and adjusted (constant 2023\$ and 2014\$) total, Title X, and Medicaid revenue by year: 2014–2023

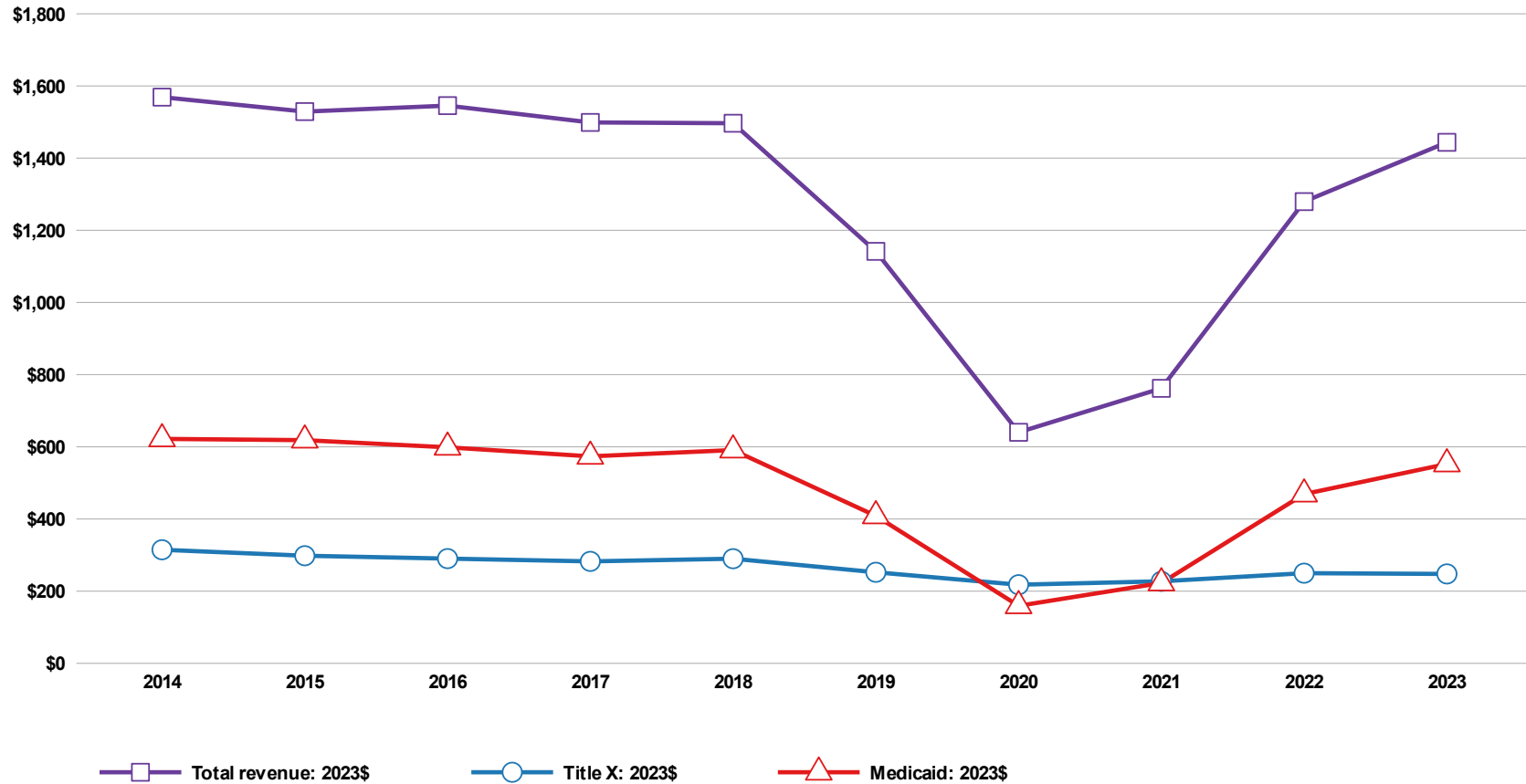
Revenue	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)	2020 (\$)	2021 (\$)	2022 (\$)	2023 (\$)	Change	
											2014– 2023	2022– 2023
Total												
Actual ^a	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121	1,321,225,497	1,036,300,250	605,007,858	728,976,337	1,273,607,858	1,443,807,972	16%	13%
2023\$ ^b	1,569,077,031	1,528,998,729	1,545,548,605	1,498,988,119	1,496,706,714	1,141,655,317	640,231,301	762,016,861	1,279,505,340	1,443,807,972	-8%	13%
2014\$ ^b	1,243,901,947	1,212,129,461	1,225,249,545	1,188,338,241	1,186,529,634	905,058,989	507,549,946	604,096,700	1,014,341,012	1,144,593,612	-8%	13%
Title X												
Actual ^a	249,517,445	242,576,878	245,066,054	244,563,111	255,902,324	229,031,074	205,830,740	217,423,156	248,666,814	247,700,882	-21%	-1%
2023\$ ^b	314,745,139	298,141,113	290,207,640	282,515,473	289,890,505	252,315,430	217,814,167	227,277,762	249,818,274	247,700,882	-21%	-1%
2014\$ ^b	249,517,445	236,354,432	230,065,090	223,967,046	229,813,678	200,025,651	172,674,420	180,176,783	198,046,005	196,367,421	-12%	-1%
Medicaid^c												
Actual ^a	493,061,463	503,186,368	505,508,702	496,501,892	521,679,227	370,902,048	150,632,808	212,992,879	466,765,566	552,508,244	12%	18%
2023\$ ^b	621,955,306	618,445,356	598,624,270	573,551,205	590,967,101	408,609,662	159,402,622	222,646,685	468,926,939	552,508,244	-11%	18%
2014\$ ^b	493,061,463	490,278,914	474,565,544	454,688,614	468,495,245	323,929,510	126,368,067	176,505,449	371,746,652	438,006,590	-11%	18%

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

^b Revenue is shown in constant 2023 dollars (2023\$) and 2014 dollars (2014\$), 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>).

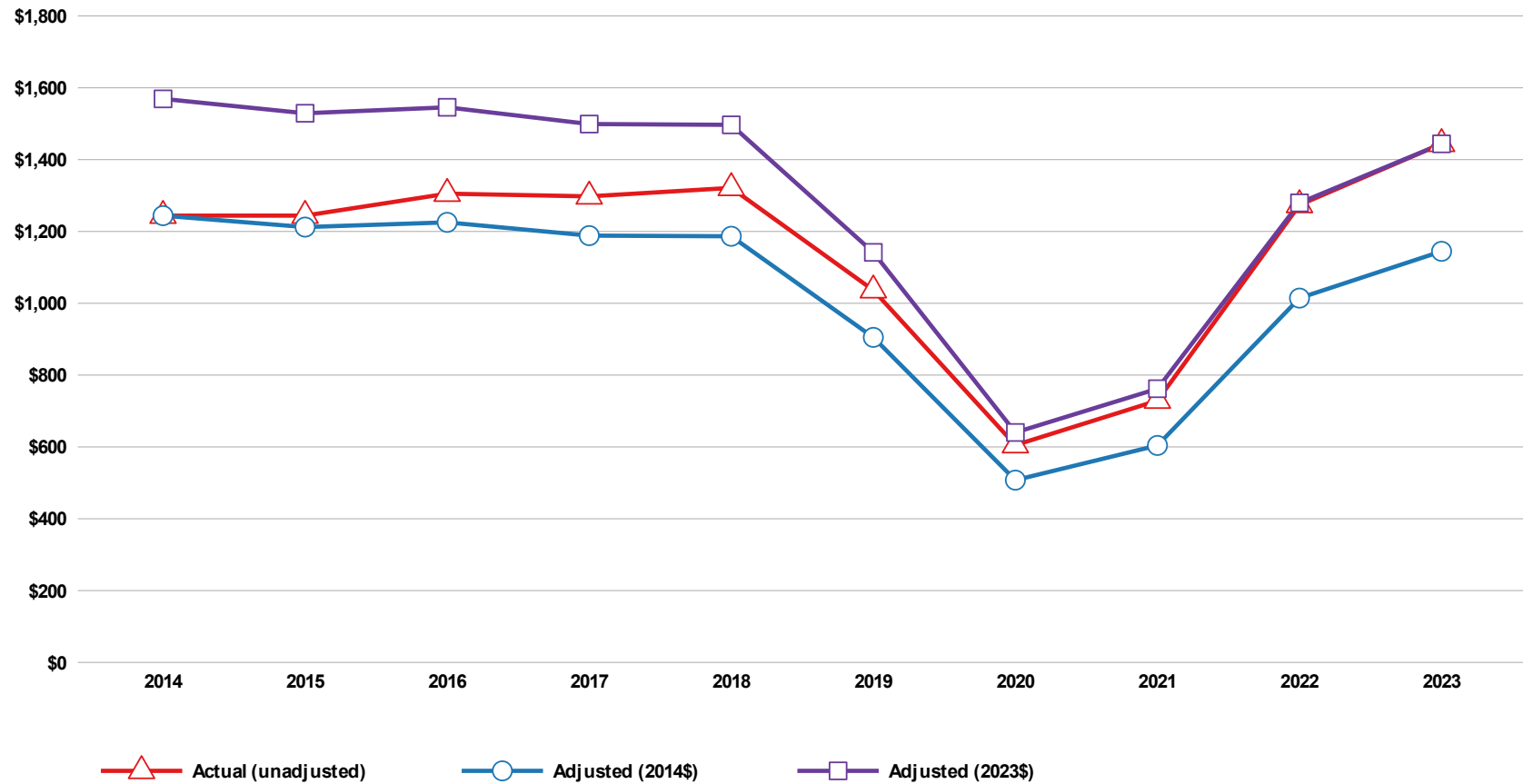
^c Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

Exhibit B.15c. Total, Title X, and Medicaid adjusted (constant 2023\$) revenue (in millions) by year: 2014–2023



Notes: Medicaid revenue includes separately reported Children's Health Insurance Program revenue.
The data in this graph are presented in tabular form in Exhibit B.15a.

Exhibit B.15d. Total actual (unadjusted) and adjusted (constant 2023\$ and 2014\$) revenue (in millions) by year: 2014–2023



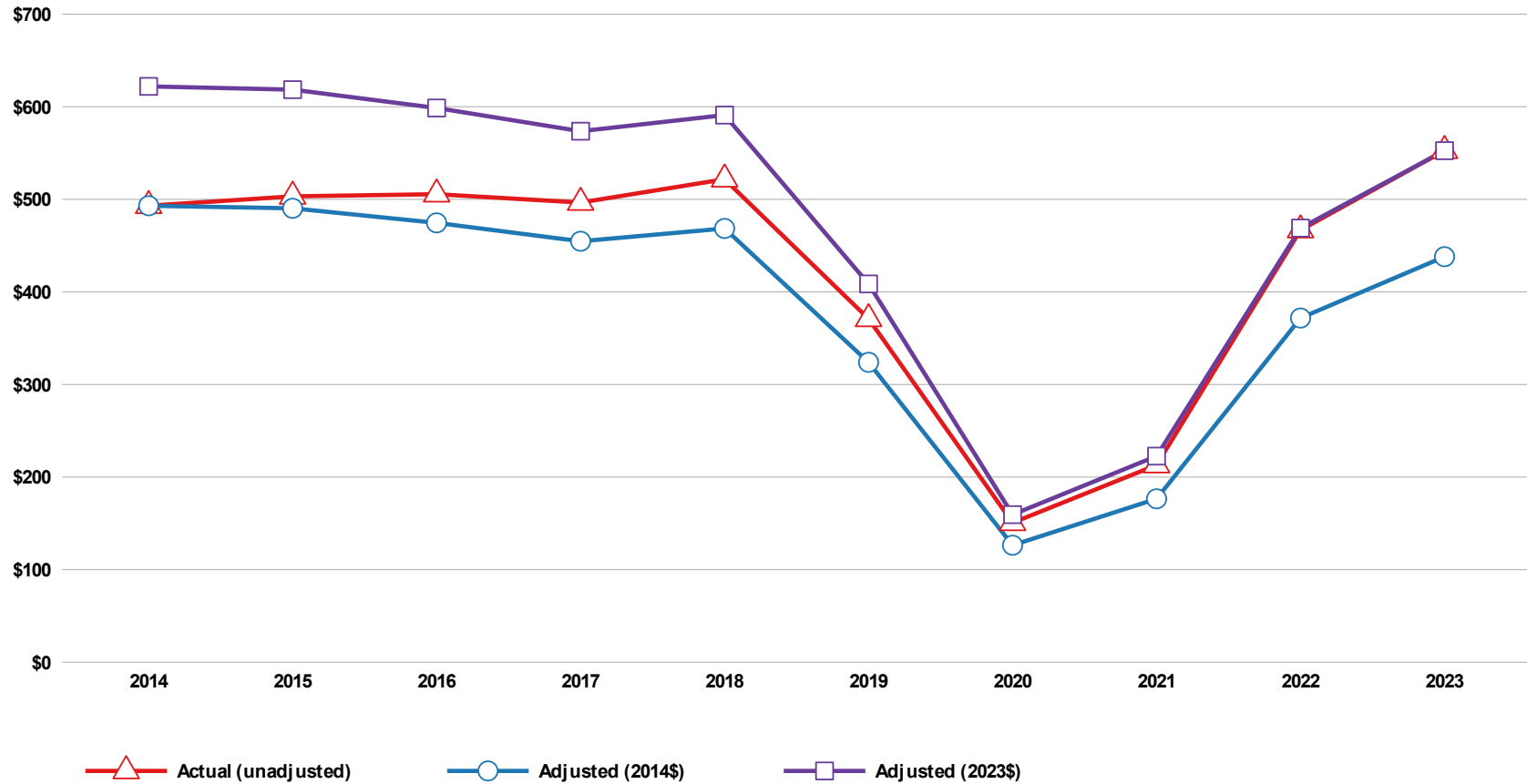
Note: The data in this graph are presented in tabular form in Exhibit B.15a.

Exhibit B.15e. Title X actual (unadjusted) and adjusted (constant 2023\$ and 2014\$) revenue (in millions) by year: 2014–2023



Note: The data in this graph are presented in tabular form in Exhibit B.15a.

Exhibit B.15f. Medicaid actual (unadjusted) and adjusted (constant 2023\$ and 2014\$) revenue (in millions) by year: 2014–2023



Notes: Medicaid revenue includes separately reported Children's Health Insurance Program revenue.
The data in this graph are presented in tabular form in Exhibit B.15a.

Appendix C

Title X by State

Exhibit C.1. Number and percent of all family planning users by sex and state, and percent of all users by state: 2023

State	Female	Male	Total	Female	Male	State users as % of all users
Alabama	49,040	320	49,360	99%	1%	2%
Alaska	2,875	497	3,372	85%	15%	0%†
Arizona	27,061	7,924	34,985	77%	23%	1%
Arkansas	33,585	73	33,658	100%	0%†	1%
California	389,189	65,565	454,754	86%	14%	16%
Colorado	35,010	5,705	40,715	86%	14%	1%
Connecticut	45,144	7,927	53,071	85%	15%	2%
Delaware	5,373	1,750	7,123	75%	25%	0%†
District of Columbia	32,028	10,744	42,772	75%	25%	2%
Florida	71,398	6,421	77,819	92%	8%	3%
Georgia	124,094	53,898	177,992	70%	30%	6%
Hawaii	8,563	501	9,064	94%	6%	0%†
Idaho	9,329	1,524	10,853	86%	14%	0%†
Illinois	94,986	12,063	107,049	89%	11%	4%
Indiana	14,044	1,476	15,520	90%	10%	1%
Iowa	23,755	4,103	27,858	85%	15%	1%
Kansas	10,762	1,505	12,267	88%	12%	0%†
Kentucky	27,701	4,532	32,233	86%	14%	1%
Louisiana	23,414	8,480	31,894	73%	27%	1%
Maine	24,030	7,443	31,473	76%	24%	1%
Maryland	50,015	8,555	58,570	85%	15%	2%
Massachusetts	76,863	17,467	94,330	81%	19%	3%
Michigan	39,779	6,437	46,216	86%	14%	2%
Minnesota	32,688	10,222	42,910	76%	24%	2%
Mississippi	16,092	2,548	18,640	86%	14%	1%
Missouri	29,701	6,124	35,825	83%	17%	1%
Montana	12,509	2,796	15,305	82%	18%	1%
Nebraska	15,910	2,268	18,178	88%	12%	1%
Nevada	11,515	2,631	14,146	81%	19%	1%
New Hampshire	7,953	1,210	9,163	87%	13%	0%†
New Jersey	103,485	20,343	123,828	84%	16%	4%
New Mexico	9,436	4,563	13,999	67%	33%	1%
New York	217,105	30,540	247,645	88%	12%	9%
North Carolina	60,607	635	61,242	99%	1%	2%
North Dakota	3,324	1,054	4,378	76%	24%	0%†
Ohio	70,082	17,318	87,400	80%	20%	3%
Oklahoma	3,169	235	3,404	93%	7%	0%†
Oregon	17,206	756	17,962	96%	4%	1%
Pennsylvania	118,184	18,958	137,142	86%	14%	5%
Rhode Island	19,384	5,941	25,325	77%	23%	1%
South Carolina	29,214	5,042	34,256	85%	15%	1%
South Dakota	3,322	431	3,753	89%	11%	0%†
Tennessee	16,190	746	16,936	96%	4%	1%
Texas	169,262	25,855	195,117	87%	13%	7%
Utah	15,258	3,865	19,123	80%	20%	1%
Vermont	7,218	1,555	8,773	82%	18%	0%†
Virginia	28,363	2,799	31,162	91%	9%	1%
Washington	72,043	9,859	81,902	88%	12%	3%
West Virginia	20,848	1,719	22,567	92%	8%	1%
Wisconsin	6,396	1,035	7,431	86%	14%	0%†
Wyoming	3,706	769	4,475	83%	17%	0%†

Exhibit C.1. (continued)

State	Female	Male	Total	Female	Male	State users as % of all users
Territories and FAS						
American Samoa	1,138	48	1,186	96%	4%	0%†
Federated States of Micronesia	1,318	16	1,334	99%	1%	0%†
Guam			357			0%†
Republic of the Marshall Islands			427			0%†
Comm. of the Northern Mariana Islands	1,195	87	1,282	93%	7%	0%†
Republic of Palau	846	65	911	93%	7%	0%†
Puerto Rico	8,632	2,050	10,682	81%	19%	0%†
U.S. Virgin Islands	1,179	94	1,273	93%	7%	0%†
Total users	2,353,259	419,128	2,772,387	85%	15%	100%
Range				67%-100%	0%-33%	0%-16%

Source: FPAR Table 1.

Note: Data are redacted for any sample less than 10 due to privacy concerns.

† Percentage is less than 0.5 percent. **FAS** = freely associated states.

Exhibit C.2. Number and percent of all family planning users by user income level and state: 2023

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
Alabama	35,345	12,063	1,271	681	49,360	72%	24%	3%	1%
Alaska	1,281	1,246	728	117	3,372	38%	37%	22%	3%
Arizona	19,690	7,012	2,173	6,110	34,985	56%	20%	6%	17%
Arkansas	23,665	8,784	699	510	33,658	70%	26%	2%	2%
California	337,885	76,728	16,299	23,842	454,754	74%	17%	4%	5%
Colorado	30,022	8,318	2,375	0	40,715	74%	20%	6%	0%
Connecticut	27,595	17,891	5,063	2,522	53,071	52%	34%	10%	5%
Delaware	3,923	828	270	2,102	7,123	55%	12%	4%	30%
District of Columbia	12,199	9,064	2,661	18,848	42,772	29%	21%	6%	44%
Florida	40,340	28,022	8,742	715	77,819	52%	36%	11%	1%
Georgia	114,464	37,939	12,709	12,880	177,992	64%	21%	7%	7%
Hawaii	1,684	780	372	6,228	9,064	19%	9%	4%	69%
Idaho	5,786	3,548	1,116	403	10,853	53%	33%	10%	4%
Illinois	56,896	19,931	30,034	188	107,049	53%	19%	28%	0%†
Indiana	9,424	4,608	1,430	58	15,520	61%	30%	9%	0%†
Iowa	14,930	7,482	3,003	2,443	27,858	54%	27%	11%	9%
Kansas	4,112	5,162	1,389	1,604	12,267	34%	42%	11%	13%
Kentucky	20,148	5,738	2,296	4,051	32,233	63%	18%	7%	13%
Louisiana	26,363	4,133	1,398	0	31,894	83%	13%	4%	0%
Maine	9,818	10,415	8,941	2,299	31,473	31%	33%	28%	7%
Maryland	36,850	12,773	3,629	5,318	58,570	63%	22%	6%	9%
Massachusetts	51,142	18,398	10,642	14,148	94,330	54%	20%	11%	15%
Michigan	20,945	16,083	6,894	2,294	46,216	45%	35%	15%	5%
Minnesota	17,917	13,031	10,687	1,275	42,910	42%	30%	25%	3%
Mississippi	11,630	3,631	1,130	2,249	18,640	62%	19%	6%	12%
Missouri	20,496	10,572			35,825	57%	30%		
Montana	4,296	4,024	3,141	3,844	15,305	28%	26%	21%	25%
Nebraska	10,460	6,046	936	736	18,178	58%	33%	5%	4%
Nevada	7,857	4,661	922	706	14,146	56%	33%	7%	5%
New Hampshire	3,460	2,801	2,291	611	9,163	38%	31%	25%	7%
New Jersey	64,613	49,552	5,792	3,871	123,828	52%	40%	5%	3%
New Mexico	13,506	377	96	20	13,999	96%	3%	1%	0%†
New York	166,342	43,569	30,436	7,298	247,645	67%	18%	12%	3%
North Carolina	26,490	14,218	2,273	18,263	61,244	43%	23%	4%	30%
North Dakota	1,754	1,237	1,387	0	4,378	40%	28%	32%	0%
Ohio	36,054	31,268	11,180	8,898	87,400	41%	36%	13%	10%
Oklahoma	2,042	647	142	573	3,404	60%	19%	4%	17%
Oregon	11,428	5,727	807	0	17,962	64%	32%	4%	0%
Pennsylvania	71,454	37,073	19,515	9,100	137,142	52%	27%	14%	7%
Rhode Island	5,316	3,517	1,227	15,274	25,334	21%	14%	5%	60%
South Carolina	21,297	9,269	3,577	553	34,696	61%	27%	10%	2%
South Dakota	1,683	882	640	548	3,753	45%	24%	17%	15%
Tennessee	11,352	4,649	886	49	16,936	67%	27%	5%	0%†
Texas	142,307	30,886	6,127	15,797	195,117	73%	16%	3%	8%
Utah	7,923	6,945	4,165	90	19,123	41%	36%	22%	0%†
Vermont	2,575	2,614	2,671	913	8,773	29%	30%	30%	10%
Virginia	19,484	8,417	2,457	804	31,162	63%	27%	8%	3%
Washington	38,518	24,148	12,225	7,011	81,902	47%	29%	15%	9%
West Virginia	15,202	3,766	273	3,326	22,567	67%	17%	1%	15%
Wisconsin	3,280	1,993	1,296	862	7,431	44%	27%	17%	12%
Wyoming	2,199	883	1,286	107	4,475	49%	20%	29%	2%
Territories and FAS									
American Samoa	1,186	0	0	0	1,186	100%	0%	0%	0%
Federated States of Micronesia	372	0	0	962	1,334	28%	0%	0%	72%
Guam				0	357				0%
Republic of the Marshall Islands					427				
Comm. of the Northern Mariana Islands	1,171		0		1,282	91%		0%	

Exhibit C.2. (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
Republic of Palau	899		0		911	99%		0%	
Puerto Rico	9,669	668	304	41	10,682	91%	6%	3%	0%†
U.S. Virgin Islands	1,183	76	14	0	1,273	93%	6%	1%	0%
Total users	1,660,687	644,123	256,774	211,254	2,772,838	60%	23%	9%	8%
Range						19%-100%	0%-42%	0%-32%	0%-72%

Source: FPAR Table 4.

Notes: Due to rounding, the percentages may not sum to 100 percent. Title X-funded agencies 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/poverty/>. Data are redacted for any sample less than 10 due to privacy concerns.

UK/NR = unknown or not reported. FAS = freely associated states.

† Percentage is less than 0.5 percent.

Exhibit C.3a. Number and percent of all family planning users by insurance status and state: 2023

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	24,665	9,023	4,950	10,722	49,360	50%	18%	10%	22%
Alaska	811	1,582	979	0	3,372	24%	47%	29%	0%
Arizona	13,519	7,822	13,644	0	34,985	39%	22%	39%	0%
Arkansas	9,882	10,525	13,251	0	33,658	29%	31%	39%	0%
California	266,617	41,836	140,295	6,006	454,754	59%	9%	31%	1%
Colorado	20,022	5,911	8,288	6,494	40,715	49%	15%	20%	16%
Connecticut	27,790	23,444	1,837	0	53,071	52%	44%	3%	0%
Delaware	2,290	892	2,701	1,240	7,123	32%	13%	38%	17%
District of Columbia	33,140		6,767		42,772	77%		16%	
Florida	29,629	8,784	35,289	4,117	77,819	38%	11%	45%	5%
Georgia	53,686	75,381	48,514	411	177,992	30%	42%	27%	0%†
Hawaii	5,049	2,893	1,063	59	9,064	56%	32%	12%	1%
Idaho	2,930	3,891	3,320	712	10,853	27%	36%	31%	7%
Illinois	81,046	23,650	2,353	0	107,049	76%	22%	2%	0%
Indiana	5,676	3,432	6,412	0	15,520	37%	22%	41%	0%
Iowa	11,412	10,480	5,495	471	27,858	41%	38%	20%	2%
Kansas	2,274	2,709	7,234	50	12,267	19%	22%	59%	0%†
Kentucky	15,981	7,633	8,594	25	32,233	50%	24%	27%	0%†
Louisiana	20,690	3,170	7,910	124	31,894	65%	10%	25%	0%†
Maine	12,920	14,985	3,202	366	31,473	41%	48%	10%	1%
Maryland	18,612	13,640	16,296	10,022	58,570	32%	23%	28%	17%
Massachusetts	48,782	30,193	8,770	6,585	94,330	52%	32%	9%	7%
Michigan	18,730	16,280	11,054	152	46,216	41%	35%	24%	0%†
Minnesota	14,234	19,137	9,490	49	42,910	33%	45%	22%	0%†
Mississippi	12,682	3,749			18,640	68%	20%		
Missouri	10,620	13,094	12,107	0	35,821	30%	37%	34%	0%
Montana	4,020	7,402	3,778	105	15,305	26%	48%	25%	1%
Nebraska	4,299	4,266	9,407	206	18,178	24%	23%	52%	1%
Nevada	4,199	3,875	5,987	85	14,146	30%	27%	42%	1%
New Hampshire	2,903	6,196	0	64	9,163	32%	68%	0%	1%
New Jersey	51,093	23,487	48,868	380	123,828	41%	19%	39%	0%†
New Mexico	4,279	2,178	7,528	14	13,999	31%	16%	54%	0%†
New York	154,731	47,887	42,882	2,145	247,645	62%	19%	17%	1%
North Carolina	19,887	11,240	760	29,357	61,244	32%	18%	1%	48%
North Dakota	952	2,058	1,368	0	4,378	22%	47%	31%	0%
Ohio	40,535	25,500	20,837	528	87,400	46%	29%	24%	1%
Oklahoma	870	428	2,106	0	3,404	26%	13%	62%	0%
Oregon	6,149	3,168	8,645	0	17,962	34%	18%	48%	0%
Pennsylvania	61,741	39,130	31,221	5,050	137,142	45%	29%	23%	4%
Rhode Island	16,355	7,616	1,300	63	25,334	65%	30%	5%	0%†
South Carolina	15,848	13,078	5,770	0	34,696	46%	38%	17%	0%
South Dakota		1,233	1,929		3,753		33%	51%	
Tennessee	5,997		8,103		16,936	35%		48%	
Texas	54,572	19,545	109,962	11,038	195,117	28%	10%	56%	6%
Utah	9,852	221	9,050	0	19,123	52%	1%	47%	0%
Vermont	2,935	4,542	775	521	8,773	33%	52%	9%	6%
Virginia	3,829	7,140	20,193	0	31,162	12%	23%	65%	0%
Washington	37,803	30,776	11,789	1,534	81,902	46%	38%	14%	2%
West Virginia	7,194	3,844	11,382	147	22,567	32%	17%	50%	1%
Wisconsin	4,901	686	1,528	316	7,431	66%	9%	21%	4%
Wyoming	456	1,699	2,271	49	4,475	10%	38%	51%	1%

Exhibit C.3a. (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Territories and FAS									
American Samoa	0	0	1,186	0	1,186	0%	0%	100%	0%
Federated States of Micronesia	1,334	0	0	0	1,334	100%	0%	0%	0%
Guam			324	0	357			91%	0%
Republic of the Marshall Islands					427				
Comm. of the Northern Mariana Islands	685	215	382	0	1,282	53%	17%	30%	0%
Republic of Palau	840		42		911	92%			
Puerto Rico	5,705	2,493			10,682	53%	23%		
U.S. Virgin Islands	676	223	358	16	1,273	53%	18%	28%	1%
Total users	1,289,364	629,969	752,034	101,467	2,772,834	46%	23%	27%	4%
Range						0%-100%	0%-68%	0%-100%	0%-48%

Source: FPAR Table 5.

Notes: Due to rounding, the percentages may not sum to 100 percent. Data are redacted for any sample less than 10 due to privacy concerns.

FAS = freely associated states. **UK/NR** = **unknown** or not reported.

UK/NR = unknown or not reported.

† Percentage is less than 0.5 percent.

Exhibit C.3b. Number and percent 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: 2023

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion states									
Alaska	811	1,582	979	0	3,372	24%	47%	29%	0%
Arizona ^b	13,519	7,822	13,644	0	34,985	39%	22%	39%	0%
Arkansas ^{b,c}	9,882	10,525	13,251	0	33,658	29%	31%	39%	0%
California	266,617	41,836	140,295	6,006	454,754	59%	9%	31%	1%
Colorado	20,022	5,911	8,288	6,494	40,715	49%	15%	20%	16%
Connecticut	27,790	23,444	1,837	0	53,071	52%	44%	3%	0%
Delaware	2,290	892	2,701	1,240	7,123	32%	13%	38%	17%
District of Columbia	33,140		6,767		42,772	77%		16%	
Hawaii	5,049	2,893	1,063	59	9,064	56%	32%	12%	1%
Idaho ^{a,c}	2,930	3,891	3,320	712	10,853	27%	36%	31%	7%
Illinois	81,046	23,650	2,353	0	107,049	76%	22%	2%	0%
Indiana ^{a,b}	5,676	3,432	6,412	0	15,520	37%	22%	41%	0%
Iowa ^b	11,412	10,480	5,495	471	27,858	41%	38%	20%	2%
Kentucky ^c	15,981	7,633	8,594	25	32,233	50%	24%	27%	0%†
Louisiana ^a	20,690	3,170	7,910	124	31,894	65%	10%	25%	0%†
Maine ^{a,c}	12,920	14,985	3,202	366	31,473	41%	48%	10%	1%
Maryland	18,612	13,640	16,296	10,022	58,570	32%	23%	28%	17%
Massachusetts	48,782	30,193	8,770	6,585	94,330	52%	32%	9%	7%
Michigan ^{a,b}	18,730	16,280	11,054	152	46,216	41%	35%	24%	0%†
Minnesota	14,234	19,137	9,490	49	42,910	33%	45%	22%	0%†
Missouri ^{a,c}	10,620	13,094	12,107	0	35,821	30%	37%	34%	0%
Montana ^{a,b,c}	4,020	7,402	3,778	105	15,305	26%	48%	25%	1%
Nebraska ^{a,c}	4,299	4,266	9,407	206	18,178	24%	23%	52%	1%
Nevada	4,199	3,875	5,987	85	14,146	30%	27%	42%	1%
New Hampshire ^a	2,903	6,196	0	64	9,163	32%	68%	0%	1%
New Jersey	51,093	23,487	48,868	380	123,828	41%	19%	39%	0%†
New Mexico	4,279	2,178	7,528	14	13,999	31%	16%	54%	0%†
New York	154,731	47,887	42,882	2,145	247,645	62%	19%	17%	1%
North Carolina	19,887	11,240	760	29,357	61,244	32%	18%	1%	48%
North Dakota	952	2,058	1,368	0	4,378	22%	47%	31%	0%
Ohio	40,535	25,500	20,837	528	87,400	46%	29%	24%	1%
Oklahoma ^{a,c}	870	428	2,106	0	3,404	26%	13%	62%	0%
Oregon	6,149	3,168	8,645	0	17,962	34%	18%	48%	0%
Pennsylvania ^a	61,741	39,130	31,221	5,050	137,142	45%	29%	23%	4%
Rhode Island	16,355	7,616	1,300	63	25,334	65%	30%	5%	0%†
South Dakota	589	1,233	1,929	2	3,753	16%	33%	51%	0%†
Utah ^{a,b,c}	9,852	221	9,050	0	19,123	52%	1%	47%	0%
Vermont	2,935	4,542			8,773	33%	52%		

Exhibit C.3b (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Virginia ^{a,c}	3,829	7,140	20,193	0	31,162	12%	23%	65%	0%
Washington	37,803	30,776	11,789	1,534	81,902	46%	38%	14%	2%
West Virginia	7,194	3,844	11,382	147	22,567	32%	17%	50%	1%
Expansion states subtotal	1,054,492	477,060	520,944	43,156	2,095,652	50%	23%	25%	2%
Range						12%-77%	1%-68%	0%-65%	0%-17%
Non-expansion states									
Alabama	24,665	9,023	4,950	10,722	49,360	50%	18%	10%	22%
Florida ^c	29,629	8,784	35,289	4,117	77,819	38%	11%	45%	5%
Georgia ^c	53,686	75,381	48,514	411	177,992	30%	42%	27%	0%†
Kansas ^c	2,274	2,709	7,234	50	12,267	19%	22%	59%	0%†
Mississippi ^c	12,682	3,749			18,640	68%	20%		
South Carolina ^c	15,848	13,078	5,770	0	34,696	46%	38%	17%	0%
Tennessee	5,997		8,103		16,936	35%		48%	
Texas	54,572	19,545	109,962	11,038	195,117	28%	10%	56%	6%
Wisconsin ^c	4,901	686	1,528	316	7,431	66%	9%	21%	4%
Wyoming		1,699	2,271	49	4,475		38%	51%	1%
Non-expansion states subtotal	225,186	149,962	226,316	58,266	659,730	34%	23%	34%	9%
Range						10%-68%	9%-42%	0%-59%	0%-48%
All states total	1,279,678	627,022	747,260	101,422	2,755,382	46%	23%	27%	4%
Range						10%-77%	1%-68%	0%-65%	0%-48%

Source: FPAR Table 5.

Note: Due to rounding, the percentages may not sum to 100 percent. Data are redacted for any sample less than 10 due to privacy concerns.

^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), **Missouri** (processing applications beginning 10/1/2021 with coverage retroactive to 7/1/2021), **South Dakota** (7/1/2023) and **North Carolina** (12/1/2023) [see reference 12].

^b **Arizona**, **Arkansas**, **Indiana**, **Iowa**, **Michigan**, **Montana**, and **Utah** have approved Section 1115 waivers to operate their Medicaid expansion programs in ways not otherwise allowed under federal law [see reference 12].

^c See reference 12 for updates on the status of Medicaid expansion in this state.

UK/NR = unknown or not reported.

† Percentage is less than 0.5 percent.

Exhibit C.4. Number and percent 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: 2023

State	Most effective permanent methods ^b	Most effective reversible methods ^b	Moderately effective methods ^c	Less effective methods ^d	Total at risk ^a	Most effective methods ^b	Moderately effective methods ^c	Less effective methods ^d
Alabama	345	4,358	19,431	6,106	47,766	10%	41%	13%
Alaska	22	950	950	509	2,628	37%	36%	19%
Arizona	282	5,715	6,655	3,132	22,926	26%	29%	14%
Arkansas	2,205	5,995	15,230	2,357	29,331	28%	52%	8%
California	11,713	70,912	110,654	107,960	351,393	24%	31%	31%
Colorado	351	10,613	12,886	3,457	32,164	34%	40%	11%
Connecticut	1,408	8,658	12,807	11,624	41,840	24%	31%	28%
Delaware	116	362	1,040	701	5,060	9%	21%	14%
District of Columbia	412	2,320	3,939	781	21,492	13%	18%	4%
Florida	1,165	12,017	33,502	8,616	58,252	23%	58%	15%
Georgia	14,123	11,032	18,970	31,586	95,374	26%	20%	33%
Hawaii	237	1,659	3,387	711	7,332	26%	46%	10%
Idaho	130	2,261	3,507	1,074	8,601	28%	41%	12%
Illinois	2,648	16,681	28,592	17,412	82,999	23%	34%	21%
Indiana	488	3,274	6,614	2,064	12,841	29%	52%	16%
Iowa	1,098	5,597	9,210	3,260	21,828	31%	42%	15%
Kansas	441	1,481	5,180	1,225	9,765	20%	53%	13%
Kentucky	1,631	3,428	10,813	2,313	24,332	21%	44%	10%
Louisiana	1,425	3,021	9,416	3,779	21,151	21%	45%	18%
Maine	1,587	4,880	7,102	1,950	22,004	29%	32%	9%
Maryland	1,480	9,903	17,306	9,801	45,592	25%	38%	21%
Massachusetts	1,467	15,164	16,854	9,122	67,581	25%	25%	13%
Michigan	892	7,709	17,300	8,532	36,315	24%	48%	23%
Minnesota	790	7,662	12,750	7,122	31,352	27%	41%	23%
Mississippi	234	562	5,842	821	15,912	5%	37%	5%
Missouri	1,306	5,275	12,140	7,135	27,879	24%	44%	26%
Montana	513	3,559	4,390	2,407	11,485	35%	38%	21%
Nebraska	776	2,593	4,298	3,291	13,052	26%	33%	25%
Nevada	382	2,434	4,014	1,632	9,749	29%	41%	17%
New Hampshire	235	2,357	2,055	1,099	7,354	35%	28%	15%
New Jersey	3,131	15,129	42,278	25,785	93,446	20%	45%	28%
New Mexico	49	1,243	3,225	654	9,078	14%	36%	7%
New York	6,868	38,958	63,779	44,167	189,038	24%	34%	23%
North Carolina	365	13,231	28,522	5,510	57,770	24%	49%	10%
North Dakota	149	705	1,563	481	3,121	27%	50%	15%
Ohio	4,753	12,525	23,538	13,938	64,589	27%	36%	22%
Oklahoma	52	734	749	811	2,737	29%	27%	30%
Oregon	280	4,418	8,082	1,674	16,330	29%	49%	10%
Pennsylvania	6,037	17,016	37,242	19,869	105,091	22%	35%	19%
Rhode Island	1,408	2,032	3,425	1,434	16,381	21%	21%	9%
South Carolina	461	4,280	16,267	5,621	27,010	18%	60%	21%
South Dakota	79	840	1,529	327	3,150	29%	49%	10%
Tennessee	44	1,901	9,249	1,619	13,162	15%	70%	12%
Texas	11,126	22,822	47,871	52,822	154,772	22%	31%	34%
Utah	450	4,287	6,942	2,557	14,380	33%	48%	18%
Vermont	193	2,684	2,096	992	7,208	40%	29%	14%
Virginia	722	5,193	13,364	2,503	25,205	23%	53%	10%
Washington	405	13,589	31,129	14,401	63,609	22%	49%	23%
West Virginia	779	2,691	8,281	1,583	20,074	17%	41%	8%
Wisconsin	32	405	2,887	189	6,271	7%	46%	3%
Wyoming	253	747	1,523	468	3,559	28%	43%	13%

Exhibit C.4 (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
Territories and FAS								
American Samoa	25	99	394	308	1,004	12%	39%	31%
Federated States of Micronesia	16	266	713	112	1,318	21%	54%	8%
Guam			99		118		84%	
Republic of the Marshall Islands		84	255		366		70%	
Comm. of the Northern Mariana Islands			858	95	1,173		73%	8%
Republic of Palau			710	45	812		87%	6%
Puerto Rico	32	358	5,259	2,931	8,618	5%	61%	34%
U.S. Virgin Islands	95	19	379	579	1,168	10%	32%	50%
Total users	87,721	398,762	779,042	463,065	2,095,908	23%	37%	22%
Range						2%-40%	18%-87%	1%-50%

Source: FPAR Table 7.

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 (for example, FABM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the method-effectiveness categories described in the Data Notes in Appendix. Data are redacted for any sample less than 10 due to privacy concerns.

^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), FABM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, or spermicide (used alone), and other methods not listed in FPAR Table 7.

FAS = freely associated states.

† Percentage is less than 0.5 percent.

Exhibit C.5. Number and percent of female family planning users 24 and younger who were tested for chlamydia by state: 2023

State	Female users 24 and younger tested for chlamydia	Female users 24 and younger	% of female users 24 and younger tested for chlamydia
Alabama	17,237	20,131	86%
Alaska	502	1,169	43%
Arizona	6,046	11,065	55%
Arkansas	9,040	14,860	61%
California	71,441	132,680	54%
Colorado	2,687	15,741	17%
Connecticut	2,552	14,968	17%
Delaware	723	2,441	30%
District of Columbia	4,617	8,271	56%
Florida	17,852	25,962	69%
Georgia	14,172	36,372	39%
Hawaii	1,070	3,335	32%
Idaho	1,396	4,007	35%
Illinois	15,633	34,463	45%
Indiana	4,112	5,536	74%
Iowa	6,165	10,606	58%
Kansas	1,363	3,942	35%
Kentucky	4,803	11,579	41%
Louisiana	7,244	8,552	85%
Maine	3,385	8,820	38%
Maryland	9,742	17,908	54%
Massachusetts	12,202	27,357	45%
Michigan	9,711	16,746	58%
Minnesota	8,833	14,182	62%
Mississippi	1,931	6,414	30%
Missouri	7,585	13,162	58%
Montana	3,303	6,175	53%
Nebraska	3,744	6,153	61%
Nevada	1,694	4,026	42%
New Hampshire	1,236	3,213	38%
New Jersey	20,609	34,682	59%
New Mexico	2,633	3,578	74%
New York	39,101	70,674	55%
North Carolina	11,262	19,777	57%
North Dakota	887	1,458	61%
Ohio	16,036	27,887	58%
Oklahoma	732	1,259	58%
Oregon	2,841	7,194	39%
Pennsylvania	25,308	49,803	51%
Rhode Island	2,084	5,734	36%
South Carolina	5,295	10,956	48%
South Dakota	874	1,452	60%
Tennessee	3,616	7,101	51%
Texas	24,553	53,520	46%
Utah	4,001	7,468	54%
Vermont	1,421	2,976	48%
Virginia	6,371	9,718	66%
Washington	19,061	32,074	59%
West Virginia	2,265	9,661	23%
Wisconsin	1,448	2,951	49%
Wyoming	785	1,760	45%

Exhibit C.5 (continued)

State	Female users 24 and younger tested for chlamydia	Female users 24 and younger	% of female users 24 and younger tested for chlamydia
Territories and FAS			
American Samoa	30	290	10%
Federated States of Micronesia	129	445	29%
Guam	44	161	27%
Republic of the Marshall Islands	0	155	0%
Comm. of the Northern Mariana Islands	99	516	19%
Republic of Palau	49	241	20%
Puerto Rico	1,108	3,886	29%
U.S. Virgin Islands	222	268	83%
Total users	444,885	857,481	52%
Range			0%-86%

Source: FPAR Table 11.

FAS = freely associated states.

Exhibit C.6. Number of sites by state: 2014–2023

State	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama	89	89	89	89	83	83	81	81	73	82
Alaska	10	7	6	7	6	6	1	1	6	7
Arizona	28	42	35	35	34	42	51	59	63	59
Arkansas	96	97	96	94	95	95	95	95	95	95
California	343	350	354	353	366	263	251	410	392	369
Colorado	69	66	70	75	77	69	80	80	80	57
Connecticut	33	28	28	28	30	26	6	6	20	21
Delaware	39	41	48	50	41	54	54	54	59	59
District of Columbia	30	35	32	34	34	34	21	27	30	29
Florida	173	161	159	155	153	154	151	152	153	145
Georgia	368	139	138	143	156	161	177	177	188	187
Hawaii	35	34	33	33	33	33			32	34
Idaho	43	39	39	33	43	42	41	42	44	46
Illinois	89	107	89	89	97	100	15	18	116	145
Indiana	35	36	36	35	28	31	25	25	28	28
Iowa	55	54	56	43	40	43	32	29	27	27
Kansas	62	62	60	59	59	58	57	58	51	58
Kentucky	145	145	136	139	130	135	73	138	135	126
Louisiana	61	65	65	68	71	63	63	66	61	71
Maine	47	47	50	48	48	48			61	62
Maryland	66	86	78	78	73	71	70	67	67	69
Massachusetts	99	90	95	93	111	88	20	23	109	125
Michigan	97	97	93	92	91	91	75	78	94	91
Minnesota	32	44	45	38	38	38	7	7	21	21
Mississippi	102	96	87	87	81	81	82	82	129	26
Missouri	80	76	76	68	66	70	63	65	61	58
Montana	28	28	25	25	34	29	24	23	45	24
Nebraska	26	26	29	40	37	26	38	28	34	34
Nevada	20	19	24	22	24	31	33	35	34	31
New Hampshire	24	26	19	19	16	16	2	2	8	10
New Jersey	51	49	49	48	47	47	35	35	61	61
New Mexico	93	94	64	63	66	60	58	55	53	59
New York	183	181	178	180	178	175	10	14	185	168
North Carolina	119	118	118	118	116	115	110	110	111	111
North Dakota	20	18	18	18	18	18	10	22	21	22
Ohio	78	81	93	93	86	86	77	75	104	104
Oklahoma	100	100	93	92	94	95	95	95	87	6
Oregon	110	103	107	100	105	112			115	110
Pennsylvania	184	182	183	198	206	173	188	190	208	194
Rhode Island	21	24	23	23	27	26	24	29	25	26
South Carolina	58	59	59	58	58	58	55	55	59	54
South Dakota	41	41	43	22	22	23	22	22	22	17
Tennessee	129	129	128	123	123	123	123	124	122	123
Texas	92	101	107	98	142	153	177	177	175	168
Utah	8	8	8	8	7	7			7	7
Vermont	9	9	10	10	10	10			7	7
Virginia	134	134	132	132	139	147	134	131	129	114
Washington	54	51	54	71	85	85			94	98
West Virginia	162	170	167	161	133	135	139	137	139	125
Wisconsin	9	18	18	18	48	48	39	36	36	37
Wyoming	16	16	16	14	12	11	11	11	11	10
Territories and FAS										
American Samoa	1	1	1	1	1	1	1	1	1	1
Federated States of Micronesia	5	5	5	4	4	4	4	4	7	4
Guam	1	1	1	1	1	1	1	1	1	1

Exhibit C.6 (continued)

State	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Republic of the Marshall Islands	4	4	4	4	4	4	2	4	4	4
Comm. of the Northern Mariana Islands	3	4	4	4	4	4	4	4	3	3
Republic of Palau	1	1	8	8	7	8	8	8	8	8
Puerto Rico	15	15	15	14	14	13	14	14	12	13
U.S. Virgin Islands	2	2	2	2	2	2	2	2	3	2
Total sites	4,127	3,951	3,898	3,858	3,954	3,825	3,031	3,284	4,126	3,853

Source: FPAR Table 1.

FAS = freely associated states.

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Appendix D

Title X Encounters

INTRODUCTION

Appendix D examines the encounter-level data provided during the 2023 FPAR data year (reported in the 2024 submission period). The 2024 FPAR submission period is the second year that OPA collected encounter-level data.

In 2023, OPA transitioned from collecting aggregate data to a system in which grantees submit encounter-level data on the demographic and social characteristics of Title X users and their use of family planning and related preventive health services. In the new system, grant recipients submit data to OPA by uploading files with one record per family planning encounter between an FPAR user and provider. Encounter-level files are summarized to aggregate statistics as described in Appendix A of the Family Planning Annual Report: 2023 National Summary.

Recognizing this reporting change could present several challenges to grant recipients, OPA created a system and developed processes to ease the transition over a period of three years. First, after encounter-level data are uploaded and aggregated, the system allows grant recipients to edit the 14 FPAR tables if the encounter-level data are incomplete. For example, some grant recipients could provide encounter-level data for most, but not all, of the 43 FPAR data elements, then fill in the remainder manually by editing the aggregated FPAR tables generated by the system. Second, until January 1, 2025, grant recipients can utilize a waiver from OPA allowing them to directly provide aggregated data in the 14 FPAR tables. This year marked great progress in the transition to encounter-level data. More than half of the 2023 submitted FPARs included encounter-level data, compared with only 34 percent of 2022 FPARs (Exhibit D.1a). The 2023 encounter-level data submissions represented 60 percent of all 2023 encounters (Exhibit D.1c). There was also a noticeable improvement in the percentage of nonmissing values across the data elements, which increased for 30 of the 43 data elements in 2023 over 2022 (Exhibit D.2b).

The transition to encounter-level data reporting continued apace in 2023, but a full transition to complete and accurate reporting based on encounter-level data is hampered by many post-submission edits to aggregate FPAR tables. Although we expect encounter-level submissions to be corrected at the aggregate level for various reasons—for example, gaps in ability to collect and submit certain data elements at the encounter level due to limitations in electronic health record software—every grant recipient that submitted encounter-level data made edits to at least one FPAR table, and almost every FPAR table cell was edited by at least one grantee. Exhibits D.3a–D.3l show how much grant recipients had to edit each cell in each FPAR table (additions and subtractions) to fully reflect all individuals served and all services provided in 2023.

Exhibit D.1a. Number of data submissions by grant recipients by method of submission: 2022–2023

Number of data submissions		
Data submission method	2022	2023
Encounter	34	49
Aggregate	65	46
Total	99	95

Exhibit D.1b. Number of all family planning users and year, comparing data submitted under preferred and alternate methods: 2022–2023

Number of family planning users		
Data submission method	2022	2023
Encounter	780,243	1,676,144
Aggregate	1,820,420	1,096,243
Total	2,600,663	2,772,387

Exhibit D.1c. Percent of all family planning users, comparing data submitted under preferred and alternate methods: 2022–2023

Percent of family planning users		
Data submission method	2022	2023
Encounter	30%	60%
Aggregate	70%	40%
Total	100%	100%

Note: The numerators for cells are the number of users in Exhibit D.1a. The denominators per column are the values in the total row of Exhibit D.1a.

Exhibit D.1d. Number of unique users by number of visits in encounter-level data by year

Year	Number of users by number of visits				Average number of visits per unique user
	1 visit	2 visits	3 visits	4 or more visits	
2022	467,646	122,748	53,011	54,222	1.7
2023	634,660	160,990	65,706	73,816	1.6

Notes: The average number of visits per unique user is the number of encounters divided by the number of unique users. Only encounter-level data are used in this table.

Exhibit D.1e. Percent of unique users by number of visits in encounter-level data

Year	Percent of users by number of visits			
	1 visit	2 visits	3 visits	4 or more visits
2022	67%	18%	8%	8%
2023	68%	17%	7%	8%

Notes: The denominator of each value is the total number of unique users. Only encounter-level data are used in this table.

Exhibit D.2a. Number of reported encounters with nonmissing data by data element: 2022–2023

Data Element	Data element name	Number of encounters with valid (nonmissing) values	
		2022	2023
1	Facility Identifier	1,154,203	1,532,786
2	Attending physician NPI provider	457,396	748,371
3	Provider role	963,136	1,296,433
4	Patient identifier	1,154,203	1,532,786
5, 6	Patient age ^a	1,154,203	1,532,786
7	Sex	1,154,203	1,532,786
8	Limited English proficiency	945,419	1,317,887
9	Ethnicity	992,184	1,355,005
10a	Race - American Indian or Alaska Native	980,955	1,271,474
10b	Race - Asian	1,005,052	1,271,155
10c	Race - Black or African American	1,005,071	1,302,565
10d	Race - Native Hawaiian or Other Pacific Islander	1,004,662	1,270,158
10e	Race - White	1,005,089	1,330,138
10f	Race - Unknown	1,005,352	1,281,617
11, 12	Annual household income (%FPL) ^b	959,922	1,297,433
13	Insurance coverage type	776,221	1,114,691
14	Payer for visit	879,994	1,365,410
15	Pregnancy status	596,536	889,559
16	Pregnancy intention	414,659	898,135
17	Contraceptive method at intake reported – at intake	834,255	1,220,331
18	Reason for no contraceptive method use reported – at intake	98,903	388,368
19	Contraceptive method at exit reported – at exit	918,972	1,300,829
20	Reason for no contraceptive method use reported – at exit	213,734	348,066
21	How contraceptive method was provided	246,024	398,145
22	Contraceptive counseling was provided	767,950	1,229,772
23	Counseling to achieve pregnancy was provided	720,074	1,131,532
24	Systolic blood pressure	371,591	821,284
25	Diastolic blood pressure	370,705	818,984
26	Body height ^c	297,237	814,654
27	Body weight ^c	301,765	839,842
28	Tobacco smoking status	448,341	932,591
29	Pap test performed at encounter	886,958	1,237,863
31	HPV test performed at encounter	882,567	1,238,369
33	Chlamydia test performed at encounter	939,179	1,279,867
35	Gonorrhea test performed at encounter	938,215	1,279,313
37	HIV test performed at encounter	931,561	1,259,614
39	Syphilis test performed at encounter	929,906	1,255,143
41	Do you want to talk about contraception or pregnancy prevention during your visit today	176,221	578,546
42	Sexual orientation	330,730	875,138
43	Gender identity	270,908	937,905

^a Visit date is constructed from birth date and visit date. To protect users' privacy, birth date and visit date are not retained.

^b Annual household income (%FPL) is constructed from annual household income and household size (#). To protect users' privacy, annual household income and household size (#) are not retained.

^c Body height and body weight are considered missing if either the numeric values are missing or the units are missing in the encounter data.

FPL = federal poverty level.

Exhibit D.2b. Percent of reported encounters with nonmissing data by data element: 2022–2023

Data element	Data element name	Percent of encounters with valid (nonmissing) values	
		2022	2023
1	Facility identifier	100%	100%
2	Attending physician NPI provider	40%	49%
3	Provider role	83%	85%
4	Patient identifier	100%	100%
5, 6	Patient age ^a	100%	100%
7	Sex	100%	100%
8	Limited English proficiency	82%	86%
9	Ethnicity	86%	88%
10a	Race - American Indian or Alaska Native	85%	83%
10b	Race - Asian	87%	83%
10c	Race - Black or African American	87%	85%
10d	Race - Native Hawaiian or Other Pacific Islander	87%	83%
10e	Race - White	87%	87%
10f	Race - Unknown	87%	84%
11, 12	Annual household income (%FPL) ^b	83%	85%
13	Insurance coverage type	67%	73%
14	Payer for visit	76%	89%
15	Pregnancy status	52%	58%
16	Pregnancy intention	36%	59%
17	Contraceptive method at intake reported – at intake	72%	80%
18	Reason for no contraceptive method use reported – at intake ^c	9%	25%
19	Contraceptive method at exit reported – at exit	80%	85%
20	Reason for no contraceptive method use reported – at exit ^c	19%	23%
21	How contraceptive method was provided	21%	26%
22	Contraceptive counseling was provided	67%	80%
23	Counseling to achieve pregnancy was provided	62%	74%
24	Systolic blood pressure	32%	54%
25	Diastolic blood pressure	32%	53%
26	Body height ^d	26%	53%
27	Body weight ^d	26%	55%
28	Tobacco smoking status	39%	61%
29	Pap test performed at encounter	77%	81%
31	HPV test performed at encounter	76%	81%
33	Chlamydia test performed at encounter	81%	83%
35	Gonorrhea test performed at encounter	81%	83%
37	HIV test performed at encounter	81%	82%
39	Syphilis test performed at encounter	81%	82%
41	Do you want to talk about contraception or pregnancy prevention during your visit today	15%	38%
42	Sexual orientation	29%	57%
43	Gender identity	23%	61%

^a Visit date is constructed from birth date and visit date. To protect users' privacy, birth date and visit date are not retained.

^b Annual household income (% FPL) is constructed from annual household income and household size (#). To protect users' privacy, annual household income and household size (#) are not retained.

^c The denominator for elements 18 and 20 are the total number of encounters for which no contraceptive method is reported in elements 17 and 19, respectively.

^d Body height and body weight are considered missing if either the numeric values are missing or the units are missing in the encounter data.

FPL = federal poverty level.

Exhibit D.3a. Total adjustments of aggregated counts from encounters, Table 1

Age group (years)	Female users	Male users	Total users
Under 15	3,658	877	4,535
15 to 17	9,533	947	10,480
18 to 19	17,313	2,367	19,680
20 to 24	27,003	4,460	31,463
25 to 29	11,990	2,683	14,673
30 to 34	12,057	2,930	14,987
35 to 39	18,115	3,254	21,369
40 to 44	9,778	1,947	11,725
Over 44	30,959	8,584	39,543
Total users	140,406	28,049	168,455

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3b. Total adjustments of aggregated counts from encounters, Table 2

Race	Hispanic or Latino	Not Hispanic or Latino	Unknown/not reported	Total female users
American Indian or Alaska Native	1,020	1,258	202	2,480
Asian	155	1,136	175	1,466
Black or African American	853	22,773	1,469	25,095
Native Hawaiian or Other Pacific Islander	198	299	50	547
White	19,222	15,643	2,914	37,779
More than one race	15,427	7,173	1,520	24,120
Unknown/not reported	22,965	9,220	59,689	91,874
Total female users	59,840	57,502	66,019	183,361

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3c. Total adjustments of aggregated counts from encounters, Table 3

Race	Hispanic or Latino	Not Hispanic or Latino	Unknown/not reported	Total male users
American Indian or Alaska Native	203	285	62	550
Asian	25	258	40	323
Black or African American	263	6,666	611	7,540
Native Hawaiian or Other Pacific Islander	97	89	24	210
White	4,702	3,315	607	8,624
More than one race	2,264	1,274	344	3,882
Unknown/not reported	4,686	1,987	18,178	24,851
Total male users	12,240	13,874	19,866	45,980

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3d. Total adjustments of aggregated counts from encounters, Table 4

Income level as a percent of the HHS poverty guidelines	Number of users
100% and below	131,114
101% to 105%	54,569
151% to 200%	33,417
201% to 250%	16,110
Over 250%	36,135
Unknown/not reported	74,463
Total users	345,808

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3e. Total adjustments of aggregated counts from encounters, Table 5

Principal health insurance covering primary medical care	Number of users
Public health insurance covering primary medical care	215,366
Private health insurance covering primary medical care	104,697
Uninsured (no public or private health insurance)	251,898
Unknown/not reported	162,381
Total users	734,342

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3f. Total adjustments of aggregated counts from encounters, Table 6

LEP user status	Number of users
LEP users	24,309
Not LEP users	108,746
Unknown/not reported	104,710
Total users	237,765

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3g. Total adjustments of aggregated counts from encounters, Table 7

Primary method	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44	Total female users
Female sterilization	1	1	1	84	333	844	1,399	1,503	2,413	6,579
IUD or IUS	87	703	1,454	3,564	2,015	2,194	2,926	1,671	3,127	17,741
Hormonal implant	425	1,610	2,402	3,657	2,214	1,775	1,566	725	2,581	16,955
One-month hormonal injection	1	8	2	21	18	10	9	4	12	85
Three-month hormonal injection	721	2,252	3,041	4,813	2,936	2,858	3,145	1,919	5,348	27,033
Oral contraceptive	734	2,751	4,508	6,498	4,125	3,605	3,507	1,297	5,533	32,558
Contraceptive patch	104	389	641	719	291	244	239	102	324	3,053
Vaginal ring	14	99	199	467	216	200	255	99	353	1,902
Cervical cap or diaphragm	5	1	4	13	18	13	12	8	12	86
Contraceptive sponge	0	1	2	4	2	4	0	0	1	14
Female condom	4	17	9	45	25	34	30	18	84	266
Any spermicide or non-spermicidal gel (used alone)	8	59	92	150	99	60	61	30	23	582
FABM or LAM	53	44	132	385	296	228	207	117	107	1,569
Abstinence	1,176	1,386	1,127	1,421	607	557	835	579	1,388	9,076
Withdrawal or other method	70	703	1,272	4,490	4,163	3,446	2,368	1,608	1,650	19,770
Rely on male method: vasectomy	0	5	1	31	71	144	204	161	173	790
Rely on male method: male condom	354	1,765	3,879	9,396	7,818	6,248	5,284	2,527	5,037	42,308
No method: Pregnant/seeking pregnancy	154	1,580	2,822	10,219	10,785	9,306	5,948	2,044	1,556	44,414
No method: Other reason	443	2,136	1,818	14,359	11,641	9,560	5,184	4,956	5,636	55,733
Unknown/not reported	1,576	4,810	4,519	14,983	14,408	12,451	8,095	5,620	5,695	72,157
Total female users	5,930	20,320	27,925	75,319	62,081	53,781	41,274	24,988	41,053	352,671

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3h. Total adjustments of aggregated counts from encounters, Table 8

Primary method	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44	Total male users
Vasectomy	0	0	2	14	33	48	84	61	119	361
Male condom	251	1,060	1,759	3,658	2,582	2,508	2,373	1,427	5,746	21,364
FAM	17	4	14	10	17	35	19	6	5	127
Abstinence	844	1,002	478	367	124	121	169	112	503	3,720
Withdrawal or other method	7	58	206	776	731	566	419	326	470	3,559
Rely on female method(s)	35	42	95	212	148	155	180	119	1,100	2,086
No method: Partner pregnant/seeking pregnancy	1	4	6	44	92	94	64	34	104	443
No method: Other reason	165	195	362	1,065	825	929	844	658	1,764	6,807
Unknown/not reported	746	1,380	647	1,862	1,695	1,525	944	864	1,832	11,495
Total male users	2,066	3,745	3,569	8,008	6,247	5,981	5,096	3,607	11,643	49,962

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3i. Total adjustments of aggregated counts from encounters, Table 9

Screening activity	Number of female users or number of tests
Unduplicated number of female users who obtained a Pap test	39,877
Number of Pap tests performed	45,339
Number of Pap tests with an ASC or higher result	17,987
Number of Pap tests with an HSIL or higher result	5,273

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3j. Total adjustments of aggregated counts from encounters reporting on unduplicated number of users tested for chlamydia, Table 11

Age group (years)	Female users	Male users
Under 15	1,636	441
15 to 17	6,750	1,958
18 to 19	13,981	2,572
20 to 24	25,112	4,875
25 and over	67,976	17,068
Total users	115,455	26,914

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3k. Total adjustments of aggregated counts from encounters, Table 12

Test type	Tests for females	Tests for males	Total tests
Gonorrhea	128,468	55,299	183,767
Syphilis	57,499	20,173	77,672
HIV - All confidential tests	76,949	26,985	103,934
HIV - Positive confidential tests			0
HIV - Anonymous tests			0

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell.

Exhibit D.3l. Total adjustments of aggregated counts from encounters, Table 13

Provider type	Number of family planning encounters
Clinical services providers	286,025
Other services providers	164,881
Total family planning encounters	450,906

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grant recipients for that aggregated table cell. We can compute the cells that are "not applicable" in Table 13, but because grant recipients are not given the option to enter numbers in these cells, we do not report adjustments.

Exhibit D.4. Number of lab tests ordered and number of lab results reported: 2023

Screening activity	Number of encounters with test ordered	Number of lab results reported	Lab results reported per encounter with test ordered
Pap	215,844	96,354	0.4
HPV	90,828	71,697	0.8
Chlamydia	837,841	433,666	0.5
Gonorrhea	818,756	420,930	0.5
Syphilis	378,472	220,048	0.6

Note: For confidentiality reasons, the ability to link lab results to specific encounters is not preserved in FPAR data. HIV lab results are only stored in aggregation and are therefore absent from this table.