

Title X Family Planning Annual Report

2014 National Summary



August 2015

Family Planning Annual Report: 2014 National Summary

Prepared for

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Executive Summary

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

Annual submission of the Family Planning Annual Report (FPAR)⁵ is required of all Title X services grantees.^{6,7} The 15-table FPAR provides grantee-level data on the demographic and social characteristics of Title X clients, their use of family planning and related preventive health services, and staffing and revenue. FPAR data have multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. In addition, OPA uses FPAR data to respond to inquiries from policy makers and Congress about the program and to estimate the impact of Title X on key reproductive health outcomes.⁵

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

KEY 2014 FPAR FINDINGS

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

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

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

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

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

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

Title X-funded cervical and breast cancer screening services contribute to early detection and management. In 2014, Title X providers conducted Papanicolaou (Pap) testing on 21% (785,540) of female users. Fourteen percent of almost 813,900 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 31% (1.3 million) of female users and referred 4% of those examined for further evaluation based on abnormal findings.

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

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

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

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

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

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

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1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act¹¹ is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. In addition to offering a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis, Title X-funded centers provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.^{1,2} By law, Title X funds cannot be used in programs where abortion is a method of family planning.^{1,2} The program is implemented through grants to over 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in over 4,100 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2014, the Title X program received approximately \$286.4 million in funding.⁴

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

FAMILY PLANNING ANNUAL REPORT

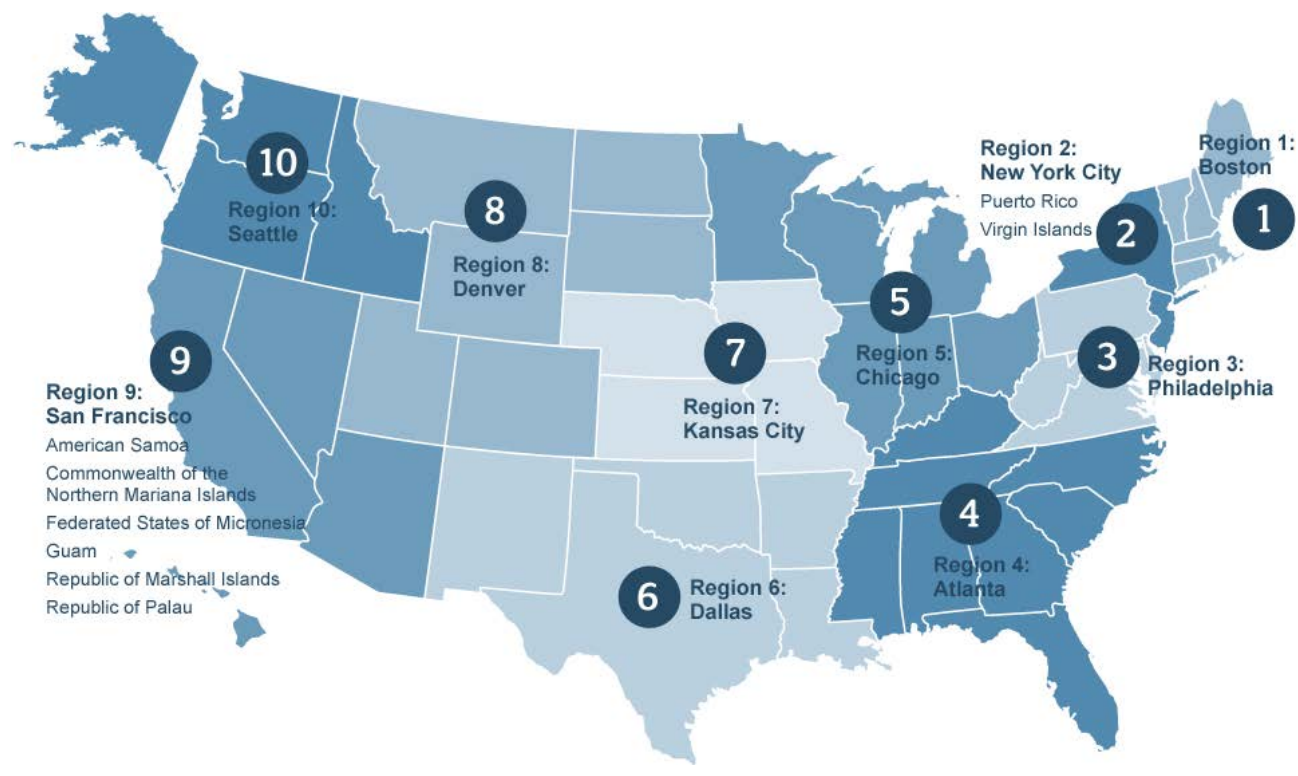
The Family Planning Annual Report (FPAR)⁵ is the only source of uniform reporting by all Title X service grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue.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

Title X administrators and grantees use FPAR data to

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

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

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



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

- **Region I (Boston, MA)**—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- **Region II (New York, NY)**—New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III (Philadelphia, PA)**—Delaware; Maryland; Pennsylvania; Virginia; Washington, DC; and West Virginia
- **Region IV (Atlanta, GA)**—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region V (Chicago, IL)**—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI (Dallas, TX)**—Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII (Kansas City, MO)**—Iowa, Kansas, Missouri, and Nebraska
- **Region VIII (Denver, CO)**—Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

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

REPORT STRUCTURE

The *Family Planning Annual Report: 2014 National Summary* presents data for the 94 Title X service grantees that submitted an FPAR report for the 2014 reporting period (January 1, 2014, to December 31, 2014). The *National Summary* has four sections:

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

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

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

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

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

Key Terms and Definitions for FPAR Reporting

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

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

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

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

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

Family Planning Service Site—A family planning service site refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral) that comply with *Title X Program Guidelines*¹ and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

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

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

2

FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions* (Reissued October 2013)⁵ consists of 15 reporting tables. OPA instructs grantees to report on the scope of services or activities that are proposed in their approved grant applications and supported with Title X grant and related sources of funding. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by Title X grantees. The key terms describe the individuals receiving family planning and related preventive health services at Title X-funded service sites, the range and scope of the services provided, and the family planning providers that render care.

Throughout this report, we present the instructions for preparing each FPAR table alongside the table-specific findings. In addition, we use the term “table” when referring to an FPAR reporting table and “exhibit” when referring to the tabular presentation of the 2014 findings. Each exhibit identifies the FPAR table that is the source for the data presented.

DATA REPORTING

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

DATA VALIDATION

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

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

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

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

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

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

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

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

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

Race and Ethnicity—The categories for reporting ethnicity and race in the FPAR conform to the Office of Management and Budget (OMB) 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*⁹ and are used by other HHS programs and compilers of such national data sets as the National Survey of Family Growth. If an agency wants to collect data for ethnicity or race subcategories, the agency must be able to aggregate the data reported into the OMB minimum standard set of ethnicity and race categories. OMB encourages self-identification of race. When respondents are allowed to self-identify or self-report their race, agencies should adopt a method that allows respondents to mark or select more than one of the five minimum race categories.

The two minimum OMB categories for reporting ethnicity are as follows:

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

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

The five minimum OMB categories for reporting race are as follows:

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

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

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

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 15–17, A-1–A-2.

3 Findings

GRANTEE PROFILE

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

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

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

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

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

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

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

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

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

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

Users by Sex (Exhibits 4 and 5)

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

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

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

Users by Age (Exhibits 4 and 5)

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

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

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

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

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

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

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

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

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

† Percentage is less than 0.5%.

Users by Race (Exhibits 6 through 14)

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

- By sex, the racial composition of female (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed slightly in terms of the percentages in each group that self-identified as white (55% of female users vs. 48% of male users), black or African American (20% vs. 26%), and Asian (3% vs. 2%). Race was unknown or not reported for a slightly higher percentage of male (19%) than female (16%) users.
- By region, the distribution of users by race varied widely (*Exhibits 9 and 10*).
 - From 41% (II) to 77% (VIII) of users self-identified as white, 4% (X) to 36% (IV) self-identified as black or African American, and 1% (VII) to 7% (I) self-identified with two or more of the five OMB race categories. Race was unknown or not reported for 3% (IV) to 30% (IX) of users.
 - Region IX, which includes California, Hawaii, and the Pacific territories and Freely Associated States, had the highest percentages of users identifying themselves as Asian (6%) and Native Hawaiian or Other Pacific Islander (3%).
- By ethnicity, Hispanic or Latino users accounted for a majority of users with unknown race data. Among female and male users with an unknown race, 70% (427,396) of females (*Exhibit 7*) and 66% (45,712) of males (*Exhibit 8*) were Hispanic or Latino.

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

Users by Ethnicity (Exhibits 6 through 14)

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

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

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

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

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

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2014
(Source: FPAR Table 3)

| Race | Hispanic or Latino | Not Hispanic or Latino | Ethnicity UK/NR | Total | % Hispanic or Latino | % Not Hispanic or Latino | % Ethnicity UK/NR | % Total |
|-------------------------|--------------------|------------------------|-----------------|----------------|----------------------|--------------------------|-------------------|-------------|
| Am Indian/Alaska Native | 742 | 1,985 | 105 | 2,832 | 0%† | 1% | 0%† | 1% |
| Asian | 403 | 8,062 | 290 | 8,755 | 0%† | 2% | 0%† | 2% |
| Black/African American | 2,875 | 87,895 | 3,285 | 94,055 | 1% | 24% | 1% | 26% |
| Nat Hawaiian/Pac Island | 426 | 2,560 | 101 | 3,087 | 0%† | 1% | 0%† | 1% |
| White | 43,657 | 125,583 | 4,756 | 173,996 | 12% | 34% | 1% | 48% |
| More than one race | 6,792 | 5,145 | 782 | 12,719 | 2% | 1% | 0%† | 3% |
| Unknown/not reported | 45,712 | 18,766 | 4,739 | 69,217 | 13% | 5% | 1% | 19% |
| Total Male Users | 100,607 | 249,996 | 14,058 | 364,661 | 28% | 69% | 4% | 100% |

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

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

† Percentage is less than 0.5%.

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

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

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect family income data from all users in order to determine charges based on the schedule of discounts.^{1,2} In determining a user's family income, agencies should refer to the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2).¹² Report the unduplicated number of users by income level, using the most current income information available. For additional guidance, see *Program Requirements for Title X Funded Family Planning Projects (Version 1.0)*.¹

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

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

Public Health Insurance Covering Primary Medical Care—Refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals. Examples of such programs include Medicaid (both regular and managed care), Medicare, the Children's Health Insurance Program (CHIP), and other state or local government programs that provide a broad set of benefits (e.g., Washington's Basic Health or Massachusetts's Commonwealth Care plans). Also included are public-paid or public-subsidized private insurance programs.

Private Health Insurance Covering Primary Medical Care—Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent). Private insurance includes insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA).

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

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

Limited English Proficient (LEP) Users—Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Because of their limited English proficiency, LEP users derive little benefit from Title X services and information provided in English. In Table 6, report the unduplicated number of family planning users who required language assistance services (interpretation or translation) to optimize their use of Title X services. Include as LEP any user who received Title X services from bilingual staff in the user's preferred non-English language, who was assisted by a competent agency or contracted interpreter, or who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services. Service providers should consult the *Revised HHS LEP Guidance*¹³ for further information about identifying LEP individuals and complying with language assistance requirements. Unless they are also LEP, *do not include users* who are visually or hearing impaired or have other disabilities.

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

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations^{1,2} require Title X-funded providers to give priority in the delivery of care to persons from low-income families. These regulations specify that individuals with family incomes at or below the HHS poverty threshold (\$23,850 for a family of four in the 48 contiguous states and DC)⁸ for the reporting year receive services at no charge unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty threshold (“poverty”), Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family’s income.

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

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

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

Users by Insurance Coverage Status (Exhibit 16)

Title X regulations^{1,2} require Title X-funded agencies to bill all third parties authorized or legally obligated to pay for services and to make reasonable efforts to collect charges without jeopardizing client confidentiality. On the FPAR, grantees report the health insurance coverage status for a client even though an insured client may not have used his or her health insurance to pay for services received during the last encounter. Users whose family planning care was paid by a Medicaid family planning eligibility expansion but who had no other public or private health insurance plan covering broad primary medical care benefits are considered uninsured, as are users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities.

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2014 (Source: FPAR Table 4)

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

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

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

† Percentage is less than 0.5%.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2014
 (Source: FPAR Table 5)

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

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

† Percentage is less than 0.5%.

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

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

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

Limited English Proficient Users (*Exhibit 17*)

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

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

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

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

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

LEP=limited English proficient.

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

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

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

† Percentage is less than 0.5%.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fertility Awareness Method (FAM) or Lactational Amenorrhea Method (LAM)—Fertility awareness methods (FAMs) refer to family planning methods that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal methods. The Lactational Amenorrhea Method (LAM) is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first 6 months after delivery. To be effective, LAM requires full (i.e., no other liquid or solid given to infant) or nearly full (i.e., infrequent supplementation in small amounts, but not by bottle) breastfeeding.¹⁴ In **Table 7**, report the number of female users who use one or a combination of the FAMs listed above or who rely on LAM as their primary family planning method. In **Table 8**, Row 3 report male users who rely on a FAM as their primary method. Report male users who rely on LAM as their primary method in **Table 8**, Row 6, “Rely on female method(s).”

Abstinence—In **Tables 7** and **8**, report the number of female and male users, respectively, who rely on abstinence as their primary family planning method or who are not currently sexually active and therefore not using contraception. For purposes of FPAR reporting, abstinence is defined as refraining from oral, vaginal, and anal intercourse.¹⁴

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

(continued)

PRIMARY CONTRACEPTIVE METHOD USE

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

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

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

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

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

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

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

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

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

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

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

Additional results include the following:

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

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

Trends in Female Primary Contraceptive Method Use

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

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2014 (Source: FPAR Table 7)

| Primary Method | All Age Groups | Under 15 Years | 15 to 17 Years | 18 to 19 Years | 20 to 24 Years | 25 to 29 Years | 30 to 34 Years | 35 to 39 Years | 40 to 44 Years | Over 44 Years |
|---|----------------------|----------------|---------------------|---------------------|----------------------|----------------------|---------------------|---------------------|---------------------|---------------------|
| Female sterilization | 74,748 | 0 | 0 | 3 | 1,262 | 7,084 | 13,859 | 16,281 | 15,667 | 20,592 |
| Intrauterine device | 265,511 | 227 | 5,334 | 12,381 | 63,325 | 71,994 | 53,606 | 32,311 | 17,529 | 8,804 |
| Hormonal implant | 139,799 | 1,641 | 15,882 | 18,796 | 49,610 | 29,712 | 13,900 | 6,420 | 2,750 | 1,088 |
| Hormonal injection | 611,619 ^a | 8,847 | 68,726 ^a | 74,078 ^a | 169,234 ^a | 119,443 ^a | 81,225 ^a | 46,286 ^a | 26,901 ^a | 16,879 ^a |
| Oral contraceptive | 1,135,950 | 9,121 | 95,517 | 134,948 | 359,467 | 256,535 | 140,452 | 72,927 | 40,587 | 26,396 |
| Contraceptive patch | 69,469 | 752 | 6,072 | 7,845 | 21,409 | 15,956 | 10,047 | 4,788 | 1,945 | 655 |
| Vaginal ring | 115,230 | 228 | 4,795 | 9,424 | 39,985 | 35,425 | 16,834 | 5,511 | 2,090 | 938 |
| Cervical cap or diaphragm | 2,379 | 7 | 69 | 105 | 433 | 533 | 474 | 311 | 207 | 240 |
| Contraceptive sponge | 651 | 7 | 50 | 67 | 157 | 139 | 106 | 47 | 36 | 42 |
| Female condom | 3,308 | 40 | 257 | 305 | 796 | 609 | 423 | 310 | 257 | 311 |
| Spermicide (used alone) | 2,911 | 12 | 184 | 215 | 814 | 547 | 402 | 333 | 209 | 195 |
| FAM or LAM ^b | 12,648 | 41 | 434 | 833 | 2,600 | 2,801 | 2,208 | 1,504 | 1,097 | 1,130 |
| Abstinence ^c | 70,098 | 7,379 | 9,048 | 5,228 | 12,319 | 10,260 | 7,472 | 5,620 | 4,656 | 8,116 |
| Withdrawal or other method ^d | 70,982 | 354 | 3,497 | 5,259 | 17,532 | 14,774 | 9,910 | 6,466 | 4,767 | 8,423 |
| Rely on Male Method | | | | | | | | | | |
| Vasectomy | 7,582 | 0 | 5 | 23 | 369 | 931 | 1,541 | 1,620 | 1,550 | 1,543 |
| Male condom | 578,139 | 3,321 | 34,364 | 54,201 | 161,380 | 121,819 | 80,595 | 52,260 | 35,754 | 34,445 |
| No Method | | | | | | | | | | |
| Pregnant/seeking pregnancy | 330,279 | 734 | 13,021 | 30,252 | 106,086 | 88,527 | 54,439 | 26,291 | 8,654 | 2,275 |
| Other reason | 175,111 | 1,953 | 10,727 | 14,061 | 42,784 | 35,591 | 24,145 | 15,428 | 11,320 | 19,102 |
| Method Unknown^e | 98,208 | 1,962 | 6,538 | 7,949 | 21,901 | 19,426 | 14,037 | 9,760 | 7,244 | 9,391 |
| Total Female Users | 3,764,622 | 36,626 | 274,520 | 375,973 | 1,071,463 | 832,106 | 525,675 | 304,474 | 183,220 | 160,565 |
| Using a Method | 3,161,024 | 31,977 | 244,234 | 323,711 | 900,692 | 688,562 | 433,054 | 252,995 | 156,002 | 129,797 |
| Not Using a Method | 505,390 | 2,687 | 23,748 | 44,313 | 148,870 | 124,118 | 78,584 | 41,719 | 19,974 | 21,377 |
| Method Unknown^e | 98,208 | 1,962 | 6,538 | 7,949 | 21,901 | 19,426 | 14,037 | 9,760 | 7,244 | 9,391 |

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

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

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

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

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

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

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2014 (Source: FPAR Table 7)

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

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

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

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

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

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

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

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

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2014 (Source: FPAR Table 7)

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

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

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

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

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

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

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

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2014 (Source: FPAR Table 7)

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

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

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

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

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

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2014 (Source: FPAR Table 8)

| Primary Method | All Age Groups | Under 15 Years | 15 to 17 Years | 18 to 19 Years | 20 to 24 Years | 25 to 29 Years | 30 to 34 Years | 35 to 39 Years | 40 to 44 Years | Over 44 Years |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|
| Vasectomy | 2,763 | 0 | 0 | 0 | 71 | 346 | 590 | 652 | 491 | 613 |
| Male condom | 262,255 | 1,706 | 14,337 | 22,050 | 79,022 | 62,528 | 34,989 | 18,574 | 11,338 | 17,711 |
| FAM ^a | 1,079 | 6 | 29 | 56 | 250 | 251 | 162 | 115 | 70 | 140 |
| Abstinence ^b | 21,127 | 5,512 | 4,974 | 1,246 | 1,977 | 1,761 | 1,324 | 919 | 816 | 2,598 |
| Withdrawal or other method ^c | 9,992 | 149 | 675 | 633 | 2,093 | 1,884 | 1,352 | 882 | 700 | 1,624 |
| Rely on female method ^d | 22,063 | 167 | 761 | 1,298 | 5,022 | 4,715 | 3,199 | 2,145 | 1,645 | 3,111 |
| No Method | | | | | | | | | | |
| Partner pregnant/seeking pregnancy | 3,253 | 36 | 165 | 168 | 751 | 708 | 556 | 344 | 210 | 315 |
| Other reason | 21,501 | 771 | 1,696 | 1,415 | 4,876 | 4,352 | 2,695 | 1,659 | 1,213 | 2,824 |
| Method Unknown^e | 20,628 | 890 | 1,682 | 1,358 | 4,423 | 3,479 | 2,468 | 1,675 | 1,252 | 3,401 |
| Total Male Users | 364,661 | 9,237 | 24,319 | 28,224 | 98,485 | 80,024 | 47,335 | 26,965 | 17,735 | 32,337 |
| Using a Method | 319,279 | 7,540 | 20,776 | 25,283 | 88,435 | 71,485 | 41,616 | 23,287 | 15,060 | 25,797 |
| Not Using a Method | 24,754 | 807 | 1,861 | 1,583 | 5,627 | 5,060 | 3,251 | 2,003 | 1,423 | 3,139 |
| Method Unknown^e | 20,628 | 890 | 1,682 | 1,358 | 4,423 | 3,479 | 2,468 | 1,675 | 1,252 | 3,401 |

FAM=fertility awareness-based method.

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

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

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

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

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

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2014 (Source: FPAR Table 8)

| Primary Method | All Age Groups | Under 15 Years | 15 to 17 Years | 18 to 19 Years | 20 to 24 Years | 25 to 29 Years | 30 to 34 Years | 35 to 39 Years | 40 to 44 Years | Over 44 Years |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|
| Vasectomy | 1% | 0% | 0% | 0% | 0%† | 0%† | 1% | 2% | 3% | 2% |
| Male condom | 72% | 18% | 59% | 78% | 80% | 78% | 74% | 69% | 64% | 55% |
| FAM ^a | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† |
| Abstinence ^b | 6% | 60% | 20% | 4% | 2% | 2% | 3% | 3% | 5% | 8% |
| Withdrawal or other method ^c | 3% | 2% | 3% | 2% | 2% | 2% | 3% | 3% | 4% | 5% |
| Rely on female method ^d | 6% | 2% | 3% | 5% | 5% | 6% | 7% | 8% | 9% | 10% |
| No Method | | | | | | | | | | |
| Partner pregnant/seeking pregnancy | 1% | 0%† | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Other reason | 6% | 8% | 7% | 5% | 5% | 5% | 6% | 6% | 7% | 9% |
| Method Unknown^e | 6% | 10% | 7% | 5% | 4% | 4% | 5% | 6% | 7% | 11% |
| Total Male Users | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Using a Method | 88% | 82% | 85% | 90% | 90% | 89% | 88% | 86% | 85% | 80% |
| Not Using a Method | 7% | 9% | 8% | 6% | 6% | 6% | 7% | 7% | 8% | 10% |
| Method Unknown^e | 6% | 10% | 7% | 5% | 4% | 4% | 5% | 6% | 7% | 11% |

FAM=fertility awareness-based method.

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

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

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

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

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

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

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2014 (Source: FPAR Table 8)

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

FAM=fertility awareness-based method.

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

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

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

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

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

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2014 (Source: FPAR Table 8)

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

FAM=fertility awareness-based method.

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

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

- Unduplicated number of female users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result according to the 2001 Bethesda System;¹⁶ ASC or higher results include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; AIS; adenocarcinoma; or other (e.g., endometrial cells in a woman \geq 40 years of age); and
- Number of Pap tests with an HSIL or higher result according to the 2001 Bethesda System;¹⁶ HSIL or higher results include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; AIS; adenocarcinoma; or other (e.g., endometrial cells in a woman \geq 40 years of age).

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

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

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

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

Atypical Squamous Cells (ASC)—ASC refers to cytological changes that are suggestive of a squamous intraepithelial lesion. The 2001 Bethesda System¹⁶ subdivides atypical squamous cells into two categories:

- Atypical squamous cells of undetermined significance (ASC-US)—ASC-US refers to cytological changes that are suggestive of a squamous intraepithelial lesion, but lack criteria for a definitive interpretation.¹⁷
- Atypical squamous cells, cannot exclude HSIL (ASC-H)—ASC-H refers to cytological changes that are suggestive of a high-grade squamous intraepithelial lesion (HSIL), but lack criteria for a definitive interpretation.¹⁷

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

High-Grade Squamous Intraepithelial Lesions (HSIL)—HSIL refers to high-grade squamous intraepithelial lesions encompassing moderate and severe dysplasia, carcinoma in situ, CIN 2, and CIN 3.¹⁷

Atypical Glandular Cells (AGC)—AGC refers to glandular cell abnormalities, including adenocarcinoma. The 2001 Bethesda System (see *Exhibit 1* of the Title X FPAR: Forms and Instructions) classifies AGC less severe than adenocarcinoma into three categories.¹⁸

- Atypical glandular cells, either endocervical, endometrial, or “glandular cells” not otherwise specified;
- Atypical glandular cells, either endocervical or “glandular cells” favor neoplasia (AGC, favor neoplastic); and
- Endocervical adenocarcinoma in situ (AIS).

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), pp. 33–35.

CERVICAL AND BREAST CANCER SCREENING

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

Cervical Cancer Screening (Exhibit 26)

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

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

In 2014, the percentage of female users who received a Pap test (21%) was substantially lower than in 2005 (52%), which was the first year these data were collected (*Exhibits A-9a* and *A-9b*). The downward trend in cervical cancer screening is attributed to adoption of national screening recommendations, which have increased both the age at which Pap testing should begin and the testing interval for women with a normal result.

Breast Cancer Screening (Exhibit 26)

In 2014, Title X service sites provided clinical breast exams (CBEs) to 31% (1.3 million) of female users and referred 4% (46,892) of those examined for further evaluation based on CBE results. By region, from 14% (IX) to 48% (IV and VI) of total users received a CBE, and 1% (VIII and X) to 13% (IX) of those examined were referred for further evaluation (*Exhibit 26*).

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

| Tests/Exams | All Regions | Region I | Region II | Region III | Region IV | Region V | Region VI | Region VII | Region VIII | Region IX | Region X |
|------------------------------|-------------|----------|-----------|------------|-----------|----------|-----------|------------|-------------|-----------|----------|
| Pap Tests | | | | | | | | | | | |
| Users tested | | | | | | | | | | | |
| Number ^a | 785,540 | 28,680 | 94,378 | 84,299 | 183,848 | 63,279 | 78,279 | 34,547 | 24,077 | 167,810 | 26,343 |
| Percentage ^b | 21% | 18% | 24% | 20% | 25% | 18% | 29% | 25% | 20% | 16% | 17% |
| Tests performed | | | | | | | | | | | |
| Number | 813,858 | 30,219 | 96,737 | 86,635 | 190,962 | 64,908 | 80,027 | 35,295 | 25,350 | 177,159 | 26,566 |
| Tests per 10 users | 2.2 | 1.9 | 2.5 | 2.1 | 2.6 | 1.9 | 2.9 | 2.6 | 2.1 | 1.7 | 1.7 |
| ASC or higher result | | | | | | | | | | | |
| Number | 112,457 | 4,065 | 13,706 | 13,948 | 29,445 | 10,116 | 10,755 | 5,421 | 3,432 | 17,208 | 4,361 |
| Percentage ^c | 14% | 13% | 14% | 16% | 15% | 16% | 13% | 15% | 14% | 10% | 16% |
| HSIL or higher result | | | | | | | | | | | |
| Number | 8,860 | 483 | 841 | 1,094 | 2,495 | 983 | 950 | 373 | 242 | 1,062 | 337 |
| Percentage ^c | 1% | 2% | 1% | 1% | 1% | 2% | 1% | 1% | 1% | 1% | 1% |
| Clinical Breast Exams | | | | | | | | | | | |
| Users examined | | | | | | | | | | | |
| Number ^d | 1,265,920 | 45,178 | 142,280 | 145,052 | 370,330 | 102,477 | 143,697 | 65,215 | 54,991 | 158,806 | 37,894 |
| Percentage ^e | 31% | 25% | 33% | 31% | 48% | 27% | 48% | 44% | 40% | 14% | 23% |
| Users referred based on exam | | | | | | | | | | | |
| Number | 46,892 | 1,833 | 2,777 | 5,170 | 7,943 | 3,214 | 3,540 | 1,519 | 459 | 20,187 | 250 |
| Percentage ^f | 4% | 4% | 2% | 4% | 2% | 3% | 2% | 2% | 1% | 13% | 1% |

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 Unduplicated number of female and male users.

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

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

SEXUALLY TRANSMITTED DISEASE TESTING

Sexually transmitted diseases (STDs) are a concern for clients served in Title X service projects, particularly young (15 to 24) sexually active women who have the highest reported rates of chlamydia and gonorrhea.¹⁹ According to the *QFP Recommendations*,¹⁵ STD services are integral to family planning services because they improve health and can affect a person's ability to conceive and have a healthy birth outcome. The *QFP Recommendations* advise providers to offer STD services to clients, both symptomatic and asymptomatic, in accordance with CDC's STD treatment²⁰ and HIV testing guidelines.²¹

Chlamydia Testing (Exhibits 27 and 28)

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

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

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

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

Gonorrhea Testing (Exhibit 29)

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

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

Syphilis Testing (Exhibit 29)

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

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

Human Immunodeficiency Virus Testing (Exhibit 29)

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

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

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

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

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

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

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

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

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

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

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2013), p. 39.

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

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

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

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

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

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

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

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

STAFFING AND FAMILY PLANNING ENCOUNTERS

Clinical Services Provider Staffing (Exhibit 30)

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

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

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

Family Planning Encounters (Exhibit 30)

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

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

Guidance for Reporting Encounter and Staffing Data in FPAR Table 13

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

^a Other CSPs are registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessment, as described in the *Program Guidelines*.

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

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REVENUE

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

Title X Services Grant

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

Payment for Services: Client Fees

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

Payment for Services: Third-Party Payers

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

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

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

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

Private. Revenue from private third-party payers (\$95.1 million) accounted for 8% of total national revenue and between 2% (IX) and 20% (I and VII) of total regional revenue. Private third-party payer revenue was the third most important source in Regions I, V, VII, VIII, and IX (*Exhibits 32 and 33*).

Other Revenue

Block Grants and Temporary Assistance for Needy Families (TANF). Revenue from the Title V Maternal and Child Health (MCH) block grant (\$23.1 million), the Title XX Social Services block grant (\$5.6 million), and TANF (\$10.6 million) each accounted for less than 1% to 2% of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged between 0% and 4% of total regional revenues. While all regions reported some revenue from the MCH block grant, only five (I, III, V, VIII, and IX) reported Social Services block grant revenue and only four (I, IV, V, and VIII) reported TANF revenue (*Exhibits 32 and 33*).

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

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

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

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

Revenue per User

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

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

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

— Not applicable.

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 29 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

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

^d Revenue is shown in constant 2004 dollars (2004\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, Series ID. CUUR0000SAM, <http://data.bls.gov/cgi-bin/srgate>).

† Percentage is less than 0.5%.

Guidance for Reporting Project Revenue in FPAR Table 14

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

Title X Grant (Row 1)—Refers to funds received from the Title X Section 1001 family planning services grant. Report the amount received (cash receipts or drawdown amounts) during the reporting period from the Title X services grant. Include base Title X grant funding and other Title X funding for special initiatives (e.g., HIV integration and male involvement). Do not report the amount of grant funds awarded unless this figure is the same as the actual *cash* receipts or *drawdown* amounts.

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

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

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

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

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

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

Other Public Health Insurance (Row 3d)—Report the amount reimbursed by other federal, state, or local government health insurance programs during the reporting period for services provided within the scope of the grantee's Title X project. Examples of other public health insurance programs include state or local government programs that provide a broad set of benefits (e.g., Washington’s Basic Health or Massachusetts’s Commonwealth Care), including public-paid or public-subsidized private insurance programs.

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

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

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

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

(continued)

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

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

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

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

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

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

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

Revenue Trends

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

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

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

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

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

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2014 (Source: FPAR Table 14)

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

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

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 29 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

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

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

^e Revenue is shown in constant 2004 dollars (2004\$) or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, Series ID. CUUR000SAM, <http://data.bls.gov/cgi-bin/srgate>).

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2014 (Source: FPAR Table 14)

| Revenue Source | All Regions | Region I | Region II | Region III | Region IV | Region V | Region VI | Region VII | Region VIII | Region IX | Region X |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Title X | 20% | 27% | 17% | 22% | 24% | 27% | 39% | 40% | 28% | 9% | 14% |
| Payment for Services | | | | | | | | | | | |
| Client fees | 4% | 6% | 6% | 5% | 3% | 5% | 3% | 10% | 11% | 2% | 5% |
| Third-party payers ^a | | | | | | | | | | | |
| Medicaid ^b | 39% | 26% | 31% | 29% | 32% | 27% | 17% | 22% | 10% | 69% | 36% |
| Medicare | 0%† | 1% | 0%† | 1% | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† |
| CHIP | 0%† | 0%† | 0%† | 0%† | 0%† | 2% | 0%† | 0%† | 0%† | 0% | 0% |
| Other public ^c | 1% | 2% | 0%† | 1% | 0%† | 0%† | 10% | 0%† | 0%† | 0%† | 0%† |
| Private | 8% | 20% | 8% | 12% | 3% | 14% | 8% | 20% | 11% | 2% | 11% |
| Subtotal | 53% | 55% | 46% | 47% | 39% | 48% | 38% | 52% | 32% | 73% | 52% |
| Other Revenue | | | | | | | | | | | |
| MCH block grant | 2% | 0%† | 4% | 3% | 2% | 3% | 3% | 1% | 1% | 0%† | 2% |
| SS block grant | 0%† | 2% | 0% | 2% | 0% | 1% | 0% | 0% | 0%† | 0%† | 0% |
| TANF | 1% | 0%† | 0% | 0% | 4% | 1% | 0% | 0% | 0%† | 0% | 0% |
| State government | 10% | 11% | 23% | 18% | 13% | 2% | 14% | 1% | 2% | 0%† | 17% |
| Local government | 6% | 0%† | 6% | 6% | 16% | 5% | 1% | 2% | 23% | 1% | 12% |
| BPHC | 1% | 0%† | 1% | 0% | 0%† | 3% | 0%† | 0%† | 0% | 1% | 1% |
| Other ^d | 7% | 4% | 4% | 2% | 2% | 9% | 5% | 4% | 14% | 15% | 2% |
| Subtotal | 27% | 19% | 37% | 31% | 37% | 25% | 23% | 8% | 40% | 17% | 34% |
| Total Revenue | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

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

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

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 29 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

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

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

† Percentage is less than 0.5%.

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

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

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

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

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

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

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

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

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Appendix A

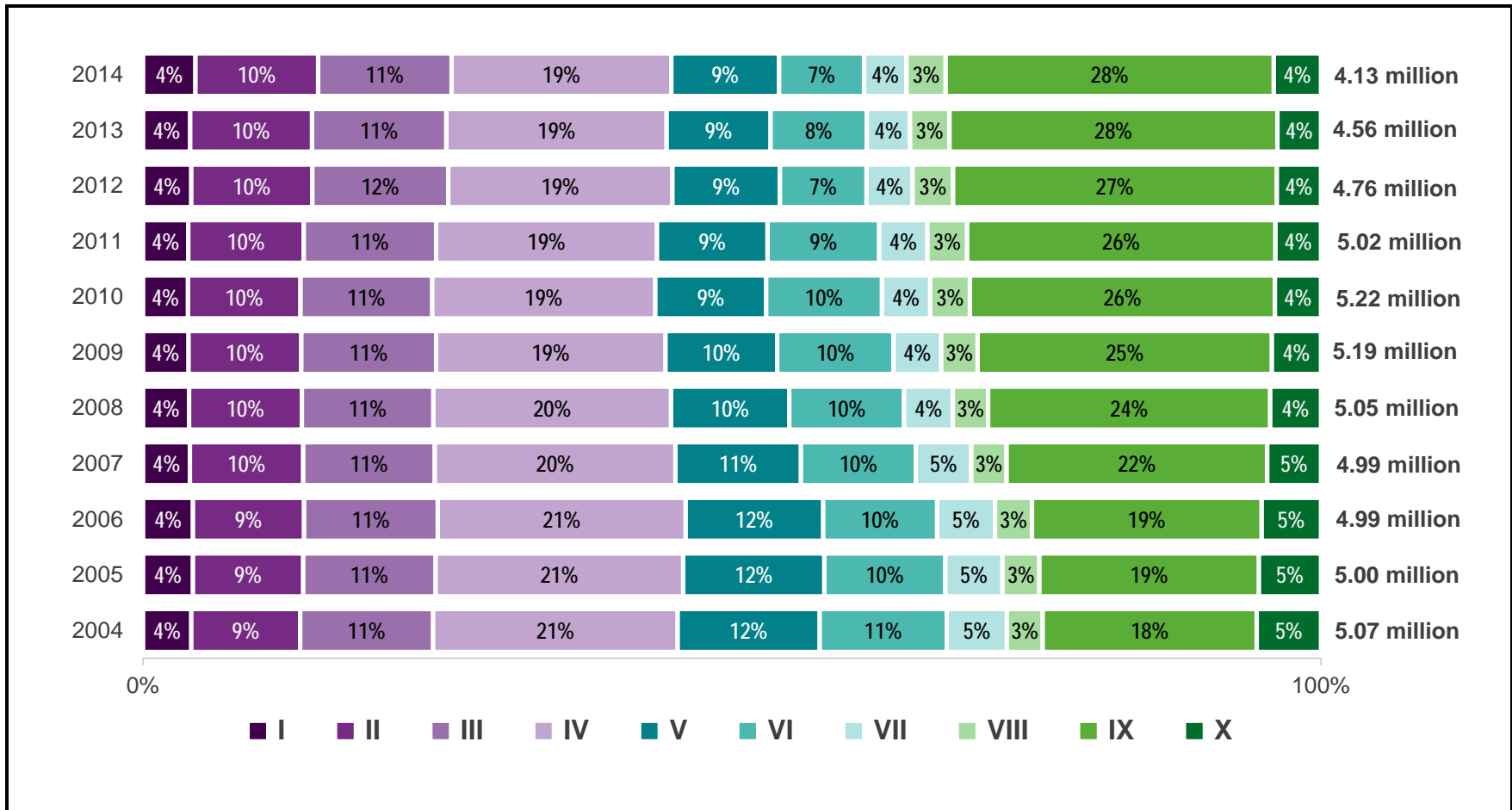
National Trend Exhibits

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

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

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

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



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

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

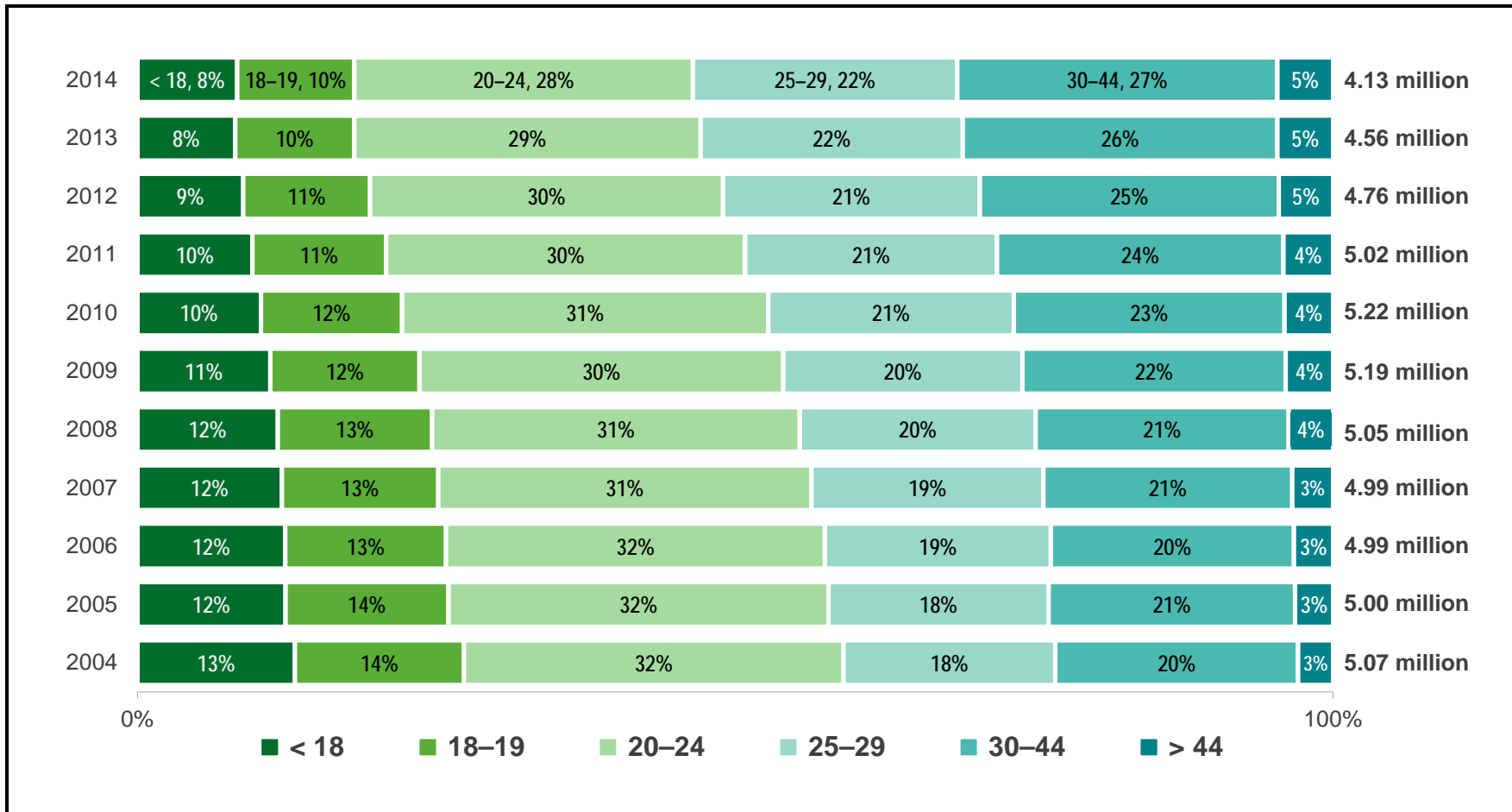
| Age Group (Years) | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|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

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

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

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



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

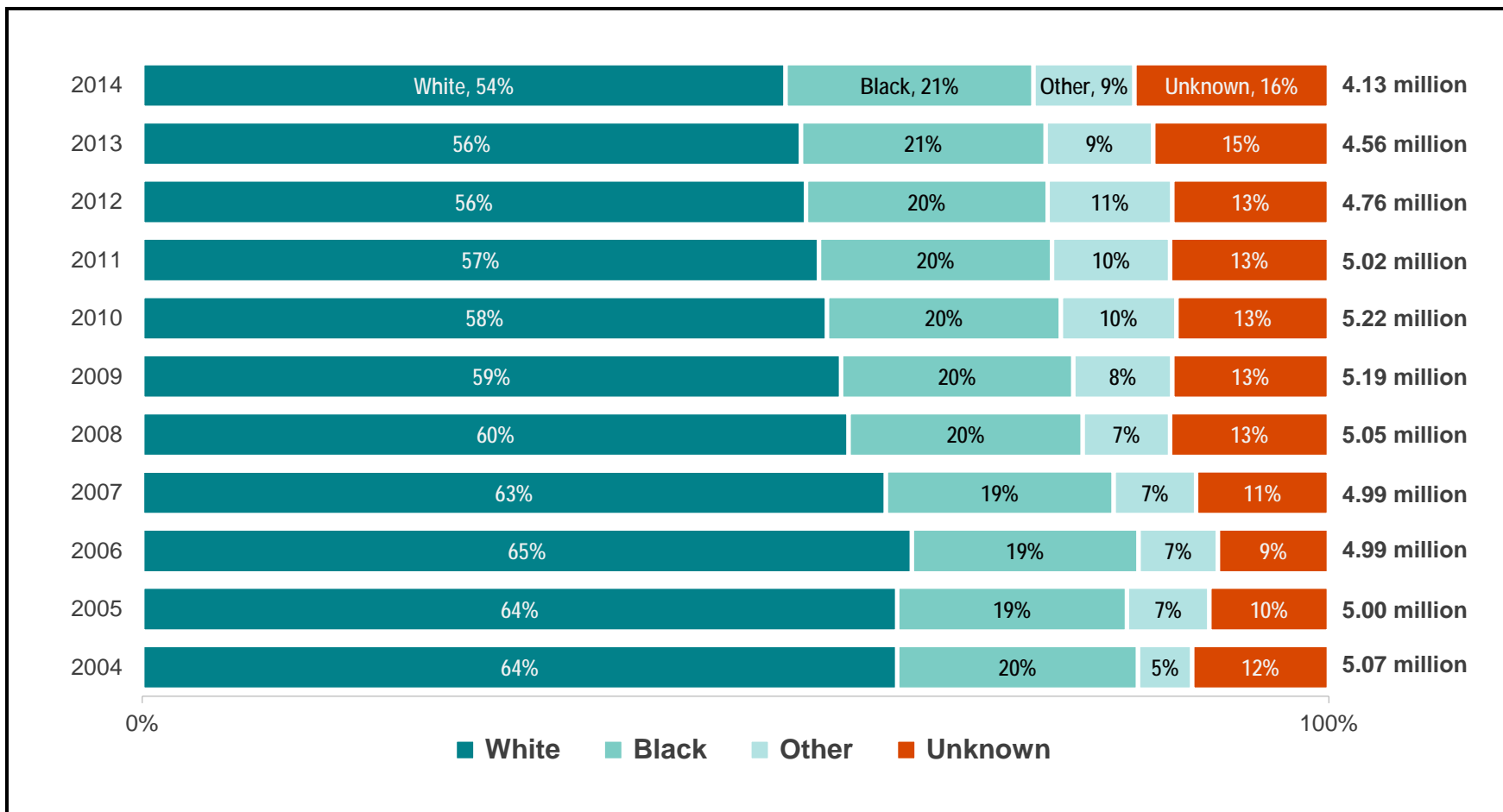
Exhibit A-3a. Number and distribution of all family planning users, by race and year: 2004–2014

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

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

— Data are not available.

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



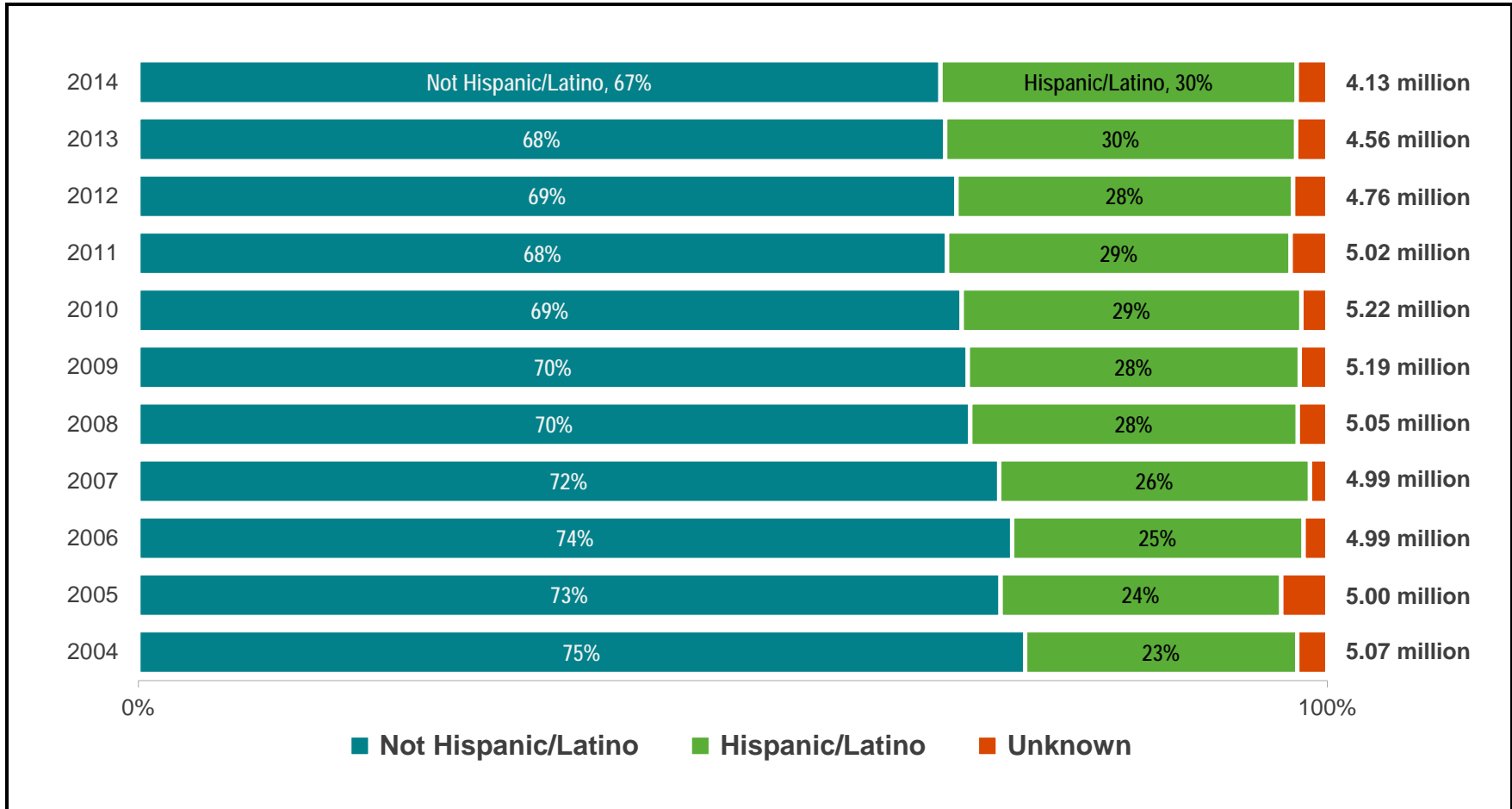
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian or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

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

| Ethnicity | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Hispanic or Latino | 1,159,637 | 1,181,093 | 1,223,732 | 1,303,402 | 1,391,523 | 1,447,422 | 1,493,007 | 1,451,215 | 1,349,528 | 1,344,601 | 1,237,652 |
| Not Hispanic or Latino | 3,780,396 | 3,628,142 | 3,670,894 | 3,611,497 | 3,534,915 | 3,618,344 | 3,618,285 | 3,416,314 | 3,277,828 | 3,093,545 | 2,786,005 |
| Unknown/not reported | 127,752 | 193,726 | 99,652 | 72,339 | 125,067 | 120,501 | 113,570 | 154,182 | 136,441 | 119,678 | 105,626 |
| Total All Users | 5,067,785 | 5,002,961 | 4,994,278 | 4,987,238 | 5,051,505 | 5,186,267 | 5,224,862 | 5,021,711 | 4,763,797 | 4,557,824 | 4,129,283 |
| Hispanic or Latino | 23% | 24% | 25% | 26% | 28% | 28% | 29% | 29% | 28% | 30% | 30% |
| Not Hispanic or Latino | 75% | 73% | 74% | 72% | 70% | 70% | 69% | 68% | 69% | 68% | 67% |
| Unknown/not reported | 3% | 4% | 2% | 1% | 2% | 2% | 2% | 3% | 3% | 3% | 3% |
| Total All Users | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

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

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



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

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

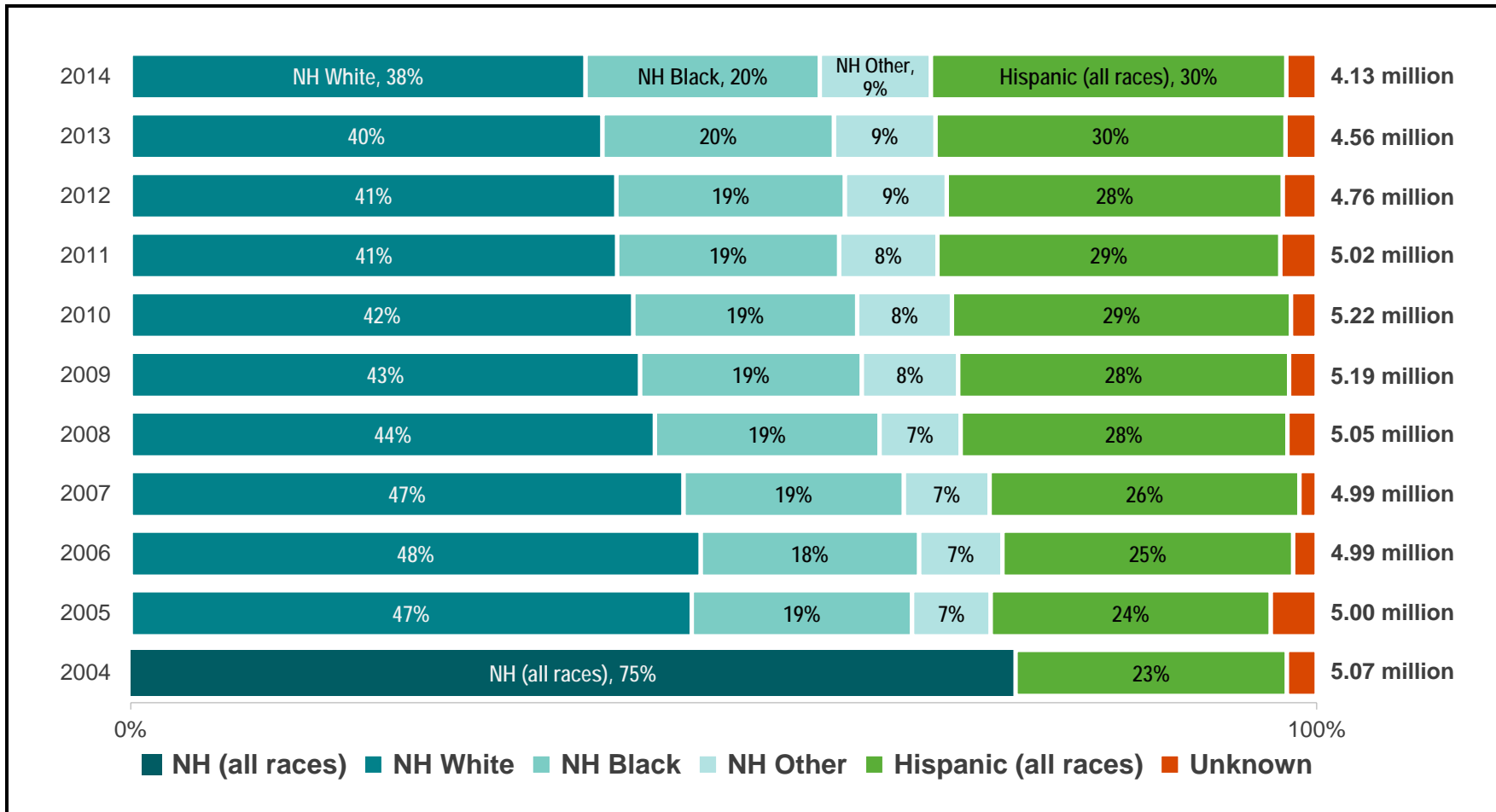
| Ethnicity and Race | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|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

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

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

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



NH=Not Hispanic or Latino.

Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The “NH Other” category (2005–2014) includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. The “Unknown” category includes users with unknown or not reported Hispanic or Latino ethnicity.

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

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

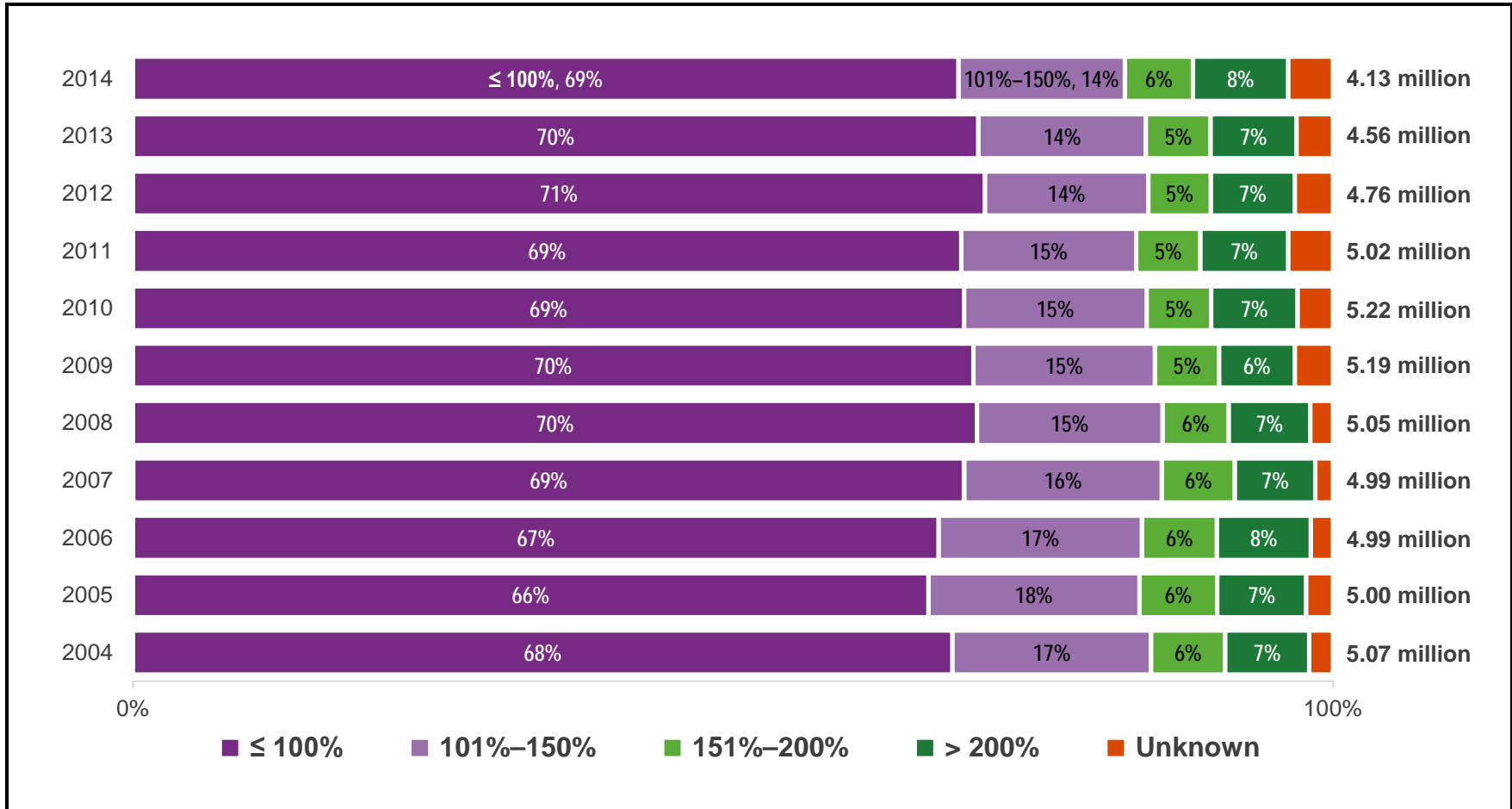
Note: Due to rounding, percentages may not sum to 100%.

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

— Disaggregated data are not available.

-- Disaggregated data are presented in the table.

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



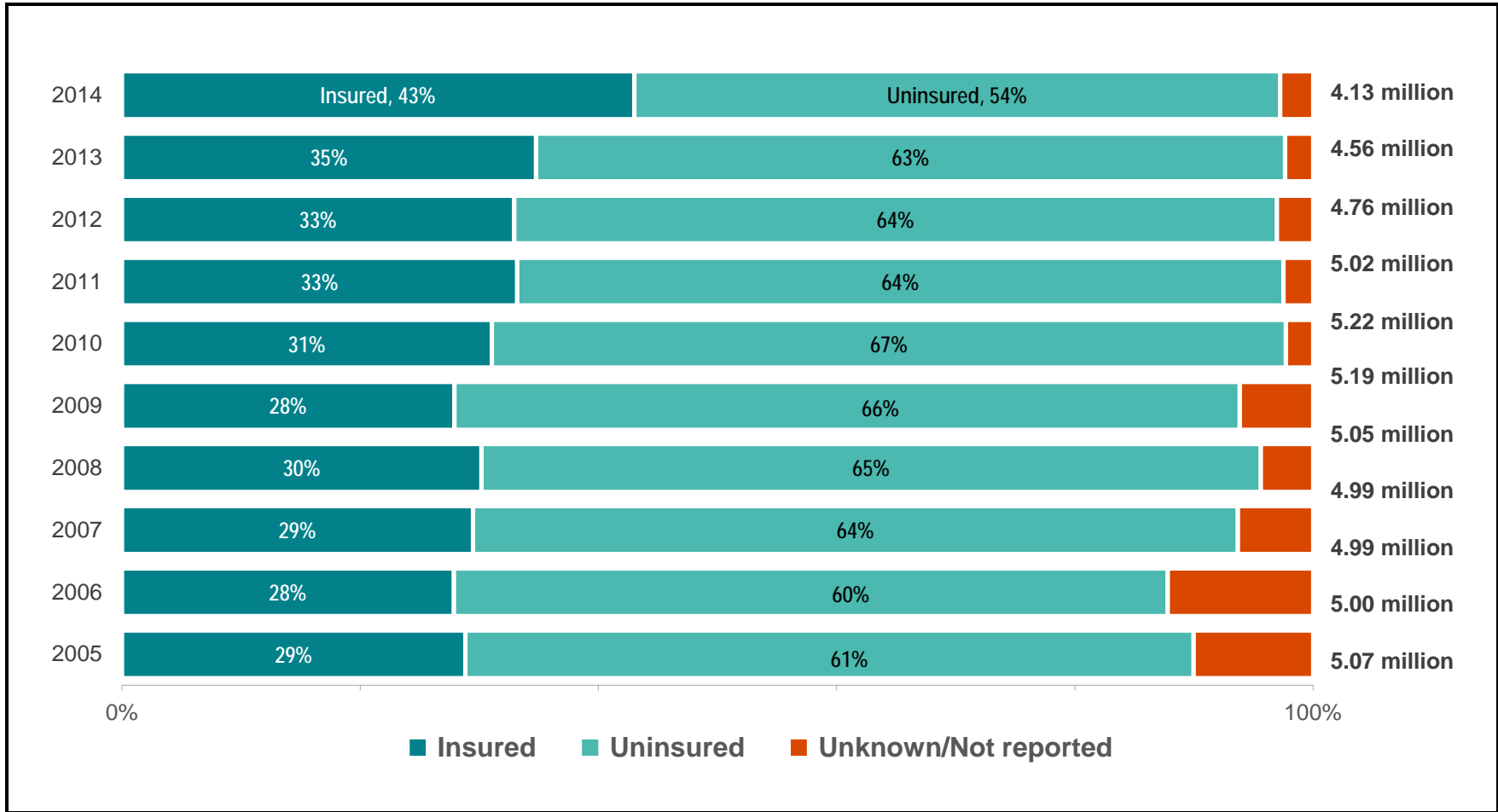
Note: Title X-funded agencies report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <http://aspe.hhs.gov/poverty/>.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

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

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

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

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



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

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

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

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

^a See reference note 10.

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

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

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

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

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

— Data are not available.

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

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

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

^a See reference note 10.

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

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

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

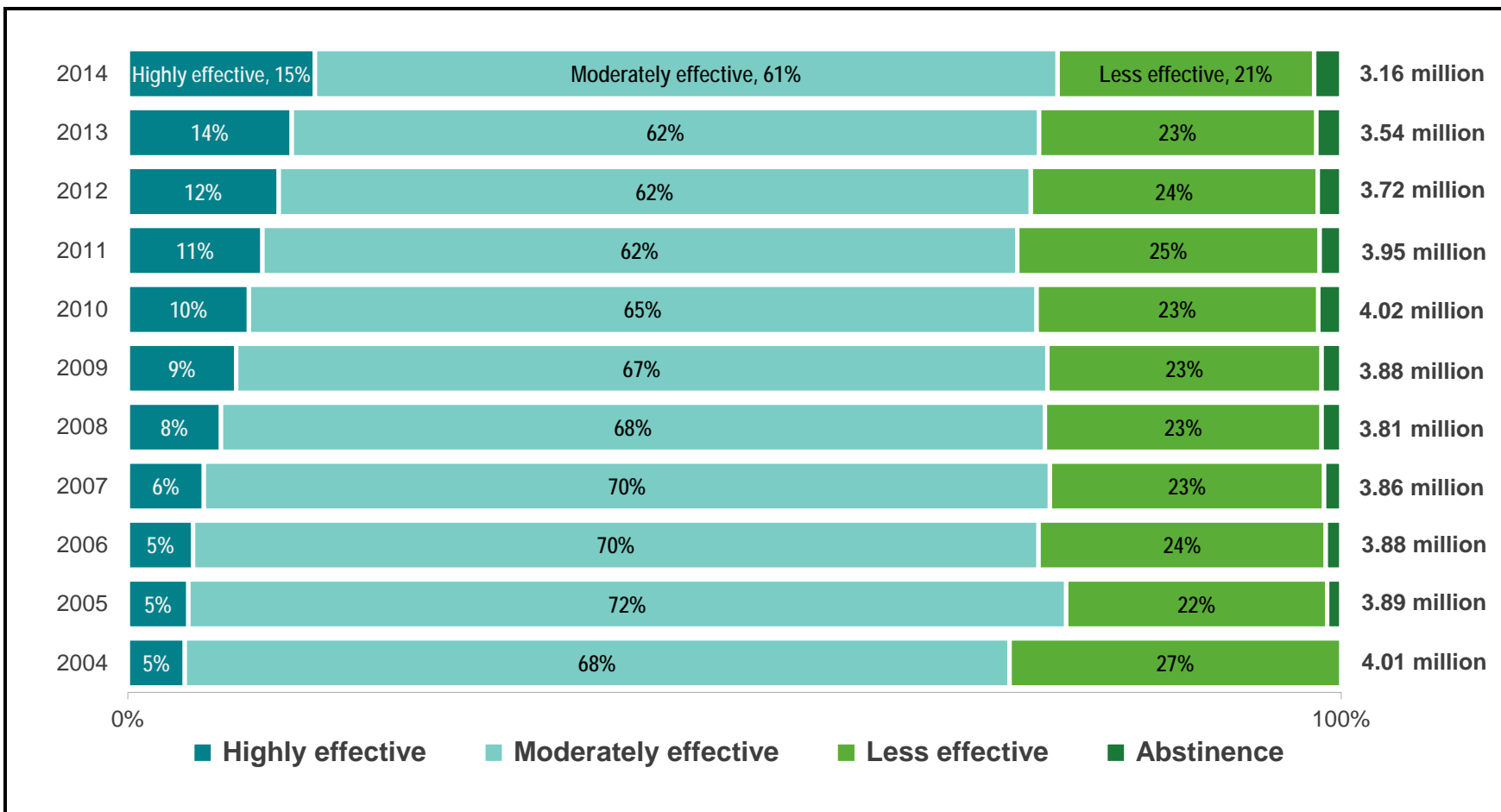
^e For 2004, the Withdrawal/Other category includes rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not listed in Table 3 of the 2001 version of the *Title X FPAR: Forms and Instructions*. Beginning in 2005, the Withdrawal/Other category excludes rhythm/calendar,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

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

— Data are not available.

† Percentage is less than 0.5%.

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



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

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

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

ASC=atypical squamous cells.

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

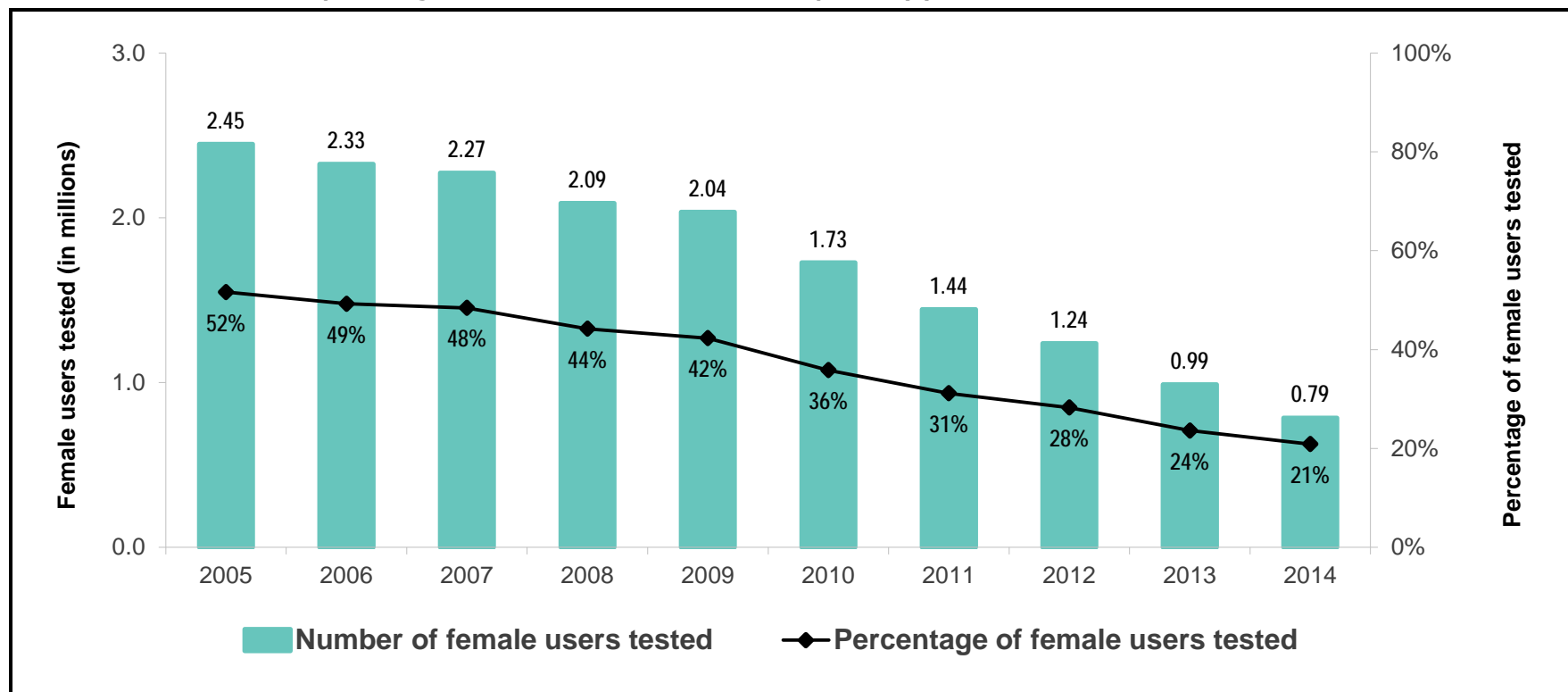


Exhibit A-10a. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2014

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

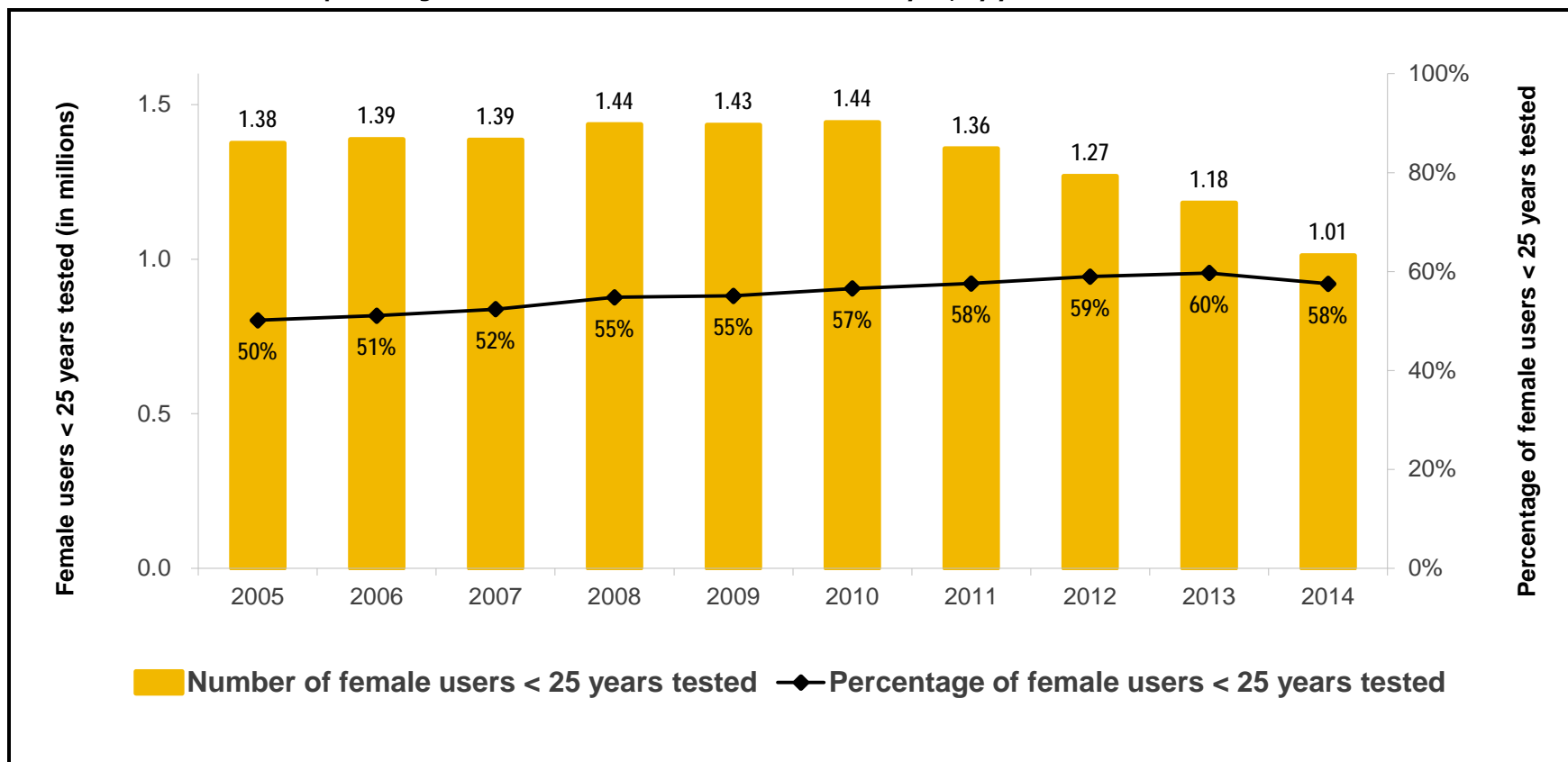
Exhibit A-10b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005-2014

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

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

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

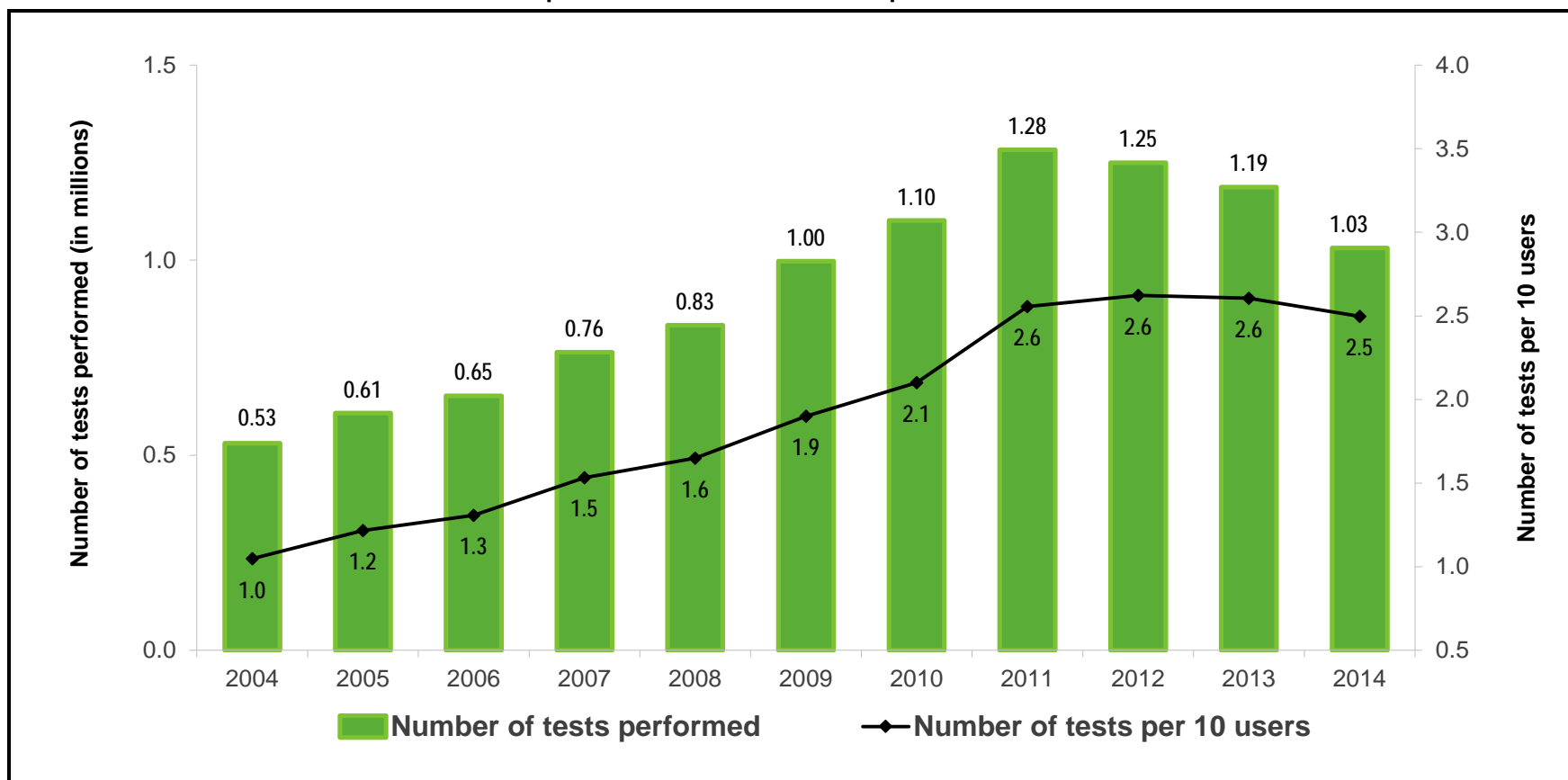


Exhibit A-12a. Actual and adjusted (constant 2014\$, 2004\$, and 1981\$) total, Title X, and Medicaid revenue, by year: 2004–2014

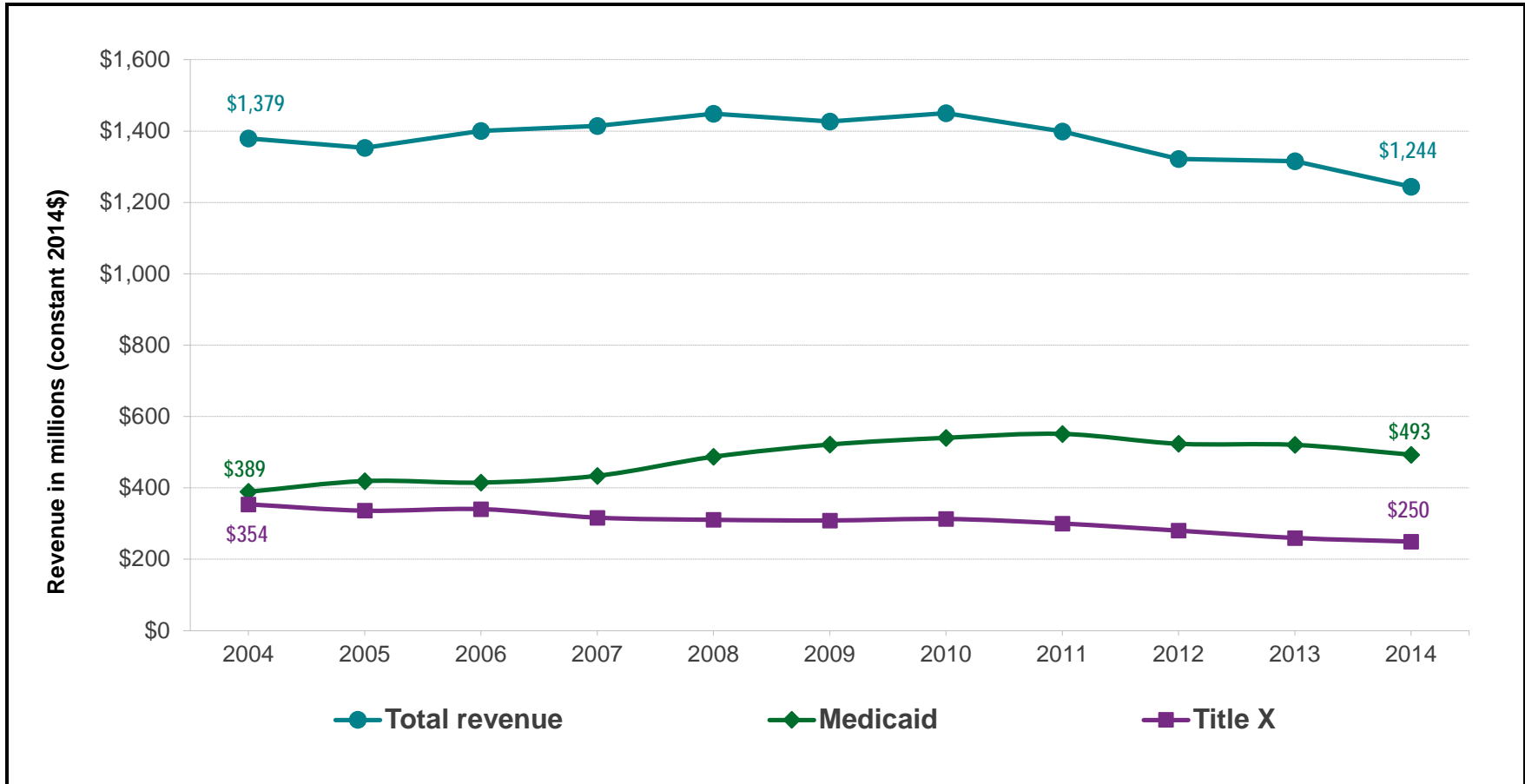
| Revenue | 2004 (\$) | 2005 (\$) | 2006 (\$) | 2007 (\$) | 2008 (\$) | 2009 (\$) | 2010 (\$) | 2011 (\$) | 2012 (\$) | 2013 (\$) | 2014 (\$) | Change | | |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------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

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

^b Revenue is shown in constant 2014 dollars (2014\$), 2004 dollars (2004\$), or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

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

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



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

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

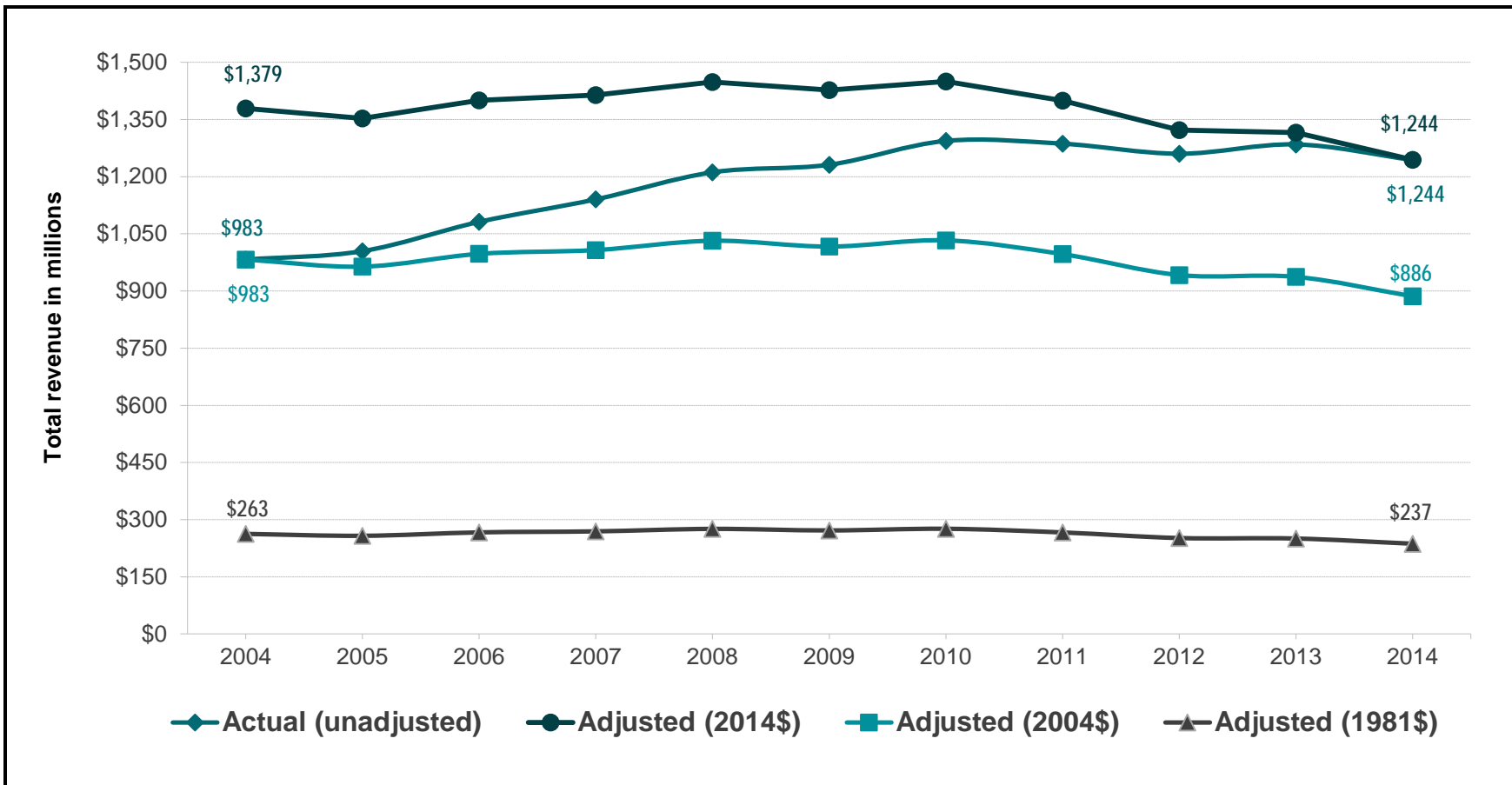


Exhibit A-12d. Title X actual (unadjusted) and adjusted (constant 2014\$, 2004\$, and 1981\$) revenue, by year: 2004–2014

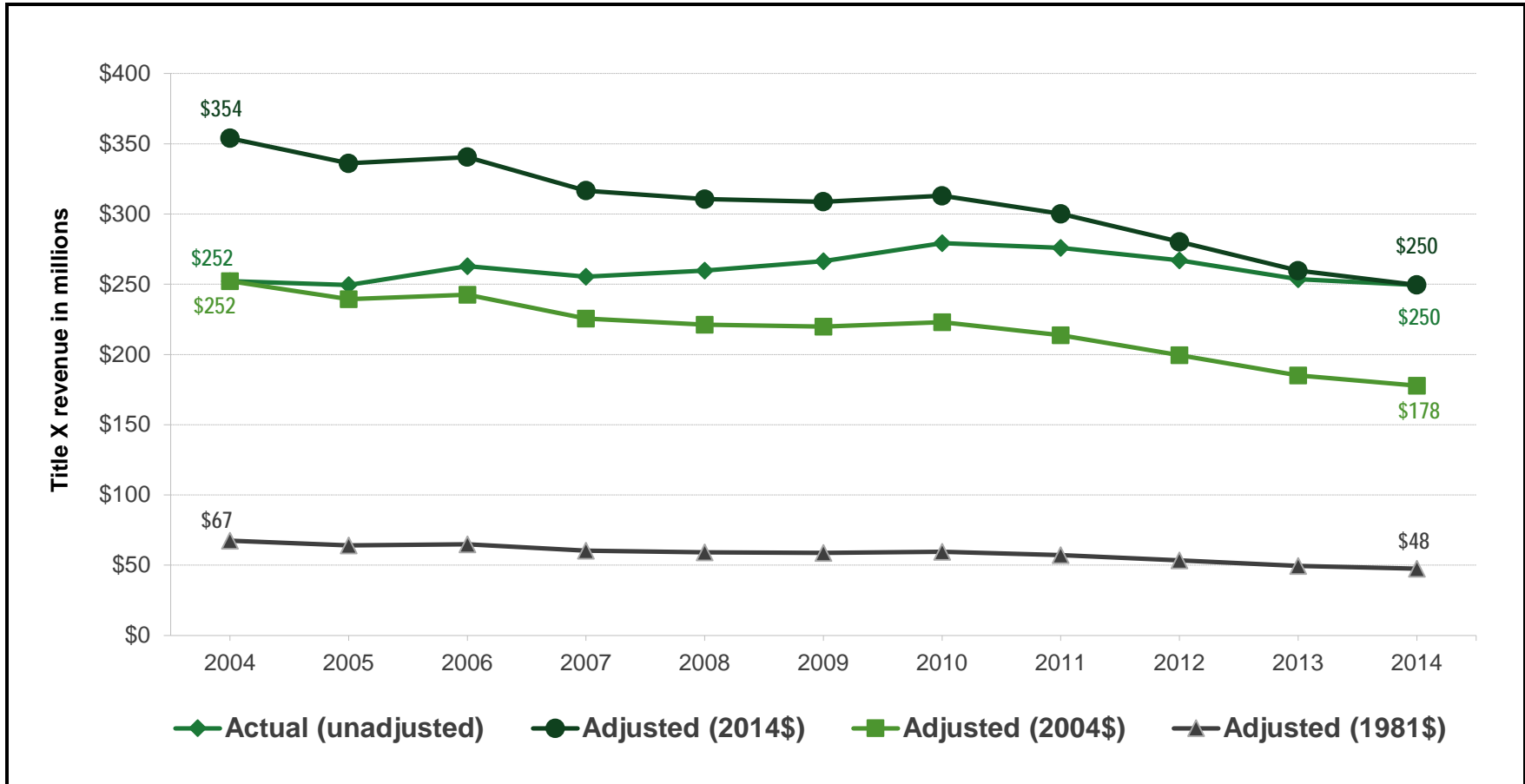
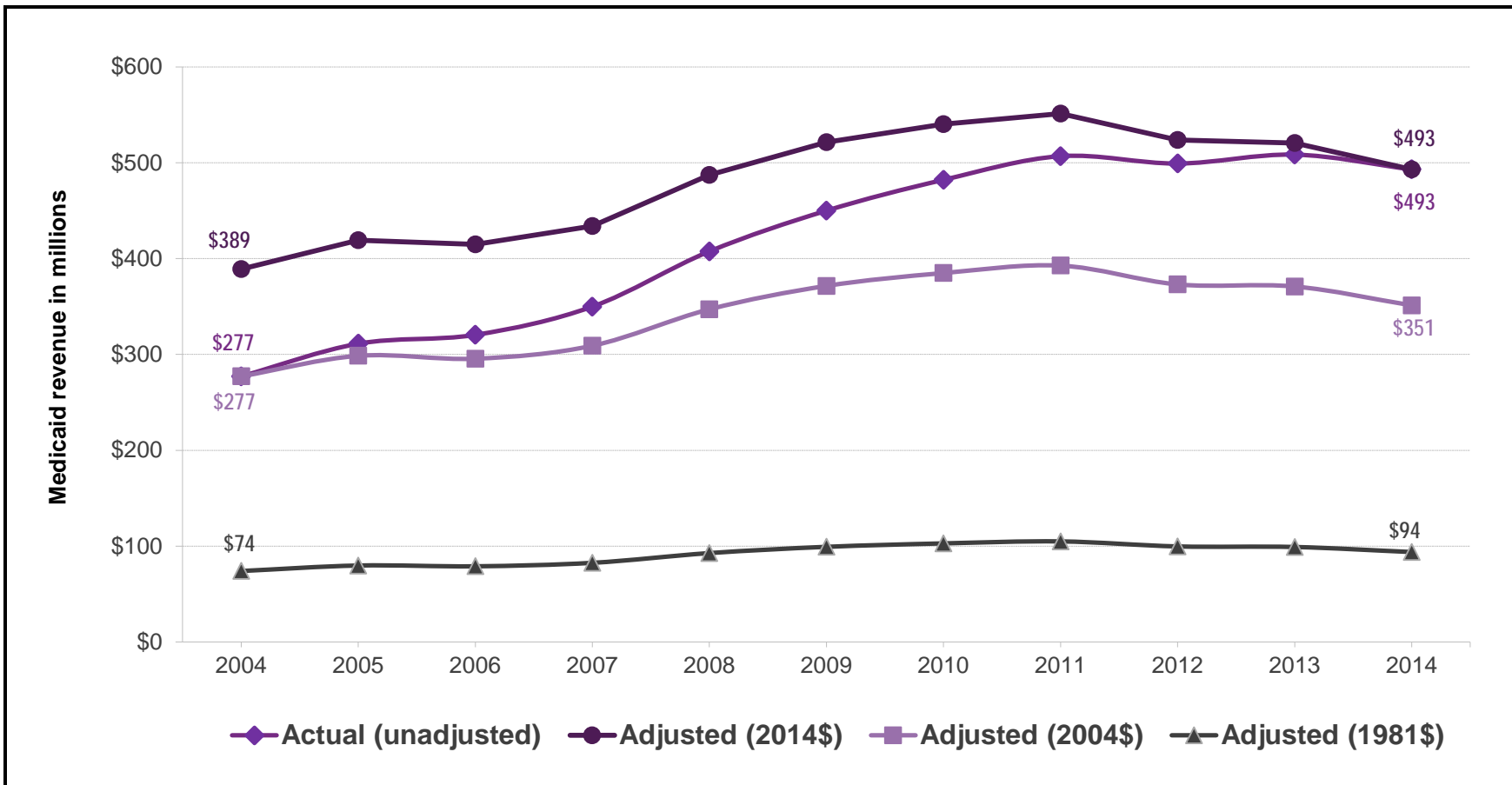


Exhibit A-12e. Medicaid actual (unadjusted) and adjusted (constant 2014\$, 2004\$, and 1981\$) revenue, by year: 2004–2014



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

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

| Revenue Sources | 2004 (\$) | 2005 (\$) | 2006 (\$) | 2007 (\$) | 2008 (\$) | 2009 (\$) | 2010 (\$) | 2011 (\$) | 2012 (\$) | 2013 (\$) | 2014 (\$) |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title X | 252,141,527 | 249,562,677 | 262,983,478 | 255,337,864 | 259,743,981 | 266,393,881 | 279,295,186 | 276,002,719 | 267,095,215 | 253,655,493 | 249,517,445 |
| Payment for Services | | | | | | | | | | | |
| Client fees | 99,774,741 | 101,353,959 | 102,527,805 | 94,273,992 | 94,531,003 | 80,940,857 | 84,540,815 | 72,156,363 | 70,400,120 | 69,425,823 | 53,170,034 |
| Third-party payers | | | | | | | | | | | |
| Medicaid | 277,174,817 | 311,066,271 | 320,154,915 | 349,672,196 | 407,349,628 | 449,834,131 | 481,262,633 | 506,608,330 | 498,739,261 | 505,709,855 | 490,470,842 |
| Medicare | 755,938 | 850,289 | 695,725 | 523,170 | 826,424 | 843,164 | 1,913,519 | 2,002,181 | 1,173,110 | 1,864,987 | 3,083,719 |
| CHIP | — | 159,966 | 302,282 | 247,539 | 212,168 | 194,482 | 913,045 | 279,244 | 442,214 | 2,784,603 | 2,590,621 |
| Other | 15,231,967 | 2,137,736 | 3,173,806 | 3,042,991 | 3,855,406 | 4,903,482 | 2,466,949 | 4,088,072 | 3,743,183 | 10,848,382 | 10,202,966 |
| Private | 23,923,861 | 31,794,914 | 37,263,692 | 46,403,049 | 45,067,919 | 48,445,935 | 50,409,637 | 51,655,083 | 63,955,467 | 69,210,207 | 95,138,355 |
| Subtotal | 416,861,324 | 447,363,135 | 464,118,225 | 494,162,937 | 551,842,548 | 585,162,051 | 621,506,598 | 636,789,273 | 638,453,355 | 659,843,857 | 654,656,537 |
| Other Revenue | | | | | | | | | | | |
| MCH block grant | 32,992,292 | 24,384,126 | 22,806,213 | 23,484,206 | 23,058,822 | 21,044,962 | 21,205,336 | 25,512,030 | 24,439,148 | 19,852,391 | 23,095,828 |
| SS block grant | 30,835,001 | 27,232,575 | 28,443,123 | 28,593,275 | 27,333,993 | 30,841,136 | 34,001,848 | 23,736,983 | 11,229,640 | 8,805,626 | 5,601,590 |
| TANF | — | 16,986,542 | 10,521,097 | 23,460,554 | 22,325,121 | 15,580,002 | 14,475,023 | 14,517,155 | 13,548,818 | 13,268,175 | 10,570,729 |
| State government | 125,848,881 | 115,558,888 | 133,618,734 | 138,760,608 | 147,447,953 | 153,830,395 | 135,464,470 | 125,392,165 | 117,468,476 | 131,054,838 | 120,974,720 |
| Local government | 50,028,918 | 56,251,710 | 93,388,186 | 99,510,026 | 101,295,242 | 84,666,243 | 91,289,586 | 84,214,372 | 87,010,991 | 93,770,370 | 80,388,864 |
| BPHC | 3,959,649 | 6,172,992 | 5,847,921 | 7,177,359 | 9,531,860 | 4,965,372 | 4,090,546 | 5,289,075 | 4,625,737 | 11,461,645 | 10,080,722 |
| Other | 69,870,209 | 61,120,375 | 59,704,550 | 70,024,333 | 68,909,949 | 68,827,043 | 92,507,316 | 95,120,838 | 96,335,555 | 93,002,768 | 89,015,512 |
| Subtotal | 313,534,950 | 307,707,208 | 354,329,824 | 391,010,361 | 399,902,940 | 379,755,153 | 393,034,125 | 373,782,618 | 354,658,365 | 371,215,813 | 339,727,965 |
| Total Revenue | | | | | | | | | | | |
| Actual | 982,537,801 | 1,004,633,020 | 1,081,431,527 | 1,140,511,162 | 1,211,489,469 | 1,231,311,085 | 1,293,835,909 | 1,286,574,610 | 1,260,206,935 | 1,284,715,163 | 1,243,901,947 |
| 2014\$^a | 1,379,228,329 | 1,353,084,015 | 1,400,199,714 | 1,414,211,229 | 1,448,536,293 | 1,426,973,282 | 1,449,934,535 | 1,399,212,327 | 1,322,092,911 | 1,315,435,864 | 1,243,901,947 |
| 2004\$^a | 982,537,801 | 963,913,055 | 997,477,444 | 1,007,458,999 | 1,031,911,566 | 1,016,550,459 | 1,032,907,649 | 996,774,047 | 941,835,542 | 937,093,180 | 886,133,687 |
| 1981\$^a | 262,664,894 | 257,685,883 | 266,658,755 | 269,327,156 | 275,864,137 | 271,757,604 | 276,130,423 | 266,470,714 | 251,783,832 | 250,516,042 | 236,892,882 |

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

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

^a Revenue is shown in constant 2014 dollars (2014\$), 2004 dollars (2004\$), or 1981 dollars (1981\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

— Data are not available.

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

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

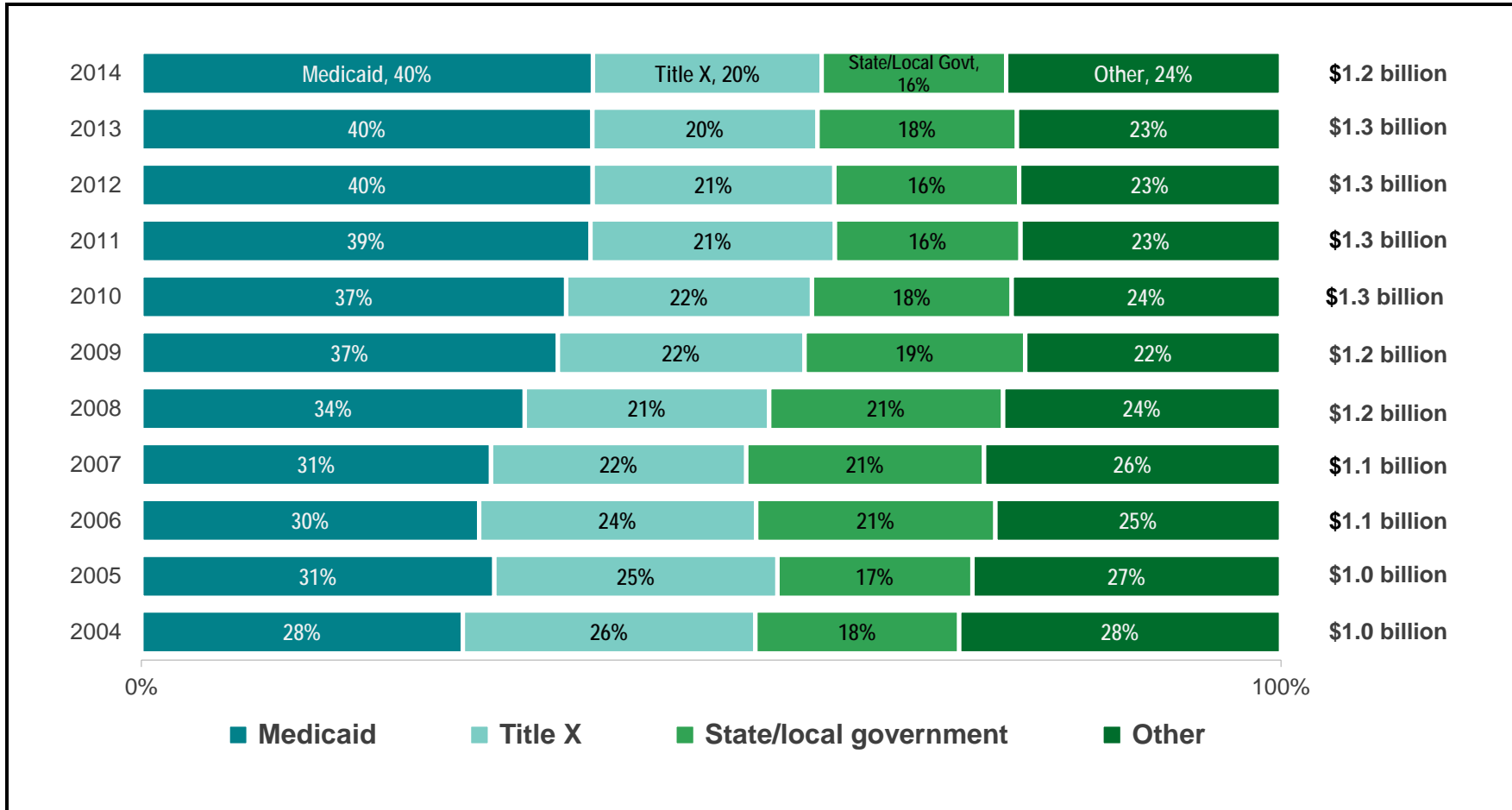
BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

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

— Data are not available.

† Percentage is less than 0.5%.

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



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

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Appendix B

State Exhibits

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

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

† Percentage is less than 0.5%.

(continued)

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

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

FAS=Freely Associated States.

† Percentage is less than 0.5%.

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

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

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

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

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

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

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

† Percentage is less than 0.5%.

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

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

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

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

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

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

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

† Percentage is less than 0.5%.

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

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

(continued)

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

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

FAS=Freely Associated States.

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

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

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

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

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

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

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

(continued)

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

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

FAS=Freely Associated States.

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Appendix C

Field and Methodological Notes

INTRODUCTION

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

FPAR COVER SHEET: GRANTEE PROFILE

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

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

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

FPAR TABLE 1: USERS BY AGE AND SEX

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

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

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

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

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

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

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

FPAR Table 3: MALE USERS BY ETHNICITY AND RACE

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

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

FPAR TABLE 4: USERS BY INCOME LEVEL

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

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

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

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

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

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

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

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

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

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

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

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

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

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

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

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

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

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

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

FPAR TABLE 10: CLINICAL BREAST EXAMS AND REFERRALS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

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

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

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

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

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

FPAR TABLE 14: REVENUE REPORT

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

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

Region I—Connecticut, New Hampshire, and Rhode Island

Region II—New York

Region III—Maryland, Pennsylvania, and Virginia

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

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

Region VI—Louisiana, New Mexico, and Oklahoma

Region VII—Iowa and Missouri

Region VIII—Montana and Wyoming

Region IX—California

Region X—Oregon and Washington

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

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

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

