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August 2018

Family Planning Annual Report: 2017 National Summary

Prepared for

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SUGGESTED CITATION

Fowler, C. I., Gable, J., Wang, J., & Lasater, B. (2018, August). *Family Planning Annual Report: 2017 national summary*. Research Triangle Park, NC: RTI International.

ADDITIONAL COPIES

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ACKNOWLEDGMENTS

This report was prepared by RTI International under OPA contract number HHSP23320095651WC/HHSP23337041T. RTI staff who prepared the report include Christina Fowler (Project Director and Health Scientist), Julia Gable (Statistician), Jiantong Wang (Statistician), and Beth Lasater (Information Systems Analyst). The conclusions expressed in this report are those of the authors and do not necessarily represent the views of HHS or OPA. Sharon Barrell and Margaret Johnson (Editors); Roxanne Snaauw (Document Preparation Specialist); and Kimberly Cone, Pam Tuck, Teresa Bass, and Danny Occoquan (Web Conversion Team) provided publications assistance. Nathan Sikes, Yuying Zhang, Al-Nisa Berry, and Vesselina Bakalov provided support for web-based data collection.

For their help resolving data validation issues and reviewing the final report, the authors thank U.S. Department of Health and Human Services (HHS) Office of Population Affairs (OPA) staff Emily Decker (FPAR Data Coordinator) and Ana Carolina Loyola Briceño and HHS/OPA Regional Project Officers.

Finally, publication of this report would not have been possible without the contributions of Title X services grantees and subrecipients that collect, compile, and submit FPAR data to OPA.

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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 competitively awarded grants to state and local public health departments and community health, family planning, and other private nonprofit agencies. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2017, the Title X program received approximately \$286.5 million in federal Title X funding.⁴

Annual submission of the Family Planning Annual Report (FPAR)⁵ is required of all Title X service grantees.⁶ The 15-table FPAR provides grantee-level data on the demographic and social characteristics of Title X clients, their use of family planning and related preventive health services, staffing, and revenue. FPAR data have multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. In addition, OPA uses FPAR data to respond to inquiries from policy makers 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: 2017 National Summary* is to present the national-, regional-, and state-level findings for the 2017 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

KEY 2017 FPAR FINDINGS

A diverse network of public and private nonprofit health and community service agencies delivers Title X services. In 2017, Title X-funded services were implemented through grants to 89 agencies: 47 (53%) state and local health departments and 42 (47%) nonprofit family planning and community health agencies. Title X funds supported a network of 3,858 service sites operated either by grantees or 1,091 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States.

Title X providers serve a socioeconomically disadvantaged population, most of whom are female, low income, and young. In 2017, Title X-funded providers served approximately 4.0 million family planning users (i.e., clients) through 6.6 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 interaction between an individual and a family

planning provider that includes the delivery of family planning services (alone or in conjunction with related preventive health services) to avoid unintended pregnancies or achieve intended pregnancies. About 9 of every 10 users (88%) were female, 65% were under 30 years of age, and 67% had family incomes at or below the poverty level (\$24,600 for a family of four in the 48 contiguous states and the District of Columbia).⁷

Title X providers serve a population with low rates of health insurance. In 2017, the percentage of users who were insured (57%) exceeded the percentage who were uninsured (42%). This is the third consecutive year, since OPA began collecting insurance data in 2005, that the percentage insured has exceeded the percentage uninsured. Although the increase in health insurance coverage signals greater access to health care for Title X clients, the percentage of Title X users who were uninsured (42%) in 2017 is more than triple the national rate for adults (13%).⁸ Among insured users, 67% had coverage through Medicaid or other public sources and 33% had private coverage.

Title X providers serve a racially and ethnically diverse population. Of the 4.0 million family planning users served in 2017, 31% 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, American Indian or Alaska Native, or more than one race), 33% self-identified as Hispanic or Latino, and 14% 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 2017, 80% (2.8 million) of *all* female users exited their last encounter in the reporting period with a *most effective* (vasectomy, female sterilization, implant, or IUD), *moderately effective* (injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm, or cervical cap), or *less effective* (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM], lactational amenorrhea method [LAM], or spermicide used alone) contraceptive method.¹⁰ Nine percent (313,802) of all female users exited their last encounter with no primary method because they were either pregnant or seeking pregnancy. Among the 3.1 million female clients *at risk of unintended pregnancy* (not pregnant, not seeking pregnancy, or abstinent), 70% (2.2 million) exited their last encounter with either a most (21%) or moderately effective (49%) contraceptive method.

Title X-funded cervical and breast cancer screening services are necessary for early detection and treatment. In 2017, Title X providers conducted Papanicolaou (Pap) testing on 18% (649,266) of female users. Fourteen percent of the 683,247 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 25% (878,491) of female users and referred 5% of those examined for further evaluation based on abnormal findings.

Title X-funded STD and HIV services provide testing necessary for preventing disease transmission and adverse health consequences. In 2017, Title X providers tested 61% (939,250) of female users under 25 for chlamydia. Providers also performed 2.4 million gonorrhea tests (6.1 tests per 10 users), 1.2 million confidential HIV tests (3.0 tests per 10 users), and 709,161 syphilis tests (1.8 tests per 10 users). Of the confidential HIV tests performed, 2,195 (1.8 per 1,000 tests performed) were positive for HIV.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients. In 2017, 12% (463,011) of all Title X users were men, a number that has grown by 57% since 2007. Most male users were in their 20s (44%) or 30s (22%), and 76% (353,287) adopted or continued use of condoms or another contraceptive method at exit from their last encounter. In addition, Title X providers tested 69% (321,280) of all male users for chlamydia and provided testing for several other STDs, including gonorrhea (7.6 tests per 10 male users), HIV (5.9 tests per 10 male users), and syphilis (3.6 tests per 10 male users).

A variety of qualified health providers deliver Title X-funded clinical services. In 2017, 3,525 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 70% of total CSP FTEs, followed by physicians (23%) and registered nurses with an expanded scope of practice (7%). A CSP attended 78% of the 6.6 million family planning encounters in 2017.

Title X projects rely on revenue from a variety of public and private sources. In 2017, Title X grantees reported total project revenue of almost \$1.3 billion to support their approved Title X services projects. Five sources accounted for 86% of total revenue: Medicaid (38%, or \$495.2 million), Title X (19%, or \$244.6 million), state and local governments (15%, or \$188.2 million), private third-party payers (11%, or \$140.1 million), and client service fees (4%, or \$52.4 million). In 2017, Title X projects reported a net decrease of 3% (\$40.3 million in constant 2017 dollars) in total revenue compared with 2016.

Summary. The FPAR data for 2017, and over time, show that Title X providers continue to deliver family planning and related preventive care to a socioeconomically disadvantaged population. Despite the recent decline in revenue, the number of clients served has remained almost level since 2015, and the delivery of recommended preventive health care remains high, both of which attest to the network's efforts to deliver care meeting the highest national standards.

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1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act,¹ is administered by the Office of Population Affairs (OPA), 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 approximately 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in approximately 4,000 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2017, the Title X program received approximately \$286.5 million in federal Title X funding.⁴

The HHS Regional Offices monitor the performance of the Title X grantees in their respective regions (see *Exhibit 1*), with overall program oversight from OPA.

FAMILY PLANNING ANNUAL REPORT

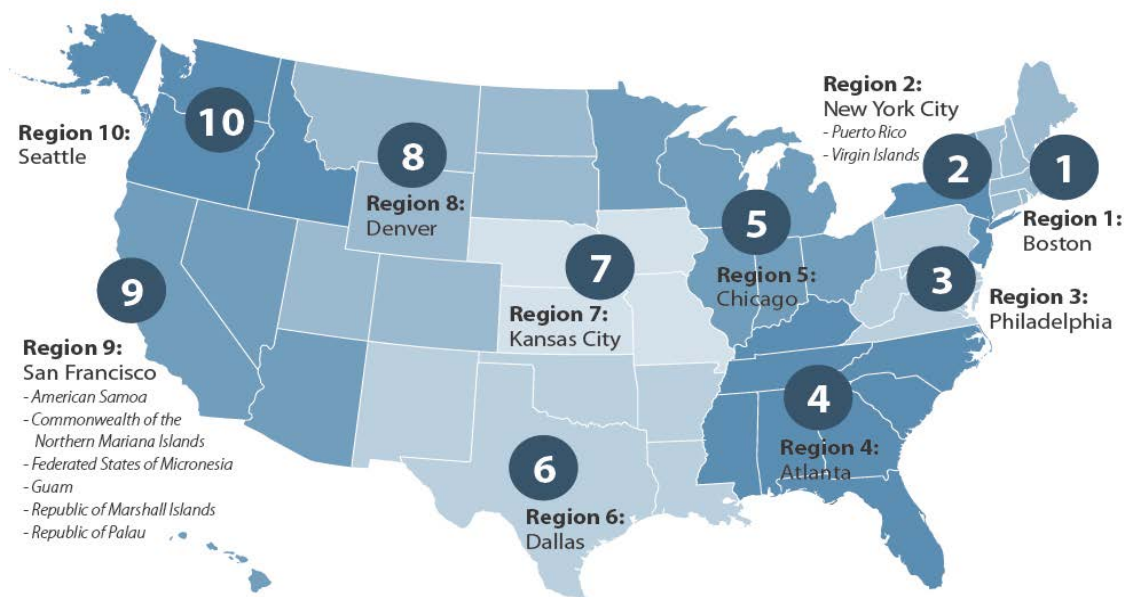
The Family Planning Annual Report (FPAR)⁵ is the only source of uniform reporting by all Title X services grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue.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

Title X administrators and grantees use FPAR data to

- monitor compliance with statutory requirements;
- comply with accountability and federal performance reporting requirements for Title X family planning funds, including but not limited to the Government Performance and Results Modernization Act and the Office of Management and Budget (OMB);
- guide strategic and financial planning and respond to inquiries from policy makers 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: 2017 National Summary* presents data for the 89 Title X services grantees that submitted an FPAR report for the 2017 reporting period (January 1, 2017, through December 31, 2017). 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 2007 through 2017. **Appendix B** presents 2017 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). The **Appendix B** exhibits present information on the number and distribution of Title X family planning users served by sex, income level, health insurance coverage status (overall and by Medicaid expansion status), contraceptive use, and chlamydia testing. **Appendix C** presents general and table-specific notes about the data presented in this report.

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 both the tabular and graphical presentations of the 2017 or trend data. Each exhibit identifies the FPAR table that is the source for the data presented.

Note:

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

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 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 assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.¹²

OTHER SERVICES PROVIDERS—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*.¹² 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*.¹²

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 services provided during the family planning encounter must be documented in the client record. 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.

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 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*.¹² and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

Client Records—Title X projects must establish a medical record for every client who is counted as a Title X user, including but not limited to those who obtain clinical services or other screening or laboratory services (e.g., blood pressure check, urine-based pregnancy, or STD test). The medical record contains personal data; a medical history; physical exam data; laboratory test orders, results, and follow-up; treatment and special instructions; scheduled revisits; informed consent forms; documentation of refusal of services; and information on allergies and untoward reactions to identified drug(s). The medical record also contains clinical findings; diagnostic and therapeutic orders; and documentation of continuing care, referral, and follow-up. The medical record allows for entries by counseling and social service staff. The medical record is a confidential record, accessible only to authorized staff and secured by lock when not in use. The client medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results. If a family planning user receives no clinical services, the provider still must establish a client record that enables the site to complete the required FPAR data reporting.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 7–10.

2

FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions* (Reissued October 2016)⁵ consists of 15 reporting tables. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by Title X grantees. The key terms describe the individuals receiving 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.

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1 to December 31). In February 2018, 89 grantees submitted FPARs for the 2017 reporting period. Almost all (99%) FPARs were submitted by the due date, and all were submitted using the web-based *FPAR Data System* (<https://fpar.opa.hhs.gov/>).

DATA VALIDATION

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

After a grantee submits an FPAR, it goes through two levels of review by HHS staff. First, HHS regional staff review the FPAR and either accept it or return it to the grantee for correction or clarification. Once the HHS regional staff accept the FPAR, the FPAR Data Coordinator performs a second and final review, either accepting the FPAR or returning it to the HHS regional staff and the grantee for correction or clarification. When the FPAR Data Coordinator has accepted all FPARs, RTI International extracts the FPAR data from the *FPAR Data System* database and performs further electronic validations to identify potential reporting errors and problems, including missing and out-of-range values for selected measures (e.g., STD test-to-user ratios). RTI also performs a manual review of all comments entered into the FPAR table “Note” fields.

RTI summarizes the results of the electronic and manual validations in a grantee-specific report, compiled by region, which RTI sends to the FPAR Data Coordinator for follow-up and resolution. Once HHS staff and grantees 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.

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 2016), pp. 15–17, A-1–A-2.

3 Findings

TITLE X SERVICE NETWORK PROFILE

In 2017, Title X-funded services were implemented through grants to 89 agencies: 47 (53%) state and local health departments and 42 (47%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,091 subrecipients (subcontractors) and 3,858 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (*Exhibit 2*).

Compared with 2016, in 2017, the Title X program had two fewer grantees (89 vs. 91), 26 fewer subrecipients (1,091 vs. 1,117), and 40 fewer service sites (3,858 vs. 3,898). All but three regions (II, III, and VIII) reported a decrease in subrecipients, while seven regions (I, IV, V, VI, VII, VIII, and IX) reported a decrease in service sites (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2016–2017 (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											
2017	89	11	6	10	9	11	6	5	6	17	8
2016	91	11	6	10	9	11	7	5	6	18	8
Difference	-2	0	0	0	0	0	-1	0	0	-1	0
% Change	-2%	0%	0%	0%	0%	0%	-14%	0%	0%	-6%	0%
Subrecipients											
2017	1,091	68	68	225	277	113	39	91	69	85	56
2016	1,117	69	68	223	281	118	41	92	68	99	58
Difference	-26	-1	0	2	-4	-5	-2	-1	1	-14	-2
% Change	-2%	-1%	0%	1%	-1%	-4%	-5%	-1%	1%	-14%	-3%
Service Sites											
2017	3,858	221	244	653	912	365	415	210	162	465	211
2016	3,898	225	244	640	914	374	425	221	180	469	206
Difference	-40	-4	0	13	-2	-9	-10	-11	-18	-4	5
% Change	-1%	-2%	0%	2%	0%†	-2%	-2%	-5%	-10%	-1%	2%

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

Since 2007, the change in the number of grantees and subrecipients has been smaller than the change in the number of service sites. Compared with 2007, in 2017, there was no change in the number of grantees (89 in 2017 and 2007), a 7% decrease in the number of subrecipients (1,091 vs. 1,176), and a 15% decrease in the number of service sites (3,858 vs. 4,542).

Exhibits A-1a and A-1b in *Appendix A* present trends (2007–2017) in the number of grantees, subrecipients, and service sites by region.

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2017, Title X-funded sites served over 4.0 million family planning users. Grantees in Region IX served 27% of Title X users; those in Regions II, III, IV, V, and VI each served between 9% and 17%; and those in Regions I, VII, VIII, and X served between 3% and 5%. The number of users served in 2017 was 0.1% (or 3,306 users) lower than in 2016. Region VII reported the largest numeric decline in users (by 15,148 users). Three other regions reported client losses ranging from 5,671 (X) to 13,369 (III), and six others reported gains of between 945 (II) and 15,713 (VI) (*Exhibit 3*). On average, the number of users per service site increased by 10, from 1,028 in 2016 to 1,038 in 2017 (*Exhibit A-1c*).

In 2017, the number of family planning users served (4.0 million) was 20% (or 982,992 users) lower than the number served in 2007 (5.0 million) and 23% (or 1.2 million) lower than the highest number of users (5.2 million) ever served by the program in a single year (2010) (*Exhibits A-2a and A-2b*).

Exhibit 3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2016–2017 (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											
2017	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786
2016	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457
Difference	-3,306	11,569	945	-13,369	7,403	1,360	15,713	-15,148	2,901	-9,009	-5,671
% Change	0%†	6%	0%†	-3%	1%	0%†	5%	-11%	2%	-1%	-4%
Distribution											
2017	100%	5%	11%	12%	17%	10%	9%	3%	3%	27%	4%
2016	100%	5%	11%	12%	17%	10%	8%	3%	3%	28%	4%

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

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

Users by Sex (Exhibits 4 and 5)

Of the 4.0 million family planning users served in 2017, 88% (3.5 million) were female and 12% (463,011) were male (*Exhibits 4 and 5*).

- By **region**, 84% (VIII) to 92% (X) of total users were female (*Exhibit 5*).
- By **state**, the percentage of total users who were female ranged from 73% to 100% (*Exhibit B-1 in Appendix B*).

From 2007 through 2017, the percentage of users who were female declined from 94% to 88%, while the percentage of users who were male increased from 6% to 12%. Numerically, the number of female users decreased 25%, from 4.7 million in 2007 to 3.5 million in 2017, while the number of male users increased 57%, from 295,381 in 2007 to 463,011 in 2017 (*Exhibits A-2a and A-2b*).

Users by Age (Exhibits 4 and 5)

In 2017, 17% (693,724) of family planning users were under 20, 47% (1.9 million) were 20 to 29, and 35% (1.4 million) were 30 or older. Approximately the same percentages of female and male users were in their teens (17% females and 16% males). A higher percentage of female (48%) than male (44%) users was in their 20s, while a higher percentage of male (40%) than female (35%) users was 30 or over (*Exhibits 4 and 5*).

- Across **regions**, there was higher variation in the age distribution of male and female users.
 - Among female users, 15% (II) to 22% (VIII and X) were in their teens, 44% (I, III, and VI) to 51% (V and IX) were in their 20s, and 29% (VIII) to 39% (VI) were 30 or over.
 - Among male users, 11% (IX) to 24% (III) of male users were in their teens, 30% (IV) to 54% (V) were in their 20s, and 32% (II) to 51% (IV) were 30 or over.

See *Exhibits A-3a and A-3b* for trends (2007–2017) in the distribution of all family planning users by age group.

- Numerically, the number of teenage users decreased 45%, from 1.3 million (2007) to 693,724 (2017), while the number of users 20 to 24 decreased 35%, from 1.6 million (2007) to 1.0 million (2017).
- In contrast, the percentage of users 25 or over increased from 44% (2007) to 57% (2017). Numerically, this represents a 6% increase, from 2.2 million users (2007) to 2.3 million (2017).

Exhibit 4. Number of all family planning users, by sex, age, and region: 2017 (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	36,621	2,636	3,019	6,809	9,006	3,132	3,357	1,120	1,208	4,865	1,469
15 to 17	242,464	13,871	22,133	31,489	42,709	25,672	21,586	8,858	9,165	53,493	13,488
18 to 19	340,340	15,772	33,212	37,365	55,963	36,615	29,621	11,432	13,369	90,840	16,151
20 to 24	908,324	38,380	98,668	92,192	144,018	97,164	74,454	26,942	31,005	266,945	38,556
25 to 29	777,777	35,234	89,661	84,371	129,370	76,656	65,315	21,453	20,493	224,591	30,633
30 to 34	517,460	24,669	60,814	60,240	93,320	46,271	49,753	15,317	13,382	134,319	19,375
35 to 39	334,384	16,375	38,140	40,680	61,927	28,342	35,248	10,677	8,625	82,584	11,786
40 to 44	195,225	10,252	21,626	24,830	34,599	14,891	19,893	6,209	4,867	51,495	6,563
Over 44	188,640	9,590	19,287	26,057	38,863	13,233	16,799	6,556	3,914	49,343	4,998
Subtotal	3,541,235	166,779	386,560	404,033	609,775	341,976	316,026	108,564	106,028	958,475	143,019
Male Users											
Under 15	12,439	1,191	1,245	2,983	4,137	535	795	103	378	1,018	54
15 to 17	28,965	3,281	2,958	6,433	4,618	1,775	2,108	545	1,036	5,594	617
18 to 19	32,895	2,090	3,474	4,874	3,864	3,520	2,931	1,075	1,446	8,795	826
20 to 24	105,619	5,500	11,239	11,973	10,351	14,170	7,520	3,430	5,324	33,260	2,852
25 to 29	99,811	5,677	9,972	10,302	10,090	12,688	6,849	2,765	4,926	33,758	2,784
30 to 34	63,373	3,713	6,055	6,758	7,690	7,161	4,663	1,740	3,023	20,627	1,943
35 to 39	40,372	2,342	3,201	4,767	6,200	4,098	3,304	1,041	1,836	12,402	1,181
40 to 44	25,523	1,414	1,708	3,172	5,268	2,237	2,189	612	1,126	7,126	671
Over 44	54,014	2,965	2,679	8,921	15,153	3,741	4,261	884	1,799	12,772	839
Subtotal	463,011	28,173	42,531	60,183	67,371	49,925	34,620	12,195	20,894	135,352	11,767
All Users											
Under 15	49,060	3,827	4,264	9,792	13,143	3,667	4,152	1,223	1,586	5,883	1,523
15 to 17	271,429	17,152	25,091	37,922	47,327	27,447	23,694	9,403	10,201	59,087	14,105
18 to 19	373,235	17,862	36,686	42,239	59,827	40,135	32,552	12,507	14,815	99,635	16,977
20 to 24	1,013,943	43,880	109,907	104,165	154,369	111,334	81,974	30,372	36,329	300,205	41,408
25 to 29	877,588	40,911	99,633	94,673	139,460	89,344	72,164	24,218	25,419	258,349	33,417
30 to 34	580,833	28,382	66,869	66,998	101,010	53,432	54,416	17,057	16,405	154,946	21,318
35 to 39	374,756	18,717	41,341	45,447	68,127	32,440	38,552	11,718	10,461	94,986	12,967
40 to 44	220,748	11,666	23,334	28,002	39,867	17,128	22,082	6,821	5,993	58,621	7,234
Over 44	242,654	12,555	21,966	34,978	54,016	16,974	21,060	7,440	5,713	62,115	5,837
Total All Users	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786

Exhibit 5. Distribution of all family planning users, by sex, age, and region: 2017 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	2%	1%	2%	1%	1%	1%	1%	1%	1%	1%
15 to 17	7%	8%	6%	8%	7%	8%	7%	8%	9%	6%	9%
18 to 19	10%	9%	9%	9%	9%	11%	9%	11%	13%	9%	11%
20 to 24	26%	23%	26%	23%	24%	28%	24%	25%	29%	28%	27%
25 to 29	22%	21%	23%	21%	21%	22%	21%	20%	19%	23%	21%
30 to 34	15%	15%	16%	15%	15%	14%	16%	14%	13%	14%	14%
35 to 39	9%	10%	10%	10%	10%	8%	11%	10%	8%	9%	8%
40 to 44	6%	6%	6%	6%	6%	4%	6%	6%	5%	5%	5%
Over 44	5%	6%	5%	6%	6%	4%	5%	6%	4%	5%	3%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	3%	4%	3%	5%	6%	1%	2%	1%	2%	1%	0%†
15 to 17	6%	12%	7%	11%	7%	4%	6%	4%	5%	4%	5%
18 to 19	7%	7%	8%	8%	6%	7%	8%	9%	7%	6%	7%
20 to 24	23%	20%	26%	20%	15%	28%	22%	28%	25%	25%	24%
25 to 29	22%	20%	23%	17%	15%	25%	20%	23%	24%	25%	24%
30 to 34	14%	13%	14%	11%	11%	14%	13%	14%	14%	15%	17%
35 to 39	9%	8%	8%	8%	9%	8%	10%	9%	9%	9%	10%
40 to 44	6%	5%	4%	5%	8%	4%	6%	5%	5%	5%	6%
Over 44	12%	11%	6%	15%	22%	7%	12%	7%	9%	9%	7%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	1%	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15 to 17	7%	9%	6%	8%	7%	7%	7%	8%	8%	5%	9%
18 to 19	9%	9%	9%	9%	9%	10%	9%	10%	12%	9%	11%
20 to 24	25%	23%	26%	22%	23%	28%	23%	25%	29%	27%	27%
25 to 29	22%	21%	23%	20%	21%	23%	21%	20%	20%	24%	22%
30 to 34	15%	15%	16%	14%	15%	14%	16%	14%	13%	14%	14%
35 to 39	9%	10%	10%	10%	10%	8%	11%	10%	8%	9%	8%
40 to 44	6%	6%	5%	6%	6%	4%	6%	6%	5%	5%	5%
Over 44	6%	6%	5%	8%	8%	4%	6%	6%	5%	6%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	88%	86%	90%	87%	90%	87%	90%	90%	84%	88%	92%
Male Users	12%	14%	10%	13%	10%	13%	10%	10%	16%	12%	8%

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

† Percentage is less than 0.5%.

Users by Race (Exhibits 6 through 14)

In 2017, 54% (approximately 2.2 million) of all family planning users identified themselves as white, 22% (869,574) as black or African American, 4% (143,215) as Asian, and 1% as either American Indian or Alaska Native (35,587) or Native Hawaiian or Other Pacific Islander (31,019). Four percent (144,397) 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% (629,974) (*Exhibit 6*).

- By **sex**, the racial composition of female (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed slightly in terms of the percentages in each group that self-identified as white (54% of female users vs. 50% of male users) and black or African American (21% of female users vs. 27% of male users). The distribution of users across the remaining race categories and for whom race was unknown was within one percentage point for female and male users.
- By **region**, the distribution of users by race varied widely (*Exhibits 9 and 10*). The percentage of users who self-identified as white ranged from 44% (IX) to 75% (VII and VIII), 5% (X) to 38% (IV) self-identified as black or African American, 1% (IV and VI) to 7% (IX) self-identified as Asian, and 2% (III, IV, VI, and VIII) to 8% (I) self-identified with two or more race categories.
- Of the 629,974 users with an unknown race, 75% self-identified as Hispanic or Latino ethnicity (*Exhibit 6*).

See *Exhibits A-4a* and *A-4b* for trends (2007–2017) in the distribution of all family planning users by self-identified race.

Users by Ethnicity (Exhibits 6 through 14)

In 2017, 33% (1.3 million) of users self-identified as Hispanic or Latino ethnicity (*Exhibit 6*).

- By **sex**, 34% (1.2 million) of female users and 28% (130,066) of male users self-identified as Hispanic or Latino, while ethnicity was unknown for 3% of female users and 4% of male users (*Exhibits 7 and 8*).
- By **region**, grantees in Regions II, VI, and IX reported the highest percentages of female (39% to 52%) and male (33% to 44%) users who self-identified as Hispanic or Latino (*Exhibits 11, 12, 13, and 14*).

See *Exhibits A-5a* and *A-5b* for trends (2007–2017) in the distribution of all family planning users by self-identified Hispanic or Latino ethnicity. See *Exhibits A-6a* and *A-6b* for trends (2007–2017) in the distributions of all family planning users by self-identified race and ethnicity.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2017
(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	13,463	21,103	1,021	35,587	0%†	1%	0%†	1%
Asian	5,256	130,688	7,271	143,215	0%†	3%	0%†	4%
Black/African American	40,452	806,970	22,152	869,574	1%	20%	1%	22%
Nat Hawaiian/Pac Island	5,453	24,508	1,058	31,019	0%†	1%	0%†	1%
White	706,762	1,394,432	49,286	2,150,480	18%	35%	1%	54%
More than one race	79,973	58,948	5,476	144,397	2%	1%	0%†	4%
Unknown/not reported	473,458	116,767	39,749	629,974	12%	3%	1%	16%
Total All Users	1,324,817	2,553,416	126,013	4,004,246	33%	64%	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: 2017
(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	12,346	18,960	833	32,139	0%†	1%	0%†	1%
Asian	4,758	119,071	6,569	130,398	0%†	3%	0%†	4%
Black/African American	34,613	690,969	18,149	743,731	1%	20%	1%	21%
Nat Hawaiian/Pac Island	4,893	22,794	965	28,652	0%†	1%	0%†	1%
White	642,470	1,233,668	42,916	1,919,054	18%	35%	1%	54%
More than one race	70,839	52,005	4,534	127,378	2%	1%	0%†	4%
Unknown/not reported	424,832	101,168	33,883	559,883	12%	3%	1%	16%
Total Female Users	1,194,751	2,238,635	107,849	3,541,235	34%	63%	3%	100%

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

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

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2017
(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	1,117	2,143	188	3,448	0%†	0%†	0%†	1%
Asian	498	11,617	702	12,817	0%†	3%	0%†	3%
Black/African American	5,839	116,001	4,003	125,843	1%	25%	1%	27%
Nat Hawaiian/Pac Island	560	1,714	93	2,367	0%†	0%†	0%†	1%
White	64,292	160,764	6,370	231,426	14%	35%	1%	50%
More than one race	9,134	6,943	942	17,019	2%	1%	0%†	4%
Unknown/not reported	48,626	15,599	5,866	70,091	11%	3%	1%	15%
Total Male Users	130,066	314,781	18,164	463,011	28%	68%	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: 2017 (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	13,463	284	2,705	903	2,204	1,149	581	335	556	4,287	459
Not Hispanic or Latino	21,103	645	1,133	4,087	1,738	1,677	3,423	949	1,409	4,740	1,302
Unknown/not reported	1,021	40	56	131	37	101	31	33	60	455	77
Subtotal	35,587	969	3,894	5,121	3,979	2,927	4,035	1,317	2,025	9,482	1,838
Asian											
Hispanic or Latino	5,256	168	442	511	460	183	153	280	69	2,834	156
Not Hispanic or Latino	130,688	10,118	14,570	8,816	6,601	8,471	3,594	2,082	2,477	67,023	6,936
Unknown/not reported	7,271	108	110	396	99	433	61	107	133	5,593	231
Subtotal	143,215	10,394	15,122	9,723	7,160	9,087	3,808	2,469	2,679	75,450	7,323
Black or African American											
Hispanic or Latino	40,452	4,181	15,632	3,747	6,819	1,867	1,378	1,888	297	4,232	411
Not Hispanic or Latino	806,970	28,250	100,494	142,660	250,061	98,709	79,134	16,487	6,540	77,834	6,801
Unknown/not reported	22,152	330	589	5,041	2,183	2,352	345	473	329	10,204	306
Subtotal	869,574	32,761	116,715	151,448	259,063	102,928	80,857	18,848	7,166	92,270	7,518
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,453	581	928	489	746	309	321	57	86	1,628	308
Not Hispanic or Latino	24,508	237	569	417	599	434	592	198	544	19,789	1,129
Unknown/not reported	1,058	16	22	39	90	37	12	5	39	767	31
Subtotal	31,019	834	1,519	945	1,435	780	925	260	669	22,184	1,468
White											
Hispanic or Latino	706,762	21,986	61,403	37,537	109,228	34,916	149,684	23,504	21,747	230,580	16,177
Not Hispanic or Latino	1,394,432	90,949	126,789	178,384	253,661	193,774	91,120	64,789	70,993	235,164	88,809
Unknown/not reported	49,286	3,231	3,175	9,456	2,767	4,711	742	1,841	2,144	18,644	2,575
Subtotal	2,150,480	116,166	191,367	225,377	365,656	233,401	241,546	90,134	94,884	484,388	107,561
More Than One Race											
Hispanic or Latino	79,973	9,740	16,504	5,553	3,632	3,259	2,610	1,400	930	35,216	1,129
Not Hispanic or Latino	58,948	5,915	2,400	3,019	7,406	9,795	4,893	1,743	1,379	18,006	4,392
Unknown/not reported	5,476	449	68	351	156	492	35	156	159	3,596	14
Subtotal	144,397	16,104	18,972	8,923	11,194	13,546	7,538	3,299	2,468	56,818	5,535
Race Unknown or Not Reported											
Hispanic or Latino	473,458	12,975	65,648	39,942	19,695	21,657	5,947	2,518	13,047	275,582	16,447
Not Hispanic or Latino	116,767	3,682	15,451	17,479	7,493	5,663	5,713	924	2,350	51,648	6,364
Unknown/not reported	39,749	1,067	403	5,258	1,471	1,912	277	990	1,634	26,005	732
Subtotal	629,974	17,724	81,502	62,679	28,659	29,232	11,937	4,432	17,031	353,235	23,543
All Races											
Hispanic or Latino	1,324,817	49,915	163,262	88,682	142,784	63,340	160,674	29,982	36,732	554,359	35,087
Not Hispanic or Latino	2,553,416	139,796	261,406	354,862	527,559	318,523	188,469	87,172	85,692	474,204	115,733
Unknown/not reported	126,013	5,241	4,423	20,672	6,803	10,038	1,503	3,605	4,498	65,264	3,966
Total All Users	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2017 (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%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	1%	1%	1%	1%	1%	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%	2%	1%	2%	2%	6%	4%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	4%	5%	4%	2%	1%	2%	1%	2%	2%	7%	5%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	0%†	0%†	2%	0%†	0%†	0%†
Not Hispanic or Latino	20%	14%	23%	31%	37%	25%	23%	14%	5%	7%	4%
Unknown/not reported	1%	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	1%	0%†
Subtotal	22%	17%	27%	33%	38%	26%	23%	16%	6%	8%	5%
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%†	1%	2%	1%
White											
Hispanic or Latino	18%	11%	14%	8%	16%	9%	43%	19%	17%	21%	10%
Not Hispanic or Latino	35%	47%	30%	38%	37%	49%	26%	54%	56%	21%	57%
Unknown/not reported	1%	2%	1%	2%	0%†	1%	0%†	2%	2%	2%	2%
Subtotal	54%	60%	45%	49%	54%	60%	69%	75%	75%	44%	69%
More Than One Race											
Hispanic or Latino	2%	5%	4%	1%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	1%	3%	1%	1%	1%	2%	1%	1%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	4%	2%	2%	3%	2%	3%	2%	5%	4%
Race Unknown or Not Reported											
Hispanic or Latino	12%	7%	15%	9%	3%	6%	2%	2%	10%	25%	11%
Not Hispanic or Latino	3%	2%	4%	4%	1%	1%	2%	1%	2%	5%	4%
Unknown/not reported	1%	1%	0%†	1%	0%†	0%†	0%†	1%	1%	2%	0%†
Subtotal	16%	9%	19%	14%	4%	7%	3%	4%	13%	32%	15%
All Races											
Hispanic or Latino	33%	26%	38%	19%	21%	16%	46%	25%	29%	51%	23%
Not Hispanic or Latino	64%	72%	61%	76%	78%	81%	54%	72%	68%	43%	75%
Unknown/not reported	3%	3%	1%	4%	1%	3%	0%†	3%	4%	6%	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%.

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2017 (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	12,346	253	2,623	844	2,171	992	535	317	428	3,750	433
Not Hispanic or Latino	18,960	525	1,013	3,644	1,639	1,424	3,274	818	1,229	4,172	1,222
Unknown/not reported	833	26	56	102	33	78	21	21	50	373	73
Subtotal	32,139	804	3,692	4,590	3,843	2,494	3,830	1,156	1,707	8,295	1,728
Asian											
Hispanic or Latino	4,758	154	378	461	433	169	143	274	64	2,534	148
Not Hispanic or Latino	119,071	9,450	13,357	8,005	5,835	7,484	3,254	1,937	2,186	60,914	6,649
Unknown/not reported	6,569	91	107	351	82	392	46	95	116	5,065	224
Subtotal	130,398	9,695	13,842	8,817	6,350	8,045	3,443	2,306	2,366	68,513	7,021
Black or African American											
Hispanic or Latino	34,613	3,490	14,177	3,037	5,163	1,591	1,180	1,777	242	3,588	368
Not Hispanic or Latino	690,969	23,426	89,433	118,921	221,411	83,784	66,174	13,699	4,512	63,558	6,051
Unknown/not reported	18,149	262	568	3,932	1,890	1,903	216	339	250	8,517	272
Subtotal	743,731	27,178	104,178	125,890	228,464	87,278	67,570	15,815	5,004	75,663	6,691
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	4,893	485	800	425	707	269	298	51	65	1,503	290
Not Hispanic or Latino	22,794	203	489	372	557	387	560	177	442	18,548	1,059
Unknown/not reported	965	16	22	36	89	31	10	4	30	699	28
Subtotal	28,652	704	1,311	833	1,353	687	868	232	537	20,750	1,377
White											
Hispanic or Latino	642,470	19,332	57,081	33,792	101,016	31,674	137,730	22,072	18,746	205,685	15,342
Not Hispanic or Latino	1,233,668	77,021	112,919	159,996	231,071	169,340	84,023	58,621	58,888	200,028	81,761
Unknown/not reported	42,916	2,749	3,117	8,679	2,340	4,005	665	1,504	1,770	15,713	2,374
Subtotal	1,919,054	99,102	173,117	202,467	334,427	205,019	222,418	82,197	79,404	421,426	99,477
More Than One Race											
Hispanic or Latino	70,839	8,444	15,514	4,244	3,436	2,865	2,475	1,281	794	30,734	1,052
Not Hispanic or Latino	52,005	5,025	2,178	2,571	6,447	8,621	4,665	1,535	1,186	15,626	4,151
Unknown/not reported	4,534	369	64	296	122	421	33	112	139	2,969	9
Subtotal	127,378	13,838	17,756	7,111	10,005	11,907	7,173	2,928	2,119	49,329	5,212
Race Unknown or Not Reported											
Hispanic or Latino	424,832	11,478	58,560	35,194	17,563	19,933	5,421	2,257	11,561	247,628	15,237
Not Hispanic or Latino	101,168	3,121	13,736	14,783	6,566	5,031	5,090	820	1,990	44,430	5,601
Unknown/not reported	33,883	859	368	4,348	1,204	1,582	213	853	1,340	22,441	675
Subtotal	559,883	15,458	72,664	54,325	25,333	26,546	10,724	3,930	14,891	314,499	21,513
All Races											
Hispanic or Latino	1,194,751	43,636	149,133	77,997	130,489	57,493	147,782	28,029	31,900	495,422	32,870
Not Hispanic or Latino	2,238,635	118,771	233,125	308,292	473,526	276,071	167,040	77,607	70,433	407,276	106,494
Unknown/not reported	107,849	4,372	4,302	17,744	5,760	8,412	1,204	2,928	3,695	55,777	3,655
Total All Users	3,541,235	166,779	386,560	404,033	609,775	341,976	316,026	108,564	106,028	958,475	143,019

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2017 (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%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	1%	1%	1%	1%	1%	1%	2%	1%	1%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	6%	3%	2%	1%	2%	1%	2%	2%	6%	5%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	4%	6%	4%	2%	1%	2%	1%	2%	2%	7%	5%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	0%†	0%†	2%	0%†	0%†	0%†
Not Hispanic or Latino	20%	14%	23%	29%	36%	24%	21%	13%	4%	7%	4%
Unknown/not reported	1%	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	1%	0%†
Subtotal	21%	16%	27%	31%	37%	26%	21%	15%	5%	8%	5%
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%†	1%	1%
White											
Hispanic or Latino	18%	12%	15%	8%	17%	9%	44%	20%	18%	21%	11%
Not Hispanic or Latino	35%	46%	29%	40%	38%	50%	27%	54%	56%	21%	57%
Unknown/not reported	1%	2%	1%	2%	0%†	1%	0%†	1%	2%	2%	2%
Subtotal	54%	59%	45%	50%	55%	60%	70%	76%	75%	44%	70%
More Than One Race											
Hispanic or Latino	2%	5%	4%	1%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	1%	3%	1%	1%	1%	3%	1%	1%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	5%	2%	2%	3%	2%	3%	2%	5%	4%
Race Unknown or Not Reported											
Hispanic or Latino	12%	7%	15%	9%	3%	6%	2%	2%	11%	26%	11%
Not Hispanic or Latino	3%	2%	4%	4%	1%	1%	2%	1%	2%	5%	4%
Unknown/not reported	1%	1%	0%†	1%	0%†	0%†	0%†	1%	1%	2%	0%†
Subtotal	16%	9%	19%	13%	4%	8%	3%	4%	14%	33%	15%
All Races											
Hispanic or Latino	34%	26%	39%	19%	21%	17%	47%	26%	30%	52%	23%
Not Hispanic or Latino	63%	71%	60%	76%	78%	81%	53%	71%	66%	42%	74%
Unknown/not reported	3%	3%	1%	4%	1%	2%	0%†	3%	3%	6%	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%.

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2017 (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	1,117	31	82	59	33	157	46	18	128	537	26
Not Hispanic or Latino	2,143	120	120	443	99	253	149	131	180	568	80
Unknown/not reported	188	14	0	29	4	23	10	12	10	82	4
Subtotal	3,448	165	202	531	136	433	205	161	318	1,187	110
Asian											
Hispanic or Latino	498	14	64	50	27	14	10	6	5	300	8
Not Hispanic or Latino	11,617	668	1,213	811	766	987	340	145	291	6,109	287
Unknown/not reported	702	17	3	45	17	41	15	12	17	528	7
Subtotal	12,817	699	1,280	906	810	1,042	365	163	313	6,937	302
Black or African American											
Hispanic or Latino	5,839	691	1,455	710	1,656	276	198	111	55	644	43
Not Hispanic or Latino	116,001	4,824	11,061	23,739	28,650	14,925	12,960	2,788	2,028	14,276	750
Unknown/not reported	4,003	68	21	1,109	293	449	129	134	79	1,687	34
Subtotal	125,843	5,583	12,537	25,558	30,599	15,650	13,287	3,033	2,162	16,607	827
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	560	96	128	64	39	40	23	6	21	125	18
Not Hispanic or Latino	1,714	34	80	45	42	47	32	21	102	1,241	70
Unknown/not reported	93	0	0	3	1	6	2	1	9	68	3
Subtotal	2,367	130	208	112	82	93	57	28	132	1,434	91
White											
Hispanic or Latino	64,292	2,654	4,322	3,745	8,212	3,242	11,954	1,432	3,001	24,895	835
Not Hispanic or Latino	160,764	13,928	13,870	18,388	22,590	24,434	7,097	6,168	12,105	35,136	7,048
Unknown/not reported	6,370	482	58	777	427	706	77	337	374	2,931	201
Subtotal	231,426	17,064	18,250	22,910	31,229	28,382	19,128	7,937	15,480	62,962	8,084
More Than One Race											
Hispanic or Latino	9,134	1,296	990	1,309	196	394	135	119	136	4,482	77
Not Hispanic or Latino	6,943	890	222	448	959	1,174	228	208	193	2,380	241
Unknown/not reported	942	80	4	55	34	71	2	44	20	627	5
Subtotal	17,019	2,266	1,216	1,812	1,189	1,639	365	371	349	7,489	323
Race Unknown or Not Reported											
Hispanic or Latino	48,626	1,497	7,088	4,748	2,132	1,724	526	261	1,486	27,954	1,210
Not Hispanic or Latino	15,599	561	1,715	2,696	927	632	623	104	360	7,218	763
Unknown/not reported	5,866	208	35	910	267	330	64	137	294	3,564	57
Subtotal	70,091	2,266	8,838	8,354	3,326	2,686	1,213	502	2,140	38,736	2,030
All Races											
Hispanic or Latino	130,066	6,279	14,129	10,685	12,295	5,847	12,892	1,953	4,832	58,937	2,217
Not Hispanic or Latino	314,781	21,025	28,281	46,570	54,033	42,452	21,429	9,565	15,259	66,928	9,239
Unknown/not reported	18,164	869	121	2,928	1,043	1,626	299	677	803	9,487	311
Total All Users	463,011	28,173	42,531	60,183	67,371	49,925	34,620	12,195	20,894	135,352	11,767

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2017 (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%†	1%	0%†	0%†
Not Hispanic or Latino	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	1%	0%†	1%	1%	1%	2%	1%	1%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	2%	3%	1%	1%	2%	1%	1%	1%	5%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	2%	3%	2%	1%	2%	1%	1%	1%	5%	3%
Black or African American											
Hispanic or Latino	1%	2%	3%	1%	2%	1%	1%	1%	0%†	0%†	0%†
Not Hispanic or Latino	25%	17%	26%	39%	43%	30%	37%	23%	10%	11%	6%
Unknown/not reported	1%	0%†	0%†	2%	0%†	1%	0%†	1%	0%†	1%	0%†
Subtotal	27%	20%	29%	42%	45%	31%	38%	25%	10%	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	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Unknown/not reported	0%†	0%	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
White											
Hispanic or Latino	14%	9%	10%	6%	12%	6%	35%	12%	14%	18%	7%
Not Hispanic or Latino	35%	49%	33%	31%	34%	49%	20%	51%	58%	26%	60%
Unknown/not reported	1%	2%	0%†	1%	1%	1%	0%†	3%	2%	2%	2%
Subtotal	50%	61%	43%	38%	46%	57%	55%	65%	74%	47%	69%
More Than One Race											
Hispanic or Latino	2%	5%	2%	2%	0%†	1%	0%†	1%	1%	3%	1%
Not Hispanic or Latino	1%	3%	1%	1%	1%	2%	1%	2%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	3%	3%	2%	3%	1%	3%	2%	6%	3%
Race Unknown or Not Reported											
Hispanic or Latino	11%	5%	17%	8%	3%	3%	2%	2%	7%	21%	10%
Not Hispanic or Latino	3%	2%	4%	4%	1%	1%	2%	1%	2%	5%	6%
Unknown/not reported	1%	1%	0%†	2%	0%†	1%	0%†	1%	1%	3%	0%†
Subtotal	15%	8%	21%	14%	5%	5%	4%	4%	10%	29%	17%
All Races											
Hispanic or Latino	28%	22%	33%	18%	18%	12%	37%	16%	23%	44%	19%
Not Hispanic or Latino	68%	75%	66%	77%	80%	85%	62%	78%	73%	49%	79%
Unknown/not reported	4%	3%	0%†	5%	2%	3%	1%	6%	4%	7%	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%.

† Percentage is less than 0.5%.

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

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

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

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect family income data from all users to determine charges based on the schedule of discounts.^{1,2} In determining a user's family income, agencies should refer to the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2).⁷ 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. 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 2016), pp. 21–23.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations^{1,2} require Title X-funded providers to give priority in the delivery of care to persons from low-income families. These regulations specify that individuals with family incomes at or below the HHS poverty guideline (poverty) for 2017 (\$24,600 for a family of four in the 48 contiguous states and the District of Columbia)⁷ receive services at no charge unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty guideline, Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.

In 2017, 90% (3.6 million) of users had family incomes that qualified them for either subsidized or no-charge services. Sixty-seven percent (2.7 million) of users had family incomes at or below 100% of poverty, 23% (931,795) had incomes ranging from 101% to 250% of poverty, and 7% (277,975) had incomes over 250% of poverty. Family income data were unknown or not reported for 3% (128,565) of users (*Exhibit 15*).

- By **region**, from 82% (I and III) to 95% (VI) of users had family incomes qualifying them for either no-charge (from 49% to 77% of users) or subsidized (from 19% to 34% of users) services. In Regions IV, VI, and IX, the percentage of users with incomes at or below poverty exceeded the national average of 67% (*Exhibit 15*).
- By **state**, the percentages of users with incomes at or below poverty ranged from 36% to 100%, from 0% to 47% for users with incomes between 101% and 250% of poverty, and from 0% to 26% for users over 250% of poverty (*Exhibit B-2*).

See *Exhibits A-7a* and *A-7b* for trends (2007–2017) in the distribution of family planning users by income level.

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 their health insurance to pay for services received during their last family planning encounter. Users whose family planning care was paid by a Medicaid family planning eligibility expansion but who had no other public or private health insurance plan covering broad primary medical care benefits are considered uninsured, as are users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities.

In 2017, 57% (2.3 million) of family planning users had either public (38%, 1.5 million) or private (19%, 760,051) insurance covering broad primary medical care benefits; 42% (1.7 million) were uninsured. Health insurance coverage status was unknown or not reported for 1% (56,837) of users (*Exhibit 16*).

- By **region**, from 20% (VIII) to 47% (II) of family planning users had public coverage, and from 7% (IX) to 31% (I) had private coverage. The percentage of uninsured users ranged from 26% (I) to 58% (VI), with the number of uninsured exceeding the number of insured in three regions (VI, VIII, and IX) (*Exhibit 16*).
- By **state**, there was wide variation in the percentage of users who were publicly insured (0% to 99%), privately insured (0% to 57%), and uninsured (1% to 100%) (*Exhibit B-3a*).

Among users in the 50 states and the District of Columbia, 72% (2.8 million) received Title X services in 1 of 32 states (includes the District of Columbia) that expanded Medicaid under the Affordable Care Act (ACA), and 28% (1.1 million users) received Title X care in 1 of 19 states that did not. Compared with users in “nonexpansion” states, on average, users in “expansion” states were more likely to be publicly insured (42% vs. 26%), about as likely to be privately insured (18% vs. 22%), and less likely to be uninsured (38% vs. 51%) (*Exhibit B-3b*).

See *Exhibits A-8a* and *A-8b* for trends (2007–2017) in the distribution of family planning users by primary health insurance status.

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 In 2017, 14% (553,241) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 6% (V) to 22% (VI), with three regions (II, IV, and VI) exceeding the national LEP average of 14% (*Exhibit 17*).

The percentage of family planning users who were LEP was 13% in 2007 vs. 14% in 2017. During this period, the number of LEP users decreased 17%, from 662,714 (2007) to 553,241 (2017) (not shown).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2017 (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%	2,665,911	94,737	276,750	274,896	479,362	231,030	268,722	68,933	83,456	797,477	90,548
101% to 150%	551,163	34,607	67,974	62,297	82,793	60,192	42,431	19,978	15,682	140,889	24,320
151% to 200%	257,155	20,392	29,209	26,831	34,039	32,608	16,268	9,598	9,314	64,202	14,694
201% to 250%	123,477	11,033	15,118	18,109	17,371	17,917	7,426	5,958	5,577	17,096	7,872
Over 250%	277,975	22,936	38,948	33,981	48,386	46,404	10,471	12,268	9,828	40,132	14,621
Unknown/not reported	128,565	11,247	1,092	48,102	15,195	3,750	5,328	4,024	3,065	34,031	2,731
Total All Users	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786
Under 101%	67%	49%	64%	59%	71%	59%	77%	57%	66%	73%	58%
101% to 150%	14%	18%	16%	13%	12%	15%	12%	17%	12%	13%	16%
151% to 200%	6%	10%	7%	6%	5%	8%	5%	8%	7%	6%	9%
201% to 250%	3%	6%	4%	4%	3%	5%	2%	5%	4%	2%	5%
Over 250%	7%	12%	9%	7%	7%	12%	3%	10%	8%	4%	9%
Unknown/not reported	3%	6%	0%†	10%	2%	1%	2%	3%	2%	3%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

^a Title X-funded agencies calculate and report user family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <https://aspe.hhs.gov/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: 2017
(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	1,511,533	83,747	200,603	191,879	230,236	143,335	85,864	26,009	25,554	463,495	60,811
Private health insurance	760,051	59,643	69,491	115,338	149,948	108,441	60,323	36,181	34,214	79,883	46,589
Uninsured	1,675,825	50,650	144,045	137,058	289,591	137,408	202,255	57,686	62,357	549,626	45,149
Unknown/not reported	56,837	912	14,952	19,941	7,371	2,717	2,204	883	4,797	823	2,237
Total All Users	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786
Public health insurance	38%	43%	47%	41%	34%	37%	24%	22%	20%	42%	39%
Private health insurance	19%	31%	16%	25%	22%	28%	17%	30%	27%	7%	30%
Uninsured	42%	26%	34%	30%	43%	35%	58%	48%	49%	50%	29%
Unknown/not reported	1%	0%†	3%	4%	1%	1%	1%	1%	4%	0%†	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2017
 (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	553,241	27,980	79,899	54,515	102,189	23,471	75,997	14,505	13,494	148,618	12,573
Not LEP	3,418,253	156,702	348,551	391,337	573,944	367,691	274,638	104,693	113,380	945,114	142,203
Unknown/not reported	32,752	10,270	641	18,364	1,013	739	11	1,561	48	95	10
Total All Users	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786
LEP	14%	14%	19%	12%	15%	6%	22%	12%	11%	14%	8%
Not LEP	85%	80%	81%	84%	85%	94%	78%	87%	89%	86%	92%
Unknown/not reported	1%	5%	0%†	4%	0%†	0%†	0%†	1%	0%†	0%†	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

LEP=limited English proficient.

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

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

^b Includes family planning users served by grantees in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

† Percentage is less than 0.5%.

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)—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 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.¹⁵

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*¹⁶ 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 2017, 80% (2.8 million) of all female users adopted or continued use of a most, moderately, or less effective contraceptive method at their last encounter in the reporting period. Nine percent (313,802) of females exited the encounter with no primary method because they were pregnant or seeking pregnancy, and another 5% (190,518) exited with no method for other reasons. Three percent (92,385) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 3% (116,331) (*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.

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.

No Method—[Partner] Pregnant or Seeking Pregnancy—In **Tables 7 and 8**, report the number of female and male users, respectively, 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.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 27–30.

Additional results include the following:

- By **level of effectiveness**¹⁰ in preventing pregnancy, 19% of all female users relied on a *most effective* contraceptive method (vasectomy, female sterilization, implant, or IUD), 43% used a *moderately effective* method (injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm, or cervical cap), and 18% used a *less effective* method (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM] or LAM, or spermicide used alone) (*Exhibits 18 and 19*). See Table 7 comments in the *Field and Methodological Notes (Appendix C)* for information about the three method-effectiveness categories.
- By **type of method**, the contraceptive pill was used by 25% of all female users, followed by male condoms (15%), injectable contraception (14%), IUDs (9%), hormonal implants (7%), female sterilization (3%), the vaginal ring (2%), and the contraceptive patch (1%). Two percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and less than 0.5% of female users relied on each of the following methods: a FAM or LAM, vasectomy, female condom, cervical cap or diaphragm, spermicide (used alone), or contraceptive sponge (*Exhibits 18 and 19*).
- By **age group**, from 56% (under 15) to 84% (18 to 19) of female users relied on a most, moderately, or less effective method (*Exhibits 18 and 19*). The three leading methods by age group were as follows:
 - **Females under 15:** Abstinence (29%), pills (20%), and injectables (14%)
 - **Females 15 to 19:** Pills (30% to 32%), injectables (18% to 23%), and male condoms (12% to 14%)
 - **Females 20 to 39:** Pills (20% to 29%), male condoms (16%), and injectables (12% to 14%)
 - **Females 40 to 44:** Male condoms (18%), pills (18%), and injectables (13%)
 - **Females over 44:** Male condoms (18%), female sterilization (16%), and pills (12%)
- Nonuse of contraception because of pregnancy or the desire for pregnancy was highest among females 18 to 39 (8% to 11%) and was 5% or less among females in the younger (under 18) and older (over 39) age groups.
- By **region**, from 72% (III) to 87% (VIII) of female users exited the encounter with a most, moderately, or less effective contraceptive method (*Exhibits 20 and 21*).
 - **Most effective method use** ranged from 13% (IV) to 26% (I). Among all methods, IUDs were the second most common in Region I and the third most common in four others (II, VIII, IX, and X).
 - **Moderately effective method use** ranged from 37% (I) to 53% (X). Among all methods, pills were the most common in all regions, with use ranging from 23% to 32% of female users in each region. Injectable contraception was the second most common in six regions (IV, V, VI, VII, VIII, and X) and the third most common in Region III.
 - **Less effective method use** ranged from 11% (VIII) to 25% (IX). Among all methods, male condoms were the second most common in three regions (II, III, and IX) and the third most common in five others (I, IV, V, VI, and VII).

- **Nonuse of contraception** because of pregnancy or the desire for pregnancy ranged from 6% (III) to 12% (IV).
- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (0% to 37%), moderately effective (18% to 91%), and less effective (1% to 42%) contraceptive methods (*Exhibit B-4*). Female users *at risk of unintended pregnancy* were not pregnant, seeking pregnancy, or abstinent.

Trends in Female Primary Contraceptive Method Use

From 2007 through 2017, the percentage of all female users relying on most, moderately, or less effective methods ranged from 79% to 84%; 13% to 15% used no method because they were either pregnant, seeking pregnancy, or for other reasons; and 1% to 3% were abstinent (*Exhibits A-9a, A-9b, and A-9c*).

Use of most effective methods: Among all female users, the percentage relying on the *most effective methods* increased from 5% in 2007 to 19% in 2017 (*Exhibits A-9a, A-9b, and A-9c*).

- IUD use among female users increased from 3% in 2007 to 9% in 2017. Numerically, the number of IUD users more than doubled, from 138,714 in 2007 to 324,174 in 2017.
- Implant use increased from less than 0.5% of female users in 2007 to 7% in 2017. Numerically, the number of implant users increased 32-fold, from 7,300 in 2007 to 239,029 in 2017.

Use of moderately effective methods: The percentage of all female users relying on *moderately effective methods* decreased from 57% in 2007 to 43% in 2017 (*Exhibits A-9a, A-9b, and A-9c*).

- The pill, used by 39% of female users in 2007 and 25% in 2017, was the preferred method among female users in all years.
- Injectable contraception, used by 13% of female users in 2007 and 14% in 2017, was the third most common method, except in 2014 and 2015 when it was the second most used method.
- Use of the vaginal ring decreased from 3% of female users in 2007 to 2% in 2017, while the percentage using the contraceptive patch decreased from 3% in 2007 to 1% in 2017. In all years, less than 0.5% of female users relied on the cervical cap or diaphragm.

Use of less effective methods: The percentage of all female users relying on *less effective methods* was 19% in 2007 and 18% in 2017 (*Exhibits A-9a, A-9b, and A-9c*). Across the different methods in this category, there were small or no changes in the percentage of female users who relied on male condoms (15% in 2007 and 2017); withdrawal or other methods not listed in FPAR Table 7 (3% in 2007 vs. 2% in 2017); and all other less effective methods (less than 0.5% for each method in 2007 and 2017), including FAM or LAM, female condoms, contraceptive sponge, or spermicide.

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2017 (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	94,173	0	0	1	1,377	7,510	15,289	20,770	19,432	29,794
Intrauterine device	324,174	406	9,013	19,744	76,865	83,158	60,377	39,824	22,016	12,771
Hormonal implant	239,029	2,723	25,546	33,224	75,270	51,951	27,849	14,224	5,775	2,467
Hormonal injection	500,960 ^a	6,610 ^a	55,400 ^a	61,489 ^a	125,331 ^a	97,026 ^a	67,654 ^a	46,032 ^a	25,075 ^a	16,343 ^a
Oral contraceptive	894,128	7,219	73,193	107,263	267,725	199,608	116,559	65,409	34,323	22,829
Contraceptive patch	48,256	471	4,015	5,401	14,574	11,173	6,808	3,646	1,556	612
Vaginal ring	76,252	167	2,967	5,575	21,974	23,498	14,097	5,313	1,895	766
Cervical cap or diaphragm	2,219	22	159	203	381	447	384	308	158	157
Contraceptive sponge	169	1	5	11	32	36	25	22	16	21
Female condom	2,537	14	133	151	517	469	345	290	231	387
Spermicide (used alone)	1,991	34	205	153	384	374	309	224	152	156
FAM or LAM ^b	15,287	73	482	812	3,056	3,557	2,729	1,921	1,320	1,337
Abstinence ^c	92,385	10,616	13,668	6,901	13,633	12,531	9,527	7,749	5,943	11,817
Withdrawal or other method ^d	73,047	350	2,472	4,507	15,600	15,778	11,723	8,086	5,596	8,935
Rely on Male Method										
Vasectomy	8,848	0	4	108	405	963	1,575	1,996	1,822	1,975
Male condom	547,129	2,518	28,472	47,724	141,902	123,381	80,314	53,725	34,833	34,260
No Method										
Pregnant/seeking pregnancy	313,802	607	10,272	25,710	90,488	87,183	56,680	29,938	9,878	3,046
Other reason	190,518	1,859	7,972	12,491	36,999	37,363	28,123	21,707	15,274	28,730
Method Unknown	116,331	2,931	8,486	8,872	21,811	21,771	17,093	13,200	9,930	12,237
Total Female Users	3,541,235	36,621	242,464	340,340	908,324	777,777	517,460	334,384	195,225	188,640
Using Most, Moderately, or Less Effective Method^e	2,828,199	20,608	202,066	286,366	745,393	618,929	406,037	261,790	154,200	132,810
Most effective ^e	666,224	3,129	34,563	53,077	153,917	143,582	105,090	76,814	49,045	47,007
Moderately effective ^e	1,521,815	14,489	135,734	179,931	429,985	331,752	205,502	120,708	63,007	40,707
Less effective ^e	640,160	2,990	31,769	53,358	161,491	143,595	95,445	64,268	42,148	45,096
Abstinence	92,385	10,616	13,668	6,901	13,633	12,531	9,527	7,749	5,943	11,817
Not Using a Method	504,320	2,466	18,244	38,201	127,487	124,546	84,803	51,645	25,152	31,776
Method Unknown	116,331	2,931	8,486	8,872	21,811	21,771	17,093	13,200	9,930	12,237

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

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

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

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

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

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. 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: 2017 (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	3%	0%	0%	0%†	0%†	1%	3%	6%	10%	16%
Intrauterine device	9%	1%	4%	6%	8%	11%	12%	12%	11%	7%
Hormonal implant	7%	7%	11%	10%	8%	7%	5%	4%	3%	1%
Hormonal injection	14% ^a	18% ^a	23% ^a	18% ^a	14% ^a	12% ^a	13% ^a	14% ^a	13% ^a	9% ^a
Oral contraceptive	25%	20%	30%	32%	29%	26%	23%	20%	18%	12%
Contraceptive patch	1%	1%	2%	2%	2%	1%	1%	1%	1%	0%†
Vaginal ring	2%	0%†	1%	2%	2%	3%	3%	2%	1%	0%†
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Abstinence ^c	3%	29%	6%	2%	2%	2%	2%	2%	3%	6%
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%	7%	12%	14%	16%	16%	16%	16%	18%	18%
No Method										
Pregnant/seeking pregnancy	9%	2%	4%	8%	10%	11%	11%	9%	5%	2%
Other reason	5%	5%	3%	4%	4%	5%	5%	6%	8%	15%
Method Unknown	3%	8%	3%	3%	2%	3%	3%	4%	5%	6%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^e	80%	56%	83%	84%	82%	80%	78%	78%	79%	70%
Most effective ^e	19%	9%	14%	16%	17%	18%	20%	23%	25%	25%
Moderately effective ^e	43%	40%	56%	53%	47%	43%	40%	36%	32%	22%
Less effective ^e	18%	8%	13%	16%	18%	18%	18%	19%	22%	24%
Abstinence	3%	29%	6%	2%	2%	2%	2%	2%	3%	6%
Not Using a Method	14%	7%	8%	11%	14%	16%	16%	15%	13%	17%
Method Unknown	3%	8%	3%	3%	2%	3%	3%	4%	5%	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.

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

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

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

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. 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: 2017 (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	94,173	6,930	7,415	13,858	16,064	8,419	12,909	4,773	1,419	19,734	2,652
Intrauterine device	324,174	21,400	43,631	30,436	30,381	32,252	22,440	11,063	15,360	99,563	17,648
Hormonal implant	239,029	13,626	20,559	24,512	33,778	21,168	21,374	6,992	9,432	76,702	10,886
Hormonal injection	500,960 ^a	17,157 ^a	42,450	53,887 ^a	124,175	55,382	52,598 ^a	20,725	16,776	96,573 ^a	21,237
Oral contraceptive	894,128	39,276	101,921	91,582	141,353	99,044	71,675	29,377	32,937	241,731	45,232
Contraceptive patch	48,256	1,880	7,723	2,915	6,252	4,252	2,490	688	504	18,117	3,435
Vaginal ring	76,252	3,513	9,937	7,944	6,961	9,064	4,793	1,787	3,988	22,995	5,270
Cervical cap or diaphragm	2,219	131	173	509	108	168	139	36	43	807	105
Contraceptive sponge	169	8	31	9	26	5	23	3	11	47	6
Female condom	2,537	80	186	886	354	169	184	84	49	517	28
Spermicide (used alone)	1,991	36	51	874	307	68	459	29	18	104	45
FAM or LAM ^b	15,287	389	1,087	848	5,783	403	2,201	544	179	3,591	262
Abstinence ^c	92,385	8,484	6,585	11,467	20,236	6,430	11,971	1,989	2,623	19,617	2,983
Withdrawal or other method ^d	73,047	3,339	10,111	6,046	20,705	4,111	8,496	1,367	1,262	15,249	2,361
Rely on Male Method											
Vasectomy	8,848	580	639	1,381	929	794	1,266	437	428	1,771	623
Male condom	547,129	20,358	66,057	56,355	61,104	44,740	42,131	11,925	9,921	220,691	13,847
No Method											
Pregnant/seeking pregnancy	313,802	11,879	37,796	23,226	75,504	29,546	32,419	10,310	7,181	73,707	12,234
Other reason	190,518	10,583	28,004	24,749	45,422	14,662	26,420	4,113	3,195	29,370	4,000
Method Unknown	116,331	7,130	2,204	52,549	20,333	11,299	2,038	2,322	702	17,589	165
Total Female Users	3,541,235	166,779	386,560	404,033	609,775	341,976	316,026	108,564	106,028	958,475	143,019
Using Most, Moderately, or Less Effective Method^e	2,828,199	128,703	311,971	292,042	448,280	280,039	243,178	89,830	92,327	818,192	123,637
Most effective ^e	666,224	42,536	72,244	70,187	81,152	62,633	57,989	23,265	26,639	197,770	31,809
Moderately effective ^e	1,521,815	61,957	162,204	156,837	278,849	167,910	131,695	52,613	54,248	380,223	75,279
Less effective ^e	640,160	24,210	77,523	65,018	88,279	49,496	53,494	13,952	11,440	240,199	16,549
Abstinence	92,385	8,484	6,585	11,467	20,236	6,430	11,971	1,989	2,623	19,617	2,983
Not Using a Method	504,320	22,462	65,800	47,975	120,926	44,208	58,839	14,423	10,376	103,077	16,234
Method Unknown	116,331	7,130	2,204	52,549	20,333	11,299	2,038	2,322	702	17,589	165

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

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

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

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

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

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. 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: 2017 (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	3%	4%	2%	3%	3%	2%	4%	4%	1%	2%	2%
Intrauterine device	9%	13%	11%	8%	5%	9%	7%	10%	14%	10%	12%
Hormonal implant	7%	8%	5%	6%	6%	6%	7%	6%	9%	8%	8%
Hormonal injection	14% ^a	10% ^a	11%	13% ^a	20%	16%	17% ^a	19%	16%	10% ^a	15%
Oral contraceptive	25%	24%	26%	23%	23%	29%	23%	27%	31%	25%	32%
Contraceptive patch	1%	1%	2%	1%	1%	1%	1%	1%	0%†	2%	2%
Vaginal ring	2%	2%	3%	2%	1%	3%	2%	2%	4%	2%	4%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	0%†	0%†	0%†	0%†	1%	0%†	1%	1%	0%†	0%†	0%†
Abstinence ^c	3%	5%	2%	3%	3%	2%	4%	2%	2%	2%	2%
Withdrawal or other method ^d	2%	2%	3%	1%	3%	1%	3%	1%	1%	2%	2%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	12%	17%	14%	10%	13%	13%	11%	9%	23%	10%
No Method											
Pregnant/seeking pregnancy	9%	7%	10%	6%	12%	9%	10%	9%	7%	8%	9%
Other reason	5%	6%	7%	6%	7%	4%	8%	4%	3%	3%	3%
Method Unknown											
	3%	4%	1%	13%	3%	3%	1%	2%	1%	2%	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^e	80%	77%	81%	72%	74%	82%	77%	83%	87%	85%	86%
Most effective ^e	19%	26%	19%	17%	13%	18%	18%	21%	25%	21%	22%
Moderately effective ^e	43%	37%	42%	39%	46%	49%	42%	48%	51%	40%	53%
Less effective ^e	18%	15%	20%	16%	14%	14%	17%	13%	11%	25%	12%
Abstinence	3%	5%	2%	3%	3%	2%	4%	2%	2%	2%	2%
Not Using a Method	14%	13%	17%	12%	20%	13%	19%	13%	10%	11%	11%
Method Unknown	3%	4%	1%	13%	3%	3%	1%	2%	1%	2%	0%†

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

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

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

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

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

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

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. 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 2017, grantees reported that 76% (353,287) of all male users adopted or continued use of a most, moderately, or less effective primary method at their last encounter in the reporting period. Nine percent (42,327) of males used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (8%), and another 7% (33,275) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 7% (34,122) of male users (*Exhibits 22 and 23*).

- By **type of method**, two-thirds (65%) of all male users relied on male condoms, followed by reliance on a female method (7%), withdrawal (3%), vasectomy (1%), and a FAM or LAM (1%) (*Exhibits 22 and 23*).
- By **age group**, from 15% (under 15) to 84% (20 to 24) of male users relied on a most, moderately, or less effective method. Across all age groups, the two leading contraceptive methods were male condoms, which were the primary method for 11% to 76% of male users, and reliance on a female method, a choice for 3% to 11% of male users (*Exhibits 22 and 23*). Other findings by age group were as follows:
 - Vasectomy prevalence was 1% to 3% among males 30 or over and less than 0.5% among males 20 to 29.
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among males under 18 and from 1% to 2% of males in all other age groups.
- By **region**, the percentage of males who exited the encounter with a most, moderately, or less effective method ranged from 60% (IV) to 89% (IX) (*Exhibits 24 and 25*).
 - Male condoms, the leading primary method for males in all regions, were used by 40% (IV) to 81% (IX) of male users. The percentage of males relying on a female method, the second most common primary method for males in four regions (III, V, VII, and VIII), ranged from 3% (II and IX) to 17% (VIII).
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy ranged from less than 0.5% (II) to 2% (V, VI, and IX).

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2017 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	3,402	0	0	0	57	280	604	717	686	1,058
Male condom	299,268	1,420	14,880	23,632	79,995	73,477	43,768	25,278	13,987	22,831
FAM or LAM ^a	2,585	8	52	102	493	606	374	307	261	382
Abstinence ^b	33,275	8,001	7,927	2,593	2,982	2,411	1,786	1,442	1,172	4,961
Withdrawal or other method ^c	14,407	130	431	668	2,216	2,390	1,982	1,573	1,252	3,765
Rely on female method ^d	33,625	314	1,548	1,814	6,211	6,466	4,841	3,595	2,747	6,089
No Method										
Partner pregnant/seeking pregnancy	5,997	4	82	237	1,179	1,371	1,075	758	523	768
Other reason	36,330	905	1,620	2,092	7,342	7,060	4,824	3,421	2,433	6,633
Method Unknown	34,122	1,657	2,425	1,757	5,144	5,750	4,119	3,281	2,462	7,527
Total Male Users	463,011	12,439	28,965	32,895	105,619	99,811	63,373	40,372	25,523	54,014
Using most, moderately, or less effective method^e	353,287	1,872	16,911	26,216	88,972	83,219	51,569	31,470	18,933	34,125
Abstinence^b	33,275	8,001	7,927	2,593	2,982	2,411	1,786	1,442	1,172	4,961
Not using a method	42,327	909	1,702	2,329	8,521	8,431	5,899	4,179	2,956	7,401
Method unknown	34,122	1,657	2,425	1,757	5,144	5,750	4,119	3,281	2,462	7,527

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

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

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

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

^d 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 **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. 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: 2017 (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	65%	11%	51%	72%	76%	74%	69%	63%	55%	42%
FAM or LAM ^a	1%	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Abstinence ^b	7%	64%	27%	8%	3%	2%	3%	4%	5%	9%
Withdrawal or other method ^c	3%	1%	1%	2%	2%	2%	3%	4%	5%	7%
Rely on female method ^d	7%	3%	5%	6%	6%	6%	8%	9%	11%	11%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	1%	1%	2%	2%	2%	1%
Other reason	8%	7%	6%	6%	7%	7%	8%	8%	10%	12%
Method Unknown	7%	13%	8%	5%	5%	6%	6%	8%	10%	14%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	76%	15%	58%	80%	84%	83%	81%	78%	74%	63%
Abstinence^b	7%	64%	27%	8%	3%	2%	3%	4%	5%	9%
Not using a method	9%	7%	6%	7%	8%	8%	9%	10%	12%	14%
Method unknown	7%	13%	8%	5%	5%	6%	6%	8%	10%	14%

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

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

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

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

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

^d 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 **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. 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: 2017 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	3,402	219	151	356	674	441	206	86	327	692	250
Male condom	299,268	15,897	31,299	29,694	26,968	35,645	20,860	8,222	13,053	110,006	7,624
FAM or LAM ^a	2,585	22	29	169	1,079	10	905	45	13	307	6
Abstinence ^b	33,275	4,033	1,580	3,459	12,661	1,942	3,874	263	1,254	3,730	479
Withdrawal or other method ^c	14,407	766	1,551	1,122	3,175	361	332	231	357	5,238	1,274
Rely on female method ^d	33,625	2,166	1,305	5,170	8,242	3,704	3,093	1,226	3,632	4,384	703
No Method											
Partner pregnant/seeking pregnancy	5,997	271	188	409	774	1,018	851	69	255	2,077	85
Other reason	36,330	3,306	5,552	4,031	6,786	3,788	3,762	787	1,929	5,092	1,297
Method Unknown	34,122	1,493	876	15,773	7,012	3,016	737	1,266	74	3,826	49
Total Male Users	463,011	28,173	42,531	60,183	67,371	49,925	34,620	12,195	20,894	135,352	11,767
Using most, moderately, or less effective method^e	353,287	19,070	34,335	36,511	40,138	40,161	25,396	9,810	17,382	120,627	9,857
Abstinence^b	33,275	4,033	1,580	3,459	12,661	1,942	3,874	263	1,254	3,730	479
Not using a method	42,327	3,577	5,740	4,440	7,560	4,806	4,613	856	2,184	7,169	1,382
Method unknown	34,122	1,493	876	15,773	7,012	3,016	737	1,266	74	3,826	49

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

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

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

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

^d 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 **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. 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: 2017 (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%†	1%	1%	1%	1%	1%	2%	1%	2%
Male condom	65%	56%	74%	49%	40%	71%	60%	67%	62%	81%	65%
FAM or LAM ^a	1%	0%†	0%†	0%†	2%	0%†	3%	0%†	0%†	0%†	0%†
Abstinence ^b	7%	14%	4%	6%	19%	4%	11%	2%	6%	3%	4%
Withdrawal or other method ^c	3%	3%	4%	2%	5%	1%	1%	2%	2%	4%	11%
Rely on female method ^d	7%	8%	3%	9%	12%	7%	9%	10%	17%	3%	6%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	0%†	1%	1%	2%	2%	1%	1%	2%	1%
Other reason	8%	12%	13%	7%	10%	8%	11%	6%	9%	4%	11%
Method Unknown	7%	5%	2%	26%	10%	6%	2%	10%	0%†	3%	0%†
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	76%	68%	81%	61%	60%	80%	73%	80%	83%	89%	84%
Abstinence^b	7%	14%	4%	6%	19%	4%	11%	2%	6%	3%	4%
Not using a method	9%	13%	13%	7%	11%	10%	13%	7%	10%	5%	12%
Method unknown	7%	5%	2%	26%	10%	6%	2%	10%	0%†	3%	0%†

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

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

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

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

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

^d 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 **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. 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 2014 Bethesda System.¹⁷ ASC or higher results include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms; and
- Number of Pap tests with an HSIL or higher result according to the 2014 Bethesda System.¹⁷ HSIL or higher results include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms.

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

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

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.

Squamous Cell Abnormalities—The 2014 Bethesda System¹⁷ classifies squamous cell abnormalities into the following categories:

- **Atypical squamous cells of undetermined significance (ASC-US) or atypical squamous cells, cannot exclude HSIL (ASC-H)**—ASC is a finding of abnormal squamous cells in the tissue lining the outer part of the cervix. **ASC-US** is the most common abnormal finding in a Pap test. An ASC-US result may be caused by a human papillomavirus (HPV), a benign growth (e.g., cyst or polyp), or low hormone levels in menopausal women. **ASC-H** may be a sign of a high-grade squamous intraepithelial lesion (HSIL), which may become cervical cancer if untreated.¹⁸
- **Low-grade squamous intraepithelial lesion (LSIL)** is a finding of slightly abnormal cells on the surface of the cervix caused by certain types of HPV. LSIL is a common abnormal finding on a Pap test. Mild dysplasia and cervical intraepithelial neoplasia (CIN) 1 are other terms for referring to LSILs.¹⁸
- **High-grade squamous intraepithelial lesion (HSIL)** is a growth on the surface of the cervix with moderately or severely abnormal cells. HSILs are usually caused by certain types of HPV. If not treated, these abnormal cells may become cancer and spread to normal tissue. HSIL encompasses moderate dysplasia (CIN 2) or severe dysplasia and carcinoma in situ (CIN 3).¹⁸
- **Squamous cell carcinoma** is a finding of cancer in the squamous cells of the cervix.¹⁸

Glandular Cell Abnormalities—The 2014 Bethesda System¹⁷ classifies glandular cell abnormalities into the following categories:

- **Atypical glandular cells (AGCs)** is a finding of abnormal cells that come from glands in the walls of the cervix. The presence of these abnormal cells may be a sign of more serious lesions or cancer.¹⁸ The 2014 Bethesda System¹⁷ subdivides AGCs into two categories:
 - AGC—endocervical, endometrial, or glandular cells—not otherwise specified
 - AGC—endocervical or glandular cells—favor neoplastic.
- **Endocervical adenocarcinoma in situ (AIS)** is a finding of abnormal cells found in the glandular tissue lining the endocervical canal. AIS may become cancer and spread to nearby normal tissue.¹⁸
- **Adenocarcinoma** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.¹⁸

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 33–35.

CERVICAL AND BREAST CANCER SCREENING

According to the *QFP Recommendations*,¹⁶ 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 2017, Title X service sites provided Papanicolaou (Pap) testing to 18% (649,266) of female family planning users and performed 683,247 Pap tests (1.1 tests per female tested). Of the Pap tests performed, 14% had an indeterminate or abnormal result (i.e., atypical squamous cell [ASC] or higher result) requiring further evaluation and possible treatment, and 1% had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition (*Exhibit 26*).

By **region**, the percentage of total female users who received a Pap test ranged from 14% (V) to 25% (VII). From 12% (III and IV) to 20% (II) of Pap tests had an ASC or higher result, and 1% of Pap tests in all regions except for Region I (2%) had an HSIL or higher result.

See *Exhibits A-10a* and *A-10b* for trends (2007–2017) in cervical cancer screening.

Breast Cancer Screening (Exhibit 26)

In 2017, Title X service sites provided clinical breast exams (CBEs) to 25% (878,491) of female users and referred 5% (41,766) of those examined for further evaluation based on CBE results.

By **region**, from 14% (IX) to 37% (IV, VII, and VIII) of female users received a CBE, and from 1% (VIII and X) to 11% (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: 2017 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Female users tested											
Number ^a	649,266	24,468	72,940	77,007	135,660	47,176	75,466	27,009	18,913	145,880	24,747
Percentage ^b	18%	15%	19%	19%	22%	14%	24%	25%	18%	15%	17%
Tests performed											
Number	683,247	24,670	74,531	81,732	144,500	48,971	76,819	27,454	19,330	160,340	24,900
Tests per female tested	1.1	1.0	1.0	1.1	1.1	1.0	1.0	1.0	1.0	1.1	1.0
Tests with ASC or higher result											
Number	95,678	3,854	14,826	9,766	16,834	7,200	10,257	3,690	3,530	20,912	4,809
Percentage ^c	14%	16%	20%	12%	12%	15%	13%	13%	18%	13%	19%
Tests with HSIL or higher result											
Number	7,304	404	798	772	1,480	518	931	323	217	1,576	285
Percentage ^c	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Female users examined											
Number ^a	878,491	36,396	106,611	102,348	224,527	56,605	114,232	40,305	39,466	132,635	25,366
Percentage ^b	25%	22%	28%	25%	37%	17%	36%	37%	37%	14%	18%
Female users referred based on exam											
Number	41,766	2,348	2,959	6,645	3,968	2,705	5,938	2,074	370	14,394	365
Percentage ^d	5%	6%	3%	6%	2%	5%	5%	5%	1%	11%	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 Denominator is the total unduplicated number of users examined.

SEXUALLY TRANSMITTED DISEASE TESTING

Sexually transmitted diseases (STDs) are a concern for clients served by Title X services grantees, particularly young (15 to 24) sexually active women, a population that typically has the highest reported rates of chlamydia and gonorrhea.¹⁹ According to the *QFP Recommendations*,¹⁶ STD services are integral to family planning services because they improve health and can affect a person's ability to conceive and have a healthy birth outcome. The *QFP Recommendations* advise providers to offer STD services to clients, both symptomatic and asymptomatic, in accordance with the Centers for Disease Control and Prevention's (CDC's) *Sexually Transmitted Diseases Treatment Guidelines, 2015*.²⁰

Chlamydia Testing (Exhibits 27 and 28)

Chlamydia Testing of Female Users. CDC recommends routine annual chlamydia screening for all sexually active women under 25 and for sexually active women 25 or older who may be at increased risk of infection (e.g., new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). For sexually active women with HIV, CDC recommends chlamydia screening at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.²⁰

In 2017, Title X service sites tested 52% (1.8 million) of all female users for chlamydia and 61% (939,250) of females under 25 (*Exhibits 27 and 28*).

- By **age group**, chlamydia testing rates were higher among females 15 to 24 (61% to 63%) than those under 15 (39%) or over 24 (45%) (*Exhibits 27 and 28*).
- By **region**, the chlamydia testing rate for females under 25 ranged from 49% (III) to 71% (IX) (*Exhibits 27 and 28*).
- By **state**, chlamydia testing rates for females under 25 ranged from less than 0.5% to 83% (*Exhibit B-5*).

See *Exhibits A-11a* and *A-11b* for trends (2007–2017) in chlamydia testing.

Chlamydia Testing of Male Users. CDC recommends that providers consider screening young men for chlamydia in high-prevalence clinical settings (e.g., adolescent clinics, correctional facilities, and STD clinics) and in populations with a high burden of infection (e.g., men who have sex with men [MSM]). In addition, CDC recommends screening sexually active MSM at anatomic sites of contact (urethra and rectum) at least annually or more frequently (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

In 2017, Title X service sites tested 69% (321,280) of all male users for chlamydia (*Exhibits 27 and 28*).

- By **age group**, rates of chlamydia testing were higher for males 18 to 19 (73%) and 20 to 24 (82%) and lower for males 15 to 17 (50%) and under 15 (16%).

- By **region**, Title X service sites tested between 42% (IV) and 85% (V) of all male users for chlamydia.

Gonorrhea Testing (Exhibit 29)

CDC recommends annual gonorrhea screening for all sexually active women under 25 and for sexually active older women (25 or older) 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 more frequently (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

In 2017, Title X service sites performed just over 2.4 million gonorrhea tests, or an average of 5.9 gonorrhea tests for every 10 female users and 7.6 tests for every 10 male users. By region, the rate of gonorrhea testing ranged from 4.8 (I) to 6.5 (V and IX) tests for every 10 female users and from 3.6 (IV) to 9.6 (V) tests for every 10 male users (*Exhibit 29*).

Syphilis Testing (Exhibit 29)

CDC recommends syphilis screening for sexually active MSM at least annually or more frequently based on subsequent behavior. 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

In 2017, Title X service sites performed 709,161 syphilis tests, or an average of 1.5 syphilis tests for every 10 female users and 3.6 tests for every 10 male users. By region, the rate of syphilis testing ranged from 0.3 tests (VIII and X) to 2.7 tests (IV) for every 10 female users and from 1.6 tests (VIII) to 5.4 tests (VI) for every 10 male users (*Exhibit 29*).

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 all persons 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 or their partner(s) has had more than one sex partner since their most recent HIV test.²⁰

In 2017, Title X service sites performed approximately 1.2 million confidential HIV tests, or an average of 2.6 confidential HIV tests for every 10 female users and 5.9 tests for every 10 male users. Of the confidential HIV tests performed, 2,195, or 1.8 tests per 1,000 tests performed, were positive for HIV. In addition, Title X sites performed 2,083 anonymous HIV tests. By region, the rate of HIV testing ranged from 1.1 test (X) to 3.3 tests (VI) for every 10 female users and from 2.6 tests (IV) to 7.2 tests (VIII and IX) for every 10 male users (*Exhibit 29*).

See *Exhibits A-12a* and *A-12b* for trends (2007–2017) in confidential HIV testing among female and male users.

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 2016), p. 39–40.

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2017 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	14,129	766	1,100	2,077	3,325	1,296	1,425	428	446	2,568	698
15 to 17	146,839	7,062	13,617	15,345	23,590	15,545	13,088	5,681	5,661	38,669	8,581
18 to 19	215,830	8,908	21,418	18,830	33,619	23,172	17,713	7,096	8,557	65,933	10,584
20 to 24	562,452	21,747	59,157	46,002	86,110	59,694	44,006	16,357	18,200	186,999	24,180
Over 24	906,644	40,928	112,495	85,096	159,439	83,703	80,969	24,148	15,511	273,882	30,473
Subtotal	1,845,894	79,411	207,787	167,350	306,083	183,410	157,201	53,710	48,375	568,051	74,516
Under 25^a	939,250	38,483	95,292	82,254	146,644	99,707	76,232	29,562	32,864	294,169	44,043
Male Users											
Under 15	1,976	249	93	654	527	73	32	28	27	267	26
15 to 17	14,434	1,348	1,436	2,786	1,444	1,274	646	432	499	4,045	524
18 to 19	24,104	1,462	2,509	3,024	2,080	3,091	1,561	904	1,089	7,643	741
20 to 24	86,537	4,513	9,349	8,307	6,543	12,829	5,308	2,854	4,302	29,990	2,542
Over 24	194,229	10,440	18,133	19,843	17,390	25,264	13,466	5,162	9,466	69,216	5,849
Subtotal	321,280	18,012	31,520	34,614	27,984	42,531	21,013	9,380	15,383	111,161	9,682
All Users											
Under 15	16,105	1,015	1,193	2,731	3,852	1,369	1,457	456	473	2,835	724
15 to 17	161,273	8,410	15,053	18,131	25,034	16,819	13,734	6,113	6,160	42,714	9,105
18 to 19	239,934	10,370	23,927	21,854	35,699	26,263	19,274	8,000	9,646	73,576	11,325
20 to 24	648,989	26,260	68,506	54,309	92,653	72,523	49,314	19,211	22,502	216,989	26,722
Over 24	1,100,873	51,368	130,628	104,939	176,829	108,967	94,435	29,310	24,977	343,098	36,322
Total All Users	2,167,174	97,423	239,307	201,964	334,067	225,941	178,214	63,090	63,758	679,212	84,198

^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 (25 years or 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 21].)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2017 (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	39%	29%	36%	31%	37%	41%	42%	38%	37%	53%	48%
15 to 17	61%	51%	62%	49%	55%	61%	61%	64%	62%	72%	64%
18 to 19	63%	56%	64%	50%	60%	63%	60%	62%	64%	73%	66%
20 to 24	62%	57%	60%	50%	60%	61%	59%	61%	59%	70%	63%
Over 24	45%	43%	49%	36%	45%	47%	43%	40%	30%	51%	42%
Subtotal	52%	48%	54%	41%	50%	54%	50%	49%	46%	59%	52%
Under 25^a	61%	54%	61%	49%	58%	61%	59%	61%	60%	71%	63%
Male Users											
Under 15	16%	21%	7%	22%	13%	14%	4%	27%	7%	26%	48%
15 to 17	50%	41%	49%	43%	31%	72%	31%	79%	48%	72%	85%
18 to 19	73%	70%	72%	62%	54%	88%	53%	84%	75%	87%	90%
20 to 24	82%	82%	83%	69%	63%	91%	71%	83%	81%	90%	89%
Over 24	69%	65%	77%	58%	39%	84%	63%	73%	74%	80%	79%
Subtotal	69%	64%	74%	58%	42%	85%	61%	77%	74%	82%	82%
All Users											
Under 15	33%	27%	28%	28%	29%	37%	35%	37%	30%	48%	48%
15 to 17	59%	49%	60%	48%	53%	61%	58%	65%	60%	72%	65%
18 to 19	64%	58%	65%	52%	60%	65%	59%	64%	65%	74%	67%
20 to 24	64%	60%	62%	52%	60%	65%	60%	63%	62%	72%	65%
Over 24	48%	46%	52%	39%	44%	52%	45%	44%	39%	55%	45%
Total All Users	54%	50%	56%	44%	49%	58%	51%	52%	50%	62%	54%

^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 (25 years or 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 21].)

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2017 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	2,073,331	80,664	236,791	222,594	321,372	223,648	171,406	58,454	53,821	624,259	80,322
Male	351,585	18,453	34,100	45,009	24,137	48,037	22,267	9,959	17,308	121,763	10,552
Total	2,424,916	99,117	270,891	267,603	345,509	271,685	193,673	68,413	71,129	746,022	90,874
Tests per 10 Users											
Female	5.9	4.8	6.1	5.5	5.3	6.5	5.4	5.4	5.1	6.5	5.6
Male	7.6	6.5	8.0	7.5	3.6	9.6	6.4	8.2	8.3	9.0	9.0
Total	6.1	5.1	6.3	5.8	5.1	6.9	5.5	5.7	5.6	6.8	5.9
Syphilis Tests											
Female	540,346	18,975	30,476	69,434	167,342	34,878	81,828	14,989	3,292	114,488	4,644
Male	168,815	8,259	11,881	25,517	18,650	15,807	18,859	4,099	3,390	59,240	3,113
Total	709,161	27,234	42,357	94,951	185,992	50,685	100,687	19,088	6,682	173,728	7,757
Tests per 10 Users											
Female	1.5	1.1	0.8	1.7	2.7	1.0	2.6	1.4	0.3	1.2	0.3
Male	3.6	2.9	2.8	4.2	2.8	3.2	5.4	3.4	1.6	4.4	2.6
Total	1.8	1.4	1.0	2.0	2.7	1.3	2.9	1.6	0.5	1.6	0.5
Confidential HIV Tests											
Female	917,623	36,485	116,670	106,972	155,190	84,706	105,566	20,292	14,299	261,042	16,401
Male	274,496	16,636	28,045	36,491	17,662	29,942	20,326	6,397	15,081	97,661	6,255
Total	1,192,119	53,121	144,715	143,463	172,852	114,648	125,892	26,689	29,380	358,703	22,656
Tests per 10 Users											
Female	2.6	2.2	3.0	2.6	2.5	2.5	3.3	1.9	1.3	2.7	1.1
Male	5.9	5.9	6.6	6.1	2.6	6.0	5.9	5.2	7.2	7.2	5.3
Total	3.0	2.7	3.4	3.1	2.6	2.9	3.6	2.2	2.3	3.3	1.5
Positive Test Results	2,195	98	265	402	212	126	307	31	74	610	70
Anonymous HIV Tests	2,083	0	0	209	0	634	0	921	0	274	45

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*.¹⁶

In 2017, 3,525 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (**Exhibit 30**).

- By **CSP type**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 70% of total FTEs, followed by physicians (23%) and other CSPs (7%). On average, there were 3.0 midlevel clinician FTEs for every 1.0 physician FTE.
- By **region**, from 7% (V) to 36% (I) of total FTEs were physician FTEs, 59% (III) to 86% (VIII) were midlevel clinician FTEs, and 0% (VI, VII, VIII, and X) to 26% (V) were other CSP FTEs. There were from 1.8 (I and III) to 9.1 (V) midlevel clinician FTEs for every 1.0 physician FTE.

Family Planning Encounters (Exhibit 30)

In 2017, Title X service sites reported a total of 6.6 million family planning encounters, or an average of 1.7 encounters per user (**Exhibit 30**).

- By **type**, most family planning encounters (78%, or 5.2 million) were attended by a CSP, resulting in an average of 1.3 CSP encounters per user and 1,465 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
 - **Total encounters:** The average number of encounters per user ranged from 1.4 (X) to 1.8 (VII).
 - **CSP encounters:** The percentage of encounters that were attended by a CSP ranged from 56% (VI) to 91% (I). The number of CSP encounters per user ranged from 1.0 (VI) to 1.4 (I, II, III, and IX), and the number of CSP encounters per CSP FTE ranged from 897 (X) to 2,208 (II).
 - **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 9% (I) to 44% (VI). The number of non-CSP encounters per user ranged from 0.1 (I and II) to 0.7 (VI).

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 assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.¹²

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) who offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*.¹² 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*.¹²

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 services provided during the family planning encounter must be documented in the client record. 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.

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.

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). A full-time equivalent (FTE) of 1.0 describes staff who, individually or as a group, work the equivalent of full time for 1 year. Each agency defines the number of hours for “full-time” work and may define it differently for different positions.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), 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: 2017 (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	819.9	57.3	71.6	218.5	209.4	22.0	40.9	14.9	11.2	133.7	40.4
PA/NP/CNM	2,465.7	102.7	194.6	393.1	547.4	200.1	149.0	72.2	69.7	578.7	158.3
Other CSP ^a	239.4	1.4	9.0	58.0	80.5	79.7	0.0	0.0	0.0	10.8	0.0
Total	3,525.0	161.4	275.2	669.7	837.4	301.7	189.9	87.1	80.9	723.2	198.6
Distribution of CSP FTEs											
Physician	23%	36%	26%	33%	25%	7%	22%	17%	14%	18%	20%
PA/NP/CNM	70%	64%	71%	59%	65%	66%	78%	83%	86%	80%	80%
Other CSP ^a	7%	1%	3%	9%	10%	26%	0%	0%	0%	1%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE^b	3.0	1.8	2.7	1.8	2.6	9.1	3.6	4.9	6.2	4.3	3.9
Number of FP Encounters											
With CSP	5,162,855	274,191	607,590	632,593	761,690	511,560	338,400	145,326	137,585	1,575,771	178,149
With other	1,477,446	25,725	64,135	178,002	407,402	167,470	262,048	76,734	62,229	190,180	43,521
Total	6,640,301	299,916	671,725	810,595	1,169,092	679,030	600,448	222,060	199,814	1,765,951	221,670
Distribution of FP Encounters											
With CSP	78%	91%	90%	78%	65%	75%	56%	65%	69%	89%	80%
With other	22%	9%	10%	22%	35%	25%	44%	35%	31%	11%	20%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User											
With CSP	1.3	1.4	1.4	1.4	1.1	1.3	1.0	1.2	1.1	1.4	1.2
With other	0.4	0.1	0.1	0.4	0.6	0.4	0.7	0.6	0.5	0.2	0.3
Total	1.7	1.5	1.6	1.7	1.7	1.7	1.7	1.8	1.6	1.6	1.4
CSP Encounters per CSP FTE	1,465	1,699	2,208	945	910	1,695	1,782	1,669	1,700	2,179	897

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

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

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

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

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—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—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”)—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—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—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** “Note” field.

Medicare/Title XVIII—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)—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** “Note” field.

Other Public Health Insurance—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. Other public health insurance programs include state or local government programs that provide a broad set of benefits and public-paid or public-subsidized private insurance programs.

Private Health Insurance—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. Private health insurance include plans obtained through an employer, union, or direct purchase, including insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA) that provide a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

Other Revenue—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—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—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)

REVENUE

In 2017, Title X grantees reported total program revenue of \$1.3 billion to support the delivery of Title X-funded family planning and related preventive health care. The major sources of revenue—Medicaid (including Children’s Health Insurance Program [CHIP]) (\$496.5 million) and Title X (\$244.6 million)—accounted for 38% and 19%, respectively, of total revenue. Revenue from state governments (\$119.0 million), private third-party payers (\$140.1 million), local governments (\$69.2 million), and client service fees (\$52.4 million) each accounted for 4% to 11% of total revenue, while all other sources each contributed 2% or less (*Exhibit 31*).

Title X Services Grant

Revenue from Title X accounted for 19% (\$244.6 million) of total national revenue and between 9% (IX) and 32% (VII) of total regional revenue. Title X was the largest source of revenue in three regions (VI, VII, and VIII) and the second largest source after Medicaid in three others (III, IV, and V) (*Exhibits 32 and 33*).

Payment for Services: Client Fees

Revenue from client service fees accounted for 4% (\$52.4 million) of total revenue and between 2% (VI) and 9% (VII) of total regional revenue (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

In 2017, revenue from third-party payers was 50% (\$655.3 million) of total revenue, with Medicaid/CHIP accounting for most (76%) of this amount.

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 38% (\$495.2 million) of total revenue, and separately reported CHIP revenue accounted for less than 0.5% (\$1.3 million) of total revenue. Together, these two sources totaled \$496.5 million, or 38% of total 2017 revenue.

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

Temporary Assistance for Needy Families (TANF)—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—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—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) 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)—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—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 2016), pp. 47–49.

By region, Medicaid (including CHIP) accounted for 11% (VII) to 63% (IX) of total regional revenue. Medicaid was the largest source (29% to 63%) of regional revenue in six regions (II, III, IV, V, IX, and X) and the second largest source (25%) in Region I (*Exhibits 32 and 33*). Medicaid revenue reported by grantees in 26 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 states.)

Medicare and Other Public. Revenue from Medicare (\$7.2 million) and other public third-party payers (\$11.4 million) together accounted for 1% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers ranged from less than 0.5% (IV, VIII, IX, and X) to 6% (VI) (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$140.1 million) accounted for 11% of total national revenue and between 5% (IV) and 26% (I) of total regional revenue. Private third-party payer revenue was the most important source of revenue in Region I, the second most important source in Regions VII, VIII, and X, and the third most important source in Regions III, V, 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 (\$13.0 million), the Title XX Social Services block grant (\$4.5 million), and TANF (\$6.4 million) each accounted for 1% or less of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged from 0% to 3% of total regional revenues. While all regions reported some revenue from the MCH block grant, only five reported revenue from the Social Services block grant (I, III, V, VIII, and IX) or TANF (I, IV, V, VII, and VIII) (*Exhibits 32 and 33*).

State Governments. State government revenue accounted for 9% (\$119.0 million) of total national revenue and from less than 0.5% (VII) to 26% (VI) of total regional revenue. State government revenue was the second largest source of regional revenue in Regions II and VI (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 5% (\$69.2 million) of total national revenue and from less than 0.5% (I) to 22% (IV) of total regional revenue. Local government revenue was the third largest source of regional revenue in Regions IV and VIII (*Exhibits 32 and 33*).

Bureau of Primary Health Care. Revenue from the Health Resources Services Administration Bureau of Primary Health Care (BPHC) accounted for 2% (\$21.4 million) of total national revenue. Two regions (III and VIII) reported no BPHC revenue, while eight others reported BPHC revenue ranging from less than 0.5% (I, II, IV, VI, and X) to 11% (VII) of total regional revenue (*Exhibits 32 and 33*).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2017
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	\$244,563,111	19%
Payment for Services		
Client fees	\$52,367,880	4%
Third-party payers ^a		
Medicaid ^b	\$495,245,884	38%
Medicare	\$7,169,121	1%
Children's Health Insurance Program	\$1,256,008	0%†
Other public	\$11,445,695	1%
Private	\$140,145,229	11%
Subtotal	\$707,629,817	55%
Other Revenue		
Maternal and Child Health block grant	\$12,960,533	1%
Social Services block grant	\$4,547,979	0%†
Temporary Assistance for Needy Families	\$6,385,879	0%†
State government	\$119,036,286	9%
Local government	\$69,199,630	5%
Bureau of Primary Health Care	\$21,389,246	2%
Other ^c	\$111,905,640	9%
Subtotal	\$345,425,193	27%
Total Revenue	\$1,297,618,121	100%
Total Revenue per User	\$324	—
Total Revenue per Encounter	\$195	—

— 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 26 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

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

† Percentage is less than 0.5%.

All Other Revenue. Finally, 9% (\$111.9 million) of total revenue came from a combination of all other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 2% (III and IV) to 17% (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 and Encounter

On average, in 2017 grantees reported \$324 in program revenue per family planning user served or \$195 per family planning encounter. By region, revenue per user ranged from \$202 (III) to \$454 (X), and revenue per encounter ranged from \$116 (III) to \$317 (X) (*Exhibit 32*).

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2017 (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	\$244,563,111	\$12,993,224	\$25,895,531	\$25,955,568	\$50,096,697	\$34,593,256	\$29,647,951	\$12,992,294	\$10,411,761	\$32,151,760	\$9,825,069
Payment for Services											
Client fees	\$52,367,880	\$1,927,062	\$8,224,845	\$4,652,730	\$6,523,021	\$8,613,543	\$2,205,405	\$3,071,392	\$3,626,520	\$9,828,614	\$3,694,748
Third-party payers ^a											
Medicaid ^b	\$495,245,884	\$13,214,930	\$62,470,700	\$29,541,633	\$58,275,198	\$49,556,691	\$16,875,782	\$4,521,085	\$5,197,845	\$229,908,942	\$25,683,078
Medicare	\$7,169,121	\$435,380	\$1,958,623	\$1,115,643	\$506,261	\$2,282,515	\$64,915	\$188,159	\$46,400	\$414,663	\$156,562
CHIP	\$1,256,008	\$20,730	\$232,921	\$43,676	\$205,835	\$516,288	\$87,660	\$81,899	\$66,999	\$0	\$0
Other public ^c	\$11,445,695	\$1,731,986	\$0	\$1,768,371	\$17,289	\$1,253,255	\$6,025,266	\$263,201	\$24,111	\$351,641	\$10,575
Private	\$140,145,229	\$13,755,113	\$20,925,515	\$12,038,084	\$10,254,322	\$23,822,984	\$7,543,839	\$7,130,680	\$7,029,482	\$23,242,334	\$14,402,876
Subtotal	\$707,629,817	\$31,085,201	\$93,812,604	\$49,160,137	\$75,781,926	\$86,045,276	\$32,802,867	\$15,256,416	\$15,991,357	\$263,746,194	\$43,947,839
Other Revenue											
MCH block grant	\$12,960,533	\$22,000	\$2,614,678	\$1,646,959	\$2,579,856	\$2,236,738	\$1,463,738	\$307,777	\$359,505	\$1,139,606	\$589,676
SS block grant	\$4,547,979	\$911,968	\$0	\$2,490,289	\$0	\$1,088,595	\$0	\$0	\$34,825	\$22,302	\$0
TANF	\$6,385,879	\$76,928	\$0	\$0	\$3,406,536	\$2,475,168	\$0	\$424,059	\$3,188	\$0	\$0
State government	\$119,036,286	\$5,967,060	\$38,687,725	\$11,030,307	\$19,409,178	\$4,285,935	\$26,694,359	\$155,337	\$802,261	\$2,241,976	\$9,762,148
Local government	\$69,199,630	\$5,747	\$2,867,008	\$1,345,265	\$43,179,062	\$3,762,450	\$5,024,775	\$238,946	\$6,590,523	\$2,318,992	\$3,866,862
BPHC	\$21,389,246	\$88,923	\$242,500	\$0	\$96,839	\$13,053,310	\$176,184	\$4,580,207	\$0	\$3,107,672	\$43,611
Other ^d	\$111,905,640	\$1,342,597	\$13,143,301	\$2,182,252	\$4,769,234	\$9,248,677	\$5,497,838	\$6,506,429	\$4,268,589	\$62,748,549	\$2,198,174
Subtotal	\$345,425,193	\$8,415,223	\$57,555,212	\$18,695,072	\$73,440,705	\$36,150,873	\$38,856,894	\$12,212,755	\$12,058,891	\$71,579,097	\$16,460,471
Total Revenue	\$1,297,618,121	\$52,493,648	\$177,263,347	\$93,810,777	\$199,319,328	\$156,789,405	\$101,307,712	\$40,461,465	\$38,462,009	\$367,477,051	\$70,233,379
Total Revenue per User	\$324	\$269	\$413	\$202	\$294	\$400	\$289	\$335	\$303	\$336	\$454
Total Revenue per Encounter	\$195	\$175	\$264	\$116	\$170	\$231	\$169	\$182	\$192	\$208	\$317

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 26 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."

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2017 (Source: FPAR Table 14)

Revenue Source	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Title X	19%	25%	15%	28%	25%	22%	29%	32%	27%	9%	14%
Payment for Services											
Client fees	4%	4%	5%	5%	3%	5%	2%	8%	9%	3%	5%
Third-party payers ^a											
Medicaid ^b	38%	25%	35%	31%	29%	32%	17%	11%	14%	63%	37%
Medicare	1%	1%	1%	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%
Other public ^c	1%	3%	0%	2%	0%†	1%	6%	1%	0%†	0%†	0%†
Private	11%	26%	12%	13%	5%	15%	7%	18%	18%	6%	21%
Subtotal	55%	59%	53%	52%	38%	55%	32%	38%	42%	72%	63%
Other Revenue											
MCH block grant	1%	0%†	1%	2%	1%	1%	1%	1%	1%	0%†	1%
SS block grant	0%†	2%	0%	3%	0%	1%	0%	0%	0%†	0%†	0%
TANF	0%†	0%†	0%	0%	2%	2%	0%	1%	0%†	0%	0%
State government	9%	11%	22%	12%	10%	3%	26%	0%†	2%	1%	14%
Local government	5%	0%†	2%	1%	22%	2%	5%	1%	17%	1%	6%
BPHC	2%	0%†	0%†	0%	0%†	8%	0%†	11%	0%	1%	0%†
Other ^d	9%	3%	7%	2%	2%	6%	5%	16%	11%	17%	3%
Subtotal	27%	16%	32%	20%	37%	23%	38%	30%	31%	19%	23%
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 26 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

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

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

† Percentage is less than 0.5%.

Revenue Trends: 2007 vs. 2017

Compared with 2007, in 2017, inflation-adjusted (constant 2017 dollars)²² total revenue decreased 16% (by \$246.6 million), from \$1.5 billion in 2007 to \$1.3 billion in 2017 (*Exhibit A-13a*). During this period, increases in revenue from third-party and “other” revenue sources totaled \$142.6 million. Medicaid (including CHIP) increased 5%, from \$473.8 million (2007) to \$496.5 million (2017). In addition, private third-party payer revenue increased 158% (\$62.8 million in 2007 vs. \$140.1 million in 2017), Medicare and other non-Medicaid public third-party payer revenue increased 286% (\$4.8 million in 2007 vs. \$18.6 million in 2017), and “other” revenue sources combined increased 28% (\$104.5 million in 2007 vs. \$133.3 million in 2017) (not shown).

The increase in revenue from these four sources, however, was too low to offset losses totaling \$389.2 million from Title X, client service fees, state and local governments, block grants, and TANF. For each source, the decline in revenue between 2007 and 2017 was as follows:

- **Title X** revenue decreased 29%, or by \$101.2 million, between 2007 (\$345.7 million) and 2017 (\$244.6 million) (*Exhibit A-13a*).
- **Client service fees** revenue decreased 59%, or by \$75.3 million, between 2007 (\$127.6 million) and 2017 (\$52.4 million) (not shown).
- **State government** revenue decreased 37%, or by \$68.8 million, between 2007 (\$187.9 million) and 2017 (\$119.0 million) (not shown).
- **Local government** revenue decreased 49%, or by \$65.5 million, between 2007 (\$134.7 million) and 2017 (\$69.2 million) (not shown).
- **Block grant** revenue decreased 75%, or by \$53.0 million, between 2007 (\$70.5 million) and 2017 (\$17.5 million) (not shown).
- **TANF** revenue decreased 80%, or by \$25.4 million, between 2007 (\$31.8 million) and 2017 (\$6.4 million) (not shown).

Since 2007, the composition of total revenue across major sources has changed. As a percentage of total revenue, Medicaid (including CHIP) revenue grew from 31% (2007) to 38% (2017), Title X revenue decreased from 22% to 19%, and state and local government revenue decreased from 21% to 15%. The share of total revenue from all other sources combined fluctuated between 22% and 28% (*Exhibit A-14c*).

See *Exhibits A-13a* through *A-13e* for trends (2007–2017) in actual and inflation-adjusted (constant 2017 dollars)²² total, Title X, and Medicaid revenue.

4

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Appendix A

National Trend Exhibits

Exhibit A-1a. Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2007-2017

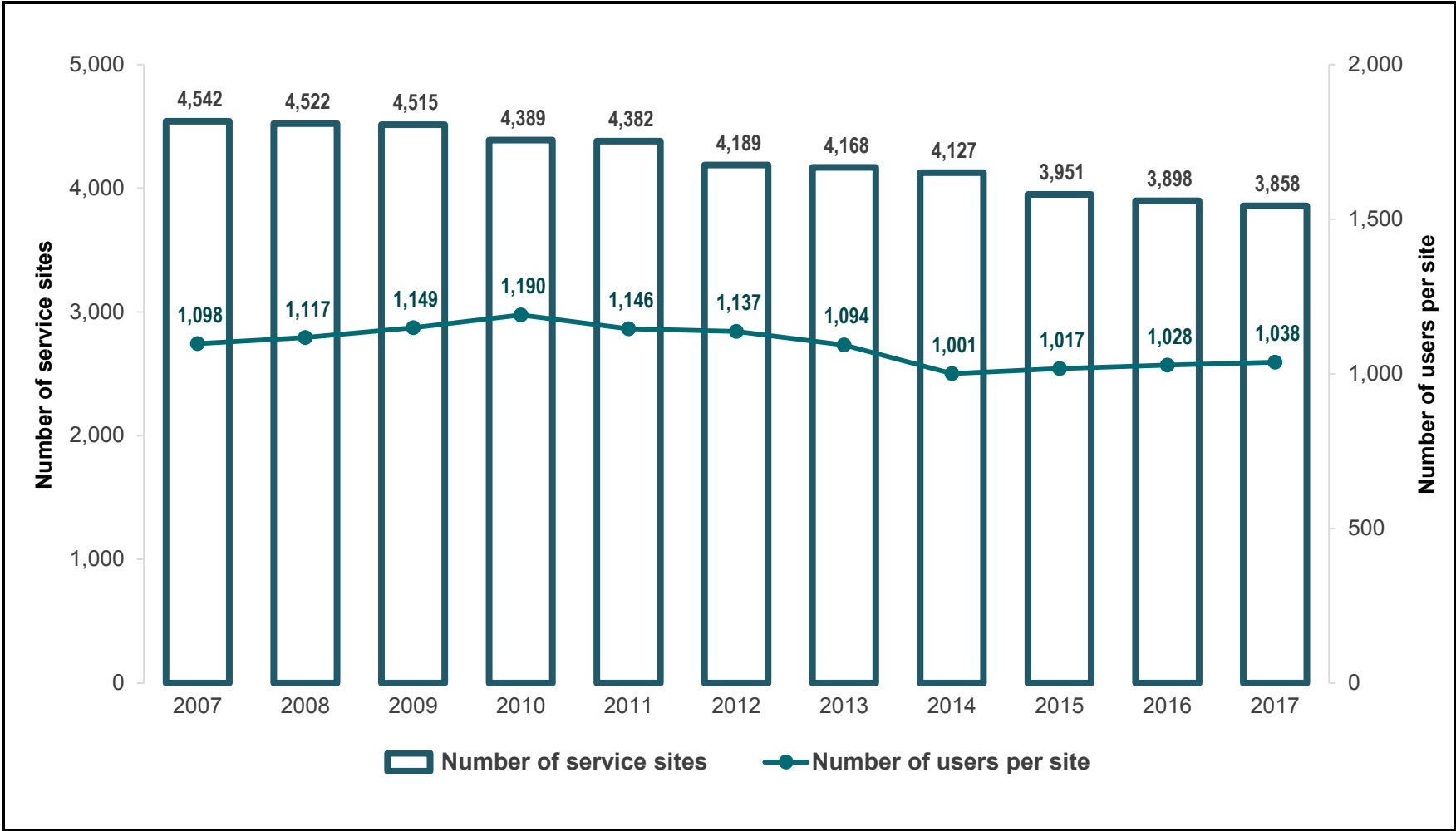
Region	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Grantees											
I	10	10	10	10	11	11	11	12	11	11	11
II	7	7	7	7	7	7	6	6	6	6	6
III	9	9	9	9	9	9	10	10	10	10	10
IV	10	10	10	10	10	13	13	14	10	9	9
V	11	11	11	12	12	11	11	10	12	11	11
VI	8	8	8	6	6	6	7	6	6	7	6
VII	5	5	5	5	5	5	5	5	5	5	5
VIII	6	6	6	6	6	6	6	6	6	6	6
IX	15	15	16	16	17	17	18	17	17	18	17
X	8	7	7	8	8	8	8	8	8	8	8
Total	89	88	89	89	91	93	95	94	91	91	89
Subrecipients											
I	70	70	69	71	72	67	66	67	71	69	68
II	91	91	89	82	80	75	71	70	70	68	68
III	226	222	222	218	230	265	271	258	316	223	225
IV	187	185	190	188	183	184	214	253	226	281	277
V	158	146	136	130	135	129	133	120	122	118	113
VI	93	95	94	90	79	78	90	45	47	41	39
VII	107	107	107	105	106	101	97	93	94	92	91
VIII	73	78	73	74	74	75	74	74	74	68	69
IX	107	112	116	104	121	113	105	95	102	99	85
X	64	64	61	60	62	61	60	59	59	58	56
Total	1,176	1,170	1,157	1,122	1,142	1,148	1,181	1,134	1,181	1,117	1,091
Service Sites											
I	240	233	230	221	228	238	225	233	224	225	221
II	293	292	296	272	263	253	256	251	247	244	244
III	662	651	656	641	639	633	627	615	648	640	653
IV	1,117	1,093	1,104	1,091	1,076	1,044	1,019	1,183	936	914	912
V	428	410	373	371	392	364	362	340	383	374	365
VI	573	571	588	580	553	521	571	442	457	425	415
VII	286	294	296	289	267	251	242	223	218	221	210
VIII	187	190	185	184	179	185	182	182	177	180	162
IX	479	508	501	495	539	474	460	441	461	469	465
X	277	280	286	245	246	226	224	217	200	206	211
Total	4,542	4,522	4,515	4,389	4,382	4,189	4,168	4,127	3,951	3,898	3,858

Exhibit A-1b. Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2007-2017

Region	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Grantees											
I	11%	11%	11%	11%	12%	12%	12%	13%	12%	12%	12%
II	8%	8%	8%	8%	8%	8%	6%	6%	7%	7%	7%
III	10%	10%	10%	10%	10%	10%	11%	11%	11%	11%	11%
IV	11%	11%	11%	11%	11%	14%	14%	15%	11%	10%	10%
V	12%	13%	12%	13%	13%	12%	12%	11%	13%	12%	12%
VI	9%	9%	9%	7%	7%	6%	7%	6%	7%	8%	7%
VII	6%	6%	6%	6%	5%	5%	5%	5%	5%	5%	6%
VIII	7%	7%	7%	7%	7%	6%	6%	6%	7%	7%	7%
IX	17%	17%	18%	18%	19%	18%	19%	18%	19%	20%	19%
X	9%	8%	8%	9%	9%	9%	8%	9%	9%	9%	9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
II	8%	8%	8%	7%	7%	7%	6%	6%	6%	6%	6%
III	19%	19%	19%	19%	20%	23%	23%	23%	27%	20%	21%
IV	16%	16%	16%	17%	16%	16%	18%	22%	19%	25%	25%
V	13%	12%	12%	12%	12%	11%	11%	11%	10%	11%	10%
VI	8%	8%	8%	8%	7%	7%	8%	4%	4%	4%	4%
VII	9%	9%	9%	9%	9%	9%	8%	8%	8%	8%	8%
VIII	6%	7%	6%	7%	6%	7%	6%	7%	6%	6%	6%
IX	9%	10%	10%	9%	11%	10%	9%	8%	9%	9%	8%
X	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service Sites											
I	5%	5%	5%	5%	5%	6%	5%	6%	6%	6%	6%
II	6%	6%	7%	6%	6%	6%	6%	6%	6%	6%	6%
III	15%	14%	15%	15%	15%	15%	15%	15%	16%	16%	17%
IV	25%	24%	24%	25%	25%	25%	24%	29%	24%	23%	24%
V	9%	9%	8%	8%	9%	9%	9%	8%	10%	10%	9%
VI	13%	13%	13%	13%	13%	12%	14%	11%	12%	11%	11%
VII	6%	7%	7%	7%	6%	6%	6%	5%	6%	6%	5%
VIII	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%	4%
IX	11%	11%	11%	11%	12%	11%	11%	11%	12%	12%	12%
X	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-1c. Number of Title X-funded service sites and users per service site, by year: 2007-2017



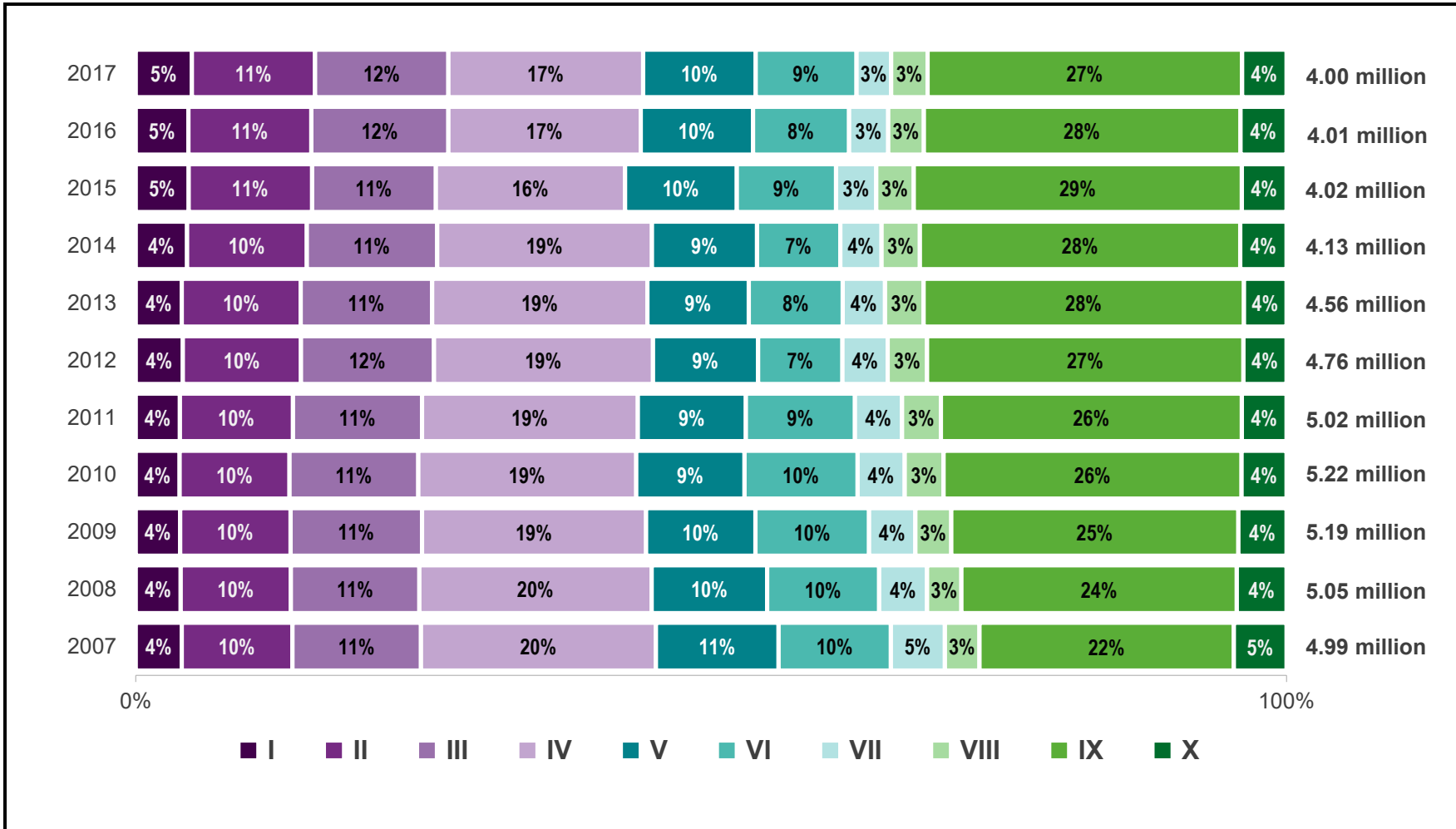
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Exhibit A-2a. Number and distribution of all family planning users, by region and year: 2007-2017

Region	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
I	199,010	197,165	199,779	198,962	192,252	195,264	182,684	184,005	184,389	183,383	194,952
II	479,572	483,928	497,614	499,231	493,369	488,872	470,836	429,409	431,060	428,146	429,091
III	557,031	564,138	592,475	584,167	564,163	550,051	520,403	468,157	432,418	477,585	464,216
IV	1,018,656	1,019,264	1,010,012	989,770	940,931	907,020	852,400	770,501	660,156	669,743	677,146
V	531,679	507,431	492,741	492,359	472,062	434,587	401,935	377,552	390,446	390,541	391,901
VI	486,378	491,406	512,019	512,868	475,863	350,164	372,296	298,294	346,670	334,933	350,646
VII	234,592	210,012	209,350	214,032	205,167	186,716	167,286	148,405	140,055	135,907	120,759
VIII	149,395	151,261	160,919	176,892	169,311	163,068	152,248	137,509	131,031	124,021	126,922
IX	1,102,718	1,209,114	1,294,974	1,352,569	1,314,270	1,309,439	1,269,252	1,149,781	1,146,183	1,102,836	1,093,827
X	228,207	217,786	216,384	204,012	194,323	178,616	168,484	165,670	155,607	160,457	154,786
Total	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
Female	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622	3,607,353	3,553,018	3,541,235
Male	295,381	327,843	374,576	402,292	386,516	385,053	373,237	364,661	410,662	454,534	463,011
I	4%	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%
II	10%	10%	10%	10%	10%	10%	10%	10%	11%	11%	11%
III	11%	11%	11%	11%	11%	12%	11%	11%	11%	12%	12%
IV	20%	20%	19%	19%	19%	19%	19%	19%	16%	17%	17%
V	11%	10%	10%	9%	9%	9%	9%	9%	10%	10%	10%
VI	10%	10%	10%	10%	9%	7%	8%	7%	9%	8%	9%
VII	5%	4%	4%	4%	4%	4%	4%	4%	3%	3%	3%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	22%	24%	25%	26%	26%	27%	28%	28%	29%	28%	27%
X	5%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female	94%	94%	93%	92%	92%	92%	92%	91%	90%	89%	88%
Male	6%	6%	7%	8%	8%	8%	8%	9%	10%	11%	12%

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

Exhibit A-2b. Number and distribution of all family planning users, by region and year: 2007-2017



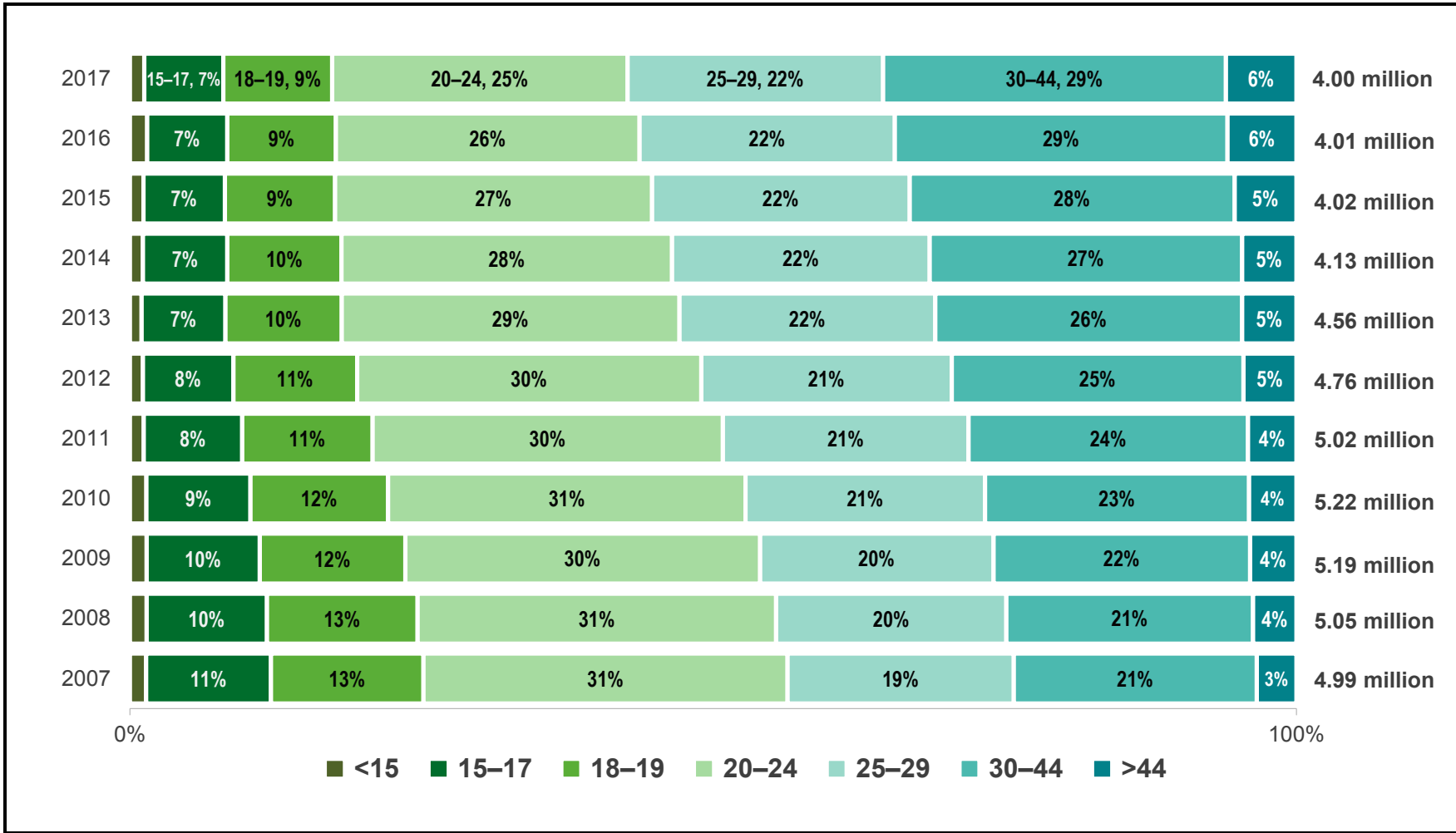
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-3a. Number and distribution of all family planning users, by age and year: 2007-2017

Age Group (Years)	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Under 15	68,918	71,738	74,287	73,383	59,351	53,012	45,633	45,863	46,045	58,649	49,060
15 to 17	534,054	521,202	502,226	466,284	423,702	368,965	327,152	298,839	280,785	275,499	271,429
18 to 19	651,784	652,059	647,432	616,709	560,848	505,356	454,044	404,197	379,710	373,253	373,235
20 to 24	1,556,670	1,553,469	1,577,051	1,600,833	1,508,215	1,405,487	1,320,188	1,169,948	1,091,549	1,043,071	1,013,943
25 to 29	967,409	996,754	1,037,776	1,071,999	1,058,256	1,023,503	999,476	912,130	887,225	876,921	877,588
30 to 34	522,673	539,998	578,031	607,257	621,119	616,259	622,258	573,010	570,708	572,573	580,833
35 to 39	323,885	332,854	353,712	359,749	358,400	351,820	355,877	331,439	344,385	359,108	374,756
40 to 44	191,503	195,582	209,292	215,914	222,429	222,621	220,836	200,955	204,360	211,324	220,748
Over 44	170,342	187,849	206,460	212,734	209,391	216,774	212,360	192,902	213,248	237,154	242,654
Total	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
15 to 17	11%	10%	10%	9%	8%	8%	7%	7%	7%	7%	7%
18 to 19	13%	13%	12%	12%	11%	11%	10%	10%	9%	9%	9%
20 to 24	31%	31%	30%	31%	30%	30%	29%	28%	27%	26%	25%
25 to 29	19%	20%	20%	21%	21%	21%	22%	22%	22%	22%	22%
30 to 34	10%	11%	11%	12%	12%	13%	14%	14%	14%	14%	15%
35 to 39	6%	7%	7%	7%	7%	7%	8%	8%	9%	9%	9%
40 to 44	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%	6%
Over 44	3%	4%	4%	4%	4%	5%	5%	5%	5%	6%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-3b. Number and distribution of all family planning users, by age and year: 2007-2017



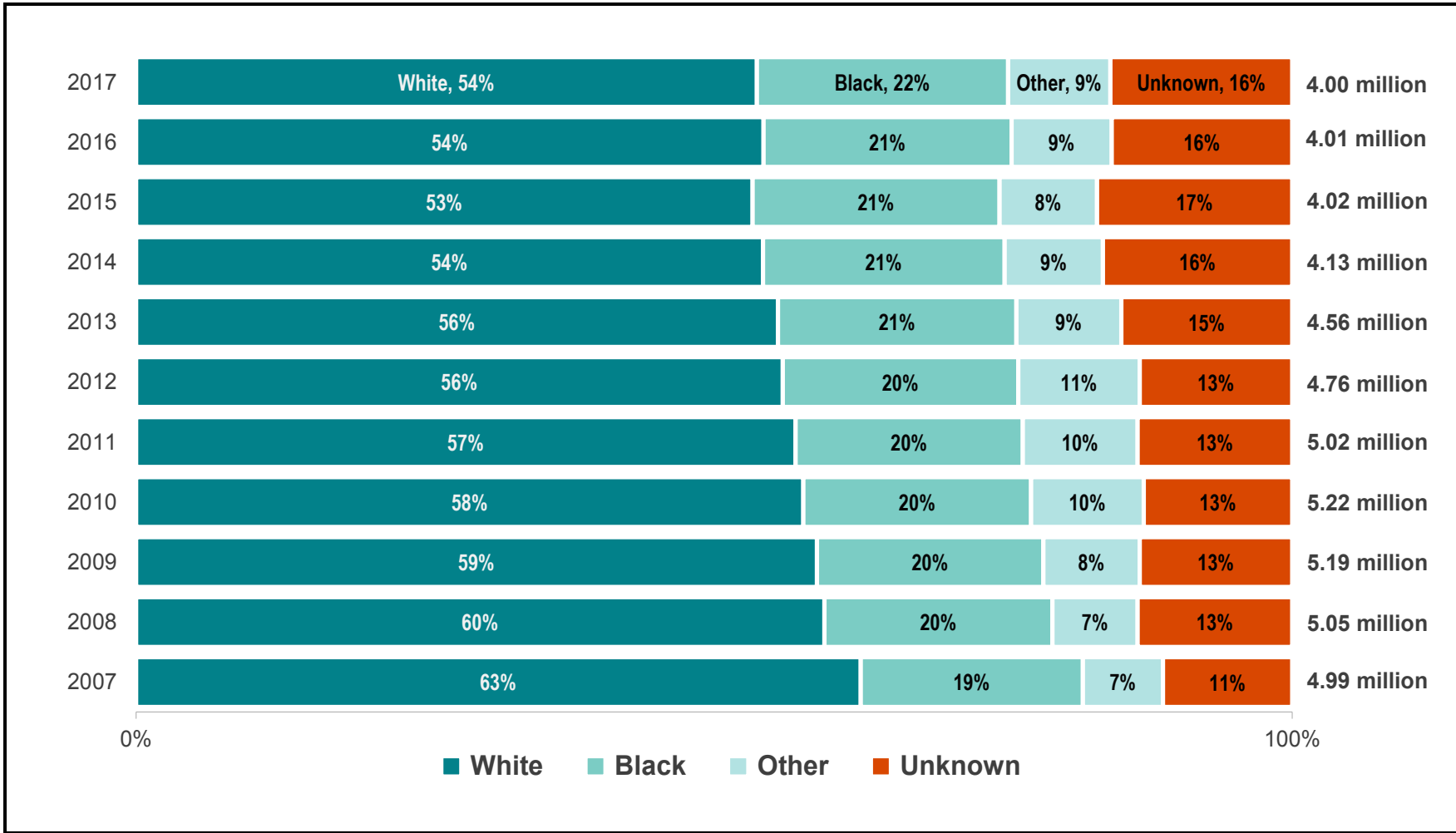
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users under 15 is 1% each year from 2007 through 2017.

Exhibit A-4a. Number and distribution of all family planning users, by race and year: 2007-2017

Race	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
American Indian/Alaska Native	38,080	36,974	39,220	44,899	43,204	45,785	34,051	29,327	30,526	33,467	35,587
Asian	131,735	137,747	150,847	136,958	134,345	136,412	135,567	128,797	131,676	135,555	143,215
Black/African American	958,241	996,093	1,015,013	1,028,991	986,803	969,776	939,941	863,136	857,659	859,886	869,574
Native Hawaiian/Pacific Islander	43,360	45,693	73,559	65,662	70,929	70,519	52,263	39,266	40,941	35,479	31,019
White	3,125,435	3,007,568	3,054,226	3,015,861	2,864,253	2,664,736	2,530,204	2,238,847	2,142,835	2,174,833	2,150,480
More than one race	132,911	151,535	169,044	261,397	250,825	248,590	191,871	153,907	136,043	142,564	144,397
Unknown/not reported	557,476	675,895	684,358	671,094	671,352	627,979	673,927	676,003	678,335	625,768	629,974
Total All Users	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	4%
Black/African American	19%	20%	20%	20%	20%	20%	21%	21%	21%	21%	22%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	63%	60%	59%	58%	57%	56%	56%	54%	53%	54%	54%
More than one race	3%	3%	3%	5%	5%	5%	4%	4%	3%	4%	4%
Unknown/not reported	11%	13%	13%	13%	13%	13%	15%	16%	17%	16%	16%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-4b. Number and distribution of all family planning users, by race and year: 2007–2017



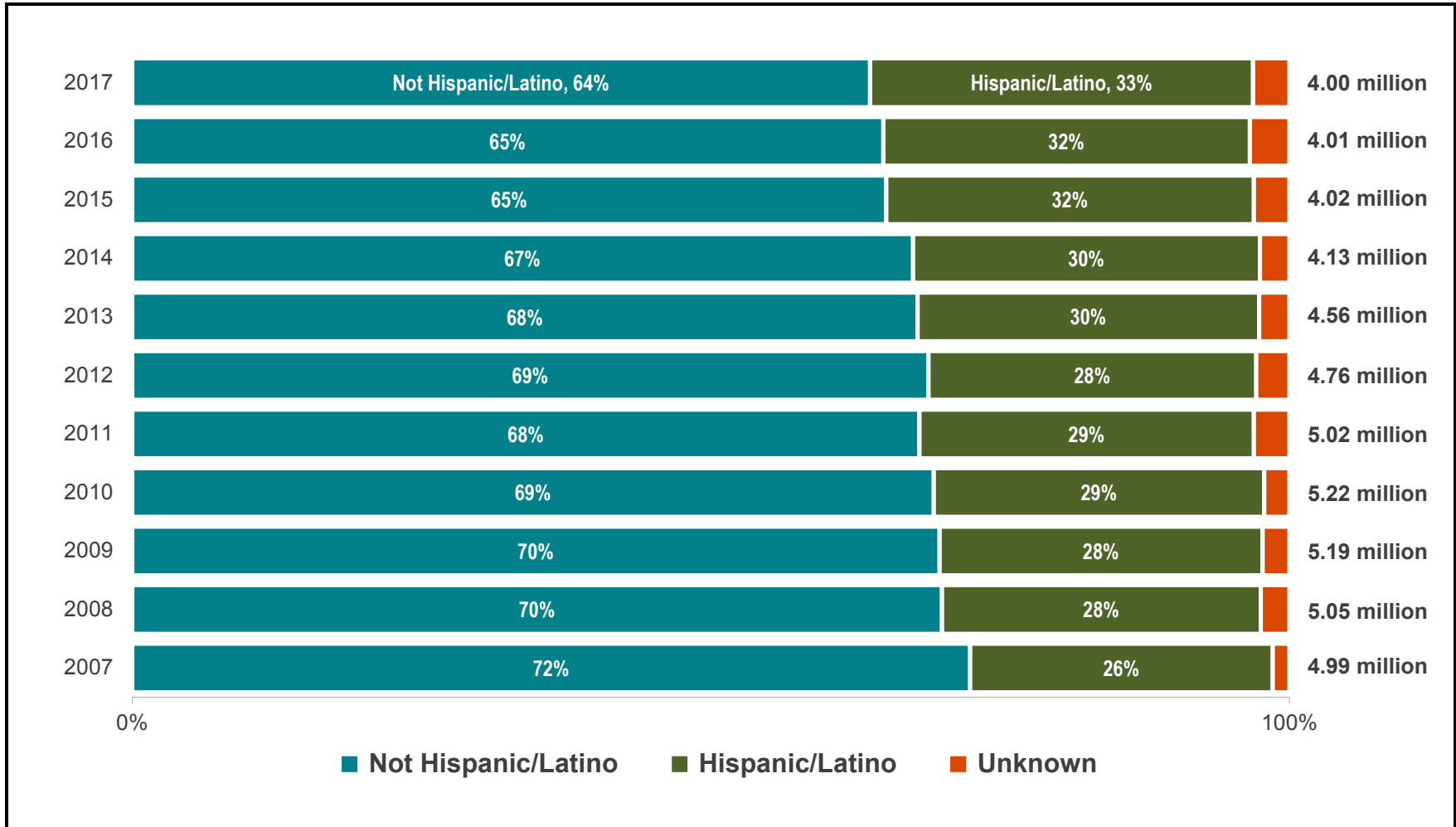
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian or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

Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2007–2017

Ethnicity	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Hispanic or Latino	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988	1,324,817
Not Hispanic or Latino	3,611,497	3,534,915	3,618,344	3,618,285	3,416,314	3,277,828	3,093,545	2,786,005	2,617,597	2,600,742	2,553,416
Unknown/not reported	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013
Total All Users	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
Hispanic or Latino	26%	28%	28%	29%	29%	28%	30%	30%	32%	32%	33%
Not Hispanic or Latino	72%	70%	70%	69%	68%	69%	68%	67%	65%	65%	64%
Unknown/not reported	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-5b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2007–2017



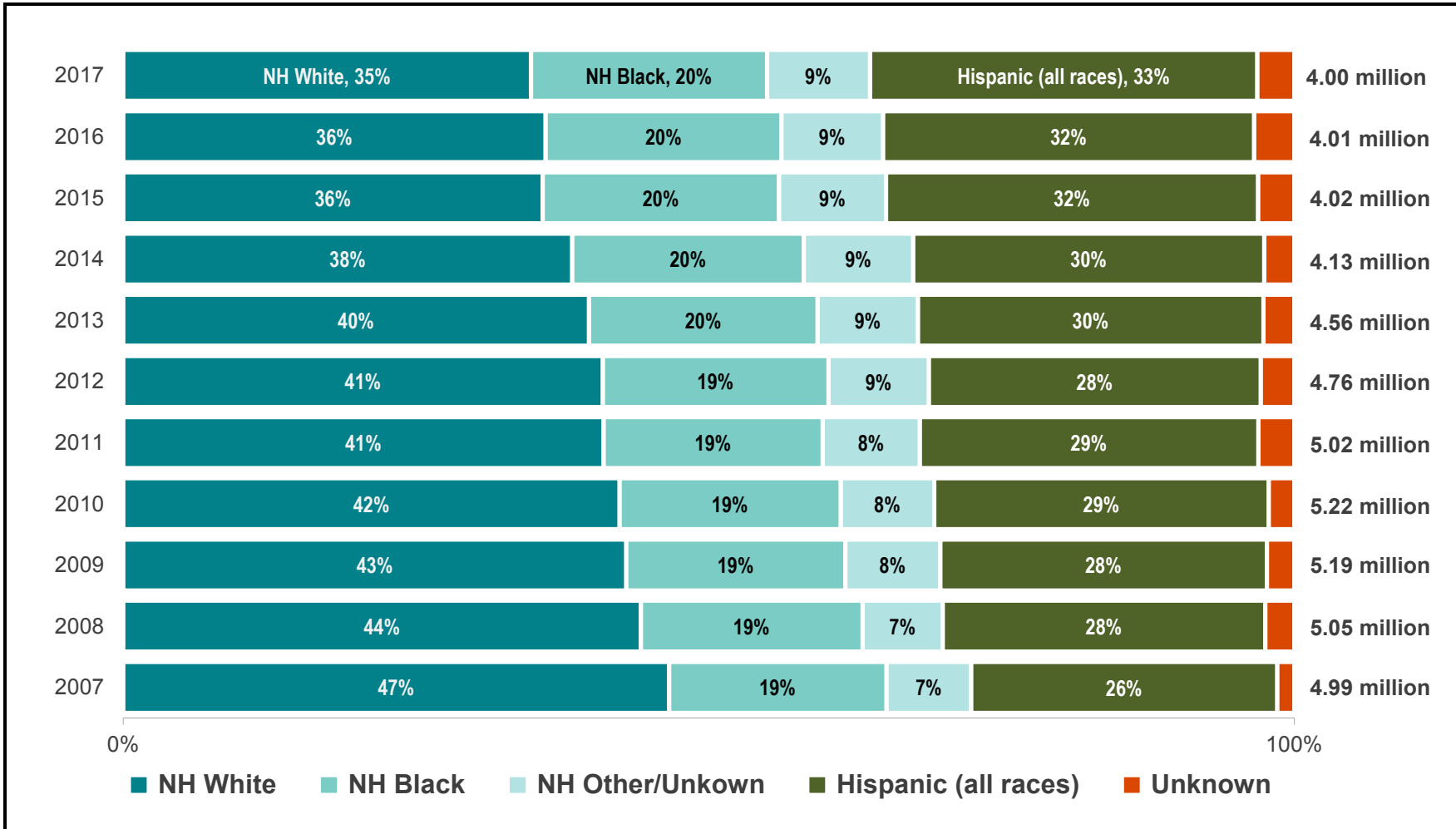
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2007-2017

Ethnicity and Race	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Not Hispanic or Latino											
Asian	126,320	127,850	139,831	126,413	121,777	124,790	128,015	119,454	122,310	124,233	130,688
Black or African American	926,564	956,741	969,690	986,409	939,143	917,539	890,133	816,061	811,244	806,815	806,970
White	2,324,430	2,232,893	2,227,867	2,214,680	2,060,244	1,951,410	1,812,924	1,583,629	1,439,284	1,445,887	1,394,432
Other/unknown	234,183	217,431	280,956	290,783	295,150	284,089	262,473	266,861	244,759	223,807	221,326
Hispanic or Latino											
All races	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988	1,324,817
Unknown/Not Reported	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013
Total All Users	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
Not Hispanic or Latino											
Asian	3%	3%	3%	2%	2%	3%	3%	3%	3%	3%	3%
Black or African American	19%	19%	19%	19%	19%	19%	20%	20%	20%	20%	20%
White	47%	44%	43%	42%	41%	41%	40%	38%	36%	36%	35%
Other/unknown	5%	4%	5%	6%	6%	6%	6%	6%	6%	6%	6%
Hispanic or Latino											
All races	26%	28%	28%	29%	29%	28%	30%	30%	32%	32%	33%
Unknown/Not Reported	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-6b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2007-2017



NH=Not Hispanic or Latino.

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

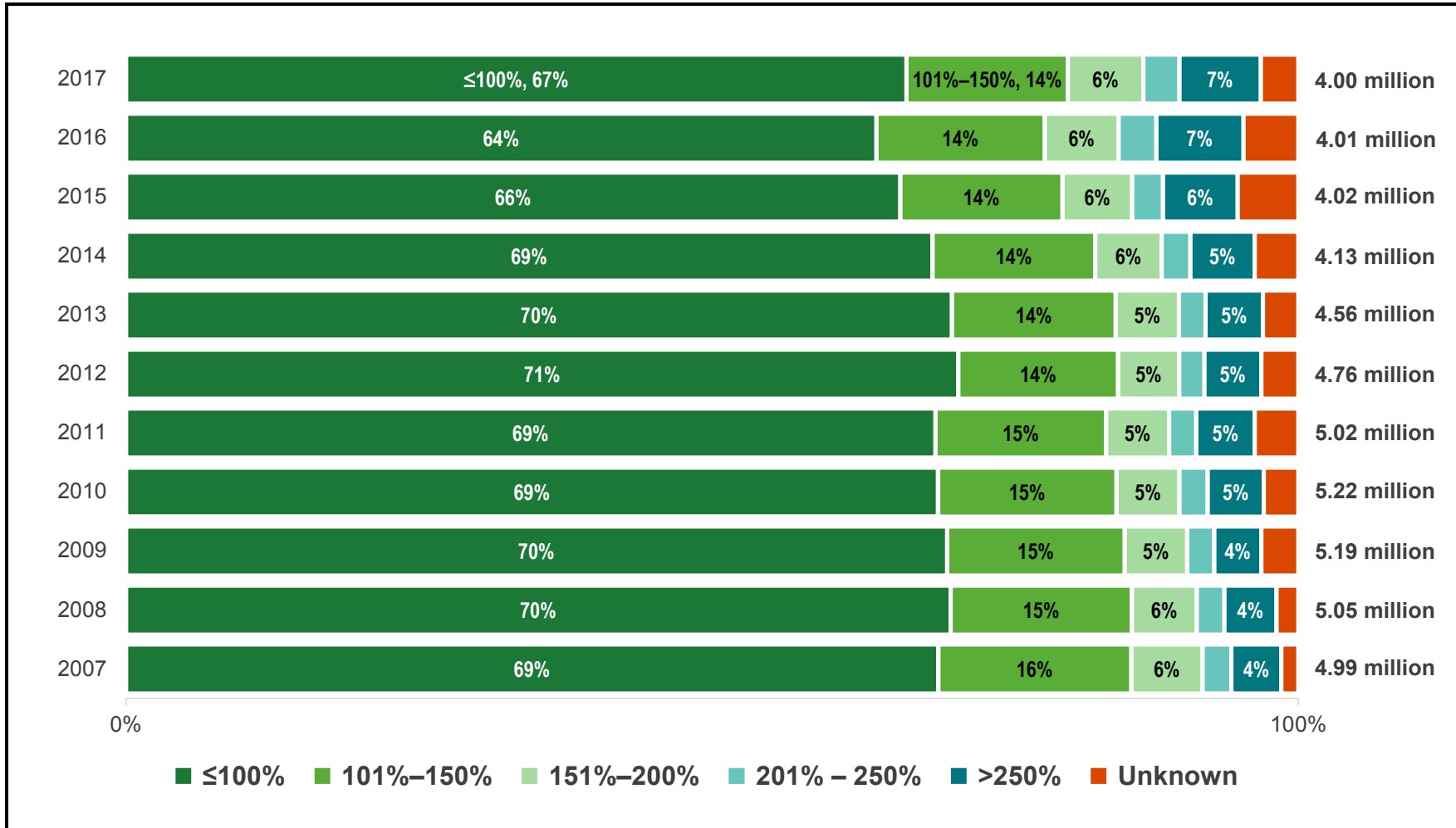
Exhibit A-7a. Number and distribution of all family planning users, by income level and year: 2007–2017

Income Level ^a	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Under 101%	3,455,335	3,553,222	3,632,506	3,618,813	3,466,912	3,382,089	3,211,380	2,840,650	2,653,841	2,564,992	2,665,911
101% to 150%	820,870	781,113	785,090	795,065	731,410	649,462	636,484	572,948	556,141	575,420	551,163
151% to 200%	303,992	278,881	277,103	281,294	269,478	247,490	245,805	234,425	238,420	252,273	257,155
201% to 250%	121,473	119,181	119,768	125,298	116,188	103,061	103,246	100,402	105,975	128,874	123,477
Over 250%	212,849	224,603	207,484	250,440	250,829	230,947	222,718	226,918	255,093	297,988	277,975
Unknown/not reported	72,719	94,505	164,316	153,952	186,894	150,748	138,191	153,940	208,545	188,005	128,565
Total All Users	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
Under 101%	69%	70%	70%	69%	69%	71%	70%	69%	66%	64%	67%
101% to 150%	16%	15%	15%	15%	15%	14%	14%	14%	14%	14%	14%
151% to 200%	6%	6%	5%	5%	5%	5%	5%	6%	6%	6%	6%
201% to 250%	2%	2%	2%	2%	2%	2%	2%	2%	3%	3%	3%
Over 250%	4%	4%	4%	5%	5%	5%	5%	5%	6%	7%	7%
Unknown/not reported	1%	2%	3%	3%	4%	3%	3%	4%	5%	5%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

Exhibit A-7b. Number and distribution of all family planning users, by income level and year: 2007-2017



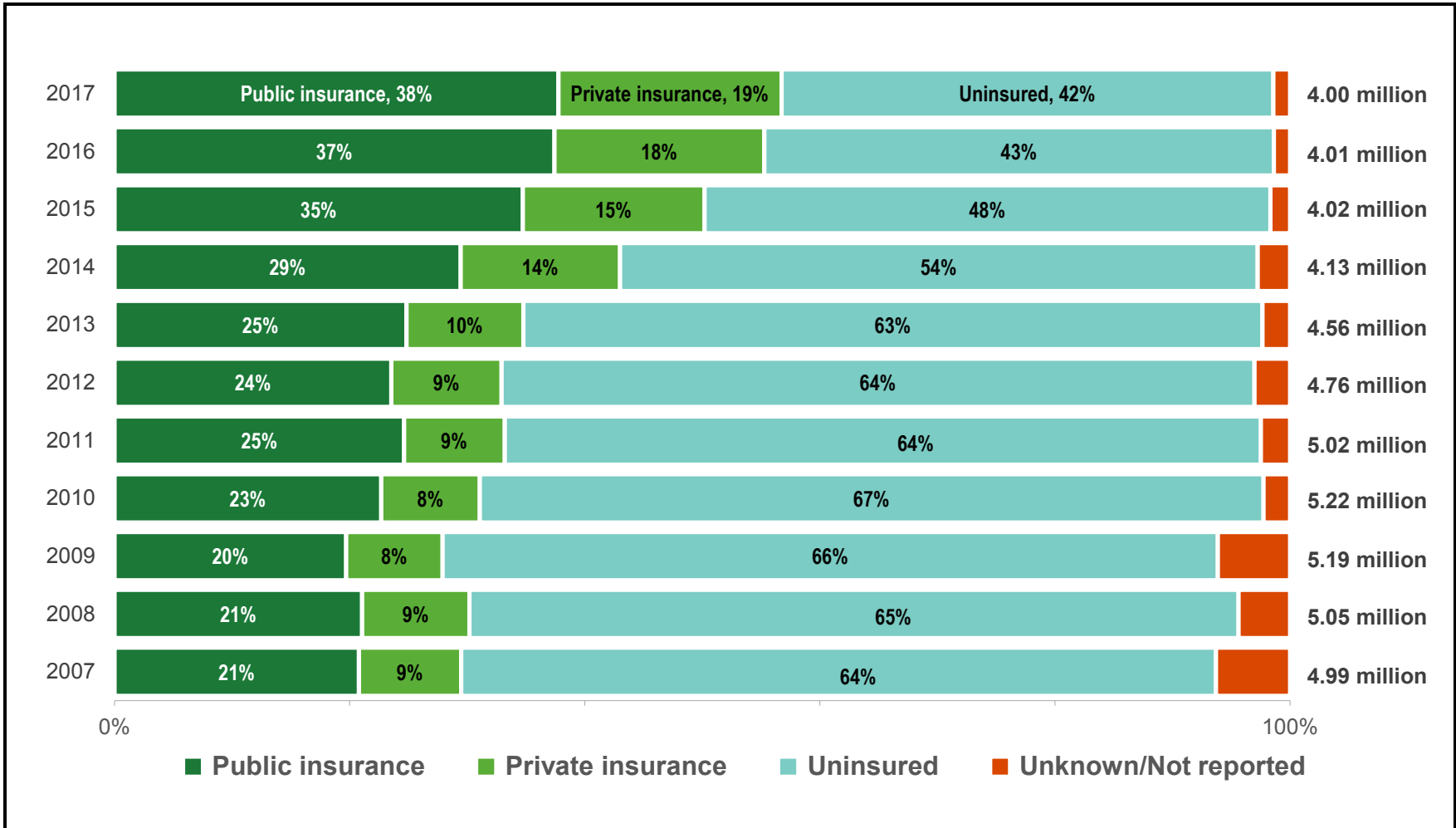
Note: Title X-funded grantees and subrecipients report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <http://aspe.hhs.gov/poverty/>.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

Exhibit A-8a. Number and distribution of all family planning users, by primary health insurance status and year: 2007-2017

Primary Insurance	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Public insurance	1,036,976	1,063,937	1,021,164	1,184,795	1,236,343	1,121,372	1,131,406	1,215,648	1,395,201	1,499,672	1,511,533
Private insurance	433,058	460,969	426,308	438,042	429,919	447,341	453,535	559,845	621,066	715,090	760,051
Uninsured	3,202,642	3,305,185	3,419,915	3,483,360	3,230,784	3,050,415	2,865,672	2,239,377	1,934,154	1,737,488	1,675,825
Unknown/not reported	314,562	221,414	318,880	118,665	124,665	144,669	107,211	114,413	67,594	55,302	56,837
Total All Users	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552	4,004,246
Public insurance	21%	21%	20%	23%	25%	24%	25%	29%	35%	37%	38%
Private insurance	9%	9%	8%	8%	9%	9%	10%	14%	15%	18%	19%
Uninsured	64%	65%	66%	67%	64%	64%	63%	54%	48%	43%	42%
Unknown/not reported	6%	4%	6%	2%	2%	3%	2%	3%	2%	1%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-8b. Number and distribution of all family planning users, by primary health insurance status and year: 2007-2017



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

Exhibit A-9a. Number of all female family planning users, by primary contraceptive method and year: 2007–2017

Primary Method	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Most Effective^a											
Vasectomy	6,546	6,312	6,905	8,683	8,632	8,540	8,175	7,582	6,879	8,178	8,848
Sterilization	89,447	87,167	92,616	92,652	90,438	86,854	82,067	74,748	84,108	86,112	94,173
Hormonal implant	7,300	18,738	30,135	48,015	65,673	82,642	108,586	139,799	177,975	209,014	239,029
Intrauterine device	138,714	179,876	216,390	252,121	272,683	284,461	279,289	265,511	273,650	288,939	324,174
Moderately Effective^a											
Hormonal injection ^b	591,861	597,572	615,188	643,682	645,351	645,136	635,093	611,619	574,476	519,841	500,960
Vaginal ring	139,656	149,627	165,121	186,238	183,182	164,693	142,292	115,230	95,186	83,473	76,252
Contraceptive patch	128,324	101,763	106,266	93,499	89,795	83,145	78,547	69,469	49,010	47,030	48,256
Oral contraceptive	1,826,518	1,734,786	1,696,319	1,684,201	1,534,684	1,409,300	1,316,671	1,135,950	1,000,062	946,383	894,128
Cervical cap/diaphragm	4,087	3,612	12,278	4,402	3,390	4,116	8,245	2,379	1,660	2,130	2,219
Less Effective^a											
Male condom	716,646	727,440	737,991	787,329	838,131	745,265	692,678	578,139	572,607	559,356	547,129
Female condom	3,925	4,753	4,635	5,944	5,939	3,722	3,914	3,308	3,558	2,929	2,537
Contraceptive sponge	1,827	1,337	991	1,581	921	765	541	651	660	138	169
Withdrawal or other ^c	123,844	111,160	105,705	116,635	115,002	113,016	95,798	70,982	61,504	75,191	73,047
FAM ^d or LAM	8,784	10,409	12,633	14,379	17,105	12,676	11,753	12,648	13,503	14,392	15,287
Spermicide	16,882	13,627	15,598	8,346	7,061	4,926	4,028	2,911	1,873	1,848	1,991
Other											
Abstinence	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102	92,385
No Method											
Pregnant/seeking pregnancy	383,303	381,848	395,633	400,194	361,056	377,547	356,750	330,279	321,229	321,706	313,802
Other reason	308,061	283,848	260,946	238,347	229,541	183,613	181,657	175,111	171,068	175,371	190,518
Method Unknown	142,145	248,458	273,961	160,788	96,687	96,590	106,017	98,208	124,449	121,885	116,331
Total Female Users	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622	3,607,353	3,553,018	3,541,235
Using Most, Moderately, or Less Effective Method	3,804,361	3,748,179	3,818,771	3,947,707	3,877,987	3,649,257	3,467,677	3,090,926	2,916,711	2,844,954	2,828,199
Most effective ^a	242,007	292,093	346,046	401,471	437,426	462,497	478,117	487,640	542,612	592,243	666,224
Moderately effective ^a	2,690,446	2,587,360	2,595,172	2,612,022	2,456,402	2,306,390	2,180,848	1,934,647	1,720,394	1,598,857	1,521,815
Less effective ^a	871,908	868,726	877,553	934,214	984,159	880,370	808,712	668,639	653,705	653,854	640,160
Abstinent	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102	92,385
Not Using a Method	691,364	665,696	656,579	638,541	590,597	561,160	538,407	505,390	492,297	497,077	504,320

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

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

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

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

^d For 2007–2010, the FAM category includes Calendar Rhythm, Standard Days[®], Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2017, the FAM category includes Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

Exhibit A-9b. Distribution of all female family planning users, by primary contraceptive method and year: 2007-2017

Primary Method	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Most Effective^a											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	3%
Hormonal implant	0%†	0%†	1%	1%	1%	2%	3%	4%	5%	6%	7%
Intrauterine device	3%	4%	4%	5%	6%	6%	7%	7%	8%	8%	9%
Moderately Effective^a											
Hormonal injection ^b	13%	13%	13%	13%	14%	15%	15%	16%	16%	15%	14%
Vaginal ring	3%	3%	3%	4%	4%	4%	3%	3%	3%	2%	2%
Contraceptive patch	3%	2%	2%	2%	2%	2%	2%	2%	1%	1%	1%
Oral contraceptive	39%	37%	35%	35%	33%	32%	31%	30%	28%	27%	25%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective^a											
Male condom	15%	15%	15%	16%	18%	17%	17%	15%	16%	16%	15%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^c	3%	2%	2%	2%	2%	3%	2%	2%	2%	2%	2%
FAM ^d or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	1%	1%	1%	2%	2%	2%	2%	2%	2%	3%	3%
No Method											
Pregnant/seeking pregnancy	8%	8%	8%	8%	8%	9%	9%	9%	9%	9%	9%
Other reason	7%	6%	5%	5%	5%	4%	4%	5%	5%	5%	5%
Method Unknown	3%	5%	6%	3%	2%	2%	3%	3%	3%	3%	3%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method	81%	79%	79%	82%	84%	83%	83%	82%	81%	80%	80%
Most effective ^a	5%	6%	7%	8%	9%	11%	11%	13%	15%	17%	19%
Moderately effective ^a	57%	55%	54%	54%	53%	53%	52%	51%	48%	45%	43%
Less effective ^a	19%	18%	18%	19%	21%	20%	19%	18%	18%	18%	18%
Abstinent	1%	1%	1%	2%	2%	2%	2%	2%	2%	3%	3%
Not Using a Method	15%	14%	14%	13%	13%	13%	13%	13%	14%	14%	14%

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

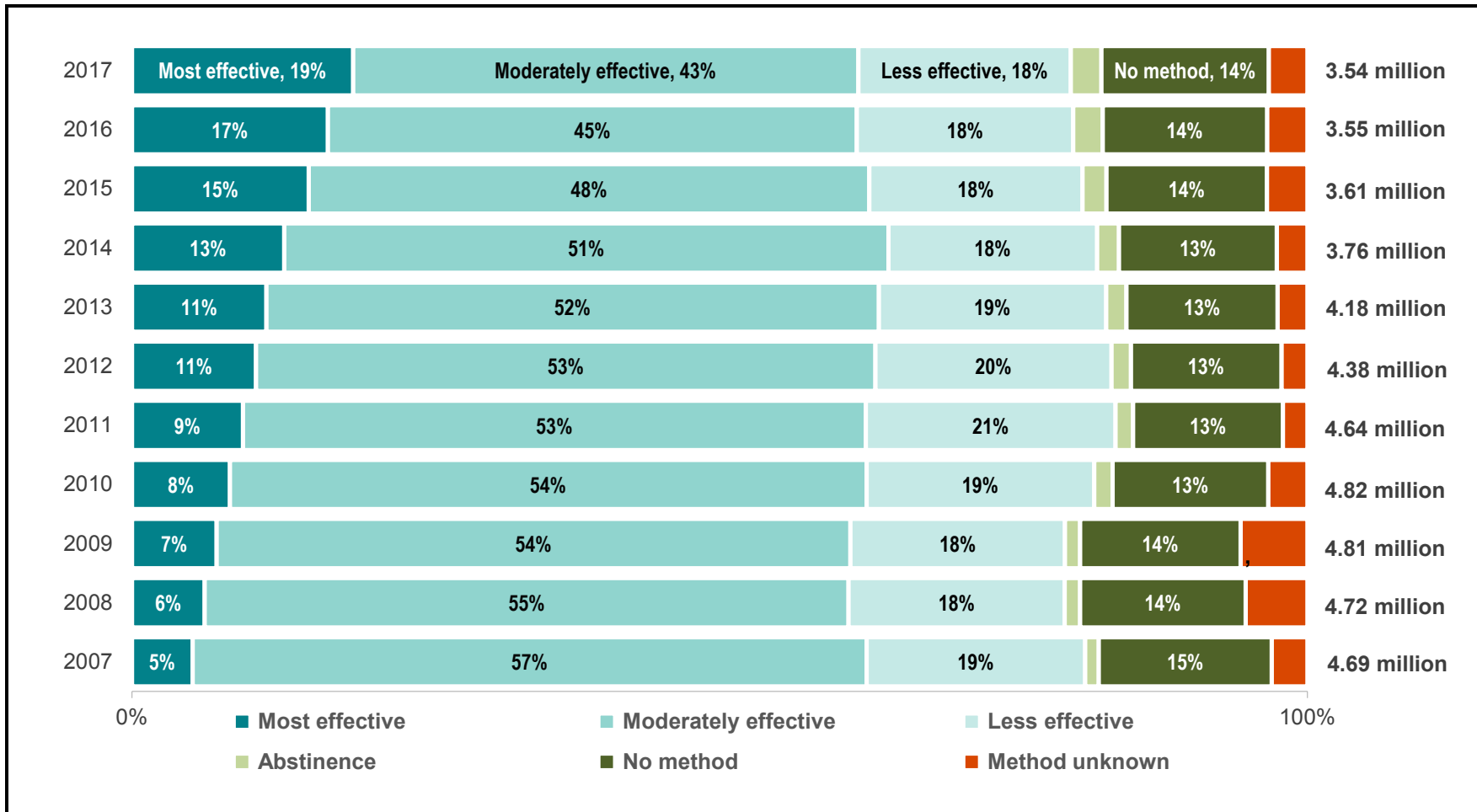
^a See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

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

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

^d For 2007-2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011-2017, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

† Percentage is less than 0.5%.

Exhibit A-9c. Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2007–2017

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

Exhibit A-10a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2007-2017

Screening Measures	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Female Users Screened											
Number	2,272,571	2,088,218	2,035,017	1,727,251	1,444,418	1,237,328	988,114	785,540	743,683	687,373	649,266
Percentage	48%	44%	42%	36%	31%	28%	24%	21%	21%	19%	18%
Pap Tests Performed											
Number	2,470,674	2,209,087	2,190,127	1,810,620	1,522,777	1,308,667	1,043,671	813,858	769,807	720,215	683,247
Percentage with an ASC or higher result	10%	11%	12%	13%	15%	14%	14%	14%	14%	14%	14%

ASC=atypical squamous cells.

Exhibit A-10b. Number and percentage of female users who received a Pap test, by year: 2007-2017

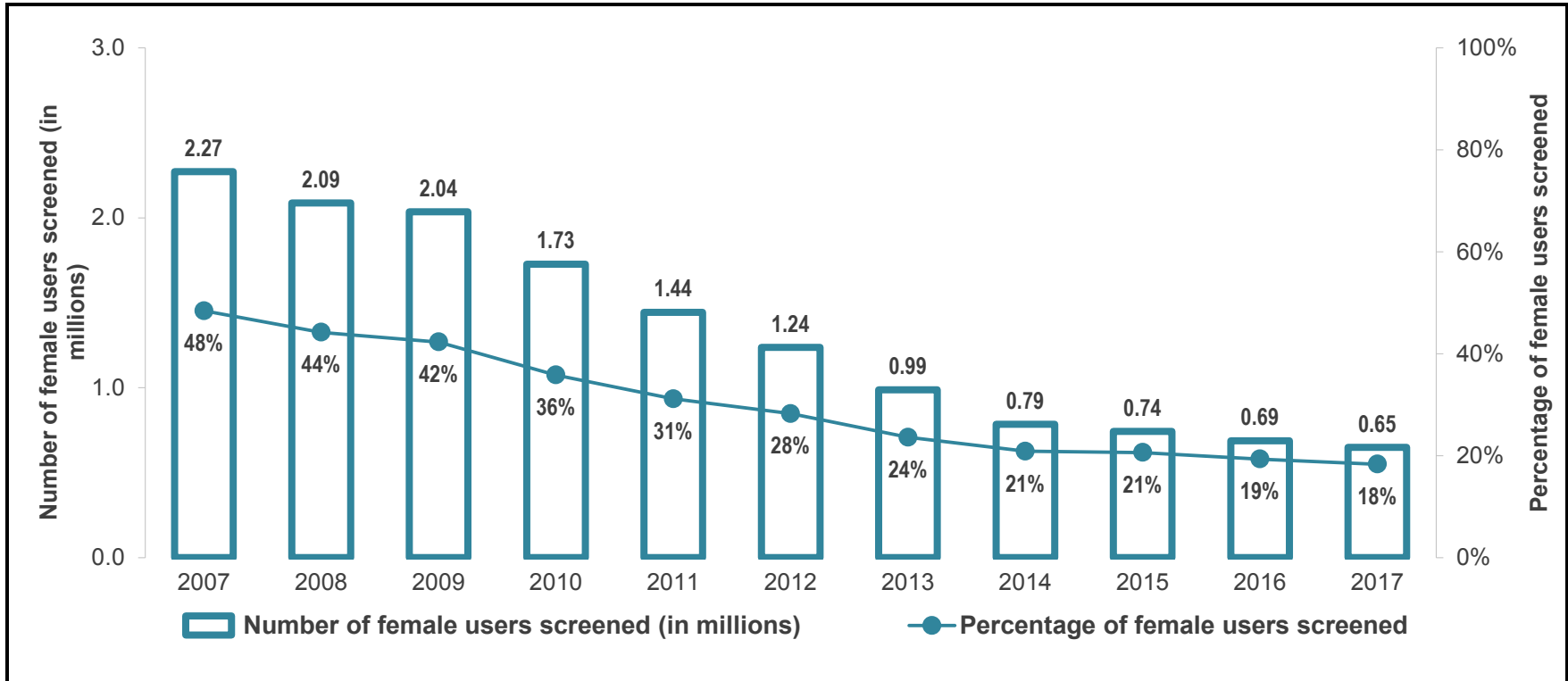


Exhibit A-11a. Number and percentage of female users under 25 tested for chlamydia, by year: 2007-2017

Chlamydia Testing Measures	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number tested	1,385,623	1,435,430	1,433,829	1,442,176	1,357,231	1,268,269	1,181,534	1,011,474	955,775	953,273	939,250
Percentage tested	52%	55%	55%	57%	58%	59%	59%	60%	58%	59%	61%

Exhibit A-11b. Number and percentage of female users under 25 tested for chlamydia, by year: 2007-2017

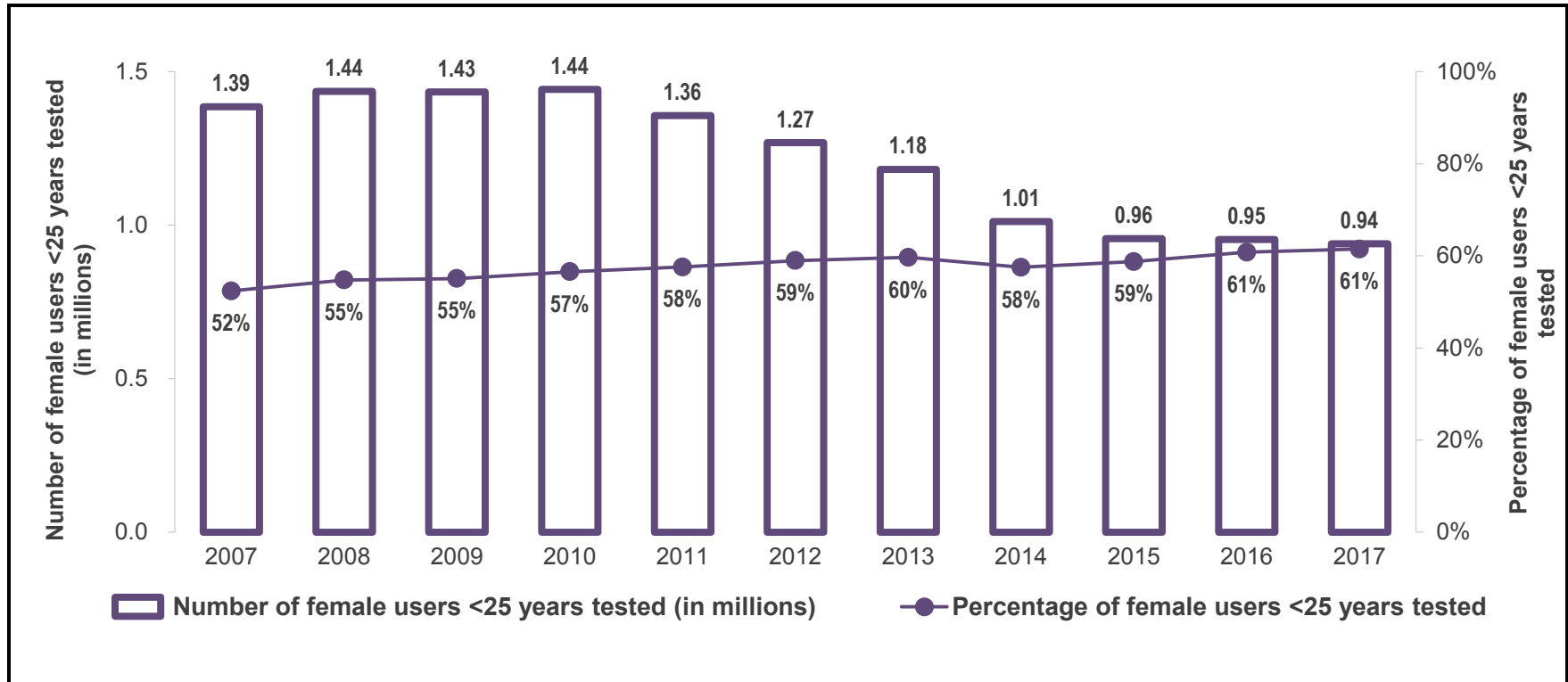


Exhibit A-12a. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2007–2017

HIV Testing Measures	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Tests performed	764,126	833,105	997,765	1,101,665	1,283,375	1,249,867	1,187,631	1,031,624	1,113,635	1,163,883	1,192,119
Tests per 10 users	1.5	1.6	1.9	2.1	2.6	2.6	2.6	2.5	2.8	2.9	3.0
Tests per 10 female users	1.4	1.5	1.8	1.9	2.3	2.4	2.4	2.2	2.4	2.5	2.6
Tests per 10 male users	4.1	3.9	4.1	4.3	5.2	5.5	5.3	5.7	5.9	5.7	5.9

Exhibit A-12b. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2007–2017

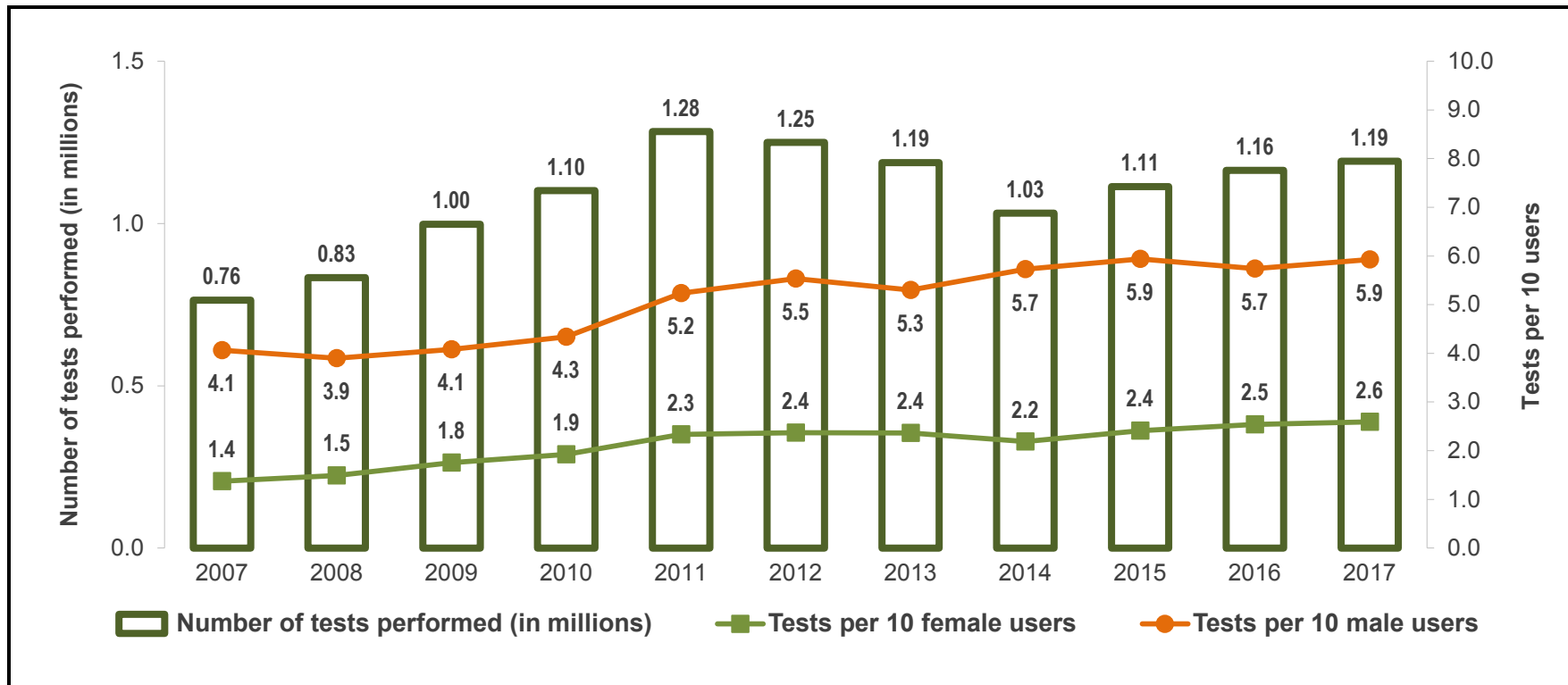


Exhibit A-13a. Actual and adjusted (constant 2017\$ and 2007\$) total, Title X, and Medicaid revenue, by year: 2007–2017

Revenue	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	Change		
												2007– 2017	2016– 2017	
Total														
Actual ^a	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121		14%	-1%
2017\$ ^b	1,544,235,493	1,581,716,444	1,558,170,903	1,583,243,242	1,527,857,574	1,443,647,706	1,436,378,602	1,358,292,735	1,323,597,898	1,337,923,305	1,297,618,121		-16%	-3%
2007\$ ^b	1,140,511,162	1,168,193,108	1,150,803,305	1,169,320,741	1,128,415,080	1,066,221,008	1,060,852,336	1,003,181,207	977,556,975	988,137,153	958,369,341		-16%	-3%
Title X														
Actual ^a	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054	244,563,111		-4%	0%†
2017\$ ^b	345,723,747	339,120,840	337,109,930	341,768,390	327,764,003	305,974,665	283,600,080	272,463,383	258,089,783	251,221,841	244,563,111		-29%	-3%
2007\$ ^b	255,337,864	250,461,218	248,976,041	252,416,594	242,073,509	225,980,767	209,455,784	201,230,662	190,614,890	185,542,500	180,624,626		-29%	-3%
Medicaid^c														
Actual ^a	349,919,735	407,561,796	450,028,613	482,175,678	506,887,574	499,181,475	508,494,458	493,061,463	503,186,368	505,508,702	496,501,892		42%	-2%
2017\$ ^b	473,786,222	532,111,266	569,491,739	590,029,523	601,948,782	571,844,331	568,523,343	538,404,016	535,365,372	518,206,518	496,501,892		5%	-4%
2007\$ ^b	349,919,735	392,996,302	420,604,038	435,772,432	444,575,525	422,341,570	419,888,820	397,643,878	395,399,656	382,726,806	366,696,629		5%	-4%

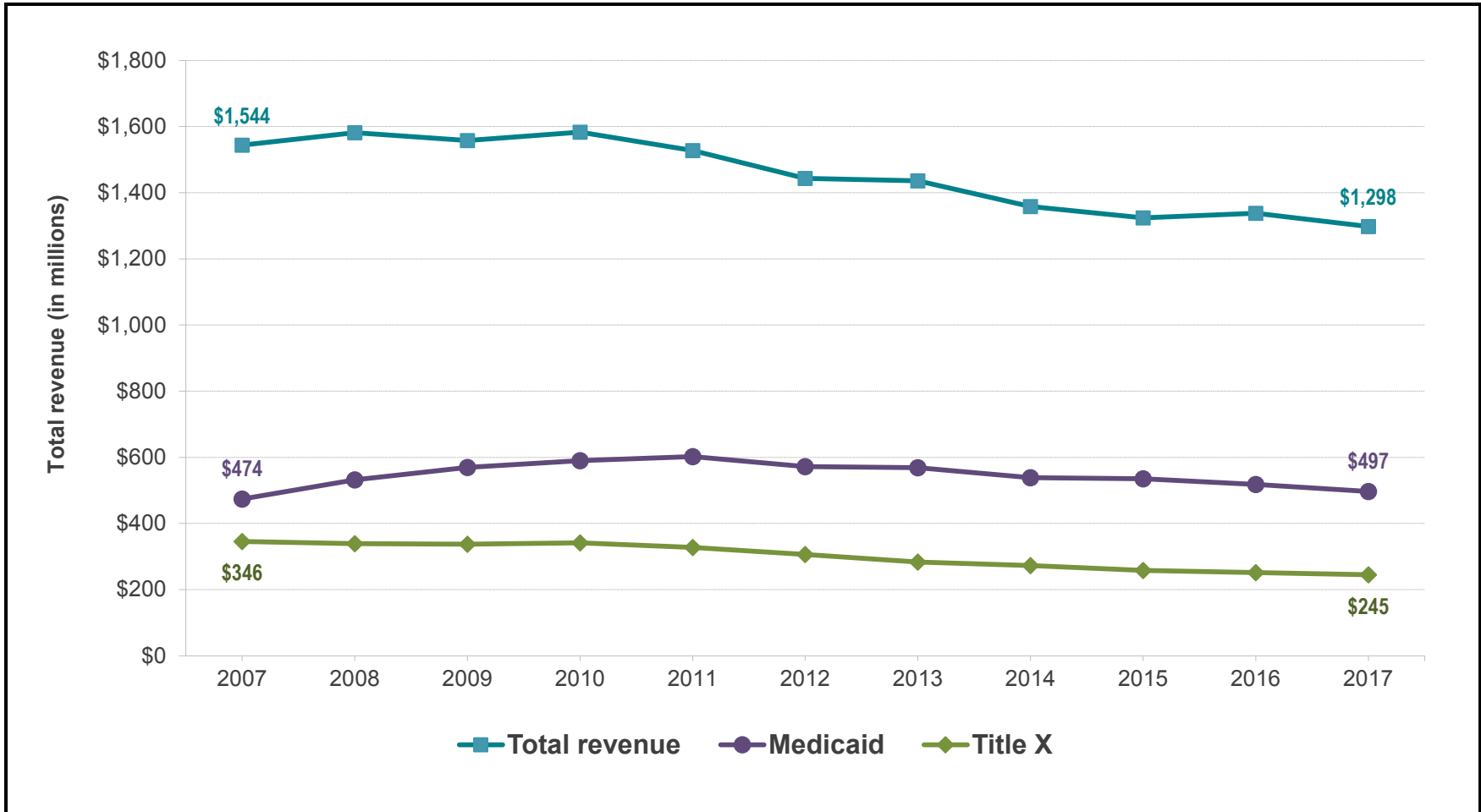
^a Revenue is shown in actual dollars (unadjusted) for each year.

^b Revenue is shown in constant 2017 dollars (2017\$) and 2007 dollars (2007\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

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

† Percentage is less than 0.5%.

Exhibit A-13b. Total, Title X, and Medicaid adjusted (constant 2017\$) revenue (in millions), by year: 2007-2017



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

Exhibit A-13c. Total actual (unadjusted) and adjusted (constant 2017\$ and 2007\$) revenue (in millions), by year: 2007-2017

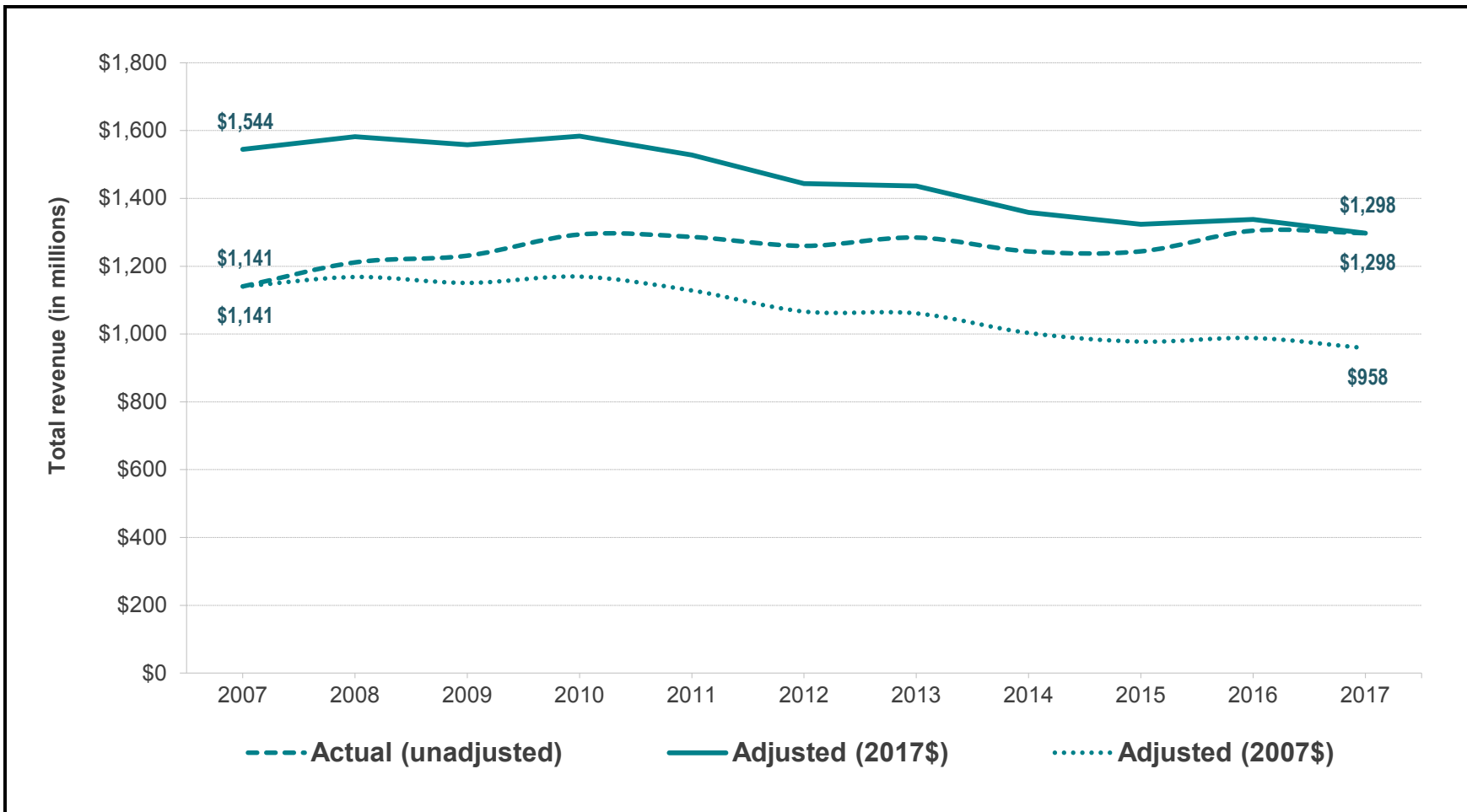


Exhibit A-13d. Title X actual (unadjusted) and adjusted (constant 2017\$ and 2007\$) revenue (in millions), by year: 2007-2017

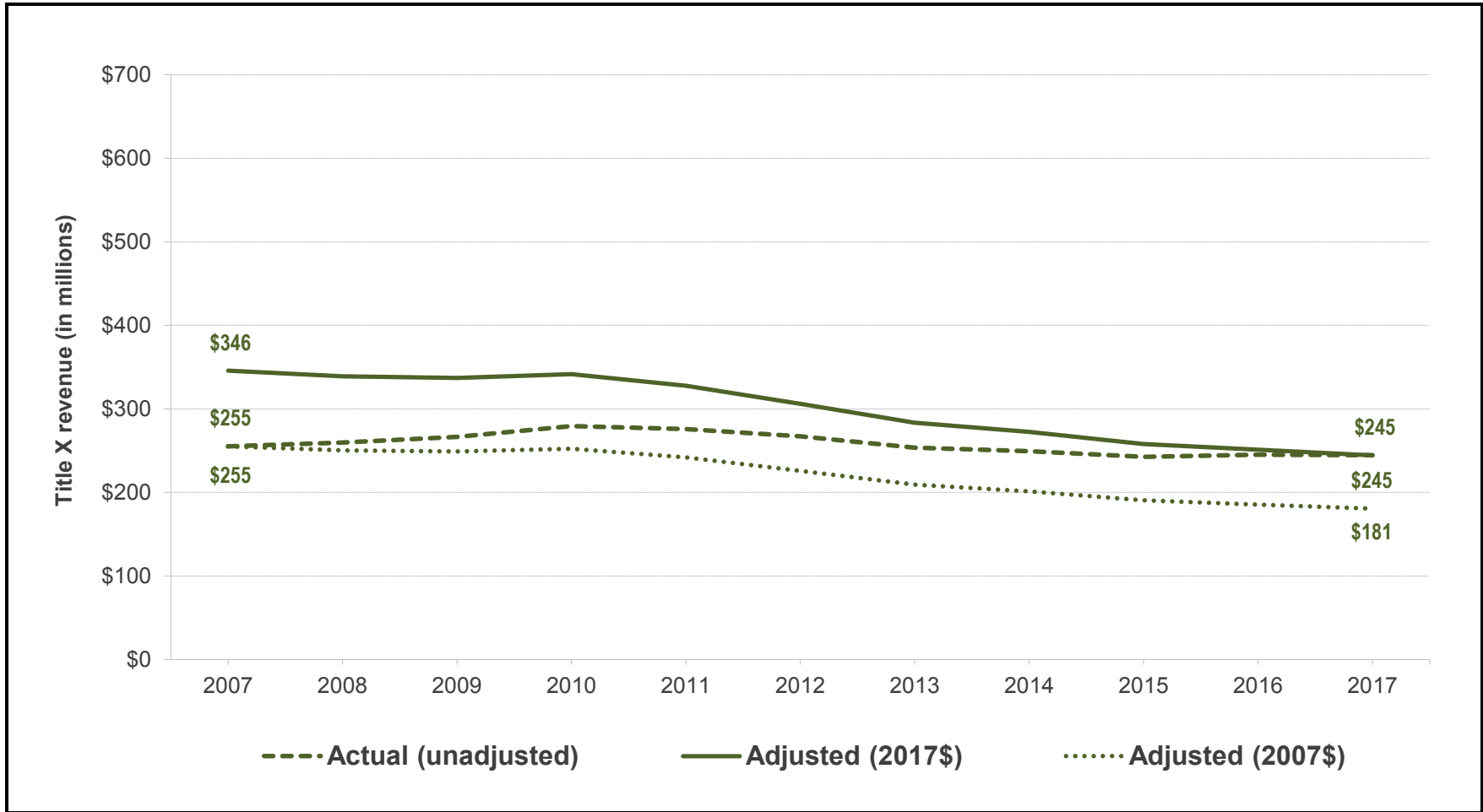
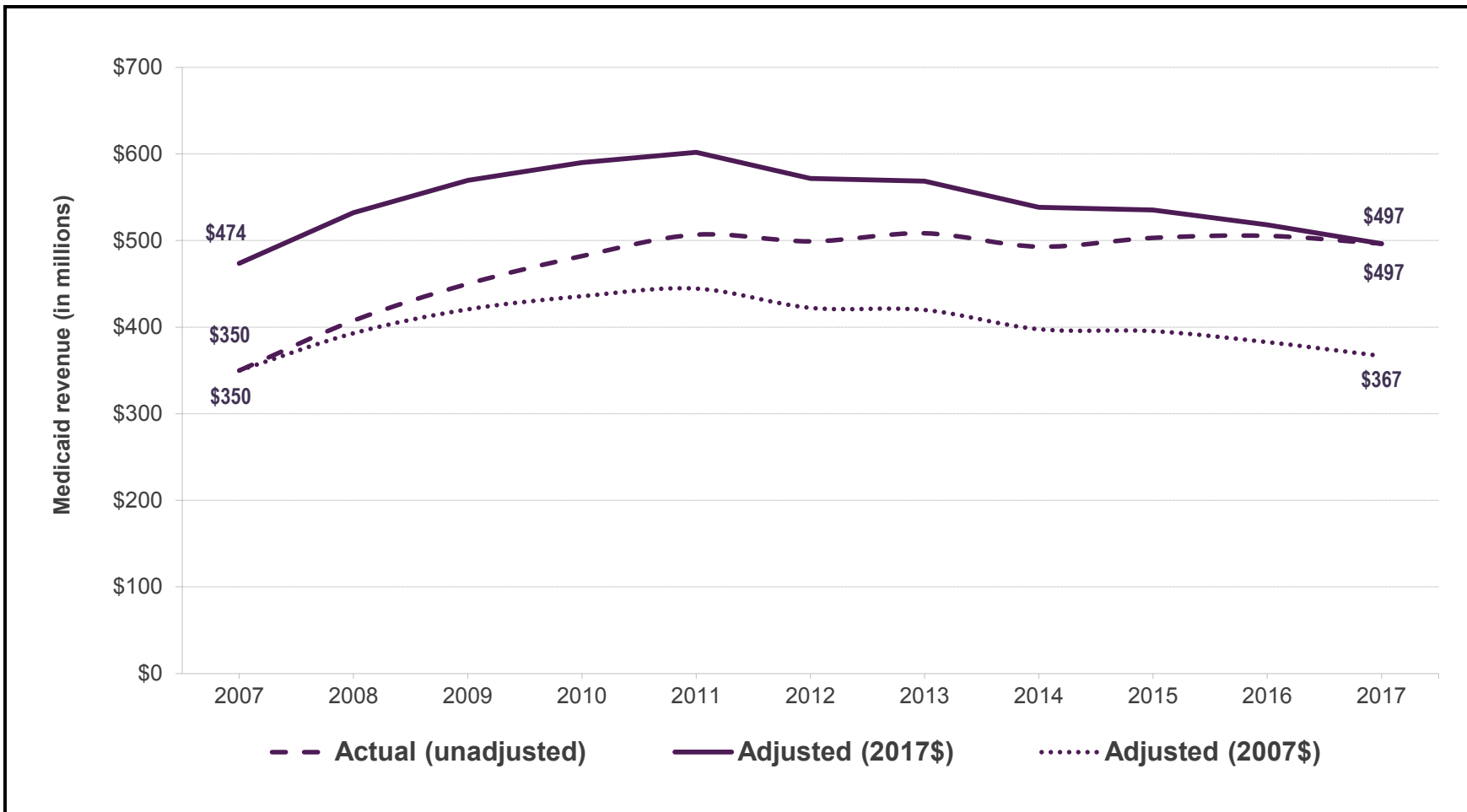


Exhibit A-13e. Medicaid actual (unadjusted) and adjusted (constant 2017\$ and 2007\$) revenue (in millions), by year: 2007-2017



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

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Exhibit A-14a. Amount of Title X project revenue, by revenue source and year: 2007-2017

Revenue Sources	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)
Title X	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054	244,563,111
Payment for Services											
Client fees	94,273,992	94,531,003	80,940,857	84,540,815	72,156,363	70,400,120	69,425,823	53,170,034	47,872,483	52,876,599	52,367,880
Third-party payers											
Medicaid	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330	498,739,261	505,709,855	490,470,842	501,418,354	504,313,859	495,245,884
Medicare	523,170	826,424	843,164	1,913,519	2,002,181	1,173,110	1,864,987	3,083,719	4,731,999	3,945,295	7,169,121
CHIP	247,539	212,168	194,482	913,045	279,244	442,214	2,784,603	2,590,621	1,768,014	1,194,843	1,256,008
Other	3,042,991	3,855,406	4,903,482	2,466,949	4,088,072	3,743,183	10,848,382	10,202,966	14,230,460	10,540,646	11,445,695
Private	46,403,049	45,067,919	48,445,935	50,409,637	51,655,083	63,955,467	69,210,207	95,138,355	104,000,648	132,617,104	140,145,229
Subtotal	494,162,937	551,842,548	585,162,051	621,506,598	636,789,273	638,453,355	659,843,857	654,656,537	674,021,958	705,488,346	707,629,817
Other Revenue											
MCH block grant	23,484,206	23,058,822	21,044,962	21,205,336	25,512,030	24,439,148	19,852,391	23,095,828	18,485,003	16,526,644	12,960,533
SS block grant	28,593,275	27,333,993	30,841,136	34,001,848	23,736,983	11,229,640	8,805,626	5,601,590	4,711,602	4,285,521	4,547,979
TANF	23,460,554	22,325,121	15,580,002	14,475,023	14,517,155	13,548,818	13,268,175	10,570,729	5,347,682	7,797,115	6,385,879
State government	138,760,608	147,447,953	153,830,395	135,464,470	125,392,165	117,468,476	131,054,838	120,974,720	119,983,576	133,484,660	119,036,286
Local government	99,510,026	101,295,242	84,666,243	91,289,586	84,214,372	87,010,991	93,770,370	80,388,864	73,018,511	66,637,455	69,199,630
BPHC	7,177,359	9,531,860	4,965,372	4,090,546	5,289,075	4,625,737	11,461,645	10,080,722	12,468,766	14,319,221	21,389,246
Other	70,024,333	68,909,949	68,827,043	92,507,316	95,120,838	96,335,555	93,002,768	89,015,512	93,426,923	111,534,633	111,905,640
Subtotal	391,010,361	399,902,940	379,755,153	393,034,125	373,782,618	354,658,365	371,215,813	339,727,965	327,442,063	354,585,249	345,425,193
Total Revenue Actual	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121
2017^a	1,544,235,493	1,581,716,444	1,558,170,903	1,583,243,242	1,527,857,574	1,443,647,706	1,436,378,602	1,358,292,735	1,323,597,898	1,337,923,305	1,297,618,121
2007^a	1,140,511,162	1,168,193,108	1,150,803,305	1,169,320,741	1,128,415,080	1,066,221,008	1,060,852,336	1,003,181,207	977,556,975	988,137,153	958,369,341

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

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

^a Total revenue is shown in constant 2017 dollars (2017\$) and 2007 dollars (2007\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

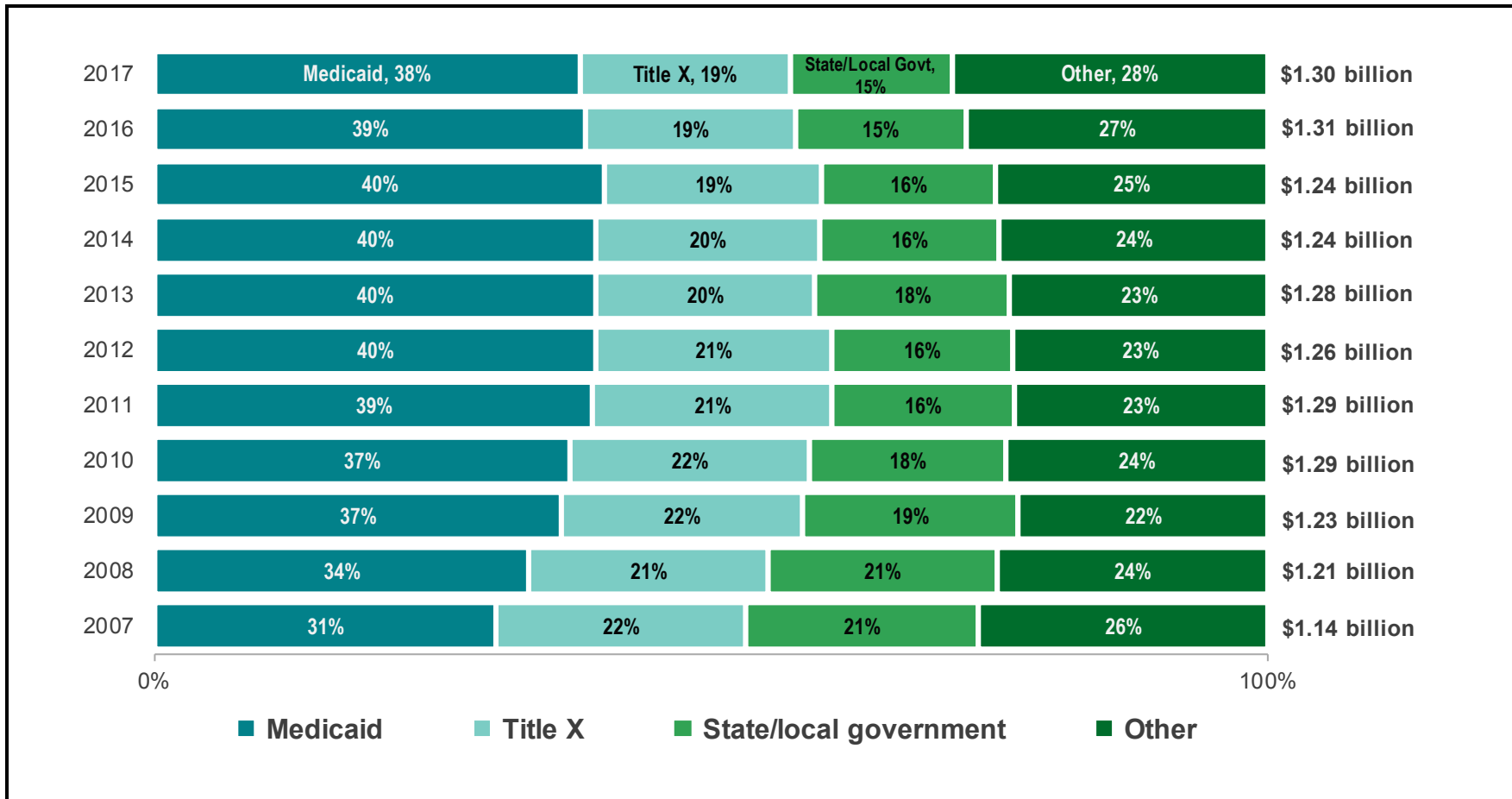
Exhibit A-14b. Distribution of Title X project revenue, by revenue source and year: 2007-2017

Revenue Sources	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Title X	22%	21%	22%	22%	21%	21%	20%	20%	19%	19%	19%
Payment for Services											
Client fees	8%	8%	7%	7%	6%	6%	5%	4%	4%	4%	4%
Third-party payers											
Medicaid	31%	34%	37%	37%	39%	40%	39%	39%	40%	39%	38%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Private	4%	4%	4%	4%	4%	5%	5%	8%	8%	10%	11%
Subtotal	43%	46%	48%	48%	49%	51%	51%	53%	54%	54%	55%
Other Revenue											
MCH block grant	2%	2%	2%	2%	2%	2%	2%	2%	1%	1%	1%
SS block grant	3%	2%	3%	3%	2%	1%	1%	0%†	0%†	0%†	0%†
TANF	2%	2%	1%	1%	1%	1%	1%	1%	0%†	1%	0%†
State government	12%	12%	12%	10%	10%	9%	10%	10%	10%	10%	9%
Local government	9%	8%	7%	7%	7%	7%	7%	6%	6%	5%	5%
BPHC	1%	1%	0%†	0%†	0%†	0%†	1%	1%	1%	1%	2%
Other	6%	6%	6%	7%	7%	8%	7%	7%	8%	9%	9%
Subtotal	34%	33%	31%	30%	29%	28%	29%	27%	26%	27%	27%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

† Percentage is less than 0.5%.

Exhibit A-14c. Amount (unadjusted) and distribution of Title X project revenue, by revenue source and year: 2007-2017

Note: Medicaid revenue includes separately reported Children's Health Insurance Program (CHIP) 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 (e.g., Medicaid plus CHIP) may not match the sum of the individual percentages that are included in the aggregated categories.

Appendix B

State Exhibits

Exhibit B-1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2017 (Source: FPAR Table 1)

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	81,989	764	82,753	99%	1%	2%
Alaska	7,176	1,416	8,592	84%	16%	0%†
Arizona	30,405	5,997	36,402	84%	16%	1%
Arkansas	46,280	221	46,501	100%	0%†	1%
California	891,739	127,239	1,018,978	88%	12%	25%
Colorado	44,143	9,075	53,218	83%	17%	1%
Connecticut	37,910	5,925	43,835	86%	14%	1%
Delaware	15,891	3,241	19,132	83%	17%	0%†
District of Columbia	39,984	14,570	54,554	73%	27%	1%
Florida	113,929	3,352	117,281	97%	3%	3%
Georgia	104,290	39,503	143,793	73%	27%	4%
Hawaii	15,954	961	16,915	94%	6%	0%†
Idaho	9,355	695	10,050	93%	7%	0%†
Illinois	101,619	10,807	112,426	90%	10%	3%
Indiana	21,793	2,094	23,887	91%	9%	1%
Iowa	28,322	2,514	30,836	92%	8%	1%
Kansas	19,688	2,729	22,417	88%	12%	1%
Kentucky	42,197	8,215	50,412	84%	16%	1%
Louisiana	37,808	10,647	48,455	78%	22%	1%
Maine	19,712	3,715	23,427	84%	16%	1%
Maryland	64,937	8,081	73,018	89%	11%	2%
Massachusetts	64,732	10,543	75,275	86%	14%	2%
Michigan	59,204	6,384	65,588	90%	10%	2%
Minnesota	46,318	9,082	55,400	84%	16%	1%
Mississippi	26,507	231	26,738	99%	1%	1%
Missouri	35,043	2,889	37,932	92%	8%	1%
Montana	15,508	2,601	18,109	86%	14%	0%†
Nebraska	25,511	4,063	29,574	86%	14%	1%
Nevada	10,179	608	10,787	94%	6%	0%†
New Hampshire	14,545	1,868	16,413	89%	11%	0%†
New Jersey	89,945	9,899	99,844	90%	10%	2%
New Mexico	13,154	1,881	15,035	87%	13%	0%†
New York	279,688	31,673	311,361	90%	10%	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: 2017 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	109,055	1,004	110,059	99%	1%	3%
North Dakota	5,736	1,291	7,027	82%	18%	0%†
Ohio	82,643	16,036	98,679	84%	16%	2%
Oklahoma	46,915	715	47,630	98%	2%	1%
Oregon	41,952	2,863	44,815	94%	6%	1%
Pennsylvania	175,295	25,267	200,562	87%	13%	5%
Rhode Island	21,198	4,901	26,099	81%	19%	1%
South Carolina	58,520	13,956	72,476	81%	19%	2%
South Dakota	4,707	348	5,055	93%	7%	0%†
Tennessee	73,288	346	73,634	100%	0%†	2%
Texas	171,869	21,156	193,025	89%	11%	5%
Utah	30,388	6,701	37,089	82%	18%	1%
Vermont	8,682	1,221	9,903	88%	12%	0%†
Virginia	47,374	3,201	50,575	94%	6%	1%
Washington	84,536	6,793	91,329	93%	7%	2%
West Virginia	60,552	5,823	66,375	91%	9%	2%
Wisconsin	30,399	5,522	35,921	85%	15%	1%
Wyoming	5,546	878	6,424	86%	14%	0%†
Territories & FAS						
American Samoa	2,331	44	2,375	98%	2%	0%†
Comm. of the Northern Mariana Islands	1,049	8	1,057	99%	1%	0%†
Federated States of Micronesia	3,275	425	3,700	89%	11%	0%†
Guam	289	12	301	96%	4%	0%†
Puerto Rico	14,411	761	15,172	95%	5%	0%†
Republic of the Marshall Islands	2,605	9	2,614	100%	0%†	0%†
Republic of Palau	649	49	698	93%	7%	0%†
U.S. Virgin Islands	2,516	198	2,714	93%	7%	0%†
Total All Users	3,541,235	463,011	4,004,246	88%	12%	100%
Range				73%–100%	0%†–27%	0%†–25%

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: 2017 (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	59,236	21,250	2,222	45	82,753	72%	26%	3%	0%†
Alaska	4,230	2,903	1,144	315	8,592	49%	34%	13%	4%
Arizona	23,628	9,450	3,025	299	36,402	65%	26%	8%	1%
Arkansas	35,832	9,639	1,030	0	46,501	77%	21%	2%	0%
California	745,570	205,748	35,475	32,185	1,018,978	73%	20%	3%	3%
Colorado	41,134	9,810	2,274	0	53,218	77%	18%	4%	0%
Connecticut	16,323	20,618	6,720	174	43,835	37%	47%	15%	0%†
Delaware	12,326	4,640	1,111	1,055	19,132	64%	24%	6%	6%
District of Columbia	31,832	14,337	2,361	6,024	54,554	58%	26%	4%	11%
Florida	68,469	26,020	19,963	2,829	117,281	58%	22%	17%	2%
Georgia	100,035	25,813	11,394	6,551	143,793	70%	18%	8%	5%
Hawaii	11,842	3,369	982	722	16,915	70%	20%	6%	4%
Idaho	6,002	3,422	610	16	10,050	60%	34%	6%	0%†
Illinois	78,293	23,125	10,649	359	112,426	70%	21%	9%	0%†
Indiana	14,761	7,609	1,517	0	23,887	62%	32%	6%	0%
Iowa	18,358	8,622	3,720	136	30,836	60%	28%	12%	0%†
Kansas	13,089	6,587	1,345	1,396	22,417	58%	29%	6%	6%
Kentucky	36,348	9,151	2,739	2,174	50,412	72%	18%	5%	4%
Louisiana	36,647	8,572	1,689	1,547	48,455	76%	18%	3%	3%
Maine	8,424	10,302	4,132	569	23,427	36%	44%	18%	2%
Maryland	61,093	7,788	1,560	2,577	73,018	84%	11%	2%	4%
Massachusetts	46,314	21,590	5,197	2,174	75,275	62%	29%	7%	3%
Michigan	35,671	22,634	7,223	60	65,588	54%	35%	11%	0%†
Minnesota	29,288	16,783	8,817	512	55,400	53%	30%	16%	1%
Mississippi	23,594	2,902	102	140	26,738	88%	11%	0%†	1%
Missouri	20,071	12,460	5,401	0	37,932	53%	33%	14%	0%
Montana	8,333	5,155	1,766	2,855	18,109	46%	28%	10%	16%
Nebraska	17,415	7,865	1,802	2,492	29,574	59%	27%	6%	8%
Nevada	6,060	3,454	634	639	10,787	56%	32%	6%	6%
New Hampshire	7,506	5,765	2,470	672	16,413	46%	35%	15%	4%
New Jersey	53,374	43,304	2,867	299	99,844	53%	43%	3%	0%†
New Mexico	12,608	1,679	149	599	15,035	84%	11%	1%	4%
New York	208,650	66,527	35,532	652	311,361	67%	21%	11%	0%†

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: 2017 (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	73,095	26,490	7,203	3,271	110,059	66%	24%	7%	3%
North Dakota	2,608	2,384	1,862	173	7,027	37%	34%	26%	2%
Ohio	52,187	29,177	14,700	2,615	98,679	53%	30%	15%	3%
Oklahoma	33,781	12,767	1,022	60	47,630	71%	27%	2%	0%†
Oregon	29,028	12,996	2,652	139	44,815	65%	29%	6%	0%†
Pennsylvania	112,013	56,212	25,889	6,448	200,562	56%	28%	13%	3%
Rhode Island	12,103	4,176	2,597	7,223	26,099	46%	16%	10%	28%
South Carolina	62,050	8,192	2,234	0	72,476	86%	11%	3%	0%
South Dakota	3,162	1,330	526	37	5,055	63%	26%	10%	1%
Tennessee	56,535	14,385	2,529	185	73,634	77%	20%	3%	0%†
Texas	149,854	33,468	6,581	3,122	193,025	78%	17%	3%	2%
Utah	24,524	9,992	2,573	0	37,089	66%	27%	7%	0%
Vermont	4,067	3,581	1,820	435	9,903	41%	36%	18%	4%
Virginia	28,197	13,427	2,068	6,883	50,575	56%	27%	4%	14%
Washington	51,288	27,565	10,215	2,261	91,329	56%	30%	11%	2%
West Virginia	29,435	10,833	992	25,115	66,375	44%	16%	1%	38%
Wisconsin	20,830	11,389	3,498	204	35,921	58%	32%	10%	1%
Wyoming	3,695	1,902	827	0	6,424	58%	30%	13%	0%
Territories & FAS									
American Samoa	2,365	0	4	6	2,375	100%	0%	0%†	0%†
Comm. of the Northern Mariana Islands	1,008	38	5	6	1,057	95%	4%	0%†	1%
Federated States of Micronesia	3,685	1	0	14	3,700	100%	0%†	0%	0%†
Guam	295	5	1	0	301	98%	2%	0%†	0%
Puerto Rico	12,175	2,310	546	141	15,172	80%	15%	4%	1%
Republic of the Marshall Islands	2,454	0	0	160	2,614	94%	0%	0%	6%
Republic of Palau	570	122	6	0	698	82%	17%	1%	0%
U.S. Virgin Islands	2,551	160	3	0	2,714	94%	6%	0%†	0%
Total All Users	2,665,911	931,795	277,975	128,565	4,004,246	67%	23%	7%	3%
Range						36%–100%	0%–47%	0%–26%	0%–38%

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-3a. Number and distribution of all family planning users, by insurance status and state: 2017
(Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	25,162	12,647	44,803	141	82,753	30%	15%	54%	0%†
Alaska	2,337	3,588	2,645	22	8,592	27%	42%	31%	0%†
Arizona	5,451	8,480	22,471	0	36,402	15%	23%	62%	0%
Arkansas	16,904	18,836	10,761	0	46,501	36%	41%	23%	0%
California	445,304	65,679	507,387	608	1,018,978	44%	6%	50%	0%†
Colorado	18,826	7,542	22,855	3,995	53,218	35%	14%	43%	8%
Connecticut	12,166	11,731	19,570	368	43,835	28%	27%	45%	1%
Delaware	6,273	5,041	7,019	799	19,132	33%	26%	37%	4%
District of Columbia	41,888	4,641	8,018	7	54,554	77%	9%	15%	0%†
Florida	47,030	31,197	36,123	2,931	117,281	40%	27%	31%	2%
Georgia	42,128	45,797	55,699	169	143,793	29%	32%	39%	0%†
Hawaii	8,214	3,730	4,823	148	16,915	49%	22%	29%	1%
Idaho	964	2,673	6,117	296	10,050	10%	27%	61%	3%
Illinois	42,298	31,415	37,416	1,297	112,426	38%	28%	33%	1%
Indiana	5,592	5,433	12,768	94	23,887	23%	23%	53%	0%†
Iowa	10,602	12,442	7,233	559	30,836	34%	40%	23%	2%
Kansas	2,748	4,593	14,768	308	22,417	12%	20%	66%	1%
Kentucky	23,342	7,091	17,998	1,981	50,412	46%	14%	36%	4%
Louisiana	27,731	5,560	15,156	8	48,455	57%	11%	31%	0%†
Maine	5,112	11,038	7,236	41	23,427	22%	47%	31%	0%†
Maryland	26,600	17,091	25,790	3,537	73,018	36%	23%	35%	5%
Massachusetts	41,821	18,388	14,637	429	75,275	56%	24%	19%	1%
Michigan	22,368	18,225	24,832	163	65,588	34%	28%	38%	0%†
Minnesota	12,314	21,535	21,277	274	55,400	22%	39%	38%	0%†
Mississippi	7,403	508	18,730	97	26,738	28%	2%	70%	0%†
Missouri	9,706	11,016	17,210	0	37,932	26%	29%	45%	0%
Montana	4,322	8,199	5,463	125	18,109	24%	45%	30%	1%
Nebraska	2,953	8,130	18,475	16	29,574	10%	27%	62%	0%†
Nevada	2,804	1,829	6,129	25	10,787	26%	17%	57%	0%†
New Hampshire	4,911	7,720	3,738	44	16,413	30%	47%	23%	0%†
New Jersey	35,458	16,396	47,635	355	99,844	36%	16%	48%	0%†
New Mexico	4,476	1,207	9,346	6	15,035	30%	8%	62%	0%†
New York	149,923	52,244	94,607	14,587	311,361	48%	17%	30%	5%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-3a. Number and distribution of all family planning users, by insurance status and state: 2017
(Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	31,740	17,409	58,866	2,044	110,059	29%	16%	53%	2%
North Dakota	493	3,992	2,435	107	7,027	7%	57%	35%	2%
Ohio	38,704	26,507	32,579	889	98,679	39%	27%	33%	1%
Oklahoma	8,942	7,584	31,104	0	47,630	19%	16%	65%	0%
Oregon	16,764	8,085	18,515	1,451	44,815	37%	18%	41%	3%
Pennsylvania	91,233	58,500	45,876	4,953	200,562	45%	29%	23%	2%
Rhode Island	16,528	6,232	3,309	30	26,099	63%	24%	13%	0%†
South Carolina	26,386	26,237	19,853	0	72,476	36%	36%	27%	0%
South Dakota	312	2,349	1,966	428	5,055	6%	46%	39%	8%
Tennessee	27,045	9,062	37,519	8	73,634	37%	12%	51%	0%†
Texas	27,811	27,136	135,888	2,190	193,025	14%	14%	70%	1%
Utah	1,182	10,148	25,759	0	37,089	3%	27%	69%	0%
Vermont	3,209	4,534	2,160	0	9,903	32%	46%	22%	0%
Virginia	8,096	8,099	32,959	1,421	50,575	16%	16%	65%	3%
Washington	40,746	32,243	17,872	468	91,329	45%	35%	20%	1%
West Virginia	17,789	21,966	17,396	9,224	66,375	27%	33%	26%	14%
Wisconsin	22,059	5,326	8,536	0	35,921	61%	15%	24%	0%
Wyoming	419	1,984	3,879	142	6,424	7%	31%	60%	2%
Territories & FAS									
American Samoa	0	0	2,371	4	2,375	0%	0%	100%	0%†
Comm. of the Northern Mariana Islands	532	156	364	5	1,057	50%	15%	34%	0%†
Federated States of Micronesia	479	6	3,182	33	3,700	13%	0%†	86%	1%
Guam	18	2	281	0	301	6%	1%	93%	0%
Puerto Rico	14,040	649	473	10	15,172	93%	4%	3%	0%†
Republic of the Marshall Islands	0	0	2,614	0	2,614	0%	0%	100%	0%
Republic of Palau	693	1	4	0	698	99%	0%†	1%	0%
U.S. Virgin Islands	1,182	202	1,330	0	2,714	44%	7%	49%	0%
Total Users	1,511,533	760,051	1,675,825	56,837	4,004,246	38%	19%	42%	1%
Range						0%–99%	0%–57%	1%–100%	0%–14%

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

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

† Percentage is less than 0.5%.

Exhibit B-3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status: 2017 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Alaska	2,337	3,588	2,645	22	8,592	27%	42%	31%	0%†
Arizona ^a	5,451	8,480	22,471	0	36,402	15%	23%	62%	0%
Arkansas ^a	16,904	18,836	10,761	0	46,501	36%	41%	23%	0%
California	445,304	65,679	507,387	608	1,018,978	44%	6%	50%	0%†
Colorado	18,826	7,542	22,855	3,995	53,218	35%	14%	43%	8%
Connecticut	12,166	11,731	19,570	368	43,835	28%	27%	45%	1%
Delaware	6,273	5,041	7,019	799	19,132	33%	26%	37%	4%
District of Columbia	41,888	4,641	8,018	7	54,554	77%	9%	15%	0%†
Hawaii	8,214	3,730	4,823	148	16,915	49%	22%	29%	1%
Illinois	42,298	31,415	37,416	1,297	112,426	38%	28%	33%	1%
Indiana ^a	5,592	5,433	12,768	94	23,887	23%	23%	53%	0%†
Iowa ^a	10,602	12,442	7,233	559	30,836	34%	40%	23%	2%
Kentucky	23,342	7,091	17,998	1,981	50,412	46%	14%	36%	4%
Louisiana	27,731	5,560	15,156	8	48,455	57%	11%	31%	0%†
Maryland	26,600	17,091	25,790	3,537	73,018	36%	23%	35%	5%
Massachusetts	41,821	18,388	14,637	429	75,275	56%	24%	19%	1%
Michigan ^a	22,368	18,225	24,832	163	65,588	34%	28%	38%	0%†
Minnesota	12,314	21,535	21,277	274	55,400	22%	39%	38%	0%†
Montana ^a	4,322	8,199	5,463	125	18,109	24%	45%	30%	1%
Nevada	2,804	1,829	6,129	25	10,787	26%	17%	57%	0%†
New Hampshire ^a	4,911	7,720	3,738	44	16,413	30%	47%	23%	0%†
New Jersey	35,458	16,396	47,635	355	99,844	36%	16%	48%	0%†
New Mexico	4,476	1,207	9,346	6	15,035	30%	8%	62%	0%†
New York	149,923	52,244	94,607	14,587	311,361	48%	17%	30%	5%
North Dakota	493	3,992	2,435	107	7,027	7%	57%	35%	2%
Ohio	38,704	26,507	32,579	889	98,679	39%	27%	33%	1%
Oregon	16,764	8,085	18,515	1,451	44,815	37%	18%	41%	3%
Pennsylvania	91,233	58,500	45,876	4,953	200,562	45%	29%	23%	2%
Rhode Island	16,528	6,232	3,309	30	26,099	63%	24%	13%	0%†
Vermont	3,209	4,534	2,160	0	9,903	32%	46%	22%	0%
Washington	40,746	32,243	17,872	468	91,329	45%	35%	20%	1%
West Virginia	17,789	21,966	17,396	9,224	66,375	27%	33%	26%	14%
Expansion States									
Subtotal	1,197,391	516,102	1,089,716	46,553	2,849,762	42%	18%	38%	2%
Range						7%–77%	6%–57%	13%–62%	0%–14%

UK/NR=unknown or not reported.

(continued)

^a Arizona, Arkansas, Indiana, Iowa, Michigan, Montana, and New Hampshire have approved Section 1115 waivers.

† Percentage is less than 0.5%.

Exhibit B-3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status: 2017 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	25,162	12,647	44,803	141	82,753	30%	15%	54%	0%†
Florida	47,030	31,197	36,123	2,931	117,281	40%	27%	31%	2%
Georgia	42,128	45,797	55,699	169	143,793	29%	32%	39%	0%†
Idaho	964	2,673	6,117	296	10,050	10%	27%	61%	3%
Kansas	2,748	4,593	14,768	308	22,417	12%	20%	66%	1%
Maine	5,112	11,038	7,236	41	23,427	22%	47%	31%	0%†
Mississippi	7,403	508	18,730	97	26,738	28%	2%	70%	0%†
Missouri	9,706	11,016	17,210	0	37,932	26%	29%	45%	0%
Nebraska	2,953	8,130	18,475	16	29,574	10%	27%	62%	0%†
North Carolina	31,740	17,409	58,866	2,044	110,059	29%	16%	53%	2%
Oklahoma	8,942	7,584	31,104	0	47,630	19%	16%	65%	0%
South Carolina	26,386	26,237	19,853	0	72,476	36%	36%	27%	0%
South Dakota	312	2,349	1,966	428	5,055	6%	46%	39%	8%
Tennessee	27,045	9,062	37,519	8	73,634	37%	12%	51%	0%†
Texas	27,811	27,136	135,888	2,190	193,025	14%	14%	70%	1%
Utah	1,182	10,148	25,759	0	37,089	3%	27%	69%	0%
Virginia	8,096	8,099	32,959	1,421	50,575	16%	16%	65%	3%
Wisconsin	22,059	5,326	8,536	0	35,921	61%	15%	24%	0%
Wyoming	419	1,984	3,879	142	6,424	7%	31%	60%	2%
Nonexpansion States Subtotal	297,198	242,933	575,490	10,232	1,125,853	26%	22%	51%	1%
Range						3%–61%	2%–47%	24%–70%	0%–8%
All States									
Total	1,494,589	759,035	1,665,206	56,785	3,975,615	38%	19%	42%	1%
Range						3%–77%	2%–57%	13%–70%	0%–14%

UK/NR=unknown or not reported.

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

† Percentage is less than 0.5%.

Exhibit B-4. Number and distribution of female family planning users at risk of unintended pregnancy,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2017 (Source: FPAR Table 7)

State	Most Effective Permanent Methods ^b	Most Effective Reversible Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d	Total At Risk ^a	Most Effective Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d
Alabama	22	4,328	47,348	14,898	68,802	6%	69%	22%
Alaska	186	2,068	2,895	915	6,439	35%	45%	14%
Arizona	205	5,202	15,848	4,001	27,654	20%	57%	14%
Arkansas	2,422	5,935	22,045	5,796	40,085	21%	55%	14%
California	20,332	164,856	347,805	232,195	807,484	23%	43%	29%
Colorado	660	13,522	17,310	4,646	38,614	37%	45%	12%
Connecticut	2,006	7,393	15,755	7,103	35,559	26%	44%	20%
Delaware	445	3,051	5,330	2,137	14,680	24%	36%	15%
District of Columbia	875	6,047	9,356	1,387	35,206	20%	27%	4%
Florida	1,470	13,239	56,034	11,756	93,003	16%	60%	13%
Georgia	11,321	8,671	15,924	16,971	86,433	23%	18%	20%
Hawaii	595	2,919	5,722	1,894	12,570	28%	46%	15%
Idaho	366	1,536	5,279	860	8,190	23%	64%	11%
Illinois	2,607	17,703	44,764	14,843	90,373	22%	50%	16%
Indiana	404	2,771	13,559	2,178	19,688	16%	69%	11%
Iowa	1,130	5,820	13,956	3,106	25,868	27%	54%	12%
Kansas	889	1,829	10,962	1,913	17,224	16%	64%	11%
Kentucky	1,436	2,553	16,700	13,934	37,379	11%	45%	37%
Louisiana	2,665	4,272	19,539	4,774	32,559	21%	60%	15%
Maine	745	4,807	8,317	1,927	17,814	31%	47%	11%
Maryland	1,789	12,225	26,870	12,763	58,246	24%	46%	22%
Massachusetts	1,767	13,628	21,756	9,796	56,468	27%	39%	17%
Michigan	794	7,328	35,181	9,311	53,966	15%	65%	17%
Minnesota	464	10,069	24,332	7,053	42,824	25%	57%	16%
Mississippi	676	1,581	20,633	1,207	25,757	9%	80%	5%
Missouri	1,467	4,144	19,210	4,497	30,116	19%	64%	15%
Montana	483	2,840	8,588	2,224	14,560	23%	59%	15%
Nebraska	1,724	6,262	8,485	4,436	23,057	35%	37%	19%
Nevada	236	1,962	5,710	879	9,131	24%	63%	10%
New Hampshire	658	3,431	6,341	1,269	12,645	32%	50%	10%
New Jersey	1,459	10,353	42,965	20,693	80,739	15%	53%	26%
New Mexico	29	3,469	5,575	2,004	11,818	30%	47%	17%
New York	6,414	53,443	108,254	52,574	244,695	24%	44%	21%

(continued)

Exhibit B-4. Number and distribution of female family planning users at risk of unintended pregnancy,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2017 (continued)

State	Most Effective Permanent Methods ^b	Most Effective Reversible Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d	Total At Risk ^a	Most Effective Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d
North Carolina	637	19,600	57,438	11,762	101,604	20%	57%	12%
North Dakota	166	772	3,672	475	5,337	18%	69%	9%
Ohio	4,170	10,683	35,432	10,080	71,651	21%	49%	14%
Oklahoma	314	6,306	24,983	4,454	38,341	17%	65%	12%
Oregon	1,333	10,598	19,958	4,523	37,763	32%	53%	12%
Pennsylvania	7,409	20,167	71,383	35,943	160,275	17%	45%	22%
Rhode Island	2,087	3,265	6,103	3,324	16,065	33%	38%	21%
South Carolina	1,149	6,964	31,145	10,933	50,191	16%	62%	22%
South Dakota	50	417	3,706	274	4,526	10%	82%	6%
Tennessee	282	7,223	33,627	6,818	50,866	15%	66%	13%
Texas	8,745	23,832	59,553	36,466	148,833	22%	40%	25%
Utah	260	6,577	17,609	3,088	27,948	24%	63%	11%
Vermont	247	2,502	3,685	791	7,865	35%	47%	10%
Virginia	1,028	9,426	24,247	7,799	44,455	24%	55%	18%
Washington	1,390	14,332	47,147	10,251	75,410	21%	63%	14%
West Virginia	3,693	4,032	19,651	4,989	56,478	14%	35%	9%
Wisconsin	774	4,866	14,642	6,031	27,498	21%	53%	22%
Wyoming	228	664	3,363	733	5,239	17%	64%	14%
Territories & FAS								
American Samoa	31	74	1,519	450	2,225	5%	68%	20%
Comm. of the Northern Mariana Islands	0	187	689	79	971	19%	71%	8%
Federated States of Micronesia	61	644	1,486	665	2,881	24%	52%	23%
Guam	0	0	106	8	116	0%	91%	7%
Puerto Rico	46	306	10,049	3,227	14,303	2%	70%	23%
Republic of the Marshall Islands	39	403	845	12	1,553	28%	54%	1%
Republic of Palau	6	18	493	16	566	4%	87%	3%
U.S. Virgin Islands	135	88	936	1,029	2,442	9%	38%	42%
Total Users	103,021	563,203	1,521,815	640,160	3,135,048	21%	49%	20%
Range						0%–37%	18%–91%	1%–42%

FAS=Freely Associated States.

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

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

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

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

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

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2017 (Source: FPAR Table 1.1)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
Alabama	30,982	39,759	78%
Alaska	2,362	3,298	72%
Arizona	11,142	14,572	76%
Arkansas	15,019	21,068	71%
California	275,725	387,415	71%
Colorado	14,063	20,564	68%
Connecticut	8,238	15,039	55%
Delaware	5,999	7,198	83%
District of Columbia	8,311	13,339	62%
Florida	18,513	45,645	41%
Georgia	13,915	31,123	45%
Hawaii	3,819	6,742	57%
Idaho	2,207	4,165	53%
Illinois	21,102	43,720	48%
Indiana	6,157	9,018	68%
Iowa	7,695	13,196	58%
Kansas	4,568	7,797	59%
Kentucky	7,014	18,718	37%
Louisiana	11,719	15,418	76%
Maine	4,727	8,983	53%
Maryland	12,681	25,479	50%
Massachusetts	15,469	27,391	56%
Michigan	16,916	29,726	57%
Minnesota	18,939	25,833	73%
Mississippi	10,122	13,455	75%
Missouri	9,447	17,369	54%
Montana	5,489	8,645	63%
Nebraska	7,852	9,990	79%
Nevada	3,047	3,880	79%
New Hampshire	3,775	6,355	59%
New Jersey	21,732	32,606	67%
New Mexico	4,139	6,429	64%
New York	71,647	116,344	62%

(continued)

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2017 (Source: FPAR Table 1.1) (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	22,249	41,317	54%
North Dakota	1,626	2,730	60%
Ohio	26,755	39,970	67%
Oklahoma	15,033	24,629	61%
Oregon	10,129	18,552	55%
Pennsylvania	39,457	78,885	50%
Rhode Island	3,560	8,779	41%
South Carolina	18,998	25,969	73%
South Dakota	1,372	2,657	52%
Tennessee	24,851	35,710	70%
Texas	30,322	61,474	49%
Utah	8,980	17,437	51%
Vermont	2,714	4,112	66%
Virginia	7,630	17,187	44%
Washington	29,345	43,649	67%
West Virginia	8,176	25,767	32%
Wisconsin	9,838	14,316	69%
Wyoming	1,334	2,714	49%
Territories & FAS			
American Samoa	45	578	8%
Comm. of the Northern Mariana Islands	88	527	17%
Federated States of Micronesia	141	1,082	13%
Guam	97	150	65%
Puerto Rico	1,185	7,090	17%
Republic of the Marshall Islands	1	976	0%†
Republic of Palau	64	221	29%
U.S. Virgin Islands	728	992	73%
Total Users	939,250	1,527,749	61%
Range			0%†–83%

FAS=Freely Associated States.

† Percentage is less than 0.5%.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2017 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 88 grantees that were active in both 2016 and 2017, 56 reported no change in the number of subrecipients, 22 reported a decrease, and 10 reported an increase. Some reasons given by several grantees for the decrease in subrecipients were because they withdrew from Title X participation, agency mergers, and agency closures.

Service Sites—Of the 88 grantees active in both 2016 and 2017, 43 reported no change in the number of service sites, 15 reported an increase, and 30 reported a decrease. Reasons given by several grantees for the change in number of sites included subrecipient additions and withdrawals and site closures or consolidations.

Reporting Period—Five grantees reported data for a reporting period that was less than 12 months, one grantee reported data for a different 12-month period, and all others (N=82) reported data for the period from January 1, 2017, through December 31, 2017.

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 88 grantees operating in both 2016 and 2017, 48 reported a decrease and 40 reported an increase in the number of family planning users.

- Reasons given by grantees for the **decrease in number of users** included expiration of state family planning waivers, site closures, site or subrecipient withdrawal from Title X participation, reduced clinic hours, electronic health record (EHR) implementation or transition, staffing shortages (e.g., furlough, medical leave, military leave, and clinical services provider recruitment or retention), increased use of long-acting reversible contraception (LARC) or adherence to screening guidelines resulting in a decline in encounters, increased ability of newly insured clients to seek care from other providers, delays and other challenges in executing contracts with new subrecipients and service sites, various reporting issues, changes in contractors, data system issues and coding errors, errors in reporting 2016 data, changes in payment policies for clinical services, and weather-related disruptions in care delivery (e.g., hurricanes).
- Reasons given by grantees for the **increase in the number of users** included the following reasons: new online scheduling systems, increase in providers, the addition of new subrecipients, increase in state funding, improvement (e.g., standardization) in data collection, integration of family planning services with sports health clearance visits, increased or improved marketing efforts, increased outreach to males and teens, partnership

with university on research project, implementation of “One Key Question,” expanded clinic hours, and improved data collection and reporting.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown race. Of the 16% of total female users for whom race was unknown or not reported in 2017, 76% self-identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of female users with unknown race or ethnicity** included client confusion about or refusal to report race, loss of data during EHR implementation or transition, errors in the EHR system (e.g., reporting more than one race, refusing to report race, or reporting race as “Other”), coding errors, staff failure to collect data, and not requiring clinic staff to collect and record ethnicity information.
- Reasons given by grantees for a **decrease in the percentage of female users with unknown race or ethnicity** included improvements in the collection, storage, and retrieval of race and ethnicity data.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 15% of total male users for whom race was unknown or not reported in 2017, 69% identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of male users with unknown race or ethnicity** included client confusion about or refusal to report race information, failure of the EHR system to capture the data, difficulty with a new or changing EHR system, coding errors, precoding client race to “unknown” when the appointment was scheduled, and staff failure to collect data.
- Reasons given for a **decrease in the percentage of male users with unknown race or ethnicity** included an improved workflow resulting in better capture of ethnicity and race data, validation of EHR values, staff training, and improved data collection.

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, difficulty retrieving information from EHR systems, EHR-related data collection issues, problems entering data into regional data system, failure of sites to collect income data, and system-related processing errors. Several other grantees attributed the decrease in number of family planning users with unknown or not reported income to improvements to data collection, data quality monitoring, and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 88 grantees operating in both 2016 and 2017, 55 reported an increase in the percentage of users with health insurance, 31 reported a decrease, and 2 reported no change.

- Reasons grantees gave for an **increase in the percentage of users with health insurance** included an increase in newly insured clients because of the Affordable Care Act (ACA) and Medicaid expansion, improved data collection, onsite health insurance enrollment assistance, training to improve the collection of health insurance data, use of an EHR template to capture insurance status information, and increased capacity and effort to bill private insurance.
- Reasons grantees gave for a **decrease in the percentage of users with health insurance** included targeted outreach to populations that are typically uninsured, an increase in the number of uninsured clients, and loss of insured clients to private providers.

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 staff turnover, an inadequate health insurance field in EHRs, problems extracting accurate data from EHRs, clients not wanting to report their insurance status for fear of denial of care or loss of confidentiality, and teens not knowing their insurance status.

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

Of the 88 grantees operating in both 2016 and 2017, 45 reported a decrease and 43 reported an increase in the percentage of users who are LEP.

- Reasons given by grantees for the **decrease in percentage of users who are LEP** included changing demographic characteristics of clients (i.e., fewer LEP users) and improved data collection.
- Reasons given by grantees for the **increase in percentage of users who are LEP** included changing demographic characteristics of clients, staff training on creating a welcoming environment, increased capacity to service LEP population, and increased outreach to minority communities.

Unknown/not reported LEP status—Several grantees attributed the high or increased number of family planning users with unknown or not reported LEP status to data system limitations, including extracting LEP status data from EHRs and changes in EHR systems.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Primary method category definitions—Contraceptive methods are grouped into three categories—most, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These categories correspond to the three groups or tiers defined by Trussell (2011).¹⁰

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

- Male sterilization/vasectomy, 0.15%
- Female sterilization, 0.5%
- Implant (Nexplanon/Implanon), 0.05%
- Intrauterine device (Mirena), 0.2%
- Intrauterine device (Skyla), 0.4%²³
- Intrauterine device (Kyleena), 0.2%²⁴
- Intrauterine device (Liletta), 0.2%²⁵
- Intrauterine device (ParaGard), 0.8%

Moderately effective contraceptives (Tier 2) refer to methods that result in between 6% and 12% of women experiencing an unintended pregnancy during the first year of typical use. They include:

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

Less effective contraceptives (Tier 3) refer to methods that result in between 18% and 28% of women experiencing an unintended pregnancy during the first year of typical use. They include:

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

Because the FPAR combines some methods into a single reporting category (e.g., fertility awareness-based method [FAM] and lactational amenorrhea method [LAM], diaphragm and 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 a limited number of Title X clients report using the methods in these combined categories.

Hormonal injection users—Nine grantees in four regions (I, III, VI, and IX) reported a total of 98 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.02% of the 500,960 hormonal injection users reported in 2017.

Sterilization among users under 20—One grantee reported a single female user under 20 relying on female sterilization as her primary contraceptive method. The grantee confirmed that this female was sterilized prior to coming to the Title X site and that no Title X funding was used for the sterilization.

Vasectomy among users under 18—Four grantees reported four female users under 18 relying on vasectomy as their primary contraceptive method. The grantees confirmed that each of these females 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 one or more of the following reasons: data collection/system problems (e.g., data entry errors, data transfer/upload problems, and EHR issues related to implementation or transitions, missing data fields, or data extraction), lack of staff training, staff turnover, outdated or inadequate encounter forms, and failure to document primary method data for specific user subgroups (e.g., users relying on third-party payer source) or encounters (e.g., nonclinical).

Grantees attributed the decrease in female users with an unknown primary method to improved data collection, change in subrecipient reporting methodology, subrecipient monitoring, and staff training.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

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

Sterilization among users under 20—No grantees reported male users under 20 relying on vasectomy as their 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: failure to record primary method for some, all, or certain subgroups of users (e.g., adolescent and insured) or encounters (e.g., non-clinical or and STD-only encounters); problems extracting data from electronic systems (practice management or EHR); failure to collect data for “no method, other reason” category; outdated encounter forms; lack of staff training; staff turnover; challenges transitioning to new EHR; and client refusal. Several other grantees attributed a decrease in the number of male users with an unknown primary method to improved data collection, staff training, and technical assistance.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 58 reported a decrease in the percentage of female users who received a Papanicolaou (Pap) test, and 30 reported an increase.

- Reasons given by grantees for a **decrease in the percentage of females screened for cervical cancer** included adherence to cervical cancer screening guidelines, EHR-related issues (e.g., loss of data or difficulty extracting data), decreased opportunities to screen because of a decline in visits among some users (e.g., LARC users), newly insured clients seeking screening elsewhere, and weather-related disruptions in care delivery (e.g., hurricanes).
- Reasons given by grantees for an **increase in the percentage of females screened for cervical cancer** included improved data collection and reporting, increase in new patients who are in need of screening, and underreporting in 2016.

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

CBEs—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 59 reported a decrease in the percentage of female users who received a CBE, and 29 reported an increase.

- Reasons given by grantees for a **decrease in the percentage of females that received a CBE** included adherence to breast cancer screening guidelines, 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 physical exam), lack of qualified staff to perform CBEs, overreporting of CBEs in 2016, and EHR-related issues (e.g., transition, mapping and location of CBE reporting field).
- Reasons given by grantees for an **increase in the percentage of females that received a CBE** included greater attention to this area of clinical care, adherence to guidelines, and improved data collection.

CBE-Related Referrals—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 43 reported a decrease in the percentage of female users referred for further evaluation following a CBE, 41 reported an increase, and 4 reported no change.

- Reasons given by grantees for a **decrease in the percentage of CBE-related referrals** were related to their EHR systems (e.g., transition, mapping, and location of CBE reporting fields).
- Reasons given by grantees for an **increase in the percentage of CBE-related referrals** included an increase in the number of older clients screened, improved data collection, adherence to protocols, and better documentation of referrals in the EHRs.

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

Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 50 reported an increase in the percentage of female users under 25 tested for chlamydia, and 38 reported a decrease. In addition, 61 grantees reported an increase in the percentage of male users tested, 26 reported a decrease, and 1 reported no change.

- Reasons given for an **increase in the chlamydia testing rate** included high chlamydia prevalence in the state or service area, improved data collection, increased staff training and awareness, increased adherence to screening guidelines, greater availability of tests, use of opt-out testing, chlamydia-focused quality improvement initiative, local and statewide marketing of testing services, an increased number of male users at risk for chlamydia, and increased outreach to males.
- Reasons given for a **decrease in the chlamydia testing rate** included a decrease in clients who qualify for testing, inability to test in nontraditional encounter settings, decreased funding or loss of dedicated funding, EHR-related issues (e.g., difficulty with data extraction, problems with the lab–EHR interface, and challenges transitioning to a new EHR), lab unable to process specimens, inconsistent data collection, clients tested at non-Title X sites, and weather-related disruptions in care delivery.

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

General STD Testing—Several grantees commented on reasons for the increase or decrease in STD testing activities without specifying the type of STD test.

- Reasons given for the **increase in STD testing** included improved data collection, implementation of opt-out testing, increased initiatives with staff to screen for STDs, an increase in the availability of testing reagents, efforts to increase awareness and encourage STD/HIV testing, an increase in users at high risk, an increase in male clients, improved integration of STD with family planning services, increased marketing, initiation of Personal Responsibility Education Program and Teens Pregnancy Prevention programs, introduction of well-person services that include preventive and preconception health care for men, and underreporting of 2016 STD testing data.
- Reasons given for the **decrease in STD testing** included difficulty with mapping lab data to EHR data, reporting errors, inconsistent reporting, staff turnover, improved compliance with STD testing guidelines, and weather-related disruptions in care delivery.

Gonorrhea Testing Rate—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 53 reported an increase and 35 reported a decrease in the number of gonorrhea tests per female user. In addition, 61 grantees reported an increase, 26 reported a decrease, and 1 reported no change in the number of tests per male user.

- Reasons given by grantees for the **increase in gonorrhea testing** included an increase in gonorrhea prevalence in the service area, increased use of the combined chlamydia and gonorrhea test, an increased number of users at high risk, and increase in multisite specimens.

- Reasons given by grantees for the **decrease in gonorrhea testing** included reporting issues with subrecipient, loss of data from EHR, weather-related disruptions in care delivery, and mechanical problems with testing equipment.

Syphilis Testing Rate—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 53 reported an increase, 34 reported a decrease, and 1 reported no change in the number of syphilis tests per female user. In addition, 58 grantees reported an increase, 25 reported a decrease, and 5 reported no change in the number of syphilis tests per male user.

- Reasons given for the **increase in syphilis testing** included high prevalence or an outbreak in the service area, better reporting, combined HIV and syphilis testing, an increase in high-risk clients, and repeat testing of pregnant women in high-prevalence settings.
- A reason given for the **decrease in syphilis testing** was adherence to testing guidelines.

Confidential HIV Testing Rate—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 48 grantees reported an increase, 39 reported a decrease, and 1 reported no change in the number of confidential HIV tests per female user. In addition, 50 grantees reported an increase, 34 reported a decrease, and 4 reported no change in the number of confidential HIV tests per male user.

- Reasons given by grantees for the **increase in confidential HIV testing** included an increase in clients, an increase in clients with risk factors associated with abuse of opioids and other substances, and continuation or implementation of opt-out testing.
- Reasons given by grantees for the **decrease in confidential HIV testing** included clients obtaining testing elsewhere, withdrawal of a subrecipient that had a special focus on HIV testing, a reduction in clients as a result of site closures, loss of targeted funding, a decrease in rapid HIV testing because of weather-related disruptions in electricity, and adherence to testing guidelines.

Positive Confidential HIV Tests—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 33 reported a decrease in the number of positive confidential HIV tests per 1,000 tests performed, 30 reported an increase, 23 reported no change (ratio was zero in both years), and 2 conducted no confidential HIV testing.

- One grantee attributed the **decrease in confidential HIV tests** to improved data reporting by subrecipients and the inability of subrecipients to report HIV testing data.
- Reasons cited by grantees for the **increase in positive confidential HIV tests** included introduction of PrEP (pre-exposure prophylaxis) services, targeted outreach to high-risk populations, an increase in clients with risk factors associated with abuse of opioids and other substances, and improved reporting.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

Clinical Services Provider (CSP) Full-Time Equivalent (FTE)—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 38 reported an increase in the total number of FTE CSPs delivering Title X-funded services, 38 reported a decrease, and 12 reported no change.

- Reasons given for an **increase in CSP FTEs** included better understanding of what constitutes a family planning encounter and user, provision of training on CSP FTE calculations for service site staff, increased hiring, improved data capture, and an increase in CSP staffing associated with the addition of new subrecipients and service sites.
- Reasons given for a **decrease in CSP FTEs** included difficulty retaining or recruiting staff, improved and standardized methodology for calculating FTEs, overreporting of FTEs in the 2016 FPAR, and a response to the decline in users.

Physician FTEs—Thirty-six grantees reported an increase in physician FTEs, 29 reported a decrease, and 23 reported no change. Reasons cited for the increase in physician FTEs included an increased demand for care, the addition of Federally Qualified Health Centers to the Title X network, and collaboration with physician residency programs. Reasons for a decrease in physicians included not filling vacancies, recruitment difficulties, and a reduction in physician CSP hours.

Midlevel Clinician FTEs—Thirty-six grantees reported an increase in midlevel clinician FTEs, 38 reported a decrease, and 14 reported no change. In addition to the general reasons cited above for the increase in CSP FTEs, there was a shift in staffing composition from physician to midlevel FTEs.

Other CSP FTEs—Most grantees (N=72) reported zero other CSP FTEs in both years, 10 reported a decrease, 6 reported an increase, and 2 reported no change. In addition to the reasons cited above for the change in CSP FTE levels, several grantees mentioned overreporting of other CSP FTEs in 2016.

Family Planning Encounters—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 50 grantees reported a decrease in the number of total encounters and 38 reported an increase. Several grantees gave the following reasons for the change in encounter numbers:

- Reasons given for the **decrease in encounters** included a decline in clients, patients migrating to private health care because of their insured status, inconsistent data collection, staff turnover and shortages, an increase in the number of LARC users who require fewer visits, loss of productivity due to EHR implementation, and less frequent screening requirements for selected services (e.g., Pap test).
- Reasons given for the **increase in encounters** included better understanding of what constitutes a family planning encounter, underreporting of 2016 encounters, increased staffing and capacity to serve more clients, clients' reliance on Title X sites as a medical home, clients returning for resupply visits and follow-up care, and provision of integrated family planning services.

FPAR TABLE 14: REVENUE REPORT

Total revenue (row 18)—All Regions—Of the 88 grantees that submitted an FPAR in both 2016 and 2017, 45 reported a decrease in total revenue, and 43 reported an increase.

Title X revenue (row 1)—All Regions—Title X revenue includes 2017 cash receipts or drawdown amounts from all family planning service grants.

Medicaid revenue (row 3a)—All Regions— Medicaid revenue includes revenue from federally approved Medicaid family planning eligibility expansions in the following 26 states:

- Region I—Connecticut, Maine, New Hampshire, and Rhode Island
- Region II—New York
- Region III—Maryland, Pennsylvania, and Virginia
- Region IV—Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina
- Region V—Indiana, Minnesota, and Wisconsin
- Region VI—Louisiana, New Mexico, and Oklahoma
- Region VII—Iowa
- 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 the following: 340B Drug Discounting Program; agency or applicant contribution/funds; bad debt; Breast and Cervical Cancer Early Detection Program; Breast and Cervical Cancer Program; Breast, Cervical, and Colon Health Program; cash; client contributions/donations; Community Service Block Grant; consultation fees; contraceptives; contractual services; DC Campaign Teen Pregnancy Prevention Fund; donations (foundation, individual, client, and other); Early Detection Works Program; earned and special funds; earned interest; education and training fees; Every Woman Matters; Farmworker Program; Foundation (private and corporate) grants and other funding; FPNTC travel support; Health Safety Net; Healthy Woman Breast and Cervical Cancer Program; HIV testing funds/grant; HRSA Ryan White; Individual donations/contributions; Insurance Exchange; interest; Meaningful Use payment/incentive; Migrant Worker Program; mileage; Net Assets Released From Restrictions; other federal grant (HRSA Ryan White or STD); Personal Responsibility Education Program; Preventive Health and Health Service Block Grant; Public Health Screening Program for low-income and at-risk individual under 40; refunds (worker’s compensation, vendor); rental income; restricted donations and grants (various sources); revenue recovery; School Based Health Center; Set-Off Program; St. James Physician Hospital Organization; state and federal STD funding; subrecipients (contributions, reimbursements, and unspecified); supplies; Tobacco Settlement; travel reimbursement; UNFPA; United Way; university grants; and Yavapai County Investment Pool earned interest.

