

November 2009

Family Planning Annual Report

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2008 NATIONAL SUMMARY

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November 2009

Family Planning Annual Report: 2008 National Summary

Prepared for

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Office of Population Affairs
Office of Public Health and Science
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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 within the Office of Population Affairs (OPA) by the Office of Family Planning (OFP). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. Title X-funded agencies offer a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis. Title X funds also support the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.² For many clients, Title X clinics provide the only continuing source of health care and health education. In fiscal year 2008, the program received approximately \$299 million in funding.³

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

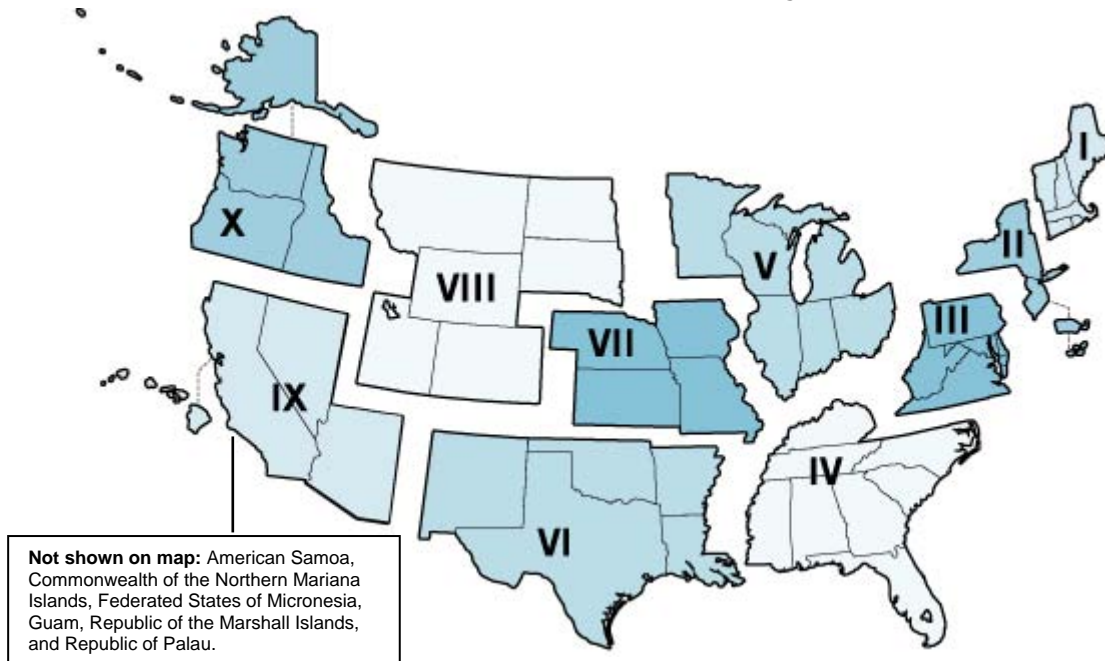
FAMILY PLANNING ANNUAL REPORT (FPAR)

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

Title X administrators and grantees use FPAR data to

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

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



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

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

REPORT STRUCTURE

The *Family Planning Annual Report: 2008 National Summary* presents data for the 88 Title X service grantees that submitted reports for the 2008 reporting period. It has five sections:

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

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

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

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

Section 5—Appendixes—consists of three appendixes. *Appendix A* presents trend data for 1999 to 2008 or 2005 to 2008 for selected indicators. *Appendix B* presents information on the number and distribution of users served in 2008 by gender and income level for each state, the District of Columbia, and the eight U.S. territories and jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands). *Appendix C* presents general and table-specific notes about the data presented in this report.

Key Terms and Definitions for FPAR Reporting

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

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

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

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

Family Planning Provider—A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that 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 nonclinical services providers.

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 5–7.

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FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report: Forms and Instructions*⁸ consists of a Grantee Profile Cover Sheet and 14 reporting tables. OPA instructs grantees to report on the scope of services or activities that are proposed in their approved grant applications and supported with Title X grant and related sources of funding. OPA provides definitions for key FPAR terms to ensure uniform reporting among 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. In this report, we reproduce table-specific FPAR guidance alongside the table-specific findings.

DATA REPORTING

Title X service grantees are required to submit an FPAR by February 15 for the completed reporting period (January 1 to December 31). In February 2009, 88 Title X service grantees submitted FPARs for 2008. A total of 87 reports (99%) were submitted by the February 15 due date, and 82 reports (92%) were submitted using OPA's Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered data into *GrantSolutions* for six hardcopy reports, thereby consolidating all FPAR data into a single electronic file. HHS regional staff and the FPAR Data Coordinator reviewed and approved all FPAR data prior to their tabulation.

DATA VALIDATION

FPAR data undergo both electronic and manual validations. *GrantSolutions* performs a set of automated validation procedures that ensure consistency within and across tables. The automated validation procedures include calculation of row and column totals and cross-table comparisons of selected cell values, including but not limited to the FPAR checkpoints (AA = unduplicated number of female family planning users, BB = unduplicated number of male family planning users, and CC = unduplicated number of all family planning users). Each validation procedure is based on a validation rule that defines which table cells to compare and what condition or validation test (e.g., =, <, >, ≤, ≥) to apply.

RTI performs further validations to identify potential reporting errors and problems (e.g., ≥ 10% unknown/not reported) and to identify extreme or unexpected values for selected data items (e.g., STD test-to-user ratios). RTI also performs a manual review of each hardcopy FPAR. The results of the RTI validations are presented in a grantee-specific report that is sent to the FPAR Data Coordinator for followup and resolution. Once OPA staff addresses all outstanding validation issues and updates the electronic reports in *GrantSolutions*, OPA sends RTI a second data file for tabulation and analysis.

The *Methodological Notes* in **Appendix C** summarize general and table-specific limitations and other issues about the data presented in this report.

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

In FPAR **Tables 1, 2, and 3**, grantees report information on the demographic profile of family planning users, including gender and age (**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 gender, categorizing the users based on their age as of June 30th of the reporting period.

In FPAR **Tables 2 and 3**, grantees report both the race and ethnicity of female (**Table 2**) and male (**Table 3**) family planning users, using categories that comply with the *1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* from the Office of Management and Budget (OMB).

The two minimum OMB categories for reporting ethnicity are

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

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

The five minimum OMB categories for reporting race are

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

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

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

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

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

If an agency wants to collect data for ethnic 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. FPAR **Tables 2 and 3** allow grantees to report the number of users who self-identify with two or more of the five minimum race categories.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 13–17, A1–A2.

3 Findings

GRANTEE PROFILE

In 2008, OPA regional offices awarded Title X service grants to 88 public and private grantees, including state and local health departments (56%) and nonprofit family planning agencies, independent clinics, and community health agencies (44%). In turn, grantees distributed these funds to 1,170 subcontractors (“delegates”) and their own clinics, ultimately supporting a family planning service network of 4,522 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions (*Exhibit 2*).

Compared to 2007, in 2008 there were declines of 1% or less in the number of grantees (1) delegates (6), and service sites (20). Three regions (VI, VIII, and IX) reported an increase (2% to 7%) in the number of delegates, three (III, IV, and V) reported a decrease (1% to 8%), and four (I, II, VII, and X) reported no change. Additionally, four regions (I, III, IV, V) reported a decrease (2% to 4%) in the number of service sites, four others (VII, VIII, IX, and X) reported an increase (1% to 6%), and the number of sites was almost unchanged in the remaining two regions (II and VI) (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, delegates, and service sites, by region: 2007–2008 (Source: FPAR Grantee Profile Cover Sheet)

Region	Number						% Change 2007–2008		
	Grantees		Delegates		Service Sites		Grantees	Delegates	Service Sites
	2007	2008	2007	2008	2007	2008			
I	10	10	70	70	240	233	0%	0%	–3%
II	7	7	91	91	293	292	0%	0%	0%†
III	9	9	226	222	662	651	0%	–2%	–2%
IV	10	10	187	185	1,117	1,093	0%	–1%	–2%
V	11	11	158	146	428	410	0%	–8%	–4%
VI	8	8	93	95	573	571	0%	2%	0%†
VII	5	5	107	107	286	294	0%	0%	3%
VIII	6	6	73	78	187	190	0%	7%	2%
IX	15	15	107	112	479	508	0%	5%	6%
X	8	7	64	64	277	280	–13%	0%	1%
Total	89	88	1,176	1,170	4,542	4,522	–1%	–1%	0%†

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

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2008, Title X-funded sites served 5,051,505 family planning users. Regions IV and IX accounted for 20% and 24%, respectively, of the total users served in 2008. Regions II, III, V, and VI each served between 10% and 11% of total users, and Regions I, VII, VIII, and X each served between 3% and 4% (*Exhibit 3*).

Between 2007 and 2008, the total number of users served in Title X-funded service sites increased by 64,267 users (1%). Six of the 10 regions experienced only small changes (plus or minus 1%) in the number of users served, while Region IX reported an increase of 10% and Regions V, VII, and X reported decreases ranging from 5% to 10% (*Exhibit 3*). On average, the number of users per service site increased from 1,098 in 2007 to 1,117 in 2008, or the equivalent of 19 users per service site (not shown).

Between 1999 and 2008, the total number of users increased 14%, from 4,442,138 in 1999 to 5,051,505 in 2008. During this period, the regional distribution of total family planning users remained relatively stable, except in Regions IV and IX. Region IV accounted for 23% of total users in 1999 compared to 20% in 2008, while Region IX accounted for 16% of total users in 1999 compared to 24% in 2008 (*Exhibits A-1a and A-1b in Appendix A*).

Exhibit 3. Number, distribution, and percentage change in number of family planning users, by region: 2007-2008 (Source: FPAR Table 1)

Region	Number		Distribution		% Change
	2007	2008	2007	2008	2007-2008
I	199,010	197,165	4%	4%	-1%
II	479,572	483,928	10%	10%	1%
III	557,031	564,138	11%	11%	1%
IV	1,018,656	1,019,264	20%	20%	0%†
V	531,679	507,431	11%	10%	-5%
VI	486,378	491,406	10%	10%	1%
VII	234,592	210,012	5%	4%	-10%
VIII	149,395	151,261	3%	3%	1%
IX	1,102,718	1,209,114	22%	24%	10%
X	228,207	217,786	5%	4%	-5%
Total All Users	4,987,238	5,051,505	100%	100%	1%

† Percentage is less than 0.5%.

Users by Gender (Exhibits 4 and 5)

Of the total number of users in 2008, 94% (4,723,662) were female and 6% (327,843) were male. Across regions, the percentage of total users who were female ranged from 88% (Region IX) to 98% (IV) (*Exhibits 4 and 5*). *Exhibit B-1 (Appendix B)* presents the number and distribution of family planning users for 2008 by gender and state, including the District of Columbia and the eight U.S. territories and jurisdictions.

Between 1999 and 2008, the percentage of users who were female decreased from 97% of total users in 1999 to 94% in 2008. Numerically, however, the number of female users increased 9%, from 4,315,040 in 1999 to 4,723,662 in 2008. During this same time, the number of male users more than doubled (158%), increasing from 127,098 in 1999 to 327,843 in 2008 (*Exhibit A-1a*).

Users by Age (Exhibits 4 and 5)

In 2008, 50% (2,550,223) of family planning users were in their 20s, and one of every four either was 19 years or younger (25%) or was 30 years or older (25%). The highest percentage of users was aged 20 to 24 (31%), followed by those 15 to 19 (23%) and 25 to 29 (20%). By region, the percentage of users in their early 20s ranged from 29% (I and VI) to 34% (V), while the percentage aged 15 to 19 ranged from 21% (IX) to 27% (VIII). Teenagers younger than 15 years accounted for only 1% (71,738) of total users nationally, and between 1% and 2% of total users across the regions (*Exhibits 4 and 5*).

Nationally, about the same percentages of male (26%) and female (25%) users were in their teens, and a slightly higher percentage of female (31%) than male (28%) users were in their early 20s. Compared to female users, there was more variation across regions in the age distribution of male users. For example, the percentage of male users who were teenagers ranged from 17% (X) to 45% (IV), compared with a range of 22% (IX) to 29% (VIII) for female users (*Exhibits 4 and 5*).

Between 1999 and 2008, there were small shifts in the percentage distribution of family planning users by age group. All age groups experienced an increase in the number of users with the exception of the group 17 years and younger, which decreased 6%, from 627,496 in 1999 to 592,940 in 2008 (*Exhibits A-2a and A-2b*).

Users by Race (Exhibits 6 to 14)

In 2008, 60% (3,007,568) of family planning users identified themselves as white, 20% (996,093) as black, 3% (137,747) as Asian, 1% (45,693) as Native Hawaiian or Other Pacific Islander, and 1% (36,974) as American Indian or Alaska Native. Three percent (151,535) of all users self-identified with two or more of the five minimum race categories specified in the Office of Management and Budget's *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*,⁹ and race was either unknown or not reported for 13% (675,895) of all users (*Exhibits 6, 9, and 10*).

Exhibit 4. Number of family planning users, by gender, age, and region: 2008 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
< 15	58,815	1,290	4,656	8,306	15,796	5,290	6,579	2,456	1,770	10,307	2,365
15-17	487,948	18,670	42,951	64,675	101,304	55,667	48,620	21,276	16,833	93,889	24,063
18-19	613,281	23,076	55,116	68,890	127,863	72,263	57,888	25,722	20,771	134,231	27,461
20-24	1,460,466	51,491	139,762	160,562	308,399	166,859	136,759	63,287	45,636	324,422	63,289
25-29	938,427	33,278	94,087	99,732	206,206	92,657	97,422	38,020	25,177	210,693	41,155
30-34	509,322	17,879	52,325	51,527	110,895	44,275	60,278	19,992	12,370	118,014	21,767
35-39	312,366	12,212	31,632	31,977	64,979	25,958	34,524	12,691	7,139	78,345	12,909
40-44	181,171	8,738	18,340	19,641	34,873	13,702	17,843	7,982	4,275	49,424	6,353
> 44	161,866	12,254	16,245	20,283	24,963	9,962	12,499	8,491	3,777	48,453	4,939
Total Female Users	4,723,662	178,888	455,114	525,593	995,278	486,633	472,412	199,917	137,748	1,067,778	204,301
Male Users											
< 15	12,923	287	787	1,173	6,121	222	456	156	334	3,303	84
15-17	33,254	1,852	3,038	7,150	2,355	2,198	2,478	604	1,568	11,101	910
18-19	38,778	1,945	3,961	5,547	2,311	2,960	2,930	1,172	1,724	14,906	1,322
20-24	93,003	5,601	9,929	9,613	4,272	7,553	5,712	3,439	4,025	39,034	3,825
25-29	58,327	3,448	5,356	5,538	3,052	4,063	3,208	2,060	2,766	25,988	2,848
30-34	30,676	1,669	2,411	2,807	1,870	1,716	1,724	994	1,240	14,715	1,530
35-39	20,488	1,049	1,326	1,964	1,406	804	967	596	740	10,618	1,018
40-44	14,411	869	769	1,613	924	495	615	373	422	7,624	707
> 44	25,983	1,557	1,237	3,140	1,675	787	904	701	694	14,047	1,241
Total Male Users	327,843	18,277	28,814	38,545	23,986	20,798	18,994	10,095	13,513	141,336	13,485
All Users											
< 15	71,738	1,577	5,443	9,479	21,917	5,512	7,035	2,612	2,104	13,610	2,449
15-17	521,202	20,522	45,989	71,825	103,659	57,865	51,098	21,880	18,401	104,990	24,973
18-19	652,059	25,021	59,077	74,437	130,174	75,223	60,818	26,894	22,495	149,137	28,783
20-24	1,553,469	57,092	149,691	170,175	312,671	174,412	142,471	66,726	49,661	363,456	67,114
25-29	996,754	36,726	99,443	105,270	209,258	96,720	100,630	40,080	27,943	236,681	44,003
30-34	539,998	19,548	54,736	54,334	112,765	45,991	62,002	20,986	13,610	132,729	23,297
35-39	332,854	13,261	32,958	33,941	66,385	26,762	35,491	13,287	7,879	88,963	13,927
40-44	195,582	9,607	19,109	21,254	35,797	14,197	18,458	8,355	4,697	57,048	7,060
> 44	187,849	13,811	17,482	23,423	26,638	10,749	13,403	9,192	4,471	62,500	6,180
Total All Users	5,051,505	197,165	483,928	564,138	1,019,264	507,431	491,406	210,012	151,261	1,209,114	217,786

Exhibit 5. Distribution of family planning users, by gender, age, and region: 2008 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
< 15	1%	1%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15-17	10%	10%	9%	12%	10%	11%	10%	11%	12%	9%	12%
18-19	13%	13%	12%	13%	13%	15%	12%	13%	15%	13%	13%
20-24	31%	29%	31%	31%	31%	34%	29%	32%	33%	30%	31%
25-29	20%	19%	21%	19%	21%	19%	21%	19%	18%	20%	20%
30-34	11%	10%	11%	10%	11%	9%	13%	10%	9%	11%	11%
35-39	7%	7%	7%	6%	7%	5%	7%	6%	5%	7%	6%
40-44	4%	5%	4%	4%	4%	3%	4%	4%	3%	5%	3%
> 44	3%	7%	4%	4%	3%	2%	3%	4%	3%	5%	2%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
< 15	4%	2%	3%	3%	26%	1%	2%	2%	2%	2%	1%
15-17	10%	10%	11%	19%	10%	11%	13%	6%	12%	8%	7%
18-19	12%	11%	14%	14%	10%	14%	15%	12%	13%	11%	10%
20-24	28%	31%	34%	25%	18%	36%	30%	34%	30%	28%	28%
25-29	18%	19%	19%	14%	13%	20%	17%	20%	20%	18%	21%
30-34	9%	9%	8%	7%	8%	8%	9%	10%	9%	10%	11%
35-39	6%	6%	5%	5%	6%	4%	5%	6%	5%	8%	8%
40-44	4%	5%	3%	4%	4%	2%	3%	4%	3%	5%	5%
> 44	8%	9%	4%	8%	7%	4%	5%	7%	5%	10%	9%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
< 15	1%	1%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15-17	10%	10%	10%	13%	10%	11%	10%	10%	12%	9%	11%
18-19	13%	13%	12%	13%	13%	15%	12%	13%	15%	12%	13%
20-24	31%	29%	31%	30%	31%	34%	29%	32%	33%	30%	31%
25-29	20%	19%	21%	19%	21%	19%	20%	19%	18%	20%	20%
30-34	11%	10%	11%	10%	11%	9%	13%	10%	9%	11%	11%
35-39	7%	7%	7%	6%	7%	5%	7%	6%	5%	7%	6%
40-44	4%	5%	4%	4%	4%	3%	4%	4%	3%	5%	3%
> 44	4%	7%	4%	4%	3%	2%	3%	4%	3%	5%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	94%	91%	94%	93%	98%	96%	96%	95%	91%	88%	94%
Male Users	6%	9%	6%	7%	2%	4%	4%	5%	9%	12%	6%

The racial composition of female (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed in terms of the percentages in each group that self-identified as white or black. Among female users, 60% self-identified as white and 19% as black; among male users, 50% self-identified as white and 23% as black. Additionally, race was unknown or not reported for a slightly higher percentage of male (17%) than female (13%) users.

Across regions, the distribution of family planning users by race reflected geographic differences in the distribution of racial groups. More than 7 of every 10 users in six regions (I, V, VI, VII, VIII, and X) self-identified as white, and between 19% and 34% in five regions (II, III, IV, V, and VI) self-identified as black. Region IX, which includes the Pacific territories, had the highest percentages of users identifying themselves as either Asian (6%) or Native Hawaiian or Other Pacific Islander (3%). The percentage of users for whom race was unknown or not reported exceeded the national average of 13% in three regions (II, IX, and X) (*Exhibits 9 and 10*).

Between 1999 and 2008, there were small shifts in the percentage distribution of family planning users by race, with the largest changes (2 to 5 percentage points) among users who self-identified as white, black, or unknown or not reported race. The percentage of total users who self-identified as white decreased from 65% in 1999 to 60% in 2008, while the percentage that self-identified as black decreased from 22% to 20%. The percentage of users for whom race was unknown or not reported increased from 9% in 1999 to 13% in 2008—a change that is likely due to the increase in Hispanic/Latino users, many of whom do not self-identify with an OMB race category (*Exhibits A-3a and A-3b*).

Users by Ethnicity (Exhibits 6 to 14)

In 2008, 28% (1,391,523) of users identified themselves as Hispanic or Latino, including 27% (1,294,932) of female users and 29% (96,591) of male users. Ethnicity was unknown or not reported for 2% of total and female users and 3% of male users (*Exhibits 6, 7, and 8*). For female and male users, the highest percentages of Hispanic or Latino users were in Regions IX (47% of females and 44% of males), VI (43% of females and 47% of males), and II (33% of females and 25% of males) (*Exhibits 11, 12, 13, and 14*).

Between 1999 and 2008, the percentage of family planning users reporting Hispanic or Latino ethnicity increased from 17% of total users in 1999 to 28% in 2008, while the percentage of users with unknown Hispanic or Latino ethnicity decreased from 4% to 2%. Numerically, the number of Hispanic or Latino users increased 80%, from 772,129 in 1999 to 1,391,523 in 2008 (*Exhibits A-4a and A-4b*).

Since 2005, grantees have reported race and ethnicity data in a single, cross-tabulated table for female (FPAR Table 2) and male (FPAR Table 3) users. The revised format provides new information on the ethnic composition of users reported in each race category, including those for whom race is unknown or not reported. Among the 13% (618,774) of female users for whom race was unknown or not reported in 2008, 77% (475,215) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 17% (57,121) of male users for whom race was unknown or not reported, 78% (44,833) were Hispanic or Latino (*Exhibit 8*). One percent of female and male users did not self-identify with either a race or an ethnic group category. *Exhibits A-5a and A-5b* present trends in the distribution of users by ethnicity and race for 1999 to 2008.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2008
(Source: FPAR Tables 2 and 3)

Race	Number				Distribution			
	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	6,443	29,274	1,257	36,974	0%†	1%	0%†	1%
Asian	4,619	127,850	5,278	137,747	0%†	3%	0%†	3%
Black/African American	25,517	956,741	13,835	996,093	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	7,606	36,172	1,915	45,693	0%†	1%	0%†	1%
White	722,771	2,232,893	51,904	3,007,568	14%	44%	1%	60%
More than one race	104,519	40,667	6,349	151,535	2%	1%	0%†	3%
Unknown/not reported	520,048	111,318	44,529	675,895	10%	2%	1%	13%
Total All Users	1,391,523	3,534,915	125,067	5,051,505	28%	70%	2%	100%

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

† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2008
(Source: FPAR Table 2)

Race	Number				Distribution			
	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	5,931	27,531	1,150	34,612	0%†	1%	0%†	1%
Asian	4,289	121,431	4,908	130,628	0%†	3%	0%†	3%
Black/African American	23,909	884,335	11,870	920,114	1%	19%	0%†	19%
Nat Hawaiian/Pac Island	7,330	27,491	1,752	36,573	0%†	1%	0%†	1%
White	681,989	2,113,732	47,719	2,843,440	14%	45%	1%	60%
More than one race	96,269	37,489	5,763	139,521	2%	1%	0%†	3%
Unknown/not reported	475,215	102,525	41,034	618,774	10%	2%	1%	13%
Total All Users	1,294,932	3,314,534	114,196	4,723,662	27%	70%	2%	100%

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

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2008
(Source: FPAR Table 3)

Race	Number				Distribution			
	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	512	1,743	107	2,362	0%†	1%	0%†	1%
Asian	330	6,419	370	7,119	0%†	2%	0%†	2%
Black/African American	1,608	72,406	1,965	75,979	0%†	22%	1%	23%
Nat Hawaiian/Pac Island	276	8,681	163	9,120	0%†	3%	0%†	3%
White	40,782	119,161	4,185	164,128	12%	36%	1%	50%
More than one race	8,250	3,178	586	12,014	3%	1%	0%†	4%
Unknown/not reported	44,833	8,793	3,495	57,121	14%	3%	1%	17%
Total All Users	96,591	220,381	10,871	327,843	29%	67%	3%	100%

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

† Percentage is less than 0.5%.

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2008 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
American Indian or Alaska Native											
Hispanic or Latino	6,443	36	445	248	912	335	774	300	308	2,488	597
Not Hispanic or Latino	29,274	462	1,259	793	2,044	1,586	6,338	1,046	1,978	10,763	3,005
Unknown/not reported	1,257	9	31	18	3	51	206	20	68	845	6
Total	36,974	507	1,735	1,059	2,959	1,972	7,318	1,366	2,354	14,096	3,608
Asian											
Hispanic or Latino	4,619	48	490	1,293	294	88	309	65	35	1,900	97
Not Hispanic or Latino	127,850	6,795	11,974	8,800	18,755	4,572	2,701	2,485	1,293	64,736	5,739
Unknown/not reported	5,278	56	78	174	16	157	109	46	64	4,554	24
Total	137,747	6,899	12,542	10,267	19,065	4,817	3,119	2,596	1,392	71,190	5,860
Black or African American											
Hispanic or Latino	25,517	2,256	6,285	2,479	8,762	1,087	1,197	194	135	2,811	311
Not Hispanic or Latino	956,741	21,908	107,567	176,729	339,214	101,285	90,739	29,196	3,464	79,304	7,335
Unknown/not reported	13,835	418	908	1,861	190	1,394	768	664	357	7,249	26
Total	996,093	24,582	114,760	181,069	348,166	103,766	92,704	30,054	3,956	89,364	7,672
Native Hawaiian/Pacific Islander											
Hispanic or Latino	7,606	154	320	477	1,188	71	191	97	42	4,552	514
Not Hispanic or Latino	36,172	345	686	648	729	417	608	369	322	30,391	1,657
Unknown/not reported	1,915	4	5	11	1	30	26	15	21	1,796	6
Total	45,693	503	1,011	1,136	1,918	518	825	481	385	36,739	2,177
White											
Hispanic or Latino	722,771	19,705	57,451	23,883	108,032	47,392	188,187	21,495	15,342	220,605	20,679
Not Hispanic or Latino	2,232,893	121,019	178,191	267,650	462,522	312,701	164,131	142,120	107,696	337,142	139,721
Unknown/not reported	51,904	1,580	377	12,145	114	4,215	5,418	1,810	2,347	23,625	273
Total	3,007,568	142,304	236,019	303,678	570,668	364,308	357,736	165,425	125,385	581,372	160,673
More Than One Race											
Hispanic or Latino	104,519	3,868	13,101	4,349	40,342	3,224	820	167	424	37,823	401
Not Hispanic or Latino	40,667	3,102	2,379	3,589	3,867	2,986	2,049	1,081	934	19,187	1,493
Unknown/not reported	6,349	44	74	704	58	827	269	25	69	4,254	25
Total	151,535	7,014	15,554	8,642	44,267	7,037	3,138	1,273	1,427	61,264	1,919
Race Unknown or Not Reported											
Hispanic or Latino	520,048	12,260	77,223	35,071	21,733	17,392	19,725	6,151	13,874	290,056	26,563
Not Hispanic or Latino	111,318	1,514	21,256	13,000	9,684	6,311	1,610	1,185	1,679	45,916	9,163
Unknown/not reported	44,529	1,582	3,828	10,216	804	1,310	5,231	1,481	809	19,117	151
Total	675,895	15,356	102,307	58,287	32,221	25,013	26,566	8,817	16,362	355,089	35,877
All Races											
Hispanic or Latino	1,391,523	38,327	155,315	67,800	181,263	69,589	211,203	28,469	30,160	560,235	49,162
Not Hispanic or Latino	3,534,915	155,145	323,312	471,209	836,815	429,858	268,176	177,482	117,366	587,439	168,113
Unknown/not reported	125,067	3,693	5,301	25,129	1,186	7,984	12,027	4,061	3,735	61,440	511
Total All Users	5,051,505	197,165	483,928	564,138	1,019,264	507,431	491,406	210,012	151,261	1,209,114	217,786

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2008 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
American Indian or Alaska Native												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	2%	1%	2%	
Asian												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	3%	2%	2%	2%	1%	1%	1%	1%	5%	3%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	3%	3%	3%	2%	2%	1%	1%	1%	1%	6%	3%	
Black or African American												
Hispanic or Latino	1%	1%	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	11%	22%	31%	33%	20%	18%	14%	2%	7%	3%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	
Total	20%	12%	24%	32%	34%	20%	19%	14%	3%	7%	4%	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%	
White												
Hispanic or Latino	14%	10%	12%	4%	11%	9%	38%	10%	10%	18%	9%	
Not Hispanic or Latino	44%	61%	37%	47%	45%	62%	33%	68%	71%	28%	64%	
Unknown/not reported	1%	1%	0%†	2%	0%†	1%	1%	1%	2%	2%	0%†	
Total	60%	72%	49%	54%	56%	72%	73%	79%	83%	48%	74%	
More Than One Race												
Hispanic or Latino	2%	2%	3%	1%	4%	1%	0%†	0%†	0%†	3%	0%†	
Not Hispanic or Latino	1%	2%	0%†	1%	0%†	1%	0%†	1%	1%	2%	1%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	
Total	3%	4%	3%	2%	4%	1%	1%	1%	1%	5%	1%	
Race Unknown or Not Reported												
Hispanic or Latino	10%	6%	16%	6%	2%	3%	4%	3%	9%	24%	12%	
Not Hispanic or Latino	2%	1%	4%	2%	1%	1%	0%†	1%	1%	4%	4%	
Unknown/not reported	1%	1%	1%	2%	0%†	0%†	1%	1%	1%	2%	0%†	
Total	13%	8%	21%	10%	3%	5%	5%	4%	11%	29%	16%	
All Races												
Hispanic or Latino	28%	19%	32%	12%	18%	14%	43%	14%	20%	46%	23%	
Not Hispanic or Latino	70%	79%	67%	84%	82%	85%	55%	85%	78%	49%	77%	
Unknown/not reported	2%	2%	1%	4%	0%†	2%	2%	2%	2%	5%	0%†	
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2008 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
American Indian or Alaska Native												
Hispanic or Latino	5,931	35	385	246	911	320	758	277	241	2,181	577	
Not Hispanic or Latino	27,531	418	1,171	749	2,020	1,509	6,084	991	1,802	10,065	2,722	
Unknown/not reported	1,150	8	28	17	3	48	182	20	66	772	6	
Total	34,612	461	1,584	1,012	2,934	1,877	7,024	1,288	2,109	13,018	3,305	
Asian												
Hispanic or Latino	4,289	46	478	1,137	289	84	294	64	30	1,773	94	
Not Hispanic or Latino	121,431	6,560	11,528	8,368	18,632	4,425	2,619	2,366	1,208	60,229	5,496	
Unknown/not reported	4,908	53	76	157	16	147	101	45	61	4,229	23	
Total	130,628	6,659	12,082	9,662	18,937	4,656	3,014	2,475	1,299	66,231	5,613	
Black or African American												
Hispanic or Latino	23,909	1,989	6,000	2,205	8,575	1,006	1,128	174	116	2,424	292	
Not Hispanic or Latino	884,335	19,092	98,882	156,564	328,743	94,804	85,798	26,660	2,347	65,308	6,137	
Unknown/not reported	11,870	374	897	1,556	190	1,237	723	568	294	6,009	22	
Total	920,114	21,455	105,779	160,325	337,508	97,047	87,649	27,402	2,757	73,741	6,451	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	7,330	152	298	463	1,173	69	177	95	36	4,361	506	
Not Hispanic or Latino	27,491	327	631	610	706	397	600	354	288	22,046	1,532	
Unknown/not reported	1,752	4	5	10	1	29	23	14	20	1,640	6	
Total	36,573	483	934	1,083	1,880	495	800	463	344	28,047	2,044	
White												
Hispanic or Latino	681,989	18,194	55,667	23,250	106,164	46,357	180,385	20,661	14,074	197,219	20,018	
Not Hispanic or Latino	2,113,732	110,183	167,722	255,769	452,797	301,267	159,974	136,426	98,842	300,010	130,742	
Unknown/not reported	47,719	1,348	364	11,417	105	4,034	5,274	1,652	2,162	21,113	250	
Total	2,843,440	129,725	223,753	290,436	559,066	351,658	345,633	158,739	115,078	518,342	151,010	
More Than One Race												
Hispanic or Latino	96,269	3,542	12,216	4,241	40,066	3,099	753	158	358	31,455	381	
Not Hispanic or Latino	37,489	2,843	2,225	3,387	3,789	2,760	1,966	1,022	847	17,265	1,385	
Unknown/not reported	5,763	38	65	690	32	784	234	23	66	3,811	20	
Total	139,521	6,423	14,506	8,318	43,887	6,643	2,953	1,203	1,271	52,531	1,786	
Race Unknown or Not Reported												
Hispanic or Latino	475,215	10,969	72,959	32,707	20,922	16,889	18,802	5,831	12,701	258,126	25,309	
Not Hispanic or Latino	102,525	1,364	20,051	12,164	9,408	6,134	1,513	1,106	1,487	40,664	8,634	
Unknown/not reported	41,034	1,349	3,466	9,886	736	1,234	5,024	1,410	702	17,078	149	
Total	618,774	13,682	96,476	54,757	31,066	24,257	25,339	8,347	14,890	315,868	34,092	
All Races												
Hispanic or Latino	1,294,932	34,927	148,003	64,249	178,100	67,824	202,297	27,260	27,556	497,539	47,177	
Not Hispanic or Latino	3,314,534	140,787	302,210	437,611	816,095	411,296	258,554	168,925	106,821	515,587	156,648	
Unknown/not reported	114,196	3,174	4,901	23,733	1,083	7,513	11,561	3,732	3,371	54,652	476	
Total Female Users	4,723,662	178,888	455,114	525,593	995,278	486,633	472,412	199,917	137,748	1,067,778	204,301	

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2008 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
American Indian or Alaska Native												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	2%	1%	2%
Asian												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	4%	3%	2%	2%	1%	1%	1%	1%	6%	3%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	3%	4%	3%	2%	2%	1%	1%	1%	1%	6%	3%	3%
Black or African American												
Hispanic or Latino	1%	1%	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	11%	22%	30%	33%	19%	18%	13%	2%	6%	3%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†
Total	19%	12%	23%	31%	34%	20%	19%	14%	2%	7%	3%	3%
Native Hawaiian/Pacific Islander												
Hispanic or Latino	0%†	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%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%	1%
White												
Hispanic or Latino	14%	10%	12%	4%	11%	10%	38%	10%	10%	18%	10%	10%
Not Hispanic or Latino	45%	62%	37%	49%	45%	62%	34%	68%	72%	28%	64%	64%
Unknown/not reported	1%	1%	0%†	2%	0%†	1%	1%	1%	2%	2%	0%†	0%†
Total	60%	73%	49%	55%	56%	72%	73%	79%	84%	49%	74%	74%
More Than One Race												
Hispanic or Latino	2%	2%	3%	1%	4%	1%	0%†	0%†	0%†	3%	0%†	0%†
Not Hispanic or Latino	1%	2%	0%†	1%	0%†	1%	0%†	1%	1%	2%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Total	3%	4%	3%	2%	4%	1%	1%	1%	1%	5%	1%	1%
Race Unknown or Not Reported												
Hispanic or Latino	10%	6%	16%	6%	2%	3%	4%	3%	9%	24%	12%	12%
Not Hispanic or Latino	2%	1%	4%	2%	1%	1%	0%†	1%	1%	4%	4%	4%
Unknown/not reported	1%	1%	1%	2%	0%†	0%†	1%	1%	1%	2%	0%†	0%†
Total	13%	8%	21%	10%	3%	5%	5%	4%	11%	30%	17%	17%
All Races												
Hispanic or Latino	27%	20%	33%	12%	18%	14%	43%	14%	20%	47%	23%	23%
Not Hispanic or Latino	70%	79%	66%	83%	82%	85%	55%	84%	78%	48%	77%	77%
Unknown/not reported	2%	2%	1%	5%	0%†	2%	2%	2%	2%	5%	0%†	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2008 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
American Indian or Alaska Native												
Hispanic or Latino	512	1	60	2	1	15	16	23	67	307	20	
Not Hispanic or Latino	1,743	44	88	44	24	77	254	55	176	698	283	
Unknown/not reported	107	1	3	1	0	3	24	0	2	73	0	
Total	2,362	46	151	47	25	95	294	78	245	1,078	303	
Asian												
Hispanic or Latino	330	2	12	156	5	4	15	1	5	127	3	
Not Hispanic or Latino	6,419	235	446	432	123	147	82	119	85	4,507	243	
Unknown/not reported	370	3	2	17	0	10	8	1	3	325	1	
Total	7,119	240	460	605	128	161	105	121	93	4,959	247	
Black or African American												
Hispanic or Latino	1,608	267	285	274	187	81	69	20	19	387	19	
Not Hispanic or Latino	72,406	2,816	8,685	20,165	10,471	6,481	4,941	2,536	1,117	13,996	1,198	
Unknown/not reported	1,965	44	11	305	0	157	45	96	63	1,240	4	
Total	75,979	3,127	8,981	20,744	10,658	6,719	5,055	2,652	1,199	15,623	1,221	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	276	2	22	14	15	2	14	2	6	191	8	
Not Hispanic or Latino	8,681	18	55	38	23	20	8	15	34	8,345	125	
Unknown/not reported	163	0	0	1	0	1	3	1	1	156	0	
Total	9,120	20	77	53	38	23	25	18	41	8,692	133	
White												
Hispanic or Latino	40,782	1,511	1,784	633	1,868	1,035	7,802	834	1,268	23,386	661	
Not Hispanic or Latino	119,161	10,836	10,469	11,881	9,725	11,434	4,157	5,694	8,854	37,132	8,979	
Unknown/not reported	4,185	232	13	728	9	181	144	158	185	2,512	23	
Total	164,128	12,579	12,266	13,242	11,602	12,650	12,103	6,686	10,307	63,030	9,663	
More Than One Race												
Hispanic or Latino	8,250	326	885	108	276	125	67	9	66	6,368	20	
Not Hispanic or Latino	3,178	259	154	202	78	226	83	59	87	1,922	108	
Unknown/not reported	586	6	9	14	26	43	35	2	3	443	5	
Total	12,014	591	1,048	324	380	394	185	70	156	8,733	133	
Race Unknown or Not Reported												
Hispanic or Latino	44,833	1,291	4,264	2,364	811	503	923	320	1,173	31,930	1,254	
Not Hispanic or Latino	8,793	150	1,205	836	276	177	97	79	192	5,252	529	
Unknown/not reported	3,495	233	362	330	68	76	207	71	107	2,039	2	
Total	57,121	1,674	5,831	3,530	1,155	756	1,227	470	1,472	39,221	1,785	
All Races												
Hispanic or Latino	96,591	3,400	7,312	3,551	3,163	1,765	8,906	1,209	2,604	62,696	1,985	
Not Hispanic or Latino	220,381	14,358	21,102	33,598	20,720	18,562	9,622	8,557	10,545	71,852	11,465	
Unknown/not reported	10,871	519	400	1,396	103	471	466	329	364	6,788	35	
Total Male Users	327,843	18,277	28,814	38,545	23,986	20,798	18,994	10,095	13,513	141,336	13,485	

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2008 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
American Indian or Alaska Native												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	2%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%	0%†	0%†	0%	
Total	1%	0%†	1%	0%†	0%†	0%†	2%	1%	2%	1%	2%	
Asian												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	1%	2%	1%	1%	1%	0%†	1%	1%	3%	2%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	
Total	2%	1%	2%	2%	1%	1%	1%	1%	1%	4%	2%	
Black or African American												
Hispanic or Latino	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	22%	15%	30%	52%	44%	31%	26%	25%	8%	10%	9%	
Unknown/not reported	1%	0%†	0%†	1%	0%	1%	0%†	1%	0%†	1%	0%†	
Total	23%	17%	31%	54%	44%	32%	27%	26%	9%	11%	9%	
Native Hawaiian/Pacific Islander												
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	6%	1%	
Unknown/not reported	0%†	0%	0%	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%	
Total	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	6%	1%	
White												
Hispanic or Latino	12%	8%	6%	2%	8%	5%	41%	8%	9%	17%	5%	
Not Hispanic or Latino	36%	59%	36%	31%	41%	55%	22%	56%	66%	26%	67%	
Unknown/not reported	1%	1%	0%†	2%	0%†	1%	1%	2%	1%	2%	0%†	
Total	50%	69%	43%	34%	48%	61%	64%	66%	76%	45%	72%	
More Than One Race												
Hispanic or Latino	3%	2%	3%	0%†	1%	1%	0%†	0%†	0%†	5%	0%†	
Not Hispanic or Latino	1%	1%	1%	1%	0%†	1%	0%†	1%	1%	1%	1%	
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	
Total	4%	3%	4%	1%	2%	2%	1%	1%	1%	6%	1%	
Race Unknown or Not Reported												
Hispanic or Latino	14%	7%	15%	6%	3%	2%	5%	3%	9%	23%	9%	
Not Hispanic or Latino	3%	1%	4%	2%	1%	1%	1%	1%	1%	4%	4%	
Unknown/not reported	1%	1%	1%	1%	0%†	0%†	1%	1%	1%	1%	0%†	
Total	17%	9%	20%	9%	5%	4%	6%	5%	11%	28%	13%	
All Races												
Hispanic or Latino	29%	19%	25%	9%	13%	8%	47%	12%	19%	44%	15%	
Not Hispanic or Latino	67%	79%	73%	87%	86%	89%	51%	85%	78%	51%	85%	
Unknown/not reported	3%	3%	1%	4%	0%†	2%	2%	3%	3%	5%	0%†	
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

† Percentage is less than 0.5%.

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

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

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

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect income data on all users at least annually. In determining user income, agencies should use the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2). Report the unduplicated number of users by income level, using the most current income information available.

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

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

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

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).

(Optional) Private Health Insurance Coverage for Family Planning Services—Title X grantees have the option of reporting additional information on the level of private health insurance coverage for family planning services. Family planning services are defined broadly as any services—physical exam, lab tests, counseling and education, contraceptive supplies, and/or prescription medication—that a client receives during a family planning encounter with a clinical or nonclinical services provider. Levels of family planning coverage are defined as follows:

Private Insurance/All or Some Family Planning Services Coverage—The user reports that his or her private health insurance plan *covers all or some family planning services*.

Private Insurance/No Family Planning Services Coverage—The user reports that his or her private health insurance plan *covers no family planning services*.

Private Insurance/Unknown Family Planning Services Coverage—The user reports that he or she *does not know about family planning service coverage* under his or her private health insurance plan.

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 limited English proficient (LEP) users, using the following instructions:

Limited English Proficiency (LEP)—Refers to clients whose native or dominant language is not English and whose skills in listening to, speaking, reading, or writing English are such that they derive little benefit from family planning and related preventive health services provided in English. In **Table 6**, report the unduplicated number of family planning users who required oral language assistance services to optimize their use of Title X services. Include those users who received family planning and related preventive health services from bilingual staff or who were assisted by a competent agency or contracted interpreter. Also include users who opted to use a family member or friend as interpreter after refusing an agency's offer to provide a qualified interpreter at no cost to the user. Additional LEP-related definitions provided on the FPAR (pages 20–21) include English proficiency, native language, dominant language, and interpreter competence.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 19–26.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations specify that priority in the provision of Title X-funded services be given to persons from low-income families and that individuals with family incomes at or below the poverty level receive services at no charge, unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty level, Title X-funded agencies are required to charge for services using a sliding scale based on family size and family income.¹⁰ For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.¹¹

Nationally, 70% (3,553,222) of users had family incomes at or below the poverty level, based on U.S. Department of Health and Human Services (HHS) poverty guidelines for the 2008 calendar year (\$17,600 for a family of three).¹² Additionally, 23% (1,179,175) of users had incomes between 101% and 250% of poverty, and 4% (224,603) had incomes exceeding 250% of the poverty level. The income level for 2% (94,505) of users was unknown or not reported (*Exhibit 15*).

Across regions, between 53% (I) and 77% (IX) of users had family incomes at or below 100% of the poverty level, and between 89% (I) and 96% (IV) had incomes at or below the level that would qualify them for free or subsidized care (\leq 250% of the poverty level). The percentage of users in poverty (\leq 100% of the poverty level) was at or above the national average of 70% in four regions (IV, V, VI, and IX) (*Exhibit 15*). *Exhibit B-2 (Appendix B)* presents the distribution of family planning users for 2008 by income level for each state, including the District of Columbia and the eight U.S. territories and jurisdictions.

Between 1999 and 2008, the percentage of total users with family incomes at or below 100% of the poverty level increased from 65% to 70%. Numerically, however, the number of users eligible for free services increased 23%, from 2,886,684 in 1999 to 3,553,222 in 2008 (*Exhibit A-6a*).

Users by Insurance Coverage Status (Exhibit 16)

Since 2005, grantees have reported the number of users by type of principal health insurance coverage, including those insured by a public or private plan covering broad primary medical care benefits, those who were uninsured, or those for whom insurance status was unknown or not reported. Users whose family planning care was covered by a Medicaid family planning waiver, but who had no private or public health insurance plan that covered a broad set of primary medical care services, were considered uninsured, as were users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities. In 2008, 65% (3,305,185) of family planning users were uninsured, 21% (1,063,937) had Medicaid or other public health insurance, 9% (460,969) had private insurance, and insurance coverage was unknown or not reported for 4% (221,414) (*Exhibit 16*).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2008 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
≤ 100%	3,553,222	105,353	296,050	381,356	763,377	354,392	359,140	128,699	100,047	926,005	138,803
101%-150%	781,113	45,922	125,312	71,939	141,680	81,604	62,786	39,228	21,713	147,153	43,776
151%-200%	278,881	15,710	25,468	34,347	50,478	30,914	29,006	15,668	10,605	49,828	16,857
201%-250%	119,181	7,878	11,292	18,434	20,285	14,375	8,910	7,245	5,869	18,107	6,786
> 250%	224,603	13,311	21,529	42,221	33,149	22,826	13,415	16,279	11,577	39,022	11,274
Unknown/not reported	94,505	8,991	4,277	15,841	10,295	3,320	18,149	2,893	1,450	28,999	290
Total All Users	5,051,505	197,165	483,928	564,138	1,019,264	507,431	491,406	210,012	151,261	1,209,114	217,786
≤ 100%	70%	53%	61%	68%	75%	70%	73%	61%	66%	77%	64%
101%-150%	15%	23%	26%	13%	14%	16%	13%	19%	14%	12%	20%
151%-200%	6%	8%	5%	6%	5%	6%	6%	7%	7%	4%	8%
201%-250%	2%	4%	2%	3%	2%	3%	2%	3%	4%	1%	3%
> 250%	4%	7%	4%	7%	3%	4%	3%	8%	8%	3%	5%
Unknown/not reported	2%	5%	1%	3%	1%	1%	4%	1%	1%	2%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

^a Title X-funded agencies calculate and report user income as a percentage of the poverty 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 Web site at <http://aspe.hhs.gov/poverty/>.

† Percentage is less than 0.5%.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2008 (Source: FPAR Table 5)

Insurance Status	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Public health insurance	1,063,937	58,002	129,264	132,011	259,568	134,239	80,434	37,447	8,393	181,106	43,473
Private Health Insurance	460,969	50,353	54,356	67,354	89,534	52,295	21,687	36,767	22,581	39,540	26,502
All/some FP coverage	105,814	20,660	6,066	23,213	11,880	310	759	2,302	6,295	34,329	0
No FP coverage	23,766	0	155	227	17,139	1,181	16	1,459	975	2,614	0
Unknown FP coverage	331,389	29,693	48,135	43,914	60,515	50,804	20,912	33,006	15,311	2,597	26,502
Uninsured	3,305,185	81,250	290,263	345,424	596,568	302,178	341,740	131,500	111,125	963,286	141,851
Unknown/not reported	221,414	7,560	10,045	19,349	73,594	18,719	47,545	4,298	9,162	25,182	5,960
Total All Users	5,051,505	197,165	483,928	564,138	1,019,264	507,431	491,406	210,012	151,261	1,209,114	217,786
Public health insurance	21%	29%	27%	23%	25%	26%	16%	18%	6%	15%	20%
Private Health Insurance	9%	26%	11%	12%	9%	10%	4%	18%	15%	3%	12%
All/some FP coverage	2%	10%	1%	4%	1%	0%†	0%†	1%	4%	3%	0%
No FP coverage	0%†	0%	0%†	0%†	2%	0%†	0%†	1%	1%	0%†	0%
Unknown FP coverage	7%	15%	10%	8%	6%	10%	4%	16%	10%	0%†	12%
Uninsured	65%	41%	60%	61%	59%	60%	70%	63%	73%	80%	65%
Unknown/not reported	4%	4%	2%	3%	7%	4%	10%	2%	6%	2%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

FP=family planning.

† Percentage is less than 0.5%.

Across regions, there were large differences in the distribution of users by insurance coverage status. The percentage of total users who were uninsured ranged from 41% (Region I) to 80% (IX), with four regions (VI, VIII, IX, and X) reporting a percentage of uninsured users at or above the national average of 65%. The percentage of users with any health insurance coverage (Medicaid/other public or private insurance) ranged from 18% (IX) to 55% (I), with three regions (VI, VIII, and IX) reporting coverage levels at or below the national average of 30%. The percentage of users covered by Medicaid or other public insurance ranged from 6% (VIII) to 29% (I), while the percentage of privately insured users ranged from 3% (IX) to 26% (I). The percentage of users with Medicaid or other public coverage exceeded the percentage covered by private sources in all regions except Region VIII, and the percentage of users for whom insurance coverage was unknown or not reported ranged from 2% (II, VII, and IX) to 10% (VI) (*Exhibit 16*). Since 2005, the number of family planning users without health insurance has increased 10%, from 2,998,508 in 2005 to 3,305,185 in 2008 (not shown).

Limited English Proficient (LEP) Users (Exhibit 17)

In compliance with the *HHS Guidance Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*,¹³ any agency that receives federal financial assistance from HHS must take steps to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services that the agency provides. As recipients of HHS assistance, Title X grantees and delegates, including those operating in U.S. territories and jurisdictions where English is an official language, are required to provide language assistance services to LEP individuals. In 2005, grantees began reporting the number of LEP users receiving Title X-funded services.

In 2008, 14% (718,757) of family planning users were LEP. Across regions, the percentage of total users who were LEP ranged from 6% (III) to 25% (IX). When users in the eight U.S. territories and jurisdictions in Regions II and IX are excluded, the percentage of total users who were LEP remained the same (14%), while the percentage of users who were LEP in Region II decreased from 14% to 11%, and the percentage LEP in Region IX decreased from 25% to 24% (*Exhibit 17*). Since 2005, the number of LEP users in the 50 states and District of Columbia has increased 23%, from 557,034 in 2005 to 685,841 in 2008 (not shown).

Exhibit 17. Number and percentage of family planning users who are limited English proficient (LEP), by region: 2008 (Source: FPAR Table 6)

Region	Number		Percentage	
	LEP (All grantees)	LEP (Excluding territories)	LEP (All grantees)	LEP (Excluding territories)
I	22,331	22,331	11%	11%
II	65,681	52,911 ^a	14%	11% ^a
III	34,336	34,336	6%	6%
IV	102,015	102,015	10%	10%
V	36,137	36,137	7%	7%
VI	94,208	94,208	19%	19%
VII	19,239	19,239	9%	9%
VIII	14,206	14,206	9%	9%
IX	305,214	285,068 ^b	25%	24% ^b
X	25,390	25,390	12%	12%
Total	718,757	685,841	14%	14%

LEP=limited English proficiency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fertility Awareness Method (FAM)—Refers to family planning methods that rely on identifying potentially fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. Fertility awareness methods include rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. In **Tables 7** and **8**, report the number of users who use one or a combination of the FAMs listed above as their primary family planning method. Post-partum women who are practicing the lactational amenorrhea method (LAM) should also be reported with users of fertility awareness methods in **Tables 7** and **8**.

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

Other Method—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.

Method Unknown—In **Tables 7** and **8**, report the number of users for whom documentation exists that the users adopted or continued use of a family planning method, but information about the specific method(s) used is unavailable.

(continued)

FAMILY PLANNING METHOD USE

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

In 2008, grantees reported that 86% (4,057,966) of all female users were using a contraceptive method at their last family planning encounter in the reporting period, while 14% (665,696) were not, either because they were pregnant or seeking pregnancy (8%) or for other reasons (6%). The leading primary contraceptive method, used by almost 4 of every 10 female users, was the pill (37%), followed by male condoms (15%); the hormonal injection (or injectables; 13%), the intrauterine device (IUD; 4%), the vaginal ring (3%), the contraceptive patch (2%), and female sterilization (2%). One percent of users or fewer relied on each of the following methods: abstinence, hormonal implant, female barrier methods (i.e., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide), a fertility awareness method (FAM), or vasectomy. Two percent of female users relied on “other” methods not listed in the FPAR reporting table (e.g., withdrawal or emergency contraception), and the type of method used was unknown or not reported for 5% (*Exhibits 18 and 19*).

Between 84% and 90% of female users in each age group reported a primary contraceptive method. For users 15 to 44 years, pills, male condoms, and injectables were the leading methods. Between 27% and 42% of users in these age groups used the pill, 14% to 19% used male condoms, and 12% to 15% used injectables. The three leading methods for female users in the oldest age group (45 years and older) were male condoms (19%), the pill (18%), and female sterilization (13%), while those in the youngest age group (14 years and younger) relied primarily on pills (35%), injectables (18%), male condoms (14%), and abstinence (12%). The percentage of users for whom the type of method used was unknown was highest (8% to 11%) among users 40 and older. Finally, nonuse of a contraceptive method due to pregnancy or the desire for pregnancy was highest (9%) among users 18 to 34 years and was between 3% and 6% of users in age groups 17 years and younger (*Exhibits 18 and 19*).

By region, use of any contraceptive method among female users ranged from 80% (II) to 91% (IX). In five regions (V, VII, VIII, IX, and X), the percentage using any method was at or above the national average of 86%. Use of the pill, the leading method in all regions, ranged from 30% (IX) to 53% (VIII) of female users. The second most common method was either male condoms (I, II, III, V, and IX) or injectable contraception (IV, VI, VII, VIII, and X). The percentage of female users for whom the type of method used was unknown exceeded the national average of 5% in Region IX (17%) (*Exhibits 20 and 21*).

As shown in *Exhibits A-7a, A-7b, and A-7c*, of the 86% (4,057,966) of female users for whom use of any contraceptive method was reported in 2008, the lead primary contraceptive method was the pill (43%), followed by condoms (18%) and injectables (15%). Four percent of users relied on the IUD, 4% used the vaginal ring, 3% used the hormonal patch, 2% were surgically sterilized, and 2% practiced abstinence. Less than 1% of female method users relied on hormonal implants, female barrier methods (e.g., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide), fertility awareness methods, or vasectomy. For the remaining 9% of female method users, 3% used an “other” method (e.g., withdrawal or emergency contraception), and the type of primary method was unknown or not reported for 6%.

Since 1999, the contraceptive pill has been the leading method among female contraceptive users, followed by either male condoms or injectables. The percentage of female contraceptive users relying on the pill declined from 53% of method users in 1999 to 43% in 2008. The decrease in pill use was partially offset by increased use of other short-term hormonal methods, including injectable contraception and newer hormonal methods like the vaginal ring and the contraceptive patch, both of which were approved by the U.S. Food and Drug Administration (FDA) in late 2001. After their FDA approval and prior to the FPAR revisions in 2005, grantees reported users of these newer hormonal methods as “other” method users. Since separate method reporting categories for these methods were added to the 2005 FPAR form, the percentage of female method users relying on the vaginal ring increased from 2% in 2005 to 4% in 2008, while the percentage using the contraceptive patch decreased from 7% to 3%. Overall, 64% of female contraceptive users in 2008 relied on short-term hormonal methods (pills, injectables, patch, or vaginal ring) compared to 72% in 1999 (*Exhibits A-7a, A-7b, and A-7c*).

Regarding use of other methods, between 1999 and 2008 the percentage of female contraceptive users relying on male condoms increased from 14% to 18%, IUD use increased from 1% to 4%, sterilization use decreased from 3% to 2%, and implant use decreased from 1% to less than 1%. After a steady decline in implant use between 1999 and 2006, the number of users relying on this long-term reversible method grew more than six-fold between 2006 (2,506 users) and 2008 (18,738 users) due to the introduction of the Implanon™ contraceptive implant, which received FDA approval in mid-2006. Furthermore, though IUD users represent a small percentage of total method use, between 1999 and 2008 the number of female method users relying on IUDs almost tripled from 48,015 in 1999 to 179,876 in 2008 (*Exhibits A-7a, A-7b, and A-7c*).

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

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

No Method—Other Reason—In **Tables 7** and **8**, report the number of users who are not using any family planning method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy, including if either partner is sterile without having been sterilized surgically.

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 method(s) as their primary method. “Female” contraceptive methods include female sterilization, IUDs, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, hormonal/contraceptive patches, vaginal rings, cervical caps/diaphragms, contraceptive sponges, female condoms, and spermicides.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 27-31.

Since 1999, reliance on “other” methods has ranged between 2% and 3% of method users, except in 2003 and 2004, when the percentage increased to 7% and 8%, respectively. This spike was likely due to an increase in users of the contraceptive patch and vaginal ring, which, as noted earlier, were reported as “other” method users prior to the FPAR revision in 2005. After the revision, the contraceptive use reporting table included separate rows for reporting these and other (contraceptive sponge, abstinence) methods, resulting in a notable decline in the percentage of “other” method users after 2004 (*Exhibits A-7a* and *A-7b*).

Finally, between 1999 and 2008, the type of primary method used was unknown or not reported for an average of 4% of all female method users, with this percentage reaching its highest level of 6% in 2008. Numerically, the number of female method users for whom the type of primary method used was unknown or not reported increased 53%, from 162,056 in 1999 to 248,458 in 2008 (*Exhibits A-7a*, *A-7b*, and *A-7c*).

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

In 2008, grantees reported that 91% (298,572) of all male users were using a contraceptive method at their last family planning encounter during the reporting period. The remaining 9% (29,271) were using no contraception because their partners were pregnant or seeking pregnancy (1%) or for other reasons (8%). The leading contraceptive method, used by nearly 7 of every 10 male users, was male condoms (67%), followed by reliance on a female method (5%), abstinence (4%), and “other” methods (2%) not listed in the FPAR reporting table (e.g., withdrawal). One percent of male users or fewer relied on vasectomy (1%) or fertility awareness methods (< 1%), and the type of method used was either unknown or not reported for 11% (*Exhibits 22* and *23*).

By age group, the percentage of male users who used any contraceptive method ranged from 83% (older than 44 years) to 94% (younger than 15 years). Among males in age groups 18 years and older, male condoms were the leading method, used by 46% to 77% of male users in these age groups, while reliance on a female method (4% to 9%) and abstinence (2% to 4%) were the second and third most prevalent methods. Among male users 15 to 17 years old, 69% used male condoms, followed by abstinence (10%) and reliance on a female method (3%). For male users younger than 15 years, 32% practiced abstinence, 25% used an “other” method (e.g., withdrawal), and 22% used male condoms. Reliance on vasectomy ranged from 1% to 3% of male users in age groups 25 years and older, and less than 1% among male users 18 to 24 years. The percentage of male users for whom the type of primary method was unknown or not reported was at or above the national average of 11%, except for age groups 18 to 19 and 20 to 24 years (*Exhibits 22* and *23*).

By region, the percentage of males who used any method ranged from 79% (X) to 94% (VIII). Male condoms were the leading method in all regions, with use ranging from 47% (IV) to 83% (II) of all male users. Reliance on a female method was the second most prevalent method among male users, except in Regions III and IV, where abstinence was the second most prevalent method after male condoms. The percentage of male users for whom the type of method used was unknown or not reported exceeded the national average of 11% in three regions (IV, VIII, and IX) (*Exhibits 24* and *25*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2008 (Source: FPAR Table 7)

Primary Method	All Female Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Female sterilization	87,167	0	0	6	3,062	12,243	17,366	18,394	15,557	20,539
Intrauterine device (IUD)	179,876	97	3,191	9,305	49,003	50,951	33,804	19,758	9,426	4,341
Hormonal implant	18,738	277	2,385	2,470	5,995	3,770	1,946	1,186	513	196
Hormonal injection	597,572 ^a	10,402	75,110 ^a	75,550 ^a	175,761 ^a	122,018 ^a	64,400 ^a	39,351 ^a	22,298 ^a	12,682 ^a
Oral contraceptive	1,734,786	20,324	204,419	256,414	586,900	333,614	161,939	92,656	49,012	29,508
Contraceptive patch	101,763	1,579	11,917	13,701	34,568	21,916	11,137	4,702	1,634	609
Vaginal ring	149,627	642	11,768	20,518	63,793	33,998	11,713	4,648	1,785	762
Cervical cap/diaphragm	3,612	6	104	173	777	771	584	451	320	426
Contraceptive sponge	1,337	17	116	140	280	273	185	140	94	92
Female condom	4,753	42	475	575	1,182	884	577	451	295	272
Spermicide (used alone)	13,627	118	895	1,161	3,317	2,902	2,081	1,454	975	724
Fertility awareness method ^b	10,409	95	387	634	2,147	2,038	1,624	1,228	909	1,347
Abstinence ^c	61,329	7,000	8,897	5,940	11,647	8,082	5,363	4,354	3,772	6,274
Other method ^d	111,160	741	8,497	12,366	32,848	22,198	12,783	8,171	5,200	8,356
Method unknown ^e	248,458	3,457	22,096	29,109	69,350	46,825	26,900	18,693	13,707	18,321
Rely on Male Method										
Vasectomy	6,312	0	4	32	445	850	1,161	1,355	1,149	1,316
Male condom	727,440	8,125	81,256	96,222	208,231	135,083	80,801	53,425	33,699	30,598
No Method										
Pregnant/seeking pregnancy	381,848	1,984	29,111	53,442	131,622	86,801	45,697	22,313	7,402	3,476
Other reason	283,848	3,909	27,320	35,523	79,538	53,210	29,261	19,636	13,424	22,027
Total Female Users	4,723,662	58,815	487,948	613,281	1,460,466	938,427	509,322	312,366	181,171	161,866
Using a Method	4,057,966	52,922	431,517	524,316	1,249,306	798,416	434,364	270,417	160,345	136,363
Not Using a Method	665,696	5,893	56,431	88,965	211,160	140,011	74,958	41,949	20,826	25,503

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

^b Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^e User adopted or continued use of an unspecified family planning method.

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2008 (Source: FPAR Table 7)

Primary Method	All Female Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Female sterilization	2%	0%	0%	0%†	0%†	1%	3%	6%	9%	13%
Intrauterine device (IUD)	4%	0%†	1%	2%	3%	5%	7%	6%	5%	3%
Hormonal implant	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection	13% ^a	18%	15% ^a	12% ^a	12% ^a	13% ^a	13% ^a	13% ^a	12% ^a	8% ^a
Oral contraceptive	37%	35%	42%	42%	40%	36%	32%	30%	27%	18%
Contraceptive patch	2%	3%	2%	2%	2%	2%	2%	2%	1%	0%†
Vaginal ring	3%	1%	2%	3%	4%	4%	2%	1%	1%	0%†
Cervical cap/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%†	1%	0%†
Fertility awareness method ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Abstinence ^c	1%	12%	2%	1%	1%	1%	1%	1%	2%	4%
Other method ^d	2%	1%	2%	2%	2%	2%	3%	3%	3%	5%
Method unknown ^e	5%	6%	5%	5%	5%	5%	5%	6%	8%	11%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Male condom	15%	14%	17%	16%	14%	14%	16%	17%	19%	19%
No Method										
Pregnant/seeking pregnancy	8%	3%	6%	9%	9%	9%	9%	7%	4%	2%
Other reason	6%	7%	6%	6%	5%	6%	6%	6%	7%	14%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	86%	90%	88%	85%	86%	85%	85%	87%	89%	84%
Not Using a Method	14%	10%	12%	15%	14%	15%	15%	13%	11%	16%

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

^b Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^e User adopted or continued use of an unspecified family planning method.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2008 (Source: FPAR Table 7)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female sterilization	87,167	7,491	8,830	10,818	14,149	8,137	9,568	8,044	1,735	14,037	4,358
Intrauterine device (IUD)	179,876	8,134	17,421	12,401	31,828	15,130	19,994	7,913	4,654	48,961	13,440
Hormonal implant	18,738	225	455	3,245	3,798	1,029	3,116	2,831	293	2,884	862
Hormonal injection	597,572 ^a	13,104	37,582	65,444	178,796 ^a	68,571	79,776 ^a	29,594 ^a	16,479	83,208 ^a	25,018
Oral contraceptive	1,734,786	58,603	144,189	192,949	388,620	204,607	189,147	83,672	73,038	321,825	78,136
Contraceptive patch	101,763	3,497	10,057	11,027	14,375	11,498	11,384	3,345	3,879	25,234	7,467
Vaginal ring	149,627	6,184	15,587	19,297	14,369	21,894	7,980	6,904	6,715	36,248	14,449
Cervical cap/diaphragm	3,612	336	522	424	408	359	170	117	160	819	297
Contraceptive sponge	1,337	61	77	198	462	29	320	20	6	152	12
Female condom	4,753	302	661	1,294	284	864	509	34	37	703	65
Spermicide (used alone)	13,627	93	870	827	5,960	603	2,460	88	58	2,391	277
Fertility awareness method ^b	10,409	449	745	1,069	2,477	270	1,317	428	227	3,051	376
Abstinence ^c	61,329	5,015	4,436	7,495	13,164	4,537	5,662	3,211	1,591	12,777	3,441
Other method ^d	111,160	6,684	10,683	5,262	51,896	4,436	8,496	4,710	967	13,173	4,853
Method unknown ^e	248,458	3,382	7,030	7,606	30,889	3,321	4,595	1,772	3,485	186,214	164
Rely on Male Method											
Vasectomy	6,312	776	620	430	594	512	430	780	508	901	761
Male condom	727,440	34,565	102,269	105,078	90,985	72,805	54,811	20,815	9,985	214,610	21,517
No Method											
Pregnant/seeking pregnancy	381,848	14,350	56,998	46,104	61,722	37,523	44,323	14,569	8,796	73,458	24,005
Other reason	283,848	15,637	36,082	34,625	90,502	30,508	28,354	11,070	5,135	27,132	4,803
Total Female Users	4,723,662	178,888	455,114	525,593	995,278	486,633	472,412	199,917	137,748	1,067,778	204,301
Using a Method	4,057,966	148,901	362,034	444,864	843,054	418,602	399,735	174,278	123,817	967,188	175,493
Not Using a Method	665,696	29,987	93,080	80,729	152,224	68,031	72,677	25,639	13,931	100,590	28,808

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

^b Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^e User adopted or continued use of an unspecified family planning method.

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2008 (Source: FPAR Table 7)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female sterilization	2%	4%	2%	2%	1%	2%	2%	4%	1%	1%	2%
Intrauterine device (IUD)	4%	5%	4%	2%	3%	3%	4%	4%	3%	5%	7%
Hormonal implant	0%†	0%†	0%†	1%	0%†	0%†	1%	1%	0%†	0%†	0%†
Hormonal injection	13% ^a	7%	8%	12%	18% ^a	14%	17% ^a	15% ^a	12%	8% ^a	12%
Oral contraceptive	37%	33%	32%	37%	39%	42%	40%	42%	53%	30%	38%
Contraceptive patch	2%	2%	2%	2%	1%	2%	2%	2%	3%	2%	4%
Vaginal ring	3%	3%	3%	4%	1%	4%	2%	3%	5%	3%	7%
Cervical cap/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%†	1%	0%†	1%	0%†	0%†	0%†	0%†
Fertility awareness method ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	1%	3%	1%	1%	1%	1%	1%	2%	1%	1%	2%
Other method ^d	2%	4%	2%	1%	5%	1%	2%	2%	1%	1%	2%
Method unknown ^e	5%	2%	2%	1%	3%	1%	1%	1%	3%	17%	0%†
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	19%	22%	20%	9%	15%	12%	10%	7%	20%	11%
No Method											
Pregnant/seeking pregnancy	8%	8%	13%	9%	6%	8%	9%	7%	6%	7%	12%
Other reason	6%	9%	8%	7%	9%	6%	6%	6%	4%	3%	2%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	86%	83%	80%	85%	85%	86%	85%	87%	90%	91%	86%
Not Using a Method	14%	17%	20%	15%	15%	14%	15%	13%	10%	9%	14%

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

^b Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^e User adopted or continued use of an unspecified family planning method.

† Percentage is less than 0.5%.

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2008 (Source: FPAR Table 8)

Primary Method	All Male Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Vasectomy	2,898	0	0	1	163	485	659	671	406	513
Male condom	219,857	2,817	22,852	29,762	70,673	41,228	20,212	12,409	7,889	12,015
Fertility awareness method ^a	590	12	38	32	110	158	82	53	43	62
Abstinence ^b	12,972	4,104	3,190	1,077	1,434	877	481	369	386	1,054
Other method ^c	7,703	3,234	427	473	1,363	867	444	289	196	410
Method unknown ^d	36,699	1,736	3,513	3,125	7,995	6,283	3,701	2,906	2,325	5,115
Rely on Female Method^e	17,853	216	1,037	1,717	4,545	3,285	1,964	1,469	1,309	2,311
No Method										
Partner pregnant/seeking pregnancy	3,307	26	120	250	836	696	519	313	219	328
Other reason	25,964	778	2,077	2,341	5,884	4,448	2,614	2,009	1,638	4,175
Total Male Users	327,843	12,923	33,254	38,778	93,003	58,327	30,676	20,488	14,411	25,983
Using a Method	298,572	12,119	31,057	36,187	86,283	53,183	27,543	18,166	12,554	21,480
Not Using a Method	29,271	804	2,197	2,591	6,720	5,144	3,133	2,322	1,857	4,503

^a Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^d User adopted or continued use of an unspecified family planning method.

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

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2008 (Source: FPAR Table 8)

Primary Method	All Male Users	Age								
		<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	>44
Vasectomy	1%	0%	0%	0%†	0%†	1%	2%	3%	3%	2%
Male condom	67%	22%	69%	77%	76%	71%	66%	61%	55%	46%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Abstinence ^b	4%	32%	10%	3%	2%	2%	2%	2%	3%	4%
Other method ^c	2%	25%	1%	1%	1%	1%	1%	1%	1%	2%
Method unknown ^d	11%	13%	11%	8%	9%	11%	12%	14%	16%	20%
Rely on Female Method^e	5%	2%	3%	4%	5%	6%	6%	7%	9%	9%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	1%	1%	2%	2%	2%	1%
Other reason	8%	6%	6%	6%	6%	8%	9%	10%	11%	16%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	91%	94%	93%	93%	93%	91%	90%	89%	87%	83%
Not Using a Method	9%	6%	7%	7%	7%	9%	10%	11%	13%	17%

^a Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^d User adopted or continued use of an unspecified family planning method.

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

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2008 (Source: FPAR Table 8)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Vasectomy	2,898	68	89	187	827	106	282	35	152	854	298
Male condom	219,857	13,633	23,993	28,500	11,315	15,795	13,169	6,319	8,601	90,729	7,803
Fertility awareness method ^a	590	53	31	29	17	2	306	5	27	113	7
Abstinence ^b	12,972	818	341	1,636	2,834	412	875	281	361	4,694	720
Other method ^c	7,703	471	351	459	3,374	302	428	423	236	830	829
Method unknown ^d	36,699	394	473	3,494	3,349	570	780	414	1,686	25,517	22
Rely on Female Method^e	17,853	1,210	499	1,187	677	1,163	1,149	959	1,617	8,476	916
No Method											
Partner pregnant/seeking pregnancy	3,307	40	16	228	42	70	115	79	195	2,321	201
Other reason	25,964	1,590	3,021	2,825	1,551	2,378	1,890	1,580	638	7,802	2,689
Total Male Users	327,843	18,277	28,814	38,545	23,986	20,798	18,994	10,095	13,513	141,336	13,485
Using a Method	298,572	16,647	25,777	35,492	22,393	18,350	16,989	8,436	12,680	131,213	10,595
Not Using a Method	29,271	1,630	3,037	3,053	1,593	2,448	2,005	1,659	833	10,123	2,890

^a Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^d User adopted or continued use of an unspecified family planning method.

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

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2008 (Source: FPAR Table 8)

Primary Method	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Vasectomy	1%	0%†	0%†	0%†	3%	1%	1%	0%†	1%	1%	2%
Male condom	67%	75%	83%	74%	47%	76%	69%	63%	64%	64%	58%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	2%	0%†	0%†	0%†	0%†
Abstinence ^b	4%	4%	1%	4%	12%	2%	5%	3%	3%	3%	5%
Other method ^c	2%	3%	1%	1%	14%	1%	2%	4%	2%	1%	6%
Method unknown ^d	11%	2%	2%	9%	14%	3%	4%	4%	12%	18%	0%†
Rely on Female Method^e	5%	7%	2%	3%	3%	6%	6%	9%	12%	6%	7%
No Method											
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	2%	1%
Other reason	8%	9%	10%	7%	6%	11%	10%	16%	5%	6%	20%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	91%	91%	89%	92%	93%	88%	89%	84%	94%	93%	79%
Not Using a Method	9%	9%	11%	8%	7%	12%	11%	16%	6%	7%	21%

^a Includes rhythm/calendar, Standard Days™, basal body temperature, cervical mucus, sympto-thermal, and lactational amenorrhea methods.

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

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

^d User adopted or continued use of an unspecified family planning method.

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

† Percentage is less than 0.5%.

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

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

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

- Unduplicated number of users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result, including ASC-US, ASC-H, LSIL, HSIL, AGC, adenocarcinoma, and presence of endometrial cells in a woman \geq 40 years of age; and
- Number of Pap tests with an HSIL or higher result (i.e., HSIL, AGC, adenocarcinoma, and presence of endometrial cells in a woman \geq 40 years of age).

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

Tests—Report Pap tests that are documented in the client medical record and provided within the scope of the agency's Title X project during the reporting period.

Atypical Squamous Cells (ASC)—ASC refers to cytological changes that are suggestive of a squamous intraepithelial lesion. The 2001 Bethesda System subdivides atypical squamous cells into two categories:^{14, 15}

Atypical squamous cells of undetermined significance (ASC-US)—Cytological changes that are suggestive of a squamous intraepithelial lesion, but lack criteria for a definitive interpretation.

Atypical squamous cells, cannot exclude HSIL (ASC-H)—Cytological changes that are suggestive of a high-grade squamous intraepithelial lesion, but lack criteria for a definitive interpretation.

Low-Grade Squamous Intraepithelial Lesions (LSIL)—LSIL refers to low-grade squamous intraepithelial lesions encompassing human papillomavirus, mild dysplasia, and cervical intraepithelial neoplasia (CIN) 1.

High-Grade Squamous Intraepithelial Lesions (HSIL)—HSIL refers to high-grade squamous intraepithelial lesions encompassing moderate and severe dysplasia, carcinoma in situ, CIN 2, and CIN 3.

Atypical Glandular Cells (AGC)—AGC refers to glandular cell abnormalities, including adenocarcinoma. The 2001 Bethesda System^{14, 15} classifies AGC less severe than adenocarcinoma into three categories: atypical glandular cells, either endocervical, endometrial, or "glandular cells" not otherwise specified (AGC NOS); atypical glandular cells, either endocervical or "glandular cells" favor neoplasia (AGC "favor neoplasia"); and endocervical adenocarcinoma in situ (AIS).

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

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

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

Tests—Report CBEs that are documented in the client medical record and provided within the scope of the agency's Title X project during the reporting period.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 33–38.

CERVICAL AND BREAST CANCER SCREENING

OPA requires Title X-funded service providers to develop and adhere to written clinical protocols that reference and are consistent with current, evidence-based recommendations for cervical and breast cancer screening established by health agencies or professional organizations (e.g., the American Cancer Society, the American College of Obstetricians and Gynecologists, and the U.S. Preventive Services Task Force [USPSTF]).^{16, 17, 18}

Cervical Cancer Screening (Exhibit 26)

In 2008, Title X service sites provided Papanicolaou (Pap) testing to 44% (2,088,218) of female family planning users, and performed 2,209,087 tests or an average of 4.7 Pap tests per 10 female users. Of the 2.2 million Pap tests performed, 11% (243,353) had a result indicating a precancerous or cancerous condition (i.e., atypical squamous cell [ASC] or higher result) and therefore requiring further evaluation and possible treatment. Additionally, 1% (18,865) of the total Pap tests performed had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition. By region, the percentage of total female users who received a Pap test ranged from 33% (IX) to 56% (VII), and the percentage tested was at or above the national average of 44% in seven regions (II, III, IV, V, VI, VII, and VIII) (*Exhibit 26*).

Between 2005 and 2008, the percentage of female users who received a Pap test decreased from 52% of female users in 2005 to 44% in 2008, while the number of tests performed decreased 16%, from 2,644,413 in 2005 to 2,209,087 in 2008. The downward trend in Pap testing is a result of several factors, including provider adoption of updated national standards for cervical cancer screening¹⁸ and use of newer Pap testing technologies (e.g., brush, liquid-based cytologic methods). The updated screening guidelines have increased both the age at which Pap testing should begin and the testing interval for women with a normal result, while improved testing technology has reduced the number of repeat tests due to unsatisfactory specimens (*Exhibits A-8a* and *A-8b*).

Breast Cancer Screening (Exhibit 26)

In 2008, Title X service sites provided clinical breast exams (CBEs) to 2,312,526 (46%) family planning users. Service providers referred 2% (57,202) of users who received a CBE for further evaluation based on the results of the exam. By region, between 29% (IX) and 61% (VI) of total users received a CBE, and the percentage examined was above the national average of 46% in all but three regions (I, IX, and X). Referrals based on the CBE ranged from 1% (V, VIII, and X) to 5% (IX) of users examined, with two regions (IV and IX) exceeding the national average of 2% (*Exhibit 26*).

Exhibit 26. Cervical and breast cancer screening activities, by screening test/exam and region: 2008 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Pap Tests											
Female users tested ^a	2,088,218	72,326	212,730	229,628	492,797	220,641	260,883	111,524	60,314	348,242	79,133
Percentage tested ^b	44%	40%	47%	44%	50%	45%	55%	56%	44%	33%	39%
Number of tests	2,209,087	74,878	223,684	240,710	518,532	230,602	280,046	117,640	70,802	371,152	81,041
Require follow-up ≥ ASC result											
Number	243,353	8,438	26,785	25,293	61,674	24,498	24,690	12,364	7,408	42,981	9,222
Percentage ^c	11%	11%	12%	11%	12%	11%	9%	11%	10%	12%	11%
≥ HSIL result											
Number	18,865	846	1,262	2,647	5,088	1,565	2,455	703	435	3,225	639
Percentage ^c	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Users examined ^d	2,312,526	84,154	231,518	264,657	550,134	257,484	300,643	115,967	72,963	347,262	87,744
Percentage examined ^e	46%	43%	48%	47%	54%	51%	61%	55%	48%	29%	40%
Users referred based on exam	57,202	1,509	5,055	4,804	15,244	2,482	7,161	2,687	1,002	16,118	1,140
Percentage referred based on exam ^f	2%	2%	2%	2%	3%	1%	2%	2%	1%	5%	1%

ASC=atypical squamous cells. HSIL=high-grade squamous intraepithelial lesion.

^a Unduplicated number of female users.

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

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

^d Unduplicated number of female and male users.

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

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

SEXUALLY TRANSMITTED DISEASE (STD) TESTING

Sexually transmitted diseases (STDs) are a concern for clients served in Title X service projects, particularly young, sexually active women (15 to 24 years), who have the highest rates of chlamydia and gonorrhea.^{17, 19} Title X *Program Guidelines*⁷ require Title X-funded sites to provide family planning users with a thorough history and physical assessment that includes screening for risk of STDs, both symptomatic and asymptomatic, in accordance with the current CDC *STD Treatment Guidelines*.²⁰ As part of a comprehensive family planning visit, Title X providers offer—onsite or by referral—STD testing, treatment, and management.

Chlamydia Testing (Exhibits 27 and 28)

CDC recommends routine chlamydia screening, at least annually, for all sexually active, nonpregnant women 25 years and younger and for older, nonpregnant women at increased risk (e.g., with a new or multiple sex partners).^{20, 21} Though the evidence is insufficient for CDC to recommend routine chlamydia screening for sexually active young men, the guidelines suggest screening in high-prevalence settings (e.g., adolescent clinics and STD clinics).²⁰ Through an interagency agreement between CDC and OPA, about one-half of all Title X-funded clinics participate in chlamydia prevention efforts through the national Infertility Prevention Project (IPP).

In 2008, Title X-funded service sites tested 49% (2,325,980) of all female users for chlamydia and 55% (1,435,430) of female users 24 and younger. Chlamydia testing rates among female users 24 and younger were at or above the national rate of 55% in three regions (VI, VII, and IX). By age group, rates of chlamydia testing were highest among female users 20 to 24 years (56%) and lowest among females 25 years and older (42%) (*Exhibits 27 and 28*). Between 2005 and 2008, the percentage of female users 24 years and younger who were tested for chlamydia increased from 50% to 55% (*Exhibits A-9a and A-9b*).

Additionally, Title X-funded service sites tested 57% (186,774) of all male users for chlamydia. Compared to female users, there was substantially more variation by region and age in rates of male chlamydia testing. By region, between 18% (IV) and 74% (VIII) of all male users were tested for chlamydia, and testing rates were at or above the national average of 57% in all but three regions (I, IV, and VII). By age group, rates of chlamydia testing were highest among male users 20 to 24 years (69%) and lowest (10%) among those 14 years and younger (*Exhibits 27 and 28*).

Gonorrhea Testing (Exhibit 29)

In 2008, Title X service sites performed 2,394,389 gonorrhea tests (2,219,238 female tests and 175,151 male tests), or 4.7 tests for every 10 family planning users. By region, sites performed between 3.1 (X) and 5.8 (VI) tests per 10 users, with five regions (II, IV, VI, VII, and IX) reporting test-to-user ratios above the national average of 4.7 tests per 10 users (*Exhibit 29*).

Exhibit 27. Number of family planning users tested for chlamydia, by gender, age, and region: 2008 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
< 15	26,544	574	1,702	3,581	8,182	2,504	3,174	1,091	619	4,326	791
15-17	253,667	9,601	21,944	31,252	46,601	27,685	28,904	11,504	6,773	59,845	9,558
18-19	340,063	10,833	29,769	36,507	67,450	34,914	32,997	15,420	9,094	91,357	11,722
20-24	815,156	24,277	77,387	79,622	165,993	79,933	82,397	37,946	19,339	219,064	29,198
25 and older	890,550	31,881	94,623	76,671	202,586	66,891	106,046	29,405	13,879	243,733	24,835
Total Female Users	2,325,980	77,166	225,425	227,633	490,812	211,927	253,518	95,366	49,704	618,325	76,104
Female Users <25^a	1,435,430	45,285	130,802	150,962	288,226	145,036	147,472	65,961	35,825	374,592	51,269
Male Users											
< 15	1,323	79	89	334	64	101	75	17	112	425	27
15-17	15,775	756	1,297	2,786	585	1,232	1,347	310	1,084	5,755	623
18-19	24,644	1,207	2,218	3,085	704	2,088	1,869	664	1,214	10,600	995
20-24	64,567	3,477	6,343	6,292	1,157	5,412	3,881	2,046	3,061	30,187	2,711
25 and older	80,465	3,774	6,337	9,376	1,819	4,854	3,961	2,113	4,503	39,702	4,026
Total Male Users	186,774	9,293	16,284	21,873	4,329	13,687	11,133	5,150	9,974	86,669	8,382
All Users											
< 15	27,867	653	1,791	3,915	8,246	2,605	3,249	1,108	731	4,751	818
15-17	269,442	10,357	23,241	34,038	47,186	28,917	30,251	11,814	7,857	65,600	10,181
18-19	364,707	12,040	31,987	39,592	68,154	37,002	34,866	16,084	10,308	101,957	12,717
20-24	879,723	27,754	83,730	85,914	167,150	85,345	86,278	39,992	22,400	249,251	31,909
25 and older	971,015	35,655	100,960	86,047	204,405	71,745	110,007	31,518	18,382	283,435	28,861
Total All Users	2,512,754	86,459	241,709	249,506	495,141	225,614	264,651	100,516	59,678	704,994	84,486

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active, nonpregnant women age 25 years or younger and for older, nonpregnant women at increased risk (e.g., new sex partner, multiple sex partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women age 24 years or younger and for older, nonpregnant women who are at increased risk. (Sources: CDC. (2006). Sexually transmitted diseases treatment guidelines, 2006. *MMWR*, 55(No. RR-11):1-94 and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2):128-134.)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by gender, age, and region: 2008 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Female Users											
< 15	45%	44%	37%	43%	52%	47%	48%	44%	35%	42%	33%
15-17	52%	51%	51%	48%	46%	50%	59%	54%	40%	64%	40%
18-19	55%	47%	54%	53%	53%	48%	57%	60%	44%	68%	43%
20-24	56%	47%	55%	50%	54%	48%	60%	60%	42%	68%	46%
25 and older	42%	38%	45%	34%	46%	36%	48%	34%	26%	48%	29%
Total Female Users	49%	43%	50%	43%	49%	44%	54%	48%	36%	58%	37%
Female Users <25^a	55%	48%	54%	50%	52%	48%	59%	59%	42%	67%	44%
Male Users											
< 15	10%	28%	11%	28%	1%	45%	16%	11%	34%	13%	32%
15-17	47%	41%	43%	39%	25%	56%	54%	51%	69%	52%	68%
18-19	64%	62%	56%	56%	30%	71%	64%	57%	70%	71%	75%
20-24	69%	62%	64%	65%	27%	72%	68%	59%	76%	77%	71%
25 and older	54%	44%	57%	62%	20%	62%	53%	45%	77%	54%	55%
Total Male Users	57%	51%	57%	57%	18%	66%	59%	51%	74%	61%	62%
All Users											
< 15	39%	41%	33%	41%	38%	47%	46%	42%	35%	35%	33%
15-17	52%	50%	51%	47%	46%	50%	59%	54%	43%	62%	41%
18-19	56%	48%	54%	53%	52%	49%	57%	60%	46%	68%	44%
20-24	57%	49%	56%	50%	53%	49%	61%	60%	45%	69%	48%
25 and older	43%	38%	45%	36%	45%	37%	48%	34%	31%	49%	31%
Total All Users	50%	44%	50%	44%	49%	44%	54%	48%	39%	58%	39%

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screening for chlamydial infection for all sexually active, nonpregnant women age 25 years or younger and for older, nonpregnant women at increased risk (e.g., new sex partner, multiple sex partners). Similarly, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active, nonpregnant young women age 24 years or younger and for older, nonpregnant women who are at increased risk. (Sources: CDC. (2006). Sexually transmitted diseases treatment guidelines, 2006. *MMWR*, 55(No. RR-11):1-94 and USPSTF. (2007). Screening for chlamydial infection: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 147(2):128-134.)

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region: 2008 (Source: FPAR Table 12)

STD Test	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
Gonorrhea											
Female	2,219,238	78,965	221,691	236,975	509,393	192,781	269,938	104,068	38,877	507,207	59,343
Male	175,151	9,282	15,733	22,993	5,317	11,888	12,868	5,434	9,294	74,985	7,357
Total	2,394,389	88,247	237,424	259,968	514,710	204,669	282,806	109,502	48,171	582,192	66,700
Test-to-user ratio	0.47	0.45	0.49	0.46	0.50	0.40	0.58	0.52	0.32	0.48	0.31
Syphilis											
Female	601,221	9,354	53,811	59,313	261,651	17,667	90,117	23,299	1,639	79,622	4,748
Male	84,173	3,391	7,896	14,331	5,018	2,640	4,622	2,751	2,818	37,628	3,078
Total	685,394	12,745	61,707	73,644	266,669	20,307	94,739	26,050	4,457	117,250	7,826
Test-to-user ratio	0.14	0.06	0.13	0.13	0.26	0.04	0.19	0.12	0.03	0.10	0.04
HIV (Confidential)											
Female	705,255	23,591	108,699	72,064	194,812	38,989	91,440	29,402	10,324	126,758	9,176
Male	127,850	8,958	15,106	17,646	5,105	7,484	7,470	3,648	6,419	50,484	5,530
Total	833,105	32,549	123,805	89,710	199,917	46,473	98,910	33,050	16,743	177,242	14,706
Test-to-user ratio	0.16	0.17	0.26	0.16	0.20	0.09	0.20	0.16	0.11	0.15	0.07
Positive Test Results	1,804	68	323	265	497	17	38	40	11	490	55
HIV (Anonymous)	10,010	1,177	0	2,196	967	601	119	508	0	3,627	815

Syphilis Testing (Exhibit 29)

In 2008, Title X service sites performed 685,394 syphilis tests (601,221 female tests and 84,173 male tests), or 1.4 tests for every 10 family planning users. By region, sites performed between 0.3 (VIII) and 2.6 (IV) syphilis tests per 10 users, with test-to-user ratios above the national average of 1.4 tests per 10 users in Regions IV and VI (*Exhibit 29*).

Human Immunodeficiency Virus (HIV) Testing (Exhibit 29)

CDC recommends²² that diagnostic HIV testing²³ and opt-out HIV screening²⁴ be part of routine clinical care in all health care settings, including family planning. CDC also recommends routine HIV screening for all persons seeking STD treatment or before initiating a new sexual relationship, regardless of whether these individuals are known or suspected to have specific behavioral risks for HIV infection. Furthermore, CDC recommends initial as well as repeat screening at least annually for persons at high risk for HIV (e.g., injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, men who have sex with men, or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test).

In 2008, Title X service sites performed 833,105 confidential HIV tests (705,255 female tests and 127,850 male tests), or 1.6 confidential tests for every 10 family planning users. Of the total number of confidential HIV tests performed, 1,804 were HIV-positive. Additionally, Title X service providers performed 10,010 anonymous HIV tests. Across regions, sites performed between 0.7 (X) and 2.6 (II) confidential HIV tests for every 10 users, with six regions (I, II, III, IV, VI, and VII) reporting test-to-user ratios at or above the national average of 1.6 tests per 10 users (*Exhibit 29*).

FPAR Guidance for Reporting STD Testing Activities in 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 and over) and gender.

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

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

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

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

Tests—Report STD (chlamydia, gonorrhea, and syphilis) and HIV (confidential and anonymous) tests that an agency performs within the scope of its 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* (October 2007), pp. 39–42.

FPAR Guidance for Reporting Encounter and Staffing Data in Table 13

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

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

Clinical Services Provider—Includes physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and other licensed health providers (e.g., registered nurses) who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessment, as described in Section 8.3 of the *Program Guidelines*. Clinical services providers are able to offer client education, counseling, referral, follow-up, and/or clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment.

Nonclinical Services Provider—Includes other agency staff (e.g., nurses, health educators, social workers, or clinic aides) that are able to offer client education, counseling, referral, and/or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment. Nonclinical 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), as described in Section 8.3 of the *Program Guidelines*.

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

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

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

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

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 43–46.

STAFFING AND FAMILY PLANNING ENCOUNTERS

Staffing (Exhibit 30)

In 2008, 3,469 full-time equivalent (FTE) physicians, midlevel clinicians (physician assistants, nurse practitioners, and certified nurse midwives), and “other” clinical services providers (CSPs) delivered clinical family planning and related preventive health services in Title X-funded services sites. “Other” CSPs are licensed health providers, such as registered nurses, who are trained and permitted by state-specific regulations to perform all aspects of the male and female user physical assessment, as described in the Title X *Program Guidelines*.⁷ Midlevel clinicians accounted for 56% (1,960 FTEs) of total CSP FTEs, followed by “other” CSPs (32%, or 1,098 FTEs) and physicians (12%, or 411 FTEs). Nationally, grantees reported an average of 4.8 midlevel provider FTEs per physician FTE (*Exhibit 30*).

The staffing composition varied across regions, with Title X-funded agencies in some regions relying more heavily on midlevel clinicians than physicians. For example, the number of midlevel clinician FTEs per physician FTE ranged from 2.5 (III) to 18.0 (VIII), with six regions (I, IV, V, VI, VIII, and X) exceeding the national ratio of 4.8 (*Exhibit 30*).

Family Planning Encounters (Exhibit 30)

In 2008, Title X-funded agencies reported almost 9.6 million family planning encounters, or 1.9 encounters per family planning user. Encounters with a clinical services provider accounted for 71% of total family planning encounters. Across regions, the total number of encounters per user ranged from 1.6 (X) to 2.3 (VI), and in four regions (III, V, VI, and VII) the number of encounters per user was above the national average of 1.9 (*Exhibit 30*).

Exhibit 30. Composition of clinical services provider (CSP) staff and number and distribution of family planning (FP) encounters, by type and region: 2008 (Source: FPAR Table 13)

FTEs and FP Encounters	All Regions	Region									
		I	II	III	IV	V	VI	VII	VIII	IX	X
CSP FTEs											
Number of FTEs											
Physician	411	18	56	94	48	33	34	26	4	87	12
PA/NP/CNM	1,960	86	217	233	366	193	241	100	72	339	112
Other CSP	1,098	32	9	151	534	2	103	121	64	82	0
Total	3,469	136	282	479	948	228	379	247	140	507	124
Distribution of FTEs											
Physician	12%	13%	20%	20%	5%	14%	9%	10%	3%	17%	9%
PA/NP/CNM	56%	64%	77%	49%	39%	85%	64%	40%	52%	67%	91%
Other CSP	32%	24%	3%	32%	56%	1%	27%	49%	46%	16%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel ^a to physician FTE	4.8	4.9	3.9	2.5	7.7	5.8	7.0	3.9	18.0	3.9	9.6
FP Encounters											
Number of Encounters											
With a CSP	6,832,120	290,531	665,880	845,044	1,192,407	693,376	701,467	315,134	208,247	1,612,638	307,396
With a non-CSP	2,767,392	41,420	193,699	327,734	688,120	306,877	406,443	146,487	65,970	553,222	37,420
Total	9,599,512	331,951	859,579	1,172,778	1,880,527	1,000,253	1,107,910	461,621	274,217	2,165,860	344,816
Distribution of Encounters											
With a CSP	71%	88%	77%	72%	63%	69%	63%	68%	76%	74%	89%
With a non-CSP	29%	12%	23%	28%	37%	31%	37%	32%	24%	26%	11%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User	1.9	1.7	1.8	2.1	1.8	2.0	2.3	2.2	1.8	1.8	1.6

CNM=Certified Nurse Midwife. CSP=clinical services provider. FP=family planning. FTE=full-time equivalent. NP=Nurse Practitioner. PA=Physician Assistant.

^a Midlevel provider includes Physician Assistants, Nurse Practitioners, and Certified Nurse Midwives.

REVENUE

In 2008, Title X grantees reported total revenue of over \$1.21 billion to support delivery of Title X-funded family planning and related preventive health services. The major sources of revenue—Medicaid (\$407.3 million) and Title X (\$259.7 million)—accounted for 34% and 21%, respectively, of total program revenue. Other revenue sources—state governments (\$147.4 million), local governments (\$101.3 million), and client payment for services (\$94.5 million)—each accounted for 8% to 12% of total revenue, while all other sources each contributed 4% or less (*Exhibit 31*).

Medicaid

Revenue from Medicaid (federal and state shares) accounted for 34% of total national revenue and between 2% (VIII) and 67% (IX) of total regional revenue. Medicaid accounted for the largest share of total regional revenue in Regions IV (28%), IX (67%), and X (43%), all of which include states with established Medicaid family planning waiver programs. In five other regions (II, III, V, VI, and VII), Medicaid was the second largest source of revenue, accounting for 20% to 25% of total regional revenue (*Exhibits 32 and 33*). In 2008, grantees in 24 states and nine HHS regions reported revenue from state Medicaid family planning waivers. A list of states for which waiver revenue was reported is presented in the notes for Table 14 in *Appendix C: Methodological Notes*.

Title X

Revenue from Title X accounted for 21% of total national revenue and between 13% (IX) and 31% (VIII) of total regional revenue. Title X was the largest source of revenue in six regions (I, III, V, VI, VII, and VIII) and the second most important source after Medicaid in two others (IV and IX). In seven regions (I, III, IV, V, VI, VII, and VIII), the percentage of total regional revenue from Title X exceeded the national average of 21% (*Exhibits 32 and 33*).

State Government

State government revenue accounted for 12% of total national revenue, and between 1% (VII and IX) and 23% (II) of total regional revenue. State governments were the largest source of total revenue in Region II (23%) and the second largest source in Region X (16%). In five regions (I, II, III, IV, and X), the percentage of total regional revenue from state governments exceeded the national average of 12% (*Exhibits 32 and 33*).

Local Government

Local government revenue accounted for 8% of total national revenue and ranged from less than 1% (I) to 21% (VIII) of total regional revenue. Local governments were the second largest source of revenue in Region VIII (21%), and the share of total regional revenue from this source was at or above the national average of 8% in six regions (II, IV, V, VI, VIII, and X) (*Exhibits 32 and 33*).

Client Collections/Payment for Services

Nationally, revenue from client payment for services accounted for 8% of total revenue and between 4% (VI and IX) and 20% (VII) of total regional revenue. In three regions (I, VII, and VIII), revenue from client payment was the third most important source of revenue, while the share of revenue from client payment exceeded the national average of 8% in six regions (I, II, III, V, VII, and VIII) (*Exhibits 32 and 33*).

FPAR Guidance for Reporting Project Revenue in Table 14

In FPAR **Table 14**, grantees report the revenue (i.e., actual *cash* receipts) they received during the reporting period, even if they did not expend the funds during the reporting period. The FPAR instructions provide the following guidance for reporting this information:

Federal Grants (Rows 1–5)—Refers to funds the grantee received **directly** from the federal government. Do **not** include federal funds that were first received by a state government, local government, or other agency and then passed on to the grantee.

Title X Grant (Row 1)—Enter the amount received during the reporting period from the Title X grant. Do not enter the amount of grant funds awarded unless this figure is the same as the actual *cash* receipts or *drawdown* amounts.

Bureau of Primary Health Care (BPHC) (Row 2)—Specify the amount of revenue received from BPHC grants (e.g., Section 330) during the reporting period that supported services within the scope of the grantee's Title X project.

Other Federal Grant (Rows 3–4)—Specify the amount and source of any other federal grant revenue received during the reporting period that supported services within the scope of the grantee's Title X project.

Payment for Services (Rows 6–9)—Refers to revenues from public and private third parties (capitated or fee-for-service) and funds collected directly from clients.

Total Client Collections/Self-Pay (Row 6)—Report the amount collected directly from clients during the reporting period for services rendered within the scope of the grantee's Title X project.

Third-Party Payers (Rows 7a–7e)—For each third-party source listed, enter the amount of funds received during the reporting period for services rendered within the scope of the grantee's Title X project. Only revenue from pre-paid (capitated) managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts) should be reported as "pre-paid." Revenue received after the service was rendered, even under managed care arrangements, should be reported as "not pre-paid."

Medicaid (Row 7a)—Grantees should report as "Medicaid" all services paid for by Medicaid (Title XIX) regardless of whether they were 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. Report revenue from state-only Medicaid programs in accordance with the services covered by the state plan. Report revenue (Federal and State shares) from family planning waivers with other Medicaid revenue on row 7a, column B. If the amount reported on row 7a, column B includes family planning waiver revenue, indicate this in the table-specific comment field.

Medicare (Row 7b)—Grantees should report as "Medicare" all services paid for by Medicare (Title XVIII) regardless of whether they were paid directly by Medicare or through a fiscal intermediary or an HMO. For clients enrolled in a capitated Medicare program (i.e., where the grantee has a contract with a private plan like Blue Cross), the payer is Medicare, even though the actual payment may come from Blue Cross.

State Children's Health Insurance Program (CHIP) (Row 7c)—Enter the amount of funds received in the reporting period from the non-Medicaid, state CHIPs for services rendered within the scope of the grantee's Title X project.

Other Public Health Insurance (Row 7d)—Enter the amount of funds received in the reporting period from other federal, state, and/or local government health insurance programs for services rendered within the scope of the grantee's Title X project. Examples of other public third-party insurance programs include health insurance plans for military personnel and their dependents (e.g., TRICARE, CHAMPVA).

Private Health Insurance (Row 7e)—Refers to health insurance provided by commercial and non-profit companies. Individuals may obtain health insurance through employers, unions, or on their own.

Other Revenue (Rows 10–18)—Enter the amount of funds from contracts, state and local indigent care programs, and other public or private revenues that were received during the reporting period and that supported services within the scope of the grantee's Title X project.

Title V (Maternal and Child Health [MCH] Block Grant) (Row 10)—Enter the amount of Title V funds received during the reporting period that supported services within the scope of the grantee's Title X project.

Title XX (Social Services Block Grant) (Row 11)—Enter the amount of Title XX funds received during the reporting period that supported services within the scope of the grantee's Title X project.

Temporary Assistance for Needy Families (TANF) (Row 12)—Enter the amount of TANF funds received during the reporting period that supported services within the scope of the grantee's Title X project.

(continued)

Private Third-Party Payers

Title X *Program Guidelines*⁷ require Title X-funded agencies to “bill all third parties authorized or legally obligated to pay for services” and to “make reasonable efforts to collect charges without jeopardizing client confidentiality.” Revenue from private payers (\$45.1 million) accounted for 4% of total national revenue and ranged between 1% (IV, VI, and IX) and 17% (I) of total regional revenue. Revenue from private third-party payers was the second largest source of revenue in Region I (17%) and was at or above the national average of 4% in six regions (I, II, III, VII, VIII, and X) (*Exhibits 32 and 33*).

Block Grants and Temporary Assistance for Needy Families (TANF)

Revenue from the Title XX Social Services Block Grant (\$27.3 million), the Title V Maternal and Child Health (MCH) Block Grant (\$23.1 million), and Temporary Assistance for Needy Families (TANF) (\$22.3 million) each accounted for 2% of total national revenue. Across regions, there was little variation in the share of total revenue from the MCH or Social Services Block Grants, except in Region VI, where the Social Services Block Grant accounted for 16% of total regional revenue. Similarly, revenue from TANF ranged between 0% and 2%, except in Regions II and IV where TANF accounted for 6% and 4%, respectively, of total regional revenue (*Exhibits 32 and 33*).

Other Revenue

Finally, 6% (\$67.1 million) of total revenue in 2008 came from numerous public and private sources reported as “other” revenue. In five regions (II, V, VII, VIII, and IX), the percentage of total regional revenue from “other” sources was at or above the national average of 6% (*Exhibits 32 and 33*). A list of “other” revenue sources is presented in the notes for Table 14 in *Appendix C: Methodological Notes*.

Revenue per User

On average, grantees reported \$240 in program revenue per user served during the reporting period. By region, revenue per user ranged from \$187 (III) to \$357 (II) and was above the national average of \$240 in four regions (I, II, VII, and X) (*Exhibit 32*).

Trends

Between 1999 and 2008, there were notable changes in the growth and composition of total revenue, as well as in the program’s two major revenue sources (Medicaid and Title X). This period was characterized by rapid growth in Medicaid revenue and stagnant and decreasing levels of revenue from Title X. Inflation-adjusted (constant 1999 dollars)²⁵ total revenue increased 13% between 1999 (\$738.0 million) and 2008 (\$833.9 million). During this same period, inflation-adjusted Title X revenue decreased 2% (from \$183.2 million in 1999 to \$178.8 million in 2008), while inflation-adjusted revenue from Medicaid increased 179%, (from \$100.4 million in 1999 to \$280.4 million in 2008). For other sources of revenue (not shown), there was a decrease in inflation-adjusted revenue from state governments, client collections, and block grants and an increase in revenue from local governments and private third-part payers. By 2008, the decline in Title X and other revenue sources was offset by the dramatic increase in inflation-adjusted Medicaid revenue. Finally, between 2007 and 2008, inflation-adjusted total revenue increased 2%, Title X revenue decreased 2%, and Medicaid revenue increased 12% (*Exhibits A-10a, A-10b, A-10c, A-10d, and A-10e*).

These trends are reflected in the distribution of program revenue across sources and reporting periods (*Exhibits A-11a, A-11b, and A-11c*). The share of total revenue from Medicaid grew from 14% in 1999 to 34% in 2008, while the share from Title X decreased from 25% in 1999 to 21% in 2008. Additionally, between 2003 and 2004 there were large percentage-point changes in the share of total revenue from Medicaid and state governments. This occurred because in 2004 revenue from California's Medicaid family planning waiver (Family Planning, Access, Care and Treatment Program) was reclassified as Medicaid rather than state government revenue. This reclassification increased the Medicaid share of total revenue from 17% in 2003 to 28% in 2004, and decreased the state government share from 23% in 2003 to 13% in 2004. Since 2004, revenue from Medicaid family planning waivers has been included in the total Medicaid figure, as have both the federal and state shares of Medicaid (see Table 14 notes in *Appendix C: Methodological Notes*).

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

Local Government Revenue (Row 13)—Enter 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 within the scope of the grantee's Title X project.

State Government Revenue (Row 14)—Enter the amount of funds from state government sources, including grants or contracts that were received during the reporting period and that supported services within the scope of the grantee's Title X project. CDC (e.g., IPP funds) and block grant funds awarded to and distributed by the state are not considered "state revenues." Report these revenues as "Other" and indicate the specific program source.

Other Revenue (Rows 15–17)—Enter the amount and specify the source of funds received during the reporting period from other sources that supported services within the scope of the grantee's Title X project. This may include revenue from private grants and donations, fundraising, interest income, or other sources.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (October 2007), pp. 47–50.

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2008
(Source: FPAR Table 14)

Revenue Source	Dollar Amount	Distribution
Federal Grants		
Title X	\$259,743,981	21%
Bureau of Primary Health Care	\$9,531,860	1%
Other ^a	\$1,837,707	0%†
Subtotal Federal Grants	\$271,113,548	22%
Payment for Services		
Client collections	\$94,531,003	8%
Third-party payers ^b		
Medicaid (Title XIX) ^c	\$407,349,628	34%
Medicare (Title XVIII)	\$826,424	0%†
State Child Health Insurance Program	\$212,168	0%†
Other public	\$3,855,406	0%†
Private	\$45,067,919	4%
Subtotal Payment for Services	\$551,842,548	46%
Other Revenue		
Maternal and Child Health Block Grant (Title V)	\$23,058,822	2%
Social Services Block Grant (Title XX)	\$27,333,993	2%
Temporary Assistance for Needy Families	\$22,325,121	2%
State government	\$147,447,953	12%
Local government	\$101,295,242	8%
Other ^a	\$67,072,242	6%
Subtotal Other Revenue	\$388,533,373	32%
Total Revenue		
Unadjusted ^d	\$1,211,489,469	100%
Adjusted (1999\$) ^e	\$833,914,990	
Total Revenue per User		
Unadjusted ^d	\$240	

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for the types of revenue reported as “other” within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

^d Unadjusted total revenue is in actual dollar values.

^e Adjusted total revenue is in constant 1999 dollars (1999\$), 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>).

† Percentage is less than 0.5%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2008 (Source: FPAR Table 14)

Revenue Source	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
Federal Grants												
Title X	\$259,743,981	\$13,173,871	\$26,817,250	\$28,937,836	\$56,108,806	\$34,705,468	\$32,717,719	\$12,549,954	\$11,070,937	\$33,340,057	\$10,322,083	
BPHC	\$9,531,860	\$180,000	\$1,080,938	\$916,528	\$238,302	\$179,198	\$0	\$3,007,906	\$0	\$3,928,988	\$0	
Other ^a	\$1,837,707	\$30,000	\$0	\$1,694,009	\$0	\$0	\$0	\$0	\$90,000	\$23,698	\$0	
Subtotal Federal Grants	\$271,113,548	\$13,383,871	\$27,898,188	\$31,548,373	\$56,347,108	\$34,884,666	\$32,717,719	\$15,557,860	\$11,160,937	\$37,292,743	\$10,322,083	
Payment for Services												
Client collections	\$94,531,003	\$7,895,470	\$17,885,567	\$10,069,864	\$10,978,380	\$13,003,257	\$4,162,833	\$9,926,503	\$6,245,809	\$10,251,995	\$4,111,325	
Third-party payers ^b												
Medicaid (Title XIX) ^c	\$407,349,628	\$7,744,144	\$34,220,931	\$22,488,476	\$65,146,775	\$28,945,209	\$27,673,966	\$10,183,664	\$764,607	\$177,704,136	\$32,477,720	
Medicare (Title XVIII)	\$826,424	\$10,636	\$191,330	\$63,026	\$89,812	\$68,989	\$0	\$137,445	\$3,075	\$257,126	\$4,985	
State CHIP	\$212,168	\$2,439	\$3,367	\$0	\$82,702	\$54,692	\$0	\$50,601	\$18,367	\$0	\$0	
Other public	\$3,855,406	\$334,406	\$525,928	\$1,169,095	\$110,406	\$159,378	\$65,352	\$152,409	\$2,695	\$442,536	\$893,201	
Private	\$45,067,919	\$8,180,546	\$12,395,703	\$6,352,106	\$1,849,206	\$3,439,806	\$558,672	\$4,463,803	\$1,824,984	\$2,701,662	\$3,301,431	
Subtotal Payment for Services	\$551,842,548	\$24,167,641	\$65,222,826	\$40,142,567	\$78,257,281	\$45,671,331	\$32,460,823	\$24,914,425	\$8,859,537	\$191,357,455	\$40,788,662	
Other Revenue												
MCH Block Grant (Title V)	\$23,058,822	\$68,728	\$3,059,429	\$2,861,613	\$6,754,228	\$2,971,138	\$3,415,300	\$280,535	\$712,937	\$1,480,780	\$1,454,134	
SS Block Grant (Title XX)	\$27,333,993	\$1,004,536	\$1,806,288	\$3,374,108	\$0	\$3,807,076	\$17,100,805	\$0	\$41,180	\$200,000	\$0	
TANF	\$22,325,121	\$1,056,829	\$10,668,617	\$0	\$9,055,790	\$352,877	\$0	\$24,750	\$382,834	\$783,424	\$0	
State government	\$147,447,953	\$7,527,886	\$40,126,454	\$17,419,796	\$47,216,256	\$7,116,541	\$9,624,201	\$286,281	\$2,273,425	\$3,824,623	\$12,032,490	
Local government	\$101,295,242	\$182,851	\$13,485,187	\$7,157,212	\$31,859,986	\$13,410,373	\$13,144,079	\$1,067,955	\$7,331,482	\$3,335,709	\$10,320,408	
Other ^a	\$67,072,242	\$999,243	\$10,425,952	\$2,784,192	\$2,607,132	\$8,558,835	\$461,356	\$8,410,615	\$4,953,175	\$27,022,607	\$849,135	
Subtotal Other Revenue	\$388,533,373	\$10,840,073	\$79,571,927	\$33,596,921	\$97,493,392	\$36,216,840	\$43,745,741	\$10,070,136	\$15,695,033	\$36,647,143	\$24,656,167	
Total Revenue												
Unadjusted ^d	\$1,211,489,469	\$48,391,585	\$172,692,941	\$105,287,861	\$232,097,781	\$116,772,837	\$108,924,283	\$50,542,421	\$35,715,507	\$265,297,341	\$75,766,912	
Adjusted (1999\$) ^e	\$833,914,990	\$33,309,797	\$118,871,221	\$72,473,701	\$159,761,866	\$80,379,254	\$74,976,791	\$34,790,300	\$24,584,363	\$182,614,406	\$52,153,292	
Total Revenue per User												
Unadjusted ^d	\$240	\$245	\$357	\$187	\$228	\$230	\$222	\$241	\$236	\$219	\$348	

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

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

^d Unadjusted total revenue is in actual dollar values.

^e Adjusted total revenue is in constant 1999 dollars (1999\$), 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 33. Distribution of Title X project revenues, by revenue source and region: 2008 (Source: FPAR Table 14)

Revenue Source	All Regions	Region										
		I	II	III	IV	V	VI	VII	VIII	IX	X	
Federal Grants												
Title X	21%	27%	16%	27%	24%	30%	30%	25%	31%	13%	14%	
BPHC	1%	0%†	1%	1%	0%†	0%†	0%	6%	0%	1%	0%	
Other ^a	0%†	0%†	0%	2%	0%	0%	0%	0%	0%†	0%†	0%	
Subtotal Federal Grants	22%	28%	16%	30%	24%	30%	30%	31%	31%	14%	14%	
Payment for Services												
Client collections	8%	16%	10%	10%	5%	11%	4%	20%	17%	4%	5%	
Third-party payers ^b	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Medicaid (Title XIX) ^c	34%	16%	20%	21%	28%	25%	25%	20%	2%	67%	43%	
Medicare (Title XVIII)	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	
State CHIP	0%†	0%†	0%†	0%	0%†	0%†	0%	0%†	0%†	0%	0%	
Other public	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	1%	
Private	4%	17%	7%	6%	1%	3%	1%	9%	5%	1%	4%	
Subtotal Payment for Services	46%	50%	38%	38%	34%	39%	30%	49%	25%	72%	54%	
Other Revenue												
MCH Block Grant (Title V)	2%	0%†	2%	3%	3%	3%	3%	1%	2%	1%	2%	
SS Block Grant (Title XX)	2%	2%	1%	3%	0%	3%	16%	0%	0%†	0%†	0%	
TANF	2%	2%	6%	0%	4%	0%†	0%	0%†	1%	0%†	0%	
State government	12%	16%	23%	17%	20%	6%	9%	1%	6%	1%	16%	
Local government	8%	0%†	8%	7%	14%	11%	12%	2%	21%	1%	14%	
Other ^a	6%	2%	6%	3%	1%	7%	0%†	17%	14%	10%	1%	
Subtotal Other Revenue	32%	22%	46%	32%	42%	31%	40%	20%	44%	14%	33%	
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for the types of revenue reported as “other” within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

† Percentage is less than 0.5%.

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Appendix A

Trend Tables

Exhibit A-1a. Number and distribution of all family planning users, by region: 1999–2008

Region	1999	2001	2002	2003	2004	2005	2006	2007	2008
I	187,589	216,098	220,094	212,422	207,450	211,693	212,169	199,010	197,165
II	415,848	428,169	449,854	460,798	468,635	468,237	470,148	479,572	483,928
III	499,163	533,956	551,759	562,182	571,883	562,173	567,583	557,031	564,138
IV	1,025,865	1,043,788	1,077,707	1,065,310	1,052,584	1,051,887	1,051,330	1,018,656	1,019,264
V	532,036	595,982	617,372	607,756	610,058	600,145	582,313	531,679	507,431
VI	488,372	529,997	532,268	539,704	547,802	513,130	483,632	486,378	491,406
VII	247,863	254,278	260,651	260,034	257,833	243,299	245,133	234,592	210,012
VIII	138,469	148,353	143,595	147,730	154,924	157,150	156,482	149,395	151,261
IX	709,360	844,781	870,070	878,088	920,543	931,827	973,524	1,102,718	1,209,114
X	197,573	262,315	251,504	278,024	276,073	263,420	251,964	228,207	217,786
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505
Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662
Male Users	127,098	199,245	202,620	227,159	244,381	262,793	272,409	295,381	327,843
I	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	9%	9%	9%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	11%
IV	23%	21%	22%	21%	21%	21%	21%	20%	20%
V	12%	12%	12%	12%	12%	12%	12%	11%	10%
VI	11%	11%	11%	11%	11%	10%	10%	10%	10%
VII	6%	5%	5%	5%	5%	5%	5%	5%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	16%	17%	17%	18%	18%	19%	19%	22%	24%
X	4%	5%	5%	6%	5%	5%	5%	5%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	97%	96%	96%	95%	95%	95%	95%	94%	94%
Male Users	3%	4%	4%	5%	5%	5%	5%	6%	6%

Exhibit A-1b. Distribution of all family planning users, by region: 1999-2008

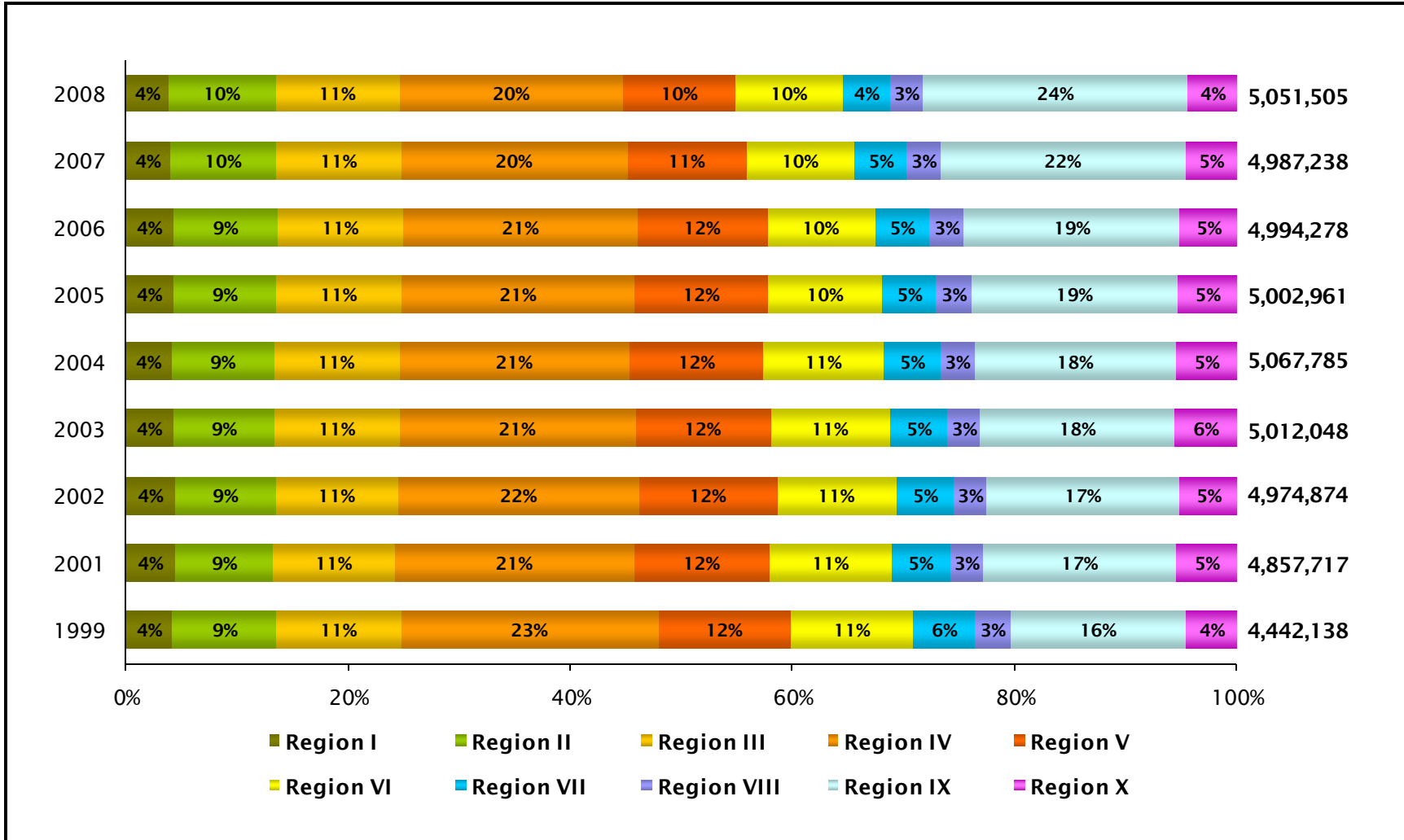


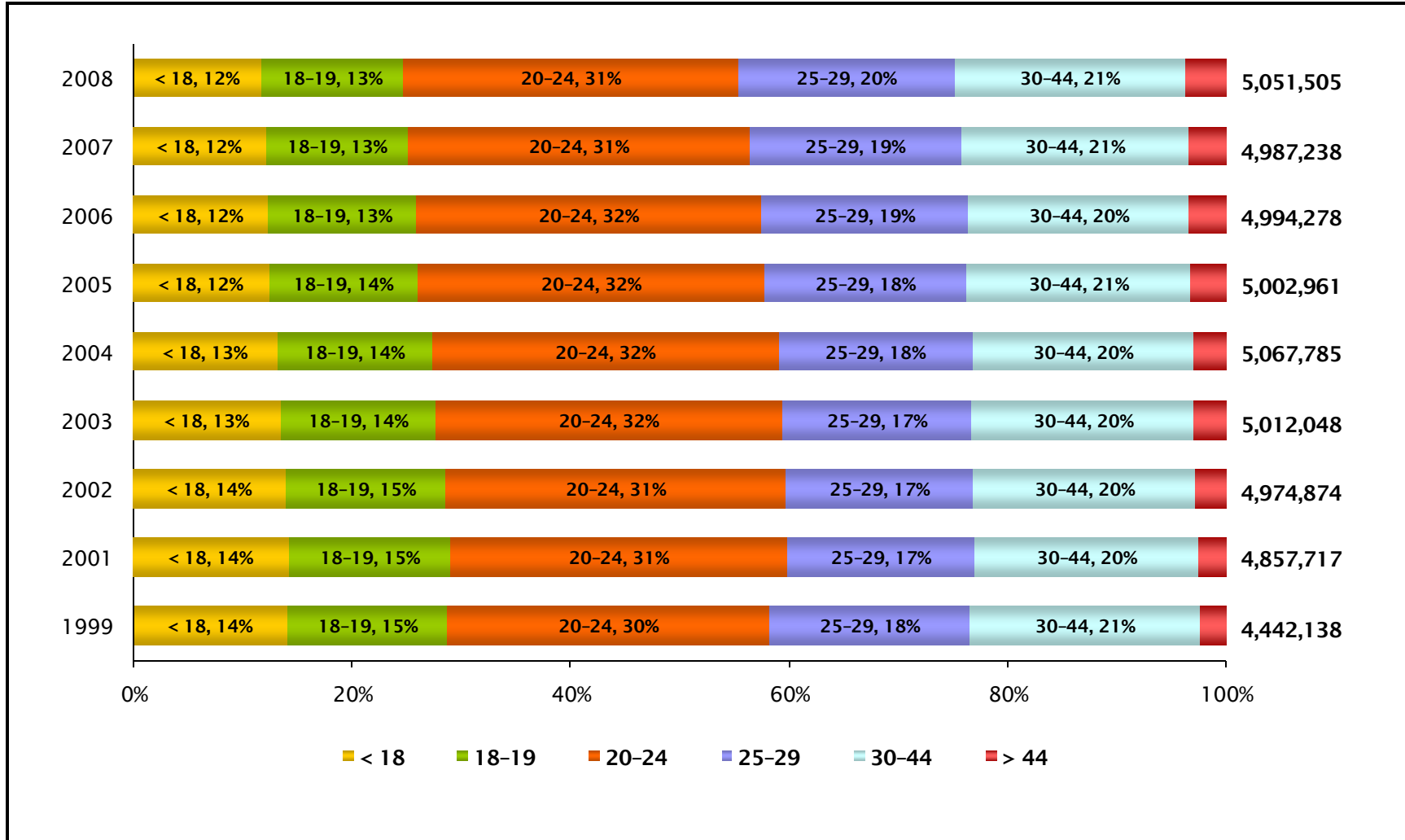
Exhibit A-2a. Number and distribution of all family planning users, by age: 1999–2008

Age Group (Years)	1999	2001	2002	2003	2004	2005	2006	2007	2008
< 15	—	—	—	—	—	70,840	67,627	68,918	71,738
< 18	627,496	690,718	693,416	674,639	667,734	--	--	--	--
15-17	—	—	—	—	—	549,079	549,844	534,054	521,202
18-19	648,224	720,939	728,049	711,364	716,399	681,690	672,027	651,784	652,059
20-24	1,312,102	1,493,687	1,550,715	1,590,344	1,608,278	1,589,794	1,582,688	1,556,670	1,553,469
25-29	812,323	835,897	851,926	870,394	898,231	921,425	943,009	967,409	996,754
30-44	937,691	995,231	1,016,055	1,021,266	1,028,661	--	--	--	--
30-34	—	—	—	—	—	519,448	512,173	522,673	539,998
35-39	—	—	—	—	—	317,900	314,488	323,885	332,854
40-44	—	—	—	—	—	193,490	188,507	191,503	195,582
> 44	104,302	121,245	134,713	144,041	148,482	159,295	163,915	170,342	187,849
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505
< 15	—	—	—	—	—	1%	1%	1%	1%
< 18	14%	14%	14%	13%	13%	—	—	—	—
15-17	—	—	—	—	—	11%	11%	11%	10%
18-19	15%	15%	15%	14%	14%	14%	13%	13%	13%
20-24	30%	31%	31%	32%	32%	32%	32%	31%	31%
25-29	18%	17%	17%	17%	18%	18%	19%	19%	20%
30-44	21%	20%	20%	20%	20%	—	—	—	—
30-34	—	—	—	—	—	10%	10%	10%	11%
35-39	—	—	—	—	—	6%	6%	6%	7%
40-44	—	—	—	—	—	4%	4%	4%	4%
> 44	2%	2%	3%	3%	3%	3%	3%	3%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-2b. Distribution of all family planning users, by age: 1999-2008



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

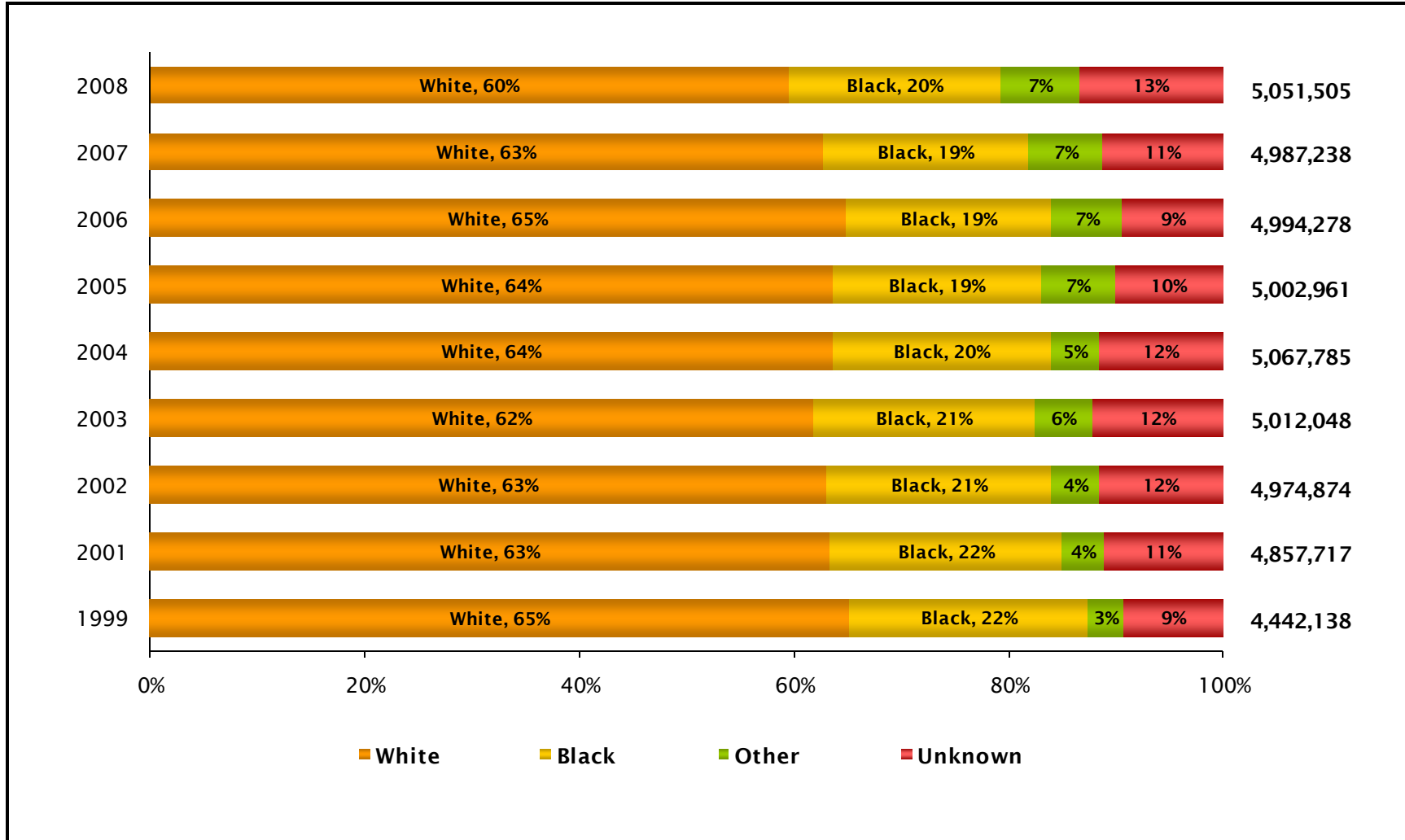
Exhibit A-3a. Number and distribution of all family planning users, by race: 1999-2008

Race	1999	2001	2002	2003	2004	2005	2006	2007	2008
American Indian or Alaska Native	31,372	34,241	34,811	35,320	36,050	35,665	38,098	38,080	36,974
Asian	115,564	109,007	137,064	117,122	136,813	124,946	129,155	131,735	137,747
Black or African American	986,448	1,049,740	1,041,329	1,028,446	1,027,880	969,301	953,580	958,241	996,093
Native Hawaiian or other Pacific Islander ^a	—	46,330	51,672	124,055	58,881	58,946	44,708	43,360	45,693
White	2,896,882	3,079,264	3,137,887	3,100,808	3,225,150	3,183,116	3,239,675	3,125,435	3,007,568
More than one race	—	—	—	—	—	127,543	122,583	132,911	151,535
Unknown/not reported	411,872	539,135	572,111	606,297	583,011	503,444	466,479	557,476	675,895
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505
American Indian or Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	2%	3%	2%	3%	2%	3%	3%	3%
Black or African American	22%	22%	21%	21%	20%	19%	19%	19%	20%
Native Hawaiian or other Pacific Islander ^a	—	1%	1%	2%	1%	1%	1%	1%	1%
White	65%	63%	63%	62%	64%	64%	65%	63%	60%
More than one race	—	—	—	—	—	3%	2%	3%	3%
Unknown/not reported	9%	11%	12%	12%	12%	10%	9%	11%	13%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

— Data are not available.

Exhibit A-3b. Distribution of all family planning users, by race: 1999–2008



Note: Due to rounding, percentages in each year may not sum to 100% and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The “other” race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander (2001–2008), and more than one race (2005–2008). For 1999 data, the Native Hawaiian and other Pacific Islander race category was combined with Asian race into a single category.

Exhibit A-4a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races): 1999-2008

Ethnicity	1999	2001	2002	2003	2004	2005	2006	2007	2008
Hispanic or Latino	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523
Not Hispanic or Latino	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	3,628,142	3,670,894	3,611,497	3,534,915
Unknown/not reported	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505
Hispanic or Latino	17%	20%	21%	22%	23%	24%	25%	26%	28%
Not Hispanic or Latino	78%	77%	77%	76%	75%	73%	74%	72%	70%
Unknown/not reported	4%	3%	2%	2%	3%	4%	2%	1%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%

Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity (all races): 1999-2008

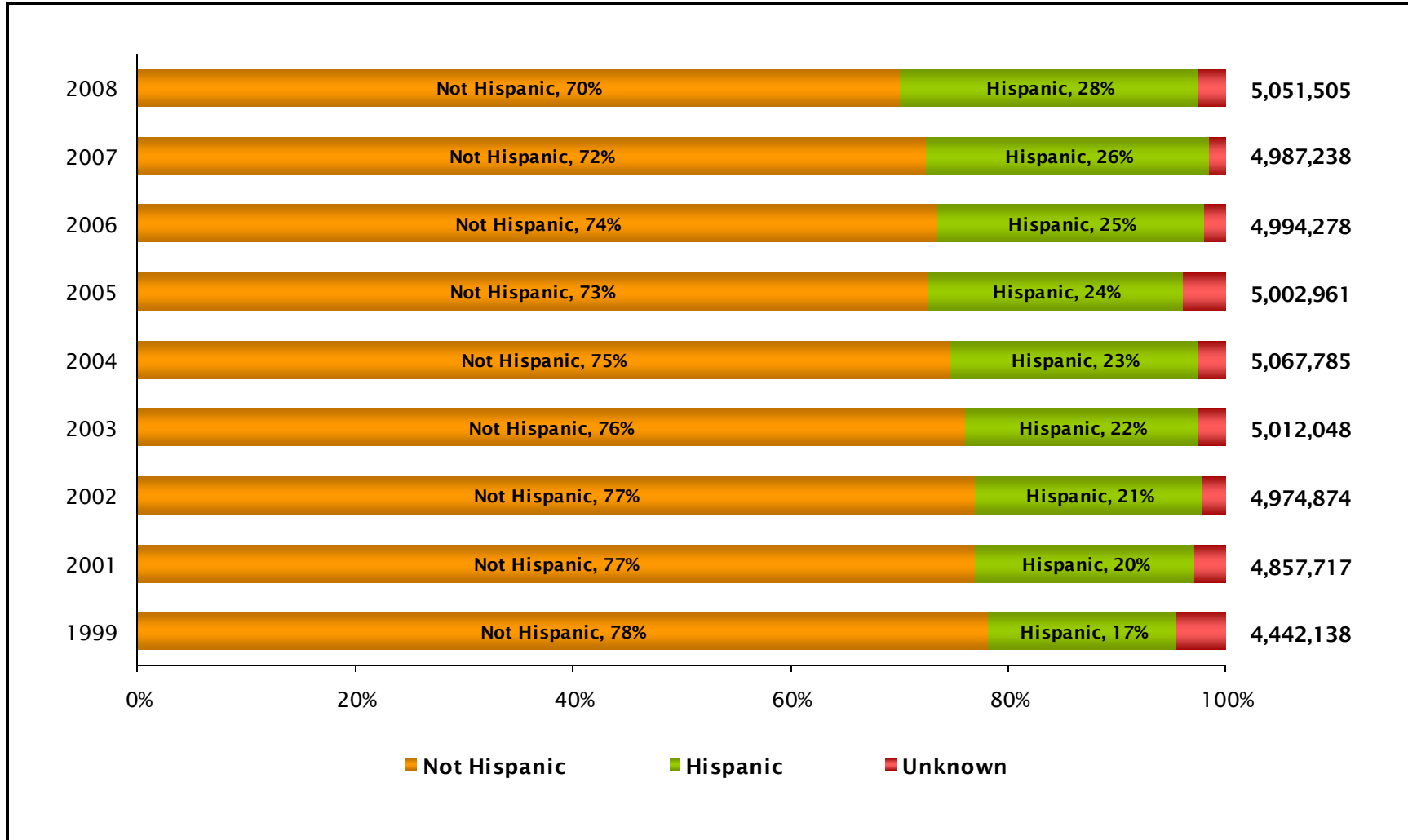


Exhibit A-5a. Number and distribution of all family planning users, by race and Hispanic or Latino ethnicity: 1999–2008

Race/Ethnicity Trend	1999	2001	2002	2003	2004	2005	2006	2007	2008
Not Hispanic (NH), all races	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	--	--	--	--
NH Asian	—	—	—	—	—	118,499	123,192	126,320	127,850
NH Black/African American	—	—	—	—	—	929,066	918,983	926,564	956,741
NH White	—	—	—	—	—	2,366,762	2,400,897	2,324,430	2,232,893
NH other and unknown race	—	—	—	—	—	213,815	227,822	234,183	217,431
Hispanic or Latino, all races	772,129	982,314	1,044,045	1,081,207	1,159,637	1,181,093	1,223,732	1,303,402	1,391,523
Ethnicity unknown	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505
Not Hispanic (NH), all races	78%	77%	77%	76%	75%	--	--	--	--
NH Asian	—	—	—	—	—	2%	2%	3%	3%
NH Black/African American	—	—	—	—	—	19%	18%	19%	19%
NH White	—	—	—	—	—	47%	48%	47%	44%
NH other and unknown race	—	—	—	—	—	4%	5%	5%	4%
Hispanic or Latino, all races	17%	20%	21%	22%	23%	24%	25%	26%	28%
Ethnicity unknown	4%	3%	2%	2%	3%	4%	2%	1%	2%
Total All Users	22%	23%	23%	24%	25%	100%	100%	100%	100%

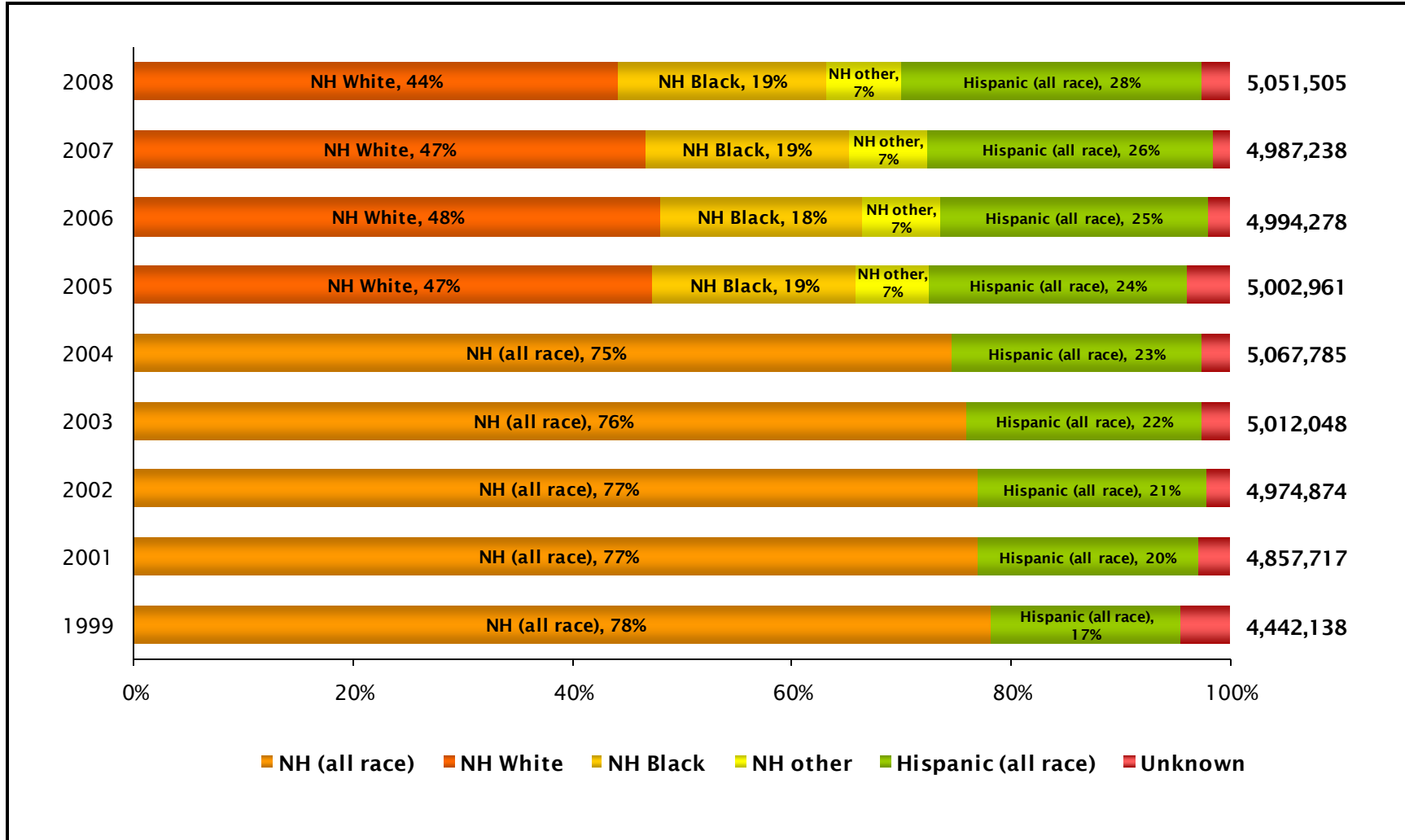
NH=Not Hispanic or Latino.

Note: The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander (2001–2008), and more than one race (2005–2008). For 1999 data, the Native Hawaiian and other Pacific Islander race category was combined with Asian race into a single category.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-5b. Distribution of all family planning users, by race and Hispanic or Latino ethnicity: 1999–2008



NH=Not Hispanic or Latino.

Note: Due to rounding, percentages in each year may not sum to 100% and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The “NH other” category (2005–2008) includes users who self-identified as not Hispanic or Latino and for whom either race was unknown or not reported or race was self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. The “Unknown” category includes users whose Hispanic or Latino ethnicity was unknown or not reported.

Exhibit A-6a. Number and distribution of all family planning users, by income level: 1999-2008

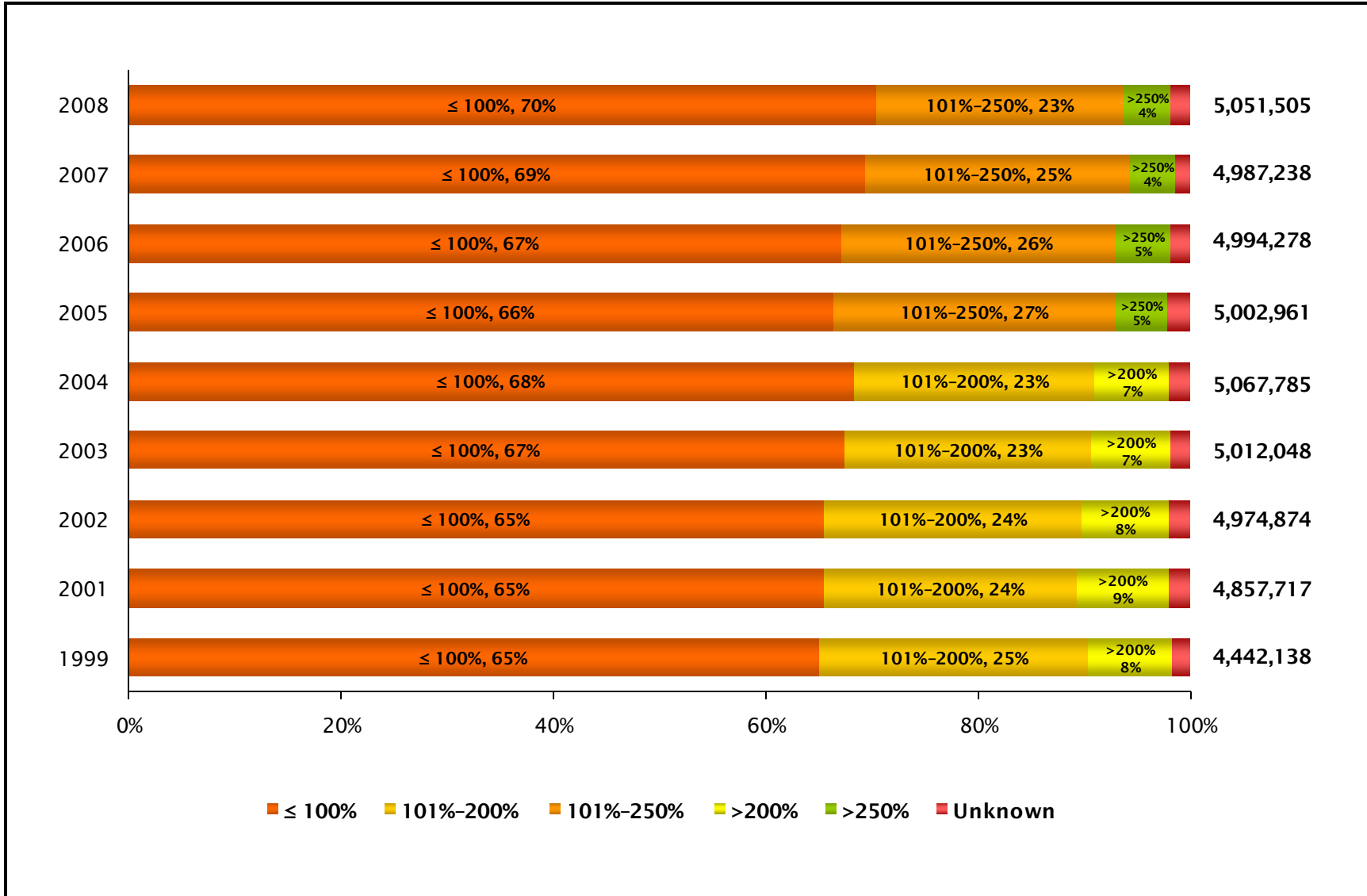
Income Level ^a	1999	2001	2002	2003	2004	2005	2006	2007	2008
≤100%	2,886,684	3,177,934	3,256,554	3,374,895	3,461,649	3,316,699	3,353,129	3,455,335	3,553,222
101%-150%	803,360	832,137	872,911	854,878	838,704	879,666	846,873	820,870	781,113
151%-200%	328,084	328,019	335,792	318,001	312,393	324,358	311,958	303,992	278,881
>200%	346,735	422,460	408,346	370,790	355,025	--	--	--	--
201%-250%	—	—	—	—	—	129,097	127,902	121,473	119,181
>250%	—	—	—	—	—	242,241	262,501	212,849	224,603
Unknown/not reported	77,275	97,167	101,271	93,484	100,014	110,900	91,915	72,719	94,505
Total All Users	4,442,138	4,857,717	4,974,874	5,012,048	5,067,785	5,002,961	4,994,278	4,987,238	5,051,505
≤100%	65%	65%	65%	67%	68%	66%	67%	69%	70%
101%-150%	18%	17%	18%	17%	17%	18%	17%	16%	15%
151%-200%	7%	7%	7%	6%	6%	6%	6%	6%	6%
>200%	8%	9%	8%	7%	7%	--	--	--	--
201%-250%	—	—	—	—	—	3%	3%	2%	2%
>250%	—	—	—	—	—	5%	5%	4%	4%
Unknown/not reported	2%	2%	2%	2%	2%	2%	2%	1%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%

^a Title X-funded agencies calculate and report user income as a percentage of the poverty 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 Web site at <http://aspe.hhs.gov/poverty/>.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-6b. Distribution of all family planning users, by income level: 1999-2008



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

Exhibit A-7a. Number of female family planning users, by primary contraceptive method: 1999–2008

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008
Sterilization ^a	111,609	117,787	115,742	110,513	105,103	95,264	89,428	89,447	87,167
Intrauterine device	48,015	63,045	68,802	72,378	77,773	88,342	110,338	138,714	179,876
Hormonal implant	22,881	12,390	12,791	13,180	5,602	3,395	2,506	7,300	18,738
Hormonal injection ^b	699,932	799,521	809,170	765,266	740,028	602,721	571,588	591,861	597,572
Oral contraceptive	1,981,664	2,111,124	2,111,088	1,994,310	1,974,050	1,852,654	1,859,542	1,826,518	1,734,786
Hormonal patch ^c	—	—	—	—	—	286,214	170,815	128,324	101,763
Vaginal ring ^c	—	—	—	—	—	65,320	98,689	139,656	149,627
Cervical cap or diaphragm	--	--	--	--	--	5,477	4,753	4,087	3,612
Cervical cap	581	753	732	623	2,034	—	—	—	—
Diaphragm	14,235	9,689	8,289	7,240	9,683	—	—	—	—
Contraceptive sponge ^c	—	—	—	—	—	2,826	1,076	1,827	1,337
Female condom ^c	—	—	—	—	—	8,862	6,031	3,925	4,753
Spermicide	78,762	65,309	45,977	33,483	19,861	23,226	22,075	16,882	13,627
Natural method ^d	9,931	17,573	18,265	22,972	25,906	—	—	—	—
Fertility awareness method ^d	—	—	—	—	—	9,702	9,446	8,784	10,409
Abstinence ^c	—	—	—	—	—	44,939	49,022	53,987	61,329
Other method ^e	89,199	88,579	133,529	293,383	313,688	104,779	133,099	123,844	111,160
Method unknown	162,056	175,780	106,785	128,432	146,417	195,245	139,537	142,145	248,458
Rely on Male Method									
Vasectomy ^a	—	—	—	—	—	7,060	6,605	6,546	6,312
Male condom	527,248	616,696	679,656	698,248	737,169	686,992	747,323	716,646	727,440
Total Using a Method	3,746,113	4,078,246	4,110,826	4,140,028	4,157,314	4,083,018	4,021,873	4,000,493	4,057,966
No Method									
Pregnant/seeking pregnancy	261,399	244,706	273,051	265,190	287,485	358,492	373,111	383,303	381,848
Other reason	307,528	335,520	388,377	379,671	378,605	298,658	326,885	308,061	283,848
Total Not Using a Method	568,927	580,226	661,428	644,861	666,090	657,150	699,996	691,364	665,696
Total Female Users	4,315,040	4,658,472	4,772,254	4,784,889	4,823,404	4,740,168	4,721,869	4,691,857	4,723,662
Using a Method	87%	88%	86%	87%	86%	86%	85%	85%	86%
Not Using a Method	13%	12%	14%	13%	14%	14%	15%	15%	14%

^a Sterilization figures for 1999–2004 include both male and female sterilization. Beginning in 2005, data for female and male (vasectomy) sterilization were reported separately.

^b For 2005–2008, includes both 1- and 3-month hormonal injections.

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

^d For 1999–2004, the natural method category included only safe period by temperature or cervical mucus test. In 2005, the natural method category was renamed fertility awareness method (FAM), which includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. Postpartum women who rely on the lactational amenorrhea method (LAM) are also included in the FAM category of primary methods.

^e For 1999–2004, “other” methods included withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version. Beginning in 2005, “other” methods included withdrawal and other methods not listed in FPAR Table 7 of the 2005 FPAR form.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-7b. Distribution of female family planning users who reported use of a method, by primary contraceptive method: 1999-2008

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008
Sterilization ^a	3%	3%	3%	3%	3%	2%	2%	2%	2%
Intrauterine device	1%	2%	2%	2%	2%	2%	3%	3%	4%
Hormonal implant	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Hormonal injection ^b	19%	20%	20%	18%	18%	15%	14%	15%	15%
Oral contraceptive	53%	52%	51%	48%	47%	45%	46%	46%	43%
Hormonal patch ^c	—	—	—	—	—	7%	4%	3%	3%
Vaginal ring ^c	—	—	—	—	—	2%	2%	3%	4%
Cervical cap or diaphragm	--	--	--	--	--	0%†	0%†	0%†	0%†
Cervical cap	0%†	0%†	0%†	0%†	0%†	—	—	—	—
Diaphragm	0%†	0%†	0%†	0%†	0%†	—	—	—	—
Contraceptive sponge ^c	—	—	—	—	—	0%†	0%†	0%†	0%†
Female condom ^c	—	—	—	—	—	0%†	0%†	0%†	0%†
Spermicide	2%	2%	1%	1%	0%†	1%	1%	0%†	0%†
Natural method ^d	0%†	0%†	0%†	1%	1%	—	—	—	—
Fertility awareness method ^d	—	—	—	—	—	0%†	0%†	0%†	0%†
Abstinence ^c	—	—	—	—	—	1%	1%	1%	2%
Other method ^e	2%	2%	3%	7%	8%	3%	3%	3%	3%
Method unknown	4%	4%	3%	3%	4%	5%	3%	4%	6%
Rely on Male Method									
Vasectomy ^a	—	—	—	—	—	0%†	0%†	0%†	0%†
Male condom	14%	15%	17%	17%	18%	17%	19%	18%	18%
Total Female Users Using a Method	100%	100%	100%	100%	100%	100%	100%	100%	100%

^a Sterilization figures for 1999-2004 include both male and female sterilization. Beginning in 2005, data for female and male (vasectomy) sterilization were reported separately.

^b For 2005-2008, includes both 1- and 3-month hormonal injections.

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

^d For 1999-2004, the natural method category included only safe period by temperature or cervical mucus test. In 2005, the natural method category was renamed fertility awareness method (FAM), which includes rhythm/calendar, Standard Days™, Basal Body Temperature, Cervical Mucus, and Sympto-Thermal methods. Postpartum women who rely on the lactational amenorrhea method (LAM) are also included in the FAM category of primary methods.

^e For 1999-2004, "other" methods included withdrawal, rhythm/calendar, sponge, vaginal suppositories, douching, abstinence, and other methods not included in FPAR Table 3 of the 2001 version. Beginning in 2005, "other" methods included withdrawal and other methods not listed in FPAR Table 7 of the 2005 FPAR form.

— Data are not available.

† Percentage is less than 0.5%.

Exhibit A-7c. Distribution of female family planning users who reported use of a method, by primary contraceptive method: 1999-2008



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

Exhibit A-8a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an atypical squamous cells (ASC) or higher result: 2005-2008

	2005	2006	2007	2008
Number of female users who received a Pap test	2,447,498	2,326,153	2,272,571	2,088,218
Percentage of female users who received a Pap test	52%	49%	48%	44%
Number of Pap tests performed	2,644,413	2,477,209	2,470,674	2,209,087
Percentage of tests with \geq ASC result	9%	10%	10%	11%

ASC=atypical squamous cells.

Exhibit A-8b. Number and percentage of female users who received a Pap test: 2005-2008

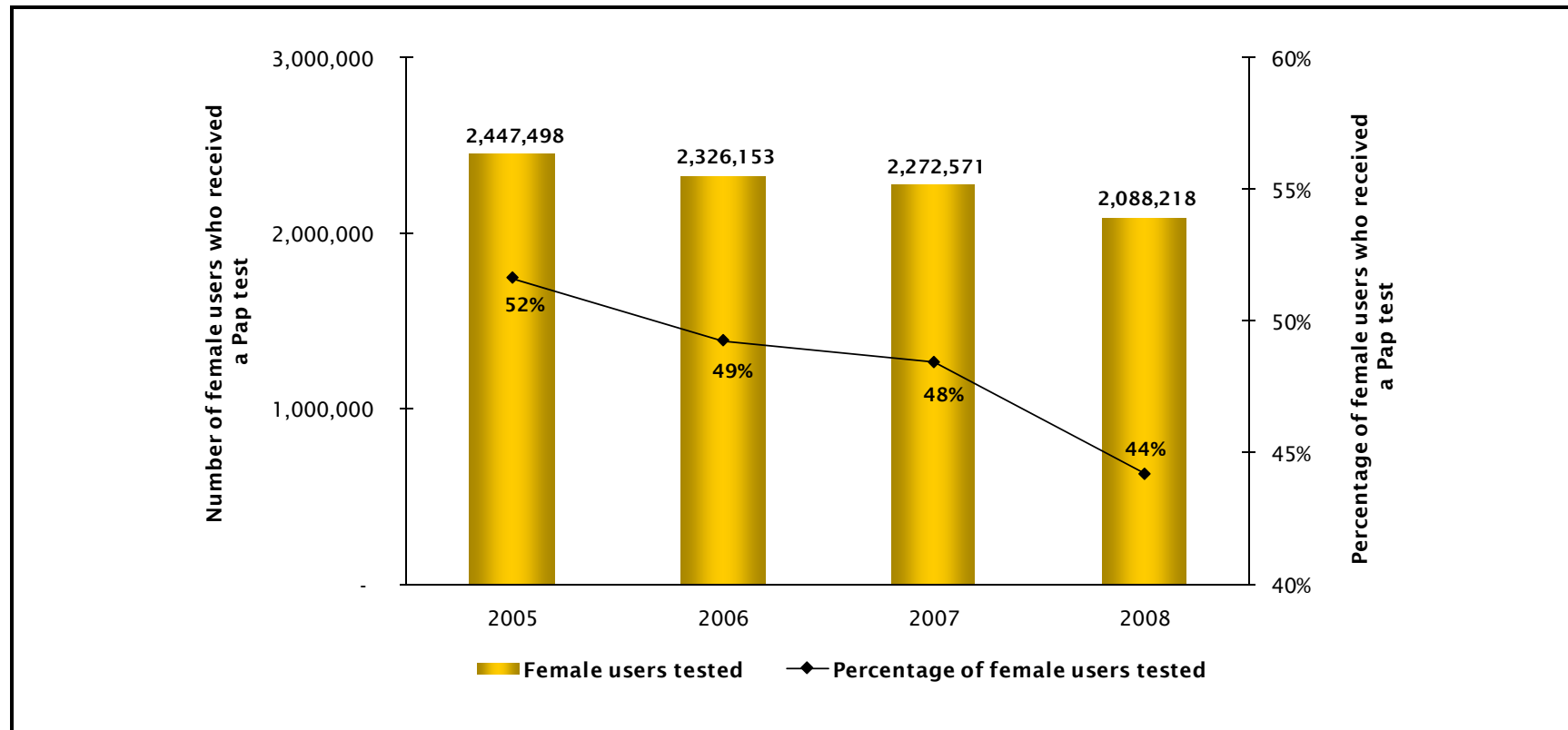


Exhibit A-9a. Number and percentage of female users younger than 25 years tested for chlamydia: 2005-2008

	2005	2006	2007	2008
Number of female users <25 years tested for chlamydia	1,375,787	1,387,222	1,385,623	1,435,430
Percentage of female users <25 years tested for chlamydia	50%	51%	52%	55%

Exhibit A-9b. Number and percentage of female users younger than 25 years tested for chlamydia: 2005-2008

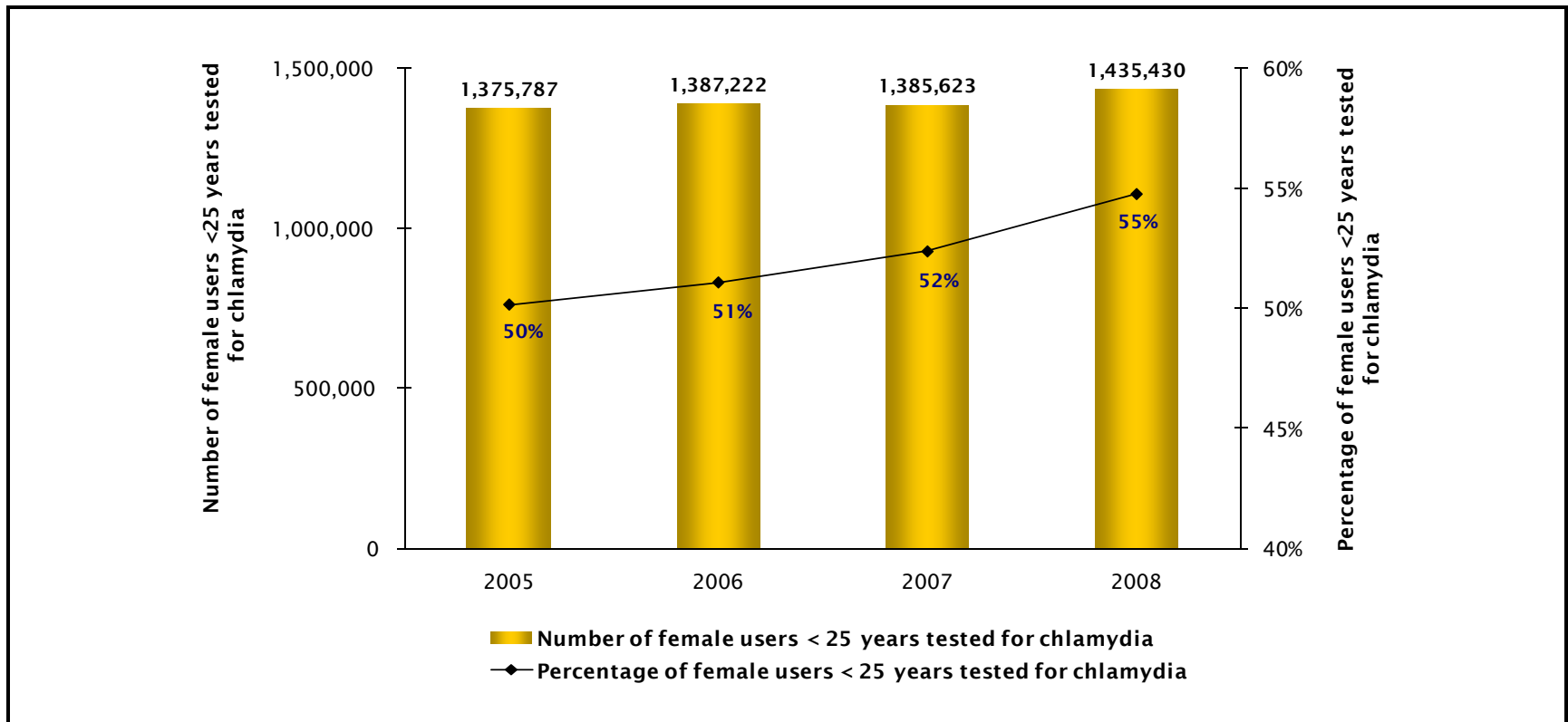


Exhibit A-10a. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total, Title X, and Medicaid revenue: 1999-2008

Revenue	1999	2001	2002	2003	2004	2005	2006	2007	2008	Change	
										1999-2008	2007-2008
Total Revenue											
Unadjusted (actual)	\$737,980,611	\$830,967,862	\$899,339,792	\$927,081,651	\$982,537,801	\$1,004,633,020	\$1,081,431,527	\$1,140,511,162	\$1,211,489,469	64%	6%
Adjusted, 1999\$	\$737,980,611	\$763,345,111	\$789,126,582	\$781,981,359	\$794,014,747	\$778,963,598	\$806,087,866	\$814,154,225	\$833,914,990	13%	2%
Adjusted, 1981\$	\$244,128,462	\$252,519,193	\$261,047,860	\$258,684,177	\$262,664,894	\$257,685,883	\$266,658,755	\$269,327,156	\$275,864,137	13%	2%
Title X Revenue											
Unadjusted (actual)	\$183,163,632	\$226,582,287	\$231,549,999	\$245,714,562	\$252,141,527	\$249,562,677	\$262,983,478	\$255,337,864	\$259,743,981	42%	2%
Adjusted, 1999\$	\$183,163,632	\$208,143,406	\$203,173,774	\$207,257,049	\$203,762,227	\$193,503,734	\$196,025,162	\$182,273,008	\$178,791,814	-2%	-2%
Adjusted, 1981\$	\$60,591,640	\$68,855,101	\$67,211,117	\$68,561,889	\$67,405,781	\$64,012,209	\$64,846,313	\$60,297,017	\$59,145,416	-2%	-2%
Medicaid											
Unadjusted (actual)	\$100,361,553	\$133,121,016	\$148,746,779	\$156,182,638	\$277,174,817	\$311,066,271	\$320,154,915	\$349,672,196	\$407,349,628	306%	16%
Adjusted, 1999\$	\$100,361,553	\$122,287,854	\$130,518,007	\$131,738,031	\$223,992,290	\$241,191,855	\$238,640,160	\$249,613,599	\$280,394,481	179%	12%
Adjusted, 1981\$	\$33,200,210	\$40,453,564	\$43,176,148	\$43,579,740	\$74,098,008	\$79,787,729	\$78,943,612	\$82,573,693	\$92,756,195	179%	12%

Note: **Unadjusted revenue** is in actual dollar values. **Adjusted revenue** is in constant 1999 dollars (1999\$) or 1981 dollars (1981 \$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

Exhibit A-10b. Adjusted (constant 1999\$) total, Title X, and Medicaid revenue: 1999-2008

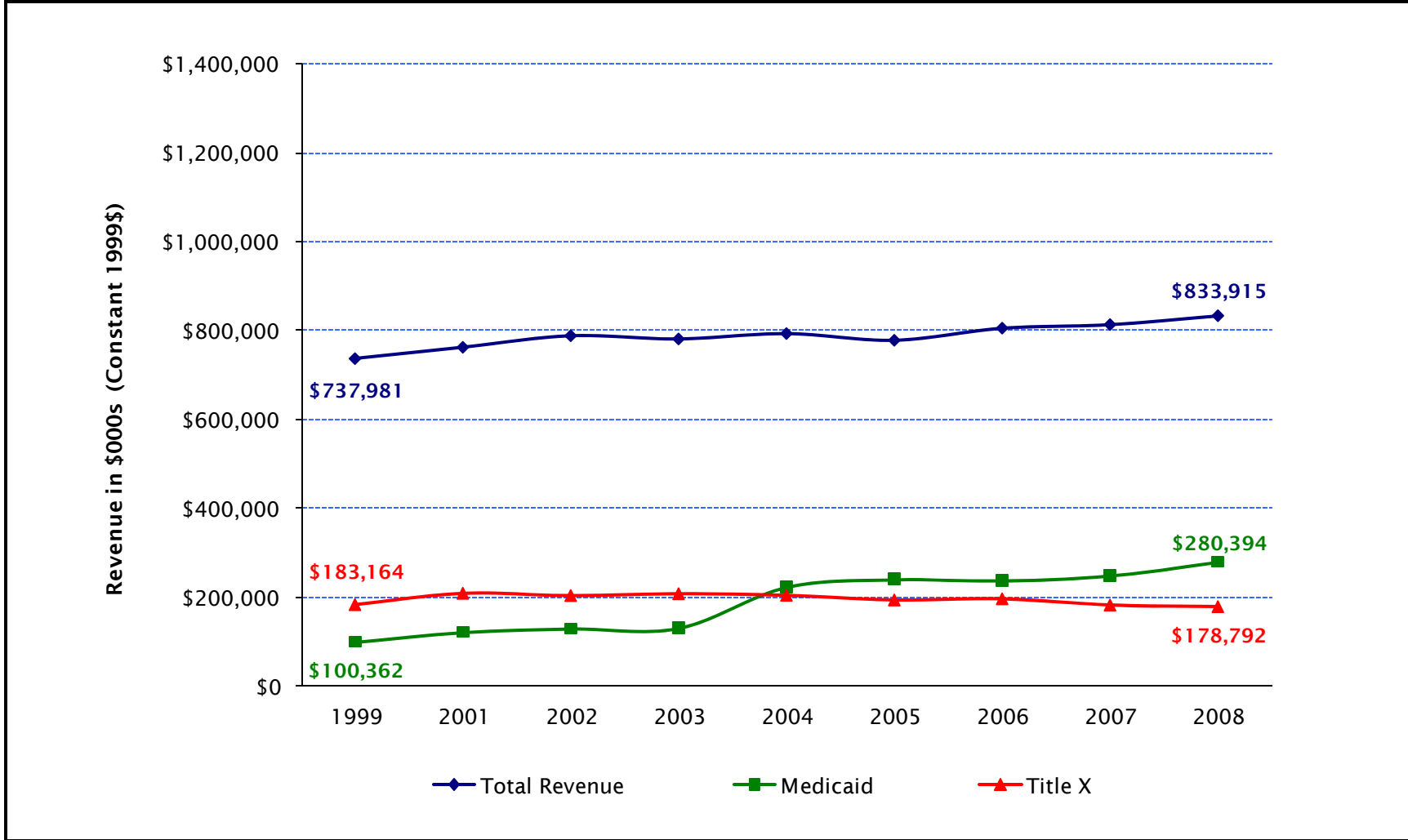


Exhibit A-10c. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue: 1999-2008

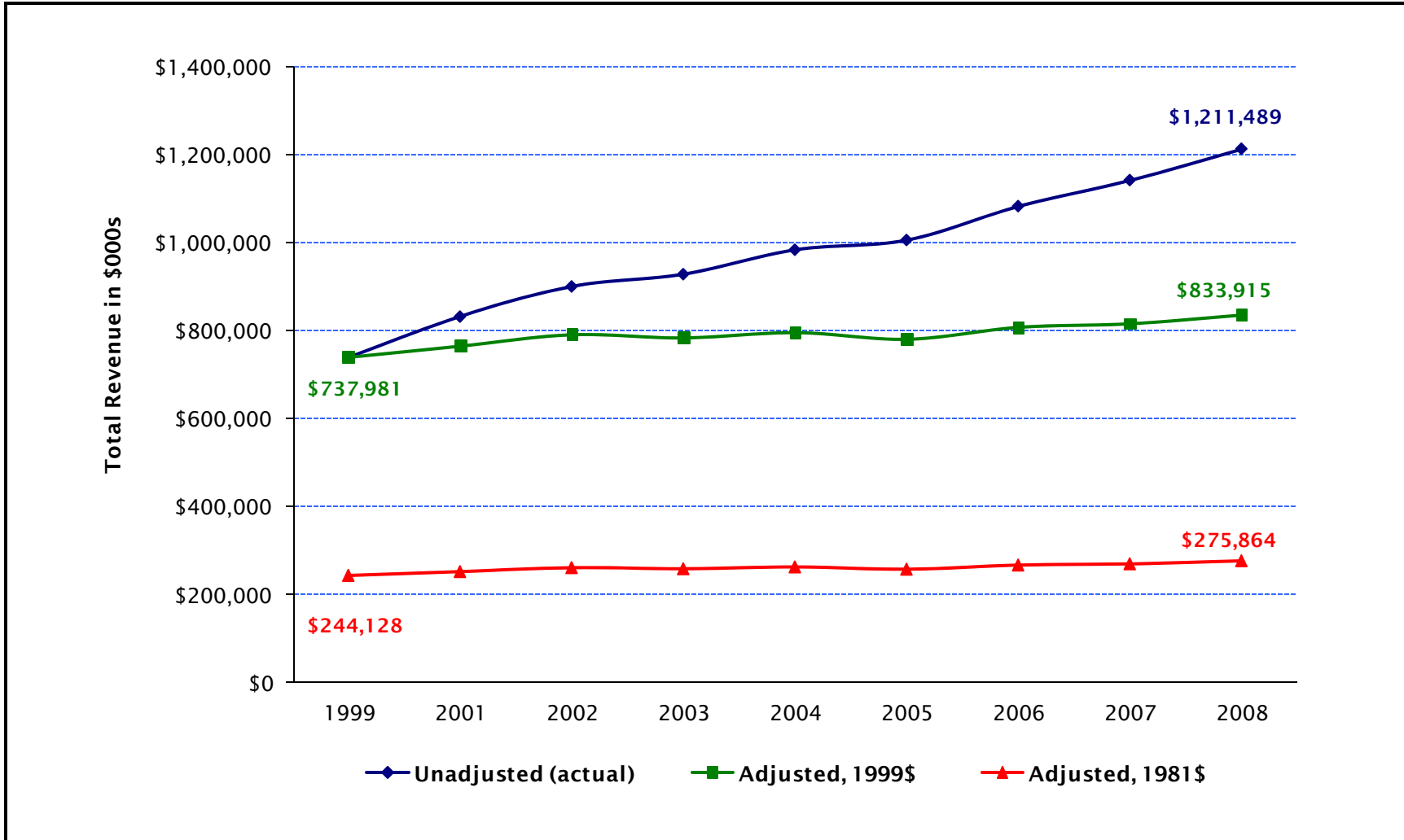


Exhibit A-10d. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Title X revenue: 1999-2008

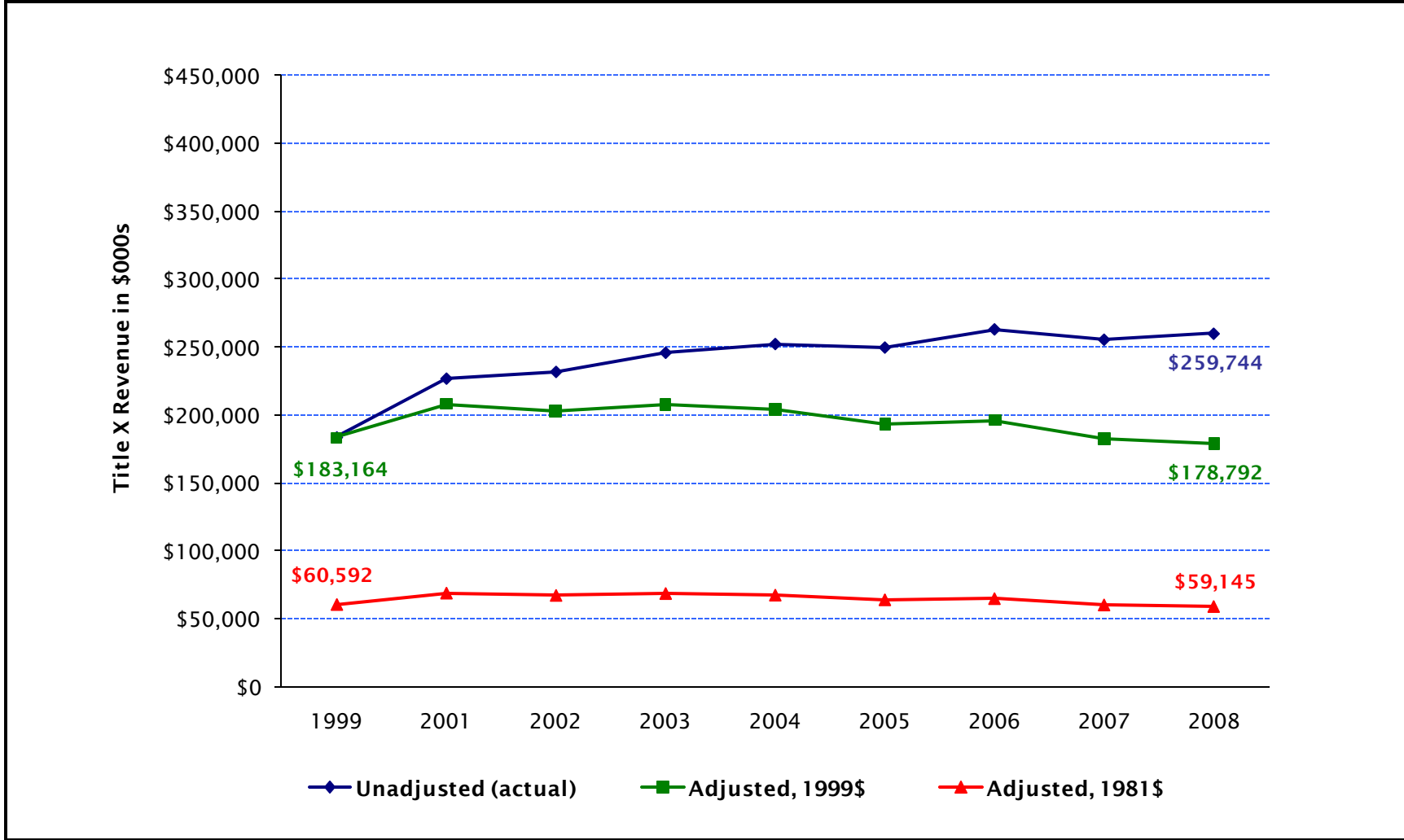


Exhibit A-10e. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Medicaid revenue: 1999-2008

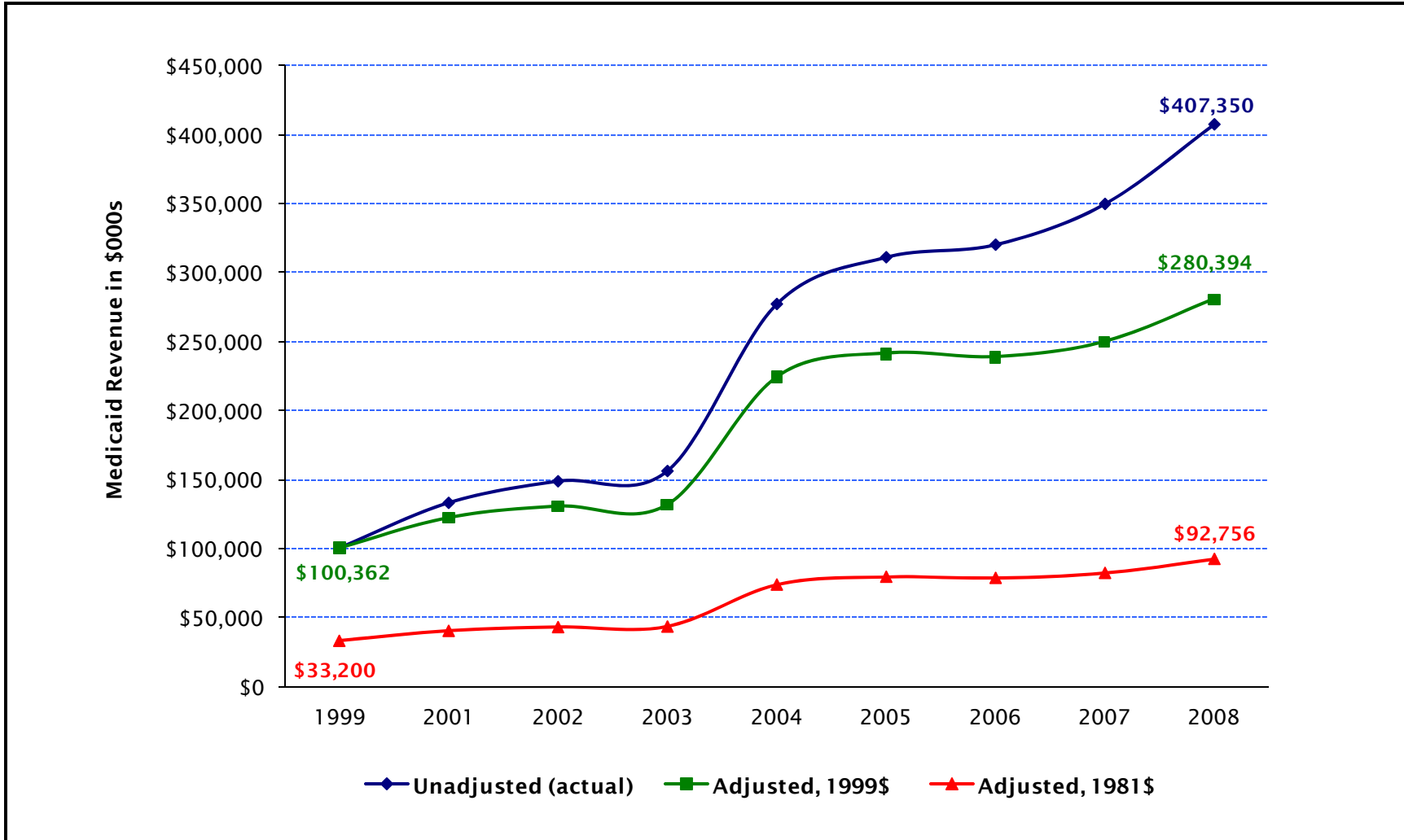


Exhibit A-11a. Amount of Title X project revenue, by revenue source: 1999-2008

Revenue Sources	1999	2001	2002	2003	2004	2005	2006	2007	2008
Federal Grants									
Title X	\$183,163,632	\$226,582,287	\$231,549,999	\$245,714,562	\$252,141,527	\$249,562,677	\$262,983,478	\$255,337,864	\$259,743,981
BPHC	2,960,179	1,208,964	2,257,586	843,273	3,959,649	6,172,992	5,847,921	7,177,359	9,531,860
WIC	5,109,103	4,189,226	3,638,969	2,486,260	3,344,085	—	—	—	—
Other ^a	16,592,272	22,883,785	21,371,845	18,107,490	18,408,627	1,531,956	92,411	83,560	1,837,707
Subtotal Federal Grants	\$207,825,186	\$254,864,262	\$258,818,399	\$267,151,585	\$277,853,888	\$257,267,625	\$268,923,810	\$262,598,783	\$271,113,548
Payment for Services									
Client collections	97,376,797	95,257,186	96,842,560	97,561,767	99,774,741	101,353,959	102,527,805	94,273,992	94,531,003
Third-party payers ^b									
Medicaid (Title XIX) ^c	100,361,553	133,121,016	148,746,779	156,182,638	277,174,817	311,066,271	320,154,915	349,672,196	407,349,628
Medicare (Title XVIII)	468,189	127,709	329,980	585,762	755,938	850,289	695,725	523,170	826,424
State CHIP	—	—	—	—	—	159,966	302,282	247,539	212,168
Other public	—	—	—	—	—	2,137,736	3,173,806	3,042,991	3,855,406
Other third-party	10,345,386	17,893,603	20,413,354	12,035,788	15,231,967	--	--	--	--
Private	11,721,540	15,828,979	21,129,413	22,717,290	23,923,861	31,794,914	37,263,692	46,403,049	45,067,919
Subtotal Payment for Services	\$220,273,465	\$262,228,493	\$287,462,086	\$289,083,245	\$416,861,324	\$447,363,135	\$464,118,225	\$494,162,937	\$551,842,548
Other Revenue									
MCH Block Grant (Title V)	32,055,309	23,931,198	28,604,028	30,827,138	32,992,292	24,384,126	22,806,213	23,484,206	23,058,822
SS Block Grant (Title XX)	34,049,367	31,284,545	27,626,015	32,913,637	30,835,001	27,232,575	28,443,123	28,593,275	27,333,993
TANF	—	—	—	—	—	16,986,542	10,521,097	23,460,554	22,325,121
State government	169,673,542	171,766,076	193,508,723	211,814,774	125,848,881	115,558,888	133,618,734	138,760,608	147,447,953
Local government	44,383,037	52,744,977	61,587,837	57,939,837	50,028,918	56,251,710	93,388,186	99,510,026	101,295,242
Other ^a	29,720,705	34,148,311	41,732,704	37,351,435	48,117,497	59,588,419	59,612,139	69,940,773	67,072,242
Subtotal Other Revenue	\$309,881,960	\$313,875,107	\$353,059,307	\$370,846,821	\$287,822,589	\$300,002,260	\$348,389,492	\$383,749,442	\$388,533,373
Total Revenue									
Unadjusted^d	\$737,980,611	\$830,967,862	\$899,339,792	\$927,081,651	\$982,537,801	\$1,004,633,020	\$1,081,431,527	\$1,140,511,162	\$1,211,489,469
Adjusted^e (1999\$)	\$737,980,611	\$763,345,111	\$789,126,582	\$781,981,359	\$794,014,747	\$778,963,598	\$806,087,866	\$814,154,225	\$833,914,990
Adjusted^e (1981\$)	\$244,128,462	\$252,519,193	\$261,047,860	\$258,684,177	\$262,664,894	\$257,685,883	\$266,658,755	\$269,327,156	\$275,864,137

BPHC=Bureau of Primary Health Care. CHIP=Child Health Insurance Program. MCH=Maternal and Child Health. SS=Social Service. TANF=Temporary Assistance for Needy Families. WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for the types of revenue reported as "other" within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

^d Unadjusted total revenue is in actual dollar values.

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

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-11b. Distribution of Title X project revenue, by revenue source: 1999–2008

Revenue Sources	1999	2001	2002	2003	2004	2005	2006	2007	2008
Federal Grants									
Title X	25%	27%	26%	27%	26%	25%	24%	22%	21%
BPHC	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
WIC	1%	1%	0%†	0%†	0%†	0%	0%	0%	0%
Other ^a	2%	3%	2%	2%	2%	0%†	0%†	0%†	0%†
Subtotal Federal Grants	28%	31%	29%	29%	28%	26%	25%	23%	22%
Payment for Services									
Client collections	13%	11%	11%	11%	10%	10%	9%	8%	8%
Third-party payers ^b									
Medicaid (Title XIX) ^c	14%	16%	17%	17%	28%	31%	30%	31%	34%
Medicare (Title XVIII)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	—	—	—	—	—	0%†	0%†	0%†	0%†
Other public	—	—	—	—	—	0%†	0%†	0%†	0%†
Other third-party	1%	2%	2%	1%	2%	0%	--	--	--
Private	2%	2%	2%	2%	2%	3%	3%	4%	4%
Subtotal Payment for Services	30%	32%	32%	31%	42%	45%	43%	43%	46%
Other Revenue									
MCH Block Grant (Title V)	4%	3%	3%	3%	3%	2%	2%	2%	2%
SS Block Grant (Title XX)	5%	4%	3%	4%	3%	3%	3%	3%	2%
TANF	—	—	—	—	—	2%	1%	2%	2%
State government	23%	21%	22%	23%	13%	12%	12%	12%	12%
Local government	6%	6%	7%	6%	5%	6%	9%	9%	8%
Other ^a	4%	4%	5%	4%	5%	6%	6%	6%	6%
Subtotal Other Revenue	42%	38%	39%	40%	29%	30%	32%	34%	32%
Unadjusted^d Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%

BPHC=Bureau of Primary Health Care. **CHIP**=Child Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Service. **TANF**=Temporary Assistance for Needy Families. **WIC**=Special Supplemental Nutrition Program for Women, Infants, and Children.

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for the types of revenue reported as “other” within each revenue category.

^b Prepaid and not prepaid.

^c Includes revenue from Medicaid family planning waivers.

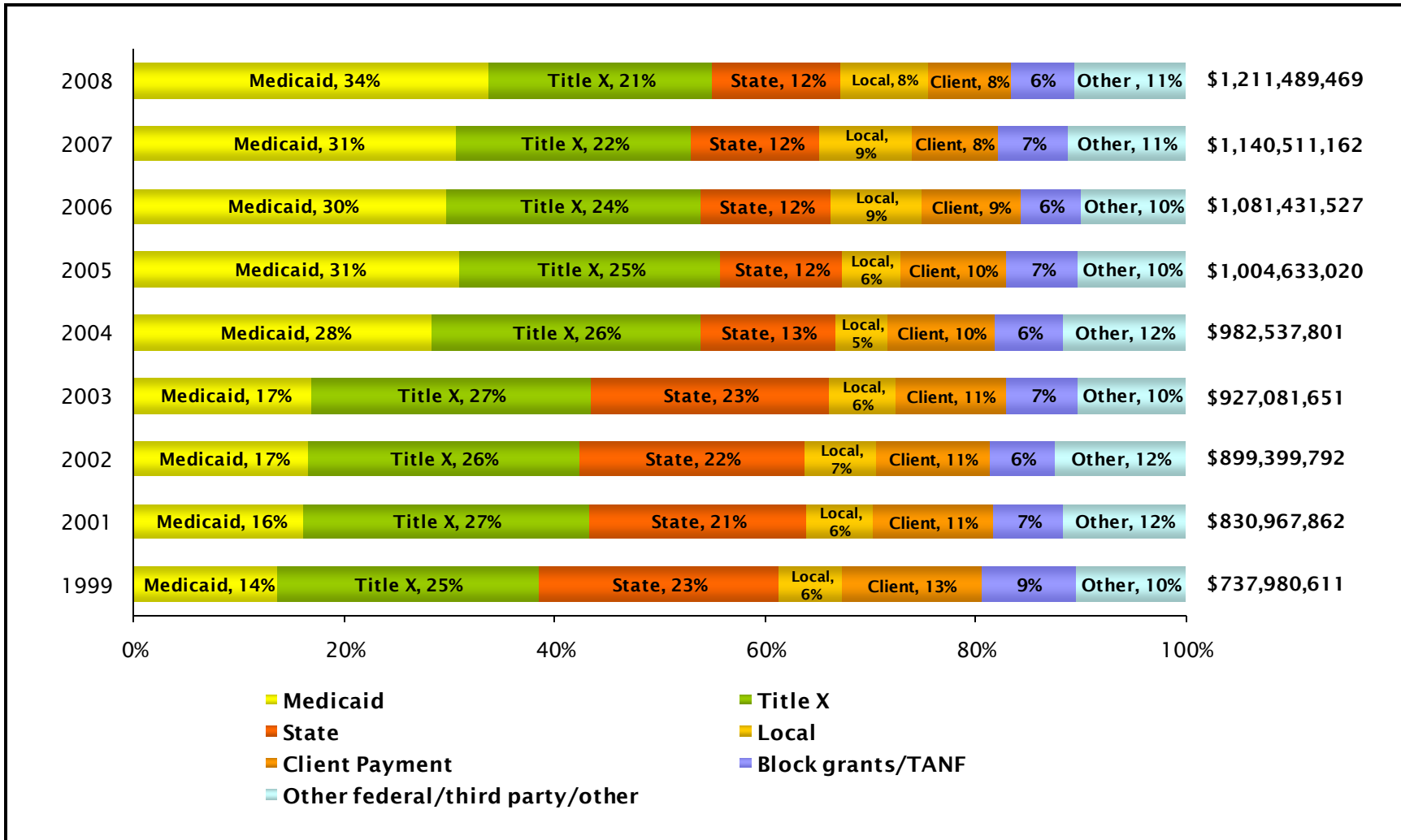
^d Unadjusted total revenue is in actual dollar values.

— Data are not available.

-- Disaggregated data are presented in the table.

† Percentage is less than 0.5%.

Exhibit A-11c. Distribution of Title X project revenue, by revenue source: 1999–2008



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.

Appendix B

State Tables

Exhibit B-1. Number and distribution of all family planning users, by state and gender: 2008 (Source: FPAR Table 1)

State	Family Planning Users			% of State Users		% of Total Users
	Female	Male	Total	Female	Male	
Alabama	107,785	1,453	109,238	99%	1%	2%
Alaska	6,714	1,814	8,528	79%	21%	0%†
Arizona	39,928	2,640	42,568	94%	6%	1%
Arkansas	75,395	426	75,821	99%	1%	2%
California	963,616	130,006	1,093,622	88%	12%	22%
Colorado	46,348	6,297	52,645	88%	12%	1%
Connecticut	39,153	3,782	42,935	91%	9%	1%
Delaware	22,322	4,375	26,697	84%	16%	1%
District of Columbia	17,514	4,398	21,912	80%	20%	0%†
Florida	223,082	8,161	231,243	96%	4%	5%
Georgia	147,306	4,980	152,286	97%	3%	3%
Hawaii	20,344	556	20,900	97%	3%	0%†
Idaho	25,410	2,556	27,966	91%	9%	1%
Illinois	133,919	868	134,787	99%	1%	3%
Indiana	39,817	2,718	42,535	94%	6%	1%
Iowa	66,786	2,775	69,561	96%	4%	1%
Kansas	38,863	2,835	41,698	93%	7%	1%
Kentucky	103,627	4,803	108,430	96%	4%	2%
Louisiana	58,158	1,921	60,079	97%	3%	1%
Maine	27,124	2,242	29,366	92%	8%	1%
Maryland	74,096	3,935	78,031	95%	5%	2%
Massachusetts	61,058	8,530	69,588	88%	12%	1%
Michigan	120,756	4,286	125,042	97%	3%	2%
Minnesota	36,659	2,773	39,432	93%	7%	1%
Mississippi	60,953	455	61,408	99%	1%	1%
Missouri	71,987	2,608	74,595	97%	3%	1%
Montana	25,427	1,849	27,276	93%	7%	1%
Nebraska	22,281	1,877	24,158	92%	8%	0%†
Nevada	23,507	588	24,095	98%	2%	0%†
New Hampshire	26,218	1,645	27,863	94%	6%	1%
New Jersey	123,598	8,386	131,984	94%	6%	3%
New Mexico	36,183	3,957	40,140	90%	10%	1%
New York	311,522	19,313	330,835	94%	6%	7%
North Carolina	135,774	2,949	138,723	98%	2%	3%
North Dakota	14,065	1,170	15,235	92%	8%	0%†

† Percentage is less than 0.5%.

(continued)

Exhibit B-1. Number and distribution of all family planning users, by state and gender: 2008 (Source: FPAR Table 1) (continued)

State	Family Planning Users			% of State Users		% of Total Users
	Female	Male	Total	Female	Male	
Ohio	103,261	6,211	109,472	94%	6%	2%
Oklahoma	81,546	1,445	82,991	98%	2%	2%
Oregon	70,315	3,228	73,543	96%	4%	1%
Pennsylvania	287,222	21,433	308,655	93%	7%	6%
Rhode Island	17,035	1,527	18,562	92%	8%	0%†
South Carolina	95,860	971	96,831	99%	1%	2%
South Dakota	11,292	319	11,611	97%	3%	0%†
Tennessee	120,891	214	121,105	100%	0%†	2%
Texas	221,130	11,245	232,375	95%	5%	5%
Utah	28,614	3,323	31,937	90%	10%	1%
Vermont	8,300	551	8,851	94%	6%	0%†
Virginia	70,073	1,444	71,517	98%	2%	1%
Washington	101,862	5,887	107,749	95%	5%	2%
West Virginia	54,366	2,960	57,326	95%	5%	1%
Wisconsin	52,221	3,942	56,163	93%	7%	1%
Wyoming	12,002	555	12,557	96%	4%	0%†
Jurisdictions/ Territories						
Puerto Rico	16,819	1,096	17,915	94%	6%	0%†
U.S. Virgin Islands	3,175	19	3,194	99%	1%	0%†
Pacific region ^a	20,383	7,546	27,929	73%	27%	1%
Total All Users	4,723,662	327,843	5,051,505	94%	6%	100%

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

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by state and income level: 2008
(Source: FPAR Table 4)

State	Number of Users by Income Level ^a					Distribution of Users by Income Level ^a			
	≤100%	101%–250%	>250%	UK/NR	Total Users	≤100%	101%–250%	>250%	UK/NR
Alabama	81,854	23,864	1,946	1,574	109,238	75%	22%	2%	1%
Alaska	5,356	2,631	541	0	8,528	63%	31%	6%	0%
Arizona	37,493	4,316	230	529	42,568	88%	10%	1%	1%
Arkansas	47,151	21,084	2,417	5,169	75,821	62%	28%	3%	7%
California	837,680	197,827	36,305	21,810	1,093,622	77%	18%	3%	2%
Colorado	38,577	11,997	1,684	387	52,645	73%	23%	3%	1%
Connecticut	14,726	22,657	2,288	3,264	42,935	34%	53%	5%	8%
Delaware	17,527	6,918	1,693	559	26,697	66%	26%	6%	2%
District of Columbia	11,377	3,258	4,399	2,878	21,912	52%	15%	20%	13%
Florida	174,414	50,198	5,402	1,229	231,243	75%	22%	2%	1%
Georgia	116,980	32,638	2,668	0	152,286	77%	21%	2%	0%
Hawaii	16,424	2,592	1,150	734	20,900	79%	12%	6%	4%
Idaho	16,775	9,598	1,593	0	27,966	60%	34%	6%	0%
Illinois	101,919	27,964	4,403	501	134,787	76%	21%	3%	0%†
Indiana	31,579	9,922	1,034	0	42,535	74%	23%	2%	0%
Iowa	49,088	15,614	4,831	28	69,561	71%	22%	7%	0%†
Kansas	21,197	15,228	2,780	2,493	41,698	51%	37%	7%	6%
Kentucky	73,866	23,854	3,807	6,903	108,430	68%	22%	4%	6%
Louisiana	54,420	5,288	345	26	60,079	91%	9%	1%	0%†
Maine	15,040	9,879	3,322	1,125	29,366	51%	34%	11%	4%
Maryland	53,816	12,161	7,692	4,362	78,031	69%	16%	10%	6%
Massachusetts	45,474	20,759	1,731	1,624	69,588	65%	30%	2%	2%
Michigan	86,487	32,722	5,672	161	125,042	69%	26%	5%	0%†
Minnesota	25,865	10,917	2,650	0	39,432	66%	28%	7%	0%
Mississippi	52,064	8,940	390	14	61,408	85%	15%	1%	0%†
Missouri	45,660	22,730	6,205	0	74,595	61%	30%	8%	0%
Montana	14,966	7,943	4,367	0	27,276	55%	29%	16%	0%
Nebraska	12,754	8,569	2,463	372	24,158	53%	35%	10%	2%
Nevada	15,394	6,564	1,318	819	24,095	64%	27%	5%	3%
New Hampshire	14,100	9,066	3,381	1,316	27,863	51%	33%	12%	5%
New Jersey	59,863	68,636	3,485	0	131,984	45%	52%	3%	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 state and income level: 2008
(Source: FPAR Table 4) (continued)

State	Number of Users by Income Level ^a					Distribution of Users by Income Level ^a			
	≤100%	101%–250%	>250%	UK/NR	Total Users	≤100%	101%–250%	>250%	UK/NR
New Mexico	17,810	3,435	6,955	11,940	40,140	44%	9%	17%	30%
New York	218,418	91,744	16,555	4,118	330,835	66%	28%	5%	1%
North Carolina	85,638	41,302	11,783	0	138,723	62%	30%	8%	0%
North Dakota	7,415	5,381	2,321	118	15,235	49%	35%	15%	1%
Ohio	70,138	30,644	6,038	2,652	109,472	64%	28%	6%	2%
Oklahoma	59,969	21,590	1,432	0	82,991	72%	26%	2%	0%
Oregon	51,416	19,575	2,276	276	73,543	70%	27%	3%	0%†
Pennsylvania	201,306	75,217	26,233	5,899	308,655	65%	24%	8%	2%
Rhode Island	12,602	3,902	397	1,661	18,562	68%	21%	2%	9%
South Carolina	87,074	8,219	963	575	96,831	90%	8%	1%	1%
South Dakota	7,289	2,660	1,432	230	11,611	63%	23%	12%	2%
Tennessee	91,487	23,428	6,190	0	121,105	76%	19%	5%	0%
Texas	179,790	49,305	2,266	1,014	232,375	77%	21%	1%	0%†
Utah	23,953	6,617	652	715	31,937	75%	21%	2%	2%
Vermont	3,411	3,247	2,192	1	8,851	39%	37%	25%	0%†
Virginia	45,964	21,226	2,184	2,143	71,517	64%	30%	3%	3%
Washington	65,256	35,615	6,864	14	107,749	61%	33%	6%	0%†
West Virginia	51,366	5,940	20	0	57,326	90%	10%	0%†	0%
Wisconsin	38,404	14,724	3,029	6	56,163	68%	26%	5%	0%†
Wyoming	7,847	3,589	1,121	0	12,557	62%	29%	9%	0%
Jurisdictions/ Territories									
Puerto Rico	15,115	1,226	1,415	159	17,915	84%	7%	8%	1%
U.S. Virgin Islands	2,654	466	74	0	3,194	83%	15%	2%	0%
Pacific region ^b	19,014	3,789	19	5,107	27,929	68%	14%	0%†	18%
Total All Users^c	3,553,222	1,179,175	224,603	94,505	5,051,505	70%	23%	4%	2%

UK/NR=unknown or not reported.

^a Title X-funded agencies calculate and report user income as a percentage of the poverty 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 Web site at <http://aspe.hhs.gov/poverty>.

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

^c Percentages do not add up to 100 due to rounding.

† Percentage is less than 0.5%.

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Appendix C

Methodological Notes

Methodological Notes

INTRODUCTION

In February 2009, 88 Title X service grantees submitted Family Planning Annual Reports (FPARs) for the 2008 reporting period (January 1 through December 31, 2008). A total of 87 reports (99%) were submitted by the February 15 due date, and 82 reports (92%) were submitted using the Office of Population Affairs (OPA) Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered into *GrantSolutions* the data for six hardcopy reports, and all reports were consolidated into a single electronic file. HHS regional staff and the FPAR Data Coordinator reviewed and approved all FPARs prior to sending RTI the first electronic data file on April 6, 2009.

After receiving the initial data file, RTI performed further validations to identify potential reporting errors (e.g., extreme or unexpected values for selected data items) and problems (e.g., 10% or more unknown or not reported). RTI also performed a manual review of each hardcopy report. Once these validations were complete, RTI submitted (May 13, 2009) to OPA a grantee-specific report listing validation issues that required followup with the grantee. OPA sent RTI the final electronic data file on August 4, 2009. Final corrections were completed October 9, 2009, including OPA-approved changes made by RTI in the final RTI analysis file.

This appendix summarizes table-specific notes from grantees and OPA staff (RPCs, other regional staff, and the FPAR Data Coordinator) about the 2008 FPAR data, as well as issues identified by RTI during validation. The comments are organized according to the FPAR reporting table to which they apply, and not according to the exhibits in the main body of the *FPAR 2008 National Summary*.

FPAR COVER SHEET: GRANTEE PROFILE

There was a net decrease of 20 service sites between 2007 and 2008. Two grantees reported that the decrease in number of sites was due to such factors as inadequate funding due to the decline in general and local county revenue, difficulty recruiting staff, and service site consolidation.

Five grantees reported data for a different 12-month period (December 1, 2007 to November 30, 2008) than the 2008 calendar year.

FPAR TABLE 1: USERS BY AGE AND GENDER

Eleven grantees reported that the decrease in the number of users compared to 2007 was due to one or more factors, including staffing issues (e.g., problems recruiting and retaining nurse practitioners and other midlevel providers, shortage of public health nurses); clinic renovations; clinic closures, consolidations, and reduced operating hours; disruption in operations during implementation of electronic medical record and patient billing systems; inadequate funding; increased costs of service delivery and contraceptive supplies; demands of reporting associated with implementation of the Medicaid waiver program; changes in

program structure or requirements of other funding sources resulting in subgroups of clients receiving services elsewhere (e.g., STD services); increased staff time associated with IUD and implant insertions; and fear among some immigrant populations that service providers will report them to state/immigration authorities.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Fourteen grantees commented on female users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum Office of Management and Budget (OMB) race options in FPAR Table 2. The failure of some Hispanic female users to self-identify with at least one of the five minimum race categories results in a higher percentage of female users reported as “unknown or not reported” race. However, the structure of FPAR Table 2 allows grantees and OPA to determine the ethnic composition for a majority of female users who do not report a race. Of the 13% of total female users for whom race was unknown or not reported in 2008, 77% were Hispanic or Latino. Both race and ethnicity were unknown or not reported for less than 1% of total female users in 2007 and 2008 (0.6% and 0.9%, respectively). Several grantees noted ongoing efforts to improve the collection and reporting of ethnicity and race data.

One grantee reported that the form (CMS 1500) used to collect female user demographic data does not have fields for client race or ethnicity, thereby increasing the percentage of users with unknown race and ethnicity.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Eleven grantees commented on male users who self-identify as Hispanic or Latino, but who do not self-identify with one or more of the five minimum OMB race options in FPAR Table 3. The failure of some Hispanic male users to self-identify with at least one of the five minimum race categories results in a higher percentage of male users reported as “unknown or not reported” race. However, the structure of FPAR Table 3 allows grantees and OPA to determine the ethnic composition for a majority of male users who do not report a race. Of the 13% of total male users for whom race was unknown or not reported in 2007, 78% were Hispanic or Latino. In 2007 and 2008, there were only small percentages of total male users—0.7% in 2007 and 1.1% in 2008—for whom both race and ethnicity were unknown or not reported. Several grantees noted ongoing efforts to improve the collection and reporting of ethnicity and race data.

One grantee reported that the form (CMS 1500) used to collect male user demographic data does not have fields for client race or ethnicity, thereby increasing the percentage of users with unknown race and ethnicity.

FPAR TABLE 4: USERS BY INCOME LEVEL

Seven grantees reported that the increase in users with unknown or not reported income was due to problems collecting these data for some client subgroups, including adolescents, users with third-party coverage (public, private, or waiver), users who received expedited family planning services during “STD clinic time,” and users making an emergency, first-time, or education-only visit.

Six grantees reported that the increase in users with unknown or not reported income levels was due to problems with data systems, including problems transferring income data to a new data system, staff failure to enter the data into the electronic medical record or practice management system, and inability to extract the data from the data system.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Seven grantees reported that user insurance coverage data were incomplete because of problems with data collection systems, inconsistent data collection, and failure to collect the information for specific client subgroups (e.g., adolescents, postpartum, and self-pay clients)

One grantee expressed concern about the possibility that delegates might be overstating the number of clients with public coverage.

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

One grantee reported that data on the LEP status of users were not available for Medicaid or Medicaid HMO clients. Two other grantees reported that the number of LEP users was likely understated due to incomplete data collection.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Hormonal injection users—Nine grantees in four regions (IV, VI, VII, and IX) reported a total of 274 one-month hormonal injection users, which accounted for 0.05% of all 597,572 hormonal injection users reported in 2008. In general, users who report reliance on 1-month injectables obtain the method in countries where it is produced (e.g., Mexico) or locally through non-Title X sources.

Sterilization users < 20 years—Four grantees reported six female users in the age category 18 to 19 who relied on female sterilization as their primary contraceptive method. In each case, the grantee confirmed that the female user had been sterilized prior to seeking services at the Title X-funded site.

Unknown methods—Five grantees reported that primary contraceptive use data were incomplete (unknown/not reported or no method/other) because of weaknesses in data entry or data collection.

One grantee reported that the distribution of female users by primary method was estimated based on the method-mix distribution derived from a new system implemented during the last 2 months of the reporting period.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Sterilization users < 20 years—One grantee reported one male user in the age category 18 to 19 who relied on vasectomy as his primary contraceptive method. The grantee confirmed that the teenager had been sterilized prior to seeking services at the Title X-funded site.

Unknown methods—Nine grantees noted that the levels of “unknown or not reported” primary contraceptive method was due to such factors as inconsistent data collection by clinic staff and problems associated with the implementation of electronic data systems.

One grantee reported that the distribution of female users by primary method was estimated based on the method-mix distribution derived from a new system implemented during the last 2 months of the reporting period.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Fifteen grantees attributed decreases in numbers of Pap tests performed and users tested to the adoption of updated cervical cancer screening guidelines.

Two grantees noted that Pap result data for one of their delegates were unavailable because of the limitations of the delegate's data system.

Four grantees commented on the number and types of abnormal Pap results and their use of improved Pap testing technology (e.g., liquid-based).

FPAR TABLE 10: BREAST CANCER SCREENING ACTIVITIES

One grantee noted that the numbers of reported clinical breast exams (CBEs) were estimates based on the comprehensive/global billing code for a complete physical exam.

Two grantees noted that their own data system or the system of one of their delegates was not able to track CBE-related referrals, and one grantee noted that the CBE data (users examined and referrals) were incomplete for users covered by Medicaid/Medicaid HMO.

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

One grantee noted that data on Chlamydia testing were not available for users covered by Medicaid/Medicaid HMO.

FPAR TABLE 12: STD TESTING BY GENDER

One grantee noted that STD testing data were not available for users covered by Medicaid/Medicaid HMO, while another noted that HIV tests were performed by the state health department and that data on the number of HIV tests performed were not available to report on the FPAR.

Five grantees noted the impact of the revised CDC guidelines for HIV screening on the increased number of users tested.

FPAR TABLE 13: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION

In 2005, a new category of clinical services provider (CSP) was introduced in the FPAR in an effort to collect information on the role of other providers (e.g., registered nurses) in delivering clinical family planning services traditionally restricted to physician and midlevel (physician assistants, nurse practitioners, and certified nurse midwives) providers. The FPAR defines other CSPs as "other licensed health providers (e.g., registered nurses) who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessment, as described in Section 8.3 of the *Program Guidelines*."

Since collection of other CSP data was implemented, OPA regional and grantee staff have provided technical assistance to grantees and delegates to improve the quality of these data.

As a result, there have been steady declines in the number of other CSPs reported and in the number of grantees reporting FTEs for this category of CSP. Between 2005 and 2008, the number of other CSP FTEs reported decreased 58%, from 2,641 in 2005 to 1,098 in 2008. OPA will continue monitoring the quality of these data.

Three grantees noted that the reported FTE data were either incomplete or estimated, and one grantee reported that data on the number of encounters by type of provider were not available for users covered by Medicaid/Medicaid HMO.

Two grantees noted a decrease in reported CSP FTEs due to decreased funding or more efficient delineation of clinical duties.

FPAR TABLE 14: REVENUE REPORT

Title X revenue (row 1)—Title X revenue includes 2008 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV and male involvement).

Other federal grant revenue (rows 3 and 4)—Grantees specified the following types of other federal grant revenue on rows 3 and 4: U.S. Department of Health and Human Services (HHS) Health Resources Services Administration (HRSA); Ryan White Care Act (prevention services); and the Indian Health Service.

Medicaid waiver revenue (row 7a)—Medicaid revenue reported on row 7a included revenue from Medicaid family planning waivers in 24 states in 9 of the 10 HHS regions. The states, by region, include the following:

Region I—Rhode Island

Region II—New York

Region III—Delaware, Maryland, Pennsylvania, and Virginia

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

Region V—Illinois, Michigan, Minnesota, and Wisconsin

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

Region VII—Iowa

Region IX—Arizona and California

Region X—Oregon and Washington

Other revenue (rows 15 to 17)—Grantees specified the following types of other revenue:

Abortion Alternative
agency general fund (private)

agency grants
applicant

Ashland Community Action
Commission

Ashland Parenting Plus
call center revenue

Cancer Service Network

Centers for Disease Control and
Prevention (CDC)

CDC Breast and Cervical Cancer Early
Detection Program

CDC Comprehensive STD Prevention
Systems

CDC HIV Prevention Funding

CDC Infertility Prevention Program
(federal and state shares)

CDC STD Prevention Funding
CDC/Infertility Prevention Program,
Ohio Department of Health
charity
Colorado Family Planning Initiative
Community Health Charities
Community Service Block Grant
contraceptives/delegates
contributions
contributions, agency
contributions, business and community
contributions, corporate
contributions, donor/private
contributions, individuals
contributions, in-kind
contributions, patient
contributions, restricted
Coquille Tribal Funds
data processing
DC Primary Care Association
deficit allocation
delegate reimbursement
discounts
donations
donations, anonymous
donations, client or patient
donations, in-kind
donations, non-patient
donations, other
education fees
educational income/revenue
employee campaign
fees
foundation funding
foundation grants
foundations
fundraising
general operating fund
genetics
gifts, restricted
grant interest refund
Healthy Woman Project
Highmark Alliance Program
HIV and STD
Home Health Services Public Health
Support

Healthy Woman Program
income
income from sale of assets
Infertility Prevention Project (IPP)
IPP, Massachusetts Department of
Health
IPP, Region III in-kind services
institutional funds
interest
interest income
intra-agency transfers
investments
Iowa Infertility Prevention Project
Kansas Statewide Farmworkers Health
Program
Komen Breast Cancer Awareness,
Grant-In-Aid
lab fees
local agency
local grants
local private support
March of Dimes
medical records transfer
mileage
miscellaneous revenues
Nebraska Every Woman Matters
Program
Nebraska HIV Counseling, Testing, and
Referral Program
nongovernment grants
Organon USA refund
other contractual revenue
other program revenue
Pennsylvania Department of Health
Literacy Project
Preventive Health and Health Services
Block Grant
private contributors
private donations
private foundations
private funding
private fundraising
private grants
refunds
reimbursement from other programs
rental income

research grant	United Nations Population Fund (UNFPA)
Rural Health Care Services Outreach	United Midcoast Charities
Special project	United Way
State of Alaska Breast and Cervical Health Check Program	Visiting Nurse Association
STD funds	Waconah High School Grant
STD general funds	Washington AIDS Partnership
STD student health fees	World Health Organization (WHO)/UNFPA
subcontracts	Women's Health Connection
Tobacco Settlement Funds	Workers' compensation
uncompensated care	

TREND EXHIBITS

Exhibits A-7a, A-7b, and A-7c—In the *FPAR National Summaries* for 1999–2004 (*Table A-6*) and 2005 (*Exhibit A-7a*), the primary contraceptive use trend data for 1999 excluded 8,271 female users from the total number because the grantee did not report a method of contraception for them. The correct total number of female users in 1999 was 4,315,040 and not 4,306,769, as shown in these tables. In the *FPAR 2008 National Summary*, these 8,271 users are included in the unknown method cell of the 1999 primary contraceptive use column, bringing the total number of female users with an unknown method in 1999 to 162,056 (instead of 153,785) and the total number of female primary method users to 3,746,113 (instead of 3,737,842).

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