

Family Planning Annual Report

X

2009 NATIONAL SUMMARY

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November 2010

Family Planning Annual Report: 2009 National Summary

Prepared for

Office of Family Planning
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 2009, the program received approximately \$307.5 million in funding (OPA/OFP, personal communication, October 21, 2010).

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.

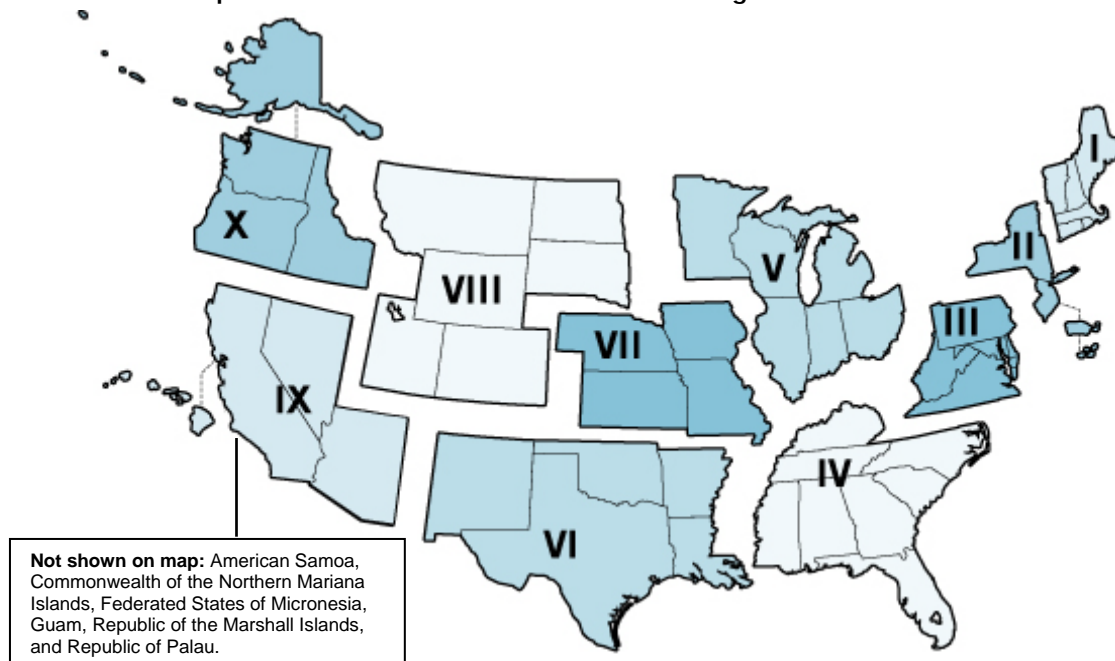
FAMILY PLANNING ANNUAL REPORT

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.^{3,4} The FPAR data are reported and presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.⁵

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 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, DC, 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: 2009 National Summary* presents data for the 89 Title X service grantees that submitted reports for the 2009 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 2009, or 2005 to 2009 for selected indicators. *Appendix B* presents information on the number and distribution of users served in 2009 by sex 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 the 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 who exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and 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*⁶ 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* (Reissued October 2007), pp. 5–7.

2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2007)⁷ 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 2010, 89 Title X service grantees submitted FPARs for 2009. Eighty-two grantees (92%) submitted their FPAR by the February 15 due date, and 85 grantees (96%) submitted their FPAR using OPA's Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered data into *GrantSolutions* for four 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 address all outstanding validation issues and update 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 issues about the data 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* (Reissued October 2007), pp. 13–17, A1–A2.

3 Findings

GRANTEE PROFILE

In 2009, OPA regional offices awarded Title X service grants to 89 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 1,157 subcontractors (“delegates”) and their own clinics, ultimately supporting a family planning service network of 4,515 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and jurisdictions (*Exhibit 2*).

From 2008 to 2009, the Title X service network was relatively stable, experiencing a net increase of 1 grantee and net decreases of 13 delegates and 7 service sites. Four regions (III, IV, VII, and IX) reported no or small increases (3% and 4%) in the number of delegates, while six others reported decreases ranging from 1% (I and VI) to 7% (V). Nine regions (I, II, III, IV, VI, VII, VIII, IX, and X) reported small changes of 3% or less in the number of service sites, while Region V reported a decrease of 9% (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, delegates, and service sites, by year and region: 2008–2009 (Source: FPAR Grantee Profile Cover Sheet)

Network Features	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2008	88	10	7	9	10	11	8	5	6	15	7
2009	89	10	7	9	10	11	8	5	6	16	7
% Change	1%	0%	0%	0%	0%	0%	0%	0%	0%	7%	0%
Delegates											
2008	1,170	70	91	222	185	146	95	107	78	112	64
2009	1,157	69	89	222	190	136	94	107	73	116	61
% Change	-1%	-1%	-2%	0%	3%	-7%	-1%	0%	-6%	4%	-5%
Service Sites											
2008	4,522	233	292	651	1,093	410	571	294	190	508	280
2009	4,515	230	296	656	1,104	373	588	296	185	501	286
% Change	0%†	-1%	1%	1%	1%	-9%	3%	1%	-3%	-1%	2%

† Percentage change is greater than -0.5% and less than 0%.

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2009, Title X-funded sites served 5,186,267 family planning users. Regions IV and IX accounted for 19% and 25%, respectively, of the total users served in 2009. 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 2008 and 2009, the total number of users served in Title X-funded service sites increased by 134,762 users, or almost 3%. Four of the 10 regions (I, IV, VII, and X) experienced only small changes of no more than plus or minus 1% in the number of users served. One region (V) reported a 3% decrease, while the other five (II, III, VI, VIII, and IX) reported increases of 3% to 7% (*Exhibit 3*). On average, the number of users per service site increased by 32, from 1,117 in 2008 to 1,149 in 2009 (not shown).

Between 1999 and 2009, the total number of users increased 17%, from 4,442,138 in 1999 to 5,186,267 in 2009. During this period, the regional distribution of total family planning users remained relatively stable except in Region IX and, to a lesser extent, Region IV. Region IX accounted for 25% of total users in 2009, compared to 16% in 1999, while the percentage of total users served in Region IV decreased from 23% in 1999 to 19% in 2009 (*Exhibits A-1a and A-1b in Appendix A*).

Users by Sex (Exhibits 4 and 5)

Of the total number of users in 2009, 93% (4,811,691) were female and 7% (374,576) were male. Across regions, the percentage of total users who were female ranged from 88% (VIII and IX) to 98% (IV) (*Exhibits 4 and 5*). *Exhibit B-1 (Appendix B)* presents the number and distribution of female and male family planning users for 2009 within and across each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Exhibit 3. Number, distribution, and percentage change in number of family planning users, by year and region: 2008–2009 (Source: FPAR Table 1)

Users	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number											
2008	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
2009	5,186,267	199,779	497,614	592,475	1,010,012	492,741	512,019	209,350	160,919	1,294,974	216,384
Distribution											
2008	100%	4%	10%	11%	20%	10%	10%	4%	3%	24%	4%
2009	100%	4%	10%	11%	19%	10%	10%	4%	3%	25%	4%
% Change	2.7%	1%	3%	5%	-1%	-3%	4%	0%†	6%	7%	-1%

† Percentage change is greater than -0.5% and less than 0%.

Between 1999 and 2009, the percentage of users who were female decreased from 97% of total users in 1999 to 93% in 2009. Numerically, however, the number of female users increased 12%, from 4,315,040 in 1999 to 4,811,691 in 2009. During this same time, the number of male users nearly tripled (195%), increasing from 127,098 in 1999 to 374,576 in 2009 (*Exhibit A-1a*).

Users by Age (Exhibits 4 and 5)

In 2009, 50% (2,614,827) of family planning users were in their 20s, 26% were 30 or over, and 24% were 19 or under. By age group, the highest percentages of users were aged 20 to 24 (30%), 15 to 19 (22%), and 25 to 29 (20%). By region, the percentage of users in their early 20s ranged from 28% (I and VI) to 34% (V), while the percentage aged 15 to 19 ranged from 20% (II and IX) to 25% (III, V, and VIII). Users under 15 years accounted for only 1% (74,287) 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 (25%) and female (24%) 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 47% (IV), compared with a range of 21% (II and IX) to 27% (VIII) for female users. Similarly, the percentage of male users in their early 20s ranged from 16% (IV) to 37% (V) of male users, compared to 28% (I and VI) to 34% (V) of female users. Females 15 or under comprised 1% to 2% of female users in all regions, while males in this age group accounted for 1% to 4% of male users in all regions except Region IV, where they accounted for 28% of male users (*Exhibits 4 and 5*).

Between 1999 and 2009, 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 except the group 17 or under, which decreased 8% from 627,496 users in 1999 to 576,513 in 2009, and the age group 18 to 19, which decreased less than 1% from 648,224 users in 1999 to 647,432 in 2009. The most dramatic percentage increase was among the number of users 44 or over, which increased 98%, from 104,302 users in 1999 to 206,460 in 2009 (*Exhibits A-2a and A-2b*).

Users by Race (Exhibits 6 to 14)

In 2009, 59% (3,054,226) of all family planning users identified themselves as white, 20% (1,015,013) as black, 3% (150,847) as Asian, 1% (73,559) as Native Hawaiian or Other Pacific Islander, and 1% (39,220) as American Indian or Alaska Native. Three percent (169,044) 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*,⁸ and race was either unknown or not reported for 13% (684,358) of all users (*Exhibits 6, 9, and 10*).

Exhibit 4. Number of family planning users, by sex, age, and region: 2009 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	60,156	2,416	4,603	8,901	14,717	5,124	7,548	2,521	1,800	10,286	2,240
15 to 17	466,252	21,325	40,363	60,997	92,738	50,131	50,092	20,163	15,997	92,265	22,181
18 to 19	605,392	21,527	53,857	68,712	123,101	68,217	58,972	25,361	20,789	138,248	26,608
20 to 24	1,472,080	49,873	143,050	162,569	306,660	159,490	136,987	61,740	44,702	345,784	61,225
25 to 29	970,222	32,805	98,123	103,385	205,721	90,579	99,984	38,626	27,074	230,135	43,790
30 to 34	541,269	18,146	55,661	55,439	116,683	45,326	62,771	21,313	13,724	129,286	22,920
35 to 39	329,513	12,472	33,769	33,756	66,326	25,969	37,695	12,734	8,046	85,653	13,093
40 to 44	191,696	9,053	19,342	20,814	35,440	13,941	19,410	7,853	4,857	54,100	6,886
Over 44	175,111	11,823	17,552	24,563	25,677	10,582	13,558	8,299	4,650	53,033	5,374
Subtotal	4,811,691	179,440	466,320	539,136	987,063	469,359	487,017	198,610	141,639	1,138,790	204,317
Male Users											
Under 15	14,131	468	702	2,076	6,330	229	472	182	239	3,333	100
15 to 17	35,974	2,416	2,832	8,899	2,337	2,034	2,553	765	1,511	11,713	914
18 to 19	42,040	2,125	4,090	7,366	2,105	2,981	3,416	1,237	2,236	15,409	1,075
20 to 24	104,971	5,761	10,920	13,622	3,730	8,584	7,547	3,666	5,676	42,317	3,148
25 to 29	67,554	3,775	6,001	7,322	2,793	4,696	4,610	2,378	4,175	29,231	2,573
30 to 34	36,762	1,896	2,770	3,828	1,786	2,185	2,490	1,064	2,259	16,976	1,508
35 to 39	24,199	1,243	1,564	2,636	1,330	1,079	1,473	593	1,259	12,015	1,007
40 to 44	17,596	1,052	978	2,398	957	619	977	323	723	8,912	657
Over 44	31,349	1,603	1,437	5,192	1,581	975	1,464	532	1,202	16,278	1,085
Subtotal	374,576	20,339	31,294	53,339	22,949	23,382	25,002	10,740	19,280	156,184	12,067
All Users											
Under 15	74,287	2,884	5,305	10,977	21,047	5,353	8,020	2,703	2,039	13,619	2,340
15 to 17	502,226	23,741	43,195	69,896	95,075	52,165	52,645	20,928	17,508	103,978	23,095
18 to 19	647,432	23,652	57,947	76,078	125,206	71,198	62,388	26,598	23,025	153,657	27,683
20 to 24	1,577,051	55,634	153,970	176,191	310,390	168,074	144,534	65,406	50,378	388,101	64,373
25 to 29	1,037,776	36,580	104,124	110,707	208,514	95,275	104,594	41,004	31,249	259,366	46,363
30 to 34	578,031	20,042	58,431	59,267	118,469	47,511	65,261	22,377	15,983	146,262	24,428
35 to 39	353,712	13,715	35,333	36,392	67,656	27,048	39,168	13,327	9,305	97,668	14,100
40 to 44	209,292	10,105	20,320	23,212	36,397	14,560	20,387	8,176	5,580	63,012	7,543
Over 44	206,460	13,426	18,989	29,755	27,258	11,557	15,022	8,831	5,852	69,311	6,459
Total All Users	5,186,267	199,779	497,614	592,475	1,010,012	492,741	512,019	209,350	160,919	1,294,974	216,384

Exhibit 5. Distribution of family planning users, by sex, age, and region: 2009 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	1%	1%	2%	1%	1%	2%	1%	1%	1%	1%
15 to 17	10%	12%	9%	11%	9%	11%	10%	10%	11%	8%	11%
18 to 19	13%	12%	12%	13%	12%	15%	12%	13%	15%	12%	13%
20 to 24	31%	28%	31%	30%	31%	34%	28%	31%	32%	30%	30%
25 to 29	20%	18%	21%	19%	21%	19%	21%	19%	19%	20%	21%
30 to 34	11%	10%	12%	10%	12%	10%	13%	11%	10%	11%	11%
35 to 39	7%	7%	7%	6%	7%	6%	8%	6%	6%	8%	6%
40 to 44	4%	5%	4%	4%	4%	3%	4%	4%	3%	5%	3%
Over 44	4%	7%	4%	5%	3%	2%	3%	4%	3%	5%	3%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	4%	2%	2%	4%	28%	1%	2%	2%	1%	2%	1%
15 to 17	10%	12%	9%	17%	10%	9%	10%	7%	8%	7%	8%
18 to 19	11%	10%	13%	14%	9%	13%	14%	12%	12%	10%	9%
20 to 24	28%	28%	35%	26%	16%	37%	30%	34%	29%	27%	26%
25 to 29	18%	19%	19%	14%	12%	20%	18%	22%	22%	19%	21%
30 to 34	10%	9%	9%	7%	8%	9%	10%	10%	12%	11%	12%
35 to 39	6%	6%	5%	5%	6%	5%	6%	6%	7%	8%	8%
40 to 44	5%	5%	3%	4%	4%	3%	4%	3%	4%	6%	5%
Over 44	8%	8%	5%	10%	7%	4%	6%	5%	6%	10%	9%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	1%	1%	1%	2%	2%	1%	2%	1%	1%	1%	1%
15 to 17	10%	12%	9%	12%	9%	11%	10%	10%	11%	8%	11%
18 to 19	12%	12%	12%	13%	12%	14%	12%	13%	14%	12%	13%
20 to 24	30%	28%	31%	30%	31%	34%	28%	31%	31%	30%	30%
25 to 29	20%	18%	21%	19%	21%	19%	20%	20%	19%	20%	21%
30 to 34	11%	10%	12%	10%	12%	10%	13%	11%	10%	11%	11%
35 to 39	7%	7%	7%	6%	7%	5%	8%	6%	6%	8%	7%
40 to 44	4%	5%	4%	4%	4%	3%	4%	4%	3%	5%	3%
Over 44	4%	7%	4%	5%	3%	2%	3%	4%	4%	5%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The racial composition of female users (*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, while among male users, 50% self-identified as white and 22% as black. Additionally, race was unknown or not reported for a slightly higher percentage of male (17%) than female (13%) users.

At least 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 (5%). 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 2009, there were small shifts in the percentage distribution of family planning users by race, with the largest changes (2 to 6 percentage points) among users who self-identified as white, black, and unknown/not reported race. The percentage of total users who self-identified as white decreased from 65% in 1999 to 59% in 2009, the percentage who self-identified as black decreased from 22% to 20%, and the percentage of users for whom race was unknown or not reported increased from 9% to 13%. The increased percentage of users with an unknown race is likely due to the increase in Hispanic/Latino users, many of whom do not self-identify with any OMB race category. Between 2005 and 2009, the percentage of all users who self-identified with two or more OMB race categories remained level at 3% (*Exhibits A-3a and A-3b*).

Users by Ethnicity (Exhibits 6 to 14)

In 2009, 28% (1,447,422) of users identified themselves as Hispanic or Latino, including 28% (1,336,324) of female users and 30% (111,098) 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 II (33% of female and 27% of male users), VI (44% of female and 51% of male users), and IX (45% of female and 44% of male users) (*Exhibits 11, 12, 13, and 14*).

Between 1999 and 2009, the percentage of all family planning users who identified themselves as Hispanic or Latino increased from 17% of users in 1999 to 28% in 2009, 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 87%, from 772,129 in 1999 to 1,447,422 in 2009 (*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% (622,244) of female users for whom race was unknown or not reported in 2009, 77% (476,879) were Hispanic or Latino (*Exhibit 7*). Similarly, among the 17% (62,114) of male users for whom race was unknown or not reported, 76% (47,394) 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 2009.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2009
(Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	7,544	30,602	1,074	39,220	0%†	1%	0%†	1%
Asian	6,267	139,831	4,749	150,847	0%†	3%	0%†	3%
Black/African American	28,049	969,690	17,274	1,015,013	1%	19%	0%†	20%
Nat Hawaiian/Pac Island	8,187	63,787	1,585	73,559	0%†	1%	0%†	1%
White	777,197	2,227,867	49,162	3,054,226	15%	43%	1%	59%
More than one race	95,905	63,770	9,369	169,044	2%	1%	0%†	3%
UK/NR	524,273	122,797	37,288	684,358	10%	2%	1%	13%
Total All Users	1,447,422	3,618,344	120,501	5,186,267	28%	70%	2%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or 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: 2009
(Source: FPAR Table 2)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	7,006	28,588	967	36,561	0%†	1%	0%†	1%
Asian	5,791	132,019	4,410	142,220	0%†	3%	0%†	3%
Black/African American	26,199	889,690	14,941	930,830	1%	18%	0%†	19%
Nat Hawaiian/Pac Island	7,671	53,699	1,469	62,839	0%†	1%	0%†	1%
White	727,417	2,093,517	45,071	2,866,005	15%	44%	1%	60%
More than one race	85,361	57,109	8,522	150,992	2%	1%	0%†	3%
UK/NR	476,879	112,195	33,170	622,244	10%	2%	1%	13%
Total Female Users	1,336,324	3,366,817	108,550	4,811,691	28%	70%	2%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or 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: 2009
(Source: FPAR Table 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	538	2,014	107	2,659	0%†	1%	0%†	1%
Asian	476	7,812	339	8,627	0%†	2%	0%†	2%
Black/African American	1,850	80,000	2,333	84,183	0%†	21%	1%	22%
Nat Hawaiian/Pac Island	516	10,088	116	10,720	0%†	3%	0%†	3%
White	49,780	134,350	4,091	188,221	13%	36%	1%	50%
More than one race	10,544	6,661	847	18,052	3%	2%	0%†	5%
UK/NR	47,394	10,602	4,118	62,114	13%	3%	1%	17%
Total Male Users	111,098	251,527	11,951	374,576	30%	67%	3%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or 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: 2009 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	7,544	43	360	296	1,456	446	850	237	318	2,842	696
Not Hispanic or Latino	30,602	450	1,338	863	2,016	1,588	6,411	1,109	2,081	11,767	2,979
UK/NR	1,074	18	29	38	2	48	231	16	117	574	1
Subtotal	39,220	511	1,727	1,197	3,474	2,082	7,492	1,362	2,516	15,183	3,676
Asian											
Hispanic or Latino	6,267	78	573	2,206	324	103	212	76	34	2,532	129
Not Hispanic or Latino	139,831	7,196	12,270	9,669	21,013	4,531	2,853	2,615	1,540	72,233	5,911
UK/NR	4,749	64	102	240	16	215	146	27	59	3,866	14
Subtotal	150,847	7,338	12,945	12,115	21,353	4,849	3,211	2,718	1,633	78,631	6,054
Black or African American											
Hispanic or Latino	28,049	2,249	7,792	2,363	9,235	952	1,497	216	312	3,088	345
Not Hispanic or Latino	969,690	23,056	109,318	187,369	330,424	97,308	94,996	27,035	5,178	87,285	7,721
UK/NR	17,274	447	1,409	3,568	859	3,231	1,067	507	354	5,808	24
Subtotal	1,015,013	25,752	118,519	193,300	340,518	101,491	97,560	27,758	5,844	96,181	8,090
Native Hawaiian or Pacific Islander											
Hispanic or Latino	8,187	438	285	609	1,276	79	552	82	37	4,323	506
Not Hispanic or Latino	63,787	340	746	664	729	458	823	477	382	57,448	1,720
UK/NR	1,585	5	195	40	1	29	34	3	25	1,247	6
Subtotal	73,559	783	1,226	1,313	2,006	566	1,409	562	444	63,018	2,232
White											
Hispanic or Latino	777,197	17,949	57,869	26,303	139,545	41,208	201,073	22,770	16,869	232,463	21,148
Not Hispanic or Latino	2,227,867	119,085	175,320	281,063	459,451	300,682	165,120	141,314	109,026	338,533	138,273
UK/NR	49,162	1,929	501	15,589	429	4,520	2,391	1,135	2,834	19,677	157
Subtotal	3,054,226	138,963	233,690	322,955	599,425	346,410	368,584	165,219	128,729	590,673	159,578
More Than One Race											
Hispanic or Latino	95,905	3,829	19,708	4,428	6,379	2,962	2,402	220	329	55,148	500
Not Hispanic or Latino	63,770	3,283	2,931	4,012	3,864	3,661	2,540	1,345	1,901	38,560	1,673
UK/NR	9,369	63	222	422	73	938	271	46	73	7,249	12
Subtotal	169,044	7,175	22,861	8,862	10,316	7,561	5,213	1,611	2,303	100,957	2,185
Race Unknown or Not Reported											
Hispanic or Latino	524,273	15,203	76,638	34,813	23,869	20,194	20,593	6,687	17,289	283,125	25,862
Not Hispanic or Latino	122,797	2,312	27,168	14,511	8,407	8,246	1,852	1,463	1,482	48,769	8,587
UK/NR	37,288	1,742	2,840	3,409	644	1,342	6,105	1,970	679	18,437	120
Subtotal	684,358	19,257	106,646	52,733	32,920	29,782	28,550	10,120	19,450	350,331	34,569
All Races											
Hispanic or Latino	1,447,422	39,789	163,225	71,018	182,084	65,944	227,179	30,288	35,188	583,521	49,186
Not Hispanic or Latino	3,618,344	155,722	329,091	498,151	825,904	416,474	274,595	175,358	121,590	654,595	166,864
UK/NR	120,501	4,268	5,298	23,306	2,024	10,323	10,245	3,704	4,141	56,858	334
Total All Users	5,186,267	199,779	497,614	592,475	1,010,012	492,741	512,019	209,350	160,919	1,294,974	216,384

UK/NR=unknown or not reported.

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2009 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	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%†
Not Hispanic or Latino	3%	4%	2%	2%	2%	1%	1%	1%	1%	6%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	4%	3%	2%	2%	1%	1%	1%	1%	6%	3%
Black or African American											
Hispanic or Latino	1%	1%	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	12%	22%	32%	33%	20%	19%	13%	3%	7%	4%
UK/NR	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†
Subtotal	20%	13%	24%	33%	34%	21%	19%	13%	4%	7%	4%
Native Hawaiian or Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	5%	1%
White											
Hispanic or Latino	15%	9%	12%	4%	14%	8%	39%	11%	10%	18%	10%
Not Hispanic or Latino	43%	60%	35%	47%	45%	61%	32%	68%	68%	26%	64%
UK/NR	1%	1%	0%†	3%	0%†	1%	0%†	1%	2%	2%	0%†
Subtotal	59%	70%	47%	55%	59%	70%	72%	79%	80%	46%	74%
More Than One Race											
Hispanic or Latino	2%	2%	4%	1%	1%	1%	0%†	0%†	0%†	4%	0%†
Not Hispanic or Latino	1%	2%	1%	1%	0%†	1%	0%†	1%	1%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	4%	5%	1%	1%	2%	1%	1%	1%	8%	1%
Race Unknown or Not Reported											
Hispanic or Latino	10%	8%	15%	6%	2%	4%	4%	3%	11%	22%	12%
Not Hispanic or Latino	2%	1%	5%	2%	1%	2%	0%†	1%	1%	4%	4%
UK/NR	1%	1%	1%	1%	0%†	0%†	1%	1%	0%†	1%	0%†
Subtotal	13%	10%	21%	9%	3%	6%	6%	5%	12%	27%	16%
All Races											
Hispanic or Latino	28%	20%	33%	12%	18%	13%	44%	14%	22%	45%	23%
Not Hispanic or Latino	70%	78%	66%	84%	82%	85%	54%	84%	76%	51%	77%
UK/NR	2%	2%	1%	4%	0%†	2%	2%	2%	3%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2009 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	7,006	38	340	276	1,434	424	831	223	271	2,497	672
Not Hispanic or Latino	28,588	397	1,266	789	1,994	1,500	5,995	1,049	1,895	11,027	2,676
UK/NR	967	16	29	37	2	40	194	15	102	531	1
Subtotal	36,561	451	1,635	1,102	3,430	1,964	7,020	1,287	2,268	14,055	3,349
Asian											
Hispanic or Latino	5,791	71	564	1,976	323	95	200	74	32	2,330	126
Not Hispanic or Latino	132,019	6,935	11,703	9,049	20,917	4,358	2,754	2,483	1,372	66,764	5,684
UK/NR	4,410	52	94	226	16	184	122	25	55	3,622	14
Subtotal	142,220	7,058	12,361	11,251	21,256	4,637	3,076	2,582	1,459	72,716	5,824
Black or African American											
Hispanic or Latino	26,199	2,001	7,376	2,032	9,039	883	1,423	195	267	2,661	322
Not Hispanic or Latino	889,690	19,588	100,573	160,517	321,732	89,925	90,703	24,716	3,304	72,090	6,542
UK/NR	14,941	381	1,308	2,948	829	2,942	967	330	265	4,948	23
Subtotal	930,830	21,970	109,257	165,497	331,600	93,750	93,093	25,241	3,836	79,699	6,887
Native Hawaiian or Pacific Islander											
Hispanic or Latino	7,671	401	263	569	1,261	79	545	78	31	3,948	496
Not Hispanic or Latino	53,699	320	691	613	712	424	798	447	318	47,774	1,602
UK/NR	1,469	5	172	35	1	28	28	2	24	1,168	6
Subtotal	62,839	726	1,126	1,217	1,974	531	1,371	527	373	52,890	2,104
White											
Hispanic or Latino	727,417	16,561	55,412	25,176	137,600	39,857	189,321	21,853	15,175	205,858	20,604
Not Hispanic or Latino	2,093,517	107,429	164,039	265,331	448,972	288,464	158,851	134,978	97,153	298,067	130,233
UK/NR	45,071	1,628	468	14,375	424	4,303	2,266	1,014	2,561	17,880	152
Subtotal	2,866,005	125,618	219,919	304,882	586,996	332,624	350,438	157,845	114,889	521,805	150,989
More Than One Race											
Hispanic or Latino	85,361	3,428	18,618	4,272	6,301	2,765	2,375	201	259	46,653	489
Not Hispanic or Latino	57,109	2,979	2,734	2,924	3,770	3,318	2,442	1,282	1,557	34,551	1,552
UK/NR	8,522	53	201	359	68	881	264	42	67	6,575	12
Subtotal	150,992	6,460	21,553	7,555	10,139	6,964	5,081	1,525	1,883	87,779	2,053
Race Unknown or Not Reported											
Hispanic or Latino	476,879	13,515	72,241	31,990	22,903	19,566	19,660	6,304	15,108	250,740	24,852
Not Hispanic or Latino	112,195	2,050	25,670	13,065	8,157	8,067	1,695	1,370	1,261	42,717	8,143
UK/NR	33,170	1,592	2,558	2,577	608	1,256	5,583	1,929	562	16,389	116
Subtotal	622,244	17,157	100,469	47,632	31,668	28,889	26,938	9,603	16,931	309,846	33,111
All Races											
Hispanic or Latino	1,336,324	36,015	154,814	66,291	178,861	63,669	214,355	28,928	31,143	514,687	47,561
Not Hispanic or Latino	3,366,817	139,698	306,676	452,288	806,254	396,056	263,238	166,325	106,860	572,990	156,432
UK/NR	108,550	3,727	4,830	20,557	1,948	9,634	9,424	3,357	3,636	51,113	324
Total All Users	4,811,691	179,440	466,320	539,136	987,063	469,359	487,017	198,610	141,639	1,138,790	204,317

UK/NR=unknown or not reported.

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2009 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	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%†
Not Hispanic or Latino	3%	4%	3%	2%	2%	1%	1%	1%	1%	6%	3%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	4%	3%	2%	2%	1%	1%	1%	1%	6%	3%
Black or African American											
Hispanic or Latino	1%	1%	2%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	18%	11%	22%	30%	33%	19%	19%	12%	2%	6%	3%
UK/NR	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†
Subtotal	19%	12%	23%	31%	34%	20%	19%	13%	3%	7%	3%
Native Hawaiian or Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	5%	1%
White											
Hispanic or Latino	15%	9%	12%	5%	14%	8%	39%	11%	11%	18%	10%
Not Hispanic or Latino	44%	60%	35%	49%	45%	61%	33%	68%	69%	26%	64%
UK/NR	1%	1%	0%†	3%	0%†	1%	0%†	1%	2%	2%	0%†
Subtotal	60%	70%	47%	57%	59%	71%	72%	79%	81%	46%	74%
More Than One Race											
Hispanic or Latino	2%	2%	4%	1%	1%	1%	0%†	0%†	0%†	4%	0%†
Not Hispanic or Latino	1%	2%	1%	1%	0%†	1%	1%	1%	1%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	4%	5%	1%	1%	1%	1%	1%	1%	8%	1%
Race Unknown or Not Reported											
Hispanic or Latino	10%	8%	15%	6%	2%	4%	4%	3%	11%	22%	12%
Not Hispanic or Latino	2%	1%	6%	2%	1%	2%	0%†	1%	1%	4%	4%
UK/NR	1%	1%	1%	0%†	0%†	0%†	1%	1%	0%†	1%	0%†
Subtotal	13%	10%	22%	9%	3%	6%	6%	5%	12%	27%	16%
All Races											
Hispanic or Latino	28%	20%	33%	12%	18%	14%	44%	15%	22%	45%	23%
Not Hispanic or Latino	70%	78%	66%	84%	82%	84%	54%	84%	75%	50%	77%
UK/NR	2%	2%	1%	4%	0%†	2%	2%	2%	3%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2009 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	538	5	20	20	22	22	19	14	47	345	24
Not Hispanic or Latino	2,014	53	72	74	22	88	416	60	186	740	303
UK/NR	107	2	0	1	0	8	37	1	15	43	0
Subtotal	2,659	60	92	95	44	118	472	75	248	1,128	327
Asian											
Hispanic or Latino	476	7	9	230	1	8	12	2	2	202	3
Not Hispanic or Latino	7,812	261	567	620	96	173	99	132	168	5,469	227
UK/NR	339	12	8	14	0	31	24	2	4	244	0
Subtotal	8,627	280	584	864	97	212	135	136	174	5,915	230
Black or African American											
Hispanic or Latino	1,850	248	416	331	196	69	74	21	45	427	23
Not Hispanic or Latino	80,000	3,468	8,745	26,852	8,692	7,383	4,293	2,319	1,874	15,195	1,179
UK/NR	2,333	66	101	620	30	289	100	177	89	860	1
Subtotal	84,183	3,782	9,262	27,803	8,918	7,741	4,467	2,517	2,008	16,482	1,203
Native Hawaiian or Pacific Islander											
Hispanic or Latino	516	37	22	40	15	0	7	4	6	375	10
Not Hispanic or Latino	10,088	20	55	51	17	34	25	30	64	9,674	118
UK/NR	116	0	23	5	0	1	6	1	1	79	0
Subtotal	10,720	57	100	96	32	35	38	35	71	10,128	128
White											
Hispanic or Latino	49,780	1,388	2,457	1,127	1,945	1,351	11,752	917	1,694	26,605	544
Not Hispanic or Latino	134,350	11,656	11,281	15,732	10,479	12,218	6,269	6,336	11,873	40,466	8,040
UK/NR	4,091	301	33	1,214	5	217	125	121	273	1,797	5
Subtotal	188,221	13,345	13,771	18,073	12,429	13,786	18,146	7,374	13,840	68,868	8,589
More Than One Race											
Hispanic or Latino	10,544	401	1,090	156	78	197	27	19	70	8,495	11
Not Hispanic or Latino	6,661	304	197	1,088	94	343	98	63	344	4,009	121
UK/NR	847	10	21	63	5	57	7	4	6	674	0
Subtotal	18,052	715	1,308	1,307	177	597	132	86	420	13,178	132
Race Unknown or Not Reported											
Hispanic or Latino	47,394	1,688	4,397	2,823	966	628	933	383	2,181	32,385	1,010
Not Hispanic or Latino	10,602	262	1,498	1,446	250	179	157	93	221	6,052	444
UK/NR	4,118	150	282	832	36	86	522	41	117	2,048	4
Subtotal	62,114	2,100	6,177	5,101	1,252	893	1,612	517	2,519	40,485	1,458
All Races											
Hispanic or Latino	111,098	3,774	8,411	4,727	3,223	2,275	12,824	1,360	4,045	68,834	1,625
Not Hispanic or Latino	251,527	16,024	22,415	45,863	19,650	20,418	11,357	9,033	14,730	81,605	10,432
UK/NR	11,951	541	468	2,749	76	689	821	347	505	5,745	10
Total All Users	374,576	20,339	31,294	53,339	22,949	23,382	25,002	10,740	19,280	156,184	12,067

UK/NR=unknown or not reported.

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2009 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	2%	1%	1%	0%†	3%
UK/NR	0%†	0%†	0%	0%†	0%	0%	0%†	0%†	0%†	0%†	0%
Subtotal	1%	0%†	0%†	0%†	0%†	1%	2%	1%	1%	1%	3%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	1%	2%	1%	0%†	1%	0%†	1%	1%	4%	2%
UK/NR	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	2%	1%	2%	2%	0%†	1%	1%	1%	1%	4%	2%
Black or African American											
Hispanic or Latino	0%†	1%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	21%	17%	28%	50%	38%	32%	17%	22%	10%	10%	10%
UK/NR	1%	0%†	0%†	1%	0%†	1%	0%†	2%	0%†	1%	0%†
Subtotal	22%	19%	30%	52%	39%	33%	18%	23%	10%	11%	10%
Native Hawaiian or Pacific Islander											
Hispanic or Latino	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%
UK/NR	0%†	0%	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	3%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	6%	1%
White											
Hispanic or Latino	13%	7%	8%	2%	8%	6%	47%	9%	9%	17%	5%
Not Hispanic or Latino	36%	57%	36%	29%	46%	52%	25%	59%	62%	26%	67%
UK/NR	1%	1%	0%†	2%	0%†	1%	0%†	1%	1%	1%	0%†
Subtotal	50%	66%	44%	34%	54%	59%	73%	69%	72%	44%	71%
More Than One Race											
Hispanic or Latino	3%	2%	3%	0%†	0%†	1%	0%†	0%†	0%†	5%	0%†
Not Hispanic or Latino	2%	1%	1%	2%	0%†	1%	0%†	1%	2%	3%	1%
UK/NR	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	5%	4%	4%	2%	1%	3%	1%	1%	2%	8%	1%
Race Unknown or Not Reported											
Hispanic or Latino	13%	8%	14%	5%	4%	3%	4%	4%	11%	21%	8%
Not Hispanic or Latino	3%	1%	5%	3%	1%	1%	1%	1%	1%	4%	4%
UK/NR	1%	1%	1%	2%	0%†	0%†	2%	0%†	1%	1%	0%†
Subtotal	17%	10%	20%	10%	5%	4%	6%	5%	13%	26%	12%
All Races											
Hispanic or Latino	30%	19%	27%	9%	14%	10%	51%	13%	21%	44%	13%
Not Hispanic or Latino	67%	79%	72%	86%	86%	87%	45%	84%	76%	52%	86%
UK/NR	3%	3%	1%	5%	0%†	3%	3%	3%	3%	4%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

† 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* (Reissued 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.⁵ For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.⁵

Nationally, 70% (3,632,506) 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 2009 calendar year (\$18,310 for a family of three).⁹ Additionally, 23% (1,181,961) of users had incomes between 101% and 250% of poverty, and 4% (207,484) had incomes exceeding 250% of the poverty level. The income level for 3% (164,316) of users was unknown or not reported (*Exhibit 15*).

Across regions, between 54% (I) and 76% (IX) of users had family incomes at or below 100% of the poverty level, and between 89% (I) and 96% (VI) 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 2009 by income level within each state, the District of Columbia, and the eight U.S. territories and jurisdictions.

Between 1999 and 2009, 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 26%, from 2,886,684 in 1999 to 3,632,506 in 2009 (*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 2009, 66% (3,419,915) of family planning users were uninsured, 20% (1,021,164) had Medicaid or other public health insurance, 8% (426,308) had private insurance, and insurance coverage was unknown or not reported for 6% (318,880) (*Exhibit 16*).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2009 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	3,632,506	108,749	306,383	400,401	711,938	354,799	382,625	129,487	107,822	985,161	145,141
101% to 150%	785,090	46,277	126,021	76,298	131,228	77,824	71,982	40,282	22,797	152,015	40,366
151% to 200%	277,103	14,719	30,118	35,064	43,163	29,895	28,691	14,723	11,714	53,897	15,119
201% to 250%	119,768	7,830	11,168	21,420	17,085	12,283	8,673	6,158	6,449	22,987	5,715
Over 250%	207,484	13,806	20,764	34,999	21,790	17,405	6,908	15,356	11,665	54,819	9,972
UK/NR	164,316	8,398	3,160	24,293	84,808	535	13,140	3,344	472	26,095	71
Total All Users	5,186,267	199,779	497,614	592,475	1,010,012	492,741	512,019	209,350	160,919	1,294,974	216,384
Under 101%	70%	54%	62%	68%	70%	72%	75%	62%	67%	76%	67%
101% to 150%	15%	23%	25%	13%	13%	16%	14%	19%	14%	12%	19%
151% to 200%	5%	7%	6%	6%	4%	6%	6%	7%	7%	4%	7%
201% to 250%	2%	4%	2%	4%	2%	2%	2%	3%	4%	2%	3%
Over 250%	4%	7%	4%	6%	2%	4%	1%	7%	7%	4%	5%
UK/NR	3%	4%	1%	4%	8%	0%†	3%	2%	0%†	2%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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/>.

† Percentage is less than 0.5%.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2009
 (Source: FPAR Table 5)

Insurance Status	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Public health insurance	1,021,164	63,023	141,844	140,039	188,310	138,411	84,635	40,525	9,699	170,027	44,651
Private Health Insurance	426,308	50,766	52,564	70,374	55,380	47,301	23,106	34,174	23,940	43,990	24,713
Uninsured	3,419,915	79,869	290,815	359,865	628,457	289,730	362,069	129,273	84,321	1,053,325	142,191
UK/NR	318,880	6,121	12,391	22,197	137,865	17,299	42,209	5,378	42,959	27,632	4,829
Total All Users	5,186,267	199,779	497,614	592,475	1,010,012	492,741	512,019	209,350	160,919	1,294,974	216,384
Public health insurance	20%	32%	29%	24%	19%	28%	17%	19%	6%	13%	21%
Private Health Insurance	8%	25%	11%	12%	5%	10%	5%	16%	15%	3%	11%
Uninsured	66%	40%	58%	61%	62%	59%	71%	62%	52%	81%	66%
UK/NR	6%	3%	2%	4%	14%	4%	8%	3%	27%	2%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

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 40% (I) to 81% (IX), with three regions (VI, IX, and X) reporting a percentage of uninsured users at or above the national average of 66%. The percentage of users with any health insurance coverage (Medicaid/other public or private insurance) ranged from 17% (IX) to 57% (I), with four regions (IV, VI, VIII, and IX) reporting coverage levels at or below the national average of 28%. The percentage of users with Medicaid or other public coverage ranged from 6% (VIII) to 32% (I), and the percentage of privately insured users ranged from 3% (IX) to 25% (I). The percentage of users for whom insurance coverage was unknown or not reported ranged from 2% (II, IX, and X) to 27% (VIII). The percentage of users with Medicaid or other public coverage exceeded the percentage covered by private sources in all regions except Region VIII (*Exhibit 16*). Since 2005, the number of uninsured family planning users increased 14%, from 2,998,508 in 2005 to 3,419,915 in 2009 (not shown).

Limited English Proficient Users (Exhibit 17)

In compliance with the *HHS Guidance Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*,¹⁰ 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.

Exhibit 17. Number and percentage of LEP family planning users who are served by all grantees and grantees in the 50 states and DC, by region: 2009 (Source: FPAR Table 6)

Region	LEP Users	LEP Users (50 states and DC) ^a	% LEP Users	% LEP Users (50 states and DC) ^a
I	24,384	24,384	12%	12%
II	61,163	47,887 ^b	12%	10% ^b
III	36,820	36,820	6%	6%
IV	123,428	123,428	12%	12%
V	33,818	33,818	7%	7%
VI	95,459	95,459	19%	19%
VII	20,082	20,082	10%	10%
VIII	15,091	15,091	9%	9%
IX	302,190	278,012 ^c	23%	22% ^c
X	24,609	24,609	11%	11%
Total	737,044	699,590	14%	14%

DC=District of Columbia. LEP=limited English proficient.

^a Excludes LEP users in U.S. territories and jurisdictions, including American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands.

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

^c 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.

In 2009, 14% (737,044) of family planning users were LEP. Across regions, the percentage of total users who were LEP ranged from 6% (III) to 23% (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 12% to 10%, and the percentage LEP in Region IX decreased from 23% to 22% (*Exhibit 17*). Since 2005, the number of LEP users in the 50 states and District of Columbia has increased 26%, from 557,034 in 2005 to 699,590 in 2009 (not shown).

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**.

(continued)

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

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.

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* (Reissued October 2007), pp. 27–31.

FAMILY PLANNING METHOD USE

Federal regulations specify that Title X projects are required to provide a broad range of acceptable and effective medically approved family planning methods, including natural family planning methods.⁵

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

In 2009, grantees reported that 86% (4,155,112) of all female users were using a contraceptive method at their last family planning encounter in the reporting period, and almost one of every two (48%) female users relied on a highly effective contraceptive method¹¹ (i.e., sterilization, implant, intrauterine device [IUD], injectable, patch, vaginal ring, or pills). Fourteen percent of female users (656,579) reported use of no method, either because they were pregnant or seeking pregnancy (8%) or for other reasons (5%). The leading primary method among female users was the pill (35%), followed by male condoms (15%), injectable contraception (13%), IUDs (4%), the vaginal ring (3%), the contraceptive patch (2%), female sterilization (2%), and the hormonal implant (1%). One percent of users or fewer relied on each of the following methods: abstinence, a female barrier method (i.e., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide), a fertility awareness method (FAM), or vasectomy. Two percent of female users reported using “other” methods (e.g., withdrawal) not listed in FPAR Table 7, and the type of primary method used was unknown for 6% (*Exhibits 18 and 19*).

Between 85% and 91% of female users in each age group reported a primary contraceptive method, and between 35% and 64% reported using a highly effective method. For users aged 18 to 44, pills, male condoms, and injectable contraception were the three leading methods. Between 25% and 40% of users in these age groups used the pill, 14% to 20% used male condoms, and 12% to 13% used injectable contraception. Female users in the youngest age groups (under 18) relied primarily on pills (33% to 41%), injectable contraception (17% to 19%), or male condoms (13% to 16%), while those under 15 also relied on abstinence (13%). Female users in the oldest age group (over 44) used male condoms (21%), the pill (17%), and female sterilization (13%). The percentage of female users for whom the type of method used was unknown exceeded the national average of 6% in the age groups 40 to 44 (8%) and over 44 (12%). Finally, nonuse of a contraceptive method due to pregnancy or the desire for pregnancy was highest (9%) among users 18 to 34 years, between 6% and 7% for users 15 to 17 and 35 to 39, and between 2% and 4% for users 15 and under and 40 or over (*Exhibits 18 and 19*).

By region, use of any contraceptive method among female users ranged from 82% (II) to 90% (IX), and use of a highly effective method ranged from 44% (II and IX) to 75% (VIII). In six regions (III, V, VI, VII, VIII, and X), the percentage using a highly effective method was at or above the national average of 48%. Use of the pill, the leading method in all regions, ranged from 29% (IX) to 46% (VIII) of female users. The second most common method in Regions I, II, III, V, and IX was the male condom, which was used by 16% to 23% of female users in these regions, while in the five other regions (IV, VI, VII, VIII, and X) the second most common method was injectable contraception, which was used by 12% to 18% of female users. The percentage of female users for whom the type of method used was unknown exceeded the national average of 6% in Region IX (16%) (*Exhibits 20 and 21*).

As shown in *Exhibits A-7a, A-7b, and A-7c*, among the 86% (4,155,112) of female users who reported use of any contraceptive method, over 70% used a highly effective method, including the pill (41%), injectable contraception (15%), hormonal patch or ring (7%), IUD (5%), sterilization (2%), hormonal implant (1%), or vasectomy (< 1%). Furthermore, almost one of every five (18%) female method users relied on male condoms, 2% practiced abstinence, 1% used a female barrier method (e.g., cervical cap or diaphragm, contraceptive sponge, female condom, or spermicide), and less than 1% used a fertility awareness method. For the remaining female method users, 3% used an “other” method (e.g., withdrawal) not listed in the FPAR Table 7, and the type of method used was unknown for 7%.

Since 1999, the contraceptive pill has been the leading method among female contraceptive users, followed by either injectables (1999 to 2003), male condoms (2005 to 2009), or both (2004). The percentage of female contraceptive users relying on the pill declined from 53% of method users in 1999 to 41% in 2009. 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 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 2009, while the percentage using the contraceptive patch decreased from 7% to 3%. Overall, 62% of female contraceptive users in 2009 relied on a short-term hormonal method (pills, injectables, patch, or vaginal ring) compared to 72% in 1999 (*Exhibits A-7a, A-7b, and A-7c*).

The percentage of female contraceptive users relying on long-acting reversible contraception (LARCs), specifically IUDs and the hormonal implant, increased from 2% of total female contraceptive users in 1999 to 6% in 2009. Numerically, the number of LARC users more than tripled during this period, primarily due to the four-fold increase (351%) in the number of IUD users (48,015 in 1999 vs. 216,390 in 2009). Use of hormonal implants has been more modest among Title X users due to their limited availability. After a steady decline in the number of implant users between 1999 and 2006, the number of users relying on implants grew from 2,506 users in 2006 to 30,135 in 2009 due to the introduction of the Implanon™ implant, which received FDA approval in mid-2006 (*Exhibits A-7a, A-7b, and A-7c*).

Between 1999 and 2009, the percentage of female contraceptive users relying on male condoms has remained relatively steady, ranging between 17% and 19% from 2002 to 2009. Additionally, sterilization use decreased from 3% to 2% in this same time period, with the percentages of female users relying on female sterilization (2%) or vasectomy (< 1%) remaining level since 2005 (*Exhibits A-7a, A-7b, and A-7c*).

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 drop in the percentage of “other” method users between 2004 (8%) and 2005 (3%). Since

2005, the percentage of female method users relying on an “other method” has remained at 3% (*Exhibits A-7a and A-7b*).

Finally, since 1999 the percentage of female method users whose type of primary method used was unknown or not reported has fluctuated between 3% and 7%, with this percentage reaching its highest level of 7% in 2009. Numerically, the number of female method users for whom the type of primary method used was unknown or not reported increased 69%, from 162,056 in 1999 to 273,961 in 2009 (*Exhibits A-7a, A-7b, and A-7c*).

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

In 2009, grantees reported that 92% (344,600) of all male users were using a contraceptive method at their last family planning encounter during the reporting period. The remaining 8% (29,976) were using no contraception because their partners were pregnant or seeking pregnancy (1%) or for other reasons (7%). The leading contraceptive method, used by nearly two of every three male users, was male condoms (66%), followed by reliance on a female method (9%), abstinence (5%), 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 8% (*Exhibits 22 and 23*).

By age group, the percentage of male users who used any contraceptive method ranged from 85% (over 44 years) to 94% (18 to 19 and under 15). For male users 18 and over, male condoms and reliance on a female method were the two leading methods. Between 47% and 75% of users in these age groups used male condoms, and 6% to 18% relied on a female method. The two leading methods among male users 15 to 17 were male condoms (66%) and abstinence (11%), while those under 15 relied on abstinence (59%) or male condoms (23%). Reliance on vasectomy ranged from 1% to 4% of male users 25 or over and fewer than 1% among male users 20 to 24. Between 2% and 4% of male users in each age group used an “other” method (e.g., withdrawal), and 1% or fewer relied on a fertility awareness method. The type of primary method used was unknown for between 7% and 10% of male users in each age group (*Exhibits 22 and 23*).

By region, the percentage of males who used any method ranged from 77% (X) to 96% (IV). Male condoms were the leading method in all regions, with use ranging from 44% (IV) to 84% (II) of all male users. Reliance on a female method was the second most prevalent method in seven regions (II, V, VI, VII, VIII, IX, and X), ranging from 2% to 15% of male users. Abstinence and reliance on a female method were equally prevalent in Regions I (6%) and III (4%), while abstinence alone was the second most prevalent method in Region IV (28%). The percentage of male users for whom the type of method used was unknown or not reported exceeded the national average of 8% in four regions (III, IV, VI, and IX). Among the 8% of male users nationally who reported no method use, nonuse due to “other reasons” was the primary reason reported by 4% to 21% of male users in all regions, while only 2% or fewer reported that their partner was pregnant or seeking pregnancy (*Exhibits 24 and 25*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2009 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	92,616	0	0	1	3,471	12,820	18,552	19,525	16,287	21,960
Intrauterine device (IUD)	216,390	143	3,927	11,101	59,148	61,248	40,270	23,865	11,340	5,348
Hormonal implant	30,135	519	3,588	4,183	9,778	6,260	3,065	1,685	714	343
Hormonal injection	615,188 ^a	11,266	79,131	80,389 ^a	177,350 ^a	121,393 ^a	67,702 ^a	41,609 ^a	22,859 ^a	13,489 ^a
Oral contraceptive	1,696,319	20,098	189,465	245,020	574,851	336,117	163,370	89,538	47,878	29,982
Contraceptive patch	106,266	1,530	11,603	14,214	36,097	23,464	11,761	5,088	1,835	674
Vaginal ring	165,121	639	11,586	21,446	69,291	39,671	14,351	5,195	2,003	939
Cervical cap/diaphragm	12,278	50	869	1,477	3,807	2,457	1,354	949	626	689
Contraceptive sponge	991	4	68	106	255	172	139	108	80	59
Female condom	4,635	41	443	517	1,257	826	583	393	276	299
Spermicide (used alone)	15,598	86	896	1,453	3,931	3,095	2,166	1,719	1,157	1,095
Fertility awareness method ^b	12,633	69	421	680	2,580	2,506	2,145	1,615	1,301	1,316
Abstinence ^c	62,380	7,614	8,930	5,503	11,983	8,521	5,516	4,433	3,646	6,234
Other method ^d	105,705	802	7,223	10,952	30,368	21,232	12,773	8,163	5,303	8,889
Method unknown ^e	273,961	3,745	23,455	32,794	75,649	50,958	30,239	20,646	15,174	21,301
Rely on Male Method										
Vasectomy	6,905	0	3	56	530	906	1,272	1,476	1,252	1,410
Male condom	737,991	7,951	75,185	91,357	203,130	138,758	86,313	59,815	39,037	36,445
No Method										
Pregnant/seeking pregnancy	395,633	1,864	27,658	53,580	136,181	91,540	50,141	24,210	7,794	2,665
Other reason	260,946	3,735	21,801	30,563	72,423	48,278	29,557	19,481	13,134	21,974
Total Female Users	4,811,691	60,156	466,252	605,392	1,472,080	970,222	541,269	329,513	191,696	175,111
Using a Method	4,155,112	54,557	416,793	521,249	1,263,476	830,404	461,571	285,822	170,768	150,472
Not Using a Method	656,579	5,599	49,459	84,143	208,604	139,818	79,698	43,691	20,928	24,639

^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: 2009 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%	0%†	0%†	1%	3%	6%	8%	13%
Intrauterine device (IUD)	4%	0%†	1%	2%	4%	6%	7%	7%	6%	3%
Hormonal implant	1%	1%	1%	1%	1%	1%	1%	1%	0%†	0%†
Hormonal injection	13% ^a	19%	17%	13% ^a	12% ^a	13% ^a	13% ^a	13% ^a	12% ^a	8% ^a
Oral contraceptive	35%	33%	41%	40%	39%	35%	30%	27%	25%	17%
Contraceptive patch	2%	3%	2%	2%	2%	2%	2%	2%	1%	0%†
Vaginal ring	3%	1%	2%	4%	5%	4%	3%	2%	1%	1%
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%†	1%	1%	1%
Fertility awareness method ^b	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Abstinence ^c	1%	13%	2%	1%	1%	1%	1%	1%	2%	4%
Other method ^d	2%	1%	2%	2%	2%	2%	2%	2%	3%	5%
Method unknown ^e	6%	6%	5%	5%	5%	5%	6%	6%	8%	12%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Male condom	15%	13%	16%	15%	14%	14%	16%	18%	20%	21%
No Method										
Pregnant/seeking pregnancy	8%	3%	6%	9%	9%	9%	9%	7%	4%	2%
Other reason	5%	6%	5%	5%	5%	5%	5%	6%	7%	13%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	86%	91%	89%	86%	86%	86%	85%	87%	89%	86%
Not Using a Method	14%	9%	11%	14%	14%	14%	15%	13%	11%	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 20. Number of female family planning users, by primary contraceptive method and region: 2009 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	92,616	7,548	9,279	11,849	14,901	7,861	9,370	8,162	2,554	17,013	4,079
Intrauterine device (IUD)	216,390	9,414	21,583	14,822	33,534	17,082	24,234	9,151	7,239	63,347	15,984
Hormonal implant	30,135	482	1,029	3,669	4,948	1,720	3,986	3,927	1,341	7,394	1,639
Hormonal injection	615,188 ^a	13,743 ^a	39,673 ^a	68,355	177,807 ^a	65,699	83,757 ^a	30,498 ^a	17,813	92,670 ^a	25,173
Oral contraceptive	1,696,319	56,674	146,675	189,091	369,938	189,191	183,415	79,731	64,658	335,810	81,136
Contraceptive patch	106,266	3,410	9,784	9,802	12,495	10,013	13,035	3,207	3,170	34,260	7,090
Vaginal ring	165,121	6,575	18,113	21,221	15,289	22,997	8,894	7,526	8,861	40,696	14,949
Cervical cap/diaphragm	12,278	291	501	355	403	328	172	115	170	9,684	259
Contraceptive sponge	991	58	36	112	93	16	211	15	9	431	10
Female condom	4,635	227	411	1,527	295	541	642	56	45	839	52
Spermicide (used alone)	15,598	104	788	716	5,767	443	3,629	86	56	3,732	277
Fertility awareness method ^b	12,633	433	1,112	943	1,727	765	1,756	451	280	4,862	304
Abstinence ^c	62,380	5,214	4,772	8,058	12,543	3,982	6,175	3,038	2,046	13,321	3,231
Other method ^d	105,705	6,502	10,591	6,618	46,117	4,304	8,175	5,601	2,738	11,905	3,154
Method unknown ^e	273,961	3,695	7,537	29,245	38,061	6,581	5,494	2,181	2,290	178,649	228
Rely on Male Method											
Vasectomy	6,905	790	522	487	589	637	715	769	663	949	784
Male condom	737,991	33,874	107,871	102,332	96,179	76,489	61,682	18,649	10,936	209,981	19,998
No Method											
Pregnant/seeking pregnancy	395,633	14,129	60,298	38,523	69,391	33,709	46,893	16,948	11,067	83,078	21,597
Other reason	260,946	16,277	25,745	31,411	86,986	27,001	24,782	8,499	5,703	30,169	4,373
Total Female Users	4,811,691	179,440	466,320	539,136	987,063	469,359	487,017	198,610	141,639	1,138,790	204,317
Using a Method	4,155,112	149,034	380,277	469,202	830,686	408,649	415,342	173,163	124,869	1,025,543	178,347
Not Using a Method	656,579	30,406	86,043	69,934	156,377	60,710	71,675	25,447	16,770	113,247	25,970

^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: 2009 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	2%	4%	2%	2%	2%	2%	2%	4%	2%	1%	2%
Intrauterine device (IUD)	4%	5%	5%	3%	3%	4%	5%	5%	5%	6%	8%
Hormonal implant	1%	0%†	0%†	1%	1%	0%†	1%	2%	1%	1%	1%
Hormonal injection	13% ^a	8% ^a	9% ^a	13%	18% ^a	14%	17% ^a	15% ^a	13%	8% ^a	12%
Oral contraceptive	35%	32%	31%	35%	37%	40%	38%	40%	46%	29%	40%
Contraceptive patch	2%	2%	2%	2%	1%	2%	3%	2%	2%	3%	3%
Vaginal ring	3%	4%	4%	4%	2%	5%	2%	4%	6%	4%	7%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	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%	3%	2%	1%	2%
Method unknown ^e	6%	2%	2%	5%	4%	1%	1%	1%	2%	16%	0%†
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	19%	23%	19%	10%	16%	13%	9%	8%	18%	10%
No Method											
Pregnant/seeking pregnancy	8%	8%	13%	7%	7%	7%	10%	9%	8%	7%	11%
Other reason	5%	9%	6%	6%	9%	6%	5%	4%	4%	3%	2%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	86%	83%	82%	87%	84%	87%	85%	87%	88%	90%	87%
Not Using a Method	14%	17%	18%	13%	16%	13%	15%	13%	12%	10%	13%

^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: 2009 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	4,406	0	0	0	197	679	952	977	679	922
Male condom	248,261	3,311	23,919	31,245	78,691	47,806	24,162	14,632	9,642	14,853
Fertility awareness method ^a	1,352	9	23	38	265	225	195	161	147	289
Abstinence ^b	18,058	8,299	4,033	1,348	1,469	893	515	357	280	864
Other method ^c	8,628	246	545	719	1,958	1,517	940	862	631	1,210
Method unknown ^d	30,063	1,002	3,559	3,430	6,890	5,237	3,089	2,103	1,707	3,046
Rely on Female Method ^e	33,832	448	1,475	2,644	8,565	6,101	3,742	2,763	2,491	5,603
No Method										
Partner pregnant/seeking pregnancy	3,933	26	198	455	870	729	531	351	312	461
Other reason	26,043	790	2,222	2,161	6,066	4,367	2,636	1,993	1,707	4,101
Total Male Users	374,576	14,131	35,974	42,040	104,971	67,554	36,762	24,199	17,596	31,349
Using a Method	344,600	13,315	33,554	39,424	98,035	62,458	33,595	21,855	15,577	26,787
Not Using a Method	29,976	816	2,420	2,616	6,936	5,096	3,167	2,344	2,019	4,562

^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, 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: 2009 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	1%	0%	0%	0%	0%†	1%	3%	4%	4%	3%
Male condom	66%	23%	66%	74%	75%	71%	66%	60%	55%	47%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Abstinence ^b	5%	59%	11%	3%	1%	1%	1%	1%	2%	3%
Other method ^c	2%	2%	2%	2%	2%	2%	3%	4%	4%	4%
Method unknown ^d	8%	7%	10%	8%	7%	8%	8%	9%	10%	10%
Rely on Female Method ^e	9%	3%	4%	6%	8%	9%	10%	11%	14%	18%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	1%	1%	2%	1%
Other reason	7%	6%	6%	5%	6%	6%	7%	8%	10%	13%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	92%	94%	93%	94%	93%	92%	91%	90%	89%	85%
Not Using a Method	8%	6%	7%	6%	7%	8%	9%	10%	11%	15%

^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, 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: 2009 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	4,406	91	91	627	1,156	84	230	33	412	1,390	292
Male condom	248,261	14,268	26,325	36,907	10,120	18,091	15,272	7,243	12,458	100,671	6,906
Fertility awareness method ^a	1,352	26	41	41	4	4	361	2	13	848	12
Abstinence ^b	18,058	1,179	459	2,350	6,379	345	1,272	228	594	4,689	563
Other method ^c	8,628	768	473	2,584	1,024	593	725	312	556	959	634
Method unknown ^d	30,063	637	377	4,665	2,962	625	2,729	295	1,509	16,249	15
Rely on Female Method ^e	33,832	1,273	597	2,245	417	1,313	2,020	1,005	2,834	21,273	855
No Method											
Partner pregnant/ seeking pregnancy	3,933	76	25	802	52	87	258	110	52	2,247	224
Other reason	26,043	2,021	2,906	3,118	835	2,240	2,135	1,512	852	7,858	2,566
Total Male Users	374,576	20,339	31,294	53,339	22,949	23,382	25,002	10,740	19,280	156,184	12,067
Using a Method	344,600	18,242	28,363	49,419	22,062	21,055	22,609	9,118	18,376	146,079	9,277
Not Using a Method	29,976	2,097	2,931	3,920	887	2,327	2,393	1,622	904	10,105	2,790

^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, 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: 2009 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	0%†	0%†	1%	5%	0%†	1%	0%†	2%	1%	2%
Male condom	66%	70%	84%	69%	44%	77%	61%	67%	65%	64%	57%
Fertility awareness method ^a	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	1%	0%†
Abstinence ^b	5%	6%	1%	4%	28%	1%	5%	2%	3%	3%	5%
Other method ^c	2%	4%	2%	5%	4%	3%	3%	3%	3%	1%	5%
Method unknown ^d	8%	3%	1%	9%	13%	3%	11%	3%	8%	10%	0%†
Rely on Female Method ^e	9%	6%	2%	4%	2%	6%	8%	9%	15%	14%	7%
No Method											
Partner pregnant/ seeking pregnancy	1%	0%†	0%†	2%	0%†	0%†	1%	1%	0%†	1%	2%
Other reason	7%	10%	9%	6%	4%	10%	9%	14%	4%	5%	21%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using a Method	92%	90%	91%	93%	96%	90%	90%	85%	95%	94%	77%
Not Using a Method	8%	10%	9%	7%	4%	10%	10%	15%	5%	6%	23%

^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, 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:^{12,13}

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^{12,13} 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* (Reissued 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]).¹⁴⁻¹⁶

Cervical Cancer Screening (Exhibit 26)

In 2009, Title X service sites provided Papanicolaou (Pap) testing to 42% (2,035,017) of female family planning users and performed 2,190,127 tests, or an average of 4.6 Pap tests per 10 female users. Of the total number of Pap tests performed, 12% (268,103) had a result indicating a precancerous or cancerous condition (i.e., atypical squamous cell [ASC] or higher result) that required further evaluation and possible treatment. Additionally, 1% (16,819) 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 35% (IX) to 54% (VI), and the percentage tested was at or above the national average of 42% in six regions (II, IV, V, VI, VII, and VIII) (*Exhibit 26*).

Between 2005 and 2009, the percentage of female users who received a Pap test decreased from 52% (2,447,798) of female users in 2005 to 42% (2,035,017) in 2009, and the number of tests performed decreased 17%, from 2,644,413 in 2005 to 2,190,127 in 2009. The downward trend in Pap testing is a result of several factors, including provider adoption of updated national standards for cervical cancer screening¹⁶ 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 2009, Title X service sites provided clinical breast exams (CBEs) to 2,331,580 (45%) family planning users. Service providers referred 3% (59,893) of users who received a CBE for further evaluation based on the results of the exam. By region, between 28% (IX) and 61% (VI) of total users received a CBE, and the percentage examined was at or above the national average of 45% in all but four regions (I, II, IX, and X). Referrals based on the CBE ranged from 0% to 1% (V and X) to 6% (IX) of users examined, with Region IX providers exceeding the national average of 3% (*Exhibit 26*).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2009 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Users tested											
Number ^a	2,035,017	70,782	208,967	217,912	426,129	210,011	262,083	103,957	63,774	396,598	74,804
Percentage ^b	42%	39%	45%	40%	43%	45%	54%	52%	45%	35%	37%
Tests performed											
Number	2,190,127	73,253	217,458	231,145	493,514	218,283	276,575	108,495	69,271	425,385	76,748
Tests per 10 users	4.6	4.1	4.7	4.3	5.0	4.7	5.7	5.5	4.9	3.7	3.8
ASC or higher result											
Number	268,103	9,625	24,583	34,331	65,315	24,745	26,037	12,549	7,975	52,972	9,971
Percentage ^c	12%	13%	11%	15%	13%	11%	9%	12%	12%	12%	13%
HSIL or higher result											
Number	16,819	954	1,193	2,848	4,012	1,332	1,348	727	557	3,219	629
Percentage ^c	1%	1%	1%	1%	1%	1%	0%†	1%	1%	1%	1%
Clinical Breast Exams											
Users examined											
Number ^d	2,331,580	78,594	220,101	285,144	552,289	245,924	312,558	114,424	73,135	367,005	82,406
Percentage ^e	45%	39%	44%	48%	55%	50%	61%	55%	45%	28%	38%
Users referred based on exam											
Number	59,893	1,465	5,537	4,594	13,410	2,764	4,829	2,350	1,183	23,429	332
Percentage ^f	3%	2%	3%	2%	2%	1%	2%	2%	2%	6%	0%†

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.

† Percentage is less than 0.5%

SEXUALLY TRANSMITTED DISEASE 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 reported rates of chlamydia and gonorrhea.^{15,17} Title X *Program Guidelines*⁶ 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*.¹⁸ 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 or under and for older, nonpregnant women at increased risk (e.g., with a new or multiple sex partners).^{18,19} Although 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).¹⁸ 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 2009, Title X-funded service sites tested 49% (2,342,220) of all female users for chlamydia and 55% (1,433,829) 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 four regions (II, VI, VII, and IX). By age group, rates of chlamydia testing were highest among female users aged 15 to 24 (54% to 56%) and lowest among female users under 15 (43%) or over 24 (41%) (*Exhibits 27 and 28*). Between 2005 and 2008, the percentage of female users 24 or under who were tested for chlamydia increased from 50% to 55% and remained at the same level (55%) from 2008 to 2009 (*Exhibits A-9a and A-9b*).

Additionally, Title X-funded service sites tested 55% (204,356) 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, service providers tested between 21% (IV) and 69% (V) of all male users for chlamydia, and testing rates were above the national average of 55% in all but four regions (I, III, IV, and VI). By age group, rates of chlamydia testing were highest among male users 20 to 24 (67%) and lowest (9%) among male users under 15 (*Exhibits 27 and 28*).

Gonorrhea Testing (Exhibit 29)

In 2009, Title X service sites performed 2,589,430 gonorrhea tests (2,378,597 female tests and 210,833 male tests), or an average of 5 tests for every 10 family planning users. By region, service providers performed between 3.3 (X) and 6.1 (VI) tests per 10 users, with five regions (II, IV, VI, VII, and IX) reporting test-to-user ratios above the national average of 5 tests per 10 users (*Exhibit 29*).

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2009 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	26,138	819	1,922	3,532	6,644	2,308	3,676	1,204	675	4,480	878
15 to 17	252,022	9,375	21,321	30,517	50,512	25,910	26,986	12,111	7,280	58,048	9,962
18 to 19	334,512	10,172	30,117	37,147	64,642	34,181	32,725	15,570	9,311	88,371	12,276
20 to 24	821,157	24,006	80,254	82,648	166,459	82,472	83,063	37,684	20,573	214,643	29,355
Over 24	908,391	32,037	100,502	83,677	193,934	69,540	114,747	29,057	15,460	243,878	25,559
Subtotal	2,342,220	76,409	234,116	237,521	482,191	214,411	261,197	95,626	53,299	609,420	78,030
Under 25^a	1,433,829	44,372	133,614	153,844	288,257	144,871	146,450	66,569	37,839	365,542	52,471
Male Users											
Under 15	1,292	74	90	395	45	101	92	35	47	382	31
15 to 17	16,052	888	1,455	3,077	579	1,193	1,038	454	1,052	5,695	621
18 to 19	26,142	1,349	2,537	3,582	834	2,256	1,683	826	1,551	10,698	826
20 to 24	70,591	3,790	7,257	8,383	1,224	6,233	3,818	2,266	3,849	31,504	2,267
Over 24	90,279	4,382	7,630	9,828	2,047	6,441	4,599	2,550	5,603	43,539	3,660
Subtotal	204,356	10,483	18,969	25,265	4,729	16,224	11,230	6,131	12,102	91,818	7,405
All Users											
Under 15	27,430	893	2,012	3,927	6,689	2,409	3,768	1,239	722	4,862	909
15 to 17	268,074	10,263	22,776	33,594	51,091	27,103	28,024	12,565	8,332	63,743	10,583
18 to 19	360,654	11,521	32,654	40,729	65,476	36,437	34,408	16,396	10,862	99,069	13,102
20 to 24	891,748	27,796	87,511	91,031	167,683	88,705	86,881	39,950	24,422	246,147	31,622
Over 24	998,670	36,419	108,132	93,505	195,981	75,981	119,346	31,607	21,063	287,417	29,219
Total All Users	2,546,576	86,892	253,085	262,786	486,920	230,635	272,427	101,757	65,401	701,238	85,435

^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 sex, age, and region: 2009 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	43%	34%	42%	40%	45%	45%	49%	48%	38%	44%	39%
15 to 17	54%	44%	53%	50%	54%	52%	54%	60%	46%	63%	45%
18 to 19	55%	47%	56%	54%	53%	50%	55%	61%	45%	64%	46%
20 to 24	56%	48%	56%	51%	54%	52%	61%	61%	46%	62%	48%
Over 24	41%	38%	45%	35%	43%	37%	49%	33%	26%	44%	28%
Subtotal	49%	43%	50%	44%	49%	46%	54%	48%	38%	54%	38%
Under 25^a	55%	47%	55%	51%	54%	51%	58%	61%	45%	62%	47%
Male Users											
Under 15	9%	16%	13%	19%	1%	44%	19%	19%	20%	11%	31%
15 to 17	45%	37%	51%	35%	25%	59%	41%	59%	70%	49%	68%
18 to 19	62%	63%	62%	49%	40%	76%	49%	67%	69%	69%	77%
20 to 24	67%	66%	66%	62%	33%	73%	51%	62%	68%	74%	72%
Over 24	51%	46%	60%	46%	24%	67%	42%	52%	58%	52%	54%
Subtotal	55%	52%	61%	47%	21%	69%	45%	57%	63%	59%	61%
All Users											
Under 15	37%	31%	38%	36%	32%	45%	47%	46%	35%	36%	39%
15 to 17	53%	43%	53%	48%	54%	52%	53%	60%	48%	61%	46%
18 to 19	56%	49%	56%	54%	52%	51%	55%	62%	47%	64%	47%
20 to 24	57%	50%	57%	52%	54%	53%	60%	61%	48%	63%	49%
Over 24	42%	39%	46%	36%	43%	39%	49%	34%	31%	45%	30%
Total All Users	49%	43%	51%	44%	48%	47%	53%	49%	41%	54%	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: 2009 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea											
Female	2,378,597	75,142	235,937	236,162	518,736	190,756	296,016	103,928	42,825	614,302	64,793
Male	210,833	10,428	19,354	26,019	5,914	15,001	14,355	7,019	11,263	95,004	6,476
Total tests	2,589,430	85,570	255,291	262,181	524,650	205,757	310,371	110,947	54,088	709,306	71,269
Tests per 10 Users	5.0	4.3	5.1	4.4	5.2	4.2	6.1	5.3	3.4	5.5	3.3
Syphilis											
Female	633,777	9,781	54,321	68,428	221,326	16,832	101,674	21,906	1,388	134,100	4,021
Male	105,097	3,897	9,354	16,858	4,390	3,401	6,691	2,892	3,026	52,379	2,209
Total tests	738,874	13,678	63,675	85,286	225,716	20,233	108,365	24,798	4,414	186,479	6,230
Tests per 10 Users	1.4	0.7	1.3	1.4	2.2	0.4	2.1	1.2	0.3	1.4	0.3
HIV (Confidential)											
Female	844,888	22,576	122,627	92,101	226,560	34,479	117,557	30,437	14,264	175,247	9,040
Male	152,877	9,292	17,366	20,622	6,233	6,654	11,531	4,364	7,183	64,731	4,901
Total tests	997,765	31,868	139,993	112,723	232,793	41,133	129,088	34,801	21,447	239,978	13,941
Tests per 10 Users	1.9	1.6	2.8	1.9	2.3	0.8	2.5	1.7	1.3	1.9	0.6
Positive Test Results	1,248	49	302	237	273	37	56	43	12	225	14
HIV (Anonymous)	9,058	482	0	3,639	725	587	161	63	0	3,074	327

Syphilis Testing (Exhibit 29)

In 2009, Title X service sites performed 738,874 syphilis tests (633,777 female tests and 105,097 male tests), or 1.4 tests for every 10 family planning users. By region, service providers performed between 0.3 (VIII and X) and 2.2 (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 Testing (Exhibit 29)

CDC recommends²⁰ that diagnostic HIV testing and opt-out HIV screening be part of routine clinical care in all health care settings, including family planning, and that routine HIV screening be provided to 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.^{20–22} 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 2009, Title X service sites performed 997,765 confidential HIV tests (844,888 female tests and 152,877 male tests), or 1.9 tests for every 10 family planning users. Of the total number of confidential HIV tests performed, 1,248 were positive for HIV. Across regions, sites performed between 0.6 (X) and 2.8 (II) confidential HIV tests for every 10 users, with five regions (II, III, IV, VI, and IX) reporting test-to-user ratios at or above the national average of 1.9 tests per 10 users. Additionally, Title X service providers performed 9,058 anonymous HIV tests (*Exhibit 29*). Between 2005 and 2009 (not shown), the number of confidential HIV tests performed increased 64%, from 607,974 tests in 2005 to 997,765 in 2009, and the number of tests per 10 users increased from 1.2 to 1.9, respectively.

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* (Reissued 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* (Reissued October 2007), pp. 43–46.

STAFFING AND FAMILY PLANNING ENCOUNTERS

Staffing (Exhibit 30)

In 2009, 3,571 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*.⁶ Midlevel clinicians accounted for 60% (2,154 FTEs) of total CSP FTEs, followed by “other” CSPs (26%, or 914 FTEs) and physicians (14%, or 503 FTEs). Nationally, grantees reported an average of 4.3 midlevel CSP FTEs per physician FTE (*Exhibit 30*).

The composition of CSP staffing varied across regions. In all regions, Title X-funded agencies relied more heavily on midlevel clinicians than physicians to provide clinical care, and the number of midlevel clinician FTEs per physician FTE ranged from 2.0 (III) to 13.0 (VIII), with five regions (IV, V, VI, VIII, and X) exceeding the national average of 4.3. In eight regions (I, II, III, V, VI, VIII, IX, and X), midlevel CSPs accounted for the largest percentage of total CSP FTEs (48% to 91% of total CSP FTEs), while other CSPs accounted for the largest percentage of CSP FTEs in Regions IV (48%) and VII (50%) (*Exhibit 30*).

Family Planning Encounters (Exhibit 30)

In 2009, Title X-funded agencies reported 9,762,514 family planning encounters, or an average of 1.9 encounters per family planning user. Encounters with a clinical services provider accounted for 73% of total family planning encounters nationally, and between 61% (IV) and 89% (I) across regions. The total number of encounters per user ranged from 1.5 (X) to 2.2 (VII), and in three regions (III, VI, and VII) the number of encounters per user was above the national average of 1.9 (*Exhibit 30*).

Exhibit 30. Number and distribution of CSP FTE staff by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2009 (Source: FPAR Table 13)

FTEs and FP Encounters	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number of CSP FTEs											
Physician	503	25	57	113	45	32	53	28	7	134	10
PA/NP/CNM	2,154	86	205	229	379	194	285	105	86	484	102
Other CSP	914	41	7	138	388	2	95	133	84	27	0
Total	3,571	151	269	479	812	229	434	266	176	644	112
Distribution of CSP FTEs											
Physician	14%	17%	21%	23%	5%	14%	12%	11%	4%	21%	9%
PA/NP/CNM	60%	57%	76%	48%	47%	85%	66%	39%	49%	75%	91%
Other CSP	26%	27%	3%	29%	48%	1%	22%	50%	47%	4%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE^a	4.3	3.4	3.6	2.0	8.5	6.0	5.4	3.7	13.0	3.6	10.0
Number of FP Encounters											
With a CSP	7,081,264	291,369	755,244	895,155	1,154,338	697,147	701,771	316,582	216,734	1,780,253	272,671
With a non-CSP	2,681,250	37,044	159,752	325,117	729,442	243,488	345,542	135,691	79,511	570,521	55,142
Total	9,762,514	328,413	914,996	1,220,272	1,883,780	940,635	1,047,313	452,273	296,245	2,350,774	327,813
Distribution of FP Encounters											
With a CSP	73%	89%	83%	73%	61%	74%	67%	70%	73%	76%	83%
With a non-CSP	27%	11%	17%	27%	39%	26%	33%	30%	27%	24%	17%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User	1.9	1.6	1.8	2.1	1.9	1.9	2.0	2.2	1.8	1.8	1.5

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 2009, Title X grantees reported total revenue of over \$1.2 billion to support delivery of Title X-funded family planning and related preventive health services. The major sources of revenue—Medicaid (\$449.8 million) and Title X (\$266.4 million)—accounted for 37% and 22%, respectively, of total program revenue. Other revenue sources—state governments (\$153.8 million), local governments (\$84.7 million), and client payment for services (\$80.9 million)—each accounted for 7% to 12% of total revenue, while all other individual sources each contributed 4% or less (*Exhibit 31*).

Federal Grants

Title X. Revenue from Title X accounted for 22% of total national revenue and from 12% (IX) to 32% (VII) of total regional revenues. Title X was the largest source of revenue in five regions (I, III, VI, VII, and VIII) and the second most important source after Medicaid in three others (IV, V, 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 22% (*Exhibits 32 and 33*).

Other Federal Grants. Revenue from the Health Resources Services Administration (HRSA) Bureau of Primary Health Care, HRSA's Ryan White Care Act, and the Indian Health Services together accounted for less than 1% (\$5.2 million) of total national revenue and 1% or less of total regional revenue in six regions (II, III, IV, V, VII, and IX) that reported revenue from these sources (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

Title X *Program Guidelines*⁶ 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.”

Medicaid and SCHIP. Revenue from Medicaid (federal and state shares) accounted for 37% (\$449.8 million) 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 (32%), V (31%), IX (67%), and X (38%), all of which include states with established Medicaid family planning waiver programs. In four other regions (I, II, III, and VII), Medicaid was the second largest source of revenue, accounting for 17% (I) to 29% (III) of total regional revenue. In Region VI, Medicaid and Title X accounted for equal shares (28%) of regional revenue (*Exhibits 32 and 33*). In 2009, grantees in 26 states and all 10 HHS regions reported revenue from state Medicaid family planning waivers. A list of states for which grantees reported waiver revenue in 2009 is presented in the notes for Table 14 in *Appendix C: Methodological Notes*. Revenue from SCHIP accounted for less than 1% of total national revenue (\$194,482) and less than 1% of total regional revenue in the eight regions (I to VIII) that reported SCHIP revenue.

Medicare and Other Public Third-Party. Revenue from Medicare (\$843,164) and other public, third-party payers (\$4.9 million) together accounted for less than 1% of total national revenue and ranged from less than 1% (II, IV, V, VI, VII, VIII, IX, and X) to 3% (I) of total regional revenue (*Exhibits 32 and 33*).

Private Third-Party. Revenue from private payers (\$48.4 million) accounted for 4% of total national revenue and ranged from less than 1% (VI) to 15% (I) of total regional revenue. Revenue from private third-party payers was the third largest source of revenue in Region I (15%) and was at or above the national average of 4% in six regions (I, II, III, VII, VIII, and X) (*Exhibits 32 and 33*).

Payment for Services: Client Collections

Nationally, revenue from client payment for services accounted for 7% (\$80.9 million) of total revenue and between 3% (VI and IX) and 16% (VII) of total regional revenue. In three regions (I, VII, and VIII), revenue from client payment was the third or one of the three most important sources of revenue. The share of revenue from client payment exceeded the national average of 7% in six regions (I, II, III, V, VII, and VIII) (*Exhibits 32 and 33*).

Other Revenue

State Governments. State government revenue accounted for 12% (\$153.8 million) of total national revenue, and between 1% (IX) and 31% (II) of total regional revenue. State government revenue was the largest source of revenue in Region II (31%) and the second largest source in Region X (16%). In four regions (I, II, IV, and X), the percentage of total regional revenue from state governments exceeded the national average of 12% (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 7% (\$84.7 million) of total national revenue, and between 1% (I, III, and IX) and 20% (VIII) of total regional revenue. Local government revenue was the second largest source of revenue in Region VIII (20%), after Title X, and the percentage of total regional revenue from local governments was at or above the national average of 7% in six regions (II, IV, V, VI, 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 (\$30.8 million), the Title V Maternal and Child Health (MCH) Block Grant (\$21.0 million), and Temporary Assistance for Needy Families (TANF) (\$15.6 million) each accounted for 1% to 3% of total national revenue. Across regions, the share of total regional revenue from MCH or Social Services Block Grants or TANF ranged from 0% to 4% of total regional revenues, except in Region VI, where the Social Services Block Grant accounted for 18% of total regional revenue (*Exhibits 32 and 33*).

Other Revenue. Finally, 6% (\$68.6 million) of total revenue in 2009 came from numerous public and private sources reported as “other” revenue. A combination of revenue from “other” sources accounted for 25% of the total revenue in Region VIII, and in three regions (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*). The notes for FPAR Table 14 in *Appendix C: Methodological Notes* present a list of “other” revenue sources.

Revenue per User

On average, grantees reported \$237 in program revenue per user served during 2009. By region, revenue per user ranged from \$163 (III) to \$358 (II), and was above the national average of \$237 in four regions (I, II, VIII, and X) (*Exhibit 32*).

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.

(continued)

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

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.

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* (Reissued October 2007), pp. 47–50.

Trends

Between 1999 and 2009, there were notable changes in the growth and composition of total revenue. During this period, inflation-adjusted²³ Title X revenue decreased 3% (from \$183.2 million in 1999 to \$177.7 million in 2009), while inflation-adjusted revenue from Medicaid increased 199%, (from \$100.4 million in 1999 to \$300.1 million in 2009). In addition, there was a net decrease of 28% in inflation-adjusted revenue (not shown) from other sources, including state governments (–40%), client collections (–45%), block grants (–48%), local governments (+27%), and private third-party payers (+176%). Overall, the decline in Title X and other revenue sources was offset by the dramatic increase in revenue from Medicaid, resulting in a net increase of 11% in inflation-adjusted (constant 1999 dollars) total revenue between 1999 (\$738.0 million) and 2009 (\$821.5 million). Between 2008 and 2009, there was a net decrease of over 1% in inflation-adjusted total revenue, despite the 7% increase in Medicaid revenue (*Exhibits A–10a, A–10b, A–10c, A–10d, and A–10e*).

Between 1999 and 2009, the share of total revenue from Medicaid grew from 14% in 1999 to 37% in 2009, while the share from Title X decreased from 25% to 22%. Additionally, between 2003 and 2004 there were large percentage-point changes in the shares of total revenue from Medicaid and state governments. 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, thereby increasing the Medicaid share of total revenue from 17% in 2003 to 28% in 2004 and decreasing 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 (*Exhibits A–11a, A–11b, and A–11c*). (See Table 14 notes in *Appendix C: Methodological Notes*.)

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2009
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Federal Grants		
Title X	\$266,393,881	22%
Bureau of Primary Health Care	\$4,965,372	0%†
Other ^a	\$202,906	0%†
Subtotal	\$271,562,159	22%
Payment for Services		
Client collections	\$80,940,857	7%
Third-party payers ^b		
Medicaid ^c	\$449,834,131	37%
Medicare	\$843,164	0%†
State Children's Health Insurance Program	\$194,482	0%†
Other public	\$4,903,482	0%†
Private	\$48,445,935	4%
Subtotal	\$585,162,051	48%
Other Revenue		
Maternal and Child Health Block Grant	\$21,044,962	2%
Social Services Block Grant	\$30,841,136	3%
Temporary Assistance for Needy Families	\$15,580,002	1%
State government	\$153,830,395	12%
Local government	\$84,666,243	7%
Other ^a	\$68,624,137	6%
Subtotal	\$374,586,875	30%
Total Revenue	\$1,231,311,085	100%
Total Revenue 1999\$ ^d	\$821,501,274	NA
Total Revenue 1981\$ ^d	\$271,757,604	NA
Total Revenue per User	\$237	NA

NA = Not applicable.

Note: Unless otherwise noted, revenue is shown in actual 2009 dollars (unadjusted).

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of 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 Revenue is shown 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>).

† Percentage is less than 0.5%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2009 (Source: FPAR Table 14)

Revenue Source	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Federal Grants											
Title X	\$266,393,881	\$15,618,212	\$26,920,199	\$30,352,787	\$55,472,456	\$33,772,444	\$32,403,283	\$14,779,362	\$9,799,145	\$36,004,489	\$11,271,504
BPHC	\$4,965,372	\$0	\$373,870	\$128,894	\$126,828	\$247,133	\$0	\$376,784	\$0	\$3,711,863	\$0
Other ^a	\$202,906	\$0	\$0	\$80,508	\$0	\$98,700	\$0	\$0	\$0	\$23,698	\$0
Subtotal	\$271,562,159	\$15,618,212	\$27,294,069	\$30,562,189	\$55,599,284	\$34,118,277	\$32,403,283	\$15,156,146	\$9,799,145	\$39,740,050	\$11,271,504
Payment for Services											
Client collections	\$80,940,857	\$7,420,605	\$17,644,755	\$7,552,706	\$9,247,223	\$9,261,690	\$3,579,120	\$7,443,398	\$5,910,370	\$9,043,055	\$3,837,935
Third-party payers ^b											
Medicaid ^c	\$449,834,131	\$8,536,164	\$38,203,274	\$28,418,682	\$73,258,350	\$35,041,341	\$32,066,366	\$10,132,491	\$986,441	\$195,075,054	\$28,115,968
Medicare	\$843,164	\$87,598	\$183,084	\$100,461	\$29,140	\$54,057	\$18,084	\$45,850	\$3,300	\$314,104	\$7,486
State CHIP	\$194,482	\$3,830	\$1,014	\$11,865	\$302	\$56,338	\$23,623	\$56,389	\$41,121	\$0	\$0
Other public	\$4,903,482	\$1,611,028	\$570,365	\$1,580,410	\$0	\$153,761	\$108,261	\$169,504	\$126,747	\$481,276	\$102,130
Private	\$48,445,935	\$7,477,663	\$12,503,795	\$6,732,227	\$2,606,026	\$3,373,449	\$475,087	\$4,089,224	\$1,822,952	\$5,493,048	\$3,872,464
Subtotal	\$585,162,051	\$25,136,888	\$69,106,287	\$44,396,351	\$85,141,041	\$47,940,636	\$36,270,541	\$21,936,856	\$8,890,931	\$210,406,537	\$35,935,983
Other Revenue											
MCH Block Grant	\$21,044,962	\$144,895	\$2,237,540	\$2,366,058	\$5,800,052	\$2,896,132	\$2,047,563	\$321,458	\$480,567	\$1,811,420	\$2,939,277
SS Block Grant	\$30,841,136	\$716,283	\$1,743,127	\$1,987,000	\$2,285,550	\$3,250,542	\$20,764,634	\$0	\$4,000	\$90,000	\$0
TANF	\$15,580,002	\$295,311	\$1,431,383	\$2,937,152	\$9,086,757	\$492,369	\$0	\$128,372	\$399,376	\$809,282	\$0
State government	\$153,830,395	\$6,851,014	\$54,761,655	\$11,225,405	\$42,870,099	\$9,480,369	\$9,764,989	\$1,092,785	\$2,415,022	\$3,583,081	\$11,785,976
Local government	\$84,666,243	\$325,671	\$12,180,272	\$1,242,681	\$24,063,456	\$11,235,801	\$12,734,505	\$713,057	\$8,247,979	\$2,773,070	\$11,149,751
Other ^a	\$68,624,137	\$1,251,951	\$9,178,499	\$1,939,991	\$1,427,862	\$5,412,736	\$256,895	\$7,243,681	\$10,161,795	\$30,172,390	\$1,578,337
Subtotal	\$374,586,875	\$9,585,125	\$81,532,476	\$21,698,287	\$85,533,776	\$32,767,949	\$45,568,586	\$9,499,353	\$21,708,739	\$39,239,243	\$27,453,341
Total Revenue	\$1,231,311,085	\$50,340,225	\$177,932,832	\$96,656,827	\$226,274,101	\$114,826,862	\$114,242,410	\$46,592,355	\$40,398,815	\$289,385,830	\$74,660,828
Total Revenue 1999\$^d	\$821,501,274	\$33,585,793	\$118,712,525	\$64,487,121	\$150,964,662	\$76,609,733	\$76,219,801	\$31,085,304	\$26,953,122	\$193,071,297	\$49,811,917
Total Revenue 1981\$^d	\$271,757,604	\$11,110,384	\$39,270,823	\$21,332,731	\$49,940,026	\$25,342,964	\$25,213,972	\$10,283,207	\$8,916,256	\$63,869,156	\$16,478,084
Total Revenue per User	\$237	\$252	\$358	\$163	\$224	\$233	\$223	\$223	\$251	\$223	\$345

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

Note: Unless otherwise noted, revenue is shown in actual 2009 dollars (unadjusted).

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of 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 Revenue is shown 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 33. Distribution of Title X project revenues, by revenue source and region: 2009 (Source: FPAR Table 14)

Revenue Source	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Federal Grants											
Title X	22%	31%	15%	31%	25%	29%	28%	32%	24%	12%	15%
BPHC	0%†	0%	0%†	0%†	0%†	0%†	0%	1%	0%	1%	0%
Other ^a	0%†	0%	0%	0%†	0%	0%†	0%	0%	0%	0%†	0%
Subtotal	22%	31%	15%	32%	25%	30%	28%	33%	24%	14%	15%
Payment for Services											
Client collections	7%	15%	10%	8%	4%	8%	3%	16%	15%	3%	5%
Third-party payers ^b											
Medicaid ^c	37%	17%	21%	29%	32%	31%	28%	22%	2%	67%	38%
Medicare	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%†	3%	0%†	2%	0%	0%†	0%†	0%†	0%†	0%†	0%†
Private	4%	15%	7%	7%	1%	3%	0%†	9%	5%	2%	5%
Subtotal	48%	50%	39%	46%	38%	42%	32%	47%	22%	73%	48%
Other Revenue											
MCH Block Grant	2%	0%†	1%	2%	3%	3%	2%	1%	1%	1%	4%
SS Block Grant	3%	1%	1%	2%	1%	3%	18%	0%	0%†	0%†	0%
TANF	1%	1%	1%	3%	4%	0%†	0%	0%†	1%	0%†	0%
State government	12%	14%	31%	12%	19%	8%	9%	2%	6%	1%	16%
Local government	7%	1%	7%	1%	11%	10%	11%	2%	20%	1%	15%
Other ^a	6%	2%	5%	2%	1%	5%	0%†	16%	25%	10%	2%
Subtotal	30%	19%	46%	22%	38%	29%	40%	20%	54%	14%	37%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

^a See Table 14 comments in the *Methodological Notes (Appendix C)* for a list of 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 and year: 1999-2009

Region	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
I	187,589	216,098	220,094	212,422	207,450	211,693	212,169	199,010	197,165	199,779
II	415,848	428,169	449,854	460,798	468,635	468,237	470,148	479,572	483,928	497,614
III	499,163	533,956	551,759	562,182	571,883	562,173	567,583	557,031	564,138	592,475
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	1,010,012
V	532,036	595,982	617,372	607,756	610,058	600,145	582,313	531,679	507,431	492,741
VI	488,372	529,997	532,268	539,704	547,802	513,130	483,632	486,378	491,406	512,019
VII	247,863	254,278	260,651	260,034	257,833	243,299	245,133	234,592	210,012	209,350
VIII	138,469	148,353	143,595	147,730	154,924	157,150	156,482	149,395	151,261	160,919
IX	709,360	844,781	870,070	878,088	920,543	931,827	973,524	1,102,718	1,209,114	1,294,974
X	197,573	262,315	251,504	278,024	276,073	263,420	251,964	228,207	217,786	216,384
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	5,186,267
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	4,811,691
Male Users	127,098	199,245	202,620	227,159	244,381	262,793	272,409	295,381	327,843	374,576
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
II	9%	9%	9%	9%	9%	9%	9%	10%	10%	10%
III	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%
IV	23%	21%	22%	21%	21%	21%	21%	20%	20%	19%
V	12%	12%	12%	12%	12%	12%	12%	11%	10%	10%
VI	11%	11%	11%	11%	11%	10%	10%	10%	10%	10%
VII	6%	5%	5%	5%	5%	5%	5%	5%	4%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	16%	17%	17%	18%	18%	19%	19%	22%	24%	25%
X	4%	5%	5%	6%	5%	5%	5%	5%	4%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	97%	96%	96%	95%	95%	95%	95%	94%	94%	93%
Male Users	3%	4%	4%	5%	5%	5%	5%	6%	6%	7%

Exhibit A-1b. Distribution of all family planning users, by region and year: 1999-2009

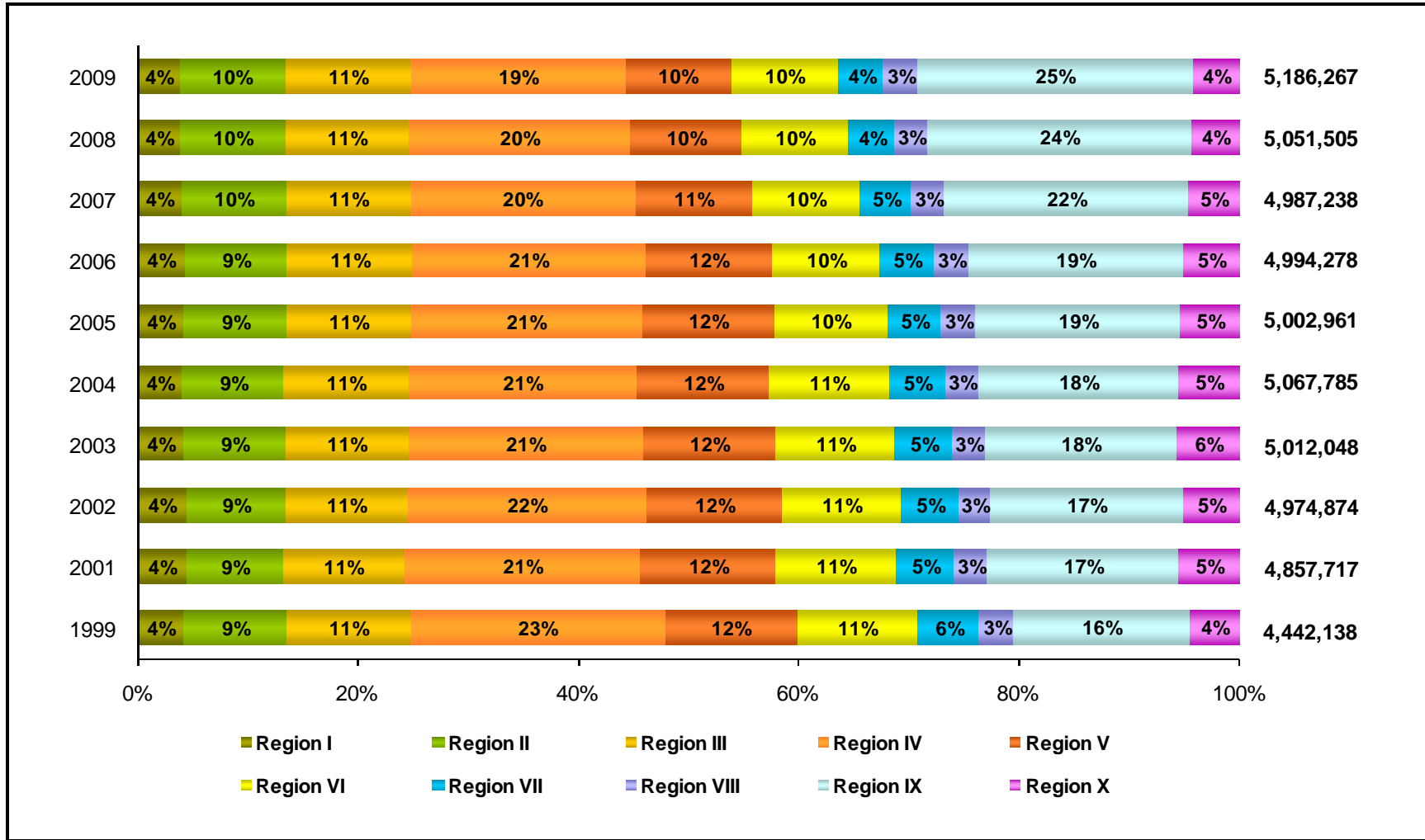


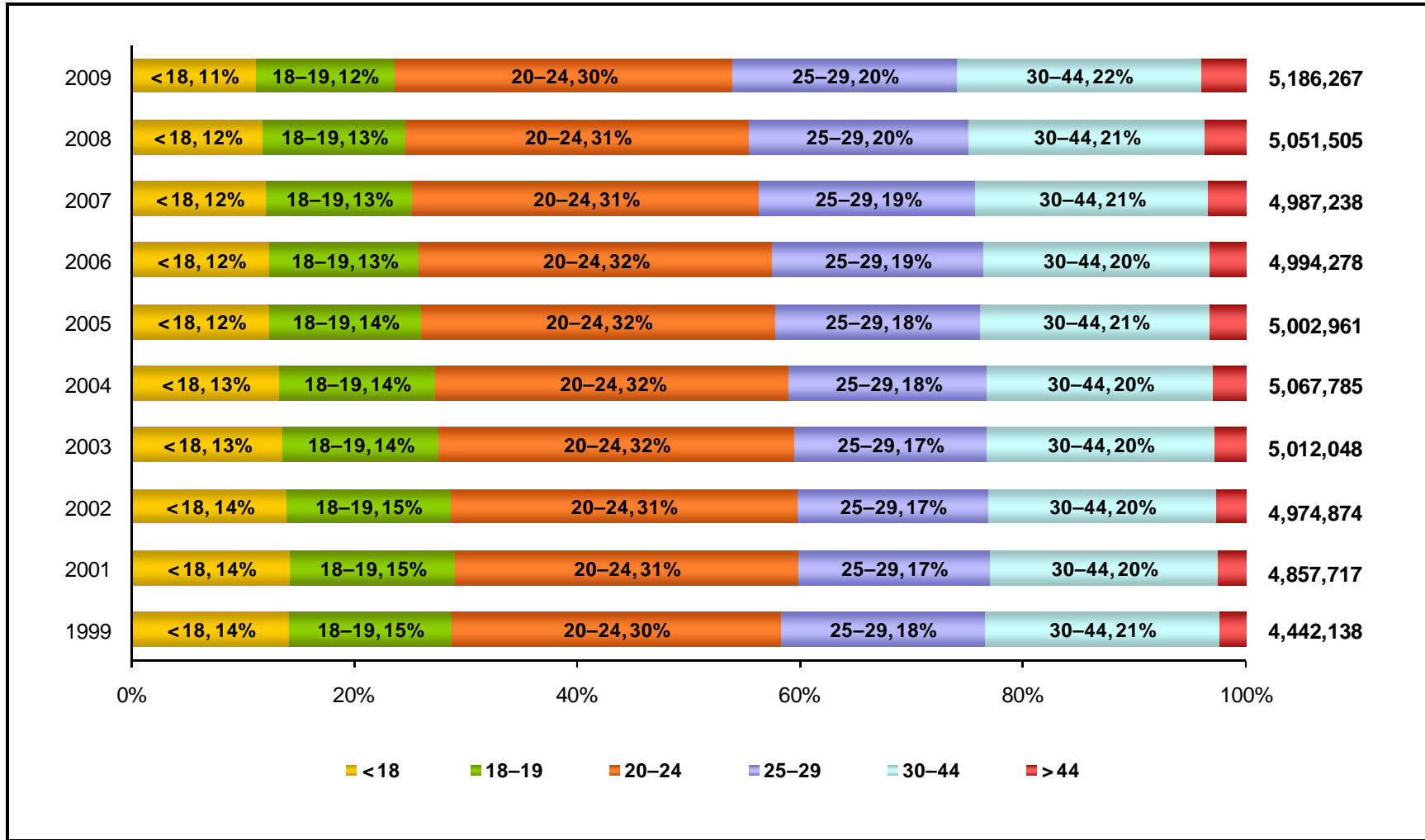
Exhibit A-2a. Number and distribution of all family planning users, by age and year: 1999-2009

Age Group (Years)	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Under 15	—	—	—	—	—	70,840	67,627	68,918	71,738	74,287
Under 18	627,496	690,718	693,416	674,639	667,734	--	--	--	--	--
15 to 17	—	—	—	—	—	549,079	549,844	534,054	521,202	502,226
18 to 19	648,224	720,939	728,049	711,364	716,399	681,690	672,027	651,784	652,059	647,432
20 to 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	1,577,051
25 to 29	812,323	835,897	851,926	870,394	898,231	921,425	943,009	967,409	996,754	1,037,776
30 to 44	937,691	995,231	1,016,055	1,021,266	1,028,661	--	--	--	--	--
30 to 34	—	—	—	—	—	519,448	512,173	522,673	539,998	578,031
35 to 39	—	—	—	—	—	317,900	314,488	323,885	332,854	353,712
40 to 44	—	—	—	—	—	193,490	188,507	191,503	195,582	209,292
Over 44	104,302	121,245	134,713	144,041	148,482	159,295	163,915	170,342	187,849	206,460
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	5,186,267
Under 15	—	—	—	—	—	1%	1%	1%	1%	1%
Under 18	14%	14%	14%	13%	13%	--	--	--	--	--
15 to 17	—	—	—	—	—	11%	11%	11%	10%	10%
18 to 19	15%	15%	15%	14%	14%	14%	13%	13%	13%	12%
20 to 24	30%	31%	31%	32%	32%	32%	32%	31%	31%	30%
25 to 29	18%	17%	17%	17%	18%	18%	19%	19%	20%	20%
30 to 44	21%	20%	20%	20%	20%	--	--	--	--	--
30 to 34	—	—	—	—	—	10%	10%	10%	11%	11%
35 to 39	—	—	—	—	—	6%	6%	6%	7%	7%
40 to 44	—	—	—	—	—	4%	4%	4%	4%	4%
Over 44	2%	2%	3%	3%	3%	3%	3%	3%	4%	4%
Total All Users	100%	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 and year: 1999-2009



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

Exhibit A-3a. Number and distribution of all family planning users, by race and year: 1999-2009

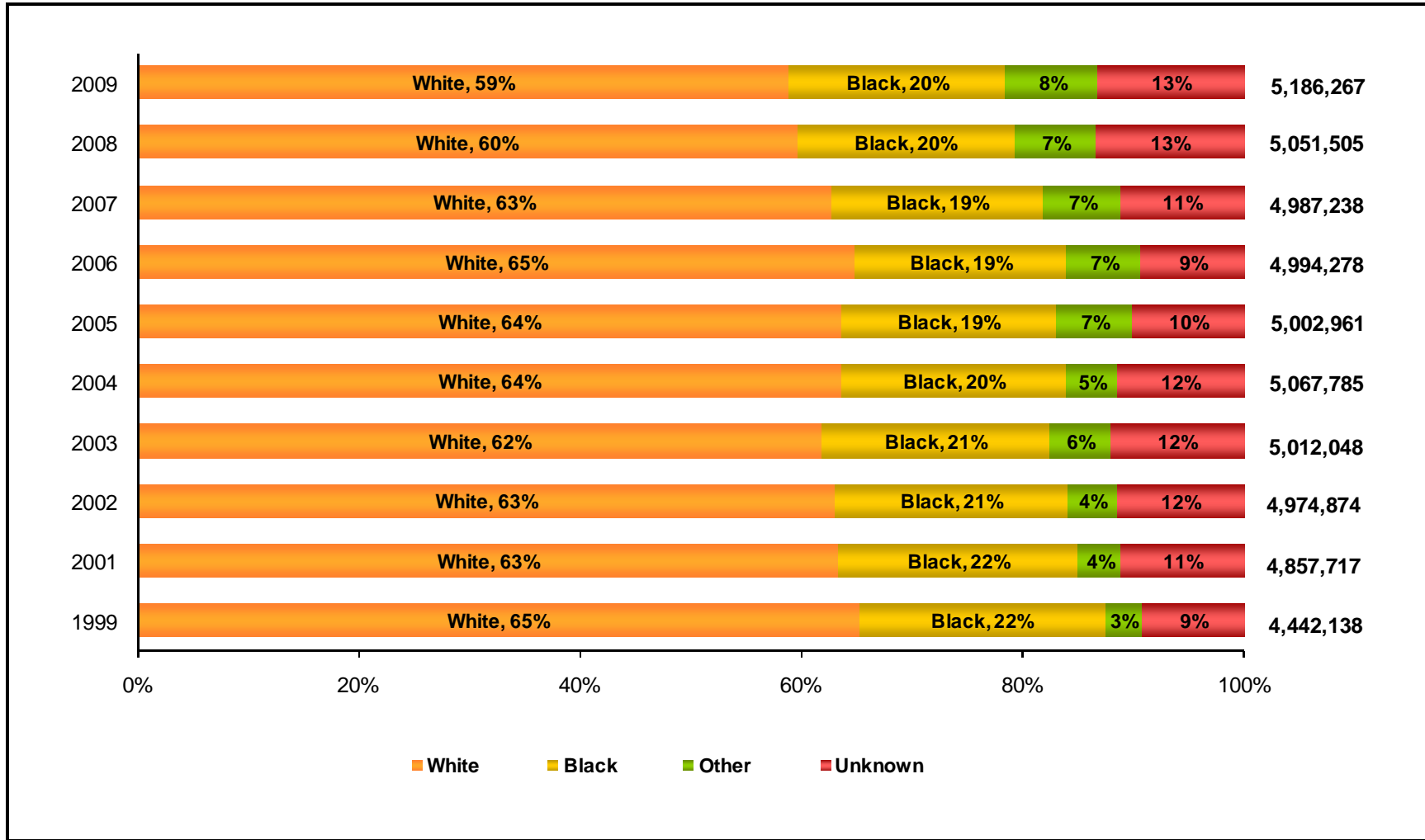
Race	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Am Indian/Alaska Native	31,372	34,241	34,811	35,320	36,050	35,665	38,098	38,080	36,974	39,220
Asian	115,564	109,007	137,064	117,122	136,813	124,946	129,155	131,735	137,747	150,847
Black/African American	986,448	1,049,740	1,041,329	1,028,446	1,027,880	969,301	953,580	958,241	996,093	1,015,013
Nat Hawaiian/Pac Island ^a	—	46,330	51,672	124,055	58,881	58,946	44,708	43,360	45,693	73,559
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	3,054,226
More than one race	—	—	—	—	—	127,543	122,583	132,911	151,535	169,044
UK/NR	411,872	539,135	572,111	606,297	583,011	503,444	466,479	557,476	675,895	684,358
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	5,186,267
Am Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	2%	3%	2%	3%	2%	3%	3%	3%	3%
Black/African American	22%	22%	21%	21%	20%	19%	19%	19%	20%	20%
Nat Hawaiian/Pac Island ^a	—	1%	1%	2%	1%	1%	1%	1%	1%	1%
White	65%	63%	63%	62%	64%	64%	65%	63%	60%	59%
More than one race	—	—	—	—	—	3%	2%	3%	3%	3%
UK/NR	9%	11%	12%	12%	12%	10%	9%	11%	13%	13%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

^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 and year: 1999-2009



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 (2001-2009), and more than one race (2005-2009). For 1999 data, the Native Hawaiian or 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) and year: 1999–2009

Ethnicity	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
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	1,447,422
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	3,618,344
UK/NR	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501
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	5,186,267
Hispanic or Latino	17%	20%	21%	22%	23%	24%	25%	26%	28%	28%
Not Hispanic or Latino	78%	77%	77%	76%	75%	73%	74%	72%	70%	70%
UK/NR	4%	3%	2%	2%	3%	4%	2%	1%	2%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

UK/NR=unknown or not reported.

Exhibit A-4b. Distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 1999-2009

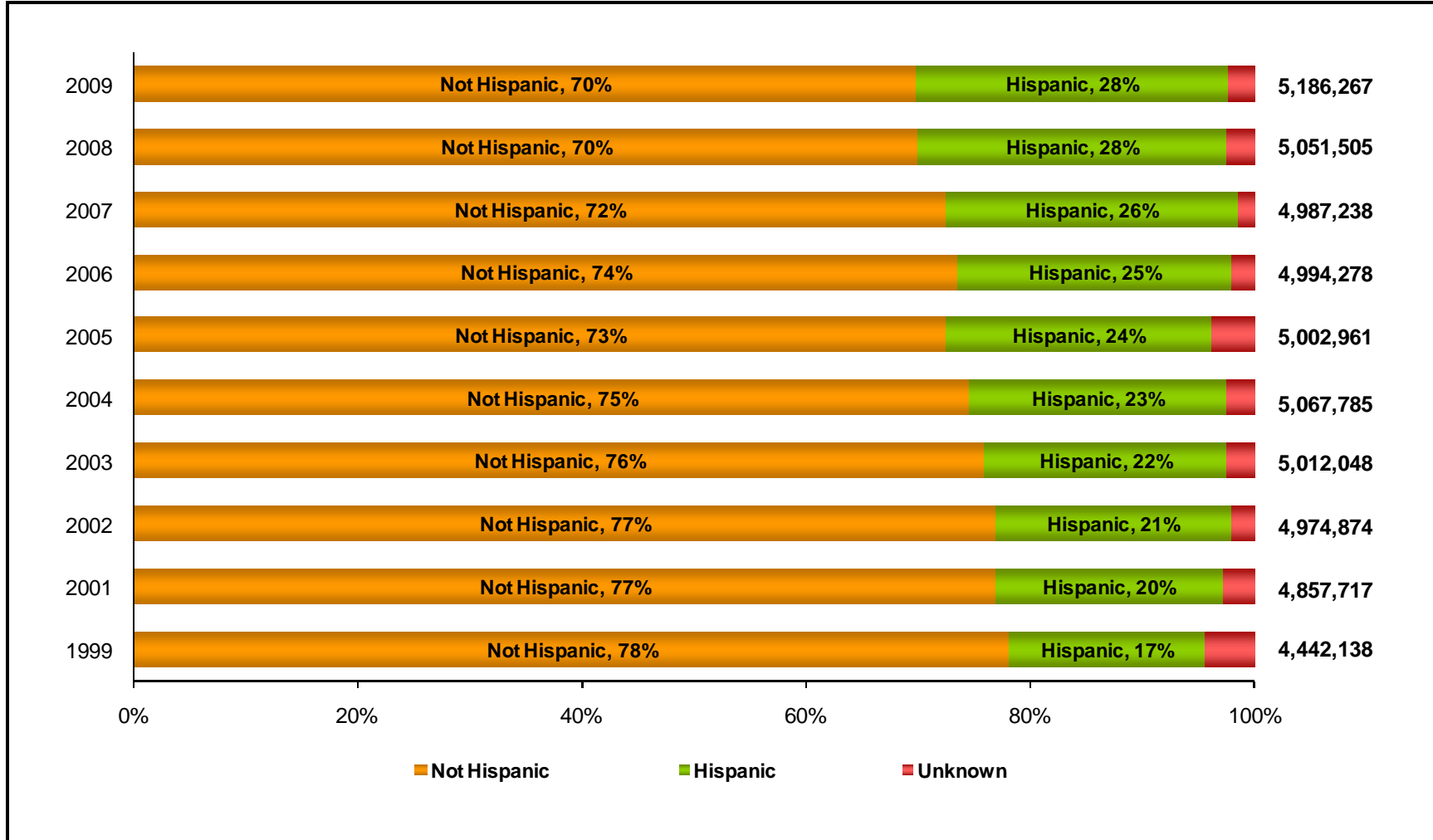


Exhibit A-5a. Number and distribution of all family planning users, by race and Hispanic or Latino ethnicity and year: 1999–2009

Race/Ethnicity Trend	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Not Hispanic										
All races	3,472,143	3,735,945	3,825,440	3,806,566	3,780,396	--	--	--	--	--
Asian	—	—	—	—	—	118,499	123,192	126,320	127,850	139,831
Black or African American	—	—	—	—	—	929,066	918,983	926,564	956,741	969,690
White	—	—	—	—	—	2,366,762	2,400,897	2,324,430	2,232,893	2,227,867
Other/unknown	—	—	—	—	—	213,815	227,822	234,183	217,431	280,956
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	1,447,422
Ethnicity UK/NR	197,866	139,458	105,389	124,275	127,752	193,726	99,652	72,339	125,067	120,501
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	5,186,267
Not Hispanic										
All races	78%	77%	77%	76%	75%	--	--	--	--	--
Asian	—	—	—	—	—	2%	2%	3%	3%	3%
Black or African American	—	—	—	—	—	19%	18%	19%	19%	19%
White	—	—	—	—	—	47%	48%	47%	44%	43%
Other/unknown	—	—	—	—	—	4%	5%	5%	4%	5%
Hispanic or Latino, all races	17%	20%	21%	22%	23%	24%	25%	26%	28%	28%
Ethnicity UK/NR	4%	3%	2%	2%	3%	4%	2%	1%	2%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

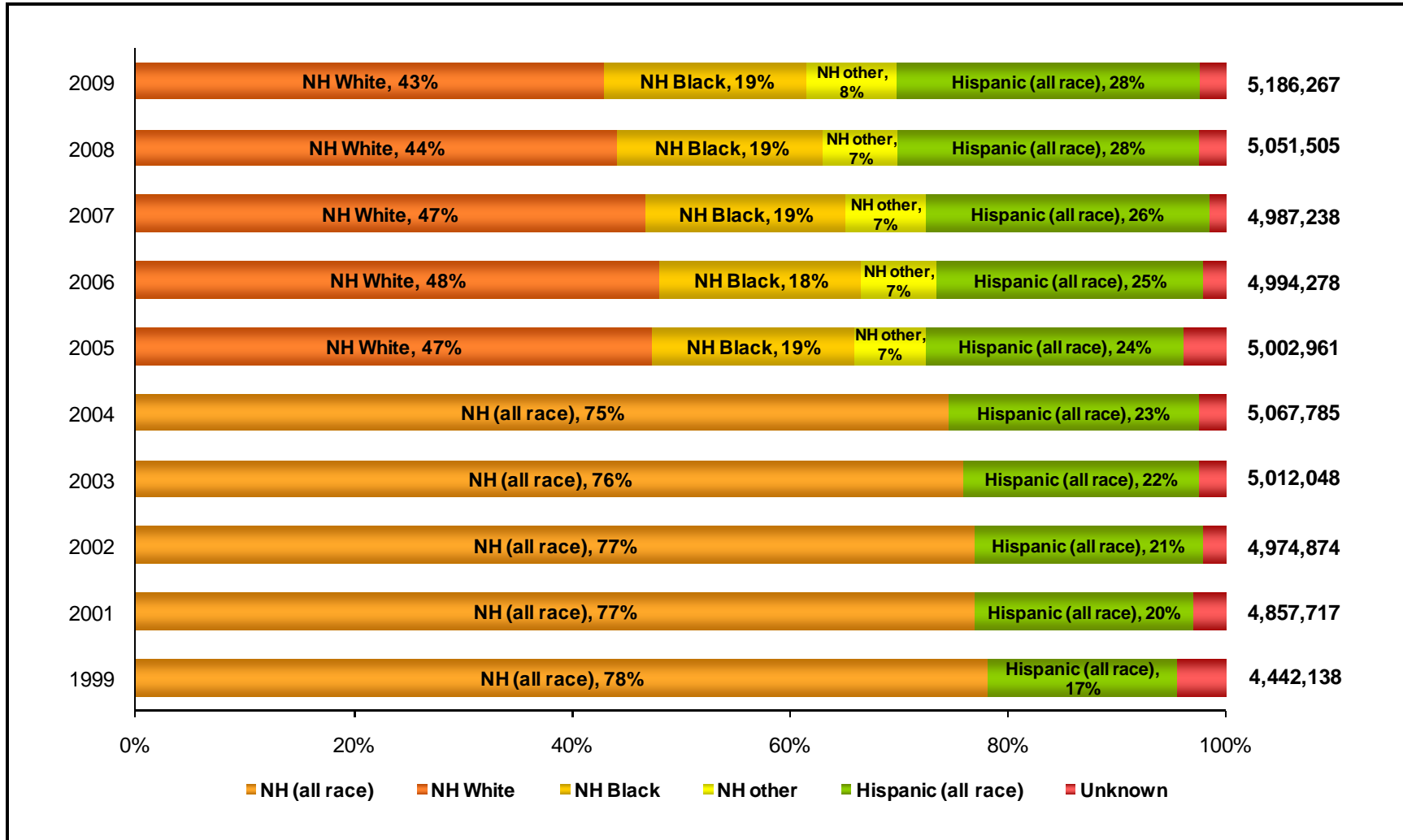
UK/NR=unknown or not reported.

Note: The "other" race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander (2001–2009), and more than one race (2005–2009). For 1999 data, the Native Hawaiian or 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 and year: 1999–2009



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 (2005–2009) 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 and year: 1999-2009

Income Level ^a	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Under 101%	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	3,632,506
101% to 150%	803,360	832,137	872,911	854,878	838,704	879,666	846,873	820,870	781,113	785,090
151% to 200%	328,084	328,019	335,792	318,001	312,393	324,358	311,958	303,992	278,881	277,103
Over 200%	346,735	422,460	408,346	370,790	355,025	--	--	--	--	--
201% to 250%	—	—	—	—	—	129,097	127,902	121,473	119,181	119,768
Over 250%	—	—	—	—	—	242,241	262,501	212,849	224,603	207,484
UK/NR	77,275	97,167	101,271	93,484	100,014	110,900	91,915	72,719	94,505	164,316
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	5,186,267
Under 101%	65%	65%	65%	67%	68%	66%	67%	69%	70%	70%
101% to 150%	18%	17%	18%	17%	17%	18%	17%	16%	15%	15%
151% to 200%	7%	7%	7%	6%	6%	6%	6%	6%	6%	5%
Over 200%	8%	9%	8%	7%	7%	--	--	--	--	--
201% to 250%	—	—	—	—	—	3%	3%	2%	2%	2%
Over 250%	—	—	—	—	—	5%	5%	4%	4%	4%
UK/NR	2%	2%	2%	2%	2%	2%	2%	1%	2%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

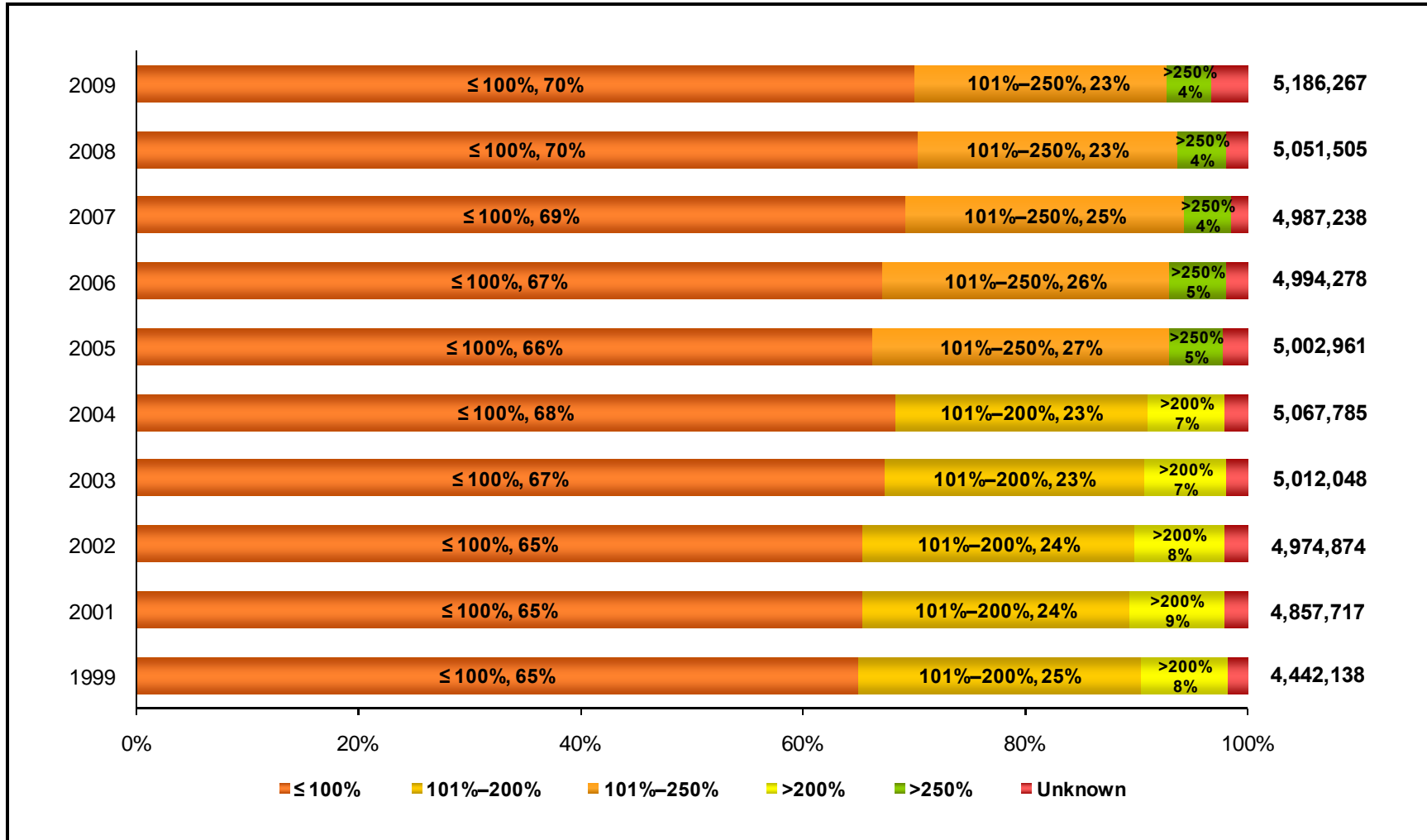
UK/NR=unknown or not reported.

^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/>.

— Data are not available.

-- Disaggregated data are presented in the table.

Exhibit A-6b. Distribution of all family planning users, by income level and year: 1999-2009



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 and year: 1999–2009

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Sterilization ^a	111,609	117,787	115,742	110,513	105,103	95,264	89,428	89,447	87,167	92,616
Intrauterine device	48,015	63,045	68,802	72,378	77,773	88,342	110,338	138,714	179,876	216,390
Hormonal implant	22,881	12,390	12,791	13,180	5,602	3,395	2,506	7,300	18,738	30,135
Hormonal injection ^b	699,932	799,521	809,170	765,266	740,028	602,721	571,588	591,861	597,572	615,188
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	1,696,319
Contraceptive patch ^c	—	—	—	—	—	286,214	170,815	128,324	101,763	106,266
Vaginal ring ^c	—	—	—	—	—	65,320	98,689	139,656	149,627	165,121
Cervical cap or diaphragm	14,816	10,442	9,021	7,863	11,717	5,477	4,753	4,087	3,612	12,278
Contraceptive sponge ^c	—	—	—	—	—	2,826	1,076	1,827	1,337	991
Female condom ^c	—	—	—	—	—	8,862	6,031	3,925	4,753	4,635
Spermicide	78,762	65,309	45,977	33,483	19,861	23,226	22,075	16,882	13,627	15,598
Natural method/FAM ^d	9,931	17,573	18,265	22,972	25,906	9,702	9,446	8,784	10,409	12,633
Abstinence ^c	—	—	—	—	—	44,939	49,022	53,987	61,329	62,380
Other method ^e	89,199	88,579	133,529	293,383	313,688	104,779	133,099	123,844	111,160	105,705
Method unknown	162,056	175,780	106,785	128,432	146,417	195,245	139,537	142,145	248,458	273,961
Rely on Male Method										
Vasectomy ^a	—	—	—	—	—	7,060	6,605	6,546	6,312	6,905
Male condom	527,248	616,696	679,656	698,248	737,169	686,992	747,323	716,646	727,440	737,991
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	4,155,112
No Method										
Pregnant/seeking pregnancy	261,399	244,706	273,051	265,190	287,485	358,492	373,111	383,303	381,848	395,633
Other reason	307,528	335,520	388,377	379,671	378,605	298,658	326,885	308,061	283,848	260,946
Total Not Using a Method	568,927	580,226	661,428	644,861	666,090	657,150	699,996	691,364	665,696	656,579
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	4,811,691
Using a Method	87%	88%	86%	87%	86%	86%	85%	85%	86%	86%
Not Using a Method	13%	12%	14%	13%	14%	14%	15%	15%	14%	14%

FAM=fertility awareness method.

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

^b For 2005–2009, 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 Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued October 2007).

— Data are not available.

Exhibit A–7b. Distribution of female family planning users who reported use of a method, by primary contraceptive method and year: 1999–2009

Primary Method	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Sterilization ^a	3%	3%	3%	3%	3%	2%	2%	2%	2%	2%
Intrauterine device	1%	2%	2%	2%	2%	2%	3%	3%	4%	5%
Hormonal implant	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Hormonal injection ^b	19%	20%	20%	18%	18%	15%	14%	15%	15%	15%
Oral contraceptive	53%	52%	51%	48%	47%	45%	46%	46%	43%	41%
Contraceptive patch ^c	—	—	—	—	—	7%	4%	3%	3%	3%
Vaginal ring ^c	—	—	—	—	—	2%	2%	3%	4%	4%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge ^c	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†
Female condom ^c	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†
Spermicide	2%	2%	1%	1%	0%†	1%	1%	0%†	0%†	0%†
Natural method\FAM ^d	0%†	0%†	0%†	1%	1%	0%†	0%†	0%†	0%†	0%†
Abstinence ^c	—	—	—	—	—	1%	1%	1%	2%	2%
Other method ^e	2%	2%	3%	7%	8%	3%	3%	3%	3%	3%
Method unknown	4%	4%	3%	3%	4%	5%	3%	4%	6%	7%
Rely on Male Method										
Vasectomy ^a	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†
Male condom	14%	15%	17%	17%	18%	17%	19%	18%	18%	18%
Total Using a Method										
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number	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	4,155,112

FAM=fertility awareness method.

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

^b For 2005–2009, 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 Table 7 of the *Title X FPAR: Forms and Instructions* (Reissued October 2007).

— 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 and year: 1999-2009



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 or higher result, by year: 2005-2009

Pap Test Indicators	2005	2006	2007	2008	2009
Female Users Who Received a Pap Test					
Number	2,447,498	2,326,153	2,272,571	2,088,218	2,035,017
Percentage	52%	49%	48%	44%	42%
Pap Tests Performed					
Number	2,644,413	2,477,209	2,470,674	2,209,087	2,190,127
Percentage with ASC or higher result	9%	10%	10%	11%	12%

ASC=atypical squamous cells.

Exhibit A-8b. Number and percentage of female users who received a Pap test, by year: 2005-2009

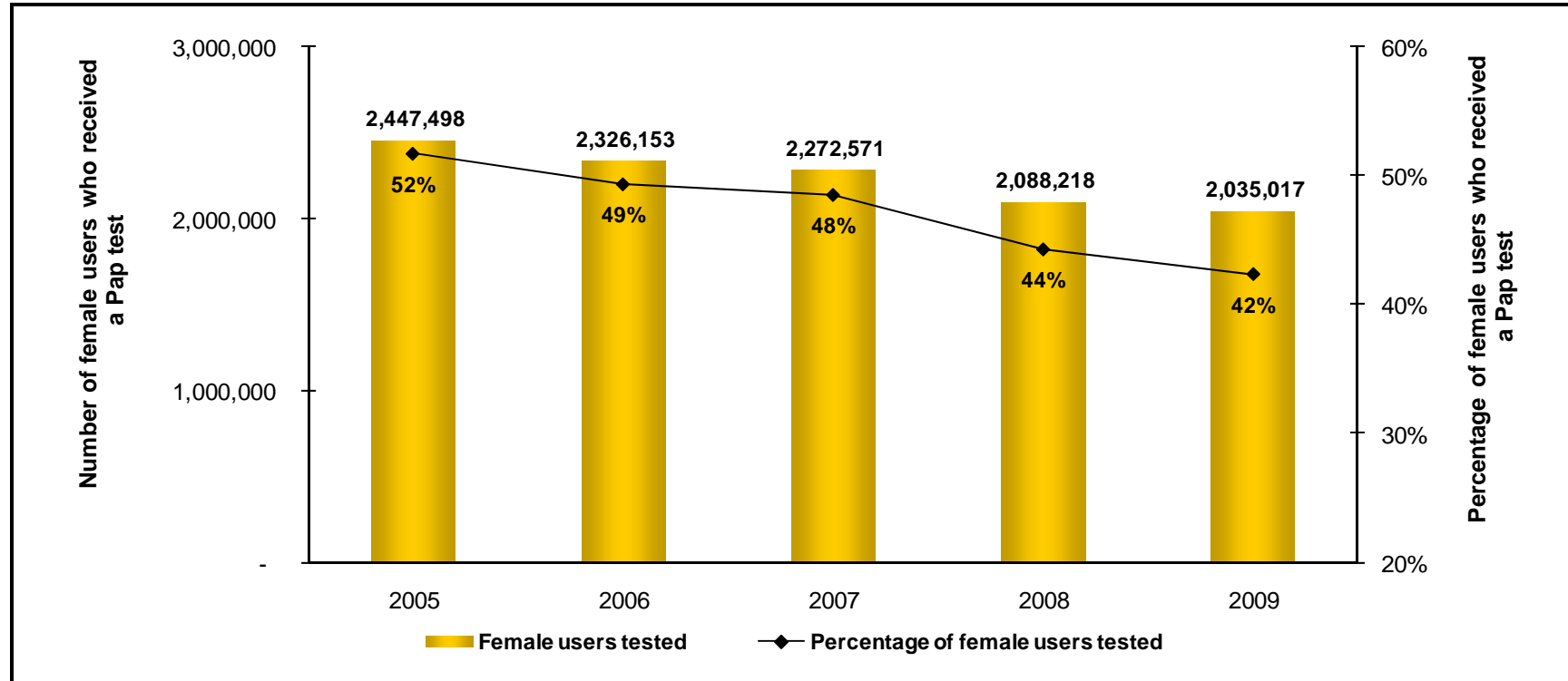


Exhibit A-9a. Number and percentage of female users under 25 years tested for chlamydia, by year: 2005-2009

Chlamydia Test Indicators	2005	2006	2007	2008	2009
Female Users Under 25 Years Tested					
Number	1,375,787	1,387,222	1,385,623	1,435,430	1,433,829
Percentage	50%	51%	52%	55%	55%

Exhibit A-9b. Number and percentage of female users under 25 years tested for chlamydia, by year: 2005-2009

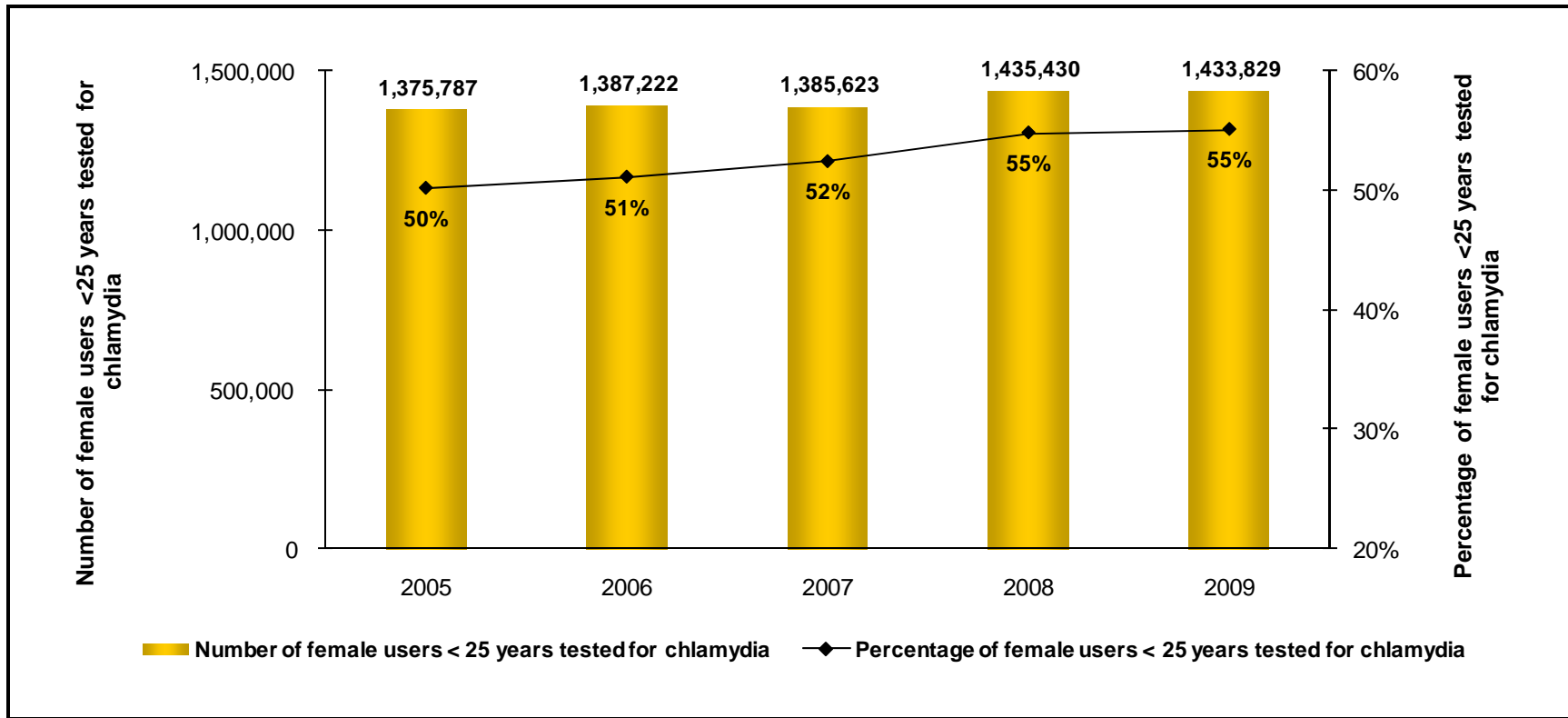


Exhibit A-10a. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue, Title X revenue, and Medicaid revenue, by year: 1999-2009

Revenue	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	Change 1999- 2009
Total Revenue											
Actual ^a	\$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	\$1,231,311,085	67%
1999\$ ^b	\$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	\$821,501,274	11%
1981\$ ^b	\$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	\$271,757,604	11%
Title X Revenue											
Actual ^a	\$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	\$266,393,881	45%
1999\$ ^b	\$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	\$177,731,619	-3%
1981\$ ^b	\$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	\$58,794,698	-3%
Medicaid Revenue											
Actual ^a	\$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	\$449,834,131	348%
1999\$ ^b	\$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	\$300,118,561	199%
1981\$ ^b	\$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	\$99,281,040	199%

^a Revenue is shown in actual 2009 dollars (unadjusted).

^b Revenue is shown 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 revenue, Title X revenue, and Medicaid revenue, by year: 1999-2009

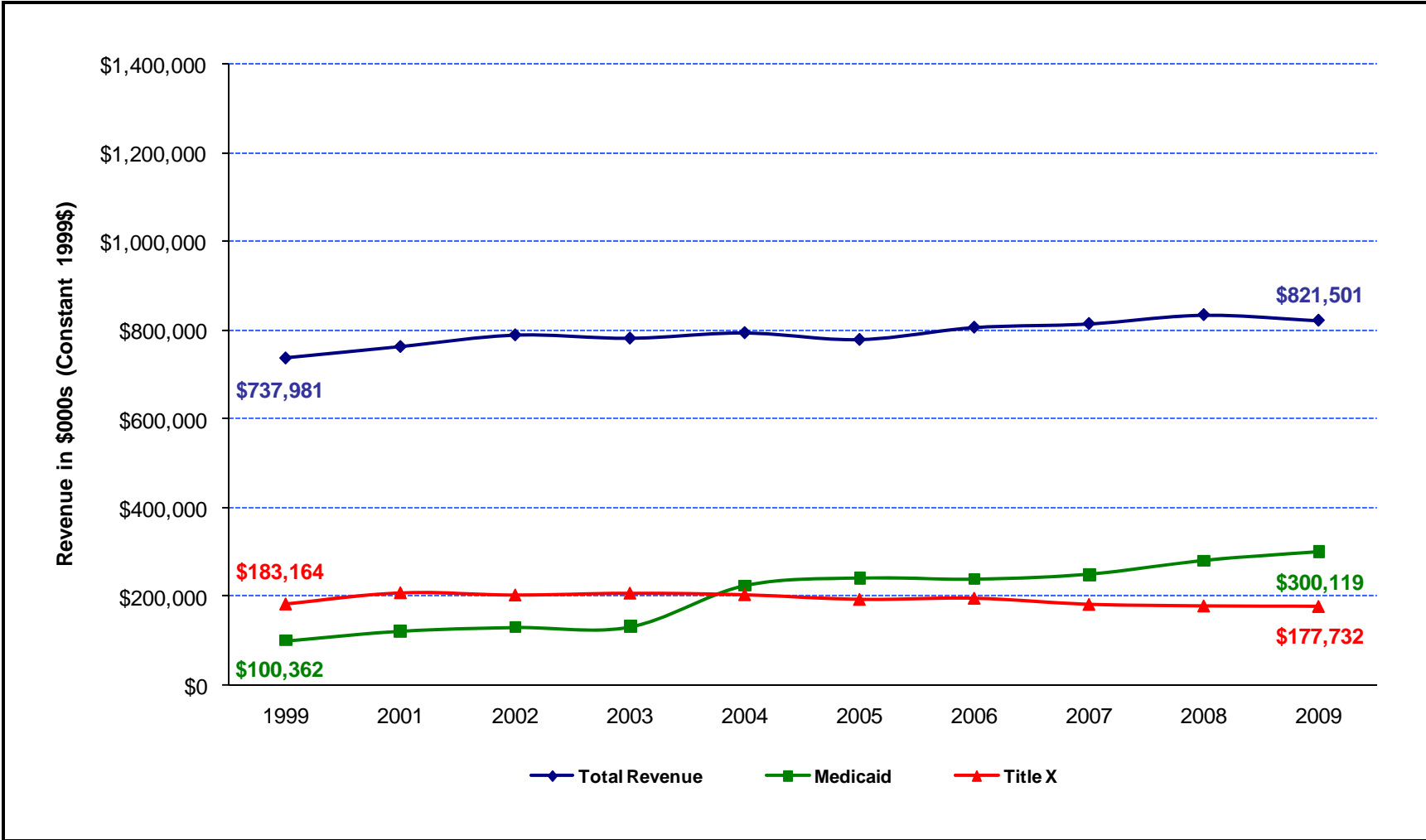


Exhibit A-10c. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) total revenue, by year: 1999-2009

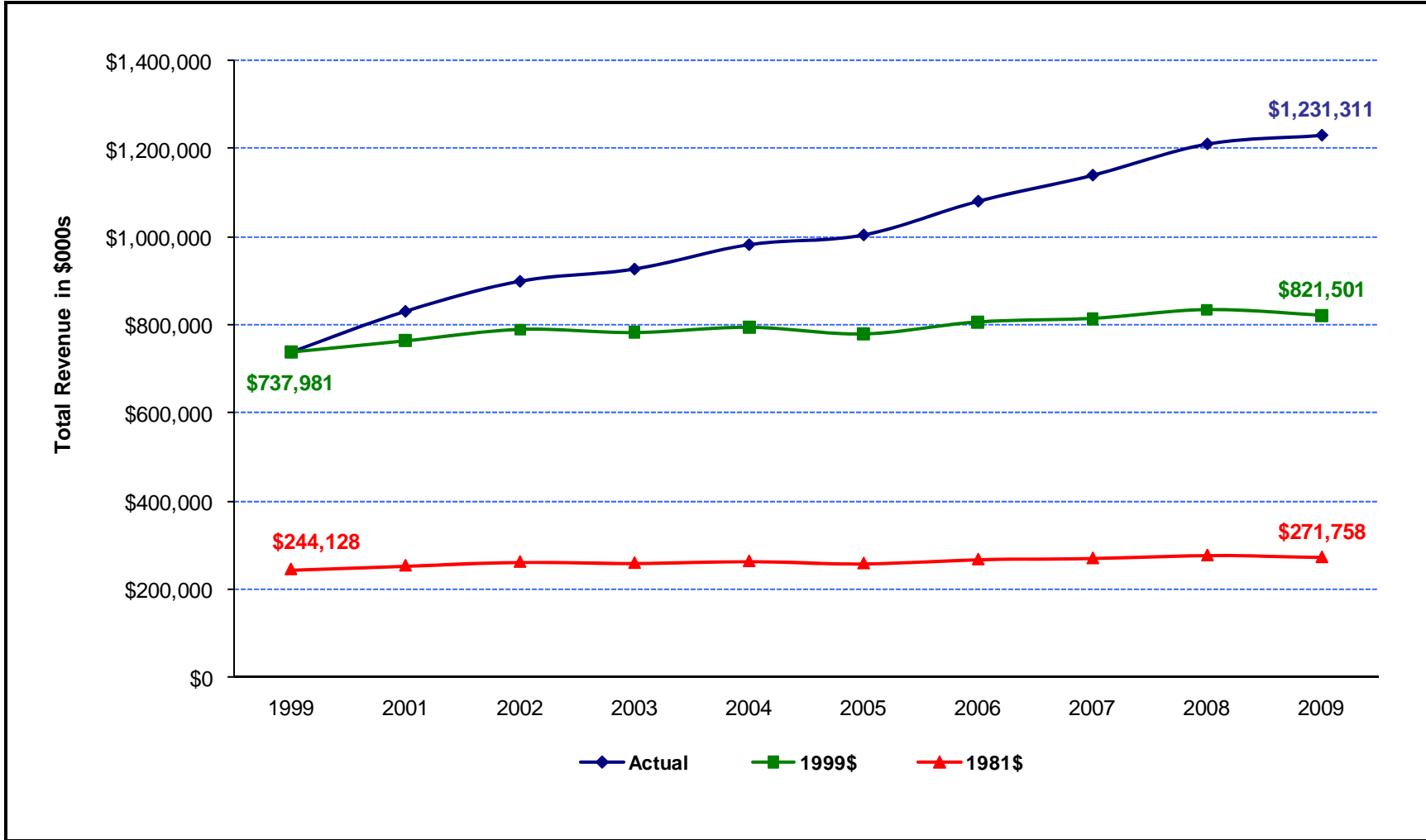


Exhibit A-10d. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Title X revenue, by year: 1999-2009

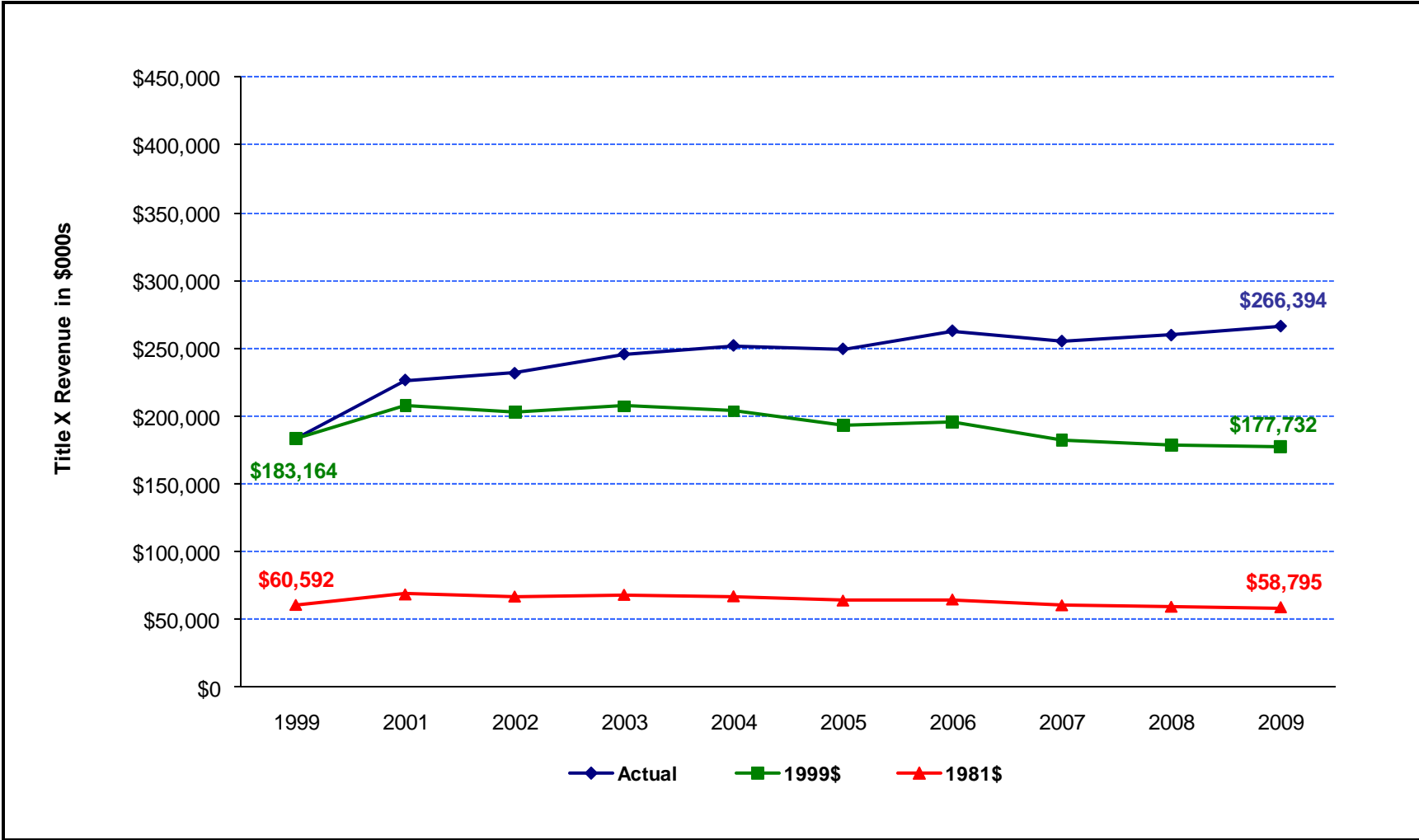


Exhibit A-10e. Actual (unadjusted) and adjusted (constant 1999\$ and 1981\$) Medicaid revenue, by year: 1999-2009

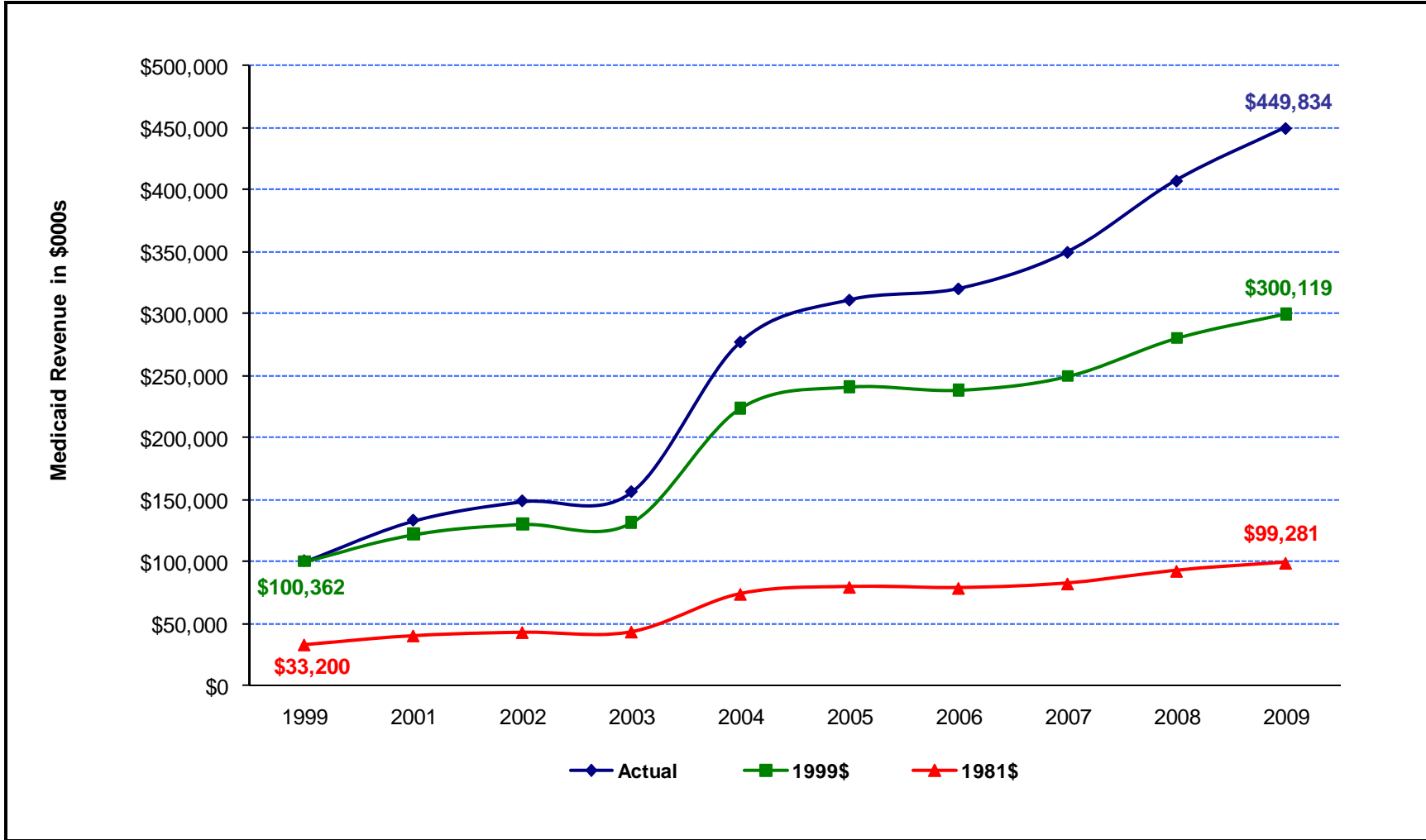


Exhibit A–11a. Amount of Title X project revenue, by revenue source, by year: 1999–2009

Revenue Sources	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
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	\$266,393,881
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	\$4,965,372
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	\$202,906
Subtotal	\$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	\$271,562,159
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	\$80,940,857
Third-party payers ^b										
Medicaid ^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	\$449,834,131
Medicare	\$468,189	\$127,709	\$329,980	\$585,762	\$755,938	\$850,289	\$695,725	\$523,170	\$826,424	\$843,164
State CHIP	—	—	—	—	—	\$159,966	\$302,282	\$247,539	\$212,168	\$194,482
Other public	—	—	—	—	—	\$2,137,736	\$3,173,806	\$3,042,991	\$3,855,406	\$4,903,482
Other	\$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	\$48,445,935
Subtotal	\$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	\$585,162,051
Other Revenue										
MCH Block Grant	\$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	\$21,044,962
SS Block Grant	\$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	\$30,841,136
TANF	—	—	—	—	—	\$16,986,542	\$10,521,097	\$23,460,554	\$22,325,121	\$15,580,002
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	\$153,830,395
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	\$84,666,243
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	\$68,624,137
Subtotal	\$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	\$374,586,875
Total Revenue										
Actual ^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	\$1,231,311,085
1999\$ ^e	\$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	\$821,501,274
1981\$ ^e	\$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	\$271,757,604

BPHC=Bureau of Primary Health Care. **CHIP**=Children's 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 a list of 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 Revenue is shown in actual dollars for each year.

^e Revenue is shown 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 and year: 1999–2009

Revenue Sources	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009
Federal Grants										
Title X	25%	27%	26%	27%	26%	25%	24%	22%	21%	22%
BPHC	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	0%†
WIC	1%	1%	0%†	0%†	0%†	0%	0%	0%	0%	0%
Other ^a	2%	3%	2%	2%	2%	0%†	0%†	0%†	0%†	0%†
Subtotal	28%	31%	29%	29%	28%	26%	25%	23%	22%	22%
Payment for Services										
Client collections	13%	11%	11%	11%	10%	10%	9%	8%	8%	7%
Third-party payer ^b										
Medicaid ^c	14%	16%	17%	17%	28%	31%	30%	31%	34%	37%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
State CHIP	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†
Other public	—	—	—	—	—	0%†	0%†	0%†	0%†	0%†
Other	1%	2%	2%	1%	2%	--	--	--	--	--
Private	2%	2%	2%	2%	2%	3%	3%	4%	4%	4%
Subtotal	30%	32%	32%	31%	42%	45%	43%	43%	46%	48%
Other Revenue										
MCH Block Grant	4%	3%	3%	3%	3%	2%	2%	2%	2%	2%
SS Block Grant	5%	4%	3%	4%	3%	3%	3%	3%	2%	3%
TANF	—	—	—	—	—	2%	1%	2%	2%	1%
State government	23%	21%	22%	23%	13%	12%	12%	12%	12%	12%
Local government	6%	6%	7%	6%	5%	6%	9%	9%	8%	7%
Other ^a	4%	4%	5%	4%	5%	6%	6%	6%	6%	6%
Subtotal	42%	38%	39%	40%	29%	30%	32%	34%	32%	30%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

BPHC=Bureau of Primary Health Care. **CHIP**=Children’s Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social 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 a list of the types of revenue reported as “other” within each revenue category.

^b Prepaid and not prepaid.

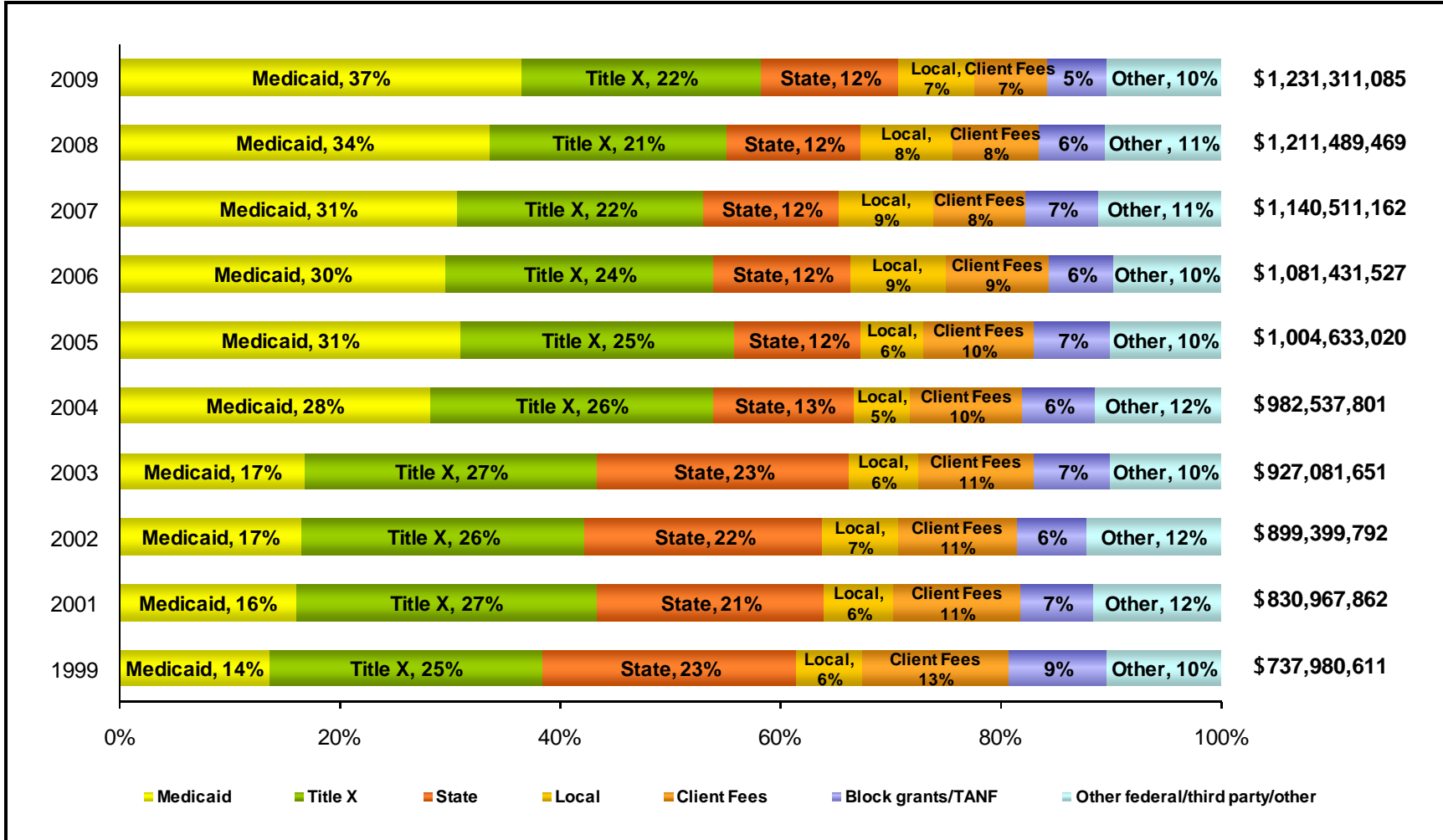
^c Includes revenue from Medicaid family planning waivers.

— 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 and year: 1999-2009



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 family planning users, by state and user sex within states, and distribution of all users by state: 2009 (Source: FPAR Table 1)

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Alabama	109,698	1,565	111,263	99%	1%	2%
Alaska	5,347	1,917	7,264	74%	26%	0%†
Arizona	44,358	3,097	47,455	93%	7%	1%
Arkansas	76,492	759	77,251	99%	1%	1%
California	1,026,532	143,612	1,170,144	88%	12%	23%
Colorado	51,710	9,029	60,739	85%	15%	1%
Connecticut	39,752	4,315	44,067	90%	10%	1%
Delaware	21,443	3,938	25,381	84%	16%	0%†
District of Columbia	21,646	3,468	25,114	86%	14%	0%†
Florida	222,451	7,439	229,890	97%	3%	4%
Georgia	130,116	3,504	133,620	97%	3%	3%
Hawaii	21,530	739	22,269	97%	3%	0%†
Idaho	25,295	1,751	27,046	94%	6%	1%
Illinois	118,896	2,697	121,593	98%	2%	2%
Indiana	40,705	3,108	43,813	93%	7%	1%
Iowa	67,401	3,498	70,899	95%	5%	1%
Kansas	40,701	3,224	43,925	93%	7%	1%
Kentucky	106,449	5,749	112,198	95%	5%	2%
Louisiana	64,764	1,287	66,051	98%	2%	1%
Maine	26,595	2,611	29,206	91%	9%	1%
Maryland	72,861	4,765	77,626	94%	6%	1%
Massachusetts	60,766	8,888	69,654	87%	13%	1%
Michigan	120,577	4,144	124,721	97%	3%	2%
Minnesota	37,721	2,907	40,628	93%	7%	1%
Mississippi	62,424	395	62,819	99%	1%	1%
Missouri	70,482	2,268	72,750	97%	3%	1%
Montana	25,505	1,767	27,272	94%	6%	1%
Nebraska	20,026	1,750	21,776	92%	8%	0%†
Nevada	24,172	735	24,907	97%	3%	0%†
New Hampshire	25,683	1,615	27,298	94%	6%	1%
New Jersey	126,903	9,461	136,364	93%	7%	3%
New Mexico	37,683	8,010	45,693	82%	18%	1%
New York	319,622	20,666	340,288	94%	6%	7%
North Carolina	139,989	3,236	143,225	98%	2%	3%
North Dakota	13,636	1,125	14,761	92%	8%	0%†

† Percentage is less than 0.5%.

(continued)

Exhibit B-1. Number and distribution of family planning users, by state and user sex within states, and distribution of all users by state: 2009 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	% Female	% Male	State Users as a % of All Users
Ohio	102,441	6,589	109,030	94%	6%	2%
Oklahoma	77,204	1,382	78,586	98%	2%	2%
Oregon	72,962	3,747	76,709	95%	5%	1%
Pennsylvania	295,119	28,840	323,959	91%	9%	6%
Rhode Island	18,643	2,338	20,981	89%	11%	0%†
South Carolina	94,504	787	95,291	99%	1%	2%
South Dakota	10,063	318	10,381	97%	3%	0%†
Tennessee	121,432	274	121,706	100%	0%†	2%
Texas	230,874	13,564	244,438	94%	6%	5%
Utah	28,873	6,157	35,030	82%	18%	1%
Vermont	8,001	572	8,573	93%	7%	0%†
Virginia	73,988	8,403	82,391	90%	10%	2%
Washington	100,713	4,652	105,365	96%	4%	2%
West Virginia	54,079	3,925	58,004	93%	7%	1%
Wisconsin	49,019	3,937	52,956	93%	7%	1%
Wyoming	11,852	884	12,736	93%	7%	0%†
Jurisdictions/ Territories						
Puerto Rico	16,629	1,116	17,745	94%	6%	0%†
U.S. Virgin Islands	3,166	51	3,217	98%	2%	0%†
Pacific region ^a	22,198	8,001	30,199	74%	26%	1%
Total All Users	4,811,691	374,576	5,186,267	93%	7%	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 within state, by income level: 2009
(Source: FPAR Table 4)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
Alabama	87,933	21,687	1,643	0	111,263	79%	19%	1%	0%
Alaska	5,787	1,276	201	0	7,264	80%	18%	3%	0%
Arizona	36,769	6,506	3,198	982	47,455	77%	14%	7%	2%
Arkansas	51,352	19,774	2,291	3,834	77,251	66%	26%	3%	5%
California	890,696	213,812	48,696	16,940	1,170,144	76%	18%	4%	1%
Colorado	45,701	13,211	1,827	0	60,739	75%	22%	3%	0%
Connecticut	13,630	23,886	2,134	4,417	44,067	31%	54%	5%	10%
Delaware	14,763	6,950	1,613	2,055	25,381	58%	27%	6%	8%
District of Columbia	10,957	3,452	5,069	5,636	25,114	44%	14%	20%	22%
Florida	104,006	44,910	3,946	77,028	229,890	45%	20%	2%	34%
Georgia	109,590	23,068	962	0	133,620	82%	17%	1%	0%
Hawaii	17,642	2,949	1,396	282	22,269	79%	13%	6%	1%
Idaho	16,861	9,016	1,169	0	27,046	62%	33%	4%	0%
Illinois	97,257	21,585	2,670	81	121,593	80%	18%	2%	0%†
Indiana	33,816	9,081	916	0	43,813	77%	21%	2%	0%
Iowa	51,387	15,254	4,245	13	70,899	72%	22%	6%	0%†
Kansas	23,747	14,842	2,685	2,651	43,925	54%	34%	6%	6%
Kentucky	76,969	24,069	3,548	7,612	112,198	69%	21%	3%	7%
Louisiana	59,090	6,594	324	43	66,051	89%	10%	0%†	0%†
Maine	15,016	9,322	3,387	1,481	29,206	51%	32%	12%	5%
Maryland	58,972	11,728	2,474	4,452	77,626	76%	15%	3%	6%
Massachusetts	45,873	21,135	1,867	779	69,654	66%	30%	3%	1%
Michigan	84,820	34,417	5,382	102	124,721	68%	28%	4%	0%†
Minnesota	27,279	10,863	2,486	0	40,628	67%	27%	6%	0%
Mississippi	54,083	8,447	266	23	62,819	86%	13%	0%†	0%†
Missouri	42,327	23,475	6,948	0	72,750	58%	32%	10%	0%
Montana	15,533	7,839	3,900	0	27,272	57%	29%	14%	0%
Nebraska	12,026	7,592	1,478	680	21,776	55%	35%	7%	3%
Nevada	15,999	5,497	1,513	1,898	24,907	64%	22%	6%	8%
New Hampshire	14,428	7,972	3,370	1,528	27,298	53%	29%	12%	6%
New Jersey	61,631	70,840	3,893	0	136,364	45%	52%	3%	0%

UK/NR=unknown or not reported.

(continued)

Note: 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 B-2. Number and distribution of all family planning users within state, by income level: 2009: 2009 (Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	% Under 101%	% 101% to 250%	% Over 250%	% UK/NR
New Mexico	32,399	4,498	1,009	7,787	45,693	71%	10%	2%	17%
New York	225,645	94,807	16,676	3,160	340,288	66%	28%	5%	1%
North Carolina	94,528	42,658	6,039	0	143,225	66%	30%	4%	0%
North Dakota	7,321	5,147	2,240	53	14,761	50%	35%	15%	0%†
Ohio	73,897	30,947	3,834	352	109,030	68%	28%	4%	0%†
Oklahoma	56,858	20,639	1,089	0	78,586	72%	26%	1%	0%
Oregon	54,987	19,761	1,958	3	76,709	72%	26%	3%	0%†
Pennsylvania	216,323	75,877	24,272	7,487	323,959	67%	23%	7%	2%
Rhode Island	16,721	3,747	498	15	20,981	80%	18%	2%	0%†
South Carolina	87,832	6,456	858	145	95,291	92%	7%	1%	0%†
South Dakota	7,047	2,283	693	358	10,381	68%	22%	7%	3%
Tennessee	96,997	20,181	4,528	0	121,706	80%	17%	4%	0%
Texas	182,926	57,841	2,195	1,476	244,438	75%	24%	1%	1%
Utah	23,590	9,211	2,168	61	35,030	67%	26%	6%	0%†
Vermont	3,081	2,764	2,550	178	8,573	36%	32%	30%	2%
Virginia	46,946	29,225	1,570	4,650	82,391	57%	35%	2%	6%
Washington	67,506	31,147	6,644	68	105,365	64%	30%	6%	0%†
West Virginia	52,440	5,550	1	13	58,004	90%	10%	0%†	0%†
Wisconsin	37,730	13,109	2,117	0	52,956	71%	25%	4%	0%
Wyoming	8,630	3,269	837	0	12,736	68%	26%	7%	0%
Jurisdictions/ Territories									
Puerto Rico	16,306	1,306	133	0	17,745	92%	7%	1%	0%
U.S. Virgin Islands	2,801	354	62	0	3,217	87%	11%	2%	0%
Pacific region ^a	24,055	135	16	5,993	30,199	80%	0%†	0%†	20%
Total All Users ^b	3,632,506	1,181,961	207,484	164,316	5,186,267	70%	23%	4%	3%

UK/NR=unknown or not reported.

Note: 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>.

^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.

^b 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 2010, 89 Title X service grantees submitted Family Planning Annual Reports (FPARs) for the 2009 reporting period (January 1 to December 31, 2009). Grantees submitted 82 reports (92%) by the February 15 due date, and 85 reports (96%) using the Office of Population Affairs (OPA) Web-based electronic grants management system (*GrantSolutions*). Regional Program Consultants (RPCs) entered into *GrantSolutions* the data for four hardcopy reports, thereby consolidating all FPAR data 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 22, 2010.

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 to OPA a grantee-specific report listing validation issues that required followup with the grantee. OPA sent RTI the second and final electronic data file on September 27, 2010.

This appendix summarizes table-specific notes from grantees and OPA staff (RPCs, other regional staff, and the FPAR Data Coordinator) about the 2009 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 2009 National Summary*.

FPAR COVER SHEET: GRANTEE PROFILE

Between 2008 and 2009, there was a net increase of one grantee and a net decrease of 13 delegates. Nine grantees reported an increase in the number of delegates while 17 reported a decrease. Two grantees attributed the increase in number of delegates to increased funding. One grantee attributed the decrease in the number of delegates to reduced funding, while another attributed the decrease to consolidation of delegates.

Between 2008 and 2009, there was a net decrease of 7 service sites. Twenty-four grantees reported an increase in service sites while 22 reported a decrease. Two grantees attributed the increase in number of sites to increased funding. Twelve grantees attributed the decrease in number of sites to reduced funding, problems recruiting staff, or site closures.

Two grantees reported data for a different 12-month period than the 2009 calendar year (December 1, 2008 to November 30, 2009), and three grantees reported data for a period less than 12 months (e.g., January 1 to August 31, 2009 or July 1 to December 31, 2009) because their grant either started or ended during 2009.

FPAR TABLE 1: USERS BY AGE AND SEX

Between 2008 and 2009 there was a net increase of 134,762 users. Of the 88 grantees operating in both 2008 and 2009, 50 reported an increase in users and 38 reported a decrease.

Sixteen grantees attributed the increase in number of family planning users to one or more of the following reasons: increase in the population in need of free or subsidized services; increased outreach to, or services for, selected client groups (e.g., males, teens, immigrants); integration of STD with family planning services, including increased availability of rapid HIV testing; increased clinic efficiency (e.g., use of electronic health records, pairing scribes with clinicians, better appointment system); improvements in data collection and reporting; increased monitoring by grantee; increased site capacity; and increased funding (e.g., Medicaid family planning waivers, Title X supplemental funds).

Sixteen grantees attributed the decrease in number of family planning users to one or more of the following reasons: reduction in number of delegates or service sites; staffing issues (e.g., reduction in staffing, elimination of vacant positions, problems recruiting and retaining nurse practitioners and other midlevel providers, or a shortage of public health nurses due to the H1N1 outbreak); clinic renovations; clinic closures or consolidations; reduced or modified hours of operation; reduced funding; decrease in the size of the target population (e.g., incarcerated); improvements in data collection and reporting, disruption in operations during implementation of health information technology (e.g., electronic medical record or billing systems); increased supply of publicly funded service providers; and increased documentation requirements.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Twenty-two 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. Female Hispanic or Latino users account for a disproportionate share of female users with an unknown or not reported race. The structure of FPAR Table 2 allows grantees and OPA to determine the ethnic composition 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 2009, 77% are Hispanic or Latino.

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. Male Hispanic or Latino users account for a disproportionate share of male users with an unknown or not reported race. The structure of FPAR Table 3 allows grantees and OPA to determine the ethnic composition of male users who do not report a race. Of the 17% of total male users for whom race was unknown or not reported in 2009, 76% are Hispanic or Latino.

FPAR TABLE 4: USERS BY INCOME LEVEL

Twelve grantees attributed the high or increased number of family planning users with unknown or not reported income to one or more of the following reasons: problems with data collection, including inadequate adherence to data collection protocols, problems with data coding in new electronic medical records systems, client refusal to report income data, or a failure of sites to collect income data for specific client subgroups (e.g., adolescents, education-only visits, or pregnancy-test-only visits).

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Five grantees attributed the high or increased number of family planning users with unknown or not reported principal health insurance coverage status to problems with data collection, including inadequate adherence to data collection protocols, failure of sites to collect insurance coverage data for specific client subgroups (e.g., clients who do not plan to use their insurance to pay for services, adolescents who are unaware of their coverage or seek confidential care), or data system problems.

FPAR TABLE 6: USERS WITH LIMITED ENGLISH PROFICIENCY

Twelve grantees attributed the high or increased number of limited English proficient (LEP) family planning users to one or more of the following reasons: improved data collection; an increase in the number of users who are LEP (primary Spanish-speaking) immigrants, migrant workers, or refugees; or increased outreach to minority communities.

Two grantees attributed the decrease in the number of LEP users to one or more of the following reasons: underreporting of LEP users due to problems with data collection and reporting, reduced funding for language assistance, or a decrease in the number of users who are LEP migrant workers. One grantee reported that data on the LEP status of family planning users were not available for selected client subgroups (e.g., Medicaid, Medicaid HMO, and non-medical users).

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Hormonal injection users—Nine grantees in six regions (I, II, IV, VI, VII, and IX) reported a total of 123 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.02% of all 615,188 hormonal injection users reported in 2009. In general, female users who report reliance on 1-month injectables obtain the method in countries where it is produced (e.g., Mexico, Brazil) or locally through non-Title X sources.

Sterilization users < 20 years—One grantee reported a female user in the age group 18 to 19 years who relied on female sterilization as her primary contraceptive method. The grantee confirmed that the female user had been sterilized prior to seeking services at the Title X service site.

Unknown methods—Thirteen grantees attributed the high or increased number of female users with an unknown primary contraceptive method to problems with data systems or collection, including inadequate adherence to data collection protocols, primary method coding issues in new electronic medical records systems or existing systems, an unsatisfactory database merge, or non-collection of primary method data for specific client subgroups or encounters (e.g., stand-alone pregnancy or STD testing, over-the-counter supply, education-only, or postpartum case management). One grantee noted a data coding error that resulted in the overstatement of female users who use no method due to “other reasons.”

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Unknown methods—Ten grantees attributed the high or increased number of male users with an unknown primary contraceptive method to problems with data systems or collection, including inadequate adherence to data collection protocols, problems with data coding in new electronic medical record systems, or failure to collect primary contraceptive method data for specific client subgroups or encounters (e.g., stand-alone STD or rapid HIV testing, education-only visits, male partners receiving partner therapy for STD). One grantee noted a data coding error that resulted in the overstatement of male users who use no method due to “other reasons.”

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Nine grantees attributed a decrease in number of female users screened and Pap tests performed to adoption of current cervical cancer screening guidelines.

Seven grantees attributed an increase in cervical cancer screening to an increase in number of female users served or more accurate reporting.

One grantee noted that Pap testing data were incomplete for users with Medicaid or Medicaid HMO coverage.

FPAR TABLE 10: BREAST CANCER SCREENING ACTIVITIES

Five grantees attributed an increase in number of users that received a clinical breast exam (CBE) to one or more of the following reasons: increased number of clients served, increased number of women presenting with breast-related problems, increased number of female users who are older, and improved collection of screening data.

Two grantees attributed a decrease in number of users that received a CBE to provider adherence to current breast cancer screening guidelines and failure of clients to return for a deferred physical exam.

One grantee noted that the numbers of reported CBEs were estimates based on the comprehensive/global billing code for a complete physical exam, and three grantees commented that CBE data were incomplete due to poor documentation, lack of adherence to

data collection protocols, or lack of screening data for users with Medicaid or Medicaid HMO coverage.

Two grantees attributed the increase in CBE-related referrals to improved collection of referral data, while five grantees reported that referral data were incomplete because of documentation or data entry problems or data system limitations.

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

Ten grantees attributed an increase in the number of users tested for chlamydia to one or more of the following reasons: increased number of users, improved adherence to screening guidelines, promotion of chlamydia testing, participation in the Infertility Prevention Project, integration of STD and family planning services, or outreach to high-risk populations.

Four grantees attributed the decrease in the number of users tested for chlamydia to one or more of the following reasons: improved adherence to screening guidelines, improved data collection, or a decline in the size of the target population.

Five grantees noted that chlamydia testing data were incomplete due to problems with data systems, including lack of data availability for selected delegates or user subgroups (e.g., users whose services were paid for by Medicaid/Medicaid HMO) or inability of data systems to produce accurate testing data.

Two grantees noted that collaborations with STD clinics may have led to a decrease in the figures for users tested because the tests were credited to the STD clinics rather than the family planning program.

FPAR TABLE 12: STD TESTING BY SEX

Gonorrhea—Twelve grantees attributed the increase in the number of gonorrhea tests performed to one or more of the following reasons: integration of STD testing services into family planning, promotion and outreach STD testing among high-risk populations, improved adherence to screening recommendations, better data collection systems, participation in the Infertility Prevention Project, use of a combined test for chlamydia and gonorrhea, increased demand for STD testing in family planning clinics due to closure of publicly funded STD testing sites, or increased funding for testing. Furthermore, four grantees attributed the decline in the number of gonorrhea tests performed to increased adherence to testing guidelines, better data collection, decreased IPP-funded testing sites, or a decrease in the size of the target population.

Syphilis—Twelve grantees attributed the increase in the number of syphilis tests performed to one or more of the following factors: increased routine testing, integration of STD testing services into family planning, availability of walk-in testing, outreach to and increased testing among high-risk populations, a syphilis outbreak, improved adherence to STD testing recommendations, or better data collection systems. Five grantees attributed the decrease in the number of syphilis tests performed to lack of dedicated funding, decrease in size of the target population, or improved adherence to screening guidelines.

HIV—Twelve grantees attributed the increase in the number of confidential HIV tests performed to one or more of the following factors: improved adherence to HIV testing guidelines, implementation of opt-out testing, use of rapid HIV testing technology, increased availability of testing sites, or the integration of HIV testing services into family planning. Six grantees attributed the decrease in number of confidential HIV tests performed to one or more of the following reasons: a loss of dedicated funding, testing of individuals at high risk, improved data collection, or incomplete data reporting. Finally, two grantees attributed the decrease in anonymous HIV testing to a shift to confidential HIV testing (i.e., opt-out testing) or to discontinuation of anonymous HIV testing.

General—One grantee noted that collaboration with STD clinics may have resulted in an underestimate of the number of STD tests reported on the FPAR because the tests were credited to the STD clinics rather than the family planning program. Furthermore, two grantees noted that STD test figures were incomplete due to problems with data collection systems (e.g., inadequate data collection protocols) or incomplete STD testing data for specific client subgroups (e.g., users with Medicaid or Medicaid HMO coverage).

FPAR TABLE 13: ENCOUNTERS AND CLINICAL PROVIDER UTILIZATION

In 2005, OPA began collecting FTE data for a new category of clinical services provider (CSP) in an effort to monitor the role of “other CSPs”—specifically, registered nurses with expanded scopes of practice who deliver clinical family planning services traditionally delivered by physician and midlevel providers (physician assistants, nurse practitioners, and certified nurse midwives). 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 the collection of other CSP FTE data began, OPA regional and grantee staff have provided technical assistance to grantees and delegates to improve the quality of these data and reduce over-reporting of the other CSP FTEs or CSP encounters attributed to staff that do not meet the FPAR definition of a CSP. As a result, there has been a steady decline in the number of other CSP FTEs reported and in the number of grantees reporting other CSP FTEs. Between 2005 and 2009, the number of other CSP FTEs reported decreased 65%, from 2,641 in 2005 to 914 in 2009.

Staffing—Three grantees attributed the decrease in number of CSP FTEs to reduced funding or improved reporting of FTE data, and two others noted that the FTE data were underreported because they excluded FTEs for providers serving Medicaid or Medicaid HMO clients or the CSP FTEs were credited to another public health program. Two grantees attributed the increase in CSP FTEs to either an expansion of services to new sites or a shift in the delivery of care from non-CSPs to CSPs. Two grantees commented that the reported CSP FTE data were estimates based on a survey of providers or an unspecified method.

Encounters—Ten grantees attributed the increase in CSP encounters to expanded services or increased demand, a better appointment system, implementation of strategies to increase clinic efficiency, full staffing, better data collection, and crediting more CSPs than non-CSPs with encounters. One of these 10 grantees also noted that their CSP encounter data were likely overestimated due to data system problems. Four grantees attributed the decrease in CSP encounters to budget and staffing reductions, decreased demand, or improved reporting of CSP data (i.e., reduced over-reporting). One grantee noted that encounter data were incomplete for users covered by Medicaid or Medicaid HMO.

Nine grantees attributed the increase in non-CSP encounters to expanded services or increased demand, a better appointment system, implementation of strategies to increase clinic efficiency, full staffing, better data collection, and improved reporting of non-CSP encounters. One of these nine grantees also noted that their non-CSP encounter data were likely overstated due to unresolved issues with new data systems. Twelve grantees attributed a decrease in the number of non-CSP encounters to budget and staff reductions, decreased demand, increased provision of comprehensive exams, changes in clinic flow resulting in a shift toward delivery by CSP providers, more encounters being credited to CSP than non-CSP providers, and under-reporting of non-CSP encounter data related to data system issues or failure of delegates or subcontractors to report encounter data.

FPAR TABLE 14: REVENUE REPORT

Title X revenue (row 1)—Title X revenue includes 2009 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 sources 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, and the Indian Health Service.

Medicaid waiver revenue (row 7a)—Medicaid revenue reported on row 7a included revenue from Medicaid family planning waivers in 26 states in all 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 and Missouri

Region VIII—Wyoming

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 alternatives	grants, non-government
Alaska Breast and Cervical Cancer Health Check Program	grants, other agency
applicant	grants, private
Ashland Parenting Plus	grants, United Way
auction proceeds	Gundersen Lutheran
CAP Agency	HCH Administration, Inc.—charity write off
carry-over	HIV Prevention
CDC Comprehensive STD Prevention Systems	HIV/STD
Centers for Disease Control and Prevention (CDC)	Home Health Services Public Health Support
Community Service Block Grant	income, interest
contraceptive revenue	income, other
contributions	Infertility Prevention Project (IPP)
contributions, agency	IPP, CDC
contributions, anonymous	IPP, Iowa
contributions, business and community	in-kind
contributions, local	in-kind, Gila River Health Care Corporation
contributions, patient/client	in-kind, laboratory
contributions, private	interest
contributions, restricted	intra-agency transfers
deficit allocation	Kansas Refugee Health Program
fees, consultation	Kansas Statewide Farmworkers Health Program
fees, education	male services
fees, other service	mileage
fees, rental	miscellaneous revenue
fees, student health	Nebraska Every Woman Matters Program
fees, training	Nebraska HIV Counseling, Testing, and Referral Program
foundation grants/support	New York State Cancer Services Program
foundation, Delaware Community Foundation	non-federal funding
foundation, George Kaiser Family Foundation	Pennsylvania Healthy Women Program
foundation, private	Preventive Health and Health Services Block Grant
foundation, Ramsay Merriam Foundation	program revenue
foundation/grant, Susan G. Komen Foundation	rebate, Dell Marketing
fundraising	rebate, Sprint Telecom
gifts	refunds
grant, Athens Foundation	reimbursement, other programs
grant, CVS	Rural Health Services
grant, John Snow	

sale of assets	Wisconsin Well Woman Program
STD funds	Women and Girls HIV Awareness Grant/JSI
STD general funds	Women, Infants, and Children (WIC)
subcontracts	(hemoglobin)
Tobacco Settlement	Women's Health Connection
uncompensated care	Women's Procurement Office
United Nations Population Fund	World Health Organization
United Way	
Venture grant	
Washington AIDS Partnership (private)	
Wisconsin Division of Public Health	

TREND EXHIBITS

Exhibits A-7a, A-7b, and A-7c—In the *FPAR National Summaries* for 1999 to 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 2009 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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