August 2019

Title X Family Planning Annual Report

2018 National Summary

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August 2019

Family Planning Annual Report: 2018 National Summary

Prepared for

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Executive Summary

The Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive health care. The program is designed to provide "a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)"[1, p. 1] with priority given to persons from low-income families. In addition to offering these methods and services on a voluntary and confidential basis, Title X-funded service sites provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.[2,3] The program is implemented through competitively awarded grants to state and local public health departments and community health, family planning, and other private nonprofit agencies. For many clients, Title X providers are their only ongoing source of health care and health education.[4] In fiscal year 2018, the Title X program received approximately $286.5 million in federal Title X funding.[5]

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

The purpose of the *Family Planning Annual Report: 2018 National Summary* is to present the national-, regional-, and state-level findings for the 2018 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

KEY 2018 FPAR FINDINGS

A diverse network of public and private nonprofit health and community service agencies delivers Title X services. In 2018, Title X-funded services were implemented through grants to 99 agencies: 49 (49%) state and local health departments and 50 (51%) nonprofit family planning and community health agencies. Title X funds supported a network of 3,954 service sites operated either by grantees or 1,128 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States.

Title X providers serve a socioeconomically disadvantaged population, most of whom are female, low income, and young. In 2018, Title X-funded providers served over 3.9 million family planning users (i.e., clients) through 6.5 million family planning encounters. A *family planning user* is an individual who has at least one family planning encounter at a Title X service site during the reporting period. A *family planning encounter* is a documented,

face-to-face interaction between an individual and a family planning provider that includes the delivery of family planning services (alone or in conjunction with related preventive health services) to avoid unintended pregnancies or achieve intended pregnancies. About 9 of every 10 users (87%) were female, 63% were under 30 years of age, and 65% had family incomes at or below the poverty level ($25,100 for a family of four in the 48 contiguous states and the District of Columbia).[8]

Title X providers serve a population with low rates of health insurance. In 2018, 58% of family planning users had either public (38%) or private (20%) health insurance covering broad primary medical care benefits, and 40% were uninsured. This is the fourth consecutive year, since OPA began collecting insurance data in 2005, that the percentage insured has exceeded the percentage uninsured. Although the increase in health insurance coverage signals greater access to health care for Title X clients, the percentage of family planning users who were uninsured (40%) in 2018 is more than triple the national uninsured rate for adults (13%).[9]

Title X providers serve a racially and ethnically diverse population. Of the 3.9 million family planning users served in 2018, 31% self-identified with at least one of the nonwhite Office of Management and Budget race categories (black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, or more than one race),[10] 33% self-identified as Hispanic or Latino, and 13% were limited English proficient.

Title X providers offer clients a broad range of effective, medically safe contraceptive methods approved by the U.S. Food and Drug Administration. In 2018, 79% of the 3.4 million females served were using or adopted a contraceptive method at their last encounter. The type of contraceptive used or adopted included short-term hormonal methods like pills, injectables, the vaginal ring, or patch (41%); long-acting reversible methods like intrauterine devices or implants (16%); barrier methods like condoms, spermicide, or contraceptive sponge (16%); permanent methods like female sterilization or vasectomy (3%); fertility-based awareness methods (1%); and other methods (2%). Eight percent of all female users exited their last encounter with no contraceptive method because they were either pregnant or seeking pregnancy. Among the 3.1 million female clients *at risk of unintended pregnancy* (not pregnant, not seeking pregnancy, and not abstinent), 68% (2.1 million) exited their last encounter with either a most (22%) or moderately effective (46%) contraceptive method (see page 28 for definitions of most and moderately effective methods).

Title X-funded cervical and breast cancer screening services are necessary for early detection and treatment. In 2018, Title X providers conducted Papanicolaou (Pap) testing on 18% (625,808) of female users. Fourteen percent of the 651,920 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 24% (816,202) of female users and referred 6% of those examined for further evaluation based on abnormal findings.

Title X-funded STD and HIV services provide testing necessary for preventing disease transmission and adverse health consequences. In 2018, Title X providers tested 61% (900,603) of female users under 25 for chlamydia. Providers also performed 2.4 million gonorrhea tests (6.0 tests per 10 users), 1.2 million confidential HIV tests (3.1 tests per 10

users), and 752,288 syphilis tests (1.9 tests per 10 users). Of the confidential HIV tests performed, 2,699 (2.2 per 1,000 tests performed) were positive for HIV.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients. In 2018, 13% (493,245) of all Title X users were men, a number that has increased by 50% since 2008. Most male users were in their 20s (42%) or 30s (23%), and 73% (358,742) adopted or continued use of condoms or another contraceptive method at exit from their last encounter. In addition, Title X providers tested 68% (333,013) of all male users for chlamydia and provided testing for several other STDs, including gonorrhea (7.5 tests per 10 male users), HIV (5.9 tests per 10 male users), and syphilis (3.8 tests per 10 male users).

A variety of qualified health providers deliver Title X-funded clinical services. In 2018, 3,595 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 70% of total CSP FTEs, followed by physicians (23%) and registered nurses with an expanded scope of practice (7%). A CSP attended 79% of the 6.5 million family planning encounters in 2018.

Title X projects rely on revenue from a variety of public and private sources. In 2018, Title X grantees reported total project revenue of over $1.3 billion to support their approved Title X services projects. Five sources accounted for 88% of total revenue: Medicaid, including the Children's Health Insurance Program (39%, or $521.7 million); Title X (19%, or $255.9 million); state and local governments (13%, or $177.9 million); private third-party payers (11%, or $147.3 million); and client service fees (4%, or $54.7 million). Total revenue in 2018 was 0.2% lower (by $2.0 million in constant 2018 dollars) than in 2017 and 18% lower (by $291.7 million in constant 2018 dollars) than in 2008. During the 2008 through 2018 time period, there were noteworthy changes in the composition of total project revenue from multiple sources.

Summary. The FPAR data for 2018, and over time, show that Title X providers continue to deliver family planning and related preventive care to a socioeconomically disadvantaged population. Despite changes in the level and composition of Title X project revenue, the number of clients served by the Title X network has remained almost level since 2015, and the delivery of recommended care that meets the highest national standards has remained high.

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1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act,[1] is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. The program is designed to provide "a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)" [1, p. 1] with priority given to persons from low-income families. In addition to offering these methods and services on a voluntary and confidential basis, Title X-funded centers provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.[2,3] By law, Title X funds cannot be used in programs where abortion is a method of family planning.[2,3] The program is implemented through grants to almost 100 state and local public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in approximately 4,000 sites. For many clients, Title X providers are their only ongoing source of health care and health education.[4] In fiscal year 2018, the Title X program received approximately $286.5 million in federal Title X funding.[5]

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

FAMILY PLANNING ANNUAL REPORT

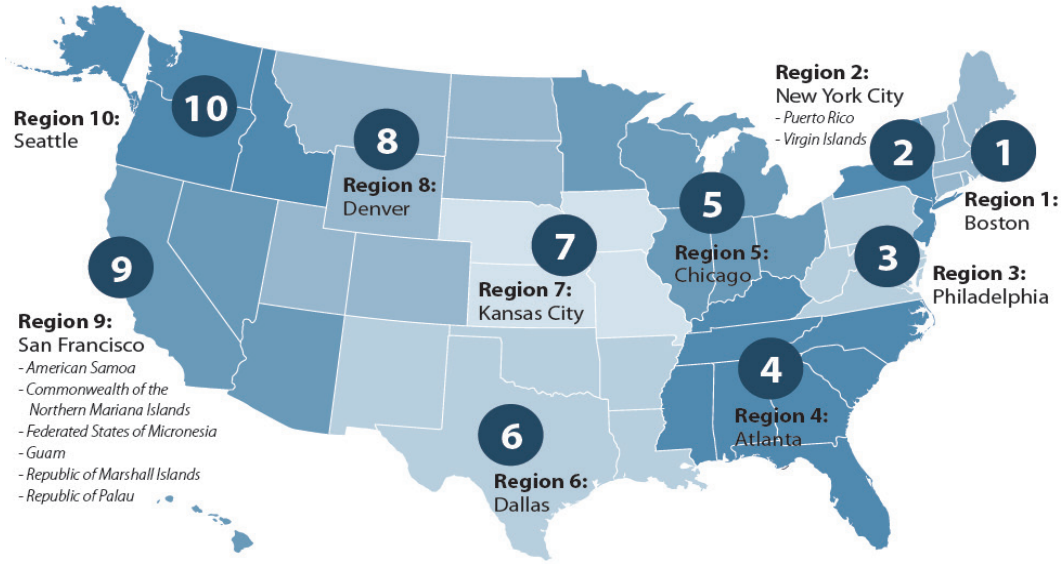
The Family Planning Annual Report (FPAR)[6] is the only source of uniform reporting by all Title X services grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. Annual submission of the FPAR is required of all Title X services grantees for purposes of monitoring and reporting program performance.[7] The FPAR data are presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.[3]

Title X administrators and grantees use FPAR data to

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

- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.[6]

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



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

- **Region I (Boston, MA)—**Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- **Region II (New York, NY)—**New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III (Philadelphia, PA)—**Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and Washington, DC
- **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: 2018 National Summary* presents data for the 99 Title X services grantees that submitted an FPAR for the 2018 reporting period (January 1, 2018, through December 31, 2018). The *National Summary* has four sections:

- **Section 1—Introduction—**describes the Title X National Family Planning Program and the role of FPAR data in managing and monitoring the performance of the Title X program.
- **Section 2—FPAR Methodology—**describes the procedures for collecting, reporting, and validating FPAR data and presents the definitions for key FPAR terms.
- **Section 3—Findings—**presents the results for each FPAR table and includes a discussion of national and regional patterns and trends for selected indicators. **Section 3** also includes definitions for table-specific FPAR terms and reporting guidance.
- **Section 4—References—**is a list of *National Summary* references.

Additional data for the *National Summary* are included in three appendices: ***Appendix A*** presents trend data for selected indicators for 2008 through 2018. ***Appendix B*** presents 2018 data for selected indicators by state, which includes the 50 states, the District of Columbia, and the eight U.S. territories and Freely Associated States (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). The ***Appendix B*** exhibits present information on the number and distribution of Title X family planning users served by sex, income level, health insurance coverage status (overall and by Medicaid expansion status), contraceptive use, and chlamydia testing. ***Appendix C*** presents general and table-specific notes about the data presented in this report.

Throughout this report, we present the instructions for preparing each FPAR table alongside the table-specific findings. In addition, we use the term "table" when referring to an FPAR reporting table and "exhibit" when referring to both the tabular and graphical presentations of the 2018 or trend data. Each exhibit identifies the FPAR table that is the source for the data presented.

Note:

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

Key Terms and Definitions for FPAR Reporting

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

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

CLINICAL SERVICES PROVIDERS—Include physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines.*[11]

OTHER SERVICES PROVIDERS—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines.*[11] Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), in accordance with the *Program Guidelines.*[11]

Family Planning Encounter—A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or nonclinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record. Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education.

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a Clinical Services Provider and (2) family planning encounters with an Other Services Provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both Clinical and Other Services Providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or nonclinical assessment and care during the visit is credited with the encounter.

Family Planning Service Site—A family planning service site refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral) that comply with *Title X Program Guidelines*[11] and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

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

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

2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions* (Reissued October 2016)[6] consists of 15 reporting tables. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by Title X grantees. The key terms describe the individuals receiving family planning and related preventive health services at Title X-funded service sites, the range and scope of the services provided, and the family planning providers that render care.

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1 through December 31). In February 2019, 99 grantees submitted FPARs for the 2018 reporting period. Almost all (95%) FPARs were submitted by the due date, and all were submitted using the web-based *FPAR Data System* (https://fpar.opa.hhs.gov/).

DATA VALIDATION

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

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

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

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

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

In FPAR **Table 1**, grantees report the unduplicated number of family planning users by age group and sex, categorizing the users based on their age as of June 30 of the reporting period.

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

Race and Ethnicity—The categories for reporting ethnicity and race in the FPAR conform to the Office of Management and Budget (OMB) 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*[10] and are used by other HHS programs and compilers of such national data sets as the National Survey of Family Growth. If an agency wants to collect data for ethnicity or race subcategories, the agency must be able to aggregate the data reported into the OMB minimum standard set of ethnicity and race categories. OMB encourages self-identification of race. When respondents are allowed to self-identify or self-report their race, agencies should adopt a method that allows respondents to mark or select more than one of the five minimum race categories.

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

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

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

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

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

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

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

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 15–17, A-1–A-2.

3 Findings

TITLE X SERVICE NETWORK PROFILE

In 2018, Title X-funded services were implemented through grants to 99 agencies: 49 (49%) state and local health departments and 50 (51%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,128 subrecipients (subcontractors) and 3,954 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (***Exhibit 2***).

Compared with 2017, in 2018, the Title X program had 10 more grantees (99 vs. 89), 37 more subrecipients (1,128 vs. 1,091), and 96 more service sites (3,954 vs. 3,858). Seven regions (I, II, V, VI, VII, IX, and X) reported an increase in subrecipients, and six regions (I, V, VI, VIII, IX, and X) reported an increase in service sites (***Exhibit 2***).

Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2017–2018 (Source: FPAR Grantee Profile Cover Sheet)

Network Feature	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2018	99	12	8	12	11	13	8	5	6	18	6
2017	89	11	6	10	9	11	6	5	6	17	8
Difference	**10**	**1**	**2**	**2**	**2**	**2**	**2**	**0**	**0**	**1**	**−2**
% Change	**11%**	**9%**	**33%**	**20%**	**22%**	**18%**	**33%**	**0%**	**0%**	**6%**	**−25%**
Subrecipients											
2018	1,128	75	72	218	267	131	48	93	68	89	67
2017	1,091	68	68	225	277	113	39	91	69	85	56
Difference	**37**	**7**	**4**	**−7**	**−10**	**18**	**9**	**2**	**−1**	**4**	**11**
% Change	**3%**	**10%**	**6%**	**−3%**	**−4%**	**16%**	**23%**	**2%**	**−1%**	**5%**	**20%**
Service Sites											
2018	3,954	242	241	626	900	388	468	202	170	478	239
2017	3,858	221	244	653	912	365	415	210	162	465	211
Difference	**96**	**21**	**−3**	**−27**	**−12**	**23**	**53**	**−8**	**8**	**13**	**28**
% Change	**2%**	**10%**	**−1%**	**−4%**	**−1%**	**6%**	**13%**	**−4%**	**5%**	**3%**	**13%**

Compared with 2008, in 2018, there was a 13% increase in the number of grantees (99 in 2018 and 88 in 2008), a 4% decrease in the number of subrecipients (1,128 vs. 1,170), and a 13% decrease in the number of service sites (3,954 vs. 4,522). ***Exhibits A–1a*** and ***A–1b*** in ***Appendix A*** present trends (2008–2018) in the number of grantees, subrecipients, and service sites by region.

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2018, Title X-funded sites served over 3.9 million family planning users. Grantees in Region IX served 27% of Title X users; those in Regions II, III, IV, V, and VI each served between 8% and 16%; and those in Regions I, VII, VIII, and X each served between 3% and 5%. The number of users served in 2018 was 2% (or 64,497 users) lower than in 2017.

Between 2017 and 2018, Region IX reported the largest numeric decline in users (by 49,771 users), followed by Region IV (by 34,922). Two other regions reported client losses ranging from 3,831 (VII) to 16,539 (VI), and the rest of the regions reported gains of between 2,429 (X) and 11,179 (V) (***Exhibit 3***). On average, the number of users per service site decreased by 42, from 1,038 in 2017 to 996 in 2018 (***Exhibit A–1c***).

In 2018, the number of family planning users served (3.9 million) was 22% lower than the number served in 2008 (5.1 million) and 25% lower than the highest number of users (5.2 million) ever served by the program in a single year (2010) (***Exhibits A–2a*** and ***A–2b***).

Exhibit 3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2017–2018 (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											
2018	3,939,749	201,188	436,971	472,832	642,224	403,080	334,107	116,928	131,148	1,044,056	157,215
2017	4,004,246	194,952	429,091	464,216	677,146	391,901	350,646	120,759	126,922	1,093,827	154,786
Difference	**−64,497**	**6,236**	**7,880**	**8,616**	**−34,922**	**11,179**	**−16,539**	**−3,831**	**4,226**	**−49,771**	**2,429**
% Change	**−2%**	**3%**	**2%**	**2%**	**−5%**	**3%**	**−5%**	**−3%**	**3%**	**−5%**	**2%**
Distribution											
2018	100%	5%	11%	12%	16%	10%	8%	3%	3%	27%	4%
2017	100%	5%	11%	12%	17%	10%	9%	3%	3%	27%	4%

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

Users by Sex (Exhibits 4 and 5)

Of the 3.9 million family planning users served in 2018, 87% (3.4 million) were female and 13% (493,245) were male (***Exhibits 4*** and ***5***).

- By **region**, between 82% (VIII) and 92% (X) of total users were female (***Exhibit 5***).
- By **state**, the percentage of total users who were female ranged from 72% to 100% (***Exhibit B–1*** in ***Appendix B***).

From 2008 through 2018, the percentage of users who were female declined from 94% to 87%, while the percentage of users who were male increased from 6% to 13%. Numerically, the number of female users decreased 27%, from 4.7 million in 2008 to 3.4 million in 2018, while the number of male users increased 50%, from 327,843 in 2008 to 493,245 in 2018 (***Exhibits A–2a*** and ***A–2b***).

Users by Age (Exhibits 4 and 5)

In 2018, 17% (681,786) of family planning users were under 20, 46% (1.8 million) were 20 to 29, and 37% (1.4 million) were 30 or older. Approximately the same percentages of female and male users were in their teens (17% females and 16% males). A higher percentage of female (47%) than male (42%) users was in their 20s, while a higher percentage of male (41%) than female (36%) users was 30 or over (***Exhibits 4*** and ***5***).

- Across **regions**, there was higher variation in the age distribution of female and male users.
  - Among female users, from 15% (II) to 23% (VIII) were in their teens, 41% (III) to 51% (IX) were in their 20s, and 29% (VIII) to 40% (III) were 30 or over.
  - Among male users, from 11% (V) to 23% (III) of male users were in their teens, 29% (IV) to 51% (V) were in their 20s, and 34% (II) to 53% (IV) were 30 or over.

See ***Exhibits A–3a*** and ***A–3b*** for trends (2008 through 2018) in the distribution of all family planning users by age group.

- Numerically, the number of teenage users decreased 45%, from 1.2 million (2008) to 681,786 (2018), while the number of users in their 20s decreased 29%, from 2.6 million (2008) to 1.8 million (2018).
- In contrast, the percentage of users 30 or over increased from 25% (2008) to 37% (2018). Numerically, this represents a 15% increase, from 1.3 million users (2008) to 1.4 million (2018).

Exhibit 4. Number of all family planning users, by sex, age, and region: 2018 (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	38,926	2,600	3,401	8,203	8,891	3,380	3,044	1,190	1,402	5,326	1,489
15 to 17	234,470	13,909	22,140	30,810	40,006	26,076	19,360	8,382	9,753	50,947	13,087
18 to 19	329,004	15,656	33,744	36,068	51,905	37,246	28,206	11,077	13,494	85,510	16,098
20 to 24	862,640	39,454	93,463	87,089	129,774	96,964	69,343	25,353	30,641	251,293	39,266
25 to 29	740,003	35,397	87,720	79,053	117,102	77,122	61,256	20,249	20,562	210,556	30,986
30 to 34	505,688	26,254	61,300	59,063	87,195	47,627	46,660	14,691	13,443	129,869	19,586
35 to 39	335,722	17,605	39,969	41,511	59,865	29,942	34,348	10,827	8,903	80,596	12,156
40 to 44	197,985	10,853	22,936	25,972	33,614	16,349	20,143	6,433	5,085	49,917	6,683
Over 44	202,066	9,593	22,111	35,394	42,429	13,419	16,907	6,393	4,118	46,678	5,024
Subtotal	**3,446,504**	**171,321**	**386,784**	**403,163**	**570,781**	**348,125**	**299,267**	**104,595**	**107,401**	**910,692**	**144,375**
Male Users											
Under 15	15,072	1,287	1,578	4,497	4,305	581	871	120	466	1,302	65
15 to 17	29,919	3,066	3,863	6,703	4,619	1,909	1,850	648	1,242	5,348	671
18 to 19	34,395	2,222	4,150	4,968	3,985	3,799	2,728	1,102	1,703	8,823	915
20 to 24	107,716	5,800	12,797	11,977	10,431	14,931	7,271	3,309	5,856	32,346	2,998
25 to 29	101,829	6,003	10,824	10,721	10,329	13,369	6,671	2,701	5,469	32,815	2,927
30 to 34	67,316	4,048	6,705	7,576	8,005	8,142	4,713	1,739	3,524	20,807	2,057
35 to 39	44,431	2,734	3,877	5,552	6,568	4,769	3,648	1,109	2,181	12,612	1,381
40 to 44	28,012	1,698	2,183	3,763	5,424	2,631	2,542	644	1,280	7,074	773
Over 44	64,555	3,009	4,210	13,912	17,777	4,824	4,546	961	2,026	12,237	1,053
Subtotal	**493,245**	**29,867**	**50,187**	**69,669**	**71,443**	**54,955**	**34,840**	**12,333**	**23,747**	**133,364**	**12,840**
All Users											
Under 15	53,998	3,887	4,979	12,700	13,196	3,961	3,915	1,310	1,868	6,628	1,554
15 to 17	264,389	16,975	26,003	37,513	44,625	27,985	21,210	9,030	10,995	56,295	13,758
18 to 19	363,399	17,878	37,894	41,036	55,890	41,045	30,934	12,179	15,197	94,333	17,013
20 to 24	970,356	45,254	106,260	99,066	140,205	111,895	76,614	28,662	36,497	283,639	42,264
25 to 29	841,832	41,400	98,544	89,774	127,431	90,491	67,927	22,950	26,031	243,371	33,913
30 to 34	573,004	30,302	68,005	66,639	95,200	55,769	51,373	16,430	16,967	150,676	21,643
35 to 39	380,153	20,339	43,846	47,063	66,433	34,711	37,996	11,936	11,084	93,208	13,537
40 to 44	225,997	12,551	25,119	29,735	39,038	18,980	22,685	7,077	6,365	56,991	7,456
Over 44	266,621	12,602	26,321	49,306	60,206	18,243	21,453	7,354	6,144	58,915	6,077
Total All Users	**3,939,749**	**201,188**	**436,971**	**472,832**	**642,224**	**403,080**	**334,107**	**116,928**	**131,148**	**1,044,056**	**157,215**

Exhibit 5. Distribution of all family planning users, by sex, age, and region: 2018 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15 to 17	7%	8%	6%	8%	7%	7%	6%	8%	9%	6%	9%
18 to 19	10%	9%	9%	9%	9%	11%	9%	11%	13%	9%	11%
20 to 24	25%	23%	24%	22%	23%	28%	23%	24%	29%	28%	27%
25 to 29	21%	21%	23%	20%	21%	22%	20%	19%	19%	23%	21%
30 to 34	15%	15%	16%	15%	15%	14%	16%	14%	13%	14%	14%
35 to 39	10%	10%	10%	10%	10%	9%	11%	10%	8%	9%	8%
40 to 44	6%	6%	6%	6%	6%	5%	7%	6%	5%	5%	5%
Over 44	6%	6%	6%	9%	7%	4%	6%	6%	4%	5%	3%
Subtotal	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Male Users											
Under 15	3%	4%	3%	6%	6%	1%	3%	1%	2%	1%	1%
15 to 17	6%	10%	8%	10%	6%	3%	5%	5%	5%	4%	5%
18 to 19	7%	7%	8%	7%	6%	7%	8%	9%	7%	7%	7%
20 to 24	22%	19%	25%	17%	15%	27%	21%	27%	25%	24%	23%
25 to 29	21%	20%	22%	15%	14%	24%	19%	22%	23%	25%	23%
30 to 34	14%	14%	13%	11%	11%	15%	14%	14%	15%	16%	16%
35 to 39	9%	9%	8%	8%	9%	9%	10%	9%	9%	9%	11%
40 to 44	6%	6%	4%	5%	8%	5%	7%	5%	5%	5%	6%
Over 44	13%	10%	8%	20%	25%	9%	13%	8%	9%	9%	8%
Subtotal	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
All Users											
Under 15	1%	2%	1%	3%	2%	1%	1%	1%	1%	1%	1%
15 to 17	7%	8%	6%	8%	7%	7%	6%	8%	8%	5%	9%
18 to 19	9%	9%	9%	9%	9%	10%	9%	10%	12%	9%	11%
20 to 24	25%	22%	24%	21%	22%	28%	23%	25%	28%	27%	27%
25 to 29	21%	21%	23%	19%	20%	22%	20%	20%	20%	23%	22%
30 to 34	15%	15%	16%	14%	15%	14%	15%	14%	13%	14%	14%
35 to 39	10%	10%	10%	10%	10%	9%	11%	10%	8%	9%	9%
40 to 44	6%	6%	6%	6%	6%	5%	7%	6%	5%	5%	5%
Over 44	7%	6%	6%	10%	9%	5%	6%	6%	5%	6%	4%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female Users	87%	85%	89%	85%	89%	86%	90%	89%	82%	87%	92%
Male Users	13%	15%	11%	15%	11%	14%	10%	11%	18%	13%	8%

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

Users by Race (Exhibits 6 through 14)

In 2018, 53% (approximately 2.1 million) of all family planning users identified themselves as white, 22% (861,707) as black or African American, 4% (139,084) as Asian, and 1% each as either American Indian or Alaska Native (38,097) or Native Hawaiian or Other Pacific Islander (29,545). Four percent (151,281) of all users self-identified with two or more of the five minimum race categories specified by OMB,[10] and race was either unknown or not reported for 16% (643,181) (***Exhibit 6***).

- By **sex**, the racial composition of female (***Exhibits 7***, ***11***, and ***12***) and male users (***Exhibits 8***, ***13***, and ***14***) differed slightly in terms of the percentages in each group that self-identified as white (53% of female users vs. 49% of male users) and black or African American (21% of female users vs. 28% of male users). The distribution of users across the remaining race categories and for whom race was unknown was within two percentage points for female and male users.
- By **region**, the distribution of users by race varied widely (***Exhibits 9*** and ***10***). The percentage of users who self-identified as white ranged from 43% (II and IX) to 76% (VIII), 5% (X) to 39% (IV) self-identified as black or African American, 1% (IV and VI) to 7% (IX) self-identified as Asian, and 2% (III, IV, VI, and VIII) to 10% (I) self-identified with two or more race categories.
- Of the 643,181 users with an unknown race, 73% self-identified as Hispanic or Latino ethnicity (***Exhibit 6***).

See ***Exhibits A–4a*** and ***A–4b*** for trends (2008 through 2018) in the distribution of all family planning users by self-identified race.

Users by Ethnicity (Exhibits 6 through 14)

In 2018, 33% (1.3 million) of users self-identified as Hispanic or Latino ethnicity (***Exhibit 6***).

- By **sex**, 34% (1.2 million) of female users and 27% (134,389) of male users self-identified as Hispanic or Latino, while ethnicity was unknown for 4% of female users and 6% of male users (***Exhibits 7*** and ***8***).
- By **region**, grantees in Regions II, VI, and IX reported the highest percentages of female (41% to 52%) and male (35% to 43%) users who self-identified as Hispanic or Latino (***Exhibits 11, 12, 13,*** and ***14***).

See ***Exhibits A–5a*** and ***A–5b*** for trends (2008 through 2018) in the distribution of all family planning users by self-identified Hispanic or Latino ethnicity.

See ***Exhibits A–6a*** and ***A–6b*** for trends (2008 through 2018) in the distribution of all family planning users by self-identified race and ethnicity.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2018 (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	15,738	20,756	1,603	38,097	0%†	1%	0%†	1%
Asian	4,765	128,678	5,641	139,084	0%†	3%	0%†	4%
Black/African American	39,639	796,450	25,618	861,707	1%	20%	1%	22%
Nat Hawaiian/Pac Island	6,872	21,848	825	29,545	0%†	1%	0%†	1%
White	687,636	1,311,047	78,171	2,076,854	17%	33%	2%	53%
More than one race	81,801	64,773	4,707	151,281	2%	2%	0%†	4%
Unknown/not reported	469,919	109,896	63,366	643,181	12%	3%	2%	16%
Total All Users	**1,306,370**	**2,453,448**	**179,931**	**3,939,749**	**33%**	**62%**	**5%**	**100%**

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.
Note: Due to rounding, percentages may not sum to 100%.
† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2018 (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	14,125	18,068	1,290	33,483	0%†	1%	0%†	1%
Asian	4,245	116,077	4,986	125,308	0%†	3%	0%†	4%
Black/African American	33,318	670,618	20,731	724,667	1%	19%	1%	21%
Nat Hawaiian/Pac Island	5,819	19,970	741	26,530	0%†	1%	0%†	1%
White	623,544	1,148,732	62,781	1,835,057	18%	33%	2%	53%
More than one race	71,432	57,051	3,926	132,409	2%	2%	0%†	4%
Unknown/not reported	419,498	94,837	54,715	569,050	12%	3%	2%	17%
Total Female Users	**1,171,981**	**2,125,353**	**149,170**	**3,446,504**	**34%**	**62%**	**4%**	**100%**

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.
Note: Due to rounding, percentages may not sum to 100%.
† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2018 (Source: FPAR Table 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	1,613	2,688	313	4,614	0%†	1%	0%†	1%
Asian	520	12,601	655	13,776	0%†	3%	0%†	3%
Black/African American	6,321	125,832	4,887	137,040	1%	26%	1%	28%
Nat Hawaiian/Pac Island	1,053	1,878	84	3,015	0%†	0%†	0%†	1%
White	64,092	162,315	15,390	241,797	13%	33%	3%	49%
More than one race	10,369	7,722	781	18,872	2%	2%	0%†	4%
Unknown/not reported	50,421	15,059	8,651	74,131	10%	3%	2%	15%
Total Male Users	**134,389**	**328,095**	**30,761**	**493,245**	**27%**	**67%**	**6%**	**100%**

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.
Note: Due to rounding, percentages may not sum to 100%.
† Percentage is less than 0.5%.

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2018 (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	15,738	344	2,846	1,244	1,977	1,428	564	288	1,017	5,435	595
Not Hispanic or Latino	20,756	693	1,102	4,184	1,376	1,742	2,601	818	1,550	5,046	1,644
Unknown/not reported	1,603	148	3	300	38	88	436	43	56	439	52
Subtotal	**38,097**	**1,185**	**3,951**	**5,728**	**3,391**	**3,258**	**3,601**	**1,149**	**2,623**	**10,920**	**2,291**
Asian											
Hispanic or Latino	4,765	163	407	333	334	197	135	47	78	2,897	174
Not Hispanic or Latino	128,678	10,308	15,033	8,669	6,002	8,870	3,437	2,113	2,598	64,312	7,336
Unknown/not reported	5,641	115	72	998	98	382	72	305	124	3,336	139
Subtotal	**139,084**	**10,586**	**15,512**	**10,000**	**6,434**	**9,449**	**3,644**	**2,465**	**2,800**	**70,545**	**7,649**
Black or African American											
Hispanic or Latino	39,639	4,395	16,657	3,916	5,577	2,014	1,294	337	376	4,594	479
Not Hispanic or Latino	796,450	29,019	103,788	134,925	240,186	99,313	75,152	18,263	7,580	81,160	7,064
Unknown/not reported	25,618	460	269	10,783	4,261	1,913	661	1,943	177	4,915	236
Subtotal	**861,707**	**33,874**	**120,714**	**149,624**	**250,024**	**103,240**	**77,107**	**20,543**	**8,133**	**90,669**	**7,779**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	6,872	698	980	1,506	642	363	508	35	98	1,719	323
Not Hispanic or Latino	21,848	253	540	443	548	454	632	188	584	16,926	1,280
Unknown/not reported	825	19	10	57	14	21	4	18	33	628	21
Subtotal	**29,545**	**970**	**1,530**	**2,006**	**1,204**	**838**	**1,144**	**241**	**715**	**19,273**	**1,624**
White											
Hispanic or Latino	687,636	24,255	65,042	37,136	103,382	36,554	144,381	21,416	25,637	215,161	14,672
Not Hispanic or Latino	1,311,047	87,939	120,770	150,325	229,934	188,827	89,528	59,833	71,886	221,847	90,158
Unknown/not reported	78,171	2,870	344	44,550	4,496	3,649	466	3,411	2,529	14,101	1,755
Subtotal	**2,076,854**	**115,064**	**186,156**	**232,011**	**337,812**	**229,030**	**234,375**	**84,660**	**100,052**	**451,109**	**106,585**
More Than One Race											
Hispanic or Latino	81,801	10,078	16,001	5,696	6,154	3,742	2,968	1,341	858	33,974	989
Not Hispanic or Latino	64,773	8,713	4,037	2,991	9,043	10,602	4,271	1,866	1,387	17,554	4,309
Unknown/not reported	4,707	419	61	718	330	397	40	176	113	2,442	11
Subtotal	**151,281**	**19,210**	**20,099**	**9,405**	**15,527**	**14,741**	**7,279**	**3,383**	**2,358**	**53,970**	**5,309**
Race Unknown or Not Reported											
Hispanic or Latino	469,919	15,014	72,551	38,949	15,145	22,643	4,529	2,590	10,570	269,990	17,938
Not Hispanic or Latino	109,896	3,832	15,936	16,657	5,080	6,107	1,175	1,050	2,583	49,965	7,511
Unknown/not reported	63,366	1,453	522	8,452	7,607	13,774	1,253	847	1,314	27,615	529
Subtotal	**643,181**	**20,299**	**89,009**	**64,058**	**27,832**	**42,524**	**6,957**	**4,487**	**14,467**	**347,570**	**25,978**
All Races											
Hispanic or Latino	1,306,370	54,947	174,484	88,780	133,211	66,941	154,379	26,054	38,634	533,770	35,170
Not Hispanic or Latino	2,453,448	140,757	261,206	318,194	492,169	315,915	176,796	84,131	88,168	456,810	119,302
Unknown/not reported	179,931	5,484	1,281	65,858	16,844	20,224	2,932	6,743	4,346	53,476	2,743
Total All Users	**3,939,749**	**201,188**	**436,971**	**472,832**	**642,224**	**403,080**	**334,107**	**116,928**	**131,148**	**1,044,056**	**157,215**

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2018 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	2%	1%	2%	2%	6%	5%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**4%**	**5%**	**4%**	**2%**	**1%**	**2%**	**1%**	**2%**	**2%**	**7%**	**5%**
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	14%	24%	29%	37%	25%	22%	16%	6%	8%	4%
Unknown/not reported	1%	0%†	0%†	2%	1%	0%†	0%†	2%	0%†	0%†	0%†
Subtotal	**22%**	**17%**	**28%**	**32%**	**39%**	**26%**	**23%**	**18%**	**6%**	**9%**	**5%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**2%**	**1%**
White											
Hispanic or Latino	17%	12%	15%	8%	16%	9%	43%	18%	20%	21%	9%
Not Hispanic or Latino	33%	44%	28%	32%	36%	47%	27%	51%	55%	21%	57%
Unknown/not reported	2%	1%	0%†	9%	1%	1%	0%†	3%	2%	1%	1%
Subtotal	**53%**	**57%**	**43%**	**49%**	**53%**	**57%**	**70%**	**72%**	**76%**	**43%**	**68%**
More Than One Race											
Hispanic or Latino	2%	5%	4%	1%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	2%	4%	1%	1%	1%	3%	1%	2%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**4%**	**10%**	**5%**	**2%**	**2%**	**4%**	**2%**	**3%**	**2%**	**5%**	**3%**
Race Unknown or Not Reported											
Hispanic or Latino	12%	7%	17%	8%	2%	6%	1%	2%	8%	26%	11%
Not Hispanic or Latino	3%	2%	4%	4%	1%	2%	0%†	1%	2%	5%	5%
Unknown/not reported	2%	1%	0%†	2%	1%	3%	0%†	1%	1%	3%	0%†
Subtotal	**16%**	**10%**	**20%**	**14%**	**4%**	**11%**	**2%**	**4%**	**11%**	**33%**	**17%**
All Races											
Hispanic or Latino	33%	27%	40%	19%	21%	17%	46%	22%	29%	51%	22%
Not Hispanic or Latino	62%	70%	60%	67%	77%	78%	53%	72%	67%	44%	76%
Unknown/not reported	5%	3%	0%†	14%	3%	5%	1%	6%	3%	5%	2%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2018 (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	14,125	295	2,692	1,113	1,903	1,242	526	266	891	4,638	559
Not Hispanic or Latino	18,068	555	965	3,422	1,269	1,487	2,513	702	1,327	4,298	1,530
Unknown/not reported	1,290	108	3	225	35	61	376	36	42	358	46
Subtotal	**33,483**	**958**	**3,660**	**4,760**	**3,207**	**2,790**	**3,415**	**1,004**	**2,260**	**9,294**	**2,135**
Asian											
Hispanic or Latino	4,245	148	343	304	318	172	124	46	68	2,557	165
Not Hispanic or Latino	116,077	9,627	13,317	7,810	5,250	7,792	3,076	1,979	2,259	57,973	6,994
Unknown/not reported	4,986	93	71	855	89	332	62	292	109	2,948	135
Subtotal	**125,308**	**9,868**	**13,731**	**8,969**	**5,657**	**8,296**	**3,262**	**2,317**	**2,436**	**63,478**	**7,294**
Black or African American											
Hispanic or Latino	33,318	3,672	14,777	3,107	4,122	1,713	1,116	285	299	3,811	416
Not Hispanic or Latino	670,618	24,093	90,203	110,736	207,451	83,312	62,243	15,111	5,220	66,112	6,137
Unknown/not reported	20,731	360	239	8,417	3,854	1,514	461	1,728	118	3,833	207
Subtotal	**724,667**	**28,125**	**105,219**	**122,260**	**215,427**	**86,539**	**63,820**	**17,124**	**5,637**	**73,756**	**6,760**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,819	545	817	1,093	608	313	472	31	74	1,566	300
Not Hispanic or Latino	19,970	211	473	364	499	398	583	169	472	15,634	1,167
Unknown/not reported	741	18	8	52	12	18	3	12	27	571	20
Subtotal	**26,530**	**774**	**1,298**	**1,509**	**1,119**	**729**	**1,058**	**212**	**573**	**17,771**	**1,487**
White											
Hispanic or Latino	623,544	21,271	60,100	32,706	95,239	32,936	133,097	20,216	21,799	192,360	13,820
Not Hispanic or Latino	1,148,732	74,011	106,179	135,532	206,811	163,318	81,096	53,886	58,152	187,117	82,630
Unknown/not reported	62,781	2,324	322	34,238	4,163	3,068	397	2,966	2,101	11,608	1,594
Subtotal	**1,835,057**	**97,606**	**166,601**	**202,476**	**306,213**	**199,322**	**214,590**	**77,068**	**82,052**	**391,085**	**98,044**
More Than One Race											
Hispanic or Latino	71,432	8,778	14,305	4,536	5,440	3,292	2,787	1,200	715	29,538	841
Not Hispanic or Latino	57,051	7,592	3,744	2,561	7,844	9,298	4,028	1,638	1,163	15,139	4,044
Unknown/not reported	3,926	347	55	593	295	347	34	136	101	2,010	8
Subtotal	**132,409**	**16,717**	**18,104**	**7,690**	**13,579**	**12,937**	**6,849**	**2,974**	**1,979**	**46,687**	**4,893**
Race Unknown or Not Reported											
Hispanic or Latino	419,498	12,911	63,743	34,190	13,907	20,406	4,066	2,285	9,263	242,167	16,560
Not Hispanic or Latino	94,837	3,195	13,976	14,230	4,439	5,258	1,034	886	2,126	42,987	6,706
Unknown/not reported	54,715	1,167	452	7,079	7,233	11,848	1,173	725	1,075	23,467	496
Subtotal	**569,050**	**17,273**	**78,171**	**55,499**	**25,579**	**37,512**	**6,273**	**3,896**	**12,464**	**308,621**	**23,762**
All Races											
Hispanic or Latino	1,171,981	47,620	156,777	77,049	121,537	60,074	142,188	24,329	33,109	476,637	32,661
Not Hispanic or Latino	2,125,353	119,284	228,857	274,655	433,563	270,863	154,573	74,371	70,719	389,260	109,208
Unknown/not reported	149,170	4,417	1,150	51,459	15,681	17,188	2,506	5,895	3,573	44,795	2,506
Total All Users	**3,446,504**	**171,321**	**386,784**	**403,163**	**570,781**	**348,125**	**299,267**	**104,595**	**107,401**	**910,692**	**144,375**

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2018 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	6%	3%	2%	1%	2%	1%	2%	2%	6%	5%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**4%**	**6%**	**4%**	**2%**	**1%**	**2%**	**1%**	**2%**	**2%**	**7%**	**5%**
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	14%	23%	27%	36%	24%	21%	14%	5%	7%	4%
Unknown/not reported	1%	0%†	0%†	2%	1%	0%†	0%†	2%	0%†	0%†	0%†
Subtotal	**21%**	**16%**	**27%**	**30%**	**38%**	**25%**	**21%**	**16%**	**5%**	**8%**	**5%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**2%**	**1%**
White											
Hispanic or Latino	18%	12%	16%	8%	17%	9%	44%	19%	20%	21%	10%
Not Hispanic or Latino	33%	43%	27%	34%	36%	47%	27%	52%	54%	21%	57%
Unknown/not reported	2%	1%	0%†	8%	1%	1%	0%†	3%	2%	1%	1%
Subtotal	**53%**	**57%**	**43%**	**50%**	**54%**	**57%**	**72%**	**74%**	**76%**	**43%**	**68%**
More Than One Race											
Hispanic or Latino	2%	5%	4%	1%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	2%	4%	1%	1%	1%	3%	1%	2%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**4%**	**10%**	**5%**	**2%**	**2%**	**4%**	**2%**	**3%**	**2%**	**5%**	**3%**
Race Unknown or Not Reported											
Hispanic or Latino	12%	8%	16%	8%	2%	6%	1%	2%	9%	27%	11%
Not Hispanic or Latino	3%	2%	4%	4%	1%	2%	0%†	1%	2%	5%	5%
Unknown/not reported	2%	1%	0%†	2%	1%	3%	0%†	1%	1%	3%	0%†
Subtotal	**17%**	**10%**	**20%**	**14%**	**4%**	**11%**	**2%**	**4%**	**12%**	**34%**	**16%**
All Races											
Hispanic or Latino	34%	28%	41%	19%	21%	17%	48%	23%	31%	52%	23%
Not Hispanic or Latino	62%	70%	59%	68%	76%	78%	52%	71%	66%	43%	76%
Unknown/not reported	4%	3%	0%†	13%	3%	5%	1%	6%	3%	5%	2%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2018 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	1,613	49	154	131	74	186	38	22	126	797	36
Not Hispanic or Latino	2,688	138	137	762	107	255	88	116	223	748	114
Unknown/not reported	313	40	0	75	3	27	60	7	14	81	6
Subtotal	**4,614**	**227**	**291**	**968**	**184**	**468**	**186**	**145**	**363**	**1,626**	**156**
Asian											
Hispanic or Latino	520	15	64	29	16	25	11	1	10	340	9
Not Hispanic or Latino	12,601	681	1,716	859	752	1,078	361	134	339	6,339	342
Unknown/not reported	655	22	1	143	9	50	10	13	15	388	4
Subtotal	**13,776**	**718**	**1,781**	**1,031**	**777**	**1,153**	**382**	**148**	**364**	**7,067**	**355**
Black or African American											
Hispanic or Latino	6,321	723	1,880	809	1,455	301	178	52	77	783	63
Not Hispanic or Latino	125,832	4,926	13,585	24,189	32,735	16,001	12,909	3,152	2,360	15,048	927
Unknown/not reported	4,887	100	30	2,366	407	399	200	215	59	1,082	29
Subtotal	**137,040**	**5,749**	**15,495**	**27,364**	**34,597**	**16,701**	**13,287**	**3,419**	**2,496**	**16,913**	**1,019**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	1,053	153	163	413	34	50	36	4	24	153	23
Not Hispanic or Latino	1,878	42	67	79	49	56	49	19	112	1,292	113
Unknown/not reported	84	1	2	5	2	3	1	6	6	57	1
Subtotal	**3,015**	**196**	**232**	**497**	**85**	**109**	**86**	**29**	**142**	**1,502**	**137**
White											
Hispanic or Latino	64,092	2,984	4,942	4,430	8,143	3,618	11,284	1,200	3,838	22,801	852
Not Hispanic or Latino	162,315	13,928	14,591	14,793	23,123	25,509	8,432	5,947	13,734	34,730	7,528
Unknown/not reported	15,390	546	22	10,312	333	581	69	445	428	2,493	161
Subtotal	**241,797**	**17,458**	**19,555**	**29,535**	**31,599**	**29,708**	**19,785**	**7,592**	**18,000**	**60,024**	**8,541**
More Than One Race											
Hispanic or Latino	10,369	1,300	1,696	1,160	714	450	181	141	143	4,436	148
Not Hispanic or Latino	7,722	1,121	293	430	1,199	1,304	243	228	224	2,415	265
Unknown/not reported	781	72	6	125	35	50	6	40	12	432	3
Subtotal	**18,872**	**2,493**	**1,995**	**1,715**	**1,948**	**1,804**	**430**	**409**	**379**	**7,283**	**416**
Race Unknown or Not Reported											
Hispanic or Latino	50,421	2,103	8,808	4,759	1,238	2,237	463	305	1,307	27,823	1,378
Not Hispanic or Latino	15,059	637	1,960	2,427	641	849	141	164	457	6,978	805
Unknown/not reported	8,651	286	70	1,373	374	1,926	80	122	239	4,148	33
Subtotal	**74,131**	**3,026**	**10,838**	**8,559**	**2,253**	**5,012**	**684**	**591**	**2,003**	**38,949**	**2,216**
All Races											
Hispanic or Latino	134,389	7,327	17,707	11,731	11,674	6,867	12,191	1,725	5,525	57,133	2,509
Not Hispanic or Latino	328,095	21,473	32,349	43,539	58,606	45,052	22,223	9,760	17,449	67,550	10,094
Unknown/not reported	30,761	1,067	131	14,399	1,163	3,036	426	848	773	8,681	237
Total All Users	**493,245**	**29,867**	**50,187**	**69,669**	**71,443**	**54,955**	**34,840**	**12,333**	**23,747**	**133,364**	**12,840**

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2018 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**1%**	**1%**	**1%**	**0%†**	**1%**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	2%	3%	1%	1%	2%	1%	1%	1%	5%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**3%**	**2%**	**4%**	**1%**	**1%**	**2%**	**1%**	**1%**	**2%**	**5%**	**3%**
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	2%	1%	1%	0%†	0%†	1%	0%†
Not Hispanic or Latino	26%	16%	27%	35%	46%	29%	37%	26%	10%	11%	7%
Unknown/not reported	1%	0%†	0%†	3%	1%	1%	1%	2%	0%†	1%	0%†
Subtotal	**28%**	**19%**	**31%**	**39%**	**48%**	**30%**	**38%**	**28%**	**11%**	**13%**	**8%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**1%**	**1%**	**0%†**	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**1%**	**1%**	**1%**
White											
Hispanic or Latino	13%	10%	10%	6%	11%	7%	32%	10%	16%	17%	7%
Not Hispanic or Latino	33%	47%	29%	21%	32%	46%	24%	48%	58%	26%	59%
Unknown/not reported	3%	2%	0%†	15%	0%†	1%	0%†	4%	2%	2%	1%
Subtotal	**49%**	**58%**	**39%**	**42%**	**44%**	**54%**	**57%**	**62%**	**76%**	**45%**	**67%**
More Than One Race											
Hispanic or Latino	2%	4%	3%	2%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	2%	4%	1%	1%	2%	2%	1%	2%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	**4%**	**8%**	**4%**	**2%**	**3%**	**3%**	**1%**	**3%**	**2%**	**5%**	**3%**
Race Unknown or Not Reported											
Hispanic or Latino	10%	7%	18%	7%	2%	4%	1%	2%	6%	21%	11%
Not Hispanic or Latino	3%	2%	4%	3%	1%	2%	0%†	1%	2%	5%	6%
Unknown/not reported	2%	1%	0%†	2%	1%	4%	0%†	1%	1%	3%	0%†
Subtotal	**15%**	**10%**	**22%**	**12%**	**3%**	**9%**	**2%**	**5%**	**8%**	**29%**	**17%**
All Races											
Hispanic or Latino	27%	25%	35%	17%	16%	12%	35%	14%	23%	43%	20%
Not Hispanic or Latino	67%	72%	64%	62%	82%	82%	64%	79%	73%	51%	79%
Unknown/not reported	6%	4%	0%†	21%	2%	6%	1%	7%	3%	7%	2%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

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

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

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

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect family income data from all users to determine charges based on the schedule of discounts.[2,3] In determining a user's family income, agencies should refer to the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2).[8] Report the unduplicated number of users by income level, using the most current income information available. For additional guidance, see *Program Requirements for Title X Funded Family Planning Projects (Version 1.0)*.[2]

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

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

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

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

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

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

Limited English Proficient (LEP) Users—Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Because of their limited English proficiency, LEP users derive little benefit from Title X services and information provided in English. In Table 6, report the unduplicated number of family planning users who required language assistance services (interpretation or translation) to optimize their use of Title X services. Include as LEP any user who received Title X services from bilingual staff in the user's preferred non-English language, who was assisted by a competent agency or contracted interpreter, or who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services. Service providers should consult the *Revised HHS LEP Guidance*[12] for further information about identifying LEP individuals and complying with language assistance requirements. Unless they are also LEP, *do not include users* who are visually or hearing impaired or have other disabilities.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 21–23.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations[2,3] require Title X-funded providers to give priority in the delivery of care to persons from low-income families. These regulations specify that individuals with family incomes at or below the HHS poverty guideline (poverty) for 2018 ($25,100 for a family of four in the 48 contiguous states and the District of Columbia)[8] receive services at no charge unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty guideline, Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.

In 2018, 89% (3.5 million) of users had family incomes that qualified them for either no-charge (<101% of poverty) or subsidized (101% to 250% of poverty) services. Sixty-five percent (2.5 million) of users with family incomes at or below 100% of poverty qualified for no-charge services, while 25% (977,371) with family incomes between 101% and 250% of poverty qualified for subsidized care. Seven percent (289,208) had incomes over 250% of poverty, and family income data were unknown or not reported for 3% (130,644) of users (***Exhibit 15***).

- By **region**, from 81% (I) to 94% (VI) of users had family incomes qualifying them for either no-charge (from 46% to 75% of users) or subsidized (from 19% to 35% of users) services. In Regions II, IV, VI, and IX, the percentage of users with incomes at or below 100% of poverty exceeded the national average of 65% (***Exhibit 15***).
- By **state**, the percentages of users with family incomes at or below 100% of poverty ranged from 36% to 100%, from 0% to 47% for users with incomes between 101% and 250% of poverty, and from 0% to 26% for users with incomes over 250% of poverty (***Exhibit B–2***).

See ***Exhibits A–7a*** and ***A–7b*** for trends (2008 through 2018) in the distribution of family planning users by income level.

Users by Insurance Coverage Status (Exhibit 16)

Title X regulations[2,3] require Title X-funded agencies to bill all third parties authorized or legally obligated to pay for services and to make reasonable efforts to collect charges without jeopardizing client confidentiality. On the FPAR, grantees report the health insurance coverage status for a client even though an insured client may not have used their health insurance to pay for services received during their last family planning encounter. Users whose family planning care was paid by a Medicaid family planning eligibility expansion but who had no other public or private health insurance plan covering broad primary medical care benefits are considered uninsured, as are users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities.

In 2018, 58% (2.3 million) of family planning users had either public (38%, 1.5 million) or private (20%, 794,535) insurance covering broad primary medical care benefits, and 40% (1.6

million) were uninsured. Health insurance coverage status was unknown or not reported for 2% (62,324) of users (***Exhibit 16***).

- By **region**, from 21% (VIII) to 49% (II) of family planning users had public coverage, and 9% (IX) to 34% (I) had private coverage. The percentage of uninsured users ranged from 20% (I) to 56% (VI). In Regions VI, VII, VIII, and IX, the percentage of users who were uninsured exceeded the national average of 40% (***Exhibit 16***).
- By **state**, there was wide variation in the percentage of users who were publicly insured (0% to 99%), privately insured (0% to 54%), and uninsured (0% to 100%) (***Exhibit B–3a***).
- Among users in the 50 states and the District of Columbia, 73% (2.8 million) received Title X services in 1 of 32 states (includes the District of Columbia) that expanded Medicaid under the Affordable Care Act (ACA), and 27% (1.1 million users) received Title X care in 1 of 19 states that did not. Compared with users in "nonexpansion" states, users in "expansion" states were, on average, more likely to be publicly insured (42% vs. 27%), less likely to be uninsured (37% vs. 49%), and about as likely to be privately insured (20% vs. 21%) (***Exhibit B–3b***).

See ***Exhibits A–8a*** and ***A–8b*** for trends (2008 through 2018) in the distribution of family planning users by primary health insurance status.

Limited English Proficient Users (Exhibit 17)

As recipients of HHS assistance, Title X grantees and subrecipients, including those operating in U.S. territories and Freely Associated States where English is an official language, are required to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services they provide.[12] In 2018, 13% (524,615) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 6% (V) to 20% (VI), with four regions (I, II, VI, and IX) exceeding the national LEP average of 13% (***Exhibit 17***).

The percentage of family planning users who were LEP was 14% in 2008 vs. 13% in 2018. During this period, the number of LEP users decreased 27%, from 718,757 (2008) to 524,615 (2018) (not shown).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2018 (Source: FPAR Table 4)

Income Level[a]	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	2,542,526	93,339	283,166	282,628	426,573	233,411	250,824	68,715	81,093	737,775	85,002
101% to 150%	566,040	37,603	70,007	75,351	81,641	60,415	40,495	18,343	17,517	139,073	25,595
151% to 200%	277,321	19,867	27,692	38,016	37,398	31,167	16,480	9,520	10,747	69,700	16,734
201% to 250%	134,010	12,154	16,944	23,814	17,724	18,123	6,811	5,221	6,741	17,336	9,142
Over 250%	289,208	26,064	37,476	35,903	54,084	44,361	10,396	10,248	14,183	39,774	16,719
Unknown/not reported	130,644	12,161	1,686	17,120	24,804	15,603	9,101	4,881	867	40,398	4,023
Total All Users	**3,939,749**	**201,188**	**436,971**	**472,832**	**642,224**	**403,080**	**334,107**	**116,928**	**131,148**	**1,044,056**	**157,215**
Under 101%	65%	46%	65%	60%	66%	58%	75%	59%	62%	71%	54%
101% to 150%	14%	19%	16%	16%	13%	15%	12%	16%	13%	13%	16%
151% to 200%	7%	10%	6%	8%	6%	8%	5%	8%	8%	7%	11%
201% to 250%	3%	6%	4%	5%	3%	4%	2%	4%	5%	2%	6%
Over 250%	7%	13%	9%	8%	8%	11%	3%	9%	11%	4%	11%
Unknown/not reported	3%	6%	0%†	4%	4%	4%	3%	4%	1%	4%	3%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

[a] Title X-funded agencies calculate and report user family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at https://aspe.hhs.gov/2018-poverty-guidelines.

† Percentage is less than 0.5%.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2018 (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	1,502,777	89,919	213,887	202,148	226,178	137,743	88,786	26,289	27,577	433,476	56,774
Private health insurance	794,535	68,342	88,500	123,930	140,644	111,560	56,774	33,719	35,873	88,881	46,312
Uninsured	1,580,113	40,546	126,607	136,780	257,974	139,096	187,699	56,546	65,867	519,216	49,782
Unknown/not reported	62,324	2,381	7,977	9,974	17,428	14,681	848	374	1,831	2,483	4,347
Total All Users	**3,939,749**	**201,188**	**436,971**	**472,832**	**642,224**	**403,080**	**334,107**	**116,928**	**131,148**	**1,044,056**	**157,215**
Public health insurance	38%	45%	49%	43%	35%	34%	27%	22%	21%	42%	36%
Private health insurance	20%	34%	20%	26%	22%	28%	17%	29%	27%	9%	29%
Uninsured	40%	20%	29%	29%	40%	35%	56%	48%	50%	50%	32%
Unknown/not reported	2%	1%	2%	2%	3%	4%	0%†	0%†	1%	0%†	3%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2018 (Source: FPAR Table 6)

LEP Status	All Regions	Region I	Region II[a]	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX[b]	Region X
LEP	524,615	28,782	84,095	56,072	79,329	26,063	66,530	14,106	13,533	142,812	13,293
Not LEP	3,372,347	169,586	352,587	396,920	562,318	364,538	267,567	99,680	117,583	897,702	143,866
Unknown/not reported	42,787	2,820	289	19,840	577	12,479	10	3,142	32	3,542	56
Total All Users	**3,939,749**	**201,188**	**436,971**	**472,832**	**642,224**	**403,080**	**334,107**	**116,928**	**131,148**	**1,044,056**	**157,215**
LEP	13%	14%	19%	12%	12%	6%	20%	12%	10%	14%	8%
Not LEP	86%	84%	81%	84%	88%	90%	80%	85%	90%	86%	92%
Unknown/not reported	1%	1%	0%†	4%	0%†	3%	0%†	3%	0%†	0%†	0%†
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

LEP=limited English proficient.

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

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

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

† Percentage is less than 0.5%.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fertility Awareness Method (FAM) or Lactational Amenorrhea Method (LAM)—FAMs refer to family planning methods that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal methods. The LAM is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first 6 months after delivery. To be effective, LAM requires full (i.e., no other liquid or solid given to infant) or nearly full (i.e., infrequent supplementation in small amounts, but not by bottle) breastfeeding.[13] In **Table 7**, report the number of female users who use one or a combination of the FAMs listed above or who rely on LAM as their primary family planning method. In **Table 8**, Row 3, report male users who rely on a FAM as their primary method. Report male users who rely on LAM as their primary method in **Table 8**, Row 6, "Rely on female method(s)."

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

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

(continued)

PRIMARY CONTRACEPTIVE METHOD USE

Federal regulations[2,3] specify that Title X projects are required to provide a broad range of acceptable and effective medically approved family planning methods, including natural family planning methods. In addition to offering a full range of methods for clients to consider, the *Quality Family Planning (QFP) Recommendations*[15] advise providers to identify methods that are safe for the client, provide counseling to help the client choose a method and use it correctly and consistently, conduct any physical assessments warranted by the selected method, and provide the method on site (preferable) or by referral. The *QFP Recommendations* also note that providers should ensure that services for adolescent clients are provided in a "youth-friendly" way.

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

In 2018, 79% (2.7 million) of all female users adopted or continued use of a most, moderately, or less effective contraceptive method at their last encounter in the reporting period. Eight percent (279,025) of females exited the encounter with no primary method because they were pregnant or seeking pregnancy, and another 6% (194,405) exited with no method for other reasons. Three percent (99,733) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 5% (158,258) (***Exhibits 18*** and ***19***).

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

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

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

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

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

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

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

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

Additional results include the following:

- By **level of effectiveness**[16] in preventing pregnancy, 19% of all female users relied on a *most effective* contraceptive method (vasectomy, female sterilization, implant, or IUD), 41% used a *moderately effective* method (injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm, or cervical cap), and 18% used a *less effective* method (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM] or LAM, or spermicide used alone) (***Exhibits 18*** and ***19***). See Table 7 comments in the ***Field and Methodological Notes*** (***Appendix C***) for information about the three method-effectiveness categories.

- By **type of method**, the contraceptive pill was used by 24% of all female users, followed by male condoms (15%), injectable contraception (14%), IUDs (9%), hormonal implants (7%), female sterilization (3%), the vaginal ring (2%), the contraceptive patch (1%), and a FAM or LAM (1%). Two percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and less than 0.5% of female users relied on each of the following methods: vasectomy, female condom, cervical cap or diaphragm, spermicide (used alone), or contraceptive sponge (***Exhibits 18*** and ***19***).

- By **age group**, from 52% (under 15) to 84% (18 to 19) of female users relied on a most, moderately, or less effective method (***Exhibits 18*** and ***19***). The three leading methods by age group were as follows:
  - **Females under 15:** Pills (17%), injectables (16%), and hormonal implants (7%)
  - **Females 15 to 19:** Pills (29% to 30%), injectables (18% to 22%), and male condoms (12% to 14%)
  - **Females 20 to 39:** Pills (18% to 28%), male condoms (16%), and injectables (12% to 14%)
  - **Females 40 to 44:** Male condoms (17%), pills (17%), and injectables (13%)
  - **Females over 44:** Male condoms (16%), female sterilization (15%), and pills (11%)

- Nonuse of contraception because of pregnancy or the desire for pregnancy was highest among females 18 to 39 (7% to 11%) and was 5% or less among females in the younger (under 18) and older (over 39) age groups.

- By **region**, from 67% (III) to 87% (VIII and X) of female users exited the encounter with a most, moderately, or less effective contraceptive method (***Exhibits 20*** and ***21***).
  - **Most effective method use** ranged from 14% (IV) to 27% (VIII). In all regions except for Region IV, the percentage of females relying on IUDs exceeded the percentage using the hormonal implant. IUDs were the second most common method in Region VIII and the third most common in four others (I, II, IX, and X).
  - **Moderately effective method use** ranged from 36% (III) to 50% (X). Among all methods, pills were the most common in all regions, with use ranging from 21% (III and VI) to 30% (X) of female users in each region. Injectable contraception was the second most common method in five regions (IV, V, VI, VII, and X) and the third most common in two others (III and VIII).

- **Less effective method use** ranged from 12% (VIII) to 25% (IX). Among all methods, male condoms were the second most common in four regions (I, II, III, and IX) and the third most common in four others (IV, V, VI, and VII).
- **Nonuse of contraception** because of pregnancy or the desire for pregnancy ranged from 5% (III) to 11% (IV).

- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (4% to 42%), moderately effective (20% to 78%), and less effective (1% to 40%) contraceptive methods (***Exhibit B–4***). Female users considered to be *at risk of unintended pregnancy* were not pregnant, not seeking pregnancy, and not abstinent.

Trends in Female Primary Contraceptive Method Use

From 2008 through 2018, the percentage of all female users relying on most, moderately, or less effective methods ranged from 79% to 84%; 13% to 14% used no method because they were either pregnant, seeking pregnancy, or for other reasons; and 1% to 3% were abstinent (***Exhibits A–9a***, ***A–9b***, and ***A–9c***).

Use of most effective methods: Among all female users, the percentage relying on the *most effective methods* increased from 6% in 2008 to 19% in 2018 (***Exhibits A–9a***, ***A–9b***, and ***A–9c***).

- IUD use among female users increased from 4% in 2008 to 9% in 2018. Numerically, the number of IUD users increased 80%, from 179,876 in 2008 to 323,081 in 2018.
- Implant use increased from less than 0.5% of female users in 2008 to 7% in 2018. Numerically, the number of implant users increased more than 12-fold, from 18,738 in 2008 to 240,418 in 2018.

Use of moderately effective methods: The percentage of all female users relying on *moderately effective methods* decreased from 55% in 2008 to 41% in 2018 (***Exhibits A–9a***, ***A–9b***, and ***A–9c***).

- The pill, used by 37% of female users in 2008 and 24% in 2018, was the preferred method among female users in all years.
- Injectable contraception, used by 13% of female users in 2008 and 14% in 2018, was the third most used method, except in 2014 and 2015 when it was the second most used method.
- Use of the vaginal ring decreased from 3% of female users in 2008 to 2% in 2018, while the percentage using the contraceptive patch decreased from 2% in 2008 to 1% in 2018. In all years, less than 0.5% of female users relied on the cervical cap or diaphragm.

Use of less effective methods: The percentage of all female users relying on *less effective methods* was 18% in 2008 and 2018 (***Exhibits A–9a***, ***A–9b***, and ***A–9c***). Across the different methods in this category, there were small or no changes in the percentage of female users who relied on male condoms (15% in 2008 and 2018); withdrawal or other methods not listed in FPAR Table 7 (2% in 2008 and 2018); a FAM or LAM (less than 0.5% in 2008 and 1% in 2018); and all other less effective methods (less than 0.5% for each method in 2008 and 2018), including female condoms, contraceptive sponge, or spermicide.

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2018 (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	91,569	0	0	1	1,004	7,132	14,822	20,168	18,858	29,584
Intrauterine device	323,081	448	9,005	20,484	76,488	79,549	59,657	40,610	22,815	14,025
Hormonal implant	240,418	2,914	25,240	32,618	73,074	52,242	29,426	15,365	6,756	2,783
Hormonal injection	474,609[a]	6,344	52,202[a]	57,746[a]	114,709[a]	90,936[a]	65,263[a]	45,850[a]	25,348[a]	16,211[a]
Oral contraceptive	823,992	6,698	67,900	100,116	244,412	180,149	107,439	62,038	33,053	22,187
Contraceptive patch	46,384	487	4,069	5,294	13,542	10,679	6,564	3,554	1,579	616
Vaginal ring	66,968	177	2,628	4,941	18,572	20,040	12,565	5,307	1,905	833
Cervical cap or diaphragm	1,652	43	55	65	257	335	343	238	150	166
Contraceptive sponge	371	4	23	21	52	76	66	73	35	21
Female condom	3,782	45	195	268	733	718	545	432	377	469
Spermicide (used alone)	1,135	2	42	66	208	225	198	154	113	127
FAM or LAM[b]	17,320	103	471	939	3,522	4,018	2,966	2,204	1,426	1,671
Abstinence[c]	99,733	11,752	15,792	7,747	14,540	12,764	10,101	8,199	6,446	12,392
Withdrawal or other method[d]	81,486	561	3,192	5,208	17,460	17,192	13,248	9,792	6,200	8,633
Rely on Male Method										
Vasectomy	9,237	0	2	56	401	956	1,645	2,221	2,052	1,904
Male condom	533,079	2,337	27,291	47,606	138,339	120,595	79,330	52,574	33,443	31,564
No Method										
Pregnant/seeking pregnancy	279,025	457	8,411	22,322	78,168	77,786	52,229	28,552	9,193	1,907
Other reason	194,405	1,865	7,807	12,250	37,549	37,006	28,514	21,488	15,958	31,968
Method Unknown	158,258	4,689	10,145	11,256	29,610	27,605	20,767	16,903	12,278	25,005
Total Female Users	**3,446,504**	**38,926**	**234,470**	**329,004**	**862,640**	**740,003**	**505,688**	**335,722**	**197,985**	**202,066**
Using Most, Moderately, or Less Effective Method[e]	**2,715,083**	**20,163**	**192,315**	**275,429**	**702,773**	**584,842**	**394,077**	**260,580**	**154,110**	**130,794**
Most effective[e]	664,305	3,362	34,247	53,159	150,967	139,879	105,550	78,364	50,481	48,296
Moderately effective[e]	1,413,605	13,749	126,854	168,162	391,492	302,139	192,174	116,987	62,035	40,013
Less effective[e]	637,173	3,052	31,214	54,108	160,314	142,824	96,353	65,229	41,594	42,485
Abstinence	**99,733**	**11,752**	**15,792**	**7,747**	**14,540**	**12,764**	**10,101**	**8,199**	**6,446**	**12,392**
Not Using a Method	**473,430**	**2,322**	**16,218**	**34,572**	**115,717**	**114,792**	**80,743**	**50,040**	**25,151**	**33,875**
Method Unknown	**158,258**	**4,689**	**10,145**	**11,256**	**29,610**	**27,605**	**20,767**	**16,903**	**12,278**	**25,005**

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

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

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

[c] User refrained from oral, vaginal, and anal intercourse.

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the ***Field and Methodological Notes (Appendix C)***.

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2018 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	3%	0%	0%	0%†	0%†	1%	3%	6%	10%	15%
Intrauterine device	9%	1%	4%	6%	9%	11%	12%	12%	12%	7%
Hormonal implant	7%	7%	11%	10%	8%	7%	6%	5%	3%	1%
Hormonal injection	14%[a]	16%	22%[a]	18%[a]	13%[a]	12%[a]	13%[a]	14%[a]	13%[a]	8%[a]
Oral contraceptive	24%	17%	29%	30%	28%	24%	21%	18%	17%	11%
Contraceptive patch	1%	1%	2%	2%	2%	1%	1%	1%	1%	0%†
Vaginal ring	2%	0%†	1%	2%	2%	3%	2%	2%	1%	0%†
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM[b]	1%	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Abstinence[c]	3%	30%	7%	2%	2%	2%	2%	2%	3%	6%
Withdrawal or other method[d]	2%	1%	1%	2%	2%	2%	3%	3%	3%	4%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	15%	6%	12%	14%	16%	16%	16%	16%	17%	16%
No Method										
Pregnant/seeking pregnancy	8%	1%	4%	7%	9%	11%	10%	9%	5%	1%
Other reason	6%	5%	3%	4%	4%	5%	6%	6%	8%	16%
Method Unknown	5%	12%	4%	3%	3%	4%	4%	5%	6%	12%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[e]	**79%**	**52%**	**82%**	**84%**	**81%**	**79%**	**78%**	**78%**	**78%**	**65%**
Most effective[e]	19%	9%	15%	16%	18%	19%	21%	23%	25%	24%
Moderately effective[e]	41%	35%	54%	51%	45%	41%	38%	35%	31%	20%
Less effective[e]	18%	8%	13%	16%	19%	19%	19%	19%	21%	21%
Abstinence	**3%**	**30%**	**7%**	**2%**	**2%**	**2%**	**2%**	**2%**	**3%**	**6%**
Not Using a Method	**14%**	**6%**	**7%**	**11%**	**13%**	**16%**	**16%**	**15%**	**13%**	**17%**
Method Unknown	**5%**	**12%**	**4%**	**3%**	**3%**	**4%**	**4%**	**5%**	**6%**	**12%**

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

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

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

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

[c] User refrained from oral, vaginal, and anal intercourse.

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the ***Field and Methodological Notes (Appendix C)***.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2018 (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	91,569	6,836	7,903	9,832	17,529	8,946	13,500	4,870	1,531	18,777	1,845
Intrauterine device	323,081	22,445	42,209	28,911	29,111	32,921	24,099	10,851	16,920	97,540	18,074
Hormonal implant	240,418	14,005	21,688	25,208	32,625	22,033	21,250	7,349	9,794	74,977	11,489
Hormonal injection	474,609[a]	18,557	41,909	50,549[a]	112,628	51,766	50,379[a]	19,697	16,483	92,822[a]	19,819
Oral contraceptive	823,992	39,533	99,689	83,037	123,684	92,378	61,740	25,947	31,318	223,079	43,587
Contraceptive patch	46,384	1,935	7,869	4,708	3,923	4,219	2,573	757	598	16,626	3,176
Vaginal ring	66,968	3,275	8,850	6,684	6,105	8,230	3,997	1,495	3,872	19,461	4,999
Cervical cap or diaphragm	1,652	126	146	342	99	162	86	26	42	496	127
Contraceptive sponge	371	8	13	27	35	8	22	3	6	241	8
Female condom	3,782	77	241	935	881	163	149	108	53	1,149	26
Spermicide (used alone)	1,135	46	52	115	291	64	313	13	26	184	31
FAM or LAM[b]	17,320	562	1,501	876	6,893	518	1,888	499	275	4,018	290
Abstinence[c]	99,733	8,697	10,602	12,573	21,992	7,180	11,280	2,342	2,597	19,452	3,018
Withdrawal or other method[d]	81,486	3,973	9,417	4,888	22,708	5,592	12,842	1,437	1,548	11,197	7,884
Rely on Male Method											
Vasectomy	9,237	773	631	1,379	933	810	1,082	439	439	2,039	712
Male condom	533,079	22,545	67,338	51,222	59,935	49,165	38,519	12,655	10,640	208,211	12,849
No Method											
Pregnant/seeking pregnancy	279,025	11,712	35,897	20,734	62,237	26,416	30,980	9,548	6,950	63,054	11,497
Other reason	194,405	11,840	25,306	28,743	34,223	19,224	21,402	4,136	4,003	40,963	4,565
Method Unknown	158,258	4,376	5,523	72,400	34,949	18,330	3,166	2,423	306	16,406	379
Total Female Users	**3,446,504**	**171,321**	**386,784**	**403,163**	**570,781**	**348,125**	**299,267**	**104,595**	**107,401**	**910,692**	**144,375**
Using Most, Moderately, or Less Effective Method[e]	**2,715,083**	**134,696**	**309,456**	**268,713**	**417,380**	**276,975**	**232,439**	**86,146**	**93,545**	**770,817**	**124,916**
Most effective[e]	664,305	44,059	72,431	65,330	80,198	64,710	59,931	23,509	28,684	193,333	32,120
Moderately effective[e]	1,413,605	63,426	158,463	145,320	246,439	156,755	118,775	47,922	52,313	352,484	71,708
Less effective[e]	637,173	27,211	78,562	58,063	90,743	55,510	53,733	14,715	12,548	225,000	21,088
Abstinence	**99,733**	**8,697**	**10,602**	**12,573**	**21,992**	**7,180**	**11,280**	**2,342**	**2,597**	**19,452**	**3,018**
Not Using a Method	**473,430**	**23,552**	**61,203**	**49,477**	**96,460**	**45,640**	**52,382**	**13,684**	**10,953**	**104,017**	**16,062**
Method Unknown	**158,258**	**4,376**	**5,523**	**72,400**	**34,949**	**18,330**	**3,166**	**2,423**	**306**	**16,406**	**379**

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

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

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

[c] User refrained from oral, vaginal, and anal intercourse.

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the ***Field and Methodological Notes (Appendix C)***.

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2018 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	3%	4%	2%	2%	3%	3%	5%	5%	1%	2%	1%
Intrauterine device	9%	13%	11%	7%	5%	9%	8%	10%	16%	11%	13%
Hormonal implant	7%	8%	6%	6%	6%	6%	7%	7%	9%	8%	8%
Hormonal injection	14%[a]	11%	11%	13%[a]	20%	15%	17%[a]	19%	15%	10%[a]	14%
Oral contraceptive	24%	23%	26%	21%	22%	27%	21%	25%	29%	24%	30%
Contraceptive patch	1%	1%	2%	1%	1%	1%	1%	1%	1%	2%	2%
Vaginal ring	2%	2%	2%	2%	1%	2%	1%	1%	4%	2%	3%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM[b]	1%	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†
Abstinence[c]	3%	5%	3%	3%	4%	2%	4%	2%	2%	2%	2%
Withdrawal or other method[d]	2%	2%	2%	1%	4%	2%	4%	1%	1%	1%	5%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	15%	13%	17%	13%	11%	14%	13%	12%	10%	23%	9%
No Method											
Pregnant/seeking pregnancy	8%	7%	9%	5%	11%	8%	10%	9%	6%	7%	8%
Other reason	6%	7%	7%	7%	6%	6%	7%	4%	4%	4%	3%
Method Unknown	5%	3%	1%	18%	6%	5%	1%	2%	0%†	2%	0%†
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[e]	**79%**	**79%**	**80%**	**67%**	**73%**	**80%**	**78%**	**82%**	**87%**	**85%**	**87%**
Most effective[e]	19%	26%	19%	16%	14%	19%	20%	22%	27%	21%	22%
Moderately effective[e]	41%	37%	41%	36%	43%	45%	40%	46%	49%	39%	50%
Less effective[e]	18%	16%	20%	14%	16%	16%	18%	14%	12%	25%	15%
Abstinence	**3%**	**5%**	**3%**	**3%**	**4%**	**2%**	**4%**	**2%**	**2%**	**2%**	**2%**
Not Using a Method	**14%**	**14%**	**16%**	**12%**	**17%**	**13%**	**18%**	**13%**	**10%**	**11%**	**11%**
Method Unknown	**5%**	**3%**	**1%**	**18%**	**6%**	**5%**	**1%**	**2%**	**0%†**	**2%**	**0%†**

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

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

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

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

[c] User refrained from oral, vaginal, and anal intercourse.

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the ***Field and Methodological Notes (Appendix C)***.

† Percentage is less than 0.5%.

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

In 2018, grantees reported that 73% (358,742) of all male users adopted or continued use of a most, moderately, or less effective primary method at their last encounter in the reporting period. Eleven percent (52,002) of males used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (10%), and another 7% (36,918) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 9% (45,583) of male users (***Exhibits 22*** and ***23***).

- By **type of method**, nearly two-thirds (62%) of all male users relied on male condoms, followed by reliance on a female method (7%), withdrawal (3%), vasectomy (1%), and a FAM or LAM (1%) (***Exhibits 22*** and ***23***).
- By **age group**, from 13% (under 15) to 83% (20 to 24) of male users relied on a most, moderately, or less effective method. (***Exhibits 22*** and ***23***). The two leading methods by age group were as follows:
  - **Males under 15:** Male condoms (11%) and withdrawal or other methods not listed on FPAR Table 8 (1%)
  - **Males 15 to over 44:** Male condoms (36% to 74%) and reliance on a female method (3% to 10%)
- Other findings by age group were as follows:
  - Vasectomy prevalence was 1% to 3% among males 30 or over and less than 0.5% among males 20 to 29.
  - Between 2% (25 to 29 years) and 62% (<15 years) of male users were abstinent.
  - Nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among males under 20 or over 44 and 1% among males 20 to 44.
- By **region**, the percentage of males who exited the encounter with a most, moderately, or less effective method ranged from 49% (III) to 86% (IX) (***Exhibits 24*** and ***25***).
  - Male condoms, the leading method for males in all regions, were used by 39% (IV) to 80% (IX) of male users.
  - Reliance on a female method was the second most common primary method used by 4% to 16% of male users in all regions except Region II where use of withdrawal or other methods not listed on FPAR Table 8 was higher.
  - Nonuse of contraception because a partner was pregnant or seeking pregnancy ranged from less than 0.5% (II and IX) to 3% (VI).

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2018 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	3,933	0	0	0	78	333	653	867	808	1,194
Male condom	303,572	1,626	14,950	24,342	79,926	73,004	45,127	26,540	14,569	23,488
FAM or LAM[a]	3,417	10	53	182	616	662	496	446	297	655
Abstinence[b]	36,918	9,291	9,207	2,848	3,057	2,463	1,770	1,557	1,251	5,474
Withdrawal or other method[c]	12,915	203	517	622	2,264	2,417	1,835	1,486	1,071	2,500
Rely on female method[d]	34,905	138	876	1,752	6,555	6,927	5,200	4,091	2,938	6,428
No Method										
Partner pregnant/seeking pregnancy	3,967	2	69	151	785	1,036	896	519	266	243
Other reason	48,035	852	1,693	2,344	8,477	8,676	6,188	4,750	3,592	11,463
Method Unknown	45,583	2,950	2,554	2,154	5,958	6,311	5,151	4,175	3,220	13,110
Total Male Users	**493,245**	**15,072**	**29,919**	**34,395**	**107,716**	**101,829**	**67,316**	**44,431**	**28,012**	**64,555**
Using most, moderately, or less effective method[e]	**358,742**	**1,977**	**16,396**	**26,898**	**89,439**	**83,343**	**53,311**	**33,430**	**19,683**	**34,265**
Abstinence[b]	**36,918**	**9,291**	**9,207**	**2,848**	**3,057**	**2,463**	**1,770**	**1,557**	**1,251**	**5,474**
Not using a method	**52,002**	**854**	**1,762**	**2,495**	**9,262**	**9,712**	**7,084**	**5,269**	**3,858**	**11,706**
Method unknown	**45,583**	**2,950**	**2,554**	**2,154**	**5,958**	**6,311**	**5,151**	**4,175**	**3,220**	**13,110**

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

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

[b] User refrained from oral, vaginal, and anal intercourse.

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

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes (Appendix C)***.

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2018 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	1%	0%	0%	0%	0%†	0%†	1%	2%	3%	2%
Male condom	62%	11%	50%	71%	74%	72%	67%	60%	52%	36%
FAM or LAM[a]	1%	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Abstinence[b]	7%	62%	31%	8%	3%	2%	3%	4%	4%	8%
Withdrawal or other method[c]	3%	1%	2%	2%	2%	2%	3%	3%	4%	4%
Rely on female method[d]	7%	1%	3%	5%	6%	7%	8%	9%	10%	10%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	0%†	1%	1%	1%	1%	1%	0%†
Other reason	10%	6%	6%	7%	8%	9%	9%	11%	13%	18%
Method Unknown	9%	20%	9%	6%	6%	6%	8%	9%	11%	20%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using most, moderately, or less effective method[e]	**73%**	**13%**	**55%**	**78%**	**83%**	**82%**	**79%**	**75%**	**70%**	**53%**
Abstinence[b]	**7%**	**62%**	**31%**	**8%**	**3%**	**2%**	**3%**	**4%**	**4%**	**8%**
Not using a method	**11%**	**6%**	**6%**	**7%**	**9%**	**10%**	**11%**	**12%**	**14%**	**18%**
Method unknown	**9%**	**20%**	**9%**	**6%**	**6%**	**6%**	**8%**	**9%**	**11%**	**20%**

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

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

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

[b] User refrained from oral, vaginal, and anal intercourse.

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

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes (Appendix C)***.

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2018 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	3,933	234	157	298	707	450	285	91	456	828	427
Male condom	303,572	16,022	35,655	29,704	28,215	37,484	19,636	8,174	14,844	106,248	7,590
FAM or LAM[a]	3,417	25	65	29	1,402	21	1,316	23	12	513	11
Abstinence[b]	36,918	4,314	3,115	4,490	11,978	2,203	4,021	416	1,462	4,214	705
Withdrawal or other method[c]	12,915	752	1,659	1,017	3,641	832	833	309	475	1,948	1,449
Rely on female method[d]	34,905	2,818	1,133	2,904	9,125	4,333	3,693	1,148	3,860	5,140	751
No Method											
Partner pregnant/seeking pregnancy	3,967	189	176	420	892	314	903	91	267	647	68
Other reason	48,035	4,472	6,566	5,375	7,441	5,343	3,493	1,003	2,339	10,424	1,579
Method Unknown	45,583	1,041	1,661	25,432	8,042	3,975	660	1,078	32	3,402	260
Total Male Users	**493,245**	**29,867**	**50,187**	**69,669**	**71,443**	**54,955**	**34,840**	**12,333**	**23,747**	**133,364**	**12,840**
Using most, moderately, or less effective method[e]	**358,742**	**19,851**	**38,669**	**33,952**	**43,090**	**43,120**	**25,763**	**9,745**	**19,647**	**114,677**	**10,228**
Abstinence[b]	**36,918**	**4,314**	**3,115**	**4,490**	**11,978**	**2,203**	**4,021**	**416**	**1,462**	**4,214**	**705**
Not using a method	**52,002**	**4,661**	**6,742**	**5,795**	**8,333**	**5,657**	**4,396**	**1,094**	**2,606**	**11,071**	**1,647**
Method unknown	**45,583**	**1,041**	**1,661**	**25,432**	**8,042**	**3,975**	**660**	**1,078**	**32**	**3,402**	**260**

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

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

[b] User refrained from oral, vaginal, and anal intercourse.

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

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes (Appendix C)***.

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2018 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	1%	0%†	0%†	1%	1%	1%	1%	2%	1%	3%
Male condom	62%	54%	71%	43%	39%	68%	56%	66%	63%	80%	59%
FAM or LAM[a]	1%	0%†	0%†	0%†	2%	0%†	4%	0%†	0%†	0%†	0%†
Abstinence[b]	7%	14%	6%	6%	17%	4%	12%	3%	6%	3%	5%
Withdrawal or other method[c]	3%	3%	3%	1%	5%	2%	2%	3%	2%	1%	11%
Rely on female method[d]	7%	9%	2%	4%	13%	8%	11%	9%	16%	4%	6%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	0%†	1%	1%	1%	3%	1%	1%	0%†	1%
Other reason	10%	15%	13%	8%	10%	10%	10%	8%	10%	8%	12%
Method Unknown	9%	3%	3%	37%	11%	7%	2%	9%	0%†	3%	2%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using most, moderately, or less effective method[e]	**73%**	**66%**	**77%**	**49%**	**60%**	**78%**	**74%**	**79%**	**83%**	**86%**	**80%**
Abstinence[b]	**7%**	**14%**	**6%**	**6%**	**17%**	**4%**	**12%**	**3%**	**6%**	**3%**	**5%**
Not using a method	**11%**	**16%**	**13%**	**8%**	**12%**	**10%**	**13%**	**9%**	**11%**	**8%**	**13%**
Method unknown	**9%**	**3%**	**3%**	**37%**	**11%**	**7%**	**2%**	**9%**	**0%†**	**3%**	**2%**

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

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

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

[b] User refrained from oral, vaginal, and anal intercourse.

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

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

[e] ***Most effective*** methods include vasectomy, female sterilization, implant, and intrauterine device. ***Moderately effective*** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. ***Less effective*** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the ***Field and Methodological Notes (Appendix C)***.

† Percentage is less than 0.5%.

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

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

- Unduplicated number of female users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result according to the 2014 Bethesda System.[17] ASC or higher results include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms; and
- Number of Pap tests with an HSIL or higher result according to the 2014 Bethesda System.[17] HSIL or higher results include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms.

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

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

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

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

Squamous Cell Abnormalities—The 2014 Bethesda System[17] classifies squamous cell abnormalities into the following categories:

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

Glandular Cell Abnormalities—The 2014 Bethesda System[17] classifies glandular cell abnormalities into the following categories:

- **Atypical glandular cells (AGCs)** is a finding of abnormal cells that come from glands in the walls of the cervix. The presence of these abnormal cells may be a sign of more serious lesions or cancer.[18] The 2014 Bethesda System[17] subdivides AGCs into two categories:
  - AGC—endocervical, endometrial, or glandular cells—not otherwise specified
  - AGC—endocervical or glandular cells—favor neoplastic.
- **Endocervical adenocarcinoma in situ (AIS)** is a finding of abnormal cells found in the glandular tissue lining the endocervical canal. AIS may become cancer and spread to nearby normal tissue.[18]
- **Adenocarcinoma** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.[18]

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

CERVICAL AND BREAST CANCER SCREENING

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

Cervical Cancer Screening (Exhibit 26)

In 2018, Title X service sites provided Papanicolaou (Pap) testing to 18% (625,808) of female family planning users and performed 651,920 Pap tests (just over 1.0 test per female tested). Of the Pap tests performed, 14% had an indeterminate or abnormal result (i.e., atypical squamous cell [ASC] or higher result) requiring further evaluation and possible treatment, and 1% had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition (***Exhibit 26***).

By **region**, the percentage of total female users who received a Pap test ranged from 13% (V) to 26% (VI). From 12% (IV and VI) to 23% (X) of Pap tests had an ASC or higher result, and 1% of Pap tests in all regions had an HSIL or higher result.

See ***Exhibits A–10a*** and ***A–10b*** for trends (2008 through 2018) in cervical cancer screening.

Breast Cancer Screening (Exhibit 26)

In 2018, Title X service sites provided clinical breast exams (CBEs) to 24% (816,202) of female users and referred 6% (46,107) of those examined for further evaluation based on CBE results.

By **region**, from 12% (IX) to 37% (IV and VII) of female users received a CBE, and from 1% (VIII) to 13% (IX) of those examined were referred for further evaluation (***Exhibit 26***).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2018 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Female users tested											
Number[a]	625,808	25,639	76,654	68,393	124,817	45,629	78,183	24,332	20,173	139,357	22,631
Percentage[b]	18%	15%	20%	17%	22%	13%	26%	23%	19%	15%	16%
Tests performed											
Number	651,920	25,945	79,962	71,685	130,427	47,377	84,269	25,663	20,556	143,110	22,926
Tests per female tested	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.0	1.0	1.0
Tests with ASC or higher result											
Number	93,564	4,142	13,648	10,342	15,273	6,703	9,907	3,711	3,674	20,857	5,307
Percentage[c]	14%	16%	17%	14%	12%	14%	12%	14%	18%	15%	23%
Tests with HSIL or higher result											
Number	6,789	312	834	1,051	1,129	523	580	301	196	1,556	307
Percentage[c]	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Female users examined											
Number[a]	816,202	34,178	102,871	114,069	209,930	53,604	105,329	38,556	29,226	108,377	20,062
Percentage[b]	24%	20%	27%	28%	37%	15%	35%	37%	27%	12%	14%
Female users referred based on exam											
Number	46,107	1,414	3,379	9,064	6,494	2,895	6,194	1,935	337	13,892	503
Percentage[d]	6%	4%	3%	8%	3%	5%	6%	5%	1%	13%	3%

ASC=atypical squamous cells. **HSIL**=high-grade squamous epithelial lesion.

[a] Unduplicated number of female users.

[b] Denominator is the total unduplicated number of female users.

[c] Denominator is the total number of Pap tests performed.

[d] Denominator is the total unduplicated number of users examined.

SEXUALLY TRANSMITTED DISEASE TESTING

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

Chlamydia Testing (Exhibits 27 and 28)

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

In 2018, Title X service sites tested 53% (1.8 million) of all female users for chlamydia and 61% (900,603) of females under 25 (***Exhibits 27*** and ***28***).

- By **age group**, chlamydia testing rates were higher among females 15 to 24 (60% to 63%) than those under 15 (37%) or over 24 (46%) (***Exhibits 27*** and ***28***).
- By **region**, the chlamydia testing rate for females under 25 ranged from 43% (III) to 61% (IX) (***Exhibits 27*** and ***28***).
- By **state**, the chlamydia testing rate for females under 25 ranged from 7% to 84% (***Exhibit B–5***).

See ***Exhibits A–11a*** and ***A–11b*** for trends (2008 through 2018) in chlamydia testing.

Chlamydia Testing of Male Users. CDC recommends that providers consider screening young men for chlamydia in high-prevalence clinical settings (e.g., adolescent clinics, correctional facilities, and STD clinics) and in populations with a high burden of infection (e.g., men who have sex with men [MSM]). In addition, CDC recommends screening sexually active MSM at anatomic sites of contact (urethra and rectum) at least annually or more frequently (every 3 to 6 months) if at increased risk and sexually active men with HIV at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.[20]

In 2018, Title X service sites tested 68% (333,013) of all male users for chlamydia (***Exhibits 27*** and ***28***).

- By **age group**, rates of chlamydia testing were higher for males 18 to 19 (74%) and 20 to 24 (82%) and lower for males over 24 (66%), 15 to 17 (51%), and under 15 (15%).

- By **region**, Title X service sites tested between 42% (IV) and 82% (V and VII) of all male users for chlamydia.

Gonorrhea Testing (Exhibit 29)

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

In 2018, Title X service sites performed nearly 2.4 million gonorrhea tests, or an average of 5.8 gonorrhea tests for every 10 female users and 7.5 tests for every 10 male users. By region, the rate of gonorrhea testing ranged from 4.8 (III) to 6.5 (II) tests for every 10 female users and from 4.0 (IV) to 9.4 (V) tests for every 10 male users (***Exhibit 29***).

Syphilis Testing (Exhibit 29)

CDC recommends syphilis screening for sexually active MSM at least annually or more frequently based on subsequent behavior. CDC also recommends screening sexually active persons with HIV at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.[20]

In 2018, Title X service sites performed 752,288 syphilis tests, or an average of 1.6 syphilis tests for every 10 female users and 3.8 tests for every 10 male users. By region, the rate of syphilis testing ranged from 0.3 tests (VIII) to 2.8 tests (IV) for every 10 female users and from 2.0 tests (VIII) to 5.2 tests (VI) for every 10 male users (***Exhibit 29***).

Human Immunodeficiency Virus Testing (Exhibit 29)

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

In 2018, Title X service sites performed over 1.2 million confidential HIV tests, or an average of 2.7 confidential HIV tests for every 10 female users and 5.9 tests for every 10 male users. Of the confidential HIV tests performed, 2,699, or 2.2 tests per 1,000 tests performed, were positive for HIV. In addition, Title X sites performed 1,963 anonymous HIV tests. By region, the rate of HIV testing ranged from 1.3 test (X) to 3.6 tests (VI) for every 10 female users and from 2.7 tests (IV) to 7.6 tests (IX) for every 10 male users (***Exhibit 29***).

See ***Exhibits A–12a*** and ***A–12b*** for trends (2008 through 2018) in confidential HIV testing among female and male users.

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

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

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

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

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

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

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 39–40.

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2018 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	14,502	813	1,241	2,455	3,140	1,384	1,239	439	487	2,585	719
15 to 17	139,766	7,015	13,524	15,822	21,220	15,136	11,068	4,971	5,818	36,998	8,194
18 to 19	208,167	9,037	21,507	19,158	30,217	22,858	16,165	6,987	8,625	63,037	10,576
20 to 24	538,168	22,844	58,669	46,048	75,835	57,944	40,034	15,272	17,927	179,110	24,485
Over 24	908,945	43,646	117,211	88,872	147,310	86,963	75,770	23,967	17,267	276,942	30,997
Subtotal	**1,809,548**	**83,355**	**212,152**	**172,355**	**277,722**	**184,285**	**144,276**	**51,636**	**50,124**	**558,672**	**74,971**
Under 25[a]	**900,603**	**39,709**	**94,941**	**83,483**	**130,412**	**97,322**	**68,506**	**27,669**	**32,857**	**281,730**	**43,974**
Male Users											
Under 15	2,281	279	242	896	367	71	89	28	30	257	22
15 to 17	15,188	1,421	1,814	3,107	1,432	1,316	627	519	613	3,825	514
18 to 19	25,301	1,601	2,857	3,255	2,149	3,267	1,433	933	1,296	7,694	816
20 to 24	87,961	4,800	10,187	8,908	6,894	13,122	4,875	2,786	4,786	28,960	2,643
Over 24	202,282	11,438	19,128	22,874	18,922	27,508	12,829	5,787	10,509	66,957	6,330
Subtotal	**333,013**	**19,539**	**34,228**	**39,040**	**29,764**	**45,284**	**19,853**	**10,053**	**17,234**	**107,693**	**10,325**
All Users											
Under 15	16,783	1,092	1,483	3,351	3,507	1,455	1,328	467	517	2,842	741
15 to 17	154,954	8,436	15,338	18,929	22,652	16,452	11,695	5,490	6,431	40,823	8,708
18 to 19	233,468	10,638	24,364	22,413	32,366	26,125	17,598	7,920	9,921	70,731	11,392
20 to 24	626,129	27,644	68,856	54,956	82,729	71,066	44,909	18,058	22,713	208,070	27,128
Over 24	1,111,227	55,084	136,339	111,746	166,232	114,471	88,599	29,754	27,776	343,899	37,327
Total All Users	**2,142,561**	**102,894**	**246,380**	**211,395**	**307,486**	**229,569**	**164,129**	**61,689**	**67,358**	**666,365**	**85,296**

[a] The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active women 24 years or younger and for older (25 years or older) women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in sexually active women 24 years or younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening women whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2015]. Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, *64*[No. RR–3], 1–137 [see reference 20] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 21].)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2018 (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	37%	31%	36%	30%	35%	41%	41%	37%	35%	49%	48%
15 to 17	60%	50%	61%	51%	53%	58%	57%	59%	60%	73%	63%
18 to 19	63%	58%	64%	53%	58%	61%	57%	63%	64%	74%	66%
20 to 24	62%	58%	63%	53%	58%	60%	58%	60%	59%	71%	62%
Over 24	46%	44%	50%	37%	43%	47%	42%	41%	33%	54%	42%
Subtotal	**53%**	**49%**	**55%**	**43%**	**49%**	**53%**	**48%**	**49%**	**47%**	**61%**	**52%**
Under 25[a]	**61%**	**55%**	**62%**	**51%**	**57%**	**59%**	**57%**	**60%**	**59%**	**72%**	**63%**
Male Users											
Under 15	15%	22%	15%	20%	9%	12%	10%	23%	6%	20%	34%
15 to 17	51%	46%	47%	46%	31%	69%	34%	80%	49%	72%	77%
18 to 19	74%	72%	69%	66%	54%	86%	53%	85%	76%	87%	89%
20 to 24	82%	83%	80%	74%	66%	88%	67%	84%	82%	90%	88%
Over 24	66%	65%	69%	55%	39%	82%	58%	81%	73%	78%	77%
Subtotal	**68%**	**65%**	**68%**	**56%**	**42%**	**82%**	**57%**	**82%**	**73%**	**81%**	**80%**
All Users											
Under 15	31%	28%	30%	26%	27%	37%	34%	36%	28%	43%	48%
15 to 17	59%	50%	59%	50%	51%	59%	55%	61%	58%	73%	63%
18 to 19	64%	60%	64%	55%	58%	64%	57%	65%	65%	75%	67%
20 to 24	65%	61%	65%	55%	59%	64%	59%	63%	62%	73%	64%
Over 24	49%	47%	52%	40%	43%	52%	44%	45%	42%	57%	45%
Total All Users	**54%**	**51%**	**56%**	**45%**	**48%**	**57%**	**49%**	**53%**	**51%**	**64%**	**54%**

[a] The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active women 24 years or younger and for older (25 years or older) women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in sexually active women 24 years or younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening women whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2015]. Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, *64*[No. RR–3], 1–137 [see reference 20] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 21].)

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2018 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	2,004,847	100,317	252,075	193,748	314,224	223,130	164,505	57,576	60,827	556,631	81,814
Male	372,146	23,806	38,906	48,338	28,387	51,631	21,306	11,028	19,870	117,473	11,401
Total	**2,376,993**	**124,123**	**290,981**	**242,086**	**342,611**	**274,761**	**185,811**	**68,604**	**80,697**	**674,104**	**93,215**
Tests per 10 Users											
Female	5.8	5.9	6.5	4.8	5.5	6.4	5.5	5.5	5.7	6.1	5.7
Male	7.5	8.0	7.8	6.9	4.0	9.4	6.1	8.9	8.4	8.8	8.9
Total	**6.0**	**6.2**	**6.7**	**5.1**	**5.3**	**6.8**	**5.6**	**5.9**	**6.2**	**6.5**	**5.9**
Syphilis Tests											
Female	563,072	20,364	38,219	69,635	157,569	38,495	80,643	14,834	3,567	133,227	6,519
Male	189,216	10,552	15,395	31,075	18,526	17,728	17,978	3,907	4,850	64,838	4,367
Total	**752,288**	**30,916**	**53,614**	**100,710**	**176,095**	**56,223**	**98,621**	**18,741**	**8,417**	**198,065**	**10,886**
Tests per 10 Users											
Female	1.6	1.2	1.0	1.7	2.8	1.1	2.7	1.4	0.3	1.5	0.5
Male	3.8	3.5	3.1	4.5	2.6	3.2	5.2	3.2	2.0	4.9	3.4
Total	**1.9**	**1.5**	**1.2**	**2.1**	**2.7**	**1.4**	**3.0**	**1.6**	**0.6**	**1.9**	**0.7**
Confidential HIV Tests											
Female	946,231	40,092	125,397	101,910	157,495	93,474	108,676	22,656	14,948	262,768	18,815
Male	291,737	18,086	32,612	36,942	19,074	32,620	20,613	6,483	16,610	101,364	7,333
Total	**1,237,968**	**58,178**	**158,009**	**138,852**	**176,569**	**126,094**	**129,289**	**29,139**	**31,558**	**364,132**	**26,148**
Tests per 10 Users											
Female	2.7	2.3	3.2	2.5	2.8	2.7	3.6	2.2	1.4	2.9	1.3
Male	5.9	6.1	6.5	5.3	2.7	5.9	5.9	5.3	7.0	7.6	5.7
Total	**3.1**	**2.9**	**3.6**	**2.9**	**2.7**	**3.1**	**3.9**	**2.5**	**2.4**	**3.5**	**1.7**
Positive Test Results	2,699	133	396	533	259	168	418	61	66	595	70
Anonymous HIV Tests	1,963	0	38	428	3	1,048	0	100	0	323	23

STAFFING AND FAMILY PLANNING ENCOUNTERS

Clinical Services Provider Staffing (Exhibit 30)

Highly trained clinical services providers (CSPs) participate in the delivery of Title X-funded services. CSPs include physicians, physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and registered nurses with an expanded scope of practice ("other" CSPs) who are trained and permitted by state-specific regulations to perform exams and medical procedures, as described in the *Program Requirements for Title X Funded Family Planning Projects*[2] and the *QFP Recommendations*.[15]

In 2018, 3,595 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (***Exhibit 30***).

- By **CSP type**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 70% of total FTEs, followed by physicians (23%) and other CSPs (7%). On average, there were 3.0 midlevel clinician FTEs for every 1.0 physician FTE.
- By **region**, from 8% (V) to 31% (III) of total FTEs were physician FTEs, 62% (III) to 85% (VIII) were midlevel clinician FTEs, and 0% (VI, VII, and VIII) to 28% (V) were other CSP FTEs. There were from 2.0 (III) to 8.3 (V) midlevel clinician FTEs for every 1.0 physician FTE.

Family Planning Encounters (Exhibit 30)

In 2018, Title X service sites reported a total of 6.5 million family planning encounters, or an average of 1.6 encounters per user (***Exhibit 30***).

- By **type**, most family planning encounters (79%, or 5.1 million) were attended by a CSP, resulting in an average of 1.3 CSP encounters per user and 1,430 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
  - **Total encounters:** The average number of encounters per user ranged from 1.4 (X) to 1.8 (V and VII).
  - **CSP encounters:** The percentage of encounters that were attended by a CSP ranged from 60% (VI) to 92% (I). The number of CSP encounters per user ranged from 1.0 (VI) to 1.4 (I, II, III, and IX), and the number of CSP encounters per CSP FTE ranged from 669 (X) to 2,776 (IX).
  - **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 8% (I) to 40% (VI). The number of non-CSP encounters per user ranged from 0.1 (I) to 0.7 (VI).

Guidance for Reporting Encounter and Staffing Data in FPAR Table 13

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

- Number of full-time equivalent (FTE) family planning Clinical Services Providers by type of provider,
- Number of family planning encounters with Clinical Services Providers, and
- Number of family planning encounters with Other Services Providers.

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

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

Clinical Services Providers—Include physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.[11]

Other Services Providers—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) who offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*.[11] Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), in accordance with the *Program Guidelines*.[11]

Family Planning Encounter—A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or nonclinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record. Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education.

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a Clinical Services Provider and (2) family planning encounters with an Other Services Provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both Clinical and Other Services Providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or nonclinical assessment and care during the visit is credited with the encounter.

Full-Time Equivalent (FTE)—For each type of Clinical Services Provider, report the time in FTEs that these providers are involved in the direct provision of Title X-funded services (i.e., engaged in a family planning encounter). A full-time equivalent (FTE) of 1.0 describes staff who, individually or as a group, work the equivalent of full time for 1 year. Each agency defines the number of hours for "full-time" work and may define it differently for different positions.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 43–45.

Exhibit 30. Number and distribution of FTE CSP staff, by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2018 (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	836.7	50.2	78.3	222.0	209.0	24.8	41.3	25.1	12.6	104.1	69.4
PA/NP/CNM	2,514.0	132.5	208.3	438.6	584.0	206.0	156.5	74.1	73.8	429.1	211.1
Other CSP[a]	243.9	4.0	9.3	48.3	72.2	92.0	0.0	0.0	0.0	11.0	7.3
Total	**3,594.6**	**186.7**	**295.8**	**708.9**	**865.2**	**322.8**	**197.9**	**99.2**	**86.4**	**544.1**	**287.7**
Distribution of CSP FTEs											
Physician	23%	27%	26%	31%	24%	8%	21%	25%	15%	19%	24%
PA/NP/CNM	70%	71%	70%	62%	68%	64%	79%	75%	85%	79%	73%
Other CSP[a]	7%	2%	3%	7%	8%	28%	0%	0%	0%	2%	3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Midlevel to Physician FTE[b]	**3.0**	**2.6**	**2.7**	**2.0**	**2.8**	**8.3**	**3.8**	**3.0**	**5.9**	**4.1**	**3.0**
Number of FP Encounters											
With CSP	5,141,083	279,876	624,839	665,550	713,058	529,118	339,163	138,454	148,095	1,510,317	192,613
With other	1,331,384	24,752	65,739	103,317	407,203	178,442	221,742	67,801	58,643	173,358	30,387
Total	**6,472,467**	**304,628**	**690,578**	**768,867**	**1,120,261**	**707,560**	**560,905**	**206,255**	**206,738**	**1,683,675**	**223,000**
Distribution of FP Encounters											
With CSP	79%	92%	90%	87%	64%	75%	60%	67%	72%	90%	86%
With other	21%	8%	10%	13%	36%	25%	40%	33%	28%	10%	14%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters per User											
With CSP	1.3	1.4	1.4	1.4	1.1	1.3	1.0	1.2	1.1	1.4	1.2
With other	0.3	0.1	0.2	0.2	0.6	0.4	0.7	0.6	0.4	0.2	0.2
Total	**1.6**	**1.5**	**1.6**	**1.6**	**1.7**	**1.8**	**1.7**	**1.8**	**1.6**	**1.6**	**1.4**
CSP Encounters per CSP FTE	**1,430**	**1,499**	**2,112**	**939**	**824**	**1,639**	**1,714**	**1,396**	**1,714**	**2,776**	**669**

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

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

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

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

Guidance for Reporting Project Revenue in FPAR Table 14

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

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

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

- **Total Client Collections/Self-Pay ("Client Fees")**—Report the amount collected directly from clients during the reporting period for services provided within the scope of the grantee's Title X project.
- **Third-Party Payers**—For each third-party source listed, report the amount received (i.e., reimbursed) during the reporting period for services provided within the scope of the grantee's Title X project. Only revenue from prepaid (capitated) managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts) should be reported as prepaid. Revenues received after the date of service, even under managed care arrangements, should be reported as not prepaid.
  - **Medicaid/Title XIX**—Report the amount received from Medicaid (federal and state shares) during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was paid directly by Medicaid or through a fiscal intermediary or a health maintenance organization (HMO). For example, in states with a capitated Medicaid program (i.e., the grantee has a contract with a private plan like Blue Cross), the payer is Medicaid, even though the actual payment may come from Blue Cross. Include revenue from family planning waivers (both federal and state shares) in Row 3a, Column B. If the amount reported in Row 3a, Column B includes family planning waiver revenue, indicate this in the **Table 14** "Note" field.
  - **Medicare/Title XVIII**—Report the amount received from Medicare during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was paid directly by Medicare or through a fiscal intermediary or an HMO. For clients enrolled in a capitated Medicare program (i.e., where the grantee has a contract with a private plan like Blue Cross), the payer is Medicare, even though the actual payment may come from Blue Cross.
  - **Children's Health Insurance Program (CHIP)**—Report the amount of funds received during the reporting period from CHIP for services provided within the scope of the grantee's Title X project. If the grantee is unable to report CHIP revenue separately from Medicaid (Row 3a), indicate this in the **Table 14** "Note" field.
  - **Other Public Health Insurance**—Report the amount reimbursed by other federal, state, or local government health insurance programs during the reporting period for services provided within the scope of the grantee's Title X project. Other public health insurance programs include state or local government programs that provide a broad set of benefits and public-paid or public-subsidized private insurance programs.
  - **Private Health Insurance**—Report the amount of funds received from private third-party health insurance plans during the reporting period for services provided within the scope of the grantee's Title X project. Private health insurance includes plans obtained through an employer, union, or direct purchase, including insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA) that provide a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

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

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

(continued)

REVENUE

In 2018, Title X grantees reported total program revenue of $1.3 billion to support the delivery of Title X-funded family planning and related preventive health care. The major sources of revenue—Medicaid and the Children's Health Insurance Program (CHIP) combined ($521.7 million) and Title X ($255.9 million)—accounted for 39% and 19%, respectively, of total revenue. Revenue from private third-party payers ($147.3 million), state governments ($134.3 million), client service fees ($54.7 million), and local governments ($43.6 million) each accounted for 3% to 11% of total revenue, while all other sources each contributed 1% or less (***Exhibit 31***).

Title X Services Grant

Revenue from Title X accounted for 19% ($255.9 million) of total national revenue and between 9% (IX) and 37% (VII) of total regional revenue. Title X was the largest source of revenue in four regions (I, VI, VII, and VIII) and the second largest source after Medicaid in four others (III, IV, V, and IX) (***Exhibits 32*** and ***33***).

Payment for Services: Client Fees

Revenue from client service fees accounted for 4% ($54.7 million) of total revenue and between 3% (VI and IX) and 9% (VIII) of total regional revenue (***Exhibits 32*** and ***33***).

Payment for Services: Third-Party Payers

In 2018, revenue from third-party payers was 52% ($688.2 million) of total revenue, with Medicaid/CHIP accounting for most (76%) of this amount.

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 39% ($520.0 million) of total revenue, and separately reported CHIP revenue accounted for less than 0.5% ($1.7 million) of total revenue. Together, these two sources totaled $521.7 million, or 39% of total 2018 revenue.

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

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

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

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

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

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

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 47–49.

By region, Medicaid and CHIP revenue combined accounted for 12% (VII) to 67% (IX) of total regional revenue. Medicaid was the largest source (30% to 67%) of regional revenue in six regions (II, III, IV, V, IX, and X) (***Exhibits 32*** and ***33***). Medicaid revenue reported by grantees in 25 states included revenue from federally approved Medicaid family planning eligibility expansions. (See the FPAR Table 14 notes in ***Appendix C: Field and Methodological Notes*** for a list of states.)

Medicare and Other Public. Revenue from Medicare ($7.2 million) and other public third-party payers ($12.1 million) together accounted for 1% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers ranged from less than 0.5% (VIII, IX, and X) to 6% (I and VI) (***Exhibits 32*** and ***33***).

Private. Revenue from private third-party payers ($147.3 million) accounted for 11% of total national revenue and between 5% (IV) and 23% (I) of total regional revenue. Private third-party payer revenue was the second most important revenue source in four regions (I, VII, VIII, and X) and the third most important source in three others (III, V, and IX) (***Exhibits 32*** and ***33***).

Other Revenue

Block Grants and Temporary Assistance for Needy Families (TANF). Revenue from the Title V Maternal and Child Health (MCH) block grant ($17.5 million), the Title XX Social Services block grant ($6.0 million), and TANF ($5.1 million) each accounted for 1% or less of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged from 0% to 2% of total regional revenues. While all regions reported some revenue from the MCH block grant, six reported revenue from the Social Services block grant (I, II, III, V, VIII, and IX) and four reported revenue from TANF (I, IV, V, and VIII) (***Exhibits 32*** and ***33***).

State Governments. State government revenue accounted for 10% ($134.3 million) of total national revenue and from less than 0.5% (VII) to 27% (VI) of total regional revenue. State government revenue was the second largest source of regional revenue in Regions II and VI (***Exhibits 32*** and ***33***).

Local Governments. Local government revenue accounted for 3% ($43.6 million) of total national revenue and from less than 0.5% (I and III) to 12% (IV and VIII) of total regional revenue. Local government revenue was the third largest source of regional revenue in Region IV (***Exhibits 32*** and ***33***).

Bureau of Primary Health Care. Revenue from the Health Resources Services Administration Bureau of Primary Health Care (BPHC) accounted for 1% ($19.2 million) of total national revenue. Region VIII reported no BPHC revenue, while nine other regions reported BPHC revenue ranging from less than 0.5% (I, II, III, IV, and VI) to 8% (V) of total regional revenue (***Exhibits 32*** and ***33***).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2018 (Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	**$255,902,324**	**19%**
Payment for Services		
Client fees	$54,674,193	4%
Third-party payers[a]		
Medicaid[b]	$519,967,258	39%
Children's Health Insurance Program	$1,711,969	0%†
Medicare	$7,168,217	1%
Other public	$12,052,800	1%
Private	$147,295,805	11%
Subtotal	**$742,870,242**	**56%**
Other Revenue		
Maternal and Child Health block grant	$17,488,306	1%
Social Services block grant	$5,972,937	0%†
Temporary Assistance for Needy Families	$5,136,717	0%†
State government	$134,279,658	10%
Local government	$43,605,003	3%
Bureau of Primary Health Care	$19,194,743	1%
Other[c]	$96,775,567	7%
Subtotal	**$322,452,931**	**24%**
Total Revenue	**$1,321,225,497**	**100%**
Total Revenue per User	**$335**	**—**
Total Revenue per Encounter	**$204**	**—**

— Not applicable.

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 25 states in all 10 HHS regions. See Table 14 comments in the ***Field and Methodological Notes (Appendix C)*** for a list of states by region.

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

† Percentage is less than 0.5%.

All Other Revenue. Finally, 7% ($96.8 million) of total revenue came from a combination of all other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 2% (I, III, and IV) to 16% (VII) of total regional revenue (***Exhibits 32*** and ***33***). See the notes for FPAR Table 14 in ***Appendix C: Field and Methodological Notes*** for a list of other revenue sources.

Revenue per User and Encounter

On average, in 2018 grantees reported $335 in program revenue per family planning user served or $204 per family planning encounter. By region, revenue per user ranged from $219 (III) to $464 (X), and revenue per encounter ranged from $134 (III) to $327 (X) (***Exhibit 32***).

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2018 (Source: FPAR Table 14)

Revenue Source	All Regions ($)	Region I ($)	Region II ($)	Region III ($)	Region IV ($)	Region V ($)	Region VI ($)	Region VII ($)	Region VIII ($)	Region IX ($)	Region X ($)
Title X	**$255,902,324**	**$14,844,246**	**$31,156,902**	**$27,999,018**	**$48,867,226**	**$36,962,569**	**$30,904,588**	**$13,684,410**	**$10,886,733**	**$31,938,302**	**$8,658,330**
Payment for Services											
Client fees	$54,674,193	$2,343,046	$8,392,899	$3,949,898	$8,998,876	$8,555,793	$2,666,597	$2,437,574	$3,698,127	$9,848,127	$3,783,256
Third-party payers[a]											
Medicaid[b]	$519,967,258	$12,954,961	$63,094,245	$34,895,317	$53,439,549	$51,133,868	$16,613,222	$4,503,766	$5,389,532	$250,334,799	$27,607,999
CHIP	$1,711,969	$24,483	$332,383	$271,386	$79,154	$700,576	$165,904	$51,636	$86,447	$0	$0
Medicare	$7,168,217	$390,487	$831,122	$1,320,348	$1,230,255	$2,525,099	$96,541	$159,668	$40,448	$494,325	$79,924
Other public[c]	$12,052,800	$3,100,296	$249,140	$1,810,840	$33,457	$111,324	$6,134,992	$140,095	$23,205	$380,075	$69,376
Private	$147,295,805	$13,116,387	$23,896,957	$15,654,082	$8,658,581	$27,027,418	$7,872,071	$7,725,352	$7,236,317	$21,588,045	$14,520,595
Subtotal	**$742,870,242**	**$31,929,660**	**$96,796,746**	**$57,901,871**	**$72,439,872**	**$90,054,078**	**$33,549,327**	**$15,018,091**	**$16,474,076**	**$282,645,371**	**$46,061,150**
Other Revenue											
MCH block grant	$17,488,306	$15,085	$4,272,857	$2,399,109	$3,452,662	$3,698,524	$1,182,511	$172,308	$239,814	$1,617,436	$438,000
SS block grant	$5,972,937	$1,038,924	$1,365,007	$2,431,396	$0	$1,072,882	$0	$0	$42,151	$22,577	$0
TANF	$5,136,717	$182,576	$0	$0	$3,277,253	$1,673,646	$0	$0	$3,242	$0	$0
State government	$134,279,658	$6,641,057	$46,846,843	$10,047,310	$18,782,435	$6,779,937	$28,019,186	$107,799	$3,145,826	$2,932,768	$10,976,497
Local government	$43,605,003	$1,600	$1,806,037	$261,266	$21,346,256	$4,528,479	$5,186,726	$345,638	$4,683,892	$1,889,158	$3,555,951
BPHC	$19,194,743	$123,426	$329,697	$162,640	$135,354	$12,727,573	$326,548	$1,932,810	$0	$2,989,867	$466,828
Other[d]	$96,775,567	$1,233,535	$10,757,284	$2,181,682	$4,110,279	$10,488,500	$6,310,974	$5,931,681	$4,565,604	$48,339,218	$2,856,810
Subtotal	**$322,452,931**	**$9,236,203**	**$65,377,725**	**$17,483,403**	**$51,104,239**	**$40,969,541**	**$41,025,945**	**$8,490,236**	**$12,680,529**	**$57,791,024**	**$18,294,086**
Total Revenue	**$1,321,225,497**	**$56,010,109**	**$193,331,373**	**$103,384,292**	**$172,411,337**	**$167,986,188**	**$105,479,860**	**$37,192,737**	**$40,041,338**	**$372,374,697**	**$73,013,566**
Total Revenue per User	**$335**	**$278**	**$442**	**$219**	**$268**	**$417**	**$316**	**$318**	**$305**	**$357**	**$464**
Total Revenue per Encounter	**$204**	**$184**	**$280**	**$134**	**$154**	**$237**	**$188**	**$180**	**$194**	**$221**	**$327**

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

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 25 states in all 10 HHS regions. See Table 14 comments in the ***Field and Methodological Notes (Appendix C)*** for a list of states by region.

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

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

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2018 (Source: FPAR Table 14)

Revenue Source	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Title X	**19%**	**27%**	**16%**	**27%**	**28%**	**22%**	**29%**	**37%**	**27%**	**9%**	**12%**
Payment for Services											
Client fees	4%	4%	4%	4%	5%	5%	3%	7%	9%	3%	5%
Third-party payers[a]											
Medicaid[b]	39%	23%	33%	34%	31%	30%	16%	12%	13%	67%	38%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%
Medicare	1%	1%	0%†	1%	1%	2%	0%†	0%†	0%†	0%†	0%†
Other public[c]	1%	6%	0%†	2%	0%†	0%†	6%	0%†	0%†	0%†	0%†
Private	11%	23%	12%	15%	5%	16%	7%	21%	18%	6%	20%
Subtotal	**56%**	**57%**	**50%**	**56%**	**42%**	**54%**	**32%**	**40%**	**41%**	**76%**	**63%**
Other Revenue											
MCH block grant	1%	0%†	2%	2%	2%	2%	1%	0%†	1%	0%†	1%
SS block grant	0%†	2%	1%	2%	0%	1%	0%	0%	0%†	0%†	0%
TANF	0%†	0%†	0%	0%	2%	1%	0%	0%	0%†	0%	0%
State government	10%	12%	24%	10%	11%	4%	27%	0%†	8%	1%	15%
Local government	3%	0%†	1%	0%†	12%	3%	5%	1%	12%	1%	5%
BPHC	1%	0%†	0%†	0%†	0%†	8%	0%†	5%	0%	1%	1%
Other[d]	7%	2%	6%	2%	2%	6%	6%	16%	11%	13%	4%
Subtotal	**24%**	**16%**	**34%**	**17%**	**30%**	**24%**	**39%**	**23%**	**32%**	**16%**	**25%**
Total Revenue	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 25 states in all 10 HHS regions. See Table 14 comments in the ***Field and Methodological Notes (Appendix C)*** for a list of states by region.

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

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

† Percentage is less than 0.5%.

Revenue Trends: 2008 vs. 2018

Compared with 2008, in 2018, inflation-adjusted (constant 2018 dollars)[22] total revenue decreased 18% (by $291.7 million), from $1.6 billion in 2008 to $1.3 billion in 2018 (***Exhibit A–13a***). During this period, an increase of $111.8 million in revenue from three sources was too low to offset losses totaling $403.5 million from all other sources.

Between 2008 and 2018, the *increase* ($111.8 million) in revenue from each of these sources was as follows:

- **Private third-party payer** revenue increased 145%, or by $87.3 million, between 2008 ($60.0 million) and 2018 ($147.3 million) (not shown).
- **Medicare and other public third-party payer** revenue increased 208%, or by $13.0 million, between 2008 ($6.2 million) and 2018 ($19.2 million) (not shown).
- **Revenue from multiple "other" sources** increased 11%, or by $11.5 million, between 2008 ($104.4 million) and 2018 ($116.0 million) (not shown).

Between 2008 and 2018, the *decline* ($403.5 million) in revenue from each of these sources was as follows:

- **Title X** revenue decreased 26%, or by $89.9 million, between 2008 ($345.8 million) and 2018 ($255.9 million) (***Exhibit A–13a***).
- **Local government** revenue decreased 68%, or by $91.3 million, between 2008 ($134.9 million) and 2018 ($43.6 million) (not shown).
- **Client service fees** revenue decreased 57%, or by $71.2 million, between 2008 ($125.9 million) and 2018 ($54.7 million) (not shown).
- **State government** revenue decreased 32%, or by $62.0 million, between 2008 ($196.3 million) and 2018 ($134.3 million) (not shown).
- **Block grant** revenue decreased 65%, or by $43.6 million, between 2008 ($67.1 million) and 2018 ($23.5 million) (not shown).
- **TANF** revenue decreased 83%, or by $24.6 million, between 2008 ($29.7 million) and 2018 ($5.1 million) (not shown).
- **Medicaid and CHIP** revenue combined decreased 4%, or by $20.9 million, between 2008 ($542.6 million) and 2018 ($521.7 million) (***Exhibit A–13a***).

Since 2008, the composition of total revenue across major sources has changed. As a percentage of total revenue, Medicaid and CHIP revenue combined grew from 34% (2008) to 39% (2018) (see ***Exhibit A–14a)***, Title X revenue decreased from 21% to 19% (see ***Exhibit A–14a)***, private third-party revenue increased from 4% to 11% (not shown), and state and local government revenue decreased from 21% to 13% (not shown). The share of total revenue from all other sources combined decreased from 21% to 17% (***Exhibit A–14c***). See ***Exhibits A–13a*** through ***A–13e*** for trends (2008 through 2018) in actual and inflation-adjusted (constant 2018 dollars)[22] total, Title X, and Medicaid revenue.

4 References

1. *Title X of the Public Health Service Act, 42 U.S. Code 300 et seq*. (1970). Retrieved from https://www.hhs.gov/opa/sites/default/files/title-x-statute-attachment-a_0.pdf

2. Office of Population Affairs. (2014). *Program requirements for Title X funded family planning projects (Version 1.0).* Retrieved from https://www.hhs.gov/opa/sites/default/files/ogc-cleared-final-april.pdf

3. 42 Code of Federal Regulations (CFR) Part 59 Subpart A. (2000, July 3). *Project grants for family planning services*. Retrieved from https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6

4. Frost, J. J. (2013). *U.S. women's use of sexual and reproductive health services: Trends, sources of care and factors associated with use, 1995–2010*. New York: Guttmacher Institute. Retrieved from https://www.guttmacher.org/pubs/sources-of-care-2013.pdf

5. Office of Population Affairs. (2019). *Title X funding history.* Retrieved from https://www.hhs.gov/opa/about-opa-and-initiatives/funding-history/

6. Office of Population Affairs. (2016). *Family planning annual report: Forms and instructions (Reissued October 2016)*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health/Office, Office of Population Affairs. Retrieved from https://www.hhs.gov/opa/sites/default/files/fpar-forms-instructions-reissued-oct-2016.pdf

7. 45 Code of Federal Regulations (CFR) Part 75. (2016, October 1). *Uniform administrative requirements, cost principles, and audit requirements for HHS awards.* Retrieved from https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=88c2f29440664f74c9444e7ff44bab5a&mc=true&n=pt45.1.75&r=PART&ty=HTML

8. U.S. Department of Health and Human Services. (2018). *2018 poverty guidelines, U.S. federal poverty guidelines used to determine financial eligibility for certain federal programs*. Retrieved from https://aspe.hhs.gov/2018-poverty-guidelines

9. Terlizzi, E. P., Cohen, R. A. Zammitti, E. P., & Martinez, M. E. (2019). *Health insurance coverage: Early release of estimates from the National Health*

Interview Survey, 2018. Retrieved from https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201902.pdf

10. Office of Management and Budget. (1997). Revisions to the standards for the classification of federal data on race and ethnicity, October 30, 1997. *Federal Register Notice.* Retrieved from https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf

11. The Title X Family Planning Program Guidelines consist of two documents: (1) *Program requirements for Title X funded family planning projects (“Program Requirements”)* and (2) clinical recommendations as outlined in *Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs (“QFP”), and in updates (2015 and 2017) to the Recommendations.* Retrieved from https://www.hhs.gov/opa/guidelines/program-guidelines/index.html

12. U.S. Department of Health and Human Services. (2003). Guidance to federal financial assistance recipients regarding Title VI prohibition against national origin discrimination affecting limited English proficient persons (“Revised HHS LEP guidance”). *Federal Register, 68*(153), 47311–47323. Retrieved from https://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html

13. Kennedy, K. I., & Trussell, J. (2011). Postpartum contraception and lactation. In R. A. Hatcher, J. Trussell, A. L. Nelson, W. Cates, D. Kowal, & M. S. Policar (Eds.), *Contraceptive technology* (20th ed., pp. 483–511). New York, NY: Ardent Media.

14. Centers for Disease Control and Prevention. (2017). Sexual risk behaviors can lead to HIV, STDs & teen pregnancy. Retrieved from https://www.cdc.gov/healthyyouth/sexualbehaviors/

15. Centers for Disease Control and Prevention and the U.S. Office of Population Affairs. (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR, 63*(4), 1–54. Retrieved from https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf. For the 2015 update to the Recommendations, see Gavin, L., & Pazol, K. (2016). Update: Providing quality family planning services–Recommendations from CDC and the U.S. Office of Population Affairs, 2015. *MMWR, 65*(9), 231–234. Retrieved from https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6509a3.pdf. For the 2017 update to the Recommendations, see Gavin, L., Pazol, K., & Ahrens, K. (2017). Update: Providing quality family planning services–Recommendations from CDC and the U.S. Office of Population Affairs, 2017. *MMWR, 66*(50), 1383–1385. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6650a4-H.pdf

16. Trussell, J. (2011). Chapter 26: Contraceptive: Efficacy. In R. A. Hatcher, J. Trussell, A. L. Nelson, W. Cates, D. Kowal, & M. S. Policar (Eds.), *Contraceptive technology* (20th ed.). New York, NY: Ardent Media, Inc.

17. Nayar, R., & Wilbur, D. C. (2015). The Pap test and Bethesda 2014. *Acta Cytologica 29,* 121–132. Retrieved from https://www.karger.com/Article/Pdf/381842

18. National Cancer Institute. (2019). *NCI dictionary of cancer terms.* Retrieved from https://www.cancer.gov/publications/dictionaries/cancer-terms

19. Centers for Disease Control and Prevention. (2018). *Sexually transmitted disease surveillance 2017.* Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf

20. Centers for Disease Control and Prevention. (2015). Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, *64*(RR-3), 1–137. Retrieved from https://www.cdc.gov/std/tg2015/tg-2015-print.pdf and Centers for Disease Control and Prevention. (2016). Screening recommendations and considerations referenced in treatment guidelines and original sources. Retrieved from https://www.cdc.gov/std/tg2015/screening-recommendations.htm

21. U.S. Preventive Services Task Force. (2014). *Gonorrhea and chlamydia: Screening.* Retrieved from https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening

22. U.S. Department of Labor, Bureau of Labor Statistics (BLS). (n.d.). *Consumer price index: Series ID. CUUR0000SAM*. Retrieved from https://data.bls.gov/cgi-bin/srgate

23. Henry J. Kaiser Family Foundation. (2019, February 13). Status of state action on the Medicaid expansion decision. Retrieved from https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

24. Bayer HealthCare Pharmaceuticals, Inc. (2018). Skyla: Highlights of prescribing information. Retrieved from http://labeling.bayerhealthcare.com/html/products/pi/Skyla_PI.pdf#IUDEfficacy

25. Bayer HealthCare Pharmaceuticals, Inc. (2018). Important safety information about Kyleena. Retrieved from https://hcp.kyleena-us.com/about-kyleena/efficacy/

26. Allergan USA, Inc. (2017). Liletta: Highlights of prescribing information. Retrieved from https://www.allergan.com/assets/pdf/lilettashi_pi

Appendix A

National Trend Exhibits

Exhibit A–1a. **Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2008–2018**

Region	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Grantees											
I	10	10	10	11	11	11	12	11	11	11	12
II	7	7	7	7	7	6	6	6	6	6	8
III	9	9	9	9	9	10	10	10	10	10	12
IV	10	10	10	10	13	13	14	10	9	9	11
V	11	11	12	12	11	11	10	12	11	11	13
VI	8	8	6	6	6	7	6	6	7	6	8
VII	5	5	5	5	5	5	5	5	5	5	5
VIII	6	6	6	6	6	6	6	6	6	6	6
IX	15	16	16	17	17	18	17	17	18	17	18
X	7	7	8	8	8	8	8	8	8	8	6
Total	**88**	**89**	**89**	**91**	**93**	**95**	**94**	**91**	**91**	**89**	**99**
Subrecipients											
I	70	69	71	72	67	66	67	71	69	68	75
II	91	89	82	80	75	71	70	70	68	68	72
III	222	222	218	230	265	271	258	316	223	225	218
IV	185	190	188	183	184	214	253	226	281	277	267
V	146	136	130	135	129	133	120	122	118	113	131
VI	95	94	90	79	78	90	45	47	41	39	48
VII	107	107	105	106	101	97	93	94	92	91	93
VIII	78	73	74	74	75	74	74	74	68	69	68
IX	112	116	104	121	113	105	95	102	99	85	89
X	64	61	60	62	61	60	59	59	58	56	67
Total	**1,170**	**1,157**	**1,122**	**1,142**	**1,148**	**1,181**	**1,134**	**1,181**	**1,117**	**1,091**	**1,128**
Service Sites											
I	233	230	221	228	238	225	233	224	225	221	242
II	292	296	272	263	253	256	251	247	244	244	241
III	651	656	641	639	633	627	615	648	640	653	626
IV	1,093	1,104	1,091	1,076	1,044	1,019	1,183	936	914	912	900
V	410	373	371	392	364	362	340	383	374	365	388
VI	571	588	580	553	521	571	442	457	425	415	468
VII	294	296	289	267	251	242	223	218	221	210	202
VIII	190	185	184	179	185	182	182	177	180	162	170
IX	508	501	495	539	474	460	441	461	469	465	478
X	280	286	245	246	226	224	217	200	206	211	239
Total	**4,522**	**4,515**	**4,389**	**4,382**	**4,189**	**4,168**	**4,127**	**3,951**	**3,898**	**3,858**	**3,954**

Exhibit A–1b. Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2008–2018

Region	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Grantees											
I	11%	11%	11%	12%	12%	12%	13%	12%	12%	12%	12%
II	8%	8%	8%	8%	8%	6%	6%	7%	7%	7%	8%
III	10%	10%	10%	10%	10%	11%	11%	11%	11%	11%	12%
IV	11%	11%	11%	11%	14%	14%	15%	11%	10%	10%	11%
V	13%	12%	13%	13%	12%	12%	11%	13%	12%	12%	13%
VI	9%	9%	7%	7%	6%	7%	6%	7%	8%	7%	8%
VII	6%	6%	6%	5%	5%	5%	5%	5%	5%	6%	5%
VIII	7%	7%	7%	7%	6%	6%	6%	7%	7%	7%	6%
IX	17%	18%	18%	19%	18%	19%	18%	19%	20%	19%	18%
X	8%	8%	9%	9%	9%	8%	9%	9%	9%	9%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	7%
II	8%	8%	7%	7%	7%	6%	6%	6%	6%	6%	6%
III	19%	19%	19%	20%	23%	23%	23%	27%	20%	21%	19%
IV	16%	16%	17%	16%	16%	18%	22%	19%	25%	25%	24%
V	12%	12%	12%	12%	11%	11%	11%	10%	11%	10%	12%
VI	8%	8%	8%	7%	7%	8%	4%	4%	4%	4%	4%
VII	9%	9%	9%	9%	9%	8%	8%	8%	8%	8%	8%
VIII	7%	6%	7%	6%	7%	6%	7%	6%	6%	6%	6%
IX	10%	10%	9%	11%	10%	9%	8%	9%	9%	8%	8%
X	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Service Sites											
I	5%	5%	5%	5%	6%	5%	6%	6%	6%	6%	6%
II	6%	7%	6%	6%	6%	6%	6%	6%	6%	6%	6%
III	14%	15%	15%	15%	15%	15%	15%	16%	16%	17%	16%
IV	24%	24%	25%	25%	25%	24%	29%	24%	23%	24%	23%
V	9%	8%	8%	9%	9%	9%	8%	10%	10%	9%	10%
VI	13%	13%	13%	13%	12%	14%	11%	12%	11%	11%	12%
VII	7%	7%	7%	6%	6%	6%	5%	6%	6%	5%	5%
VIII	4%	4%	4%	4%	4%	4%	4%	4%	5%	4%	4%
IX	11%	11%	11%	12%	11%	11%	11%	12%	12%	12%	12%
X	6%	6%	6%	6%	5%	5%	5%	5%	5%	5%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–1c. **Number of Title X-funded service sites and users per service site, by year: 2008–2018**

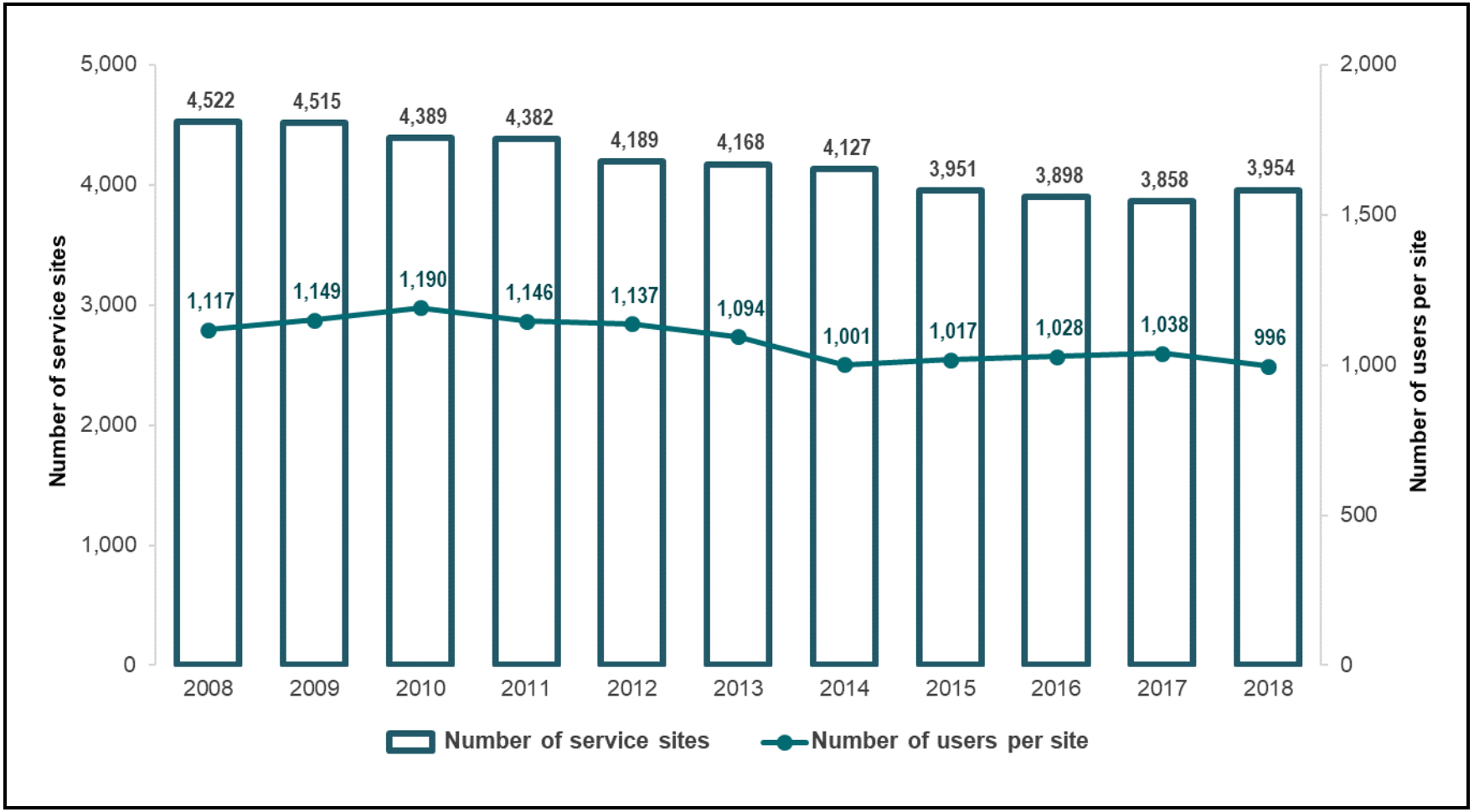

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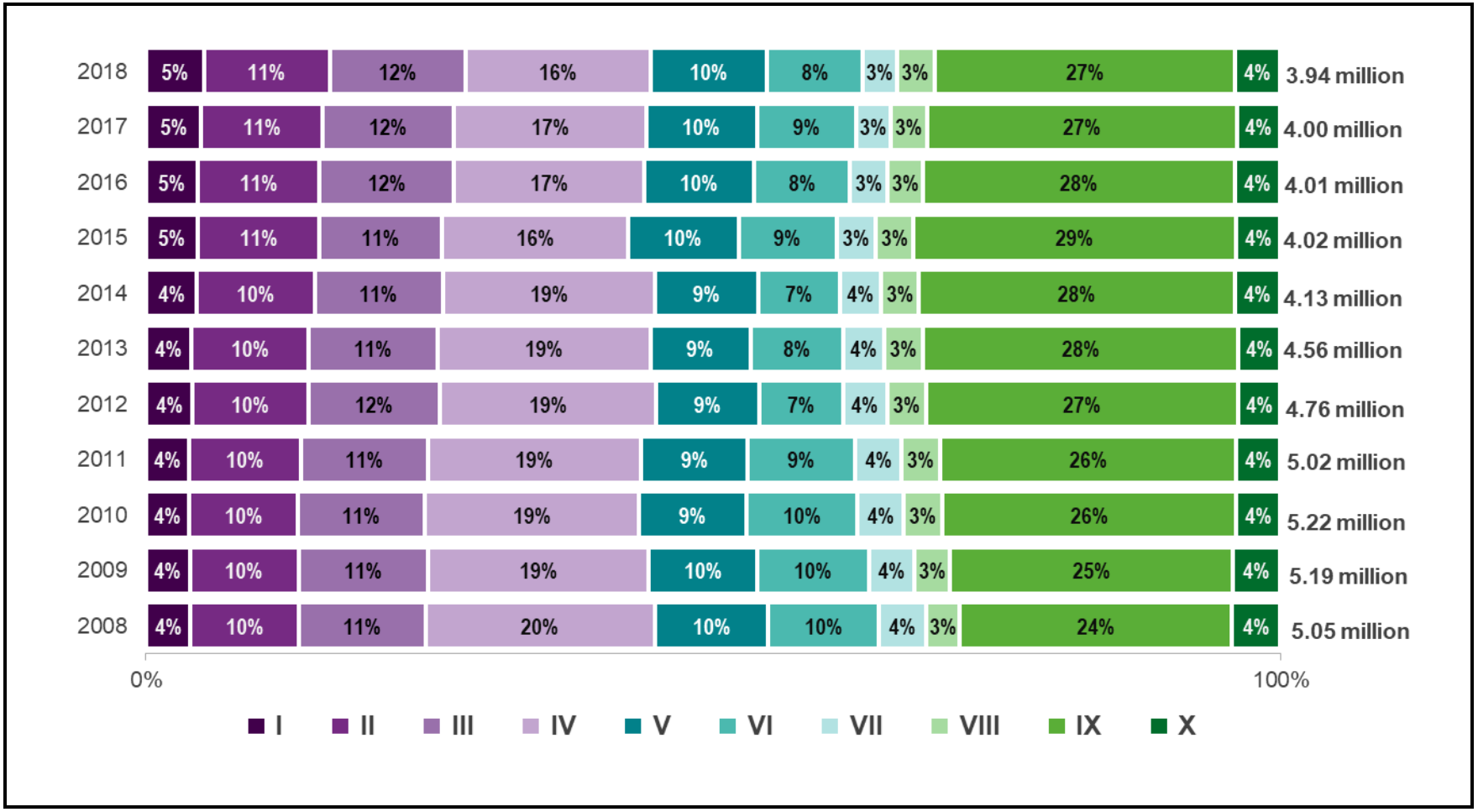
Exhibit A–2a. Number and distribution of all family planning users, by region and year: 2008–2018

Region	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
I	197,165	199,779	198,962	192,252	195,264	182,684	184,005	184,389	183,383	194,952	201,188
II	483,928	497,614	499,231	493,369	488,872	470,836	429,409	431,060	428,146	429,091	436,971
III	564,138	592,475	584,167	564,163	550,051	520,403	468,157	432,418	477,585	464,216	472,832
IV	1,019,264	1,010,012	989,770	940,931	907,020	852,400	770,501	660,156	669,743	677,146	642,224
V	507,431	492,741	492,359	472,062	434,587	401,935	377,552	390,446	390,541	391,901	403,080
VI	491,406	512,019	512,868	475,863	350,164	372,296	298,294	346,670	334,933	350,646	334,107
VII	210,012	209,350	214,032	205,167	186,716	167,286	148,405	140,055	135,907	120,759	116,928
VIII	151,261	160,919	176,892	169,311	163,068	152,248	137,509	131,031	124,021	126,922	131,148
IX	1,209,114	1,294,974	1,352,569	1,314,270	1,309,439	1,269,252	1,149,781	1,146,183	1,102,836	1,093,827	1,044,056
X	217,786	216,384	204,012	194,323	178,616	168,484	165,670	155,607	160,457	154,786	157,215
Total	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
Female	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622	3,607,353	3,553,018	3,541,235	3,446,504
Male	327,843	374,576	402,292	386,516	385,053	373,237	364,661	410,662	454,534	463,011	493,245
I	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%
II	10%	10%	10%	10%	10%	10%	10%	11%	11%	11%	11%
III	11%	11%	11%	11%	12%	11%	11%	11%	12%	12%	12%
IV	20%	19%	19%	19%	19%	19%	19%	16%	17%	17%	16%
V	10%	10%	9%	9%	9%	9%	9%	10%	10%	10%	10%
VI	10%	10%	10%	9%	7%	8%	7%	9%	8%	9%	8%
VII	4%	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	24%	25%	26%	26%	27%	28%	28%	29%	28%	27%	27%
X	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female	94%	93%	92%	92%	92%	92%	91%	90%	89%	88%	87%
Male	6%	7%	8%	8%	8%	8%	9%	10%	11%	12%	13%

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

Exhibit A–2b. **Number and distribution of all family planning users, by region and year: 2008–2018**



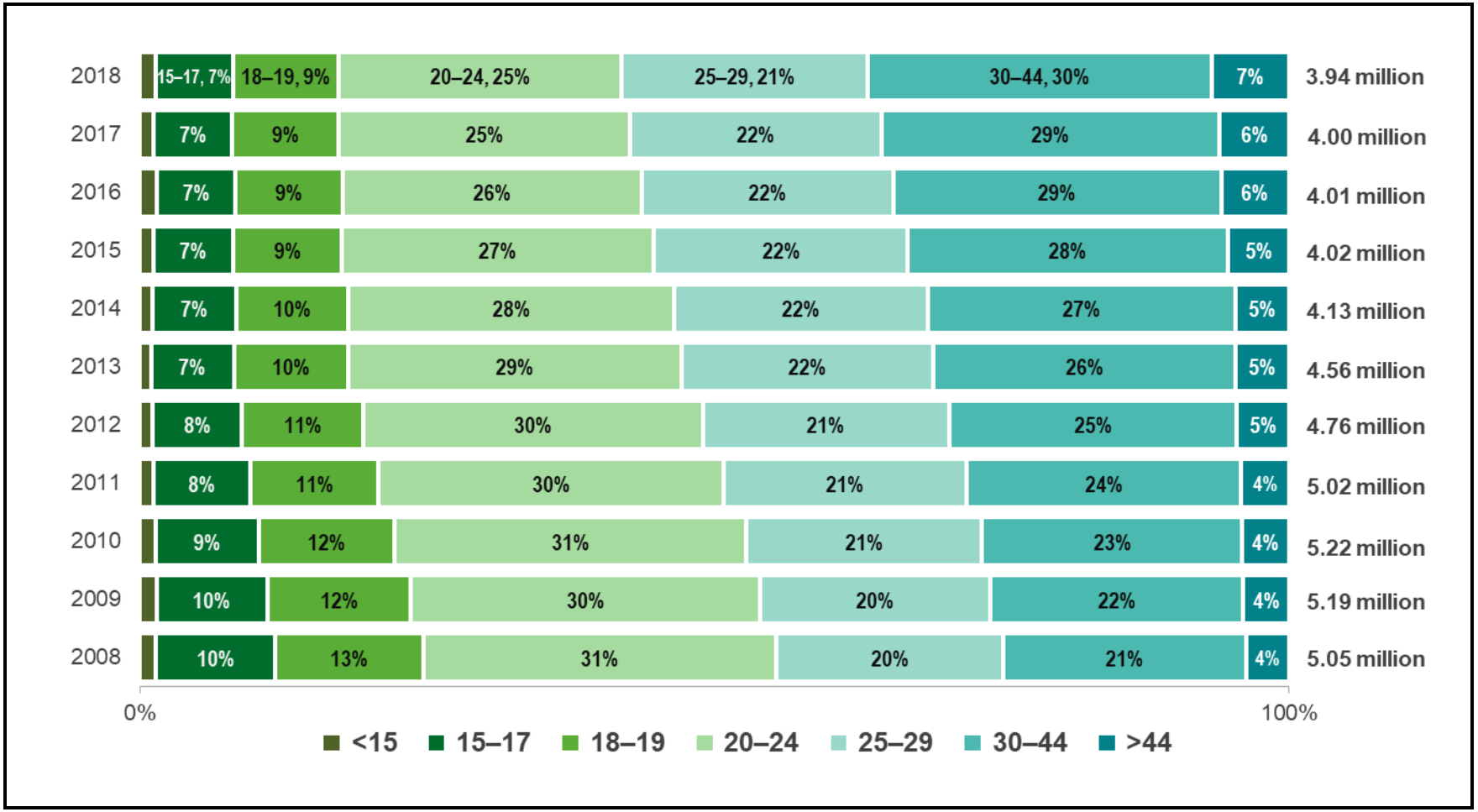
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–3a. Number and distribution of all family planning users, by age and year: 2008–2018

Age Group (Years)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Under 15	71,738	74,287	73,383	59,351	53,012	45,633	45,863	46,045	58,649	49,060	53,998
15 to 17	521,202	502,226	466,284	423,702	368,965	327,152	298,839	280,785	275,499	271,429	264,389
18 to 19	652,059	647,432	616,709	560,848	505,356	454,044	404,197	379,710	373,253	373,235	363,399
20 to 24	1,553,469	1,577,051	1,600,833	1,508,215	1,405,487	1,320,188	1,169,948	1,091,549	1,043,071	1,013,943	970,356
25 to 29	996,754	1,037,776	1,071,999	1,058,256	1,023,503	999,476	912,130	887,225	876,921	877,588	841,832
30 to 34	539,998	578,031	607,257	621,119	616,259	622,258	573,010	570,708	572,573	580,833	573,004
35 to 39	332,854	353,712	359,749	358,400	351,820	355,877	331,439	344,385	359,108	374,756	380,153
40 to 44	195,582	209,292	215,914	222,429	222,621	220,836	200,955	204,360	211,324	220,748	225,997
Over 44	187,849	206,460	212,734	209,391	216,774	212,360	192,902	213,248	237,154	242,654	266,621
Total	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
15 to 17	10%	10%	9%	8%	8%	7%	7%	7%	7%	7%	7%
18 to 19	13%	12%	12%	11%	11%	10%	10%	9%	9%	9%	9%
20 to 24	31%	30%	31%	30%	30%	29%	28%	27%	26%	25%	25%
25 to 29	20%	20%	21%	21%	21%	22%	22%	22%	22%	22%	21%
30 to 34	11%	11%	12%	12%	13%	14%	14%	14%	14%	15%	15%
35 to 39	7%	7%	7%	7%	7%	8%	8%	9%	9%	9%	10%
40 to 44	4%	4%	4%	4%	5%	5%	5%	5%	5%	6%	6%
Over 44	4%	4%	4%	4%	5%	5%	5%	5%	6%	6%	7%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–3b. **Number and distribution of all family planning users, by age and year: 2008–2018**



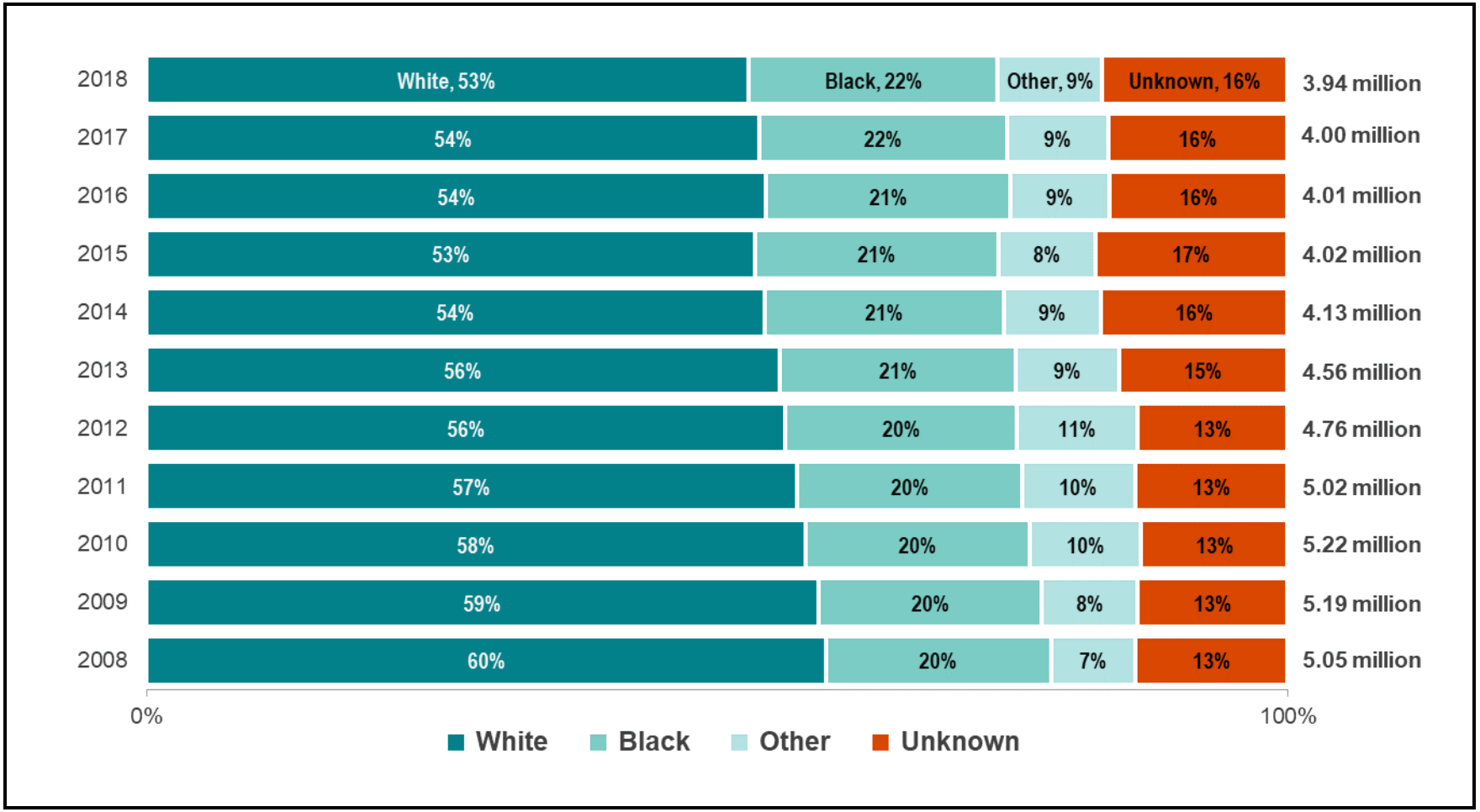
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users under 15 is 1% each year from 2008 through 2018.

Exhibit A–4a. Number and distribution of all family planning users, by race and year: 2008–2018

Race	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
American Indian/Alaska Native	36,974	39,220	44,899	43,204	45,785	34,051	29,327	30,526	33,467	35,587	38,097
Asian	137,747	150,847	136,958	134,345	136,412	135,567	128,797	131,676	135,555	143,215	139,084
Black/African American	996,093	1,015,013	1,028,991	986,803	969,776	939,941	863,136	857,659	859,886	869,574	861,707
Native Hawaiian/Pacific Islander	45,693	73,559	65,662	70,929	70,519	52,263	39,266	40,941	35,479	31,019	29,545
White	3,007,568	3,054,226	3,015,861	2,864,253	2,664,736	2,530,204	2,238,847	2,142,835	2,174,833	2,150,480	2,076,854
More than one race	151,535	169,044	261,397	250,825	248,590	191,871	153,907	136,043	142,564	144,397	151,281
Unknown/not reported	675,895	684,358	671,094	671,352	627,979	673,927	676,003	678,335	625,768	629,974	643,181
Total All Users	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	3%	3%	3%	3%	4%	4%
Black/African American	20%	20%	20%	20%	20%	21%	21%	21%	21%	22%	22%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	60%	59%	58%	57%	56%	56%	54%	53%	54%	54%	53%
More than one race	3%	3%	5%	5%	5%	4%	4%	3%	4%	4%	4%
Unknown/not reported	13%	13%	13%	13%	13%	15%	16%	17%	16%	16%	16%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–4b. **Number and distribution of all family planning users, by race and year: 2008–2018**



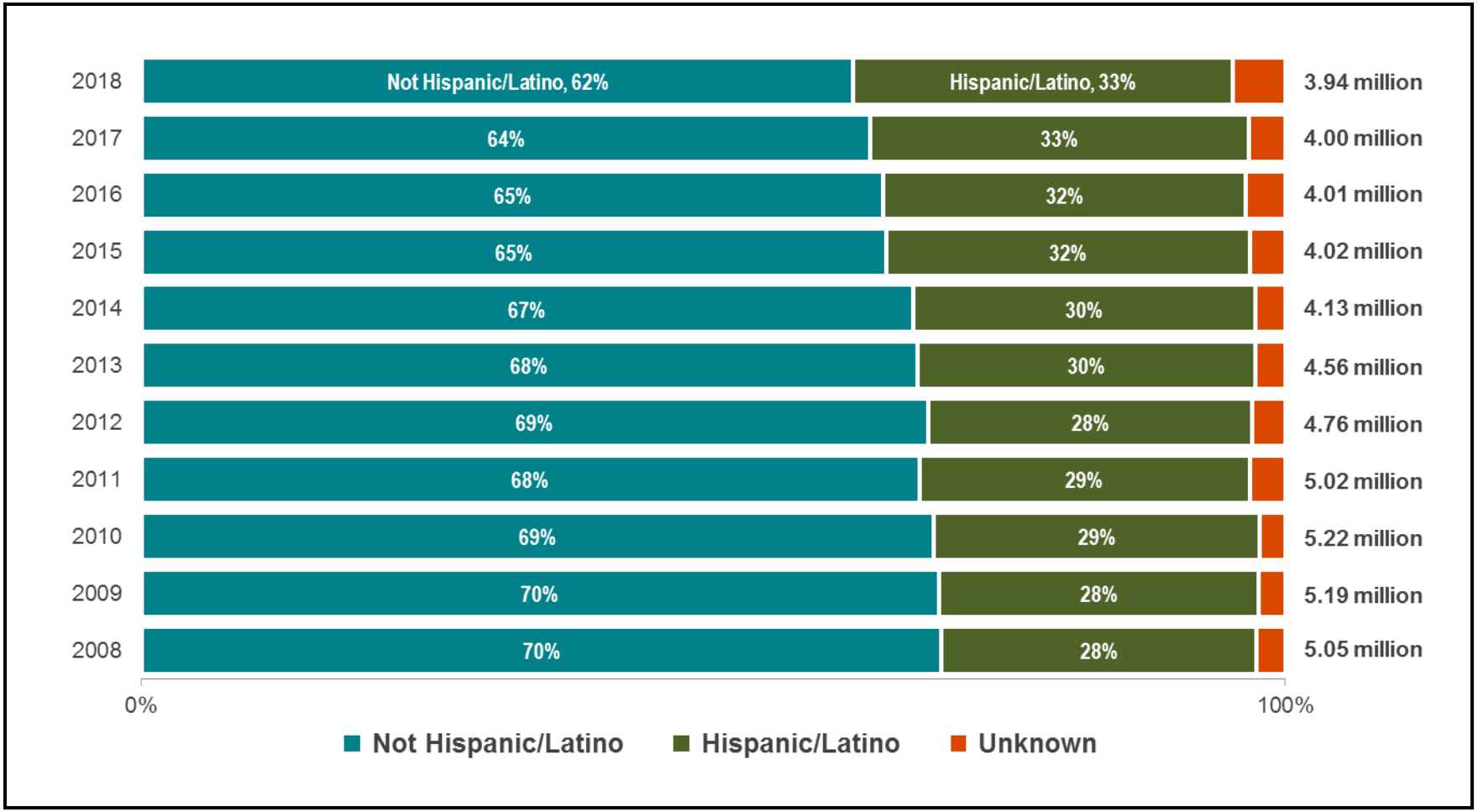
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian or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

Exhibit A–5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2008–2018

Ethnicity	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Hispanic or Latino	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988	1,324,817	1,306,370
Not Hispanic or Latino	3,534,915	3,618,344	3,618,285	3,416,314	3,277,828	3,093,545	2,786,005	2,617,597	2,600,742	2,553,416	2,453,448
Unknown/not reported	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931
Total All Users	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
Hispanic or Latino	28%	28%	29%	29%	28%	30%	30%	32%	32%	33%	33%
Not Hispanic or Latino	70%	70%	69%	68%	69%	68%	67%	65%	65%	64%	62%
Unknown/not reported	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%	5%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–5b. **Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2008–2018**



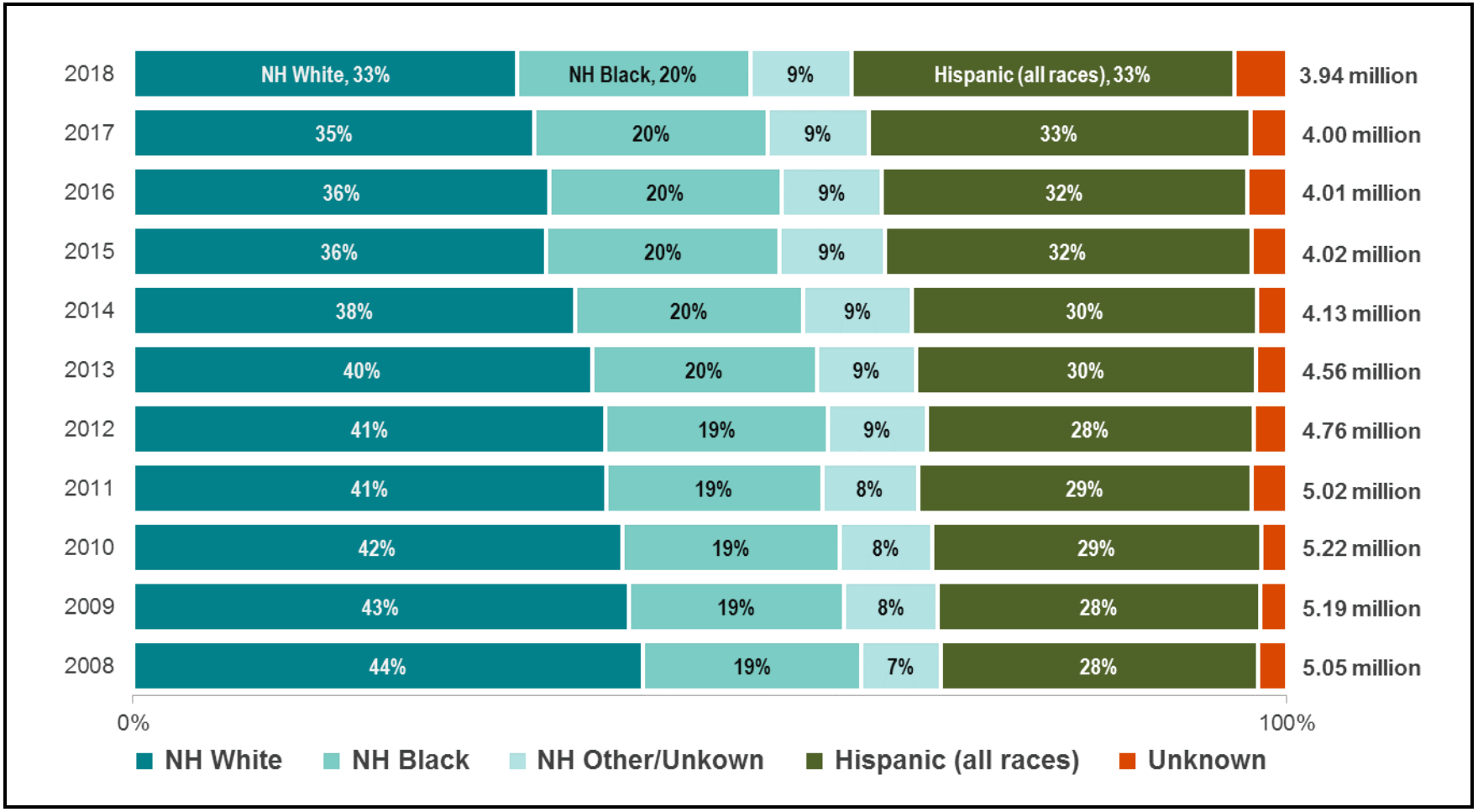
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2008–2018

Ethnicity and Race	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Not Hispanic or Latino											
Asian	127,850	139,831	126,413	121,777	124,790	128,015	119,454	122,310	124,233	130,688	128,678
Black or African American	956,741	969,690	986,409	939,143	917,539	890,133	816,061	811,244	806,815	806,970	796,450
White	2,232,893	2,227,867	2,214,680	2,060,244	1,951,410	1,812,924	1,583,629	1,439,284	1,445,887	1,394,432	1,311,047
Other/unknown	217,431	280,956	290,783	295,150	284,089	262,473	266,861	244,759	223,807	221,326	217,273
Hispanic or Latino											
All races	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988	1,324,817	1,306,370
Unknown/Not Reported	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931
Total All Users	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
Not Hispanic or Latino											
Asian	3%	3%	2%	2%	3%	3%	3%	3%	3%	3%	3%
Black or African American	19%	19%	19%	19%	19%	20%	20%	20%	20%	20%	20%
White	44%	43%	42%	41%	41%	40%	38%	36%	36%	35%	33%
Other/unknown	4%	5%	6%	6%	6%	6%	6%	6%	6%	6%	6%
Hispanic or Latino											
All races	28%	28%	29%	29%	28%	30%	30%	32%	32%	33%	33%
Unknown/Not Reported	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%	5%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–6b. **Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2008–2018**



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/Unknown" category includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. The "Unknown" category includes users with unknown or not reported Hispanic or Latino ethnicity.

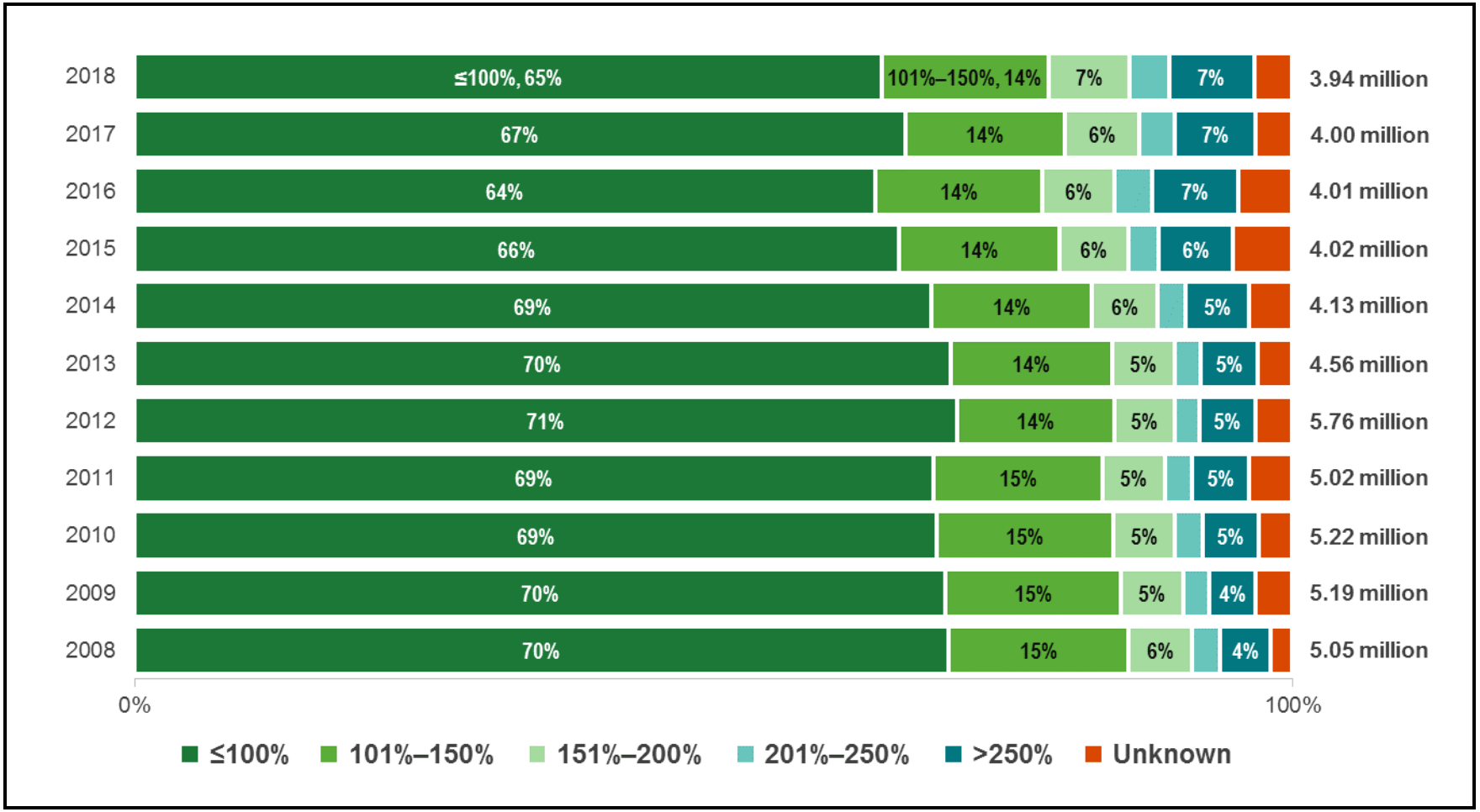
Exhibit A–7a. Number and distribution of all family planning users, by income level and year: 2008–2018

Income Level[a]	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Under 101%	3,553,222	3,632,506	3,618,813	3,466,912	3,382,089	3,211,380	2,840,650	2,653,841	2,564,992	2,665,911	2,542,526
101% to 150%	781,113	785,090	795,065	731,410	649,462	636,484	572,948	556,141	575,420	551,163	566,040
151% to 200%	278,881	277,103	281,294	269,478	247,490	245,805	234,425	238,420	252,273	257,155	277,321
201% to 250%	119,181	119,768	125,298	116,188	103,061	103,246	100,402	105,975	128,874	123,477	134,010
Over 250%	224,603	207,484	250,440	250,829	230,947	222,718	226,918	255,093	297,988	277,975	289,208
Unknown/not reported	94,505	164,316	153,952	186,894	150,748	138,191	153,940	208,545	188,005	128,565	130,644
Total All Users	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
Under 101%	70%	70%	69%	69%	71%	70%	69%	66%	64%	67%	65%
101% to 150%	15%	15%	15%	15%	14%	14%	14%	14%	14%	14%	14%
151% to 200%	6%	5%	5%	5%	5%	5%	6%	6%	6%	6%	7%
201% to 250%	2%	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%
Over 250%	4%	4%	5%	5%	5%	5%	5%	6%	7%	7%	7%
Unknown/not reported	2%	3%	3%	4%	3%	3%	4%	5%	5%	3%	3%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

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

Exhibit A–7b. **Number and distribution of all family planning users, by income level and year: 2008–2018**



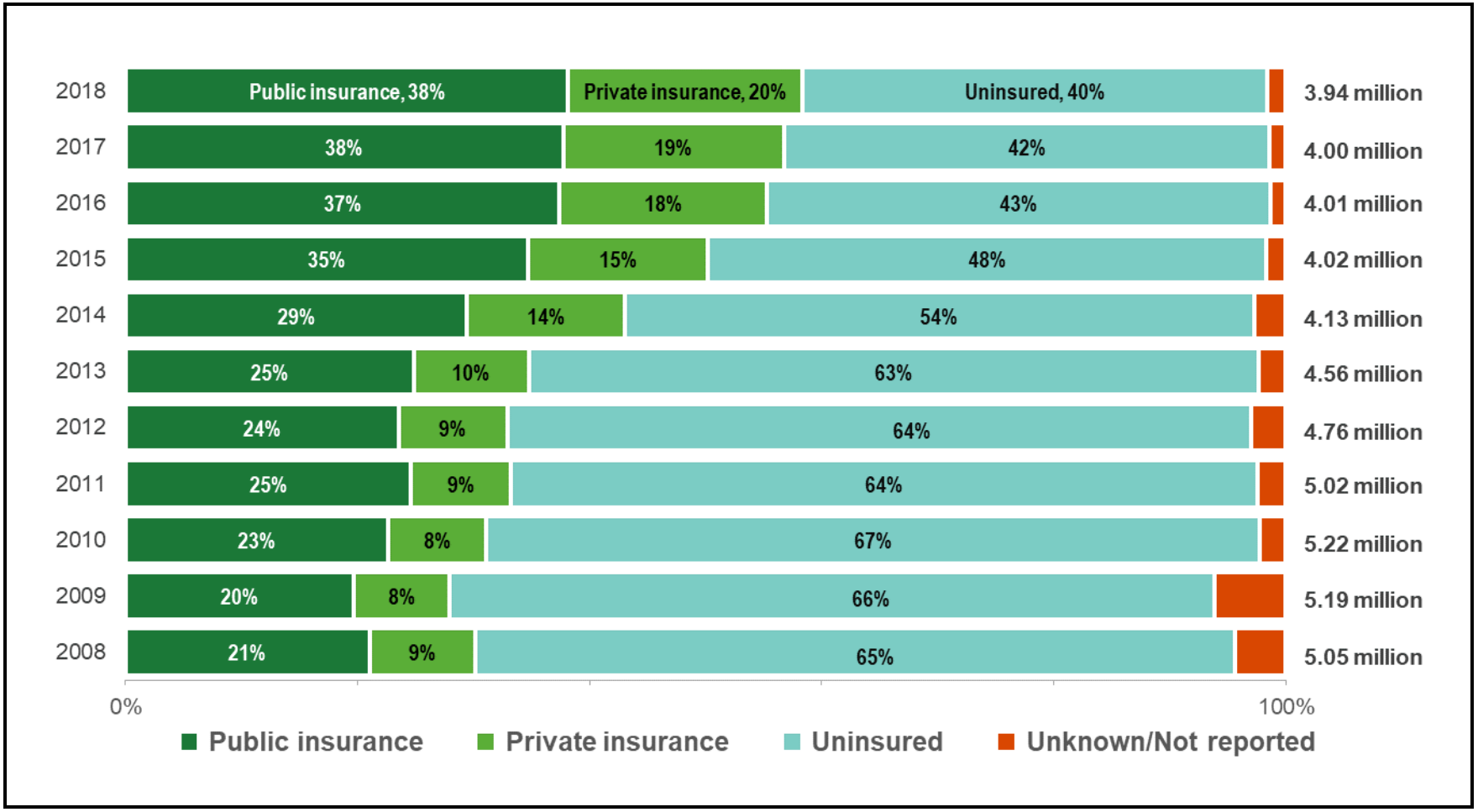
Note: Title X-funded grantees and subrecipients report users' family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at http://aspe.hhs.gov/poverty/.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

Exhibit A–8a. Number and distribution of all family planning users, by primary health insurance status and year: 2008–2018

Primary Insurance	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Public insurance	1,063,937	1,021,164	1,184,795	1,236,343	1,121,372	1,131,406	1,215,648	1,395,201	1,499,672	1,511,533	1,502,777
Private insurance	460,969	426,308	438,042	429,919	447,341	453,535	559,845	621,066	715,090	760,051	794,535
Uninsured	3,305,185	3,419,915	3,483,360	3,230,784	3,050,415	2,865,672	2,239,377	1,934,154	1,737,488	1,675,825	1,580,113
Unknown/not reported	221,414	318,880	118,665	124,665	144,669	107,211	114,413	67,594	55,302	56,837	62,324
Total All Users	**5,051,505**	**5,186,267**	**5,224,862**	**5,021,711**	**4,763,797**	**4,557,824**	**4,129,283**	**4,018,015**	**4,007,552**	**4,004,246**	**3,939,749**
Public insurance	21%	20%	23%	25%	24%	25%	29%	35%	37%	38%	38%
Private insurance	9%	8%	8%	9%	9%	10%	14%	15%	18%	19%	20%
Uninsured	65%	66%	67%	64%	64%	63%	54%	48%	43%	42%	40%
Unknown/not reported	4%	6%	2%	2%	3%	2%	3%	2%	1%	1%	2%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–8b. **Number and distribution of all family planning users, by primary health insurance status and year: 2008–2018**



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

Exhibit A–9a. Number of all female family planning users, by primary contraceptive method and year: 2008–2018

Primary Method	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Most Effective[a]											
Vasectomy	6,312	6,905	8,683	8,632	8,540	8,175	7,582	6,879	8,178	8,848	9,237
Sterilization	87,167	92,616	92,652	90,438	86,854	82,067	74,748	84,108	86,112	94,173	91,569
Hormonal implant	18,738	30,135	48,015	65,673	82,642	108,586	139,799	177,975	209,014	239,029	240,418
Intrauterine device	179,876	216,390	252,121	272,683	284,461	279,289	265,511	273,650	288,939	324,174	323,081
Moderately Effective[a]											
Hormonal injection[b]	597,572	615,188	643,682	645,351	645,136	635,093	611,619	574,476	519,841	500,960	474,609
Vaginal ring	149,627	165,121	186,238	183,182	164,693	142,292	115,230	95,186	83,473	76,252	66,968
Contraceptive patch	101,763	106,266	93,499	89,795	83,145	78,547	69,469	49,010	47,030	48,256	46,384
Oral contraceptive	1,734,786	1,696,319	1,684,201	1,534,684	1,409,300	1,316,671	1,135,950	1,000,062	946,383	894,128	823,992
Cervical cap/diaphragm	3,612	12,278	4,402	3,390	4,116	8,245	2,379	1,660	2,130	2,219	1,652
Less Effective[a]											
Male condom	727,440	737,991	787,329	838,131	745,265	692,678	578,139	572,607	559,356	547,129	533,079
Female condom	4,753	4,635	5,944	5,939	3,722	3,914	3,308	3,558	2,929	2,537	3,782
Contraceptive sponge	1,337	991	1,581	921	765	541	651	660	138	169	371
Withdrawal or other[c]	111,160	105,705	116,635	115,002	113,016	95,798	70,982	61,504	75,191	73,047	81,486
FAM[d] or LAM	10,409	12,633	14,379	17,105	12,676	11,753	12,648	13,503	14,392	15,287	17,320
Spermicide	13,627	15,598	8,346	7,061	4,926	4,028	2,911	1,873	1,848	1,991	1,135
Other											
Abstinence	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102	92,385	99,733
No Method											
Pregnant/seeking pregnancy	381,848	395,633	400,194	361,056	377,547	356,750	330,279	321,229	321,706	313,802	279,025
Other reason	283,848	260,946	238,347	229,541	183,613	181,657	175,111	171,068	175,371	190,518	194,405
Method Unknown	248,458	273,961	160,788	96,687	96,590	106,017	98,208	124,449	121,885	116,331	158,258
Total Female Users	**4,723,662**	**4,811,691**	**4,822,570**	**4,635,195**	**4,378,744**	**4,184,587**	**3,764,622**	**3,607,353**	**3,553,018**	**3,541,235**	**3,446,504**
Using Most, Moderately, or Less Effective Method	**3,748,179**	**3,818,771**	**3,947,707**	**3,877,987**	**3,649,257**	**3,467,677**	**3,090,926**	**2,916,711**	**2,844,954**	**2,828,199**	**2,715,083**
Most effective[a]	292,093	346,046	401,471	437,426	462,497	478,117	487,640	542,612	592,243	666,224	664,305
Moderately effective[a]	2,587,360	2,595,172	2,612,022	2,456,402	2,306,390	2,180,848	1,934,647	1,720,394	1,598,857	1,521,815	1,413,605
Less effective[a]	868,726	877,553	934,214	984,159	880,370	808,712	668,639	653,705	653,854	640,160	637,173
Abstinent	**61,329**	**62,380**	**75,534**	**69,924**	**71,737**	**72,486**	**70,098**	**73,896**	**89,102**	**92,385**	**99,733**
Not Using a Method	**665,696**	**656,579**	**638,541**	**590,597**	**561,160**	**538,407**	**505,390**	**492,297**	**497,077**	**504,320**	**473,430**

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

[a] See Table 7 comments in the ***Field and Methodological Notes (Appendix C)***.
[b] Hormonal injection figures include both 1- and 3-month hormonal injection users.
[c] Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.
[d] For 2008 through 2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2018, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

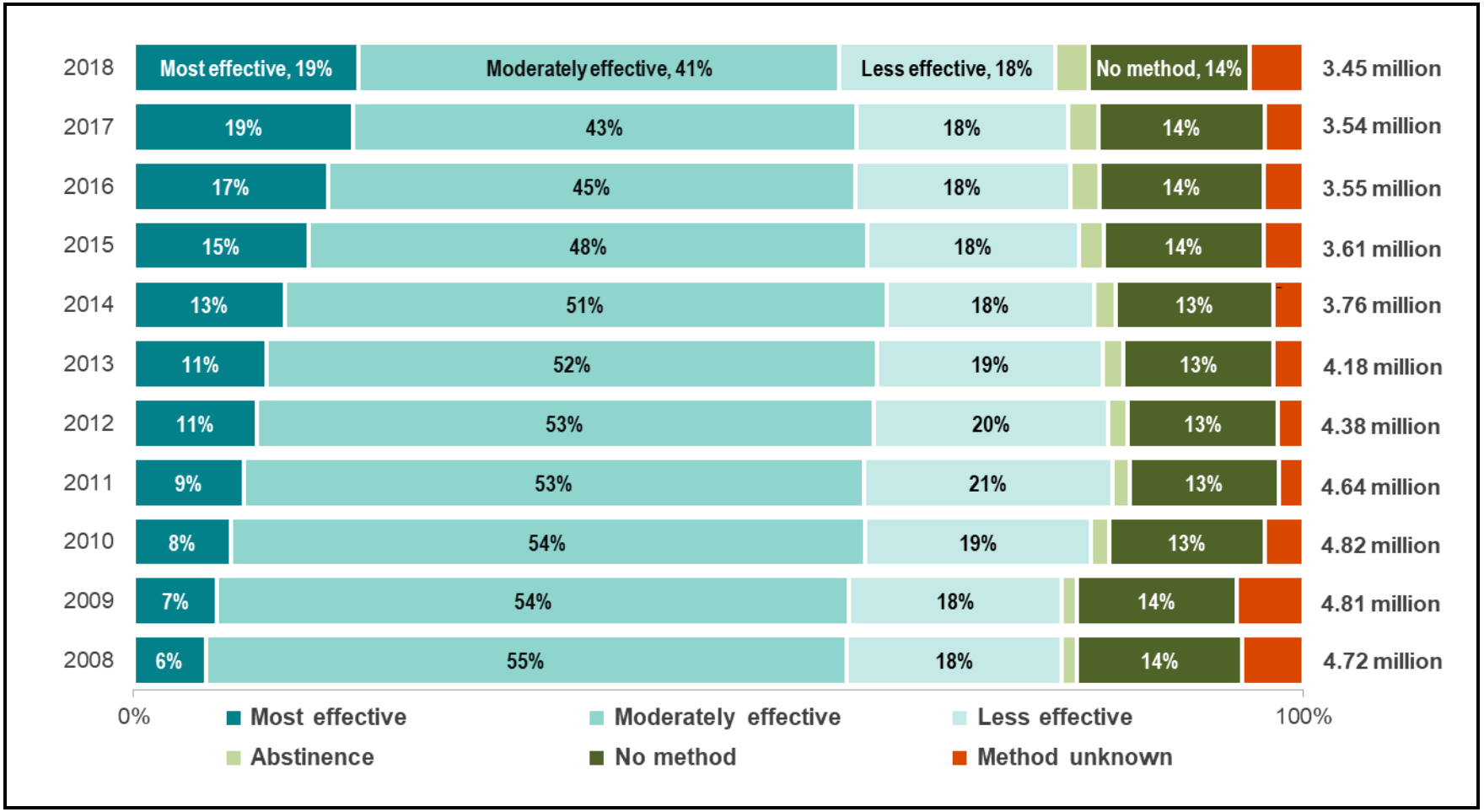
Exhibit A–9b. Distribution of all female family planning users, by primary contraceptive method and year: 2008–2018

Primary Method	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Most Effective[a]											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	2%	2%	2%	3%	3%
Hormonal implant	0%†	1%	1%	1%	2%	3%	4%	5%	6%	7%	7%
Intrauterine device	4%	4%	5%	6%	6%	7%	7%	8%	8%	9%	9%
Moderately Effective[a]											
Hormonal injection[b]	13%	13%	13%	14%	15%	15%	16%	16%	15%	14%	14%
Vaginal ring	3%	3%	4%	4%	4%	3%	3%	3%	2%	2%	2%
Contraceptive patch	2%	2%	2%	2%	2%	2%	2%	1%	1%	1%	1%
Oral contraceptive	37%	35%	35%	33%	32%	31%	30%	28%	27%	25%	24%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective[a]											
Male condom	15%	15%	16%	18%	17%	17%	15%	16%	16%	15%	15%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other[c]	2%	2%	2%	2%	3%	2%	2%	2%	2%	2%	2%
FAM[d] or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Spermicide	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	1%	1%	2%	2%	2%	2%	2%	2%	3%	3%	3%
No Method											
Pregnant/seeking pregnancy	8%	8%	8%	8%	9%	9%	9%	9%	9%	9%	8%
Other reason	6%	5%	5%	5%	4%	4%	5%	5%	5%	5%	6%
Method Unknown	5%	6%	3%	2%	2%	3%	3%	3%	3%	3%	5%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method	**79%**	**79%**	**82%**	**84%**	**83%**	**83%**	**82%**	**81%**	**80%**	**80%**	79%
Most effective[a]	6%	7%	8%	9%	11%	11%	13%	15%	17%	19%	19%
Moderately effective[a]	55%	54%	54%	53%	53%	52%	51%	48%	45%	43%	41%
Less effective[a]	18%	18%	19%	21%	20%	19%	18%	18%	18%	18%	18%
Abstinent	**1%**	**1%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**3%**	**3%**	**3%**
Not Using a Method	**14%**	**14%**	**13%**	**13%**	**13%**	**13%**	**13%**	**14%**	**14%**	**14%**	**14%**

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

[a] See Table 7 comments in the ***Field and Methodological Notes (Appendix C)***.
[b] Hormonal injection figures include both 1- and 3-month hormonal injection users.
[c] Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.
[d] For 2008 through 2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2018, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.
† Percentage is less than 0.5%.

Exhibit A–9c. **Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2008–2018**



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

Exhibit A–10a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2008–2018

Screening Measures	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Female Users Screened											
Number	2,088,218	2,035,017	1,727,251	1,444,418	1,237,328	988,114	785,540	743,683	687,373	649,266	625,808
Percentage	44%	42%	36%	31%	28%	24%	21%	21%	19%	18%	18%
Pap Tests Performed											
Number	2,209,087	2,190,127	1,810,620	1,522,777	1,308,667	1,043,671	813,858	769,807	720,215	683,247	651,920
Percentage with an ASC or higher result	11%	12%	13%	15%	14%	14%	14%	14%	14%	14%	14%

ASC=atypical squamous cells.

Exhibit A–10b. Number and percentage of female users who received a Pap test, by year: 2008–2018

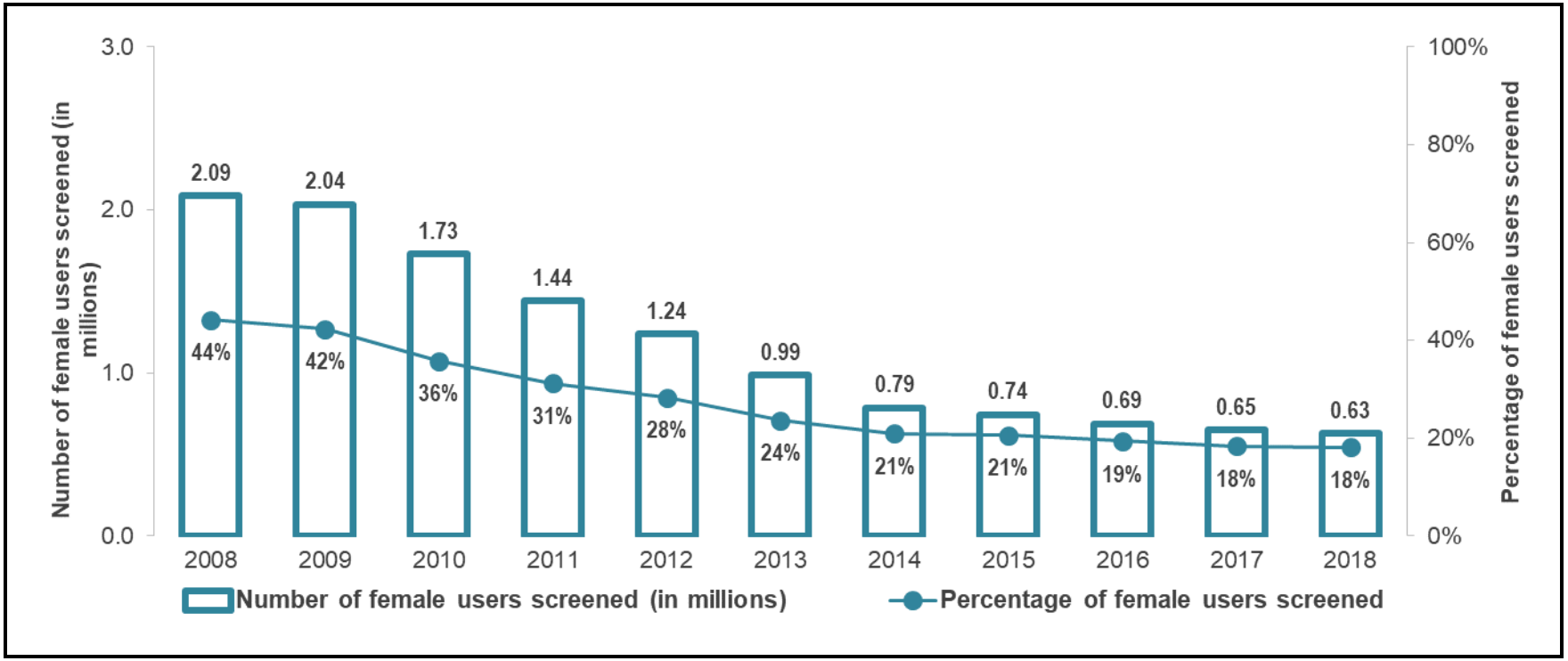


Exhibit A–11a. Number and percentage of female users under 25 tested for chlamydia, by year: 2008–2018

Chlamydia Testing Measures	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number tested	1,435,430	1,433,829	1,442,176	1,357,231	1,268,269	1,181,534	1,011,474	955,775	953,273	939,250	900,603
Percentage tested	55%	55%	57%	58%	59%	60%	58%	59%	61%	61%	61%

Exhibit A–11b. Number and percentage of female users under 25 tested for chlamydia, by year: 2008–2018

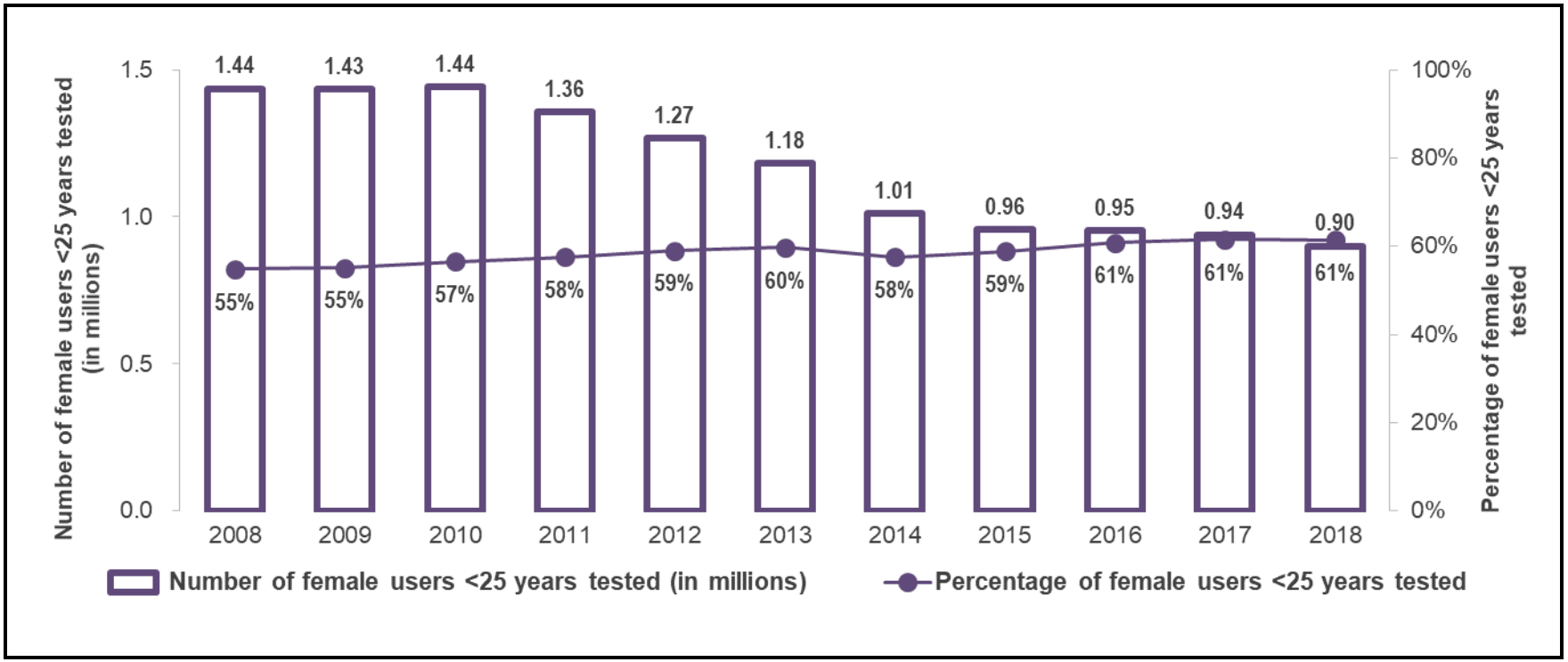


Exhibit A-12a. **Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2008–2018**

HIV Testing Measures	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Tests performed	833,105	997,765	1,101,665	1,283,375	1,249,867	1,187,631	1,031,624	1,113,635	1,163,883	1,192,119	1,237,968
Tests per 10 users	1.6	1.9	2.1	2.6	2.6	2.6	2.5	2.8	2.9	3.0	3.1
Tests per 10 female users	1.5	1.8	1.9	2.3	2.4	2.4	2.2	2.4	2.5	2.6	2.7
Tests per 10 male users	3.9	4.1	4.3	5.2	5.5	5.3	5.7	5.9	5.7	5.9	5.9

Exhibit A-12b. **Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2008–2018**

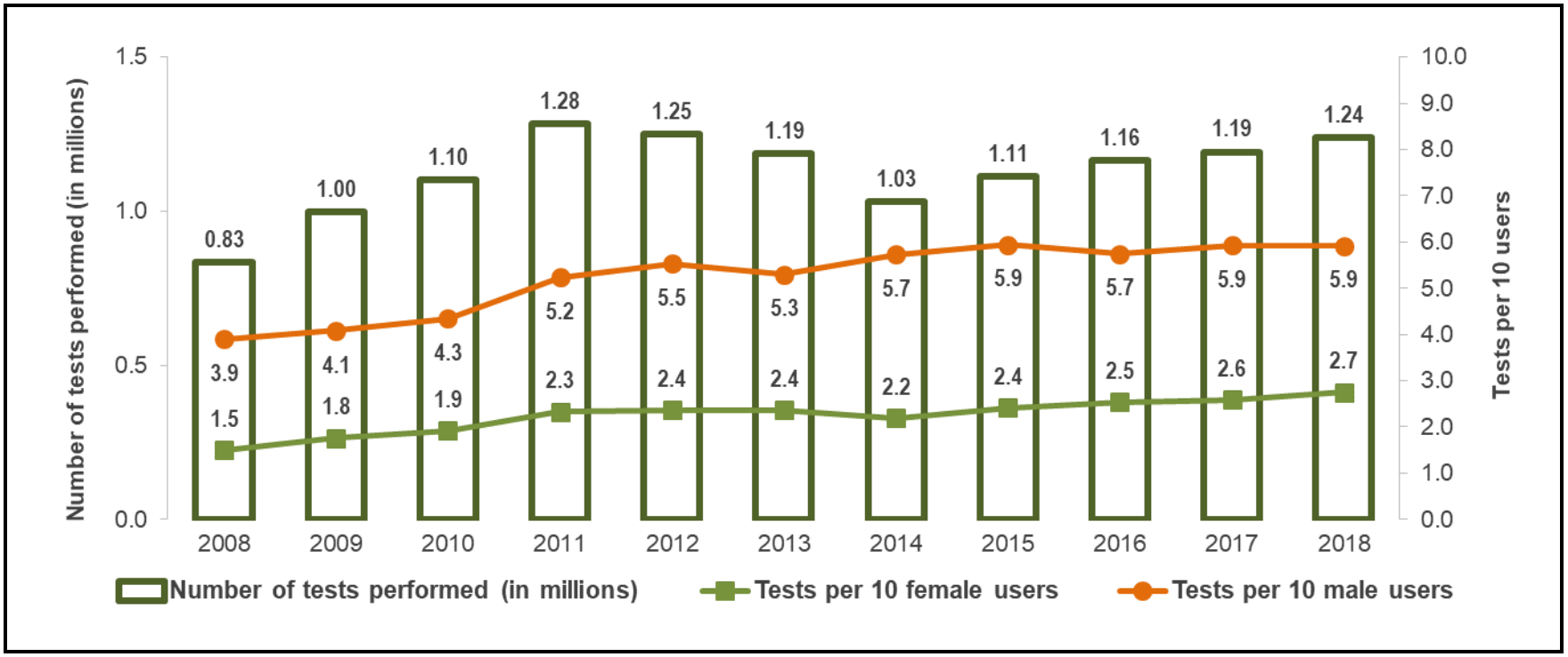


Exhibit A–13a. Actual and adjusted (constant 2018$ and 2008$) total, Title X, and Medicaid revenue, by year: 2008–2018

Revenue	2008 ($)	2009 ($)	2010 ($)	2011 ($)	2012 ($)	2013 ($)	2014 ($)	2015 ($)	2016 ($)	2017 ($)	2018 ($)	Change 2008–2018	Change 2017–2018
Total													
Actual[a]	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121	1,321,225,497	9%	2%
2018$[b]	1,612,946,660	1,588,936,224	1,614,503,604	1,558,024,373	1,472,151,823	1,464,739,194	1,385,111,560	1,349,731,690	1,364,339,945	1,323,238,955	1,321,225,497	−18%	0%†
2008$[b]	1,211,489,469	1,193,455,152	1,212,658,894	1,170,237,161	1,105,738,009	1,100,170,360	1,040,361,786	1,013,787,851	1,024,760,158	993,889,071	992,376,757	−18%	0%†
Title X													
Actual[a]	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054	244,563,111	255,902,324	−1%	5%
2018$[b]	345,816,615	343,766,001	348,516,440	334,235,543	312,015,985	289,199,624	277,843,039	263,185,639	256,182,093	249,391,890	255,902,324	−26%	3%
2008$[b]	259,743,981	258,203,758	261,771,828	251,045,400	234,356,218	217,218,776	208,688,808	197,679,588	192,419,201	187,319,057	192,209,066	−26%	3%
Medicaid[c]													
Actual[a]	407,561,796	450,028,613	482,175,678	506,887,574	499,181,475	508,494,458	493,061,463	503,186,368	505,508,702	496,501,892	521,679,227	28%	5%
2018$[b]	542,617,542	580,736,074	601,679,366	613,833,965	583,135,117	579,748,558	549,034,539	545,935,899	528,438,252	506,305,079	521,679,227	−4%	3%
2008$[b]	407,561,796	436,192,749	451,923,324	461,052,683	437,994,678	435,451,022	412,381,623	410,054,225	396,911,685	380,287,387	391,834,960	−4%	3%

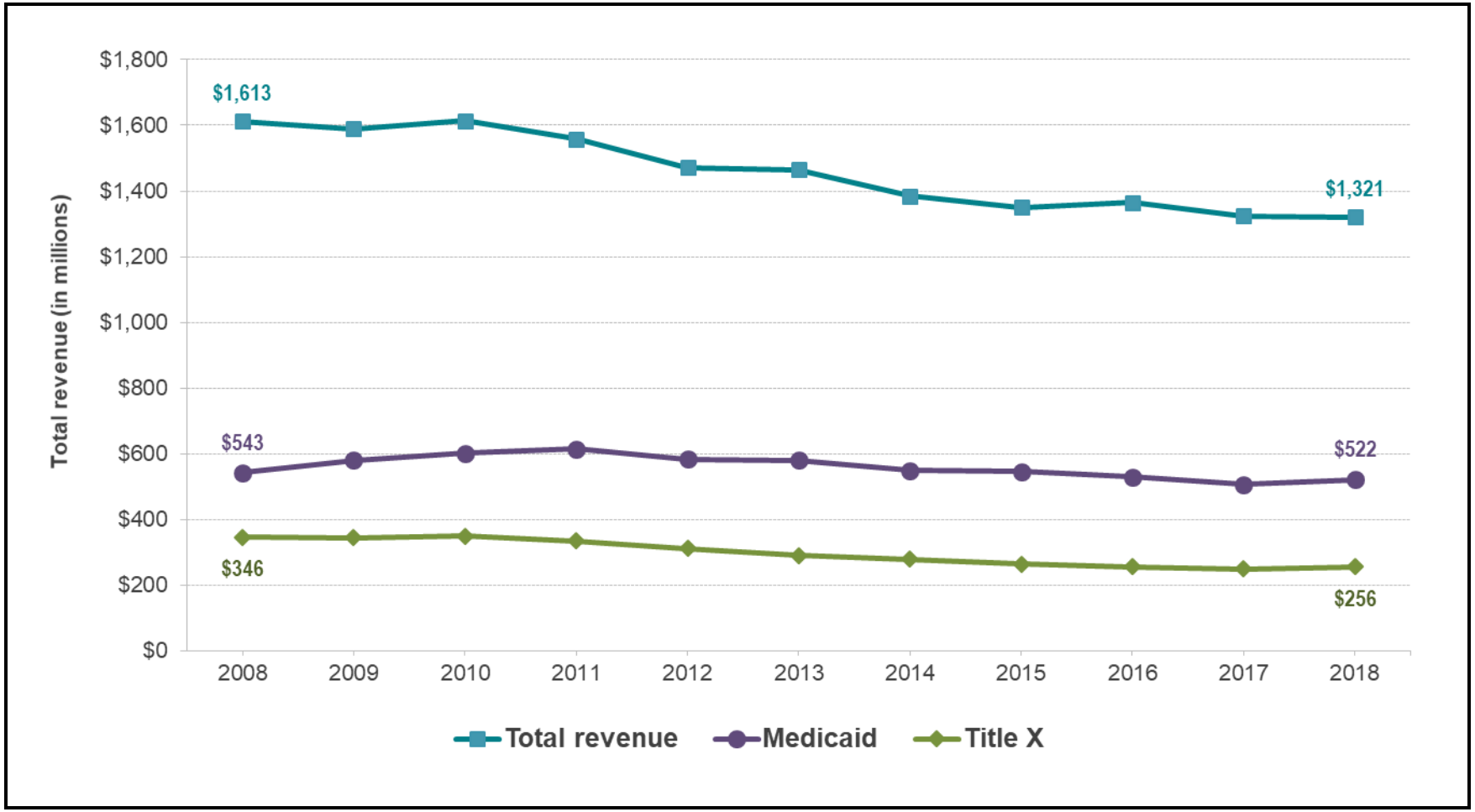
[a] Revenue is shown in actual dollars (unadjusted) for each year.

[b] Revenue is shown in constant 2018 dollars (2018$) and 2008 dollars (2008$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, http://data.bls.gov/cgi-bin/srgate).

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

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

Exhibit A–13b. **Total, Title X, and Medicaid adjusted (constant 2018$) revenue (in millions), by year: 2008–2018**



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

Exhibit A–13c. **Total actual (unadjusted) and adjusted (constant 2018$ and 2008$) revenue (in millions), by year: 2008–2018**

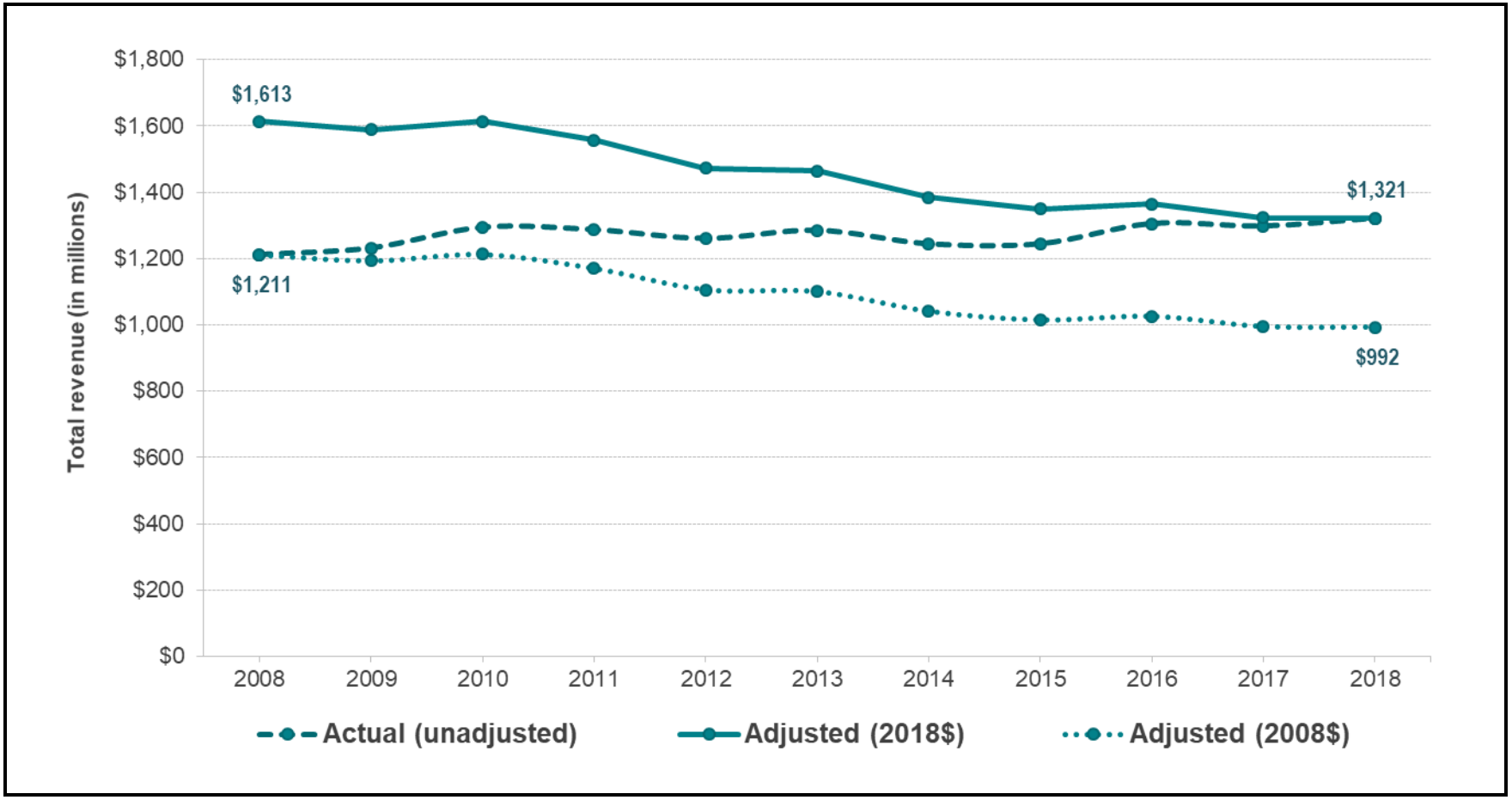


Exhibit A–13d. **Title X actual (unadjusted) and adjusted (constant 2018$ and 2008$) revenue (in millions), by year: 2008–2018**

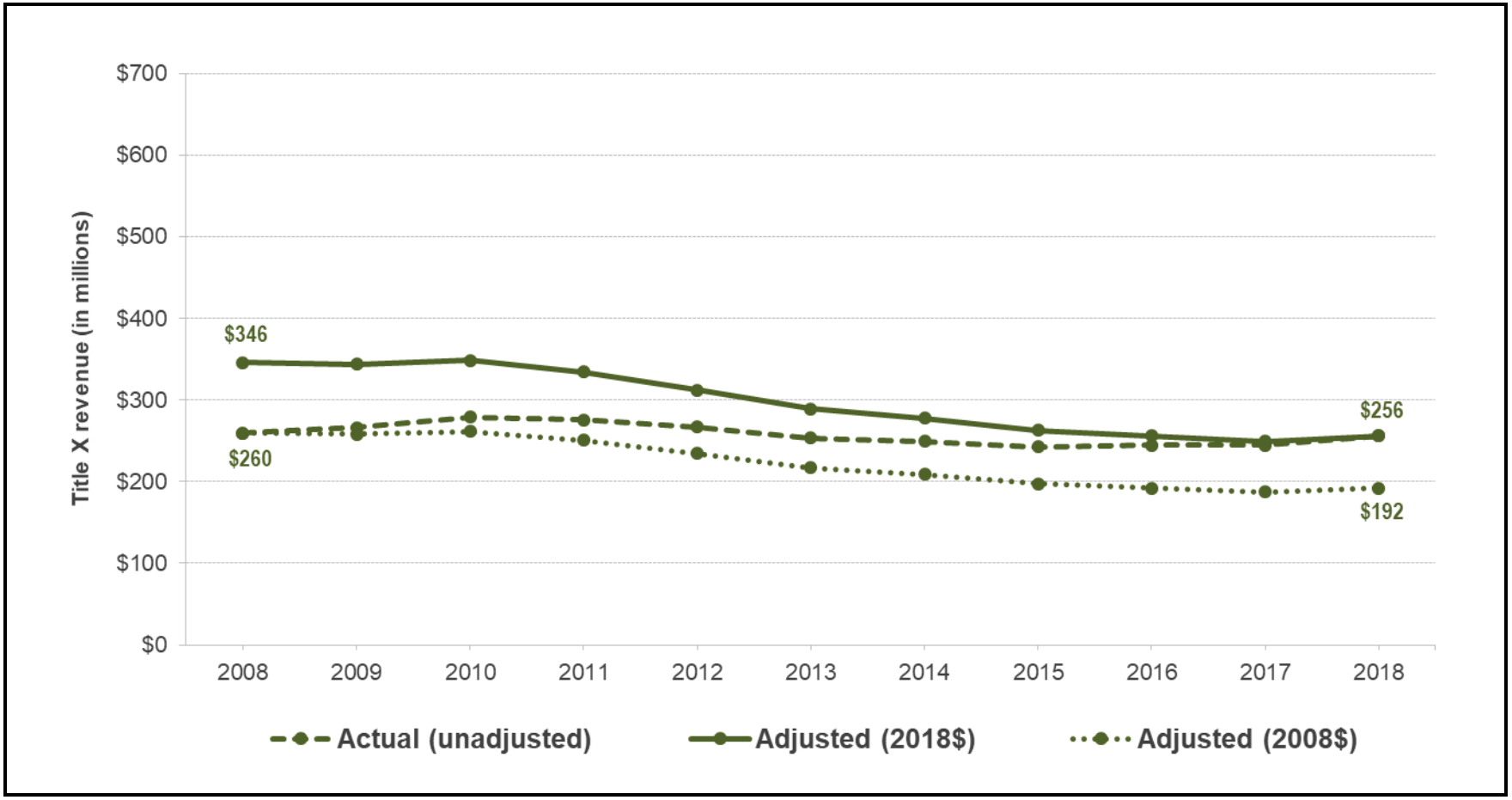
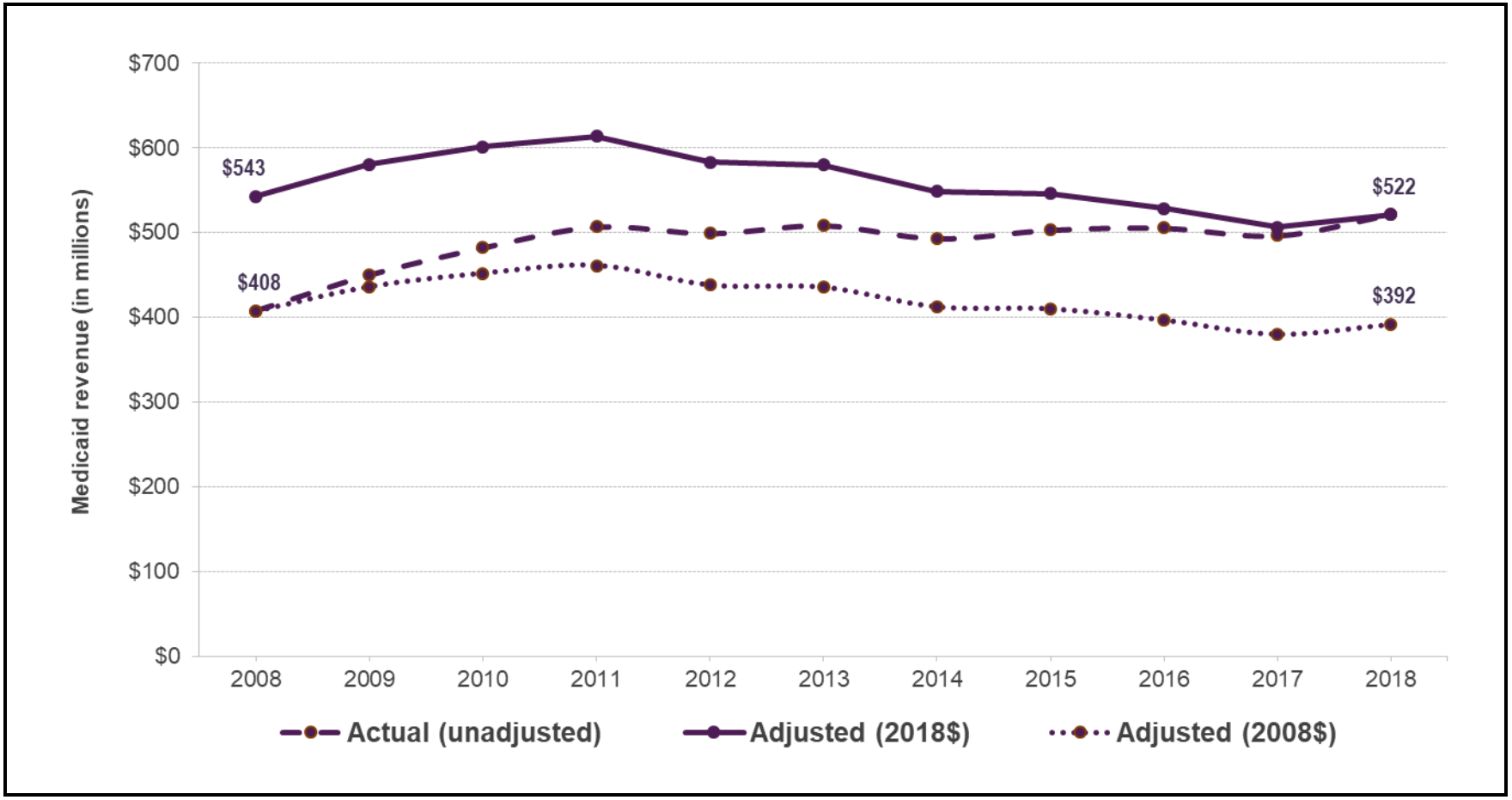


Exhibit A–13e. Medicaid actual (unadjusted) and adjusted (constant 2018$ and 2008$) revenue (in millions), by year: 2008–2018



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

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Exhibit A–14a. Amount of Title X project revenue, by revenue source and year: 2008–2018

Revenue Sources	2008 ($)	2009 ($)	2010 ($)	2011 ($)	2012 ($)	2013 ($)	2014 ($)	2015 ($)	2016 ($)	2017 ($)	2018 ($)
Title X	**259,743,981**	**266,393,881**	**279,295,186**	**276,002,719**	**267,095,215**	**253,655,493**	**249,517,445**	**242,576,878**	**245,066,054**	**244,563,111**	**255,902,324**
Payment for Services											
Client fees	94,531,003	80,940,857	84,540,815	72,156,363	70,400,120	69,425,823	53,170,034	47,872,483	52,876,599	52,367,880	54,674,193
Third-party payers											
Medicaid	407,349,628	449,834,131	481,262,633	506,608,330	498,739,261	505,709,855	490,470,842	501,418,354	504,313,859	495,245,884	519,967,258
Medicare	826,424	843,164	1,913,519	2,002,181	1,173,110	1,864,987	3,083,719	4,731,999	3,945,295	7,169,121	7,168,217
CHIP	212,168	194,482	913,045	279,244	442,214	2,784,603	2,590,621	1,768,014	1,194,843	1,256,008	1,711,969
Other	3,855,406	4,903,482	2,466,949	4,088,072	3,743,183	10,848,382	10,202,966	14,230,460	10,540,646	11,445,695	12,052,800
Private	45,067,919	48,445,935	50,409,637	51,655,083	63,955,467	69,210,207	95,138,355	104,000,648	132,617,104	140,145,229	147,295,805
Subtotal	**551,842,548**	**585,162,051**	**621,506,598**	**636,789,273**	**638,453,355**	**659,843,857**	**654,656,537**	**674,021,958**	**705,488,346**	**707,629,817**	**742,870,242**
Other Revenue											
MCH block grant	23,058,822	21,044,962	21,205,336	25,512,030	24,439,148	19,852,391	23,095,828	18,485,003	16,526,644	12,960,533	17,488,306
SS block grant	27,333,993	30,841,136	34,001,848	23,736,983	11,229,640	8,805,626	5,601,590	4,711,602	4,285,521	4,547,979	5,972,937
TANF	22,325,121	15,580,002	14,475,023	14,517,155	13,548,818	13,268,175	10,570,729	5,347,682	7,797,115	6,385,879	5,136,717
State government	147,447,953	153,830,395	135,464,470	125,392,165	117,468,476	131,054,838	120,974,720	119,983,576	133,484,660	119,036,286	134,279,658
Local government	101,295,242	84,666,243	91,289,586	84,214,372	87,010,991	93,770,370	80,388,864	73,018,511	66,637,455	69,199,630	43,605,003
BPHC	9,531,860	4,965,372	4,090,546	5,289,075	4,625,737	11,461,645	10,080,722	12,468,766	14,319,221	21,389,246	19,194,743
Other	68,909,949	68,827,043	92,507,316	95,120,838	96,335,555	93,002,768	89,015,512	93,426,923	111,534,633	111,905,640	96,775,567
Subtotal	**399,902,940**	**379,755,153**	**393,034,125**	**373,782,618**	**354,658,365**	**371,215,813**	**339,727,965**	**327,442,063**	**354,585,249**	**345,425,193**	**322,452,931**
Total Revenue											
Actual	**1,211,489,469**	**1,231,311,085**	**1,293,835,909**	**1,286,574,610**	**1,260,206,935**	**1,284,715,163**	**1,243,901,947**	**1,244,040,899**	**1,305,139,649**	**1,297,618,121**	**1,321,225,497**
2018$[a]	**1,612,946,660**	**1,588,936,224**	**1,614,503,604**	**1,558,024,373**	**1,472,151,823**	**1,464,739,194**	**1,385,111,560**	**1,349,731,690**	**1,364,339,945**	**1,323,238,955**	**1,321,225,497**
2008$[a]	**1,211,489,469**	**1,193,455,152**	**1,212,658,894**	**1,170,237,161**	**1,105,738,009**	**1,100,170,360**	**1,040,361,786**	**1,013,787,851**	**1,024,760,158**	**993,889,071**	**992,376,757**

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

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

[a] Total revenue is shown in constant 2018 dollars (2018$) and 2008 dollars (2008$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, http://data.bls.gov/cgi-bin/srgate).

Exhibit A–14b. Distribution of Title X project revenue, by revenue source and year: 2008–2018

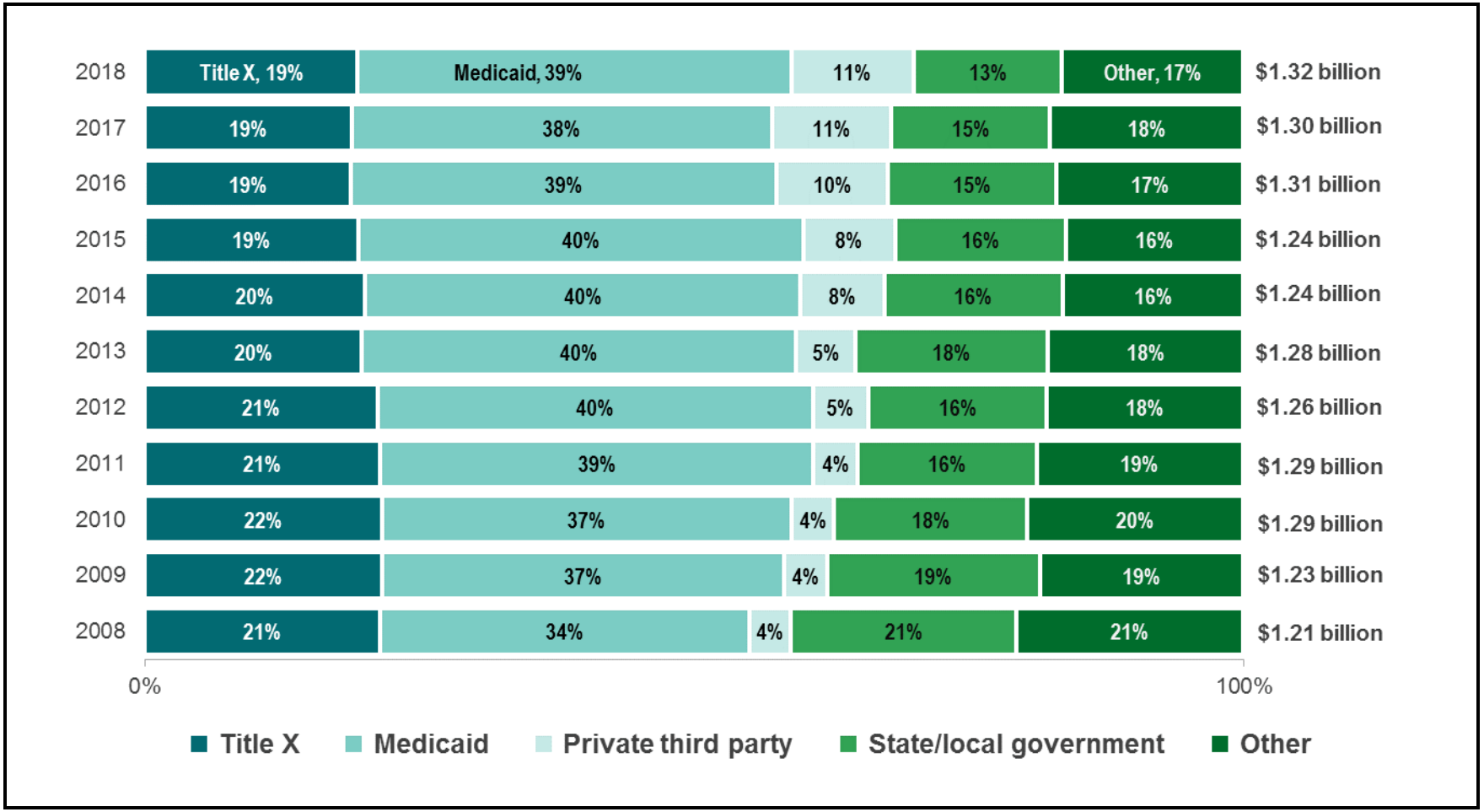
Revenue Sources	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Title X	**21%**	**22%**	**22%**	**21%**	**21%**	**20%**	**20%**	**19%**	**19%**	**19%**	**19%**
Payment for Services											
Client fees	8%	7%	7%	6%	6%	5%	4%	4%	4%	4%	4%
Third-party payers											
Medicaid	34%	37%	37%	39%	40%	39%	39%	40%	39%	38%	39%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Private	4%	4%	4%	4%	5%	5%	8%	8%	10%	11%	11%
Subtotal	**46%**	**48%**	**48%**	**49%**	**51%**	**51%**	**53%**	**54%**	**54%**	**55%**	**56%**
Other Revenue											
MCH block grant	2%	2%	2%	2%	2%	2%	2%	1%	1%	1%	1%
SS block grant	2%	3%	3%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†
TANF	2%	1%	1%	1%	1%	1%	1%	0%†	1%	0%†	0%†
State government	12%	12%	10%	10%	9%	10%	10%	10%	10%	9%	10%
Local government	8%	7%	7%	7%	7%	7%	6%	6%	5%	5%	3%
BPHC	1%	0%†	0%†	0%†	0%†	1%	1%	1%	1%	2%	1%
Other	6%	6%	7%	7%	8%	7%	7%	8%	9%	9%	7%
Subtotal	**33%**	**31%**	**30%**	**29%**	**28%**	**29%**	**27%**	**26%**	**27%**	**27%**	**24%**
Total Revenue	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

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

† Percentage is less than 0.5%.

Exhibit A–14c. **Amount (unadjusted) and distribution of Title X project revenue, by revenue source and year: 2008–2018**



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

Appendix B

State Exhibits

Exhibit B–1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2018 (Source: FPAR Table 1)

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	76,543	279	76,822	100%	0%†	2%
Alaska	6,882	1,883	8,765	79%	21%	0%†
Arizona	29,319	6,335	35,654	82%	18%	1%
Arkansas	45,349	148	45,497	100%	0%†	1%
California	849,690	124,641	974,331	87%	13%	25%
Colorado	45,177	10,089	55,266	82%	18%	1%
Connecticut	42,865	6,392	49,257	87%	13%	1%
Delaware	17,171	3,146	20,317	85%	15%	1%
District of Columbia	41,713	16,464	58,177	72%	28%	1%
Florida	106,483	2,692	109,175	98%	2%	3%
Georgia	106,327	41,037	147,364	72%	28%	4%
Hawaii	14,101	1,091	15,192	93%	7%	0%†
Idaho	9,912	1,101	11,013	90%	10%	0%†
Illinois	101,047	11,379	112,426	90%	10%	3%
Indiana	21,276	2,244	23,520	90%	10%	1%
Iowa	28,944	2,495	31,439	92%	8%	1%
Kansas	17,798	2,537	20,335	88%	12%	1%
Kentucky	38,935	8,371	47,306	82%	18%	1%
Louisiana	40,426	12,901	53,327	76%	24%	1%
Maine	19,350	3,762	23,112	84%	16%	1%
Maryland	62,896	9,904	72,800	86%	14%	2%
Massachusetts	63,566	10,274	73,840	86%	14%	2%
Michigan	54,981	7,726	62,707	88%	12%	2%
Minnesota	47,162	9,502	56,664	83%	17%	1%
Mississippi	24,035	1,133	25,168	95%	5%	1%
Missouri	34,623	3,323	37,946	91%	9%	1%
Montana	15,277	2,759	18,036	85%	15%	0%†
Nebraska	23,230	3,978	27,208	85%	15%	1%
Nevada	9,236	705	9,941	93%	7%	0%†
New Hampshire	14,008	2,097	16,105	87%	13%	0%†
New Jersey	96,294	12,987	109,281	88%	12%	3%
New Mexico	17,190	1,530	18,720	92%	8%	0%†
New York	277,403	35,652	313,055	89%	11%	8%

† Percentage is less than 0.5%.

(continued)

Exhibit B–1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2018 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	90,921	1,072	91,993	99%	1%	2%
North Dakota	4,995	1,262	6,257	80%	20%	0%†
Ohio	83,497	16,536	100,033	83%	17%	3%
Oklahoma	39,048	475	39,523	99%	1%	1%
Oregon	41,908	2,333	44,241	95%	5%	1%
Pennsylvania	169,481	25,323	194,804	87%	13%	5%
Rhode Island	22,958	6,140	29,098	79%	21%	1%
South Carolina	60,211	15,176	75,387	80%	20%	2%
South Dakota	4,598	382	4,980	92%	8%	0%†
Tennessee	67,326	1,683	69,009	98%	2%	2%
Texas	157,254	19,786	177,040	89%	11%	4%
Utah	31,379	7,965	39,344	80%	20%	1%
Vermont	8,574	1,202	9,776	88%	12%	0%†
Virginia	40,387	1,686	42,073	96%	4%	1%
Washington	85,673	7,523	93,196	92%	8%	2%
West Virginia	71,515	13,146	84,661	84%	16%	2%
Wisconsin	40,162	7,568	47,730	84%	16%	1%
Wyoming	5,975	1,290	7,265	82%	18%	0%†
Territories & FAS						
American Samoa	1,308	47	1,355	97%	3%	0%†
Comm. of the Northern Mariana Islands	1,265	2	1,267	100%	0%†	0%†
Federated States of Micronesia	3,006	498	3,504	86%	14%	0%†
Guam	0	0	0	—	—	0%
Puerto Rico	11,174	1,406	12,580	89%	11%	0%†
Republic of the Marshall Islands	2,237	10	2,247	100%	0%†	0%†
Republic of Palau	530	35	565	94%	6%	0%†
U.S. Virgin Islands	1,913	142	2,055	93%	7%	0%†
Total All Users	**3,446,504**	**493,245**	**3,939,749**	**87%**	**13%**	**100%**
Range				**72%–100%**	**0%†–28%**	**0%–25%**

FAS=Freely Associated States.

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–2. Number and distribution of all family planning users, by user income level and state: 2018 (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	54,482	18,539	1,598	2,203	76,822	71%	24%	2%	3%
Alaska	3,729	3,388	1,317	331	8,765	43%	39%	15%	4%
Arizona	22,010	9,586	3,405	653	35,654	62%	27%	10%	2%
Arkansas	34,409	10,011	1,076	1	45,497	76%	22%	2%	0%†
California	691,527	209,512	34,478	38,814	974,331	71%	22%	4%	4%
Colorado	40,884	11,406	2,976	0	55,266	74%	21%	5%	0%
Connecticut	18,756	23,327	7,031	143	49,257	38%	47%	14%	0%†
Delaware	11,944	5,266	934	2,173	20,317	59%	26%	5%	11%
District of Columbia	35,213	15,681	2,494	4,789	58,177	61%	27%	4%	8%
Florida	62,459	27,457	16,466	2,793	109,175	57%	25%	15%	3%
Georgia	103,377	27,512	13,586	2,889	147,364	70%	19%	9%	2%
Hawaii	10,683	2,958	1,036	515	15,192	70%	19%	7%	3%
Idaho	6,299	3,739	912	63	11,013	57%	34%	8%	1%
Illinois	86,918	18,746	5,993	769	112,426	77%	17%	5%	1%
Indiana	15,278	6,770	1,472	0	23,520	65%	29%	6%	0%
Iowa	19,570	6,542	2,969	2,358	31,439	62%	21%	9%	8%
Kansas	11,441	6,534	1,354	1,006	20,335	56%	32%	7%	5%
Kentucky	35,906	7,668	2,250	1,482	47,306	76%	16%	5%	3%
Louisiana	35,810	10,457	1,966	5,094	53,327	67%	20%	4%	10%
Maine	8,224	9,844	4,647	397	23,112	36%	43%	20%	2%
Maryland	60,368	7,808	1,199	3,425	72,800	83%	11%	2%	5%
Massachusetts	43,031	22,503	5,359	2,947	73,840	58%	30%	7%	4%
Michigan	32,572	22,293	7,736	106	62,707	52%	36%	12%	0%†
Minnesota	28,703	17,315	10,187	459	56,664	51%	31%	18%	1%
Mississippi	13,508	2,770	241	8,649	25,168	54%	11%	1%	34%
Missouri	20,934	12,640	4,372	0	37,946	55%	33%	12%	0%
Montana	8,056	5,599	3,671	710	18,036	45%	31%	20%	4%
Nebraska	16,770	7,368	1,553	1,517	27,208	62%	27%	6%	6%
Nevada	5,010	3,882	838	211	9,941	50%	39%	8%	2%
New Hampshire	6,955	6,026	2,762	362	16,105	43%	37%	17%	2%
New Jersey	62,725	41,883	4,246	427	109,281	57%	38%	4%	0%†
New Mexico	15,224	1,806	112	1,578	18,720	81%	10%	1%	8%
New York	208,456	70,727	32,823	1,049	313,055	67%	23%	10%	0%†

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B–2. Number and distribution of all family planning users, by user income level and state: 2018 (Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
North Carolina	58,380	21,526	5,596	6,491	91,993	63%	23%	6%	7%
North Dakota	2,372	2,121	1,607	157	6,257	38%	34%	26%	3%
Ohio	50,077	32,755	15,042	2,159	100,033	50%	33%	15%	2%
Oklahoma	27,133	11,430	925	35	39,523	69%	29%	2%	0%†
Oregon	26,399	15,383	2,440	19	44,241	60%	35%	6%	0%†
Pennsylvania	106,911	55,637	26,692	5,564	194,804	55%	29%	14%	3%
Rhode Island	12,758	4,276	4,127	7,937	29,098	44%	15%	14%	27%
South Carolina	45,338	17,836	12,213	0	75,387	60%	24%	16%	0%
South Dakota	3,098	1,286	596	0	4,980	62%	26%	12%	0%
Tennessee	53,123	13,455	2,134	297	69,009	77%	19%	3%	0%†
Texas	138,248	30,082	6,317	2,393	177,040	78%	17%	4%	1%
Utah	22,898	12,491	3,955	0	39,344	58%	32%	10%	0%
Vermont	3,615	3,648	2,138	375	9,776	37%	37%	22%	4%
Virginia	26,110	12,613	2,181	1,169	42,073	62%	30%	5%	3%
Washington	48,575	28,961	12,050	3,610	93,196	52%	31%	13%	4%
West Virginia	42,082	40,176	2,403	0	84,661	50%	47%	3%	0%
Wisconsin	19,863	11,826	3,931	12,110	47,730	42%	25%	8%	25%
Wyoming	3,785	2,102	1,378	0	7,265	52%	29%	19%	0%
Territories & FAS									
American Samoa	1,351	0	0	4	1,355	100%	0%	0%	0%†
Comm. of the Northern Mariana Islands	1,165	60	10	32	1,267	92%	5%	1%	3%
Federated States of Micronesia	3,504	0	0	0	3,504	100%	0%	0%	0%
Guam	0	0	0	0	0	—	—	—	—
Puerto Rico	10,085	1,890	395	210	12,580	80%	15%	3%	2%
Republic of the Marshall Islands	2,078	0	0	169	2,247	92%	0%	0%	8%
Republic of Palau	447	111	7	0	565	79%	20%	1%	0%
U.S. Virgin Islands	1,900	143	12	0	2,055	92%	7%	1%	0%
Total All Users	**2,542,526**	**977,371**	**289,208**	**130,644**	**3,939,749**	**65%**	**25%**	**7%**	**3%**
Range						**36%–100%**	**0%–47%**	**0%–26%**	**0%–34%**

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

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

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2018 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	22,331	12,458	41,928	105	76,822	29%	16%	55%	0%†
Alaska	2,088	3,540	3,135	2	8,765	24%	40%	36%	0%†
Arizona	4,987	8,481	22,186	0	35,654	14%	24%	62%	0%
Arkansas	16,320	18,306	10,871	0	45,497	36%	40%	24%	0%
California	417,161	73,738	481,782	1,650	974,331	43%	8%	49%	0%†
Colorado	20,270	8,753	24,666	1,577	55,266	37%	16%	45%	3%
Connecticut	21,055	15,420	12,529	253	49,257	43%	31%	25%	1%
Delaware	6,006	6,312	7,280	719	20,317	30%	31%	36%	4%
District of Columbia	43,885	5,661	8,567	64	58,177	75%	10%	15%	0%†
Florida	48,694	21,599	37,671	1,211	109,175	45%	20%	35%	1%
Georgia	40,052	49,673	57,249	390	147,364	27%	34%	39%	0%†
Hawaii	7,270	4,547	3,306	69	15,192	48%	30%	22%	0%†
Idaho	1,422	2,320	7,246	25	11,013	13%	21%	66%	0%†
Illinois	39,679	32,779	38,774	1,194	112,426	35%	29%	34%	1%
Indiana	5,519	5,452	12,549	0	23,520	23%	23%	53%	0%
Iowa	11,043	12,142	7,976	278	31,439	35%	39%	25%	1%
Kansas	2,442	4,046	13,759	88	20,335	12%	20%	68%	0%†
Kentucky	21,361	7,241	16,772	1,932	47,306	45%	15%	35%	4%
Louisiana	32,041	6,778	14,494	14	53,327	60%	13%	27%	0%†
Maine	5,545	10,815	4,931	1,821	23,112	24%	47%	21%	8%
Maryland	23,688	15,903	28,747	4,462	72,800	33%	22%	39%	6%
Massachusetts	35,752	22,479	15,497	112	73,840	48%	30%	21%	0%†
Michigan	19,793	17,443	24,918	553	62,707	32%	28%	40%	1%
Minnesota	12,493	22,698	21,298	175	56,664	22%	40%	38%	0%†
Mississippi	8,453	2,807	574	13,334	25,168	34%	11%	2%	53%
Missouri	9,239	10,234	18,473	0	37,946	24%	27%	49%	0%
Montana	4,668	7,862	5,468	38	18,036	26%	44%	30%	0%†
Nebraska	3,565	7,297	16,338	8	27,208	13%	27%	60%	0%†
Nevada	2,507	1,893	5,527	14	9,941	25%	19%	56%	0%†
New Hampshire	5,015	7,529	3,455	106	16,105	31%	47%	21%	1%
New Jersey	46,330	19,782	43,149	20	109,281	42%	18%	39%	0%†
New Mexico	5,726	1,695	10,887	412	18,720	31%	9%	58%	2%
New York	155,322	67,949	81,992	7,792	313,055	50%	22%	26%	2%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2018 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	33,569	14,318	43,666	440	91,993	36%	16%	47%	0%†
North Dakota	496	3,392	2,321	48	6,257	8%	54%	37%	1%
Ohio	37,875	27,495	33,815	848	100,033	38%	27%	34%	1%
Oklahoma	6,645	5,881	26,997	0	39,523	17%	15%	68%	0%
Oregon	13,009	6,553	21,596	3,083	44,241	29%	15%	49%	7%
Pennsylvania	85,847	59,367	45,384	4,206	194,804	44%	30%	23%	2%
Rhode Island	17,936	7,485	3,633	44	29,098	62%	26%	12%	0%†
South Carolina	27,541	24,109	23,737	0	75,387	37%	32%	31%	0%
South Dakota	343	2,226	2,411	0	4,980	7%	45%	48%	0%
Tennessee	24,177	8,439	36,377	16	69,009	35%	12%	53%	0%†
Texas	28,054	24,114	124,450	422	177,040	16%	14%	70%	0%†
Utah	1,355	11,424	26,565	0	39,344	3%	29%	68%	0%
Vermont	4,616	4,614	501	45	9,776	47%	47%	5%	0%†
Virginia	5,881	9,040	27,079	73	42,073	14%	21%	64%	0%†
Washington	40,255	33,899	17,805	1,237	93,196	43%	36%	19%	1%
West Virginia	36,841	27,647	19,723	450	84,661	44%	33%	23%	1%
Wisconsin	22,384	5,693	7,742	11,911	47,730	47%	12%	16%	25%
Wyoming	445	2,216	4,436	168	7,265	6%	31%	61%	2%
Territories & FAS									
American Samoa	0	0	1,351	4	1,355	0%	0%	100%	0%†
Comm. of the Northern Mariana Islands	603	215	419	30	1,267	48%	17%	33%	2%
Federated States of Micronesia	389	4	2,398	713	3,504	11%	0%†	68%	20%
Guam	0	0	0	0	0	—	—	—	—
Puerto Rico	11,334	576	507	163	12,580	90%	5%	4%	1%
Republic of the Marshall Islands	0	0	2,247	0	2,247	0%	0%	100%	0%
Republic of Palau	559	3	0	3	565	99%	1%	0%	1%
U.S. Virgin Islands	901	193	959	2	2,055	44%	9%	47%	0%†
Total Users	**1,502,777**	**794,535**	**1,580,113**	**62,324**	**3,939,749**	**38%**	**20%**	**40%**	**2%**
Range						**0%–99%**	**0%–54%**	**0%–100%**	**0%–53%**

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

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

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states' Medicaid expansion under the Affordable Care Act (ACA): 2018 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Alaska[a]	2,088	3,540	3,135	2	8,765	24%	40%	36%	0%†
Arizona[b]	4,987	8,481	22,186	0	35,654	14%	24%	62%	0%
Arkansas[b]	16,320	18,306	10,871	0	45,497	36%	40%	24%	0%
California	417,161	73,738	481,782	1,650	974,331	43%	8%	49%	0%†
Colorado	20,270	8,753	24,666	1,577	55,266	37%	16%	45%	3%
Connecticut	21,055	15,420	12,529	253	49,257	43%	31%	25%	1%
Delaware	6,006	6,312	7,280	719	20,317	30%	31%	36%	4%
District of Columbia	43,885	5,661	8,567	64	58,177	75%	10%	15%	0%†
Hawaii	7,270	4,547	3,306	69	15,192	48%	30%	22%	0%†
Illinois	39,679	32,779	38,774	1,194	112,426	35%	29%	34%	1%
Indiana[a]	5,519	5,452	12,549	0	23,520	23%	23%	53%	0%
Iowa	11,043	12,142	7,976	278	31,439	35%	39%	25%	1%
Kentucky[b]	21,361	7,241	16,772	1,932	47,306	45%	15%	35%	4%
Louisiana[a]	32,041	6,778	14,494	14	53,327	60%	13%	27%	0%†
Maryland	23,688	15,903	28,747	4,462	72,800	33%	22%	39%	6%
Massachusetts	35,752	22,479	15,497	112	73,840	48%	30%	21%	0%†
Michigan[a,b]	19,793	17,443	24,918	553	62,707	32%	28%	40%	1%
Minnesota	12,493	22,698	21,298	175	56,664	22%	40%	38%	0%†
Montana[a,b,c]	4,668	7,862	5,468	38	18,036	26%	44%	30%	0%†
Nevada	2,507	1,893	5,527	14	9,941	25%	19%	56%	0%†
New Hampshire[a,b]	5,015	7,529	3,455	106	16,105	31%	47%	21%	1%
New Jersey	46,330	19,782	43,149	20	109,281	42%	18%	39%	0%†
New Mexico	5,726	1,695	10,887	412	18,720	31%	9%	58%	2%
New York	155,322	67,949	81,992	7,792	313,055	50%	22%	26%	2%
North Dakota	496	3,392	2,321	48	6,257	8%	54%	37%	1%
Ohio	37,875	27,495	33,815	848	100,033	38%	27%	34%	1%
Oregon	13,009	6,553	21,596	3,083	44,241	29%	15%	49%	7%
Pennsylvania[a]	85,847	59,367	45,384	4,206	194,804	44%	30%	23%	2%
Rhode Island	17,936	7,485	3,633	44	29,098	62%	26%	12%	0%†
Vermont	4,616	4,614	501	45	9,776	47%	47%	5%	0%†
Washington	40,255	33,899	17,805	1,237	93,196	43%	36%	19%	1%
West Virginia	36,841	27,647	19,723	450	84,661	44%	33%	23%	1%
Expansion States Subtotal	**1,196,854**	**564,835**	**1,050,603**	**31,397**	**2,843,689**	**42%**	**20%**	**37%**	**1%**
Range						**8%–75%**	**8%–54%**	**5%–62%**	**0%–7%**

UK/NR=unknown or not reported.

(continued)

[a] Coverage became effective 1/1/14 in all states that adopted the Medicaid expansion except for **Michigan** (4/1/14), **New Hampshire** (8/15/14), **Pennsylvania** (1/1/15), **Indiana** (2/1/15), **Alaska** (9/1/15), **Montana** (1/1/16), and **Louisiana** (7/1/16) [see reference 23].

[b] **Arizona**, **Arkansas**, **Indiana**, **Iowa**, **Kentucky**, **Michigan**, **Montana**, and **New Hampshire** have approved Section 1115 waivers for Medicaid expansion [see reference 23].

[c] In November 2018, **Montana** voters rejected a ballot measure to extend the Medicaid expansion beyond 6/30/19; the expansion will sunset on 6/30/19 unless the state legislature acts to extend it [see reference 23].

† Percentage is less than 0.5%.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states' Medicaid expansion under the Affordable Care Act (ACA): 2018 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	22,331	12,458	41,928	105	76,822	29%	16%	55%	0%†
Florida	48,694	21,599	37,671	1,211	109,175	45%	20%	35%	1%
Georgia	40,052	49,673	57,249	390	147,364	27%	34%	39%	0%†
Idaho[d]	1,422	2,320	7,246	25	11,013	13%	21%	66%	0%†
Kansas	2,442	4,046	13,759	88	20,335	12%	20%	68%	0%†
Maine[e]	5,545	10,815	4,931	1,821	23,112	24%	47%	21%	8%
Mississippi	8,453	2,807	574	13,334	25,168	34%	11%	2%	53%
Missouri	9,239	10,234	18,473	0	37,946	24%	27%	49%	0%
Nebraska[f]	3,565	7,297	16,338	8	27,208	13%	27%	60%	0%†
North Carolina	33,569	14,318	43,666	440	91,993	36%	16%	47%	0%†
Oklahoma	6,645	5,881	26,997	0	39,523	17%	15%	68%	0%
South Carolina	27,541	24,109	23,737	0	75,387	37%	32%	31%	0%
South Dakota	343	2,226	2,411	0	4,980	7%	45%	48%	0%
Tennessee	24,177	8,439	36,377	16	69,009	35%	12%	53%	0%†
Texas	28,054	24,114	124,450	422	177,040	16%	14%	70%	0%†
Utah[g]	1,355	11,424	26,565	0	39,344	3%	29%	68%	0%
Virginia[e]	5,881	9,040	27,079	73	42,073	14%	21%	64%	0%†
Wisconsin[h]	22,384	5,693	7,742	11,911	47,730	47%	12%	16%	25%
Wyoming	445	2,216	4,436	168	7,265	6%	31%	61%	2%
Nonexpansion States Subtotal	**292,137**	**228,709**	**521,629**	**30,012**	**1,072,487**	**27%**	**21%**	**49%**	**3%**
Range						**3%–47%**	**11%–47%**	**2%–70%**	**0%–53%**
All States Total	**1,488,991**	**793,544**	**1,572,232**	**61,409**	**3,916,176**	**38%**	**20%**	**40%**	**2%**
Range						**3%–75%**	**8%–54%**	**2%–70%**	**0%–53%**

UK/NR=unknown or not reported.

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

[d] In November 2018, **Idaho** voters approved a ballot measure that requires the state to submit a state plan amendment to the Centers for Medicare & Medicaid Services (CMS) to implement the Medicaid expansion within 90 days of approval of the measure. As of 5/6/19, Medicaid expansion has not been implemented [see reference 23].

[e] In January 2019, coverage under Medicaid expansion became effective in **Virginia** (1/1/19) and **Maine** (1/10/19) [see reference 23].

[f] In November 2018, **Nebraska** voters approved a ballot measure to expand Medicaid according to the ACA and submit a state plan amendment or seek waiver approval from CMS on or before 4/1/19. As of 5/6/19, Medicaid expansion has not been implemented [see reference 23].

[g] In November 2018, **Utah** voters approved a ballot measure that requires the state to expand Medicaid coverage under the ACA to 138% of the federal poverty level (FPL) beginning 4/1/2019. As of 5/6/19, Medicaid expansion has not been implemented [see reference 23].

[h] **Wisconsin** covers adults up to 100% FPL in Medicaid but did not adopt the ACA expansion [see reference 23].

† Percentage is less than 0.5% [see reference 23].

Exhibit B–4. Number and distribution of female family planning users *at risk of unintended pregnancy*,[a] by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2018 (Source: FPAR Table 7)

State	Most Effective Permanent Methods[b]	Most Effective Reversible Methods[b]	Moderately Effective Methods[c]	Less Effective Methods[d]	Total At Risk[a]	Most Effective Methods[b]	Moderately Effective Methods[c]	Less Effective Methods[d]
Alabama	143	3,123	45,083	11,016	70,364	5%	64%	16%
Alaska	180	1,984	2,585	951	6,127	35%	42%	16%
Arizona	172	5,216	14,979	4,435	26,712	20%	56%	17%
Arkansas	2,465	6,389	21,141	5,428	38,997	23%	54%	14%
California	19,667	161,503	323,614	216,167	774,568	23%	42%	28%
Colorado	655	14,198	17,336	4,759	39,964	37%	43%	12%
Connecticut	2,162	7,617	16,739	8,921	40,520	24%	41%	22%
Delaware	494	3,349	6,924	2,380	15,702	24%	44%	15%
District of Columbia	799	5,894	9,016	1,465	37,005	18%	24%	4%
Florida	1,279	14,054	52,727	11,219	88,390	17%	60%	13%
Georgia	11,762	9,102	17,035	20,908	85,000	25%	20%	25%
Hawaii	597	2,696	5,070	1,931	11,382	29%	45%	17%
Idaho	478	1,821	4,342	973	8,272	28%	52%	12%
Illinois	2,621	17,404	41,550	16,068	88,927	23%	47%	18%
Indiana	567	3,337	11,831	2,614	19,049	20%	62%	14%
Iowa	1,278	6,372	13,004	3,629	26,147	29%	50%	14%
Kansas	766	1,483	9,915	1,716	15,691	14%	63%	11%
Kentucky	1,394	2,641	15,379	13,619	34,465	12%	45%	40%
Louisiana	3,493	4,535	18,274	5,518	34,362	23%	53%	16%
Maine	673	4,799	7,891	1,874	17,497	31%	45%	11%
Maryland	1,450	11,004	23,902	13,004	58,164	21%	41%	22%
Massachusetts	1,970	14,137	22,539	10,618	55,191	29%	41%	19%
Michigan	678	7,712	30,918	9,812	50,328	17%	61%	19%
Minnesota	513	10,590	23,749	7,820	43,387	26%	55%	18%
Mississippi	19	1,366	8,110	5,571	23,866	6%	34%	23%
Missouri	1,403	4,304	18,115	5,506	30,383	19%	60%	18%
Montana	559	3,174	7,910	2,272	14,315	26%	55%	16%
Nebraska	1,862	6,041	6,888	3,864	20,484	39%	34%	19%
Nevada	169	1,877	4,960	1,095	8,274	25%	60%	13%
New Hampshire	400	3,579	6,326	1,293	12,379	32%	51%	10%
New Jersey	1,955	10,958	45,727	22,914	86,859	15%	53%	26%
New Mexico	87	6,436	5,208	2,128	15,553	42%	33%	14%
New York	6,258	52,549	104,712	51,957	240,540	24%	44%	22%

(continued)

Exhibit B–4. Number and distribution of female family planning *users at risk of unintended pregnancy*,[a] by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2018 (continued)

State	Most Effective Permanent Methods[b]	Most Effective Reversible Methods[b]	Moderately Effective Methods[c]	Less Effective Methods[d]	Total At Risk[a]	Most Effective Methods[b]	Moderately Effective Methods[c]	Less Effective Methods[d]
North Carolina	652	17,259	46,871	10,814	84,426	21%	56%	13%
North Dakota	165	793	3,055	491	4,660	21%	66%	11%
Ohio	4,582	11,184	35,222	12,311	75,349	21%	47%	16%
Oklahoma	225	5,240	20,550	3,537	31,505	17%	65%	11%
Oregon	876	10,475	20,626	4,671	37,947	30%	54%	12%
Pennsylvania	6,663	20,847	64,812	31,887	152,554	18%	42%	21%
Rhode Island	2,273	3,742	6,261	3,603	17,549	34%	36%	21%
South Carolina	2,904	7,280	30,210	11,712	52,106	20%	58%	22%
South Dakota	47	486	3,378	331	4,360	12%	77%	8%
Tennessee	309	6,911	31,024	5,884	47,935	15%	65%	12%
Texas	8,312	22,749	53,602	37,122	136,590	23%	39%	27%
Utah	324	7,245	17,210	3,903	28,968	26%	59%	13%
Vermont	131	2,576	3,670	902	7,776	35%	47%	12%
Virginia	117	8,903	22,192	5,157	38,276	24%	58%	13%
Washington	1,023	15,283	44,155	14,493	77,514	21%	57%	19%
West Virginia	1,688	4,122	18,474	4,170	68,155	9%	27%	6%
Wisconsin	795	4,727	13,485	6,885	37,489	15%	36%	18%
Wyoming	220	818	3,424	792	5,587	19%	61%	14%
Territories & FAS								
American Samoa	53	113	586	370	1,260	13%	47%	29%
Comm. of the Northern Mariana Islands	1	176	914	66	1,178	15%	78%	6%
Federated States of Micronesia	39	463	1,368	887	2,880	17%	48%	31%
Guam	0	0	0	0	0	—	—	—
Puerto Rico	157	329	7,262	3,010	11,042	4%	66%	27%
Republic of the Marshall Islands	106	429	614	15	1,425	38%	43%	1%
Republic of Palau	12	44	379	34	507	11%	75%	7%
U.S. Virgin Islands	164	61	762	681	1,844	12%	41%	37%
Total Users	**100,806**	**563,499**	**1,413,605**	**637,173**	**3,067,746**	**22%**	**46%**	**21%**
Range						**4%–42%**	**20%–78%**	**1%–40%**

FAS=Freely Associated States.

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

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

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

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

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

— Not applicable.

Exhibit B–5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2018 (Source: FPAR Table 11)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
Alabama	19,588	34,826	56%
Alaska	2,234	3,020	74%
Arizona	12,002	14,297	84%
Arkansas	14,166	20,371	70%
California	262,774	366,168	72%
Colorado	14,146	21,184	67%
Connecticut	9,235	16,438	56%
Delaware	7,183	8,712	82%
District of Columbia	8,886	13,816	64%
Florida	17,766	42,435	42%
Georgia	13,891	31,616	44%
Hawaii	3,870	6,004	64%
Idaho	1,600	4,110	39%
Illinois	21,091	43,315	49%
Indiana	7,256	9,195	79%
Iowa	6,767	12,907	52%
Kansas	4,164	7,164	58%
Kentucky	7,446	16,764	44%
Louisiana	11,671	15,332	76%
Maine	4,834	8,879	54%
Maryland	13,927	24,276	57%
Massachusetts	14,991	26,492	57%
Michigan	16,323	27,422	60%
Minnesota	18,386	25,631	72%
Mississippi	8,060	12,040	67%
Missouri	9,537	16,918	56%
Montana	5,347	8,214	65%
Nebraska	7,201	9,013	80%
Nevada	2,644	3,479	76%
New Hampshire	3,980	6,393	62%
New Jersey	26,923	34,067	79%
New Mexico	3,925	8,002	49%
New York	66,686	112,646	59%

(continued)

Exhibit B–5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2018 (Source: FPAR Table 11) (continued)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
North Carolina	20,689	34,363	60%
North Dakota	1,442	2,343	62%
Ohio	24,230	39,459	61%
Oklahoma	11,294	19,972	57%
Oregon	11,155	19,436	57%
Pennsylvania	39,032	74,409	52%
Rhode Island	3,754	9,279	40%
South Carolina	19,443	25,620	76%
South Dakota	1,273	2,546	50%
Tennessee	23,529	32,912	71%
Texas	27,450	56,276	49%
Utah	8,971	18,011	50%
Vermont	2,915	4,138	70%
Virginia	7,527	14,948	50%
Washington	28,985	43,374	67%
West Virginia	6,928	26,009	27%
Wisconsin	10,036	18,644	54%
Wyoming	1,678	2,992	56%
Territories & FAS			
American Samoa	65	364	18%
Comm. of the Northern Mariana Islands	123	616	20%
Federated States of Micronesia	167	1,092	15%
Guam	0	0	—
Puerto Rico	867	5,407	16%
Republic of the Marshall Islands	63	895	7%
Republic of Palau	22	161	14%
U.S. Virgin Islands	465	628	74%
Total Users	**900,603**	**1,465,040**	**61%**
Range			**7%–84%**

FAS=Freely Associated States.

—Not applicable.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2018 FPAR, including issues identified during data validation and relevant table-specific notes from grantees and Health and Human Services (HHS) Regional Project Officers. The notes are organized according to the FPAR reporting table to which they apply.

FPAR COVER SHEET: GRANTEE PROFILE

Subrecipients—Of the 85 grantees that were active in both 2017 and 2018, 56 reported no change in the number of subrecipients, 15 reported an increase, and 14 reported a decrease. Reasons given by several grantees for the decrease in subrecipients included nonrenewal of contracts, withdrawal by the subrecipients from participating in Title X, a decline in Title X funding, agency mergers, and agency closures.

Service Sites—Of the 85 grantees that were active in both 2017 and 2018, 39 reported no change in the number of service sites, 21 reported an increase, and 25 reported a decrease. Reasons given by several grantees for the change in the number of services sites included the addition or withdrawal of subrecipients, site closures, and site consolidations.

Reporting Period—Eighteen grantees reported data for a reporting period that was less than 12 months, 2 grantees reported data for a different 12-month period, and all others (N=79) reported data for the 12-month period from January 1, 2018, through December 31, 2018.

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 85 grantees that were active in both 2017 and 2018, 47 reported a decrease and 38 reported an increase in the number of family planning users.

- Reasons given by grantees for the **decrease in number of users** included site closures, site or subrecipient withdrawal from Title X participation, increased cost of delivering services, electronic health record (EHR) implementation or transition, EHR-related issues that resulted in some clients not being counted, staffing shortages (e.g., furlough, medical leave, military leave, and clinical services provider [CSP] recruitment or retention), a decline in the number of encounters because of increased use of long-acting reversible contraception (LARC) or the increased screening interval for cervical cancer, increased choices for care among newly insured clients, reduced geographic access to service sites, network regulations that required clients to change providers in order to stay "in network," data system issues and coding errors, errors in reporting 2017 data (overreporting), and weather-related disruptions in care delivery (e.g., hurricanes).
- Reasons given by grantees for the **increase in the number of users** included an increase in the number of CSPs, the addition of new subrecipients and service sites, an increase in state funding, improvements (e.g., standardization) in data collection and reporting, increased or improved marketing, renaming of clinics to be more inclusive, errors in reporting 2017 data

(i.e., underreporting), increased outreach to males and teens, and outreach during drop-in STD screening.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown race. Of the 17% of total female users for whom race was unknown or not reported in 2018, 74% self-identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of female users with unknown race or ethnicity** included client issues in reporting self-identified race or ethnicity (e.g., confusion about categories or reporting more than one race or refusal to report race), EHR-related issues (e.g., offering an "Other" race option, programming errors, or loss of data during EHR implementation or transition), data collection issues among new subrecipients, loss of data due to hurricane-related power outages, and staff failure to collect data.
- Reasons given by grantees for a **decrease in the percentage of female users with unknown race or ethnicity** included improvements in the collection, storage, and retrieval of race and ethnicity data.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 17% of total male users for whom race was unknown or not reported in 2018, 74% identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of male users with unknown race or ethnicity** included client confusion about or refusal to report race information, EHR offering an "Other" race option, difficulty with a new or changing EHR system, coding errors, and staff failure to collect data.
- Reasons given for a **decrease in the percentage of male users with unknown race or ethnicity** included an improved capture of ethnicity and race data, staff training, and improved data collection.

FPAR TABLE 4: USERS BY INCOME LEVEL

Unknown/not reported income status—Several grantees attributed the high or increased number of family planning users with unknown or not reported income to problems with data collection, including client (e.g., full-fee or insured clients) refusal to report income data, EHR-related data collection, data entry, data processing, or data retrieval issues. Several other grantees attributed the decrease in number of family planning users with unknown or not reported income to improvements to data collection, data quality monitoring, implementation of a new income reporting policy, and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 85 grantees operating in both 2017 and 2018, 43 reported an increase in the percentage of users with health insurance, 40 reported a decrease, and 2 reported no change.

- Reasons grantees gave for an **increase in the percentage of users with health insurance** included an increase in newly insured clients because of the ACA and Medicaid expansion, improved collection of insurance status data, on-site health insurance enrollment assistance, and use of an EHR template to capture insurance status information.
- Reasons grantees gave for a **decrease in the percentage of users with health insurance** included targeted outreach to uninsured populations and an increase in the number of uninsured clients seeking care.

Unknown/not reported health insurance status—Several grantees attributed the high or increased number of family planning users with unknown or not reported health insurance coverage status to a failure to collect insurance status data from clients, EHR-related issues affecting insurance classification, client refusal to report their insurance status for fear of denial of care or loss of confidentiality, and teens not knowing their insurance status.

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

Of the 85 grantees operating in both 2017 and 2018, 44 reported a decrease and 41 reported an increase in the percentage of users who are LEP.

- Reasons given by grantees for the **decrease in percentage of users who are LEP** included errors in 2017 LEP data, reluctance of clients to seek services at government facilities, and improved data collection.
- Reasons given by grantees for the **increase in percentage of users who are LEP** included improvements in LEP data collection, changing client demographic characteristics, increased capacity to serve LEP population, and increased outreach to minority communities.

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

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Primary method category definitions—Contraceptive methods are grouped into three categories—most, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These categories correspond to the three groups or tiers defined by Trussell (2011).[16]

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

- Male sterilization/vasectomy, 0.15%
- Female sterilization, 0.5%
- Implant (Nexplanon®), 0.05%
- Intrauterine device (Mirena®), 0.2%
- Intrauterine device (Skyla®), 0.4%[24]
- Intrauterine device (Kyleena®), 0.2%[25]
- Intrauterine device (Liletta®), 0.2%[26]
- Intrauterine device (ParaGard®), 0.8%

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

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

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

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

Because the FPAR combines some methods into a single reporting category (e.g., FAM or LAM, diaphragm or cervical cap), the methods in two of the three effectiveness categories may differ slightly from those listed above. We do not expect these differences to have an impact on the findings because a limited number of Title X clients report using the methods in these combined categories.

Hormonal injection users—Eight grantees in three regions (III, VI, and IX) reported a total of 57 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.01% of the 474,609 hormonal injection users reported in 2018.

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

Vasectomy among users under 18—One grantee reported two female users under 18 relying on vasectomy as their primary contraceptive method. The grantee confirmed that these users received noncoercion counseling.

Unknown/not reported primary contraceptive method—Several grantees attributed the high or increased number of female users with an unknown primary method to one or both of these reasons: (1) data collection or system problems (e.g., failure to document primary method overall or for user subgroups [e.g., users relying on third-party payer source, teens, women over 45], data entry errors, or EHR-related issues during implementation or transition, lack of FPAR-specific data fields [e.g., "no method/other reason"], or data extraction) or (2) staff capacity (e.g., inadequate training or turnover).

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

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

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

Sterilization among users under 20—No grantees reported male users under 20 relying on vasectomy as their primary contraceptive method.

Unknown/not reported primary contraceptive method—Several grantees attributed the high or increased number of male users with an unknown primary method to one or more of the following reasons: failure to record primary method for some, all, or certain subgroups of users (e.g., users relying on third-party payers) or encounters (e.g., STD testing); EHR-related issues (e.g., transition to new EHR, unstructured data field for recording primary method, and problems retrieving data); failure to collect data for "no method, other reason" category; and staff turnover. Several other grantees attributed a decrease in the number of male users with an unknown primary method to improved data collection, staff training, and technical assistance.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 49 reported a decrease in the percentage of female users who received a Pap test, and 36 reported an increase.

- Reasons given by grantees for the **decrease in the percentage of females screened for cervical cancer** included adherence to cervical cancer screening guidelines, data capture issue with lab, an increase in the percentage of clients who were females under 21 years, a decrease in the number of female clients, EHR-related issues (e.g., loss of data or difficulty extracting data), decreased opportunities to screen because of a decline in annual visits by some users (e.g., LARC users), better documentation of tests done elsewhere, and weather-related disruptions in care delivery (e.g., hurricanes).
- Reasons given by grantees for an **increase in the percentage of females screened for cervical cancer** included STD quality initiatives that had the secondary effect of increasing cervical cancer screening, an increase in new patients who were in need of screening, increased funding, increased capability to identify clients in need of screening, and underreporting of screening in 2017.

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

CBEs—Of the 85 grantees that were active in both 2017 and 2018, 53 reported a decrease in the percentage of female users who received a CBE, and 32 reported an increase.

- Reasons given by grantees for a **decrease in the percentage of females who received a CBE** included adherence to breast cancer screening guidelines, a change in reporting methodology, a decrease in the frequency of clients receiving other physical exams or tests during which a CBE might be performed (e.g., physical exam), and EHR-related issues (e.g., extraction, adjustment to new system, mapping and location of CBE reporting field).
- Reasons given by grantees for an **increase in the percentage of females who received a CBE** included adherence to guidelines, improved ability to identify clients needing exam, an increase in older clients, errors in reporting 2017 data, and improved data collection.

CBE-Related Referrals—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 29 reported a decrease in the percentage of female users referred for further evaluation following a CBE, 53 reported an increase, and 3 reported no change.

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

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

Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 46 reported an increase in the percentage of female users under 25 tested for chlamydia, and 39 reported a decrease. In addition, 36 grantees reported an increase in the percentage of male users tested, 47 reported a decrease, and 1 reported no change.

- Reasons given for an **increase in the chlamydia testing rate** included adherence to screening guidelines, high chlamydia prevalence in the state or service area, improved data collection, increased staff training and awareness, implementation of a chlamydia-focused quality improvement initiative, local and statewide marketing of testing services, and an increased number of male users at risk for chlamydia.
- Reasons given for a **decrease in the chlamydia testing rate** included a decrease in clients, a decrease in clients who qualified for testing, decreased funding or loss of dedicated funding, EHR-related issues (e.g., difficulty with data extraction and challenges transitioning to a new EHR), an increase in clients tested at non-Title X sites, an undercount of tests (e.g., all tests counted once instead of per site tested), and a decrease in the number of service sites.

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

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

- Reasons given for the **increase in STD testing** included improved data collection and reporting, implementation of opt-out testing, initiatives to increase staff awareness and encourage STD/HIV testing, an increase in the availability of testing reagents, high prevalence of STDs in the state or service area, an increase in users at high risk, an increase in male clients, an increase in the number of service sites, improved linkage between STD and family planning programs, marketing outreach to high-risk populations to encourage STD/HIV testing, hiring of phlebotomist, and underreporting of STD testing data in previous years' FPARs.
- Reasons given for the **decrease in STD testing** included a decrease in clients, difficulty with mapping lab data to EHR data, reporting errors, testing available from other providers in community, decreased availability of family planning services, and weather-related disruptions in care delivery.

Gonorrhea Testing Rate—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 51 reported an increase and 34 reported a decrease in the number of gonorrhea tests per female user. In addition, 47 grantees reported an increase and 38 reported a decrease in the number of tests per male user.

- Reasons given by grantees for the **increase in gonorrhea testing** included improved data collection/reporting, increased gonorrhea prevalence in the service area, and an increase in the availability of testing supplies.
- Reasons given by grantees for the **decrease in gonorrhea testing** included data issues (e.g., all tests counted once instead of per site tested, overreporting of data in 2017) and loss of service sites.

Syphilis Testing Rate—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 55 reported an increase and 30 reported a decrease in the number of syphilis tests per female

user. In addition, 46 grantees reported an increase, 37 reported a decrease, and 2 reported no change in the number of syphilis tests per male user.

- Reasons given for the **increase in syphilis testing** included high prevalence or an outbreak in the service area, ability to test on-site, combining HIV and syphilis testing, and underreporting of syphilis testing data in previous years' FPARs.
- A reason given for the **decrease in syphilis testing** was clients refusing to have their blood drawn.

Confidential HIV Testing Rate—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 58 grantees reported an increase and 27 reported a decrease in the number of confidential HIV tests per female user. In addition, 39 grantees reported an increase, 44 reported a decrease, and 2 reported no change in the number of confidential HIV tests per male user.

- Reasons given by grantees for the **increase in confidential HIV testing** included use of PrEP (pre-exposure prophylaxis) services, an increase in clients with risk factors associated with misuse of opioids and other substances, improved data collection/reporting, and continuation or implementation of opt-out testing.
- Reasons given by grantees for the **decrease in confidential HIV testing** included clients obtaining testing elsewhere and withdrawal of a subrecipient that had a special focus on HIV testing.

Positive Confidential HIV Tests—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 28 reported a decrease in the number of positive confidential HIV tests per 1,000 tests performed, 36 reported an increase, and 21 reported no change (ratio was zero in both years). Reasons cited by grantees for the **increase in positive confidential HIV tests** included an increase in clients with risk factors associated with misuse of opioids and other substances and improved reporting.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

CSP Full-Time Equivalent (FTE)—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 47 reported an increase in the total number of CSP FTEs delivering Title X-funded services, 30 reported a decrease, and 8 reported no change.

- Reasons given for an **increase in CSP FTEs** included underreporting of FTEs in the 2017 FPAR, more accurate reporting of CSP FTEs, increased funding to hire more CSPs, improved capture of FTE data, and an increase in CSP staffing associated with the addition of new subrecipients and service sites.
- Reasons given for a **decrease in CSP FTEs** included difficulty retaining or recruiting staff, subrecipient agency withdrawal from Title X or closure, overreporting of FTEs in the 2017 FPAR, and reduced CSP staffing in response to a decrease in users.

Physician FTEs—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 47 reported an increase in physician FTEs, 32 reported a decrease, and 20 reported no change.

Reasons cited for the increase in physician FTEs included the addition of Federally Qualified Health Centers to the Title X network and collaboration with physician residency programs. Reasons for a decrease in physician FTEs included not filling vacancies and recruitment difficulties.

Midlevel Clinician FTEs—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 47 grantees reported an increase in midlevel clinician FTEs, 26 reported a decrease, and 12 reported no change. In addition to the general reasons cited above for the increase in CSP FTEs, there was a shift in staffing composition from physician to midlevel FTEs.

Other CSP FTEs—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 64 reported zero other CSP FTEs in both years, 8 reported a decrease, 8 reported an increase, and 5 reported no change.

Family Planning Encounters—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 45 grantees reported a decrease in the number of total encounters and 40 reported an increase.

- Reasons given for the **decrease in encounters** included a decline in clients, staff turnover and shortages, relocation of service sites, population migration after hurricanes, and loss of productivity due to EHR implementation.
- Reasons given for the **increase in encounters** included the addition of new subrecipients, an increase in clients, improved data capture, improved workflow, and increased operational efficiencies.

FPAR TABLE 14: REVENUE REPORT

Total revenue (row 18)—All Regions—Of the 85 grantees that submitted an FPAR in both 2017 and 2018, 50 reported an increase in total revenue and 35 reported a decrease.

Title X revenue (row 1)—All Regions—Title X revenue includes 2018 cash receipts or drawdown amounts from all family planning service grants.

Medicaid revenue (row 3a)—All Regions—Medicaid revenue includes revenue from federally approved Medicaid family planning eligibility expansions in the following 25 states:

- Region I—Connecticut, Maine, New Hampshire, and Rhode Island
- Region II—New York
- Region III—Maryland, Pennsylvania, and Virginia
- Region IV—Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina
- Region V—Indiana, Minnesota, and Wisconsin
- Region VI—Louisiana, New Mexico, and Oklahoma
- Region VII—None
- Region VIII—Montana and Wyoming
- Region IX—California

- Region X—Oregon and Washington

Note that four states (Iowa, Missouri, Texas, and Vermont) operate entirely state-funded programs to provide family planning services.

Other revenue (rows 12 through 16)—All Regions—An illustrative list of "other" revenue sources reported in rows 12 through 16 includes the following: ACF Personal Responsibility Education Program (PREP); agency or applicant funds; Arizona Department of Health Services STD funding; AT&T reimbursement; Breast and Cervical Cancer Early Detection Program; Breast and Cervical Cancer Program; carry-over funds; cash; CDC Infertility Prevention Program; Centralized Data System Project; client donations; college/university funding; Community AIDS Reporting System HIV Prevention funds; community service block grant; contraceptives; DC Campaign Teen Pregnancy Prevention Fund; donations; Early Detection Works Program; earned and special funds; earned interest; education income; Every Woman Matters < 40; federal grants received by local health department; federal STD funds/grants; foundation grants/donations; fundraising revenue; grant funding; Health Safety Net; Health Systems Transformation; HealthyWoman Breast & Cervical Cancer Screening; HIV funding; Health Resources and Services Administration (HRSA) (Ryan White); individual contributions; Infertility Prevention Program; interest income; KY Office of Refugees (Bluegrass Community Health); Lab Coop; meaningful use payment or incentive; Medicaid interest; Medicaid meaningful use; medical record charges; MetroCard reimbursement; miscellaneous; net assets released from restriction; nonspecific subrecipient funding; nonstate grants; One City Health; other donations; other federal grants/funds/revenue; patient contributions; Planned Parenthood Federation of America; Pregnancy Prevention Grant; Preventive Health and Health Services block grant; private grants/donations; refunds/payment/fees; rental/agency support; restricted foundation grants; restricted gifts/donations; revenue recovery; Sanilac County Health Department; school-based health centers; State Farmworker Voucher Program; State Migrant Worker Voucher Program; state set-off program and one-time revenue; state STD funding; subcontracts; subrecipient contribution; Teen Pregnancy Prevention Initiative; tobacco settlement; UNFPA; United Way (various); University of Arizona; University of Chicago HIV testing grant; University of Wisconsin; unspecified STD funding; and Workers Compensation Refund.

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