

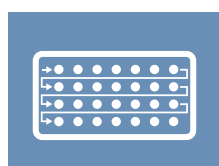
September 2020



Title X

Family Planning Annual Report

2019 National Summary



This page intentionally left blank.

September 2020

Family Planning Annual Report: 2019 National Summary

Prepared for

Office of Population Affairs

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
1101 Wootton Parkway, Suite 200
Rockville, MD 20852

Prepared by

RTI International

3040 East Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709

SUGGESTED CITATION

Fowler, C. I., Gable, J., Lasater, B., & Asman, K. (2020, September). *Family Planning Annual Report: 2019 National Summary*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services.

ADDITIONAL COPIES

This report can be viewed, downloaded, and printed from the Office of Population Affairs Website at <https://opa.hhs.gov/evaluation-research/title-x-services-research/family-planning-annual-report>.

ACKNOWLEDGMENTS

This report was prepared by RTI International under OPA contract number HHSP233201500039I/75P00119F37024. RTI staff who prepared the report include Christina Fowler (Project Director and Health Scientist), Julia Gable (Statistician), Beth Lasater (Information Systems Analyst), and Kat Asman (Statistician). The conclusions expressed in this report are those of the authors and do not necessarily represent the views of HHS or OPA. Amy Morrow and Margaret Johnson (Editors); Judy Cannada and Roxanne Snaauw (Document Preparation Specialists); and Kimberly Cone, Pam Tuck, and Teresa Bass (Web Conversion Team) provided publications assistance. Al-Nisa Berry (FPAR Data System Manager), Yuying Zhang (Programmer), and Vesselina Bakalov (Programmer) provided support for web-based data collection.

For their help resolving data validation issues and reviewing the final report, the authors thank the following U.S. Department of Health and Human Services (HHS) Office of Population Affairs (OPA) staff: Diane Foley (Deputy Assistant Secretary for Population Affairs), Jamie Kim and Roshni Menon (FPAR Data Coordinators), Amy Margolis (Division Director), Karen Silver (Senior Communications Specialist), and HHS/OPA Project Officers (LCDR Cynda Hall, Alissa Harvey, Jo Anne Jensen, CDR Rebecca McTall, and Shenena Merchant).

Finally, publication of this report would not have been possible without the contributions of Title X services grantees and subrecipients that ensure access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and collect, compile, and submit FPAR data to OPA.

RTI International is a registered trademark and a trade name of Research Triangle Institute.

CONTENTS

Executive Summary.....	ES-1
1 Introduction.....	1
Title X National Family Planning Program	1
Family Planning Annual Report.....	2
Report Structure	3
2 FPAR Methodology.....	5
Data Collection	5
Data Validation	5
3 Title X Network Characteristics	7
Title X Service Network Profile	7
4 Family Planning User Characteristics	9
Demographic Profile.....	9
Total Users (Exhibit 3).....	9
Users by Sex (Exhibits 4 and 5).....	10
Users by Age (Exhibits 4 and 5)	10
Users by Race (Exhibits 6 through 14)	14
Users by Ethnicity (Exhibits 6 through 14).....	14
Social and Economic Profile.....	23
Users by Income Level (Exhibit 15)	23
Users by Insurance Coverage Status (Exhibit 16).....	23
Users by Limited English Proficiency Status (Exhibit 17)	24
5 Contraceptive Use	29
Female Contraceptive Use (Exhibits 18 through 21).....	29
Trends in Female Primary Contraceptive Method Use	30
Male Contraceptive use (Exhibits 22 through 25)	31
6 Related Preventive Health Services.....	41
Cervical and Breast Cancer Screening.....	41
Cervical Cancer Screening (Exhibit 26).....	41
Breast Cancer Screening (Exhibit 26)	41
Sexually Transmitted Disease Testing.....	43

Chlamydia Testing (Exhibits 27 and 28).....	43
Gonorrhea Testing (Exhibit 29)	46
Syphilis Testing (Exhibit 29)	46
HIV Testing (Exhibit 29)	46
7 Staffing and Service Utilization.....	49
Staffing and Family Planning Encounters.....	49
Clinical Services Provider Staffing (Exhibit 30).....	49
Family Planning Encounters (Exhibit 30).....	49
8 Project Revenue.....	53
Revenue.....	53
Title X Services Grant.....	53
Payment for Services: Client Fees	53
Payment for Services: Third-Party Payers	53
Other Revenue.....	54
Revenue per User and Encounter	54
Trends in Project Revenue 2009 vs. 2019	58
9 References	59

Appendixes

A National Trend Exhibits	A-1
B State Exhibits.....	B-1
C Field and Methodological Notes	C-1

Exhibits

1. U.S. Department of Health and Human Services regions	4
2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2018–2019 (Source: FPAR Grantee Profile Cover Sheet)	7
3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2018–2019 (Source: FPAR Table 1)	9
4. Number of all family planning users, by sex, age, and region: 2019 (Source: FPAR Table 1)	12
5. Distribution of all family planning users, by sex, age, and region: 2019 (Source: FPAR Table 1).....	13
6. Number and distribution of all family planning users, by race and ethnicity: 2019 (Source: FPAR Tables 2 and 3).....	15

7. Number and distribution of female family planning users, by race and ethnicity: 2019 (Source: FPAR Table 2).....	15
8. Number and distribution of male family planning users, by race and ethnicity: 2019 (Source: FPAR Table 3).....	15
9. Number of all family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Tables 2 and 3).....	16
10. Distribution of all family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Tables 2 and 3).....	17
11. Number of female family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Table 2).....	18
12. Distribution of female family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Table 2).....	19
13. Number of male family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Table 3).....	20
14. Distribution of male family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Table 3).....	21
15. Number and distribution of all family planning users, by income level and region: 2019 (Source: FPAR Table 4).....	25
16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2019 (Source: FPAR Table 5)	26
17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2019 (Source: FPAR Table 6).....	27
18. Number of female family planning users, by primary contraceptive method and age: 2019 (Source: FPAR Table 7).....	32
19. Distribution of female family planning users, by primary contraceptive method and age: 2019 (Source: FPAR Table 7).....	33
20. Number of female family planning users, by primary contraceptive method and region: 2019 (Source: FPAR Table 7).....	34
21. Distribution of female family planning users, by primary contraceptive method and region: 2019 (Source: FPAR Table 7).....	35
22. Number of male family planning users, by primary contraceptive method and age: 2019 (Source: FPAR Table 8)	36
23. Distribution of male family planning users, by primary contraceptive method and age: 2019 (Source: FPAR Table 8).....	37
24. Number of male family planning users, by primary contraceptive method and region: 2019 (Source: FPAR Table 8).....	38
25. Distribution of male family planning users, by primary contraceptive method and region: 2019 (Source: FPAR Table 8).....	39
26. Cervical and breast cancer screening activities, by screening test or exam and region: 2019 (Source: FPAR Tables 9 and 10)	42

27. Number of family planning users tested for chlamydia, by sex, age, and region: 2019 (Source: FPAR Table 11).....	43
28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2019 (Source: FPAR Table 11)	45
29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2019 (Source: FPAR Table 12)	46
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: 2019 (Source: FPAR Table 13).....	51
31. Amount and distribution of Title X project revenues, by revenue source: 2019 (Source: FPAR Table 14).....	55
32. Amount of Title X project revenues, by revenue source and region: 2019 (Source: FPAR Table 14).....	56
33. Distribution of Title X project revenues, by revenue source and region: 2019 (Source: FPAR Table 14).....	57
A-1a. Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2009–2019	A-2
A-1b. Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2009–2019	A-3
A-1c. Number of Title X-funded service sites and users per service site, by year: 2009–2019	A-4
A-2a. Number and distribution of all family planning users, by region and year: 2009–2019	A-6
A-2b. Number and distribution of all family planning users, by region and year: 2009–2019	A-7
A-3a. Number and distribution of all family planning users, by age and year: 2009–2019	A-8
A-3b. Number and distribution of all family planning users, by age and year: 2009–2019	A-9
A-4a. Number and distribution of all family planning users, by race and year: 2009–2019	A-10
A-4b. Number and distribution of all family planning users, by race and year: 2009–2019	A-11
A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2009–2019	A-12
A-5b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2009–2019	A-13
A-6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2009–2019.....	A-14

A-6b.	Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2009–2019.....	A-15
A-7a.	Number and distribution of all family planning users, by income level and year: 2009–2019.....	A-16
A-7b.	Number and distribution of all family planning users, by income level and year: 2009–2019.....	A-17
A-8a.	Number and distribution of all family planning users, by primary health insurance status and year: 2009–2019.....	A-18
A-8b.	Number and distribution of all family planning users, by primary health insurance status and year: 2009–2019.....	A-19
A-9a.	Number of all female family planning users, by primary contraceptive method and year: 2009–2019.....	A-20
A-9b.	Distribution of all female family planning users, by primary contraceptive method and year: 2009–2019.....	A-21
A-9c.	Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2009–2019.....	A-22
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: 2009–2019.....	A-23
A-10b.	Number and percentage of female users who received a Pap test, by year: 2009–2019.....	A-23
A-11a.	Number and percentage of female users under 25 tested for chlamydia, by year: 2009–2019.....	A-24
A-11b.	Number and percentage of female users under 25 tested for chlamydia, by year: 2009–2019.....	A-24
A-12a.	Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2009–2019.....	A-25
A-12b.	Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2009–2019.....	A-25
A-13a.	Actual and adjusted (constant 2019\$ and 2009\$) total, Title X, and Medicaid revenue, by year: 2009–2019.....	A-26
A-13b.	Total, Title X, and Medicaid adjusted (constant 2019\$) revenue (in millions), by year: 2009–2019.....	A-27
A-13c.	Total actual (unadjusted) and adjusted (constant 2019\$ and 2009\$) revenue (in millions), by year: 2009–2019.....	A-28
A-13d.	Title X actual (unadjusted) and adjusted (constant 2019\$ and 2009\$) revenue (in millions), by year: 2009–2019.....	A-29
A-13e.	Medicaid actual (unadjusted) and adjusted (constant 2019\$ and 2009\$) revenue (in millions), by year: 2009–2019.....	A-30
A-14a.	Amount of Title X project revenue, by revenue source and year: 2009–2019.....	A-32

A-14b.	Distribution of Title X project revenue, by revenue source and year: 2009–2019.....	A-33
A-14c.	Amount (unadjusted) and distribution of Title X project revenue, by revenue source and year: 2009–2019.....	A-34
B-1.	Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2019 (Source: FPAR Table 1).....	B-2
B-2.	Number and distribution of all family planning users, by user income level and state: 2019 (Source: FPAR Table 4).....	B-4
B-3a.	Number and distribution of all family planning users, by insurance status and state: 2019 (Source: FPAR Table 5).....	B-6
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): 2019 (Source: FPAR Table 5).....	B-8
B-4.	Number and distribution of female family planning users <i>at risk of unintended pregnancy</i> , by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2019 (Source: FPAR Table 7).....	B-10
B-5.	Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2019 (Source: FPAR Table 11)	B-12

Executive Summary

The Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services (HHS), 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 family planning, community health, and other private nonprofit agencies. In fiscal year 2019, the Title X program received approximately \$286.5 million in federal Title X funding.⁴

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

The purpose of the *Family Planning Annual Report: 2019 National Summary* is to present the national-, regional-, and state-level findings for the 2019 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

KEY 2019 FPAR FINDINGS

A diverse network of public and private nonprofit health and community service agencies delivers Title X services. In 2019, Title X-funded services were implemented through 100 grants* to 47 state and local health departments and 53 nonprofit family planning and community health agencies. Title X funds supported a network of 3,825 service sites operated by either grantees or 1,060 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States. The total number of service

* In this report, the terms “grantee” and “grant” are synonymous. If an agency receives multiple grants to support Title X services in different geographic areas (e.g., different states), OPA will require the agency to submit separate FPARs and the agency will appear more than once in the Title X grantee count. In 2019, 91 agencies submitted one FPAR, three agencies submitted two FPARs, and one agency submitted three FPARs.

sites in 2019 (3,825 sites) was 3% lower than in 2018 (3,954 sites) and 15% lower than in 2009 (4,515 sites). Of the 100 grantees that were active during 2019, 28 discontinued participating in the program during the year and reported FPAR data for a period of less than 12 months, resulting in decreases in the numbers of family planning users served, project revenue, and other performance measures.

Changes in Title X program regulations affect the capacity and performance of the Title X service network. On March 3, 2019, HHS issued a Final Rule^{7,8} that revised Title X regulations governing several aspects of how Title X-funded projects deliver family planning care. OPA updated Title X regulations to “clarify and ensure compliance with the statutory intent of the program.”⁹ As a condition of their continued participation in Title X and pursuant to court orders, grantees were required to comply by July 15, 2019 with all requirements of the Final Rule, except for the physical separation requirements. In addition, by August 19, 2019, grantees choosing to remain in the program were required to submit an “Assurance and Action Plan” documenting the steps they would take to comply with the Final Rule and a written statement with supporting evidence demonstrating that their Title X project was in compliance. Compliance with the physical separation requirements was required starting March 4, 2020. For more information about the Title X Final Rule, please visit the OPA website: [Compliance with Statutory Program Integrity Requirements](#).

As a result of the Final Rule, 18 agencies representing 19 grants and 231 subrecipients discontinued participation in the Title X program; the number of Title X service sites was reduced by 945 sites. In September 2019, OPA awarded \$33.7 million in supplemental grants to 50 remaining grantees to offset the impact of these withdrawals. These grants were intended to support family planning services in areas that were underserved or left unserved by agencies that withdrew from the program. OPA plans to award new grants in September 2020.

Title X providers serve a socioeconomically disadvantaged population, most of whom are female, low income, and young. In 2019, Title X-funded providers served over 3.1 million family planning users (i.e., clients) through almost 4.7 million family planning encounters. About 9 of every 10 users (87%) were female, 61% were under 30 years of age, and 64% had family incomes at or below the poverty level (\$25,750 for a family of four in the 48 contiguous states and the District of Columbia).¹⁰

The total number of family planning users served in 2019 (3.1 million users) was 21% lower than in 2018 (3.9 million users) and 40% lower than in 2009 (5.2 million users). From 2009 to 2011, the program served over 5 million users annually. The number of users served subsequently decreased to about 4 million per year between 2012 and 2014 and remained at about this level from 2014 to 2018 (see *Exhibit A–2a*). In comments accompanying their FPAR data, grantees attribute the annual changes in user counts to economic factors affecting service demand and the capacity and financial sustainability of the network (e.g., recession, level or reduced

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.

funding, health reform), increased use of long-acting contraceptive methods or changes in cervical cancer screening guidelines that reduced the number of encounters, implementation of the Title X Final Rule, and various other factors (e.g., natural disasters, staffing).

Title X providers serve a population with low rates of health insurance. In 2019, 58% of family planning users had either public (38%) or private (20%) health insurance, and 41% were uninsured. Since 2015, the percentage of clients with health insurance has exceeded the percentage without insurance. Although this increase in health insurance coverage signals better health care access for Title X clients, the percentage of users who were uninsured (41%) in 2019 was almost triple the national uninsured rate for adults (14%).¹¹

Title X providers serve a racially and ethnically diverse population. Of the 3.1 million family planning users served in 2019, 32% 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),¹² 33% self-identified as Hispanic or Latino, and 15% were limited English proficient.

Title X providers offer clients a broad range of acceptable and effective family planning methods and services. In 2019, 77% of the 2.7 million females served were using or adopted a contraceptive method at their last encounter. The types of contraceptive methods used or adopted included short-term hormonal methods like pills, injectables, the vaginal ring, or patch (40%); long-acting reversible methods like intrauterine devices or implants (16%); barrier methods like condoms, spermicide, or contraceptive sponge (15%); permanent methods like female sterilization or vasectomy (3%); and fertility-based awareness (1%) and other methods (3%). Eight percent of all female users exited their last encounter with no contraceptive method because they were either pregnant or seeking pregnancy.

Title X-funded cervical and breast cancer screening services are necessary for early detection and treatment. In 2019, Title X providers conducted Papanicolaou (Pap) testing on 20% (541,661) of female users. Thirteen percent of the 561,534 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 23% (627,282) of female users and referred 5% of those examined for further evaluation based on abnormal findings.

Title X-funded STD and HIV services provide testing necessary for preventing disease transmission and adverse health consequences. In 2019, Title X providers tested 58% (644,080) of female users under 25 for chlamydia. Providers also performed 1.8 million gonorrhea tests (5.7 tests per 10 users), 961,859 confidential HIV tests (3.1 tests per 10 users), and 674,764 syphilis tests (2.2 tests per 10 users). Of the confidential HIV tests performed, 3,685 (3.8 per 1,000 tests performed) were positive for HIV.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients. In 2019, 13% (405,114) of all Title X users were men. Most male users were in their 20s (39%) or 30s (23%), and more than two-thirds (69%) adopted or continued use of condoms or another contraceptive method at exit from their last encounter. In addition, Title X providers tested 61% of all male users for chlamydia and provided testing for several other STDs, including gonorrhea (6.8 tests per 10 male users), HIV (5.3 tests per 10 male users), and syphilis (3.9 tests per 10 male users).

A variety of qualified health providers deliver Title X-funded clinical services. In 2019, 3,678 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 67% of total CSP FTEs, followed by physicians (24%) and registered nurses with an expanded scope of practice (9%). A CSP attended 77% of the 4.7 million family planning encounters that took place in 2019.

Title X projects rely on revenue from a mixture of public and private sources. In 2019, Title X grantees reported total project revenue of over \$1.0 billion to support their approved Title X services projects. Six sources accounted for 86% of total revenue: Medicaid, including the Children's Health Insurance Program (36%, or \$370.9 million); Title X (22%, or \$229.0 million); state governments (11%, or \$110.0 million); private third-party payers (10%, or \$107.5 million); client service fees (4%, or \$40.1 million); and local governments (3%, or \$30.1 million). With declines in all major revenue sources, total project revenue (constant 2019 dollars) in 2019 was 24% lower (by \$322.3 million) than in 2018 and 37% lower (by \$597.6 million) than in 2009.

Summary. The 2019 FPAR data show that Title X providers continue to serve a socioeconomically disadvantaged population and to deliver family planning and related preventive health care meeting the highest national quality standards. During 2019, the Title X program underwent substantial regulatory changes that affected the size and capacity of the service network and, compared with 2018, reduced the number of clients who received Title X-funded care. To offset the impact of the Final Rule on program services, in September 2019, OPA redirected Title X funding to grantees that remained in the program. Because of the timing of this additional funding, however, its impact is not reflected in the 2019 FPAR data.

1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The Title X 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), 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. This 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 by centers where abortion is a method of family planning.^{2,3} In 2019, the program was implemented through grants* to a total of 100 state and local public health departments and family planning, community health, and other private nonprofit agencies. These grants supported delivery of Title X services in approximately 3,800 sites. In fiscal year 2019, the Title X program received approximately \$286.5 million in federal Title X funding.⁴

On March 3, 2019, HHS issued a Final Rule^{7,8} that revised Title X regulations governing several aspects of how Title X-funded projects deliver family planning care. OPA updated Title X regulations to “clarify and ensure compliance with the statutory intent of the program.”⁹ The Final Rule affected regulations related to the range of contraceptive method options that projects must offer; information and services provided to women who learn that they are pregnant (e.g., mandated referral to prenatal care and no abortion referrals); eligibility for free or discounted care for women whose job-based insurance excludes contraceptive coverage because of employers’ religious or moral objections; physical and financial separation of projects from any abortion-related activities; and procedures, assurances, and documentation requirements when serving minors.

* In this report, the terms “grantee” and “grant” are synonymous. If an agency receives multiple grants to support Title X services in different geographic areas (e.g., different states), OPA will require the agency to submit separate Family Planning Annual Reports (FPARs) and the agency will appear more than once in the Title X grantee count. In 2019, 91 agencies submitted one FPAR, three agencies submitted two FPARs, and one agency submitted three FPARs.

As a condition of their continued participation in Title X and pursuant to court orders, grantees were required to comply by July 15, 2019 with all requirements of the Final Rule, except for the physical separation requirements. In addition, by August 19, 2019, grantees were required to submit an “Assurance and Action Plan” documenting the steps they would take to comply with the Final Rule and a written statement with supporting evidence demonstrating that their Title X project was in compliance. Compliance with the physical separation requirements was required starting March 4, 2020.

After HHS implemented the Title X Final Rule, 18 agencies representing 19 grants and 231 subrecipients discontinued participating in the program; the number of Title X-funded service sites was reduced by 945 sites. Because of the timeline for complying with the Final Rule, grantees that withdrew for this reason reported Family Planning Annual Report (FPAR) data for less than the full 12-month reporting period. Additionally, nine other grants ended for other reasons in 2019. As a result, the numbers of family planning users and encounters, project revenue, and other performance measures decreased compared with 2018. In September 2019, OPA awarded \$33.7 million in supplemental grants to 50 existing grantees to offset the impact of the withdrawals. These grants were intended to support providing family planning services in areas that were underserved or left unserved by agencies that withdrew from the program. For more information about the Title X Final Rule, please visit the OPA website: [Compliance with Statutory Program Integrity Requirements](#)

FAMILY PLANNING ANNUAL REPORT

The FPAR⁵ is the only source of uniform reporting by all Title X services grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. Annual submission of the FPAR is required of all Title X services grantees for purposes of monitoring and reporting program performance.⁶ The FPAR data are presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.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.⁵

REPORT STRUCTURE

The *Family Planning Annual Report: 2019 National Summary* presents data for the 100 Title X services grantees that submitted an FPAR for the 2019 reporting period (January 1, 2019, through December 31, 2019). The *National Summary* has eight 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.
- **Sections 3 through 7**—present the results for each FPAR table and include a discussion of national and regional patterns and trends for selected indicators. These sections also include text boxes with the definitions for key FPAR terms and selected guidance specific to each FPAR table. Please see the *Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016)*⁵ for complete FPAR reporting instructions.
- **Section 8—References**—is a list of *National Summary* references.

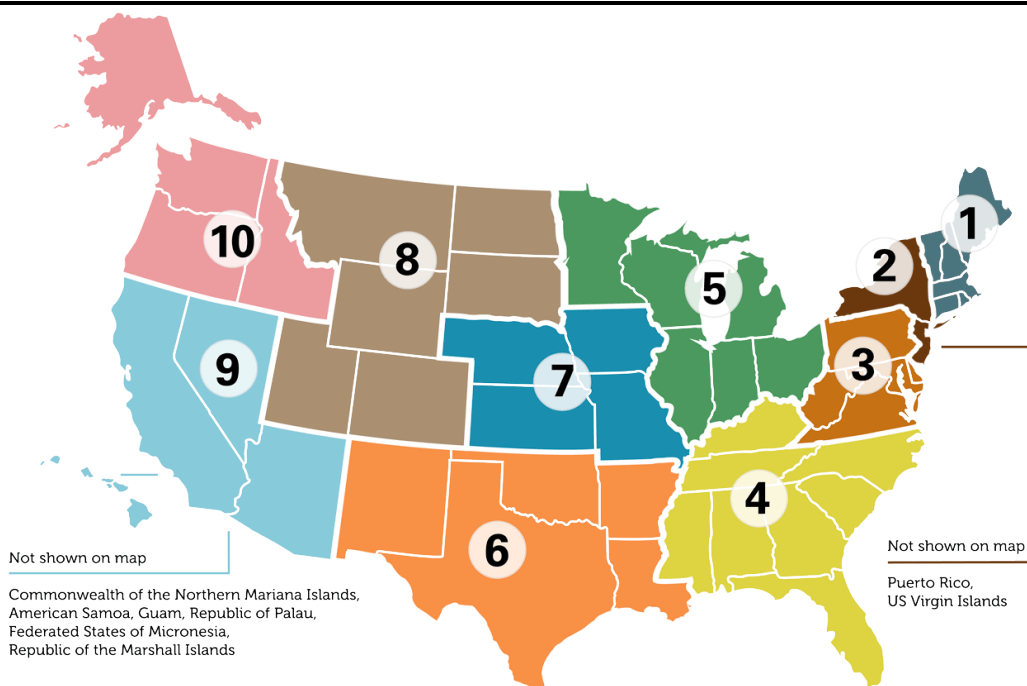
Additional data for the *National Summary* are included in three appendices: **Appendix A** presents trend data for selected indicators for 2009 through 2019. **Appendix B** presents 2019 data for selected indicators by state, which includes the 50 states, the District of Columbia, and the eight U.S. territories and Freely Associated States (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). **Appendix B** exhibits present state-level information on the characteristics of the Title X network (number of grantees, subrecipients, and service sites) and 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** contains general and table-specific notes about the data presented in this report.

Throughout this report, 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 2019 or trend data. The exhibits throughout the report present results for Title X overall and for each of the 10 HHS regions (**Exhibit I**); the source of data (i.e., FPAR reporting table) for each exhibit is noted. 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

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



Note:

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

2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions* (Reissued October 2016)⁵ consists of 15 reporting tables. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by Title X grantees. The key terms describe the individuals receiving family planning and related preventive health services at Title X-funded service sites, the range and scope of the services provided, and the family planning providers that render care.

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1 through December 31). In February 2020, FPARs for 100 grantees were submitted for the 2019 reporting period. Almost all (88%) 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, OPA Project Officers review the FPAR and either accept it or return it to the grantee for correction or clarification. Once the OPA Project Officer accepts the FPAR, the FPAR Data Coordinator performs a second and final review, either accepting the FPAR or returning it to the OPA Project Officer 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 OPA staff and grantees address all outstanding validation issues in the *FPAR Data System*, RTI extracts the final data file for tabulation and analysis.

Selected Key Terms and Definitions for FPAR Reporting

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

Family Planning Encounter—A documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. Laboratory tests and related counseling and education do not constitute a family planning encounter unless the encounter is face-to-face, documented, and includes family planning counseling or education.

The *two types* of family planning encounters are classified based on the type of family planning provider who renders the care: encounter with a Clinical Services Provider or encounter with an Other Services Provider.

Family Planning Provider—The individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the client during an encounter. There are *two types* of family planning providers:

- **Clinical Services Providers (CSPs)** include physicians, 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. CSPs offer a range of clinical, counseling, and educational services relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with Title X program requirements.²
- **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, in accordance with Title X program requirements.²

Other Services Providers (continued) 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 Title X program requirements.²

Family Planning Service Site—A family planning service site is an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral) that comply with Title X program requirements² 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.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 7–10.⁵

3 Title X Network Characteristics

TITLE X SERVICE NETWORK PROFILE

In 2019, Title X-funded services were implemented through grants to 100 agencies: 47 (47%) state and local health departments and 53 (53%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,060 subrecipients and 3,825 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (*Exhibit 2*). In 2019, the Title X program had 1 more grantee than in 2018 (100 vs. 99), 68 fewer subrecipients (1,060 vs. 1,128), and 129 fewer service sites (3,825 vs. 3,954) (*Exhibit 2*).

During 2019, 28 grantees discontinued participation in the Title X program and contributed less than 12 months of FPAR data, which resulted in decreases in the numbers of users, encounters, and other performance measures. Of the 28 grants that did not continue, 19 grants (administered by 18 agencies) exited because of the Final Rule and 9 grants (administered by 8 agencies) reached the end of their funding period.

Comparing data from 2019 and 2009 shows that the number of grantees increased by 12% (100 in 2019 and 89 in 2009), the number of subrecipients decreased by 8% (1,060 vs. 1,157), and the number of service sites decreased by 15% (3,825 vs. 4,515). As noted in Section 1, implementation of the Final Rule also resulted in the withdrawal of 231 subrecipients and loss of 945 service sites. *Exhibits A–1a* and *A–1b* in *Appendix A* present trends (2009–2019) in the number of grantees, subrecipients, and service sites overall and by region.

Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2018–2019 (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											
2019	100	10	8	12	12	12	9	6	6	19	6
2018	99	12	8	12	11	13	8	5	6	18	6
Difference	1	-2	0	0	1	-1	1	1	0	1	0
% Change	1%	-17%	0%	0%	9%	-8%	13%	20%	0%	6%	0%
Subrecipients											
2019	1,060	61	68	173	271	134	46	92	62	86	67
2018	1,128	75	72	218	267	131	48	93	68	89	67
Difference	-68	-14	-4	-45	4	3	-2	-1	-6	-3	0
% Change	-6%	-19%	-6%	-21%	1%	2%	-4%	-1%	-9%	-3%	0%
Service Sites											
2019	3,825	214	237	614	910	394	466	197	157	391	245
2018	3,954	242	241	626	900	388	468	202	170	478	239
Difference	-129	-28	-4	-12	10	6	-2	-5	-13	-87	6
% Change	-3%	-12%	-2%	-2%	1%	2%	0%†	-2%	-8%	-18%	3%

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

In **FPAR Table 1**, grantees report the unduplicated number of female and male users by age group. Grantees categorize users by age group base on the users' age as of June 30 of the reporting period.

In **FPAR Table 2** and **Table 3**, grantees report the unduplicated number of female (**Table 2**) and male (**Table 3**) users by ethnicity and race.

The FPAR categories for reporting ethnicity and race conform to the OMB 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*¹² and are used by other HHS programs and compilers of such national data sets as the National Survey of Family Growth.

The **two minimum OMB categories** for reporting ethnicity are:

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

The **five minimum OMB categories** for reporting race:

- **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.

OMB encourages self-identification of race, and the FPAR tables allow grantees to report the number of users who self-identify with two or more of the OMB race categories.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 15–17, A-1–A-2.⁵

4 Family Planning User Characteristics

DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2019, Title X-funded sites served almost 3.1 million family planning users. Grantees in Regions IV and IX combined to serve more than 2 of every 5 Title X users, while in each of Regions II, III, V, and VI, grantees served between 10% and 12% of all Title X users. The number of users served in 2019 was 21% lower (by 844,083 users) than in 2018. Nine regions reported a decline in users, with Region IX grantees reporting the largest numeric decline (by 377,909) (*Exhibit 3*). On average, the number of users per service site decreased by 187, from 996 (2018) to 809 (2019) (*Exhibit A-1c*).

Compared with 2009, the number of family planning users served in 2019 (3.1 million) was 40% lower than in 2009 (5.2 million) and 41% 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: 2018–2019 (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											
2019	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973
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
Difference	-844,083	-55,451	-128,940	-98,333	6,375	-107,972	-12,712	-6,565	-26,334	-377,909	-36,242
% Change	-21%	-28%	-30%	-21%	1%	-27%	-4%	-6%	-20%	-36%	-23%
Distribution											
2019	100%	5%	10%	12%	21%	10%	10%	4%	3%	22%	4%
2018	100%	5%	11%	12%	16%	10%	8%	3%	3%	27%	4%

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

Users by Sex (Exhibits 4 and 5)

Of the 3.1 million family planning users served in 2019, 87% (2.7 million) were female, and 13% (405,114) were male (*Exhibits 4 and 5*). The percentage of total users who were female was high across all regions (82% to 92%) and states (70% to 100%) (*Exhibit B-1*).

From 2009 through 2019, the percentage of users who were female declined from 93% to 87%, and the percentage of users who were male increased from 7% to 13%. Numerically, the number of female users decreased 44%, from 4.8 million (2009) to 2.7 million (2019), while the number of male users increased 8%, from 374,576 (2009) to 405,114 (2019) (*Exhibits A-2a and A-2b*).

Users by Age (Exhibits 4 and 5)

In 2019, 17% (530,411) of all family planning users were under 20 years of age, 44% (1.4 million) were 20 to 29 years of age, and 39% (1.2 million) were 30 years of age or older. The same percentages of female and male users were in their teens (17%), a higher percentage of female (44%) than male (39%) users was in their 20s, and a higher percentage of male (44%) than female (38%) users was 30 or over. Across regions, there was wider variation in the age distribution of male users than of female users (*Exhibits 4 and 5*).

From 2009 through 2019, there were changes in the age composition of Title X users. During this period, the percentage of users in their teens decreased from 24% to 17% of total users, the percentage in their 20s decreased from 50% to 44%, and the percentage 30 or older increased from 26% to 39%. Numerically, the number of teen users decreased 57%, from 1.2 million (2009) to 530,411 (2019); the number in their 20s decreased 48%, from 2.6 million (2009) to 1.4 million (2019); and the number of users 30 or older decreased 10%, from 1.3 million (2009) to 1.2 million (2019). *Exhibits A-3a and A-3b* present trends (2009 through 2019) in the distribution of all family planning users by age group.

This page intentionally left blank.

Exhibit 4. Number of all family planning users, by sex, age, and region: 2019 (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	34,021	2,067	2,425	7,659	8,503	2,434	3,268	1,208	1,227	4,063	1,167
15 to 17	180,610	9,608	15,090	26,381	36,655	18,172	18,767	7,813	7,839	30,418	9,867
18 to 19	248,502	10,780	23,640	28,736	50,129	27,255	25,637	10,183	10,492	49,870	11,780
20 to 24	643,155	26,971	64,799	66,593	126,616	69,840	63,809	22,971	24,019	148,057	29,480
25 to 29	552,984	24,516	56,987	60,445	114,335	54,954	56,419	18,308	15,698	128,037	23,285
30 to 34	405,404	18,933	42,696	47,666	89,695	35,554	44,678	13,838	11,008	85,879	15,457
35 to 39	281,785	13,179	29,416	33,817	63,006	23,384	33,677	10,253	7,702	57,281	10,070
40 to 44	175,973	8,517	17,981	21,854	38,314	13,444	20,830	6,315	4,609	38,261	5,848
Over 44	168,118	7,769	16,608	26,049	38,991	10,736	18,020	6,186	3,562	36,033	4,164
Subtotal	2,690,552	122,340	269,642	319,200	566,244	255,773	285,105	97,075	86,156	577,899	111,118
Male Users											
Under 15	13,815	1,117	1,025	4,184	4,215	393	722	174	436	1,513	36
15 to 17	25,695	2,329	2,715	6,238	4,770	1,324	1,996	657	1,082	4,101	483
18 to 19	27,768	1,716	3,409	4,140	4,260	2,618	2,793	1,236	1,307	5,615	674
20 to 24	81,430	4,188	8,772	9,382	11,890	10,490	6,902	3,717	4,354	19,609	2,126
25 to 29	76,526	4,149	7,744	8,182	11,707	9,435	6,486	2,754	4,239	19,788	2,042
30 to 34	54,777	3,116	5,676	5,999	9,576	5,828	5,040	1,815	2,833	13,334	1,560
35 to 39	38,400	2,141	3,307	4,422	8,016	3,531	4,120	1,202	1,696	8,826	1,139
40 to 44	26,424	1,503	2,112	3,091	6,642	2,169	3,096	666	1,076	5,332	737
Over 44	60,279	3,138	3,629	9,661	21,279	3,547	5,135	1,067	1,635	10,130	1,058
Subtotal	405,114	23,397	38,389	55,299	82,355	39,335	36,290	13,288	18,658	88,248	9,855
All Users											
Under 15	47,836	3,184	3,450	11,843	12,718	2,827	3,990	1,382	1,663	5,576	1,203
15 to 17	206,305	11,937	17,805	32,619	41,425	19,496	20,763	8,470	8,921	34,519	10,350
18 to 19	276,270	12,496	27,049	32,876	54,389	29,873	28,430	11,419	11,799	55,485	12,454
20 to 24	724,585	31,159	73,571	75,975	138,506	80,330	70,711	26,688	28,373	167,666	31,606
25 to 29	629,510	28,665	64,731	68,627	126,042	64,389	62,905	21,062	19,937	147,825	25,327
30 to 34	460,181	22,049	48,372	53,665	99,271	41,382	49,718	15,653	13,841	99,213	17,017
35 to 39	320,185	15,320	32,723	38,239	71,022	26,915	37,797	11,455	9,398	66,107	11,209
40 to 44	202,397	10,020	20,093	24,945	44,956	15,613	23,926	6,981	5,685	43,593	6,585
Over 44	228,397	10,907	20,237	35,710	60,270	14,283	23,155	7,253	5,197	46,163	5,222
Total All Users	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973

Exhibit 5. Distribution of all family planning users, by sex, age, and region: 2019 (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%	6%	7%	7%	8%	9%	5%	9%
18 to 19	9%	9%	9%	9%	9%	11%	9%	10%	12%	9%	11%
20 to 24	24%	22%	24%	21%	22%	27%	22%	24%	28%	26%	27%
25 to 29	21%	20%	21%	19%	20%	21%	20%	19%	18%	22%	21%
30 to 34	15%	15%	16%	15%	16%	14%	16%	14%	13%	15%	14%
35 to 39	10%	11%	11%	11%	11%	9%	12%	11%	9%	10%	9%
40 to 44	7%	7%	7%	7%	7%	5%	7%	7%	5%	7%	5%
Over 44	6%	6%	6%	8%	7%	4%	6%	6%	4%	6%	4%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	3%	5%	3%	8%	5%	1%	2%	1%	2%	2%	0%†
15 to 17	6%	10%	7%	11%	6%	3%	6%	5%	6%	5%	5%
18 to 19	7%	7%	9%	7%	5%	7%	8%	9%	7%	6%	7%
20 to 24	20%	18%	23%	17%	14%	27%	19%	28%	23%	22%	22%
25 to 29	19%	18%	20%	15%	14%	24%	18%	21%	23%	22%	21%
30 to 34	14%	13%	15%	11%	12%	15%	14%	14%	15%	15%	16%
35 to 39	9%	9%	9%	8%	10%	9%	11%	9%	9%	10%	12%
40 to 44	7%	6%	6%	6%	8%	6%	9%	5%	6%	6%	7%
Over 44	15%	13%	9%	17%	26%	9%	14%	8%	9%	11%	11%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	2%	2%	1%	3%	2%	1%	1%	1%	2%	1%	1%
15 to 17	7%	8%	6%	9%	6%	7%	6%	8%	9%	5%	9%
18 to 19	9%	9%	9%	9%	8%	10%	9%	10%	11%	8%	10%
20 to 24	23%	21%	24%	20%	21%	27%	22%	24%	27%	25%	26%
25 to 29	20%	20%	21%	18%	19%	22%	20%	19%	19%	22%	21%
30 to 34	15%	15%	16%	14%	15%	14%	15%	14%	13%	15%	14%
35 to 39	10%	11%	11%	10%	11%	9%	12%	10%	9%	10%	9%
40 to 44	7%	7%	7%	7%	7%	5%	7%	6%	5%	7%	5%
Over 44	7%	7%	7%	10%	9%	5%	7%	7%	5%	7%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	87%	84%	88%	85%	87%	87%	89%	88%	82%	87%	92%
Male Users	13%	16%	12%	15%	13%	13%	11%	12%	18%	13%	8%

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

† Percentage is less than 0.5%.

Users by Race (Exhibits 6 through 14)

In 2019, 54% (1.7 million) of all family planning users identified themselves as white, 24% (732,825) as black or African American, 3% (89,045) as Asian, and 1% each as either American Indian or Alaska Native (29,373) or Native Hawaiian or Other Pacific Islander (22,327). Four percent (110,372) of all users self-identified with two or more of the five minimum race categories specified by OMB,¹² and race was either unknown or not reported for 14% (434,100). Of the 434,100 users with an unknown race, 70% self-identified as Hispanic or Latino ethnicity (*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 (55% of female users vs. 49% of male users) and black or African American (23% of female users vs. 31% of 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% to 75%, 5% to 40% self-identified as black or African American, 1% to 6% self-identified as Asian, and 2% to 8% self-identified with two or more race categories.

Exhibits A-4a and A-4b present trends (2009 through 2019) in the distribution of all family planning users by self-identified race.

Users by Ethnicity (Exhibits 6 through 14)

In 2019, 33% (1.0 million) of users self-identified as Hispanic or Latino ethnicity (*Exhibit 6*).

- By **sex**, 34% of female users and 27% 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, 8, 11–14*).
- By **region**, the percentage of users that self-identified as Hispanic or Latino ranged from 17% to 52%, with grantees in Regions II, VI, and IX reporting the highest percentages (44% to 52%) of Hispanic or Latino users (*Exhibits 9 and 10*).

See *Exhibits A-5a and A-5b* for trends (2009 through 2019) in the distribution of all family planning users by self-identified Hispanic or Latino ethnicity.

See *Exhibits A-6a and A-6b* for trends (2009 through 2019) in the distribution of all family planning users by self-identified race and Hispanic or Latino ethnicity.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2019
(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	11,713	16,476	1,184	29,373	0%†	1%	0%†	1%
Asian	3,538	80,588	4,919	89,045	0%†	3%	0%†	3%
Black/African American	32,189	679,361	21,275	732,825	1%	22%	1%	24%
Nat Hawaiian/Pac Island	4,780	16,778	769	22,327	0%†	1%	0%†	1%
White	618,498	1,004,060	55,066	1,677,624	20%	32%	2%	54%
More than one race	61,815	42,730	5,827	110,372	2%	1%	0%†	4%
Unknown/not reported	304,268	80,235	49,597	434,100	10%	3%	2%	14%
Total All Users	1,036,801	1,920,228	138,637	3,095,666	33%	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 7. Number and distribution of female family planning users, by race and ethnicity: 2019
(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	10,430	14,495	922	25,847	0%†	1%	0%†	1%
Asian	3,123	72,231	4,208	79,562	0%†	3%	0%†	3%
Black/African American	26,994	563,847	16,936	607,777	1%	21%	1%	23%
Nat Hawaiian/Pac Island	4,117	15,069	667	19,853	0%†	1%	0%†	1%
White	558,401	876,498	45,806	1,480,705	21%	33%	2%	55%
More than one race	53,054	37,502	4,700	95,256	2%	1%	0%†	4%
Unknown/not reported	270,552	68,827	42,173	381,552	10%	3%	2%	14%
Total Female Users	926,671	1,648,469	115,412	2,690,552	34%	61%	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: 2019
(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	1,283	1,981	262	3,526	0%†	0%†	0%†	1%
Asian	415	8,357	711	9,483	0%†	2%	0%†	2%
Black/African American	5,195	115,514	4,339	125,048	1%	29%	1%	31%
Nat Hawaiian/Pac Island	663	1,709	102	2,474	0%†	0%†	0%†	1%
White	60,097	127,562	9,260	196,919	15%	31%	2%	49%
More than one race	8,761	5,228	1,127	15,116	2%	1%	0%†	4%
Unknown/not reported	33,716	11,408	7,424	52,548	8%	3%	2%	13%
Total Male Users	110,130	271,759	23,225	405,114	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: 2019 (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	11,713	204	1,706	1,213	2,930	863	541	351	774	2,578	553
Not Hispanic or Latino	16,476	432	777	3,596	1,424	1,329	2,645	614	1,254	2,938	1,467
Unknown/not reported	1,184	80	3	250	27	65	197	36	48	473	5
Subtotal	29,373	716	2,486	5,059	4,381	2,257	3,383	1,001	2,076	5,989	2,025
Asian											
Hispanic or Latino	3,538	97	479	259	294	155	151	98	59	1,780	166
Not Hispanic or Latino	80,588	7,262	8,990	6,585	6,329	6,202	2,799	1,921	2,043	32,935	5,522
Unknown/not reported	4,919	157	49	708	105	240	41	125	84	3,401	9
Subtotal	89,045	7,516	9,518	7,552	6,728	6,597	2,991	2,144	2,186	38,116	5,697
Black or African American											
Hispanic or Latino	32,189	3,617	13,245	4,088	3,354	1,484	1,671	1,078	357	2,850	445
Not Hispanic or Latino	679,361	23,267	69,710	113,297	249,330	73,131	69,557	18,757	7,152	49,854	5,306
Unknown/not reported	21,275	572	554	8,311	4,038	2,046	431	854	267	4,195	7
Subtotal	732,825	27,456	83,509	125,696	256,722	76,661	71,659	20,689	7,776	56,899	5,758
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	4,780	590	663	401	973	373	390	120	69	971	230
Not Hispanic or Latino	16,778	181	343	407	679	412	551	213	360	12,499	1,133
Unknown/not reported	769	16	3	76	74	26	6	11	25	529	3
Subtotal	22,327	787	1,009	884	1,726	811	947	344	454	13,999	1,366
White											
Hispanic or Latino	618,498	19,821	55,374	34,704	108,677	28,852	139,935	22,443	24,445	169,483	14,764
Not Hispanic or Latino	1,004,060	58,361	75,943	114,356	226,554	142,231	83,238	55,116	52,775	127,168	68,318
Unknown/not reported	55,066	4,252	472	21,503	4,091	2,842	404	1,636	1,693	18,121	52
Subtotal	1,677,624	82,434	131,789	170,563	339,322	173,925	223,577	79,195	78,913	314,772	83,134
More Than One Race											
Hispanic or Latino	61,815	7,177	16,445	5,863	6,577	3,574	3,913	1,325	598	15,590	753
Not Hispanic or Latino	42,730	4,272	3,405	2,295	5,237	7,931	4,344	1,680	1,155	9,198	3,213
Unknown/not reported	5,827	293	107	430	1,545	349	60	223	80	2,735	5
Subtotal	110,372	11,742	19,957	8,588	13,359	11,854	8,317	3,228	1,833	27,523	3,971
Race Unknown or Not Reported											
Hispanic or Latino	304,268	9,618	48,347	34,116	14,981	15,726	2,868	2,292	8,356	155,811	12,153
Not Hispanic or Latino	80,235	3,064	10,466	14,088	6,740	4,737	888	937	2,152	30,336	6,827
Unknown/not reported	49,597	2,404	950	7,953	4,640	2,540	6,765	533	1,068	22,702	42
Subtotal	434,100	15,086	59,763	56,157	26,361	23,003	10,521	3,762	11,576	208,849	19,022
All Races											
Hispanic or Latino	1,036,801	41,124	136,259	80,644	137,786	51,027	149,469	27,707	34,658	349,063	29,064
Not Hispanic or Latino	1,920,228	96,839	169,634	254,624	496,293	235,973	164,022	79,238	66,891	264,928	91,786
Unknown/not reported	138,637	7,774	2,138	39,231	14,520	8,108	7,904	3,418	3,265	52,156	123
Total All Users	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2019 (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%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	1%	1%	1%	1%	1%	1%	2%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	2%	1%	2%	2%	5%	5%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	5%	3%	2%	1%	2%	1%	2%	2%	6%	5%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	1%	1%	1%	0%†	0%†	0%†
Not Hispanic or Latino	22%	16%	23%	30%	38%	25%	22%	17%	7%	7%	4%
Unknown/not reported	1%	0%†	0%†	2%	1%	1%	0%†	1%	0%†	1%	0%†
Subtotal	24%	19%	27%	34%	40%	26%	22%	19%	7%	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%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
White											
Hispanic or Latino	20%	14%	18%	9%	17%	10%	44%	20%	23%	25%	12%
Not Hispanic or Latino	32%	40%	25%	31%	35%	48%	26%	50%	50%	19%	56%
Unknown/not reported	2%	3%	0%†	6%	1%	1%	0%†	1%	2%	3%	0%†
Subtotal	54%	57%	43%	46%	52%	59%	70%	72%	75%	47%	69%
More Than One Race											
Hispanic or Latino	2%	5%	5%	2%	1%	1%	1%	1%	1%	2%	1%
Not Hispanic or Latino	1%	3%	1%	1%	1%	3%	1%	2%	1%	1%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	6%	2%	2%	4%	3%	3%	2%	4%	3%
Race Unknown or Not Reported											
Hispanic or Latino	10%	7%	16%	9%	2%	5%	1%	2%	8%	23%	10%
Not Hispanic or Latino	3%	2%	3%	4%	1%	2%	0%†	1%	2%	5%	6%
Unknown/not reported	2%	2%	0%†	2%	1%	1%	2%	0%†	1%	3%	0%†
Subtotal	14%	10%	19%	15%	4%	8%	3%	3%	11%	31%	16%
All Races											
Hispanic or Latino	33%	28%	44%	22%	21%	17%	47%	25%	33%	52%	24%
Not Hispanic or Latino	62%	66%	55%	68%	77%	80%	51%	72%	64%	40%	76%
Unknown/not reported	4%	5%	1%	10%	2%	3%	2%	3%	3%	8%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2019 (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	10,430	173	1,537	1,129	2,713	771	473	292	657	2,184	501
Not Hispanic or Latino	14,495	353	672	3,094	1,276	1,102	2,517	512	1,078	2,545	1,346
Unknown/not reported	922	59	0	188	24	42	181	25	36	364	3
Subtotal	25,847	585	2,209	4,411	4,013	1,915	3,171	829	1,771	5,093	1,850
Asian											
Hispanic or Latino	3,123	89	416	233	272	144	129	65	52	1,564	159
Not Hispanic or Latino	72,231	6,687	7,967	5,882	5,385	5,451	2,485	1,788	1,789	29,527	5,270
Unknown/not reported	4,208	123	44	637	69	204	35	115	70	2,905	6
Subtotal	79,562	6,899	8,427	6,752	5,726	5,799	2,649	1,968	1,911	33,996	5,435
Black or African American											
Hispanic or Latino	26,994	2,897	11,644	3,159	2,979	1,272	1,429	606	279	2,336	393
Not Hispanic or Latino	563,847	19,046	59,933	91,034	210,390	61,367	56,922	15,029	4,972	40,492	4,662
Unknown/not reported	16,936	409	387	6,834	3,347	1,633	303	695	130	3,191	7
Subtotal	607,777	22,352	71,964	101,027	216,716	64,272	58,654	16,330	5,381	46,019	5,062
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	4,117	441	565	326	889	351	338	74	47	865	221
Not Hispanic or Latino	15,069	149	292	349	601	363	521	189	303	11,263	1,039
Unknown/not reported	667	13	2	70	73	21	4	8	18	455	3
Subtotal	19,853	603	859	745	1,563	735	863	271	368	12,583	1,263
White											
Hispanic or Latino	558,401	17,147	50,471	30,369	99,503	26,210	127,790	21,064	21,165	150,625	14,057
Not Hispanic or Latino	876,498	48,534	66,634	101,772	200,051	123,749	74,301	49,144	42,913	106,931	62,469
Unknown/not reported	45,806	3,276	378	19,053	3,531	2,318	339	1,315	1,221	14,336	39
Subtotal	1,480,705	68,957	117,483	151,194	303,085	152,277	202,430	71,523	65,299	271,892	76,565
More Than One Race											
Hispanic or Latino	53,054	6,298	13,880	4,673	5,600	3,174	3,423	1,190	496	13,673	647
Not Hispanic or Latino	37,502	3,819	2,986	1,940	4,475	6,982	3,970	1,483	957	7,893	2,997
Unknown/not reported	4,700	220	92	357	1,243	294	56	183	67	2,183	5
Subtotal	95,256	10,337	16,958	6,970	11,318	10,450	7,449	2,856	1,520	23,749	3,649
Race Unknown or Not Reported											
Hispanic or Latino	270,552	8,196	42,007	29,480	13,628	14,342	2,546	2,009	7,302	139,815	11,227
Not Hispanic or Latino	68,827	2,495	8,917	11,889	6,175	4,080	753	837	1,750	25,903	6,028
Unknown/not reported	42,173	1,916	818	6,732	4,020	1,903	6,590	452	854	18,849	39
Subtotal	381,552	12,607	51,742	48,101	23,823	20,325	9,889	3,298	9,906	184,567	17,294
All Races											
Hispanic or Latino	926,671	35,241	120,520	69,369	125,584	46,264	136,128	25,300	29,998	311,062	27,205
Not Hispanic or Latino	1,648,469	81,083	147,401	215,960	428,353	203,094	141,469	68,982	53,762	224,554	83,811
Unknown/not reported	115,412	6,016	1,721	33,871	12,307	6,415	7,508	2,793	2,396	42,283	102
Total All Users	2,690,552	122,340	269,642	319,200	566,244	255,773	285,105	97,075	86,156	577,899	111,118

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2019 (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%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	1%	1%	1%	1%	1%	1%	2%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	2%	1%	2%	2%	5%	5%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	6%	3%	2%	1%	2%	1%	2%	2%	6%	5%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	1%	0%†	1%	1%	0%†	0%†	0%†
Not Hispanic or Latino	21%	16%	22%	29%	37%	24%	20%	15%	6%	7%	4%
Unknown/not reported	1%	0%†	0%†	2%	1%	1%	0%†	1%	0%†	1%	0%†
Subtotal	23%	18%	27%	32%	38%	25%	21%	17%	6%	8%	5%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
White											
Hispanic or Latino	21%	14%	19%	10%	18%	10%	45%	22%	25%	26%	13%
Not Hispanic or Latino	33%	40%	25%	32%	35%	48%	26%	51%	50%	19%	56%
Unknown/not reported	2%	3%	0%†	6%	1%	1%	0%†	1%	1%	2%	0%†
Subtotal	55%	56%	44%	47%	54%	60%	71%	74%	76%	47%	69%
More Than One Race											
Hispanic or Latino	2%	5%	5%	1%	1%	1%	1%	1%	1%	2%	1%
Not Hispanic or Latino	1%	3%	1%	1%	1%	3%	1%	2%	1%	1%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	6%	2%	2%	4%	3%	3%	2%	4%	3%
Race Unknown or Not Reported											
Hispanic or Latino	10%	7%	16%	9%	2%	6%	1%	2%	8%	24%	10%
Not Hispanic or Latino	3%	2%	3%	4%	1%	2%	0%†	1%	2%	4%	5%
Unknown/not reported	2%	2%	0%†	2%	1%	1%	2%	0%†	1%	3%	0%†
Subtotal	14%	10%	19%	15%	4%	8%	3%	3%	11%	32%	16%
All Races											
Hispanic or Latino	34%	29%	45%	22%	22%	18%	48%	26%	35%	54%	24%
Not Hispanic or Latino	61%	66%	55%	68%	76%	79%	50%	71%	62%	39%	75%
Unknown/not reported	4%	5%	1%	11%	2%	3%	3%	3%	3%	7%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2019 (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	1,283	31	169	84	217	92	68	59	117	394	52
Not Hispanic or Latino	1,981	79	105	502	148	227	128	102	176	393	121
Unknown/not reported	262	21	3	62	3	23	16	11	12	109	2
Subtotal	3,526	131	277	648	368	342	212	172	305	896	175
Asian											
Hispanic or Latino	415	8	63	26	22	11	22	33	7	216	7
Not Hispanic or Latino	8,357	575	1,023	703	944	751	314	133	254	3,408	252
Unknown/not reported	711	34	5	71	36	36	6	10	14	496	3
Subtotal	9,483	617	1,091	800	1,002	798	342	176	275	4,120	262
Black or African American											
Hispanic or Latino	5,195	720	1,601	929	375	212	242	472	78	514	52
Not Hispanic or Latino	115,514	4,221	9,777	22,263	38,940	11,764	12,635	3,728	2,180	9,362	644
Unknown/not reported	4,339	163	167	1,477	691	413	128	159	137	1,004	0
Subtotal	125,048	5,104	11,545	24,669	40,006	12,389	13,005	4,359	2,395	10,880	696
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	663	149	98	75	84	22	52	46	22	106	9
Not Hispanic or Latino	1,709	32	51	58	78	49	30	24	57	1,236	94
Unknown/not reported	102	3	1	6	1	5	2	3	7	74	0
Subtotal	2,474	184	150	139	163	76	84	73	86	1,416	103
White											
Hispanic or Latino	60,097	2,674	4,903	4,335	9,174	2,642	12,145	1,379	3,280	18,858	707
Not Hispanic or Latino	127,562	9,827	9,309	12,584	26,503	18,482	8,937	5,972	9,862	20,237	5,849
Unknown/not reported	9,260	976	94	2,450	560	524	65	321	472	3,785	13
Subtotal	196,919	13,477	14,306	19,369	36,237	21,648	21,147	7,672	13,614	42,880	6,569
More Than One Race											
Hispanic or Latino	8,761	879	2,565	1,190	977	400	490	135	102	1,917	106
Not Hispanic or Latino	5,228	453	419	355	762	949	374	197	198	1,305	216
Unknown/not reported	1,127	73	15	73	302	55	4	40	13	552	0
Subtotal	15,116	1,405	2,999	1,618	2,041	1,404	868	372	313	3,774	322
Race Unknown or Not Reported											
Hispanic or Latino	33,716	1,422	6,340	4,636	1,353	1,384	322	283	1,054	15,996	926
Not Hispanic or Latino	11,408	569	1,549	2,199	565	657	135	100	402	4,433	799
Unknown/not reported	7,424	488	132	1,221	620	637	175	81	214	3,853	3
Subtotal	52,548	2,479	8,021	8,056	2,538	2,678	632	464	1,670	24,282	1,728
All Races											
Hispanic or Latino	110,130	5,883	15,739	11,275	12,202	4,763	13,341	2,407	4,660	38,001	1,859
Not Hispanic or Latino	271,759	15,756	22,233	38,664	67,940	32,879	22,553	10,256	13,129	40,374	7,975
Unknown/not reported	23,225	1,758	417	5,360	2,213	1,693	396	625	869	9,873	21
Total All Users	405,114	23,397	38,389	55,299	82,355	39,335	36,290	13,288	18,658	88,248	9,855

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2019 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%
Not Hispanic or Latino	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	0%†	1%	1%	1%	2%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	3%	1%	1%	2%	1%	1%	1%	4%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	2%	3%	3%	1%	1%	2%	1%	1%	1%	5%	3%
Black or African American											
Hispanic or Latino	1%	3%	4%	2%	0%†	1%	1%	4%	0%†	1%	1%
Not Hispanic or Latino	29%	18%	25%	40%	47%	30%	35%	28%	12%	11%	7%
Unknown/not reported	1%	1%	0%†	3%	1%	1%	0%†	1%	1%	1%	0%
Subtotal	31%	22%	30%	45%	49%	31%	36%	33%	13%	12%	7%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	2%	1%
White											
Hispanic or Latino	15%	11%	13%	8%	11%	7%	33%	10%	18%	21%	7%
Not Hispanic or Latino	31%	42%	24%	23%	32%	47%	25%	45%	53%	23%	59%
Unknown/not reported	2%	4%	0%†	4%	1%	1%	0%†	2%	3%	4%	0%†
Subtotal	49%	58%	37%	35%	44%	55%	58%	58%	73%	49%	67%
More Than One Race											
Hispanic or Latino	2%	4%	7%	2%	1%	1%	1%	1%	1%	2%	1%
Not Hispanic or Latino	1%	2%	1%	1%	1%	2%	1%	1%	1%	1%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%
Subtotal	4%	6%	8%	3%	2%	4%	2%	3%	2%	4%	3%
Race Unknown or Not Reported											
Hispanic or Latino	8%	6%	17%	8%	2%	4%	1%	2%	6%	18%	9%
Not Hispanic or Latino	3%	2%	4%	4%	1%	2%	0%†	1%	2%	5%	8%
Unknown/not reported	2%	2%	0%†	2%	1%	2%	0%†	1%	1%	4%	0%†
Subtotal	13%	11%	21%	15%	3%	7%	2%	3%	9%	28%	18%
All Races											
Hispanic or Latino	27%	25%	41%	20%	15%	12%	37%	18%	25%	43%	19%
Not Hispanic or Latino	67%	67%	58%	70%	82%	84%	62%	77%	70%	46%	81%
Unknown/not reported	6%	8%	1%	10%	3%	4%	1%	5%	5%	11%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5%.

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

In **FPAR Table 4**, grantees report the **unduplicated number of users by 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).¹⁰

In **FPAR Table 5**, grantees report the **unduplicated number of users based on whether they have principal health insurance** covering primary medical care.

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. Grantees 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 principal health insurance covering primary medical care include the following:

- **Public Health Insurance**—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**—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 users 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**.

Limited English proficient (LEP) users are those 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. LEP users include those who require language assistance services (interpretation or translation) to optimize their use of Title X services, those who received Title X services from bilingual staff in the user's preferred non-English language, those who were assisted by a competent agency or contracted interpreter, or those who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services. Unless they are also LEP, *do not include users* who are visually or hearing impaired or have other disabilities.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 21–23.⁵

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 2019 (\$25,750 for a family of four in the 48 contiguous states and the District of Columbia)¹⁰ 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, on the condition that the Title X provider has documented taking specific actions to encourage the minor to involve a parent or guardian in his or her decision to seek family planning services.³

In 2019, 88% (2.7 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-four percent (2.0 million) of users with family incomes at or below 100% of poverty qualified for no-charge services, while 24% (741,641) with family incomes between 101% and 250% of poverty qualified for subsidized care. Seven percent (226,957) of users had incomes over 250% of poverty, and family income data were unknown or not reported for 5% (158,192) of users (*Exhibit 15*).

- By **region**, 82% to 94% of users had family incomes qualifying them for either no-charge (51% to 75% of users) or subsidized (19% to 33% of users) services (*Exhibit 15*).
- By **state**, 33% to 100% of users had family incomes qualifying them for no-charge services, and 0% to 45% had incomes qualifying them for subsidized care (*Exhibit B-2*).

See *Exhibits A-7a* and *A-7b* for trends (2009 through 2019) 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 2019, 58% (1.8 million) of family planning users had either public (38%, 1.2 million) or private (20%, 607,961) insurance covering broad primary medical care benefits; 41%

(1.3 million) were uninsured. Health insurance coverage status was unknown or not reported for 1% (45,684) of users (*Exhibit 16*).

- By **region**, 20% to 49% of family planning users had public coverage, 8% to 34% had private coverage, and 18% to 58% were uninsured (*Exhibit 16*).
- By **state**, there was wide variation in the percentage of users who were publicly insured (0% to 95%), privately insured (0% to 53%), and uninsured (2% to 100%) (*Exhibit B-3a*).

See *Exhibits A-8a* and *A-8b* for trends (2009 through 2019) in the distribution of family planning users by primary health insurance status.

See *Exhibit B-3b* for 2019 state-level information on the distribution of family planning users by primary health insurance status according to states' Medicaid expansion status.

Users by Limited English Proficiency Status (*Exhibit 17*)

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

In 2019, 15% (461,829) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 7% to 23% (*Exhibit 17*). The percentage of family planning users who were LEP in 2009 was 14% compared with 15% in 2019. During this period, the number of LEP users decreased 37%, from 737,044 (2009) to 461,829 (2019) (not shown).

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2019 (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%	1,968,876	73,726	192,611	221,068	412,417	172,510	240,958	63,682	67,596	458,171	66,137
101% to 150%	426,239	24,736	50,865	51,263	76,952	45,398	39,527	15,446	13,003	89,191	19,858
151% to 200%	211,586	13,602	21,816	23,043	36,789	24,632	16,345	8,529	8,298	45,832	12,700
201% to 250%	103,816	7,886	13,274	14,888	18,157	13,926	6,598	4,826	5,199	11,682	7,380
Over 250%	226,957	17,715	26,325	25,939	59,896	29,964	7,059	13,128	10,158	23,569	13,204
Unknown/not reported	158,192	8,072	3,140	38,298	44,388	8,678	10,908	4,752	560	37,702	1,694
Total All Users	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973
Under 101%	64%	51%	63%	59%	64%	58%	75%	58%	64%	69%	55%
101% to 150%	14%	17%	17%	14%	12%	15%	12%	14%	12%	13%	16%
151% to 200%	7%	9%	7%	6%	6%	8%	5%	8%	8%	7%	10%
201% to 250%	3%	5%	4%	4%	3%	5%	2%	4%	5%	2%	6%
Over 250%	7%	12%	9%	7%	9%	10%	2%	12%	10%	4%	11%
Unknown/not reported	5%	6%	1%	10%	7%	3%	3%	4%	1%	6%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

^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/2019-poverty-guidelines>.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2019
(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	1,186,684	69,408	150,662	164,250	228,228	108,990	86,591	22,438	24,207	288,486	43,424
Private health insurance	607,961	49,257	64,317	85,217	146,655	72,375	45,329	29,603	27,131	53,997	34,080
Uninsured	1,255,337	26,019	90,193	106,599	269,043	109,497	187,823	57,522	52,366	314,364	41,911
Unknown/not reported	45,684	1,053	2,859	18,433	4,673	4,246	1,652	800	1,110	9,300	1,558
Total All Users	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973
Public health insurance	38%	48%	49%	44%	35%	37%	27%	20%	23%	43%	36%
Private health insurance	20%	34%	21%	23%	23%	25%	14%	27%	26%	8%	28%
Uninsured	41%	18%	29%	28%	41%	37%	58%	52%	50%	47%	35%
Unknown/not reported	1%	1%	1%	5%	1%	1%	1%	1%	1%	1%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2019 (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	461,829	22,197	71,575	52,691	73,525	19,395	68,260	12,646	14,032	117,149	10,359
Not LEP	2,583,016	123,515	236,384	304,856	545,553	272,386	253,020	97,118	90,734	548,849	110,601
Unknown/not reported	50,821	25	72	16,952	29,521	3,327	115	599	48	149	13
Total All Users	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973
LEP	15%	15%	23%	14%	11%	7%	21%	11%	13%	18%	9%
Not LEP	83%	85%	77%	81%	84%	92%	79%	88%	87%	82%	91%
Unknown/not reported	2%	0%†	0%†	5%	5%	1%	0%†	1%	0%†	0%†	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

LEP=limited English proficient.

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

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

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

† Percentage is less than 0.5%.

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

In **FPAR Tables 7 and 8**, grantees report the unduplicated number of female (**Table 7**) and male (**Table 8**) family planning users according to their primary method of family planning and age group (as of June 30 of the reporting period).

A user's **primary method of family planning** is the contraceptive method—adopted or continued—at the time of exit from the user's last encounter in the reporting period. If the user reports that he or she is using more than one family planning method, the grantee reports the most effective one as the primary method.

The categories for reporting the primary method in **Table 7** (female users) and **Table 8** (male users) vary and include:

- **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)**—Refers to long-term hormonal or other type of IUD or IUS
- **Hormonal Implant**—Refers to the long-term, subdermal implant
- **1- or 3-Month Hormonal Injection**—Refers to 1- or 3-month injectable hormonal contraception
- **Oral Contraceptive**—Refers to combination and progestin-only (“mini-pills”) formulations
- **Contraceptive Patch**
- **Hormonal Vaginal Ring**
- **Cervical Cap or Diaphragm**—Used with or without spermicidal jelly or cream
- **Contraceptive Sponge**
- **Female Condom**—Used with or without spermicidal foam or film
- **Spermicide**—Refers to spermicidal jelly, cream, foam, or film used alone, i.e., not in conjunction with another method of contraception
- **Fertility Awareness Method (FAM)**—Refers to family planning methods, e.g., Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal, that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy

- **Lactational Amenorrhea Method (LAM)**—Refers to the proactive application of *exclusive* breastfeeding—meaning 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)—during the first 6 months after delivery¹⁴
- **Abstinence**—Refers to refraining from oral, vaginal, and anal intercourse¹⁵ and includes users who are not currently sexually active and therefore not using contraception
- **Withdrawal and Other Methods**—Refers to the use of withdrawal or other method to prevent pregnancy that is not listed in Table 7 or 8
- **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
- **Male condom**—Used with or without spermicidal foam or film by a male user or the male partner of a female user
- **Rely on Female Method(s)**—Male family planning users who rely on female partners' family planning methods as their primary method are reported on this row. “Female 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.
- **Method Unknown or Not Reported**—Users whose primary method at exit from the last encounter is unknown or not reported (i.e., missing from the client record)

Reasons for not using a method in **both tables** are:

- **[Partner] Pregnant or Seeking Pregnancy**—Female (**Table 7**) or male (**Table 8**) users who are not using any method to avoid pregnancy because they (female users) or their female partners (male users) are either pregnant or seeking pregnancy.
- **No Method—Other Reason**—Female (**Table 7**) or male (**Table 8**) users who are not using any method to avoid pregnancy for reasons that include: either partner is sterile without having been sterilized surgically, either partner has had a noncontraceptive surgical procedure that has rendered him or her unable to conceive or impregnate, or the user has a sexual partner of the same sex.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 27–30.⁵

5 Contraceptive Use

Federal regulations^{2,3} specify that Title X projects are required to provide a broad range of acceptable and effective family planning methods (including contraceptives and natural family planning or other fertility awareness-based methods [FAMs]) and services (including infertility services, information about or referrals for adoption, and services for adolescents). Individual service sites may offer a single or limited number of methods as long as the project as a whole offers a broad range.² In addition to offering a full range of methods for clients to consider, the *Quality Family Planning (QFP) Recommendations*¹⁶ advise providers to identify methods that are safe for the client, provide counseling to help the client choose a method and use it correctly and consistently, conduct any physical assessments warranted by the selected method, and provide the method on site (preferable) or by referral. The *QFP Recommendations* also note that providers should ensure that services for adolescent clients are provided in a “youth-friendly” way.

FEMALE CONTRACEPTIVE USE (EXHIBITS 18 THROUGH 21)

In 2019, 77% (2.1 million) of all female users adopted or continued use of a most, moderately, or less effective contraceptive method (see text box) at their last encounter in the reporting period. Eight percent (207,880) of females exited the encounter with no method because they were pregnant or seeking pregnancy, and another 6% (167,834) exited with no method for other reasons. Three percent (90,729) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 5% (146,367) (*Exhibits 18 and 19*).

- By level of effectiveness in preventing pregnancy, 19% of all female users relied on a most effective method, 40% used a moderately effective method, and 18% used a less effective method (*Exhibits 18 and 19*). The grouping of methods by level of effectiveness aligns with the OPA-developed and National Quality Forum-endorsed performance measures for contraceptive care.¹⁷ See Table 7 comments in the *Field and Methodological Notes (Appendix C)* for more information about the performance measures¹⁷ and method-effectiveness categories.¹⁸
- By **type of method**, the contraceptive pill was used by 22% of all female users, followed by injectable contraception (15%), male condoms (14%), IUDs (9%), hormonal implants

Contraceptive Methods by Level of Effectiveness in Preventing Pregnancy¹⁸

- **Most effective:** vasectomy, female sterilization, implant, or intrauterine device (IUD)
- **Moderately effective:** injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm, or cervical cap
- **Least effective:** male condom, female condom, sponge, withdrawal, a FAM or lactational amenorrhea method (LAM), or spermicide used alone

(7%), female sterilization (3%), the vaginal ring (2%), the contraceptive patch (1%), and a FAM or LAM (1%). Three 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, spermicide (used alone), cervical cap or diaphragm, and the contraceptive sponge (*Exhibits 18 and 19*).

- By **age group**, from 50% (under 15) to 82% (18 to 19) of female users adopted or continued use of a most, moderately, or less effective method (*Exhibits 18 and 19*). Nonuse of contraception because of pregnancy or the desire for pregnancy ranged from 6% to 10% among females 18 to 39 and was 4% or less among female users in the younger and older age groups. The three leading methods by age group were as follows:
 - **Females under 18:** Pills, injectables, and implants
 - **Females 18 to 44:** Pills and either injectables or male condoms
 - **Females over 44:** Female sterilization, male condoms, and pills
- By **region**, from 68% to 87% of female users exited the encounter with a most, moderately, or less effective contraceptive method. *Exhibits 20 and 21* present additional information on contraceptive method mix for female users in each region.
- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (0% to 42%), moderately effective (17% to 72%), or less effective (1% to 44%) contraceptive methods (*Exhibit B-4*). Female users *at risk of unintended pregnancy* were defined as those who were not pregnant, not seeking pregnancy, and not abstinent.

Trends in Female Primary Contraceptive Method Use

From 2009 through 2019, the percentage of all female users relying on most, moderately, or less effective methods ranged from 77% to 84%. Between 13% and 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 7% (2009) to 19% (2019) (*Exhibits A-9a, A-9b, and A-9c*). Numerically, the number of female users relying on the most effective methods, especially IUDs and implants, increased 50%, from 346,046 (2009) to 517,828 (2019).

Use of moderately effective methods: The percentage of all female users relying on *moderately effective methods* decreased from 54% (2009) to 40% (2019) (*Exhibits A-9a, A-9b, and A-9c*). Numerically, the number of female users relying on moderately effective methods decreased 59%, from 2.6 million (2009) to 1.1 million (2019). During all years in this period, the pill was the leading method among female users.

Use of less effective methods: The percentage of all female users relying on *less effective methods* was 18% in both 2009 and 2019 (*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 each type of method. Females relying on male condoms for pregnancy

prevention accounted for about 8 of every 10 female users in this category in both 2009 (84%) and 2019 (80%).

MALE CONTRACEPTIVE USE (EXHIBITS 22 THROUGH 25)

In 2019, grantees reported that 69% (278,056) 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. Thirteen percent (50,766) of males used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (11%), and another 9% (35,183) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 10% (41,109) of male users (*Exhibits 22 and 23*).

- By **type of method**, over one-half (56%) of all male users relied on male condoms, followed by reliance on a female method (8%), withdrawal (3%), a FAM or LAM (1%), or vasectomy (1%) (*Exhibits 22 and 23*).
- By **age group**, from 14% (under 15) to 79% (20 to 24) of male users relied on a most, moderately, or less effective method. (*Exhibits 22 and 23*). Nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among males under 15 and 1% to 2% among males 15 or over. Among males, the two leading methods by age group were as follows:
 - **Males under 18:** Male condoms and withdrawal or other methods not listed on FPAR Table 8
 - **Males 18 and over:** Male condoms and reliance on a female method
- By **region**, the percentage of males who exited the encounter with a most, moderately, or less effective method ranged from 49% to 83%. *Exhibits 24 and 25* present additional information on contraceptive method mix for male users in each region.

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2019 (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	82,472	0	0	0	815	6,061	12,996	17,776	17,024	27,800
Intrauterine device	237,073	261	6,032	14,090	52,600	55,578	44,914	32,221	19,634	11,743
Hormonal implant	190,615	2,507	19,608	24,364	54,768	40,752	25,107	14,360	6,395	2,754
Hormonal injection	398,894 ^a	5,416 ^a	42,416 ^a	47,043 ^a	94,061 ^a	74,387 ^a	56,185 ^a	40,642 ^a	23,916 ^a	14,828 ^a
Oral contraceptive	598,304	5,613	50,361	71,585	171,203	123,173	80,191	49,638	28,169	18,371
Contraceptive patch	32,714	379	3,034	3,933	9,270	7,125	4,754	2,596	1,192	431
Vaginal ring	46,021	134	1,837	3,626	12,264	12,940	8,912	4,065	1,609	634
Cervical cap or diaphragm	877	2	27	42	124	194	187	151	86	64
Contraceptive sponge	377	10	27	22	50	70	75	56	40	27
Female condom	3,159	17	151	200	600	555	489	419	348	380
Spermicide (used alone)	995	2	40	74	228	196	171	122	92	70
FAM or LAM ^b	17,370	102	461	864	3,236	3,789	3,234	2,394	1,604	1,686
Abstinence ^c	90,729	10,911	14,701	7,312	12,849	11,075	9,049	7,548	6,061	11,223
Withdrawal or other method ^d	75,253	485	2,857	4,793	15,667	15,233	12,103	8,994	6,223	8,898
Rely on Male Method										
Vasectomy	7,668	0	3	44	289	724	1,393	1,891	1,643	1,681
Male condom	385,950	2,089	19,188	34,052	96,917	83,476	58,203	40,087	27,069	24,869
No Method										
Pregnant/seeking pregnancy	207,880	364	5,525	15,642	56,578	57,495	40,312	22,497	7,615	1,852
Other reason	167,834	1,517	6,306	10,723	32,711	32,688	26,193	20,192	15,378	22,126
Method Unknown	146,367	4,212	8,036	10,093	28,925	27,473	20,936	16,136	11,875	18,681
Total Female Users	2,690,552	34,021	180,610	248,502	643,155	552,984	405,404	281,785	175,973	168,118
Using Most, Moderately, or Less Effective Method^e	2,077,742	17,017	146,042	204,732	512,092	424,253	308,914	215,412	135,044	114,236
Most effective ^e	517,828	2,768	25,643	38,498	108,472	103,115	84,410	66,248	44,696	43,978
Moderately effective ^e	1,076,810	11,544	97,675	126,229	286,922	217,819	150,229	97,092	54,972	34,328
Less effective ^e	483,104	2,705	22,724	40,005	116,698	103,319	74,275	52,072	35,376	35,930
Abstinence	90,729	10,911	14,701	7,312	12,849	11,075	9,049	7,548	6,061	11,223
Not Using a Method	375,714	1,881	11,831	26,365	89,289	90,183	66,505	42,689	22,993	23,978
Method Unknown	146,367	4,212	8,036	10,093	28,925	27,473	20,936	16,136	11,875	18,681

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: 2019 (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%	17%
Intrauterine device	9%	1%	3%	6%	8%	10%	11%	11%	11%	7%
Hormonal implant	7%	7%	11%	10%	9%	7%	6%	5%	4%	2%
Hormonal injection	15% ^a	16% ^a	23% ^a	19% ^a	15% ^a	13% ^a	14% ^a	14% ^a	14% ^a	9% ^a
Oral contraceptive	22%	16%	28%	29%	27%	22%	20%	18%	16%	11%
Contraceptive patch	1%	1%	2%	2%	1%	1%	1%	1%	1%	0%†
Vaginal ring	2%	0%†	1%	1%	2%	2%	2%	1%	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%†	1%	1%	1%	1%	1%	1%
Abstinence ^c	3%	32%	8%	3%	2%	2%	2%	3%	3%	7%
Withdrawal or other method ^d	3%	1%	2%	2%	2%	3%	3%	3%	4%	5%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	14%	6%	11%	14%	15%	15%	14%	14%	15%	15%
No Method										
Pregnant/seeking pregnancy	8%	1%	3%	6%	9%	10%	10%	8%	4%	1%
Other reason	6%	4%	3%	4%	5%	6%	6%	7%	9%	13%
Method Unknown	5%	12%	4%	4%	4%	5%	5%	6%	7%	11%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^e										
Most effective^e	77%	50%	81%	82%	80%	77%	76%	76%	77%	68%
Most effective ^e	19%	8%	14%	15%	17%	19%	21%	24%	25%	26%
Moderately effective ^e	40%	34%	54%	51%	45%	39%	37%	34%	31%	20%
Less effective ^e	18%	8%	13%	16%	18%	19%	18%	18%	20%	21%
Abstinence	3%	32%	8%	3%	2%	2%	2%	3%	3%	7%
Not Using a Method	14%	6%	7%	11%	14%	16%	16%	15%	13%	14%
Method Unknown	5%	12%	4%	4%	4%	5%	5%	6%	7%	11%

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: 2019 (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	82,472	5,183	5,284	10,954	18,479	6,816	15,262	4,622	1,304	13,175	1,393
Intrauterine device	237,073	15,699	28,576	22,311	28,106	23,260	21,057	10,332	13,988	59,718	14,026
Hormonal implant	190,615	9,897	15,459	22,062	32,540	16,323	22,512	7,065	8,942	46,454	9,361
Hormonal injection	398,894 ^a	14,227 ^a	32,204	43,560 ^a	103,500 ^a	43,065	46,911 ^a	19,033 ^a	13,774 ^a	65,002 ^a	17,618
Oral contraceptive	598,304	26,105	64,633	63,635	123,952	64,027	55,737	21,714	22,730	125,063	30,708
Contraceptive patch	32,714	1,482	5,012	2,405	4,143	3,389	2,821	698	612	9,793	2,359
Vaginal ring	46,021	2,183	5,399	4,975	6,054	5,701	3,488	1,336	2,778	10,505	3,602
Cervical cap or diaphragm	877	72	72	93	72	117	79	17	28	215	112
Contraceptive sponge	377	17	15	55	16	6	16	1	5	238	8
Female condom	3,159	50	152	618	577	151	484	64	51	986	26
Spermicide (used alone)	995	22	36	95	206	33	475	15	11	77	25
FAM or LAM ^b	17,370	450	920	940	7,379	420	2,292	304	236	4,096	333
Abstinence ^c	90,729	7,333	8,026	13,287	22,288	5,370	11,205	2,599	1,968	15,616	3,037
Withdrawal or other method ^d	75,253	2,296	6,510	4,963	25,244	4,366	14,307	1,678	1,756	9,161	4,972
Rely on Male Method											
Vasectomy	7,668	561	586	1,175	1,250	530	990	349	379	1,288	560
Male condom	385,950	15,653	51,878	37,871	50,651	34,592	36,525	11,656	8,065	129,014	10,045
No Method											
Pregnant/seeking pregnancy	207,880	8,183	22,586	17,817	57,294	17,927	27,195	9,110	5,515	36,811	5,442
Other reason	167,834	7,609	16,432	22,381	38,704	16,993	21,576	4,345	3,914	28,436	7,444
Method Unknown	146,367	5,318	5,862	50,003	45,789	12,687	2,173	2,137	100	22,251	47
Total Female Users	2,690,552	122,340	269,642	319,200	566,244	255,773	285,105	97,075	86,156	577,899	111,118
Using Most, Moderately, or Less Effective Method^e	2,077,742	93,897	216,736	215,712	402,169	202,796	222,956	78,884	74,659	474,785	95,148
Most effective ^e	517,828	31,340	49,905	56,502	80,375	46,929	59,821	22,368	24,613	120,635	25,340
Moderately effective ^e	1,076,810	44,069	107,320	114,668	237,721	116,299	109,036	42,798	39,922	210,578	54,399
Less effective ^e	483,104	18,488	59,511	44,542	84,073	39,568	54,099	13,718	10,124	143,572	15,409
Abstinence	90,729	7,333	8,026	13,287	22,288	5,370	11,205	2,599	1,968	15,616	3,037
Not Using a Method	375,714	15,792	39,018	40,198	95,998	34,920	48,771	13,455	9,429	65,247	12,886
Method Unknown	146,367	5,318	5,862	50,003	45,789	12,687	2,173	2,137	100	22,251	47

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: 2019 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	3%	4%	2%	3%	3%	3%	5%	5%	2%	2%	1%
Intrauterine device	9%	13%	11%	7%	5%	9%	7%	11%	16%	10%	13%
Hormonal implant	7%	8%	6%	7%	6%	6%	8%	7%	10%	8%	8%
Hormonal injection	15% ^a	12% ^a	12%	14% ^a	18% ^a	17%	16% ^a	20% ^a	16% ^a	11% ^a	16%
Oral contraceptive	22%	21%	24%	20%	22%	25%	20%	22%	26%	22%	28%
Contraceptive patch	1%	1%	2%	1%	1%	1%	1%	1%	1%	2%	2%
Vaginal ring	2%	2%	2%	2%	1%	2%	1%	1%	3%	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%†	1%	0%†
Abstinence ^c	3%	6%	3%	4%	4%	2%	4%	3%	2%	3%	3%
Withdrawal or other method ^d	3%	2%	2%	2%	4%	2%	5%	2%	2%	2%	4%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%
Male condom	14%	13%	19%	12%	9%	14%	13%	12%	9%	22%	9%
No Method											
Pregnant/seeking pregnancy	8%	7%	8%	6%	10%	7%	10%	9%	6%	6%	5%
Other reason	6%	6%	6%	7%	7%	7%	8%	4%	5%	5%	7%
Method Unknown	5%	4%	2%	16%	8%	5%	1%	2%	0%†	4%	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^e	77%	77%	80%	68%	71%	79%	78%	81%	87%	82%	86%
Most effective ^e	19%	26%	19%	18%	14%	18%	21%	23%	29%	21%	23%
Moderately effective ^e	40%	36%	40%	36%	42%	45%	38%	44%	46%	36%	49%
Less effective ^e	18%	15%	22%	14%	15%	15%	19%	14%	12%	25%	14%
Abstinence	3%	6%	3%	4%	4%	2%	4%	3%	2%	3%	3%
Not Using a Method	14%	13%	14%	13%	17%	14%	17%	14%	11%	11%	12%
Method Unknown	5%	4%	2%	16%	8%	5%	1%	2%	0%†	4%	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%.

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2019 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	2,913	0	0	0	53	213	438	598	603	1,008
Male condom	225,977	1,615	12,003	18,419	56,462	50,283	33,337	20,805	12,583	20,470
FAM or LAM ^a	3,747	5	52	131	550	702	576	527	426	778
Abstinence ^b	35,183	8,193	8,347	2,842	2,853	2,217	1,892	1,602	1,408	5,829
Withdrawal or other method ^c	12,912	175	681	744	2,107	2,134	1,815	1,578	1,123	2,555
Rely on female method ^d	32,507	114	593	1,411	5,393	5,951	4,760	3,936	3,135	7,214
No Method										
Partner pregnant/seeking pregnancy	4,916	62	149	204	933	1,096	925	644	369	534
Other reason	45,850	580	1,414	2,095	7,187	7,739	5,997	4,685	3,839	12,314
Method Unknown	41,109	3,071	2,456	1,922	5,892	6,191	5,037	4,025	2,938	9,577
Total Male Users	405,114	13,815	25,695	27,768	81,430	76,526	54,777	38,400	26,424	60,279
Using most, moderately, or less effective method^e	278,056	1,909	13,329	20,705	64,565	59,283	40,926	27,444	17,870	32,025
Abstinence^b	35,183	8,193	8,347	2,842	2,853	2,217	1,892	1,602	1,408	5,829
Not using a method	50,766	642	1,563	2,299	8,120	8,835	6,922	5,329	4,208	12,848
Method unknown	41,109	3,071	2,456	1,922	5,892	6,191	5,037	4,025	2,938	9,577

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: 2019 (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%	2%	2%
Male condom	56%	12%	47%	66%	69%	66%	61%	54%	48%	34%
FAM or LAM ^a	1%	0%†	0%†	0%†	1%	1%	1%	1%	2%	1%
Abstinence ^b	9%	59%	32%	10%	4%	3%	3%	4%	5%	10%
Withdrawal or other method ^c	3%	1%	3%	3%	3%	3%	3%	4%	4%	4%
Rely on female method ^d	8%	1%	2%	5%	7%	8%	9%	10%	12%	12%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	2%	2%	1%	1%
Other reason	11%	4%	6%	8%	9%	10%	11%	12%	15%	20%
Method Unknown	10%	22%	10%	7%	7%	8%	9%	10%	11%	16%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	69%	14%	52%	75%	79%	77%	75%	71%	68%	53%
Abstinence^b	9%	59%	32%	10%	4%	3%	3%	4%	5%	10%
Not using a method	13%	5%	6%	8%	10%	12%	13%	14%	16%	21%
Method unknown	10%	22%	10%	7%	7%	8%	9%	10%	11%	16%

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: 2019 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	2,913	184	190	255	694	293	247	112	293	417	228
Male condom	225,977	11,107	27,966	22,746	30,374	25,938	19,921	8,836	10,922	62,591	5,576
FAM or LAM ^a	3,747	27	43	59	1,636	19	1,595	14	14	332	8
Abstinence ^b	35,183	3,820	1,647	5,382	11,832	1,597	4,580	523	877	4,026	899
Withdrawal or other method ^c	12,912	537	1,345	1,247	3,726	641	1,204	608	778	1,614	1,212
Rely on female method ^d	32,507	1,984	778	3,039	10,707	3,447	2,902	1,217	3,536	4,582	315
No Method											
Partner pregnant/seeking pregnancy	4,916	247	260	402	1,748	238	793	157	224	737	110
Other reason	45,850	3,655	5,075	4,237	12,128	3,972	4,106	1,078	1,992	8,110	1,497
Method Unknown	41,109	1,836	1,085	17,932	9,510	3,190	942	743	22	5,839	10
Total Male Users	405,114	23,397	38,389	55,299	82,355	39,335	36,290	13,288	18,658	88,248	9,855
Using most, moderately, or less effective method^e	278,056	13,839	30,322	27,346	47,137	30,338	25,869	10,787	15,543	69,536	7,339
Abstinence^b	35,183	3,820	1,647	5,382	11,832	1,597	4,580	523	877	4,026	899
Not using a method	50,766	3,902	5,335	4,639	13,876	4,210	4,899	1,235	2,216	8,847	1,607
Method unknown	41,109	1,836	1,085	17,932	9,510	3,190	942	743	22	5,839	10

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: 2019 (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%	0%†	2%
Male condom	56%	47%	73%	41%	37%	66%	55%	66%	59%	71%	57%
FAM or LAM ^a	1%	0%†	0%†	0%†	2%	0%†	4%	0%†	0%†	0%†	0%†
Abstinence ^b	9%	16%	4%	10%	14%	4%	13%	4%	5%	5%	9%
Withdrawal or other method ^c	3%	2%	4%	2%	5%	2%	3%	5%	4%	2%	12%
Rely on female method ^d	8%	8%	2%	5%	13%	9%	8%	9%	19%	5%	3%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	2%	1%	2%	1%	1%	1%	1%
Other reason	11%	16%	13%	8%	15%	10%	11%	8%	11%	9%	15%
Method Unknown	10%	8%	3%	32%	12%	8%	3%	6%	0%†	7%	0%†
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	69%	59%	79%	49%	57%	77%	71%	81%	83%	79%	74%
Abstinence^b	9%	16%	4%	10%	14%	4%	13%	4%	5%	5%	9%
Not using a method	13%	17%	14%	8%	17%	11%	13%	9%	12%	10%	16%
Method unknown	10%	8%	3%	32%	12%	8%	3%	6%	0%†	7%	0%†

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

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

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

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

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

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

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

† Percentage is less than 0.5%.

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

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

- Unduplicated number of female users who obtained a Pap test
- Number of Pap tests performed
- Number of Pap tests with a result of **Atypical Squamous Cells (ASC) or higher** according to the *2014 Bethesda System*.¹⁹ **ASC or higher results** include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; atypical glandular cells (AGC); AGC, favor neoplastic; endocervical adenocarcinoma in situ (AIS); adenocarcinoma; or other malignant neoplasms. These abbreviations and terms are defined below.
- Number of Pap tests with a result of **High-Grade Squamous Intraepithelial Lesion (HSIL) or higher** according to the *2014 Bethesda System*.¹⁹ **HSIL or higher results** include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms. These abbreviations and terms are defined below.

The *2014 Bethesda System*¹⁹ 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)** 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.²⁰
- **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.²⁰

- **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).²⁰

- **Squamous cell carcinoma** is a finding of cancer in the squamous cells of the cervix.²⁰

The *2014 Bethesda System*¹⁹ classifies glandular cell abnormalities into the following categories:

- **Atypical glandular cells (AGC)** 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.²⁰ The *2014 Bethesda System*¹⁹ 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.²⁰
- **Adenocarcinoma** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.²⁰

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

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 33–36.⁵

6 Related Preventive Health Services

To support effective contraceptive use and practices, federal regulations^{2,3} specify that Title X-funded projects must provide for medical services related to family planning and referral to other medical facilities when medically necessary. According to the *QFP Recommendations*,¹⁶ providers should assess a client's need for related preventive health services (e.g., cervical and breast cancer screening, STD services) 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 AND BREAST CANCER SCREENING

Cervical Cancer Screening (Exhibit 26)

In 2019, Title X service sites provided Papanicolaou (Pap) testing to 20% (541,661) of female family planning users and performed 561,534 Pap tests (just over 1.0 test per female tested). Of the Pap tests performed, 13% had an indeterminate or abnormal result (i.e., atypical squamous cells [ASC] or higher result) requiring further evaluation and possible treatment, and 1% had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition (*Exhibit 26*).

By **region**, the percentage of total female users who received a Pap test ranged from 14% to 27%. In addition, from 10% to 26% of Pap tests had an ASC or higher result, and 1% of Pap tests in all regions had an HSIL or higher result (*Exhibit 26*).

See *Exhibits A-10a* and *A-10b* for trends (2009 through 2019) in cervical cancer screening.

Breast Cancer Screening (Exhibit 26)

In 2019, Title X service sites provided clinical breast exams (CBEs) to 23% (627,282) of female users and referred 5% (31,595) of those examined for further evaluation based on the results of the CBE (*Exhibit 26*).

By **region**, from 12% to 36% of female users received a CBE, and from 2% to 12% 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: 2019 (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	541,661	17,826	47,646	55,875	145,704	36,145	76,621	22,424	16,515	106,743	16,162
Percentage ^b	20%	15%	18%	18%	26%	14%	27%	23%	19%	18%	15%
Tests performed											
Number	561,534	17,967	48,921	59,891	149,064	36,880	81,391	22,772	18,016	110,398	16,234
Tests per female tested	1.0	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.1	1.0	1.0
Tests with ASC or higher result											
Number	72,212	3,074	8,510	9,039	14,522	4,325	9,750	3,260	3,066	12,450	4,216
Percentage ^c	13%	17%	17%	15%	10%	12%	12%	14%	17%	11%	26%
Tests with HSIL or higher result											
Number	6,113	261	627	725	1,835	316	603	261	135	1,162	188
Percentage ^c	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Clinical Breast Exams											
Female users examined											
Number ^a	627,282	22,986	57,410	73,042	195,296	40,833	102,174	32,153	23,504	66,553	13,331
Percentage ^b	23%	19%	21%	23%	34%	16%	36%	33%	27%	12%	12%
Female users referred based on exam											
Number	31,595	1,646	2,541	2,958	6,063	2,605	5,589	1,835	383	7,665	310
Percentage ^d	5%	7%	4%	4%	3%	6%	5%	6%	2%	12%	2%

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

Through screening and testing, Title X service providers help to prevent and treat STDs. If left untreated, STDs can be transmitted to others and lead to serious and lifelong health consequences for women, men, infants, and unborn babies.²¹ According to the *QFP Recommendations*,¹⁶ STD services are integral to family planning services because they improve health and can affect a person's ability to conceive and have a healthy birth outcome. The *QFP Recommendations* advise providers to offer STD services to clients, both symptomatic and asymptomatic, in accordance with the Centers for Disease Control and Prevention's (CDC's) *Sexually Transmitted Diseases Treatment Guidelines, 2015*.²²

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 a sex 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.²²

In 2019, Title X service sites tested 49% (1.3 million) of all female users for chlamydia and 58% (644,080) of females under 25 (**Exhibits 27 and 28**).

- By **age group**, chlamydia testing rates were higher among females 15 to 24 (57% to 60%) than among those over 24 (43%) or under 15 (37%) (**Exhibits 27 and 28**).
- By **region**, the chlamydia testing rate for females under 25 ranged from 51% to 63% (**Exhibits 27 and 28**).
- By **state**, the chlamydia testing rate for females under 25 ranged from 11% to 100% (**Exhibit B-5**).

See **Exhibits A-11a** and **A-11b** for trends (2009 through 2019) in chlamydia testing.

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

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

In **FPAR Table 12**, grantees report the **number of STD and HIV tests** performed during the reporting period that are provided **within the scope of the grantee's Title X project**. STD tests that are performed in STD clinics operated by Title X-funded agencies should be excluded unless the activities of the STD clinic are within the scope of the agency's Title X project.

STD testing information includes the following:

- 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
- Number of anonymous HIV tests performed

*Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 39–40.*⁵

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2019 (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	12,574	631	874	2,560	2,954	1,026	1,634	460	393	1,546	496
15 to 17	103,542	4,463	8,457	13,956	21,665	10,238	11,525	4,546	4,228	18,941	5,523
18 to 19	149,612	5,762	13,841	16,334	30,662	15,811	15,738	6,325	5,855	32,374	6,910
20 to 24	378,352	14,188	36,736	37,149	75,994	39,726	38,456	14,049	12,818	92,709	16,527
Over 24	687,551	27,967	69,335	79,504	158,536	61,965	75,477	23,257	15,444	155,045	21,021
Subtotal	1,331,631	53,011	129,243	149,503	289,811	128,766	142,830	48,637	38,738	300,615	50,477
Under 25^a	644,080	25,044	59,908	69,999	131,275	66,801	67,353	25,380	23,294	145,570	29,456
Male Users											
Under 15	2,300	271	187	959	252	56	197	58	27	285	8
15 to 17	12,120	1,074	1,150	2,788	1,387	923	1,012	454	508	2,560	264
18 to 19	19,198	1,194	2,241	2,718	2,094	2,195	1,618	1,014	977	4,631	516
20 to 24	62,325	3,260	6,681	6,883	6,879	8,852	4,843	3,097	3,310	16,839	1,681
Over 24	149,669	7,674	13,536	18,661	19,545	18,958	12,702	5,580	8,407	40,745	3,861
Subtotal	245,612	13,473	23,795	32,009	30,157	30,984	20,372	10,203	13,229	65,060	6,330
All Users											
Under 15	14,874	902	1,061	3,519	3,206	1,082	1,831	518	420	1,831	504
15 to 17	115,662	5,537	9,607	16,744	23,052	11,161	12,537	5,000	4,736	21,501	5,787
18 to 19	168,810	6,956	16,082	19,052	32,756	18,006	17,356	7,339	6,832	37,005	7,426
20 to 24	440,677	17,448	43,417	44,032	82,873	48,578	43,299	17,146	16,128	109,548	18,208
Over 24	837,220	35,641	82,871	98,165	178,081	80,923	88,179	28,837	23,851	195,790	24,882
Total All Users	1,577,243	66,484	153,038	181,512	319,968	159,750	163,202	58,840	51,967	365,675	56,807

^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 22] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 23].)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2019 (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%	33%	35%	42%	50%	38%	32%	38%	43%
15 to 17	57%	46%	56%	53%	59%	56%	61%	58%	54%	62%	56%
18 to 19	60%	53%	59%	57%	61%	58%	61%	62%	56%	65%	59%
20 to 24	59%	53%	57%	56%	60%	57%	60%	61%	53%	63%	56%
Over 24	43%	38%	42%	42%	46%	45%	43%	42%	36%	45%	36%
Subtotal	49%	43%	48%	47%	51%	50%	50%	50%	45%	52%	45%
Under 25^a	58%	51%	57%	54%	59%	57%	60%	60%	53%	63%	56%
Male Users											
Under 15	17%	24%	18%	23%	6%	14%	27%	33%	6%	19%	22%
15 to 17	47%	46%	42%	45%	29%	70%	51%	69%	47%	62%	55%
18 to 19	69%	70%	66%	66%	49%	84%	58%	82%	75%	82%	77%
20 to 24	77%	78%	76%	73%	58%	84%	70%	83%	76%	86%	79%
Over 24	58%	55%	60%	60%	34%	77%	53%	74%	73%	71%	59%
Subtotal	61%	58%	62%	58%	37%	79%	56%	77%	71%	74%	64%
All Users											
Under 15	31%	28%	31%	30%	25%	38%	46%	37%	25%	33%	42%
15 to 17	56%	46%	54%	51%	56%	57%	60%	59%	53%	62%	56%
18 to 19	61%	56%	59%	58%	60%	60%	61%	64%	58%	67%	60%
20 to 24	61%	56%	59%	58%	60%	60%	61%	64%	57%	65%	58%
Over 24	45%	41%	45%	44%	44%	50%	45%	46%	44%	49%	38%
Total All Users	51%	46%	50%	48%	49%	54%	51%	53%	50%	55%	47%

^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 22] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 23].)

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), regardless of condom use, at least annually or more frequently (every 3 to 6 months) if at increased risk. For sexually active men 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.²²

In 2019, Title X service sites tested 61% (245,612) of all male users for chlamydia (*Exhibits 27 and 28*).

- By **age group**, rates of chlamydia testing were higher for males 18 to 19 (69%) and 20 to 24 (77%) and lower for males over 24 (58%), 15 to 17 (47%), and under 15 (17%).
- By **region**, Title X service sites tested between 37% and 79% 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, or exchanging sex for drugs or money). CDC also recommends screening sexually active MSM at least annually or more frequently (every 3 to 6 months) if at increased risk at anatomic sites of contact (urethra, rectum, and pharynx), regardless of condom use. Finally, CDC recommends screening sexually active persons with HIV for gonorrhea at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.²²

In 2019, Title X service sites performed nearly 1.8 million gonorrhea tests, or an average of 5.5 gonorrhea tests for every 10 female users and 6.8 tests for every 10 male users. By **region**, the rate of gonorrhea testing ranged from 4.8 to 5.9 tests for every 10 female users and from 4.0 to 9.0 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.²²

In 2019, Title X service sites performed 674,764 syphilis tests, or an average of 1.9 syphilis tests for every 10 female users and 3.9 tests for every 10 male users. By **region**, the rate of syphilis testing ranged from 0.4 tests to 3.0 tests for every 10 female users and from 2.7 tests to 5.5 tests for every 10 male users (*Exhibit 29*).

HIV 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 sex partner(s) have had more than one sex partner since their most recent HIV test.²²

In 2019, Title X service sites performed 961,859 confidential HIV tests, or an average of 2.8 confidential HIV tests for every 10 female users and 5.3 tests for every 10 male users. Of the confidential HIV tests performed, 3,685, or 3.8 tests per 1,000 tests performed, were positive for HIV. In addition, Title X sites performed 613 anonymous HIV tests. By **region**, the rate of HIV testing ranged from 1.2 test to 3.8 tests for every 10 female users and from 3.0 tests to 7.9 tests for every 10 male users (*Exhibit 29*).

See *Exhibits A-12a* and *A-12b* for trends (2009 through 2019) in confidential HIV testing among female and male users.

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2019
(Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	1,476,781	63,399	145,165	173,067	310,289	147,429	159,992	55,840	51,191	316,839	53,570
Male	274,410	16,224	26,501	36,299	32,723	35,276	22,919	10,910	16,212	70,378	6,968
Total	1,751,191	79,623	171,666	209,366	343,012	182,705	182,911	66,750	67,403	387,217	60,538
Tests per 10 Users											
Female	5.5	5.2	5.4	5.4	5.5	5.8	5.6	5.8	5.9	5.5	4.8
Male	6.8	6.9	6.9	6.6	4.0	9.0	6.3	8.2	8.7	8.0	7.1
Total	5.7	5.5	5.6	5.6	5.3	6.2	5.7	6.0	6.4	5.8	5.0
Syphilis Tests											
Female	516,439	13,743	27,844	64,203	171,479	27,090	78,740	14,878	4,598	109,114	4,750
Male	158,325	6,209	11,899	23,764	23,048	13,383	18,184	4,722	5,453	48,498	3,165
Total	674,764	19,952	39,743	87,967	194,527	40,473	96,924	19,600	10,051	157,612	7,915
Tests per 10 Users											
Female	1.9	1.1	1.0	2.0	3.0	1.1	2.8	1.5	0.5	1.9	0.4
Male	3.9	2.7	3.1	4.3	2.8	3.4	5.0	3.6	2.9	5.5	3.2
Total	2.2	1.4	1.3	2.3	3.0	1.4	3.0	1.8	1.0	2.4	0.7
Confidential HIV Tests											
Female	745,213	23,540	81,644	85,165	188,468	57,684	109,658	20,517	13,161	152,314	13,062
Male	216,646	8,164	23,675	29,706	25,061	20,976	21,136	6,941	14,825	61,444	4,718
Total	961,859	31,704	105,319	114,871	213,529	78,660	130,794	27,458	27,986	213,758	17,780
Tests per 10 Users											
Female	2.8	1.9	3.0	2.7	3.3	2.3	3.8	2.1	1.5	2.6	1.2
Male	5.3	3.5	6.2	5.4	3.0	5.3	5.8	5.2	7.9	7.0	4.8
Total	3.1	2.2	3.4	3.1	3.3	2.7	4.1	2.5	2.7	3.2	1.5
Positive Test Results	3,685	97	645	409	1,345	120	471	45	144	360	49
Anonymous HIV Tests	613	30	0	14	0	95	0	166	0	230	78

7 Staffing and Service Utilization

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 all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care, as described in the Title X program requirements.²

In 2019, 3,678 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (*Exhibit 30*).

- By **type of CSP**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 67% of total FTEs, followed by physicians (24%) and other CSPs (9%). On average, there were 2.8 midlevel clinician FTEs for every 1.0 physician FTE.
- By **region**, from 8% to 32% of total FTEs were physician FTEs, 51% to 86% were midlevel clinician FTEs, and 0% to 26% were other CSP FTEs. There were from 1.6 to 7.9 midlevel clinician FTEs for every 1.0 physician FTE.

Family Planning Encounters (Exhibit 30)

In 2019, Title X service sites reported a total of almost 4.7 million family planning encounters, or an average of 1.5 encounters per user (*Exhibit 30*).

- By **type**, most family planning encounters (77%, or 3.6 million) were attended by a CSP, resulting in an average of 1.2 CSP encounters per user and 979 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
 - **Number of encounters per user:** The average number of encounters per user ranged from 1.1 to 1.8.
 - **CSP encounters:** The percentage of encounters that were attended by a CSP ranged from 60% to 95%, and the number of CSP encounters per CSP FTE ranged from 566 to 1,570.
 - **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 5% to 40%. The number of non-CSP encounters per user ranged from 0.1 to 0.7.

Selected Guidance for Reporting Staffing and Encounter Data in FPAR Table 13

In **FPAR Table 13**, grantees report the following information on the level of clinical provider staffing and the number of family planning encounters:

- 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.

Family Planning Provider—The individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the client during an encounter. There are *two types* of family planning providers:

- **Clinical Services Providers (CSPs)** include physicians, 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. CSPs offer a range of clinical, counseling, and educational services relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the Title X program requirements.²

- **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 Title X program requirements.²

Family Planning Encounter—A documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. Laboratory tests and related counseling and education do not constitute a family planning encounter unless the encounter is face-to-face, documented, and includes family planning counseling or education.

The **two types of family planning encounters** are classified based on the type of family planning provider who renders the care: an encounter with a CSP or an encounter with an Other Services Provider.

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

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 43–45.⁵

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: 2019 (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	884.0	106.4	82.3	214.8	203.6	25.3	43.3	23.0	12.2	119.9	53.3
PA/NP/CNM	2,449.6	168.1	207.2	474.4	595.3	200.4	172.6	79.5	72.4	282.8	197.0
Other CSP ^a	344.7	54.1	14.9	70.6	105.5	80.4	4.0	1.0	0.0	11.2	3.0
Total	3,678.3	328.5	304.3	759.9	904.3	306.1	219.9	103.5	84.6	413.9	253.3
Distribution of CSP FTEs											
Physician	24%	32%	27%	28%	23%	8%	20%	22%	14%	29%	21%
PA/NP/CNM	67%	51%	68%	62%	66%	65%	78%	77%	86%	68%	78%
Other CSP ^a	9%	16%	5%	9%	12%	26%	2%	1%	0%	3%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE^b	2.8	1.6	2.5	2.2	2.9	7.9	4.0	3.5	6.0	2.4	3.7
Number of FP Encounters											
With CSP	3,602,064	194,041	406,873	561,497	724,718	340,333	320,095	132,608	132,798	645,785	143,316
With other	1,071,605	10,548	39,100	75,234	390,455	128,010	211,145	65,298	47,308	85,120	19,387
Total	4,673,669	204,589	445,973	636,731	1,115,173	468,343	531,240	197,906	180,106	730,905	162,703
Distribution of FP Encounters											
With CSP	77%	95%	91%	88%	65%	73%	60%	67%	74%	88%	88%
With other	23%	5%	9%	12%	35%	27%	40%	33%	26%	12%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User											
With CSP	1.2	1.3	1.3	1.5	1.1	1.2	1.0	1.2	1.3	1.0	1.2
With other	0.3	0.1	0.1	0.2	0.6	0.4	0.7	0.6	0.5	0.1	0.2
Total	1.5	1.4	1.4	1.7	1.7	1.6	1.7	1.8	1.7	1.1	1.3
CSP Encounters per CSP FTE	979	591	1,337	739	801	1,112	1,456	1,281	1,570	1,560	566

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.

Selected Guidance for Reporting Project Revenue in FPAR Table 14

In **FPAR Table 14**, grantees report the **revenue received** (i.e., actual cash receipts or drawdown amounts) during the reporting period from various funding sources that support activities within the scope of the grantee's Title X services grant, even if the funds were not expended during the reporting period. Table 14 excludes the monetary value of in-kind contributions. Sources of revenue include the following:

Title X Grant—Refers to the amount received from the Title X Section 1001 family planning services grant, including revenue received from other Title X special initiatives (e.g., HIV integration).

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

- **Total Client Collections/Self-Pay (“Client Fees”)**—Grantees report the amount in fees collected directly from clients.
- **Third-Party Payers**—Grantees report revenue received from public and private third-party payers. Third-party payer revenue reported as “prepaid” (capitated) is from managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts). Third-party payer revenue reported as “not prepaid” is received after the date of service, even under managed care arrangements. Third-party payer sources include:

Medicaid/Title XIX—Grantees report the amount received from Medicaid (federal and state shares), regardless of whether the reimbursement was paid directly by Medicaid or through a fiscal intermediary or a health maintenance organization (HMO). The Medicaid amount includes revenue (federal and state shares) from Medicaid family planning eligibility expansions (waivers or State Plan Amendments).

Medicare/Title XVIII—Grantees report the amount received from Medicare, 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)—Grantees report the amount received from CHIP.

Other Public Health Insurance—Grantees report the amount received from other federal, state, or local government health insurance programs. 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—Grantees report the amount received from private third-party health insurance plans, which include plans obtained through an employer, union, or direct purchase that provide a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent). Private health insurance includes coverage purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA).

Other Revenue—Grantees report the amounts received from various other sources, including

- Maternal and Child Health Block Grants (Title V)
- Social Services Block Grants (Title XX)
- Temporary Assistance for Needy Families (TANF)
- Local government sources (includes county and city grants or contracts)
- State government sources (includes grants or contracts)
- Bureau of Primary Health Care grants (e.g., Section 330)
- Private and client donations
- Other public or private revenues.

Note: For detailed reporting guidance, please refer to the Title X Family Planning Annual Report: Forms and Instructions (Reissued October 2016), pp. 47–49.⁵

8 Project Revenue

REVENUE

In 2019, Title X grantees reported total program revenue of over \$1.0 billion to support the delivery of Title X-funded family planning and related preventive health care. The two largest sources of revenue—Medicaid and the Children’s Health Insurance Program (CHIP) combined (\$370.9 million) and Title X (\$229.0 million)—accounted for 36% and 22%, respectively, of total revenue. Revenue from state governments (\$110.0 million), private third-party payers (\$107.5 million), client service fees (\$40.1 million), and local governments (\$30.1 million) each accounted for 3% to 11% of total revenue, while all other sources each contributed 2% or less (*Exhibit 31*).

Title X Services Grant

Revenue from Title X accounted for 22% (\$229.0 million) of total national revenue and between 13% and 36% of total regional revenue. Title X was the largest source of revenue in four regions and the second largest source after Medicaid in four others (*Exhibits 32 and 33*).

Payment for Services: Client Fees

Revenue from client service fees accounted for 4% (\$40.1 million) of total revenue and between 1% and 9% of total regional revenue (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

In 2019, revenue from third-party payers was 48% (\$498.7 million) of total revenue, with Medicaid/CHIP accounting for most (74%) of this amount.

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 36% (\$369.5 million) of total revenue, and separately reported CHIP revenue accounted for less than 0.5% (\$1.4 million) of total revenue. Together, these two sources totaled \$370.9 million, or 36% of total 2019 revenue.

By region, Medicaid and CHIP revenue combined accounted for 13% to 61% of total regional revenue, and Medicaid was the largest revenue source (27% to 61%) in six regions (*Exhibits 32 and 33*). In 24 states, grantees included revenue from federally approved Medicaid family planning eligibility expansions in the amount they reported for Medicaid. See the Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of these states.

Medicare and Other Public. Revenue from Medicare (\$8.0 million) and other public third-party payers (\$12.3 million) together accounted for 2% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers ranged from less than 0.5% to 9% (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$107.5 million) accounted for 10% of total national revenue and between 6% and 24% of total regional revenue. Private third-party payer

revenue was the second or third most important revenue source in seven regions (*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 (\$17.0 million), the Title XX Social Services block grant (\$6.1 million), and TANF (\$6.1 million) each accounted for 1% to 2% of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged from 0% to 4%, with several regions reporting no revenue from either block grants or TANF (*Exhibits 32 and 33*).

State Governments. State government revenue accounted for 11% (\$110.0 million) of total national revenue and from 1% to 27% of total regional revenue. State government revenue was the second largest source of regional revenue in two regions (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 3% (\$30.1 million) of total national revenue and from less than 0.5% to 10% of total regional revenue (*Exhibits 32 and 33*).

Bureau of Primary Health Care (BPHC). Revenue from the Health Resources Services Administration, BPHC accounted for 1% (\$15.5 million) of total national revenue. Across regions, BPHC revenue ranged from 0% to 7% of total regional revenue, with one region reporting no BPHC revenue (*Exhibits 32 and 33*).

All Other Revenue. Finally, 8% (\$83.8 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% to 17% of total regional revenue (*Exhibits 32 and 33*). See the Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of other revenue sources.

Revenue per User and Encounter

On average, in 2019, grantees reported \$335 in program revenue per family planning user served and \$222 per family planning encounter. By region, revenue per user ranged from \$226 to \$464, and revenue per encounter ranged from \$155 to \$336 (*Exhibit 32*).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2019 (Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	\$229,031,074	22%
Payment for Services		
Client fees	\$40,051,795	4%
Third-party payers ^a		
Medicaid ^b	\$369,512,175	36%
Medicare	\$8,023,568	1%
Children's Health Insurance Program	\$1,389,873	0%†
Other public	\$12,299,248	1%
Private	\$107,498,387	10%
Subtotal	\$538,775,046	52%
Other Revenue		
Maternal and Child Health block grant	\$16,956,909	2%
Social Services block grant	\$6,105,713	1%
Temporary Assistance for Needy Families	\$6,077,922	1%
State government	\$109,977,858	11%
Local government	\$30,059,604	3%
Bureau of Primary Health Care	\$15,487,598	1%
Other ^c	\$83,828,526	8%
Subtotal	\$268,494,130	26%
Total Revenue	\$1,036,300,250	100%
Total Revenue per User	\$335	—
Total Revenue per Encounter	\$222	—

— Not applicable.

Notes: 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 24 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%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2019 (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	\$229,031,074	\$9,615,110	\$17,462,293	\$23,978,812	\$54,930,215	\$31,211,536	\$30,113,470	\$13,042,095	\$10,669,156	\$31,252,005	\$6,756,382
Payment for Services											
Client fees	\$40,051,795	\$1,389,725	\$4,926,376	\$4,308,780	\$7,860,329	\$6,897,798	\$1,340,479	\$2,000,576	\$3,769,108	\$5,407,479	\$2,151,145
Third-party payers ^a											
Medicaid ^b	\$369,512,175	\$7,067,549	\$36,618,826	\$41,227,333	\$55,980,366	\$33,952,158	\$16,378,925	\$4,654,255	\$6,419,173	\$150,229,250	\$16,984,340
Medicare	\$8,023,568	\$274,009	\$451,176	\$1,031,163	\$1,707,429	\$3,270,625	\$394,753	\$349,376	\$101,094	\$392,293	\$51,650
CHIP	\$1,389,873	\$0	\$424,602	\$168,877	\$482,536	\$9,562	\$104,464	\$31,782	\$168,050	\$0	\$0
Other public ^c	\$12,299,248	\$1,145,153	\$60,053	\$1,646,461	\$79,329	\$166,447	\$8,679,561	\$193,862	\$34,062	\$158,014	\$136,306
Private	\$107,498,387	\$7,803,353	\$16,490,638	\$15,286,152	\$10,680,679	\$13,700,203	\$6,871,327	\$5,906,038	\$6,964,459	\$16,271,654	\$7,523,884
Subtotal	\$538,775,046	\$17,679,789	\$58,971,671	\$63,668,766	\$76,790,668	\$57,996,793	\$33,769,509	\$13,135,889	\$17,455,946	\$172,458,690	\$26,847,325
Other Revenue											
MCH block grant	\$16,956,909	\$0	\$5,332,852	\$2,260,462	\$3,205,984	\$2,539,192	\$1,524,513	\$152,570	\$173,311	\$1,287,319	\$480,706
SS block grant	\$6,105,713	\$1,074,608	\$1,365,007	\$2,608,761	\$0	\$995,897	\$0	\$0	\$42,637	\$18,803	\$0
TANF	\$6,077,922	\$81,520	\$0	\$0	\$3,145,329	\$2,425,924	\$418,715	\$0	\$6,434	\$0	\$0
State government	\$109,977,858	\$3,586,794	\$34,398,542	\$5,127,286	\$18,218,899	\$6,174,925	\$28,015,434	\$1,068,000	\$3,276,544	\$2,923,901	\$7,187,533
Local government	\$30,059,604	\$6,200	\$776,407	\$226,613	\$12,677,418	\$3,888,041	\$3,423,985	\$301,824	\$3,928,640	\$2,030,915	\$2,799,561
BPHC	\$15,487,598	\$167,873	\$341,558	\$53,796	\$130,870	\$8,189,911	\$265,703	\$2,590,436	\$0	\$3,725,174	\$22,277
Other ^d	\$83,828,526	\$784,559	\$9,569,132	\$3,357,716	\$4,049,431	\$11,076,864	\$4,947,737	\$6,146,528	\$4,268,320	\$31,749,276	\$7,878,963
Subtotal	\$268,494,130	\$5,701,554	\$51,783,498	\$13,634,634	\$41,427,931	\$35,290,754	\$38,596,087	\$10,259,358	\$11,695,886	\$41,735,388	\$18,369,040
Total Revenue	\$1,036,300,250	\$32,996,453	\$128,217,462	\$101,282,212	\$173,148,814	\$124,499,083	\$102,479,066	\$36,437,342	\$39,820,988	\$245,446,083	\$51,972,747
Total Revenue per User	\$335	\$226	\$416	\$270	\$267	\$422	\$319	\$330	\$380	\$368	\$430
Total Revenue per Encounter	\$222	\$161	\$288	\$159	\$155	\$266	\$193	\$184	\$221	\$336	\$319

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 24 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: 2019 (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	22%	29%	14%	24%	32%	25%	29%	36%	27%	13%	13%
Payment for Services											
Client fees	4%	4%	4%	4%	5%	6%	1%	5%	9%	2%	4%
Third-party payers ^a											
Medicaid ^b	36%	21%	29%	41%	32%	27%	16%	13%	16%	61%	33%
Medicare	1%	1%	0%†	1%	1%	3%	0%†	1%	0%†	0%†	0%†
CHIP	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%
Other public ^c	1%	3%	0%†	2%	0%†	0%†	8%	1%	0%†	0%†	0%†
Private	10%	24%	13%	15%	6%	11%	7%	16%	17%	7%	14%
Subtotal	52%	54%	46%	63%	44%	47%	33%	36%	44%	70%	52%
Other Revenue											
MCH block grant	2%	0%	4%	2%	2%	2%	1%	0%†	0%†	1%	1%
SS block grant	1%	3%	1%	3%	0%	1%	0%	0%	0%†	0%†	0%
TANF	1%	0%†	0%	0%	2%	2%	0%†	0%	0%†	0%	0%
State government	11%	11%	27%	5%	11%	5%	27%	3%	8%	1%	14%
Local government	3%	0%†	1%	0%†	7%	3%	3%	1%	10%	1%	5%
BPHC	1%	1%	0%†	0%†	0%†	7%	0%†	7%	0%	2%	0%†
Other ^d	8%	2%	7%	3%	2%	9%	5%	17%	11%	13%	15%
Subtotal	26%	17%	40%	13%	24%	28%	38%	28%	29%	17%	35%
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 24 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%.

Trends in Project Revenue 2009 vs. 2019

2019 vs. 2018. Comparing 2019 revenue data with those from 2018 shows that inflation-adjusted (constant 2019 dollars)²⁴ total revenue decreased 24% (by \$322.3 million), from \$1.4 billion in 2018 to just over \$1.0 billion in 2019. Revenue from all but two smaller sources—other public third parties and TANF—decreased.

2019 vs. 2009. Comparing 2019 revenue data with those from 2009 shows that inflation-adjusted (constant 2019 dollars)²⁴ total revenue decreased 37% (by \$597.6 million), from \$1.6 billion in 2009 to \$1.0 billion in 2019. Decreases totaling \$654.9 million from several major sources were too large to offset modest increases (\$57.3 million) in others (*Exhibits A-13a, A-13b, and A-13c*).

Compared with 2009, revenue from each of the following sources in 2019 was **lower** (*Exhibits A-13a, A-13b, and A-13e*):

- Combined **Medicaid** and **CHIP** revenue decreased 38%, or by \$226.3 million, between 2009 (\$597.2 million) and 2019 (\$370.9 million).
- **Title X** revenue decreased 35%, or by \$124.5 million, between 2009 (\$353.5 million) and 2019 (\$229.0 million).
- **State government** revenue decreased 46%, or by \$94.1 million, between 2009 (\$204.1 million) and 2019 (\$110.0 million) (not shown).
- **Local government** revenue decreased 73%, or by \$82.3 million, between 2009 (\$112.3 million) and 2019 (\$30.1 million) (not shown).
- **Client service fees** revenue decreased 63%, or by \$67.4 million, between 2009 (\$107.4 million) and 2019 (\$40.1 million) (not shown).
- **Block grant** revenue decreased 67%, or by \$45.8 million, between 2009 (\$68.8 million) and 2019 (\$23.1 million) (not shown).
- **TANF** revenue decreased 71%, or by \$14.6 million, between 2009 (\$20.7 million) and 2019 (\$6.1 million) (not shown).

Compared with 2009, revenue from each of the following sources in 2019 was **higher**:

- **Private third-party payer** revenue increased 67%, or by \$43.2 million, between 2009 (\$64.3 million) and 2019 (\$107.5 million) (not shown).
- **Medicare and other public third-party payer** revenue increased 167%, or by \$12.7 million, between 2009 (\$7.6 million) and 2019 (\$20.3 million) (not shown).
- **Revenue from multiple “other” sources** increased 1%, or by \$1.4 million, between 2009 (\$97.9 million) and 2019 (\$99.3 million) (not shown).

Compared with 2009, the distribution of total revenue across most major sources in 2019 was about the same. Noteworthy changes included a 6-point *increase* in the percentage of total revenue from private third-party payers and a 3-point *decrease* in the percentage from client service fees (see *Exhibits A-14a, A-14b, and A-14c*).

9 References

1. *Title X of the Public Health Service Act, 42 U.S. Code 300 et seq.* (1970). Retrieved from https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf
2. The Title X program requirements consist of the following two documents: *Compliance with statutory program integrity requirements* (“*Title X Final Rule*”) retrieved from <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates-0> *Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs* (“*QFP*”) and updates (2015 and 2017) to the *Recommendations* retrieved from <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>
3. 42 Code of Federal Regulations (CFR) Part 59 Subpart A. (2020, March 4) *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. Office of Population Affairs. (2020). *Title X funding history*. Retrieved from <https://opa.hhs.gov/grant-programs/archive/title-x-program-funding-history>
5. Office of Population Affairs. (2016). *Title X 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://opa.hhs.gov/sites/default/files/2020-07/fpar-forms-instructions-reissued-oct-2016.pdf>
6. 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=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART>
7. Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services. (2019). *Compliance with Statutory Program Integrity Requirements*. *Federal Register*, 84(42): 7714-7791. Accessed from <https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf>

8. Napili, A and Elliot, V.L. (2020). Title X Family Planning Program: 2019 Final Rule. Congressional Research Service No. IF 11142. Accessed from <https://crsreports.congress.gov/product/pdf/IF/IF11142>
9. Office of Population Affairs. (2019). Fact Sheet: Final Title X Rule Detailing Family Planning Grant Program. Accessed from <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates-4>
10. U.S. Department of Health and Human Services. (2019). *2019 poverty guidelines, U.S. federal poverty guidelines used to determine financial eligibility for certain federal programs*. Retrieved from <https://aspe.hhs.gov/2019-poverty-guidelines>
11. Cohen, R. A., Terlizzi, E. P., Martinez, M. E., & Cha, A.E. (2020). *Health insurance coverage: Early release of estimates from the National Health Interview Survey, January-June 2019*. Retrieved from <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202005-508.pdf>
12. 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>
13. 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>
14. Kennedy, K. I., & Goldsmith, C. (2018). Contraception after pregnancy. In R. A. Hatcher, A. L. Nelson, J. Trussell, C. Cwiak, P. Cason, M. S. Policar, A. R. A. Aiken, J. Marrazzo, & D. Kowal (Eds.), *Contraceptive technology* (21st ed., pp. 511–542). New York, NY: Ardent Media.
15. Centers for Disease Control and Prevention. (2020). Sexual risk behaviors can lead to HIV, STDs & teen pregnancy. Retrieved from <https://www.cdc.gov/healthyyouth/sexualbehaviors/>

16. 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>
17. Office of Population Affairs. (2019). Performance measures. Retrieved from <https://opa.hhs.gov/evaluation-research/title-x-services-research/contraceptive-care-measures>
18. 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.
19. 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>
20. National Cancer Institute. (2020). *NCI dictionary of cancer terms*. Retrieved from <https://www.cancer.gov/publications/dictionaries/cancer-terms>
21. Centers for Disease Control and Prevention. (2019). *Reported STDs in the United States, 2018*, GA: U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/STD-Trends-508.pdf>
22. 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>
23. U.S. Preventive Services Task Force. (2014). *Gonorrhea and chlamydia: Screening*. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>

24. 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>
25. Henry J. Kaiser Family Foundation. (2020, August 17). 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> ↗
26. Bayer HealthCare Pharmaceuticals, Inc. (2018). Skyla: Highlights of prescribing information. Retrieved from http://labeling.bayerhealthcare.com/html/products/pi/Skyla_PI.pdf#IUDEfficacy ↗
27. Bayer HealthCare Pharmaceuticals, Inc. (2020). Important safety information about Kyleena. Retrieved from <https://hcp.kyleena-us.com/about-kyleena/efficacy/> ↗
28. Allergan USA, Inc. (2019). Liletta: Highlights of prescribing information. Retrieved from https://www.allergan.com/assets/pdf/lilettashi_pi ↗
29. Hatcher, R. A. (2018). *Contraceptive technology* (21st edition) (D. Kowal, R. A. Hatcher, A. L. Nelson, J. Trussell, C. Cwiak, P. Cason, M. S. Policar, A. B. Edelman, A. R. A. Aiken, & J. M. Marrazzo, Eds.). Managing Contraception, LLC. Retrieved from https://books.google.com/books/about/Contraceptive_Technology_21st_Edition.html?id=qsZ8twEACAAJ ↗

Appendix A

National Trend Exhibits

Exhibit A–1a. Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2009–2019

Region	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Grantees											
I	10	10	11	11	11	12	11	11	11	12	10
II	7	7	7	7	6	6	6	6	6	8	8
III	9	9	9	9	10	10	10	10	10	12	12
IV	10	10	10	13	13	14	10	9	9	11	12
V	11	12	12	11	11	10	12	11	11	13	12
VI	8	6	6	6	7	6	6	7	6	8	9
VII	5	5	5	5	5	5	5	5	5	5	6
VIII	6	6	6	6	6	6	6	6	6	6	6
IX	16	16	17	17	18	17	17	18	17	18	19
X	7	8	8	8	8	8	8	8	8	6	6
Total	89	89	91	93	95	94	91	91	89	99	100
Subrecipients											
I	69	71	72	67	66	67	71	69	68	75	61
II	89	82	80	75	71	70	70	68	68	72	68
III	222	218	230	265	271	258	316	223	225	218	173
IV	190	188	183	184	214	253	226	281	277	267	271
V	136	130	135	129	133	120	122	118	113	131	134
VI	94	90	79	78	90	45	47	41	39	48	46
VII	107	105	106	101	97	93	94	92	91	93	92
VIII	73	74	74	75	74	74	74	68	69	68	62
IX	116	104	121	113	105	95	102	99	85	89	86
X	61	60	62	61	60	59	59	58	56	67	67
Total	1,157	1,122	1,142	1,148	1,181	1,134	1,181	1,117	1,091	1,128	1,060
Service Sites											
I	230	221	228	238	225	233	224	225	221	242	214
II	296	272	263	253	256	251	247	244	244	241	237
III	656	641	639	633	627	615	648	640	653	626	614
IV	1,104	1,091	1,076	1,044	1,019	1,183	936	914	912	900	910
V	373	371	392	364	362	340	383	374	365	388	394
VI	588	580	553	521	571	442	457	425	415	468	466
VII	296	289	267	251	242	223	218	221	210	202	197
VIII	185	184	179	185	182	182	177	180	162	170	157
IX	501	495	539	474	460	441	461	469	465	478	391
X	286	245	246	226	224	217	200	206	211	239	245
Total	4,515	4,389	4,382	4,189	4,168	4,127	3,951	3,898	3,858	3,954	3,825

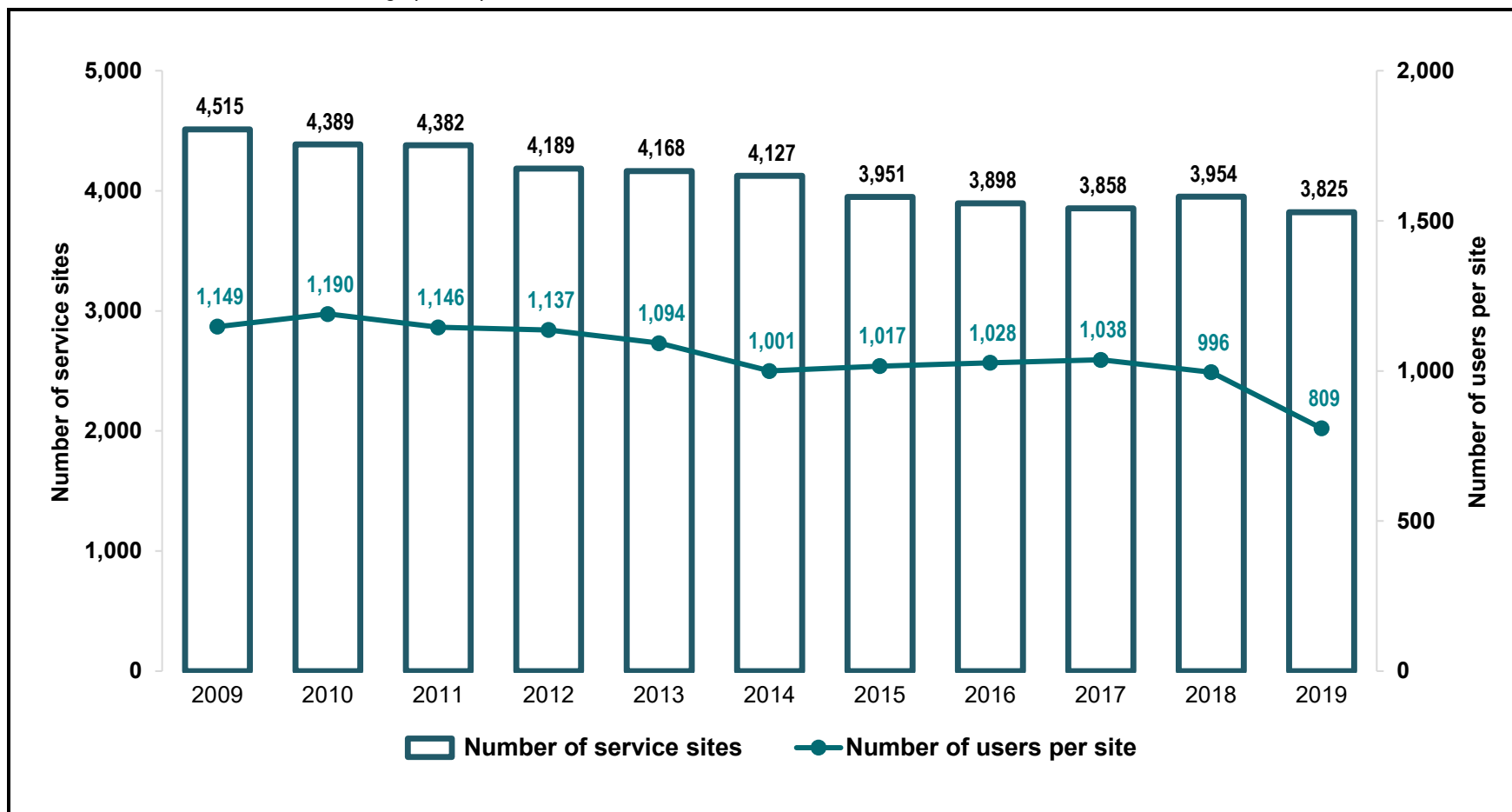
Exhibit A–1b. Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2009–2019

Region	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Grantees											
I	11%	11%	12%	12%	12%	13%	12%	12%	12%	12%	10%
II	8%	8%	8%	8%	6%	6%	7%	7%	7%	8%	8%
III	10%	10%	10%	10%	11%	11%	11%	11%	11%	12%	12%
IV	11%	11%	11%	14%	14%	15%	11%	10%	10%	11%	12%
V	12%	13%	13%	12%	12%	11%	13%	12%	12%	13%	12%
VI	9%	7%	7%	6%	7%	6%	7%	8%	7%	8%	9%
VII	6%	6%	5%	5%	5%	5%	5%	5%	6%	5%	6%
VIII	7%	7%	7%	6%	6%	6%	7%	7%	7%	6%	6%
IX	18%	18%	19%	18%	19%	18%	19%	20%	19%	18%	19%
X	8%	9%	9%	9%	8%	9%	9%	9%	9%	6%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	6%	6%	7%	6%
II	8%	7%	7%	7%	6%	6%	6%	6%	6%	6%	6%
III	19%	19%	20%	23%	23%	23%	27%	20%	21%	19%	16%
IV	16%	17%	16%	16%	18%	22%	19%	25%	25%	24%	26%
V	12%	12%	12%	11%	11%	11%	10%	11%	10%	12%	13%
VI	8%	8%	7%	7%	8%	4%	4%	4%	4%	4%	4%
VII	9%	9%	9%	9%	8%	8%	8%	8%	8%	8%	9%
VIII	6%	7%	6%	7%	6%	7%	6%	6%	6%	6%	6%
IX	10%	9%	11%	10%	9%	8%	9%	9%	8%	8%	8%
X	5%	5%	5%	5%	5%	5%	5%	5%	5%	6%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service Sites											
I	5%	5%	5%	6%	5%	6%	6%	6%	6%	6%	6%
II	7%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
III	15%	15%	15%	15%	15%	15%	16%	16%	17%	16%	16%
IV	24%	25%	25%	25%	24%	29%	24%	23%	24%	23%	24%
V	8%	8%	9%	9%	9%	8%	10%	10%	9%	10%	10%
VI	13%	13%	13%	12%	14%	11%	12%	11%	11%	12%	12%
VII	7%	7%	6%	6%	6%	5%	6%	6%	5%	5%	5%
VIII	4%	4%	4%	4%	4%	4%	4%	5%	4%	4%	4%
IX	11%	11%	12%	11%	11%	11%	12%	12%	12%	12%	10%
X	6%	6%	6%	5%	5%	5%	5%	5%	5%	6%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A-1c. Number of Title X-funded service sites and users per service site, by year: 2009–2019

Note: The data in this graph are presented in tabular form in Exhibits A-1a and A-1b.

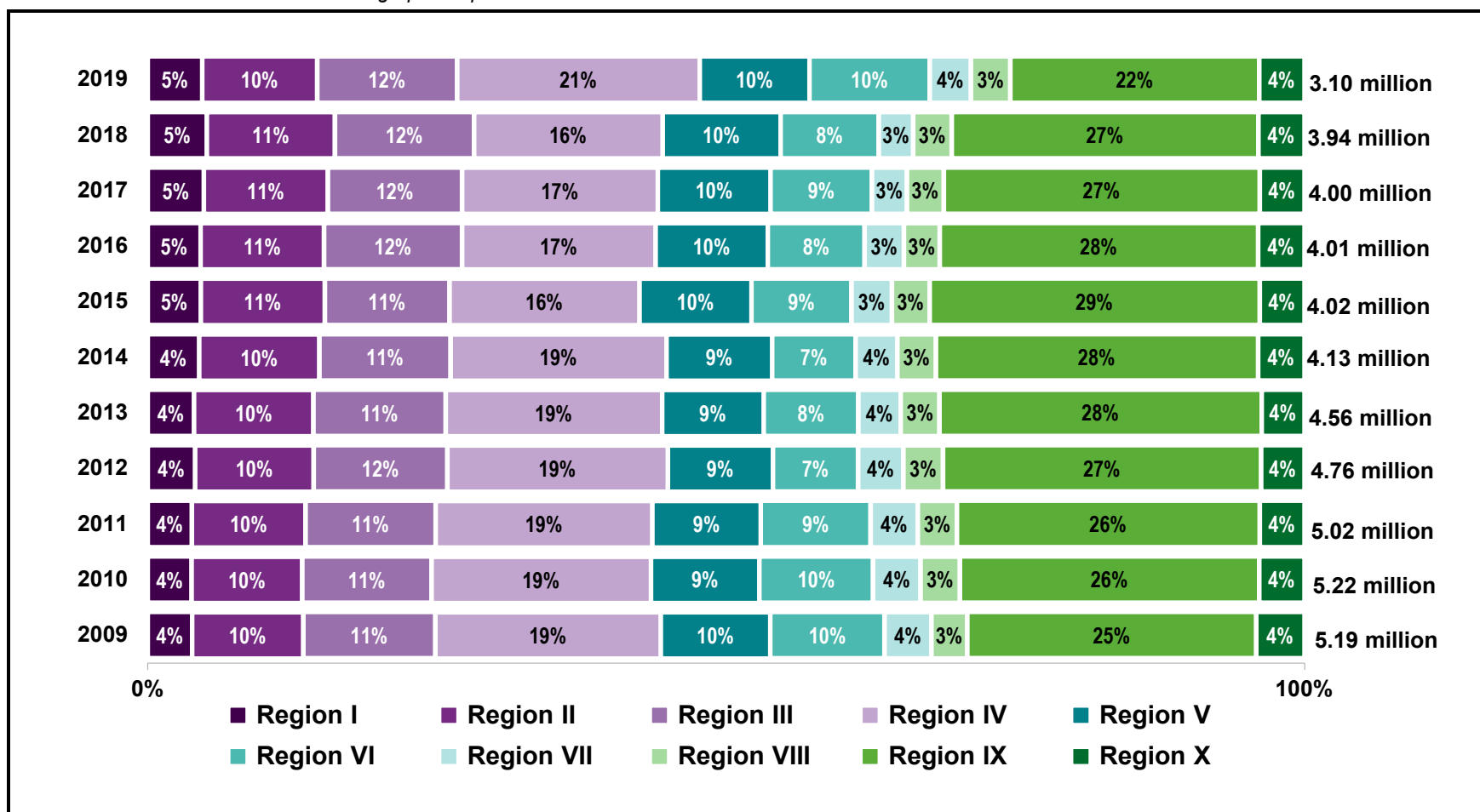


This page intentionally left blank.

Exhibit A–2a. Number and distribution of all family planning users, by region and year: 2009–2019

Region	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
I	199,779	198,962	192,252	195,264	182,684	184,005	184,389	183,383	194,952	201,188	145,737
II	497,614	499,231	493,369	488,872	470,836	429,409	431,060	428,146	429,091	436,971	308,031
III	592,475	584,167	564,163	550,051	520,403	468,157	432,418	477,585	464,216	472,832	374,499
IV	1,010,012	989,770	940,931	907,020	852,400	770,501	660,156	669,743	677,146	642,224	648,599
V	492,741	492,359	472,062	434,587	401,935	377,552	390,446	390,541	391,901	403,080	295,108
VI	512,019	512,868	475,863	350,164	372,296	298,294	346,670	334,933	350,646	334,107	321,395
VII	209,350	214,032	205,167	186,716	167,286	148,405	140,055	135,907	120,759	116,928	110,363
VIII	160,919	176,892	169,311	163,068	152,248	137,509	131,031	124,021	126,922	131,148	104,814
IX	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	666,147
X	216,384	204,012	194,323	178,616	168,484	165,670	155,607	160,457	154,786	157,215	120,973
Total	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	3,095,666
Female	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	2,690,552
Male	374,576	402,292	386,516	385,053	373,237	364,661	410,662	454,534	463,011	493,245	405,114
I	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%
II	10%	10%	10%	10%	10%	10%	11%	11%	11%	11%	10%
III	11%	11%	11%	12%	11%	11%	11%	12%	12%	12%	12%
IV	19%	19%	19%	19%	19%	19%	16%	17%	17%	16%	21%
V	10%	9%	9%	9%	9%	9%	10%	10%	10%	10%	10%
VI	10%	10%	9%	7%	8%	7%	9%	8%	9%	8%	10%
VII	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	25%	26%	26%	27%	28%	28%	29%	28%	27%	27%	22%
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	93%	92%	92%	92%	92%	91%	90%	89%	88%	87%	87%
Male	7%	8%	8%	8%	8%	9%	10%	11%	12%	13%	13%

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

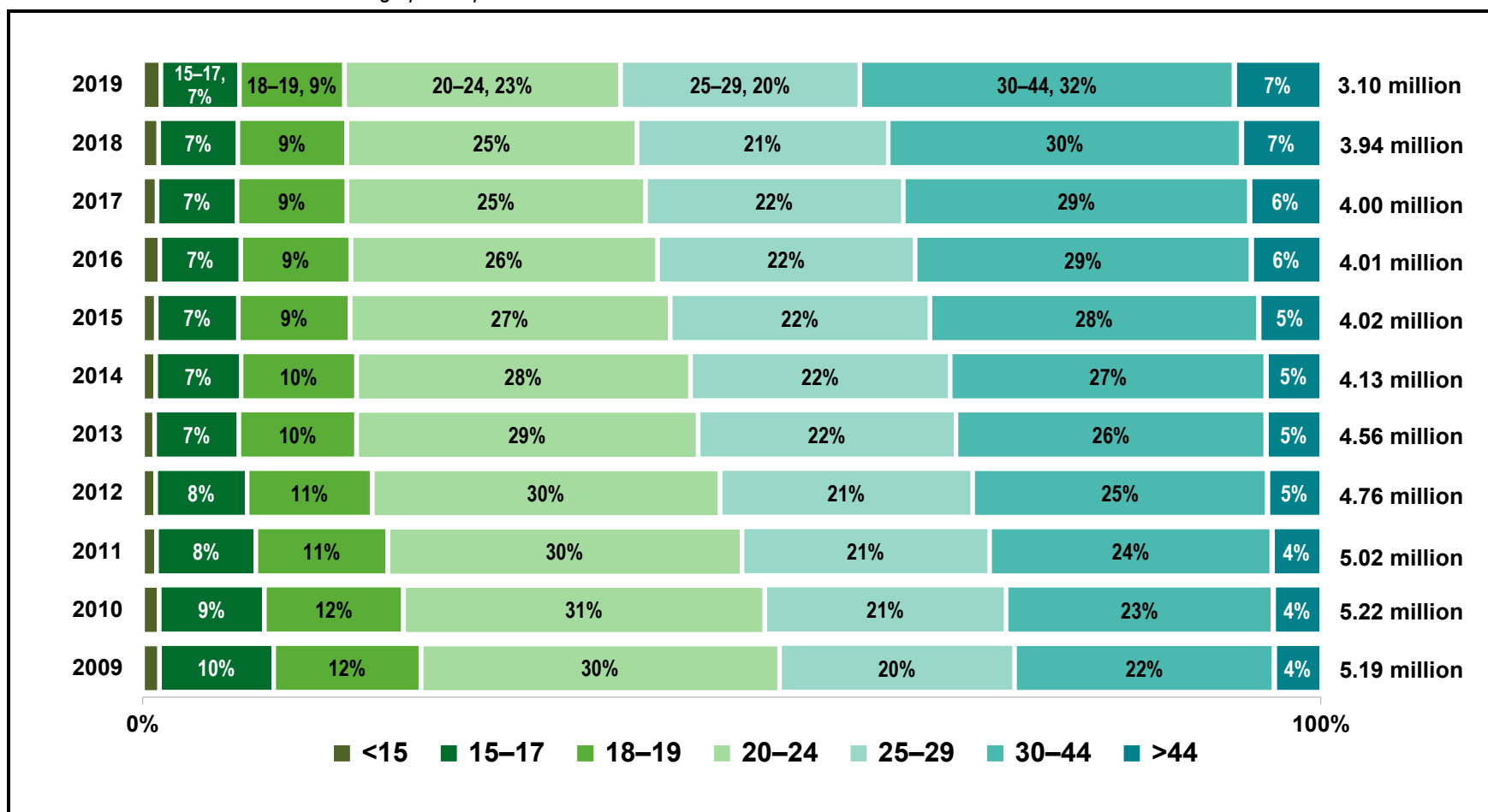
Exhibit A–2b. Number and distribution of all family planning users, by region and year: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-2a.*

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: 2009–2019

Age Group (Years)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Under 15	74,287	73,383	59,351	53,012	45,633	45,863	46,045	58,649	49,060	53,998	47,836
15 to 17	502,226	466,284	423,702	368,965	327,152	298,839	280,785	275,499	271,429	264,389	206,305
18 to 19	647,432	616,709	560,848	505,356	454,044	404,197	379,710	373,253	373,235	363,399	276,270
20 to 24	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	724,585
25 to 29	1,037,776	1,071,999	1,058,256	1,023,503	999,476	912,130	887,225	876,921	877,588	841,832	629,510
30 to 34	578,031	607,257	621,119	616,259	622,258	573,010	570,708	572,573	580,833	573,004	460,181
35 to 39	353,712	359,749	358,400	351,820	355,877	331,439	344,385	359,108	374,756	380,153	320,185
40 to 44	209,292	215,914	222,429	222,621	220,836	200,955	204,360	211,324	220,748	225,997	202,397
Over 44	206,460	212,734	209,391	216,774	212,360	192,902	213,248	237,154	242,654	266,621	228,397
Total	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	3,095,666
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%
15 to 17	10%	9%	8%	8%	7%	7%	7%	7%	7%	7%	7%
18 to 19	12%	12%	11%	11%	10%	10%	9%	9%	9%	9%	9%
20 to 24	30%	31%	30%	30%	29%	28%	27%	26%	25%	25%	23%
25 to 29	20%	21%	21%	21%	22%	22%	22%	22%	22%	21%	20%
30 to 34	11%	12%	12%	13%	14%	14%	14%	14%	15%	15%	15%
35 to 39	7%	7%	7%	7%	8%	8%	9%	9%	9%	10%	10%
40 to 44	4%	4%	4%	5%	5%	5%	5%	5%	6%	6%	7%
Over 44	4%	4%	4%	5%	5%	5%	5%	6%	6%	7%	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%.

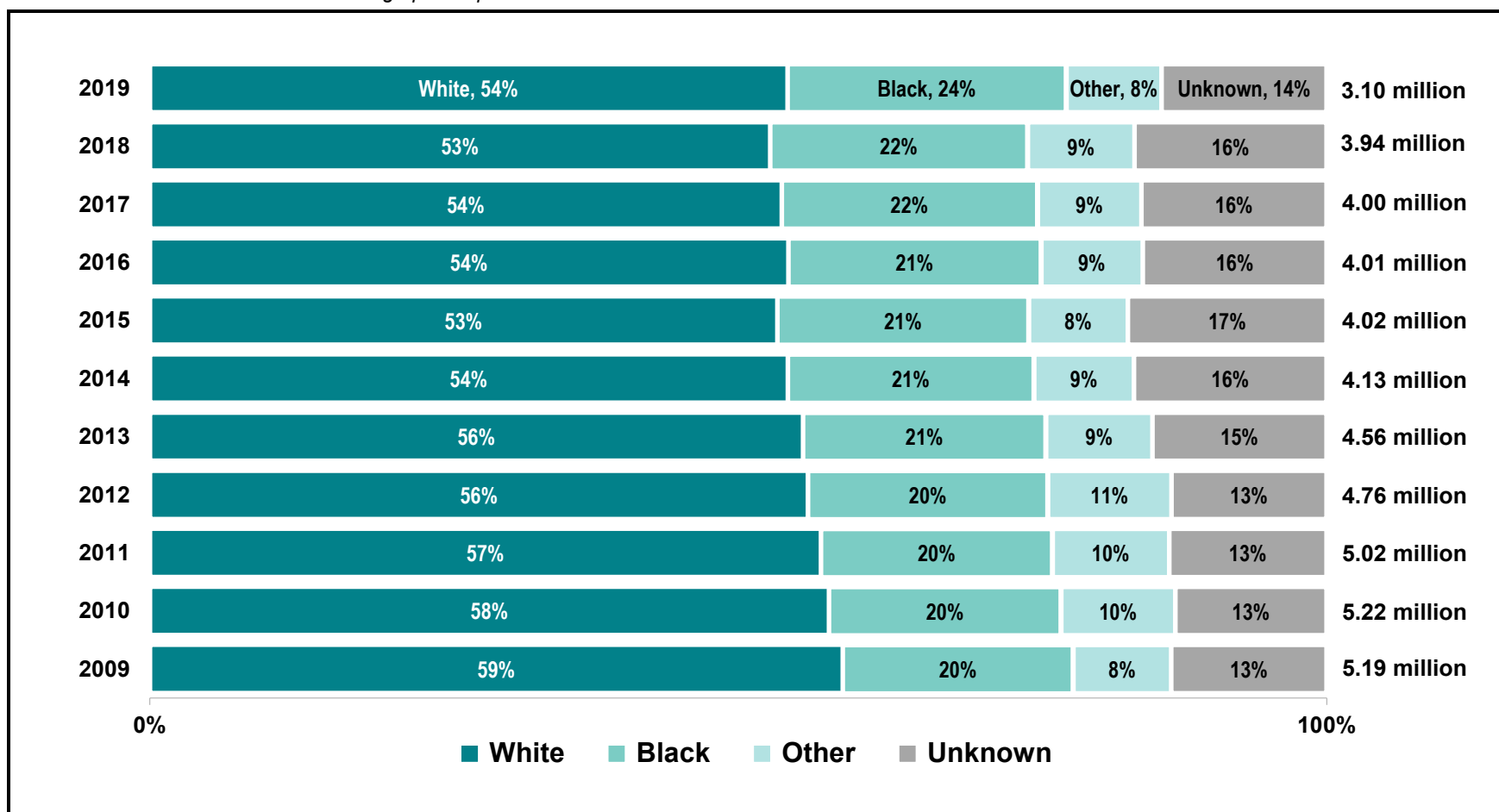
Exhibit A-3b. Number and distribution of all family planning users, by age and year: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-3a.*

Notes: 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 2009 through 2019.

Exhibit A-4a. Number and distribution of all family planning users, by race and year: 2009–2019

Race	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
American Indian/Alaska Native	39,220	44,899	43,204	45,785	34,051	29,327	30,526	33,467	35,587	38,097	29,373
Asian	150,847	136,958	134,345	136,412	135,567	128,797	131,676	135,555	143,215	139,084	89,045
Black/African American	1,015,013	1,028,991	986,803	969,776	939,941	863,136	857,659	859,886	869,574	861,707	732,825
Native Hawaiian/Pacific Islander	73,559	65,662	70,929	70,519	52,263	39,266	40,941	35,479	31,019	29,545	22,327
White	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	1,677,624
More than one race	169,044	261,397	250,825	248,590	191,871	153,907	136,043	142,564	144,397	151,281	110,372
Unknown/not reported	684,358	671,094	671,352	627,979	673,927	676,003	678,335	625,768	629,974	643,181	434,100
Total All Users	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	3,095,666
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	3%	3%	3%	4%	4%	3%
Black/African American	20%	20%	20%	20%	21%	21%	21%	21%	22%	22%	24%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	59%	58%	57%	56%	56%	54%	53%	54%	54%	53%	54%
More than one race	3%	5%	5%	5%	4%	4%	3%	4%	4%	4%	4%
Unknown/not reported	13%	13%	13%	13%	15%	16%	17%	16%	16%	16%	14%
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%.

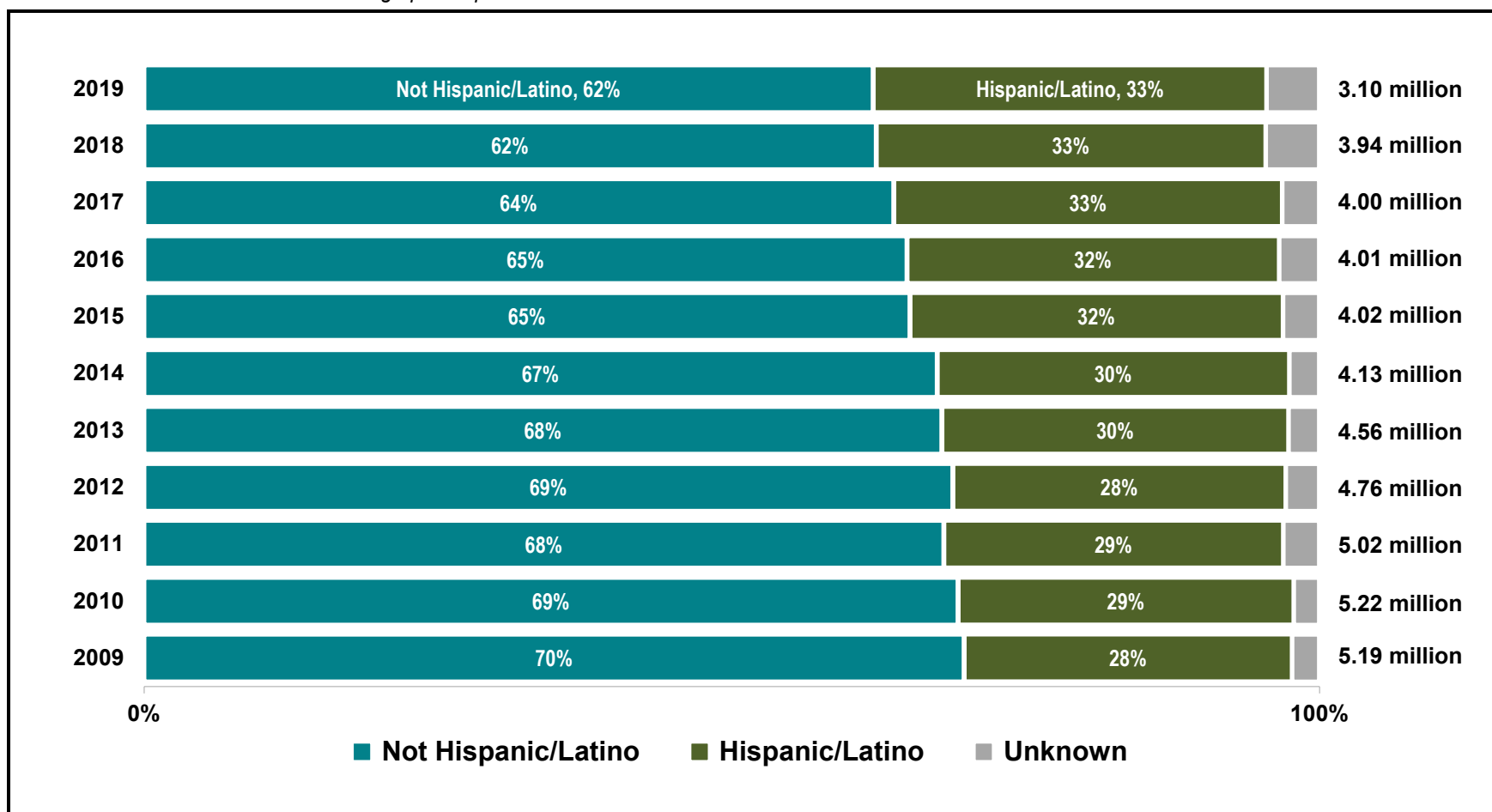
Exhibit A-4b. Number and distribution of all family planning users, by race and year: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-4a.*

Notes: 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: 2009–2019

Ethnicity	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic or Latino	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	1,036,801
Not Hispanic or Latino	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	1,920,228
Unknown/not reported	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637
Total All Users	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	3,095,666
Hispanic or Latino	28%	29%	29%	28%	30%	30%	32%	32%	33%	33%	33%
Not Hispanic or Latino	70%	69%	68%	69%	68%	67%	65%	65%	64%	62%	62%
Unknown/not reported	2%	2%	3%	3%	3%	3%	3%	3%	3%	5%	4%
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%.

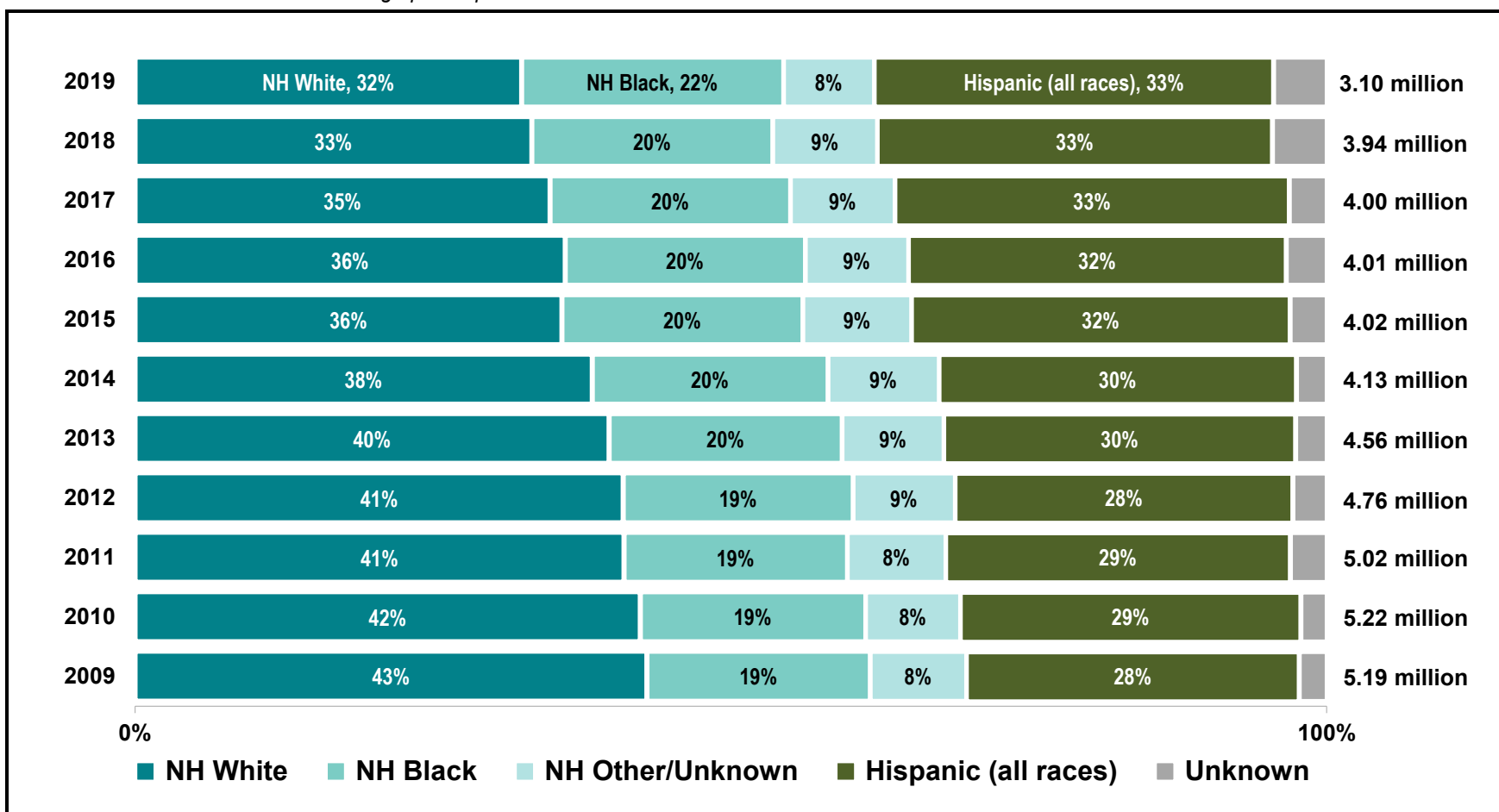
Exhibit A–5b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2009–2019*Note: The data in this graph are presented in tabular form in **Exhibit A-5a**.*

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: 2009–2019

Ethnicity and Race	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Not Hispanic or Latino											
Asian	139,831	126,413	121,777	124,790	128,015	119,454	122,310	124,233	130,688	128,678	80,588
Black or African American	969,690	986,409	939,143	917,539	890,133	816,061	811,244	806,815	806,970	796,450	679,361
White	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	1,004,060
Other/unknown	280,956	290,783	295,150	284,089	262,473	266,861	244,759	223,807	221,326	217,273	156,219
Hispanic or Latino											
All races	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	1,036,801
Unknown/Not Reported	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637
Total All Users	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	3,095,666
Not Hispanic or Latino											
Asian	3%	2%	2%	3%	3%	3%	3%	3%	3%	3%	3%
Black or African American	19%	19%	19%	19%	20%	20%	20%	20%	20%	20%	22%
White	43%	42%	41%	41%	40%	38%	36%	36%	35%	33%	32%
Other/unknown	5%	6%	6%	6%	6%	6%	6%	6%	6%	6%	5%
Hispanic or Latino											
All races	28%	29%	29%	28%	30%	30%	32%	32%	33%	33%	33%
Unknown/Not Reported	2%	2%	3%	3%	3%	3%	3%	3%	3%	5%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Notes: 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: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-6a.*

NH=Not Hispanic or Latino.

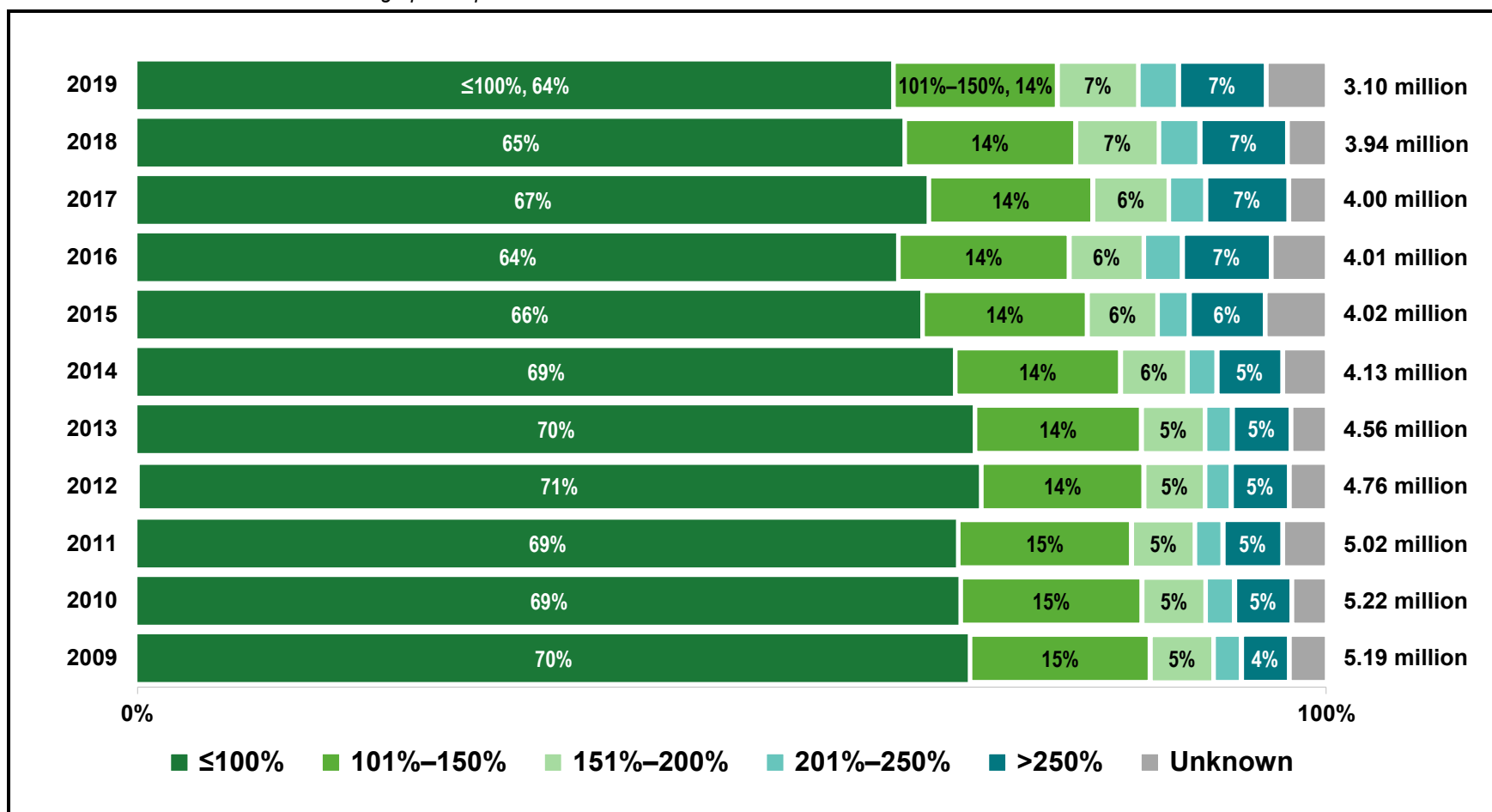
Notes: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The “NH Other/Unknown” category includes users who self-identified as not Hispanic 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: 2009–2019

Income Level ^a	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Under 101%	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	1,968,876
101% to 150%	785,090	795,065	731,410	649,462	636,484	572,948	556,141	575,420	551,163	566,040	426,239
151% to 200%	277,103	281,294	269,478	247,490	245,805	234,425	238,420	252,273	257,155	277,321	211,586
201% to 250%	119,768	125,298	116,188	103,061	103,246	100,402	105,975	128,874	123,477	134,010	103,816
Over 250%	207,484	250,440	250,829	230,947	222,718	226,918	255,093	297,988	277,975	289,208	226,957
Unknown/not reported	164,316	153,952	186,894	150,748	138,191	153,940	208,545	188,005	128,565	130,644	158,192
Total All Users	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	3,095,666
Under 101%	70%	69%	69%	71%	70%	69%	66%	64%	67%	65%	64%
101% to 150%	15%	15%	15%	14%	14%	14%	14%	14%	14%	14%	14%
151% to 200%	5%	5%	5%	5%	5%	6%	6%	6%	6%	7%	7%
201% to 250%	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%	3%
Over 250%	4%	5%	5%	5%	5%	5%	6%	7%	7%	7%	7%
Unknown/not reported	3%	3%	4%	3%	3%	4%	5%	5%	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%, 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/>.

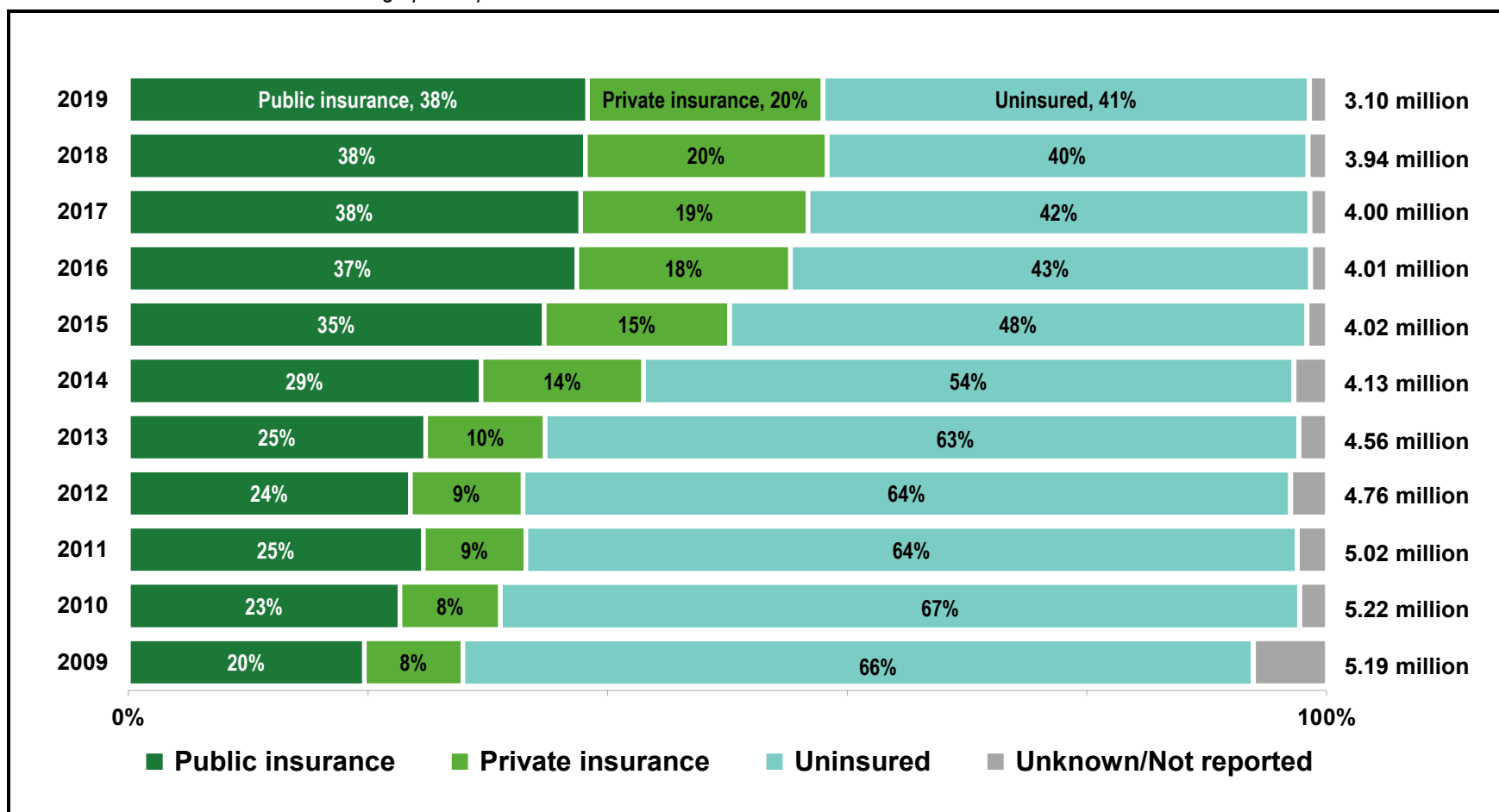
Exhibit A–7b. Number and distribution of all family planning users, by income level and year: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-7a.*

Notes: 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: 2009–2019

Primary Insurance	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Public insurance	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	1,186,684
Private insurance	426,308	438,042	429,919	447,341	453,535	559,845	621,066	715,090	760,051	794,535	607,961
Uninsured	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	1,255,337
Unknown/not reported	318,880	118,665	124,665	144,669	107,211	114,413	67,594	55,302	56,837	62,324	45,684
Total All Users	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	3,095,666
Public insurance	20%	23%	25%	24%	25%	29%	35%	37%	38%	38%	38%
Private insurance	8%	8%	9%	9%	10%	14%	15%	18%	19%	20%	20%
Uninsured	66%	67%	64%	64%	63%	54%	48%	43%	42%	40%	41%
Unknown/not reported	6%	2%	2%	3%	2%	3%	2%	1%	1%	2%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A–8b. Number and distribution of all family planning users, by primary health insurance status and year: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-8a.*

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: 2009–2019

Primary Method	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Most Effective^a											
Vasectomy	6,905	8,683	8,632	8,540	8,175	7,582	6,879	8,178	8,848	9,237	7,668
Sterilization	92,616	92,652	90,438	86,854	82,067	74,748	84,108	86,112	94,173	91,569	82,472
Hormonal implant	30,135	48,015	65,673	82,642	108,586	139,799	177,975	209,014	239,029	240,418	190,615
Intrauterine device	216,390	252,121	272,683	284,461	279,289	265,511	273,650	288,939	324,174	323,081	237,073
Moderately Effective^a											
Hormonal injection ^b	615,188	643,682	645,351	645,136	635,093	611,619	574,476	519,841	500,960	474,609	398,894
Vaginal ring	165,121	186,238	183,182	164,693	142,292	115,230	95,186	83,473	76,252	66,968	46,021
Contraceptive patch	106,266	93,499	89,795	83,145	78,547	69,469	49,010	47,030	48,256	46,384	32,714
Oral contraceptive	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	598,304
Cervical cap/diaphragm	12,278	4,402	3,390	4,116	8,245	2,379	1,660	2,130	2,219	1,652	877
Less Effective^a											
Male condom	737,991	787,329	838,131	745,265	692,678	578,139	572,607	559,356	547,129	533,079	385,950
Female condom	4,635	5,944	5,939	3,722	3,914	3,308	3,558	2,929	2,537	3,782	3,159
Contraceptive sponge	991	1,581	921	765	541	651	660	138	169	371	377
Withdrawal or other ^c	105,705	116,635	115,002	113,016	95,798	70,982	61,504	75,191	73,047	81,486	75,253
FAM ^d or LAM	12,633	14,379	17,105	12,676	11,753	12,648	13,503	14,392	15,287	17,320	17,370
Spermicide	15,598	8,346	7,061	4,926	4,028	2,911	1,873	1,848	1,991	1,135	995
Other											
Abstinence	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102	92,385	99,733	90,729
No Method											
Pregnant/seeking pregnancy	395,633	400,194	361,056	377,547	356,750	330,279	321,229	321,706	313,802	279,025	207,880
Other reason	260,946	238,347	229,541	183,613	181,657	175,111	171,068	175,371	190,518	194,405	167,834
Method Unknown	273,961	160,788	96,687	96,590	106,017	98,208	124,449	121,885	116,331	158,258	146,367
Total Female Users	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	2,690,552
Using Most, Moderately, or Less Effective Method	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	2,077,742
Most effective ^a	346,046	401,471	437,426	462,497	478,117	487,640	542,612	592,243	666,224	664,305	517,828
Moderately effective ^a	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	1,076,810
Less effective ^a	877,553	934,214	984,159	880,370	808,712	668,639	653,705	653,854	640,160	637,173	483,104
Abstinent	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102	92,385	99,733	90,729
Not Using a Method	656,579	638,541	590,597	561,160	538,407	505,390	492,297	497,077	504,320	473,430	375,714

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 2009 through 2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2019, 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: 2009–2019

Primary Method	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Most Effective^a											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	2%	2%	3%	3%	3%
Hormonal implant	1%	1%	1%	2%	3%	4%	5%	6%	7%	7%	7%
Intrauterine device	4%	5%	6%	6%	7%	7%	8%	8%	9%	9%	9%
Moderately Effective^a											
Hormonal injection ^b	13%	13%	14%	15%	15%	16%	16%	15%	14%	14%	15%
Vaginal ring	3%	4%	4%	4%	3%	3%	3%	2%	2%	2%	2%
Contraceptive patch	2%	2%	2%	2%	2%	2%	1%	1%	1%	1%	1%
Oral contraceptive	35%	35%	33%	32%	31%	30%	28%	27%	25%	24%	22%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective^a											
Male condom	15%	16%	18%	17%	17%	15%	16%	16%	15%	15%	14%
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%	3%	2%	2%	2%	2%	2%	2%	3%
FAM ^d or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Spermicide	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	1%	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%
No Method											
Pregnant/seeking pregnancy	8%	8%	8%	9%	9%	9%	9%	9%	9%	8%	8%
Other reason	5%	5%	5%	4%	4%	5%	5%	5%	5%	6%	6%
Method Unknown	6%	3%	2%	2%	3%	3%	3%	3%	3%	5%	5%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method	79%	82%	84%	83%	83%	82%	81%	80%	80%	79%	77%
Most effective ^a	7%	8%	9%	11%	11%	13%	15%	17%	19%	19%	19%
Moderately effective ^a	54%	54%	53%	53%	52%	51%	48%	45%	43%	41%	40%
Less effective ^a	18%	19%	21%	20%	19%	18%	18%	18%	18%	18%	18%
Abstinent	1%	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%
Not Using a Method	14%	13%	13%	13%	13%	13%	14%	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%.

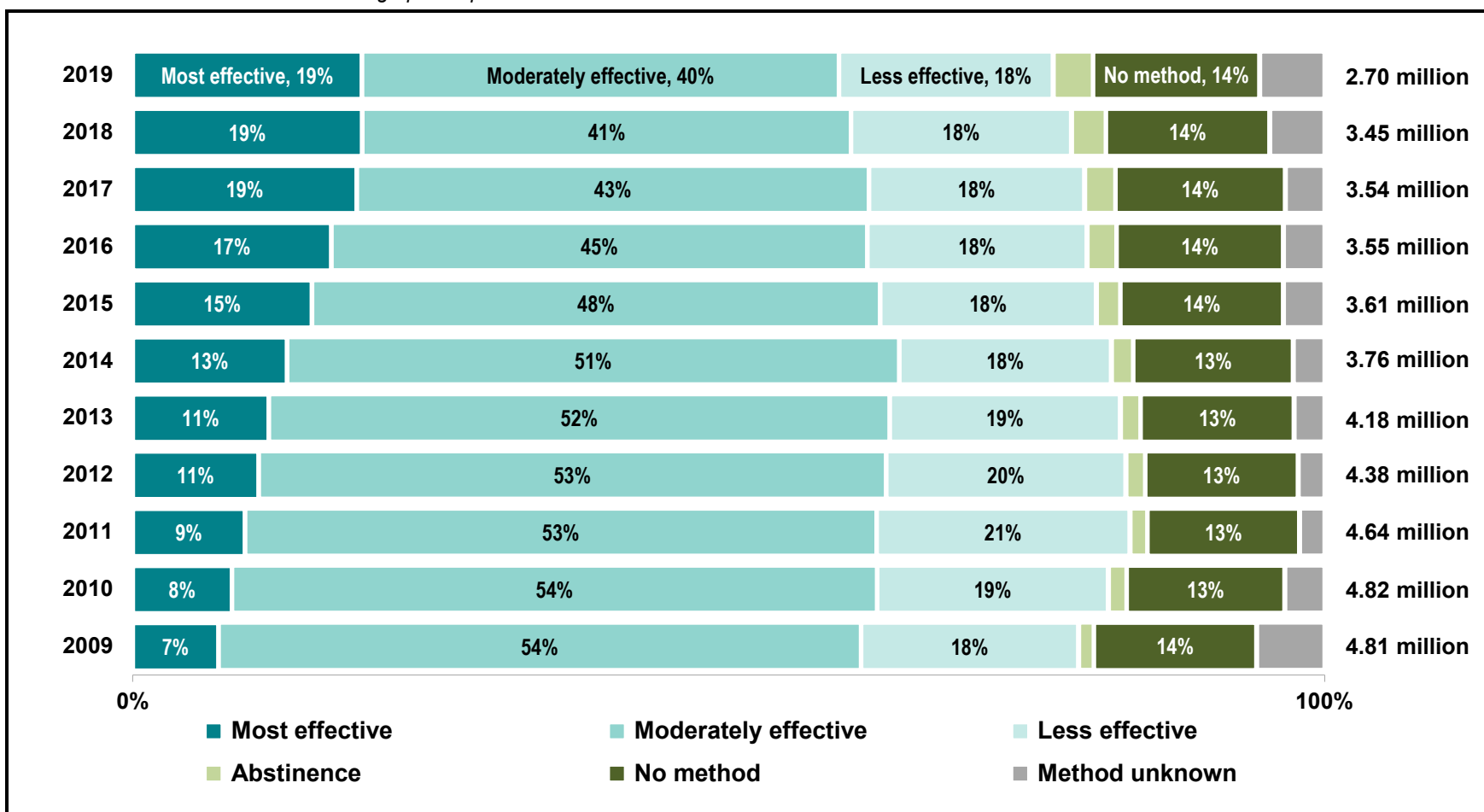
^a See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

^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 2009 through 2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2019, 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: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibits A-9a and A-9b.*

Notes: 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: 2009–2019

Screening Measures	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Female Users Screened											
Number	2,035,017	1,727,251	1,444,418	1,237,328	988,114	785,540	743,683	687,373	649,266	625,808	541,661
Percentage	42%	36%	31%	28%	24%	21%	21%	19%	18%	18%	20%
Pap Tests Performed											
Number	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	561,534
Percentage with an ASC or higher result	12%	13%	15%	14%	14%	14%	14%	14%	14%	14%	13%

ASC=atypical squamous cells.

Exhibit A-10b. Number and percentage of female users who received a Pap test, by year: 2009–2019

Note: The data in this graph are presented in tabular form in Exhibit A-10a.

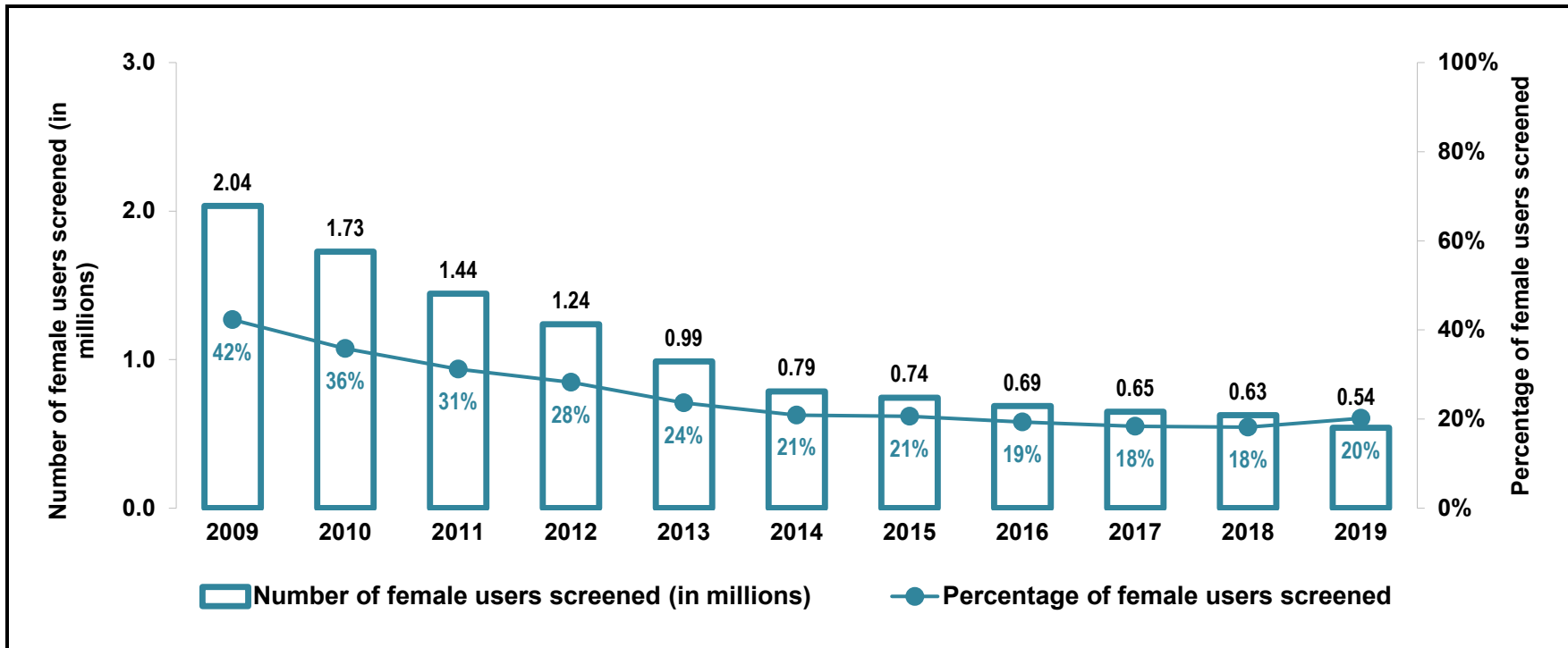


Exhibit A–11a. Number and percentage of female users under 25 tested for chlamydia, by year: 2009–2019

Chlamydia Testing Measures	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number tested	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	644,080
Percentage tested	55%	57%	58%	59%	60%	58%	59%	61%	61%	61%	58%

Exhibit A–11b. Number and percentage of female users under 25 tested for chlamydia, by year: 2009–2019

Note: The data in this graph are presented in tabular form in Exhibit A-11a.

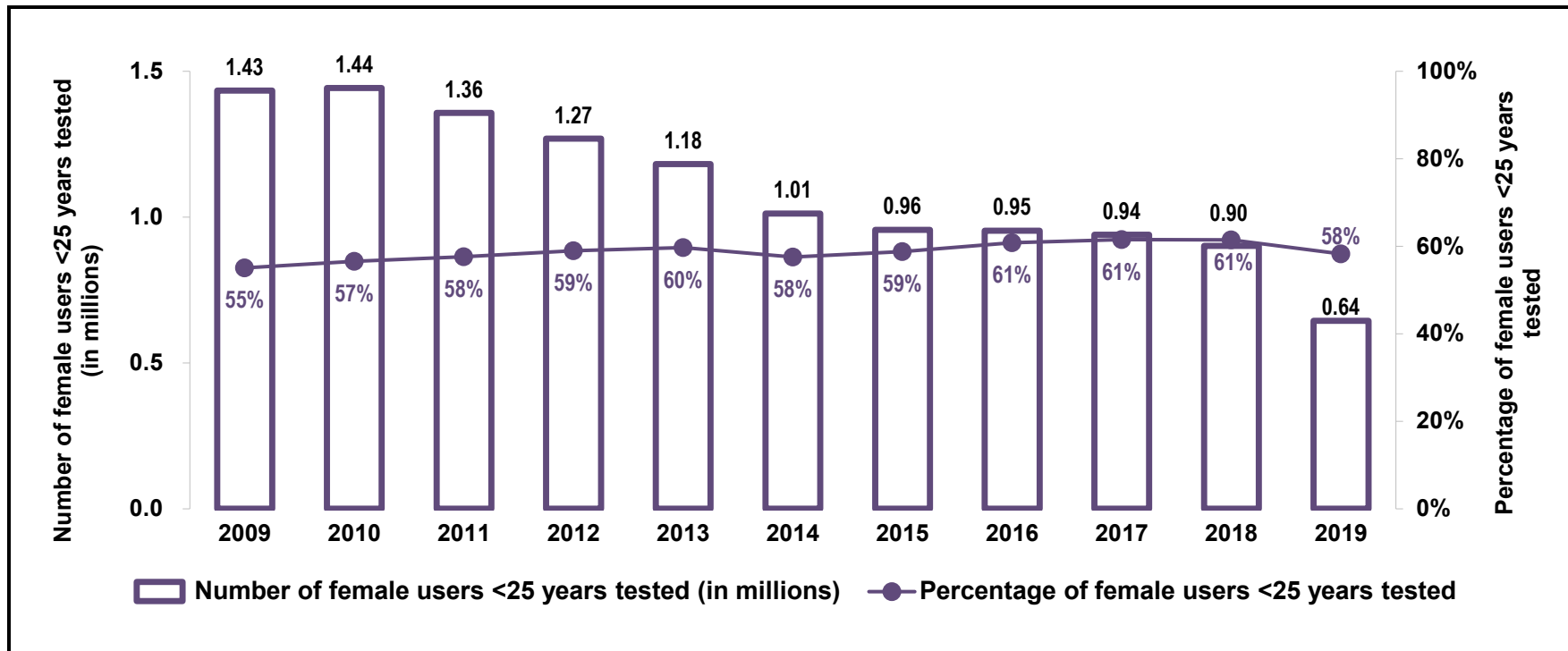


Exhibit A–12a. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2009–2019

HIV Testing Measures	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Tests performed	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	961,859
Tests per 10 users	1.9	2.1	2.6	2.6	2.6	2.5	2.8	2.9	3.0	3.1	3.1
Tests per 10 female users	1.8	1.9	2.3	2.4	2.4	2.2	2.4	2.5	2.6	2.7	2.8
Tests per 10 male users	4.1	4.3	5.2	5.5	5.3	5.7	5.9	5.7	5.9	5.9	5.3

Exhibit A–12b. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2009–2019

*Note: The data in this graph are presented in tabular form in **Exhibit A-12a**.*

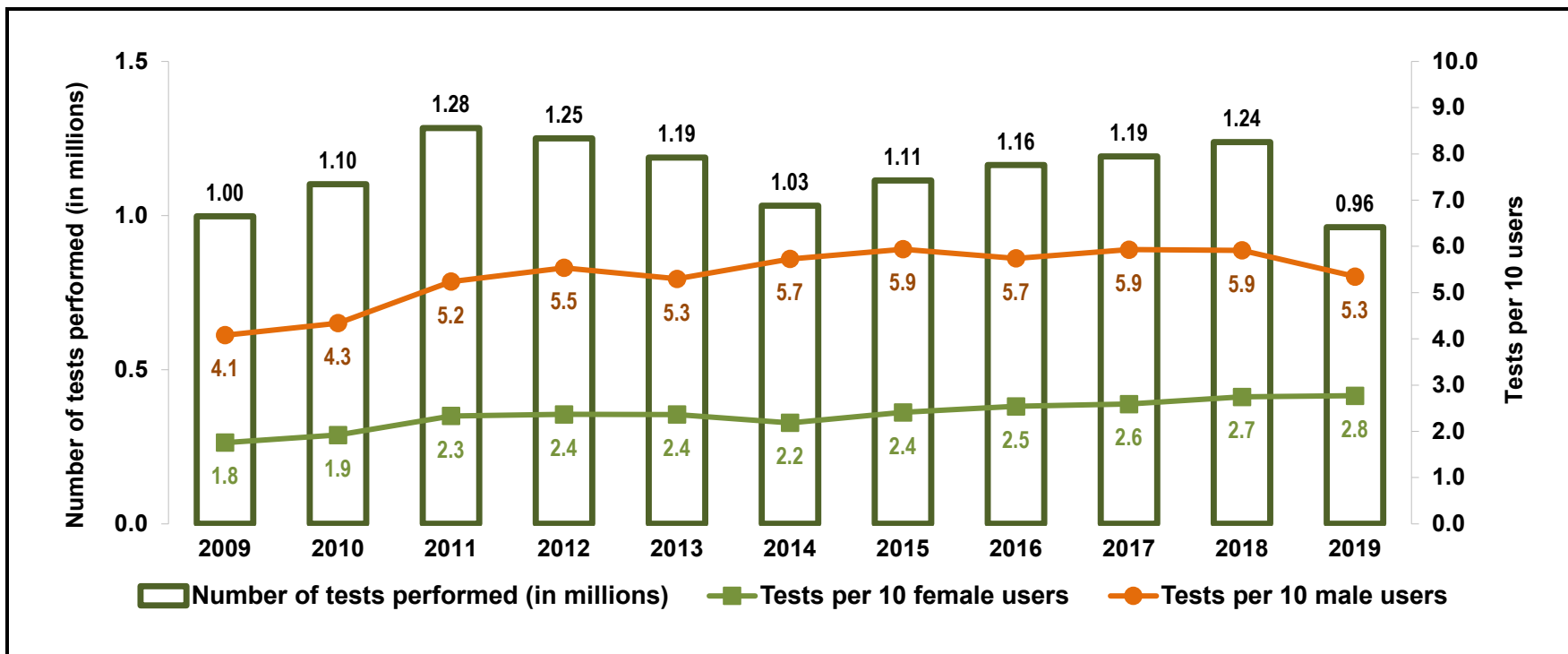


Exhibit A-13a. Actual and adjusted (constant 2019\$ and 2009\$) total, Title X, and Medicaid revenue, by year: 2009–2019

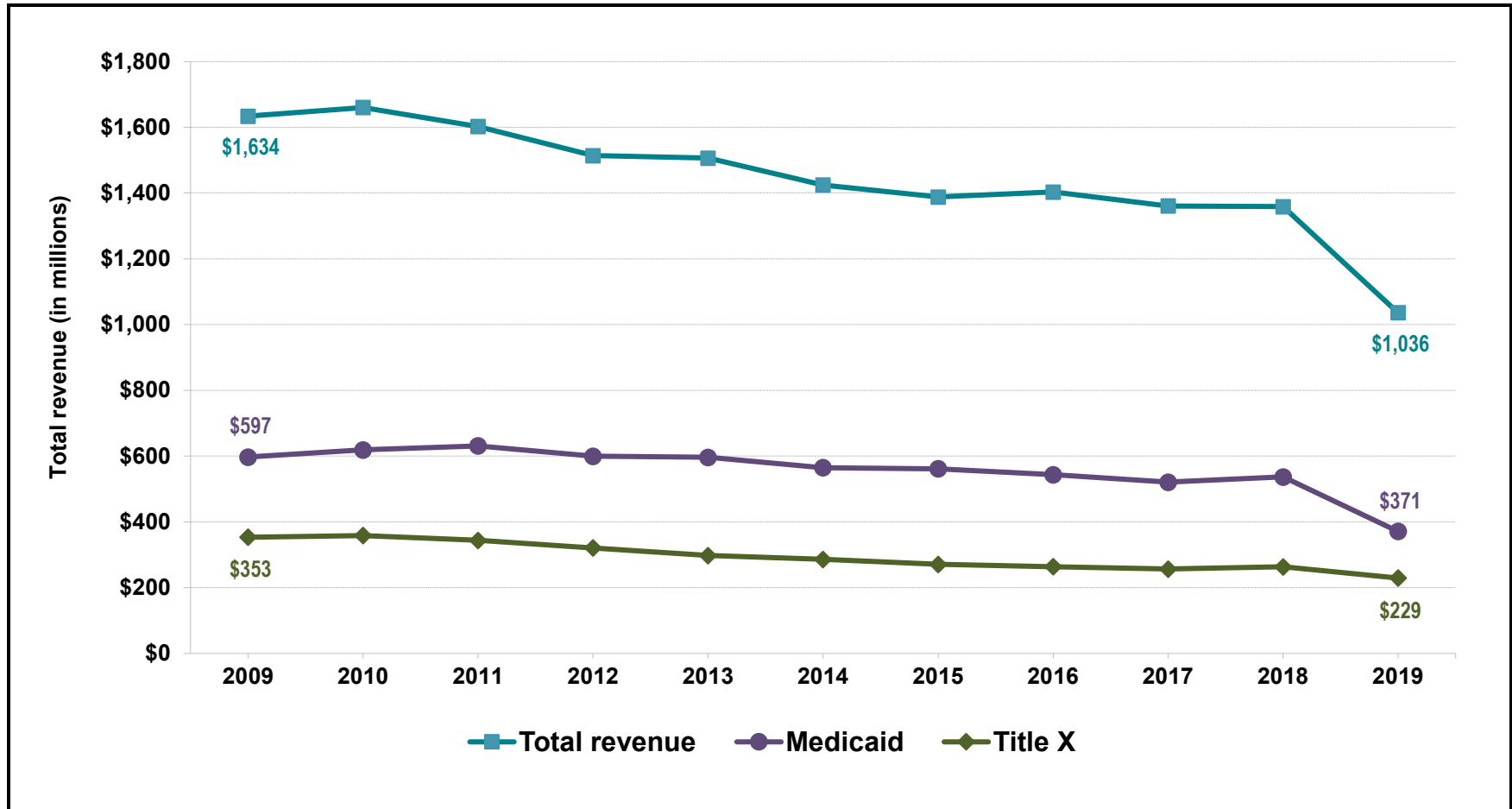
Revenue	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)	Change	
												2009– 2019	2018– 2019
Total													
Actual ^a	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121	1,321,225,497	1,036,300,250	–16%	–22%
2019\$ ^b	1,633,866,378	1,660,156,723	1,602,080,436	1,513,779,678	1,506,157,443	1,424,278,188	1,387,897,887	1,402,919,217	1,360,656,020	1,358,585,627	1,036,300,250	–37%	–24%
2009\$ ^b	1,231,311,085	1,251,123,962	1,207,356,627	1,140,811,588	1,135,067,335	1,073,361,656	1,045,944,807	1,057,265,151	1,025,414,846	1,023,854,561	780,974,505	–37%	–24%
Title X													
Actual ^a	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	229,031,074	–14%	–11%
2019\$ ^b	353,486,630	358,371,396	343,686,680	320,838,822	297,377,286	285,699,573	270,627,707	263,426,122	256,443,913	263,138,442	229,031,074	–35%	–13%
2009\$ ^b	266,393,881	270,075,129	259,008,463	241,789,906	224,108,871	215,308,336	203,949,907	198,522,663	193,260,745	198,305,862	172,601,936	–35%	–13%
Medicaid^c													
Actual ^a	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	370,902,048	–18%	–29%
2019\$ ^b	597,157,476	618,692,980	631,191,273	599,624,357	596,142,036	564,559,521	561,373,261	543,380,835	520,621,805	536,430,686	370,902,048	–38%	–31%
2009\$ ^b	450,028,613	466,258,156	475,677,094	451,887,698	449,263,359	425,462,208	423,060,985	409,501,569	392,349,955	404,263,812	279,518,453	–38%	–31%

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

^b Revenue is shown in constant 2019 dollars (2019\$) and 2009 dollars (2009\$), 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.

Exhibit A–13b. Total, Title X, and Medicaid adjusted (constant 2019\$) revenue (in millions), by year: 2009–2019
*Note: The data in this graph are presented in tabular form in **Exhibit A-13a**.*



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

Exhibit A-13c. Total actual (unadjusted) and adjusted (constant 2019\$ and 2009\$) revenue (in millions), by year: 2009–2019

*Note: The data in this graph are presented in tabular form in **Exhibit A-13a**.*

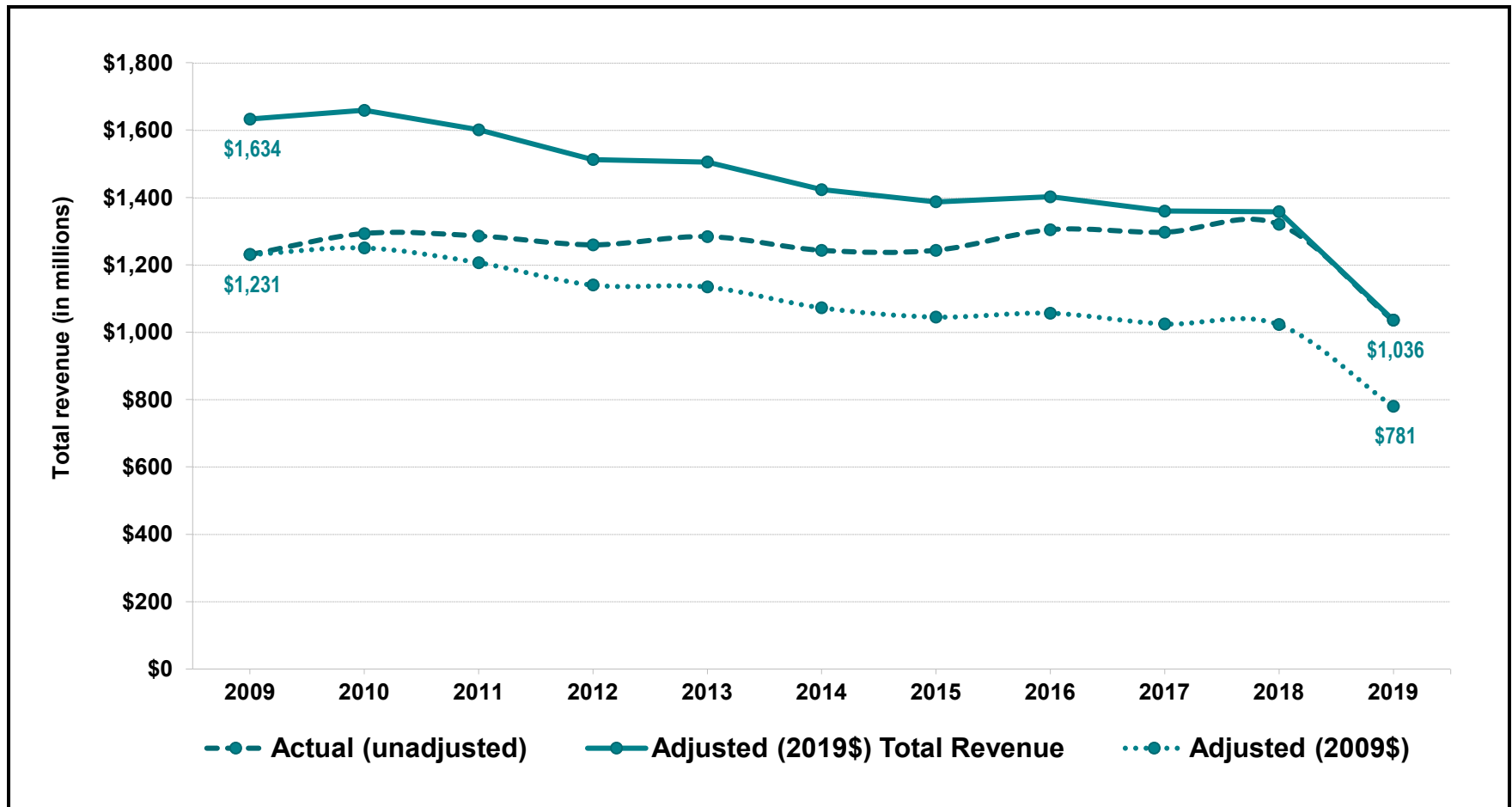


Exhibit A-13d. Title X actual (unadjusted) and adjusted (constant 2019\$ and 2009\$) revenue (in millions), by year: 2009–2019
*Note: The data in this graph are presented in tabular form in **Exhibit A-13a**.*

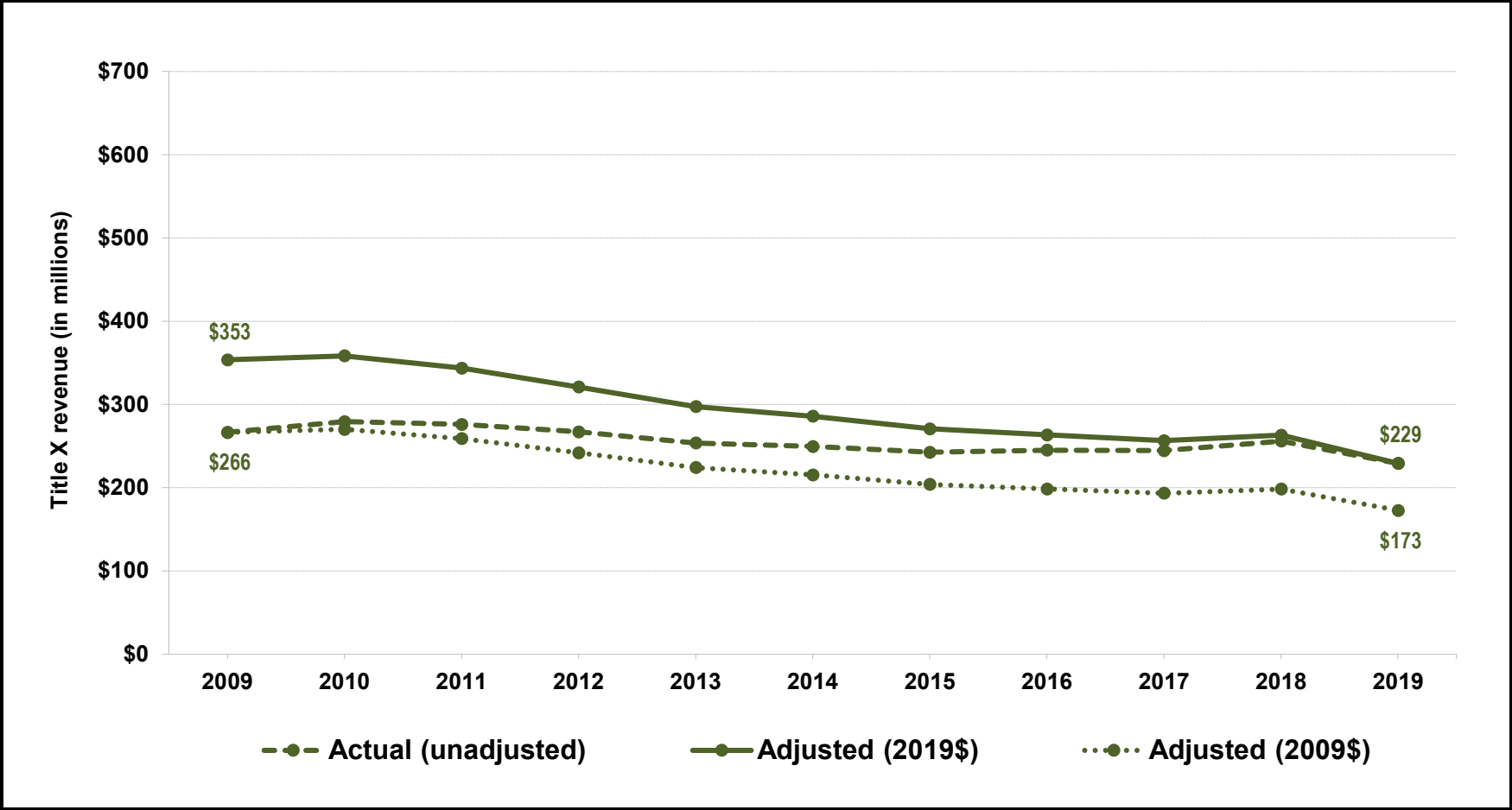
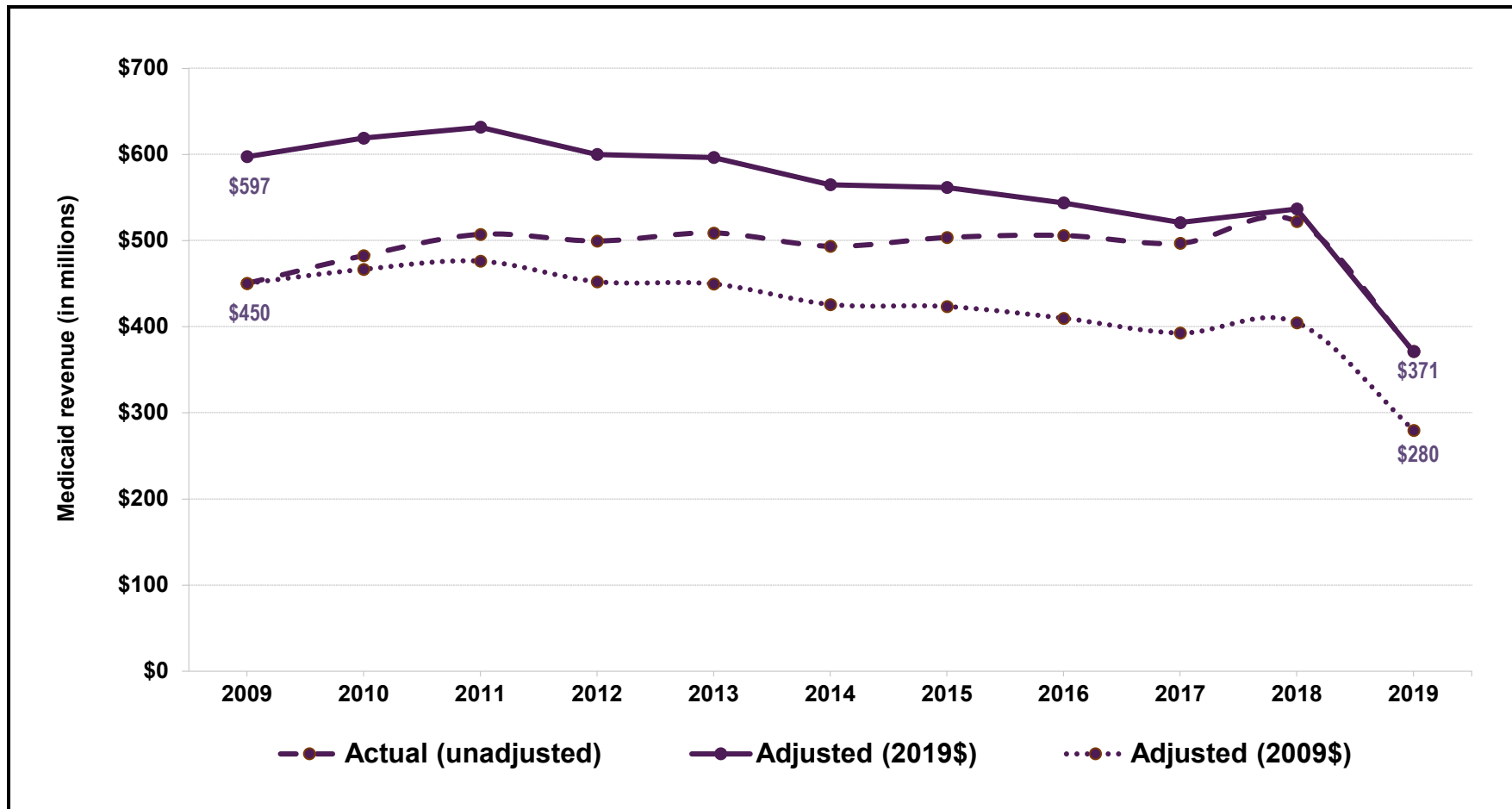


Exhibit A–13e. Medicaid actual (unadjusted) and adjusted (constant 2019\$ and 2009\$) revenue (in millions), by year: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibit A-13a.**Note:* Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

This page intentionally left blank.

Exhibit A–14a. Amount of Title X project revenue, by revenue source and year: 2009–2019

Revenue Sources	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)
Title X	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	229,031,074
Payment for Services											
Client fees	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	40,051,795
Third-party payers											
Medicaid	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	369,512,175
Medicare	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	8,023,568
CHIP	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	1,389,873
Other	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	12,299,248
Private	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	107,498,387
Subtotal	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	538,775,046
Other Revenue											
MCH block grant	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	16,956,909
SS block grant	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	6,105,713
TANF	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	6,077,922
State government	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	109,977,858
Local government	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	30,059,604
BPHC	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	15,487,598
Other	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	83,828,526
Subtotal	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	268,494,130
Total Revenue											
Actual	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	1,036,300,250
2019^a	1,633,866,378	1,660,156,723	1,602,080,436	1,513,779,678	1,506,157,443	1,424,278,188	1,387,897,887	1,402,919,217	1,360,656,020	1,358,585,627	1,036,300,250
2009^a	1,231,311,085	1,251,123,962	1,207,356,627	1,140,811,588	1,135,067,335	1,073,361,656	1,045,944,807	1,057,265,151	1,025,414,846	1,023,854,561	780,974,505

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 2019 dollars (2019\$) and 2009 dollars (2009\$), 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>).

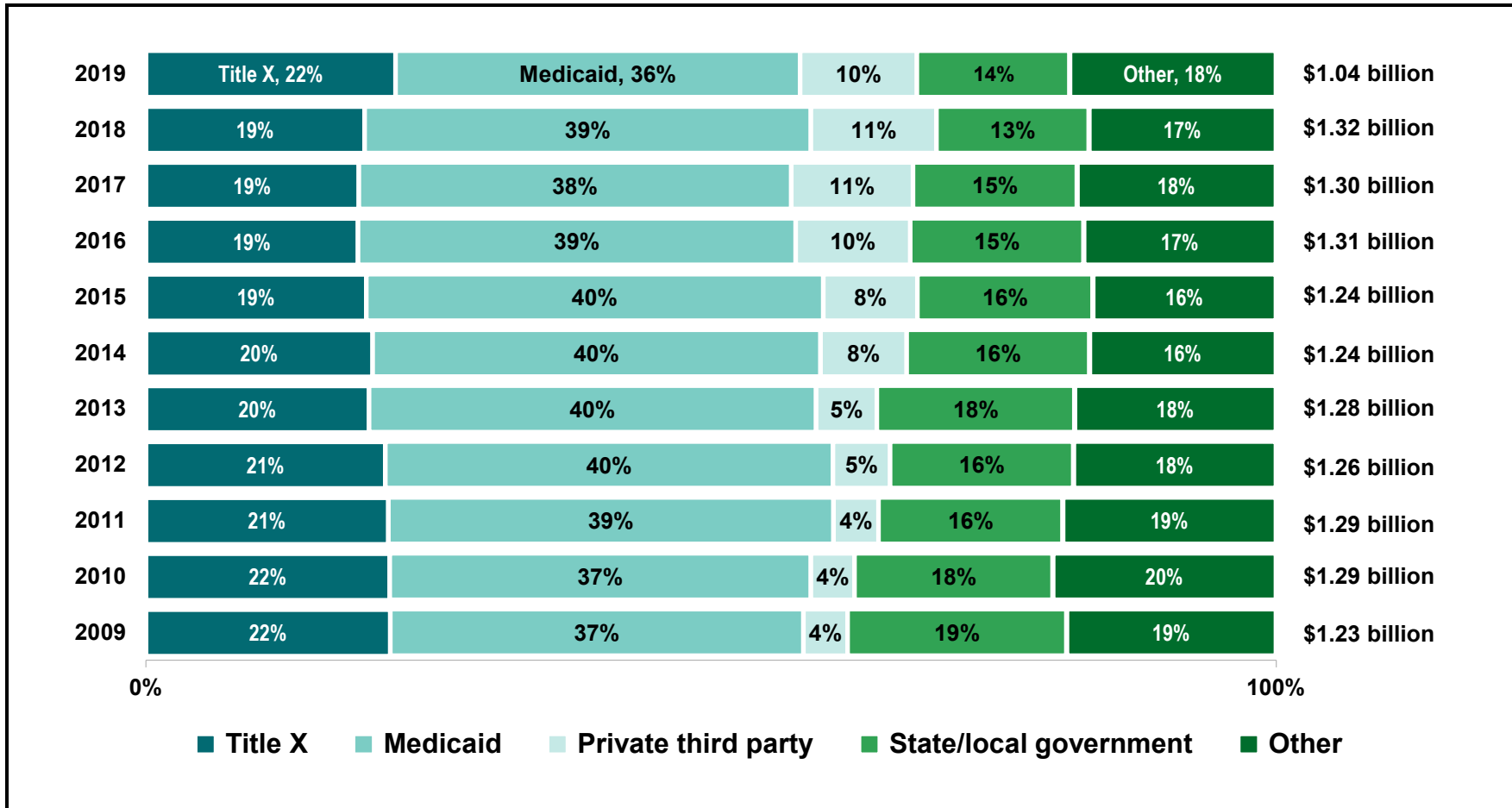
Exhibit A–14b. Distribution of Title X project revenue, by revenue source and year: 2009–2019

Revenue Sources	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Title X	22%	22%	21%	21%	20%	20%	19%	19%	19%	19%	22%
Payment for Services											
Client fees	7%	7%	6%	6%	5%	4%	4%	4%	4%	4%	4%
Third-party payers											
Medicaid	37%	37%	39%	40%	39%	39%	40%	39%	38%	39%	36%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%	1%
Private	4%	4%	4%	5%	5%	8%	8%	10%	11%	11%	10%
Subtotal	48%	48%	49%	51%	51%	53%	54%	54%	55%	56%	52%
Other Revenue											
MCH block grant	2%	2%	2%	2%	2%	2%	1%	1%	1%	1%	2%
SS block grant	3%	3%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	1%
TANF	1%	1%	1%	1%	1%	1%	0%†	1%	0%†	0%†	1%
State government	12%	10%	10%	9%	10%	10%	10%	10%	9%	10%	11%
Local government	7%	7%	7%	7%	7%	6%	6%	5%	5%	3%	3%
BPHC	0%†	0%†	0%†	0%†	1%	1%	1%	1%	2%	1%	1%
Other	6%	7%	7%	8%	7%	7%	8%	9%	9%	7%	8%
Subtotal	31%	30%	29%	28%	29%	27%	26%	27%	27%	24%	26%
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: 2009–2019*Note: The data in this graph are presented in tabular form in Exhibits A-14a and 14b.*

Notes: 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: 2019 (Source: FPAR Table 1)

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	71,324	91	71,415	100%	0%†	2%
Alaska	3,793	949	4,742	80%	20%	0%†
Arizona	20,859	5,556	26,415	79%	21%	1%
Arkansas	42,843	92	42,935	100%	0%†	1%
California	532,416	80,177	612,593	87%	13%	20%
Colorado	43,774	9,840	53,614	82%	18%	2%
Connecticut	27,552	4,545	32,097	86%	14%	1%
Delaware	16,672	3,243	19,915	84%	16%	1%
District of Columbia	43,050	17,987	61,037	71%	29%	2%
Florida	104,309	6,216	110,525	94%	6%	4%
Georgia	119,711	50,234	169,945	70%	30%	5%
Hawaii	4,767	244	5,011	95%	5%	0%†
Idaho	12,455	1,470	13,925	89%	11%	0%†
Illinois	71,340	8,098	79,438	90%	10%	3%
Indiana	18,889	2,081	20,970	90%	10%	1%
Iowa	25,106	2,271	27,377	92%	8%	1%
Kansas	18,044	2,417	20,461	88%	12%	1%
Kentucky	35,518	7,339	42,857	83%	17%	1%
Louisiana	38,691	12,983	51,674	75%	25%	2%
Maine	12,780	2,314	15,094	85%	15%	0%†
Maryland	34,558	4,298	38,856	89%	11%	1%
Massachusetts	46,154	8,056	54,210	85%	15%	2%
Michigan	47,485	6,527	54,012	88%	12%	2%
Minnesota	30,302	6,124	36,426	83%	17%	1%
Mississippi	33,784	1,336	35,120	96%	4%	1%
Missouri	33,352	4,264	37,616	89%	11%	1%
Montana	11,971	2,146	14,117	85%	15%	0%†
Nebraska	20,573	4,336	24,909	83%	17%	1%
Nevada	11,156	1,357	12,513	89%	11%	0%†
New Hampshire	8,663	1,158	9,821	88%	12%	0%†
New Jersey	72,411	10,319	82,730	88%	12%	3%
New Mexico	11,186	695	11,881	94%	6%	0%†
New York	182,235	25,431	207,666	88%	12%	7%

† 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: 2019 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	84,843	663	85,506	99%	1%	3%
North Dakota	4,475	1,183	5,658	79%	21%	0%†
Ohio	68,669	13,207	81,876	84%	16%	3%
Oklahoma	37,645	563	38,208	99%	1%	1%
Oregon	33,004	888	33,892	97%	3%	1%
Pennsylvania	147,022	22,732	169,754	87%	13%	5%
Rhode Island	22,308	6,598	28,906	77%	23%	1%
South Carolina	55,908	14,194	70,102	80%	20%	2%
South Dakota	4,411	431	4,842	91%	9%	0%†
Tennessee	60,847	2,282	63,129	96%	4%	2%
Texas	154,740	21,957	176,697	88%	12%	6%
Utah	15,984	3,896	19,880	80%	20%	1%
Vermont	4,883	726	5,609	87%	13%	0%†
Virginia	33,480	1,385	34,865	96%	4%	1%
Washington	61,866	6,548	68,414	90%	10%	2%
West Virginia	44,418	5,654	50,072	89%	11%	2%
Wisconsin	19,088	3,298	22,386	85%	15%	1%
Wyoming	5,541	1,162	6,703	83%	17%	0%†
Territories & FAS						
American Samoa	1,461	117	1,578	93%	7%	0%†
Comm. of the Northern Mariana Islands	1,344	1	1,345	100%	0%†	0%†
Federated States of Micronesia	3,159	679	3,838	82%	18%	0%†
Guam	14	0	14	100%	0%	0%†
Puerto Rico	13,153	2,498	15,651	84%	16%	1%
Republic of the Marshall Islands	1,849	20	1,869	99%	1%	0%†
Republic of Palau	874	97	971	90%	10%	0%†
U.S. Virgin Islands	1,843	141	1,984	93%	7%	0%†
Total All Users	2,690,552	405,114	3,095,666	87%	13%	100%
Range				70%–100%	0%–30%	0%†–20%

FAS=Freely Associated States.

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by user income level and state: 2019
(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	38,725	13,794	1,317	17,579	71,415	54%	19%	2%	25%
Alaska	2,114	1,831	764	33	4,742	45%	39%	16%	1%
Arizona	16,294	6,904	1,934	1,283	26,415	62%	26%	7%	5%
Arkansas	32,077	9,925	932	1	42,935	75%	23%	2%	0%†
California	422,928	133,654	20,354	35,657	612,593	69%	22%	3%	6%
Colorado	38,387	12,062	3,165	0	53,614	72%	22%	6%	0%
Connecticut	15,353	14,438	2,020	286	32,097	48%	45%	6%	1%
Delaware	11,874	4,900	587	2,554	19,915	60%	25%	3%	13%
District of Columbia	38,729	15,052	3,086	4,170	61,037	63%	25%	5%	7%
Florida	64,341	28,724	14,408	3,052	110,525	58%	26%	13%	3%
Georgia	108,289	28,868	26,455	6,333	169,945	64%	17%	16%	4%
Hawaii	3,504	895	270	342	5,011	70%	18%	5%	7%
Idaho	8,247	4,949	725	4	13,925	59%	36%	5%	0%†
Illinois	64,823	12,241	2,285	89	79,438	82%	15%	3%	0%†
Indiana	14,228	5,665	1,068	9	20,970	68%	27%	5%	0%†
Iowa	15,891	6,060	2,042	3,384	27,377	58%	22%	7%	12%
Kansas	11,847	6,408	1,542	664	20,461	58%	31%	8%	3%
Kentucky	30,732	8,178	1,956	1,991	42,857	72%	19%	5%	5%
Louisiana	34,714	11,328	1,865	3,767	51,674	67%	22%	4%	7%
Maine	5,051	6,534	3,404	105	15,094	33%	43%	23%	1%
Maryland	26,821	6,014	1,061	4,960	38,856	69%	15%	3%	13%
Massachusetts	34,131	15,220	3,879	980	54,210	63%	28%	7%	2%
Michigan	28,335	19,241	6,331	105	54,012	52%	36%	12%	0%†
Minnesota	18,759	11,177	6,203	287	36,426	51%	31%	17%	1%
Mississippi	19,833	3,528	260	11,499	35,120	56%	10%	1%	33%
Missouri	20,697	10,286	6,633	0	37,616	55%	27%	18%	0%
Montana	6,098	5,026	2,620	373	14,117	43%	36%	19%	3%
Nebraska	15,247	6,047	2,911	704	24,909	61%	24%	12%	3%
Nevada	6,420	4,986	980	127	12,513	51%	40%	8%	1%
New Hampshire	4,151	3,714	1,921	35	9,821	42%	38%	20%	0%†
New Jersey	44,189	33,605	3,156	1,780	82,730	53%	41%	4%	2%
New Mexico	10,609	1,117	56	99	11,881	89%	9%	0%†	1%
New York	133,166	50,512	22,815	1,173	207,666	64%	24%	11%	1%

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: 2019
(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	59,490	19,234	3,248	3,534	85,506	70%	22%	4%	4%
North Dakota	2,320	1,868	1,283	187	5,658	41%	33%	23%	3%
Ohio	36,061	29,150	11,880	4,785	81,876	44%	36%	15%	6%
Oklahoma	26,018	11,135	969	86	38,208	68%	29%	3%	0%†
Oregon	19,706	11,627	2,551	8	33,892	58%	34%	8%	0%†
Pennsylvania	99,905	43,984	18,813	7,052	169,754	59%	26%	11%	4%
Rhode Island	12,963	4,157	5,128	6,658	28,906	45%	14%	18%	23%
South Carolina	42,691	17,046	10,365	0	70,102	61%	24%	15%	0%
South Dakota	3,132	1,184	526	0	4,842	65%	24%	11%	0%
Tennessee	48,316	12,526	1,887	400	63,129	77%	20%	3%	1%
Texas	137,540	28,965	3,237	6,955	176,697	78%	16%	2%	4%
Utah	14,265	4,405	1,210	0	19,880	72%	22%	6%	0%
Vermont	2,077	2,161	1,363	8	5,609	37%	39%	24%	0%†
Virginia	20,501	9,380	1,205	3,779	34,865	59%	27%	3%	11%
Washington	36,070	21,531	9,164	1,649	68,414	53%	31%	13%	2%
West Virginia	23,238	9,864	1,187	15,783	50,072	46%	20%	2%	32%
Wisconsin	10,304	6,482	2,197	3,403	22,386	46%	29%	10%	15%
Wyoming	3,394	1,955	1,354	0	6,703	51%	29%	20%	0%
Territories & FAS									
American Samoa	1,567	0	0	11	1,578	99%	0%	0%	1%
Comm. of the Northern Mariana Islands	1,091	82	18	154	1,345	81%	6%	1%	11%
Federated States of Micronesia	3,834	0	0	4	3,838	100%	0%	0%	0%†
Guam	13	1	0	0	14	93%	7%	0%	0%
Puerto Rico	13,362	1,760	342	187	15,651	85%	11%	2%	1%
Republic of the Marshall Islands	1,869	0	0	0	1,869	100%	0%	0%	0%
Republic of Palau	651	183	13	124	971	67%	19%	1%	13%
U.S. Virgin Islands	1,894	78	12	0	1,984	95%	4%	1%	0%
Total All Users	1,968,876	741,641	226,957	158,192	3,095,666	64%	24%	7%	5%
Range						33%–100%	0%–45%	0%–24%	0%–33%

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

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

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2019 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	19,133	12,309	39,973	0	71,415	27%	17%	56%	0%
Alaska	1,148	1,891	1,703	0	4,742	24%	40%	36%	0%
Arizona	3,841	5,353	17,221	0	26,415	15%	20%	65%	0%
Arkansas	15,114	17,821	10,000	0	42,935	35%	42%	23%	0%
California	276,757	44,302	282,476	9,058	612,593	45%	7%	46%	1%
Colorado	18,926	8,347	25,666	675	53,614	35%	16%	48%	1%
Connecticut	15,290	10,596	6,207	4	32,097	48%	33%	19%	0%†
Delaware	6,837	5,139	6,987	952	19,915	34%	26%	35%	5%
District of Columbia	43,839	5,978	11,220	0	61,037	72%	10%	18%	0%
Florida	57,025	21,701	30,954	845	110,525	52%	20%	28%	1%
Georgia	47,962	60,712	61,080	191	169,945	28%	36%	36%	0%†
Hawaii	2,568	1,452	979	12	5,011	51%	29%	20%	0%†
Idaho	2,299	2,023	8,881	722	13,925	17%	15%	64%	5%
Illinois	29,498	20,397	28,525	1,018	79,438	37%	26%	36%	1%
Indiana	4,410	4,777	11,783	0	20,970	21%	23%	56%	0%
Iowa	9,989	9,887	7,112	389	27,377	36%	36%	26%	1%
Kansas	2,410	3,863	14,111	77	20,461	12%	19%	69%	0%†
Kentucky	18,529	6,838	15,829	1,661	42,857	43%	16%	37%	4%
Louisiana	29,425	7,280	14,915	54	51,674	57%	14%	29%	0%†
Maine	3,921	6,944	3,442	787	15,094	26%	46%	23%	5%
Maryland	11,956	8,480	17,179	1,241	38,856	31%	22%	44%	3%
Massachusetts	26,871	16,958	10,300	81	54,210	50%	31%	19%	0%†
Michigan	16,897	14,920	22,127	68	54,012	31%	28%	41%	0%†
Minnesota	14,962	7,104	14,360	0	36,426	41%	20%	39%	0%
Mississippi	11,400	3,347	20,315	58	35,120	32%	10%	58%	0%†
Missouri	6,824	10,238	20,554	0	37,616	18%	27%	55%	0%
Montana	3,322	6,400	4,117	278	14,117	24%	45%	29%	2%
Nebraska	3,215	5,615	15,745	334	24,909	13%	23%	63%	1%
Nevada	3,200	2,594	6,716	3	12,513	26%	21%	54%	0%†
New Hampshire	3,438	4,176	2,118	89	9,821	35%	43%	22%	1%
New Jersey	31,902	15,226	35,518	84	82,730	39%	18%	43%	0%†
New Mexico	3,156	1,196	7,516	13	11,881	27%	10%	63%	0%†
New York	103,334	48,296	53,361	2,675	207,666	50%	23%	26%	1%

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: 2019 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	30,593	11,304	41,706	1,903	85,506	36%	13%	49%	2%
North Dakota	467	2,991	2,194	6	5,658	8%	53%	39%	0%†
Ohio	30,843	22,807	27,845	381	81,876	38%	28%	34%	0%†
Oklahoma	6,684	5,789	25,735	0	38,208	17%	15%	67%	0%
Oregon	11,606	5,357	16,873	56	33,892	34%	16%	50%	0%†
Pennsylvania	76,435	50,121	38,122	5,076	169,754	45%	30%	22%	3%
Rhode Island	17,142	8,033	3,668	63	28,906	59%	28%	13%	0%†
South Carolina	22,949	23,098	24,055	0	70,102	33%	33%	34%	0%
South Dakota	355	1,765	2,659	63	4,842	7%	36%	55%	1%
Tennessee	20,637	7,346	35,131	15	63,129	33%	12%	56%	0%†
Texas	32,212	13,243	129,657	1,585	176,697	18%	7%	73%	1%
Utah	745	5,564	13,571	0	19,880	4%	28%	68%	0%
Vermont	2,746	2,550	284	29	5,609	49%	45%	5%	1%
Virginia	9,522	5,157	20,003	183	34,865	27%	15%	57%	1%
Washington	28,371	24,809	14,454	780	68,414	41%	36%	21%	1%
West Virginia	15,661	10,342	13,088	10,981	50,072	31%	21%	26%	22%
Wisconsin	12,380	2,370	4,857	2,779	22,386	55%	11%	22%	12%
Wyoming	392	2,064	4,159	88	6,703	6%	31%	62%	1%
Territories & FAS									
American Samoa	0	0	1,575	3	1,578	0%	0%	100%	0%†
Comm. of the Northern Mariana Islands	646	278	398	23	1,345	48%	21%	30%	2%
Federated States of Micronesia	542	1	3,105	190	3,838	14%	0%†	81%	5%
Guam	8	2	3	1	14	57%	14%	21%	7%
Puerto Rico	14,447	561	599	44	15,651	92%	4%	4%	0%†
Republic of the Marshall Islands	0	0	1,869	0	1,869	0%	0%	100%	0%
Republic of Palau	924	15	22	10	971	95%	2%	2%	1%
U.S. Virgin Islands	979	234	715	56	1,984	49%	12%	36%	3%
Total Users	1,186,684	607,961	1,255,337	45,684	3,095,666	38%	20%	41%	1%
Range						0%–95%	0%–53%	0%–100%	0%–22%

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

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

† Percentage is less than 0.5%.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states’ 2019 Medicaid expansion under the Affordable Care Act (ACA): 2019 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Alaska ^a	1,148	1,891	1,703	0	4,742	24%	40%	36%	0%
Arizona ^b	3,841	5,353	17,221	0	26,415	15%	20%	65%	0%
Arkansas ^b	15,114	17,821	10,000	0	42,935	35%	42%	23%	0%
California	276,757	44,302	282,476	9,058	612,593	45%	7%	46%	1%
Colorado	18,926	8,347	25,666	675	53,614	35%	16%	48%	1%
Connecticut	15,290	10,596	6,207	4	32,097	48%	33%	19%	0%†
Delaware	6,837	5,139	6,987	952	19,915	34%	26%	35%	5%
District of Columbia	43,839	5,978	11,220	0	61,037	72%	10%	18%	0%
Hawaii	2,568	1,452	979	12	5,011	51%	29%	20%	0%†
Illinois	29,498	20,397	28,525	1,018	79,438	37%	26%	36%	1%
Indiana ^{a,b}	4,410	4,777	11,783	0	20,970	21%	23%	56%	0%
Iowa ^b	9,989	9,887	7,112	389	27,377	36%	36%	26%	1%
Kentucky	18,529	6,838	15,829	1,661	42,857	43%	16%	37%	4%
Louisiana ^a	29,425	7,280	14,915	54	51,674	57%	14%	29%	0%†
Maine ^a	3,921	6,944	3,442	787	15,094	26%	46%	23%	5%
Maryland	11,956	8,480	17,179	1,241	38,856	31%	22%	44%	3%
Massachusetts	26,871	16,958	10,300	81	54,210	50%	31%	19%	0%†
Michigan ^{a,b}	16,897	14,920	22,127	68	54,012	31%	28%	41%	0%†
Minnesota	14,962	7,104	14,360	0	36,426	41%	20%	39%	0%
Montana ^{a,b,c}	3,322	6,400	4,117	278	14,117	24%	45%	29%	2%
Nevada	3,200	2,594	6,716	3	12,513	26%	21%	54%	0%†
New Hampshire ^{a,b}	3,438	4,176	2,118	89	9,821	35%	43%	22%	1%
New Jersey	31,902	15,226	35,518	84	82,730	39%	18%	43%	0%†
New Mexico ^b	3,156	1,196	7,516	13	11,881	27%	10%	63%	0%†
New York	103,334	48,296	53,361	2,675	207,666	50%	23%	26%	1%
North Dakota	467	2,991	2,194	6	5,658	8%	53%	39%	0%†
Ohio ^b	30,843	22,807	27,845	381	81,876	38%	28%	34%	0%†
Oregon	11,606	5,357	16,873	56	33,892	34%	16%	50%	0%†
Pennsylvania ^a	76,435	50,121	38,122	5,076	169,754	45%	30%	22%	3%
Rhode Island	17,142	8,033	3,668	63	28,906	59%	28%	13%	0%†
Vermont	2,746	2,550	284	29	5,609	49%	45%	5%	1%
Virginia ^a	9,522	5,157	20,003	183	34,865	27%	15%	57%	1%
Washington	28,371	24,809	14,454	780	68,414	41%	36%	21%	1%
West Virginia	15,661	10,342	13,088	10,981	50,072	31%	21%	26%	22%
Expansion States Subtotal	891,923	414,519	753,908	36,697	2,097,047	43%	20%	36%	2%
Range						8%–72%	7%–53%	5%–65%	0%–22%

UK/NR=unknown or not reported.

(continued)

- ^a Coverage under the Medicaid expansion became effective January 1, 2014 in all states that have adopted the Medicaid expansion except for the following: **Michigan** (4/1/2014), **New Hampshire** (8/15/2014), **Pennsylvania** (1/1/2015), **Indiana** (2/1/2015), **Alaska** (9/1/2015), **Montana** (1/1/2016), **Louisiana** (7/1/2016), **Virginia** (1/1/2019), and **Maine** (1/10/2019 with coverage retroactive to 7/2/2018). The following states adopted the Medicaid expansion after the 2019 reporting period: **Idaho** (1/1/2020), **Utah** (1/1/2020), **Nebraska** (planned for 10/1/2020), **Oklahoma** (planned for 7/1/2021 or earlier), **Missouri** (planned for 7/1/2020) [see reference 25].
- ^b **Arizona**, **Arkansas**, **Indiana**, **Iowa**, **Michigan**, **Montana**, **New Hampshire**, **New Mexico**, **Ohio**, and **Utah** have approved Section 1115 waivers to operate their Medicaid expansion programs in ways not otherwise allowed under federal law [see reference 25].
- ^c On April 18, 2019, the **Montana** Legislature passed a bill (signed by the governor on May 9, 2019) to continue the state’s expansion program with significant changes until 2025. The approved bill directs the state to seek federal waiver authority to make several changes to the existing expansion program, including adding a work requirement as a condition of eligibility and increasing the premiums required of many beneficiaries. The state submitted a Section 1115 waiver proposal with these changes to CMS on August 30, 2019 and the request is pending [see reference 25].

† 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’ 2019 Medicaid expansion under the Affordable Care Act (ACA): 2019 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	19,133	12,309	39,973	0	71,415	27%	17%	56%	0%
Florida ^d	57,025	21,701	30,954	845	110,525	52%	20%	28%	1%
Georgia ^d	47,962	60,712	61,080	191	169,945	28%	36%	36%	0%†
Idaho ^{a,d}	2,299	2,023	8,881	722	13,925	17%	15%	64%	5%
Kansas ^d	2,410	3,863	14,111	77	20,461	12%	19%	69%	0%†
Mississippi ^d	11,400	3,347	20,315	58	35,120	32%	10%	58%	0%†
Missouri ^{a,d}	6,824	10,238	20,554	0	37,616	18%	27%	55%	0%
Nebraska ^{a,d}	3,215	5,615	15,745	334	24,909	13%	23%	63%	1%
North Carolina ^d	30,593	11,304	41,706	1,903	85,506	36%	13%	49%	2%
Oklahoma ^{a,d}	6,684	5,789	25,735	0	38,208	17%	15%	67%	0%
South Carolina	22,949	23,098	24,055	0	70,102	33%	33%	34%	0%
South Dakota ^d	355	1,765	2,659	63	4,842	7%	36%	55%	1%
Tennessee	20,637	7,346	35,131	15	63,129	33%	12%	56%	0%†
Texas	32,212	13,243	129,657	1,585	176,697	18%	7%	73%	1%
Utah ^{a,b,d}	745	5,564	13,571	0	19,880	4%	28%	68%	0%
Wisconsin ^d	12,380	2,370	4,857	2,779	22,386	55%	11%	22%	12%
Wyoming	392	2,064	4,159	88	6,703	6%	31%	62%	1%
Nonexpansion States Subtotal	277,215	192,351	493,143	8,660	971,369	29%	20%	51%	1%
Range						4%–55%	7%–36%	22%–73%	0%–12%
All States									
Total	1,169,138	606,870	1,247,051	45,357	3,068,416	38%	20%	41%	1%
Range						4%–72%	7%–53%	5%–73%	0%–22%

UK/NR=unknown or not reported.

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

^d See reference 25 for updates on the status of Medicaid expansion in this state.

† Percentage is less than 0.5%.

Exhibit B-4. Number and distribution of female family planning users *at risk of unintended pregnancy*,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2019 (Source: FPAR Table 7)

State	Most Effective Permanent Methods ^a	Most Effective Reversible Methods ^a	Moderately Effective Methods ^b	Less Effective Methods ^c	Total At Risk ^d	Most Effective Methods ^a	Moderately Effective Methods ^b	Less Effective Methods ^c
Alabama	328	3,636	41,088	6,999	66,571	6%	62%	11%
Alaska	94	1,164	1,460	517	3,400	37%	43%	15%
Arizona	159	3,713	9,739	3,196	18,666	21%	52%	17%
Arkansas	2,519	7,143	20,344	3,807	36,746	26%	55%	10%
California	13,724	97,947	190,411	136,813	484,613	23%	39%	28%
Colorado	634	14,102	16,643	4,696	39,256	38%	42%	12%
Connecticut	1,431	5,230	11,131	4,892	25,714	26%	43%	19%
Delaware	613	3,081	6,466	2,772	15,064	25%	43%	18%
District of Columbia	1,026	5,539	8,721	2,243	36,598	18%	24%	6%
Florida	1,457	13,022	52,360	11,098	84,216	17%	62%	13%
Georgia	13,266	9,974	16,906	25,145	98,920	23%	17%	25%
Hawaii	158	780	1,889	648	4,068	23%	46%	16%
Idaho	622	2,488	4,735	1,371	10,274	30%	46%	13%
Illinois	1,708	11,749	27,641	10,600	63,006	21%	44%	17%
Indiana	579	3,222	10,410	2,244	16,991	22%	61%	13%
Iowa	981	5,413	11,084	2,995	22,383	29%	50%	13%
Kansas	617	1,666	10,317	1,664	16,158	14%	64%	10%
Kentucky	992	2,482	13,085	14,304	32,217	11%	41%	44%
Louisiana	3,720	4,319	15,677	5,744	31,501	26%	50%	18%
Maine	438	3,096	5,272	1,248	11,628	30%	45%	11%
Maryland	813	5,735	13,628	6,275	31,758	21%	43%	20%
Massachusetts	1,247	9,829	15,495	7,571	40,170	28%	39%	19%
Michigan	651	6,706	26,058	7,731	43,721	17%	60%	18%
Minnesota	284	6,308	16,337	4,832	28,256	23%	58%	17%
Mississippi	4	351	16,313	362	33,706	1%	48%	1%
Missouri	1,660	4,454	16,978	4,529	28,867	21%	59%	16%
Montana	444	3,008	5,733	1,879	11,170	31%	51%	17%
Nebraska	1,713	5,864	4,419	4,530	17,958	42%	25%	25%
Nevada	224	2,274	4,953	1,143	10,266	24%	48%	11%
New Hampshire	225	2,223	4,042	768	7,636	32%	53%	10%
New Jersey	1,838	8,383	30,445	18,834	65,027	16%	47%	29%
New Mexico	124	3,558	4,803	807	10,244	36%	47%	8%
New York	3,666	35,052	68,954	34,985	159,136	24%	43%	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: 2019 (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	730	17,180	42,366	9,402	77,683	23%	55%	12%
North Dakota	180	813	2,546	479	4,176	24%	61%	11%
Ohio	3,854	9,752	28,815	10,806	62,269	22%	46%	17%
Oklahoma	184	5,416	19,255	3,626	30,398	18%	63%	12%
Oregon	491	8,747	16,911	2,959	30,055	31%	56%	10%
Pennsylvania	6,754	17,601	51,492	26,336	130,440	19%	39%	20%
Rhode Island	2,352	3,785	5,836	3,526	17,175	36%	34%	21%
South Carolina	2,656	7,042	27,471	11,333	48,502	20%	57%	23%
South Dakota	88	578	3,009	316	4,163	16%	72%	8%
Tennessee	296	6,959	28,132	5,430	44,847	16%	63%	12%
Texas	9,705	23,133	48,957	40,115	137,816	24%	36%	29%
Utah	72	3,534	9,071	1,904	14,679	25%	62%	13%
Vermont	51	1,433	2,293	483	4,501	33%	51%	11%
Virginia	842	8,492	17,450	3,526	32,054	29%	54%	11%
Washington	746	10,988	31,293	10,562	58,910	20%	53%	18%
West Virginia	2,081	3,925	16,911	3,390	42,182	14%	40%	8%
Wisconsin	270	1,846	7,038	3,355	18,233	12%	39%	18%
Wyoming	265	895	2,920	850	5,229	22%	56%	16%
Territories & FAS								
American Samoa	40	125	626	406	1,401	12%	45%	29%
Comm. of the Northern Mariana Islands	1	313	805	69	1,253	25%	64%	6%
Federated States of Micronesia	78	553	1,022	1,105	3,041	21%	34%	36%
Guam	0	0	10	4	14	0%	71%	29%
Puerto Rico	203	524	7,157	5,070	13,092	6%	55%	39%
Republic of the Marshall Islands	78	440	584	7	1,279	41%	46%	1%
Republic of Palau	1	27	539	181	871	3%	62%	21%
U.S. Virgin Islands	163	76	764	622	1,775	13%	43%	35%
Total Users	90,140	427,688	1,076,810	483,104	2,391,943	22%	45%	20%
Range						0%–42%	17%–72%	1%–44%

FAS=Freely Associated States.

Notes: 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: 2019 (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	24,130	31,903	76%
Alaska	1,183	1,592	74%
Arizona	8,361	9,984	84%
Arkansas	13,243	19,111	69%
California	132,918	213,359	62%
Colorado	13,180	20,400	65%
Connecticut	5,479	10,584	52%
Delaware	6,073	8,102	75%
District of Columbia	6,911	14,173	49%
Florida	16,912	41,061	41%
Georgia	17,456	36,325	48%
Hawaii	845	2,029	42%
Idaho	1,441	4,836	30%
Illinois	14,087	29,484	48%
Indiana	6,223	8,027	78%
Iowa	6,331	10,872	58%
Kansas	3,647	7,108	51%
Kentucky	7,072	14,903	47%
Louisiana	12,013	15,309	78%
Maine	2,940	5,757	51%
Maryland	7,159	12,721	56%
Massachusetts	9,758	18,645	52%
Michigan	14,210	23,480	61%
Minnesota	9,752	16,063	61%
Mississippi	8,331	15,829	53%
Missouri	9,458	16,061	59%
Montana	4,180	6,392	65%
Nebraska	5,944	8,134	73%
Nevada	2,733	3,871	71%
New Hampshire	2,097	3,881	54%
New Jersey	15,620	26,220	60%
New Mexico	3,831	5,231	73%
New York	42,363	72,349	59%

(continued)

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2019 (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	16,780	29,623	57%
North Dakota	1,316	2,095	63%
Ohio	17,924	31,276	57%
Oklahoma	11,465	19,354	59%
Oregon	8,155	15,015	54%
Pennsylvania	35,895	63,148	57%
Rhode Island	3,310	8,222	40%
South Carolina	17,622	23,272	76%
South Dakota	1,251	2,225	56%
Tennessee	22,972	28,987	79%
Texas	26,801	52,476	51%
Utah	1,758	9,666	18%
Vermont	1,460	2,337	62%
Virginia	8,696	12,360	70%
Washington	18,677	30,851	61%
West Virginia	5,265	18,865	28%
Wisconsin	4,605	9,371	49%
Wyoming	1,609	2,799	57%
Territories & FAS			
American Samoa	44	392	11%
Comm. of the Northern Mariana Islands	154	553	28%
Federated States of Micronesia	280	1,172	24%
Guam	8	8	100%
Puerto Rico	1,526	6,820	22%
Republic of the Marshall Islands	171	769	22%
Republic of Palau	56	271	21%
U.S. Virgin Islands	399	565	71%
Total Users	644,080	1,106,288	58%
Range			11%–100%

FAS=Freely Associated States.

This page intentionally left blank.

Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2019 Family Planning Annual Report (FPAR), including issues identified during data validation and relevant table-specific notes from grantees and Health and Human Services (HHS) Project Officers. The notes are organized according to the FPAR reporting table to which they apply.

FPAR COVER SHEET: GRANTEE PROFILE

Grantees—In this report, the terms “grantee” and “grant” are synonymous. If an agency has more than one Title X service grant, and OPA requires that agency to submit a separate FPAR for each of those grants, then that agency will appear more than once in the Title X grantee count. In 2019, 91 agencies submitted one FPAR, three agencies submitted two FPARs, and one agency submitted three FPARs. In general, if an agency receives multiple grants to support Title X services in different geographic areas (e.g., different states), OPA will require the agency to submit separate FPARs.

During 2019, 28 of the 100 grants were discontinued during the calendar year.

- 9 grants administered by 8 agencies were discontinued because the project period for the grants had ended
- 19 grants administered by 18 agencies were discontinued because the agencies withdrew from the program as a result of the implementation of the Final Rule. The discontinuation of these 19 grants resulted in the withdrawal of 195 subrecipients (700 service sites) from Title X participation.
- Among the 72 grantees that continued their participation, 36 additional subrecipients (245 service sites) withdrew from Title X because of the Final Rule.

For purposes of describing grantee-level changes across FPAR performance metrics, we compare data for grantees (N=92) that were active and reported family planning users in both 2018 and 2019. Note that four grantees were active in both years but, in 2018, reported no family planning users; therefore, we have excluded these four grantees from the 2018 vs. 2019 comparisons presented in *Appendix C*.

Subrecipients—Of the 92 grantees that were active in both 2018 and 2019, 62 reported no change in the number of subrecipients, 20 reported a decrease, and 10 reported an increase. Fourteen of the grantees that reported a decrease in subrecipients mentioned the March 2019 revisions to the Title X regulations as a reason for their withdrawal from the Title X program. During 2019, a total of 231 subrecipients withdrew from Title X participation because of implementation of the Final Rule.

Service Sites—Of the 92 grantees that were active in both 2018 and 2019, 46 reported no change in the number of service sites, 27 reported a decrease, and 19 reported an increase. Reasons given by several grantees for the change in the number of services sites included the addition or withdrawal of subrecipients and site closures. During 2019, the number of

Title X-funded service sites was reduced by 945 sites because of implementation of the Final Rule.

Reporting Period—Thirty-three grantees reported data for a reporting period that was less than 12 months, 1 grantee reported data for a different 12-month period, and all others (N=66) reported data for the 12-month period from January 1, 2019, through December 31, 2019.

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 92 grantees that were active in both 2018 and 2019, 70 reported a decrease, and 22 reported an increase in the number of family planning users.

- Reasons given by grantees for the **decrease in the number of users** included site closures, site or subrecipient withdrawal from Title X participation as a result of the change in Title X regulations, staffing issues (e.g., difficulty filling vacancies, furlough, and difficulty recruiting or retaining clinical services providers [CSPs]), issues related to electronic health record (EHR) systems (e.g., implementation, programming, and data extraction), reduction in funding, change in scope of clinical activities, decline in the number of encounters because of increased use of long-acting reversible contraception (LARC) or increased screening interval for cervical cancer, increased choices for care among newly insured clients, errors (e.g., overreporting) in reporting the previous years' data, and weather-related disruptions in care delivery (e.g., blizzards).
- Reasons given by grantees for the **increase in the number of users** included the addition of new subrecipients and service sites, improvements (e.g., standardization) in data collection and reporting, increased or improved marketing (e.g., social media), increased outreach in hard-to-reach areas or to hard-to-reach groups (e.g., males), integration of family planning in sexually transmitted disease (STD) clinics, and increased use of mobile clinics.

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 14% of total female users for whom race was unknown or not reported in 2019, 71% self-identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of female users with unknown race or ethnicity** included client confusion about race categories, reporting more than one race, or refusal to report race data; EHR offering an "Other" race option; and staff failure to collect race or ethnicity data.
- Reasons given by grantees for a **decrease in the percentage of female users with unknown race or ethnicity** included general improvements in the collection, storage, and retrieval of race and ethnicity data and implementation of a quality improvement project focused on improving data collection.

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 13% of total male users for whom race was unknown or not reported in 2019, 64% 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, the inclusion of an “Other” race option in the EHR, difficulty with a new or changing EHR system, EHR 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 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, failure of clinic staff to collect income data overall or in specific settings (e.g., community settings), staff turnover, and EHR-related 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, and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 92 grantees operating in both 2018 and 2019, 50 reported a decrease in the percentage of users with health insurance, 40 reported an increase, and 2 reported no change.

- Reasons grantees gave for an **increase in the percentage of users with health insurance** included an increase in clients newly insured through the Affordable Care Act and state Medicaid expansion, improved collection of insurance status data (e.g., a template in the EHR, staff training, and data quality monitoring), and on-site health insurance enrollment assistance.
- 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 EHR-related issues affecting insurance classification and client refusal to report their insurance status for fear of denial of care or loss of confidentiality.

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

Of the 92 grantees operating in both 2018 and 2019, 57 reported a decrease in the percentage of users who are LEP, 34 reported an increase, and 1 grantee reported no change.

- Reasons given by grantees for the **decrease in percentage of users who are LEP** included an increase in the total number of users (denominator), reluctance 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 errors in reporting 2018 LEP data and changing client demographic characteristics.

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 errors in documenting LEP status.

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 method effectiveness categories align with the Office of Population Affairs (OPA)-developed and National Quality Forum (NQF)-endorsed contraceptive care performance measures.¹⁷ The contraceptive care measures are based on the following method groups or tiers defined by Trussell (2018):¹⁸

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%²⁶
- Intrauterine device (Kyleena®), 0.2%²⁷
- Intrauterine device (Liletta®), 0.2%²⁸
- 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 (FAM), 24%
- Spermicides, 28%

Because the FPAR combines some methods into a single reporting category (e.g., FAM or lactational amenorrhea method [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.

Please note that the methods listed under each tier and their corresponding failure rate were updated in the 2018 publication of *Contraceptive Technology* (21st edition).²⁹ In this update, the diaphragm was the only method that changed tiers, moving from Tier 2 to Tier 3. The diaphragm's failure rate increased from 12% to 17%. Failure rates for other methods changed as well. For purposes of maintaining alignment with the OPA contraceptive care performance measures, the diaphragm was retained as a Tier 2 method based on the 2011 classification.¹⁸

Hormonal injection users—Nineteen grantees in seven regions (I, III, IV, VI, VII, VIII, and IX) reported a total of 133 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.03% of the 398,894 hormonal injection users reported in 2019.

Sterilization among users under 20—No grantees reported female users under 20 relying on female sterilization as a primary contraceptive method.

Vasectomy among users under 18—Three grantees reported three female users under 18 relying on vasectomy as their primary contraceptive method. The grantees 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) staff capacity (e.g., inadequate training or turnover) or (2) data collection or system problems, including inconsistent or incomplete documentation of primary method

overall or for a specific subgroup (e.g., users relying on a third-party payer source, teens, women over 45), data entry or extraction problems, issues related to EHR implementation or transition, or lack of FPAR-specific data fields in the EHR.

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: inconsistent or incomplete documentation of primary method overall or for a specific subgroup (e.g., users relying on third-party payer source or clients seeking 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 92 grantees that submitted an FPAR in both 2018 and 2019, 48 reported a decrease in the percentage of female users who received a Pap test, and 44 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, decreased opportunities to screen because of a decline in annual visits by some users (e.g., LARC users), EHR-related issues (e.g., loss of data or difficulty extracting data), clients declining screening, better documentation of tests done elsewhere, and withdrawal of subrecipients that performed screening.
- Reasons given by grantees for an **increase in the percentage of females screened for cervical cancer** included improved data collection, an increase in the number of females in need of screening, and underreporting of screening in 2018.

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

CBEs—Of the 92 grantees that were active in both 2018 and 2019, 66 reported a decrease in the percentage of female users who received a CBE, and 26 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 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 the 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, underreporting of 2018 CBE data, and improved data collection.

CBE-related referrals—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 52 reported an increase in the percentage of female users referred for further evaluation following a CBE, 35 reported a decrease, and 2 reported no change.

- Reasons given by grantees for a **decrease in the percentage of CBE-related referrals** were related to improved data collection (e.g., mapping and location of CBE reporting fields in the EHR).
- Reasons given by grantees for an **increase in the percentage of CBE-related referrals** included better documentation of referrals in the EHR.

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

Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 47 reported an increase in the percentage of female users under 25 tested for chlamydia, and 45 reported a decrease. In addition, 39 grantees reported an increase in the percentage of male users tested, 48 reported a decrease, and 3 reported no change. Two of the 92 grantees that were active in both years reported no male users in 2018.

- 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, 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 the number of service sites, quality issues with testing data (e.g., difficulty with data extraction and challenges transitioning to a new EHR, limitations of paper data collection, and inability of the subrecipient to report testing data), improved data collection resulting in more accurate data, an increase in clients tested at non-Title X sites, and staff turnover.

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 errors (underreporting) in reporting 2018 data, improved data collection and reporting, implementation of initiatives

to increase staff awareness and encourage STD/HIV testing, high prevalence of STDs in the state or service area, an increase in users at high risk, an increase in male clients, and marketing and outreach to high-risk populations to encourage STD/HIV testing.

- Reasons given for the **decrease in STD testing** included a decrease in clients, clients declining testing, difficulty with mapping lab data to EHR data, and reporting errors.

Gonorrhea testing rate—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 47 reported a decrease in the number of gonorrhea tests per female user, and 45 reported an increase. In addition, 49 grantees reported a decrease in the number of gonorrhea tests per male user, 39 reported an increase, and 2 reported no change. Two grantees are excluded from this comparison because they served no male users in 2018.

- 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 the withdrawal of subrecipient agencies and service sites.

Syphilis testing rate—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 54 reported an increase in the number of syphilis tests per female user, and 38 reported a decrease. In addition, 49 grantees reported an increase in the number of syphilis tests per male user, 38 reported a decrease, and 3 reported no change. Two grantees are excluded from this comparison because they served no male users in 2018.

- Reasons given for the **increase in syphilis testing** included high prevalence or an outbreak in the service area, increased ability to test on-site, combining HIV and syphilis testing, and underreporting of syphilis testing data in the previous year's FPAR.
- A reason given for the **decrease in syphilis testing** was narrowing the scope of STD testing in service sites.

Confidential HIV testing rate—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 46 grantees reported an increase in the number of confidential HIV tests per female user, and 46 reported a decrease. In addition, 45 grantees reported an increase in the number of confidential HIV tests per male user, 42 reported a decrease, and 3 reported no change. Two grantees are excluded from this comparison because they served no male users in 2018.

- Reasons given by grantees for the **increase in confidential HIV testing** included increased use of pre-exposure prophylaxis (PrEP) services, an increase in clients with risk factors associated with misuse of opioids and other substances, and improved data collection/reporting.
- 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 92 grantees that submitted an FPAR in both 2018 and 2019, 34 reported a decrease in the number of positive confidential HIV tests per 1,000 tests performed, 32 reported an increase, and 24 reported no change (ratio was zero in both

years). Two grantees are excluded from the comparison because they reported zero confidential HIV tests in 2018.

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 92 grantees that submitted an FPAR in both 2018 and 2019, 48 reported a decrease in the total number of CSP FTEs delivering Title X-funded services, 39 reported an increase, and 5 reported no change.

- Reasons given for an **increase in CSP FTEs** included the addition of new subrecipients and service sites, success in filling vacant CSP positions, and more accurate reporting of CSP FTEs.
- Reasons given for a **decrease in CSP FTEs** included difficulty retaining or recruiting staff, a reduction in time dedicated to service delivery because of EHR-related training, site closures, and the withdrawal of subrecipient agencies and their sites from the Title X program.

Physician FTEs—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 39 reported an increase in physician FTEs, 33 reported a decrease, and 9 reported no change. A reason cited for the increase in physician FTEs was the addition of subrecipients (e.g., federally qualified health centers) that rely more heavily on physician providers. A reason for the decrease in physician FTEs was improved reporting of FTE data.

Midlevel clinician FTEs—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 46 reported a decrease in midlevel clinician FTEs, 37 grantees reported an increase, and 9 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 clinician FTEs.

Other CSP FTEs—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 64 reported zero other CSP FTEs in both years, 14 reported an increase, 10 reported a decrease, and 4 reported no change.

Family planning encounters—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 67 reported a decrease in the number of total encounters, and 25 reported an increase.

- Reasons given for the **decrease in encounters** included withdrawal of subrecipients and their service sites from the Title X program because of the change in Title X regulations, a decline in the number of clients, lack of adequate clinic staffing, and loss of productivity due to EHR implementation.
- Reasons given for the **increase in encounters** included the addition of new subrecipients and service sites, an increase in clients, improved data capture, and improved workflow.

FPAR TABLE 14: REVENUE REPORT

Total revenue (row 18)—All Regions—Of the 92 grantees that submitted an FPAR in both 2018 and 2019, 57 reported a decrease in total revenue, and 35 reported an increase.

Title X revenue (row 1)—All Regions—Title X revenue includes 2019 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 24 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—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: Advocates for Youth; agency contributions; applicant funds; Arizona Department of Health Services STD Control; Breast and Cervical Cancer Early Detection Program; Breast and Cervical Cancer Project; Breast and Cervical Cancer Services; cash; Centers for Disease Control and Prevention (CDC); unspecified); CDC Infertility Prevention Project; Community Services Block Grant; conference fees; DC Campaign to Prevent Teen Pregnancy; donations (private donor, clients, corporate, individuals, restricted, and unspecified source); Early Detection Works Program; earned and special funds; education income; EHR incentive funds; endowment; federal grant (STD services); federal grant (Teen Pregnancy Prevention); federal grants (unspecified); fees;; fundraising; general fund (private); Gilead; Grant in Aid; grantee subsidy; grants (foundation, state and local government, private, general use, restricted, and unspecified source); Health Systems Transformation Incentive; HealthyWoman Project (Breast and Cervical Cancer Early Detection Program [BCCEDP]); HIV and STD funding; Health Resources and Services Administration (HRSA) (Ryan White); Illinois Breast and Cervical Cancer Program; insurance exchange; interest income; Justice Fund; Kansas Set-Off and One-Time revenues; Kentucky Office of Refugees; LARC funding (Medicaid); local health department carry-over funds; meaningful use funds; medical records fees; Metrocard reimbursement; miscellaneous; Montana Cancer Screening Program; Montana STD/HIV Program; net assets released from restrictions; One City Health; Pennsylvania Department of

Health STD Project; Personal Responsibility Education Program grant; Planned Parenthood Federation of America; Population Grant; Pregnancy Prevention Grant; Preventive Health and Health Services Block Grant; program income; refunds; rental income; Revenue Recovery and Interest Earned; Sanilac County Health Department; Sexual Risk Avoidance Education Program grant; Sisters of St. Joseph Grant; State Farmworker Voucher Program; State Migrant Worker Voucher Program; State of Georgia Catapult; STD and HIV prevention testing and counseling; subcontract funding; subrecipient funding (unspecified); Teen Pregnancy Prevention Initiative; The Right Time initiative; Tobacco Settlement; Turning Point North Shore University Health Fund; United Nations Population Fund (UNFPA); United Way (various); university funding (University of Kentucky Adolescent Medicine Program); University of Wisconsin; and Workers Compensation Refund.

This page intentionally left blank.

