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Title X Family Planning Annual Report

2020 National Summary

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September 2021

Family Planning Annual Report: 2020 National Summary

Prepared for

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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.

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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 Title X 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] 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 2020, 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 services 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 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: 2020 National Summary* is to present the national-, regional-, and state-level findings for the 2020 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

2020 SNAPSHOT: KEY FINDINGS

A diverse network of public and private nonprofit agencies deliver Title X services. In 2020, Title X-funded services were implemented through 75 grants* to 41 state and local health departments and 34 nonprofit community health and family planning agencies. Title X funds supported a network of 3,031 service sites operated by either grantees or

* 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 2020, 70 agencies submitted one FPAR, one agency submitted two FPARs, and one agency submitted three FPARs.

867 subrecipients in 44[†] states, the District of Columbia, and eight U.S. Territories and Freely Associated States.

Title X providers serve a socioeconomically disadvantaged population, most of whom are female, low income, and young. In 2020, Title X-funded providers served more than 1.5 million family planning users (i.e., clients) through 2.7 million family planning encounters, of which at least 11% were telehealth encounters.[‡] Nearly 9 of every 10 users (86%) were female, 56% were under 30 years of age, and 66% had family incomes at or below the poverty level ($26,200 for a family of four in the 48 contiguous states and the District of Columbia).[7]

Title X providers serve a population with low rates of health insurance. In 2020, 59% of family planning users had either public (40%) or private (19%) health insurance, and 39% were uninsured. Since 2015, the percentage of clients with health insurance has exceeded the percentage without insurance. Nevertheless, the percentage of Title X users who were uninsured (39%) in 2020 was triple the national uninsured rate for adults (13%).[8]

Title X providers serve a racially and ethnically diverse population. Of the 1.5 million family planning users served in 2020, 33% 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),[9] 35% self-identified as Hispanic or Latino, and 19% were limited English proficient.

Title X providers offer clients a broad range of acceptable and effective family planning methods and services. In 2020, 74% of the 1.3 million female users served were using or adopted a contraceptive method at their last encounter. Over one-third (38%) of female users used or adopted a short-term hormonal method like pills, injectables, the vaginal ring, or patch; 15% used or adopted a long-acting reversible method like an intrauterine device or implant; 12% relied on barrier methods like condoms, spermicide, or contraceptive sponge; and 5% used permanent methods like female sterilization or vasectomy. Eight percent of all female users exited their last encounter with no contraceptive method because they were either pregnant or seeking pregnancy.

A ***family planning user*** is an individual who has at least one family planning encounter during the reporting period.

A ***family planning encounter*** is a documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning services, alone or together with related preventive health services, to avoid unintended pregnancies or achieve intended pregnancies.

[†] In 2020, there were no Title X-funded service sites in six states: Hawaii, Maine, Oregon, Utah, Vermont, and Washington.

[‡] In January 2021, OPA revised the *Title X Family Planning Annual Report (FPAR): Forms and Instructions* to capture the increase in virtual family planning encounters during the coronavirus disease 2019 (COVID-19) pandemic. The number of virtual encounters reported in the *2020 FPAR National Summary* is likely an underestimate because the data systems for some grantees and subrecipients were not able to report these data by the 2020 FPAR due date (February 16, 2021).

Title X-funded cervical and breast cancer screening services are necessary for early detection and treatment. In 2020, Title X providers conducted Papanicolaou (Pap) testing on 22% (297,037) of female users. Thirteen percent of the 312,757 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 25% (335,249) of female users and referred 7% 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 2020, Title X providers tested 52% (264,100) of female users under 25 for chlamydia. Providers also performed 772,620 gonorrhea tests (5.0 tests per 10 users), 429,545 confidential HIV tests (2.8 tests per 10 users), and 325,813 syphilis tests (2.1 tests per 10 users). Of the confidential HIV tests performed, 1,359 (3.2 per 1,000 tests performed) were positive for HIV.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male users. In 2020, 14% (209,749) of all Title X users were men. Most male users were in their 20s (31%) or 30s (23%), and 60% adopted or continued use of condoms or another contraceptive method at exit from their last encounter. In addition, Title X providers tested 46% of all male users for chlamydia and provided testing for several other STDs, including gonorrhea (5.5 tests per 10 male users), HIV (4.8 tests per 10 male users), and syphilis (3.3 tests per 10 male users).

A variety of qualified health providers deliver Title X-funded clinical services. In 2020, 2,681 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 65% of total CSP FTEs, followed by physicians (29%) and registered nurses with an expanded scope of practice (6%). A CSP attended 79% of the 2.7 million family planning encounters that took place in 2020.

Title X projects rely on revenue from a mixture of public and private sources. In 2020, Title X grantees reported total project revenue of $605 million to support their approved Title X services projects. Six sources accounted for 84% of total revenue: Title X (34%, or $205.8 million); Medicaid, including the Children's Health Insurance Program (CHIP) (25%, or $150.6 million); state governments (10%, or $60.6 million); private third-party payers (8%, or $48.7 million); local governments (4%, or $25.0 million); and client service fees (3%, or $19.5 million).

PERFORMANCE COMPARISON: 2020 VS. 2019

In this section, we highlight 1-year changes (2020 vs. 2019) in *key* measures of Title X performance. For those measures related to the size and reach of the Title X service network, we have also included comparisons with data for 2018 because they are more typical of the program's performance prior to the Final Rule change (2019) and COVID-19 pandemic (2020).

Title X service network. Title X had 25 *fewer* grantees in 2020 than in 2019 (75 vs. 100), 193 *fewer* subrecipients (867 vs. 1,060), and 794 *fewer* service sites (3,031 vs. 3,825). For

comparison, there were 24 *fewer* grantees in 2020 than in 2018 (75 vs. 99), 261 *fewer* subrecipients (867 vs. 1,128), and 923 *fewer* service sites (3,031 vs. 3,954).

Number of family planning users and encounters. The decrease in the size of the Title X service network reduced both the availability of and access to Title X services. Title X served 1.6 million *fewer* family planning users in 2020 than in 2019 (1.5 million vs. 3.1 million), and there were 302 *fewer* users per service site (507 vs. 809). Furthermore, Title X conducted almost 2.0 million *fewer* family planning encounters in 2020 than in 2019 (2.7 million vs. 4.7 million), but those who accessed services had, on average, *more* encounters (1.8 vs. 1.5).

Compared with 2018, the program served 2.4 million *fewer* family planning users in 2020 than in 2018 (1.5 million vs. 3.9 million) and had 3.8 million *fewer* family planning encounters (2.7 million vs. 6.5 million) and 489 *fewer* users per service site (507 vs. 996).

Client sociodemographic characteristics. Considering the large decrease in the number of users served in 2020, the distribution of clients by sex, racial and ethnic group, income level, and insurance status varied little (± 4 percentage points) between 2020 and 2019. There were small changes in the percentages of users who were 18 to 29 (47% vs. 53%) or 35 or older (29% vs. 24%).

Contraceptive use by female clients. Although substantially fewer female clients received contraceptive services, the percentage using a most or moderately effective method was almost unchanged (58% vs. 59%) between 2020 and 2019. In 2020, the number of female users who adopted or used a most or moderately effective method *decreased* by 830,677 compared with 2019 (763,961 vs. 1.6 million). Among those using a *most or moderately effective* method, there were only small differences (± 3 percentage points) between years in the percentages using different types of methods within each category.

Contraceptive use by male clients. Between 2020 and 2019, there were *decreases* in both the number and percentage of male clients who adopted or used contraception, most notably condoms, at their last encounter. In 2020, the number of male users who adopted or used a most, moderately, or less effective method *decreased* by 152,605 compared with 2019 (125,451 vs. 278,056). In addition, there were *decreases* in the percentages of male users reporting use of any method (60% vs. 69%) and condoms specifically (44% vs. 56%).

Cancer screening. Compared with 2019, fewer women were screened for cervical or breast cancer in 2020, but the percentages screened were about the same. In 2020 vs. 2019, the number of female users screened for cervical cancer *decreased* by 244,624 (297,037 vs. 541,661), while the number who received a clinical breast exam *decreased* by 292,033 (335,249 vs. 627,282). The percentage of female users who received a Pap test (22% vs. 20%) or clinical breast exam (25% vs. 23%) was about the same in both years.

STD testing. There were *decreases* in the number of users tested for STDs and the STD testing rates. In 2020, the number of female users under 25 who were tested for chlamydia *decreased* by 379,980 compared with 2019 (264,100 vs. 644,080); the percentage tested also *decreased* (52% vs. 58%). Furthermore, there were *decreases* in the number of STD tests per 10 users for gonorrhea (5.0 vs. 5.7), syphilis (2.1 vs. 2.2), and HIV (2.8 vs. 3.1) and a *decrease* in the number of positive HIV tests per 1,000 performed (3.2 vs. 3.8).

Clinical staff levels. There was a *decrease* in the number of CSP FTEs and a shift in the distribution of FTEs across types of CSPs. In 2020, the number of CSP FTEs *decreased* by 997 FTEs compared with 2019 (2,681 vs. 3,678), with midlevel FTEs accounting for 72% of this decrease. On average, there were 796 CSP encounters per FTE in 2020, compared with 979 in 2019.

Title X program revenue. Revenue from all sources *decreased*, with an especially large drop in the revenue sources most closely linked to the numbers of users and encounters. In 2020, total revenue in inflation-adjusted dollars ($2020s) was $473.8 million lower than in 2019 ($605.0 million vs. $1.1 billion). Combined Medicaid and CHIP revenue *decreased* by $235.5 million, private third-party payer revenue *decreased* by $63.2 million, and client service fee revenue *decreased* by $22.2 million. Two other major revenues sources—state government and Title X—*decreased* by $53.9 million and $32.6 million, respectively. Title X revenue represents the amount of Title X grant funding drawn down by grantees during the reporting period.

FACTORS AFFECTING 2020 PERFORMANCE

The marked decrease in Title X performance between 2020 and 2019 is attributable to two main factors: the 2019 Final Rule and the COVID-19 pandemic.

Title X Final Rule. On March 3, 2019, HHS issued a Final Rule[10,11] that revised Title X regulations governing several aspects of how Title X-funded projects deliver family planning care. As a condition of their continued funding and pursuant to court orders, grantees were required to comply with all requirements of the Final Rule by July 15, 2019, 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 complying. Compliance with the physical separation requirements was required starting March 4, 2020.

After the implementation of the 2019 Title X Final Rule, 19 grantees (and their networks) withdrew immediately from the program; 18 other grantees continued participating but reported losses to their service networks. These departures reduced the size of the Title X service network by 231 subrecipients and 945 service sites. OPA made supplemental awards ($33.7 million) to continuing grantees to compensate for these departures; nevertheless, the program experienced a net decrease of more than 1,000 service sites. All Planned Parenthood affiliates (grantees and subrecipients) and several state health departments also withdrew. Withdrawals because of the Final Rule resulted in no Title X-funded services in six states (Hawaii, Maine, Oregon, Utah, Vermont, and Washington) and substantially reduced services in six others (Alaska, Connecticut, Massachusetts, Minnesota, New Hampshire, and New York). OPA estimates that the Final Rule may have led to an estimated 181,477 unintended pregnancies.[12] The *2019 FPAR National Summary* did not fully capture the effects of the Final Rule because the report included some data (3 to 8 months) for those grantees and subrecipients that withdrew in mid-2019 when the Final Rule took effect.

Based on a preliminary analysis of FPAR data for 2018 ("typical year") and 2020, an estimated 63% (or 1.5 million) of the total *decrease* (2.4 million) in family planning users and

86% (or $698.5 million) of the total *decrease* ($809.4 million) in total revenue (all sources) between 2018 and 2020 can be attributed to the Final Rule.

COVID-19 pandemic. In 2020, the emergence of the novel coronavirus created a public health emergency that affected all aspects of life around the world. To reduce community transmission, most states and the District of Columbia announced stay-at-home orders and other social distancing measures (e.g., closing schools, closing non-essential businesses), which varied in both scope and duration.[13] Title X clinical operations and the lives of staff members and clients were seriously disrupted, especially in the earlier months of the pandemic as Title X providers adapted to the public health restrictions and safety protocols. As 2020 progressed, some restrictions were lifted or reduced, but many were still in place at the end of 2020, thereby requiring Title X providers to continuously adapt to changing circumstances. In a memo dated April 3, 2020, OPA communicated to grantees that it was the opinion of OPA and other health care organizations and associations that family planning methods and services were "essential health services."[14] Early on and throughout the pandemic, OPA, the Centers for Disease Control and Prevention (CDC), the Family Planning National Training Center, and other stakeholders offered technical guidance to ensure continuity of family planning care during the pandemic.[15–18] OPA also provided guidance and addressed grantees' concerns about the acceptable uses of Title X funding during the pandemic, the treatment of unexpended funds, and meeting performance goals.[15,19–21]

Based on the preliminary analysis of FPAR data for 2018 and 2020, an estimated 37% (or 877,354) of the total *decrease* (2.4 million) in family planning users and 14% (or $110.8 million) of the total *decrease* ($809.4 million) in total revenue (all sources) between 2018 and 2020 can be attributed to the COVID-19 pandemic.

SUMMARY

The 2020 reporting period was unprecedented in the history of the Title X program. During 2020, the Title X program confronted two main challenges: the COVID-19 pandemic and the aftereffects of full implementation of the 2019 Final Rule. The Final Rule changed the composition of the Title X service network and substantially reduced its size and capacity, sharply decreasing the number of users and affecting most other FPAR metrics. This network contraction left several states with no or limited Title X-funded services and some continuing grantees with diminished service networks and less revenue, especially from revenue sources linked to the numbers of clients and encounters. There were also some shifts in the clients' sociodemographic characteristics and clinical staffing, which may have resulted from changes in the composition of the service network.

For the predominantly low-income individuals who received Title X services in 2020, Title X service providers continued to deliver high-quality contraceptive and related preventive health care by implementing pandemic-related safety protocols, prioritizing clients based on need, and managing supply and staffing challenges. Title X service providers exhibited creativity, resilience, and flexibility in their actions to safeguard the continuity of Title X family planning services and protect the wellbeing of clients and Title X staff.

1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

Background

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. It 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] 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 fiscal year 2020, the Title X program received approximately $286.5 million in federal Title X funding.[4]

Family Planning Annual Report

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

Title X administrators and grantees use FPAR data to

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

[§] 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 requires the agency to submit separate FPARs, and the agency will appear more than once in the Title X grantee count.

- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.[5]

Factors Affecting Title X Performance in 2020

The 2020 reporting period was unprecedented in Title X's history. The program recorded the largest, single-year changes (decreases) in the numbers of grantees, subrecipients, service sites, and users and in revenue. We attribute these changes to two main factors: the 2019 Final Rule and the coronavirus disease 2019 (COVID-19) pandemic.

Title X Final Rule. On March 3, 2019, HHS issued a Final Rule[10,11] that changed the Title X regulations affecting various aspects of Title X-funded services, including 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, 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. As a condition of their continued funding and pursuant to court orders, grantees were required to comply with all requirements of the Final Rule by July 15, 2019, except for the physical separation requirements that took effect March 4, 2020. By August 19, 2019, grantees were required to submit a plan ("Assurance and Action Plan") and written statement with supporting evidence to demonstrate their compliance with the Final Rule.

After the implementation of the 2019 Title X Final Rule, 19 grantees (and their networks) withdrew immediately from the program; 18 other grantees continued participating but reported losses to their service networks. These departures reduced the size of the Title X service network by 231 subrecipients and 945 service sites. OPA made supplemental awards ($33.7 million) to continuing grantees to compensate for these departures; nevertheless, the program experienced a net decrease of more than 1,000 service sites. The departing grantees and subrecipients included all Planned Parenthood affiliates (grantees and subrecipients) and several state health departments. These program withdrawals resulted in six states (Hawaii, Maine, Oregon, Utah, Vermont, and Washington) without Title X-funded services in 2020 and six others (Alaska, Connecticut, Massachusetts, Minnesota, New Hampshire, and New York) with substantially reduced services.[12]

The full impact of the Final Rule was not reflected in the *2019 FPAR National Summary* because grantees and subrecipients that exited the program for this reason were active for up to almost 8 months of 2019, before the Final Rule took effect. Based on a preliminary analysis of FPAR data for 2018 ("typical year") and 2020, an estimated 63% (or 1.5 million) of the total *decrease* (2.4 million) in family planning users and 86% (or $698.5 million) of the total *decrease* ($809.4 million) in total revenue (all sources) between 2018 and 2020 can be attributed to the Final Rule. A description of the data, assumptions, methods, and findings of this preliminary analysis is presented in ***Appendix D***.

On April 15, 2021, OPA published a proposed rule in the *Federal Register* to revise the 2019 Final Rule. In this public notice, OPA states that the 2019 Final Rule "undermined the mission of the Title X program by helping fewer individuals in planning and spacing births,

providing fewer preventive health services, and delivering fewer screenings for STIs"[12] and may have led to as many as 181,477 unintended pregnancies.

COVID-19 pandemic. In 2020, COVID-19 created a public health emergency that affected all aspects of life around the world. To reduce community transmission, most states and the District of Columbia announced stay-at-home orders and other social distancing measures (e.g., closing school, closing non-essential businesses), which varied in both scope and duration.[13] Title X clinical operations and the lives of staff members and clients were seriously disrupted, especially in the earlier months of the pandemic as they adapted to the public health restrictions and safety protocols. As 2020 progressed, some restrictions were lifted or reduced, but many were still in place at the end of 2020, thereby requiring Title X providers to continuously adapt to changing circumstances. In a memo dated April 3, 2020, OPA communicated to grantees that it was the opinion of OPA and other health care organizations and associations that family planning methods and services were "essential health services."[14] Early on and throughout the pandemic, OPA, the Centers for Disease Control and Prevention (CDC), and other stakeholders provided technical guidance and strategies to ensure continuity of Title X family planning and related preventive health care during the pandemic.[15–18] OPA also provided guidance and addressed grantees' concerns about the acceptable uses of Title X funding during the pandemic, the treatment of unexpended funds, and meeting performance goals.[15,19–21]

In their comments on the 2020 FPAR, Title X grantees noted the challenges of the pandemic, its effects on clinic operations, and the various strategies they implemented to deliver Title X services to the greatest number of clients.

Based on the preliminary analysis of FPAR data for 2018 and 2020, an estimated 37% (or 877,354) of the total *decrease* (2.4 million) in family planning users and 14% (or $110.8 million) of the total *decrease* ($809.4 million) in total revenue (all sources) between 2018 and 2020 can be attributed to the COVID-19 pandemic (see ***Appendix D***).

REPORT STRUCTURE

The *Family Planning Annual Report: 2020 National Summary* presents data for the 75 Title X services grantees that submitted an FPAR for the 2020 reporting period (January 1, 2020–December 31, 2020). The *National Summary* has eight sections:

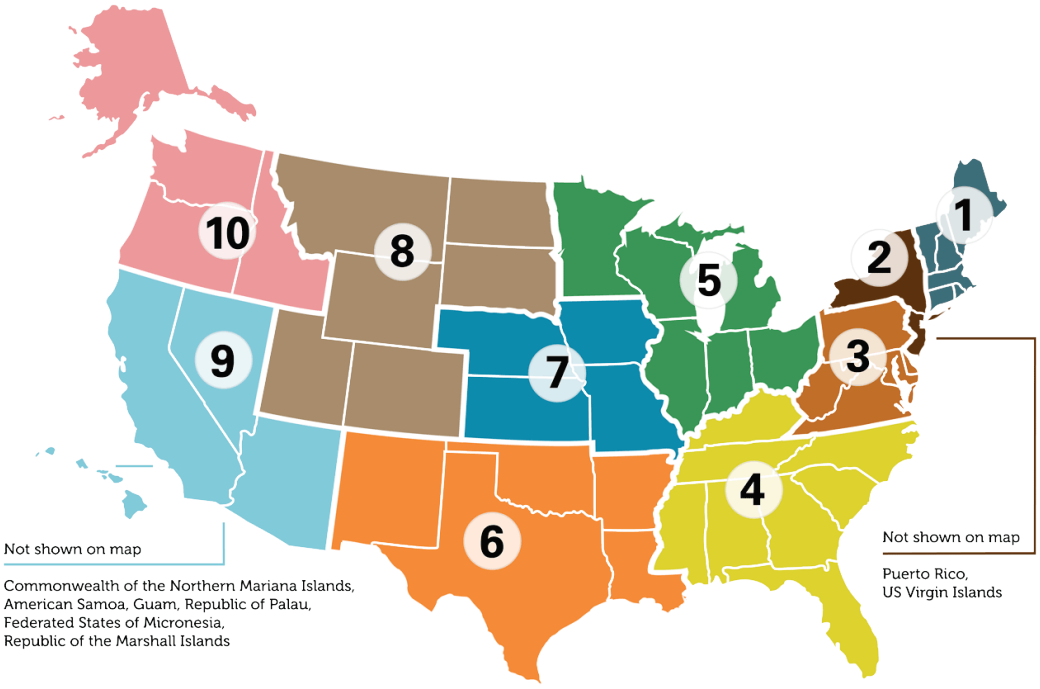
- **Section 1—Introduction—**describes the Title X National Family Planning Program and the role of FPAR data in managing and monitoring the performance of the Title X program.
- **Section 2—FPAR Methodology—**describes the procedures for collecting, reporting, and validating FPAR data and presents the definitions for key FPAR terms.
- **Sections 3 through 8—**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 January 2021)*[5] for complete FPAR reporting instructions.
- **Section 9—References—**is a list of *National Summary* references.

Additional data for the *National Summary* are included in four appendixes: ***Appendix A*** presents trend data for selected indicators for 2010–2020. ***Appendix B*** presents 2020 data for selected state-level indicators (number and distribution of users by sex, income, and insurance status; contraceptive use among female users at risk for unintended pregnancy; and the number and percentage of female users under 25 years who were tested for chlamydia) for 44 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 U.S. Virgin Islands). ***Appendix C*** presents general and table-specific notes about the data in this report. ***Appendix D*** summarizes the results of a preliminary analysis of the effects of the 2019 Final Rule and COVID-19 pandemic on 2020 user counts and total revenue through a comparison of FPAR data for 2018–2020.

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 2020 or trend data. Exhibits in the main body of the report present results for Title X overall (i.e., all regions) and for each of the 10 HHS regions (***Exhibit 1***); the source of data (i.e., FPAR reporting table) for each exhibit is noted. The states in each of the 10 HHS regions are as follows:

- **Region I—**Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont (In 2020, there were no Title X services grantees in Maine or Vermont.)
- **Region II—**New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III—**Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and Washington, DC
- **Region IV—**Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region V—**Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI—**Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII—**Iowa, Kansas, Missouri, and Nebraska
- **Region VIII—**Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming (In 2020, there were no Title X services grantees in Utah.)
- **Region IX—**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 (In 2020, there were no Title X services grantees in Hawaii.)
- **Region X—**Alaska, Idaho, Oregon, and Washington (In 2020, there were no Title X services grantees in Oregon or 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.

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2 FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions (Reissued January 2021)*[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 Title X-funded family planning and related preventive health services, the range and scope of the services provided, the family planning providers who render care, and the revenue sources that support the grantees' Title X projects.

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1–December 31). In February 2021, FPARs for 75 grantees were submitted for the 2020 reporting period. Almost all FPARs (93%) were submitted by the due date, and all were submitted using the web-based *FPAR 1.0 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 1.0 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 1.0 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 1.0 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 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 contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning and related preventive health services to 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 or virtual contact between the client and provider, the provider documents the encounter, and the tests are accompanied by family planning counseling or education. A virtual family planning encounter uses telecommunications and information technology to provide access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision, at a distance. 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 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 refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral), either through face-to-face or virtual contact, that comply with Title X program requirements[2] 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. 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 January 2021), pp. 7–10.[5]

3 Title X Network Characteristics

TITLE X SERVICE NETWORK PROFILE

In 2020, Title X-funded services were implemented via 75 service grants to 41 (55%) state and local health departments and 34 (45%) nonprofit family planning and community health agencies. This funding supported a service network of 867 subrecipients and 3,031 service sites in 44 states, the District of Columbia, and eight U.S. Territories and Freely Associated States (***Exhibit 2***).

In 2020 vs. 2019, the Title X program had 25 fewer grantees (75 vs. 100), 193 fewer subrecipients (867 vs. 1,060), and 794 fewer service sites (3,031 vs. 3,825) (***Exhibit 2***).

See ***Exhibits A–1a*** and ***A–1b*** in ***Appendix A*** for trends (2010–2020) in the numbers 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: 2019–2020 (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											
2020	75	4	7	11	11	8	8	5	5	14	2
2019	100	10	8	12	12	12	9	6	6	19	6
Difference	**−25**	**−6**	**−1**	**−1**	**−1**	**−4**	**−1**	**−1**	**−1**	**−5**	**−4**
% Change	**−25%**	**−60%**	**−13%**	**−8%**	**−8%**	**−33%**	**−11%**	**−17%**	**−17%**	**−26%**	**−67%**
Subrecipients											
2020	867	21	18	175	265	110	49	86	64	72	7
2019	1,060	61	68	173	271	134	46	92	62	86	67
Difference	**−193**	**−40**	**−50**	**2**	**−6**	**−24**	**3**	**−6**	**2**	**−14**	**−60**
% Change	**−18%**	**−66%**	**−74%**	**1%**	**−2%**	**−18%**	**7%**	**−7%**	**3%**	**−16%**	**−90%**
Service Sites											
2020	3,031	52	61	606	852	238	488	190	147	355	42
2019	3,825	214	237	614	910	394	466	197	157	391	245
Difference	**−794**	**−162**	**−176**	**−8**	**−58**	**−156**	**22**	**−7**	**−10**	**−36**	**−203**
% Change	**−21%**	**−76%**	**−74%**	**−1%**	**−6%**	**−40%**	**5%**	**−4%**	**−6%**	**−9%**	**−83%**

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*[9] 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 are:

- **American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American**—A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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 January 2021), pp. 15–17, A-1–A-2.[5]

4 Family Planning User Characteristics

DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2020, Title X-funded sites served over 1.5 million family planning users. Grantees in Region IV served almost 1 of every 3 family planning users, while in each of Regions III, VI, and IX, grantees served between 15% and 17% of all users.

As noted in Section 1, the COVID-19 pandemic posed major challenges to the Title X service network, reducing both the availability of and demand for Title X services and requiring providers to modify operations and service delivery practices to ensure continuity of care. The number of users served in 2020 was 50% lower (by 1,558,923 users) than in 2019. All 10 regions reported a decline in users, with Region IX grantees reporting the largest numeric decline (by 440,126) (***Exhibit 3***). On average, the number of users per service site decreased by 302, from 809 in 2019 to 507 in 2020 (***Exhibit A–1c***).

See ***Exhibits A–2a*** and ***A–2b*** for trends (2010–2020) in the number and distribution of family planning users overall and by region.

See ***Exhibit B–1*** for 2020 data on the number and distribution of family planning users by state.

Exhibit 3. **Number, distribution, and percentage change in number of all family planning users, by year and region: 2019–2020 (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											
2020	1,536,743	41,600	45,056	227,809	498,230	86,424	257,819	79,238	63,438	226,021	11,108
2019	3,095,666	145,737	308,031	374,499	648,599	295,108	321,395	110,363	104,814	666,147	120,973
Difference	**−1,558,923**	**−104,137**	**−262,975**	**−146,690**	**−150,369**	**−208,684**	**−63,576**	**−31,125**	**−41,376**	**−440,126**	**−109,865**
% Change	**−50%**	**−71%**	**−85%**	**−39%**	**−23%**	**−71%**	**−20%**	**−28%**	**−39%**	**−66%**	**−91%**
Distribution											
2020	100%	3%	3%	15%	32%	6%	17%	5%	4%	15%	1%
2019	100%	5%	10%	12%	21%	10%	10%	4%	3%	22%	4%

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

Users by Sex (Exhibits 4 and 5)

Of the 1.5 million family planning users served in 2020, 86% (1.3 million) were female, and 14% (209,749) were male (***Exhibits 4*** and ***5***). The percentage of total users who were female was high across all regions (81% to 90%) and in most states (42% to 100%) (***Exhibit B–1***).

See ***Exhibits A–2a*** and ***A–2b*** for trends (2010–2020) in the number and distribution of users by region and the number and percentage of users by sex.

See ***Exhibit B–1*** for the number and distribution of family planning users by sex and state for 2020.

Users by Age (Exhibits 4 and 5)

In 2020, 17% (257,722) of all family planning users were under 20 years of age, 39% (597,642) were 20 to 29 years of age, and 44% (681,379) 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 (40%) than male (31%) users was in their 20s, and a higher percentage of male (51%) than female (43%) 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***).

See ***Exhibits A–3a*** and ***A–3b*** for trends (2010–2020) in the number and distribution of users by age group.

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Exhibit 4. **Number of all family planning users, by sex, age, and region: 2020 (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	20,531	1,042	218	4,542	7,606	898	2,378	815	936	1,927	169
15 to 17	90,315	2,801	1,347	16,703	28,662	5,627	14,220	5,369	5,255	9,463	868
18 to 19	110,644	2,566	2,593	16,665	35,673	6,854	19,628	7,038	5,964	12,755	908
20 to 24	281,970	6,174	9,056	37,695	92,369	15,800	51,960	16,361	13,920	36,654	1,981
25 to 29	249,644	6,163	7,827	34,762	81,577	13,609	44,733	12,668	9,727	36,925	1,653
30 to 34	206,922	5,507	6,454	29,873	67,753	10,660	36,667	9,952	7,433	31,258	1,365
35 to 39	154,346	4,042	5,159	22,120	48,694	7,871	27,586	7,583	5,147	24,967	1,177
40 to 44	104,533	2,822	4,010	15,355	31,493	5,218	17,899	4,844	3,161	18,836	895
Over 44	108,089	2,558	3,820	15,060	36,370	5,049	15,677	4,548	2,524	21,739	744
Subtotal	**1,326,994**	**33,675**	**40,484**	**192,775**	**430,197**	**71,586**	**230,748**	**69,178**	**54,067**	**194,524**	**9,760**
Male Users											
Under 15	9,521	703	44	2,522	4,130	135	595	80	311	936	65
15 to 17	14,069	1,043	148	3,798	4,527	405	1,207	357	784	1,680	120
18 to 19	12,642	544	426	2,484	3,337	762	1,800	913	719	1,594	63
20 to 24	34,456	923	1,314	5,262	8,907	3,068	5,174	2,805	2,056	4,747	200
25 to 29	31,572	879	783	4,588	8,559	2,983	4,739	2,120	1,869	4,833	219
30 to 34	26,393	882	576	3,646	7,968	2,388	3,718	1,479	1,433	4,112	191
35 to 39	21,109	817	407	2,922	6,824	1,657	3,138	939	888	3,356	161
40 to 44	16,931	771	350	2,228	6,022	1,077	2,485	585	534	2,713	166
Over 44	43,056	1,363	524	7,584	17,759	2,363	4,215	782	777	7,526	163
Subtotal	**209,749**	**7,925**	**4,572**	**35,034**	**68,033**	**14,838**	**27,071**	**10,060**	**9,371**	**31,497**	**1,348**
All Users											
Under 15	30,052	1,745	262	7,064	11,736	1,033	2,973	895	1,247	2,863	234
15 to 17	104,384	3,844	1,495	20,501	33,189	6,032	15,427	5,726	6,039	11,143	988
18 to 19	123,286	3,110	3,019	19,149	39,010	7,616	21,428	7,951	6,683	14,349	971
20 to 24	316,426	7,097	10,370	42,957	101,276	18,868	57,134	19,166	15,976	41,401	2,181
25 to 29	281,216	7,042	8,610	39,350	90,136	16,592	49,472	14,788	11,596	41,758	1,872
30 to 34	233,315	6,389	7,030	33,519	75,721	13,048	40,385	11,431	8,866	35,370	1,556
35 to 39	175,455	4,859	5,566	25,042	55,518	9,528	30,724	8,522	6,035	28,323	1,338
40 to 44	121,464	3,593	4,360	17,583	37,515	6,295	20,384	5,429	3,695	21,549	1,061
Over 44	151,145	3,921	4,344	22,644	54,129	7,412	19,892	5,330	3,301	29,265	907
Total All Users	**1,536,743**	**41,600**	**45,056**	**227,809**	**498,230**	**86,424**	**257,819**	**79,238**	**63,438**	**226,021**	**11,108**

Exhibit 5. **Distribution of all family planning users, by sex, age, and region: 2020 (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	2%	3%	1%	2%	2%	1%	1%	1%	2%	1%	2%
15 to 17	7%	8%	3%	9%	7%	8%	6%	8%	10%	5%	9%
18 to 19	8%	8%	6%	9%	8%	10%	9%	10%	11%	7%	9%
20 to 24	21%	18%	22%	20%	21%	22%	23%	24%	26%	19%	20%
25 to 29	19%	18%	19%	18%	19%	19%	19%	18%	18%	19%	17%
30 to 34	16%	16%	16%	15%	16%	15%	16%	14%	14%	16%	14%
35 to 39	12%	12%	13%	11%	11%	11%	12%	11%	10%	13%	12%
40 to 44	8%	8%	10%	8%	7%	7%	8%	7%	6%	10%	9%
Over 44	8%	8%	9%	8%	8%	7%	7%	7%	5%	11%	8%
Subtotal	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Male Users											
Under 15	5%	9%	1%	7%	6%	1%	2%	1%	3%	3%	5%
15 to 17	7%	13%	3%	11%	7%	3%	4%	4%	8%	5%	9%
18 to 19	6%	7%	9%	7%	5%	5%	7%	9%	8%	5%	5%
20 to 24	16%	12%	29%	15%	13%	21%	19%	28%	22%	15%	15%
25 to 29	15%	11%	17%	13%	13%	20%	18%	21%	20%	15%	16%
30 to 34	13%	11%	13%	10%	12%	16%	14%	15%	15%	13%	14%
35 to 39	10%	10%	9%	8%	10%	11%	12%	9%	9%	11%	12%
40 to 44	8%	10%	8%	6%	9%	7%	9%	6%	6%	9%	12%
Over 44	21%	17%	11%	22%	26%	16%	16%	8%	8%	24%	12%
Subtotal	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
All Users											
Under 15	2%	4%	1%	3%	2%	1%	1%	1%	2%	1%	2%
15 to 17	7%	9%	3%	9%	7%	7%	6%	7%	10%	5%	9%
18 to 19	8%	7%	7%	8%	8%	9%	8%	10%	11%	6%	9%
20 to 24	21%	17%	23%	19%	20%	22%	22%	24%	25%	18%	20%
25 to 29	18%	17%	19%	17%	18%	19%	19%	19%	18%	18%	17%
30 to 34	15%	15%	16%	15%	15%	15%	16%	14%	14%	16%	14%
35 to 39	11%	12%	12%	11%	11%	11%	12%	11%	10%	13%	12%
40 to 44	8%	9%	10%	8%	8%	7%	8%	7%	6%	10%	10%
Over 44	10%	9%	10%	10%	11%	9%	8%	7%	5%	13%	8%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female Users	86%	81%	90%	85%	86%	83%	89%	87%	85%	86%	88%
Male Users	14%	19%	10%	15%	14%	17%	11%	13%	15%	14%	12%

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

Users by Race (Exhibits 6 through 14)

In 2020, 59% (905,460) of all family planning users identified themselves as white, 26% (406,686) as black or African American, 2% (25,026) as Asian, and 1% each as either American Indian or Alaska Native (16,084) or Native Hawaiian or Other Pacific Islander (13,265). Three percent (38,508) of all users self-identified with two or more of the five minimum race categories specified by OMB,[9] and race was either unknown or not reported for 9% (131,714). Of the 131,714 users with an unknown race, 67% 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 (60% of female users vs. 52% of male users) and black or African American (25% of female users vs. 35% 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 46% to 76%, 1% to 39% self-identified as black or African American, 1% to 4% self-identified as Asian, and 1% to 7% self-identified with two or more race categories.

See ***Exhibits A–4a*** and ***A–4b*** for trends (2010–2020) in the number and distribution of all family planning users by self-identified race.

See ***Exhibits A–6a*** and ***A–6b*** for trends (2010–2020) in the number and distribution of all family planning users by self-identified race and Hispanic or Latino ethnicity.

Users by Ethnicity (Exhibits 6 through 14)

In 2020, 35% (534,055) of users self-identified as Hispanic or Latino ethnicity (***Exhibit 6***).

- By **sex**, 36% of female users and 28% of male users self-identified as Hispanic or Latino, while ethnicity was unknown for 3% of female users and 4% of male users (***Exhibits 7, 8,*** and ***11–14***).
- By **region**, the percentage of users who self-identified as Hispanic or Latino ranged from 14% to 73%, with grantees in Regions II, VI, and IX reporting the highest percentages (49% to 73%) of Hispanic or Latino users (***Exhibits 9*** and ***10***).

See ***Exhibits A–5a*** and ***A–5b*** for trends (2010–2020) in the number and distribution of all family planning users by self-identified Hispanic or Latino ethnicity.

See ***Exhibits A–6a*** and ***A–6b*** for trends (2010–2020) in the number and 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: 2020 (Source: FPAR Tables 2 and 3)**

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	7,004	8,539	541	16,084	0%†	1%	0%†	1%
Asian	1,054	22,431	1,541	25,026	0%†	1%	0%†	2%
Black/African American	14,291	381,858	10,537	406,686	1%	25%	1%	26%
Nat Hawaiian/Pac Island	2,141	10,801	323	13,265	0%†	1%	0%†	1%
White	400,891	481,594	22,975	905,460	26%	31%	1%	59%
More than one race	21,074	15,204	2,230	38,508	1%	1%	0%†	3%
Unknown/not reported	87,600	27,134	16,980	131,714	6%	2%	1%	9%
Total All Users	**534,055**	**947,561**	**55,127**	**1,536,743**	**35%**	**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: 2020 (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	6,148	7,506	429	14,083	0%†	1%	0%†	1%
Asian	918	19,534	1,339	21,791	0%†	1%	0%†	2%
Black/African American	11,832	313,959	8,320	334,111	1%	24%	1%	25%
Nat Hawaiian/Pac Island	1,837	9,698	295	11,830	0%†	1%	0%†	1%
White	359,005	418,125	20,161	797,291	27%	32%	2%	60%
More than one race	18,301	13,440	1,931	33,672	1%	1%	0%†	3%
Unknown/not reported	77,544	22,748	13,924	114,216	6%	2%	1%	9%
Total Female Users	**475,585**	**805,010**	**46,399**	**1,326,994**	**36%**	**61%**	**3%**	**100%**

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

Exhibit 8. **Number and distribution of male family planning users, by race and ethnicity: 2020 (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	856	1,033	112	2,001	0%†	0%†	0%†	1%
Asian	136	2,897	202	3,235	0%†	1%	0%†	2%
Black/African American	2,459	67,899	2,217	72,575	1%	32%	1%	35%
Nat Hawaiian/Pac Island	304	1,103	28	1,435	0%†	1%	0%†	1%
White	41,886	63,469	2,814	108,169	20%	30%	1%	52%
More than one race	2,773	1,764	299	4,836	1%	1%	0%†	2%
Unknown/not reported	10,056	4,386	3,056	17,498	5%	2%	1%	8%
Total Male Users	**58,470**	**142,551**	**8,728**	**209,749**	**28%**	**68%**	**4%**	**100%**

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

Exhibit 9. **Number of all family planning users, by race, ethnicity, and region: 2020 (Source: FPAR Tables 2 and 3)**

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	7,004	42	637	1,920	2,317	161	427	231	520	725	24
Not Hispanic or Latino	8,539	92	36	1,819	1,265	442	2,094	368	801	1,546	76
Unknown/not reported	541	11	3	119	27	29	105	35	33	179	0
Subtotal	**16,084**	**145**	**676**	**3,858**	**3,609**	**632**	**2,626**	**634**	**1,354**	**2,450**	**100**
Asian											
Hispanic or Latino	1,054	25	26	198	214	29	107	24	47	383	1
Not Hispanic or Latino	22,431	1,413	567	3,231	4,533	1,044	2,279	1,208	1,264	6,814	78
Unknown/not reported	1,541	45	6	228	59	23	61	135	27	957	0
Subtotal	**25,026**	**1,483**	**599**	**3,657**	**4,806**	**1,096**	**2,447**	**1,367**	**1,338**	**8,154**	**79**
Black or African American											
Hispanic or Latino	14,291	2,428	3,285	2,999	2,624	376	1,181	285	274	835	4
Not Hispanic or Latino	381,858	10,931	6,263	65,159	188,200	24,752	54,227	13,988	5,208	13,022	108
Unknown/not reported	10,537	230	54	3,823	2,619	601	559	1,155	148	1,348	0
Subtotal	**406,686**	**13,589**	**9,602**	**71,981**	**193,443**	**25,729**	**55,967**	**15,428**	**5,630**	**15,205**	**112**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	2,141	343	24	246	733	125	250	47	51	320	2
Not Hispanic or Latino	10,801	90	22	222	583	152	345	155	125	9,087	20
Unknown/not reported	323	7	4	92	24	3	5	21	5	162	0
Subtotal	**13,265**	**440**	**50**	**560**	**1,340**	**280**	**600**	**223**	**181**	**9,569**	**22**
White											
Hispanic or Latino	400,891	10,050	25,619	24,673	81,033	6,983	117,972	16,996	16,919	99,332	1,314
Not Hispanic or Latino	481,594	8,619	4,050	73,962	176,935	42,283	66,828	35,827	28,912	37,023	7,155
Unknown/not reported	22,975	401	43	8,008	2,093	508	635	3,443	649	7,192	3
Subtotal	**905,460**	**19,070**	**29,712**	**106,643**	**260,061**	**49,774**	**185,435**	**56,266**	**46,480**	**143,547**	**8,472**
More Than One Race											
Hispanic or Latino	21,074	1,734	1,655	5,815	3,489	1,953	2,518	1,057	231	2,613	9
Not Hispanic or Latino	15,204	997	257	1,897	3,683	1,915	3,028	1,241	502	1,637	47
Unknown/not reported	2,230	222	26	293	874	42	41	197	13	522	0
Subtotal	**38,508**	**2,953**	**1,938**	**8,005**	**8,046**	**3,910**	**5,587**	**2,495**	**746**	**4,772**	**56**
Race Unknown or Not Reported											
Hispanic or Latino	87,600	2,322	1,724	21,370	17,093	2,864	3,029	1,319	4,901	32,524	454
Not Hispanic or Latino	27,134	1,203	610	6,521	7,410	1,518	1,324	520	1,778	4,439	1,811
Unknown/not reported	16,980	395	145	5,214	2,422	621	804	986	1,030	5,361	2
Subtotal	**131,714**	**3,920**	**2,479**	**33,105**	**26,925**	**5,003**	**5,157**	**2,825**	**7,709**	**42,324**	**2,267**
All Races											
Hispanic or Latino	534,055	16,944	32,970	57,221	107,503	12,491	125,484	19,959	22,943	136,732	1,808
Not Hispanic or Latino	947,561	23,345	11,805	152,811	382,609	72,106	130,125	53,307	38,590	73,568	9,295
Unknown/not reported	55,127	1,311	281	17,777	8,118	1,827	2,210	5,972	1,905	15,721	5
Total All Users	**1,536,743**	**41,600**	**45,056**	**227,809**	**498,230**	**86,424**	**257,819**	**79,238**	**63,438**	**226,021**	**11,108**

Exhibit 10. **Distribution of all family planning users, by race, ethnicity, and region: 2020 (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%	1%	0%†	0%†	0%†	0%†	1%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	1%	1%	0%†	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**0%†**	**2%**	**2%**	**1%**	**1%**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	3%	1%	1%	1%	1%	1%	2%	2%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**2%**	**4%**	**1%**	**2%**	**1%**	**1%**	**1%**	**2%**	**2%**	**4%**	**1%**
Black or African American											
Hispanic or Latino	1%	6%	7%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	25%	26%	14%	29%	38%	29%	21%	18%	8%	6%	1%
Unknown/not reported	1%	1%	0%†	2%	1%	1%	0%†	1%	0%†	1%	0%
Subtotal	**26%**	**33%**	**21%**	**32%**	**39%**	**30%**	**22%**	**19%**	**9%**	**7%**	**1%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**4%**	**0%†**
White											
Hispanic or Latino	26%	24%	57%	11%	16%	8%	46%	21%	27%	44%	12%
Not Hispanic or Latino	31%	21%	9%	32%	36%	49%	26%	45%	46%	16%	64%
Unknown/not reported	1%	1%	0%†	4%	0%†	1%	0%†	4%	1%	3%	0%†
Subtotal	**59%**	**46%**	**66%**	**47%**	**52%**	**58%**	**72%**	**71%**	**73%**	**64%**	**76%**
More Than One Race											
Hispanic or Latino	1%	4%	4%	3%	1%	2%	1%	1%	0%†	1%	0%†
Not Hispanic or Latino	1%	2%	1%	1%	1%	2%	1%	2%	1%	1%	0%†
Unknown/not reported	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**3%**	**7%**	**4%**	**4%**	**2%**	**5%**	**2%**	**3%**	**1%**	**2%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	6%	6%	4%	9%	3%	3%	1%	2%	8%	14%	4%
Not Hispanic or Latino	2%	3%	1%	3%	1%	2%	1%	1%	3%	2%	16%
Unknown/not reported	1%	1%	0%†	2%	0%†	1%	0%†	1%	2%	2%	0%†
Subtotal	**9%**	**9%**	**6%**	**15%**	**5%**	**6%**	**2%**	**4%**	**12%**	**19%**	**20%**
All Races											
Hispanic or Latino	35%	41%	73%	25%	22%	14%	49%	25%	36%	60%	16%
Not Hispanic or Latino	62%	56%	26%	67%	77%	83%	50%	67%	61%	33%	84%
Unknown/not reported	4%	3%	1%	8%	2%	2%	1%	8%	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 11. **Number of female family planning users, by race, ethnicity, and region: 2020 (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	6,148	34	580	1,786	1,949	144	365	214	463	589	24
Not Hispanic or Latino	7,506	74	30	1,589	1,137	316	1,995	311	665	1,327	62
Unknown/not reported	429	7	3	99	23	13	103	25	23	133	0
Subtotal	**14,083**	**115**	**613**	**3,474**	**3,109**	**473**	**2,463**	**550**	**1,151**	**2,049**	**86**
Asian											
Hispanic or Latino	918	22	25	171	180	23	98	20	43	335	1
Not Hispanic or Latino	19,534	1,213	509	2,895	3,636	877	2,054	1,146	1,166	5,963	75
Unknown/not reported	1,339	35	4	192	43	16	57	118	19	855	0
Subtotal	**21,791**	**1,270**	**538**	**3,258**	**3,859**	**916**	**2,209**	**1,284**	**1,228**	**7,153**	**76**
Black or African American											
Hispanic or Latino	11,832	1,913	2,886	2,312	2,265	308	1,031	237	221	656	3
Not Hispanic or Latino	313,959	8,795	5,433	50,763	160,098	18,259	46,242	10,525	3,781	9,986	77
Unknown/not reported	8,320	177	28	3,033	2,254	441	358	920	76	1,033	0
Subtotal	**334,111**	**10,885**	**8,347**	**56,108**	**164,617**	**19,008**	**47,631**	**11,682**	**4,078**	**11,675**	**80**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	1,837	271	22	199	674	91	228	39	41	270	2
Not Hispanic or Latino	9,698	80	22	186	530	115	325	141	107	8,175	17
Unknown/not reported	295	5	4	89	24	2	4	18	4	145	0
Subtotal	**11,830**	**356**	**48**	**474**	**1,228**	**208**	**557**	**198**	**152**	**8,590**	**19**
White											
Hispanic or Latino	359,005	8,143	23,506	21,508	72,097	6,443	107,177	15,916	15,270	87,676	1,269
Not Hispanic or Latino	418,125	6,720	3,573	66,477	151,553	36,473	60,585	32,143	24,494	29,841	6,266
Unknown/not reported	20,161	280	35	7,573	1,863	437	532	2,829	493	6,116	3
Subtotal	**797,291**	**15,143**	**27,114**	**95,558**	**225,513**	**43,353**	**168,294**	**50,888**	**40,257**	**123,633**	**7,538**
More Than One Race											
Hispanic or Latino	18,301	1,476	1,509	4,644	3,184	1,770	2,404	940	198	2,167	9
Not Hispanic or Latino	13,440	917	216	1,690	3,200	1,633	2,878	1,054	425	1,383	44
Unknown/not reported	1,931	193	20	265	763	36	41	164	10	439	0
Subtotal	**33,672**	**2,586**	**1,745**	**6,599**	**7,147**	**3,439**	**5,323**	**2,158**	**633**	**3,989**	**53**
Race Unknown or Not Reported											
Hispanic or Latino	77,544	2,013	1,513	17,913	15,789	2,561	2,576	1,179	4,339	29,244	417
Not Hispanic or Latino	22,748	963	478	5,389	6,767	1,119	1,049	451	1,370	3,672	1,490
Unknown/not reported	13,924	344	88	4,002	2,168	509	646	788	859	4,519	1
Subtotal	**114,216**	**3,320**	**2,079**	**27,304**	**24,724**	**4,189**	**4,271**	**2,418**	**6,568**	**37,435**	**1,908**
All Races											
Hispanic or Latino	475,585	13,872	30,041	48,533	96,138	11,340	113,879	18,545	20,575	120,937	1,725
Not Hispanic or Latino	805,010	18,762	10,261	128,989	326,921	58,792	115,128	45,771	32,008	60,347	8,031
Unknown/not reported	46,399	1,041	182	15,253	7,138	1,454	1,741	4,862	1,484	13,240	4
Total All Users	**1,326,994**	**33,675**	**40,484**	**192,775**	**430,197**	**71,586**	**230,748**	**69,178**	**54,067**	**194,524**	**9,760**

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2020 (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%	1%	0%†	0%†	0%†	0%†	1%	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	0%†	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**0%†**	**2%**	**2%**	**1%**	**1%**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	4%	1%	2%	1%	1%	1%	2%	2%	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**2%**	**4%**	**1%**	**2%**	**1%**	**1%**	**1%**	**2%**	**2%**	**4%**	**1%**
Black or African American											
Hispanic or Latino	1%	6%	7%	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	24%	26%	13%	26%	37%	26%	20%	15%	7%	5%	1%
Unknown/not reported	1%	1%	0%†	2%	1%	1%	0%†	1%	0%†	1%	0%
Subtotal	**25%**	**32%**	**21%**	**29%**	**38%**	**27%**	**21%**	**17%**	**8%**	**6%**	**1%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**4%**	**0%†**
White											
Hispanic or Latino	27%	24%	58%	11%	17%	9%	46%	23%	28%	45%	13%
Not Hispanic or Latino	32%	20%	9%	34%	35%	51%	26%	46%	45%	15%	64%
Unknown/not reported	2%	1%	0%†	4%	0%†	1%	0%†	4%	1%	3%	0%†
Subtotal	**60%**	**45%**	**67%**	**50%**	**52%**	**61%**	**73%**	**74%**	**74%**	**64%**	**77%**
More Than One Race											
Hispanic or Latino	1%	4%	4%	2%	1%	2%	1%	1%	0%†	1%	0%†
Not Hispanic or Latino	1%	3%	1%	1%	1%	2%	1%	2%	1%	1%	0%†
Unknown/not reported	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**3%**	**8%**	**4%**	**3%**	**2%**	**5%**	**2%**	**3%**	**1%**	**2%**	**1%**
Race Unknown or Not Reported											
Hispanic or Latino	6%	6%	4%	9%	4%	4%	1%	2%	8%	15%	4%
Not Hispanic or Latino	2%	3%	1%	3%	2%	2%	0%†	1%	3%	2%	15%
Unknown/not reported	1%	1%	0%†	2%	1%	1%	0%†	1%	2%	2%	0%†
Subtotal	**9%**	**10%**	**5%**	**14%**	**6%**	**6%**	**2%**	**3%**	**12%**	**19%**	**20%**
All Races											
Hispanic or Latino	36%	41%	74%	25%	22%	16%	49%	27%	38%	62%	18%
Not Hispanic or Latino	61%	56%	25%	67%	76%	82%	50%	66%	59%	31%	82%
Unknown/not reported	3%	3%	0%†	8%	2%	2%	1%	7%	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: 2020 (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	856	8	57	134	368	17	62	17	57	136	0
Not Hispanic or Latino	1,033	18	6	230	128	126	99	57	136	219	14
Unknown/not reported	112	4	0	20	4	16	2	10	10	46	0
Subtotal	**2,001**	**30**	**63**	**384**	**500**	**159**	**163**	**84**	**203**	**401**	**14**
Asian											
Hispanic or Latino	136	3	1	27	34	6	9	4	4	48	0
Not Hispanic or Latino	2,897	200	58	336	897	167	225	62	98	851	3
Unknown/not reported	202	10	2	36	16	7	4	17	8	102	0
Subtotal	**3,235**	**213**	**61**	**399**	**947**	**180**	**238**	**83**	**110**	**1,001**	**3**
Black or African American											
Hispanic or Latino	2,459	515	399	687	359	68	150	48	53	179	1
Not Hispanic or Latino	67,899	2,136	830	14,396	28,102	6,493	7,985	3,463	1,427	3,036	31
Unknown/not reported	2,217	53	26	790	365	160	201	235	72	315	0
Subtotal	**72,575**	**2,704**	**1,255**	**15,873**	**28,826**	**6,721**	**8,336**	**3,746**	**1,552**	**3,530**	**32**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	304	72	2	47	59	34	22	8	10	50	0
Not Hispanic or Latino	1,103	10	0	36	53	37	20	14	18	912	3
Unknown/not reported	28	2	0	3	0	1	1	3	1	17	0
Subtotal	**1,435**	**84**	**2**	**86**	**112**	**72**	**43**	**25**	**29**	**979**	**3**
White											
Hispanic or Latino	41,886	1,907	2,113	3,165	8,936	540	10,795	1,080	1,649	11,656	45
Not Hispanic or Latino	63,469	1,899	477	7,485	25,382	5,810	6,243	3,684	4,418	7,182	889
Unknown/not reported	2,814	121	8	435	230	71	103	614	156	1,076	0
Subtotal	**108,169**	**3,927**	**2,598**	**11,085**	**34,548**	**6,421**	**17,141**	**5,378**	**6,223**	**19,914**	**934**
More Than One Race											
Hispanic or Latino	2,773	258	146	1,171	305	183	114	117	33	446	0
Not Hispanic or Latino	1,764	80	41	207	483	282	150	187	77	254	3
Unknown/not reported	299	29	6	28	111	6	0	33	3	83	0
Subtotal	**4,836**	**367**	**193**	**1,406**	**899**	**471**	**264**	**337**	**113**	**783**	**3**
Race Unknown or Not Reported											
Hispanic or Latino	10,056	309	211	3,457	1,304	303	453	140	562	3,280	37
Not Hispanic or Latino	4,386	240	132	1,132	643	399	275	69	408	767	321
Unknown/not reported	3,056	51	57	1,212	254	112	158	198	171	842	1
Subtotal	**17,498**	**600**	**400**	**5,801**	**2,201**	**814**	**886**	**407**	**1,141**	**4,889**	**359**
All Races											
Hispanic or Latino	58,470	3,072	2,929	8,688	11,365	1,151	11,605	1,414	2,368	15,795	83
Not Hispanic or Latino	142,551	4,583	1,544	23,822	55,688	13,314	14,997	7,536	6,582	13,221	1,264
Unknown/not reported	8,728	270	99	2,524	980	373	469	1,110	421	2,481	1
Total All Users	**209,749**	**7,925**	**4,572**	**35,034**	**68,033**	**14,838**	**27,071**	**10,060**	**9,371**	**31,497**	**1,348**

Exhibit 14. **Distribution of male family planning users, by race, ethnicity, and region: 2020 (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%†	1%	0%†	1%	0%†	0%†	0%†	1%	0%†	0%
Not Hispanic or Latino	0%†	0%†	0%†	1%	0%†	1%	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**0%†**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**2%**	**1%**	**1%**
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Not Hispanic or Latino	1%	3%	1%	1%	1%	1%	1%	1%	1%	3%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**2%**	**3%**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**1%**	**3%**	**0%†**
Black or African American											
Hispanic or Latino	1%	6%	9%	2%	1%	0%†	1%	0%†	1%	1%	0%†
Not Hispanic or Latino	32%	27%	18%	41%	41%	44%	29%	34%	15%	10%	2%
Unknown/not reported	1%	1%	1%	2%	1%	1%	1%	2%	1%	1%	0%
Subtotal	**35%**	**34%**	**27%**	**45%**	**42%**	**45%**	**31%**	**37%**	**17%**	**11%**	**2%**
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Not Hispanic or Latino	1%	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%†	3%	0%†
Unknown/not reported	0%†	0%†	0%	0%†	0%	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	**1%**	**1%**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**0%†**	**3%**	**0%†**
White											
Hispanic or Latino	20%	24%	46%	9%	13%	4%	40%	11%	18%	37%	3%
Not Hispanic or Latino	30%	24%	10%	21%	37%	39%	23%	37%	47%	23%	66%
Unknown/not reported	1%	2%	0%†	1%	0%†	0%†	0%†	6%	2%	3%	0%
Subtotal	**52%**	**50%**	**57%**	**32%**	**51%**	**43%**	**63%**	**53%**	**66%**	**63%**	**69%**
More Than One Race											
Hispanic or Latino	1%	3%	3%	3%	0%†	1%	0%†	1%	0%†	1%	0%
Not Hispanic or Latino	1%	1%	1%	1%	1%	2%	1%	2%	1%	1%	0%†
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%
Subtotal	**2%**	**5%**	**4%**	**4%**	**1%**	**3%**	**1%**	**3%**	**1%**	**2%**	**0%†**
Race Unknown or Not Reported											
Hispanic or Latino	5%	4%	5%	10%	2%	2%	2%	1%	6%	10%	3%
Not Hispanic or Latino	2%	3%	3%	3%	1%	3%	1%	1%	4%	2%	24%
Unknown/not reported	1%	1%	1%	3%	0%†	1%	1%	2%	2%	3%	0%†
Subtotal	**8%**	**8%**	**9%**	**17%**	**3%**	**5%**	**3%**	**4%**	**12%**	**16%**	**27%**
All Races											
Hispanic or Latino	28%	39%	64%	25%	17%	8%	43%	14%	25%	50%	6%
Not Hispanic or Latino	68%	58%	34%	68%	82%	90%	55%	75%	70%	42%	94%
Unknown/not reported	4%	3%	2%	7%	1%	3%	2%	11%	4%	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%.

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).[7]

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 they may not have used this health insurance to pay for family planning services received during their 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 Civilian Health and Medical Program of the Department of Veterans Affairs [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 January 2021), 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 2020 ($26,200 for a family of four in the 48 contiguous states and the District of Columbia)[7] receive services at no charge unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty guideline, Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income, on the condition that the Title X provider has documented taking specific actions to encourage the minor to involve a parent or guardian in their decision to seek family planning services.[2]

In 2020, 87% (1.3 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-six percent (1.0 million) of users with family incomes at or below 100% of poverty qualified for no-charge services, while 21% (320,118) with family incomes between 101% and 250% of poverty qualified for subsidized care. Six percent (89,329) of users had incomes over 250% of poverty, and family income data were unknown or not reported for 7% (106,297) of users (***Exhibit 15***).

- By **region**, 79% to 96% of users had family incomes (<251% of poverty) qualifying them for either no-charge (56% to 74% of users) or subsidized (13% to 36% of users) services (***Exhibit 15***).
- By **state**, 36% to 100% of users had family incomes (<101% of poverty) qualifying them for no-charge services, and 0% to 42% had incomes (101% to 250% of poverty) qualifying them for subsidized care (***Exhibit B–2***).

See ***Exhibits A–7a*** and ***A–7b*** for trends (2010–2020) in the number and 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 2020, 59% (909,569) of family planning users had either public (40%, 616,012) or private (19%, 293,557) insurance covering broad primary medical care benefits; 39% (593,562) were uninsured. Health insurance coverage status was unknown or not reported for 2% (33,612) of users (***Exhibit 16***).

- By **region**, 20% to 62% of family planning users had public coverage, 7% to 27% had private coverage, and 11% to 57% 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 (3% to 100%) (***Exhibit B–3a***).

See ***Exhibits A–8a*** and ***A–8b*** for trends (2010–2020) in the number and distribution of family planning users by primary health insurance status.

See ***Exhibit B–3b*** for the number and distribution of family planning users by primary health insurance status and state according to states' Medicaid expansion status for 2020.

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.[22]

In 2020, 19% (291,234) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 6% to 59% (***Exhibit 17***). The number of users with LEP in 2020 was 37% lower (by 170,595 users) than in 2019 (not shown).

Exhibit 15. **Number and distribution of all family planning users, by income level and region: 2020 (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%	1,020,999	27,556	31,222	146,860	322,449	55,011	191,670	48,865	41,857	149,266	6,243
101% to 150%	187,565	3,028	7,901	27,997	57,654	11,832	30,628	10,879	7,338	28,015	2,293
151% to 200%	89,401	1,704	3,243	12,123	29,540	6,919	13,259	6,189	4,445	10,720	1,259
201% to 250%	43,152	577	839	7,559	14,262	4,225	5,469	3,563	2,930	3,250	478
Over 250%	89,329	4,596	903	12,436	40,424	5,385	5,380	8,209	6,434	4,728	834
Unknown/not reported	106,297	4,139	948	20,834	33,901	3,052	11,413	1,533	434	30,042	1
Total All Users	**1,536,743**	**41,600**	**45,056**	**227,809**	**498,230**	**86,424**	**257,819**	**79,238**	**63,438**	**226,021**	**11,108**
Under 101%	66%	66%	69%	64%	65%	64%	74%	62%	66%	66%	56%
101% to 150%	12%	7%	18%	12%	12%	14%	12%	14%	12%	12%	21%
151% to 200%	6%	4%	7%	5%	6%	8%	5%	8%	7%	5%	11%
201% to 250%	3%	1%	2%	3%	3%	5%	2%	4%	5%	1%	4%
Over 250%	6%	11%	2%	5%	8%	6%	2%	10%	10%	2%	8%
Unknown/not reported	7%	10%	2%	9%	7%	4%	4%	2%	1%	13%	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%.

[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/2020-poverty-guidelines.

† Percentage is less than 0.5%.

Exhibit 16. **Number and distribution of all family planning users, by principal health insurance coverage status and region: 2020 (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	616,012	25,764	22,400	110,870	187,012	36,314	74,939	15,792	19,792	120,277	2,852
Private health insurance	293,557	11,224	10,702	53,647	115,807	17,869	32,022	21,051	15,358	14,709	1,168
Uninsured	593,562	4,513	11,711	55,765	189,548	30,033	145,804	42,063	27,693	81,595	4,837
Unknown/not reported	33,612	99	243	7,527	5,863	2,208	5,054	332	595	9,440	2,251
Total All Users	**1,536,743**	**41,600**	**45,056**	**227,809**	**498,230**	**86,424**	**257,819**	**79,238**	**63,438**	**226,021**	**11,108**
Public health insurance	40%	62%	50%	49%	38%	42%	29%	20%	31%	53%	26%
Private health insurance	19%	27%	24%	24%	23%	21%	12%	27%	24%	7%	11%
Uninsured	39%	11%	26%	24%	38%	35%	57%	53%	44%	36%	44%
Unknown/not reported	2%	0%†	1%	3%	1%	3%	2%	0%†	1%	4%	20%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

† Percentage is less than 0.5%.

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2020 (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	291,234	7,943	26,573	41,455	60,754	6,508	52,910	11,302	10,869	72,221	699
Not LEP	1,221,905	33,608	18,435	184,486	417,524	78,574	204,759	67,777	52,569	153,764	10,409
Unknown/not reported	23,604	49	48	1,868	19,952	1,342	150	159	0	36	0
Total All Users	**1,536,743**	**41,600**	**45,056**	**227,809**	**498,230**	**86,424**	**257,819**	**79,238**	**63,438**	**226,021**	**11,108**
LEP	19%	19%	59%	18%	12%	8%	21%	14%	17%	32%	6%
Not LEP	80%	81%	41%	81%	84%	91%	79%	86%	83%	68%	94%
Unknown/not reported	2%	0%†	0%†	1%	4%	2%	0%†	0%†	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 they are 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 delivery[23]
- **Abstinence**—Refers to refraining from oral, vaginal, and anal intercourse[24] 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 them 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 January 2021), pp. 21–23.[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 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, the *Quality Family Planning (QFP) Recommendations*[25] 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.

Strategies to ensure continuity of contraceptive care during the COVID-19 pandemic

- Prioritized in-person visits for clients having problems with their method; LARC placement, replacement, or removal; and contraceptive injections
- Offered curbside pickup for method resupply, contraceptive injections, and other nonclinical services
- Offered self-administered contraceptive injections
- Extended prescriptions for contraception
- Partnered with pharmacies to fill prescriptions or re-supplied contraceptives by mail

In accordance with guidance and other resources[16–18] provided by OPA, CDC, and others, Title X providers implemented various strategies (see text box) to ensure the continuity of contraceptive services during the COVID-19 pandemic.

FEMALE CONTRACEPTIVE USE (EXHIBITS 18 THROUGH 21)

In 2020, 74% (979,274) of all female users adopted or continued use of a most, moderately, or less effective contraceptive method (see text box on next page) at their last encounter in the reporting period. Eight percent (101,318) of female users exited the encounter with no method because they were pregnant or seeking pregnancy, and another 7% (90,152) exited with no method for other reasons. Five percent (60,841) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 7% (95,409) of users (***Exhibits 18*** and ***19***).

- By level of effectiveness in preventing pregnancy, 19% of all female users relied on a most effective method, 38% used a moderately effective method, and 16% 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.[26] See Table 7 comments in the ***Field and Methodological Notes (Appendix C)*** for more information about the performance measures[26] and method-effectiveness categories.[27]

- By **type of method**, the contraceptive pill was used by 20% of all female users, followed by injectable contraception (16%), male condoms (12%), intrauterine devices (IUDs) (7%), hormonal implants (7%), female sterilization (4%), the vaginal ring (1%), the contraceptive patch (1%), and a FAM or lactational amenorrhea method (LAM) (1%). Four 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***).

Contraceptive Methods by Level of Effectiveness in Preventing Pregnancy[27]

- ***Most effective:*** vasectomy, female sterilization, implant, or 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 LAM, or spermicide used alone

- By **age group**, 42% of female users under 15 and from 68% to 79% of those 15 or older adopted or continued using a most, moderately, or less effective method (***Exhibits 18*** and ***19***).

  The three leading contraceptive methods by age group were as follows:

  - **Female users under 18:** Pills, injectables, and implants
  - **Female users 18 to 44:** Pills, injectables, and male condoms
  - **Female users over 44:** Female sterilization, male condoms, and pills.

  The rate of nonuse of contraception because of pregnancy or the desire for pregnancy was 1% to 4% in the youngest (under 18) and oldest (over 40) age groups and from 7% to 11% among female users 18 to 39. The rate of nonuse of contraception because of abstinence was 38% for those under 15, 8% to 11% for those 15 to 17 or over 44, and 3% to 4% for those 18 to 44.

- By **region**, from 63% to 85% 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 47%), moderately effective (14% to 74%), or less effective (<1% to 41%) contraceptive methods (***Exhibit B–4***). Female users *at risk of unintended pregnancy* are defined as those who were not pregnant, not seeking pregnancy, and not abstinent.

Trends in Female Primary Contraceptive Method Use

From 2010 through 2020, the percentage of all female users relying on most, moderately, or less effective methods ranged from 74% to 84%. Between 13% and 14% used no method because they were either pregnant, seeking pregnancy, or for other reasons, and 2% to 5% were abstinent (***Exhibits A–9a***, ***A–9b***, and ***A–9c***).

Among all female users:

- Use of **most effective methods** increased from 8% (2010) to 19% (2020).
- Use of **moderately effective methods** decreased from 54% (2010) to 38% (2020).
- Use of **less effective methods** decreased from 19% (2010) to 16% (2020).

During all years from 2010 to 2020, the IUD, the pill, and male condoms were the most popular methods in their respective method effectiveness categories.

See ***Exhibits A–9a***, ***A–9b***, and ***A–9c*** for trends (2010–2020) in the number and distribution of female family planning users by the type of primary contraceptive method used or adopted at their last encounter in the reporting period.

MALE CONTRACEPTIVE USE (EXHIBITS 22 THROUGH 25)

In 2020, grantees reported that 60% (125,451) 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 (26,818) of male clients used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (12%), and another 13% (26,569) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 15% (30,911) of male users (***Exhibits 22*** and ***23***).

- By **type of method**, 44% of all male users relied on male condoms, followed by reliance on a female method (10%), withdrawal (4%), a FAM or LAM (1%), or vasectomy (1%) (***Exhibits 22*** and ***23***).
- By **age group**, 9% to 39% of male users under 18 and from 52% to 72% of those 18 or over relied on a most, moderately, or less effective method (***Exhibits 22*** and ***23***). The rate of nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among male users under 18 and 1% to 2% among those 18 or over. By age group, the two leading methods among male users were as follows:
  - **Male users under 15:** Male condoms and withdrawal or other methods not listed on FPAR Table 8
  - **Male users 15 and over:** Male condoms and reliance on a female method**.**
- By **region**, the percentage of male users who exited the encounter with a most, moderately, or less effective method ranged from 39% to 82%. ***Exhibits 24*** and ***25*** present additional information on contraceptive method mix for male users in each region.
- See ***Exhibits A–10a*** through ***A–10c*** for trends (2010–2020) in the number and distribution of male family planning users by the type of primary contraceptive method used or adopted at their last encounter in the reporting period.

Exhibit 18. **Number of female family planning users, by primary contraceptive method and age: 2020 (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	56,063	0	0	0	497	3,706	8,049	11,146	11,270	21,395
Intrauterine device	99,491	124	2,203	4,621	18,243	21,138	20,169	15,945	10,428	6,620
Hormonal implant	93,062	1,134	8,646	10,230	24,378	19,859	14,310	8,452	4,238	1,815
Hormonal injection	213,854[a]	2,941[a]	22,088[a]	22,877[a]	45,617[a]	38,177[a]	32,728[a]	24,272[a]	15,339[a]	9,815[a]
Oral contraceptive	267,281	2,982	24,151	30,415	68,393	49,571	37,724	26,301	16,381	11,363
Contraceptive patch	12,193	258	1,482	1,734	3,214	2,242	1,599	961	492	211
Vaginal ring	16,967	54	825	1,380	4,411	4,158	3,295	1,808	716	320
Cervical cap or diaphragm	299	2	14	18	65	36	52	46	38	28
Contraceptive sponge	236	1	14	12	37	52	46	38	19	17
Female condom	2,061	25	87	131	325	373	319	262	271	268
Spermicide (used alone)	696	2	18	47	165	129	127	83	74	51
FAM or LAM[b]	10,107	53	303	494	1,843	2,179	1,831	1,430	1,033	941
Abstinence[c]	60,841	7,833	10,016	4,817	7,908	6,711	5,670	4,796	4,084	9,006
Withdrawal or other method[d]	47,370	317	1,676	2,575	9,161	8,898	7,921	6,360	4,429	6,033
Rely on Male Method										
Vasectomy	4,751	0	3	25	182	485	813	1,072	1,102	1,069
Male condom	154,843	777	7,132	12,349	35,088	29,788	24,001	18,412	13,913	13,383
No Method										
Pregnant/seeking pregnancy	101,318	161	2,479	7,336	27,285	27,648	19,968	11,138	4,047	1,256
Other reason	90,152	759	3,212	5,452	17,319	17,253	14,290	10,682	8,238	12,947
Method Unknown	95,409	3,108	5,966	6,131	17,839	17,241	14,010	11,142	8,421	11,551
Total Female Users	**1,326,994**	**20,531**	**90,315**	**110,644**	**281,970**	**249,644**	**206,922**	**154,346**	**104,533**	**108,089**
Using Most, Moderately, or Less Effective Method[e]	**979,274**	**8,670**	**68,642**	**86,908**	**211,619**	**180,791**	**152,984**	**116,588**	**79,743**	**73,329**
Most effective[e]	253,367	1,258	10,852	14,876	43,300	45,188	43,341	36,615	27,038	30,899
Moderately effective[e]	510,594	6,237	48,560	56,424	121,700	94,184	75,398	53,388	32,966	21,737
Less effective[e]	215,313	1,175	9,230	15,608	46,619	41,419	34,245	26,585	19,739	20,693
Abstinence	**60,841**	**7,833**	**10,016**	**4,817**	**7,908**	**6,711**	**5,670**	**4,796**	**4,084**	**9,006**
Not Using a Method	**191,470**	**920**	**5,691**	**12,788**	**44,604**	**44,901**	**34,258**	**21,820**	**12,285**	**14,203**
Method Unknown	**95,409**	**3,108**	**5,966**	**6,131**	**17,839**	**17,241**	**14,010**	**11,142**	**8,421**	**11,551**

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: 2020 (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	4%	0%	0%	0%	0%†	1%	4%	7%	11%	20%
Intrauterine device	7%	1%	2%	4%	6%	8%	10%	10%	10%	6%
Hormonal implant	7%	6%	10%	9%	9%	8%	7%	5%	4%	2%
Hormonal injection	16%[a]	14%[a]	24%[a]	21%[a]	16%[a]	15%[a]	16%[a]	16%[a]	15%[a]	9%[a]
Oral contraceptive	20%	15%	27%	27%	24%	20%	18%	17%	16%	11%
Contraceptive patch	1%	1%	2%	2%	1%	1%	1%	1%	0%†	0%†
Vaginal ring	1%	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]	5%	38%	11%	4%	3%	3%	3%	3%	4%	8%
Withdrawal or other method[d]	4%	2%	2%	2%	3%	4%	4%	4%	4%	6%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	12%	4%	8%	11%	12%	12%	12%	12%	13%	12%
No Method										
Pregnant/seeking pregnancy	8%	1%	3%	7%	10%	11%	10%	7%	4%	1%
Other reason	7%	4%	4%	5%	6%	7%	7%	7%	8%	12%
Method Unknown	7%	15%	7%	6%	6%	7%	7%	7%	8%	11%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[e]	**74%**	**42%**	**76%**	**79%**	**75%**	**72%**	**74%**	**76%**	**76%**	**68%**
Most effective[e]	19%	6%	12%	13%	15%	18%	21%	24%	26%	29%
Moderately effective[e]	38%	30%	54%	51%	43%	38%	36%	35%	32%	20%
Less effective[e]	16%	6%	10%	14%	17%	17%	17%	17%	19%	19%
Abstinence	**5%**	**38%**	**11%**	**4%**	**3%**	**3%**	**3%**	**3%**	**4%**	**8%**
Not Using a Method	**14%**	**4%**	**6%**	**12%**	**16%**	**18%**	**17%**	**14%**	**12%**	**13%**
Method Unknown	**7%**	**15%**	**7%**	**6%**	**6%**	**7%**	**7%**	**7%**	**8%**	**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: 2020 (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	56,063	2,132	1,377	7,673	16,090	3,303	12,202	3,173	828	8,992	293
Intrauterine device	99,491	3,021	3,429	13,713	20,969	4,662	16,234	8,204	8,516	19,512	1,231
Hormonal implant	93,062	2,470	1,420	13,366	23,536	4,664	19,074	5,815	6,771	15,385	561
Hormonal injection	213,854[a]	4,299[a]	4,269	27,816[a]	79,947[a]	14,168[a]	39,965[a]	12,844[a]	8,483[a]	20,647[a]	1,416
Oral contraceptive	267,281	4,308	11,114	38,244	87,622	15,531	49,779	15,003	13,469	30,117	2,094
Contraceptive patch	12,193	420	307	1,958	3,291	726	2,620	759	483	1,601	28
Vaginal ring	16,967	274	599	2,594	4,731	1,200	3,187	873	1,542	1,732	235
Cervical cap or diaphragm	299	4	2	35	110	20	27	10	18	70	3
Contraceptive sponge	236	3	2	28	15	4	5	3	2	172	2
Female condom	2,061	21	20	194	1,022	116	68	34	42	537	7
Spermicide (used alone)	696	8	6	55	158	15	363	15	12	63	1
FAM or LAM[b]	10,107	118	375	750	4,995	151	1,666	271	161	1,597	23
Abstinence[c]	60,841	3,795	1,906	9,487	21,603	1,793	7,950	2,002	1,247	10,454	604
Withdrawal or other method[d]	47,370	835	1,510	2,867	20,080	1,066	12,126	489	1,602	6,454	341
Rely on Male Method											
Vasectomy	4,751	205	113	996	1,039	271	718	260	234	812	103
Male condom	154,843	2,973	8,633	19,412	41,014	8,387	33,405	8,349	4,037	27,851	782
No Method											
Pregnant/seeking pregnancy	101,318	2,667	2,241	13,840	41,410	5,033	16,632	6,097	2,952	9,315	1,131
Other reason	90,152	4,283	1,208	13,680	23,923	6,787	12,667	4,325	3,404	18,971	904
Method Unknown	95,409	1,839	1,953	26,067	38,642	3,689	2,060	652	264	20,242	1
Total Female Users	**1,326,994**	**33,675**	**40,484**	**192,775**	**430,197**	**71,586**	**230,748**	**69,178**	**54,067**	**194,524**	**9,760**
Using Most, Moderately, or Less Effective Method[e]	**979,274**	**21,091**	**33,176**	**129,701**	**304,619**	**54,284**	**191,439**	**56,102**	**46,200**	**135,542**	**7,120**
Most effective[e]	253,367	7,828	6,339	35,748	61,634	12,900	48,228	17,452	16,349	44,701	2,188
Moderately effective[e]	510,594	9,305	16,291	70,647	175,701	31,645	95,578	29,489	23,995	54,167	3,776
Less effective[e]	215,313	3,958	10,546	23,306	67,284	9,739	47,633	9,161	5,856	36,674	1,156
Abstinence	**60,841**	**3,795**	**1,906**	**9,487**	**21,603**	**1,793**	**7,950**	**2,002**	**1,247**	**10,454**	**604**
Not Using a Method	**191,470**	**6,950**	**3,449**	**27,520**	**65,333**	**11,820**	**29,299**	**10,422**	**6,356**	**28,286**	**2,035**
Method Unknown	**95,409**	**1,839**	**1,953**	**26,067**	**38,642**	**3,689**	**2,060**	**652**	**264**	**20,242**	**1**

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: 2020 (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	4%	6%	3%	4%	4%	5%	5%	5%	2%	5%	3%
Intrauterine device	7%	9%	8%	7%	5%	7%	7%	12%	16%	10%	13%
Hormonal implant	7%	7%	4%	7%	5%	7%	8%	8%	13%	8%	6%
Hormonal injection	16%[a]	13%[a]	11%	14%[a]	19%[a]	20%[a]	17%[a]	19%[a]	16%[a]	11%[a]	15%
Oral contraceptive	20%	13%	27%	20%	20%	22%	22%	22%	25%	15%	21%
Contraceptive patch	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%†
Vaginal ring	1%	1%	1%	1%	1%	2%	1%	1%	3%	1%	2%
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%†	1%	0%†	1%	0%†	1%	0%†	0%†	1%	0%†
Abstinence[c]	5%	11%	5%	5%	5%	3%	3%	3%	2%	5%	6%
Withdrawal or other method[d]	4%	2%	4%	1%	5%	1%	5%	1%	3%	3%	3%
Rely on Male Method											
Vasectomy	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	1%
Male condom	12%	9%	21%	10%	10%	12%	14%	12%	7%	14%	8%
No Method											
Pregnant/seeking pregnancy	8%	8%	6%	7%	10%	7%	7%	9%	5%	5%	12%
Other reason	7%	13%	3%	7%	6%	9%	5%	6%	6%	10%	9%
Method Unknown	7%	5%	5%	14%	9%	5%	1%	1%	0%†	10%	0%†
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method[e]	**74%**	**63%**	**82%**	**67%**	**71%**	**76%**	**83%**	**81%**	**85%**	**70%**	**73%**
Most effective[e]	19%	23%	16%	19%	14%	18%	21%	25%	30%	23%	22%
Moderately effective[e]	38%	28%	40%	37%	41%	44%	41%	43%	44%	28%	39%
Less effective[e]	16%	12%	26%	12%	16%	14%	21%	13%	11%	19%	12%
Abstinence	**5%**	**11%**	**5%**	**5%**	**5%**	**3%**	**3%**	**3%**	**2%**	**5%**	**6%**
Not Using a Method	**14%**	**21%**	**9%**	**14%**	**15%**	**17%**	**13%**	**15%**	**12%**	**15%**	**21%**
Method Unknown	**7%**	**5%**	**5%**	**14%**	**9%**	**5%**	**1%**	**1%**	**0%†**	**10%**	**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: 2020 (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	1,613	0	0	0	20	91	218	328	299	657
Male condom	92,016	625	4,770	7,140	20,804	16,992	12,840	9,356	6,710	12,779
FAM or LAM[a]	2,115	3	7	25	227	335	273	386	433	426
Abstinence[b]	26,569	6,149	5,818	2,026	2,103	1,517	1,361	1,143	1,145	5,307
Withdrawal or other method[c]	7,996	137	324	356	1,104	1,235	1,113	1,036	838	1,853
Rely on female method[d]	21,711	59	345	643	2,624	2,984	2,978	2,697	2,533	6,848
No Method										
Partner pregnant/seeking pregnancy	2,614	7	26	85	455	598	530	356	215	342
Other reason	24,204	204	633	1,006	3,301	3,729	3,523	2,796	2,276	6,736
Method Unknown	30,911	2,337	2,146	1,361	3,818	4,091	3,557	3,011	2,482	8,108
Total Male Users	**209,749**	**9,521**	**14,069**	**12,642**	**34,456**	**31,572**	**26,393**	**21,109**	**16,931**	**43,056**
Using most, moderately, or less effective method[e]	**125,451**	**824**	**5,446**	**8,164**	**24,779**	**21,637**	**17,422**	**13,803**	**10,813**	**22,563**
Abstinence[b]	**26,569**	**6,149**	**5,818**	**2,026**	**2,103**	**1,517**	**1,361**	**1,143**	**1,145**	**5,307**
Not using a method	**26,818**	**211**	**659**	**1,091**	**3,756**	**4,327**	**4,053**	**3,152**	**2,491**	**7,078**
Method unknown	**30,911**	**2,337**	**2,146**	**1,361**	**3,818**	**4,091**	**3,557**	**3,011**	**2,482**	**8,108**

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: 2020 (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	44%	7%	34%	56%	60%	54%	49%	44%	40%	30%
FAM or LAM[a]	1%	0%†	0%†	0%†	1%	1%	1%	2%	3%	1%
Abstinence[b]	13%	65%	41%	16%	6%	5%	5%	5%	7%	12%
Withdrawal or other method[c]	4%	1%	2%	3%	3%	4%	4%	5%	5%	4%
Rely on female method[d]	10%	1%	2%	5%	8%	9%	11%	13%	15%	16%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	1%	1%	2%	2%	2%	1%	1%
Other reason	12%	2%	4%	8%	10%	12%	13%	13%	13%	16%
Method Unknown	15%	25%	15%	11%	11%	13%	13%	14%	15%	19%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using most, moderately, or less effective method[e]	**60%**	**9%**	**39%**	**65%**	**72%**	**69%**	**66%**	**65%**	**64%**	**52%**
Abstinence[b]	**13%**	**65%**	**41%**	**16%**	**6%**	**5%**	**5%**	**5%**	**7%**	**12%**
Not using a method	**13%**	**2%**	**5%**	**9%**	**11%**	**14%**	**15%**	**15%**	**15%**	**16%**
Method unknown	**15%**	**25%**	**15%**	**11%**	**11%**	**13%**	**13%**	**14%**	**15%**	**19%**

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: 2020 (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	1,613	74	40	244	609	121	150	52	105	200	18
Male condom	92,016	2,415	3,332	10,577	25,486	8,113	17,137	6,862	4,967	12,690	437
FAM or LAM[a]	2,115	5	18	13	575	3	1,242	12	5	242	0
Abstinence[b]	26,569	2,175	248	3,637	12,931	416	2,893	392	525	3,074	278
Withdrawal or other method[c]	7,996	171	172	434	3,752	526	565	138	740	1,251	247
Rely on female method[d]	21,711	442	170	2,544	11,783	460	1,405	854	1,743	2,236	74
No Method											
Partner pregnant/seeking pregnancy	2,614	54	49	247	850	146	509	128	137	463	31
Other reason	24,204	2,076	124	2,610	4,954	3,444	2,391	1,144	957	6,241	263
Method Unknown	30,911	513	419	14,728	7,093	1,609	779	478	192	5,100	0
Total Male Users	**209,749**	**7,925**	**4,572**	**35,034**	**68,033**	**14,838**	**27,071**	**10,060**	**9,371**	**31,497**	**1,348**
Using most, moderately, or less effective method[e]	**125,451**	**3,107**	**3,732**	**13,812**	**42,205**	**9,223**	**20,499**	**7,918**	**7,560**	**16,619**	**776**
Abstinence[b]	**26,569**	**2,175**	**248**	**3,637**	**12,931**	**416**	**2,893**	**392**	**525**	**3,074**	**278**
Not using a method	**26,818**	**2,130**	**173**	**2,857**	**5,804**	**3,590**	**2,900**	**1,272**	**1,094**	**6,704**	**294**
Method unknown	**30,911**	**513**	**419**	**14,728**	**7,093**	**1,609**	**779**	**478**	**192**	**5,100**	**0**

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: 2020 (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%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Male condom	44%	30%	73%	30%	37%	55%	63%	68%	53%	40%	32%
FAM or LAM[a]	1%	0%†	0%†	0%†	1%	0%†	5%	0%†	0%†	1%	0%
Abstinence[b]	13%	27%	5%	10%	19%	3%	11%	4%	6%	10%	21%
Withdrawal or other method[c]	4%	2%	4%	1%	6%	4%	2%	1%	8%	4%	18%
Rely on female method[d]	10%	6%	4%	7%	17%	3%	5%	8%	19%	7%	5%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%	2%
Other reason	12%	26%	3%	7%	7%	23%	9%	11%	10%	20%	20%
Method Unknown	15%	6%	9%	42%	10%	11%	3%	5%	2%	16%	0%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using most, moderately, or less effective method[e]	**60%**	**39%**	**82%**	**39%**	**62%**	**62%**	**76%**	**79%**	**81%**	**53%**	**58%**
Abstinence[b]	**13%**	**27%**	**5%**	**10%**	**19%**	**3%**	**11%**	**4%**	**6%**	**10%**	**21%**
Not using a method	**13%**	**27%**	**4%**	**8%**	**9%**	**24%**	**11%**	**13%**	**12%**	**21%**	**22%**
Method unknown	**15%**	**6%**	**9%**	**42%**	**10%**	**11%**	**3%**	**5%**	**2%**	**16%**	**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*.[28] 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*.[28] 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*[28] 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.[29]
- ***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.[29]
- ***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).[29]
- ***Squamous cell carcinoma*** is a finding of cancer in the squamous cells of the cervix.[29]

The *2014 Bethesda System*[28] 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.[29] The 2014 Bethesda System[28] 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.[29]
- ***Adenocarcinoma*** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.[29]

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 January 2021), pp. 33–35.[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,*[25] 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. In 2020, Title X service providers implemented guidance from OPA, CDC, and others[16,17] to prioritize in-person and virtual visits for related preventive health care during the COVID-19 pandemic (see text box).

Strategies to Ensure Continuity of Related Preventive Health Care During the COVID-19 Pandemic

- Prioritized in-person and virtual visits based on reason for visit and need for immediate care
- Prioritized in-person visits and testing for women with history of abnormal Pap tests
- Postponed well-woman visits and routine testing if there were no urgent concerns

CERVICAL AND BREAST CANCER SCREENING

Cervical Cancer Screening (Exhibit 26)

In 2020, Title X service sites provided Papanicolaou (Pap) testing to 22% (297,037) of female family planning users and performed 312,757 Pap tests (1.1 tests per female user 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 11% to 25%. The percentage of Pap tests with an ASC or higher result ranged from 9% to 22%, and the percentage of Pap tests with an HSIL or higher result ranged from 1% to 2% (***Exhibit 26***).

See ***Exhibits A–11a*** and ***A–11b*** for trends (2010–2020) in the number and percentage of female users screened for cervical cancer.

Breast Cancer Screening (Exhibit 26)

In 2020, Title X service sites provided clinical breast exams (CBEs) to 25% (335,249) of female users and referred 7% (22,522) of those examined for further evaluation based on the results of the CBE (***Exhibit 26***).

By **region**, from 10% to 34% of female users received a CBE, and from 2% to 17% of those examined were referred for further evaluation (***Exhibit 26***).

The number of female users who received a CBE was 47% lower in 2020 than in 2019 (335,249 vs. 627,282), while the number referred for further evaluation based on CBE results was 29% lower (22,522 vs. 31,595) (not shown). The *percentages* of female users who received a CBE (25% vs. 23%) and those who were referred for further evaluation (7% vs. 5%) were nearly the same in 2020 and 2019 (not shown).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2020 (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]	297,037	3,857	9,899	33,653	98,180	16,564	57,794	15,924	11,282	48,563	1,321
Percentage[b]	22%	11%	24%	17%	23%	23%	25%	23%	21%	25%	14%
Tests performed											
Number	312,757	3,997	10,162	36,211	106,577	17,372	59,016	16,229	11,442	50,415	1,336
Tests per female tested	1.1	1.0	1.0	1.1	1.1	1.0	1.0	1.0	1.0	1.0	1.0
Tests with ASC or higher result											
Number	40,223	622	905	6,717	9,485	1,629	8,536	2,458	1,917	7,661	293
Percentage[c]	13%	16%	9%	19%	9%	9%	14%	15%	17%	15%	22%
Tests with HSIL or higher result											
Number	3,730	69	83	504	1,077	205	693	172	133	782	12
Percentage[c]	1%	2%	1%	1%	1%	1%	1%	1%	1%	2%	1%
Clinical Breast Exams											
Female users examined											
Number[a]	335,249	5,357	10,905	40,424	116,673	18,466	78,799	22,519	9,429	31,718	959
Percentage[b]	25%	16%	27%	21%	27%	26%	34%	33%	17%	16%	10%
Female users referred based on exam											
Number	22,522	890	920	2,109	5,163	2,099	4,442	1,354	206	5,278	61
Percentage[d]	7%	17%	8%	5%	4%	11%	6%	6%	2%	17%	6%

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.[30] According to the *QFP Recommendations*,[25] 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 CDC's recommendations, which include the *Sexually Transmitted Diseases Treatment Guidelines, 2015*[31] and the *Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020*.[32]

In response to the COVID-19 pandemic, OPA, CDC, and others provided resources and guidance to safeguard the continuity of Title X STD services during the pandemic.[15–17] In addition, CDC issued several Dear Colleague Letters (DCLs)[33–35] to provide guidance on delivering effective STD care in case of pandemic-related disruptions in in-person clinical care and shortages of drugs or STD kits and laboratory supplies, especially for chlamydia and gonorrhea testing (see text box). For those sites experiencing disruptions in care, the DCLs encouraged prioritization of clients with STD symptoms, those with STD contact, and those at risk for complications. Providers were also encouraged to defer routine screening until after the emergency response, use home or non-clinic-based testing, implement phone- or telehealth-based triage and syndromic management, and where legal, use expedited partner therapy.

Strategies to Ensure Continuity of STD Services During the COVID-19 Pandemic

- Prioritized in-person and virtual visits based on reason for visit and need for immediate care
- Followed CDC guidance for prioritizing STD testing when test kits are in short supply, limited, or unavailable
- Provided referrals to community laboratories for testing
- Provided presumptive treatment for suspected infections
- Responded to increased demand for testing because of public STD clinic closures

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.[31]

In 2020, Title X service sites tested 44% (583,086) of all female users for chlamydia and 52% (264,100) of female users under 25 (***Exhibits 27*** and ***28***).

- By **age group**, chlamydia testing rates were higher among female users 15 to 24 (51% to 55%) than among those over 24 (39%) or under 15 (29%) (***Exhibits 27*** and ***28***).

- By **region**, the chlamydia testing rate for female users under 25 ranged from 34% to 62% (***Exhibits 27*** and ***28***).
- By **state**, the chlamydia testing rate for female users under 25 ranged from 2% to 86% (***Exhibit B–5***).

See ***Exhibits A–12a*** and ***A–12b*** for trends (2010–2020) in the number and percentage of female users under 25 years who were tested for chlamydia.

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.[31]

In 2020, Title X service sites tested 46% (95,937) of all male users for chlamydia (***Exhibits 27*** and ***28***).

- By **age group**, rates of chlamydia testing were higher for male users 18 to 19 (55%) and 20 to 24 (63%) and lower for male users over 24 (44%), 15 to 17 (37%), and under 15 (10%).
- By **region**, Title X service sites tested between 23% and 80% of all male users for chlamydia.

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 January 2021), pp. 39–40.[5]

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2020 (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	6,008	214	77	944	2,095	418	1,156	314	259	499	32
15 to 17	45,952	1,090	721	7,013	14,475	3,338	8,684	3,127	2,180	4,952	372
18 to 19	60,313	1,334	1,407	7,941	18,913	4,320	11,792	4,298	2,827	7,150	331
20 to 24	151,827	2,696	4,581	17,645	48,158	10,103	30,581	10,222	6,467	20,757	617
Over 24	318,986	7,304	10,697	39,277	102,603	20,680	60,630	17,690	9,721	49,467	917
Subtotal	**583,086**	**12,638**	**17,483**	**72,820**	**186,244**	**38,859**	**112,843**	**35,651**	**21,454**	**82,825**	**2,269**
Under 25[a]	**264,100**	**5,334**	**6,786**	**33,543**	**83,641**	**18,179**	**52,213**	**17,961**	**11,733**	**33,358**	**1,352**
Male Users											
Under 15	926	113	10	331	207	27	117	16	10	92	3
15 to 17	5,230	411	78	1,382	1,084	275	702	280	176	828	14
18 to 19	6,902	406	246	1,218	1,074	616	1,166	666	421	1,055	34
20 to 24	21,856	632	824	3,094	3,458	2,496	3,812	2,251	1,547	3,662	80
Over 24	61,023	1,819	1,249	9,106	10,039	7,752	9,770	4,863	4,032	12,132	261
Subtotal	**95,937**	**3,381**	**2,407**	**15,131**	**15,862**	**11,166**	**15,567**	**8,076**	**6,186**	**17,769**	**392**
All Users											
Under 15	6,934	327	87	1,275	2,302	445	1,273	330	269	591	35
15 to 17	51,182	1,501	799	8,395	15,559	3,613	9,386	3,407	2,356	5,780	386
18 to 19	67,215	1,740	1,653	9,159	19,987	4,936	12,958	4,964	3,248	8,205	365
20 to 24	173,683	3,328	5,405	20,739	51,616	12,599	34,393	12,473	8,014	24,419	697
Over 24	380,009	9,123	11,946	48,383	112,642	28,432	70,400	22,553	13,753	61,599	1,178
Total All Users	**679,023**	**16,019**	**19,890**	**87,951**	**202,106**	**50,025**	**128,410**	**43,727**	**27,640**	**100,594**	**2,661**

[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 31] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 36].)

Exhibit 28. **Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2020 (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	29%	21%	35%	21%	28%	47%	49%	39%	28%	26%	19%
15 to 17	51%	39%	54%	42%	51%	59%	61%	58%	41%	52%	43%
18 to 19	55%	52%	54%	48%	53%	63%	60%	61%	47%	56%	36%
20 to 24	54%	44%	51%	47%	52%	64%	59%	62%	46%	57%	31%
Over 24	39%	35%	39%	34%	39%	49%	43%	45%	35%	37%	16%
Subtotal	**44%**	**38%**	**43%**	**38%**	**43%**	**54%**	**49%**	**52%**	**40%**	**43%**	**23%**
Under 25[a]	**52%**	**42%**	**51%**	**44%**	**51%**	**62%**	**59%**	**61%**	**45%**	**55%**	**34%**
Male Users											
Under 15	10%	16%	23%	13%	5%	20%	20%	20%	3%	10%	5%
15 to 17	37%	39%	53%	36%	24%	68%	58%	78%	22%	49%	12%
18 to 19	55%	75%	58%	49%	32%	81%	65%	73%	59%	66%	54%
20 to 24	63%	68%	63%	59%	39%	81%	74%	80%	75%	77%	40%
Over 24	44%	39%	47%	43%	21%	74%	53%	82%	73%	54%	29%
Subtotal	**46%**	**43%**	**53%**	**43%**	**23%**	**75%**	**58%**	**80%**	**66%**	**56%**	**29%**
All Users											
Under 15	23%	19%	33%	18%	20%	43%	43%	37%	22%	21%	15%
15 to 17	49%	39%	53%	41%	47%	60%	61%	60%	39%	52%	39%
18 to 19	55%	56%	55%	48%	51%	65%	60%	62%	49%	57%	38%
20 to 24	55%	47%	52%	48%	51%	67%	60%	65%	50%	59%	32%
Over 24	39%	35%	40%	35%	36%	54%	44%	50%	41%	39%	17%
Total All Users	**44%**	**39%**	**44%**	**39%**	**41%**	**58%**	**50%**	**55%**	**44%**	**45%**	**24%**

[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 31] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 36].)

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.[31]

In 2020, Title X service sites performed 772,620 gonorrhea tests, or an average of 5.0 gonorrhea tests for every 10 family planning users (***Exhibit 29***).

- By **user sex**, Title X service sites performed 658,240 gonorrhea tests for female family planning users (5.0 tests for every 10 female users) and 114,380 gonorrhea tests for male family planning users (5.5 tests for every 10 male users) (***Exhibit 29***).
- By **region**, the rate of gonorrhea testing ranged from 2.6 to 6.7 tests for every 10 female users and from 2.7 to 9.2 tests for every 10 male users (***Exhibit 29***).

See ***Exhibits A–13a*** and ***A–13b*** for trends (2010–2020) in gonorrhea testing.

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.[31]

In 2020, Title X service sites performed 325,813 syphilis tests, or an average of 2.1 syphilis tests for every 10 family planning users (***Exhibit 29***).

- By **user sex**, service sites performed 256,861 syphilis tests for female users (1.9 tests for every 10 female users) and 68,952 syphilis tests for male users (3.3 tests for every 10 male users) (***Exhibit 29***).
- By **region**, the rate of syphilis testing ranged from 0.5 tests to 2.4 tests for every 10 female users and from 1.2 tests to 5.2 tests for every 10 male users (***Exhibit 29***).

See ***Exhibits A–13a*** and ***A–13c*** for trends (2010–2020) in syphilis testing.

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 if the client or their sex partner(s) have had more than one sex partner since their most recent HIV test.[31]

In 2020, Title X service sites performed 429,545 *confidential* HIV tests, or an average of 2.8 tests for every 10 family planning users. Of the HIV tests performed, 1,359 tests (3.2 tests per 1,000 tests performed) were positive for HIV. Title X service sites also performed 672 anonymous HIV tests.

- By **user sex**, service sites performed 328,495 HIV tests for female users (2.5 tests for every 10 female users) and 101,050 HIV tests for male users (4.8 tests for every 10 male users) (***Exhibit 29***).
- By **region**, the rate of HIV testing ranged from 0.4 test to 3.4 tests for every 10 female users and from 1.8 tests to 8.7 tests for every 10 male users. The number of positive confidential HIV tests ranged from 0 to 322 (***Exhibit 29***).

See ***Exhibits A–13a*** and ***A–13d*** for trends (2010–2020) in confidential HIV testing.

Exhibit 29. **Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2020 (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	658,240	12,868	19,917	90,480	203,292	48,310	124,887	40,822	24,561	90,561	2,542
Male	114,380	3,894	2,437	19,244	18,448	13,277	17,059	9,268	6,880	23,447	426
Total	**772,620**	**16,762**	**22,354**	**109,724**	**221,740**	**61,587**	**141,946**	**50,090**	**31,441**	**114,008**	**2,968**
Tests per 10 Users											
Female	5.0	3.8	4.9	4.7	4.7	6.7	5.4	5.9	4.5	4.7	2.6
Male	5.5	4.9	5.3	5.5	2.7	8.9	6.3	9.2	7.3	7.4	3.2
Total	**5.0**	**4.0**	**5.0**	**4.8**	**4.5**	**7.1**	**5.5**	**6.3**	**5.0**	**5.0**	**2.7**
Syphilis Tests											
Female	256,861	4,819	6,387	36,491	91,089	12,508	55,986	11,363	2,919	34,843	456
Male	68,952	1,998	1,465	14,530	8,029	7,008	12,405	4,188	2,813	16,311	205
Total	**325,813**	**6,817**	**7,852**	**51,021**	**99,118**	**19,516**	**68,391**	**15,551**	**5,732**	**51,154**	**661**
Tests per 10 Users											
Female	1.9	1.4	1.6	1.9	2.1	1.7	2.4	1.6	0.5	1.8	0.5
Male	3.3	2.5	3.2	4.1	1.2	4.7	4.6	4.2	3.0	5.2	1.5
Total	**2.1**	**1.6**	**1.7**	**2.2**	**2.0**	**2.3**	**2.7**	**2.0**	**0.9**	**2.3**	**0.6**
Confidential HIV Tests											
Female	328,495	8,245	7,940	48,498	98,833	17,404	78,462	14,149	6,817	47,730	417
Male	101,050	3,889	1,699	17,805	15,273	8,332	15,058	5,626	5,846	27,278	244
Total	**429,545**	**12,134**	**9,639**	**66,303**	**114,106**	**25,736**	**93,520**	**19,775**	**12,663**	**75,008**	**661**
Tests per 10 Users											
Female	2.5	2.4	2.0	2.5	2.3	2.4	3.4	2.0	1.3	2.5	0.4
Male	4.8	4.9	3.7	5.1	2.2	5.6	5.6	5.6	6.2	8.7	1.8
Total	**2.8**	**2.9**	**2.1**	**2.9**	**2.3**	**3.0**	**3.6**	**2.5**	**2.0**	**3.3**	**0.6**
Positive Test Results	1,359	44	74	284	322	109	231	26	73	196	0
Anonymous HIV Tests	672	0	0	382	0	184	0	65	0	41	0

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 2020, 2,681 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 65% of total FTEs, followed by physicians (29%) and other CSPs (6%). On average, there were 2.2 midlevel clinician FTEs for every 1.0 physician FTE engaged in the direct delivery of Title X services.
- By **region**, from 34% to 80% of total FTEs were midlevel clinician FTEs, 11% to 49% were physician FTEs, and 0% to 27% were other CSP FTEs. There were from 0.9 to 7.1 midlevel clinician FTEs for every 1.0 physician FTE.

See ***Exhibits A–14a*** and ***A–14b*** for trends (2010–2020) in the number and distribution of CSP FTE staffing by type.

Family Planning Encounters (Exhibit 30)

In 2020, Title X service sites reported a total of 2.7 million family planning encounters, or an average of 1.8 encounters per user. Eleven percent (289,683) of total family planning encounters were telehealth visits (***Exhibit 30***).

- By **type**, most family planning encounters (79%, or 2.1 million) were attended by a CSP, resulting in an average of 1.4 CSP encounters per user and 796 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
  - **Total encounters:** The average number of encounters per user ranged from 1.4 to 2.0, and the percentage that were telehealth encounters ranged from 1% to 32%.
  - **CSP encounters:** The percentage of encounters with a CSP ranged from 68% to 97%, and the number of CSP encounters per user ranged from 1.1 to 1.7. In addition, the number of CSP encounters per CSP FTE ranged from 330 to 1,674.

– **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 3% to 32%, and the number of non-CSP encounters per user was 0.5 or less across regions.

See ***Exhibits A–14a*** and ***A–14c*** for trends (2010–2020) in the number and distribution of family planning encounters by type.

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 contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning and related preventive health services to 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 or virtual contact between the client and provider, the provider documents the encounter, and the tests are accompanied by family planning counseling or education. A virtual family planning encounter uses telecommunications and information technology to provide access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision, at a distance.

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 January 2021), 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: 2020 (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	779.0	75.9	18.3	205.2	222.2	28.7	40.2	20.8	9.2	147.3	11.2
PA/NP/CNM	1,733.7	77.6	15.8	483.2	565.0	95.8	165.5	71.2	65.7	170.1	23.8
Other CSP[a]	168.7	2.1	12.5	35.1	76.4	16.2	4.0	0.0	7.0	14.3	1.0
Total	**2,681.4**	**155.6**	**46.7**	**723.5**	**863.6**	**140.8**	**209.7**	**92.1**	**81.9**	**331.7**	**35.9**
Distribution of CSP FTEs											
Physician	29%	49%	39%	28%	26%	20%	19%	23%	11%	44%	31%
PA/NP/CNM	65%	50%	34%	67%	65%	68%	79%	77%	80%	51%	66%
Other CSP[a]	6%	1%	27%	5%	9%	12%	2%	0%	9%	4%	3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Midlevel to Physician FTE[b]	**2.2**	**1.0**	**0.9**	**2.4**	**2.5**	**3.3**	**4.1**	**3.4**	**7.1**	**1.2**	**2.1**
Number of FP Encounters											
With CSP	2,134,047	51,313	78,108	359,326	655,961	118,536	292,234	102,305	102,715	358,848	14,701
With other	576,673	5,918	2,218	49,760	241,742	34,573	140,587	37,911	21,311	38,953	3,700
Total	**2,710,720**	**57,231**	**80,326**	**409,086**	**897,703**	**153,109**	**432,821**	**140,216**	**124,026**	**397,801**	**18,401**
Distribution of FP Encounters											
With CSP	79%	90%	97%	88%	73%	77%	68%	73%	83%	90%	80%
With other	21%	10%	3%	12%	27%	23%	32%	27%	17%	10%	20%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Number of FP Encounters by Type of Encounter											
In Person	2,421,037	47,155	75,371	340,328	858,587	146,913	418,750	135,904	109,440	270,333	18,256
Virtual/Telehealth[c]	289,683	10,076	4,955	68,758	39,116	6,196	14,071	4,312	14,586	127,468	145
Total	**2,710,720**	**57,231**	**80,326**	**409,086**	**897,703**	**153,109**	**432,821**	**140,216**	**124,026**	**397,801**	**18,401**
Distribution of FP Encounters by Type of Encounter											
In Person	89%	82%	94%	83%	96%	96%	97%	97%	88%	68%	99%
Virtual/Telehealth[c]	11%	18%	6%	17%	4%	4%	3%	3%	12%	32%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters per User											
With CSP	1.4	1.2	1.7	1.6	1.3	1.4	1.1	1.3	1.6	1.6	1.3
With other	0.4	0.1	0.0	0.2	0.5	0.4	0.5	0.5	0.3	0.2	0.3
Total	**1.8**	**1.4**	**1.8**	**1.8**	**1.8**	**1.8**	**1.7**	**1.8**	**2.0**	**1.8**	**1.7**
CSP Encounters per CSP FTE	**796**	**330**	**1,674**	**497**	**760**	**842**	**1,394**	**1,111**	**1,254**	**1,082**	**409**

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.

[c] In January 2021, OPA revised the *Title X Family Planning Annual Report (FPAR): Forms and Instructions* to capture the increase in virtual family planning encounters during the COVID-19 pandemic. The number of virtual encounters reported in 2020 is likely an underestimate because data systems for some grantees and subrecipients were not able to these data by the FPAR due date. See the Table 13 comments in ***Appendix C***.

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 January 2021), pp. 47–49.[5]

8 Project Revenue

REVENUE

In 2020, Title X grantees reported total program revenue of over $605.0 million to support the delivery of Title X-funded family planning and related preventive health care. The two largest sources of revenue—Title X ($205.8 million) and Medicaid and the Children's Health Insurance Program (CHIP) combined ($150.6 million)—accounted for 34% and 25%, respectively, of total revenue. Revenue from state governments ($60.6 million), private third-party payers ($48.7 million), local governments ($25.0 million), client service fees ($19.5 million), and Medicare and other public third-party payers ($18.7 million) each accounted for 3% to 10% of total revenue, while all other sources each contributed 2% or less (***Exhibit 31***).

Title X Services Grant

Revenue from Title X accounted for 34% ($205.8 million) of total national revenue and between 26% and 55% of total regional revenue. Title X was the largest source of project revenue in eight regions and the second largest source after state government or Medicaid in two others (***Exhibits 32*** and ***33***).

Payment for Services: Client Fees

Revenue from client service fees accounted for 3% ($19.5 million) of total revenue and between 1% and 6% of total regional revenue (***Exhibits 32*** and ***33***).

Payment for Services: Third-Party Payers

In 2020, revenue from third-party payers was 36% ($218.1 million) of total revenue, with Medicaid/CHIP accounting for most (69%) of this amount (***Exhibits 32*** and ***33***).

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 25% ($149.2 million) of total revenue, and separately reported CHIP revenue accounted for less than 0.5% ($1.5 million) of total revenue. Together, these two sources totaled $150.6 million, or 25% of total 2020 revenue (***Exhibits 32*** and ***33***).

By region, Medicaid and CHIP revenue combined accounted for 6% to 35% of total regional revenue, and Medicaid was the largest revenue source (35%) in one region (***Exhibits 32*** and ***33***). In 20 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 ($5.7 million) and other public third-party payers ($13.0 million) together accounted for 3% ($18.7 million) 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 ($48.7 million) accounted for 8% of total national revenue and between 3% and 15% of total regional revenue. Private third-party payer revenue was the second or third most important revenue source in five regions (***Exhibits 32*** and ***33***).

Other Revenue

Block Grants. Revenue from the Title V Maternal and Child Health (MCH) block grant ($10.3 million) and the Title XX Social Services block grant ($5.6 million) accounted for 2% and 1%, respectively, of total national revenue. By region, the share of total regional revenue from block grants ranged from 0% to 9%, with grantees in one region reporting no revenue from the MCH block grant and grantees in three regions reporting no revenue from the Social Services block grant (***Exhibits 32*** and ***33***).

Temporary Assistance for Needy Families (TANF). Revenue from TANF ($5.8 million) accounted for 1% of total national revenue and from 0% to 3% of total regional revenue. Grantees in five regions reported no TANF revenue (***Exhibits 32*** and ***33***).

State Governments. State government revenue accounted for 10% ($60.6 million) of total national revenue and from 2% to 28% of total regional revenue. State government revenue was the largest source of regional revenue in one region and the second or third largest source in three others (***Exhibits 32*** and ***33***).

Local Governments. Local government revenue accounted for 4% ($25.0 million) of total national revenue and from less than 0.5% to 12% of total regional revenue (***Exhibits 32*** and ***33***).

Bureau of Primary Health Care (BPHC). Revenue from the Health Resources Services Administration, BPHC accounted for 2% ($10.5 million) of total national revenue. Across regions, BPHC revenue ranged from 0% to 8% of total regional revenue, with grantees in four regions reporting no BPHC revenue (***Exhibits 32*** and ***33***).

All Other Sources. Finally, a combination of other public and private sources not listed separately in Table 14 accounted for 7% ($43.9 million) of total revenue. Revenue from other sources ranged from less than 0.5% to 19% 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 2020, grantees reported $394 in program revenue per family planning user served and $223 per family planning encounter. By region, revenue per user ranged from $181 to $559, and revenue per encounter ranged from $132 to $315 (***Exhibit 32***).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2020 (Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	**$205,830,740**	**34%**
Payment for Services		
Client fees	$19,491,605	3%
Third-party payers[a]		
Medicaid[b]	$149,159,998	25%
Children's Health Insurance Program	$1,472,810	0%†
Medicare	$5,684,335	1%
Other public	$13,038,796	2%
Private	$48,719,431	8%
Subtotal	**$237,566,975**	**39%**
Other Revenue		
Maternal and Child Health block grant	$10,308,958	2%
Social Services block grant	$5,551,662	1%
Temporary Assistance for Needy Families	$5,790,068	1%
State government	$60,597,168	10%
Local government	$25,008,232	4%
Bureau of Primary Health Care	$10,500,084	2%
Other[c]	$43,853,971	7%
Subtotal	**$161,610,143**	**27%**
Total Revenue	**$605,007,858**	**100%**
Total Revenue per User	**$394**	**—**
Total Revenue per Encounter	**$223**	**—**

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

[a] Prepaid and not prepaid.

[b] Includes revenue from federally approved Medicaid family planning eligibility expansions in 20 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."

— Not applicable.

† Percentage is less than 0.5%.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2020 (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	**$205,830,740**	**$4,182,480**	**$11,123,843**	**$30,699,891**	**$53,275,153**	**$25,046,927**	**$24,213,475**	**$14,229,666**	**$8,455,609**	**$32,548,581**	**$2,055,115**
Payment for Services											
Client fees	$19,491,605	$89,975	$630,971	$2,976,204	$8,349,060	$689,020	$936,114	$1,657,570	$1,774,895	$2,095,363	$292,433
Third-party payers[a]											
Medicaid[b]	$149,159,998	$1,952,857	$1,744,605	$28,885,631	$44,920,116	$11,365,742	$12,462,951	$4,227,472	$5,023,550	$38,281,601	$295,473
CHIP	$1,472,810	$0	$2,633	$169,917	$493,076	$7,553	$685,820	$61,804	$50,142	$1,865	$0
Medicare	$5,684,335	$98,408	$28,790	$3,728,179	$1,357,807	$103,331	$39,894	$121,292	$35,557	$170,439	$638
Other public[c]	$13,038,796	$41,229	$0	$3,689,420	$113,746	$213,736	$8,822,228	$26,849	$1,062	$37,136	$93,390
Private	$48,719,431	$688,097	$565,983	$13,902,407	$10,248,351	$1,915,705	$6,197,497	$4,151,328	$4,256,148	$6,005,649	$788,266
Subtotal	**$237,566,975**	**$2,870,566**	**$2,972,982**	**$53,351,758**	**$65,482,156**	**$14,295,087**	**$29,144,504**	**$10,246,315**	**$11,141,354**	**$46,592,053**	**$1,470,200**
Other Revenue											
MCH block grant	$10,308,958	$0	$543,000	$2,761,626	$2,290,859	$1,738,200	$1,086,593	$34,447	$140,235	$1,223,236	$490,762
SS block grant	$5,551,662	$16,291	$1,557,000	$3,355,270	$0	$381,699	$0	$0	$51,806	$23,941	$165,655
TANF	$5,790,068	$12,510	$0	$546,216	$2,450,390	$1,634,891	$1,146,061	$0	$0	$0	$0
State government	$60,597,168	$455,735	$2,914,141	$3,117,047	$17,502,838	$2,143,559	$26,640,855	$539,686	$4,774,364	$2,083,475	$425,468
Local government	$25,008,232	$679	$190,966	$112,223	$12,487,099	$2,675,218	$4,637,461	$114,702	$3,018,333	$1,144,038	$627,513
BPHC	$10,500,084	$0	$1,793,266	$1,874,046	$293,834	$0	$620,675	$1,390,024	$0	$4,528,239	$0
Other[d]	$43,853,971	$4,042	$751,384	$3,956,293	$4,675,907	$387,907	$6,158,498	$3,730,930	$2,762,644	$21,296,985	$129,381
Subtotal	**$161,610,143**	**$489,257**	**$7,749,757**	**$15,722,721**	**$39,700,927**	**$8,961,474**	**$40,290,143**	**$5,809,789**	**$10,747,382**	**$30,299,914**	**$1,838,779**
Total Revenue	**$605,007,858**	**$7,542,303**	**$21,846,582**	**$99,774,370**	**$158,458,236**	**$48,303,488**	**$93,648,122**	**$30,285,770**	**$30,344,345**	**$109,440,548**	**$5,364,094**
Total Revenue per User	**$394**	**$181**	**$485**	**$438**	**$318**	**$559**	**$363**	**$382**	**$478**	**$484**	**$483**
Total Revenue per Encounter	**$223**	**$132**	**$272**	**$244**	**$177**	**$315**	**$216**	**$216**	**$245**	**$275**	**$292**

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 20 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: 2020 (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	**34%**	**55%**	**51%**	**31%**	**34%**	**52%**	**26%**	**47%**	**28%**	**30%**	**38%**
Payment for Services											
Client fees	3%	1%	3%	3%	5%	1%	1%	5%	6%	2%	5%
Third-party payers[a]											
Medicaid[b]	25%	26%	8%	29%	28%	24%	13%	14%	17%	35%	6%
CHIP	0%†	0%	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%
Medicare	1%	1%	0%†	4%	1%	0%†	0%†	0%†	0%†	0%†	0%†
Other public[c]	2%	1%	0%	4%	0%†	0%†	9%	0%†	0%†	0%†	2%
Private	8%	9%	3%	14%	6%	4%	7%	14%	14%	5%	15%
Subtotal	**39%**	**38%**	**14%**	**53%**	**41%**	**30%**	**31%**	**34%**	**37%**	**43%**	**27%**
Other Revenue											
MCH block grant	2%	0%	2%	3%	1%	4%	1%	0%†	0%†	1%	9%
SS block grant	1%	0%†	7%	3%	0%	1%	0%	0%	0%†	0%†	3%
TANF	1%	0%†	0%	1%	2%	3%	1%	0%	0%	0%	0%
State government	10%	6%	13%	3%	11%	4%	28%	2%	16%	2%	8%
Local government	4%	0%†	1%	0%†	8%	6%	5%	0%†	10%	1%	12%
BPHC	2%	0%	8%	2%	0%†	0%	1%	5%	0%	4%	0%
Other[d]	7%	0%†	3%	4%	3%	1%	7%	12%	9%	19%	2%
Subtotal	**27%**	**6%**	**35%**	**16%**	**25%**	**19%**	**43%**	**19%**	**35%**	**28%**	**34%**
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 20 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: 2020 vs. 2019

Comparing 2020 and 2019 revenue shows that inflation-adjusted (constant 2020 dollars)[37] total revenue decreased 44% (by $473.8 million), from $1.1 billion in 2019 to $605.0 million in 2020 (***Exhibits A–15a, A–15b,*** and ***A–15c***). Revenue decreased among all sources, and the declines were especially sharp for revenue sources more closely linked to the number of clients served and encounters (e.g., revenue from third-party payers and client service fees). Below we list the major Title X revenue sources ordered by the size of the inflation-adjusted dollar amount decrease from 2019 to 2020 (not shown unless specified).

- Combined **Medicaid** and **CHIP** revenue **decreased 61%**, or by $235.5 million, from 2019 ($386.1 million) to 2020 ($150.6 million) (***Exhibit A–15a, A–15b,*** and ***A–15e***).
- **Private third-party payer** revenue **decreased 56%**, or by $63.2 million, from 2019 ($111.9 million) to 2020 ($48.7 million).
- **State government** revenue **decreased 47%**, or by 53.9 million, from 2019 ($114.5 million) to 2020 ($60.6 million).
- **Title X** revenue **decreased 14%**, or by $32.6 million, from 2019 ($238.4 million) to 2020 ($205.8 million) (***Exhibit A–15a, A–15b,*** and ***A–15d***).
- **Client service fees** revenue **decreased 53%**, or by $22.2 million, from 2019 ($41.7 million) to 2020 ($19.5 million).
- **Block grant** revenue **decreased 34%**, or by $8.1 million, from 2019 ($24.0 million) to 2020 ($15.9 million).
- **Local government** revenue **decreased 20%**, or by $6.3 million, from 2019 ($31.3 million) to 2020 ($25.0 million).
- **Medicare and other public third-party payer** revenue **decreased 12%**, or by $2.4 million, from 2019 ($21.2 million) to 2020 ($18.7 million).
- **TANF** revenue **decreased 8%**, or by $537,391, from 2019 ($6.3 million) to 2020 ($5.8 million).
- **Revenue from a combination of all "other" sources** decreased 47%, or by $49.0 million, from 2019 ($103.4 million) to 2020 ($54.4 million).

Trends in Project Revenue: 2020 vs. 2010

Compared to 2010, inflation-adjusted total revenue in 2020 decreased by 65% (or $1.1 billion), from $1.7 billion in 2010 to $605.0 million in 2020. Declines in revenue from five sources—Medicaid and CHIP, Title X, state and local government, and client service fees—accounted for 86% ($971.4 million) of the total decrease. ***Exhibits A–15a*** through ***A– 15e*** present trends (2010–2020) in total, Title X, and Medicaid/CHIP revenue.

Finally, compared with 2010, there were changes in the distribution of total revenue by major source in 2020. The percentage of total revenue from Title X increased from 22% (2010) to 34% (2020), and the percentage from Medicaid and CHIP decreased from 37% (2010) to 25% (2020). ***Exhibits A–16a*** through ***A–16c*** present trends (2010–2020) in revenue (unadjusted) for all major revenue sources.

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Appendix A

National Trend Exhibits

Exhibit A–1a. **Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2010–2020**

Region	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Grantees											
I	10	11	11	11	12	11	11	11	12	10	4
II	7	7	7	6	6	6	6	6	8	8	7
III	9	9	9	10	10	10	10	10	12	12	11
IV	10	10	13	13	14	10	9	9	11	12	11
V	12	12	11	11	10	12	11	11	13	12	8
VI	6	6	6	7	6	6	7	6	8	9	8
VII	5	5	5	5	5	5	5	5	5	6	5
VIII	6	6	6	6	6	6	6	6	6	6	5
IX	16	17	17	18	17	17	18	17	18	19	14
X	8	8	8	8	8	8	8	8	6	6	2
Total	**89**	**91**	**93**	**95**	**94**	**91**	**91**	**89**	**99**	**100**	**75**
Subrecipients											
I	71	72	67	66	67	71	69	68	75	61	21
II	82	80	75	71	70	70	68	68	72	68	18
III	218	230	265	271	258	316	223	225	218	173	175
IV	188	183	184	214	253	226	281	277	267	271	265
V	130	135	129	133	120	122	118	113	131	134	110
VI	90	79	78	90	45	47	41	39	48	46	49
VII	105	106	101	97	93	94	92	91	93	92	86
VIII	74	74	75	74	74	74	68	69	68	62	64
IX	104	121	113	105	95	102	99	85	89	86	72
X	60	62	61	60	59	59	58	56	67	67	7
Total	**1,122**	**1,142**	**1,148**	**1,181**	**1,134**	**1,181**	**1,117**	**1,091**	**1,128**	**1,060**	**867**
Service Sites											
I	221	228	238	225	233	224	225	221	242	214	52
II	272	263	253	256	251	247	244	244	241	237	61
III	641	639	633	627	615	648	640	653	626	614	606
IV	1,091	1,076	1,044	1,019	1,183	936	914	912	900	910	852
V	371	392	364	362	340	383	374	365	388	394	238
VI	580	553	521	571	442	457	425	415	468	466	488
VII	289	267	251	242	223	218	221	210	202	197	190
VIII	184	179	185	182	182	177	180	162	170	157	147
IX	495	539	474	460	441	461	469	465	478	391	355
X	245	246	226	224	217	200	206	211	239	245	42
Total	**4,389**	**4,382**	**4,189**	**4,168**	**4,127**	**3,951**	**3,898**	**3,858**	**3,954**	**3,825**	**3,031**

Exhibit A–1b. **Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2010–2020**

Region	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Grantees											
I	11%	12%	12%	12%	13%	12%	12%	12%	12%	10%	5%
II	8%	8%	8%	6%	6%	7%	7%	7%	8%	8%	9%
III	10%	10%	10%	11%	11%	11%	11%	11%	12%	12%	15%
IV	11%	11%	14%	14%	15%	11%	10%	10%	11%	12%	15%
V	13%	13%	12%	12%	11%	13%	12%	12%	13%	12%	11%
VI	7%	7%	6%	7%	6%	7%	8%	7%	8%	9%	11%
VII	6%	5%	5%	5%	5%	5%	5%	6%	5%	6%	7%
VIII	7%	7%	6%	6%	6%	7%	7%	7%	6%	6%	7%
IX	18%	19%	18%	19%	18%	19%	20%	19%	18%	19%	19%
X	9%	9%	9%	8%	9%	9%	9%	9%	6%	6%	3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	6%	7%	6%	2%
II	7%	7%	7%	6%	6%	6%	6%	6%	6%	6%	2%
III	19%	20%	23%	23%	23%	27%	20%	21%	19%	16%	20%
IV	17%	16%	16%	18%	22%	19%	25%	25%	24%	26%	31%
V	12%	12%	11%	11%	11%	10%	11%	10%	12%	13%	13%
VI	8%	7%	7%	8%	4%	4%	4%	4%	4%	4%	6%
VII	9%	9%	9%	8%	8%	8%	8%	8%	8%	9%	10%
VIII	7%	6%	7%	6%	7%	6%	6%	6%	6%	6%	7%
IX	9%	11%	10%	9%	8%	9%	9%	8%	8%	8%	8%
X	5%	5%	5%	5%	5%	5%	5%	5%	6%	6%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Service Sites											
I	5%	5%	6%	5%	6%	6%	6%	6%	6%	6%	2%
II	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	2%
III	15%	15%	15%	15%	15%	16%	16%	17%	16%	16%	20%
IV	25%	25%	25%	24%	29%	24%	23%	24%	23%	24%	28%
V	8%	9%	9%	9%	8%	10%	10%	9%	10%	10%	8%
VI	13%	13%	12%	14%	11%	12%	11%	11%	12%	12%	16%
VII	7%	6%	6%	6%	5%	6%	6%	5%	5%	5%	6%
VIII	4%	4%	4%	4%	4%	4%	5%	4%	4%	4%	5%
IX	11%	12%	11%	11%	11%	12%	12%	12%	12%	10%	12%
X	6%	6%	5%	5%	5%	5%	5%	5%	6%	6%	1%
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: 2010–2020**

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

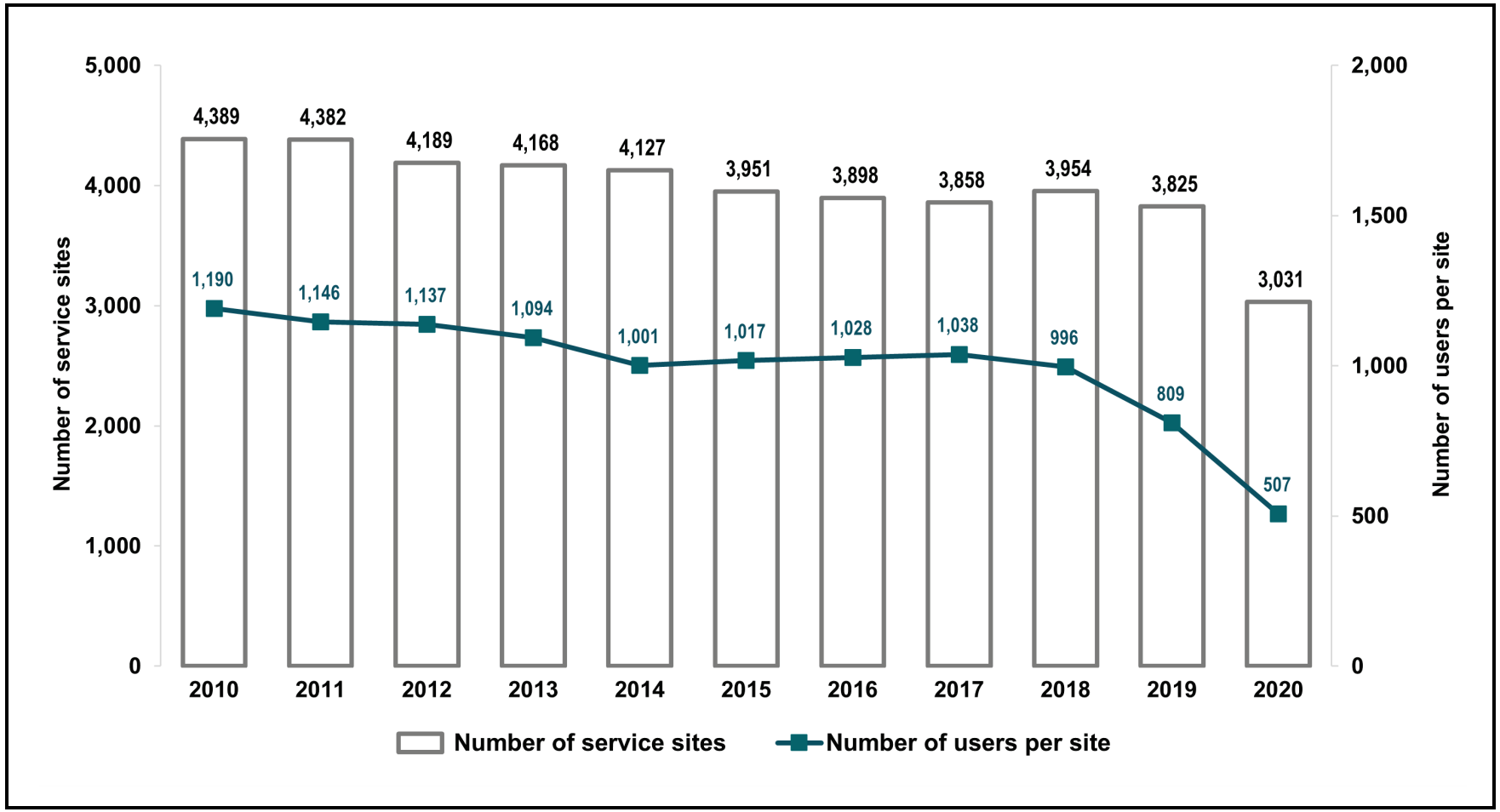

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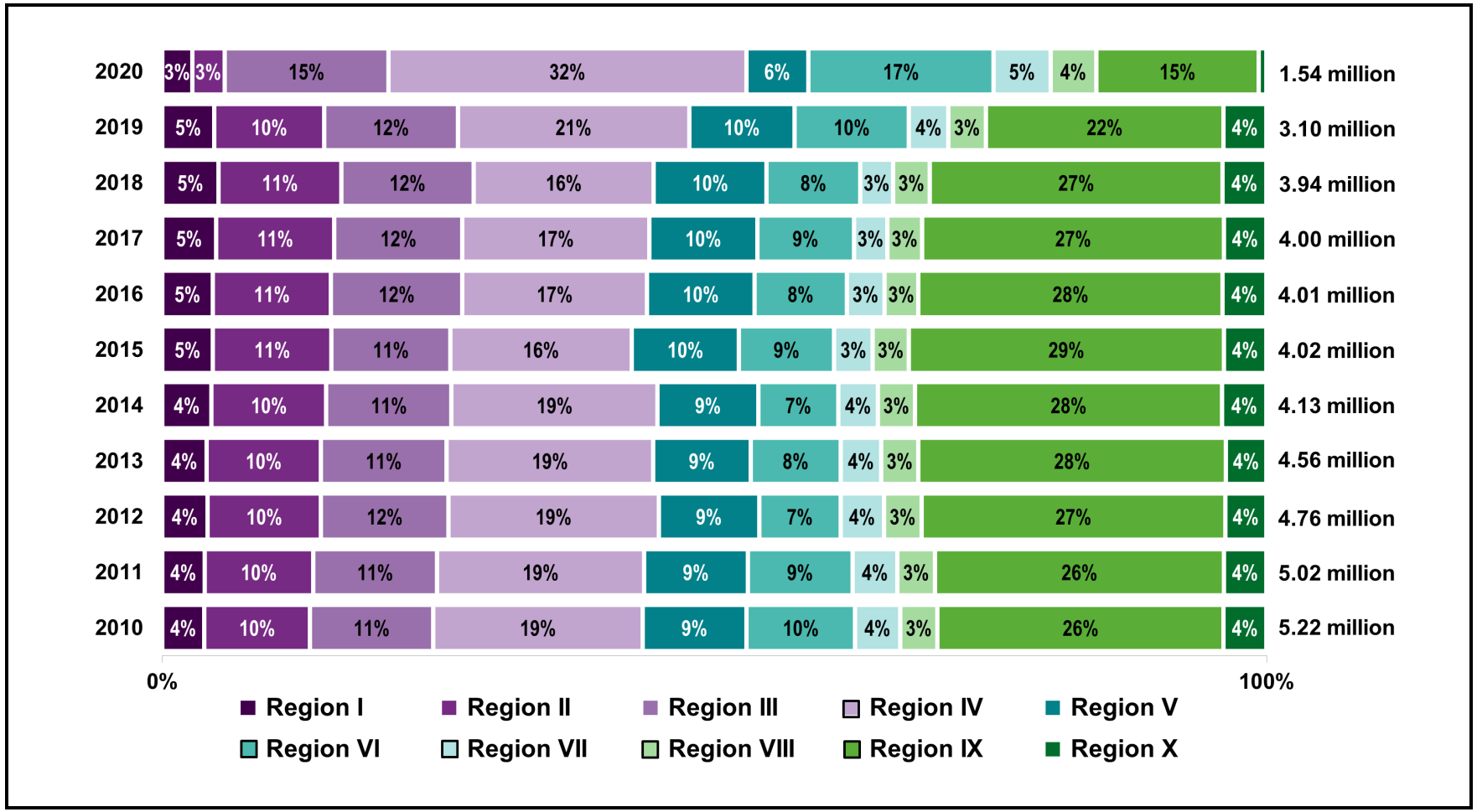
Exhibit A–2a. **Number and distribution of all family planning users, by region and year and number and percentage of all family planning users, by sex and year: 2010–2020**

Region	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
I	198,962	192,252	195,264	182,684	184,005	184,389	183,383	194,952	201,188	145,737	41,600
II	499,231	493,369	488,872	470,836	429,409	431,060	428,146	429,091	436,971	308,031	45,056
III	584,167	564,163	550,051	520,403	468,157	432,418	477,585	464,216	472,832	374,499	227,809
IV	989,770	940,931	907,020	852,400	770,501	660,156	669,743	677,146	642,224	648,599	498,230
V	492,359	472,062	434,587	401,935	377,552	390,446	390,541	391,901	403,080	295,108	86,424
VI	512,868	475,863	350,164	372,296	298,294	346,670	334,933	350,646	334,107	321,395	257,819
VII	214,032	205,167	186,716	167,286	148,405	140,055	135,907	120,759	116,928	110,363	79,238
VIII	176,892	169,311	163,068	152,248	137,509	131,031	124,021	126,922	131,148	104,814	63,438
IX	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	226,021
X	204,012	194,323	178,616	168,484	165,670	155,607	160,457	154,786	157,215	120,973	11,108
Total	**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**	**1,536,743**
Female	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	1,326,994
Male	402,292	386,516	385,053	373,237	364,661	410,662	454,534	463,011	493,245	405,114	209,749
I	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%	3%
II	10%	10%	10%	10%	10%	11%	11%	11%	11%	10%	3%
III	11%	11%	12%	11%	11%	11%	12%	12%	12%	12%	15%
IV	19%	19%	19%	19%	19%	16%	17%	17%	16%	21%	32%
V	9%	9%	9%	9%	9%	10%	10%	10%	10%	10%	6%
VI	10%	9%	7%	8%	7%	9%	8%	9%	8%	10%	17%
VII	4%	4%	4%	4%	4%	3%	3%	3%	3%	4%	5%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	4%
IX	26%	26%	27%	28%	28%	29%	28%	27%	27%	22%	15%
X	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Female	92%	92%	92%	92%	91%	90%	89%	88%	87%	87%	86%
Male	8%	8%	8%	8%	9%	10%	11%	12%	13%	13%	14%

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: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–2a****.*



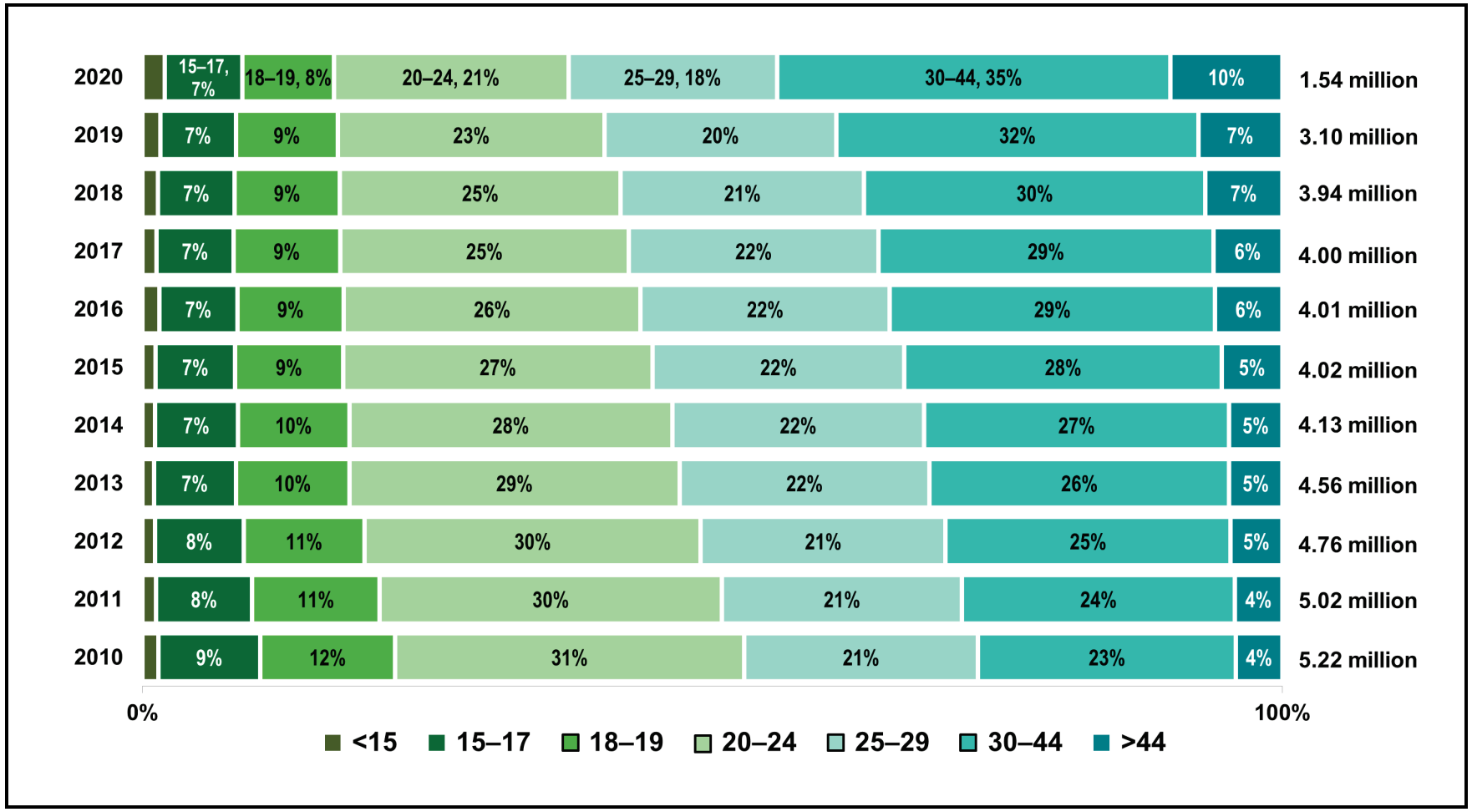
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–3a. Number and distribution of all family planning users, by age and year: 2010–2020

Age Group (Years)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Under 15	73,383	59,351	53,012	45,633	45,863	46,045	58,649	49,060	53,998	47,836	30,052
15 to 17	466,284	423,702	368,965	327,152	298,839	280,785	275,499	271,429	264,389	206,305	104,384
18 to 19	616,709	560,848	505,356	454,044	404,197	379,710	373,253	373,235	363,399	276,270	123,286
20 to 24	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	316,426
25 to 29	1,071,999	1,058,256	1,023,503	999,476	912,130	887,225	876,921	877,588	841,832	629,510	281,216
30 to 34	607,257	621,119	616,259	622,258	573,010	570,708	572,573	580,833	573,004	460,181	233,315
35 to 39	359,749	358,400	351,820	355,877	331,439	344,385	359,108	374,756	380,153	320,185	175,455
40 to 44	215,914	222,429	222,621	220,836	200,955	204,360	211,324	220,748	225,997	202,397	121,464
Over 44	212,734	209,391	216,774	212,360	192,902	213,248	237,154	242,654	266,621	228,397	151,145
Total	**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**	**1,536,743**
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%	2%
15 to 17	9%	8%	8%	7%	7%	7%	7%	7%	7%	7%	7%
18 to 19	12%	11%	11%	10%	10%	9%	9%	9%	9%	9%	8%
20 to 24	31%	30%	30%	29%	28%	27%	26%	25%	25%	23%	21%
25 to 29	21%	21%	21%	22%	22%	22%	22%	22%	21%	20%	18%
30 to 34	12%	12%	13%	14%	14%	14%	14%	15%	15%	15%	15%
35 to 39	7%	7%	7%	8%	8%	9%	9%	9%	10%	10%	11%
40 to 44	4%	4%	5%	5%	5%	5%	5%	6%	6%	7%	8%
Over 44	4%	4%	5%	5%	5%	5%	6%	6%	7%	7%	10%
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: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–3a****.*



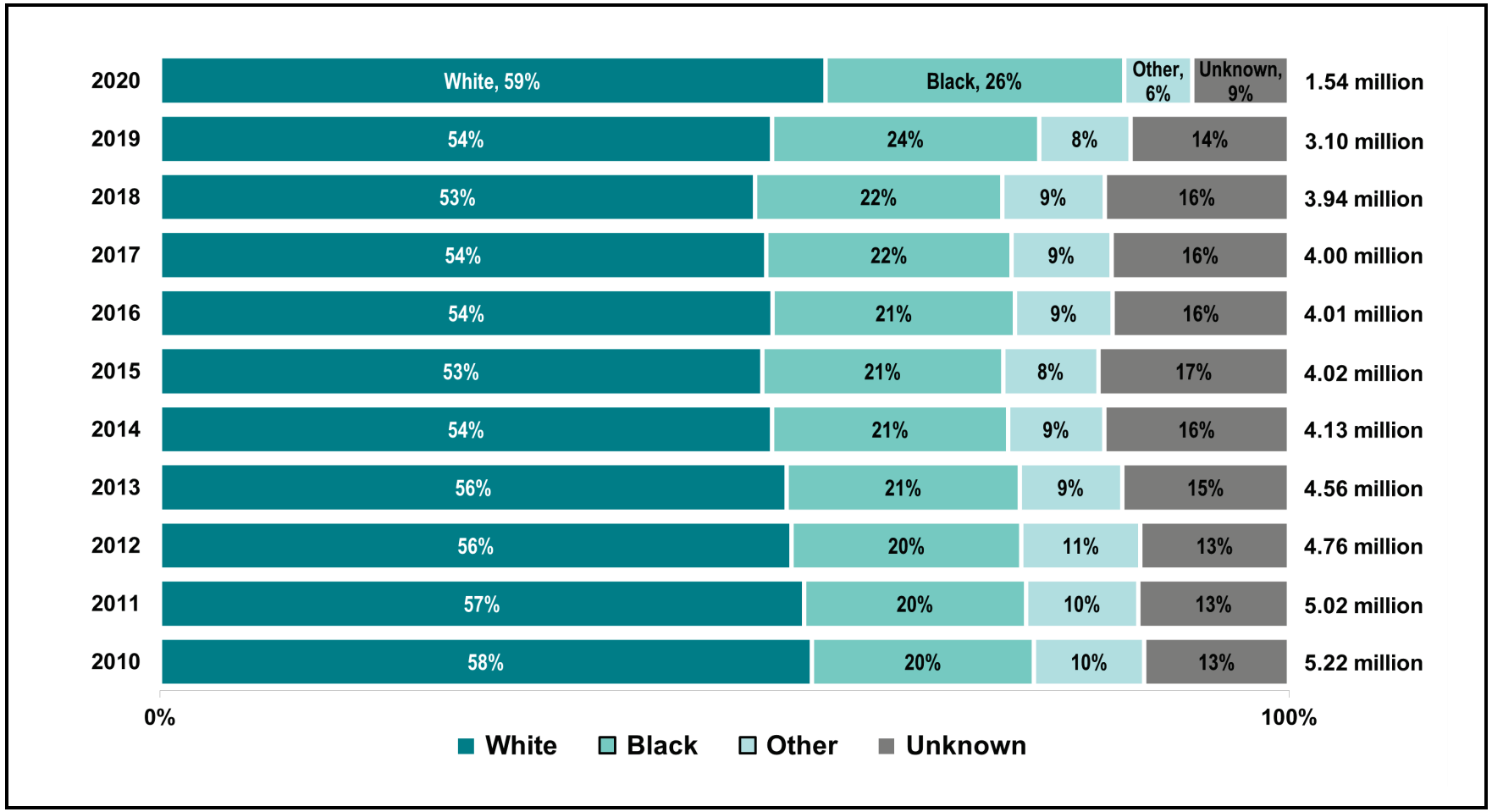
Notes: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users under 15 was 1% each year from 2010 through 2018 and 2% each year in 2019 and 2020.

Exhibit A–4a. **Number and distribution of all family planning users, by race and year: 2010–2020**

Race	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
American Indian/Alaska Native	44,899	43,204	45,785	34,051	29,327	30,526	33,467	35,587	38,097	29,373	16,084
Asian	136,958	134,345	136,412	135,567	128,797	131,676	135,555	143,215	139,084	89,045	25,026
Black/African American	1,028,991	986,803	969,776	939,941	863,136	857,659	859,886	869,574	861,707	732,825	406,686
Native Hawaiian/Pacific Islander	65,662	70,929	70,519	52,263	39,266	40,941	35,479	31,019	29,545	22,327	13,265
White	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	905,460
More than one race	261,397	250,825	248,590	191,871	153,907	136,043	142,564	144,397	151,281	110,372	38,508
Unknown/not reported	671,094	671,352	627,979	673,927	676,003	678,335	625,768	629,974	643,181	434,100	131,714
Total All Users	**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**	**1,536,743**
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	3%	3%	4%	4%	3%	2%
Black/African American	20%	20%	20%	21%	21%	21%	21%	22%	22%	24%	26%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	58%	57%	56%	56%	54%	53%	54%	54%	53%	54%	59%
More than one race	5%	5%	5%	4%	4%	3%	4%	4%	4%	4%	3%
Unknown/not reported	13%	13%	13%	15%	16%	17%	16%	16%	16%	14%	9%
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: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–4a****.*



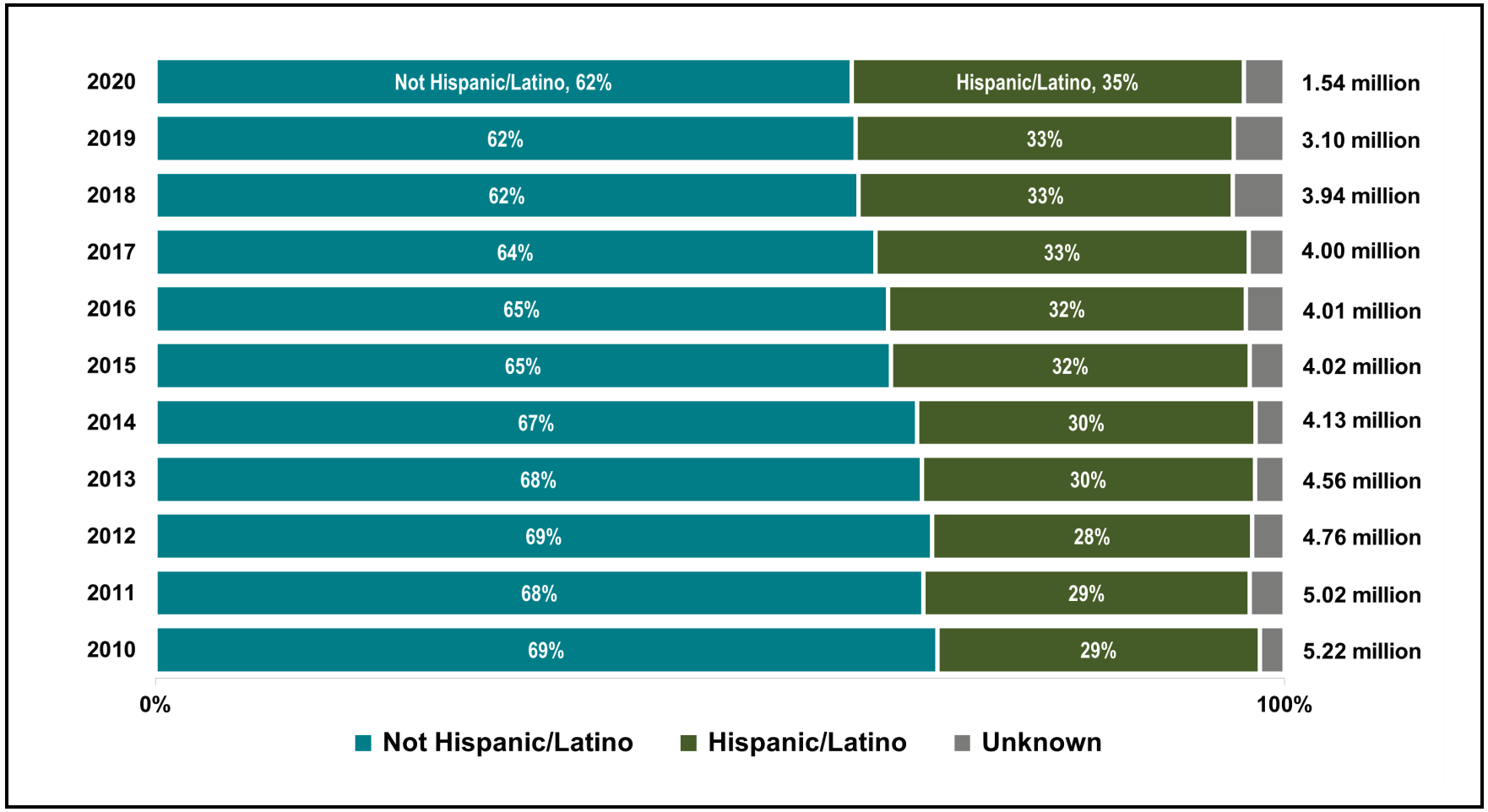
Notes: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian 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: 2010–2020**

Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Hispanic or Latino	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	534,055
Not Hispanic or Latino	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	947,561
Unknown/not reported	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637	55,127
Total All Users	**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**	**1,536,743**
Hispanic or Latino	29%	29%	28%	30%	30%	32%	32%	33%	33%	33%	35%
Not Hispanic or Latino	69%	68%	69%	68%	67%	65%	65%	64%	62%	62%	62%
Unknown/not reported	2%	3%	3%	3%	3%	3%	3%	3%	5%	4%	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: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–5a****.*



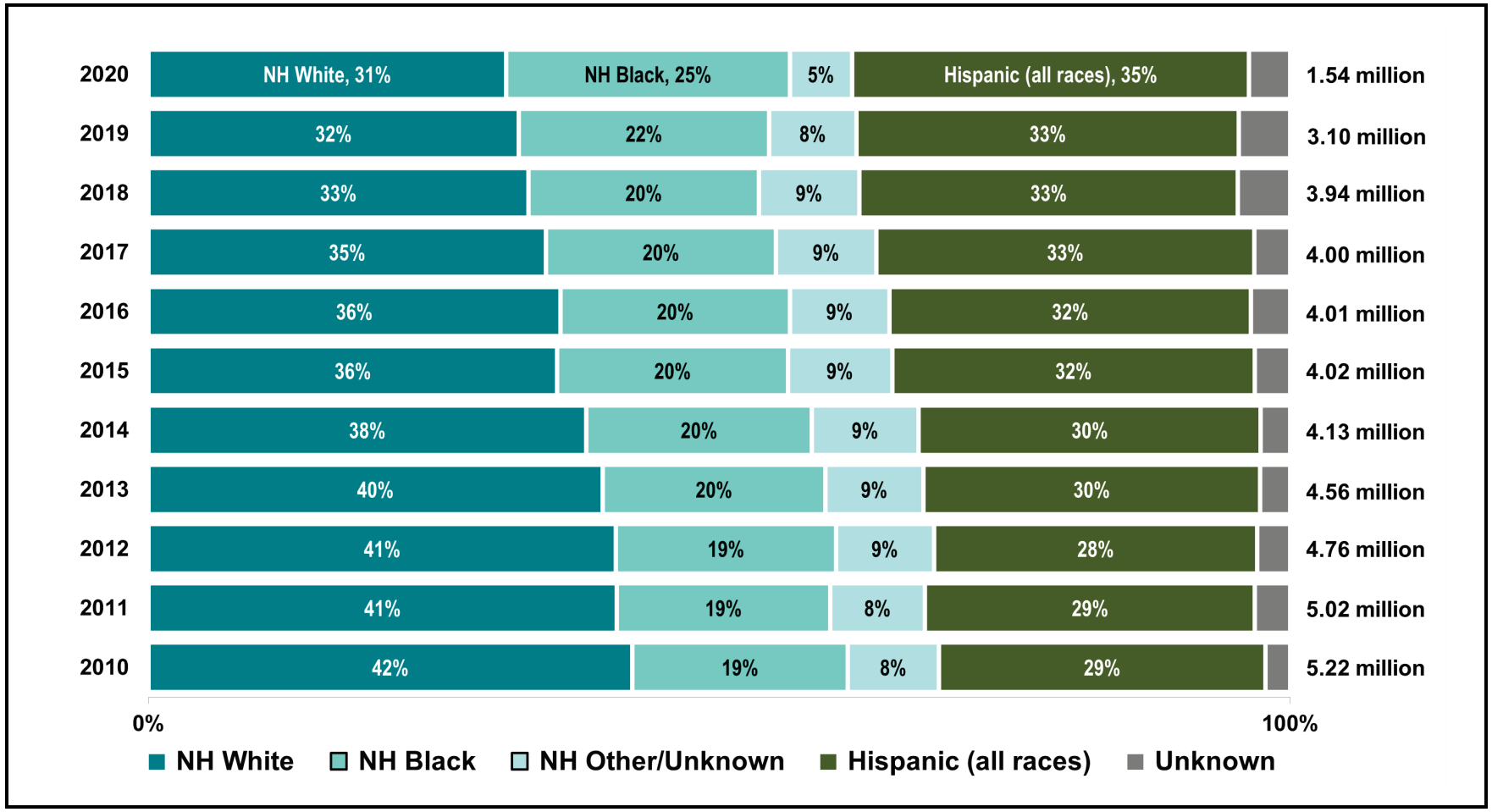
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A–6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2010–2020

Ethnicity and Race	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Not Hispanic or Latino											
Asian	126,413	121,777	124,790	128,015	119,454	122,310	124,233	130,688	128,678	80,588	22,431
Black or African American	986,409	939,143	917,539	890,133	816,061	811,244	806,815	806,970	796,450	679,361	381,858
White	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	481,594
Other/unknown	290,783	295,150	284,089	262,473	266,861	244,759	223,807	221,326	217,273	156,219	61,678
Hispanic or Latino											
All races	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	534,055
Unknown/Not Reported	113,570	154,182	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637	55,127
Total All Users	**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**	**1,536,743**
Not Hispanic or Latino											
Asian	2%	2%	3%	3%	3%	3%	3%	3%	3%	3%	1%
Black or African American	19%	19%	19%	20%	20%	20%	20%	20%	20%	22%	25%
White	42%	41%	41%	40%	38%	36%	36%	35%	33%	32%	31%
Other/unknown	6%	6%	6%	6%	6%	6%	6%	6%	6%	5%	4%
Hispanic or Latino											
All races	29%	29%	28%	30%	30%	32%	32%	33%	33%	33%	35%
Unknown/Not Reported	2%	3%	3%	3%	3%	3%	3%	3%	5%	4%	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: 2010–2020**
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.

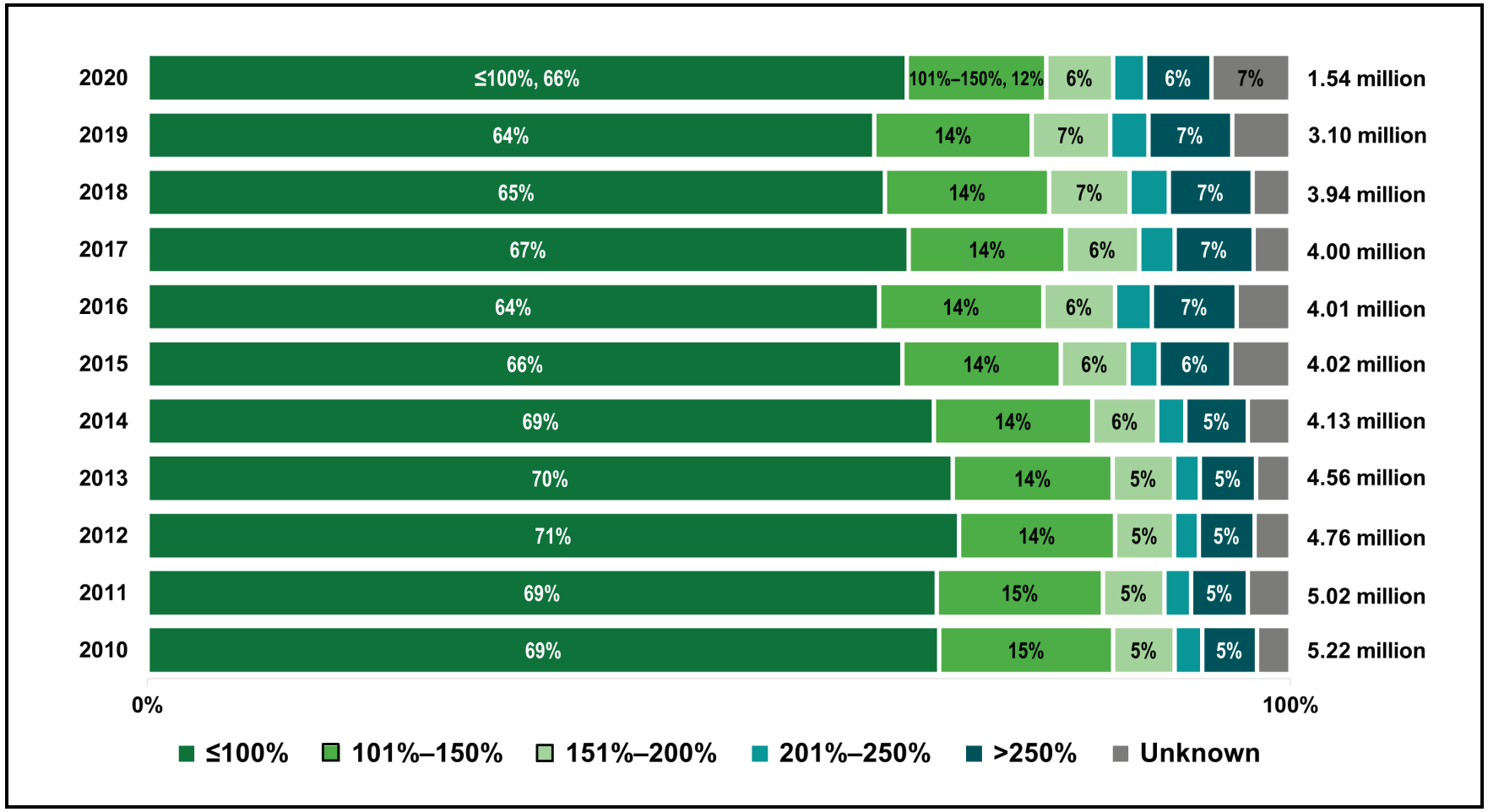
Exhibit A–7a. Number and distribution of all family planning users, by income level and year: 2010–2020

Income Level[a]	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Under 101%	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	1,020,999
101% to 150%	795,065	731,410	649,462	636,484	572,948	556,141	575,420	551,163	566,040	426,239	187,565
151% to 200%	281,294	269,478	247,490	245,805	234,425	238,420	252,273	257,155	277,321	211,586	89,401
201% to 250%	125,298	116,188	103,061	103,246	100,402	105,975	128,874	123,477	134,010	103,816	43,152
Over 250%	250,440	250,829	230,947	222,718	226,918	255,093	297,988	277,975	289,208	226,957	89,329
Unknown/not reported	153,952	186,894	150,748	138,191	153,940	208,545	188,005	128,565	130,644	158,192	106,297
Total All Users	**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**	**1,536,743**
Under 101%	69%	69%	71%	70%	69%	66%	64%	67%	65%	64%	66%
101% to 150%	15%	15%	14%	14%	14%	14%	14%	14%	14%	14%	12%
151% to 200%	5%	5%	5%	5%	6%	6%	6%	6%	7%	7%	6%
201% to 250%	2%	2%	2%	2%	2%	3%	3%	3%	3%	3%	3%
Over 250%	5%	5%	5%	5%	5%	6%	7%	7%	7%	7%	6%
Unknown/not reported	3%	4%	3%	3%	4%	5%	5%	3%	3%	5%	7%
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 https://aspe.hhs.gov/poverty/.

Exhibit A–7b. **Number and distribution of all family planning users, by income level and year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–7a****.*



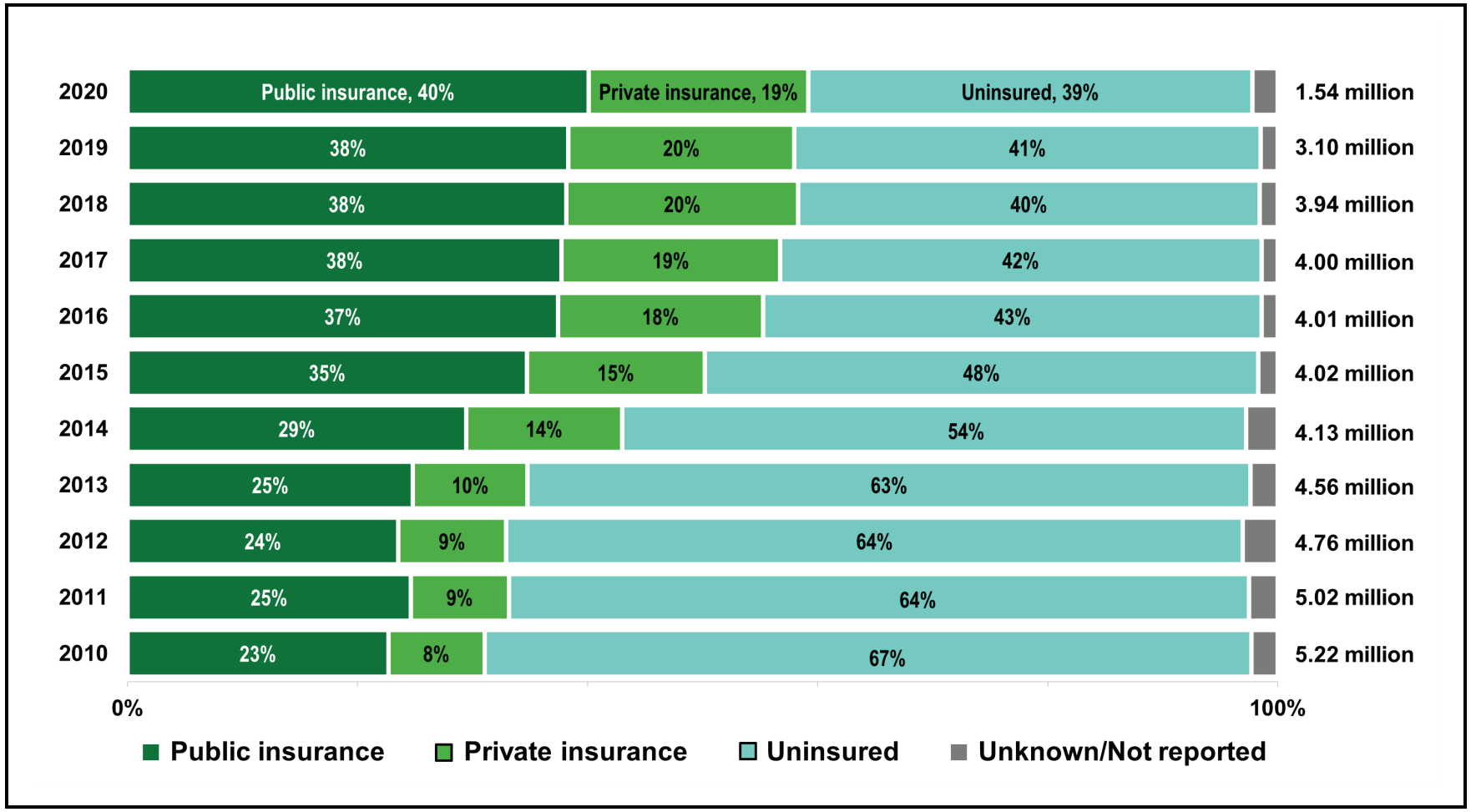
Notes: Title X-funded grantees and subrecipients report users' family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at https://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: 2010–2020**

Primary Insurance	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Public insurance	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	616,012
Private insurance	438,042	429,919	447,341	453,535	559,845	621,066	715,090	760,051	794,535	607,961	293,557
Uninsured	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	593,562
Unknown/not reported	118,665	124,665	144,669	107,211	114,413	67,594	55,302	56,837	62,324	45,684	33,612
Total All Users	**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**	**1,536,743**
Public insurance	23%	25%	24%	25%	29%	35%	37%	38%	38%	38%	40%
Private insurance	8%	9%	9%	10%	14%	15%	18%	19%	20%	20%	19%
Uninsured	67%	64%	64%	63%	54%	48%	43%	42%	40%	41%	39%
Unknown/not reported	2%	2%	3%	2%	3%	2%	1%	1%	2%	1%	2%
Total All Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

Exhibit A–8b. **Number and distribution of all family planning users, by primary health insurance status and year: 2010–2020**
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: 2010–2020**

Primary Method	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Most Effective[a]											
Vasectomy	8,683	8,632	8,540	8,175	7,582	6,879	8,178	8,848	9,237	7,668	4,751
Sterilization	92,652	90,438	86,854	82,067	74,748	84,108	86,112	94,173	91,569	82,472	56,063
Hormonal implant	48,015	65,673	82,642	108,586	139,799	177,975	209,014	239,029	240,418	190,615	93,062
Intrauterine device	252,121	272,683	284,461	279,289	265,511	273,650	288,939	324,174	323,081	237,073	99,491
Moderately Effective[a]											
Hormonal injection[b]	643,682	645,351	645,136	635,093	611,619	574,476	519,841	500,960	474,609	398,894	213,854
Vaginal ring	186,238	183,182	164,693	142,292	115,230	95,186	83,473	76,252	66,968	46,021	16,967
Contraceptive patch	93,499	89,795	83,145	78,547	69,469	49,010	47,030	48,256	46,384	32,714	12,193
Oral contraceptive	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	267,281
Cervical cap/diaphragm	4,402	3,390	4,116	8,245	2,379	1,660	2,130	2,219	1,652	877	299
Less Effective[a]											
Male condom	787,329	838,131	745,265	692,678	578,139	572,607	559,356	547,129	533,079	385,950	154,843
Female condom	5,944	5,939	3,722	3,914	3,308	3,558	2,929	2,537	3,782	3,159	2,061
Contraceptive sponge	1,581	921	765	541	651	660	138	169	371	377	236
Withdrawal or other[c]	116,635	115,002	113,016	95,798	70,982	61,504	75,191	73,047	81,486	75,253	47,370
FAM[d] or LAM	14,379	17,105	12,676	11,753	12,648	13,503	14,392	15,287	17,320	17,370	10,107
Spermicide	8,346	7,061	4,926	4,028	2,911	1,873	1,848	1,991	1,135	995	696
Other											
Abstinence	75,534	69,924	71,737	72,486	70,098	73,896	89,102	92,385	99,733	90,729	60,841
No Method											
Pregnant/seeking pregnancy	400,194	361,056	377,547	356,750	330,279	321,229	321,706	313,802	279,025	207,880	101,318
Other reason	238,347	229,541	183,613	181,657	175,111	171,068	175,371	190,518	194,405	167,834	90,152
Method Unknown	160,788	96,687	96,590	106,017	98,208	124,449	121,885	116,331	158,258	146,367	95,409
Total Female Users	**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**	**1,326,994**
Using Most, Moderately, or Less Effective Method	**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**	**979,274**
Most effective[a]	401,471	437,426	462,497	478,117	487,640	542,612	592,243	666,224	664,305	517,828	253,367
Moderately effective[a]	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	510,594
Less effective[a]	934,214	984,159	880,370	808,712	668,639	653,705	653,854	640,160	637,173	483,104	215,313
Abstinent	**75,534**	**69,924**	**71,737**	**72,486**	**70,098**	**73,896**	**89,102**	**92,385**	**99,733**	**90,729**	**60,841**
Not Using a Method	**638,541**	**590,597**	**561,160**	**538,407**	**505,390**	**492,297**	**497,077**	**504,320**	**473,430**	**375,714**	**191,470**

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 2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2020, 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: 2010–2020

Primary Method	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Most Effective[a]											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	2%	3%	3%	3%	4%
Hormonal implant	1%	1%	2%	3%	4%	5%	6%	7%	7%	7%	7%
Intrauterine device	5%	6%	6%	7%	7%	8%	8%	9%	9%	9%	7%
Moderately Effective[a]											
Hormonal injection[b]	13%	14%	15%	15%	16%	16%	15%	14%	14%	15%	16%
Vaginal ring	4%	4%	4%	3%	3%	3%	2%	2%	2%	2%	1%
Contraceptive patch	2%	2%	2%	2%	2%	1%	1%	1%	1%	1%	1%
Oral contraceptive	35%	33%	32%	31%	30%	28%	27%	25%	24%	22%	20%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective[a]											
Male condom	16%	18%	17%	17%	15%	16%	16%	15%	15%	14%	12%
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%	3%	2%	2%	2%	2%	2%	2%	3%	4%
FAM[d] or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Spermicide	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%	5%
No Method											
Pregnant/seeking pregnancy	8%	8%	9%	9%	9%	9%	9%	9%	8%	8%	8%
Other reason	5%	5%	4%	4%	5%	5%	5%	5%	6%	6%	7%
Method Unknown	3%	2%	2%	3%	3%	3%	3%	3%	5%	5%	7%
Total Female Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method	**82%**	**84%**	**83%**	**83%**	**82%**	**81%**	**80%**	**80%**	**79%**	**77%**	**74%**
Most effective[a]	8%	9%	11%	11%	13%	15%	17%	19%	19%	19%	19%
Moderately effective[a]	54%	53%	53%	52%	51%	48%	45%	43%	41%	40%	38%
Less effective[a]	19%	21%	20%	19%	18%	18%	18%	18%	18%	18%	16%
Abstinent	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**3%**	**3%**	**3%**	**3%**	**5%**
Not Using a Method	**13%**	**13%**	**13%**	**13%**	**13%**	**14%**	**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)***.

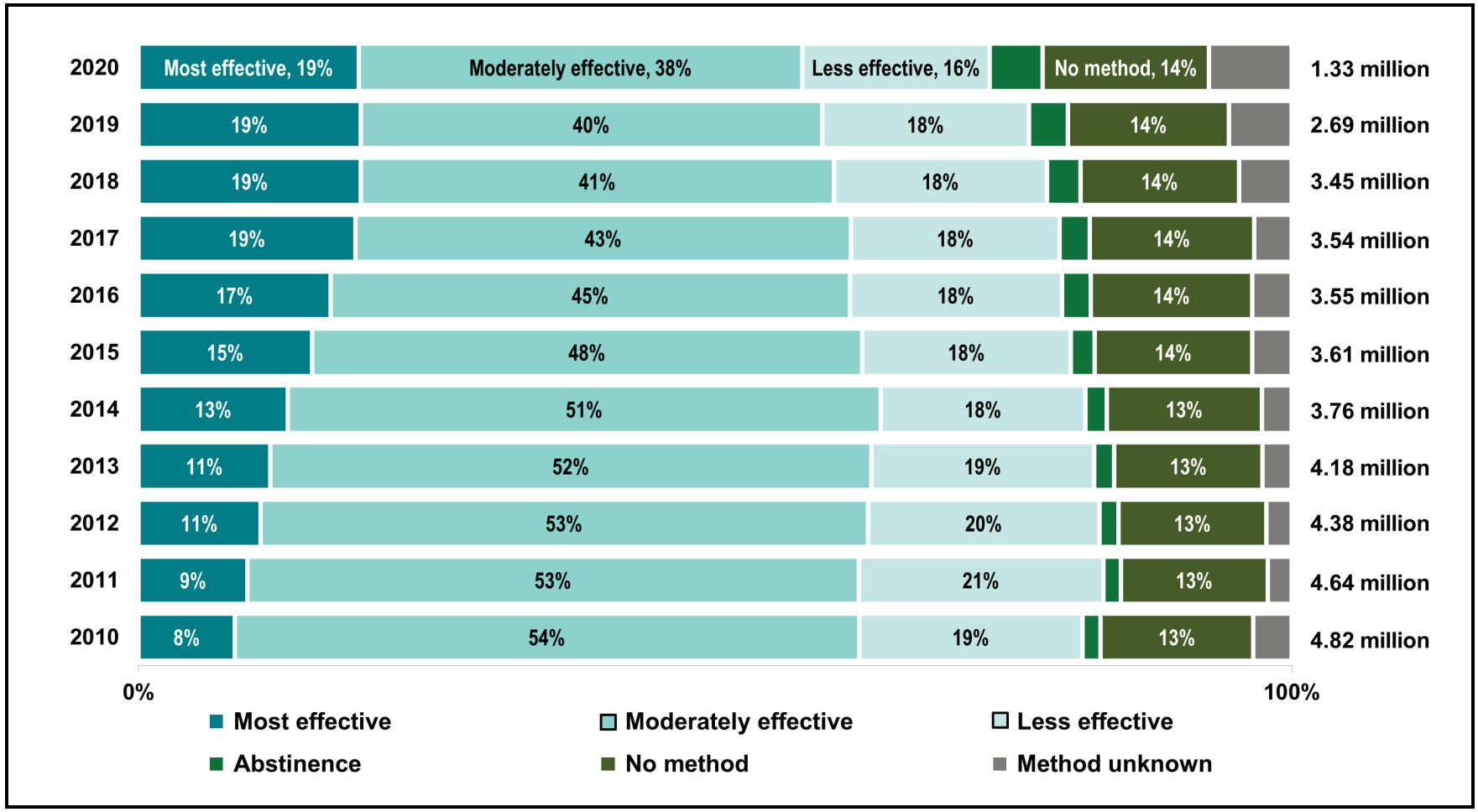
[b] Hormonal injection figures include both 1- and 3-month hormonal injection users.

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

[d] For 2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2020, 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: 2010–2020**
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)***.

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Exhibit A–10a. Number of all male family planning users, by primary contraceptive method and year: 2010–2020

Primary Contraceptive Method	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Vasectomy	4,676	4,409	5,132	3,619	2,763	3,309	3,296	3,402	3,933	2,913	1,613
Male condom	282,672	289,141	284,445	278,964	262,255	285,549	297,265	299,268	303,572	225,977	92,016
FAM[a]	768	930	986	953	1,079	1,092	1,873	2,585	3,417	3,747	2,115
Abstinence[b]	23,243	16,691	15,855	15,269	21,127	24,163	32,464	33,275	36,918	35,183	26,569
Withdrawal or other method	9,983	10,635	14,222	8,892	9,992	10,858	14,135	14,407	12,915	12,912	7,996
Rely on female method[c]	35,606	22,534	26,233	22,128	22,063	22,173	28,729	33,625	34,905	32,507	21,711
No Method											
Partner pregnant/seeking pregnancy	3,630	3,160	3,565	2,900	3,253	4,981	5,730	5,997	3,967	4,916	2,614
Other reason	22,037	24,996	20,088	20,283	21,501	25,667	31,729	36,330	48,035	45,850	24,204
Method Unknown	19,677	14,020	14,527	20,229	20,628	32,870	39,313	34,122	45,583	41,109	30,911
Total Male Users	**402,292**	**386,516**	**385,053**	**373,237**	**364,661**	**410,662**	**454,534**	**463,011**	**493,245**	**405,114**	**209,749**
Using Most, Moderately, or Less Effective Method	**333,705**	**327,649**	**331,018**	**314,556**	**298,152**	**322,981**	**345,298**	**353,287**	**358,742**	**278,056**	**125,451**
Abstinence[b]	**23,243**	**16,691**	**15,855**	**15,269**	**21,127**	**24,163**	**32,464**	**33,275**	**36,918**	**35,183**	**26,569**
Not Using a Method	**25,667**	**28,156**	**23,653**	**23,183**	**24,754**	**30,648**	**37,459**	**42,327**	**52,002**	**50,766**	**26,818**
Method Unknown	**19,677**	**14,020**	**14,527**	**20,229**	**20,628**	**32,870**	**39,313**	**34,122**	**45,583**	**41,109**	**30,911**

FAM=fertility awareness-based method.

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

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

[c] Primary method of user's sex partner was female sterilization, intrauterine device or system, 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.

Exhibit A–10b. Distribution of all male family planning users, by primary contraceptive method and year: 2010–2020

Primary Contraceptive Method	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Vasectomy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Male condom	70%	75%	74%	75%	72%	70%	65%	65%	62%	56%	44%
FAM[a]	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Abstinence[b]	6%	4%	4%	4%	6%	6%	7%	7%	7%	9%	13%
Withdrawal or other method	2%	3%	4%	2%	3%	3%	3%	3%	3%	3%	4%
Rely on female method[c]	9%	6%	7%	6%	6%	5%	6%	7%	7%	8%	10%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other reason	5%	6%	5%	5%	6%	6%	7%	8%	10%	11%	12%
Method Unknown	5%	4%	4%	5%	6%	8%	9%	7%	9%	10%	15%
Total Male Users	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Using Most, Moderately, or Less Effective Method	**83%**	**85%**	**86%**	**84%**	**82%**	**79%**	**76%**	**76%**	**73%**	**69%**	**60%**
Abstinence[b]	**6%**	**4%**	**4%**	**4%**	**6%**	**6%**	**7%**	**7%**	**7%**	**9%**	**13%**
Not Using a Method	**6%**	**7%**	**6%**	**6%**	**7%**	**7%**	**8%**	**9%**	**11%**	**13%**	**13%**
Method Unknown	**5%**	**4%**	**4%**	**5%**	**6%**	**8%**	**9%**	**7%**	**9%**	**10%**	**15%**

FAM=fertility awareness-based method.

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

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

[c] Primary method of user's sex partner was female sterilization, intrauterine device or system, 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.

† Percentage is less than 0.5%.

Exhibit A–10c. **Number and distribution of all male family planning users, by type of primary contraceptive method and year: 2010–2020**

Note: *The data in this graph are presented in tabular form in* ***Exhibits A–10a*** *and* ***A–10b****.*

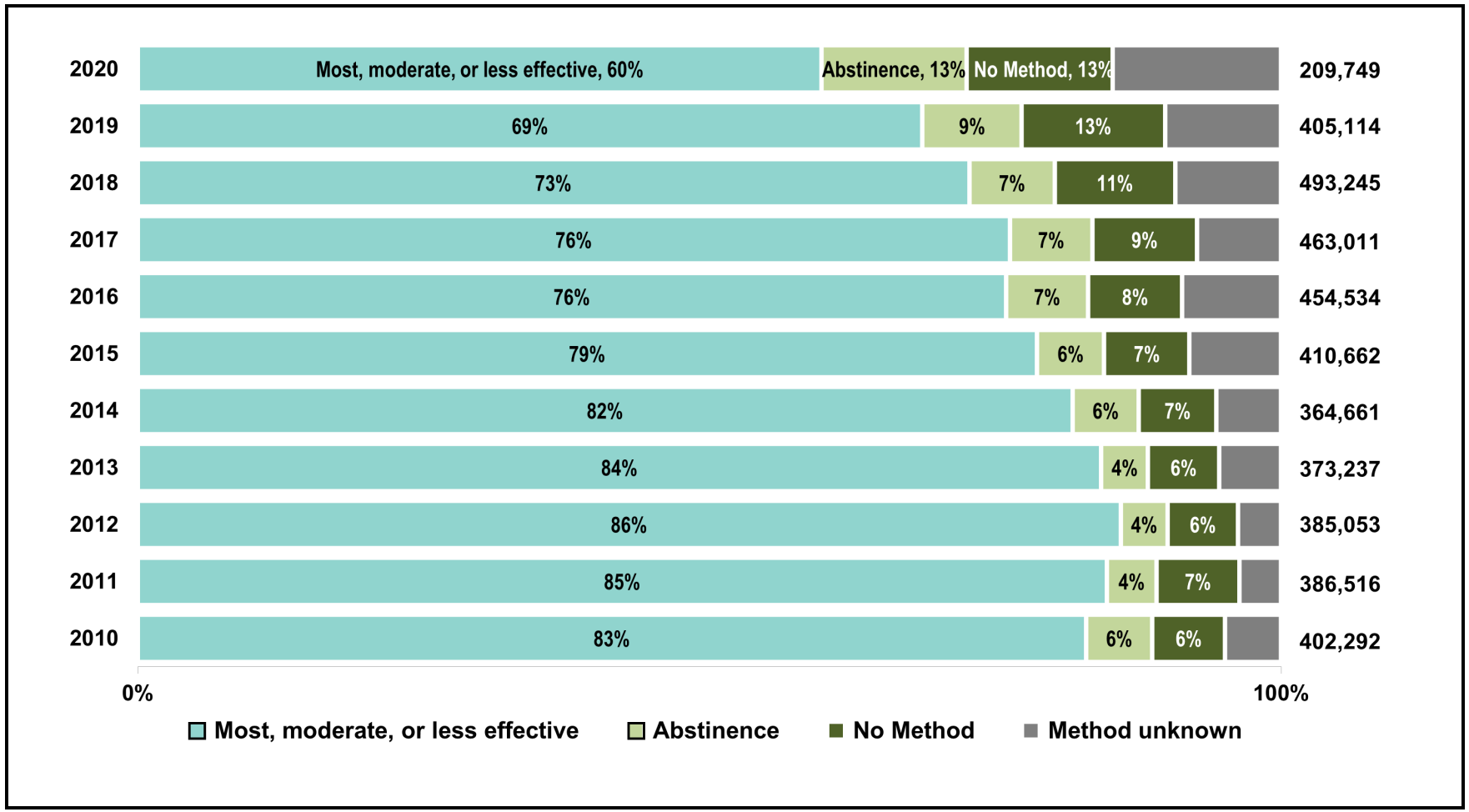

Exhibit A–11a. **Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2010–2020**

Screening Measures	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Female Users Screened											
Number	1,727,251	1,444,418	1,237,328	988,114	785,540	743,683	687,373	649,266	625,808	541,661	297,037
Percentage	36%	31%	28%	24%	21%	21%	19%	18%	18%	20%	22%
Pap Tests Performed											
Number	1,810,620	1,522,777	1,308,667	1,043,671	813,858	769,807	720,215	683,247	651,920	561,534	312,757
Percentage with an ASC or higher result	13%	15%	14%	14%	14%	14%	14%	14%	14%	13%	13%

ASC=atypical squamous cells.

Exhibit A–11b. **Number and percentage of female users who received a Pap test, by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–11a****.*

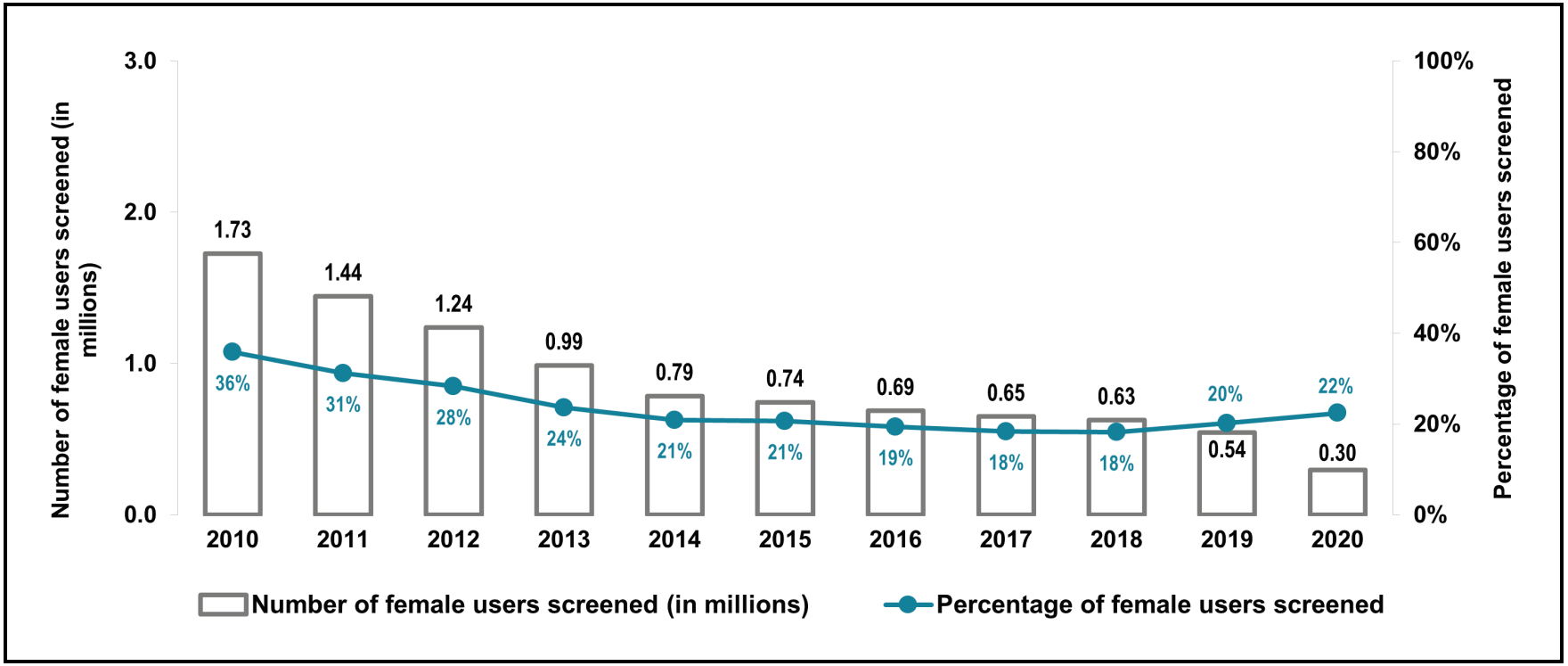

Exhibit A–12a. **Number and percentage of female users under 25 tested for chlamydia, by year: 2010–2020**

Chlamydia Testing Measures	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Number tested	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	264,100
Percentage tested	57%	58%	59%	60%	58%	59%	61%	61%	61%	58%	52%

Exhibit A–12b. **Number and percentage of female users under 25 tested for chlamydia, by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–12a****.*

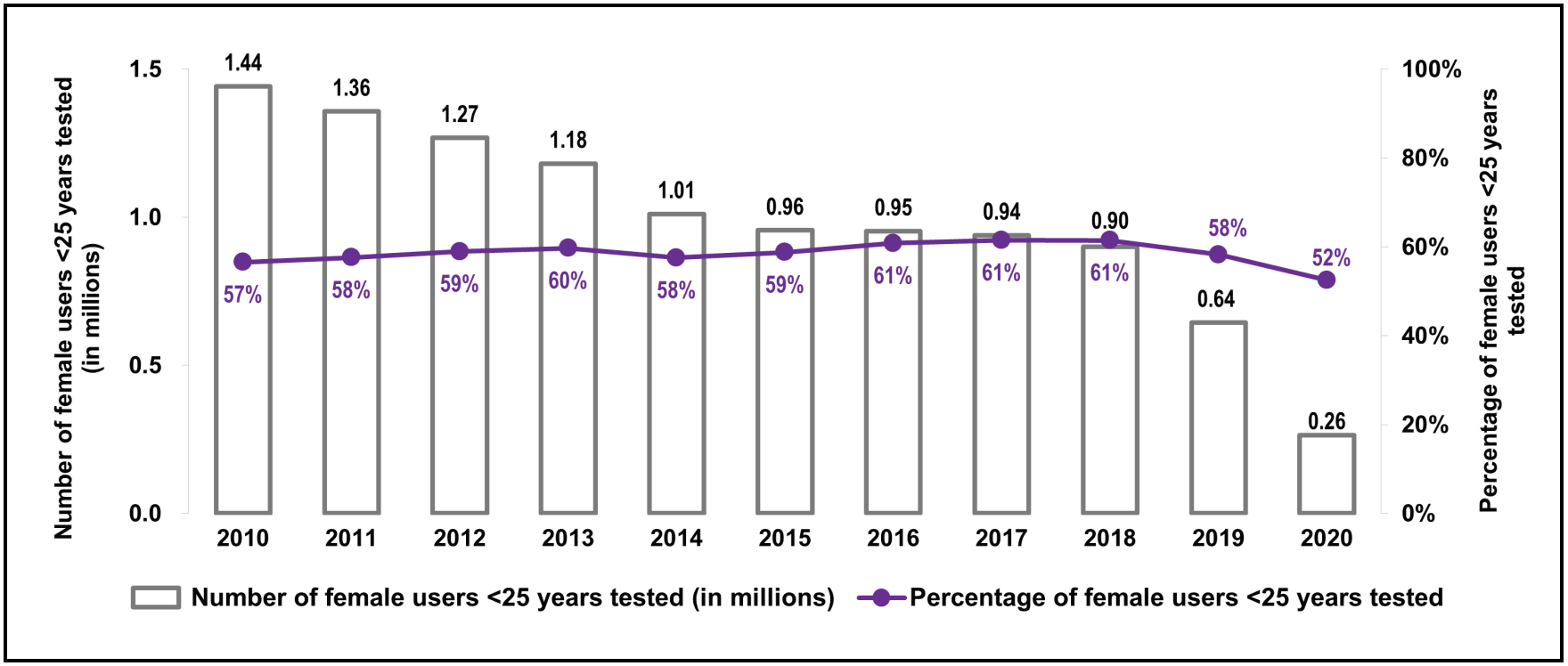

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Exhibit A–13a. **Number of gonorrhea, syphilis, and confidential HIV tests performed, number of tests per 10 users, and number of positive confidential HIV tests and anonymous HIV tests, by year: 2010–2020**

STD Tests	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Gonorrhea Tests											
Female	2,471,475	2,470,645	2,409,406	2,285,723	1,966,864	1,885,899	1,989,889	2,073,331	2,004,847	1,476,781	658,240
Male	242,917	258,933	271,153	271,920	271,201	298,056	326,051	351,585	372,146	274,410	114,380
Total	**2,714,392**	**2,729,578**	**2,680,559**	**2,557,643**	**2,238,065**	**2,183,955**	**2,315,940**	**2,424,916**	**2,376,993**	**1,751,191**	**772,620**
Tests per 10 Users											
Female	5.1	5.3	5.5	5.5	5.2	5.2	5.6	5.9	5.8	5.5	5.0
Male	6.0	6.7	7.0	7.3	7.4	7.3	7.2	7.6	7.5	6.8	5.5
Total	**5.2**	**5.4**	**5.6**	**5.6**	**5.4**	**5.4**	**5.8**	**6.1**	**6.0**	**5.7**	**5.0**
Syphilis Tests											
Female	636,977	608,224	580,583	564,953	468,980	444,259	486,687	540,346	563,072	516,439	256,861
Male	115,807	135,557	133,957	122,620	121,135	132,447	149,155	168,815	189,216	158,325	68,952
Total	**752,784**	**743,781**	**714,540**	**687,573**	**590,115**	**576,706**	**635,842**	**709,161**	**752,288**	**674,764**	**325,813**
Tests per 10 Users											
Female	1.3	1.3	1.3	1.4	1.2	1.2	1.4	1.5	1.6	1.9	1.9
Male	2.9	3.5	3.5	3.3	3.3	3.2	3.3	3.6	3.8	3.9	3.3
Total	**1.4**	**1.5**	**1.5**	**1.5**	**1.4**	**1.4**	**1.6**	**1.8**	**1.9**	**2.2**	**2.1**
Confidential HIV Tests											
Female	927,005	1,080,909	1,036,695	989,872	822,723	869,678	902,905	917,623	946,231	745,213	328,495
Male	174,660	202,466	213,172	197,759	208,901	243,957	260,978	274,496	291,737	216,646	101,050
Total	**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**	**429,545**
Tests per 10 Users											
Female	1.9	2.3	2.4	2.4	2.2	2.4	2.5	2.6	2.7	2.8	2.5
Male	4.3	5.2	5.5	5.3	5.7	5.9	5.7	5.9	5.9	5.3	4.8
Total	**2.1**	**2.6**	**2.6**	**2.6**	**2.5**	**2.8**	**2.9**	**3.0**	**3.1**	**3.1**	**2.8**
Positive Test Results	**1,440**	**1,644**	**2,125**	**1,771**	**2,112**	**2,423**	**2,824**	**2,195**	**2,699**	**3,685**	**1,359**
Anonymous HIV Tests	**3,474**	**5,289**	**8,388**	**2,289**	**1,458**	**3,939**	**3,886**	**2,083**	**1,963**	**613**	**672**

Exhibit A–13b. **Number of gonorrhea tests performed and number of tests per 10 users (all, female, and male), by year: 2010–2020**

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

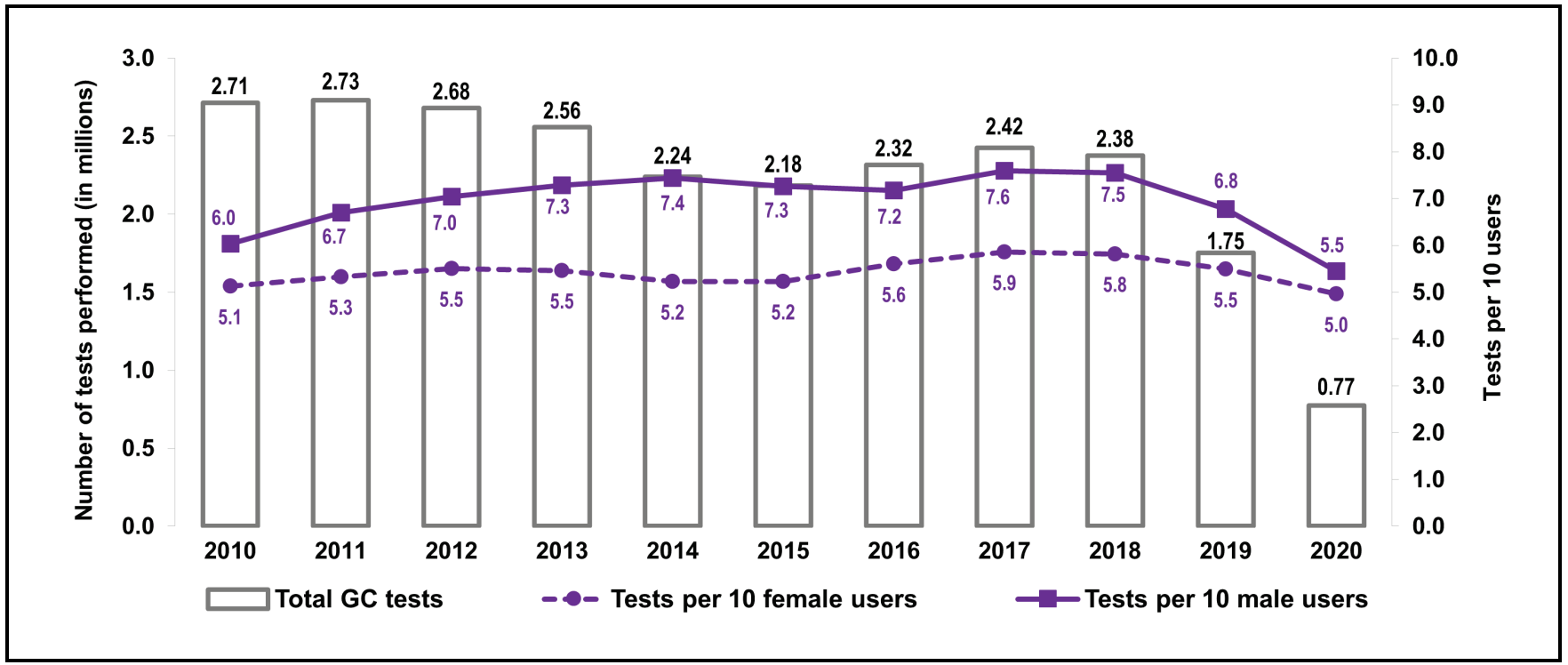


Exhibit A–13c. **Number of syphilis tests performed and number of tests per 10 users (all, female, and male), by year: 2010–2020**

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

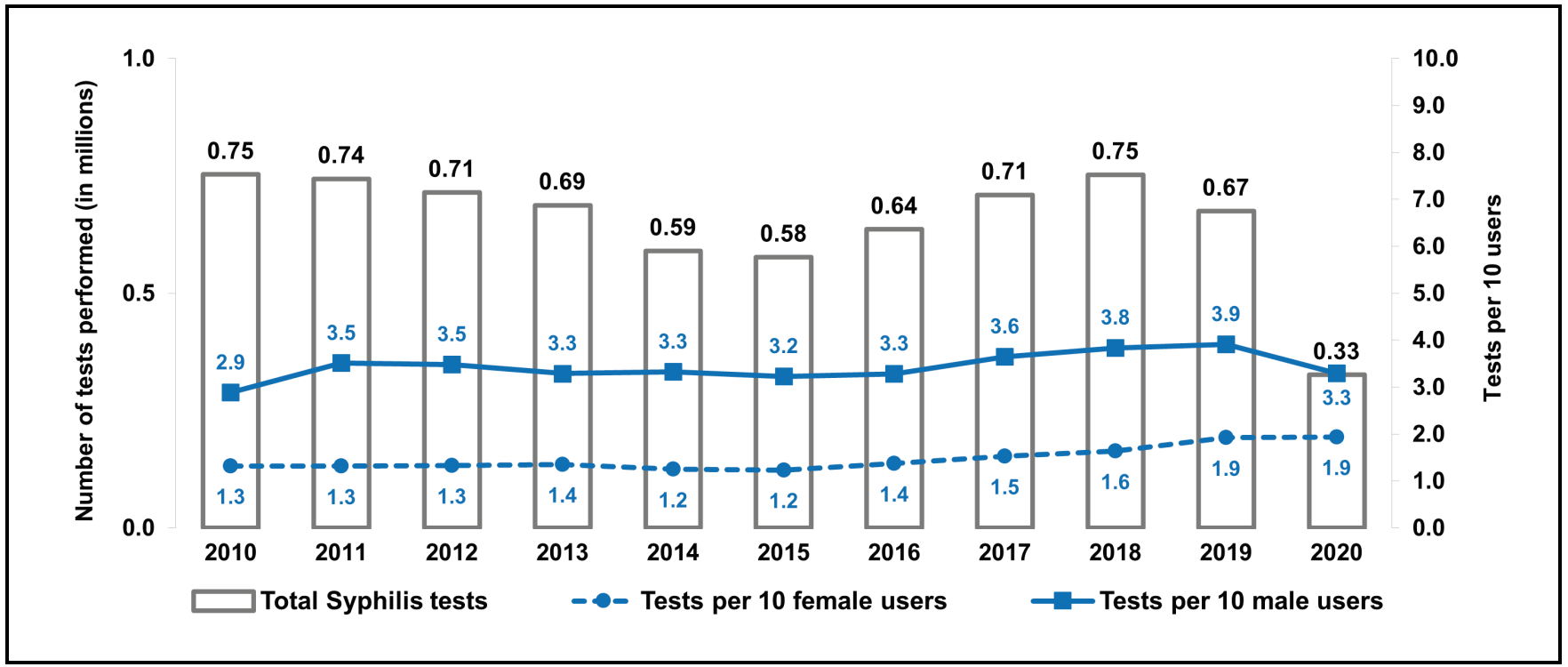


Exhibit A–13d. **Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–13a****.*

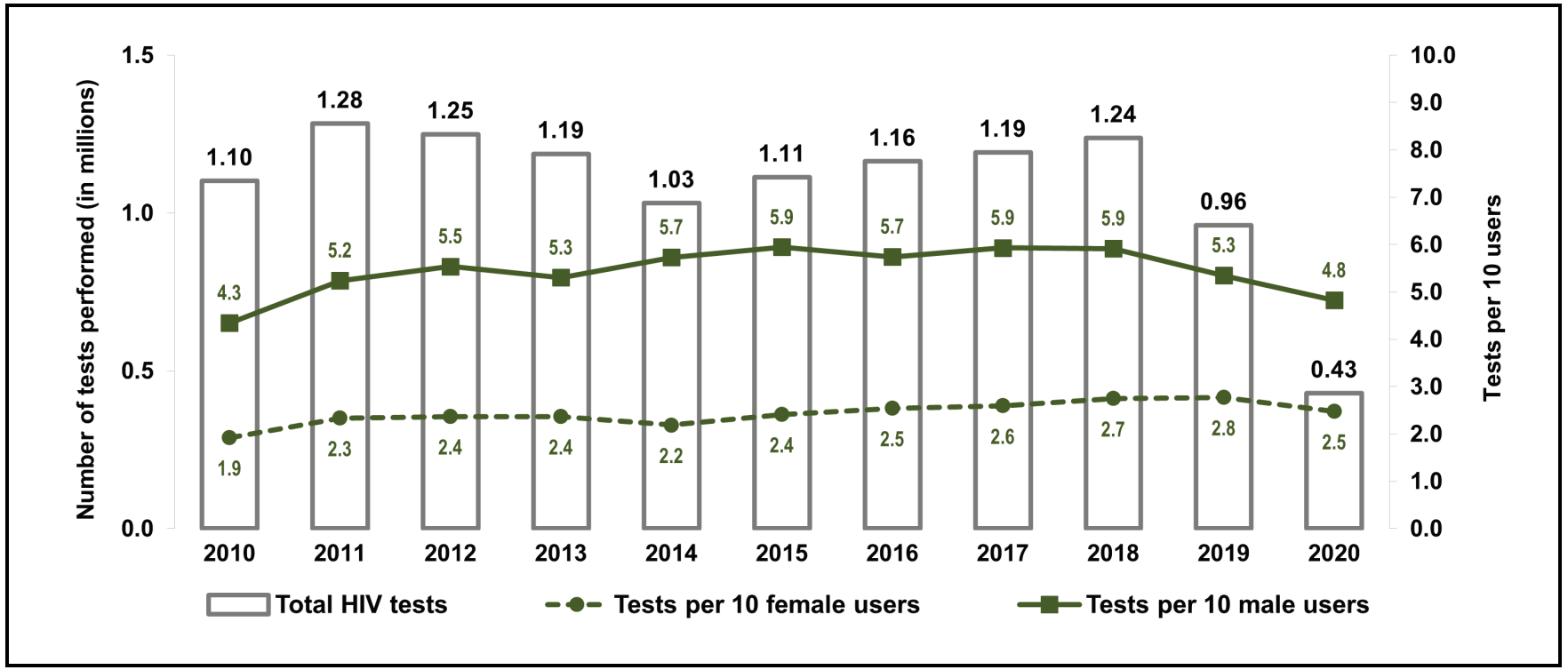


Exhibit A–14a. **Number and distribution of full-time equivalent (FTE) clinical services provider (CSP) staff and number and distribution of family planning encounters, by type and year: 2010–2020**

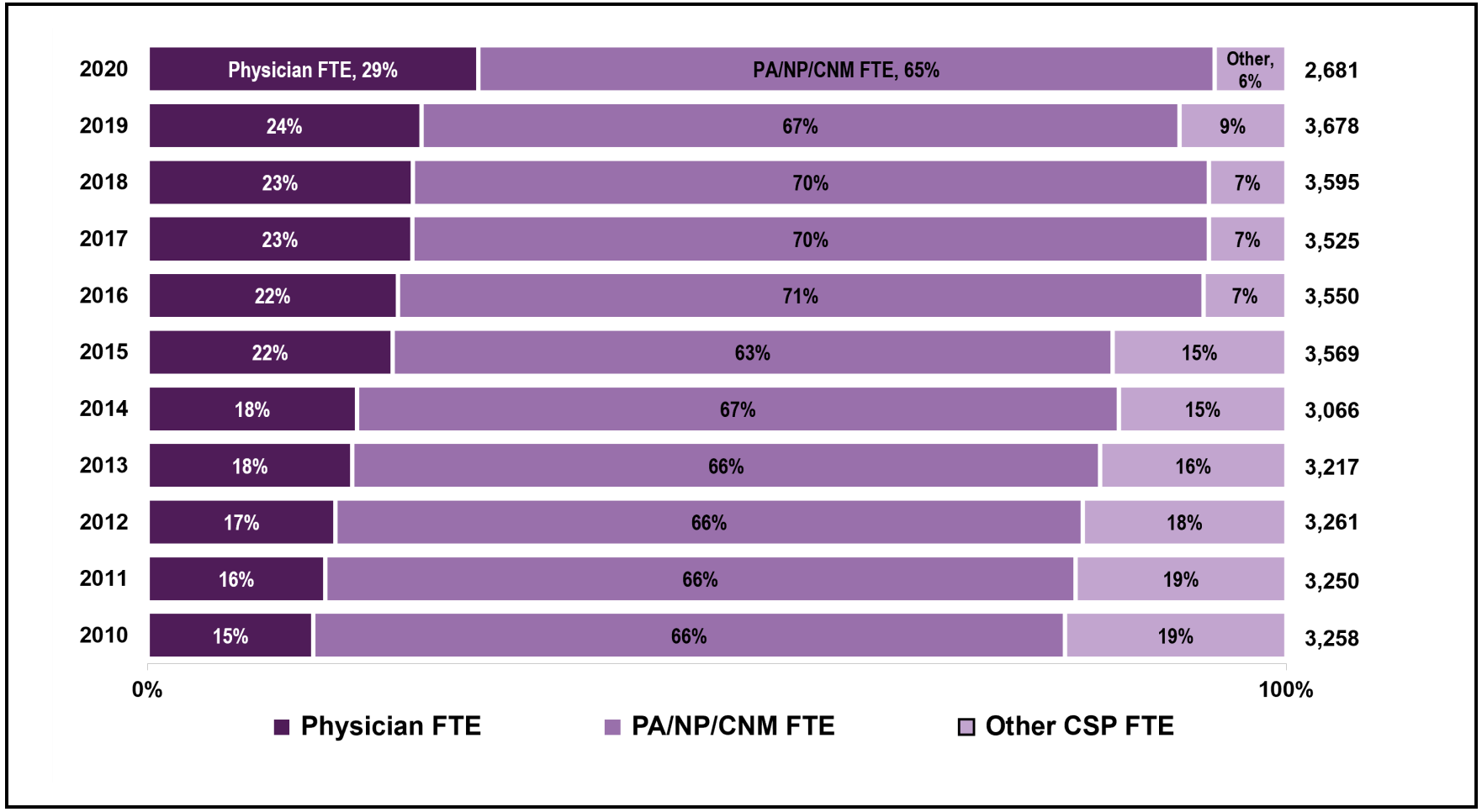
CSP Staffing and Utilization	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
FTEs by CSP Type											
Number											
Physician	474.0	506.4	538.2	578.3	563.5	768.5	779.6	819.9	836.7	884.0	779.0
PA/NP/CNM	2,151.2	2,142.3	2,140.4	2,112.6	2,052.5	2,256.9	2,511.8	2,465.7	2,514.0	2,449.6	1,733.7
Other	633.1	601.3	582.7	525.8	450.2	543.9	258.2	239.4	243.9	344.7	168.7
Total	**3,258.3**	**3,250.0**	**3,261.3**	**3,216.8**	**3,066.2**	**3,569.2**	**3,549.6**	**3,525.0**	**3,594.6**	**3,678.3**	**2,681.4**
Distribution											
Physician	15%	16%	17%	18%	18%	22%	22%	23%	23%	24%	29%
PA/NP/CNM	66%	66%	66%	66%	67%	63%	71%	70%	70%	67%	65%
Other	19%	19%	18%	16%	15%	15%	7%	7%	7%	9%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters by Staff Type											
Number											
With CSP	7,021,387	6,571,866	6,000,715	5,791,110	5,138,139	5,005,727	4,980,534	5,162,855	5,141,083	3,602,064	2,134,047
With non-CSP	2,745,349	2,783,447	2,628,104	2,379,041	2,076,893	1,878,836	1,710,025	1,477,446	1,331,384	1,071,605	576,673
Total	**9,766,736**	**9,355,313**	**8,628,819**	**8,170,151**	**7,215,032**	**6,884,563**	**6,690,559**	**6,640,301**	**6,472,467**	**4,673,669**	**2,710,720**
Distribution											
With CSP	72%	70%	70%	71%	71%	73%	74%	78%	79%	77%	79%
With non-CSP	28%	30%	30%	29%	29%	27%	26%	22%	21%	23%	21%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
FP Encounters by Location											
Number											
In Person	9,766,736	9,355,313	8,628,819	8,170,151	7,215,032	6,884,563	6,690,559	6,640,301	6,472,467	4,673,669	2,421,037
Virtual/Telehealth[a]	—	—	—	—	—	—	—	—	—	—	289,683
Total	**9,766,736**	**9,355,313**	**8,628,819**	**8,170,151**	**7,215,032**	**6,884,563**	**6,690,559**	**6,640,301**	**6,472,467**	**4,673,669**	**2,710,720**
Distribution											
In Person	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%
Virtual/Telehealth[a]	—	—	—	—	—	—	—	—	—	—	11%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Number of Encounters/user											
With CSP	1.3	1.3	1.3	1.3	1.2	1.2	1.2	1.3	1.3	1.2	1.4
With non-CSP	0.5	0.6	0.6	0.5	0.5	0.5	0.4	0.4	0.3	0.3	0.4
Total	**1.9**	**1.9**	**1.8**	**1.8**	**1.7**	**1.7**	**1.7**	**1.7**	**1.6**	**1.5**	**1.8**
CSP Encounters/CSP FTE	**2,155**	**2,022**	**1,840**	**1,800**	**1,676**	**1,402**	**1,403**	**1,465**	**1,430**	**979**	**796**

[a] In January 2021, OPA revised the *Title X Family Planning Annual Report (FPAR): Forms and Instructions* to capture the increase in virtual family planning encounters during the COVID-19 pandemic. The number of virtual encounters reported in the *2020 FPAR National Summary* is likely an underestimate because the data systems for some grantees and subrecipients were not able to report these data by the 2020 FPAR due date (February 16, 2021).

— Not available.

Exhibit A–14b. **Number and distribution of clinical services provider (CSP) full-time equivalents (FTEs), by CSP type and year: 2010–2020**

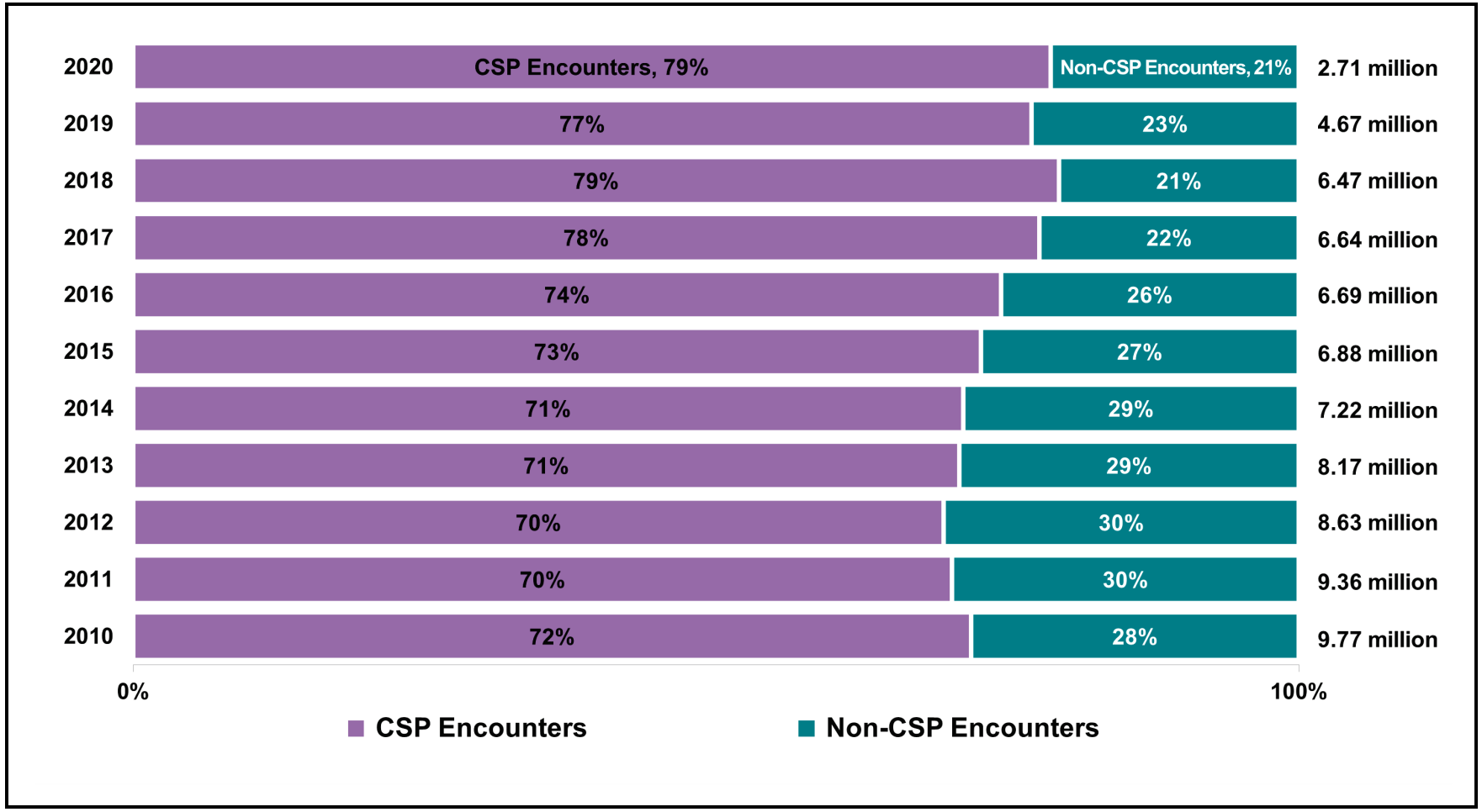
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–14a****.*



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

Exhibit A–14c. **Number and distribution of family planning encounters, by type and year: 2010–2020**

Note: *The data in this graph are presented in tabular form in* ***Exhibit A–14a****.*



CSP=clinical services provider.

Exhibit A–15a. Actual and adjusted (constant 2020$ and 2010$) total, Title X, and Medicaid revenue, by year: 2010–2020

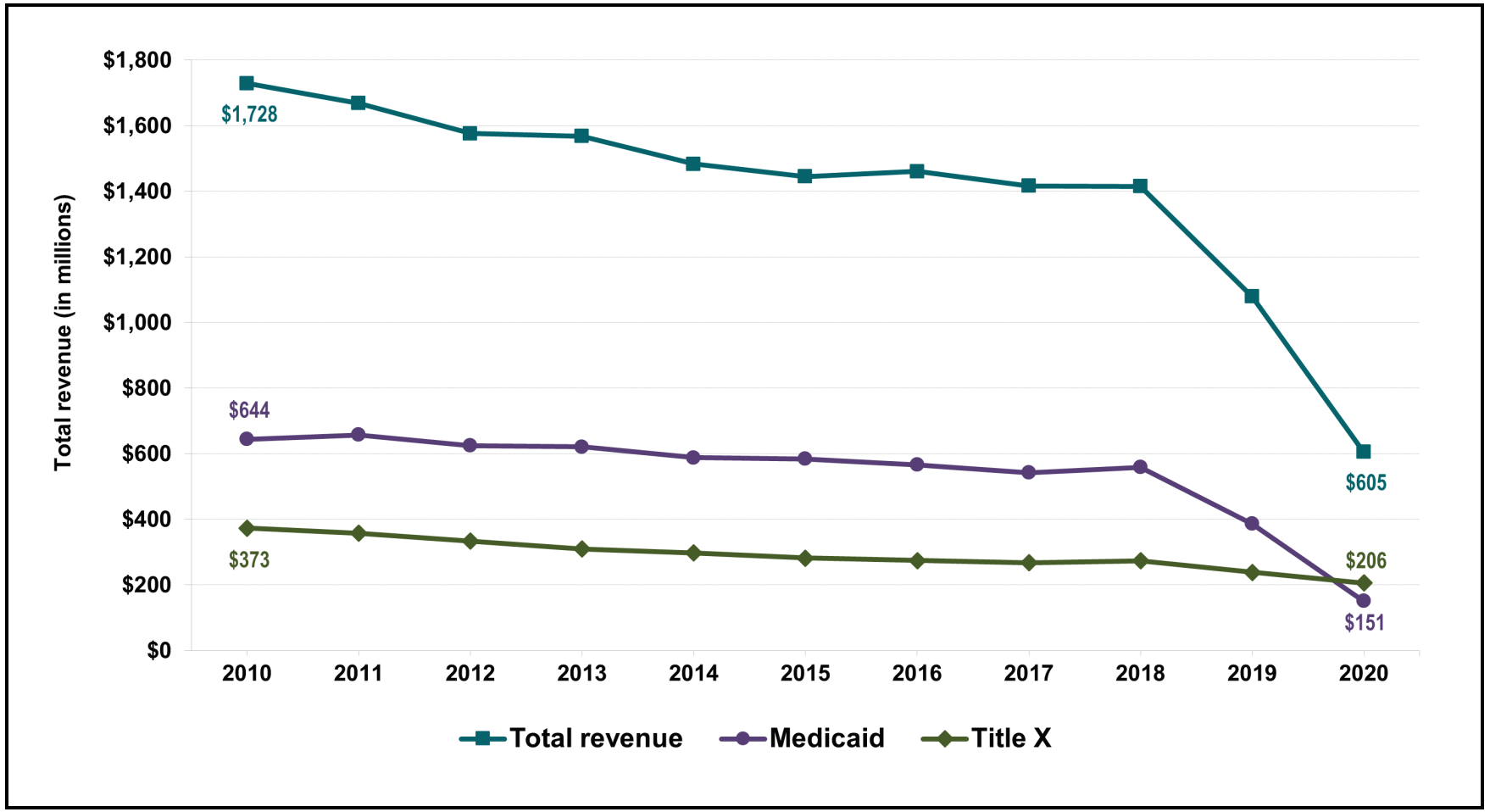
Revenue	2010 ($)	2011 ($)	2012 ($)	2013 ($)	2014 ($)	2015 ($)	2016 ($)	2017 ($)	2018 ($)	2019 ($)	2020 ($)	Change 2010–2020	Change 2019–2020
Total													
Actual[a]	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121	1,321,225,497	1,036,300,250	605,007,858	−53%	−42%
2020$[b]	1,728,316,637	1,667,855,951	1,575,929,890	1,567,994,714	1,482,753,799	1,444,879,856	1,460,517,907	1,416,519,539	1,414,364,144	1,078,846,917	605,007,858	−65%	−44%
2010$[b]	1,293,835,909	1,248,574,408	1,179,757,597	1,173,817,241	1,110,005,001	1,081,652,171	1,093,358,979	1,060,421,341	1,058,807,789	807,636,085	452,915,210	−65%	−44%
Title X													
Actual[a]	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054	244,563,111	255,902,324	229,031,074	205,830,740	−26%	−10%
2020$[b]	373,084,804	357,797,188	334,011,281	309,586,501	297,429,344	281,738,683	274,241,427	266,972,555	273,941,937	238,434,245	205,830,740	−45%	−14%
2010$[b]	279,295,186	267,850,717	250,044,338	231,759,692	222,658,717	210,912,525	205,300,001	199,858,447	205,075,799	178,494,370	154,087,045	−45%	−14%
Medicaid[c]													
Actual[a]	482,175,678	506,887,574	499,181,475	508,494,458	493,061,463	503,186,368	505,508,702	496,501,892	521,679,227	370,902,048	150,632,808	−69%	−59%
2020$[b]	644,094,232	657,105,659	624,242,722	620,617,430	587,738,253	584,421,177	565,690,049	541,996,616	558,454,552	386,129,918	150,632,808	−77%	−61%
2010$[b]	482,175,678	491,916,168	467,314,630	464,600,698	439,987,003	437,503,805	423,481,486	405,744,335	418,064,918	289,060,895	112,765,295	−77%	−61%

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

[b] Revenue is shown in constant 2020 dollars (2020$) and 2010 dollars (2010$), 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, https://data.bls.gov/cgi-bin/srgate).

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

Exhibit A–15b. **Total, Title X, and Medicaid adjusted (constant 2020$) revenue (in millions), by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a****.*



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

Exhibit A–15c. **Total actual (unadjusted) and adjusted (constant 2020$ and 2010$) revenue (in millions), by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a****.*

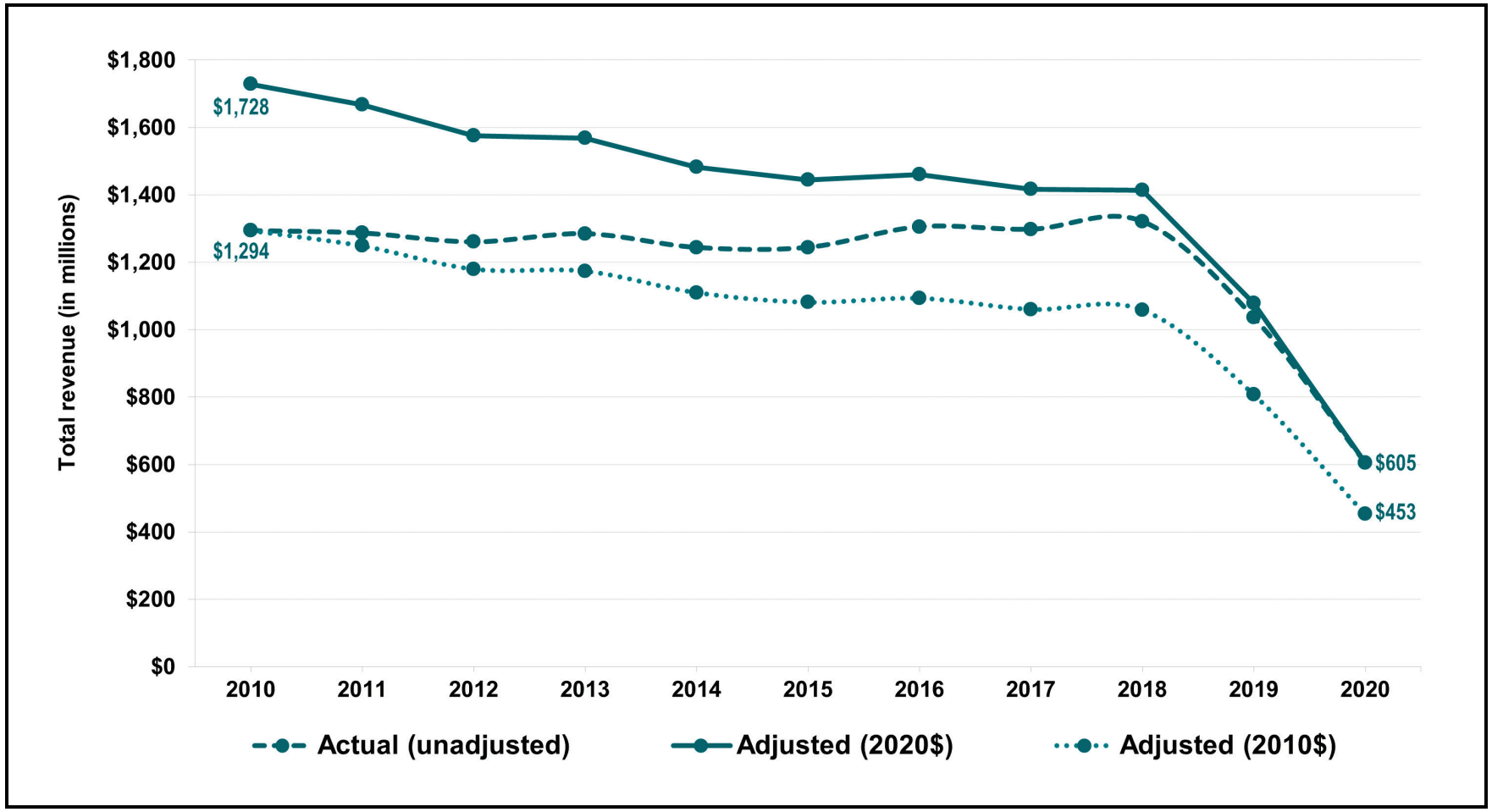


Exhibit A–15d. **Title X actual (unadjusted) and adjusted (constant 2020$ and 2010$) revenue (in millions), by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a****.*

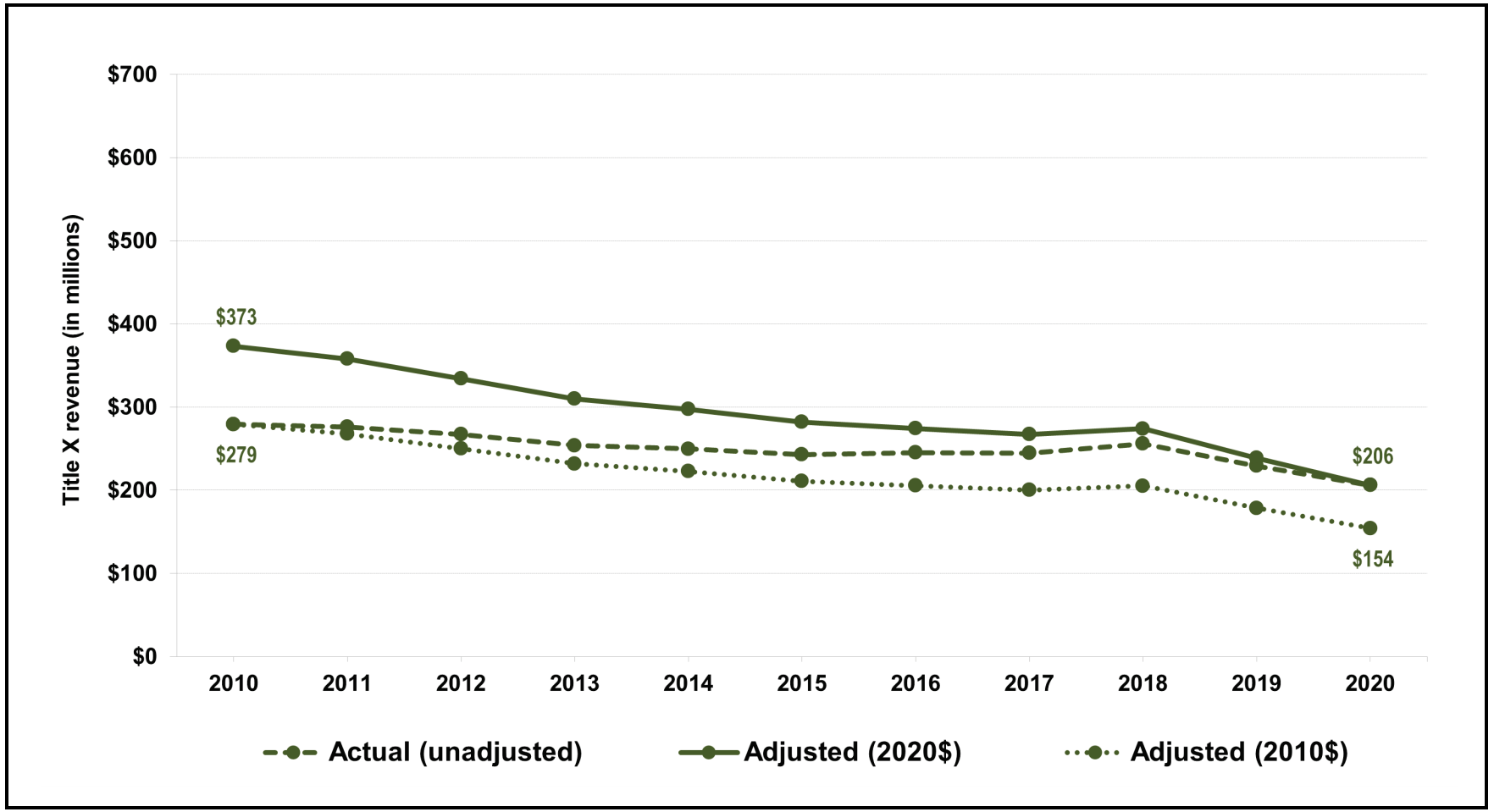
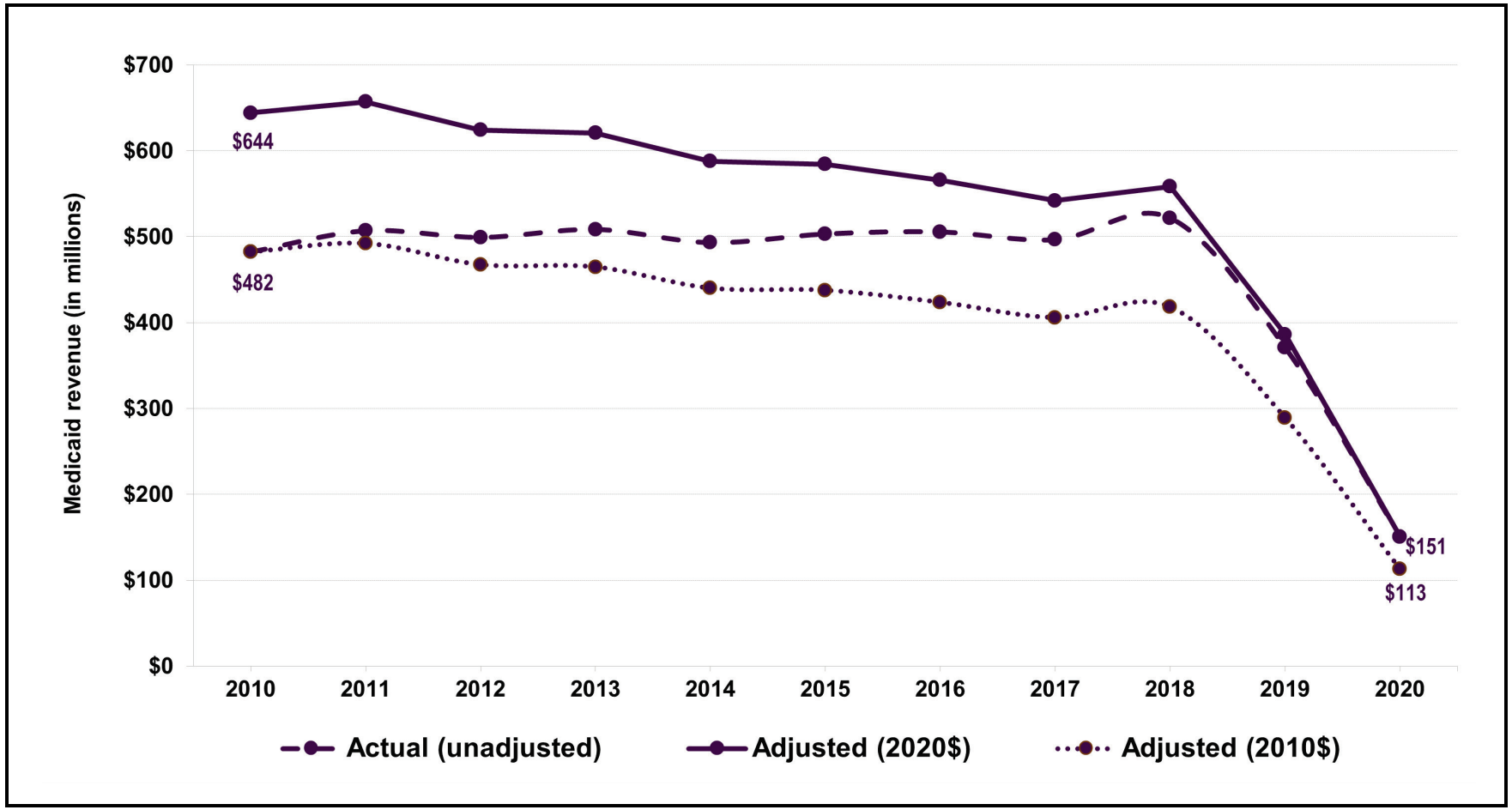


Exhibit A–15e. **Medicaid actual (unadjusted) and adjusted (constant 2020$ and 2010$) revenue (in millions), by year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibit A–15a.***



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

Exhibit A–16a. Total actual (unadjusted) project revenue, by revenue source and year: 2010–2020

Revenue Sources	2010 ($)	2011 ($)	2012 ($)	2013 ($)	2014 ($)	2015 ($)	2016 ($)	2017 ($)	2018 ($)	2019 ($)	2020 ($)
Title X	**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**	**205,830,740**
Payment for Services											
Client fees	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	19,491,605
Third-party payers											
Medicaid	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	149,159,998
CHIP	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	1,472,810
Medicare	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	5,684,335
Other	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	13,038,796
Private	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	48,719,431
Subtotal	**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**	**237,566,975**
Other Revenue											
MCH block grant	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	10,308,958
SS block grant	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	5,551,662
TANF	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	5,790,068
State government	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	60,597,168
Local government	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	25,008,232
BPHC	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	10,500,084
Other	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	43,853,971
Subtotal	**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**	**161,610,143**
Total Revenue											
Actual	**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**	**605,007,858**
2020$[a]	**1,728,316,637**	**1,667,855,951**	**1,575,929,890**	**1,567,994,714**	**1,482,753,799**	**1,444,879,856**	**1,460,517,907**	**1,416,519,539**	**1,414,364,144**	**1,078,846,917**	**605,007,858**
2010$[a]	**1,293,835,909**	**1,248,574,408**	**1,179,757,597**	**1,173,817,241**	**1,110,005,001**	**1,081,652,171**	**1,093,358,979**	**1,060,421,341**	**1,058,807,789**	**807,636,085**	**452,915,210**

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 2020 dollars (2020$) and 2010 dollars (2010$), 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, https://data.bls.gov/cgi-bin/srgate).

Exhibit A–16b. Distribution of total project revenue, by revenue source and year: 2010–2020

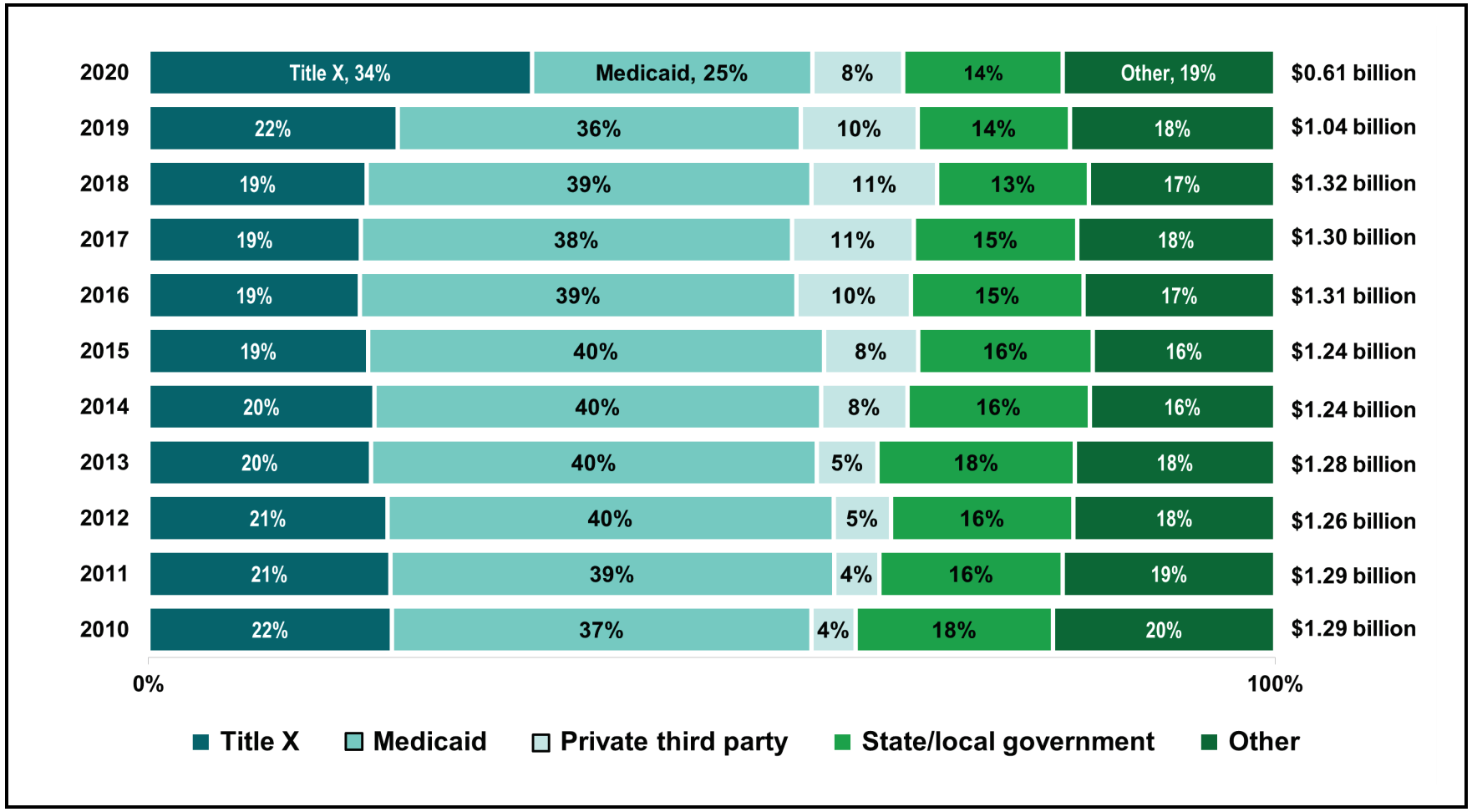
Revenue Sources	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Title X	**22%**	**21%**	**21%**	**20%**	**20%**	**19%**	**19%**	**19%**	**19%**	**22%**	**34%**
Payment for Services											
Client fees	7%	6%	6%	5%	4%	4%	4%	4%	4%	4%	3%
Third-party payers											
Medicaid	37%	39%	40%	39%	39%	40%	39%	38%	39%	36%	25%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Other	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%	1%	2%
Private	4%	4%	5%	5%	8%	8%	10%	11%	11%	10%	8%
Subtotal	**48%**	**49%**	**51%**	**51%**	**53%**	**54%**	**54%**	**55%**	**56%**	**52%**	**39%**
Other Revenue											
MCH block grant	2%	2%	2%	2%	2%	1%	1%	1%	1%	2%	2%
SS block grant	3%	2%	1%	1%	0%†	0%†	0%†	0%†	0%†	1%	1%
TANF	1%	1%	1%	1%	1%	0%†	1%	0%†	0%†	1%	1%
State government	10%	10%	9%	10%	10%	10%	10%	9%	10%	11%	10%
Local government	7%	7%	7%	7%	6%	6%	5%	5%	3%	3%	4%
BPHC	0%†	0%†	0%†	1%	1%	1%	1%	2%	1%	1%	2%
Other	7%	7%	8%	7%	7%	8%	9%	9%	7%	8%	7%
Subtotal	**30%**	**29%**	**28%**	**29%**	**27%**	**26%**	**27%**	**27%**	**24%**	**26%**	**27%**
Total Revenue	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

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

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

† Percentage is less than 0.5%.

Exhibit A–16c. **Amount (unadjusted) and distribution of total project revenue, by revenue source and year: 2010–2020**
Note: *The data in this graph are presented in tabular form in* ***Exhibits A–16a*** *and* ***16b.***



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: 2020 (Source: FPAR Table 1)**

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	45,396	101	45,497	100%	0%†	3%
Alaska	315	30	345	91%	9%	0%†
Arizona	12,287	3,334	15,621	79%	21%	1%
Arkansas	31,604	52	31,656	100%	0%†	2%
California	162,339	25,620	187,959	86%	14%	12%
Colorado	34,853	5,778	40,631	86%	14%	3%
Connecticut	5,345	2,550	7,895	68%	32%	1%
Delaware	8,488	1,584	10,072	84%	16%	1%
District of Columbia	33,477	15,322	48,799	69%	31%	3%
Florida	80,406	6,076	86,482	93%	7%	6%
Georgia	113,555	48,788	162,343	70%	30%	11%
Hawaii	0	0	0	—	—	0%
Idaho	9,445	1,318	10,763	88%	12%	1%
Illinois	12,274	1,696	13,970	88%	12%	1%
Indiana	10,976	1,102	12,078	91%	9%	1%
Iowa	15,081	1,396	16,477	92%	8%	1%
Kansas	12,846	1,519	14,365	89%	11%	1%
Kentucky	24,173	4,229	28,402	85%	15%	2%
Louisiana	25,732	7,885	33,617	77%	23%	2%
Maine	0	0	0	—	—	0%
Maryland	18,716	1,629	20,345	92%	8%	1%
Massachusetts	12,434	1,785	14,219	87%	13%	1%
Michigan	13,231	1,449	14,680	90%	10%	1%
Minnesota	953	1,333	2,286	42%	58%	0%†
Mississippi	30,068	823	30,891	97%	3%	2%
Missouri	24,772	3,849	28,621	87%	13%	2%
Montana	7,157	1,322	8,479	84%	16%	1%
Nebraska	16,479	3,296	19,775	83%	17%	1%
Nevada	11,190	1,737	12,927	87%	13%	1%
New Hampshire	463	20	483	96%	4%	0%†
New Jersey	26,236	2,413	28,649	92%	8%	2%
New Mexico	7,459	248	7,707	97%	3%	1%
New York	1,765	463	2,228	79%	21%	0%†

— Not applicable.

(continued)

† Percentage is less than 0.5%.

Exhibit B–1. **Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2020 (Source: FPAR Table 1) (continued)**

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	61,091	104	61,195	100%	0%†	4%
North Dakota	3,829	954	4,783	80%	20%	0%†
Ohio	27,322	7,853	35,175	78%	22%	2%
Oklahoma	31,485	589	32,074	98%	2%	2%
Oregon	0	0	0	—	—	0%
Pennsylvania	82,749	12,135	94,884	87%	13%	6%
Rhode Island	15,433	3,570	19,003	81%	19%	1%
South Carolina	30,395	6,398	36,793	83%	17%	2%
South Dakota	3,773	469	4,242	89%	11%	0%†
Tennessee	45,113	1,514	46,627	97%	3%	3%
Texas	134,468	18,297	152,765	88%	12%	10%
Utah	0	0	0	—	—	0%
Vermont	0	0	0	—	—	0%
Virginia	18,424	1,422	19,846	93%	7%	1%
Washington	0	0	0	—	—	0%
West Virginia	30,921	2,942	33,863	91%	9%	2%
Wisconsin	6,830	1,405	8,235	83%	17%	1%
Wyoming	4,455	848	5,303	84%	16%	0%†
Territories & FAS						
American Samoa	1,421	53	1,474	96%	4%	0%†
Comm. of the Northern Mariana Islands	1,271	6	1,277	100%	0%†	0%†
Federated States of Micronesia	2,803	620	3,423	82%	18%	0%†
Guam	235	25	260	90%	10%	0%†
Puerto Rico	9,763	1,593	11,356	86%	14%	1%
Republic of the Marshall Islands	2,131	9	2,140	100%	0%†	0%†
Republic of Palau	847	93	940	90%	10%	0%†
U.S. Virgin Islands	2,720	103	2,823	96%	4%	0%†
Total All Users	**1,326,994**	**209,749**	**1,536,743**	**86%**	**14%**	**100%**
Range				**42%–100%**	**0%†–58%**	**0%–12%**

FAS=Freely Associated States.

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–2. **Number and distribution of all family planning users, by user income level and state: 2020 (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	23,120	8,440	1,129	12,808	45,497	51%	19%	2%	28%
Alaska	160	146	38	1	345	46%	42%	11%	0%†
Arizona	9,910	3,599	683	1,429	15,621	63%	23%	4%	9%
Arkansas	23,565	7,403	687	1	31,656	74%	23%	2%	0%†
California	124,177	33,859	3,096	26,827	187,959	66%	18%	2%	14%
Colorado	31,472	7,615	1,544	0	40,631	77%	19%	4%	0%
Connecticut	7,581	302	12	0	7,895	96%	4%	0%†	0%
Delaware	6,274	2,278	140	1,380	10,072	62%	23%	1%	14%
District of Columbia	31,931	10,282	2,173	4,413	48,799	65%	21%	4%	9%
Florida	66,299	17,605	2,039	539	86,482	77%	20%	2%	1%
Georgia	101,741	30,752	24,367	5,483	162,343	63%	19%	15%	3%
Hawaii	0	0	0	0	0	—	—	—	—
Idaho	6,083	3,884	796	0	10,763	57%	36%	7%	0%
Illinois	11,136	2,573	251	10	13,970	80%	18%	2%	0%†
Indiana	8,263	3,254	561	0	12,078	68%	27%	5%	0%
Iowa	11,230	3,962	786	499	16,477	68%	24%	5%	3%
Kansas	8,793	4,098	1,011	463	14,365	61%	29%	7%	3%
Kentucky	19,421	5,618	1,033	2,330	28,402	68%	20%	4%	8%
Louisiana	21,959	7,118	815	3,725	33,617	65%	21%	2%	11%
Maine	0	0	0	0	0	—	—	—	—
Maryland	12,368	3,768	589	3,620	20,345	61%	19%	3%	18%
Massachusetts	11,244	1,792	1,098	85	14,219	79%	13%	8%	1%
Michigan	8,898	4,290	975	517	14,680	61%	29%	7%	4%
Minnesota	1,740	355	151	40	2,286	76%	16%	7%	2%
Mississippi	17,210	3,151	286	10,244	30,891	56%	10%	1%	33%
Missouri	16,668	7,532	4,421	0	28,621	58%	26%	15%	0%
Montana	3,430	2,924	1,920	205	8,479	40%	34%	23%	2%
Nebraska	12,174	5,039	1,991	571	19,775	62%	25%	10%	3%
Nevada	6,451	4,311	924	1,241	12,927	50%	33%	7%	10%
New Hampshire	232	192	59	0	483	48%	40%	12%	0%
New Jersey	17,291	10,173	504	681	28,649	60%	36%	2%	2%
New Mexico	6,301	1,311	57	38	7,707	82%	17%	1%	0%†
New York	1,638	243	95	252	2,228	74%	11%	4%	11%

UK/NR=unknown or not reported.

(continued)

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–2. Number and distribution of all family planning users, by user income level and state: 2020 (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	36,766	16,261	5,721	2,447	61,195	60%	27%	9%	4%
North Dakota	1,925	1,608	1,085	165	4,783	40%	34%	23%	3%
Ohio	22,006	10,490	2,484	195	35,175	63%	30%	7%	1%
Oklahoma	22,029	9,004	834	207	32,074	69%	28%	3%	1%
Oregon	0	0	0	0	0	—	—	—	—
Pennsylvania	64,769	18,607	5,972	5,536	94,884	68%	20%	6%	6%
Rhode Island	8,499	3,023	3,427	4,054	19,003	45%	16%	18%	21%
South Carolina	23,183	9,310	4,300	0	36,793	63%	25%	12%	0%
South Dakota	2,441	1,062	675	64	4,242	58%	25%	16%	2%
Tennessee	34,709	10,319	1,549	50	46,627	74%	22%	3%	0%†
Texas	117,816	24,520	2,987	7,442	152,765	77%	16%	2%	5%
Utah	0	0	0	0	0	—	—	—	—
Vermont	0	0	0	0	0	—	—	—	—
Virginia	13,254	4,941	1,293	358	19,846	67%	25%	7%	2%
Washington	0	0	0	0	0	—	—	—	—
West Virginia	18,264	7,803	2,269	5,527	33,863	54%	23%	7%	16%
Wisconsin	2,968	2,014	963	2,290	8,235	36%	24%	12%	28%
Wyoming	2,589	1,504	1,210	0	5,303	49%	28%	23%	0%
Territories & FAS									
American Samoa	1,474	0	0	0	1,474	100%	0%	0%	0%
Comm. of the Northern Mariana Islands	912	15	5	345	1,277	71%	1%	0%†	27%
Federated States of Micronesia	3,423	0	0	0	3,423	100%	0%	0%	0%
Guam	251	2	1	6	260	97%	1%	0%†	2%
Puerto Rico	10,548	489	304	15	11,356	93%	4%	3%	0%†
Republic of the Marshall Islands	2,140	0	0	0	2,140	100%	0%	0%	0%
Republic of Palau	528	199	19	194	940	56%	21%	2%	21%
U.S. Virgin Islands	1,745	1,078	0	0	2,823	62%	38%	0%	0%
Total All Users	**1,020,999**	**320,118**	**89,329**	**106,297**	**1,536,743**	**66%**	**21%**	**6%**	**7%**
Range						**36%–100%**	**0%–42%**	**0%–23%**	**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 https://aspe.hhs.gov/poverty/.

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2020 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	11,709	8,092	25,684	12	45,497	26%	18%	56%	0%†
Alaska	98	103	144	0	345	28%	30%	42%	0%
Arizona	3,887	2,685	9,049	0	15,621	25%	17%	58%	0%
Arkansas	13,395	10,709	7,552	0	31,656	42%	34%	24%	0%
California	110,239	9,013	59,804	8,903	187,959	59%	5%	32%	5%
Colorado	16,491	6,163	17,579	398	40,631	41%	15%	43%	1%
Connecticut	5,511	1,236	1,148	0	7,895	70%	16%	15%	0%
Delaware	4,112	2,304	3,009	647	10,072	41%	23%	30%	6%
District of Columbia	34,762	4,135	9,890	12	48,799	71%	8%	20%	0%†
Florida	44,393	18,090	23,632	367	86,482	51%	21%	27%	0%†
Georgia	49,473	52,648	57,924	2,298	162,343	30%	32%	36%	1%
Hawaii	0	0	0	0	0	—	—	—	—
Idaho	2,754	1,065	4,693	2,251	10,763	26%	10%	44%	21%
Illinois	6,908	2,977	4,083	2	13,970	49%	21%	29%	0%†
Indiana	3,469	2,422	6,187	0	12,078	29%	20%	51%	0%
Iowa	6,162	5,832	4,295	188	16,477	37%	35%	26%	1%
Kansas	1,533	3,167	9,522	143	14,365	11%	22%	66%	1%
Kentucky	13,155	5,944	8,496	807	28,402	46%	21%	30%	3%
Louisiana	19,934	5,314	8,189	180	33,617	59%	16%	24%	1%
Maine	0	0	0	0	0	—	—	—	—
Maryland	5,675	4,557	9,639	474	20,345	28%	22%	47%	2%
Massachusetts	8,318	4,463	1,388	50	14,219	58%	31%	10%	0%†
Michigan	6,413	3,989	4,173	105	14,680	44%	27%	28%	1%
Minnesota	466	159	1,661	0	2,286	20%	7%	73%	0%
Mississippi	11,178	2,876	16,721	116	30,891	36%	9%	54%	0%†
Missouri	5,176	7,519	15,926	0	28,621	18%	26%	56%	0%
Montana	1,962	3,784	2,575	158	8,479	23%	45%	30%	2%
Nebraska	2,921	4,533	12,320	1	19,775	15%	23%	62%	0%†
Nevada	3,934	2,749	6,063	181	12,927	30%	21%	47%	1%
New Hampshire	230	137	116	0	483	48%	28%	24%	0%
New Jersey	11,934	6,838	9,643	234	28,649	42%	24%	34%	1%
New Mexico	2,054	784	4,837	32	7,707	27%	10%	63%	0%†
New York	1,411	365	452	0	2,228	63%	16%	20%	0%

UK/NR=unknown or not reported.

(continued)

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–3a. Number and distribution of all family planning users, by insurance status and state: 2020 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	25,525	8,080	25,337	2,253	61,195	42%	13%	41%	4%
North Dakota	444	2,543	1,793	3	4,783	9%	53%	37%	0%†
Ohio	14,711	7,543	12,271	650	35,175	42%	21%	35%	2%
Oklahoma	5,876	4,800	21,398	0	32,074	18%	15%	67%	0%
Oregon	0	0	0	0	0	—	—	—	—
Pennsylvania	47,381	25,132	19,202	3,169	94,884	50%	26%	20%	3%
Rhode Island	11,705	5,388	1,861	49	19,003	62%	28%	10%	0%†
South Carolina	16,455	14,610	5,728	0	36,793	45%	40%	16%	0%
South Dakota	527	1,314	2,401	0	4,242	12%	31%	57%	0%
Tennessee	15,124	5,467	26,026	10	46,627	32%	12%	56%	0%†
Texas	33,680	10,415	103,828	4,842	152,765	22%	7%	68%	3%
Utah	0	0	0	0	0	—	—	—	—
Vermont	0	0	0	0	0	—	—	—	—
Virginia	6,416	6,651	3,693	3,086	19,846	32%	34%	19%	16%
Washington	0	0	0	0	0	—	—	—	—
West Virginia	12,524	10,868	10,332	139	33,863	37%	32%	31%	0%†
Wisconsin	4,347	779	1,658	1,451	8,235	53%	9%	20%	18%
Wyoming	368	1,554	3,345	36	5,303	7%	29%	63%	1%
Territories & FAS									
American Samoa	0	0	1,474	0	1,474	0%	0%	100%	0%
Comm. of the Northern Mariana Islands	706	237	314	20	1,277	55%	19%	25%	2%
Federated States of Micronesia	586	12	2,567	258	3,423	17%	0%†	75%	8%
Guam	32	5	155	68	260	12%	2%	60%	26%
Puerto Rico	7,408	3,121	818	9	11,356	65%	27%	7%	0%†
Republic of the Marshall Islands	0	0	2,140	0	2,140	0%	0%	100%	0%
Republic of Palau	893	8	29	10	940	95%	1%	3%	1%
U.S. Virgin Islands	1,647	378	798	0	2,823	58%	13%	28%	0%
Total Users	616,012	293,557	593,562	33,612	1,536,743	40%	19%	39%	2%
Range						**0%–95%**	**0%–53%**	**3%–100%**	**0%–26%**

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

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

— Not applicable.

† Percentage is less than 0.5%.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states' Medicaid expansion under the Affordable Care Act (ACA): 2020 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Alaska[a]	98	103	144	0	345	28%	30%	42%	0%
Arizona[b]	3,887	2,685	9,049	0	15,621	25%	17%	58%	0%
Arkansas[b]	13,395	10,709	7,552	0	31,656	42%	34%	24%	0%
California	110,239	9,013	59,804	8,903	187,959	59%	5%	32%	5%
Colorado	16,491	6,163	17,579	398	40,631	41%	15%	43%	1%
Connecticut	5,511	1,236	1,148	0	7,895	70%	16%	15%	0%
Delaware	4,112	2,304	3,009	647	10,072	41%	23%	30%	6%
District of Columbia	34,762	4,135	9,890	12	48,799	71%	8%	20%	0%
Hawaii	0	0	0	0	0	—	—	—	—
Idaho[a,c]	2,754	1,065	4,693	2,251	10,763	26%	10%	44%	21%
Illinois	6,908	2,977	4,083	2	13,970	49%	21%	29%	0%†
Indiana[a,b]	3,469	2,422	6,187	0	12,078	29%	20%	51%	0%
Iowa[b]	6,162	5,832	4,295	188	16,477	37%	35%	26%	1%
Kentucky	13,155	5,944	8,496	807	28,402	46%	21%	30%	3%
Louisiana[a]	19,934	5,314	8,189	180	33,617	59%	16%	24%	1%
Maine[a]	0	0	0	0	0	—	—	—	—
Maryland	5,675	4,557	9,639	474	20,345	28%	22%	47%	2%
Massachusetts	8,318	4,463	1,388	50	14,219	58%	31%	10%	0%†
Michigan[a,b]	6,413	3,989	4,173	105	14,680	44%	27%	28%	1%
Minnesota	466	159	1,661	0	2,286	20%	7%	73%	0%
Montana[a,b,c]	1,962	3,784	2,575	158	8,479	23%	45%	30%	2%
Nebraska[a,c]	2,921	4,533	12,320	1	19,775	15%	23%	62%	0%†
Nevada	3,934	2,749	6,063	181	12,927	30%	21%	47%	1%
New Hampshire[a,b]	230	137	116	0	483	48%	28%	24%	0%
New Jersey	11,934	6,838	9,643	234	28,649	42%	24%	34%	1%
New Mexico[b]	2,054	784	4,837	32	7,707	27%	10%	63%	0%†
New York	1,411	365	452	0	2,228	63%	16%	20%	0%
North Dakota	444	2,543	1,793	3	4,783	9%	53%	37%	0%†
Ohio[b]	14,711	7,543	12,271	650	35,175	42%	21%	35%	2%
Oregon	0	0	0	0	0	—	—	—	—
Pennsylvania[a]	47,381	25,132	19,202	3,169	94,884	50%	26%	20%	3%
Rhode Island	11,705	5,388	1,861	49	19,003	62%	28%	10%	0%†
Utah[a,b,c]	0	0	0	0	0	—	—	—	—
Vermont	0	0	0	0	0	—	—	—	—
Virginia[a]	6,416	6,651	3,693	3,086	19,846	32%	34%	19%	16%
Washington	0	0	0	0	0	—	—	—	—
West Virginia	12,524	10,868	10,332	139	33,863	37%	32%	31%	0%†
Expansion States Subtotal	**379,376**	**150,385**	**246,137**	**21,719**	**797,617**	**48%**	**19%**	**31%**	**3%**
Range						**9%–71%**	**5%–53%**	**10%–73%**	**0%–21%**

UK/NR=unknown or not reported. — Not applicable. † Percentage is less than 0.5%. (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), **Maine** (1/10/2019 with coverage retroactive to 7/2/2018), **Idaho** (1/1/2020), **Utah** (1/1/2020), and **Nebraska** (10/1/2020). The following states adopted Medicaid expansion after the 2020 reporting period: **Oklahoma** (implementation planned for 7/1/2021) and **Missouri** (implementation planned for 7/1/2021) [see reference 38].

[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 38].

[c] See reference 38 for updates on the status of Medicaid expansion in this state.

Exhibit B–3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the status of the states' Medicaid expansion under the Affordable Care Act (ACA): 2020 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	11,709	8,092	25,684	12	45,497	26%	18%	56%	0%†
Florida[c]	44,393	18,090	23,632	367	86,482	51%	21%	27%	0%†
Georgia[c]	49,473	52,648	57,924	2,298	162,343	30%	32%	36%	1%
Kansas[c]	1,533	3,167	9,522	143	14,365	11%	22%	66%	1%
Mississippi[c]	11,178	2,876	16,721	116	30,891	36%	9%	54%	0%†
Missouri[a,c]	5,176	7,519	15,926	0	28,621	18%	26%	56%	0%
North Carolina[c]	25,525	8,080	25,337	2,253	61,195	42%	13%	41%	4%
Oklahoma[a,c]	5,876	4,800	21,398	0	32,074	18%	15%	67%	0%
South Carolina[c]	16,455	14,610	5,728	0	36,793	45%	40%	16%	0%
South Dakota[c]	527	1,314	2,401	0	4,242	12%	31%	57%	0%
Tennessee	15,124	5,467	26,026	10	46,627	32%	12%	56%	0%†
Texas	33,680	10,415	103,828	4,842	152,765	22%	7%	68%	3%
Wisconsin[c]	4,347	779	1,658	1,451	8,235	53%	9%	20%	18%
Wyoming	368	1,554	3,345	36	5,303	7%	29%	63%	1%
Nonexpansion States Subtotal	**225,364**	**139,411**	**339,130**	**11,528**	**715,433**	**32%**	**19%**	**47%**	**2%**
Range						**7%–53%**	**7%–40%**	**16%–68%**	**0%–18%**
All States Total	**604,740**	**289,796**	**585,267**	**33,247**	**1,513,050**	**40%**	**19%**	**39%**	**2%**
Range						**7%–71%**	**5%–53%**	**10%–73%**	**0%–21%**

UK/NR=unknown or not reported.

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

[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), **Maine** (1/10/2019 with coverage retroactive to 7/2/2018), **Idaho** (1/1/2020), **Utah** (1/1/2020), and **Nebraska** (10/1/2020). The following states adopted Medicaid expansion after the 2020 reporting period: **Oklahoma** (implementation planned for 7/1/2021) and **Missouri** (implementation planned for 7/1/2021) [see reference 38].

[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 38].

[c] See reference 38 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: 2020 (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	95	2,473	20,602	4,505	42,264	6%	49%	11%
Alaska	5	123	99	34	272	47%	36%	13%
Arizona	119	2,613	4,594	1,634	10,817	25%	42%	15%
Arkansas	1,695	5,309	16,044	2,396	27,465	26%	58%	9%
California	9,306	29,209	41,168	32,811	145,782	26%	28%	23%
Colorado	353	11,084	14,235	3,430	31,849	36%	45%	11%
Connecticut	441	561	698	749	4,076	25%	17%	18%
Delaware	387	1,435	3,510	1,158	7,521	24%	47%	15%
District of Columbia	812	4,456	6,652	1,578	29,280	18%	23%	5%
Florida	1,062	9,972	41,642	8,767	66,655	17%	62%	13%
Georgia	14,581	10,344	17,418	28,004	90,803	27%	19%	31%
Hawaii	0	0	0	0	0	—	—	—
Idaho	391	1,669	3,677	1,122	7,753	27%	47%	14%
Illinois	158	1,221	3,512	2,317	10,506	13%	33%	22%
Indiana	387	2,162	5,897	1,319	9,985	26%	59%	13%
Iowa	618	3,649	6,187	1,469	12,839	33%	48%	11%
Kansas	466	1,479	7,255	1,386	12,015	16%	60%	12%
Kentucky	487	2,108	9,227	8,725	21,149	12%	44%	41%
Louisiana	1,909	2,452	11,466	3,585	22,412	19%	51%	16%
Maine	0	0	0	0	0	—	—	—
Maryland	380	3,023	7,182	2,578	17,411	20%	41%	15%
Massachusetts	147	2,077	3,938	1,406	10,459	21%	38%	13%
Michigan	285	1,348	8,610	1,300	12,129	13%	71%	11%
Minnesota	21	163	189	288	877	21%	22%	33%
Mississippi	2	167	12,835	160	29,963	1%	43%	1%
Missouri	1,271	3,951	12,185	3,526	21,754	24%	56%	16%
Montana	289	2,089	3,037	1,125	6,616	36%	46%	17%
Nebraska	1,078	4,940	3,862	2,780	14,471	42%	27%	19%
Nevada	205	1,957	4,268	1,265	10,389	21%	41%	12%
New Hampshire	29	92	263	31	432	28%	61%	7%
New Jersey	1,188	4,036	7,564	7,498	22,502	23%	34%	33%
New Mexico	95	2,129	3,864	240	6,567	34%	59%	4%
New York	32	130	209	234	1,484	11%	14%	16%

— Not applicable.

(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: 2020 (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	488	11,047	31,229	7,695	55,019	21%	57%	14%
North Dakota	142	773	2,066	448	3,547	26%	58%	13%
Ohio	2,626	3,554	10,718	3,624	24,515	25%	44%	15%
Oklahoma	120	4,848	16,952	3,222	26,291	19%	64%	12%
Oregon	0	0	0	0	0	—	—	—
Pennsylvania	4,291	10,240	28,110	13,575	70,785	21%	40%	19%
Rhode Island	1,720	2,761	4,406	1,772	12,246	37%	36%	14%
South Carolina	258	3,621	18,643	4,894	27,416	14%	68%	18%
South Dakota	50	619	2,402	248	3,619	18%	66%	7%
Tennessee	156	4,773	24,105	4,534	33,915	15%	71%	13%
Texas	9,101	20,570	47,252	38,190	123,431	24%	38%	31%
Utah	0	0	0	0	0	—	—	—
Vermont	0	0	0	0	0	—	—	—
Virginia	570	3,505	9,752	1,863	16,682	24%	58%	11%
Washington	0	0	0	0	0	—	—	—
West Virginia	2,229	4,420	15,441	2,554	27,769	24%	56%	9%
Wisconsin	97	878	2,719	891	6,748	14%	40%	13%
Wyoming	228	722	2,255	605	4,237	22%	53%	14%
Territories & FAS								
American Samoa	22	77	552	427	1,322	7%	42%	32%
Comm. of the Northern Mariana Islands	4	245	850	37	1,191	21%	71%	3%
Federated States of Micronesia	47	320	1,209	343	2,636	14%	46%	13%
Guam	0	0	99	33	153	0%	65%	22%
Puerto Rico	76	565	6,982	2,008	9,697	7%	72%	21%
Republic of the Marshall Islands	95	469	805	7	1,622	35%	50%	0%†
Republic of Palau	6	7	622	117	843	2%	74%	14%
U.S. Virgin Islands	194	118	1,536	806	2,654	12%	58%	30%
Total Users	**60,814**	**192,553**	**510,594**	**215,313**	**1,164,835**	**22%**	**44%**	**18%**
Range						**0%–47%**	**14%–74%**	**0%†–41%**

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: 2020 (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	12,537	19,996	63%
Alaska	82	125	66%
Arizona	3,466	5,155	67%
Arkansas	9,657	14,295	68%
California	26,716	48,418	55%
Colorado	6,160	16,403	38%
Connecticut	813	1,594	51%
Delaware	1,629	3,975	41%
District of Columbia	4,476	10,142	44%
Florida	12,721	31,880	40%
Georgia	13,607	33,299	41%
Hawaii	0	0	—
Idaho	1,270	3,801	33%
Illinois	2,789	4,086	68%
Indiana	3,360	4,217	80%
Iowa	3,839	5,898	65%
Kansas	2,550	4,992	51%
Kentucky	4,446	10,888	41%
Louisiana	6,011	9,369	64%
Maine	0	0	—
Maryland	2,284	5,918	39%
Massachusetts	2,534	5,576	45%
Michigan	4,069	6,285	65%
Minnesota	260	313	83%
Mississippi	5,862	13,719	43%
Missouri	6,923	12,052	57%
Montana	2,406	3,885	62%
Nebraska	4,649	6,641	70%
Nevada	2,423	4,018	60%
New Hampshire	74	197	38%
New Jersey	4,550	7,256	63%
New Mexico	2,330	3,582	65%
New York	238	408	58%

— Not applicable.

(continued)

Exhibit B–5. **Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2020 (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	11,133	20,580	54%
North Dakota	1,029	1,763	58%
Ohio	6,265	10,749	58%
Oklahoma	9,140	15,831	58%
Oregon	0	0	—
Pennsylvania	15,613	35,383	44%
Rhode Island	1,913	5,216	37%
South Carolina	8,578	12,547	68%
South Dakota	939	1,812	52%
Tennessee	14,757	21,401	69%
Texas	25,075	45,109	56%
Utah	0	0	—
Vermont	0	0	—
Virginia	4,653	6,325	74%
Washington	0	0	—
West Virginia	4,888	13,862	35%
Wisconsin	1,436	3,529	41%
Wyoming	1,199	2,212	54%
Territories & FAS			
American Samoa	28	363	8%
Comm. of the Northern Mariana Islands	116	522	22%
Federated States of Micronesia	483	1,036	47%
Guam	99	115	86%
Puerto Rico	1,730	4,762	36%
Republic of the Marshall Islands	14	908	2%
Republic of Palau	13	264	5%
U.S. Virgin Islands	268	788	34%
Total Users	**264,100**	**503,460**	**52%**
Range			**2%–86%**

FAS=Freely Associated States.

— Not applicable.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2020 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.

For purposes of describing grantee-level changes across various FPAR performance metrics, we compare data for the 72 grantees that were active and reported family planning users in both 2019 and 2020. In 2020, the Office of Population Affairs (OPA) awarded three new grants, which are excluded from this comparison.

FPAR COVER SHEET: GRANTEE PROFILE

Grantees—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 requires the agency to submit separate FPARs for each grant. In 2020, 70 agencies submitted one FPAR, one agency submitted two FPARs, and one agency submitted three FPARs.

Subrecipients—Of the 72 grantees that were active in both 2019 and 2020, 42 reported no change in the number of subrecipients, 15 reported a decrease, and 15 reported an increase. Of the 15 grantees that reported a decrease, 10 mentioned the 2019 Final Rule as a reason for the decrease in subrecipients.

Service Sites—Of the 72 grantees that were active in both 2019 and 2020, 28 reported no change in the number of service sites, 26 reported a decrease, and 18 reported an increase. Reasons given by several grantees for the change in the number of services sites included the addition of subrecipients; withdrawal of subrecipients, including some withdrawals because of the 2019 Final Rule; and service site closures.

Reporting Period—Two grantees reported data for a reporting period that was less than 12 months, and all others (N=73) reported data for the 12-month period from January 1, 2020, through December 31, 2020.

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 72 grantees that were active in both 2019 and 2020, 56 reported a decrease in the number of family planning users, and 16 reported an increase.

Of the 56 grantees reporting a decrease in the number of users, 46 mentioned the COVID-19 pandemic as a reason for the decrease, while 10 mentioned subrecipient and site withdrawals from Title X because of the 2019 Final Rule.

- Reasons given by grantees for the **decrease in the number of users** included site closures, subrecipient (and site) withdrawals from Title X participation because of the 2019 Final

Rule, issues related to data collection (e.g., implementation of new electronic health record [EHR] systems and documentation issues); and decline in the number of encounters because of increased use of long-acting reversible contraceptives (LARCs).
Pandemic-related reasons. Pandemic-related reasons included the following: clinic closures and delays in re-opening sites; reduced operating hours; scheduling adjustments to ensure social distancing and infection control; efficiency losses during the transition to telehealth visits; reduced staffing, such as because of staff absences, reassignment to work on pandemic-related activities, and other reasons; challenges onboarding new subrecipients; stay-at-home orders; and decreased willingness for users to attend in-person visits.

- Reasons given by grantees for the **increase in the number of users** included the addition of new subrecipients and service sites, increased funding, increased outreach in hard-to-reach areas or to hard-to-reach groups (e.g., males), and integration of family planning services into primary care, behavioral health, and sexually transmitted disease (STD) 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 9% of total female users for whom race was unknown or not reported in 2020, 68% 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 or refusal to report race data, other data collection issues (e.g., errors collecting/documenting race or ethnicity, challenges compiling data from multiple subrecipient data systems challenges of implementing the EHR system, or the inclusion of an "other" race field), and pandemic-related disruptions in operations that affected data collection (e.g., failure to record race/ethnicity for telehealth encounters, reassignment of staff to pandemic-related activities, changes in clinic flow, shift to telehealth, and delays orienting new subrecipients).
- Reasons given by grantees for a **decrease in the percentage of female users with unknown race or ethnicity** included staff training and improved capture of ethnicity and race data by staff or within the EHR systems.

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 8% of total male users for whom race was unknown or not reported in 2020, 57% 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 race categories or refusal to report race data, other data collection issues (e.g., errors collecting/documenting race or ethnicity, challenges of implementing the EHR system, or the inclusion of an "other" race

field), pandemic-related disruptions in operations that affected data collection (e.g., reassignment of staff to pandemic-related activities, failure to record race/ethnicity for telehealth encounters, changes in clinic flow, shift to telehealth, and delays orienting new subrecipients), and challenges compiling data from multiple subrecipient data systems.

- Reasons given by grantees for a **decrease in the percentage of male users with unknown race or ethnicity** included staff training and improved capture of ethnicity and race data by staff or within the EHR systems.

FPAR TABLE 4: USERS BY INCOME LEVEL

Of the 72 grantees operating in both 2019 and 2020, 40 reported an increase in the percentage of users with incomes at or below 100% of poverty, 31 reported a decrease, and 1 reported no change.

- Grantees attributed the **high or increased percentage of family planning users with incomes at or below 100% of poverty** to pandemic-related losses in income or loss of employment, natural disasters (e.g., earthquakes) that had a negative economic effect on the community, and changes in the composition of the Title X service network (e.g., Planned Parenthood withdrawal, addition of federally qualified health centers [FQHCs] or community health centers [CHCs]) that altered the profile of clients served.
- Grantees attributed the **decreased percentage of family planning users with incomes at or below 100% of poverty** to changes in network composition (e.g., increase in number of subrecipients that serve clients with higher incomes) and pandemic-related changes in the income composition of clients who were served.

Of the 72 grantees operating in both 2019 and 2020, 31 reported an increase in the percentage of users with unknown or not reported income, 30 reported a decrease, and 11 reported no change.

- Grantees attributed an **increased percentage of family planning users with unknown or not reported income** to pandemic-related issues affecting data collection (e.g., reassignment of staff to pandemic-related activities, changes in clinic flow, shift to telehealth), refusal by some clients (e.g., full-fee, adolescent, or insured clients) to report income data, other data collection issues (e.g., failure to collect or record income data for different types of encounters [telehealth] or in different settings [schools], income as an optional field in the EHR systems, and data loss occurring during implementation of new EHR systems), staff turnover, and lack of quality control checks for data submitted by subrecipients.
- Grantees attributed a **decrease in percentage 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 72 grantees operating in both 2019 and 2020, 49 reported an increase in the percentage of users with health insurance, 21 reported a decrease, and 2 reported no change.

- Reasons grantees gave for an **increase in the percentage of users with health insurance** included changes in the composition of the subrecipient network (e.g., Planned Parenthood withdrawal or addition of FQHCs or CHCs) and the clients served, an increase in clients qualifying for public insurance because of pandemic-related job loss, health insurance enrollment campaigns, an increase in clients newly insured through the Affordable Care Act and state Medicaid expansion, and improvements in data collection (e.g., dedicated template in the EHR, new methodology for reporting user payer data, or quality improvement efforts).
- Reasons grantees gave for a **decrease in the percentage of users with health insurance** included changes in the composition of the subrecipient network (e.g., Planned Parenthood withdrawal or addition of FQHCs or CHCs) and clientele and data collection issues (e.g., challenges training staff on the implementation of new EHR systems and changes to the reporting system).

Unknown/not reported health insurance status—Grantees attributed the high or increased number of family planning users with unknown or not reported health insurance coverage status to reporting errors and pandemic-related issues that included the reassignment of staff to assist with pandemic-related activities and changes in clinical operations and routines (e.g., shift to telehealth visits), which affected data collection and documentation.

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

Of the 72 grantees operating in both 2019 and 2020, 37 reported a decrease in the percentage of users who are LEP, 34 reported an increase, and 1 reported no change.

- Reasons given by grantees for a **decrease in the percentage of users with LEP** included changes in the composition of the subrecipient network and clientele, pandemic-related issues affecting data collection (e.g., clinic closures, low staffing levels due to staff absences or reassignment to work on pandemic-related activities, a shift to telehealth visits that may have disadvantaged LEP clients, and difficulties documenting LEP status for telehealth visits), and other data collection issues (e.g., difficulty extracting from subrecipient systems, reporting errors, and challenges associated with EHR implementation).
- Reasons given by grantees for an **increase in the percentage of users with LEP** included improved data collection, change in network composition (e.g., loss of sites that served a large percentage of non-LEP users), and errors in reporting 2019 LEP data.

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 or failure to collect or document LEP status, especially during telehealth visits.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Pandemic-specific actions to support effective contraceptive use—Several grantees noted various strategies implemented in Title X service sites to support clients' contraceptive use while protecting client and staff health during the pandemic, including providing an advanced supply of emergency contraception to clients using less or moderately effective methods, offering self-administered injectable contraception, telehealth consultations, increasing method pickup at local pharmacies, extending prescriptions, sending method supplies by mail, and offering curbside services for method supply pickup, Depo-Provera shots, and other services.

Of the 72 grantees operating in both 2019 and 2020, 41 reported an increase in the percentage of female users using a most or moderately effective method and 31 reported a decrease.

Of the 72 grantees operating in both 2019 and 2020, 30 reported a decrease in the percentage of female users with an unknown primary contraceptive method, 24 reported an increase, and 18 reported no change.

- Grantees attributed the **high or increased number of female users with an unknown primary method** to pandemic-related issues that affected data collection or reporting, including low staffing levels due to staff absences or reassignment to work on pandemic-related activities, changes in clinic routines or documentation practices, a shift to telehealth visits, orientation of new subrecipients in the network (e.g., addition of FQHCs or CHCs), and staff capacity (e.g., inadequate training and turnover). Other data collection problems included inconsistent or incomplete documentation of primary method overall or data entry or extraction problems, EHR system issues (e.g., implementation or transition, lacking a "no method" option, and EHR data mapping issues), and client refusal to report method.
- Grantees attributed a **decrease in the number of female users with an unknown primary method** to improved data collection, targeted efforts to improve data quality, and staff training.

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 OPA-developed and National Quality Forum-endorsed contraceptive care performance measures.[26] The contraceptive care measures are based on the following method groups or tiers defined by Trussell (2011):[27]

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%[39]
- Intrauterine device (Kyleena®), 0.2%[40]
- Intrauterine device (Liletta®), 0.2%[41]
- Intrauterine device (ParaGard®), 0.8%

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

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

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

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

Because the FPAR combines some methods into a single reporting category (e.g., fertility awareness-based method or lactational amenorrhea method, 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).[42] 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.[27]

Hormonal injection users—Eighteen grantees in eight regions (I, III, IV, V, VI, VII, VIII, and IX) reported a total of 93 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.04% of the 213,854 hormonal injection users reported in 2020.

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; all three grantees confirmed that these users received noncoercion counseling.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Pandemic-specific actions to support effective contraceptive use—Several grantees noted the various strategies implemented in Title X service sites to support contraceptive use and protection for male clients during the pandemic, including placing condoms in convenient pickup locations to allow for social distancing and curbside services.

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

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

Of the 72 grantees operating in both 2019 and 2020, 38 reported a decrease in the percentage of male users relying on most, moderately, or less effective methods, 31 reported an increase, and 2 reported no change. One of the 72 grantees reported no male users in 2020.

Of the 72 grantees operating in both 2019 and 2020, 29 reported an increase in the percentage of male users with an unknown primary contraceptive method, 25 reported a decrease, and 17 reported no change. One of the 72 grantees reported no male users in 2020.

- Grantees attributed the **high or increased number of male users with an unknown primary method** to pandemic-related issues (e.g., low staffing levels due to staff absences, turnover, or reassignment to work on pandemic-related activities, changes in clinic routines or documentation practices, and a shift to telehealth visits), orientation of new subrecipients in the network, staff capacity (e.g., inadequate training and turnover), data collection or system problems (e.g., inconsistent or incomplete documentation of primary method overall or for a specific types of visits [telehealth, infectious disease, or pediatric visits]), EHR-related issues (e.g., no structured data field in the EHR for recording primary method data retrieval and transition to a new EHR), and refusal by clients to disclose their primary method.
- Grantees attributed a **decrease in the number of male users with an unknown primary method** to improved data collection, staff training, continuous quality improvement efforts, and technical assistance.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 45 reported a decrease in the percentage of female users who received a Pap test, and 27 reported an increase.

- Reasons given by grantees for a **decrease in the percentage of female users screened for cervical cance**r included pandemic-related issues (e.g., postponement of screening visits and prioritization of women at high risk during the emergency response, clinic closures, low staffing levels due to staff absences or reassignment to work on pandemic-related activities, change in clinic routines, inability to obtain testing supplies, and a shift to telehealth visits), the withdrawal from Title X participation (2019 Final Rule) of subrecipients that offered screening, adherence to cervical cancer screening guidelines, data collection/reporting issues (e.g., difficulty extracting data, data entry errors, and EHR system implementation), and loss of Title X funding.
- Reasons given by grantees for an **increase in the percentage of female users screened for cervical cancer** included a quality initiative aimed at increasing adherence to screening guidelines, prioritization of in-person visits for those with indications for a physical exam, and increased clinical services provider (CSP) staffing.

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

CBEs—Of the 72 grantees that were active in both 2019 and 2020, 46 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 female users who received a CBE** included loss of subrecipients and service sites that performed CBEs, pandemic-related factors (e.g., postponement of preventive screenings/exams, focus on women who were at high risk, clinic closures, low staffing levels due to staff absences or reassignment to work on pandemic-related activities, change in clinic routines, changes in documentation procedures, and shift to telehealth visits), adherence to breast cancer screening guidelines, and challenges associated with implementing new EHR systems.
- Reasons given by grantees for an **increase in the percentage of female users who received a CBE** included training of providers to document screening, improved data reporting (e.g., addition of a code for CBE and improved documentation), adherence to guidelines, improved ability to identify clients needing a CBE, and an increase in clients needing a CBE.

CBE-related referrals—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 40 reported an increase in the *percentage* of female users referred for further evaluation based on CBE findings, 25 reported a decrease, and 6 reported no change.

- Reasons given by grantees for an **increase in the percentage of CBE-related referrals** included prioritization of in-person visits for women with indications or identified issues and errors in reporting 2019 data.

- Reasons given by grantees for a **decrease in the percentage of CBE-related referrals** included pandemic-related issues (e.g., delays in annual exam visits, the switch from in-person to telehealth visits, and a drop in the number clients served) and the loss of subrecipients that screened and referred higher percentages of clients.

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

Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 51 reported a decrease in the *percentage* of female users under 25 tested for chlamydia, and 21 reported an increase. In addition, 45 reported a decrease in the *percentage* of male users tested, 23 reported an increase, and 3 reported no change. One of the 72 grantees that was active in both years reported no male users in 2019.

- Reasons given by grantees for a **decrease in the chlamydia testing rate** included a decrease in the number of service sites, pandemic-related issues (e.g., postponement of preventive health visits, prioritization of clients at high risk, clinic closures, low staffing levels due to staff absences or reassignment to work on pandemic-related activities, change in clinic routines, lack of supplies and testing kits, and shift to telehealth visits), issues related to data quality or reporting (e.g., changes in documentation procedures, difficulty extracting data, coding errors, limited training for new subrecipients or subrecipients' inability to report test data, and challenges of transitioning to new EHRs), and adherence to guidelines.
- Reasons given by grantees for an **increase in the chlamydia testing rate** included the addition of clinic sites, collaboration with other entities to expand testing capacity and coverage, improved data collection and documentation, adherence to screening guidelines, increased outreach to and education of at-risk populations, increase in at-risk clients requiring testing, and increased staff training and awareness.

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 an **increase in STD testing** included an increase in testing sites, outreach efforts coordinated with other entities, adherence to guidelines, improved data quality/reporting, use of opt-out language, mandated testing of postpartum women, encouragement of staff to offer/perform STD/HIV testing, and provision of technical assistance to subrecipients to improve their STD services.
- Reasons given for a **decrease in STD testing** included the decrease in the number of clients, pandemic-related issues (e.g., postponement of preventive health visits, prioritization of individuals at high risk of infection or complications, clinic closures, reduced staffing levels due to staff absences or reassignment to work on pandemic-related activities, change in clinic routines, changes in documentation procedures, lack of supplies and testing kits, and shift to telehealth visits), change in the composition of the Title X

service network (e.g., Planned Parenthood withdrawal or addition of FQHCs or CHCs), and other data quality/reporting issues (e.g., not all subrecipients reporting, data entry errors, challenges mapping lab data to EHR data, and implementation of new EHRs).

Gonorrhea testing rate—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 45 grantees reported a decrease in the number of gonorrhea tests per female user, and 27 reported an increase. In addition, 42 grantees reported a decrease in the number of gonorrhea tests per male user, 27 reported an increase, and 2 reported no change. One grantee was excluded from this comparison because they served no male users in 2019.

- Reasons given by grantees for a **decrease in gonorrhea testing** included the decrease in number of clients; prioritization of individuals at high risk of infection or complications, lack of testing supplies, and reporting (e.g., data mapping) issues.
- Reasons given by grantees for an **increase in gonorrhea testing** included improved data collection/reporting; outreach and education to promote awareness; the addition of new subrecipients; active populations of men who have sex with men and HIV pre-exposure prophylaxis programs, resulting in more frequent testing; an increase in male clients; and increased gonorrhea prevalence in the service area.

Syphilis testing rate—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 34 reported a decrease in the number of syphilis tests per female user, 32 reported an increase, and 1 reported no change. In addition, 34 grantees reported a decrease in the number of syphilis tests per male user, 33 reported an increase, and 4 reported no change. One grantee is excluded from this comparison because they served no male users in 2019.

- Reasons given for a **decrease in syphilis testing** were related to data reporting and mapping issues.
- Reasons given for an **increase in syphilis testing** included improved data collection, education and outreach, the addition of new subrecipients/service sites, an increase in male clients, testing of all pregnant clients, and heightened awareness of syphilis screening guidelines.

Confidential HIV testing rate—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 47 grantees reported a decrease in the number of confidential HIV tests per female user, and 25 reported an increase. In addition, 36 grantees reported a decrease in the number of confidential HIV tests per male user, 34 reported an increase, and 1 reported no change. One grantee is excluded from this comparison because they served no male users in 2019.

- Reasons given by grantees for an **decrease in confidential HIV testing** included withdrawal of subrecipients that performed higher testing levels, change in data reporting, decrease in demand for testing, and decreased in-person visits.
- Reasons given by grantees for an **increase in confidential HIV testing** included agency efforts to increase HIV screening rates, outreach and education, implementation of universal screening, and improved data collection/reporting by subrecipients.

Positive confidential HIV tests—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 28 reported an increase in the number of positive confidential HIV tests per 1,000

tests performed, 21 reported a decrease, and 23 reported no change (ratio was zero in both years).

- Reasons cited by grantees for an **increase in positive confidential HIV tests** included an increased demand for testing because other community testing sites had closed, social media marketing to promote testing, implementation of routine (opt-out) HIV screening, outbreak of HIV in the community, and increased testing of higher-risk individuals.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

CSP full-time equivalent (FTE)—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 37 reported a decrease in the total number of CSP FTEs delivering Title X-funded services, 24 reported an increase, and 11 reported no change.

- Reasons given for a **decrease in CSP FTEs** included pandemic-related issues (e.g., clinic closures, low staffing levels due to staff absences or reassignment to pandemic-related activities, changes in clinic routines, shift to telehealth visits, and changes in documentation procedures), changes in the composition of the service network (e.g., Planned Parenthood or other subrecipient withdrawals) and staffing, inability of subrecipients to report FTE information, difficulties onboarding new subrecipients, and staff turnover and difficulty retaining or recruiting staff.
- Reasons given for an **increase in CSP FTEs** included a change in the staffing mix to cover telehealth visits, prior-year reporting error by a subrecipient, the addition of new subrecipients and service sites, success in filling vacant CSP positions, and more accurate reporting of CSP FTEs.

Physician FTEs—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 31 reported a decrease in physician FTEs, 27 reported an increase, and 14 reported no change. A reason cited for the increase in physician FTEs was the addition of subrecipients (e.g., FQHCs) 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 72 grantees that submitted an FPAR in both 2019 and 2020, 36 reported a decrease in midlevel clinician FTEs, 22 grantees reported an increase, and 14 reported no change. In addition to the general reasons cited above for the increase in CSP FTEs, there was a shift in staffing composition from physician to midlevel clinician FTEs.

Other CSP FTEs—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 45 reported zero other CSP FTEs in both years, 11 reported a decrease, 9 reported an increase, and 7 reported no change. One reason for the decrease in reporting other CSP FTEs was recognition that staff previously reported as other CSPs should not be classified as such.

Family planning encounters—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 56 reported a decrease in the number of total encounters, and 16 reported an increase.

- Reasons given for a **decrease in encounters** included pandemic-related issues (e.g., decrease in users, clinic closures, low staffing levels due to staff absences or reassignment to pandemic-related activities, change in clinic routines, changes in documentation

procedures, and shift to telehealth visits), change in network composition (e.g., Planned Parenthood withdrawal), limited appointment times due to the implementation of an EHR transition, and inability of some subrecipients to report information.

- Reasons given for an **increase in encounters** included increased hours of operation at some sites and the addition of new subrecipients and service sites.

Virtual/Telehealth Encounters—In January 2021, OPA updated the family planning encounter and family planning user definitions in the *Title X Family Planning Annual Report (FPAR): Forms and Instructions* to allow grantees to report virtual/telehealth family planning encounters and the family planning users resulting from such encounters in Table 13 of the FPAR. Because the Table 13 form on the *FPAR 1.0 Data System* was not updated to collect virtual/telehealth encounters for the 2020 FPAR reporting period, OPA instructed grantees to report both in-person and virtual/telehealth family planning encounters in Table 13 and to use the Table 13 Note field to provide (1) the number of total family planning encounters with CSP staff that were virtual/telehealth encounters and (2) the number of total family planning encounters with non-CSP staff that were virtual/telehealth encounters. If grantee or subrecipient data systems prevented grantees from reporting virtual/telehealth encounters by type of staff (CSP vs. non-CSP), grantees were instructed to provide a total number.

Of the 75 Title X services grantees in 2020:

- 51 provided virtual/telehealth encounter data by type of staff, including 14 that reported 0 virtual/telehealth encounters with CSP and non-CSP staff
- 11 provided data on the total number of virtual/telehealth encounters because they were unable to report virtual/telehealth encounters by type of staff
- 13 were unable to report virtual/telehealth encounter data.

Finally, several grantees noted that their own or their subrecipients' data systems were not configured to capture virtual/telehealth encounters and that they were unable to modify their systems to collect and report the data for the 2020 FPAR.

FPAR TABLE 14: REVENUE REPORT

Total revenue (row 18)—All Regions—Of the 72 grantees that submitted an FPAR in both 2019 and 2020, 38 reported an increase in total revenue, and 34 reported a decrease.

Title X revenue (row 1)—All Regions—Title X revenue includes 2020 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 20 states:

- Region I—New Hampshire and Rhode Island
- Region II—New Jersey
- 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—None.

Four states (Iowa, Missouri, Texas, and Vermont) operated entirely state-funded programs to provide family planning services, but the sole grantee in Vermont discontinued Title X participation because of the 2019 Final Rule.

No revenue from Medicaid eligibility expansions was reported for Connecticut, Maine, New York, Oregon, or Washington as grantees that had reported this revenue in prior years discontinued Title X participation because of the 2019 Final Rule.

Other revenue (rows 12 through 16)—All Regions—An illustrative list of "other" revenue sources reported in rows 12 through 16 includes the following: agency contributions; Arizona Department of Health Services STD Control; Breast & Cervical Cancer Early Detection Programs; carry-over funds; Centers for Disease Control and Prevention Infertility Prevention Program; class action lawsuit funds; client and other donations; Early Detection Works Program; earned and special income revenue; fundraising revenue; grants received by county health departments; Healthy Women Healthy Babies program; HIV and STD funds; human papillomavirus funds; Health Resources and Services Administration (HRSA) Paycheck Protection Program (PPP) loan; HRSA Ryan White program; interest income; Kansas Setoff Program; Kentucky Office of Refugees funds; LARC (Medicaid) funding; medical records revenue; miscellaneous other revenue; Montana Cancer Screening Program; Montana STD/HIV Program; pandemic-related COVID-19 (H8C) and Coronavirus Aid, Relief, and Economic Security (CARES) Act (H8D) awards funding; PPP loan; Pennsylvania Department of Health STD Project; Personal Responsibility Education Program (PREP) grant; Pregnancy Prevention Grant; Preventive Health and Health Services Block grant; Prime Education grant; private and client donations; private foundation and other grant revenues; program income; refund for lab expenses; refund for medical supplies; revenue recovery; Sexual Risk Avoidance Education (Title V grant); Small Business Administration Payroll Protection Program loan forgiveness; State Farmworker Voucher Program; State STD/HIV voucher program; STD grant; subrecipient contributions; subrecipient funding; Teen Pregnancy Prevention grant; The 20/22 Act Society (Puerto Rico); Tobacco Settlement; United Nations Population Fund (UNFPA); United Way; University of Wisconsin; Worker's compensation; and Wyoming Cancer Program.

Appendix D

Preliminary Analysis: Estimated Effects of the 2019 Final Rule and COVID-19 Pandemic on Title X User Counts and Total Revenue 2018 to 2020

INTRODUCTION

The purpose of this analysis is to estimate the impact of the 2019 Final Rule and coronavirus disease 2019 (COVID-19) pandemic on changes in the number of Title X family planning users and total revenue between 2018 and 2019, 2018 and 2020, and 2019 and 2020. Grantees are classified into four groups, as described below. We use information for one group of 40 grantees, which reported no losses due to the 2019 Final Rule, to help estimate pandemic-related losses experienced by other grantee groups.

METHOD

We used data for 106 grantees that were active for all or part of the study period (2018–2020). We categorized these grantees into **four groups**:

- **Discontinued, Final Rule [DFR]:** 19 grantees that discontinued Title X participation in 2019 because of the Final Rule**.** All DFR grantees were active during 2018 and part of 2019. As a condition of their continued funding and pursuant to court orders, grantees choosing to stay in the Title X program were required to comply with all requirements of the Final Rule by July 15, 2019.
- **Continued, Final Rule [CFR]:** 18 grantees that continued Title X participation but reported losses of subrecipients/sites/users because of the Final Rule. All CFR grantees were active during 2018, 2019, and 2020.
- **No Change, Unaffected by Final Rule [NCFR]:** 40 grantees reported no network changes or impact because of the Final Rule. All NCFR grantees were active during 2018, 2019, and 2020.
- **Other:** The 29 Other grantees include 20 grantees that participated in Title X for only 1 or 2 years of the 3-year study period (nine of these 20 grantees left the program in 2019 for reasons not related to the Final Rule) and nine U.S. Territories and Freely Associated States (TFAS) grantees. Of the 20 Other grantees that had partial participation across the 3-year study period, 10 grantees participated in 2018–2019, four grantees participated in 2019–2020, three grantees participated in 2018 only, and three grantees participated in 2020 only. The grantees in this group that were not TFAS grantees did not have the complete 3-year history of users and revenue needed to provide sufficient information to contribute to the estimate of pandemic-related losses. We included the TFAS grantees in this group because they are unique in terms of the setting and contextual factors affecting the implementation and performance of their Title X projects. By year, the number of Other grantees is as follows: 22 in 2018, 23 in 2019, and 16 in 2020.

The group classification for one grantee changed from DFR in 2018 and 2019 to Other in 2020. This grantee withdrew from the program in 2019 because of the Final Rule but then returned to the program in the last quarter of 2020.

ASSUMPTIONS

For the **19 DFR grantees** that discontinued Title X participation because of the Final Rule, we assumed the following:

- In the absence of the Final Rule, the 19 DFR grantees and their service networks would have remained in the program and reported data for all of 2019 and 2020.
  - In 2019, the DFR grantees would have performed at the same level (i.e., achieved the same number of users served and total revenue) as in 2018.
  - In 2020, the DFR grantees would performed at the same level as in 2018, but their 2020 user count and total revenue would have been subject to pandemic-related losses similar to those experienced by the NCFR grantees.
- One hundred percent of losses (i.e., users, revenue) in 2019 are attributable to the Final Rule.
- Losses in 2020 (i.e., users, revenue) are attributable to either the Final Rule or the pandemic.
- If DFR grantees had remained in the Title X program in 2020, the percentage decreases in users and total revenue attributable to the COVID-19 pandemic would be the same as the percentage decreases reported by the 40 NCFR grantees that experienced no Final Rule effects.
- The 2019 user counts and total revenue for DFR grantees reflect between 3 and 8 months of Title X participation. Comparisons using 2019 data reflect a partial impact of the Final Rule.

For the **18 CFR grantees** that continued Title X participation but experienced a decrease in the size or capacity of their service network because of the Final Rule, we assumed the following:

- All losses (i.e., users, revenue) in 2019 are attributable to the Final Rule.
- Losses (i.e., users, revenue) in 2020 are attributable to either the Final Rule or the pandemic.
- For CFR grantees, the percentage decreases in users and total revenue attributable to the COVID-19 pandemic are the same as the percentage decreases reported by the 40 NCFR grantees that experienced no Final Rule effects.

For the **40 NCFR grantees** that reported no network changes or impact because of the Final Rule, we assumed the following:

- All losses (i.e., users, revenue) in 2019 are not attributable to the Final Rule.
- All losses (i.e., users, revenue) in 2020 are attributable to the pandemic.
- The percentage changes in users and revenue for 2018 vs. 2020 and 2019 vs. 2020 reported by NCFR grantees can be applied to the user and revenue decreases of DFR and CFR grantees to estimate pandemic-related losses. These percentage changes are as follows:

- **User Losses:** Among NCFR grantees, the total number of users in 2020 (965,510) was 21% *lower* (by 253,655) than in 2018 and 21% *lower* (by 257,458) than in 2019. The total number of users served by NCFR grantees in 2018 and 2019 was 1.2 million users.
- **Revenue Losses:** Among NCFR grantees, total revenue in 2020 ($346.1 million) was 6% *lower* (by $22.3 million) than in 2018 ($368.4 million) and 10% *lower* (by $36.7 million) than in 2019 ($382.8 million).

For the **29 Other grantees**, we assumed the following:

- All losses (i.e., users, revenue) in 2019 are not attributable to the Final Rule.
- All losses (i.e., users, revenue) in 2020 are attributable to the pandemic.

Finally, apart from the Final Rule and the pandemic, we expect that other factors may have influenced both increases and decreases in the number of users. For the purposes of this analysis, we assume that the effects of these other factors are negligible.

FINDINGS | FINAL RULE IMPACT: 2019 VS. 2018

Title X Users: 2019 vs. 2018

- Between 2018 and 2019, there was a *decrease* of 844,083 Title X users. The Final Rule accounted for an estimated 94% (or 789,960 users) of the decrease in Title X users.
- For each grantee group, the estimated losses in users between 2018 and 2019 that are attributed to the Final Rule are as follows:
  - **19 DFR grantees** reported *decrease* of 310,756 users, of which 100% is attributed to the Final Rule.
  - **18 CFR grantees** reported a *decrease* of 479,204 users, of which 100% is attributed to the Final Rule.
  - **40 NCFR grantees** reported a small *increase* of 3,803 users, of which 0% is attributed to the Final Rule.
  - **29 Other grantees** reported a *decrease* of 57,926 users, of which 0% is attributed to the Final Rule.

Title X Project Revenue: 2019 vs. 2018

- Between 2018 and 2019, there was a *decrease* of $335.5 million in total Title X project revenue from all sources ("total revenue"). The Final Rule accounted for 98% (or $327.2 million) of the decrease in total revenue.
- For each grantee group, the estimated losses in total revenue between 2018 and 2019 that are attributed to the Final Rule are as follows:
  - **19 DFR grantees** reported a *decrease* of $168.4 million, of which 100% is attributed to the Final Rule.
  - **18 CFR grantees** reported a *decrease* of $158.7 million, of which 100% is attributed to the Final Rule.

- **40 NCFR grantees** reported an *increase* of $14.5 million, of which 0% is attributed to the Final Rule.
- **29 Other grantees** reported a *decrease* of $22.8 million, of which 0% is attributed to the Final Rule.

FINDINGS | IMPACT OF FINAL RULE AND COVID-19 PANDEMIC: 2020 VS. 2018

Title X Users: 2020 vs. 2018

- Between 2018 and 2020, there was a *decrease* of 2.4 million Title X users. The Final Rule accounted for 63% (or 1.5 million users) of the decrease in Title X users, and the pandemic accounted for 37% (or 877,354 users) of this decrease.
- For each grantee group, the projected or estimated losses in users between 2018 and 2020 that are attributed to either the Final Rule or the pandemic are as follows:
  - **19 DFR grantees** had a projected *decrease* of 895,536 users, of which 79% (or 707,473) is attributed to the Final Rule and 21% (or 188,063) is attributed to the pandemic.
  - **18 CFR grantees** reported a *decrease* of about 1.2 million users, of which 70% (or 818,178) is attributed to the Final Rule and 30% (or 353,466) is attributed to the pandemic.
  - **40 CFR grantees** reported a *decrease* of 253,655 users, of which 100% is attributed to the pandemic.
  - **29 Other grantees** reported a *decrease* of 82,171 users, of which 100% is attributed to the pandemic.

Title X Project Revenue: 2020 vs. 2018

- Between 2018 and 2020, there was a *decrease* of $809.4 million in total revenue. The Final Rule accounted for 86% (or $698.5 million) of the decrease in total revenue, and the pandemic accounted for 14% (or $110.8 million).
- For each grantee group, the projected or estimated losses in total revenue between 2018 and 2020 that are attributed to either the Final Rule or the pandemic are as follows:
  - **19 DFR grantees** had a projected *decrease* of $406.8 million, of which 94% (or $382.4 million) is attributed to the Final Rule and 6% (or $24.4 million) is attributed to the pandemic.
  - **18 CFR grantees** reported a *decrease* of $351.3 million, of which 90% (or $316.1 million) is attributed to the Final Rule and 10% (or $35.2 million) is attributed to the pandemic.
  - **40 NCFR grantees** reported a *decrease* of $22.3 million, of which 100% is attributed to the pandemic.
  - **29 Other grantees** reported a *decrease* of $29.0 million, of which 100% is attributed to the pandemic.

FINDINGS | IMPACT OF FINAL AND COVID-19 PANDEMIC: 2020 VS. 2019

Title X Users: 2020 vs. 2019

- Between 2019 and 2020, there was a *decrease* of 1.6 million in the number of Title X users. The Final Rule accounted for an estimated 58% (or 901,583 users) of the decrease in Title X users, and the pandemic accounted for 42% (or 657,340 users).
- For each grantee group, the projected or estimated losses in users between 2019 and 2020 that are attributed to either the Final Rule or the pandemic are as follows:
  - **19 DFR grantees** had a projected *decrease* of 584,780 users, of which 79% (or 461,976) is attributed to the Final Rule and 21% (or 122,804) is attributed to the pandemic.
  - **18 CFR grantees** reported a *decrease* of 692,440 users, of which 63% (or 439,607) is attributed to the Final Rule and 37% (or 252,833) is attributed to the pandemic.
  - **40 NCFR grantees** reported a *decrease* of 257,458 users, of which 100% is attributed to the pandemic.
  - **29 Other grantees** reported a *decrease* of 24,245 users of which 100% is attributed to the pandemic.

Title X Project Revenue: 2020 vs. 2019

- Between 2019 and 2020, there was a *decrease* of $473.8 million in total revenue. The Final Rule accounted for an estimated 77% (or $364.4 million) of the decrease in total revenue, and the pandemic accounted for 23% (or $109.5 million).
- For each grantee group, the projected or estimated losses in total revenue between 2019 and 2020 that are attributed to the Final Rule or the pandemic are as follows:
  - **19 DFR grantees** had a projected *decrease* of $238.4 million, of which 90% (or $214.5 million) is attributed to the Final Rule and 10% (or $23.8 million) is attributed to the pandemic.
  - **18 CFR grantees** reported a *decrease* of $192.6 million, of which 78% (or $149.8 million) is attributed to the Final Rule and 22% (or $42.8 million) is attributed to the pandemic.
  - **40 NCFR grantees** reported a *decrease* of $36.7 million, of which 100% is attributed to the pandemic.
  - **29 Other grantees** reported a *decrease* of $6.1 million, of which 100% is attributed to the pandemic.

See ***Exhibits D-1*** and ***D-2*** for the impact of the Final Rule and COVID-19 pandemic on Title X family planning user counts and project revenue, respectively.

LIMITATIONS

- The analysis does not identify other factors, in addition to the Final Rule and the pandemic, that may have affected the number of users or total project revenue in 2019 or 2020.
- The average percentage decrease in users or revenue experienced by the NCFR grantees may not be an accurate reflection of the effects of the pandemic on the DFR and CFR grantees. Grantees vary by type (i.e., public health department, private family planning or primary health agency) and in their size, composition, and capacity to provide Title X services. This preliminary analysis does not account for these grantee-level differences.

Exhibit D–1. Preliminary analysis of the impact of the 2019 Final Rule and COVID-19 pandemic on Title X family planning user counts: 2018–2020

Group	User Counts			2018 vs. 2019		2018 vs. 2020			2019 vs. 2020		
	2018	2019	2020	Total Difference	Difference Attributed to Final Rule	Total Difference	Difference Attributed to Final Rule[a]	Difference Attributed to Pandemic	Total Difference	Difference Attributed to Final Rule[b]	Difference Attributed to Pandemic
DFR grantees [N=19]	895,536	584,780	0	–310,756	–310,756 [**Assumption:** Loss is 100% of total difference]	–895,536	–707,473[a]	–188,063 [**Assumption:** Loss equal to 21% of 2018 total users]	–584,780	–461,976[b]	–122,804 [**Assumption:** Loss equal to 21% of 2019 total users]
CFR grantees [N=18]	1,683,170	1,203,966	511,526	–479,204	–479,204 [**Assumption:** Loss is 100% of total difference]	–1,171,644	–818,178[a]	–353,466 [**Assumption:** Loss equal to 21% of 2018 total users]	–692,440	–439,607[b]	–252,833 [**Assumption:** Loss equal to 21% of 2019 total users]
NCFR grantees [N=40] [Note: Actual % losses are the basis for assumptions about DFR and CFR pandemic-related losses]	1,219,165	1,222,968	965,510	3,803	0	–253,655	0	–253,655[c] [**Actual:** Loss equal to 21% of 2018 total users]	–257,458	0	–257,458[c] [**Actual:** Loss equal to 21% of 2019 total users]
Other grantees[d] [N=29]	141,878	83,952	59,707	–57,926	0	–82,171	0	–82,171	–24,245	0	–24,245
Total [N=106]	**3,939,749**	**3,095,666**	**1,536,743**	**–844,083**	**–789,960**	**–2,403,006**	**–1,525,652**	**–877,354**	**–1,558,923**	**–901,583**	**–657,340**
% Attributed to Final Rule or pandemic	—	—	—	—	**94%**	—	**63%**	**37%**	—	**58%**	**42%**

CFR=Continued, Final Rule; **DFR**=Discontinued, Final Rule; **FR**=Final Rule; **NCFR**=No Change, Unaffected by Final Rule.

[a] For DFR and CFR grantees, the 2018 vs. 2020 difference (loss in users) attributed to the Final Rule is equal to the total 2018 vs. 2020 difference minus the difference attributed to the pandemic.

[b] For DFR and CFR grantees, the 2019 vs. 2020 difference (loss in users) attributed to the Final Rule is equal to the total 2019 vs. 2020 difference minus the difference attributed to the pandemic.

[c] The percentage change in number of users for the NCFR grantees is −21% for both 2018 vs. 2020 and 2019 vs. 2020.

[d] Other grantees include all TFAS grantees in and grantees that participated in Title X for only 1 or 2 years of the 3-year study period. By year, the number of Other grantees is as follows: 22 in 2018, 23 in 2019, and 16 in 2020.

— Not applicable.

Exhibit D–2. Preliminary analysis of the impact of the 2019 Final Rule and COVID-19 pandemic on Title X project revenue: 2018–2020

Group	Total Revenue (in $2020s)			2018 vs. 2019 (in $2020s)		2018 vs. 2020 (in $2020s)			2019 vs. 2020 (in $2020s)		
	2018	2019	2020	Total Difference	Difference Attributed to Final Rule	Total Difference	Difference Attributed to Final Rule[a]	Difference Attributed to Pandemic	Total Difference	Difference Attributed to Final Rule[b]	Difference Attributed to Pandemic
DFR grantees [N=19]	406,802,819	238,377,440	0	–168,425,379	–168,425,379 [**Assumption:** 100% of total difference]	–406,802,819	–382,394,650[a]	–24,408,169 [**Assumption:** Loss equal to 6% of 2018 total revenue]	–238,377,440	–214,539,696[b]	–23,837,744 [**Assumption:** Loss equal to 10% of 2019 total revenue]
CFR grantees [N=18]	586,564,106	427,823,742	235,221,658	–158,740,364	–158,740,364 [**Assumption:** 100% of total difference]	–351,342,448	–316,148,602[a]	–35,193,846 [**Assumption:** Loss equal to 6% of 2018 total revenue]	–192,602,084	–149,819,710[b]	–42,782,374 [**Assumption:** Loss equal to 10% of 2019 total revenue]
NCFR grantees [N=40] [Note: Actual % losses are the basis for assumptions about DFR and CFR pandemic-related losses]	368,366,046	382,843,412	346,110,824	14,477,366	0	–22,255,222	0	–22,255,222[c] [**Actual:** Loss equal to 6% of 2018 total revenue]	–36,732,588	0	–36,732,588[c] [**Actual:** Loss equal to 10% of 2019 total revenue]
Other grantees[d] [N=29]	52,631,173	29,802,323	23,675,376	–22,828,850	0	–28,955,797	0	–28,955,797	–6,126,947		–6,126,947
Total [N=106]	**1,414,364,144**	**1,078,846,917**	**605,007,858**	**–335,517,227**	**–327,165,743**	**–809,356,286**	**–698,543,252**	**–110,813,035**	**–473,839,059**	**–364,359,406**	**–109,479,653**
% Attributed to Final Rule or pandemic	—	—	—	—	**98%**	—	**86%**	**14%**	—	**77%**	**23%**

CFR=Continued, Final Rule; **DFR**=Discontinued, Final Rule; **FR**=Final Rule; **NCFR**=No Change, Unaffected by Final Rule.

Note: All revenue is presented as adjusted $2020s.

[a] For DFR and CFR grantees, the 2018 vs. 2020 difference (loss in revenue) attributed to the Final Rule is equal to the total 2018 vs. 2020 difference minus the difference attributed to the pandemic.

[b] For DFR and CFR grantees, the 2019 vs. 2020 difference (loss in revenue) attributed to the Final Rule is equal to the total 2019 vs. 2020 difference minus the difference attributed to the pandemic.

[c] The percentage change in total revenue for the NCFR grantees is −6% for 2018 vs. 2020 and −10% for 2019 vs. 2020.

[d] Other grantees include all TFAS grantees and grantees that participated in Title X for only 1 or 2 years of the 3-year study period. By year, the number of Other grantees is as follows: 22 in 2018, 23 in 2019, and 16 in 2020.

— Not applicable.

Office of Population Affairs
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