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Family Planning Annual Report

2022 National Summary



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Family Planning Annual Report: 2022 National Summary

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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 in families with low incomes. In addition to offering these methods and services on a voluntary and confidential basis, Title X-funded service sites provide education and counseling on contraceptives; screening for cervical cancer; testing, referral, and prevention education for sexually transmitted infections (STIs) and human immunodeficiency virus (HIV); 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 2022, the Title X program received approximately \$286.5 million in federal Title X funding plus an additional \$50 million in one-time funding through the American Rescue Plan Act.⁴

All Title X grantees are required to submit data for the Family Planning Annual Report (FPAR)⁵ for each calendar year they receive funding.⁶ For 2022, OPA transitioned from collecting aggregate level data to a data system where grantees submit encounter-level data on the demographic and social characteristics of Title X users and the use of family planning and related preventive health services, staffing, and revenue. About one-third of grantees submitted encounter-level data in 2022. Grantees unable to transition to encounter-level data reporting in 2022 instead submitted the same tables of aggregate grantee-level data that were required of all grantees in 2021. This alternate approach will be available to grantees for encounters occurring through December 2024, but grantees will be required to submit encounter-level data for encounters occurring in 2025 and beyond. FPAR data have a variety of 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 policymakers 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: 2022 National Summary is to present the national-, regional-, and state-level findings for the 2022 reporting period (calendar year) along with trends for selected measures. Next, we highlight key findings.

2022 SNAPSHOT: KEY FINDINGS

A diverse network of public and private nonprofit agencies delivers Title X services. In 2022, Title X-funded services were implemented through grants to 91 family planning agencies: 45 state and local health departments and 46 nonprofit family planning and community health agencies. Title X funds supported a network of 4,126 service sites operated either directly by grantees or by 1,132 subrecipients in all 50 states, the District of Columbia,

and eight U.S. territories and freely associated states. Of the 4,126 service sites, 31 percent (1,286) reported they were capable of serving users remotely through telehealth technologies.

Title X providers serve a socioeconomically disadvantaged population, most of whom are female, have low incomes, and are young. In 2022, Title X-funded providers served 2.60 million family planning users (i.e., clients) through almost 4.1 million family planning encounters. Nearly nine of every 10 users (86 percent) were female, and 56 percent of all users were younger than age 30. Sixty percent of clients had household incomes at or below the federal poverty guideline (\$27,750 for a household of four in the 48 contiguous states and the District of Columbia) and received services for no charge, and an additional 24 percent had incomes between 100 percent and 250 percent of the federal poverty guideline and received services on a discounted sliding scale.⁷ Overall, 84 percent of users received Title X services that were totally or partially paid for through Title X grants.

Title X providers serve a population with low rates of health insurance. In 2022, the percentage of uninsured Title X users (31 percent) was nearly three times the national uninsured rate for U.S. adults (8 percent).⁸ Of the 65 percent of family planning users who had insurance, two in three (66 percent) had public insurance, and 34 percent had private insurance. In addition, three in four Title X users in the 50 states and the District of Columbia (74 percent) received Title X services in a state that had expanded Medicaid under the Affordable Care Act (ACA). Compared with family planning users in non-expansion states, more of those in expansion states were publicly insured (47 percent versus 32 percent), fewer were uninsured (27 percent versus 42 percent), and about the same percentage were privately insured (23 percent versus 22 percent).

Title X providers serve a racially and ethnically diverse population. Of the 2.6 million family planning users served in 2022, 31 percent self-identified with at least one of the non-White race categories established by the Office of Management and Budget (Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, or more than one race);⁹ 37 percent self-identified as Hispanic or Latino; and 19 percent had limited English proficiency.

Title X providers offer users a broad range of acceptable and effective family planning methods and services. In 2022, 73 percent of all users were using or adopted a contraceptive method at their last Title X encounter. Of the 2.2 million female users, 36 percent were using or adopted a short-term hormonal method like pills, injectables, the vaginal ring, or patch; 17 percent used or adopted a long-acting reversible method like an intrauterine device (IUD) or implant; 15 percent relied on barrier methods like condoms, spermicide, cervical cap or diaphragm, or contraceptive sponge; 3 percent relied on sterilization; and 1 percent used a fertility awareness-based method (FAM). Seven percent of all female users exited their last encounter with no contraceptive method because they were either pregnant or seeking to become pregnant.

Title X-funded cervical cancer screening services are necessary for early detection and treatment. In 2022, Title X providers conducted Pap testing for 20 percent (440,732) of female users. Fifteen percent of the 467,142 Pap tests performed had an indeterminate or abnormal result that required further evaluation and possible treatment.

Title X-funded STI and HIV services provide testing necessary for preventing disease transmission and adverse health consequences. In 2022, Title X providers tested 54 percent (408,082) of female users younger than age 25 for chlamydia. Providers also performed 1,501,331 gonorrhea tests (5.8 tests per 10 users), 878,728 confidential HIV tests (3.4 tests per 10 users), and 660,992 syphilis tests (2.5 tests per 10 users). Of the confidential HIV tests performed, 3,557 (4.0 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 2022, 14 percent (373,357) of all Title X users were male. Most male users were in their 20s (35 percent) or 30s (24 percent), and 63 percent adopted or continued use of some contraceptive method, including vasectomies, condoms, and reliance on a partner’s contraceptive method. In addition, Title X providers tested 57 percent of all male users for chlamydia and provided testing for several other STIs, including gonorrhea (6.8 tests per 10 male users), HIV (5.7 tests per 10 male users), and syphilis (4.4 tests per 10 male users).

A variety of qualified health providers deliver Title X-funded clinical services. In 2022, 4,330 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 59 percent of total CSP FTEs, followed by physicians (27 percent) and registered nurses with an expanded scope of practice (15 percent).

Title X projects rely on revenue from a mix of public and private sources. In 2022, Title X grantees reported total revenue of \$1.3 billion from all public and private sources to support their approved Title X services projects. Six sources accounted for 86 percent of total revenue: Title X (20 percent or \$248.7 million); Medicaid and the Children’s Health Insurance Program (CHIP) combined (37 percent or \$466.8 million); private third-party payers (10 percent or \$129.9 million); state governments (10 percent or \$129.4 million); local governments (5 percent or \$67.1 million); and client service fees (4 percent or \$48.3 million).

PERFORMANCE COMPARISON: 2022 VERSUS 2021

In the main report and appendices, the National Summary presents information on Title X performance in 2022 and over time (2012–2022). Here, we highlight the year-to-year changes (2022 versus 2021) for key Title X performance measures.

Title X service network. The number of Title X grantees* *increased* by 32 percent in 2022 (99 versus 75), with a commensurate *increase* of 26 percent in both the number of subrecipients (1,132 versus 899) and service sites (4,126 versus 3,284).

Number of family planning users and encounters. With the growth in the size of the Title X service network, there was a corresponding *increase* in the number of users served. Overall, Title X providers served 938,197 *more* family planning users in 2022 than in 2021 (2.60 million versus 1.66 million) and engaged in 1,293,657 *more* family planning encounters

* In this report, “grantee” refers to an entity that receives Title X service grants to provide family planning services. OPA requires grantees to submit separate FPARs for different geographic areas (e.g., different states). If an entity reports multiple FPARs, that entity is counted more than once.

(4.08 million versus 2.79 million). The average number of users per service site *increased* by 25 percent (630 versus 506), but the average number of family planning encounters per user *remained about the same* (1.6 versus 1.7).

Users’ sociodemographic characteristics. Between 2021 and 2022, the distribution of users changed such that *more* users were younger than age 30 (56 percent versus 53 percent), whereas *fewer* lived in households with earnings below the federal poverty guideline (60 percent versus 65 percent) or were uninsured (31 percent versus 36 percent). There were small changes (± 1 percentage points per category) in the distribution of users by sex and self-identified race and ethnicity.

Contraceptive use by female users. Between 2022 and 2021, there were small changes (± 2 percentage point) in the percentages of female users relying on most effective (21 percent versus 19 percent), moderately effective (36 percent versus 35 percent), and less effective (18 percent versus 17 percent) contraceptives. There were only small differences between years in the percentages of female users using different types of methods within each category. IUDs, pills, and male condoms were the most used methods in their respective effectiveness categories (most, moderately, and less effective, respectively).

Contraceptive use by male users. Between 2022 and 2021, the percentage of male users who adopted or used any contraception at their last encounter *increased* (63 percent versus 59 percent). Male condoms and reliance on a “female method” remained the most commonly used contraceptive methods among male users (47 percent and 9 percent, respectively).

Cancer screening. Compared with 2021, a *smaller* percentage of women were screened for cervical cancer in 2022. In 2022 versus 2021, the number of female users screened for cervical cancer *increased* by 116,196 (440,732 versus 324,536), but the percentage of female users who received a Pap test *decreased* (20 percent versus 23 percent).

STI testing. Compared with 2021, *more* STI tests were performed per user in 2022, driven largely by increases in tests for men. In 2022, the percentage of female users younger than 25 who were tested for chlamydia was about the same as in 2021 (54 percent versus 53 percent). For other STIs, there were *increases* in the total number of tests per 10 users for gonorrhea (5.8 versus 5.2), syphilis (2.5 versus 2.4), and HIV (3.4 versus 2.9) and an *increase* in the number of positive HIV tests per 1,000 performed (4.0 versus 2.9).

Clinical staffing levels. There was an *increase* in the number of CSP FTEs, driven primarily by expansion in the number of Title X grantees. In 2022, the number of CSP FTEs *increased* by almost a factor of two (4,330 versus 2,377), with midlevel FTEs accounting for 52 percent of this increase. In contrast, the number of CSP encounters per CSP FTE *decreased* by 135 (812 versus 947).

Title X program revenue. In 2022, inflation-adjusted (constant 2022 dollars) total program revenue *increased* by \$515.1 million, from \$758.5 million in 2021 to \$1.3 billion in 2022. More than half (\$345.9 million) of the total increase in revenue was from sources linked closely to the number of users and encounters (client service fees, Medicaid, Children’s Health Insurance Program (CHIP), Medicare, and other public and private third-party payers). Revenue increased for all revenue sources except Temporary Assistance for Needy Families (TANF) grants. For the two largest revenue sources—Title X and combined Medicaid and

CHIP—revenue increased by \$22.4 million and \$245.1, respectively. Other large increases in revenue came from private third-party payers (\$67.2 million), state governments (\$46.5 million), and local governments (\$27.5 million).

FACTORS AFFECTING 2022 PERFORMANCE

In 2022, OPA received \$336.5 million for the Title X program and was able to restore access to Title X services nationwide for the first time since September 2019.⁴ Following implementation of the 2019 Title X Final Rule (effective May 3, 2019),² 19 grantees voluntarily discontinued participation in the Title X program and another 18 grantees reported significant losses to their service networks. OPA redistributed grant funds from the 19 grantees who discontinued participation to the remaining grantees and funded an additional five Title X grantees in 2020 and 2021;^{35,36} however, there remained six states without any Title X services available and another seven states with Title X services available on a very limited basis. This resulted in Title X serving fewer clients in 2019, 2020, and 2021 than in previous years.

In October 2021, HHS finalized rulemaking (effective November 8, 2021) to revise the regulations that govern the Title X family planning program.² Title X services were again available nationwide with the award of new grants in April 2022.^{37,38} The increase in total number of Title X users, while evident in this year's FPAR data, is not expected to be fully realized until grantees have had a full 12 months to operate and 2023 FPAR data is published in late 2024.

In addition to changes in laws and program rules leading to reduced Title X network coverage in the past few years, the federal COVID-19 public health emergency declaration continued to affect healthcare providers and their clients nationwide throughout 2022.³⁹

SUMMARY

In 2022, Title X providers continued to rebuild the Title X network and expand access to clients across the nation. Title X providers delivered no-cost or low-cost family planning services to 2.6 million clients, an increase of almost 1 million clients compared to the previous year. Thirty-one percent of all Title X clients did not have health insurance and 84 percent had household incomes at or below 250 percent of the federal poverty guideline (\$69,375 per year or less for a household of four in 48 contiguous states and the District of Columbia). The 2022 FPAR data clearly show that Title X sites and providers play a critical role in our nation's safety net.

Note: This report was updated in October 2023 to reflect corrections to grantee-reported Title X revenue. The corrections led to changes in Exhibits 31–33 in Section 8 and Exhibits A.15a–d and A.16a–c in Appendix A.

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), in 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 in families with low incomes. In addition to offering these methods and services on a voluntary and confidential basis, Title X-funded centers provide education and counseling on contraceptives; screening for cervical cancer; testing, referral, and prevention education on sexually transmitted infections (STI) and the human immunodeficiency virus (HIV); and pregnancy diagnosis and counseling.^{2,3} By law, Title X funds cannot be used by facilities that include abortion as a method of family planning.^{2,3} In fiscal year 2022, the Title X program received about \$336.5 million in federal Title X funding.⁴

Family Planning Annual Report

The Family Planning Annual Report (FPAR)⁵ is the only source of uniform reporting by all Title X 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 the 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 policymakers about the program
- Estimate the impact of Title X-funded activities on key reproductive health outcomes, including infertility, invasive cervical cancer, and unintended pregnancy.⁵

Each grantee submits one or more FPARs as either encounter-level data or as tables of aggregated data. 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 2022 data or trend data.

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

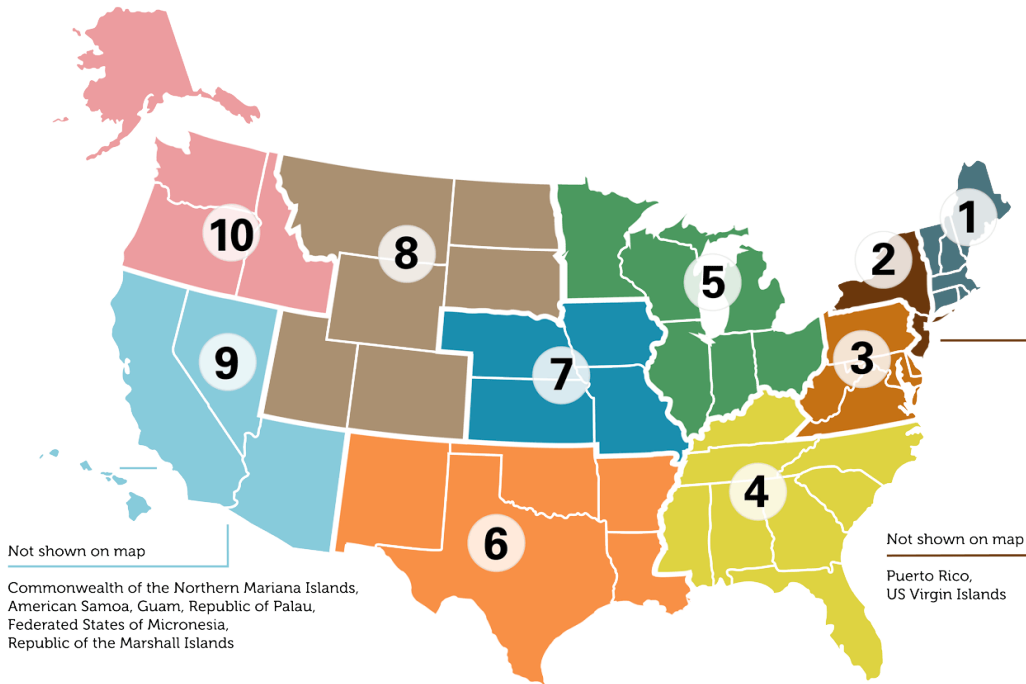
REPORT STRUCTURE

The Family Planning Annual Report: 2022 National Summary presents data for the 99 FPARs submitted by Title X services grantees for the 2022 reporting period (January 1, 2022–December 31, 2022). The National Summary has nine 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 definitions for key FPAR terms and guidance specific to each FPAR table. Please see the Family Planning Annual Report 2.0 Implementation Guide⁵ for complete FPAR reporting instructions.
- **Section 9, References** lists the references for the National Summary, which correspond to superscript numerals at appropriate points in the text.
- **Appendices.** Additional data for the National Summary are included in four appendices:
 - **Appendix A** reports trend data for selected indicators for 2012–2022.
 - **Appendix B** shows results on selected measures for 2022 (number and percentage of users by sex, income, and insurance status; contraceptive use by female users at risk of unintended pregnancy; and the number and percentage of female users younger than 25 who were tested for chlamydia) for all 50 states, the District of Columbia, and the eight U.S. territories and freely associated states (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands). The **Appendix B** exhibits show the differences on key measures across these geographic entities. Factors that contributed to these differences include health system organization, infrastructure and work force, policy, financing, and user characteristics.
 - **Appendix C** presents general and table-specific notes about the data in this report.
 - **Appendix D** provides an analysis of the encounter-level data collected during the 2023 FPAR submission period.

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

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



- **Region I.** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- **Region II.** New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III.** Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia
- **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
- **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
- **Region X.** Alaska, Idaho, Oregon, and Washington

2 FPAR Methodology

DATA COLLECTION

The Family Planning Annual Report 2.0 Implementation Guide (revised 2023)⁵ provides Title X grantees with guidance for collecting and submitting FPAR data, including information about data elements and data submission options, and defines key FPAR terms to ensure uniform reporting. The instructions describe how to collect and report both encounter-level data and aggregate annual statistics in 14 FPAR reporting tables. 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 that render care, and the revenue sources that support the grantees' Title X projects.

OPA accepted FPAR data submissions for the 2022 reporting period (January 1–December 31) from February 21 through May 5, 2023. The 2023 data submission window was extended compared to past years to allow grantees to acclimate to a redesigned online data submission portal. Title X services grantees were required to submit their 2022 FPARs during the data submission window. Grantees submitted all 99 FPARs to OPA by the May 5 due date. Ninety-five FPARs were submitted using the web based FPAR 2.0 Data System and four were delivered directly to OPA as electronic copies of the aggregate FPAR tables.

DATA VALIDATION

FPAR data undergo both automated and manual review and validations. For grantees providing encounter-level data, the FPAR 2.0 Data System performs a data validation check for missing values and valid values in the uploaded data set. Once the data are successfully uploaded, the data system aggregates numbers from the encounters and populates the 14 FPAR tables. At this stage, grantees are allowed to review the aggregate data and correct individual cells in the FPAR tables as necessary. These corrections are stored in the FPAR 2.0 Data System for data quality review purposes. Grantees that are not able to provide encounter-level data continue to enter aggregate data directly into the 14 FPAR tables.

After grantees confirm the aggregations in the FPAR tables, they submit the data for data quality checks. These automated checks performed by the data system identify potential reporting errors and problems, including out-of-range values or data elements that surpass a certain threshold of missingness. This process also includes calculation of row and column totals and cross-table comparisons of cell values. Each validation procedure is based on a validation rule that defines which table cells to compare and which condition or validation test to apply.

Once these automated checks are completed, the FPAR is reviewed by an OPA project officer who either accepts it or returns it to the grantee for correction or clarification. After grantees address all outstanding validation issues in the FPAR 2.0 Data System, Mathematica extracts the final data file for tabulation and analysis.

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 users who want to avoid pregnancy or achieve pregnancy. Laboratory tests and related counseling and education do not constitute a family planning encounter unless (1) the encounter is face-to-face or virtual between the user and provider, (2) the provider documents the encounter, and (3) 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 another services provider.

Family planning provider. The individual who assumes primary responsibility for assessing a user and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the user 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 user's proposed or adopted method of contraception, general reproductive health, or type of infertility treatment, in accordance with Title X program requirements.²
- **Other services providers** include other agency staff (such as 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 user's proposed or adopted method of contraception, general reproductive health, or type of infertility treatment, in accordance with Title X program requirements.² Other services providers may also perform or obtain samples for routine laboratory tests (for example, urine, pregnancy, STI, and cholesterol and lipid analysis), give contraceptive injections (for example, Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (such as blood pressure evaluation), in accordance with Title X program requirements.²

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 requirements² and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

Client records. Title X projects must establish a medical record for every client who is counted as a Title X user, including but not limited to those who obtain clinical services or other screening or laboratory services. 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 enough information to identify the user, indicate where and how the user 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 Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 6–10.⁵

3 Title X Network Characteristics

TITLE X SERVICE NETWORK PROFILE

In 2022, Title X-funded services were implemented through service grants to 91 family planning agencies, 45 of which were state or local health departments and 46 were nonprofit family planning and community health agencies. This funding supported a service network of 1,132 subrecipients and 4,126 service sites in all 50 states, the District of Columbia, and eight U.S. territories and freely associated states (**Exhibit 2**).

In 2022, the Title X program had 24 more grantees (99 versus 75), 233 more subrecipients (1,132 versus 899), and 842 more service sites (4,126 versus 3,284) than it had in 2021 (**Exhibit 2**).[§]

See **Exhibits A.1a** and **A.1b** in **Appendix A** for trends (2012–2022) in the numbers and percentages 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: 2021–2022

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											
2022	99	9	8	12	16	12	10	5	7	14	6
2021	75	4	7	11	11	8	8	5	5	14	2
Difference	24	5	1	1	5	4	2	0	2	0	4
% Change	32%	125%	14%	9%	45%	50%	25%	0%	40%	0%	200%
Subrecipients											
2022	1,132	48	68	181	266	141	89	84	80	108	67
2021	899	22	23	171	267	110	52	90	64	93	7
Difference	233	26	45	10	-1	31	37	-6	16	15	60
% change	26%	118%	196%	6%	0%	28%	71%	-7%	25%	16%	857%
Service sites											
2022	4,126	230	261	632	970	399	471	173	186	545	259
2021	3,284	60	65	606	919	239	488	180	158	526	43
Difference	842	170	196	26	51	160	-17	-7	28	19	216
% change	26%	283%	302%	4%	6%	67%	-3%	-4%	18%	4%	502%

Source: FPAR Grantee Profile Cover Sheet.

† Percentage is less than 0.5 percent.

[§] In this report, “grantee” refers to an entity that receives Title X service grants to provide family planning services. OPA requires grantees to submit separate FPARs for different geographic areas (e.g., different states). If an entity reports multiple FPARs, that entity is counted more than once.

Guidance for reporting user demographic profile data in FPAR Tables 1 through 3

FPAR Table 1 aggregates unduplicated numbers of female and male users by age group. This table is created automatically from encounters for grantees that report encounter-level data and is directly reported by grantees that report aggregate data. Users are stratified by age group based on the user's age as of June 30 of the reporting period.

FPAR Table 2 and **Table 3** aggregates unduplicated numbers of female (**Table 2**) and male (**Table 3**) users by ethnicity and race. These tables are created automatically from encounters for grantees that report encounter-level data and are directly reported by grantees that report aggregate data.

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 Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 21–26.⁵

4 Family Planning User Characteristics

DEMOGRAPHIC PROFILE

Total users

In 2022, Title X-funded sites served nearly 2.6 million family planning users. Grantees in Region IV served almost 1 of every 5 (19 percent) family planning users, followed closely by Region IX, which served 17 percent of family planning users, and Region II, which served 13 percent of family planning users (**Exhibit 3**).

The total number of users served in 2022 increased by 56 percent (by 938,197) over 2021. The number of users increased in all 10 HHS regions, with Region II grantees reporting the largest numeric increase (272,636) (**Exhibit 3**) and Regions I, V, IX, and X each also reporting increases of more than 100,000 users. On average, the number of users per service site increased by almost 25 percent (630 in 2022 versus 506 in 2021) (**Exhibit A.1c**).

See **Exhibits A. 2a** and **A. 2b** for trends (2012–2022) in the number and percentage of family planning users overall and by region.

See **Exhibit B.1** for 2022 data on the number and percentage of family planning users by state.

Exhibit 3. Number and percentage change in number of all family planning users by year and region: 2021–2022

Users	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number											
2022	2,600,663	177,746	326,517	301,626	484,147	268,923	296,625	93,440	91,995	449,816	109,828
2021	1,662,466	53,031	53,881	262,947	477,609	87,103	294,333	81,325	64,418	279,738	8,081
Difference	938,197	124,715	272,636	38,679	6,538	181,820	2,292	12,115	27,577	170,078	101,747
% change	56%	235%	506%	15%	1%	209%	1%	15%	43%	61%	1,259%
Percentage											
2022	100%	7%	13%	12%	19%	10%	11%	4%	4%	17%	4%
2021	100%	3%	3%	16%	29%	5%	18%	5%	4%	17%	0%†

Source: FPAR Table 1.

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

† Percentage is less than 0.5 percent.

Sex

Of the 2.6 million family planning users served in 2022, 86 percent (2.2 million) were female, and 14 percent (373,357) were male (**Exhibits 4 and 5**).[‡] The percentage of total users who were female was high across all regions (83 percent to 90 percent; **Exhibits 4 and 5**) and in most states (69 percent to 100 percent; **Exhibit B.1**).

See **Exhibits A.2a and A.2b** for trends (2012–2022) in the number and percentage of users by region and the number and percentage of users by sex.

See **Exhibit B.1** for 2022 data on the number and percentage of family planning users by sex and state.

Age

In 2022, 15 percent (393,050) of all family planning users were younger than age 20; 41 percent (1,056,093) were ages 20 to 29; and 44 percent (1,151,520) were 30 or older. Higher percentages of male users were in their teens (16 percent versus 14 percent for female users) or 30 or older (49 percent versus 44 percent for female users), whereas a higher percentage of female than male users were in their 20s (41 percent versus 35 percent). Across regions, there was wider variation in the age distribution of male users than there was for female users (**Exhibits 4 and 5**).

See **Exhibits A.3a and A.3b** for trends (2012–2022) in the number and percentage of users by age group.

[‡] In addition to collecting data on the number of users whose sex (that is, based on biological and physiological characteristics) is male or female, OPA received OMB clearance to collect sexual orientation and gender identity (SOGI) data starting in 2022. SOGI data elements were only collected at the encounter level and are therefore not presented in the 2022 National Summary.

Exhibit 4. Number of all family planning users by sex, age, and region: 2022

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	33,264	2,095	3,055	6,285	8,429	2,778	3,786	1,032	1,207	3,710	887
15 to 17	133,342	9,434	11,904	19,914	28,331	13,803	15,195	6,001	5,782	16,198	6,780
18 to 19	166,731	9,888	18,484	20,193	31,232	19,397	19,114	7,379	7,618	24,152	9,274
20 to 24	491,343	32,218	62,552	51,906	80,692	57,958	55,381	18,625	20,421	83,939	27,651
25 to 29	432,879	28,957	57,979	46,854	73,970	46,947	49,499	14,452	14,304	79,285	20,632
30 to 34	357,558	23,348	47,786	41,119	66,801	35,326	42,845	11,742	10,528	63,613	14,450
35 to 39	258,835	16,722	34,941	29,996	49,999	23,827	32,282	8,880	7,468	45,215	9,505
40 to 44	177,031	11,483	23,661	20,385	34,056	15,273	22,498	6,127	4,877	33,045	5,626
Over 44	176,323	13,247	20,014	18,929	38,719	13,202	22,248	5,982	3,993	36,120	3,869
Subtotal	2,227,306	147,392	280,376	255,581	412,229	228,511	262,848	80,220	76,198	385,277	98,674
Male users											
Under 15	14,645	1,076	1,737	3,500	3,927	658	1,378	140	390	1,811	28
15 to 17	23,857	2,573	3,038	4,591	5,421	1,547	1,613	515	870	3,359	330
18 to 19	21,211	1,791	2,904	3,071	3,626	2,321	1,853	986	939	3,087	633
20 to 24	68,028	5,085	9,708	7,613	9,038	9,291	6,273	3,306	3,486	11,422	2,806
25 to 29	63,843	4,889	8,746	6,923	8,830	8,567	5,639	2,776	3,224	11,683	2,566
30 to 34	53,244	4,214	7,028	5,766	8,399	6,597	5,022	2,135	2,533	9,595	1,955
35 to 39	37,987	3,190	4,539	4,096	7,144	4,173	3,627	1,357	1,656	6,979	1,226
40 to 44	28,832	2,428	3,125	3,062	6,497	2,752	3,056	867	1,040	5,251	754
Over 44	61,710	5,108	5,316	7,423	19,036	4,506	5,316	1,138	1,659	11,352	856
Subtotal	373,357	30,354	46,141	46,045	71,918	40,412	33,777	13,220	15,797	64,539	11,154
All users											
Under 15	47,909	3,171	4,792	9,785	12,356	3,436	5,164	1,172	1,597	5,521	915
15 to 17	157,199	12,007	14,942	24,505	33,752	15,350	16,808	6,516	6,652	19,557	7,110
18 to 19	187,942	11,679	21,388	23,264	34,858	21,718	20,967	8,365	8,557	27,239	9,907
20 to 24	559,371	37,303	72,260	59,519	89,730	67,249	61,654	21,931	23,907	95,361	30,457
25 to 29	496,722	33,846	66,725	53,777	82,800	55,514	55,138	17,228	17,528	90,968	23,198
30 to 34	410,802	27,562	54,814	46,885	75,200	41,923	47,867	13,877	13,061	73,208	16,405
35 to 39	296,822	19,912	39,480	34,092	57,143	28,000	35,909	10,237	9,124	52,194	10,731
40 to 44	205,863	13,911	26,786	23,447	40,553	18,025	25,554	6,994	5,917	38,296	6,380
Over 44	238,033	18,355	25,330	26,352	57,755	17,708	27,564	7,120	5,652	47,472	4,725
Total users	2,600,663	177,746	326,517	301,626	484,147	268,923	296,625	93,440	91,995	449,816	109,828

Source: FPAR Table 1.

† Percentage is less than 0.5 percent.

Exhibit 5. Percentage of all family planning users by sex, age, and region: 2022

Age group (years)	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female users											
Under 15	1%	1%	1%	2%	2%	1%	1%	1%	2%	1%	1%
15 to 17	6%	6%	4%	8%	7%	6%	6%	7%	8%	4%	7%
18 to 19	7%	7%	7%	8%	8%	8%	7%	9%	10%	6%	9%
20 to 24	22%	22%	22%	20%	20%	25%	21%	23%	27%	22%	28%
25 to 29	19%	20%	21%	18%	18%	21%	19%	18%	19%	21%	21%
30 to 34	16%	16%	17%	16%	16%	15%	16%	15%	14%	17%	15%
35 to 39	12%	11%	12%	12%	12%	10%	12%	11%	10%	12%	10%
40 to 44	8%	8%	8%	8%	8%	7%	9%	8%	6%	9%	6%
Over 44	8%	9%	7%	7%	9%	6%	8%	7%	5%	9%	4%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male users											
Under 15	4%	4%	4%	8%	5%	2%	4%	1%	2%	3%	0%†
15 to 17	6%	8%	7%	10%	8%	4%	5%	4%	6%	5%	3%
18 to 19	6%	6%	6%	7%	5%	6%	5%	7%	6%	5%	6%
20 to 24	18%	17%	21%	17%	13%	23%	19%	25%	22%	18%	25%
25 to 29	17%	16%	19%	15%	12%	21%	17%	21%	20%	18%	23%
30 to 34	14%	14%	15%	13%	12%	16%	15%	16%	16%	15%	18%
35 to 39	10%	11%	10%	9%	10%	10%	11%	10%	10%	11%	11%
40 to 44	8%	8%	7%	7%	9%	7%	9%	7%	7%	8%	7%
Over 44	17%	17%	12%	16%	26%	11%	16%	9%	11%	18%	8%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All users											
Under 15	2%	2%	1%	3%	3%	1%	2%	1%	2%	1%	1%
15 to 17	6%	7%	5%	8%	7%	6%	6%	7%	7%	4%	6%
18 to 19	7%	7%	7%	8%	7%	8%	7%	9%	9%	6%	9%
20 to 24	22%	21%	22%	20%	19%	25%	21%	23%	26%	21%	28%
25 to 29	19%	19%	20%	18%	17%	21%	19%	18%	19%	20%	21%
30 to 34	16%	16%	17%	16%	16%	16%	16%	15%	14%	16%	15%
35 to 39	11%	11%	12%	11%	12%	10%	12%	11%	10%	12%	10%
40 to 44	8%	8%	8%	8%	8%	7%	9%	7%	6%	9%	6%
Over 44	9%	10%	8%	9%	12%	7%	9%	8%	6%	11%	4%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female users	86%	83%	86%	85%	85%	85%	89%	86%	83%	86%	90%
Male users	14%	17%	14%	15%	15%	15%	11%	14%	17%	14%	10%

Source: FPAR Table 1.

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

Race

In 2022, 55 percent (1,422,547) of all family planning users identified as White, 23 percent (591,867) as Black or African American, 3 percent (65,364) as Asian, and 1 percent each as either American Indian or Alaska Native (33,087) or Native Hawaiian or Other Pacific Islander (27,284). Three percent (90,066) of all users identified with two or more of the five race categories specified by OMB,⁹ and race was either unknown or not reported for 14 percent (370,448). Of the 370,448 users with an unknown or unrecorded race, 67 percent identified their ethnicity as Hispanic or Latino (**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 identified as White (55 percent of female users versus 51 percent of male users) and Black or African American (22 percent of female users versus 27 percent of male users).
- By **region**, the distribution of users by race varied widely (**Exhibits 9 and 10**). The percentage of users who identified as White ranged from 42 percent to 74 percent; 4 percent to 38 percent identified as Black or African American; 1 percent to 5 percent identified as Asian; and 2 percent to 6 percent identified with two or more race categories.

See **Exhibits A.4a and A.4b** for trends (2012–2022) in the number and percentage of all family planning users by self-identified race.

See **Exhibits A.6a and A.6b** for trends (2012–2022) in the number and percentage of all family planning users by self-identified race and Hispanic or Latino ethnicity.

Ethnicity

In 2022, 37 percent (954,205) of users identified as Hispanic or Latino ethnicity (**Exhibit 6**).

- By **sex**, 38 percent of female users and 31 percent of male users identified as Hispanic or Latino, whereas ethnicity was unknown for 5 percent of female users and 6 percent of male users (**Exhibits 7–8, and 11–14**).
- By **region**, the percentage of users who identified as Hispanic or Latino ranged from 23 percent to 57 percent, with grantees in Regions II, VI, and IX reporting the highest percentages (44 percent to 57 percent) of Hispanic or Latino users (**Exhibits 9 and 10**).

See **Exhibits A.5a and A.5b** for trends (2012–2022) in the number and percentage of all family planning users by self-identified Hispanic or Latino ethnicity.

See **Exhibits A.6a and A.6b** for trends (2012–2022) in the number and percentage of all family planning users by self-identified race and Hispanic or Latino ethnicity.

Exhibit 6. Number and percentage of all family planning users by race and ethnicity: 2022

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity unknown or not reported	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity unknown or not reported	% Total
Am Indian/Alaska Native	16,014	15,574	1,499	33,087	1%	1%	0%†	1%
Asian	2,513	58,008	4,843	65,364	0%†	2%	0%†	3%
Black/African American	35,784	537,381	18,702	591,867	1%	21%	1%	23%
Nat Hawaiian/Pac Island	7,684	18,609	991	27,284	0%†	1%	0%†	1%
White	594,556	787,819	40,172	1,422,547	23%	30%	2%	55%
More than one race	50,854	33,920	5,292	90,066	2%	1%	0%†	3%
Unknown/not reported	246,800	70,011	53,637	370,448	9%	3%	2%	14%
Total users	954,205	1,521,322	125,136	2,600,663	37%	58%	5%	100%

Source: FPAR Tables 2 and 3.

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

Am Indian/Alaska Native = American Indian or Alaska Native. **Nat Hawaiian/Pac Island** = Native Hawaiian or other Pacific Islander.

† Percentage is less than 0.5 percent.

Exhibit 7. Number and percentage of female family planning users by race and ethnicity: 2022

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity unknown or not reported	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity unknown or not reported	% Total
Am Indian/Alaska Native	13,810	13,474	1,197	28,481	1%	1%	0%†	1%
Asian	2,134	50,331	4,052	56,517	0%†	2%	0%†	3%
Black/African American	29,845	445,069	14,307	489,221	1%	20%	1%	22%
Nat Hawaiian/Pac Island	6,664	16,940	835	24,439	0%†	1%	0%†	1%
White	526,385	671,900	32,871	1,231,156	24%	30%	1%	55%
More than one race	43,145	29,594	4,402	77,141	2%	1%	0%†	3%
Unknown/not reported	216,320	60,652	43,379	320,351	10%	3%	2%	14%
Total female users	838,303	1,287,960	101,043	2,227,306	38%	58%	5%	100%

Source: FPAR Table 2.

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

Am Indian/Alaska Native = American Indian or Alaska Native. **Nat Hawaiian/Pac Island** = Native Hawaiian or Other Pacific Islander.

† Percentage is less than 0.5 percent.

Exhibit 8. Number and percentage of male family planning users by race and ethnicity: 2022

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity unknown or not reported	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity unknown or not reported	% Total
Am Indian/Alaska Native	2,204	2,100	302	4,606	1%	1%	0%†	1%
Asian	379	7,677	791	8,847	0%†	2%	0%†	2%
Black/African American	5,939	92,312	4,395	102,646	2%	25%	1%	27%
Nat Hawaiian/Pac Island	1,020	1,669	156	2,845	0%†	0%†	0%†	1%
White	68,171	115,919	7,301	191,391	18%	31%	2%	51%
More than one race	7,709	4,326	890	12,925	2%	1%	0%†	3%
Unknown/not reported	30,480	9,359	10,258	50,097	8%	3%	3%	13%
Total male users	115,902	233,362	24,093	373,357	31%	63%	6%	100%

Source: FPAR Table 3.

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

Am Indian/Alaska Native = American Indian or Alaska Native. **Nat Hawaiian/Pac Island** = Native Hawaiian or Other Pacific Islander.

† Percentage is less than 0.5 percent.

Exhibit 9. Number of all family planning users by race, ethnicity, and region: 2022

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	16,014	506	2,672	4,128	3,379	764	565	268	932	2,017	783
Not Hispanic or Latino	15,574	631	1,098	1,335	1,232	1,149	2,124	447	1,497	4,495	1,566
Unknown/not reported	1,499	45	19	257	57	64	80	41	82	850	4
Subtotal	33,087	1,182	3,789	5,720	4,668	1,977	2,769	756	2,511	7,362	2,353
Asian											
Hispanic or Latino	2,513	115	339	335	348	186	170	47	61	748	164
Not Hispanic or Latino	58,008	5,027	10,087	6,169	4,503	6,038	2,852	1,569	1,782	15,140	4,841
Unknown/not reported	4,843	259	176	293	88	155	51	113	100	3,606	2
Subtotal	65,364	5,401	10,602	6,797	4,939	6,379	3,073	1,729	1,943	19,494	5,007
Black or African American											
Hispanic or Latino	35,784	5,065	16,950	4,389	2,898	1,772	1,413	321	379	2,105	492
Not Hispanic or Latino	537,381	25,252	71,053	90,255	177,625	67,806	55,032	17,714	5,688	22,574	4,382
Unknown/not reported	18,702	2,731	1,336	3,426	3,255	1,671	582	1,032	225	4,442	2
Subtotal	591,867	33,048	89,339	98,070	183,778	71,249	57,027	19,067	6,292	29,121	4,876
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	7,684	808	898	487	541	336	263	68	85	4,021	177
Not Hispanic or Latino	18,609	207	594	439	479	351	496	230	302	14,497	1,014
Unknown/not reported	991	42	9	77	6	11	9	35	14	787	1
Subtotal	27,284	1,057	1,501	1,003	1,026	698	768	333	401	19,305	1,192
White											
Hispanic or Latino	594,556	19,604	65,121	34,436	92,551	37,514	145,147	18,389	20,100	147,342	14,352
Not Hispanic or Latino	787,819	74,263	69,446	95,652	160,689	113,189	71,934	41,623	44,129	61,717	55,177
Unknown/not reported	40,172	3,113	1,428	4,094	3,484	2,249	1,172	3,248	1,643	19,700	41
Subtotal	1,422,547	96,980	135,995	134,182	256,724	152,952	218,253	63,260	65,872	228,759	69,570
More than one race											
Hispanic or Latino	50,854	7,045	6,615	5,045	5,889	4,297	1,893	1,260	1,521	16,857	432
Not Hispanic or Latino	33,920	3,956	2,288	2,158	5,549	6,876	3,083	1,292	1,302	5,290	2,126
Unknown/not reported	5,292	338	143	472	842	810	22	486	143	2,033	3
Subtotal	90,066	11,339	9,046	7,675	12,280	11,983	4,998	3,038	2,966	24,180	2,561
Race unknown or not reported											
Hispanic or Latino	246,800	17,217	51,989	31,726	14,003	15,949	7,071	1,899	8,035	82,405	16,506
Not Hispanic or Latino	70,011	6,211	22,048	8,578	4,350	4,004	1,777	1,767	2,157	11,376	7,743
Unknown/not reported	53,637	5,311	2,208	7,875	2,379	3,732	889	1,591	1,818	27,814	20
Subtotal	370,448	28,739	76,245	48,179	20,732	23,685	9,737	5,257	12,010	121,595	24,269
All races											
Hispanic or Latino	954,205	50,360	144,584	80,546	119,609	60,818	156,522	22,252	31,113	255,495	32,906
Not Hispanic or Latino	1,521,322	115,547	176,614	204,586	354,427	199,413	137,298	64,642	56,857	135,089	76,849
Unknown/not reported	125,136	11,839	5,319	16,494	10,111	8,692	2,805	6,546	4,025	59,232	73
Total users	2,600,663	177,746	326,517	301,626	484,147	268,923	296,625	93,440	91,995	449,816	109,828

Source: FPAR Tables 2 and 3.

Exhibit 10. Percentage of all family planning users by race, ethnicity, and region: 2022

Race and ethnicity	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	1%	0%†	1%	1%	1%	0%†	0%†	0%†	1%	0%†	1%
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	2%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	2%	1%	1%	1%	1%	3%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	3%	2%	1%	2%	1%	2%	2%	3%	4%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	3%	3%	2%	1%	2%	1%	2%	2%	4%	5%
Black or African American											
Hispanic or Latino	1%	3%	5%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	21%	14%	22%	30%	37%	25%	19%	19%	6%	5%	4%
Unknown/not reported	1%	2%	0%†	1%	1%	1%	0%†	1%	0%†	1%	0%†
Subtotal	23%	19%	27%	33%	38%	26%	19%	20%	7%	6%	4%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	3%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
White											
Hispanic or Latino	23%	11%	20%	11%	19%	14%	49%	20%	22%	33%	13%
Not Hispanic or Latino	30%	42%	21%	32%	33%	42%	24%	45%	48%	14%	50%
Unknown/not reported	2%	2%	0%†	1%	1%	1%	0%†	3%	2%	4%	0%†
Subtotal	55%	55%	42%	44%	53%	57%	74%	68%	72%	51%	63%
More than one race											
Hispanic or Latino	2%	4%	2%	2%	1%	2%	1%	1%	2%	4%	0%†
Not Hispanic or Latino	1%	2%	1%	1%	1%	3%	1%	1%	1%	1%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†
Subtotal	3%	6%	3%	3%	3%	4%	2%	3%	3%	5%	2%
Race unknown or not reported											
Hispanic or Latino	9%	10%	16%	11%	3%	6%	2%	2%	9%	18%	15%
Not Hispanic or Latino	3%	3%	7%	3%	1%	1%	1%	2%	2%	3%	7%
Unknown/not reported	2%	3%	1%	3%	0%†	1%	0%†	2%	2%	6%	0%†
Subtotal	14%	16%	23%	16%	4%	9%	3%	6%	13%	27%	22%
All races											
Hispanic or Latino	37%	28%	44%	27%	25%	23%	53%	24%	34%	57%	30%
Not Hispanic or Latino	58%	65%	54%	68%	73%	74%	46%	69%	62%	30%	70%
Unknown/not reported	5%	7%	2%	5%	2%	3%	1%	7%	4%	13%	0%†
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Tables 2 and 3.

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

† Percentage is less than 0.5 percent.

Exhibit 11. Number of female family planning users by race, ethnicity, and region: 2022

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	13,810	414	2,331	3,590	2,878	674	480	244	845	1,645	709
Not Hispanic or Latino	13,474	502	983	1,202	1,072	958	2,017	374	1,269	3,675	1,422
Unknown/not reported	1,197	32	15	213	36	47	79	35	66	670	4
Subtotal	28,481	948	3,329	5,005	3,986	1,679	2,576	653	2,180	5,990	2,135
Asian											
Hispanic or Latino	2,134	98	282	271	318	162	132	37	44	646	144
Not Hispanic or Latino	50,331	4,313	8,599	5,324	3,641	5,242	2,587	1,417	1,553	13,159	4,496
Unknown/not reported	4,052	210	150	238	60	134	46	89	84	3,040	1
Subtotal	56,517	4,621	9,031	5,833	4,019	5,538	2,765	1,543	1,681	16,845	4,641
Black or African American											
Hispanic or Latino	29,845	4,285	14,245	3,430	2,424	1,529	1,199	270	298	1,741	424
Not Hispanic or Latino	445,069	20,718	60,573	72,472	150,176	55,943	45,502	13,552	4,109	18,295	3,729
Unknown/not reported	14,307	2,278	1,033	2,616	2,297	1,350	331	796	159	3,445	2
Subtotal	489,221	27,281	75,851	78,518	154,897	58,822	47,032	14,618	4,566	23,481	4,155
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	6,664	686	662	350	493	288	223	61	69	3,674	158
Not Hispanic or Latino	16,940	176	393	358	411	268	470	205	241	13,501	917
Unknown/not reported	835	32	7	45	6	11	6	26	11	690	1
Subtotal	24,439	894	1,062	753	910	567	699	292	321	17,865	1,076
White											
Hispanic or Latino	526,385	17,348	56,928	29,837	81,907	33,708	130,246	17,099	17,544	128,504	13,264
Not Hispanic or Latino	671,900	59,892	59,418	84,674	136,057	94,967	65,800	36,216	35,892	49,652	49,332
Unknown/not reported	32,871	2,290	1,148	3,440	2,436	1,919	1,023	2,683	1,344	16,549	39
Subtotal	1,231,156	79,530	117,494	117,951	220,400	130,594	197,069	55,998	54,780	194,705	62,635
More than one race											
Hispanic or Latino	43,145	6,064	5,737	4,287	4,389	3,816	1,675	1,117	1,322	14,342	396
Not Hispanic or Latino	29,594	3,444	1,983	1,901	4,683	5,993	2,920	1,098	1,058	4,529	1,985
Unknown/not reported	4,402	268	106	369	623	672	22	439	112	1,788	3
Subtotal	77,141	9,776	7,826	6,557	9,695	10,481	4,617	2,654	2,492	20,659	2,384
Race unknown or not reported											
Hispanic or Latino	216,320	14,867	44,520	27,338	12,710	14,355	5,915	1,595	6,930	73,217	14,873
Not Hispanic or Latino	60,652	5,365	19,406	7,353	3,604	3,519	1,481	1,551	1,744	9,871	6,758
Unknown/not reported	43,379	4,110	1,857	6,273	2,008	2,956	694	1,316	1,504	22,644	17
Subtotal	320,351	24,342	65,783	40,964	18,322	20,830	8,090	4,462	10,178	105,732	21,648
All races											
Hispanic or Latino	838,303	43,762	124,705	69,103	105,119	54,532	139,870	20,423	27,052	223,769	29,968
Not Hispanic or Latino	1,287,960	94,410	151,355	173,284	299,644	166,890	120,777	54,413	45,866	112,682	68,639
Unknown/not reported	101,043	9,220	4,316	13,194	7,466	7,089	2,201	5,384	3,280	48,826	67
Total users	2,227,306	147,392	280,376	255,581	412,229	228,511	262,848	80,220	76,198	385,277	98,674

Source: FPAR Table 2.

Exhibit 12. Percentage of female family planning users by race, ethnicity, and region: 2022

Race and ethnicity	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	1%	0%†	1%	1%	1%	0%†	0%†	0%†	1%	0%†	1%
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	1%	0%†	2%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	2%	1%	1%	1%	1%	3%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	3%	3%	2%	1%	2%	1%	2%	2%	3%	5%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	3%	3%	3%	2%	1%	2%	1%	2%	2%	4%	5%
Black or African American											
Hispanic or Latino	1%	3%	5%	1%	1%	1%	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	14%	22%	28%	36%	24%	17%	17%	5%	5%	4%
Unknown/not reported	1%	2%	0%†	1%	1%	1%	0%†	1%	0%†	1%	0%†
Subtotal	22%	19%	27%	31%	38%	26%	18%	18%	6%	6%	4%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	4%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	5%	1%
White											
Hispanic or Latino	24%	12%	20%	12%	20%	15%	50%	21%	23%	33%	13%
Not Hispanic or Latino	30%	41%	21%	33%	33%	42%	25%	45%	47%	13%	50%
Unknown/not reported	1%	2%	0%†	1%	1%	1%	0%†	3%	2%	4%	0%†
Subtotal	55%	54%	42%	46%	53%	57%	75%	70%	72%	51%	63%
More than one race											
Hispanic or Latino	2%	4%	2%	2%	1%	2%	1%	1%	2%	4%	0%†
Not Hispanic or Latino	1%	2%	1%	1%	1%	3%	1%	1%	1%	1%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†
Subtotal	3%	7%	3%	3%	2%	5%	2%	3%	3%	5%	2%
Race unknown or not reported											
Hispanic or Latino	10%	10%	16%	11%	3%	6%	2%	2%	9%	19%	15%
Not Hispanic or Latino	3%	4%	7%	3%	1%	2%	1%	2%	2%	3%	7%
Unknown/not reported	2%	3%	1%	2%	0%†	1%	0%†	2%	2%	6%	0%†
Subtotal	14%	17%	23%	16%	4%	9%	3%	6%	13%	27%	22%
All races											
Hispanic or Latino	38%	30%	44%	27%	26%	24%	53%	25%	36%	58%	30%
Not Hispanic or Latino	58%	64%	54%	68%	73%	73%	46%	68%	60%	29%	70%
Unknown/not reported	5%	6%	2%	5%	2%	3%	1%	7%	4%	13%	0%†
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 2.

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

† Percentage is less than 0.5 percent.

Exhibit 13. Number of male family planning users by race, ethnicity, and region: 2022

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	2,204	92	341	538	501	90	85	24	87	372	74
Not Hispanic or Latino	2,100	129	115	133	160	191	107	73	228	820	144
Unknown/not reported	302	13	4	44	21	17	1	6	16	180	0
Subtotal	4,606	234	460	715	682	298	193	103	331	1,372	218
Asian											
Hispanic or Latino	379	17	57	64	30	24	38	10	17	102	20
Not Hispanic or Latino	7,677	714	1,488	845	862	796	265	152	229	1,981	345
Unknown/not reported	791	49	26	55	28	21	5	24	16	566	1
Subtotal	8,847	780	1,571	964	920	841	308	186	262	2,649	366
Black or African American											
Hispanic or Latino	5,939	780	2,705	959	474	243	214	51	81	364	68
Not Hispanic or Latino	92,312	4,534	10,480	17,783	27,449	11,863	9,530	4,162	1,579	4,279	653
Unknown/not reported	4,395	453	303	810	958	321	251	236	66	997	0
Subtotal	102,646	5,767	13,488	19,552	28,881	12,427	9,995	4,449	1,726	5,640	721
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	1,020	122	236	137	48	48	40	7	16	347	19
Not Hispanic or Latino	1,669	31	201	81	68	83	26	25	61	996	97
Unknown/not reported	156	10	2	32	0	0	3	9	3	97	0
Subtotal	2,845	163	439	250	116	131	69	41	80	1,440	116
White											
Hispanic or Latino	68,171	2,256	8,193	4,599	10,644	3,806	14,901	1,290	2,556	18,838	1,088
Not Hispanic or Latino	115,919	14,371	10,028	10,978	24,632	18,222	6,134	5,407	8,237	12,065	5,845
Unknown/not reported	7,301	823	280	654	1,048	330	149	565	299	3,151	2
Subtotal	191,391	17,450	18,501	16,231	36,324	22,358	21,184	7,262	11,092	34,054	6,935
More than one race											
Hispanic or Latino	7,709	981	878	758	1,500	481	218	143	199	2,515	36
Not Hispanic or Latino	4,326	512	305	257	866	883	163	194	244	761	141
Unknown/not reported	890	70	37	103	219	138	0	47	31	245	0
Subtotal	12,925	1,563	1,220	1,118	2,585	1,502	381	384	474	3,521	177
Race unknown or not reported											
Hispanic or Latino	30,480	2,350	7,469	4,388	1,293	1,594	1,156	304	1,105	9,188	1,633
Not Hispanic or Latino	9,359	846	2,642	1,225	746	485	296	216	413	1,505	985
Unknown/not reported	10,258	1,201	351	1,602	371	776	195	275	314	5,170	3
Subtotal	50,097	4,397	10,462	7,215	2,410	2,855	1,647	795	1,832	15,863	2,621
All races											
Hispanic or Latino	115,902	6,598	19,879	11,443	14,490	6,286	16,652	1,829	4,061	31,726	2,938
Not Hispanic or Latino	233,362	21,137	25,259	31,302	54,783	32,523	16,521	10,229	10,991	22,407	8,210
Unknown/not reported	24,093	2,619	1,003	3,300	2,645	1,603	604	1,162	745	10,406	6
Total users	373,357	30,354	46,141	46,045	71,918	40,412	33,777	13,220	15,797	64,539	11,154

Source: FPAR Table 3.

Exhibit 14. Percentage of male family planning users by race, ethnicity, and region: 2022

Race and ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	1%	0%†	1%	1%	1%	0%†	0%†	0%†	1%	1%	1%
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	1%	1%	2%	1%	1%	1%	1%	2%	2%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	3%	2%	1%	2%	1%	1%	1%	3%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Subtotal	2%	3%	3%	2%	1%	2%	1%	1%	2%	4%	3%
Black or African American											
Hispanic or Latino	2%	3%	6%	2%	1%	1%	1%	0%†	1%	1%	1%
Not Hispanic or Latino	25%	15%	23%	39%	38%	29%	28%	31%	10%	7%	6%
Unknown/not reported	1%	1%	1%	2%	1%	1%	1%	2%	0%†	2%	0%
Subtotal	27%	19%	29%	42%	40%	31%	30%	34%	11%	9%	6%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†
Not Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%	0%	0%†	0%†	0%†	0%†	0%
Subtotal	1%	1%	1%	1%	0%†	0%†	0%†	0%†	1%	2%	1%
White											
Hispanic or Latino	18%	7%	18%	10%	15%	9%	44%	10%	16%	29%	10%
Not Hispanic or Latino	31%	47%	22%	24%	34%	45%	18%	41%	52%	19%	52%
Unknown/not reported	2%	3%	1%	1%	1%	1%	0%†	4%	2%	5%	0%†
Subtotal	51%	57%	40%	35%	51%	55%	63%	55%	70%	53%	62%
More than one race											
Hispanic or Latino	2%	3%	2%	2%	2%	1%	1%	1%	1%	4%	0%†
Not Hispanic or Latino	1%	2%	1%	1%	1%	2%	0%†	1%	2%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%†	0%†	0%
Subtotal	3%	5%	3%	2%	4%	4%	1%	3%	3%	5%	2%
Race unknown or not reported											
Hispanic or Latino	8%	8%	16%	10%	2%	4%	3%	2%	7%	14%	15%
Not Hispanic or Latino	3%	3%	6%	3%	1%	1%	1%	2%	3%	2%	9%
Unknown/not reported	3%	4%	1%	3%	1%	2%	1%	2%	2%	8%	0%†
Subtotal	13%	14%	23%	16%	3%	7%	5%	6%	12%	25%	23%
All races											
Hispanic or Latino	31%	22%	43%	25%	20%	16%	49%	14%	26%	49%	26%
Not Hispanic or Latino	63%	70%	55%	68%	76%	80%	49%	77%	70%	35%	74%
Unknown/not reported	6%	9%	2%	7%	4%	4%	2%	9%	5%	16%	0%†
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 3.

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

† Percentage is less than 0.5 percent.

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. Data in the table are aggregated automatically from encounters for grantees that report encounter-level data based on reported household income and household size but are directly reported by grantees that report aggregate data. 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, grantees 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. Data in the table are aggregated automatically from encounters for grantees that report encounter-level data and are directly reported by grantees that report aggregate data.

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. As with all data elements that may vary from encounter to encounter, only the information available from the most recent encounter is aggregated for grantees that submit encounter-level data. Grantees that submit aggregate data report the most current health insurance coverage information available for the user 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.** 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, 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.** Users have 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 (for example, TRICARE or Civilian Health and Medical Program of the Department of Veterans Affairs [CHAMPVA]).
- **Uninsured.** Users who do not have a public or private health insurance plan that covers broad, primary medical care benefits. Users whose services are subsidized through state or local indigent care programs or users 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**. Data in the table are aggregated automatically from encounters for grantees that report encounter-level data and are directly reported by grantees that report aggregate data.

Limited English proficient (LEP) users do not speak English as their primary language and 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 (interpretation or translation) to optimize their use of Title X services, those who receive Title X services from bilingual staff in the user's preferred non-English language, those who are assisted by a competent agency or contracted interpreter, or those who opt 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, users who are visually or hearing-impaired or have other disabilities are not reported as LEP.

Note: For detailed reporting guidance, please refer to the Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 27–29.⁵

SOCIAL AND ECONOMIC PROFILE

Income level

Federal regulations^{2,3} require Title X-funded providers to give priority in the delivery of care to persons from low-income households. These regulations specify that individuals with household incomes at or below the federal poverty guideline for 2022 (\$27,750 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 household incomes between 101 percent and 250 percent of the poverty guideline, Title X-funded agencies are required to charge for services using a sliding fee scale based on household size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own and not 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 2022, 84 percent of users (approximately 2.2 million people) had household incomes that qualified them for either no-charge or subsidized services. Sixty percent of users (1.6 million people) had household incomes at or below 100 percent of the poverty guideline and qualified for no-charge services, whereas 24 percent (630,565) with household incomes between 101 percent and 250 percent of the poverty guideline qualified for subsidized care. Nine percent (233,962) of users had household incomes that were more than 250 percent above the poverty guideline, while household income data were unknown or not reported for 7 percent (172,540) of users (**Exhibit 15**).

- Across **regions**, 71 percent to 90 percent of users had household incomes (< 251 percent of the poverty guideline) qualifying them for either no-charge (46 percent to 71 percent of users) or subsidized services (18 percent to 31 percent of users) (**Exhibit 15**).
- Across **the 50 states and the District of Columbia**, 22 percent to 88 percent of users had household incomes that qualified for no-charge services (less than 100 percent of the poverty guideline),[§] and up to 45 percent had incomes of 101 percent to 250 percent of the poverty guideline that qualified for subsidized care (**Exhibit B.2**).

See **Exhibits A.7a** and **A.7b** for trends (2012–2022) in the number and percentage of family planning users by income level.

See **Exhibit B.2** for 2022 data on the number and percentage of family planning users by income level and state.

[§] All users served in American Samoa and the Federated States of Micronesia, and greater than 89 percent of users served in Guam, the Republic of Palau, Puerto Rico, and the U.S. Virgin Islands, had household incomes below 100 percent of the poverty guideline.

Insurance coverage

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 user confidentiality. For submissions of both encounter-level data and aggregate table data, grantees report the health insurance coverage status for a user even if an insured user 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 were considered uninsured, as were users with single-service plans (for example, vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities.

In 2022, 65 percent (1.7 million) of family planning users had either public (43 percent; 1,128,221) or private (22 percent; 570,400) insurance covering broad primary medical care benefits; 31 percent (810,647) were uninsured. Health insurance coverage status was unknown or not reported for 4 percent (91,395) of users (*Exhibit 16*).

- Across **regions**, 28 percent to 55 percent of family planning users had public coverage, 10 percent to 35 percent had private coverage, and 9 percent to 50 percent were uninsured (*Exhibit 16*).
- Across **states**, there was wide variation in the distribution of users by insurance status. Across all 50 states and the District of Columbia, 1 percent to 79 percent of users were publicly insured; 8 percent to 52 percent were privately insured; and 4 percent to 61 percent were uninsured. There was also a wide range in health insurance status across the eight U.S. territories and freely associated states, where 0 percent to 96 percent were publicly insured, 0 percent to 26 percent were privately insured, and 0 percent to 100 percent were uninsured (*Exhibit B.3a*).
- Looking at **state Medicaid expansion status**, users in states that expanded Medicaid under the Affordable Care Act (ACA) were more likely to be publicly insured (47 percent) and less likely to be uninsured (27 percent) than users in states that had not expanded Medicaid (32 percent publicly insured and 42 percent uninsured) (*Exhibit B.3b*).

See *Exhibits A.8a* and *A.8b* for trends (2012–2022) in the number and percentage of family planning users by primary health insurance status.

See *Exhibit B.3a* for 2022 data on the number and percentage of family planning users by primary health insurance status and state.

See *Exhibit B.3b* for 2022 data on the number and percentage of family planning users by primary health insurance status and state according to states' Medicaid expansion status.

Limited English proficiency

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 people with limited English proficiency have meaningful access to the health and social services they provide.¹⁷

In 2022, 19 percent (491,506) of family planning users had limited English proficiency. By region, the percentage of users who had limited English proficiency ranged from 8 percent to 24 percent (**Exhibit 17**). The number of users with limited English proficiency in 2022 was 40 percent higher (by 141,378 users) than in 2021 (350,128) (not shown).

Exhibit 15. Number and percentage of all family planning users by income level and region: 2022

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%	1,563,591	81,672	202,090	164,035	298,347	132,646	211,773	52,670	50,610	317,365	52,383
101% to 150%	337,967	19,816	51,904	40,590	63,017	43,119	33,775	12,782	9,842	48,104	15,018
151% to 200%	192,205	16,564	23,236	21,997	38,514	23,677	15,815	8,258	6,794	25,904	11,446
201% to 250%	100,393	8,216	12,123	11,314	20,535	17,031	7,093	5,289	4,371	7,832	6,589
Over 250%	233,962	27,379	32,431	28,468	35,557	42,743	8,697	11,579	13,623	17,103	16,382
Unknown/not reported	172,540	24,099	4,728	35,222	28,177	9,707	19,472	2,862	6,755	33,508	8,010
Total users	2,600,658	177,746	326,512	301,626	484,147	268,923	296,625	93,440	91,995	449,816	109,828
Under 101%	60%	46%	62%	54%	62%	49%	71%	56%	55%	71%	48%
101% to 150%	13%	11%	16%	13%	13%	16%	11%	14%	11%	11%	14%
151% to 200%	7%	9%	7%	7%	8%	9%	5%	9%	7%	6%	10%
201% to 250%	4%	5%	4%	4%	4%	6%	2%	6%	5%	2%	6%
Over 250%	9%	15%	10%	9%	7%	16%	3%	12%	15%	4%	15%
Unknown/not reported	7%	14%	1%	12%	6%	4%	7%	3%	7%	7%	7%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 4.

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

^a Title X-funded agencies calculate and report user household income as a percentage of poverty guideline 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/topics/poverty-economic-mobility/poverty-guidelines>

Exhibit 16. Number and percentage of all family planning users by principal health insurance coverage status and region: 2022

Insurance status	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Public health insurance	1,128,221	98,007	169,764	134,168	174,261	106,945	97,572	25,994	25,325	249,174	47,011
Private health insurance	570,400	58,828	68,007	73,268	130,328	58,980	40,799	26,200	30,286	45,697	38,007
Uninsured	810,647	15,852	86,763	80,241	165,806	69,589	147,617	40,044	33,470	148,668	22,597
Unknown/not reported	91,395	5,059	1,983	13,949	13,752	33,409	10,637	1,202	2,914	6,277	2,213
Total users	2,600,663	177,746	326,517	301,626	484,147	268,923	296,625	93,440	91,995	449,816	109,828
Public health insurance	43%	55%	52%	44%	36%	40%	33%	28%	28%	55%	43%
Private health insurance	22%	33%	21%	24%	27%	22%	14%	28%	33%	10%	35%
Uninsured	31%	9%	27%	27%	34%	26%	50%	43%	36%	33%	21%
Unknown/not reported	4%	3%	1%	5%	3%	12%	4%	1%	3%	1%	2%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 5.

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

^a One grantee in Region II reported five additional users in FPAR Table 5 that were not present in other tables.

Exhibit 17. Number and percentage of all family planning users by limited English proficiency status and region: 2022

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	491,506	39,743	79,337	61,416	72,717	22,648	70,565	11,928	13,786	109,988	9,378
Not LEP	2,068,171	136,922	246,271	229,691	384,303	246,070	225,986	81,059	78,196	339,223	100,450
Unknown/not reported	31,462	1,081	909	995	27,127	205	74	453	13	605	0
Total users	2,591,139	177,746	326,517	292,102	484,147	268,923	296,625	93,440	91,995	449,816	109,828
LEP	19%	22%	24%	21%	15%	8%	24%	13%	15%	24%	9%
Not LEP	80%	77%	75%	79%	79%	92%	76%	87%	85%	75%	91%
Unknown/not reported	1%	1%	0%†	0%†	6%	0%†	0%†	0%†	0%†	0%†	0%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 6.

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

^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 percent.

LEP = limited English proficient.

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). Data in these tables are aggregated automatically from encounters for grantees that report encounter-level data and are directly reported by grantees that report aggregate data.

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 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.** 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
- **One- or three-month hormonal injection.** Refers to one- or three-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 a spermicide or non-spermicidal gel
- **Any spermicide or non-spermicidal gel.** Refers to spermicidal jelly, cream, gel, foam, film, or suppository or non-spermicidal gel used alone, that is, not in conjunction with another method of contraception
- **Fertility awareness method (FAM).** Refers to family planning methods (for example, 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 six months after delivery¹⁸
- **Abstinence.** Refers to refraining from oral, vaginal, and anal intercourse¹⁹ 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 pregnancy prevention method 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 spermicide or non-spermicidal gel 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, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).
- **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 non-contraceptive 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 Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 33–36.⁵

5 Contraceptive Use

Title X projects are required^{2,3} to provide a broad range of acceptable and effective family planning methods and services. When delivering family planning care, Title X service providers are also required to comply with the Quality Family Planning (QFP) Recommendations²⁰ by (1) identifying contraceptive methods that are safe for the user, (2) providing counseling to help the user choose a method and use it correctly and consistently, (3) performing any physical assessments warranted by use of the selected method, and (4) providing the method on site (preferable) or by referral. For adolescent users, the QFP also recommends that services be “youth-friendly.”

FEMALE CONTRACEPTIVE USE

In 2022, 75 percent (approximately 1.7 million) of all female users adopted or continued use of a contraceptive method (refer to **Definitions 1** on the next page) at their last encounter in the reporting period. Seven percent (153,612) of female users exited the encounter with no method because they were pregnant or seeking to become pregnant, and another 8 percent (176,923) exited with no method for other reasons. Five percent (101,197) of female users reported they were abstinent, and the type of primary method used was unknown or not reported for the remaining 6 percent (127,767) of users (**Exhibits 18 and 19**).

- One in five (21 percent) of all female users relied on a method considered most effective, 36 percent used a moderately effective method, and 18 percent used a less effective method (**Exhibits 18 and 19**). The categorization of methods by level of effectiveness aligns with the OPA-developed and National Quality Forum-endorsed performance measures for contraceptive care.²¹ Table 7 comments in the Field and Methodological Notes (Appendix C) have more information about the performance measures²¹ and method-effectiveness categories.²²
- Looking at the **type of method**, the contraceptive pill was used by 19 percent of all female users, followed by male condoms (14 percent), injectable contraception (14 percent), intrauterine devices (IUDs) (9 percent), hormonal implants (8 percent), female sterilization (3 percent), the vaginal ring (1 percent), the contraceptive patch (1 percent), and a fertility awareness–based method (FAM) or the lactational amenorrhea method (LAM) (1 percent). Three percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and less than 0.5 percent of female users relied on each of the following methods: vasectomy, female condom, spermicide (used alone) or non-spermicidal gel, cervical cap or diaphragm, or the contraceptive sponge (**Exhibits 18 and 19**).

- By **age group**, 46 percent of female users under 15 and 64 to 79 percent of those in different age groups 15 or older adopted or continued using any contraceptive method (**Exhibits 18 and 19**).

The two leading contraceptive methods by age group were:

- **Female users under 15:** Injectables (15 percent) and pills (15 percent)
- **Female users 15 to 39:** Pills (17 percent to 25 percent) and injectables (13 percent to 21 percent)
- **Female users 40 to 44:** Pills (15 percent); male condoms (14 percent) and injectables (14 percent)
- **Female users over 44:** Female sterilization (15 percent) and male condoms (13 percent)

The proportion of female users who were not using contraception because of pregnancy or the desire for pregnancy was 1 to 4 percent in the youngest (under 18) and oldest (over 40) age groups, and from 6 to 9 percent among female users ages 18 to 39. The proportion of female users who were not using contraception because they were practicing abstinence was 34 percent for those age under 15; 11 percent for those ages 15 to 17; 3 percent to 5 percent for those ages 18 to 44; and 9 percent for those over 44 (**Exhibits 18 and 19**).

- By **region**, from 51 percent to 67 percent of female users exited the encounter with a method considered most or moderately effective (**Exhibits 20 and 21**).
- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (3 percent to 38 percent), moderately effective (17 percent to 82 percent), or less effective (1 percent to 38 percent) 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.

Exhibit B.4 shows 2022 data by state on the number and percentage of female users at risk of unintended pregnancy who used a contraceptive in the most, moderately, or less effective categories.

Trends in primary contraceptive method used by female users

From 2012 through 2022, the percentage of all female users relying on most, moderately, or less effective methods ranged from 73 percent to 83 percent. Between 13 percent and 15 percent used no method because they were either pregnant, seeking to become pregnant, or for other reasons, and 2 percent to 5 percent were abstinent (**Exhibits A.9a, A.9b, and A.9c**). Among all female users:

- Use of **most effective methods** increased from 11 percent (2012) to 21 percent (2022).

Definitions 1: Contraceptive method grouping by effectiveness in preventing pregnancy²²

Most effective: vasectomy, female sterilization, implant, or intrauterine device

Moderately effective: injectable contraception, vaginal ring, contraceptive patch, or pills

Less effective: male condom, non-spermicidal gel (used alone), fertility awareness-based or lactational amenorrhea methods, sponge, diaphragm or cervical cap, withdrawal, female condom, or spermicide (used alone)

- Use of **moderately effective methods** decreased from 53 percent (2012) to 36 percent (2022).
- Use of **less effective methods** decreased from 20 percent (2012) to 18 percent (2022).

During all years from 2012 to 2022, IUDs, the pill, and male condoms were the most popular methods in their respective effectiveness categories.

See **Exhibits A.9a, A.9b, and A.9c** for trends (2012–2022) in the number and percentage 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

In 2022, grantees reported that 63 percent (232,479) of all male users adopted or continued use of any primary contraceptive method at their last encounter in the reporting period. Fourteen percent (52,363) of male users used no primary method, either because their partners were pregnant or seeking to become pregnant (1 percent) or for other reasons (13 percent); another 12 percent (43,389) reported they were abstinent. The type of primary contraceptive method used was unknown or not reported for 12 percent (43,068) of male users (**Exhibits 22 and 23**).

- Looking at **type of method**, 47 percent of all male users relied on male condoms. Far fewer relied on a female method (9 percent), withdrawal (5 percent), a vasectomy (1 percent), or FAM or LAM (1 percent) (**Exhibits 22 and 23**).
- By **age group**, 26 percent of male users under 18 and 67 percent of those 18 or older used a contraceptive method (**Exhibits 22 and 23**). The percentage who were not using contraception because a partner was pregnant or seeking to become pregnant was less than 0.5 percent among male users under 18 and 1 percent among those 18 or older.

The two leading contraceptive methods by age group were:

- **Male users under 18:** Male condoms (6 percent to 32 percent) and reliance on a female method (1 percent to 3 percent)
- **Male users 18 and older:** Male condoms (30 percent to 62 percent) and reliance on a female method (5 percent to 13 percent)
- By **region**, the percentage of male users reported using any contraceptive method ranged from 47 percent to 76 percent (**Exhibits 24 and 25**).

See **Exhibits A.10a, A.10b, and A.10c** for trends (2012–2022) in the number and percentage 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: 2022

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Female sterilization	74,411	0	1	5	835	4,642	10,918	14,829	16,134	27,047
Intrauterine device	208,934	314	5,043	10,545	42,951	44,782	39,735	30,795	20,853	13,916
Hormonal implant	168,477	2,242	14,086	16,838	44,263	35,866	26,909	16,300	8,349	3,624
Hormonal injection	302,181	4,896	27,378	28,640	66,361	53,933	46,687	35,750	23,914	14,622
Oral contraceptive	428,536	4,943	33,241	41,803	112,154	86,288	63,528	42,696	26,675	17,208
Contraceptive patch	32,527	671	3,635	4,025	8,793	5,987	4,384	2,666	1,506	860
Vaginal ring	30,518	132	1,271	2,122	7,754	7,454	6,238	3,498	1,444	605
Cervical cap or diaphragm	1,215	37	42	51	215	227	229	211	107	96
Contraceptive sponge	122	0	4	7	16	21	19	16	23	16
Female condom	6,844	70	365	478	1,566	1,334	1,111	799	590	531
Any spermicide or non-spermicidal gel (used alone)	2,395	5	78	133	578	533	443	295	194	136
FAM or LAM ^b	15,880	256	516	775	3,306	3,359	2,979	2,023	1,462	1,204
Abstinence ^c	101,197	11,132	15,223	7,761	14,054	11,415	9,900	8,149	6,858	16,705
Withdrawal or other method ^d	65,027	388	2,008	3,338	12,833	13,023	11,131	8,190	6,039	8,077
Rely on male method										
Vasectomy	7,674	0	3	50	379	825	1,295	1,695	1,744	1,683
Male condom	315,318	1,365	12,095	22,313	78,216	67,406	50,961	35,316	24,783	22,863
No method										
Pregnant/seeking pregnancy	153,612	267	3,720	9,362	38,047	40,057	32,871	18,827	7,523	2,938
Other reason	176,923	2,019	6,568	9,713	33,571	32,541	28,064	20,979	16,579	26,889
Method unknown	127,767	4,490	7,719	8,134	23,103	21,317	18,945	15,112	11,925	17,022
Total female users	2,219,558	33,227	132,996	166,093	488,995	431,010	356,347	258,146	176,702	176,042
Using most, moderately, or less effective method^e	1,660,059	15,319	99,766	131,123	380,220	325,680	266,567	195,079	133,817	112,488
Most effective ^e	459,496	2,556	19,133	27,438	88,428	86,115	78,857	63,619	47,080	46,270
Moderately effective ^e	793,762	10,642	65,525	76,590	195,062	153,662	120,837	84,610	53,539	33,295
Less effective ^e	406,801	2,121	15,108	27,095	96,730	85,903	66,873	46,850	33,198	32,923
Abstinence	101,197	11,132	15,223	7,761	14,054	11,415	9,900	8,149	6,858	16,705
Not using a method	330,535	2,286	10,288	19,075	71,618	72,598	60,935	39,806	24,102	29,827
Method unknown	127,767	4,490	7,719	8,134	23,103	21,317	18,945	15,112	11,925	17,022

Source: FPAR Table 7.

FAM = fertility awareness–based method; **LAM** = lactational amenorrhea method.

^a Includes both three-month and one-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 injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. See Table 7 comments in the Field and Methodological Notes (Appendix C).

Exhibit 19. Percentage of female family planning users by primary contraceptive method and age: 2022

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Female sterilization	3%	0%	0%†	0%†	0%†	1%	3%	6%	9%	15%
Intrauterine device	9%	1%	4%	6%	9%	10%	11%	12%	12%	8%
Hormonal implant	8%	7%	11%	10%	9%	8%	8%	6%	5%	2%
Hormonal injection	14%	15%	21%	17%	14%	13%	13%	14%	14%	8%
Oral contraceptive	19%	15%	25%	25%	23%	20%	18%	17%	15%	10%
Contraceptive patch	1%	2%	3%	2%	2%	1%	1%	1%	1%	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%†
Any spermicide or non-spermicidal gel (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	1%	1%	0%†	0%†	1%	1%	1%	1%	1%	1%
Abstinence ^c	5%	34%	11%	5%	3%	3%	3%	3%	4%	9%
Withdrawal or other method ^d	3%	1%	2%	2%	3%	3%	3%	3%	3%	5%
Rely on male method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	14%	4%	9%	13%	16%	16%	14%	14%	14%	13%
No method										
Pregnant/seeking pregnancy	7%	1%	3%	6%	8%	9%	9%	7%	4%	2%
Other reason	8%	6%	5%	6%	7%	8%	8%	8%	9%	15%
Method unknown	6%	14%	6%	5%	5%	5%	5%	6%	7%	10%
Total female users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	75%	46%	75%	79%	78%	76%	75%	76%	76%	64%
Most effective ^e	21%	8%	14%	17%	18%	20%	22%	25%	27%	26%
Moderately effective ^e	36%	32%	49%	46%	40%	36%	34%	33%	30%	19%
Less effective ^e	18%	6%	11%	16%	20%	20%	19%	18%	19%	19%
Abstinence	5%	34%	11%	5%	3%	3%	3%	3%	4%	9%
Not using a method	15%	7%	8%	11%	15%	17%	17%	15%	14%	17%
Method unknown	6%	14%	6%	5%	5%	5%	5%	6%	7%	10%

Source: FPAR Table 7.

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

^a Includes both three-month and one-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 injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), 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 percent.

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

Exhibit 20. Number of female family planning users by primary contraceptive method and region: 2022

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	74,411	4,318	6,630	8,087	16,004	7,645	15,120	3,938	1,107	11,304	258
Intrauterine device	208,934	18,215	27,376	20,195	22,534	23,900	18,952	9,722	11,766	42,945	13,329
Hormonal implant	168,477	11,383	17,140	18,903	29,259	16,991	20,830	6,718	8,192	30,698	8,363
Hormonal injection	302,181	14,370	29,650	33,455	78,017	36,137	37,472	14,351	11,237	33,549	13,943
Oral contraceptive	428,536	27,301	62,483	46,484	71,769	53,077	47,187	15,223	14,737	66,074	24,201
Contraceptive patch	32,527	1,895	5,222	2,767	4,030	3,936	2,819	1,171	592	7,270	2,825
Vaginal ring	30,518	1,975	4,652	3,390	3,595	3,515	3,122	1,124	1,779	4,550	2,816
Cervical cap or diaphragm	1,215	165	112	241	44	89	48	30	28	352	106
Contraceptive sponge	122	1	4	18	18	5	7	3	0	55	11
Female condom	6,844	57	228	323	5,266	206	120	25	88	489	42
Any spermicide or non-spermicidal gel (used alone)	2,395	1,048	62	251	138	78	489	63	23	165	78
FAM or LAM ^b	15,880	414	1,422	635	4,454	560	1,734	804	252	5,086	519
Abstinence ^c	101,197	5,720	11,014	9,967	26,597	6,760	13,353	3,249	2,525	19,094	2,918
Withdrawal or other method ^d	65,027	3,972	6,993	5,643	12,838	6,807	13,574	2,463	1,792	8,253	2,692
Rely on male method											
Vasectomy	7,674	715	723	824	1,291	583	1,098	372	400	1,125	543
Male condom	315,318	13,475	55,782	28,536	41,212	29,204	43,461	10,251	7,706	74,001	11,690
No method											
Pregnant/seeking pregnancy	153,612	8,581	18,625	15,421	42,666	14,980	15,599	4,437	3,292	22,912	7,099
Other reason	176,923	14,797	28,913	26,119	20,065	17,168	21,105	5,117	4,702	33,430	5,507
Method unknown	127,767	18,990	3,345	26,819	32,432	6,870	6,758	1,159	5,979	23,681	1,734
Total female users	2,219,558	147,392	280,376	248,078	412,229	228,511	262,848	80,220	76,197	385,033	98,674
Using most, moderately, or less effective method^e	1,660,059	99,304	218,479	169,752	290,469	182,733	206,033	66,258	59,699	285,916	81,416
Most effective ^e	459,496	34,631	51,869	48,009	69,088	49,119	56,000	20,750	21,465	86,072	22,493
Moderately effective ^e	793,762	45,541	102,007	86,096	157,411	96,665	90,600	31,869	28,345	111,443	43,785
Less effective ^e	406,801	19,132	64,603	35,647	63,970	36,949	59,433	13,639	9,889	88,401	15,138
Abstinence	101,197	5,720	11,014	9,967	26,597	6,760	13,353	3,249	2,525	19,094	2,918
Not using a method	330,535	23,378	47,538	41,540	62,731	32,148	36,704	9,554	7,994	56,342	12,606
Method unknown	127,767	18,990	3,345	26,819	32,432	6,870	6,758	1,159	5,979	23,681	1,734

Source: FPAR Table 7.

FAM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

^a Includes both three-month and one-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 injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. See Table 7 comments in the Field and Methodological Notes (Appendix C).

Exhibit 21. Percentage of female family planning users by primary contraceptive method and region: 2022

Primary method	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	3%	3%	2%	3%	4%	3%	6%	5%	1%	3%	0%†
Intrauterine device	9%	12%	10%	8%	5%	10%	7%	12%	15%	11%	14%
Hormonal implant	8%	8%	6%	8%	7%	7%	8%	8%	11%	8%	8%
Hormonal injection	14%	10%	11%	13%	19%	16%	14%	18%	15%	9%	14%
Oral contraceptive	19%	19%	22%	19%	17%	23%	18%	19%	19%	17%	25%
Contraceptive patch	1%	1%	2%	1%	1%	2%	1%	1%	1%	2%	3%
Vaginal ring	1%	1%	2%	1%	1%	2%	1%	1%	2%	1%	3%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†
Any spermicide or non-spermicidal gel (used alone)	0%†	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	1%	0%†	1%	0%†	1%	0%†	1%	1%	0%†	1%	1%
Abstinence ^c	5%	4%	4%	4%	6%	3%	5%	4%	3%	5%	3%
Withdrawal or other method ^d	3%	3%	2%	2%	3%	3%	5%	3%	2%	2%	3%
Rely on male method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%
Male condom	14%	9%	20%	12%	10%	13%	17%	13%	10%	19%	12%
No method											
Pregnant/seeking pregnancy	7%	6%	7%	6%	10%	7%	6%	6%	4%	6%	7%
Other reason	8%	10%	10%	11%	5%	8%	8%	6%	6%	9%	6%
Method unknown	6%	13%	1%	11%	8%	3%	3%	1%	8%	6%	2%
Total female users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	75%	67%	78%	68%	70%	80%	78%	83%	78%	74%	83%
Most effective ^e	21%	23%	18%	19%	17%	21%	21%	26%	28%	22%	23%
Moderately effective ^e	36%	31%	36%	35%	38%	42%	34%	40%	37%	29%	44%
Less effective ^e	18%	13%	23%	14%	16%	16%	23%	17%	13%	23%	15%
Abstinence	5%	4%	4%	4%	6%	3%	5%	4%	3%	5%	3%
Not using a method	15%	16%	17%	17%	15%	14%	14%	12%	10%	15%	13%
Method unknown	6%	13%	1%	11%	8%	3%	3%	1%	8%	6%	2%

Source: FPAR Table 7.

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

^a Includes both three-month and one-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 injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. See Table 7 comments in the Field and Methodological Notes (Appendix C).

FAM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

† Percentage is less than 0.5 percent.

Exhibit 22. Number of male family planning users by primary contraceptive method and age: 2022

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Vasectomy	3,646	0	0	1	109	395	654	723	739	1,025
Male condom	175,568	846	7,547	11,447	41,551	37,228	28,663	18,076	11,777	18,433
FAM ^a	2,716	91	127	92	363	377	350	391	568	357
Abstinence ^b	43,389	8,779	9,967	3,518	4,177	2,724	2,343	1,863	1,682	8,336
Withdrawal or other method ^c	16,803	127	475	699	2,737	2,902	2,641	2,103	1,784	3,335
Rely on female method ^d	33,746	187	745	1,143	4,750	5,547	5,050	4,374	3,748	8,202
No method										
Partner pregnant/seeking pregnancy	3,363	3	31	92	613	739	695	494	293	403
Other reason	49,000	1,068	1,736	2,015	7,648	8,057	7,332	5,591	4,384	11,169
Method unknown	43,068	3,542	3,198	2,087	5,527	5,302	5,157	4,159	3,780	10,316
Total male users	371,299	14,643	23,826	21,094	67,475	63,271	52,885	37,774	28,755	61,576
Using most, moderately, or less effective method^e	232,479	1,251	8,894	13,382	49,510	46,449	37,358	25,667	18,616	31,352
Abstinence ^b	43,389	8,779	9,967	3,518	4,177	2,724	2,343	1,863	1,682	8,336
Not using a method	52,363	1,071	1,767	2,107	8,261	8,796	8,027	6,085	4,677	11,572
Method unknown	43,068	3,542	3,198	2,087	5,527	5,302	5,157	4,159	3,780	10,316

Source: FPAR Table 8.

^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 “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the Field and Methodological Notes (Appendix C).

FAM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Exhibit 23. Percentage of male family planning users by primary contraceptive method and age: 2022

Primary method	All age groups	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44
Vasectomy	1%	0%	0%	0%†	0%†	1%	1%	2%	3%	2%
Male condom	47%	6%	32%	54%	62%	59%	54%	48%	41%	30%
FAM ^a	1%	1%	1%	0%†	1%	1%	1%	1%	2%	1%
Abstinence ^b	12%	60%	42%	17%	6%	4%	4%	5%	6%	14%
Withdrawal or other method ^c	5%	1%	2%	3%	4%	5%	5%	6%	6%	5%
Rely on female method ^d	9%	1%	3%	5%	7%	9%	10%	12%	13%	13%
No method										
Partner pregnant/seeking pregnancy	1%	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Other reason	13%	7%	7%	10%	11%	13%	14%	15%	15%	18%
Method unknown	12%	24%	13%	10%	8%	8%	10%	11%	13%	17%
Total male users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	63%	9%	37%	63%	73%	73%	71%	68%	65%	51%
Abstinence ^b	12%	60%	42%	17%	6%	4%	4%	5%	6%	14%
Not using a method	14%	7%	7%	10%	12%	14%	15%	16%	16%	19%
Method unknown	12%	24%	13%	10%	8%	8%	10%	11%	13%	17%

Source: FPAR Table 8.

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

^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 “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), 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 percent.

FAM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Exhibit 24. Number of male family planning users by primary contraceptive method and region: 2022

Primary method	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	3,646	365	350	352	521	568	234	221	383	452	200
Male condom	175,568	9,891	28,505	17,241	24,028	23,181	17,808	7,304	8,062	33,469	6,079
FAM ^a	2,716	25	52	15	504	14	1,254	201	30	615	6
Abstinence ^b	43,389	3,425	4,028	3,530	15,831	2,752	4,899	721	1,066	6,313	824
Withdrawal or other method ^c	16,803	602	2,350	1,379	4,316	1,655	2,029	628	689	1,853	1,302
Rely on female method ^d	33,746	3,355	1,184	2,339	13,232	2,662	2,378	1,639	2,841	3,862	254
No method											
Partner pregnant/seeking pregnancy	3,363	571	197	296	856	267	295	100	174	564	43
Other reason	49,000	5,920	8,446	5,049	4,460	6,575	3,311	1,787	1,452	9,812	2,188
Method unknown	43,068	6,200	1,029	13,823	8,170	2,738	1,569	619	1,100	7,562	258
Total male users	371,299	30,354	46,141	44,024	71,918	40,412	33,777	13,220	15,797	64,502	11,154
Using most, moderately, or less effective method^e	232,479	14,238	32,441	21,326	42,601	28,080	23,703	9,993	12,005	40,251	7,841
Abstinence ^b	43,389	3,425	4,028	3,530	15,831	2,752	4,899	721	1,066	6,313	824
Not using a method	52,363	6,491	8,643	5,345	5,316	6,842	3,606	1,887	1,626	10,376	2,231
Method unknown	43,068	6,200	1,029	13,823	8,170	2,738	1,569	619	1,100	7,562	258

Source: FPAR Table 8.

^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 “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the Field and Methodological Notes (Appendix C).

FAM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Exhibit 25. Percentage of male family planning users by primary contraceptive method and region: 2022

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%	2%	2%	1%	2%
Male condom	47%	33%	62%	39%	33%	57%	53%	55%	51%	52%	55%
FAM ^a	1%	0%†	0%†	0%†	1%	0%†	4%	2%	0%†	1%	0%†
Abstinence ^b	12%	11%	9%	8%	22%	7%	15%	5%	7%	10%	7%
Withdrawal or other method ^c	5%	2%	5%	3%	6%	4%	6%	5%	4%	3%	12%
Rely on female method ^d	9%	11%	3%	5%	18%	7%	7%	12%	18%	6%	2%
No method											
Partner pregnant/seeking pregnancy	1%	2%	0%†	1%	1%	1%	1%	1%	1%	1%	0%†
Other reason	13%	20%	18%	11%	6%	16%	10%	14%	9%	15%	20%
Method unknown	12%	20%	2%	31%	11%	7%	5%	5%	7%	12%	2%
Total male users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^e	63%	47%	70%	48%	59%	69%	70%	76%	76%	62%	70%
Abstinence ^b	12%	11%	9%	8%	22%	7%	15%	5%	7%	10%	7%
Not using a method	14%	21%	19%	12%	7%	17%	11%	14%	10%	16%	20%
Method unknown	12%	20%	2%	31%	11%	7%	5%	5%	7%	12%	2%

Source: FPAR Table 8.

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

^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 “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm, female condoms, LAM, and spermicide (used alone).

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, and pill. **Less effective** methods include male condoms, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, spermicide (used alone), 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 percent.

FAM = Fertility awareness-based method; **LAM** = Lactational amenorrhea method.

Guidance for reporting cervical cancer screening in FPAR Table 9

In **Table 9**, grantees report information on cervical cancer screening. Data in this table are aggregated automatically from encounters for grantees that report encounter-level data and is directly reported by grantees that report aggregate data. The activities reported include the following:

- Unduplicated number of female users who obtained a Papanicolaou (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.²³ **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.²³ **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 System²³ 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 (for example, cyst or polyp), or low hormone levels in menopausal women. ASC-H may be a sign of an HSIL, which may become cervical cancer if untreated.²⁴

- **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 used to refer to LSILs.²⁴
- **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).²⁴
- **Squamous cell carcinoma** is a finding of cancer in the squamous cells of the cervix.²⁴

The 2014 Bethesda System²³ 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.²⁴ The 2014 Bethesda System²³ 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 normal tissue nearby.²⁴
- **Adenocarcinoma** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.²⁴ In 2022, Title X service sites were not required to provide breast cancer screening data (**Table 10**) as a part of the Family Planning Annual Report due to changes in clinical guidance.³³ Tables 11–14 retain their designations for consistency with prior years' reports.

Note: For detailed reporting guidance, please refer to the Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 40–42.⁵

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,²⁰ providers should assess a user's need for related preventive health services (for example, cervical cancer screening or STI treatment) and provide these services according to federal and professional recommendations on frequency, user eligibility, and procedures. This assessment is especially important for users whose only source of health care is the Title X service site. In 2022, Title X service providers continued to implement guidance from OPA, the Centers for Disease Control and Prevention (CDC), and others⁴⁹ to ensure access to related preventive health care during the COVID-19 pandemic.

CERVICAL CANCER SCREENING

The CDC recommends screening for cervical cancer every three years for all people ages 21 to 29 with a cervix. The CDC additionally recommends screening every three years with cervical cytology alone, or every five years with high-risk human papillomavirus (HPV) and cervical cytology co-testing, for people ages 30 to 65 with a cervix.²⁶

In 2022, Title X service sites provided Papanicolaou (Pap) testing to 20 percent (440,732) of female family planning users and performed 467,142 Pap tests (1.1 tests per female user tested). Of the Pap tests performed, 14 percent had an indeterminate or abnormal result (i.e., atypical squamous cells [ASC] or higher) requiring further evaluation and possible treatment, and 2 percent 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 female users who received a Pap test ranged from 12 percent to 25 percent. The percentage of Pap tests with an ASC or higher result ranged from 10 percent to 25 percent, and the percentage of Pap tests with an HSIL or higher result ranged from 1 percent to 3 percent (**Exhibit 26**).

See **Exhibits A.11a** and **A-11b** for trends (2012–2022) in the number and percentage of female users screened for cervical cancer.

In 2022, Title X service sites were not required to provide breast cancer screening data as a part of the FPAR due to changes in clinical guidance.³³

Exhibit 26. Cervical cancer screening activities by screening test or exam and region: 2022

Tests and 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	440,732	28,696	51,655	47,055	103,372	33,159	65,509	19,138	9,129	69,122	13,897
Percentage ^b	20%	19%	18%	18%	25%	15%	25%	24%	12%	18%	14%
Tests performed											
Number	467,142	32,284	53,592	48,588	115,761	33,871	67,414	19,363	9,777	72,447	14,045
Tests per female tested	1.1	1.1	1.0	1.0	1.1	1.0	1.0	1.0	1.1	1.0	1.0
Tests with ASC or higher result											
Number	64,201	3,109	13,146	7,359	11,398	3,525	9,873	2,381	1,978	8,376	3,056
Percentage ^c	14%	10%	25%	15%	10%	10%	15%	12%	20%	12%	22%
Tests with HSIL or higher result											
Number	8,078	323	978	745	980	665	2,315	211	149	1,536	176
Percentage ^c	2%	1%	2%	2%	1%	2%	3%	1%	2%	2%	1%

Source: FPAR Table 9.

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.

SEXUALLY TRANSMITTED INFECTION (STI) TESTING

STI 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.²⁰ Through screening and testing, Title X service providers help to prevent and treat STIs. If left untreated, STIs can be transmitted to others and lead to serious and lifelong health consequences for women, men, infants, and unborn babies.²⁵ The QFP Recommendations²⁰ advise providers to offer STI services to users, both symptomatic and asymptomatic, in accordance with CDC's recommendations, which include the 2021 Sexually Transmitted Infections Treatment Guidelines²⁶ and the 2020 Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020.²⁷

Chlamydia testing

CDC recommends annual chlamydia screening for all people with a cervix who are under 25 and sexually active or 25 and older and at increased risk of infection (for example, new or multiple sex partners, a sex partner with concurrent partners, a sex partner with an STI). For young men who have sex with women, CDC recommends that providers consider chlamydia screening for those in high-prevalence clinical settings (for example, adolescent clinics, correctional facilities, STI or sexual health clinics). CDC also recommends screening sexually active men who have sex with men (MSM) at anatomic sites of contact (urethra and rectum), regardless of condom use, at least annually or more often (every three to six months) if they are at increased risk (for example, MSM on HIV pre-exposure prophylaxis (PrEP), with HIV infection, or if they or their sex partners have multiple partners). Finally, for sexually active persons 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.²⁶

Chlamydia testing of female users. In 2022, Title X service sites tested 48 percent (1,064,726) of all female users for chlamydia and 54 percent (448,082) of female users under 25 (**Exhibits 27 and 28**).

- By **age group**, chlamydia testing rates were higher among female users 15 to 17 (52 percent), 18 to 19 (56 percent), and 20 to 24 (56 percent) than among those over 24 (44 percent) or under 15 (31 percent) (**Exhibits 27 and 28**). Testing rates in the target age group were considerably lower than the Healthy People 2030 target of 76.5 percent.²⁹
- By **region**, the chlamydia testing rate for female users under 25 ranged from 45 percent to 60 percent (**Exhibits 27 and 28**).
- By **state**, the percentage of female users under 25 who were tested for chlamydia ranged from 2 percent to 98 percent (**Exhibit B.5**).

See **Exhibits A.12a and A-12b** for trends (2012–2022) in the number and percentage of female users under 25 who were tested for chlamydia.

See **Exhibit B.5** for 2022 data on the number and percentage of female users under 25 who were tested for chlamydia by state.

Chlamydia testing of male users. In 2022, Title X service sites tested 57 percent (212,977) 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 (69 percent) and 20 to 24 (71 percent) and lower for male users over 24 (56 percent), 15 to 17 (41 percent), and under 15 (12 percent).
- By **region**, Title X service sites tested between 31 percent and 79 percent of all male users for chlamydia.

Guidance for reporting STI 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 (younger than 15, 15–17, 18–19, 20–24, and 25 or older) and sex.

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

Data in both tables are aggregated automatically from encounters and the associated lab results for grantees that report encounter-level data and are directly reported by grantees that report aggregate data.

Note: For detailed reporting guidance, please refer to the Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 45–46.⁵

Exhibit 27. Number of family planning users tested for chlamydia by sex, age, and region: 2022

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	10,227	454	954	1,490	3,252	984	1,257	436	324	725	351
15 to 17	69,472	3,561	6,427	8,996	16,576	7,211	8,616	3,536	3,136	7,896	3,517
18 to 19	94,036	4,873	10,850	9,889	19,306	10,652	10,757	4,515	4,710	13,149	5,335
20 to 24	274,347	15,008	35,794	25,868	50,481	31,995	30,961	11,161	12,149	45,553	15,377
Over 24	616,644	37,744	90,137	68,235	125,470	62,883	71,836	22,982	16,530	99,593	21,234
Subtotal	1,064,726	61,640	144,162	114,478	215,085	113,725	123,427	42,630	36,849	166,916	45,814
Under 25^a	448,082	23,896	54,025	46,243	89,615	50,842	51,591	19,648	20,319	67,323	24,580
Male users											
Under 15	1,758	139	347	563	328	158	50	26	57	83	7
15 to 17	9,706	862	1,335	2,103	1,519	1,138	548	402	388	1,185	226
18 to 19	14,594	1,045	2,083	2,993	1,475	1,849	1,111	801	721	2,021	495
20 to 24	48,576	3,137	7,729	5,032	4,356	7,624	4,508	2,681	2,832	8,472	2,205
Over 24	138,343	11,000	19,508	15,991	14,464	20,359	13,226	6,491	7,174	25,228	4,902
Subtotal	212,977	16,183	31,002	26,682	22,142	31,128	19,443	10,401	11,172	36,989	7,835
All users											
Under 15	11,985	593	1,301	2,053	3,580	1,142	1,307	462	381	808	358
15 to 17	79,178	4,423	7,762	11,099	18,095	8,349	9,164	3,938	3,524	9,081	3,743
18 to 19	108,630	5,918	12,933	12,882	20,781	12,501	11,868	5,316	5,431	15,170	5,830
20 to 24	322,923	18,145	43,523	30,900	54,837	39,619	35,469	13,842	14,981	54,025	17,582
Over 24	754,987	48,744	109,645	84,226	139,934	83,242	85,062	29,473	23,704	124,821	26,136
Total users	1,277,703	77,823	175,164	141,160	237,227	144,853	142,870	53,031	48,021	203,905	53,649

Source: FPAR Table 11.

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active cisgender women and transgender men or gender-diverse people with a cervix who are younger than 25. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in all sexually active women age 24 or younger and in women age 25 or older who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends re-screening individuals whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2021]. Screening recommendations and considerations referenced in treatment guidelines and original sources [see reference 26] and USPSTF [2021, September]. Chlamydia and gonorrhea: Screening [see reference 28].)

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia by sex, age, and region: 2022

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	31%	22%	31%	24%	39%	35%	33%	42%	27%	20%	40%
15 to 17	52%	38%	54%	45%	59%	52%	57%	59%	54%	49%	52%
18 to 19	56%	49%	59%	49%	62%	55%	56%	61%	62%	54%	58%
20 to 24	56%	47%	57%	50%	63%	55%	56%	60%	59%	54%	56%
Over 24	44%	40%	49%	43%	48%	47%	42%	49%	40%	39%	39%
Subtotal	48%	42%	51%	45%	52%	50%	47%	53%	48%	43%	46%
Under 25^a	54%	45%	56%	47%	60%	54%	55%	59%	58%	53%	55%
Male users											
Under 15	12%	13%	20%	16%	8%	24%	4%	19%	15%	5%	25%
15 to 17	41%	34%	44%	46%	28%	74%	34%	78%	45%	35%	68%
18 to 19	69%	58%	72%	97%	41%	80%	60%	81%	77%	65%	78%
20 to 24	71%	62%	80%	66%	48%	82%	72%	81%	81%	74%	79%
Over 24	56%	55%	68%	59%	29%	77%	58%	78%	71%	56%	67%
Subtotal	57%	53%	67%	58%	31%	77%	58%	79%	71%	57%	70%
All users											
Under 15	25%	19%	27%	21%	29%	33%	25%	39%	24%	15%	39%
15 to 17	50%	37%	52%	45%	54%	54%	55%	60%	53%	46%	53%
18 to 19	58%	51%	60%	55%	60%	58%	57%	64%	63%	56%	59%
20 to 24	58%	49%	60%	52%	61%	59%	58%	63%	63%	57%	58%
Over 24	46%	43%	51%	46%	45%	52%	44%	53%	46%	41%	43%
Total users	49%	44%	54%	47%	49%	54%	48%	57%	52%	45%	49%

Source: FPAR Table 11.

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active cisgender women and transgender men or gender-diverse people with a cervix who are younger than 25. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in all sexually active women age 24 or younger and in women age 25 or older who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends re-screening individuals whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2021]. Screening recommendations and considerations referenced in treatment guidelines and original sources [see reference 26] and USPSTF [2021, September]. Chlamydia and Gonorrhea: Screening [see reference 28].)

Gonorrhea testing

CDC recommends²⁶ annual gonorrhea screening for all people with a cervix who are 24 or younger and sexually active or 25 or older and at increased risk of infection (for example, new or multiple sex partners, a sex partner with concurrent partners, a sex partner who has an STI or transactional sex). CDC also recommends screening sexually active MSM at least annually—or more often (every three to six 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.

In 2022, Title X service sites performed 1,501,331 gonorrhea tests, or an average of 5.8 gonorrhea tests for every 10 family planning users (**Exhibit 29**).

- By **user sex**, Title X service sites performed 1,249,213 gonorrhea tests for female family planning users (5.6 tests for every 10 female users) and 252,118 gonorrhea tests for male family planning users (6.8 tests for every 10 male users) (**Exhibit 29**).
- By **region**, the rate of gonorrhea testing ranged from 4.9 to 6.7 tests for every 10 female users and from 3.1 to 9.7 tests for every 10 male users (**Exhibit 29**).

See **Exhibits A.13a** and **A.13b** for trends (2012–2022) in gonorrhea testing.

Syphilis testing

CDC recommends²⁶ syphilis screening for asymptomatic women and men who have sex with women if they are at increased risk (for example, history of incarceration or transactional sex work, geography, race/ethnicity, males younger than age 29). CDC also recommends at least annual screening for transgender and gender-diverse people based on reported sexual behaviors and exposure and annual or more frequent (every three to six months) screening for MSM if at increased risk. Finally, for sexually active persons with HIV, CDC recommends syphilis screening at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.

In 2022, Title X service sites performed 660,992 syphilis tests, or an average of 2.5 syphilis tests for every 10 family planning users (**Exhibit 29**).

- By **user sex**, service sites performed 495,710 syphilis tests for female users (2.2 tests for every 10 female users) and 165,282 syphilis tests for male users (4.4 tests for every 10 male users) (**Exhibit 29**).
- By **region**, the rate of syphilis testing ranged from 0.8 tests to 2.9 tests for every 10 female users and from 2.0 tests to 6.1 tests for every 10 male users (**Exhibit 29**).

See **Exhibits A.13a** and **A.13c** for trends (2012–2022) in syphilis testing.

HIV testing

CDC recommends²⁶ HIV screening (opt-out approach) for men and women ages 13 to 64 in all health care settings, including family planning, and for all persons who seek evaluation and treatment for STIs. CDC recommends HIV screening at least annually for sexually active

MSM if their HIV status is unknown or negative and if they or their sex partner(s) have had more than one sex partner since their most recent HIV test; more frequent screening (for example, every three to six months) is recommended for those at increased risk. For transgender and gender-diverse persons, HIV screening should be discussed and offered, and screening frequency should be based on level of risk.

In 2022, Title X service sites performed 878,728 *confidential* HIV tests, or an average of 3.4 tests for every 10 family planning users. Of the HIV tests performed, 3,557 tests (4.0 tests per 1,000 tests performed) were positive for HIV. Title X service sites also performed 5,715 anonymous HIV tests.

- By **user sex**, service sites performed 666,314 HIV tests for female users (3.0 tests for every 10 female users) and 212,414 HIV tests for male users (5.7 tests for every 10 male users) (**Exhibit 29**).
- By **region**, the rate of HIV testing ranged from 1.4 test to 3.6 tests for every 10 female users and from 2.7 tests to 7.9 tests for every 10 male users. The number of positive confidential HIV tests ranged from 49 to 1,312, equivalent to 1.5 to 12.1 positive tests per 1,000 tests performed (**Exhibit 29**).

See **Exhibits A.13a** and **A.13d** for trends (2012–2022) 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: 2022

STI tests	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea tests											
Female	1,249,213	71,618	164,065	138,461	235,078	136,505	143,173	53,689	45,029	209,382	52,213
Male	252,118	18,875	35,415	32,626	22,545	36,283	22,709	12,858	14,065	47,424	9,318
Total	1,501,331	90,493	199,480	171,087	257,623	172,788	165,882	66,547	59,094	256,806	61,531
Tests per 10 users											
Female	5.6	4.9	5.9	5.4	5.7	6.0	5.4	6.7	5.9	5.4	5.3
Male	6.8	6.2	7.7	7.1	3.1	9.0	6.7	9.7	8.9	7.3	8.4
Total	5.8	5.1	6.1	5.7	5.3	6.4	5.6	7.1	6.4	5.7	5.6
Syphilis tests											
Female	495,710	23,387	41,382	71,374	118,882	43,661	68,051	20,689	8,698	91,399	8,187
Male	165,282	11,716	18,824	24,555	14,707	21,137	18,200	8,077	6,007	36,657	5,402
Total	660,992	35,103	60,206	95,929	133,589	64,798	86,251	28,766	14,705	128,056	13,589
Tests per 10 users											
Female	2.2	1.6	1.5	2.8	2.9	1.9	2.6	2.6	1.1	2.4	0.8
Male	4.4	3.9	4.1	5.3	2.0	5.2	5.4	6.1	3.8	5.7	4.8
Total	2.5	2.0	1.8	3.2	2.8	2.4	2.9	3.1	1.6	2.8	1.2
Confidential HIV Tests											
Female	666,314	39,084	80,117	81,362	138,393	59,469	77,506	24,036	13,432	139,414	13,501
Male	212,414	19,543	27,975	28,420	19,320	21,798	18,781	8,731	9,635	51,065	7,146
Total	878,728	58,627	108,092	109,782	157,713	81,267	96,287	32,767	23,067	190,479	20,647
Tests per 10 users											
Female	3.0	2.7	2.9	3.2	3.4	2.6	2.9	3.0	1.8	3.6	1.4
Male	5.7	6.4	6.1	6.2	2.7	5.4	5.6	6.6	6.1	7.9	6.4
Total	3.4	3.3	3.3	3.6	3.3	3.0	3.2	3.5	2.5	4.2	1.9
Positive test results	3,557	87	1,312	307	500	147	350	75	90	640	49
Anonymous HIV tests	5,715	0	0	17	4,695	105	0	171	0	378	349

Source: FPAR Table 12.

7 Staffing and Service Utilization

STAFFING AND FAMILY PLANNING ENCOUNTERS

Staffing of clinical services providers

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 2022, 4,330 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (**Exhibit 30**).

- Across different **types of CSPs**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 59 percent of total FTEs, followed by physicians (27 percent) and other CSPs (15 percent). On average, there were 2.2 midlevel clinician FTEs for every 1.0 physician FTE engaged in the direct delivery of Title X services.
- Across **regions**, from 36 percent to 75 percent of total FTEs were midlevel clinician FTEs; 9 percent to 58 percent were physician FTEs; and 0 percent to 52 percent were other CSP FTEs. There were from 0.6 to 7.2 midlevel clinician FTEs for every 1.0 physician FTE.

See **Exhibits A.14a** and **A.14b** for trends (2012–2022) in the number and percentage of CSP FTE staffing by type.

Family planning encounters

In 2022, Title X service sites reported a total of approximately 4.1 million family planning encounters, or an average of 1.6 encounters per user.

- By **type**, most family planning encounters (86 percent, or 3.5 million) were attended by a CSP, resulting in an average of 1.4 CSP encounters per user and 812 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 1.3 to 1.7
 - **CSP encounters.** The percentage of encounters with a CSP ranged from 69 percent to 98 percent, and the number of CSP encounters per user ranged from 1.1 to 1.6.
 - **CSP encounters per CSP FTE.** The number of CSP encounters per CSP FTE ranged from 458 to 1,487.

- **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 2 percent to 31 percent, 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 (2012–2022) in the number and percentage of family planning encounters by type.

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
- Number of family planning encounters with providers of other services

The number of FTE CSP staff is directly reported by all grantees. The number of family planning encounters with CSPs and the number of family planning encounters with other services are aggregated automatically from encounters for grantees that report encounter-level data and are directly reported by grantees that report aggregate data.

Family planning provider. The individual who assumes primary responsibility for assessing a user and documenting services in the client record. Providers exercise independent judgment as to the services rendered to the user 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 user’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 (for example, 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 user’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 users who want to avoid pregnancies or achieve 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 user 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 another 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 one year. Each agency defines the number of hours necessary for a job to be considered “full-time” work and may define it differently for different positions.

Note: For detailed reporting guidance, please refer to the Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 49–51.⁵

Exhibit 30. Number and percentage of FTE CSP staff by type of CSP and region, and number and percentage of FP encounters by type of encounter and region: 2022

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	1,161.3	152.3	181.4	197.2	224.1	41.3	52.3	51.3	14.2	183.9	63.3
PA/NP/CNM	2,535.2	279.4	112.9	328.5	601.6	239.3	199.4	93.9	102.8	386.7	190.8
Other CSP ^a	633.9	60.3	16.5	23.3	83.9	98.0	271.7	5.5	50.0	24.6	0.1
Total	4,330.4	491.9	310.8	549.0	909.6	378.6	523.4	150.7	166.9	595.2	254.2
Percentage of CSP FTEs											
Physician	27%	31%	58%	36%	25%	11%	10%	34%	9%	31%	25%
PA/NP/CNM	59%	57%	36%	60%	66%	63%	38%	62%	62%	65%	75%
Other CSP ^a	15%	12%	5%	4%	9%	26%	52%	4%	30%	4%	0%†
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to physician FTE^b	2.2	1.8	0.6	1.7	2.7	5.8	3.8	1.8	7.2	2.1	3.0
Number of FP encounters											
With CSP	3,515,945	225,171	462,147	453,718	555,481	384,494	337,792	121,767	104,496	734,188	136,691
With other	570,299	11,789	8,063	64,223	164,640	55,132	148,831	35,724	33,445	35,237	13,215
Total	4,086,244	236,960	470,210	517,941	720,121	439,626	486,623	157,491	137,941	769,425	149,906
Percentage of FP encounters											
With CSP	86%	95%	98%	88%	77%	87%	69%	77%	76%	95%	91%
With other	14%	5%	2%	12%	23%	13%	31%	23%	24%	5%	9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per user											
With CSP	1.4	1.3	1.4	1.5	1.1	1.4	1.1	1.3	1.1	1.6	1.2
With other	0.2	0.1	0.0	0.2	0.3	0.2	0.5	0.4	0.4	0.1	0.1
Total	1.6	1.3	1.4	1.7	1.5	1.6	1.6	1.7	1.5	1.7	1.4
CSP encounters per CSP FTE	812	458	1,487	826	611	1,016	645	808	626	1,233	538

Source: FPAR Table 13.

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

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

Guidance for reporting project revenue in FPAR Table 14

In **FPAR Table 14**, grantees report the **revenue they 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 is directly reported by all grantees. 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 (for example, HIV integration).

Payment for services. Refers to funds collected directly from users 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 user collections or self-pay (“client fees”).** Grantees report the amount in fees collected directly from users.
- **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 (for example, 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 or 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 or 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 users 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 (for example, 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 (for example, Section 330)
- Private and client donations
- Other public or private revenues.

Note: For detailed reporting guidance, please refer to the Family Planning Annual Report 2.0 Implementation Guide (revised May 2023), pp. 53–55.⁵

8 Project Revenue

REVENUE

In 2022, Title X grantees reported total program revenue of about \$1.3 billion to support the delivery of Title X-funded family planning and related preventive health care. The two largest sources of revenue—Title X (\$248.7 million) and Medicaid and the Children’s Health Insurance Program (CHIP) combined (\$466.8 million)—accounted for 20 percent and 37 percent, respectively, of total revenue. Revenue from private third-party payers (\$129.9 million), state governments (\$129.4 million), local governments (\$67.1 million), client service fees (\$48.3 million), and Medicare and other public third-party payers (\$30.1 million) each accounted for 2 percent to 10 percent of total revenue, while all other sources each contributed 1 percent or less (**Exhibit 31**).

Title X Services Grant

Revenue from Title X accounted for 20 percent (\$248.7 million) of total national revenue and between 9 percent and 38 percent of total regional revenue. Title X was the largest source of project revenue in five regions and the second largest source in one other. (**Exhibits 32 and 33**).

Payment for services: Client fees

Revenue from client service fees accounted for 4 percent (\$48.3 million) of total revenue and between 3 percent and 7 percent of total regional revenue (**Exhibits 32 and 33**).

Payment for services: Third-party payers

In 2022, revenue from third-party payers was 50 percent (\$626.8 million) of total revenue, with Medicaid and CHIP accounting for most (74 percent) of this amount (**Exhibits 32 and 33**).

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 36 percent (\$459.2 million) of total revenue, and separately reported CHIP revenue accounted for 1 percent (\$7.6 million) of total revenue. Together, these two sources totaled \$466.8 million, or 37 percent of total national revenue (**Exhibits 32 and 33**).

By region, combined Medicaid and CHIP revenue accounted for 16 percent to 60 percent of total regional revenue and was the largest revenue source in five regions (**Exhibits 32 and 33**). In 39 states, grantees included revenue from federally approved Medicaid family planning eligibility expansions in the amount they reported for Medicaid. For a list of these states, see the Table 14 comments in the Field and Methodological Notes (Appendix C).

Medicare and other public third-party payers. Revenue from Medicare (\$8.5 million) and other public third-party payers (\$21.6 million) together accounted for 2 percent (\$30.1

million) of total national revenue. By region, the share of total regional revenue from Medicare and other public third-party payers ranged from less than 0.1 percent to 10 percent (**Exhibits 32 and 33**).

Private. Revenue from private third-party payers (\$129.9 million) accounted for 10 percent of total national revenue and between 5 percent and 25 percent of total regional revenue. Private third-party payer revenue was the second or third most important revenue source in four regions (**Exhibits 32 and 33**).

Other revenue

Block grants. Revenue from the Title V Maternal and Child Health (MCH) block grant (\$13.1 million) and the Title XX Social Services block grant (\$8.5 million). Each accounted for 1 percent of total national revenue. By region, the share of total regional revenue from block grants ranged from less than 0.5 percent to 4 percent, with grantees in one region reporting no revenue from the MCH block grant, and grantees in five regions reporting no revenue from the Social Services block grant (**Exhibits 32 and 33**).

Temporary Assistance for Needy Families (TANF). Revenue from TANF (\$6.8 million) accounted for 1 percent of total national revenue and from 0 percent to 2 percent of total regional revenue. Grantees in five regions reported no TANF revenue (**Exhibits 32 and 33**).

State governments. State government revenue accounted for 10 percent (\$129.4 million) of total national revenue and from 1 percent to 25 percent of total regional revenue. State government revenue was the second or third largest source in four regions (**Exhibits 32 and 33**).

Local governments. Local government revenue accounted for 5 percent (\$67.1 million) of total national revenue and from less than 0.5 percent to 21 percent of total regional revenue (**Exhibits 32 and 33**).

Bureau of Primary Health Care (BPHC). Revenue from the Health Resources and Services Administration's (HRSA's) BPHC accounted for 1 percent (\$17.6 million) of total national revenue. Across regions, BPHC revenue ranged from 0 percent to 9 percent of total regional revenue, with grantees in three 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 8 percent (\$107.4 million) of total revenue. Revenue from other sources ranged from 1 percent to 19 percent 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 2022, grantees reported \$490 in program revenue per family planning user served and \$312 per family planning encounter. By region, revenue per user ranged from \$326 to \$858, and revenue per encounter ranged from \$216 to \$502 (**Exhibit 32**).

Exhibit 31. Amount and percentage of Title X project revenues by revenue source: 2022

Revenue source	Amount	Percentage
Title X	\$248,666,814	20%
Payment for services		
Client fees	\$48,314,100	4%
Third-party payers ^a		
Medicaid ^b	\$459,173,874	36%
Children's Health Insurance Program	\$7,591,692	1%
Medicare	\$8,467,153	1%
Other public	\$21,623,571	2%
Private	\$129,925,238	10%
Subtotal	\$675,095,627	53%
Other revenue		
Maternal and Child Health block grant	\$13,111,289	1%
Social Services block grant	\$8,524,688	1%
Temporary Assistance for Needy Families	\$6,825,037	1%
State government	\$129,353,052	10%
Local government	\$67,068,077	5%
Bureau of Primary Health Care	\$17,566,050	1%
Other ^c	\$107,397,222	8%
Subtotal	\$349,845,417	27%
Total revenue	\$1,273,607,858	100%
Total revenue per user	\$490	
Total revenue per encounter	\$312	

Source: FPAR Table 14.

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

^a Prepaid and not prepaid.

^b Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states in eight of 10 HHS regions. See Table 14 comments in the Field and Methodological Notes (Appendix C) for a list of states by region.

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

† Percentage is less than 0.5 percent.

Exhibit 32. Amount of Title X project revenues by revenue source and region: 2022

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	\$248,666,814	\$11,146,893	\$17,396,252	\$39,304,409	\$53,833,881	\$32,349,605	\$26,520,156	\$12,984,426	\$10,153,238	\$38,738,059	\$6,239,894
Payment for services											
Client fees	\$48,314,100	\$2,223,640	\$3,869,342	\$4,062,913	\$6,793,125	\$8,233,688	\$4,400,830	\$1,122,759	\$1,912,264	\$12,667,351	\$3,028,187
Third-party payers ^a											
Medicaid ^b	\$459,173,874	\$14,780,600	\$46,999,812	\$35,340,028	\$40,909,045	\$23,508,755	\$31,684,973	\$5,465,257	\$6,904,770	\$231,289,699	\$22,290,934
CHIP	\$7,591,692	\$57,881	\$437,646	\$73,290	\$233,755	\$2,607	\$6,655,625	\$50,642	\$67,669	\$4,500	\$8,077
Medicare	\$8,467,153	\$373,930	\$433,085	\$1,858,495	\$763,521	\$318,994	\$1,546,941	\$1,986,389	\$50,010	\$1,114,778	\$21,011
Other public ^c	\$21,623,571	\$2,273,765	\$119,580	\$6,463,167	\$6,848	\$496,483	\$11,812,706	\$372,455	\$22,474	\$16,990	\$39,102
Private	\$129,925,238	\$14,476,936	\$15,393,221	\$13,771,704	\$9,747,123	\$14,988,531	\$14,510,130	\$4,536,391	\$8,120,477	\$22,093,400	\$12,287,325
Subtotal	\$675,095,627	\$34,186,751	\$67,252,687	\$61,569,598	\$58,453,416	\$47,549,059	\$70,611,206	\$13,533,893	\$17,077,664	\$267,186,718	\$37,674,636
Other revenue											
MCH block grant	\$13,111,289	\$0	\$4,530,508	\$2,462,314	\$2,129,398	\$1,727,243	\$839,146	\$259,277	\$48,732	\$543,224	\$571,447
SS block grant	\$8,524,688	\$2,311,775	\$0	\$3,371,100	\$0	\$2,783,659	\$0	\$0	\$39,146	\$19,009	\$0
TANF	\$6,825,037	\$486,685	\$0	\$502,004	\$3,077,811	\$1,504,681	\$1,253,856	\$0	\$0	\$0	\$0
State government	\$129,353,052	\$6,462,201	\$26,941,190	\$14,332,117	\$25,970,187	\$6,491,208	\$23,135,547	\$549,417	\$4,537,917	\$4,227,262	\$16,706,007
Local government	\$67,068,077	\$522	\$3,485,654	\$7,967,924	\$37,894,549	\$4,579,994	\$4,153,351	\$66,908	\$3,051,161	\$3,307,906	\$2,560,107
BPHC	\$17,566,050	\$654,847	\$394,604	\$0	\$151,068	\$10,658,222	\$253,523	\$32,250	\$0	\$5,421,537	\$0
Other ^d	\$107,397,222	\$2,608,453	\$8,308,427	\$3,312,222	\$1,912,165	\$5,448,257	\$5,549,242	\$6,621,625	\$3,203,503	\$66,701,630	\$3,731,698
Subtotal	\$349,845,417	\$12,524,483	\$43,660,382	\$31,947,682	\$71,135,179	\$33,193,264	\$35,184,664	\$7,529,477	\$10,880,460	\$80,220,568	\$23,569,258
Total revenue	\$1,273,607,858	\$57,858,127	\$128,309,321	\$132,821,689	\$183,422,476	\$113,091,927	\$132,316,026	\$34,047,796	\$38,111,362	\$386,145,345	\$67,483,788
Total revenue per user	\$490	\$326	\$393	\$440	\$379	\$421	\$446	\$364	\$414	\$858	\$614
Total revenue per encounter	\$312	\$244	\$273	\$256	\$255	\$257	\$272	\$216	\$276	\$502	\$450

Source: FPAR Table 14.

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

^a Prepaid and not prepaid.

^b Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states in eight of 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."

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.

Exhibit 33. Percentage of Title X project revenues by revenue source and region: 2022

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	20%	19%	14%	30%	29%	29%	20%	38%	27%	10%	9%
Payment for services											
Client fees	4%	4%	3%	3%	4%	7%	3%	3%	5%	3%	4%
Third-party payers ^a											
Medicaid ^b	36%	26%	37%	27%	22%	21%	24%	16%	18%	60%	33%
CHIP	1%	0%†	0%†	0%†	0%†	0%†	5%	0%†	0%†	0%†	0%†
Medicare	1%	1%	0%†	1%	0%†	0%†	1%	6%	0%†	0%†	0%†
Other public ^c	2%	4%	0%†	5%	0%†	0%†	9%	1%	0%†	0%†	0%†
Private	10%	25%	12%	10%	5%	13%	11%	13%	21%	6%	18%
Subtotal	53%	59%	52%	46%	32%	42%	53%	40%	45%	69%	56%
Other revenue											
MCH block grant	1%	0%	4%	2%	1%	2%	1%	1%	0%†	0%†	1%
SS block grant	1%	4%	0%	3%	0%	2%	0%	0%	0%†	0%†	0%
TANF	1%	1%	0%	0%†	2%	1%	1%	0%	0%	0%	0%
State government	10%	11%	21%	11%	14%	6%	17%	2%	12%	1%	25%
Local government	5%	0%†	3%	6%	21%	4%	3%	0%†	8%	1%	4%
BPHC	1%	1%	0%†	0%	0%†	9%	0%†	0%†	0%	1%	0%
Other ^d	8%	5%	6%	2%	1%	5%	4%	19%	8%	17%	6%
Subtotal	27%	22%	34%	24%	39%	29%	27%	22%	29%	21%	35%
Total revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: FPAR Table 14.

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

^a Prepaid and not prepaid.

^b Includes revenue from federally approved Medicaid family planning eligibility expansions in 19 states in eight of 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 percent.

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.

Trends in project revenue: 2022 versus 2021

Comparing 2022 and 2021 revenue shows that inflation-adjusted (constant 2022 dollars)¹⁰ total revenue increased 67 percent (by \$515.1 million), from \$758.5 million in 2021 to \$1.3 billion in 2022 (**Exhibits A.15a, A.15b, and A.15c**). Revenue from all major sources except TANF increased. More than half (\$345.9 million) of the total increase in revenue was from sources linked closely to the number of users and encounters (for example, public and private third-party payers, client service fees). Next, we list the major Title X project revenue sources ordered by the size of the inflation-adjusted dollar amount increase from 2021 to 2022 (not shown unless specified).

- **Combined Medicaid and CHIP** revenue increased by **\$245.1 million** (111 percent) from 2021 (\$221.6 million) to 2022 (\$466.8 million) (**Exhibits A.15a, A.15b, and A.15e**).
- **State government** revenue increased by **\$46.5 million** (56 percent) from 2021 (\$82.8 million) to 2022 (\$129.4 million).
- **Local government** revenue increased by **\$27.5 million** (69 percent) from 2021 (\$39.6 million) to 2022 (\$67.1 million).
- **Private third-party payer** revenue increased by **\$67.2 million** (107 percent) from 2021 (\$62.8 million) to 2022 (\$129.9 million).
- **Title X** revenue increased by **\$22.4 million** (10 percent) from 2021 (\$226.2 million) to 2022 (\$248.7 million) (**Exhibits A.15a, A.15b, and A.15d**).
- **TANF** revenue decreased by **\$2.4 million** (26 percent) from 2021 (\$9.2 million) to 2022 (\$6.8 million).
- **Client service fees** revenue increased by **\$24.9 million** (106 percent) from 2021 (\$23.4 million) to 2022 (\$48.3 million).
- **Medicare and other public third-party payer** revenue increased by **\$8.7 million** (41 percent) from 2021 (\$21.4 million) to 2022 (\$30.1 million).
- **Combined revenue from all “other” sources** increased by **\$55.1 million** (105 percent) from 2021 (\$52.3 million) to 2022 (\$107.4 million).

Trends in project revenue: 2022 versus 2012

Compared to 2012, inflation-adjusted total revenue in 2022 decreased 23 percent (or by \$386.4 million), from \$1.7 billion in 2012 to \$1.3 billion in 2022. Declines in revenue from Medicaid alone accounted for 51 percent (\$197.8 million) of the total decrease. **Exhibits A.15a through A.15e** present trends (2012–2022) in total, Title X, and Medicaid/CHIP revenue.

Finally, compared with 2012, there were changes in the distribution of total revenue by major source in 2022. The percentage of total revenue from Title X decreased from 21 percent (2012) to 20 percent (2022), and the percentage from Medicaid and CHIP decreased from 40 percent (2012) to 37 percent (2022). **Exhibits A.16a, A.16b, and A.16c** present trends (2012–2022) in revenue (unadjusted) for all major revenue sources.

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 - (b) From May 3, 2019, through November 7, 2021: Office of the Assistance Secretary for Health. (March 4, 2019). *Compliance with statutory program integrity requirements (“2019 Title X Final Rule”)*. <https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf>.
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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: 2012–2022

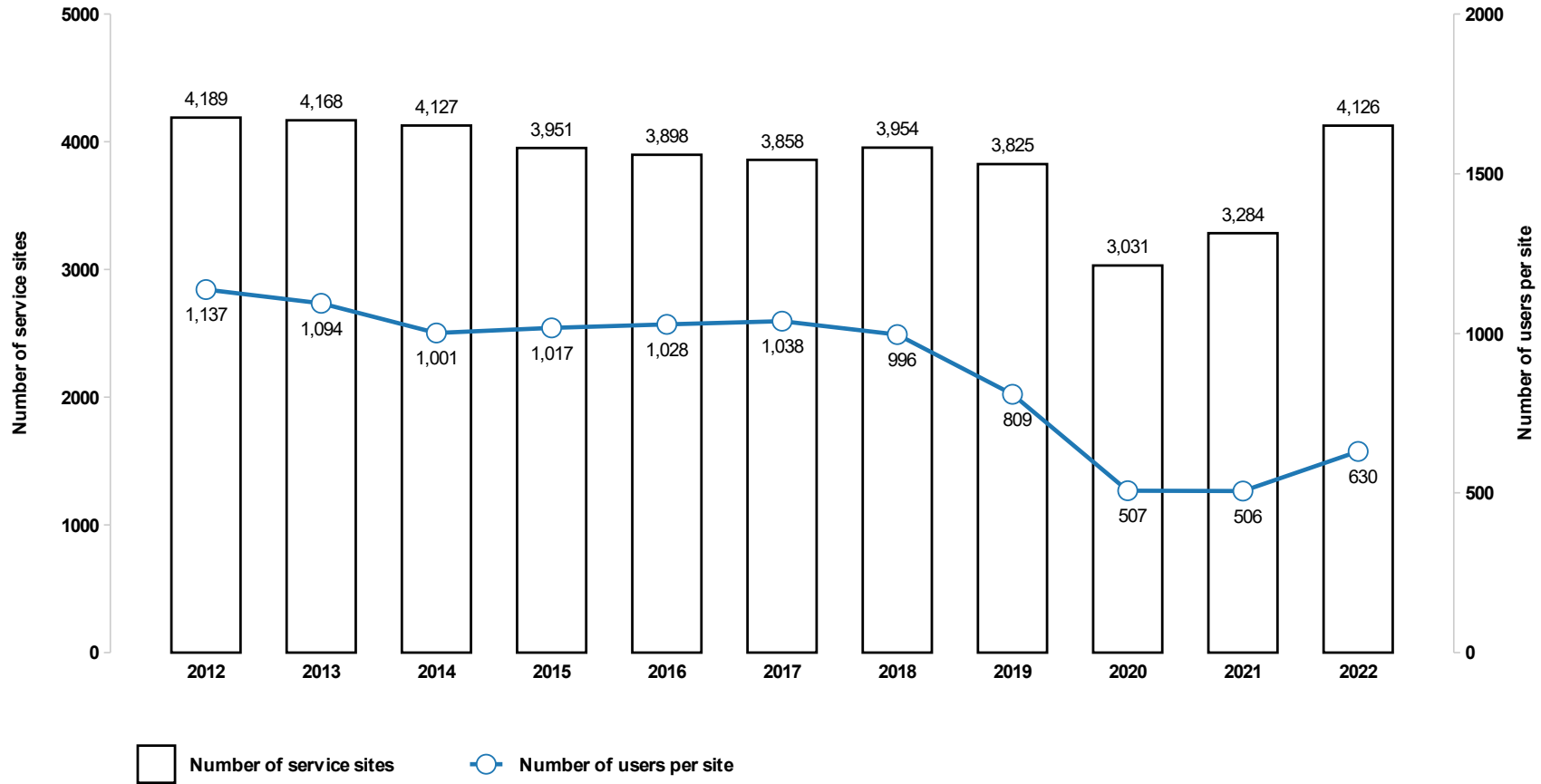
Region	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Grantees											
I	11	11	12	11	11	11	12	10	4	4	9
II	7	6	6	6	6	6	8	8	7	7	8
III	9	10	10	10	10	10	12	12	11	11	12
IV	13	13	14	10	9	9	11	12	11	11	16
V	11	11	10	12	11	11	13	12	8	8	12
VI	6	7	6	6	7	6	8	9	8	8	10
VII	5	5	5	5	5	5	5	6	5	5	5
VIII	6	6	6	6	6	6	6	6	5	5	7
IX	17	18	17	17	18	17	18	19	14	14	14
X	8	8	8	8	8	8	6	6	2	2	6
Total	93	95	94	91	91	89	99	100	75	75	99
Subrecipients											
I	67	66	67	71	69	68	75	61	21	22	48
II	75	71	70	70	68	68	72	68	18	23	68
III	265	271	258	316	223	225	218	173	175	171	181
IV	184	214	253	226	281	277	267	271	265	267	266
V	129	133	120	122	118	113	131	134	110	110	141
VI	78	90	45	47	41	39	48	46	49	52	89
VII	101	97	93	94	92	91	93	92	86	90	84
VIII	75	74	74	74	68	69	68	62	64	64	80
IX	113	105	95	102	99	85	89	86	72	93	108
X	61	60	59	59	58	56	67	67	7	7	67
Total	1,148	1,181	1,134	1,181	1,117	1,091	1,128	1,060	867	899	1,132
Service sites											
I	238	225	233	224	225	221	242	214	52	60	230
II	253	256	251	247	244	244	241	237	61	65	261
III	633	627	615	648	640	653	626	614	606	606	632
IV	1,044	1,019	1,183	936	914	912	900	910	852	919	970
V	364	362	340	383	374	365	388	394	238	239	399
VI	521	571	442	457	425	415	468	466	488	488	471
VII	251	242	223	218	221	210	202	197	190	180	173
VIII	185	182	182	177	180	162	170	157	147	158	186
IX	474	460	441	461	469	465	478	391	355	526	545
X	226	224	217	200	206	211	239	245	42	43	259
Total	4,189	4,168	4,127	3,951	3,898	3,858	3,954	3,825	3,031	3,284	4,126

Exhibit A.1b. Percentage of Title X-funded grantees, subrecipients, and service sites by region and year: 2012–2022

Region	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Grantees											
I	12%	12%	13%	12%	12%	12%	12%	10%	5%	5%	9%
II	8%	6%	6%	7%	7%	7%	8%	8%	9%	9%	8%
III	10%	11%	11%	11%	11%	11%	12%	12%	15%	15%	12%
IV	14%	14%	15%	11%	10%	10%	11%	12%	15%	15%	16%
V	12%	12%	11%	13%	12%	12%	13%	12%	11%	11%	12%
VI	6%	7%	6%	7%	8%	7%	8%	9%	11%	11%	10%
VII	5%	5%	5%	5%	5%	6%	5%	6%	7%	7%	5%
VIII	6%	6%	6%	7%	7%	7%	6%	6%	7%	7%	7%
IX	18%	19%	18%	19%	20%	19%	18%	19%	19%	19%	14%
X	9%	8%	9%	9%	9%	9%	6%	6%	3%	3%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Subrecipients											
I	6%	6%	6%	6%	6%	6%	7%	6%	2%	2%	4%
II	7%	6%	6%	6%	6%	6%	6%	6%	2%	3%	6%
III	23%	23%	23%	27%	20%	21%	19%	16%	20%	19%	16%
IV	16%	18%	22%	19%	25%	25%	24%	26%	31%	30%	23%
V	11%	11%	11%	10%	11%	10%	12%	13%	13%	12%	12%
VI	7%	8%	4%	4%	4%	4%	4%	4%	6%	6%	8%
VII	9%	8%	8%	8%	8%	8%	8%	9%	10%	10%	7%
VIII	7%	6%	7%	6%	6%	6%	6%	6%	7%	7%	7%
IX	10%	9%	8%	9%	9%	8%	8%	8%	8%	10%	10%
X	5%	5%	5%	5%	5%	5%	6%	6%	1%	1%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service sites											
I	6%	5%	6%	6%	6%	6%	6%	6%	2%	2%	6%
II	6%	6%	6%	6%	6%	6%	6%	6%	2%	2%	6%
III	15%	15%	15%	16%	16%	17%	16%	16%	20%	18%	15%
IV	25%	24%	29%	24%	23%	24%	23%	24%	28%	28%	24%
V	9%	9%	8%	10%	10%	9%	10%	10%	8%	7%	10%
VI	12%	14%	11%	12%	11%	11%	12%	12%	16%	15%	11%
VII	6%	6%	5%	6%	6%	5%	5%	5%	6%	5%	4%
VIII	4%	4%	4%	4%	5%	4%	4%	4%	5%	5%	5%
IX	11%	11%	11%	12%	12%	12%	12%	10%	12%	16%	13%
X	5%	5%	5%	5%	5%	5%	6%	6%	1%	1%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Exhibit A.1c. Number of Title X-funded service sites and users per service site by year: 2012–2022



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

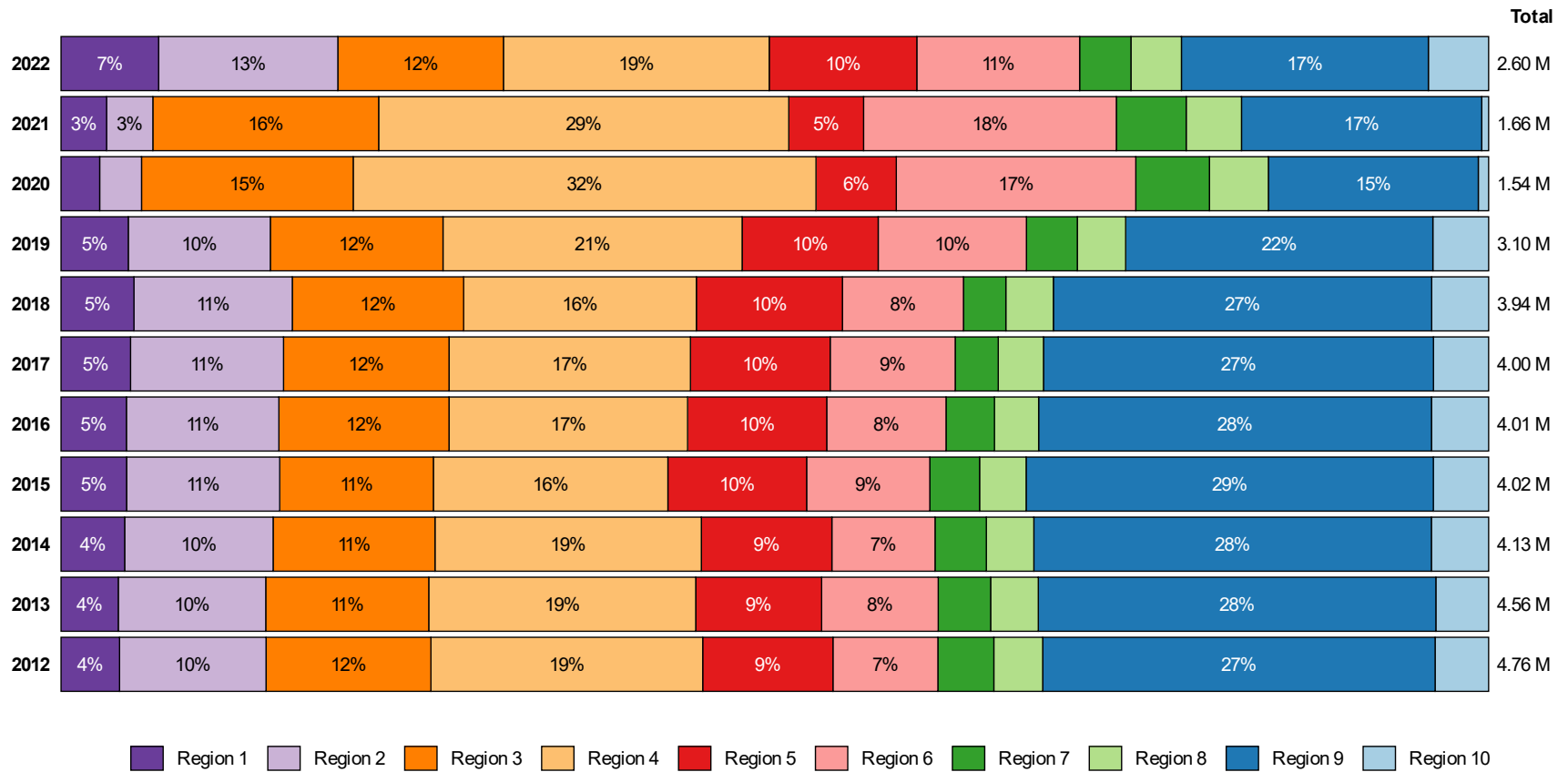
Exhibit A.2a. Number and percentage of all family planning users by region and year; and number and percentage of all family planning users by sex and year: 2012–2022

Region	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
I	195,264	182,684	184,005	184,389	183,383	194,952	201,188	145,737	41,600	53,031	177,746
II	488,872	470,836	429,409	431,060	428,146	429,091	436,971	308,031	45,056	53,881	326,517
III	550,051	520,403	468,157	432,418	477,585	464,216	472,832	374,499	227,809	262,947	301,626
IV	907,020	852,400	770,501	660,156	669,743	677,146	642,224	648,599	498,230	477,609	484,147
V	434,587	401,935	377,552	390,446	390,541	391,901	403,080	295,108	86,424	87,103	268,923
VI	350,164	372,296	298,294	346,670	334,933	350,646	334,107	321,395	257,819	294,333	296,625
VII	186,716	167,286	148,405	140,055	135,907	120,759	116,928	110,363	79,238	81,325	93,440
VIII	163,068	152,248	137,509	131,031	124,021	126,922	131,148	104,814	63,438	64,418	91,995
IX	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	279,738	449,816
X	178,616	168,484	165,670	155,607	160,457	154,786	157,215	120,973	11,108	8,081	109,828
Total	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	1,662,466	2,600,663
Female	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	1,419,731	2,227,306
Male	385,053	373,237	364,661	410,662	454,534	463,011	493,245	405,114	209,749	242,735	373,357
I	4%	4%	4%	5%	5%	5%	5%	5%	3%	3%	7%
II	10%	10%	10%	11%	11%	11%	11%	10%	3%	3%	13%
III	12%	11%	11%	11%	12%	12%	12%	12%	15%	16%	12%
IV	19%	19%	19%	16%	17%	17%	16%	21%	32%	29%	19%
V	9%	9%	9%	10%	10%	10%	10%	10%	6%	5%	10%
VI	7%	8%	7%	9%	8%	9%	8%	10%	17%	18%	11%
VII	4%	4%	4%	3%	3%	3%	3%	4%	5%	5%	4%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	4%	4%	4%
IX	27%	28%	28%	29%	28%	27%	27%	22%	15%	17%	17%
X	4%	4%	4%	4%	4%	4%	4%	4%	1%	0%†	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female	92%	92%	91%	90%	89%	88%	87%	87%	86%	85%	86%
Male	8%	8%	9%	10%	11%	12%	13%	13%	14%	15%	14%

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

† Percentage is less than 0.5 percent.

Exhibit A.2b. Number and percentage of all family planning users by region and year: 2012–2022



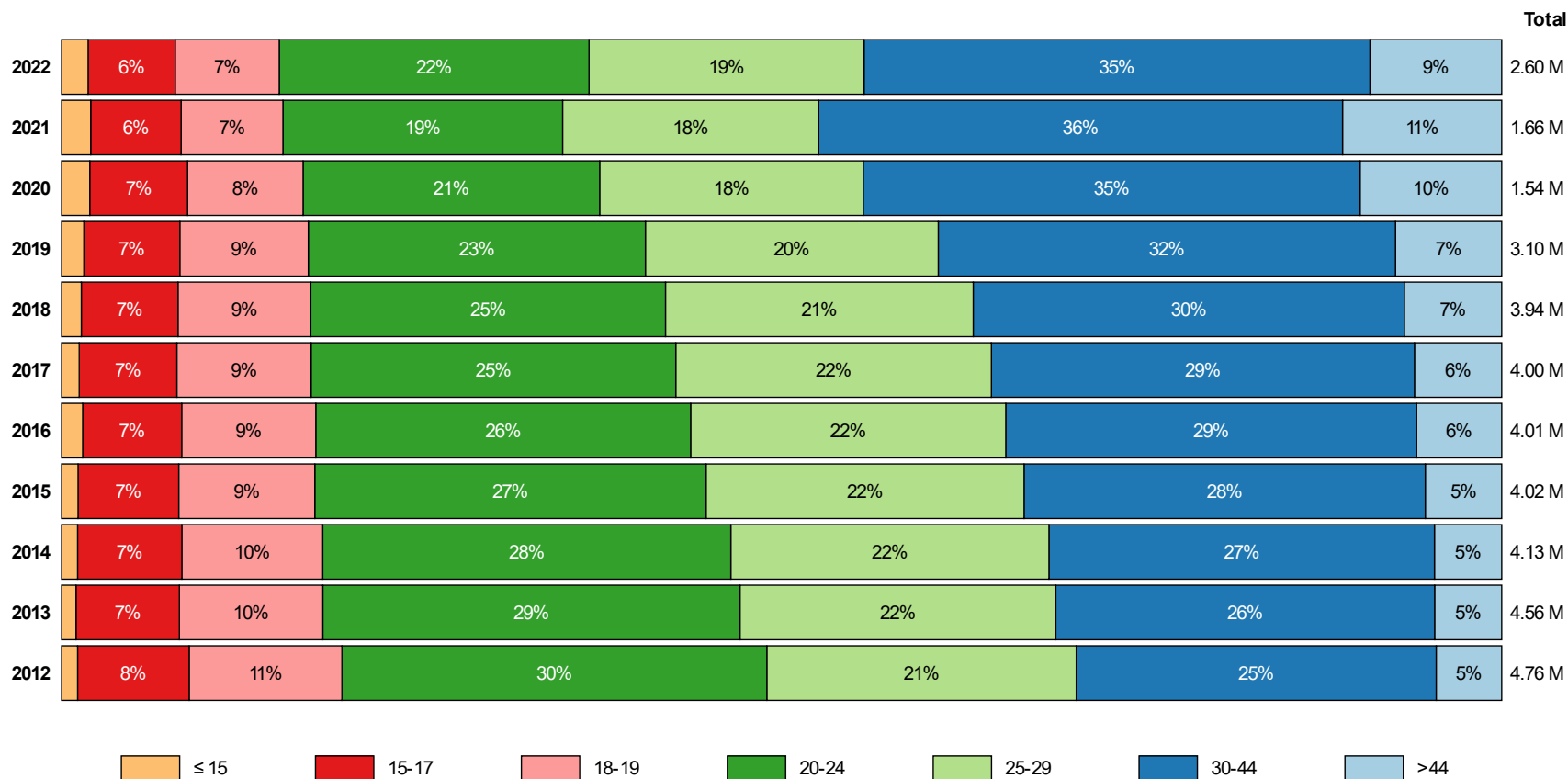
Note: Due to rounding, percentages in each year may not sum to 100 percent. Number of family planning users are in the millions. The data in this graph are presented in tabular form in **Exhibit A.2a**.

Exhibit A.3a. Number and percentage of all family planning users by age and year: 2012–2022

Age group (years)	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Under 15	53,012	45,633	45,863	46,045	58,649	49,060	53,998	47,836	30,052	33,625	47,909
15 to 17	368,965	327,152	298,839	280,785	275,499	271,429	264,389	206,305	104,384	104,299	157,199
18 to 19	505,356	454,044	404,197	379,710	373,253	373,235	363,399	276,270	123,286	117,630	187,942
20 to 24	1,405,487	1,320,188	1,169,948	1,091,549	1,043,071	1,013,943	970,356	724,585	316,426	322,825	559,371
25 to 29	1,023,503	999,476	912,130	887,225	876,921	877,588	841,832	629,510	281,216	295,634	496,722
30 to 34	616,259	622,258	573,010	570,708	572,573	580,833	573,004	460,181	233,315	260,677	410,802
35 to 39	351,820	355,877	331,439	344,385	359,108	374,756	380,153	320,185	175,455	199,321	296,822
40 to 44	222,621	220,836	200,955	204,360	211,324	220,748	225,997	202,397	121,464	144,734	205,863
Over 44	216,774	212,360	192,902	213,248	237,154	242,654	266,621	228,397	151,145	183,721	238,033
Total	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	1,662,466	2,600,663
Under 15	1%	1%	1%	1%	1%	1%	1%	2%	2%	2%	2%
15 to 17	8%	7%	7%	7%	7%	7%	7%	7%	7%	6%	6%
18 to 19	11%	10%	10%	9%	9%	9%	9%	9%	8%	7%	7%
20 to 24	30%	29%	28%	27%	26%	25%	25%	23%	21%	19%	22%
25 to 29	21%	22%	22%	22%	22%	22%	21%	20%	18%	18%	19%
30 to 34	13%	14%	14%	14%	14%	15%	15%	15%	15%	16%	16%
35 to 39	7%	8%	8%	9%	9%	9%	10%	10%	11%	12%	11%
40 to 44	5%	5%	5%	5%	5%	6%	6%	7%	8%	9%	8%
Over 44	5%	5%	5%	5%	6%	6%	7%	7%	10%	11%	9%
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 percent.

Exhibit A.3b. Number and percentage of all family planning users by age and year: 2012–2022



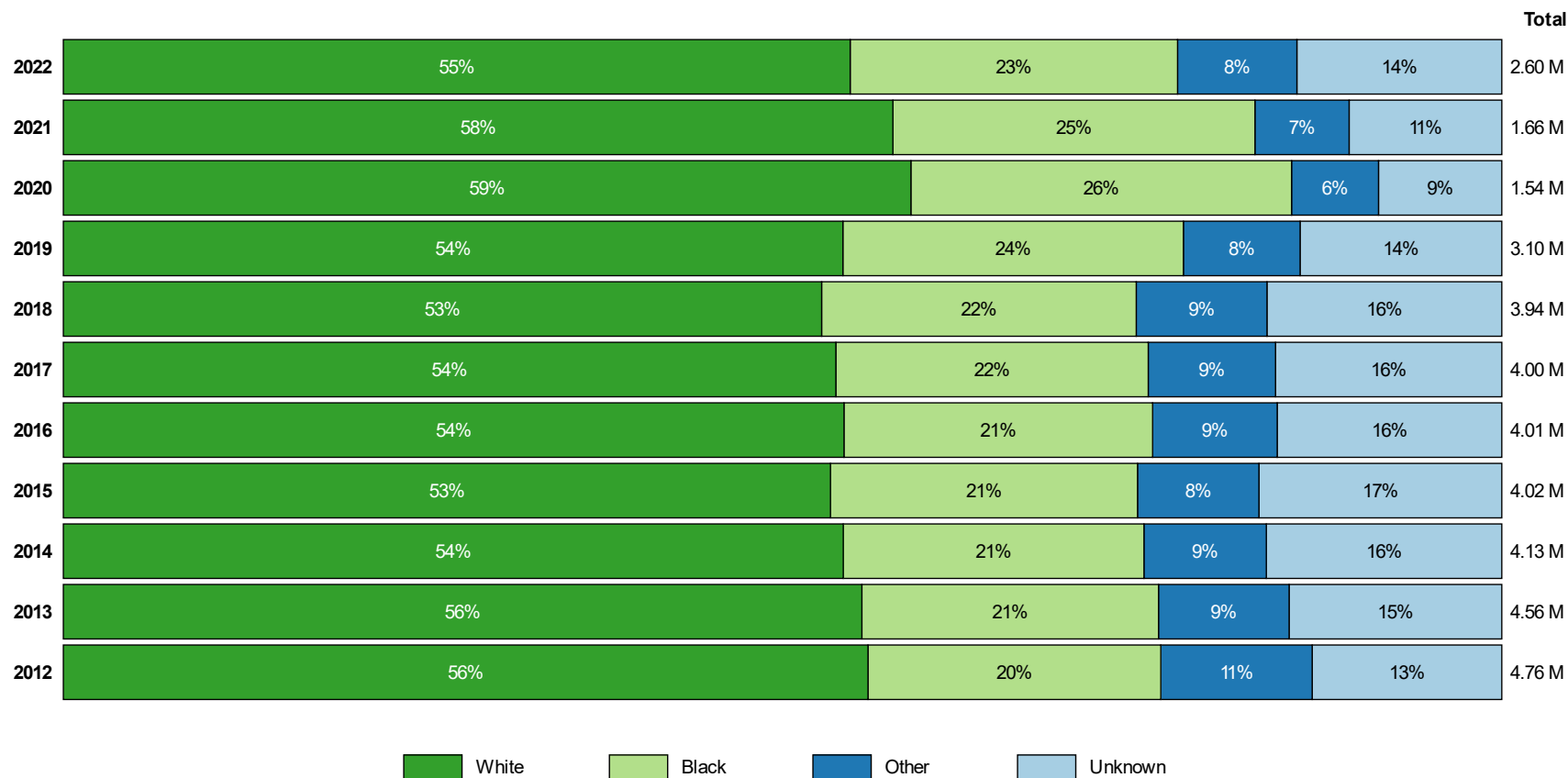
Notes: Due to rounding, percentages in each year may not sum to 100 percent, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users Under 15 was 1% each year from 2011 through 2018 and 2% each year from 2019 through 2021. Number of family planning users are in the millions. The data in this graph are presented in tabular form in **Exhibit A.3a**.

Exhibit A.4a. Number and percentage of all family planning users by race and year: 2012–2022

Race	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
American Indian/Alaska Native	45,785	34,051	29,327	30,526	33,467	35,587	38,097	29,373	16,084	19,349	33,087
Asian	136,412	135,567	128,797	131,676	135,555	143,215	139,084	89,045	25,026	30,637	65,364
Black/African American	969,776	939,941	863,136	857,659	859,886	869,574	861,707	732,825	406,686	418,397	591,867
Native Hawaiian/Pacific Islander	70,519	52,263	39,266	40,941	35,479	31,019	29,545	22,327	13,265	13,195	27,284
White	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	958,762	1,422,547
More than one race	248,590	191,871	153,907	136,043	142,564	144,397	151,281	110,372	38,508	45,663	90,066
Unknown/not reported	627,979	673,927	676,003	678,335	625,768	629,974	643,181	434,100	131,714	176,463	370,448
Total users	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	1,662,466	2,600,663
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	4%	4%	3%	2%	2%	3%
Black/African American	20%	21%	21%	21%	21%	22%	22%	24%	26%	25%	23%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	56%	56%	54%	53%	54%	54%	53%	54%	59%	58%	55%
More than one race	5%	4%	4%	3%	4%	4%	4%	4%	3%	3%	3%
Unknown/not reported	13%	15%	16%	17%	16%	16%	16%	14%	9%	11%	14%
Total 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 percent.

Exhibit A.4b. Number and percentage of all family planning users by race and year: 2012–2022



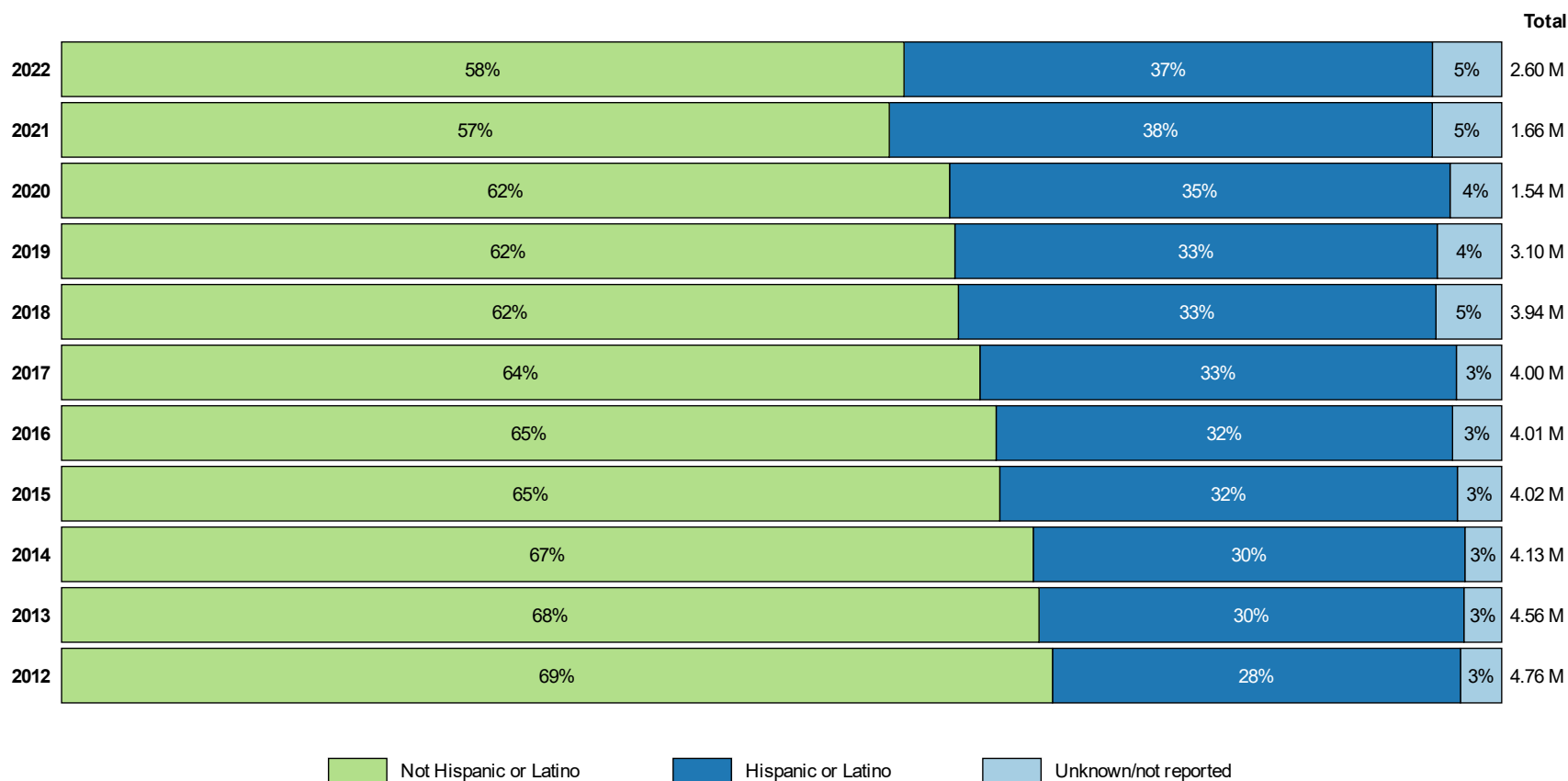
Notes: Due to rounding, percentages in each year may not sum to 100 percent, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and more than one race. Number of family planning users are in the millions. The data in this graph are presented in tabular form in **Exhibit A.4a**.

Exhibit A.5a. Number and percentage of all family planning users by Hispanic or Latino ethnicity (all races) and year: 2012–2022

Ethnicity	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic or Latino	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	626,784	954,205
Not Hispanic or Latino	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	955,526	1,521,322
Unknown/not reported	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637	55,127	80,156	125,136
Total users	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	1,662,466	2,600,663
Hispanic or Latino	28%	30%	30%	32%	32%	33%	33%	33%	35%	38%	37%
Not Hispanic or Latino	69%	68%	67%	65%	65%	64%	62%	62%	62%	57%	58%
Unknown/not reported	3%	3%	3%	3%	3%	3%	5%	4%	4%	5%	5%
Total 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 percent.

Exhibit A.5b. Number and percentage of all family planning users by Hispanic or Latino ethnicity (all races) and year: 2012–2022



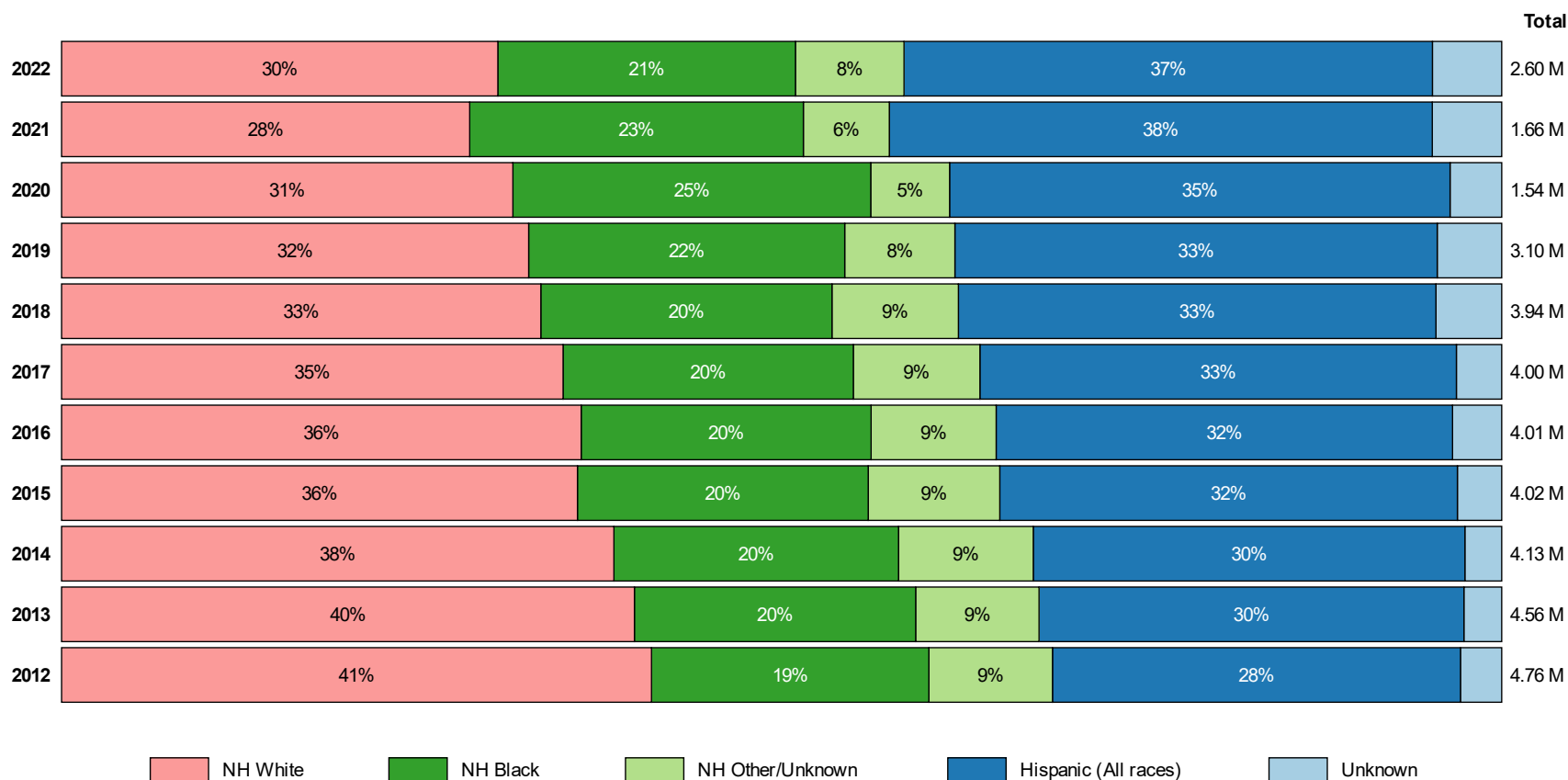
Note: Due to rounding, percentages in each year may not sum to 100 percent. Number of family planning users are in the millions. The data in this graph are presented in tabular form in **Exhibit A.5a**.

Exhibit A.6a. Number and percentage of all family planning users by Hispanic or Latino ethnicity, race, and year: 2012–2022

Ethnicity and race	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Not Hispanic or Latino											
Asian	124,790	128,015	119,454	122,310	124,233	130,688	128,678	80,588	22,431	26,813	58,008
Black or African American	917,539	890,133	816,061	811,244	806,815	806,970	796,450	679,361	381,858	385,207	537,381
White	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	471,105	787,819
Other/unknown	284,089	262,473	266,861	244,759	223,807	221,326	217,273	156,219	61,678	72,401	138,114
Hispanic or Latino											
All races	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	626,784	954,205
Unknown/not reported	136,441	119,678	105,626	123,653	136,822	126,013	179,931	138,637	55,127	80,156	125,136
Total users	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	1,662,466	2,600,663
Not Hispanic or Latino											
Asian	3%	3%	3%	3%	3%	3%	3%	3%	1%	2%	2%
Black or African American	19%	20%	20%	20%	20%	20%	20%	22%	25%	23%	21%
White	41%	40%	38%	36%	36%	35%	33%	32%	31%	28%	30%
Other/unknown	6%	6%	6%	6%	6%	6%	6%	5%	4%	4%	5%
Hispanic or Latino											
All races	28%	30%	30%	32%	32%	33%	33%	33%	35%	38%	37%
Unknown/not reported	3%	3%	3%	3%	3%	3%	5%	4%	4%	5%	5%
Total users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Notes: The Not Hispanic or Latino “Other/Unknown” category includes users who 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 percent.

Exhibit A.6b. Number and percentage of all family planning users by Hispanic or Latino ethnicity, race, and year: 2012–2022



Notes: Due to rounding, percentages in each year may not sum to 100 percent, 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 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. Number of family planning users are in the millions.

The data in this graph are presented in tabular form in **Exhibit A.6a**.

NH = Not Hispanic or Latino.

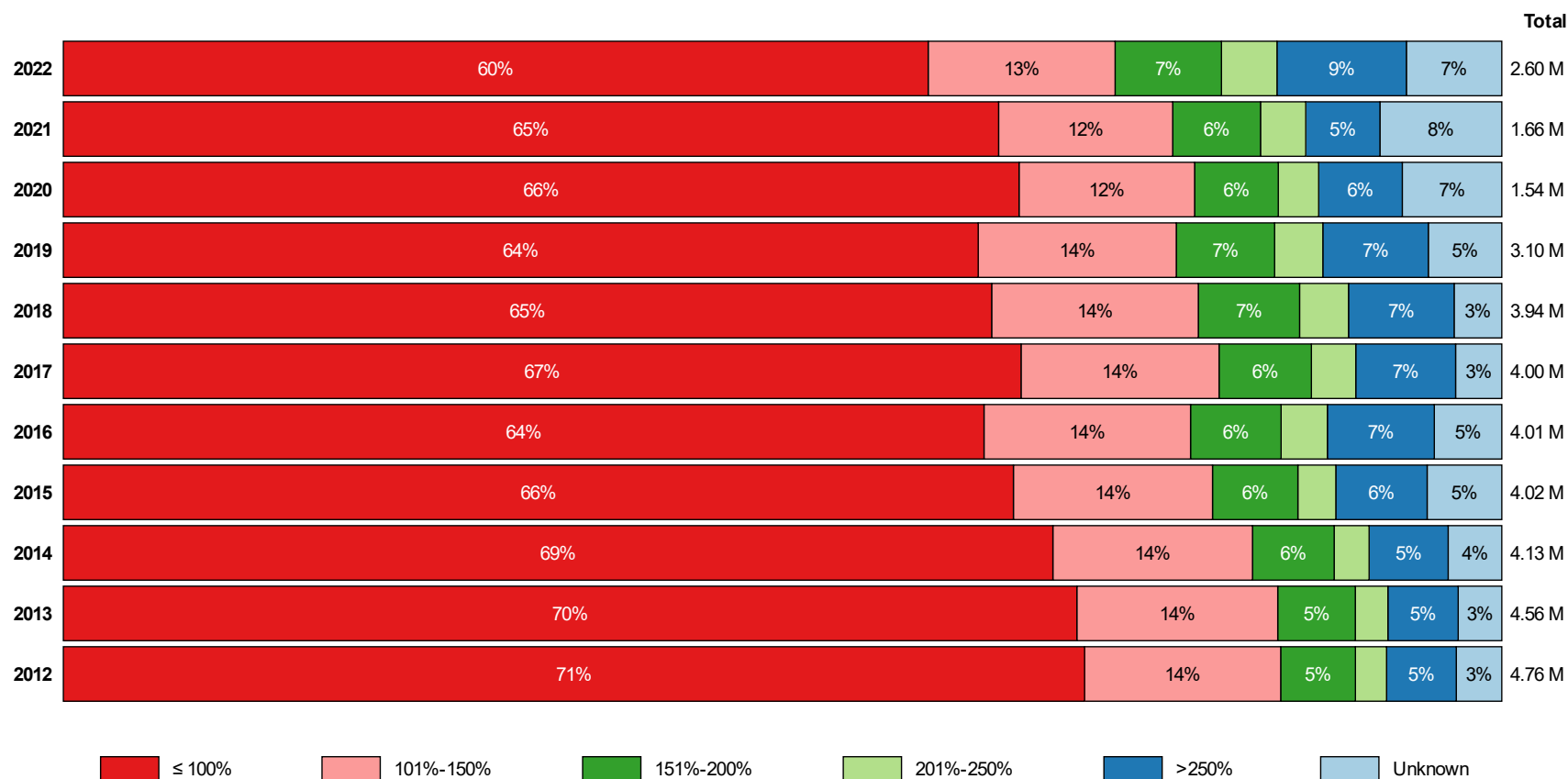
Exhibit A.7a. Number and percentage of all family planning users by income level and year: 2012–2022

Income level ^a	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Under 101%	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	1,080,935	1,563,591
101% to 150%	649,462	636,484	572,948	556,141	575,420	551,163	566,040	426,239	187,565	201,162	337,967
151% to 200%	247,490	245,805	234,425	238,420	252,273	257,155	277,321	211,586	89,401	101,489	192,205
201% to 250%	103,061	103,246	100,402	105,975	128,874	123,477	134,010	103,816	43,152	52,287	100,393
Over 250%	230,947	222,718	226,918	255,093	297,988	277,975	289,208	226,957	89,329	85,740	233,962
Unknown/not reported	150,748	138,191	153,940	208,545	188,005	128,565	130,644	158,192	106,297	140,853	172,540
Total users	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	1,662,466	2,600,658
Under 101%	71%	70%	69%	66%	64%	67%	65%	64%	66%	65%	60%
101% to 150%	14%	14%	14%	14%	14%	14%	14%	14%	12%	12%	13%
151% to 200%	5%	5%	6%	6%	6%	6%	7%	7%	6%	6%	7%
201% to 250%	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%	4%
Over 250%	5%	5%	5%	6%	7%	7%	7%	7%	6%	5%	9%
Unknown/not reported	3%	3%	4%	5%	5%	3%	3%	5%	7%	8%	7%
Total 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 percent, 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' household 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 percentage of all family planning users by income level and year: 2012–2022



Notes: Title X-funded grantees and subrecipients report users' household 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 percent, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. Number of family planning users are in the millions.

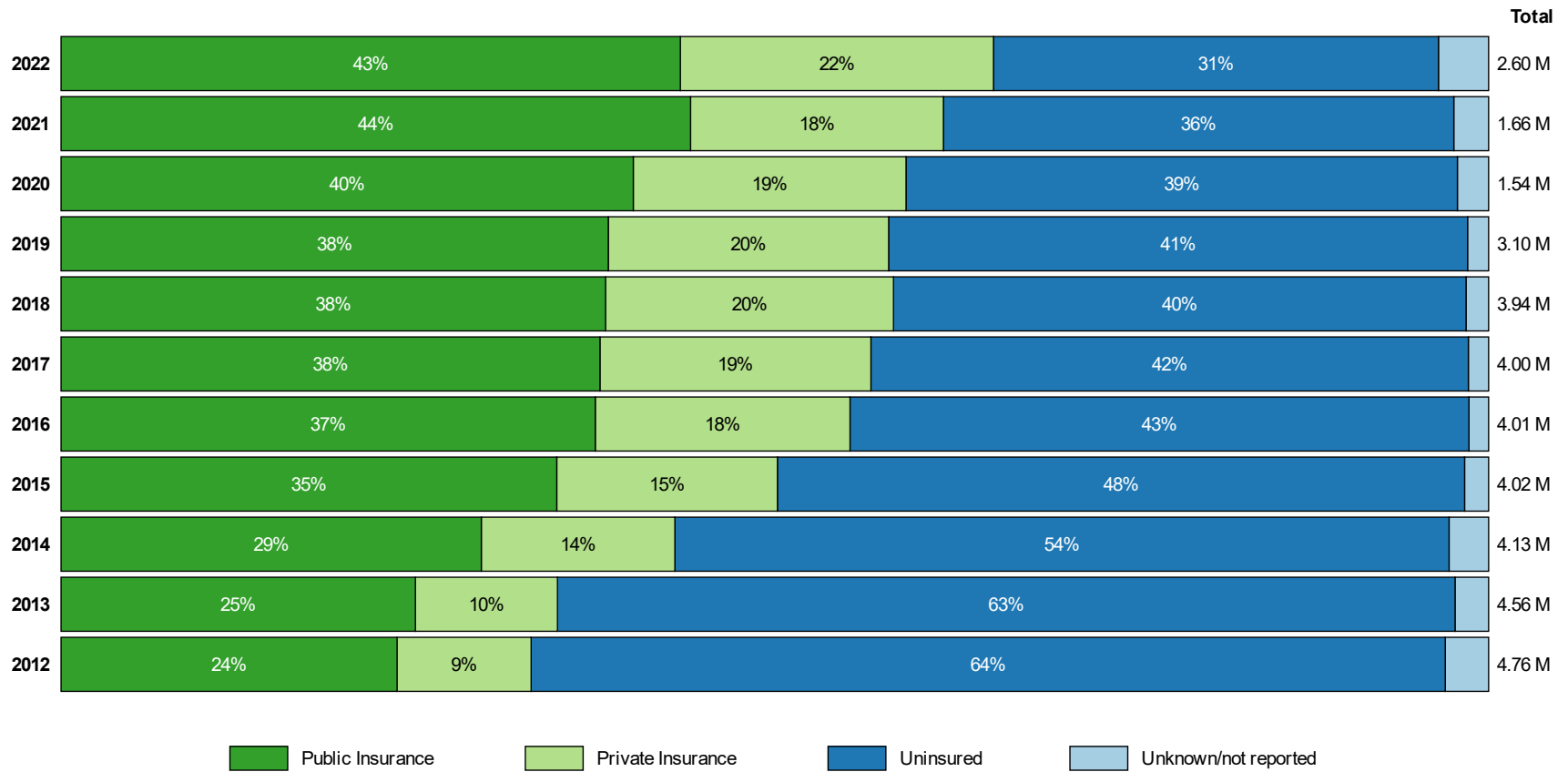
The data in this graph are presented in tabular form in Exhibit A.7a.

Exhibit A.8a. Number and percentage of all family planning users by primary health insurance status and year: 2012–2022

Primary Insurance	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Public insurance	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	733,081	1,128,221
Private insurance	447,341	453,535	559,845	621,066	715,090	760,051	794,535	607,961	293,557	294,416	570,400
Uninsured	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	594,416	810,647
Unknown/not reported	144,669	107,211	114,413	67,594	55,302	56,837	62,324	45,684	33,612	40,553	91,395
Total users	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	1,662,466	2,600,663
Public insurance	24%	25%	29%	35%	37%	38%	38%	38%	40%	44%	43%
Private insurance	9%	10%	14%	15%	18%	19%	20%	20%	19%	18%	22%
Uninsured	64%	63%	54%	48%	43%	42%	40%	41%	39%	36%	31%
Unknown/not reported	3%	2%	3%	2%	1%	1%	2%	1%	2%	2%	4%
Total 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 percent.

Exhibit A.8b. Number and percentage of all family planning users by primary health insurance status and year: 2012–2022



Note: Due to rounding, percentages in each year may not sum to 100 percent. Number of family planning users are in the millions. The data in this graph are presented in tabular form in **Exhibit A.8a**.

Exhibit A.9a. Number of all female family planning users by primary contraceptive method and year: 2012–2022

Primary method	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Most effective^a											
Vasectomy	8,540	8,175	7,582	6,879	8,178	8,848	9,237	7,668	4,751	5,691	7,674
Sterilization	86,854	82,067	74,748	84,108	86,112	94,173	91,569	82,472	56,063	64,684	74,411
Hormonal implant	82,642	108,586	139,799	177,975	209,014	239,029	240,418	190,615	93,062	106,668	168,477
Intrauterine device	284,461	279,289	265,511	273,650	288,939	324,174	323,081	237,073	99,491	121,403	208,934
Moderately effective^a											
Hormonal injection ^b	645,136	635,093	611,619	574,476	519,841	500,960	474,609	398,894	213,854	214,237	302,181
Vaginal ring	164,693	142,292	115,230	95,186	83,473	76,252	66,968	46,021	16,967	16,511	30,518
Contraceptive patch	83,145	78,547	69,469	49,010	47,030	48,256	46,384	32,714	12,193	13,969	32,527
Oral contraceptive	1,409,300	1,316,671	1,135,950	1,000,062	946,383	894,128	823,992	598,304	267,281	253,963	428,536
Cervical cap or diaphragm ^c	4,116	8,245	2,379	1,660	2,130	2,219	1,652	877	299		
Less effective^a											
Cervical cap or diaphragm ^c										294	1,215
Male condom	745,265	692,678	578,139	572,607	559,356	547,129	533,079	385,950	154,843	184,033	315,318
Female condom	3,722	3,914	3,308	3,558	2,929	2,537	3,782	3,159	2,061	1,548	6,844
Contraceptive sponge	765	541	651	660	138	169	371	377	236	156	122
Withdrawal or other ^d	113,016	95,798	70,982	61,504	75,191	73,047	81,486	75,253	47,370	47,902	65,027
FAM ^e or LAM	12,676	11,753	12,648	13,503	14,392	15,287	17,320	17,370	10,107	10,976	15,880
Any spermicide or non-spermicidal gel	4,926	4,028	2,911	1,873	1,848	1,991	1,135	995	696	921	2,395
Other											
Abstinence	71,737	72,486	70,098	73,896	89,102	92,385	99,733	90,729	60,841	73,084	101,197
No method											
Pregnant/seeking pregnancy	377,547	356,750	330,279	321,229	321,706	313,802	279,025	207,880	101,318	102,864	153,612
Other reason	183,613	181,657	175,111	171,068	175,371	190,518	194,405	167,834	90,152	100,762	176,923
Method unknown	96,590	106,017	98,208	124,449	121,885	116,331	158,258	146,367	95,409	100,065	127,767
Total female users	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	1,419,731	2,219,558
Using most, moderately, or less effective method	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	1,042,956	1,660,059
Most effective ^a	462,497	478,117	487,640	542,612	592,243	666,224	664,305	517,828	253,367	298,446	459,496
Moderately effective ^{a,c}	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	498,680	793,762
Less effective ^{a,c}	880,370	808,712	668,639	653,705	653,854	640,160	637,173	483,104	215,313	245,830	406,801
Abstinent	71,737	72,486	70,098	73,896	89,102	92,385	99,733	90,729	60,841	73,084	101,197
Not using a method	561,160	538,407	505,390	492,297	497,077	504,320	473,430	375,714	191,470	203,626	330,535
Method unknown	96,590	106,017	98,208	124,449	121,885	116,331	158,258	146,367	95,409	100,065	127,767

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 one- and three-month hormonal injection users.

^c For 2011–2020, cervical cap or diaphragm was categorized as a “moderately effective” method. For 2021 onward, it is categorized as a “less effective” method (see Reference 34).

^d Withdrawal or Other category includes other methods not listed separately in FPAR Table 7.

^e The FAM category includes Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation[®], and SymptoThermal methods.

Exhibit A.9b. Percentage of all female family planning users by primary contraceptive method and year: 2012–2022

Primary method	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Most effective^a											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	3%	3%	3%	4%	5%	3%
Hormonal implant	2%	3%	4%	5%	6%	7%	7%	7%	7%	8%	8%
Intrauterine device	6%	7%	7%	8%	8%	9%	9%	9%	7%	9%	9%
Moderately effective^a											
Hormonal injection ^b	15%	15%	16%	16%	15%	14%	14%	15%	16%	15%	14%
Vaginal ring	4%	3%	3%	3%	2%	2%	2%	2%	1%	1%	1%
Contraceptive patch	2%	2%	2%	1%	1%	1%	1%	1%	1%	1%	1%
Oral contraceptive	32%	31%	30%	28%	27%	25%	24%	22%	20%	18%	19%
Cervical cap or diaphragm ^c	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†		
Less effective^a											
Cervical cap or diaphragm ^c										0%†	0%†
Male condom	17%	17%	15%	16%	16%	15%	15%	14%	12%	13%	14%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^d	3%	2%	2%	2%	2%	2%	2%	3%	4%	3%	3%
FAM ^e or LAM	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%
Any spermicide or non-spermicidal gel	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	2%	2%	2%	2%	3%	3%	3%	3%	5%	5%	5%
No method											
Pregnant/seeking pregnancy	9%	9%	9%	9%	9%	9%	8%	8%	8%	7%	7%
Other reason	4%	4%	5%	5%	5%	5%	6%	6%	7%	7%	8%
Method unknown	2%	3%	3%	3%	3%	3%	5%	5%	7%	7%	6%
Total female users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method	83%	83%	82%	81%	80%	80%	79%	77%	74%	73%	75%
Most effective ^a	11%	11%	13%	15%	17%	19%	19%	19%	19%	21%	21%
Moderately effective ^{a,c}	53%	52%	51%	48%	45%	43%	41%	40%	38%	35%	36%
Less effective ^{a,c}	20%	19%	18%	18%	18%	18%	18%	18%	16%	17%	18%
Abstinent	2%	2%	2%	2%	3%	3%	3%	3%	5%	5%	5%
Not using a method	13%	13%	13%	14%	14%	14%	14%	14%	14%	14%	15%
Method unknown	2%	3%	3%	3%	3%	3%	5%	5%	7%	7%	6%

FAM = Fertility awareness-based method; LAM = Lactational amenorrhea method.

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

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

^b Hormonal injection figures include both one- and three-month hormonal injection users.

Exhibit A.9b (continued)

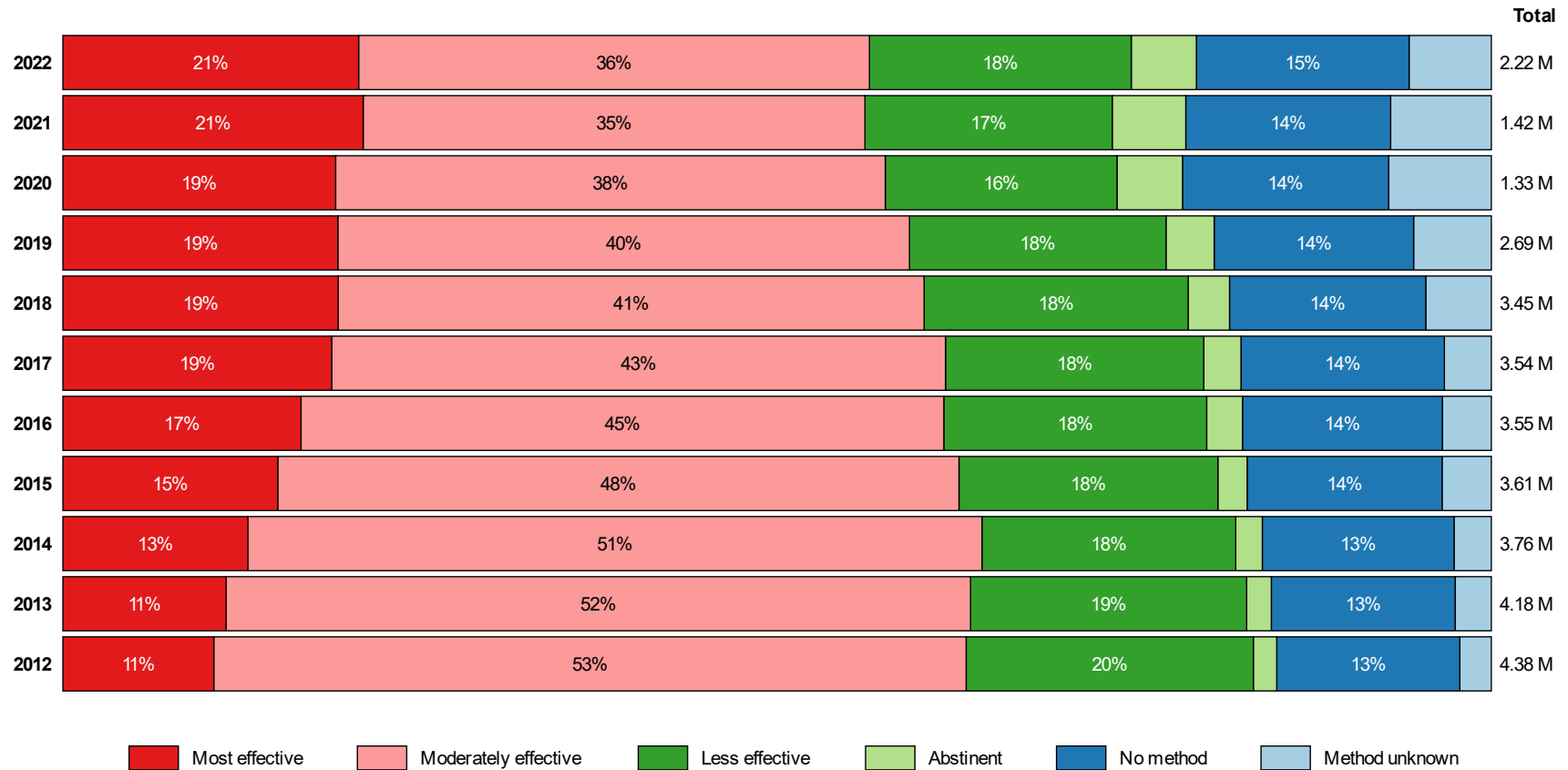
° For 2011–2020, cervical cap or diaphragm was categorized as a “moderately effective” method. F. For 2021 onward, it is categorized as a “less effective” method (see Reference 34).

° Withdrawal/other category includes other methods not listed separately in FPAR Table 7.

° The FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation®, and SymptoThermal methods.

† Percentage is less than 0.5 percent.

Exhibit A.9c. Number and percentage of all female family planning users by type of primary contraceptive method and year: 2012–2022



Notes: Due to rounding, the percentages in each year may not sum to 100 percent, 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, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 onward), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 7. See Table 7 comments in the Field and Methodological Notes (Appendix C). Number of family planning users are in the millions. The data in this graph are presented in tabular form in **Exhibits A.9a** and **A.9b**.

Exhibit A.10a. Number of all male family planning users by primary contraceptive method and year: 2012–2022

Primary contraceptive method	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Vasectomy	5,132	3,619	2,763	3,309	3,296	3,402	3,933	2,913	1,613	1,878	3,646
Male condom	284,445	278,964	262,255	285,549	297,265	299,268	303,572	225,977	92,016	101,098	175,568
FAM ^a	986	953	1,079	1,092	1,873	2,585	3,417	3,747	2,115	2,319	2,716
Abstinence ^b	15,855	15,269	21,127	24,163	32,464	33,275	36,918	35,183	26,569	31,511	43,389
Withdrawal or other method	14,222	8,892	9,992	10,858	14,135	14,407	12,915	12,912	7,996	10,560	16,803
Rely on female method ^c	26,233	22,128	22,063	22,173	28,729	33,625	34,905	32,507	21,711	26,396	33,746
No method											
Partner pregnant/seeking pregnancy	3,565	2,900	3,253	4,981	5,730	5,997	3,967	4,916	2,614	2,982	3,363
Other reason	20,088	20,283	21,501	25,667	31,729	36,330	48,035	45,850	24,204	28,897	49,000
Method Unknown	14,527	20,229	20,628	32,870	39,313	34,122	45,583	41,109	30,911	37,094	43,068
Total male users	385,053	373,237	364,661	410,662	454,534	463,011	493,245	405,114	209,749	242,735	371,299
Using most, moderately, or less effective method^d	331,018	314,556	298,152	322,981	345,298	353,287	358,742	278,056	125,451	142,251	232,479
Abstinence^b	15,855	15,269	21,127	24,163	32,464	33,275	36,918	35,183	26,569	31,511	43,389
Not using a method	23,653	23,183	24,754	30,648	37,459	42,327	52,002	50,766	26,818	31,879	52,363
Method unknown	14,527	20,229	20,628	32,870	39,313	34,122	45,583	41,109	30,911	37,094	43,068

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 “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm with spermicidal cream/jelly, female condoms, LAM, and spermicide (used alone).

^d **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 onward), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the Field and Methodological Notes (Appendix C).

Exhibit A.10b. Percentage of all male family planning users by primary contraceptive method and year: 2012–2022

Primary contraceptive method	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Vasectomy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Male condom	74%	75%	72%	70%	65%	65%	62%	56%	44%	42%	47%
FAM ^a	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Abstinence ^b	4%	4%	6%	6%	7%	7%	7%	9%	13%	13%	12%
Withdrawal or other method	4%	2%	3%	3%	3%	3%	3%	3%	4%	4%	5%
Rely on female method ^c	7%	6%	6%	5%	6%	7%	7%	8%	10%	11%	9%
No method											
Partner pregnant/seeking pregnancy	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other reason	5%	5%	6%	6%	7%	8%	10%	11%	12%	12%	13%
Method unknown	4%	5%	6%	8%	9%	7%	9%	10%	15%	15%	12%
Total male users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method^d	86%	84%	82%	79%	76%	76%	73%	69%	60%	59%	63%
Abstinence^b	4%	4%	6%	6%	7%	7%	7%	9%	13%	13%	12%
Not using a method	6%	6%	7%	7%	8%	9%	11%	13%	13%	13%	14%
Method unknown	4%	5%	6%	8%	9%	7%	9%	10%	15%	15%	12%

FAM = Fertility awareness-based method.

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

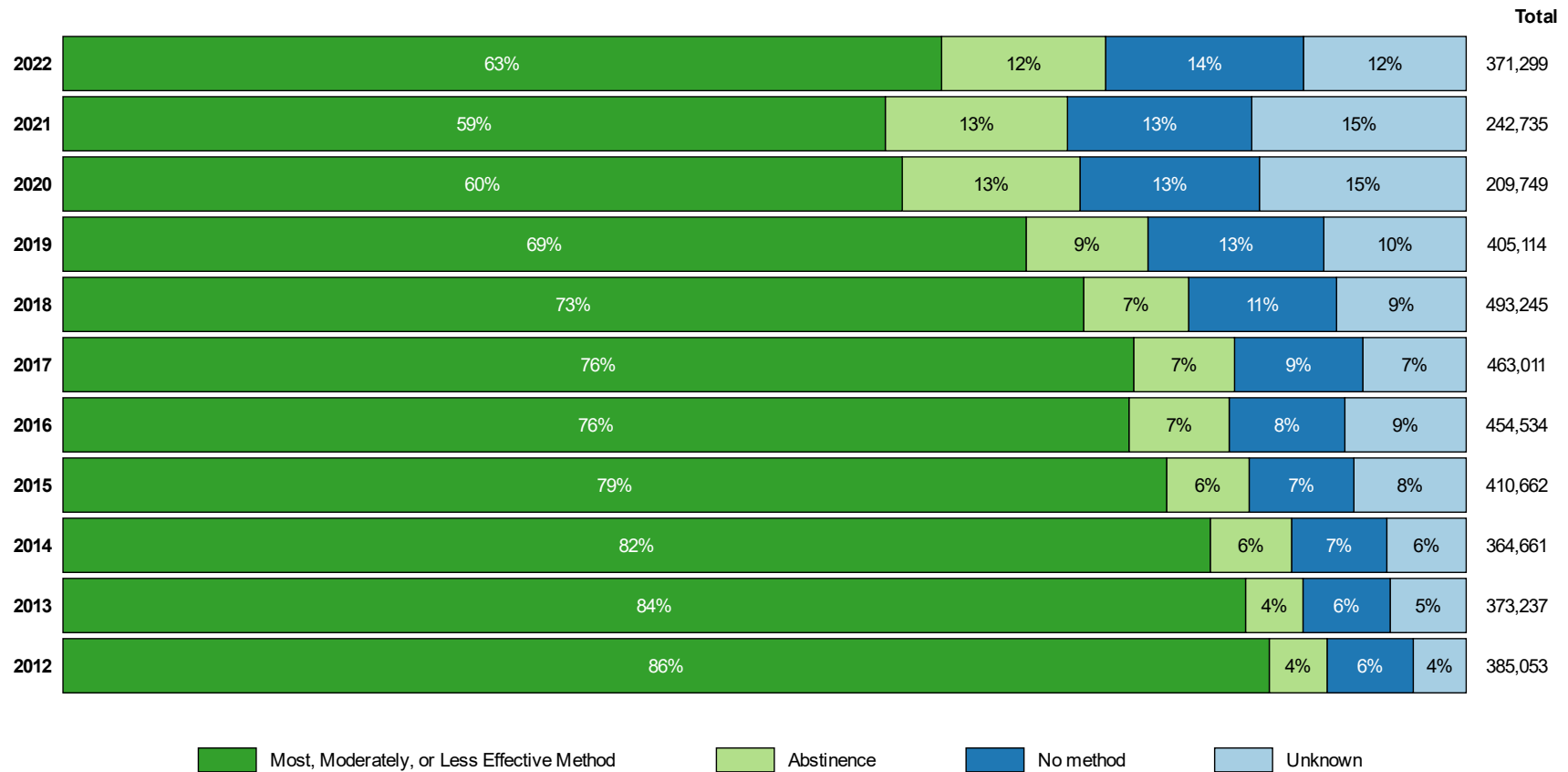
^b User refrained from oral, vaginal, and anal intercourse.

^c “Female methods” include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, contraceptive sponge, non-spermicidal gel (used alone), cervical cap or diaphragm with spermicidal cream/jelly, female condoms, LAM, and spermicide (used alone).

^d **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 onward), withdrawal, female condom, spermicide (used alone), 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 percent.

Exhibit A.10c. Number and percentage of all male family planning users by type of primary contraceptive method and year: 2012–2022



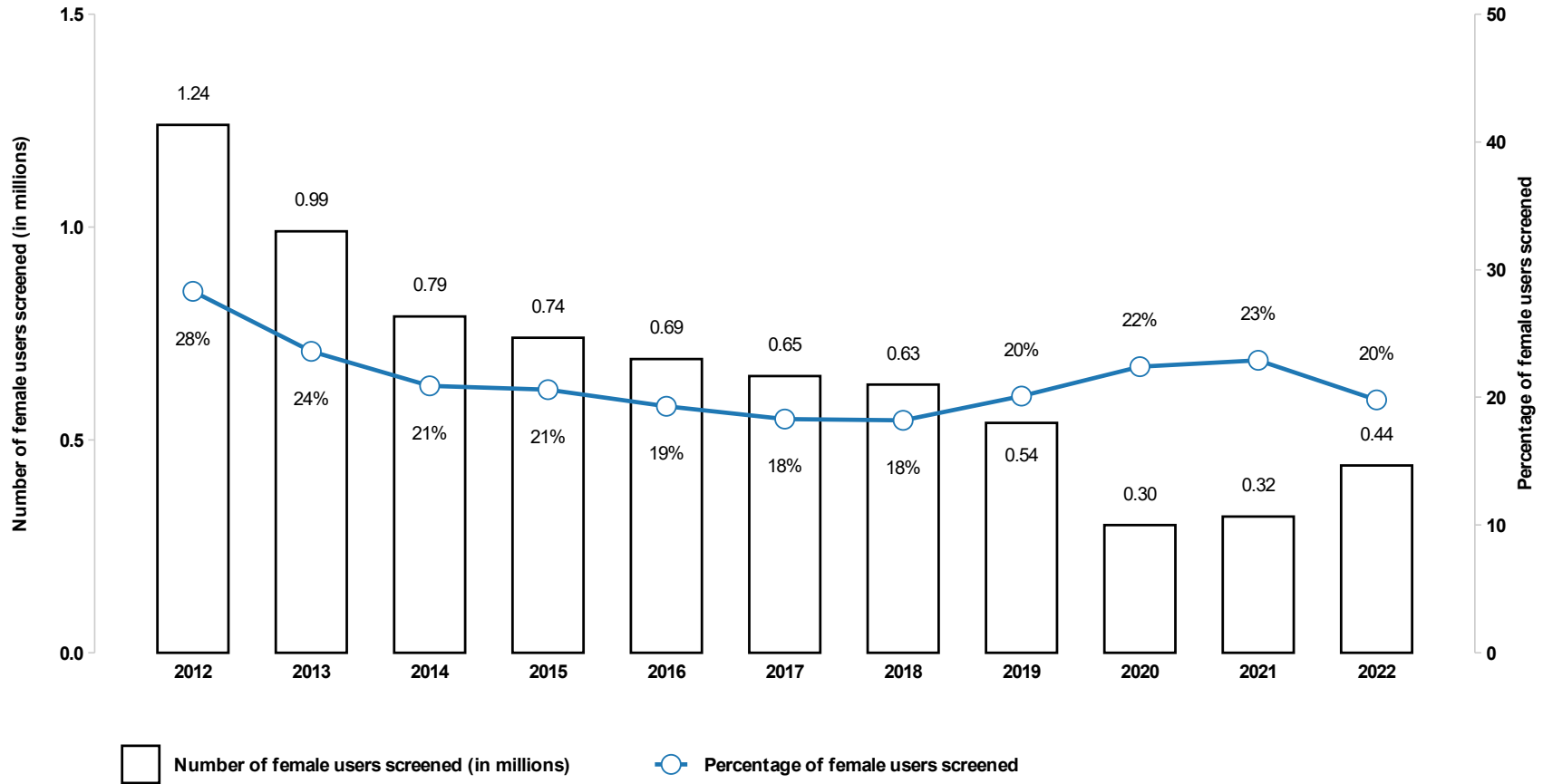
Note: **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, and in 2011–2020, diaphragm with spermicidal cream/jelly or cervical cap. **Less effective** methods include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm with spermicidal cream/jelly or cervical cap (2021 onward), withdrawal, female condom, spermicide (used alone), and other methods not listed in Table 8. See Table 8 comments in the Field and Methodological Notes (Appendix C). 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: 2012–2022

Screening measures	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Female users screened											
Number	1,237,328	988,114	785,540	743,683	687,373	649,266	625,808	541,661	297,037	324,536	440,732
Percentage	28%	24%	21%	21%	19%	18%	18%	20%	22%	23%	20%
Pap tests performed											
Number	1,308,667	1,043,671	813,858	769,807	720,215	683,247	651,920	561,534	312,757	349,236	467,142
Percentage with an ASC or higher result	14%	14%	14%	14%	14%	14%	14%	13%	13%	12%	14%

ASC = atypical squamous cells.

Exhibit A.11b. Number and percentage of female users who received a Pap test by year: 2012–2022

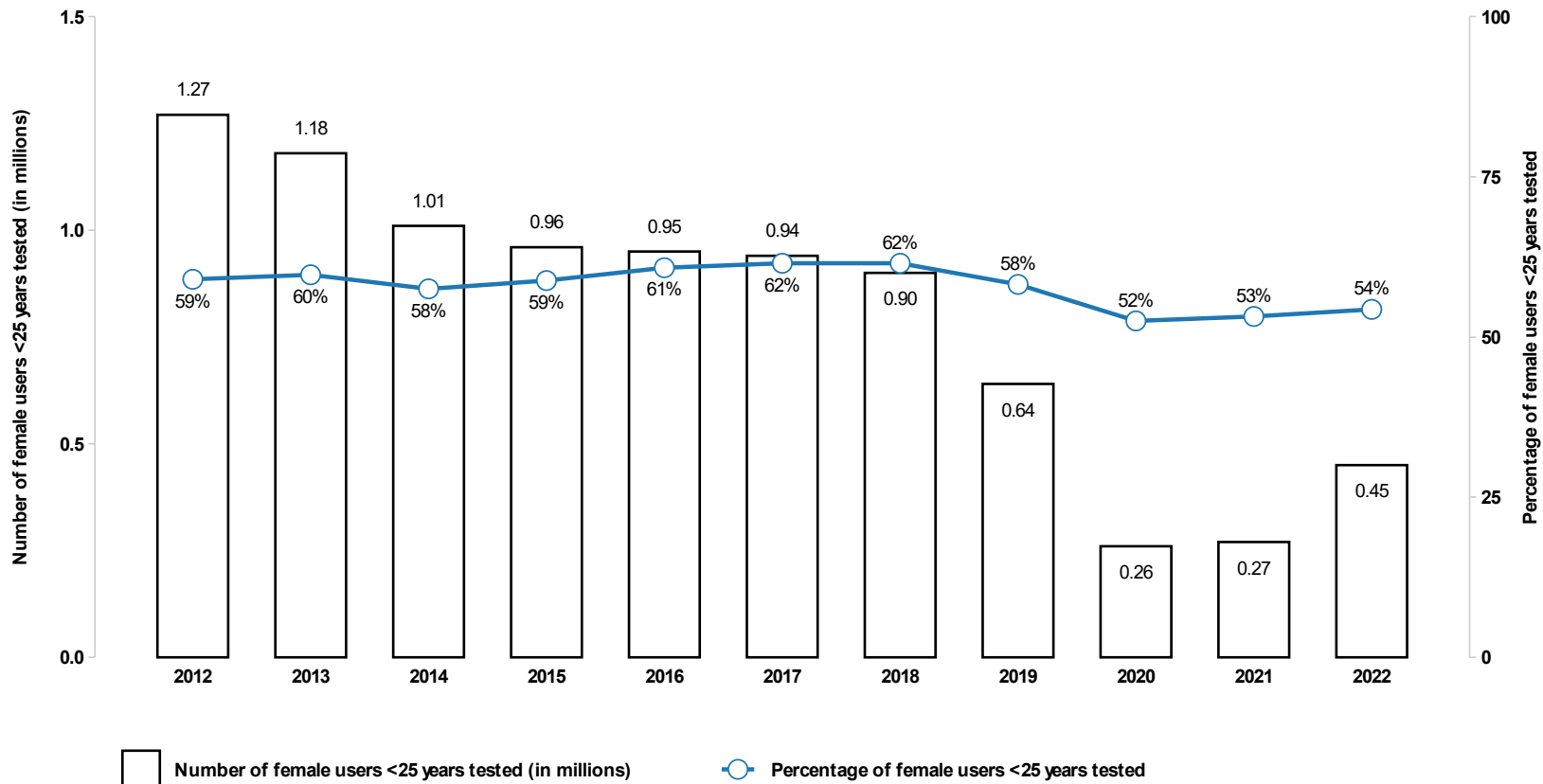


Note: The data in this graph are presented in tabular form in **Exhibit A.11a**.

Exhibit A.12a. Number and percentage of female users younger than 25 tested for chlamydia by year: 2012–2022

Chlamydia testing measures	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number tested	1,268,269	1,181,534	1,011,474	955,775	953,273	939,250	900,603	644,080	264,100	265,817	448,082
Percentage tested	59%	60%	58%	59%	61%	61%	61%	58%	52%	53%	54%

Exhibit A.12b. Number and percentage of female users younger than 25 tested for chlamydia by year: 2012–2022

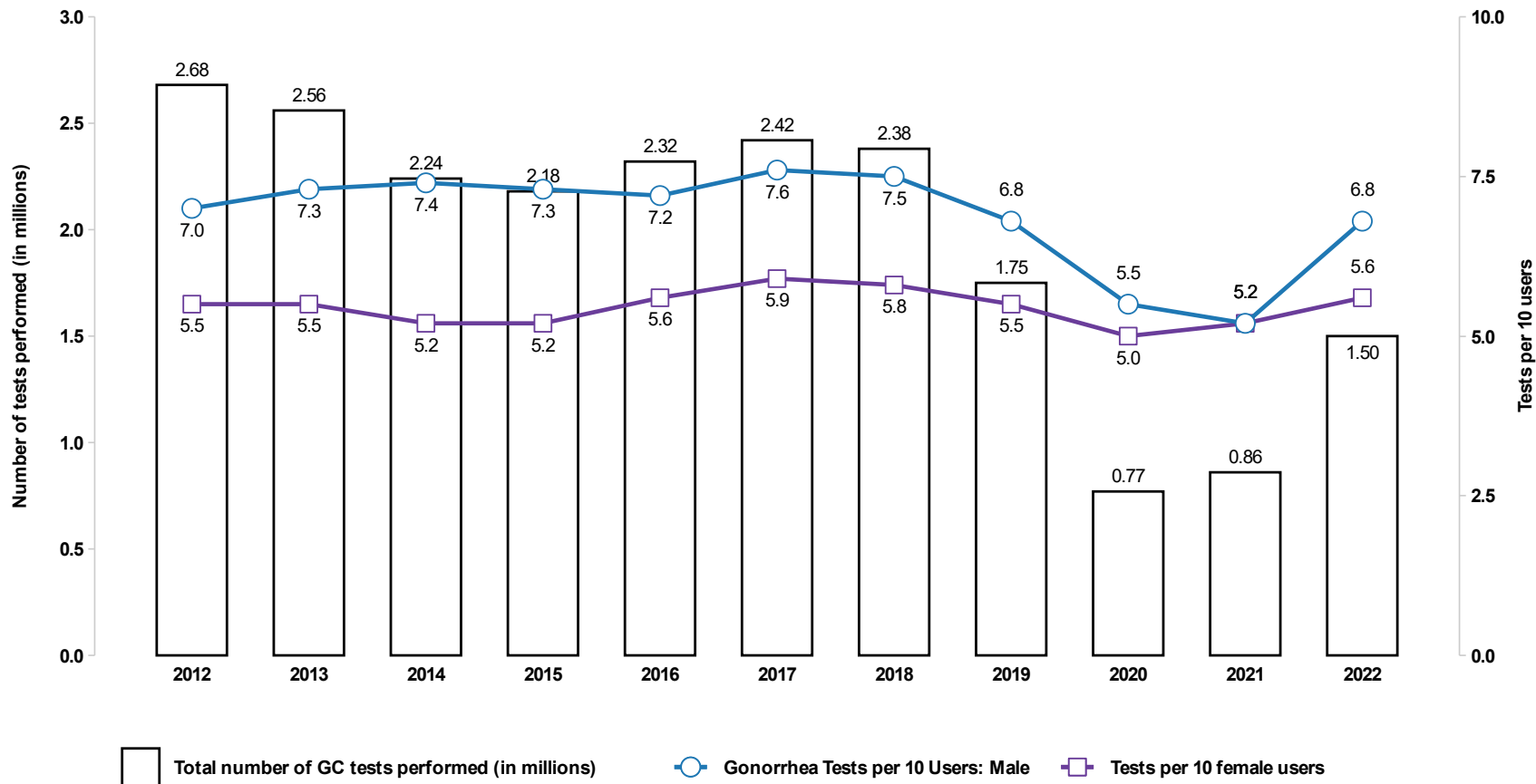


Note: The data in this graph are presented in tabular form in **Exhibit A.12a**.

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: 2012–2022

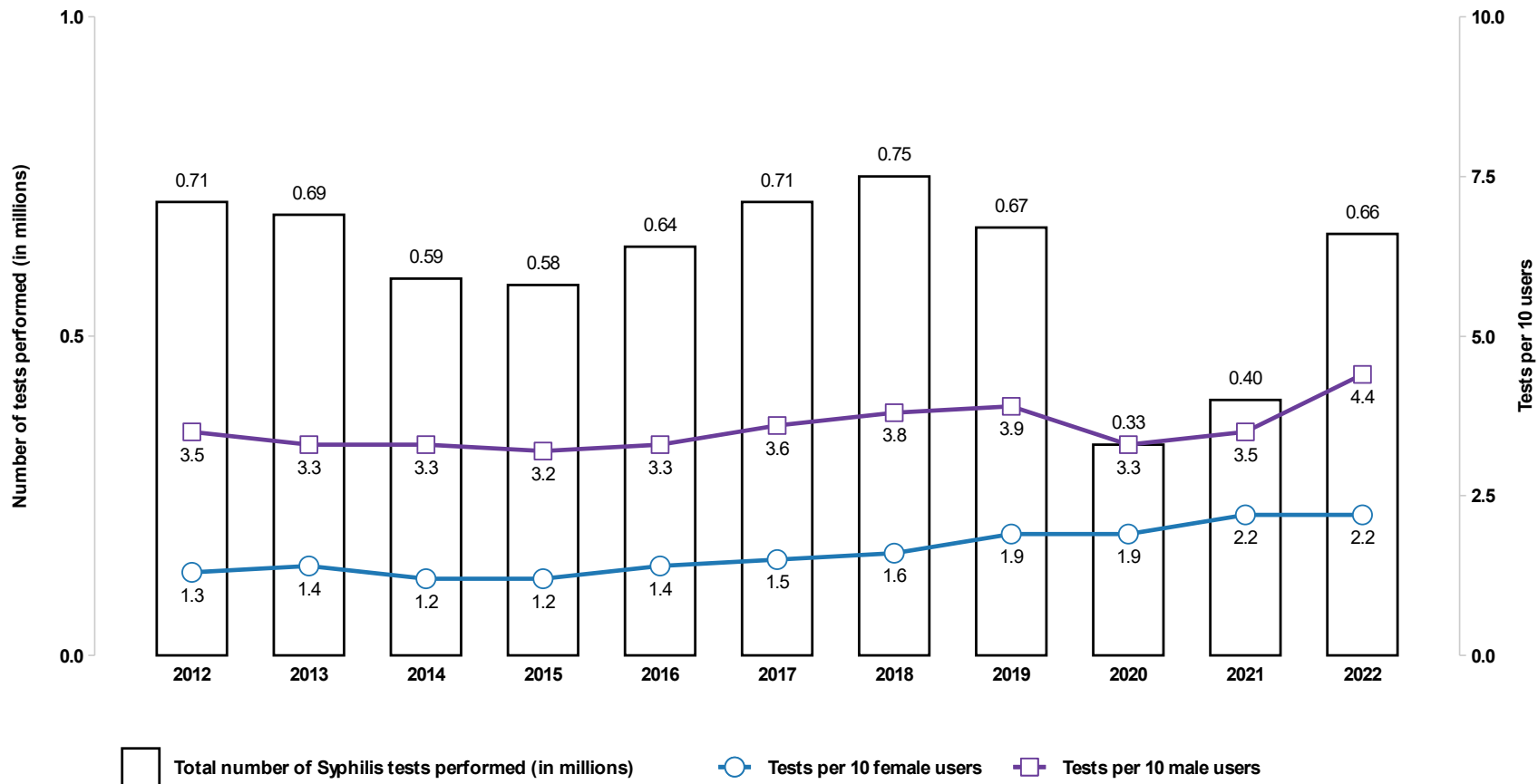
STI tests	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gonorrhea tests											
Female	2,409,406	2,285,723	1,966,864	1,885,899	1,989,889	2,073,331	2,004,847	1,476,781	658,240	734,638	1,249,213
Male	271,153	271,920	271,201	298,056	326,051	351,585	372,146	274,410	114,380	127,292	252,118
Total	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	861,930	1,501,331
Tests per 10 users											
Female	5.5	5.5	5.2	5.2	5.6	5.9	5.8	5.5	5.0	5.2	5.6
Male	7.0	7.3	7.4	7.3	7.2	7.6	7.5	6.8	5.5	5.2	6.8
Total	5.6	5.6	5.4	5.4	5.8	6.1	6.0	5.7	5.0	5.2	5.8
Syphilis tests											
Female	580,583	564,953	468,980	444,259	486,687	540,346	563,072	516,439	256,861	318,092	495,710
Male	133,957	122,620	121,135	132,447	149,155	168,815	189,216	158,325	68,952	85,400	165,282
Total	714,540	687,573	590,115	576,706	635,842	709,161	752,288	674,764	325,813	403,492	660,992
Tests per 10 users											
Female	1.3	1.4	1.2	1.2	1.4	1.5	1.6	1.9	1.9	2.2	2.2
Male	3.5	3.3	3.3	3.2	3.3	3.6	3.8	3.9	3.3	3.5	4.4
Total	1.5	1.5	1.4	1.4	1.6	1.8	1.9	2.2	2.1	2.4	2.5
Confidential HIV tests											
Female	1,036,695	989,872	822,723	869,678	902,905	917,623	946,231	745,213	328,495	376,321	666,314
Male	213,172	197,759	208,901	243,957	260,978	274,496	291,737	216,646	101,050	111,674	212,414
Total	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	487,995	878,728
Tests per 10 users											
Female	2.4	2.4	2.2	2.4	2.5	2.6	2.7	2.8	2.5	2.7	3.0
Male	5.5	5.3	5.7	5.9	5.7	5.9	5.9	5.3	4.8	4.6	5.7
Total	2.6	2.6	2.5	2.8	2.9	3.0	3.1	3.1	2.8	2.9	3.4
Positive test results	2,125	1,771	2,112	2,423	2,824	2,195	2,699	3,685	1,359	1,439	3,557
Anonymous HIV tests	8,388	2,289	1,458	3,939	3,886	2,083	1,963	613	672	909	5,715

Exhibit A.13b. Number of gonorrhea tests performed and number of tests per 10 users (all, female, and male) by year: 2012–2022



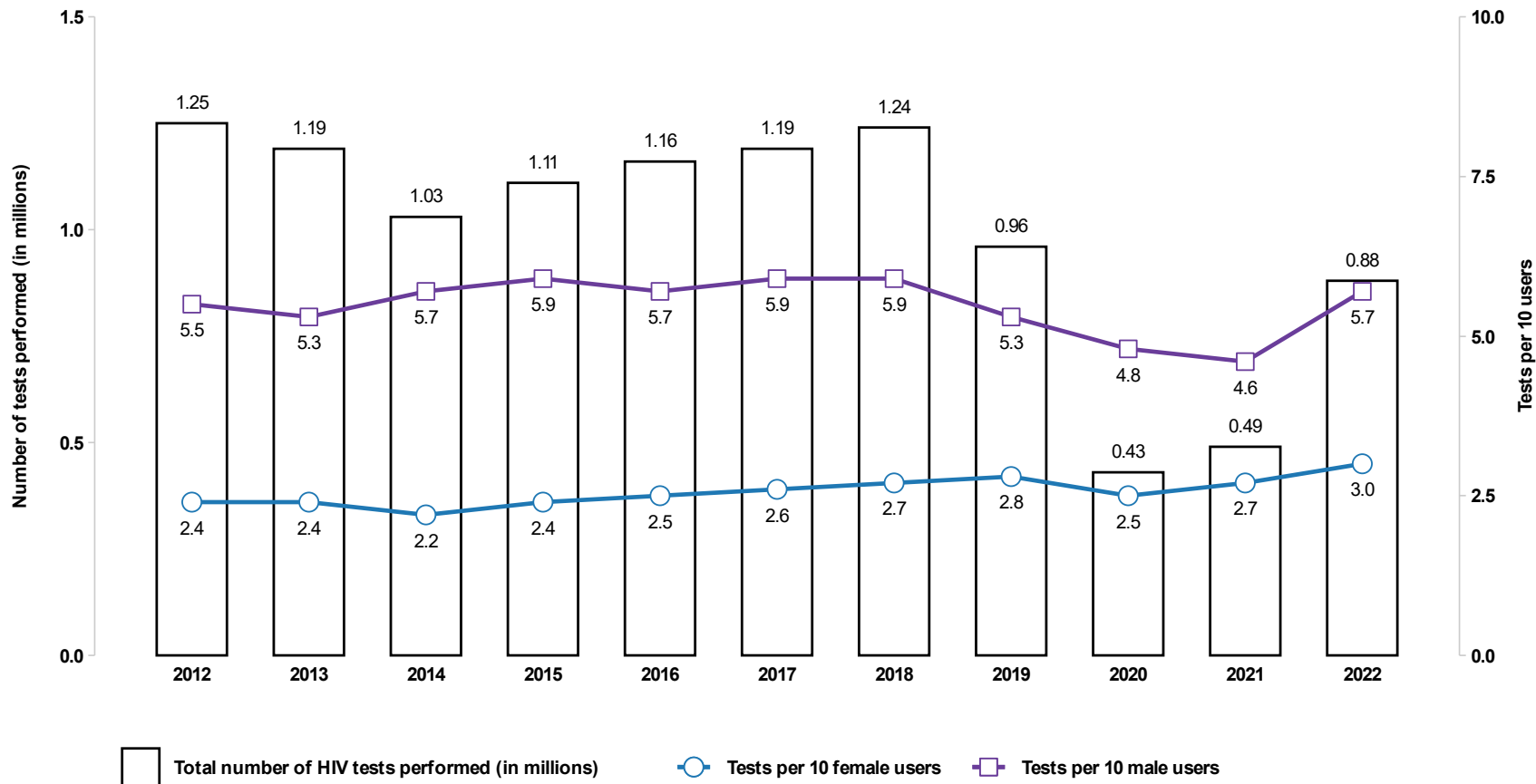
Note: The data in this graph are presented in tabular form in **Exhibit A.13a**.

Exhibit A.13c. Number of syphilis tests performed and number of tests per 10 users (all, female, and male) by year: 2012–2022



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: 2012–2022



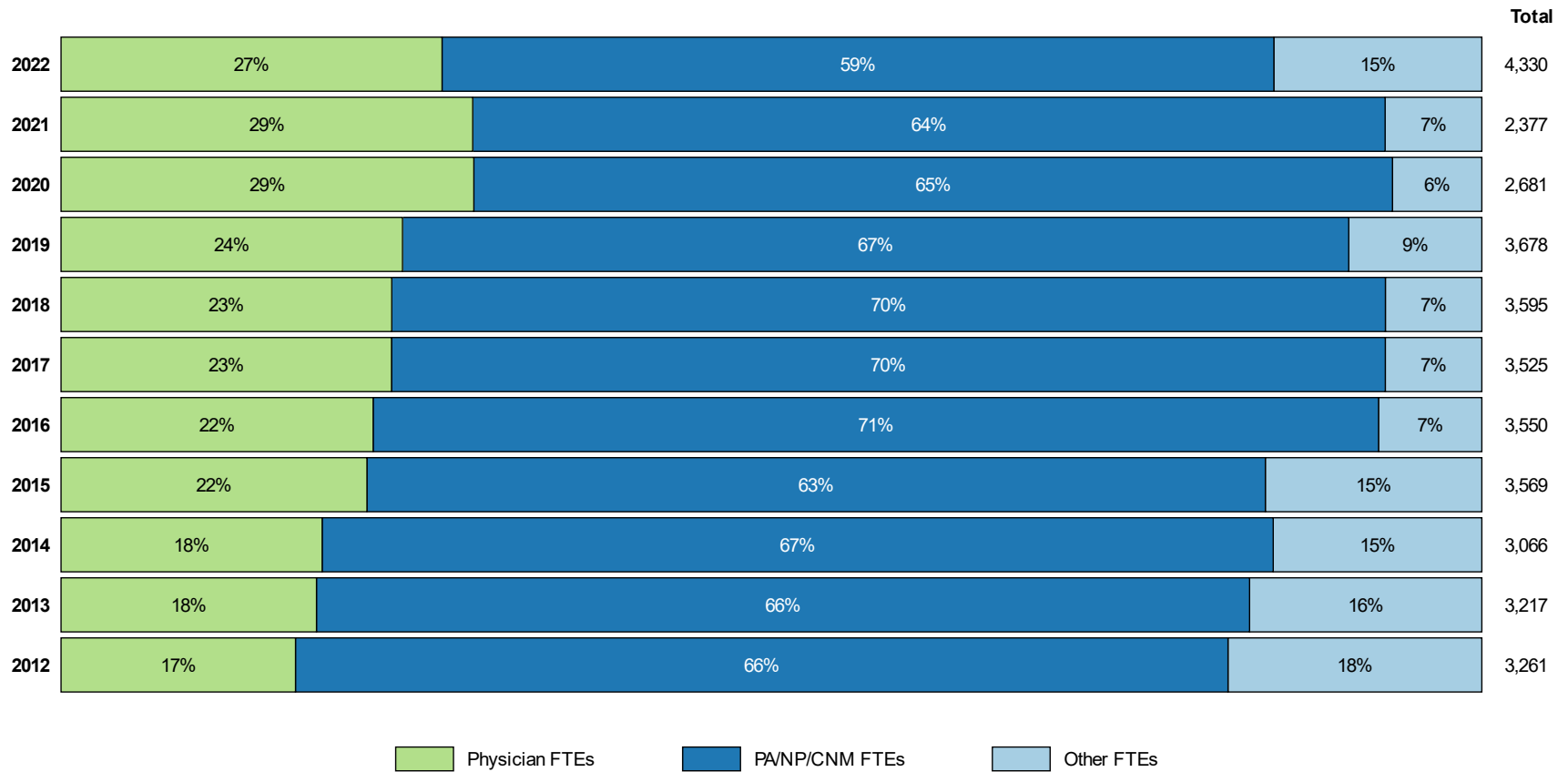
Note: The data in this graph are presented in tabular form in **Exhibit A.13a**.

Exhibit A.14a. Number and percentage of full-time equivalent (FTE) clinical services provider (CSP) staff and number and percentage of family planning encounters by type and year: 2012–2022

CSP staffing and utilization	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
FTEs by CSP type											
Number											
Physician	538.2	578.3	563.5	768.5	779.6	819.9	836.6	884.0	779.0	688.8	1,161.3
PA/NP/CNM	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	1,526.5	2,535.2
Other	582.7	525.8	450.2	543.8	258.1	239.4	243.9	344.7	168.7	161.8	633.9
Total	3,261.2	3,216.8	3,066.2	3,569.2	3,549.6	3,525.0	3,594.6	3,678.3	2,681.4	2,377.1	4,330.4
Percentage											
Physician	17%	18%	18%	22%	22%	23%	23%	24%	29%	29%	27%
PA/NP/CNM	66%	66%	67%	63%	71%	70%	70%	67%	65%	64%	59%
Other	18%	16%	15%	15%	7%	7%	7%	9%	6%	7%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP encounters by staff type											
number											
With CSP	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	2,251,160	3,515,945
With non-CSP	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	541,427	570,299
Total	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	2,792,587	4,086,244
Percentage											
With CSP	70%	71%	71%	73%	74%	78%	79%	77%	79%	81%	86%
With non-CSP	30%	29%	29%	27%	26%	22%	21%	23%	21%	19%	14%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number of encounters/user											
With CSP	1.3	1.3	1.2	1.2	1.2	1.3	1.3	1.2	1.4	1.4	1.4
With non-CSP	0.6	0.5	0.5	0.5	0.4	0.4	0.3	0.3	0.4	0.3	0.2
Total	1.8	1.8	1.7	1.7	1.7	1.7	1.6	1.5	1.8	1.7	1.6
CSP encounters/CSP FTE	1,840	1,800	1,676	1,402	1,403	1,465	1,430	979	796	947	812

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

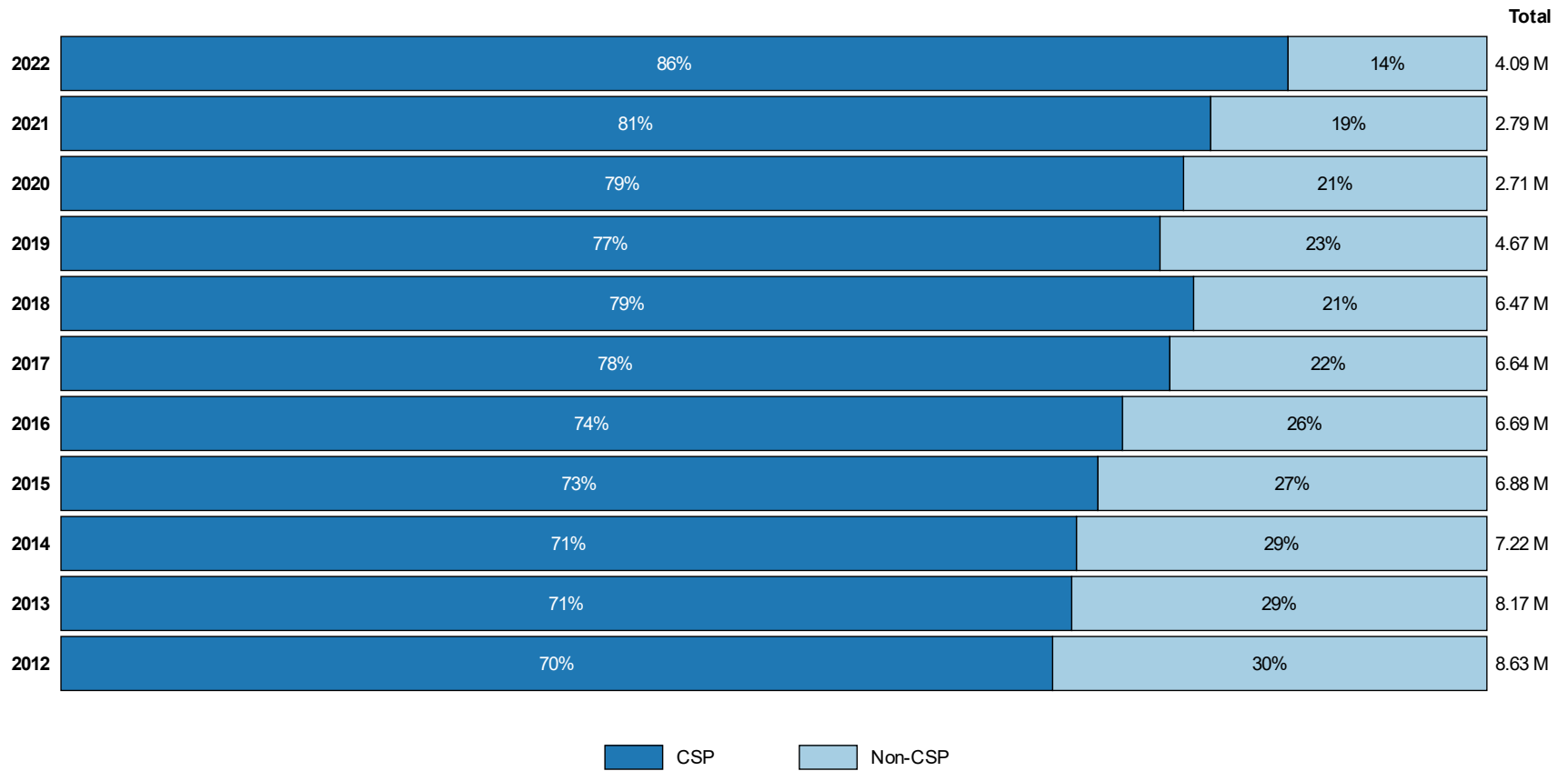
Exhibit A.14b. Number and percentage of clinical services provider full-time equivalents by CSP type and year: 2012–2022



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 percentage of family planning encounters by type and year: 2012–2022



Note: Number of family planning encounters are in the millions. 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 2022\$ and 2012\$) total, Title X, and Medicaid revenue by year: 2012–2022

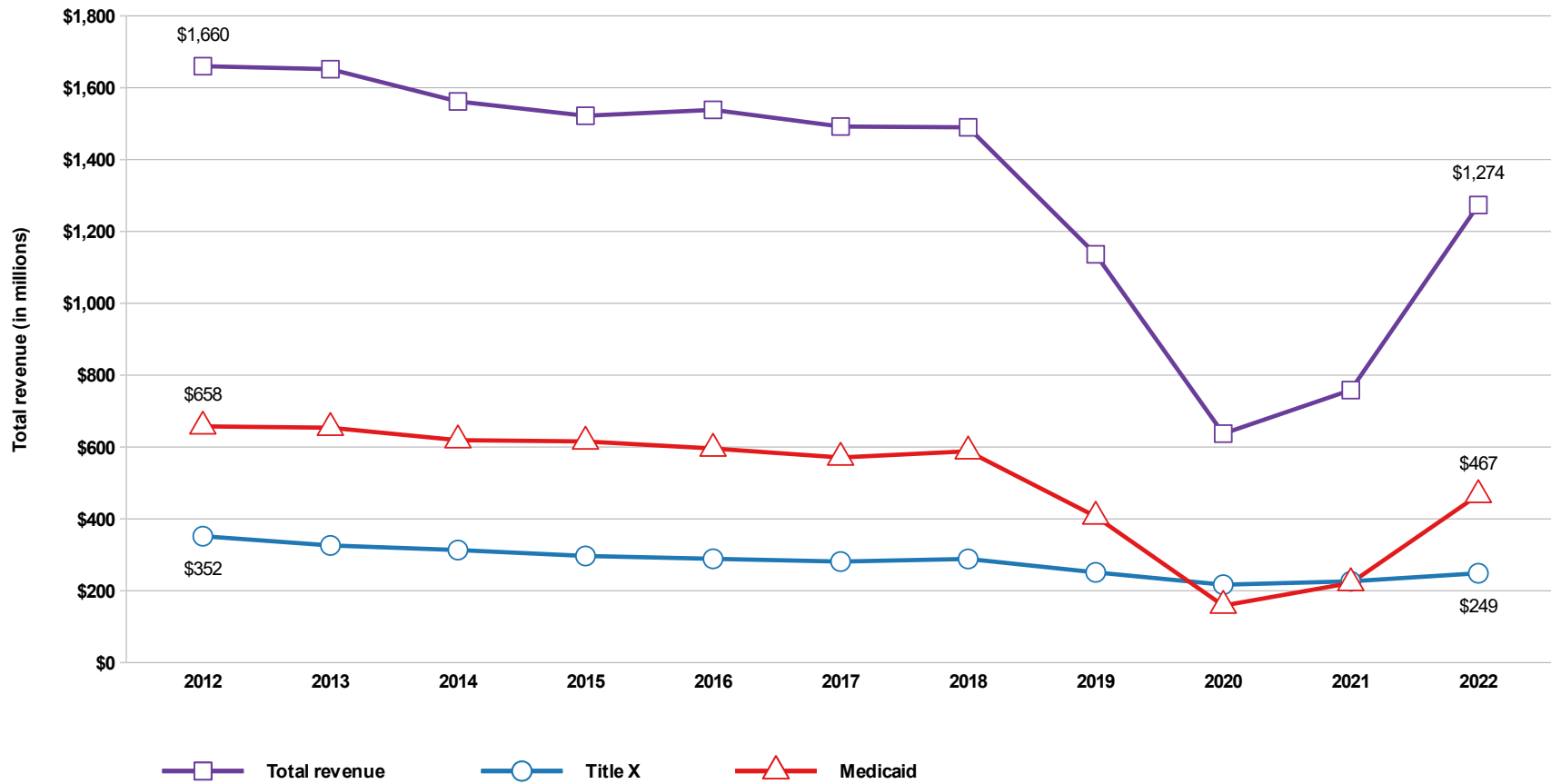
Revenue	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)	2020 (\$)	2021 (\$)	2022 (\$)	Change		
												2012– 2022	2021– 2022	
Total														
Actual ^a	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649	1,297,618,121	1,321,225,497	1,036,300,250	605,007,858	728,976,337	1,273,607,858	1%	75%	
2022\$ ^b	1,659,992,310	1,651,631,587	1,561,844,859	1,521,951,285	1,538,424,879	1,492,079,000	1,489,808,110	1,136,393,212	637,280,354	758,504,581	1,273,607,858	-23%	68%	
2012\$ ^b	1,260,206,935	1,253,859,772	1,185,696,892	1,155,411,114	1,167,917,279	1,132,733,141	1,131,009,162	862,709,181	483,800,507	575,829,615	966,877,645	-23%	68%	
Title X														
Actual ^a	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	217,423,156	248,666,814	-7%	14%	
2022\$ ^b	351,827,935	326,099,852	313,294,420	296,766,924	288,870,019	281,213,306	288,554,345	251,152,461	216,810,220	226,230,196	248,666,814	-29%	10%	
2012\$ ^b	267,095,215	247,563,373	237,841,945	225,294,861	219,299,811	213,487,109	219,060,163	190,665,987	164,594,584	171,745,893	188,778,973	-29%	10%	
Medicaid^c														
Actual ^a	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	212,992,879	466,765,566	-6%	119%	
2022\$ ^b	657,540,747	653,721,177	619,088,597	615,594,825	595,865,097	570,907,599	588,243,222	406,726,303	158,667,905	221,620,465	466,765,566	-29%	111%	
2012\$ ^b	499,181,475	496,281,793	469,989,974	467,337,627	452,359,522	433,412,680	446,573,266	308,772,098	120,455,012	168,246,349	354,351,764	-29%	111%	

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

^b Revenue is shown in constant 2022 dollars (2022\$) and 2012 dollars (2012\$), 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>).

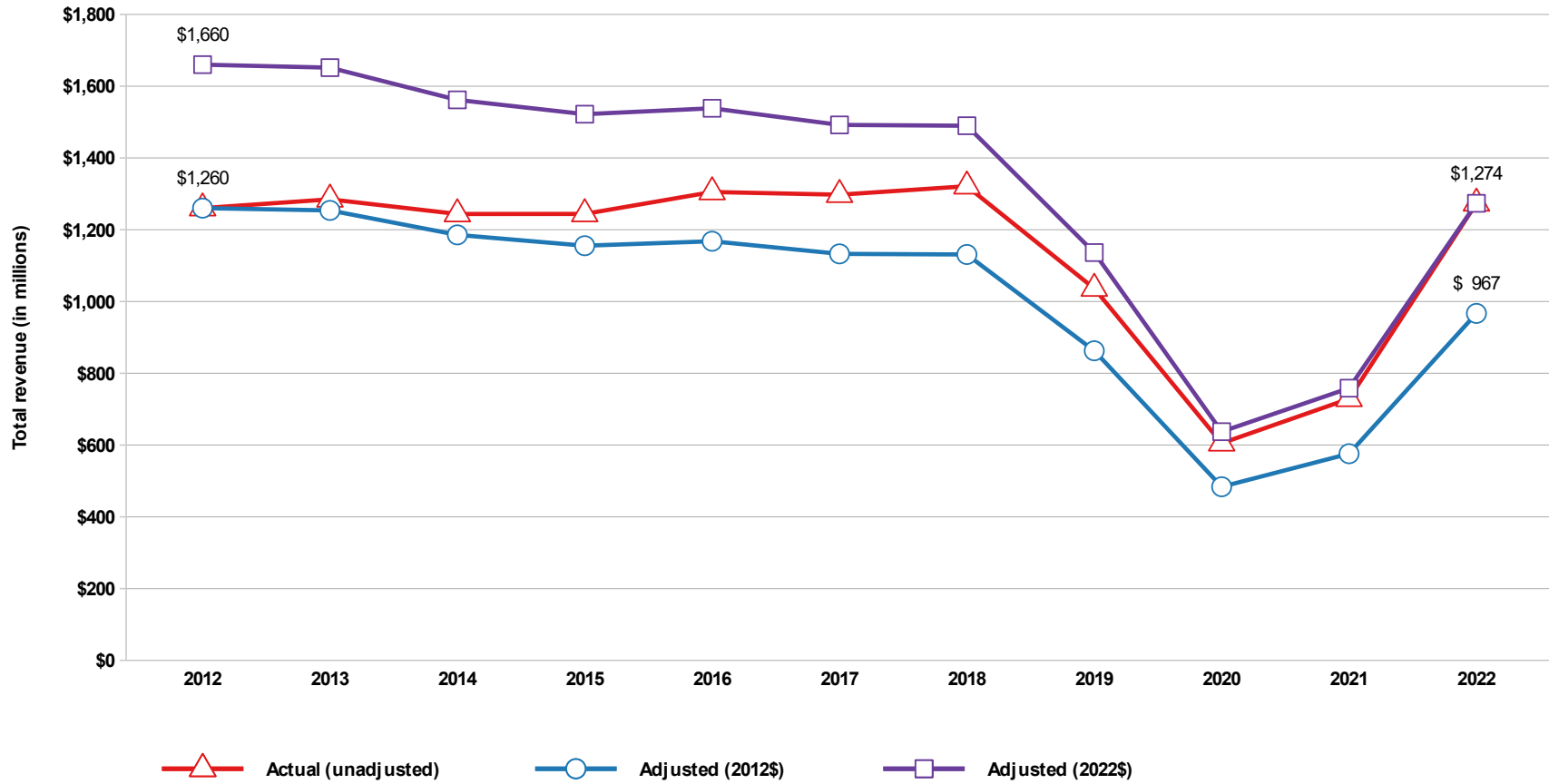
^c Medicaid revenue includes separately reported Children’s Health Insurance Program revenue.

Exhibit A.15b. Total, Title X, and Medicaid adjusted (constant 2022\$) revenue (in millions) by year: 2012–2022



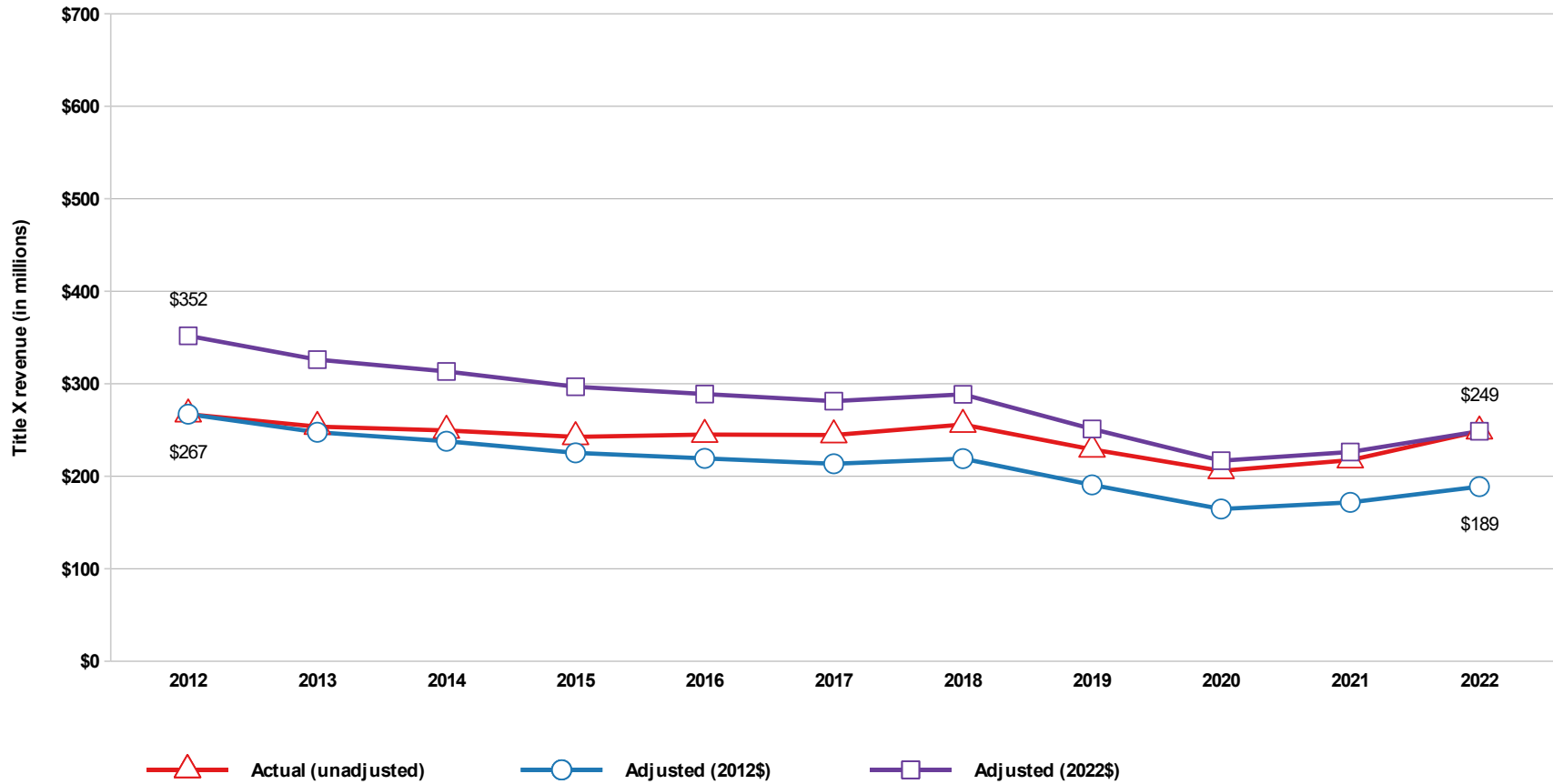
Notes: Medicaid revenue includes separately reported Children’s Health Insurance Program revenue.
 The data in this graph are presented in tabular form in **Exhibit A.15a**.

Exhibit A.15c. Total actual (unadjusted) and adjusted (constant 2022\$ and 2012\$) revenue (in millions) by year: 2012–2022



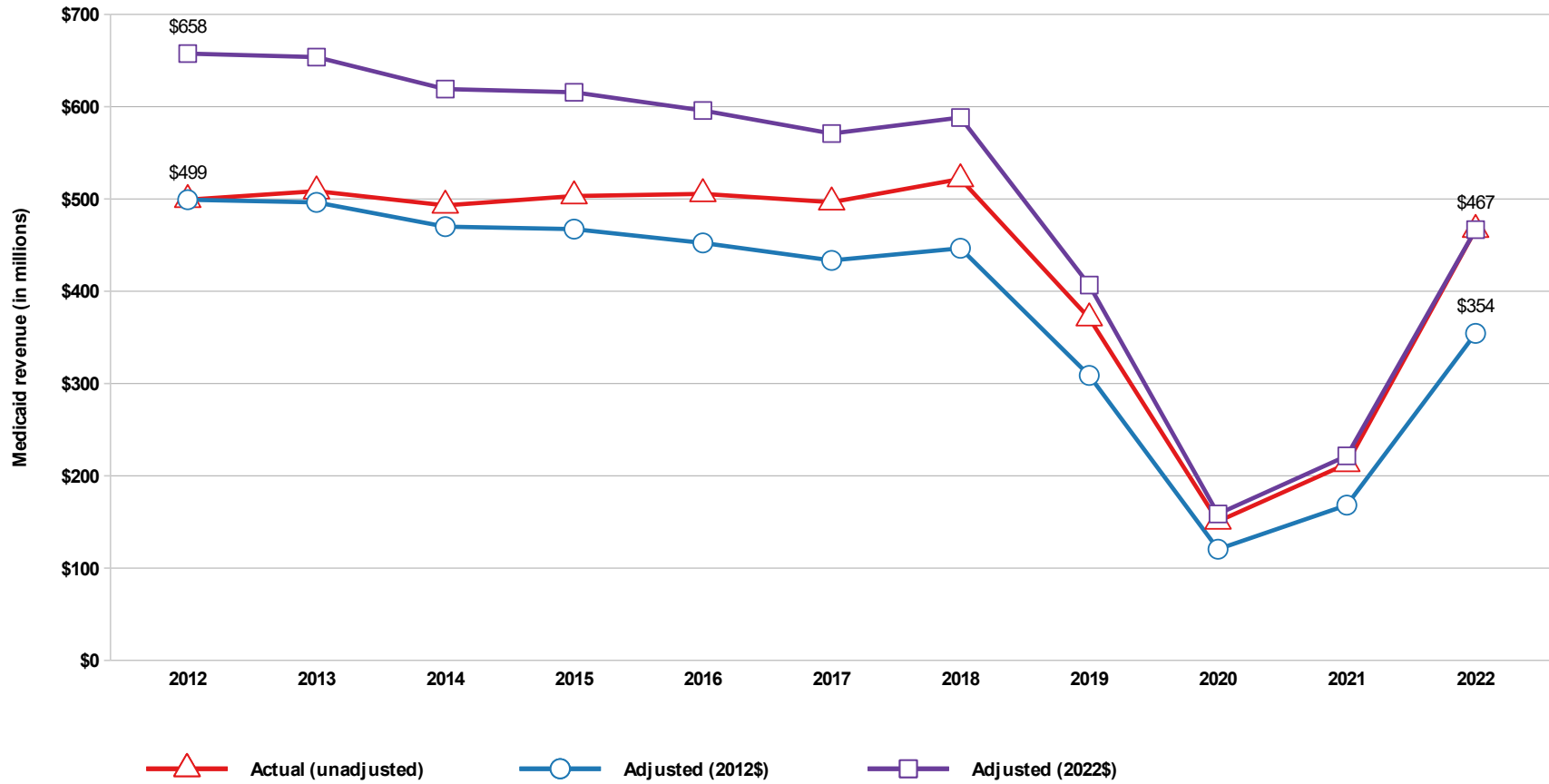
Note: The data in this graph are presented in tabular form in **Exhibit A.15a**.

Exhibit A.15d. Title X actual (unadjusted) and adjusted (constant 2022\$ and 2012\$) revenue (in millions) by year: 2012–2022



Note: The data in this graph are presented in tabular form in **Exhibit A.15a**.

Exhibit A.15e. Medicaid actual (unadjusted) and adjusted (constant 2022\$ and 2012\$) revenue (in millions) by year: 2012–2022



Notes: Medicaid revenue includes separately reported Children’s Health Insurance Program revenue.
 The data in this graph are presented in tabular form in **Exhibit A.15a**.

Exhibit A.16a. Total actual (unadjusted) project revenue by revenue source and year: 2012–2022

Revenue sources	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	2019 (\$)	2020 (\$)	2021 (\$)	2022 (\$)
Title X	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	217,423,156	248,666,814
Payment for services											
Client fees	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	22,521,561	48,314,100
Third-party payers											
Medicaid	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	206,071,028	459,173,874
CHIP	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	6,921,851	7,591,692
Medicare	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	7,182,410	8,467,153
Other	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	13,399,591	21,623,571
Private	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	60,327,370	129,925,238
Subtotal	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	316,423,811	675,095,627
Other revenue											
MCH block grant	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	9,675,113	13,111,289
SS block grant	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	2,671,105	8,524,688
TANF	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	8,877,977	6,825,037
State government	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	79,601,418	129,353,052
Local government	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	38,061,169	67,068,077
BPHC	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	5,966,933	17,566,050
Other	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	50,275,655	107,397,222
Subtotal	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	195,129,370	349,845,417
Total revenue											
Actual	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	728,976,337	1,273,607,858
2022 ^a	1,659,992,310	1,651,631,587	1,561,844,859	1,521,951,285	1,538,424,879	1,492,079,000	1,489,808,110	1,136,393,212	637,280,354	758,504,581	1,273,607,858
2012 ^a	1,260,206,935	1,253,859,772	1,185,696,892	1,155,411,114	1,167,917,279	1,132,733,141	1,131,009,162	862,709,181	483,800,507	575,829,615	966,877,645
Total revenue per user (2022\$)	348	362	378	379	384	373	378	367	415	456	490

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

^a Total revenue is shown in constant 2022 dollars (2022\$) and 2012 dollars (2012\$), 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>).

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.

Exhibit A.16b. Percentage of total project revenue by revenue source and year: 2012–2022

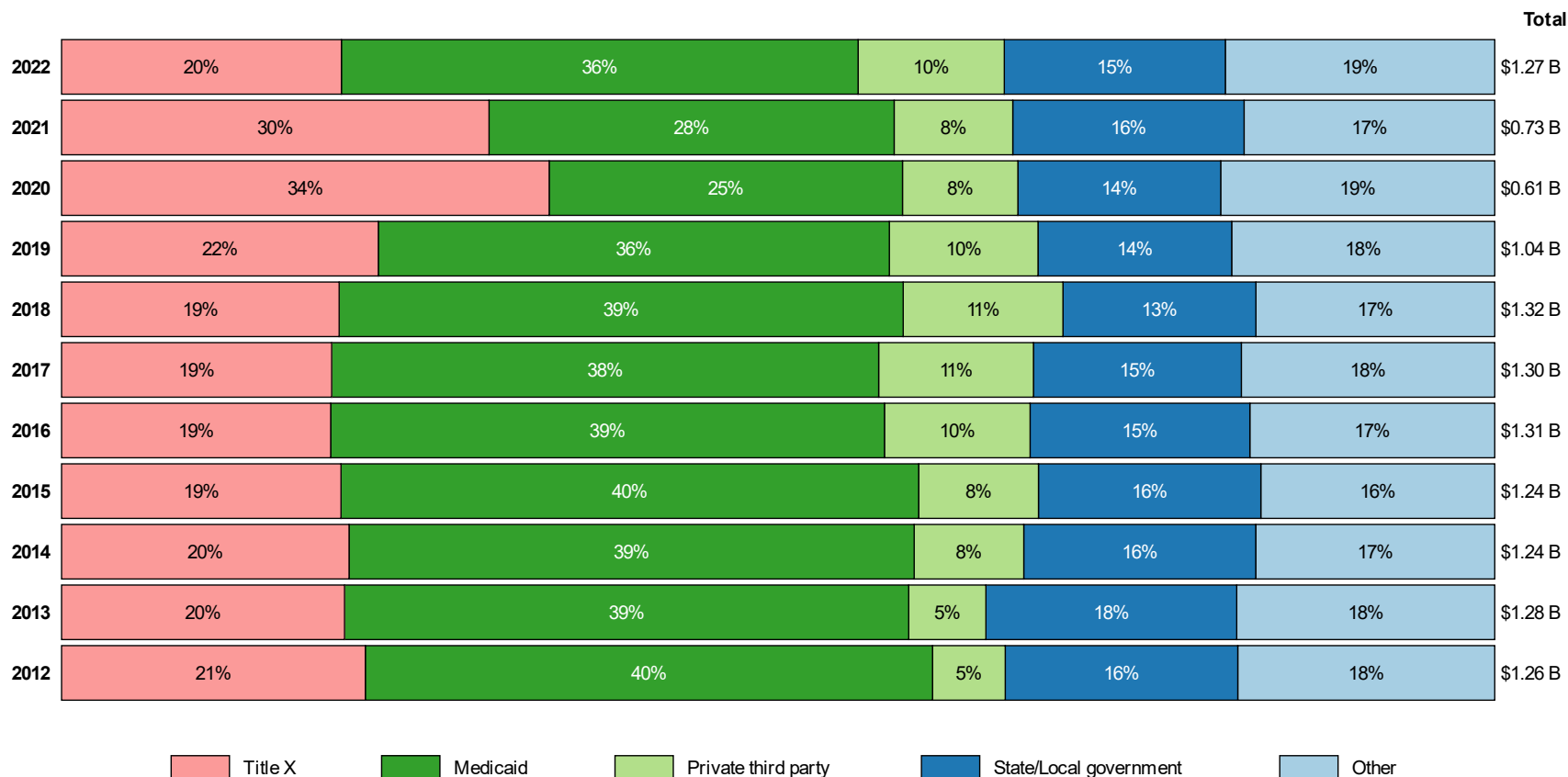
Revenue sources	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Title X	21%	20%	20%	19%	19%	19%	19%	22%	34%	30%	20%
Payment for services											
Client fees	6%	5%	4%	4%	4%	4%	4%	4%	3%	3%	4%
Third-party payers											
Medicaid	40%	39%	39%	40%	39%	38%	39%	36%	25%	28%	36%
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%
Medicare	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%	1%	1%
Other	0%†	1%	1%	1%	1%	1%	1%	1%	2%	2%	2%
Private	5%	5%	8%	8%	10%	11%	11%	10%	8%	8%	10%
Subtotal	51%	51%	53%	54%	54%	55%	56%	52%	39%	43%	53%
Other revenue											
MCH block grant	2%	2%	2%	1%	1%	1%	1%	2%	2%	1%	1%
SS block grant	1%	1%	0%†	0%†	0%†	0%†	0%†	1%	1%	0%†	1%
TANF	1%	1%	1%	0%†	1%	0%†	0%†	1%	1%	1%	1%
State government	9%	10%	10%	10%	10%	9%	10%	11%	10%	11%	10%
Local government	7%	7%	6%	6%	5%	5%	3%	3%	4%	5%	5%
BPHC	0%†	1%	1%	1%	1%	2%	1%	1%	2%	1%	1%
Other	8%	7%	7%	8%	9%	9%	7%	8%	7%	7%	8%
Subtotal	28%	29%	27%	26%	27%	27%	24%	26%	27%	27%	27%
Total revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

† Percentage is less than 0.5 percent.

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.

Exhibit A.16c. Amount (unadjusted) and percentage of total project revenue by revenue source and year: 2012–2022



Notes: Medicaid revenue includes separately reported Children’s Health Insurance Program (CHIP) revenue. The Other revenue category includes revenue from client fees, Medicare and other public third parties, block grants, Temporary Assistance for Needy Families, the Bureau of Primary Health Care, and revenue reported as “Other” in the FPAR revenue table. Due to rounding, percentages in each year may not sum to 100 percent, and percentages in combined or aggregated categories (for example, Medicaid plus CHIP) may not match the sum of the individual percentages that are included in the aggregated categories.

The data in this graph are presented in tabular form in **Exhibits A.16a** and **16b**.

Appendix B

State Exhibits

Exhibit B.1. Number and percentage of all family planning users by sex and state, and percentage of all users by state: 2022

State	Female	Male	Total	Female	Male	State users as % of all users
Alabama	46,639	212	46,851	100%	0%†	2%
Alaska	1,530	304	1,834	83%	17%	0%†
Arizona	26,081	7,682	33,763	77%	23%	1%
Arkansas	33,567	71	33,638	100%	0%†	1%
California	335,506	53,525	389,031	86%	14%	15%
Colorado	36,666	6,936	43,602	84%	16%	2%
Connecticut	37,784	6,618	44,402	85%	15%	2%
Delaware	8,109	1,978	10,087	80%	20%	0%†
District of Columbia	33,771	13,659	47,430	71%	29%	2%
Florida	72,426	6,597	79,023	92%	8%	3%
Georgia	113,118	50,717	163,835	69%	31%	6%
Hawaii	5,473	210	5,683	96%	4%	0%†
Idaho	7,647	731	8,378	91%	9%	0%†
Illinois	82,468	9,108	91,576	90%	10%	4%
Indiana	13,022	1,469	14,491	90%	10%	1%
Iowa	20,394	2,579	22,973	89%	11%	1%
Kansas	11,467	1,681	13,148	87%	13%	1%
Kentucky	26,937	4,475	31,412	86%	14%	1%
Louisiana	20,483	7,062	27,545	74%	26%	1%
Maine	20,342	5,827	26,169	78%	22%	1%
Maryland	45,234	7,131	52,365	86%	14%	2%
Massachusetts	53,810	9,818	63,628	85%	15%	2%
Michigan	31,437	4,233	35,670	88%	12%	1%
Minnesota	28,832	8,632	37,464	77%	23%	1%
Mississippi	23,233	1,114	24,347	95%	5%	1%
Missouri	31,730	6,153	37,883	84%	16%	1%
Montana	13,327	2,627	15,954	84%	16%	1%
Nebraska	16,629	2,807	19,436	86%	14%	1%
Nevada	12,407	2,883	15,290	81%	19%	1%
New Hampshire	6,424	854	7,278	88%	12%	0%†
New Jersey	98,134	19,132	117,266	84%	16%	5%
New Mexico	6,399	151	6,550	98%	2%	0%†
New York	169,168	25,250	194,418	87%	13%	7%
North Carolina	60,889	263	61,152	100%	0%†	2%
North Dakota	3,598	1,024	4,622	78%	22%	0%†
Ohio	67,018	15,148	82,166	82%	18%	3%
Oklahoma	28,744	495	29,239	98%	2%	1%
Oregon	14,126	553	14,679	96%	4%	1%
Pennsylvania	119,500	18,758	138,258	86%	14%	5%
Rhode Island	23,123	6,063	29,186	79%	21%	1%
South Carolina	25,616	5,745	31,361	82%	18%	1%
South Dakota	3,572	525	4,097	87%	13%	0%†
Tennessee	43,371	2,795	46,166	94%	6%	2%
Texas	173,655	25,998	199,653	87%	13%	8%
Utah	15,220	3,835	19,055	80%	20%	1%
Vermont	5,909	1,174	7,083	83%	17%	0%†
Virginia	28,454	3,045	31,499	90%	10%	1%
Washington	75,371	9,566	84,937	89%	11%	3%
West Virginia	20,513	1,474	21,987	93%	7%	1%
Wisconsin	5,734	1,822	7,556	76%	24%	0%†
Wyoming	3,815	850	4,665	82%	18%	0%†
Territories and FAS						
American Samoa	1,096	45	1,141	96%	4%	0%†

Exhibit B.1 (continued).

State	Female	Male	Total	Female	Male	State users as % of all users
Comm. of the Northern Mariana Islands	1,110	63	1,173	95%	5%	0%†
Federated States of Micronesia	1,020	35	1,055	97%	3%	0%†
Guam	324	30	354	92%	8%	0%†
Puerto Rico	10,582	1,632	12,214	87%	13%	0%†
Republic of the Marshall Islands	1,574	3	1,577	100%	0%†	0%†
Republic of Palau	686	63	749	92%	8%	0%†
U.S. Virgin Islands	2,492	127	2,619	95%	5%	0%†
Total users	2,227,306	373,357	2,600,663	86%	14%	100%
Range				69%-100%	0%-31%	0%-15%

Source: FPAR Table 1.

† Percentage is less than 0.5 percent. **FAS** = freely associated states.

Exhibit B.2. Number and percentage of all family planning users by user income level and state: 2022

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
Alabama	29,230	14,328	2,063	1,230	46,851	62%	31%	4%	3%
Alaska	648	757	420	9	1,834	35%	41%	23%	0%†
Arizona	18,894	5,703	1,536	7,630	33,763	56%	17%	5%	23%
Arkansas	22,395	9,268	914	1,061	33,638	67%	28%	3%	3%
California	284,650	70,473	14,106	19,802	389,031	73%	18%	4%	5%
Colorado	33,687	7,565	2,350	0	43,602	77%	17%	5%	0%
Connecticut	27,202	12,422	4,776	2	44,402	61%	28%	11%	0%†
Delaware	6,738	2,062	287	1,000	10,087	67%	20%	3%	10%
District of Columbia	15,205	10,053	2,862	19,310	47,430	32%	21%	6%	41%
Florida	40,842	28,090	9,241	850	79,023	52%	36%	12%	1%
Georgia	110,353	33,329	10,873	9,280	163,835	67%	20%	7%	6%
Hawaii	1,824	608	312	2,939	5,683	32%	11%	5%	52%
Idaho	3,777	2,974	1,244	383	8,378	45%	35%	15%	5%
Illinois	53,029	18,311	18,686	1,550	91,576	58%	20%	20%	2%
Indiana	8,513	4,645	1,321	12	14,491	59%	32%	9%	0%†
Iowa	12,317	6,528	2,632	1,496	22,973	54%	28%	11%	7%
Kansas	7,275	4,144	1,053	676	13,148	55%	32%	8%	5%
Kentucky	17,493	5,314	3,481	5,124	31,412	56%	17%	11%	16%
Louisiana	22,113	4,330	645	457	27,545	80%	16%	2%	2%
Maine	7,865	8,993	7,838	1,473	26,169	30%	34%	30%	6%
Maryland	31,564	10,661	3,488	6,652	52,365	60%	20%	7%	13%
Massachusetts	34,880	14,608	8,155	5,985	63,628	55%	23%	13%	9%
Michigan	16,039	10,546	5,514	3,571	35,670	45%	30%	15%	10%
Minnesota	15,340	11,313	9,733	1,078	37,464	41%	30%	26%	3%
Mississippi	14,340	3,987	550	5,470	24,347	59%	16%	2%	22%
Missouri	22,569	9,983	5,176	155	37,883	60%	26%	14%	0%†
Montana	3,496	2,891	3,241	6,326	15,954	22%	18%	20%	40%
Nebraska	10,509	5,674	2,718	535	19,436	54%	29%	14%	3%
Nevada	6,843	4,993	1,142	2,312	15,290	45%	33%	7%	15%
New Hampshire	2,768	2,544	1,697	269	7,278	38%	35%	23%	4%
New Jersey	62,347	46,748	5,704	2,467	117,266	53%	40%	5%	2%
New Mexico	5,752	747	33	18	6,550	88%	11%	1%	0%†
New York	126,323	39,403	26,440	2,251	194,417	65%	20%	14%	1%
North Carolina	35,459	16,158	3,485	6,050	61,152	58%	26%	6%	10%
North Dakota	1,909	1,334	1,340	39	4,622	41%	29%	29%	1%
Ohio	36,040	37,337	6,401	2,388	82,166	44%	45%	8%	3%
Oklahoma	18,362	9,263	1,306	308	29,239	63%	32%	4%	1%
Oregon	8,780	4,907	985	7	14,679	60%	33%	7%	0%†
Pennsylvania	77,423	37,318	18,799	4,718	138,258	56%	27%	14%	3%
Rhode Island	6,901	3,689	2,744	15,852	29,186	24%	13%	9%	54%
South Carolina	19,442	8,490	3,298	131	31,361	62%	27%	11%	0%†
South Dakota	1,950	1,210	563	374	4,097	48%	30%	14%	9%
Tennessee	31,188	12,370	2,566	42	46,166	68%	27%	6%	0%†
Texas	143,151	33,075	5,799	17,628	199,653	72%	17%	3%	9%
Utah	7,965	6,936	4,146	8	19,055	42%	36%	22%	0%†
Vermont	2,056	2,340	2,169	518	7,083	29%	33%	31%	7%
Virginia	19,040	9,237	2,687	535	31,499	60%	29%	9%	2%
Washington	39,178	24,415	13,733	7,611	84,937	46%	29%	16%	9%

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
West Virginia	14,065	4,570	345	3,007	21,987	64%	21%	2%	14%
Wisconsin	3,685	1,675	1,088	1,108	7,556	49%	22%	14%	15%
Wyoming	1,603	1,071	1,983	8	4,665	34%	23%	43%	0%†
Territories and FAS									
American Samoa	1,141	0	0	0	1,141	100%	0%	0%	0%
Comm. of the Northern Mariana Islands	368	4	0	801	1,173	31%	0%†	0%	68%
Federated States of Micronesia	1,055	0	0	0	1,055	100%	0%	0%	0%
Guam	339	12	1	2	354	96%	3%	0%†	1%
Puerto Rico	10,970	962	272	10	12,214	90%	8%	2%	0%†
Republic of the Marshall Islands	1,561	0	0	16	1,577	99%	0%	0%	1%
Republic of Palau	690	47	6	6	749	92%	6%	1%	1%
U.S. Virgin Islands	2,450	150	15	0	2,615	94%	6%	1%	0%
Total users	1,563,591	630,565	233,962	172,540	2,600,658	60%	24%	9%	7%
Range						22%-100%	0%-45%	0%-43%	0%-68%

Source: FPAR Table 4.

Notes: Due to rounding, the percentages may not sum to 100 percent. Title X-funded agencies report user household 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/>.

UK/NR = unknown or not reported. FAS = freely associated states.

† Percentage is less than 0.5 percent.

Exhibit B.3a. Number and percentage of all family planning users by insurance status and state: 2022

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	11,101	14,296	21,392	62	46,851	24%	31%	46%	0%†
Alaska	484	847	503	0	1,834	26%	46%	27%	0%
Arizona	14,465	6,755	12,543	0	33,763	43%	20%	37%	0%
Arkansas	10,047	12,810	10,781	0	33,638	30%	38%	32%	0%
California	223,972	31,675	127,345	6,039	389,031	58%	8%	33%	2%
Colorado	18,439	7,178	16,077	1,908	43,602	42%	16%	37%	4%
Connecticut	31,759	8,178	1,619	2,846	44,402	72%	18%	4%	6%
Delaware	3,352	1,930	4,678	127	10,087	33%	19%	46%	1%
District of Columbia	37,528	4,883	5,019	0	47,430	79%	10%	11%	0%
Florida	32,541	7,750	34,889	3,843	79,023	41%	10%	44%	5%
Georgia	49,764	67,196	46,333	542	163,835	30%	41%	28%	0%†
Hawaii	3,404	1,801	409	69	5,683	60%	32%	7%	1%
Idaho	2,229	2,444	2,933	772	8,378	27%	29%	35%	9%
Illinois	34,029	8,022	17,576	31,949	91,576	37%	9%	19%	35%
Indiana	5,580	3,224	5,687	0	14,491	39%	22%	39%	0%
Iowa	9,868	7,991	4,089	1,025	22,973	43%	35%	18%	4%
Kansas	2,084	2,919	7,991	154	13,148	16%	22%	61%	1%
Kentucky	15,731	7,511	8,073	97	31,412	50%	24%	26%	0%†
Louisiana	17,091	3,282	7,101	71	27,545	62%	12%	26%	0%†
Maine	10,376	12,540	2,931	322	26,169	40%	48%	11%	1%
Maryland	15,710	11,553	15,644	9,458	52,365	30%	22%	30%	18%
Massachusetts	33,673	20,337	7,844	1,774	63,628	53%	32%	12%	3%
Michigan	14,094	11,324	10,240	12	35,670	40%	32%	29%	0%†
Minnesota	12,362	16,911	8,191	0	37,464	33%	45%	22%	0%
Mississippi	12,111	3,901	1,322	7,013	24,347	50%	16%	5%	29%
Missouri	9,201	10,965	17,717	0	37,883	24%	29%	47%	0%
Montana	4,789	7,761	2,433	971	15,954	30%	49%	15%	6%
Nebraska	4,841	4,325	10,247	23	19,436	25%	22%	53%	0%†
Nevada	5,338	5,369	4,445	138	15,290	35%	35%	29%	1%
New Hampshire	3,341	2,337	1,558	42	7,278	46%	32%	21%	1%
New Jersey	48,095	23,862	45,135	174	117,266	41%	20%	38%	0%†
New Mexico	1,812	1,332	3,380	26	6,550	28%	20%	52%	0%†
New York	113,784	40,642	38,234	1,758	194,418	59%	21%	20%	1%
North Carolina	22,303	10,921	25,736	2,192	61,152	36%	18%	42%	4%
North Dakota	945	2,166	1,511	0	4,622	20%	47%	33%	0%
Ohio	36,389	18,786	26,081	910	82,166	44%	23%	32%	1%
Oklahoma	13,408	4,324	11,452	55	29,239	46%	15%	39%	0%†
Oregon	4,174	2,508	7,934	63	14,679	28%	17%	54%	0%†
Pennsylvania	64,352	40,802	28,968	4,136	138,258	47%	30%	21%	3%
Rhode Island	15,318	12,467	1,362	39	29,186	52%	43%	5%	0%†
South Carolina	14,381	12,080	4,900	0	31,361	46%	39%	16%	0%
South Dakota	669	1,532	1,896	0	4,097	16%	37%	46%	0%
Tennessee	16,329	6,673	23,161	3	46,166	35%	14%	50%	0%†
Texas	55,214	19,051	114,903	10,485	199,653	28%	10%	58%	5%
Utah	143	9,986	8,926	0	19,055	1%	52%	47%	0%
Vermont	3,540	2,969	538	36	7,083	50%	42%	8%	1%
Virginia	4,218	8,372	18,849	60	31,499	13%	27%	60%	0%†
Washington	40,124	32,208	11,227	1,378	84,937	47%	38%	13%	2%
West Virginia	9,008	5,728	7,083	168	21,987	41%	26%	32%	1%
Wisconsin	4,491	713	1,814	538	7,556	59%	9%	24%	7%
Wyoming	340	1,663	2,627	35	4,665	7%	36%	56%	1%

Exhibit B.3a (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Territories and FAS									
American Samoa	0	0	1,141	0	1,141	0%	0%	100%	0%
Comm. Of the Northern Mariana Islands	1,085	83	0	5	1,173	92%	7%	0%	0%†
Federated States of Micronesia	170	0	885	0	1,055	16%	0%	84%	0%
Guam	20	14	308	12	354	6%	4%	87%	3%
Puerto Rico	6,250	3,147	2,789	28	12,214	51%	26%	23%	0%†
Republic of the Marshall Islands	0	0	1,577	0	1,577	0%	0%	100%	0%
Republic of Palau	720	0	15	14	749	96%	0%	2%	2%
U.S. Virgin Islands	1,635	356	605	23	2,619	62%	14%	23%	1%
Total users	1,128,221	570,400	810,647	91,395	2,600,663	43%	22%	31%	4%
Range						0%-96%	0%-52%	0%-100%	0%-35%

Source: FPAR Table 5.

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

FAS = freely associated states. **UK/NR** = **unknown** or not reported.

UK/NR = unknown or not reported.

† Percentage is less than 0.5 percent.

Exhibit B.3b. Number and percentage 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: 2022

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion states									
Alaska	484	847	503	0	1,834	26%	46%	27%	0%
Arizona ^b	14,465	6,755	12,543	0	33,763	43%	20%	37%	0%
Arkansas ^b	10,047	12,810	10,781	0	33,638	30%	38%	32%	0%
California	223,972	31,675	127,345	6,039	389,031	58%	8%	33%	2%
Colorado	18,439	7,178	16,077	1,908	43,602	42%	16%	37%	4%
Connecticut	31,759	8,178	1,619	2,846	44,402	72%	18%	4%	6%
Delaware	3,352	1,930	4,678	127	10,087	33%	19%	46%	1%
District of Columbia	37,528	4,883	5,019	0	47,430	79%	10%	11%	0%
Hawaii	3,404	1,801	409	69	5,683	60%	32%	7%	1%
Idaho ^{a,c}	2,229	2,444	2,933	772	8,378	27%	29%	35%	9%
Illinois	34,029	8,022	17,576	31,949	91,576	37%	9%	19%	35%
Indiana ^{a,b}	5,580	3,224	5,687	0	14,491	39%	22%	39%	0%
Iowa ^b	9,868	7,991	4,089	1,025	22,973	43%	35%	18%	4%
Kentucky	15,731	7,511	8,073	97	31,412	50%	24%	26%	0%†
Louisiana ^a	17,091	3,282	7,101	71	27,545	62%	12%	26%	0%†
Maine ^a	10,376	12,540	2,931	322	26,169	40%	48%	11%	1%
Maryland	15,710	11,553	15,644	9,458	52,365	30%	22%	30%	18%
Massachusetts	33,673	20,337	7,844	1,774	63,628	53%	32%	12%	3%
Michigan ^{a,b}	14,094	11,324	10,240	12	35,670	40%	32%	29%	0%†
Minnesota	12,362	16,911	8,191	0	37,464	33%	45%	22%	0%
Missouri ^{a,c}	9,201	10,965	17,717	0	37,883	24%	29%	47%	0%
Montana ^{a,b,c}	4,789	7,761	2,433	971	15,954	30%	49%	15%	6%
Nebraska ^{a,c}	4,841	4,325	10,247	23	19,436	25%	22%	53%	0%†
Nevada	5,338	5,369	4,445	138	15,290	35%	35%	29%	1%
New Hampshire ^{a,b}	3,341	2,337	1,558	42	7,278	46%	32%	21%	1%
New Jersey	48,095	23,862	45,135	174	117,266	41%	20%	38%	0%†
New Mexico ^b	1,812	1,332	3,380	26	6,550	28%	20%	52%	0%†
New York	113,784	40,642	38,234	1,758	194,418	59%	21%	20%	1%
North Dakota	945	2,166	1,511	0	4,622	20%	47%	33%	0%
Ohio ^b	36,389	18,786	26,081	910	82,166	44%	23%	32%	1%
Oklahoma ^{a,c}	13,408	4,324	11,452	55	29,239	46%	15%	39%	0%†
Oregon	4,174	2,508	7,934	63	14,679	28%	17%	54%	0%†
Pennsylvania ^a	64,352	40,802	28,968	4,136	138,258	47%	30%	21%	3%
Rhode Island	15,318	12,467	1,362	39	29,186	52%	43%	5%	0%†
Utah ^{a,b,c}	143	9,986	8,926	0	19,055	1%	52%	47%	0%
Vermont	3,540	2,969	538	36	7,083	50%	42%	8%	1%
Virginia ^a	4,218	8,372	18,849	60	31,499	13%	27%	60%	0%†
Washington	40,124	32,208	11,227	1,378	84,937	47%	38%	13%	2%
West Virginia	9,008	5,728	7,083	168	21,987	41%	26%	32%	1%
Expansion states subtotal	897,013	418,105	516,363	66,446	1,897,927	47%	22%	27%	4%
Range						1%-79%	8%-52%	4%-60%	0%-35%
Non-expansion states									
Alabama	11,101	14,296	21,392	62	46,851	24%	31%	46%	0%†
Florida ^c	32,541	7,750	34,889	3,843	79,023	41%	10%	44%	5%
Georgia ^c	49,764	67,196	46,333	542	163,835	30%	41%	28%	0%†
Kansas ^c	2,084	2,919	7,991	154	13,148	16%	22%	61%	1%
Mississippi ^c	12,111	3,901	1,322	7,013	24,347	50%	16%	5%	29%
North Carolina ^c	22,303	10,921	25,736	2,192	61,152	36%	18%	42%	4%

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
South Carolina ^c	14,381	12,080	4,900	0	31,361	46%	39%	16%	0%
South Dakota ^c	669	1,532	1,896	0	4,097	16%	37%	46%	0%
Tennessee	16,329	6,673	23,161	3	46,166	35%	14%	50%	0%†
Texas	55,214	19,051	114,903	10,485	199,653	28%	10%	58%	5%
Wisconsin ^c	4,491	713	1,814	538	7,556	59%	9%	24%	7%
Wyoming	340	1,663	2,627	35	4,665	7%	36%	56%	1%
Non-expansion states subtotal	221,328	148,695	286,964	24,867	681,854	32%	22%	42%	4%
Range						7%-59%	9%-41%	5%-61%	0%-29%
All states total	1,118,341	566,800	803,327	91,313	2,579,781	43%	22%	31%	4%
Range						1%-79%	8%-52%	4%-61%	0%-35%

Source: FPAR Table 5.

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

^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), **Oklahoma** (7/1/2021), and **Missouri** (processing applications beginning 10/1/2021 with coverage retroactive to 7/1/2021 [see reference 45]).

^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 45].

^c See reference 45 for updates on the status of Medicaid expansion in this state.

UK/NR = unknown or not reported.

† Percentage is less than 0.5 percent.

Exhibit B.4. Number and percentage 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: 2022

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	206	3,741	20,170	7,156	42,161	9%	48%	17%
Alaska	21	480	559	234	1,367	37%	41%	17%
Arizona	422	5,398	6,798	3,057	22,298	26%	30%	14%
Arkansas	2,263	6,010	15,166	2,534	31,045	27%	49%	8%
California	11,484	64,064	95,779	83,048	301,100	25%	32%	28%
Colorado	301	11,071	13,175	4,493	32,900	35%	40%	14%
Connecticut	1,058	7,110	11,785	5,486	37,083	22%	32%	15%
Delaware	325	1,656	3,418	1,382	7,445	27%	46%	19%
District of Columbia	731	4,107	6,532	1,169	30,435	16%	21%	4%
Florida	1,191	10,700	33,971	8,803	58,388	20%	58%	15%
Georgia	13,163	10,990	18,852	27,296	86,160	28%	22%	32%
Hawaii	139	934	1,711	372	4,493	24%	38%	8%
Idaho	146	1,615	2,934	564	7,165	25%	41%	8%
Illinois	2,444	15,524	28,912	14,861	71,001	25%	41%	21%
Indiana	544	2,795	6,268	1,803	12,052	28%	52%	15%
Iowa	763	5,063	8,340	3,033	18,271	32%	46%	17%
Kansas	571	1,588	5,722	1,219	11,075	19%	52%	11%
Kentucky	1,214	3,086	9,319	1,420	23,906	18%	39%	6%
Louisiana	1,330	3,093	8,971	3,633	18,604	24%	48%	20%
Maine	1,290	4,217	6,076	1,795	18,510	30%	33%	10%
Maryland	1,334	9,230	16,603	8,203	40,962	26%	41%	20%
Massachusetts	1,232	12,320	17,890	8,878	47,947	28%	37%	19%
Michigan	648	5,502	15,222	5,068	29,523	21%	52%	17%
Minnesota	625	6,717	11,492	6,434	26,531	28%	43%	24%
Mississippi	566	1,252	12,207	1,680	23,089	8%	53%	7%
Missouri	1,564	5,776	14,076	6,298	29,006	25%	49%	22%
Montana	297	2,449	3,057	1,597	12,843	21%	24%	12%
Nebraska	1,412	4,013	3,731	3,089	14,182	38%	26%	22%
Nevada	295	2,442	3,943	1,438	9,976	27%	40%	14%
New Hampshire	219	1,779	2,484	774	5,734	35%	43%	13%
New Jersey	2,581	12,849	41,295	24,641	88,957	17%	46%	28%
New Mexico	64	1,359	3,544	778	5,901	24%	60%	13%
New York	4,547	30,938	54,069	35,105	148,817	24%	36%	24%
North Carolina	457	12,074	28,812	8,043	54,605	23%	53%	15%
North Dakota	150	748	1,717	533	3,317	27%	52%	16%
Ohio	3,910	9,843	33,817	7,933	61,986	22%	55%	13%
Oklahoma	136	5,099	13,409	3,399	22,901	23%	59%	15%
Oregon	216	3,626	7,031	1,358	13,376	29%	53%	10%
Pennsylvania	5,160	16,409	38,773	21,542	106,515	20%	36%	20%
Rhode Island	1,170	2,419	4,956	1,443	18,272	20%	27%	8%
South Carolina	336	3,794	13,604	4,652	22,600	18%	60%	21%
South Dakota	72	656	1,804	275	3,376	22%	53%	8%
Tennessee	162	6,156	20,476	4,920	32,057	20%	64%	15%
Texas	12,425	24,221	49,510	49,089	155,445	24%	32%	32%
Utah	432	4,290	6,892	2,560	14,314	33%	48%	18%
Vermont	64	1,753	2,350	756	5,545	33%	42%	14%
Virginia	659	4,572	10,166	2,052	18,323	29%	55%	11%
Washington	418	15,971	33,261	12,982	66,749	25%	50%	19%
West Virginia	702	3,124	10,604	1,299	19,010	20%	56%	7%
Wisconsin	57	510	954	850	5,678	10%	17%	15%
Wyoming	255	744	1,700	431	3,630	28%	47%	12%

Exhibit B.4 (continued)

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
Territories and FAS								
American Samoa	15	60	424	298	987	8%	43%	30%
Comm. Of the Northern Mariana Islands	2	88	833	68	1,021	9%	82%	7%
Federated States of Micronesia	9	254	559	44	992	27%	56%	4%
Guam	1	3	70	17	103	4%	68%	17%
Puerto Rico	37	663	5,709	3,928	10,519	7%	54%	37%
Republic of the Marshall Islands	59	384	768	7	1,371	32%	56%	1%
Republic of Palau	3	16	558	52	686	3%	81%	8%
U.S. Virgin Islands	188	66	934	929	2,444	10%	38%	38%
Total users	82,085	377,411	793,762	406,801	1,964,749	23%	40%	21%
Range						3%-38%	17%-82%	1%-38%

Source: FPAR Table 7.

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 (for example, 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, and pill.

^d **Less effective methods** include male condom, non-spermicidal gel (used alone), FAM or LAM, sponge, diaphragm or cervical cap, withdrawal, female condom, or spermicide (used alone), and other methods not listed in FPAR Table 7.

FAS = freely associated states.

† Percentage is less than 0.5 percent.

Exhibit B.5. Number and percentage of female family planning users 24 and younger who were tested for chlamydia by state: 2022

State	Female users 24 and younger tested for chlamydia	Female users 24 and younger	% of female users 24 and younger tested for chlamydia
Alabama	18,015	19,146	94%
Alaska	331	627	53%
Arizona	4,912	9,775	50%
Arkansas	9,489	14,878	64%
California	58,896	109,644	54%
Colorado	9,324	15,823	59%
Connecticut	6,041	12,929	47%
Delaware	2,054	3,523	58%
District of Columbia	4,785	9,144	52%
Florida	17,637	26,557	66%
Georgia	12,180	33,709	36%
Hawaii	897	2,105	43%
Idaho	1,214	3,292	37%
Illinois	15,747	30,720	51%
Indiana	3,782	5,055	75%
Iowa	5,464	8,554	64%
Kansas	2,285	4,195	54%
Kentucky	4,427	11,267	39%
Louisiana	5,929	7,439	80%
Maine	2,899	7,741	37%
Maryland	8,300	15,543	53%
Massachusetts	8,704	21,914	40%
Michigan	8,590	15,377	56%
Minnesota	8,100	13,286	61%
Mississippi	5,553	10,377	54%
Missouri	8,381	14,477	58%
Montana	4,148	6,709	62%
Nebraska	3,518	5,811	61%
Nevada	2,039	4,322	47%
New Hampshire	1,185	2,680	44%
New Jersey	21,278	33,424	64%
New Mexico	1,924	2,864	67%
New York	31,194	57,430	54%
North Carolina	10,387	18,752	55%
North Dakota	1,014	1,640	62%
Ohio	13,181	26,876	49%
Oklahoma	8,239	13,325	62%
Oregon	2,355	5,952	40%
Pennsylvania	24,421	50,090	49%
Rhode Island	3,841	5,773	67%
South Carolina	7,036	9,733	72%
South Dakota	908	1,597	57%
Tennessee	14,380	19,143	75%
Texas	26,010	54,970	47%
Utah	3,965	7,441	53%
Vermont	1,226	2,598	47%
Virginia	4,626	9,804	47%
Washington	20,680	34,721	60%
West Virginia	2,057	10,194	20%
Wisconsin	1,442	2,622	55%
Wyoming	960	1,818	53%
Territories and FAS			

State	Female users 24 and younger tested for chlamydia	Female users 24 and younger	% of female users 24 and younger tested for chlamydia
American Samoa	6	276	2%
Comm. Of the Northern Mariana Islands	103	488	21%
Federated States of Micronesia	297	304	98%
Guam	134	187	72%
Puerto Rico	1,274	4,580	28%
Republic of the Marshall Islands	20	689	3%
Republic of Palau	19	209	9%
U.S. Virgin Islands	279	561	50%
Total users	448,082	824,680	54%
Range			2%-98%

Source: FPAR Table 11.

FAS = freely associated states.

Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2022 Family Planning Annual Report (FPAR), including issues identified during data validation and relevant table-specific notes from grantees and U.S. Department of 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 2021 and 2022.

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 (for example, different states), the Office of Population Affairs (OPA) requires the agency to submit separate FPARs for each grant. In 2022, 86 agencies submitted one FPAR, three agencies submitted two FPARs, one agency submitted three FPARs, and one submitted four FPARs.

Subrecipients. Of the 72 grantees that were active in both 2021 and 2022, 46 reported no change in the number of subrecipients, 18 reported an increase, and eight reported a decrease.

Service sites. Of the 72 grantees that were active in both 2021 and 2022, 26 reported no change in the number of service sites, 24 reported an increase, and 22 reported a decrease.

Reporting period. Of the 99 FPARs that were submitted in 2022, 78 reported data for the 12-month period from January 1, 2022, through December 31, 2022, and 21 reported data for a reporting period that was less than 12 months.

FPAR TABLE 1: USERS BY AGE AND SEX**

Of the 72 grantees that were active in both 2021 and 2022, 37 reported an increase in the number of family planning users and 35 reported a decrease. The proportion of female family planning users also changed: 30 grantees reported an increase in the proportion of female family planning users and 42 reported a decrease.

- Reasons given by grantees for **decreased numbers of users** were related to the lingering impacts of the COVID-19 pandemic, which resulted in significant staff turnover and staffing shortages; limited service delivery; and periodic clinic closures. Other reasons

** In addition to collecting data on the number of users whose sex (i.e., based on biological and physiological characteristics) is male or female, encounter-level data collection includes sexual orientation and gender identity (SOGI) data elements starting in 2022. Grantees who reported encounter-level data in 2022 also reported SOGI data for those encounters.

identified by grantees include challenges that come from the implementation of new data systems; loss of subrecipients and service sites; a decrease in funding; and the continued expansion of the state Medicaid program, which encourages state Medicaid recipients to have a designated primary care provider, potentially pulling users away from Title X services.

- Grantees identified logistical and operational reasons for **increased numbers of users**. Logistical changes include the addition of subrecipients and service sites to the network. Operational changes include the integration of family planning services within subrecipient primary care settings; increased appointment slots; integration of new data systems; improved reporting; training of staff to offer family planning services to all users of reproductive age; and increased marketing and community outreach (such as increasing the number of social media campaigns and community promotional materials, as well as the implementation of opt-out sexual health visits at juvenile detention centers and mobile sites). Other factors cited by grantees included the lifting of COVID-19 restrictions and an increase in the population in areas covered by Title X service sites.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Of the 72 grantees that were active in both 2021 and 2022, 44 reported an increase in the percentage of female users who identified as Hispanic or Latino, 26 reported a decrease, and two reported no change.

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown or not reported race. Of the 14 percent of total female users for whom race was unknown or not reported in 2022, 68 percent identified as Hispanic or Latino.

- Reasons given by grantees for **increased or continued high percentages of female users with unknown race or ethnicity** included users choosing to opt out of reporting their race, users not identifying with existing race or ethnicity categories, and other data collection issues (for example, lack of robust ethnicity data mapping systems, implementation of new electronic patient registration systems, and challenges that arise during the transitional period between reporting systems). Grantees also identified high levels of staff turnover, an increase in providers and users, as well as the implementation of remote registration practices due to the COVID-19 pandemic.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Of the 72 grantees that were active in both 2021 and 2022, 35 reported an increase in the percentage of male users who self-identified as Hispanic or Latino, 32 reported a decrease, four reported no change, and one reported no male users in 2021.

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown or not reported race. Of the 13 percent of total male users for whom race was unknown or not reported in 2022, 61 percent identified as Hispanic or Latino.

- Reasons given by grantees for **increased or continued high percentages of male users with unknown race or ethnicity** included users choosing to opt out of reporting their race; users not identifying with existing race or ethnicity categories; and other data collection issues (for example, lack of robust ethnicity data mapping systems, implementation of new electronic patient registration systems, and challenges that arise during the transitional period between reporting systems). Grantees also identified high levels of staff turnover, an increase in providers and patients, as well as the implementation of remote registration practices due to the COVID-19 pandemic.

FPAR TABLE 4: USERS BY INCOME LEVEL

Of the 72 grantees operating in both 2021 and 2022, 33 reported an increase in the percentage of users with incomes at or below 100 percent of the federal poverty guideline and 39 reported a decrease.

- Grantees attributed **decreased percentages of family planning users with incomes at or below 100 percent of the federal poverty guideline** to increases in the number of subrecipients that serve users with higher incomes; a decrease in unemployment rates; stabilization of the job market; decreased funding; community outreach to a wider demographic; loss of service sites that predominantly served individuals with low income; and lifting of COVID-19 restrictions, which increased the number of users served and operating clinics. Other reasons include the counseling of adolescent users to involve their parents in decisions, which resulted in the decrease in family planning users with incomes at or below 100 percent of the guideline, as it is the household income that is considered in the calculation.
- Grantees attributed **increased percentages of family planning users with incomes at or below 100 percent of the federal poverty guideline** to users visiting more safety net clinics, as opposed to other types of Title X service sites.

Of the 72 grantees operating in both 2021 and 2022, 29 reported an increase in the number of users with unknown or not reported income, 33 reported a decrease, and 10 reported no users with unknown or not reported income in both years.

- Grantees attributed **increased percentages of family planning users with unknown or not reported income** to issues affecting data collection, such as EHR systems not being tailored for FPAR data collection; changes in existing data systems; focus on other data quality issues (e.g., collecting gender, age, and birth date information); challenges associated with implementing new methods of documentation and EHR systems; miscommunication about whether sites should collect income information; and errors associated with existing data collection methods. Other reasons include a need for more staff training; addition of new service sites; serving a predominantly transient population; high staff turnover; and users opting out of discounted services, leading to less income information provided. User refusal to provide income information was cited by many grantees. Grantees noted that those with private insurance often opted out of providing income information, and that some users refused because of cultural or religious reasons.

- Grantees attributed **decreased percentages of family planning users with unknown or not reported income** to improved data quality monitoring and data collection processes, technical assistance, and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 72 grantees operating in both 2021 and 2022, 41 reported an increase in the percentage of users with health insurance, 29 reported a decrease, and two reported no change.

- Reasons grantees gave for **decreased percentages of users with health insurance** included loss of insurance sponsored by employers because of the COVID-19 pandemic.
- Reasons grantees gave for **increased percentages of users with health insurance** included lifting of COVID-19 restrictions and improvements in data collection, such as better documentation and staff training. Grantees also cited increases in users from the addition of subrecipients and service sites, state Medicaid expansion, and the Families First Coronavirus Response Act (FFCRA) as reasons for an increased percentage of users with health insurance.
- Grantees attributed high or increased numbers of family planning users with unknown or not reported health insurance coverage status to errors in data collection, implementation of new EHR systems, and changes in the collection of insurance status data.

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

Of the 72 grantees operating in both 2021 and 2022, 43 reported an increase in the percentage of users with LEP, 27 reported a decrease, and two reported no change.

- Reasons given by grantees for **decreased percentages of users with LEP** included challenges with implementing new data systems and data collection.
- Reasons given by grantees for **increased percentages of users with LEP** included increases in the number of subrecipients and service sites; improved data collection; increased funding; changes in the composition of participating subrecipients (for example, the return of Planned Parenthood); increased number of providers (especially bilingual providers) to service more users; increased demand for services due to changing demographics in areas served; concerted efforts to increase the number of LEP users served through social media and community outreach; and the increase in users attending safety net clinics.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Of the 72 grantees operating in both 2021 and 2022, 35 reported an increase in the percentage of female users using a *most effective contraceptive method* and 37 reported a decrease. As for female users using a *moderately effective contraceptive method*, 33 grantees reported an increase and 39 reported a decrease.

Of the 72 grantees operating in both 2021 and 2022, 33 reported an increase in the percentage of female users with an *unknown primary contraceptive method*, 29 reported a decrease, and 10 reported no change.

- Grantees attributed **decreased numbers or percentages of female users with an unknown primary method** to improved data collection and clinic staff training.
- Grantees attributed **high or increased numbers or percentages of female users with an unknown primary method** to data collection or system issues with new subrecipients; other data collection or system issues (e.g., inconsistent or incomplete documentation of primary method overall or for specific types of visits like telehealth and mobile/outreach, new EHR systems or changes to existing systems, data mapping errors or lack of a structured field for recording primary method); and refusal by users to disclose their primary method.

Primary method category: definitions. Contraceptive methods are grouped into three categories—most, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These method effectiveness categories align with the OPA-developed and National Quality Forum-endorsed contraceptive care performance measures.²¹ The contraceptive care measures are based on the following method groups or tiers²²:

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

- Male sterilization/vasectomy, 0.15 percent
- Female sterilization, 0.5 percent
- Implant (Nexplanon[®]), 0.1 percent
- Intrauterine device (Mirena[®]), 0.1 percent
- Intrauterine device (Liletta[®]), 0.1 percent
- Intrauterine device (Kyleena[®]), 0.2 percent
- Intrauterine device (Skyla[®]), 0.4 percent
- Intrauterine device (ParaGard[®]), 0.8 percent

Moderately effective methods (Tier 2) are methods that result in between 4 percent and 7 percent of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Injectable (Depo-Provera[®]), 4 percent
- Vaginal ring (NuvaRing[®], Annovera[®]), 7 percent
- Contraceptive patch (Xulane[®]), 7 percent
- Contraceptive patch (Twirla[®]), 7 percent to 9 percent³¹
- Combined and progestin-only pills, 7 percent

Less effective contraceptives (Tier 3) are methods that result in between 13 percent and 27 percent of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Male condom, 13 percent
- Sponge, nulliparous women, 14 percent
- Non-spermicidal, non-hormonal vaginal gel (Phexxi®), 14 percent³²
- Fertility awareness-based methods (average across multiple types), 15 percent
- Diaphragm (with spermicidal cream or jelly), 17 percent
- Withdrawal, 20 percent
- Internal (female) condom, 21 percent
- Spermicides, 21 percent
- Sponge, parous women, 27 percent

Because the FPAR combines some methods into a single reporting category (for example, fertility awareness-based method and lactational amenorrhea method, diaphragm and cervical cap), the methods in the less effective category may differ slightly from those listed above. We do not expect these differences to have an impact on the results because few users rely on methods in these combined categories.

Hormonal injection users. Eighteen grantees in nine regions (all except region II) reported a total of 2,361 female users who relied on one-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.8 percent of the 302,181 hormonal injection users reported in 2022.

Sterilization among users under 20. Four grantees reported a total of six female users younger than age 20 who relied on female sterilization as a primary contraceptive method. All grantees confirmed that the users were sterilized prior to coming to the Title X site and that no Title X funding was used for the sterilizations.

Vasectomy among users under 18. Two grantees reported a total of three female users younger than 18 who relied on a partner's vasectomy as their primary contraceptive method. Grantees confirmed that the users received appropriate screening and counseling.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Of the 72 grantees operating in both 2021 and 2022, 31 reported an increase in the percentage of male users relying on *most, moderately, or less effective methods*, 39 reported a decrease, one reported no change, and one reported no male users in 2021.

Of the 72 grantees operating in both 2021 and 2022, 27 reported an increase in the percentage of male users with an unknown primary contraceptive method, 33 reported a decrease, 11 reported no such users in either year, and one reported no male users in 2021.

- Grantees attributed **decreased numbers or percentages of male users with an unknown primary method** to improved data collection and clinic staff training.
- Grantees attributed **high or increased numbers or percentages of male users with an unknown primary method** to data collection or system issues with new subrecipients; other data collection or system issues (for example, inconsistent or incomplete documentation of primary method overall or for specific types of visits like telehealth and mobile/outreach, new EHR systems or changes to existing systems, and data mapping errors or lack of a structured field for recording primary method); and refusal by users to disclose their primary method.

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

Sterilization among users under 20. One grantee reported one male user younger than 20 who relied on vasectomy as a primary contraceptive method. The grantee reports compliance with applicable Title X regulations.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

In May of 2021, the American College of Obstetricians and Gynecologists (ACOG) published updated cervical cancer screening guidelines.³³ The guidelines, which endorse the U.S. Preventative Services Task Force (USPSTF) recommendations,³⁴ update the routine for cervical cancer screening by age and the recommended conditions under which screening should be discontinued. For clinicians that follow the ACOG guidelines, these changes effectively reduce the recommended number of annual pap tests for people with cervixes who are not at increased risk.

Grantees do not report cervical cancer screening activities by age in FPAR Table 9, so any reductions in pap testing attributable to these changes in age-related guidelines are not identifiable in the aggregate data.

Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 30 reported an increase in the percentage of female users who received a pap test and 42 reported a decrease.

- Grantees cited changes in cervical cancer screening guidelines as the main reason for **decreases in pap testing rates**.
- Reasons given by grantees for the **increased pap testing rates** included fulfilling lingering demand from the COVID-19 pandemic and an increased focus on cervical cancer awareness.

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

Grantees were not required to provide breast cancer screening data as a part of the FPAR in 2022 due to changes in clinical guidance.³³

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

Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 34 reported an increase in the percentage of female users younger than 25 tested for chlamydia and 38 reported a decrease. In addition, 40 reported an increase in the percentage of male users tested, 30 reported a decrease, one reported no difference, and one reported no male users in 2021.

- Reasons given by grantees for **increased chlamydia testing rates** included fulfilling lingering demand from the COVID-19 pandemic, increased focus on STI testing, increased outreach to and education of at-risk populations, and improved technical systems for recording tests.

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

General STI testing—Several grantees commented on reasons for increases or decreases in STI testing activities without specifying the type of STI test.

- Reasons given for **decreased STI testing** included a decrease in the number of subrecipients and service sites, challenges associated with transitioning to new data collection systems, decreased funding, lingering impacts of the COVID-19 pandemic and the continued expansion of the state Medicaid program.
- Reasons given for **increased STI testing** included higher numbers of users, providers, subrecipients, and service sites; increases in outreach activities; increases in efforts to offer testing to users prompted in part by state initiatives and statutes (for example, SB-211); expansion of services provided and of service delivery areas; lack of access to care and decreased use of preventive methods; increases of in-person visits as COVID-19 restrictions are lifted; increased funding; increased use of rapid testing technology, increased STI incidence; implementing opt-out testing at juvenile detention centers; counseling; motivational interviewing; patient education; improved data collection methods and staff training; and implementation of new EHR systems.

Gonorrhea testing rate. Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 44 reported an increase in the number of gonorrhea tests per female user and 28 grantees reported a decrease. In addition, 46 grantees reported an increase in the number of gonorrhea tests per male user, 24 reported a decrease, one reported no change, and one reported no male users in 2021.

Syphilis testing rate. Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 51 reported an increase in the number of syphilis tests per female user and 21 reported a decrease. In addition, 49 grantees reported an increase in the number of syphilis tests per male user, 21 reported a decrease, one reported no change, and one reported no male users in 2021.

Confidential HIV testing rate. Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 48 reported an increase in the number of confidential HIV tests per female user and 24 reported a decrease. In addition, 47 grantees reported an increase in the number of confidential HIV tests per male user, 24 reported a decrease, and one reported no male users in 2021.

Positive confidential HIV tests. Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 26 reported an increase in the number of positive confidential HIV tests per 1,000 tests performed, 25 reported a decrease, 18 reported no change (no positive results in both years), two reported no tests performed in 2022, and one reported no tests performed in 2021. A reason cited by grantees for the increase in positive confidential HIV tests was increased testing of individuals at higher risk.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

Clinical services provider (CSP) full-time equivalent (FTE). Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 36 reported an increase in the total number of CSP FTEs delivering Title X-funded services, 27 reported a decrease, and nine reported no change. For the **number of CSP FTE providers per 1,000 encounters**, 43 grantees reported an increase and 29 reported a decrease. These changes in CSP FTE providers per 1,000 encounters by type of CSP were as follows:

- **Physician FTEs.** Thirty-nine grantees reported an increase, 30 reported a decrease, and 3 reported no change.
- **Midlevel clinician FTEs.** Thirty-two grantees reported an increase, 37 grantees reported a decrease, and three reported no change.
- **Other CSP FTEs.** Twenty-one reported an increase, 9 reported a decrease, and 42 reported no change.
- Reasons given for **decreased CSP FTEs** included high staff turnover and changes to the composition of staff.
- Reasons given for **increased CSP FTEs** included the addition of subrecipients and sites, more accurate reporting of CSP FTEs, and FTE reporting errors (that is, underestimates) in the previous year.

Family planning encounters. Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 34 reported an increase in the number of total encounters and 38 reported a decrease.

- Reasons given for **decreased encounters** included data system issues (for example, transition to new and unfamiliar EHRs).
- Reasons given for **increased encounters** included the addition of new subrecipients and service sites.

FPAR TABLE 14: REVENUE REPORT

Total revenue (Row 18)—All regions. Of the 72 grantees that submitted an FPAR in both 2021 and 2022, 43 reported an increase in total revenue and 29 reported a decrease.

Title X revenue (Row 1)—All regions. 2022 Title X revenue includes 2022 cash receipts or drawdown amounts from all family planning service grants.

Medicaid revenue (Row 3a)—All regions. 2022 Medicaid revenue includes revenue from federally approved Medicaid family planning eligibility expansions in the following 39 states:

Region I. Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II. New Jersey and New York

Region III. Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV. Kentucky

Region V. Illinois, Indiana, Michigan, Minnesota, and Ohio

Region VI. Arkansas, Louisiana, New Mexico, and Oklahoma

Region VII. Iowa, Missouri, and Nebraska

Region VIII. Colorado, Montana, North Dakota, and Utah

Region IX. Arizona, California, Hawaii, and Nevada

Region X. Alaska, Idaho, Oregon, and Washington

Other revenue (Rows 12 through 16)—All regions. Other revenue included revenue from such sources as the private, personal, and foundation direct donations, interest income from funds, Blue Cross Community Health Plans (BCCHP), the Ohio Department of Health Breast and Cervical Cancer Project (BCCP), Breast and Cervical Cancer Services Program (BCCS), CDC Infertility Prevention Program, CDC Ryan White funds, Care for Kids, the Cohen Foundation, training grants, Get Yourself Test (GYT) Funds, United Way, support from universities, D.C. Primary Care Association, CARES Act funds, EE Medical/Dental cost sharing, Educare, Farm Workers Program, private (non-government) general funds, Genesee County Health Department, Gilead Sciences, other government grants, HRSA grants (including H8C, H8D, PrEP, and PPP), Ingham County Health Department (IHPB), Montana Cancer Screening program, Montana STD/HIV program, Montgomery Cares, National Breast and Cervical Cancer Early Detection Program (NBCCEDP), New Jersey Cancer Education and Early Detection (NJCEED), Native Hawaiian Health Care Systems Program, Pennsylvania STD Project, PATH4You, Planned Parenthood Federation of America (PPFA), ACF Personal Responsibility Education Program (PREP), New Jersey Family Planning League, The 20/22 Act Society, Tuscola County Health Department, and the United Nations Population Fund (UNFPA).

Appendix D

Analysis of Encounter-Level Data

PURPOSE

The purpose of this analysis is to examine the encounter-level data provided during the 2023 FPAR submission period. The 2023 FPAR submission period is the first year that OPA is collecting encounter-level data.

SAMPLE CHARACTERISTICS

Data and sample

The data for this analysis are from the FPARs submitted by 99 grantees during the 2023 FPAR submission period. During this submission period, grantees either provided encounter-level data (preferred method) or aggregate data (alternate method). Of the 99 submissions, 34 submissions followed the preferred method and provided at least some encounter-level data, while 65 submissions consisted entirely of aggregate data. Encounter-level data represented 30 percent (780,243) of all family planning users, while aggregate table data represented 70 percent (1.8 million) of users (**Exhibit D.1a and D.1b**). Based on encounter-level data, 467,646 family planning users visited a Title X service site exactly once, while 229,981 users visited two or more times during the calendar year. On average, across all regions, family planning users made 1.7 visits to Title X service site in 2022 (**Exhibit D.1c**).

By **region**, the percentage of family planning users reported through encounter-level data ranged from 9 percent (39,148 of 449,816 encounters) to 66 percent (176,717 of 268,923 of encounters), with one region (VII) having no grantees submit encounter-level data (**Exhibit D.1a and D.1b**).

By **region**, the average number of visits per family planning user ranged from 1.4 to 2.0 visits. The number of family planning users who made one visit ranged from 5,939 (64 percent) to 129,871 (74 percent); the number of family planning users who made two visits ranged from 1,638 (18 percent) to 28,605 (16 percent); the number of family planning users who made three visits ranged from 696 (7 percent) to 11,290 (6 percent); and the number of family planning users who made four or more visits ranged from 627 (3 percent) to 14,227 (11 percent) (**Exhibit D.1c and D.1d**).

Exhibit D.1a. Number of all family planning users by region and year, comparing data submitted under preferred and alternate methods: 2021–2022

		Number of family planning users										
Year	Data submission method	All regions	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region
			I	II	III	IV	V	VI	VII	VIII	IX	X
2022	Encounter	780,243	61,488	175,184	97,700	125,236	176,717	74,183	0	9,287	39,148	21,300
	Aggregate	1,820,420	116,258	151,333	203,926	358,911	92,206	222,442	93,440	82,708	410,668	88,528
	Total	2,600,663	177,746	326,517	301,626	484,147	268,923	296,625	93,440	91,995	449,816	109,828

Exhibit D.1b. Percentage of all family planning users by region, comparing data submitted under preferred and alternate methods: 2022

		Percentage of family planning users										
Year	Data submission method	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
2022	Encounter	30%	35%	54%	32%	26%	66%	25%	0%	10%	9%	19%
	Aggregate	70%	65%	46%	68%	74%	34%	75%	100%	90%	91%	81%
	Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The numerators for cells are the number of users in Exhibit D.1a. The denominators per column are the values in the total row of Exhibit D.1a.

Exhibit D.1c. Number of unique users by number of visits in encounter-level data by region

Region	Number of users by number of visits				Average number of visits per unique user
	1 visit	2 visits	3 visits	4 or more visits	
I	43,819	10,741	4,451	2,477	1.5
II	129,871	28,605	11,290	5,418	1.4
III	63,383	17,845	7,746	9,119	1.8
IV	76,488	23,588	10,771	14,227	1.8
V	58,771	18,543	8,879	10,286	1.8
VI	47,167	12,389	5,583	9,044	2.0
VII	0	0	0	0	
VIII	5,939	1,638	696	1,038	1.8
IX	27,696	6,468	2,395	1,986	1.5
X	14,512	2,931	1,200	627	1.4
All regions	467,646	122,748	53,011	54,222	1.7

Notes: The average number of visits per unique user is the number of encounters (per region) divided by the number of unique users (per region). Only encounter-level data are used in this table.

Exhibit D.1d. Percent of unique users by number of visits in encounter-level data by region

Region	Percent of users by number of visits			
	1 visit	2 visits	3 visits	4 or more visits
I	71%	17%	7%	4%
II	74%	16%	6%	3%
III	65%	18%	8%	9%
IV	61%	19%	9%	11%
V	61%	19%	9%	11%
VI	64%	17%	8%	12%
VII				
VIII	64%	18%	7%	11%
IX	72%	17%	6%	5%
X	75%	15%	6%	3%
All regions	67%	18%	8%	8%

Notes: The denominator of each value is the total number of unique users per region. Only encounter-level data are used in this table.

MISSING VALUES

In the 2023 submission period, grantees could upload 2022 encounter-level data with missing data elements: the *FPAR 2.0 system* only required facility identifier, patient identifier, visit date, birth date, and sex be provided for each encounter. Hence, no encounters were missing these required data elements.

Most encounters reported race (which ranged from 85 percent to 87 percent of encounters across all race categories), ethnicity (86 percent), annual household income (83 percent), and limited English proficiency (82 percent) (*Exhibit D.2b*).

By region, the percentage of encounters that reported race across all the categories ranged from 13 percent to 100 percent, and from 14 percent to 100 percent for encounters that reported ethnicity. The percentage of encounters that reported annual household income ranged from 13 percent to 100 percent, whereas the percentage of encounters that reported limited English proficiency ranged from 14 percent to 100 percent (*Exhibit D.2b*).

Some data elements involving contraceptive use were missing from most encounters. Only fifteen percent (176,221) of encounters reported whether the family planning user wanted to talk about contraception or pregnancy prevention during their visit and only 21 percent (246,024) of encounters reported how the contraceptive method was provided (*Exhibits D.2a and D.2b*).

By region the percentage of encounters that reported whether the family planning user wanted to talk about contraception or pregnancy prevention ranged from 0 percent to 50 percent and the percentage of encounters that reported how the contraceptive method was provided ranged from 0 percent to 58 percent (*Exhibit D.2b*).

Exhibit D.2a. Number of reported encounters with nonmissing data by data element and region: 2022

Data Element		Number of encounters with valid (nonmissing) values										
		All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
1	Facility Identifier	1,154,203	90,819	245,813	172,452	224,741	173,173	147,346		16,395	56,781	26,683
2	Attending physician NPI provider	457,396	52,225	0	24,626	167,276	90,303	117,156		0	5,810	0
3	Provider role	963,136	90,818	240,822	61,861	216,023	156,029	146,536		16,389	7,975	26,683
4	Patient identifier	1,154,203	90,819	245,813	172,452	224,741	173,173	147,346		16,395	56,781	26,683
5, 6	Patient age ^a	1,154,203	90,819	245,813	172,452	224,741	173,173	147,346		16,395	56,781	26,683
7	Sex	1,154,203	90,819	245,813	172,452	224,741	173,173	147,346		16,395	56,781	26,683
8	Limited English proficiency	945,419	90,727	245,813	84,034	170,698	156,029	147,066		16,395	7,974	26,683
9	Ethnicity	992,184	84,640	245,813	95,945	216,122	153,102	145,904		16,246	7,729	26,683
10a	Race - American Indian or Alaska Native	980,955	90,819	245,813	74,832	215,387	156,029	147,022		16,395	7,975	26,683
10b	Race - Asian	1,005,052	90,819	245,813	98,224	216,092	156,029	147,022		16,395	7,975	26,683
10c	Race - Black or African American	1,005,071	90,819	245,813	98,243	216,092	156,029	147,022		16,395	7,975	26,683
10d	Race - Native Hawaiian or Other Pacific Islander	1,004,662	90,819	245,813	98,220	215,706	156,029	147,022		16,395	7,975	26,683
10e	Race - White	1,005,089	90,819	245,813	98,261	216,092	156,029	147,022		16,395	7,975	26,683
10f	Race - Unknown	1,005,352	90,819	245,813	99,152	216,092	156,029	147,022		16,395	7,347	26,683
11, 12	Annual household income (%FPL) ^b	959,922	88,432	245,813	74,439	209,794	154,038	137,077		16,341	7,317	26,671
13	Insurance coverage type	776,221	85,391	245,813	59,646	57,073	130,051	147,238		16,356	7,970	26,683
14	Payer for visit	879,994	90,819	245,813	59,646	139,707	146,081	147,258		16,395	7,592	26,683
15	Pregnancy status	596,536	47,779	75,294	22,702	206,105	111,429	107,807		7,169	7,975	10,276
16	Pregnancy intention	414,659	11,832	7,854	59,646	80,328	109,548	109,140		6,432	5,796	24,083
17	Contraceptive method at intake reported – at intake	834,255	62,036	237,629	56,465	139,877	155,996	133,364		16,274	6,800	25,814
18	Reason for no contraceptive method use reported – at intake	98,903	2,980	0	0	20,362	38,056	32,951		1,485	1,881	1,188
19	Contraceptive method at exit reported – at exit	918,972	84,885	245,813	58,092	190,397	156,029	133,674		16,395	7,004	26,683
20	Reason for no contraceptive method use reported – at exit	213,734	18,061	100,372	8,396	29,619	24,963	25,231		2,166	1,840	3,086
21	How contraceptive method was provided	246,024	34,211	0	0	50,362	59,629	86,039		5,517	6,038	4,228
22	Contraceptive counseling was provided	767,950	9,687	245,813	59,646	138,383	136,495	126,876		16,395	7,972	26,683
23	Counseling to achieve pregnancy was provided	720,074	7,794	245,813	59,646	138,313	95,146	122,310		16,395	7,974	26,683
24	Systolic blood pressure	371,591	31,660	0	13,533	122,754	55,037	136,786		5,185	6,636	0
25	Diastolic blood pressure	370,705	31,659	0	13,533	122,754	54,145	136,735		5,187	6,692	0
26	Body height ^c	297,237	29,456	0	842	120,169	55,653	79,822		5,270	6,025	0
27	Body weight ^c	301,765	31,519	0	843	122,479	54,590	80,999		5,279	6,056	0
28	Tobacco smoking status	448,341	47,218	0	0	115,835	130,571	137,637		7,453	4,786	4,841
29	Pap test performed at encounter	886,958	52,415	245,813	59,646	215,484	156,029	106,560		16,395	7,933	26,683

		Number of encounters with valid (nonmissing) values										
Data Element	Data element name	All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
31	HPV test performed at encounter	882,567	51,293	245,813	59,646	214,091	156,029	106,179		16,395	6,438	26,683
33	Chlamydia test performed at encounter	939,179	57,631	245,813	83,034	215,484	156,029	130,135		16,395	7,975	26,683
35	Gonorrhea test performed at encounter	938,215	56,729	245,813	83,034	215,484	156,029	130,073		16,395	7,975	26,683
37	HIV test performed at encounter	931,561	52,762	245,813	83,034	215,484	156,029	127,386		16,395	7,975	26,683
39	Syphilis test performed at encounter	929,906	51,186	245,813	83,034	215,484	156,029	127,307		16,395	7,975	26,683
41	Do you want to talk about contraception or pregnancy prevention during your visit today	176,221	3,181	0	0	0	84,166	73,799		6,421	3,813	4,841
42	Sexual orientation	330,730	40,070	0	16,501	132,710	82,297	51,805		0	7,347	0
43	Gender identity	270,908	40,070	0	2,162	109,727	65,931	47,208		0	5,810	0

^a Visit date is constructed from birth date and visit date. To protect users' privacy, birth date and visit date are not retained.

^b Annual household income (%FPL) is constructed from annual household income and household size (#). To protect users' privacy, annual household income and household size (#) are not retained.

^c Body height and body weight are considered missing if either the numeric values are missing or the units are missing in the encounter data.

FPL = federal poverty level.

Exhibit D.2b. Percentage of reported encounters with nonmissing data by data element and region: 2022

Data element	Data element name	Percentage of encounters with valid (nonmissing) values											
		All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X	
1	Facility identifier	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
2	Attending physician NPI provider	40%	58%	0%	14%	74%	52%	80%		0%	10%	0%	
3	Provider role	83%	100%	98%	36%	96%	90%	99%		100%	14%	100%	
4	Patient identifier	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	
5, 6	Patient age ^a	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	
7	Sex	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	
8	Limited English proficiency	82%	100%	100%	49%	76%	90%	100%		100%	14%	100%	
9	Ethnicity	86%	93%	100%	56%	96%	88%	99%		99%	14%	100%	
10a	Race - American Indian or Alaska Native	85%	100%	100%	43%	96%	90%	100%		100%	14%	100%	
10b	Race - Asian	87%	100%	100%	57%	96%	90%	100%		100%	14%	100%	
10c	Race - Black or African American	87%	100%	100%	57%	96%	90%	100%		100%	14%	100%	
10d	Race - Native Hawaiian or Other Pacific Islander	87%	100%	100%	57%	96%	90%	100%		100%	14%	100%	
10e	Race - White	87%	100%	100%	57%	96%	90%	100%		100%	14%	100%	
10f	Race - Unknown	87%	100%	100%	57%	96%	90%	100%		100%	13%	100%	
11, 12	Annual household income (%FPL) ^b	83%	97%	100%	43%	93%	89%	93%		100%	13%	100%	
13	Insurance coverage type	67%	94%	100%	35%	25%	75%	100%		100%	14%	100%	
14	Payer for visit	76%	100%	100%	35%	62%	84%	100%		100%	13%	100%	
15	Pregnancy status	52%	53%	31%	13%	92%	64%	73%		44%	14%	39%	
16	Pregnancy intention	36%	13%	3%	35%	36%	63%	74%		39%	10%	90%	
17	Contraceptive method at intake reported – at intake	72%	68%	97%	33%	62%	90%	91%		99%	12%	97%	
18	Reason for no contraceptive method use reported – at intake ^c	9%	3%	0%	0%	9%	22%	22%		9%	3%	4%	
19	Contraceptive method at exit reported – at exit	80%	93%	100%	34%	85%	90%	91%		100%	12%	100%	
20	Reason for no contraceptive method use reported – at exit ^c	19%	20%	41%	5%	13%	14%	17%		13%	3%	12%	
21	How contraceptive method was provided	21%	38%	0%	0%	22%	34%	58%		34%	11%	16%	
22	Contraceptive counseling was provided	67%	11%	100%	35%	62%	79%	86%		100%	14%	100%	
23	Counseling to achieve	62%	9%	100%	35%	62%	55%	83%		100%	14%	100%	

Data element	Data element name	Percentage of encounters with valid (nonmissing) values										
		All regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
24	pregnancy was provided Systolic blood pressure	32%	35%	0%	8%	55%	32%	93%		32%	12%	0%
25	Diastolic blood pressure	32%	35%	0%	8%	55%	31%	93%		32%	12%	0%
26	Body height ^d	26%	32%	0%	0%†	53%	32%	54%		32%	11%	0%
27	Body weight ^d	26%	35%	0%	0%†	54%	32%	55%		32%	11%	0%
28	Tobacco smoking status	39%	52%	0%	0%	52%	75%	93%		45%	8%	18%
29	Pap test performed at encounter	77%	58%	100%	35%	96%	90%	72%		100%	14%	100%
31	HPV test performed at encounter	76%	56%	100%	35%	95%	90%	72%		100%	11%	100%
33	Chlamydia test performed at encounter	81%	63%	100%	48%	96%	90%	88%		100%	14%	100%
35	Gonorrhea test performed at encounter	81%	62%	100%	48%	96%	90%	88%		100%	14%	100%
37	HIV test performed at encounter	81%	58%	100%	48%	96%	90%	86%		100%	14%	100%
39	Syphilis test performed at encounter	81%	56%	100%	48%	96%	90%	86%		100%	14%	100%
41	Do you want to talk about contraception or pregnancy prevention during your visit today	15%	4%	0%	0%	0%	49%	50%		39%	7%	18%
42	Sexual orientation	29%	44%	0%	10%	59%	48%	35%		0%	13%	0%
43	Gender identity	23%	44%	0%	1%	49%	38%	32%		0%	10%	0%

^a Visit date is constructed from birth date and visit date. To protect users' privacy, birth date and visit date are not retained.

^b Annual household income (% FPL) is constructed from annual household income and household size (#). To protect users' privacy, annual household income and household size (#) are not retained.

^c The denominator for elements 18 and 20 are the total number of encounters for which no contraceptive method is reported in elements 17 and 19, respectively.

^d Body height and body weight are considered missing if either the numeric values are missing or the units are missing in the encounter data.

FPL = federal poverty level.

ADJUSTMENTS

For the 2023 submission period, the FPAR 2.0 system allowed grantees to adjust the aggregate numbers populated in the FPAR tables from the encounter-level data they uploaded if the aggregate numbers were not consistent with what the grantee expected based on their own calculations. The FPAR 2.0 system tracks the changes made by the grantees to each of the FPAR table elements. **Exhibit D.3a** through **Exhibit D.3i** show the totals of the absolute values of the changes in number of users or encounters that grantees made to the individual FPAR table elements.

In **Table 1** (Unduplicated number of family planning users by age group and sex), grantees added or subtracted a total of 37,118 users to the count of family planning users populated by the system from encounter-level data. Of these, counts of female users were adjusted by 31,925 and counts of male users were adjusted by 5,193. By age group, differences in the adjustments of reported user counts ranged from 1,308 to 9,013 (**Exhibit D.3a**).

In **Table 2** (Unduplicated number of female planning users by race and ethnicity), grantees made a combined adjustment of 111,659 female family planning users. By race, user count adjustments ranged from 291 (Native Hawaiian or Other Pacific Islander) to 63,014 (Unknown/not reported). By ethnicity, adjustments ranged from 27,067 (Hispanic or Latino) to 53,372 (Unknown/not reported) (**Exhibit D.3b**).

In **Table 3** (Unduplicated number of male family planning users by race and ethnicity), grantees made a combined adjustment of 34,261 male family planning users. By race, adjustments ranged from 126 (Native Hawaiian or Other Pacific Islander) to 19,585 (Unknown/not reported). By ethnicity, adjustments ranged from 5,526 (Hispanic or Latino) to 17,784 (Unknown/not reported) (**Exhibit D.3c**).

In **Table 4** (Unduplicated number of family planning users by income level), grantees made a combined adjustment of 119,314 users. By federal poverty guideline percentage, adjustments ranged from 2,637 (201 percent to 250 percent of the federal poverty guideline) to 56,794 (Unknown/not reported) (**Exhibit D.3d**).

In **Table 5** (Unduplicated number of family planning users by principal health insurance coverage status), grantees made a combined adjustment of 683,280 users. By type of insurance, adjustments ranged from 100,512 (private health insurance) to 195,474 (public health insurance) (**Exhibit D.3e**).

In **Table 6** (Unduplicated number of family planning users with limited English proficiency (LEP), grantees made a combined adjustment of 136,402 users. For those with limited English proficiency, there was an adjustment of 14,257 users, whereas for those who are proficient at English, there was an adjustment of 55,905 users (**Exhibit D.3f**).

In **Table 7** (Unduplicated number of female planning users by primary method and age group), grantees made a combined adjustment of 205,150 female family planning users. By type of contraceptive method, the adjustments ranged from 2 (contraceptive sponge) to

59,120 (Unknown/not reported). By age group, the adjustments ranged from 2,608 (younger than 15) to 48,260 (20 to 24) (**Exhibit D.3g**).

In **Table 8** (Unduplicated number of male family planning users by primary method and age group), grantees made a combined adjustment of 23,233 male family planning users. By type of contraceptive method, the adjustments ranged from 14 (FAM) to 8,694 (Unknown/not reported). By age group, the adjustments ranged from 1,079 (younger than 15) to 3,738 (over 44) (**Exhibit D.3h**).

In **Table 9** (Cervical cancer screening activities), grantees made a combined adjustment of 18,522 Pap tests performed. For the number of Pap tests with an ASC or higher result, the adjustment of the populated count was 15,284, whereas the adjustment for the number of Pap tests with an HSIL or higher result was 2,203 (**Exhibit D.3i**).

In **Table 11** (Unduplicated number of family planning users tested for chlamydia by age group and sex), grantees made a combined adjustment of 39,293 female users and 12,016 male users. By age group, the adjustments ranged from 434 (younger than 15) to 21,459 (older than 25) for female users, whereas the adjustments ranged from 159 (younger than 15) to 6,795 (older than 25) (**Exhibit D.3j**).

In **Table 12** (Number of tests for gonorrhea, syphilis, and HIV and number of positive confidential HIV tests), grantees made a combined adjustment of 48,201 gonorrhea tests, 31,810 syphilis tests, and 29,838 confidential HIV tests (**Exhibit D.3k**).

In **Table 13** (Number of full-time equivalent clinical services providers and family planning encounters by type of provider), grantees made a combined adjustment of 461,243 encounters. For clinical services providers, there was an adjustment of 281,650 encounters reported; for other services providers, there was an adjustment of 179,593 encounters (**Exhibit D.3l**).

Exhibit D.3a. Total adjustments of aggregated counts from encounters, Table 1

Age group (years)	Female users	Male users	Total users
Under 15	941	399	1,340
15 to 17	4,363	925	5,288
18 to 19	6,210	972	7,182
20 to 24	7,891	1,122	9,013
25 to 29	1,461	219	1,680
30 to 34	7,120	972	8,092
35 to 39	1,122	191	1,313
40 to 44	1,193	115	1,308
Over 44	1,624	278	1,902
Total users	31,925	5,193	37,118

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3b. Total adjustments of aggregated counts from encounters, Table 2

Race	Hispanic or Latino	Not Hispanic or Latino	Unknown/not reported	Total female users
American Indian or Alaska Native	483	987	253	1,723
Asian	45	505	99	649
Black or African American	527	18,851	1,062	20,440
Native Hawaiian or Other Pacific Islander	156	111	24	291
White	12,768	4,886	1,889	19,543
More than one race	3,530	1,953	516	5,999
Unknown/not reported	9,558	3,927	49,529	63,014
Total female users	27,067	31,220	53,372	111,659

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3c. Total adjustments of aggregated counts from encounters, Table 3

Race	Hispanic or Latino	Not Hispanic or Latino	Unknown/not reported	Total male users
American Indian or Alaska Native	208	247	80	535
Asian	18	144	34	196
Black or African American	151	7,571	502	8,224
Native Hawaiian or Other Pacific Islander	79	34	13	126
White	2,260	1,709	618	4,587
More than one race	549	330	129	1,008
Unknown/not reported	2,261	916	16,408	19,585
Total male users	5,526	10,951	17,784	34,261

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3d. Total adjustments of aggregated counts from encounters, Table 4

Income level as a percentage of the HHS poverty guidelines	Number of users
100% and below	33,181
101% to 105%	8,493
151% to 200%	4,821
201% to 250%	2,637
Over 250%	13,388
Unknown/not reported	56,794
Total users	119,314

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3e. Total adjustments of aggregated counts from encounters, Table 5

Principal health insurance covering primary medical care	Number of users
Public health insurance covering primary medical care	195,474
Private health insurance covering primary medical care	100,512
Uninsured (no public or private health insurance)	192,307
Unknown/not reported	194,987
Total users	683,280

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3f. Total adjustments of aggregated counts from encounters, Table 6

LEP user status	Number of users
LEP users	14,257
Not LEP users	55,905
Unknown/not reported	66,240
Total users	136,402

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3g. Total adjustments of aggregated counts from encounters, Table 7

Primary method	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44	Total female users
Female sterilization	0	2	7	25	96	247	290	315	555	1,537
IUD or IUS	17	300	600	1,502	1,125	1,790	1,005	726	582	7,647
Hormonal implant	83	677	897	1,720	1,158	1,315	682	410	181	7,123
One-month hormonal injection	0	1	0	1	1	1	3	1	10	18
Three-month hormonal injection	209	1,052	1,234	2,059	1,326	1,820	944	710	490	9,844
Oral contraceptive	337	2,404	3,094	5,425	3,549	3,486	1,976	1,349	841	22,461
Contraceptive patch	24	167	215	257	105	163	50	32	20	1,033
Vaginal ring	5	49	85	193	124	197	77	38	17	785
Cervical cap or diaphragm	0	0	2	3	5	10	6	4	0	30
Contraceptive sponge	0	0	0	0	0	1	1	0	0	2
Female condom	4	13	10	16	15	13	5	9	3	88
Any spermicide or non-spermicidal gel (used alone)	0	2	0	17	12	7	6	2	2	48
FAM or LAM	1	19	42	188	175	150	97	38	29	739
Abstinence	670	1,104	549	644	377	442	255	205	432	4,678
Withdrawal or other method	30	188	317	1,004	794	722	405	274	603	4,337
Rely on male method: vasectomy	0	2	4	16	47	77	105	112	112	475
Rely on male method: male condom	75	475	1,722	4,207	4,575	3,869	2,305	1,378	1,229	19,835
No method: Pregnant/seeking pregnancy	89	1,086	2,515	8,633	8,415	6,882	3,671	1,149	146	32,586
No method: Other reason	75	1,594	881	9,378	7,783	4,631	4,204	2,124	2,094	32,764
Unknown/not reported	989	4,685	4,293	12,972	11,753	8,865	6,883	4,560	4,120	59,120
Total female users	2,608	13,820	16,467	48,260	41,435	34,688	22,970	13,436	11,466	205,150

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3h. Total adjustments of aggregated counts from encounters, Table 8

Primary method	Under 15	15 to 17	18 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	Over 44	Total male users
Vasectomy	0	0	1	3	9	20	13	15	28	89
Male condom	59	576	683	1,294	1,050	1,183	502	362	820	6,529
FAM	0	0	0	1	1	1	2	3	6	14
Abstinence	530	868	335	170	61	68	55	31	168	2,286
Withdrawal or other method	9	38	48	125	129	151	70	61	118	749
Rely on female method(s)	0	44	68	224	291	244	223	184	414	1,692
No method: Partner pregnant/seeking pregnancy	0	2	15	60	61	76	32	21	18	285
No method: Other reason	44	175	156	459	419	469	344	251	578	2,895
Unknown/not reported	437	1,364	337	1,376	1,240	939	808	605	1,588	8,694
Total male users	1,079	3,067	1,643	3,712	3,261	3,151	2,049	1,533	3,738	23,233

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3i. Total adjustments of aggregated counts from encounters, Table 9

Screening activity	Number of female users or number of tests
Unduplicated number of female users who obtained a Pap test	17,842
Number of Pap tests performed	18,522
Number of Pap tests with an ASC or higher result	15,284
Number of Pap tests with an HSIL or higher result	2,203

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3j. Total adjustments of aggregated counts from encounters reporting on unduplicated number of users tested for chlamydia, Table 11

Age group (years)	Female users	Male users
Under 15	434	159
15 to 17	3,282	914
18 to 19	4,928	2,137
20 to 24	9,190	2,011
25 and over	21,459	6,795
Total users	39,293	12,016

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3k. Total adjustments of aggregated counts from encounters, Table 12

Test type	Tests for females	Tests for males	Total tests
Gonorrhea	36,307	11,894	48,201
Syphilis	22,532	9,278	31,810
HIV - All confidential tests	21,599	8,239	29,838
HIV - Positive confidential tests			122
HIV - Anonymous tests			454

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

Exhibit D.3l. Total adjustments of aggregated counts from encounters, Table 13

Provider type	Number of family planning encounters
Clinical services providers	281,650
Other services providers	179,593
Total family planning encounters	461,243

Note: Each cell reports the sum of the absolute values of the differences between the counts aggregated by the system from submitted encounter-level data and the adjusted number entered by the grantees for that aggregated table cell.

We can compute the cells that are "not applicable" in Table 13, but because grantees are not given the option to enter numbers in these cells, we do not report adjustments.

LAB TESTS ORDERED AND REPORTED

In encounter-level data, grantees noted whether tests for Pap, HIV, chlamydia, gonorrhea, or syphilis were ordered for a given encounter, and if the subsequent lab results were reported. Of the five different tests, chlamydia tests were ordered most frequently (388,782), with almost as many gonorrhea tests (387,135) ordered. When examining the number of lab results reported per encounter with a test ordered, the highest rates of reported lab results were for syphilis (0.7), with lab results for gonorrhea tests (0.5) and chlamydia tests (0.5) reported somewhat less often.

Exhibit D.4. Number of lab tests ordered and number of lab results reported: 2022

Screening activity	Number of encounters with test ordered	Number of lab results reported	Lab results reported per encounter with test ordered
Pap	92,905	40,959	0.4
HPV	63,315	19,531	0.3
Chlamydia	388,782	196,461	0.5
Gonorrhea	387,135	196,079	0.5
Syphilis	164,125	113,719	0.7

Note: For confidentiality reasons, the ability to link lab results to specific encounters is not preserved in FPAR data. HIV lab results are only stored in aggregation and are therefore absent from this table.

CONCLUSIONS

In 2022, grantees submitted encounter-level data for the first time. Thirty percent of all family planning users were represented through encounter-level data provided. For this submission period, the FPAR 2.0 system allowed missing values for all data elements except for facility identifier, patient identifier, visit date, birth date, and sex. Grantees who submitted encounter-level data were able to determine the demographic information of most family planning users, such as race, ethnicity, annual household income and limited English proficiency. Most family planning users also reported using a contraceptive method; 72 percent and 80 percent of encounters reported contraceptive method at intake and at exit, respectively. As such, data elements dependent on the family planning user not reporting a contraceptive method at intake or at exit were missing from a greater percentage of encounters. These include reason for no contraceptive method use reported at intake and at exit, if the family planning user wanted to talk about contraception or pregnancy prevention during the visit, and how the contraceptive method was provided. Aside from missing values, grantees could also adjust numbers populated by the FPAR 2.0 system if the populated numbers were unexpected and not aligned with their calculations. All tables had some levels of adjustments made.

Going forward, we anticipate an increase in encounter-level reporting for 2023 FPAR data and improved data reporting as grantees continue to work with their subrecipients, service sites, and EHR vendors to improve data collection processes and systems. To support the ongoing transition, we continue to offer technical assistance focused on aligning EHR and data systems with FPAR requirements and improving data collection, especially for data elements that may be more difficult to collect. Finally, encounter-level data collected during this submission period can be used to inform guidelines for aggregation of data and to improve how the system populates numbers so less adjustments are needed.