

Healthy People 2020 Summary of Objectives

Family Planning

Number	Objective Short Title
FP-1	Intended pregnancy
FP-2	Contraceptive failure
FP-3	Emergency contraception available at family planning clinics
FP-4	Health insurance coverage for contraceptive supplies and services
FP-5	Birth spacing
FP-6	Contraceptive use at most recent sexual intercourse
FP-7	Receipt of reproductive health services
FP-8	Adolescent pregnancy
FP-9	Abstinence ages 17 and under
FP-10	Use of condoms for pregnancy prevention and protection against disease
FP-11	Dual method use for pregnancy and disease prevention
FP-12	Adolescent reproductive health education
FP-13	Parent-adolescent communication about reproductive health topics
FP-14	Medicaid eligibility for pregnancy-related care
FP-15	Receipt of publicly supported contraceptive services and supplies

Topic Area: Family Planning

FP-1: Increase the proportion of pregnancies that are intended.

Target: 56 percent.

Baseline: 51.0 percent of all pregnancies were intended, as reported in 2002.

Target setting method: 10 percent improvement.

Data sources: National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System–Nativity (NVSS–N), CDC, NCHS; Abortion Provider Survey (APS), Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.

FP-2: Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.

Target: 9.9 percent.

Baseline: 12.4 percent of females experienced pregnancy despite use of a reversible contraceptive method, as reported in 2002.

Target setting method: Projection/trend analysis.

Data sources: National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Provider Survey (APS), Guttmacher Institute.

FP-3: Increase the proportion of publicly funded family planning clinics that offer the full range of FDA-approved methods of contraception, including emergency contraception, onsite.

FP-3.1 Increase the proportion of publicly funded family planning clinics that offer the full range of FDA-approved methods of contraception onsite.

Target: 47.9 percent.

Baseline: 38.3 percent of publicly funded family planning clinics offered the full range of FDA-approved methods of contraception onsite, as reported in 2003.

Target setting method: Modeling/projection.

Data source: Contraceptive Needs and Services, Guttmacher Institute.

FP-3.2 Increase the proportion of publicly funded family planning clinics that offer emergency contraception onsite.

Target: 87.7 percent.

Baseline: 79.7 percent of publicly funded family planning clinics offered emergency contraception onsite, as reported in 2003.

Target setting method: 10 percent improvement.

Data source: Contraceptive Needs and Services, Guttmacher Institute.

FP-4: (Developmental) Increase the proportion of health insurance plans that cover contraceptive supplies and services.

Potential data source: Guttmacher Institute.

FP-5: Reduce the proportion of pregnancies conceived within 18 months of a previous birth.

Target: 31.7 percent.

Baseline: 35.3 percent of pregnancies were conceived within 18 months of a previous birth, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP-6: Increase the proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourse.

Target: 91.3 percent.

Baseline: 83.0 percent of females at risk of unintended pregnancy or their partners used contraception at most recent sexual intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP-7: Increase the proportion of sexually experienced persons who received reproductive health services.

FP-7.1 Increase the proportion of sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months.

Target: 86.5 percent.

Baseline: 78.6 percent of sexually experienced females aged 15 to 44 years received reproductive health services in the past 12 months, as reported in 2006–10.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–7.2 Increase the proportion of sexually experienced males aged 15 to 44 years who received reproductive health services.

Target: 16.4 percent.

Baseline: 14.9 percent of sexually active males aged 15 to 44 years received reproductive health services in the past 12 months, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–8: Reduce pregnancies among adolescent females.

FP–8.1 Reduce pregnancies among adolescent females aged 15 to 17 years.

Target: 36.2 pregnancies per 1,000.

Baseline: 40.2 pregnancies per 1,000 females aged 15 to 17 years occurred in 2005.

Target setting method: 10 percent improvement.

Data sources: Abortion Provider Survey (APS), Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP; National Vital Statistics System–Nativity (NVSS–N), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS.

FP–8.2 Reduce the pregnancies among adolescent females aged 18 to 19 years.

Target: 105.9 pregnancies per 1,000.

Baseline: 117.7 pregnancies per 1,000 females aged 18 to 19 years occurred in 2005.

Target setting method: 10 percent improvement.

Data sources: Abortion Provider Survey (APS), Guttmacher Institute; National Vital Statistics System–Nativity (NVSS–N), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Surveillance Data, CDC, NCCDPHP.

FP–9: Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse.

FP–9.1 Increase the proportion of female adolescents aged 15 to 17 years who have never had sexual intercourse.

Target: 79.3 percent.

Baseline: 72.1 percent of female adolescents aged 15 to 17 years reported they had never had sexual intercourse in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.2 Increase the proportion of male adolescents aged 15 to 17 years who have never had sexual intercourse.

Target: 78.3 percent.

Baseline: 71.2 percent of male adolescents aged 15 to 17 years reported they had never had sexual intercourse in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.3 Increase the proportion of female adolescents aged 15 years and under who had never had sexual intercourse.

Target: 91.2 percent.

Baseline: 82.9 percent of female adolescents aged 15 years and under had never had sexual intercourse, in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–9.4 Increase the proportion of male adolescents aged 15 years and under who had never had sexual intercourse.

Target: 90.2 percent.

Baseline: 82.0 percent of male adolescents aged 15 years and under had never had sexual intercourse, in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC.

FP–10: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease.

FP–10.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at first intercourse.

Target: 73.6 percent.

Baseline: 66.9 percent of sexually active females aged 15 to 19 years used a condom at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC.

FP–10.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at first intercourse.

Target: 88.6 percent.

Baseline: 80.6 percent of sexually active males aged 15 to 19 years used a condom at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–10.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom at last intercourse.

Target: 58.1 percent.

Baseline: 52.8 percent of sexually active females aged 15 to 19 years used a condom at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–10.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom at last intercourse.

Target: 85.7 percent.

Baseline: 77.9 percent of sexually active males aged 15 to 19 years used a condom at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease.

FP–11.1 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse.

Target: 14.8 percent.

Baseline: 13.4 percent of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine contraception at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.2 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse.

Target: 19.9 percent.

Baseline: 18.1 percent of sexually active males aged 15 to 19 years used a condom and hormonal or intrauterine contraception at first intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.3 Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse.

Target: 20.2 percent.

Baseline: 18.4 percent of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine contraception at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–11.4 Increase the proportion of sexually active males aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse.

Target: 36.3 percent.

Baseline: 33.0 of sexually active males aged 15 to 19 years used a condom and hormonal or intrauterine contraception at last intercourse, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12: Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old.

FP–12.1 Increase the proportion of female adolescents who received formal instruction on abstinence before they were 18 years old females.

Target: 95.9 percent.

Baseline: 87.2 percent of female adolescents received formal instruction on how to say no to sex before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.2 Increase the proportion of male adolescents who received formal instruction on abstinence before they were 18 years old.

Target: 89.2 percent.

Baseline: 81.1 percent of male adolescents received formal instruction on how to say no to sex before they were 18 years old in 2002, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.3 Increase the proportion of female adolescents who received formal instruction on birth control methods before they were 18 years old.

Target: 76.4 percent.

Baseline: 69.5 percent of females received formal instruction on birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.4 Increase the proportion of male adolescents who received formal instruction on birth control methods before they were 18 years old.

Target: 68.1 percent.

Baseline: 61.9 percent of males received formal instruction on birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.5 Increase the proportion of female adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old.

Target: 97.2 percent.

Baseline: 88.3 percent of females received formal instruction on HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.6 Increase the proportion of male adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old.

Target: 97.9 percent.

Baseline: 89.0 percent of males received formal instruction on HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.7 Increase the proportion of female adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old

Target: 95.2 percent.

Baseline: 93.2 percent of females received formal instruction on sexually transmitted disease prevention methods before they were 18 years old, as reported in 2006–08.

Target setting method: 2 percentage point improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–12.8 Increase the proportion of male adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old.

Target: 94.2 percent.

Baseline: 92.2 percent of males received formal instruction on sexually transmitted disease prevention methods before they were 18 years old, as reported in 2006–08.

Target setting method: 2 percentage point improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13: Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old.

FP–13.1 Increase the proportion of female adolescents who talked to a parent or guardian about abstinence before they were 18 years old.

Target: 69.4 percent.

Baseline: 63.1 percent of female adolescents talked with a parent or guardian about how to say no to sex before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.2 Increase the proportion of male adolescents who talked to a parent or guardian about abstinence before they were 18 years old.

Target: 45.9 percent.

Baseline: 41.8 percent of male adolescents talked to a parent or guardian about how to say no to sex before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.3. Increase the proportion of female adolescents who talked to a parent or guardian about birth control methods before they were 18 years old.

Target: 55.6 percent.

Baseline: 50.5 percent of female adolescents talked to a parent or guardian about birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.4 Increase the proportion of male adolescents who talked to a parent or guardian about birth control methods before they were 18 years old.

Target: 33.6 percent.

Baseline: 30.6 percent of male adolescents talked to a parent or guardian about birth control methods before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.5 Increase the proportion of female adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old.

Target: 60.7 percent.

Baseline: 55.2 percent of female adolescents talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.6 Increase the proportion of female adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old.

Target: 54.3 percent.

Baseline: 49.3 percent of male adolescents talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.7 Increase the proportion of female adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old.

Target: 60.7 percent.

Baseline: 55.2 percent of female adolescents talked to a parent or guardian about sexually transmitted diseases before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–13.8 Increase the proportion of male adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old.

Target: 42.3 percent.

Baseline: 38.5 percent of male adolescents talked to a parent or guardian about sexually transmitted diseases before they were 18 years old, as reported in 2006–08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

FP–14: Increase the number of States that set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care.

Target: 32 States.

Baseline: 21 States set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered, pregnancy-related care in 2010.

Target setting method: Projection/trend analysis.

Data sources: State Medicaid Family Planning Eligibility Expansions—national, State-based data (includes data for all 50 States), Guttmacher Institute; State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute; Medicaid Income Eligibility Levels for Pregnant Women, Kaiser Family Foundation (KFF)—national, State-based data (includes data for all 50 States).

FP–15: Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.

Target: 64.5 percent.

Baseline: 53.8 percent of females in need of publicly supported contraceptive services and supplies reported receiving those services and supplies in 2006.

Target setting method: Projection/trend analysis.

Data source: Contraceptive Needs and Services, Guttmacher Institute.