

# **Development of the National Inventory of Family Planning Services United States**

A description of the development of the National Inventory of Family Planning Services, which is the first comprehensive listing of all family planning service sites in the United States. Describes the phases of development and the procedures and results of the first national survey.

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### SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05---	0.0

# DEVELOPMENT OF THE NATIONAL INVENTORY OF FAMILY PLANNING SERVICES

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## INTRODUCTION

Population control is not an idea new to the twentieth century. Much of human history has been concerned with man's struggle for food, clothing and shelter which would secure for him a position on earth which will enable him to live above the level of animals. Although such natural calamities as famine, disease, and flood, however undesirable, have acted as checks on the world's population, people have, nevertheless, sought artificial ways to limit their reproduction since primitive times. In fact, birth control in some form has been attempted for at least several thousand years.

Yet in spite of its historical background, the subject of contraception has invoked struggles, crusades, moral dilemmas, and social problems for generations of people. When in 1798 the English economist Thomas R. Malthus wrote the now famous "An Essay on the Principle of Population," he set in motion a controversy that has raged ever since. To Malthus, population when unchecked increases in a geometric ratio; that is, an exponential increase in population occurs amidst resources and production which are inherently limited and expand only arithmetically. Therefore, war, famine, and disease are necessary balances to a system which unchecked could only lead to disaster. Later when Malthus himself accepted a fourth deterrent to the potential disaster of uncontrolled population growth—moral restraint—the seeds for the birth of the population control movement were firmly planted.

While Malthusian predictions did not occur, his theory served as a catalyst. Thus, it is not surprising that the founder of the modern birth control movement was an Englishman. The father of 15 children, Francis Place began distributing handbills advising the use of contraceptives in the 1820's.

The American birth control movement, begun between 1828 and 1832 by Robert Dale Owen and Dr. Charles Knowlton, followed on the heels of the English movement and used its momentum. Their work in that period of American history caused such an uproar that the U.S. Congress in 1873 passed the Comstock Law which prohibited the mail distribution of contraceptive

information on the grounds that it was obscene literature. But this legislation only temporarily halted the birth control movement, for in the early 1900's Margaret Sanger, a nurse working with poverty-stricken mothers on the lower East Side of New York, made this movement her personal crusade. Her daily encounters with the problems of the ghettos led her to believe that the:

sexual drive (was) the central force in humanity (and) the moral, psychological, economic and social health of the nation depended on the adequate control of its procreative dimension. Its control . . . (was) the key to the maintenance of civilization.<sup>a</sup>

In 1914 Mrs. Sanger led a group of feminists in founding the Voluntary Parenthood League, the forerunner of Planned Parenthood-World Population, the national voluntary family planning organization. In 1916 Mrs. Sanger was responsible for the opening of a birth control clinic in a Brooklyn slum, the first such clinic in operation in the United States. Undaunted by numerous imprisonments and the closing of the clinic as a "public nuisance," her continued work in repealing anticontraception laws, organizing family planning conferences, and opening new clinics assured family planning a prominent place in the national consciousness.

The firm conviction of Margaret Sanger's in the necessity of such programs culminated in her work with Rama Rau of India, which led to the founding in 1952 of the International Planned Parenthood Federation.

But the expansion of family planning services in the United States was slow to gain momentum. In its 1959 policy statement, the American Public Health Association urged that "federal, State, and local governments in the United States include family planning as an integral part of their health programs, provide funds and personnel for that purpose, and insure

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<sup>a</sup>Yates, Wilson: *Family Planning on a Crowded Planet*. Minneapolis. Augsburg Publishing House, 1971. p. 51.

such freedom of choice of methods that persons of all faiths have equal opportunities to exercise their choice without offense to their consciences." Despite this encouragement as well as the work started by Margaret Sanger and her followers, there was little government interest in the field of family planning until the mid-1960's. Both Federal and State governments were inhibited from acting in this important area because of the fear of antagonizing religious and political groups.

Thus, family planning as a concern of the Federal government has a remarkably short history. While the government during the Kennedy administration was engaged in research on human reproduction and contraception, it was not until the Johnson administration that there was full support for family planning, including the allotment of Federal funds for the first national-scope birth control programs.

President Johnson first brought to the forefront his support for family planning in his "Message on International Education and Health" of February 2, 1966, in which he stated that:

The growing gap—between food to eat and mouths to feed—poses one of mankind's greatest challenges. It threatens the dignity of the individual and the sanctity of the family.<sup>b</sup>

The following month, in a "Special Message to Congress on Health and Education," he said that:

We have a growing concern to foster the integrity of the family and the opportunity for each child. It is essential that all families have access to information and services that will allow freedom to choose the number and spacing of their children within the dictates of individual conscience.<sup>c</sup>

These efforts outlined in his speech of March 1, 1966, included substantial budget allocations to fund study, training, and services in family planning and research on reproduction, and served as an impetus for a growing national interest in the family planning area.

During the last decade, public opinion in the United States has grown to recognize that family planning is vital to the individual and national health and well-being. From a time just twenty years ago when it was common to provoke acrimonious debate over the socioeconomic as well as the moral issues involved in family planning, the concept today is almost universally accepted, tacitly or officially, as a sensible approach to the population problem.

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<sup>b</sup>Cohen, Wilbur J.: Family planning: One aspect of freedom to choose. *Health Education, and Welfare Indicators*, June 1966. Washington. U. S. Department of Health, Education, and Welfare, Office of the Secretary, p. 3.

<sup>c</sup>Cohen, Wilbur J.: Family planning: One aspect of freedom to choose. *Health Education, and Welfare Indicators*, June 1966. Washington. U. S. Department of Health, Education and Welfare, Office of the Secretary, p. 4.

What then is the focus of the family planning movement today? The principal challenge of family planners has been:

to assist in devising acceptable ways for men and women to control their procreative abilities and to order their lives in more meaningful patterns. . . . It is not just a clinical and biological problem; it is also social, political, economic and moral. The deepest vein of the population issue is man and his relation to himself, his control of himself and his will to determine the qualitative and quantitative lives of those he creates.<sup>d</sup>

In fulfilling this challenge, the primary concern of the family planning movement as it has evolved has been to stress the welfare of the family and the advantages of well-spaced and limited numbers of children. The movement is above all familistic, stressing the rights of parents to have the number of children they want, as exemplified by "Children by choice, not by chance," the slogan of the Planned Parenthood Organization.

While the emphasis on voluntary family planning as a health measure of considerable significance for both the individual family and the community is readily accepted, the interest of public welfare departments has also focused attention on the added dimension of family planning as a social measure, since the availability of family planning services is a crucial part of community efforts to reduce poverty and dependency.

The support of the U.S. Federal and State governments for family planning and contraception served as a powerful impetus to the proliferation of important new programs in the mid-1960's. This rapid expansion of family planning programs brought to the forefront the need for, and lack of, accurate and current information on the nature and extent of family planning services provided by public and private programs and the extent to which the total need for subsidized services was being met. It was in such an atmosphere that the National Family Planning Services Data Collection System was conceived as an answer to the legislative requirements and responsibilities imposed by the newly created Federal programs in this area.

On December 24, 1970, the "Family Planning Services and Population Research Act of 1970" (Public Law 91-572) was signed into being. This law put into effect programs for providing family planning services to many who desired them but would not otherwise have been able to afford them. The passage of this act and the

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<sup>d</sup>Cooper, John A. D., M.D., Ph.D., Foreward, *The Journal of Medical Education*. Vol. 44, No. 11 (November, 1969). p. vi.

influx of Federal funds led to the rapid increase in the number of new family planning programs. As new programs were begun, it became apparent that there was no method of aggregating information from these programs to gain an overview of the extent to which they were meeting the public's needs. Several attempts were made by individual States and programs to collect such data, but without standardization of definitions, services, and so forth, it was impossible to evaluate this information. In addition, many facilities that offered family planning services were not participants in programs organized specifically to provide family planning services. These facilities provided comprehensive care or some type of specialty care of which family planning services were only a segment. Information on these facilities and their services was sorely lacking.

Primary responsibility for the methodological development and actual implementation of a national data collection system was assigned to the National Center for Health Statistics (NCHS), part of the U.S. Department of Health, Education, and Welfare. The system when fully developed would consist of three key data

collection mechanisms: the National Reporting System for Family Planning Services, the National Inventory of Family Planning Services, and Special Studies, as required.

The National Reporting System<sup>e</sup> began operation in January 1972, and collects data on the patients receiving services at most publicly funded clinics, most Planned Parenthood-World Population affiliates, and those other public and private organizations which choose to participate in the system. The National Reporting System, however, does not maintain a comprehensive listing of all family planning facilities nationwide.

This report concerns the development of the National Inventory of Family Planning Services. The National Inventory is a comprehensive listing of *all* facilities in the United States, both public and private, that provide some type of family planning services—whether medical or nonmedical. (These terms are defined on page 4.) The National Inventory is the first comprehensive national listing of family planning service sites and the first expansion of the Master Facility Inventory (MFI)<sup>f</sup> into the out-patient area.

## DEVELOPMENT OF THE NATIONAL INVENTORY OF FAMILY PLANNING SERVICES

Three basic steps or phases were performed in the development of the National Inventory. First, it was necessary to determine which facilities would fall within the scope of the coverage of (i.e., would be included in) the National Inventory. Second, an extensive effort was required to establish the universe, which is the complete list of facilities included in the National Inventory. This step involved identifying all the agencies and organizations that would have listings of family planning facilities, obtaining these listings, and using both manual and computer matching procedures to process out duplications to acquire the initial universe of family planning facilities. Third, the questionnaire to be used in surveying the universe facilities had to be developed. After

completion of these basic steps, the National Inventory universe was surveyed in the first of the annual surveys to be performed.

### COVERAGE OF THE NATIONAL INVENTORY

The National Inventory includes all facilities (except private physicians' offices) that either

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<sup>e</sup>Haupt, Barbara J.: The national reporting system for family planning services. *Health Services Reports* 88(7):637-639, Aug.-Sept. 1973.

<sup>f</sup>National Center for Health Statistics: Development and maintenance of a national inventory of hospitals and institutions. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1—No. 3. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1965.

directly provide medical family planning services or serve as referral or contributor agencies, thus providing nonmedical family planning services. In order to classify facilities, the following definitions were used for the National Inventory:

1. *Family planning services* are those medical, social, and educational services that provide the means which enable individuals to meet their family planning objectives.
2. *Medical family planning services* refer to the following services provided by a physician, nurse-midwife, registered nurse, or other authorized personnel: medical history; physical examinations; laboratory testing; testing, consultation, and treatment, including continuing medical supervision; issuance of drugs and contraceptive supplies; and appropriate medical referral when indicated.
3. *Nonmedical family planning services* are those social or educational services such as outreach or the provision of transportation or babysitting, that are provided to enable a person to attend a family planning clinic or to otherwise obtain medical family planning services. Nonmedical services also include referral of patients to other sites for medical family planning services; furnishing space, equipment, and/or staff to others who provide medical family planning services; or contracting with or paying others for the provision of medical family planning services.
4. A *clinic or service site* is a place or facility at which any family planning services are provided on a regularly scheduled basis. It may be a hospital, health center, mobile unit, free-standing site, church, or storefront. For mobile units, each stop is considered a clinic location. Physicians' offices are considered clinic locations only when there is a formal relationship with some project or agency which is responsible for providing family planning services. Physicians, nurses, volunteers, etc., who make

home visits for the purpose of delivering a family planning service should count their home base of operations as the clinic location.

5. A *family planning project* is the organization or agency responsible for supervising or conducting the day-to-day operation of the service site. It may be a hospital, county or local health department, Planned Parenthood organization, or one of numerous other organizations.
6. A *family planning patient* is a client who meets one of the following conditions during her/his visit:
  - a. The client is provided a method of contraception by the clinic;
  - b. The client receives contraceptive, infertility, or sterilization counseling in conjunction with a medical service which is not VD or pregnancy testing.

## ESTABLISHING THE UNIVERSE

The search for sources to be used in developing the universe was initiated in early 1972. Because this was the first time a national listing was being compiled, it was decided to utilize a very broad base for determination of inclusion in the National Inventory. For example, the universe was to include institutions that offer services exclusively to their patients, residents, or students, as well as those that provide services to the general public. While the former facilities serve only a narrow segment of the overall population, they were included because it was felt that having a broad coverage which could be narrowed if desired at a later date would be a better initial approach. In addition, facilities providing only minimal family planning services were retained for the universe. Again, it was felt that it was preferable to narrow the criteria for inclusion in the universe in the future, if desired, rather than create the necessity of redeveloping the entire universe in order to broaden its scope.

Development of the universe continued throughout 1972 and 1973, and involved contacting all possible sources that might have

listings, directories, etc., of family planning service sites. These included Federal, State, and local government agencies, national organizations, and private agencies. Among the numerous sources contacted during this period were:

1. The National Reporting System for Family Planning Services (NRSFPS)
2. Community Health Service, DHEW
3. Regional Medical Programs, DHEW
4. Indian Health Service, DHEW
5. Maternal and Child Health Service, DHEW
6. The Master Facility Inventory (MFI)
7. Planned Parenthood-World Population
8. Health Maintenance Organizations
9. HUD Model Cities Program
10. Office of Economic Opportunity
11. O'Champus (Department of Defense Civilian Health and Medical Programs for the Uniformed Services)
12. Office of Education
13. All county health and welfare departments
14. All State health departments
15. American Association of Medical Clinics
16. American Fertility Society
17. Association for Voluntary Sterilization
18. Twenty-five religious bodies:
  - African Methodist Episcopal Church
  - African Methodist Episcopal Zion Church
  - American Baptist Association
  - American Baptist Convention
  - The American Catholic Church
  - American Lutheran Church
  - Assemblies of God
  - Christian Church (Disciples of God)
  - Church of God
  - Church of Nazarene
  - Churches of Christ
  - The Episcopal Church
  - Jehovah's Witnesses
  - Jewish Congregations—Synagogue Council of America
  - Lutheran Church in America
  - The Lutheran Church—Missouri Synod
  - National Baptist Convention of America
  - National Baptist Convention, USA, Inc.

Presbyterian Church in the United States  
 The Roman Catholic Church—National  
 Conference of Catholic Bishops  
 Seventh-day Adventists  
 Southern Baptist Convention  
 United Church of Christ  
 The United Methodist Church  
 The United Presbyterian Church in the  
 United States

Contacts were made with sources through personal visits if possible and by mail if personal visits could not be performed. For the Federal Government sources and sources whose offices are in the metropolitan Washington, D.C., area, contacts were primarily made through personal visits. The remaining sources were contacted by direct mail correspondence.

In addition to these methods of contact, two specialized inquiries were made. In January 1973, the administrators of 4,573 custodial and remedial care facilities identified from the Master Facility Inventory were sent a one-page letter inquiring as to whether they provided family planning services to their residents. Facilities which did not respond after 3 weeks received a followup letter. A total of 4,027 facilities (88.1 percent) responded, of which 792 (17.3 percent) provided family planning services and 3,235 (70.7 percent) did not. A total of 546 facilities (11.9 percent) did not respond. Those facilities providing services were retained for the universe, while those not providing services were deleted from the universe, but retained on another nonprovider file for recontact in the future.

Also early in 1973, 2,984 colleges and universities, selected from the Office of Education's 1972-73 Education Directory,<sup>g</sup> were contacted with a similar letter. Again, nonresponding institutions received a followup letter after 3 weeks. A total of 2,753 institutions (92.3 percent) responded, of which 578 (19.4 percent) provided family planning services and 2,175 (72.9 percent) did not. A total of 231 institutions (7.7 percent) did not respond. As with the

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<sup>g</sup>Office of Education, National Center for Educational Statistics: *Education Directory, 1972-73, Higher Education*. DHEW Pub. No. (OE) 73-11404. Washington. U.S. Government Printing Office, Dec. 1972.

MFI facilities, positive replies were retained for the universe and nonproviders were placed on the nonprovider file previously created.

The listings, directories, forms, etc., received from the sources and the separate Master Facility Inventory and college mailings were all keypunched and put onto computer tape. Printouts were then generated, which were clerically matched to remove duplicates, to yield a total initial universe of 14,524 service sites by the spring of 1973. At the end of the summer of 1973, the universe had been further revised to include 10,577 facilities.

In reducing the universe by nearly 4,000 facilities, both manual and machine or computer matching were performed to identify duplicate listings. Cases of obvious duplication, where the name and address of two facilities were exactly the same, were handled by deleting one of the facilities. In instances where two facilities with similar names were listed at the same street address, or where two facilities with the same name had different street addresses, telephone calls were made or letters sent to verify the existence of one or both facilities. Any indication that two facilities listed might be the same site was followed-up by a letter or telephone call.

As a final effort at cleaning the universe before the first annual survey entered the field, a letter mailing to each of these potential providers on the universe was conducted in October 1973. This letter mailing served three purposes: 1) confirmation of the fact that family planning services were provided, 2) confirmation of the facility's address to reduce the problem of postmaster returns during the full survey, and 3) obtaining and/or verifying the name and actual location of all service sites operated by a project. In conducting this letter survey, an initial mailing and two followup mailings were sent, with a third followup to nonrespondents by telephone. A 95-percent response was obtained from these facilities. As a result of this letter mailing the universe was further revised to now include 10,321 facilities—5,857 presumed providers of medical family planning services and 4,464 presumed providers of nonmedical family planning services. Any nonproviders identified through this mailing were placed on

the file with those previously identified. This universe of 10,321 was finalized early in 1974 and was the basis of the first annual survey conducted later in the year.

## QUESTIONNAIRE DEVELOPMENT

While the universe was being compiled, work was simultaneously being performed on developing the questionnaires to be used in the future surveys of the National Inventory. In developing the questionnaires for the pretest survey, a main concern was the need, availability, and usefulness of the information to be collected. Two questionnaires were designed to collect information on both the service site level (the clinic record) and the project level (the project record). The development of these questionnaires was performed with the cooperation and consultation of numerous family planning experts both in and out of the government.

In August of 1971, draft questionnaires were sent to these experts for their comments (see appendix I for a list of these persons). The comments received were reviewed and incorporated into revised questionnaires, which were again sent for comments in the summer of 1972. While these revised versions were being reviewed, staff members at NCHS conducted personal visits to directors of family planning clinics within the metropolitan Washington area. The purpose of these visits was to obtain opinions and comments on the feasibility and appropriateness of the questions and the accessibility of the information being requested. Based on these interviews, the written comments received, and meetings with Planned Parenthood Federation staff members, final revisions were made to the questionnaires in preparation for the pretest.

Throughout the development of the questionnaires, there was extensive cooperation between NCHS and the Planned Parenthood Federation. Numerous meetings were held to discuss the National Inventory and its goals. Planned Parenthood had previously performed surveys of the family planning clinics known to them, and these questionnaires were reviewed for possible input into the design of the questionnaires for the National Inventory. Because of their long-standing and deep involvement in the family

planning field, Planned Parenthood personnel were able to identify questions which could potentially pose problems to the clarity and validity of the questionnaire. With this insight and the comments of the other family planning experts, several questions were revised prior to the pretest.

The pretest survey was conducted in the spring and summer of 1973, with the cooperation of the Planned Parenthood Federation. Selection of the sample of 505 clinics was performed by Planned Parenthood. No attempt was made to select a true representative sample from the universe. The prime criterion for sample selection was nonparticipation in an automated reporting system. (An automated reporting system involves a central agency which collects raw data from participating service sites and then reports this information to other agencies requiring it.) Since the purpose of the pretest was to determine whether responses to the questions could be easily obtained, it was necessary to select facilities that maintained their own records. Although this was not a representative sample, it was selected to assure a cross section of all types of public and private facilities to identify any problems in responding which may be inherent to them. An initial mailing, two followup mailings, and a telephone followup were made. A total of 476 facilities, or 94.3 percent, responded to the pretest survey. Table A shows the number and percent of facilities responding by each contact step.

A contract was awarded in July 1973 to Applied Management Sciences to prepare tabulations of the pretest data, to provide assistance in

the revision of the questionnaire, to finalize the universe, and to conduct the 1974 annual survey. This contract ended with the completion of tabulations of the 1974 survey data in December 1974. The National Center for Health Statistics used the results of the pretest solely for revision of the questionnaire; NCHS published no data reports. Copies of each questionnaire were sent to Planned Parenthood, however, for utilization in segments of the analyses being performed by them for the annual update of the department's Five-Year Plan for Family Planning Services for the National Center for Family Planning Services. Planned Parenthood also assisted NCHS by performing telephone verifications to responding facilities which did not provide complete information.

During the pretest several problems were identified which concerned use of the project—as opposed to the service site—as the basis for the National Inventory surveys. Among these problems were the following:

1. The fact that the project, as the administrative headquarters, is often in a separate location than the clinic poses the potential problem of double reporting. It is difficult to unduplicate listings and identify clinics which are reported by more than one project because of multioperational or funding arrangements.
2. A project may simply be a level of aggregation of data. For example, it was discovered on the pretest that among facilities being counted as family planning projects

Table A. Number and percent of facilities responding during each step of the pretest survey: National Inventory of Family Planning Services, 1973

Request stage	Total number of facilities surveyed	Facilities responding	
		Cumulative number responding as of request stage	Cumulative percent of total surveyed
Initial mailout .....	505	...	...
First followup .....	335	170	33.7
Second followup .....	149	356	70.5
Telephone followup .....	94	411	81.4
Final total .....	...	476	94.3

were places which in fact were mere "sub-totals" of various county health departments which report to a larger administrative unit; one example of such an arrangement is the Central Shenandoah Health Planning District. In the pretest it was discovered that even "clinic" reports on the NRSFPS could actually represent several different county health departments.

3. On the other hand, several projects being identified as separate entities are in actuality operationally aggregated. Therefore, when pretest survey questionnaires were mailed to each project, one project record form was selected arbitrarily to represent the entire interrelated group, and each individual project was reported as a clinic on a separate clinic record form. Needless to say, this caused havoc with the survey receipt control system, since those which appeared to be nonrespondent projects (the outstanding project record forms) were in actuality respondents who had submitted clinic record forms.

4. Data on staff which are gathered at the project level do not provide an adequate picture of clinic operations. In a large project, clinic staffing could vary a great deal. Staff should be collected at the clinic level so that patient load/personnel-type ratios can be calculated for each clinic.

5. The problem of identifying new family planning facilities is greater when projects are the basis of the survey rather than clinics. With a project listing rather than the actual service sites as the basis of the survey, it is conceivable that a project could be deleted from the universe tape at one stage (e.g., identified as a clinic), and added at a later stage when checking the universe against newly identified facilities.

6. Matching published family planning facilities listings such as those put out by the District of Columbia and the Greater Los Angeles Regional Family Planning Council

against the NCHS universe file is currently virtually impossible. This is due to the fact that such listings identify service sites, i.e., clinics, and are user oriented, while the Center's family planning program as currently organized is based on the project and is administratively oriented.

7. Many so-called "projects" are in actuality clinics; that is, they are not the principal administrative bodies of the organized family planning programs for which information is being sought. In such cases, the pretest questionnaire was forwarded to the administrative headquarters where the required forms were completed for both the original addressee (which was in the sample) and all other "clinics" for which the headquarters unit was administratively or operationally responsible. Since both this headquarters agency and the additional clinics it reports can be on the universe listing, the danger of duplication of patients abounds.

Most of these problems encountered were resolved by the time the full survey was conducted, through redesign of the survey to obtain data from the clinic level. After reviewing the results of the pretest it was felt that to obtain useful information, the emphasis must be placed on the facility actually providing services to patients. This decision resulted in the merging of the two pretest questionnaires into one survey questionnaire directed at the clinic level.

A national meeting was then held in October 1973, attended by technical advisers from Federal, State, and local agencies. (See appendix II for list of participants.) The purpose of this meeting was to discuss the revised questionnaire as well as several methodological aspects of the National Inventory coverage. Included among the items for discussion were:

1. Should the Inventory include just those facilities that provide medical family planning services?

2. Should the Inventory include inpatient facilities that provide family planning serv-

ices only to their residents (e.g., homes for the mentally retarded)?

3. Should the Inventory include those facilities that only *participate* in the provision of family planning services, such as:

- a. referral agencies or "umbrella" agencies?
- b. facilities such as hospitals that only donate space to another family planning agency?
- c. agencies that contract with private physicians to provide family planning services for their clients?

d. locations that subsidize family planning services elsewhere?

4. Should a classification scheme be established for clinics, outlining some key services which must be provided before a service site can be considered a true family planning clinic?

Based upon the comments of the attendees, the survey questionnaire, definitions, and procedures to be used in the first national survey were reviewed and revised, when necessary, into their final format.

## THE FIRST ANNUAL SURVEY OF THE NATIONAL INVENTORY OF FAMILY PLANNING SERVICES

### PROCEDURES

#### Mailouts

In April 1974, the first survey of the universe of the National Inventory was initiated to collect data on calendar year 1973. The questionnaire, which now centered only on the actual service site for its data, was mailed to the 5,857 providers of medical family planning services and the 4,464 providers of nonmedical family planning services. To facilitate the mailing and receipt control processes, the projects which operated these service sites were used as intermediaries in the distribution of the questionnaires, but no information was requested on the projects themselves. The questionnaires for all service sites of one project were labeled, packaged, and mailed to the project for distribution to the service sites or for completion by the project's office if desired. It was requested that the questionnaires be returned to the project for collection and subsequent mailing to NCHS. In some instances, the office of a State family planning program requested NCHS to send all questionnaires for that State through that office, and every effort was made to comply with such requests.

Data collection and processing for this first survey, or census, of the National Inventory was performed by an independent contractor, as mentioned previously. The data collection process extended from April through August and consisted of an initial mailing, two followup mailings, and a final telephone followup to nonrespondents. Table B illustrates the timing of the mailings and the number of questionnaires sent in each mailing.

As the universe included both medical and nonmedical providers, each type of provider was handled separately in the mailing process, as follows:

*Medical providers.*—It was decided that the mailing of questionnaires for these medical providers would follow the project/clinic concept set up during the universe development. The questionnaires for medical clinics operated by an organization or agency (i.e., "project") would be grouped together and mailed to the project. Each questionnaire would have an identifying label. The project would then be responsible for completing the forms at its headquarters or distributing the forms to the individual clinic sites for completion. It was also requested that all questionnaires sent in this manner be returned by the clinics to the project

Table B. Number and percent of facilities responding during each step of the first annual survey: National Inventory of Family Planning Services, 1974

Date	Total number of facilities contacted	Facilities responding	
		Cumulative number responding to date	Cumulative percent of total contacted
Initial mail: May 8, 1974 .....	10,321	...	...
First followup: June 5, 1974 .....	6,790	3,531	34.2
Second followup: June 20, 1974 .....	4,709	5,612	54.4
Telephone followup: July 20, 1974 .....	<sup>1</sup> 568	7,726	74.9
Total received .....	...	8,980	87.0
Total unusable (out-of-business, out-of-scope, PMR, etc.) .....	...	910	8.8
Additional facilities identified:			
Respondents .....	...	100	...
Nonrespondents .....	...	270	...

<sup>1</sup> Telephone followup to nonrespondents was conducted with the projects, not the individual medical clinics. This was necessitated by the fact that the projects functioned as intermediaries in the mailing process.

for subsequent return to the contractor. In this way, receipt control of the individual forms could be facilitated. Nine States—Arkansas, Colorado, Louisiana, Michigan, Oklahoma, Rhode Island, Tennessee, Washington, and West Virginia—requested that all medical provider questionnaires be sent to a central office at the State level since, in these cases, the State maintained statistics on medical family planning in that office. For each of these States, the questionnaires were grouped by project and inserted into mailing envelopes in the standard manner, but these mailing envelopes were then boxed together for mailing in bulk to the designated office. By using the project mailing envelopes, the State office could forward the questionnaires to the projects, if necessary, for completion of items not available through the State office.

*Nonmedical providers.*—In developing the universe for the National Inventory, it became apparent that the nonmedical providers were single units, and could not be aggregated under projects in the way the medical providers were. In these cases, the actual service location was also the headquarters; that is, for each nonmedical provider the project headquarters and the service site were the same place. The process of mailing questionnaires to nonmedical providers simply involved mailing each questionnaire to the name and address indicated on the form's identification label. Since the States are concerned primarily with statistics on medical

family planning services, none of the questionnaires for the nonmedical providers were mailed through State government offices. Some of the presumed providers of nonmedical services returned the forms indicating that they did not provide family planning services of any nature. In some cases this response appeared questionable, and these forms were remailed with a special note defining the scope of nonmedical family planning services in the hope of clarifying any misunderstanding of definitions that may have occurred. The first followup mailing also utilized this note. As a further effort, a special cover letter was included in the second followup mailing to emphasize the importance of the information requested of the nonmedical providers.

Information collected on the medical providers included physical location; operating responsibility; primary purpose; funding sources; patient load; total visits; medical, ancillary, and contraceptive services offered; and staffing. For the nonmedical providers, information was obtained on physical location; operating responsibility; whether referrals are provided; whether space, supplies, etc., are provided to others; and whether they contract or pay others for the provision of medical family planning services.

### Manual Editing and Coding Procedures

As the questionnaires were received, they were clerically sorted according to type of

provider. Forms returned by the post office and those returned by respondents indicating out-of-business, duplicate form, and so forth, were coded for deletion from the universe and received no further editing. Good returns, that is, returns from facilities in operation within the scope of the National Inventory, were carefully edited by trained clerks following specific written editing and coding instructions based on NCHS specifications. The editing and coding procedures were designed to:

- Identify forms with incomplete or missing data items which would require further contact with the facility to complete.
- Verify that the facility for which the questionnaire was completed was within the scope of the National Inventory.
- Detect any inconsistencies or unreasonable entries.
- Assure that the form contained information for only one facility.
- Provide uniformity of the data in preparation for keypunching and computerization.
- Develop codes for the "open end" responses.

Each questionnaire which failed to pass one or more of the manual edits was separated from the other forms as a "fail edit." In most instances, the service site which completed the form that failed during editing was contacted by telephone for verification and/or correction of the data reported; in the few instances where a major portion of the questionnaire was involved, the contact was made by mail. For those facilities not responding to the fail-edit inquiry, data were imputed during the machine editing stage. Once a questionnaire had passed through the manual edit, the data were keypunched and subsequently placed on computer tape for further processing. The effective cutoff date for survey returns was August 1, 1974. All editing, coding, and keypunching, however, was not completed until October 1, 1974, and questionnaires received during this period were processed if possible.

Georgia and Tennessee presented special problems in editing due to their incomplete data on nearly every facility. Telephone contact was made with the State health department office

responsible for family planning programs in each State. Through these telephone contacts, general information applying to all service sites in each State was obtained along with some additional information on specific service sites. The types of data obtained on the nonrespondents from these States can be described as follows:

#### Georgia:

General data: funding, type of and patient percentage of receipt of services offered, ancillary services, type of and percentage of use of contraceptive methods.

Specific data: total patients, new patients, and total visits.

#### Tennessee:

General data: funding, primary purpose, location, ancillary services, patient/new patient ratio, patient/visit ratio.

Specific data: total patients, total IUD users, total users of oral contraceptives

A questionnaire was completed for each non-responding facility based on these data provided. No additional fail-edit procedures were employed during editing. Because of the large volume of data still missing on each questionnaire, no imputation during machine editing as described later was performed on these forms. Applying such a process in these cases would have created statewide data which would have been primarily imputed and statistically questionable.

#### Keypunching

Specifications for keypunching were designed on the basis of the manual editing and coding procedures. Nonmedical providers were requested to complete a substantially smaller portion of the questionnaire than medical providers, therefore requiring fewer cards to be punched. To provide for more effective use of keypunching time and more efficient sight-scanning for format and structure, the questionnaires were batched for punching according to provider classification. Keypunching was 100-percent key-verified for 99.5-percent accuracy. After punching, the data were put on computer tape for implementation of the machine-edit program.

## Machine Editing

Machine editing included range and ratio checks, cross-checks between question responses, and imputation for item nonresponse, if desired. Any questionnaire from the first annual survey of the National Inventory which was only partially completed was subject to followup verification and/or imputation of a response for the missing item(s). If major portions of the form were not completed when they should have been, telephone or mail followup to the responding clinic was performed to solicit answers. In instances where only one or two items required a response, or when there was no response to the fail-edit inquiry, the response was imputed based on NCHS specifications.

For all questions except items 15, 17, and 18, a "hot deck" process was used for imputation of responses. In using "hot decking," two or three key criteria questions are identified for each item to be imputed. These key criteria are used to sort the records in the data file and group together all facilities whose responses are similar in nature. Once the file is sorted by the key criteria for a particular question, the entry for that item is taken from the record immediately preceding the one to be imputed.

For questions 15 and 17, the percentages which were missing were obtained by using a modification of the "hot deck." The data file is sorted by the key criteria questions; however, instead of using the particular response of the preceding record, the average percentage across all records in the sort for that item is obtained and entered as the imputed response.

The imputation of question 18 responses was also performed in a different manner. Thirteen ratio tables of staff type to staff hours were formulated and utilized for completion of missing items.

The criteria questions upon which the imputation process was based are itemized in table C.

As indicated previously, two States—Georgia and Tennessee—presented special problems due to their substantial amount of nonreporting. In order not to lose the minimal information obtained, but at the same time not inflate the figures, no imputation of missing items was

Table C. Criteria questions used to impute for nonresponse in the first annual survey: National Inventory of Family Planning Services, 1974

Question to be imputed	Criteria questions
4 .....	5, 7
5 .....	4, 7, 8
7 .....	4, 5, 8
9 .....	4, 5, 7
11 .....	5, 7, 8
12 .....	4, 5, 7
14 .....	7, 12
15 .....	4, 5, 7
17 .....	4, 5, 7
18 .....	12, 14a

performed on questions 12-18 of questionnaires from these States.

Once the data file passed all required edits, it was considered clean, and tabulations based on these data could be generated.

## Table Generation

The 1974 annual survey was the first survey to be conducted on the universe of the National Inventory. Because of the lack of previous information on the facilities in the listing, no attempt was made to "weight up" the reported data to arrive at an estimate for the total universe. It is not statistically valid at this point in time to assume that the characteristics obtained from the reporting facilities would occur in the same proportion in the nonreporting facilities. Until further data are received on the nonresponding facilities and the universe coverage is validated, all data presented will be solely that of the reporting facilities and will be identified as such.

## RESPONSE TO THE FIRST ANNUAL SURVEY

Completion of the processing of the survey data yielded further changes in the universe of the National Inventory. Those facilities identified as nonproviders, out-of-business, duplicates, etc., were deleted from the universe; and newly identified sites were added. There were also

changes in service-provider status. Some facilities originally classified as nonmedical providers were actually medical providers, and were transferred to this listing. In other instances, the opposite was true, and supposed medical providers were changed to nonmedical providers. The result of these deletions and additions was a revised universe of 9,781 service sites—5,719 medical and 4,062 nonmedical.

A total of 8,170 service sites responded to this first survey, for an overall response rate of 83.5 percent based on the revised universe of 9,781 sites. These 8,170 responding sites included 4,607 medical providers and 3,563 nonmedical providers.

The 4,607 medical providers included 113 service sites for which minimal data were available due to the following reasons. Eighty-nine of these sites began operation in 1974 and were therefore unable to supply answers to most of the questionnaire items which applied to the 1973 calendar year. Another 24 sites may have been operational prior to 1974 but their responses did not permit clear-cut categorization either as medical or nonmedical providers. Responses given, however, indicate that their provision of medical services was at best a minimal effort. These 113 sites were excluded from the main data base used for computing all tabulations generated from this survey, thus reducing the data base of responding medical clinics to 4,494.

As mentioned previously, no attempt has been made to "weight up" the data of the reporting facilities to the total universe figure of 9,781. Two reasons for this are: (1) As a new program, no previous information is readily available on the nonresponding facilities. Thus, applying the same proportion of responses to the nonrespondents as occurred with the respondents is totally unacceptable. Therefore, it was decided to use only the data obtained from the reporting sites in any tabulations generated. (2) There is no way of knowing that the total of 9,781 facilities is accurate. As of now, there has been no statistical measurement of its validity or the scope of its coverage. It is anticipated that in the near future a complement survey will be completed which will measure the validity of the National Inventory universe.

## RESULTS OF THE FIRST ANNUAL SURVEY

Tables D and E show the breakdown of responding facilities by census region and also by State (see appendix III for a breakdown of the geographical classification). The South contains nearly half of the 4,494 medical providers who responded, with Georgia and Texas being the southern States with the largest number of such facilities. For the nonmedical providers, the North Central contained the most responding sites, with Indiana, Iowa, and Minnesota being the States with the largest number.

Only about 10 percent of the nonmedical providers were operated by nongovernment agencies or organizations, as illustrated in table F. Taking the actual responses, 1,690 of the 3,121 State/locally operated sites (47.4 percent

Table D. Number of responding family planning service sites in the first annual survey, by census region and division and type of service provided: National Inventory of Family Planning Services, 1974 survey

Region and division	Medical providers	Nonmedical providers
All locations .....	4,494	3,563
United States .....	4,410	3,563
Regions:		
Northeast .....	646	381
North Central .....	700	1,641
South .....	2,210	1,066
West .....	854	474
Northeast:		
New England .....	193	134
Middle Atlantic .....	453	247
North Central:		
East North Central .....	430	735
West North Central .....	270	906
South:		
South Atlantic .....	1,065	524
East South Central .....	544	273
West South Central .....	601	269
West:		
Mountain .....	288	294
Pacific .....	566	180
Puerto Rico .....	81	-
Outlying areas .....	3	-

Table E. Number of responding family planning service sites in the first annual survey, by State or geographic location and type of service provided: National Inventory of Family Planning Services, 1974 survey

Location	Medical	Nonmedical	Location	Medical	Nonmedical
All locations .....	4,494	3,563	Missouri .....	111	158
United States .....	4,410	3,563	Montana .....	20	77
Alabama .....	131	38	Nebraska .....	23	81
Alaska .....	19	2	Nevada .....	15	13
Arizona .....	87	16	New Hampshire .....	13	18
Arkansas .....	98	50	New Jersey .....	85	46
California .....	392	90	New Mexico .....	72	34
Colorado .....	52	91	New York .....	222	95
Connecticut .....	38	8	North Carolina .....	95	104
Delaware .....	16	5	North Dakota .....	8	88
District of Columbia .....	28	1	Ohio .....	165	162
Florida .....	221	71	Oklahoma .....	135	34
Georgia .....	248	149	Oregon .....	63	39
Hawaii .....	27	5	Pennsylvania .....	146	106
Idaho .....	23	17	Rhode Island .....	22	-
Illinois .....	57	146	South Carolina .....	108	41
Indiana .....	54	179	South Dakota .....	6	82
Iowa .....	32	177	Tennessee .....	193	88
Kansas .....	54	147	Texas .....	247	76
Kentucky .....	118	72	Utah .....	13	14
Louisiana .....	121	109	Vermont .....	13	10
Maine .....	31	11	Virginia .....	170	96
Maryland .....	119	29	Washington .....	65	44
Massachusetts .....	76	87	West Virginia .....	60	28
Michigan .....	131	126	Wisconsin .....	23	122
Minnesota .....	36	173	Wyoming .....	6	32
Mississippi .....	102	75	Puerto Rico .....	81	-
			Outlying areas .....	3	-

Table F. Number and percent distribution of service sites responding to the first annual survey, by operating responsibility and type of service provided: National Inventory of Family Planning Services, 1974 survey

Operating responsibility	Medical		Nonmedical	
	Number	Percent	Number	Percent
Total .....	4,494	100.0	3,563	100.0
Government: .....	2,966	66.0	3,204	89.9
Federal .....	386	8.6	93	2.3
State-local .....	2,580	57.4	3,121	87.6
Proprietary .....	28	0.6	19	0.5
Nonprofit: .....	1,500	33.4	340	9.5
Church .....	6	0.1	4	0.1
University .....	171	3.8	33	0.9
Hospital .....	245	5.5	63	1.8
Corporation .....	1,051	23.4	210	5.9
Other .....	27	0.6	30	0.8

of the *total*) were county operated and in all probability were social service or welfare departments. For the medical providers, 66 percent were government operated, again with the county government operating the largest portion (1,308).

Inquiry into the services provided by the nonmedical sites consisted of three questions:

1. Do you refer patients to any other site for medical family planning services?
2. Do you provide space, equipment, contraceptive supplies, and/or staff to others who provide medical family planning services?
3. Do you contract or pay others for the provision of medical family planning services?

The question on patient referral received the largest number of affirmative responses—3,474, or about 98 percent. In a substantial number of instances—1,031, or 29 percent—the nonmedical providers also contracted or paid others for the provision of medical family planning services. The smallest number—372, or 10 percent—provided space or equipment to others who provided the medical family planning services.

Data collected on the medical providers but not on the nonmedical providers included primary purpose, number of patients and patient visits, medical services provided, and staffing. Responses of the 4,494 reporting medical providers indicated that nearly three-fourths of the respondents provided medical family planning as their primary purpose, as illustrated in the following table:

Primary purpose	Number	Percent
Medical family planning .....	3,237	72.0
Sterilization .....	8	0.2
Venereal disease testing .....	14	0.3
Postpartum and/or prenatal care .....	64	1.4
Comprehensive health care .....	1,028	22.9
Other (mainly general gynecological services) .....	143	3.2

The categories contained in the question on medical services provided revealed a wide range of provision—from 98.8 percent for the taking of blood pressure down to 14.4 percent for male sterilization. A clear division in the type of services provided can be seen in table G. Medical services that are usually considered as standard or normal had 80 percent or more of the service sites providing each service. The split occurred when the more unusual or specialized types of services were provided.

The 4,494 responding medical providers served a total of nearly 4.4 million patients in 1973 with over 7 million visits. Table H shows the breakdown of patients served and visits by State.

The question on staffing was difficult for many service sites due to the fact that their sessions may not have been set up on a formal basis with only paid workers. Also, comprehen-

Table G. Number and percent distribution of medical facilities responding to the first annual survey, by medical service provided: National Inventory of Family Planning Services, 1974 survey

Medical service	Number of sites	Percent
Total sites .....	4,494	100.0
Record of pertinent medical history ...	4,408	98.1
Record of reproductive history .....	4,351	96.8
Record of pertinent social history .....	3,856	85.8
Pap smear .....	4,420	98.4
Pelvic examination .....	4,377	97.4
Breast examination .....	4,336	96.5
Taking of blood pressure .....	4,439	98.8
Contraceptive prescription .....	4,284	95.3
Insertion of IUD .....	3,936	87.6
Testing for syphilis .....	3,689	82.1
Testing for gonorrhea .....	4,262	94.8
Pregnancy testing .....	3,630	80.8
Routine lab test .....	4,092	91.1
Infertility diagnosis .....	1,008	22.4
Infertility counseling .....	1,729	38.5
Female sterilization .....	849	18.9
Male sterilization .....	648	14.4
Sickle cell screening .....	1,866	41.5
Other medical services .....	1,112	24.7

Table H. Total patients served and number of visits reported by service sites responding to the first annual survey, by State or geographic location: National Inventory of Family Planning Services, 1974 survey

Location	Patients	Patient visits	Location	Patients	Patient visits
All locations .....	4,391,589	7,158,015	Missouri .....	106,838	129,944
United States .....	4,304,065	7,008,785	Montana .....	24,173	28,273
Alabama .....	80,656	176,828	Nebraska .....	15,923	22,256
Alaska .....	20,202	33,908	Nevada .....	16,927	23,778
Arizona .....	63,194	110,201	New Hampshire .....	5,584	11,686
Arkansas .....	82,687	122,842	New Jersey .....	96,059	167,831
California .....	630,609	967,396	New Mexico .....	34,290	54,045
Colorado .....	49,082	78,960	New York .....	333,748	541,588
Connecticut .....	34,112	42,719	North Carolina .....	76,382	124,697
Delaware .....	12,349	21,647	North Dakota .....	3,739	4,626
District of Columbia .....	64,291	107,908	Ohio .....	150,852	249,567
Florida .....	199,991	317,768	Oklahoma .....	110,894	172,148
Georgia .....	169,285	289,644	Oregon .....	46,850	66,135
Hawaii .....	61,663	76,261	Pennsylvania .....	147,193	235,359
Idaho .....	14,241	34,092	Rhode Island .....	14,365	31,163
Illinois .....	121,028	187,242	South Carolina .....	116,730	157,462
Indiana .....	51,613	71,028	South Dakota .....	6,095	7,427
Iowa .....	28,149	51,245	Tennessee .....	113,551	154,975
Kansas .....	49,856	65,948	Texas .....	257,318	387,827
Kentucky .....	47,804	91,804	Utah .....	21,373	23,878
Louisiana .....	118,271	308,977	Vermont .....	7,621	11,080
Maine .....	17,879	29,773	Virginia .....	105,048	160,157
Maryland .....	107,598	205,260	Washington .....	76,813	120,558
Massachusetts .....	92,314	146,310	West Virginia .....	21,220	31,401
Michigan .....	142,711	332,981	Wisconsin .....	16,532	22,237
Minnesota .....	37,473	62,243	Wyoming .....	2,797	3,984
Mississippi .....	78,092	131,718	Puerto Rico .....	86,488	145,161
			Outlying areas .....	1,036	4,069

sive care facilities or facilities not exclusively offering family planning services found it difficult to determine the number of staff and amount of time spent in providing family planning services when these services are incorporated into other services.

As stated previously, special editing instructions had to be devised for two States (Georgia and Tennessee) due to the fact that the staffing question was not completed for the majority of their service sites. Therefore, the staff figures in table J are based only on data received from the other States.

This first annual survey of the National Inventory of Family Planning Services yielded a substantial amount of information on sites providing family planning services in the United States and selected territories. More detailed reports on the characteristics of these sites can be found in Series 14 of *Vital and Health Statistics*.

Table J. Staff division breakdowns for medical service sites responding to the first annual survey: National Inventory of Family Planning Services, 1974 survey

Category of personnel	Total employees
Total professional and technical .....	139,061
Medical personnel:	
Physician .....	6,957
Physician's assistant, nurse midwife/nurse practitioner .....	2,071
Nursing personnel:	
Registered nurse .....	7,586
Licensed practical nurse .....	1,930
Therapeutic personnel:	
Health educator .....	1,064
Nutritionist .....	514
Outreach worker .....	2,798
Social worker .....	1,418
All other professional and technical .....	14,723

<sup>1</sup> Based on 4,053 sites open in 1973 and responding to the personnel portion of the questionnaire.

# APPENDIX I

## PERSONS CONTACTED FOR COMMENTS ON THE PRETEST QUESTIONNAIRES

- \*Mr. Theodore Woolsey, *National Center for Health Statistics*  
Dr. Philip Lawrence, *National Center for Health Statistics*
- \*Mr. E. Earl Bryant, *National Center for Health Statistics*
- \*Mrs. Gail Fisher, *National Center for Health Statistics*  
Mr. Noah Sherman, *National Center for Health Statistics*  
Dr. Robert Mugge, *National Center for Health Statistics*
- \*Miss Judy Carpenter, *National Center for Family Planning Services*  
Dr. Frank Beckles, *National Center for Family Planning Services*
- \*Mr. Don Trauger, *Maternal and Child Health Service*  
Mr. Otis Turner, *Maternal and Child Health Service*
- \*Dr. Louis Speker, *Maternal and Child Health Service*  
Dr. Alice Chenoweth, *Maternal and Child Health Service*
- \*Mr. Mozart Spector, *Indian Health Service*
- \*Mr. Royal Crystal, *Community Health Service*
- \*Dr. Gooloo Wunderlich, *Department of Health, Education, and Welfare*
- \*Mr. Arthur Campbell, *Department of Health, Education, and Welfare*
- \*Dr. Carl Tyler, *Center for Disease Control*  
Mr. Gerald Sparer, *Office of Economic Opportunity*  
Dr. George Contis, *Office of Economic Opportunity*
- \*Mr. Fred S. Jaffee, *Planned Parenthood-World Population*  
Dr. Eleanor Snyder, *Planned Parenthood-World Population*  
Mr. Alan Stone, *American Hospital Association*
- \*Dr. Jack Reynolds, *Columbia University*  
Dr. Samuel Wishick, *Columbia University*  
Lt. Col. Russel, *O'CHAMPUS (Department of Defense)*
- \*Dr. Ronald Freedman, *University of Michigan*  
Dr. Myron Wegman, *University of Michigan*  
Dr. Leslie Corsa, Jr., *University of Michigan*  
Dr. Oscar Harkavy, *Ford Foundation*  
Dr. Charles Schultze, *Brookings Institution*  
Dr. Andre Hellegers, *Georgetown University*
- \*Dr. Mary C. Calderone, *Sex Information and Education Council of the United States*  
Dr. Ansley J. Coale, *Princeton University*  
Dr. Philip Hauser, *University of Chicago*  
Mr. Nathan Hershey, *University of Pittsburgh*
- \*Dr. Edward R. Schlesinger, *University of Pittsburgh*  
Dr. J. Richard Udry, *University of North Carolina*  
Dr. Elbridge Sibley, *Social Science Research Council*

Dr. Frank Nolestein, *Population Council*

\*Dr. Christopher Tietze, *Population Council*

Mr. Harold Putnam, *Regional Director, Department of Health, Education, and Welfare*

\*Mrs. Bernice Bernstein, *Regional Director, Department of Health, Education, and Welfare*

Mr. Bernard V. McCusty, *Regional Director, Department of Health, Education, and Welfare*

Mr. Frank J. Grosshelle, *Regional Director, Department of Health, Education, and Welfare*

Mr. Richard E. Friedman, *Regional Director, Department of Health, Education, and Welfare*

\*Mr. H. D. McMahan, *Regional Director, Department of Health, Education, and Welfare*

\*Mr. Max Milo Mills, *Regional Director, Department of Health, Education, and Welfare*

Mr. William T. Van Orman, *Regional Director, Department of Health, Education, and Welfare*

\*Mr. Fernando E. C. DeBaca, *Regional Director, Department of Health, Education, and Welfare*

Mr. Bernard E. Kelly, *Regional Director, Department of Health, Education, and Welfare*

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\*Responded



## APPENDIX II

### ATTENDEES OF OCTOBER 1973 MEETING OF TECHNICAL ADVISORS

- Mr. Martin Bloom, *Applied Management Sciences*  
Mr. Grover Chamberlain, *District of Columbia Department of Human Resources*  
Dr. Cyril Crocker, *Director, Howard University Center for Family Planning Services*  
Ms. Jean Frink, *Los Angeles Regional Family Planning Council*  
Mr. Fred Jaffee, *Planned Parenthood-World Population*  
Mrs. Doris Malin, *Bureau of Community Health Services, Department of Health, Education, and Welfare*  
Ms. Helen Chiaruttini, *Bureau of Community Health Services, Department of Health, Education, and Welfare*  
Dr. Vestal Parrish, *Tulane University*  
Ms. K. Ryon, *District of Columbia Department of Human Resources*  
Mr. Ernest Raymond, *Office of Population Affairs, Department of Health, Education, and Welfare*  
Dr. Carl Schultz, *Director, Office of Population Affairs, Department of Health, Education, and Welfare*  
Mrs. Edna Smith, *Director, Boston Family Planning Project*  
Ms. Suzanne Ollivier, *Boston Family Planning Project*  
Dr. Eleanor Snyder, *Director of Research, Planned Parenthood-World Population*  
Mr. Mozart Spector, *Indian Health Service, Department of Health, Education, and Welfare*  
Ms. Louise Okada, *Office of Program Planning and Evaluation*  
Dr. William Tash, *Director, Office of Evaluation, Health Services Administration*  
Mr. Donald Trauger, *Bureau of Community Health Services, Department of Health, Education, and Welfare*  
Dr. Carl Tyler, *Center for Disease Control*  
Dr. Louise Tyrer, *American College of Obstetrics and Gynecology*  
Dr. Richard Udry, *University of North Carolina*  
Dr. Daniel Weintraub, *Planned Parenthood-World Population*  
Mr. John Wells, *Director, Illinois Family Planning Council*  
Ms. Barbara Wood, *Geomet, Inc.*  
Ms. Joann Langston, *Geomet, Inc.*  
Dr. Gooloo Wunderlich, *Office of Policy Development and Planning, Department of Health, Education, and Welfare*  
Dr. William Pratt, *Division of Vital Statistics, National Center for Health Statistics*  
Ms. Carolyn Warren, *Bureau of Health Services Research and Development, Department of Health, Education, and Welfare*  
Ms. Nancy Wiley, *Applied Management Sciences*  
Mrs. Gloria Hollis, *Division of Health Resources Statistics, National Center for Health Statistics*  
Mr. Siegfried Hoermann, *Division of Health Resources Statistics, National Center for Health Statistics*  
Mr. Peter Hurley, *Division of Health Resources Statistics, National Center for Health Statistics*  
Ms. Jessie Tabb, *Division of Health Resources Statistics, National Center for Health Statistics*

# APPENDIX III

## GEOGRAPHIC REGION CLASSIFICATION

Census Region and Division	States Included (excludes territories)
<b>Northeast</b>	
New England . . . . .	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
Middle Atlantic . . . . .	New York, New Jersey, Pennsylvania
<b>North Central</b>	
East North Central . . . . .	Ohio, Indiana, Illinois, Michigan, Wisconsin
West North Central . . . . .	Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
<b>South</b>	
South Atlantic . . . . .	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida
East South Central . . . . .	Kentucky, Tennessee, Alabama, Mississippi
West South Central . . . . .	Arkansas, Louisiana, Oklahoma, Texas
<b>West</b>	
Mountain . . . . .	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada
Pacific . . . . .	Washington, Oregon, California, Alaska, Hawaii

Territories	Areas Included
Puerto Rico	Puerto Rico
Outlying areas	American Samoa, Canal Zone, Guam, Virgin Islands



**APPENDIX IV**  
**FORMS AND QUESTIONNAIRES**  
**REQUEST FOR CLINIC LISTINGS**



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

NATIONAL CENTER FOR  
HEALTH STATISTICS

Dear

The National Center for Health Statistics (NCHS) of the U. S. Department of Health, Education, and Welfare is creating a Family Planning Facilities Inventory, which will include all locations in the country where family planning services are provided. We would appreciate your sending us any directories or listings that contain family planning facilities or any lists of projects or agencies that operate or fund family planning facilities.

Please send your current listings or directories to:

Chief, Health Facilities Statistics Branch  
Division of Health Resources Statistics  
National Center for Health Statistics - HSMHA  
5600 Fishers Lane  
Rockville, Maryland 20852

If you have any questions, please let me know. Our telephone number is (301) 443-1524.

Your help and time in fulfilling this request is greatly appreciated.

Sincerely yours,

A handwritten signature in cursive script that reads "Gloria Hollis".

(Mrs.) Gloria Hollis  
Chief, Health Facilities Statistics  
Branch  
Division of Health Resources Statistics

# MFI FACILITY SURVEY LETTER



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

January, 1973

NATIONAL CENTER FOR  
HEALTH STATISTICS

Dear Administrator:

The National Center for Health Statistics of the U. S. Public Health Service is compiling a list of all facilities in the United States that provide family planning services. (Family planning services are those medical, social, and educational services which are primarily concerned with the regulation of conception.)

It has been brought to our attention that increased emphasis has been placed on providing these services to residents of facilities such as yours. In order to help us in compiling our list of facilities, will you please complete the bottom portion of this letter and return the letter in the enclosed postage-paid envelope within 10 days to:

Chief, Health Facilities Statistics Branch  
Division of Health Resources Statistics  
National Center for Health Statistics, HSMHA  
5600 Fishers Lane, Room 12-33  
Rockville, Maryland 20852

Thank you for your cooperation.

Yours truly,

(Mrs.) Gloria Hollis  
Chief, Health Facilities Statistics  
Branch

Please check one:

- No family planning services provided
- Some type of family planning service provided at this site
- No family planning service provided at this site--patients referred to other source for family planning service
- Other (Specify) \_\_\_\_\_

# COLLEGE HEALTH SERVICE SURVEY LETTER



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

January, 1973

NATIONAL CENTER FOR  
HEALTH STATISTICS

Dear Director:

The National Center for Health Statistics of the U. S. Public Health Service is compiling a list of all facilities in the United States that provide family planning services. (Family planning services are those medical, social, and educational services which are primarily concerned with the regulation of conception.)

It has been brought to our attention that increased emphasis has been placed on providing these services to college students through facilities such as student health centers or infirmaries. In order to help us in compiling our list of facilities, will you please complete the bottom portion of this letter and return the letter in the enclosed postage-paid envelope within 10 days to:

Chief, Health Facilities Statistics Branch  
Division of Health Resources Statistics  
National Center for Health Statistics, HSMHA  
5600 Fishers Lane, Room 12-33  
Rockville, Maryland 20852

Thank you for your cooperation.

Yours truly,

(Mrs.) Gloria Hollis  
Chief, Health Facilities Statistics  
Branch

Please check one:

- No family planning services provided
- Some type of family planning service provided at this site
- No family planning service provided at this site--patients referred to other source for family planning service
- Other (Specify) \_\_\_\_\_

# PRETEST—PROJECT RECORD

DEPARTMENT OF  
HEALTH, EDUCATION AND WELFARE  
Public Health Service  
Health Services and Mental Health Administration  
National Center for Health Statistics

NATIONAL INVENTORY OF FAMILY PLANNING CLINICS   PROJECT RECORD	PROJECT NO.
--	-------------

Dear Project Director:

The rapid expansion of family planning services in the United States since the mid-sixties has brought to the fore-front the need for accurate and current information on the extent to which these services are available nationally. On January 1, 1972, the National Center for Health Statistics implemented the National Reporting System for Family Planning Services to collect data on family planning patients seen in public facilities and the services they receive. However, there is no comprehensive inventory of all family planning clinics in the United States and the services available through them.

The National Center for Health Statistics is therefore conducting this survey to obtain current information about each family planning clinic such as name, location, caseload, services offered and staff size. This National Inventory of Family Planning Clinics expands upon and replaces previous surveys of this nature conducted by Planned Parenthood-World Population.

The information from this survey will be used by the National Center for Health Statistics for statistical reports on the characteristics of family planning clinics. In addition, the data will be made available to other agencies to compile directories of available clinics, to plan for needed additional clinics, and to plan for future manpower needs.

We are therefore asking your cooperation in completing sections B and C of this Project Record. Please be sure to fill out a separate block in Section B of this form for every location at which your project, agency or program provides medical family planning services. For each location listed in Section B, one of the enclosed Clinic Records also should be completed. If additional Clinic Record forms are needed, please indicate on the enclosed postcard the number of additional forms needed and return the card to us as soon as possible. (Note: this postcard is also to be returned to us if you provide no family planning services or have received a duplicate request from us for these data.)

None of the data will be considered confidential except in the following situation: if you feel that some of these questions should be kept confidential, please write the number of each question you wish to be so designated in the "Confidential" box which follows. Your responses to these "confidential" questions will be used only in aggregated statistics and will not be released in any manner in which your project, agency or program can be identified.

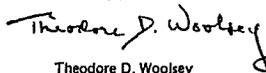
Questions to be Considered "Confidential"			
Page & Question Number		Page & Question Number	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete all questions whether or not they are to be considered confidential. Before completing these forms, however, you should familiarize yourself with the definitions on the next page. If you wish to have the individual clinics complete the Clinic Record Forms, please have them return the completed forms to you so that the forms for all clinics under your direction can be returned together in the enclosed postage-paid envelope. All forms should be returned within three weeks to:

Chief, Health Facilities Statistics Branch  
Division of Health Resources Statistics  
National Center for Health Statistics  
5800 Fishers Lane, Room 12-33  
Rockville, Maryland 20852

Thank you for your cooperation.

Sincerely yours,



Theodore D. Woolsey  
Director, National Center for Health Statistics

---

**SECTION A – DEFINITIONS**

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**FAMILY PLANNING SERVICES**

Family planning services may be medical, social, and/or educational.

Medical family planning services consist of a medical history, physical examination, laboratory testing, consultation, treatment including continuing medical supervision, issuance of drugs and contraceptive supplies, and appropriate medical referral when indicated.

Social and educational family planning services include services such as outreach, sex education and the provision of transportation, or babysitting when these services are provided to enable a person to attend a family planning clinic or to otherwise obtain family planning services.

**CLINIC LOCATION**

A clinic location is a place or facility at which any family planning services are provided on a regularly scheduled basis. It may be a hospital, health center, mobile unit, free-standing site, church, or store front. For mobile units, each stop is considered a clinic location; therefore, a separate Clinic Record Form should be filled for each stop or location. Physicians' offices should be considered as clinic locations only when there is a formal relationship with some project or agency which is responsible for providing family planning services. Physicians, nurses, volunteers, etc. who make home visits for the purpose of delivering a family planning service should count their home base of operations as the clinic location.

**PROJECT OR AGENCY OR PROGRAM**

A family planning project is a specifically designed set of activities and services intended to advance achievement of the program's family planning objectives. It may be funded through general revenue or specific grants from either public or private sources.

A family planning agency is an administrative mechanism to carry out family planning programs through family planning projects which deliver family planning services.

Family planning programs are activities that provide the services which enable individuals effectively to practice family planning. These activities are provided by commercial, governmental, or non-profit institutions and individual practitioners.

---

**SECTION B – CLINIC IDENTIFICATION**

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1. Did your project, agency or program participate in the provision of medical family planning services during any part of calendar year 1972?

Yes

No (Skip to Section C. question 6)

NOTE: If the only family planning services provided were social and/or educational as defined under "Family Planning Services" in Section A of this form, check box marked "No".

2. For each location at which your project, agency or program provides medical family planning services, please complete one of the following blocks:

(a)

Name of clinic:				
Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip
Administrator:				
Number or percentage of all your project, agency or program's patients served at this location in 1972:				
Number _____ or Percentage _____ %				
Agency or organization responsible for operation of this clinic.				

**SECTION B - CLINIC IDENTIFICATION (Cont.)**

(b) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

(c) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

(d) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

(e) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

(f) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

**SECTION B – CLINIC IDENTIFICATION (Cont.)**

(g) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

(h) Name of clinic: \_\_\_\_\_

Location:	Number	Street	Room Number	P.O. Box, Route, etc.
	City or town	County	State	Zip

Administrator: \_\_\_\_\_

Number or percentage of all your project, agency or program's patients served at this location in 1972:  
 Number \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Agency or organization responsible for operation of this clinic.  
 \_\_\_\_\_

If more space is needed, please use additional sheets of paper and attach them to this form. Thank you.

**SECTION C – PROJECT, AGENCY OR PROGRAM INFORMATION – CALENDAR YEAR 1972**

1. The following operational data are requested for Calendar Year 1972. If the period for which you are reporting is NOT the 12-month period from January 1, 1972 through December 31, 1972, please indicate below the period used.

Number of days \_\_\_\_\_ Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_  
 month/day/yr month/day/yr

Were you in operation 12 months at the ending date noted above?

Yes  No → How long? \_\_\_\_\_  
 months

- (a) How many patients received medical family planning services from your agency in the period for which you are reporting?

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 New patients                      Continuing patients                      Total patients

A new family planning patient is one who registered and received medical family planning services through your agency for the first time during the period for which you report.

A continuing family planning patient is one who registered for and received medical family planning services prior to the period for which you report and who made at least one return visit to your program during the period for which you report.

- (b) How many medical family planning visits were recorded by your agency in the period for which you are reporting? (Do not include visits or mailings whereby a previously registered patient received supplies only.)

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Initial visits                      return visits                      total visits  
 (should equal new patients in 1a. above)

An initial visit for medical family planning services is defined as a visit during the period for which you report at which a patient is registered for and receives these services for the first time through your agency.

A return visit is defined as a visit by a previously registered patient who is seen by a physician or nurse or other authorized personnel for medical consultation, examination and/or lab tests during the period for which you report. It may be a routine annual revisit or a problem visit by both new and continuing patients. Exclude initial visits and visits for supplies only.

SECTION C - PROJECT, AGENCY OR PROGRAM INFORMATION - CALENDAR YEAR 1972 (Cont.)

2. How many days were one or more of the clinics operated by this project, agency or program in operation during 1972? (Include only those days that the clinics were actually open for and receiving patients for medical family planning services.)

\_\_\_\_\_ Number of days

3. Are there any special groups of people that this project, agency or program cannot or does not serve based on:

- (a) Sex?  Yes →  Serves females only  
 Serves males only  
 No (Skip to question 3b)
- (b) Age?  Yes →  Cannot or does not serve persons under 16 years of age  
 Cannot or does not serve persons 16-20 years of age  
 Cannot or does not serve persons 21 years of age or older  
 Cannot or does not serve minors without parental consent  
 Cannot or does not serve persons of other age group (Specify) \_\_\_\_\_  
 No (Skip to question 3c)
- (c) Income?  Yes → Please specify income level of persons this facility cannot or does not serve, \_\_\_\_\_  
 No (Skip to question 3d)
- (d) Any other physical or social characteristic?  
 Yes (Specify) \_\_\_\_\_  
 No

4. Is this project, agency, or program especially trying to reach certain population groups (target populations) based on:

- (a) Sex?  Yes →  Females only →  All females  
 Post-partum or recently pregnant females  
 Ever-pregnant females  
 Other (Specify) \_\_\_\_\_  
 Males only  
 NO (Skip to question 4b)
- (b) Age?  Yes →  Persons under 16 years of age  
 Persons 16-20 years of age  
 Persons 21 years of age and older  
 Minors with parental consent  
 Other age groups (Specify) \_\_\_\_\_  
 No (Skip to question 4c)
- (c) Income?  Yes → Please specify income level \_\_\_\_\_  
 No (Skip to question 4d)
- (d) Ethnic origin?  Yes →  Whites  
 Negroes or Blacks  
 American Indians  
 Mexican-Americans  
 Puerto Ricans  
 Other (Specify) \_\_\_\_\_  
 No (Skip to question 4e)
- (e) Geographic area?  Yes →  Rural area  
 Town or unincorporated city  
 Small city (not included in a larger metropolitan area)  
 Metropolitan area →  Entire metropolitan area  
 Inner city area  
 Model cities area  
 Other area within metropolitan area (Specify) \_\_\_\_\_  
 County  
 Other geographic area (Specify, i.e. State, region, etc.) \_\_\_\_\_  
 NO (Skip to question 4f)
- (f) Any other physical or social characteristic?  
 Yes (Specify) \_\_\_\_\_  
 No

SECTION C - PROJECT, AGENCY OR PROGRAM INFORMATION - CALENDAR YEAR 1972 (Cont.)

5. (a) What were the total number of hours all clinics operated by your agency were open for medical family planning services during:

(1) A typical week last month Hours \_\_\_\_\_ (2) Last week Hours \_\_\_\_\_

(b) For the typical week last month reported in Question 5 (a) (1) above please complete the following staff table. (Include only those staff members who were engaged in medical family planning services during this typical week. If data are unavailable please estimate the number of, and hours for each staff type.)

Staff type	(1) Number of staff working during this typical week	(2) Number of staff assigned to work the full schedule*	(3) Number of staff assigned to work part of the schedule**	(4) Total staff hours worked during this typical week
Physician (administrative only)				
Physician (clinical services only)				
Physician (both administrative and clinical)				
Registered nurse (administrative only)				
Registered nurse (clinical services only)				
Registered nurse (both administrative and clinical)				
Licensed practical nurse (or vocational nurse)				
Social worker (administrative only)				
Social worker (counseling only)				
Social worker (both administrative and counseling)				
Administrator (not included above)				
Paraprofessional community or outreach worker				
Clerk, secretary, receptionist				
Health educator				
Nurse midwife, or physician's assistant				
Other (Specify) _____				
<b>TOTAL</b>				

\* For example, if clinics were open for family planning services for 30 hours, these people worked the total 30 hours.

\*\* For example, if clinics were open for family planning services for 30 hours, these people worked less than 30 hours.

6. Name of person completing this form: (Please print) \_\_\_\_\_ Job title: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

COMMENTS:

# PRETEST – CLINIC RECORD

DEPARTMENT OF  
HEALTH, EDUCATION AND WELFARE  
Public Health Service  
Health Services and Mental Health Administration  
National Center for Health Statistics

NATIONAL INVENTORY OF FAMILY PLANNING CLINICS  CLINIC RECORD	PROJECT NO.
---	-------------

Dear Director:

The rapid expansion of family planning services in the United States since the mid-sixties has brought to the forefront the need for accurate and current information on the extent to which these services are available nationally. On January 1, 1972, the National Center for Health Statistics implemented the National Reporting System for Family Planning Services to collect data on family planning patients seen in public facilities and the services they receive. However, there is no comprehensive inventory of all family planning clinics in the United States and the services available through them.

The National Center for Health Statistics is therefore conducting this survey to obtain current information about each family planning clinic such as name, location, caseload, services offered, and staff size. This National Inventory of Family Planning Clinics expands upon and replaces previous surveys of this nature conducted by Planned Parenthood-World Population.

The information from this survey will be used by the National Center for Health Statistics for statistical reports on the characteristics of family planning clinics. In addition, the data will be made available to other agencies to compile directories of available clinics, to plan for needed additional clinics, and to plan for future manpower needs.

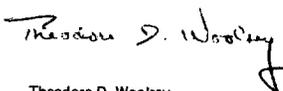
None of the data will be considered confidential except in the following situation: if you feel that some of these questions should be kept confidential, please write the number of each question you wish to be so designated in the "Confidential" box which follows. Your responses to these "confidential" questions will be used only in aggregated statistics and will not be released in any manner in which your individual facility can be identified.

Questions to be Considered "Confidential"			
Page & Question Number		Page & Question Number	
—	—	—	—
—	—	—	—
—	—	—	—

Please complete all questions whether or not they are to be considered confidential. Before completing this form, however, you should familiarize yourself with the definitions in Section A. If you are an individual clinic completing this Clinic Record Form, please return the completed form to your Project so that the forms for all clinics under the Project's direction can be returned together. All forms should be returned within three weeks.

Thank you for your cooperation.

Sincerely yours,



Theodore D. Woolsey  
Director, National Center for Health Statistics

**SECTION A. DEFINITIONS:**

For this survey, the following definitions apply:

**FAMILY PLANNING SERVICES**

Family planning services provide the means which enable individuals to meet their family planning objectives. These services are medical, social, and educational.

Medical family planning services consist of a medical history, physical examination, laboratory testing, testing, consultation, treatment including continuing medical supervision, issuance of drugs and contraceptive supplies and appropriate medical referral when indicated. Other services such as outreach, the provision of transportation, or babysitting are included as social and educational family planning services when these services are provided to enable a person to attend a family planning clinic or to otherwise obtain family planning services.

**CLINIC LOCATION**

A clinic location is a place or facility at which any family planning services are provided on a regularly scheduled basis. It may be a hospital, health center, mobile unit, free-standing site, church, or store front. For mobile units each stop is considered a clinic location; therefore, a separate Clinic Record Form should be filled for each stop or location. Physicians' offices should be considered as clinic locations only when there is a formal relationship with some project or agency which is responsible for providing family planning services. Physicians, nurses, volunteers, etc. who make home visits for the purpose of delivering a family planning service should count their home base of operations as the clinic location.

**PROJECT OR AGENCY OR PROGRAM**

A family planning project is a specifically designed set of activities and services intended to advance achievement of the program's family planning objectives. It may be funded through general revenue or specific grants from either public or private sources.

A family planning agency is an administrative mechanism to carry out family planning programs through family planning projects which deliver family planning services.

Family planning programs are activities that provide the services which enable individuals effectively to practice family planning. These activities are provided by commercial, governmental, or non-profit institutions and individual practitioners.

**SECTION B. IDENTIFICATION**

1a. Enter below the name and actual location of the clinic: (Please type or print.)

NAME OF CLINIC				
ADDRESS	Number	Street	Room No.	P. O. Box, Route, etc.
	City or town		County	State      Zip
TELEPHONE	Area Code		Number	

1b. Enter below the area(s) served by this clinic:

City or cities
County or counties
State or States
Other (Specify)

1c. Enter the date this clinic first began its family planning services:

MONTH	DAY	YEAR

2. How many different individuals visited this clinic to obtain family planning services during 1972? \_\_\_\_\_  
Number of individuals

3. How many days was this clinic in operation during 1972? (Include only those days that the clinic was actually open for family planning services and receiving patients.) \_\_\_\_\_  
Number of days

4. For every day in Column (1) that this clinic is open for family planning services, enter in Column (2) the actual hours it is open and providing these services. If the clinic is not open for a particular day, enter "0" in Column (2). (Example: If this clinic is open from 10:00 a.m. until 2:00 p.m., enter "10:00 - 2:00" under Column (2).) For each day the clinic is open and Column (2) is filled, mark "X" in the appropriate box under Column (3) that describes the frequency of these sessions. (Complete schedule for sessions you are *now* operating.)

Column (1) DAY	Column (2) Hours Open and Providing Family Planning Services (Enter "0" if not open this day.)	Column (3) Frequency of Sessions (Mark "X")			
		Weekly	Every Other Week	Monthly	Other (Specify)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

5. Is this clinic located in a: *(Check (X) one box only)*

<input type="checkbox"/> Hospital	<input type="checkbox"/> Office building or store
<input type="checkbox"/> State or local health department building	<input type="checkbox"/> Physician's office
<input type="checkbox"/> Church	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Community house, school, etc.	
<input type="checkbox"/> Mobile unit	
a. Principal location of unit: Address: _____	

6. Please read ALL of the following categories, then check all applicable box(es) for the type(s) of organization(s) which operate(s) this clinic. (Include only those organizations actually responsible for this clinic's operations and not those organizations involved only with the funding of the clinic.)

(1) PUBLIC	<input type="checkbox"/> City
<input type="checkbox"/> Federal	<input type="checkbox"/> School District
<input type="checkbox"/> State	<input type="checkbox"/> Special Unit
<input type="checkbox"/> Interstate	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Metropolitan	
<input type="checkbox"/> County	
(2) PUBLIC SPONSORED	(3) PROFIT
<input type="checkbox"/> Community Action	<input type="checkbox"/> Hospital
<input type="checkbox"/> Sponsored Organization	<input type="checkbox"/> Private clinic
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Private physician
	<input type="checkbox"/> Other (Specify) _____
(4) NONPROFIT	(5) OTHER OWNERSHIP
<input type="checkbox"/> Hospital	<input type="checkbox"/> (Specify) _____
<input type="checkbox"/> Church	
<input type="checkbox"/> Voluntary agency	
	<input type="checkbox"/> University
	<input type="checkbox"/> Other (Specify) _____

7a. Which of the following services or functions does this clinic provide for family planning patients? (Check all that apply.)

- Record of pertinent medical, reproductive and social history
- Pap smear and pelvic examination
- Breast examination
- Taking of blood pressure
- Routine lab tests (hematocrit, urine for sugar and albumin)
- Infertility diagnosis or counselling
- Sickle cell screening
- Male sterilization
- Female sterilization
- V-D testing
- Pregnancy testing
- Contraceptive prescription
- Other medical service (Specify) \_\_\_\_\_

7b. Please enter below the approximate percentage of your patients who received these services in 1972 on initial\* visit. (Include only those services provided at this site.)

Percentage

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

\*An initial visit for medical family planning services is defined as a visit at which a patient is registered for and receives medical family planning services for the "first time" through your clinic.

7c. Which of the following other ancillary services or functions does this clinic provide?

- Outreach Program (Outreach activities are those which inform prospective patients of family planning services and assist them in availing themselves of the services.)
- Followup Program (Follow-up activities include contacting persons who have missed appointments and the scheduling of reappointments.)
- Classroom or group sessions about family planning
- Classroom or group sessions on sex education (in addition to family planning and contraceptive education)
- Individual counseling about family planning
- Referral to private physicians for family planning or medical services not provided at this clinic.
- Referral to other clinic for family planning or medical services not provided at this clinic.
- Babysitting (while patient is at clinic)
- Transportation to the clinic (provided or subsidized)
- Other (Specify) \_\_\_\_\_
- None

8a. Which of the following types of contraceptive methods are offered by this clinic?

- Oral (Pill)
- I U D
- Injection
- Diaphragm/jelly
- Foam
- Condom
- Rhythm method
- Other (Specify) \_\_\_\_\_
- None

8b. Please enter below the approximate percentage of your patients who received this method in 1972 visits. (Include only those methods provided at this site.)

Percentage

_____
_____
_____
_____
_____
_____
_____
_____

9. Is the primary purpose of this clinic to provide family planning services?

- Yes (Skip to question 10.)       No—What is the primary purpose of this clinic? \_\_\_\_\_

10. 

Name of person completing this form:	Job title:
Telephone: _____	
Area Code: _____	Number: _____

# UNIVERSE VERIFICATION LETTER



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
Rockville, Maryland 20852

National Center For  
Health Statistics

October 1973

Dear Administrator:

The rapid increase of family planning programs across the nation over the last decade has highlighted the need for current and accurate information on the extent and nature of these services.

Therefore, the National Center for Health Statistics has planned an extensive National Family Planning Services Data Collection System. This system when fully operational will provide health planners at all levels of government with timely statistics not only on the number and characteristics of patients but also facility and staff characteristics and extent of services available at the many varied facilities - both public and privately funded - - which provide family planning services nationally.

The Center is now in the process of verifying its listing of all facilities in the U.S. and its outlying territories which provide some type of Family Planning services. We are therefore asking your cooperation in completing the back page of this letter and returning it to us in the enclosed self-addressed postage-paid envelope within five (5) days. The information requested will assist us in insuring that all projects, agencies, or programs which participate in the provisions of family planning services are included in our listing.

We sincerely appreciate your support in this developmental period which is so important to the success of the full-scale National Family Planning Services Data Collection System.

Sincerely yours,

(Mrs.) Gloria Hollis

Chief

Health Facilities Statistics Branch

Division of Health Resources Statistics

In case we need to contact you, please enter your phone number

\_\_\_\_\_  
Area Code      Phone Number

For the purpose of this data collection system, *Family planning services are those medical, social and/or education services which are primarily concerned with the regulation of conception.*

CHECK ONE BOX ONLY

- Addressee does *not* participate in the provision of family planning services.
- Addressee maintains a clinic on site which provides family planning services. Our program is part of a more extensive system for delivering family planning which is coordinated/operated/funded by \_\_\_\_\_  
agency name

whose address is \_\_\_\_\_  
\_\_\_\_\_

- Addressee is an administrative unit which *does* participate in the provision of family planning services at the following locations:

(a)

Name of service site				
Location	Number	Street	Room Number	P.O. Box, Route, etc.
	City or Town	County	State	Zip

(b)

Name of service site				
Location	Number	Street	Room Number	P.O. Box, Route, etc.
	City or Town	County	State	Zip

(c)

Name of service site				
Location	Number	Street	Room Number	P.O. Box, Route, etc.
	City or Town	County	State	Zip

(d)

Name of service site				
Location	Number	Street	Room Number	P.O. Box, Route, etc.
	City or Town	County	State	Zip

If more space is needed, please complete this information on a separate piece of paper and attach to this letter.

Thank you.

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COMMENTS

# NATIONAL SURVEY

OMB Clearance No.  
068R-1393

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
Health Resources Administration  
National Center for Health Statistics

NATIONAL INVENTORY OF FAMILY PLANNING SERVICES 1974 ANNUAL SURVEY	PROJECT NO. (NOTE: Clinic name and address label goes here)
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Dear Director:

The rapid expansion of family planning services in the United States since the mid-sixties has brought to the forefront the need for accurate and current information on the extent to which these services are available nationally. On January 1, 1972, the National Center for Health Statistics implemented the National Reporting System for Family Planning Services to collect monthly data on family planning patients seen in public facilities and the services they receive. However, there is currently no comprehensive inventory available of all facilities providing family planning services in the United States and the services available through them.

The National Center for Health Statistics is therefore conducting this annual survey to obtain current information about each family planning clinic or service site such as name, location, caseload, services offered, and staff size. This National Inventory of Family Planning Services expands upon previous surveys of this nature conducted by Planned Parenthood-World Population.

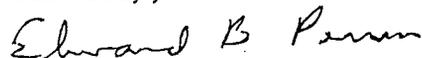
The information from this survey will be used by the National Center for Health Statistics for statistical reports on the characteristics of facilities providing family planning services. In addition, the data will be made available to other agencies to compile directories of available clinics or service sites, to plan for needed additional facilities, and to plan for future manpower needs.

One of these questionnaires is to be completed for each clinic or service site at which your project, agency, or program provides family planning services.

Before completing this questionnaire, you should familiarize yourself with the definitions at the top of page 2. If this is one of a group of clinics or service sites administered or directed by a central agency, project, or program, please return the completed questionnaire to your Project so that the questionnaires for all clinics under the Project's direction can be returned together. All questionnaires should be returned within three weeks.

Thank you for your cooperation.

Sincerely,



Edward B. Perrin, Ph.D.  
Director  
National Center for Health Statistics

For this survey, the following definitions apply:

#### FAMILY PLANNING SERVICES

Family planning services provide the means which enable individuals to meet their family planning objectives. These services are medical, social, and educational.

Medical family planning services refer to the following services provided by a physician, nurse-midwife, registered nurse, or other authorized personnel: medical history; physical examination; laboratory testing; testing, consultation, and treatment including continuing medical supervision; issuance of drugs and contraceptive supplies; and appropriate medical referral when indicated.

Social and educational family planning services are such services as outreach, the provision of transportation, or babysitting, which are provided to enable a person to attend a family planning clinic or to otherwise obtain medical family planning services.

#### CLINIC SITE

A clinic site is a place or facility at which any family planning services are provided on a regularly scheduled basis. It may be a hospital, health center, mobile unit, free-standing site, church, or store front. For mobile units each stop is considered a clinic location; therefore, a separate questionnaire should be completed for each stop or location. Physicians' offices should be considered as clinic locations only when there is a formal relationship with some project or agency which is responsible for providing family planning services. Physicians, nurses, volunteers, etc., who make home visits for the purpose of delivering a family planning service should count their home base of operations as the clinic location.

#### FAMILY PLANNING PATIENT

A family planning patient is a client who meets one of the following conditions during her/his visit:

- (1) The client is provided a method of contraception by the clinic;
- (2) The client receives contraceptive, infertility, or sterilization counseling in conjunction with a medical service which is not V.D. or pregnancy testing.



7. ARE MEDICAL FAMILY PLANNING SERVICES (AS DEFINED AT THE TOP OF PAGE 2) PROVIDED AT THIS CLINIC OR SERVICE SITE FOR WHICH YOU ARE REPORTING? IMPORTANT - THIS QUESTION DOES NOT PERTAIN TO THE AGENCY OR ORGANIZATION NAMED IN QUESTION 6b BUT TO YOUR OWN AGENCY OR ORGANIZATION.

42-2  Yes  
 a. WHAT IS YOUR PRIMARY SERVICE OR PURPOSE?

- 43-1  Medical family planning  
 -2  Sterilization  
 -3  V-D Testing  
 -4  Postpartum and/or Prenatal Care  
 -5  Comprehensive Health Care  
 -  Other (Specify) \_\_\_\_\_

-1  No  
 b. DOES THIS CLINIC OR SERVICE SITE:

(1) REFER PATIENTS TO ANY OTHER SITE FOR MEDICAL FAMILY PLANNING SERVICES?

44-1  No -2  Yes  
 (a) WHAT IS THEIR NAME AND ADDRESS:  
 (Name) \_\_\_\_\_  
 (Street) \_\_\_\_\_  
 (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(2) PROVIDE SPACE, EQUIPMENT, CONTRACEPTIVE SUPPLIES, AND/OR STAFF TO OTHERS WHO PROVIDE MEDICAL FAMILY PLANNING SERVICES?

45-1  No -2  Yes  
 (a) WHAT IS THEIR NAME AND ADDRESS:  
 (Name) \_\_\_\_\_  
 (Street) \_\_\_\_\_  
 (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(3) CONTRACT OR PAY OTHERS FOR THE PROVISION OF MEDICAL FAMILY PLANNING SERVICES?

46-1  No -2  Yes  
 (a) WHAT IS THEIR NAME AND ADDRESS:  
 (Name) \_\_\_\_\_  
 (Street) \_\_\_\_\_  
 (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

IF "YES" WAS MARKED IN 7 AND 7a ANSWERED, CONTINUE BELOW WITH QUESTION 8. IF "NO" WAS MARKED IN 7 AND 7b (1) - (3) ANSWERED, SKIP TO QUESTION 18 ON THE LAST PAGE.

8. DO YOU REPORT TO THE NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES?

47-1  No -2  Yes  
 8a. WHAT IS YOUR CLINIC NUMBER? cc 48-51

9. WHEN DID THIS CLINIC OR SERVICE SITE FIRST BEGIN OFFERING MEDICAL FAMILY PLANNING SERVICES?

month / year  
 cc 52, 53 54, 55

10. PLEASE ENTER BELOW THE NAME OF EACH COUNTY SERVED BY THIS CLINIC OR SERVICE SITE AND THE PERCENTAGE OF YOUR TOTAL PATIENTS FROM EACH COUNTY.

Name of County	% of patients	Name of County	% of patients
cc10	cc13	cc28	cc31
cc16	cc19	cc34	cc37
cc22	cc25	cc40	cc43

11. WHAT PERCENTAGE OF YOUR BUDGET FOR FAMILY PLANNING SERVICES WAS RECEIVED IN 1973 FROM THE FOLLOWING SOURCES? (THE PERCENTAGES SHOULD ADD TO 100 PERCENT.)

a. Department of Health, Education, and Welfare	_____	% cc49
b. Other Federal agencies (Specify) _____	_____	% cc52
c. State government	16-	% cc55
d. County government	_____	% cc58
e. City government	_____	% cc61
f. Planned Parenthood-World Population	_____	% cc64
g. Special Research Grant (Specify) _____	_____	% cc67
h. Other source(s) than above (Specify) _____	17-	% cc70
Total of a - h	48-	100 %

Card 3  
9-3

12. WE WOULD LIKE SOME INFORMATION ON YOUR FAMILY PLANNING CLINIC SESSIONS. THESE ARE REGULARLY SCHEDULED PERIODS OF TIME DURING WHICH MEDICAL FAMILY PLANNING SERVICES ARE PROVIDED AT THIS SITE.

In column (1), check the box to indicate the days of the week during which medical family planning services are provided.

DO NOT FILL IN —											
FOR AGENCY USE ONLY											
cc10											
cc21											
cc32											
cc43											
cc54											
cc65											

In column (2), enter the time period during which medical family planning services are provided (e.g., 9-11 a.m.; 3-5 p.m.). If a split session is operated on any day, enter both time periods in the same box for that day. If this is a comprehensive health center or HMO where family planning is provided only on an "as needed" basis, check the "as needed" box in column (2).

In column (3), check the box which best describes the type of clinic session being held. For the purposes of this study, a clinic session may be specialized (S) (where only services related to medical family planning are provided) or combined (C) (where family planning services are offered in conjunction with other health services such as maternity, post-partum, maternal and child health, obstetrics and gynecology, comprehensive or other health care).

In column (4), check the box which describes the frequency of these sessions - W for weekly, B for bimonthly (e.g., every other week), M for monthly, or 0 for other.

(1) Days of Week Medical Family Planning Provided	(2) Time Period			(3) Type of Clinic Session		(4) Frequency of Sessions			
	From	To	As Needed	Specialized	Combined	Weekly	Bimonthly	Monthly	Other
Monday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13a. WAS THIS CLINIC OR SERVICE SITE CLOSED AT LEAST ONE MONTH (FOUR CONSECUTIVE WEEKS) DURING ANY PART OF 1973?

Card 4  
J-4

10-1  No -2  Yes

b. Closed from \_\_\_\_\_ month / day to \_\_\_\_\_ month / day  
cc11  
\_\_\_\_\_ month / day to \_\_\_\_\_ month / day  
cc19  
\_\_\_\_\_ month / day to \_\_\_\_\_ month / day  
cc27  
\_\_\_\_\_ month / day to \_\_\_\_\_ month / day  
cc35

14a. HOW MANY PATIENTS RECEIVED MEDICAL FAMILY PLANNING SERVICES AT THIS SITE FROM JANUARY 1, 1973 THROUGH DECEMBER 31, 1973?

Total Patients cc13

b. HOW MANY OF THESE TOTAL PATIENTS WERE ENTITLED TO SUBSIDIZED FAMILY PLANNING SERVICES IN 1973 UNDER:

(1) Title IV-A (AFDC)? \_\_\_\_\_ cc48

(2) Title XIX (Medicaid)? \_\_\_\_\_ cc53

c. HOW MANY OF THESE TOTAL PATIENTS WERE NEW PATIENTS (e.g., THOSE WHO REGISTERED AND RECEIVED MEDICAL FAMILY PLANNING SERVICES AT THIS SITE FOR THE FIRST TIME) FROM JANUARY 1, 1973 THROUGH DECEMBER 31, 1973?

New Patients cc58

d. HOW MANY MEDICAL FAMILY PLANNING VISITS WERE RECORDED AT THIS SITE FROM JANUARY 1, 1973 THROUGH DECEMBER 31, 1973? (DO NOT INCLUDE VISITS OR MAILINGS WHEREBY A PREVIOUSLY REGISTERED PATIENT RECEIVED SUPPLIES ONLY.)

Total Visits cc63

5  
5

15a. WHICH OF THE FOLLOWING SERVICES OR FUNCTIONS ARE PROVIDED AT THIS SITE FOR FAMILY PLANNING PATIENTS? (Check all that apply.)

- (1)  Record of pertinent medical history
- (2)  Record of reproductive history
- (3)  Record of pertinent social history
- (4)  Pap smear
- (5)  Pelvic examination
- (6)  Breast examination
- (7)  Taking of blood pressure
- (8)  Contraceptive prescription
- (9)  Insertion of IUD
- (10)  V-D testing for syphilis
- (11)  V-D testing for gonorrhea
- (12)  Pregnancy testing
- (13)  Routine lab tests (hematocrit, urine for sugar and albumin)
- (14)  Infertility diagnosis
- (15)  Infertility counseling
- (16)  Female sterilization
- (17)  Male sterilization
- (18)  Sickle cell screening
- (19)  Other medical service (Specify) \_\_\_\_\_

15b. WHAT PERCENTAGE OF YOUR PATIENTS RECEIVED THESE SERVICES IN 1973 ON THEIR INITIAL\* VISIT FOR MEDICAL FAMILY PLANNING SERVICES?

Percentage

\_\_\_\_\_ cc10

\_\_\_\_\_ cc13

\_\_\_\_\_ cc16

\_\_\_\_\_ cc19

\_\_\_\_\_ cc22

\_\_\_\_\_ cc25

\_\_\_\_\_ cc28

\_\_\_\_\_ cc31

\_\_\_\_\_ cc34

\_\_\_\_\_ cc37

\_\_\_\_\_ cc40

\_\_\_\_\_ cc43

\_\_\_\_\_ cc46

\_\_\_\_\_ cc49

\_\_\_\_\_ cc52

\_\_\_\_\_ cc55

\_\_\_\_\_ cc58

\_\_\_\_\_ cc61

\*An initial visit for medical family planning services is defined as a visit at which a patient is registered for and receives medical family planning services for the "first time" at this site.

DO NOT FILL IN — FOR AGENCY USE ONLY	cc64				
	cc68				
	cc72				

16. WHICH OF THE FOLLOWING OTHER ANCILLARY SERVICES OR FUNCTIONS ARE PROVIDED AT THIS SITE  
(Check all that apply)

- 10-1  Individual counseling about family planning
- 11-1  Follow-up Program (Follow-up activities include contacting persons who have missed appointments and the scheduling of reappointments.)
- 12-1  Referral to other clinic for family planning or medical services not provided at this site
- 13-1  Referral to appropriate agency for social services
- 14-1  Outreach Program (Outreach activities are those which inform prospective patients of family planning services and assist them in availing themselves of the services.)
- 15-1  Classroom or group sessions about family planning
- 16-1  Classroom or group sessions on sex education (in addition to family planning and contraceptive education)
- 17-1  Transportation to the clinic or service site (provided or subsidized)
- 18-1  Babysitting (while patient is at clinic or service site)
- 19-  Other (Specify) \_\_\_\_\_
- 20-1  None

17. WHAT PERCENTAGE OF ALL YOUR PATIENTS USED OR RECEIVED THE FOLLOWING TYPES OF CONTRACEPTIVE METHODS IN 1973? (Include only those methods provided at this site.)

	<u>Percentage</u>	
(a) <input type="checkbox"/> Oral (Pill)	_____	cc21
(b) <input type="checkbox"/> IUD	_____	cc24
(c) <input type="checkbox"/> Foam	_____	cc27
(d) <input type="checkbox"/> Condom	_____	cc30
(e) <input type="checkbox"/> Diaphragm/jelly	_____	cc33
(f) <input type="checkbox"/> Basal Temperature Rhythm	_____	cc38
(g) <input type="checkbox"/> Cervical-Mucus Rhythm	_____	cc39
(h) <input type="checkbox"/> Sterilization (female)	_____	cc42
(i) <input type="checkbox"/> Sterilization (male)	_____	cc45
(j) <input type="checkbox"/> Injection	_____	cc48
(k) <input type="checkbox"/> Morning after pill	_____	cc51
(l) <input type="checkbox"/> Other (Specify) _____	_____	cc54
(m) <input type="checkbox"/> None offered (Infertility counseling only)	_____	cc57

60-

DO NOT FILL IN—	cc61				
FOR AGENCY USE ONLY	cc65				

Card 7  
9-7

18. PLEASE INDICATE BELOW THE NUMBER OF STAFF USUALLY INVOLVED IN THE DELIVERY OF MEDICAL FAMILY PLANNING SERVICES AT THIS CLINIC OR SERVICE SITE DURING A TYPICAL WEEK. INCLUDE VOLUNTEERS, CONTRACT, AND PAID EMPLOYEES. COUNT EACH PERSON ONLY ONCE, IN THE OCCUPATION AT WHICH HE/SHE SPENDS MOST TIME.

Staff Type	Total Staff delivering family planning services	Total staff hours usually worked per week
Administrator/Director	cc10	cc12
Clerk/Secretary	cc15	cc17
Clinic Aide	cc20	cc22
Health Educator	cc25	cc27
Licensed Practical Nurse	cc30	cc32
Nurse Midwife/Nurse Practitioner	cc35	cc37
Nutritionist	cc40	cc42
Outreach Worker	cc45	cc47
Physician	cc50	cc52
Physician's Assistant	cc55	cc57
Registered Nurse	cc60	cc62
Social Worker	cc65	cc67
Other (Specify) _____	cc70	cc72

cc75-

19.

NAME OF PERSON COMPLETING THIS FORM: (Please print)	JOB TITLE:
	TELEPHONE NUMBER:

COMMENTS:

DO NOT FILL IN FOR INTERNAL USE ONLY	cc10						
	cc16						
	cc22						

— ○ ○ ○ —

## VITAL AND HEALTH STATISTICS PUBLICATIONS SERIES

*Formerly Public Health Service Publication No. 1000*

- Series 1. Programs and Collection Procedures.*—Reports which describe the general programs of the National Center for Health Statistics and its offices and divisions, data collection methods used, definitions, and other material necessary for understanding the data.
- Series 2. Data Evaluation and Methods Research.*—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, contributions to statistical theory.
- Series 3. Analytical Studies.*—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.
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For a list of titles of reports published in these series, write to: Scientific and Technical Information Branch  
National Center for Health Statistics  
Public Health Service, HRA  
Rockville, Md. 20852