Expanded Methodology for the 1997 Census of Publicly Funded Family Planning Clinics

Service data were collected for all agencies and for each of their clinic sites that provided publicly funded family planning services in 1997 in any of the 50 states or the District of Columbia, the six Pacific or the two Caribbean territories of the United States. The methodology and definitions used for this study are similar to those used in previous surveys.[1] This document supplements the information provided in the methodology section of Frost J et al., Family planning clinic services in the United States: patterns and trends in the late 1990s, *Family Planning Perspectives*, 2001, 33(3):113–122.

Definitions

Family planning agencies are defined as organizations that have operating responsibility for clinics where contraceptive services are provided.* An agency qualifies for inclusion in the universe of publicly funded family planning agencies only if it offers contraceptive services to the general public and provides those services free of charge or at a reduced fee to at least some of its clients, or subsidizes its services with the receipt of public funds (including Medicaid). This definition excludes private physicians and health care centers serving only restricted populations, such as health maintenance organization enrollees, students, veterans and military personnel. It includes sites that provide only education and counseling and dispense only nonmedical contraceptive methods if the sites maintain individual charts for contraceptive clients.

Data Collection

Data collection focused on identifying all publicly funded family planning agencies and clinic sites that provided contraceptive services in 1997 and on obtaining information for that year on the total number of female contraceptive clients and the number of female contraceptive clients younger than 20 served at each site and on clinic receipt of Title X funds. To identify all agencies and clinics fitting our definition, we began with the universe identified in the 1994 enumeration.[2] We then updated addresses and added names of potential agencies and clinics from the following sources: current lists of all Title X–funded clinics from the Office of Population Affairs, U.S. Department of Health and Human Services; clinics identified by women interviewed in the National Survey of Family Growth (Cycle V); mailed items returned because of an insufficient or incorrect address drawn from the 1994 clinic list; Planned Parenthood Federation of America directories; and lists of community or migrant health centers from the Bureau of Primary Care's (BPC) published directory.[3] In adding sites from the BPC directory, we included those that received or qualified for federal 329 or 330 funds and appeared to offer general health services. During the data collection process, we determined whether each site provided publicly subsidized family planning services, retaining those that did in the final universe of providers.

We mailed requests for data in the summer of 1998 to the 83 Title X grantees (including 39 that were also state family planning administrators and five that were family planning administrators for the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa and Guam) and to the 13 non–Title X state family planning administrators. Respondents were provided with an updated list of all agencies and clinics in their state or territory and were asked to update the names, addresses and operating status of listed agencies and clinics reporting to them, to add any agencies or clinics not on the list and to indicate whether any listed agencies or clinics had closed.

For each clinic providing contraceptive services, they were asked to provide the total number of female contraceptive clients served in 1997 and the number of female contraceptive clients younger than 20. If respondents could provide only agency totals, we asked them to estimate the distribution of clients across sites. In addition, we asked the grantees to indicate whether a given clinic site received Title X funding in 1997; whether the number of contraceptive clients served at a given clinic site in 1997 was less than 50% of the total number of clients receiving any medical services at that site; and whether a given clinic site provided family planning services less than once per week.†

To assist the grantees and administrators with our data request, we provided them with study definitions of client, agency and clinic, and asked them to describe the characteristics of any reported clients not meeting our exact definition. We informed them that our updated list included community or migrant health centers whose family planning service status had not yet been confirmed. We also advised them that we would be sending a similar data request directly to independent clinics, community or migrant health centers and Planned Parenthood affiliates.

All nonrespondents were followed up with a reminder letter and, later, with phone calls to ensure as complete a response as possible. We received completed responses from 79 of the 83 Title X grantees. For one nonresponding grantee, we obtained data from the delegate agencies under its jurisdiction. For two others that had only a few clinics, we used 1997 Title X Family Planning Annual Report data.[4] For the remaining nonresponding grantee, we obtained data via telephone. We followed up by e-mail, fax or phone on all discrepancies, comments and missing or incomplete data in these reports. Seven of the 13 non–Title X state family planning administrators provided data for all agencies and clinics under their jurisdiction. The remaining state family planning administrators could not or did not provide data, so we requested information directly from the non–Title X agencies in those states. Altogether, Title X grantees and state family planning administrators provided client data for 4,232 family planning clinics, representing 59% of all sites in the universe of publicly subsidized clinics and 64% of all sites for which we obtained data.

To obtain data for all sites providing publicly subsidized family planning services (including those that did not receive Title X funds), we separately surveyed more than 2,000 agencies, including those least likely to report client numbers to either a Title X grantee or a state family planning administrator—all hospitals, all community or migrant health centers and other (nonaffiliated) agencies listed in the database, as well as a small number of health departments located in one state in which the state health department did not collect data and Planned Parenthood affiliates that were not Title X grantees. The instructions and data requests sent to the individual agencies were basically the same as those described above for the grantees and administrators. To ascertain whether agencies and clinics met our definition of being publicly funded, we requested additional information on funding sources and billing options. Specific instructions were given to hospitals to exclude data for physicians' private practices on their premises and to agencies to indicate whether client data were estimated. We sent a second mailing of this individual request to more than 1,300 agencies that had not responded to the initial mailing and for which no data had yet been received from the grantee or state mailings.

After two mailings and extensive telephone follow-up, 994 agencies reported data for 1,980 family planning clinics. Of agencies that received the initial individual mailing, many either were found to not provide publicly funded family planning services or reported data to a Title X grantee or state family planning administrator who provided that data to us after the initial individual mailing. All agencies for which no data were received from any source were contacted by phone to confirm their status and the status of all their clinic sites as providers of publicly subsidized family planning services.

Data Review and Adjustments

All data received were reviewed, edited, entered and verified. Despite our explicit definition of contraceptive client, some agencies were unable to provide exact numbers of contraceptive clients served. We followed up with all sites for which data were not given, that were combined with other sites or for which dates of operation were not clear.

Some respondents were unable to provide data in exactly the format requested, even after follow-up. In cases where the number of clients was reported as one agency total (6% of clinic sites), we distributed the total evenly across that agency's sites. For most of these sites (4% of clinics), the agency and all its clinics were located in the same county. The data for 5% of clinics were applicable to a reporting period other than calendar year 1997, usually for a fiscal year that included part of 1997; we used the data provided, assuming that the number of clients served during the 1997 calendar year would have been similar to the number served during an overlapping 12-month fiscal year. Finally, a few respondents (representing about 1% of clinics) could provide information only on numbers of family planning visits, not clients. In these cases, based on information indicating an average of two visits per client per year,[5] we estimated the number of clients to be one-half the number of visits.

Estimating Missing Data

We identified a total of 3,117 agencies and 7,206 clinics that had provided publicly subsidized family planning services in 1997. Overall, the number of female contraceptive clients was reported for 86% (6,212) of all family planning clinics. After confirming that the remaining 14% of sites (994 clinics) had indeed provided family planning services in 1997, we used two methods to estimate how many clients they had served that year. We used agency-provided data from the 1994 enumeration of clients for 5% of clinics (344 sites), and clinic data obtained from the 1997 Title X Family Planning Annual Report for four clinics. No earlier data were available for the remaining 9% of clinics (646 sites), so we estimated the number of female contraceptive clients served as the average number served by other clinics in the same region and of the same Title X funding status, metropolitan or nonmetropolitan status, and provider type.

Most of these sites were community or migrant health centers (349) or hospitals (200); none were funded by Title X.

Overall, we used these procedures to estimate 10% of all female contraceptive clients enumerated; for teenagers, the total percentage estimated was 14%. This discrepancy occurred because some clinics could provide total client numbers, but did not have separate figures for teenage clients. For these sites, we used the average percentage of total clients represented by teenagers at similar sites to estimate the number of teenage clients. Although the *total* number of clients served was increased by including estimated data, the particular procedure used ensured that the *average* number of clients served per clinic after estimation did not change much from the original value, either for all clinics or for each type of clinic.

Limitations

Although we used rigorous methods to obtain accurate information on publicly funded clinics and the number of contraceptive clients they serve, several limitations may affect our interpretation of these data. First, we believe this to be a near-complete count of all providers fitting our definition; nevertheless, given the rapid changes occurring in health care provision generally, we may have inadvertently omitted a small number of qualified sites. Second, some agencies, generally hospital outpatient departments or community or migrant health centers, provided us with estimates of contraceptive clients served per year because they did not have documented service figures. Finally, for about 14% of clinics, we estimated the number of clients based on either prior data or the experience of similar clinics. Each of these steps may have introduced error into the final counts of providers and contraceptive clients. Although the potential level of error from these factors is unlikely to influence the national or state level estimates of contraceptive clients, it may have greater implications for county estimates.

In addition, these data provide information only on the number of women who obtained care from publicly funded clinics. Women who received publicly funded care from private physicians (for example, care paid for by Medicaid) were not included in our analysis.

References

1. Frost JJ, Family planning clinic services in the United States, 1994, *Family Planning Perspectives*, 28(3):92–100, 1996.

2. Ibid.

3. U.S. Department of Health and Human Services (DHHS), *Bureau of Primary Health Care: Primary Care Programs Directory: 1998,* Bethesda, MD: DHHS, 1997.

4. The Alan Guttmacher Institute (AGI), *Family Planning Annual Report, 1997, Summary Data*, New York: AGI, 1998.

5. AGI, *Organized Family Planning Services in the United States, 1981–1983*, New York: AGI, 1984; and The Innovations Group of Planned Parenthood, *1998 Affiliate Annual Service Census (CL-7),* San Francisco, CA: Planned Parenthood Federation of America, 1999.

Footnotes

*The request for data was accompanied by the following definitions: a) An agency "is the facility that has operating responsibility (i.e., provides most of the staff, space and supplies) for family planning clinic services. It may be a hospital, health department (city, county, district, regional or state), Planned Parenthood affiliate, community action agency, neighborhood health center, women's health center, free clinic or family planning council." b) A publicly funded family planning clinic "is a site where contraceptive counseling, education and services are provided. This includes sites providing comprehensive medical contraceptive services, i.e., sites where women can receive a medical examination related to the provision of a method for postponing or preventing conception; this examination is performed by a physician, a nurse-midwife, a registered nurse or other authorized personnel. Also included are sites that provide counseling and education and dispense nonmedical methods of contraception without performing a medical examination, as long as an individual chart is created for at least some contraceptive clients. Finally, to be classified as 'publicly funded,' the site must provide services to at least some clients using public or private subsidies. Thus, clinics must receive Title X funds or any other federal, state or local funds or private donations and must provide family planning care to at least some of its clients for free or at a reduced fee." c) A family planning or contraceptive client "is a woman who has made one initial or at least one return visit for contraceptive services during the 12-month reporting period. This includes all clients who have received a medical examination related to provision of a method for postponing or preventing conception. In addition, this includes all active contraceptive clients for whom a chart is maintained, including those who made supply revisits during the 12-month period, but

did not have a medical examination; clients who received counseling and method prescription and deferred the initial medical examination (i.e., new oral contraceptive clients); and women who chose the rhythm method or natural family planning. This definition does not include clients who received only abortion services, only pregnancy tests, only infertility services or clients who received only counseling and were then referred to another provider for method prescription or provision."

†The latter two questions had poor response rates. Overall, 34% of all clinics checked a box on the questionnaire indicating that contraceptive clients made up fewer than half of all clients receiving medical services at the clinic, and 7% indicated that they provided contraceptive services less than once per week. However, we do not know how many of the respondents who did not check these boxes did so for legitimate reasons and how many were simply unable or unwilling to be this specific; therefore, we do not present any analyses using these variables.

‡Any clinic not funded by Title X that reported fewer than 10 contraceptive clients in 1997 was excluded from the count of clinics providing publicly supported contraceptive care.

§For hospital-based clinics, the number of beds was included in estimating the number of clients served.