

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

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## I. Introduction

The passage of the "Family Planning Services and Population Research Act of 1970" (Public Law 91-572) and the subsequent influx of Federal funds into the field, led to a 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 a national perspective 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, etc., it was impossible to formulate any method for evaluation of the data. In addition, many facilities which offered family planning services were not participants in programs which were organized specifically to provide family planning services. These facilities provided comprehensive care or some specialty care of which family planning services were only a part of the total spectrum of services offered. Information on these "multi-service" facilities and their family planning services was sorely lacking.

Primary responsibility for the methodological development and actual implementation of a national data system on family planning services was assigned to the National Center for Health Statistics (NCHS), part of the Department of Health, Education, and Welfare. The National Reporting System for Family Planning Services and the National Inventory of Family Planning Services were developed as the two key data collection mechanisms in this data system.

The first of these two mechanisms, the National Reporting System, began operation in January 1972. It collects monthly data on the patients receiving services at federally funded clinics, most Planned Parenthood affiliates, and those other public and private organizations which choose to participate in the system. It is not a comprehensive inventory, however, in that it does not attempt to include all service sites--private as well as public--where family planning services are provided. Nor does it adequately describe these services in terms of their providers--the service sites--tending as it does to focus on the patient-recipient of the services.

Development of the second of these two mechanisms, the National Inventory, commenced in 1972 with the first annual survey being conducted in 1974. The National Inventory is designed to be a comprehensive listing of all family planning service sites in the Nation--private as well as public. The basis of the National Inventory is the provider; therefore, the data collected annually is on

the number and characteristics of the facilities themselves, not the patients.

The combination of data from the two mechanisms will be of use in the evaluation of and planning for family planning facilities as well as in research studies related to the family planning area. Through merging of the data from these systems it is anticipated that a comprehensive picture of the family planning service area can be obtained.

## II. Background on the Development of the National Inventory

The remainder of this paper will concentrate on the second of these two reporting mechanisms--the National Inventory of Family Planning Services. Three basic steps were performed in the development of the National Inventory before the first national survey could be conducted. First, the scope of the coverage had to be determined. Second, after defining the scope, the universe had to be developed. Third, the questionnaire to be used in surveying the National Inventory universe had to be developed.

In order to provide as wide a range of information as possible, it was determined that a very broad base be established for inclusion in the National Inventory universe. The universe was, therefore, developed on the premise that all places providing medical or nonmedical family planning services, or both, would be included on the National Inventory.

For the purposes of the National Inventory, the definitions used were based on those of the National Reporting System for compatibility. The following definitions were employed by the survey:

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

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.

Nonmedical family planning services are such social or educational 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. Many of these nonmedical service sites function chiefly as "referral" sites, in that they refer patients to other sites for medical family planning services. In addition, such nonmedical providers may furnish space, equipment, and staff to others who provide medical family planning services, or they may contract with or pay others for the provision of medical family planning services.

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. Physician's 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.

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.

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. All listings were matched manually to eliminate duplication. The remaining facilities were placed on computer tape, listings printed, and additional matching performed to further eliminate duplicate listings--both manually and by computer. The universe for the first annual survey was finalized early in 1974.

Concurrent with the development of the universe, the questionnaire to be utilized in the national survey was being developed. Two questionnaires were originally developed for use in the National Inventory--one to collect data on the service site level and the second to collect data from the operat-

ing organization or program. These forms were pretested in the spring and summer of 1973 with the cooperation of the Planned Parenthood Federation of America. A sample of 505 clinics was selected and sent questionnaires. A total of 476 facilities, or 94 percent, responded to the survey. After studying the results of the pretest, it was decided to utilize only one form directed at the service site level since this was going to be the basis of the National Inventory.

After revision of the pretest questionnaires into one form, and finalization of the universe, the first annual survey of the National Inventory of Family Planning Services was fielded in April 1974.

### III. Implementing the First Annual Survey

The 1974 Annual Survey of the National Inventory of Family Planning Services was conducted by a mail survey directed to all presumed providers in the 50 States, the District of Columbia, and the territories of American Samoa, the Canal Zone, Guam, Puerto Rico, and the Virgin Islands. A total of 10,321 sites were surveyed--5,857 treated as medical providers and 4,464 treated as nonmedical providers. The period of data collection extended from April through August 1974. This consisted of an initial mailing, two follow-up mailings, and a final telephone follow-up to nonrespondents.

Completion of the processing of the survey data yielded changes to the universe of the National Inventory. Those facilities identified as nonproviders, out-of-business, duplicates, etc., were deleted from the universe. There were also changes of 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 status. The result of these deletions and additions was a revised universe of 9,781 service sites--5,719 medical providers and 4,062 non-medical providers.

### IV. Findings

A total of 8,170 service sites responded to this first survey, for a response 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 are available, due to the following reasons. Eighty-nine of this number began operation in 1974 and were, therefore, unable to supply answers to most of the items on the questionnaire, which were for

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 non-medical providers. Responses given, however, indicated 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 sites to 4,494.

Because this survey was the first to be performed on the National Inventory universe, 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 all of the nonresponding facilities. Thus, applying the same proportion of reported data 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 to be generated. (2) There is no way of knowing that the total of 9,781 facilities is accurate. At the present time, no complement survey has been developed as a statistical measurement of the validity of the universe or the scope of its coverage. Work to develop such a complement survey is currently being performed under contract for the NCHS. In the meantime, however, all tabulations from the 1974 survey are performed using 4,494 as the base for medical providers and 3,563 as the base for nonmedical providers.

#### Nonmedical Providers

Information was requested of the non-medical providers primarily as to their referral of patients, provision of space or equipment to medical providers, and whether contracts were maintained with medical providers for family planning services. Nearly 98 percent of the nonmedical providers referred patients to sites offering medical services; 29 percent contracted or paid others for the provision of medical services; only 10 percent provided space or equipment to others who provided medical services. Nonmedical providers were largely government-operated with only about 10 percent operated by nongovernment agencies or organizations.

#### Medical Providers

Data collected on the medical providers included operating responsibility, primary purpose, patient load, and number of visits.

As expected, the largest proportion (66 percent) of the Nation's family planning service sites were sponsored and operated by public agencies, projects and programs, the greater number of these by State and county governments. With this degree of public sponsorship, it was not surprising to find

that a substantial majority of medical service sites owed much of their financial support to public funding. Over 90 percent reported that public funds accounted for over half of their support. The most extensive subsidization was furnished by the Department of Health, Education, and Welfare with 4,000 facilities receiving support, of which over 2,700 reported over half their support from DHEW. Funding from the private sector, for example by fees, contributions, research grants, etc., was appreciable but not the dominant mechanism of financial support for the sites. Just over 1,200 facilities, or 28 percent, reported that some portion of their support was received from private sources, but most of these (64 percent) stated that this support was less than half of their total support.

Of the 4,494 responding medical providers, approximately 72 percent (3,237 facilities) indicated that they provide medical family planning as their primary purpose. Comprehensive health care was offered by 23 percent, with the remaining percent spread over other specialty type care.

The responding medical providers served a total of nearly 4.4 million patients in 1973--4.3 million in the United States and nearly 0.1 million in the territories. Over 7 million visits were reported for an average of 1.6 visits per patient.

At the present time, the 1975 or second annual survey of the National Inventory is being conducted. Now, comparisons of data are becoming possible, and with the results of the Complement Survey, national trends and estimates of the provision of family planning services can be performed in the near future by providing heretofore unavailable data on this rapidly expanding segment of the health care field.