or more than 100 miles for abortion services, the maximum gestation at which abortions are provided, the days of the week services are offered, whether abortions can be performed during a patient’s first visit, charges, and problems affecting the facility’s ability to offer abortion services. These questions refer to the time the questionnaire was completed (mid 1993). We also asked about the frequency of harassment by antiabortion activists during 1992 and the number of abortions performed during 1991 and 1992.

Because the additional topics covered in the hospital questionnaire were limited to gestation limits and antiabortion harassment, most of the information on barriers to services pertains only to nonhospital providers. The results nevertheless represent the experience of most women who had an abortion in 1992, because nonhospital providers performed 93% of all abortions in 1992.9

Of the 1,525 nonhospital abortion providers in 1992, 1,106 (73%) provided information on gestation limits, 914 (60%) on charges, and 835–925 (55–61%) on other items. Some of the variation in response occurred because respondents did not have the requested information. Because response rates were higher for nonhospital facilities and facilities with large caseloads than for hospitals and small facilities, we weighted the results to reflect the correct national proportions according to facility type and caseload.

The questionnaire asked respondents to estimate the distribution of their abortion patients by distance of the patient’s residence from the facility (within 50 miles, 50–100 miles or more than 100 miles). We asked a similar question in our 1989 survey, but the results are not comparable because of differences in the response categories. To reflect the experience of the typical patient, we weighted variables related to distance by the number of patients served as well as by provider type and size.

We divided nonhospital facilities into three groups: abortion clinics, nonspecialized clinics and physicians’ offices. The category called “nonspecialized clinics” includes group practices and other providers with clinic names, surgical centers and health maintenance organizations. Physicians’ offices were put in this group if they reported providing more than 400 abortions in 1992 and did not indicate that at least half of patient visits were for abortion services. The category called “physicians’ offices” is made up of solo or group practitioners who performed fewer than 400 abortions in 1992.

Distance
According to the estimates of abortion providers, 8% of women having abortions in nonhospital facilities in 1992 traveled more than 100 miles for abortion services, and an additional 16% traveled 50–100 miles (Figure 1). The need to travel long distances was greatest in the East South Central census division, where an estimated 15% of those having abortions in nonhospital facilities lived more than 100 miles.