terners and independent agencies. These agencies were believed to be administering over 2,500 clinic sites. Ninety health department agencies for whom states could not supply data also received individual mailed requests. Each agency received up to three mailed requests. Finally, all agencies that did not respond to multiple mailings were telephoned to confirm their eligibility and were then faxed a final request for client data.

As a result of these efforts, 596 family planning agencies, representing 1,372 clinics, independently reported data in response to our mailed requests, and an additional 135 agencies, representing 263 sites, provided data in response to our final telephoned and faxed requests. We obtained data for 74 clinics from a separate survey in which a sample of family planning agencies were asked to complete a 16-page survey covering many different aspects of agency policy and services.

Although we tried to be as explicit as possible about which clients should be reported as contraceptive clients, some agencies were unable to provide precise data. Some respondent agencies (particularly hospitals and community or migrant health centers) reported that their recordkeeping procedures made it impossible to separate contraceptive clients from other clients; however, they were able to provide estimates of the number of contraceptive clients served.

In other cases, only the total number of contraceptive clients for the entire agency was reported. These agencies were followed up by phone to try to determine the approximate percentage distribution of clients by site. If agencies could not provide any further assistance in distributing clients by site, the agency totals were distributed evenly among all sites. The client numbers for 6% of sites are based on agency totals using this distribution methodology. In two-thirds of these cases, totals were distributed among sites located within one county.

Finally, although respondents were asked to report client numbers for calendar year 1994, the data provided for 6% of sites covers a different reporting period than the one requested. In most cases, agencies reported fiscal year data for a 12-month period that covers at least a portion of calendar year 1994. All reported numbers of clients were checked, edited, entered and verified. In many instances, telephone follow-up was necessary to clarify responses and confirm the closing or opening of additional sites reported. The final file of family planning clinics actively providing contraceptive services in 1994 consists of 3,119 family planning agencies and 7,122 clinics operated by these agencies.

In total, agencies reported or estimated the number of female contraceptive clients for 88% (6,283) of all family planning clinics. Some of the agencies that did not provide data responded that the client information was unavailable and that they were unable to provide even an estimate of client numbers. Other agencies simply failed to respond to our multiple mailings and faxed request, although all agencies that were included in our tabulations and lacked client data were contacted by phone to confirm their status as providers.

To estimate the total number of clients served by all sites, we imputed client numbers for the 839 clinics for which agencies did not provide data. Most of these sites were either hospitals (344 sites) or community or migrant health centers (342 sites) that were not funded through Title X. Using all sites with reported client numbers, we calculated the average number of clients served per site according to region of the country, provider type, Title X funding status and location within a metropolitan or nonmetropolitan county. The estimation of client numbers for hospital sites was further refined to include capacity (fewer than 200 beds or at least 200).

Sites without data were then assigned the average number of clients served by other sites located in the same region and of the same provider type, Title X funding status and type of location (and capacity group for hospital clinics). For example, if client numbers were not available for a community health center in the West that did not receive Title X funding, this site was assigned the mean number of contraceptive clients served at all other such sites in the West.

Family Planning Providers

The number of subsidized family planning agencies surveyed increased by nearly 20% between 1992 and 1994: The number of hospital agencies is more than 100% larger and the number of community and migrant health centers is 45% larger. However, as explained in the methodology, this increase is due primarily to a more inclusive definition. The number of health department agencies remained virtually constant between 1992 and 1994, and the number of Planned Parenthood affiliates