rural Washington State. We did not survey the 19 migrant and community health center sites in rural Washington or individual providers and hospitals in these areas. While they also provide family planning services, their focus is primary care and not strictly family planning.

The Washington State Department of Health and the Department of Social and Health Services, which distribute family planning funds provided under Title X and Title XIX, identified 56 family planning clinic sites throughout the state. We defined a clinic as rural if its zip code was in any of the 53 rural health service areas (defined as the medical service catchment area served by a rural hospital). Of the 56 identified facilities (Planned Parenthood, private freestanding and local health department), 31 met our definition of rural.

In June 1995, we mailed a survey, along with a self-addressed, stamped envelope and a cover letter, to the directors of these 31 clinic sites; 14 surveys were returned initially. The remaining 17 respondents were contacted by telephone in July 1995. Five completed the survey over the phone, and the remaining 12 returned the completed survey by mail. The final response rate was 100%.

The survey asked for a description of each clinic’s staff by profession and by full-time equivalents (a measure of staffing hours in which one full-time equivalent is equal to one person working full-time). The exact number of hours for “full-time” was not specified, however. Respondents were also asked about funding sources. In addition, we requested that respondents check off from a list of 43 services the reproductive health services provided at their clinic, services they had discontinued, services they would like to add, barriers to adding services and the clinic’s reasons for not performing abortion. Finally, we asked respondents for the distance patients in their communities traveled to obtain abortions and whether their clinic would prescribe mifepristone if it was approved for use.

A coding form and instructions were written, and the data were coded, entered and cleaned in accordance with these instructions. Data analysis was performed using SPSS software. We ran frequencies and cross-tabulations of the data. We did not use inferential tests, since all clinics were surveyed. However, we did perform chi-square tests in our comparisons between the clinic types.

We used 1995 data from the Washington State Health Personnel Resource Plan to make comparisons between the rural health service areas that had family planning services and those that did not. These data provide information about the demographic characteristics of each area.

In addition, we analyzed the state’s standardized score of socioeconomic status for each area in this data set. The state’s score was constructed from the percentage of persons over 65, the percentage of residents whose incomes were less than 200% of the poverty level and the percentage of women receiving inadequate prenatal care. The state then ranked the areas, with a higher standardized score indicating an area with lower socioeconomic status. For all of the health service areas in Washington State, scores ranged from 69 to 133.12

### Results

#### Affiliation, Staffing and Productivity

Eight of the clinics were Planned Parenthood sites, eight were private freestanding clinics and 15 were local health department clinic sites. Most providers were nurse practitioners, physician assistants or registered nurses. While each site was under the supervision of a physician medical director, there were virtually no physicians providing clinical services at these sites (Table 1). Local health department clinic sites had the largest staffs, with 3.5 mean full-time equivalents, compared with private freestanding clinic sites (1.8 mean full-time equivalents) and Planned Parenthood clinic sites (1.2 mean full-time equivalents).

In 1994, 25 of the clinics reported productivity information to the State of Washington Department of Health. They served a mean of 809 clients, with a range of 69 to 2,086. This corresponds to a mean service rate of 131 clients per 1,000 women aged 15–44.13

#### Availability of Services

Nine of the 43 potential reproductive services were not provided by any clinic site. Therefore, when comparing the clinics, we considered the maximum number of services to be 34. The number of services provided by clinics ranged from nine to 28, with a mean of 18.

We divided the services offered by rural family planning sites into three groups:

- **Core services**, defined as those provided by 90% or more of the sites;
- **Discretionary services**, defined as those provided by 11–89% of the sites; and
- **Rare services**, defined as those provided by fewer than 10% of the clinics.

Table 2 shows that core services at rural family planning clinics included nonprescription contraceptives (offered by 97%...