

Expanded Methodology for the 2001 Census of Publicly Funded Family Planning Clinics

By Jennifer J. Frost, Lori Frohwirth and Alison Purcell

Service data were collected for 2001 for all agencies and clinics that provided publicly funded family planning services in the 50 states, the District of Columbia, Puerto Rico, and the six Pacific and one Caribbean territory 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 JJ, Frohwirth L and Purcell A, The availability and use of publicly funded family planning clinics: U.S. trends, 1994–2001, *Perspectives on Sexual and Reproductive Health*, 2004, 36(5):206-215, [<http://www.guttmacher.org/pubs/journals/3620604.html>]

Key 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 its services are subsidized by public funds (including Medicaid). This definition excludes private physicians and health care centers that serve 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 sites maintain individual charts for contraceptive clients.

*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 their 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.

Data Collection

In this investigation, we identified all publicly funded family planning agencies and clinic sites that provided contraceptive services in 2001, and obtained information for that year on clinics, total number of female contraceptive clients, number of female contraceptive clients younger than 20 and receipt of Title X funds. To identify all agencies and clinics fitting our definition, we began with the universe identified in the study of provider data for 1997.² 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; mailed items returned because of an insufficient or incorrect address drawn from the 1997 clinic list; a Planned Parenthood Federation of America directory; and lists of community or migrant health centers from the Bureau of Primary Care’s published directory.³ In adding sites from the Bureau of Primary Care directory, we included those that received or qualified for federal Community Health Center (329) or Migrant Health Center (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.

Data requests were mailed in the summer of 2002 to the 87 Title X grantees and to the 12 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 further 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, respondents were also asked to provide the total number of female contraceptive clients and the number of female contraceptive clients younger than 20 served in 2001. 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 each clinic received Title X funding in 2001.

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 high a response rate as possible. We received complete responses from 81 of the 87 Title X grantees. Others provided incomplete responses or did not respond. Eight of the 12 non–Title X state family planning administrators provided data for all agencies and clinics under their jurisdiction. The remaining state family planning administrators did not or could not provide these data. Altogether, Title X grantees and state family planning administrators provided client data for 4,801 family planning clinics, which represent 62% of all sites in the universe of publicly subsidized clinics and 70% of all sites for which we obtained data. When reviewing and finalizing grantee and state family planning administrator responses, we followed up by e-mail, fax or phone on all discrepancies, comments and missing or incomplete 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 1,100 agencies, including those least likely to report client numbers to either a Title X grantee or a state family planning administrator—all hospitals, 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 sent to the grantees and administrators. 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 approximately 900 agencies that had not responded to the initial mailing and for which no data had been received from the grantee or state mailings.

After two mailings and extensive telephone follow-up, 708 agencies reported data for 2,017 family planning clinics. Of agencies that received the initial individual mailing, many either did not provide publicly funded family planning services or reported data to a Title X grantee or state family planning administrator who provided those 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.

Two changes in the identification of clinics and the collection of service data distinguish this investigation from prior efforts. First, the Indian Health Service was able to provide us with a complete listing of its clinics and contraceptive clients served in 2001. Nationwide, nearly 200 clinics were added using this listing; although many of these were new sites, some may have existed but previously been missed. These added sites were concentrated in western states, where most Indian reservations are located. Second, the California state Office of Family Planning was able to use a recently established database for the Family PACT program (California's family planning Medicaid waiver program) to provide us with a comprehensive listing of participating providers and the number of female contraceptive clients served. We included only public or nonprofit providers listed in the database; private physicians were not included because they did not meet our definition of a publicly funded family planning provider. Female contraceptive clients served at public and nonprofit providers represent only a subset of all clients served under Family PACT; therefore our numbers are lower than those published by California's Office of Family Planning for the entire program.

Data Review and Adjustments

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

Some respondents were unable to provide data in the requested format, even after follow-up. In cases where the number of clients was reported as one agency total (4% of clinic sites), we distributed the total evenly across that agency's sites. (For all but five of these agencies—representing 0.2% of all sites—the agency and all clinic sites were located in the same county.) The data for 1% of clinics were applicable to a reporting period other than calendar year 2001, usually a fiscal year that included part of 2001; we used the data provided, assuming that the number of clients served during the 2001 calendar year would have been similar to the number served during an overlapping 12-month fiscal year. Finally, some respondents (representing 3% of clinics) could provide information only on the number of family planning visits, not the number of clients. In these cases, assuming an average of two visits per client per year,⁴ we estimated the number of clients to be one-half the number of visits.

Estimating Missing Data

We identified a total of 2,953 agencies and 7,683 clinics that provided publicly subsidized family planning services in 2001.[†] The number of female contraceptive clients was reported for 89% (6,818) of all family planning clinics. After confirming that the remaining 11% of clinics (865) had indeed provided family planning services in 2001, we used two methods to estimate how many clients they had served. We used agency-provided data from the 1997 enumeration of clients for 4% of clinics (323) and clinic data obtained from the Title X Family Planning Annual Report, 2001⁵, for five clinics. For the remaining 7% of clinics (542), no earlier data were available, so we used the average number of clients served by other clinics in the same region and of the same Title X funding status, metropolitan status and provider type.[‡] Among all 865 sites for which client numbers were estimated, most were either community or migrant health centers (530) or hospitals (206).

We used these procedures to estimate 7% of all female contraceptive clients enumerated; for teenagers, the total proportion estimated was 8%. This discrepancy occurred because some clinics were able to 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 as the estimated number of teenage clients. Although the total number of clients served was increased by including estimated data, the 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 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 in 2001 because they did not have documented service figures. Finally, for 11% of clinics, we used either prior data or numbers for similar clinics to estimate the number of clients served. Each of these limitations may have introduced error into the final counts of providers and contraceptive clients. Although the potential level of error resulting 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 (e.g., care paid for by Medicaid) were not included in our analysis.

[†]Any clinic not funded by Title X that reported fewer than 10 contraceptive clients in 2001 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.

REFERENCES

1. Frost JJ 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; and Frost JJ, Family planning clinic services in the United States, 1994, *Family Planning Perspectives*, 1996, 28(3):92–100.
2. Frost JJ et al., 2001, op. cit. (see reference 1).
3. Office of Population Affairs, U.S. Department of Health and Human Services (DHHS), *Family Planning Grantees, Delegates, and Clinics: 2001/2002 Directory*, Washington, DC: U.S. Government Printing Office, 2001; Planned Parenthood Federation of America (PPFA), *Directory of Service Providers, 2000*, New York: PPFA, 2000; and Bureau of Primary Health Care, DHHS, *Bureau of Primary Health Care: Primary Care Programs Directory, 1998*, Bethesda, MD: DHHS, 1997.
4. 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: PPFA, 1999.
5. The Alan Guttmacher Institute (AGI), Family Planning Annual Report, 2001, *Summary Data*, New York: AGI, 2002.