

The National Reporting System for Family Planning Services

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THE NATIONAL CENTER for Health Statistics (NCHS) has been operating a reporting system for family planning services since May 1969. The purpose of this system is twofold: to provide statistics on the status of family planning services in the United States and to provide basic data for program planning and evaluation at both the national and local levels. Through this system, information is obtained about patients who receive family planning services from participating clinics throughout the United States. Although all family planning clinics do not report data to NCHS, most of the clinics that currently receive Federal funds from the National Center for Family Planning Services or the Maternal and Child Health Service, both in the Department of Health, Education, and Welfare, and the Office of Economic Opportunity do participate. About a third of these clinics are affiliated with Planned Parenthood-World Population, and many nonfederally funded Planned Parenthood affiliated clinics also participate in the reporting system.

Historical Background

By the late 1960s, many Federal agencies had funds available for family planning services. Most of these funds, however, were included under existing programs; for example, the Children's Bureau provided family planning services under the Maternal and Child Health Program. The

Office of Economic Opportunity also made funds available for family planning.

The acceptance of family planning has accelerated since the Federal Government started funding such programs. By 1967, the number of women being served was becoming so large that it was almost impossible to keep records on them. Although the need for a reporting system was recognized late in 1967, the implementation of one was delayed until 1969.

Early in 1968, Katherine Oettinger was appointed as the first Deputy Assistant Secretary for Population and Family Planning in the Department of Health, Education, and Welfare. Since the need for a uniform reporting system of family planning activities was evident, she called together personnel of various agencies that were involved in family planning and established the Inter-Agency Committee for Family Planning. This committee became responsible for the development of a uniform national family planning re-

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porting system. Because many agencies were represented, each with different needs, the work of the committee was characterized by much debate and compromise.

In October 1968, the focal responsibility for a reporting system for family planning services was given to DHEW. The Department then delegated operating responsibility of the system to the National Center for Health Statistics. As the need for data was becoming even more urgent, NCHS consolidated the work done by the Inter-Agency Committee and, with the agreement of the agencies that would participate, a provisional Reporting System for Family Planning Services was started in May 1969. On January 1, 1972, a "new" revised reporting system was put into operation. This system, called the National Reporting System for Family Planning Services, (NRSFPS) is similar to the provisional reporting system, since most of the changes that were made were based on knowledge and experience gained through the operation of the provisional system.

Purpose of the NRSFPS

The National Reporting System for Family Planning Services was developed to provide basic program planning and evaluation data, primarily at the national level. Some local needs, however, may also be met by this system.

The NRSFPS is part of a larger program of family planning statistics. Other main data collection mechanisms of NCHS are an inventory of family planning facilities and a program of special studies. The primary goals of this total program are as follows (1):

1. To provide statistics on the number and characteristics of persons receiving family planning services, the size and nature of clinics and staff, and the services provided by family planning clinics
2. To provide data on use of family planning clinics
3. To measure the continuity and duration of patient service in the family planning setting as a partial evaluation of the effectiveness of the family planning programs
4. To develop benchmark statistics on family planning clinic users for planning and research activities
5. To determine statistical relationships among clinic users, services provided, and staff and facility characteristics

6. To measure trends in the numbers and types of clinics established, services provided, and use of family planning clinics for planning, administrative, and research needs.

Data Collection

The Clinic Visit Record for Family Planning Services is the basic data collection form for the NRSFPS. This form, containing 18 items, is completed each time a person visits a participating clinic for family planning services. Although all of the items are completed at each person's initial visit to the clinic, questions asked during revisits are limited to those items of information that change over time.

Identification information. Each person who receives family planning services from a participating clinic and is reported to the NRSFPS is assigned a number by the clinic for reporting purposes, and this number is used as long as the person continues to receive services from that clinic or another clinic within the same project. NCHS also assigns a number to each clinic to distinguish it from other participating clinics. These two numbers, patient number and clinic number, are the only means used by the NRSFPS to identify the individual persons served by the clinics.

Social and demographic information. This category includes information about each person's age, sex, race, origin, education, pregnancy history, and Medicaid and welfare status. Information that does not change over time—that is, sex, race, and origin—is collected only once for each person. The remaining information is updated periodically.

Family planning service information. This information refers to the medical, counseling, and referral services each person receives from the clinic, as well as the type of contraceptive method the client selects at the particular visit. Information pertaining to the person's previous contraceptive use is also collected at the initial visit to the clinic.

The Clinic Visit Record also contains a section for agency use only. This section greatly increases the flexibility of the NRSFPS since it allows the participating agencies and clinics to obtain information that is relevant to their specific operations but is not required for the national data system.

The NRSFPS also takes into account the existence of already established computerized systems. For such systems, use of the Clinic Visit Record is not required. Individual patient data in the form of magnetic tape or punched cards are accepted by the NRSFPS, provided that the definitions, data collection and processing systems, and record formats are in accordance with the standards and requirements of the national system. During 1972, 20 automated systems, covering more than one-fourth of the total participating clinics, reported data to the NRSFPS.

The participation of computerized systems in the NRSFPS is advantageous in terms of both time and money. Since the local areas collect both the data they require and the data that are needed at the national level, unnecessary duplication of reporting is eliminated. In addition, the States and local areas retain their autonomy in collecting the more detailed data required for their more complete program planning and evaluation.

Output of the NRSFPS

The NRSFPS produces statistical tabulations on a monthly, quarterly, and annual basis. Different types of tabulations are produced for each level of participant—clinic, project, State, region, and funding agency—and they are intended to be useful for program planning and evaluation at each level.

Both the monthly and the quarterly tabulations are designed for administrative and management purposes rather than research purposes. These tables contain basic patient data counts and service information; the quarterly tables, in addition, give some demographic information about the patients served. Since these tables are designed mainly for internal use, only basic patient counts by quarter are available for public distribution.

More detailed information about the demographic characteristics of the persons served and the services they have received is available from the annual tabulations. Because research needs were considered in designing these tables, a much larger package, containing both national and State data, is available for public distribution.

1972 Highlights from the NRSFPS

More than 3,200 clinics participated in the NRSFPS during 1972; they reported that they had provided family planning services to more

than 1.6 million patients throughout the year. These patients made almost 2.5 million visits, or an average of 1.5 visits per patient. Almost 60 percent of the patients had made their first visit to the reporting clinic during the year and were classified as new patients.

About 60 percent of the total number of patients reported to the NRSFPS were white, 30 percent were black, and 4 percent were of other minority groups. The ethnic designation of the remaining patients is unknown. Of all the patients, 16 percent reported that they were of Latin American origin or descent.

The median age of the patients served by these clinics during 1972 was 23 for women and 31 for men. Approximately 26 percent of all the patients were under 20, 38 percent were 20-24 years, and 36 percent were 25 or older.

Ninety-nine percent of the patients were women. Twenty-two percent of these women reported having only one child. At the other extreme, about 9 percent had five or more children, while about 35 percent reported no living children. The average number of children was 2.7 percent per mother.

The oral contraceptive was selected by 70 percent of the women and the IUD by 15 percent. Only 14 percent of the men selected the condom, while almost 60 percent chose sterilization.

Approximately 12 percent of the patients had a grade school education, 30 percent had 1 to 3 years of high school, and 34 percent had graduated from high school. On the two extremes, almost 20 percent had some college education, while only 1 percent reported no formal education. The education of 4 percent of the patients is unknown.

In sum, the "typical" family planning patient served by the clinics participating in the NRSFPS is a white woman about 23 years old with a high school education. She prefers the pill as her contraceptive method and has two or three children.

REFERENCE

- (1) Department of Health, Education, and Welfare: Report to the Secretary of Health, Education, and Welfare submitting five-year plan for family planning services and population research programs: October 12, 1971. U.S. Government Printing Office, Washington, D.C., 1971, pp. 133, 134.