FAMILY PLANNING

EXPANDING AND INCREASING ACTIVITIES

IN VIRGINIA

REPORT OF THE

VIRGINIA DEPARTMENT OF HEALTH

To

THE GOVERNOR

And

THE GENERAL ASSEMBLY OF VIRGINIA

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COMMONWEALTH OF VIRGINIA
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Richmond, Virginia
December 1972

TO: HONORABLE LINWOOD HOLTON, *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA:

I. INTRODUCTION

At the 1972 session of the General Assembly of Virginia, the Virginia Department of Health was directed to study the advisability of increasing and expanding its family planning programs. House Joint Resolution No. 121 reads as follows:

> WHEREAS, The State Department of Health currently supports efforts for planned parenthood by dispensing information on birth control, and contraceptive devices to certain residents of Virginia; and
>
> WHEREAS, the State Department of Health also supports efforts for planned parenthood by defraying the costs of sexual sterilization for those citizens of Virginia who cannot afford such procedures, and
>
> WHEREAS, it may be beneficial to the needy individual who requires expert advice and help, and in the interest of the Commonwealth to limit explosive population growth and, from the point of view of reducing costs of providing services, to expand the family planning activities of the Health Department; now, therefore, be it
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> RESOLVED by the House of Delegates, the Senate concurring, that the Department of Health is hereby directed to study the advisability of increasing and expanding its programs in all types of birth control, examining efforts in other states, and to report particularly on the cost benefits likely to occur from a larger program, and report its findings to the Governor and General Assembly not later than December one, nineteen hundred seventy-two.

The results of this special study including a summary of the family planning activities in Virginia and some plans and recommendations for the future are presented in the following report:

II. NATIONAL PERSPECTIVE

The principal goal of a nationwide family planning program in the United States, as stated by the President in his 1969 Population Message to Congress, is to provide "adequate family planning services within the next five years to all those who want them, but cannot afford them. This we have the capacity to do."

The achievement of this goal was made possible by Congress upon enactment of the Family Planning Services and Population Research Act of

1970 (P.L. 91-572) which gave specific authority "to assist in making comprehensive voluntary family planning services readily available to all persons desiring such services."

III. FAMILY PLANNING DEVELOPMENT IN VIRGINIA

Virginia's pioneering interest in family planning is evidenced by the progressive development of family planning services as can be seen from the following events:

In 1929, contraceptive services were made available through the Department of Obstetrics and Gynecology at the Medical College of Virginia in maternal welfare clinics and medical students were taught contraceptive methods.

In 1936, the Virginia Federation of Women's Clubs publicly endorsed birth control.

In 1940, the Virginia League for Planned Parenthood was chartered.

In 1942, the Medical Society of Virginia endorsed in formal resolution the concept of planned parenthood.

In 1945, local health departments were encouraged by the State Department of Health to provide birth control services.

In 1946, the State Health Department assumed financial responsibility for all contraceptives distributed by the maternal and child health clinics in local health departments.

In 1962, the General Assembly of Virginia enacted legislation permitting the performance of voluntary sterilization.

In July, 1962, the State Health Commissioner, issued a policy statement which, in effect, directed local health departments to take positive action in the implementation of family planning services. The policy further described State support in providing contraceptive supplies, equipment and health education materials for use by patients served by the local health departments.

In 1966, the Virginia General Assembly made the first appropriation specifically for family planning as a result of which services in local health departments were greatly increased.

In 1968, the Virginia General Assembly more than doubled the initial appropriation.

In 1969, the State Department of Health received a $260,000 grant from the Department of Health, Education, and Welfare to expand family planning services in the City of Richmond.

In 1970, the State Department of Health received a $207,000 grant from the Department of Health, Education, and Welfare to expand family planning services in the City of Norfolk.

In November, 1970, because of the complexity and volume of services being rendered, a special Bureau of Family Planning was established within the State Health Department.

Since 1970, the Virginia League for Planned Parenthood has been operating an Office of Economic Opportunity funded outreach program called Project HEPP (Home, Education, Planned Parenthood) in seven planning districts in Virginia with the endorsement and cooperation of the Virginia Department of Health.

In 1971, a Minor Consent Law was passed by the General Assembly with family planning included among the health services specified.

During the 1972 General Assembly session:

1) The voluntary sterilization law was amended which, in effect, made the delivery of this surgical procedure more expedient for the patient.

2) A law requiring the distribution of family planning information by Clerks of Court to couples at the time marriage licenses are issued was passed. Virginia was the third state to enact this type of legislation after Hawaii and California.

3) The General Assembly appropriated $145,740 for family planning for the 1972-1974 biennium.

In June of 1972, the Virginia Department of Health, Bureau of Family Planning, receive approval from the Department of Health, Education, and Welfare for a $460,000 family planning grant for the Northern Health Region of Virginia.

The tremendous number of Virginia residents seeking abortions underscores the large numbers of unwanted pregnancies occurring in this State. The fact that these people sought abortion raises the question of whether or not with sufficient education and availability they would have sought contraceptive services. Inability to secure contraceptive services contributes to utilization of abortion as a method of birth control, especially for the poor and uninformed.

IV. DEMOGRAPHIC PROFILE

As of 1970, according to the U. S. Bureau of Census, it is estimated that there are 1,012,298 women of child-bearing age in Virginia; 239,965 are medically indigent. Of the medically indigent, 43,306 are regularly seen in the family planning clinics operated by the local health departments.

Thus, 24% of the women of child-bearing age are medically indigent, but only 18% of this medically indigent group are receiving services through public health clinics.

Current census figures reemphasize the fact that Virginia's population is unevenly distributed between urban and rural areas; the patient-to-doctor ratio also varies from area to area. Six counties in Virginia do not have family planning clinics because of the shortage of physicians; patients in these areas, therefore, must travel to adjoining counties for services.

Virginia's population was placed at 4,648,000 in 1970 by the U. S. Bureau of Census. It increased by 69,000 persons a year and at an annual rate of 1.6% during the decade of the sixties. This rate was approximately one-third higher than that experienced nationally.

The size of the world's population has now become a controversial issue in matters of environmental control, but aside from the ecological concerns, there are important other factors supporting the need for organized programs of family planning.

A 1965 study on congenital malformations by the National Foundation for the March of Dimes suggests that pregnancies of girls under 18 years of age result in a high percent of premature births and that pregnancies of women over 35 years of age result in a sharp increase in the chances

of giving birth to defective children. The infant mortality rate is increased by 45% for those infants born to mothers with over four previous pregnancies. These data demonstrate the inherent relationship between family planning and health.

Basic to any education in family planning is the attitude and action of the population towards abortion. During the first year of the new Virginia therapeutic abortion law there was an increase in reported abortions of 923% over the previous year.

Of the women having therapeutic abortions, 30% were under 20 and 46% were between 20 and 29 years of age. For women under 20 years of age, 83.8% were not married to the father. Approximately 63.8% of the women were not married.

V. REPORT OF ADVISORY GROUPS

Two advisory bodies have recently recommended changes in Virginia's approach to population problems.

The first of these, the Governor's Council on the Environment (1970), reported that "a continuously growing population represents a severe threat to a more desirable, wholesome environment."

"The State's principal response to population problems has been to provide family planning clinics that offer birth control services to those who want them. These are commendable, but they serve chiefly the poor: Population limitation is needed in all strata of society".

The Governor's Council recommended that Virginia:

1) Enact legislation to end hospital practices, such as internal policy restrictions on sterilizations, that subvert legal population control;
2) Amend the vasectomy law to make that operation more convenient;
3) Encourage voluntary population control, especially by education in the public schools on environment and overpopulation, including information on how to limit the production of offspring.

The second group, consisting of representatives from the Department of Welfare and Institutions, the Virginia Women's Political Caucus, the Virginia League for Planned Parenthood, Project HEPP (Home, Education, Planned Parenthood), The Virginia Council on Health and Medical Care, the Virginia State Department of Health, the General Assembly, the State Office of Economic Opportunity, the Attorney General's Office, the Catholic Diocese of Richmond, and the Virginia Pharmaceutical Association, met in July 1972 to discuss House Joint Resolution 121 and recommended the following:

1. In view of the fact that some Virginia hospitals prohibit family planning activities, legislation should be enacted to insure that counselling and services be made available through all hospitals.
2. That a State-wide standard of eligibility for family planning services be instituted (none exists presently), preferably one that would allow non-indigent to receive services from clinics.
3. That the present prophylactic law regulating sale of condoms be repealed.
4. That pharmacists display contraceptives.

5. That, because of the shortage of physicians and the cost of services, existing laws be changed to permit nurse practitioners to perform family planning services, such as inserting I.U.D.'s and prescribing oral contraceptives.
6. That transportation and outreach services be made available throughout the State.
7. That welfare workers be required to undergo family planning training.
8. That family life education be required in all public schools and that contraceptive services be made available at Virginia's colleges.

VI. CURRENT LEVEL OF HEALTH DEPARTMENT ACTIVITIES IN FAMILY PLANNING

Family planning programs are growing fast, but certain points need special attention. The population data 1970-71 shows that only 17% of Virginia's medically indigent women were receiving family planning services, an increase of 5% over the previous year. This is an estimated figure, but it points out that family planning needs to be stressed more.

There was a significant increase in the number of health department family planning clinics and other clinics offering family planning services and attendance at the clinic sessions. However, there were twice as many broken appointments reported in 1971 than in 1970. There was a significant decrease in physicians serving as clinicians during 1971.

During fiscal year 1970-71, the Virginia Department of Health received a $224,000 allocation from Maternal and Child Health Services, Department of Health, Education, and Welfare, specifically designated for family planning. The grant was utilized to support the establishment of a Bureau of Family Planning with the Virginia Department of Health and to supplement local health departments in their efforts to increase family planning services above the then current level of activity.

Presently, these funds are providing 100% support of 19 full-time and 15 part-time staff positions for family planning through 17 health districts. Other types of financial assistance to these and other health departments are in the form of honoraria, clinic equipment and supplies, audio-visual equipment and aids, publications, travel reimbursement, and training tuition and expenditures. In total, these funds are supporting increased family planning efforts in 48 health departments with slightly more than 90% being expended directly for the local health departments. (See appendix for selected areas)

On file, the State Health Department has unmet specific requests from 10 local health departments for assistance in family planning in the amount of $160,793. These requests are from local health departments which are in a position to immediately expand family planning services if additional funds are available.

Following is a summary of family planning services administered through the local health departments with supplemental assistance from the Bureau of Family Planning.

Abridged Summary of Family Planning Activity in Virginia Local Health Department Clinics

Fiscal Year July 1970 - June 1971

Characteristics of Virginia Population

	1930	1970	1971
Population	2.421,851	4,651,494	4,714,227
Births	55,031	85,871	86,081
Illegitimate Births	*	9,583	10,263
Reproductive Women (15 to 44 years old)	*	1,012,298	1,031,198
Indigent Reproductive Women	*	257,000	239,965
% Indigent Women Receiving Family Planning	*	12%	17%
# Indigent Women Receiving Family Planning	*	29,973	43,155

*Figures Not Available

Number of Clinics Regularly Providing Family Planning Services

	1966-67	1967-68	1968-69	1969-70	1970-71
Family Planning	20	60	106	137	160
Maternal Health	69	68	67	68	63
Maternal and Child Health	48	49	55	65	90

Number of Family Planning Clinic Sessions Held

1969-70	1970-71
3,688	4,352

Local Physicians Serving as Clinicians in Maternal, Maternal and Child Health and Family Planning Clinics

	1969-70	1970-71
Clinicians Serving in all Clinics	532	497
Clinicians Serving in Family Planning Clinics	--	348

Attendance at Family Planning Clinics and Other Clinics Offering Family Planning Services

(Same patient may be seen more than once)

	1969-70	1970-71
Family Planning	50,526	62,542
Other Clinics Offering Family Planning Services	13,240	12,473

Family Planning Patient Visits to Receive Contraceptives Through Public Health, FY 1970-71

	Patient Visits (Same patient may be seen more than once)	New Patients Receiving Supervision
Oral Contraceptive	38,892	5,122
Intrauterine	10,015	1,007
Other	19,528	2,161
Total	68,435	8,290

Contraceptives Distributed to Local Health Departments and Total Expenditures for Contraceptive Supplies

	1969-70	1970-71
Condoms, lubricated	0	1,705
Condoms, regular	0	2,558
Creams	1,007	2,420
Diaphragms	399	344
Foams	11,279	16,242
I.U.D.s	7,600	6,065
Pills	270,441	331,045
Total Expenditures	$202,461.00	$225,227.00

VII. STERILIZATION

There seems to be little or no accurate data available on sterilization.

Only medically-indicated sterilizations can be paid for under the State's Maternal and Child Health Program.

Under the State's Medicaid Program a limited number of voluntary sterilizations can be paid for Medicaid eligible patients.

Sources at the Virginia Commonwealth University, Health Sciences Division, estimate that 7,500 vasectomies were performed in the fiscal year 1970-71 in Virginia.

According to the U. S. Bureau of the Census, there are 1,198,867 men in Virginia between the ages of 21 and 65. On the basis of the estimated number of vasectomies performed in Virginia during 1970-71, the percentage of men having vasectomies for this time period is .006. Using the State Medicaid figure of slightly less than 30% of the State population being medically indigent, it is estimated that there are 347,671 medically indigent males between ages 21 and 65 in Virginia.

Assuming that the 7,500 vasectomies performed during 1970-71 were from the general population of the State, and if the same ratio of number of vasectomies to general population were applied to the medically indigent population, approximately 2,086 medically indigent men would possibly obtain vasectomies if funds were available.

The Association for Voluntary Sterilization found that 60% of those having sterilizations have at least a high school education. The vast majority have incomes of $10,000 plus, and these factors point out several possibilities:

1) The higher educated are more receptive to sterilization.
2) More public education about sterilization is needed for lower socio-economic levels.
3) Funds are not available for sterilization which may be desired by lower socio-economic levels.
4) Psychological acceptance of sterilization is less likely among lower socio-economic levels.

Data on the number of women obtaining sterilizations was not found available.

Since sterilizations for women generally cost approximately $300, including physician's fee and hospitalization, an extensive program of this type of sterilization would be quite costly. Yet, there is a need for this assistance within the State as noted by requests to the Department of Health for this service.

VIII. INCREASING HEALTH DEPARTMENT FAMILY PLANNING PARTICIPATION AND ACTIVITIES

The Virginia Department of Health has received grant approval from the Department of Health, Education, and Welfare, National Center for Family Planning, to operate a family planning project in the Northern Health Region of Virginia, covering Planning Districts 6, 7, 8, 9, 16 and 17. (See Appendix) This project will provide staff, staff training, funds for sterilization, equipment and supplies to operate at least one additional family planning clinic in each governmental unit within the planning districts mentioned.

The long-range plan for this project is to extend coverage to one additional health region each year, thereby providing State-wide family planning services within a four-year period.

During the operation and expansion of this project, one goal is to enroll 5,000 new medically indigent patients per program year, per health region. Thus, over four years 50,000 medically indigent new patients would be enrolled in family planning clinics; over a ten-year period this would increase to 170,000.

Funds for this type of project are available under the Family Planning Services and Population Research Act of 1970 through the Department of Health, Education, and Welfare, National Center for Family Planning, on a 75% Federal—25% State formula.

The projected costs for this project are as follows:

Budget Year	*Federal*	*State*	*Total*
1972-73	542,336	135,584*	677,920
1973-74	976,206	244,052	1,220,258
1974-75	1,737,173	439,294	2,196,467
1975-76	2,987,196	746,800	3,733,996
	$6,262,911	$1,565,730	$7,828,641

A study by Thomas A. Levin [2] showed that American Government agencies spend $60,000 per unwanted child from birth to age 18, and that approximately 800,000 unwanted children are born each year in the United States.

Leon Israel [3] in his studies found that 90% of sexually active women of child-bearing age not employing the use of contraceptives will become pregnant within one year.

In view of the above studies, if expanded family planning efforts were successful in maintaining the present enrollment of 43,155 active family planning patients and in increasing this roll by an additional 50,000, the following projections could be made:

a) If 10% of these 93,155 women were successful in preventing one unwanted pregnancy, the governmental savings at $60,000 cost per child raised to age 18 would be $558,900,000.

b) At 40% success in preventing one unwanted pregnancy, the savings would be $2,235,720,000, etc.

These projected savings include all governmental expenditures for care and maintenance of unwanted children. Therefore, a reduction in these costs would mean a reduction in expenditures for welfare, institutional care, health care, education, law enforcement, etc. It would further reduce infant mortality and morbidity, maternal deaths and strengthen the family unit.

In addition, the Bureau of Family Planning, Virginia Department of Health, has received an allocation of $215,400, of which $143,600 is Federal and $71,800 is State appropriation. These funds are on a 2—1 Federal-State matching formula. Federal funds under this allocation are received from the Maternal and Child Health Service, Department of Health, Education, and Welfare.

* In-kind, i.e., nursing time, which will most likely not be acceptable for future grants.

A major difference between Federal regulations regarding MCH funds and NCFP project funds is that under MCH funds the only guideline is the requirement that these funds be used 100% in family planning. On the other hand, the NCFP has numerous guidelines, especially as to use of funds and program content. Thus, MCH funds offer the State a more flexible means of conducting its family planning activities as the needs can be determined locally. There are more Federal funds available through the NCFP project grants.

IX. FAMILY PLANNING ABOVE THE MEDICALLY INDIGENT LEVEL

The President in his July 18, 1969, statement said, "I believe that many of our social problems may be related to the fact that we had only 50 years in which to accommodate the second 100 million Americans, and that before this was done we began on our third 100 million". Crowded populations are faced with increased disease susceptibility (i.e., stress induced allergenic responses, induced hearing losses, viral disease susceptibility, heart disease and stroke and hypertension), increases in homosexuality, family dissolutions, resorption of embryos, numbers of defective young, reduced care of the young, reduced survival of the young, increased creminality and reduced concern for personal care. R. H. Giles' studies [1] show that decreasing population will lead to an immediate reverse of these conditions.

From the evidence available, a program of family life education through the schools appears to be the most effective and most economical family planning program that could be undertaken for the following reasons:

1. 64.7% of all sexually active college women use "high risk" birth control methods (80% of blacks under 19 and 40% of whites under 19 are sexually active), with the result being that 17% of all births are to teenagers and 25% of all 20 year-old girls have borne a child.[4]
2. The suicide rate for pregnant unmarried teenagers is 10% higher than that of any other group.[5]
3. Pregnancy is the number one cause of high school drop-outs.[5]
4. Pregnancies in young, unmarried people account for one-third of the abortions now being performed in the United States.[5]
5. Most venereal disease occurs in this age group.[5]
6. Unwanted pregnancies cause unwanted marriages which cause hated children who will become hateful adults.[6]
7. Numerous studies (Sarrel, Davis and Reiss) indicate that "Meaningful sex education will produce a marked diminution" in pregnancy rates.[7]
8. Studies by Reiss, Pion, Udry (all in 1966), Kinsey in 1953 and Prince in 1958 demonstrate quite conclusively that even universal availability of both contraceptives and sex education will not produce a decrease in virginity.[8]

During the calendar year 1971, 82,713 births occurred in Virginia. Of this number, 81,750 were born in hospitals. Therefore, it is a reasonable assumption that hospitals would be a very appropriate setting for the dissemination of family planning information. Thus, considerable efforts should be made to more actively involve hospitals in post-partum family planning programs.

In summary, schools and hospitals apparently are the two most significant places of contact for family planning education in order to reach those who will be entering the cycle of human reproduction and those who are presently having children.

In order to teach the public at large, the public communication media is, no doubt, the most significant vehicle available. The task would otherwise be monumental and beyond our capabilities.

X. RECOMMENDATIONS

On the basis of the concerns expressed by the Governor's Council on the Environment and the Advisory Group hearing on July 28, 1972, on House Joint Resolution No. 121, and the need for State legislature appropriations to match Federal funds, the following recommendations are made:

1. The services of Family Planning Nurse Practitioners should be utilized in Virginia. The Department of Health, Education, and Welfare provides an eight-week training program with 100% of cost through project grants. These training programs are designed to provide training in oral contraception, IUD insertion, pelvic examinations, Pap tests and related practices Studies in North Carolina and Pennsylvania indicate that more women, particularly welfare patients, accept family planing advice and choose more effective contraception when counseled by nurse practitioners.[9]
2. Virginia hospital boards should be encouraged to allow their facilities to be used for any legal medical procedure for which they presently or potentially have capacity.
3. Family life education should be established in the State's public schools. Family life education should be incorporated into science, social studies, and home economics curricula, and a secondary level course on family life should be developed. Similar programs have been mandated in Maryland and Washington, D. C.
4. Condom use should be facilitated by repealing the current prophylactic law restricting distribution. (Section 18.1-203, Code of Virginia)
5. A State-wide program of transportation and outreach services should be made available. Under Title IV-A of the Social Security Act, the Federal Government will provide all but ten per cent of the funds necessary to implement transportation and outreach services.
6. State matching funds should also be appropriated under IV-A of the Social Security Act, as amended in 1972, to provide the State Department of Welfare and Institutions with Federal funds to increase its services and participation in family planning.
7. State legislative appropriations for family planning should be sufficient to provide matching funds for grant monies available under Title X of the Family Planning Services and Population Research Act of 1970 and Title V of the Social Security Act in order to enable the State Health Department to expand and increase family planning services.

In summary, to increase and expand Department of Health

programs in all types of birth control the State funds needed for the remainder of the current biennium would be as follows:

a) $245,000 in order to maintain the project outlined under Section VIII of this report and to expand it to provide services to approximately another one-fourth of the State.

b) $200,000 to meet the request for family planning assistance from areas of the State not presently receiving services under project grant funds.

c) $157,000 to establish and operate vasectomy clinics or to pay a $75.00 maximum fee per vasectomy to private practicing physicians in order to provide vasectomies for approximately 2,086 medically indigent men.

d) $60,000 to defray the cost of sterilization for at least five medically indigent women from each of the 40 health districts of the State.

APPENDIX

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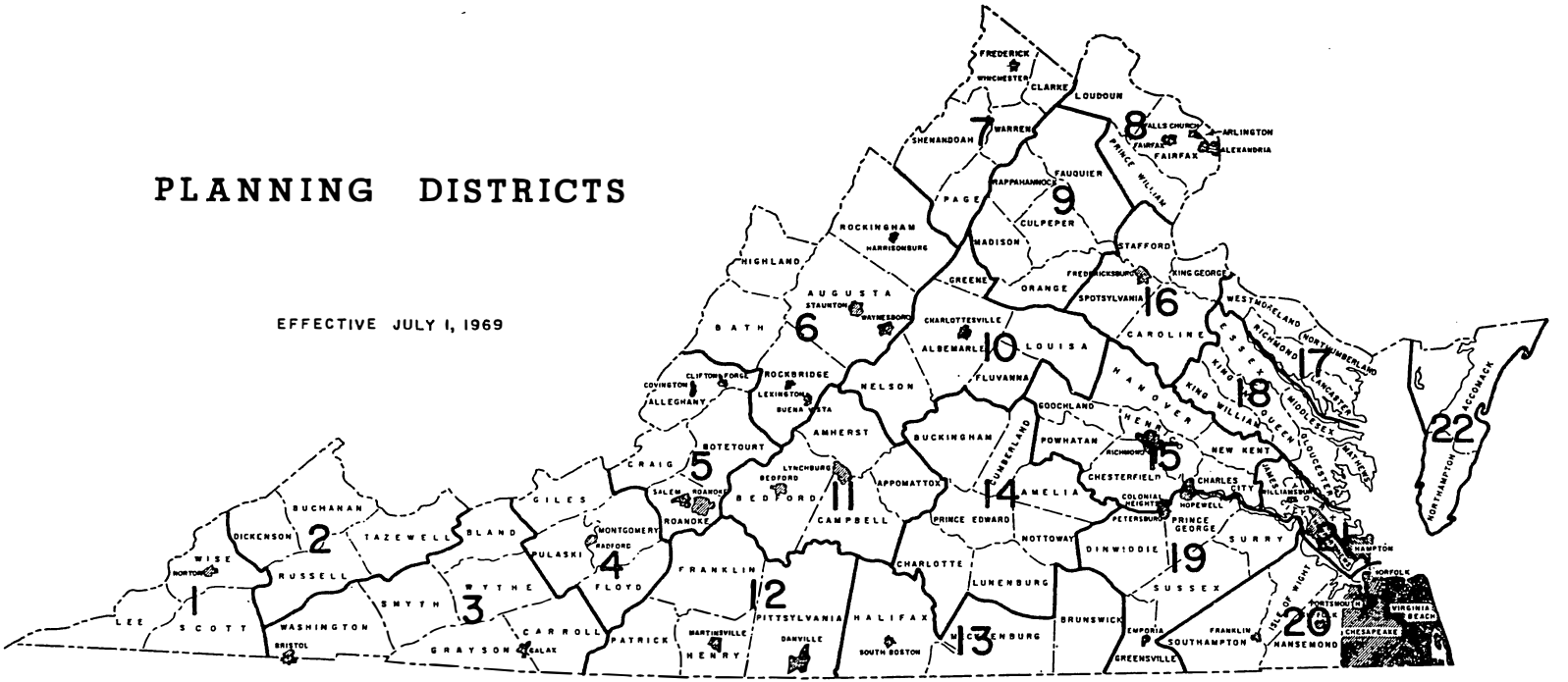
FAMILY PLANNING DATA FOR SELECTED CITIES/COUNTIES
FISCAL YEARS 1971 AND 1972

City/County	Under PHN Supervision			PHN Visits			Clinic Visits for Fam. Plan.[a]			Resident Births[b]			Birth Rate[b]			Estimated Household Pop. as of 7-1:	
	Fiscal Years: 1972	1971	Percent Change	Fiscal Years: 1972	1971	Percent Change	Fiscal Years: 1972	1971	Percent Change	Fiscal Years: 1972	1971	Percent Change	Fiscal Years: 1972	1971	Percent Change	1971	1970
STATE TOTAL	37,904	32,606	16.2	80,897	68,435	18.2	88,688	62,542	41.8	78,746	85,908	- 8.3	17.4	19.2	- 9.4	4,517,995	4,468,904
Selected Districts Total	16,839	12,886	30.7	33,601	29,461	14.1	34,446	22,584	52.5	28,859	31,499	- 8.4	17.9	19.8	- 9.6	1,609,446	1,592,111
Accomack-Northampton	866	670	29.3	533	912	-41.6	866	836	3.6	672	658	2.1	15.9	15.3	3.9	42,121	42,915
Augusta	323	246	31.3	1,096	800	37.0	446	278	60.4	642	708	- 9.3	15.0	16.7	-10.2	42,836	42,302
Bath	23	35	-34.3	40	15	166.7	49	35	40.0	67	83	-19.3	13.4	16.4	-18.3	5,001	5,075
Culpeper	217	169	28.4	713	591	20.6	185	209	-11.5	300	280	7.1	16.5	15.6	5.8	18,175	17,946
Craig	79	75	5.3	402	406	- 1.0	46	47	- 2.1	57	48	18.8	16.2	13.7	18.2	3,527	3,514
Essex	176	106	66.0	147	80	83.8	426	181	135.4	106	132	-19.7	15.0	18.7	-19.8	7,056	7,056
Floyd	18	15	20.0	44	43	2.3	36	16	125.0	130	131	- 0.8	13.6	13.5	0.7	9,541	9,677
Giles	46	45	2.2	107	54	98.1	52	-	-	293	337	-13.1	17.7	20.2	-12.4	16,533	16,680
Gloucester	127	99	28.3	184	97	89.7	310	234	32.5	211	239	-11.7	14.8	17.0	-13.0	14,237	14,053
Halifax	296	258	14.7	341	203	68.0	798	663	20.4	518	558	- 7.2	17.7	18.7	- 5.4	29,347	29,858
Highland	12	11	9.1	38	17	123.5	28	8	250.0	35	21	66.7	14.3	8.4	70.2	2,442	2,512
Isle of Wight	313	205	52.7	181	196	- 7.7	191	252	-24.2	333	401	-17.0	18.4	22.2	-17.1	18,089	18,078
King George	73	54	35.2	632	407	55.3	136	100	36.0	142	179	-20.7	18.2	23.0	-20.9	7,823	7,796
King and Queen	158	117	35.0	238	148	60.8	302	165	83.0	78	74	5.4	14.4	13.5	6.7	5,399	5,475
Lancaster	240	184	30.4	300	373	-19.6	197	146	34.9	118	122	- 3.3	13.2	13.5	- 2.2	8,954	9,035
Mathews	104	73	42.5	70	80	-12.5	189	135	40.0	55	91	-39.6	7.8	12.9	-39.5	7,008	7,045
Middlesex	197	146	34.9	99	117	-15.4	295	259	10.0	65	91	-28.6	10.5	14.7	-28.6	6,178	6,205
Montgomery	149	108	38.0	288	268	7.5	165	63	161.9	782	879	-11.0	18.4	21.6	-14.8	42,483	40,687
Northumberland	226	133	69.9	273	176	55.1	352	211	66.8	109	90	21.1	12.1	9.8	23.5	9,029	9,215
Pittsylvania	574	511	12.3	739	524	41.0	1,688	1,527	10.5	945	1,021	- 7.5	16.3	17.5	- 6.9	57,958	58,337
Pulaski	262	176	48.9	523	281	86.1	410	298	37.6	599	667	-10.2	20.3	22.8	-11.0	29,359	29,216
Richmond County	219	156	40.4	285	200	42.5	204	180	13.3	74	98	-24.5	11.7	17.1	-31.6	6,338	5,719
Roanoke County	288	220	30.9	657	552	19.0	350	414	-15.5	1,148	1,217	- 5.7	16.5	18.3	- 9.8	69,421	66,360
Rockbridge	330	224	47.3	377	269	40.1	213	190	12.1	250	283	-11.7	15.3	17.2	-11.1	16,300	16,422
Rockingham	164	122	34.4	687	304	126.0	184	93	97.8	733	903	-18.8	15.6	19.5	-20.0	47,027	46,287
Smyth	180	156	15.4	1,019	440	131.6	257	132	94.7	549	523	5.0	18.7	17.7	5.6	29,340	29,514
Southampton	596	576	3.5	356	554	-35.8	1,095	1,089	0.6	286	320	-10.6	16.3	17.9	- 8.9	17,528	17,855
Spotsylvania	168	127	32.3	133	258	-52.3	279	211	32.2	345	372	- 7.3	20.8	22.8	- 8.8	16,578	16,348
Stafford	106	122	-13.1	392	383	2.3	265	196	35.2	504	587	-14.1	21.0	25.3	-21.0	24,016	23,211
Westmoreland	386	247	56.3	562	594	- 5.4	370	237	56.1	200	242	-21.5	16.4	19.9	-17.6	12,177	12,131
Wise	365	302	20.9	284	119	138.7	443	268	65.3	737	750	1.7	21.4	21.3	0.5	34,513	35,292
Wythe	119	98	21.4	164	133	23.3	97	128	-24.2	382	400	- 4.5	17.4	18.2	- 4.4	21,913	21,983
Alexandria	854	713	19.8	2,858	2,707	5.6	546	611	-10.6	2,238	2,594	-13.7	20.2	23.6	-14.4	110,568	109,849
Charlottesville-Albemarle	661	456	45.0	2,307	2,021	14.2	555	358	55.0	1,121	1,310	-14.4	15.1	18.0	-16.1	74,234	72,698
Franklin City	154	174	-11.5	84	117	-28.2	127	139	- 8.6	114	116	- 1.7	17.0	17.0	-	6,725	6,836
Fredericksburg	156	135	15.6	595	649	- 8.3	266	221	20.4	217	257	-15.6	17.4	20.6	-15.5	12,436	12,458
Hampton	1,064	882	20.6	3,009	3,657	-17.7	1,494	1,410	6.0	2,291	2,375	- 3.5	19.4	20.4	- 4.9	118,149	116,235
Harrisonburg	57	39	46.2	329	151	117.9	61	39	56.4	188	195	- 3.6	15.4	16.1	- 4.4	12,224	12,095
Lexington	70	69	1.4	128	52	146.2	89	91	- 2.2	72	99	-27.3	12.2	16.6	-26.5	5,901	5,965
Lynchburg	336	290	15.9	1,457	451	223.1	497	756	-34.3	885	955	- 7.3	17.3	18.6	- 7.0	51,105	51,412
Newport News	1,283	1,040	23.4	951	1,533	-38.0	12,781	5,279	142.1	2,828	3,143	-10.0	21.9	24.3	-14.0	128,954	128,799
Petersburg	754	509	48.1	2,226	809	175.2	1,134	1,002	13.2	678	715	- 5.2	19.4	20.1	- 3.5	34,917	35,545
Portsmouth	1,880	1,276	47.3	2,498	3,995	-37.5	3,048	2,418	26.1	2,132	2,243	- 5.4	19.7	20.5	- 3.9	108,235	109,378
Radford	14	10	40.0	75	45	66.7	10	5	100.0	171	178	- 3.9	18.1	19.3	- 6.2	9,444	9,199
Salem	133	120	10.8	424	539	-21.3	291	215	35.3	307	339	- 9.4	15.4	17.0	- 9.4	19,907	19,897
Staunton	282	185	52.4	964	666	44.7	410	233	76.0	319	329	- 3.0	14.7	15.2	- 3.3	21,731	21,613
Suffolk-Nansemond	573	455	25.9	758	486	56.0	1,081	462	134.0	733	840	-13.9	16.4	18.8	-12.8	44,595	44,707
Virginia Beach	1,168	747	56.4	3,034	1,989	52.5	1,132	544	108.1	3,100	3,306	- 6.2	18.0	20.5	-12.2	172,074	161,626

a/ Resident patients only b/ Provisional c/ Crude rate for Fiscal Year 1972 based on estimated household population as of July 1, 1971 and Fiscal Year 1971 based on estimated household population as of July 1, 1970

PLANNING DISTRICTS

EFFECTIVE JULY 1, 1969



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GOVERNOR'S OFFICE
DIVISION OF STATE PLANNING AND COMMUNITY AFFAIRS

SURVEY REPORT FOR HOUSE JOINT RESOLUTION 121 ON FAMILY PLANNING ACTIVITIES IN OTHER STATES

SURVEY RESULTS

Number of states responding:	35
State Legislature appropriations:	19
Services provided:	
Promotion and education	34
Counseling	34
Drugs and devices	34
Sterilization	26
Abortion	10
Abortion referral	21
Transportation assistance	26
State laws regulating:	
Abortion	35
Sterilization	11
Distribution of contraceptives	20
Service of minors	29
Services provided by:	
State agency	9
Local agency	11
Private agencies	13
Combination agencies	17

SURVEY SUMMARY OF FAMILY PLANNING ACTIVITIES IN OTHER STATES, 1972

STATE	Per Capita Expenditures	State Legislature Appropriation	Services Provided							Services Provided By					State Regulating Laws				
			Promotion & Education (a)	Counseling (b)	Contraceptives	Sterilization (c)	Abortion (d)	Abortion Referral (e)	Transportation Assistance (f)	State Health Department (g)	Local Health Department	Private Agencies (h)	Combination	Eligibility Requirements (i)	Abortion	Sterilization (j)	Distribution of Contraceptives (k)	Service to Minors (l)	
Virginia	.85	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Alabama			x	x	x	x			x				x	x	x				
Alaska	1.52	x	x	x	x			x	x				x	x	x				
California	2.05	x	x	x	x	x	x	x	x	x	x	x		x	x		x	x	
Colorado		x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	
Connecticut			x	x							x	x		x	x	x	x	x	
Delaware	7.00	x	x	x	x	x	x	x	x				x	x	x				
Florida		x	x	x	x	x	x	x	x		x	x		x	x			x	
Georgia	2.00		x	x	x	x	x		x		x	x		x	x	x	x	x	
Hawaii	1.43	x	x	x	x	x		x	x	x		x		x	x			x	
Idaho	.50		x	x	x					x	x			x	x		x		
Illinois	.40	x	x	x	x	x		x				x		x	x			x	
Indiana			x	x	x	x			x	x	x	x		x	x			x	
Iowa			x	x	x	x		x	x	x		x		x	x		x	x	
Kansas		x	x	x	x	x		x	x	x	x				x		x		
Kentucky		x	x	x	x	x							x		x		x	x	
Louisiana			x	x	x				x			x		x	x	x		x	
Maine		x	x	x	x			x	x	x		x		x	x		x	x	
Maryland			x	x	x	x	x	x	x				x		x			x	
Mass.					x			x			x			x	x		x		
New Jersey		x	x	x	x	x					x	x			x		x	x	
New York	.85	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	
N. Carolina			x	x	x	x		x	x	x	x	x		x	x			x	
Ohio			x	x	x	x		x	x	x	x	x		x	x		x	x	
Oklahoma	1.33	x	x	x	x	x			x				x	x	x				
Oregon		x	x	x	x	x		x	x	x	x	x			x	x	x	x	
Pennsylvania			x	x	x					x	x	x		x	x			x	
Rhode Island		x	x	x	x	x				x	x	x			x	x	x	x	
S. Carolina		x	x	x	x	x	x	x	x	x	x	x			x	x		x	
Texas			x	x	x	x	x		x				x		x			x	
Vermont		x	x	x	x	x		x	x			x			x				
Washington			x	x	x			x	x	x	x	x			x		x	x	
West Va.		x		x	x				x	x	x				x	x	x	x	
Wisconsin			x	x	x	x				x		x			x		x	x	
Wyoming			x	x	x	x			x			x			x		x	x	

(a) In West Virginia promotion and educational efforts can be made only by patient request.

(b) In Virginia, Pennsylvania and West Virginia counseling is primarily in relation to contraceptive usage.

(c) In New York and North Carolina sterilization is provided only through Medicaid. In Texas and Wyoming only vasectomy is provided. In West Virginia only information is provided.

(d) In Virginia, Georgia and New York abortions are provided only through Medicaid.

(e) In Iowa, Massachusetts and Ohio abortion referral is handled by private agencies.

(f) In Virginia and Washington transportation assistance is provided by private agencies. In Iowa and Maryland there is limited transportation assistance.

(g) Those states reporting the State Health Department as a service provider specified their role to be primarily administrative and/or techical assistance. California, Hawaii and Kansas did not specify the state's role.

(h) Virginia has one independent private clinic and three private clinics working in conjunction with the local health department. In Connecticut, New York and Pennsylvania private agencies are the primary delivery system. In Florida and South Carolina the local health departments are the primary delivery system.

(i) In Alaska, Colorado, Delaware, Georgia, Maine and Massachusetts federal guidelines were reported as eligibility standards. In Virginia, Alabama, California, Florida, Hawaii, Illinois, Iowa, North Carolina and Ohio; eligibility determined locally or by particular program. In Indiana, low income criteria . In Maryland, priority for economics or geographical reasons. In Oklahoma, ability to pay. In Pennsylvania, priority to low income. In West Virginia, no charge for medically indigent.

(j) In Virginia, consent age 21 and 30 days wait. In Colorado and North Carolina, age 18 and over or married. In Georgia, consent age 21 and over or married. In New York, consent age 18 and over, married or borne child. In Rhode Island, consent age 18 and over. In West Virginia, not considered approved method of family planning.

(k) In Virginia, State Pharmacy Board issues permit. In Colorado, restrictions prohibited. In Idaho and Oregon, advertising restricted. In Iowa, prohibitive. In Kansas, 18 and over and married. In Maine and New York, registered pharmacist. In Rhode Island, under medical supervision. In Wisconsin, pharmacists and physicians only.

(l) In Virginia, Kentucky, Maryland, New York and Oregon; no age restriction. In California, Connecticut, North Carolina, Rhode Island and West Virginia; parental consent under age 18. In Georgia, females any age. In Hawaii, consent age 18 and over, married or pregnant. In Indiana and Ohio for V.D. only. In Louisiana, parental consent or married. In Maine, Washington and Wyoming; parental consent. In New Jersey, consent by married or pregnant minor. In Pennsylvania, physician's judgment. In South Carolina, parental consent under age 21. In Wisconsin, no service to minors or unmarried .

STATE LEGISLATURE APPROPRIATIONS AS REPORTED BY 19 STATES

1972

Virginia	$71,800
Alaska	24,600
California	750,000
Colorado	81,000
Delaware	100,000
Florida	185,000
Hawaii	110,240
Illinois	1,700,000
Kansas	123,000
Kentucky	35,031
Maine	20,000
New Jersey	100,000
New York	500,000
Oklahoma	300,000
Oregon	32,611
Rhode Island	51,000
South Carolina	75,000
Vermont	46,888
West Virginia	67,000*

*Includes in-kind

Legislative Appropriations to Health Departments for Family Planning per Woman in need, compared to number of women in need per Full-Time Family Planning Staff Member, ranked by need, for 50 States and five Federal Jurisdictions. FY 1971 or Fy 1972

State or Jurisdiction	Family Planning Need*	Funds Appro-priated per Woman in Need	No. of Women in Need per Full-Time Professional
Calif.	378,500	$2.64+	189,250
N. Y.	351,300	1.42+	117,100
Fla.	229,000	.87	45,800
Ga.	205,200	1.21+	41,040
Tenn.	186,100	2.14	37,220
Mich.	173,600	.58+	43,400
Ky.	141,800	.20	47,266
N. J.	114,900	.87	28,725
Okla.	92,000	2.17	46,000
Kansas	55,500	1.26	27,750
Colo.	45,500	1.02	
Oregon	42,900	.69	21,450
R. I.	21,000	2.66	
N. H.	13,900	.71+	3,475
Del.	10,800	9.26	10,800
Alaska	5,000	4.92	5,000

*Need figures are based on Office of Economic Opportunity. Need for Subsidized Family Planning Services: United States. Each State and County, 1968, U. S. Government Printing Office, Washington, D. C. (GPO). 1969

+Based on FY 1972 appropriation: all others FY 1971

Percent of Unmet Need by States. FY 1968 and 1969

24 States with Highest Percent Unmet Need in FY 1968			18 States with 80-89.9 Percent Unmet Need in FY 1968			9 States with Lowest Percent Unmet Need in FY 1968		
State	90% 1968	% of Unmet Need 1969	State	80-89.9% 1968	% of Unmet Need 1969	State	80% 1968	% of Unmet Need 1969
Ark.	95	95	Ala.	81	79	Alaska	54	64
Hawaii	92	51	Ariz	83	67	Colo.	71	73
Idaho	99	98	Calif.	80	67	D. C.	12	26
Ind.	94	88	Conn	83	83	Del.	63	10
Iowa	92	90	Ga.	88	85	Fla.	79	75
Ky.	92	89	Ill.	80	67	Md.	66	50
La.	91	85	Kans.	89	88	Nev.	69	73
Maine	99	89	Mich.	81	81	N. Y.	72	60
Mass.	92	87	Minn.	88	86	R. I.	79	78
Miss.	90	87	Mo.	85	85			
Mont.	92	87	N.J.	85	80			
Nebr.	95	90	N.Mex.	85	74			
N. H.	99	97	N. C.	87	86			
N. Dak.	98	98	Ohio	83	79			
Oreg.	93	90	Okla.	89	72			
S. Dak.	98	96	Pa.	88	81			
Tenn.	93	89	S. C.	84	84			
Utah	98	93	Tex.	89	82			
Vt.	99	92						
Va.	96	82						
Wash	91	92						
W. Va.	96	97						
Wisc.	97	96						
Wyo.	99	94						

*FY 1972 appropriations are listed for six states which responded with these figures instead of FY 1971 appropriations in the 1971 CFPPD survey.

+The estimated awards for FY 1971 and the allocation of MCH funds earmarked for family planning are presented here as reported in Director's letter, MCH-71-1, January 22, 1971.

&The proportion of earmarked MCH funds obligated is based on data on amounts obligated as reported by state health agencies in the 1971 CFPPD survey.

#The FY 1971 allocation of nonearmarked MCH funds for FY 1971 represents the total MCH allocation by state minus the funds earmarked for family planning (Col.2) and funds for special projects.

**The estimated amount of nonearmarked MCH funds spent for family planning services is derived from data provided by state health agencies.

***These funds became available several months after the start of the fiscal year. Expenditures for staff salaries were limited because this action would commit funds for the next fiscal year. Thus, the primary expenditures were for training, education and equipment. The 26.7% un-obligated funds were expended for hospitalization of pregnant women. Therefore, we have expended 100% of these funds.

Financing of Family Planning Services through Health Agencies: Maternal and Child Health (MCH) Formula Grants, Legislative Appropriations, Other Funds, for 50 States and Five Federal Jurisdictions, FY 1971*

State of Jurisdiction	MCH Formula Grant Funds+					Legislative Appropriations for Family Planning	Other Health Agency Funds Spent on Family Planning
	Earmarked for Family Planning			Nonearmarked Funds			
	Allocated+	Obligated Amount	Percent&	Allocated#	Estimated Spent on Family Planning**		
Col.1	Col. 2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8
Ala.	$212,556	$202,203	95.0	$1,077,593	$91,000	0	0
Alaska	8,615	8,615	100.0	177,000	1,985	$24,600	0
Ariz.	70,444	70,444	100.0	363,990	27,300	0	0
Ark.	117,345	na	na	577,258	294,493	0	0
Calif.	488,349	356,745	73.0	2,339,805	324,214	(1,000,000)*	0
Colo.	92,348	40,000	43.3	376,900	0	46,667	0
Conn.	54,511	54,511	100.0	440,210	86,251	0	0
Del.	10,737	na	na	200,459	8,500	100,024	0
D. C.	12,737	12,737	100.0	247,944	na	na	663,902
Fla.	299,169	0	0.0	1,359,924	168,794	200,000	0
Ga.	316,201	316,201	100.0	1,319,584	501,608	(250,000)*	167,000
Guam	5,481	na	na	152,683	na	na	na
Hawaii	16,103	16,103	100.0	228,997	12,147	0	33,007
Idaho	17,825	17,825	100.0	217,045	16,175	0	30,000
Ill.	271,296	271,296	100.0	1,353,163	71,704	0	0
Ind.	222,464	107,000	48.0	1,035,547	37,000	0	0
Iowa	114,358	114,358	100.0	576,764	129,106	0	0
Kans.	87,789	63,395	72.2	391,981	60,000	70,000	15,000
Ky.	217,087	217,087	100.0	931,998	32,693	29,000	31,762
La.	236,572	na	na	1,099,765	na	0	na
Maine	43,589	40,000	91.8	286,487	60,000	0	0
Md.	255,368	255,368	100.0	808,362	na	0	0
Mass.	128,180	128,180	100.0	718,881	0	0	28,100
Mich.	338,843	254,000	75.0	1,545,513	na	(100,000)*	0
Minn.	157,993	157,993	100.0	752,110	123,662	0	0
Miss.	174,528	na	na	878,071	na	na	na
Mo.	208,733	195,000	93.4	865,304	0	0	0
Mont.	14,070	14,070	100.0	212,615	25,192	0	na
Nebr.	57,018	41,494	72.7	289,361	na	0	0
Nev.	11,127	11,127	100.0	191,580	56,500	0	4,627
N. H.	14,417	14,417	100.0	215,464	583	(10,000)*	0
N. J.	186,858	180,961	96.8	874,629	119,039	100,000	73,392
N. Mex.	43,483	na	na	281,543	68,000	0	0
N.Y.	452,236	452,236	100.0	2,199,704	120,000	(500,000)*	103,000
N.C.	341,461	69,568	20.3	1,545,741	75,484	0	0
N. Dak.	11,431	11,431	100.0	205,130	15,844	0	0
Ohio	393,156	383,000	97.2	1,867,731	407,000	0	na
Okla.	112,783	112,783	100.0	494,057	32,114	200,000	0
Oreg.	100,047	100,047	100.0	434,508	282,430	29,880	0
Pa.	419,405	328,777	78.3	2,092,697	21,000	0	0
P.R.	255,992	na	na	1,390,237	na	496,280	0
R.I.	15,461	10,000	64.7	234,970	35,245	56,000	0
Samoa	No program					na	na
S.C.	195,728	185,940	90.0	931,904	196,282	0	0
S. Dak.	14,715	0	0.0	208,877	30,000	0	0
Tenn.	215,866	na	na	998,326	na	400,000	0
Tex.	476,029	469,970	98.7	2,108,291	127,000	0	325,936
Utah	70,838	70,838	100.0	334,024	17,162	0	0
Vt.	9,030	9,030	100.0	186,301	44,320	0	0
Va.	224,501	164,703	73.3***	1,101,080	141,447	0	0
V.I.	3,267	na	na	153,735	na	(116,412)*	16,860
Wash.	171,385	na	na	623,001	na	0	0
W. Va.	108,366	108,366	100.0	515,684	40,065	0	174,000
Wis.	144,294	144,294	100.0	852.805	64,575	0	0
Wyo.	7,815	7,815	100.0	173,908	0	0	0
Total	$8,250,000	$5,789,928	70.2	$40,987,500	$3,965,914	1,752,451 (3,728,863)*	$1,666,586

Policies Regarding Purchase of Family Planning Services by Local Welfare Agencies, for 50 States and Five Federal Jurisdictions

Required*	Recommended*	Authorized*	Through Medicaid	Not Authorized
Ariz.	Fla.	Conn.	D.C.	Ala.
Calif.	Ky.	Dela.	Maine	Alaska#
Colo.	Mo.	Ind.	N.J.	Ark.
Ga.	Okla.	Kans.	N. Mex.	Miss.
Hawaii	S.C.	Md.	Utah	P.R.
Idaho	S.Dak	Mass.	Vt.	Tenn.
Ill.	Wyo.	Mich	Va.	V.I.
Iowa		N.H.		
La.+		R.I.		
Minn.		Tex.		
Mont.		Wis.		
Nebr.				
Nev.				
N.Y.				
N.C.				
N.Dak.				
Ohio				
Oreg.				
Pa.				
Wash.				
W. Va.				

*Most states in Columns 1-3 purchase service through their Medicaid programs as well as express policies to require, recommend or authorize local agencies to purchase services.

+State Department of Public Welfare purchases statewide family planning services from a nonprofit corporation which serves as a referral source for local welfare agencies.

#Only in the absence of a government facility or physician or in unusual circumstances will the Welfare Division pay for family planning services. There is no Medicaid program.

Family Planning Professional Staff in Health and Welfare Agencies of 50 States and Five Federal Jurisdictions. Full-Time (F/T) and Part-Time (P/T) as of September 1971

State of Jurisdiction	Professional Staff Employed					
	Health-Agency				Welfare Agency	
	Headquarters		Field			
	F/T	P/T	F/T	P/T	F/T	P/T
Ala.	1	2				
Alaska	1	1				
Ariz.		3				1
Ark.	4	3				
Calif.	2	12			1	
Colo.		8*				1
Conn.		6				
Dela.	1	4				
D.C.	1		2	27	1	
Fla.	5					
Ga.	5				4	
Guam	na				na	
Hawaii	1		4	1		5
Idaho		3				
Ill.		7				
Ind.		10				6
Iowa	1	2			1	
Kans.	2	6	7	5		
Ky.	3	1				
La.	na					
Maine	1	1				2
Md.	4	5*				2
Mass.	7	4		12		3
Mich.	4	5				1
Minn.	1	2			1	
Miss.	na					1
Mo.		3				
Mont.	6					
Nebr.	2					2
Nev.		1		17		3
N.H.	4	3				3
N.J.	4	2				
N.Mex.		3				
N.Y.	3	2				13*+
N.C.	1	4			1	22+
N.Dak.		1				
Ohio	2					3
Okla.	2	7	10	1		2
Oreg.	2	6				
Pa.	2	2				1
P.R	4	1			4	
R.I.		4				
Samoa	na				no program	
S.C.	2	9				8
S.Dak.	2	1		48		
Tenn.	5				1	
Tex.	2	2				
Utah	1	4				
Vt.		1				
Va.	2					1*
V.I.			15	2	2	2
Wash.		5				2
W. Va.	5	3				1
Wisc.	3	2				3
Wyo.		2				1
Total	90	161*	38	113	16	89*+

*These totals include one headquarters health professional in Colorado who is assigned 75-percent time to family planning; another in Maryland who is assigned 65-percent time; and one welfare professional who is assigned 75-percent time to family planning in each of the state offices in New York and Virginia.
+These total include 10 part-time field staff reported by New York and 21 part-time field staff reported by North Carolina.
All others are headquarters staff.