

## FAMILY PLANNING PROGRAMS OF THE OFFICE OF ECONOMIC OPPORTUNITY: SCOPE, OPERATION, AND IMPACT

GARY D. LONDON\*

The first direct federal grant to a local family planning program was awarded in Corpus Christi, Texas as a result of an application to the Office of Economic Opportunity (OEO), in December, 1964. R. Sargent Shriver, then Director of the OEO, granted the Community Action Agency of Corpus Christi the funds for delivery of family planning services in that city. It was this precedent that opened the way for millions of dollars worth of applications from poor people all over the country for family planning service grants.

Congress and OEO have responded to this demand and allowed the Federal Government to move far beyond its initial efforts in domestic family planning. The latter responded by establishing a Family Planning Office within the agency, the former by designating family planning a "Special Emphasis Program" within the War on Poverty.

In discussing this unique program, it is necessary to first discuss its philosophy and scope of operation. It is the basic philosophy of OEO's Community Action Program and its Family Planning Office that determines the method of operation which we will also discuss, and which establishes guidelines for evaluation of impact, treated in the final section of this paper.

### PHILOSOPHY AND SCOPE OF OPERATION

As Congress mandated, and as OEO defined its task, the ultimate scope of operation for OEO's family planning services encompasses the entire poverty stricken population of the United States. Goals involve:

\* Office of Economic Opportunity.

1. Assuring that the poor have the capacity to have planned and wanted children.
2. To do this by delivering comprehensive family planning services to all those in need who want them.
3. And to implement a primary aim of all medical programs—improve the general health status of those served.

It was obviously impossible, however, to implement these goals immediately, with limited Federal and local resources. When a survey was made of the number of persons in need of family planning services it was found that the numbers would necessitate a yearly expenditure of nearly 140 million dollars. The necessary expenditures to meet the enunciated goals were clearly beyond the immediate funding capability of either Congress or OEO.

Despite this, the response of Congress and OEO administrators has been exemplary in helping reach these goals. Figures 1 and 2 illustrate the growth of funding levels and number of programs between 1965 and the present. Funding levels have been doubled annually between 1965 and 1968. The illustration shows the increase in number of programs funded between 1965 and 1968. The number of program beneficiaries has also increased proportionally with the funds expended.

These figures, however, tell only one part of the story. Another portion of the story that must be told relates directly to OEO's philosophy of action.

This program is service oriented, but not exclusively so. OEO is concerned with organizational and personal consequences of family planning services for the poor in addition to the services themselves. This adds a complete new dimension to the defined scope of family planning services in OEO.

OEO is learning that methods of solving the problems of poverty are as varied as the problems themselves. One of the methods of eliminating poverty is certainly service. But poverty programs must also include the mobilization of scarce local, state and federal resources to comprehensively attack poverty. They must include the development of innovative approaches to solutions of poverty problems and of poverty itself. They must include coordination of the various resources and programs that already exist within any given community where poverty exists. OEO also takes as a goal in and of itself the inclusion of the poor as policy makers, program operators, and trainees, as well as program beneficiaries.

The notion that all phases of the War on Poverty must address all problems of poverty comprehensively prompts what we call our "hidden investment" in family

planning. Despite the fact that there is an identifiable Family Planning Office in OEO there are many family planning activities carried on under the administrative responsibilities of other branches of the agency. This is actively encouraged by the Family Planning Office and further expands what we define as our scope of operation.

Because of this orientation to goals other than the mere delivery of services, the task of defining our scope of operation is made very difficult. The only real method of defining scope of operation for OEO funded family planning programs, unsatisfactory to more traditional systems analysts, is in terms of demand.

OEO recognizes the fact that not all persons who "need" family planning services want or demand them. Thus, our programs do not attempt to persuade such persons beyond presenting the educational facts related to family planning so

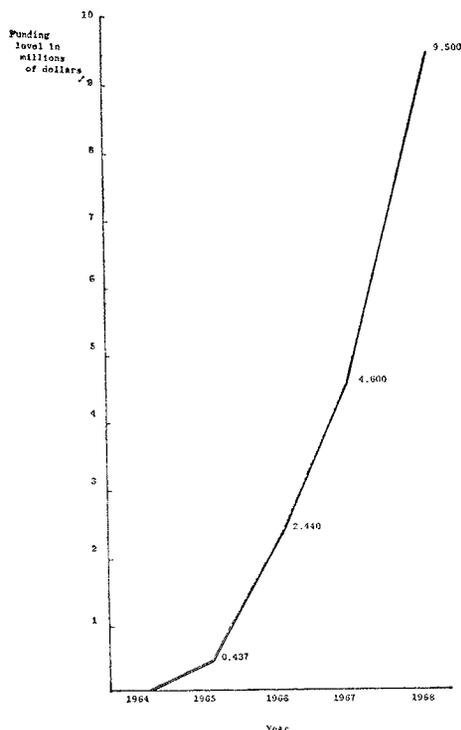


FIG. 1.—Funding level in millions of dollars for Office of Economic Opportunity programs, by year.

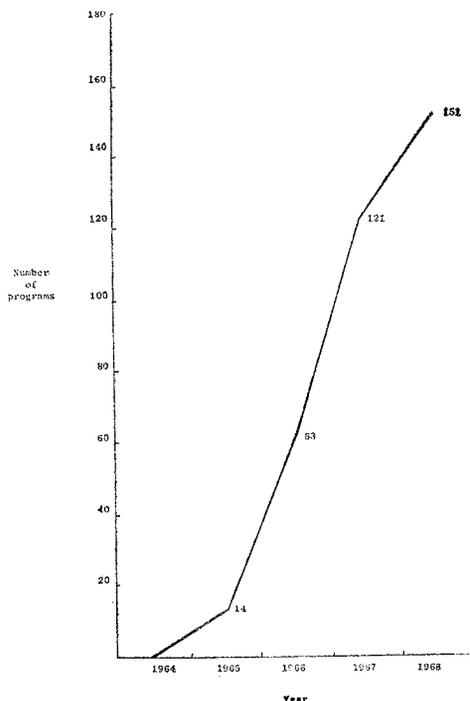


FIG. 2.—Number of Office of Economic Opportunity programs funded, by year.

that individuals may make an educated choice. In every family planning facility which receives money from OEO, the patient is informed that:

Anyone who takes part in this family planning program must do so of his (or her) own free will. . . . No one is allowed to force you in any way to participate in a family planning program. No one can tell you "Unless you take part in the family planning program, you won't be allowed to receive welfare, or get job training, or put your child in the Head Start class."

This is an expression of the policy followed on a larger scale in the funding of OEO family planning programs themselves. Services are only provided in those communities where there is a request for such services by the poor.

#### METHOD OF OPERATION—FRAME- WORK OF COMMUNITY ACTION

Basically, OEO makes direct grants to Community Action Agencies. The local poverty agency may take direct responsibility for the provision of services to local residents or may contract with a health provider for provision of these services to the poor. In practice, however, the details of this process and what the program actually looks like after it becomes operational are as varied as the number of programs funded.

The reason for this variability is the flexibility of funding guidelines, and the framework in which OEO programs operate. Actually there is no "model OEO program." OEO supports programs which operate in the community, and they are the programs of Community Action Agencies. This is a crucial concept for understanding the method of operation of these programs.

This approach is indicated because each community differs from all others. This fact may not be important when dealing with "trends" and "statistical" realities, however it becomes of primary importance when operating within a War on Poverty which takes flexibility as one of

its major guidelines. It takes on increased importance when speaking of the provision of family planning services. These services must always be focused on the smallest common denominator—usually an individual person or an individual community and its needs and demands.

Responsiveness to the unique needs of unique communities has characterized the method of operation which each OEO program area has adopted. This responsiveness is based upon OEO's concept and goal of community action which was partially born of experience.

When this agency first began to grant funds for the delivery of health services to the poor, it was because the poor and those working with them realized that something was radically wrong with the system of health care that was being provided for much of the poverty sector. Part of the problem was that there was no system for the provision of comprehensive care. The traditional services, theoretically designed to deliver comprehensive health care, were more often than not uncoordinated, piecemeal and sporadic.

The Office of Economic Opportunity designed a program which ensures that the grants it makes have been "derived from the needs of the people to be served," and have been planned "with their participation." This method relies heavily upon the poor to define their own problems. Need for the program must be recognized by the poor themselves. They plan the solution to that need with the relevant groups and individuals in their community.

Thus, it is obvious that programs must involve the entire community—not just the recipients of service. OEO recognizes that there are a variety of agencies and persons in any given community who are engaged in delivery of family planning services or related programs. Thus, OEO requires that its grantees, to make full use of the resources available to them, involve the professional groups of the community, the local and state agencies, and other pri-

vate resources engaged in programs with similar or complementary goals.

Community Action Agencies must involve these disparate groupings at every stage of the program—determination of need and demand, assessment of existing resources, planning for reorganization and/or provision of new services, establishment of target areas, criteria for operation, application for and gathering of financial resources, and finally program operations themselves.

This concept of community action has become a method of operation. Originally a philosophy, an approach to solution of the multiple problems that poverty poses, community action has become an integral part of program operation. This explains why there is no packaged method of delivery of OEO family planning services. The kind of planning and consultation that goes on prior to the funding of a program, and the wide variety of problems to be solved, results in great variations of program design.

In some communities a hospital serves as the provider of services while in others a local Planned Parenthood Affiliate may take responsibility for the program. In still others, neighborhood groups with professional membership and guidance on medical matters operate the program.

In some communities the program design utilizes just one central facility in the target area. In others, mobile units for education and/or service, or satellite clinics under the responsibility of a central facility are determined necessary by the community. In some cases the satellite facilities will be unable to provide a full range of services and, hence, the main facility will be used as a center for referrals.

In some communities the emphasis is on service; in others training has been deemed most important; in still others either education or employment have been deemed more necessary by the poor and other members of the community.

OEO has no one family planning program design tailored to meet the needs of

a monolithic poverty sector. Responsiveness and understanding rule out the packaged approach to the needs of the poor. Rather the community, consisting of the poor, their representatives, professionals, local and state agencies, all help determine the most efficacious and acceptable means for delivering those services deemed necessary.

#### EVALUATION OF IMPACT

Implicit in much of what has been discussed here are many points to be emphasized and tested out in evaluation efforts. The accomplishments of OEO funded programs will be presented from the standpoint of both community action and service goals. The need for this dual emphasis is noted by the American Public Health Association, although their conclusion is that "evaluating the community impact of (family planning) efforts . . . is fraught with pitfalls that are difficult to control. . . ." It is true that evaluation of community action is hard to control, but that is precisely what we at OEO must attempt to do.

While community action may seem so amorphous a concept that it could include virtually any measure of impact we might care to make, we shall limit it to include: community relations, employment and training, innovation in program design, mobilization of resources and coordination.

One of the best indications of how successful any given program and approach has been is the relationship between a program and its beneficiaries on the one hand, and the community-at-large on the other. We feel that OEO family planning grantees have succeeded noticeably in establishing good community relations.

Let us cite two examples of successful community relations with the religious community as a result of community participation. Family planning services would be expected to excite severe critical reactions in those areas where Roman Catholic populations are concentrated.

There are two examples which illustrate that this is by no mean inevitable.

In New Orleans, the Director of the Orleans Parish Program insured that Catholic leaders become involved in the planning and discussion phases of the program. Continued participation has been encouraged during conduct and expansion of the program. This program is now acknowledged to be one of the most successful in the country in terms of both comprehensive delivery of services and relations with the community. The success of the program indicates how necessary it is that understanding and cooperation be built between persons and groups who might, on the face of things, ignore or actively oppose each other.

Likewise, in the Columbia Point area of Boston, a strongly Roman Catholic neighborhood in a state only quite recently relieved of restrictions on family planning services, a very successful family planning program is underway. In this community the prior planning with the OB/GYN staff of the area, the incorporation of family planning services into the Neighborhood Health Center, and the fact that individual choice and conscience is not violated have served to insure amicable relations with the Catholic community.

The impact of good community relations was also brought into sharp focus when residents of a poor Detroit neighborhood assessed the damage resulting from eight days of rioting. In one block of burned and looted buildings two remained untouched—the Allen Temple AME Church and the storefront which houses the community family planning center. While the television shop and dry cleaner next door were damaged and looted and a hardware store and dime store in the block were burned, the family planning building was passed by.

A community organizer for East Side Voice of Detroit, a human rights group explained why:

It is said that the burning and looting was indiscriminate. This was not true. The Mom and

Tots Center was not touched during the rebellion, though buildings on both sides were burned and gutted.

When asked why this was, he replied, "Because black folks said, 'These are good people. We know them and they know us. They work with us, not on us like one works on a machine, or a piece of wood. They are for us. We know we can stop in and they'll help us when we tell them things. They ask us to make decisions on how to run the place. They treat us like first-class humans because we are first-class humans. They have respect for us and we respect them.'"

This positive type of community relations is based on community action. We have found that the approach fostered by local C.A.A.'s has produced some battles among various "interests", but that it has largely fostered understanding, cooperation and acceptance. No amount of service statistics can outweigh the human factor that is involved in this type of effect.

Another indication of the impact of these programs is the extent to which persons in poverty have been trained and employed. This is another facet of the family planning effort within the Community Action Program.

Almost every program that engages in family planning does at least informal training. The various training programs launched through OEO funds have trained over 4,000 persons in some phase of family planning services.

As these persons are trained they are placed in other health or health-related agencies or employed directly by the program which trained them. Nearly 1,000 indigenous persons are employed by OEO family planning grantees. Although this is only a modest beginning in attaining our ultimate goal—eradication of poverty—it is a step that demonstrates how we may act in the community to not only deliver services but foster employment.

Another area which indicates some degree of success is the degree to which grantees have been innovative in designing and implementing family planning programs. Two items illustrate this well:

the use of mobile units, and programs serving migrants.

"Health on Wheels" in Birmingham, Alabama was developed three years ago by members of the Planned Parenthood League of Alabama. Dr. C. Thomas Bolding explained, "We have a nice, well-equipped family planning clinic at University Hospital in Birmingham, in the heart of Alabama's Medical Center. But even with this nice clinic, we would time and time again see patients fail to return for their visits because they couldn't afford bus fare, especially when they lived 40 or 50 miles from Birmingham."

So the program applied for OEO funds to take family planning services to the people. Medical and nursing staff on the bus are now seeing people who have no other contacts with physicians. They're seeing babies who were delivered by midwife and have never laid eyes on a physician.

Another innovative program, serving migrants on the East Coast stream out of Florida, with funds and assistance from OEO has been demonstrating that it is possible to reach this group of people and that they are receptive. The method utilized is one that serves as a model for other programs, some outside of OEO.

A further indication of the impact of OEO funded programs is seen in the realm of mobilization of resources and coordination. That this is the hardest of all community action goals to measure cannot be denied. The lack of control noted by the APHA is perhaps most significant here. But one can conclude that OEO grantees have made great progress in these two areas.

Not only are most health and health-related agencies involved in our programs, but that involvement goes from planning through operation. Sharing of facilities, manpower, and funds is observed locally and nationally. There are, of course, programs that have not coordinated activities as best they could, nor mobilized the maximum funds. But indications are that

the contribution has been quite significant.

From the strictly service aspect, an impressive record has been compiled. In 1965 OEO had funded fourteen family planning programs in 5 states. This year the number of programs numbered 151 in 35 states and Puerto Rico. These programs maintained the expected rate of service to patients. In 1965 OEO funded programs served 12,500 patients. In 1968 the 151 programs served 200,000 persons.

These figures, however, tell only part of the story. It is impossible to say with a great degree of accuracy how much informal family planning referral, consultation, and education takes place in the various OEO programs. However, we have been able to find indications of how widespread the demand has been for such services, and how well other programs within OEO have been able to meet that demand. As noted earlier, the direct grant made specifically for the provision of family planning services accounts for only a portion of the OEO involvement in family planning and related services.

Many community action programs around the country support what we call "neighborhood service" programs. A large percentage of these programs specifically include family planning services. Many CAA's also make mention of "family services", "health services", "medical services", "family guidance and life improvement" as part of their total anti-poverty effort. Most of these provide some aspect of family planning services—information, referral, sex education, hygiene, and in some instances direct service.

Another area in which OEO is engaged in family planning services is in Head Start's Parent and Child Centers. The guidelines for this relatively new program discuss the techniques and philosophy of family planning as "most powerful tools" in the prevention of mental illness and the promotion of mental health. They are, moreover, the means of promoting responsible parenthood in the true sense of the phrase. The provision of family

planning service—in whatever form the community asks—will be an ever increasingly important portion of this creative and vital anti-poverty program.

The "Domestic Peace Corps" also contributes a great deal to OEO's family planning activity. Volunteers In Service To America (VISTA) are faced with the total spectrum of need associated with poverty. Thus, the VISTA Headquarters, recognizing that VISTA's should be prepared to help answer family planning needs in their communities, has assembled a kit of educational and training materials for use by the volunteers. This is part of the VISTA's In-Service-Training, and is available to volunteers on request. Some pre-service training centers provide exposure to family planning and family life education.

In addition, at least seventeen VISTA projects include family planning in their descriptions. To be especially noted are the efforts of two VISTA's in Baltimore who were asked to establish a rat-control program, but found that family planning was of far greater importance to the people in the area. They worked out of the local Planned Parenthood Center and did home visiting, recruiting, and worked with men in pool halls and bars, educating and explaining family planning. They acted as chauffeur to and from the clinic, and began some sex education with the teenagers in their community.

Another program in the War on Poverty which provides family planning services is the Job Corps. It is part of the Job Corps policy to provide clear and responsible sex and hygiene education at each Job Corps Center, as part of Family Life Education. The provision of family

planning services is handled according to policy set within each Center, through referral to the Center physician.

The largest single investment in family planning services outside of direct grants from OEO, is found in the Comprehensive Neighborhood Health Services Projects. These 48 projects, utilizing some 2 million dollars in the last year for family planning services, make these services available to approximately 60,000 women.

#### CONCLUSION

Meeting the "universe of need" for family planning in the United States has become more of a reality in the past few years. The Federal Government joined this fight at the very inception of the War on Poverty. It has, in each subsequent year, significantly increased its support for family planning services.

The Office of Economic Opportunity has stimulated activity in family planning through its Community Action Program. Family Planning projects, tailored to suit the needs of each individual community, have experimented with and discovered new and exciting methods of reaching the poor.

These experiences translate into valid approaches for all agencies—public and private. They have shown that a program of family planning, administered within the community action framework can be successful in providing family planning to the poor, while promoting the broader goals of community action—employment, training, positive community relations, innovation in program design, and mobilization and coordination of scarce federal and local funds.