ASSISTING A NORTHERN CALIFORNIA CRISIS PREGNANCY CENTER MEET THE NEEDS OF ITS CLIENTELE: A PROPOSAL FOR CHANGE

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Summer 2011

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Publication Rights</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td>vii</td>
</tr>
</tbody>
</table>

## CHAPTER

### I. Introduction

**Purpose of the Project** .......................................................... 3
**Project Significance** ........................................................... 4
**Terms of Definitions** ............................................................ 5

### II. Review of Literature

**Overview** ............................................................................. 7
**Pregnancy Resource Centers** .............................................. 7
**Current Statistics** .............................................................. 9
**Care Net** ............................................................................ 9
**Services Provided at Planned Parenthood** ......................... 12
**History and Considerations for Those Choosing Abortion** ..... 14
**Abortion Demographics** ...................................................... 17
**Common Reasons Women Choose Abortion** ......................... 18
**Abortion Procedures** .......................................................... 21
**History and Considerations for Those Choosing Adoption** .... 26
**Considerations and Responsibilities of Parenting** ................. 28
**Conclusion** ......................................................................... 31

### III. Methodology

**Introduction** ......................................................................... 33
**Project Needs Assessment** .................................................. 33
**Agency Credibility** .............................................................. 34
CHAPTER | PAGE
---|---
Objectives | 34
Methods | 35

IV. Summary, Conclusions, and Recommendations | 41
Summary | 41
Conclusion | 42
Recommendations | 44

References | 45

Appendices

A. Grant | 53
B. Patient Satisfaction Questionnaire | 61
C. Possible Funders for Grant | 63
The purpose of this project was to plan, implement, and evaluate the conversion of a rural pregnancy resource center into a licensed primary care clinic. Care Net of Paradise, California, is the pregnancy resource center that offers limited services to the community. The planning phase for the conversion involved assessing in-kind support, seeking external funding sources, establishing logistical and administrative guidelines, and developing a survey instrument to assess patient satisfaction with the new comprehensive medical services that will be offered.

The implementation phase involved writing and submitting a grant proposal to a foundation that supports rural medical care, coordinating refurbishment of the medical examination room, preparing the application for licensing of the primary clinic.
through the State of California, and administering the patient satisfaction survey instrument. The evaluation phase involved comparing in-kind support and external funding, performing an evaluation of logistical and administrative guidelines, and statistical analyzing the results of the patient satisfaction survey.
CHAPTER I

INTRODUCTION

Studies have shown that women with unplanned pregnancies tend to seek medical assistance through pregnancy crisis centers (e.g., Care Net of Paradise, CA) and pregnancy medical clinics (e.g., Planned Parenthood) rather than hospitals and medical centers (Family Research Council, 2009). In addition, studies have shown that women with unplanned pregnancies living in rural areas of the US tend to seek medical assistance in their own town (Sonfield, Alrich, & Benson Gold, 2008).

Local resources women facing unplanned pregnancies can utilize in Paradise, California, include, but are not limited to, The HOME Program: HOME Investment Partnerships (HOME), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Medicaid administered by State of California (Medi-Cal), funding for daycare and preschool (Valley Oaks and Head Start), and Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income/State Supplemental Program (SSI/SSP). These services can be found under the Butte County Department of Health (Butte County Children & Families Commission, n.d.).

Although there are many publicly-funded programs to assist with unplanned pregnancies, she must still make the decision about what to do about the pregnancy. There are three choices that a woman must consider when faced with an unplanned
pregnancy, each of the choices is life changing. These three options include abortion, the most controversial and socially polarizing option, adoption, and parenting the child.

Abortion has become an easily accessed option for women, and in some states, legal for adolescent girls without parental consent (Guttmacher Institute, 2011). More than thirty million American women share the experience of abortion (Grimes & Creinin, 2004). It is one consideration for an unplanned pregnancy, and remains an extremely controversial issue. Many Americans remain polarized while others refuse to take a position on the issue (Strickler & Danigelis, 2002). For those who hold the view that the growing fetus is an unborn human life, their belief is abortion claims the lives of millions of innocent children each year.

The most common reason women choose abortion is because they are not ready to care for a child (Major et al., 2009). Other reasons include financial constraints, concern for responsibility to others, to avoid single parenthood, relationship problems, feeling too young and irresponsible, and in some cases rape or incest (Major et al., 2009). The percentage for abortions of a wanted or planned pregnancy is miniscule, and is often due to pregnancy abnormalities or health reasons.

Adoption is the second option available to women with unplanned pregnancies. Adoption is an option for women seeking a better home and upbringing for their child. Adoption gives children who would be left parentless an opportunity for a family lifestyle (United States Department of Health and Human Services, 2004).

“Adoption is a mechanism by which adults legalize their parental relationship to non biological children as well as a means to bring children into families” (Jones, 2008, p. 3). State laws require that the only person who can legally place a child up for adoption is
the birth mother (Caldwell, 2007). State laws also demand that no mother can give binding consent in an adoption plan before the child is born.

Parenting is the last option available to women with unplanned pregnancies. With help from family members, friends, and the local community, parenting is possible for these women. It is of utmost importance that women understand the many resources available to them so that they do not feel alone in this overwhelming decision. There are many free or low cost programs that meet some of the tangible needs with raising a child. In the State of California, there are many free or low cost resources for low-income families or single parents such as the local resources listed above.

Purpose of the Project

The purpose of this project was to plan, implement, and evaluate the conversion of a rural pregnancy resource center into a licensed primary care clinic. Care Net of Paradise, California, is the center which offers limited services to the community. The planning phase for the conversion involved assessing in-kind support, seeking external funding sources, establishing logistical and administrative guidelines, and developing a survey instrument to assess patient satisfaction with the new comprehensive medical services that will be offered.

The implementation phase involved writing and submitting a grant proposal to a foundation that supports rural medical care, coordinating refurbishment of the medical examination room, preparing the application for licensing of the primary care clinic through the State of California. In order to obtain medical clinic status, a center must be able to provide a medical examination room that meets the standards of the Barclay Code
of Regulations Title 22 for Primary Care Clinics (Office of Statewide Health Planning and Development, 2007). State law requires a medical doctor to be on staff to perform sonograms and other medical procedures and to oversee the primary care clinic. The Care Net must locate a licensed medical doctor to volunteer overseeing the medical clinic, and assume all responsibilities. This author was in the process of locating and building relationship with a medical doctor. The medical doctor needs to be assisted by a female Registered Nurse in the examination room, who will also complete and file all medical paperwork. The implementation phase also involved administering the patient satisfaction survey.

The evaluation phase involved comparing the in-kind support and external funding, performing an evaluation of logistical and administrative guidelines, and statistical analyses of patient satisfaction survey.

Project Significance

Care Net is one of few pregnancy resource centers in Paradise, California (Care Net of Paradise, n.d.). In a recent study by Care Net (Care Net of Paradise, n.d.), the leadership determined that their clientele, primarily socioeconomically disadvantaged women in the community, would benefit from an expansion of their existing services to a primary care clinic.

Such a “full-service” clinic would make pregnancy services more accessible to this population of women who were not likely to travel to other providers in the town or neighboring cities such as Chico, California. Also, a new clinic could develop medical partnerships with two larger providers in the local area such, Planned Parenthood (Chico,
CA) and Feather River Hospital (Paradise, CA). Such private partnerships would provide a broad base of coverage for pregnancy-related medical services that may not be provided by the Butte County Public Health Department.

Pregnancy resource centers offer select services such as pregnancy tests, peer counseling and free baby supplies. The benefit of becoming a primary care clinic is to provide more extensive medical diagnostic procedures such as free sonogram tests for abortion minded women and select sexually transmitted disease testing for pregnant and non-pregnant women. Expanded medical services would serve more clients, thus more needs in the community.

Accessibility of comprehensive pregnancy and reproductive services is an important factor to consider in rural communities. By expanding accessible programs, women will not have to travel far to other service providers in the region. With the acquisition of a sonogram machine alone, Care Net will be able to provide more comprehensive services to the rural area.

Terms of Definitions

Crisis Pregnancy Center

A 501(c)(3) Non-profit Organization privately funded providing hope to women facing unplanned pregnancy by providing practical and emotional support (Family Research Council, 2009).

Missed Abortion

An intrauterine death of a fetus that is not followed by its immediate explosion (Grimes & Creinin, 2004).
Partial Abortion

“An abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery” (Esacove, 2004, p. 72).

Pregnancy Medical Clinic

A pregnancy Center Organization also recognized as a medical clinic performing sonograms and sexually transmitted disease testing (Family Research Council, 2009).

Pro-life

Opposed to legalized abortion; right-to-life.

Prostaglandins

A naturally produced chemical produced to help in the birthing the child; injection of artificial prostaglandins into amniotic sac induces labor (National Right to Life, n.d.).
CHAPTER II

REVIEW OF LITERATURE

Overview

There are well over one million unplanned pregnancies in the United States each year. There are a number of service options available for individuals experiencing unplanned pregnancies. This chapter presents background information on the various pregnancy-related health service providers and the services they offer. These providers are limited to pregnancy resource centers and Planned Parenthood.

In addition, this chapter addresses the history related to the three options a woman will consider when faced with an unplanned pregnancy. These options include abortion, adoption, and parenting.

Pregnancy Resource Centers

The nation’s pregnancy resource centers reach some 1.9 million people each year (Family Research Council, 2009). The average pregnancy center under the National Care Net network will see between 300 and 350 women each year. Each day, pregnancy resource centers in America are serving 5,500 individuals (Family Research Council, 2009) with the goal of presenting all options to the client.

Pregnancy centers across the United States serve more than five thousand women a day by providing free services (Family Research Council, 2009). There are two
local pregnancy centers in Butte County, California, offering women who face unplanned pregnancy alternative options rather than abortion. Pregnancy resource centers cannot perform sonograms or sexually transmitted disease testing, thus limiting health care options for women. In addition, there are two abortion clinics providing more than 800 abortions annually in Butte County (Johnston, 2009).

Pregnancy resource centers and primary care clinics across the United States have begun to meet a growing need for care that promotes reproductive and sexual health. Primary care clinics offer free counseling and sonogram tests (ultrasounds) to women facing unplanned pregnancies. The Family Research Council (2009) indicated sonograms and counseling services increase the probability of a woman carrying her baby to term. Wiebe and Adams (2009), however, found that viewing sonogram images were beneficial to the pregnant woman, but that sonogram images do not change the minds of women regarding abortion.

This project was limited in that it focused exclusively on the development of a crisis pregnancy clinic (primary care clinic) rather than the full array of services. Crisis pregnancy clinics provide free services and resources to women experiencing unplanned pregnancies. Many women in the local community are presently without health insurance. The issue of health insurance is a very real concern for many individuals, particularly for young women faced with an unplanned pregnancy. Medical records demonstrate the number of individuals and families without health insurance is continuing to rise (Chernew, Cutler & Keenan, 2005).

However, low-income pregnant women qualify for Presumptive Eligibility Medi-Cal, also known as temporary Medi-Cal (California Department of Health Care
Presumptive eligibility insurance covers certain prenatal care and prescription cost for the pregnant woman. It does not cover labor and delivery cost or after care expenses. Medi-Cal is available for labor and delivery, after care cost, and prescription costs (California Department of Health Care Services, 2007).

Affordability of comprehensive reproductive services is an important factor to consider in rural communities. By acquiring a grant-funded sonogram machine along with other activities to convert the center into a primary care clinic, Care Net will now be able to offer a wide array of services, including free sonogram services and sexually transmitted disease testing to all clients.

Current Statistics

In 2002, The U.S. Department of Health and Human Services found three out of ten women in the child bearing age (15-44) reported “ever having an unintended birth” 12 percent reported an unwanted birth and 23 percent reported a mistimed birth” (Chandra, Martinez, Mosher, Abma, & Jones, 2005, p. 11). In 2006, the National Survey of Family Growth estimated 1.6 million pregnancies were unintended. Public insurance funding accounted for 64% of the 1.6 million unplanned pregnancies (Sonfield, Kost, Benson Gold, & Finer, 2011). Because of these numbers, there is a need for the array of services.

Care Net

There are currently 2,300 Pregnancy Resource Centers across the United States reaching 1.9 million people each year (Family Research Council, 2009). There are currently 1,100 affiliates of Care Net in North America (Family Research Council, 2009).
The average pregnancy center under the National Care Net network will see between 300 and 350 women each year. Each day, pregnancy resource centers in America are serving 5,500 individuals.

Pregnancy resource centers across the United States are beginning to meet a growing need for care that promotes reproductive and sexual health. Research indicates that the combined provision of counseling and sonogram (ultrasound) results in at-risk women being twice as likely to express their intent to carry their baby to term compared to at-risk women who receive counseling alone (Family Research Council, 2009).

Care Net is a national nonprofit organization dedicated to promoting a culture of life through the delivery of valuable, life-affirming evangelistic ministry to people facing unplanned pregnancies and related sexual issues (Family Research Council, 2009). The mission of Care Net of Paradise is to offer a Christian focused ministry to the emotional, practical, and spiritual needs of women dealing with unplanned pregnancies, and to present the plan for sexual purity before and after marriage.

Their objective is to offer Christian ministry to abortion minded women by providing the necessary support services to enable them to carry their baby to term, as well as providing ongoing support and encouragement. These services are provided through the operation of Care Net Pregnancy Center. Such support services are provided free of charge and include services such as pregnancy tests, maternity and baby clothes, counseling, temporary shelter, and referrals for free or low cost legal and medical help.

Some Care Net providers offer a program called Earn While You Learn free of charge to all clients. In this program, expectant mothers take parenting classes at the center with a volunteer or client advocate. The classes prepare the mother with
information about her pregnancy (e.g., change in her body, what to expect, how to deal with issues that arise). While learning about her pregnancy, the client earns “baby dollars.” With her baby dollars, women can shop in the baby store. The baby store supplies mothers with free diapers, newborn and toddler clothes, blankets, food, supplies and more. Each month, Care Net provides Earn While You Learn classes to more than ten mothers.

Care Net of Paradise believes community support is essential to success and in the empowerment of lives. The organization strives to provide outside resources to clients to enable them not only to carry their baby to term, but also to provide the baby with life. One of the ways Care Net partners with the community is by offering referrals to clients. For example, referrals are made to local doctors, housing shelters, food programs, churches, and employment agencies. The community of Paradise is small and unique, in that it provides many opportunities of partnership among businesses.

One of the developing partnerships Care Net is establishing is with the local hospital, Feather River Hospital. The two nonprofit organizations are partnering to provide resources to as many women facing unplanned pregnancies as possible. Care Net provides resources to outside social service agencies and professional groups and works to develop good relationships with key people in such agencies.

Care Net has also established a Speaker’s Bureau designed to educate churches, school age students and the community at large. The main goal is to educate the community on the facts of fetal development, the advantages of abstinence before marriage and having monogamous relationship in marriage. Care Net promotes the belief
that all human beings have intrinsic value, which is not a result of their strength, size, age, intelligence or any other factor.

Services Provided at Planned Parenthood

Planned Parenthood is one of the abortion providers in Butte County. Planned Parenthood is the leading reproductive health care provider for young individuals (Planned Parenthood Federation of America, 2009). The majority of their clientele is in their childbearing age (15-44). Crisis pregnancy centers are currently trying to build relationships with Planned Parenthood. Clearly, pregnancy resource centers and Planned Parenthood do not provide all of the same services, but relationships between the two can be beneficial to women facing unplanned pregnancy.

Planned Parenthood was established more than ninety years ago. There are more than eight hundred health centers in the United States. Their mission is to be an informed educator, a passionate advocate, and a global partner helping similar organizations around the world. They deliver vital reproductive health care, sex education, and information to millions of women, men, and young people worldwide (Planned Parenthood Federation of America, 2009).

Planned Parenthood’s mission states:

Planned Parenthood believes in the fundamental right of each individual, throughout the world, to manage his or her fertility, regardless of the individual’s income, marital status, race, ethnicity, sexual orientation, age, national origin, or residence. We believe that respect and value for diversity in all aspects of our organization are essential to our wellbeing. Planned Parenthood believes that reproductive self-determination must be voluntary and preserve the individual’s right to privacy. We further believe that such self-determination will contribute to an enhancement of quality of life and strong family relationships. (Planned Parenthood, 2011a)
In 2010, Planned Parenthood cared for three million patients. Thirty-six percent of those clients received contraception services, thirty one percent were sexually transmitted disease testing, seventeen percent were cancer screening and testing, and three percent of all services were abortion (Planned Parenthood Federation of America, 2009). Planned Parenthood’s Director Cecil Richards stated in 2010, “We helped prevent roughly 621,000 unintended pregnancies” (Planned Parenthood Federation of America, 2009, p. 2). Planned Parenthood claims they are the nation’s largest sex educator. They focus on “prevention through our affiliates’ sex education programs that reach more than 1.2 million adults and young people in communities nationwide each year.

Planned Parenthood is an enormous health care organization that performs a variety of health care services often free of charge. Planned Parenthood receives millions of dollars each year from the government to perform free services to low income individuals (Planned Parenthood Federation of America, 2009). Planned Parenthood mainly focuses on reproductive services, but also provides general health care services. Their services include but are not limited to:

- Abortion
- Contraceptives (condoms and birth control)
- Sexually Transmitted Disease Testing
- Cancer screening and testing
- HIV Testing
- Mammograms
- Pelvic Exams including PAP Smears
Abortion is present in every culture and among every ethnicity. It has become a worldwide phenomenon. Each year more than eighty million women around the globe experience unplanned pregnancies and twenty-two million pregnancies result in abortion (World Health Organization, Department of Reproductive Health and Research, 2007). Since becoming legal in 1973, abortion has claimed more than 48 million lives in the United States.

Unplanned pregnancy is . . . the result of non-contraception use, contraceptive failure, or non-effective contraceptives. Unintended pregnancy, and induced abortion, can be prevented and reduced by expanding and improving family planning services and choices, reaching out to communities and underserved population groups, for example sexually active teenagers and unmarried woman. (World Health Organization, Department of Reproductive Health and Research, 2007, p. 2)

Nearly half of pregnancies among American women are unintended, and four in ten end in abortion. Approximately 22% of all pregnancies in the United States end in abortion (Guttmacher Institute, 2011). This section of the literature review will cover a range of the history and consideration for each of the three options.

Abortion has become a readily used option for women facing unplanned pregnancy. It can be easily accessed for women and even adolescents facing an unplanned pregnancy (Guttmacher Institute, 2011). Abortion dates back more than five
thousand years ago and can be found across cultures. Chinese Emperor Shen Nung once explained the use of mercury for abortion (World Health Organization, Department of Reproductive Health and Research, 2007).

Approximately 40% of all pregnancies worldwide, or 80 million each year, are unplanned (World Health Organization, Department of Reproductive Health and Research, 2007). Abortion is an extremely controversial issue. Many Americans remain polarized and others refuse to take a position on abortion. For those who hold the view that the growing fetus is an unborn human life, their belief is abortion claims the lives of millions of innocent children each year.

In 1973, abortion became legal in the United States, and has been used to end millions of pregnancies, with more than 48 million abortions have taken place. According to National Right to Life (n.d.) organization, every 26 seconds a baby is aborted in the United States, one in three women will have at least one abortion before the age of forty-five, and nearly one in four pregnancies will end with abortion.

The Roe v. Wade Supreme Court case marked a major turning point in public health policy regarding abortion. Roe v. Wade began when “Jane Roe” formally known as Norma McCorvey, an unmarried pregnant woman, wanted an abortion but federal and state laws prohibited her from getting one. She filed a federal lawsuit on behalf of herself and all pregnant women (Medoff, 2008) against the State of Texas.

The lawsuit was established to declare Texas abortion law as unconstitutional, because it was an invasion of individual right to privacy. The right to privacy is guaranteed under the First, Fourth, Fifth, and Fourteenth Amendments in the United
States Constitution. Although the courts guaranteed a woman’s constitutional right to abortion, it did not grant unrestricted access (Medoff, 2008).

In 1973, the Supreme Court divided pregnancy into three trimesters and ruled “abortion may not be prohibited prior to viability, that is, within the first 6-7 months of pregnancy at the time of its ruling” (Adamek, 1994, p. 409). Ninety percent of all abortions are completed within the first trimester (Major et al., 2009). Abortion became legal in the United States and the number of abortions rapidly grew. In the early 1980s, abortion proliferated to nearly 1.6 million annually (Jones, Zolna, Henshaw, & Finer, 2008).

Each year in the United States, more than sixty million women are considered within the childbearing age of 15 to 44. Abortion is one of the most common medical procedures undergone by these women (Jones et al., 2008). Of the 60 million, three million use no contraceptive method accounting for 47% of the unplanned pregnancies that occur.

Each year, 1.3 million unplanned pregnancies end in abortion. Eighteen percent of women obtaining abortions are teenagers and 33 percent are women aged 20-24 (Guttmacher Institute, 2011).

Abortion is a worldwide phenomenon. Approximately 211 million pregnancies take place worldwide each year; 46 million or 22% end in abortion. Forty percent of these abortions occur in unsafe conditions, leading to 68,000 maternal deaths (Robinson, Scotland, Russo, Lang, & Occhiogrosso, 2009). In the United States each year, only 1 in 160,000 abortions will end with death for the mother (Robinson et al., 2009).
Abortion Demographics

Abortion is present in every culture and within all ethnicities. Typically, women who experience abortions are single, of low socio-economic status and early (1st trimester) in pregnancy. According to Jones (2008), the abortion rate for African American women is 3.1 times that of the rate for Caucasian women. African American women also tend to have abortions later in term than Caucasian women and women of other races. Although the rate of abortion is significantly higher in the African American community as compared to other ethnicities, the highest numbers of abortions are performed on Caucasian women.

As Grimes points out, “Women who have to have abortions tend to be young, white, unmarried, and early in pregnancy” (Grimes & Creinin, 2004, p. 622).

Black women are less supportive of legalized abortion than White women … general disparity between expressed attitudes and behavior relative to abortion among Blacks suggest that Black women may be more inclined than White women to opt for abortion when they believe it is morally wrong and/or without social support for the decision. (Coleman, Reardon, Strahan, & Cougle, 2005, p. 246)

A recent poll taken by Gallup showed that Americans were becoming more pro-life than ever before. Forty-five percent of Americans identified abortion as “morally wrong” and 47% identified themselves as “pro life” (Gallup, 2010). The abortion experience for women varied widely due to economic status, spirituality, moral beliefs, and social context. Research has found that women of low socioeconomic status are more likely to report negative psychological effects of abortion than women of middle or upper class (Coleman et al., 2005). As Fergusson, Horwood, and Ridder noted, “For some young women, exposure to abortion is a traumatic life event which increases longer-term susceptibility to common mental disorders” (2006, p. 22).
Research concludes abortion is a uniquely traumatic experience, both physically and mentally, to women (Jones, 2008). Ten to twenty percent of women who have an abortion suffer from serious negative psychological complications (Coleman et al., 2005). Many researchers believe the greatest predictor of mental disorder after an abortion is the “preexisting” mental disorder before hand (Robinson et al., 2009).

One study found the overall rate for women who had an abortion and experienced psychiatric admission was 18.4 per 10,000 versus 12.0 per 10,000 for women who chose to carry their baby to term (Reardon et al., 2003). “Women who have had an abortion have significantly higher depression scores compared with women who carry unintended pregnancies to term” (Reardon et al., 2003, p. 1253). Some research shows that women who experience abortion (1.4 to 18.8%) consider the abortion experience traumatic and experience symptoms of post-traumatic stress disorder (Reardon et al., 2003).

... abortion is a uniquely traumatic experience because it involves a human death experience, specifically, the intentional destruction of one’s unborn child and the witnessing of a violent death, as well as a violation of parental instinct and responsibility, the severing of maternal attachments to the unborn child, and unacknowledged grief. (Major et al., 2009, p. 866)

Common Reasons Women Choose Abortion

The most common reason why women choose abortion is because they are not ready to care for a child (Major et al., 2009). Other reasons are financial constraints, concern for responsibility to others, to avoid single parenthood, relationship problems, feeling too young and irresponsible, and in some cases rape or incest (Major et al. 2009).
The percentage of abortion on a planned pregnancy is miniscule and is often due to pregnancy abnormalities or health reasons.

In 1990, the abortion rate in the United States began to decrease and has continually decreased since. There are many contributing factors such as improved contraceptive use, lower levels of unintended pregnancies, more women carrying to term unplanned pregnancies, and a decrease in the number of abortion providers (Jones et al., 2008). Research states the number of abortion providers has declined by 38% since 1982 (Jones et al., 2008). Eighty-two percent of counties in each state lack an abortion provider.

The accessibility of services in counties is also a contributing factor to this decrease. Some women may not be able to get an abortion due to travel distance, gestational limits and cost (Jones et al., 2008). In 2005, non-hospital providers estimated that 8% of their clientele traveled 100 miles or more for abortion services. Nineteen percent of women traveled 50-100 miles and seventy-three percent traveled less than 50 miles (Jones et al., 2008).

Concurrently, many states have implemented restrictions making it more difficult for women to access abortions and for physicians to perform abortions. Five states have implemented regulations requiring abortions after fifteen weeks gestation to be provided in licensed surgical centers. Thirty-eight states require a licensed physician to perform all abortions, and nineteen states require late term abortion (after first trimester) to be done in a hospital. Nineteen states also require a second physician to be present in late term abortion. Thirty-eight states prohibit abortion except in the case of protection of the mother’s life (Jones et al., 2008).
California has an estimated 424 abortion clinics ranking number one in the United States. Butte County is ranked number two in California for per capita rate of abortions. In 2008, more than eight hundred abortions took place in Butte County (Johnston, 2009). California law requires all abortions to be performed by a licensed medical physician. However, many physicians opt out of performing abortions.

In California, abortion is only permitted after fetal viability, if life or health endangerment is present for the mother. Public funding for abortion in California is available for “most medically necessary abortions” (Guttmacher Institute, 2011). The average cost for a first trimester abortion in California is approximately $523.00 including lab fees and other charges. Abortions that take place later in pregnancy often cost double the price as those early in pregnancy.

Medicaid was authorized in 1965 and is the largest health care program in the United States (National Abortion Federation, 2006). Medicaid covers more than 50 million low-income people with basic health and long-term care coverage. Medicaid states receive federal matching funds to provide for these individuals. Annually, more than 16 million women are covered under Medicaid. One in five low-income women is provided with Medicaid. After Roe v. Wade, Medicaid fully covered abortion (National Abortion Federation, 2006).

In 1977, the Hyde Amendment restricted public funds for abortion through the joint federal-state Medicaid programs for low-income women. Currently, public federal funding is forbidden for abortion except in the cases of life endangerment, rape or incest. States are required to cover the medical costs of federal exceptions at minimum (Guttmacher Institute, 2011).
However, some states use their own funds to pay for medically necessary abortions. The Alan Guttmacher Institute found 20-35% of Medicaid-eligible women who would choose abortion, carry to term due to lack of financial assistance. In 2006, the Federal and State governments spent a combined total of more than $89 million dollars on abortion services (Sonfield et al., 2008).

Abortion Procedures

According for the Centers for Disease Control and Prevention (2011a, “How Does CDC Define,” para. 1), abortion is defined as “a procedure performed by a licensed physician, or a licensed advanced practice clinician acting under the supervision of a licensed physician, to induce the termination of a pregnancy.” Surgical abortion has become one of the most common and safest procedures in “contemporary practice and new technologies” (Grimes & Creinin, 2004, p. 620).

The most common form of abortion is First Trimester Aspiration Abortion between 4-13 weeks after last menstrual period. Depending on cost factors and providers, generally a local anesthetic is given for pain control. After the local anesthetic is given, a long tube is inserted through the cervix into the uterus. A large syringe is then attached to the tube and the embryo is suctioned out. This procedure can take as little as seven to ten minutes (Grimes & Creinin, 2004).

After the procedure is completed, the woman recovers in the waiting room for ten to thirty minutes where she is monitored (Grimes & Creinin, 2004). After the recovery process, she is released to go home with follow up instructions, warning signs of possible complications and pain medicine. A follow up visit is scheduled for two to three
weeks after the procedure. Only half of women return for a follow up visit (Grimes & Creinin, 2004).

The second option for a first trimester abortion is called Early Medical Abortion or the abortion pill known as RU4-86. In 2000, the Federal Drug and Food Administration approved Mifepristone, an abortion pill. Mifepristone also known as RU4-86 or Mifeprex, is a pill combined with Misoprostol for early medication abortion in the home setting (Jones et al., 2008). British School of Nursing states, “Mifepristone is an antiprogestinic steroid that blocks the continuation of the pregnancy, while Misoprostol is a prostaglandin that causes uterine contraction to expel the fetus” (Beddoes & James, 2010, p. 24). Mifepristone has recently become more integrated into abortion services. In 2008, Mifepristone accounted for 38% of all non-hospital abortions (Beddoes & James, 2010). “Mifepristone regimens result in higher rates of complete abortion and cause expulsion more rapidly than those using methotrexate and Misoprostol and Misoprostol alone” (Grimes & Creinin, 2004, p. 622).

Mifepristone is used up through 49 days of pregnancy for medical abortion. According to the United States Food and Drug Administration (2009), the instruction for using Mifepristone is, Day 1: administer 3 tablets of 200 mg of Mifepristone orally at once, Day 3: 2 tablets of 200 mg of Misoprostol orally at once, Day fourteen: Post-Treatment, the patient is seen by a medical doctor to verify the abortion took place (if it did not surgical termination is recommended).

The side effects of Mifepristone include but are not limited to: bleeding, which can be serious and life-threatening, infection, fever, cramping, hemorrhaging, death secondary to toxic shock following infection with Clostridium sordellii, incomplete
abortion, and uterine infection (United States Food and Drug Administration, 2009). Women who chose to use methotrexate-induced abortion experienced heavier and prolonged bleeding, and greater pain compared to women who chose surgical abortion (Harvey, Beckman, & Strate, 2001).

Abortion procedures for women after fourteen weeks from the last menstrual period is considered surgical abortion. Surgical abortion after fourteen weeks gestation is completed by dilation of the cervix and evacuation. Evacuation includes removal of the fetus with forceps; this procedure takes ten to fifteen minutes. Later surgical abortion (19-24 weeks) is performed in two stages. In the first stage, the cervix is dilated using “osmotic dilators” and medication. A few hours later the fetus is surgically removed (Beddoes & James, 2010). The National Abortion Federation (2008) states side effects of surgical abortion include but are not limited to:

- Blood clots accumulating in the uterus
- Infection
- A tear in the cervix which may require stitches
- Perforation on the uterus and/or other organs
- Missed abortion
- Incomplete abortion
- Excessive bleeding requiring a blood transfusion
- Death

Symptoms of a post-abortion complication include severe or persistent chest pain; chills or fever (100.4), bleeding that is twice the flow of normal period, malodorous
discharge or drainage from vagina, or continuing symptoms of pregnancy (National Abortion Federation, 2008).

Abortions are performed in a hospital, clinic or private physicians setting. In 2005, 69% of all abortions took place in an abortion clinic (Godfrey, Rubin, Smith, Manorama & Gold, 2010). Planned Parenthood is one of the largest health care providers in the United States that performs abortions. Planned Parenthood has been operating for ninety years and operates more than 800 medical clinics. In 2009, Planned Parenthood treated three million patients. In addition to clinical services, they also provide educational services. According to Planned Parenthood President Cecile Richards, “Nearly 1.2 million youths and adults participate in Planned Parenthood educational programs every year” (Planned Parenthood, 2011b, “Informing and Educating,” para. 1).

For women facing pregnancy, Planned Parenthood provides pregnancy testing, prenatal care, abortion, referral for adoption, and midwife care. All together, Planned Parenthood has served more than ten million clients worldwide. Thirty-five percent of these services were contraceptive appointment services. Of the three million patients, 36% were contraception visits, 31% were treated for sexual transmitted diseases, 17% were cancer screening and prevention, and three percent were abortion patients. In total, Planned Parenthood provided 332,278 abortions in 2009 (Planned Parenthood, 2011c, p. 2).

In 2008, there were more than 378 specialized abortion clinics that accounted for 21% of all abortion providers. Seventy percent of all abortions were provided by specialized abortion clinics (Jones, 2008). Non-specialized clinics accounted for 24% of
all abortions. There are 20 abortion clinics that perform more than 5,000 abortions each year. These clinics account for 12% of all abortions in the United States.

Hospitals accounted for 34% of abortion providers in 2008. However, hospitals only provided 4% of all abortions in 2008. Usually, hospitals only provide abortions in the case of fetal abnormality or serious health risk for the mother. Sixty-five percent of hospitals performed fewer than 30 abortions in 2008, 22 reported 400-900, and only nine hospitals reported more than 1,000 (Jones et al., 2008). In 2008, 19% percent of abortion providers were physician offices, but only accounted for 1% of abortions. Fifty-seven percent of private physicians reported 30 abortions or less, and some physicians were unaccounted for (Jones et al., 2008).

Since 2001, an increased number of non-specialized physician offices have begun performing abortion services (Godfrey et al., 2010). This increase is partly due to the manual vacuum aspirator and local anesthetic techniques. The increase of abortion in primary care medical clinics can also be attributed to the Mifepristone pill. Research states that a majority of women who seek first-trimester abortions prefer to have them at their primary care clinic (Godfrey et al., 2010).

Forty percent of abortion providers will not perform an abortion unless the gestational sac on an ultrasound scan is visible. The gestational sac is not visible until 4-5 weeks after a women’s last menstrual cycle (Jones et al., 2008). Ninety-six percent of abortion providers perform abortion at gestational peak (eight weeks). Sixty percent of abortion providers offer some second trimester services, 20% offer abortion after twenty weeks and only 6% percent will perform after the second trimester. In 2000, 80% of
abortions took place in a setting where more than 1000 abortions have taken place (Jones et al., 2008).

History and Considerations for Those Choosing Adoption

Adoption is the second option discussed for women facing unplanned pregnancies. Pregnancy Centers across the United States aim to have close relationship with a faith based adoption agency in their local area. Adoption agencies provide pregnancy centers with information packets and a personal representative to work with women seeking to adopt out their child.

Adoption is an option for parents seeking a better home and upbringing for their child. Adoption gives children who would be left parentless an opportunity for a family lifestyle. The United States Centers for Disease Control and Prevention states, “Adoption is a mechanism by which adults legalize their parental relationship to non biological children as well as a means to bring children into families” (Jones, 2008, p. 3).

State laws require that the only person who can legally place her child up for adoption is the birth mother (Caldwell, 2007). For Independent Adoption, California Law requires birth parents to choose the prospective parents. For parents seeking Independent adoption, an Independent Adoption Placement Agreement (AD 924) must be signed (California Department Social Services, 2007). Some States also demand that no mother can give binding consent in an adoption plan before her child is born. There is often a waiting period of two to forty-five days. Different states also implement laws maintaining whether or not parents can change their mind after signing the consent. California Law for Independent adoption gives a thirty-day irrevocable consent (California Department
According to Caldwell (2007), some reasons birth mothers often choose adoption for their child include, but are not limited to:

- Not ready to be a mother.
- Situations that prevent parenting, such as mental illness or jail sentences.
- No support from baby’s father.
- Desire for a solid, two-parent family.
- Safety and stability.
- College plans.
- Opportunity for a solid future.
- Prior involvement with Child Protective Services.
- Cannot afford a baby.
- Rape.

There are three types of adoption the birth mother can choose from. These are closed adoption, semi-open adoption and open adoption. Closed adoption is when the birth mother allows the adoption professional to choose the adoptive family for the child. After the adoption is finished, the birth mother has no contact with the family or child again. Semi-open adoption occurs when only first names are shared with the adoptive parents. Sometimes the professional will allow input for choosing the best family for the child. Often there is little or no contact with the child or family after the adoptions. An open adoption entitles the birth mother to choose the child’s new family. The birth parent stays in constant touch with the child and new family, often through letters, phone calls, pictures and occasional visits.
In the United States, adoption is rare but has continued to increase in number each year since 1987. In 2000 and 2001, 127,000 children were adopted in the United States (U.S. Department of Health and Human Services, 2004). According to the National Survey of Family Growth, in 2002, 0.6 million females (aged 18-44) adopted a child and 1.3 million males (aged 15-44). Individuals can choose to adopt a child through Kinship or tribal adoptions, private agencies, or public agencies.

According to the U.S. Department of Health and Human Services (2004), in 2000-01, more than two-fifths of all adoptions took place in a publicly funded child welfare agency (40% of all adoptions). Two-fifths of all adoptions were through private and kinship agencies, fifteen percent of all adoptions were Inter-country adoptions. According to the United States Department of State (n.d., “Overview,” para. 1), the Child Citizenship Act of 2000 legalized, “certain foreign-born, biological and adopted children of American citizens to acquire American Citizenship automatically.” In order to become a citizen the child must: have at least one American citizen parent by birth or naturalization, be under 18 years of age, live in the legal and physical custody of the American citizen and be admitted as an immigrant for lawful permanent residence.

Considerations and Responsibilities of Parenting

The third option discussed for women facing unplanned pregnancy is to parent the child. Pregnancy Centers and Social Services aim to ensure women with all the necessary resources needed to raise their child. Parenting the child is a life long commitment that is often life changing.
The responsibilities of parenting are multifaceted encompassing psychological, financial, social, physical and emotional investments. Parenting is a complex decision that must not be taken lightly. Parenting is a choice that will affect the mother and father of the baby for the rest of their lives. When deciding to parent a child, there are many questions that must first be considered, such as: Can I handle the responsibility that is involved in raising a child? How will I nurture this child? Where will I live with my child? How will I financially provide for my child? Who will help me take care of my child? How can I ensure the best emotional stability for my child? How will carrying my baby to term affect my health?

With help from family members, friends, and the local community parenting is possible for women facing an unplanned pregnancy. It is of utmost importance that women understand the many resources available to them so they do not feel alone in this overwhelming decision. There are many free or low cost programs that meet some of the tangible needs with raising a child.

In the State of California, there are many free or low cost resources for low-income families or single parents. Women, Infants, and Children (WIC) is a program that provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant nursing women and children under the age of five (United States Department of Agriculture, 2011). WIC serves 1.4 million women and their families each month. WIC offers specific food vouchers for nutritious foods for families. Parents redeem the food vouchers at local participating grocery stores to purchase food for themselves and their child/children.
For women with preschool age children, Head Start (United States Department of Health and Human Services, Administration for Children and Families, 2011) is a public assistance program. It was started in 1965 and serves more than 800,000 children each year and is a $4.7 billion dollar program (Garces, Duncan, & Currie, 2002). It was founded to close the gap between disadvantaged students and their peers. Head Starts strives to provide a range of “comprehensive education, health, nutrition, parent involvement and family support services and has primarily served at-risk children and their families since 1965” (National Head Start Association, 2011). Children of low socioeconomic status who attend Head Start are more likely to graduate high school and attend college (Garces et al., 2002).

The Temporary Assistance for Needy Families (U.S. Department of Health and Human Services, Administration for Children and Families, 2008) was established in 1996 to provide support to families in need through State block grants. Programs are funded by the state to provide assistance to families so children can be cared for in their own home, to promote job preparation, work and marriage to the families, to prevent out-of-wedlock pregnancies and to encourage two-parent families.

The Department of Housing and Urban Development (HUD) began in 1968 under the United States Housing Act (United States Department of Housing and Urban Development, n.d.) to help low-come families who need assistance with housing. The HUD voucher program serves low-income families, the elderly and the disabled obtain low or no-cost housing depending on eligibility. Eligibility is determined by the income of the individual or family, and must be below fifty percent of the median income for the
county. There are approximately 1.2 million public housing units (United States Department of Housing and Urban Development, 2011).

These are only a few of the many resources available for pregnant women and families. Parenting can be a scary decision for many, but it can also be very rewarding. Parenting is the opportunity to bring life into this world. Essentially, parenting is the opportunity to bring the change you want to see into the world. Parenting is creating a unique family that can never be replicated; it is a special opportunity for many.

Conclusion

Offering free services to women of low socioeconomic status is essential. Women who face unplanned pregnancies may feel scared, vulnerable, and overwhelmed. Crisis pregnancy centers and primary care clinics offer women and their families with emotional, practical and spiritual help to meet the demanding needs of a pregnancy. For women facing an unplanned pregnancy, there are three options that must be considered, abortion, adoption and parenting the child. Each of these options can be life changing.

Abortion is one of the most emotionally and politically charged issues of our day. There are no easy answers to this problem. However, thanks to a growing number of pregnancy resource centers, thousands of women each year are provided with the necessary support and education to help them make informed and powerful decisions about their futures and the futures of their children.

Although these pregnancy resource centers are often underfunded, having little monetary resources as compared to large organizations such as Planned Parenthood and State and Federal governments, they provide fundamental and unique services to
women facing unplanned pregnancies. These life-affirming services are having a vital impact in decreasing the numbers of abortions and providing women with necessary resources to carry their baby to term.

Care Net of Paradise is an important local part of this global movement. Care Net currently serves more than five hundred clients a year on a sixty thousand dollar budget. With the funding of this grant, and three annual fundraisers, Care Net will expand client services and serve more women each year. With a sonogram machine, and medical doctor on staff, and conversion of existing space in their facility into a medical examination room, Care Net will be able to confirm pregnancies, screen for birth defects, and provide sexually transmitted disease testing to clients.
CHAPTER III

METHODOLOGY

Introduction

This chapter discusses the methods that will be used to convert a Care Net crisis pregnancy center into a pregnancy primary medical clinic in Paradise, California, and is outlined as follows: (1) Project Significance, (2) Needs Assessment, (3) Program Planning, (4) Program Implementation, and (5) Program Evaluation.

Project Needs Assessment

The Care Net leadership determined the need to convert to a primary medical clinic more than two years ago. With little funding, their pregnancy resource center has had to put the conversion on the back burner, and has focused primarily on meeting the needs of clientele with limited services. Some of the benefits of conversion into a primary care clinic included offering more services such as free sonograms to women of low socioeconomic status, offering sexually transmitted disease testing to women and men, and provide services to more clientele. Care Net would also provide free prevention and awareness education programs in the local schools and community. A Care Net-sponsored pregnancy prevention and awareness campaign has ready been developed and implemented by the principal investigator of this study and staff.
Since the legalization of abortion in this country beginning in 1973, more than 48 have taken place in the United States. According to the National Right to Life (n.d.), every 26 seconds a baby is aborted. In 2009, more than 500,000 abortions took place in California. Butte County is ranked number two in California for number of abortions per population (Johnston, 2009).

Each year, Care Net serves approximately 600 clients per year offering free services such as pregnancy test, counseling and the Earn While you Learn Program. By converting into a medical clinic, Care Net will be able to provide free sonograms, birth defect screening and sexually transmitted disease testing to clients.

Agency Credibility

Care Net of Paradise is an affiliate of the nationally recognized Pregnancy Resource Center, Care Net. Two women who had a dream of helping women who were experiencing an unplanned pregnancy established Care Net of Paradise in 1989. In 1992, the first Board of Directors was established with bylaws and the Center became a non-profit 501(c)(3). There are five board members and three paid staff members at Care Net. Care Net relies on the volunteer staff members who are committed to serving the clientele. The center funded by three annual fundraisers and local individual donors. In the past two years, Care Net has received more than five thousand dollars in grant money to provide education to the local schools of Paradise.

Objectives

It is the goal of Care Net to become a primary care clinic. With the status of a primary care clinic, Care Net will be able to provide new services to clientele in Butte
County. In addition, Care Net will also provide abstinence and sexually transmitted disease education to the local community and schools. To acquire a sonogram machine, a needs assessment was conducted and a grant proposal was written and submitted for the project. The researcher and Net Care also determined that aside from a sonogram machine, other support will be required to implement the expanded health services: (1) office space, (2) contractors to renovate the space, (3) recruitment of staff, (4) licensing by the State of California, and (5) sustainable revenue. By the end of the project, Care Net will increase clientele from 600 to 700 per year.

**Methods**

**Assessment Phase**

The assessment phase of this project involved determining a need for the conversion of the Care Net pregnancy resource center services into a primary care clinic. The Care Net leadership discussed the need to convert their services into a primary care clinic more than two years ago. With little funding, the pregnancy resource center has had to put the conversion on the back burner, and has focused primarily on meeting the needs of clientele.

Care Net leadership saw firsthand the benefits of becoming a primary care clinic. Expansion of existing services included free sonograms to women of low socioeconomic status, offering sexually transmitted disease testing to women and men, and most importantly, serving more clientele. The goal was not only to provide free services, but also to come along side women and mentoring them to become the best they
can be. The Care Net staff and the principal investigator believed each life positively impacted by Care Net services is a measure of success.

Currently, Care Net serves more than five hundred clients per year with free pregnancy test, peer counseling and parenting classes. However, when a client needs a sonogram, Care Net has to refer the patient to medical clinics in the region. The Care Net leadership wanted to provide the expanded medical services rather than refer them to other health care facilities.

**Planning Phase**

The planning phase for the conversion involved assessing in-kind support, seeking external funding sources, establishing logistical and administrative guidelines, and developing a survey instrument to assess patient satisfaction (Appendix B) with the new comprehensive medical services that will be offered.

This principal investigator began the planning phase by: (1) planning, organizing and implementing a fundraiser which raised $7,000, (2) researched and was in the beginning stages of filing the necessary paperwork for refurbishment to meet California State standards for primary care clinics, (3) developed a survey to evaluate patient satisfaction of the expanded services, and (4) researched medical equipment and possible staff for the clinic.

**Implementation Phase**

The implementation phase involved writing and submitting a grant proposal to a foundation that supported rural medical care, coordinating refurbishment of the medical examination room, preparing the application for licensing of the medical clinic through
the State of California, and administering a voluntary patient satisfaction survey instrument.

The principal investigator submitted the conversion grant to source 1 (Focus on the Family Option Ultrasound) on June 9, 2011. The grant was not funded. Without funding provided, other implementation and evaluation processes could not be accomplished. When future funding is available, the planning phase of the refurbishment process will follow the *Barclay Code of Regulations Title 22 for Primary Care Clinics, regulated by California Department of Public Health*. As a result of the lack of grant funding the principal investigator has been hard at work to raise the capital need for conversion through Care Net sponsored community events discussed below. The project requires Care Net to match $75,000 in actual expenses and in-kind contributions (donated time by physician and volunteers). The principal investigator is in the beginning stages of recruiting a medical doctor to provide time providing free sonograms and other medical services to abortion-minded women, and hiring a registered nurse to assist. The doctor will volunteer five hours per week. The process of this started with building a relationship with Feather River Hospital and staff. Funding for Care Net will come from individual donors who have already been established as monthly reoccurring donors, and three annual fundraisers that will also recruit new monthly donors. The three annual fundraisers developed for this project include a *Walk for Life* that takes place each spring, a summer golf tournament and a fall banquet. The three annual events are organized by Care Net Director of Development.

The *Walk for Life* is a community event done locally at the Paradise Community Park. Participants are located through local church and community outreach
programs. Participants are encouraged to raise pledges from friends, family members and the local community. The pledges are considered a 501(c)(3) tax exempt credit. The event consists of participants walking in the one-mile-walk or running the 5K run. Care Net receives local donations for prizes, food and music to make the event a family friendly.

In May 2011, the principal investigator organized and developed the first annual “Human Race.” The process included, getting donations for food, water, prizes, cash, and volunteers to help make the event successful. Then, live music and an event center was scheduled for children, including a bounce house, face painting, games, food for participants, and more. The principal investigator organized all details of this event for the purpose of raising funds for this project. More than two hundred participants joined the “Human Race” raising more than $7,000 to use toward funding for the conversion of Care Net into a primary care clinic.

The second fundraiser this principal investigator is organizing is a \emph{Golf 4 Life}. Golf 4 Life is a local golf tournament for men, women and children. Money is generated through the entry cost, $100, and raffles throughout the day. The event is an eighteen-hole tournament, and includes prizes for the top players. This event is scheduled for June 2012.

The third event of the year that this author is currently organizing is a fall banquet. The fall banquet is scheduled for Thursday, November 10, 2011. The banquet provides an elegant night of food, music and a guest speaker. The speaker varies according to the theme, year and cost. This year, Care Net has contracted Sean Carney, the 40 days of Life Co-Founder. Money is raised through ticket prices, raffles and
donations the night of the event. All proceeds from this event will be used to further this project.

**Budget**

Care Net will match the in-kind donations by volunteer services and the volunteer doctor. Care Net currently owns the building they are located in. The space provided for the conversion is currently a garage located on the left side of the building. The garage, which will be refurbished into the medical examination room, is currently approximately 400 square feet. The refurbishment will be completed by a local contractor who meets state and local requirements. The contractor has not yet been identified, but the principal investigator is in the process of locating one.

The major one-time cost including the sonogram machine, exam table and conversion process will be paid in part by grant funding (Appendix A). Even though the first grant-making organization did not fund the grant, the principal investigator is currently tailoring new grant proposals to five possible donors: (1) California Wellness Foundation, (2) Unihealth Foundation, (3) Focus on the Family Option Ultrasound, (4) March of Dimes California, and (5) U.S. Department of Health and Human Services. Currently two revised proposals have been submitted to Focus on the Family Option Ultrasound and March of Dimes California.

**Evaluation Phase**

The evaluation phase involved examining the in-kind support and external funding, performing an evaluation of logistical and administrative guidelines, and statistical analyses of the patient satisfaction survey (Appendix B). An evaluation was not conducted because of the lack of funding for conversion.
Had the grant been funded for the conversion process, an evaluation would have been necessary to determine the influence of the new services on the clientele. Through this project, Care Net would have had to: (1) Evaluate whether or not the sonogram machine influenced abortion minded women, (2) Evaluate the total number of clients served and total number of referrals received, and (3) Evaluate the impact of the clinic on clients and community.

The voluntary and non-invasive patient satisfaction survey was part of the evaluation process. Each client would have voluntarily completed a patient satisfaction survey to measure satisfaction with services provided to them, including how or if the sonogram procedure changed their mind about what to do about their unplanned pregnancy. The survey data would have been inputted into a computer program called “Ekyros.” This program would allow the staff at Care Net to assess data and determine quality of services provided, and whether having a sonogram procedure influenced a woman’s decision on what to do about the unplanned pregnancy. Ekyros will be used to track the estimated increase of 600 to 700 clients served per year at Care Net.
CHAPTER IV

SUMMARY, CONCLUSIONS, AND
RECOMMENDATIONS

Summary

The principal investigator used this project to implement change at Care Net, a Northern California Pregnancy Resource Center. The goal of this project was to: (1) plan, implement, and evaluate a Care Net of Paradise program to convert their existing services to one that included a licensed primary care clinic, and (2) expand health care services to women with unplanned pregnancies in the rural community.

The process, however, was halted due to denial of the grant proposal (Appendix A) that was submitted. Had the grant been funded, the conversion process would have moved forward. The principal investigator identified five funders as a backup plan to continue the grant seeking process: (1) California Wellness Foundation, (2) Unihealth Foundation, (3) Focus on the Family Option Ultrasound, (4) March of Dimes California, and (5) U.S. Department of Health and Human Services (see Appendix C).

The grant has been submitted to two of the organizations, Focus on the Family Options Ultrasound and March of Dimes.

Once funded, the project will be guided and supervised by the Care Net leadership. The project will include refurbishing an existing 400 square foot room at Care Net into a medical examination room. The refurbishing will be bid on then completed by
a local contractor. This principal investigator is in the process of locating a local contractor who will complete the refurbishment. The project has a one time major fixed expense and will be sustained by future funding including individual sponsors and three annual fundraisers.

Care Net will also be able to provide more education to local middle school and high school students regarding sexual reproduction, sexually transmitted diseases, unplanned pregnancy and the risks of sex outside of marriage. Care Net is in the beginning stages of building a partnerships with the local Feather River Hospital. This is the largest non-profit organization in Paradise. A partnership with Feather River Hospital could be advantageous to Care Net. Working together could potentially increase clientele, bring in additional funding, and allow reciprocal services. The next step in this relationship would be to find a physician willing to donate time and services to Care Net.

**Conclusion**

Unplanned pregnancy is a life-changing event for many women. Whether the women facing unplanned pregnancy choose abortion, adoption, or parenting, her life may never be the same. This project to convert the Care Net pregnancy resource center into a primary care clinic was motivated by the Care Net staff experiences working with women with unplanned pregnancies. Expanded comprehensive health care services to women with unplanned pregnancies are essential to help women make informed decisions about their pregnancies (Family Research Council, 2009).

Local pregnancy resource centers provide women with necessary resources that may be needed to carry their baby to term. Their goal is to assist women, physically
and emotionally, to make informed decisions about their unplanned pregnancies.

Pregnancy medical clinics are submerging more than ever before. The benefits of becoming a clinic is providing women and clients with more free resources including but not limited to sonograms, birth defect screening, and sexually transmitted disease testing.

The purpose of this project was to plan, implement, and evaluate the conversion of a rural pregnancy resource center into a licensed primary care clinic. Care Net of Paradise, California, is the pregnancy resource center that offers limited services to the community.

The planning phase for the conversion was a multifaceted process involving assessing in-kind support such as existing donors, seeking external funding sources (organizing three annual fundraisers, completing one), establishing logistical and administrative guidelines, and developing a survey instrument to assess patient satisfaction with the new comprehensive medical services that will be offered.

The implementation phase involved writing and submitting a grant proposal to a foundation that supports rural medical care, coordinating refurbishment of the medical examination room, preparing the application for licensing of the medical clinic through the State of California, and administering the patient satisfaction survey instrument. The grant was denied, but has been revised and submitted to other grant-making organizations.

The evaluation phase involved examining the in-kind support and external funding, performing an evaluation of logistical and administrative guidelines, and statistical analyses of patient satisfaction survey. The evaluation process was not completed due to the lack of grant funding for the conversion process.
Recommendations

Recommendations for practitioners:

1. Implement a Patient Satisfaction Questionnaire to each client served in the Pregnancy Center to measure quality of the services provided and to determine whether having a sonogram procedure done changes the outcome of an unplanned pregnancy.

2. Track client response to the sonogram image through a questionnaire.

3. Attend in-service training bi-annually on counseling techniques and new strategies for serving clients.

4. Participate in training on local resources available for a woman facing an unplanned pregnancy.

5. Attend annual Crisis Pregnancy Center Conference for networking on ideas for program improvement.

Recommendations for further research:

1. Study the effects of the sonogram image on a woman facing unplanned pregnancy.

2. Study the effects of sonograms and crisis counseling together on a woman facing unplanned pregnancy.

3. Study the amount of emotional damage on women who experience abortion.

4. Study the effectiveness of sexual education on preventing unplanned pregnancies and lowering sexually transmitted disease on adolescents.

5. Study number of women who choose abortion after services at a Crisis Pregnancy Center.
REFERENCES
REFERENCES


SUMMARY

Care Net Pregnancy Center of Paradise requests $75,000 to convert from a center to a medical clinic. This project seeks to address abortion rates in Butte County. The $75,000 will bring additional resources such as free sonograms and limited Sexually Transmitted Disease Testing (STD) to Paradise. Since 2005, nearly 90,000 babies have been saved in pregnancy medical centers from the use of a sonogram machine (Family Research Council, 2009).

Since 1973, more than 48 million babies have been aborted. According to the National Right to Life (n.d.), every 26 seconds a baby is aborted in the United States. In 2007, there were 800 abortions in Butte County, ranking number two in California according to Medi-Cal statistics (Johnston, 2009). In 2009, more than 500,000 abortions took place in California. Abortion is accessible to women and even to adolescent girls. In California, there is no age requirement for abortion.

The staff and volunteers at Care Net provide free pregnancy tests, peer counseling, prenatal and fetal development education, an Earn while you Learn program (mothers take educational courses to earn free baby items) and a safe environment for women experiencing a crisis pregnancy. The $75,000 grant will be used to convert the center into a medical clinic, providing more opportunities to serve women and families facing unplanned pregnancies.

To become a medical clinic, Care Net must:

- Refurbish a 400 sq foot room to meet medical standards.
- Purchase a sonogram machine and medical exam table.
- Hire a registered nurse minimum of 20 hours per week.
- Complete and file all paperwork required.
- Locate a licensed doctor to volunteer time and energy providing sonograms.
- Purchase all necessary materials.

Pregnancy Medical Clinics operate under a licensed physician and registered nurse manager. Services provided at a Pregnancy Medical Clinic include: pregnancy test, some STD testing and treatment referral, peer counseling to women, post abortion recovery groups, and ultrasound services. Implementing an ultrasound machine will provide definitive diagnosis for the medical doctor and patient. Diagnosis of pregnancy is dependent on four areas of assessment: patient history, physical examination, laboratory test (beta HcG), and sonogram. Without the sonogram, a medical doctor cannot make a definitive diagnosis. Implementing new services will allow Care Net to offer more comprehensive services to women and fill in reproductive health services in rural California.
Care Net Pregnancy Center of Paradise was established in the May 1992. Care Net is a 501 (3) non-profit and is completely funded by individual donors and fundraisers. It was established to provide women who are facing unplanned pregnancy an alternative to abortion. Care Net provides services to more than 600 clients per year, and has served more than 4,000 since opening.

Approximately half of Care Net’s clients are unscheduled pregnancy tests. Care Net advocates to women and their families that their lives are valuable and that their needs, emotional, psychological, medical, spiritual and practical can and will be met. Care Net provides services for abortion minded women and promotes maternal health, child health and promotes the well being of every individual.

There are also clients at Care Net who involved in the Earn While you Learn Program. The program was developed and implemented two years ago and has provided baby clothes, diapers and supplies to women in need. The clients take parenting classes, which earn them “baby dollars,” the baby dollars are then used to buy any necessary clothes or supplies they may need for their baby.

This grant will match $75,000 made by individual donors and three special fundraising events. The first event is an annual Walk for Life that takes place in spring. This year the fundraiser was attended by two hundred individuals and raised more than $7000.00. In the future it is likely to only grow in numbers and in revenue. The second event is a Golf 4 Life that will take place each summer. The event is an all day tournament expected to raise $10,000. The third event will be a fall banquet held on November 5, 2011. The fall Banquet is expected to raise more than $60,000 that will be directly used to match the grant.

Care Net expects to raise approximately $100,000 in 2011 from fundraisers and individual donors. The grant money will be used over a three-year time span, including remodeling and all necessary training to convert into a medical center. Care Net anticipates this grant will double the clientele served each year.

Needs Assessment

The nation’s pregnancy resource centers reach some 1.9 million people each year. The average pregnancy center under the National Care Net network will see between 300 and 350 women each year. Each day, pregnancy resource centers in America are serving 5,500 individuals. Pregnancy centers aim to reduce abortion rates by providing resources necessary for a women to carry her baby to term.

Pregnancy centers across the United States are beginning to meet a growing need for care that promotes reproductive and sexual health. Research and pregnancy centers discovered; the combined provision of counseling and ultrasound results in at-risk women being twice as likely to express their intent to carry their baby to term compared to at-risk women who receive counseling alone.

In 2007, more than 800 abortions took place in Butte County, where there are presently two abortion clinics. California has an estimated 424 abortion clinics ranking
number one in the United States. Butte County is ranked number two in California for highest number of abortions per county and per population.

Abortion is present in all cultures and within all ethnicities. Typically women who experience abortion are Caucasian or African American, single, low socio-economic status and early in pregnancy. According to the Centers for Disease Control and Prevention (2011) the abortion rate for African-American women is 3.1 times the rate for White women. African-American women also tend to have abortions later in term than women of other ethnicities. African-American and Hispanic women are subject to 59 percent of all abortion in the United States.

Agency Credibility

In 1989, Paradise resident, Julie Haberman began working as an untrained counselor at a small, local pregnancy center. In spite of little advertising and no significant networking, she was soon receiving six to eight calls each month. She began seeking help and ideas to expand from other local crisis pregnancy centers.

In May 1992, the first Board of Directors was formed and Dayspring’s bylaws were established, and the center became a charitable non-profit, 501(c)(3). In September 1993, after receiving professional training by the CAC, and hiring a part-time director, the center officially opened to clients. In late 1993, the Christian Action Council changed the name of the crisis pregnancy center ministry arm to Care Net. In November 2000, Dayspring changed its name to Care Net.

The Board of Directors is a committee of six diverse Paradise community members. The board consists of the chairperson, vice chairperson, secretary, treasurer, members-at-large, and the executive director. The staff at Care Net includes: The Executive Director Linda Kalinquin, Director of Client Services Teresa Reid, and Director of Development Ashley Steck.

Because Care Net operates on a small budget, volunteers are essential to success. Volunteers work directly with the clients by providing a safe, nonjudgmental environment. Volunteers provide pregnancy test, peer counseling, facilitate the Earn While you Learn program, and operate the “baby store.” The two volunteers that started Care Net continue to serve the ministry.

Care Net is a national nonprofit organization dedicated to promoting a culture of life through the delivery of valuable, life-affirming evangelistic ministry to people facing unplanned pregnancies and related sexual issues. The mission at Care Net of Paradise is to minister to the emotional, practical, and spiritual needs of women dealing with unplanned pregnancies, and to present the Christian prospective for sexual purity before and after marriage. Care Net utilizes its mission to provide support services free of charge to women. These services include, but are not limited to, pregnancy tests, maternity and baby clothes, counseling, temporary shelter, and referrals for free or low cost legal and medical help.
Care Net’s representatives believe community support is essential to success and in the empowerment of lives. Care Net strives to provide outside resources to clients to enable them not only to carry their baby to term but also to provide it with life. The community of Paradise is small and unique, in that it provides many opportunities of partnership among businesses.

Care Net provides resources to outside social service agencies and professional groups and works to develop good relationships with key people in such agencies. Care Net has established a Speaker’s Bureau designed to educate churches and the community at large. The main goal is to teach the facts about fetal development, the advantages of abstinence before marriage and sexually transmitted diseases.

Care Net has been granted more than $5,000 in the past three years for abstinence and pregnancy education. The Executive Director Linda Kalinquin, a Registered Nurse, provides abstinence and sex education to local schools, churches and youth groups. Her goal is to reach students on a personable level while providing educational facts.

Objectives for Center Implementation

The purpose of this study was to assist Care Net in obtaining a grant-funded sonogram machine that is critical for making a definitive diagnosis of pregnancy by a medical doctor. Definitive diagnosis is dependent on four areas of assessment: patient history, physical examination, laboratory test (beta HcG), and sonogram. Without the sonogram, a medical doctor cannot make a definitive diagnosis. Implementing new services will allow Care Net to offer more comprehensive services to women and fill in reproductive health services in rural California.

New services provided will include free sonograms, sexually transmitted disease testing and education. Sexually Transmitted Disease education will be provided in the clinic and the local schools. Clients and students will be given a pre and post questionnaires to determine quality and effectiveness.

By the end of the project Care Net will:

- Refurbish a 400 square foot medical room to meet standards.
- Convene a quality control committee to monitor building outcome.
- Hire a licensed Architect and Contractor to complete conversion.
- Purchase one sonogram machine and medical examination table.
- Hire a Registered nurse a minimum of 20 hours per week.
- Locate a licensed doctor to volunteer time and energy providing sonograms
- Increase number of clients from 600 per year to 700.
- Expand services by providing sonograms and STD testing to clients.

Becoming a medical clinic, will allow Care Net to offer clients free sonograms and select Sexually Transmitted Disease testing. A minimum of 100 new clients per year will receive free sonograms and sexually transmitted disease testing. Care Net will also provide sexually transmitted disease education to clients in the clinic and schools within
the community. Pre and post questionnaires will be administer to clients and students to ensure quality control and learning is taking place.

Methods

To acquire a sonogram machine, a needs assessment was conducted and a grant proposal was written and funded for the project. The researcher and Net Care also determined that aside from a sonogram machine, other support will be required to implement the expanded health services: 1) office space, 2) contractors to renovate the space, 3) recruitment of staff, 4) licensing by the State of California, and 5) sustainable revenue.

Care Net will work closely with the town of Paradise to ensure safety and to meet all building regulations and requirements during this process. The Architect will draw medical clinic blue prints to meet local and state standards. After the blueprints are submitted and approved by the town of Paradise, a licensed contractor will complete the conversion.

After the conversion is complete and new staff members are hired, new services can begin. Care Net’s staff has continued to establish mutual partnership with the local hospital staff over the past several years. Some of these relationships have been with local doctors who have expressed interest volunteering their time at Care Net. Care Net will search for a doctor to donate time and energy providing sonograms and sexually transmitted disease testing to clients. Before being hired, the volunteer doctor and registered nurse will be interviewed by the executive director and board of directors.

Care Net representatives and Board of Directors believe, in order to provide quality care to clients, staff relationships are vital. It is essential that both candidates believe in and value the mission of Care Net. The executive director will interview Doctor and Register Nurse candidates and hire based on qualifications, personality and personal beliefs.

Evaluation

Care Net will evaluate to verify medical clinic objectives are completed and accompanying goals are adhered to. The funder will receive reports once a year to confirm clinic success and impact on the community. Care Net will ask clients to fill out a voluntary Patient Satisfaction Questionnaire to measure the quality of services provided and whether having a sonogram changes the outcome of an unplanned pregnancy. The pre and post questionnaires were adapted by using the research of Family Resource Council, 2009. By fall of 2014, Care Net will:

1. **Evaluate validity of sonogram machine on abortion minded clients.** Each time a client is scheduled for a pregnancy test they will fill out pre- and post-questionnaires. The pre-questionnaire will be used to evaluate how the client is feeling (i.e., scared, happy, confused) about being pregnant. The post questionnaire will evaluate
if the client is choosing abortion, adoption, parenting or undecided and if the sonogram machine influenced that decision.

2. **Evaluate total number of clients served and total number of referrals received.** This evaluation will be conducted over the first two fiscal years after the conversion is completed. The evaluation will track 1) Total number of clients served per year 2) number of referrals from outside community groups for new clients. Total number of clients and new referrals will be tracked by data entry on a computer system called Ekyros.

3. **Evaluate the impact of the clinic on clients and the Community.** Care Net will ask clients to voluntarily fill out a questionnaire assessing their experience at the clinic. The questionnaire will measure positive and/or negative impact on the community.

**Funding**

This project will require Care Net to match $75,000 in actual expenses and in-kind contributions. Funding will come from individual donors and three annual fundraisers. Care Net will match the in-kind contributions by ten volunteer staff members twenty hours per week including the doctor. The doctor will volunteer five hours per week in the Clinic providing free sonograms to abortion minded women.

The first fundraiser put on for Care Net is a Walk- For- Life in the spring each year. The Walk for Life generates approximately $10,000 and recruits new private donors to give monthly. At the Walk, people earn pledges for each mile the walk, and donate the proceeds to Care Net. This author organized the Walk for life known as the “Human Race” on April 23, 2011. The Human Race profited $7,000 that will be used toward the conversion process.

The second fundraiser is a Golf-4-Life tournament that takes place in June or early July. The Golf Tournament is a new fundraiser for Care Net but is expected to bring in $6,000 yearly. The Tournament is an all day event and luncheon held at the Paradise Golf Course.

The last event is held in November each year and is called a Fall Banquet. Care Net recruits a special guest speaker and holds a semi-formal banquet. The Fall Banquet is an appreciation dinner for donors but acts as a fundraiser as well. The banquet generates approximately $30,000 each year and also recruits new monthly donors.

**Future Funding**

After the grant is completed it will cost an estimated $30,000 a year to continue services. This cost includes, the salary for the hired registered nurse and necessary medical supplies. Possible sources to cover these expenses include, three annual fundraisers generating $80,000 and individual donations. The three annual fundraisers are that mentioned above.
### Budget

<table>
<thead>
<tr>
<th>Personnel Salaries</th>
<th>Requested from funder</th>
<th>Other Funding</th>
<th>Volunteer/In Kind</th>
<th>Total Budget</th>
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<tbody>
<tr>
<td>Executive Director/Registered Nurse ($20X10hrX50)</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$7,500</td>
<td>$30,000</td>
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<tr>
<td>Employee Tax</td>
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<tr>
<td>Director of Development (12hrX10hrX50) Yearly)</td>
<td>$6,000</td>
<td>$15,000</td>
<td>$4,500</td>
<td>$21,000</td>
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<tr>
<td>Employee Tax</td>
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<tr>
<td>Director of Client Services (12hr X10 hrwk X50 wk)</td>
<td>$6,000</td>
<td>$15,000</td>
<td>$5,250</td>
<td>$21,000</td>
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<tr>
<td>Employee Tax</td>
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<td></td>
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<tr>
<td>Volunteer @(21.36hr X20hr/wk. 50 weeks year)</td>
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<td></td>
<td>$106,800</td>
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<td>Registered Nurse $28hrX20hrwkX50</td>
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<td>OBGYN ($98hr X6hr X50wk)</td>
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<td>Electrician ($24hrX25hrs)</td>
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<td>Total Employee Taxes (25%)</td>
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<td>$7,500</td>
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<td>$17,250</td>
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<tr>
<td>3Contractor($20hrX40hr Wk. X 4wks)</td>
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<td>$9,600</td>
<td>$9,600</td>
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<tr>
<td>Total Salaries</td>
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<td>$64,000</td>
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<td>Major Cost Expenses</td>
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<tr>
<td>Misc. expenses &amp; Paperwork(5%)</td>
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<tr>
<td>Architect &amp; Fees</td>
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<tr>
<td>Total Conversion and renovation cost</td>
<td>$40,000</td>
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<tr>
<td>Medical Table &amp; Sonogram Machine</td>
<td>$20,000</td>
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<tr>
<td>Equipment &amp; Testing</td>
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<tr>
<td>Total project cost</td>
<td>$146,500</td>
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</table>

### References


Patient Satisfaction Questionnaire

<table>
<thead>
<tr>
<th>Comment</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How would you rate your experience interacting with the staff</td>
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<tr>
<td>providing a comfortable environment for you?</td>
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<td>2. How would you rate your experience with staff explaining the</td>
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<td>medical aspects of pregnancy?</td>
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<tr>
<td>3. How would you rate the sonogram procedure?</td>
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<td>4. How would you rate your experience in being provided with</td>
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<td>follow up instructions by staff?</td>
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<tr>
<td>5. How would you rate the cleanliness of the Care Net facility?</td>
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<tr>
<td>6. Overall, how would you rate your experience at Care Net?</td>
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</tbody>
</table>

7. Would you recommend Care Net to a friend who needs medical care and counseling?
   ___ Yes ___ No

8. How did you hear about Care Net?
   ___ Friend     ___ Family     ___ Medical referral     ___ Advertisement ___ Other

8. How many weeks have you suspected you were pregnant before coming to Care Net?
   Weeks __________

9. What do you think will influence you THE MOST about your decision regarding what to do about your pregnancy?
   ___ Care Net Pregnancy Counseling
   ___ Care Net Sonogram Procedure
   ___ Care Net medical recommendation
   ___ Family recommendations
   ___ Friend recommendations

10. On a scale of 1-10, with 1 Not At All to 10 Very Much, how much did the sonogram procedure influence your decision to take the pregnancy to term?
    __________

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE
APPENDIX C
POSSIBLE FUNDERS FOR GRANT

1. The California Wellness Foundation
   The California Wellness Foundation  575 Market Street  Suite 1850
   San Francisco, CA 94105
   Phone: (415) 908-3000  Fax: (415) 908-3001

2. Unihealth Foundation
   800 Wilshire Blvd., Suite 1300  Los Angeles, California 90017
   (213) 630-6500 (phone) (213) 630-6509 (fax)

3. Focus on the Family- Option Ultrasound
   -Adrienne.Forster@fotf.org
   1-800-232-6459

4. March Of Dimes California Chapter
   -californiagrants@marchofdimes.com
   415-217-6380
   1050 Sansome Street, 4th Floor
   San Francisco CA, 94111

5. U.S. Department of Health & Human Services
   301-451-5936
   www.hhs.gov