

Care Net Statistics: Frequently Asked Questions

1. About Statistics

a. Who is required to submit statistics?

- i. Every year each affiliated center location (including main, branch, and admin-only locations) submits statistics as a part of the Care Net affiliation renewal process. Admin locations that do not see clients submit financial and other non-client information.

b. Why does Care Net require statistics?

- i. Care Net is a National Organization that gathers statistics from affiliated centers annually. This is the most reliable national data available on the impact pregnancy centers are making across the United States. With this data, Care Net is able to identify national trends, see the advertising methods and client services that correlate with the most life decisions, and learn from leadership at top-performing centers. Care Net is then able to use these findings to make recommendations and create resources to better serve the pregnancy center network. This valuable information also allows Care Net to put together [national center statistical reports](#), [national impact and community savings reports](#), [geographical impact reports](#), and state impact reports (by request). Center leaders can share reports, as well as your individual center statistics, with donors and legislators to gain more support for your incredible ministry work. .

2. How to Collect Center Statistics

a. How should my center collect and track my center's statistics?

- i. Many centers enter their client data into databases that create custom reports that automatically pull the data necessary to answer Care Net's annual statistical questions during renewal each year.

b. What databases specifically?

- i. The most popular databases used by Care Net affiliates are eKyros and CoolFocus by Waycool. Care Net works closely with these providers to make it as easy as possible for centers to pull and submit their annual data. Other databases are CISWIN by the Carelife Software Group, Care Track by Data Designs, and Secure Solutions RBS, Next Level, and Life9. For questions regarding how to pull the annual Care Net statistical report from your specific software, contact your software provider directly.

3. Client Information

a. What is the definition of a client?

- i. Any person who 1) physically or virtually visited the pregnancy center, 2) completed an intake, and 3) received a service (such as a pregnancy test, pregnancy decision coaching, STD testing, etc.)
- ii. Individuals who only interacted with the center via email, instant messaging, texting, telephone, etc. and did not complete an intake should **NOT** be counted as a client.
- iii. Individuals who attended a class or accompanied a client during an appointment but did not complete an intake should also **NOT** be counted as clients.

b. Who is considered a "new" client?

- i. 1) Any client who had never received services from the center in the past, or 2) a former client who visited the center with a new concern (i.e., new pregnancy, post-abortion care, etc.).
- c. **When is a boyfriend/support person considered a new client?**
 - i. A partner or other support person is a new client if an intake form was completed for that individual and services were provided, such as options counseling, STI/STD testing, a pregnancy test, a class, material items, or other services at the center.
- d. **How should my center calculate total client visits?**
 - i. A visit is counted every time a client entered the center for an appointment, class, or to receive items. For instance, a client who came to your center for a pregnancy test and then returned six more times during the calendar year would only be counted once as a new client, but her client visits would equal seven (her initial visit and six return visits).

4. Initial Assessment of Positive Pregnancy Test Clients

- a. **How should my center assess new positive pregnancy test clients?**
 - i. Care Net requires that the abortion vulnerability of every pregnant client be assessed based on the [Initial Assessment Worksheet](#). All pregnant clients will fall into one of four categories:

1. Likely to Carry to Term (LCT)
2. Abortion Minded (AM)
3. Abortion Vulnerable (AV)
4. Abortion Determined (AD)

Some important factors to always remember about this assessment:

- The initial assessment is documented after the first client visit (virtual or onsite) but it measures the client's likelihood to get an abortion when the client first connected with the center for her first appointment (i.e., when she first walked into the door or met you online) and completed an intake.
- The initial assessment is the Client Advocate's assessment of a positive pregnancy test client's likelihood to get an abortion. It is NOT the client's initial stated intention for the pregnancy.
- The Client Advocate's initial assessment and the client's initial stated intention are not always the same.
- The Client Advocate's initial assessment will never change, because it is only assessed at one point in time (when the client first engages with the center and completes an intake). However, the client's last stated intention (whether she intends to carry, abort, etc.) can change as frequently as each time the client engages with the center, and should be documented each time.

- b. **What is the criteria for assessment?**
 - i. Care Net recommends the use of the [Initial Assessment Worksheet](#) in determining a client's abortion vulnerability. Client Advocates' consistent use of this "process of elimination" tool will help take much of the subjectivity out of making the initial assessment.
- c. **Where did the criteria for these categories come from?**

- i. National leaders in the pregnancy movement (including those at Care Net, Heartbeat, and NIFLA) worked in conjunction to develop the definitions of terms and criteria used in the Initial Assessment Worksheet.
- d. **Why doesn't Care Net include other criteria (i.e. financial situation, whether the client has had a previous abortion, whether the client uses Plan B, or is single, etc.) on the vulnerability assessment?**
 - i. Because Care Net operates from the framework of the Initial Assessment Worksheet, an exhaustive list of all the criteria of an abortion-vulnerable woman is not necessary (which is good, because the circumstances of these women can vary greatly). Instead of jumping straight to the criteria of an abortion-vulnerable woman and attempting to capture all possible characteristics, think about client assessment in the order of the [Initial Assessment Worksheet](#). Begin by eliminating/confirming that the client is Likely-to-Carry or Abortion-Minded. If she doesn't meet all of the Likely-to-Carry criteria, and if none of the Abortion-Minded criteria apply, she is automatically categorized as abortion-vulnerable. In that sense, the exact criteria for an Abortion-Vulnerable woman aren't as relevant as whether the client fits into one of the first two categories. The items under the Abortion-Vulnerable section are more of examples rather than criteria. The list is not exhaustive, and the client being single, having a previous abortion, or having a tough financial situation could be examples as well. The possibility of different situations is endless, and so Care Net places clients in this category simply based on failing to meet the criteria for the first two.
- e. **What if someone's level of abortion-vulnerability changes from when they are on the phone to when they visit the center; for example, from Abortion-Minded to Abortion-Vulnerable?**
 - i. Whenever your center establishes someone as a client of the center with an intake form, record their level of abortion vulnerability at that point in time. In this example above, the woman should be categorized as Abortion-Minded if your center completed a virtual intake form and established the woman as a client over the phone, but Abortion-Vulnerable if your center did not establish her as a client/do the intake form until she came in.
- f. **What if my center doesn't know a client's pregnancy outcome?**
 - i. Even if your center does not know the actual pregnancy outcome, the client's "last stated intent" should always be documented. The pregnancy decision is most commonly based on the last stated intent -- what the client last told your center she was intending to do (carry-to-term, abort, etc.). The only exception to that is if the actual outcome of the pregnancy is known, which your center should then use (if it differs from last stated intent). Remember that the initial assessment is different from the last stated intent in that the initial assessment for a client never changes, while the last stated intent can change as often as every visit up until the birth of the child.

5. Client Care & Services

- a. **Can clients who haven't gone through a specific program be counted as having received post-abortion support?**
 - i. Any client with whom your center discusses a past abortion as well as clients going through your abortion-recovery program can be counted. Because Care Net tracks the total number of people who are seeking support or information on the issue of abortion recovery, your center can group all of those clients together when reporting.

b. What is a mobile unit?

- i. A mobile unit is a pregnancy center located in a vehicle that travels to different locations to provide pregnancy-related services to women, including pregnancy testing, STD/STI testing, and/or ultrasounds.

c. What counts as a gospel presentation?

- i. Care Net counts the Gospel as having been presented when the center worker uses her (or his) words to share the salvation message. A center worker can use a tract to walk through that presentation, but simply handing someone a tract or Bible is not a gospel presentation by Care Net's definition. Even though all the relevant points may be spelled out in ink and those truths can certainly be transformational, Care Net counts conversations in which the full gospel, including the death and resurrection of Jesus Christ, is verbally communicated to a client.

d. Why does Care Net track clients' decisions to trust Christ/rededicate their lives to Christ? We cannot be the judge of whether someone is saved.

- i. While Care Net does request this information from centers, the intention is never to try to determine whether someone is truly saved. It is our responsibility to present the gospel to clients, but it is the Lord working in their hearts that transforms lives. Therefore, while the number of decisions to trust Christ is tracked for statistical purposes, Care Net focuses more on gospel presentations in determining the pervasiveness of evangelism throughout the network of pregnancy centers.

6. Center Volunteers

a. Who is considered a volunteer?

- i. A volunteer is anyone who offers her or his assistance to help the pregnancy center on a *regular* basis and does not get paid. Volunteers may include board members, peer counselors, class trainers, and any other unpaid helpers.

b. Who is considered a medical volunteer?

- i. Licensed medical volunteers are those professionals who provide medical services at your center (who do not receive wages from your center). Examples include a nurse sonographer volunteer who scans clients one day a week or the doctor who reviews and approves the ultrasound results. Someone who is a medical professional but does not perform medical services at your center is not a medical volunteer (i.e. a Registered Nurse who serves in a nonmedical position).

7. Financials

a. What is considered State or Federal funding?

- i. "Federal funding" is government funding received by the center and coming from taxpayer dollars that is awarded and administered by the United States government, or a department thereof. Examples would include Title X funding and Sexual Risk Avoidance Education (SRAE) grants through Title V.
- ii. "State funding" is government funding received by the center and coming from taxpayer dollars that is awarded and administered by your State government, or a department thereof. Examples would include State Alternatives to Abortion grant programs, such as Real Alternatives, North Carolina's Maternal and Child Health Block Grant, and Texas' Alternatives to Abortion Services Program.

- iii. For the Care Net statistical survey, **do not include** funding from “Choose Life” license plates, tax credits/deductions or Employee Workplace Charitable contributions.
- iv. Medicaid is not considered state or federal funding.
- b. Should my center report funding used/received in the prior calendar year or the prior fiscal year?**
 - i. Please report government funds used/received for each service category listed for the previous calendar year (for example, for the 2025 Renewal Survey, report for January 1, 2024 through December 31, 2024). If your center is unable to do so, please report this information for your most recent fiscal year. (Please ensure your center reports for a full fiscal year.) Typical fiscal years may run from July 1, 2023 through June 30, 2024; or from October 1, 2023 through November 30, 2024).

8. Data Collection Related to COVID-19

- a. What is a pre-client?**
 - i. An individual who, for example, calls your center seeking information, *is not yet* a client if they have not signed any intake forms establishing a client-center relationship.
- b. What is a pre-client phone call?**
 - i. A pre-client phone call begins when an individual, who is not an already established client, calls the center and for whatever reason declines to make an appointment, and a coaching session ensues. Depending upon the caller’s needs, the content of the call may include full options coaching - information about pregnancy, abortion procedures/risks, adoption, and fetal development, or another service offered by the center, i.e., post-abortion care.
- c. How should my center log pre-client phone calls?**
 - i. This sample template is provided by Care Net to help centers appropriately log pre-client phone coaching conversations. Unlike many of the other sample forms provided by Care Net, this one is not meant to be used in its current state. The information provided below should only be used as a guide when creating your own phone log on an online platform provided by a HIPAA compliant vendor. Your center may want to review the Phone Coaching Part 2 Webinar for more info on how to use this form.
- d. New Client**
 - i. A new client is any client who had NEVER received services from the center in the past OR a former client who visited the center with a NEW concern (i.e., new pregnancy, post-abortion services, parenting education, etc.) Of note: May include pre-clients who eventually completed an intake.
- e. Virtual Client Intake**
 - i. A virtual consultation between center personnel and a client can take many forms, including phone conversations, text only chats, and a video visit on a screen (phone, tablet, or computer). The primary difference between a pre-client phone conversation and a virtual client session is found in the establishment of a client-center relationship via electronic intake forms. For more information about virtual consultations, read here.

Preview the required questions using the Sample Renewal Form. This PDF version of the questions is available to help your center prepare its statistical data. The actual statistical submission must be made through the Renewal Survey at www.affiliates.care-net.org/renewal.