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P A 397C: Data Management and the Research Life Cycle

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**[working title to come]**

*Introduction*

Crisis pregnancy centers are organizations which operate to target people with unintended or crisis pregnancy centers to dissuade them from choosing abortion. They typically do this through directed options counseling, where counselors may try to persuade the person considering their options by referencing links between abortion and adverse mental or physical health effects – links which have been scientifically disproven(ADD CITE). They may also provide such services as referrals for childcare or adoption services, some material resources for childcare such as diapers, and may also provide some medical services such as ultrasounds or pregnancy testing[provide source]. CPCs often use advertisements to reach potential clients such as billboards, web-based advertisements, or their websites, but these sometimes suggest that the facility may provide medical services or even abortion services. CPCs have been a source of controversy because their counseling involves bias and because of the misinformation that may be involved in their counseling or advertisements. In addition, some states, including Texas, have directed some public funding to crisis pregnancy centers, which is also quite controversial (add cite).

Crisis pregnancy centers are typically not medical facilities and so are not regulated in the way that other facilities are. Many states and advocacy organizations have attempted to regulate crisis pregnancy centers in recent years but often these efforts have run into legal issues, particularly surrounding the right to free speech of the facility and their employees. Some states and cities have passed legislation requiring CPCs to post signs declaring that they do not provide abortion services nor referrals for abortion services; this type of legislation in Austin, TX, New York, and Maryland has been struck down by federal courts citing violations of freedom of speech. California’s Reproductive FACT Act, passed in October 2015, required CPCs to inform their clients that the state offers free or low-cost access to comprehensive family planning services, prenatal care, and abortion for eligible women; this law was struck down by the courts for similar reasons.

[Abortion providers also typically provide options counseling but also provide abortion services.] Abortion can be quite controversial and has been the focus of a lot of state-level regulations, particularly in recent years. The Guttmacher Institute found in 2019 that one in three of the state-level regulations on abortion passed since Roe v. Wade guaranteed the right to abortion in 1973 were enacted in the past seven years (add cite). State regulations vary in their focus and measure. Some states require (go through the different types of regulations).

There has been a lot of research and writing on crisis pregnancy centers. Some of the literature available is empirical studies on the quality of care provided by the center or centered around the clients. Much of the research around crisis pregnancy centers has revolved around the quality of care provided. Some researchers have looked at the accuracy of the information provided at such locations. Bryant-Comstock et al analyzed CPC websites for the accuracy of sexual health information and found much of it to be inaccurate or misleading.[[1]](#footnote-1) Tsevat et al conducted a mystery client survey at a random sample of 55 CPCs and found that many purposed their facility to provide direct medical care despite the fact that only one provided such services; the researchers also found that many of the locations gave overestimates of the danger of abortion and counselors at a majority of site visits expressed judgment about the mystery client’s decision.[[2]](#footnote-2) Other researchers have focused on what services clients seek and whether clients are satisfied with the quality of care provided. [continue summarizing other research]

Crisis pregnancy centers sometimes open near abortion providers and may use language that makes it difficult for potential patients to tell whether or not the clinic provides abortion.[cite] Some crisis pregnancy centers that operate near abortion providers have adopted names similar to the abortion provider, which may cause people seeking an abortion to go to a crisis pregnancy center by accident instead, which can cause confusion and delay care.[cite]

Other research has looked at the legal implications of such centers, or the policy implications such as where they get funding. [examples to come] In recent years, in some states, crisis pregnancy centers have been able to get more and more state funding.[cite] At the same time, nationwide, restrictions on abortion providers have increased in number[cite] and scope [cite] and the number of abortion providers has sharply decreased[cite]. People in 27 cities live more than 100 miles away from an abortion provider.[[3]](#footnote-3)

Tie into why crisis pregnancy centers may be related to lack of access to health care in a state

The research question this research seeks to address is (research question)

Data on Medicaid expansion

***Data Sources***

*Abortion Provision*

This analysis operationalizes abortion provision within the state by looking at the number of aboritons provided within the state, the number of abortion providers within the state, and regulations on the provision of abortion within the state. In order to measure abortion provision within the state, this analysis uses the number of abortion providers within the state, the number of abortions provided within the state, and whether or not certain regulations on abortion providers and abortion patients are in place and enforced within the state.

The data on the number of abortion providers within the state and the number of abortions provided within the state both come from the Guttmacher Institute’s National Provider Census. As part of this research, researchers at Guttmacher compile records of all of the facilities and individuals who are providing abortions and take a census of them to find the number of abortions provided within the country in a year.(Add cite). This data is unique in its coverage and source: some state health departments report the number of abortions provided within the state to the Centers for Disease Control and Prevention, but not all states report this data and not all providers within states report the information to their respective health departments.(ADD CITE).

The data on abortion regulations come from datasets available on the Kaiser Family Foundation website. The datasets use data from the Guttmacher Institute. In order to validate the datasets, I confirmed the data against the Guttmacher website. The abortion regulations I am using in this analysis include: (DISCUSS WHICH ABORTION REGULATIONS I AM USING)

Some states have regulations in place which have been enjoined by court orders or are similarly non enforceable: I included a law on the books only if the law was in place and enforced within the state, with one exception. In the case of state policy banning abortion in the case of Roe v. Wade being overturned, I included these laws although they are not enforced.

*Health Care Coverage*

I operationalized health care coverage within the state by looking at the percent of people within the state who do not have health insurance and whether or not the state has expanded Medicaid.

The data on people within the state who do not have health insurance come from a dataset uploaded to Kaggle by the U.S. Department of Health and Human Services.(cite) The dataset gives the percent of people without health insurance in 2010 by state, the percent without health insurance in 2015, and the change in this coverage from 2010-2015. This analysis uses the percent of people without health insurance in 2015.

The data on whether or not the state has expanded Medicaid are from a dataset available from the Kaiser Family Foundation. The data are current as of the end of April, 2019.

*Political and Demographic Factors*

***Data Management***

***Methods***

This research ties together data from many different sources and ultimately uses ordinary least squares regression to discuss the relationship between abortion provision in a state, health care coverage in that state, and crisis pregnancy centers in that state, controlling for political and demographic factors within the state.

This research uses datasets merged together in Python using pandas. The research builds upon prior data collection work. The data on crisis pregnancy centers by state come from a dataset by Reproaction.[[4]](#footnote-4) Reproaction, an organization dedicated to creating a more favorable climate for abortion rights and reproductive justice, compiled the dataset to include all discoverable crisis pregnancy centers operating nationwide.[[5]](#footnote-5)

*Results*

To come

*Limitations*

One issue with this model is in the number of crisis pregnancy centers by state. The data from Reproaction includes data for 2,629 clinic locations, but some advocacy organizations estimate there to be over 3,500 locations nationwide: NARAL Pro-Choice America estimated there to be over 3,500 in 2017.[[6]](#footnote-6) This could be an error, or it could be that facilities have closed in recent years, or it could be that the Reproaction database does not include all facilities nationwide. This model assumes that, if there are clinic locations missing from the database, they are not missing in a systematic way; however, if this is not the case, it may introduce bias into the results.

*Discussion*

*Policy Recommendations and Areas for Further Research*

Since abortion is a time sensitive issue and crisis pregnancy centers may introduce further delays (maybe look at other laws that may introduce delay as another DV), it would be interesting to look at whether the number of crisis pregnancy centers affects abortion services in the state. It may be that the number of crisis pregnancy centers causes the abortions provided in a state to be further along in gestational age, or the number of self-managed abortions to be higher. Further research could look at the number of crisis pregnancy centers on these measures; however, as these data are highly sensitive, it is outside the scope of this paper.

Furthermore, the measures in this research are very geographically specific; thereore, it would be interesting to look at these measures using spatial or geographic analysis. It would be interesting to see whether these effects differ based on how far a person is from an abortion provider or how many abortion providers and crisis pregnancy centers are within a certain distance of a person.

1. Katelyn Bryant-Comstock et al., “Information about Sexual Health on Crisis Pregnancy Center Web Sites: Accurate for Adolescents?,” *Journal of Pediatric and Adolescent Gynecology* 29, no. 1 (February 2016): 22–25, https://doi.org/10.1016/j.jpag.2015.05.008. [↑](#footnote-ref-1)
2. D. Tsevat, J. Miracle, and M. Gallo, “Evaluation of Services at Crisis Pregnancy Centers in Ohio,” *Contraception* 94, no. 4 (October 1, 2016): 391–92, https://doi.org/10.1016/j.contraception.2016.07.037. [↑](#footnote-ref-2)
3. Alice F. Cartwright et al., “Identifying National Availability of Abortion Care and Distance From Major US Cities: Systematic Online Search,” *Journal of Medical Internet Research* 20, no. 5 (2018): e186, https://doi.org/10.2196/jmir.9717. [↑](#footnote-ref-3)
4. Reproaction Education Fund, “The Fake Clinic Database,” Reproaction, August 17, 2018, https://reproaction.org/fakeclinicdatabase/. [↑](#footnote-ref-4)
5. Reproaction Education Fund; “About Reproaction,” Reproaction, accessed April 18, 2019, https://reproaction.org/about/. [↑](#footnote-ref-5)
6. Reproaction Education Fund, “The Fake Clinic Database”; NARAL Pro-Choice America, “The Truth about Crisis Pregnancy Centers,” January 1, 2017, https://www.prochoiceamerica.org/wp-content/uploads/2016/12/6.-The-Truth-About-Crisis-Pregnancy-Centers.pdf. [↑](#footnote-ref-6)