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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).

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

*Methods*

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)