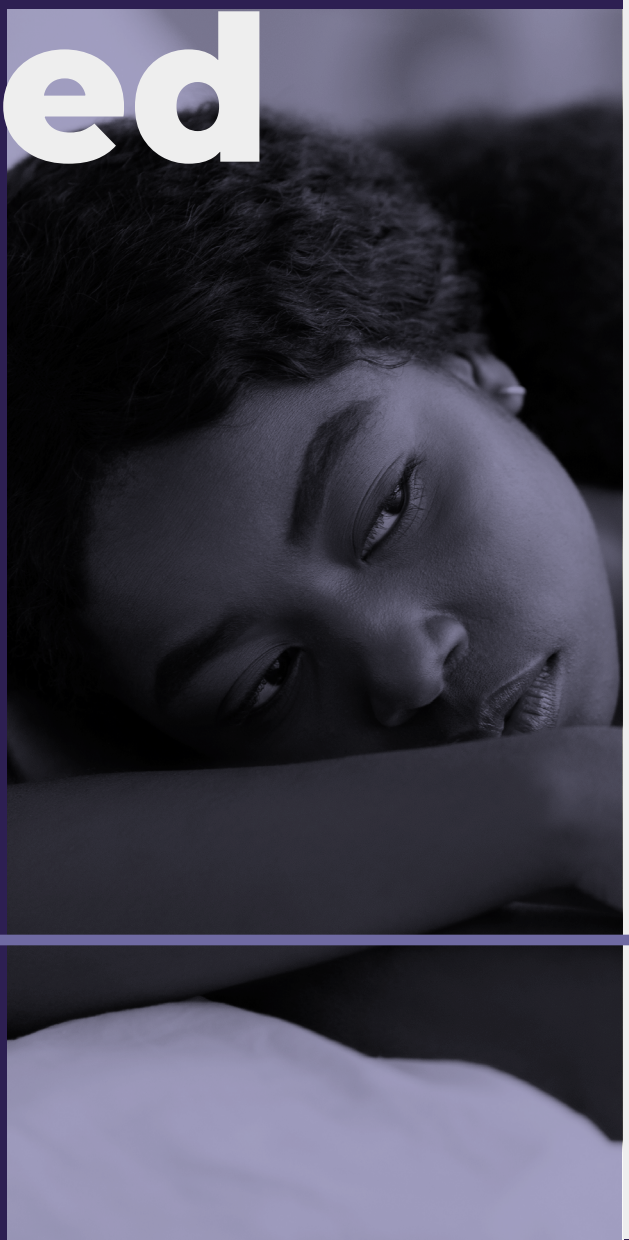
Pro-Choice Ohio

Ohio Crisis Pregnancy Centers Revealed

AUGUST 2023

An investigative report and policy suggestions.



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Introduction & Background

In 2013, Pro-Choice Ohio Foundation (previously "NARAL Pro-Choice Ohio Foundation") conducted its first official investigation into centers known as Crisis Pregnancy Centers (CPCs). The research presented in this report is a follow up to that investigation, specifically investigating CPCs located within the city limits of Columbus, Ohio. This research was funded by a contract with Columbus City Council to investigate the practices of CPCs, the services they provide and ways that Council can support parents and families within the city.

What are CPCs?

"These centers, which are specifically aligned with the anti-abortion movement, frequently purport to provide "all options" in counseling and support services, but their services often include judgment and shame unless the person chooses the option that CPC prefers."

CPCs are facilities that promote free services like pregnancy tests, maternity and baby supplies, counseling, and sometimes, non-medical, limited ultrasound services to people facing an unplanned pregnancy. These centers often attract pregnant people to their facilities with the offer of free pregnancy tests and ultrasounds — services that might cost hundreds of dollars when procured at a medical facility.[1,2] These centers, which are specifically aligned with the anti-abortion movement, frequently purport to provide "all options" in counseling and support services, but their services often include judgment and shame unless the person chooses the option that CPC prefers. A 2013 statewide report on CPCs in Ohio found that even support services for people choosing to continue their pregnancies often comes with strings attached.

In 2022, the U.S. Supreme Court's ruling in Dobbs v. Jackson Women's Healthcare Organization, a decision that overturned Roe v. Wade, allowed states to enact dangerous bills blocking access to reproductive healthcare services that include abortions. Anti-abortion politicians and leaders have touted CPCs as the "solution" to the "harms" caused by abortion bans they enacted. This position is unsound. If an individual wants abortion care they should be able to access these services in their community, without having to cross state lines, without an attempt to shame and deter them from their decision through coercion and manipulation, and without delay. Put simply, abortion bans block people from getting the care they need. CPCs do not "reverse" that, and in fact in some ways can introduce and exacerbate harm into what should be a private medical decision.

Although CPSs have tried to present their facilities as "neutral" locations where people can discuss pregnancy options, their representatives and spokespeople have instead actively advocated for complete abortion

bans, including testifying before the legislature in support of proposed bills, lobbying for the passage of bills that outlaw abortion, and even filing amicus briefs with the U.S. Supreme Court urging the court to both overturn Roe and allow abortion bans to be implemented and enforced. In their brief to the Court in Dobbs, Heartbeat International, a CPC network based in Columbus, Ohio, stated that CPCs are "highly effective not only at providing options counseling, but at helping women through all stages of their pregnancy and beyond – including prenatal care, parenting classes, life-skill classes, and material assistance – to help ensure that women can participate equally in the economic and social life of the nation."[3]

Statements like this ignore the fact that pregnancy discrimination is a reality — Ohio does not guarantee in any way that a new parent has paid parental leave following the birth of a child. Lack of paid parental leave forces new parents to decide between being able to pay their rent or mortgage over their physical and mental recovery from the birth of their child, and forces many people back to work when they should be home, recovering and bonding with their new baby. Nothing illustrated this challenge more clearly the impact that parenting has on women than the COVID-19 pandemic. In the months leading up to the pandemic (December 2019-February 2020), the number of working women overtook working men. But by September of 2020, **four times more women had left the U.S. workforce than men.**[4]

The demands of child care, online schooling, and taking care of a household forced so many women out of the workforce, limiting their earning potential not only for that time period but, in many cases, for the rest of their lives.

Using their own words from their amicus brief in Dobbs, the organization Equity Forward analyzed the services these facilities provide, illustrating just how inadequate CPCs are in providing what a new parent would need to raise a baby in the first year. In their brief, Heartbeat International stated that, "In 2019, pregnancy help centers provided nearly 1.85 million people with free services … and material assistance including more than 2 million baby clothing outfits, more than 1.2 million packs of diapers, more than 19,000 strollers, and more than 30,000 new car seats."[5] According to Equity Forward, that includes "a stroller to 1% of their clientele, a car seat to 1.6% of their clientele, 0.6 packs of diapers per person, and 1.5 outfits per person."[6] Not only do these centers not address the larger societal issues facing parents and families, but even the material support that they claim shows their successful track record falls far short of what families really need.

NOTES

1. Kimport, K. (2020). Pregnant Women's reasons for and experiences of visiting antiabortion pregnancy resource centers. Perspectives on Sexual and Reproductive Health, 52(1), 49-56. https://doi.org/10.1363/psrh.12131
2. Kimport, K., Dockray, J.P., & Dodson, S. (2016). What women seek from a pregnancy resource center. Contraception, 94(2), 168-172. https://doi.org/10.1016/j.contraception.2016.04.003
3. https://www.supremecourt.gov/DocketPDF/19/19-1392/185354/20210729164709878_Dobbs%20Amicus%20Brief%20-%20FINAL.pdf
4. Gogoi, Pallavi, (2020). Stuck-At-Home Moms: The Pandemic's Devastating Toll On Women, NPR, October 28, 2020. https://www.npr.org/2020/10/28/928253674/stuck-at-home-moms-the-pandemics-devastating-toll-on-women
5. https://www.supremecourt.gov/DocketPDF/19/19-1392/185354/20210729164709878_Dobbs%20Amicus%20Brief%20-%20FINAL.pdf
6. Equity Forward (2021). Seven Reasons Why Anti-Abortion Centers Are a Problem, Not a Solution. https://equityfwd.org/research/seven-reasons-why-anti-abortion-centers-are-problem-not-solution

Previous Research on CPCs in Ohio:

In 2013, Pro-Choice Ohio Foundation (formerly NARAL Pro-Choice Ohio Foundation) investigated the practices of CPCs across Ohio. This research consisted of phone calls to every CPC, followed by in-person visits to half of the facilities.

The results painted a clear picture of the deceptive and incomplete services provided to pregnant individuals by CPCs across the state. Less than half of the centers were upfront about what they stood for, with only 42% openly stating they were anti-abortion ("pro-life"), and 60% of the facilities were unwilling to admit they were not, in fact, actual medical facilities. In visits where the investigator felt that the CPC counselor disagreed about an abortion decision they were making, 53% of investigators felt that the counselor had an obvious negative reaction to their decision. Workers at these centers also frequently provided medically inaccurate information about the risks of abortion to attempt to change the individual's mind about abortion including, risk of future infertility, drawing a false connection between future breast cancer risk and abortion, and purporting an increased risk of mental health conditions following an abortion. All of these have been repeatedly disproven in medical literature and are not endorsed by mainstream medical organizations.[8,9,10]

Researchers at the Ohio Policy Evaluation Network (OPEN) have published several reports on these CPCs in Ohio. Their research has found that: nearly one in seven women in Ohio has been to at least one CPC, CPC attendance is higher among non-Hispanic Black women and those with lower socioeconomic status, and that CPC attendance does not differ by how important religion is in the person's life.[11]

The Black/white disparity ratio was 2.5, meaning a non-Hispanic Black baby was 2.5 times more likely to die in their first year of life than a non-Hispanic white baby. In Franklin County for 2022, non-Hispanic Blacks accounted for 47% of infant deaths yet only 32% of overall births.

Additional research has found that individuals who sought information at a CPC before accessing abortion care felt that the centers stigmatized their decision, making them feel bad about their decision. Not only does this impact their experience at the CPC or when accessing abortion services elsewhere, but because CPCs are advertised as though they are legitimate health care centers, clients may believe they are being judged from actual medical professionals which could, as their research explained, "lead them to expect stigmatization in other healthcare settings or avoid seeking healthcare at all." [12]

Racial disparities in healthcare exist throughout our medical system, but their impact is even greater when one looks at maternal and infant health outcomes. In Franklin County (the county in which Columbus is located) the overall infant mortality rate[13] was 8.0 in 2022, the non-Hispanic Black rate was 13.1, for non-Hispanic white rate was 5.2. The Black/white disparity ratio was 2.5, meaning a non-Hispanic Black baby was 2.5 times more likely to die in their first year of life than a non-Hispanic white

baby. In Franklin County for 2022, non-Hispanic Blacks accounted for 47% of infant deaths yet only 32% of overall births.[14] In fact, the non-Hispanic white infant mortality rate has been under the Health People 2020 goal of 6.0 since 2012, but the non-Hispanic Black rate is still more than two times higher than that goal.[15] The fact that CPCs contribute to the stigma individuals — especially Black individuals — feel in the healthcare system can lead to furthering racial disparities in health due to people avoiding seeking health care services because of a previous stigmatizing experience. Research published in 2023 by OPEN included results from interviews conducted with paid staff at CPCs around the state about the services offered, the mission of the CPC, and perceived community needs. Through this research they found similar results to the 2013 Pro-Choice Ohio research — that "while CPC clients may receive an occasional gift, they are otherwise expected to earn material aide." These are earned through programs often called "baby bucks" which requires the individual to participate in educational programming (parenting or abstinence education) and Bible study.[16] One CPC staff person, Karli, described why they don't simply give the person what they need to raise their child:

> **"Our society now, it's like 'gimme gimme gimme'… In our society today, and especially in this community, no one wants to work. Everyone just wants to live off the government … They think they're entitled to everything, and we want to teach them a work ethic. You have to do something. We want you to learn and better yourself and then we will give you what you need."[17]**

This idea that just because someone needs assistance they are "lazy" or "feel entitled" and need to "learn and better themselves" indicates that stigma within these centers is not limited just to people who come through the doors asking about abortion, but even those planning to continue their pregnancy who are seeking assistance. This is especially troubling since several of these facilities now receive state funding through a TANF (Temporary Assistance for Needy Families) block grant, which is a program designed to give material assistance to families who need support through direct cash assistance. But instead, in Ohio, our state government wants people in need to go to CPCs and potentially be shamed about their life circumstances before they can get the help that they need.

NOTES

7. NARAL Pro-Choice Ohio Foundation (2013), Ohio Crisis Pregnancy Centers Revealed. https://prochoiceohio.org/wp-content/uploads/2023/06/CPC_Report_2013.pdf
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9. American College of Obstetricians and Gynecologists (2009). Induced Abortion and Breast Cancer Risk, Committee Opinion Number 434. https://acog.org/clinical/clinical-guidance/committee-opinion/articles/2009/06/induced-abortion-and-breast-cancer-risk
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11. Rice, R., Chakraborty, P., Keder, L., Norris Turner, A., and Gallow, M., (2021). Who attends a crisis pregnancy center in Ohio? Contraception, 104(4), 383-387. https://www.sciencedirect.com/science/article/abs/pii/S001078242100158X
12. Warren, E., Kissling, A., Norris A., Gursahaney, P., Bessett, D., and Gallo, M., (2022). "I Felt Like I Was a Bad Person…Which I'm Not": Stigmatization in Crisis Pregnancy Centers. Social Science and Medicine - Qualitative Research in Health. https://doi.org/10.1016/j.ssmqr.2022.100059
13. Infant Mortality Rate (IMR) is the number of deaths to infants under 1 year of age (364 days and younger) per 1,000 live births.
14. Columbus Public Health (2022) Infant Mortality Report- Franklin County. https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/IMReport
15. Ibid
16. Kissling, A., Gursahaney, P., Norris, A.H., Besset, D., and Gallo, M., (2023). Free, but at what cost? How US crisis pregnancy centers provide services. Culture, Health & Sexuality. 25(8), 1024-1038. https://www.tandfonline.com/doi/epdf/10.1080/13691058.2022.2116489?needAccess=true&role=button
17. Ibid

CPC Funding Structures:

The State of Ohio supports CPCs through a variety of mechanisms. The largest is through the Ohio Parenting and Pregnancy program, created in 2013, which funds CPCs with money from the federal TANF block grant.[18] Funding for this program began at a half million per year in 2015[19] and has now grown to $7.5 million per year as of the 2024-2025 fiscal year budget.[20] In April 2022, leading up to the Dobbs decision and the subsequent enactment of Ohio's 6-week abortion ban, Governor Mike DeWine signed an executive order giving the Parenting and Pregnancy Program an additional $1,758,333 in anticipation of additional clients at CPCs in the wake of the overturning of Roe v. Wade.[21]

In addition to the direct funding through the Ohio Parenting and Pregnancy Program, the state of Ohio also facilitates additional funding for CPCs through "Choose Life" license plates. Through this state-sponsored program, individuals pay an additional $10/year for this specialty plate. The funds are then disbursed to CPCs that offer programming in the county in which the plate was purchased, or in an adjacent county. The last funding information on these specialty plates available is from back in 2012, and shows nearly $50,000 being distributed through this fund.[22] Further, some CPCs also get support through offering "abstinence only" sex education funding – allowing them to continue to instill people with shame about their life experiences when they should be learning health education topics that help them live a healthy, happy, and well-adjusted life free of guilt and shame.

Details on CPCs in Columbus:

In the city of Columbus there are 10 CPCs, compared to only two medical facilities that currently provide abortion care (Image One).

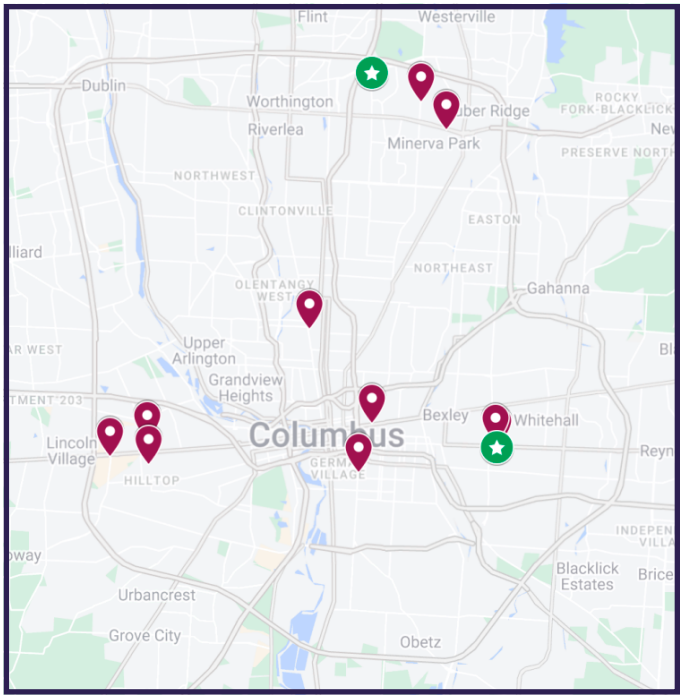


Image One: Map of CPCs (purple markers) and Abortion Clinics (green star markers) in Columbus

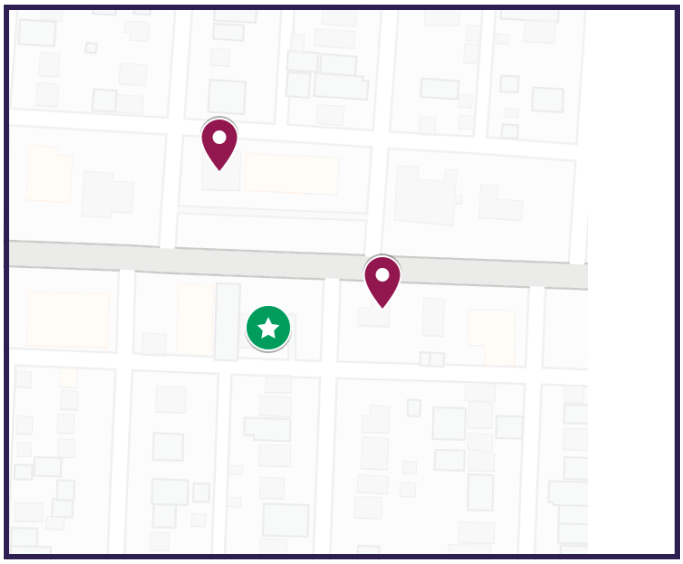


Image Two: Zoom of the full city map showing CPC placement around abortion clinics, green star marker is the Planned parenthood clinic on E. Main Street, two different CPCs are located on adjacent corners to the clinic.

As shown in image 2, one of the main tactics that CPCs use to bring in people is to open centers near abortion clinics — there are two CPCs within a block of the Planned Parenthood clinic on E. Main Street in Columbus. Frequently, protestors outside of the Planned Parenthood clinic urge people to go to the CPCs instead of the Planned Parenthood facility. In our 2013 report, we found that nearly half of the clinics that provide medical services that include abortion in Ohio had at least one CPC located within one mile of their location.

The names of the facilities are also set up to make the client think that they are visiting actual medical facilities that provide women's health care: Women's Care Center, Pregnancy Decision Health Centers, and The Women's Clinic of Columbus are a few examples of this deceptive marketing technique. These centers frequently have no medical personnel on staff and provide very limited medically-adjacent services such as over-the-counter urine pregnancy tests.

When looking at the websites for CPCs in Columbus, the services they claim to provide are nearly identical, including pregnancy tests, counseling, maternity and baby items, and referrals. Some centers have a confidentiality statement, as they are not medical facilities and do not bill like a medical facility and thus are not governed by the strict confidentiality rules that medical facilities are required to follow under the federal Health Insurance Portability and Accountability Act (HIPAA).

Most CPCs in Columbus are solo entities, although Pregnancy Decision Health Centers runs three facilities in the city and Women's Care Center operates two locations. These latter two are also the two facilities that have received state funding through the Ohio Parenting and Pregnancy program — receiving tax-payer funding through the TANF program to provide unbiased assistance to pregnant people and parents in the community.

The research contained in this report is critical to understanding the role that these organizations play in our community, especially with the 6-week abortion ban litigation still pending with the Supreme Court of Ohio. Knowing that the halt on the ban going into effect is most likely temporary unless a constitutional amendment to protect abortion is passed in November 2023, information in this report will be crucial to helping cities like Columbus provide resources to families in need and to do all they can to preserve abortion access.

NOTES

18. 130th Ohio General Assembly, H.B. 59. http://archives.legislature.state.oh.us/BillText130/130_HB_59_EN_N.html
19. 131st Ohio General Assembly, H.B. 64. https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_131/bills/hb64/EN/08/hb64_08_EN?format=pdf
20. 135th Ohio General Assembly, H.B. 33. https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_135/bills/hb33/EN/06/hb33_06_EN?format=pdf
21. https://governor.ohio.gov/media/executive-orders/executive-order-2022-09D
22. http://www.ohiochoose-life.org/distributions.php
23. NARAL Pro-Choice Ohio Foundation (2013). Ohio Crisis Pregnancy Centers Revealed. https://prochoiceohio.org/wp-content/uploads/2023/06/CPC_Report_2013.pdf

RESEARCH METHODS

Methods Outline:

Research for this report was conducted between January and August of 2023. The research began with identifying all of the CPCs (Crisis Pregnancy Centers) that were operating within the city of Columbus, OH. The centers were identified through web-based research and through anti-abortion websites like Ohio Right to Life[1] and Optionline[2]. Through this search we identified 10 CPCs operating in Columbus.

Research was divided into three prongs: background research into the finances, websites, social media, and advertisement practices of the facilities; phone calls and in-person visits to the facilities using a pre-determined scenario/script; and public information gathering via two community meetings — one in person and one virtual, along with an online story collection form that was advertised on social media.

Background research was conducted on each of the 10 CPCs in Columbus. Their websites were examined for affiliations, topics/issues addressed, and services offered. We also examined whether these centers were listed on city government referral websites, pulled organizational 990 documents from www.Guidestar.com to look into where the funding for these facilities comes from, including whether or not the facility receives state funding for its services. Public records were also obtained from the Ohio Department of Job and Family Services for CPCs in Columbus that receive state funding via the Ohio Parenting and Pregnancy Program to examine how much funding the centers received and what the funding was used for at the facility. These public records were originally obtained by Equity Forward, and permission was granted to use them in this report.

Following the background gathering, research investigators were hired and trained to conduct the in-person investigations and phone calls to the facilities. Investigators were trained on various scenarios — how to conduct the visits and fill out data report forms for each visit and call. Separate data report forms were created for in-person visits and there were four scenarios used for the phone calls.
A random number generator was used to assign a facility to a certain scenario number. The four scenarios were:

1. Diapers and Materials Assistance: Caller asked if they could stop in and get diapers for their 8-month-old baby because they had run out of diapers, stating that they had to have diapers in order to drop the baby off at daycare that day. The script included asking questions about what was required to get diapers if they provided this

service, if a person could come back again and get more if needed, and questions about other services the facility provided.

2. "Abortion Reversal": Caller asked about the medically unproven notion of stopping a medication abortion after the first pill (mifepristone) had been taken. They said that their friend had taken the first pill but was now thinking that was a mistake and then asked follow up questions about what was involved in the process.

3. Prenatal Care: Caller asked if the facility provided prenatal care because her friend needed it. Follow up questions included questions about services the facility provided and if they could refer her to a prenatal care provider if they didn't provide those services.

4. Positive Pregnancy Test: Caller said that they had taken a home pregnancy test and it was positive and asked about services the facility provided. Follow up questions included more details about what the appointment would entail, whether they would meet with a doctor or nurse, and general abortion and adoption questions.

Concurrently with the phone investigations, in-person visits were attempted for all 10 CPCs in Columbus. All visits began as walk-in visits but if the center asked the investigators to come back at another time all attempts to accommodate that request were made. For in-person visits a team of two investigators went together to the facility; one posing as the pregnant person, one as their support person. The pregnant person was instructed to say that they had taken a home pregnancy test and it had come back positive and they were unsure what they wanted to do about the pregnancy, and then they would ask for information about all of their options.

Following the individual visits, the teams recorded information on a visit data sheet detailing the information that they were given by the volunteer or staff member at the facility. This information included details about the appearance of the facility, whether or not it was located near a Planned Parenthood or other women's health center, what kind of position the people had with whom they interacted with (volunteers, staff, medical personnel), what the session included, whether or not they signed confidentiality documentation, whether the center disclosed that they were not a full-service medical facility, noted if they did not refer the person to abortion providers, whether they identified as religiously-affiliated, as well as other details of the visit.

The investigators also gathered as much printed information (pamphlets, brochures) as they could from the CPC's they visited. All of this information was analyzed for the results report.

Once all of the visits and calls were complete, the data from the report forms were entered into a spreadsheet. The visit and phone data sheets included both open-ended and closed-ended questions to collect nominal data (yes/no). Qualitative data from open-ended questions on the visit data sheets was evaluated using inductive thematic analysis. A researcher thoroughly reviewed all responses entered on the visit data sheets to develop codes that described the data. Themes were identified by grouping the codes from all visit data sheets to develop a coding frame-

work. A coder then coded each visit data sheet using the developed coding framework. The same process was used for the phone call data. Data was then analyzed and summarized for this report.

The final portion of the research was a series of information-gathering activities. Two public meetings were held to talk to people about CPCs and to hear stories from people who had visited the facilities. One of these meetings was held in person in the meeting room of a local public library, the other was held virtually via Zoom. Both meetings were publicized on Facebook and Instagram using boosted posts to advertise the events, were posted on the Pro-Choice Ohio Twitter and TikTok accounts, sent to the Pro-Choice Ohio email list, and shared by various partners in Columbus.

Data gathered from the events included both information from participants who had gone to CPCs but also what folks thought the city of Columbus should do to better support parents and families in the city. Following the event, a story collection form was created and publicized via the same channels to allow people to anonymously share their stories about visiting CPCs to include in the report. All identifying information about the individuals was removed before inclusion in this report. Stories collected after this report is published will be included on the website www.ColumbusCPC.com.

NOTES

1. https://ohiolife.org/ohio_pregnancy_resource_center_map/
2. https://optionline.org/

RESULTS

CPC Visit Data Analysis

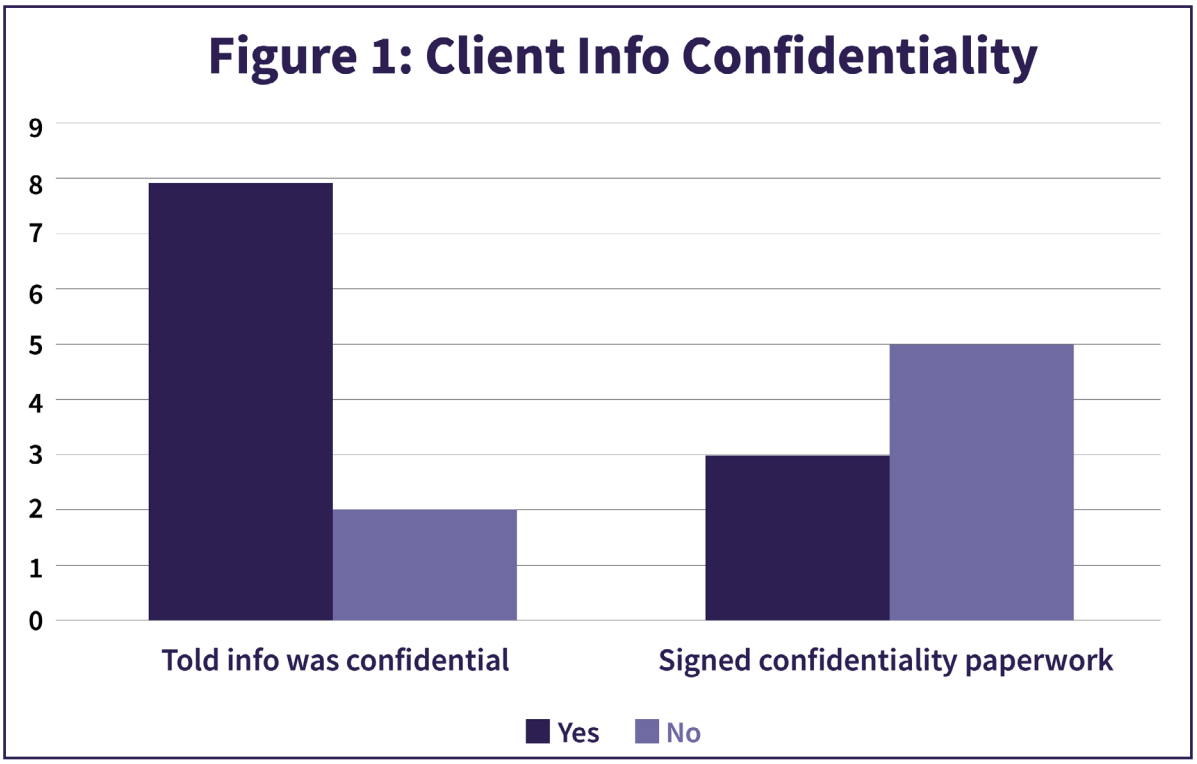
All visits were attempted as drop-in appointments. One facility asked the investigators to return later in the day, which was accommodated. Although there are nine CPCs in the city of Columbus (see chart 1), one center, Alpha Pregnancy Center, was never open when investigators tried to stop in, did not return phone calls made to the center attempting to schedule an appointment, and when they did eventually reply to an email we sent asking to schedule an appointment, they said they had no appointments available for the next week. Because we could never successfully visit or call this center it was not included in the visit or call data.

Table 1: CPCs In Columbus

CPC Name	CPC Address	CPC Zip Code
Alpha Pregnancy Help Center	299 E. Dublin-Granville Rd, Suite 108	43231
Birthright Columbus	3445 Great Western Blvd	43204
Pregnancy Decision Health Center	5900 Cleveland Ave	43231
Pregnancy Decision Health Center	22 E. 17th Ave	43201
Pregnancy Decision Health Center	4111 W. Broad St	43228
Stowe Pregnancy Resource Center	888 Parsons Ave	43206
Women's Care Center	935 E. Broad St	43205
Women's Care Center	3273 E. Main St	43213
Women's Clinic of Columbus	3242 E. Main St	43213

The visits ranged in length from 20-120 minutes, with the average visit length of 56 minutes. On average, the "client" waited in the waiting room between 0-30 minutes with an average of 10.6 minutes, and the accompanying "support person" was generally asked to wait in the waiting room while the center took the "client" back to speak with them alone. Because of that, the "support person" waited on average 28 minutes, with a range of 0-65 minutes.

In half of the visits, the investigators felt that the facility was designed to look like a medical facility. Illustrating that different people can see things in different ways, there were times where the investigator posing as the client recorded one answer in this category and the support person gave a different answer, indicating that this is very much up to the individual and many people are going to see things differently when arriving at these centers. Other words used to



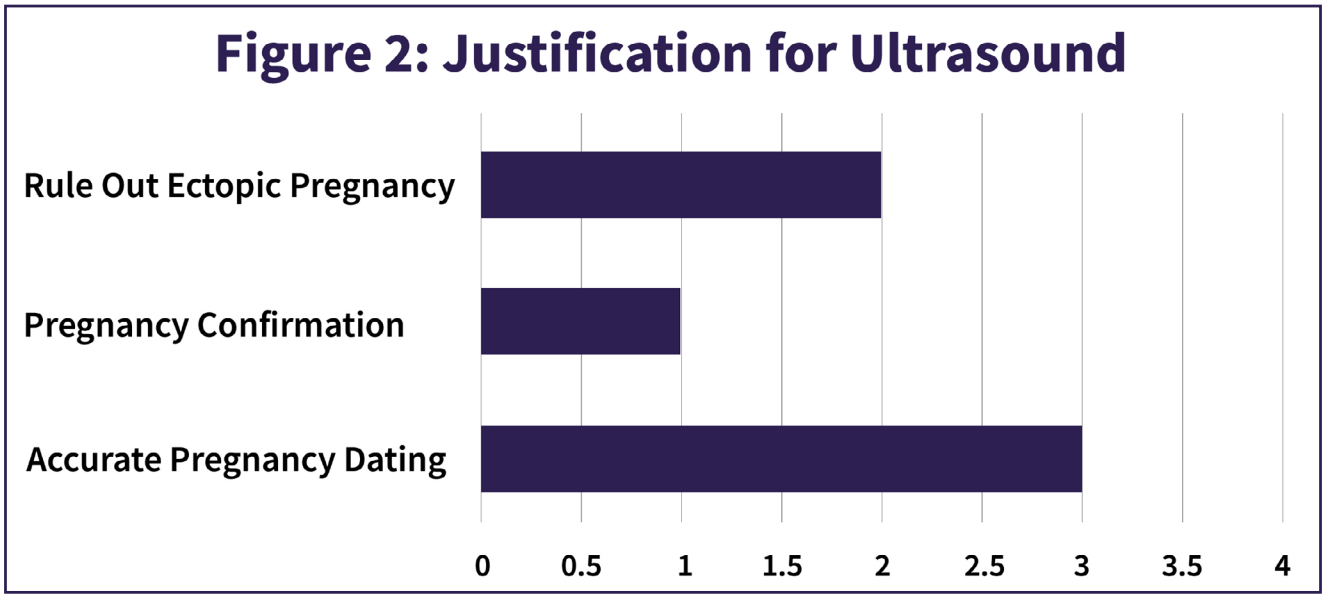
describe the centers overall included it looking like a counselor's office (1), and looking "homey" (5).

All of the staff and volunteers our investigators encountered in the centers presented as female, and their ages ranged from young to older/retired, although the majority of the individuals at the center were middle-aged (9), followed by young (4), and then older/retired (1). The titles presented by these individuals were: counselor/consultant/therapist (5), nurse (4), volunteer (3), front desk/receptionist (3).

During the intake process, a majority of the centers (6) informed the investigator that their information would be kept confidential, but only three centers had the investigator sign paperwork about the confidentiality of their information (Figure 1). In addition to confidentiality paperwork the investigator was also asked to fill out general information forms (3), check in/intake forms (3), health/medical information forms (1), and at one facility, because the investigator didn't have their photo ID, the center took a picture of them for the center's records —that investigator was asked to sign paperwork giving permission for them to take/use the picture.

During the intake process, a variety of topics were discussed with the investigator including, home/relationship situation (6), previous pregnancy history (6), medical history (5), services provided by CPC (5), ultrasound services (5), feelings about pregnancy (5), birth control use (4), and STD/STI history.

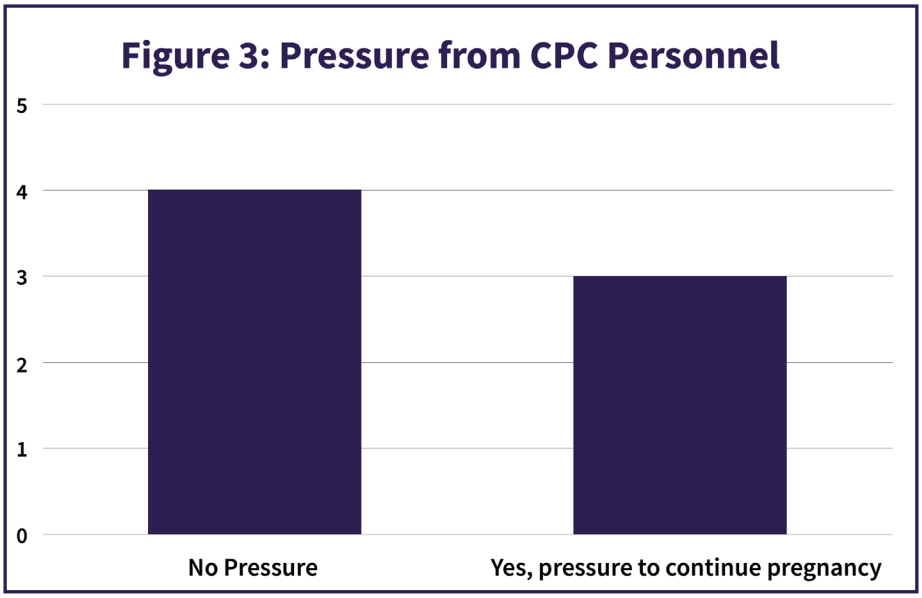
In an interesting difference from our 2013 study[1], CPCs in this investigation were much less likely to even have a conversation with our investigators unless they took a pregnancy test and it came back positive. The reason most often given was simply that they needed to

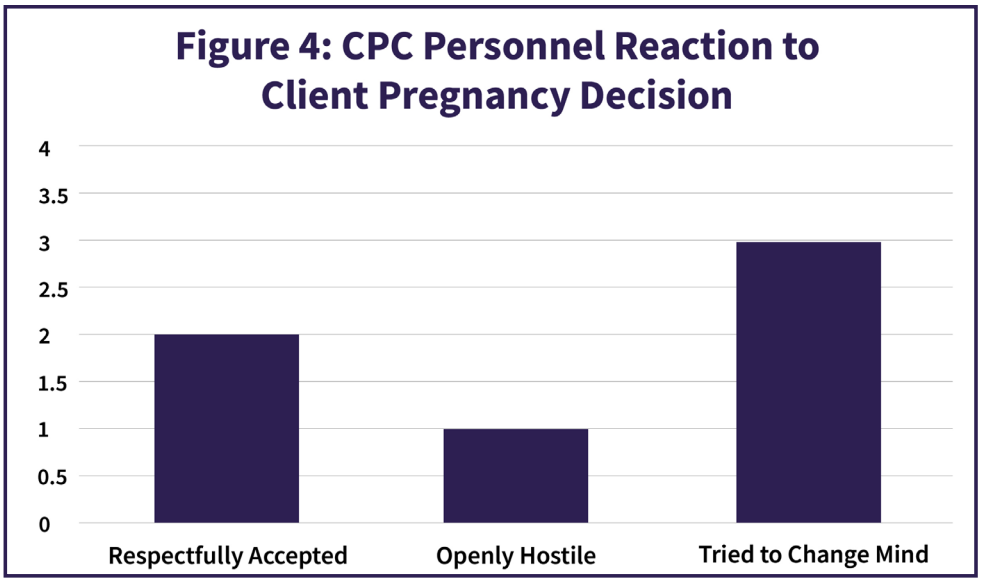


confirm pregnancy through a pregnancy test. Ultrasound was also much more prevalent in the visits than in the 2013 study, with six of the eight facilities offering ultrasound at their facility. There were a variety of reasons the center representatives used to explain the importance of getting an ultrasound (Figure 2); the most common one was to purport to accurately date the pregnancy or to rule out an ectopic pregnancy.

In another interesting divergence from our previous study, centers did not use fetal models or pictures of fetal development in the conversations around gestational age. Only two of the eight facilities in this study used visual materials about fetal development.

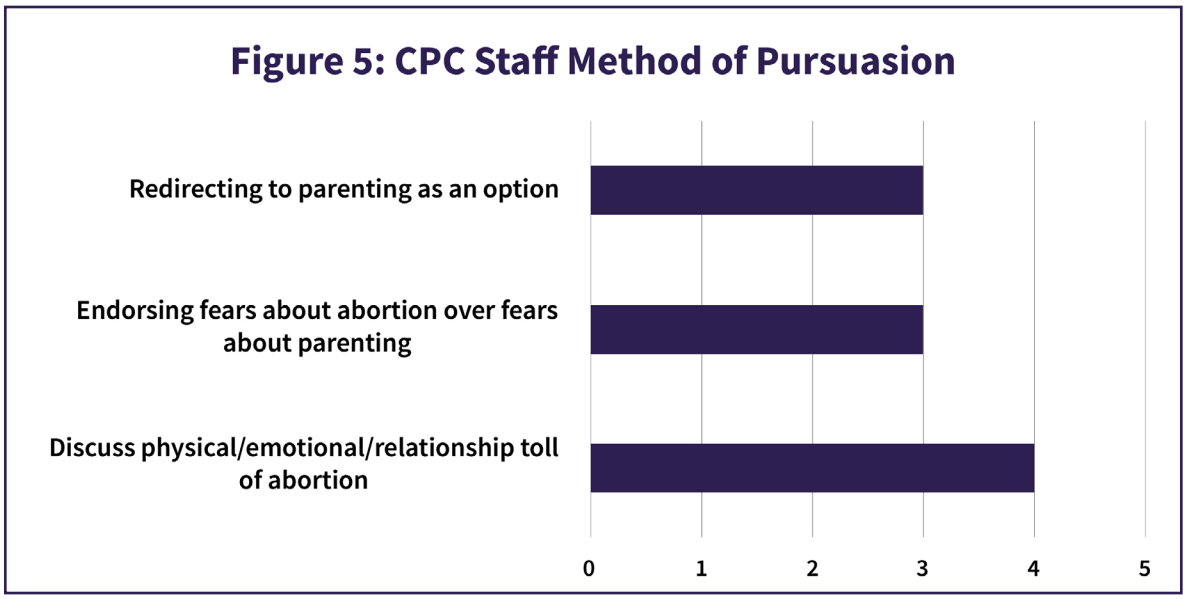
Investigators felt pressure to choose to continue their pregnancy from CPC personnel at three facilities, and no pressure at the remaining five facilities (Figure 3). In six CPCs the staff had a reaction to the choice when the investigator indicated they were leaning towards abortion. In three of those cases, they attempted to change the investigator's mind, in two cases they respected the investigator's decision, and in one they were openly hostile to the investigator's decision (Figure 4).





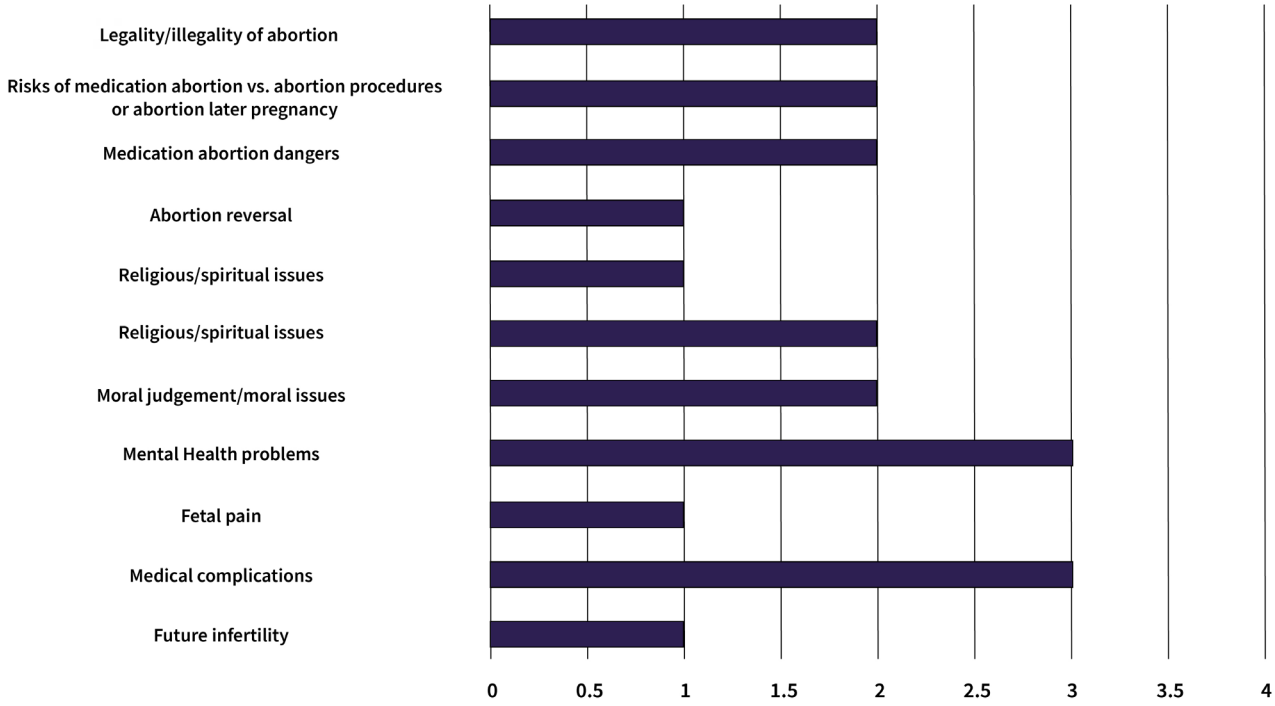
CPC personnel used a variety of tactics to persuade the investigators to not have an abortion (Figure 5). But these tactics have also shifted somewhat from the 2013 study. Talking about the physical, emotional, and relationship tolls that abortion would have on the individual was still the top tactic (4), but in a more subtle approach, redirecting the client was equally used. Investigators reported that the CPC personnel used redirecting to a conversation about parenting or endorsing fears about abortion and de-emphasizing fears about parenting in an equal number of visits (4).

Most facilities waited until the investigator mentioned abortion to have a conversation about the topic (4) compared to two facilities where the CPC personnel brought up abortion on their own. The most commonly discussed topics during the conversation about abortion were consistent with our previous research, medical complications of abortion (3) and mental health issues following an abortion (3) (Figure 6).



Like we saw in the 2013 study, center representatives sometimes bring up a discussion about adoption but it is not central to the conversation, and is not deeply discussed. In most cases when adoption was discussed, investigators said that it was mentioned as an option but the conversation didn't go much further than that. Adoption was more commonly brought up without the investigator asking. In four facilities, adoption was brought up by the CPC personnel, compared to two facilities where it wasn't discussed until the investigator asked. In conversations about adoption, the most common themes identified were that the birth mother is in charge/gets to make all of the decisions (2), open vs. closed adoptions (1), and that the investigator didn't need to decide about adoption right now (1).

Figure 6: Abortion Topics Discussed



Although facilities were interested in talking about the risks of abortion they were much less likely to talk about risks associated with pregnancy. Only once center representative discussed the potential risks of carrying a pregnancy to term, and that was only after the investigator asked about the topic. Whereas the center personnel overemphasized the risks of abortion, in one discussion of pregnancy risks, the CPC personnel grossly underrepresented the risks of pregnancy, redirecting the question instead to talk about how abortion carries "more risk" and stating that maternal mortality rates are exaggerated.

In our 2013 report, center representatives often used the resources they offered to push people to continue their pregnancy, but in this investigation, only half of the centers discussed the resources

they offer to pregnant and parenting individuals. In these discussions, the themes were equal across the centers with two center representatives mentioning coupons that you can earn to get baby items/learn to earn programs, classes and groups available, physical items available (diapers/baby clothes), and government assistance programs.

As we found in our 2013 report, the misinformation presented by the staff at these centers did not stop with abortion. It was also found in discussions of birth control. At these centers, the only type of birth control they would discuss positively was periodic abstinence (aka "natural family planning"). When other types of birth control were discussed, failure rates were emphasized, or, as one person at a CPC said, they don't discuss birth control because birth control "causes an abortion."

NOTES

1. NARAL Pro-Choice Ohio Foundation (2013), Ohio Crisis Pregnancy Centers Revealed. https://prochoiceohio.org/wp-content/uploads/2023/06/CPC_Report_2013.pdf
2. Creinin, M.D., Hou M., Dalton, L., Steward R., and Chen, M., (2020). Mifepristone Antagonization With Progesterone to Prevent Medical Abortion. Obstetrics & Gynecology 135(1) 158-165. https://journals.lww.com/greenjournal/Abstract/2020/01000/Mifepristone_Antagonization_With_Progesterone_to.21.aspx

Phone Data Analysis

Phone calls were divided into four scenarios: 1) diapers and material assistance (four calls), 2) abortion "reversal" (three calls), 3) prenatal care (five calls), and 4) positive pregnancy test looking for information (three calls). Calls were randomly assigned to the various centers resulting in different numbers of calls for each scenario. A minimum of three calls were made for each scenario. The idea of abortion "reversal" is one created by the anti-abortion movement, in which they claim that if a person takes the first pill (mifepristone) of the medication abortion regimen they can stop the abortion with a high dose of progesterone. This is not a proven effective medical treatment, and in fact research has shown that it could be dangerous to patients, causing hemorrhage.[2]

Scenario 1: Three facilities said that the person could come in and get emergency diapers, although one said it was something they "don't usually do" and that usually you had to be a previous client of the facility to get those services. One facility that said no stated that they had to have a prior client relationship to receive material aide. Only one facility said that the person could come back if they were in a similar situation again. When asked about requirements to get material assistance, two centers required previous client relationships, needing an appointment, a parent's ID, and child's proof of birth were each mentioned once.

Scenario 2: Only one of the three facilities did abortion "reversal" at their location; the other two provided referrals. The facility that provided these services was the only one that could answer how the process worked, the client would have to come into the center for an ultrasound, they would see a doctor and the doctor would prescribe the medication. One of the two facilities referred our investigator to the Step One hotline, a service of the Columbus Medical Association that connects patients to prenatal care. The facility called the investigator back after the initial call and told them that their "friend" should go to the ER or call a specific local health care facility. The other facility referred our investigator to the abortion "reversal" hotline.

Scenario 3: None of the facilities surveyed provided prenatal care. All but one of them gave a direct referral. One of the representatives referred our investigator to the Step One hotline, a service of the Columbus Medical Association that connects patients to prenatal care. Three referred the investigator to a specific healthcare provider. One referred the investigator to another CPC. The one that did not give a direct referral told the investigator to come in and they would get them help. The theme of trying to get the investigator to come into the facility was seen in other comments made in this scenario. Two facilities described other services they provide to pregnant and parenting people, and one offered to provide proof of pregnancy if the healthcare provider needed that.

Scenario 4: When investigators asked centers about the services they offered by phone all of the facilities surveyed said they provided pregnancy tests, ultrasounds, education, and classes. Two of the three said they provide supplies to pregnant individuals. One center directly mentioned abortion counseling, and none of the facilities said that the investigator would meet with a doctor or nurse. When asked what the appointment would involve, all three said a pregnancy test and ultrasound, two said options counseling, one said counseling on abortion risks, and one told the investigator they would need a photo ID to be seen.

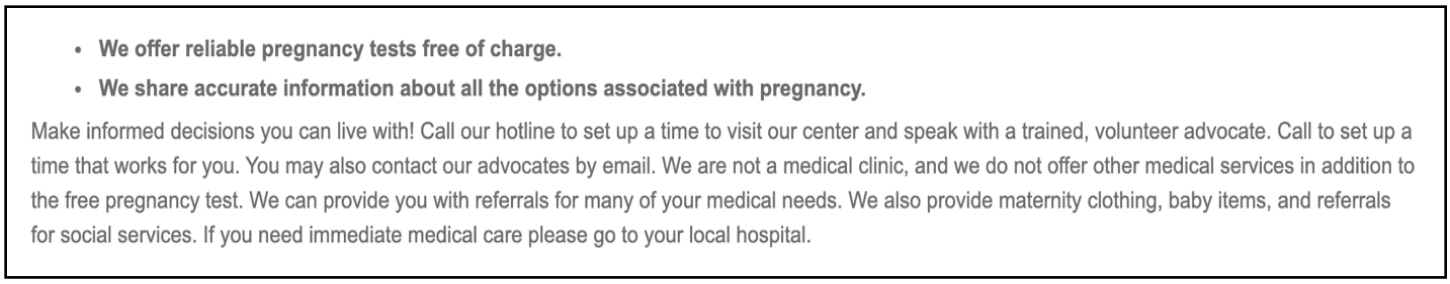
Website Information Analysis

Along with the phone and visit data, information was also gathered from the websites of all of the CPCs in Columbus. Because Pregnancy Decision Health Centers and Women's Care Centers both have multiple locations, website analysis was of six CPC websites (Table 2)

CPC Name	CPC Website Address
Alpha Pregnancy Help Center (APHC)	http://www.justasking.org/
Birthright Columbus	https://birthright.org/
Pregnancy Decision Health Center (PDHC)	https://pdhc.org/
Stowe Pregnancy Resource Center	https://www.stoweprc.org/
Women's Care Center (WCC)	https://www.womenscarecenter.org/
Women's Clinic of Columbus	https://columbustwc.org/

The Alpha Pregnancy Help Center (APHC) website had the most detailed information of any of the CPC websites we analyzed. Their disclaimer said that they were not a medical facility, and that they did not provide medical services beyond a free pregnancy test (Figure 7). At the bottom of the page they stated, "Our center offers accurate information about all options associated with pregnancy; however, we do not provide or refer for abortions."

Figure 7: APHC description of services and medical disclaimer.



- **We offer reliable pregnancy tests free of charge.**
- **We share accurate information about all the options associated with pregnancy.**

Make informed decisions you can live with! Call our hotline to set up a time to visit our center and speak with a trained, volunteer advocate. Call to set up a time that works for you. You may also contact our advocates by email. We are not a medical clinic, and we do not offer other medical services in addition to the free pregnancy test. We can provide you with referrals for many of your medical needs. We also provide maternity clothing, baby items, and referrals for social services. If you need immediate medical care please go to your local hospital.

The APHC website also contained multiple instances of medically inaccurate information about abortion and birth control. They inaccurately claimed that both Plan B (the "morning after pill") and birth control pills are abortifacients, when in fact neither can impact an established pregnancy (Figures 8 and 9

Figure 8: APHC Website - inaccurate claims that Plan B causes an abortion

The Abortion Pill and the Morning–After Pill Are They the Same?

The Abortion Pill, currently marketed as Mifeprex in the United States and RU-486 in Europe, is used to abort a baby within the first 7 weeks of pregnancy. The Morning-After Pill, currently marketed as Plan B, is meant to provide security to a woman who is fearful of a pregnancy due to unprotected sexual intercourse. Although Plan B could serve as a contraceptive, it could also work as an abortifacient. There is clearly a difference between these two drugs, but neither should be used due to the risks to the health and life of the mother as well as her baby.

The Abortion Pill

- Brand Name: Mifeprex Promoted As: Alternative to surgical abortion
- When Used: Up to 7th week of pregnancy
- How It Works: Keeps progesterone from supporting a pregnancy.
- Does it kill a baby? Always
- Side Effects: Cramping, nausea, diarrhea, vomiting, but also the possibility of heavy bleeding or infection that could lead to hospitalization or even death.

The Morning-After Pill

- Brand Name: Plan B
- Promoted As: Emergency Contraception
- When Used: Within 72 hours after sex.
- How it works: Suppresses ovulation and thins uterine lining to prevent implantation.
- Does it kill a baby? Sometimes
- Side Effects: Similar to birth control pills – nausea, headache, abdominal pain, but also more serious concerns such as blood clotting and heart problems that could lead to hospitalization or even death.

Source: Christian Life Resources

Figure 9: APHC Website – inaccurate claims that birth control pills cause abortion

The two issues that surround the pill have to do with complications resulting from its use and whether it operates as an abortifacient. As with nearly all medication, there may be complications when using it. Complications have ranged from blood clots to suspicions of contributing to breast cancer. Because of the number of possible side effects, contraceptive pills are still only available by prescription.

The alleged abortive nature of the pill is the topic of our primary concern.

The pharmaceutical guide outlines three modes of activity. The pill: (1) suppresses ovulation and thereby prevents release of an egg; (2) thickens the mucous in the cervix to inhibit passage of sperm into the uterine cavity; and (3) changes the endometrium lining to prevent implantation of a fertilized egg. It is this third mechanism which is of concern to the Christian community because it would kill the fertilized egg, and therefore be an abortifacient.

Source: Christian Life Resources

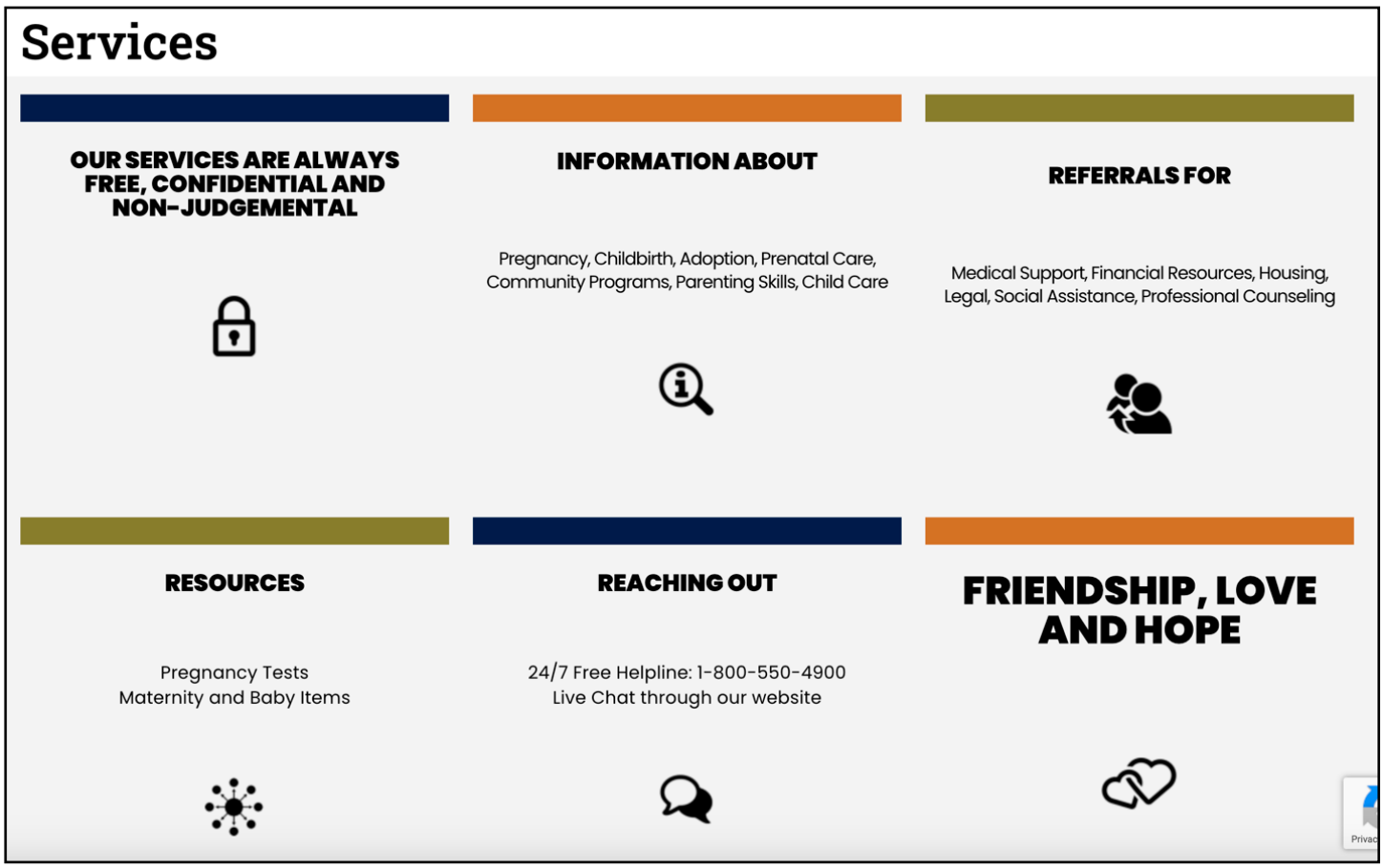
Additionally, many of the inaccurate claims that we found were being told to clients about abortion inside these centers are also on the APHC website, including increased risk of infertility, increased risk of suicide and other mental health issues, and the increased risk of breast cancer (Figure 10).

Figure 10: APHC Website – inaccurate claims that abortion increases the risk of breast cancer

- Statistics show there is a 50 percent increase in the risk of breast cancer for women who have had an induced abortion before a first full-term birth. There is also evidence that indicates women who abort are more likely to experience other cancers, such as endometrial, cervical, and ovarian cancer. (Journal of Epidemiology and Community Health, October 1996)

Birthright's website was much more limited in content — their website lists available services and how to connect with a local facility. Interestingly, their services do not include any mention of abortion, even in their "information about" section (Figure 11).

Figure 11: Birthright Website - Services Listing



The website for the three Pregnancy Decision Health Centers showed several videos and other media where medical staff is insinuated even though there are no healthcare providers in those facilities (Figure 12). Similar to the Birthright website, they have services listed, but the website does not go into any detail about the services such that a person would have to call or come into the center to obtain information. The section of the website about abortion only contains information telling potential clients that they need to confirm their pregnancy, confirm the location of the pregnancy (rule out ectopic) and learn about all of the options, with no links to any additional information (Figure 13).

Figure 12:

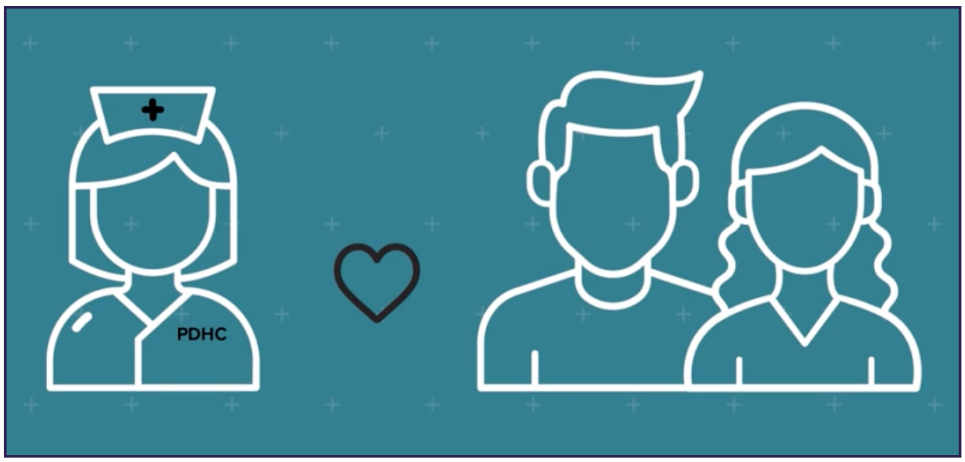


Figure 13: PDHC Website – Abortion

In multiple instances on the PDHC website, the potential client is encouraged to get an ultrasound, both to know if you need an abortion (Figure 14) or more general reasons as to why someone would get an ultrasound (Figure 15). Both of these sections seem to indicate that the ultrasound services at PDHC are just like what you would get at a medical facility, but they are not a medical facility.

Figure 14: PDHC Website – Abortion Ultrasound

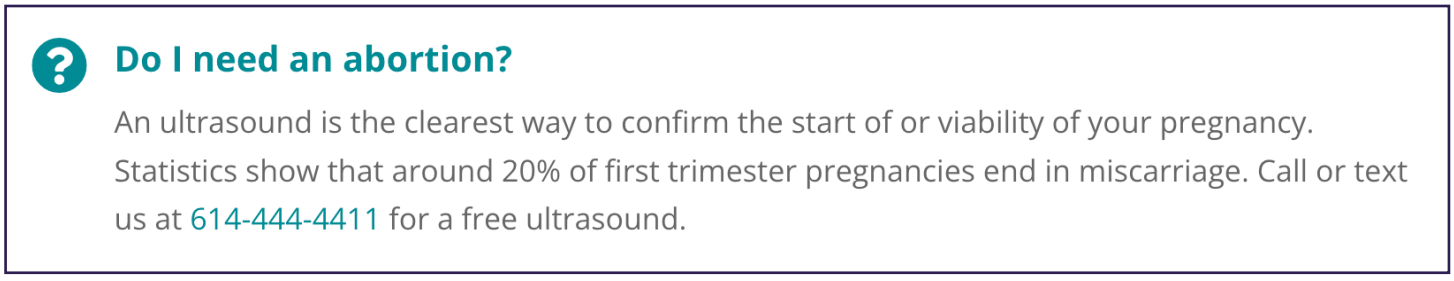
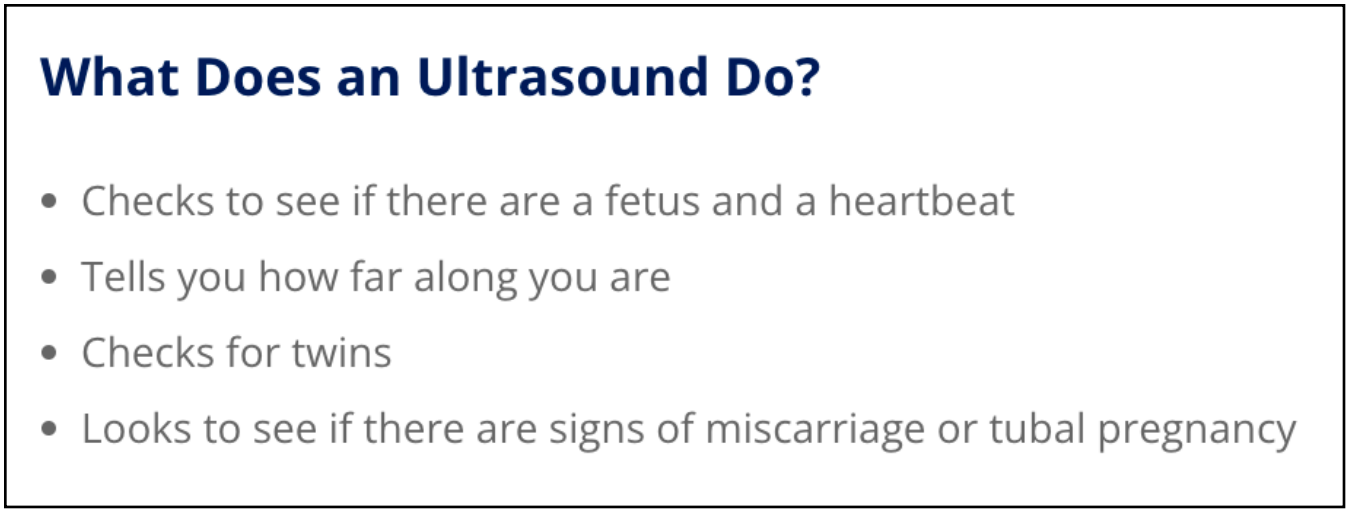
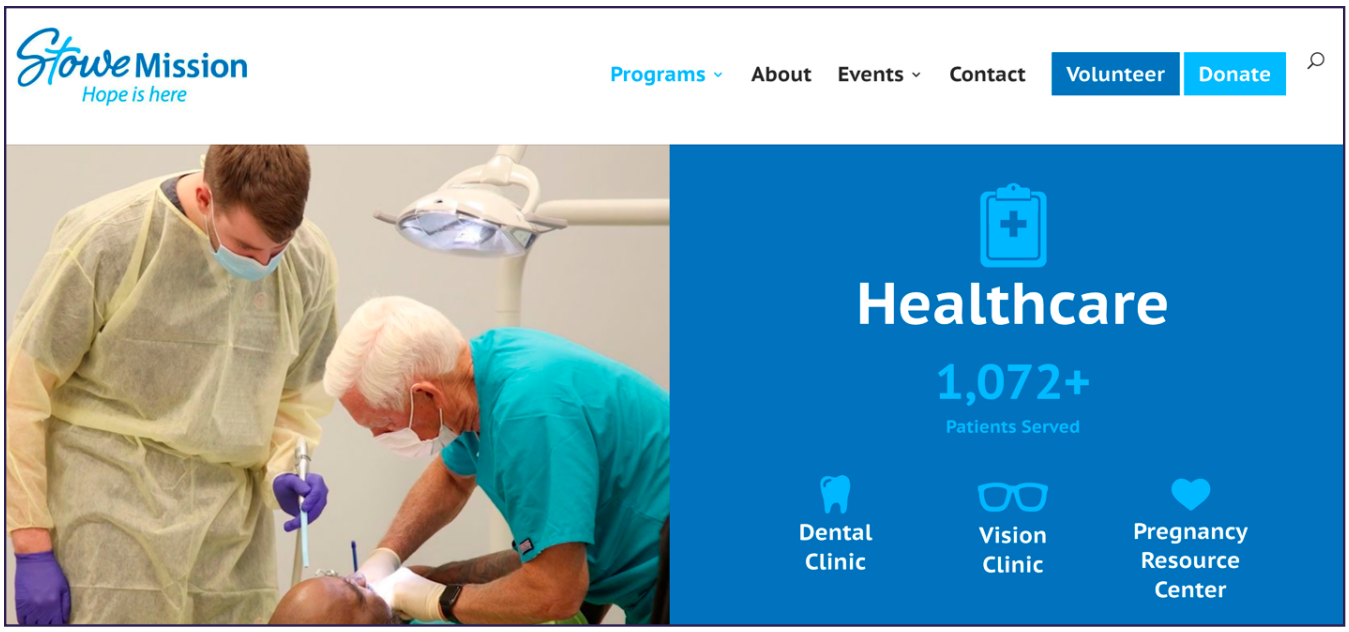


Figure 15: PDHC Website – General Ultrasound Information



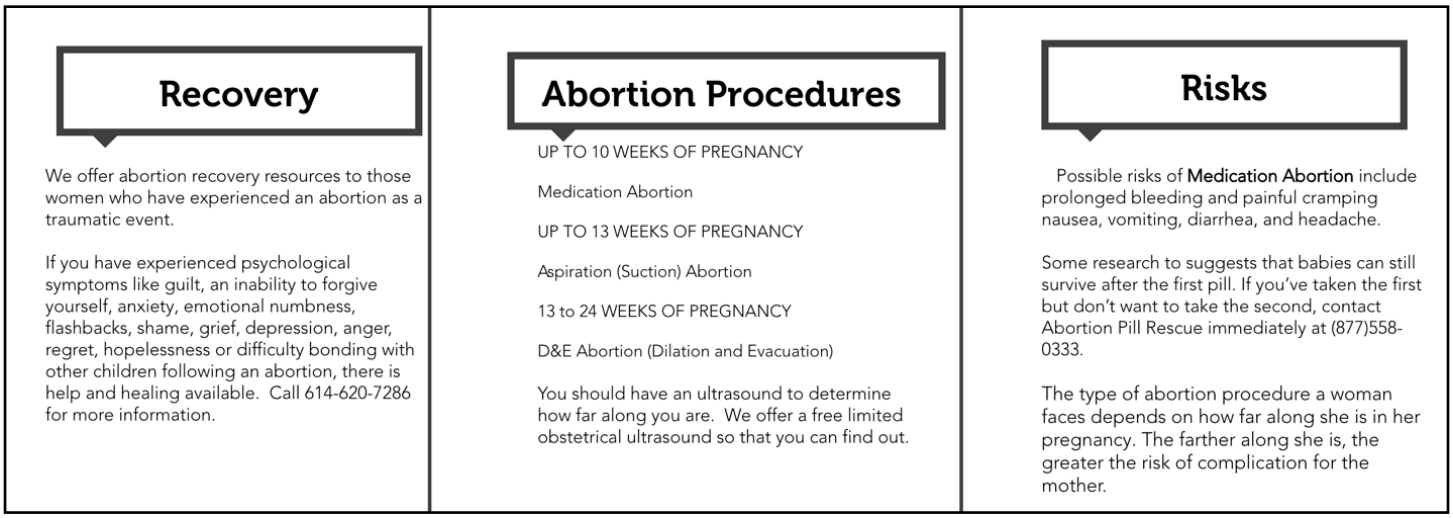
The Stowe Pregnancy Resource Center (SPRC) is associated with a larger program called the Stowe Mission. If you do an online search for Stowe you are taken to the Stowe Mission Website, and the website for the pregnancy center is located in the menu under "healthcare services" which could obviously mislead people into believing that this is an actual health care provider (Figure 16).

Figure 16: SPRC Website – "Healthcare" listings



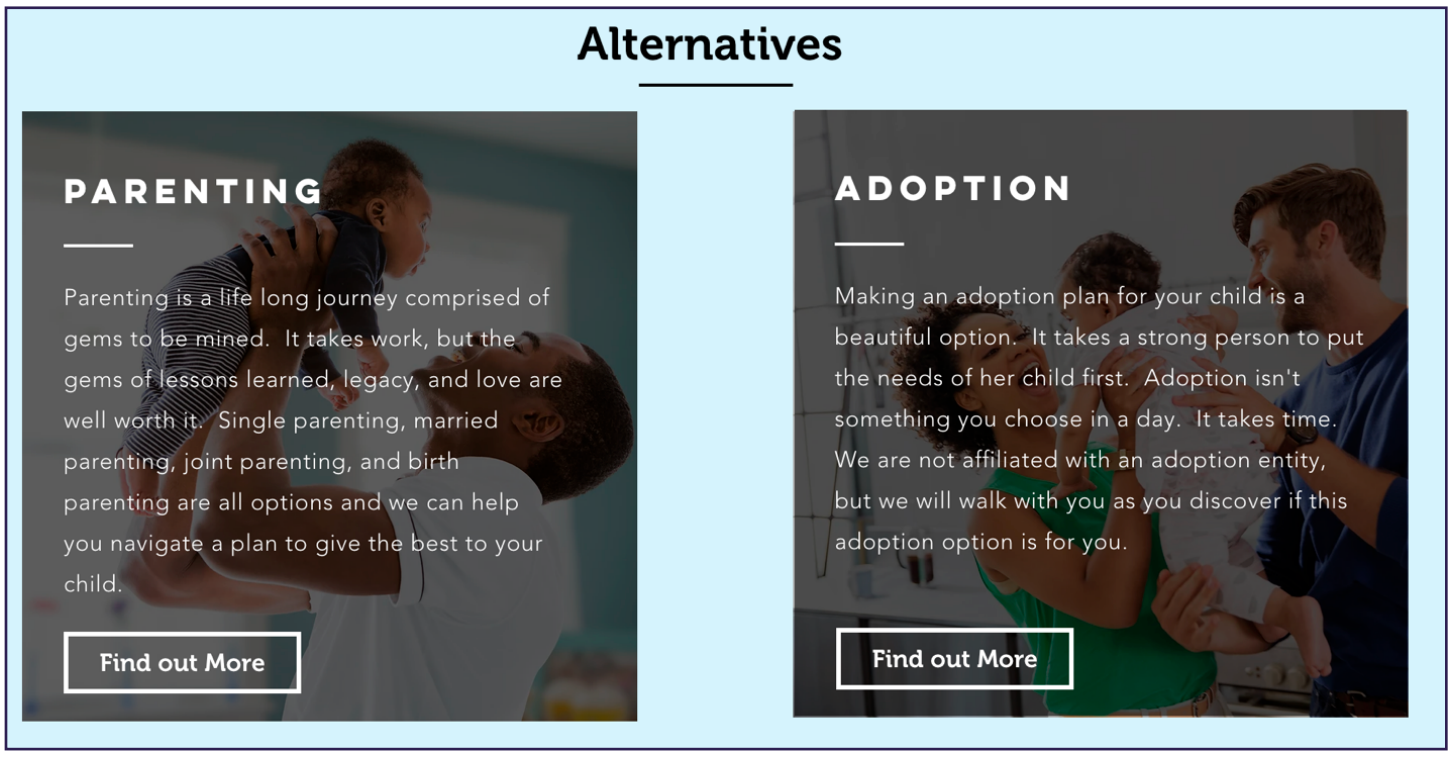
When discussing abortion, the website does clearly state that they do not refer people for abortion services but instead discuss all of their other options. The abortion section on their website contains multiple references to medically inaccurate information about abortion, including the non-medically proven notion of "abortion reversal" (Figure 17).

Figure 17: SPRC – Abortion Discussion



Under the topic of abortion highlighting all of the risks and dangers is a section on "alternatives" which are listed as parenting and adoption. The tone of the "alternatives" section is completely different, listing both options as optimal (Figure 17). The parenting section allows that parenting is a lot of work, but "the gems of lessons learned, legacy, and love are well worth it." When discussing adoption, it is framed as "a beautiful option" and that it "takes a strong person to put the needs of her child first."

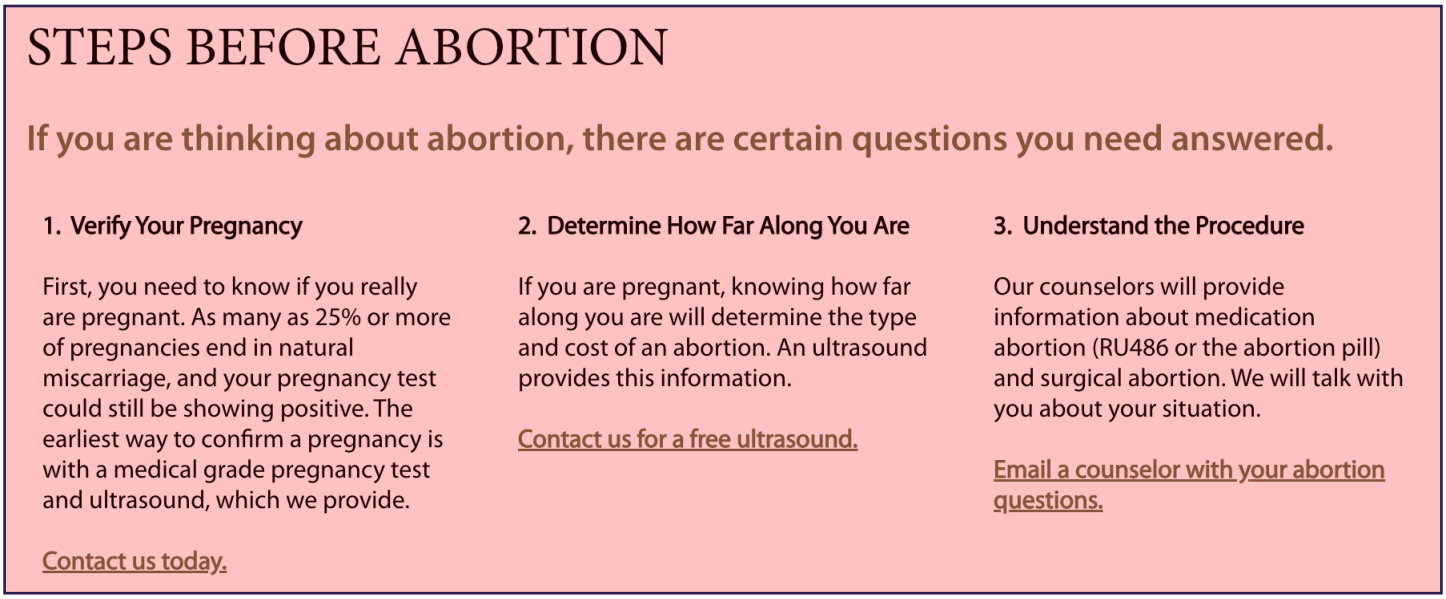
Figure 17: SPRC Website – Alternatives to Abortion



The Women's Care Center (WCC) website is limited, giving very little information about any of the topics covered, with the assumption they are trying to get people to contact them by phone or to come in for a visit to obtain information. Their "about" section does state that they do not

provide prenatal medical care or abortion services. Their "abortion" section is very similar to the PDHC website, stating only that one should first verify their pregnancy, determine how far along they are and then understand the procedure (Figure 18).

Figure 18: WCC Website – Abortion Information



STEPS BEFORE ABORTION

If you are thinking about abortion, there are certain questions you need answered.

1. Verify Your Pregnancy

First, you need to know if you really are pregnant. As many as 25% or more of pregnancies end in natural miscarriage, and your pregnancy test could still be showing positive. The earliest way to confirm a pregnancy is with a medical grade pregnancy test and ultrasound, which we provide.

Contact us today.

2. Determine How Far Along You Are

If you are pregnant, knowing how far along you are will determine the type and cost of an abortion. An ultrasound provides this information.

Contact us for a free ultrasound.

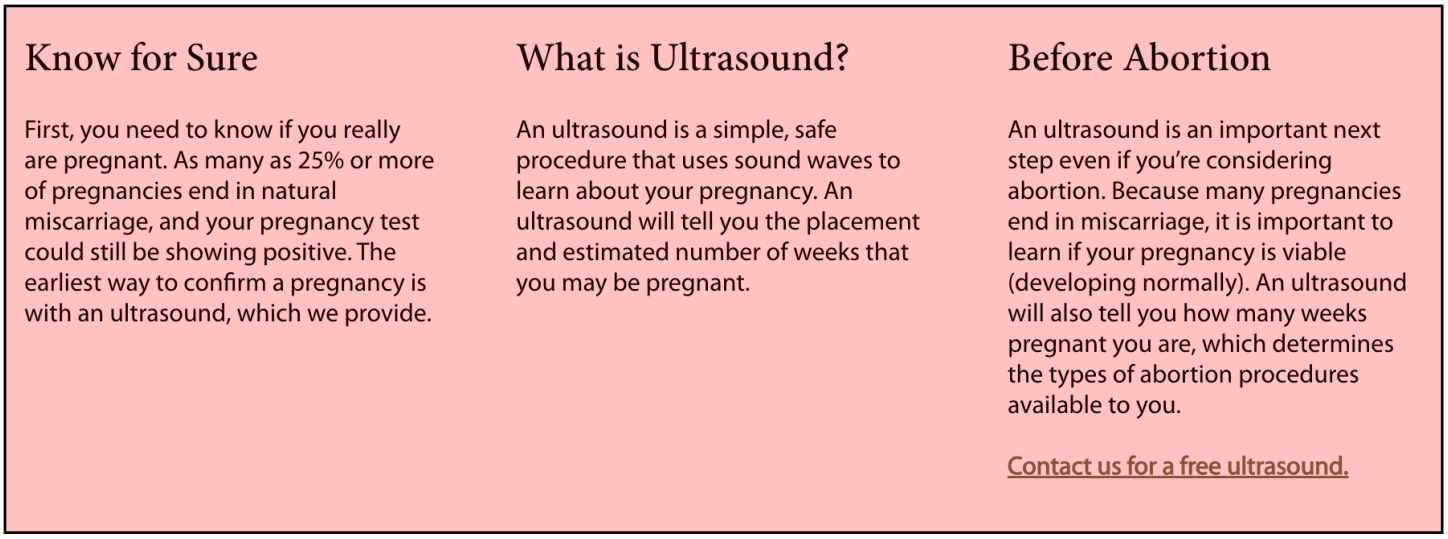
3. Understand the Procedure

Our counselors will provide information about medication abortion (RU486 or the abortion pill) and surgical abortion. We will talk with you about your situation.

Email a counselor with your abortion questions.

Also similar to the PDHC website, WCC focuses in several places on the importance of an ultrasound. Their website says that ultrasounds are important to know if you are actually pregnant and didn't have a miscarriage, and that an ultrasound is important before an abortion because many pregnancies end in miscarriage, and also to confirm that the pregnancy is not an ectopic pregnancy (Figure 19). Again, like the PDHC website, there is no mention that this ultrasound is different from one you would get in a real medical facility conducted by a professional.

Figure 19: WCC Website – Ultrasound Information



Know for Sure

First, you need to know if you really are pregnant. As many as 25% or more of pregnancies end in natural miscarriage, and your pregnancy test could still be showing positive. The earliest way to confirm a pregnancy is with an ultrasound, which we provide.

What is Ultrasound?

An ultrasound is a simple, safe procedure that uses sound waves to learn about your pregnancy. An ultrasound will tell you the placement and estimated number of weeks that you may be pregnant.

Before Abortion

An ultrasound is an important next step even if you're considering abortion. Because many pregnancies end in miscarriage, it is important to learn if your pregnancy is viable (developing normally). An ultrasound will also tell you how many weeks pregnant you are, which determines the types of abortion procedures available to you.

Contact us for a free ultrasound.

Finally, the Women's Clinic of Columbus website seems very much to want the reader to believe that they are a healthcare facility. Their "About" page makes several references to healthcare and reproductive health services (Figure 20). But when you click on the menu labeled "Get Care" there are no actual health care services available (Figure 21).

Figure 20: Women's Clinic of Columbus Website: About Us

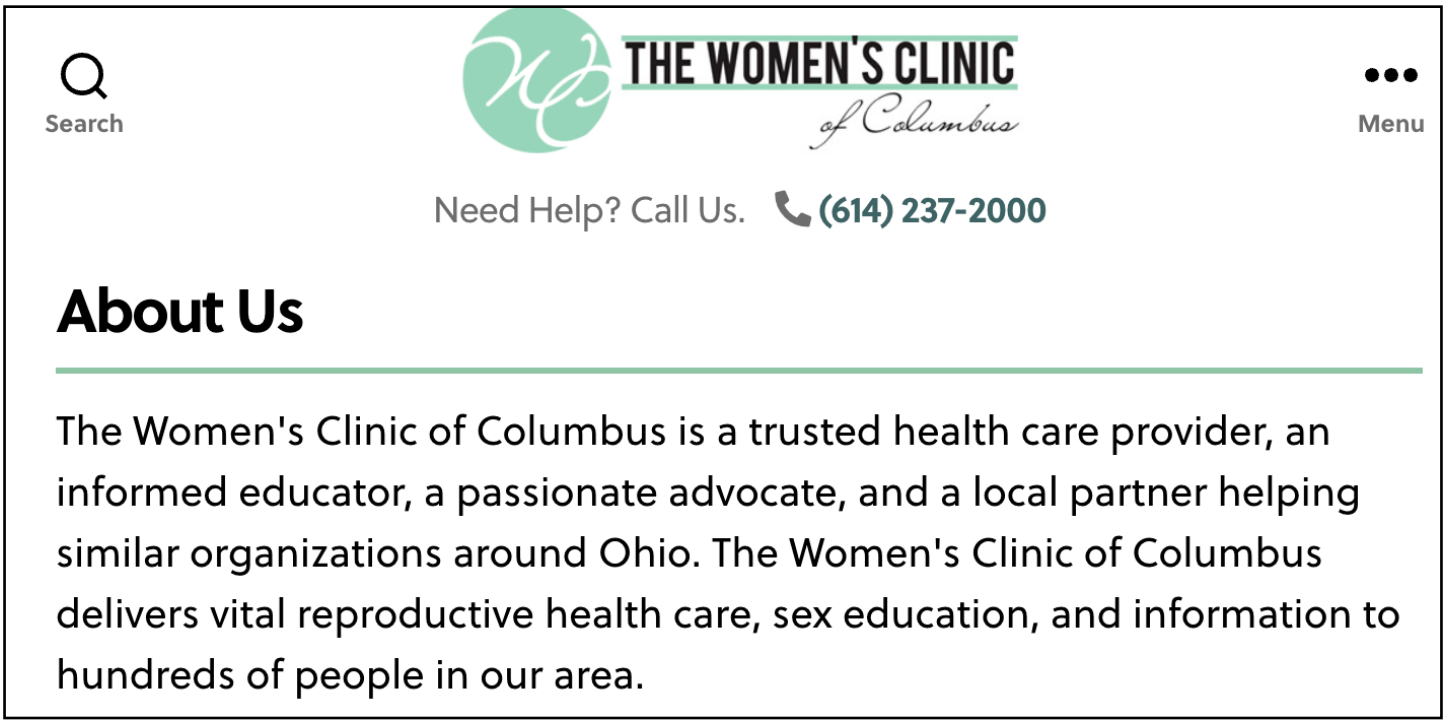
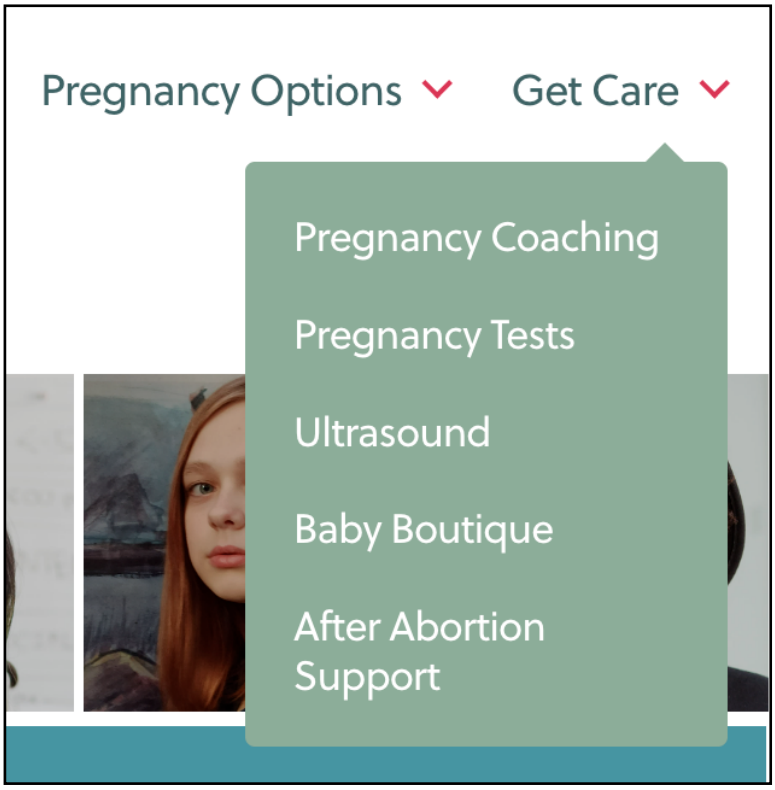


Figure 21: Women's Clinic of Columbus Website – Get Care



Similarly to both PDHC and WCC, the Women's Clinic of Columbus' website emphasizes ultrasound, and, like WCC, they directly refer to the risk of miscarriage as a reason to get an ultrasound at their facility, along with accurately dating the pregnancy and detecting an ectopic pregnancy (Figure 22).

Figure 22: Women's Clinic of Columbus Website – Ultrasound Information

Most pregnancy tests are generally accurate; however, it might be a good idea to have an ultrasound. One in four pregnancies end in miscarriage, so an abortion might not be necessary. A limited ultrasound can help determine what options are available to you by determining how far along you are and the viability of your pregnancy.

What does an ultrasound do?

- Checks to see if there's a fetus and a heartbeat
- Tells you how far along you are
- Checks for twins
- Can determine if there are signs of miscarriage or tubal pregnancy

We will need a positive pregnancy test before scheduling an ultrasound. Schedule a test to get started.

DISCUSSION & RECOMMENDATIONS

Research Discussion

Several trends and practices stood out as aspects that had changed since our 2013 study.[1] The biggest was the CPC staffs' insistence on the investigator taking a urine pregnancy test before a conversation could happen in the center. We think that this could be a new universal policy at these centers, or it could be one that was adopted specifically by centers in Columbus because the staff were aware that Pro-Choice Ohio had contracted with the City of Columbus to conduct this research.

The contract was first approved in an ordinance during a public meeting in July 2022, and the was extended by ordinance at a public meeting in early 2023. Only more research into centers in other areas of the state could help us determine if this is a local policy change or a more universal one.

Our investigators also felt that the pressure on them to make the "right" decision (the decision to continue a pregnancy) was more subtle, not as overt as we saw in the first study. Although some centers still pushed medically inaccurate "risks" of abortion— as in one facility: "[the CPC personnel said] that abortion would give me depression, that I would regret it for the rest of my life. That my boyfriend and I would have 'death' between us instead of 'life,'" the majority of staff at these centers used less aggressive tactics like redirecting the conversation away from abortion.

One investigator reported that although the CPC personnel said things like "it is my belief that abortion is unhealthy for women, physically and emotionally" and "I've never met a girl who wants an abortion; no one wants to get one, they feel like they have to," they immediately followed it with statements saying that they would support her no matter what decision they made and quickly redirected the conversation to parenting, emphasizing that as a preferable decision without explicitly stating it. Similarly, in another facility, an investigator said that the center "really emphasized that [the decision] was up to me and let me lead, but they really jumped on my abortion fears, but not my parenting fears."

These more subtle practices were also seen in our website analysis. Instead of posting all of the medically inaccurate information on abortion that was previously seen on these types of websites, it was more common in this investigation to see the CPC websites describe to potential clients that they need to confirm their pregnancy test in the center and have an ultrasound first, and then they could discuss abortion, forcing the patient to come in for a

Because the facility did a pregnancy test and multiple ultrasounds, the individual was under the impression they were getting medical care. It was only when they finally did connect with a prenatal care provider and tried to get their records from the CPC that they realized that they had not actually gotten medical care and there were no medical records to obtain from the CPC. The individual said that they felt betrayed and duped.

non-medical ultrasound before getting the information they desired. These more subtle pressure tactics combined with our investigators feeling like they were in a real medical facility in half of their visits, along with increased conversations around confidentiality (but lack of paperwork guaranteeing it) re-affirms previous research showing that when an individual feels like they are in a medical environment and they experience judgment coming from the facility's personnel, it can have detrimental impacts not only on the person seeking care for the pregnancy, but lead them to expect stigmatization in other healthcare settings — or cause them to avoid seeking healthcare at all.[2]

Backing up the research around stigmatization at CPCs are anecdotal stories from people who had previously visited a CPC. At the same time that we were conducting these research visits, Pro-Choice Ohio conducted two community meetings; one in-person at a local library in the city, and one virtually via Zoom. In the Zoom meeting, two stories were shared; one by a male who talked about inadvertently attending a CPC when his then-girlfriend got pregnant by accident. They were simply trying to get information on their options so that they could make an informed decision. When the individual shared their story, they mentioned feeling manipulated several times, and his emotions when sharing showed that even though years had passed since the visit, the feeling around manipulation was still strong.

The second story shared was one where the person went to a CPC with no intention at all to talk about abortion. They had made the decision to continue their pregnancy and were looking for prenatal care and general assistance. **Because the facility did a pregnancy test and multiple ultrasounds, the individual was under the impression they were getting medical care. It was only when they finally did connect with a prenatal care provider and tried to get their records from the CPC that they realized that they had not actually gotten medical care and there were no medical records to obtain from the CPC. The individual said that they felt betrayed and duped.**

Stigmatization also comes through the use of ultrasound. In these facilities, the reasons that areoften presented for needing ultrasound, both in person and via the facility websites, are threefold: to confirm and date the pregnancy, to confirm a miscarriage has not occurred, and to ensure that the pregnancy is located in the uterus and is not ectopic. Research by the Ohio Policy Education Network (OPEN) has indicated that these may be the public reasons for pushing ultrasound services, but internally their reason is much different. In their research on abortion stigma and CPCs, one CPC staffer said that the ultrasound room was "where so many miracles happen."

> ***'our machine has a mission. That mission is to reveal the life within to the woman who is considering abortion … in hopes of confirming life.'***[3]

The increased push for ultrasound combined with information from previous research may indicate why our investigators encountered fewer videos, fetal models and other visual aides in their visits than we did in 2013. Instead of showing people pictures and models, they want them to have an ultrasound to (in their words), "reveal the life within." In these situations, ultrasounds are a tool for manipulation, not healthcare

In addition to the problematic pressure and stigmatization that is occurring through these ultrasounds, recent media reports indicate that the fact that these non-medical facilities performing tests that are usually done in a medical office can also pose potential physical risks to the individuals. In Cedar Rapids Iowa, Ray, a trans man who had recently aged out of the foster care system, went to a CPC after testing positive on a home pregnancy test. He wanted confirmation of the pregnancy. The CPC personnel invited him back, "prayed over him," read from the Bible and finally, gave him a pregnancy test. It was the exact same test he had purchased himself from a dollar store. That test was also positive. They told Ray to return two weeks later for an ultrasound.

When he returned, they spent time urging him not to get an abortion before performing the ultrasound. The staff member doing the ultrasound couldn't see a heartbeat but said she wasn't concerned — she informed Ray that he was either miscarrying or was earlier in his pregnancy than he suspected and sent him home. Two days later Ray was in excruciating pain, immediately went to the hospital where they determined he had a ruptured ectopic pregnancy. He was immediately sent for emergency surgery and had to have blood transfusions because of the amount of blood he lost. He was told that if he had waited five more minutes to go to the ER he probably would not have survived.[4]

Facility after facility in our research pushed our investigators to get an ultrasound in part to rule out ectopic pregnancy. But these centers are not regulated, they are not medical facilities, and the ultrasounds performed are not medical-grade, they are limited, non-diagnostic ultrasounds. If someone suspects that they have an ectopic pregnancy they should go to a real medical facility, not to an unlicensed, unregulated CPC.

In another story out of Louisville, Kentucky, a nurse wanted to give back to her community by volunteering at a CPC. One of the things they wanted to train her to do was to provide

They are being told by center staff that they can rule out a dangerous, potentially deadly, ectopic pregnancy, but this is questionable at best. Ultrasounds should be conducted by medical professionals in a real medical facility.

ultrasounds. During her training she started to see red flags immediately. The center was using an expired disinfectant to sterilize the transvaginal probe used in early pregnancy ultrasounds. And the type of disinfectant they were using had been found to not kill the human papillomavirus (HPV) a widespread and potentially deadly STI responsible for more than 90% of cervical cancers. So not only was the center using an expired product, they were using one that doesn't kill the most prevalent STI. As she said to the Guardian, "You're saying you want to help these women… yet you're potentially going to transmit an infection to them?" She filed multiple complaints, talked to the administrators of the center and found out how hard it was to make changes because the centers are unregulated and unlicensed. She also found they were not using the right type of lubricant for the transvaginal ultrasounds performed. Industry standards state that the gel used for abdominal ultrasounds might not be sterile enough for transvaginal procedures.[5]

These examples illustrate that not only are there dangers of stigmatization and persecution by a "medical professional" when visiting one of these centers, but that because the ultrasounds are limited in scope, and the facilities are unregulated and unlicensed, the person visiting the center has no idea of the disinfection protocols or the limited scope of the ultrasound. They are being told by center staff that they can rule out a dangerous, potentially deadly, ectopic pregnancy, but this is questionable at best. Ultrasounds should be conducted by medical professionals in a real medical facility.

Although facilities were more subtle in their approach, there was also plenty of medically inaccurate information presented. Some of this has already been highlighted in this discussion – centers discussing mental health issues and inaccurate risk discussions during the visits and through language on their websites. But this misinformation was not limited to abortion services. Centers also presented misinformation, both in visits and on their websites, about birth control, inaccurately describing it as "causing" an abortion. Birth control, including emergency contraception (aka the "morning after pill") do not interfere with an established pregnancy and do not cause abortion.

Additionally, in one visit to a CPC, our investigator asked the individual at the CPC about health risks in pregnancy since the CPC personnel was talking about the risks of abortion. In an extreme example of the redirection that was mentioned above, the CPC personnel tossed aside the concerns of maternal mortality. **Our investigator reported, "When I asked about maternal mortality, the lady scoffed and shook her head, (and) was like 'no that's overblown, when you take out people who don't do prenatal [care] everyone is fine.'" We saw several times in this research that when the investigator asked about pregnancy risks the CPC personnel immediately redirected them to discussing abortion and described how abortion is more risky than carrying a pregnancy to term. This is blatantly false.** Research on individuals giving birth and having abortions between 1998 and 2005 found that the pregnancy-associated mortality rate among people who delivered live neonates was 8.8 deaths per 100,000 live births. The mortality rate related to induced

abortion was 0.6 deaths per 100,000 abortion. The risk of death associated with childbirth was approximately 14 times higher than from abortion.[6]

Two CPC networks in Columbus receive money from the Ohio Parenting and Pregnancy (OPP) program which gives funds from the Temporary Assistance for Needy Families (TANF) block grant to CPCs across the state to provide material assistance to individuals in the community. These centers are Pregnancy Decision Health Centers (PDHC), (three in Columbus), and Women's Care Center (WCC), (two facilities in the city).

When examining the budgets submitted to the state by these facilities, we note that the amount of money that goes to direct patient education and support is not the facilities' main expenditure.[7] From December 2021 to June 2022, PDHC allocated only 5.65% of their budget to participant support and education. From July 2022 to June 2023, only 3.1% was allocated to those services. Comparably, PDHC allocated 12.7% and 15% of their budget in each time period to marketing, and 64% and 67% to salary, benefits, and staff travel. PDHC is spending double or triple the amount that they spend on participant support and education on marketing, and more than 10x on staff and overhead.

When looking at the submitted budget from WCC between 11/21 and 6/22, they allocated 26.7% to Participant Education and Support. This included a large allocation in Participant Support (supposed to be material support for participants in the program) that is not

reflected in the next year's budget. This leads to the hypothesis that this grant period included the purchase of some type of equipment — possibly an ultrasound machine. This hypothesis is backed up by the fact that the 11/21-6/22 budget only allocated for staff time/benefits in general but the budget for the next time period includes allocations both for general staff time/benefits and a specific line item for ultrasound staff time/benefits. Even with that larger allocation, the 26.7% was not higher than the amount allocated to staff time/benefits, at 42.8%. In the next grant year (7/22 to 6/23), the amount allocated to patient support and education dropped precipitously to only 1.6% of the grant amount, compared to 6% for marketing, 65% for general staff time/benefits, and 13.4% for ultrasound staff time/benefits. This is very concerning. This program is supposed to be providing direct support to families in need, providing material assistance to individuals such as diapers, cribs, baby clothes, etc. Looking at the budgets, it is not surprising to see that when in our phone surveys both WCC facilities were called using Scenario 1, neither indicated that providing things like emergency diapers were something that they did regularly.

One facility said that the person could come in for supplies but that they "don't usually do that," and the other said that you had to be a previous client to get material assistance. When asked how one becomes a client, the individual said they needed to come in and get a pregnancy test and ultrasound, and then they could continue the relationship. Or, someone could join their "crib club," a learn-to-earn program where the individual has to take classes or do other activities to earn items that they need. This once again reaffirms how important getting people into the centers is to these facilities.

The combination of these public records and our research shows the gross inadequacies of the services provided by these centers and how wrong the priorities of these centers are when it comes to using the public funds they receive. By spending more on marketing to get people to come to their centers than they do on supporting them once they get there we see just what the goals of these facilities are – spreading misinformation and stigma, not providing help. The TANF program is supposed to be one of the few programs where lower income families can receive funds to buy the things that they need, but instead, our Ohio legislature is forcing people to go to these facilities and face shame and stigma in order to get the help they need.

NOTES

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Research Limitations and Future Needs

As this research was limited to CPCs located within the City of Columbus, the results cannot be generalized without additional research into facilities outside of the city. Additionally, because these results were based on individual visits, it is possible that going on another day and encountering another individual might present information different than what we saw in this research.

Because there were several newer trends that we saw with this research, it would be worthwhile to explore if those trends exist outside of Columbus – especially the hard push for the person to take a pregnancy test at the center, even if they had already taken one at home. Furthermore, this was the first time that we could compare results of centers that receive money from the Ohio Parenting and Pregnancy Program, and it would be beneficial to do additional research with other grantees of the program in other areas of the state to see what programmatic requirements other centers have for accessing material assistance.

Recommendations for Columbus City Council and Beyond

Based on this research and community meetings we have had, we have several recommendations for Columbus City Council, other elected officials, and community organizations:

Public funding should be limited to real medical facilities and community organizations that provide services without stigma, judgment, and manipulation. Columbus City Council made a great start into this with its July 2023 funding of Just Choice, which creates an "all options" and material support program in the city. It's obvious from this and other research that there is a great need in our community for material assistance — but we must also invest in facilities that treat people who need assistance with compassion and understanding, not stigma. In addition to Just Choice, there are other organizations within the city in which investments could help address these issues, like Motherful and Restoring Our Own Through Transformation. Additional investments in programs to help people get unbiased resources they need is critical.

As these other programs are invested in and grow, the City of Columbus needs to examine their resources pages to ensure that the resources listed are actual places people can go to get the assistance they need in a welcome and opening space, not one that potentially exposes them to stigma and shame.

The community meetings also provided a space for people to brainstorm a variety of ways that local governments and community organizations can support parenting and pregnant individuals. The main theme that came out of these conversations was that people need comprehensive, longer-term, wrap-around services that uplift individuals and families. This includes:

- Addressing food insecurity, including access to fresh foods year-round

- Better transportation programs that acknowledge that buses don't go everywhere people need to go —programs should include some sort of voucher program for rideshare services like Lyft and Uber

- Affordable housing, available without long wait lists

- Childcare —not only traditional programs for people at a 9-5 job but also for shift workers, people who need childcare to attend appointments, or just to get a break for self- care

- Support programs for families to help keep kids out of the foster care system, and programs to help with reunification if children do go into foster care

- Green spaces and environmental justice programs to ensure families live in healthy environments that help them thrive

- Address the information/technology gap — reliable access to the internet is critical for education, job training, health information, and so much more

- Comprehensive sex education programs giving people the information they need around sexuality and sexual health

- More real healthcare facilities where people can get free pregnancy tests and low-cost ultrasounds, especially to get the paperwork needed to confirm pregnancy for Medicaid and other assistance programs

- Marketing campaigns so that people know where they can go to get access to these services

Undoing the harms caused by these centers won't happen overnight, but these are some steps that can help us move in the right direction. Everyone should agree that when people turn to a facility for help discussing pregnancy options, or for material assistance, they should be met with respect and empathy, not shame and stigma.