

# Turning Hearts Toward Life II:

New Market Research for  
Pregnancy Help Centers



CHARLOTTE  
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## New Market Research for Pregnancy Help Centers

CHARLES A. DONOVAN, SR.  
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“Women who are fortunate enough to find their way to your centers are welcomed and receive loving care, access to counseling and education programs, ultrasounds and medical assistance, and referrals to other resources for little or no cost. As an Ob-Gyn, I can tell you that your efforts to assist women in underserved communities help to bring healthier babies into the world. Because of the selfless work you are doing, a culture of life is being built in America.”

JOXEL GARCIA, M.D., M.B.A.  
Former Assistant Secretary of Health, U.S.  
Department of Health and Human Services

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# Foreword

Seventeen years ago, I had the privilege of working with Chuck Donovan to produce market research that would assist pregnancy help centers (PHCs) in their mission. Now Chuck, along with his colleague Moira Gaul, has been at it again.

The results of the earlier research, published under the title *Turning Hearts Toward Life: Market Research for Crisis Pregnancy Centers*, included the observation, “Though significant, this research is not the final word.” Changes in American culture, population demographics, and the PHC movement itself make this very clear. Possibilities at the time of the first study have since become certainties, along with the unexpected. The Internet today has become a primary access point for information, and social media represents a quantum leap forward in word-of-mouth communication. Chemical abortion in the form of RU-486 is now widely available. The “window to the womb” ultrasound has become so incredibly sophisticated that images of unborn humans are morally compelling for many to preserve their lives.

Moreover, PHCs have steadily improved and refined their care for clients; many have become medical clinics. Meanwhile, the greatest division in American culture at the end of the 20th century – the fissure over legalized abortion – continues

unabated in the 21st. Neither checkmate nor stalemate is in sight. This much, however, is very clear: Americans overwhelmingly want options for women other than abortion.

The new research presented in this report easily stands on its own. It includes results and analysis that are reliable and valuable for understanding three areas: 1) the public perception of PHCs, including comps with Planned Parenthood; 2) the scope of impact that PHCs have; and 3) the way forward – strategies worth testing to advance the mission of the centers.

*Turning Hearts Toward Life II: New Market Research for Pregnancy Help Centers* is offered to PHCs with respect and gratitude for the courage, persistence, skills, and compassion of the thousands of staff workers and volunteers who give so much of themselves so that children who are conceived can live and be loved. The mission of the PHCs is not complete, but it is well under way, very well indeed!

DR. CURTIS J. YOUNG, D. MIN.



# Executive Summary

Reports drawn from national data indicate that the number of abortion-minded women visiting pregnancy help centers (PHCs) is low (under 12 percent of all clients) and has been increasing at a very slow rate. Trends from nationally collected data also indicate the number of abortion-vulnerable women visiting PHCs, as designated by this name starting in the early 2000's, represents a larger percent of pregnancy center clients and is rising more quickly nationwide. Taken together, these subgroups suggest that increased numbers of women at risk for abortion have been visiting PHCs over the past 14 to 15 years, and they constituted roughly 50 percent of pregnancy center clients in 2014.

This report presents the results of a national telephone survey of men and women aged 18-44 conducted by QEV Analytics in order to assess the impact PHCs are having, and to find out how PHCs might increase their effectiveness in reaching women at risk for abortion through

advertising and the services they provide. The poll's overall sample is likely to be statistically accurate because of its high correlation with other surveys of U.S. adults, particularly with respect to views on abortion. Subgroups within the poll, by age or ethnicity, for example, are less likely to be statistically representative because of the smaller sample size.

The present survey is the follow up to a similar survey conducted in 1997 and published in 1998 by the Family Research Council under the same report name.<sup>1</sup>

This second report differs from the first in that it consists of the telephone survey only and does not include focus group information and data as did the first. Focus group research remains a possible follow-on component of this report as an additional means of checking its conclusions and increasing the usefulness of its quantitative findings.

# Results

The results indicate that American men and women in the age range surveyed broadly have a positive view of PHCs but do not know if there is a center nearby. When asked if they knew of someone personally (which could include one's self) who had visited a PHC, 26 percent of female and 18 percent of male respondents said yes, a sizable part of the public.

According to the respondents, hearing from a friend/word of mouth, an Internet search, and information from health providers are the top three ways in which women and men learn about PHCs. Free medical exams, medical advice and free diagnostics such as ultrasound were listed as the top choices for services at PHCs. The results confirm the 1998 conclusion that the free pregnancy test is not central to the appeal of PHCs today; more variety and value of free services are needed.

Women and men indicated attraction to professional-sounding names for centers as well as for contact information such as e-mail, though response to names expressing "love" and "care" was strong in this survey. Center name preference varied significantly with regards to pro-life and pro-choice respondents. While national association affiliation is an important indicator regarding perceived standards of care, name recognition of the two major U.S. pregnancy help center associations and OptionLine remains low.

Other results included that PHCs have a substantial image advantage over Planned Parenthood centers, owing to the fact that pro-life respondents are negative toward Planned Parenthood-type centers, while pro-choicers tend to be positive toward both Planned Parenthood centers and PHCs. Negative reports issued to attack the image and credibility of PHCs have done little to affect public opinion of the services and support these centers provide.

Advisement to abort is the least favored of four alternatives presented to the respondents as options to offer a friend experiencing an unexpected pregnancy.

## RECOMMENDATIONS

Given the survey findings, suggested recommendations going forward would include: **(1)** a continued emphasis on professionalism with regards to center name, contact information, imagery, advertising, community presence and overall operations; **(2)** continued growth of medical services throughout centers in the country; **(3)** focus on intentional strategies to reach women at risk for abortion, while recognizing that the PHCs' personal touch is an attractive package to wrap around quality of service; **(4)** continued emphasis on efforts to validate pregnancy center effectiveness at community and state levels; and **(5)** new efforts to draw out young men as advocates for the centers in settings where they can communicate helpfulness before a need arises among friends or classmates.



## Intro

The Pregnancy Help Center (PHC) movement in the U.S. is now over 45 years old. Ministry models across the country range from those very similar to the earliest existing formula-and-diapers approach to centers offering a wide variety of medical, education and support services, to others operating as a hybrid of the two, integrating outreach and services to meet the needs of their specific communities as center budgets allow. In this environment, the availability of market research to inform decision makers' ideas for changes in marketing and services can be instrumental in terms of reaching women most at risk for abortion.

By "women at risk for abortion," we mean women who meet four criteria:

- They are in the midst of an unplanned pregnancy;
- They perceive their current pregnancy as a threat to their well-being;
- They have not yet decided concretely whether to carry their baby to term; and
- They are subject to external and/or internal pressures which may ultimately influence their decision to carry the pregnancy regardless of held beliefs and initial decisions regarding the pregnancy.

A report from a national data set indicates that the number of "abortion-minded" (AM) women visiting PHCs between 2004 and 2014 is low, but this number has been increasing at a slow (yet steady) rate. With the changes in the designation/categorization of clients at risk for abortion which began in the early 2000s, the at-risk group of women is now composed of a category of "abortion-vulnerable" (AV) designated women and AM women. AV is determined by factors that contribute to a higher level of inclination a woman may experience towards choosing abortion. These factors include but are not limited to: having not eliminated the possibility of abortion, stated beliefs about abortion, levels of social and financial support as well as sources of pressure to abort, among other criteria. The AV definition has been through various iterations and modified versions are currently used by different centers. The broader AV language has been adopted by the majority of centers nationwide (and represents a shift in the overall impact the movement understands itself to be making in serving at-risk women over the past decade or more.)

Similar national aggregate trend data shows that the overall number of AV women has been increasing at a higher rate during the identical timeframe, and it is a larger percentage of women visiting PHCs on average than AM clients. Taken together, AM and AV clients make up 47 to 55 percent of clients seen at PHCs in 2014.

For the purposes of this report, we will remain focused on the group of at-risk women identified by the criteria set forth in the 1998 publication which reflects AM and a substantial cross section of AV clients, and which today represents a substantial segment of women the PHC movement would like to further reach in the general population.<sup>2</sup>

Since the publishing of *Turning Hearts Toward Life I*, the offering of medical services, including physical exam and limited ultrasound, in increased numbers of centers nationwide has been a significant development for reaching women at risk for abortion.

The availability of little-or-no-cost medical/health services has attracted a significant number of women experiencing unplanned pregnancy over the past two decades according to data collected at centers. This finding corresponds with our findings in 1998 which showed that women prioritized medical services over other services offered at centers.

The development of intentional strategies to bring at-risk-for-abortion women into centers involves learning about a variety of related health behavior constructs. Is the target age group of women and men aware of PHCs? Understanding PHCs' mission, does this cohort perceive PHC outreach to be valuable in their community? What services do they rate to be important for women experiencing unplanned pregnancy? How do they view name and contact variations in marketing appeal?

More recent marketing strategies have focused on tech-savvy facets of advertising such as Internet key word searches. Call centers, such as the 24/7 OptionLine which has been in existence since 2003, are open when centers are closed or women are searching for direct assistance in their location. Centers have recognized the need to be available to "connect" at the moment when the at-risk woman is ready to communicate, as well as communicating with her via her preferred route such as e-mail or texting.

A specific challenge to reaching more women at-risk for abortion has been the rise of public relations campaigns and state and local legislative attacks threatening centers' image and credibility. Public relations attacks<sup>3</sup> published by those who seek to undermine center work over the past 15 years have alleged the sharing of inaccurate medical information and misleading advertising about who and what the centers purport to be. Various legislative attacks have been launched in the past several years and have sought to stigmatize PHCs by forcing them to post a notice

of the services they do not offer (such as abortion) in an attempt to delegitimize their outreach. These attacks are intended to dissuade women from thinking positively about and/or visiting PHCs.

**"The development of intentional strategies to bring at-risk-for-abortion women into centers involves learning about a variety of related health behavior constructs."**

Efforts to systematically thwart these attacks have been a top priority at the national association, state coalition, and individual center levels over the past 15 years. Different approaches have included: streamlined guidance to centers on rebutting false reports, emphasis on adherence to broad industry standards (e.g., the Commitment of Care and Competence)<sup>4</sup> and distribution of professionally reviewed and approved resources/materials at the national association level. The pooling of data and statistics by the three major national PHC associations resulting in the production and publishing of combined services reports<sup>5</sup> as well as official state-level appreciation<sup>6</sup> for their maternal and child health contributions have also helped to validate centers' good work and rebut allegations to the contrary.

In the wake of these developments, we wanted to measure public awareness and perceptions about the effect of these attacks on PHCs, and conversely to measure perceptions about reports from pro-life groups decrying the level of care provided by agencies that offer abortions to women who do not want to be pregnant.

**The challenge all centers face remains the same: to increase the number of at-risk women finding their centers. The objective framed in *Turning Hearts Toward Life I* is therefore essentially unchanged: To use marketing research to assess the impact of the PHC movement, and to inform both the public relations and services components of ministry so they can become more effective in reaching women (and youth) at risk for abortion.**





## Background:

### Factors Impacting PHC Client Load

In the process of conducting this follow-up research, we studied available data and trends to learn about factors that could affect PHC client visits. We looked at population demographics, abortion measures and trends, increased availability of medication abortion during early pregnancy, and some upcoming changes in health care involving access to and coverage of abortion.

#### POPULATION DEMOGRAPHICS AND ABORTION IN SPECIFIC GROUPS

The increase in the number of females aged 15-19 between 1990 and 2000 was roughly 12.5 percent, and the number of women in the 15-29 years age group also increased by 10.8 percent from 2000 to 2010 (females aged 10-14 increased almost 1 percent from 2000 to 2010). [1, 2] This age group (15-29) is especially significant because 74 percent of reported abortions are performed on girls and women in this age range. [3] While various factors come into play, if trends in client visits follow trends in population, PHCs should expect an increase of clients.

From 2001 to 2010 the total number of reported abortions decreased nine percent in the U.S. The abortion ratio (number of abortions per 1,000 live births) decreased by eight percent. The abortion

rate (number of abortions per 1,000 women aged 15-44 years) decreased by 10 percent. Abortion ratios during this period decreased similarly for both married and unmarried women, 19 and 21 percent, respectively. [4]

During a similar time period between 2000 and 2008, abortion increased 18 percent among poor women while decreasing 28 percent among higher-income women. [5]

Other current characteristics of U.S. women who have abortions include: 61 percent have one or more children; 69 percent are economically disadvantaged;<sup>7</sup> 58 percent are in their 20's; 56 percent are unmarried and not cohabitating; and 73 percent report a religious affiliation. [6]

In a later time period from 2007 to 2010, the abortion ratio decreased six percent among non-Hispanic white women but not among any other race/ethnicity group. For non-Hispanic black women the abortion ratio increased three percent and increased eight percent for Hispanic women. [7]

Taken together, these statistics suggest that cost has not been an insurmountable barrier for economically disadvantaged and at-risk-for-abortion women obtaining abortions overall. Free or low-cost services at PHCs – particularly medical services – should attract at-risk, economically disadvantaged women, thus providing them with increased access to broad information about their pregnancy options, as well as expanding their network of resources.

In addition, while the abortion ratio continues to decline in the 15-29 age group, the decrease has slowed significantly since its more dramatic decreases between 1980 and 1994. The fact that a sizable percentage of young women are prioritizing education and career and delaying childbearing will continue to have an impact on abortion ratio figures. Delays in marriage and other factors affecting the strength and stability of two-parent households in this age range will also continue to factor into

decisions women make concerning their ability to take on motherhood concurrently with meeting their educational and career goals.

Finally, teen abortion and pregnancy rates declined sharply between 1990 and 2010,<sup>8</sup> and the drop in abortions has been directly attributed to the decrease in unintended teen pregnancies. Sexually active teens have been using contraceptive methods which are categorized as “moderately to highly effective” such as condoms and hormonal birth control pills during this timeframe. While contraceptive usage rates have risen in this age group, failure rates (partially attributable to inconsistent and incorrect use) can lead to unintended pregnancy. The other cause of the declines in abortion and pregnancy rates has been an increase in teens remaining abstinent longer and fewer teens being currently sexually active. For example, according to CDC reports, never sexually active teens age 15 to 19 have seen a 16 to 26 percent increase in abstinence<sup>9</sup> between 1995 and 2006-2010. [8]

PHCs uniformly counsel risk avoidance or abstinence outside of marriage and have been leading providers of this type of youth education across the country. The risk avoidance approach counters the standard risk reduction contraceptive distribution approach for sexually active teens as a 100-percent-effective method to prevent unintended pregnancies and sexually transmitted infections. As risk reduction education remains prevalent through public health and cultural messaging, PHCs will continue to see a flow of teen clients.

## **INCREASED MEDICATION ABORTION AVAILABILITY**

Mifepristone as a component, along with misoprostol, of early medication abortion has increased as a percentage of all abortions since its approval by the U.S. Food and Drug Administration in September 2000. In 2001 early medication

abortion represented five percent of all abortions, and by 2011 it had increased to 23 percent of all abortions. [9]

Since medication abortion must be taken, unlike surgical abortion, within a window of time during early pregnancy, usually within 7 weeks since the beginning of the woman’s last menstrual period,<sup>10</sup> if it is viewed as a preferred form of abortion by women, the method will have an impact on the decision-making window and thus on the timeframe a woman uses to decide about her pregnancy. This could drive at-risk women to more swiftly seek out medical diagnosis of their pregnancy dating. Provision of ultrasound services as a diagnostic to determine the onset of pregnancy may influence some women determined to have abortions to approach a PHC first for that free service.

Passage of the Patient Protection and Affordable Care Act (ACA) in 2010 has provided for additional health insurance coverage for qualifying, low-income women through pregnancy and labor and delivery. This coverage is happening through both expansion of Medicaid eligibility and premium subsidies that are made available on the exchange system established by the ACA. Increased coverage for abortion will lead to increased access<sup>11</sup> to abortion broadly and for low-income women in particular. CLI estimates that as many as 111,500 more abortions per year will now be eligible for reimbursement via Medicaid expansion in states that use their own funds to pay for elective abortions or via federally subsidized health insurance. [10]

Another factor that can affect client load is perception of PHCs’ purpose in the community. With different developments such as prenatal and parenting education curricula, some centers are receiving attention in their respective communities for providing pregnancy and maternal and child health services and support.

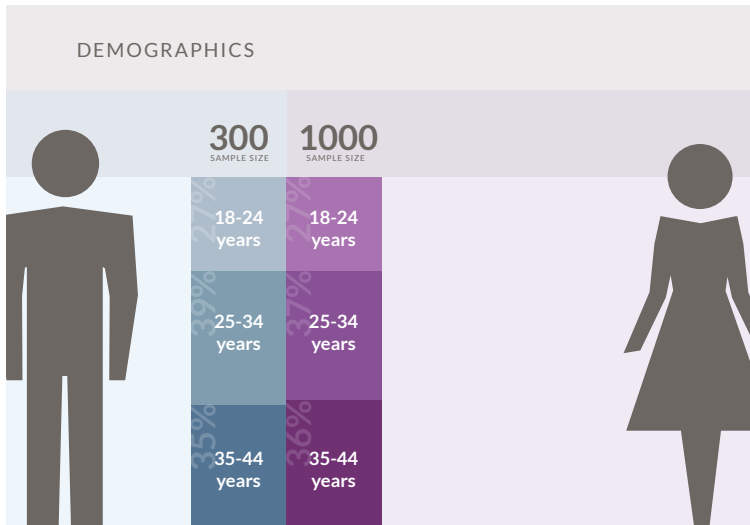
## Research Methodology

Charlotte Lozier Institute (CLI) employed the services of the market research firm QEV Analytics to conduct a national phone survey of women and men ages 18-44 years old. From May 16-31, 2014, QEV conducted phone interviews with 1,000 women and 300 men. (Roughly 65 percent of women respondents were ages 18-34 years old and the need to concentrate on this age group explains why the calling period stretched more than two weeks. In addition, we were seeking an understanding of basic knowledge and attitudes and not a snapshot of views subject to volatility over a brief period of time, making the survey results useful despite the longer-than-usual time in the field.)

Seventy-eight percent of the calls were by landline telephone type, and 22 percent were through mobile lines. The margin of error for the full sample of 1,300 respondents is +/- 2.7%. For the 1,000 females in the survey it is +/- 3.1, and for the 300 males included it is, of course, higher at +/- 5.7%. These figures are all at the 95 percent confidence level.

The sample is likely to be statistically accurate because of its high correlation with other surveys of U.S. adults. Take, for example, the sample's views on abortion:

- In total, 44 percent identified as pro-life, as compared with 46 percent of all U.S. adults.
- In total, 48 percent identified as pro-choice, compared with 47 percent of all U.S. adults.
- 43 percent of women identified as pro-life, as compared with 41 percent of all U.S. women.
- 49 percent of women identified as pro-choice, as compared with 50 percent of all U.S. women.
- 45 percent of men identified as pro-life, as compared with 51 percent of all U.S. men.
- 46 percent of men identified as pro-choice, as compared with 44 percent of all U.S. men. [11]



## STUDY LIMITATIONS

The sample with respect to race is not representative of the U.S. population. African-American (7 percent) respondents, those of mainly Spanish, Hispanic or Latino heritage (8 percent), and Asian-American (4 percent) respondents were underrepresented in the survey sample since their current population representation in the U.S. is closer to 13.6, 17 percent and 6 percent, respectively. [12,13,14] Given that African-American women and Hispanic women abort at disproportionate rates to their demographic representation in the U.S. population, these groups would be considered particularly at risk for abortion. This sample underrepresentation could be considered a significant limitation in terms of overall findings regarding marketing to these subgroups.

Unlike our 1998 report, we did not conduct focus groups involving qualitative interviewing to learn more about respondents' answers to questions such as preferred services, names of centers, specific marketing methods, misconceptions and the types of support they would like to find at PHCs. Thus, we were not able to learn more about the nuances surrounding their responses to our research questions and to better identify market segmentation for PHCs to specifically tailor messages and services to appeal to a particular client population. CLI hopes to address these shortcomings via future focus group research later in 2015.

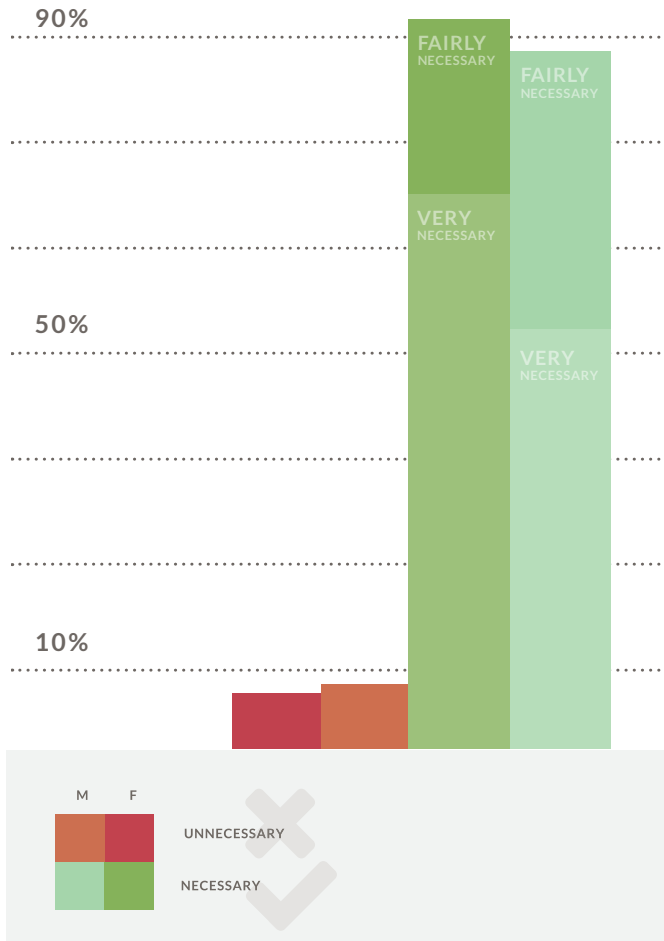
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- [12] U.S. Census Bureau 2010
- [13] Pew, August 2013
- [14] Pew, April 2013

# What Kind of Impact Are PHCs Having?

We first wanted to know how aware of PHCs men and women are. We began the phone survey by stating:

“Most of my questions today concern health care for women who are pregnant. In the United States today, there are two kinds of organizations which serve women who become pregnant and need help – either because they are financially-strapped or because they have no family support for their pregnancy. One type is called a ‘crisis pregnancy center’ or ‘pregnancy resource center’ or ‘pregnancy help center.’ These centers provide free medical services and other support to women with an unexpected pregnancy and encourage them to give birth to their babies. They do not offer or refer women for abortions.”



The response to this question was overwhelmingly positive for PHCs and more so for women than for men (though within the margin of error for men for the entire survey). The statement made prior to the question made it clear that the described pregnancy center organizations do not offer or refer for abortion but rather help women carry their babies to term.

Eighty-eight percent of male respondents said that PHCs were very or fairly necessary and 92 percent of women said so. This is an enormous reservoir of goodwill.

The 1997 survey included a related question asking “what kind of impact” PHCs have on the women they serve. The total positive number for PHCs was 87 percent, with 47 percent saying the centers have a “very positive” impact.

# Q1 Value

We asked:

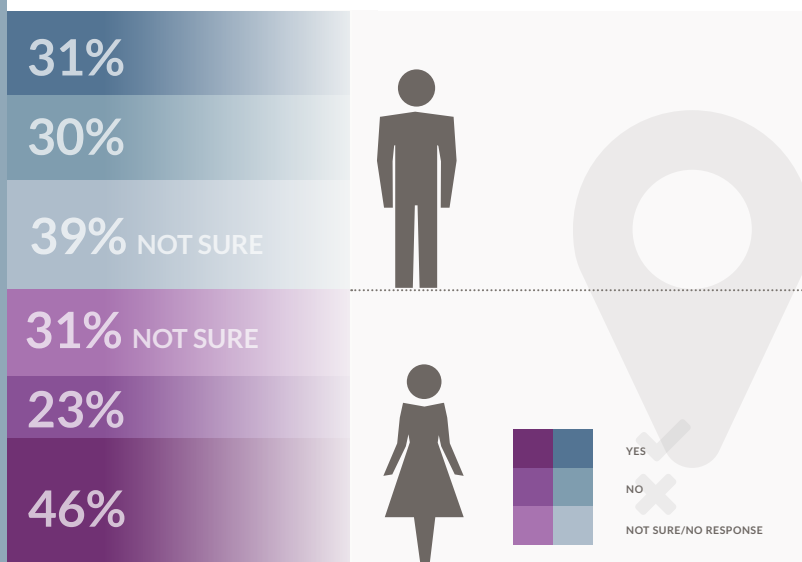
“In your opinion, how necessary is it that there are such organizations providing free services to women with an unexpected pregnancy: are they very necessary, fairly necessary, not very necessary, or not necessary at all?”

- 92 percent of female respondents said “very necessary” or “fairly necessary.”
- 88 percent of male respondents said “very necessary” or “fairly necessary.”
- 7 percent of females and 8 percent of males said “not very” or “not necessary at all.”

## Q2 Awareness

“So far as you know, is there such a pregnancy resource center in your community?”

- 46 percent of female and 31 percent of male respondents said “yes.”
- 23 percent of female and 30 percent of male respondents said “no.”
- 31 percent of female and 39 percent of male respondents weren’t sure or refused to respond.



The higher percentage of women’s awareness simply means that women are more familiar than men with whether or not there is a PHC in the community. This difference is not at all surprising given the immediacy of this informational need for women.

In 1997, 49 percent of women responded that they knew whether there was a PHC in their community. The increase to 69 percent of women being aware of a PHC community presence in 2014 one way or the other can be taken as a small positive sign of outreach to women by PHCs over the period 1997-2014. Nonetheless, a majority of women said there either was no PHC in their community or they were unaware whether one existed – a large unreached population for services women value.

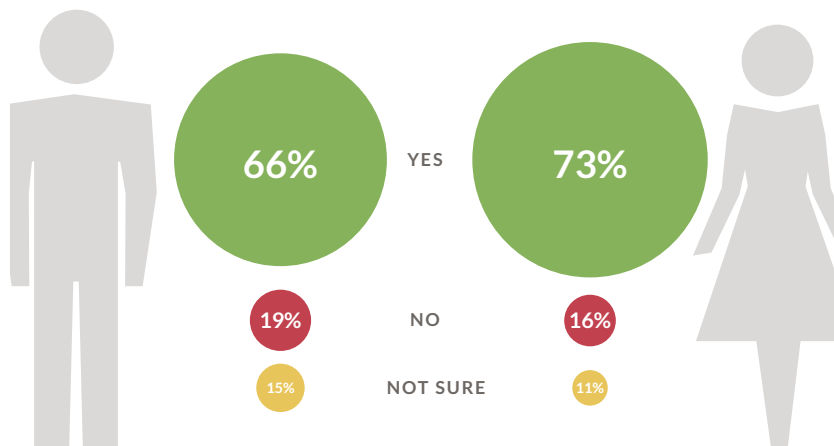
## Q3 Desirability

For both women and men, having a PHC in the community is considered desirable, and more so for women (by a margin of 4-to-1). In terms of the mission of PHCs, responses show broad-based support from across the spectrum of respondents' views about abortion (reference Questions # 25-28), and the basic pro-life/pro-choice self-identity respondents chose. These numbers reflect the same positive view of PHCs across the spectrum of views about abortion that appeared in the 1997 survey.

To measure the desirability of having a PHC in the community we asked men and women who responded that there was not one in their community:

“Would you like there to be a pregnancy resource center in your community, or not?”

- 73 percent of female and 66 percent of male respondents said “yes.”
- 16 percent of female and 19 percent of male respondents said “no.”
- 11 percent of female and 15 percent of male respondents weren't sure or refused to respond.



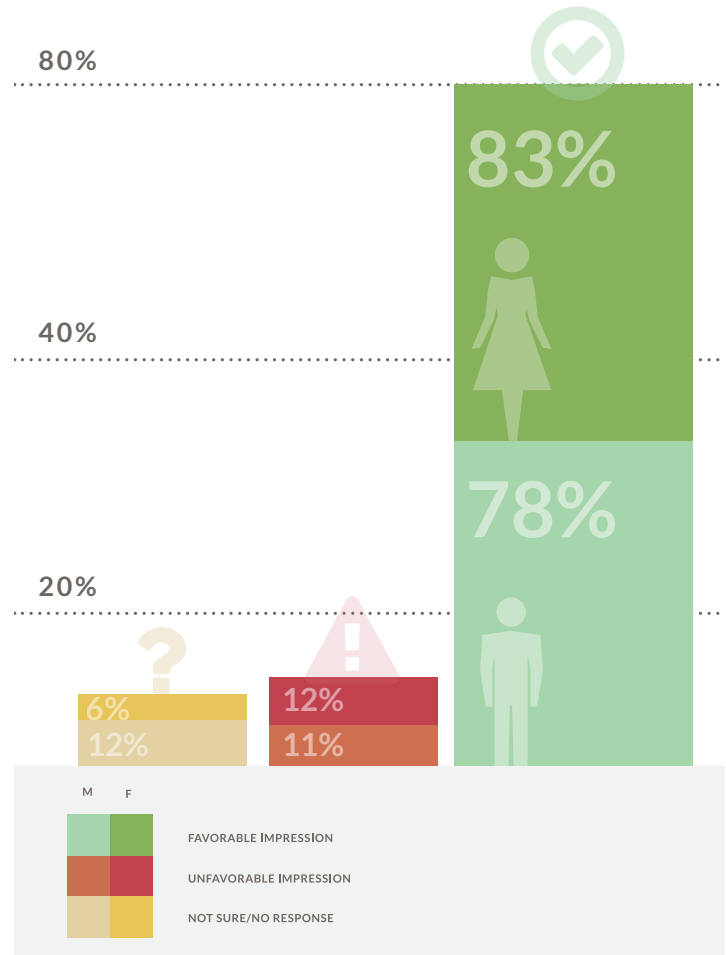


# Q4 Perceptions

To gauge men’s and women’s impressions of centers at the outset, we asked:

“Do you have an overall opinion of organizations of this kind? Is your opinion: very favorable, somewhat favorable, somewhat unfavorable, very unfavorable, or you don’t know?”

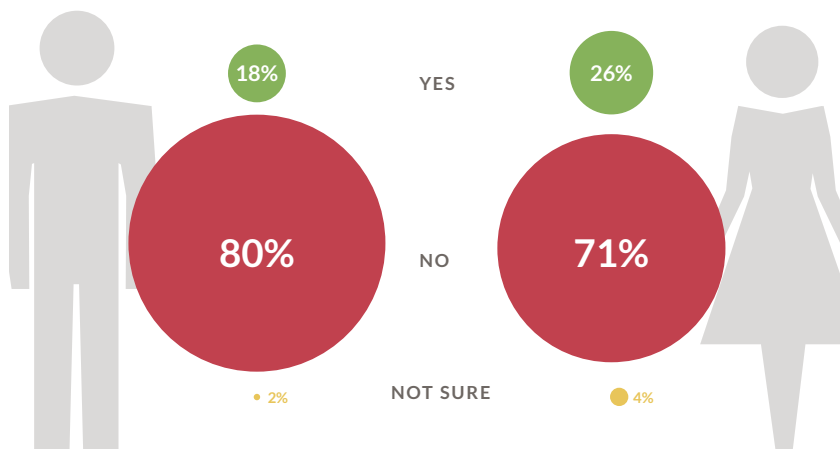
- 83 percent of female and 78 percent of male respondents said “very favorable” or “somewhat favorable.”
- 12 percent of female and 11 percent of male respondents said “somewhat unfavorable” or “very unfavorable.”
- 6 percent of female and 12 percent of male respondents weren’t sure or refused to respond.



The result of 83 percent of women reporting a favorable view of centers (with 46 percent very favorable) and 79 percent of men reporting a favorable view (with 37 percent very favorable) is nearly identical to the result of a similar question for women in 1997. As noted then, a product is considered outstanding in marketing terms if it is rated “very positive” by more than 30 percent of consumers. The results indicate that the public would welcome PHC expansion. The 1997 question asked whether the respondent thought PHCs had a very “positive impact” on the women they serve. The result was nearly identical for the women surveyed: 87 percent of the 630 women responding thought that PHCs had a very positive impact (47 percent) or a somewhat positive impact (39 percent) on the women they serve.

The percentages of men and women knowing someone personally who has visited a PHC were much lower than the number of men and women who have opinions about or knowledge of PHCs' work. The result speaks to a majority of U.S. women and men in this cohort not knowing anyone who has been aided by a PHC. The eight-percentage-point margin (26 to 18 percent) between women and men who know someone who has used a PHC parallels other findings that women are more familiar with PHCs and have stronger and more favorable opinions overall. A possible marketing opportunity may exist promoting awareness of the fact that women value PHCs, as well as promoting their presence in a community and the specific services they make available to them.

In 1997, in a nearly identical question (the 1997 survey included only women), 29 percent of women responded about either knowing someone personally and/or having used the services of a PHC, including 25 percent of pro-life women and 35 percent of pro-choice women. This percentage is similar to the percentage of women (26 percent) who knew someone in 2014 who had used the PHC's services, a statistical suggestion that PHCs have not increased their client contacts on a percentage-of-population basis since 1997.



## Q5 Perceptions

We next tested whether men and women respondents knew anyone personally (which could include one's self), who had used the resources of a PHC.

[Version If Female] "Have you or has anyone you know personally ever visited such a pregnancy resource center or used their services?"

[Version If Male] "Do you personally know anyone who has ever visited such a pregnancy resource center or used their services?"

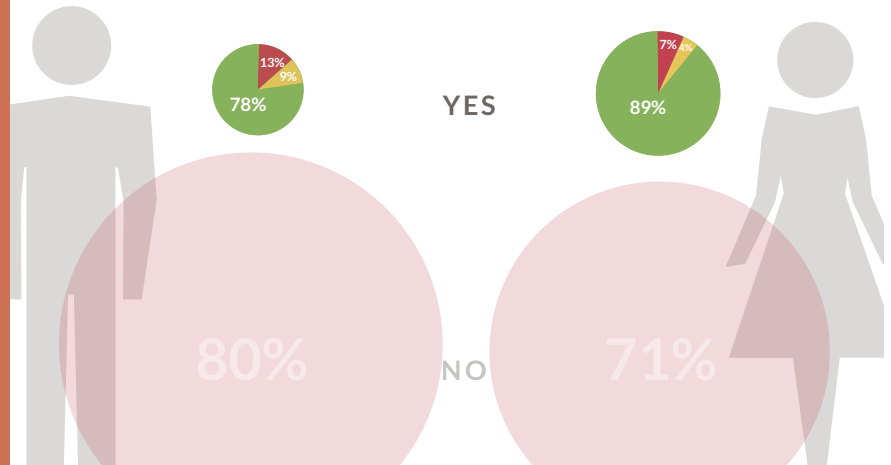
- 26 percent of female and 18 percent of male respondents said "yes."
- 71 percent of female and 80 percent of male respondents said "no."
- 4 percent of female and 2 percent of male respondents weren't sure or refused to respond.

# Q6 Experience

We asked those men and women who either knew of someone who had been to a pregnancy help center or who had been to one themselves:

“From what you know, would you say this person’s experience was: very positive, somewhat positive, somewhat negative, very negative, or don’t know?”

- 89 percent of female and 78 percent of male respondents said “very positive” or “somewhat positive.”
- 7 percent of female and 13 percent of male respondents said “somewhat negative” or “very negative.”
- 4 percent of female and 9 percent of male respondents weren’t sure or refused to respond.



The percentage of positive responses to the pregnancy center experience was virtually the same whether the respondents were pro-life (18 percent of the entire survey sample were positive) or pro-choice (19 percent of the entire survey sample were positive). Both men’s and women’s high favorability ratings indicate that PHCs are making a significant, positive impression on men and women in the U.S.

In 1997, from a similarly asked question, out of the women who had been to a PHC themselves, 98 percent indicated the centers had a positive impact (the remaining 2 percent refused to answer the question). The two survey results imply that the strongest advocates for PHCs continue to be the individuals they serve due to their high client satisfaction rate.

# Are We on Target in Advertising, Public Relations, and Services?

(Part 1 Direct)

# Q7 Marketing

We asked those men and women who knew of someone who had been to a center or those who had been to a center themselves about ways in which PHC clients accessed information about the centers and what factors might attract them to one.

“How did this person learn about the existence of such a pregnancy resource center in your area?”

## All Mentions:

- “From a friend or word of mouth” was the most frequently cited source of information at 41 percent for females and 29 percent for males.
- “Internet search” was cited by 19 percent of females and males.
- “Information from a doctor’s office or a health clinic” ranked third at 14 percent of females and 16 percent of males.
- An unspecified “other” was among the top four responses with 15 percent of men and 9 percent of women choosing this category.
- “Don’t Know” was cited by 11 percent of females and 22 percent of males.

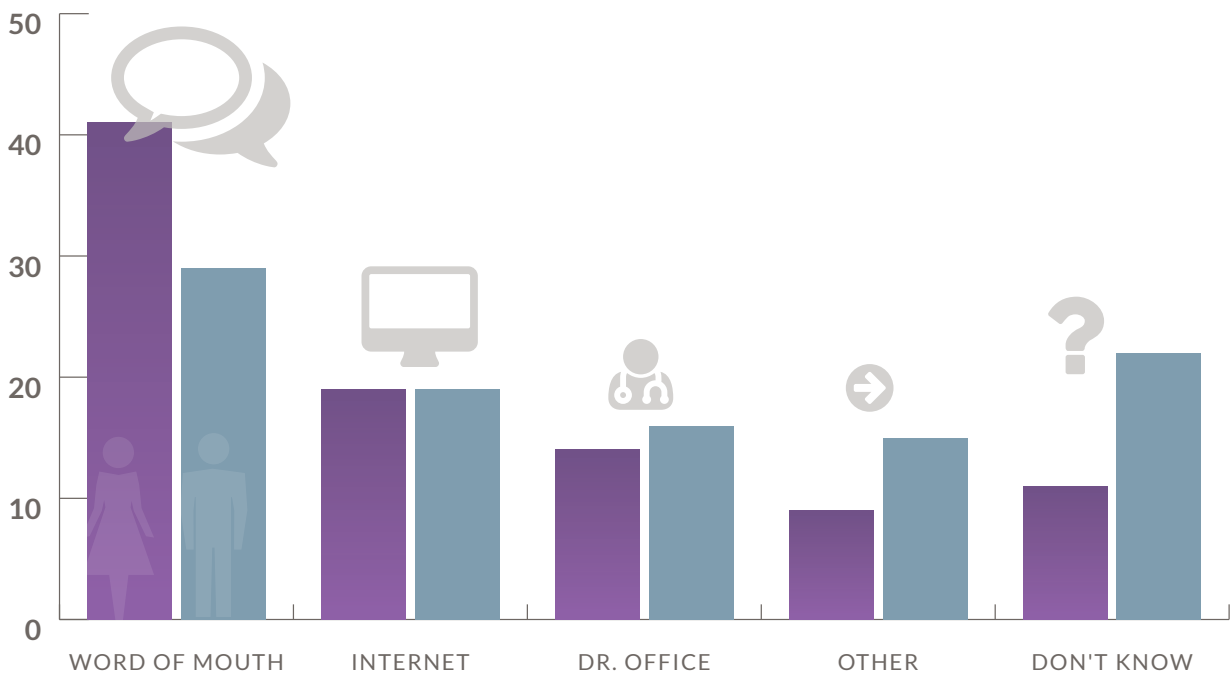
## First Mention:

- “From a friend or word of mouth” was the most frequently cited source of information at 39 percent for females and 27 percent for males.
- “Internet search” was cited by 14 percent of females and 15 percent of males.
- “Information from a doctor’s office or a health clinic” ranked fourth at 8 percent of females and 8 percent of males.
- “From a Social Services agency” was cited by 5 percent of females.

Respondents in both surveys (1997 and 2014) could list multiple sources of information that drew them to the PHC. Including multiple responses for the 2014 survey, several of the leading sources of information have increased since 1997— 41 percent of women cited word of mouth, 19 percent cited an Internet search, and a full 14 percent mentioned a doctor’s office or clinic referral in 2014. The potential resource of other medical facilities is worth exploring further, especially as centers increase their own medical profile and link, in some communities, with other medical providers.

In 1997, a very similar question was asked. The Internet was not included in the question as an

option for learning about PHCs. “Word of mouth” was the most frequently cited response at 32 percent, lower than 2014’s figure. Substantially larger in 1997 were television advertising (15 percent), radio advertising (12 percent), and “other advertising” (23 percent). The decline in paid advertising as an information source (outside of the “Internet” as that may include both paid and unpaid methods) is striking. In fact, in 2014 only 1 percent of males and 3 percent of females mentioned a radio or TV ad as their source of information about PHCs. The planned and paid marketing efforts of PHCs still do not seem to drive many of their clientele.

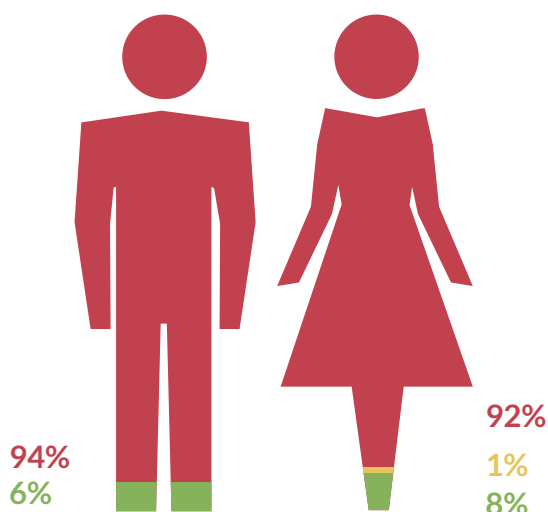


## Q8 Awareness

To determine name awareness of the free call center OptionLine which provides live phone, email, text and chat assistance to women and girls seeking information about pregnancy help and connections to local centers, we asked:

“A network of pregnancy resource centers that offers a 24-hour, toll-free call center to make appointments for women who think they may be pregnant is called OptionLine. Have you heard of OptionLine?”

- 92 percent of females and 94 percent of males said “no.”
- 8 percent of females and 6 percent of males said “yes.”
- 1 percent of females weren’t sure or refused to respond.



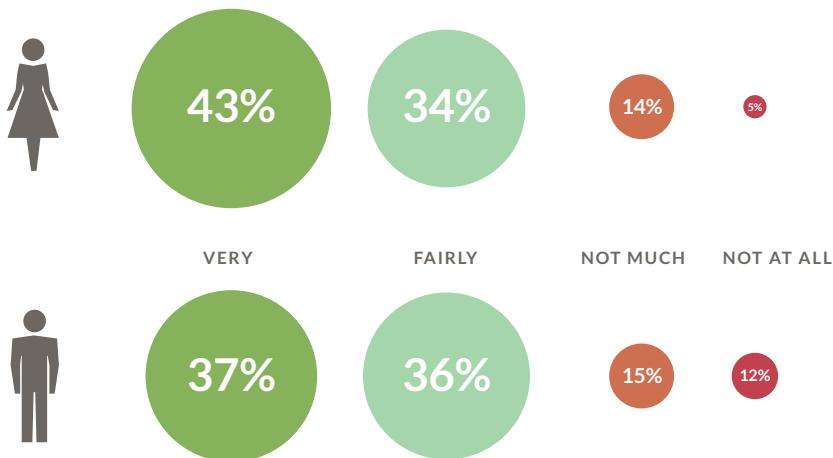
The 24/7 call center, OptionLine, was originally operated as a joint venture by the two national associations, Heartbeat International and Care Net, but it is now purely a Heartbeat division. Unfortunately, it stands at just 8 percent among women and 6 percent among men in terms of public awareness. These are small percentages and likely reflect the minimal marketing and promotional budget surrounding this type of around-the-clock call center. Similar questions regarding name awareness of Heartbeat and Care Net were also asked and received low-percentage responses as well.

Neither this question nor questions regarding name awareness of Heartbeat and Care Net were asked in the 1997 survey so there is no baseline of comparison.

# Q9 Branding

This question is related to the branding questions asked elsewhere in the survey. It asked the public how important it is for a pregnancy resource center to be affiliated with a national enterprise in order to give clients confidence in the quality of its services. Many PHCs may be primarily known through their community presence and visibility as opposed to a national affiliation.

The response to this question fit our hypothesis that large majorities of men and women regard national affiliation or branding as a very important or “fairly important” attribute for a PHC to have. The total was 77 percent for women and 71 percent for men. Fewer than one in five respondents felt that such an affiliation was not important at all. This question should be considered in light of the earlier survey responses in which relatively few women and men were able to identify the two largest pregnancy center networks, Heartbeat International and Care Net.



To test the importance to potential clients of center affiliation with a national network, affecting standards of care, we asked:

“How important do you think it is for a pregnancy resource center to be affiliated with a national network, in order to give women confidence in the quality of services?”

- 77 percent of female and 73 percent of male respondents said national affiliation was “very important” or “fairly important.”
- 14 percent of female and 15 percent of male respondents said “not too important.”
- 5 percent of female and 12 percent of male respondents said “not too important at all.”
- 3 percent of both female and male respondents weren’t sure or refused to respond.

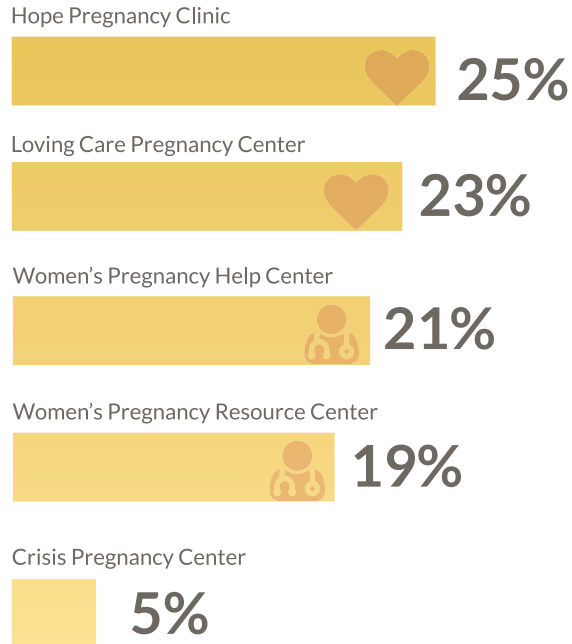


# Q10 Branding

We next tested the name appeal of centers for prospective clientele. We gave men and women five options based on the kinds of names many centers use:

1. Women's Pregnancy Resource Center
2. Loving Care Pregnancy Center
3. Hope Pregnancy Clinic
4. Women's Pregnancy Help Center
5. Crisis Pregnancy Center

"Pregnancy resource centers that encourage women to carry their pregnancy to term have a variety of names. Please tell me which of the following names you believe would be most attractive to a pregnant woman seeking their services?"



While "Hope Pregnancy Clinic" received the highest favorability overall for men and women respondents (51 percent), this name has much more appeal to the pro-life segment (31 percent) than to the pro-choice segment (22 percent).

"Women's Pregnancy Help Center" has the most strategic value of the choices because, unlike the other choice results, it appeals to both pro-life and pro-choice segments (21 and 22 percent, respectively), as well as having the least difference in appeal to pro-life females and pro-choice females as compared to the other choices.

Men and women much preferred the alternative names to the name including the phrase "crisis pregnancy."

We found that 41 percent of respondents were most attracted to a professional and/or medically named center serving women. A somewhat larger percentage (50 percent) were attracted to a center with "hope" or "loving

care” in its name. It can be conjectured that what seems like a small increase in attraction for a name that includes emotive terms may reflect a broader trend in which individual patient time with health care providers is under increasing pressure. A center that can emphasize, whatever its services, that it will spend time with its clients may enjoy an advantage in this environment. The 2014 results above essentially replicate and verify the findings from 1997.

The 1997 survey resulted in the finding that centers needed to be aware of at least two markets with distinctly different needs regarding PHCs. The first segment of predominantly lower-income potential clients was attracted by ads and services couched in emotionally rich terms like “loving,” “caring,” and “hope.” A second segment, of higher income and more professionally oriented potential clients, was attracted to centers that projected and delivered a medically reliable and professional experience. Determining where and when to emphasize each theme was the challenge

as it could affect clinic location, the look of the building or buildings, advertising messages, the name of the center, marketing imagery and so forth. In larger centers different names, themes, and approaches might be needed for each site and for advertising unique to it or to the surrounding community.

Finally, it should be noted that the term “crisis pregnancy center,” still in use in some centers and publications about the centers, has further decreased in appeal – from 24 percent of respondents in 1997 to just five percent (of both females and males) in 2014. The term may offend the sensibilities of the woman looking for loving care to help manage her situation and the more professionally oriented woman who believes that events cannot or will not master her; i.e., that they are highly competent individuals seeking highly competent care. Once again, it seems advisable, from a pure standpoint of attracting clients, to avoid use of the word “crisis.”



### Hope Pregnancy Clinic

31%

22%

### Women’s Pregnancy Help Center

21%

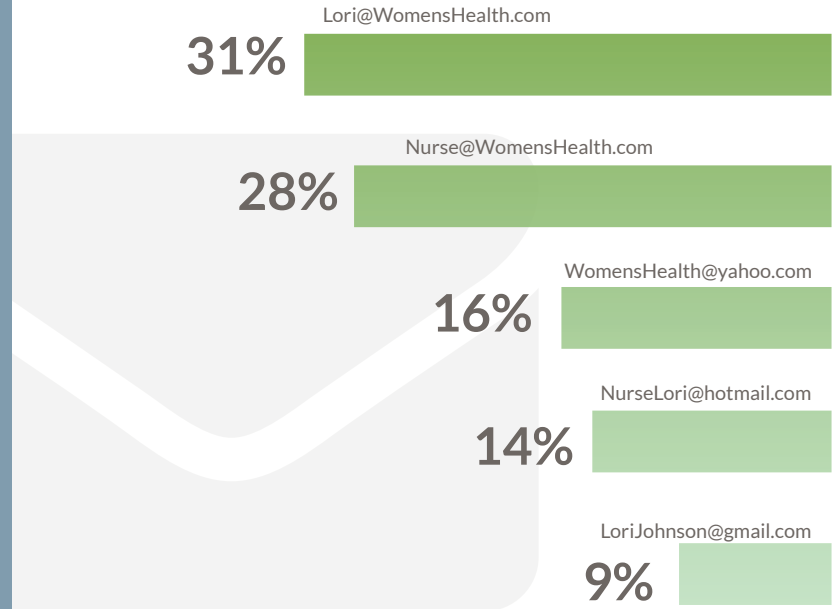
22%

# Q11 Branding

We then tested the name appeal of email addresses as a source of email-based information. We gave respondents five options:

1. NurseLori@hotmail.com
2. LoriJohnson@gmail.com
3. Lori@WomensHealth.com
4. Nurse@WomensHealth.com
5. WomensHealth@yahoo.com

“Lori Johnson (not her real name) is a nurse at Women’s Health Center who answers personal medical questions by email. Which of the following email addresses do you think women would be most comfortable using to get answers to their questions?”



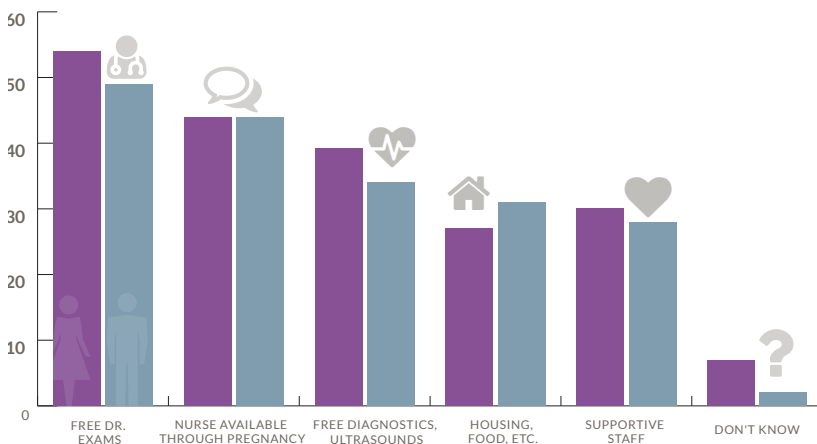
Women and men much preferred email addresses which were professional-sounding including Lori@WomensHealth.com (31 percent) and Nurse@WomensHealth.com (28 percent).

This question is completely new to the 2014 survey. It probes whether clients or potential clients of a PHC will be more comfortable with an address for email inquiries that conveys professionalism and, perhaps, privacy over addresses that suggest a generic presence on the Internet. The question simply lists several possible email addresses and allows the respondent to draw any inference about the nature of the address. The responses indicate that clients and potential clients, or partners of clients, prefer to make contact with a professional-sounding email address like Lori@womenshealth.com (chosen by 31 percent of respondents) and to avoid popular free email addresses like LoriJohnson@gmail.com (9 percent). Women’s and men’s responses differed little and very few respondents expressed no opinion or preference.

# Q12 Services

The top three services for women and men combined in terms of ranking first important, second most important and combined responses were:

- A doctor providing free examinations (54 percent of women named this the first or second-most important service; 49 percent of men did so).
- A nurse who is available to give advice throughout the pregnancy (44 percent of women named this the first or second-most important service; 44 percent of men likewise did so).
- Free diagnostic services such as ultrasound (39 percent of women named this the first or second-most important service; 34 percent of men did so).



We asked men and women about the order in which they would prioritize choice of services offered at centers from the following five options:

1. A doctor providing free examinations
2. A nurse who is available to give advice throughout the pregnancy
3. Free diagnostic services such as ultrasound
4. Housing, food and other basic needs
5. Supportive staff members the woman can talk to

“Of the following list of services sometimes provided by pregnancy resource centers, which do you think is the most important? Which is the second most important?”

# Q11

## Continued

On a combined basis, 98 percent of the women and 93 percent of the men ranked attention from a medical professional (doctor or nurse) as the most or second-most important service from a PHC. It is hard to imagine a stronger endorsement of the trend among PHCs to move in the direction of providing and marketing medical services.

Having an examination by a doctor or nurse constituted nearly half of the “most-important” responses from women (48 percent) and nearly 40 percent from the men. The third service cited as most important was ultrasound examination, at 21 percent for women and 20 percent for men. The next two most important services were physical assistance (food, clothing and shelter) and the presence of supportive staff members with whom the women could interact. These latter services were each most important for 15 percent of the female respondents. Given the chance to rank a service as second-most important, the same pattern held (e.g., 51 percent of women chose a doctor or nurse’s examination as second-most important, as did 57 percent of the men).

The 1997 poll posed this question very differently. There we offered respondents 14 different options and asked them to tell us, on a scale of 1 to 10, which they regarded as “important” for a PHC to offer. Thus, more choices were made available to respondents and particular services were named. Some of these may not have occurred to the 2014 respondents as services or features they would value, including the highest-rated “service” in 1997, which was confidentiality. Interestingly, however, the second-highest rated service in 1997 was the availability of a doctor to conduct an examination, which tracks well with the results in 2014. The other highly rated services in 1997 included such things as “supportive, non-pressure environment,” “good information on all options,” “someone to help with things throughout pregnancy,” “free pregnancy testing,” and “ultrasound.”

# Are We on Target in Advertising, Public Relations, and Services?

(Part II Indirect, Competition-related)

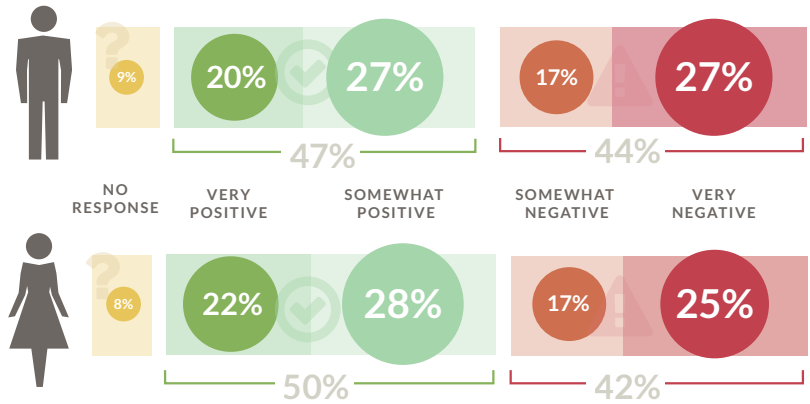
In this next series of questions, we were interested in measuring awareness, feelings and experiences associated with organizations that provide abortions, particularly the most well-known in the United States, Planned Parenthood.

This portion of the 2014 polling has no counterpart in the 1997 survey since no related questions were asked then.

# Q13 Perceptions

“There is another type of organization that works with pregnant women. These organizations help women who do not want to become or stay pregnant. They do offer abortions and refer women for abortions. Do you have an overall opinion of organizations of this kind?”

- 22 percent of female and 20 percent of male respondents said “very positive.”
- 28 percent of female and 27 percent of male respondents said “somewhat positive.”
- 17 percent of female and 17 percent of male respondents said “somewhat negative.”
- 25 percent of female and 27 percent of male respondents said “very negative.”
- 8 percent of female and 9 percent of male respondents weren’t sure or refused to respond.



This question straightforwardly asked whether the respondent had positive or negative feelings about organizations that provide abortions. Planned Parenthood was not specifically named. The response was sharply divided.

Among women, only 22 percent had a very positive view of organizations offering abortion. Twenty-eight percent had a “somewhat positive” view of this type of clinic. On the other hand, 25 percent of women had a “very negative view” of these clinics and another 17 percent had a “somewhat negative” view of them. The overall positive-negative split was therefore 50-42 percent. This compares to an 83-12 percent positive-negative opinion of PHCs in our poll. The same split holds for men, who have a 47-44 percent positive-negative split in their opinion of clinics that provide abortion. Men have a 78-11 percent positive-negative split in their opinion of PHCs. In theory, this should be an enormous advantage for PHCs as they seek to draw clients to utilization of their services.

## Q14 Awareness

Here we asked respondents whether they had heard of the organization known as Planned Parenthood. There was almost universal recognition – 93 percent among women and 90 percent among men. Compare those figures with the small fraction of the same respondents who had heard of Heartbeat, Care Net, or OptionLine. The difference is several orders of magnitude. Explanations for that difference are beyond the scope of this survey, but among the likely components of Planned Parenthood’s prominence are its longevity (more than a century old), national imprint with strong government support, media investments, memorable name, involvement in controversy, and proximity to most U.S. urban communities.



“There is a network of these organizations, which treat women who do not want to be pregnant and offer or refer women for abortions, called Planned Parenthood. Have you heard of Planned Parenthood?”

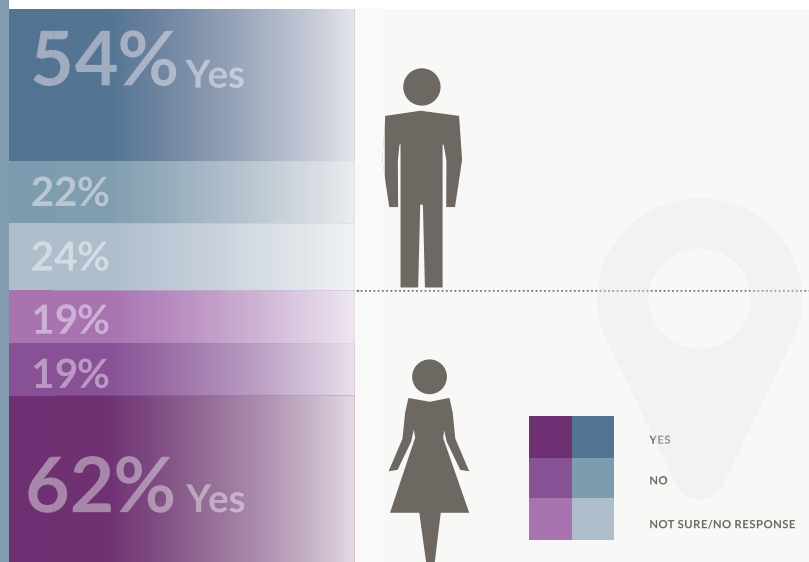
- 93 percent of female and 90 percent of male respondents said “yes.”
- 7 percent of female and 9 percent of male respondents said “no.”
- 0 percent of female and less than one percent of male respondents weren’t sure or refused to respond.



# Q15 Awareness

“So far as you know, is there a Planned Parenthood facility in your area?”

- 62 percent of female and 54 percent of male respondents said “yes.”
- 19 percent of female and 22 percent of male respondents said “no.”
- 19 percent of female and 24 percent of male respondents weren’t sure or refused to respond.



This question tested respondents’ awareness of the presence of a Planned Parenthood facility in their community and allows comparison with respondents’ awareness of PHCs in their community. Respondents were generally more aware of the presence of Planned Parenthood than of a PHC in their community and women were significantly more aware than men. Sixty-two percent of women knew there was a Planned Parenthood nearby; the figure for PHCs was 46 percent. The corresponding percentages for males were 54 and 31. Women are marginally more aware than men of both the presence of Planned Parenthood and a PHC in the community, an unsurprising result given the woman-oriented services offered or frequently highlighted at these facilities.

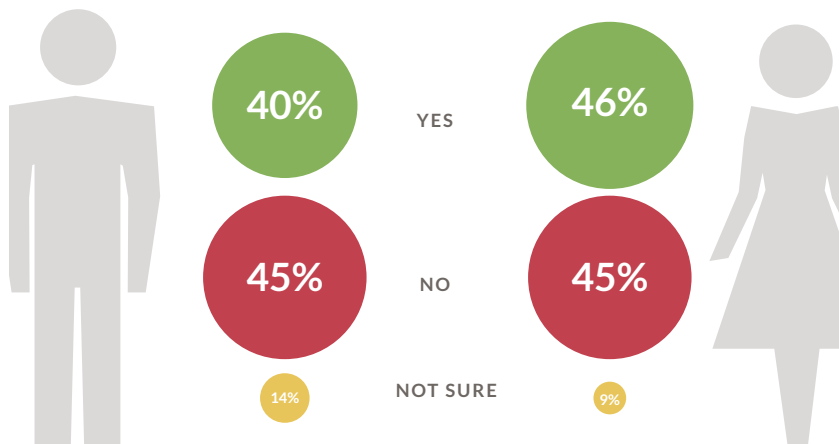
# Q16 Desirability

This follow-up question went only to those who replied that, as far as they knew, there was no Planned Parenthood in their community. These respondents were asked whether they would want a Planned Parenthood facility to be established in their local community. Women split evenly on this question: 46 percent would want a PP facility in the community and 45 percent would not. A majority of men were opposed to the establishment of a Planned Parenthood facility in the community: that is, 45 percent of men did not want a PP facility in the community whereas 40 percent did. These numbers contrast with the high percentages of men and women who thought it would be desirable to have a PHC in their neighborhood if one did not already exist there (see question 3).

We asked those men and women who did not know if there was a Planned Parenthood facility in their area:

“Would you like there to be a Planned Parenthood facility in your community, or not?”

- 46 percent of female and 40 percent of male respondents said “yes.”
- 45 percent of female and 45 percent of male respondents said “no.”
- 9 percent of female and 14 percent of male respondents weren’t sure or refused to respond.



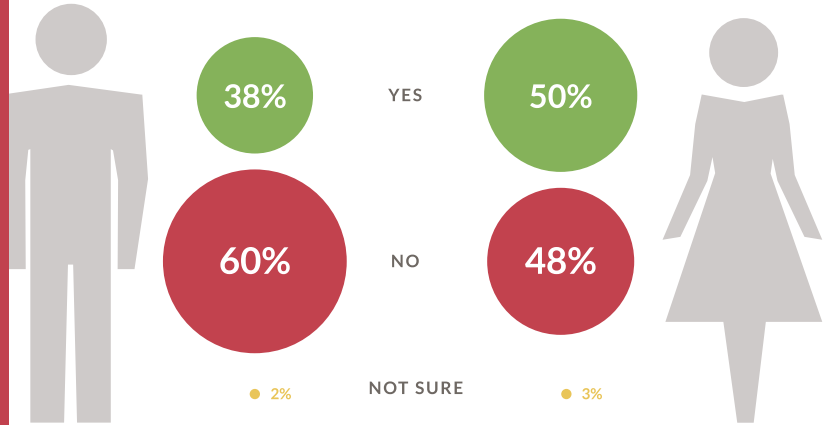
# Q17 Experience

We next tested whether men and women respondents knew anyone personally (which could include one's self), who had been to a Planned Parenthood.

[Version if Male] "Do you personally know anyone who has ever visited a Planned Parenthood facility or used their services?"

[Version if Female] "Have you or has anyone you know personally ever visited a Planned Parenthood facility or used their services?"

- 50 percent of female and 38 percent of male respondents said "yes."
- 48 percent of female and 60 percent of male respondents said "no."
- 3 percent of female and 2 percent of male respondents weren't sure or refused to respond.

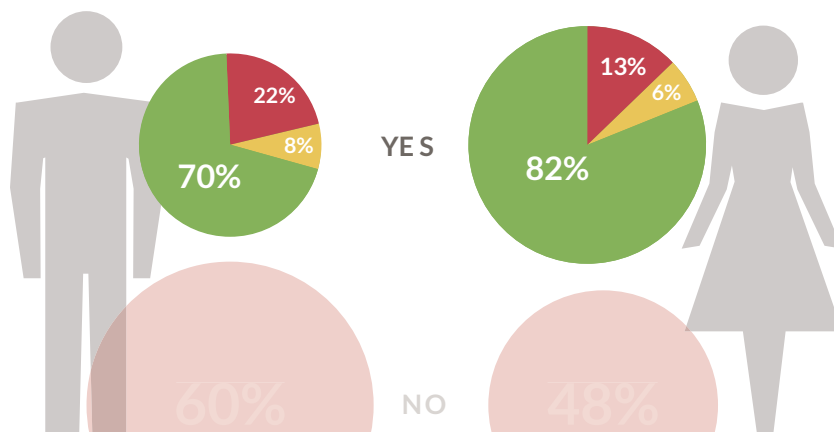


Here we surveyed whether or not the respondents "knew someone" who had visited a Planned Parenthood center. The percentage of women who knew someone who had been to a Planned Parenthood center was high at 50 percent. The figure was significantly lower for men at 38 percent. This question tracks Question 5 concerning PHCs. Examination of both responses shows that women and men are more than twice as likely to know someone who has utilized a Planned Parenthood facility as they are to know someone who has been helped by a PHC. Published statistics by Planned Parenthood in their annual reports and by Family Research Council in its two annual reviews of pregnancy care services roughly reflect the difference between Planned Parenthood and PHCs in terms of national client totals. PHCs are far more numerous but see fewer patients overall than Planned Parenthood facilities do with their national reach, high proportion of public funding, and aggressive marketing of services.

In many ways this data should be encouraging to PHCs. With far less in terms of resources to advertise and promote their services, their clientele are numerous and knowledge of their existence is extensive. Given the positive response to PHCs, finding ways to increase their marketing budgets, including increasing state and local government support, could yield very positive results. PHCs remain an astonishing example of American voluntarism.

# Q18 Experience

The percentage who said the visit was very positive or somewhat positive was fairly high for both men and women – 70 percent for men and 82 percent for women. Both figures are a bit lower than the percentages of very or somewhat positive experiences reported for PHCs in Question 6 above. There is also a sex-based difference in the percentages of favorable ratings, with men more likely to report a negative experience and less likely to report a very positive experience for the person visiting Planned Parenthood. This difference is of interest and is worth exploring with respect to men’s experiences with Planned Parenthood and attitudes toward alternatives.



We asked those men and women who either knew of someone who had been to a Planned Parenthood facility or who had been themselves:

“From what you know, would you say this person’s experience was: very positive, somewhat positive, somewhat negative, very negative, or don’t know?”

- 82 percent of female and 70 percent of male respondents said “very positive” or “somewhat positive.”
- 13 percent of female and 22 percent of male respondents said “somewhat negative” or “very negative.”
- 6 percent of female and 8 percent of male respondents weren’t sure or refused to respond.

## Q18

### Continued

Only 28 percent of men reported that the person they know who visited PP had a “very positive” experience there. Fully 20 percentage points more women (48 percent) reported a positive experience for the person they knew. Seventeen percent of men said that the person they knew with a Planned Parenthood experience had a “very negative” one, while only seven percent of women said the same thing. It could be hypothesized that men were reporting on a situation in which their girlfriend or spouse visited Planned Parenthood against their advice or desire. The survey did not delve into this difference but it is important to know that it exists and to discern ways in which it may help PHC marketing or other outreach to males.

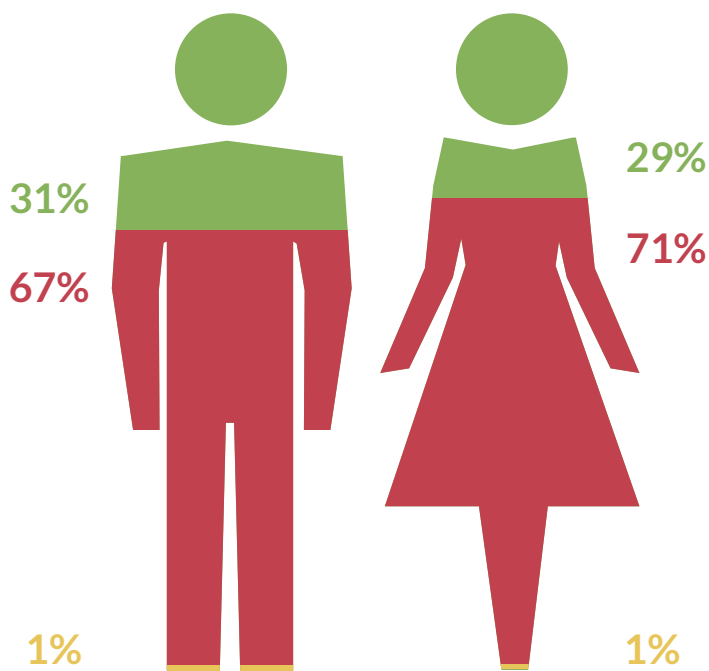
## Reactions to Media Reports

The next four questions probed a different subject, that is, the reaction of the respondents to media reports generated by “both sides” of the debate over abortion and, specifically, pregnancy services that either provide alternatives, like PHCs, or promote and perform abortions, like Planned Parenthood.

For many years, reports about unsafe and/or illegal activities at Planned Parenthood abortion centers have been generated by groups as diverse as Americans United for Life, Susan B. Anthony List, Live Action, And Then There Were None, Alliance Defending Freedom, Operation Rescue, Life Dynamics, and American Life League. Some of these groups have focused on injuries to women, or issues like statutory rape reporting. Others focused on financial malfeasance and misuse of public funds. At the same time, groups like NARAL Pro-Choice America have published reports attempting to put pro-life pregnancy help centers in a bad light, accusing them of being “fake clinics” engaged in false advertising and the provision of misleading information about abortion.

## Q19 Media

The first question asked whether the respondents were aware of reports from pro-abortion groups about PHCs. A similar percentage of women and men – 71 percent and 67 percent, respectively – said they had not heard about such reports. Conversely, 31 percent of men and 29 percent of women said that they were aware of such reports. Thus, a strong majority of Americans in the most relevant (fertile) age range are not aware of negative reports about PHCs.



To gauge public awareness regarding these negative reports about PHCs, we first stated, then asked:

“Organizations that provide abortions or refer women for abortions have been known to publish negative reports about the pregnancy resource centers that encourage women to carry their pregnancies to term. They have accused these pregnancy resource centers of deceiving women to steer them away from abortion or of giving women false information. Have you heard or read about any such reports and accusations in the media?”

- 29 percent of female and 31 percent of male respondents said “yes.”
- 71 percent of female and 67 percent of male respondents said “no.”
- 1 percent of female and 1 percent of male respondents weren’t sure or refused to respond.

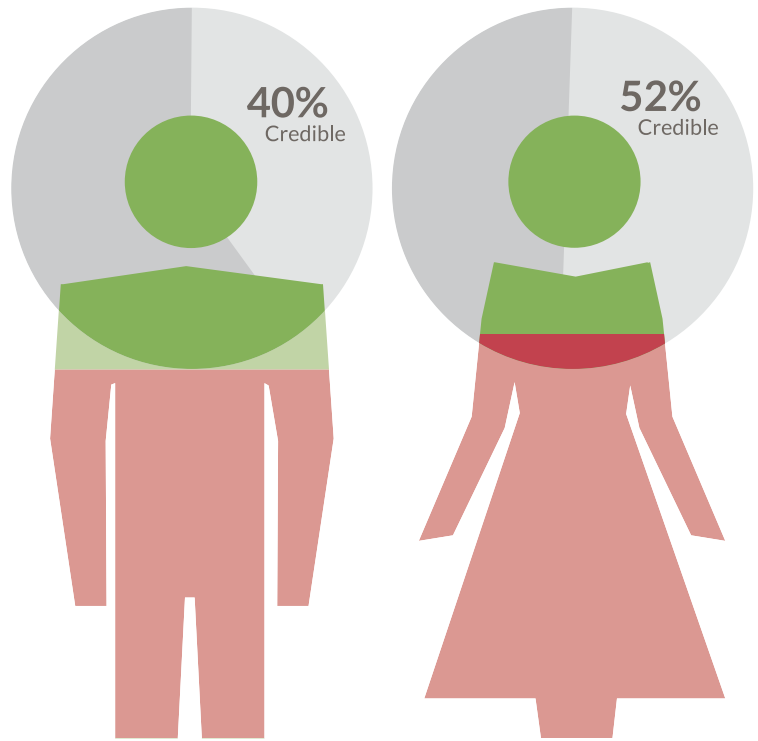
*\* Percentages do not sum to 100% due to rounding*

## Q20 Media

We then asked those men and women who knew of such negative reports about PHCs:

“How credible do you believe the report criticizing pregnancy resource centers was?”

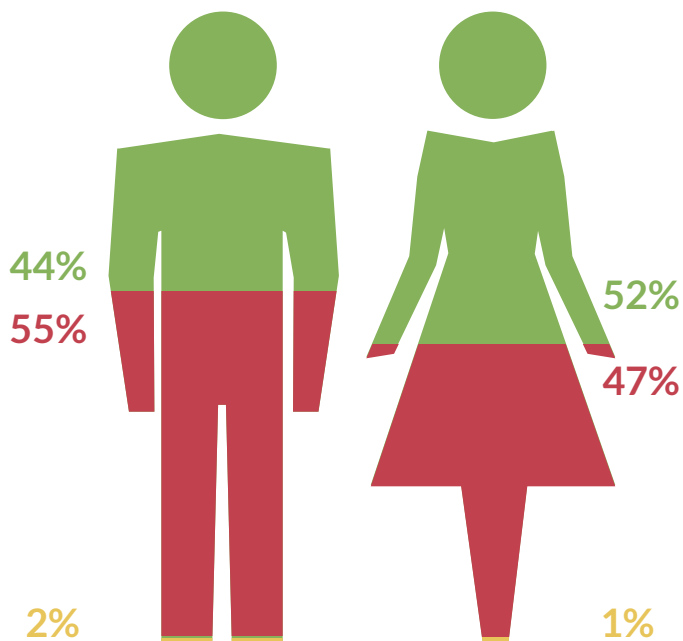
- 14 percent of female and 16 percent of male respondents said “very credible.”
- 38 percent of female and 24 percent of male respondents said “somewhat credible.”
- 24 percent of female and 27 percent of male respondents said “not very credible.”
- 20 percent of female and 22 percent of male respondents said “not very credible at all.”
- 4 percent of female and 11 percent of male respondents weren’t sure or refused to respond.



This question asked about the credibility of these reports for those who had seen them. Respondents were given four choices to indicate the intensity of their feeling about the credibility of the reports – from very credible and somewhat credible to not very credible and not credible at all. A larger percentage of women than men – 52 percent versus 40 percent – felt that the pro-abortion reports about PHCs were “very” or “somewhat” credible. Forty-four percent of women and 49 percent of men felt that the reports were not very credible or not credible at all. Applying these percentages, roughly 15 percent of women of childbearing age and 12 percent of men of childbearing age thought that these reports were somewhat or very credible. These numbers are not huge but the fact that more than one in seven women of childbearing age find negative reports about PHCs credible is of concern.

## Q21 Media

This question seeks to measure the awareness of the same group of respondents of reports by pro-life groups about the bias and profiteering of abortion-providing groups like Planned Parenthood. Significantly more women and men indicated awareness of these negative reports about Planned Parenthood centers than were aware of negative reports about PHCs – 52 percent of women and 44 percent of men. This is a somewhat surprising result given the general brand awareness regarding Planned Parenthood, but it may also be the case that because of that brand awareness these negative reports have tended to stick in the respondents' memory.



We next tested awareness regarding negative reports about Planned Parenthood facilities. We stated, then asked:

“On the other hand, organizations that do not provide abortions or refer women for abortions have been known to publish negative reports about Planned Parenthood centers, saying they steer women toward abortion, make large profits from abortion, or give women false information. Have you heard or read about such reports and accusations in the media?”

- 52 percent of female and 44 percent of male respondents said “yes.”
- 47 percent of female and 55 percent of male respondents said “no.”
- 1 percent of female and 2 percent of male respondents weren't sure or refused to respond.

*\* Percentages do not sum to 100% due to rounding*

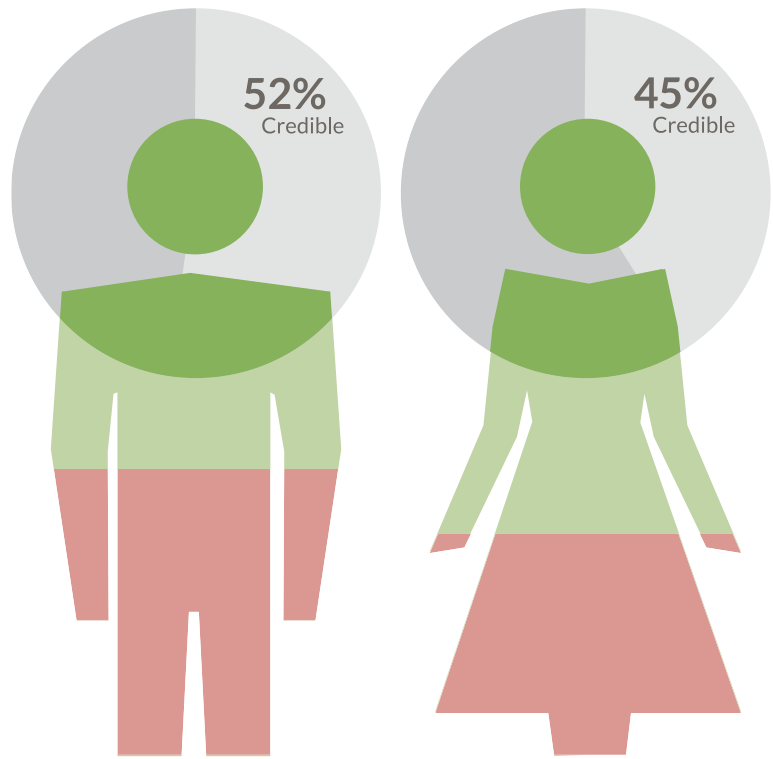


## Q22 Media

Of those men and women who knew of such negative reports about Planned Parenthood, we asked:

“How credible do you believe the report criticizing Planned Parenthood was?”

- 45 percent of female and 52 percent of male respondents said “very credible” or “somewhat credible.”
- 52 percent of female and 43 percent of male respondents said “not very credible” or “not credible at all.”
- 3 percent of female and 11 percent of male respondents weren’t sure or refused to respond.



This question concerned the credibility of these pro-life reports about Planned Parenthood- 45 percent of women felt that the pro-life reports were very or somewhat credible (but only 14 percent thought them “very credible” - the same percentage of women who felt negative reports about PHCs were “very credible), while 52 percent of men thought they were very or somewhat credible. Again, applying these percentages, 23 percent of women had heard about negative reports regarding Planned Parenthood and found them very or somewhat credible. The same held true for 23 percent of men. Thus, while not measuring intensity or duration of the impression, significantly larger percentages of women and men have heard of negative pro-life reports about Planned Parenthood and find those reports very or somewhat credible.

No questions of this type were included in the 1997 survey and indeed the reports published since then by pro-life groups have tended to come from larger and more established groups than were active in the pre-1997 timeframe.

How Well Do We  
Understand  
Our Client Cohort?

# Q23 Cohort

We asked men and women about specific advice they would give to a single friend facing an unexpected pregnancy, offering them the following four options:

1. Arrange for the child's adoption
2. Get an abortion
3. Marry the child's father and continue the pregnancy, or
4. Raise the child by herself

"Of course every situation is different, but if a friend of yours who is single told you she was unexpectedly pregnant, do you think you would be MOST LIKELY to recommend she:"

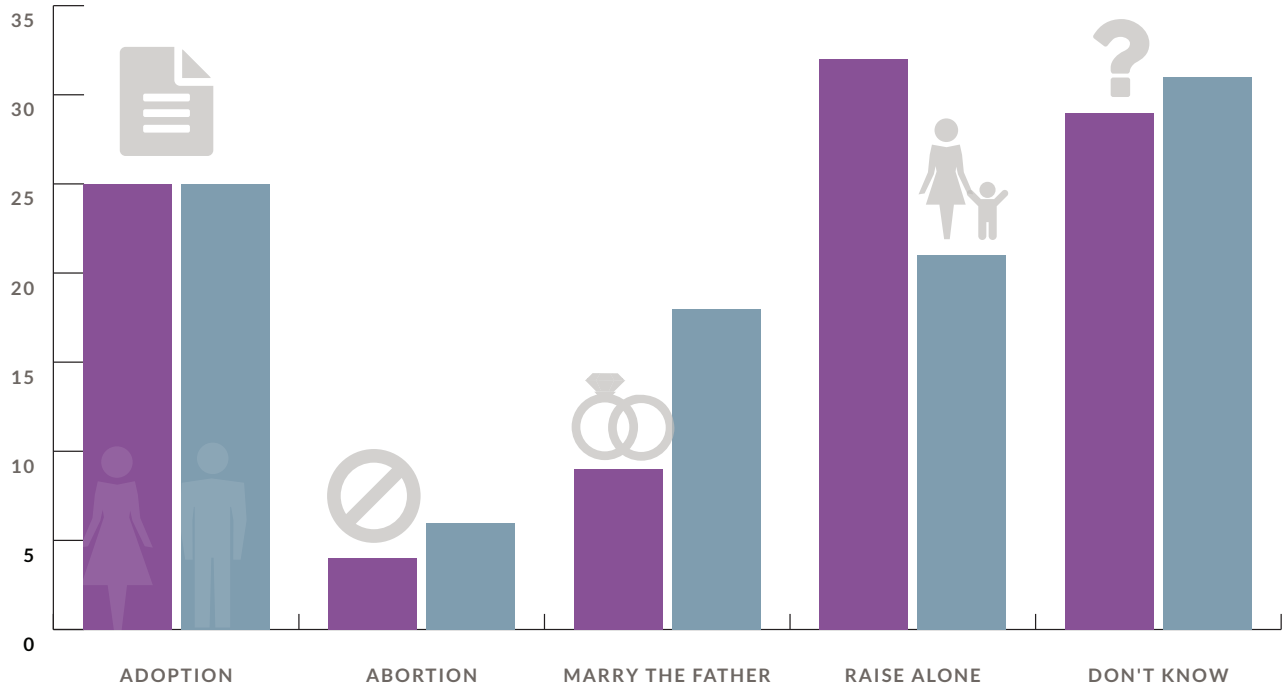
- Arrange for the child's adoption – 25 percent of females, 25 percent of males
- Get an abortion – 4 percent of females, 6 percent of males
- Marry the child's father and continue the pregnancy - 9 percent of females, 18 percent of males
- Raise the child by herself - 32 percent of females, 21 percent of males
- Don't know/no response - 29 percent of female, 31 percent of males

In this question, respondents were given four alternatives as the advice they would give to a woman facing an unexpected pregnancy if asked. Respondents were strongly disinclined to advise an abortion (or at least to tell a pollster that they would do so). Of the options presented, raising the child by herself was the most popular for women (32 percent) and the second most popular (21 percent) for men. The adoption option was favored by an equal percentage of men and women (25 percent). The third most chosen option was to "marry the child's father and continue the pregnancy," chosen by more men (18 percent) than women (9 percent).

Only 4 percent of women indicated that they would advise an abortion. The figure for men was 6 percent. As many authors have noted, however, there is a wide gap between the expressed preference of men and women regarding a choice for abortion and the frequency with which it is the actually chosen response. There is also a significant percentage of respondents (31 percent of men, 29 percent of women) who did not offer a reply.

In 1997 the survey question presented the four options included in the 2014 question and asked each respondent to rank the likelihood of encouraging that option on a scale of 1 to 10. That said, the 1997 results are very similar to what we obtained in 2014 from a much larger and male-inclusive sample. "Raise the child by herself" received a score of 6.1 on a 10-point scale, nearly three times the response (2.3) to "get an abortion" as an option. The other two options were in between those two extremes, with adoption receiving

a higher recommendation at 5.1 on the scale. The difficulty in practice of promoting adoption successfully, and the challenges PHCs face in terms of the motivations underlying their own counselors' approaches have been described in other studies.

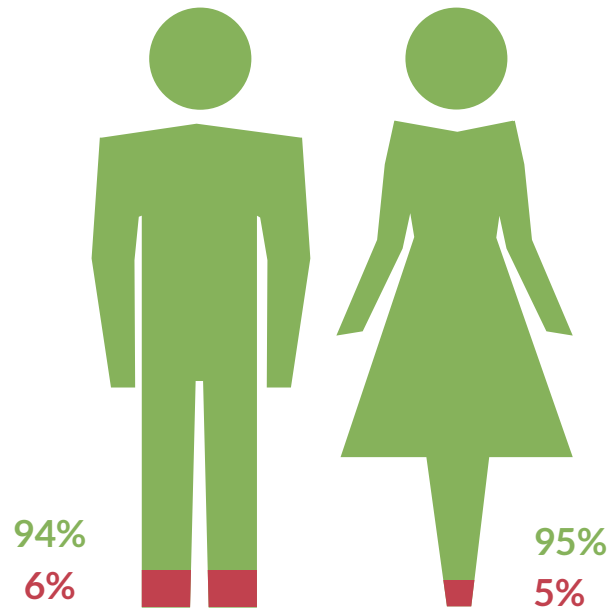


# Q24 Cohort

To test how many men and women have viewed an ultrasound image of an unborn child, we asked:

“I have one final question on this subject: have you ever seen an ultrasound image or video of a developing child in the womb? [If Yes] Was it an image of your own child, an image of someone else’s child, or an image that was made public, like in a publication or on TV?”

- 95 percent of female and 94 percent of male respondents indicated having seen an ultrasound image of their own child or another person’s developing child.



Individual respondents were asked if they had seen an ultrasound image of an unborn child and what type of image the individual had seen – their own, a friend or relative’s, a published or broadcast image, or no image. The near universality of such images was confirmed by this question. Eighty-four percent of women and 76 percent of men have seen an ultrasound image of their own child or another person’s child – another 11 percent of women and 18 percent of men have seen a published or broadcast ultrasound image, meaning only six percent of both women and men indicate not having seen such an image. As noted, women were more slightly more likely to have seen such images from a personal source – but overall percentages for women and men were the same. The full implications of this near-universality of ultrasound imagery need to be elaborated so that the benefit to the pro-life side, apparent in polls about public self-labeling where “pro-life” often commands a majority now, can be maximized.



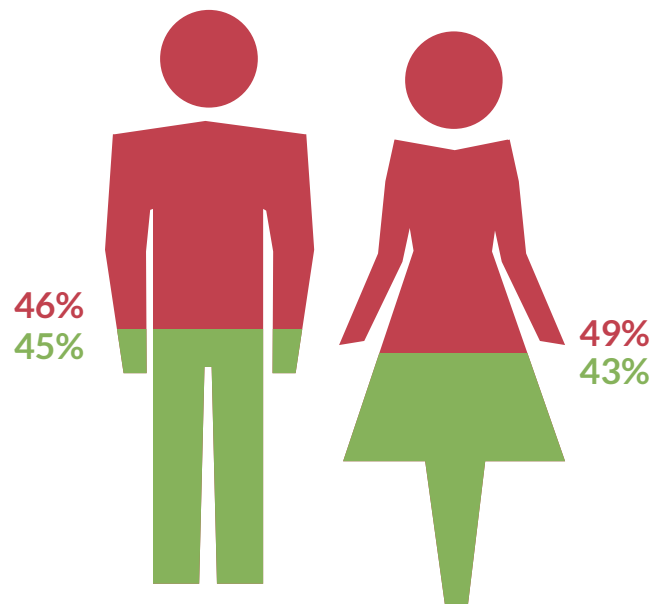
4 Direct Measures  
of Attitudes  
on the Life Issue

# Q25 Opinions

To measure overall pro-life and pro-choice sentiment we asked:

“Specifically on the matter of abortion, do you consider yourself to be pro-choice or pro-life?”

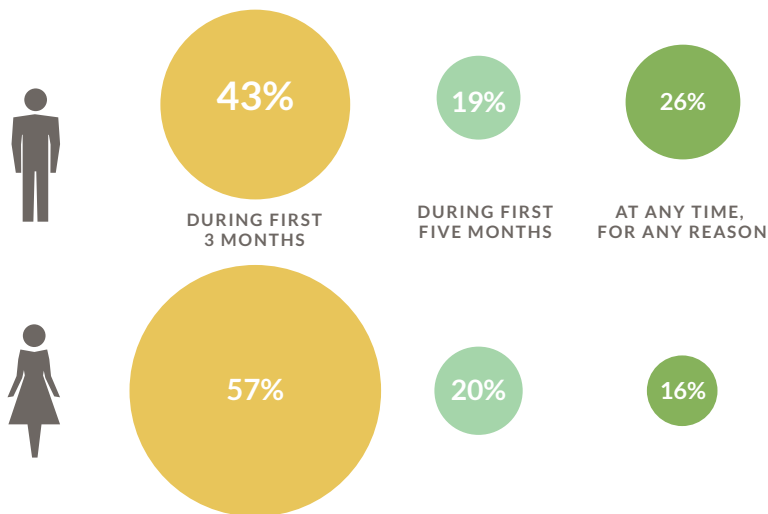
- 49 percent of female and 46 percent of male respondents said “pro-choice.”
- 43 percent of female and 45 percent of male respondents said “pro-life.”
- 8 percent of female and 9 percent of male respondents weren’t sure or refused to respond.



This question in our poll showed a majority of females saying they were pro-choice (49 percent to 43 percent) and a narrow majority of males saying the same (46 percent to 45 percent). Whether the fact that the sample included almost exclusively registered voters or the fact that it may have under-sampled Hispanics and possibly Catholics and Christians explains the pro-choice majority – or neither factor does – is not clear. If it is in fact a slightly less pro-life population than a true national sample, that would strengthen further the survey’s finding that people across the spectrum of views on life issues have a generally positive appreciation for the work of pregnancy centers.

(Note: Six of the last 11 Gallup polls to ask this question have found a small majority of all Americans, not just registered voters, self-identifying as “pro-life.” The other five polls have shown narrow majorities in the opposite direction, but overall these results represent gains over time for the pro-life position.)

This question reveals that even among the majority of females self-describing as “pro-choice,” 57 percent believe it should be legal only during the first three months of pregnancy. Measured against the entire 1,000-female sample in the poll, roughly 21 percent of women believe that abortion should be legal past 12 weeks of pregnancy in the United States. The corresponding figure for men is 26 percent. Thus while a smaller percentage of men than women say they are “pro-choice,” a higher percentage of men overall would permit mid- and late-term abortion. This is consistent with other polling that has shown women more opposed to late-term abortion than men are.<sup>12</sup>



## Q26 Opinions

To measure self-understanding of the pro-choice view, if men and women indicated that they considered themselves pro-choice, we gave options:

1. Legal only during the first three months of pregnancy
2. Legal only during the first five months of pregnancy
3. Legal at any time for any reason up to birth

“And with respect to laws on abortion, would you say that abortion should be:”

- 57 percent of female and 43 percent of male respondents said “legal only during the first three months.”
- 20 percent of female and 19 percent of male respondents said “legal only during the first five months of pregnancy.”
- 16 percent of female and 26 percent of male respondents said “legal at any time for any reason up to birth.”
- 7 percent of female and 12 percent of male respondents weren’t sure or refused to respond.



# Q27 Opinions

To measure self-understanding of the pro-life view, if men and women indicated that they considered themselves pro-life, we gave options:

1. Illegal under all circumstances
2. Illegal except to save the mother's life
3. Illegal except in cases of rape or incest or to save the mother's life

“And with respect to laws on abortion, would you say that abortion should be:”

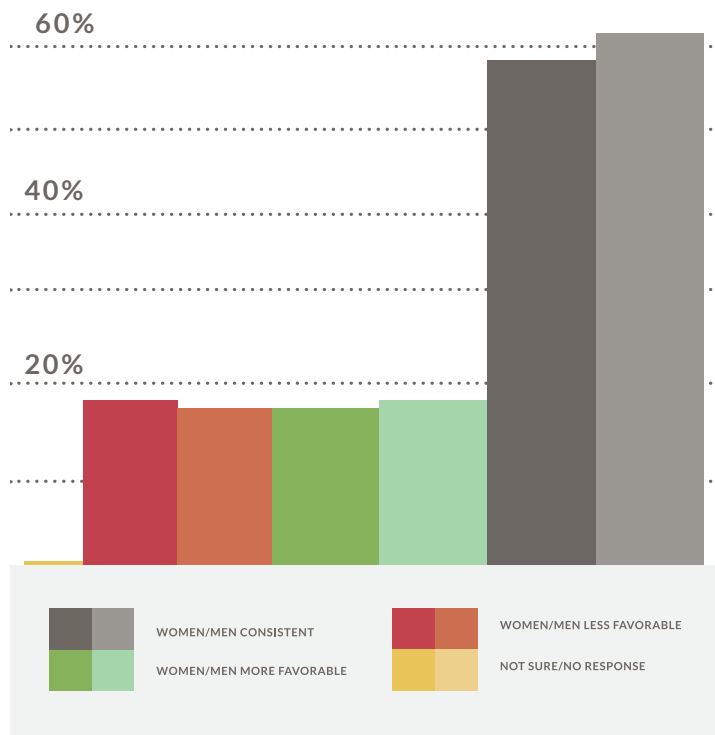
- 22 percent of female and 17 percent of male respondents said “illegal under all circumstances.”
- 22 percent of female and 22 percent of male respondents said “illegal except to save the mother's life.”
- 46 percent of female and 51 percent of male respondents said “illegal except in cases of rape or incest or to save the mother's life.”
- 9 percent of female and 9 percent of male respondents weren't sure or refused to respond.



The response to this question show something of the inverse happens with the pro-life segment of our survey. Just as support for abortion after 20 weeks among pro-choicers is small in our sample, so too is opposition to abortion in cases of rape and incest among those who self-describe as pro-life. While this question was not the focus of this poll, the result is similar to those of other surveys and it presents a challenge to a comprehensive pro-life worldview. Of self-identified pro-life women, at least 46 percent (or nearly half) would legally permit abortion in cases of rape and incest. This means that 80 percent of all women believe that abortion should be legal in these two circumstances. The corresponding number for men is at least 68 percent. These results are consistent with other public opinion surveys that have addressed this topic.

# Q28 Opinions

The final question dealt with a topic on which further research would certainly be of interest – whether the passage of time (and, supposedly, exposure to the arguments of each side in the abortion debate) has resulted in a change in the respondent’s views on the issue and in what direction. Based on this sample, men and women were equally likely to have held consistent views on abortion during their lifetime – three of every five men and women, with a very small difference, embraced consistency. Of the remaining 40 percent or so, roughly equal numbers of men and women said they had become more opposed or less opposed to abortion over time. The percentages for women were 19 percent and 18 percent, respectively; for men 18 percent and 19 percent, respectively. In short, in this survey sample the near-draw in pro-life and pro-choice views would appear to be a stable phenomenon over time. Though two in five respondents had changed their views over time, neither side in the debate appears to have gained an advantage in attracting “converts” to their cause.



Lastly, to test whether there had been any evolution in men’s and women’s views over time, we asked for respondents to choose from the following options:

1. Been consistently in favor of/ opposed to legal abortion
2. Have become less favorable to legal abortion over time
3. Have become more favorable to legal abortion over time

“In what way have your views on abortion changed over time: would you say that you have:”

- 58 percent of female and 61 percent of male respondents said they have “been consistently in favor of/opposed to legal abortion.”
- 19 percent of female and 18 percent of male respondents said “have become less favorable to legal abortion over time.”
- 18 percent of female and 19 percent of male respondents said “have become more favorable to legal abortion over time.”
- 5 percent of female and 1 percent of male respondents weren’t sure or refused to respond.

# Conclusion

The three core values of the PHC movement as enumerated in our 1997 survey and 1998 publication remain the same:

- A determination to spare unborn/preborn children from abortion;
- Compassion for women confronted with unwelcome pregnancy expressed in unreserved acts of assistance; and
- Commitment to testify to the love of Christ through the faithful witness of their lives, their service, and their words.

The movement as a whole has remained true to these values and undeterred from these goals.

Over the past 17 years, the movement has been responding and adapting to cultural and client needs as well as transitioning its ministry to one of client empowerment – offering her professional services, the most accurate information, a host of vital resources, and referrals. Centers have experienced a paradigm shift: to one which views itself as more valued in their communities for their mission and work in aiding women experiencing unwelcome pregnancy. Continuously validated by high client satisfaction, their strongest advocates are still the women, children and families they have served.

Attempts to create a hostile climate have indeed been perpetrated by opponents of PHCs. An examination of the results of this survey confirms that the credibility of centers has remained intact. In the midst of public relations attacks occurring with increased intensity and frequency over the past 17 years, centers have been able to effectively stave off attacks aimed at their credibility and motivation. Largely, and as demonstrated by survey results, centers have served their clients well and clients have shared these positive impressions with friends. (Other factors which have likely contributed to this success have included affiliate adherence to industry standards of care set forth by the national PHC associations, as well as streamlined data collection methods which have aided in establishing an accurate record of the contributions/services of centers nationwide.)

There has been broader recognition of PHCs' contribution to enhancing maternal and child health at the community, state and national levels. The accolades given to PHCs are a clear emblem of their effectiveness in both the individual and public health contexts.

In the older paradigm of ministry as described in our 1998 report, "PHCs tended to regard clients as dependent and needy and their pregnancies as 'crises' signaling failure." Clients were often viewed as holding oppositional type attitudes which led to "confrontational" type approaches. The shift to a supportive approach has solidified as the gold standard of ministry over the past two decades.

Through transition to a new paradigm, PHC volunteers and staff have deployed love, valuing, and esteem for their clients along with the sharing of accurate information as a vital tool to empower her. This "heart" of PHC ministry has continued to grow and bear fruit. The relational aspect of the ministry has further grown with the development and adoption of prenatal and parenting education services whereby clients continue regular meetings with their counselor at the center throughout the pregnancy and following a child's birth. These efforts have fostered and furthered Christ-centered relationship-building at centers and have furthered the overall opportunities for life-changing encounters. Whether through a solitary appointment or a year of weekly meetings, the client-counselor exchange is a testimony to love in action.

Given the survey findings, our recommendations going forward would include: (1) a continued emphasis on professionalism with regards to center name, contact information, imagery, advertising, community presence, and overall operations; (2) continued growth of medical services throughout centers in the country; (3) focus on intentional strategies on reaching at-risk-for-abortion women, (4) continued emphasis on efforts to validate pregnancy center effectiveness at community and state levels; and (5) more intentional efforts to encourage men to become partners in PHC work by speaking to their peers about the values that drive PHC help to women needing services.

# Endnotes:

<sup>1</sup>The first survey was conducted by the firm Wirthlin Worldwide and the survey report was written by the author of the foreword to this follow-up report, Curtis J. Young. As the founding executive director of the forerunner organization to Care Net, one of the largest PHC networks in the world, Rev. Young helped to originate centers across the United States and designed and carried out a variety of research projects that have been integral to PHC development and success. Use of the title “Turning Hearts Toward Life II” for the current publication has been done with the permission of Family Research Council, which we gratefully acknowledge.

<sup>2</sup>Just prior to the year 2000 national PHC association and affiliated leadership decided upon new qualifying language for at-risk-for-abortion women. At-risk parameters were broadened to include women who could be significantly influenced by external and internal pressures to choose to abort during the early to midway phases of pregnancy even if the woman initially stated that she would not abort. The shift saw the initiation of the terms abortion-minded, abortion-vulnerable and likely to carry (AM/AV/LTC) for center clients, all in an effort to assess risk level and triage clients at the center level for priority services including medical services.

<sup>3</sup>See “Unmasking Fake Clinics,” NARAL Pro-Choice California, at <http://www.prochoiceamerica.org/ca-cpcs/unmasking-fake-clinics.html> (April 20, 2015). This site asserts, for example, that pregnancy help centers are “almost entirely funded by national anti-choice umbrella organizations.” The national umbrella organizations for PHCs generally receive nominal membership dues from PHCs for the services the national group (e.g., Heartbeat International and Care Net) provide the centers but provide no center funding. PHCs are generally privately and locally funded with average gifts under \$100. See *A Passion to Serve: Pregnancy Resource Center Service Report 2009* and *A Passion to Serve: How Pregnancy Resource Centers Empower Women, Help Families, and Strengthen Communities* (Family Research Council: 2011); at <http://apassiontoserve.org/> (April 20, 2015).

<sup>4</sup>This statement of PHC standards of care covers both medical standards and ethical principles and governs national affiliation. The current version was updated in 2009 and can be found at <http://www.heartbeat-services.org/our-commitment-of-care-and-competence>.

<sup>5</sup>*A Passion to Serve*, op. cit. The national affiliation groups who collated the data in the report are Heartbeat International, Care Net, the National Institute of Family Life Advocates, and Life International.

<sup>6</sup>Jeanneane Maxon, “Positive Pregnancy Center Resolutions Sweep the Country,” at <https://www.heartbeatinternational.org/positive-pregnancy-center-resolutions-sweep-the-country> (April 20, 2015).

<sup>7</sup>The term “economically disadvantaged” in this context refers to having a family income of less than 100 percent of the federal poverty level (42.4%) or between 100 and 199 percent of the federal poverty level (26.5%). The numbers appear in Table 1 of a fact sheet published by the Guttmacher Institute at <https://www.guttmacher.org/pubs/US-Abortion-Patients.pdf> (May 2010).

<sup>8</sup>Figures for 1990 are from Table 2, National Vital Statistics Reports, (October 14, 2009), 58:4; at [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_04.pdf); accessed April 29, 2014. Figures for 2010 are from Table 4, K. Pazol et al., “Abortion Surveillance — United States, 2010,” *MMWR Surveillance Summaries* (Nov. 29, 2013) 62:1-44; at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm>; accessed April 29, 2014.

<sup>9</sup>Wills, S., “The Overlooked Key to the Drop in U.S. Abortions,” Charlotte Lozier Institute (September 4, 2012) at <https://www.lozierinstitute.org/the-overlooked-key-to-the-drop-in-u-s-abortions/> (April 3, 2015).

<sup>10</sup>[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2011/020687s014lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020687s014lbl.pdf)

<sup>11</sup>Sarah Torre, “Obamacare’s Many Loopholes: Forcing Individuals and Taxpayers to Fund Elective Abortion Coverage,” The Heritage Foundation (Washington, D.C.), January 13, 2014; at <http://www.heritage.org/research/reports/2014/01/obamacares-many-loopholes-forcing-individuals-and-taxpayers-to-fund-elective-abortion-coverage> (April 20, 2015).

<sup>12</sup>Aaron Blake, “Guess Who Likes the GOP’s 20-Week Abortion Ban? Women,” *The Washington Post*, August 2, 2013.

