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#### **Explanation of the work**

In the United States, religious, non-medical crisis pregnancy centers (CPC) attract vulnerable clients under the guise of reproductive health care and are known to result in delayed medical care. Because women receiving services at CPCs are disproportionately young, poorly educated and/or impoverished, CPCs located in these areas potentially increase the number of unintended births. Abortion advocates suggest that CPCs select locations near to abortion clinics; conversely, CPC leaders claim abortion providers intentionally locate their facilities in low-income neighborhoods (Berkman 2011). There is very little scholarly research addressing this topic, but initial research indicates these patterns may also be reiterated by American-sponsored European crisis pregnancy centers (Open Democracy 2020).

This wing of the anti-abortion movement began in the U.S. during late 1960's just as legal abortion was becoming widely available. The vast majority of CPCs in the U.S. are affiliated with national religious organizations who oppose abortion and have policies against promoting and providing contraception (Swartzendruber and Lambert 2018). These early anti-abortion outreach efforts were primarily located in suburban and rural areas, but beginning in the early 2000's, CPC associations introduced "Urban Initiatives" citing false claims that abortion providers (specifically Planned Parenthood) were targeting low-income/minority women (Kelly and Gochanour 2018).

My previous work uses data from the CPC Map, a web-based mapping site providing location information listing all of the crisis pregnancy centers in the United States. Chico State GeoPlace Mapping Lab, joined the CPC Map and California Planned Parenthood location data with relevant 2018 census tract level population and percent in poverty statistics. This data can be

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viewed here: <u>California Crisis Pregnancy Centers and PP Clinic Interactive Map</u> (Scholten 2020).

Religious, non-medical crisis pregnancy centers (CPC) outnumber abortion clinics by a factor of at least 3:2, and that disparity is increasing (Swartzendruber and Lambert 2020). Because CPC volunteer 'Counselors' adhere to secular teachings regarding sex and pregnancy, client education and options consultations often result in feelings of shame or guilt and delayed medical care (McVeigh 2017). Over time, the national organizations that provide the structural supports for U.S. CPCs have begun to establish affiliated locations in European countries (Heartbeat International 2022).

Because there is a broad range of abortion law among European counties, abortion access and cultural acceptance of this procedure vary across the countries of Europe, however, it may be possible to identify trends in CPC location selections that mirror regions of the U.S. with similar social attitudes. Using on-site research and geolocation data, is it possible to identify a pattern of CPCs targeting their services near abortion facilities and low-income neighborhoods in European countries?

### Student contribution to project design and execution

I conceived this project while in my first course in the MPA program, POLS 631 – Research Methods with Dr. Lori Weber. As a returning student, twenty-eight years after receiving my BA, and with thirteen years working at Planned Parenthood, I sought to incorporate my practical experience with my current academic endeavors. Dr. Weber was receptive to the proposed project structure and provided support as I worked outside of the typical data sources utilized by the other students in the course. In later courses, I built on the foundation of my project. This semester I presented my work at the Chico State Student Research Competition, 3<sup>rd</sup> place in my

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division and Chico Grad Slam presenter selected to represent our campus at the CSU Grad Slam. I also submitted my paper and presented my work at the CSU SSRIC (Social Science Research and Instructional Center) Social Science Student Symposium and my paper was selected as "Best Use of Qualitative Data," one of only four prize winning papers at the conference.

Fall 2022 I will be attending Amsterdam University of Applied Sciences on a semester abroad program. During my time in the Netherlands, as a non-traditional international student, I plan to connect with a variety of reproductive health organizations and expand my project to include evidence of European trends in CPC location decisions in relation to abortion service providers and regional economic conditions. Though I conceived this project on my own, I will continue to work closely with Dr. Lori Weber to guide and critique the project.

With SARC funding, it will enable me to expand my paper to include an international comparison of CPC targeting tactics. I would like to contrast U.S. and European countries including abortion legislation with most restrictive (Mississippi/Malta), least restrictive (Washington D.C./Sweden) and an outlier (U.S. TBA/ Ireland). Before traveling to these locations, I will connect with relevant academic and service communities that focus on similar issue areas.

### **Broader impact of the work**

Two weeks ago, a draft of the Supreme Court decision to overturn Roe v. Wade, the 1973 U.S. Supreme Court decision which protects access to have abortion care without excessive government restriction, was leaked to the press. Given the range in abortion access in European countries, it is significant to reveal the intentional location siting aims of CPC seeking to entrap pregnant people seeking medical care. Crisis pregnancy centers are not a replacement for the myriad of health services provided by reproductive health clinics and until the deceptive practices are exposed, young people will increasingly be targeted by these organizations in the U.S. and internationally.

## Expected benefits of the award to the student

The project outlined in this application is a major component of my MPA professional paper and will provide me with valuable research skills and allow me to expand my project to reveal broader impacts of the deceptive practices of CPCs. As an exchange student with few obvious peers, this project will also enable me to connect with others focused on the issues surrounding reproductive access and research. In this process, I am more likely to connect with a potential collaborator who would have a better instinct regarding European perspective of the study. In addition to the previously mentioned benefits, I plan to publish the results in a peer-reviewed journal by the time I finish my degree.

Itemized	and	detailed	budget:

Item	Amount
Transportation to/around Malta (Most restrictive abortion access)	\$300
Accommodations in Malta	\$200
Transportation to/around Sweden (Least restrictive abortion access)	\$200
Accommodations in Sweden	\$300
Transportation to/around Ireland (Abortion recently legal)	\$200
Accommodations in Ireland	\$500
Total	\$1,700

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