

Reaching Abortion-minded Women: Is There a Limit?

A Suggestive Field Study of Pregnancy Center Marketing

Reason for Study

A few years ago CompassCare, a pro-life medical pregnancy center in Rochester, NY, embarked on a strategic plan to increase its patient load from .5% to a full 20% of the market of women seriously considering abortion in the Rochester region. Rochester reports approximately 3400 annual abortions to residents (24% abortion to live birth rate) with an estimated 8000 abortions total including non-residents sustaining four full time abortion businesses. The women receiving abortions CompassCare classifies as 'abortion-minded.' The idea was that 20% represented the profit margin of the local abortion industry without which abortion providers would need to reduce hours or close altogether for lack of demand. It was believed that 20% represented the abortion industry's 'tipping point' creating an upward spiral of demand for the local pregnancy center past that point and a commensurate downward spiral for the abortion industry.

The pregnancy center modified its infrastructure to handle the increased patient load. They increased office space, added full panel Sexually Transmitted Disease testing and treatment, hired and trained several more nurses, and restructured its support services. Once everything was in place CompassCare added what they thought was the last piece to the puzzle; a comprehensive marketing campaign. Having built the organization's capacity to serve more than 20% of women in the market for abortion in Rochester CompassCare put together a team of marketing professionals. They researched what kind of women were getting abortions as well as what their decision process was like. Armed with that information they developed a unified marketing campaign which they then took to several demographic focus groups for feedback. Applying the feedback the ad campaign was finalized and launched utilizing several outlets including the demographics most consumed radio, television, and online outlets.

This highly polished and very aggressive marketing initiative was launched on October 17th of 2011 at a spend rate of approximately \$13,000 per month for five months in a market with a population base of approximately one million people. The marketing team were confident that this level of spend in the media outlets being used would cause a spike in call volumes and scheduled appointments within several weeks from the start of the campaign with levels sustained as long as the campaign ran with some residual positive effect should the campaign be suspended for a short period of time.

What actually occurred was a reduction in call volumes compared to the same time frame the previous year. Keep in mind the previous year CompassCare did no marketing except sustain a website, Google Adwords, and a full page Yellow Pages phone book ad. These media outlets

remained throughout the campaign with some modification to unify messaging. The total increase for the five month campaign yielded six more abortion-minded women over the same time frame for the previous year with the highest month being January yielding 2.6% of the market over the previous year's 2.3%. Needless to say the results stymied CompassCare's marketing team and others who were interested in the objective.

So, in an 'apples to apples' comparison CompassCare suspended its own marketing campaign and worked with the Vitae Foundation leveraging their out-of-home marketing. Vitae's marketing had proven to produce increased call volumes for pregnancy centers in markets like Kansas City, New York City, Baltimore, and Washington D.C. Taking Vitae's campaign and leveraging it in Rochester's public transit system where the demographic is known to be we launched another major initiative in March of 2012 tracking the results. Spending an average of \$7,600 per month the result was a slight increase in call volumes to no more than 1.3% of the market.

In addition to operating a local medical pregnancy center in Rochester, NY CompassCare created and operates a network of independent medical pregnancy centers throughout the U.S. training those centers to use the same basic linear service platform designed specifically for service to the abortion-minded woman. Not only do these centers use the same service delivery process but they share marketing message and database.

A quick look at the performance of the network revealed no obvious reason why spending more money in Rochester advertising would not yield a higher patient load for that center. It appeared as though some pregnancy centers of similar size or community demographic were not spending very much in the way of marketing dollars, which was we thought the obvious reason why they had low market share. Others were spending quite a bit as a percentage of their annual budget and were seeing a very high market share such as one center in Omaha, NE, which from our perspective was logical and needed no explanation. So why after so much hard work and money spent did the Rochester market not respond like we expected?

Hypothesis

Abortion hubs reduce the effectiveness of pregnancy center marketing. The maximum number of abortion-minded women a Pregnancy Center can reach is 3% of the annual number of abortions in the region that the center serves.

Study Definitions

Abortion-minded Woman: A woman who arrives for on-site services at a pregnancy center claiming to have decided to have an abortion or who would otherwise strongly consider it as a primary option.

Abortion Rate: Number of annual abortions in a given region divided by the number of annual pregnancies for the same region.

Abortion Hub: A region with more than 1500 abortions annually and an abortion rate equal to or greater than 16%.

Non-abortion Hub: A region with less than 1500 abortions annually and an abortion rate less than 16%.

Market Share: Number of abortion-minded women served divided by the number of annual abortions in the region.

Weighted Market Share: A calculation designed to equalize market share values when measuring large pregnancy centers against the performance of small pregnancy centers. The calculation is 'market share' multiplied by 'abortion rate' multiplied by '100' (the factor of 100 used simply to make small numbers more manageable).

Abortion-weighted Marketing Spend: Dollars spent by a center on marketing in 2011 divided by the number of annual abortions in the area.

Analysis

We analyzed seven centers in CompassCare's network. These centers use virtually identical service platforms complete with ultrasound technology and limited sexually transmitted disease testing. In addition these centers use very similar marketing messaging. They differ with respect to annual marketing budgets which vary widely from \$2,500 to \$100,000. They also differ in terms of geography representing various regions of the country from rural California to urban upstate New York.

These centers have a common understanding of the definition of an 'abortion-minded' woman as well as a shared data base and process to capture their data. We asked these centers to submit their marketing budget for the year 2011. With complete access to performance data sets for each pregnancy center we added the number of pregnancies and abortions that occur in each respective region. The annual number of abortions divided by the annual number of pregnancies for the same region gave us what we call the region's 'abortion rate.' We then took the number of abortion-minded women served at each pregnancy center in 2011 and divided it by the number of abortions in the region for the same year and called it the pregnancy center's 'market share.' Finally we added to our analysis 'marketing spend' (how much a center spent on marketing). Using our weighted market share calculation we compared it to how much each center spent on marketing for the same year.

A superficial reading of the data showed very polar results. Either a pregnancy center has very high market share or very low market share but none in between. Conventional thinking led us to erroneously conclude that the centers spending the most on marketing would have the highest market share. Oddly, it is not necessarily true that an increased marketing spend equals a commensurate increased share of the market.

So we decided to compare weighted market share to area abortion-weighted marketing spend rates and a fascinating trend emerged. We noticed that the centers with high weighted market share are all located in areas with relatively low abortion rates. We called these areas 'Non-

abortion hubs.’ It is interesting to note that the conventional idea of spending more money on marketing yields increased clientele held true in non-abortion hub centers but seemed to hit a ceiling for centers in abortion hubs. See Figure 1 and Figure 2 below.

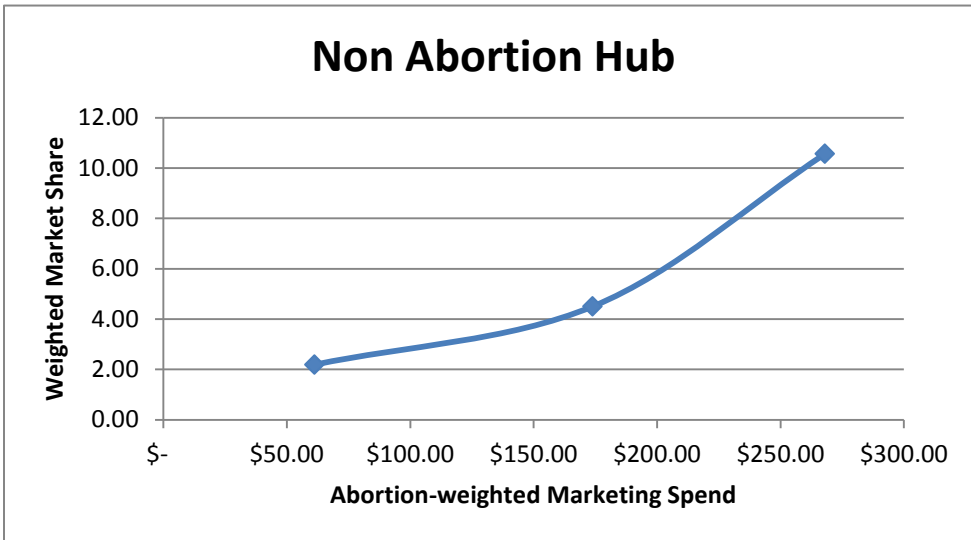


Figure 1

Consistent with the trend, centers with low weighed market share are all located in areas with relatively high abortion rates. We called these areas ‘Abortion hubs.’

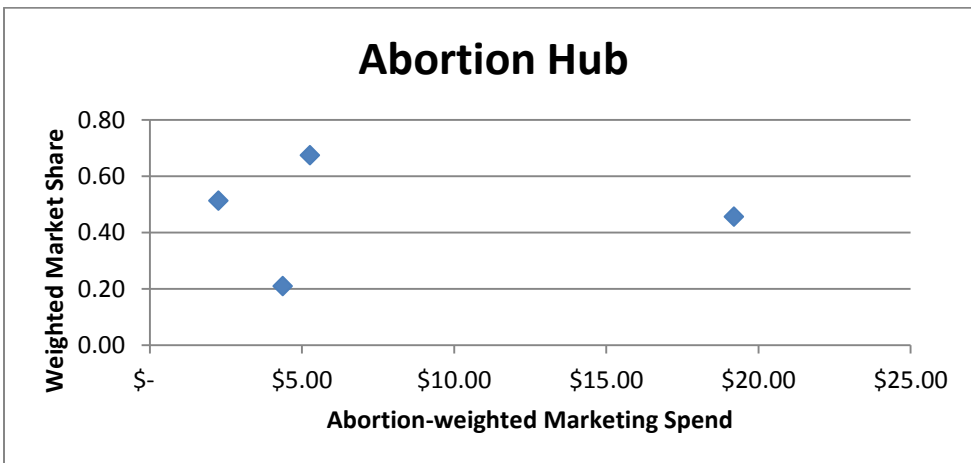


Figure 2

Both graphs compared annual abortion marketing spend to weighted market share. The non-abortion hub centers had what we called an uncapped positive response to marketing. However, the abortion-hub centers experienced what we called a market cap at 2.7% irrespective of market spend. In fact Figure 2 revealed a maximum effective marketing spend rate over which yielded no meaningful gains in client load. That spend rate is \$5.26 spent on marketing per abortion in the region. So for example, if the data is accurate a center serving an abortion hub region with 3000 annual abortions the maximum effective amount of money spent on marketing would be 3000×5.26 or \$15,780 to reach the market cap.

In summary, what emerged from the analysis are two distinct types of pregnancy centers relative to the way the market responds: A) Abortion hub centers and B) Non-abortion hub centers. Abortion hub centers serve areas that have two unique qualities; 1) more than 1500 abortions per year and 2) an abortion rate equal to or greater than 16%.

Given the limited number of data sets it appears as though marketing in an abortion-hub has an impact limited to approximately 2.7% of the market while marketing in non-abortion hub regions has an impact one might expect from any industry following the typical pattern of increased advertising dollars resulting in direct proportionate increased client load. It also appears that if an abortion-hub center spends \$5.26 per abortion they will maximize their market share.

Conclusions

1. It is unclear why advertising in abortion hub regions lack expected effectiveness. It appears that the marketing message is not significantly flawed if both types of centers using it experience increased patient load commensurate with their region's abortion rate. Could it be that typical population dynamics are at work for example urban versus rural, conservative versus liberal, college town versus non-college town, etc.? Or could it be simple competitive dynamics; with more abortionists comes increased abortion advertising and increased demand? Or perhaps the abortion hub regions have spent more time and have become more successful at networking their way into to the typical referral sources in education, medicine, etc.?
2. More data is needed to test the results. We estimate that adding 30 or more medical pregnancy centers to the study would lend statistical significance to CompassCare's network calculations.
3. If the calculations are verified then they could be used to generate a national and local market spend formula when national groups, foundations, or individual donors are allocating marketing dollars or when pregnancy centers are setting annual marketing budgets.
4. If the maximum spend rate for pregnancy centers in abortion-hub regions is \$5.26 per abortion and proportionate in non-abortion hubs then a strategy could be developed to maximize marketing spend leveraging pregnancy centers more intentionally to reduce the national abortion rate.

For example let's assume the national abortion rate is 25%. Let us also assume that 80% of all abortions occur in abortion hubs and the remaining 20% occur in non-abortion hubs. Then it stands to reason that we could erase non-abortion hubs altogether through pregnancy center marketing and services and reduce the abortion-hub abortion rate by 3%. With 1.3 million annual abortions in the U.S. the reduction would equal 76,000 additional lives saved per year and a national abortion rate decrease from 25% to 18% simply by eliminating non-abortion hub abortion markets and reducing abortion rates in abortion hub markets by 3%.

If the average marketing spend rate of approximately \$5.30 per abortion held true across both abortion hub and non-abortion hub areas the total annual national marketing spend for pregnancy centers would be only \$5.5 million. To save one life then would cost just \$72.37.