

EXHIBIT W

What headlines may not resonate and/or should be avoided?

- Religious ties and anti-abortion agenda message
 - Many providers spoke about patient populations with strong faith-based abortion views; would impact how they could receive the campaign
 - The 'agenda' message may not resonate or get attention of patients who aren't looking for abortion services and/or
- Emphasized that false information, delaying care, misleading people was important to communicate
- Lack of data privacy and security
 - No provider recommended this as a primary message. MORE can test this message to determine if providers' instincts align with patient responses

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EXHIBIT X

From: Anna Marie Finley <AFinley@moreadvertising.com>

To: "EXEMPT A, EXEMPT A (DPH)" <Exemption (a) e requested from disclosure by statute>, "Exemption (b) - mixed format document, statute" <Exemption (b) - mixed format document, statute>, "Leonard, Michelle A (DPH)" <Michelle.A.Leonard2@mass.gov>, "Crowther, Suzanne (DPH)" <suzanne.crowther@mass.gov>, "Athena.E.Davis@mass.gov" <Athena.E.Davis@mass.gov>

Cc: "Taylor St. Germain" <tstgermain@reproequitynow.org>, "Rebecca Hart Holder (personal)" <rhartholder@reproequitynow.org>, "cteylouni@reproequitynow.org" <cteylouni@reproequitynow.org>, Megan Palame <mpalame@moreadvertising.com>, Will McMahon <wmcmahon@moreadvertising.com>, Annika Cook <acook@moreadvertising.com>

Subject: Project Brief for AAC (+Research report follow up)

Date: Wed, 27 Sep 2023 20:22:43 +0000

Importance: Normal

Attachments: AAC_Key_Informant_Research_Insights_report.pptx

Inline-Images: image001.jpg; image002.png

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Hi everyone,

Thanks for a great discussion Monday. The PowerPoint report of the key informant interviews is attached and can be found in the EHS Share Pt folder.

The Project Brief is linked below for folks to review. This summarizes the audience, objectives, testing plan, and campaign deliverables to ensure we'll all on the same page. We'll need approval of this Monday or Tuesday to continue with the Creative Brief development.

 [MORE AAC Project Brief 9.27.23.docx](#)

Please let us know any questions!

Talk to you soon,
Anna Marie

more

Anna Marie Finley (She/Her)
Director, Account Services

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EXHIBIT X

September 25, 2023

AGENDA

1. Recap of interviewees
2. Key findings and insights
3. Key questions for campaign
4. Next step –Creative Brief

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Summary

Key informants were mainly sexual and reproductive health providers, including abortion providers based on hospitals and community health centers, serving multiple BIPOC communities across MA. Many providers are affiliated with DPH-funded SRPH programs

12 Interviews

Interviewees

- Dr. Carrie Baker and Jennifer McKenna – Researchers, advocates
- Emily Gold & Elizabeth Torrant, Health Imperatives
- Abby Rosenstein, FNP; Family Health Center of Worcester
- Cindy Miller, Tapestry Health, across Western MA
- Dr. Katherine White, BMC
- Marie Harris & Areli Castillo Torres, Planned Parenthood Worcester
- Kristie Monast, Health Q (Haverhill, Lawrence, Beverly)
- Becca Holder, Claire Teylouni, Taylor St. Germain, REN
- Julie Johnston, Health Q & Family Health Center Lawrence
- Josh St. Louis, Health Q & Lawrence Family Hospital
- Dr. Luu Ireland, UMass medical
- Eni Grant, MA, Health Imperatives

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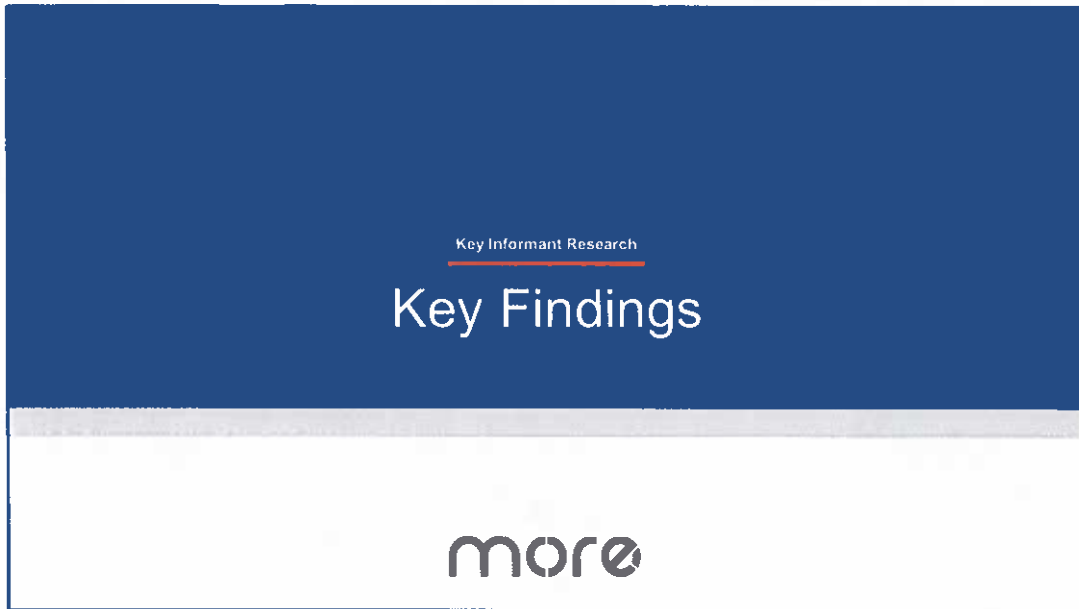


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What have they heard from patients who have gone to an AAC?

- Often patients aren't aware that they went to an AAC
- *From Health Q:* Patient had ultrasound at AAC; high risk pregnancy, no information on follow up, left with paperwork stating "discharged from care," and information was in English not her native Spanish
- Many are given inaccurate gestational age or no estimate
- Many patients kept in centers for long periods of time without information

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Could skip and share verbally

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What do you recommend we call or label these centers?

- Mixed responses, but more providers than not suggested fake clinics - easy for patients to understand and direct
 - With multiple languages in mind, ease of translation was mentioned
- Several suggested anti-abortion centers in order to “call them what they are”
- Only one recommended ‘crisis pregnancy centers’ – general lack of awareness among public, most have not heard this used by patients
- Concerns about the label of anti-abortion center
 - May turn off those who are not looking for abortion services (Dr. White; Kristie M, Health Q; Julie Johnston, Lawrence; Josh St. Louis, Lawrence)
 - Concerns about translation

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What is appealing about these centers? What tactics do they see at play?

- Free, accessible (walk-in, same-day), easy to get ultrasound
- Google search results point people there
- Patients may be hiding from parents, family, others – want the confidentiality that's advertised
- Appeal of immediate care to confirm pregnancy, get help
- Very hard to tell online what they're offering, easy to confuse with legitimate care
- Confusion with facility location (colocation)
- Structural barriers to accessing health care, especially prenatal care
 - Wait time for appointment availability; disconnected from care
 - New immigrants often disconnected from health care

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What should the campaign highlight about AACs?

- Wrong and misleading information - *lies*
- Services are not free, even if they say they are
- The delay they'll cause to you getting care
- They "take away your power"
- Judgement
- You will not get the services they advertise
- Lack of training of staff and credentials
- "Not licensed"
 - Many providers did not know about licensing nuance
 - Several mentioned they didn't know that some AACs did have medical providers on site. Mixed levels of awareness.
- Services stop once they meet with you, as in medical care and/or referrals

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What are red flags or ways to spot an AAC to highlight?

- Pushing "free" a lot; several providers suggested "free pregnancy test" alone is a red flag
- Using words like "scared," "alone," "help"
- Consider use of "baby" or "womb" on their website or when you speak with them
- If you call to ask about services, and they say they won't provide or refer, red flag
- Information about fertility and/or breast cancer risks related to abortion
- Information about "abortion pill reversal"
- Lawrence provider suggested having a list of legitimate places and abortion providers to reference – *if the name isn't on the list, don't go!*
- Look for credentials on website (give examples)
- Raise awareness of the flag Google does under listings – "Does not provide abortions"

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What should the campaign highlight about legitimate centers?

- Get care you deserve
- Get care and information you can trust
- Care without judgement
- Services will be no cost or covered – but many patients may not know this
 - **MassHealth coverage** came up several times and providers pointed to low awareness
- All options, anything you need
 - Many providers talked about the benefit of being able to support or connect folks to any help needed
 - Offering all options counseling

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What channels do you recommend we leverage to reach potential patients?

- TikTok - patients are going there and getting health information, messages
- Public transit ads – reach folks riding the bus, areas near AACs
- All emphasized need for Google ads
- Radio – Portuguese and Spanish radio were recommended

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Additional Themes

- People do not want to be lied to or tricked, no matter who they are
- Care you can trust and without judgement is important to everyone
- Lack of awareness around coverage for pregnancy services among low-income, MassHealth-qualified; FREE is appealing because of this
- Reality of healthcare access should be front of mind - hurdles to getting prenatal care elsewhere is leading people to AACs
- Raising awareness among providers (in and outside of SRH) is important
- Several providers mentioned patient stories as a powerful way to share the message
- When asked about cultural nuances for Spanish-speaking patients, especially immigrants, providers emphasized sensitivity around abortion and awareness of abortion access (ex – patients from the DR)

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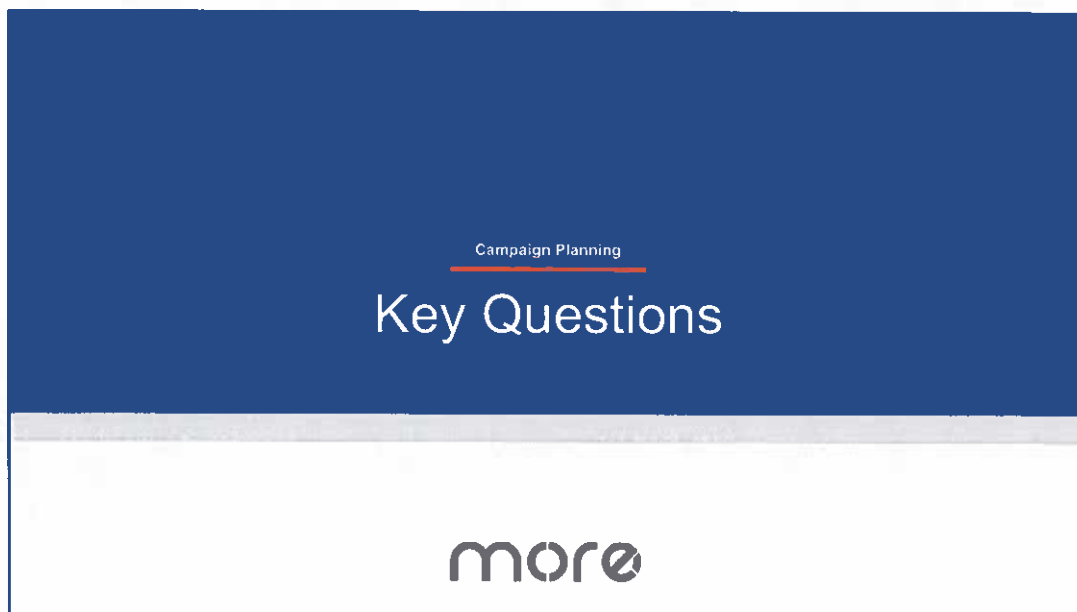


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Discussion Points Before Creative Development

- If we concept test "fake clinics" in one or more options, and it performs well, will it get approved for launch? If not, will not include in concepts
- Include message about coverage for pregnant people on MassHealth – call out MassHealth or those who are unsure of insurance
- Determine legality and approval of messages about licensing and medical professionals on staff - *"Most centers aren't licensed and most centers are not staffed by medical professionals"*
- Balance raising awareness of anti-abortion agenda with the need to reach people at these AACs for other services

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Discussion Points Before Creative Development

- We understand the priority audience as pregnant or BIPOC individuals who could be pregnant, younger (under 45), disconnected from care
- Secondary audience of policy makers, stakeholders, and general public (those who could be influencers of primary audience)
 - Will we be pursuing earned media?
 - Stakeholder engagement, such as provider community, medical associations, etc. - Provide messaging and tools to disseminate

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Next Steps

- Project Brief - approval on Project Brief before creative brief development by 10/2
 - On 10/2, discuss media strategy and testing recruitment
- Creative Brief – Presented on 10/10

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Timeline	
October	<p><u>Project Brief finalized, approval needed by 10/2</u></p> <p><u>Oct. 2nd</u> Discuss paid media strategy Discuss concept testing plan/recruitment</p> <p><u>Oct. 10th (10/9 is holiday)</u> Present Creative Brief</p> <p><u>Oct. 16th</u> Present Media Plan Discuss testing</p> <p><i>*Creative Brief approval needed by 10/16</i></p> <p><u>Oct. 23rd</u> Media plan finalized Recruitment plan finalized</p>

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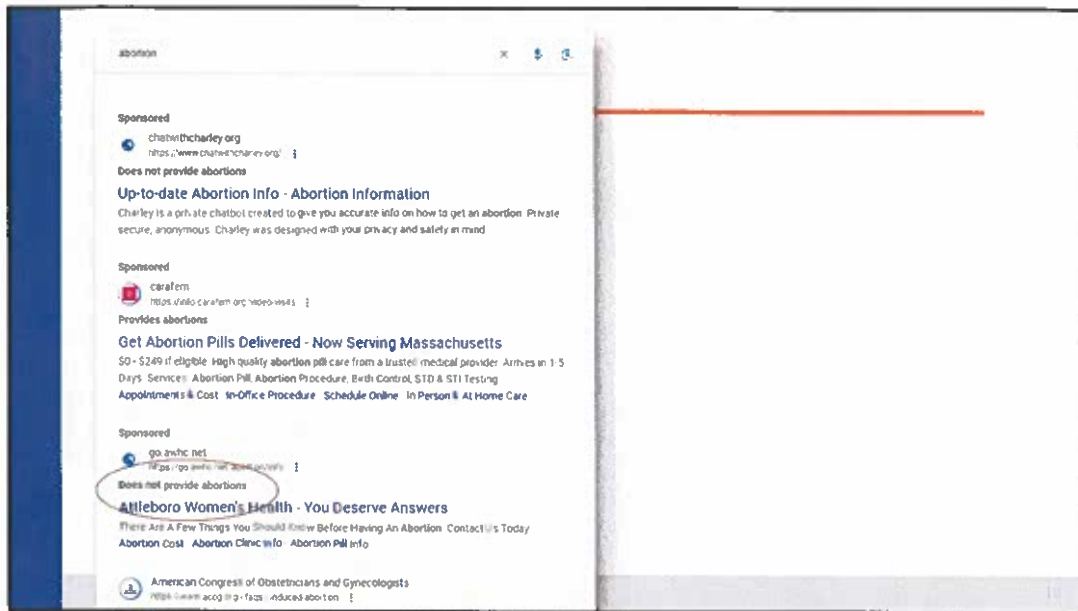


EXHIBIT Y

From: Will McMahon <wcmahon@moreadvertising.com>

To: "EXEMPT-A (DPH)" <[REDACTED]>, Anna Marie Finley <AFinley@moreadvertising.com>, Megan Palame <mpalame@moreadvertising.com>, "EXEMPT-A (DPH)" <[REDACTED]>, "EXEMPT-A (DPH)" <[REDACTED]>, Annika Cook <acook@moreadvertising.com>, "Leonard, Michelle A (DPH)" <Michelle.A.Leonard2@mass.gov>, "EXEMPT-A (DPH)" <[REDACTED]>, "rhartholder@reproequitynow.org" <rhartholder@reproequitynow.org>, "Athena.E.Davis@mass.gov" <Athena.E.Davis@mass.gov>, "EXEMPT-A (DPH)" <[REDACTED]>, "Crowther, Suzanne (DPH)" <suzanne.crowther@mass.gov>, "tstgermain@reproequitynow.org" <tstgermain@reproequitynow.org>, "cteylouni@reproequitynow.org" <cteylouni@reproequitynow.org>, Ashley Rappa <arappa@moreadvertising.com>, "EXEMPT-A (DPH)" <[REDACTED]>, "EXEMPT-A (DPH)" <[REDACTED]>

Subject: AAC Campaign Creative Brief

Date: Wed, 11 Oct 2023 15:01:05 +0000

Importance: Normal

Attachments: AAC_Creative_Brief.pptx

Inline-Images: image001.png; image002.jpg

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Hello team, hope everyone's shortened week is off to a good start!

Thank you all for your thoughtful consideration of the Creative Brief. We have taken the group's feedback and updated the document, including altering our 'ways in' and have adjusting the messaging to include that concept of time/urgency as it relates to patients' care and lives.

The document can be found attached, as well as here for your reference:  [AAC Creative Brief.pptx](#)

Thanks again to everyone for your feedback. Talk to you soon.

Best,

Will

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WILL MCMAHON (He/Him)

Senior Account Manager

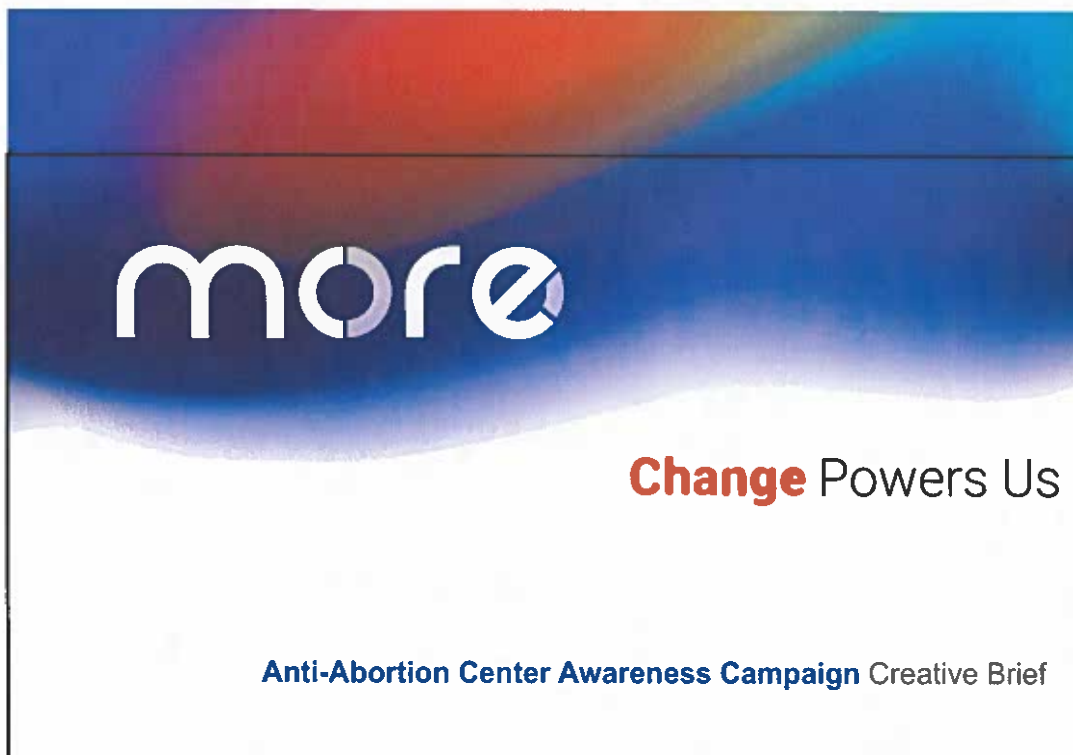
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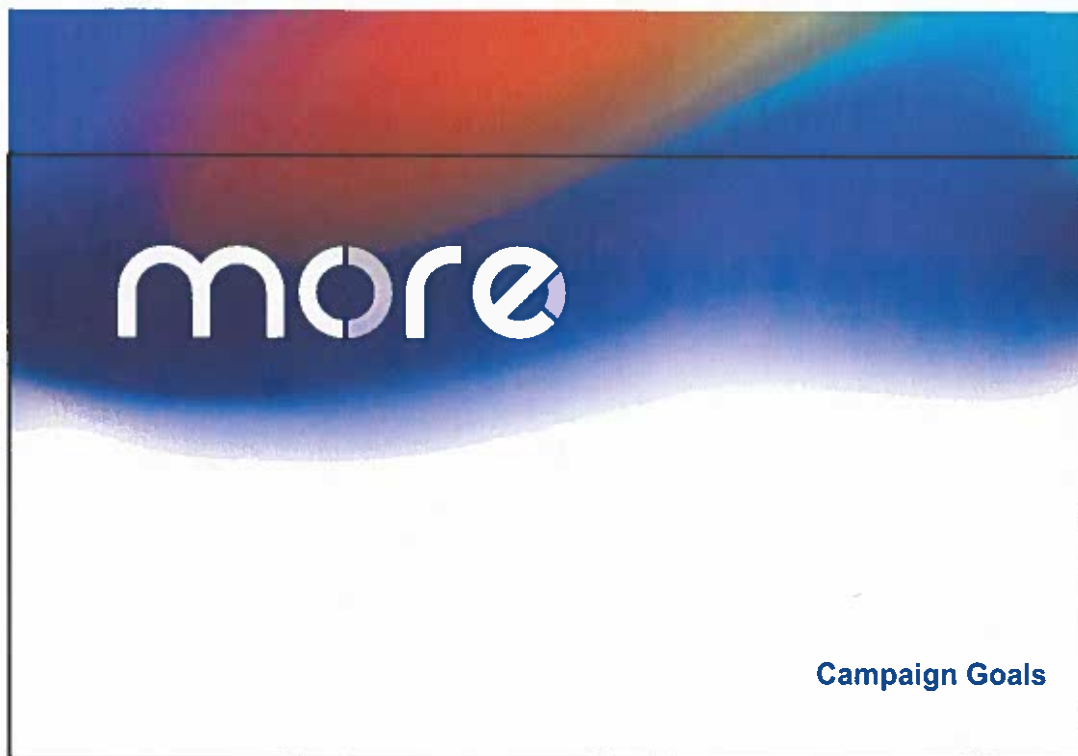
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AAC CREATIVE BRIEF

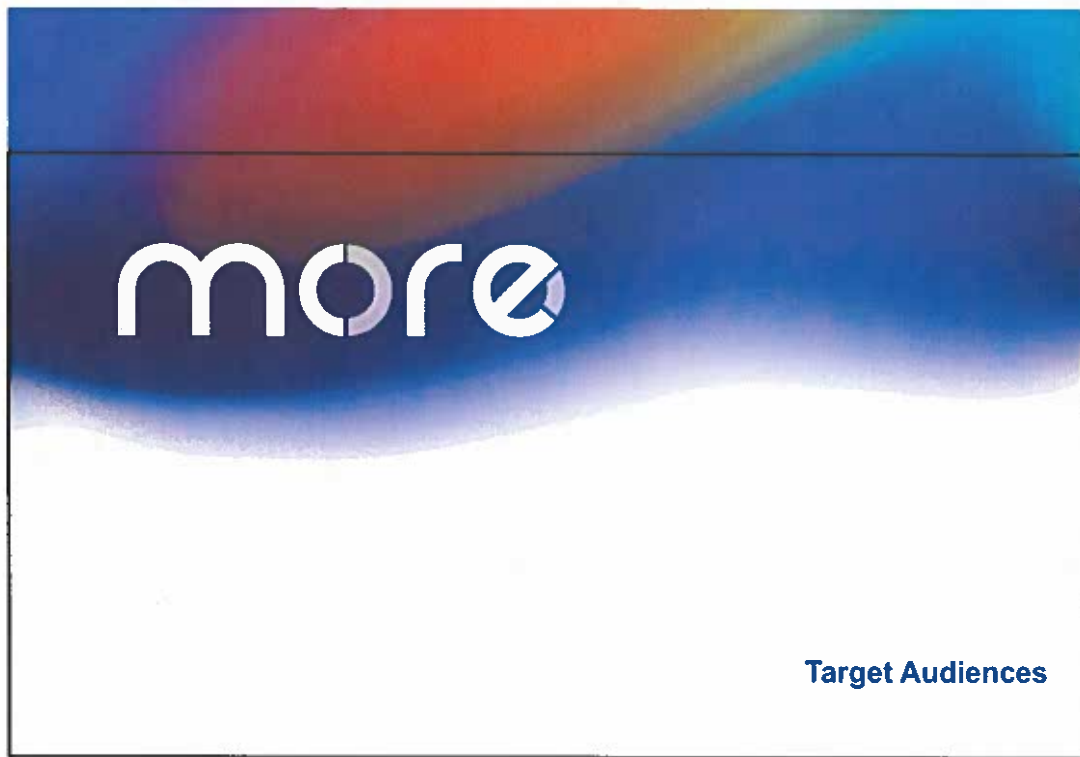
Campaign Goals

OVERALL GOAL: to increase awareness of Anti-abortion Centers (AACs) so that people who are pregnant or may become pregnant can avoid their deceptive practices and associated dangers, instead accessing comprehensive, unbiased sexual and reproductive health care. To achieve the campaign goal, MORE will apply its proven *Know, Feel, Do* methodology:

- 1.KNOW:** That because AACs' primary aim is to prevent abortions, they do not provide comprehensive care, and instead mislead and deceive about their services and intentions.
- 2.FEEL:** Clear about AACs' deceptive and misleading tactics, empowered with knowledge and options, and confident that they can make an informed choice about their care.
- 3.DO:** Avoid AACs and instead seek care at a trusted sexual and reproductive health clinic, and if they've been harmed, call or connect with support to file a claim against an AAC.

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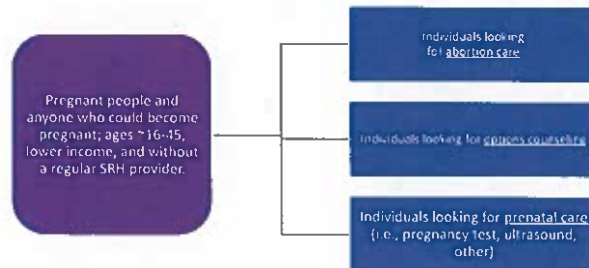
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AAC CREATIVE BRIEF

Target Audiences

1. **Primary:** Our primary audience has three main segments, based on the primary targets of AACs. We will tailor messaging, media targeting and CTAs to these segments.



Audience Insights: Although our primary audience is incredibly diverse demographically, they all share some common attributes, namely the pursuit of easily accessible care and services. No matter which subset they fall under, they are motivated by that same need.

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AAC CREATIVE BRIEF

Target Audiences

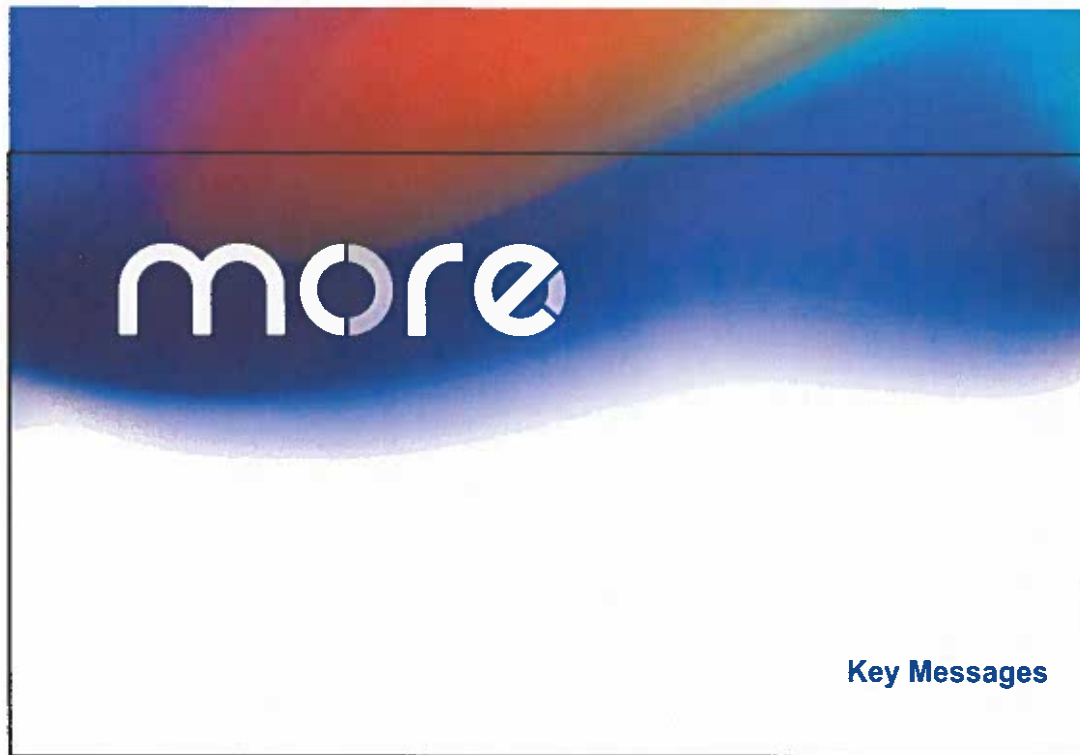
2. Secondary: Influencers of individuals who are pregnant or could become pregnant, as well as policy makers and providers.

Audience Insights: When people need help, they look to trusted sources who are close to them—family, friends, and experts. These influencers can help our primary audience access trusted care and services when the need arises.

Ensuring that health care providers are fully informed and know can be a powerful way to counteract AAC tactics, both what steps they can take in the moment and by knowing what they do if they want to call out an AAC. Decision makers are also important advocates and may currently have limited awareness of some of the harms of these centers.

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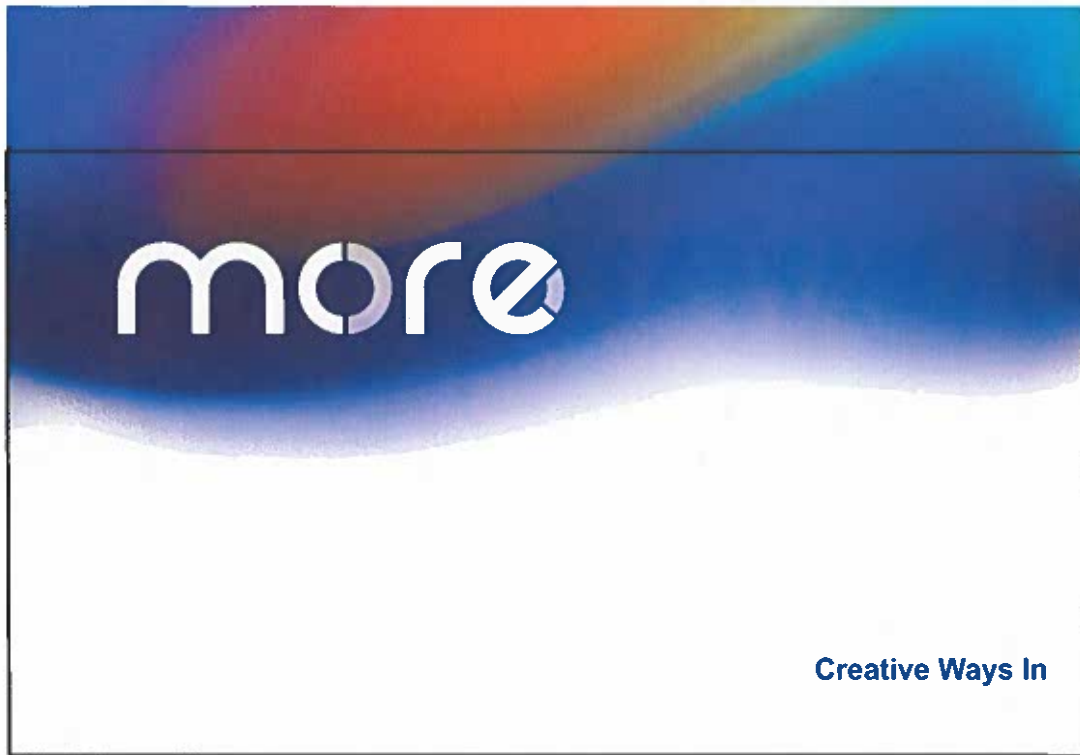
Key Messages

The AAC awareness campaign will have to grab audience attention and counteract AACs' own expansive messaging tactics. Our creative should cause people to question assumptions, know their options, and take action.

- Anti-abortion Centers, also known as "crisis pregnancy centers," purposefully deceive and mislead people seeking care. Their coordinated agenda is frequently more important to them than your health.
- AACs mimic legitimate sexual and reproductive health care centers to lure people into their care and further their agenda—but there are ways to spot (and avoid) them. They often hide in plain sight.
- Their care has consequences. Their lies impact your life. They will try to influence patients' care choices, judge decisions, and delay you from accessing comprehensive care in time-critical situations, all of which can have short-term and life-long effects.
- You have options. Unlike AACs, trusted clinics have many benefits, including: judgement-free, and non-biased care; information on all your pregnancy options; no- or low-cost services; and care that's based on what you need—not on someone else's beliefs.

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AAC CREATIVE BRIEF

Creative Ways In

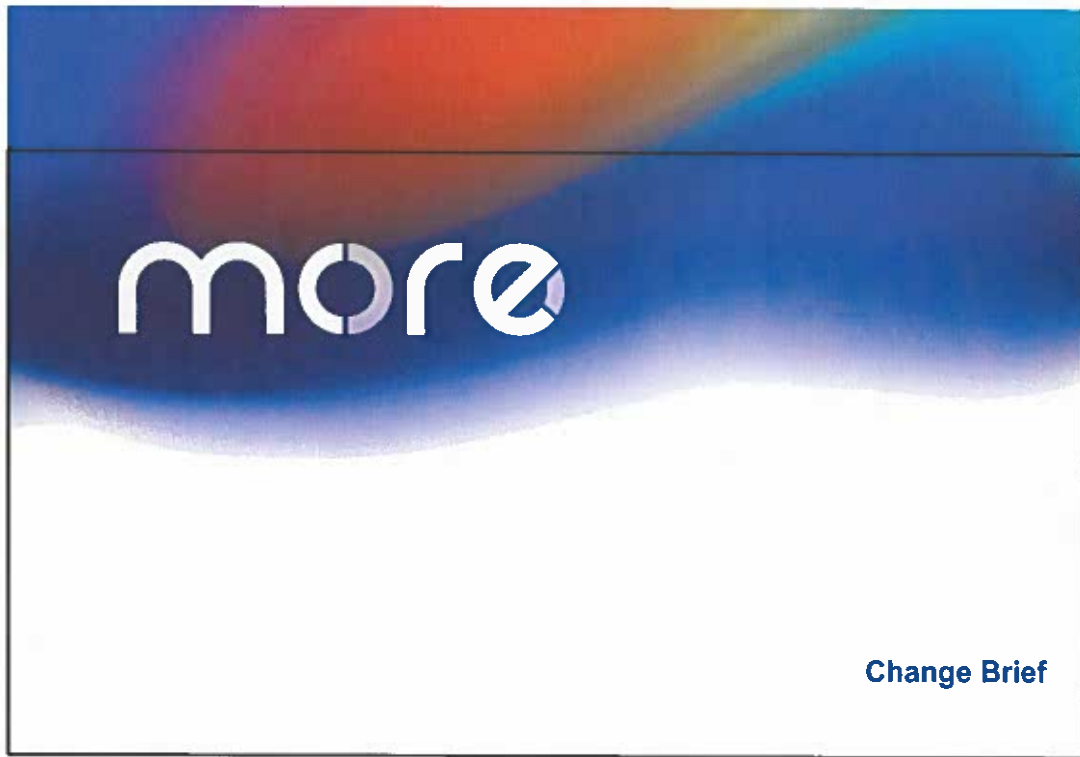
Our creative approach to the AAC awareness campaign is to explore a range of copy tones, messaging tropes, and reasoning frameworks that can be used to inform the creative elements.

The below are not verbatim messaging options—rather directional paths for the creative to follow.

1. **FREE ISN'T ALWAYS FREE:** The free services that AACs offer can come at a very steep price—your health, your options, and your future.
2. **WOLF IN SHEEP'S CLOTHING:** Many AACs assume a false identity—that of an unbiased medical clinic—for the purpose of deceiving their patients, preying on fear, sowing the seeds of doubt and shame, and furthering their own agenda.
3. **THE RIGHT STUFF:** Everyone has a right to judgement-free sexual and reproductive health care. AACs are not the right place to get it. Know your rights—and get the care that's right for you.
4. **MULTIPLE CHOICE:** Would you rather know about one option or all your options? Be lied to or be listened to? Have your time wasted or get the time-sensitive care you need?
5. **EMPOWERFUL:** Once you know, you can't unknow. Understanding the truth about AACs means you can now be empowered to use your voice to both *call others in* and *call AACs out*.

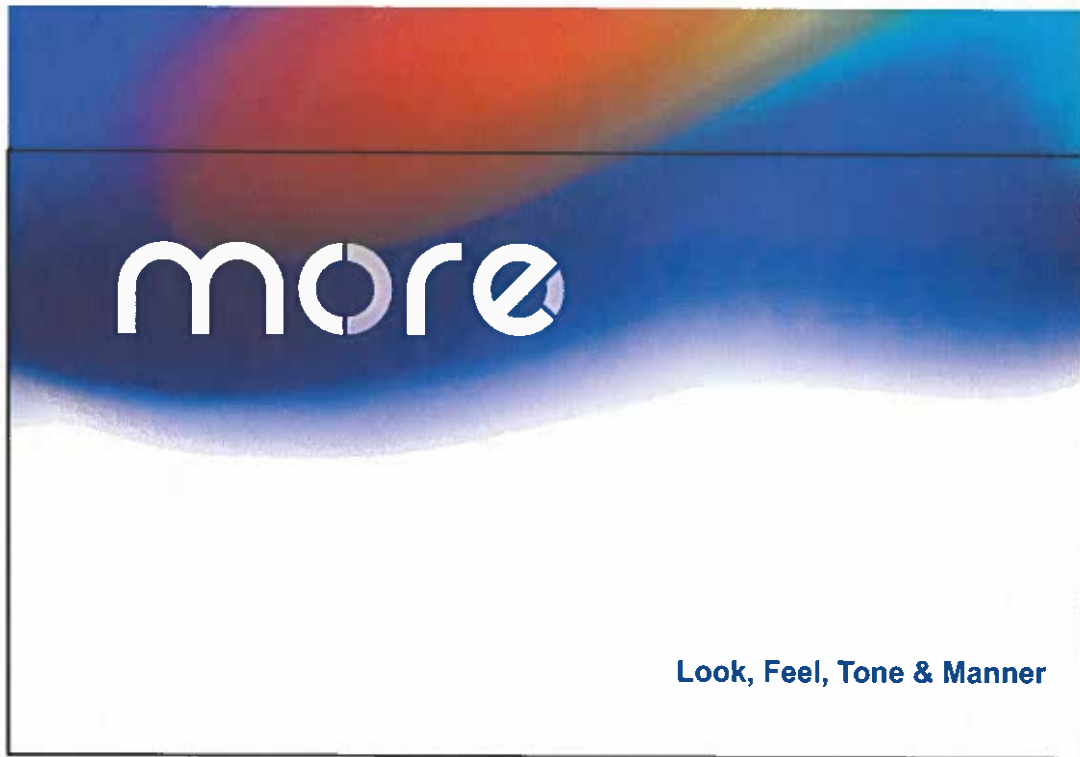
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AAC CREATIVE BRIEF

Change Brief

CONVINCE: People who are or could become pregnant, and their influencers...

WHO: May not know that AACs are designed to deceive them and don't provide unbiased, comprehensive sexual and reproductive health care ...

THAT: It's critical to understand what AACs do, how to spot them and report them, and where to go for unbiased services and support ...

BECAUSE: No one should be lied to when receiving sexual health and reproductive care and everyone should be able to make truly informed decisions about their health and future.

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AAC CREATIVE BRIEF

Look, Feel, Tone & Manner

Tone & Manner:

- **Tone:** Direct, bold, determined, while also being empathetic and understanding.
- **Manner:** The campaign should communicate to both audiences as an informed advocate, one who knows the truth, is determined to make a difference and unflinching in its mission, and cares deeply about people's health and wellbeing.

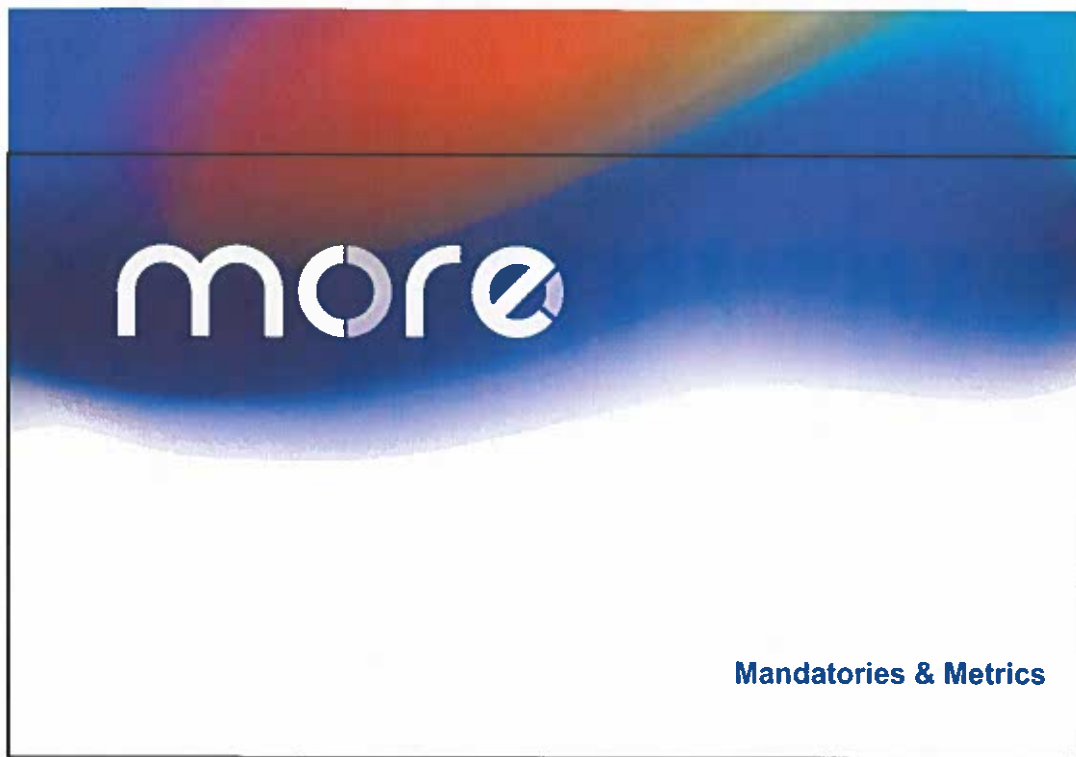
Look & Feel:

- **Bold, yet clear**—it must break through the buzz and communicate with purpose.
- **Accessible**—unbiased sexual and reproductive health is for everyone.
- **Confident**—we know the truth and you should too.

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AAC CREATIVE BRIEF

Mandatories & Metrics

Specific Calls-to-action to Include:

1. Find legitimate comprehensive SRH services near you
2. Learn how to spot an anti-abortion center
3. Learn what to do if you've been harmed by an AAC

Considerations & Mandatories:

- The video asset will be developed in English and Spanish.
- We will avoid acronyms like AAC or CPC.
- We will consider health and racial equity, including health literacy and access when developing messaging.
- Based on recommended media placements, ads will be translated into Brazilian Portuguese, Vietnamese, Haitian Creole, Chinese (Simplified and/or Traditional) and Khmer.

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AAC CREATIVE BRIEF

Mandatories & Metrics

DIGITAL REACH AND AD ENGAGEMENT:

- Visits to campaign landing page; increase in web page activity compared to baseline.
- Increase in % of organic traffic to SRHP web page (correlated awareness of these programs).

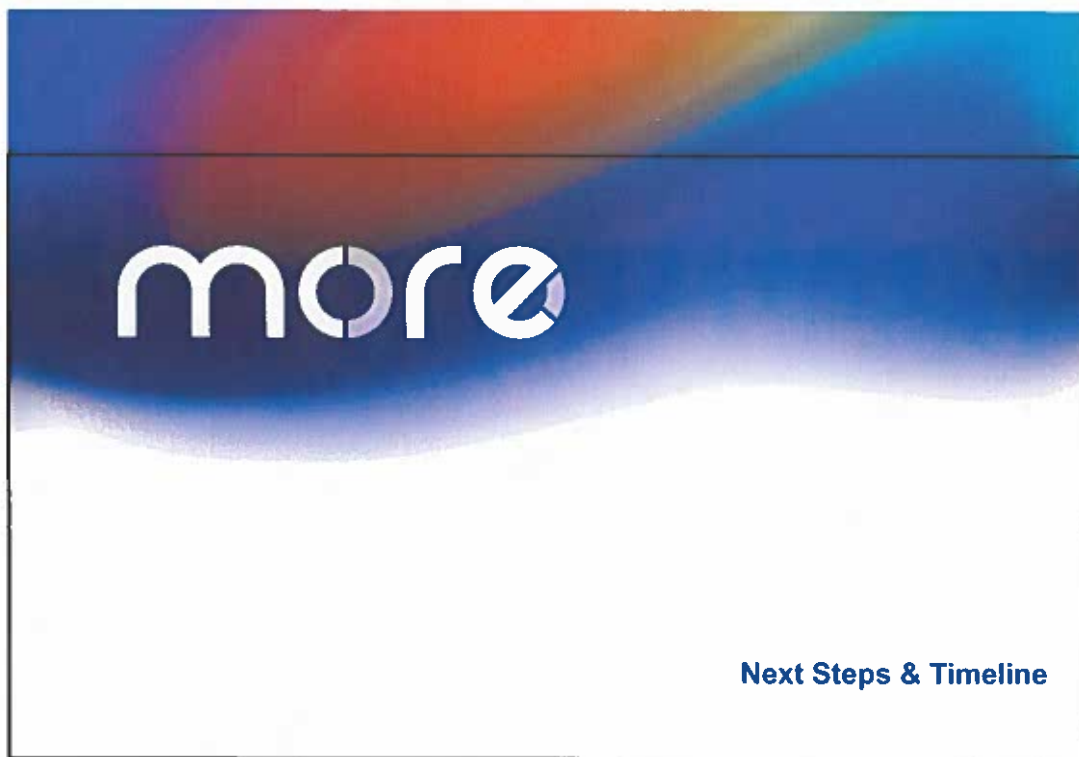
CORRELATION TRACKING:

- Consider looking at correlation to increase in foot traffic to SRHP clinics from campaign reach.
 - MORE can work with SRHP team to identify any intake information that could be tied back to campaign, such as a patient's referral source.

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AAC CREATIVE BRIEF
Next Steps & Timeline

1. Feedback
2. Creative Brief approved Oct. 16th—MORE begins concepting
3. Concept presentation Nov. 6th
4. Other items – Paid media plan and concept testing plan next week

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EXHIBIT Z

this campaign as best we can. Finally, love the flyer but I notice it doesn't say the continuing ed is free. I think it should say that prominently!

Thank you for putting all this together!

■

■, MPH

(pronouns: she, her, and hers)

Director, Division of Child/Adolescent Health and Reproductive Health

cell: ■ • ■

From: Tiffany Chen <tchen@moreadvertising.com>

Sent: Tuesday, November 7, 2023 10:16:26 AM

To: ■ (DPH) <■>; ■ (DPH) <■>; ■ (DPH) <■>; Leonard, Michelle A (DPH) <Michelle.A.Leonard2@mass.gov>; Crowther, Suzanne (DPH) <suzanne.crowther@mass.gov>; Claire Teylouni <cteylouni@reproequitynow.org>; Rebecca Hart Holder (personal) <rhartholder@reproequitynow.org>

Cc: Megan Palame <mpalame@moreadvertising.com>

Subject: ACCESS Updates and Media Plan for Approval

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hello ACCESS Team,

Hope you're all doing well!

Megan and I have been doing some planning based on the list of priorities discussed for FY24. The media plan and next steps have been reviewed by Suzanne and Michelle, and some of this has been shared with ■. We are looking for ■/■ approval to move forward.

Below are some items for you to review and approve:

- **Project Brief:** We've developed a Project Brief that provides an overview of what we have done so far for ACCESS and what we are in the plans for FY24: [ACCESS FY24 Project Brief.docx](#)
- **FY24 Media Plan:** For the \$500k allotted for FY24, we have developed a paid media plan with a \$325k gross media budget. If approved, this campaign will launch in December. **Please review and let us know if we have your approval:** [2525_ACCESS_FY24_Media Plan.xlsx](#)
 - We ran this plan by Suzanne and Michelle, who have approved.
 - For the most part we are running on platforms we ran in past campaigns with the exception of **Interactive CTV** and **Mobile Video Interstitial**. Attached are examples of what these placements look like. We will share artwork with you this month.
 - For TikTok, those will be start later in the campaign as we'd like to propose the development of new videos featuring Kam, Neena and/or other leadership. These new videos would also get launched into Facebook/Instagram as reels. Suz/Michelle liked this idea a lot.
 - For YouTube, the recommendation is to make consumer videos non-skippable because the sequencing feature would allow the audience to see all three 15s videos in sequence to tell the story. The provider/pharmacist ads are skippable because the targeting doesn't go directly to providers and pharmacists but rather to a segment that combines healthcare industry workers with people who have high degrees. Due to this, if someone who is not a provider or a pharmacist gets served the ad, they can skip if it's not relevant to them.
 - Lastly, we will be **adding an additional \$28k to paid media (on top of this existing plan)** as we were originally thinking we'd set that money aside for another provider/pharmacist survey at the end of the