

# EVALUATING PRIORITIES

Measuring women's and children's health and well-being against  
abortion restrictions in the states

## State Brief: Louisiana

*Prepared by:*

Bridgit Burns, MPH

Amanda Dennis, DrPH, MBE

Ella Douglas-Durham, MPH

of

*Ibis Reproductive Health*

### **Acknowledgements:**

This report is the result of collaboration between Ibis Reproductive Health (Ibis) and the Center for Reproductive Rights (the Center). We are grateful to Kelly Blanchard at Ibis for her oversight on the project. We also acknowledge Sophie Higgins, Courtney Johnson, Katie Johnston, Jessica Nichols, Annie Norman, Mackenzie Sumwalt, and Samantha Xia of Ibis who provided editorial assistance in preparing this report. Angela Hooton, Kelly Baden, and Fran Linkin of the Center provided critical feedback on our project approach. The Center sponsored this project. Views and opinions expressed in this paper are those of the authors and do not necessarily represent the views of the Center.

### **Suggested citation:**

Burns B, Dennis A, Douglas-Durham E. Evaluating priorities: Measuring women's and children's health and well-being against abortion restrictions in the states. State brief: Louisiana. *Ibis Reproductive Health*; November 2014.

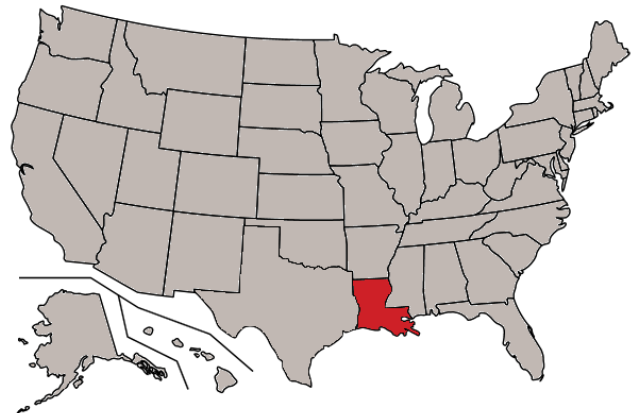
## CONTEXT

Since abortion was legalized in the United States (US) in 1973, states have passed hundreds of laws limiting whether, when, and under what circumstances a woman may obtain an abortion.<sup>1</sup> Such attacks on abortion are on the rise; from 2011-2013 states enacted more restrictions than were enacted in the entire previous decade.<sup>2</sup> Anti-choice groups claim these restrictions are necessary to protect and support the health and well-being of women, their pregnancies, and their children, a claim that has become the foundation of many successful proposals to restrict abortion access further.<sup>3</sup>

To support an evidence-based effort to fight back against the onslaught of abortion restrictions, Ibis Reproductive Health and the Center for Reproductive Rights collaborated to evaluate the claims of anti-choice policymakers. We aimed to determine if the concern that anti-choice policymakers say they have for women, pregnancies, and children translates into the passage of state policies known to improve the health and well-being of women and children, or into improved state-level health outcomes for women and children. We also aimed to document how states with relatively few abortion restrictions fare in terms of women's and children's health policies and outcomes. This brief provides a snapshot of the findings detailed in our full report<sup>4</sup> and an in-depth look at our findings for Louisiana.

### Louisiana overview

Louisiana, located in the southern region of the US, is relatively urban,<sup>5,6</sup> and is the third poorest state in the country.<sup>7</sup> Compared to the US as a whole, Louisiana has a higher proportion of Black residents, a similar proportion of White residents, and a lower proportion of residents who are Hispanic or other races.<sup>6</sup> Louisianans tend to be more religious than other Americans.<sup>8,9</sup> Its state legislature is strongly anti-choice; Governor Bobby Jindal (R), the Louisiana Senate, and the Louisiana House are all anti-choice.<sup>1</sup>



Louisiana is home to an estimated 987,600 women of reproductive age.<sup>10</sup> The proportion of Louisiana women who have abortions each year is lower than the national average, as is the percentage of pregnancies ending in abortion.<sup>11</sup> In 2011, there were only seven abortion providers in Louisiana, leaving the majority of Louisiana women living in a county with no abortion provider.<sup>11</sup> More detail about Louisiana can be found in Table 1 below.

**Table 1: Key facts about Louisiana**

|   | Louisiana | US          |
|---|-----------|-------------|
| <b>Population, n<sup>6</sup></b>  | 4,478,000 | 310,197,000 |
| <b>Population density, people per square mile<sup>5</sup></b>           | 105       | 87          |
| <b>Metropolitan status, %<sup>6</sup></b>                               |           |             |
| Metropolitan  | 81        | 84          |
| Non metropolitan  | 19        | 16          |
| <b>Race/ethnicity, %<sup>6</sup></b>                                    |           |             |
| White   | 62        | 63          |
| Black   | 31        | 12          |
| Hispanic  | 4         | 17          |
| Other   | 2         | 8           |
| <b>Median household income, \$<sup>7,12</sup></b>                       | 40,660    | 51,771      |
| <b>Religion, %<sup>8,9</sup></b>  |           |             |
| Very religious  | 53        | 40          |
| Moderately religious  | 30        | 29          |
| Nonreligious  | 17        | 31          |
| <b>Abortion rate, per 1,000 women of reproductive age<sup>11</sup></b>  | 13        | 17          |
| <b>Pregnancies ending in abortion, %<sup>11</sup></b>                   | 14        | 18          |
| <b>Women living in county with no abortion provider, %<sup>11</sup></b> | 63        | 38          |

## METHODS

We examined state-level policies and outcomes related to the well-being of women and children; our definition of well-being is broad, encompassing health, social, and economic status. We then determined what, if any, relationship exists between those policies and outcomes and state-level restrictions on abortion. This involved: (1) selecting indicators<sup>i</sup> of abortion restrictions, outcomes related to women’s and children’s health and well-being, and policies that support women’s and children’s health and well-being, (2) scoring the selected state restrictions, outcomes, and policies, and (3) graphically exploring the relationship between abortion restrictions and women’s and children’s well-being.

<sup>i</sup>“Indicator” refers to the presence or absence of a policy (either an abortion restriction or a policy to support women’s or children’s well-being) or a health outcome statistic (e.g., infant mortality rate, prevalence of asthma, etc.).

We selected indicators based on evidence of their importance to the well-being of women and children and the availability of up-to-date, state-level data. We ultimately included 76 indicators in five topic areas: abortion restrictions (14), women’s health outcomes (15), children’s health outcomes (15), social determinants of health (10), and policies supportive of women’s and children’s health and well-being (22).<sup>ii</sup> The data were collected from a variety of government and nonprofit organizations with expertise in women’s and children’s health, well-being, and policy.

For each state, we calculated two primary scores: one score for abortion restrictions and one score for overall women’s and children’s well-being.

- For abortion restrictions, each state was scored 0-14 to reflect the total number of 14 possible abortion restrictions. Any legislation signed into law was counted, including those unenforced due to court challenges. Higher scores indicate more abortion restrictions.
- For overall women’s and children’s well-being, we calculated scores for each of the four topic areas within women’s and children’s well-being, then summed the four sub-scores to calculate an overall well-being score. Each state was scored 0 or 1 for each of the selected indicators, for a total possible score of 0-62 (see below for details on how we determined 0 or 1 for indicators in each sub-topic). Higher scores indicate better performance on women’s and children’s well-being.
- For each indicator in the three health outcome sub-topics (women’s health, children’s health, and social determinants of health), we determined whether states met a pre-determined benchmark, which was set to be moderately but meaningfully better than the national average. Because the national average for selected indicators is often poor relative to other developed countries, the pre-determined benchmarks do not necessarily reflect an “ideal” but rather are meant to be attainable goals for states.<sup>iii</sup> A state received a score of 1 if it met or exceeded the benchmark and a 0 if it did not. The score for each subtopic is the number of indicators for which a state met or exceeded the benchmark. Total possible scores were 0-15 for women’s health, 0-15 for children’s health, and 0-10 for social determinants of health. Higher scores indicate better performance in that sub-topic.

---

<sup>ii</sup> For a complete list of indicators and data sources, please see our full report, *Evaluating priorities: Measuring women’s and children’s health and well-being against abortion restrictions in the states. Research report.*

<sup>iii</sup> For more information on how the benchmarks were calculated, please see our full report, *Evaluating priorities: Measuring women’s and children’s health and well-being against abortion restrictions in the states. Research report.*

- For indicators of policies to support women’s and children’s well-being, each state was scored 0-22 to reflect the total number of 22 possible supportive policies. Higher scores indicate more policies supporting women’s and children’s well-being.

To examine the relationship between abortion restrictions and women’s and children’s health and well-being, we created a series of scatter plots, comparing states’ abortion restriction scores against their total scores on overall women’s and children’s well-being, as well as against their scores on each of the sub-topics (women’s health, children’s health, social determinants of health, and supportive policies).

## RESULTS

We obtained data on all 76 indicators for all 50 states and the District of Columbia.

### Abortion restrictions

Louisiana tied with seven other states (Arizona, Indiana, Missouri, Nebraska, North Carolina, North Dakota, and South Carolina) for being the state with the second-most abortion restrictions in the country. Of the 14 restrictions included in this analysis, Louisiana had 13. Only Kansas, Oklahoma, and Mississippi had all 14 restrictions.

**Table 2: Abortion restrictions**

| Abortion restrictions  | Yes       | No |
|--|-----------|----|
| Parental involvement before a minor obtains an abortion                        | ✓         |    |
| Mandatory waiting periods between time of first appointment and abortion       | ✓         |    |
| Mandatory counseling prior to abortion   | ✓         |    |
| Requirement to have or be offered an ultrasound                                | ✓         |    |
| Restrictions on abortion coverage in private health insurance plans            | ✓         |    |
| Restrictions on abortion coverage in public employee health insurance plans    |           | X  |
| Restrictions on abortion coverage in Medicaid                                  | ✓         |    |
| Only licensed physicians may perform abortions                                 | ✓         |    |
| Ambulatory surgical center standards imposed on facilities providing abortion  | ✓         |    |
| Hospital privileges or alternative arrangement required for abortion providers | ✓         |    |
| Refusal to provide abortion services allowed                                   | ✓         |    |
| Gestational age limit for abortion set by law                                  | ✓         |    |
| Restrictions on provision of medication abortion                               | ✓         |    |
| Below average number of providers (per 100,000 women aged 15-44)               | ✓         |    |
| <b>Total number of restrictions</b>  | <b>13</b> |    |

## Women's and children's well-being

Louisiana performed poorly on indicators of women's and children's health and socioeconomic well-being. With a total score of 14, Louisiana ranked 39<sup>th</sup> of 51, tied with Nevada.

### Women's Health

Louisiana performed poorly on indicators of women's health. The state ranked 33<sup>rd</sup> out of 51, meeting only three of the benchmarks for women's health, and tied with six other states (Arizona, Georgia, Mississippi, Missouri, North Carolina, and South Carolina).

**Table 3: Women's health**

| Women's health indicators  | LA    | US                       | Benchmark  | LA meets benchmark |          |
|--|-------|--------------------------|------------|--------------------|----------|
|  |       |                          |            | Yes                | No       |
| Cervical cancer screening rate, % of women (range)               | 83.1  | 80.9<br>(73.2-88.9)      | 82.5 or ↑  | ✓                  |          |
| Women without health insurance, % of women (range)               | 27.0  | 21.0<br>(5.0-33.0)       | 17.9 or ↓  |                    | X        |
| Women with no personal health care provider, % of women (range)  | 18.8  | 17.3<br>(8.0-26.8)       | 14.7 or ↓  |                    | X        |
| Maternal mortality ratio, deaths per 100,000 live births (range) | 17.9  | 12.1<br>(1.2-38.2)       | 9.0 or ↓   |                    | X        |
| Women reporting poor mental health, % of women (range)           | 38.8  | 40.1<br>(30.1-46.1)      | 38.4 or ↓  |                    | X        |
| Suicide deaths, per 100,000 women (range)                        | 5.2   | 6.1<br>(2.6-12.5)        | 5.0 or ↓   |                    | X        |
| Prevalence of overweight or obesity, % of women (range)          | 63.6  | 56.6<br>(47.0-66.4)      | 54.5 or ↓  |                    | X        |
| Smoking prevalence, % of women (range)                           | 21.1  | 16.4<br>(9.2-27.6)       | 14.6 or ↓  |                    | X        |
| Prevalence of sexual violence, % of women (range)                | 28.9  | 44.6<br>(28.9-58.0)      | 41.5 or ↓  | ✓                  |          |
| Asthma prevalence, % of women (range)                            | 7.6   | 10.7<br>(7.3-14.1)       | 9.9 or ↓   | ✓                  |          |
| Proportion of pregnancies unintended, % of pregnancies (range)   | 62.0  | 49.0<br>(37.0-70.0)      | 45.9 or ↓  |                    | X        |
| Preterm birth rate, % of live births (range)                     | 15.1  | 12.0<br>(8.4-17.6)       | 11.1 or ↓  |                    | X        |
| Prevalence of low birth weight, % of live births (range)         | 10.7  | 8.1<br>(5.7-12.1)        | 7.5 or ↓   |                    | X        |
| Chlamydia incidence, per 100,000 women (range)                   | 877.7 | 643.3<br>(322.2-1,358.6) | 546.2 or ↓ |                    | X        |
| HIV incidence, per 100,000 women (range)                         | 36.6  | 19.0<br>(2.3-177.9)      | 6.6 or ↓   |                    | X        |
| <b>Number of indicators meeting benchmark</b>                    |       |                          |            |                    | <b>3</b> |

## Children's Health

Louisiana performed very poorly on indicators of children's health. The state met the benchmark for only one of the 15 children's health outcome indicators evaluated. This score ranked Louisiana in second-to-last place, tied with Nevada and South Carolina. Oklahoma and Texas are the only states that did more poorly on children's health.

**Table 4: Children's health**

| Children's health indicators  | LA    | US                     | Benchmark  | LA meets benchmark |    |
|---|-------|------------------------|------------|--------------------|----|
|   |       |                        |            | Yes                | No |
| Children with health insurance, percent of children (range)   | 91.7  | 91.1<br>(81.7-97.9)    | 92.9 or ↑  |                    | X  |
| Children with a medical home, percent of children (range)   | 55.3  | 57.5<br>(45.4-69.3)    | 60.3 or ↑  |                    | X  |
| Children who had both medical and dental preventive visits in the past 12 months, percent of children (range)         | 66.6  | 68.1<br>(56.0-81.4)    | 71.2 or ↑  |                    | X  |
| Infants exclusively breastfed for six months, percent of children (range)   | 10.7  | 16.4<br>(4.1-27.4)     | 19.3 or ↑  |                    | X  |
| Children receiving complete vaccination, percent of children (range)  | 68.5  | 68.4<br>(59.5-80.2)    | 70.9 or ↑  |                    | X  |
| Children with emotional, developmental, or behavioral problems that received needed care, percent of children (range) | 40.4  | 61.0<br>(40.4-86.3)    | 65.1 or ↑  |                    | X  |
| Infant mortality rate, per 100,000 infants (range)  | 848.2 | 638.7<br>(423.6-989.5) | 573.5 or ↓ |                    | X  |
| Child mortality rate, per 100,000 children (range)  | 23.0  | 17.0<br>(9.0-30.0)     | 14.6 or ↓  |                    | X  |
| Teen mortality rate, per 100,000 teens (range)  | 74.0  | 49.0<br>(29.0-85.0)    | 41.8 or ↓  |                    | X  |
| Children overweight or obese, percent of children (range)   | 39.8  | 31.3<br>(22.1-39.8)    | 29.2 or ↓  |                    | X  |
| Children living with someone who smokes, percent of children (range)  | 34.3  | 24.1<br>(12.4-41.0)    | 21.3 or ↓  |                    | X  |
| Confirmed cases of child maltreatment, per 1,000 children (range)   | 9.0   | 9.0<br>(1.0-23.0)      | 6.7 or ↓   |                    | X  |
| Children with asthma problems, percent of children (range)  | 10.0  | 9.0<br>(4.0-16.0)      | 7.9 or ↓   |                    | X  |
| Teen alcohol or drug abuse, percent of teens (range)  | 5.8   | 6.5<br>(4.7-9.2)       | 6.1 or ↓   | ✓                  |    |
| Teen birth rate, per 1,000 female teens (range)   | 43.0  | 29.0<br>(14.0-47.0)    | 24.7 or ↓  |                    | X  |
| <b>Number of indicators meeting benchmark</b>   |       |                        |            | <b>1</b>           |    |

### *Social Determinants of Health*

Louisiana performed below average on social determinants of health. The state met the benchmark for only two of the ten indicators. This score ranked Louisiana 29<sup>th</sup> out of 51, tied with eight other states (Indiana, Kentucky, Mississippi, Nevada, New Mexico, New York, Oregon, and South Carolina).

**Table 5: Social determinants of health**

| Social determinants of health  | LA    | US                      | Benchmark  | LA meets benchmark |    |
|--|-------|-------------------------|------------|--------------------|----|
|  |       |                         |            | Yes                | No |
| Women participating in the labor force, percent of women (range)                         | 57.2  | 58.8<br>(49.6-66.9)     | 60.7 or ↑  |                    | X  |
| Women's earnings, % of men's earning (range)   | 66.4  | 78.6<br>(64.0-92.3)     | 81.2 or ↑  |                    | X  |
| On-time high school graduation, percent of students (range)                              | 68.8  | 78.2<br>(57.8-91.4)     | 81.8 or ↑  |                    | X  |
| Women in poverty, percent of women (range)   | 26.0  | 20.0<br>(10.0-27.0)     | 18.1 or ↓  |                    | X  |
| Children in poverty, percent of children (range)   | 28.0  | 23.0<br>(13.0-35.0)     | 20.4 or ↓  |                    | X  |
| Household food insecurity, percent of households (range)                                 | 15.7  | 14.7<br>(8.7-20.9)      | 13.5 or ↓  |                    | X  |
| Children aged 3-5 not enrolled in preschool or kindergarten, percent of children (range) | 35.0  | 40.0<br>(17.0-54.0)     | 36.5 or ↓  | ✓                  |    |
| Homelessness rate, per 10,000 population (range)   | 17.0  | 20.3<br>(8.1-112.5)     | 12.2 or ↓  |                    | X  |
| Unemployment rate, percent of labor force (range)  | 4.5   | 6.3<br>(2.6-8.3)        | 5.6 or ↓   | ✓                  |    |
| Violent crime rate, per 100,000 population (range)                                       | 496.9 | 386.9<br>(122.7-1243.7) | 297.5 or ↓ |                    | X  |
| <b>Number of indicators meeting benchmark</b>  |       |                         |            | <b>2</b>           |    |



### Supportive Policies

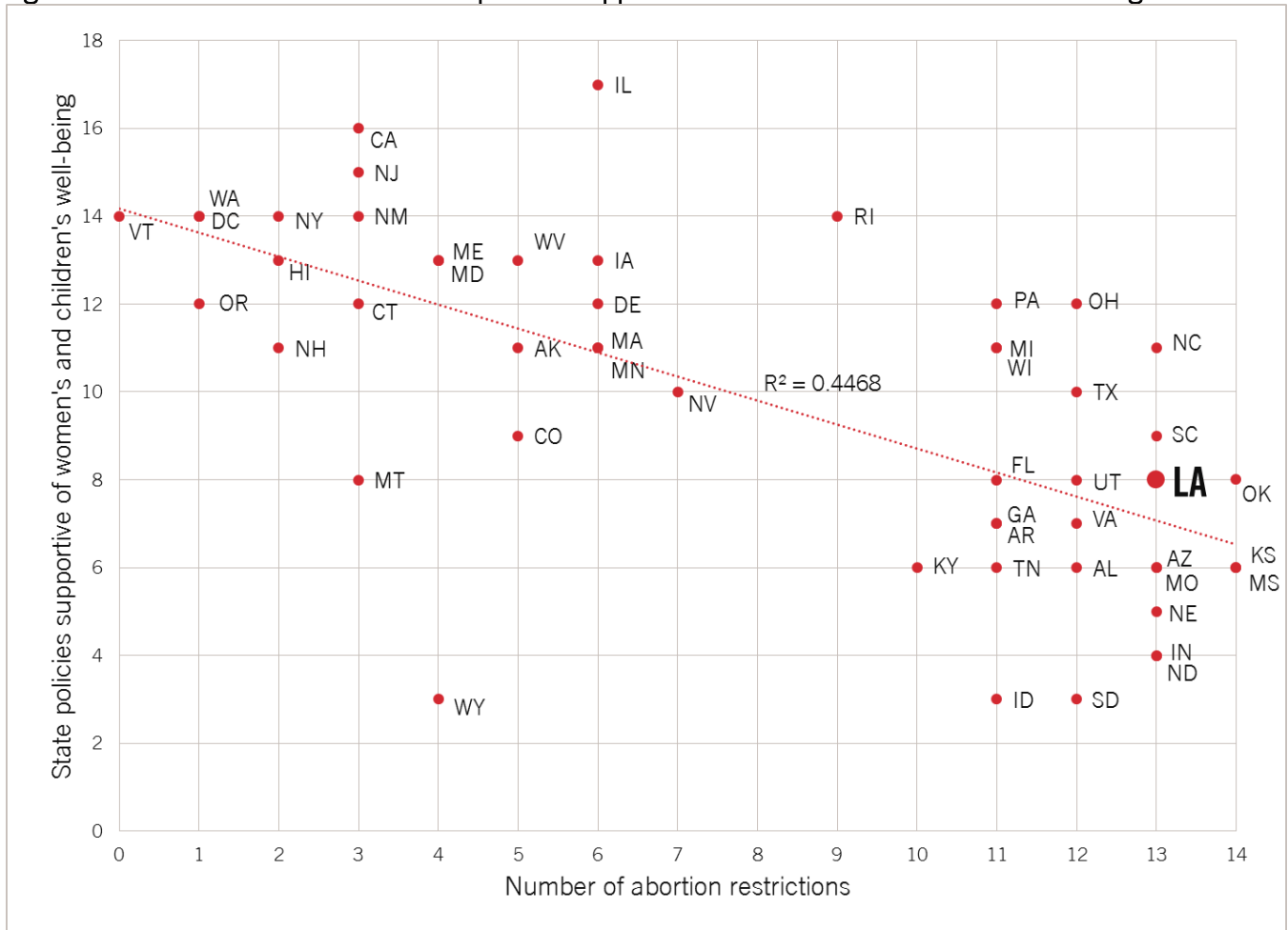
Louisiana performed below average on policies that support women’s and children’s well-being. Of the 22 policies included in this analysis, Louisiana had eight. This score placed the state 31<sup>st</sup> out of 51, and tied with Florida, Montana, Oklahoma, and Utah.

**Table 6: Supportive policies**

| Supportive policies  | Yes      | No |
|--|----------|----|
| <b>Improving access to health care</b>   |          |    |
| Moving forward with the Affordable Care Act’s Medicaid Expansion   |          | X  |
| Allows telephone, online, and/or administrative renewal of Medicaid/CHIP                                   | ✓        |    |
| Requires domestic violence protocols, training, or screening for health care providers                     |          | X  |
| <b>Supporting pregnant women</b>   |          |    |
| Medicaid income limit for pregnant women is at least 200% of the federal poverty line                      |          | X  |
| Has expanded family/medical leave beyond the FMLA  | ✓        |    |
| Provides temporary disability insurance  |          | X  |
| Maternal mortality review board in place   | ✓        |    |
| Requires reasonable accommodations for pregnant workers  | ✓        |    |
| Prohibits or restricts shackling pregnant prisoners  | ✓        |    |
| <b>Promoting children’s and adolescents’ health, education, and safety</b>                                 |          |    |
| Allows children to enroll in CHIP with no waiting period   |          | X  |
| Requires physical education for elementary, middle, and high school  | ✓        |    |
| Mandates sex education   |          | X  |
| Mandates HIV education   |          | X  |
| Has broad eligibility criteria for Early Intervention services for children at risk of developmental delay |          | X  |
| Initiative(s) to expand Early Head Start in place  |          | X  |
| Requires districts to provide full-day kindergarten without tuition  | ✓        |    |
| Has firearm safety law(s) designed to protect children   |          | X  |
| <b>Supporting families’ financial health</b>   |          |    |
| Allows families receiving TANF to keep child support collected on their behalf                             |          | X  |
| State minimum wage is above the federal minimum  |          | X  |
| Income limit for child care assistance is greater than 55% of state median income                          |          | X  |
| Does not have a family cap policy or flat cash assistance grant  | ✓        |    |
| <b>Promoting a healthy environment</b>   |          |    |
| Requires worksites, restaurants, and bars to be smoke free   |          | X  |
| <b>Total number of supportive policies</b>   | <b>8</b> |    |

Louisiana’s lack of supportive policies is consistent with the overall trend we observed of states with more abortion restrictions having fewer evidence-based policies that support women and children (see Figure 1).

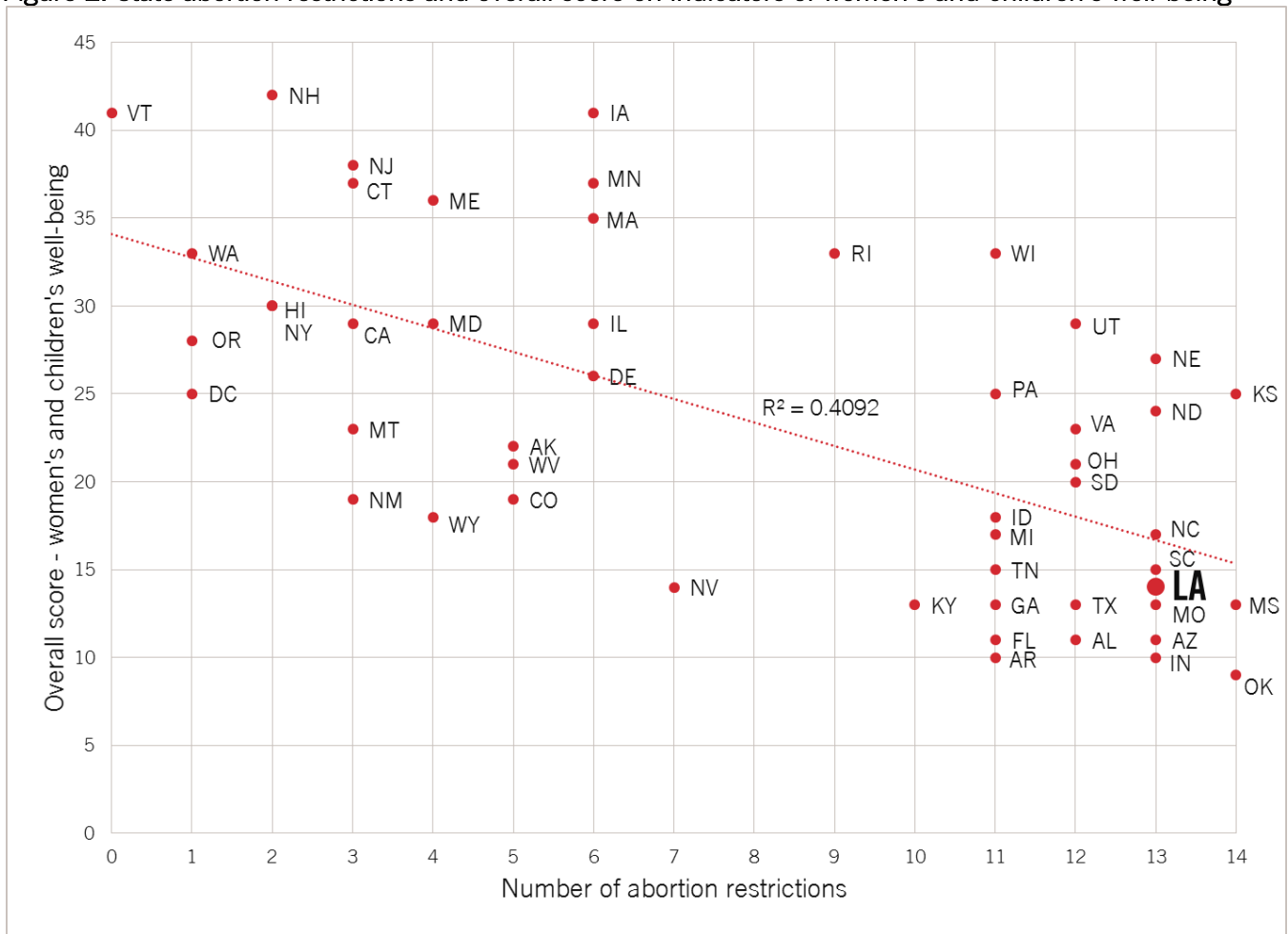
Figure 1. State abortion restrictions and policies supportive of women’s and children’s well-being



## Relationship between abortion restrictions and well-being

Louisiana, one of the most restrictive states in the country for abortion, performed poorly across indicators of women’s health, children’s health, social determinants of health, and policies supportive of women’s and children’s well-being. This is consistent with the overall trend we observed that the more abortion restrictions present, the worse a state performed overall on indicators of women’s and children’s well-being (see Figure 2).

Figure 2. State abortion restrictions and overall score on indicators of women’s and children’s well-being



## DISCUSSION

This analysis shows that, compared to other states, Louisiana has a high number of abortion restrictions. This is troubling as a large body of scientific evidence documents that restricting abortion is not beneficial to women and can interfere with women's reproductive decision-making, increase the risks of the abortion procedure by forcing women to delay desired health care, and lead to a number of emotional and financial harms.<sup>13-19</sup> Despite the existing evidence base, Louisiana policymakers have continued to pass legislation restricting abortion access.

We also found that, compared to other states, Louisiana has poor outcomes on women's and children's well-being. The indicators of women's health, children's health, and social determinants of health included in this analysis are widely accepted indicators of health status.<sup>20-22</sup> There is also considerable evidence of the benefits to women and children of putting in place the supportive policies we evaluated and of addressing major social determinants of health.<sup>23-25</sup> Such benefits include improved health and safety, lower poverty rates, decreased reliance on public assistance, and better developmental and educational outcomes for children.<sup>4</sup> While Louisiana has enacted some policies that support women and children, the state's policies are particularly lacking in support for families' financial health and in promoting children's and adolescents' health, education, and safety. Moreover, Louisiana's decision not to expand Medicaid under the Affordable Care Act will leave over 100,000 women in the state without access to affordable health care coverage.<sup>26</sup> Compared to other states, women and children in Louisiana had poorer health outcomes and faced greater challenges in their social and economic contexts; efforts to address social determinants of health and improve women's and children's health are clearly needed. Notably, women and children in Louisiana experience high mortality rates; maternal mortality, infant mortality, child mortality, and teen mortality are all well above the national average.

These data help dismantle the claim that anti-choice policymakers are working to protect and support the health and lives of women, their pregnancies, and their children, as there is little evidence of this in Louisiana's state policies or state-level health outcomes.

Our analysis does have some limitations. While we made every effort to select the most meaningful, evidence-based indicators, any attempt to analyze a concept as broad as women's and children's well-being is a simplification. Specifically, we did not adjust for poverty, which has been shown to

play a major role in women's and children's well-being,<sup>27</sup> and is associated with other social issues that may play a role in our findings, such as racism<sup>28</sup> and sexism.<sup>29</sup> However, as detailed in our full report, the data suggest that while household income (an incomplete, but important indicator of poverty<sup>30</sup>) does play a role in our findings, it cannot explain all of the differences observed between states. Among the ten poorest states in the country, those with many abortion restrictions (including Louisiana) had lower scores than those with fewer restrictions.

Additionally, our simple yes/no scoring methodology is limited in its ability to detect the degree of variation in states' health outcomes and does not account for differences in specific policies across states (e.g., 24-hour vs. 72-hour waiting periods prior to an abortion). Nevertheless, we feel this simple approach is also a strength because it facilitates understanding and replicability of our analysis, and makes the information accessible to policymakers and advocates.<sup>31</sup>

Ultimately, we used a straightforward approach to evaluate lawmakers' stated aims to improve the well-being of women, their pregnancies, and their children. Our results show a disconnect between these aims and the policies implemented, emphasizing the need to ensure policies designed to affect well-being are founded on evidence. To ensure better population outcomes, Louisiana policymakers must focus on implementing policies shown to improve the well-being of women and children, and not on restricting access to needed health care services such as abortion.

## REFERENCES

1. NARAL Pro-Choice America. Who decides? The status of women's reproductive rights in the United States, 23rd edition. *NARAL Pro-Choice America*; January 2014. Available at: <http://bit.ly/RAx1CL>. Accessed June 26, 2014.
2. Nash E, Gold RB, Rowan A, Rathbun G, Vierboom Y. Laws affecting reproductive health and rights: 2013 state policy review. *Guttmacher Institute*; 2014. Available at: <http://bit.ly/1iOpHK8>. Accessed June 26, 2014.
3. National Right to Life Committee. The state of abortion in the US. *National Right to Life Committee, Inc.*; January 28, 2014. Available at: <http://bit.ly/1iG7Swo>. Accessed June 26, 2014.
4. Burns B, Dennis A, Douglas-Durham E. Evaluating priorities: Measuring women's and children's health and well-being against abortion restrictions in the states. Research report. *Ibis Reproductive Health*; September 2014.
5. United States Census Bureau. Statistical abstract of the United States: 2012. Available at: <http://1.usa.gov/1jjG1IR>. Accessed June 26, 2014.
6. The Henry J Kaiser Family Foundation. State health facts: Demographics and the economy. Available at: <http://bit.ly/1nAeAvS>. Accessed June 26, 2014.
7. United States Census Bureau. Three-year-average median household income by state, 2010 to 2012. Current Population Survey, 2011 to 2013. Available at: <http://1.usa.gov/1nFiwc5>. Accessed June 26, 2014.
8. Newport F. State of the States: Mississippi Maintains Hold as Most Religious US State. *Gallup*; February 13, 2013. Available at: <http://bit.ly/1mOmO41>. Accessed June 26, 2014.
9. Newport F. Seven in 10 Americans are very or moderately religious. *Gallup*; December 4, 2012. Available at: <http://bit.ly/1iG80fl>. Accessed June 26, 2014.
10. Guttmacher Institute. State data center: Population estimates among all women aged 13-44, 2010. Available at: <http://bit.ly/1jjF4tQ>. Accessed June 26, 2014.
11. Guttmacher Institute. State facts about abortion: Louisiana. Available at: <http://bit.ly/1oVepll>. Accessed June 26, 2014.
12. United States Census Bureau. Selected economic characteristics, 2010-2012 American Community Survey 3-Year estimates. Available at: <http://1.usa.gov/1iG8cvj>. Accessed June 26, 2014.
13. Dennis A, Henshaw SK, Joyce TJ, Finer LB, Blanchard K. The impact of laws requiring parental involvement for abortion: A literature review. *Guttmacher Institute*; March 2009. Available at: <http://bit.ly/1kPkOB7>. Accessed June 26, 2014.
14. Henshaw SK, Joyce TJ, Dennis A, Finer LB, Blanchard K. Restrictions on Medicaid funding for abortions: A literature review. *Guttmacher Institute*; June 2009. Available at: <http://bit.ly/1alMlcA>. Accessed June 26, 2014.
15. Joyce TJ, Henshaw SK, Dennis A, Finer LB, Blanchard K. The impact of state mandatory counseling and waiting period laws on abortion: A literature review. *Guttmacher Institute*; April 2009. Available at: <http://bit.ly/1pFcVmG>. Accessed June 26, 2014.
16. Chibber K, Foster D. Receiving versus being denied an abortion and subsequent experiences of intimate partner violence. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.

17. Foster D, Dobkin L, Biggs M, Roberts S, Steinberg J. Mental health and physical health consequences of abortion compared to unwanted birth. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.
18. Foster D, Roberts S, Mauldon J. Socioeconomic consequences of abortion compared to unwanted birth. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.
19. Grossman D, Holt K, Peña M, et al. Self-induction of abortion among women in the United States. *Reproductive Health Matters*. 2010;18(36):136-146.
20. HealthyPeople.gov. Healthy People 2020 topics & objectives. Available at: <http://1.usa.gov/1gvzd4z>. Accessed June 26, 2014.
21. Countdown to 2015, Health Metrics Network, World Health Organization. Monitoring maternal, newborn and child health: Understanding key progress indicators. 2011. Available at: <http://bit.ly/RAyBo7>. Accessed June 26, 2014.
22. Annie E. Casey Foundation. Kids Count. Available at: <http://bit.ly/1uUBqjF>. Accessed June 26, 2014.
23. National Women's Law Center. Health care report card: Policy indicators. Available at: <http://bit.ly/1iJUM5E>. Accessed June 26, 2014.
24. Institute for Women's Policy Research. Initiatives. Available at: <http://bit.ly/1uUBZtu>. Accessed June 26, 2014.
25. HealthyPeople.gov. Healthy People 2020 topics & objectives: Social determinants of health. Available at: <http://1.usa.gov/1kyvOJb>. Accessed June 26, 2014.
26. National Women's Law Center. Mind the gap: Low-income women in dire need of health insurance. *National Women's Law Center*; 2014. Available at: <http://bit.ly/KZWq5f>. Accessed July 1, 2014.
27. Duncan GJ, Yeung WJ, Brooks-Gunn J, Smith JR. How much does childhood poverty affect the life chances of children? *American Sociological Review*. 1998;63(3):406-423.
28. Williams DR. Race, socioeconomic status, and health: The added effects of racism and discrimination. *Annals of the New York Academy of Sciences*. 1999;896(1):173-188.
29. Belle Doucet D. Poverty, inequality, and discrimination as sources of depression among US women. *Psychology of Women Quarterly*. 2003;27(2):101-113.
30. Nolan B, Whelan CT. *Resources, deprivation, and poverty*. Oxford University Press; 1996.
31. Reisman J, Gienapp A, Stachowiak S. A guide to measuring advocacy and policy. *The Annie E. Casey Foundation*; December 5, 2007. Available at: <http://bit.ly/1h6PBXX>. Accessed June 26, 2014.