EVALUATING PRIORITIES

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

State Brief: Mississippi

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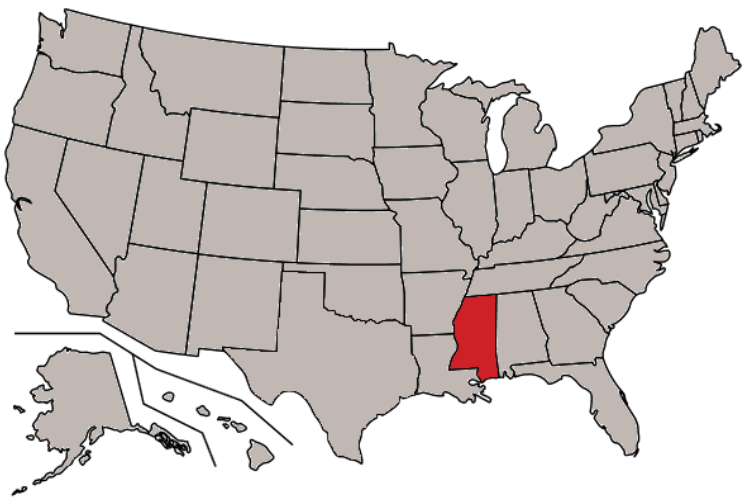
CONTEXT

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.[1] Such attacks on abortion are on the rise; from 2011-2013 states enacted more restrictions than were enacted in the entire previous decade.[2] 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.[3]

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[4] and an in-depth look at our findings for Mississippi.

Mississippi overview



Mississippi, located in the southern US, is relatively rural,[5,6] and is the poorest state in the country.[7] Compared to the US as a whole, Mississippi has a much higher proportion of Black residents and a lower proportion of residents who are White, Hispanic, or other races.[6] Mississippians tend to be much more religious than other Americans.[8,9] Its state legislature is strongly anti-choice; Governor Phil Bryant (R), the Mississippi Senate, and the Mississippi House are all anti-choice.[1]

Mississippi is home to an estimated 644,200 women of reproductive age.[10] The proportion of Mississippi women who have abortions each year is less than one-fourth the national average, as is the percentage of pregnancies ending in abortion.[11] In 2011, there were only two abortion providers in Mississippi, leaving the vast majority of Mississippi women living in a county with no abortion provider.[11] More recent news reports show, however, that only one abortion clinic remains open in Mississippi, a clinic which often faces the potential of being closed down due to new restrictions on abortion.[12] More detail about Mississippi can be found in Table 1 below.

Table 1: Key facts about Mississippi

	Mississippi	US
Population, n[6]	2,907,000	310,197,000
Population density, people per square mile[5]	63	87
Metropolitan status,%[6]		
Metropolitan	45	84
Non metropolitan	55	16
Race/ethnicity, %[6]		
White	58	63
Black	37	12
Hispanic	2	17
Other	2	8
Median household income, $[7,13]	39,592	51,771
Religion, %[8,9]		
Very religious	58	40
Moderately religious	30	29
Nonreligious	11	31
Abortion rate, per 1,000 women of reproductive age[11]	4	17
Pregnancies ending in abortion, %[11]	4	18
Women living in county with no abortion provider, %[11]	91	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[i] 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,

[i] "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.).

and (3) graphically exploring the relationship between abortion restrictions and women's and children's well-being.

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).[ii] 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.[iii] 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

[ii] 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.*

[iii] 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.*

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.

- 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

Mississippi tied with two states (Kansas and Oklahoma) for being the state with the most abortion restrictions in the country. Of the 14 restrictions included in this analysis, Mississippi had all 14.

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	✓	
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)	✓	
Total number of restrictions	14	

Women's and children's well-being

Mississippi performed poorly on indicators of women's and children's health and socioeconomic well-being. With a total score of 13, Mississippi ranked 41st out of 51, tied with four other states (Georgia, Kentucky, Missouri, and Texas).

Women's Health

Mississippi performed below average on indicators of women's health, meeting only three of the 15 women's health benchmarks. Mississippi ranked 33rd of 51, tied with six other states (Arizona, Georgia, Louisiana, Missouri, North Carolina, and South Carolina).

Table 3: Women's health

Women's health indicators	MS	US	Benchmark	MS meets benchmark: Yes	MS meets benchmark: No
Cervical cancer screening rate, % of women (range)	80.2	80.9 *(73.2-88.9)*	82.5 or ↑		X
Women without health insurance, % of women (range)	22.0	21.0 *(5.0-33.0)*	17.9 or ↓		X
Women with no personal health care provider, % of women (range)	17.5	17.3 *(8.0-26.8)*	14.7 or ↓		X
Maternal mortality ratio, deaths per 100,000 live births (range)	19.0	12.1 *(1.2-38.2)*	9.0 or ↓		X
Women reporting poor mental health, % of women (range)	37.8	40.1 *(30.1-46.1)*	38.4 or ↓	✓	
Suicide deaths, per 100,000 women (range)	6.0	6.1 *(2.6-12.5)*	5.0 or ↓		X
Prevalence of overweight or obesity, % of women (range)	66.4	56.6 *(47.0-66.4)*	54.5 or ↓		X
Smoking prevalence, % of women (range)	21.0	16.4 *(9.2-27.6)*	14.6 or ↓		X
Prevalence of sexual violence, % of women (range)	33.8	44.6 *(28.9-58.0)*	41.5 or ↓	✓	
Asthma prevalence, % of women (range)	9.3	10.7 *(7.3-14.1)*	9.9 or ↓	✓	
Proportion of pregnancies unintended, % of pregnancies (range)	63.0	49.0 *(37.0-70.0)*	45.9 or ↓		X
Preterm birth rate, % of live births (range)	17.6	12.0 *(8.4-17.6)*	11.1 or ↓		X
Prevalence of low birth weight, % of live births (range)	12.1	8.1 *(5.7-12.1)*	7.5 or ↓		X
Chlamydia incidence, per 100,000 women (range)	1094.7	643.3 *(322.2-1,358.6)*	546.2 or ↓		X
HIV incidence, per 100,000 women (range)	25.3	19.0 *(2.3-177.9)*	6.6 or ↓		X
Number of indicators meeting benchmark				3	

Children's Health

Mississippi performed poorly on indicators of children's health. The state met the benchmark for only two of the 15 children's health outcome indicators evaluated. This was the third-lowest score and ranked Mississippi 40th of 51, tied with Alabama, Arizona, Florida, Georgia, Indiana, and North Carolina. Only five states (Oklahoma, Texas, Louisiana, Nevada, and South Carolina) did more poorly.

Table 4: Children's health

Children's health indicators	MS	US	Benchmark	MS meets benchmark: Yes	MS meets benchmark: No
Children with health insurance, percent of children (range)	91.1	91.1 *(81.7-97.9)*	92.9 or ↑		X
Children with a medical home, percent of children (range)	51.6	57.5 *(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)	59.7	68.1 *(56.0-81.4)*	71.2 or ↑		X
Infants exclusively breastfed for six months, percent of children (range)	5.1	16.4 *(4.1-27.4)*	19.3 or ↑		X
Children receiving complete vaccination, percent of children (range)	77.5	68.4 *(59.5-80.2)*	70.9 or ↑	✓	
Children with emotional, developmental, or behavioral problems that received needed care, percent of children (range)	52.9	61.0 *(40.4-86.3)*	65.1 or ↑		X
Infant mortality rate, per 100,000 infants (range)	989.5	638.7 *(423.6-989.5)*	573.5 or ↓		X
Child mortality rate, per 100,000 children (range)	25.0	17.0 *(9.0-30.0)*	14.6 or ↓		X
Teen mortality rate, per 100,000 teens (range)	70.0	49.0 *(29.0-85.0)*	41.8 or ↓		X
Children overweight or obese, percent of children (range)	39.7	31.3 *(22.1-39.8)*	29.2 or ↓		X
Children living with someone who smokes, percent of children (range)	33.9	24.1 *(12.4-41.0)*	21.3 or ↓		X
Confirmed cases of child maltreatment, per 1,000 children (range)	9.0	9.0 *(1.0-23.0)*	6.7 or ↓		X
Children with asthma problems, percent of children (range)	11.0	9.0 *(4.0-16.0)*	7.9 or ↓		X
Teen alcohol or drug abuse, percent of teens (range)	5.8	6.5 *(4.7-9.2)*	6.1 or ↓	✓	
Teen birth rate, per 1,000 female teens (range)	46.0	29.0 *(14.0-47.0)*	24.7 or ↓		X
Number of indicators meeting benchmark				2	

Social Determinants of Health

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

Table 5: Social determinants of health

Social determinants of health	MS	US	Benchmark	MS meets benchmark: Yes	MS meets benchmark: No
Women participating in the labor force, percent of women (range)	54.8	58.8 *(49.6-66.9)*	60.7 or ↑		X
Women's earnings, % of men's earning (range)	75.0	78.6 *(64.0-92.3)*	81.2 or ↑		X
On-time high school graduation, percent of students (range)	63.8	78.2 *(57.8-91.4)*	81.8 or ↑		X
Women in poverty, percent of women (range)	27.0	20.0 *(10.0-27.0)*	18.1 or ↓		X
Children in poverty, percent of children (range)	35.0	23.0 *(13.0-35.0)*	20.4 or ↓		X
Household food insecurity, percent of households (range)	16.7	14.7 *(8.7-20.9)*	13.5 or ↓		X
Children aged 3-5 not enrolled in preschool or kindergarten, percent of children (range)	37.0	40.0 *(17.0-54.0)*	36.5 or ↓		X
Homelessness rate, per 10,000 population (range)	8.1	20.3 *(8.1-112.5)*	12.2 or ↓	✓	
Unemployment rate, percent of labor force (range)	7.5	6.3 *(2.6-8.3)*	5.6 or ↓		X
Violent crime rate, per 100,000 population (range)	260.8	386.9 *(122.7-1243.7)*	297.5 or ↓	✓	
Number of indicators meeting benchmark				2	

Supportive Policies

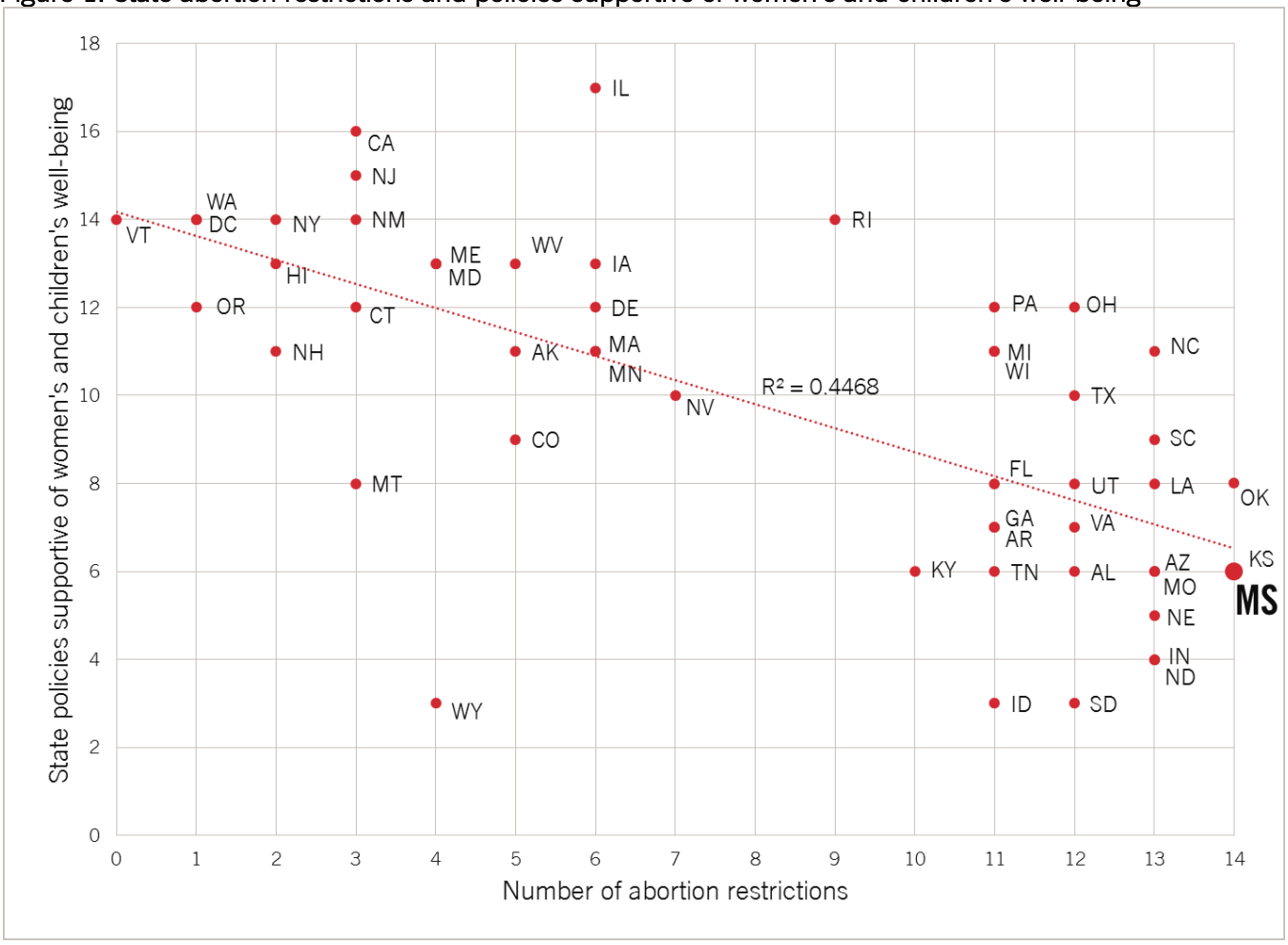
Mississippi performed poorly on policies that support women's and children's well-being. Of the 22 policies included in this analysis, Mississippi had six. This score placed the state 39th out of 51, tied with Alabama, Arizona, Kansas, Kentucky, Missouri, and Tennessee.

Table 6: Supportive policies

Supportive policies	Yes	No
Improving access to health care		
Moving forward with the Affordable Care Act's Medicaid Expansion		X
Allows telephone, online, and/or administrative renewal of Medicaid/CHIP		X
Requires domestic violence protocols, training, or screening for health care providers		X
Supporting pregnant women		
Medicaid income limit for pregnant women is at least 200% of the federal poverty line		X
Has expanded family/medical leave beyond the FMLA		X
Provides temporary disability insurance		X
Maternal mortality review board in place		X
Requires reasonable accommodations for pregnant workers		X
Prohibits or restricts shackling pregnant prisoners		X
Promoting children's and adolescents' health, education, and safety		
Allows children to enroll in CHIP with no waiting period	✓	
Requires physical education for elementary, middle, and high school	✓	
Mandates sex education	✓	
Mandates HIV education		X
Has broad eligibility criteria for Early Intervention services for children at risk of developmental delay	✓	
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
Supporting families' financial health		
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	✓	
Does not have a family cap policy or flat cash assistance grant		X
Promoting a healthy environment		
Requires worksites, restaurants, and bars to be smoke free		X
Total number of supportive policies	6	

Mississippi'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).

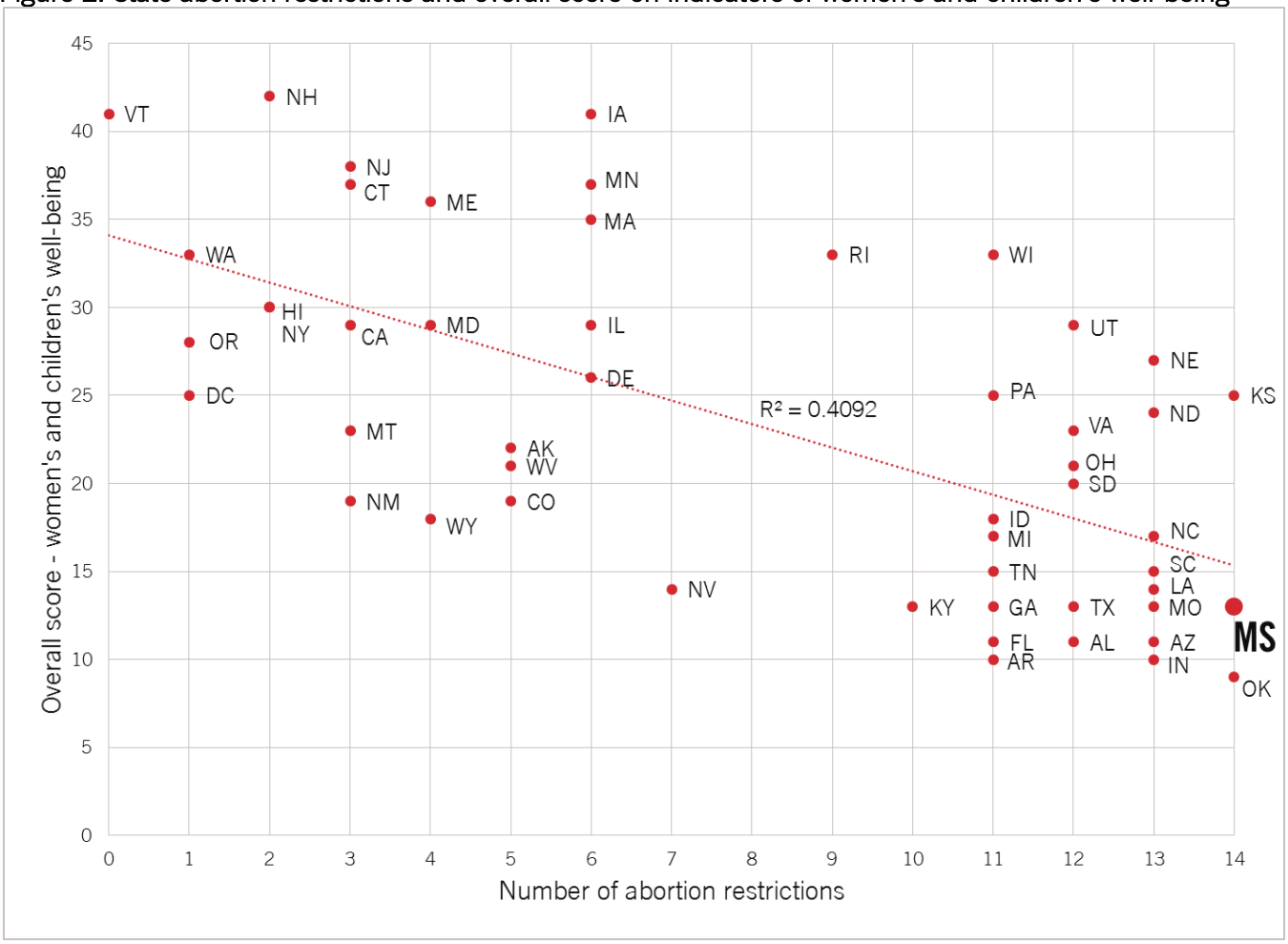
Figure 1. State abortion restrictions and policies supportive of women's and children's well-being



Relationship between abortion restrictions and well-being

Mississippi, 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 Mississippi is one of the states with the most abortion restrictions in the country. 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.[14-20] Despite these data, Mississippi policymakers have continued to pass legislation restricting abortion access and, alongside Kansas and Oklahoma, lead the country in efforts to restrict abortion.

We also found that, compared to other states, women and children in Mississippi have poorer health outcomes and face greater challenges in their social and economic contexts. 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.[21-23]

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.[24-26] Such benefits include improved health and safety, lower poverty rates, decreased reliance on public assistance, and better developmental and educational outcomes for children.[4] While Mississippi has enacted some policies that support children's and adolescents' health, education, and safety, the state's policies are particularly lacking in policies that improve access to health care, support pregnant women, support families' financial health, and promote a healthy environment. The lack of supportive policies for pregnant women is especially remarkable given the state's abysmal pregnancy outcomes; Mississippi has the highest rates of preterm birth, low birth weight, and infant mortality in the country, and maternal mortality is also well above the national average. In addition, the state's decision not to expand Medicaid under the Affordable Care Act will leave nearly 100,000 women in the state without access to affordable health care coverage.[27] The state's limited progress on addressing the social determinants of health and improving health outcomes indicates that the few existing supportive policies are not enough to ensure residents' health needs are met. Additionally, Mississippi's place as the poorest state in the country, with the lowest median household income and highest rates of poverty among both women and children, further

emphasizes the dire need for Mississippi policymakers to implement proactive, evidence-based policies to advance the well-being of women and children.

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 Mississippi'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,[28] and is associated with other social issues that may play a role in our findings, such as racism[29] and sexism.[30] However, as detailed in our full report, the data suggest that while household income (an incomplete, but important indicator of poverty[31]) 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 Mississippi), 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.[32]

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, Mississippi 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/1jjG1lR. 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: Mississippi. Available at: http://bit.ly/1ioRrFZ. Accessed June 26, 2014.
12. Yarrow A. Meet the woman in charge of the last abortion clinic in Mississippi. *The Daily Beast*; July 11, 2012. Available at: http://thebea.st/1qiUbtW. Accessed June 26, 2014.
13. 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.
14. 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/1kPk0B7. Accessed June 26, 2014.
15. 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.
16. 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.
17. 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.
18. 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.
19. Foster D, Roberts S, Mauldon J. Socioeconomic consequences of abortion compared to unwanted birth. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.
20. 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.

21. HealthyPeople.gov. Healthy People 2020 topics & objectives. Available at: http://1.usa.gov/1gvzd4z. Accessed June 26, 2014.
22. 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.
23. Annie E. Casey Foundation. Kids Count. Available at: http://bit.ly/1uUBqjF. Accessed June 26, 2014.
24. National Women's Law Center. Health care report card: Policy indicators. Available at: http://bit.ly/1iJUM5E. Accessed June 26, 2014.
25. Institute for Women's Policy Research. Initiatives. Available at: http://bit.ly/1uUBZtu. Accessed June 26, 2014.
26. HealthyPeople.gov. Healthy People 2020 topics & objectives: Social determinants of health. Available at: http://1.usa.gov/1kyvOJb. Accessed June 26, 2014.
27. 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.
28. 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.
29. 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.
30. Belle Doucet D. Poverty, inequality, and discrimination as sources of depression among US women. *Psychology of Women Quarterly.* 2003;27(2):101-113.
31. Nolan B, Whelan CT. *Resources, deprivation, and poverty.* Oxford University Press; 1996.
32. 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.