EVALUATING PRIORITIES

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

State Brief: North Dakota

Prepared by:

Bridgit Burns, MPH

Amanda Dennis, DrPH, MBE

Ella Douglas-Durham, MPH

of

Ibis Reproductive Health

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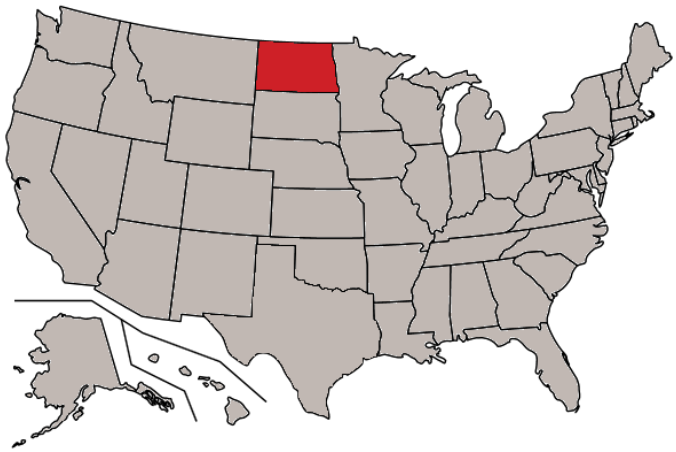
CONTEXT

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 North Dakota.

North Dakota overview



North Dakota, located in the Midwest on the border to Canada, is relatively rural,[5,6] and is the 17th richest state in the country.[7] Compared to the US as a whole, North Dakota has a higher proportion of White and American Indian/Alaska Native residents, and a lower proportion of Black and Hispanic residents.[6,8] North Dakotans are about as religious as other Americans.[9,10] Its state legislature is strongly anti-choice; Governor Jack Dalrymple (R), the North Dakota Senate, and the North Dakota House are all anti-choice.[1]

North Dakota is home to an estimated 137,050 women of reproductive age.[11] The proportion of North Dakota women who have abortions each year is lower than the national average, as is the percentage of pregnancies ending in abortion.[12] In 2011, there was only one abortion provider in North Dakota, leaving the vast majority of North Dakota women living in a county with no abortion provider.[12] More detail about North Dakota can be found in Table 1 below.

Table 1: Key facts about North Dakota

	North Dakota	US
Population, n[6]	679,000	310,197,000
Population density, people per square mile[5]	10	87
Metropolitan status,%[6]		
Metropolitan	50	84
Non metropolitan	50	16
Race/ethnicity, %[6,8]		
White	84	63
Black	1	12
Hispanic	3	17
American Indian/Alaska Native	9	1
Other	3	7
Median household income, $[7,13]	55,673	51,771
Religion, %[9,10]		
Very religious	42	40
Moderately religious	29	29
Nonreligious	29	31
Abortion rate, per 1,000 women of reproductive age[12]	10	17
Pregnancies ending in abortion, %[12]	10	18
Women living in county with no abortion provider, %[12]	73	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, and (3) graphically exploring the relationship between abortion restrictions and women's and children's well-being.

[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.).

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, and 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 number of indicators for which a state met or exceeded the benchmark. Total possible

[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.*

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

North Dakota tied with seven other states (Arizona, Indiana, Louisiana, Missouri, Nebraska, North Carolina, and South Carolina) for being the state with the second-most abortion restrictions in the country. Of the 14 restrictions included in this analysis, North Dakota 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	✓	
Restrictions on abortion coverage in Medicaid	✓	
Only licensed physicians may perform abortions	✓	
Ambulatory surgical center standards imposed on facilities providing abortion		X
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	13	

Women's and children's well-being

North Dakota performed slightly above average on indicators of women's and children's health and well-being. With a total score of 24, North Dakota ranked 24th out of 51.

Women's Health

North Dakota performed above average on indicators of women's health, meeting the benchmark for seven of the 15 indicators. This score ranked North Dakota 11th of 51, tied with Utah.

Table 3: Women's health

Women's health indicators	ND	US	Benchmark	ND meets benchmark: Yes	ND meets benchmark: No
Cervical cancer screening rate, % of women (range)	80.3	80.9 *(73.2-88.9)*	82.5 or ↑		X
Women without health insurance, % of women (range)	11.0	21.0 *(5.0-33.0)*	17.9 or ↓	✓	
Women with no personal health care provider, % of women (range)	18.4	17.3 *(8.0-26.8)*	14.7 or ↓		X
Maternal mortality ratio, deaths per 100,000 live births (range)	10.3	12.1 *(1.2-38.2)*	9.0 or ↓		X
Women reporting poor mental health, % of women (range)	37.5	40.1 *(30.1-46.1)*	38.4 or ↓	✓	
Suicide deaths, per 100,000 women (range)	5.2	6.1 *(2.6-12.5)*	5.0 or ↓		X
Prevalence of overweight or obesity, % of women (range)	55.2	56.6 *(47.0-66.4)*	54.5 or ↓		X
Smoking prevalence, % of women (range)	18.8	16.4 *(9.2-27.6)*	14.6 or ↓		X
Prevalence of sexual violence, % of women (range)	30.6	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)	48.0	49.0 *(37.0-70.0)*	45.9 or ↓		X
Preterm birth rate, % of live births (range)	10.9	12.0 *(8.4-17.6)*	11.1 or ↓	✓	
Prevalence of low birth weight, % of live births (range)	6.7	8.1 *(5.7-12.1)*	7.5 or ↓	✓	
Chlamydia incidence, per 100,000 women (range)	562.1	643.3 *(322.2-1,358.6)*	546.2 or ↓		X
HIV incidence, per 100,000 women (range)	2.6	19.0 *(2.3-177.9)*	6.6 or ↓	✓	
Number of indicators meeting benchmark				7	

Children's Health

North Dakota performed slightly above average on indicators of children's health. The state met the benchmark for five of the 15 children's health outcome indicators evaluated. This score placed North Dakota in 20th place, tied with six other states (Colorado, Kansas, Maryland, Montana, Virginia, and Wyoming).

Table 4: Children's health

Children's health indicators	ND	US	Benchmark	ND meets benchmark: Yes	ND meets benchmark: No
Children with health insurance, percent of children (range)	94.5	91.1 *(81.7-97.9)*	92.9 or ↑	✓	
Children with a medical home, percent of children (range)	64.0	57.5 *(45.4-69.3)*	60.3 or ↑	✓	
Children who had both medical and dental preventive visits in the past 12 months, percent of children (range)	61.5	68.1 *(56.0-81.4)*	71.2 or ↑		X
Infants exclusively breastfed for six months, percent of children (range)	20.5	16.4 *(4.1-27.4)*	19.3 or ↑	✓	
Children receiving complete vaccination, percent of children (range)	72.2	68.4 *(59.5-80.2)*	70.9 or ↑	✓	
Children with emotional, developmental, or behavioral problems that received needed care, percent of children (range)	86.3	61.0 *(40.4-86.3)*	65.1 or ↑	✓	
Infant mortality rate, per 100,000 infants (range)	632.3	638.7 *(423.6-989.5)*	573.5 or ↓		X
Child mortality rate, per 100,000 children (range)	16.0	17.0 *(9.0-30.0)*	14.6 or ↓		X
Teen mortality rate, per 100,000 teens (range)	78.0	49.0 *(29.0-85.0)*	41.8 or ↓		X
Children overweight or obese, percent of children (range)	35.8	31.3 *(22.1-39.8)*	29.2 or ↓		X
Children living with someone who smokes, percent of children (range)	29.8	24.1 *(12.4-41.0)*	21.3 or ↓		X
Confirmed cases of child maltreatment, per 1,000 children (range)	8.0	9.0 *(1.0-23.0)*	6.7 or ↓		X
Children with asthma problems, percent of children (range)	8.0	9.0 *(4.0-16.0)*	7.9 or ↓		X
Teen alcohol or drug abuse, percent of teens (range)	6.4	6.5 *(4.7-9.2)*	6.1 or ↓		X
Teen birth rate, per 1,000 female teens (range)	26.0	29.0 *(14.0-47.0)*	24.7 or ↓		X
Number of indicators meeting benchmark				5	

Social Determinants of Health

North Dakota performed very well on social determinants of health. The state met the benchmark for eight of the ten indicators. This score ranked North Dakota second out of 51, tied with Iowa and Vermont.

Table 5: Social determinants of health

Social determinants of health	ND	US	Benchmark	ND meets benchmark: Yes	ND meets benchmark: No
Women participating in the labor force, percent of women (range)	63.6	58.8 *(49.6-66.9)*	60.7 or ↑	✓	
Women's earnings, % of men's earning (range)	75.6	78.6 *(64.0-92.3)*	81.2 or ↑		X
On-time high school graduation, percent of students (range)	88.4	78.2 *(57.8-91.4)*	81.8 or ↑	✓	
Women in poverty, percent of women (range)	12.0	20.0 *(10.0-27.0)*	18.1 or ↓	✓	
Children in poverty, percent of children (range)	13.0	23.0 *(13.0-35.0)*	20.4 or ↓	✓	
Household food insecurity, percent of households (range)	13.2	14.7 *(8.7-20.9)*	13.5 or ↓	✓	
Children aged 3-5 not enrolled in preschool or kindergarten, percent of children (range)	45.0	40.0 *(17.0-54.0)*	36.5 or ↓		X
Homelessness rate, per 10,000 population (range)	10.1	20.3 *(8.1-112.5)*	12.2 or ↓	✓	
Unemployment rate, percent of labor force (range)	2.6	6.3 *(2.6-8.3)*	5.6 or ↓	✓	
Violent crime rate, per 100,000 population (range)	244.7	386.9 *(122.7-1243.7)*	297.5 or ↓	✓	
Number of indicators meeting benchmark				8	

Supportive Policies

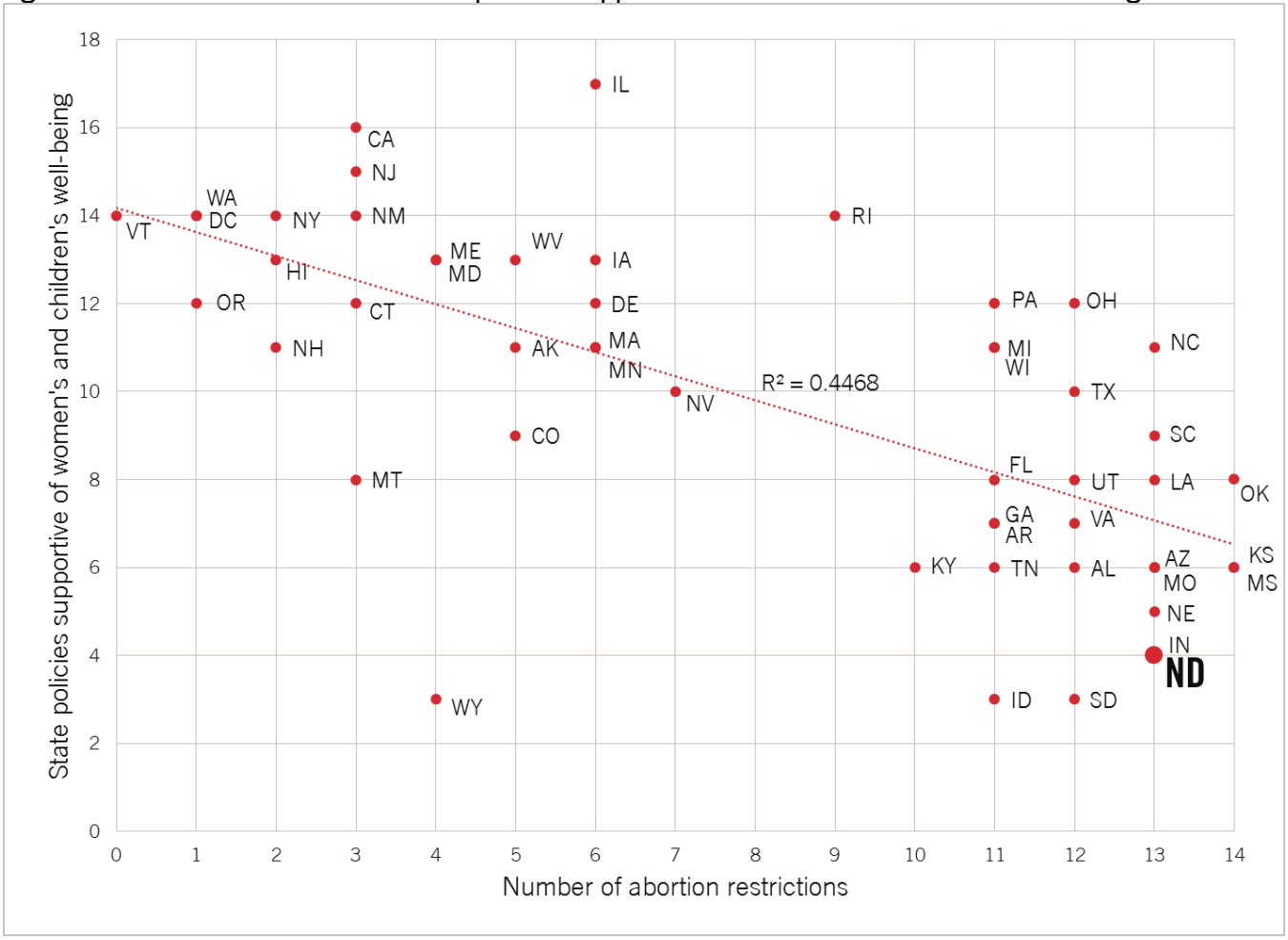
North Dakota performed poorly on policies that support women's and children's well-being. Of the 22 policies included in this analysis, North Dakota had four. Since all states had at least three supportive policies, this score ranked the state in second-to-last place, tied with Indiana. Only Idaho, Wyoming, and South Dakota had fewer supportive policies.

Table 6: Supportive policies

Supportive policies	Yes	No
Improving access to health care		
Moving forward with the Affordable Care Act's Medicaid Expansion	✓	
Allows telephone, online, and/or administrative renewal of Medicaid/CHIP	✓	
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		X
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		X
Initiative(s) to expand Early Head Start in place		X
Requires districts to provide full-day kindergarten without tuition		X
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		X
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	4	

North Dakota'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).

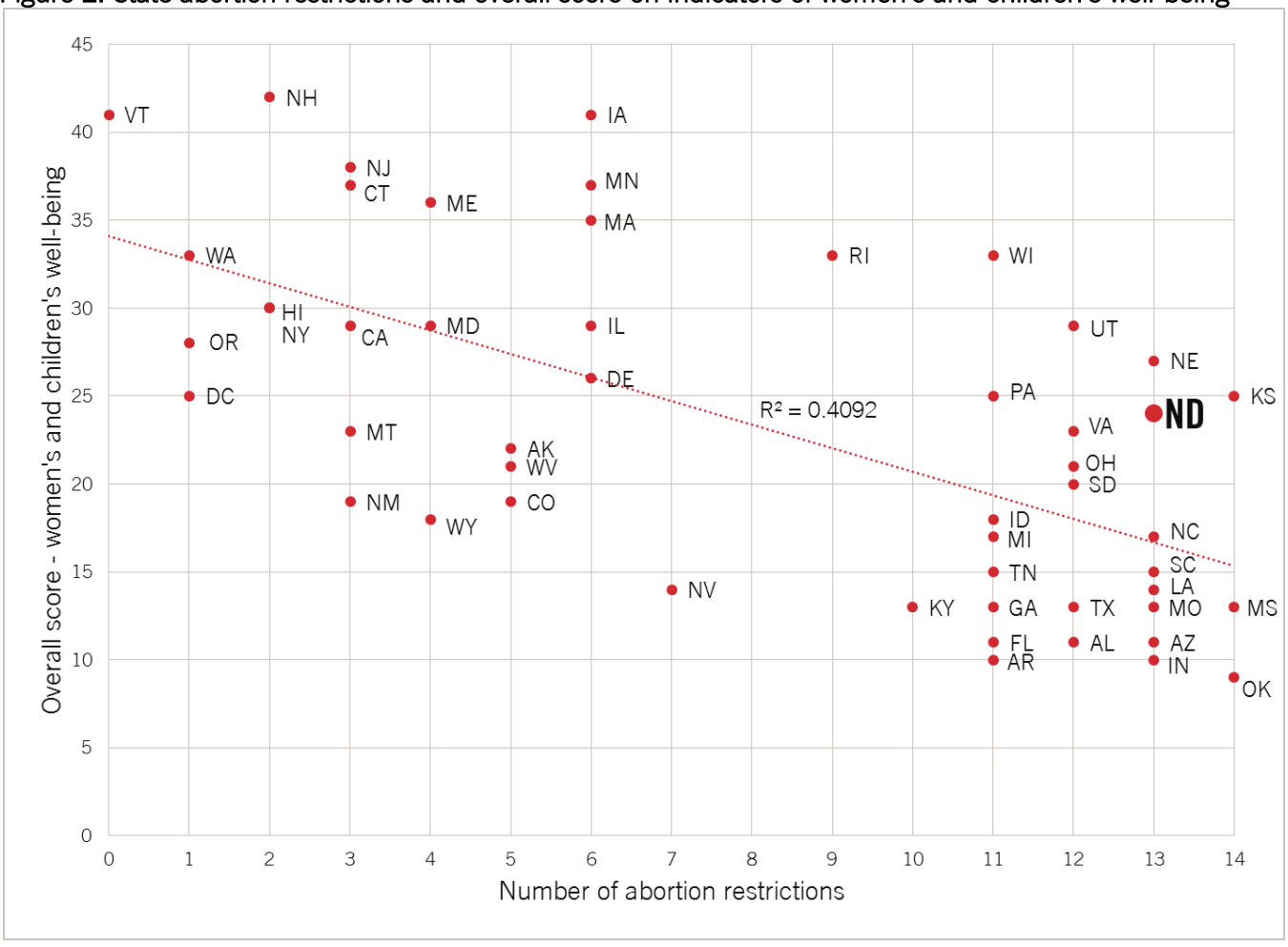
Figure 1. State abortion restrictions and policies supportive of women's and children's well-being



Relationship between abortion restrictions and well-being

North Dakota, one of the most restrictive states in the country for abortion, performed above average across indicators of women's health, children's health, and social determinants of health. This is inconsistent with the overall trend we observed that the more abortion restrictions present, the worse a state scored overall on indicators of women's and children's well-being (see Figure 2). However, while North Dakota scored better than most other states with many abortion restrictions, its overall score is relatively low when compared to states with few abortion restrictions.

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, North Dakota has one of the highest numbers 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.[14-20] Despite the existing evidence base, North Dakota policymakers have continued to pass legislation restricting abortion access.

We also found that, compared to other states, North Dakota performed well on indicators of women's and children's health, meeting 12 of the 30 benchmarks, and very well on indicators of social determinants of health, meeting eight of the ten benchmarks. 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, suggesting North Dakota residents are healthier and experiencing more positive well-being than other US residents.[21-23]

However, compared to other states, North Dakota has very few evidence-based policies to support women's and children's well-being. North Dakota has implemented none of the policies we evaluated that are designed to support pregnant women, to support families' financial health, or to promote a healthy environment. There is considerable evidence of the benefits to women and children of putting in place the supportive policies we evaluated.[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] Enacting the policies we evaluated may help improve the many important health outcomes where North Dakota did not meet the benchmarks (such as infant, child, teen and maternal mortality; smoking prevalence among women; suicide deaths among women; confirmed cases of child maltreatment; and teen alcohol or drug abuse). It would also enable policymakers to send a clear and consistent message that they are invested in the well-being of their state residents.

These data highlight the need for North Dakota policymakers to refocus their attention on evidence-based policies that have been shown to improve women's and children's health instead of focusing on restricting abortion access. This analysis helps 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 North Dakota's state policies.

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,[27] and is associated with other social issues that may play a role in our findings, such as racism[28] and sexism.[29] However, as detailed in our full report, the data suggest that while household income (an incomplete, but important indicator of poverty[30]) does play a role in our findings, it cannot explain all of the differences observed between states. North Dakota, with an above average median household income (17th richest), performed relatively well compared to other states with many abortion restrictions – many of which are among the nation's poorest – yet it performed relatively poorly compared to states with similar incomes but fewer abortion 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. 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.[31]

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, North Dakota 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.

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