

# EVALUATING PRIORITIES

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

## State Brief: Ohio

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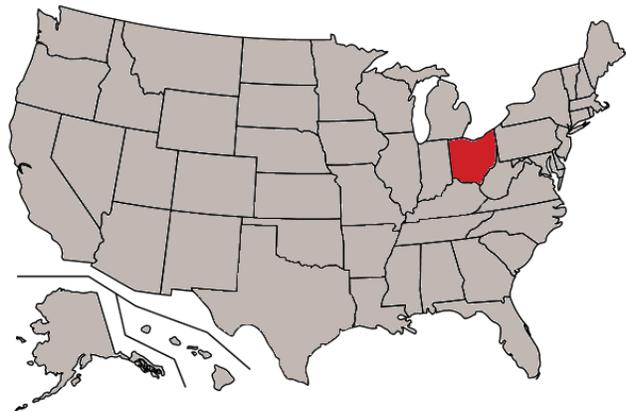
## CONTEXT

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.<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 Ohio.

### Ohio overview

Ohio, located in the Midwest, is a mix of urban and rural areas,<sup>5,6</sup> and is the 12<sup>th</sup> poorest state in the country.<sup>7</sup> Compared to the US as a whole, Ohio has a higher proportion of White residents, the same proportion of Black residents, and a lower proportion of Hispanic residents and residents who are other races.<sup>6</sup> Ohioans tend to be about as religious as other Americans.<sup>8,9</sup> Its state legislature is strongly anti-choice; the Ohio Senate, the Ohio House, and Governor John Kasich (R) are all anti-choice.<sup>1</sup>



Ohio is home to an estimated 2,362,810 women of reproductive age.<sup>10</sup> The proportion of Ohio 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 26 abortion providers in Ohio, leaving more than half of Ohio women living in a county with no abortion provider.<sup>11</sup> More detail about Ohio can be found in Table 1 below.

**Table 1: Key facts about Ohio**

	Ohio	US
<b>Population, n<sup>6</sup></b>	11,477,300	313,395,400
<b>Population density, people per square mile<sup>5</sup></b>	282	87
<b>Metropolitan status, %<sup>6</sup></b>		
Metropolitan	77	85
Non metropolitan	23	15
<b>Race/ethnicity, %<sup>6</sup></b>		
White	80	62
Black	12	12
Hispanic	4	17
Other	4	8
<b>Median household income, \$<sup>7</sup></b>	45,887	51,847
<b>Religion, %<sup>8,9</sup></b>		
Very religious	38	40
Moderately religious	31	29
Nonreligious	31	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>	15	18
<b>Women living in county with no abortion provider, %<sup>11</sup></b>	54	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

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<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.*

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

Of the 14 abortion restrictions included in this analysis, Ohio had 12, ranking it the 16<sup>th</sup> most restrictive state in terms of abortion, tied with Alabama, South Dakota, Texas, Utah, and Virginia.

**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		X
Refusal to provide abortion services allowed	✓	
Gestational age limit for abortion set by law		X
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>12</b>	

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

Ohio performed slightly below average on indicators of women's and children's health and socioeconomic well-being. With a total score of 21, Ohio ranked 28<sup>th</sup> for overall women's and children's well-being, tied with West Virginia.

### Women's health

Ohio performed averagely on indicators of women's health. The state met the benchmark for four of the 15 women's health outcome indicators evaluated. This score ranked Ohio in 26<sup>th</sup> place, along with the District of Columbia, Illinois, Maryland, Oregon, Virginia, and West Virginia.

**Table 3: Women's health**

Women's health indicators	OH	US	Benchmark	OH meets benchmark	
				Yes	No
Cervical cancer screening rate, % of women (range)	81.7	80.9 (73.2-88.9)	82.5 or ↑		X
Women without health insurance, % of women (range)	17.0	21.0 (5.0-33.0)	17.9 or ↓	✓	
Women with no personal health care provider, % of women (range)	12.4	17.3 (8.0-26.8)	14.7 or ↓	✓	
Maternal mortality ratio, deaths per 100,000 live births (range)	7.2	12.1 (1.2-38.2)	9.0 or ↓	✓	
Women reporting poor mental health, % of women (range)	39.8	40.1 (30.1-46.1)	38.4 or ↓		X
Suicide deaths, per 100,000 women (range)	5.6	6.1 (2.6-12.5)	5.0 or ↓		X
Prevalence of overweight or obesity, % of women (range)	57.5	56.6 (47.0-66.4)	54.5 or ↓		X
Smoking prevalence, % of women (range)	21.3	16.4 (9.2-27.6)	14.6 or ↓		X
Prevalence of sexual violence, % of women (range)	41.2	44.6 (28.9-58.0)	41.5 or ↓	✓	
Asthma prevalence, % of women (range)	12.0	10.7 (7.3-14.1)	9.9 or ↓		X
Proportion of pregnancies unintended, % of pregnancies (range)	55.0	49.0 (37.0-70.0)	45.9 or ↓		X
Preterm birth rate, % of live births (range)	12.2	12.0 (8.4-17.6)	11.1 or ↓		X
Prevalence of low birth weight, % of live births (range)	8.6	8.1 (5.7-12.1)	7.5 or ↓		X
Chlamydia incidence, per 100,000 women (range)	658.3	643.3 (322.2-1,358.6)	546.2 or ↓		X
HIV incidence, per 100,000 women (range)	12.6	19.0 (2.3-177.9)	6.6 or ↓		X
<b>Number of indicators meeting benchmark</b>				<b>4</b>	

## Children's health

Ohio performed slightly below average on indicators of children's health. The state met the benchmark for four of the 15 children's health outcome indicators evaluated. This score placed Ohio in 27<sup>th</sup> place, tied with Delaware, South Dakota, and Tennessee.

**Table 4: Children's health**

Children's health indicators	OH	US	Benchmark	OH meets benchmark	
				Yes	No
Children with health insurance, percent of children (range)	93.3	91.1 (81.7-97.9)	92.9 or ↑	✓	
Children with a medical home, percent of children (range)	66.2	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)	70.6	68.1 (56.0-81.4)	71.2 or ↑		X
Infants exclusively breastfed for six months, percent of children (range)	17.7	16.4 (4.1-27.4)	19.3 or ↑		X
Children receiving complete vaccination, percent of children (range)	66.8	68.4 (59.5-80.2)	70.9 or ↑		X
Children with emotional, developmental, or behavioral problems that received needed care, percent of children (range)	66.3	61.0 (40.4-86.3)	65.1 or ↑	✓	
Infant mortality rate, per 100,000 infants (range)	770.7	638.7 (423.6-989.5)	573.5 or ↓		X
Child mortality rate, per 100,000 children (range)	18.0	17.0 (9.0-30.0)	14.6 or ↓		X
Teen mortality rate, per 100,000 teens (range)	44.0	49.0 (29.0-85.0)	41.8 or ↓		X
Children overweight or obese, percent of children (range)	30.8	31.3 (22.1-39.8)	29.2 or ↓		X
Children living with someone who smokes, percent of children (range)	32.7	24.1 (12.4-41.0)	21.3 or ↓		X
Confirmed cases of child maltreatment, per 1,000 children (range)	11.0	9.0 (1.0-23.0)	6.7 or ↓		X
Children with asthma problems, percent of children (range)	9.0	9.0 (4.0-16.0)	7.9 or ↓		X
Teen alcohol or drug abuse, percent of teens (range)	5.7	6.5 (4.7-9.2)	6.1 or ↓	✓	
Teen birth rate, per 1,000 female teens (range)	30.0	29.0 (14.0-47.0)	24.7 or ↓		X
<b>Number of indicators meeting benchmark</b>				<b>4</b>	

### Social determinants of health

Ohio performed poorly on social determinants of health. The state met the benchmark for only one of the ten indicators. This score ranked Ohio second to last, and tied with ten other states. Arizona, Arkansas, and Tennessee were the only states that did more poorly on this subtopic than Ohio, each having a score of zero for social determinants of health.

**Table 5: Social determinants of health**

Social determinants of health	OH	US	Benchmark	OH meets benchmark	
				Yes	No
Women participating in the labor force, percent of women (range)	58.9	58.8 (49.6-66.9)	60.7 or ↑		X
Women's earnings, % of men's earning (range)	76.9	78.6 (64.0-92.3)	81.2 or ↑		X
On-time high school graduation, percent of students (range)	81.4	78.2 (57.8-91.4)	81.8 or ↑		X
Women in poverty, percent of women (range)	20.0	20.0 (10.0-27.0)	18.1 or ↓		X
Children in poverty, percent of children (range)	24.0	23.0 (13.0-35.0)	20.4 or ↓		X
Household food insecurity, percent of households (range)	16.1	14.7 (8.7-20.9)	13.5 or ↓		X
Children aged 3-5 not enrolled in preschool or kindergarten, percent of children (range)	43.0	40.0 (17.0-54.0)	36.5 or ↓		X
Homelessness rate, per 10,000 population (range)	12.1	20.3 (8.1-112.5)	12.2 or ↓	✓	
Unemployment rate, percent of labor force (range)	5.7	6.3 (2.6-8.3)	5.6 or ↓		X
Violent crime rate, per 100,000 population (range)	299.7	386.9 (122.7-1243.7)	297.5 or ↓		X
<b>Number of indicators meeting benchmark</b>				<b>1</b>	

### Supportive policies

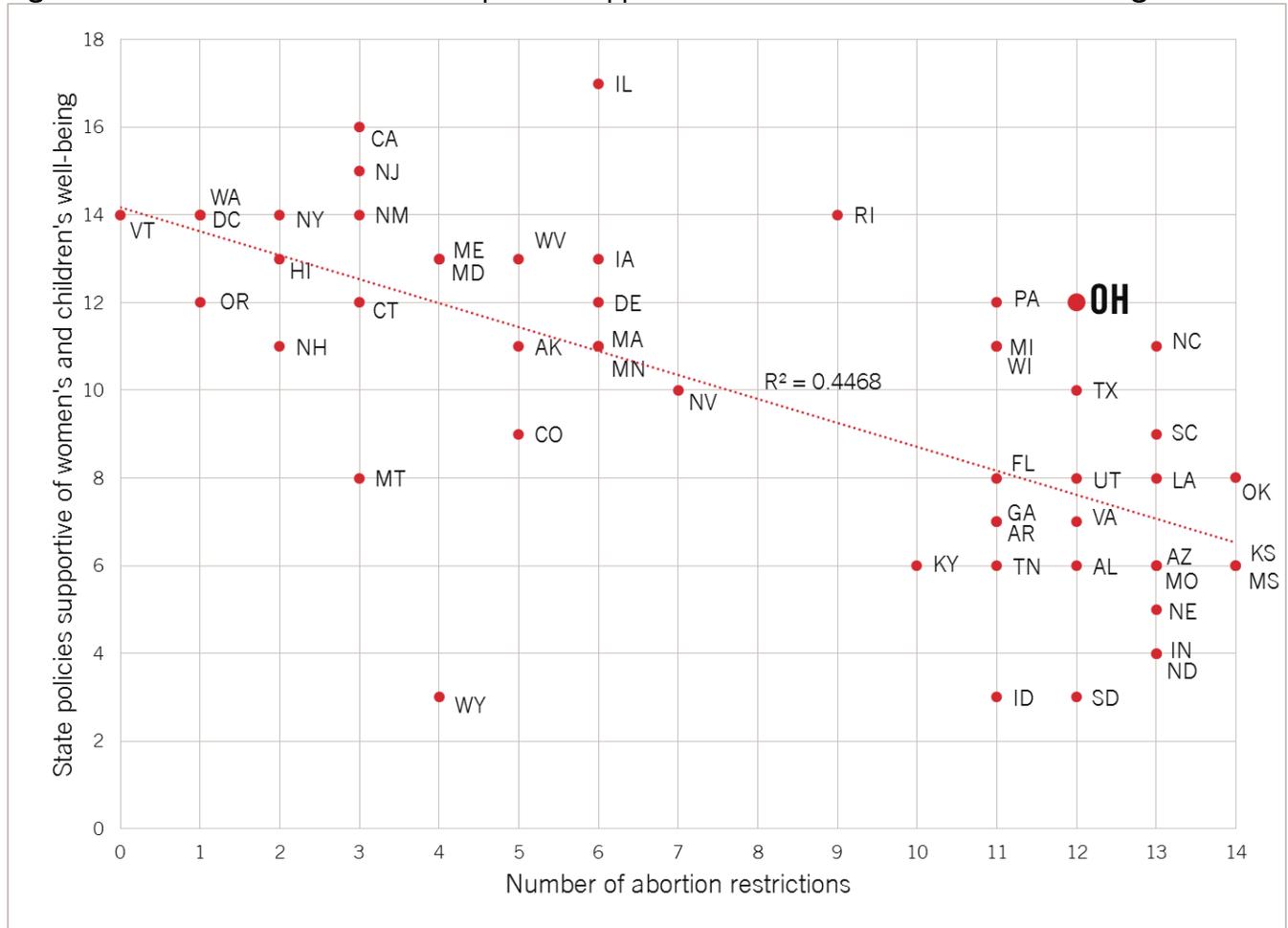
Ohio performed above average on policies that support women’s and children’s well-being. Of the 22 policies included in this analysis, Ohio had 12. This score ranked the state 15<sup>th</sup> of 51, tied with Connecticut, Delaware, Oregon, and Pennsylvania.

**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	✓	
Allows telephone, online, and/or administrative renewal of Medicaid/CHIP	✓	
Requires domestic violence protocols, training, or screening for health care providers	✓	
<b>Supporting pregnant women</b>		
Medicaid income limit for pregnant women is at least 200% of the federal poverty line	✓	
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
<b>Promoting children’s and adolescents’ health, education, and safety</b>		
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	✓	
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		X
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	✓	
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	✓	
<b>Total number of supportive policies</b>	<b>12</b>	

Ohio's relatively high number of supportive policies is inconsistent 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). However, while Ohio has more supportive policies than most other states with many abortion restrictions, it still has relatively few supportive policies when compared to less restrictive states.

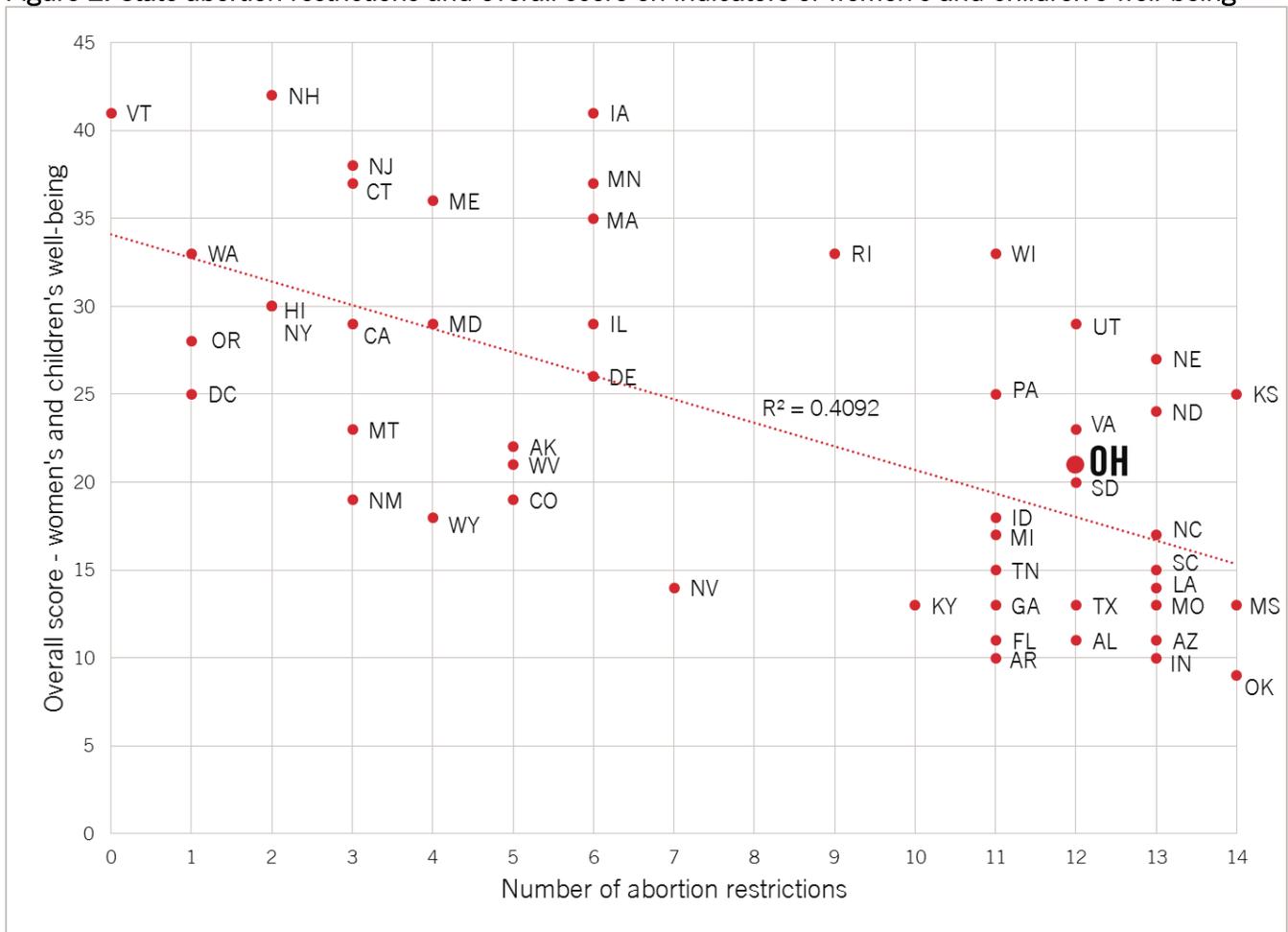
**Figure 1. State abortion restrictions and policies supportive of women's and children's well-being**



## Relationship between abortion restrictions and well-being

Ohio, one of the more restrictive states in the country for abortion, performed slightly below average on indicators of women’s and children’s well-being. This is somewhat inconsistent with the overall trend we observed that the more abortion restrictions present, the worse a state scored overall on indicators of women and children’s well-being (see Figure 2). However, while Ohio’s well-being score is better than most other states with many abortion restrictions, its overall well-being 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, Ohio has a larger number of abortion restrictions, more policies in place to support women’s and children’s well-being, and worse outcomes for women’s and children’s health and social determinants of health.

Indeed, Ohio has almost all of the abortion restrictions included in the analysis, and has been called “hostile to abortion rights.”<sup>12</sup> Despite having numerous abortion restrictions already in place, Ohio policymakers continue to pass legislation aimed at limiting abortion access. Ohio’s newest restrictions on abortion have already shut down multiple abortion clinics, and more clinics are expected to close.<sup>12,13</sup> The trend of increasing restrictions on abortion 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>14-20</sup>

While Ohio policymakers continue to enact unnecessary restrictions on abortion, the state has also passed a number of evidence-based policies known to support women’s and children’s well-being. Ohio has a strong set of policies focused on improving access to health care, such as expanding Medicaid under the Affordable Care Act and facilitating enrollment in Medicaid/CHIP, as well as a number of policies in support of education. However, the state’s policies in support of pregnant women are lacking. Aside from a relatively high Medicaid income limit for pregnant women, Ohio has passed none of the other policies we evaluated that focus on supporting pregnant women; these include family leave, disability insurance, job protections, establishing a board to address maternal mortality, and protections for pregnant prisoners. Ohio’s policies in support of families’ financial health are also mixed. Thus, while there are some evidence-based policies in place in Ohio, the state’s policies related to supporting pregnant women, whether they choose to continue or terminate their pregnancies, are lacking.

How do women’s and children’s health outcomes fare in this policy environment? We found that Ohio met only eight of the 30 benchmarks on women’s and children’s health, and one of the ten benchmarks on indicators of social determinants of health. While the state did well on some indicators, such as access to health insurance and providers for both women and children, there are a number of important health outcomes where Ohio residents have substantial unmet need.

For instance, smoking rates among women and infant mortality are among the highest in the nation, and women's asthma and unintended pregnancy rates are also well above the national average. Efforts are needed to address these health outcomes, as well as to prioritize improvements in social determinants of health.

Our findings 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 Ohio's state policies or state-level health outcomes. This highlights the need for Ohio policymakers to focus their attention on evidence-based policies that have been shown to improve women's and children's well-being instead of on restricting abortion. Doing so would enable policymakers to send a clear and consistent message that they are invested in the well-being of their state residents.

Our analysis has 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>21</sup> and is associated with other social issues that may play a role in our findings, such as racism<sup>22</sup> and sexism.<sup>23</sup> However, as detailed in our full report,<sup>4</sup> the data suggest that while household income (an incomplete, but important indicator of poverty<sup>24</sup>) does play a role in our findings, it cannot explain all of the differences observed between states. Some of the lowest well-being scores were among middle-income states with many abortion restrictions, such as Texas and Arizona.

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>25</sup>

There are a number of other strengths to our analysis. First, we selected indicators well-supported by public health bodies and scientific literature. 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>26-28</sup> Also, there is considerable evidence of the benefits to women and children of

putting in place the supportive policies we evaluated.<sup>21,22,29-31</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> In addition, the fact that Ohio fares similarly in other state profiles<sup>1,32,33</sup> boosts our confidence in the results.

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, Ohio 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, 24th edition. *NARAL Pro-Choice America*; January 2015. Available at: <http://bit.ly/RAx1CL>. Accessed February 25, 2015.
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 February 25, 2015.
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 February 25, 2015.
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. Available at: <http://bit.ly/1LRE3dp>. Accessed February 27, 2015.
5. United States Census Bureau. Statistical abstract of the United States: 2012. Available at: <http://1.usa.gov/1jjG1IR>. Accessed February 24, 2015.
6. The Henry J Kaiser Family Foundation. State health facts: Demographics and the economy. Available at: <http://bit.ly/1nAeAvS>. Accessed February 24, 2015.
7. United States Census Bureau. Three-year-average median household income by state, 2011 to 2013. Current Population Survey, 2012 to 2014. Available at: <http://1.usa.gov/1nFiwc5>. Accessed February 24, 2015.
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 February 24, 2015.
9. Newport F. Seven in 10 Americans are very or moderately religious. *Gallup*; December 4, 2012. Available at: <http://bit.ly/1iG80fl>. February 24, 2015.
10. Guttmacher Institute. State data center: Population estimates among all women aged 13-44, 2012. Available at: <http://bit.ly/1jjF4tQ>. Accessed February 24, 2015.
11. Guttmacher Institute. State facts about abortion: Ohio. Available at: <http://bit.ly/1yrBES4>. Accessed February 24, 2015.
12. Boonstra HD, Nash E. A surge of state abortion restrictions puts providers--and the women they serve--in the crosshairs. *Guttmacher Policy Review*. 2014;17(1).
13. NARAL Pro-Choice America. Abortion access in Ohio. *NARAL Pro-Choice America*. Available at: <http://bit.ly/1ut3PjV>. Accessed February 27, 2015.
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/1kPkOB7>. Accessed February 25, 2015.
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 February 25, 2015.
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 February 25, 2015.
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. 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.
22. 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.
23. Belle Doucet D. Poverty, inequality, and discrimination as sources of depression among US women. *Psychology of Women Quarterly*. 2003;27(2):101-113.
24. Nolan B, Whelan CT. *Resources, deprivation, and poverty*. Oxford University Press; 1996.
25. 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 February 25, 2015.
26. HealthyPeople.gov. Healthy People 2020 topics & objectives. Available at: <http://1.usa.gov/1gvzd4z>. Accessed February 25, 2015.
27. 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 February 25, 2015.
28. Annie E. Casey Foundation. Kids Count. Available at: <http://bit.ly/1uUBqjF>. Accessed June 26, 2014.
29. National Women's Law Center. Health care report card: Policy indicators. Available at: <http://bit.ly/1iJUM5E>. Accessed February 25, 2015.
30. Institute for Women's Policy Research. Initiatives. Available at: <http://bit.ly/1uUBZtu>. Accessed February 25, 2015.
31. HealthyPeople.gov. Healthy People 2020 topics & objectives: Social determinants of health. Available at: <http://1.usa.gov/1kyvOJb>. Accessed February 25, 2015.
32. Commonwealth Fund. Commonwealth Fund scorecard on state health system performance, 2014. Available at: <http://bit.ly/1jJnEIP>. Accessed February 25, 2015.
33. United Health Foundation. America's health rankings: A call to action for individuals and their communities. Available at: <http://bit.ly/12yAhE9>. Accessed February 25, 2015.