

EVALUATING PRIORITIES

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

State Brief: Texas

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: Texas. *Ibis Reproductive Health*; December 2014.

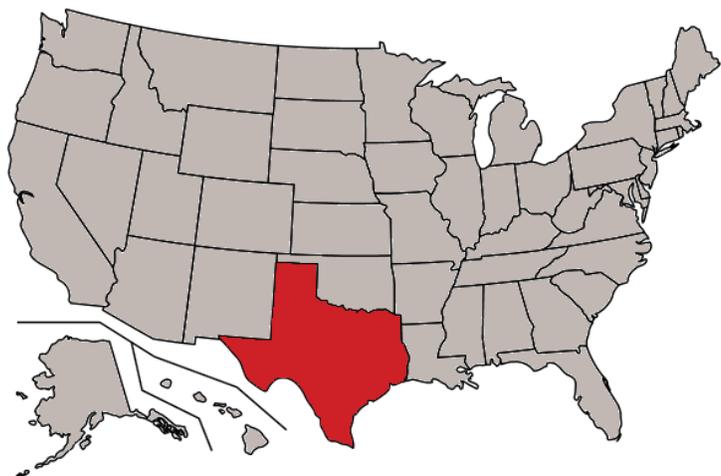
CONTEXT

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.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 report⁴ and an in-depth look at our findings for Texas.

Texas overview

Texas, located in the southern US and bordering Mexico, is mostly urban,^{5,6} and is the 25th poorest state in the country.⁷ Compared to the US as a whole, Texas has more than twice the proportion of Hispanic residents, a similar proportion of Black residents, and a lower proportion of White residents and residents of other races.⁶ Texans tend to



be more religious than other Americans.^{8,9} Its state legislature is strongly anti-choice; Governor Rick Perry (R), the Texas Senate, and the Texas House are all anti-choice.¹

1 **Evaluating Priorities:** Measuring Women's and Children's Health and Well-being against Abortion Restrictions in the States
State brief: Texas

Texas is home to an estimated 5,689,320 women of reproductive age.¹⁰ The proportion of Texas women who have abortions each year is lower than the national average, as is the percentage of pregnancies ending in abortion.¹¹ In 2011, there were 62 abortion providers in Texas, leaving 35% of Texas women living in a county with no abortion provider.¹¹ Of note, abortion restrictions implemented in September 2014 are expected to reduce the number of clinics in Texas to five, and the large majority of Texas women live outside of the metropolitan areas where the remaining clinics are expected to be located.¹² More detail about Texas can be found in Table 1 below.

Table 1: Key facts about Texas

	Texas	US
Population, n⁶	25,774,000	310,197,000
Population density, people per square mile⁵	96	87
Metropolitan status, %⁶		
Metropolitan	89	84
Non metropolitan	11	16
Race/ethnicity, %⁶		
White	42	63
Black	11	12
Hispanic	41	17
Other	6	8
Median household income, \$^{7,13}	50,591	51,771
Religion, %^{8,9}		
Very religious	47	40
Moderately religious	32	29
Nonreligious	22	31
Abortion rate, per 1,000 women of reproductive age¹¹	14	17
Pregnancies ending in abortion, %¹¹	14	18
Women living in county with no abortion provider, %¹¹	35	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 indicatorsⁱ 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

Texas had 12 of the 14 abortion restrictions included in this analysis, placing it among the most restrictive states in the country. Five other states (Alabama, Ohio, South Dakota, Utah, and Virginia) also had 12 abortion restrictions and 11 states were even more restrictive with 13 or 14 abortion 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	✓	
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	12	

Women's and children's well-being

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

Women's Health

Texas performed poorly on women's health indicators, meeting only two of the 15 benchmarks. This was the third-lowest score and placed the state 40th of 51, tied with six other states (Alabama, Colorado, Indiana, Kentucky, Michigan, and Pennsylvania).

Table 3: Women's health

Women's health indicators	TX	US	Benchmark	TX meets benchmark	
				Yes	No
Cervical cancer screening rate, % of women (range)	79.4	80.9 (73.2-88.9)	82.5 or ↑		X
Women without health insurance, % of women (range)	33.0	21.0 (5.0-33.0)	17.9 or ↓		X
Women with no personal health care provider, % of women (range)	25.2	17.3 (8.0-26.8)	14.7 or ↓		X
Maternal mortality ratio, deaths per 100,000 live births (range)	10.5	12.1 (1.2-38.2)	9.0 or ↓		X
Women reporting poor mental health, % of women (range)	39.6	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)	58.9	56.6 (47.0-66.4)	54.5 or ↓		X
Smoking prevalence, % of women (range)	13.1	16.4 (9.2-27.6)	14.6 or ↓	✓	
Prevalence of sexual violence, % of women (range)	46.5	44.6 (28.9-58.0)	41.5 or ↓		X
Asthma prevalence, % of women (range)	9.6	10.7 (7.3-14.1)	9.9 or ↓	✓	
Proportion of pregnancies unintended, % of pregnancies (range)	52.0	49.0 (37.0-70.0)	45.9 or ↓		X
Preterm birth rate, % of live births (range)	13.1	12.0 (8.4-17.6)	11.1 or ↓		X
Prevalence of low birth weight, % of live births (range)	8.4	8.1 (5.7-12.1)	7.5 or ↓		X
Chlamydia incidence, per 100,000 women (range)	745.5	643.3 (322.2-1,358.6)	546.2 or ↓		X
HIV incidence, per 100,000 women (range)	24.5	19.0 (2.3-177.9)	6.6 or ↓		X
Number of indicators meeting benchmark				2	

Children's Health

Texas performed especially poorly on indicators of child health. The state failed to meet the benchmark for any of the 15 child health outcome indicators evaluated. This ranked Texas in last place, tied with Oklahoma.

Table 4: Children's health

Children's health indicators	TX	US	Benchmark	TX meets benchmark	
				Yes	No
Children with health insurance, percent of children (range)	84.4	91.1 (81.7-97.9)	92.9 or ↑		X
Children with a medical home, percent of children (range)	50.3	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)	67.6	68.1 (56.0-81.4)	71.2 or ↑		X
Infants exclusively breastfed for six months, percent of children (range)	14.5	16.4 (4.1-27.4)	19.3 or ↑		X
Children receiving complete vaccination, percent of children (range)	64.8	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)	59.5	61.0 (40.4-86.3)	65.1 or ↑		X
Infant mortality rate, per 100,000 infants (range)	609.6	638.7 (423.6-989.5)	573.5 or ↓		X
Child mortality rate, per 100,000 children (range)	17.0	17.0 (9.0-30.0)	14.6 or ↓		X
Teen mortality rate, per 100,000 teens (range)	50.0	49.0 (29.0-85.0)	41.8 or ↓		X
Children overweight or obese, percent of children (range)	36.6	31.3 (22.1-39.8)	29.2 or ↓		X
Children living with someone who smokes, percent of children (range)	21.9	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)	8.0	9.0 (4.0-16.0)	7.9 or ↓		X
Teen alcohol or drug abuse, percent of teens (range)	6.7	6.5 (4.7-9.2)	6.1 or ↓		X
Teen birth rate, per 1,000 female teens (range)	44.0	29.0 (14.0-47.0)	24.7 or ↓		X
Number of indicators meeting benchmark					0

Social Determinants of Health

Texas performed poorly on social determinants of health. The state met the benchmark for only one of the ten indicators. This was the second-lowest score and ranked Texas 38th of 51, tied with ten other states. Arizona, Arkansas, and Tennessee were the only states that did more poorly than Texas on this subtopic, each having a score of zero for social determinants of health.

Table 5: Social determinants of health

Social determinants of health	TX	US	Benchmark	TX meets benchmark	
				Yes	No
Women participating in the labor force, percent of women (range)	57.9	58.8 (49.6-66.9)	60.7 or ↑		X
Women's earnings, % of men's earning (range)	77.8	78.6 (64.0-92.3)	81.2 or ↑		X
On-time high school graduation, percent of students (range)	78.9	78.2 (57.8-91.4)	81.8 or ↑		X
Women in poverty, percent of women (range)	23.0	20.0 (10.0-27.0)	18.1 or ↓		X
Children in poverty, percent of children (range)	26.0	23.0 (13.0-35.0)	20.4 or ↓		X
Household food insecurity, percent of households (range)	18.4	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)	13.3	20.3 (8.1-112.5)	12.2 or ↓		X
Unemployment rate, percent of labor force (range)	5.2	6.3 (2.6-8.3)	5.6 or ↓	✓	
Violent crime rate, per 100,000 population (range)	408.6	386.9 (122.7-1243.7)	297.5 or ↓		X
Number of indicators meeting benchmark					1

Supportive Policies

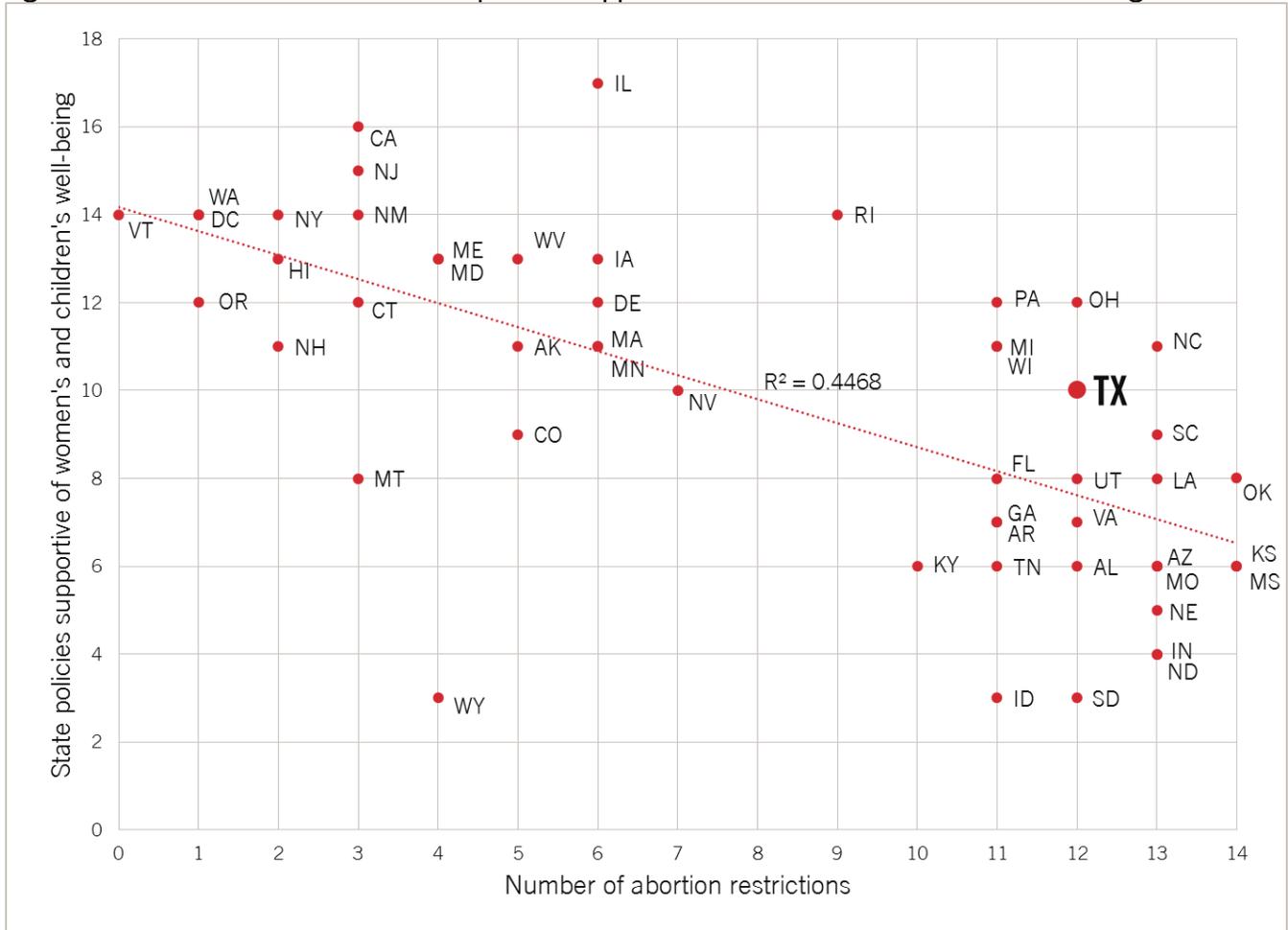
Texas performed slightly below average on policies that support women’s and children’s well-being. Of the 22 policies included in this analysis, Texas had ten. This score placed the state 27th out of 51, tied with Nevada.

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	✓	
Requires domestic violence protocols, training, or screening for health care providers	✓	
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	✓	
Requires reasonable accommodations for pregnant workers	✓	
Prohibits or restricts shackling pregnant prisoners	✓	
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		X
Mandates sex education		X
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		X
Has firearm safety law(s) designed to protect children	✓	
Supporting families’ financial health		
Allows families receiving TANF to keep child support collected on their behalf	✓	
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	✓	
Promoting a healthy environment		
Requires worksites, restaurants, and bars to be smoke free		X
Total number of supportive policies	10	

Texas's low number 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). While Texas has more supportive policies than most other states with many abortion restrictions, it still has few supportive policies when compared to less restrictive states.

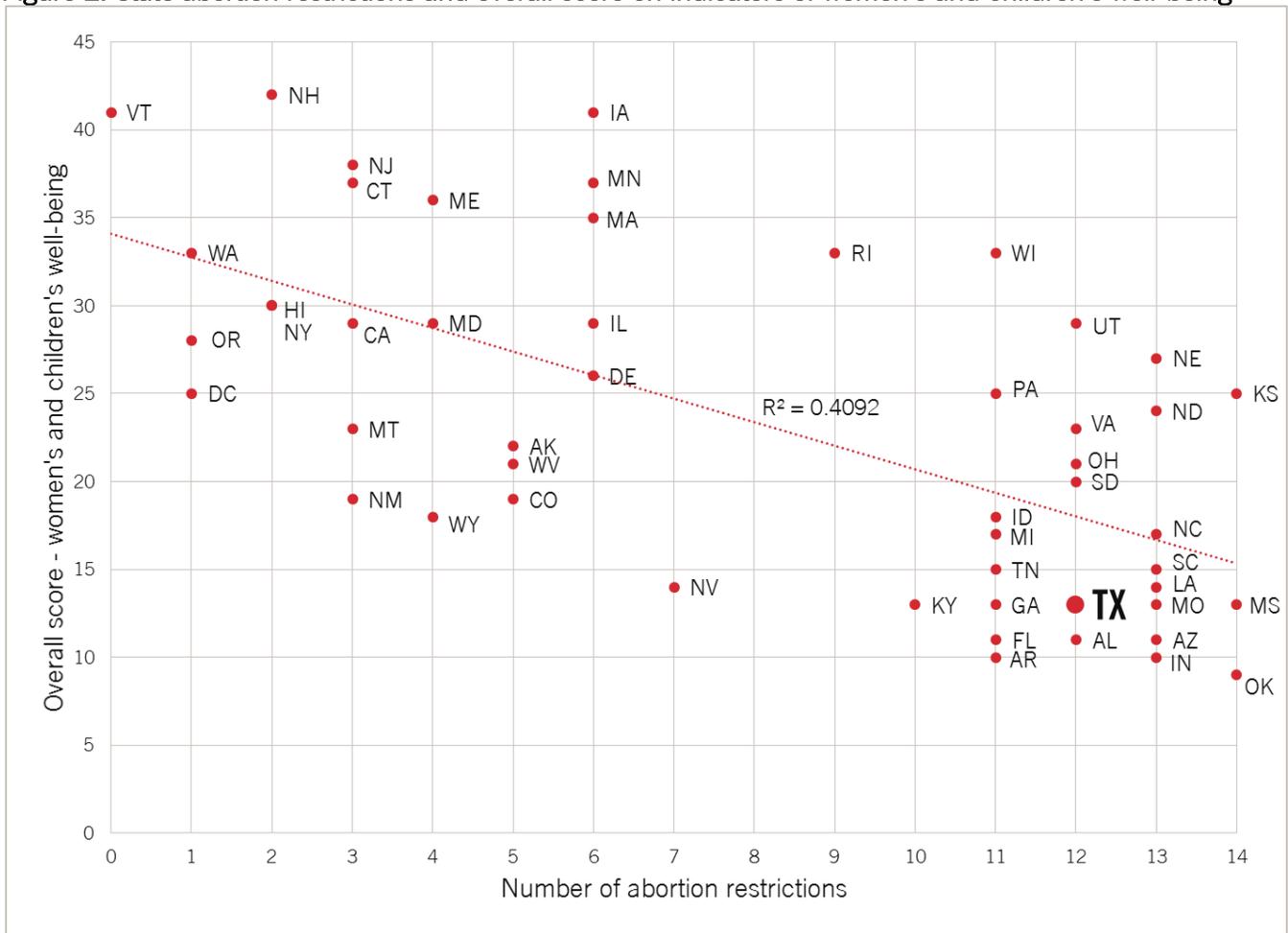
Figure 1. State abortion restrictions and policies supportive of women's and children's well-being



Relationship between abortion restrictions and well-being

Texas, one of the more 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 scored 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, Texas has a large 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 and costs 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, Texas policymakers have continued to pass legislation limiting abortion access. Between 2011 and 2014 Texas policymakers passed a number of particularly onerous restrictions on abortion. The impact of those policies has only begun to be documented, but early evidence shows their impact is far-reaching and detrimental to women and their families.²¹

We also found that, compared to other states, Texas performs poorly on meeting women's and children's well-being needs. 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.²²⁻²⁴ There is also considerable evidence of the benefits of putting in place the supportive policies we evaluated and of addressing major social determinants of health.²⁵⁻²⁷ 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 Texas policymakers have adopted some policies that support women and children, the state still lacks a number of important policies. Notably, there is a dearth of policies that promote health education (physical education, sex education, HIV education) as well as early childhood education, and the state's decision not to expand Medicaid under the Affordable Care Act will leave over half a million women in the state without access to affordable health care coverage.²⁸ Additionally, compared to other states, women and children in Texas have poorer health outcomes and face greater challenges in their social and economic contexts. The poor health outcomes for Texas women and children indicate that the few existing supportive policies are not enough to ensure residents' health needs are met; the state met the benchmarks for only three of the 30 women's and children's health outcomes.

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 Texas'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,²⁹ and is associated with other social issues that may play a role in our findings, such as racism³⁰ and sexism.³¹ However, as detailed in our full report, the data suggest that while household income (an incomplete, but important indicator of poverty³²) does play a role in our findings, it cannot explain all of the differences observed between states. Texas, for instance, has a median household income close to the national average (25th poorest state), but was among the lowest-scoring states for overall well-being.

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.³³

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, Texas 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: Texas. Available at: <http://bit.ly/1d6KXNM>. Accessed June 26, 2014.
12. The Texas Policy Evaluation Project. How abortion restrictions would impact five areas of Texas. *University of Texas at Austin*; August 26, 2013. Available at: <http://bit.ly/1hjOXzx>. 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/1kPkOB7>. 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/1aIMlcA>. 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. The Texas Policy Evaluation Project. Impact of abortion restrictions in Texas: Research brief. *University of Texas at Austin*; April 2013. Available at: <http://bit.ly/1o6r8lc>. Accessed June 26, 2014.
22. HealthyPeople.gov. Healthy People 2020 topics & objectives. Available at: <http://1.usa.gov/1gvzd4z>. Accessed June 26, 2014.
23. 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.
24. Annie E. Casey Foundation. Kids Count. Available at: <http://bit.ly/1uUBqjF>. Accessed June 26, 2014.
25. National Women's Law Center. Health care report card: Policy indicators. Available at: <http://bit.ly/1iJUM5E>. Accessed June 26, 2014.
26. Institute for Women's Policy Research. Initiatives. Available at: <http://bit.ly/1uUBZtu>. Accessed June 26, 2014.
27. HealthyPeople.gov. Healthy People 2020 topics & objectives: Social determinants of health. Available at: <http://1.usa.gov/1kyvOJb>. Accessed June 26, 2014.
28. 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.
29. 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.
30. 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.
31. Belle Doucet D. Poverty, inequality, and discrimination as sources of depression among US women. *Psychology of Women Quarterly*. 2003;27(2):101-113.
32. Nolan B, Whelan CT. *Resources, deprivation, and poverty*. Oxford University Press; 1996.
33. 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.