EVALUATING PRIORITIES

Measuring Women's and Children's Health and Well-being against Abortion Restrictions in the States

Ibis Reproductive Health

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Executive Summary

The need to delve deeper and go farther in illuminating the picture of women's reproductive health in the United States is clear, as state legislators continue to introduce numerous restrictions on abortion every year. In 2014 alone, more than 250 bills restricting abortion were introduced in nearly 40 states.

Anti-choice state legislators are passing and enacting restrictions on abortion under the pretext of protecting women's health and safety. In many instances, their true political motives are made crystal clear by the underhanded legislative maneuvering and outlandish statements by state legislators and the lack of medical support for their claims. We know that legislators who seek to close down clinics, make women feel guilty or stigmatized for their reproductive choices, and force doctors to practice medicine in ways that conflict with their own evidence-based experience and medical judgment, cannot honestly claim to own the mantle of women's health and safety. And we know that there are real challenges that women are facing today that impact their health, well-being, and lives that state legislators can and should be seeking to address.

To support an evidence-based effort to fight back against the onslaught of abortion restrictions, the Center for Reproductive Rights and Ibis Reproductive Health collaborated to evaluate some of the claims of anti-choice activists and policymakers. We aimed to determine if the concern that anti-choice advocates and legislators say they have for women 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 look at the inverse and see how states with relatively few abortion restrictions fare in terms of women's and children's health policies and outcomes.

As the report from Ibis Reproductive Health details, there is an inverse relationship between a state's number of abortion restrictions and a state's number of evidence-based policies that support women's and children's well-being. States with more abortion restrictions tend to have fewer supportive policies in place. Such policies are crucial to ensuring women and families are able to live healthy and safe lives. These policies include efforts to address maternal mortality; improve general health care affordability and access; support pregnant women's rights and health; address issues related to children's education; support the financial health of families, and promote a healthy environment. Women's health – and the health of their families – is impacted by a diverse host of factors, many of which can and should be addressed by state legislators.

Ibis Reproductive Health also found a consistently negative relationship between a state's number of abortion restrictions and its performance on indicators of women's health, children's health, and social determinants of health. These data

clearly show that states need to focus on improving outcomes for women's and children's health. Restricting abortion access and rights is not the way to address the real concerns and difficulties women are facing in their everyday lives.

The Center for Reproductive Rights will partner with state advocates throughout 2015 to utilize this research from Ibis Reproductive Health to support state policy and advocacy work that protects and advances women's health. State legislators interested in taking concrete steps to actually improve the lives of their constituents should take heed: passing abortion restrictions is not the way to do it.

Our message is loud and clear. Anti-choice state legislators claim to care about women's and children's health, but they spend their time restricting and reducing access to abortion care. It's time for them to check their priorities.

Health and Safety Claims in Context

- Texas State Representative **Jodie Laubenberg** and author of HB2 celebrated the passage of the bill saying that she was "proud of the step we've taken to protect both babies and women." As of this publication, since its introduction, HB2 has closed more than half the number of health clinics that provide abortion care in Texas. Meanwhile, Texas performs 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.

- U.S. Senator **David Vitter** (R-LA) called for an unwarranted investigation of abortion clinics in his state "to protect the health and safety of children in Louisiana." Meanwhile, the state has one of the highest maternal and infant mortality rates in the country. Yet despite this, legislators in 2014 advanced a medically unnecessary admitting privileges requirement claiming that it was "about the safety of women."

RESEARCH REPORT

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BACKGROUND

Since abortion was legalized in the United States (US) in 1973, states have created hundreds of laws limiting whether, when, and under what circumstances a woman may obtain an abortion.[1] In recent years, abortion restrictions have begun passing at an alarming rate; from 2011 to 2013 states enacted 205 new restrictions on abortion, more than were enacted in the entire previous decade.[2] These restrictions take many forms, but include prohibiting insurance coverage of abortion, mandating involvement of parents in minors' abortion decisions, and requiring women to undergo counseling or ultrasound procedures prior to an abortion.

Why are these abortion restrictions in place? Anti-choice policymakers claim they are necessary to protect the health and well-being of women, their pregnancies, and their children. Such claims of concern for health and well-being have become the bedrock of numerous newly passed abortion restrictions.[3-5] Anti-choice groups such as The National Right to Life Committee and Americans United for Life craft model legislative proposals with a specific goal of framing such laws to increase their chances of passing.[6-7] Some scholars attribute the passage of these proposals to the successful framing of abortion restrictions as necessary for the health and well-being of women, their pregnancies, and their children.[8]

Given how foundational claims of concern for health and well-being appear to be to the success of anti-choice policy efforts, Ibis Reproductive Health and the Center for Reproductive Rights collaborated to evaluate these claims. We aimed to determine if the concern that anti-choice policymakers say they have for women, their pregnancies, and their children translates into the passage of state policies known to improve the health and well-being of women (throughout their life course, including during pregnancy) and children, or into improved state-level health outcomes for women and children. We also aimed to look at the inverse and see how states with relatively few abortion restrictions fare in terms of women's and children's health policies and outcomes.

METHODS

To meet our aims, 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, policies supportive of women's and children's well-being, and women's and children's health outcomes, (2) scoring the selected state restrictions, policies, and outcomes, and (3) graphically exploring the relationship between abortion restrictions and women's and children's health policies and outcomes.

Indicator selection

We collected indicators in five topic areas: abortion restrictions, women's health outcomes, children's health outcomes, social determinants of health, and policies supportive of women's and children's well-being. We selected indicators of abortion restrictions and policies relevant to the health of women and children because the claims of policymakers are the focal point of our analysis. Indicators of health outcomes for women and children are also included as they provide context for health status in the state. Finally, in keeping with our broad perspective on women's and children's well-being, we included indicators of social determinants of health – i.e., social, economic, and environmental factors that have been documented to affect well-being.[9] In selecting indicators for these categories, we selected those that were: (1) representative of a broad range of issues relating to women's and children's health and well-being, (2) available at the state-level, (3) publicly available, (4) regularly updated, (5) easy to understand, (6) important for the well-being of women and children, (7) evidence-based, and (8) available by gender (for women's health indicators). We also aimed to include parallel indicators for both women's and children's health whenever possible (e.g., we included asthma prevalence among women and among children).

To determine which indicators were most meaningful, we consulted experts, academic literature, public health guidance, and prior policy analyses. This resulted in a large pool of potential indicators. We narrowed down our list of potential indicators to ensure our grading system was consumable, easy to update, and balanced in its representation of women's and maternal and child health. We also eliminated indicators with an aim to avoid duplication of subject matter.

[i] "Indicator" refers to the presence or absence of a policy (either an abortion restriction or a policy to support women and children) or a health outcome statistic (e.g., infant mortality rate, prevalence of asthma, etc.).

The final indicator list included 76 indicators in the 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 (22).

Data collection and analysis

The data for this analysis were collected from a variety of government and nonprofit organizations with expertise in women's and children's health, such as the Guttmacher Institute, the Kaiser Family Foundation, the Centers for Disease Control and Prevention, the National Women's Law Center, and the Annie E. Casey Foundation. A full list of indicators, the evidence of their impact, and data sources is presented in the Appendix.

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 (women's health, children's health, social determinants of health, and policies supportive of 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), a benchmark was set equal to one half of a standard deviation better than the national average. This benchmark 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. A state received a score of 1 if it met or exceeded the benchmark and a 0 if it did not. 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

The 14 abortion restrictions included in this analysis are listed in Table 1; more information on these restrictions, including the impact of these restrictions and data sources, can be found in the Appendix.

Table 1. Abortion restrictions

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)

The median number of state abortion restrictions was ten. Only one state, Vermont, had zero restrictions while three states, Kansas, Mississippi, and Oklahoma, had the maximum of 14 restrictions (see Table 2). Eight states had 13 abortion restrictions.

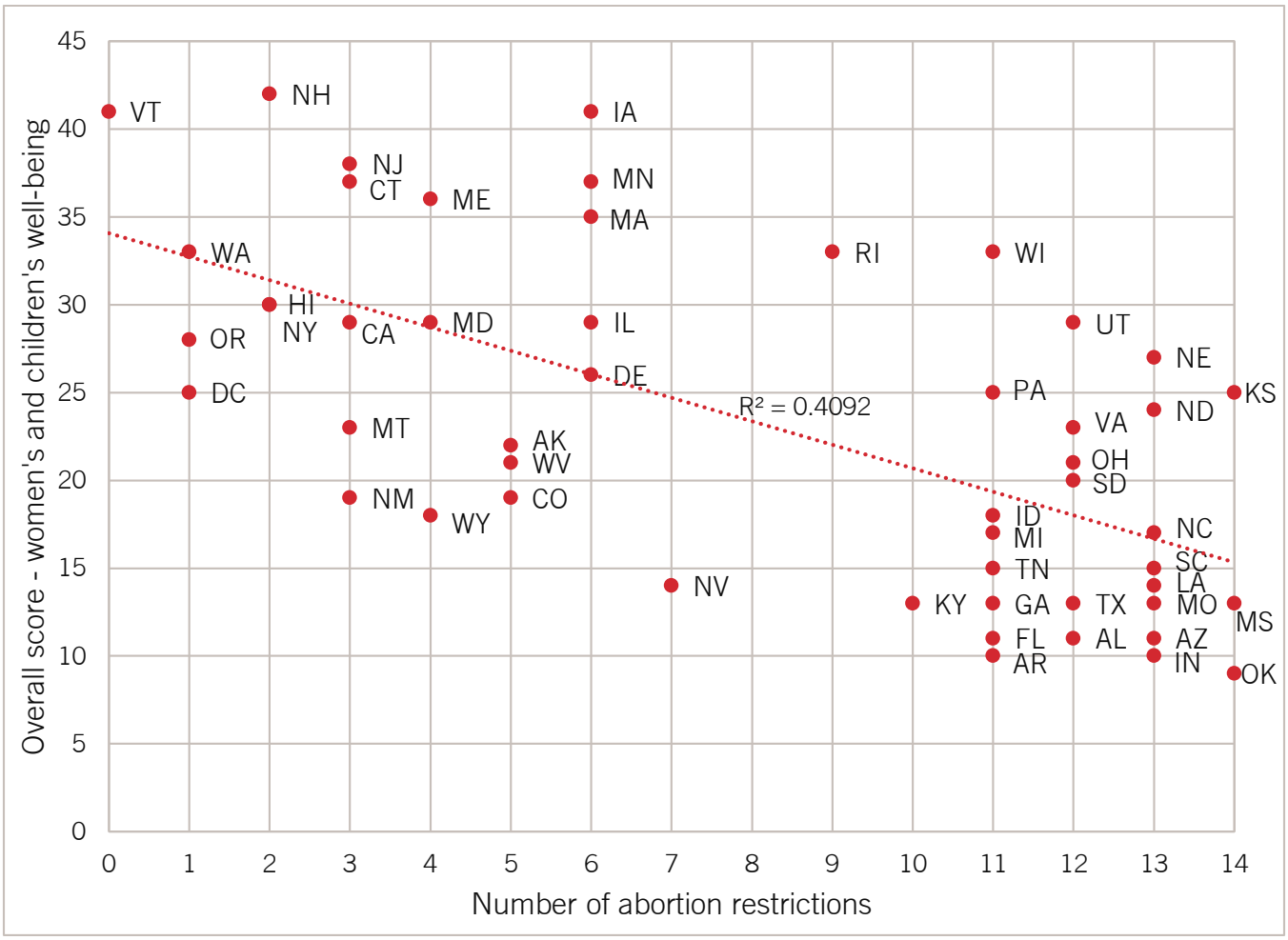
Table 2. Number of abortion restrictions by state

Number of abortion restrictions	State(s)
0	Vermont
1	District of Columbia, Oregon, Washington
2	Hawaii, New Hampshire, New York
3	California, Connecticut, Montana, New Jersey, New Mexico
4	Maine, Maryland, Wyoming
5	Alaska, Colorado, West Virginia
6	Delaware, Illinois, Iowa, Massachusetts, Minnesota
7	Nevada
8	N/A
9	Rhode Island
10	Kentucky
11	Arkansas, Florida, Georgia, Idaho, Michigan, Pennsylvania, Tennessee, Wisconsin
12	Alabama, Ohio, South Dakota, Texas, Utah, Virginia
13	Arizona, Indiana, Louisiana, Missouri, Nebraska, North Carolina, North Dakota, South Carolina
14	Kansas, Mississippi, Oklahoma

Overall women's and children's well-being

We found that the more abortion restrictions present, the worse a state performed overall on indicators of women's and children's well-being (see Figure 1). Among the 23 states with 0-6 abortion restrictions, 18 (78%) were above the median overall score for well-being. In contrast, only eight of the 28 states with 7-14 abortion restrictions (29%) were above the median.

Figure 1. State abortion restrictions and overall score on indicators of well-being



Note: R^2 is a statistical measure of how close the data are to the trend line. A higher R^2 value indicates a stronger relationship between the two variables.

The 11 states with the best overall well-being scores were New Hampshire (2 restrictions; ranked 1st in well-being), Iowa (6 restrictions; ranked 2nd in well-being), Vermont (0 restrictions; ranked 2nd in well-being), New Jersey (3 restrictions; ranked 4th in well-being), Connecticut (3 restrictions; ranked 5th in well-being), Minnesota (6 restrictions; ranked 5th in well-being), Maine (4 restrictions; ranked 7th in well-being), Massachusetts (6 restrictions; ranked 8th in well-being), Rhode Island (9 restrictions; ranked 9th in well-being), Washington (1 restriction; ranked 9th in well-being), and Wisconsin (11 restrictions; ranked 9th in well-being). While most of these states have few abortion restrictions, Wisconsin stands out as an outlier that has a high number of abortion restrictions and also performs relatively well on overall well-being. Wisconsin's high overall score is primarily driven by good scores on women's health (ranked 4th) and social determinants of health (ranked 11th); its scores for child health (ranked 14th) and supportive policies (ranked 20th) were not as high.

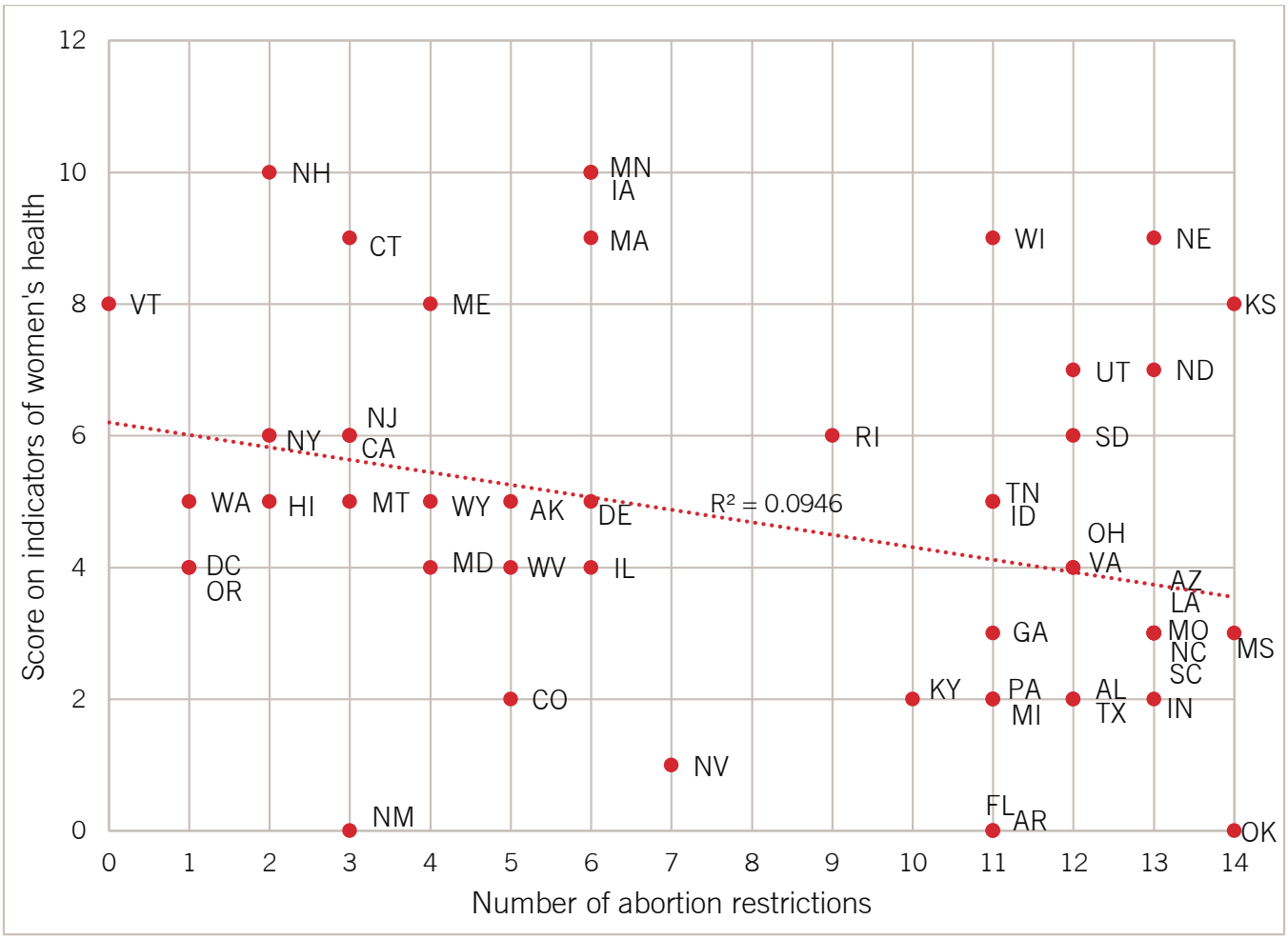
The 11 states with the worst overall well-being scores were Oklahoma (14 restrictions; ranked 48th in well-being), Arkansas (11 restrictions; ranked 48th in well-being), Florida (11 restrictions; ranked 48th in well-being), Indiana (13 restrictions; ranked 40th in well-being), Texas (12 restrictions; ranked 40th in well-being), Kentucky (10 restrictions; ranked 40th in well-being), Alabama (12 restrictions; ranked 40th in well-being), Mississippi (14 restrictions; ranked 33rd in well-being), Arizona (13 restrictions; ranked 33rd in well-being), Missouri (13 restrictions; ranked 33rd in well-being), and Georgia (11 restrictions; ranked 33rd in well-being). All of these states uniformly have high numbers of abortion restrictions.

In plotting states' numbers of abortion restrictions against their scores on each of the sub-topics, the overall trend remained the same, though the strength of the relationship varied (see Figures 2-5). For all sub-topics, as abortion restrictions increased scores on other indicators decreased. This relationship was particularly strong in the policy sub-topic; states with restrictive abortion policies have fewer policies that support women and children.

Women's health outcomes

While there was significant variation between states, the overall trend was that states with more abortion restrictions generally performed worse on women's health outcomes (see Figure 2). Iowa, Minnesota, and New Hampshire tied for the highest score, meeting the benchmark for ten of the 15 indicators of women's health; New Hampshire had two abortion restrictions and the other two states had six. The states with the lowest women's health score were Arkansas, Florida, New Mexico, and Oklahoma, which met the benchmark for none of the 15 women's health indicators. Arkansas, Florida, and Oklahoma had 11-14 abortion restrictions; New Mexico is an outlier that had only three abortion restrictions while being one of the lowest-scoring states for women's health.

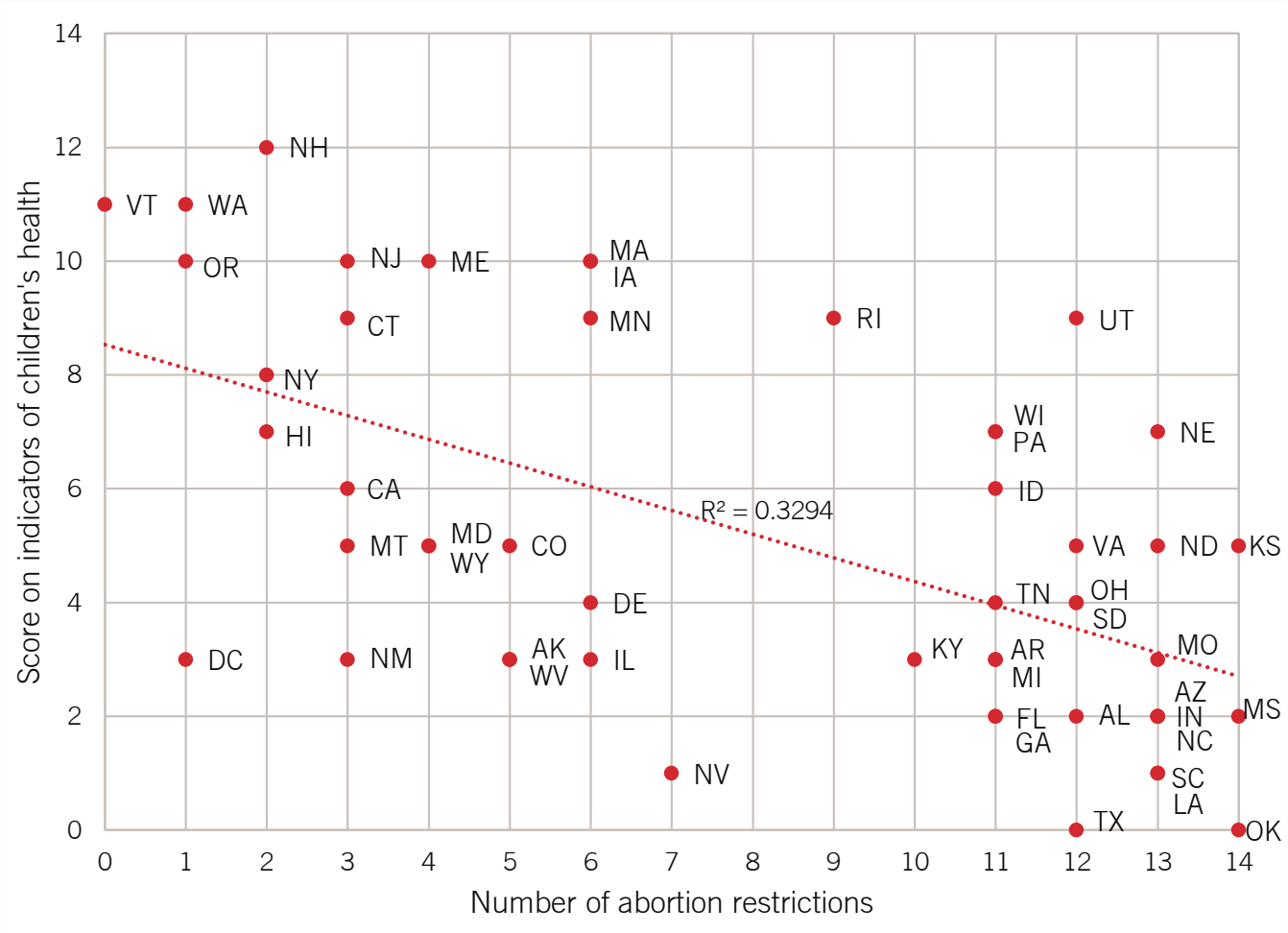
Figure 2. State abortion restrictions and women's health



Children's health outcomes

The relationship between abortion restrictions and children's health was stronger than that between abortion restrictions and women's health (See Figure 3). States with many abortion restrictions met fewer benchmarks on children's health outcomes than states with few abortion restrictions. New Hampshire had the highest children's health score and met the benchmark for 12 of the 15 indicators analyzed. Vermont and Washington tied for second with a score of 11. All of the top three states for children's health had between 0-2 abortion restrictions. Texas and Oklahoma had the lowest children's health score and met the benchmark for none of the 15 indicators. Louisiana, Nevada, and South Carolina tied for the second-lowest score, meeting one of 15 benchmarks. With the exception of Nevada, all of the lowest-scoring states for children's health had 12-14 abortion restrictions. Nevada is an outlier that is among the worst states for child health while being only moderately restrictive of abortion.

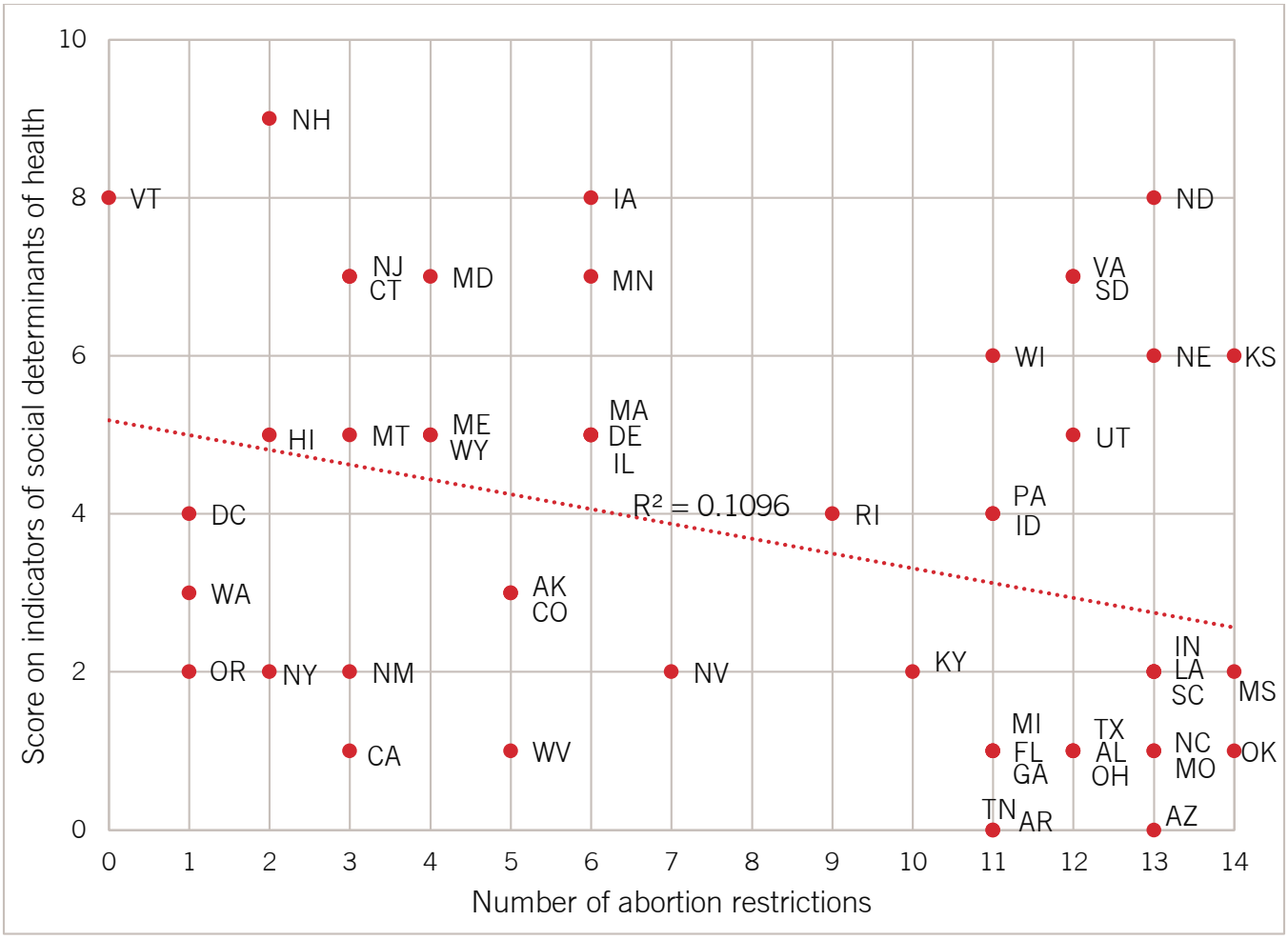
Figure 3. State abortion restrictions and children's health



Social determinants of health

Similar to the pattern observed with the women's health indicators, while there is significant variation, the general trend suggests that states with more abortion restrictions meet fewer social determinants of health benchmarks than states with fewer abortion restrictions (see Figure 4). The top four states were New Hampshire (met the benchmark for 9 out of 10 indicators), Iowa, North Dakota, and Vermont (all 8 of 10). Vermont and New Hampshire are among the least restrictive states for abortion, Iowa is moderately restrictive, and North Dakota is highly restrictive. Arkansas, Arizona, and Tennessee had the lowest score, meeting the benchmark for none of the ten indicators; all three states are highly restrictive of abortion.

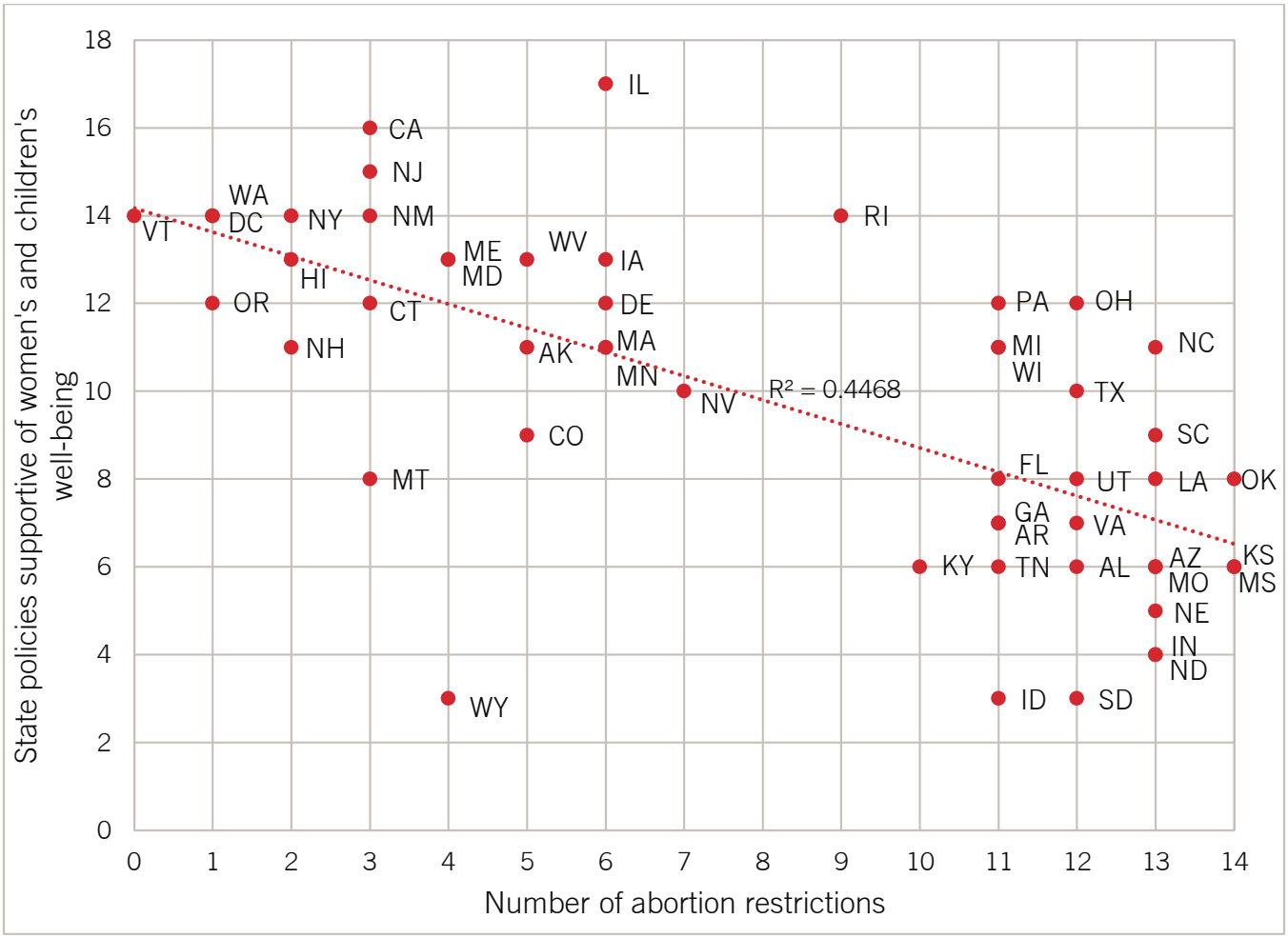
Figure 4. State abortion restrictions and social determinants of health



Policies supportive of women's and children's well-being

The negative relationship between the number of abortion restrictions and the number of policies that support women's and children's well-being was stronger than any of the other sub-topics (see Figure 5). With few exceptions, states that have passed multiple policies to restrict abortion have passed fewer evidence-based policies to support women's and children's well-being, compared to states with fewer restrictions on abortion. The three states with the highest women's and children's policy scores were Illinois (17 of 22 supportive policies), California (16 of 22), and New Jersey (15 of 22). Five states (New Mexico, New York, Rhode Island, Vermont, and Washington) and the District of Columbia tied for the next highest score of 14. Of these nine top-scorers, all have three or fewer abortion restrictions except Illinois (6 restrictions) and Rhode Island (9 restrictions). Of the six states with five or fewer supportive policies, all but one had 11 or more abortion restrictions. Wyoming is exceptional in that it has few abortion restrictions (4) and few supportive policies (3).

Figure 5. State abortion restrictions and policies supportive of women's and children's well-being



DISCUSSION

This analysis shows that despite the existing evidence base, many states continue to impede abortion access, while also lacking policies that have been documented to support women's and children's well-being. We observed a consistently negative relationship between a state's number of abortion restrictions and its performance on indicators of women's health, children's health, social determinants of health, and policies to support women and children. In this analysis, we find that state anti-choice policymakers have not focused their attention on evidence-based policies that improve the health and well-being of women and children. This analysis helps debunk the common claim that anti-choice policymakers in the US are working to protect and support the health and well-being of women, their pregnancies, and their children.

These findings are troubling as ample scientific evidence makes clear that restricting abortion is not beneficial to women and that abortion restrictions can lead to a number of emotional, financial, and physical harms. Some restrictions delay or make it more difficult to access care, contributing to poor emotional and financial well-being as women try to navigate abortion care hurdles.[9-15] Delays also increase the risk of the abortion procedure. Other restrictions block access to abortion all together, interfering with women's abilities to make their own reproductive decisions and preventing the achievement of life plans and goals. Women denied abortion care are also at increased risk of experiencing poverty, physical health impairments, and intimate partner violence[8,10,13,17-25] See the Appendix for details on the specific impacts of the abortion restrictions included in this analysis.

On the flip side, 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. Such benefits include improved health and safety, lower poverty rates, decreased reliance on public assistance, and better developmental and educational outcomes for children.[26-28] See the Appendix for the specific impacts of each indicator included in this analysis.

Our findings are consistent with prior research. Of our 12 best-ranking states for the fewest abortion restrictions, all scored an "A-" or better on NARAL's reproductive rights report card except the District of Columbia (not graded), New Hampshire (C+), and Montana (B+); all of our 11 worst-ranking states for the most abortion restrictions scored an "F" on NARAL's report card.[1] Similarly, of our top 11 states with the highest overall well-being scores, all were ranked in the top quartile for the Commonwealth Fund's state health system scorecard except New Jersey and Washington (both in the second quartile, ranked 15th of 51). Of our bottom 11 states with the lowest overall well-being scores, all were ranked in the bottom quartile by the Commonwealth Fund except Arizona (third quartile, ranked 36th) and Missouri (third quartile, ranked

34th).[29] Prior research has also linked reproductive rights and other indicators of women's status with better outcomes for children, such as lower infant mortality.[30] One study found that between 1964 and 1977, the single most important factor in the reduction of infant mortality was the increase in abortion legalization.[31]

Strengths and Limitations

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,[32] and is associated with other social issues that may play a role in our findings, such as racism[33] and sexism.[34] However, the data suggest that while household income (an incomplete, but important indicator of poverty[35]) 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.[36] Oklahoma, with the 16th lowest median household income in the country, had the worst overall score in our analysis, lower than all ten of the ten poorest states in the country. Montana, West Virginia, and New Mexico were the only three of the ten poorest states that had few abortion restrictions; their overall scores were higher than those of the seven poorest states with many abortion restrictions (total score ranging from 19-23 versus 10-15).

Additionally, our dichotomous scoring methodology is limited in its ability to detect variation between states since states are classified as either meeting the benchmark or not, without any accounting for the degree of difference, nor did we 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 in that it facilitates understanding and replicability of our analysis, and makes the information accessible.[37]

Conclusion

Ultimately, this analysis used straightforward analytical techniques to demonstrate that, despite their claims that they seek to protect women, their pregnancies, and their children, anti-choice state policymakers focus their efforts on restricting abortion and not on putting in place policies known to promote the health and well-being of women and children. This analysis emphasizes the need for state policymakers to focus broadly on improving the well-being of women and children, rather than restricting access to needed health care services such as abortion.

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Appendix: Indicators, evidence of impact, and sources

ABORTION RESTRICTIONS

Below average number of abortion providers

Description: Number of abortion providers per 100,000 women aged 15-44 is below the national average, 2011.

Data source(s):

- Guttmacher Institute. State data center, create a table: Number of abortion providers, 2011. Available at: http://bit.ly/1qBgNWW. Accessed June 6, 2014.
- Guttmacher Institute. State data center, create a table: Total number of women aged 15-44, 2011. Available at: http://bit.ly/1qBgNWW. Accessed June 6, 2014.

Impact: The quality and functionality of any health care delivery system depends on the availability of medical personnel. A limited number of abortion providers likely impedes access to health care and disproportionately impacts those living in medically underserved areas.

Impact source(s):

- Agency for Healthcare Research and Quality. Health system infrastructure: National healthcare disparities report, 2010. *Agency for Healthcare Research and Quality*; 2011. Available at: http://1.usa.gov/1rpXvY6. Accessed June 25, 2014.
- Henshaw SK. Factors hindering access to abortion services. *Family Planning Perspectives.* 1995;27(2):54-87.

Ambulatory surgical center standards imposed on facilities providing abortion

Description: Facilities providing abortion must meet standards intended for ambulatory surgical centers.

Data source(s):

- Guttmacher Institute. State policies in brief: Targeted regulation of abortion providers. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/LzzolX. Accessed June 6, 2014.

Impact: Imposing ambulatory surgical standards on facilities providing abortion can reduce the number of providers able to stay open and offer care, limiting women's access to care. These standards also increase the cost of care, which can further impede access.

Impact source(s):

- The University of Texas at Austin. The Texas Policy Evaluation Project: How abortion restrictions would impact five areas of Texas. *The University of Texas at Austin*; August 2013. Available at: http://bit.ly/1hj0Xzx. Accessed June 25, 2014.
- Jones BS, Wietz TA. Legal barriers to second-trimester abortion provision and public health consequences. *American Journal of Public Health.* 2009;99(4):623-630.

Gestational age limit for abortion set by law

Description: Abortion is restricted beyond a specified gestational age.

Data source(s):

- Guttmacher Institute. State policies in brief: State policies on later abortions. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1isGcj3. Accessed June 6, 2014.

Impact: Gestational age limits for abortion set by law can prevent women from being able to access care and force them to continue unwanted pregnancies. Not being able to access care because of gestational age limits can also reduce women's self-esteem and life satisfaction, and increase regret and anger.

Impact source(s):

- Upadhyay UD, Weitz TA, Jones RK, Barar RE, Foster DG. Denial of abortion because of provider gestational age limits in the United States. *American Journal of Public Health.* August 2013; epub ahead of print.
- Biggs MA, Upadhyay UD, Steinberg JR, Foster DG. Does abortion reduce self-esteem and life satisfaction? *Quality of Life Research.* April 2014; epub ahead of print.
- Rocca CH, Kimport K, Gould H, Foster DG. Women's emotions one week after receiving or being denied an abortion in the United States. *Perspective on Sexual and Reproductive Health.* 2013;45(3):122-31.
- Jones BS, Wietz TA, Legal barriers to second-trimester abortion provision and public health consequences. *American Journal of Public Health.* 2009;99(4):623-630.

Hospital privileges or alternative arrangement required for abortion providers

Description: Abortion providers are required to be affiliated with a local hospital, through admitting privileges or an alternative arrangement.

Data source(s):

- Guttmacher Institute. State policies in brief: Targeted regulation of abortion providers. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/LzzolX. Accessed June 6, 2014.

Impact: Requiring abortion providers to have hospital privileges or alternative arrangements reduces access to care without improving patient safety.

Impact source(s):

- The University of Texas at Austin. The Texas Policy Evaluation Project: Abortion restrictions in context. *The University of Texas at Austin;* August 2013. Available at: http://bit.ly/1lr0mLp. Accessed June 25, 2014.
- Nash E, Gold RB. TRAP laws gain political traction while abortion clinics – and the women they serve – pay the price. *Guttmacher Policy Review*. 2013;16(2):7-12.

Mandatory counseling prior to abortion

Description: Women seeking an abortion must undergo counseling before obtaining the procedure.

Data source(s):

- Guttmacher Institute. State policies in brief: Counseling and waiting periods for abortion. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/U17fJC. Accessed June 6, 2014.

Impact: Mandatory counseling laws can postpone the timing of some abortions, particularly when counseling must be received in person or when a woman must wait a state-specified amount of time between the time she obtains counseling and the time of the abortion. Delays increase the risks and costs of abortion.

Impact source(s):

- 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 25, 2014.

Parental involvement required before a minor obtains an abortion

Description: Minors seeking an abortion must notify and/or obtain consent from one or both parents.

Data source(s):

- Guttmacher Institute. State policies in brief: An overview of abortion laws. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1iAuL5u. Accessed June 6, 2014.

Impact: There is no evidence to suggest that parental involvement laws deter minors from engaging in sexual activity (as is the often-stated thinking behind the laws). However, some minors do try to circumnavigate the laws by obtaining a judicial bypass or traveling outside of their home state to obtain an abortion in a state without parental involvement laws. The laws can delay access to the procedure, which increases the risks and costs of abortion.
Impact source(s):

- Joyce TJ, Henshaw SK, Dennis A, Finer LB, Blanchard K.. The impact of laws requiring parental involvement for abortion: A literature review. *Guttmacher Institute*; April 2009. Available at: http://bit.ly/1pFcVmG. Accessed June 25, 2014.
- Colman S, Dee TS, Joyce T. Do parental involvement laws deter risky teen sex? *Journal of Health Economics*. 2013;32(5):873-80.
- Colman S, Joyce T. Minors' behavioral responses to parental involvement laws: Delaying abortion until age 18. *Perspectives on Sexual and Reproductive Health*. 2009;41(2):119-26.

Only licensed physicians may perform abortions

Description: Only a licensed physician may perform an abortion.
Data source(s):

- Guttmacher Institute. State policies in brief: An overview of abortion laws. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1iAuL5u. Accessed June 6, 2014.

Impact: Limiting the types of health care providers able to perform abortions likely impedes or delays access to abortion care as the health care delivery system depends on the availability of medical personnel to function. This may disproportionally impact women living outside of urban areas.
Impact source(s):

- Agency for Healthcare Research and Quality. Health system infrastructure: National healthcare disparities report, 2010. *Agency for Healthcare Research and Quality*; 2011. Available at: http://1.usa.gov/1rpXvY6. Accessed June 25, 2014.
- Dunn JT, Parham L. After the choice: Challenging California's physician-only abortion restriction under the state constitution. *UCLA Law Review Discourse*. 2013;61(5):22-42.

Medication abortion restrictions

Description: Medication abortion is required to be administered in accordance with the outdated FDA labeling and/or is required to be provided by a clinician who is physically present during the procedure.
Data source(s):

- Guttmacher Institute. State policies in brief: Medication abortion. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1ke23vY. Accessed June 6, 2014.

Impact: Requiring medication abortion to be administrated in accordance with outdated FDA protocols forces health care providers to administer medication in a way that counters best practice of medicine, denies women access to evidence-based regimens for care, and reduces the number of providers able to offer medication abortion. Requiring a clinician to be physically present during the procedure limits access to abortion, particularly for women living in remote areas. It may also delay access to care and increase women's travel time to care.

Impact source(s):

- The University of Texas at Austin. The Texas Policy Evaluation Project: Abortion restrictions in context. *The University of Texas at Austin;* August 2013. Available at: http://bit.ly/1lr0mLp. Accessed June 25, 2014.
- Linnane R. Wisconsin law increases abortion delays, risk. *WisconsinWatch.org*; 2013. Available at: http://bit.ly/1o7LfFS. Accessed June 25, 2014.
- Grossman D, Grindlay K, Buchacker T, Potter JE, Schmertmann CP. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *American Journal of Public Health.* 2013;103(1):73-78.
- Grindlay K, Lane K, Grossman D. Women's and provider's experiences with medication abortion provided through telemedicine: A qualitative study. *Women's Health Issues.* 2013;23(2):117-122.

Refusal to provide abortion services allowed

Description: Health care providers are allowed to refuse to provide abortion services.

Data source(s):

- Guttmacher Institute. State policies in brief: Refusing to provide health services. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1lsohM6. Accessed June 6, 2014.

Impact: Allowing health care providers to refuse to provide abortion services violates standards of medical care and reduces accessibility of abortion. This likely disproportionally impacts women living outside of urban areas.

Impact source(s):

- NARAL Pro-Choice America. Refusal laws: Dangerous for women's health. *NARAL Pro-Choice America;* 2014. Available at: http://bit.ly/1rqdoOc. Accessed June 25, 2014.
- Harries J, Stinson K, Orner P. Health care providers' attitudes toward termination of pregnancy: A qualitative study in South Africa. *BMC Public Health*. 2009;9(296).

Restrictions on abortion coverage in Medicaid

Description: Restrictions on abortion coverage in Medicaid.

Data source(s):

- Guttmacher Institute. State policies in brief: An overview of abortion laws. *Guttmacher Institute;* June 2014. Available at: http://bit.ly/1iAuL5u. Accessed June 6, 2014.

Impact: Restrictions on abortion coverage in Medicaid can create confusion about when abortion is covered and how to obtain abortion coverage, interfere with women's personal medical decisions, undermine women's autonomy by putting care out of financial reach, delay women from obtaining abortion care while they search for the financial resources to pay for an abortion out-of-pocket, force women and their families to endure financial hardships to afford care, and force women who cannot afford abortion care to continue unwanted pregnancies.

Impact source(s):

- Henshaw SK, Joyce TJ, Dennis A, Finer LB, Blanchard K. Restrictions on Medicaid funding for abortions: A literature review. *Guttmacher Institute*; 2009. Available at: http://bit.ly/1alMlcA. Accessed June 26, 2014.
- Dennis A, Blanchard K. A mystery caller evaluation of Medicaid staff responses about state coverage of abortion. *Women's Health Issues.* 2012;22(2): e143-e148.
- Dennis A, Blanchard K. Abortion providers' experiences with Medicaid abortion coverage policies: A qualitative multistate study. *Health Services Research.* 2013;48(1): 236-252.
- Dennis A, Manski R, Blanchard K. Does Medicaid coverage matter? A qualitative multi-state study of abortion affordability for low-income women. *Journal of Health Care for Poor and Underserved*. In press.

Restrictions on abortion coverage in private health insurance plans

Description: Restrictions on abortion coverage in all private health plans or in health plans offered through the health insurance exchanges.

Data source(s):

- Guttmacher Institute. State policies in brief: Restricting insurance coverage of abortion. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1mRToyW. Accessed June 6, 2014.

Impact: Though little research has documented the specific impacts of restricting abortion coverage in private health insurance plans, there is ample data showing the harms of limiting public insurance coverage of the procedure. Such restrictions can create confusion about when abortion is covered and how to obtain abortion coverage, interfere with women's personal medical decisions, undermine women's autonomy by putting care out of financial reach, delay women from obtaining abortion care while they search for the financial resources to pay for an abortion out-of-pocket, and force women and their families to endure financial hardships to afford care.

Impact source(s):

- Henshaw SK, Joyce TJ, Dennis A, Finer LB, Blanchard K. Restrictions on Medicaid funding for abortions: A literature review. *Guttmacher Institute*; 2009. Available at: http://bit.ly/1alMlcA. Accessed June 25, 2014.
- Dennis A, Blanchard K. A mystery caller evaluation of Medicaid staff responses about state coverage of abortion. *Women's Health Issues.* 2012;22(2): e143-e148.
- Dennis A, Blanchard K. Abortion providers' experiences with Medicaid abortion coverage policies: A qualitative multistate study. *Health Services Research.* 2013;48(1):236-252.
- Dennis A, Manski R, Blanchard K. Does Medicaid coverage matter? A qualitative multi-state study of abortion affordability for low-income women. *Journal of Health Care for Poor and Underserved*. In press.

Restrictions on abortion coverage in public employee health insurance plans

Description: Restrictions on abortion coverage in state employee health plans.

Data source(s):

- Guttmacher Institute. State policies in brief: Restricting insurance coverage of abortion. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1mRToyW. Accessed June 6, 2014.

Impact: Though little research has documented the specific impacts of restricting abortion coverage in public employee health insurance plans, there is ample data showing the harms of limiting public insurance coverage of the procedure. Such restrictions can create confusion about when abortion is covered and how to obtain abortion coverage, interfere with women's personal medical decisions, undermine women's autonomy by putting care out of financial reach, delay women from obtaining abortion care while they search for the financial resources to pay for an abortion out-of-pocket, and force women and their families to endure financial hardships to afford care.

Impact source(s):

- Henshaw SK, Joyce TJ, Dennis A, Finer LB, Blanchard K. Restrictions on Medicaid funding for abortions: A literature review. *Guttmacher Institute*; 2009. Available at: http://bit.ly/1alMlcA. Accessed June 25, 2014.
- Dennis A, Blanchard K. A mystery caller evaluation of Medicaid staff responses about state coverage of abortion. *Women's Health Issues.* 2012;22(2):e143-e148.
- Dennis A, Blanchard K. Abortion providers' experiences with Medicaid abortion coverage policies: A qualitative multistate study. *Health Services Research.* 2013;48(1):236-252.
- Dennis A, Manski R, Blanchard K. Does Medicaid coverage matter? A qualitative multi-state study of abortion affordability for low-income women. *Journal of Health Care for Poor and Underserved*. In press.

Requirement to have or be offered an ultrasound

Description: Women seeking an abortion must either undergo or be offered an ultrasound procedure.
Data source(s):

- Guttmacher Institute. State policies in brief: Requirements for ultrasound. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1d9Qi2P. Accessed June 6, 2014.

Impact: Viewing an ultrasound generally does not impact women's abortion decision making (though that is the reasoning behind the law).
Impact source(s):

- The University of Texas at Austin. The Texas Policy Evaluation Project: How abortion restrictions would impact five areas of texas. *The University of Texas at Austin;* August 2013. Available at: http://bit.ly/1hj0Xzx. Accessed June 25, 2014.
- Gatter M, Kimport K, Foster DG, Weitz TA, Upadhyay UD. Relationship between ultrasound viewing and proceeding to abortion. *Obstetrics and Gynecology*. 2014;123(1):81-7.

Waiting periods required between time of first appointment and abortion

Description: Women seeking an abortion must wait a specified period of time between required counseling and obtaining the procedure.
Data source(s):

- Guttmacher Institute. State policies in brief: An overview of abortion laws. *Guttmacher Institute*; June 2014. Available at: http://bit.ly/1iAuL5u. Accessed June 6, 2014.

Impact: Mandatory waiting periods can postpone the timing of abortions, increase the proportion of second-trimester abortions occurring in a state, and increase the number of women traveling out of state for an abortion. They can also negatively impact women's emotional well-being.
Impact source(s):

- 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*; 2009. Available at: http://bit.ly/1pFcVmG. Accessed June 25, 2014.
- Jones RK, Jerman J. How far did US women travel for abortion services in 2008? *Journal of Women's Health*. 2013;22(8):706-713.
- The University of Texas at Austin. The Texas Policy Evaluation Project: Impact of abortion restrictions in Texas. *The University of Texas at Austin*; August 2013. Available at: http://bit.ly/1o6r8Ic. Accessed June 25, 2014.

WOMEN'S HEALTH OUTCOMES

Asthma prevalence

Description: Percentage of women reporting current asthma.
Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Health status. Available at: http://bit.ly/1pFQ4dp. Accessed June 6, 2014.

Impact: Asthma causes adults to miss days of work, interferes with daily activities, and can lead to hospitalizations and even death. Women are more likely to have asthma, and more women than men die from asthma. Healthy People 2020 includes a number of objectives related to decreasing the impact of asthma.
Impact source(s):

- Centers for Disease Control and Prevention. Asthma's impact on the nation. Available at: http://1.usa.gov/U1sR8M. Accessed June 25, 2014.
- HealthyPeople2020.gov. 2020 topics & objectives: Respiratory diseases. Available at: http://1.usa.gov/1kShAgv. Accessed June 25, 2014.

Cervical cancer screening

Description: Percentage of women aged 18 or older who received a Pap test in the past 3 years, 2012.
Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Women's health. Available at: http://bit.ly/1kRPNkc. Accessed June 6, 2014.

Impact: Having cervical cancer increases the risks of medical, psychological, social, and relational concerns, as well as mortality. Women of color, women with low incomes, and women with low educational attainment disproportionally experience cervical cancer. However, when found early, it is highly treatable and associated with long survival and good quality of life. The US Preventive Services Task Force recommends screening for cervical cancer every three years. Increasing the proportion of women who receive recommended cervical cancer screenings is a Healthy People 2020 objective.
Impact source(s):

- Ashing-Giwa KT, Kagawa-Singer M, Padilla GV et al. The impact of cervical cancer and dysplasia: a qualitative, multiethnic study. *Psychooncology*. 2004;13(10):709-728.
- Singh GK, Miller BA, Hankey BF, Edwards BK. Persistent area socioeconomic disparities in U.S. incidence of cervical cancer, mortality, stage, and survival, 1975–2000. *Cancer*. 2004;101(5):1051-1057.
- Centers for Disease Control and Prevention. Gynecological cancers, cervical cancer. Available at: http://1.usa.gov/1d3LeLV. Accessed June 25, 2014.
- U.S. Preventive Services Task Force. Screening for cervical cancer. Available at: http://bit.ly/1qigMqw. Accessed June 25, 2014.
- HealthyPeople2020.gov. 2020 topics & objectives: Cancer. Available at: http://1.usa.gov/1vYzmXo. Accessed June 25, 2014.

Chlamydia incidence

Description: Number of new chlamydia infections among women per 100,000 women, 2012.
Data source(s):

- Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas. Available at: http://1.usa.gov/1fVVBtd. Accessed June 6, 2014.

Impact: Chlamydia is strongly associated with ectopic pregnancy, infertility, and chronic pelvic pain. Maternal chlamydia may result in fetal death or substantial physical and developmental disabilities for a child, including mental retardation and blindness. Reducing chlamydia infections among adolescents and young adults is a Healthy People 2020 objective.

Impact source(s):

- Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Recommendations to improve preconception health and health care. Available at: http://1.usa.gov/1psJu9U. Accessed June 25, 2014.
- HealthyPeople.gov. 2020 topics & objectives: Sexually transmitted diseases. Available at: http://1.usa.gov/1oL5G05. Accessed June 25, 2014.

HIV incidence

Description: Number of new HIV diagnoses among women per 100,000 women, 2011.
Data source(s):

- Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas. Available at: http://1.usa.gov/1fVVBtd. Accessed June 6, 2014.

Impact: Among women ever diagnosed with AIDS, an estimated 4,014 died during 2010, and by the end of 2010, an estimated 111,940 had died since the beginning of the epidemic. HIV affects the immune system, and, for women, this can cause specific gynecological issues, including cervical dysplasia, anal/rectal dysplasia, invasive cervical cancer, extensive herpes simplex 2, recurrent yeast infections, and recurrent genital warts. HIV can also potentially lead to other related health problems (such as opportunistic infections, Hepatitis, tuberculosis, oral health issues, cancer, cardiovascular problems, diabetes, kidney disease, and dementia), which can lead to increased morbidity and mortality.
Impact source(s):

- Centers for Disease Control and Prevention. HIV/AIDS: HIV among women. Available at: http://1.usa.gov/1cDS7E7. Accessed June 25, 2014.
- Aids.gov. Staying healthy with HIV/AIDS: Taking care of yourself: Women's health. Available at: http://1.usa.gov/1iXbgnU. Accessed June 25, 2014.

Lifetime prevalence of sexual violence

Description: Percentage of women who reported ever experiencing sexual assault other than rape by any perpetrator, 2010.
Data source(s):

- Centers for Disease Control and Prevention. National Intimate Partner and Sexual Violence Survey. Available at: http://1.usa.gov/1tv5wqg. Accessed on June 6, 2014.

Impact: Sexual violence can cause long-term physical consequences such as chronic pelvic pain, premenstrual syndrome, gastrointestinal disorders, gynecological and pregnancy complications, migraines and other frequent headaches, back pain, facial pain, and disability that prevents work. Sexual violence can also cause psychological consequences such as shock, anxiety, symptoms of PTSD (including flashbacks, emotional detachment, and sleep disturbances), depression, and attempted or completed suicide, among others.
Impact source(s):

- Centers for Disease Control and Prevention. Injury prevention & control, sexual violence: Consequences. Available at: http://1.usa.gov/1hkaFBE. Accessed on June 25, 2014.

Low birth weight

Description: Percentage of infants born weighing less than 2,500 grams/5.5lbs.
Data source(s):

- Martin JA, Hamilton BE, Ventura SJ et al. National Vital Statistics Reports: Births: Final data for 2010. *Center for Disease Control and Prevention*; 2012. Available at: http://1.usa.gov/1nBsNcN. Accessed June 6, 2014.

Impact: Low birth weight can lead to lifelong disabilities for a child (including visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe).
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Maternal, infant, and child health. Available at: http://1.usa.gov/1k9gx0G. Accessed June 25, 2014.

Maternal mortality ratio

Description: Number of maternal deaths per 100,000 live births.
Data source(s):

- National Women's Law Center. Health care report card: Maternal mortality rate (per 100,000). Available at: http://bit.ly/1rqvGPh. Accessed June 6, 2014.

Impact: Many women still die in childbirth or of pregnancy related causes. Maternal mortality can negatively impact the health of a woman's baby, the health of her other children, and the social and economic standing of her family. Reducing the maternal mortality ratio is a Millennium Development Goal Indicator.
Impact source(s):

- Centers for Disease Control and Prevention. Reproductive health, monitoring and preventing maternal mortality. Available at: http://1.usa.gov/SZr2Z6. Accessed on June 25, 2014.
- Koblonsky M, Chowdhury EM, Moran A, Ronsmans C. Maternal morbidity and disability and their consequences: Neglected agenda in maternal health. *Journal of Health, Population and Nutrition*. 2012;30(2):124-130.

Overweight/obesity prevalence

Description: Percentage of women with BMI ≥ 25.0.
Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Health status. Available at: http://bit.ly/1hkcHSk. Accessed June 6, 2014.

Impact: Obesity-related conditions include heart disease, stroke, and type 2 diabetes, which are among the leading causes of death. Also, obesity at the beginning of pregnancy places women at a higher risk of high blood pressure and diabetes during pregnancy. Adults who are obese is a Healthy People 2020 leading health indicator.
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Maternal, infant, and child health. Available at: http://1.usa.gov/1k9gx0G. Accessed June 25, 2014.
- HealthyPeople.gov. Healthy People 2020 topics & objectives: Nutrition, physical activity, and obesity. Available at: http://1.usa.gov/1oDUb9K. Accessed June 25, 2014.

Poor mental health status

Description: Percentage of women who reported their mental health was "not good" between one to 30 days over the past 30 days.
Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Health status. Available at: http://bit.ly/1pRGvp8. Accessed June 6, 2014.

Impact: People with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance abuse, violent or self-destructive behavior, and suicide. Also, mental health disorders (most often depression) are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer.

Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Mental health. Available at: http://1.usa.gov/1o8dDHT. Accessed June 25, 2014.

Preterm birth

Description: Percentage of infants born at less than 37 weeks completed gestation.
Data source(s):

- Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, Matthews TJ. National Vital Statistics Reports, Births: Final data for 2010. Available at: http://1.usa.gov/1nBsNcN. Accessed June 6, 2014.

Impact: Preterm birth can lead to lifelong disabilities for a child (including visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe). Preterm birth is a Healthy People 2020 leading health indicator.
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Maternal, infant, and child health. Available at: http://1.usa.gov/1k9gx0G. Accessed June 25, 2014.

Proportion of pregnancies unintended

Description: Percentage of all pregnancies that were unintended, 2008.
Data source(s):

- Kost K. Unintended pregnancy rates at the state level: Estimates for 2002, 2004, 2006 and 2008. *Guttmacher Institute*; 2013. Available at: http://bit.ly/1joNy46. Accessed June 6, 2014.

Impact: Risks associated with unintended pregnancy include low birth weight, postpartum depression, delays in receiving prenatal care, and family stress.
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Reproductive and sexual health. Available at: http://1.usa.gov/1i1zRdk. Accessed June 25, 2014.

Smoking prevalence

Description: Percentage of women that report currently smoking.
Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Health status. Available at: http://bit.ly/1hkdDWK. Accessed June 6, 2014.

Impact: Tobacco use causes several diseases and health problems, including several kinds of cancer (lung, bladder, kidney, pancreas, mouth, and throat), heart disease and stroke, lung diseases (emphysema, bronchitis, and chronic obstructive pulmonary disease), pregnancy complications (preterm birth, low birth weight, and birth defects), gum disease, and vision problems. Adults who are current cigarette smokers is a Healthy People 2020 leading health indicator.
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Tobacco. Available at: http://1.usa.gov/1tXOTFM. Accessed June 25, 2014.

Suicide deaths

Description: Number of suicide deaths among women per 100,000 women, 2008-2010.
Data source(s):

- Centers for Disease Control and Prevention. Compressed mortality file 1999-2010. Available at: http://1.usa.gov/1iB1843. Accessed June 6, 2014.

Impact: Suicide results in the death for the individual and has impacts on families such as decreases in cohesion and adaptability and feelings of guilt and blaming. Adolescents who have experienced a suicide death in the family are more likely to engage in risky behaviors and experience emotional distress. Suicide is a Healthy People 2020 leading health indicator.
Impact source(s):

- Cerel J, Jordan JR, Duberstein PR. The impact of suicide on the family. *Crisis.* 2008;29(1):38-44.
- HealthyPeople.gov. Healthy People 2020 topics & objectives: Mental health and mental disorders. Available at: http://1.usa.gov/1uGrbMG. Accessed June 25, 2014.

Women without health insurance

Description: Percentage of women aged 15-44 without health insurance, 2012-2013.
Data source(s):

- Guttmacher Institute. State data center: Services and finances: Insurance status. Available at: http://bit.ly/1nSju8r. Accessed June 6, 2014.

Impact: People without health insurance are more likely than the insured to skip routine medical care, which increases the risk of serious and disabling health conditions. They are also often burdened with large medical bills and out-of-pocket expense. Persons with medical insurance is a Healthy People 2020 leading health indicator.
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Access to health services. Available at: http://1.usa.gov/1oSJvBw. Accessed June 25, 2014.

Women with no personal health care provider

Description: Percentage of women with no personal doctor or health care provider, 2006-2008.
Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Minority health. Available at: http://bit.ly/1wBJerg. Accessed June 6, 2014.

Impact: Having a usual personal health care provider increases patient trust in the provider, patient-provider communication, and the likelihood that patients will receive appropriate care. Persons with a usual provider is a Healthy People 2020 leading health indicator.
Impact source(s):

- HealthyPeople.gov. Healthy People 2020 topics & objectives: Access to health services. Available at: http://1.usa.gov/1oSJvBw. Accessed June 25, 2014.

CHILDREN'S HEALTH OUTCOMES

Child mortality rate

Description: Number of deaths per 100,000 children aged 1-14, 2010 (excl. DE, DC, ND, VT); 2008 (DE, DC, ND, VT).

Data source(s)

- The Henry J Kaiser Family Foundation. State health facts: Rate of child deaths (1-14) per 100,000. Available at: http://bit.ly/1tXGWjR. Accessed June 6, 2014.

Impact: Parents who experience the loss of a child experience more depressive symptoms, poorer well-being, and cardiovascular health problems than comparison parents. Parents who lose a child are also more likely to experience marital disruption. Bereaved parents have significantly worse health-related quality of life than comparison group parents.

Impact source(s):

- Rogers CH, Floyd FJ, Seltzer MM, Greenberg J, Hong J. Long-term effects of the death of a child on parents' adjustment in midlife,. *Journal of Family Psychology*. 2008;22(2):203-211.
- Song J, Floyd FJ, Seltzer MM, Greenberg J, Hong J. Long-term effects of child death on parents' health-related quality of life: A dyadic analysis. *Family Relations*. 2010;59(3):269-282.

Children receiving medical and dental preventive care

Description: Percentage of children aged 0-17 who had both a medical and dental preventive care visit in the past 12 months, 2011.

Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Percent of children (0-17) who had both a medical and dental preventive care visit in the past 12 months. Available at: http://bit.ly/1kudGih. Accessed June 6, 2014.

Impact: Clinical preventive services prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs. Regular visits to the dentist can help prevent oral diseases including cavities and oral cancers. A growing body of evidence has also linked oral health, particularly periodontal disease, to several chronic diseases, including diabetes, heart disease, and stroke. Persons aged two or older who used the oral health care system in the past 12 months is a Healthy People 2020 leading health indicator.

Impact source(s):

- HealthyPeople.gov. Leading health indicators: Clinical preventive services overview & impact. Available at: http://1.usa.gov/1kedbbx. Accessed June 25, 2014.
- HealthyPeople.gov. Leading health indicators: Oral health overview & impact. Available at: http://1.usa.gov/1pslVgi. Accessed June 25, 2014.

Children receiving needed mental health care

Description: Percentage of children aged 2-17 with emotional, developmental, or behavioral problems that received mental health care.

Data source(s):

- The Henry J Kaiser Family Foundation. State health facts: Percent of children (2-17) with emotional, developmental, or behavioral problems that received mental health care. Available at: http://bit.ly/1lYJ30P. Accessed June 6, 2014.

Impact:
Compared to children without developmental problems, children with developmental problems are more likely to have lower self-esteem, depression and anxiety, problems with learning, missed school days, and less involvement in sports and other community activities. Families of children with emotional, developmental, or behavioral problems are more likely to experience difficulty in the areas of childcare, employment, parent-child relationships, and caregiver burden. Receiving needed mental health care can help ameliorate some of these outcomes. Increasing the proportion of children with mental health problems who receive treatment is a Healthy People 2020 objective.
Impact source(s):

- Blanchard L, Gurka M, Blackman J. Emotional, developmental, and behavioral health of American children and their families: A report from the 2003 National Survey of Children's Health. *American Academy of Pediatrics Journal*. 2006;117(6):e1202-e1212.
- Blackorby J, Cameto R. Special Education Elementary Longitudinal Study: Wave 1 wave 2 overview: Changes in school engagement and academic performance of students with disabilities. *SRI International*; 2004. Available at: http://bit.ly/1lSIDgc. Accessed June 25, 2014.
- HealthyPeople2020.gov. 2020 topics & objectives: Mental health and mental disorders. Available at: http://1.usa.gov/1pntYuJ. Accessed June 25, 2014.

Complete vaccination (children 19-35 months)

Description: Percentage of children aged 19-35 months that received the full combined vaccination series, 2012.
Data source(s):

- Centers for Disease Control and Prevention. National, state, and local area vaccination coverage among children aged 19-35 months, United States, 2012 CDC Morbidity and Mortality Weekly Report. Available at: http://1.usa.gov/1pk7NZ3. Accessed June 6, 2014.

Impact: Immunizations can protect children and adolescents from serious and potentially fatal diseases, including mumps, tetanus, and chicken pox. Children's vaccination rates are a Healthy People 2020 leading health indicator.
Impact source(s):

- HealthyPeople.gov. Leading health indicators: Clinical preventive services overview & impact. Available at: http://1.usa.gov/1psP0cB. Accessed June 25, 2014.

Confirmed child maltreatment

Description: Number of children reported to be victimized per 1,000 children less than 18 years old, confirmed by child protective services, 2011.
Data source(s)

- **Excl. OR**: Annie E Casey Foundation. Kids count data center. Available at: http://datacenter.kidscount.org/. Accessed June 6, 2014.
- **OR**: Oregon Department of Human Services: Child welfare program. 2012 child protective services data book. Available at: http://1.usa.gov/1ky2AIS. Accessed June 6, 2014.

Impact: A history of exposure to childhood maltreatment is associated with health risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior, as well as obesity, diabetes, sexually transmitted diseases, attempted suicide, and other health problem. Reducing fatal injuries and homicide (which can be related to child maltreatment) is a Healthy People 2020 leading health indicator.

Impact source(s):

- National Prevention Council, Office of the Surgeon General, U.S. Department of Health and Human Services. National prevention strategy. Available at: http://1.usa.gov/1kCoP21. Accessed June 25, 2014.
- HealthyPeople.gov. Leading health indicators: Injuries and violence overview & impact. Available at: http://1.usa.gov/1x8703i. Accessed June 25, 2014.

Exclusive breastfeeding for 6 months

Description: Percentage of children fed only breast milk and no additional food, water, or other fluids. Exceptions are made for necessary medicines and vitamins, 2011.

Data source(s):

- National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Breastfeeding report card. Available at: http://1.usa.gov/1maHoFl. Accessed June 6, 2014.

Impact: Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and helps for a quicker recovery during illness.

Impact source(s):

- World Health Organization. Programmes: Nutrition, exclusive breastfeeding. Available at: http://bit.ly/Kg8OO7. Accessed June 25, 2014.

Infant mortality rate

Description: Number of infant deaths (aged 0-364 days) per 100,000 live births, 2008-2010.

Data source(s):

- Centers for Disease Control and Prevention. Health data interactive, infant mortality by cause 2008-2010. Available at: http://bit.ly/1pRCyR4. Accessed June 6, 2014.

Impact: Infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. The U.S. infant mortality rate is higher than those in most other developed countries. Infant mortality rates are above the U.S. average for non-Hispanic black, Puerto Rican, and American Indian or Alaska Native women. Reducing infant mortality is a Healthy People 2020 leading health indicator.

Impact source(s):

- Centers for Disease Control and Prevention. National Center for Health Statistics data brief: Recent trends in infant mortality in the United States. Available at: http://bit.ly/1tlBJuq. Accessed June 25, 2014.
- HealthyPeople.gov. Leading health indicators: Maternal, infant, and child health overview & impact. Available at: http://1.usa.gov/1k9gx0G. Accessed June 25, 2014.

Percentage of children aged 10-17 who are overweight or obese

Description: Calculated using BMI for children, which is age and gender specific. A child is considered overweight if their BMI is at or above the 85th percentile of the CDC growth charts for age and gender.

Data source(s):

- The Kaiser Family Foundation. 2011 National Survey of Children's Health. Available at: http://bit.ly/1iHUbga. Accessed June 6, 2014.

Impact: Obesity-related conditions include heart disease, stroke, and type 2 diabetes, which are among the leading causes of death. Reducing the percentage of children or adolescents who are considered obese is a Healthy People 2020 leading health indicator.

Impact source(s):

- HealthyPeople.gov. Leading health indicators: Nutrition, physical activity, and obesity overview & impact. Available at: http://1.usa.gov/1oDUb9K. Accessed June 25, 2014.

Percentage of children living in a home with someone who smokes

Description: Percentage of children aged 0-17 whose household includes someone who smokes tobacco.

Data source(s):

- Data Resource Center for Child and Adolescent Health. 2011 National Survey of Children's Health. Available at: http://bit.ly/1nPbqFx. Accessed June 6, 2014.

Impact: Secondhand smoke exposure contributes to heart disease and lung cancer. Children may be more vulnerable to smoke exposure than adults because their bodily systems are still developing and their behavior can expose them more to chemicals and organisms. Reducing the percentage of children living in a home with someone who smokes Healthy People 2020 leading health indicator.

Impact source(s):

- HealthyPeople.gov. Leading health indicators: Environmental quality overview & impact. Available at: http://1.usa.gov/1pFM8cy. Accessed June 25, 2014.

Percentage of children with health insurance

Description: Health insurance coverage of children under age 18, 2012.

Data source(s):

- US Census Bureau. Current Population Survey, 2013 Annual Social and Economic Supplement: Table HI05: Health insurance coverage status and type of coverage by state and age for all people. Available at: http://1.usa.gov/1kt8DQ1. Accessed June 6, 2014.

Impact: Children without health insurance are more likely to have unaddressed health needs, including delayed care, unmet medical care, and unfilled prescriptions. The risk of going without a usual source of care, which is higher among children without insurance, is associated with decreased use of preventive care and increased use of emergency departments for nonemergency conditions. Persons with medical insurance is a Healthy People 2020 leading health indicator.

Impact source(s):

- Olson L, Tang SS, Newacheck PW. Children in the United States with discontinuous health insurance coverage. *The New England Journal of Medicine*. 2005;353:382-391.

Percentage of children with a medical home

Description: Children aged 0-17 who received health care that meets criteria of having a medical home: child had a personal doctor/nurse; had a usual source for sick care; received family-centered care from all health care providers; had no problems getting needed referrals; and received effective care coordination when needed.

Data source(s):

- The Kaiser Family Foundation. State health facts: Child and adolescent health measurement initiative: 2007 National Survey of Children's Health. Available at: http://bit.ly/Te4qnS. Accessed June 6, 2014.

Impact: Having a usual personal health care provider increases patient trust in the provider, patient-provider communication, and the likelihood that patients will receive appropriate care. Increasing the proportion of children and youth aged 17 years and under who have a specific source of ongoing care is a Healthy People 2020 objective.

Impact source(s):

- HealthyPeople.gov. 2020 topics & objectives: Access to health services. Available at: http://1.usa.gov/1rcjlFa. Accessed June 25, 2014.

Percentage of children with asthma problems

Description: Children under 18 who have been diagnosed with asthma by a doctor or health professional and still have asthma, 2011-2012.

Data source(s):

- Annie E Casey Foundation. Kids count data center. Available at: http://datacenter.kidscount.org. Accessed June 6, 2014.

Impact: Children with asthma miss more days of school, and experience more limitation in activity and hospitalizations than children without asthma. Asthma is the third ranking cause of non-injury-related hospitalization among children age 14 and younger.

Impact source(s):

- Taylor W, Newacheck P. Impact of childhood asthma on health. *Official Journal of the American Academy of Pediatrics*. 1992;90(5):657-662.
- HealthyPeople.gov. Leading health indicators: Environmental quality life stages & determinants. Available at: http://1.usa.gov/1kCTCds. Accessed June 25, 2014.

Teen alcohol or drug abuse

Description: Children aged 12 to 17 who reported dependence on or abuse of illicit drugs or alcohol in the past year, 2011-2012.

Data source(s):

- Annie E Casey Foundation. Kids count data center. Available at: http://datacenter.kidscount.org. Accessed June 6, 2014.

Impact: Alcohol and drug abuse is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. Substance abuse also contributes to a number of negative health outcomes including cardiovascular conditions, pregnancy complications, HIV, STIs, motor vehicle crashes, homicide, and suicide. Also, reducing adolescent use of alcohol or any illicit drugs is a Healthy People 2020 leading health indicator.

Impact source(s):

- HealthyPeople.gov. Leading health indicators: Substance abuse overview & impact. Available at: http://1.usa.gov/1nfsqBv. Accessed June 25, 2014.

Teen birth rate

Description: Number of live births to 15-19 year olds per 1,000 female persons, 2012.

Data source(s):

- Annie E Casey Foundation. Kids count data center. Available at: http://datacenter.kidscount.org. Accessed June 6, 2014.

Impact: Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

Impact source(s):

- HealthyPeople.gov. 2020 topics & objectives: Family planning overview. Available at: http://1.usa.gov/1haPkdC. Accessed June 25, 2014.

Teen mortality rate

Description: Number of deaths per 100,000 teens aged 15-19, 2010 (excl. VT); 2009 (VT).

Data source(s):

- The Kaiser Family Foundation. State health facts: Health status. Available at: http://bit.ly/1i1rRGM. Accessed June 6, 2014.

Impact: Parents who experience the loss of a child experience more depressive symptoms, poorer well-being, and cardiovascular health problems than comparison parents. Parents who lose a child are also more likely to experience marital disruption. Bereaved parents have significantly worse health-related quality of life than comparison group parents.
Impact source(s):

- Rogers CH, Floyd FJ, Seltzer MM, Greenberg J, Hong J. Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology*. 2008;22(2):203-211.
- Song J, Floyd FJ, Seltzer MM, Greenberg JS, Hong J. Long-term effects of child death on parents' health-related quality of life: A dyadic analysis. *Family Relations*. 2010;59(3):269-282.

SOCIAL DETERMINANTS OF HEALTH

Children aged 3-5 not enrolled in nursery school, preschool, or kindergarten

Description: Percentage of children aged 3-5 not enrolled in nursery school, preschool, or kindergarten during the previous two months, 2012 (excl. VT); 2011 (VT).

Data source(s):

- Kids count data center. National Kids Count. Available at: http://bit.ly/1ufZwlG. Accessed June 6, 2014.

Impact: High-quality child care before age five is related to higher levels of school readiness, academic achievement, educational attainment, and behavioral/emotional functioning during elementary, middle, and high school.

Impact source(s):

- Vandell DL, Belsky J, Burchinal M, Steinberg L, Vandergrift N, NICHD Early Child Care Research Network. Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. *Child Development*. 2010;81(3):737-756.
- HealthyPeople.gov. 2020 topics & objectives: Early and middle childhood. Available at: http://1.usa.gov/SGK9Gz. Accessed June 25, 2014.

Gender wage gap

Description: Earnings ratio between full-time, year-round employed women and men.

Data source(s):

- Institute for Women's Policy Research. State-by-state rankings and data on indicators of social and economic status. Available at: http://bit.ly/1qcdBTr. Accessed June 6, 2014.

Impact: Women who work full time still earn, on average, 77 cents for every dollar men earn, which increases women's risk of falling into poverty. The wage gap exists for almost every occupation. The gap is worst for women of color. Increases in education do not account for the wage gap. Women's loss of wages reduces their families' income, a loss which accumulates greatly over time.

Impact source(s):

- American Association of University Women. The simple truth about the gender pay gap. *American Association of University Women*; 2014. Available at: http://bit.ly/1d16nHL. Accessed June 25, 2014.

Homelessness

Description: Rate of homelessness per 10,000 population, 2012 (includes several subpopulations such as: chronic, veterans, family households, people in families, individuals, unsheltered, and sheltered).

Data source(s):

- National Alliance to End Homelessness. The state of homelessness in America 2013. *Homelessness Research Institute*; 2013. Available at http://bit.ly/1d9p6pS. Accessed June 6, 2014.

Impact: People experiencing homelessness experience higher levels of poverty and the associated risk factors. They often lack ready access to certain medical services and have a high occurrence of conditions that increase the risk of Tuberculosis, including substance abuse, HIV infection, and congregation in crowded shelters.

Impact source(s):

- Centers for Disease Control and Prevention. TB in the homeless population. Available at: http://1.usa.gov/1xVuRyA. Accessed June 25, 2014.
- Centers for Disease Control and Prevention. Podcasts at the CDC: Homelessness and health – part 1. Available at: http://1.usa.gov/1li8Hwt. Accessed June 25, 2014.

On-time high school graduation rates

Description: The percentage of all students who graduated from high school based on an average freshman graduation rate defined by the National Center for Education Statistics (NCES), 2009-2010.
Data source(s):

- United States Department of Education. ED Data Express: Averaged freshman graduation rate. Available at: http://1.usa.gov/1mSKAWG. Accessed June 6, 2014.

Impact: Not graduating from high school on time can lead to poor academic skills and limited employment opportunities and earning potential, which in turn increases the risk of experiencing poverty. Additionally, education level, and high school graduation in particular, is a strong predictor of health. The more schooling people have, the lower their levels of risky health behaviors such as smoking, being overweight, or having low levels of physical activity.
Impact source(s):

- Rumberger RW. High school dropouts: A review of issues and evidence. *Review of Educational Research*. 1987;57(2):101-121.
- Freudenberg N, Ruglis J. Reframing school dropout rates as a public health issue. *Preventing Chronic Disease*. 2007;4(4):1-11.

Percentage of children living in poverty

Description: Children under the age of 18 who live in families with incomes below the national poverty line, 2012.
Data source(s):

- Kids count data center. National Kids Count. Available at: http://bit.ly/1ufZwlG. Accessed June 6, 2014.

Impact: Children living in poverty are more likely than children not in poverty to experience food insecurity, have frequent emergency room visits, and go without health insurance coverage.
Impact source(s):

- Centers for Disease Control and Prevention. Mammography on the rise for women age 50 and over. Available at: http://1.usa.gov/1p2CAoL. Accessed June 25, 2014.
- Black M. Household food insecurities: Threats to children's well-being. Available at: http://bit.ly/1oYtqeO. Accessed June 25, 2014.

Percentage of women aged 15-44 living in poverty, 2011-2012

Description: Persons in poverty are defined here as those living in "health insurance units" with incomes less than 100% of the Federal Poverty Level (FPL) as measured by the U.S. Department of Health and Human Services' (HHS) poverty guidelines.
Data source(s):

- The Kaiser Family Foundation. State health facts: 2012 and 2013 Current Population Survey. Available at: http://bit.ly/1sY7hid. Accessed June 6, 2014.

Impact: From 2011-2012, 20% of women aged 12-44 were living in poverty, compared to 18% of men. Women of color are more likely to be poor than white women. Compared to women not in poverty, women living in poverty are three times more likely to be in poor health; poverty is associated with numerous chronic diseases (such as HIV, asthma, diabetes, and coronary heart disease), poor mental health, and exposure to violence. Women in poverty also have diminished access to nutritious food and high-quality health care. Compared to women with higher incomes, they are also at a higher risk of having children with higher infant mortality rates and post-neonatal mortality rates.

Impact source(s):

- The Henry J Kaiser Family Foundation. State health facts: Adult poverty rate by gender. Available at: http://bit.ly/1qHPsSd. Accessed June 25, 2014.
- Centers for Disease Control and Prevention. Poverty and infant mortality – United States, 1988. *Centers for Disease Control and Prevention*; 1995. Available at: http://1.usa.gov/1iuCDFW. Accessed June 25, 2014.
- Black M. Household food insecurities: Threats to children's well-being. Available at: http://bit.ly/1oYtqeO. Accessed June 25, 2014.
- Women's Law Project. The impact of poverty on women's health. *Women's Law Project*; 2012. Available at: http://bit.ly/1wBGVUi. Accessed June 25, 2014.

Prevalence of household food insecurity

Description: Food insecurity defined as the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food, 2010-2012.

Data source(s):

- Coleman JA, Nord M, Singh A. Household food security in the United States in 2012. *U.S. Department of Agriculture, Economic Research Service*; 2013. Available at: http://1.usa.gov/1n43VnH. Accessed June 6, 2014.

Impact: With limited resources, food insecure families often resort to low-cost, low nutrient-dense food. Individuals living in food insecure households may be at greater risk for malnutrition, diabetes, obesity, hospitalizations, poor health, iron deficiency, and developmental risk and behavior problems (such as aggression, anxiety, depression, and attention deficit disorder), compared to individuals living in food secure households.

Impact source(s):

- Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*. 2011;141(3):542.
- Black M. Household food insecurities: Threats to children's well-being. Available at: http://bit.ly/1oYtqeO. Accessed June 25, 2014.

Unemployment

Description: Rates as a percentage of the labor force.

Data source(s):

- Bureau of Labor Statistics. Local area unemployment statistics: Unemployment rates for states. Available at: http://1.usa.gov/1cd7rXA. Accessed June 6, 2014.

Impact: Unemployment prevalence in the US increased from 4.7% in 2006 to 9.4% in 2010, yielding an estimated 14.5 million unemployed people. The unemployed tend to have higher annual illness rates, lack health insurance and access to health care, and have an increased risk of mortality.

Impact source(s):

- Athar H, Chang MH, Hahn RA, Walker E, Yoon P. Unemployment – United States, 2006 and 2010. *Centers for Disease Control and Prevention*; 2014. Available at: http://1.usa.gov/SGL3CZ. Accessed June 25, 2014.

Violent crime rate

Description: Rates are per 100,000 inhabitants.

Data source(s):

- The Federal Bureau of Investigations. Uniform crime rates; Crime in the United States 2012. Available at: http://1.usa.gov/1gtTMnk. Accessed June 6, 2014.

Impact: Violent crime increases the risk of injury, disability, and mortality. Also, victims of violent crime, families and friends of victims of violent crime, and witnesses of violent crime experience long-term physical, social, and emotional consequences. Healthy People 2020 includes fatal injuries and homicides (which are related to violent crime) as leading health indicators.
Impact source(s):

- HealthyPeople.gov. Leading health indicators: Injury and violence. Available at: http://1.usa.gov/1li9VrD. Accessed June 25, 2014.

Women's participation in the labor force

Description: Percentage of women aged 16 or older with earnings.
Data source(s):

- Institute for Women's Policy Research. State-by-state rankings and data on indicators of social and economic status, 2012. Available at: http://bit.ly/1rH4vMz. Accessed June 6, 2014.

Impact: Over the last 50-75 years, women's participation in the labor force has increased greatly. Women's labor force participation increases gender equity and the available workforce, and reduces the risk of poverty. It also increases women's purchasing power, and their access to employee-sponsored benefits, such as health insurance.
Impact source(s):

- Centers for Disease Control and Prevention. Vital and Health Statistics: Women: Work and Health. *Centers for Disease Control and Prevention*; December 1997. Available at: http://1.usa.gov/1jRKcXr. Accessed June 25, 2014.
- Jaumotte F. Labour force participation of women: Empirical evidence on the role of policy and other determinants in OECD countries. *Organisation for Economic Co-operation and Development*; June 2014. Available at: http://bit.ly/1nI1NDL. Accessed June 25, 2014.

POLICIES SUPPORTIVE OF WOMEN AND CHILDREN

Improving access to health care

Moving forward with the Affordable Care Act's Medicaid expansion

Description: State is implementing the Medicaid expansion under the Affordable Care Act in 2014, as of June 10, 2014.

Data source(s):

- The Kaiser Family Foundation. State health facts: Status of state action on the Medicaid expansion decision. Available at: http://bit.ly/1fxs2KU. Accessed July 1, 2014.

Impact: In states that do not expand Medicaid, many women will fall into a coverage gap, making too much to qualify for Medicaid but not enough to qualify for subsidized health coverage through the exchanges. Low-income women without health insurance are more likely to report going without needed care, are less likely to have a regular health care provider, and are less likely to access preventive services than low-income women with health insurance.

Impact source(s):

- National Women's Law Center. Mind the gap: Low-income women in dire need of health insurance. Available at: http://bit.ly/KZWq5f. Accessed June 25, 2014.

Allows telephone, online, and/or administrative renewal of Medicaid/CHIP

Description: State facilitates renewal of Medicaid and/or CHIP by allowing enrollees to renew by telephone or online, or by sending enrollees a pre-populated form with all available eligibility information.

Data source(s):

- The Kaiser Family Foundation. State health facts: Renewal methods available for Medicaid and CHIP. Available at: http://bit.ly/1pa1OT9. Accessed June 6, 2014.

Impact: Streamlined renewal processes for Medicaid/CHIP helps prevent lapses in health care coverage for enrolled women and children, and reduces the administrative burden for both states and enrolled families.

Impact source(s):

- The Kaiser Family Foundation. Getting into gear for 2014: Findings from a 50-state survey of eligibility, enrollment, renewal, and cost-sharing policies in Medicaid and CHIP, 2012–2013. Available at: http://bit.ly/1mXgK4u. Accessed June 25, 2014.

Requires domestic violence protocols, training, or screening for health care providers

Description: State has attempted to reduce the impact of domestic violence by requiring health care protocols, training, and screening for domestic violence for health care providers.

Data source(s):

- National Women's Law Center. Health care report card: Domestic violence. Available at: http://bit.ly/ThWHVT. Accessed June 6, 2014.

Impact: Routine screening for intimate partner violence can increase early detection and intervention and reduce violence, abuse, and physical or mental harms. Routine screening is recommended by the United States Preventive Services Task Force, the American Congress of Obstetricians and Gynecologists, and the American Medical Association.

Impact source(s):

- US Preventive Services Task Force. Screening for intimate partner violence and abuse of elderly and vulnerable adults. Available at: http://bit.ly/1mePTPR. Accessed June 25, 2014.
- The American College of Obstetricians and Gynecologists. Committee opinion: Intimate partner violence. Available at: http://bit.ly/1j2FkOS. Accessed June 25, 2014.

Supporting pregnant women

Medicaid income limit for pregnant women is at least 200% of the federal poverty line

Description: State Medicaid eligibility criteria for pregnant women includes an income limit of 200% of the federal poverty line or higher.

Data source(s):

- Center for Medicaid & CHIP Services. State Medicaid and CHIP income eligibility standards. Available at: http://bit.ly/1um6TK7. Accessed June 6, 2014.

Impact: Increased Medicaid eligibility limits for pregnant women has been shown to increase health care coverage of pregnant women and to reduce infant mortality and low birthweight.

Impact source(s):

- Currie J, Gruber J. Saving Babies: The efficacy and cost of recent expansions of Medicaid eligibility for pregnant women. *National Bureau for Economic Research*; 1994. Available at: http://bit.ly/1hfKdc0. Accessed June 25, 2014.

Has expanded family/medical leave beyond the FMLA

Description: State has set standards that are more expansive than the federal Family Medical Leave Act (for example, expanding either the amount of leave available or the classes of persons for whom leave may be taken)

Data source(s):

- National Conference of State Legislatures. State family medical leave and parental leave laws. Available at: http://bit.ly/1mXjWgB. Accessed June 6, 2014.

Impact: Parental leave has been associated with numerous positive outcomes, including lower rates of premature birth, increased birth weight, higher rates of breastfeeding and well-baby care, stronger labor force attachment, positive changes in wages, and lower levels of public assistance receipt.

Impact source(s):

- Houser L, Vartananian T. Pay matters: The positive economic impacts of paid family leave for families, business and the public. *The Center for Women and Work, Rutgers University*; 2012. Available at: http://bit.ly/SbUBpt. Accessed June 25, 2014.

Provides temporary disability insurance

Description: State has a social insurance program that partially compensates for the loss of wages caused by temporary nonoccupational disability or maternity.

Data source(s):

- Social Security Administration. Annual statistical supplement: Temporary disability insurance. Available at: http://1.usa.gov/1qONDpi. Accessed June 6, 2014.

Impact: Temporary disability insurance programs allow more mothers to take paid leave following the birth of a child. Parental leave has been associated with numerous positive outcomes, including lower rates of premature birth, increased birth weight, higher rates of breastfeeding and well-baby care, stronger labor force attachment, positive changes in wages, and lower levels of public assistance receipt.

Impact source(s):

- Houser L, Vartanian T. Policy Matters: Public policy, paid leave for new parents, and economic security for US workers. *The Center for Women and Work, Rutgers University*; 2012. Available at: http://bit.ly/1jVrygD. Accessed June 25, 2014.
- Houser L, Vartananian T. Pay Matters: The positive economic impacts of paid family leave for families, business and the public. *The Center for Women and Work, Rutgers University*; 2012. Available at: http://bit.ly/SbUBpt. Accessed June 25, 2014.

Maternal mortality review board in place

Description: State has set up a maternal mortality review committee to track maternal health patterns and develop effective solutions to address maternal mortality.

Data source(s):

- Excl. TX: Amnesty International. Deadly delivery: The maternal health care crisis in the USA. Available at: http://bit.ly/1mCPqv8. Accessed June 6, 2014.
- TX: Texas Legislature Online. Senate Bill 495: Relating to the creation of a task force to study maternal mortality and severe maternal morbidity. Available at: http://bit.ly/VtE0QD. Accessed June 27, 2014.

Impact: Maternal mortality review boards monitor and analyze maternal deaths and propose recommendations to improve maternal health. Maternal mortality review boards are recommended by Amnesty International and the American Public Health Association.

Impact source(s):

- Amnesty International. Deadly delivery: The maternal health care crisis in the USA. Available at: http://bit.ly/1mCPqv8 . Accessed June 25, 2014.
- American Public Health Association. Reducing US maternal mortality as a human right. Available at: http://bit.ly/1kElfSk. Accessed June 25, 2014.

Requires reasonable accommodations for pregnant workers

Description: State has a law requiring some employers to provide reasonable accommodations to pregnant workers.

Data source(s):

- National Partnership for Women and Families. Reasonable accommodations for pregnant workers: State laws. Available at: http://bit.ly/1jyedyx. Accessed June 6, 2014.

Impact: Despite the federal Pregnancy Discrimination Act, many pregnant workers are at risk of losing their jobs or being forced to take unpaid leave due to their pregnancy.

Impact source(s):

- National Women's Law Center. It shouldn't be a heavy lift: Fair treatment for pregnant women. Available at: http://bit.ly/Uf54lR. Accessed June 25, 2014.

Prohibits or restricts shackling pregnant prisoners

Description: State has a law prohibiting or restricting the shackling of pregnant prisoners.

Data source(s):

- American Civil Liberties Union. ACLU briefing paper: The shackling of pregnant women and girls in US prisons, jails & youth detention centers. *American Civil Liberties Union*; 2012. Available at: http://bit.ly/1mXmT0H. Accessed June 6, 2014.

Impact: Restraining pregnant women increases the risk of injury to the woman and the fetus and can interfere with medical care during labor, delivery, and recovery. The American Congress of Obstetricians and Gynecologists, the American Medical Association, and the American Public Health Association oppose shackling pregnant women.

Impact source(s):

- American Civil Liberties Union. ACLU briefing paper: The shackling of pregnant women and girls in US prisons, jails & youth detention centers. *American Civil Liberties Union*; 2012. Available at: http://bit.ly/1mXmT0H. Accessed June 25, 2014.

Promoting children's and adolescents' health, education, and safety

Allows children to enroll in CHIP with no waiting period

Description: State does not require children to be without health insurance for a minimum amount of time prior to being considered eligible for CHIP.
Data source(s):

- The Kaiser Family Foundation. State health facts: The length of time a child is required to be uninsured prior to enrolling in children's health coverage. Available at: http://bit.ly/1hBFvpA. Accessed June 6 2014.

Impact: Requiring children to be uninsured before enrolling in CHIP disrupts continuity of care and affects children's ability to access needed health care; 23 organizations, including the American Academy of Pediatrics, Children's Defense Fund, and March of Dimes, have signed onto a letter calling on the United States Department of Health and Human Services to eliminate waiting periods.
Impact source(s):

- AIDS Alliance for Women, Infants, Children, Youth & Families et al. RE: CHIP waiting periods in proposed rule pertaining to Medicaid, children's health insurance programs, and exchanges. Available at: http://bit.ly/1umcgJe. Accessed June 25, 2014.

Requires physical education for elementary, middle, and high school

Description: State mandates, elementary, middle/junior high, and high school physical education.
Data source(s):

- National Association for Sport and Physical Education and American Heart Association. Status of physical education in the USA. Available at: http://bit.ly/Uf5YyM. Accessed June 6, 2014.

Impact: Physical activity among children and adolescents can improve bone health, cardiorespiratory and muscular fitness, and decrease body fat and symptoms of depression; increasing the proportion of schools requiring physical education is a Healthy People 2020 objective.
Impact source(s):

- Healthypeople.gov. 2020 topics & objectives: Physical activity. Available at: http://1.usa.gov/1tLGfIH. Accessed June 25, 2014.

Mandates sex education

Description: State requires sex education in schools. Content requirements vary between states.
Data source(s):

- Guttmacher Institute. State Policies in brief: Sex and HIV education. *Guttmacher Institute;* 2014. Available at: http://bit.ly/1xddadJ. Accessed June 6, 2014.

Impact: Comprehensive sex education programs have been shown to result in lower rates of teen pregnancy, later sexual initiation, fewer sexual partners, and increased use of condoms and contraception.
Impact source(s):

- Advocates for Youth. Comprehensive sex education: Research and results. Available at: http://bit.ly/SxVqcv. Accessed June 25, 2014.

Mandates HIV education

Description: State requires HIV education in schools. Content requirements vary between states.
Data source(s):

- Guttmacher Institute. State Policies in brief: Sex and HIV education. *Guttmacher Institute*; 2014. Available at: http://bit.ly/1xddadJ. Accessed June 6, 2014.

Impact: Comprehensive sex education programs have been shown to reduce transmission of HIV and other STIs.

Impact source(s):

- Advocates for Youth. Comprehensive sex education: Research and results. Available at: http://bit.ly/SxVqcv. Accessed June 25, 2014.

Has broad eligibility criteria for Early Intervention services for children at risk of developmental delay

Description: State Early Intervention eligibility criteria are defined as broad, moderate, or narrow based on the degree of developmental delay required to receive services.

Data source(s):

- McManus B, McCormick M, Acefedo-Garcia D, Ganz M, Hauser-Cram P. The effect of state early intervention eligibility policy on participation among a cohort of young CSHCN. *Pediatrics.* 2009;124(4): 368-394.

Impact: Early Intervention services for children who have or are at risk of development delay have been shown to improve children's outcomes in language and cognitive and social development, reduce the need for special education, and improve parents' skills and confidence.

Impact source(s):

- The National Early Childhood Technical Assistance Center. The outcomes of early intervention for infants and toddlers with disabilities and their families. *The National Early Childhood Technical Assistance Center*; 2011. Available at: http://bit.ly/1og3bzX. Accessed June 25, 2014.

Initiative(s) to expand Early Head Start in place

Description: State has adopted one or more initiatives to expand access to Early Head Start.

Data source(s):

- Colvard J, Schmit S. Expanding access to Early Head Start: State initiatives for infants and toddlers at risk. *The Center for Law and Social Policy* and *Zero to Three*; 2012. Available at: http://bit.ly/Uf6YCX. Accessed June 6, 2014.

Impact: Early Head Start has been shown to improve children's cognitive, language, and social-emotional development; and to improve parenting outcomes.

Impact source(s):

- Mathematica Policy Research. Making a difference in the lives of infants and toddlers and their families: The impacts of early head start. Available at: http://bit.ly/1mXpFmH. Accessed June 25, 2014.

Requires districts to provide full-day kindergarten without tuition

Description: Full-day kindergarten is provided at no charge to all children per state statute and funding.

Data source(s):

- Children's Defense Fund. Full-day kindergarten in the states. Available at: http://bit.ly/1djXwnf. Accessed June 6, 2014.

Impact: Children who attend full-day kindergarten have better educational outcomes than children who attend half-day kindergarten, including a smoother transition to first grade and better academic achievement and attendance in later grades. The National Association for the Education of Young Children supports full-day kindergarten being available and affordable to all children.

Impact source(s):

- Children's Defense Fund. The facts about full-day kindergarten. Available at: http://bit.ly/1kEK4yK. Accessed June 25, 2014.
- Kagan S, Kauerz K. Making the most of kindergarten—trends and policy issues. *The National Association for the Education of Young Children*;2006. Available at: http://bit.ly/1hfTIrU. Accessed June 25, 2014.

Has firearm safety law(s) designed to protect children

Description: State has one or more of the following firearm laws: safe storage requirement, trigger locks required to be sold or offered at point of gun sales, assault weapons ban.
Data source(s):

- The Kaiser Family Foundation. State health facts: States with firearm laws designed to protect children. Available at: http://bit.ly/1oxq407. Accessed June 6, 2014.

Impact: In 2010, more than 2,500 children and teens were killed by guns. Gun safety laws have been shown to reduce accidental shootings, suicides, and mass shootings. The American Academy of Pediatrics supports gun safety regulation, including an assault weapons ban, safe storage requirements, and trigger locks.
Impact source(s):

- Children's Defense Fund. Protect children, not guns 2013. *Children's Defense Fund*; 2013. Available at: http://bit.ly/1j2RPdn. Accessed June 25, 2014.
- American Academy of Pediatrics. American Academy of Pediatrics gun violence policy recommendations. *American Academy of Pediatrics*; 2013. Available at: http://bit.ly/1l4d1T5. Accessed June 25, 2014.

Supporting families' financial health

Allows families receiving TANF to keep child support collected on their behalf

Description: Under federal law, families receiving income assistance, known as Temporary Assistance for Needy Families (TANF), must assign their rights to child support payments to the state. States, however, have the option of allowing some of the child support payment to be passed through to the parent and child.
Data source(s):

- National Women's Law Center. Health care report card: Child support pass-through. Available at: http://bit.ly/1nm2fcn. Accessed June 6, 2014.

Impact: Receipt of child support reduces families' need for public assistance programs, and has other economic, social, and academic benefits to children and families.
Impact source(s):

- Turetsky, V. In everybody's best interests: Why reforming child support distribution makes sense for government and families. *Center for Legal and Social Policy*; 2005. Available at: http://bit.ly/1umflt2. Accessed June 25, 2014.

State minimum wage is above the federal minimum

Description: State law requires a minimum wage that is higher than the federal minimum wage.
Data source(s):

- Department of Labor, Wage and Hour Division. Minimum wage laws in the states. Available at: http://bit.ly/1rH4vMz. Accessed June 6, 2014.

Impact: Increases in the minimum wage can increase family earnings, reduce enrollment in public assistance programs (such as food stamps), and bring families out of poverty.
Impact source(s):

- Reich M, West R. The effects of minimum wages on SNAP enrollments and expenditures. *Institute for Research on Labor and Employment, Center for American Progress*; 2014. Available at: http://bit.ly/1nSzNSR. Accessed June 25, 2014.

Income limit for child care assistance is greater than 55% of state median income

Description: The federal limit for income eligibility is 85% of the state median income, but no state has adopted a limit that high. The 55% benchmark comes from the average across states, which is 55.9%.
Data source(s):

- National Women's Law Center. Pivot point: State child care assistance policies. Available at: http://bit.ly/1p1qs83. Accessed June 6, 2014.

Impact: Child care assistance helps low-income parents participate in the workforce, helps keep families out of poverty, and increases children's access to high-quality child care and early education programs.
Impact source(s):

- Matthews H. Child care assistance: A program that works. *Center for Law and Social Policy*; 2009. Available at: http://bit.ly/1plwltx. Accessed June 25, 2014.

Does not have a family cap policy or flat cash assistance grant

Description: Welfare benefits are most often calculated based on family size. Many states passed family cap policies, which deny additional benefits or reduce the cash grant to families who have additional children while on assistance.
Data source(s):

- National Conference of State Legislatures. Welfare reform: Family cap policies. Available at: http://bit.ly/1xdpRFd. Accessed June 6, 2014.

Impact: Family cap policies have no effect on their stated goal of reducing childbearing among women receiving welfare. Family caps result in higher poverty rates among mothers and children.
Impact source(s):

- Levin-Epstein J. Lifting the lid off the family cap: States revisit problematic policy for welfare mothers. *Center for Law and Social Policy*; 2003. Available at: http://bit.ly/1hBMija. Accessed June 25, 2014.
- McKernan SM, Ratcliffe C. The effect of specific welfare policies on poverty. *The Urban Institute*; 2006. Available at: http://urbn.is/1umoDVT. Accessed June 25, 2014.

Promoting a healthy environment

Requires worksites, restaurants, and bars to be smoke free

Description: Data are for state-wide laws that apply to private-sector worksites, restaurants, and bars. States without statewide smoking restrictions may have local smoke-free laws. Private-sector worksites are places of work other than a building leased, owned, or operated by the state.
Data source(s):

- The Kaiser Family Foundation. State health facts: State smoking restrictions for worksites, restaurants, and bars. Available at: http://bit.ly/1xdtlaP. Accessed June 6, 2014.

Impact: Exposure to secondhand smoke has numerous negative health consequences, including increased risk of asthma and other respiratory problems in children as well as lung cancer and heart disease in adults. The World Health Organization recommends all indoor workplaces and all indoor public spaces be 100% smoke free.

Impact source(s):

- Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke. *Department of Health and Human Services*; 2006. Available at: http://1.usa.gov/1hBOGpU. Accessed June 25, 2014.
- World Health Organization. WHO framework convention on tobacco control: Guidelines for implementation. *World Health Organization;* 2013. Available at: http://bit.ly/1rOKKXd. Accessed June 25, 2014.

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