

EVALUATING PRIORITIES

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

State Brief: New Mexico

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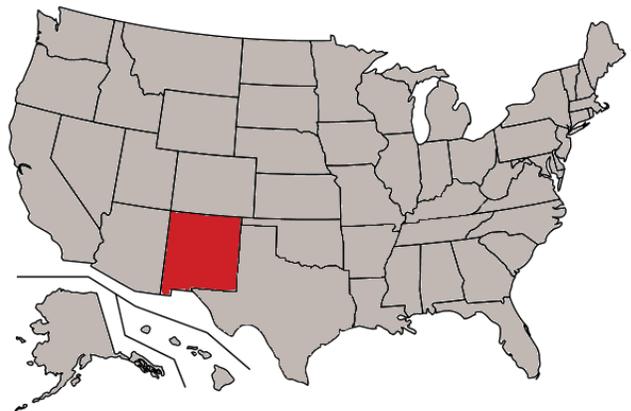
CONTEXT

Since abortion was legalized in the United States (US) in 1973, states have passed hundreds of laws limiting whether, when, and under what circumstances a woman may obtain an abortion.¹ Such attacks on abortion are on the rise; from 2011-2014 states enacted more restrictions than were enacted in the entire previous decade.² Anti-choice groups claim these restrictions are necessary to protect and support the health and well-being of women, their pregnancies, and their children, a claim that has become the foundation of many successful proposals to restrict abortion access further.³

To support an evidence-based effort to fight back against the onslaught of abortion restrictions, Ibis Reproductive Health and the Center for Reproductive Rights collaborated to evaluate the claims of anti-choice policymakers. We aimed to determine if the concern that anti-choice policymakers say they have for women, pregnancies, and children translates into the passage of state policies known to improve the health and well-being of women and children, or into improved state-level health outcomes for women and children. We also aimed to document how states with relatively few abortion restrictions fare in terms of women's and children's health policies and outcomes. This brief provides a snapshot of the findings detailed in our full report⁴ and an in-depth look at our findings for New Mexico.

New Mexico overview

New Mexico, located in the West, is relatively rural,^{5,6} and is one of the poorest states in the country.⁷ Compared to the US as a whole, New Mexico has a much higher proportion of Hispanic residents and American Indian/Alaska Native residents, and a lower proportion of residents who are White, Black, or other races.⁸ New Mexicans tend to be slightly more religious than other Americans.^{9,10} Its state legislature is mixed-choice; the New Mexico Senate is pro-choice, the New Mexico House is mixed-choice, and Governor Susana Martinez (R) is anti-choice.¹



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State brief: New Mexico

New Mexico is home to an estimated 426,850 women of reproductive age.¹¹ The proportion of New Mexico women who have abortions each year is lower than the national average, as is the percentage of pregnancies ending in abortion.¹¹ In 2011, there were 12 abortion providers in New Mexico, leaving the majority of New Mexico women living in a county with no abortion provider.¹² More detail about New Mexico can be found in Table 1 below.

Table 1: Key facts about New Mexico

	New Mexico	US
Population, n⁶	2,100,000	313,395,400
Population density, people per square mile⁵	17	87
Metropolitan status, %⁶		
Metropolitan	75	85
Non metropolitan	25	15
Race/ethnicity, %⁸		
White	40	62
Black	2	12
Hispanic	44	17
American Indian/Alaska Native	11	1
Other	3	8
Median household income, \$⁷	43,221	51,847
Religion, %^{9,10}		
Very religious	43	40
Moderately religious	27	29
Nonreligious	30	31
Abortion rate, per 1,000 women of reproductive age¹²	13	17
Pregnancies ending in abortion, %¹²	13	18
Women living in county with no abortion provider, %¹²	60	38

METHODS

We examined state-level policies and outcomes related to the well-being of women and children; our definition of well-being is broad, encompassing health, social, and economic status. We then determined what, if any, relationship exists between those policies and outcomes and state-level restrictions on abortion. This involved: (1) selecting indicatorsⁱ of abortion restrictions, outcomes related to women’s and children’s health and well-being, and policies that support women’s and children’s health and well-being; (2) scoring the selected state restrictions, outcomes, and policies; and (3) graphically exploring the relationship between abortion restrictions and women’s and children’s well-being.

ⁱ“Indicator” refers to the presence or absence of a policy (either an abortion restriction or a policy to support women’s or children’s well-being) or a health outcome statistic (e.g., infant mortality rate, prevalence of asthma, etc.).

We selected indicators based on evidence of their importance to the well-being of women and children and the availability of up-to-date, state-level data. We ultimately included 76 indicators in five topic areas: abortion restrictions (14), women’s health outcomes (15), children’s health outcomes (15), social determinants of health (10), and policies supportive of women’s and children’s health and well-being (22).ⁱⁱ The data were collected from a variety of government and nonprofit organizations with expertise in women’s and children’s health, well-being, and policy.

For each state, we calculated two primary scores: one score for abortion restrictions and one score for overall women’s and children’s well-being.

- For abortion restrictions, each state was scored 0-14 to reflect the total number of 14 possible abortion restrictions. Any legislation signed into law was counted, including those unenforced due to court challenges. Higher scores indicate more abortion restrictions.
- For overall women’s and children’s well-being, we calculated scores for each of the four topic areas within women’s and children’s well-being, then summed the four sub-scores to calculate an overall well-being score. Each state was scored 0 or 1 for each of the selected indicators, for a total possible score of 0-62 (see below for details on how we determined 0 or 1 for indicators in each sub-topic). Higher scores indicate better performance on women’s and children’s well-being.
- For each indicator in the three health outcome sub-topics (women’s health, children’s health, and social determinants of health), we determined whether states met a pre-determined benchmark, which was set to be moderately but meaningfully better than the national average. Because the national average for selected indicators is often poor relative to other developed countries, the pre-determined benchmarks do not necessarily reflect an “ideal,” but rather are meant to be attainable goals for states.ⁱⁱⁱ A state received a score of 1 if it met or exceeded the benchmark and a 0 if it did not. The score for each subtopic is the number of indicators for which a state met or exceeded the benchmark. Total possible

ⁱⁱ For a complete list of indicators and data sources, please see our full report, *Evaluating priorities: Measuring women’s and children’s health and well-being against abortion restrictions in the states. Research report.*

ⁱⁱⁱ For more information on how the benchmarks were calculated, please see our full report, *Evaluating priorities: Measuring women’s and children’s health and well-being against abortion restrictions in the states. Research report.*

scores were 0-15 for women’s health, 0-15 for children’s health, and 0-10 for social determinants of health. Higher scores indicate better performance in that sub-topic.

- For indicators of policies to support women’s and children’s well-being, each state was scored 0-22 to reflect the total number of 22 possible supportive policies. Higher scores indicate more policies supporting women’s and children’s well-being.

To examine the relationship between abortion restrictions and women’s and children’s health and well-being, we created a series of scatter plots, comparing states’ abortion restriction scores against their total scores on overall women’s and children’s well-being, as well as against their scores on each of the sub-topics (women’s health, children’s health, social determinants of health, and supportive policies).

RESULTS

We obtained data on all 76 indicators for all 50 states and the District of Columbia.

Abortion restrictions

Of the 14 abortion restrictions included in this analysis, New Mexico had three, and ranked it the eighth least restrictive state in terms of abortion, tied with California, Connecticut, Montana, and New Jersey.

Table 2: Abortion restrictions

Abortion restrictions	Yes	No
Parental involvement before a minor obtains an abortion	✓	
Mandatory waiting periods between time of first appointment and abortion		X
Mandatory counseling prior to abortion		X
Requirement to have or be offered an ultrasound		X
Restrictions on abortion coverage in private health insurance plans		X
Restrictions on abortion coverage in public employee health insurance plans		X
Restrictions on abortion coverage in Medicaid		X
Only licensed physicians may perform abortions	✓	
Ambulatory surgical center standards imposed on facilities providing abortion		X
Hospital privileges or alternative arrangement required for abortion providers		X
Refusal to provide abortion services allowed	✓	
Gestational age limit for abortion set by law		X
Restrictions on provision of medication abortion		X
Below average number of providers (per 100,000 women aged 15-44)		X
Total number of restrictions	3	

Women's and children's well-being

New Mexico performed poorly on indicators of women's and children's health and socioeconomic well-being. With a total score of 19, New Mexico ranked 31st for overall women's and children's well-being, tied with Colorado.

Women's health

New Mexico performed especially poorly on indicators of women's health. Along with Arkansas, Florida, and Oklahoma, New Mexico fell in last place and did not meet the benchmark for any of the 15 women's health outcome indicators evaluated.

Table 3: Women's health

Women's health indicators	NM	US	Benchmark	NM meets benchmark	
				Yes	No
Cervical cancer screening rate, % of women (range)	80.4	80.9 (73.2-88.9)	82.5 or ↑		X
Women without health insurance, % of women (range)	31.0	21.0 (5.0-33.0)	17.9 or ↓		X
Women with no personal health care provider, % of women (range)	24.4	17.3 (8.0-26.8)	14.7 or ↓		X
Maternal mortality ratio, deaths per 100,000 live births (range)	16.5	12.1 (1.2-38.2)	9.0 or ↓		X
Women reporting poor mental health, % of women (range)	39.2	40.1 (30.1-46.1)	38.4 or ↓		X
Suicide deaths, per 100,000 women (range)	11.4	6.1 (2.6-12.5)	5.0 or ↓		X
Prevalence of overweight or obesity, % of women (range)	56.4	56.6 (47.0-66.4)	54.5 or ↓		X
Smoking prevalence, % of women (range)	16.7	16.4 (9.2-27.6)	14.6 or ↓		X
Prevalence of sexual violence, % of women (range)	49.0	44.6 (28.9-58.0)	41.5 or ↓		X
Asthma prevalence, % of women (range)	11.1	10.7 (7.3-14.1)	9.9 or ↓		X
Proportion of pregnancies unintended, % of pregnancies (range)	51.0	49.0 (37.0-70.0)	45.9 or ↓		X
Preterm birth rate, % of live births (range)	11.9	12.0 (8.4-17.6)	11.1 or ↓		X
Prevalence of low birth weight, % of live births (range)	8.7	8.1 (5.7-12.1)	7.5 or ↓		X
Chlamydia incidence, per 100,000 women (range)	829.2	643.3 (322.2-1,358.6)	546.2 or ↓		X
HIV incidence, per 100,000 women (range)	8.6	19.0 (2.3-177.9)	6.6 or ↓		X
Number of indicators meeting benchmark				0	

Children's health

New Mexico performed below average on indicators of children's health. The state met the benchmark for only three of the 15 children's health outcome indicators evaluated. Compared to other states, New Mexico ranked 31st of 51 and had the fourth-lowest score on children's health, tied with the District of Columbia and seven other states (Alaska, Arkansas, Illinois, Kentucky, Michigan, Missouri, and West Virginia).

Table 4: Children's health

Children's health indicators	NM	US	Benchmark	NM meets benchmark	
				Yes	No
Children with health insurance, percent of children (range)	85.0	91.1 (81.7-97.9)	92.9 or ↑		X
Children with a medical home, percent of children (range)	49.0	57.5 (45.4-69.3)	60.3 or ↑		X
Children who had both medical and dental preventive visits in the past 12 months, percent of children (range)	69.6	68.1 (56.0-81.4)	71.2 or ↑		X
Infants exclusively breastfed for six months, percent of children (range)	19.3	16.4 (4.1-27.4)	19.3 or ↑	✓	
Children receiving complete vaccination, percent of children (range)	71.6	68.4 (59.5-80.2)	70.9 or ↑	✓	
Children with emotional, developmental, or behavioral problems that received needed care, percent of children (range)	58.0	61.0 (40.4-86.3)	65.1 or ↑		X
Infant mortality rate, per 100,000 infants (range)	549.3	638.7 (423.6-989.5)	573.5 or ↓	✓	
Child mortality rate, per 100,000 children (range)	20.0	17.0 (9.0-30.0)	14.6 or ↓		X
Teen mortality rate, per 100,000 teens (range)	81.0	49.0 (29.0-85.0)	41.8 or ↓		X
Children overweight or obese, percent of children (range)	32.8	31.3 (22.1-39.8)	29.2 or ↓		X
Children living with someone who smokes, percent of children (range)	23.9	24.1 (12.4-41.0)	21.3 or ↓		X
Confirmed cases of child maltreatment, per 1,000 children (range)	11.0	9.0 (1.0-23.0)	6.7 or ↓		X
Children with asthma problems, percent of children (range)	9.0	9.0 (4.0-16.0)	7.9 or ↓		X
Teen alcohol or drug abuse, percent of teens (range)	9.2	6.5 (4.7-9.2)	6.1 or ↓		X
Teen birth rate, per 1,000 female teens (range)	47.0	29.0 (14.0-47.0)	24.7 or ↓		X
Number of indicators meeting benchmark				3	

Social determinants of health

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

Table 5: Social determinants of health

Social determinants of health	NM	US	Benchmark	NM meets benchmark	
				Yes	No
Women participating in the labor force, percent of women (range)	56.2	58.8 (49.6-66.9)	60.7 or ↑		X
Women's earnings, % of men's earning (range)	85.0	78.6 (64.0-92.3)	81.2 or ↑	✓	
On-time high school graduation, percent of students (range)	67.3	78.2 (57.8-91.4)	81.8 or ↑		X
Women in poverty, percent of women (range)	26.0	20.0 (10.0-27.0)	18.1 or ↓		X
Children in poverty, percent of children (range)	29.0	23.0 (13.0-35.0)	20.4 or ↓		X
Household food insecurity, percent of households (range)	12.1	14.7 (8.7-20.9)	13.5 or ↓	✓	
Children aged 3-5 not enrolled in preschool or kindergarten, percent of children (range)	46.0	40.0 (17.0-54.0)	36.5 or ↓		X
Homelessness rate, per 10,000 population (range)	15.6	20.3 (8.1-112.5)	12.2 or ↓		X
Unemployment rate, percent of labor force (range)	6.8	6.3 (2.6-8.3)	5.6 or ↓		X
Violent crime rate, per 100,000 population (range)	559.1	386.9 (122.7-1243.7)	297.5 or ↓		X
Number of indicators meeting benchmark				2	

Supportive policies

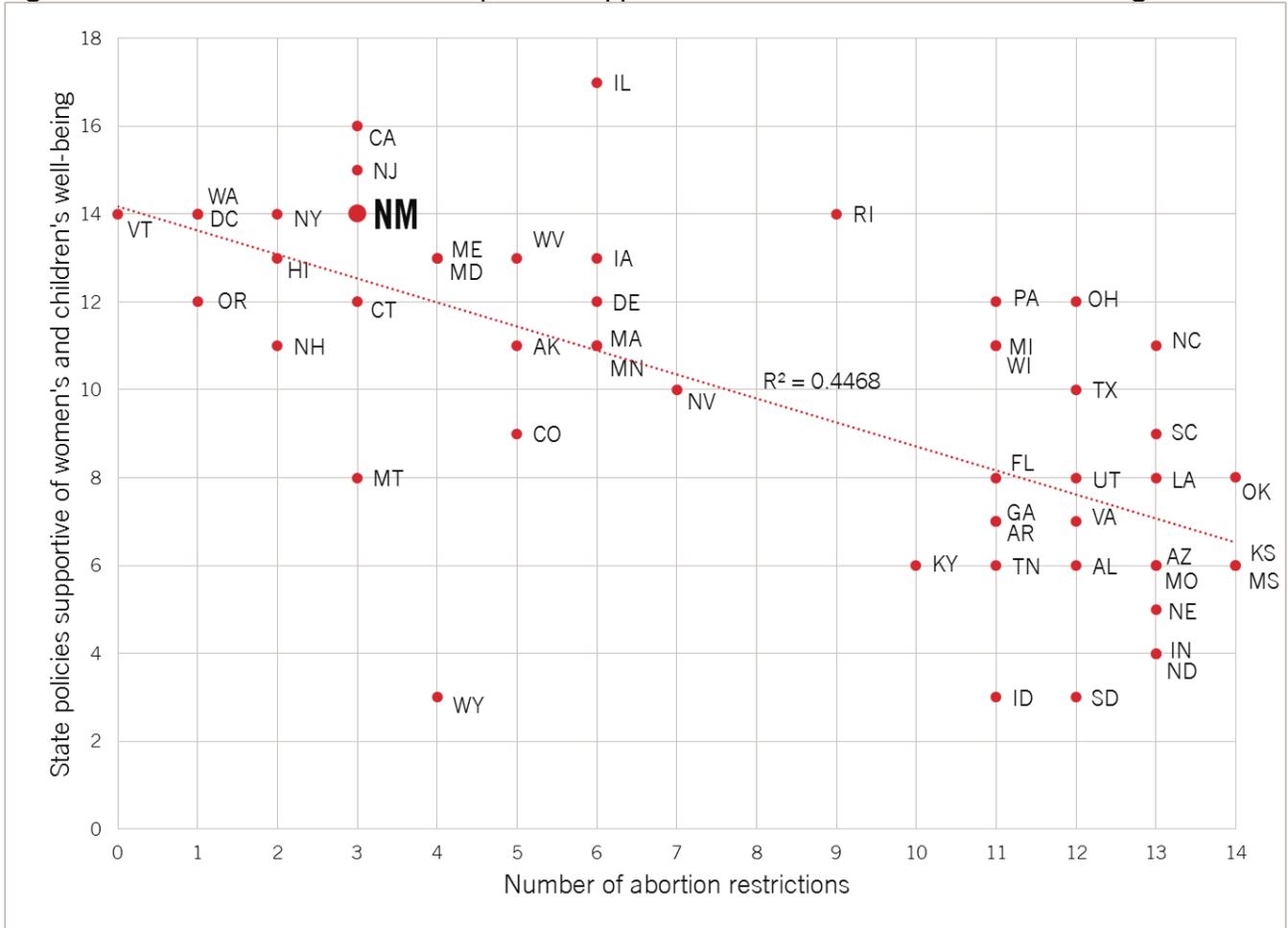
New Mexico performed very well on policies that support women’s and children’s well-being. Of the 22 policies included in this analysis, New Mexico had 14. This score placed the state fourth of 51, tied with the District of Columbia and four other states (New York, Rhode Island, Vermont, and Washington).

Table 6: Supportive policies

Supportive policies	Yes	No
Improving access to health care		
Moving forward with the Affordable Care Act’s Medicaid Expansion	✓	
Allows telephone, online, and/or administrative renewal of Medicaid/CHIP	✓	
Requires domestic violence protocols, training, or screening for health care providers		X
Supporting pregnant women		
Medicaid income limit for pregnant women is at least 200% of the federal poverty line	✓	
Has expanded family/medical leave beyond the FMLA		X
Provides temporary disability insurance		X
Maternal mortality review board in place		X
Requires reasonable accommodations for pregnant workers		X
Prohibits or restricts shackling pregnant prisoners	✓	
Promoting children’s and adolescents’ health, education, and safety		
Allows children to enroll in CHIP with no waiting period		X
Requires physical education for elementary, middle, and high school	✓	
Mandates sex education	✓	
Mandates HIV education	✓	
Has broad eligibility criteria for Early Intervention services for children at risk of developmental delay	✓	
Initiative(s) to expand Early Head Start in place		X
Requires districts to provide full-day kindergarten without tuition	✓	
Has firearm safety law(s) designed to protect children		X
Supporting families’ financial health		
Allows families receiving TANF to keep child support collected on their behalf	✓	
State minimum wage is above the federal minimum	✓	
Income limit for child care assistance is greater than 55% of state median income	✓	
Does not have a family cap policy or flat cash assistance grant	✓	
Promoting a healthy environment		
Requires worksites, restaurants, and bars to be smoke free	✓	
Total number of supportive policies	14	

New Mexico’s relatively high number of supportive policies is consistent with the overall trend we observed of states with fewer abortion restrictions having more evidence-based policies that support women and children (see Figure 1).

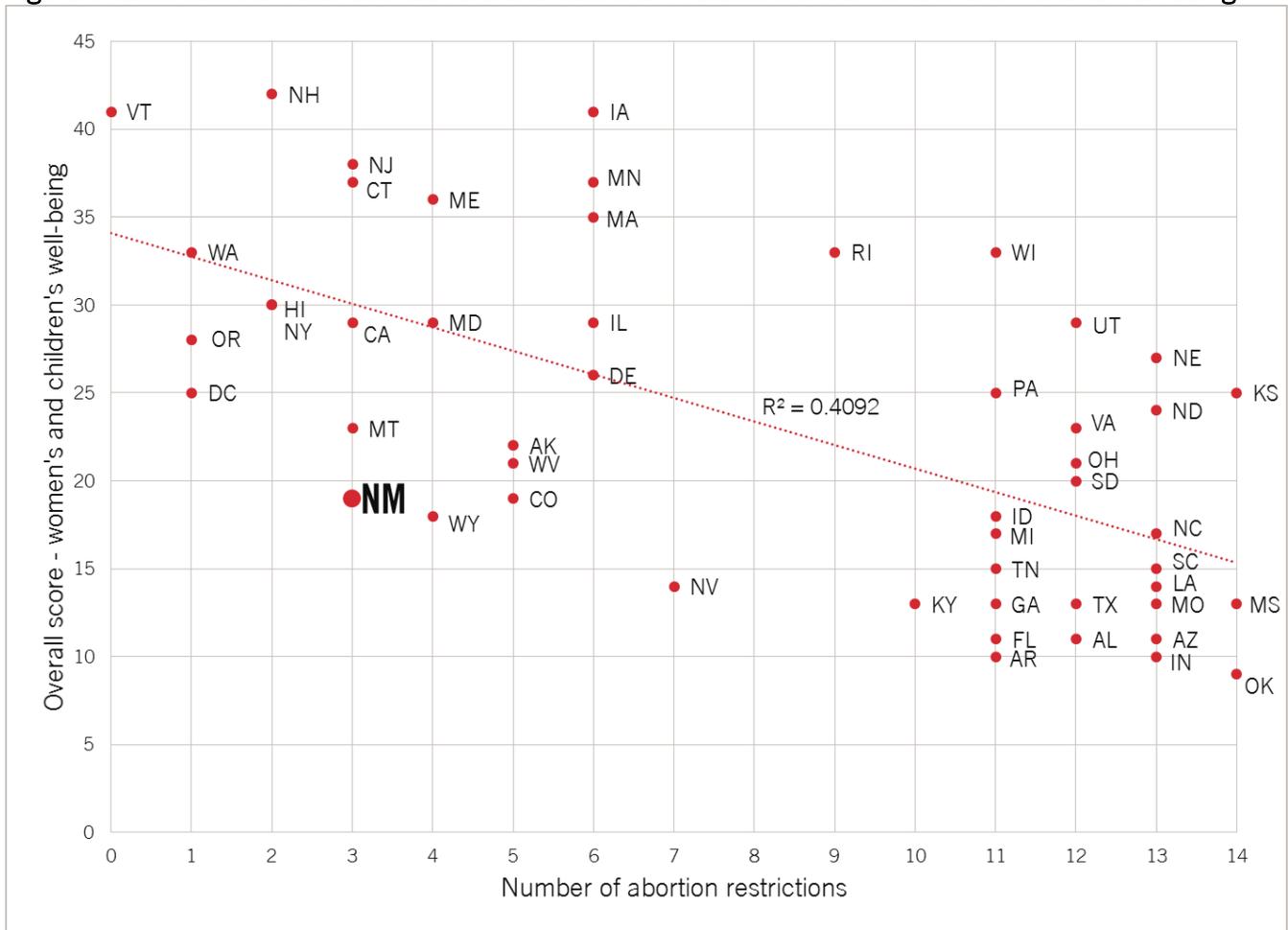
Figure 1. State abortion restrictions and policies supportive of women’s and children’s well-being



Relationship between abortion restrictions and well-being

New Mexico, one of the less restrictive states in the country for abortion, performed poorly across indicators of women’s health, children’s health, and social determinants of health, but performed well on policies supportive of women’s and children’s well-being. This is inconsistent with the overall trend we observed that the more abortion restrictions present, the worse a state scored overall on indicators of women and children’s well-being (see Figure 2). However, while New Mexico’s well-being score is worse than most other states with few abortion restrictions, its overall well-being score is relatively high when compared to states with many abortion restrictions.

Figure 2. State abortion restrictions and overall score on indicators of women’s and children’s well-being



DISCUSSION

This analysis shows that, compared to other states, New Mexico has fewer abortion restrictions, more policies in place to support women's and children's well-being, and worse outcomes for women's and children and social determinants of health.

Indeed, we found that New Mexico is one of the least restrictive states in terms of abortion. The state's abortion policies are in step with the large body of scientific evidence that documents that restricting abortion is not beneficial to women and can interfere with women's reproductive decision-making, increase the risks of the abortion procedure by forcing women to delay desired health care, and lead to a number of emotional and financial harms.¹³⁻¹⁹ However, the state is not immune to efforts to restrict abortion. Between January 2013 and January 2014, there were five proposals to restrict abortion.²⁰ Though all of the proposals failed, anti-choice advocates have recommended increasing efforts to enact more restrictions in New Mexico.²¹ If their efforts are successful, the abortion policy landscape could change drastically.

We also found that New Mexico policymakers have passed many evidence-based policies known to support women's and children's well-being. New Mexico has a strong set of policies focused on children's health and education, such as full-day kindergarten and requirements for physical, HIV, and sex education, as well as on families' financial well-being. However, the state's policies related to access to health care and support of pregnant women are mixed. Aside from a relatively high Medicaid income limit for pregnant women and restrictions on shackling pregnant prisoners, New Mexico has passed none of the other policies we evaluated that focus on supporting pregnant women; these include family leave, disability insurance, job protections, and establishing a board to address maternal mortality. Policy-level efforts to address the needs of pregnant women are especially critical in light of the state's high rate of maternal mortality.

Despite the relatively positive policy environment in the state, women and children in New Mexico have poorer health outcomes and face greater challenges in their social and economic contexts when compared to women and children in other states. Social determinants of health are especially challenging in New Mexico, where poverty among women and children and violent crime are among the highest in the nation, and high school graduation rates are among the lowest. Additionally, adolescents in New Mexico appear to be a particularly vulnerable population; rates of

teen births and teen drug or alcohol abuse are the highest in the country, and teen mortality is close to the highest. More research is needed to determine why the policies in place in the state fail to better address the needs of women and children.

Our findings provide evidence that, while more work needs to be done, policymakers in New Mexico are consistently working to protect and support the lives and health of women and children. This analysis validates New Mexico policymakers' attention to evidence-based policies that have been shown to improve women's and children's health rather than focusing on restricting abortion, which has been shown to harm women and families.

Our analysis has some limitations. While we made every effort to select the most meaningful, evidence-based indicators, any attempt to analyze a concept as broad as women's and children's well-being is a simplification. Specifically, we did not adjust for poverty, which has been shown to play a major role in women's and children's well-being,²² and is associated with other social issues that may play a role in our findings, such as racism²³ and sexism.²⁴ However, as detailed in our full report,⁴ the data suggest that while household income (an incomplete, but important indicator of poverty²⁵) does play a role in our findings, it cannot explain all of the differences observed between states. Among the ten poorest states in the country, those with few abortion restrictions (including New Mexico), had higher scores than those with more restrictions.

Additionally, our simple yes/no scoring methodology is limited in its ability to detect the degree of variation in states' health outcomes and does not account for differences in specific policies across states (e.g., 24-hour vs. 72-hour waiting periods prior to an abortion). Nevertheless, we feel this simple approach is also a strength because it facilitates understanding and replicability of our analysis, and makes the information accessible to policymakers and advocates.²⁶

There are a number of other strengths to our analysis. First, we selected indicators well-supported by public health bodies and scientific literature. The indicators of women's health, children's health, and social determinants of health included in this analysis are widely accepted indicators of health status.²⁷⁻²⁹ Also, there is 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.³⁰⁻³² The fact that New Mexico fares similarly in other state profiles boosts our confidence in the results.^{1,33-34} Ultimately, we used a straightforward approach to emphasize the need to focus

broadly on improving the health and lives of women and children, and not on restricting access to needed health care services such as abortion. Such findings are key to reducing the traction anti-choice stakeholders are currently gaining and to galvanizing and supporting state-level efforts to improve women's and children's access to a comprehensive range of health care services.

REFERENCES

1. NARAL Pro-Choice America. Who decides? The status of women's reproductive rights in the United States, 24th edition. *NARAL Pro-Choice America*; January 2015. Available at: <http://bit.ly/RAx1CL>. Accessed February 25, 2015.
2. Nash E, Gold RB, Rowan A, Rathbun G, Vierboom Y. Laws affecting reproductive health and rights: 2013 state policy review. *Guttmacher Institute*; 2014. Available at: <http://bit.ly/1iOpHK8>. Accessed February 25, 2015.
3. National Right to Life Committee. The state of abortion in the US. *National Right to Life Committee, Inc.*; January 28, 2015. Available at: <http://bit.ly/1iG7Swo>. Accessed February 25, 2014.
4. Burns B, Dennis A, Douglas-Durham E. Evaluating priorities: Measuring women's and children's health and well-being against abortion restrictions in the states. Research report. *Ibis Reproductive Health*; September 2014. Available at: <http://bit.ly/1LRE3dp>. Accessed February 27, 2015.
5. United States Census Bureau. Statistical abstract of the United States: 2012. Available at: <http://1.usa.gov/1jjG1IR>. Accessed February 24, 2015.
6. The Henry J Kaiser Family Foundation. State health facts: Demographics and the economy. Available at: <http://bit.ly/1nAeAvS>. Accessed February 24, 2015.
7. United States Census Bureau. Three-year-average median household income by state, 2011 to 2013. Current Population Survey, 2012 to 2014. Available at: <http://1.usa.gov/1nFiwc5>. Accessed February 24, 2015.
8. United State Census Bureau. Current Population Survey, Annual Social and Economic Supplement, 2014. Available at: <http://1.usa.gov/1E03aYN>. Accessed February 27, 2015.
9. Newport F. State of the States: Mississippi Maintains Hold as Most Religious US State. *Gallup*; February 13, 2013. Available at: <http://bit.ly/1mOmO41>. Accessed February 24, 2015.
10. Newport F. Seven in 10 Americans are very or moderately religious. *Gallup*; December 4, 2012. Available at: <http://bit.ly/1iG8OfI>. Accessed February 24, 2015.
11. Guttmacher Institute. State data center: Population estimates among all women aged 13-44, 2012. Available at: <http://bit.ly/1jjF4tQ>. Accessed February 24, 2015.
12. Guttmacher Institute. State facts about abortion: New Mexico. Available at: <http://bit.ly/1ykEnON>. Accessed February 27, 2015.
13. Dennis A, Henshaw SK, Joyce TJ, Finer LB, Blanchard K. The impact of laws requiring parental involvement for abortion: A literature review. *Guttmacher Institute*; March 2009. Available at: <http://bit.ly/1kPkOB7>. Accessed February 25, 2015.
14. Henshaw SK, Joyce TJ, Dennis A, Finer LB, Blanchard K. Restrictions on Medicaid funding for abortions: A literature review. *Guttmacher Institute*; June 2009. Available at: <http://bit.ly/1alMlCA>. Accessed February 25, 2015.
15. 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>. February 25, 2015.
16. Chibber K, Foster D. Receiving versus being denied an abortion and subsequent experiences of intimate partner violence. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.
17. Foster D, Dobkin L, Biggs M, Roberts S, Steinberg J. Mental health and physical health consequences of abortion compared to unwanted birth. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.
18. Foster D, Roberts S, Mauldon J. Socioeconomic consequences of abortion compared to unwanted birth. APHA Annual Meeting & Expo; October 30, 2012; San Francisco.
19. Grossman D, Holt K, Peña M, et al. Self-induction of abortion among women in the United States. *Reproductive Health Matters*. 2010;18(36):136-146.
20. RH Reality Check. RHRC Data: New Mexico. Available at: <http://bit.ly/1Kle3o1>. Accessed February 27, 2015.

21. Americans United for Life. New Mexico 2014 report card. Available at: <http://bit.ly/16bg6O2>. Accessed February 27, 2015.
22. Duncan GJ, Yeung WJ, Brooks-Gunn J, Smith JR. How much does childhood poverty affect the life chances of children? *American Sociological Review*. 1998;63(3):406-423.
23. Williams DR. Race, socioeconomic status, and health: The added effects of racism and discrimination. *Annals of the New York Academy of Sciences*. 1999;896(1):173-188.
24. Belle Doucet D. Poverty, inequality, and discrimination as sources of depression among US women. *Psychology of Women Quarterly*. 2003;27(2):101-113.
25. Nolan B, Whelan CT. *Resources, deprivation, and poverty*. Oxford University Press; 1996.
26. Reisman J, Gienapp A, Stachowiak S. A guide to measuring advocacy and policy. *The Annie E. Casey Foundation*; December 5, 2007. Available at: <http://bit.ly/1h6PBXX>. Accessed February 25, 2015.
27. HealthyPeople.gov. Healthy People 2020 topics & objectives. Available at: <http://1.usa.gov/1gvzd4z>. Accessed February 25, 2015.
28. Countdown to 2015, Health Metrics Network, World Health Organization. Monitoring maternal, newborn and child health: Understanding key progress indicators. 2011. Available at: <http://bit.ly/RAyBo7>. Accessed February 25, 2015.
29. Annie E. Casey Foundation. Kids Count. Available at: <http://bit.ly/1uUBqjF>. Accessed June 26, 2014.
30. National Women's Law Center. Health care report card: Policy indicators. Available at: <http://bit.ly/1iJUM5E>. Accessed February 25, 2015.
31. Institute for Women's Policy Research. Initiatives. Available at: <http://bit.ly/1uUBZtu>. Accessed J February 25, 2015.
32. HealthyPeople.gov. Healthy People 2020 topics & objectives: Social determinants of health. Available at: <http://1.usa.gov/1kyvOJb>. Accessed February 25, 2015.
33. Commonwealth Fund. Commonwealth Fund scorecard on state health system performance, 2014. Available at: <http://bit.ly/1jJnEIP>. Accessed February 27, 2015.
34. United Health Foundation. America's health rankings: A call to action for individuals and their communities. Available at: <http://bit.ly/12yAhE9>. Accessed February 27, 2015.