Experiences with health care and public assistance in states with highly restrictive abortion policies

State Brief: Arizona

Prepared by:

Amanda Dennis, DrPH, MBE

Ella Douglas-Durham, MPH

Bridgit Burns, MPH

of

Ibis Reproductive Health

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CONTEXT

Since abortion was legalized in the United States in 1973, states have implemented numerous restrictions that limit whether, when, and under what circumstances a woman may obtain an abortion.[1] Anti-choice groups claim these restrictions are necessary to protect and support the health and well-being of women, their pregnancies, and their children.[2] However, women and children living in states with a large number of abortion restrictions often have poorer health outcomes than those living in states with fewer restrictions.[3] Also, states with a high number of abortion restrictions tend to have few policies in place that support women in their efforts to meet their own day-to-day needs (throughout the life course, including during pregnancy), or the needs of their children.[3]

Little is known about women's experiences engaging with health care systems and public assistance programs in states with highly restrictive abortion policies. To explore this issue, Ibis Reproductive Health and the Center for Reproductive Rights collaborated to conduct in-depth interviews with women in three of the nation's most restrictive states in terms of abortion: Arizona, Kansas, and Oklahoma. During the interviews, we asked women about their experiences seeking routine, prenatal, pediatric, and abortion care. We also explored women's experiences with various public assistance programs.

Arizona overview

Arizona is home to an estimated 1,349,610 women of reproductive age[4] and 1,714,100 children under the age of 18.[5] In 2011, approximately 120,400 Arizona women became pregnant; 71% of these pregnancies resulted in live births and 13% in abortions.[6]

Arizona women and children have poorer health outcomes and face greater social and economic challenges, compared to those in other states.[7] Yet the state has implemented relatively few programs that are designed to address the unmet needs of women and children.[7] Primarily through federal-state partnerships, Arizona has, however, put in place a small number of programs that are meant to meet state residents' daily living needs and improve their health and access to health care.[8]

We list the programs that are most relevant to this report below.

- The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program and offers health insurance to low-income Arizona residents.
- KidsCare is the state health insurance program for Arizona children aged 18 or younger.
- Arizona's Women, Infants, and Children (WIC) program provides supplemental foods, nutrition education, and referrals to health care for low-income pregnant, breastfeeding, and postpartum women; infants; and children up to age five.
- Supplemental Nutrition Assistance Program (SNAP) benefits (often called food stamps) can be used to purchase food at grocery stores, convenience stores, and some farmers' markets and co-op food programs.[9] Arizona residents with SNAP benefits receive an average of $126 in SNAP benefits every month.[10]
- Childcare assistance programs help families with the costs of childcare at select state-approved facilities.

Compared to other states, Arizona has one of the highest numbers of abortion restrictions, with 13 restrictions in place (Table 1).[7] Note, however, that while state policy indicates Arizona does not restrict Medicaid coverage of abortion, in practice, Medicaid coverage of abortion is not available in Arizona.[11]

Table 1: Arizona abortion restrictions

Abortion restrictions	Yes	No
Parental involvement before a minor obtains an abortion	✓	
Mandatory waiting periods between time of first appointment and abortion	✓	
Mandatory counseling prior to abortion	✓	
Requirement to have or be offered an ultrasound	✓	
Restrictions on abortion coverage in private health insurance plans	✓	
Restrictions on abortion coverage in public employee health insurance plans	✓	
Restrictions on abortion coverage in Medicaid		X
Only licensed physicians may perform abortions	✓	
Ambulatory surgical center standards imposed on facilities providing abortion	✓	
Hospital privileges or alternative arrangement required for abortion providers	✓	
Refusal to provide abortion services allowed	✓	
Gestational age limit for abortion set by law	✓	
Restrictions on provision of medication abortion	✓	
Below average number of providers (per 100,000 women aged 15-44)	✓	
Total number of restrictions	13	

STUDY DESCRIPTION

We conducted in-depth interviews with 30 women who had recently had abortions in Arizona, Kansas, and Oklahoma. All women provided verbal informed consent before participating in the interviews. The interviews were largely unstructured so that women could share whatever was most important to them about their experience with the health care system and public assistance programs. Trained qualitative interviewers conducted the interviews either in-person at local abortion clinics or over the phone. Recordings of the interviews were transcribed verbatim and analyzed using qualitative analysis techniques. After identifying the most salient themes, we selected quotes that represented those themes. In this report, we focus on our findings from Arizona.

FINDINGS

Interviewee characteristics

We spoke with ten women in Arizona who had recently had abortions. As the interviews were largely unstructured, we did not systematically ask women for demographic or other background information. However, women spontaneously provided some of this information. The women we interviewed in Arizona were on average 24 years old (range 21-27). Nine lived in suburban environments and one lived in an urban area of Arizona. Eight were single and two were married. Seven had children. All but two were working at the time of the interview. Five women had health insurance; the rest were uninsured. Of the seven women who had children, six reported their children had insurance coverage.

Access to public assistance programs

Women said limited educational and employment opportunities made it difficult to financially provide for themselves and their children. Public assistance programs were described as critical to supporting the health and well-being of women and their families. The most commonly described programs were insurance, nutrition, and child-care support programs.

Health insurance programs

Women who were uninsured, or whose children were uninsured, reported desiring insurance coverage, but having difficulties enrolling in or staying enrolled in the state's Medicaid program, AHCCCS. Michelle[i] summed up these issues when she said of AHCCCS, "It's very hard to keep and stay on it. They make you jump through so many hoops it's unbelievable." Women reported that part of the challenge of enrolling in AHCCCS is that only the very poor qualify for the program. Commonly, women reported that state insurance programs need to be more accessible for women and children, and that, as Christina stated, there are "a lot of people that are slipping through the cracks" of the insurance system.

Nutrition-support programs

Many women said they struggled with the high cost of food. Some of these participants said they relied on SNAP or WIC to afford nutritious food for themselves and their families. As with AHCCCS, women related that the financial criteria to qualify for the program were restrictive, which made it hard to stay enrolled in the program. For example, Michelle said:

> You can't really make enough money to really live on. You can't make enough money to live on your own and still get food stamps and insurance. The second I started making a little better money they dropped us. So, then we were without insurance and no money for food and it was a real struggle…. It was pretty frustrating 'cause the cost of food is extremely high and it's a huge sacrifice to buy food. It's not cheap and it's very, very expensive to eat fresh fruits and vegetables.

Also, women reported that the amount of SNAP benefits they receive is low. Megan said of this, "They say that Arizona is a really cheap state, and it is, even with food stamps. They'll try not to give you any…. I could only get $70 a month. I was like, 'How is that going to feed me and my child?'"

Childcare assistance programs

The seven women we interviewed who had children said that quality, affordable day care is essential. Women related that they need to be able to place their children in day care in order to work, but that day care was financially out of reach, even after they received public childcare assistance. Of this Megan said, "Sometimes it really didn't make sense for me to work because half of my money went to day care expenses. But at the same time, I have to work."

[i] All interviewees are identified by a unique pseudonym.

Routine health care

Four women said they sought routine health care from a primary care physician, three relied on urgent care facilities, and three said they never seek routine health care. Women selected their source of care by considering the nature of care they needed, how urgent it was, and whether they could afford care.

Many women, and in particular low-income women, reported difficulties obtaining affordable care. Women with health insurance reported their copays were high and uninsured women said it was difficult to pay out-of-pocket for care. For example, Rebecca said, "Any kind of a doctor's visit is going to be a big chunk out of your wallet." Women who were not able to afford the health care they needed reported they either went without it or delayed obtaining it as long as possible. Christina related, "If I'm not dying, then I don't really need help."

On the other hand, the women who were able to afford health care visits reported that their providers were geographically accessible, appointments were available in a timely manner, and they were comfortable talking with their clinicians about their health care needs. Nicole said that getting to her doctor was "pretty simple" and "pretty convenient."

Pediatric health care

Most women said they take their children to see a pediatrician for routine health care and rely on emergency departments when more urgent care is needed.

The majority of women said their children had comprehensive health insurance coverage with low or no-cost copays, which made care affordable. They also related that their children's insurance was better than their own. Michelle stated that the state "pretty well covers everything" for her children. She went on to say, "The health insurance you get for children's care is completely different than for adults. I mean free dental, free doctor's visits…. For KidsCare and insurance it's great, but if you're an adult heaven help you." Likewise, Lauren said, "Apparently, kids are very well off when it comes to the state or the government paying for their medical." However, the one

woman whose child did not have insurance coverage (due largely to difficulties enrolling the child in KidsCare) struggled with putting together the resources to get her daughter the care she needed.

Women generally reported satisfaction with the location of their children's health care facilities, the timeliness of appointments, and the care their children received.

Prenatal care

Of the seven women who had children and had previously sought prenatal care, one sought this care from a midwife, and the rest obtained care from a doctor. All women with children gave birth in a hospital.

Many women reported it was easy to enroll in and stay on insurance when pregnant, which helped women manage the costs of care. Jennifer noted, "My insurance maternity benefits were really good…. Ultimately, I had the baby without spending anything out-of-pocket." Similarly, Michelle stated, "It wasn't hard at all for me to get healthcare because I was on AHCCCS, which is the Arizona state insurance. So I had everything completely paid for. I didn't have to ever worry about going to the doctor…. The Arizona state system, they took really good care of me insurance-wise while I was pregnant."

Women also described overwhelmingly positive experiences with their prenatal care and birthing experiences. They often gleefully described their health care providers and facilities. Sarah said of her prenatal care doctor, "He just took care of me, you know?... He just made me feel comfortable, he's professional." She went on to say of the facility where she gave birth, "It was real clean where I went. The birthing suites, that's what it's called it nowadays. You don't have babies in the hospital in Scottsdale anymore; you have it at the birthing suites. And it's pretty nice, let me tell you. It was real nice."

Abortion

Characteristics

Most women reported they were not using contraception at the time of their most recent pregnancy because of challenges finding an acceptable and affordable contraceptive. All women reported they

were in the first trimester of pregnancy at the time of their abortion. Half of women had surgical procedures and the rest had medication abortions. Their procedures cost an average of $460.

Decision making

Many women spontaneously discussed the reason they decided to have an abortion, reporting most often that they did not have the emotional, practical, or financial resources necessary to take care of a(nother) child. Abortion, therefore, felt like the "only option," a phrase repeated by many women. Megan said of her decision:

> I had to make a decision. Right now was not the time for me to have a child, even though we wanted it.… It was going to be more hard to raise another kid.… It's better if I wait and then when I'm ready and stable in life then I will have another child.

Women said they involved few people in their decision because they feared judgment for deciding to have an abortion. For example, Jennifer said, "I have very few friends here and the friends I do have are not that close. I don't even know half of their stances on abortion and stuff, so I just sort of kept it to myself." Those who did tell people in their lives about their decision said that at least one person shamed them for their decision.

Access to abortion care

All interviewees obtained abortion care at a stand-alone abortion clinic, and noted they did not have a lot of options for where to receive care since few local health care providers offer abortion.

All women paid out-of-pocket for their care. Though some women had the funds available to pay out-of-pocket for care, the majority of women did not. Abortion was described as a large, looming, and immediate expense. Many women had to borrow money from others in their lives, and/or use money from their savings, student loans, or tax refunds. Others did not have these kinds of resources and had to delay car payments, rent, or bills (which in some cases led to utilities being shut off), go without food or other needs, work excessive hours, or take out interest-bearing loans. Sarah said that she took out a loan for $1,000, which will ultimately cost $3,500 and took one year to pay back. In a rare case, Jennifer tried self-inducing an abortion to save money. She explained:

> A week or two before I had the abortion I got like every single herb on the planet that's not recommended during pregnancy.… I was eating everything under the sun that's supposed to cause miscarriage, abortificants [*sic*], and none of that worked. I tried to do it myself naturally *to save $450*, that's why! If I can buy 20 bucks worth of herbs off of Amazon and take care of it myself, why not try?

About half of the women we interviewed in Arizona expressed difficulty securing an appointment in a timely manner, reporting delays of several days to three weeks. The other half of interviewees reported scheduling an appointment was very easy. These differences appeared to be related to which provider women reached out to for an appointment, with high-volume providers having longer wait times than lower-volume providers.

As far as travelling to receive care, women reported there was "nothing challenging" about getting to the clinics, with the average travel time to a clinic being 28 minutes (range 10-45 minutes).

Once at the clinic, women overwhelmingly reported positive experiences with their care, describing the staff as friendly, thoughtful, comforting, and non-judgmental. Megan said of the staff:

> When I called, they were very friendly and I just called them and I came in and they treated me like a normal person. They didn't look at me any kind of different way. They were friendly. They talked to me. If I needed additional services, they gave me my options if I wanted to go through with it or if I wanted to keep it. They really broke it down for me.

Women also had positive perceptions of the facility where they obtained their abortion, mentioning that it was clean and comfortable.

Abortion restrictions

Prior to obtaining an abortion, few women were aware of existing or impending restrictions on the procedure. Women were asked about their opinions about and experiences with the following state-level restrictions: mandatory counseling and waiting periods, restrictions on insurance coverage, potential changes to how medication abortion is regulated, and mandatory ultrasound offering (see Table 2, below).

When asked about mandatory counseling and waiting period laws, women said that much of the state-mandated information provided during counseling (such as information about childcare support resources) seemed designed to make women feel guilty about obtaining an abortion and dissuade them from having the procedure. They also felt that the required 24 hour delay made it harder to obtain services. Jennifer angrily shared her experience with the mandatory delay and counseling law: "Under Arizona law, you can't get it done on the same day. They have to give you

all of this ridiculous language, legalese, 24 hours beforehand…but it's just such bullshit…. The way that language is written, it just makes you feel like shit, you know?"

Table 2. Restrictions on abortion coverage women were asked about during interview[12]

Restriction	Implementation
Mandatory counseling and waiting periods	At least 24 hours before an abortion the attending or referring physician must tell a woman, orally and in person: 1) the name of the physician who will provide the abortion, 2) the nature of the procedure, 3) the medical risks of the procedure, 4) the alternatives to the procedure, 5) the probable gestational age of the fetus, 6) the probable anatomical and physiological characteristics of the fetus, and 7) the medical risks of carrying the pregnancy to term. Also, at least 24 hours prior to the abortion, a health care professional must deliver to a woman, orally and in person, a state-mandated lecture that indicates: 1) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care, 2) the man involved in the pregnancy is liable for child support, 3) public and private agencies and services are available to assist women during her pregnancy and after childbirth, 4) a woman can withhold or withdraw her consent to the abortion at any time, 5) the Department of Health Services (DHS) maintains a website that describes the fetus and lists the agencies that offer abortion alternatives, and 6) the woman has a right to review (free of charge) DHS materials.[12]
Restrictions on abortion coverage	Arizona restricts coverage of abortion in health insurance plans purchased through the health insurance exchange established by the Affordable Care Act, as well as in public employee health insurance plans.[6] Though by court order Medicaid coverage of abortion should be available in all or most cases, it is not available in practice.[11]
Medication abortion restrictions	At the time of these interviews, Arizona was close to implementing a law that would have required medication abortion to be administered in accordance with outdated labeling. The law would have likely led to women making four trips to a clinic to complete the procedure.[13]
Requirement to have and be offered to view an ultrasound	Abortion providers must provide women an ultrasound and offer them the opportunity to view their ultrasounds prior to the procedure.[6]

Women thought the lack of state coverage for abortion was particularly outrageous given the limited state funding dedicated to other supports for low-income women and families. Rebecca said:

> There's really not much low-income assistance out here. There's not really much help from the government. But at the same time, they won't help you get an abortion, as well, so they're pretty much forcing you into a low-income situation…. It's hard to get assistance through WIC or whatever programs they have here. If you're a single mother, you have to make next to nothing to get assistance. And that's unfortunate.

Potential changes to medication abortion regulations were perceived as a "horrible" attempt to prevent women from accessing the service altogether. Women speculated that the proposed regulations would make it difficult or impossible to access the service, delay care, increase the cost and emotional difficulty of obtaining a medication abortion, and prevent women from being able to take medication privately and at home, which is why many women choose medication abortion. Asked what she thought about the proposed regulation, Michelle said, "I think that should be up to the woman and the doctor to decide. I don't really think that society should really have anything to say about that…. I feel like it's pretty ridiculous."

Women had few opinions about providers being mandated to offer ultrasound viewing; however, they did feel strongly that women should be able to determine for themselves whether they wanted to see the ultrasound. Some women said they found viewing the ultrasound image beneficial, either because it helped them gather information about their pregnancy or helped them to process their emotions about terminating the pregnancy. For example, Michelle said, "Well I wanted to see it because I just felt like I needed to view the image just to burn in my memory…. After that, I could come to terms with the fact that that [pregnancy] wasn't going to exist anymore." An equal number of women preferred not to view the ultrasound and felt strongly it was the best way for them to manage their feelings about terminating their pregnancies; some of these women saw this regulation as an attempt to make their decision more difficult. Of this, Megan said, "I just didn't like when you have to do an ultrasound and you have to wait 24 hours. I feel like it makes it more harder."

Women often noted the importance of keeping abortion available. They recommended that abortion regulation be more grounded in the realities of women's everyday lives, instead of in people's opinions about the morality of abortion. Christina spoke to this and said:

> I kind of feel like the people that make these laws they do it based on a lot of their own opinion, but then they also say they're doing it for the people. But I don't think they're really getting out there and finding out what their people really need, what they need the most…. I think we kind of live in a society where things are like hush-hush in certain areas. I think people need to be a little more open minded to things. Because you really don't know what somebody's been through. I think you kinda have to keep an open mind when you make certain laws and decisions for other people. It's kind of like you have to be big parent to everybody and consider everybody's feelings.

DISCUSSION

These findings suggest that the Arizona health care system is inconsistent, meeting only some of women's and children's health care needs. We found that one of the most positive aspects of health care in the state is the quality of care provided. Women reported being very satisfied with their routine and prenatal health care providers, as well as with their children's health care providers. This is consistent with other research showing Arizona women and children give high ratings to their health care providers.[14,15] This is an encouraging finding, as satisfaction with health care can be an important indicator of health care quality and may help improve health care outcomes.[11]

Also promising, most women who did see a health care provider, or whose children saw a doctor, reported the care was geographically accessible and that appointments were timely. However, women felt that their children's health care was more accessible than their own. This finding is consistent with other research showing that children in Arizona tend to receive more timely appointments than adults in the state.[14]

Additionally, we found evidence of the need for continued improvements to the local health care system. Importantly, half of women in this study lacked insurance coverage, and one woman's child did not have coverage. Other research confirms challenges securing insurance coverage in the state. An estimated 23% of women and 14% of children in Arizona lack insurance; rates of uninsurance that are higher than the national average.[7] Prior research also confirms the difficulties women face enrolling in and maintaining enrollment in AHCCCS and affording public or private insurance coverage.[11,16] This is troubling because, as we heard in these interviews and has been confirmed in other research, uninsured adults 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.[17] Further, children without health insurance are more likely to have unaddressed health needs, including delayed care, unmet medical care, and unfilled prescriptions.[18]

Also concerning, most of the women we interviewed did not have a usual health care provider. This finding has been confirmed by other research. An estimated 24% of women in Arizona lack a usual health care provider, which is one of the highest rates in the nation.[7] Though women in our study

reported their children largely had access to a regular health care provider, this does not reflect state-wide trends. Instead, 50% of children in Arizona lack a medical home, a rate higher than the national average.[7] This must be addressed as having a usual health care provider increases an individual's trust in and communication with the provider, as well as the likelihood of receiving appropriate care.[17]

In terms of abortion, women reported positive experiences with their abortion provider. However, they consistently related challenges affording abortion care. In the absence of insurance coverage for abortion, women had to search for the financial resources to pay for abortion out-of-pocket, which often led to enduring financial hardships to afford care. Other restrictions on abortion in the state largely led to increasing the emotional difficulty of obtaining abortion and to women feeling judged for their decision to have an abortion. Prior research echoes these findings showing that the restrictions in place (or being considered) in Arizona are not beneficial to women, and that they can lead to a number of emotional, financial, and physical harms.[19-22]

Further, many women, and in particular low-income women, reported struggling financially to take care of themselves and their families. This may be reflective of the fact that 37% of Arizonians are low-income,[23] and the majority of those living in poverty are children.[24] One study found that, among those who are low-income, approximately 24% are housing insecure (meaning they are homeless or are at risk of being homeless) and 40% are food insecure (meaning they are hungry, or at risk of hunger).[23]

It should be noted that because our sample is small, our findings are likely not representative of the experiences of all women seeking abortions in Arizona. Specifically, our interviewees tended to be young and have young children; the experiences of comparatively older women are not represented. Also, 17% of women in Arizona live in medically underserved areas, which is one of the worst rates in the nation.[25] We did not capture the experiences of women living in these areas, areas which tend to be located in American-Indian communities.[26] Despite these limitations, our results provide a starting point for understanding the on-the-ground experiences with health care systems and public assistance programs in one of the nation's most restrictive states in terms of abortion. Further research is needed to determine if our findings hold true for women across the state.

NEXT STEPS

Our results suggest five priority next steps for improving the health and well-being of women and children in Arizona.

1) Provide women adequate employment and education opportunities. Findings about women's struggles gathering the financial resources to parent, and to meet the basic daily living needs of their families, speak to the need to ensure women are financially stable.
2) Implement and/or expand state and federal programs for low-income populations. Public programs are esential for ensuring the health and well-being of populations living on limited means. Arizona lacks many such programs or heavily restricts eligibility for those programs.[ii]
3) Reduce rates of uninsured. Arizona must address low rates of insurance coverage for women and children. It has the opportunity to do so with implementation of the Affordable Care Act (ACA) and expansion of Medicaid under the ACA.
4) Improve access to routine health services for adult women. Many women's basic health care needs went unmet when they were not pregnant. This must be addressed to improve the poor health outcomes of many women living in the state.[iii]
5) Ensure abortion regulations are responsive to women's needs. Women's descriptions of abortion restrictions revealed that the restrictions often made women feel bad about themselves and their decision, and in one case, forced a woman to try to self induce an abortion. This, in light of other research which shows the harms of restricting abortion, highlights the importance of ensuring abortion is accessible to all women in the state.

Evidence of experiences navigating the health care system and public assistance programs is critical for advocating for state programs and policies that are rooted in residents' needs. Ultimately, our results reveal that Arizona policies and programs must focus on addressing the unmet needs of women and children and not on restricting access to needed health care services such as abortion.

[ii] For more information about these programs and other state policies relevant to women's and children's well-being see, *Evaluation of the relationship between abortion restrictions and women's and children's wellbeing: State brief: Arizona*.

[iii] For more information about Arizona women's health outcomes and how they compare to women's health outcomes nationally, see *Evaluation of the relationship between abortion restrictions and women's and children's wellbeing: State brief: Arizona*.

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