

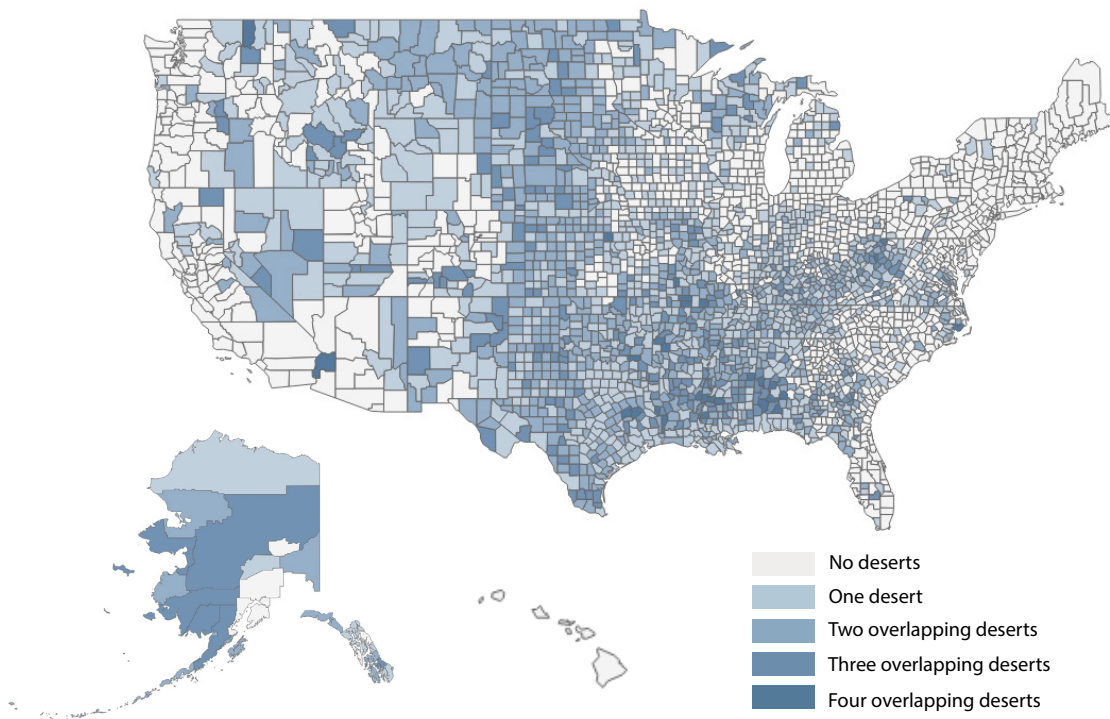
POLICY BRIEF

Reducing the Prevalence and Impacts of Abortion Care Deserts, Pregnancy Care Deserts, Broadband Internet Deserts, and Food Deserts in the United States



The Problem

Nearly 41.5 million women in the United States live in areas in which they have significantly limited or no access to necessary reproductive health care or other resources important to health.¹ These reproductive health care² and other resource “deserts” sometimes overlap—in fact, 31.8% of counties in the United States have two or more of these deserts, which include nearly 7 million women and over 2.2 million women of color.³



The companion report to this policy brief, [“When Women Are Deserted: The Prevalence and Intersection of Abortion Care Deserts, Pregnancy Care Deserts, Broadband Internet Deserts, and Food Deserts in the United States,”](#) focuses on four types of deserts in the United States: abortion care deserts, pregnancy care deserts, broadband internet deserts, and food deserts. Each of these deserts plays a significant role in individual and population health. The report highlights the prevalence and overlap of these deserts in the United States and emphasizes the interconnected nature of these deserts by discussing the ways in which overlapping deserts can exacerbate existing health disparities faced by women,⁴ and especially Black women and Latinas.

Abortion care deserts and pregnancy care deserts are the most prevalent deserts across the United States: **Nearly one quarter (23.7%) of all counties are both abortion care deserts and pregnancy care deserts.**⁵

Black women and Latinas are **over-represented** in both abortion care deserts and food deserts.⁶

The share of Black women in counties with four deserts (14.9%) is more than **double** their share of the overall population (7.0%).⁷

As outlined in our report, the potential health harms for women living in these deserts can be devastating. For instance, the current maternal and infant health crisis in the United States is not only sustained by the prevalence and overlap of these deserts but is also likely exacerbated. Pregnant women may not have access to lifesaving health care in the form of abortion care or may be forced to carry a pregnancy to term with limited or no access to critical services to keep them and their infant healthy. And the maternal health crisis is further compounded when those who can't obtain reproductive health care are unable to access critical resources that impact health, like broadband internet (which is important for accessing health information and telehealth services) or healthy food.

Without nutritious food, pregnant women are at higher risk of conditions like preeclampsia and hemorrhage, which are drivers of maternal mortality in the United States.⁸ Women living in broadband internet deserts may not be able to benefit from telemedicine to obtain otherwise geographically inaccessible care and may be left with no option but to travel incredibly far distances to receive necessary reproductive health care or forego potentially lifesaving services.

As evidenced by the report, people do not live single-issue lives. Overlapping deserts also compound health harms and exacerbate health inequities, particularly for women and women of color. **It is critical for policymakers to consider the intersecting nature of reproductive health care deserts and resource deserts when developing policies and commit to holistic investment in communities to achieve health equity.**

Omnibus legislation that contains bills across issue areas, including abortion care access, maternal health, child care and paid leave, and access to broadband internet and nutritious food, is one way policymakers can comprehensively address the multiple layers of harm caused by these deserts. This type of cross-cutting legislation can be a powerful tool to advance racial and gender justice by communicating the various dimensions of health equity and the factors impacting people's health.⁹ Not only do reproductive health care and maternal health policies affect the well-being of women, but policies on a wide range of issue areas, including child care, income security, and workplace justice, have significant impacts on reproductive health and maternal health.

This policy brief outlines information and ideas for policymakers to consider when addressing reproductive health care and resource deserts.





The Solution

Policymakers should target legislative efforts in ways that reduce the overall prevalence of existing deserts and prevent the creation of new ones.

Policymakers must **guarantee and expand meaningful access to abortion**. Over half of United States counties that are abortion care deserts are also pregnancy care deserts.¹⁰ Abortion bans and restrictions play a significant role in driving the creation of reproductive health care deserts.¹¹ Protecting the right to abortion care is an important part of addressing these deserts. Policymakers should:

- Repeal existing state abortion restrictions and bans, including refusal of care laws that allow health care providers' personal beliefs to override a patient's access to abortion;

- Ensure that the right to make a range of reproductive health care decisions, including abortion, is enshrined in state law;
- Decriminalize abortion and pregnancy outcomes;
- Protect abortion providers, those who get abortions, and those who assist or support individuals who get abortions. Protections include those that improve physical safety, data privacy, and reduce the likelihood that clinicians face civil or criminal liability or professional repercussions when providing legal abortion care;
- Expand who can provide abortion care;
- Remove funding barriers and ensure abortion is affordable;
- Protect and expand telemedicine and medication abortion access, such as by requiring public universities to provide medication abortion; and
- Protect people from employment discrimination, including discrimination based on employees' reproductive health decisions and discrimination against clinicians who provide or support abortion access.

Policymakers must also **address maternal mortality and other maternal health disparities**. Black women are nearly 3.5 times more likely to die from pregnancy-related causes than white women.¹² Black women and Latinas also suffer higher rates of severe maternal morbidity, or pregnancy-related complications, than white women.¹³ It is critical to address the health and safety needs of all women, but especially women of color, living in reproductive health care deserts. Policymakers should:

- Increase access to comprehensive coverage for people before, during, and after pregnancy by expanding Medicaid eligibility;
- Eliminate Medicaid cost-sharing to promote access to care before, during, and after pregnancy;
- Establish maternal mortality review committees to address the interpersonal, systemic, and institutional racism that drives maternal health disparities; and
- Eliminate administrative burdens for stabilizing social services that support health, such as Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) and housing assistance programs.



People living in abortion care deserts and/or pregnancy care deserts may need to travel, potentially incredibly far distances or for multiple days, to access necessary reproductive health care. This can result in significant economic costs associated with travel, lodging, lost wages, and child care, in addition to medical expenses.¹⁴

Policymakers must **address economic barriers people face that impact health and access to health care**. Policymakers should:

- Increase families' access to affordable, high-quality child care, such as by:
 - Increasing federal and state investments in child care;
 - Expanding access to child care assistance to help families pay for child care;
 - Increasing payment rates to child care providers serving families receiving child care assistance, which supports the stable supply of care;
 - Supporting initiatives to boost compensation for child care teachers to reduce turnover and ensure adequate staffing; and
 - Investing in strategies to build the supply of child care that meets the varied needs of families.
- Ensure that working people are able to take the time they need to care for themselves or their loved ones and enable everyone to protect their health, attend doctor's appointments, and deal with unanticipated illnesses, without threatening their economic security, such as by:



- Establishing programs to guarantee at least 12 weeks of universal, comprehensive paid family and medical leave for all workers that explicitly covers abortion and other reproductive health care, as well as associated travel for such care, and make sure that workers are protected from retaliation for taking leave; and
- Ensuring that all workers can earn at least seven paid sick days each year to use to recover from personal illness or care for family members.

Policymakers must also **address discriminatory actions by private entities** to combat the prevalence of broadband internet deserts and food deserts. For example:

Some internet providers participate in “digital redlining,” or the discriminatory disinvestment in broadband infrastructure.¹⁵ This can look like internet providers only upgrading internet networks and providing maintenance to wealthier areas in a state, while failing to develop basic infrastructure for broadband internet in lower income and rural areas. Policymakers should:

- Invest funding, both at the state and federal levels, to incentivize and facilitate private companies to expand broadband infrastructure to underserved areas.¹⁶
- Conduct broadband equity assessments in partnership with internet providers, community members, and other local stakeholders, and develop broadband action plans using assessment data.¹⁷



Similarly, private food retailers may be inclined to only open grocery stores in wealthier areas.¹⁸ Policymakers should:

- Invest funding in large, local, and independently owned food businesses to increase grocery access in underserved areas.¹⁹

Increasing physical proximity to healthy food is not enough to combat the harms of food deserts: food must also be affordable for people with fewer financial resources to have truly meaningful access.²⁰ Policymakers must **improve access to nutrition assistance programs**, like SNAP and the Women, Infants, and Children (WIC) Special Supplemental Nutrition Program, which help families put food on the table and make sure that pregnant people, infants, and young children get the nutrition they need to support their health and development.²¹ Policymakers should also:

- Ease requirements that undermine the financial security of SNAP recipients facing multiple forms of discrimination, such as by:
 - Increasing gross income thresholds and asset limits;
 - Eliminating the time limits and work requirements; and
 - Making the exception for people with disabilities less restrictive.
- Increase benefit adequacy to ensure that SNAP participants can afford a healthier diet without cost-time trade-offs, and money needed for other basic needs like shelter, clothing, and hygiene items is not being used to make up for the shortcomings of SNAP allotments;
- Improve application processes and outreach efforts;
- Protect and promote SNAP choice so SNAP recipients retain the autonomy to purchase foods like all other shoppers based on the health and nutritional needs of an individual or household, as well as culturally preferred food and foods that are available locally; and
- Integrate the process for enrolling in WIC with the process for enrolling in SNAP (as well as other benefits) to make it easier for women to get nutrition assistance.



The National Women’s Law Center’s policy, research, and communications experts are available to support policymakers and advocates in crafting legislation, talking points, fact sheets, and state-specific policy research and data, including identifying the share of the population in a state that lives in one, two, three, or four of these deserts.

- 1 Lexi Rummel, "When Women Are Deserted: The Prevalence and Intersection of Abortion Care Deserts, Pregnancy Care Deserts, Broadband Internet Deserts, and Food Deserts in the United States," National Women's Law Center, April 14, 2025, https://nwlc.org/wp-content/uploads/2025/04/Final_2025_NWLC_WomenAreDeserted.pdf.
- 2 The use of "reproductive health care deserts" in our report and this policy brief is intended to jointly reference abortion care deserts and pregnancy care deserts. Outside of this report, we recognize that the term "reproductive health care" encompasses a wide-range of sexual and reproductive health services in addition to abortion care and other pregnancy care, such as testing and treatment for sexually transmitted infections.
- 3 Lexi Rummel, "When Women are Deserted."
- 4 While we refer to women in our report to reflect the relevant data, we recognize that individuals who do not identify as women, including transgender men and nonbinary persons, also may become pregnant and need abortion access or other types of pregnancy care.
- 5 Lexi Rummel, "When Women are Deserted."
- 6 *Id.*
- 7 *Id.*
- 8 "Maternal Morbidity and Mortality," Eunice Kennedy Shriver National Institute of Child Health and Human Development, accessed December 4, 2024, <https://www.nichd.nih.gov/health/topics/factsheets/maternal-morbidity-mortality>.
- 9 See e.g., "CA Momnibus Act," Black Women for Wellness Action Project, accessed March 11, 2025, <https://bwwactionproject.org/ca-momnibus-benefits/>; "The Momnibus Act: The Solution to America's Maternal Health Crisis," U.S. House of Representatives Black Maternal Health Caucus, accessed March 20, 2025, <https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>.
- 10 Lexi Rummel, "When Women are Deserted."
- 11 See *id.*
- 12 Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2023* (National Center for Health Statistics, U.S. Centers for Disease Control and Prevention, 2025), <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/Estat-maternal-mortality.pdf>.
- 13 Andreea A. Creanga et al., "Racial and Ethnic Disparities in Severe Maternal Morbidity: A Multistate Analysis, 2008-2010," 435.e1; Bertha Coombs, "The U.S. Has High Maternal Mortality Rates — and it Has Gotten Worse for Latinas," CNBC, modified October 16, 2023, <https://www.cnbc.com/2023/10/13/pregnant-latinas-face-greater-maternal-health-concerns.html> ("Latinas with private insurance plans have a 22% higher rate of severe pregnancy complications than non-Hispanic white women, according to a Blue Cross Blue Shield Association study. Low-income Hispanic women on Medicaid have a 28% higher rate of complications.");
- 14 See "The Heavy Cost of Abortion Bans," Planned Parenthood Federation of America Inc. and Planned Parenthood Action Fund, Inc., accessed February 7, 2025, <https://www.plannedparenthoodaction.org/rightfully-ours/bans-off-our-bodies/travel>.
- 15 See Jillian McKoy, "Combating Digital Redlining 'Is Imperative for Advancing Health Equity,'" Boston University School of Public Health, March 21, 2024, <https://www.bu.edu/sph/news/articles/2024/combating-digital-redlining-is-imperative-for-advancing-health-equity/>; Zack Quaintance, "What Is Digital Redlining? Experts Explain the Nuances," Government Technology, March 28, 2022, <https://www.govtech.com/network/what-is-digital-redlining-experts-explain-the-nuances>.
- 16 See "Rural Broadband Accountability Plan," U.S. Federal Communications Commission, modified February 7, 2025, <https://www.fcc.gov/rbap>; "Broadband Technology Opportunities Program," National Telecommunications and Information Administration, U.S. Department of Commerce, accessed September 6, 2024, <https://www.ntia.gov/category/broadband-technology-opportunities-program>; Kathryn de Wit, "How State Grants Support Broadband Deployment," Pew Charitable Trusts, modified December 23, 2021, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/12/how-state-grants-support-broadband-deployment>.
- 17 Working Groups of the Communications Equity and Diversity Council, "Recommendations and Best Practices to Prevent Digital Discrimination and Promote Digital Equity," Federal Communications Commission, November 7, 2022, <https://www.fcc.gov/sites/default/files/cedc-digital-discrimination-report-110722.pdf>.
- 18 "What Are Food Deserts and Why Do They Exist?," News Roots Institute, April 5, 2022, <https://www.newrootsinstitute.org/articles/food-deserts>.
- 19 See e.g., Melissa Jensen, "Still Minding the Grocery Gap 2021 Update," Food Research & Action Center, November 21, 2021, <https://frac.org/blog/still-minding-the-grocery-gap-2021-update>.
- 20 See Sarah Javaid and Kathryn Domina, "Women of Color, Disabled Women, and LGBT Adults Struggle to Afford Food and Housing Costs," National Women's Law Center, December 2023, https://nwlc.org/wp-content/uploads/2024/01/nwlc_PulseWeek63FS-Accessible.pdf.
- 21 See "Gender and Racial Justice in SNAP," National Women's Law Center and Food Research & Action Center, August 2024, <https://nwlc.org/wp-content/uploads/2024/07/Gender-and-Racial-Justice-in-SNAP-Updated-2024-Final-1.pdf>.



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