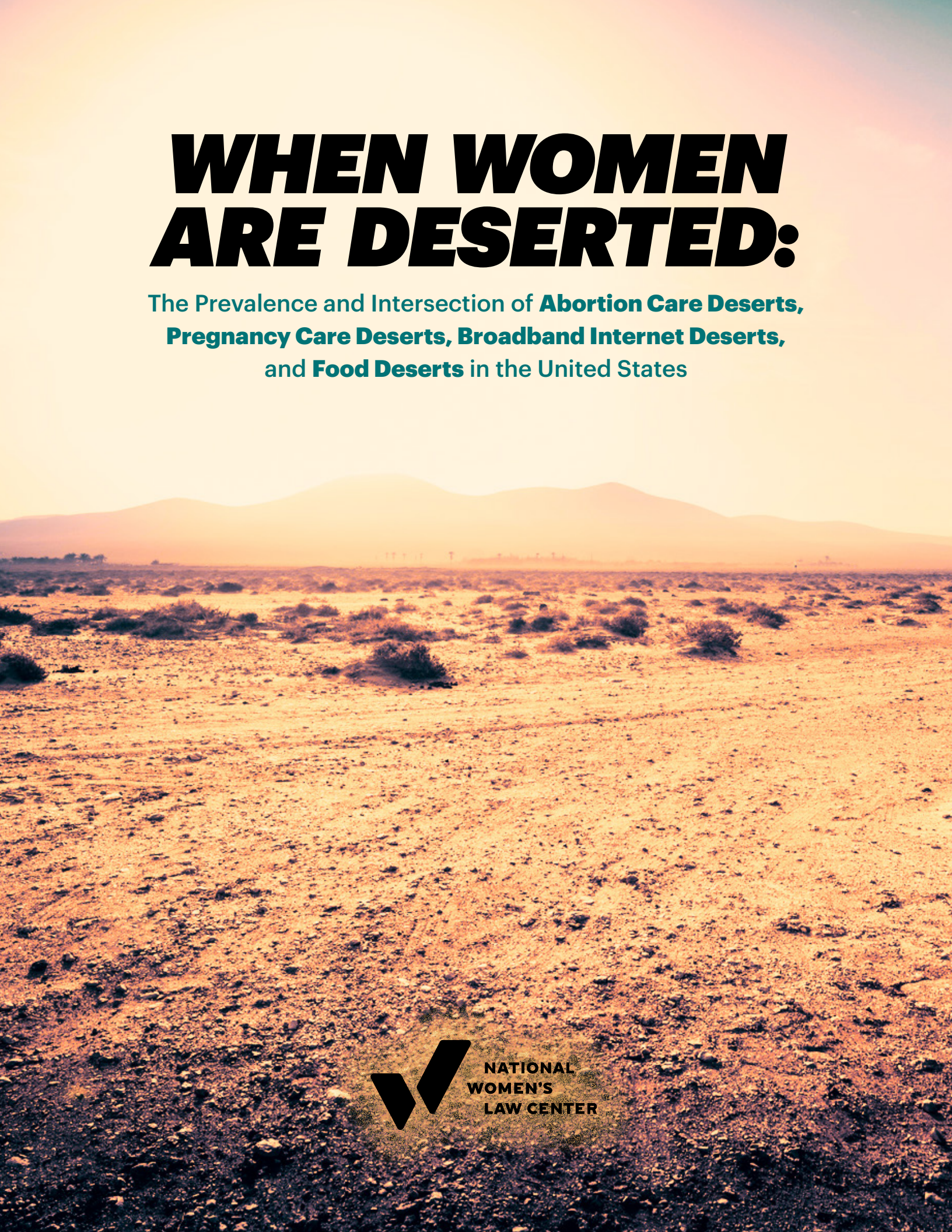
WHEN WOMEN ARE DESERTED:

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

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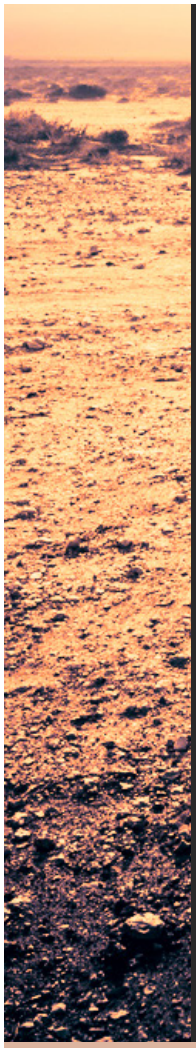
Nearly 41.5 million women in the United States live in areas in which they have significantly limited or no access to necessary reproductive health care or other resources important to health.[1] These reproductive health care or resource "deserts" sometimes overlap: in fact, 31.8% of counties in the United States have two or more of these deserts, which include nearly 7 million women and over 2.2 million women of color.[2] In each of these instances of overlapping deserts, millions of women lack access to two or more forms of reproductive health care or resources. Living in an area with even one reproductive health care or resource desert can have catastrophic repercussions on women's health and well-being—and these harms are compounded for women, and especially women of color, living in areas with multiple deserts.

This report focuses on four types of deserts in the United States: abortion care deserts, pregnancy care deserts, broadband internet deserts, and food deserts. Abortion care deserts and pregnancy care deserts can be categorized as "reproductive health care deserts,"[3] and broadband internet deserts and food deserts can be categorized as "resource deserts." For the purposes of this report, these deserts are defined as follows:



Abortion care desert: Counties in which the travel distance to the closest abortion care facility is greater than 100 miles.[4]

Pregnancy care desert: Counties in which there are no hospitals providing obstetric care, no birth/labor, delivery and recovery/labor, delivery, postpartum, and recovery rooms, and no obstetric providers and gynecologists (OB/GYNs) and midwives.[5]

> ***Abortion care is pregnancy care.*** *Abortion is a form of pregnancy care, since pregnancy care encompasses the care provided to a person before, during, and after their pregnancy. However, due to decades of shame, stigma, harassment, and violence against providers, many OB/GYNs do not provide abortion care.[6] For this report, we define "abortion care deserts" and "pregnancy care deserts" separately. Nonetheless, abortion care and other types of pregnancy care are inextricably linked, as discussed throughout this report.*

Broadband internet desert: Counties in which more than half of households do not have access to broadband internet at a speed of 100/20 Mbps with any type of technology.[7]

Food desert: Counties in which more than half of the population has a low income and low access to healthy foods within one mile for urban areas and 10 miles for rural areas. This definition is based on that provided by the United States Department of Agriculture (USDA).[8]

Each of these deserts plays a significant role in individual and population health. Reproductive health care deserts and resource deserts are examples of "social determinants of health"—the range of conditions (economic, social, environmental, etc.) in which people are born, grow, work, live, and age that influence health outcomes.[9]

Social determinants of health are affected by the many forces and systems that shape people's daily life, including the lack of investment in, or disinvestment from, a geographic area. Frequently, this inequitable distribution of resources stems from systemic racial and gender inequities and discrimination.[10]

Building upon existing research that discusses health care and resource deserts,[11] this report emphasizes the interconnected nature of abortion care deserts, pregnancy care deserts, broadband internet deserts, and food deserts and the exacerbated health harms that result for those who live in more than one of these deserts.

Policymakers should consider the findings of this report when developing comprehensive legislation that addresses the multiple and intersecting barriers people face to accessing critical reproductive health care and resources. Policy suggestions, which are discussed in further detail in this report's accompanying policy brief, include:

- Guaranteeing and expanding meaningful access to abortion
- Addressing maternal mortality and other maternal health disparities
- Reducing economic barriers to health care by guaranteeing paid leave and paid sick days and increasing families' access to affordable, high-quality child care
- Investing funding to incentivize and facilitate private companies to expand access to affordable broadband internet and nutritious, affordable food
- Improving access to nutrition assistance programs like the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants, and Children (WIC) Special Supplemental Nutrition Program

EXECUTIVE SUMMARY

All people deserve access to critical health care, as well as other resources that improve their health and well-being, no matter where they reside. Yet an overwhelming number of individuals in the United States face immense barriers to good health solely due to their geographic location. This report 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, with notable impacts on women of reproductive age (15 to 54), the population most likely to require reproductive health care.[12] 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, and especially Black women and Latinas.

Abortion care deserts and pregnancy care deserts (jointly in this report, "reproductive health care deserts") are the most prevalent of these four deserts across the United States: **nearly one quarter of all counties are both abortion care deserts and pregnancy care deserts.** Abortion care and other types of pregnancy care are inextricably linked, creating a great overlap of these deserts across the country. The ripple effects of abortion restrictions and bans following the Supreme Court's erroneous decision to overturn *Roe v. Wade* have reduced the availability of both abortion care and all other types of health care for pregnant people.

The over 2 million women of reproductive age who live in counties that are both abortion care deserts and pregnancy care deserts may be forced to carry pregnancies because they cannot access abortion care, while not having access to critical care before, during, or after their pregnancy. The many components of pregnancy care—such as prenatal medical testing and vaccinations, monitoring for gestational diabetes, or postpartum depression screenings—are vital to ensure the health of pregnant people and their infants. Regular and comprehensive pregnancy care is critical to reducing the severe and potentially life-threatening risks associated with pregnancy.

The harms of receiving severely limited or no pregnancy care are especially notable for women of color, who already face significant maternal health disparities. Within the United States' ongoing maternal health crisis, Black women face disproportionate rates of maternal mortality and morbidity.[13] Of the 2 million women of reproductive age who live in counties that are both abortion care deserts and pregnancy care deserts, **nearly three in 10 are women of color.** Notably, **Black women and Latinas are overrepresented in abortion care deserts,** increasing their risk of negative health outcomes and potentially widening existing disparities in maternal health outcomes.

Though not as prevalent as the overlap of abortion care deserts and pregnancy care deserts, there are additional overlapping reproductive health care and resource deserts across the United States in which a significant number of women of reproductive age live, further affecting women's health and well-being.

In these overlapping deserts, people lack access to some form of reproductive health care—abortion care or other types of pregnancy care—in addition to a resource important to health—broadband internet or nutritious food. The compounding health harms that result from living in a reproductive health care desert while also lacking access to resources that are critical to achieve good health pose a substantial threat to the lives of the women living in these areas.

Over 740,000 women of reproductive age live in counties with both broadband internet deserts and abortion care deserts and **nearly 677,000 live in counties with both broadband internet deserts and pregnancy care deserts.** These women face the many harms of not having access to in-person reproductive health care—like being forced to carry unintended pregnancies or not having access to regular monitoring and treatment of potentially fatal conditions during pregnancy—and may not be able to utilize telehealth to obtain this otherwise inaccessible care. Without broadband internet, these women may also struggle to access online resources to fill the information gap that can result from not receiving in-person or virtual care. For the **over 216,000 women of color of reproductive age living in counties with broadband internet deserts and abortion care deserts** and **over 185,000 living in counties with broadband internet deserts and pregnancy care deserts,** already devastating maternal health outcomes for these populations are only likely to be exacerbated.

The compounding nature of harms resulting from overlapping deserts is particularly evident for the over **409,000 women of reproductive age who live in counties with both pregnancy care deserts and food deserts, over two in five of whom are women of color.** Having severely limited access to nutritious food can increase the risk of chronic conditions, like heart disease and diabetes, even before pregnancy. When women with these conditions get pregnant, they may need to see a provider who specializes in high-risk prenatal care or receive more frequent check-ups, all of which may be inaccessible for those living in pregnancy care deserts. Without this vital care, these conditions can worsen or develop into severe or fatal complications, threatening both the health of these women and their infants. Negative impacts of these overlapping deserts also extend beyond pregnancy—poor diet can worsen infant health outcomes, with these harms exacerbated if postnatal care is not available. Notably, **Black women and Latinas are overrepresented in food deserts,** with **Black women also slightly overrepresented in counties with both pregnancy care deserts and food deserts.**

While the compounding health harms that may result from overlapping deserts can be devastating, the harms that can result from living in an area with even one desert are also severe. The prevalence of counties in the United States that are just one of these deserts, and the number of women living in these areas, is staggering. In the United States:

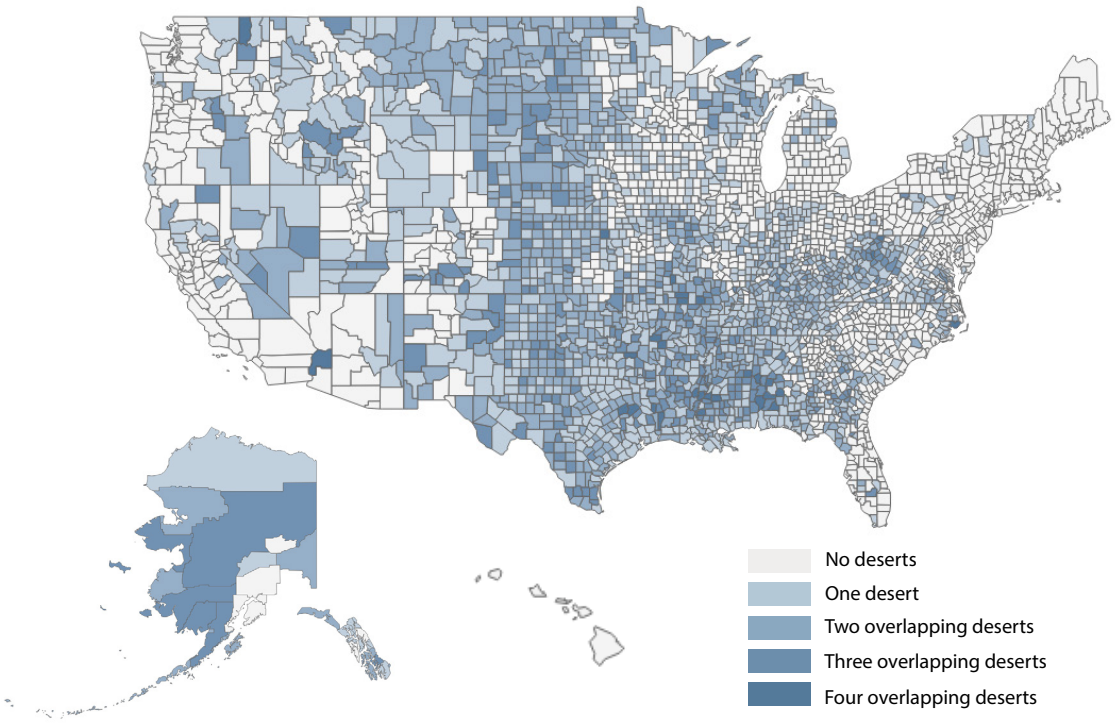
- Just under half of counties are abortion care deserts, in which over 18.4 million women of reproductive age live.
- Nearly two in five counties are pregnancy care deserts, in which over 3.8 million women of reproductive age live.
- Nearly 11% of all counties are broadband internet deserts, in which more than 2.6 million women (of any age)[14] live.
- Over 10% of all counties are food deserts, in which nearly 2.8 million women (of any age) live.

The findings of this report relating to both overlapping and individual deserts, as well as the number of women living in these areas, underscores the importance of comprehensive policies that address the many barriers people face to accessing reproductive health care, broadband internet, and nutritious food.

The Prevalence of Deserts in the United States

All individuals deserve access to the health care and other resources they need to achieve good health. Unfortunately, this is not the reality for the many women living in abortion care deserts, pregnancy care deserts, broadband internet deserts, and food deserts.

Nearly two-thirds (63.5%) of counties in the United States have one or more of these deserts, and 32% of counties have two or more deserts.

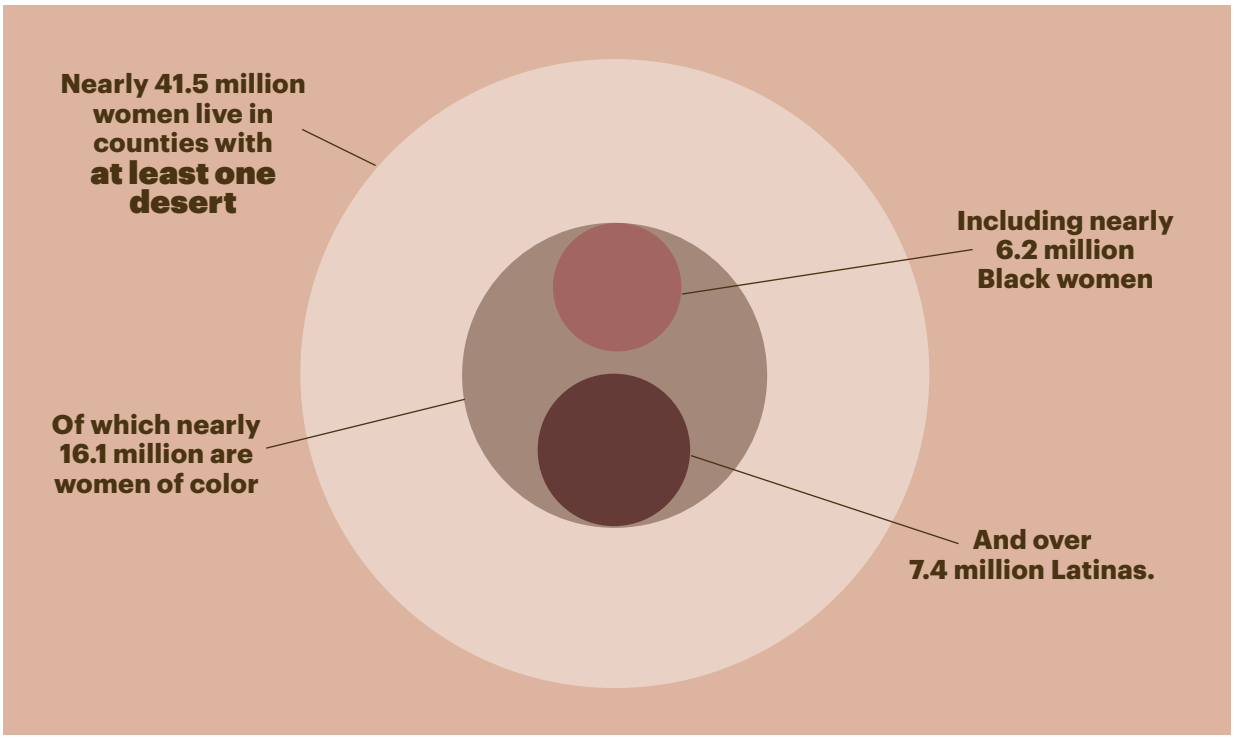


Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, and West Virginia have a high share of people living in deserts, who thus lack access to certain reproductive health care and specific resources.

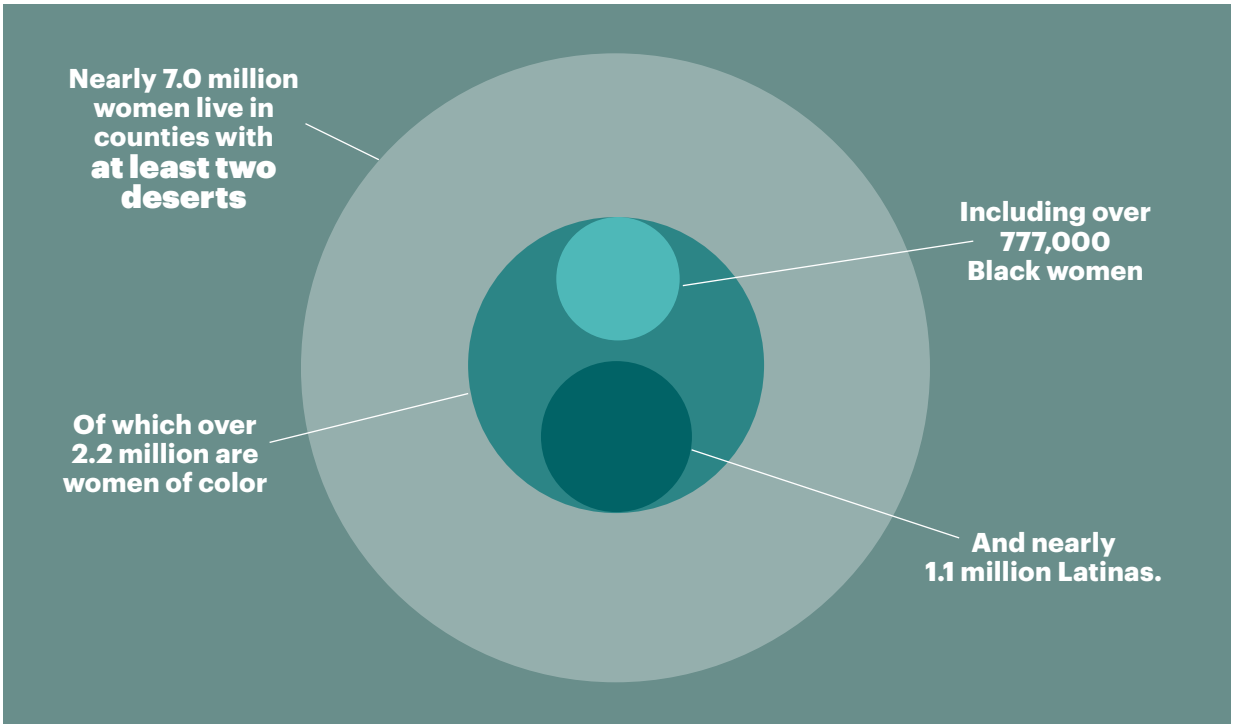
In contrast, eight states have no people living in any of the four deserts—Connecticut, Delaware, District of Columbia, Maine, Massachusetts, New Hampshire, New Jersey, and Rhode Island—and an additional two— Hawai'i and New York—have less than 0.5% of their state population living in a desert.

Millions of women and women of color, and specifically millions of Black women and Latinas, live in areas with at least one or two deserts.

WOMEN LIVING IN AT LEAST ONE DESERT



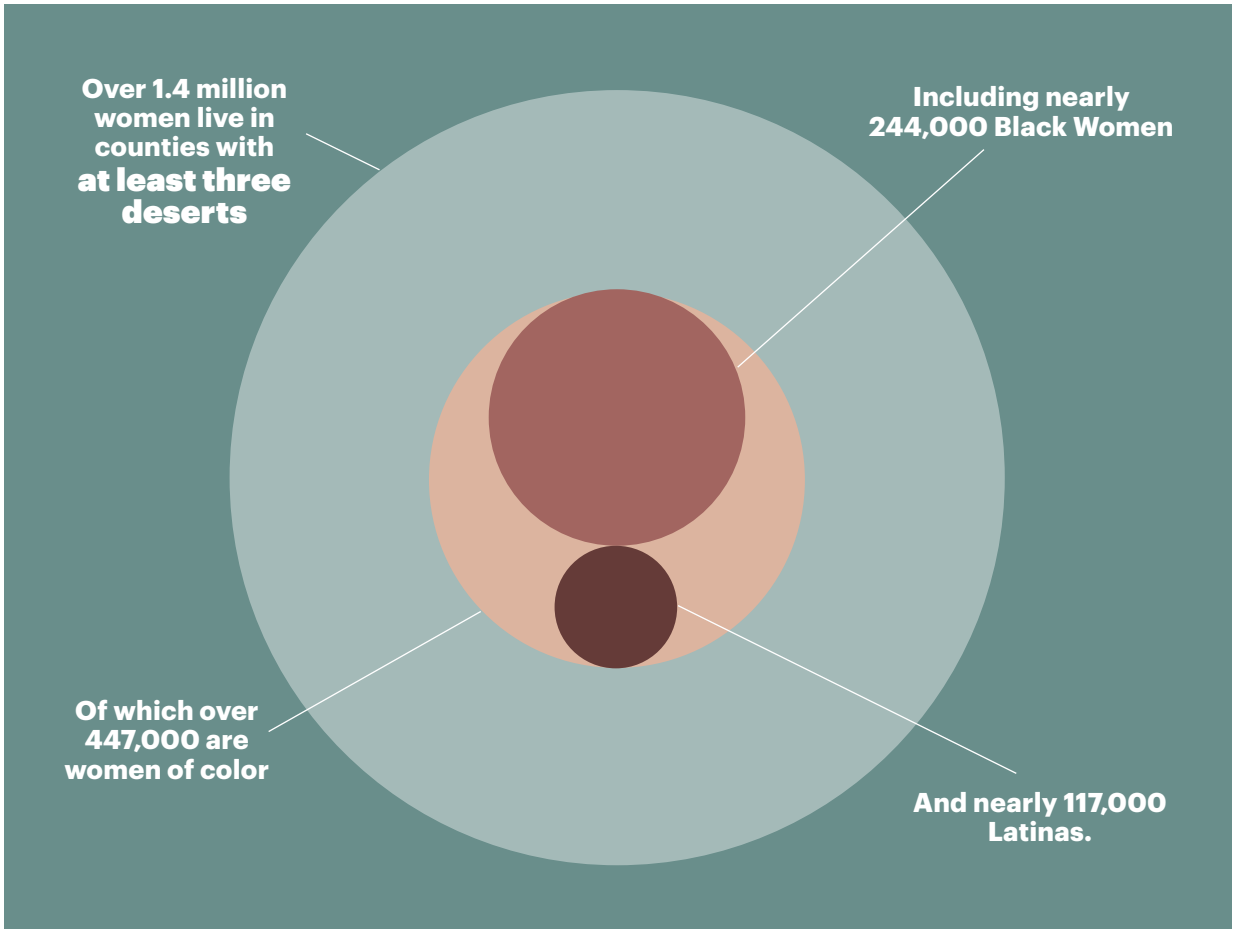
WOMEN LIVING IN AT LEAST TWO DESERTS



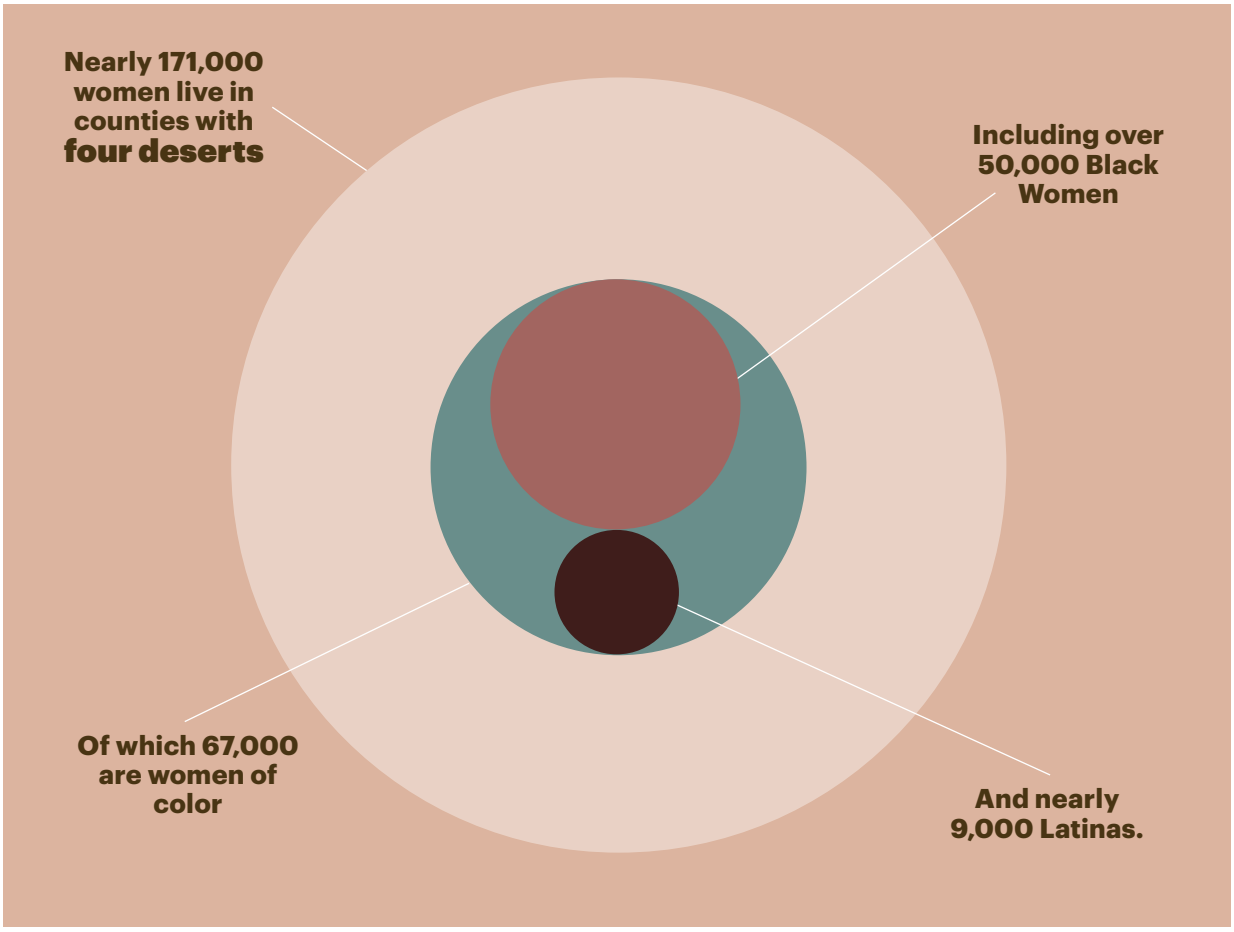
Fewer counties in the United States have three or four of these deserts, but the consequences are significant for women living in those counties. Across the United States, 8.7% of counties have three or more deserts and .9% have four deserts.

While fewer counties have three or four deserts, Black women are overrepresented in these areas. While Black women make up 7.0% of the United States' population, they make up 8.2% of the population in counties with three deserts and 14.9% of the population in counties with four deserts, more than double their share of the overall population. Nearly 244,000 Black women live in counties with at least three deserts and over 50,000 Black women live in counties with four deserts.

WOMEN LIVING IN AT LEAST THREE DESERTS



WOMEN LIVING IN FOUR DESERTS



Whether a woman lives in a county with one desert or all four, the health consequences can be devastating. The following sections of this report outline the health harms that can arise for the significant number of women living in reproductive health care and resource deserts in the United States. As discussed below, for women and women of color in particular, living in an area with more than one desert can have long-lasting and potentially fatal repercussions.

The Overlap of Reproductive Health Care Deserts

Reproductive health care deserts are the most prevalent deserts across the United States. Nearly one quarter (23.7%) of all counties in the United States are both abortion care deserts and pregnancy care deserts, where over 2 million women of reproductive age live. Nearly three in 10 (27.8%), or 558,000, of those women are women of color. Over 221,000 Black women of reproductive age and nearly 206,000 Latinas of reproductive age live in counties with abortion care deserts and pregnancy care deserts.

About 53.1% of counties that are abortion care deserts are also pregnancy care deserts, indicating many women who lack access to abortion care also lack access to other forms of pregnancy care.

The significant overlap in reproductive health care deserts in the United States in part may be explained by the far-reaching effects that abortion bans and restrictions have on all forms of care for pregnant people.[15] The prevalence of abortion care deserts has increased since the Supreme Court erroneously overturned *Roe v. Wade* and extremist lawmakers subsequently enacted widespread abortion care restrictions and bans.[16] The abortion bans that have been passed or resurrected after *Roe* was overturned specifically target health care providers, threatening them with criminalization and/or the loss of their medical license if they provide or aid an abortion.[17] They often contain vague or misleading language—for example, in terms of what conduct is prohibited or the exceptions where abortion might be allowed—leaving OB/GYNs uncertain as to what care is and is not permitted.[18] In addition, laws designed to shut down clinics or dissuade health care professionals from providing abortion care (such as targeted regulations of abortion providers) continue to make providing abortion care difficult, if not impossible, even in some states that do not ban abortion. The resulting hostile environment for providers, compounded in many instances by lack of clarity in the law, has made many health care professionals who provide abortion care hesitant or fearful to provide care even when such care is permitted—or even required—by existing state or federal law.[19]

Abortion bans and restrictions also impact the training of future health care providers: medical schools may no longer be able to offer training on abortion care and miscarriage management, and accordingly, medical students may be reluctant to pursue their residencies in those states.[20] As the provider supply dwindles, abortion clinics and labor and delivery units have been forced to close.[21] The downstream effects caused by these abortion bans and restrictions leave people in certain areas of abortion-restricted states without access to pregnancy care, including abortion care, that was previously offered by these providers and facilities.

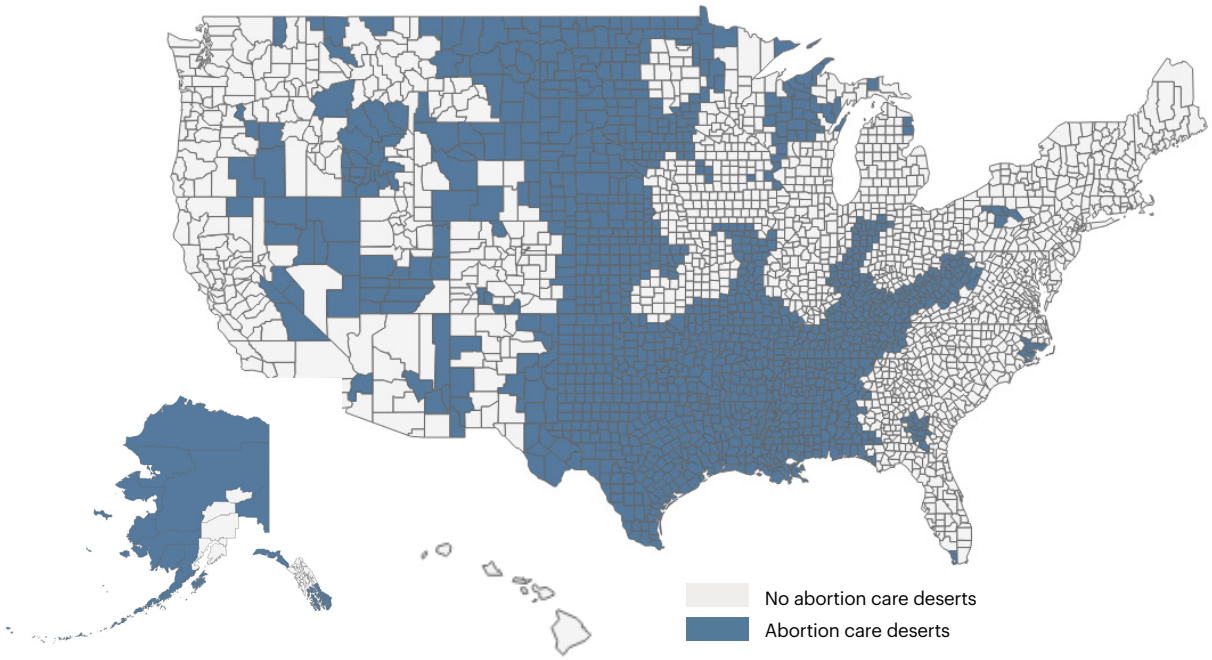
As abortion bans reduce access both to abortion care and to other critical pregnancy-related services, health outcomes of both pregnant people and infants will likely worsen. Individuals living in abortion care deserts may not have access to necessary abortion care and may be forced to carry their pregnancy to term. When individuals who must remain pregnant because of lack of abortion care also do not have access to other pregnancy care, the consequences can be devastating. This is especially true for women of color, who already face significant rates of severe and fatal pregnancy complications.[22] Data regarding the long-term health consequences of the Supreme Court's decision to overturn *Roe* is still emerging. However, one study found there has already been an increase in infant mortality rates following the overturn of *Roe*.[23] And studies using data from before the overturn of *Roe* found that states with abortion bans or restrictions had higher rates of maternal mortality and infant death, especially among women of color.[24]

Abortion care deserts and pregnancy care deserts can also have significant health consequences for people who are not pregnant, since these facilities often offer other health services like cancer screening, testing and treatment of sexually transmitted infections (STIs), and gender-affirming care. People in reproductive health care deserts may also have fewer or no opportunities to report concerning symptoms (like abnormal bleeding) to their providers.

Limited access to reproductive care can have especially great repercussions for women of color. For example, human papillomavirus (HPV), a common STI, can cause many types of cancer, including cervical cancer.[25] Cervical cancer is highly preventable and can be cured if diagnosed and treated early enough, requiring visits with reproductive health care providers.[26] However, in rural areas, where pregnancy care deserts may be more prevalent,[27] Black women face a cervical cancer incidence rate almost 50 percent higher than white women.[28] And nationally, Black women are more than one and a half times as likely to die from cervical cancer as white women.[29]

Without access to the wide range of services offered by sexual and reproductive health care providers and facilities, such as the HPV vaccine, screenings like HPV and Pap tests, and timely treatment of precancerous cells, women of color are more likely to suffer avoidable and potentially fatal consequences.

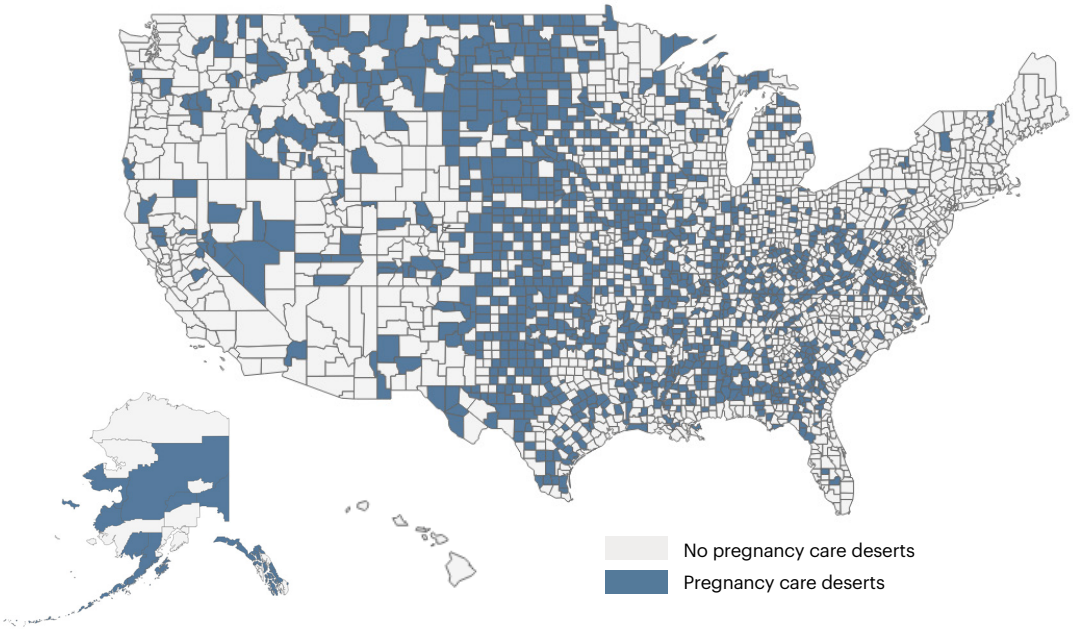
Abortion Care Deserts



Nearly half (44.5%) of all counties in the United States are abortion care deserts. An individual who lives in an abortion care desert has limited access to in-person[30] abortion care, which can be lifesaving health care.[31] Over 18.4 million women of reproductive age who live in abortion care deserts, including over 8.2 million women of color, lack access to this critical health care. And because abortion care deserts are characterized by a 100-mile travel distance to the closest abortion care facility, these numbers may not even capture additional women who live within the 100-mile radius but still live far enough from an abortion clinic that they struggle to access in-person abortion care.

Pregnancy can be life-threatening, particularly for Black women, and abortion restrictions and bans have been shown to increase the risk of maternal death.[32] Women living in states with abortion bans are up to three times more likely to die during pregnancy or childbirth or soon after giving birth than women in states without abortion bans.[33] The high risks associated with pregnancy are likely exacerbated for the high number of Black women and Latinas who live in abortion care deserts. **Over 3.9 million Latinas of reproductive age and 2.9 million Black women of reproductive age live in abortion care deserts. Black women are slightly overrepresented in abortion care deserts compared to their share of overall women of reproductive age in the country—Black women make up 14.0% of women of reproductive age overall but 15.6% of women of reproductive age in abortion care deserts.**

Pregnancy Care Deserts



Nearly two in five (39.8%) of all counties in the United States are pregnancy care deserts. The more than 3.8 million women of reproductive age, including nearly 948,000 women of color, nearly 404,000 Black women, and nearly 327,000 Latinas, who live in pregnancy care deserts have limited access to the varying types of care provided to a person before, during, and after their pregnancy. Pregnancy care can include abortion care, but it also includes care like prenatal checkups—which may include ultrasounds and vaccinations—and postpartum checkups—which may include assessment and treatment for postpartum depression or consultation with a lactation specialist. Prenatal and postpartum care plays an important role in identifying health conditions at an early stage before they worsen—for example, monitoring patients' blood pressure at prenatal appointments may allow providers to treat high blood pressure before it develops into preeclampsia, which can be life-threatening for the pregnant person and their infant.[34] Prenatal care is also critical to lower the risk of negative health outcomes for infants like premature birth and low birth weight.[35]

Pregnancy care providers, such as OB/GYNs, also play a critical role in the early detection and treatment of maternal mental health conditions. When left undiagnosed and untreated, maternal mental health conditions (such as depression, anxiety, and post-traumatic stress disorder) worsen maternal and infant health outcomes and are significant drivers of maternal mortality.[36] Compared to white women, Black women are twice as likely to experience these types of conditions but half as likely to receive treatment.[37]

For women of color, particularly those in rural areas where pregnancy care deserts may be more prevalent, pregnancy care is critical to prevent and address the maternal mortality and morbidity crisis that they, and particularly Black women, disproportionately face.[38] Black women are nearly 3.5 times more likely to die from pregnancy-related causes than white women.[39] Black women and Latinas also suffer higher rates of severe maternal morbidity, or pregnancy-related complications, than white women.[40] In addition to risk of death, the physical, mental, and economic impacts of pregnancy and childbirth can last a lifetime.[41]

The Overlap of Reproductive Health Care Deserts and Broadband Internet Deserts

Over 740,000 women of reproductive age live in counties with broadband internet deserts and abortion care deserts and nearly three in 10 (29.2%), or over 216,000, of those women are women of color. Over 125,000 Black women of reproductive age and nearly 49,000 Latinas of reproductive age live in counties with broadband internet deserts and abortion care deserts.

Nearly 677,000 women of reproductive age live in counties with broadband internet deserts and pregnancy care deserts and nearly three in 10 (27.4%), or over 185,000, of those women are women of color. Over 113,000 Black women of reproductive age and over 35,000 Latinas of reproductive age live in counties with broadband internet deserts and pregnancy care deserts.

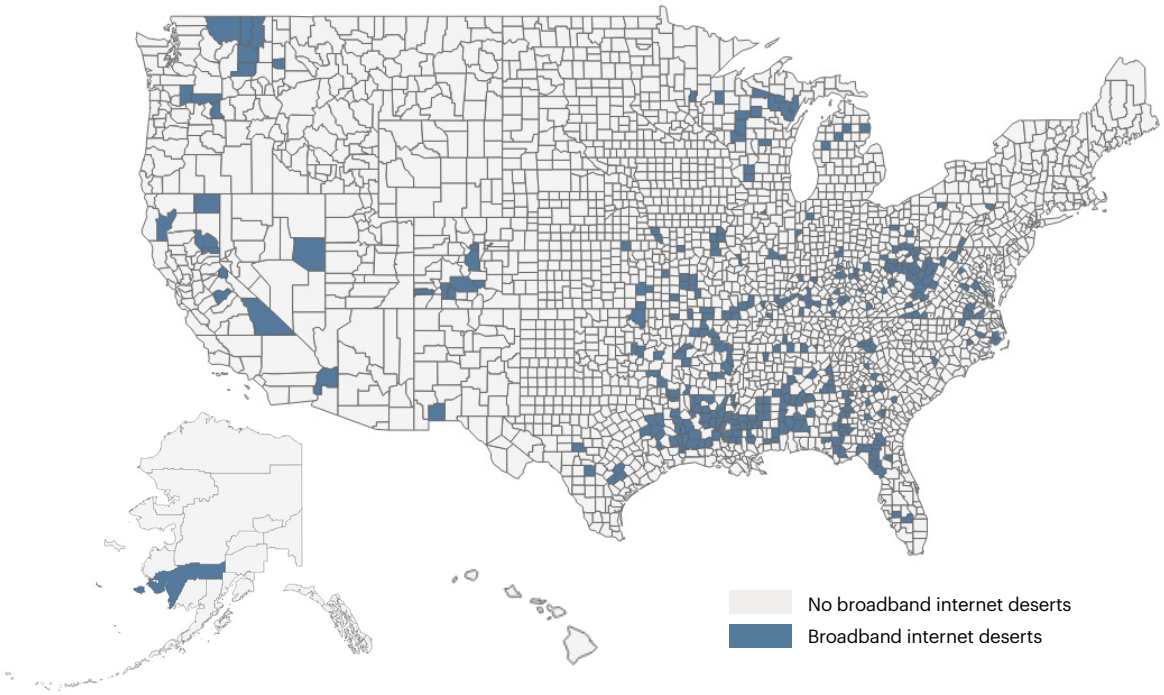
Without broadband internet, people in reproductive health care deserts with limited access to in-person abortion care and other types of pregnancy care are further unable to use telehealth visits to contact providers or to even gather health care information online. Telehealth can allow for convenient remote monitoring and treatment of pregnancy conditions, such as gestational diabetes and preeclampsia, which may lower the risk of maternal health complications for those who would otherwise have to travel long distances to receive care.[42] Additionally, maternal mental health conditions may go undetected and untreated when people in these areas do not have access to in-person or virtual pregnancy care, which can further worsen maternal and infant health outcomes.

Telehealth is also a critical tool to improve equitable access to reproductive health care such as medication abortion care.[43] Following the Supreme Court overturning *Roe*, medication abortion has played a crucial role in filling gaps in abortion access for communities with limited access to health care and other resources (such as those living in abortion care deserts).[44] However, for women living in counties with broadband internet deserts and reproductive health care deserts, medication abortion may be further out of reach due to increased barriers to accessing telehealth services. Individuals who do not have access to abortion care, including medication abortion via telehealth, may be forced to carry pregnancies to term and potentially deliver in areas with inadequate pregnancy care, putting their health and lives at risk. This could be particularly dangerous to Black women's health as they already face disproportionate maternal mortality and morbidity rates.[45]

Broadband internet also enhances people's ability to access online resources and information, which can be especially critical for those in reproductive health care deserts who cannot access in-person care. Not being able to access reproductive health information online—such as different contraceptives methods or different methods of abortion, or what kinds of prenatal and postpartum care are critical for them and their infants—serves as another compounding barrier to good health for those who do not have access to necessary reproductive health care.

Rural areas, where broadband internet deserts and pregnancy care deserts may be more prevalent,[46] face a mental health workforce shortage, with providers more available in urban areas than rural areas,[47] further decreasing access and treatment for people who live there. People living in rural areas face notable disparities relating to mental health, with many rural states showing higher postpartum depression rates than the national average, for example.[48] Women living in overlapping broadband internet and reproductive health care deserts may experience even more barriers to receiving timely diagnosis and treatment of maternal mental health conditions because of their limited ability to access in-person or virtual mental health services.

Broadband Internet Deserts



Over one in 10 (10.7%) of all counties in the United States are broadband internet deserts, with these deserts more likely to occur in rural and low-income areas. Of the more than 2.6 million women (of any age) living in broadband internet deserts, over 633,000 are women of color, including over 356,000 Black women and nearly 167,000 Latinas. Broadband internet has been described as a "super determinant of health" due to its influence on multiple social determinants of health, including education, employment, social connectivity, and access to health care.[49]

As discussed above, when people lack access to broadband internet, they may not be able to utilize certain digital health services.[50] Broadband internet is increasingly necessary for the full spectrum of telehealth services, such as use of patient portals, remote monitoring devices, and real-time video visits with physicians. Telehealth plays an important role in reducing logistical barriers to all types of health care and can help address health disparities faced by many underserved communities, including people with fewer financial resources,[51] people of color,[52] LGBTQIA+ people,[53] and people with disabilities.[54]

Individuals living in broadband internet deserts also may not have access to the health-*enhancing* resources afforded by reliable broadband internet. In addition to accessing telehealth, broadband internet is increasingly necessary for economic stability, for example in instances where remote work is required, or for certain educational opportunities, such as participating in virtual classes and accessing material online. Economic stability (including components like employment and housing) is a major social determinant of health.[55] Because of this, existing health disparities faced by women and women of color living in broadband internet deserts may be further exacerbated.

The Overlap of Pregnancy Care Deserts and Food Deserts

Over 409,000 women of reproductive age live in counties with both pregnancy care deserts and food deserts. Over two in five (41.2%), or over 168,000, of those women are women of color. Nearly 84,000 Black women of reproductive age and over 55,000 Latinas of reproductive age live in counties with pregnancy care deserts and food deserts.

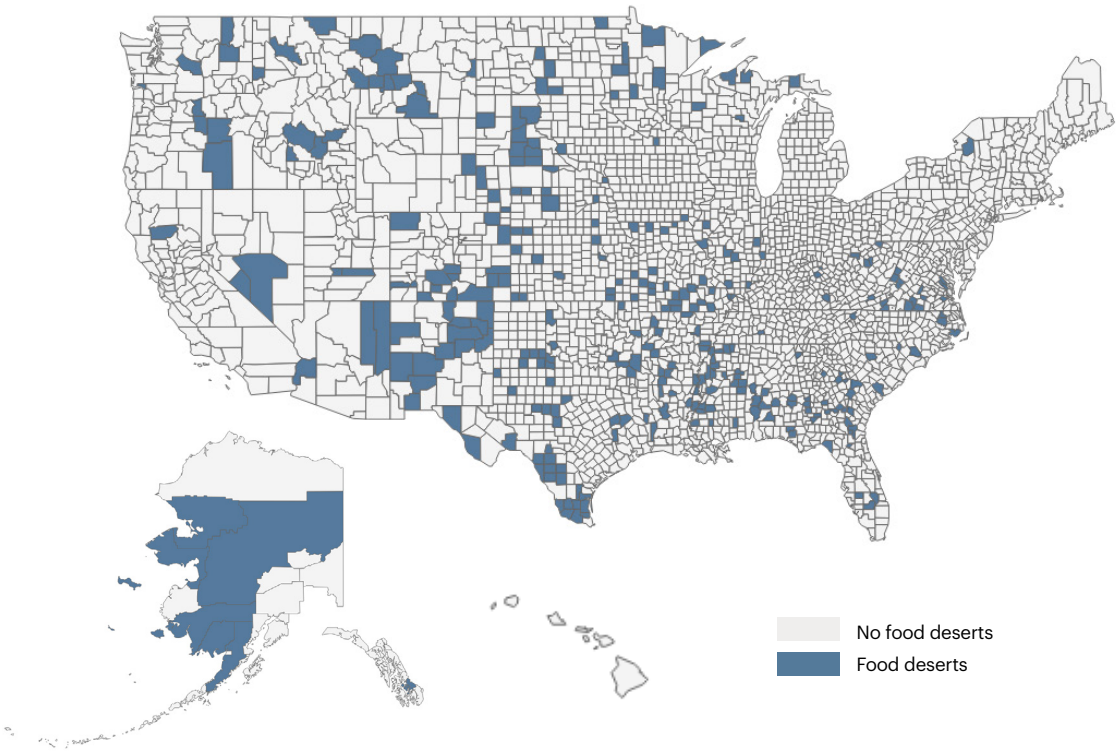
Food deserts impact people's access to affordable, healthy food. Food deserts may not have as many grocery stores with fresh fruits and vegetables but instead contain mainly stores with highly processed snacks and shelved goods or may have stores that charge more for healthier brands and higher-quality food. Improperly balanced diets consisting of lower-quality foods (like those high in added sugars, saturated fat, and sodium) can increase the risk of diabetes,[56] and one study has found an association between lack of access to healthy food and increased rates of death from heart failure.[57] Black women, who are

overrepresented in food deserts, are disproportionately affected by chronic conditions like diabetes,[58] which is a strong risk factor for heart disease.[59] Black women are also at a greater risk for heart disease and coronary heart disease-related mortality than women in other racial and ethnic groups.[60]

Existing chronic conditions can increase the risk of certain pregnancy complications, and poor diet during pregnancy can lead to additional negative health outcomes for the pregnant person, such as anemia, preeclampsia, and hemorrhage.[61] Health problems like hemorrhage and preeclampsia, and certain chronic conditions like heart disease and diabetes, are all main causes of maternal mortality in the United States.[62] These conditions, compounded by limited access to routine pregnancy care, can lead to further disparities in severe pregnancy complications. And without access to pregnancy care, individuals may not receive regular monitoring and professional management of health concerns that may arise due to having limited access to healthy foods.

Poor nutrition before and during pregnancy can also impact health outcomes for infants, including stillbirth, low birthweight, and developmental delays.[63] For example, nutrients like folic acid, which are found in foods like leafy green vegetables and citrus fruits, help prevent birth neural tube defects, which can be fatal in the most severe form.[64]

Food Deserts



One in 10 (10.1%) of all counties in the United States are food deserts. Access to nutritious food is an important social determinant of health for all people, with associations found between lack of access to healthy food and adverse health outcomes. For example, health conditions like heart disease and diabetes are not only consequential for maternal and infant health—food deserts may increase the risk of these conditions for any person, whether or not they are pregnant. Lack of access to nutritious foods can also worsen mental health consequences, such as anxiety and depression, among both pregnant and non-pregnant people.[65]

The connection between access to healthy foods and poor health outcomes for women of color is of particular importance because of the nearly 2.8 million women (of any age) living in food deserts, half, or more than 1.4 million, are women of color. Over 752,000 Latinas and over 451,000 Black women live in food deserts. While **women of color** make up 20.8% of the total United States population, **they are overrepresented in the population of those living in food deserts** (25.2%). Similarly **Black women and Latinas are also overrepresented in food deserts**—Black women make up 7.0% of the overall population but 8.1% of those in food deserts and Latinas make up only 9.4% of the overall population but 13.4% of those in food deserts.

Women of color living in food deserts face barriers to accessing nutritious foods that are important to preventing and managing potentially life-threatening health conditions, which already disproportionately impact their populations.

Conclusion

This report highlights the devastating health harms that can arise for the overwhelming number of women living in abortion care deserts, pregnancy care deserts, broadband internet deserts, and food deserts, and how these harms are further compounded when these deserts overlap. The current maternal health crisis in the United States is not only sustained by the prevalence and overlap of these deserts, but also likely exacerbated, particularly when considering that abortion care deserts and pregnancy care deserts are the most prevalent of these deserts across the country.

The millions of women, and especially women of color, facing a dearth of access to critical reproductive health care in addition to experiencing limited access to broadband internet or nutritious food, need concrete policies that address the multiple and overlapping barriers they face to good health and well-being. People do not live single-issue lives, and this report demonstrates how the barriers women face to achieving good health are interconnected. Policy suggestions that take into account the intersecting nature of reproductive health care and resource deserts are discussed in further detail in this report's accompanying policy brief, "Reducing the Prevalence and Impacts of Abortion Care Deserts, Pregnancy Care Deserts, Broadband Internet Deserts, and Food Deserts in the United States."

1 Overall population estimates, not broken down by gender, for counties were calculated using 2022 U.S Census Bureau data. 2022 U.S. Census Bureau County Population by Characteristics: 2020-2023, "Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2023," https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html. For women overall and women of reproductive age, county population estimates, calculations used 2018-2022 5-year American Community Survey (ACS). NWLC calculations for women overall and women of reproductive age, not including race breakouts, using 2018-2022 5-year ACS "Table S0101, Age and Sex" available at data.census.gov. NWLC calculations for women of reproductive age by race using 2018-2022 5 -year ACS, Table B01001B, Table B01001H,
and Table B01001I, available at data.census.gov. In 2022, the state of Connecticut redrew county lines into new planning regions. For consistency and ability to compare across data using counties, all county level data, including gender and race breakouts, in Connecticut were calculated using 2021 U.S. Census Bureau data. NWLC calculations for women overall and women of reproductive age, not including race breakouts, using 2017-2021 5-year ACS "Table S0101, Age and Sex" available at data.census.gov. NWLC calculations for women of reproductive age by race using 2017-2021 5 -year ACS, Table B01001B, Table B01001H, and Table B01001I, available at data.census.gov.

2 Women of color includes all women except white, non-Hispanic women.

3 The use of "reproductive health care deserts" in this report 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.

4 NWLC calculations using May 2024 data from the Myers Abortion Facility Database. Caitlin Myers, "The Myers Abortion Facility Database," *Journal of Policy Analysis and Management* 43, no. 1 (September 13, 2023): 39–62. https://doi.org/10.1002/pam.22524, available at https://osf.io/8dg7r/wiki/home/.

5 NWLC calculations using 2021 data from Area Health Resources Files. Area Health Resources Files, U.S. Department of Health and Human Services, Health Resources and Service Administration, last modified July 31, 2023, https://data.hrsa.gov/topics/health-workforce/ahrf. Since the analysis of this data, thousands of data sources and webpages have been removed and altered from government sources in compliance with orders given by the Trump administration. The Area Health Resources Files are one of the sources in which the original and complete data may no longer be available. Data is on file with NWLC. Some data may be downloadable at https://data.hrsa.gov/data/download?data=AHRF#AHRF.

6 See Brittni Frederiksen et al., *A National Survey of OBGYNs' Experiences After Dobbs* (Kaiser Family Foundation, 2023), https://www.kff.org/report-section/a-national-survey-of-obgyns-experiences-after-dobbs-report/.

7 Speed (Mbps) is measured as a download and upload speed where the first number is the download speed and the second is upload (ex: 100 download, 20 upload). Broadband and high-speed internet are often used interchangeably; however, this report focuses on a specific speed of internet defined as broadband by the United States Federal Communications Commission (FCC). Access is determined on if a provider reports providing services of that speed. This data is likely a severe undercount of the number of households that do not have access to broadband internet services due to FCC data collection methods and difficulty in verifying access data. This data also fails to account for those households that lack access to broadband internet due to affordability issues, not availability issues. Federal Communications Commission, *FCC Increases Broadband Speed Benchmark*, March 14, 2024, https://docs.fcc.gov/public/attachments/DOC-401205A1.pdf.

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11 *See e.g., Nowhere to Go: Maternity Care Deserts Across the US* (March of Dimes, 2024), https://www.marchofdimes.org/maternity-care-deserts-report.

12 While we refer to women in this 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.

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14 Population data collected for women living in abortion care deserts and pregnancy care deserts includes women of reproductive age, compared with the population data for women living in broadband internet deserts and food deserts, which includes women of any age. This distinction was chosen due to the more direct impacts that reproductive health care deserts have on reproductive health outcomes as compared to more indirect impacts that resource deserts have on reproductive health outcomes. Women of reproductive age are also most likely to need the type of care categorized by abortion care deserts and pregnancy care deserts.

15 *See* Kenna Titus and Lexi Rummel, "Attacks on Abortion Are Attacks on Maternity Care," National Women's Law Center, May 13, 2024. https://nwlc.org/attacks-on-abortion-are-attacks-on-maternity-care/."

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23 Parvati Singh and Maria F. Gallo, "National Trends in Infant Mortality in the US after *Dobbs*," *JAMA Pediatrics* 178, no. 12 (2024), https://doi.org/10.1001/jamapediatrics.2024.4276.

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29 *Id.*

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