Disappearing Options: Abortion after the fall of Roe V. Wade

GEOG377 Helen Asimina Tosteson

Introduction

In June of 2022, the U.S. Supreme Court struck down Roe V. Wade, effectively eliminating the right to abortion that had existed for nearly half a century in the United States. Since this ruling, several U.S. States have fully banned or severely restricted access to abortion. These restrictions have not only limited the choices of pregnant people when it comes to life planning and bodily autonomy, but in some cases, they have also limited access to miscarriage care and other critical health services. While reproductive care has already been difficult to access for many, the population of people with strictly limited options is growing. It has been predicted that the fall of Roe V. Wade will further increase racial health and economic disparities in the U.S. (Artiga et al., 2022).

While maps have been circulating and displaying the new abortion laws across each state in the U.S.(New York Times, 2022), there are fewer visualizations that show a more granular look at which areas will be impacted the most. Even in states with bans, accessing abortion and miscarriage care in another state is often still legal. For those with funds within a driving distance of another state, abortion may still be an option. This project seeks to understand in which areas abortion is now the least accessible for pregnant people—and how those areas have grown since the ruling in June. To explore this issue, I used geospatial analysis to answer the questions: in what census blocks has abortion become the least accessible in the Southwest and Southeastern US? What are the demographics of the people who reside in these areas?

Methods

I used the vector and raster data analysis described in the below flowcharts to answer my research questions. I focused my analysis on ten states located within the Southwest and Southeast regions of the U.S. (see Maps), given that state governments in those areas have historically sought to restrict abortion access. I took three steps to answer my questions. First, I identified the census block groups within 100 miles of abortion facilities that closed due to the fall of Roe v. Wade and new state bans. Distance from a clinic is a large barrier to abortion (Pleasants et al., 2022). Second, I used the Statistics

function within these block groups to identify their mean demographics. Finally, because distance is not the only limiting factor, I created an accessibility scale (1-6) that combined costs, gestational limits, distance from a clinic, and applied it to the

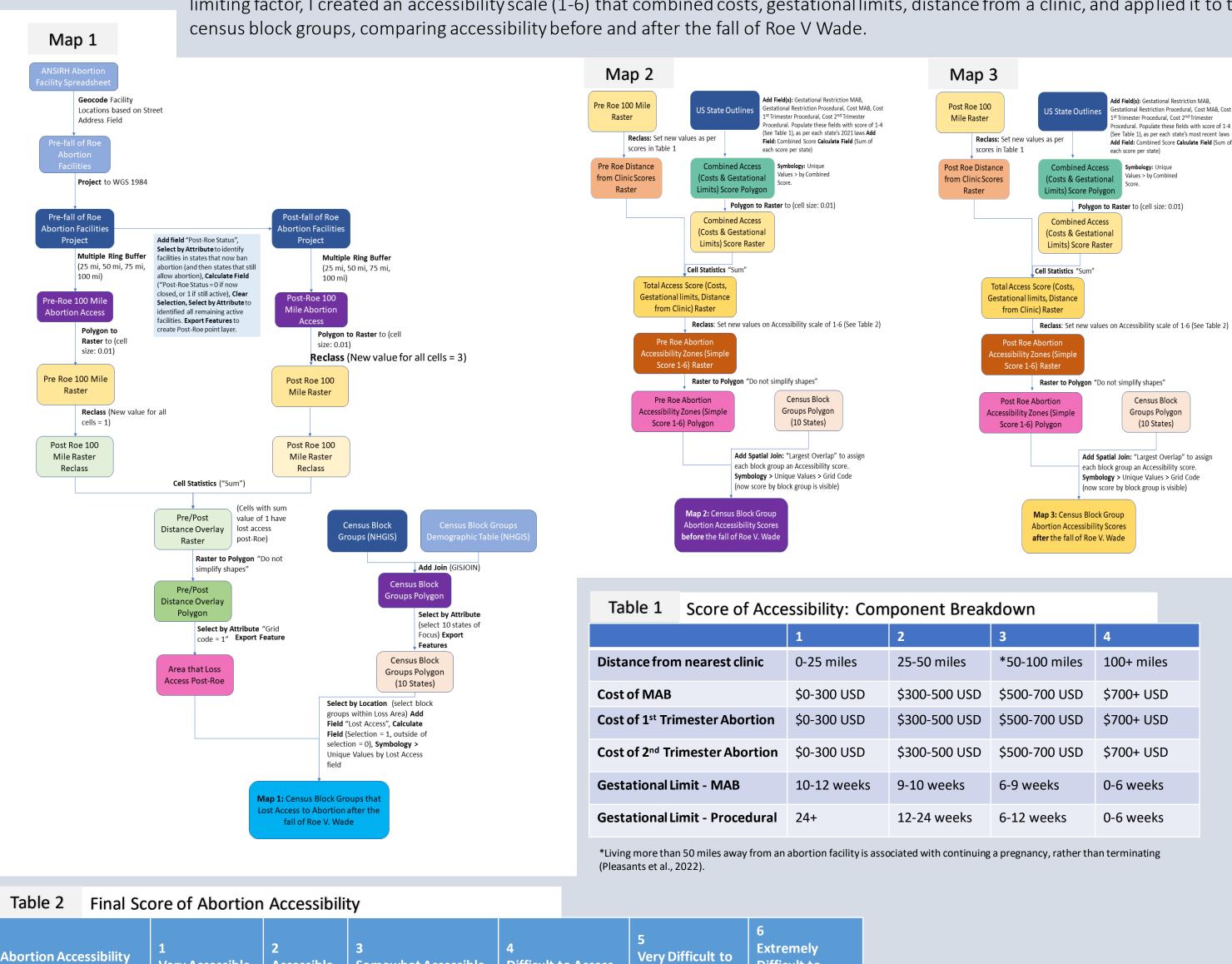


Table 3 Mean Racial Demographics in Block Groups that Lost Access to Abortion

13-15

Somewhat Accessible

Difficult to Access

16-18

Access

19-21

Accessible

10-12

Combined Score

6-9

Race	Block Groups that Lost Abortion Access	Selected States	U.S.
White alone	70%	74%	61.6%
Black alone	19%	17%	12.4%
American Indian or Alaska Native alone	1.3%	1%	1.1%
Asian alone	2.8%	2.2%	6%
Native Hawaiian alone	0.09%	0.08%	0.2%
Some other race	3.8%	3.1%	15.1%
Multiracial	2.9%	2.7%	10.2%

Table 4 Mean Income Demographics in Block Groups that Lost Access to Abortion

Income	Block Groups Lost Access	Selected States	U.S.
Median Income	\$66,611.9	\$62,751.2	\$67,521
Poverty	13%	12.6%	11.4%

Results & Conclusions

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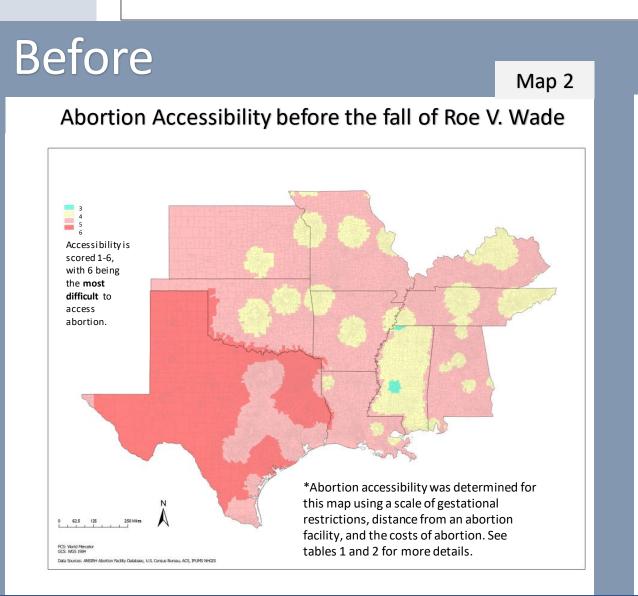
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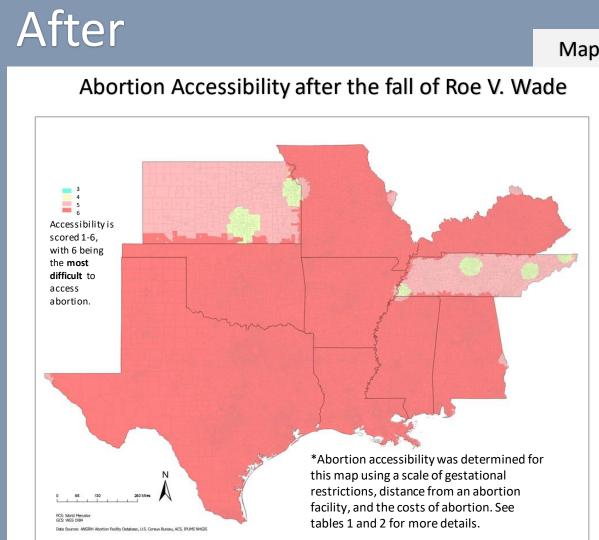
22-24

In the ten states analyzed, the fall of Roe V. Wade has newly limited access to abortion for over 25,000 census block groups. While the median income level is slightly higher within these groups than the total population, this is likely because the abortion facilities

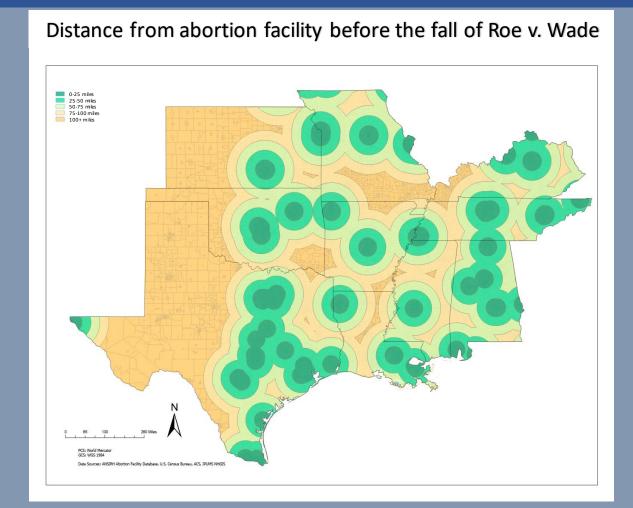
that were forced to close are located in metropolitan areas where there is a higher density of wealthy residents. There was no correlation between census block group income level and the abortion accessibility score, either before or after the fall of Roe v. Wade. This is likely because access to abortion was already scarce on such a large level that the demographics start to look like those of the entire population within those states. Nevertheless, the demographics do follow a slight trend in the blocks that lost abortion access most recently. The population who identifies as white alone had a slightly smaller proportion in the lost access block groups than in the general population, while all other races had slightly larger proportions in the block groups that lost access, versus the general population of the selected states. Although these differences were likely not statistically significant, it does echo concerns that many have raised about the inequitable toll that the loss of abortion access will take on marginalized communities. For wealthy people who have the time, means, and independence to travel to areas where abortion is legal, these zones of accessibility have less meaning. For those in poverty—as are overrepresented in the block groups that recently loss access to abortion, these new restrictions may have far more dire consequences. With the loss of these crucial services, not only do people lose rights to their bodily autonomy, but they also lose access to a host of other reproductive health services. It is important to identify the areas most affected so that resources and services can be directed towards impacted communities.

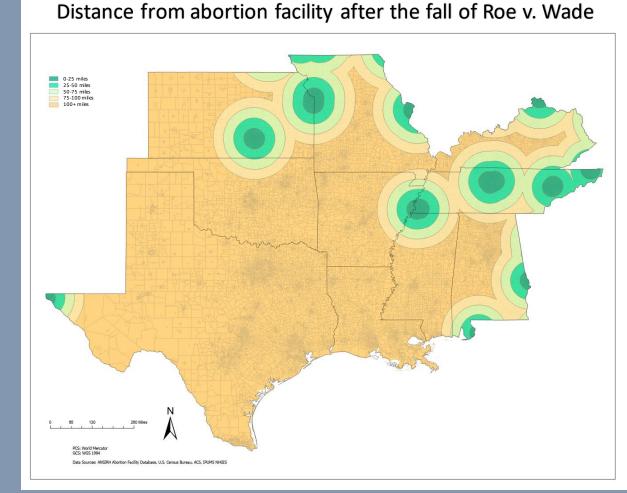
Who was impacted most? Census Block Groups that newly lost access to abortion after the fall of Roe V. Wade

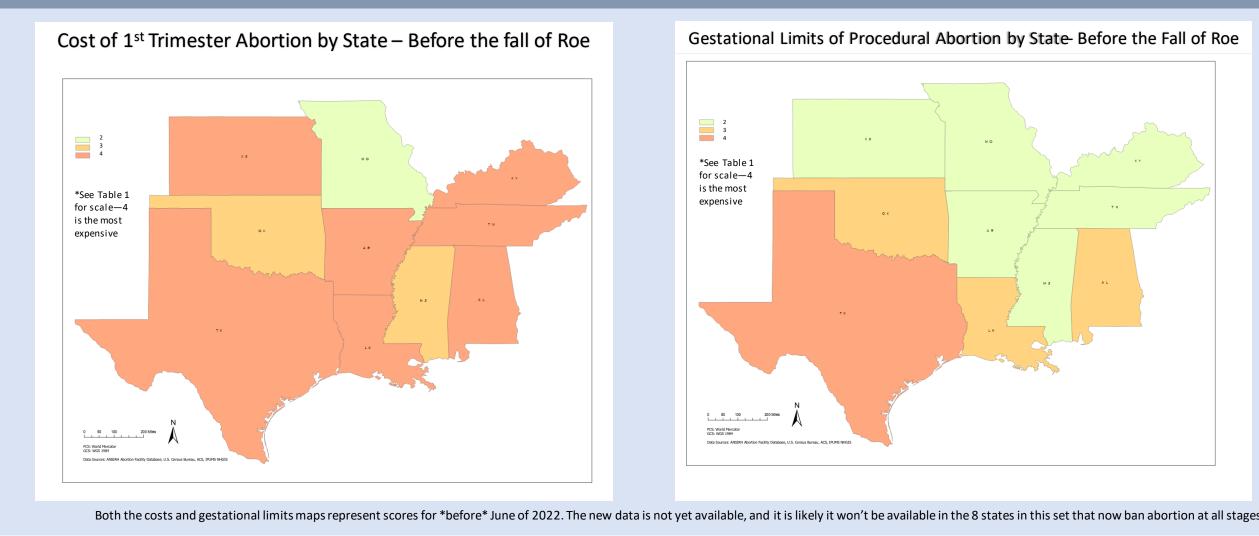


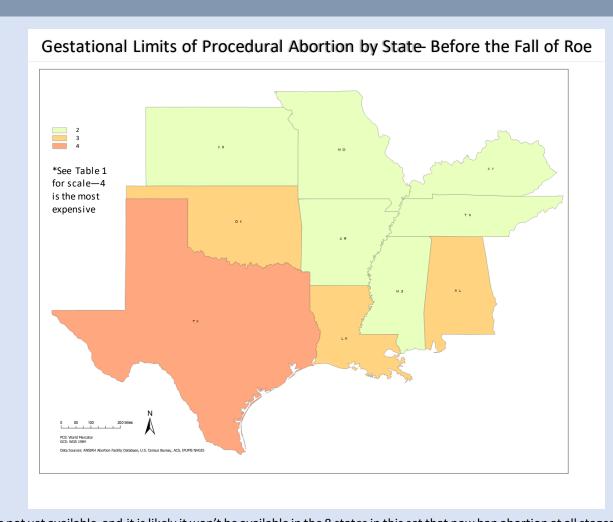


Accessibility Factors









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