



Ohio Policy Evaluation Network

# ABORTION ACCESS IN OHIO'S CHANGING LEGISLATIVE CONTEXT, 2010-2018

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## Study Methods

We examined abortion utilization in Ohio from 2010 to 2018, a time when lawmakers approved more than 15 new abortion regulations and when the number of surgical abortion clinics in the state dropped from fifteen to eight. We evaluated changes in abortion rates and ratios examining gestation, geographic distribution, and abortion method by using data from Ohio's Office of Vital Statistics, CDC Abortion Surveillance Reports, and Ohio's Public Health Data Warehouse.

"Abortion care is one of the safest procedures that we have. People benefit from quick access to abortion services when they choose to end a pregnancy. However, our findings suggest that Ohioans experience delays as compared to the U.S. as a whole."

Alison Norris, MD, PhD

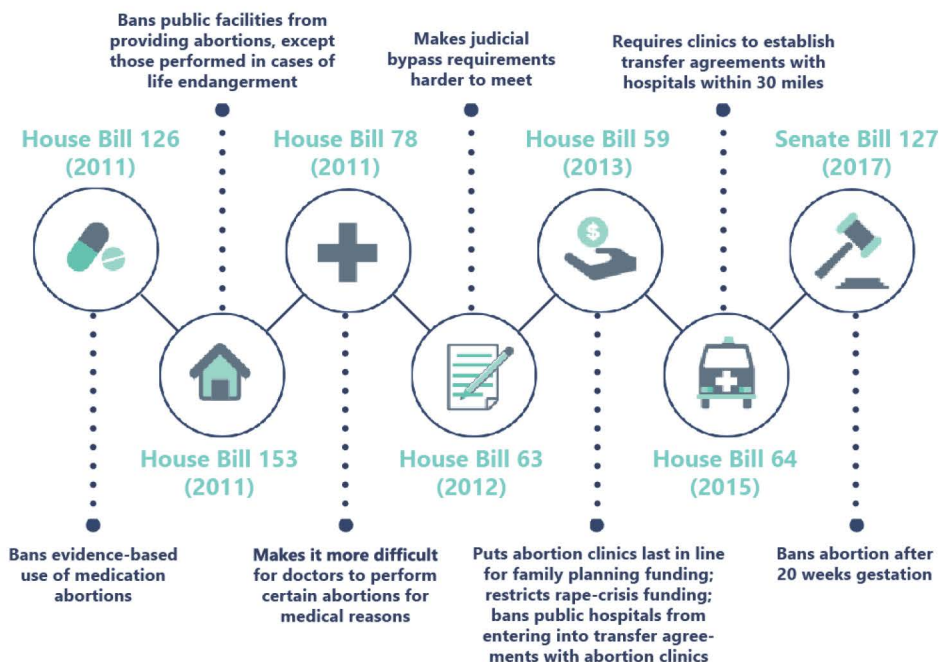
## Rural-Urban Disparities and a Greater Proportion of Later Abortion

Over the past decade, abortion rates have declined in the U.S. as a whole, largely as a result of fewer unwanted pregnancies and **better access to contraception**. Trends in Ohio have mirrored these national trends, but show some distinctive patterns.

Ohioans had a greater proportion of abortions later in pregnancy, as compared to the U.S. as a whole, suggesting **delays in access to care**. An Ohio law that prevented evidence-based use of medication abortion dramatically limited the number of people who used the method, potentially contributing to barriers to earlier access.

The use of abortion in rural counties declined more than in urban counties, suggesting barriers to accessing health care in rural Ohio. Also, immediately after abortion clinics closed, the use of abortion declined in nearby counties. Together, these findings show **geographic inequity** in abortion access in Ohio.

## Laws Regulating Abortion



## Public Health Implications

As lawmakers have restricted abortion access, Ohioans have experienced delayed care and increasing geographic inequities.

Restrictive policies do not improve reproductive health.

To read the paper, please visit <https://go.osu.edu/BsA8>