

Defunding women's health clinics exacerbated Hispanic disparity in preventive care, study finds

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Defunding women's health clinics in Texas and Wisconsin aimed at reducing abortions has decreased the number of preventive care exams and tests given to Hispanic women in those states when compared with non-Hispanic white women, according to a University of Kansas economist's new study.

"Many of these cuts and procedural changes that led to clinic closures in these states weren't done to reduce [preventive care](#), but we're finding that these policies had unintended consequences that should be factored in as we consider other state and federal policies like them," said David Slusky, assistant professor of economics.

The study published recently in the journal *Economics Letters* is a follow-up project to Slusky's [2015 co-authored paper](#) that found clinic closures that resulted in increased driving distance to the nearest clinics more so reduced preventive care for less-educated [women](#), and his current analysis examined the changes in context of race and ethnicity in the two states.

He found a 100-mile increase in driving distance to the nearest women's [health](#) clinic—affiliated with a national network of clinics—for Hispanic women decreased the number of breast exams, wellness checkups, mammograms and Pap tests by 14-23 percent. For non-Hispanic white women, he found no statistically significant changes.

In action aimed at preventing abortions, the Texas state legislature in 2011 instituted broad cuts to [family planning](#) services that [resulted in closures of 82 clinics](#), about one-third of which affiliated with the national network Planned Parenthood. Wisconsin also instituted similar funding cuts to Planned Parenthood in that timeframe.

The study included data from the Behavioral Risk Factor Surveillance System, which asks respondents about the timeframe of their female preventive care measures. The data was confidentially merged by ZIP code and interview quarter with snapshots covering Oct. 1, 2007, to Dec. 31, 2012. Slusky calculated the driving distance to the nearest clinic from a national network of women's health clinics.

The sample was limited to survey respondents who were women ages 18-44, and either non-Hispanic white or Hispanic. There were not enough black respondents to create a sample that would yield a statistically significant result.

The Hispanic respondents tended to be younger, have a lower level of educational attainment, less likely to be employed, married and in counties with higher unemployment rates. Also, they were significantly less likely to have health insurance and thus might be more dependent on women's clinics to obtain basic health care, Slusky said.

"Our sense is that women are not going to clinics primarily for preventive care. They're going for other kinds of family planning and reproductive-related care. While they're there, the providers are saying they really should get preventive care screenings. The marginal cost of doing so is small, so they do it," Slusky said. "If you remove those clinics, you can't just take those funds and re-appropriate them to preventive care because women aren't seeking out preventive care."

To mitigate this effect, policymakers could instead increase funding for

women's preventive care procedures and tests that would more than offset the funding cuts to women's health and family planning, he said.

Texas legislators in favor of the funding cuts made comments about the time of the change about not being against providing health care for women but instead being opposed to abortions.

Slusky said as the Republican majority in Congress seeks to repeal the Affordable Care Act, the Senate version of the bill, which has failed to yet gain traction for a vote, seeks to sever all federal support for Planned Parenthood. Therefore, it would be wise for policymakers to consider researching outcomes of defunding women's health services in states that have gone this route.

"The point of economics research is to, in a very careful, very thorough way, estimate a causal relationship for intended and unintended consequences from public policy change," Slusky said, "so that we can design better public policy."

More information: Amanda J. Stevenson et al. Effect of Removal of Planned Parenthood from the Texas Women's Health Program, *New England Journal of Medicine* (2016). [DOI: 10.1056/NEJMsa1511902](https://doi.org/10.1056/NEJMsa1511902)

Provided by University of Kansas

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