

Abortion Access and Public Opinion in South Jersey

Prepared for: Senator Walter Rand Institute for Public Affairs (Cory Rand Scholarship)

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Executive Summary

This research project, funded by the Cory Rand Scholarship and the Senator Walter Rand Institute for Public Affairs evaluates reproductive health care access across eight South Jersey counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem. Although New Jersey maintains a comparatively permissive legal framework governing abortion access relative to many other states, this project examines whether formal legal access translates into practical accessibility for residents.¹ This distinction is particularly important in South Jersey's more rural counties, which are geographically distant from the more urbanized northern region of the state, where health care services are generally more concentrated.²

The central question guiding this report is whether New Jersey's abortion laws translate into meaningful, on-the-ground access to reproductive health care for South Jersey residents. While the primary focus is on the availability and geographic distribution of facilities providing abortion services, the analysis also considers additional barriers that may affect access, including county-level poverty, vehicle ownership, and health insurance coverage. By examining these factors together, the project assesses whether residents living farther from providers also face greater socioeconomic constraints that may compound access challenges. The report concludes with policy recommendations at both the county and state levels.

Key Findings

- Half of South Jersey counties lack an abortion provider: Gloucester, Cumberland, Cape May, and Salem.
- New Jersey residents support abortion being legal in approximately 70% of the circumstances measured, demonstrating stable support across five decades of survey data.
- Counties without a facility providing abortion services tend to have higher poverty rates, lower insurance coverage, and lower educational attainment.
- For surgical abortion care, geographic distance is a key access constraint. In counties without providers, residents often face travel distances ranging from 10 to 30 miles.

Together, these findings indicate that the presence of permissive abortion laws and broad public support does not guarantee equal access to reproductive healthcare across South Jersey. Geographic distance and structural vulnerability remain significant obstacles for many residents.

¹New Jersey Office of the Attorney General. *Know Your Rights: Abortion Rights in New Jersey*. June 29, 2022.

²New Jersey State Office of Rural Health. *New Jersey Rural Health Needs Assessment* (population-density rural definition).

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Data and Methods

This report draws on multiple secondary data sources to examine abortion access and public opinion in New Jersey. To assess statewide public attitudes, the analysis uses data from the General Social Survey (GSS), a nationally representative survey of adults in the United States conducted regularly since 1973.³ Although the GSS is collected at the individual level, restricted-use state identifiers allow responses to be aggregated to the state level for analysis of New Jersey residents.

Access to the restricted state-level identifiers required a special data application to the General Social Survey. Because the GSS is a publicly available, de-identified dataset, and this project involved no original data collection, the analysis qualified for exemption from the Institutional Review Board (IRB) oversight under federal human subjects regulations.

While the General Social Survey (GSS) data are used to measure state-level support for abortion in New Jersey, additional county-level datasets are used to analyze geographic access, vehicle ownership, and other socioeconomic characteristics, including poverty rates and health insurance coverage. Data on the location of abortion providers and county-level demographic indicators are drawn primarily from the American Community Survey.⁴ Together, these data sources allow for a comprehensive understanding of how public opinion, geographic access, and local conditions shape reproductive healthcare access in South Jersey.

New Jersey Reproductive Law Overview

In 2022, New Jersey enacted the Freedom of Reproductive Choice Act, which established abortion as a fundamental right and permits abortion at any stage of pregnancy with no gestational limits.⁵ The law also includes no parental consent or waiting period requirements, policy provisions that place New Jersey among a small number of states with similar legal frameworks. New Jersey law also addresses patient privacy and explicitly allows out-of-state residents to access the same services available to New Jersey residents. These statutory provisions are found in only nine other states, and while they represent an important component of abortion access at the state level, regional disparities persist.

What “Access” Means: A South Jersey Framework

When discussing reproductive care access, policymakers and scholars often focus on state-level laws. While state-level reproductive law is essential, without a permissive legal framework, access would not exist at all. Access is shaped just as much by the counties where people live as by their ability to reach the care they need. For instance, practical access depends on factors such as whether someone can drive to a clinic, afford the procedure, or take time off work. These barriers become even more pronounced in areas that lack nearby clinics, where long travel distances exacerbate the difficulty of accessing care.

South Jersey residents have various means of obtaining medication abortion (mifepristone and misoprostol), commonly referred to as the abortion pill. This medication can be accessed through telehealth and, in some cases, by mail, making early abortion care more accessible than care needed after 10 weeks. A recent analysis conducted by the Society of Family Planning found that as of 2025, 27% of abor-

³NORC at the University of Chicago, *General Social Survey*.

⁴U.S. Census Bureau, *American Community Survey*, 5-year estimates.

⁵New Jersey Office of the Attorney General. *Know Your Rights: Abortion Rights in New Jersey*. June 29, 2022.

tions were provided through telehealth, meaning that 73% of abortions were still carried out in person.⁶ For residents who require in-person abortions, however, access depends on whether their county has a full-service clinic, as well as additional barriers such as insurance status, poverty, and access to reliable transportation.⁷

Therefore, this project focuses not only on the legal landscape but on what access to care looks like for residents of South Jersey counties. The region includes both densely populated areas as well as more rural communities, sometimes within the same county, creating substantial variation in residents' lived experiences. This geographic diversity shapes the realities of reproductive care access and contributes to significant differences in how convenient abortion access is for residents of South Jersey.

Geographic Access

As Figure 1 shows, two counties (Camden and Atlantic) have “full access,” which, for purposes of this report, is defined as residents having access to both surgical and medication abortion within their county. Burlington is the only county that offers medication abortion without also offering surgical abortion, and the remaining four counties (Gloucester, Salem, Cumberland, and Cape May) have neither surgical abortion providers nor medication abortion providers. While Figure 2 shows that Central and Northern New Jersey have an abundance of clinics, the uneven and sparse number of clinics within South Jersey means that residents in the most rural areas of the state often lack nearby access to reproductive care.

Figure 2 illustrates the distance in miles that New Jersey residents live from the closest surgical abortion clinic. The darkest blue rings represent residents living within 10 miles of a provider, while the lighter rings indicate distance bands of 20 miles and 30 miles. The map shows that residents of Cape May, Cumberland, and Salem Counties are, on average, more than 20 miles from the nearest clinic. Although Atlantic County and Camden County each have two providers, many residents in Burlington County remain 20–30 miles away, depending on where they live. While a 20–30 mile distance may appear reasonable in rural contexts, distance alone does not translate into usable or practical access. When combined with transportation barriers, limited car ownership, and other socioeconomic challenges, even seemingly modest distances can pose substantial obstacles to obtaining care.

Transportation Access

While distance is important in determining where clinics are located and the miles residents must travel, the transportation available to residents decides whether distance is a barrier to access. For a medical procedure such as surgical abortion, time is of the utmost importance. Depending on insurance, the cost of abortion increases the further along a woman is in her pregnancy. Data shows that the cost of the procedure ranges from \$380 for the first few weeks all the way up to \$3,000–\$7,975 for later- term abortions.⁸ The increasing cost is one of the main reasons that clinics being geographically close to residents is so important, since the more time a woman is delayed in getting the procedure, the more complicated and costly the procedure becomes.

In addition to Figure 2 showing access to surgical abortion providers, it also utilizes the American Community Survey variable that measures the percentage of households with no vehicles. The map shows that Gloucester, Cape May, and Burlington have a low percentage of households without a car, while Salem, Cumberland, Atlantic, and Camden have moderate levels of transportation vulnerability.

⁶Society of Family Planning. *WeCount Report: Monthly Abortion Provision Study — June 2025*.

⁷New Jersey Office of the Attorney General. *Know Your Rights: Abortion Rights in New Jersey*. June 29, 2022.

⁸NBC Philadelphia. *How much does an abortion cost in New Jersey?* 2024. Retrieved October 10, 2025.

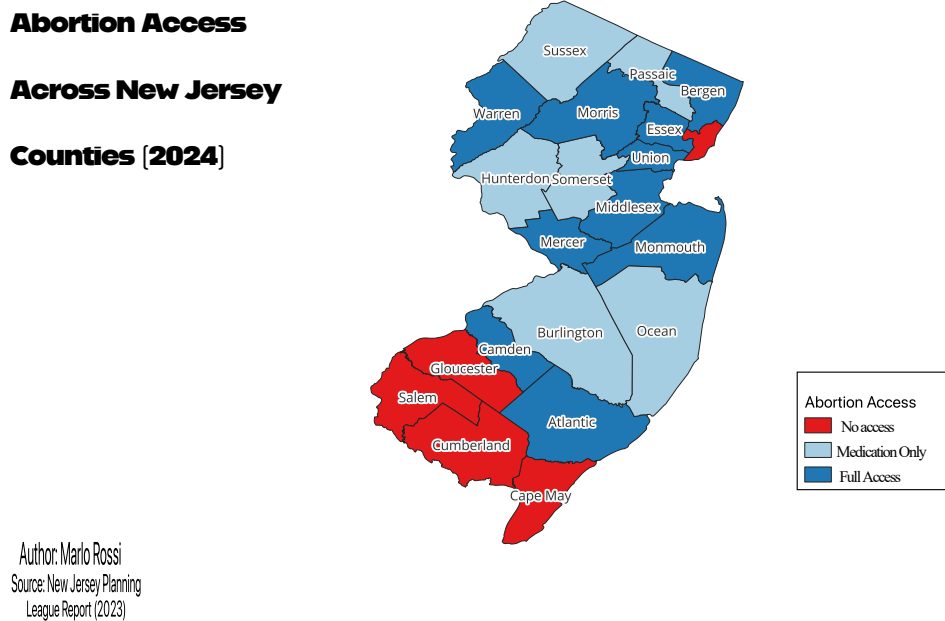


Figure 1: County-level abortion access in New Jersey. Note: Counties shown in red have no abortion providers. Counties shown in light blue have access to medication abortion only, while counties shown in dark blue have access to both medication and surgical abortion services.

While the map suggests that access to a car may not be the biggest barrier in some counties, this variable only measures how many cars are registered at each household. It does not measure whether the vehicle is accessible to the resident who needs it. For many people, mostly those living in multi-generational households, this data is not a fully reliable way to determine whether the person seeking care actually has the transportation needed to obtain it.

Local research conducted in South Jersey counties has found that public transportation is a significant issue. A recent report by the Senator Walter Rand Institute for Public Affairs, “Transportation in South Jersey: What We’ve Heard A Year Later,” shows that residents in South Jersey’s most rural counties, particularly Salem and Cumberland, consistently express a need for greater connectivity to major hubs, and report that the lack of sufficient transportation limits access to employment, education, and healthcare.⁹ Additionally, New Jersey Governor Philip Murphy acknowledged these regional disparities, noting that “the reality is that as you travel further south, mass transit options diminish significantly.”¹⁰ These findings make it clear that for many South Jersey residents, public transportation is not a realistic option, especially when it comes to time-sensitive medical procedures such as abortion.

⁹Asiedu-Frimpong, M., & Ziminski, D. (2025). *Transportation in South Jersey: What We’ve Heard a Year Later*. Senator Walter Rand Institute for Public Affairs.

¹⁰Murphy, P. (2025). *Governor announces expanded electric bus fleet in Camden, new bus service for workers between Vineland and Atlantic City, and expanded microtransit for rural and underserved communities in South Jersey*. Office of the Governor, State of New Jersey.

Geographic Access to Surgical Abortion Providers in New Jersey with Vehicle Vulnerability

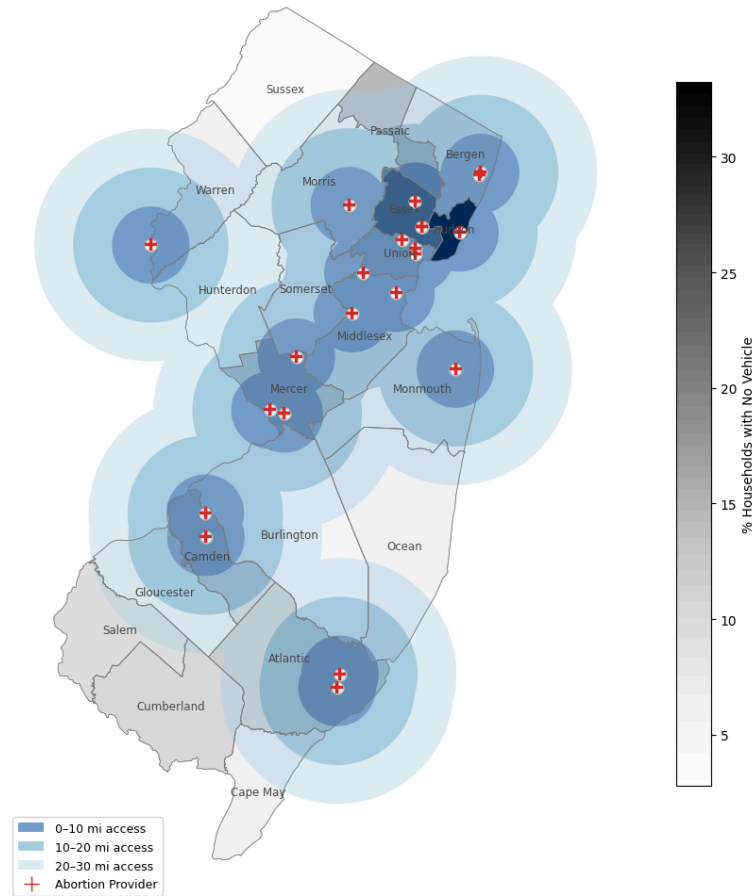


Figure 2: Geographic distance and vehicle access to full-service procedural abortion providers in New Jersey

Note: Distance categories indicate approximate distance in miles from the population-weighted county centroid to the nearest full-service (procedural) abortion provider. Areas classified as “within 10 miles,” “within 20 miles,” or “within 30 miles” represent increasing distance bands from the nearest provider location. These categories illustrate relative geographic proximity and do not reflect actual travel distance or travel time, which may vary depending on residents location within a county.

Demographic & Social Vulnerability

While access to abortion providers is partly dependent on geographic location, demographic factors at the county level also play a role and may make the difference between obtaining care and not. County-level data from the American Community Survey, collected over the past five years, show that some counties have greater social vulnerability than others. Table 1 shows that Gloucester, Camden, and Cumberland have the highest percentage of women of reproductive age. Cumberland County also has a higher percentage of residents living below the poverty line (16.3%) and leads all South Jersey counties in the percentage of uninsured residents (10.2%). Camden County, although home to a surgical abortion provider, also has one of the highest poverty rates in the region (12.2%) and an uninsured rate of 6.3%.¹¹

While Camden County may appear to have adequate provider access, Table 1 illustrates that barriers such as higher uninsured rates and elevated poverty levels still limit many residents' ability to obtain timely care. In counties like Cumberland, where both poverty and uninsured rates are the highest in South Jersey, these socioeconomic disadvantages compound already limited access to providers. The combination of lower-than-average car ownership, limited reliable transportation options, and concentrated socioeconomic disadvantage means that obtaining reproductive healthcare becomes significantly more difficult for many residents in a state with a permissive legal framework.

Within reproductive health research, race and ethnicity are consistently associated with disparities in both access and outcomes.¹² Figure 3 shows that Cumberland County has some of the highest percentages of both Black and Hispanic residents in South Jersey, the two racial groups that nationally experience higher rates of barriers related to insurance coverage, transportation, and healthcare access. While this report does not draw causal conclusions, these patterns may suggest that access challenges in South Jersey disproportionately affects communities of color, since these are also the counties experiencing increased economic and transportation vulnerabilities.

Table 1: Socioeconomic and demographic indicators for South Jersey counties

| County | % Women 15–44 | % Below Poverty | % Uninsured | Median Income | % Bachelor's+ | % White | % Black | % Hispanic | % Unemployed |
|------------|---------------|-----------------|-------------|---------------|---------------|---------|---------|------------|--------------|
| Atlantic | 35.1 | 13.1 | 7.5 | \$76,819 | 20.7 | 54.5 | 13.2 | 19.9 | 8.1 |
| Burlington | 35.8 | 6.8 | 3.8 | \$105,271 | 26.8 | 63.7 | 15.8 | 9.2 | 5.1 |
| Camden | 38.2 | 12.2 | 6.3 | \$86,384 | 21.5 | 53.4 | 17.7 | 18.7 | 6.9 |
| Cape May | 27.4 | 8.7 | 5.6 | \$88,046 | 23.3 | 84.4 | 3.1 | 8.1 | 6.0 |
| Cumberland | 36.6 | 16.3 | 10.2 | \$64,499 | 12.0 | 41.9 | 17.1 | 35.0 | 7.5 |
| Gloucester | 38.0 | 7.6 | 4.3 | \$102,807 | 23.6 | 75.0 | 10.0 | 7.8 | 5.2 |
| Ocean | 31.2 | 10.4 | 4.2 | \$86,411 | 21.7 | 81.8 | 2.9 | 10.6 | 5.5 |
| Salem | 34.5 | 12.8 | 5.1 | \$78,412 | 15.5 | 71.0 | 13.3 | 3.1 | 7.5 |

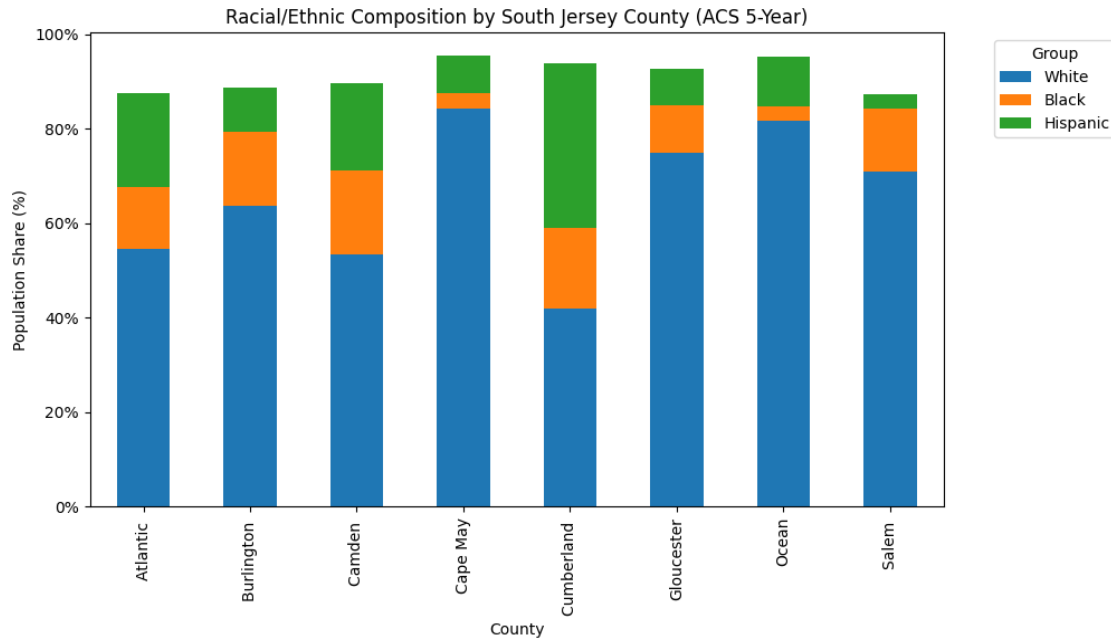
Note. County-level indicators are drawn from the American Community Survey (ACS) 5-year estimates. Percentages reflect county averages for the most recent available 5-year period.

Public Opinion: What New Jersey Residents Believe

Using fifty years of General Social Survey data, the results show that the majority of New Jersey residents support abortion being legal (approximately 70%). As shown in Figure 4, support for abortion legality has consistently met the threshold in four out of the six abortion circumstances measured by the GSS (see Appendix for a breakdown of the survey questions). This level of support has remained stable

¹¹U.S. Census Bureau. *American Community Survey*, 5-year estimates.

¹²Watson, K. (2022). *The ethics of access: Reframing the need for abortion care as a health disparity*. *The American Journal of Bioethics*, 22(8), 22–30. <https://doi.org/10.1080/15265161.2022.2075976>



Note: This graph shows the racial and ethnic composition by South Jersey County. Population share is shown as a percentage.

Figure 3: *Racial and ethnic composition of South Jersey counties.*

across time, with the exception of the mid-1980s when support briefly dipped below four circumstances. Importantly, even among groups that traditionally report lower support for legal abortion.¹³ New Jersey residents still show relatively high approval, as shown in Table 1A, conservatives in New Jersey average 3.95 supported circumstances, while residents who attend religious services weekly average 3.48.

While it is clear that residents of New Jersey overwhelmingly support the legality of abortion, the access issues currently occurring in South Jersey are not driven by public opinion. Instead, barriers to access may be associated with rural geographic isolation, limited public transportation options, higher rates of poverty, and the number of uninsured residents. Together, these factors have created conditions in which there is strong public support for reproductive rights but limited, on-the-ground access for many South Jersey residents.

¹³Adamczyk, A., & Valdimarsdóttir, M. (2018). *Understanding Americans' abortion attitudes: The role of the local religious context*. *Social Science Research*, 71, 129–144. <https://doi.org/10.1016/j.ssresearch.2018.02.002>

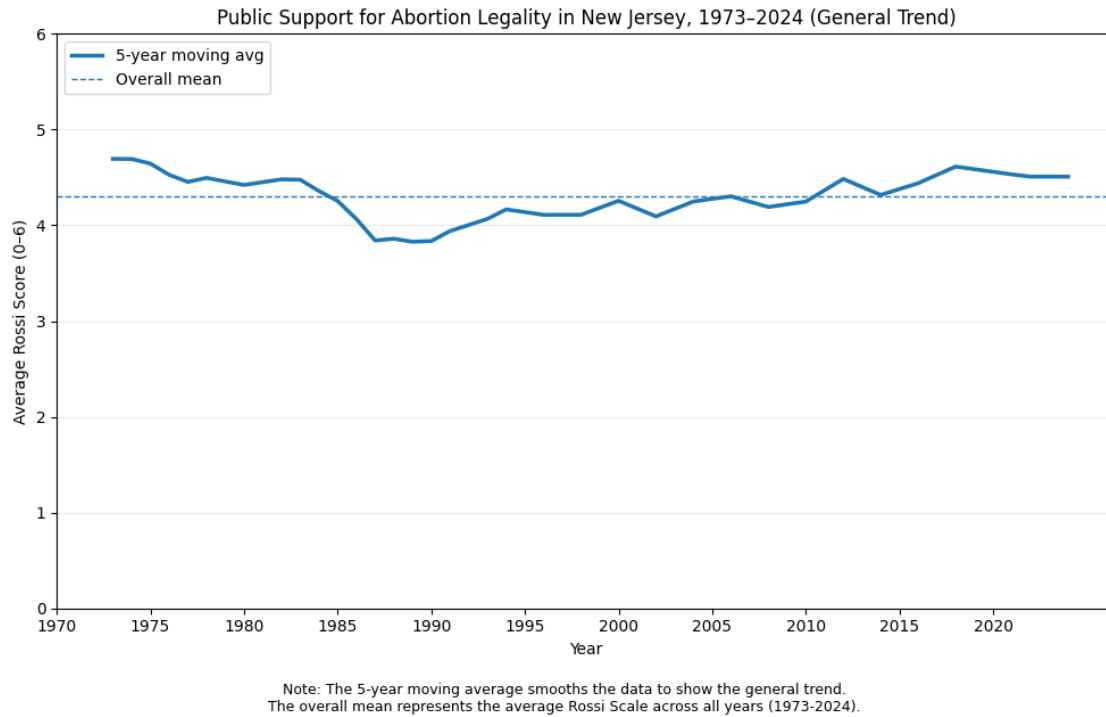


Figure 4: *Public support for abortion legality in New Jersey, 1973–2024.*

Policy Implications and Recommendations

The findings of this report show that while New Jersey maintains a permissive legal framework governing reproductive rights and while residents in central and northern New Jersey typically live within 10 miles of an abortion provider access in South Jersey tells a different story. South Jersey has fewer surgical abortion providers and faces compounded socioeconomic barriers, including elevated poverty rates, lower insurance coverage, and higher levels of geographic isolation. Taken together, these conditions create a context in which legal access does not always translate into practical, on-the-ground access to care.

One practical policy response is for state and county agencies to expand community outreach efforts to ensure that residents in rural and sparsely populated counties are aware of where and how to access abortion care. Because access varies substantially across South Jersey, for instance some counties offer medication abortion only, others lack both medication and surgical services, and a small number provide both outreach efforts should be tailored at the county level. Targeted outreach can ensure that residents understand what services are available within their county and where they must travel to obtain care when services are not locally available. Clear, accessible information about the location of the nearest clinic, available services, and transportation options can help reduce informational and practical barriers that delay care.

In addition, the limited availability of public transportation across much of South Jersey presents a significant obstacle for residents who must travel long distances to obtain procedural abortion services. Expanding bus routes or improving transportation connectivity to counties with existing providers would help mitigate travel related barriers and improve access for residents without reliable personal transportation. While bus routes are one practical solutions, fixed-route public transportation alone may be insufficient for residents seeking time-sensitive medical care, particularly in rural counties where transit schedules are limited and clinic locations are not well served by existing routes. Other recommendations

include supplemental transportation assistance programs, such as travel vouchers, mileage reimbursement, or partnerships with ride-share services, could further reduce transportation barriers for residents who must travel across county lines to obtain procedural abortion services.¹⁴

Future Research

While this research maps abortion access across South Jersey and identifies key socioeconomic and geographic disparities at the county level, future research should build on these findings by examining how residents experience these barriers in practice. Qualitative research methods, such as interviews or focus groups with South Jersey residents, healthcare providers, and community organizations, would provide valuable insight into how structural barriers such as transportation limitations, cost, and insurance coverage shape individuals' ability to obtain care. Additionally, while this analysis focuses on county level patterns, future research should examine access at the community or neighborhood level. County level measures may obscure meaningful variation within counties, particularly in larger or more geographically diverse areas. More localized analyses could help identify pockets of heightened vulnerability that are not visible in aggregate county data.

Future research should also examine how access barriers differ across specific populations. In particular, adolescents may face unique challenges related to confidentiality, transportation, and knowledge of available services that are not fully captured in county level data. Understanding how these barriers operate for younger populations would help inform more targeted policy responses. Together, additional qualitative and population-specific research could deepen understanding of how abortion access gaps are experienced on the ground and guide the development of policies that more effectively address regional inequities in South Jersey.

¹⁴Murphy, P. (2025). *Governor announces expanded electric bus fleet in Camden, new bus service for workers between Vineland and Atlantic City, and expanded microtransit for rural and underserved communities in South Jersey*. Office of the Governor, State of New Jersey.

Appendix

Table 1A: Summary statistics for abortion attitudes in New Jersey (GSS)

Table 1A: Mean Support for Abortion Legality in New Jersey by Socio-Demographic Characteristics, 1973–2024

| Variable | Category | N (Sample Size) | Mean (0-6) | 95% Confidence Interval |
|----------------------|----------------------|-----------------|------------|-------------------------|
| Sex | Male | 901 | 4.36 | 3.95 - 4.77 |
| | Female | 1,183 | 4.12 | 3.75 - 4.50 |
| Race | White | 1,563 | 4.47 | 4.34 - 4.60 |
| | Non-White | 524 | 3.88 | 3.59 - 4.17 |
| Degree | No college degree | 1,381 | 4.23 | 4.08 - 4.37 |
| | Some college | 104 | 3.93 | 3.25 - 4.61 |
| | College graduate+ | 599 | 4.83 | 4.61 - 5.04 |
| Marital Status | Married | 1,151 | 4.41 | 4.26 - 4.56 |
| | Non-Married | 934 | 4.25 | 4.04 - 4.46 |
| Religious Attendance | Never/2x/year | 864 | 4.93 | 4.78 - 5.07 |
| | Several Times/yr | 632 | 4.43 | 4.21 - 4.65 |
| | Nearly/every week | 493 | 3.48 | 3.21 - 3.75 |
| | Several times a week | 89 | 2.16 | 1.49 - 2.84 |
| Party ID | Democrat | 744 | 4.35 | 4.16 - 4.54 |
| | Independent | 837 | 4.42 | 4.23 - 4.61 |
| | Republican | 458 | 4.25 | 3.97 - 4.52 |
| | Other | 36 | 4.55 | 3.62 - 5.49 |
| Political Ideology | Liberal | 570 | 4.64 | 4.42 - 4.86 |
| | Moderate | 756 | 4.37 | 4.17 - 4.58 |
| | Conservative | 514 | 3.95 | 3.70 - 4.21 |
| Religion | Christianity | 1,589 | 4.16 | 4.02 - 4.30 |
| | Judaism | 107 | 5.67 | 5.46 - 5.89 |
| | Islam | 13 | 4.49 | 2.87 - 6.12 |
| | Eastern Religions | 28 | 5.25 | 4.77 - 5.73 |
| | None | 221 | 5.02 | 4.71 - 5.33 |
| | Other | 45 | 4.43 | 3.61 - 5.26 |

Note. Data are drawn from the General Social Survey (GSS). The GSS was conducted annually through 1994 and transitioned to a biennial survey beginning in 1996.

Table 1B: Abortion attitude variables and survey wording (GSS)

| Variable | Survey Question (GSS Wording) | Coding |
|-----------------|---|-----------------|
| ABHLTH | Legal if woman's health seriously endangered? | 1 = Yes, 0 = No |
| ABDEFECT | Legal if serious defect in baby? | 1 = Yes, 0 = No |
| ABRAPE | Legal if pregnancy resulted from rape? | 1 = Yes, 0 = No |
| ABPOOR | Legal if family cannot afford more children? | 1 = Yes, 0 = No |
| ABNOMORE | Legal if married woman does not want more children? | 1 = Yes, 0 = No |
| ABSINGLE | Legal if woman is not married and does not want to marry the man? | 1 = Yes, 0 = No |

Note. Question wording is reproduced verbatim from the General Social Survey (GSS). Responses coded as 1 indicate support for legal abortion under the specified condition; responses coded as 0 indicate opposition.

Table 1C: Distance to nearest surgical abortion provider and vehicle access by county

| County | Surgical Provider in County | Distance to Nearest Provider (Miles) | Households With No Vehicle (%) |
|---------------|--|---|---|
| Camden | Yes | 0–10 | 10.6 |
| Atlantic | Yes | 0–10 | 11.7 |
| Burlington | No | 11–20 | 4.5 |
| Gloucester | No | 21–30 | 5.3 |
| Cumberland | No | 21–30 | 10.2 |
| Salem | No | 21–30 | 9.5 |
| Cape May | No | 21–30 | 6.3 |
| Ocean | No | 21–30 | 5.9 |

Note. Distance categories reflect approximate mileage bands to the nearest surgical abortion provider. Vehicle access represents the percentage of households with no vehicle available, calculated by the author using American Community Survey (ACS) Table B08201 (5-year estimates).

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