

## Sarah Roberts, DrPH

### Associate Professor



**Sarah Roberts, DrPH**, is an Associate Professor at ANSIRH, at the University of California, San Francisco. She studies the ways that policies and the health care system punish, rather than support, structurally vulnerable pregnant women, including pregnant women using alcohol and drugs and pregnant women considering abortion. Dr. Roberts' current research focuses on evaluating state-level restrictive abortion policies and state-level policies targeting alcohol and drug use during pregnancy, and developing an evidence-base to inform a genuine public health approach to abortion.

Dr. Roberts is also leading a project to engage public health professionals working in health departments in reflecting on abortion-related work in health departments and opportunities to align this work with accepted public health frameworks. Dr. Roberts has published more than 70-peer reviewed manuscripts and has received grant funding from multiple private foundations as well as the National Institutes of Health. Dr. Roberts' work has been published in *JAMA*, *American Journal of Public Health*, *Maternal and Child Health Journal*, and *Alcohol and Alcoholism*. Dr. Roberts received her undergraduate degree in history from Columbia University, her MPH and a Graduate Certificate in Women's Studies from the University of Michigan, and her DrPH from the University of California, Berkeley.

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### Research projects and studies

**Turnaway Study.** The Turnaway Study is a prospective longitudinal study examining the mental health, physical health, and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term. From 2008 to 2010, we recruited from 30 abortion facilities around the country to recruit about 1,000 women who sought abortions, some who received abortions because they presented for care under the gestational limit of the clinic and some who were "turned away" and carried to term because they were past the gestational limit.

**Evaluation of Abortion Restrictions Project.** ANSIRH's Evaluation of Restrictions Project aims to examine the effects on women of state-level abortion restrictions and to identify strategies to mitigate the negative impacts. The project started in 2013 and has so far conducted research in ten states and evaluated the effects of a variety of restrictions. We continue to identify states and restrictions to evaluate.

**Georgia's Later Abortion Ban.** Two related studies examining the effects of Georgia's later abortion ban that partially went into effect in 2013, and fully went into effect in 2016 and has reduced the availability of abortion care starting at 22 weeks LMP (after last menstrual period).

**Louisiana's Admitting Privileges Law.** An analysis of state-reported data examining the distance women in Louisiana would have to travel for an abortion if Louisiana's 2014 law requiring abortion providers to have admitting privileges at a local hospital went into effect.

**Ohio's Medication Abortion and Transfer Agreement Laws.** An examination of the effects of Ohio's 2011 law mandating use of the FDA-approved protocol for medication abortion rather than the evidence-based regimen used elsewhere, and of the 2013 law requiring all abortion facilities to have transfer agreements with private hospitals.

**Wisconsin's Mandatory Ultrasound Viewing Requirement.** In 2013, Wisconsin began to require abortion providers to display and describe the ultrasound image prior to a woman's abortion procedure. While other studies have examined the effects of ultrasound viewing on women seeking abortion, this study is the first to examine the effects of making such viewing mandatory.

**Utah's 72-Hour Waiting Period.** Utah's 72-hour waiting period, which was first implemented by Utah in 2012, continues to be introduced and passed by legislators in states across the country. This study examines how longer waiting periods and two-visit requirements affect women seeking abortion. It also looks at decision making and state-mandated information.

**Responding to Crisis: Abortion Providers and Current Restrictions on Abortion Care.** Since 2010, restrictions passed by state legislatures may have affected millions of women and caused at least 70 abortion providing facilities to close. ANSIRH's **Evaluation of Abortion Restrictions** project is examining how abortion laws affect women's access to and experience with abortion.

**Public Health Approaches to Abortion Project.** The Public Health Approaches to Abortion project is a series of projects that aim to ground the public and policy debate about abortion regulation and access in scientific evidence and public health principles. Collectively, these projects serve to re-center scientific evidence and public health professional expertise in discussions of abortion patient safety and health department engagement with abortion.

**Drug-Alcohol and Pregnancy Policy Study (D-APPS).**

**Health Department Engagement on Abortion.** Health Department Engagement on Abortion aims to engage public health professionals working inside and outside of health departments in defining the abortion-related public health services health departments should provide. Through this project, researchers have proposed how health departments should engage with abortion care, identifies the type of work around abortion currently being undertaken by health departments, and engages with public health professionals to understand their processes, challenges, and opportunities in facilitating abortion-access and assuring the quality of abortion care.

**Evidence-Informed Facility Standards.** Evidence-Informed Facility Standards explores what evidence-informed facility standards would look like in the context of abortion. Specifically, researchers: describe the existing evidence-base related to general standards for freestanding outpatient facilities that perform procedures; conduct new research to begin building an evidence-base related to facility standards in the context of abortion; and describe how facility standards are established in other contexts, where abortion-related political influences are not present.

**Admitting Privileges and Hospital-Based Care After Presenting for Abortion in Three States.** Several states passed laws requiring abortion providers to obtain hospital admitting privileges. This study explores how obtaining admitting privileges influenced how patient care was managed between abortion facilities and hospitals using retrospective patient data from three states where admitting privilege laws were passed within the last five years.

**Abortion Prenatal Study (Louisiana and Maryland).** A multi-site mixed methods study examining the effects of multiple simultaneous restrictions on abortion care on women's experiences.

## Recent publications

- March 2020. Approaches, barriers, and facilitators to abortion-related work in U.S. health departments: perspectives of maternal and child health and family planning professionals (*BMC Public Health*, March 2020)  
...Request pdf
- February 2020. Experiences of harassment and empowerment after sharing personal abortion stories publicly (*Contraception: X*, February 2020)  
...Request pdf
- February 2020. Variations by Education Status in Relationships Between Alcohol/Pregnancy Policies and Birth Outcomes and Prenatal Care Utilization: A Legal Epidemiology Study (*Journal of Public Health Management & Practice*, February 2020)  
...Request pdf
- January 2020. Complex situations: Economic insecurity, mental health, and substance use among pregnant women who consider – but do not have – abortions (*PLOS One*, January 2020)  
...Request pdf
- January 2020. “My good friends on the other side of the aisle aren’t bothered by those facts”: U.S. State legislators’ use of evidence in making policy on abortion (*Contraception*, January 2020)  
...Request pdf
- November 2019. Gender Equality, Drinking Cultures and Second-Hand Harms from Alcohol in the 50 US States (*International Journal of Environmental Research and Public Health*, November 2019)  
...Request pdf
- November 2019. Experiences of Harassment and Support after Sharing One’s Personal Abortion Story Publicly (November 2019)  
...Request pdf
- November 2019. Women’s Awareness of Abortion Laws in Louisiana (November 2019)  
...Request pdf
- November 2019. re: Expanding Contraceptive Access for Women With Substance Use Disorders Partnerships Between Public Health Departments and County Jails (*Journal of Public Health Management & Practice*, November 2019)  
...Request pdf
- October 2019. Restrictions prevent some women from obtaining wanted abortions (October 2019)  
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## Media coverage

- With the safety of abortion at stake, the Supreme Court could rule against science (Salon, 3.21.20)
- Myths and facts about the anti-abortion Louisiana law before the Supreme Court (Media Matters, 3.3.20)
- Abortion laws must be based on science. The Louisiana law before the Supreme Court is not (Newsweek, 10.8.19)
- Medicaid Coverage Of Abortion Is Becoming Increasingly Popular With Voters (Bustle, 9.30.19)
- Why Warning Pregnant Women Not to Drink Can Backfire (The New York Times, 8.19.19)
- Abortion 'Gag Rule' Goes Into Effect (ColorLines, 6.21.19)
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Lack of Medicaid coverage blocked 29 percent of abortion seekers from getting the procedure, study says (Vox, 6.20.19)

- A New Study Reveals Just How Much The Hyde Amendment Is Hurting Women (The Huffington Post, 6.20.19)
- Abortion Doesn't have to Be Illegal to Be Out of Reach (The American Prospect, 5.14.19)
- These policies were supposed to stop pregnant women from drinking. A new study says they're hurting babies. (Vox, 5.8.19)