LOCAL REPRODUCTIVE FREEDOM INDEX

2017 | EVALUATING U.S. CITIES

A PROJECT OF

NIRH

National Institute for
Reproductive Health

The National Institute for Reproductive Health

(NIRH) builds power at the state and local level to change public policy, galvanize public support, and normalize women's decisions about abortion and contraception. Through our partnership model, we provide state and local advocates with strategic guidance, hands-on support, and funding to create national change from the ground up. We build connections within and across states, arming our partners with the latest knowledge and best tools to advance reproductive freedom for the people in their communities.

EXECUTIVE SUMMARY

The *Local Reproductive Freedom Index: Evaluating U.S. Cities* is a first-of-its-kind initiative by the National Institute of Reproductive Health (NIRH) that evaluates the reproductive health, rights, and justice policies of 40 cities across the United States. Cities have a critical opportunity to innovate in ways that advance reproductive freedom for their residents, and to mitigate a hostile climate created by state and federal governments. The Local Index analyzes the policies in place in 40 of the nation's most populous cities, identifies trends among cities that are successfully improving the reproductive health and lives of their residents, and offers suggestions for how cities can maximize their potential to gain ground on reproductive freedom.

Some examples of the ways that cities demonstrate a commitment to reproductive freedom include (1) protecting abortion clinic access, (2) providing funding and coverage for reproductive health care, (3) supporting young people's access to reproductive health care, (4) supporting families' ability to be financially stable and lead healthy lives, (5) advancing inclusive policies, and (6) taking a stand on reproductive health care issues at play at the local, state, or federal level.

How the Cities Scored

NIRH tracked 37 possible policy indicators within the six categories above, most of which have been adopted by at least one city, and then assigned each city zero to five stars, based on which policies it has in place. Some of our findings include the following:

- The range of scores was 1-4.5 stars. The average score for the 40 cities was two stars.
- No city achieved a perfect score. **Los Angeles, New York City,** and **San Francisco** each received the highest scores of 4.5 stars. Of these three cities, San Francisco has the most policy solutions in place.
- The highest-scoring cities tend to be significantly larger and located in relatively progressive states on the coasts. These cities generally have large budgets that give them a greater ability to implement progressive policies. They also have a long history of advancing social justice causes and have made a renewed commitment in recent years to addressing racial disparities and building a more equitable culture.

Noteworthy City-Specific Highlights

Among top-scoring cities, some of the highlights include that **San Francisco** led the way in developing an innovative strategy to regulate the deceptive practices of crisis pregnancy centers (CPCs); **New York City** coordinated an initiative to increase quality training in abortion care for residents in city medical schools; and **Los Angeles** has made a commitment to comprehensive health care for all residents, including immigrants who are ineligible for federal health care.

City Scores

4.5 STARS	Los Angeles, CA New York City, NY San Francisco, CA
4 STARS	Chicago, IL Philadelphia, PA
3.5 STARS	Seattle, WA Washington, DC
3 STARS	Austin, TX Boston, MA Minneapolis, MN Portland, OR San Diego, CA
2.5 STARS	Baltimore, MD Columbus, OH Denver, CO Fort Worth, TX Indianapolis, IN San José, CA St. Paul, MN
2 STARS	Dallas, TX Houston, TX Miami, FL Milwaukee, WI New Orleans, LA San Antonio, TX St. Louis, MO
1.5 STARS	Atlanta, GA Charlotte, NC Cleveland, OH Detroit, MI El Paso, TX Hartford, CT Las Vegas, NV Louisville, KY Memphis, TN Nashville, TN Oklahoma City, OK Phoenix, AZ Richmond, VA
1 STAR	Jacksonville, FL

Cities not typically recognized as coastal bastions of progressive politics, such as **Baltimore; Columbus, OH;** and **Oklahoma City** also established important milestones for reproductive freedom. In Baltimore, students are able to access the full range of contraception, including long-acting reversible contraceptives (LARCs), at their school-based health centers (SBHCs). In Columbus, a citizen-led effort resulted in the passage of a clinic safety measure to protect patients and clinic staff from harassment by protesters. Oklahoma City recently passed a resolution to protect its LGBTQ population from discrimination in housing.

Finally, several other cities have adopted especially innovative policies worthy of special note. In **Cook County, IL (Chicago),** and **Travis County, TX (Austin),** local initiatives helped cover the cost of abortion for those without coverage; while Travis County's initiative was preempted by state policy, Cook County's remains in place. **Boston's** holistic District Wellness Policy for its school system provides a model of what comprehensive sexuality education (CSE) should be, recognizing the importance of K-12 education that is LGBTQ-inclusive. **St. Louis, MO** stepped up its advocacy in 2017 by passing an ordinance to protect its residents from discrimination based on their reproductive health decisions, despite threats from the state to preempt it.

Trends in Local Advances in Reproductive Freedom

Leading the resistance: One of the trends that quickly emerged from the 40-city analysis is the role that localities play in leading the resistance to the Trump administration's attempts to dismantle the country's safety net and target the most under-represented populations here and abroad. For example, by 2016, 21 cities[1] evaluated in the Local Index already had policies opposed to Trump's anti-immigrant agenda, and several cities have begun to reaffirm and even strengthen their policies that protect immigrants.

Protecting abortion access and speaking up for reproductive freedom: The open hostility to reproductive rights on the federal level has heightened and compounded the existing challenges to accessing abortion care, whether it is even more aggressive harassment from protestors at abortion clinics, the proliferation of deceptive CPCs, or further state-level restrictions on abortion. From 2015 to 2017, eight cities[2] in the Local Index have continued to enforce or have enacted new clinic safety ordinances to protect staff, volunteers, and patients. And city leaders have used their public platform to take a stand against the federal government's harmful rhetoric and destructive policies — nine

cities[3] have passed progressive resolutions urging Congress to take action on federal policy, such as by passing the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act, passing the Women's Health Protection Act (WHPA), and by opposing the Prenatal Nondiscrimination Act (PRENDA). Eleven cities[4] passed resolutions endorsing an affirmative stance on other state or federal reproductive health care issues.

Supporting sexual and reproductive health: Cities are used to working to improve health care for residents, and a substantial number in the Local Index have made advances in this arena, such as by providing their own funding for sexually transmitted infection (STI) prevention and treatment (32 cities[5]) and family planning (23 cities[6]), training health care providers in aspects of reproductive health care such as cultural competency or youth-friendly care (10 cities[7]), and funding for contraception (23 cities[8]).

Educating the next generation: Education has long been considered primarily a local responsibility, making it a customary and high-level priority for many cities. As a result, cities often lead in developing creative ways to support young people in their communities. Seventeen cities[9] in the Local Index have some form of a CSE curriculum. Twenty-eight cities[10] provide some form of reproductive health care in at least one SBHC.

The Model City

Since none of the 40 cities evaluated — and, indeed, no city in the United States — has achieved everything it can to advance reproductive freedom, the Local Index also outlines a Model City. This is essentially the blueprint for a city that uses the full extent of its policy and programmatic powers to foster thriving families, support people's reproductive and sexual health decisions, and destigmatize abortion and contraception. The Model City is undoubtedly aspirational, but ultimately achievable.

This Local Index is the logical outgrowth of NIRH's history of advocacy for reproductive health, rights, and justice at the municipal level. It recognizes the leadership of those working in cities to improve the health and well-being of the women[11] and families in their communities. It also serves as a call to action and a roadmap, identifying opportunities for progress and providing models advocates and policymakers can draw upon for inspiration. They can refer to the Local Index now and in the months and years to come for instructive guidance on ways to push back against hostile state and federal climates and improve reproductive freedom for residents of their cities.

WHY A LOCAL REPRODUCTIVE FREEDOM INDEX?

NIRH envisions a world in which everyone has the freedom and ability to control their reproductive and sexual lives. Today, the prospects for achieving this vision may look bleak, as reproductive health, rights, and justice are under unprecedented attack at the federal and state levels. Yet, municipalities stand ready to resist and advance.

Nimble and powerful, cities frequently serve as engines of progress, directly challenging regressive federal and state policies with initiatives that strive to give their residents the opportunity to achieve their full potential and lead safe, healthy lives. Cities have also become key access points for reproductive health care, even for those who may live many hours away from the nearest urban area.

For these reasons, now is an opportune time to build upon the impressive work that has already taken place at the local level to further enable cities and counties to become safe havens for reproductive freedom by sharing lessons learned and identifying new areas of promise.
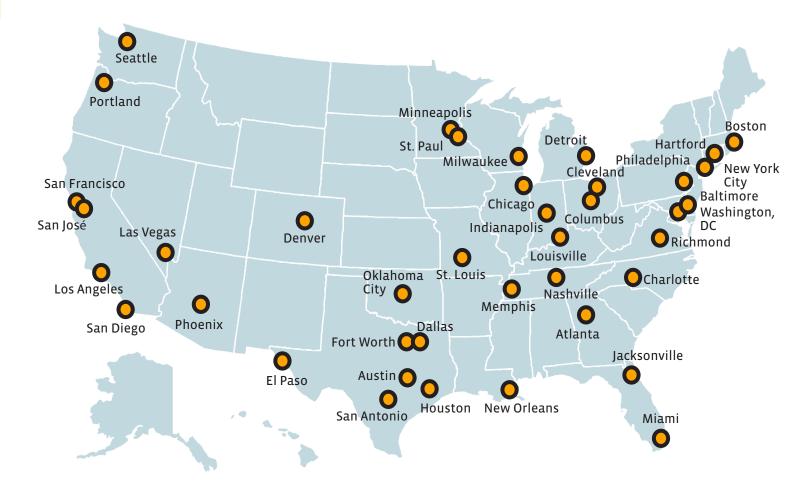
Progressive, "blue" cities located in similarly blue states, for instance, have shown that they can be pioneers, developing cutting-edge policies that lead the way for their state and the nation. In **St. Paul, MN**, for example, a successful city-level paid family leave policy became a catalyst for the state

government to follow suit.[12] A recent **San Francisco** ordinance highlighted the importance of regulating crisis pregnancy centers (CPCs), and the state of California soon followed with a statewide measure requiring these centers to make clear the services they do and do not provide. The **Cook County** Board of Commissioners' resolution calling for both repeal of the Hyde Amendment and passage of the EACH Woman Act in Congress was an important factor in Rep. Jan Schakowsky's (Illinois' 9th Congressional District) decision to sign on as a sponsor of that federal legislation.

Blue cities located in more conservative, "red" states play a critical role in protecting access to reproductive health care, including abortion, particularly as their state legislatures seek to undermine, if not eliminate, those services. Promoting proactive policy at the local level in these states can also serve to refresh and reenergize activists and advocates who, too often, face setbacks on the state level. Municipalities such

CITIES FEATURED IN LOCAL INDEX

After years of unprecedented attacks on reproductive freedom in states across the country, cities have become centers of reproductive health care even for those who may live many hours away from the nearest urban area.

as **Louisville, KY**; **New Orleans, LA**; **St. Louis, MO**; and several large cities in **Texas** have each taken important steps in this direction. NIRH celebrates the commitment and drive of the leaders in these cities in particular, who often have to work twice as hard to pass the policies and implement the programs discussed in this report, overcoming both political barriers and cultural stigma.

Yet while much that is documented in the Local Index deserves praise, it is also clear that cities can do more to expand access to abortion specifically and reproductive and sexual health information and services more broadly, and to voice their support for such policies at every level of government that can advance those goals. The demonstrated success of other social justice movements, evidenced by the economic, LGBTQ, and immigrants' justice policies many cities have in place, suggests there is much potential for further progress. There is also a thriving progressive culture, to varying degrees, in the 40 cities profiled, and a growing reproductive justice movement, which, by its nature, is a local movement as it focuses on a broad range of intersecting issues and oppressions coupled with a strategy to build

power in the communities most impacted by them.

In creating this Local Index, NIRH has built upon its long history of policy advocacy across the country, including a decade of experience at the local level. In 2008, NIRH launched the Urban Initiative for Reproductive Health to serve as a catalyst for progress for reproductive health, rights, and justice. At the time, not many advocacy efforts focused on the local level, despite the robust possibilities for cities and counties to improve reproductive health outcomes. Since then, through the Urban Initiative alone, NIRH has provided more than a million dollars in funding and millions more in strategic and technical support for local-level advocacy to 58 organizations in 50 cities, across 24 states and the District of Columbia. This is in addition to our state partnerships, which total 33 partners in 37 states. NIRH has also sustained a robust network that now connects hundreds of advocates, elected leaders, and public health officials across the country.

TOP TRENDS
IN REPRODUCTIVE
FREEDOM

NIRH's analysis of the reproductive health, rights, and justice policies of 40 cities and counties across the United States identified distinct trends in how some cities are protecting and advancing reproductive freedom. As leaders in cities continue to exercise their powers, innovate solutions to federal- and state-level setbacks, and address the on-the-ground realities of city residents, these trends offer important insights for progressive local officials and advocates alike.

A BURGEONING TRUMP RESISTANCE

As the Trump administration attempts to dismantle the country's safety net and target the most under-represented populations in this country and abroad, cities are leading the resistance against his devastating policies and harmful rhetoric. Prior to the 2016 presidential election, some of the most pointed and visible signs of resistance came from cities that passed resolutions condemning Trump's hateful rhetoric on the campaign trail: the City Council of **St. Paul, MN** passed such a resolution in 2015, and cities such as **Baltimore, New York City,** and **San Francisco** followed suit in 2016. Following the election, cities across the country have continued to pass these resolutions and have hosted protests and demonstrations that make clear the power of grassroots organizing.

Local policies that stand in opposition to the anti-immigrant agenda of the Trump administration were already widespread, represented in 21 cities[13] in the Local Index. Sanctuary city status, municipal ID programs, and the establishment of offices of immigrant affairs have been strategies cities have long employed to protect undocumented people and their families and, equally important, to help them feel safe accessing services — including reproductive health care. In the wake of Trump's election, cities have begun to reaffirm and even strengthen their policies, particularly those that strive to protect immigrants, and new municipalities are following suit (even as a handful, like **Miami,** have repealed their provisions in the

face of threats from the Trump administration). This largely affirmative trend is particularly noteworthy as explicit federal and state policies make it difficult for immigrants to access health care and nearly impossible for undocumented immigrants to do so — and now increasingly aggressive Immigration and Customs Enforcement (ICE) policies further threaten many communities.

PROTECTING AND EXPANDING ACCESS TO ABORTION

Cities are fighting back against direct local-level challenges to accessing abortion care, such as the proliferation of deceptive crisis pregnancy centers (CPCs) and harassment from protesters at abortion clinics, all compounded by the open hostility to reproductive rights from the federal and most state governments. Some advocates and lawmakers were concerned that abortion clinic protection measures, long a city-led strategy, would be threatened by the Supreme Court ruling in *McCullen v. Coakley.*[14] However, the Court's decision, striking down a state-level 35-foot buffer zone, focused on the local nature of clinic violence and suggests that localized policy solutions are potentially the more appropriate response. In the two years since *McCullen,* eight cities[15] in the Local Index have continued to enforce or have enacted different types of clinic safety ordinances to protect staff, volunteers, and patients at their clinics, with, most recently, the City Council in **Columbus, OH** unanimously enacting a clinic protection ordinance in 2016. Information gathered in interviews with local advocates, such as those in **Louisville, KY** and **St. Louis, MO** that are home to the only abortion clinic left in their respective states, indicates that the harassment has become even more aggressive and protestors more emboldened in the wake of

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REPRODUCTIVE NONDISCRIMINATION ORDINANCE (ST. LOUIS)

While the Local Index does not include policies enacted after December 31, 2016, all signs point to a growing resistance to the anti-choice Trump administration. One more recent example of this is the Reproductive Health and Pregnancy Nondiscrimination Ordinance passed by the Board of Aldermen in St. Louis, MO in February 2017. Passed despite organized opposition from the state government and from the Catholic Archdiocese, this measure protects St. Louis residents from discrimination based on their personal decisions to raise a family or access reproductive health care, including abortion.

Based on a model of passing city-by-city non-discrimination ordinances established by LGBTQ rights activists, this policy gained widespread media attention and support within the context of the new Trump presidency. While the governor of Missouri called a special session specifically to usurp this innovative policy advance, initial legal research indicates the bill he proposed may not effectively preempt the law. Regardless of the ultimate outcome, this policy has energized the local activist community and built relationships with and leadership of local elected officials — a powerful win for a city located in one of this country's most restrictive states for reproductive health, rights, and justice.

Trump's election, making it more important than ever for cities to consider moving forward with clinic safety ordinances tailored to their circumstances.

To a large extent, crisis pregnancy centers (CPCs) exist to dissuade women from having abortions, in many cases using lies, misinformation, pressure, shame, and sometimes outright fraud. The harm inflicted by CPCs is most serious when they go beyond distorting information to using deceitful tactics to trick women into walking in the door, such as setting up across the street or next door to an abortion clinic with a near-identical name or buying online ads targeting women searching for abortion clinics. Several cities have acted to regulate CPCs and to ensure potential clients are aware of what services these entities do and do not provide. These ordinances must balance the rights of individuals, whether operating within CPCs or not, to speak freely, with the rights of women to seek health care without fraud and harassment. While ordinances in **Baltimore** and **Austin, TX** were struck down by the courts, a **San Francisco** ordinance and a substantial portion of a **New York City** ordinance have been upheld. San Francisco's deceptive advertising regulation prohibits CPCs from making misleading statements or posting deceptive advertisements about their services, while New York City's law requires CPCs to disclose whether they have a medical provider on staff and to maintain the confidentiality of personal and medical information, offering important protections for women.[16]

Finally, it is increasingly important for city and county governments to use their public platform to take a stand against attacks on access to reproductive health care, and to show support for affirmative policies, even if they are unable to act due to limits on their authority. Measures such as resolutions are important for educating the community on important issues, countering regressive narratives, building political leadership, and setting the stage for future policy change on the local level. Among the many ways that a city

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THE RESIDENCY TRAINING INITIATIVE (NEW YORK CITY)

At NYC Health + Hospitals (H+H), the nation's largest hospital system, the Residency Training Initiative (RTI) serves to establish, improve, and expand abortion and family planning training.[17]

At its launch in 2002, the RTI included an evidenced-based renovation of the physical space and structure of centers that provide abortion care, allowing for centralized and easily accessible care, and an updating of abortion services and protocols to bring the hospitals in line with best practices. The RTI continues to ensure that all members of the H+H community, including attending physicians, residents, and support staff, have access to quality abortion training by ensuring that abortion services take place where residents are already rotating and allowing those with objections to formally opt out of training rather than making the training opt-in.

The RTI has increased the number of providers who are trained to offer quality abortion care, and a recent study showed that the RTI's impact has also been to legitimize and destigmatize abortion care throughout the hospital system. This initiative requires ongoing monitoring and implementation to ensure it remains robust and effective, especially as mayoral administrations change.

can take a stand, nine[18] have passed progressive resolutions urging Congress to enact federal legislation, including the EACH Woman Act, the Women's Health Protection Act (WHPA), and/or the Prenatal Nondiscrimination Act (PRENDA). Eleven cities[19] passed resolutions endorsing a pro-choice stance on other state or federal issues, and 23[20] cities have passed resolutions in which the local government has stood against discrimination in some form.

PROMOTING ACCESS TO REPRODUCTIVE HEALTH CARE AND FAMILY PLANNING SERVICES

Health care provision is inherently local; it takes place patient by patient, appointment by appointment. In many states across the country, cities serve as the point of care for those who live in suburban and rural areas, meaning that city policies reverberate beyond their borders. The federally funded network of Title X clinics and federally qualified health centers form a vital core of the safety net for family planning care that cities are building upon by providing their own funding for sexually transmitted infection (STI) prevention and treatment (32 cities[21]) and family planning (23 cities[22]), training health care providers in aspects of reproductive health care (10 cities[23]), and supporting breastfeeding (22 cities[24]).

These initiatives not only demonstrate each city's commitment to reproductive health and family planning services, but they also ensure that residents — particularly those who do not qualify for Medicaid — can access quality care. It is essential to note that city funding can never replace the substantial role that state and federal programs play in ensuring access to health care;

instead, the infrastructure these programs provide enables cities to use their resources to develop innovative initiatives tailored to local needs.

SUPPORTING YOUNG PEOPLE

Education has long been considered primarily a local responsibility, making it a customary and high-level priority for many cities. As a result, cities often lead in developing creative ways to support young people in their communities. Under the Obama administration, federal funding for comprehensive sexuality education (CSE) increased,[25] and cities, including **Boston** and **Chicago** adopted an age-appropriate, pre-K-12 CSE curriculum. Seventeen cities[26] in the Local Index have some form of a CSE curriculum, while 16 cities[27] have an abstinence-plus policy in place.

National data show that rates of pregnancy among adolescents have dropped,[28] and this is reflected in local-level data. Efforts to provide care to teens in schools, where many of them already are much of the day, is an exciting new trend, with some form of reproductive health care available in at least one school-based health center (SBHC) in 28 cities[29] in the Local Index. Programs like Connecting Adolescents to Comprehensive Healthcare (CATCH) in **New York City** allow teens to access contraception, including IUDs and implants, in certain SBHCs. The Department of Public Health in **Philadelphia** provides STI testing and treatment for all high school students once a year. These innovative programs help ensure that teens have a safe place to go for the consistent care they need; SBHCs have also been leaders in offering confidential care to young people, providing a model to states looking to implement such policies more broadly.

Thirty-one Local Index cities[30] also offer support to pregnant and parenting youth, providing programs like education focused on maintenance of

FUNDING ABORTION CARE
(TRAVIS COUNTY, TX)

In Travis County, TX, which encompasses the city of Austin, the Medical Access Program (MAP) provided access to abortion coverage for eligible residents for many years, connecting patients to a network of local providers. Funded by the Travis County Healthcare District and administered by the City of Austin Community Care Services Department, this innovative program was a lifeline for Texans in need. However, in 2011, the state passed an omnibus bill that included a provision that would deny state funds to county hospital districts that used their own funds to pay for abortion care, forcing the county health board to end the program.

This policy demonstrates both the tremendous potential and the many challenges that local advocates face. MAP was a unique and essential resource for the community, but it ultimately faced preemption — an ironic turn of events in a state whose elected officials frequently trumpet their commitment to independent government rule. While the state's effective "reversal" of this policy is unfortunate, advocates should not be discouraged from working with their leaders to consider whether such an option may be available in their communities and whether funds that cannot be regulated by the state may be used. This is especially important in states with laws that mirror the federal Hyde Amendment by banning coverage of abortions with state Medicaid dollars.

their family size, childcare, or sick leave policies that help them reach graduation. A **Multnomah County, OR** initiative also includes specific programs that support young fathers. It is equally important that cities work to educate young people on sexuality, contraception, and decisions about parenthood without stigmatizing and shaming certain groups. **Milwaukee, WI** and **New York City** have been criticized for teen pregnancy prevention campaigns that stigmatized young parents and pregnant trans and gender non-conforming people.[31]

ATTACKS ON REPRODUCTIVE FREEDOM

While the Local Index focuses on opportunities for cities to support reproductive health, rights, and justice, cities are not immune from attacks like those seen on the state and federal levels. The anti-choice movement began community by community and church by church; it organizes itself around countering local clinics and turns to local policy as a strategy when state-level attacks are unsuccessful. After suffering multiple defeats in state-level ballot initiatives, even in Mississippi and South Dakota, the leader of the personhood movement indicated the intention to shift to a city- and county-level strategy. While this effort has not yet materialized, anti-choice activists did attempt — unsuccessfully — to ban abortion after 20 weeks in **Albuquerque, NM** in 2013 via a local ballot initiative.[32] Cuts to family planning funding overall, or to Planned Parenthood in particular, as happened in **Shelby County, TN,** have become more common in cities, functioning as a microcosm of similar cuts and funding bans on the state and federal levels. The

arch-conservative behemoth American Legislative Exchange Council (ALEC) has launched the American City County Exchange (ACCE) to bring its brand of aggressive model legislation, which has been effective in advancing disastrous policy in the states, to the local level.[33] For these reasons, it is vital that advocates and public officials remain vigilant against such attacks by tracking proposed local legislation or resolutions and government meeting agendas and keeping abreast of local anti-choice organizations' activities.

ground up, as shown by the rapid successes of the Fight for $15 movements (eight cities),[36] building on decades of local labor organizing.

This progress demonstrates the opportunities that lie ahead as the local movement for reproductive freedom deepens its engagement and forges partnerships with allied social justice movements.

THE PROGRESS OF ALLIED SOCIAL JUSTICE MOVEMENTS

Some of the most inspiring examples of what cities can achieve can be found in the significant progress of social justice movements that intersect with reproductive rights. This reflects years of laying the groundwork to build power on the local level by these movements. A seminal moment in the local efforts to achieve justice for LGBTQ populations was the passage of a nondiscrimination ordinance around gender identity in **Minneapolis** in the 1970s. Today, more than half of the Local Index cities have similar policies in place for municipal employees (33 cities[33]) or all employees (30 cities[34]). Economic justice victories have similarly grown from the

For specific cities reflecting any of these trends, refer to the Comprehensive Scorecard on p. 72. Or go to localrepro.org.

A NOTE ON REPRODUCTIVE JUSTICE FOR INCARCERATED WOMEN

Access to humane, noncoercive reproductive health care and support for women who are pregnant or parenting are issues of vital importance within jails and prisons. Ensuring such treatment, as well as advocating for alternatives to incarceration that keep families together, is an important responsibility of local advocates, officials, and community members, whose cities often include jails and/or prisons and whose residents populate them. This is a tenet of our Model City, but this issue was not included in calculating each city's score. While NIRH believes it is essential to track both the policies and real-life practices of cities, counties, and their local jails and prisons, including a measure related to this issue was beyond the scope of this report.

Why this report does not evaluate treatment of incarcerated women

Jails are generally overseen by local authorities and their administration directly connects to local policy. Prisons, however, are generally run by state and federal governments, and therefore jurisdiction over them does not fall to local officials. Other facilities that detain people are also important to evaluate, including lockups and detention centers. Yet, the agency or official overseeing these facilities vary from place to place, complicating any comprehensive assessment of that oversight. Unless regulated by state or local legislation, identifying policies on health care for incarcerated people requires significant outreach to administrators to collect. Even when such policies are able to be collected and tracked, it is vital to work with incarcerated and formerly incarcerated people, the advocates who work with them, and with jail staff to determine if and how policies are being implemented. The vulnerability of these populations and the relative lack of oversight of day-to-day operations in jail means that written policies should not be taken at face value. Finally, the scope of services that can and should be provided to incarcerated people — including but not limited to access to gynecological care and contraception; sufficient menstrual hygiene products; prenatal, perinatal, and postpartum care; breastfeeding support; nursery programs for those who are parenting; trauma-informed care; and, ideally, available alternatives to incarceration — makes evaluating such policies on a simple scale difficult.

Recommendations for elected officials, advocates, and community members

Any advocacy on behalf of recently arrested and incarcerated people must center them,

their families, and those who have been formerly incarcerated. Local leaders interested in addressing these issues should ensure that they listen to the experiences of those impacted by incarceration and develop strategies that are linked to their needs and wishes. Leaders should also work to identify organizations and advocates that may already be engaged in this work and learn how they can support and complement their efforts.*

Given that the United States arrests and incarcerates more people than any other country in the world, the ideal solution is to develop alternatives to incarceration and ensure that all people in the community have access to the health care and family support they need. Other potential solutions include, but are not limited to the following:

Any advocacy on behalf of recently arrested and incarcerated people must center them, their families, and those who have been formerly incarcerated.

✔ **Support for a healthy pregnancy and labor:** Shackling women during pregnancy, labor, and the postpartum period should be banned, and access to medical care throughout pregnancy, as well as adequate nutrition and appropriate clothing, should be required.

✔ **Support for parents:** Anyone who gives birth while incarcerated should be able to stay with their newborn immediately after birth, and a nursery program should be in place so that families are able to stay together. If this is not possible, women who are nursing should have access to accommodations such as pumps, breast milk storage, and a system for pickup.

✔ **Access to reproductive health care:** All recently arrested and incarcerated women should be able to continue their current method of contraception, if applicable. Incarcerated people should also have access to all forms of contraception, including emergency contraception and insertion and removal of long-acting reversible contraceptives (LARCs). The highest priority must be given to providing noncoercive counseling and care, given that incarcerated women are by definition in a coercive environment. Sufficient menstrual hygiene products should be available at all times.

✔ **Access to abortion:** Incarcerated women who are pregnant and choose to end their pregnancy should be able to access abortion in a safe, timely, and noncoercive manner, without judgment or barriers such as transportation or cost.

✔ **Training for staff:** Staff should receive additional training on the specific needs of recently arrested and incarcerated women, including trauma-informed care and the history of coercion around reproductive health care.

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* NIRH has partnered with local organizations that have engaged in this type of intensive research, including the ACLU of Southern California, the Prison Birth Project and Prisoners' Legal Services (Massachusetts), and the Correctional Association of New York State, and commends their efforts.

THE MODEL CITY
A BLUEPRINT FOR U.S. CITIES

NIRH has developed a Model City to exemplify what a city could look like if it used the full extent of its policy and programmatic powers to support the freedom and ability of each person to control their reproductive and sexual lives, foster thriving families, and destigmatize abortion and contraception. Grounded in current realities rather than representing a utopia, the Model City is a blueprint that all localities can achieve. Any city, regardless of its current political climate or policy landscape, should be able to identify programs or policies that could be implemented today, as well as those they can work towards in the future.

PROTECTING ABORTION CLINIC ACCESS

Abortion clinics are easily accessible, and the city takes all measures to ensure comprehensive, safe, affordable, and integrated reproductive health care.

✔ The city has sufficient abortion clinics to meet the needs of its region, and they are easily accessible by public transportation.

✔ Local government supports abortion clinics, viewing them as a vital part of the health system. Local leaders and abortion clinic staff have strong relationships, abortion clinics receive funding and partner with the city on initiatives. Leaders take every opportunity to publicly demonstrate their support for clinics and to combat abortion stigma.

✔ Patients, staff, and volunteers are protected from harassment by protesters; if necessary, a clinic safety ordinance is in place to prevent such harassment. The local police department clearly

MODEL CITY

PROTECTING ABORTION CLINIC ACCESS

Abortion clinics are easily accessible and the city takes all measures to ensure comprehensive, safe, affordable, integrated reproductive health care.

- Local government sees abortion clinics as a vital part of the health system.
- Clinic protections are in place and police respond quickly and supportively to clinic threats.
- The city regulates crisis pregnancy centers and informs the public about their deceptive practices.
- Comprehensive pregnancy-related care is accessible.

SUPPORTING YOUNG PEOPLE

Young people in the community have the information and services they need to lead full and healthy lives.

- The city requires age- and developmentally appropriate K-12, LGBTQ-inclusive comprehensive sexuality education.
- Every middle and high school has an LGBTQ-friendly school-based health center that provides reproductive health care.
- Schools have support services available for young parents.

CLINIC

BUDGET OFFICE

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

The city uses its budget to convey its values of supporting reproductive health and rights.

- Funding is available for comprehensive sexuality education and reproductive health care, including abortion.
- The city supports training for family planning providers.
- Crisis pregnancy centers do not receive city funding.

The Model City uses the full extent of its policy and programmatic powers to support the freedom and ability of each person to control their reproductive and sexual lives, foster thriving familes, and destigmatize abortion and contraception. Grounded in current realities rather than representing a utopia, the Model City provides a framework that all localities can strive to meet today.

NIRH
National Institute for
Reproductive Health

ADVANCING INCLUSIVE POLICIES

The city is committed to nondiscrimination.

- All people are protected from discrimination on the basis of sex, gender identity, sexual orientation, pregnancy, familial status, childbirth or pregnancy-related conditions, reproductive health care decisions (including abortion), race, ethnicity, nation of origin, citizenship status, age, religion, ability, source of income, housing status, military or ex-offender status, age, and prior psychiatric treatment.
- The city forbids municipal employees and employers operating within the city from engaging in discrimination.

SUPPORTING FAMILIES

The city supports residents' right to parent, support themselves, and access health care in a safe environment.

- A strong health care safety net, including family planning services, is in place.
- The minimum wage is a living wage and paid family leave is available.
- Undocumented people can safely and confidently access reproductive health care.
- All incarcerated women can access non-coercive, comprehensive reproductive health and pregnancy-related care.
- Environmental regulations are in place to protect residents' reproductive health.

CITY HALL

TAKING A STAND

The local government takes a stance on reproductive health, rights, and justice issues that impact its city.

- The city serves as a safe access point for reproductive health care for the surrounding region.
- The city develops cutting-edge policies and programs that increase access to reproductive health care, including abortion.
- The city is a leader in opposing restrictions on reproductive health and uses its voice to destigmatize reproductive health care.

understands local, state, and federal policies that protect clinic access, and staff feel comfortable calling them when necessary, confident they will be supportive, nonviolent, and will address the situations appropriately.

✔ Clinics provide comprehensive counseling, including referrals for abortion, along with ultrasounds, pregnancy tests, and support for whatever choice someone makes about their pregnancy. All reproductive health care providers know that people of many genders (e.g., trans and gender non-conforming people, and others) may need these services, and they are accessible without stigma or shame. Abortion is also integrated into the spectrum of health care available at general primary care and obstetrician-gynecologist (OB-GYN) providers as part of their everyday practice.

✔ Ideally, crisis pregnancy centers (CPCs) do not exist in the Model City, but if they do, they are regulated to ensure that they are not engaging in deceptive advertising, that they disclose which services they do and do not offer, and that all client information is kept confidential. There is broad public understanding of their ideology and that their goal is to dissuade pregnant women from seeking abortion services even if that is the right choice for them.

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

The city's budget reflects its support for access to the full range of reproductive health services.

✔ Funding is available from the city, and/or the city is proactive and successful in applying for state and federal funding, to assist schools in offering comprehensive sexuality education (CSE) that addresses the needs of young people of all genders and sexual orientations. Funding is also available to community-based organizations that provide CSE and empower young people inside and outside of the classroom, supplementing the education provided by teachers in schools.

✔ Funding is available to cover the cost of abortion care for those who cannot afford it. This includes those who do not have insurance; those whose insurance does not cover the procedure, such as those impacted by the Hyde Amendment or similar bans; as well as those who cannot use their insurance to pay for the procedure due to confidentiality concerns.

✔ Funding is available for reproductive health care for low-income populations and those who may not be able to use their insurance due to fears about confidentiality, such as teens, immigrants, trans and gender non-conforming people, and survivors of intimate partner violence.

✔ Funding is available to train local family planning and primary care providers in innovative models

of care and areas of need. These may include teen-friendly care, appropriate care for LGBTQ people, culturally competent care for the different populations that live in the city, and the insertion and removal of LARCs. Any training provided on LARCs ensures that providers know how to offer patient-centered counseling focused on contraceptive choice and acknowledges the long history of reproductive coercion and governmental control of reproduction for low-income women and communities of color, among others. Policies are in place to make both LARC insertion and LARC removal easily accessible and affordable.

✔ Municipal health insurance policies cover abortion and the full range of contraceptives.

✔ Abortion care is fully integrated into residency training at all city and county hospitals.

✔ City-run or city-funded reproductive health care programs are required to offer comprehensive contraceptive counseling and abortion referrals.

✔ CPCs do not receive funding from the city.

SUPPORTING YOUNG PEOPLE

Young people in the community have the information and services they need to lead full and healthy lives.

✔ The city requires age- and developmentally appropriate K-12, LGBTQ-inclusive comprehensive and medically accurate sexuality education. Tracking and enforcement mechanisms that support schools and their staff are in place to ensure every student receives the education they need and deserve. Teacher training and other resources are readily available to all schools.

✔ Every middle and high school has a LGBTQ-friendly school-based health center that provides confidential family planning services, including access to free condoms; testing and treatment for sexually-transmitted infections (STIs); contraception including LARCs; comprehensive sexuality education, referrals for services like abortion that are not provided in the clinic; and support for young people involved in or impacted by intimate partner violence or bullying.

✔ Pregnant and parenting youth receive support from the city and the school system to continue in school and to graduate if they so choose. Schools have support services available for young parents, including on-site childcare, spaces where young parents can breastfeed or pump and store their breast milk, and appropriate parental and sick leave policies. The CSE curricula, public education campaigns, and policymakers' rhetoric do not stigmatize adolescent pregnancy or families led by young people.

SUPPORTING FAMILIES

The city supports residents' rights to parent, support themselves, and access health care in a safe environment.

✔ The city has a strong health care safety net, with a sufficient number of family planning clinics to meet the needs of the community in a timely manner. Care is available on a sliding scale. All clinics are well trained in providing teen- and LGBTQ-friendly, culturally competent reproductive health care.

✔ Reproductive autonomy is understood to be integrally connected to economic justice, including ensuring that those who choose to continue a pregnancy and raise children can support their family. Thus, policies related to economic security are a priority. The minimum wage is at least $15 per hour. Sufficient paid family leave is available for new parents and those who need to care for loved ones, protecting people from having to make a choice between being earning an income and caring for themselves and their families.

✔ Undocumented people can access reproductive health care and family planning services without fear of being reported or shamed, and they feel safe doing so. Such policies may include funding a safety net program that provides family planning care, regardless of citizenship status; offering a municipal identification program, putting a sanctuary city policy in place, and offering cultural competency and "Know Your Rights" trainings for health care providers and clinic staff.

✔ Noncoercive, comprehensive access to the full range of reproductive health and prenatal care is available to all recently arrested or incarcerated women. There is a strong relationship between local jails and prisons and community-based organizations that support incarcerated people and their families and have the ability to hold officials accountable. Jails and prisons do not shackle anyone during pregnancy or labor and provide appropriate clothing and nutritious meals during pregnancy. Lactation accommodations are available to anyone who is nursing, and they are made aware of this option. The city provides alternatives to incarceration that keep families together.

✔ Environmental regulations or programs are in place to protect the reproductive health care of individuals, such as nail salon workers, who work with chemicals that could harm their own reproductive health or the health of their fetus. The city tackles issues of environmental racism directly, and people live in safe communities that are not harmful to their reproductive health or the health of their children.

✔ Robust breastfeeding policies ensure that those who want to breastfeed can do so in a sanitary and convenient environment without stigma. Similarly, those who choose not to breastfeed do not face pressure or stigma.

✔ Public awareness and education campaigns boldly address issues that are important to the city without stigma or shame, such as access to confidential reproductive health care for young people, awareness of the deceptive practices of CPCs, education on underutilized forms of contraception, and naming abortion as health care. The campaigns are empowering and are linked with easy-to-find programs and resources related to their goals.

ADVANCING INCLUSIVE POLICIES

The city is committed to nondiscrimination.

✔ Policies are in place to protect all employees in the city and those who live and access services there from discrimination on the basis of their identity or personal history. This includes but is not limited to sex, gender identity, sexual orientation, pregnancy, familial status, childbirth or pregnancy-related conditions, and reproductive health decisions, including abortion; race, ethnicity, nation of origin, and citizenship status; age, religion, ability, source of income, housing status, military or ex-offender status, and prior psychiatric treatment.

TAKING A STAND

The local government takes a stance on reproductive health, rights, and justice issues that impact its city.

✔ The city is a safe haven for reproductive health care for the surrounding region.

✔ The city is innovative, developing cutting-edge policies and programs that increase access to reproductive health care, including abortion. The state looks to the city as a laboratory and will follow its lead by adopting effective and scalable policies.

✔ The city responds to any state and federal restrictions on abortion and reproductive health care by taking all of the steps it can to mitigate their impact. It is a leader in opposing such restrictions and uses its voice to destigmatize reproductive health care.

✔ The local government takes a stance on state and federal reproductive health, rights, and justice issues that impact the city and its residents. Whether facing restrictive legislation or anti-choice ballot measures in its state or proactive legislation on the state or federal level, the city makes its positions clear via resolutions and/or proclamations that also serve to educate and engage residents.

✔ The city has a municipal government office dedicated to gender-related issues. The office is robust and receptive. It responds quickly to concerns and accepts new ideas from diverse voices, engages with community organizations and leaders, convenes stakeholders to coordinate efforts and gather feedback, and develops innovative, effective initiatives that address local needs related to reproductive health.

CITY SCORECARDS

EVALUATING U.S. CITIES

Some cities have positioned themselves as pioneers for reproductive health, rights, and justice, while many more have yet to capitalize on opportunities that would establish them as havens for reproductive freedom for their residents. The City Scorecards highlight achievements, areas for improvement, and next steps that will bring cities closer to maximizing their full potential.

NIRH chose the 40 cities evaluated in this first Local Reproductive Freedom Index by identifying the 30 largest cities in the country by population size along with an additional 10 cities that are each part of the country's largest metropolitan areas but were not otherwise represented. NIRH then selected 37 specific policies as "indicators," all of which fall within six broader categories deemed core to securing and advancing the reproductive freedom of a city's residents. This selection and the policies and principles of the Model City are based on NIRH's expertise and values, those of partner organizations, and the work of allied social justice movements.

To determine whether a particular policy was in place, NIRH reviewed the websites of city and county governments, local and state departments of health, departments of education or school districts, and other relevant government agencies and commissions; researched publicly available information from local community-based organizations and local media; and conducted phone and email interviews with NIRH partners, other community-based organizations, departments of health, school districts, and city and county officials.

Local advocates' perspectives and understanding of the political climate also informed the "Spotlight" on each City Scorecard, which describes a unique or distinguishing factor for each city related to reproductive freedom.

NIRH shared its initial findings with local advocates and the heads of city departments of health for review. NIRH then submitted revised drafts of the City Scorecards, along with each city's score and star rating, to the mayor and heads of the city council and county government (if applicable). NIRH staff followed up to ensure the information was received and to provide sufficient opportunity for feedback and corrections. Final City Scorecards are based on the sum of this work.

E ach policy indicator was assigned a point value. Most indicators are one point; those indicators valued at two points reflect some combination of the following considerations: the level of innovation involved, a degree of rarity among cities, and/or whether it is particularly effective in achieving its aim. For an explanation of each indicator and its assigned point value, see "Reference: Explaining the Scorecards."

A city's score was determined using an equation that weighed the total number of points a city achieved divided by the total number of possible points. The score falls on a 10-point scale and corresponds to a five-point star rating ranging from half a star to five stars.

Key: Understanding the Star Rankings

0.5 star = 0.1 – 1.0	3.0 stars = 5.1 – 6.0
1.0 star = 1.1 – 2.0	3.5 stars = 6.1 – 7.0
1.5 stars = 2.1 – 3.0	4.0 stars = 7.1 – 8.0
2.0 stars = 3.1 – 4.0	4.5 stars = 8.1 – 9.9
2.5 stars = 4.1 – 5.0	5.0 stars = 10.0

In some instances, a policy may have been limited, preempted by state government, or NIRH was not able to determine the status of a given indicator in a particular city. This is reflected in the City Scorecards and in the scoring itself in the following ways:

"Limited" is used when a city has taken some step towards achieving the measure but has not acted to its fullest extent, such as requiring paid family leave for municipal employees but not for all employees. Limited measures do count toward a city's overall score as a partial credit.

"Preempted" is used if state policy prevents a city from acting on a matter, such as setting its own minimum wage; imposes penalties on a city for taking an action that makes it functionally impossible for the city to address the issue itself, such as denying state funding to county hospitals that provide funding for abortion care; or makes it unnecessary for the city to take further action, such as implementing a statewide buffer zone that protects all clinics within the state and, therefore, city. Preempted measures do not impact the city's overall score.

"N/A" denotes that NIRH was unable to find sufficient information on a given measure to determine its status as of December 3, 2016. N/A measures do not impact the city's overall score.

About the Local Landscape

To create a more complete profile of each city, and to complement and contextualize the 37 policy indicators, NIRH also collected demographic and additional public health data related to reproductive freedom. This is reflected in the "Local Landscape" featured on each City Scorecard, but does not contribute to a city's overall score.

The data in the Local Landscape should be used as a resource to understand the specific challenges and opportunities each city faces, as data points and policy indicators connect with each other in important ways. The rate of pregnancy among young people, for example, cannot be understood in isolation from the city's sexuality education policy, number of CPCs, or the reproductive health care available in school-based health centers (SBHCs). The maternal mortality rate, for instance, is likely connected to indicators such as the city's minimum wage policy, funding for family planning and training for culturally competent reproductive health care, and support for undocumented people to access reproductive health care.

Policy Indicators Tracked in the Local Index

Category	Measure	Point Value
Protecting Abortion Clinic Access	Clinic safety ordinance	2 points
	Clinic escort programs supported by city	1 point
	Noise regulations	1 point
	Other protections for abortion clinics	1 point
	Protective zoning regulations	2 points
	No funding for CPCs	1 point
	Regulations on CPCs	2 points
Funding and Coverage for Reproductive Health Care	Funding for abortion	2 points
	Funding for community-based organizations to provide CSE	1 point
	Funding for contraception	1 point
	Funding for sexuality education in public schools	1 point
	Funding for family planning	1 point
	Funding for STI prevention	1 point
	Funding to train providers in family planning care	1 point
	No gag rules on employees funded by the locality	1 point
	Municipal insurance coverage of abortion	1 point
Supporting Young People	Comprehensive sexuality education	1 point
	Abstinence-plus education	½ point
	Abstinence-only education	0 point
	Reproductive health care in SBHCs	2 points
	Support for pregnant & parenting youth	1 point
Supporting Families	$15 minimum wage	1 point
	Paid family leave	1 point
	Positive public awareness campaigns on sexual and reproductive health	1 point
	Support for undocumented people to access reproductive health care	1 point
	Reproductive health protections for nail salon employees	1 point
	Supportive breastfeeding policies	1 point
Advancing Inclusive Policies	Anti-discrimination ordinance for municipal employees: Pregnancy	1 point
	Anti-discrimination ordinance for municipal employees: Reproductive health decisions	1 point
	Anti-discrimination ordinance for municipal employees: Gender identity	1 point
	Anti-discrimination ordinances for all employees: Pregnancy	1 point
	Anti-discrimination ordinances for all employees: Reproductive health decisions	2 points
	Anti-discrimination ordinances for all employees: Gender identity	1 point
Taking a Stand	Advocacy for abortion coverage	1 point
	Opposition to CPCs	1 point
	Opposition to sex-selective abortion bans	1 point
	Pro-choice stance on legislation or ballot initiatives	1 point
	Support for anti-discrimination policies	1 point
	Support for Women's Health Protection Act	1 point

This report is intended to serve as a resource for advocates and policymakers in their efforts to advance reproductive health, rights, and justice in their communities. The policy indicators and recommendations included here do not represent an exhaustive list of everything a city or county can do to advance reproductive freedom. Moreover, while each of these types of policies and initiatives is important, every community has unique needs that sometimes require tailored solutions. NIRH looks forward to learning from local leaders about innovative ideas and strategies that may not yet be reflected in the Local Index.

It is important to note that while this analysis applies a reproductive justice lens, in part, it does not evaluate the full range of issues encompassed by the reproductive justice framework. To do so would require including indicators such as access to safe and affordable housing, criminal justice reform, disability rights, initiatives to address intimate partner violence, and a range of other concerns related to self-determination and human rights.

A Note About Municipal Government

Where possible, this Local Index reflects city-level policies. However, in communities where counties set the priorities, this report reflects that county-level information. County-level policies and data are denoted by an accompanying asterisk on the City Scorecards.

Most of the cities in the Local Index are also located within counties, and the responsibility for some indicators lies at different levels of government. For these reasons, NIRH chose to credit cities for policies in place on the county level. In this way, the Local Index does not penalize cities for "not having" a policy in place when it is in fact addressed by the county and the city's residents benefit from it. This also recognizes the very significant role of county government in the arena of public health.

Similarly, some cities contain, for example, multiple school boards, each of which has its own policy on sexuality education or reproductive health care within SBHCs. Decisions about how to characterize a city in which multiple policies are in place were made on a case-by-case basis.

NIRH staff are available to discuss decisions about certain indicators and to explain the reasoning behind each. Overall, it is important to note that the data and the indicators reflect the work of multiple bodies of government and may contain multiple jurisdictions. No one government body or agency can be credited, or blamed, for the overall City Scorecard.

A Note About the Availability of Local Policy Information and Public Health Data

Local-level policy information and public health data, in particular, is often difficult to access, varies tremendously across cities, and can be challenging to interpret. Some cities publish health statistics and detailed budgets online, while for others the data are not available publicly, which requires taking additional steps. When possible, NIRH did this by requesting the information directly. In some cases, the data were simply not available at all.

The diverse types of government structures and jurisdictions, including city-county consolidated governments, mayor-council governments, council-manager governments, and commissions, make determining what information to include and how to analyze it complex

tasks. For example, some cities have a city health department, others have a county health department, and still others have health departments at both levels. In a few cities, the states play a role by administering a joint state-county health department.

NIRH sought to mitigate these challenges by relying on its partnerships with state- and local-level organizations working on reproductive health, rights, and justice, as well as interviews with advocates, health departments, and local elected officials, but gaps or errors may still occur. Because of this, NIRH welcomes questions about the data and is eager to receive and incorporate corrections if anything included in the Local Index is shown to be inaccurate. All such inquiries and corrections should be sent to localrepro@nirhealth.org.

NIRH applauds those cities whose data is easily accessible and encourages other cities to follow suit. Open data helps to create greater governmental transparency, accountability, and informed decision-making by government officials while allowing residents to have a deeper understanding of their local government and community. An open, data-informed assessment of what a city's residents need is a crucial tool for government, advocates, and community members to be able to effectively work together to pass proactive reproductive health, rights, and justice policies tailored to their community.

A Note About the Impact of Race and Income

Race and income are essential parts of an individual's and a community's identity that impact how they experience a city's policies and initiatives. People of color and low-income people, in particular, often face greater barriers to accessing care and possess fewer resources to overcome those barriers. It is therefore important to consider the roles that race and income may play in mitigating or exacerbating the impact of a particular policy or lack thereof in a given city. Some indicators — such as resolutions opposing sex-selective abortion bans and local support for undocumented people to access reproductive health care — are directly responsive to the needs and concerns of communities of color.

The data that is often available on the local level — such as overall maternal mortality rates or a city's median income level — may mask significant disparities, and, unfortunately, much local-level data is not disaggregated by race and socioeconomic status. While this may reflect, in part, the relatively small number of people of a specific demographic at the city level, NIRH encourages cities to make every effort possible to include race and income as metrics when collecting data and to publish those results whenever possible. Localities including Minneapolis; Multnomah County, OR; and Seattle are models in their dedication to evaluating the impact of race in every initiative they put forth.

Even the most rigorous and thorough data collection, however, cannot fully illustrate the ways that race and income influence how individuals access services, or are unable to do so, due to factors such as segregation, immigration status, and size and diversity of communities of color. Advocates and public officials must look beyond the numbers, even when they are available, to fully understand how barriers and opportunities disparately impact people of color and low-income people.

ATLANTA

FULTON COUNTY, GEORGIA

★★☆☆☆

LOCAL LANDSCAPE

Population, 2016: **472,522**
Median income, 2015: **$47,527**
Annual costs (family of 4), 2014: **$63,888**

Number of abortion clinics: **≥ 5**
Number of Title X clinics: **4**
Number of SBHCs: **0**
Number of CPCs: **≈ 8**

Unintended pregnancy, 2014: N/A
Maternal mortality, 2015: **47.6** deaths per 100,000 *
Teen pregnancy, 2015: **33.4** per 1,000, ages 15-19 *

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

SUPPORTING YOUNG PEOPLE

- ✘ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-only education*
- ✘ Reproductive health care in school-based health centers

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning *
- ✔ Funding for STI prevention*
- ✘ Funding for sexuality education
- L Municipal insurance coverage of abortion

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- L Paid family leave
- P $15 minimum wage
- ✔ Support for undocumented people to access care *

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

SPOTLIGHT: *Centering Experiences of Abortion in Advocacy*

The Feminist Women's Health Center (FWHC) in Atlanta is a nonprofit advocacy organization and abortion clinic that uses an intersectional, reproductive justice-based approach to provide quality counseling and health care. FWHC empowers its staff, patients, and the larger community to become advocates, building on its experience providing abortion care for patients across the Southeast, despite many unnecessary, harmful restrictions that impede access and foster stigma. They register voters, organize house parties, and educate lawmakers, including by offering clinic tours to destigmatize abortion. In partnership with the vibrant landscape of community-based and social justice organizations across the city and state, FWHC is building a powerful base that supports thriving families.

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

AUSTIN

TRAVIS COUNTY, TEXAS

★★★☆☆

LOCAL LANDSCAPE

Population, 2016: **947,890**
Median income, 2015: **$57,689**
Annual costs (family of 4), 2014: **$64,657**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **5**
Number of SBHCs: **0**
Number of CPCs: **~ 11**

Unintended pregnancy: N/A
Maternal mortality, 2014: **35.2** deaths per 100,000 births
Teen births, 2011: **27.5** per 1,000, ages 15-17*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

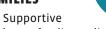## FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- N/A Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✘ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✘ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- L Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
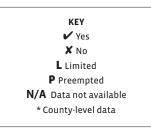- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✔ Support for abortion coverage*
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Blue City, Red State*

Texas' capital city of Austin and its surrounding county are classic examples of the "blue city, red state" dynamic. Austin leads the way on progressive issues including reproductive rights: Austin passed an ordinance regulating the deceptive practices of crisis pregnancy centers, though it was later struck down in court; Travis County passed the first resolution supporting abortion coverage and funding for Planned Parenthood and leases a building to a Planned Parenthood clinic for $1/year; after the Supreme Court struck down Texas anti-abortion laws in *Whole Woman's Health v. Hellerstedt*, the first clinic to reopen was in Austin; and Travis County Sheriff Sally Hernandez established Austin as Texas' first sanctuary city.

BALTIMORE

★★½☆☆

MARYLAND

LOCAL LANDSCAPE

Population, 2016: **614,664**
Median income, 2015: **$42,241**
Annual costs (family of 4), 2014: **$74,427**

Number of abortion clinics: **≥ 3**
Number of Title X clinics: **14**
Number of SBHCs: **8**
Number of CPCs: **~ 6**

Unintended pregnancy, 2009-2013: **55.5%**
Maternal mortality: N/A
Teen births, 2015: **36.2** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✘ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- ✘ Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Reproductive Health Care in SBHCs*

As part of a broad, multi-year effort to reduce teen pregnancy, Baltimore Public Schools became one of the county's first school systems to provide the long-acting reversible contraceptive (LARC) implant at school-based health centers (SBHCs), where students could already access many forms of contraception. The administrations of Baltimore Public Schools and the Baltimore City Health Department have strongly supported the policy despite opposition from some in the community. Providing young people with access to reproductive health care in schools, where they spend a large portion of their time, has proven to be effective in addressing rates of STIs and unintended pregnancy.

BOSTON

SUFFOLK COUNTY, MASSACHUSETTS

★★★☆☆

LOCAL LANDSCAPE

Population, 2016: **673,184**
Median income, 2015: **$55,777**
Annual costs (family of 4), 2014: **$85,793**

Number of abortion clinics: **≥ 6**
Number of Title X clinics: **8**
Number of SBHCs: **6**
Number of CPCs: **~ 2**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2015: **9.5** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- N/A Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- L Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

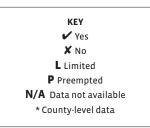Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✔ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

SPOTLIGHT: *Youth-Led Advocacy for Sexuality Education*

Young people packed the City Council in 2011 to testify at a hearing on comprehensive sex education in Boston Public Schools; their concerns included inconsistent sexuality education and limited access to condoms. In 2013, the Boston School Committee passed its first sex education and condom availability policy, requiring that students receive comprehensive sexuality education from pre-k through 12th grade that is medically accurate, age-appropriate, culturally competent, and LGBTQ-inclusive. Implementation, however, has been inconsistent. Advocacy continues for funding to provide the resources required to achieve full and equitable implementation.

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

CHARLOTTE

★★☆☆☆

MECKLENBURG COUNTY, NORTH CAROLINA

LOCAL LANDSCAPE

Population, 2016: **842,051**
Median income, 2015: **$53,637**
Annual costs (family of 4), 2014: **$65,492**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **2**
Number of SBHCs: **0**
Number of CPCs: **~ 8**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen pregnancy, 2015: **29.9** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention*
- ✘ Funding for sexuality education
- **P** Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth*
- ✔ Sexuality education policy: *Abstinence-only education*
- ✘ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- **P** Paid family leave
- **L** $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- **P** Gender identity
- ✔ Pregnancy

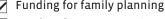Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- **P** Gender identity
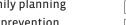- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Fighting Gender Identity Discrimination*

In 2016, Charlotte added sexual orientation, sexual identity, and gender expression to its anti-discrimination ordinance. In response, North Carolina passed HB 2, sweeping legislation to preempt the ordinance. The local school district stood by its principles, adding gender identity and sexual orientation to its multiculturalism policy and following the United States Court of Appeals for the Fourth Circuit's ruling that transgender students be allowed to use restrooms of the gender with which they identify. In the face of broad condemnation, the North Carolina General Assembly "repealed" HB 2, but it passed a new policy that still severely restricts the ability of localities to protect their LGBTQ residents.

CHICAGO

★★★★☆

COOK COUNTY, ILLINOIS

LOCAL LANDSCAPE

Population, 2016: **2,704,958**
Median income, 2015: **$48,522**
Annual costs (family of 4), 2014: **$71,995**

Number of abortion clinics: **≥ 17**
Number of Title X clinics: **45**
Number of SBHCs: **32**
Number of CPCs: **~ 12**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2014: **32** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✔ Funding for abortion*
- ✔ Funding for family planning*
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- L Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:
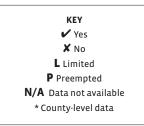
- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✔ Support for abortion coverage*
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Chicago Leads on Menstrual Equity*

The Chicago City Council unanimously passed legislation in February 2016 to eliminate the city's 1.25% sales tax on menstrual hygiene products and reclassify them as medical necessities. City councilmembers described the tax on menstrual hygiene products as "discriminatory" and "unfair" and passed a resolution calling on the Illinois General Assembly to lower the tax statewide. Days later, Cook County followed suit, repealing its own 1.75% "tampon tax" and reclassifying menstrual hygiene supplies. By August, the Illinois governor signed a bill exempting menstrual hygiene products from the state's 6.25% sales tax.

CLEVELAND

★ ½ ☆ ☆ ☆

CUYAHOGA COUNTY, OHIO

LOCAL LANDSCAPE

Population, 2016: **385,809**
Median income, 2015: **$26,150**
Annual costs (family of 4), 2014: **$60,900**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **3**
Number of SBHCs: **12**
Number of CPCs: **~ 12**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen pregnancy, 2010: **72** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✘ Funding for STI prevention
- ✔ Funding for sexuality education *
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Fighting Abortion Stigma with Billboards*

To combat abortion stigma in Cleveland, local advocates developed billboard campaigns that present a positive vision of reproductive health care, including abortion, and support for families. Following the murder of Tamir Rice, New Voices Cleveland erected billboards of artwork from the Repeal Hyde Art Project affirming that reproductive justice includes the right to parent children without fear. Preterm, an independent abortion clinic in Cleveland that has faced repeated incidents of vandalism, continued its ongoing "My Abortion. My Life" campaign by displaying anti-stigma ads on billboards and bus shelters designed to empower patients to share their personal experiences on Preterm's website.

COLUMBUS

FRANKLIN COUNTY, OHIO

★★⯪☆☆

LOCAL LANDSCAPE

Population, 2016: **860,090**
Median income, 2015: **$45,659**
Annual costs (family of 4), 2014: **$65,178**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **4**
Number of SBHCs: **13**
Number of CPCs: **~ 18**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen pregnancy, 2015: **42.4** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✘ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

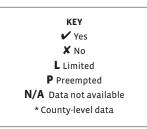- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Protecting Abortion Clinic Access*

The Columbus City Council unanimously passed a clinic protection ordinance to make it illegal to engage in a range of harassing and dangerous activities outside of a reproductive health clinic, including physically blocking or obstructing another person from entering a clinic or causing patients or anyone else to fear for their physical safety within 15 feet of a clinic. The measure was urgently needed, given the long history of clinic violence across the county and the fact that Columbus abortion clinics had tripled their calls to the police between 2011 and 2015. A year earlier, advocates and lawmakers working together introduced a similar clinic protection policy at the state level.

DALLAS

DALLAS COUNTY, TEXAS

★★☆☆☆

LOCAL LANDSCAPE

Population, 2016: **1,317,929**
Median income, 2015: **$43,781**
Annual costs (family of 4), 2014: **$61,150**

Number of abortion clinics: **≥ 3**
Number of Title X clinics: **8**
Number of SBHCs: **11**
Number of CPCs: **~ 20**

Unintended pregnancy: N/A
Maternal mortality, 2014: **23.0** deaths per 100,000 live births
Teen births, 2015: **42.3** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

✘ Clinic safety ordinance

✘ Regulations on crisis pregnancy centers

✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

P Funding for abortion

✘ Funding for family planning

✘ Funding for STI prevention

✔ Funding for sexuality education

✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

✔ Support for pregnant and parenting youth

✔ Sexuality education policy: *Abstinence-plus education*

✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

✘ Supportive breastfeeding policies

✘ Paid family leave

✘ $15 minimum wage

✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

✘ Reproductive health decisions

✔ Gender identity

✘ Pregnancy

Anti-discrimination ordinance for all employees on:

✘ Reproductive health decisions

✔ Gender identity

✘ Pregnancy

TAKING A STAND

Resolution passed on:

✔ Support for anti-discrimination policies

✘ Opposition to crisis pregnancy centers

✘ Support for abortion coverage

✔ Pro-choice stance on legislation or ballot initiatives *

✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Building Repro Power from the Ground Up*

Recognizing the need to improve access to the full range of reproductive health care options, including abortion, and to address issues that impact the ability of people to safely parent their children, the Texas Equal Access (TEA) Fund and NARAL Pro-Choice Texas launched "Repro Power Dallas, A Reproductive Justice Agenda for Dallas County." Supported by many local organizations that work on a range of social justice issues including economic justice and police accountability, the agenda includes local policy recommendations that could be adopted to expand access to reproductive health care, increase economic security, and create a safe environment free from police brutality and the threat of deportation.

DENVER

COLORADO

★★⯪☆☆

LOCAL LANDSCAPE

Population, 2016: **693,060**
Median income, 2015: **$53,637**
Annual costs (family of 4), 2014: **$71,104**

Number of abortion clinics: **≥ 7**
Number of Title X clinics: **14**
Number of SBHCs: **17**
Number of CPCs: **~ 5**

Unintended pregnancy, 2014: **21.5%** of pregnancies
Maternal mortality: N/A
Teen births, 2015: **24.0** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- **P** Clinic safety ordinance
- **✘** Regulations on crisis pregnancy centers
- **✔** No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- **✘** Funding for abortion
- **✘** Funding for family planning
- **✔** Funding for STI prevention
- **✔** Funding for sexuality education
- **✔** Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- **✔** Support for pregnant and parenting youth
- **✔** Sexuality education policy: *Comprehensive sexuality education*
- **✔** Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- **✘** Supportive breastfeeding policies
- **✘** Paid family leave
- **P** $15 minimum wage
- **✔** Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

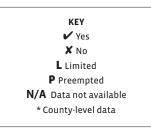Anti-discrimination ordinance for municipal employees on:

- **✘** Reproductive health decisions
- **✔** Gender identity
- **✔** Pregnancy

Anti-discrimination ordinance for all employees on:

- **✘** Reproductive health decisions
- **✔** Gender identity
- **✘** Pregnancy

TAKING A STAND

Resolution passed on:

- **✔** Support for anti-discrimination policies
- **✘** Opposition to crisis pregnancy centers
- **✘** Support for abortion coverage
- **✔** Pro-choice stance on legislation or ballot initiatives
- **✘** Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Standing Together Against Discrimination*

Given its history of resisting discrimination and supporting equality, it is no surprise that Denver was one of the first cities to respond to the results of the presidential election in November 2016 with a commitment to addressing systems of oppression. The City Council passed a "Standing Together with Denver Moving Forward" proclamation that declared Denver's support for "brothers and sisters in communities of color, LGBTQ, immigrants, refugees, and those of the Muslim and Jewish faiths who at times have been targeted in unjust ways."

DETROIT

★★½☆☆

WAYNE COUNTY, MICHIGAN

LOCAL LANDSCAPE

Population, 2016: **672,795**
Median income, 2015: **$25,764**
Annual costs (family of 4), 2014: **$64,471**

Number of abortion clinics: **≥ 4**
Number of Title X clinics: **1**
Number of SBHCs: **10**
Number of CPCs: **~ 4**

Unintended pregnancy, 2014: N/A
Maternal mortality, 2007-2010: **20.8** deaths per 100,000 births*
Teen pregnancy, 2015: **77.7** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✘ Funding for STI prevention
- ✔ Funding for sexuality education
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✘ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-only education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Fighting for Environmental Justice*

In 2014, the Detroit Water and Sewage Department shut off the water to more than 150,000 people who were labeled "delinquent customers," and the Detroit City Council voted to raise water bills by more than $5/month. Shutting off water has serious consequences for low-income families and is an attack on bodily autonomy and reproductive freedom. Activists in Detroit responded by developing resources like the Detroit Water Brigade to fill the need. The Detroit City Council is currently considering long-term solutions to the problem of water affordability and has an opportunity to create a sustainable model for cities across the country.

EL PASO

EL PASO COUNTY, TEXAS

★★☆☆☆

LOCAL LANDSCAPE

Population, 2016: **683,080**
Median income, 2015: **$42,772**
Annual costs (family of 4), 2014: **$56,169**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **24**
Number of SBHCs: **2**
Number of CPCs: **~ 10**

Unintended pregnancy: N/A
Maternal mortality, 2014: **36** deaths per 100,000 births*
Teen births, 2005-2011: **65.9** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

[X] Clinic safety ordinance
[X] Regulations on crisis pregnancy centers
[✔] No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

[P] Funding for abortion
[X] Funding for family planning
[✔] Funding for STI prevention
[X] Funding for sexuality education
[X] Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

[X] Support for pregnant and parenting youth
[✔] Sexuality education policy: *Abstinence-plus education*
[X] Reproductive health care in school-based health centers

SUPPORTING FAMILIES

[✔] Supportive breastfeeding policies
[X] Paid family leave
[X] $15 minimum wage
[✔] Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
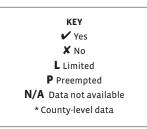
Anti-discrimination ordinance for municipal employees on:

[X] Reproductive health decisions
[✔] Gender identity
[✔] Pregnancy

Anti-discrimination ordinance for all employees on:

[X] Reproductive health decisions
[X] Gender identity
[X] Pregnancy

TAKING A STAND

Resolution passed on:

[✔] Support for anti-discrimination policies
[X] Opposition to crisis pregnancy centers
[X] Support for abortion coverage
[X] Pro-choice stance on legislation or ballot initiatives
[X] Opposition to sex-selective abortion bans

SPOTLIGHT: *The Impact of Borders and Restrictions*

Because abortion is illegal in many parts of Mexico, many Mexicans seek abortion care from the abortion clinic in El Paso. But evidence also shows that state and federal restrictions on abortion, including bans on public insurance coverage for abortion, lead some El Pasoans to cross the border to Mexico to purchase misoprostol, a drug widely available in Mexican pharmacies that can safely induce abortion. If El Pasoans who qualify for Medicaid cross the border into New Mexico, state policy allows them to use Medicaid to cover their abortions there, but they must travel nearly four hours to the closest New Mexico-based abortion clinic to do so.

KEY
✔ Yes
✗ No
L Limited
P Preempted
N/A Data not available
* County-level data

FORT WORTH

★★⯪☆☆

TARRANT COUNTY, TEXAS

LOCAL LANDSCAPE

Population, 2016: **854,113**
Median income, 2015: **$53,214**
Annual costs (family of 4), 2014: **$62,094**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **2**
Number of SBHCs: **6**
Number of CPCs: **~ 10**

Unintended pregnancy: N/A
Maternal mortality, 2014: **30.1** deaths per 100,000 births
Teen births, 2014: **37.1** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention*
- ✔ Funding for sexuality education
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies*
- ✘ Paid family leave
- ✘ $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Supporting Mothers to Combat Infant Mortality*

Public health leaders have been working for years to address infant mortality in Tarrant County, which has both the highest infant mortality rate among Texas' largest counties and significant racial disparities in outcomes. In 2014, the University of North Texas Health Science Center (UNTHSC) applied for and received a Healthy Start grant from the federal government to reduce infant deaths and close the racial gap in health disparities. Working in collaboration with the Infant Health Network, which provides community-based support to women well beyond birth, teams of caseworkers, community health workers, and health educators are making home visits to more than 500 Fort Worth women a year.

HARTFORD

★★½☆☆☆

HARTFORD COUNTY, CONNECTICUT

LOCAL LANDSCAPE

Population, 2016: **123,243**
Median income, 2015: **$30,630**
Annual costs (family of 4), 2014: **$81,623**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **4**
Number of SBHCs: **4**
Number of CPCs: **~ 1**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2010-2014: **40** live births per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✘ Funding for STI prevention
- ✔ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- L Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- ✘ Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
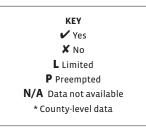
Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- L Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Local Response to CPCs*

Since 1981, the Hartford GYN Center has been offering comprehensive reproductive health care and abortion services for the Hartford community. In May 2017, St. Gerard's Center for Life, an active anti-choice group, moved into the same building complex and opened an anti-abortion CPC called "Hartford Women's Center." The Hartford Women's Center's intentionally confusing name and signage divert patients seeking services at Hartford GYN and the CPC then gives those patients medically inaccurate and false information when they enter. In response, Hartford GYN has reinforced its commitment to providing compassionate, judgment-free care to people seeking abortions, including trained clinic escorts.

HOUSTON

★★☆☆☆

HARRIS COUNTY, TEXAS

LOCAL LANDSCAPE

Population, 2016: **2,303,482**
Median income, 2015: **$46,187**
Annual costs (family of 4), 2014: **$60,608**

Number of abortion clinics: **≥ 5**
Number of Title X clinics: **8**
Number of SBHCs: **11**
Number of CPCs: **~ 31**

Unintended pregnancy, 2014: N/A
Maternal mortality, 2014: **28.2** deaths per 100,000 births
Teen births, 2010-2014: **48.3** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✘ Funding for family planning
- ✘ Funding for STI prevention
- ✔ Funding for sexuality education
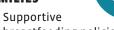- L Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- ✘ Paid family leave
- ✘ $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Fighting LGBTQ Discrimination After Defeat*

The Houston City Council passed the Houston Equal Rights Ordinance (HERO) in 2014, prohibiting discrimination based on race, age, veteran status, religion, pregnancy, gender identity, and sexual orientation. Following a legal challenge, the city was ordered to put HERO to a public vote, and those opposed to transgender rights launched a fear-mongering campaign. HERO failed to pass, leaving Houston as the most diverse city in the country without such protections. The city has not given up: then-Mayor Annise Parker, the first openly gay mayor of a major U.S. city, declared an ongoing commitment to the fight and current Mayor Sylvester Turner has created a Mayor's LGBT Advisory Board.

INDIANAPOLIS ★★⯪☆☆

MARION COUNTY, INDIANA

LOCAL LANDSCAPE

Population, 2016: **855,164**
Median income, 2015: **$41,987**
Annual costs (family of 4), 2014: **$66,473**

Number of abortion clinics: **≥ 3**
Number of Title X clinics: **12**
Number of SBHCs: **10**
Number of CPCs: **~ 11**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2015: **36.7** births per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention*
- ✘ Funding for sexuality education
- L Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth*
- ✔ Sexuality education policy: *Abstinence-only education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies*
- P Paid family leave
- P $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
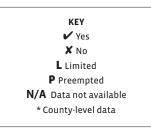
Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Supporting Adolescent Access*

The Bell Flower Clinic and the Marion County Public Health Department host The Action Center, a clinic devoted specifically to care for 12- and 13-year-olds. The Action Center provides low-cost and confidential reproductive health services to these adolescents living in the greater Indianapolis area. In addition to pregnancy testing and treatment for sexually-transmitted infections, it also offers an option where young people can submit their questions online and receive a response from a doctor. This important community resource provides a space that recognizes that some young people have sex and that they should be given the tools to make safe choices in their relationships.

JACKSONVILLE

★☆☆☆☆

DUVAL COUNTY, FLORIDA

LOCAL LANDSCAPE

Population, 2016: **880,619**
Median income, 2015: **$46,764**
Annual costs (family of 4), 2014: **$66,321**

Number of abortion clinics: **≥ 3**
Number of Title X clinics: **7**
Number of SBHCs: **9**
Number of CPCs: **~ 14**

Unintended pregnancy: N/A
Maternal mortality, 2015: **830.9** deaths per 100,000 births, ages 15-44*
Teen births, 2013-2015: **27.7** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✘ Funding for STI prevention
- ✔ Funding for sexuality education*
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth *
- ✔ Sexuality education policy: *Abstinence-only education*
- ✔ Reproductive health care in school-based health centers*

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
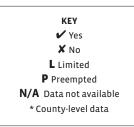- ✘ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

SPOTLIGHT: *Historic Vote for LGBTQ Equality*

Until 2017, Jacksonville was the largest U.S. city without human rights protections for LGBTQ individuals in place. Following defeats of similar ordinances in both 2012 and 2016, in a historic 12-to-6 vote in 2017, the city council enacted a LGBTQ equality ordinance without the mayor's signature. The final ordinance bans discrimination based on sexual orientation and gender identity in employment, housing, and public accommodation. This was a huge win for the elected officials, the Jacksonville Coalition for Equality, and the advocates and citizens who organized over many years to protect LGBTQ people citywide.

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

LAS VEGAS

★★☆☆☆

SOUTHERN NEVADA HEALTH DISTRICT

LOCAL LANDSCAPE

Population, 2016: **632,912**
Median income, 2015: **$50,202**
Annual costs (family of 4), 2014: **$68,289**

Number of abortion clinics: **≥ 6**
Number of Title X clinics: **2**
Number of SBHCs: **5**
Number of CPCs: **~ 4**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2012-2014: **29.3** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
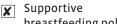- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention*
- ✔ Funding for sexuality education*
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✘ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education**
- ✘ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- ✘ Paid family leave
- ✘ $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
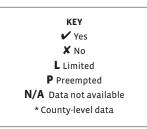
Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- P Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Advocacy for Comprehensive Sexuality Education*

Following years of local advocacy, heated community meetings, and even a Daily Show appearance by young Las Vegans, in 2016, the Clark County School Board improved its sexuality education policy, adding information about sexual assault, sexually transmitted infections, and contraception. Young people participated in the process both through advocacy and formally, as non-voting members of the Sex Education Advisory Committee of the School Board. Although this policy change is positive for students and advocates, the curriculum remains abstinence-based and is not LGBTQ-inclusive. Further, Nevada's state policy requires that parents opt students in to sex education, forming another significant barrier to access.

LOS ANGELES

★★★★✬

LOS ANGELES COUNTY, CALIFORNIA

LOCAL LANDSCAPE

Population, 2016: **3,976,322**
Median income, 2015: **$50,205**
Annual costs (family of 4), 2015: **$73,887**

Number of abortion clinics: **≥ 26**
Number of Title X clinics: **100**
Number of SBHCs: **45**
Number of CPCs: **~ 21**

Unintended pregnancy, 2010: **47%** of live births
Maternal mortality, 2013: **17.9** deaths per 100,000 births*
Teen pregnancy: N/A

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- P Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers
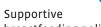
FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education*
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies*
- P Paid family leave
- ✔ $15 minimum wage
- ✔ Support for undocumented people to access care*

ADVANCING INCLUSIVE POLICIES
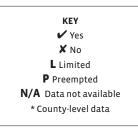
Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- P Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- P Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✔ Support for abortion coverage
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Health Care for Incarcerated Women*

Advocates in Los Angeles, led by the ACLU of Southern California, are engaged in ongoing collaboration with the Los Angeles Sheriff's Department to ensure that all incarcerated women have access to the care they need, with a particular focus on reproductive health care for all and specific care for pregnant and postpartum women and their children. Since 2014, the Sheriff's Department has maintained a special unit for pregnant and postpartum women and assigned an advocate to act on behalf of the women. Los Angeles County has also contributed by funding access to contraception and abortion care. Most recently, the department launched pilots of lactation accommodation and doula programs.

LOUISVILLE

★★½☆☆☆

JEFFERSON COUNTY, KENTUCKY

LOCAL LANDSCAPE

Population, 2016: **608,732**
Median income, 2015: **$45,762**
Annual costs (family of 4), 2014: **$60,764**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **6**
Number of SBHCs: **3**
Number of CPCs: **~ 5**

Unintended pregnancy, 2014: N/A
Maternal mortality: N/A
Teen births, 2015: **27.2** per 1,000 ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

☒ Clinic safety ordinance
☒ Regulations on crisis pregnancy centers
☑ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

☒ Funding for abortion
☒ Funding for family planning
☑ Funding for STI prevention
☒ Funding for sexuality education
Ⓟ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

☑ Support for pregnant and parenting youth
☑ Sexuality education policy: *Abstinence-plus education*
☒ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

☑ Supportive breastfeeding policies
☒ Paid family leave
☒ $15 minimum wage
☒ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

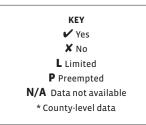☒ Reproductive health decisions
☑ Gender identity
☑ Pregnancy

Anti-discrimination ordinance for all employees on:

☒ Reproductive health decisions
☑ Gender identity
☑ Pregnancy

TAKING A STAND

Resolution passed on:

☑ Support for anti-discrimination policies
☒ Opposition to crisis pregnancy centers
☒ Support for abortion coverage
☒ Pro-choice stance on legislation or ballot initiatives
☒ Opposition to sex-selective abortion bans

SPOTLIGHT: *Defending Kentucky's Only Abortion Clinic*

The EMW Women's Surgical Center in Louisville is the state's only abortion clinic. Research conducted from July 2016-2017 by the Louisville Clinic Escorts, who have been protecting access for decades, recorded more than 110 incidents of violence or disruption from protesters and found that nearly half of the patients who sought care at EMW felt scared, nervous, or unsafe. This hostile environment has led advocates to call for a clinic safety ordinance that would enable patients to access care without fear. While legislation is yet to be introduced, the Metro Council is studying the issue.

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

MEMPHIS

★★☆☆☆

SHELBY COUNTY, TENNESSEE

LOCAL LANDSCAPE

Population, 2016: **652,717**
Median income, 2015: **$36,445**
Annual costs (family of 4), 2014: **$52,971**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **13**
Number of SBHCs: **3**
Number of CPCs: **~4**

Unintended pregnancy, 2014: N/A
Maternal mortality: N/A
Teen pregnancy, 2014: **48.8** per 1,000*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth*
- ✔ Sexuality education policy: *Abstinence-plus education* *
- ✘ Reproductive health care in school-based health centers

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✘ Funding for STI prevention
- ✘ Funding for sexuality education
- ✘ Municipal insurance coverage of abortion

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- L Support for undocumented people to access care

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Devastating Defunding of Planned Parenthood*

In 2011, Shelby County defunded Planned Parenthood, which had been the county's Title X provider for decades and served thousands of clients each year. The County Commission instead granted the Title X contract to the religiously affiliated Christ Community Services, which failed to use nearly half the funding they received that year and saw only a fraction of the patients served by Planned Parenthood. No other local clinics saw an increase in visits, indicating that many people went without any care at all. Although the Obama administration restored funding directly to Planned Parenthood, Christ Community continues to serve as a local Title X provider.

MIAMI

MIAMI-DADE COUNTY, FLORIDA

★★☆☆☆

LOCAL LANDSCAPE

Population, 2016: **453,579**
Median income, 2015: **$31,051**
Annual costs (family of 4), 2014: **$68,503**

Number of abortion clinics: **≥ 7**
Number of Title X clinics: **4**
Number of SBHCs: **N/A**
Number of CPCs: **~ 11**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2015: **15.3** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✘ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- L Paid family leave
- P $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Community Responds to the Zika Outbreak*

Miami is ground zero for the recent outbreak of Zika, a mosquito-borne virus that can be transmitted sexually. This is especially alarming in light of Florida's efforts to defund Planned Parenthood and restrict abortion access. Planned Parenthood of South, East and North Florida has undertaken a major public education campaign, canvassing in medically underserved neighborhoods to engage community members who speak English, Spanish, and Creole and encourage them to connect with their neighbors and local businesses. Since 2015, Planned Parenthood has educated nearly 36,000 residents about the risks posed by Zika and distributed 135 Zika prevention kits that include condoms and dental dams.

MILWAUKEE

★★☆☆☆

MILWAUKEE COUNTY, WISCONSIN

LOCAL LANDSCAPE

Population, 2016: **595,047**
Median income, 2015: **$35,958**
Annual costs (family of 4), 2014: **$76,117**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **4**
Number of SBHCs: **4**
Number of CPCs: **~ 12**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2015: **29.2** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✘ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- P Paid family leave
- L $15 minimum wage *
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
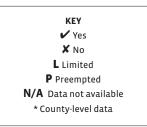
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- ✔ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Exposing Inhumane Jail Practices*

The Milwaukee County Jail is known for its harsh treatment of prisoners, including of a mother whose newborn baby died after she was forced to give birth on her cell floor. Under former Sheriff David Clarke, whose harsh rhetoric became notorious during the 2016 presidential campaign, the jail had a common practice of inhumanely shackling inmates, including pregnant women, during medical treatment. A recent federal lawsuit filed by a woman who was shackled while giving birth in 2013 found that more than 40 women endured the same conditions since 2011. Members of the Milwaukee County Board and Wisconsin State Legislature have expressed support for reform in 2017.

MINNEAPOLIS ★★★☆☆

HENNEPIN COUNTY, MINNESOTA

LOCAL LANDSCAPE

Population, 2016: **413,651**
Median income, 2015: **$51,480**
Annual costs (family of 4), 2014: **$69,636**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **2**
Number of SBHCs: **7**
Number of CPCs: **~ 5**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2014: **22** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education*
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- L Supportive breastfeeding policies*
- L Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
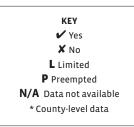
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- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Campaign to End Chlamydia Epidemic*

In response to an epidemic of chlamydia among young people in North Minneapolis, NorthPoint Health and Wellness Center convened the North Minneapolis Chlamydia Partnership (NMCP) to bring together a range of community-based organizations working with families in the neighborhood and support young people as partners. Teen leaders developed a campaign, Community Restoring Urban Youth Sexual Health (CRUSH), which hosts peer education events to promote testing and treatment of STIs, creates and runs social media campaigns that raise awareness of chlamydia and other STIs, and offers trainings for parents and caregivers on how to talk to young people about sexual health.

NASHVILLE

★½☆☆☆

DAVIDSON COUNTY, TENNESSEE

LOCAL LANDSCAPE

Population, 2016: **660,388**
Median income, 2015: **$47,621**
Annual costs (family of 4), 2014: **$54,389**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **4**
Number of SBHCs: **0**
Number of CPCs: **~ 5**

Unintended pregnancy, 2014: **34%** of live births
Maternal mortality: N/A
Teen births, 2014: **12.8** per 1,000, ages 15-17*

PROTECTING ABORTION CLINIC ACCESS

- ✗ Clinic safety ordinance
- ✗ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✗ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✗ Funding for sexuality education
- ✗ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-only education*
- ✗ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✗ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✗ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✗ Reproductive health decisions
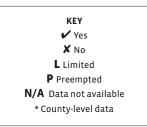- ✔ Gender identity
- ✗ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✗ Reproductive health decisions
- P Gender identity
- ✗ Pregnancy

TAKING A STAND

Resolution passed on:

- ✗ Support for anti-discrimination policies
- ✗ Opposition to crisis pregnancy centers
- ✗ Support for abortion coverage
- ✗ Pro-choice stance on legislation or ballot initiatives
- ✗ Opposition to sex-selective abortion bans

KEY
✔ Yes
✗ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Supporting Families Despite State Policy*

As a progressive city in a conservative state, Nashville is adopting and implementing a robust agenda to support families despite state-level attacks. In April 2011, Nashville became the first city in Tennessee to pass an ordinance prohibiting employment discrimination against LGBTQ citizens. In response, the state banned municipalities from adopting anti-discrimination ordinances that are broader than the state's, leaving Nashville's ordinance unenforceable. The state further preempts cities from setting its own minimum wage and paid family leave policies. Reacting to these strictures, Nashville worked within its existing authority to unanimously approve a paid family leave plan for Metro employees in 2017.

NEW ORLEANS ★★☆☆☆

ORLEANS PARISH, LOUISIANA

LOCAL LANDSCAPE

Population, 2016: **391,495**
Median income, 2015: **$36,792**
Annual costs (family of 4), 2014: **$60,508**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **20**
Number of SBHCs: **5**
Number of CPCs: **~ 4**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2014: **29.3** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✗ Clinic safety ordinance
- ✗ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✗ Funding for abortion
- ✗ Funding for family planning
- ✗ Funding for STI prevention
- ✔ Funding for sexuality education
- ✗ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- L Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- L Paid family leave
- P $15 minimum wage
- ✗ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
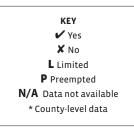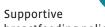
Anti-discrimination ordinance for municipal employees on:

- ✗ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✗ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✗ Opposition to crisis pregnancy centers
- ✗ Support for abortion coverage
- ✗ Pro-choice stance on legislation or ballot initiatives
- ✗ Opposition to sex-selective abortion bans

SPOTLIGHT: *Advocacy for Sex Ed in Charter Schools*

Following Hurricane Katrina's devastation, the New Orleans school system transitioned almost entirely to charter schools, which lack significant government oversight. Comprehensive sexuality education could only be achieved school-by-school, resulting in a patchwork of policies. In 2016, the city adopted a reunification plan that will return control of most of these schools to the Orleans Parish School Board, providing an opportunity for policy change that could bring comprehensive sexuality education to schools citywide. Community-based organizations like the Institute for Women and Ethnic Studies (IWES) are advocating for the adoption of such a policy as reunification is taking effect.

KEY
✔ Yes
✗ No
L Limited
P Preempted
N/A Data not available
* County-level data

NEW YORK CITY

★★★★½

NEW YORK

LOCAL LANDSCAPE

Population, 2016: **8,537,673**
Median income, 2015: **$53,373**
Annual costs (family of 4), 2014: **$98,722**

Number of abortion clinics: **≥ 14**
Number of Title X clinics: **50**
Number of SBHCs: **153**
Number of CPCs: **~ 11**

Unintended pregnancy, 2011: **24.6%** of live births
Maternal mortality, 2010: **30** per 100,000 live births
Teen pregnancy, 2015: **40.6** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- ✔ Regulations on crisis pregnancy centers
- ✘ No funding for crisis pregnancy centers

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

ADVANCING INCLUSIVE POLICIES
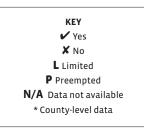
Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
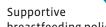- ✔ Pregnancy

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- P Municipal insurance coverage of abortion

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✔ Support for undocumented people to access care

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✔ Opposition to crisis pregnancy centers
- ✔ Support for abortion coverage
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

SPOTLIGHT: *Comprehensive Sex Ed Needs Implementation*

As the United States' largest school system, New York City public schools reach more than one million students. Current state law requires that students receive one semester of health education in both middle school and high school, and New York City requires that each of those semesters include sexuality education. However, even insufficient mandates are not being uniformly met. Advocates are calling upon both the City Department of Education and State Education Department to mandate age-appropriate, K-12 sexuality education that meets the National Sexuality Education Standards.

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

OKLAHOMA CITY ★⯪☆☆☆

OKLAHOMA COUNTY, OKLAHOMA

LOCAL LANDSCAPE

Population, 2016: **638,367**
Median income, 2015: **$47,779**
Annual costs (family of 4), 2014: **$55,496**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **15**
Number of SBHCs: **2**
Number of CPCs: **~ 5**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2014: **43** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention*
- ✔ Funding for sexuality education*
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education* *
- ✔ Reproductive health care in school-based health centers*

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- ✘ Paid family leave
- P $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
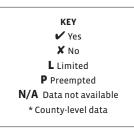
Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

SPOTLIGHT: *Justice in Housing for LGBTQ People*

Oklahoma City took an important step in protecting residents' access to fair housing in 2016 by updating its housing nondiscrimination ordinance to add familial status, disability, age, sexual orientation, and gender identity to the list of protected classes. The protections for LGBTQ people, in particular, were hotly contested and passed by only a slim 5-4 margin in the Oklahoma City Council. Oklahoma City's mayor declared this a victory that demonstrated that Oklahoma City was opposed to discrimination in all forms.

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

PHILADELPHIA

PENNSYLVANIA

★★★★☆

LOCAL LANDSCAPE

Population, 2016: **1,567,872**
Median income, 2015: **$38,253**
Annual costs (family of 4), 2014: **$76,393**

Number of abortion clinics: **≥ 4**
Number of Title X clinics: **43**
Number of SBHCs: **11**
Number of CPCs: **~ 18**

Unintended pregnancy: N/A
Maternal mortality, 2010-2012: **27.4** deaths per 1,000
Teen pregnancy, 2015: **38.4** live births per 1,000 girls 15-19

PROTECTING ABORTION CLINIC ACCESS

- [✗] Clinic safety ordinance
- [✗] Regulations on crisis pregnancy centers
- [N/A] No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- [N/A] Funding for abortion
- [✔] Funding for family planning
- [✔] Funding for STI prevention
- [✔] Funding for sexuality education
- [N/A] Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- [✔] Support for pregnant and parenting youth
- [✔] Sexuality education policy: *Comprehensive sexuality education*
- [✔] Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- [✔] Supportive breastfeeding policies
- [L] Paid family leave
- [P] $15 minimum wage
- [✔] Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

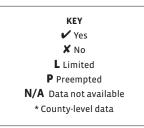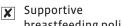Anti-discrimination ordinance for municipal employees on:

- [✗] Reproductive health decisions
- [✔] Gender identity
- [✔] Pregnancy

Anti-discrimination ordinance for all employees on:

- [✗] Reproductive health decisions
- [✔] Gender identity
- [✔] Pregnancy

TAKING A STAND

Resolution passed on:

- [✔] Support for anti-discrimination policies
- [✗] Opposition to crisis pregnancy centers
- [✔] Support for abortion coverage
- [✔] Pro-choice stance on legislation or ballot initiatives
- [✗] Opposition to sex-selective abortion bans

KEY
✔ Yes
✗ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *United for Insurance Coverage of Abortion*

The Philadelphia Board of Health became the first local Board of Health to demonstrate its support for comprehensive coverage of abortion care in 2013 by unanimously passing a resolution calling for repeal of the federal Hyde Amendment. The Philadelphia City Council built on that momentum three years later, passing a similar resolution condemning 40 years of the federal ban on abortion coverage and calling for passage of the EACH Woman Act. The 2016 resolution was an important response to a state ban on insurance coverage of abortion passed in late 2013. Philadelphia is now one of only two cities that have passed multiple resolutions demonstrating a commitment to abortion coverage.

PHOENIX

★★☆☆☆

MARICOPA COUNTY, ARIZONA

LOCAL LANDSCAPE

Population, 2016: **1,615,017**
Median income, 2015: **$47,326**
Annual costs (family of 4), 2014: **$67,468**

Number of abortion clinics: **≥ 5**
Number of Title X clinics: **2**
Number of SBHCs: **N/A**
Number of CPCs: **~ 21**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen pregnancy, 2012: **41.0** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- ✗ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✗ Funding for abortion
- ✗ Funding for family planning
- ✔ Funding for STI prevention*
- ✔ Funding for sexuality education*
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- N/A Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-only education* *
- ✗ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✗ Supportive breastfeeding policies
- P Paid family leave
- ✗ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✗ Reproductive health decisions
- ✔ Gender identity
- ✗ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✗ Reproductive health decisions
- ✔ Gender identity
- ✗ Pregnancy

TAKING A STAND

Resolution passed on:

- ✗ Support for anti-discrimination policies
- ✗ Opposition to crisis pregnancy centers
- ✗ Support for abortion coverage
- ✗ Pro-choice stance on legislation or ballot initiatives
- ✗ Opposition to sex-selective abortion bans

KEY
✔ Yes
✗ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Defending Immigrants' Right to Health Care*

Phoenix is home to a large population of undocumented immigrants. This community faces significant barriers to accessing health care, and were subjected to a two-decades-long campaign of prosecution and deportation by former Maricopa County Sheriff Joe Arpaio. Organizations like Phoenix Allies for Community Health led grassroots efforts to coordinate volunteer medical providers to offer health care to undocumented people. In 2016, activists successfully organized to defeat Arpaio in his sixth reelection campaign. Arpaio was ultimately convicted of criminal contempt, but was later pardoned.

PORTLAND

★★★☆☆

MULTNOMAH COUNTY, OREGON

LOCAL LANDSCAPE

Population, 2016: **639,863**
Median income, 2015: **$55,003**
Annual costs (family of 4), 2014: **$67,802**

Number of abortion clinics: **≥ 4**
Number of Title X clinics: **34**
Number of SBHCs: **9**
Number of CPCs: **~ 6**

Unintended pregnancy, 2009-2010: **40%** live births*
Maternal mortality: N/A
Teen pregnancy: N/A

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning*
- ✔ Funding for STI prevention*
- ✔ Funding for sexuality education*
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy:* *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies*
- L Paid family leave*
- L $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
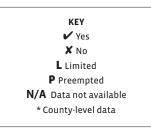- ✔ Gender identity
- P Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- P Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *County Board is Majority Women of Color*

The 2017 Multnomah County Board of Commissioners is the county's first board to be composed of a majority of people of color and its seventh to be composed of all women. This includes the county's first Asian American commissioner, Lori Stegmann, and the county's third Latina commissioner, Jessica Vega Pederson. This Board of Commissioners is pursuing a range of progressive policies, including the unanimous passage of a resolution declaring that access to safe, affordable, and comprehensive reproductive health services is a right and pursuing a project to identify and implement alternatives to incarceration that strives to keep families together and provide support to the community.

RICHMOND

★ ½ ☆ ☆ ☆

VIRGINIA

LOCAL LANDSCAPE

Population, 2016: **223,170**
Median income, 2015: **$40,758**
Annual costs (family of 4), 2014: **$68,845**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **14**
Number of SBHCs: **0**
Number of CPCs: **~ 4**

Unintended pregnancy: N/A
Maternal mortality, 2013: **105.7** deaths per 100,000
Teen pregnancy, 2013: **41.3** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✘ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✘ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- ✘ Paid family leave
- ✘ $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

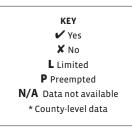- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- P Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Expanding LARC Access in Clinics*

Recognizing that long-acting reversible contraceptives (LARC) are highly effective but that many patients are unfamiliar with them, the Richmond City Health District (RCHD) launched the LARC Initiative, a patient education program, in July 2016. Counselors were able to provide all patients with non-coercive counseling that raised awareness about the effectiveness of LARCs and debunked myths about its safety, resulting in a 5% increase in uptake in one year. Reports showed that clients traveled to RCHD from neighboring counties specifically for the LARC program, demonstrating a clear need to make the full range of contraceptive methods more accessible across the state.

SAN ANTONIO ★★☆☆☆

BEXAR COUNTY, TEXAS

LOCAL LANDSCAPE

Population, 2016: **1,492,510**
Median income, 2015: **$46,744**
Annual costs (family of 4), 2014: **$59,507**

Number of abortion clinics: **≥ 3**
Number of Title X clinics: **4**
Number of SBHCs: **0**
Number of CPCs: **~ 14**

Unintended pregnancy: N/A
Maternal mortality, 2014: **0.5** deaths per 1,000 live births
Teen pregnancy, 2013: **49.6** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✘ Funding for sexuality education
- ✘ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- L Sexuality education policy: *Abstinence-plus education*
- ✘ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- L Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
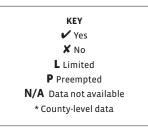- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✘ Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Zoning Regulation Targets Abortion Clinics*

In response to the 2013 Texas law (HB 2) requiring that abortions be provided in ambulatory surgical centers (ASCs), Planned Parenthood in San Antonio moved to an ASC to continue to provide services. The San Antonio City Council then amended its zoning regulations to require that ASCs receive City Council and Zoning Commission approval before opening in certain commercial districts. This did not impact the Planned Parenthood clinic, which had already relocated, but appeared intended to prevent further abortion providers from opening facilities. Despite the *Whole Woman's Health v. Hellerstedt* decision that struck down HB 2, the ordinance remains in place and could impact future medical facilities.

SAN DIEGO

SAN DIEGO COUNTY, CALIFORNIA

★★★☆☆

LOCAL LANDSCAPE

Population, 2016: **1,406,630**
Median income, 2015: **$66,116**
Annual costs (family of 4), 2014: **$74,425**

Number of abortion clinics: **≥ 8**
Number of Title X clinics: **23**
Number of SBHCs: **16**
Number of CPCs: **~ 13**

Unintended pregnancy, 2013-2014: **29.8%** *
Maternal mortality: N/A
Teen births, 2013: **19.5** per 1,000, ages 15-19 *

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- P Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✔ Funding for STI prevention *
- ✔ Funding for sexuality education
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- P Paid family leave
- ✘ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✘ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Comprehensive Support to Young Parents*

The Lindsay School, funded by the San Diego County Office of Education, provides an alternative high school experience for young mothers, operating within a social justice framework and providing students the option to study outside of school. Students may breastfeed between classes, and children can join their mothers in the classroom. The Lindsay School is also committed to providing resources outside the classroom, including a literacy program in the building and a mobile health clinic parked outside. Half of young mothers in San Diego County do not graduate from high school, but nearly all Lindsay School students do complete their graduation requirements, and the majority pursue higher education.

SAN FRANCISCO

★★★★⯪

CALIFORNIA

LOCAL LANDSCAPE

Population, 2016: **870,887**
Median income, 2015: **$81,294**
Annual costs (family of 4), 2014: **$91,785**

Number of abortion clinics: **≥ 4**
Number of Title X clinics: **20**
Number of SBHCs: **22**
Number of CPCs: **~ 3**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2005-2011: **15.4** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- ✔ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- ✔ Paid family leave
- ✔ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

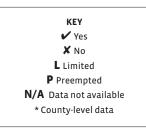- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✔ Support for abortion coverage
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✔ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Regulating CPCs' Deceptive Advertising*

In response to the release of a NARAL Pro-Choice California report on the deceptive practices of crisis pregnancy centers (CPCs) in the state, the San Francisco Board of Supervisors passed an innovative ordinance that prohibits CPCs from making misleading statements or posting deceptive advertisements about their services. It also included a provision enabling a judge, after finding that a CPC has violated the ordinance, to order the CPCs to post signage indicating whether they offer abortion or abortion referrals and to impose a fine. A federal court upheld this law in 2015.

SAN JOSÉ

SANTA CLARA COUNTY, CALIFORNIA

★★⯪☆☆

LOCAL LANDSCAPE

Population, 2016: **1,025,350**
Median income, 2015: **$84,647**
Annual costs (family of 4), 2014: **$84,461**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **4**
Number of SBHCs: **10**
Number of CPCs: **~ 11**

Unintended pregnancy, 2013-2014: **26.2%***
Maternal mortality: N/A
Teen births, 2013: **13.5** per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

- ✔ Clinic safety ordinance
- P Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✘ Funding for family planning
- ✔ Funding for STI prevention
- ✘ Funding for sexuality education
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers *

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies*
- P Paid family leave
- ✔ $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

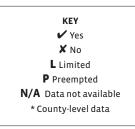Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✘ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- P Gender identity
- ✘ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Promoting Healthy Nail Salons*

In partnership with the California Healthy Nail Salon Collaborative, Santa Clara County launched the Healthy Nail Salon Recognition Program in 2015, a free and voluntary program for its more than 1,000 nail salons. Nail salons agree to use safer products that do not contain the "toxic trio" of chemicals that are often found in many brands of nail polish and are linked to reproductive health issues. Salons are also eligible for a rebate if they purchase a ventilation unit. Because the majority of Santa Clara's manicurists are Vietnamese-American, the program includes Vietnamese-speaking advocates who work with salons to better understand their business needs and create a sustainable and healthy work environment.

SEATTLE

KING COUNTY, WASHINGTON

★★★⯪☆

LOCAL LANDSCAPE

Population, 2016: **704,352**
Median income, 2015: **$70,594**
Annual costs (family of 4), 2014: **$72,274**

Number of abortion clinics: **≥ 5**
Number of Title X clinics: **19**
Number of SBHCs: **26** *
Number of CPCs: **~ 8** *

Unintended pregnancy, 2013: **47%** *
Maternal mortality: N/A
Teen births, 2015: **9.7** live births per 1,000, ages 15-19*

PROTECTING ABORTION CLINIC ACCESS

☒ Clinic safety ordinance
☒ Regulations on crisis pregnancy centers
☑ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

☒ Funding for abortion
☑ Funding for family planning*
☑ Funding for STI prevention*
☑ Funding for sexuality education
☑ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

☑ Support for pregnant and parenting youth
☑ Sexuality education policy: *Comprehensive sexuality education*
☑ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

☑ Supportive breastfeeding policies*
Ⓛ Paid family leave
☑ $15 minimum wage
☑ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES
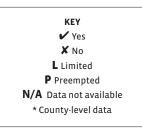
Anti-discrimination ordinance for municipal employees on:

☒ Reproductive health decisions
☑ Gender identity
☑ Pregnancy

Anti-discrimination ordinance for all employees on:

☒ Reproductive health decisions
☑ Gender identity
☑ Pregnancy

TAKING A STAND

Resolution passed on:

☑ Support for anti-discrimination policies
☒ Opposition to crisis pregnancy centers
☑ Support for abortion coverage
☑ Pro-choice stance on legislation or ballot initiatives
☒ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Supporting Gender and Economic Justice*

Economic justice is a core value in Seattle. A 2014 ordinance mandated a five-year phase-in of a $15/hour minimum wage and all employees in the city are eligible for paid family leave. In 2016, the city overwhelmingly approved Initiative 124, a union-backed effort to protect housekeepers – a population largely made up of immigrant women – from sexual harassment and injury and to enable them to support their families. The initiative includes provisions requiring hotels to provide housekeepers with panic buttons, track guests accused of harassment, and provide employees assistance in purchasing health coverage, among other benefits. The city is currently defending the initiative against a lawsuit from the hotels.

ST. LOUIS

MISSOURI

★★☆☆☆

LOCAL LANDSCAPE

Population, 2016: **311,404**
Median income, 2015: **$35,599**
Annual costs (family of 4), 2014: **$63,100**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **4**
Number of SBHCs: **2**
Number of CPCs: **~ 11**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen births, 2016: **61** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✗ Clinic safety ordinance
- ✗ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✗ Funding for abortion
- ✗ Funding for family planning
- ✔ Funding for STI prevention
- ✗ Funding for sexuality education
- ✗ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✗ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Abstinence-plus education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✗ Supportive breastfeeding policies
- P Paid family leave
- P $15 minimum wage
- ✗ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

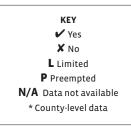Anti-discrimination ordinance for municipal employees on:

- ✗ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✗ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✗ Opposition to crisis pregnancy centers
- ✗ Support for abortion coverage
- ✗ Pro-choice stance on legislation or ballot initiatives
- ✗ Opposition to sex-selective abortion bans

KEY
✔ Yes
✗ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *The Right to Abortion on the Local Level*

St. Louis had been home to Missouri's only abortion clinic, and residents and activists there have worked to build a strong local movement to support reproductive health. NARAL Pro-Choice Missouri, which facilitates a clinic escort program, has found a pattern of escalating clinic violence and is supporting efforts by the St. Louis Board of Aldermen to develop and pass a clinic safety ordinance. At the same time, St. Louis has no shortage of crisis pregnancy centers because Missouri provides millions of dollars in funding to these fake clinics. The direct action organization Reproaction is leading efforts to raise awareness of their deceitful practices through direct actions across the city.

ST. PAUL

★★⯪☆☆

RAMSEY COUNTY, MINNESOTA

LOCAL LANDSCAPE

Population, 2016: **302,398**
Median income, 2015: **$48,757**
Annual costs (family of 4), 2014: **$69,636**

Number of abortion clinics: **≥ 1**
Number of Title X clinics: **1**
Number of SBHCs: **9**
Number of CPCs: **~ 3**

Unintended pregnancy: N/A
Maternal mortality: N/A
Teen pregnancy: N/A

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- ✘ Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✘ Funding for sexuality education
- ✔ Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✔ Supportive breastfeeding policies
- L Paid family leave
- ✘ $15 minimum wage
- ✘ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:

- ✘ Reproductive health decisions
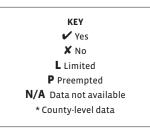- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✔ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Leading the Way for Paid Family Leave*

St. Paul unanimously passed a municipal employee paid family leave policy in 2014 that granted four weeks of paid leave to birth mothers and two weeks paid leave to "non-birthing employee parents" and those who adopted children. Shortly thereafter, the state conducted a study which found that women of reproductive age who were state employees were much more likely to leave their jobs than their colleagues, and that, often, they were moving into city government. This finding was key to encouraging the governor to add paid family leave to his package of reforms for the state and ultimately led to its enactment.

WASHINGTON, D.C. ★★★☆☆

LOCAL LANDSCAPE

Population, 2016: **681,170**
Median income, 2015: **$70,848**
Annual costs (family of 4), 2014: **$106,493**

Number of abortion clinics: **≥ 2**
Number of Title X clinics: **26**
Number of SBHCs: **8**
Number of CPCs: **~ 6**

Unintended pregnancy, 2010: **5.8%**
Maternal mortality, 2010: **23.8** deaths per 1,000
Teen births, 2015: **25.6** per 1,000, ages 15-19

PROTECTING ABORTION CLINIC ACCESS

- ✘ Clinic safety ordinance
- ✘ Regulations on crisis pregnancy centers
- ✔ No funding for crisis pregnancy centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

- P Funding for abortion
- ✔ Funding for family planning
- ✔ Funding for STI prevention
- ✔ Funding for sexuality education
- P Municipal insurance coverage of abortion

SUPPORTING YOUNG PEOPLE

- ✔ Support for pregnant and parenting youth
- ✔ Sexuality education policy: *Comprehensive sexuality education*
- ✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

- ✘ Supportive breastfeeding policies
- ✘ Paid family leave
- ✔ $15 minimum wage
- ✔ Support for undocumented people to access care

ADVANCING INCLUSIVE POLICIES

Anti-discrimination ordinance for municipal employees on:
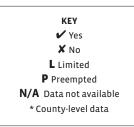
- ✘ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

Anti-discrimination ordinance for all employees on:

- ✔ Reproductive health decisions
- ✔ Gender identity
- ✔ Pregnancy

TAKING A STAND

Resolution passed on:

- ✔ Support for anti-discrimination policies
- ✘ Opposition to crisis pregnancy centers
- ✘ Support for abortion coverage
- ✘ Pro-choice stance on legislation or ballot initiatives
- ✘ Opposition to sex-selective abortion bans

KEY
✔ Yes
✘ No
L Limited
P Preempted
N/A Data not available
* County-level data

SPOTLIGHT: *Fighting for Abortion Coverage*

Many Washington, D.C. policies are subject to review by the federal government, including its decision to provide Medicaid coverage of abortion, which has been repealed and reinstated depending on the makeup of Congress and the White House. Congress restored the D.C. Council's ability to use its own funds to offer Medicaid coverage of abortion, and hundreds of women utilized this service. However, Congress reinstated the ban as part of the Affordable Care Act, provoking protests that led to the arrest of the mayor and councilmembers for civil disobedience. Despite ongoing resistance, the ban remains in effect, disproportionately impacting access to health care for low-income and minority women.

Cities (columns, left to right): Atlanta, GA · Austin, TX · Baltimore, MD · Boston, MA · Charlotte, NC · Chicago, IL · Cleveland, OH · Columbus, OH · Dallas, TX · Denver, CO · Detroit, MI · El Paso, TX · Fort Worth, TX · Hartford, CT · Houston, TX · Indianapolis, IN · Jacksonville, FL · Las Vegas, NV · Los Angeles, CA · Louisville, KY · Memphis, TN · Miami, FL · Milwaukee, WI · Minneapolis, MN · Nashville, TN · New Orleans, LA · New York City, NY · Oklahoma City, OK · Philadelphia, PA · Phoenix, AZ · Portland, OR · Richmond, VA · San Antonio, TX · San Diego, CA · San Francisco, CA · San José, CA · Seattle, WA · St. Louis, MO · St. Paul, MN · Washington, DC

Protecting Abortion Clinic Access

Clinic safety ordinance — Chicago, IL ✔; Columbus, OH ✔; Dallas, TX P; Los Angeles, CA ✔; New York City, NY ✔; Philadelphia, PA ✔, Phoenix, AZ ✔; San Francisco, CA ✔, San José, CA ✔, Seattle, WA ✔

Regulations on crisis pregnancy centers — Indianapolis, IN P; New York City, NY ✔; San Diego, CA P, San Francisco, CA ✔, San José, CA P

No funding for crisis pregnancy centers — Atlanta ✔, Austin ✔, Baltimore ✔, Boston ✔, Charlotte ✔, Chicago ✔, Cleveland ✔, Columbus ✔, Dallas ✔, Denver ✔, Detroit ✔, El Paso ✔, Fort Worth ✔, Hartford ✔, Houston ✔, Indianapolis ✔, Jacksonville ✔, Las Vegas ✔, Los Angeles ✔, Louisville ✔, Memphis ✔, Miami ✔, Milwaukee ✔, Minneapolis ✔, Nashville ✔, New Orleans ✔, New York City ✔, Oklahoma City ✔ N/A, Philadelphia ✔, Phoenix ✔, Portland ✔, Richmond ✔, San Antonio ✔, San Diego ✔, San Francisco ✔, San José ✔, Seattle ✔, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Clinic escort programs supported by city — Philadelphia, PA ✔

Noise regulations — Cleveland, OH ✔; Seattle, WA ✔

Other protections for abortion clinics — Baltimore, MD P; St. Louis, MO P

Protective zoning regulations —

Funding and Coverage for Reproductive Health Care

Funding for abortion — Atlanta P; Chicago ✔*; Dallas P; Denver P, Detroit P; Fort Worth P; Los Angeles P; Milwaukee P; Oklahoma City N/A; Phoenix P; Portland P; Washington, DC P

Funding for family planning — Atlanta ✔*, Austin ✔*, Baltimore ✔, Boston ✔*, Charlotte ✔*; Chicago ✔; Denver ✔*; Jacksonville ✔*; Los Angeles ✔*, Louisville ✔; Nashville ✔, New Orleans ✔; New York City ✔, Oklahoma City ✔*, Philadelphia ✔; Phoenix ✔*, Portland ✔, Richmond ✔; San Diego ✔; San José ✔*; St. Paul ✔, Washington, DC ✔

Funding for sex education — Austin ✔, Baltimore ✔; Chicago ✔, Cleveland ✔*, Columbus ✔, Dallas ✔, Denver ✔; Hartford ✔, Houston ✔; Los Angeles ✔*, Louisville ✔*, Memphis ✔*; Minneapolis ✔, Nashville ✔, New Orleans ✔*; New York City ✔, Oklahoma City ✔*, Philadelphia ✔*, Phoenix ✔*, Portland ✔; San Antonio ✔, San Diego ✔; Seattle ✔; Washington, DC ✔

Funding for STI prevention — Atlanta ✔*, Austin ✔, Baltimore ✔, Boston ✔, Charlotte ✔*, Chicago ✔; Columbus ✔; Denver ✔; Fort Worth ✔, Hartford ✔*; Los Angeles ✔*; Milwaukee ✔*, Minneapolis ✔, Nashville ✔; New Orleans ✔, New York City ✔*, Oklahoma City ✔*, Philadelphia ✔*, Phoenix ✔*, Portland ✔; Richmond ✔*, San Antonio ✔, San Diego ✔; San José ✔*, Seattle ✔, St. Louis ✔, Washington, DC ✔

Municipal insurance coverage of abortion — Atlanta L, Austin N/A, Baltimore ✔, Boston N/A, Charlotte P, Chicago ✔; Cleveland ✔; Denver ✔; Jacksonville ✔, Las Vegas L, Los Angeles L; Milwaukee P, Minneapolis P; New Orleans ✔, New York City ✔; Philadelphia P, Phoenix P, Portland N/A, Richmond P, San Antonio ✔, San Diego ✔; San Francisco P, San José P, Seattle P, St. Louis ✔; St. Paul ✔, Washington, DC P

Funding for contraception — Austin ✔, Baltimore ✔, Boston ✔*, Charlotte ✔*; Chicago ✔; Denver ✔; Los Angeles ✔*; Nashville ✔; New York City ✔, Oklahoma City ✔*, Philadelphia ✔; Phoenix ✔*, Portland ✔, Richmond ✔; San Diego ✔; San José ✔*, Seattle ✔, St. Louis ✔; Washington, DC ✔

Funding for community-based organizations to provide comprehensive sex education — Austin ✔, Baltimore ✔; Chicago ✔; Columbus N/A; Los Angeles ✔*; Nashville ✔; New Orleans ✔; New York City ✔, Oklahoma City ✔; Philadelphia ✔; Portland ✔, Richmond ✔; San Diego ✔; Washington, DC ✔

Funding to train providers in family planning care — Baltimore ✔; Chicago ✔; Los Angeles ✔*, Louisville ✔; Nashville ✔; New York City ✔; Philadelphia ✔; San Diego ✔*; San Diego/San José ✔; St. Louis ✔*

No gag rules on employees funded by the locality — Atlanta ✔, Austin ✔, Baltimore ✔, Boston ✔, Charlotte ✔, Chicago ✔, Cleveland ✔, Columbus ✔, Dallas ✔, Denver ✔, Detroit ✔, El Paso ✔, Fort Worth ✔, Hartford ✔, Houston ✔, Indianapolis ✔, Jacksonville ✔, Las Vegas ✔, Los Angeles ✔, Louisville ✔, Memphis ✔, Miami ✔, Milwaukee ✔, Minneapolis ✔, Nashville ✔, New Orleans P, New York City ✔, Oklahoma City ✔, Philadelphia ✔, Phoenix ✔, Portland ✔, Richmond ✔, San Antonio ✔, San Diego ✔, San Francisco ✔, San José ✔, Seattle ✔, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Supporting Young People

Support for pregnant and parenting youth — Baltimore ✔, Boston ✔*, Charlotte ✔, Chicago ✔; Columbus ✔, Dallas ✔; Hartford ✔, Houston L; Jacksonville ✔, Las Vegas ✔*, Los Angeles ✔*; Memphis ✔; Milwaukee ✔, Minneapolis ✔*, Nashville ✔, New Orleans ✔, New York City ✔, Oklahoma City ✔, Philadelphia L; Phoenix ✔, Portland ✔; Richmond ✔ N/A, San Antonio ✔, San Diego ✔, San Francisco ✔, San José ✔, Seattle ✔; St. Paul ✔, Washington, DC ✔

Sexuality education policy: Comprehensive sexuality education — Baltimore ✔; Chicago ✔, Cleveland ✔, Columbus ✔; Denver ✔; Los Angeles ✔; Minneapolis ✔, Nashville ✔; New York City ✔; Philadelphia ✔; San Diego ✔*; San Francisco ✔, San José ✔, Seattle ✔; St. Paul ✔, Washington, DC ✔

Abstinence-plus education — Austin ✔, Baltimore ✔; Chicago ✔; El Paso ✔, Fort Worth ✔, Hartford ✔, Houston ✔; Los Angeles ✔*; Memphis ✔, Miami ✔*, Milwaukee ✔; New York City ✔; Philadelphia ✔*; San Diego ✔, San Francisco L; Seattle ✔

Abstinence-only education — Atlanta ✔; Charlotte ✔; Fort Worth ✔; Louisville ✔, Memphis ✔; New Orleans ✔; San Diego ✔*

Reproductive health care in school-based health centers — Baltimore ✔, Boston ✔; Chicago ✔, Cleveland ✔, Columbus ✔, Dallas ✔, Denver ✔; Hartford ✔, Houston ✔, Indianapolis ✔, Jacksonville ✔*; Minneapolis ✔, Nashville ✔; New York City ✔, Oklahoma City ✔*, Philadelphia ✔; San Antonio ✔; Seattle ✔, St. Louis ✔*, St. Paul ✔, Washington, DC ✔

Supporting Families

Supportive breastfeeding policies — Austin ✔, Baltimore ✔; Chicago ✔; Denver ✔, Detroit ✔*; Fort Worth ✔, Hartford ✔*; Los Angeles ✔*, Louisville ✔, Memphis ✔; Minneapolis L*; New York City ✔, Oklahoma City ✔; Philadelphia ✔; Phoenix ✔*; Richmond ✔, San Antonio ✔, San Diego ✔, San Francisco ✔*, San José ✔*; St. Louis ✔

Paid family leave — Atlanta L, Austin L; Baltimore L, Boston P, Charlotte L, Chicago P, Cleveland P; Dallas P; Los Angeles P, Louisville P; Miami P; Milwaukee L, Minneapolis P, Nashville L, New Orleans P, New York City L, Oklahoma City P; Philadelphia L, Phoenix P, Portland L*; Richmond L, San Antonio P, San Diego ✔, San Francisco P, San José L, Seattle P, St. Louis L, St. Paul P, Washington, DC L

$15 minimum wage — Atlanta P; Baltimore L; Chicago P, Cleveland P; Dallas P, Denver P; Los Angeles P, Louisville P; Milwaukee L*; New Orleans P, New York City P, Oklahoma City P; Philadelphia P, Phoenix P, Portland P; Richmond L; San Diego ✔, San Francisco ✔, San José ✔, Seattle P; Washington, DC ✔

Support for undocumented people to access reproductive health care — Atlanta ✔*, Austin ✔, Baltimore ✔, Boston ✔; Chicago ✔; Denver ✔, Detroit ✔, El Paso ✔; Hartford ✔; Los Angeles ✔*; Memphis L; New York City ✔; Philadelphia ✔; Phoenix ✔, Portland ✔, Richmond ✔; San Francisco ✔; Washington, DC ✔

Positive public awareness campaigns on sexual and reproductive health — Baltimore ✔, Boston ✔; Chicago ✔, Cleveland ✔, Columbus ✔; Hartford ✔; Los Angeles ✔*; Nashville ✔; New York City ✔, Oklahoma City ✔; Philadelphia ✔; San Antonio ✔*, San Diego ✔, San Francisco ✔, San José ✔*, Seattle ✔, St. Louis ✔*, St. Paul L, Washington, DC ✔

Reproductive health protections for nail salon employees — Baltimore ✔; Los Angeles ✔; Philadelphia ✔; San Francisco ✔, San José ✔*

Advancing Inclusive Policies

Anti-discrimination ordinance for municipal employees: Pregnancy — Austin ✔; Chicago ✔; Dallas ✔; El Paso ✔, Fort Worth ✔; Hartford ✔, Houston ✔; Los Angeles P; Milwaukee ✔; Nashville ✔; New York City ✔, Oklahoma City ✔; Philadelphia ✔; Richmond P; San Diego ✔, San Francisco ✔, San José ✔*, Seattle ✔*, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Anti-discrimination ordinance for municipal employees: Reproductive health decisions —

Anti-discrimination ordinance for municipal employees: Gender identity — Austin ✔; Baltimore ✔, Boston P, Charlotte ✔, Chicago ✔, Cleveland ✔, Columbus ✔, Dallas ✔, Denver ✔, Detroit ✔, El Paso ✔; Hartford ✔ L, Houston ✔, Indianapolis ✔; Los Angeles ✔, Louisville ✔, Memphis ✔, Miami ✔, Milwaukee ✔, Minneapolis ✔, Nashville ✔; New York City ✔, Oklahoma City ✔, Philadelphia ✔; Phoenix ✔, Portland ✔; Richmond ✔, San Antonio ✔, San Diego ✔, San Francisco ✔, San José ✔, Seattle ✔, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Anti-discrimination ordinances for all employees: Pregnancy — Atlanta ✔, Austin ✔; Chicago ✔; Hartford ✔; Las Vegas ✔; Los Angeles P, Louisville ✔; Minneapolis ✔, Nashville ✔; New York City ✔; Philadelphia ✔; Richmond ✔; San Francisco ✔, San José P, Seattle ✔, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Anti-discrimination ordinances for all employees: Reproductive health decisions — Washington, DC ✔

Anti-discrimination ordinances for all employees: Gender identity — Atlanta ✔, Austin ✔, Baltimore ✔, Boston ✔, Charlotte P, Chicago ✔, Cleveland ✔, Columbus ✔, Dallas ✔, Denver ✔; Hartford ✔, Houston ✔; Los Angeles P; Minneapolis ✔, Nashville ✔; New York City ✔, Oklahoma City ✔, Philadelphia ✔; Phoenix ✔, Portland P; Richmond ✔, San Antonio ✔, San Diego ✔; San Francisco ✔, San José ✔, Seattle P, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Taking a Stand

Support for anti-discrimination policies — Atlanta ✔, Austin ✔, Baltimore ✔, Boston ✔, Charlotte ✔; Columbus ✔, Dallas ✔; Denver ✔; Hartford ✔; Los Angeles ✔; Milwaukee ✔; Nashville ✔; New York City ✔, Oklahoma City ✔; Philadelphia ✔; Richmond ✔ P; San Francisco ✔; Seattle ✔, St. Louis ✔, St. Paul ✔, Washington, DC ✔

Opposition to crisis pregnancy centers — Philadelphia, PA ✔

Advocacy for abortion coverage — Austin ✔*; Charlotte ✔; Chicago ✔*; Los Angeles ✔; Philadelphia ✔; Phoenix ✔; San Francisco ✔; Seattle ✔

Pro-choice stance on legislation or ballot initiatives — Austin ✔; Chicago ✔; Columbus ✔*, Dallas ✔; Houston ✔; Philadelphia ✔; Phoenix ✔; San Francisco ✔; Seattle ✔, St. Louis ✔

Opposition to sex-selective abortion bans — Seattle, WA ✔

Support for Women's Health Protection Act — Austin ✔; Los Angeles ✔; Philadelphia ✔; San Francisco ✔

KEY: ✔ Yes · L Limited · P Preempted · N/A Data unavailable · * County-level data

LOOKING AHEAD

WHAT POLICYMAKERS AND ADVOCATES CAN DO

Advocates and policymakers, including mayors, city councils, county commissions, departments of health and education, and other local agencies, can use the Local Reproductive Freedom Index and their City Scorecard as an opportunity to work together to respond to the challenges specific to their municipality.

Effectively addressing pressing reproductive health issues at the community level requires collaboration between public officials, constituents, advocacy organizations, and other stakeholders. Working with community partners and health policy experts will help ensure that city and county policymakers select the most-needed and appropriate solutions. Collaboration between government officials and the community to determine the most pressing reproductive health needs in any particular locality may lead cities to adopt some of the recommendations listed within this report, or may yield new and innovative ideas that are not yet included here but are the most appropriate for the local circumstances.

As a starting point for such discussions, NIRH offers recommendations on the following pages.

To discuss how to implement one of these policies, or design your own policy solution, contact localrepro@nirhealth.org.

1

Ensure safe access to comprehensive reproductive health care that includes abortion, options counseling, and the full range of contraceptives.

Cities serve as the sites where reproductive health care is accessed not only by city residents, but often by people who live in surrounding areas. Ensuring safe access to comprehensive reproductive health care entails a variety of protections to ensure safety and accessibility.

Strategies to Consider:

✔ Clinic safety is hyperlocal; every clinic has its own geography, community setting, and level of harassment or community support. Depending on the setting and circumstances, policies to protect clinics may include "buffer" or "bubble" zones drawn around the clinics, anti-harassment ordinances with heightened penalties near health care facilities, noise ordinances that ensure that patients are not subjected to harassment, or residential picketing ordinances that protect providers and clinic staff.

✔ Identify the deceptive or otherwise harmful practices of crisis pregnancy centers (CPCs) within the locality and creating regulations to address them can ensure that those seeking reproductive health care are not misled or harmed by deception, fraud, or coercion. These types of regulations are also hyperlocal, and may include regulations on advertising or consumer fraud protections.

✔ City-funded health services should include comprehensive counseling on contraception and reproductive health options, including abortion.

2

Build healthy and safe communities by funding community-informed services and programs that advance access to reproductive health care.

Many cities and counties face tight budgets, and new challenges are yet to come from changes in state and federal funding streams that may stretch them even further. Nonetheless, investing city resources in reproductive and sexual health is one of the most direct ways to impact the health and lives of residents, raising the level of health and safety for all, and such an investment may ultimately conserve city resources down the line. Officials should work to find dollars in their budget to invest in needed initiatives.

Strategies to Consider:

✔ Provide access to abortion and the full range of contraceptive methods for those who cannot otherwise afford them can greatly enhance the health and well-being of low-income residents and immigrants who are not eligible for Medicaid. Funding abortion is especially vital given federal and state bans on insurance coverage for abortion like those codified in the Hyde Amendment.

✔ The city's advertising budget can be used to promote reproductive health, including developing and running public awareness campaigns on contraceptive choices or STI prevention, or encourage that city residents to seek pregnancy care at comprehensive reproductive health care facilities, rather than deceptive CPCs. Such campaigns should not use shame or stigma; instead, they can serve as an important culture change strategy by normalizing discussions of sexual health and sexuality.

✔ Invest in or seeking funding to train local

service providers, including health care providers and clinic staff, social workers, and counselors, can enhance care to reflect the city's values. Such trainings could cover topics such as cultural competency in health care provision, teen-friendly health care, or the reproductive health care needs of trans and gender non-conforming people. Health care providers may benefit from training in new skills such as long-lasting reversible contraceptive (LARC) insertion or removal and abortion care; cities can also ensure that training in these skills is incorporated into the curricula for residents learning in local hospital systems.

✔ Communitywide collaborative projects are ideal ways to address racial or economic disparities in health outcomes, such as reducing infant and maternal mortality or local epidemics of specific STIs.

3

Support young people by providing the information and services they need to make informed and empowered decisions about their reproductive health.

Cities have an important role to play in ensuring that policies, services, and school curricula support young people in making informed choices about their health and that they have access to the care they need. Initiatives focused on schools should offer carrots, not sticks, to overstretched school systems by offering support to implement such policies.

Strategies to Consider:

✔ Require medically accurate, comprehensive, LGBTQ-friendly sexuality education from K-12th grade in schools. Policies should ensure adequate training for all teachers and should track, enforce,

and evaluate the effectiveness of the mandate.

✔ Require school-based health care centers (SBHCs) to offer reproductive health care, enabling students to get the care they need despite barriers like cost, transportation, and the need for confidentiality.

✔ Provide pregnant and parenting youth with the services and accommodations they need to continue and complete their education in a supportive, non-stigmatizing environment, including resources for breastfeeding, childcare options, and an appropriate policy on absences.

4

Build a community where each person is able to decide whether to "have children, not have children, and parent the children they have in safe and sustainable communities."[37]

The reproductive justice framework was created by Black women in 1994 to center the needs and experiences of the most marginalized women, families, and communities. It demonstrates that creating a community that supports individuals and families and ensures safety and justice for its residents requires work that goes beyond the reproductive rights framework and touches many different points of people's lives. Cities can and should implement policies that provide people with the resources and security they need to make real decisions about their pregnancies, their families, and their lives.

Strategies to Consider:

✔ Establish a $15 minimum wage and a paid family leave policy to sustain individuals, families, and communities. Even in states that face preemption issues, cities can use creative strategies such

as requiring that companies that receive local tax breaks offer a living wage and comprehensive benefits.

✔ Establish a policy of non-cooperation with Immigration and Customs Enforcement (ICE) and other sanctuary city policies that can help keep families together and enable people to access services within the city without fear.

✔ Support reproductive justice for incarcerated women, including banning shackling of pregnant and postpartum women; ensuring access to the full scope of comprehensive reproductive health care within jails, prisons, and detention centers; and implementing alternatives to incarceration.

✔ Protect all people living in the city, including trans and gender-nonconforming people, from discrimination in all areas of community life, including employment, housing, and public accommodations. People should also be protected from discrimination based on the decisions they make about pregnancy or reproductive health care.

✔ Create policies to reduce or eliminate the use of harmful chemicals in the workplace that pose a threat to maternal and reproductive health while still ensuring that small-business entrepreneurs can thrive.

✔ Local departments of health and education should consider publicly adopting a reproductive justice framework and using it to inform their policy decisions.[38]

5

Adopt proclamations, resolutions, and statements that boldly demonstrate that the city strongly supports reproductive health, rights, and justice.

While resolutions and other types of policy statements themselves are largely symbolic, they can be extremely meaningful when they address issues of high media salience, are relevant to state and federal politics or policy, and are coupled with a strategic grassroots engagement campaign.

Strategies to Consider:

✔ Endorse the value and importance of abortion coverage and call for the repeal of the Hyde Amendment and similar bans. This work highlights the urgency and importance of this issue, and a resolution can identify the direct impact on the city.

✔ Oppose bans on sex-selective abortion. The burgeoning movement for cities to declare their opposition to sex-selective abortion bans offers a prime opportunity for advocates and officials alike to educate the community on an abortion restriction that is often difficult to understand and to challenge stereotypes about Asian and Pacific Islander communities.

✔ Demonstrate support for reproductive health care, including abortion rights and access, by taking a public position on state-level ballot initiatives or pending legislation. As states continue to face restrictive bills and ballot measures in the years to come, cities should use these as opportunities to educate their residents on the impact of the policy change and to advocate for an affirmative policy instead. When multiple cities in one state pass similar resolutions, activists and lawmakers

can build community across cities and create a powerful echo chamber for this position within their state.

✔ Honor the work of reproductive health care providers, including abortion providers, and officially recognize their contributions to the community. Such a stance fights the stigma abortion providers often face and highlights the important role they play in the local landscape of reproductive health care provision.

CONCLUSION: CITIES WILL LEAD THE WAY

Any list of recommendations to make cities more just will inevitably be incomplete, but each of these concepts can serve as a jumping-off point for further thought and innovation from city governments. Local advocates and interested officials should work in coalition to develop new ideas and evaluate existing plans, building a stronger relationship between government and the community through the process. It is well established that the majority of the public supports reproductive rights, including abortion access, and cities should work to reflect these values. As this nation faces unprecedented attacks on the state and federal levels, now is the time for cities to continue leading the way and to offer themselves as safe havens for reproductive freedom. It is their obligation and their opportunity.

REFERENCE

EXPLAINING THE SCORECARDS

This section provides an explanation of each issue and policy indicator evaluated in the City Scorecards. For additional information on these indicators or for specific citations related to a city's score, please contact localrepro@nirhealth.org.

Local Landscape

The data included here provides a snapshot of each city's environment. Indicators should not be compared directly across cities, as not all are based on a consistent source, such as the U.S. Census. The more meaningful way to compare rates is across time, demonstrating an upward or downward trajectory. Presenting such broad data is not possible in this report, but those interested in a certain city are encouraged to do further research to place current rates within context. The year and other important details about the data are indicated to facilitate such an inquiry.

Population
The population estimates are reported from the 2016 data provided by the U.S. Census Bureau, Population Division.[39]

Maternal mortality rate
Maternal mortality is a death during pregnancy or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, and from any cause related to or aggravated by the pregnancy or its management, excluding accidental or incidental causes.[40] These data are included when available; however, many cities do not report data on maternal mortality. For context, it is important to recognize that the maternal mortality rate may appear low when presented on the local level, yet the United States overall has the highest rate of maternal mortality in the developed world, and pregnancy and childbirth in this country are much riskier for women of color, especially African-American women.

Median income
The median income is reported from the U.S. Census Bureau's 2011-2015 American Community Survey.[41]

Annual costs for a family of four
This number is provided by the Economic Policy Institute's Family Budget Calculator, which measures the income a family of four needs in order to attain a modest yet adequate standard of living. Each annual budget is based on the metropolitan area around the city in the profile.

Number of abortion clinics
This report uses the term "abortion clinic" to denote a medical facility that provides medical and/or surgical abortion; these are, frequently, women's health facilities that also provide other services related to reproductive health, although the range and proportion of abortion care to other reproductive health care may vary greatly from clinic to clinic.

The number of these facilities in a given city is based on counts of member facilities provided by the Abortion Care Network (ACN),[42] National Abortion Federation (NAF),[43] and Planned Parenthood Federation of America (PPFA),[44] supplemented by independent online research. The number is marked with the "≥", denoting greater than or equal to, because many private OB-GYNs and some other clinics that provide abortion do not publicly

advertise their services, meaning that the actual number of facilities providing abortion care in a particular municipality is likely higher than the number listed in the City Scorecards.

Number of crisis pregnancy centers

Crisis pregnancy centers (CPCs) are generally non-health organizations that often pose as women's health clinics, but in many or most cases, their primary aim is to dissuade pregnant women from choosing abortion. The number of CPCs is based on online research, interviews with local advocates, and websites run by anti-choice organizations. This number is marked with a "~" to denote approximation because the number of CPCs is often shifting.[45]

Number of school-based health centers

School-based health centers (SBHCs) are primary care clinics based on campuses of primary and secondary schools in the United States. The number of SBHCs is based on information provided by local advocates and the city, and is supplemented by online research.

Number of Title X clinics

Title X clinics receive federal funding from the Title X Family Planning Program to provide individuals with comprehensive family planning and preventable health services. The number of Title X clinics is based on the directory provided by the Human Resources Services Administration Office of Pharmacy Affairs 340B Database.

Teen pregnancy/birth rate

These data are tracked and provided by each city or county, and the rate is measured differently in many cities. Variables include whether the rate measures teen pregnancy or teen birth and the ages at which a city considers someone a "teen." NIRH uses the language of "teen pregnancy" or "teen birth" in the Local Landscape to match the language used by cities and counties that track this data.

However, because "teen pregnancy" has historically been viewed as a negative public health outcome, NIRH uses language such as "pregnant and parenting youth" or "young parents" throughout the rest of the report to avoid further stigmatizing young people who are sexually active and become pregnant. As pregnancy and parenting in adolescence can be the right choice for some young people, or the result of a system of inequities and/or a

lack of resources and education, the information on teen pregnancy/birth rate included in this report should be read as one data point in the context of the nexus of applicable information.[46, 47]

Unintended pregnancy rate

The rate of unintended pregnancy is based on data and measurements provided by the city or county, where available, but in many cases, this information is not tracked at a level lower than a statewide measure.

> **Note on the abortion rate:** The abortion rate is not included in this landscape, not only because many localities do not track it but also because that data point alone does not provide a complete story and can even be misleading. If collected, a city's abortion rate reflects how many people seek abortion in a city, which is likely to include many non-residents given the limited numbers of abortion clinics in many states and the important role cities play as centers for reproductive health care. Moreover, cities in states with fewer abortion restrictions may see higher rates as patients from states with more limited access cross state lines to obtain the care they need.

Spotlights

Each City Scorecard features a brief Spotlight that illuminates something that makes that city unique—for better or for worse—when it comes to reproductive health, rights, and justice. These unique elements might be a sample policy, a city-run program, or an aspect of local culture that, positively or negatively, directly influences the availability and accessibility of information or services in a respectful, supportive, and quality environment.

Protecting Abortion Clinic Access

Municipalities can enact a host of policies and initiatives described below to protect clinic staff, volunteers, and patients from misinformation, harassment, and violence, and to destigmatize abortion, recognizing it as an important and normal part of health care.

Clinic safety ordinance (2 points)[48]

Clinic safety ordinances include policies that, consistent with the First Amendment, limit how close protestors can be to the entrance of an abortion clinic; create a zone around the entrance that limits how close demonstrators may approach another person; create enhanced penalties for crimes committed in such a zone; and/or prohibit the intentional use of force, the threat of force, or physical obstruction to interfere with the attempt to obtain or provide reproductive health care services.

Regulations on CPCs (2 points)

An ordinance is in place to ensure that CPCs do not engage in misleading practices, that they explicitly inform people about the scope of their services, whether they have licensed medical providers on staff, and/or that they maintain confidentiality of personal information of those seeking their services.

No funding for CPCs (1 point)

The city or county does not allocate any funding to support facilities that intentionally deceive and misinform individuals about their reproductive health care options.

Clinic escort programs supported by city (1 point)

Clinic escorts are volunteers who help patients enter abortion clinics safely and without harassment. Cities can support clinic escorts by officially honoring their programs, facilitating trainings, or encouraging elected officials to participate as escorts.

Noise regulations (1 point)

Noise regulations are ordinances that, consistent with the First Amendment, limit volume levels of protests and/or regulate the hours that noise can be made outside of health care facilities, other facilities, or specifically reproductive health care facilities in order to protect patients, staff, and nearby businesses and residents.

Other protections for abortion clinics (1 point)

Other protections for abortion clinics can be a creative policy or initiative led by the city that responds to community-specific threats and/or needs, such as implementing trainings for police officers or other first responders in local, state, and federal policies.

Protective zoning regulations (2 points)

Protective zoning regulations explicitly treat abortion clinics for the purpose of zoning in an equivalent manner as other similar types of medical providers and/or prohibit unnecessary requirements or arbitrary limits on where abortion clinics may operate. Protective zoning regulations may also protect the areas in which abortion clinics are currently located, preventing changes in zoning rules from requiring the clinics to move or close.

Funding and Coverage for Reproductive Health Care

A city's budget reflects its values. These indicators illuminate its level of commitment to reproductive health, rights, and justice. Indicators under "funding" focus specifically on whether the city allocates the use of its own dollars, rather than simply pass-through grants from state or federal sources, to support each of the items below. The exception is for sexuality education; given the range of federal funding available to support different types of sexuality education, NIRH credits cities for applying for and receiving certain types of grants in this area.

Funding for abortion (2 points)

The city uses its own funding to subsidize or cover the cost of abortion for those who cannot afford it.

Funding for family planning (1 point)

The city uses its own funding to subsidize or cover family planning services for those who cannot afford it.

Funding for sex education in public schools (1 point)

The city uses its own funding or has applied to and received a federal or state grant to support comprehensive or abstinence-plus sexuality education in schools.

Funding for sexually transmitted infection prevention (1 point)

The city uses its own funding for the prevention of sexually transmitted infections (STIs), beyond HIV/AIDS prevention, given extensive federal resources available and policies requiring cities and states to address the HIV/AIDS epidemic.

Municipal insurance coverage of abortion (1 point)
The city has insurance policies available to municipal employees that include abortion coverage.

Funding for contraception (1 point)
The city uses its own funding to subsidize the cost of contraception for those who cannot afford it.

Funding for community-based organizations to provide comprehensive sexuality education (1 point)
The city uses its own funding to support community-based organizations that provide medically accurate comprehensive sexuality education (CSE).

Funding to train providers in family planning care (1 point)
The city uses its own funding to train providers in family planning care, such as how to insert and remove long-acting reversible contraceptives (LARCs) or providing teen- or LGBTQ-friendly health care.

No gag rules on employees funded by the locality (1 point)
The city imposes no rules, regulations, or conditions of contracts that would restrict municipal employees or employees of contracted organizations from providing comprehensive information about reproductive health care.

Supporting Young People

Young people have specific needs when it comes to reproductive freedom, including education about their bodies and sexuality, access to confidential care, and additional support if they become pregnant.

Support for pregnant and parenting youth (1 point)
Policies are in place to support pregnant and parenting youth who are continuing their education, such that the schools do not stigmatize young parents or divert parents into ineffective or inappropriate programs.

The following three indicators capture the type of sexuality education programs the city or county offers, if any. Abstinence-only education, which research shows is ineffective and stigmatizing, is not considered a policy that supports young people, and therefore cities and counties that offer that program do not receive a point.

Comprehensive sexuality education (1 point)[49]
Students receive sexuality education that includes age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention, and students are provided with opportunities for developing skills such as negotiation with a partner and how to disengage from an abusive relationship.

Abstinence-plus education (0.5 points)[50]
Students receive sexuality education that emphasizes the benefits of abstinence but also includes information about sexual behavior other than intercourse as well as contraception and disease prevention methods.

Abstinence-only education (0 points)[51]
Students receive sexuality education that emphasizes abstinence from all sexual behaviors, often presents marriage as the only morally correct context for sexual activity, and does not include information about contraception or STI prevention methods.

Reproductive health care in school-based health centers (2 points)
School-based health centers (SBHCs) offer reproductive health care for students, including distribution of contraceptives, prescriptions for contraception, referrals for reproductive health care not available there (such as abortion or prenatal care), and/or STI testing and treatment.

Supporting Families

A person's ability to access reproductive health care and lead a fully self-determined life, including the decision of if, when, and how to have a family, is impacted by many issues, including each of the indicators in this section.

Supportive breastfeeding policies (1 point)
The city has policies or initiatives, such as workplace accommodation or breastfeeding support programs, that destigmatize and facilitate breastfeeding.

Paid family leave (1 point)
The city requires paid family leave for all employees in the city.

$15 minimum wage (1 point)
The city has a policy of a $15/hour minimum wage or has put a policy in place that will gradually increase the wage to $15/hour.

Support for undocumented people to access reproductive health care (1 point)
The city supports access to reproductive health care specifically for undocumented people through measures such as providing funding, partnering with community-based organizations that work with undocumented people, declaring itself a sanctuary city to make reproductive health care safer to access, or offering a locally accepted municipal ID program to decrease barriers to accessing public services like reproductive health care.

Positive public awareness campaigns on sexual and reproductive health (1 point)
The city engages in public education or awareness campaigns that highlight important local issues related to sexual and reproductive health. The campaigns are not stigmatizing and are based on community needs.

Reproductive health protections for nail salon employees (1 point)
There is an ordinance or other initiative to protect the reproductive and maternal health of nail salon employees, who are often exposed to chemicals — including toluene, formaldehyde, and dibutyl phthalate (known as the "toxic trio") — that have been proven to be health hazards.[52]

Advancing Inclusive Policies

Cities are able to enact protections that go beyond existing state or federal law, establish anti-discrimination policies in the absence of state policy, or reinforce protections in the event a dramatic political change occurs in other levels of government. These anti-discrimination policies ensure people can make real decisions about pregnancy and reproductive health care and live their true identities without fear of repercussion from their employer or the city.

Anti-discrimination ordinance for municipal employees: Pregnancy (1 point)
Municipal employees are protected from discrimination based on pregnancy status.

Anti-discrimination ordinance for municipal employees: Reproductive health decisions (1 point)
Municipal employees are protected from discrimination based on their reproductive health decisions, including abortion.

Anti-discrimination ordinance for municipal employees: Gender identity (1 point)
Municipal employees are protected from discrimination based on their gender identity.

Anti-discrimination ordinances for all employees: Pregnancy (1 point)
Employees working in the city are generally protected from discrimination based on pregnancy status.

Anti-discrimination ordinances for all employees: Reproductive health decisions (2 points)
Employees working in the city are generally protected from discrimination based on their reproductive health decisions, including abortion.

Anti-discrimination ordinances for all employees: Gender identity (1 point)
Employees working in the city are generally protected from discrimination based on their gender identity.

Taking a Stand

Cities can be powerful voices in the fight for reproductive freedom at the state and federal levels. Resolutions that raise awareness of an issue and demonstrate community support for or opposition to a policy are an important tool for advocacy and public education. They can be a useful focal point to help grow the reproductive freedom movement by bringing new supporters into the work, building momentum on issues of statewide and national importance, informing state and federal lawmakers of their constituents' views (and being able to hold them

accountable), and raising awareness of an emerging issue. For this category, NIRH tracked only resolutions passed between January 1, 2010 and December 31, 2016.

Support for anti-discrimination (1 point)
The city has passed a resolution or proclamation declaring its support for anti-discrimination policies on any of a range of issues, including race, ethnicity, religion, sexuality, gender identity, income, immigration status, disability status, or more.

Opposition to CPCs (1 point)
The city has passed a resolution or proclamation declaring its opposition to the deceptive practices of CPCs. The resolution may also oppose state or federal funding that supports CPCs.

Support for abortion coverage (1 point)
The city has passed a resolution or proclamation declaring support for the repeal of the Hyde Amendment and for the establishment of abortion coverage, regardless of someone's type of insurance. The resolution may call on Congress to pass the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act. The EACH Woman Act creates two important standards for reproductive health: It ensures that every woman who receives care or insurance through the federal government will have coverage for abortion services and it prohibits political interference with decisions by private health insurance companies to offer coverage for abortion care.[53]

Pro-choice stance on legislation or ballot initiatives (1 point)
The city has passed a resolution or proclamation declaring its support for a proactive state or federal bill or a ballot measure that would improve access to reproductive health care, or it has passed a resolution or proclamation declaring its opposition to a state or federal bill or a ballot measure that would restrict access to reproductive health care.

Opposition to sex-selective abortion bans (1 point)
The city has passed a resolution or proclamation declaring its opposition to bans on sex-selective abortion, which are predicated on misinformation and harmful stereotypes about the Asian and Pacific Islander community.[54]

Support for Women's Health Protection Act (1 point)
The city has passed a resolution or proclamation indicating its support for the federal Women's Health Protection Act (WHPA). WHPA is a federal bill that would prohibit states from imposing restrictions on abortion that apply to no similar medical care, interfere with patients' personal decision-making, and block access to safe, legal abortion care.[55]

* Asterisks in endnotes denote county-level action or data.

1. Cities that have supported undocumented people's access to reproductive health care include Atlanta, GA*; Austin, TX; Baltimore, MD; Boston, MA; Chicago, IL; Denver, CO; Detroit, MI; El Paso, TX; Hartford, CT; Los Angeles, CA*; Memphis, TN; Minneapolis, MN; New York, NY; Philadelphia, PA; Phoenix, AZ; Portland, OR; San Antonio, TX; San Diego, CA; San Francisco, CA; Seattle, WA; and Washington, DC.

2. Cities that have enforced or enacted clinic safety ordinances since McCullen include Chicago, IL; Columbus, OH; Los Angeles, CA; New York, NY; Phoenix, AZ; Portland, OR; San Diego, CA; and San José, CA.

3. Cities that have passed resolutions addressing support for abortion coverage, opposition to sex-selective abortion bans, and support for the Women's Health Protection Act (WHPA) include Austin, TX*, Boston, MA; Chicago, IL*; Houston, TX; Los Angeles, CA; New York, NY; Philadelphia, PA; San Francisco, CA; and Seattle, WA.

4. Cities that have passed resolutions endorsing a pro-choice stance on various ballot initiatives or state or federal legislation include Austin, TX; Chicago, IL; Dallas, TX*; Denver, CO; Houston, TX; Los Angeles, CA; New York, NY; Philadelphia, PA; San Francisco, CA; Seattle, WA; and St. Paul, MN.

5. Cities that fund STI prevention include Atlanta, GA*; Austin, TX; Baltimore, MD; Boston, MA; Charlotte, NC*; Chicago, IL; Columbus, OH; Denver, CO; El Paso, TX; Fort Worth, TX*; Indianapolis, IN*; Las Vegas, NV*; Los Angeles, CA; Louisville, KY; Miami, FL; Milwaukee, WI; Minneapolis, MN; Nashville, TN; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Phoenix, AZ*; Portland, OR*; Richmond, VA; San Antonio, TX; San Diego, CA*; San Francisco, CA; San José, CA; Seattle, WA*; St. Louis, MO; St. Paul, MN; and Washington, DC.

6. Cities that fund family planning services include Atlanta, GA*; Austin, TX*; Baltimore, MD; Boston, MA; Charlotte, NC*; Chicago, IL*; Columbus, OH; Fort Worth, TX*; Indianapolis, IN*; Las Vegas, NV*; Los Angeles, CA; Minneapolis, MN; Nashville, TN; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Portland, OR*; Richmond, VA; San Antonio, TX; San Francisco, CA; Seattle, WA*; St. Paul, MN; and Washington, DC.

7. Cities that fund training for health care providers in areas such as cultural competency or youth-friendly care include Baltimore, MD; Chicago, IL; Las Vegas, NV*; Los Angeles, CA; Miami, FL; New York, NY; Philadelphia, PA; Portland, OR*; San Francisco, CA; and Seattle, WA*.

8. Cities that fund contraception include Baltimore, MD; Boston, MA; Charlotte, NC*; Chicago, IL*; Denver, CO; Fort Worth, TX; Las Vegas, NV*; Los Angeles, CA; Minneapolis, MN; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Portland, OR*; Richmond, VA; San Antonio, TX; San Francisco, CA; Seattle, WA*; St. Louis, MO; St. Paul, MN; and Washington, DC.

9. Cities that have some form of comprehensive sexuality education curriculum include Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Denver, CO; Los Angeles, CA; Milwaukee, WI; Minneapolis, MN; New York, NY; Philadelphia, PA; Portland, OR*; San Diego, CA; San Francisco, CA; San José, CA; Seattle, WA; St. Paul, MN; and Washington, DC.

10. Cities that provide reproductive health care in school-based health centers include Baltimore, MD; Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Dallas, TX; Denver, CO; Detroit, MI; Fort Worth, TX; Hartford, CT; Houston, TX; Indianapolis, IN; Jacksonville, FL*; Los Angeles, CA; Milwaukee, WI; Minneapolis, MN; New Orleans, LA; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Portland, OR; San Diego, CA; San Francisco, CA; San José, CA*; Seattle, WA; St. Louis, MO; St. Paul, MN; and Washington, DC.

11. In portions of this document, we use the term "women," but recognize that other people, like transgender and gender non-conforming people, can become pregnant and need reproductive health care. We intend for them to be included in this analysis as well.

12. Mullen, M. (2017, January 18). How 35,000 Minnesota state employees got paid family leave — for now. Retrieved from http://www.citypages.com/news/how-35000-minnesota-state-employees-got-paid-family-leave-for-now/410992255

13. Cities that have supported undocumented people's access to reproductive health care include Atlanta, GA*; Austin, TX; Baltimore, MD; Boston, MA; Chicago, IL; Denver, CO; Detroit, MI; El Paso, TX; Hartford, CT; Los Angeles, CA*; Memphis, TN; Minneapolis, MN; New York, NY; Philadelphia, PA; Phoenix, AZ; Portland, OR; San Antonio, TX; San Diego, CA; San Francisco, CA; Seattle, WA; and Washington, DC.

14. McCullen v. Coakley, No. 12-1168, 134 2518 (Supreme Court 2014).

15. Cities that have enforced or enacted clinic safety ordinances since McCullen include: Chicago, IL; Columbus, OH; Los Angeles, CA; New York, NY; Phoenix, AZ; Portland, OR; San Diego, CA; and San José, CA.

16. National Institute for Reproductive Health. (2017). Addressing the Deceptive Practices of Crisis Pregnancy Centers. Tracking Trends. Retrieved from https://www.nirhealth.org/resources/tracking-trends/crisis-pregnancy-centers/

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18. Cities that have passed resolutions addressing support for abortion coverage, opposition to sex-selective abortion bans, and support for the Women's Health Protection Act (WHPA) include: : Austin, TX*; Boston, MA; Chicago, IL*; Houston, TX; Los Angeles, CA; New York, NY; Philadelphia, PA; San Francisco, CA; and Seattle, WA.

19. Cities that have passed resolutions endorsing a pro-choice stance on ballot initiatives or state or federal legislation include:: Austin, TX; Chicago, IL; Dallas, TX*; Denver, CO; Houston, TX; Los Angeles, CA; New York, NY; Philadelphia, PA; San Francisco, CA; Seattle, WA; and St. Paul, MN.

20. Cities that have passed nondiscrimination resolutions include Atlanta, GA; Austin, TX; Baltimore, MD; Boston, MA; Charlotte, NC; Chicago, IL; Dallas, TX; Denver, CO; El Paso, TX; Indianapolis, IN; Los Angeles, CA; Louisville, KY; Miami, FL; Minneapolis, MN; New Orleans, LA; New York, NY; Philadelphia, PA; Portland, OR; San Francisco, CA; Seattle, WA; St. Louis, MO; St. Paul, MN; and Washington, DC.

21. Cities that fund STI prevention include: Atlanta, GA*; Austin, TX; Baltimore, MD; Boston, MA; Charlotte, NC*; Chicago, IL; Columbus, OH; Denver, CO; El Paso, TX; Fort Worth, TX*; Indianapolis, IN*; Las Vegas, NV*; Los Angeles, CA; Louisville, KY; Miami, FL; Milwaukee, WI; Minneapolis, MN; Nashville, TN; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Phoenix, AZ*; Portland, OR*; Richmond, VA; San Antonio, TX; San Diego, CA*; San Francisco, CA; San José, CA; Seattle, WA*; St. Louis, MO; St. Paul, MN; and Washington, DC.

22. Cities that fund family planning services include: Atlanta, GA*; Austin, TX*; Baltimore, MD; Boston, MA; Charlotte, NC*; Chicago, IL*; Columbus, OH; Fort Worth, TX*; Indianapolis, IN*; Las Vegas, NV*; Los Angeles, CA; Minneapolis, MN; Nashville, TN; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Portland, OR*; Richmond, VA; San Antonio, TX; San Francisco, CA; Seattle, WA*; St. Paul, MN; and Washington, DC.

23. Cities that train health care providers include Baltimore, MD; Chicago, IL; Las Vegas, NV*; Los Angeles, CA; Miami, FL; New York, NY; Philadelphia, PA; Portland, OR*; San Francisco, CA; and Seattle, WA*.

24. Cities that fund breastfeeding support include Austin, TX; Baltimore, MD; Columbus, OH; El Paso, TX; Fort Worth, TX*; Houston, TX; Indianapolis, IN*; Los Angeles, CA*; Louisville, KY; Memphis, TN; Miami, FL; Minneapolis, MN*; New Orleans, LA; New York, NY; Philadelphia, PA; Portland, OR*; San Antonio, TX; San Diego, CA; San Francisco, CA; San José, CA*; Seattle, WA*; and St. Paul, MN.

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26. Cities that have some form of comprehensive sexuality education curriculum include: Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Denver, CO; Los Angeles, CA; Milwaukee, WI; Minneapolis, MN; New York, NY; Philadelphia, PA; Portland, OR*; San Diego, CA; San Francisco, CA; San José, CA; Seattle, WA; St. Paul, MN; and Washington, DC.

27. Cities that have abstinence-plus education policy in place include Austin, TX; Baltimore, MD; Dallas, TX; El Paso, TX; Fort Worth, TX; Hartford, CT; Houston, TX; Las Vegas, NV; Louisville, KY; Memphis, TN; Miami, FL; New Orleans, LA; Oklahoma City, OK; Richmond, VA; San Antonio, TX; and St. Louis, MO.

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29. Cities that provide reproductive health care in school-based health centers include Baltimore, MD; Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Dallas, TX; Denver, CO; Detroit, MI; Fort Worth, TX; Hartford, CT; Houston, TX; Indianapolis, IN; Jacksonville, FL*; Los Angeles, CA; Milwaukee, WI; Minneapolis, MN; New Orleans, LA; New York, NY; Oklahoma City, OK*; Philadelphia, PA; Portland, OR; San Diego, CA; San Francisco, CA; San José, CA*; Seattle, WA; St. Louis, MO; St. Paul, MN; and Washington, DC.

30. Cities that provide support for pregnant and parenting youth in schools include Boston, MA; Charlotte, NC*; Chicago, IL; Cleveland, OH; Dallas, TX; Denver, CO; Fort Worth, TX; Hartford, CT; Houston, TX; Indianapolis, IN*; Jacksonville, FL*; Los Angeles, CA; Louisville, KY; Memphis, TN*; Miami, FL; Milwaukee, WI; Minneapolis, MN; Nashville, TN; New Orleans, LA; New York, NY; Oklahoma City, OK; Philadelphia, PA; Portland, OR; Richmond, VA; San Antonio, TX; San Diego, CA; San Francisco, CA; San José, CA; Seattle, WA; St. Paul, MN; and Washington, DC.

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34. Cities that have a gender identity discrimination ordinance in place for municipal employees include Austin, TX; Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Dallas, TX; Denver, CO; Detroit, MI; El Paso, TX; Fort Worth, TX; Hartford, CT; Houston, TX; Indianapolis, IN; Los Angeles, CA; Louisville, KY; Memphis, TN; Miami, FL; Milwaukee, WI; Minneapolis, MN; Nashville, TN; New Orleans, LA; New York, NY; Philadelphia, PA; Phoenix, AZ; Portland, OR; San Antonio, TX; San Diego, CA; San Francisco, CA; San José, CA; Seattle, WA; St. Louis, MO; St. Paul, MN; and Washington, DC.

35. Cities that have a gender identity discrimination ordinance in place for all employees include Atlanta, GA; Austin, TX; Baltimore, MD; Boston, MA; Chicago, IL; Cleveland, OH; Columbus, OH; Dallas, TX; Denver, CO; Detroit, MI; Fort Worth, TX; Hartford, CT; Indianapolis, IN; Los Angeles, CA; Louisville, KY; Memphis, TN; Miami, FL; Milwaukee, WI; Minneapolis, MN; New Orleans, LA; New York, NY; Philadelphia, PA; Phoenix, AZ; Portland, OR; San Diego, CA; San Francisco, CA; Seattle, WA; St. Louis, MO; St. Paul, MN; and Washington, DC.

36. Cities that have a $15 minimum wage ordinance include Charlotte, NC; Los Angeles, CA; Milwaukee, WI*; Portland, OR; San Francisco, CA; San José, CA; Seattle, WA; and Washington, DC.

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Arizona
• Maricopa County Department of Public Health

California
• ACCESS Women's Health Justice
• ACLU of San Diego
• California Latinas for Reproductive Justice
• Children's Hospital Los Angeles, Division of Adolescent and Young Adult Medicine (DAYAM)
• Essential Access Health
• Planned Parenthood Northern California

Colorado
• Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
• Colorado Youth Matter
• NARAL Pro-Choice Colorado

Florida
• DCPS Teen Parent Service Center
• The Jacksonville Partnership for Promoting the Health of Emerging Adults (JPPHEA) in Duval County
• National Latina Institute for Reproductive Health – Florida Latina Advocacy Network

Georgia
• HEART Women & Girls
• SPARK Reproductive Justice NOW!

Illinois
• Chicago Department of Public Health
• Community Health
• Roger Baldwin Foundation of the ACLU of Illinois

Kentucky
• ACLU of Kentucky
• Kentucky Health Justice Network
• Louisville Clinic Escorts

Louisiana
• Institute for Women and Ethnic Studies
• New Orleans Abortion Fund

Maryland
• Healthy Teen Network
• NARAL Pro-Choice Maryland
• Planned Parenthood of Maryland

Massachusetts
• Boston Public Health Commission
• Boston Public Schools
• NARAL Pro-Choice Massachusetts
• Planned Parenthood League of Massachusetts
• Young Women of Color for Reproductive Justice Leadership Council, a project of Advocates for Youth

Michigan
• Michigan Organization on Adolescent Sexual Health (MOASH)
• Northland Family Planning Centers
• SWC-Detroit/Scotsdale Women's Center

Missouri
• NARAL Pro-Choice Missouri
• Reproaction

Nevada
• Nevada Advocates for Planned Parenthood Affiliates
• Southern Nevada Health District

New York
• New York City Department of Health and Mental Hygiene
• SEIU 32BJ

North Carolina
• Deliberate Strategies
• NARAL Pro-Choice North Carolina Foundation

Ohio
• American Civil Liberties Union of Ohio Foundation
• Cleveland Metropolitan School District
• Columbus Public Health
• Cuyahoga County Board of Health
• Equality Ohio
• NARAL Pro-Choice Ohio
• Planned Parenthood of Greater Ohio
• PreTerm
• Young Women of Color for Reproductive Justice Leadership Council, a project of Advocates for Youth

Oklahoma
• Oklahoma Coalition for Reproductive Justice

Oregon
• Asian Pacific American Network of Oregon (APANO)
• Boys & Girls Club of the Portland Metropolitan Area
• Multnomah County Department of Health

Pennsylvania
• AccessMatters
• Planned Parenthood of Western Pennsylvania
• Women's Medical Fund

Tennessee
• Metro Public Health Department of Nashville/Davidson County
• Planned Parenthood of Middle & East Tennessee
• SisterReach
• Young Leaders Advocacy Council, a program of Planned Parenthood Generation Action

Texas
• Austin Independent School District
• Austin Public Health
• Dallas Independent School District
• Houston Health Department
• Jane's Due Process
• Lilith Fund
• NARAL Pro-Choice Texas
• Planned Parenthood of Greater Texas
• Planned Parenthood Texas Votes
• Texas Equal Access (TEA) Fund
• Texas Freedom Network
• University of North Texas Health Science Center
• West Fund
• Women's Health and Family Planning Association of Texas
• Young Leaders Advocacy Council, a program of Planned Parenthood Generation Action

Virginia
• NARAL Pro-Choice Virginia
• Richmond City Health District
• Young Leaders Advocacy Council, a program of Planned Parenthood Generation Action

Washington
• The CAIR Project
• King County Human Resources Division
• Legal Voice
• Public Health – Seattle & King County
• Surge Reproductive Justice

Wisconsin
• City of Milwaukee Health Department
• Milwaukee County Cooperative Extension
• NARAL Pro-Choice Wisconsin
• Planned Parenthood of Wisconsin
• Wisconsin Alliance for Women's Health

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