The National Institute for Reproductive Health (NIRH) builds power at the state and local levels to change public policy, galvanize public support, and normalize women’s decisions about abortion and contraception. Using a 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 form strategic partnerships with a wide range of organizations to directly impact the reproductive health and lives of women across the country. Since 2008, NIRH has provided direct grants and hands-on support to 175 reproductive health, rights, and justice organizations in 43 states and 64 localities across the country.

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The Local Reproductive Freedom Index: Evaluating U.S. Cities (Local Index), published by the National Institute for Reproductive Health (NIRH), evaluates the reproductive health, rights, and justice policies of cities across the United States. Cities, counties, and other localities have a unique opportunity to mitigate a hostile climate created by the federal and state governments and to innovate in ways that advance reproductive freedom — and many cities across the country have exemplified municipal resistance to the state and federal assault on reproductive health care. The Local Index analyzes the policies in place in 50 cities across the country and offers suggestions for how any can become a more equitable community, one in which all people have the freedom to control their reproductive and sexual lives, the ability to choose whether and when to become parents, and the support they need to raise their families.

The Local Index was first released in October 2017, covering the 40 most populous cities in the United States. The 2019 edition updates the data from those 40 cities and includes 10 additional municipalities. Each city has been assigned a score ranging from zero to five stars based on a range of policy indicators related to reproductive health, rights, and justice. The 2019 edition also refines and adds to the set of policy indicators used in 2017, for a new total of 34 indicators.

This report evaluates local policies in place as of December 31, 2018.

NIRH’s findings include the following:

- **Cities’ scores ranged** from 0.5 to 4.5 stars. The average score for the 50 cities was 2.3 stars.
- **No city achieved** a perfect score. San Francisco received the highest score of 4.5 stars.
- **Many cities have taken** bold action in the past two years to protect and advance reproductive freedom, including abortion access, as highlighted in the Reproductive Freedom Timeline on page 9. These cities have exemplified municipal resistance to the state and federal assault on reproductive health care.
- **Highlights include five** municipalities’ passage of resolutions supporting an end to bans on abortion coverage; passage of a reproductive health nondiscrimination ordinance in St. Louis, MO; regulation of the deceptive practices of anti-abortion pregnancy centers in Hartford, CT; and the veto of a rezoning ordinance that would have allowed an anti-abortion pregnancy center to open next door to a new abortion clinic in South Bend, IN.
- **The highest-scoring** cities tend to be significantly larger and located in relatively progressive states on the coasts. High-scoring cities generally have large budgets that give them a greater ability to implement progressive policies. They also tend to 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.
The biennial Local Index is the result of NIRH’s work on the local level over the last decade. NIRH launched the Urban Initiative for Reproductive Health in 2008 to serve as a catalyst for progress for reproductive health, rights, and justice in cities and counties. Since then, NIRH has provided more than $5 million in direct grants, and millions more in hands-on support, to 175 organizations in 43 states, including in 64 localities and the District of Columbia. NIRH also sustains a network connecting hundreds of advocates, elected leaders, and public health officials across the country.

<table>
<thead>
<tr>
<th>CITY SCORES</th>
<th>Cities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.5 STARS</strong></td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td><strong>4 STARS</strong></td>
<td>Chicago, IL, New York, NY</td>
</tr>
<tr>
<td><strong>3.5 STARS</strong></td>
<td>Boston, MA, Los Angeles, CA, Portland, OR, Seattle, WA, Washington, DC</td>
</tr>
<tr>
<td><strong>3 STARS</strong></td>
<td>Baltimore, MD, Columbus, OH, Denver, CO, Madison, WI, Minneapolis, MN, Philadelphia, PA, St. Paul, MN</td>
</tr>
<tr>
<td><strong>2.5 STARS</strong></td>
<td>Austin, TX, Buffalo, NY, Detroit, MI, Milwaukee, WI, San Diego, CA, San José, CA, St. Louis, MO</td>
</tr>
<tr>
<td><strong>2 STARS</strong></td>
<td>Atlanta, GA, Charlotte, NC, Cleveland, OH, Fort Worth, TX, Indianapolis, IN, Memphis, TN, Miami, FL, New Orleans, LA, Newark, NJ, Richmond, VA, San Antonio, TX</td>
</tr>
<tr>
<td><strong>1.5 STARS</strong></td>
<td>Birmingham, AL, Charleston, WV, Dallas, TX, Fargo, ND, Hartford, CT, Houston, TX, Jackson, MS, Jacksonville, FL, Louisville, KY, Nashville, TN, Oklahoma City, OK, Phoenix, AZ, Salt Lake City, UT</td>
</tr>
<tr>
<td><strong>1 STAR</strong></td>
<td>El Paso, TX, Las Vegas, NV, Omaha, NE</td>
</tr>
<tr>
<td><strong>0.5 STAR</strong></td>
<td>Billings, MT</td>
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INTRODUCTION

City policies influence people’s day-to-day lives and have an immediate impact on their reproductive freedom, from whether they can access the full range of reproductive health care services to their ability to reliably support their families.
This report recognizes that multiple factors intersect to impact people’s reproductive freedom, and it serves as a call to action for local leaders who have the power to address these issues. Our country is experiencing severe anti-abortion hostility from the federal government, U.S. Supreme Court, and many states. Serious threats to federal sexuality education initiatives and policy changes that fundamentally undermine the purpose of the Title X program mean that access to comprehensive sexuality education and the full range of reproductive health care, especially among immigrants, young people, and people who are low-income, is in peril. At the same time, racial inequality, attacks on immigrants, homophobia and transphobia, and economic injustice conspire to weaken our communities.

Mitigating these harms and improving the lives of people in our communities rests on cities’ shoulders. There is a clear urgency for cities to address these challenges and to forge ahead by creating environments where all people truly have the right and ability to choose whether or not to become parents, safeguard their health and well-being, raise their children in safety and security, and fully achieve their own potential.

Cities can act to support the reproductive rights and bodily autonomy of women, transgender men, and other people who can become pregnant, and they can establish themselves as safe havens committed to reproductive freedom. The Local Index is a tool for those cities ready to meet this challenge. It serves as a snapshot of information for advocates and policymakers to understand the resources and services they already have in place, and as a roadmap for what more they can do to become a true model city.

The second edition of the Local Index includes 10 new cities and evaluates the actions all 50 cities have taken in the first two years of the Trump administration. The research finds that these cities are, indeed, already rising to the moment by showing their support for abortion access, developing innovative initiatives to increase racial and gender equity, and resisting attacks on their values and their residents by the federal and state governments.

The Local Index features a Model City and policy agenda, which set out concrete steps cities can take, with a wide range of options that take into account the varying resources, capacities, and political environments of communities across the country. For example, cities that are home to abortion clinics can and should embrace them as an important part of community life. Cities without abortion clinics can still combat anti-abortion stigma and ensure that their residents have the information and resources they need to travel to the best health care provider for them.

In researching this report, a wide variety of local advocates and government officials made it clear that they are committed to advancing reproductive freedom. NIRH is proud to publish the Local Index to document and celebrate the important achievements they have already made, and as a tool to support the work to come.
HOW TO USE THE LOCAL REPRODUCTIVE FREEDOM INDEX

The Local Index is intended to be a resource for advocates, community leaders, and elected officials who would like to advance reproductive freedom in their cities. It is both a snapshot of the status of health, rights, and justice policies in 50 cities, and a roadmap to be used as a starting point for new ideas or to inform the creation of actionable policy agendas.
Every community has unique needs, and the policy indicators and recommendations included in the Local Index do not purport to address every possible issue or to offer an exhaustive list of everything a city or county could do. Local leaders should always talk with stakeholders in their community and with advocates and experts to evaluate ideas and tailor them to their particular context.

Staff at NIRH are available to work with local advocates, community leaders, and elected officials interested in the ideas offered in this report. Contact localrepro@nirhealth.org with questions or for individualized guidance on advancing reproductive freedom in a particular city.

**For Advocates in a Higher-Scoring City**

In cities with above-average scores, the Local Index can be used as both a celebration of past achievements and a starting point for an even bolder vision. No city is perfect, including those with the highest scores in this report, and there is always more that can be done to create a community that truly protects and advances reproductive health, rights, and justice. If a City Scorecard indicates that a city has achieved most of the policies we track, advocates and officials can look to the values of the Model City to determine how to improve and expand upon their existing policies, including ensuring more effective implementation and oversight.

**For Advocates in a Lower-Scoring City**

The Local Index offers cities with below-average scores a plethora of policy ideas, strategies, and real-world examples to pursue. While the values and policies reflected in the Model City may feel utopian and out of reach for some localities in the near term, there are many incremental steps a city can take to get closer to achieving that expansive vision. The scores in this report seek to provide an honest assessment of local needs and challenges and are not intended to be judgmental or punitive. Moreover, it is important to note that lower-scoring cities often have smaller budgets and smaller population bases, and/or are located in states that are more conservative, all of which can make it difficult to achieve many of the indicators in this report.

Finally, for advocates and officials whose city is not included in the Local Index, NIRH has issued a companion Self-Scoring Tool. For more information, see Appendix C: Self-Scoring Tool.
Since January 2017, cities have taken bold actions to speak out against the harms of the federal and many state governments, pass laws, and propagate policies that improve the lives of their residents. This timeline is a cross-section of some of the boldest and most innovative actions taken by cities in the past two years, demonstrating the breadth of issues addressed and the creativity of policymakers across the country.
WOMEN, TRANSGENDER MEN, and other people who can become pregnant are at an increased risk of persecution based on the decisions they make about their own reproductive health. To protect against this, the St. Louis Board of Aldermen passed an ordinance in February 2017 to prohibit employers or landlords from discriminating against anyone based on their pregnancy status or reproductive health decisions. This included actions such as use of fertility treatments, contraceptive choices, and abortion care.

IN AN EFFORT to limit the corrosive influence of money in municipal elections, Seattle residents voted in favor of a ballot initiative in 2015 that created the Democracy Voucher Program. Administered by the nonpartisan Seattle Ethics and Elections Commission and funded by a small increase in property taxes, the program provides each eligible Seattle resident with four $25 Democracy Vouchers. Residents are then able to donate these $25 Vouchers to candidates running for positions on the City Council who opted to participate. The Democracy Voucher initiative led to an increase in small donors and a more diverse slate of candidates in the 2017 elections.
ANTI-ABORTION PREGNANCY CENTERS use a variety of deceptive practices to mislead women seeking information about pregnancy options, including abortion care. In Hartford, an anti-abortion pregnancy center called the Hartford Women’s Center opened just 20 feet from the entrance to the state’s only independent abortion provider, Hartford GYN Center, which has operated in the community for more than 40 years. The anti-abortion pregnancy center emulated the abortion provider’s signage and aimed to intercept women seeking the legitimate medical center. To protect against these deceptions, the City Council passed an ordinance requiring any anti-abortion pregnancy centers to disclose whether they have a licensed medical provider on the premises. A lawsuit challenging the ordinance was filed in mid-2019 and is pending.

RESTRICTIONS ON abortion coverage directly infringe on a person’s reproductive autonomy and limit people’s ability to access reproductive health care based on how much money they make or where their insurance comes from. In addition to the Hyde Amendment, which bans Medicaid from covering abortion, and a companion state Medicaid ban, Pennsylvania has state-level restrictions on abortion coverage in private insurance and on the state health care exchange. On November 20, 2017, following the leadership of women of color activists, the Pittsburgh City Council voted to pass a Will of Council calling for the passage of the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act, a federal bill that would reinstate abortion coverage in public insurance programs, and for the repeal of Pennsylvania’s bans on abortion coverage. In so doing, Pittsburgh joined a group of 18 other localities that have passed these resolutions, including Multnomah County, OR, in 2017 and Austin, TX; Durham County, NC; and Carrboro, NC in 2018.

IN FEBRUARY 2018, Austin became the first city in Texas to pass a paid sick leave ordinance, requiring all employers to provide their employees with one hour of paid sick leave per every 30 hours worked. The ordinance’s language included feedback from local businesses to ensure that the policy was helpful to the community it intended to serve. A broad coalition of progressive organizations supported the policy’s passage, including local reproductive health, rights, and justice organizations. The ordinance was a plank in the #ReproPowerTX agenda, which calls for the enactment of local-level policies to advance abortion access and reproductive justice across Texas. These activists emphasized the intersections of economic and reproductive justice, including that guaranteed paid sick days will make abortion more accessible for workers in Austin.
PREGNANT AND PARENTING
women who are incarcerated in Los Angeles can be enrolled in MAMA’s Neighborhood, a perinatal health and wellness program that offers comprehensive care. The initiative includes up to 18 months of postpartum care and group health education. Leaders in the program are planning to expand the initiative to include family visitation, birth planning, and doula care. Upon release, parents are also connected with a MAMA’s clinic and are eligible for home or community visitation with consent. The regional detention center, at the behest of advocates, had already taken important steps to address the needs of pregnant and parenting women in the facility, including providing lactation accommodations that allow women who are breastfeeding to pump milk in a private and sanitary environment and have a family member pick up the breastmilk to bring to the baby.

WHEN WHOLE WOMAN’S HEALTH ALLIANCE announced plans to open an abortion clinic in South Bend, IN, in response to local need and requests from the community, an anti-abortion pregnancy center responded by trying to open in a location next door to the proposed site of the new abortion clinic. However, this would have required a rezoning of the property, which was intended for residential use. While the South Bend Common Council narrowly approved the request, Mayor Pete Buttigieg vetoed it. Because anti-abortion pregnancy centers often provide a staging ground for protesters and also pose as an abortion clinic in order to deceive patients, the mayor felt that maintaining the zoning in the area was important for preserving neighborhood safety.
**YOUNG PEOPLE** who do not have access to menstrual hygiene products, an expensive necessity, face many challenges when they are menstruating, including missing school or suffering from anxiety or harm to their physical health. To help remedy this critical but historically taboo problem, a group of Portland teenagers organized in the spring of 2018 to ask their school district to address the needs of menstruating public school students. The young activists were granted permission to run a small pilot to provide free tampons and pads in women’s and unisex bathrooms at their high school. By tracking the usage data over a few months and surveying their fellow students, they were able to demonstrate the need for this service. Ultimately, the Portland Public Schools Board of Education was convinced by their proposal and allocated $25,000 in the FY 2018-19 budget to fund free menstrual products for the entire district, basing the budget on information provided by the student leaders.

**DESPITE THE FACT** that the state of Tennessee has preempted municipal government from setting the minimum wage for all employers in its jurisdiction, Shelby County took action in November 2018 to approve an increase in the minimum wage for all county employees, including temporary workers, to $15 an hour. The raise went into effect on January 1, 2019. Mayor Lee Harris emphasized the importance of the ordinance applying to temporary workers, not just full-time employees, to ensure livable wages for as many people as possible. As Tennessee’s largest county, this was an important step towards economic justice for the maximum number of employees the county could still impact.

**THE NEW YORK CITY** Department of Health and Mental Hygiene partnered with local activists, non-profit organizations, and community leaders to create the Sexual and Reproductive Justice Community Engagement Group (SRJ CEG) in 2015. The goal of the SRJ CEG was to develop joint projects with the Bureau of Maternal, Infant and Reproductive Health. Among its accomplishments, the SRJ CEG developed the “NYC Standards for Respectful Care at Birth,” a birth justice campaign created to inform, educate, and support people giving birth. The campaign featured posters and brochures in multiple languages for patients and providers, the establishment of a Birth Justice Defenders program of community members, and initial trainings for medical providers in respectful care during pregnancy and birth. The initiative is part of the city’s attempt to reduce racial disparities in maternal mortality by working to reduce structural racism and unconscious provider bias.
Reproductive justice is a framework defined by SisterSong as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” This framework, developed by Black women in the 1990s, is revolutionary because it places people who are the most oppressed at the center of its analysis and, therefore, at the center of the policy changes it demands. When the work of cities is viewed through a reproductive justice lens, it is clear that they must implement policies and programs to support people who are the most impacted by structural oppression. This includes those who are most marginalized by society and therefore extremely vulnerable to exploitation and injustice, including sex workers, people who are incarcerated, young people in foster care or juvenile detention, and pregnant people with substance use disorders. However, the policies needed to serve these communities do not easily lend themselves to a scorecard format because of the necessity of an in-depth analysis of their impact and implementation. Without training and rigorous, ongoing oversight of health care providers, law enforcement officials, and others who hold significantly more power than the vulnerable populations discussed here, it is difficult to evaluate whether policies are truly being carried out in the spirit they were intended.

To design and implement policies that effectively address the problematic ways that structural oppression impacts people most likely to feel the brunt of harmful policy, local officials must invest time and effort to first build trust with these communities. Once a relationship has been established, it is important to continue to work closely with the community and advocates who support them to develop policies that will truly meet their needs. Cities dedicated to reproductive justice can consider the below policies as a start. Each policy should include development of a comprehensive plan for implementation and ongoing evaluation.

End policies that allow condoms to be used as evidence: In most jurisdictions, possession of condoms can be used by law enforcement as a basis for an arrest, a charge, or prosecution of an individual for intent to engage in sex work. Such policies may lead sex workers to engage in unsafe sex, against their will, in order to avoid such a risk. By ending these policies, cities can support safer sex practices and reduce levels of harassment by police.
Provide high-quality care to women, transgender men, and other people who are incarcerated while pregnant: Cities have a responsibility to provide access to medical care, adequate nutrition, and appropriate clothing to all people who are incarcerated, but policies appropriate for the general population fail in particular when it comes to addressing the needs of pregnant and postpartum people. Local authorities that oversee jails and prisons in a city must design specific policies for women, transgender men, and all people who can become pregnant throughout their pregnancy, labor, and the postpartum period, and they must ban shackling at any point in pregnancy. During pregnancy, this must include access to all pregnancy-related health care, including abortion. After delivery, mothers should be able to stay with their newborn immediately after birth, and lactation accommodations such as pumps, breast milk storage, and a system for pickup must be in place.

Offer comprehensive sexuality education and reproductive health care to young people in foster care or juvenile detention: Cities should ensure that young people in foster care or juvenile detention receive comprehensive sexuality education, a commitment that requires oversight and investment from government officials given that they may often move from school to school in a single year. Cities should also provide funding and transportation for young people to access comprehensive reproductive health care, including abortion, and training for social workers and other frontline staff so they can support young people who need this care.

Ensure that pregnant people with substance use disorders can safely access treatment: In many states, a range of laws are used to prosecute pregnant people seeking treatment and support for substance use disorders. In addition to tearing apart families, these laws have a deleterious impact on maternal and infant health by discouraging people from seeking prenatal care or other assistance, for fear of arrest or child separation. Cities can offer funding to ensure that pregnant people with substance use disorders are able to receive comprehensive medical treatment at all stages of pregnancy while maintaining the stability of their family, and they can provide training to health care providers and social workers on how to best support pregnant people, instead of reporting them to law enforcement or child welfare agencies.

When the work of cities is viewed through a reproductive justice lens, it is clear that they must implement policies and programs to support people who are the most impacted by structural oppression.
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 families, 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.
TAKING A STAND
The local government takes action to support or oppose state- and federal-level reproductive health, rights, and justice issues that impact its residents.

BUILDING HEALTHY AND JUST COMMUNITIES
The city is committed to health, justice, and autonomy for all people, inclusive of their many identities. Its initiatives and programs provide people with the support they need to engage with their community, plan their lives, and achieve their full potential.

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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE
The city budget demonstrates the city’s values by providing funding for reproductive health services, including abortion.

PROTECTING ABORTION ACCESS
The city recognizes abortion as an essential part of comprehensive reproductive health care and takes all necessary steps to ensure that access to that care is comprehensive, safe, and affordable. Abortion clinics are easily accessible, recognized as valuable, and integrated into the city’s health care system.

SUPPORTING FAMILIES
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The city supports every resident’s right to parent and support a family in a healthy, safe, and secure environment.

BUILDING HEALTHY AND JUST COMMUNITIES
The city is committed to health, justice, and autonomy for all people, inclusive of their many identities. Its initiatives and programs provide people with the support they need to engage with their community, plan their lives, and achieve their full potential.

TAKING A STAND
The local government takes action to support or oppose state- and federal-level reproductive health, rights, and justice issues that impact its residents.

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE
The city budget demonstrates the city’s values by providing funding for reproductive health services, including abortion.

PROTECTING ABORTION ACCESS
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE
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THE CITY RECOGNIZES ABORTION AS AN ESSENTIAL PART of comprehensive reproductive health care and takes all necessary steps to ensure that access to that care is comprehensive, safe, and affordable. Abortion clinics are easily accessible, recognized as valuable, and integrated into the city's health care system.

- The local government actively provides public information about the care and services available at abortion clinics.
- Clinic protections ensure safe access to abortion clinics without shame or harassment, reproductive health providers and staff are able to work and live in safe environments, and law enforcement works with clinics to offer protection and support.
- Zoning policies explicitly treat abortion clinics like all other health institutions that provide similar services.
- The public understands the deceptive practices of anti-abortion pregnancy centers and recognizes them as entities that do not provide comprehensive reproductive health care, including abortion.
- Discrimination based on reproductive health decisions is prohibited.

By embracing abortion providers as an important part of their city's health care infrastructure, local leaders do the important work of ensuring that residents have information about where they can get the care they need. This also destigmatizes abortion and places it back on the spectrum of health care where it belongs. To protect safe and timely abortion access, cities also need to understand the deceptive practices of anti-abortion pregnancy centers and the harassment that anti-abortion protesters engage in so that they can respond appropriately with regulation and/or public education. Even in cities without an abortion clinic, anti-abortion pregnancy centers are likely to exist and should be addressed, and residents need information about where they can go for abortion care.
**Strategies to consider**

*Conduct a scan* of the local reproductive health landscape to gain a better understanding of the abortion clinics, family planning providers, support services for parents, and anti-abortion pregnancy centers in the city. Create an online directory of comprehensive reproductive health care providers and encourage residents to seek care at those facilities. Launch a public awareness campaign that directs people to the online directory and other municipal resources and educates them about anti-abortion pregnancy centers.

*Address the deceptive practices* of anti-abortion pregnancy centers through regulation. Possible legislative solutions include prohibiting deceptive advertising or requiring that the city contract with or provide health care funding only to entities that offer comprehensive reproductive health care counseling.

*Organize as a community* against hospital or health system mergers that would reduce access to abortion or contraception. Offer public education about the limits on services provided in Catholic health care settings.

*Address anti-abortion harassment* by developing a policy tailored to local clinics’ needs to allow safe access to clinics while protecting First Amendment rights.

*Prevent harassment* by enacting a policy that keeps the personal information of clinic staff confidential under certain circumstances and/or that prevents picketing at private residences.

*Host a meeting* with local law enforcement to clarify federal, state, and local policies on safe access to abortion clinics and discuss enforcement of those protections. Local government can be a crucial liaison between clinics and law enforcement and can help them establish a strong working relationship.

*Understand zoning regulations* for abortion clinics and the areas around them. Consider whether it is necessary to explicitly state in zoning ordinances that abortion clinics are a health institution like any other that provides similar services.

*Pass a reproductive health non-discrimination ordinance* to ensure that landlords and employers are not able to discriminate against a person based on their decisions about their reproductive health, including the choice to use contraception or to have an abortion.

*Officially recognize March 10 as Abortion Provider Appreciation Day,* and mark that date to celebrate the important work of local abortion providers and clinics.
THE CITY BUDGET DEMONSTRATES THE CITY’S VALUES by providing funding for reproductive health services, including abortion.

- The city directly funds reproductive health care services, including abortion, contraception, and the treatment and prevention of sexually transmitted infections (STIs).
- The city’s education budget includes adequate funding to implement comprehensive sexuality education.
- Reproductive health care providers working in public hospitals are trained in the full range of reproductive health care services, including abortion.
- The city does not fund anti-abortion pregnancy centers and provides health care funding and support only to health centers that provide accurate information and care without bias or stigma.
- Municipal employee insurance plans cover contraception and abortion care.

Budget creation is among the most important responsibilities of a local government. By providing financial support for reproductive health services, cities “put their money where their mouth is” and can establish themselves as beacons for access to abortion, contraception, and other vital care. When cities are unable to provide services they value themselves, they can use their budget to fund community-based organizations to provide them. More than just a means to fund a city’s services, local budgets are documents that outline a city’s values and priorities.
### Strategies to consider

**Allocate municipal dollars** to the city’s local abortion fund. Abortion funds are local non-profit organizations that help people who could not otherwise afford abortion care pay for the services they need. Alternatively, a city can establish and administer its own abortion fund. A relatively small investment in an abortion fund can both help members of the community access medical care and stand up against the cruel abortion restrictions that seek to harm women and abortion providers.

**Ensure that immigrants**, including those who are undocumented, are able to benefit from the programs the city funds, and that protections are in place to guard their information so that they can feel safe accessing these services.

**Fund a residency training program** in city or county hospitals that includes training in abortion and miscarriage management for medical residents in obstetrics, family medicine, and other relevant specialties. Supporting medical education in reproductive health services will improve access to care in the community and beyond.

**Develop a public awareness campaign** using the city’s health advertising budget to improve understanding around important local issues related to reproductive and sexual health, such as contraceptive choice or STD/STI prevention. City campaigns around reproductive and sexual health can connect residents to vital services and change the cultural conversation by framing these issues in a nonjudgmental way without stigma or shame.
SUPPORTING YOUNG PEOPLE

THE CITY EQUIPS YOUNG PEOPLE with the reproductive and sexual health information and services they need to make the best decisions for themselves regarding their health, relationships, and lives.

• City schools consistently offer age-appropriate, K-12, LGBTQ-inclusive comprehensive sexuality education, operating with the necessary funding to train and support teachers.

• City schools offer LGBTQ-friendly reproductive health care in school-based health centers (SBHCs).

• City programs support pregnant and parenting youth, enabling them to continue their education and receive a high school diploma while parenting their children.

• Juvenile detention and foster care programs give young people access to comprehensive sexuality education and reproductive health care services without coercion or cost.

• The city supports young people’s agency in making reproductive health decisions for themselves. If state laws mandate that young people seeking abortion services must obtain parental permission before accessing care, the city will help them understand their rights and navigate the judicial bypass system.

Cities have the opportunity to protect and empower young people by providing medically accurate information, confidential services, and programs that reject the stigma and shame that can often harm young people as they navigate matters of sexual and reproductive health.
Strategies to consider

**Require schools to implement** a K-12 sexuality education program that meets the National Sexuality Education Standards. Comprehensive sexuality education includes lessons about consent, healthy relationships, and bodily autonomy, in addition to vital lessons about reproductive and sexual health. By funding teacher training and support, curriculum development, and monitoring and evaluation, schools can effectively implement robust sexuality education programs.

**Fund SBHCs** that offer reproductive health care services, including contraception services and counseling and STI/HIV screening. This will help students get the care they need without having to contend with barriers like cost, transportation, or concerns about confidentiality.

**Provide pregnant and parenting youth** with the services and accommodations they need to continue and complete their education in a non-stigmatizing environment, including resources for breastfeeding, childcare options, supportive counseling, and a flexible absence policy.

**Work with local legal programs** to help young people seeking abortion care navigate the judicial bypass process, if necessary, in order to obtain the services they need if they are unable to involve a parent or guardian. Use the city’s website to inform young people of their rights and connect them with services offering confidential assistance, abortion funding, or transportation support.
THE CITY SUPPORTS every resident’s right to parent and support a family in a healthy, safe, and secure environment.

• The city offers paid family leave to municipal employees.
• The city creates a safe environment for breastfeeding in public spaces and provides support to private entities to encourage similar policies.
• The city’s environmental regulations and programs protect maternal and infant health.
• The city bans housing and employment discrimination based on pregnancy or family status.
• City initiatives are addressing maternal and infant mortality rates, with a focus on systemic racism and inherent bias that cause racial disparities in health outcomes.
• The city does not prosecute pregnant women, or other people who can become pregnant, for their pregnancy outcomes. The city offers programs and services that support healthy pregnancies and a range of comprehensive birthing options.

The right to parent and support a family is a vital component of reproductive freedom. Cities must look at the whole picture when it comes to their residents’ lives and recognize how discrimination around race, class, and gender creates barriers to safe and respectful reproductive health care. Although some of these policies may fall outside the lines of traditional health care, they serve as important building blocks towards creating a healthy and safe city for all.
**Strategies to consider**

*Create a local maternal mortality review board* of medical professionals, public health specialists, and community-based birth justice advocates to confidentially review cases of maternal mortality and morbidity and make recommendations to improve care in local facilities. Require implicit bias training for obstetric doctors, nurses, and staff in city hospitals.

*Require paid family leave* for municipal employees, including those who work part time and for contractors working with the city.

*Require government-operated facilities* or public spaces to create breastfeeding rooms that are clean, comfortable, and equipped with necessities like a refrigerator, a sink, and an electrical outlet. Introduce incentives for private businesses to build similar breastfeeding rooms.

*Partner with local communities* to identify potential harms in common beauty and hygiene products, such as nail salon products or skin lightening creams, and support strategies to reduce reliance on them — such as public education, regulation, or incentive programs.

*Create a local doula training program* and subsidize doula care for low-income families at rates that ensure doulas earn a living wage.

*Provide education* and/or guidelines to hospital staff on the important roles doulas play during birth.
THE CITY IS COMMITTED to health, justice, and autonomy for all people, inclusive of their many identities. Its initiatives and programs provide people with the support they need to engage with their community, plan their lives, and achieve their full potential.

- The minimum wage is a living wage, and paid sick leave is available to all employees.
- The city runs public awareness campaigns on sexual and reproductive health that reflect issues that are important to the community, are sex-positive, and do not stigmatize or shame.
- A sufficient supply of high-quality menstrual hygiene products, including tampons and pads, is available to anyone who needs them, regardless of their ability to pay.
- The local criminal justice system practices a holistic approach to community safety, protects the rights and civil liberties of every individual, and provides a safe and healthy environment to those community members who are incarcerated.
- Public transportation is easily accessible, safe, affordable, child-friendly, and reliable, and it helps people get to health care centers for the services they need.
- The city is committed to protecting the institutions of democracy and encourages residents to vote and run for office.

Reproductive justice, a framework developed in the 1990s by Black women who did not see their needs, lives, and priorities reflected in the reproductive rights movement, is defined by SisterSong as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” A city can adopt the reproductive justice framework by seeing and embracing its residents’ multiple identities and understanding and addressing the intersectional systems of oppression that impact their lives. Local governments must also recognize and understand their historic and ongoing role in perpetuating systems of oppression rooted in patriarchy and white supremacy. Then, in partnership with the relevant communities, local governments can create policies and practices grounded in equity that allow all people to thrive and determine their future.
Strategies to consider

**Establish a $15 minimum wage** or higher for employees in the city, including tipped and contract employees. Require that all entities that contract with the city or county provide their employees with a living wage and comprehensive benefits.

**Repeal the local sales tax** on items essential to menstrual hygiene, including pads and tampons, and provide funding for free menstrual products in public institutions such as jails, prisons, schools, and shelters, or establish a public-private partnership with menstrual hygiene companies to ensure that people who need but cannot otherwise afford these products can easily access a sufficient and high-quality supply.

**Adopt a set of reproductive justice-informed values** for all of the city’s public awareness campaigns regarding sexual and reproductive health. Reject stigmatizing messages around sexuality and individual behavior and instead offer accessible and culturally appropriate solutions.

**Prohibit law enforcement** from relying on the fact that someone is carrying a condom as a basis for an arrest, a charge, or prosecution for intent to engage in sex work.

**Pass a “shield” law** that protects sex workers from arrest or prosecution when reporting a violent crime (such as sexual assault, robbery, or human trafficking) as a victim or a witness.

**Pass a gender identity** anti-discrimination ordinance, ensuring that landlords and employers are not able to discriminate against individuals based on their gender identity.

**Establish alternative-to-incarceration programs** that are available to as many people as possible, and offer opportunities for mothers who are incarcerated and their babies to be physically together.

**Pass an ordinance requiring** that anyone who is incarcerated while pregnant has access to comprehensive reproductive health care, including abortion care, contraception, prenatal and postpartum care, doula support, and lactation accommodations. Ban shackling of pregnant people who are incarcerated while pregnant, in labor, or postpartum. Engage in training and oversight to ensure these policies are instituted and followed.

**Study the existing transportation barriers** to local reproductive health care clinics, and work with providers, community members, and community-based organizations to develop equitable solutions to the barriers.

**Implement programs** and policies that will increase democratic engagement and protect the right to vote locally, including campaign finance reform, ranked choice voting, easy access to voter registration, and transportation to the polls. Allow non-citizens and/or people under 18 the right to vote in municipal elections.
ADVANCING REPRODUCTIVE FREEDOM: BEYOND LEGISLATIVE STRATEGIES

Legislation is a meaningful way to make change, but is not the only way. Local officials have a range of tools at their disposal to meaningfully impact reproductive health, rights, and justice in their communities.

Procurement: In 2018, Milwaukee passed a paid sick leave policy, but it was preempted by then-Governor Scott Walker in 2011. Subsequently, Milwaukee updated its procurement processes to incentivize private sector companies to adopt policies like paid sick leave, even though they could no longer mandate it. The Milwaukee Common Council overhauled its bid scoring system for city contracts to award extra points to “socially responsible” contractors. Potential programs or actions that can qualify a contractor include providing paid sick leave, providing breastfeeding facilities, underwriting or facilitating access to help employees obtain childcare and family-related dependent care, or support for resolving tardy child support payments.

Implementation of state policy: After North Dakota passed a law mandating that businesses provide their employees with private spaces for breastfeeding, the city of Fargo stepped up to support their local business community. Recognizing that implementation can be just as important as good policy, the Fargo Cass Public Health Department now offers businesses microgrants of up to $500 to help them comply with the law. This small amount of funding can offset the cost of a comfortable chair, refrigeration, the installation of locks or an outlet, or other important features of a breastfeeding space.

Zoning: An anti-abortion pregnancy center in a residential-zoned area of Boston petitioned its neighborhood association in 2015 to obtain a “conditional use permit” to operate an ultrasound, a device that is key to anti-abortion pregnancy centers’ strategy because it grants a false impression of medical authority; a free ultrasound can also lure women in, even if the center does not offer comprehensive care. After learning about the deceptive practices of these centers, the association voted unanimously to deny the permit, determining that the use of the ultrasound would not be in harmony with the purpose and intent of the zoned area. In South Bend, IN, when an anti-abortion pregnancy center sought to open a facility in a residential zone next door to a new abortion clinic, they had to request that the property be rezoned. As referenced on page 12, Mayor Pete Buttigieg acted to protect public safety in South Bend, when he vetoed the effort to rezone a property, which would have enabled the anti-abortion pregnancy center to open directly next door to an abortion clinic.

Adoption of an internal equity lens: The New York City Department of Health and Mental Hygiene launched an internal reform effort, “Race to Justice,” to educate staff on how racist policies in government institutions have led to disparities in health outcomes. In Austin, TX, the mayor established an Equity Office to evaluate the impact of city programs and services on racial equity and to address the city’s own hiring practices to increase diversity and ensure government employees reflected the racial makeup of the city.
THE LOCAL GOVERNMENT TAKES ACTION to support or oppose state- and federal-level reproductive health, rights, and justice issues that impact its residents.

• The city embraces the opportunity to provide a safe and welcoming environment for people from across the state and beyond to access reproductive health care, including abortion.

• The city is a leader in opposing discriminatory policies and restrictions on reproductive freedom and uses its voice to destigmatize reproductive health care.

Cities have become an increasingly important source of reproductive health services, especially abortion care, as an onslaught of cruel and medically unnecessary restrictions have closed clinics across the country and created other, sometimes insurmountable barriers to access. In this environment, cities should embrace their role as welcoming places where people can safely access the reproductive health care they need. Progressive policies around reproductive health have an impact far beyond a city’s borders, and cities can go further by taking a stand on state and federal legislation or ballot initiatives, both destigmatizing reproductive health care and educating their residents about important issues at the same time.

Strategies to consider

**Pass a resolution** or issue a proclamation declaring the city a safe and welcoming place for all to receive reproductive health care, including abortion, regardless of restrictions passed at the state and federal levels.

**Pass a resolution** or issue a proclamation declaring support for ballot initiatives or legislation on the state or federal level that protect abortion rights and/or advance abortion access. Call on the state or the federal government to expand insurance coverage of abortion, pass the federal EACH Woman Act or Women’s Health Protection Act, repeal state-level restrictions on abortion access, or affirm the right to an abortion in the state.

**Pass a resolution** or issue a proclamation declaring opposition to anti-abortion ballot initiatives or legislation on the state or federal level, such as bans on abortion based on a person’s reasons for choosing an abortion or bans on insurance coverage of abortion.

**Submit public comments** to executive agencies supporting policies that will expand access to reproductive health care, including details on how it will help people in the city, and opposing initiatives that will restrict access to reproductive health care, including details on how it will harm people in the city.
EVALUATING U.S. CITIES
CITY SCORECARDS

MILWAUKEE
MILWAUKEE COUNTY, WISCONSIN

LOCAL LANDSCAPE
Median income, 2017: $38,289

PROTECTING ABORTION ACCESS
- Clinic safety ordinances
- Regressions in the downgrading of abortion clinics

FUNDING AND COVERAGE
- Medicaid insurance coverage of abortion
- Supportive breastfeeding policies

SUPPORTING FAMILIES
- Support for abortion coverage, including the EACH Woman Act
- Comprehensive sexuality education policy

MILWAUKEE COUNTY, WISCONSIN
American Indian
and Alaska Native
2017:
Two or more races
$38,289

WASHINGTON, D.C.

LOCAL LANDSCAPE
Median income, 2017: $77,649

PROTECTING ABORTION ACCESS
- Clinic safety ordinances
- Regressions in the downgrading of abortion clinics

FUNDING AND COVERAGE
- Medicaid insurance coverage of abortion
- Supportive breastfeeding policies

SUPPORTING FAMILIES
- Support for abortion coverage, including the EACH Woman Act
- Comprehensive sexuality education policy

SAN DIEGO
SAN DIEGO COUNTY, CALIFORNIA

LOCAL LANDSCAPE
Median income, 2017: $71,535

PROTECTING ABORTION ACCESS
- Clinic safety ordinances
- Regressions in the downgrading of abortion clinics

FUNDING AND COVERAGE
- Medicaid insurance coverage of abortion
- Supportive breastfeeding policies

SUPPORTING FAMILIES
- Support for abortion coverage, including the EACH Woman Act
- Comprehensive sexuality education policy
THE 2019 LOCAL REPRODUCTIVE FREEDOM INDEX covers 50 cities. This includes the 40 cities from the 2017 edition, selected based on their population size or the size of their metropolitan area, and an additional 10 selected this year because of their size or their location in a previously unrepresented state. NIRH then identified 34 specific policies as “indicators” to evaluate each of the cities by, all of which fall within six broader categories that NIRH has determined are core to securing and advancing reproductive freedom at a city level. These indicators 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. They are a refinement of the initial 37 indicators in the 2017 Local Index, based upon lessons learned from NIRH’s experience conducting research and working with advocates.

It is important to note that while this report is informed by the reproductive justice framework, the indicators and Model City do not fully encompass all of the issues included in a comprehensive reproductive justice analysis. Doing 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 important concerns related to self-determination and human rights.

For details on how the indicators changed in this edition of the report, see Appendix B: Changes in Categories and Indicators from 2017.

The Research Process
NIRH conducted the first round of research independently. This included a review of 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, as well as publicly available information from local community-based organizations and local media. Following this work, NIRH conducted phone and email interviews with partner organizations, other community-based organizations, departments of health, school districts, and city and county officials whenever possible in each of the cities. NIRH then shared its initial findings with local advocates and the heads of city or county departments of health for review. Finally, drafts of the City Scorecards were distributed to the mayor and heads of the city council and county government (if applicable) to verify data and identify any concerns. Final City Scorecards are based on the sum of this work.
**The Policy Indicators**

Each policy indicator is assigned a point value. Most indicators are one point. A small number count for two points, reflecting some combination of the following: the impact on abortion access and reproductive health, a degree of rarity among cities, investment required to pass and implement, and/or whether the policy is particularly effective in achieving its aim. For an explanation of each indicator and its assigned point value, see Appendix A: Explaining the Indicators.

<table>
<thead>
<tr>
<th>Key: Understanding the Star Rankings</th>
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<tbody>
<tr>
<td>0.5 star = 0.1 – 1.0</td>
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<tr>
<td>1.0 star = 1.1 – 2.0</td>
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<td>4.0 stars = 7.1 – 8.0</td>
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<td>4.5 stars = 8.1 – 9.9</td>
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<td>5.0 stars = 10.0</td>
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</table>

A city’s score is determined using an equation that weighs 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 the five-point star rating, ranging from half a star to five stars, used in the final report.

Each city can receive one of the following marks for each indicator:

- **Yes:** A city or county has a policy related to the indicator in place.
- **No:** A city or county does not have a policy related to the indicator in place.
- **Limited:** A city has taken some steps towards achieving the indicator but has not acted to its fullest extent. Limited measures count toward a city’s overall score as half of the full point value.
- **Preempted:** State policy prevents a city from acting on policy described by an indicator, or a state policy fully addresses the entire area described by an indicator, making it unnecessary for the city to take further action. Preempted measures do not impact the city’s overall score.
- **N/A:** NIRH was unable to find sufficient information on a given measure to determine its status as of December 31, 2018. N/A measures do not impact the city’s overall score.

**The Local Landscape**

To create a more complete profile of each city, and to complement and contextualize the 34 policy indicators, NIRH also collected demographic and additional policy data related to reproductive freedom. This is reflected in the “Local Landscape” featured on each City Scorecard, but it does not contribute to a city’s overall score.

The data in the Local Landscape should be used as an additional tool for understanding the specific challenges and opportunities each city faces, as these data points and the Local Index policy indicators connect with each other in important ways. For example, the rate of pregnancy among young people cannot be understood in isolation from the city’s sexuality education policy, number of anti-abortion pregnancy centers, or the reproductive health care available in SBHCs.
### Policy Indicators Tracked in the Local Index

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
<th>Point Value</th>
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</thead>
<tbody>
<tr>
<td>Protecting Abortion Access</td>
<td>Clinic safety ordinance</td>
<td>2</td>
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<tr>
<td></td>
<td>Regulations on deceptive practices of anti-abortion pregnancy centers</td>
<td>2</td>
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<td></td>
<td>Local protections for abortion clinics and providers</td>
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<td>Public awareness about access to abortion care</td>
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<td></td>
<td>Anti-discrimination ordinances for employees: reproductive health decisions</td>
<td>2</td>
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<tr>
<td></td>
<td>Anti-discrimination ordinances for housing: reproductive health decisions</td>
<td>2</td>
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<tr>
<td>Funding and Coverage for Reproductive Health Care</td>
<td>Funding for abortion</td>
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<td>Funding for STD/STI testing and prevention</td>
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<td></td>
<td>Municipal insurance coverage of abortion</td>
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<td></td>
<td>Funding to train providers in reproductive health care</td>
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<tr>
<td></td>
<td>Funding for contraception</td>
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<td></td>
<td>Funding for community-based organizations to provide comprehensive sexuality education</td>
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<td>Supporting Young People</td>
<td>Support for pregnant and parenting youth</td>
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<td></td>
<td>Funding for comprehensive sexuality education</td>
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<td></td>
<td>Reproductive health care in school-based health centers (SBHCs)</td>
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<td>Supporting Families</td>
<td>Supportive breastfeeding policies</td>
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<td>Paid family leave for municipal employees</td>
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<td></td>
<td>Environmental protections for maternal and reproductive health</td>
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<td></td>
<td>Anti-discrimination ordinances for employees: pregnancy and family status</td>
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<td>Building Healthy and Just Communities</td>
<td>Positive public awareness campaigns on sexual and reproductive health</td>
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<td>Menstrual equity initiative</td>
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<td>“Shield” law for victim reporting</td>
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<td>Paid sick leave</td>
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<td>$15 minimum wage</td>
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<td>Anti-discrimination ordinances for employees: gender identity</td>
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<tr>
<td>Taking a Stand</td>
<td>Opposition to deceptive practices of anti-abortion pregnancy centers</td>
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<tr>
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<td>Support for abortion coverage, including the EACH Woman Act</td>
<td>1</td>
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<tr>
<td></td>
<td>Pro-choice stance on legislation or ballot initiatives</td>
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<tr>
<td></td>
<td>Support for anti-discrimination</td>
<td>1</td>
</tr>
</tbody>
</table>
The Challenges of Conducting Research on Local Governments
While some cities do not have county government, most of the cities in the Local Index are located within counties. In these places, city and county work are interconnected, and both levels of government are important to advancing reproductive freedom. In particular, counties typically play a significant role in public health. NIRH researchers first reviewed city policies that aligned with the indicators, and then filled in any gaps by reviewing county-level policies. The final score for each city includes policies in place on the county level so that the Local Index does not penalize cities for “not having” a policy described by a particular indicator in place when it is in fact addressed by the county and the city’s residents benefit from it. County-level policies and data are denoted by an accompanying asterisk on the Comprehensive and City Scorecards.

Similarly, some cities contain other entities that are part of local government but have different jurisdictions or geographic reach. 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 state plays a role by administering a joint state-county health department. Many cities also contain multiple school districts and school boards, each of which has its own policy on sexuality education or reproductive health care within school-based health centers. Decisions about how to characterize a city in which multiple different policies are in place were made on a case-by-case basis. As a reader, 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 score.

Given this diversity in structure, it is no surprise that the quality of data available on a local level varies widely based on each city’s priorities, resources, and capacity. Information on the indicators in the Local Index is often difficult to access, varies widely from city to city, and can be challenging to interpret. Some cities publish health statistics and detailed budgets online, while others do not make such data available publicly. In some cases, the data is simply not available at all.

NIRH sought to mitigate each of 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. NIRH is available to discuss decisions on particular indicators and explain the reasoning behind each; if necessary, corrections are welcome and will be incorporated into the report. All such inquiries and corrections should be sent to localrepro@nirhealth.org.
The Impact of Race and Income

Race and income are essential parts of an individual’s and a community’s identity that impact how people experience life in a city. 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.

Because of the small population size of most cities, it is often difficult to disaggregate data by race and socioeconomic status, meaning that information such as the maternal mortality rates or a city’s median income level may mask significant disparities. NIRH encourages cities to make every effort to include race and income as metrics when collecting data and to publish those results whenever possible.

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, and speak directly with community members to fully understand how barriers and opportunities disparately impact people of color and low-income people.
ATLANTA
FULTON COUNTY, GEORGIA

LOCAL LANDSCAPE
Median income, 2017: $51,701  Annual costs, family of 4, 2018*: $78,246

PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
  ☑ Funding for STD/STI testing and prevention
  ☑ Municipal insurance coverage of abortion
  ☑ Funding to train providers in reproductive health care
  ☑ Funding for contraception

SUPPORTING FAMILIES
☐ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
  ☑ Environmental protections for maternal and reproductive health
  ☑ Anti-discrimination ordinance for employees: pregnancy and family status
  ☑ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☐ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☐ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

SUPPORTING YOUNG PEOPLE
☐ Support for pregnant and parenting youth
  ☑ Funding for comprehensive sexuality education
  ☐ Comprehensive sexuality education policy
  ☐ Reproductive health care in school-based health centers

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data

465,230
Population 2017

13.2
Teen pregnancies per 1,000 girls 10–19, 2017*

5.5
Infant mortality per 1,000 live births, 2017*

7
Maternal mortality deaths, 2017*

419
Incarcerations per 100,000 residents, 2015*

Population Landscape
American Indian and Alaska Native 0.3%
Black or African American 52.3%
Latino or Hispanic origin (of any race): 4.6%
White 40.1%

Infant mortality by race, 2010–2016*:
White: 3.3
Black or African American: 8.8
Latino or Hispanic: 4.1

Two or more races 2.3%
Some other race 1.0%
Asian 4.0%

FULTON COUNTY, GEORGIA
ATLANTA
Median income, 2017: $51,701  Annual costs, family of 4, 2018*: $78,246

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LOCAL LANDSCAPE

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<td>Population 2017</td>
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<td>Median income, 2017</td>
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<tr>
<td>Annual costs, family of 4, 2018*</td>
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</tbody>
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KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
BILLINGS
YELLOWSTONE COUNTY, MONTANA

LOCAL LANDSCAPE

Median income, 2017: $55,585
Annual costs, family of 4, 2018*: $88,537

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KEY: ✔ Yes L Limited P Preempted N/A Data not available * County-level data
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- Support for anti-discrimination

KEY: ✔ Yes  L Limited  P Preempted  N/A Data not available  * County-level data

BIRMINGHAM
JEFFERSON COUNTY, ALABAMA

LOCAL LANDSCAPE
Median income, 2017: $33,770  Annual costs, family of 4, 2018*: $81,550

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

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BIRMINGHAM
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- Support for anti-discrimination

KEY: ✔ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
BOSTON
MASSACHUSETTS

LOCAL LANDSCAPE
Median income, 2017: $62,021 Annual costs, family of 4, 2018*: $111,724

PROTECTING ABORTION ACCESS
 Clinic safety ordinance
 Regulations on the deceptive practices of anti-abortion pregnancy centers
 Local protections for abortion clinics and providers
 Public awareness about access to abortion care
 Anti-discrimination ordinances for employees: reproductive health decisions
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 Support for abortion coverage, including the EACH Woman Act
 Pro-choice stance on state or federal legislation or ballot initiatives
 Support for anti-discrimination

KEY: ✔ Yes ☐ Limited ☑ Preempted N/A Data not available * County-level data

669,158 Population 2017
52.8% White
25.3% Black or African American
19.4% Latino or Hispanic origin (of any race)
9.5% Asian
0.4% American Indian and Alaska Native
4.9% Two or more races

1 Abortion clinics
1 Anti-abortion pregnancy centers
5 Non-Catholic hospitals
5 Catholic hospitals
9 Title X clinics
5 School-based health centers

5.8 Teen births per 1,000 girls 15-17, 2015

5.4 Infant mortality per 1,000 live births, 2016–2017

N/A Maternal mortality

204 Incarcerations per 100,000 residents, 2015*

5.8 Infant mortality by race, 2015:
White 1.7
Black or African American 8.1
Latino or Hispanic 9.8

Population 2017

Median income, 2017: $62,021 Annual costs, family of 4, 2018*: $111,724

PROTECTING ABORTION ACCESS
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 Support for anti-discrimination

KEY: ✔ Yes ☐ Limited ☑ Preempted N/A Data not available * County-level data
BUFFALO
ERIE COUNTY, NEW YORK

LOCAL LANDSCAPE

Median income, 2017: $34,268  Annual costs, family of 4, 2018*: $88,554

PROTECTING ABORTION ACCESS
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**LOCAL LANDSCAPE**
- Median income, 2017: $45,797
- Annual costs, family of 4, 2018*: $84,814
- Incarcerations per 100,000 residents, 2015*: 412
- Infant mortality per 1,000 live births, 2015*: 4.6
- Maternal mortality per 100,000 live births, 2014*: 14.8
- Population, 2017: 49,384
- Teen births per 1,000 girls 15-19, 2015*: 26.8
- Median income, 2017: $45,797
- Annual costs, family of 4, 2018*: $84,814
- Incarcerations per 100,000 residents, 2015*: 412
- Infant mortality per 1,000 live births, 2015*: 4.6
- Maternal mortality per 100,000 live births, 2014*: 14.8
- Population, 2017: 49,384
- Teen births per 1,000 girls 15-19, 2015*: 26.8
Charlotte
Mecklenburg County, North Carolina

Local Landscape
Median income, 2017: $58,202
Annual costs, family of 4, 2018*: $92,400

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☐ Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
CHICAGO
COOK COUNTY, ILLINOIS

LOCAL LANDSCAPE
Median income, 2017: $52,497
Annual costs, family of 4, 2018*: $85,638

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☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
✔ Funding for abortion
✔ Funding for STD/STI testing and prevention
✔ Municipal insurance coverage of abortion
✔ Funding to train providers in reproductive health care
✔ Funding for contraception

SUPPORTING YOUNG PEOPLE
✔ Support for pregnant and parenting youth
✔ Funding for comprehensive sexuality education
✔ Comprehensive sexuality education policy
✔ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
✔ Supportive breastfeeding policies
✔ Paid family leave for municipal employees
✔ Environmental protections for maternal and reproductive health
✔ Anti-discrimination ordinance for employees: pregnancy and family status
✔ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
✔ Support for immigrants to access reproductive health care
✔ Advancing democracy
✔ Menstrual equity initiative
✔ Anti-discrimination ordinance for employees: gender identity
✔ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
✔ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
✔ Support for anti-discrimination

KEY: ✔ Yes L Limited P Preempted N/A Data not available * County-level data

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH | LOCALREPRO.NIRHEALTH.ORG
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PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY:
- Yes
- Limited
- Preempted
- N/A Data not available
- County-level data
COLUMBUS
FRANKLIN COUNTY, OHIO

LOCAL LANDSCAPE
Median income, 2017: $49,478
Annual costs, family of 4, 2018*: $76,626

852,144
Population
2017

21.5
Teen pregnancies per 1000 girls 10–19, 2016*

7.5
Infant mortality per 1,000 live births, 2017*

N/A
Maternal mortality

404
Incarcerations per 100,000 residents, 2015*

FRANKLIN COUNTY, OHIO
COLUMBUS

PROTECTING ABORTION ACCESS
☒ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
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☒ Funding for STD/STI testing and prevention
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☒ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING FAMILIES
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BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
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TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☒ Pro-choice stance on state or federal legislation or ballot initiatives
☒ Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
DENVER
COLORADO

LOCAL LANDSCAPE

Median income, 2017: $60,098
Annual costs, family of 4, 2017: $92,426

DENVER
COLORADO

Median income, 2017: $60,098
Annual costs, family of 4, 2017: $92,426

678,467 Population

Two or more races 3.4%
Some other race 5.5%
Native Hawaiian and other Pacific Islander 0.1%
American Indian and Alaska Native 1.0%
Black or African American 9.5%
White 76.9%
Latino or Hispanic origin (of any race): 30.5%

PROTECTING ABORTION ACCESS

Clinic safety ordinance
Regulations on the deceptive practices of anti-abortion pregnancy centers
Local protections for abortion clinics and providers
Public awareness about access to abortion care
Anti-discrimination ordinances for employees: reproductive health decisions
Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

Funding for abortion
Funding for STD/STI testing and prevention
Municipal insurance coverage of abortion
Funding to train providers in reproductive health care
Funding for contraception

SUPPORTING YOUNG PEOPLE

Support for pregnant and parenting youth
Funding for comprehensive sexuality education
Comprehensive sexuality education policy
Reproductive health care in school-based health centers

SUPPORTING FAMILIES

Supportive breastfeeding policies
Paid family leave for municipal employees
Environmental protections for maternal and reproductive health
Anti-discrimination ordinance for employees: pregnancy and family status
Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES

$15 minimum wage
Support for immigrants to access reproductive health care
Advancing democracy
Menstrual equity initiative
Anti-discrimination ordinance for employees: gender identity
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TAKING A STAND

Opposition to deceptive practices of anti-abortion pregnancy centers
Support for abortion coverage, including the EACH Woman Act
Pro-choice stance on state or federal legislation or ballot initiatives
Support for anti-discrimination

KEY: Yes L Limited P Preempted N/A Data not available * County-level data

4.8 Infant mortality per 1,000 live births, 2016
25.9 Maternal mortality per 100,000 live births, 2008-2013
417 Incarcerations per 100,000 residents, 2015

4.3 Infant mortality by race, 2011-2013:
White 3.4%
Black or African American 4.8%
Asian or Pacific Islander 4.2%
Latino or Hispanic origin 5.5%

4.2 Infant mortality by race, 2011-2013:
White 3.4%
Black or African American 4.8%
Asian or Pacific Islander 4.2%
Latino or Hispanic origin 5.5%

678,467 Population

Two or more races 3.4%
Some other race 5.5%
Native Hawaiian and other Pacific Islander 0.1%
American Indian and Alaska Native 1.0%
Black or African American 9.5%
White 76.9%
Latino or Hispanic origin (of any race): 30.5%

22 Teen births per 1,000 girls 15-19, 2017
17 Title X clinics
5 Non-Catholic hospitals
6 Anti-abortion pregnancy centers
3 Abortion clinics

16 School-based health centers

10.5 Catholic hospitals
6.5 Non-Catholic hospitals
4.3 White
7.2 Asian or Pacific Islander
6.5 Latino or Hispanic origin
1.0 American Indian and Alaska Native
0.1 Native Hawaiian and other Pacific Islander

4.8 Infant mortality per 1,000 live births, 2016
25.9 Maternal mortality per 100,000 live births, 2008-2013
417 Incarcerations per 100,000 residents, 2015

4.3 Infant mortality by race, 2011-2013:
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Black or African American 4.8%
Asian or Pacific Islander 4.2%
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678,467 Population

Two or more races 3.4%
Some other race 5.5%
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Latino or Hispanic origin (of any race): 30.5%

22 Teen births per 1,000 girls 15-19, 2017
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3 Abortion clinics

16 School-based health centers

10.5 Catholic hospitals
6.5 Non-Catholic hospitals
4.3 White
7.2 Asian or Pacific Islander
6.5 Latino or Hispanic origin
1.0 American Indian and Alaska Native
0.1 Native Hawaiian and other Pacific Islander

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4.2 Infant mortality by race, 2011-2013:
White 3.4%
Black or African American 4.8%
Asian or Pacific Islander 4.2%
Latino or Hispanic origin 5.5%
DETROIT
WAYNE COUNTY, MICHIGAN

LOCAL LANDSCAPE

Median income, 2017: $27,838
Annual costs, family of 4, 2017*: $76,619

PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☑ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE
☑ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☑ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
☑ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☐ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☑ $15 minimum wage
☑ Support for immigrants to access reproductive health care
☑ Advancing democracy
☐ Menstrual equity initiative
☑ Anti-discrimination ordinance for employees: gender identity
☑ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☑ Support for anti-discrimination

KEY: ☑ Yes  ☐ Limited  ☐ Preempted  N/A Data not available  * County-level data

WAYNE COUNTY, MICHIGAN

Population
679,865
Median income, 2017: $27,838
Annual costs, family of 4, 2017*: $76,619

Infant mortality rate, 2017:
7.2 per 1,000 live births

Maternal mortality rate, 2011-2015:
14.2 per 100,000 live births

Incarcerations per 100,000 residents, 2015:
411

Teen pregnancy rate, 2017:
70.2 per 1,000 girls 15-19

Infant mortality by race, 2017:
White: 7.2
Black or African American: 15.5

Population
679,865

White: 14.1%
Black or African American: 79.1%
Latino or Hispanic origin: 7.6%
Asian: 1.5%
American Indian and Alaska Native: 0.3%
Two or more races: 1.9%
Some other race: 3.0%

70.2 Teen pregnancies per 1,000 girls 15-19, 2017

Abortion clinics: 4
Anti-abortion pregnancy centers: 3
Non-Catholic hospitals: 11
Catholic hospitals: 2
Title X clinics: 22
School-based health centers: 22

Pro-choice stance on state or federal legislation or ballot initiatives
Support for anti-discrimination

679,865 Population 2017

TITLE X clinics
School-based health centers
Catholic hospitals
Non-Catholic hospitals
Abortion clinics
Anti-abortion pregnancy centers

Supportive breastfeeding policies
Paid family leave for municipal employees
Environmental protections for maternal and reproductive health
Anti-discrimination ordinance for employees: pregnancy and family status
Anti-discrimination ordinance for housing: pregnancy and family status

$15 minimum wage
Support for immigrants to access reproductive health care
Advancing democracy
Menstrual equity initiative
Anti-discrimination ordinance for employees: gender identity
Anti-discrimination ordinance for housing: gender identity

Opposition to deceptive practices of anti-abortion pregnancy centers
Support for abortion coverage, including the EACH Woman Act
Pro-choice stance on state or federal legislation or ballot initiatives
Support for anti-discrimination
EL PASO COUNTY, TEXAS

LOCAL LANDSCAPE

Median income, 2017: $44,431
Annual costs, family of 4, 2017: $66,634

EL PASO

Population 2017: 678,266

678,266
Population 2017

Two or more races: 2.4%
Some other race: 9.8%
White: 82.0%
Asian: 1.3%
American Indian and Alaska Native: 0.6%
Black or African American: 3.8%
Native Hawaiian and other Pacific Islander: 0.1%
Latino or Hispanic origin (of any race): 80.8%

PROTECTING ABORTION ACCESS

☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
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☐ Funding for contraception

SUPPORTING YOUNG PEOPLE

☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

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BUILDING HEALTHY AND JUST COMMUNITIES

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TAKING A STAND

☐ Opposition to deceptive practices of anti-abortion pregnancy centers
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☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ☑ Yes ☐ Limited ☐ Preempted N/A Data not available * County-level data

Infant mortality per 1,000 live births, 2015:
4.2
Maternal mortality death, 2015:
1
Incarcerations per 100,000 residents, 2015:
293

678,266
Population 2017

EL PASO

Median income, 2017: $44,431
Annual costs, family of 4, 2017: $66,634

EL PASO

Population 2017: 678,266

678,266
Population 2017

Two or more races: 2.4%
Some other race: 9.8%
White: 82.0%
Asian: 1.3%
American Indian and Alaska Native: 0.6%
Black or African American: 3.8%
Native Hawaiian and other Pacific Islander: 0.1%
Latino or Hispanic origin (of any race): 80.8%

PROTECTING ABORTION ACCESS

☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

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SUPPORTING YOUNG PEOPLE

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☐ Support for anti-discrimination

KEY: ☑ Yes ☐ Limited ☐ Preempted N/A Data not available * County-level data

Infant mortality per 1,000 live births, 2015:
4.2
Maternal mortality death, 2015:
1
Incarcerations per 100,000 residents, 2015:
293

678,266
Population 2017

EL PASO

Median income, 2017: $44,431
Annual costs, family of 4, 2017: $66,634

EL PASO

Population 2017: 678,266

678,266
Population 2017

Two or more races: 2.4%
Some other race: 9.8%
White: 82.0%
Asian: 1.3%
American Indian and Alaska Native: 0.6%
Black or African American: 3.8%
Native Hawaiian and other Pacific Islander: 0.1%
Latino or Hispanic origin (of any race): 80.8%
**FARGO**

**CASS COUNTY, NORTH DAKOTA**

### LOCAL LANDSCAPE

**Population**
- Median income, 2017: $50,561
- Annual costs, family of 4, 2017*: $87,680
- Two or more races: 2.9%
- American Indian and Alaska Native: 1.1%
- Asian: 3.6%
- Black or African American: 5.5%
- Latino or Hispanic origin (of any race): 2.8%
- White: 86.2%

**Demographics**
- Population: 122,359

**Health Indicators**
- Infant mortality per 1,000 live births, 2018*: 4.1
- Maternal mortality: N/A
- Incarcerations per 100,000 residents, 2015*: 191
- Teen pregnancies per 1,000 girls under 20, 2012-2016*: 20.2
- Title X clinics: 1
- Abortion clinics: 1
- Anti-abortion pregnancy centers: 2
- Non-Catholic hospitals: 7
- Catholic hospitals: 0
- School-based health centers: 0

### PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

### FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

### SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

### SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

### BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

### TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**KEY:**
- Yes
- Limited
- Preempted
- N/A
- Data not available
- County-level data
FORT WORTH
TARRANT COUNTY, TEXAS

LOCAL LANDSCAPE

Median income, 2017: $57,309
Annual costs, family of 4, 2017*: $76,908

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
  - Yes Funding for STD/STI testing and prevention
  - Funding for comprehensive sexuality education
- Title X clinics
- Clinic safety ordinance
- Anti-abortion pregnancy centers
- Background checks

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
**LOCAL LANDSCAPE**

Median income, 2017: **$33,841**  
Annual costs, family of 4, 2017*: **$87,464**

**PROTECTING ABORTION ACCESS**
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

**FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH**
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

**SUPPORTING YOUNG PEOPLE**
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

**SUPPORTING FAMILIES**
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAKING A STAND**
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**KEY:**  
- Yes  
- Limited  
- Preempted  
- N/A (Data not available)  
- * (County-level data)
LOCAL LANDSCAPE

Median income, 2017: $49,399  
Annual costs, family of 4, 2017*: $73,010  

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
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- Funding for abortion
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- Reproductive health care in school-based health centers

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- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
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- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination
**INDIANAPOLIS**

**MARION COUNTY, INDIANA**

**LOCAL LANDSCAPE**

<table>
<thead>
<tr>
<th>Median income, 2017:</th>
<th>$44,709</th>
<th>Annual costs, family of 4, 2017*:</th>
<th>$79,240</th>
</tr>
</thead>
</table>

**PROTECTING ABORTION ACCESS**
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

**FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH**
- Funding for abortion
  - Funding for STD/STI testing and prevention
  - Municipal insurance coverage of abortion
  - Funding to train providers in reproductive health care
  - Funding for contraception

**SUPPORTING FAMILIES**
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAKING A STAND**
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**LOCAL LANDSCAPE**

<table>
<thead>
<tr>
<th>Infant mortality by race, 2011-2015:</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
</tr>
<tr>
<td>Black or African American</td>
</tr>
<tr>
<td>Latino or Hispanic (of any race)</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2011-2013</td>
</tr>
<tr>
<td>7.3</td>
</tr>
<tr>
<td>11.5</td>
</tr>
<tr>
<td>6.2</td>
</tr>
<tr>
<td>6.0</td>
</tr>
</tbody>
</table>

**Data not available**

**Population**
- 853,431 Population 2017
- 30.8 Teen births per 1,000 girls 15-19, 2016*

**Other Data**
- Median income, 2017: $44,709
- Annual costs, family of 4, 2017*: $79,240
- Maternal mortality:
  - N/A
- Incarcerations per 100,000 residents, 2015*
  - 311
- Infant mortality:
  - 8.5

**Race and Ethnicity**
- White 61.8%
- Black or African American 28.1%
- Latino or Hispanic (of any race): 10.1%
- Asian 3.0%
- American Indian and Alaska Native 0.3%
- Two or more races 3.0%
- Some other race 3.8%

**Other Data**
- Non-Catholic hospitals
- Catholic hospitals
- Title X clinics
- School-based health centers
- Abortion clinics
- Anti-abortion pregnancy centers

**KEY:**
- Yes
- Limited
- Preempted
- N/A Data not available
- County-level data
PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE
☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
☐ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☐ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☐ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☐ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ✓ Yes L Limited P Preempted N/A Data not available * County-level data

LOCAL LANDSCAPE

10 Infant mortality per 1,000 live births, 2012–2016* 426 Incarcerations per 100,000 residents, 2015*

166,965 Population 2017

36.5 Teen pregnancies per 1,000 girls 15–19, 2017*

Infant mortality by race, 2012–2016*:
White 6.0% Black or African American 11.0%

Two or more races 0.6% Asian 0.4% White 16.4%
American Indian and Alaska Native 0.1% Black or African American 81.7%
Latino or Hispanic origin (of any race): 1.1%

100,000 residents, 2015*

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☐ Anti-discrimination ordinance for housing: pregnancy and family status

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100,000 residents, 2015*

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Latino or Hispanic origin (of any race): 1.1%

100,000 residents, 2015*

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☐ Anti-discrimination ordinance for employees: gender identity
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TAKING A STAND
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☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ✓ Yes L Limited P Preempted N/A Data not available * County-level data
SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
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SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

KEY: ☑️ Yes  ☐ Limited  ☐ Preempted  ☐ N/A Data not available  * County-level data
LOCAL LANDSCAPE

LAS VEGAS
SOUTHERN NEVADA HEALTH DISTRICT

Median income, 2017: $53,159
Annual costs, family of 4, 2017*: $77,068

LOCAL LANDSCAPE

SOUTHERN NEVADA HEALTH DISTRICT
LAS VEGAS

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
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- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
  - Funding for STD/STI testing and prevention
  - Municipal insurance coverage of abortion
  - Funding to train providers in reproductive health care
  - Funding for contraception

SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY: ✔ Yes L Limited P Preempted N/A Data not available * County-level data
**SUPPORTING FAMILIES**

- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**

- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAking A STAND**

- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination
SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
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- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKEING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

LOCAL LANDSCAPE
- Median income, 2017: $49,439
- Annual costs, family of 4, 2017: $74,208
- Population, 2017: 621,349
- Infant mortality per 1,000 live births, 2011-2015: 6.8
- Maternal mortality: N/A
- Incarcerations per 100,000 residents, 2015: 466

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

KEY:
- ✅ Yes
- L Limited
- P Preempted
- N/A Data not available
- * County-level data
PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
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- Public awareness about access to abortion care
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
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SUPPORTING YOUNG PEOPLE
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SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

LOCAL LANDSCAPE
- Median income, 2017: $59,387
- Annual costs, family of 4, 2017*: $88,283
- 255,214 Population 2017
- White 78.8%
- African or African American 6.5%
- Asian 8.8%
- Other Asian Native 0.4%
- Some other race 1.9%
- Two or more races 3.5%
- Latino or Hispanic origin (of any race): 7.0%
- Non-Catholic hospitals 4
- Catholic hospitals 1
- Title X clinics 3
- School-based health centers 0
- Abortion clinics 1
- Anti-abortion pregnancy centers 4
- Infant mortality by race, 2011-2012*: White 7.9 per 1,000 live births, girls 15-19, 2017*;
- Infant mortality per 1,000 live births, 2014-2016: 5.4
- Incarcerations per 100,000 residents, 2015*: 199

KEY:
- ✓ Yes
- L Limited
- P Preempted
- N/A Data not available
- * County-level data
MEMPHIS
SHELBY COUNTY, TENNESSEE

LOCAL LANDSCAPE

Median income, 2017: $38,230
Annual costs, family of 4, 2017*: $72,033

PROTECTING ABORTION ACCESS
☑ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE
☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
☑ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☑ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☐ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☐ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ✓ Yes L Limited P Preempted N/A Data not available * County-level data

Infant mortality by race, 2016*:
White 4.1
Black or African American 12.3

Shelby County, Tennessee

Memphis

Median income, 2017: $38,230
Annual costs, family of 4, 2017*: $72,033

Median income, 2017: $38,230
Annual costs, family of 4, 2017*: $72,033

Infant mortality per 1,000 live births, 2016*: 9.3
Maternal mortality 2016*: N/A
Incarcerations per 100,000 residents, 2015*: 687

Population 2017: 654,723
Teen births total for girls 10-19, 2017*: 1,100

American Indian and Alaska Native 0.2%
Asian 1.6%
Black or African American 63.9%
Latin American or Hispanic origin (of any race): 7.0%
Two or more races 3.4%
Some other race 1.6%

Non-Catholic hospitals 7
Catholic hospitals 1
Title X clinics 5
School-based health centers 3
Abortion clinics 3
Anti-abortion pregnancy centers 5

687
Incarcerations
per 100,000
residents, 2015*

4.1
Infant
mortality
per 1,000
live
births,
2016*

12.3

N/A
Maternal
mortality
2016*

9.3
Infant
mortality
per 1,000
live
births,
2016*

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH | LOCALREPRO.NIRHEALTH.ORG
MIAMI
MIAMI-DADE COUNTY, FLORIDA

LOCAL LANDSCAPE

Median income, 2017: $33,999
Annual costs, family of 4, 2017*: $84,972

PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
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SUPPORTING YOUNG PEOPLE
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☐ Anti-discrimination ordinance for employees: gender identity
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TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ☑ Yes ☐ Limited ☐ Preempted ☐ N/A Data not available * County-level data

MIAMI-DADE COUNTY, FLORIDA

PROTECTING ABORTION ACCESS
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MIAMI-DADE COUNTY, FLORIDA

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MIAMI-DADE COUNTY, FLORIDA

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☐ Pro-choice stance on state or federal legislation or ballot initiatives
• ☑ Support for anti-discrimination

KEY:  ☑ Yes  ☐ Limited  ☐ Preempted  N/A Data not available  * County-level data
MINNEAPOLIS
HENNEPIN COUNTY, MINNESOTA

LOCAL LANDSCAPE

Median income, 2017: $55,720
Annual costs, family of 4, 2017: $98,483

PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
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☑ Support for anti-discrimination

KEY: ☑ Yes  ☐ Limited  ☐ Preempted  N/A Data not available  * County-level data

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Supporting Families

- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

Building Healthy and Just Communities

- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

Taking a Stand

- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

Local Landscape

- Median income, 2017: $52,858
- Annual costs, family of 4, 2017*: $77,290
- Infant mortality, per 1,000 live births, 2016*: 7.5
- Maternal mortality: N/A
- Incarcerations per 100,000 residents, 2015*: 546

Population 2017: 654,187

- White: 63.1%
- Black or African American: 27.8%
- Latino or Hispanic origin (of any race): 10.4%
- Asian: 3.6%
- Native Hawaiian and other Pacific Islander: 0.1%
- American Indian and Alaska Native: 0.3%
- Two or more races: 2.7%

Abortion clinics: 1
Anti-abortion pregnancy centers: 3
Title X clinics: 4
Non-Catholic hospitals: 6
Catholic hospitals: 2
School-based health centers: 0

Infant mortality by race, 2016*:
- White: 5.4
- Black or African American: 12.4

Funding and Coverage for Reproductive Health

- Funding for abortion
- Funding for STD/STI testing and prevention
- Funding for contraception
- Funding for comprehensive sexuality education
- Funding for reproductive health care in school-based health centers

Supporting Young People

- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

Key: ✓ Yes  ❋ Limited  ❖ Preempted  N/A Data not available  * County-level data
NEW ORLEANS
ORLEANS PARISH, LOUISIANA

LOCAL LANDSCAPE

- Median income, 2017: $38,721
- Annual costs, family of 4, 2014: $75,168

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY:
- Yes
- Limited
- Preempted
- N/A Data not available
- * County-level data
**NEW YORK CITY**

**LOCAL LANDSCAPE**

- Median income, 2017: $57,782
- Annual costs, family of 4, 2017: $124,129

**PROTECTING ABORTION ACCESS**
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

**FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH**
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

**SUPPORTING YOUNG PEOPLE**
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

**SUPPORTING FAMILIES**
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAKING A STAND**
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**KEY:**
- Yes
- Limited
- Preempted
- N/A Data not available
- * County-level data

**INFANT MORTALITY BY RACE, 2014–2016:**

- White: 2.3
- Black or African American: 9.3
- Latino or Hispanic: 3.1
- Asian or Pacific Islander: 1.1

**NEW YORK CITY**

- Infants mortality by race, 2014–2016:
  - White: 2.3
  - Black or African American: 9.3
  - Latino or Hispanic: 3.1
  - Asian or Pacific Islander: 1.1
LOCAL LANDSCAPE

Median income, 2017: $34,826  
Annual costs, family of 4, 2017*: $91,592

**PROTECTING ABORTION ACCESS**
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

**FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH**
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

**SUPPORTING YOUNG PEOPLE**
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

**SUPPORTING FAMILIES**
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAKING A STAND**
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**INFANT MORTALITY**
- Infant mortality per 1,000 live births, 2012-2016*
- Maternal mortality
- Incarcerations per 100,000 residents, 2015*

**POPULATION**
- Population, 2017: 282,803
- Median income, 2017: $34,826
- Annual costs, family of 4, 2017*: $91,592

**INCOME AND COSTS**
- Median income, 2017: $34,826
- Annual costs, family of 4, 2017*: $91,592

**RACE AND HISPANIC ORIGIN**
- American Indian and Alaska Native: 0.6%
- Asian or Pacific Islander: 1.7%
- Black or African American: 50.1%
- Latino or Hispanic: 36.4%
- Some other race: 19.6%
- Two or more races: 2.7%
- White: 25.3%
- Latino or Hispanic (of any race): 36.4%

**EDUCATION**
- High school graduates, 2013: 84.1%
- Bachelor’s degree, 2013: 16.7%
- Master’s degree, 2013: 4.9%
- Doctoral degree, 2013: 2.0%

**INCARCERATIONS**
- Incarcerations per 100,000 residents, 2015*

**ABORTION SERVICES**
- Abortion clinics
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

**SUPPORT FOR IMMIGRANTS**
- Support for immigrants to access reproductive health care

**ADVANCING DEMOCRACY**
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**Support for Anti-Discrimination**
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

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OKLAHOMA CITY
OKLAHOMA COUNTY, OKLAHOMA

LOCAL LANDSCAPE

Median income, 2017: $51,581
Annual costs, family of 4, 2017*: $80,306

PROTECTING ABORTION ACCESS

☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

☐ Funding for abortion
  ☑ Funding for STD/STI testing and prevention
  ☑ Municipal insurance coverage of abortion
  ☐ Funding to train providers in reproductive health care
  ☑ Funding for contraception

SUPPORTING YOUNG PEOPLE

☑ Support for pregnant and parenting youth
☑ Funding for comprehensive sexuality education
☑ Comprehensive sexuality education policy
☑ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

☐ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☑ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES

☑ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☑ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☑ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND

☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ✓ Yes L Limited P Preempted N/A Data not available * County-level data
OMAHA
DOUGLAS COUNTY, NEBRASKA

LOCAL LANDSCAPE

Median income, 2017: $53,789
Annual costs, family of 4, 2017*: $86,663

PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE
☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
☐ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☐ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☐ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☐ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
PHILADELPHIA

LOCAL LANDSCAPE

Median income, 2018: $40,649
Annual costs, family of 4, 2017*: $84,901

35%

74

Median income, 2018: $40,649
Annual costs, family of 4, 2017*: $84,901

PROTECTING ABORTION ACCESS

☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE

☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

☑ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☑ Anti-discrimination ordinance for employees: pregnancy and family status
☑ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES

☐ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☐ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☐ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND

☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: Yes L Limited P Preempted N/A Data not available * County-level data
**SUPPORTING FAMILIES**
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAKING A STAND**
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**LOCAL LANDSCAPE**
- Median income, 2017: $52,080
- Annual costs, family of 4, 2017*: $91,045

**PROTECTING ABORTION ACCESS**
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

**FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH**
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

**SUPPORTING YOUNG PEOPLE**
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

**KEY:** ✔ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
**SUPPORTING FAMILIES**
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

**BUILDING HEALTHY AND JUST COMMUNITIES**
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

**TAKING A STAND**
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

**LOCAL LANDSCAPE**
- Median income, 2017: $42,356
- Annual costs, family of 4, 2017: $79,870
- Infant mortality per 1,000 live births, 2017: 10.6
- Maternal mortality: N/A
- Incarcerations per 100,000 residents, 2015*: 598

**POPULATION**
- Black or African American: 48.2%
- White: 44.7%
- Latino or Hispanic origin (of any race): 6.5%
- American Indian and Alaska Native: 0.4%
- Asian: 2.1%
- Two or more races: 3.5%
- Some other race: 1.1%

**SUPPORTING YOUNG PEOPLE**
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

**FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH**
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception
SALT LAKE CITY
SALT LAKE COUNTY, UTAH

LOCAL LANDSCAPE

Median income, 2017: $54,009  Annual costs, family of 4, 2017*: $81,578

PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE
☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
☐ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☐ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☐ $15 minimum wage
☐ Support for immigrants to access reproductive health care
☐ Advancing democracy
☐ Menstrual equity initiative
☐ Anti-discrimination ordinance for employees: gender identity
☐ Anti-discrimination ordinance for housing: gender identity

TAking A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

KEY: ✔ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination
SAN DIEGO
SAN DIEGO COUNTY, CALIFORNIA

LOCAL LANDSCAPE

Median income, 2017: $71,535  
Annual costs, family of 4, 2017*: $97,547

PROTECTING ABORTION ACCESS

☑ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE

☑ Support for pregnant and parenting youth
☑ Funding for comprehensive sexuality education
☑ Comprehensive sexuality education policy
☑ Reproductive health care in school-based health centers

SUPPORTING FAMILIES

☑ Supportive breastfeeding policies
☐ Paid family leave for municipal employees
☐ Environmental protections for maternal and reproductive health
☑ Anti-discrimination ordinance for employees: pregnancy and family status
☐ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES

☐ $15 minimum wage
☑ Support for immigrants to access reproductive health care
☑ Advancing democracy
☐ Menstrual equity initiative
☑ Anti-discrimination ordinance for employees: gender identity
☑ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND

☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☑ Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data

SAN DIEGO COUNTY, CALIFORNIA

Median income, 2017: $71,535  
Annual costs, family of 4, 2017*: $97,547

1,419,516
Population 2017

14.8
Teen births per 1,000 girls 15–19, 2016*

3.7
Infant mortality per 1,000 live births, 2016*

4.1
Maternal mortality per 100,000 live births, 2012-2016*

226
Incarcerations per 100,000 residents, 2015*

Infant mortality by race, 2016:

White
2.7

Black or African American
10.7

Latino or Hispanic
4.5

Asian or Pacific Islander
2.4

Population 2017

American Indian and Alaska Native: 0.4%
Black or African American: 6.4%
Latino or Hispanic (of any race): 30.0%
Native Hawaiian and other Pacific Islander: 0.4%
Asian: 16.8%
Two or more races: 6.2%
Some other race: 5.1%
White: 64.7%

Infant mortality per 1,000 live births, 2016*

Abortion clinics
8
Non-Catholic hospitals 12
School-based health centers 31
Title X clinics 1
Catholic hospitals 1

1,419,516
Population 2017

2.7

Black or African American

4.5

Latino or Hispanic

2.4

Asian or Pacific Islander

2.7

White

10.7

Black or African American

4.5

Latino or Hispanic

2.4

Asian or Pacific Islander

[Infographic showing distribution of population and statistics related to infant mortality by race.]

[Diagram showing the number of abortion clinics, non-Catholic hospitals, school-based health centers, and Title X clinics.]

[Table showing median income and annual costs for a family of 4.]

[Data on population demographics, including race and ethnicity.]

[Graphs and charts illustrating county-level data on infant mortality, maternal mortality, and incarceration rates.]

[Interactive map highlighting key statistics and initiatives across the county.]

[Additional resources and contact information for local reproductive health organizations.]

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SAN FRANCISCO
CALIFORNIA

LOCAL LANDSCAPE

Median income, 2017: $96,265
Annual costs, family of 4, 2017: $141,320

PROTECTING ABORTION ACCESS
☒ Clinic safety ordinance
☒ Regulations on the deceptive practices of anti-abortion pregnancy centers
☒ Local protections for abortion clinics and providers
☒ Public awareness about access to abortion care
☒ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☒ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☒ Funding for contraception

SUPPORTING YOUNG PEOPLE
☒ Support for pregnant and parenting youth
☒ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

SUPPORTING FAMILIES
☒ Supportive breastfeeding policies
☒ Paid family leave for municipal employees
☒ Environmental protections for maternal and reproductive health
☐ Anti-discrimination ordinance for employees: pregnancy and family status
☒ Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
☒ $15 minimum wage
☒ Support for immigrants to access reproductive health care
☒ Advancing democracy
☐ Menstrual equity initiative
☒ Anti-discrimination ordinance for employees: gender identity
☒ Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☒ Support for abortion coverage, including the EACH Woman Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☒ Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data

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NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH | LOCALREPRO.NIRHEALTH.ORG
SAN JOSE
SANTA CLARA COUNTY, CALIFORNIA

LOCAL LANDSCAPE

Median income, 2017: $96,662
Annual costs, family of 4, 2017*: $129,092

PROTECTING ABORTION ACCESS

- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH

- Funding for abortion
- Funding for STD/STI testing and prevention
- Funding for comprehensive sexuality education
- Funding to train providers in reproductive health care
- Funding for contraception

SUPPORTING FAMILIES

- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES

- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND

- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data

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SEATTLE
KING COUNTY, WASHINGTON

LOCAL LANDSCAPE

Median income, 2017: $79,565
Annual costs, family of 4, 2017*: $97,596

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
  - Funding for STD/STI testing and prevention
  - Municipal insurance coverage of abortion
  - Funding to train providers in reproductive health care
  - Funding for contraception

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
- Environmental protections for maternal and reproductive health
- Anti-discrimination ordinance for employees: pregnancy and family status
- Anti-discrimination ordinance for housing: pregnancy and family status

BUILDING HEALTHY AND JUST COMMUNITIES
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Menstrual equity initiative
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

TAKING A STAND
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Woman Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
PROTECTING ABORTION ACCESS
☐ Clinic safety ordinance
☐ Regulations on the deceptive practices of anti-abortion pregnancy centers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinances for employees: reproductive health decisions
☐ Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
☐ Funding for abortion
☐ Funding for STD/STI testing and prevention
☐ Municipal insurance coverage of abortion
☐ Funding to train providers in reproductive health care
☐ Funding for contraception

SUPPORTING YOUNG PEOPLE
☐ Support for pregnant and parenting youth
☐ Funding for comprehensive sexuality education
☐ Comprehensive sexuality education policy
☐ Reproductive health care in school-based health centers

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KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data

ST. LOUIS  MISSOURI
LOCAL LANDSCAPE
Median income, 2017: $38,664  Annual costs, family of 4, 2017: $71,894

PROTECTING ABORTION ACCESS
- Abortion clinics
- Anti-abortion pregnancy centers
- Non-Catholic hospitals
- Title X clinics
- School-based health centers

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
- Funding for contraception

SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
- Funding for comprehensive sexuality education
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ST. LOUIS  MISSOURI
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PROTECTING ABORTION ACCESS
- Abortion clinics
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- Title X clinics
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FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
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SUPPORTING YOUNG PEOPLE
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- Funding for comprehensive sexuality education
- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

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SUPPORTING YOUNG PEOPLE
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- Comprehensive sexuality education policy
- Reproductive health care in school-based health centers

SUPPORTING FAMILIES
- Supportive breastfeeding policies
- Paid family leave for municipal employees
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BUILDING HEALTHY AND JUST COMMUNITIES
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- Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
WASHINGTON, D.C. ★★★★★

LOCAL LANDSCAPE

Median income, 2017: $77,649
Annual costs, family of 4, 2017*: $123,975

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on the deceptive practices of anti-abortion pregnancy centers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinances for employees: reproductive health decisions
- Anti-discrimination ordinances for housing: reproductive health decisions

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
- Funding for abortion
- Funding for STD/STI testing and prevention
- Municipal insurance coverage of abortion
- Funding to train providers in reproductive health care
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SUPPORTING YOUNG PEOPLE
- Support for pregnant and parenting youth
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SUPPORTING FAMILIES
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BUILDING HEALTHY AND JUST COMMUNITIES
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- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY: ✓ Yes  L Limited  P Preempted  N/A Data not available  * County-level data
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<thead>
<tr>
<th>City</th>
<th>Protecting Abortion Access</th>
<th>Funding and Coverage for Reproductive Health Care</th>
<th>Supporting Young People</th>
<th>Supporting Families</th>
<th>Building Healthy and Just Communities</th>
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Progressive cities in conservative states must balance their desire and ability to advance significant policies that will improve the lives of their residents with the reality that state legislatures may respond by passing legislation that preempts those local efforts.

Preemption laws are those intended to prevent municipalities from setting their own policies on a range of important issues or override policies they have already set, including those in the Local Reproductive Freedom Index. Some of the most commonly preempted policies include the ability of localities to set a minimum wage, mandate paid sick leave, ban discrimination on the basis of gender identity, or provide funding for abortion care. For example, Texas Senate Bill 22, passed in 2019, prevents municipalities from using their own funding to partner with an abortion provider in any way.

If policymakers or advocates are considering working on a local policy that could be at risk of being preempted by subsequent state law, NIRH recommends taking a few considerations into account:

Identify supportive coalitions and allied organizations. Is there an existing coalition of progressive organizations dedicated to opposing preemption? If so, they will likely have important insights and expertise that will be beneficial, including how to evaluate the likelihood of preemption and the best ways to fend off a preemption bill. They can also be important allies if a preemption bill is introduced, sharing effective messages and acting as allies in opposition to the bill.

Calculate side benefits of passage. If the policy is preempted, will this be a total loss or are there other benefits that will remain meaningful regardless? For instance, the enactment of the policy or the fight against preemption on the state level may raise needed awareness of the issue or encourage entities like businesses and schools to willingly adopt the policy or take the action that is otherwise preempted.

Consider the political landscape. If the state legislature and governor are conservative on the issue at hand, does it seem likely that the ideological makeup of state government will remain that way for the foreseeable future? Conversely, is it possible that in the next few years the majority in the legislature or the governor might change to be more supportive of the issue? If the latter, it may be worth holding off on passing a local policy that could prompt a state preemption bill, since repealing a preemption law may be challenging even in a more supportive environment. If the former, and there are other benefits to the policy’s passage even if it is preempted, it may be worth moving forward because even preemption is unlikely to change the status quo.
CONCLUSION

The majority of people in the United States support comprehensive reproductive health care, including abortion. As laid out throughout this report, this support for reproductive freedom is intimately connected to other issues that intersect to impact people’s lives: economic justice, protections for immigrant communities, equal rights for the LGBTQ community, police reform, and protecting democracy and the right to vote.
While limited resources and often entrenched power structures may make cities imperfect vehicles for addressing all social ills, their nonetheless powerful impact on individuals’ day-to-day lives is too often unrecognized and unseen. Indeed, the innovative policies and programs that move this country towards achieving reproductive freedom are being developed, tested, and proven in cities every day. In this moment of great division and dysfunction at the federal level and in many states, cities can become the safe havens individuals and families need to lead full and healthy sexual and reproductive lives.

This report outlines successes and achievable guideposts that point toward a positive trajectory for cities across the country. And beyond the purview of this report, there are many other reasons for hope: Community-based organizations are filling gaps in the safety net and pushing government to do more; individuals elected and appointed to public office are boldly pushing forward new ideas; and community members across the country are taking time out of their days to testify, protest, and dream up new visions for their cities. Advocates are pushing local government to redistribute resources, closely examine long-held practices and assumptions, and transform their institutions to align with the values of social justice, equity, and progress.

Our cities are bastions of possibility, and they have the ability to achieve great heights, improving the lives of their residents and all who come to cities to access care.
EXPLAINING THE INDICATORS

THE FOLLOWING 34 INDICATORS were used by NIRH to assess cities’ standing on reproductive health, rights, and justice. This section includes a deeper explanation of what each indicator means and what researchers were looking for when making a determination about the score granted to each city. For more information on a specific indicator, please contact localrepro@nirhealth.org.

Local protections for abortion clinics and providers: The city has taken action to protect or support abortion clinics and abortion providers, including but not limited to:
- Clinic escort training program sponsored by the city
- Noise regulation that protects clinics
- Ordinance banning residential picketing
- Parking regulations
- Law enforcement training initiative related to abortion safety
- Zoning that treats abortion clinics the same as other similar medical facilities

Public awareness about access to abortion care: The city has led a public awareness campaign or initiative related to abortion access.

Anti-discrimination ordinances for employees: reproductive health decisions: City prohibits discrimination against employees based on their reproductive health decisions, including the decision to use contraception or choose an abortion.

Anti-discrimination ordinances for housing: reproductive health decisions: City prohibits discrimination in housing based on reproductive health decisions of tenants, including their decision to use contraception or choose an abortion.

Protecting Abortion Access
Sources include NIRH’s independent research and the National Abortion Federation.

Clinic safety ordinance: 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 get when approaching 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 deceptive practices of anti-abortion pregnancy centers: An ordinance is in place to prevent or mitigate manipulative or deceitful behavior from anti-abortion pregnancy centers, including but not limited to requiring that they explicitly inform people about the scope of their services and/or whether they have licensed medical providers on staff; that they maintain confidentiality of personal information of those seeking their services; that restricts local funding to anti-abortion pregnancy centers; or that establishes consumer protections against false advertising.
**Funding and Coverage for Reproductive Health Care**

*This category looks at funding from the city and/or county budget; state and federal funding are not counted. Sources include NIRH’s independent research, particularly of city and county budget documents.*

**Funding for abortion:** Municipal funding is spent directly on abortion care.

**Funding for STD/STI testing and prevention:** Municipal funding is spent directly on STD/STI testing, prevention, or treatment and/or expedited partner therapy; if the only funding the city provides is used to support a coalition that addresses STDs/STIs, city receives a “Limited.”

**Municipal insurance coverage of abortion:** Municipal employees have insurance coverage of abortion. To receive full points, there should be an explicit municipal policy requiring insurance coverage of abortion for all municipal employees, or it should be very clear that all employees have abortion coverage.

**Funding to train providers in reproductive health care:** Funding for a provider training initiative, including but not limited to:
- Long-acting reversible contraception provision, including removal
- Contraceptive counseling
- Reproductive health care for LGBTQ patients, young people, undocumented people, or other populations with specific needs
- Abortion care

**Funding for contraception:** Funding for contraception in any form, including condoms.

**Funding for community-based organizations to provide comprehensive sexuality education:** Funding to support community-based organizations that provide comprehensive sexuality education in schools or in after-school programs.

**Supporting Young People**

*Sources include NIRH’s independent research and the Sexuality Information and Education Council of the United States (SIECUS).*

**Support for pregnant and parenting youth:** Policies are in place to support pregnant and parenting youth that do not stigmatize young parents or divert them into ineffective or inappropriate programs, such as:
- Daycare in schools
- Flexible graduation policies
- Breastfeeding accommodation policies
- Pregnant and Parenting Youth Bill of Rights

**Funding for comprehensive sexuality education (CSE):** City has allocated its own funding for CSE in schools or has sought out federal funding to support CSE. CSE has a broad definition, and for the purposes of the Local Index, NIRH generally defers to how the city chooses to define it, but the curriculum should be evidence-informed, scientifically accurate, and age-appropriate with lessons that cover healthy relationships, effective STD/STI prevention, and the range of methods of contraception. It also should not stigmatize abortion care.
Comprehensive sexuality education: City has a policy for CSE in all schools; if only some districts have a CSE policy, the city receives a “Limited.”

Reproductive health care in school-based health centers (SBHCs): SBHCs provide reproductive health care in some form, such as dispensing birth control or STI testing; if SBHCs provide referrals for reproductive health care or offer condoms but no other contraception, the city receives a “Limited.”

Supporting Families
Sources include NIRH’s independent research and A Better Balance.

Supportive breastfeeding policies: City has policies or initiatives, such as workplace accommodation or breastfeeding support programs, that destigmatize and facilitate breastfeeding.

Paid family leave for municipal employees: City has a paid family leave policy in place for municipal employees.

Environmental protections for maternal and reproductive health: City has a policy or program in place related to environmental justice that has been explicitly linked to the need to protect maternal, infant/child, or reproductive health, such as protections for nail salon workers or other workers exposed to toxic chemicals, regulation of commonly used beauty products like skin lightening creams, or water justice.

Anti-discrimination ordinances for employees: pregnancy and family status: City prohibits discrimination against employees based on pregnancy and family status. If the anti-discrimination ordinance includes only pregnancy or only family status, the city receives a “Limited.”

Anti-discrimination ordinances for housing: pregnancy and family status: City prohibits discrimination in housing based on pregnancy and family status. If the anti-discrimination ordinance includes only pregnancy or only family status, the city receives a “Limited.”

Building Healthy and Just Communities
Sources include NIRH’s independent research; Fight for $15 and other economic justice organizations; immigrants’ rights organizations including the Immigrant Legal Resource Center; FairVote, and RepresentWomen.

Positive public awareness campaigns on sexual and reproductive health: 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. If the city’s social media presence includes sex-positive sexual and reproductive health messages, the city may receive a “Limited” depending on the extent of the messaging.

Menstrual equity initiative: City has taken a step or steps towards ensuring that high-quality menstrual hygiene products are available to
anyone who needs them, including but not limited to access to free products in high-need settings — such as jails and juvenile detention centers, middle and high schools, job training sites, or shelters — and/or a repeal of tax on menstrual hygiene products.

“Shield” law for victim reporting: City has a policy that protects sex workers from arrest or prosecution when they report a violent crime, such as sexual assault, human trafficking, or robbery, as a victim or a witness.

Paid sick leave: City has a paid sick leave policy in place for all employees; if the policy is available only to a limited population, the city receives a “Limited.”

$15 minimum wage: City has a policy requiring a $15 minimum wage or higher; if the minimum wage applies only to a specific population, such as municipal employees or government contractors, the city receives a “Limited.”

Support for immigrants to access reproductive health care: City supports access to reproductive health care specifically for immigrants, including those who are undocumented, through measures such as providing funding to community-based organizations that work with undocumented people; declaring itself a sanctuary city, which can 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.

Advancing democracy: City has taken steps to protect voting rights or advance democratic values, including but not limited to:
  • Voting rights for non-citizens

  • Voting age under 18
  • Voting reminders or education program
  • Matching funds for local candidates
  • Maximum contribution limits
  • Local campaign finance reform

Anti-discrimination ordinances for employees:
  gender identity: City prohibits discrimination against employees based on their gender identity.

Anti-discrimination ordinances for housing:
  gender identity: City prohibits discrimination in housing based on tenants’ gender identity.

Taking a Stand
Cities receive a point in “Taking a Stand” if they have passed a resolution or issued a proclamation on these issues. Sources include NIRH’s independent research.

Opposition to deceptive practices of anti-abortion pregnancy centers: City has taken a stance against the deceptive and manipulative practices of anti-abortion pregnancy centers.

Support for abortion coverage, including the EACH Woman Act: City has taken a stance against bans on abortion coverage and in support of comprehensive reproductive health care coverage, including abortion, for all people regardless of where their insurance comes from.

Pro-choice stance on state or federal legislation or ballot initiatives: City has taken a stance on state or federal legislation or ballot
initiatives that demonstrates its commitment to reproductive rights by either establishing its opposition to an anti-abortion policy on the state or federal level or expressing support for a state or federal policy that would advance reproductive freedom. For example, a city could pass a resolution declaring its opposition to “sex-selective” abortion bans, which are predicated on misinformation and harmful stereotypes about the Asian and Pacific Islander community.

**Support for anti-discrimination:** City has declared 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.

**Local Landscape**
Sources are listed in the definition of each indicator below.

**Population, 2017:** American Community Survey, unless a city is not tracked by ACS due to its population size. In that case, data is most often taken from the city itself.

**Population breakdown by race:** American Community Survey, unless a city is not tracked by ACS due to its population size. In that case, data is most often taken from the city itself.

**Median income:** American Community Survey, unless a city is not tracked by ACS due to its population size. In that case, data is most often taken from the city itself.

**Annual costs (family of 4):** According to the Economic Policy Institute Family Budget Calculator (https://www.epi.org/resources/budget/)

**Number of abortion clinics:** Sources include the Abortion Care Network, the National Abortion Federation, Planned Parenthood Federation of America, and independent research.

**Number of Title X clinics:** Office of Population Affairs’s Title X Family Planning Directory (https://www.hhs.gov/opa/sites/default/files/Title-X-Family-Planning-Directory-November2018.pdf)

**Number of SBHCs:** This tracks all SBHCs, regardless of whether or not they offer reproductive health care; sources include the School-Based Health Alliance and independent research.

**Number of anti-abortion pregnancy centers:** Sources include the ReproAction Fake Clinic Database (https://reproaction.org/fakeclinicdatabase/) and independent research.

**Maternal mortality rate:** This term may be defined differently from city to city; data was found via independent research, most often from the local or state health department. This indicator does not break down the maternal mortality rate by race because the information is typically not available on the local level; however, it is important to recognize that significant racial disparities in the maternal mortality rate — with Black women dying at much higher rates than white women — exist in most places, which are masked by the overall rate.

**Teen pregnancy/teen birth rate:** This data is 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.

**Number of Catholic hospitals:** The number of Catholic hospitals out of all hospitals in the city; sources include MergerWatch and independent research.

**Rates of incarceration:** This is the rate of people from the community who are incarcerated; sources include the Vera Institute of Justice and independent research.

**Infant mortality rate breakdown by race:** This term may be defined differently from city to city; found via independent research, most often from the local or state health department.
APPENDIX B

CHANGES IN CATEGORIES AND INDICATORS FROM 2017

THE INDICATORS IN THE 2019 REPORT range beyond those in the 2017 report, recognizing that there is an increased need for cities to offer protections and advances among a wider array of policies and focus areas. Because the 2019 edition of the Local Index takes a wider approach, it does not track how each individual city’s score has changed since 2017.

2017 Categories
Protecting Abortion Clinic Access
Funding and Coverage for Reproductive Health
Supporting Young People
Supporting Families
Advancing Inclusive Policies
Taking a Stand
Local Landscape

2019 Categories
Protecting Abortion Access
Funding and Coverage for Reproductive Health Care
Supporting Young People
Supporting Families
Building Healthy and Just Communities
Taking a Stand
Local Landscape

Indicators removed in the 2019 Local Index
• No funding for crisis pregnancy centers
• Clinic escort programs supported by city
• Noise regulations
• Other protections for abortion clinics
• Protective zoning regulations
• Funding for family planning
• No gag rules on employees funded by the locality
• Sexuality education policy
• Abstinence-plus education
• Abstinence-only education
• Reproductive health protections for nail salon employees
• Opposition to sex-selective abortion bans
• Support for Women’s Health Protection Act

Indicators added in the 2019 Local Index
• Local protections for abortion clinics and providers
• Anti-discrimination ordinances were divided into “employees” and “housing,” as opposed to “all employees” and “municipal employees”
• Environmental protections for maternal and reproductive health
• Anti-discrimination based on family status
• Menstrual equity initiative
• “Shield” law for victim reporting
• Paid sick leave
• Support for undocumented people to access care was updated to include all immigrants
• Advancing democracy
• Infant mortality, including breakdown by race when available
• Population breakdown by race
• Number of Catholic hospitals
• Rates of incarceration
APPENDIX C

LOCAL INDEX SELF-SCORING TOOL:
INDICATORS AND REFERENCE CHARTS

The Local Index Self-Scoring Tool follows the rubric that NIRH used in assessing the scores of the 50 cities included in the Local Index. This tool is intended for advocates and officials in the cities, counties, and towns that are not currently included in the Local Index who want to use NIRH’s framework to assess their locality’s standing and create scorecards of their own, which can be used to advance policy goals and support work on the local level.

Because every city is different, these guidelines are recommendations for how to evaluate each policy, not strict rules. You know your community best and should make the final determination about where to find the information below and how the policies should be evaluated. NIRH encourages you to make your best determination about how an indicator should be scored. Please contact us at localrepro@nirhealth.org with questions or to talk through your analysis.

Calculate your score using the Local Index Self-Scoring Tool at localrepro.nirhealth.org.

How to use the reference charts
NIRH identifies 34 specific policies as “indicators,” all of which fall within six broader categories that NIRH has determined are core to securing and advancing reproductive freedom at a city level. NIRH assigned each policy indicator a point value, determined by its impact on abortion access and reproductive health, its degree of rarity among cities, the investment required to pass and implement, and/or whether the policy is particularly effective in achieving its aim. A city’s score is determined using an equation that calculates 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. The reference charts provide guidelines on how to find and evaluate the information needed for each indicator.

Instructions:
1. Determine whether you are focusing your analysis on the city, the county, or both. If you aren’t sure, contact us for more information on how NIRH approaches this challenge.
2. Conduct research on each of the indicators based on the Reference Charts.
3. Determine if your state has positive or negative preemptions for any of the indicators. A positive preemption means that a state-level policy is so proactive and/or expansive that the city does not need to pass its own policy. A negative preemption means a state restricts municipalities from setting their own policies related to the indicator. A preemption does not impact the city’s score. This will be calculated automatically when the data is entered into the Local Index Self-Scoring Tool.
4. Visit localrepro.nirhealth.org to download the Local Index Self-Scoring Tool and enter your responses into the final column.
5. Optional: NIRH would appreciate if you would share your findings and score by emailing us at localrepro@nirhealth.org.
## PROTECTING ABORTION ACCESS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pts</th>
<th>How to score</th>
</tr>
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</table>
| Clinic safety ordinance                                       | 2   | **Yes:** At least one local protection is in place, including but not limited to buffer zones, bubble zones, or enhanced penalties for crimes committed near a clinic.  
**No:** No policy  
**Limited:** N/A                                                                 |
| Regulations on deceptive practices of anti-abortion pregnancy centers | 2   | **Yes:** At least one local protection against the deceptive practices of anti-abortion pregnancy centers is in place, including but not limited to signage ordinance, consumer protections, or restrictions on funding.  
**No:** No policy  
**Limited:** N/A                                                                 |
| Local protections for abortion clinics & providers            | 1   | **Yes:** At least one of the following is in place with the goal of protecting abortion clinics, including but not limited to noise regulation, clinic escort training program, parking regulations, residential picketing restrictions, police training initiative related to abortion safety, or zoning policy.  
**No:** No policy  
**Limited:** Existing protections are not being adequately enforced or are assessed by abortion providers or advocates to have limited impact. |
| Public awareness about access to abortion care                | 2   | **Yes:** City has engaged in a public awareness campaign or initiative related to access to abortion care.  
**No:** No campaign or information  
**Limited:** N/A                                                                 |
| Anti-discrimination ordinances for employees: reproductive health decisions | 2   | **Yes:** Policy is in place citywide  
**No:** No policy  
**Limited:** Policy in place for municipal employees only |
| Anti-discrimination ordinances for housing: reproductive health decisions | 2   | **Yes:** Policy is in place citywide  
**No:** No policy  
**Limited:** Policy in place for municipal employees only |

To evaluate this category, look for information here: municipal ordinances, municipal government website(s), municipal government social media accounts, local department of health website(s), local police department, local public affairs or communication departments, local reproductive rights and justice organizations, local abortion providers, media coverage, National Institute for Reproductive Health, Feminist Majority Foundation, National Abortion Federation, and National Women’s Law Center.
## FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pts</th>
<th>How to score</th>
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</table>
| Funding for abortion | 2 | **Yes:** Municipal funding is spent on abortion care, including practical support for abortion care  
**No:** No funding in the local budget, or funding comes fully from state sources, such as Medicaid  
**Limited:** N/A |
| Funding for STD/STI testing & prevention | 1 | **Yes:** Funding for at least one of the following, of any size/for any population: testing, prevention (to any extent), treatment, expedited partner therapy  
**No:** No funding in the budget, or funding comes fully from federal or state sources, such as Title X  
**Limited:** Funding for a coalition intended to address rates of STIs |
| Municipal insurance coverage of abortion | 2 | **Yes:** All municipal employees have insurance coverage of abortion, and/or an explicit municipal policy is in place requiring insurance coverage of abortion for all municipal employees  
**No:** No coverage of abortion, and/or a municipal policy is in place that bans insurance coverage of abortion  
**Limited:** Some municipal employees receive coverage but it is not universal |
| Funding to train providers in reproductive health care | 2 | **Yes:** Funding to train providers in an important element of reproductive health care, such as:  
• LARC insertion or removal  
• Contraceptive counseling  
• Reproductive health care for LGBTQ people, young people, or other specific populations  
**No:** No funding in the local budget, or funding comes fully from federal, state, or private sources  
**Limited:** Training is available only online |
| Funding for contraception | 1 | **Yes:** Funding for contraception in any form, including condoms  
**No:** No funding in the budget or funding comes fully from Title X  
**Limited:** Funding for condoms exists only as a small component of a larger program or has limited impact |
| Funding for community-based organizations to provide comprehensive sexuality education | 1 | **Yes:** Funding for at least one community-based organization to provide CSE, or for a program that offers CSE and pays CBOs  
**No:** No funding in the budget  
**Limited:** N/A |

To evaluate this category, look for information here: municipal government website(s), municipal budget(s), municipal government employee manual, municipal employees, local department of health website(s), local department of health staff, insurance company or companies that provide municipal health plans, local reproductive rights and justice organizations, local family planning clinics and providers, local youth-serving organizations, media coverage, National Institute for Reproductive Health, and All* Above All.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pts</th>
<th>How to score</th>
</tr>
</thead>
</table>
| Support for pregnant and parenting youth | 1 | Yes: At least one of the following is in place:  
- Daycare in schools  
- Flexible graduation policies  
- Breastfeeding accommodation policies  
- School for pregnant and parenting youth that is vouched for as a high-quality institution by advocates and/or young people  
- Pregnant and Parenting Youth Bill of Rights  
- Homebound instruction  
No: No policies or programs in place to support pregnant and parenting youth  
Limited: One of the following:  
- Classes on parenting available for pregnant and parenting youth  
- After-school support groups  
- Rights-focused policy in the handbook |
| Funding for comprehensive sexuality education (CSE) | 1 | Yes: City has allocated its own funding for CSE in schools or has received state/federal funding to support CSE  
No: No funding in the budget  
Limited: Funding available only to a limited number of schools or students |
| Comprehensive sexuality education (CSE) | 1 | Yes: Policy is in place requiring CSE, which must be evidence-informed, medically accurate, developmentally appropriate, and non-stigmatizing. To be categorized as CSE, a curriculum should include: human development; healthy relationships; interpersonal behavior, including consent; and sexual health. CSE can include abstinence as an option but must discuss other forms of contraception.  
No: No policy, or an abstinence-only or abstinence-plus policy  
Limited:  
- CSE is available only to a minority of schools in the district  
- City has multiple school districts and only one has CSE |
| Reproductive health care in school-based health centers (SBHCs) | 2 | Yes: SBHCs provide reproductive health care in some form, including dispensing of birth control or STI testing and/or treatment  
No: No SBHCs or no reproductive health care offered in SBHCs  
Limited: SBHCs offer one of the following:  
- Referrals for reproductive health care  
- Contraceptive counseling  
- Condoms, but no other contraception |

To evaluate this category, look for information here: municipal government website(s); municipal budget(s); local department of health website(s); board of education; school board or school district websites; school curricula; school policies; school administration or staff; school-based health center administration or staff; local reproductive rights and justice organizations; local family planning clinics and providers; local youth-serving organizations; media coverage; and SIECUS State Profile.
## SUPPORTING FAMILIES

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pts</th>
<th>How to score</th>
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</thead>
<tbody>
<tr>
<td>Supportive breastfeeding policies</td>
<td>1</td>
<td><strong>Yes:</strong> Supportive breastfeeding policies or programs in place, including:</td>
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<tr>
<td></td>
<td></td>
<td>• Requiring lactation rooms</td>
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<td></td>
<td></td>
<td>• Requiring time allowed to breastfeed</td>
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<tr>
<td></td>
<td></td>
<td>• Lactation support for new parents funded by the city</td>
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<tr>
<td></td>
<td></td>
<td><strong>No:</strong> No policy or program in place or only through WIC (federal funding)</td>
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<tr>
<td></td>
<td></td>
<td><strong>Limited:</strong> Policies in place only for municipal employees</td>
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<tr>
<td></td>
<td></td>
<td>• Programs where breastfeeding is a component but not the main focus</td>
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<td></td>
<td></td>
<td>• Programs that are available only to a limited number of participants or are available only in certain places</td>
</tr>
<tr>
<td>Paid family leave for municipal employees</td>
<td>1</td>
<td><strong>Yes:</strong> Policy is in place for full-time municipal employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>No:</strong> No policy in place</td>
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<tr>
<td></td>
<td></td>
<td><strong>Limited:</strong> Some full-time municipal employees receive leave, but it is not universal</td>
</tr>
<tr>
<td>Environmental protections for maternal and reproductive health</td>
<td>1</td>
<td><strong>Yes:</strong> City has one or more of the following in place specifically linked to protections for maternal, fetal, or reproductive health:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protections for nail salon workers or other workers exposed to toxic chemicals</td>
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<td></td>
<td></td>
<td>• Banning fracking</td>
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<td></td>
<td></td>
<td>• Regulation of radioactive activity</td>
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<td></td>
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<td>• Regulation of BPA</td>
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<td></td>
<td></td>
<td>• Regulation of skin lightening creams</td>
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<td></td>
<td></td>
<td><strong>No:</strong> No policy in place</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Limited:</strong> City has initiatives or programs that focus on environmental justice</td>
</tr>
<tr>
<td>Anti-discrimination ordinances for employees: pregnancy and family status</td>
<td>1</td>
<td><strong>Yes:</strong> Policy is in place citywide</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>No:</strong> No policy in place</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Limited:</strong> Policy in place for municipal employees only</td>
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<tr>
<td></td>
<td></td>
<td>• Policy covers only one of the two: pregnancy or family status</td>
</tr>
<tr>
<td>Anti-discrimination ordinances for housing: pregnancy and family status</td>
<td>1</td>
<td><strong>Yes:</strong> Policy is in place citywide</td>
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<tr>
<td></td>
<td></td>
<td><strong>No:</strong> No policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Limited:</strong> Policy in place for municipal employees only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Policy covers only one of the two: pregnancy or family status</td>
</tr>
</tbody>
</table>

**To evaluate this category, look for information here:** municipal ordinances, municipal government website(s), municipal government employee manual, municipal employees, local department of health website(s), local department of health staff, local chamber of commerce or other business-serving organization, local reproductive rights and justice organizations, local environmental justice organizations, local organizations that support breastfeeding, media coverage, A Better Balance, and Healthy Babies, Bright Futures’ Bright Cities Program.
### To evaluate this category, look for information here:

- Municipal ordinances
- Municipal government website(s)
- Municipal budget(s)
- Municipal government voter requirements and registration rules
- Municipal government social media accounts
- Municipal employees
- Local department of health website(s)
- Local public affairs or communication departments
- Board of education, school board, or school district websites
- School administration or staff
- Local reproductive rights and justice organizations
- Local organizations that work with young people, homeless populations, and/or people who are incarcerated or formerly incarcerated
- Local sex workers’ rights organizations
- Local anti-trafficking organizations
- Local economic justice organizations
- Local immigrants’ rights organizations
- Local democracy reform organizations
- Local LGBTQ rights organizations
- Media coverage
- A Better Balance
- FairVote
- RepresentWomen
- Fight for $15 campaign
- HRC’s Municipal Equality Index

### Building Healthy and Just Communities

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pts</th>
<th>How to score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive public awareness campaigns on sexual and reproductive health (SRH)</td>
<td>1</td>
<td><strong>Yes</strong>: Positive and non-stigmatizing public awareness campaign on SRH  &lt;br&gt; <strong>No</strong>: No campaign in place  &lt;br&gt; <strong>Limited</strong>: Campaigns are not widespread or only on social media</td>
</tr>
<tr>
<td>Menstrual equity initiative</td>
<td>1</td>
<td><strong>Yes</strong>: Policy or program that promotes menstrual equity, including:  &lt;br&gt; - Repealing pink tax or “tampon” tax on menstrual products  &lt;br&gt; - Providing free menstrual products in city-funded buildings, including schools, shelters, and jails  &lt;br&gt; <strong>No</strong>: No policy or program in place  &lt;br&gt; <strong>Limited</strong>: Program that provides limited free menstrual products or to a limited group (e.g., free menstrual products in a shelter but not all shelters)</td>
</tr>
<tr>
<td>“Shield” law for victim reporting</td>
<td>1</td>
<td><strong>Yes</strong>: City has an ordinance allowing people engaged in illegal activity to report a violent crime that they were a victim of or witness to without being charged themselves (e.g. a sex worker who is assaulted by a client can report that assault without fear of being arrested for engaging in sex work)  &lt;br&gt; <strong>No</strong>: No policy in place  &lt;br&gt; <strong>Limited</strong>: N/A</td>
</tr>
<tr>
<td>Paid sick leave</td>
<td>1</td>
<td><strong>Yes</strong>: Policy in place citywide  &lt;br&gt; <strong>No</strong>: No policy in place  &lt;br&gt; <strong>Limited</strong>: Policy in place only for municipal employees</td>
</tr>
<tr>
<td>$15 minimum wage</td>
<td>1</td>
<td><strong>Yes</strong>: Policy in place, or has passed a policy to scale up to a $15 minimum wage  &lt;br&gt; <strong>No</strong>: No policy in place  &lt;br&gt; <strong>Limited</strong>: Policy in place only for municipal employees</td>
</tr>
<tr>
<td>Support for immigrants to access reproductive health care</td>
<td>1</td>
<td><strong>Yes</strong>: City has a policy in place to support immigrants’ health care access, including sanctuary funding, municipal IDs, or a municipal health insurance program  &lt;br&gt; <strong>No</strong>: No policy or program in place (or funded only through Title X)  &lt;br&gt; <strong>Limited</strong>: Policy of non-cooperation with ICE only</td>
</tr>
<tr>
<td>Advancing democracy</td>
<td>2</td>
<td><strong>Yes</strong>: City has one or more of the following in place: voting rights for non-citizens, voting age under 18, voting reminders or education program, matching funds for local candidates, maximum contribution limits, local campaign finance reform, youth councils  &lt;br&gt; <strong>No</strong>: No policy, resolution, program, or campaign in place  &lt;br&gt; <strong>Limited</strong>: Program or initiative with small-scale impact (e.g., coordinating with county clerk office to hold voter drives in schools, hold mock elections in schools, etc.)</td>
</tr>
<tr>
<td>Anti-discrimination ordinances for employees: gender identity</td>
<td>1</td>
<td><strong>Yes</strong>: Policy is in place citywide  &lt;br&gt; <strong>No</strong>: No policy in place  &lt;br&gt; <strong>Limited</strong>: Policy in place for municipal employees only</td>
</tr>
<tr>
<td>Anti-discrimination ordinances for employees: gender identity</td>
<td>1</td>
<td><strong>Yes</strong>: Policy in place citywide  &lt;br&gt; <strong>No</strong>: No policy in place  &lt;br&gt; <strong>Limited</strong>: Policy in place for municipal employees only</td>
</tr>
</tbody>
</table>
## TAKING A STAND

<table>
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<tr>
<th>Indicator</th>
<th>Pts</th>
<th>How to score</th>
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</thead>
</table>
| Opposition to deceptive practices of anti-abortion pregnancy centers | 1   | Yes: Resolution passed stating opposition to anti-abortion pregnancy centers and/or funding for anti-abortion pregnancy centers  
No: No resolutions passed  
Limited: N/A |
| Support for abortion coverage, including the EACH Woman Act | 1   | Yes: Resolution passed in support of insurance coverage of abortion  
No: No resolutions passed  
Limited: N/A |
| Pro-choice stance on state or federal legislation or ballot initiatives | 1   | Yes: Resolution passed establishing a pro-choice stance on state or federal legislation:  
- Legislation can be positive, with the City Council endorsing it or calling for its passage, or negative, with City Council opposing it  
No: No resolutions passed  
Limited: City signs on to letter to support pro-choice stance |
| Support for anti-discrimination                     | 1   | Yes: Resolution passed supporting anti-discrimination or establishing a stance on state or federal legislation:  
- Legislation can be positive, with the City Council endorsing it or calling for its passage, or negative, with City Council opposing it  
No: No policy in place  
Limited: N/A |

To evaluate this category, look for information here: municipal resolutions, local reproductive rights and justice organizations, local community-based organizations, media coverage, National Institute for Reproductive Health, and All* Above All.
## LOCAL LANDSCAPE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Where to look</th>
</tr>
</thead>
</table>
| Population, 2017                              | • American Community Survey “Selected Characteristics of the Native and Foreign-Born Populations” 5-year data  
• If this information is not available for your city due to size, use Census Quick Facts |
| Population by race                            | • American Community Survey “Selected Characteristics of the Native and Foreign-Born Populations” 5-year data  
• If this information is not available for your city due to size, use Census Quick Facts |
| Median income                                 | • American Community Survey “Selected Characteristics of the Native and Foreign-Born Populations” 5-year data  
• If this information is not available for your city due to size, use Census Quick Facts |
| Annual costs (family of 4)                    | • Economic Policy Institute “Family Budget Calculator”                          |
| Number of abortion clinics                    | • Planned Parenthood  
• National Abortion Federation  
• Abortion Care Network                                                                 |
| Number of Title X clinics                     | • Health and Human Services (HHS) website                                      |
| Number of SBHCs                               | • Department of health and board of education websites                         |
| Number of anti-abortion pregnancy centers     | • ReproAction website (Fake Clinic Database)  
• Local reproductive rights organizations                                   |
| Maternal mortality rate                       | • Department of health websites                                                |
| Teen pregnancy/teen birth rate                | • Department of health websites                                                |
| Number of Catholic and non-Catholic hospitals | • U.S. News Health reports for lists of hospitals  
• Hospital websites for mission statements                                       |
| Rates of incarceration                        | • Vera Institute of Justice Incarceration Trends                                 |
| Infant mortality                              | • Department of health websites                                                |
ENDNOTES

1. Throughout this report, the terms “city” and “cities” are used for simplicity. However, these terms are intended to be inclusive of all municipalities and county governments. This is further explained on page 36 (The Challenges of Conducting Research on Local Governments).

2. Portions of this document use the terms “woman” and “women,” but NIRH recognizes that other people, such as transgender men, gender non-conforming people, and gender non-binary people, can become pregnant and need reproductive health care. They are intended to be included in this analysis as well.

3. This ordinance was challenged in federal court and while certain elements were struck down, others were upheld. In particular, the court recognized that “the prevention of discrimination on the basis of reproductive health decisions is a ‘substantial government interest,’” but found that the ordinance conflicted with state statutes when applied to certain religious employers or those who hold certain religious beliefs. Our Lady’s Inn v. City of St. Louis, 349 F. Supp. 3d 805, 820 (E.D. Mo. 2018). Cities interested in pursuing a similar policy should contact NIRH for more information about ordinance language.

4. Learn more at https://www.sistersong.net/reproductive-justice/.

5. For more information on how cities can support sex workers, contact the Sex Workers Outreach Project at https://swopusa.org/.

6. For more information on how to support pregnant people who are incarcerated while pregnant, contact NIRH.

7. According to the report Unjust: How the Broken Criminal Justice System Fails Transgender People, 16% of all transgender and gender non-conforming people reported spending time in prison or jail, in comparison with 5% of all U.S. adults. As a result, any policy developed to serve people who are incarcerated should be inclusive of people of all genders. For more information, visit http://www.lgbtmap.org/file/lgbt-criminal-justice-trans.pdf.

8. For more information on how to support young people in foster care or juvenile detention, contact the National Center for Youth Law at https://youthlaw.org/.


10. Learn more at http://www.futureofsexed.org/nationalstandards.html

11. Learn more at https://www.sistersong.net/reproductive-justice/.

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Alabama
- AIDS Alabama
- Yellowhammer Fund

Arizona
- Arizona Family Health Partnership
- Reproductive Equity Arizona

California
- ACLU of Northern California
- California Coalition for Reproductive Freedom
- County of Santa Clara Public Health Department
- Planned Parenthood Mar Monte
- San Francisco Department of Public Health

Colorado
- Denver Public Health
- NARAL Pro-Choice Colorado

Connecticut
- Health Equity Solutions Inc.

Georgia
- Access Reproductive Healthcare-Southeast (ARC Southeast)
- Amplify GA

Illinois
- ACLU of Illinois
- Chicago Department of Public Health
- c4l at the University of Chicago
- EverThrive Illinois

Kentucky
- Kentucky Health Justice Network
- Planned Parenthood Advocates of Indiana and Kentucky

Maryland
- NARAL Pro-Choice Maryland

Massachusetts
- City of Boston
- Boston Public Health Commission
- Planned Parenthood Advocacy Fund of Massachusetts, Inc.

Michigan
- Michigan Organization on Adolescent Sexual Health
- Planned Parenthood of Michigan

Minnesota
- Hennepin County Public Health
- NARAL Pro-Choice Minnesota
- Planned Parenthood North Central States
- St. Paul-Ramsey County Public Health Department

Mississippi
- Converge: Partners in Access
- Mississippi Reproductive Freedom Fund

Missouri
- City of St. Louis Department of Health
- Hope Clinic for Women
- NARAL Pro-Choice Missouri

Montana
- Forward Montana
- Planned Parenthood of Montana
Nebraska
- Douglas County Health Department
- Women's Fund of Omaha

Nevada
- America Votes Nevada

New Jersey
- New Jersey Policy Perspective
- Planned Parenthood Action Fund of New Jersey
- Planned Parenthood of Metropolitan New Jersey

New York
- Buffalo Women Services

North Carolina
- Mecklenburg County Public Health
- NARAL Pro-Choice North Carolina

North Dakota
- North Dakota Women's Network
- Planned Parenthood Minnesota, North Dakota, South Dakota Action Fund

Ohio
- The Center for Community Solutions
- Cleveland Metropolitan School District
- Cuyahoga County Board of Health
- NARAL Pro-Choice Ohio
- Preterm

Oklahoma
- Oklahoma Call for Reproductive Justice
- Oklahoma Women’s Coalition
- Thrive: Sexual Health Collective for Youth

Oregon
- The NARAL Pro-Choice Oregon Foundation
- Western States Center

Pennsylvania
- AccessMatters
- Keystone Progress
- Philadelphia Women’s Center
- Women's Medical Fund

Tennessee
- CHOICES Memphis Center for Reproductive Health
- SisterReach

Texas
- City of Austin
- Lilith Fund
- NARAL Pro-Choice Texas
- National Latina Institute for Reproductive Health
- Office of Travis County Judge Sarah Eckhardt
- Texas Equal Access (TEA) Fund

Utah
- Comunidades Unidas
- International Rescue Committee in Salt Lake City

Virginia
- Richmond City Health District

Washington
- Public Health – Seattle & King County
- Surge Reproductive Justice

Washington, DC
- If/When/How

West Virginia
- WV Free

Wisconsin
- Wisconsin Alliance for Women's Health