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EXECUTIVE SUMMARY

The Local Reproductive Freedom Index: Evaluating U.S. Cities (Local Index) evaluates the reproductive health, rights, and justice policies in place in 50 cities and counties across the country. This section provides an overview of these evaluations.
The Local Reproductive Freedom Index: Evaluating U.S. Cities (Local Index) evaluates the reproductive health, rights, and justice policies in place in 50 cities and counties across the country. This biennial report, first published by the National Institute for Reproductive Health (NIRH) in 2017, uses 34 policy indicators to measure each locality’s progress toward achieving reproductive freedom for residents and all who travel there for care. It also provides a comprehensive roadmap for how cities can become more equitable communities where 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.

This third edition of the Local Index reviews the period from January 1, 2019, to December 31, 2020, which includes the start of the COVID-19 pandemic and the uprisings against racial injustice that swept the country in response to George Floyd’s murder. Both of these critical chapters in our nation’s story continue to be deeply felt in cities, and the beginning of their impacts on local policies and reproductive freedom are reflected in the findings of this year’s report.

Key findings include:

- Cities’ scores ranged from 0.5 to 4.5 stars. The average score for the 50 cities was 2.2 stars.

- The average score of cities in 2021 was slightly lower than the average score in 2019 of 2.3 stars. Analysis indicates that this change is primarily due to: (1) a drop in the number of cities allocating funding to reproductive health care, presumably a result of the economic crisis caused by the pandemic in 2020; and (2) a change in how NIRH scores two important indicators: “funding for abortion” (see page 25 for more information) and “advancing democracy” (see page 35 for more information).

- No city achieved a perfect score. San Francisco received the highest score of 4.5 stars.
Regardless of the state political landscape, several cities took bold action to protect and advance reproductive freedom, including supporting abortion, birth justice, and young people navigating the pandemic, as highlighted in the Reproductive Freedom Highlights on p. 9.

The highest-scoring cities tend to be significantly large and located in relatively progressive states on the coasts. Columbus, OH (3.5 stars); Madison, WI (3 stars); and St. Louis, MO (3 stars) are notable exceptions as smaller cities in relatively conservative states. These three cities have progressive leaders who have expressed a commitment to reproductive health, rights, and justice, and are acting on it.

While the impact of the COVID-19 pandemic may have caused a slight drop in cities’ scores in 2020, it is likely that the impact of funding from the American Rescue Plan Act, vaccinations against COVID-19, and ongoing advocacy for reproductive and racial justice will lead to score increases in the fourth edition of the report, to be issued in 2023. NIRH and our partner organizations across the country are actively working to effect this change.

At the same time, the country is facing the most immediate threat to abortion access in generations with the enactment of SB8 in Texas, which bans abortion after six weeks of pregnancy, and the upcoming Supreme Court case *Dobbs v. Jackson Women’s Health Organization*. In some cities, this threat is likely to lead to an increased focus on passing policy and implementing new initiatives to protect access to abortion, while cities in conservative states may see their ability to protect abortion access further limited. NIRH is committed to working with advocates and elected officials in every city to shore up and expand the vision and reality of reproductive freedom for their communities.
## CITIES FEATURED IN LOCAL INDEX | 2021 SCORES

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**ADDITIONAL RESOURCES:**

City Scorecards | p. 49
The Comprehensive Scorecard | p. 100
Cities and counties have been at the forefront of the nation’s response to a global pandemic, an economic recession, and coast-to-coast uprisings against racial injustice. This third edition of the Local Index, spanning January 1, 2019, to December 31, 2020, captures how local leaders prioritized reproductive health, rights, and justice amid the intersections of these three crises.

The central role of municipalities in navigating the events of 2019–2020 is a result of many factors. The Trump-Pence administration’s failure to coordinate a national response to the COVID-19 pandemic meant that much of the responsibility for keeping residents safe and healthy fell to mayors, city council members, and local public health officials, sometimes with and sometimes without the support of their state leadership. The uprisings against racial injustice took place in cities and towns across the country, with the resulting calls to reimagine public safety and reallocate resources from policing to community and public services largely focused on local budgets and policies. And as the elected officials most closely connected to their residents’ struggles and needs, local leaders are well positioned to implement innovative new policies focused on the health, safety, and economic security of their communities.

Let us be clear: The inequities exacerbated by the pandemic and exposed by the uprisings around systemic racial injustice are far-reaching and deep, and they cut across all aspects of medical care, including access to reproductive health care.
Trump-era cuts and changes to the Title X program, an overall disinvestment in public health, and school closures meant that many people of color, low-income people, and young people struggled to access contraception, wellness visits, sexually transmitted infection and disease (STI/STD) testing and treatment, and the sexuality education and counseling they need to stay healthy and make informed decisions about their reproductive and sexual lives. Abortion restrictions implemented over the past several decades already meant that more people must travel farther to access abortion care and may need to make multiple journeys, particularly in states that impose abortion bans or medically unnecessary waiting periods on the procedure. This challenge was amplified during the pandemic, as travel was unsafe, public transportation was limited, and some states sought to capitalize on the pandemic to shutter abortion providers. Patients’ experiences underscored that while some health care can be delayed, pregnancy-related care can’t be. Because abortion clinics and other centers of reproductive health care are most often located in metropolitan areas, leaders in these communities have a critical role to play in ensuring that people who live there, and those who travel there for care, can access the care they need.

The Local Index offers a snapshot of how localities have proactively risen to meet these challenges and a roadmap for where they can go from here. The Local Scorecards capture the policies and practices that cities have in place as of December 31, 2020, but we know that the recovery from COVID-19 and the impact of the uprisings will be a process that will be unfolding for years. To that end, we offer the Model City and its policy agenda as tools that local advocates and leaders can use to inform their work as their cities respond, recover, and reimagine. Together, we can commit to creating a future where each of us can live, work, thrive, and build our families in healthy and safe environments.
Cities and counties implemented many new and notable policies and programs in 2019 and 2020. Here, we highlight ten initiatives that are particularly promising as examples for other localities to follow.
Atlanta, GA Established the Nation’s First Reproductive Justice Commission

In October 2019, NIRH worked with advocates in the Amplify GA coalition and elected officials in the Atlanta City Council to establish a first-of-its-kind Reproductive Justice (RJ) Commission in Atlanta, GA. The RJ Commission, composed of community members with expertise in public health, maternal health, and reproductive justice, is tasked with making recommendations to city government. This Commission meets critical needs in Atlanta — a key access point for abortion care in the South — as they navigate challenges, including high rates of maternal and infant mortality among Black families and a hostile state government that regularly attacks access to reproductive health care. In March 2021, the Atlanta City Council named five champions for reproductive freedom, including abortion providers, as Commissioners.

Austin, TX and New York, NY Invested in Abortion Access Amid Calls to Divest From Policing

In 2019, Austin, TX, and New York, NY became the first localities in the country to directly fund abortion care through their municipal budgets, thanks to advocacy from NIRH, All* Above All, the New York Abortion Access Fund (NYAAF), Avow, Fund Texas Choice, Jane’s Due Process, Lilith Fund, and Mama Sana Vibrant Woman. In 2020, the campaigns for renewed funding in both cities included calls to reallocate funding from the Austin Police Department and New York Police Department, recognizing the reality that police violence and inequities in abortion access are both rooted in systemic racism that denies the humanity of Black, Indigenous, and people of color and inhibits their ability to thrive. Ultimately, Austin, TX reallocated $100 million from its police budget to other local services, including $250,000 for practical support for abortion care – a $100,000 increase from 2019. New York City did not decrease its investment in policing, but it did renew its $250,000 in funding to NYAAF.

In 2020, Austin, TX invested $250,000 in practical support for abortion care.
Baltimore, MD Provided Residents With Free Diapers During COVID-19 Pandemic

Even before the COVID-19 pandemic and the economic crisis, one in three Baltimore families struggled to have enough clean diapers for their babies.\(^1\) Families with already limited means were disproportionately impacted during the pandemic, and many were forced to choose between purchasing clean diapers and meeting other basic needs. To help meet this need, the Baltimore City Health Department partnered with ShareBaby, a local organization that seeks to address the unmet basic needs of Baltimore’s young children, to purchase and distribute 500,000 diapers over a period of two months. While the pilot program was limited in time and quantity, it is a great building block for other initiatives in the future.

Birmingham, AL Engaged Residents in Local Government

In 2019, the city of Birmingham, AL created the Academy of Civic Engagement, a program aimed at encouraging Birmingham residents to understand and participate in municipal government. The program, led by the city’s Office of Social Justice, teaches community members, especially those who may not traditionally get involved in politics, about public safety, infrastructure, the functions of city hall, and strategies the city employs to support and engage with residents, businesses, and cultural institutions. While these classes were offered in-person when initially launched, they were adapted to a virtual format to protect health and safety during the COVID-19 pandemic. This innovative program makes local policymaking much more accessible for participants by bridging the distance between the community and their leaders.
**Boston, MA Provided Free Menstrual Hygiene Products in Public Schools**

In Fall 2019, Boston, MA Public Schools (BPS) launched a pilot program to bring free menstrual supplies to their schools. Many low-income students who experience menstruation struggle to pay for menstrual hygiene products, which results in one in five girls having to leave school early or miss school altogether.² The Boston pilot program aimed to reduce those disparities by providing $100,000 in funding to address “period poverty” in 77 Boston public schools. In its first year, the program supplied nurses with menstrual products, and as BPS returned for the 2021-2022 school year, included a team of school staff members who make menstrual products available to students. Local advocates are working to further expand the program so that all restrooms are equipped with tampons and pads.

**Denver, CO’s Florence Crittenton School Provided Housing Security for Young Parents**

Denver, CO is home to the Florence Crittenton High School, which serves pregnant and parenting young people, who can earn both a traditional high school diploma and an associate's degree. The school also offers food, baby clothes, on-site daycare, early childhood services for children up to five years old, and a comprehensive medical clinic, including dental care. To meet the need for safe and stable housing during the COVID-19 pandemic, staff worked with the Denver Housing Authority to secure housing vouchers for some families in need and secured a special grant from the Colorado COVID Relief Fund to support young parents facing a housing crisis.
Harris County, TX Protected the Right to Vote During the COVID-19 Pandemic

The COVID-19 pandemic created new barriers to voting during the vital 2020 local, state, and presidential elections. Many community members were worried about becoming ill or spreading the virus if they voted in person, and this crisis was exacerbated by the fact that the people at highest risk for COVID-19 included people of color and low-income people—the same groups that are historically underrepresented in the election process. This challenge directly impacts reproductive freedom because, while most people support access to reproductive health care, including abortion, their views will not be reflected in government policy if they are unable to vote. The Harris County, TX Clerk used the CARES Act and other funding to create a 23-point initiative to address voting disparities, including tripling the number of early and Election Day polling locations, establishing drive-through polling places, and facilitating access to mail-in voting. The efforts put forth by Harris County led to a record-shattering number of ballots cast.

Richmond, VA Brought Together Stakeholders to Address Maternal Health Disparities

In Richmond, VA, the maternal mortality rate from 2015-2019 was more than seven times the national rate in 2019. In response to this crisis, local organizations in Richmond, led by Birth in Color RVA, Urban Baby Beginnings, and Nurture, advocated for the creation of a taskforce to address the racial disparities in maternal health outcomes. With the support of the Richmond City Health Department and the mayor, the Greater Richmond Regional Maternal Child Health Taskforce was created. Goals for the Taskforce include increasing access to family planning services, streamlining training for doulas, winning municipal funding for doula care, and connecting with providers in the Richmond area to facilitate integrated care for new mothers.
San Francisco, CA Sought Economic Justice for Pregnant Black and Pacific Islander Residents

Data in San Francisco reveals high rates of maternal and infant mortality and morbidity among the city’s Black and Pacific Islander population. At the root of these disparities is systemic racism, including the racial wealth gap that compounds challenges for Black and Pacific Islander parents preparing to welcome and care for a newborn. To address the disproportionate economic burdens faced by these communities, San Francisco, CA, partnered with Black-led maternal health collaborative Expecting Justice to launch The Abundant Birth Project. This pilot program will provide an unconditional monthly income supplement of $1,000 to about 150 Black and Pacific Islander residents from pregnancy to 6 months postpartum. The ultimate vision of the project is to decrease the racial wealth gap and improve overall birth outcomes for Black and Pacific Islander communities city-wide, while serving as a model for the rest of the nation.

Multiple Cities Recognized Abortion Provider Appreciation Day

On March 10, 1993, Dr. David Gunn was murdered by a white supremacist anti-abortion extremist. To honor his life and work, and that of all the courageous, compassionate people who provide abortion care, March 10, 1996 became the first National Day of Appreciation for Abortion Providers. Starting in March 2020, Austin, TX; Atlanta, GA; Minneapolis, MN; St. Louis, MO; and St. Paul, MN all issued proclamations in honor of Abortion Provider Appreciation Day, as it’s now known, celebrating their local abortion providers. These proclamations are an important local strategy for communities that want to recognize the essential work abortion providers do every day and give advocates the opportunity to engage their communities in honoring and thanking abortion providers.

Starting in 2020, March 10th was celebrated as Abortion Provider Appreciation Day in 5 U.S. cities.
A Model City would use every tool at its disposal to support the freedom and ability of each person to control their reproductive and sexual lives, foster thriving families, and destigmatize abortion and contraception.
PROTECTING ABORTION ACCESS
The city recognizes that abortion is health care and takes all necessary steps to ensure that access to that care is safe, affordable, and protected, and not stigmatized or criminalized. Abortion clinics are easily accessible, celebrated as valuable, and fully integrated into the city’s health care system.

FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH CARE
The city budget reflects the city’s values by providing funding to fully meet the need for high-quality, patient-centered reproductive health care and services, including abortion.

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, families, and futures.

SUPPORTING FAMILIES
The city supports every resident’s right to create, raise, and support their families in a healthy, safe, and secure environment.

BUILDING HEALTHY AND JUST COMMUNITIES
The city is committed to health, economic security, safety, 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.

PROCLAIMING LOCAL VALUES
The city establishes its social justice values, including its support for reproductive freedom, through resolutions and public statements. The city speaks out on local-, state-, and federal-level reproductive health, rights, and justice issues that impact its residents.

The Model City provides a framework that all cities can strive to meet by using every tool possible to support the freedom and ability of each person to control their reproductive and sexual lives, foster thriving families, and destigmatize abortion and contraception.
FIGHTING BACK AGAINST ANTI-ABORTION ORDINANCES

Anti-abortion extremists have always operated at the local level, but 2019 saw the rise of a new and dangerous strategy — the introduction and passage of unconstitutional ordinances, often cynically dubbed “sanctuary city for the unborn ordinances,” which seek to criminalize abortion and other activities associated with providing or helping others obtain abortion care. In some towns, the ordinances also include a provision declaring the sale and distribution of emergency contraception within city limits to be a crime. While most of the towns where these ordinances have passed are small in size and are not home to reproductive health care providers, they nonetheless pose a threat. Anti-abortion advocates push for these ordinances to stoke fear and stigma and promote misinformation about abortion rights and access for those who provide or seek abortion care or help others obtain it, directly undermining and often outright attacking the federal standard of *Roe v. Wade*.

Advocates for reproductive health, rights, and justice have several options to consider as potential responses. Keep in mind that one goal of these ordinances and resolutions is to sow confusion about whether abortion is still legal and accessible; community education that abortion remains legal, the impact of the ordinance or lack thereof, and where people can access abortion care can and should be incorporated into any of the strategies below.

- **Keep the ordinance off the agenda:** Even if your city council is not in favor of abortion rights, it may be willing to keep the ordinance from public hearings or coming to a vote if council members understand that it will be politically unpopular, embarrassing, or financially costly to the community.
• **Defeat the ordinance**: If you have enough allies on your city council and in your community, you may be able to defeat the ordinance through an up or down vote.

• **Empower an elected official to speak out**: Identify and support at least one city council member who will speak out strongly against the anti-abortion ordinance. Even if the ordinance passes, it is impactful to have elected officials show their support for abortion access with a clear message. You may also consider having the allied council member introduce a competing, pro-abortion rights ordinance or resolution.

• **Activate your base**: Even if you aren’t able to defeat the ordinance, you can use it as an opportunity to rally abortion rights supporters in the community, such as by calling or emailing city council members, circulating a petition, or engaging their networks on social media.

• **Establish public opposition**: Create billboards, signs, or other materials that can be posted around and near the town declaring opposition to the ordinance and its potential impact.

• **Demonstrate in the press that your community does not uniformly support the anti-abortion message of the ordinance**: Ensure that local leaders, including abortion providers, patients, and/or activists who oppose the ordinance have a unified message as they tell members of the media that this ordinance is unwelcome.

• **Pass a proactive ordinance in cities that are supportive of abortion rights**: If you are unable to organize in the town where the anti-abortion ordinance is introduced, you could use the ordinance as motivation for local leaders in supportive cities, especially those that are home to reproductive health care providers and abortion clinics, to pass a proactive policy that aligns with your values.
• **Ignore them:** In many towns, local leaders already know that these ordinances are unconstitutional and unnecessary and will choose not to introduce or pass them on their own, and it may be best for advocates to stay out of the debate in order to avoid bringing more attention to the issue. In other towns, fighting the ordinance may not be worth your time, energy, or attention if you have limited capacity. This can be especially true in places with overwhelmingly anti-choice politicians in power, where your organization does not have close ties with community members, and where no reproductive health care providers exist or plan to open.

**For more information** on how to counter anti-abortion resolutions and ordinances, contact NIRH at:

✉️ localrepro@nirhealth.org

for access to our toolkit, *Combating Local Anti-Abortion Resolutions & Ordinances: A Toolkit for Proactive Defense in your Community.*
THE RESEARCH AND THE ROADMAP

Here, we provide guidance on how to build a Model City in your own backyard.

IN THIS SECTION:

- Protecting Abortion Access
- Funding and Coverage for Reproductive Healthcare
- Supporting Young People
- Supporting Families
- Building Healthy and Just Communities
- Proclaiming Local Values
PROTECTING ABORTION ACCESS

The city recognizes that abortion is health care and takes all necessary steps to ensure that access to that care is safe, affordable, and protected, and not stigmatized or criminalized. Abortion clinics are easily accessible, celebrated as valuable, and fully integrated into the city’s health care system.

THE RESEARCH: For each city, we assessed the following policies for Protecting Abortion Access.

- Clinic safety ordinance: 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.

- Regulations on deceptive practices of AAPCs: At least one local protection against the deceptive practices of anti-abortion pregnancy centers (AAPCs) is in place, including but not limited to a signage ordinance, consumer protections, or restrictions on funding.

- Local protections for abortion clinics and providers: 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 regulation, residential picketing restriction, police training initiative related to abortion safety, or zoning policy.

- Public awareness about access to abortion care: The city has engaged in a public awareness campaign or initiative related to access to abortion care.
THE RESEARCH (CONT.)

Anti-discrimination ordinance for employees — reproductive health decisions:
A policy prohibiting discrimination against employees based on their reproductive health decisions, including the decision to use contraception or choose an abortion, is in place citywide.

Anti-discrimination ordinance for housing — reproductive health decisions:
A policy prohibiting discrimination in housing based on tenants' reproductive health decisions, including their decision to use contraception or choose an abortion, is in place citywide.

TAKING THE NEXT STEP: How cities can build on their Scorecard metrics toward true reproductive justice for all

Each of the indicators above requires enforcement to be effective. In a Model City, the city not only passes a policy, but also establishes a plan to educate the community about the policy and their rights; trains staff on the policy, its implications, and their role in ensuring its success; and ensures consistent and clear implementation.

THE ROADMAP: Actionable steps for Protecting Abortion Access

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

• Engage every relevant department in the city to implement and enforce policies and practices to prevent harassment and disruption at abortion clinics, including noise regulations, parking and traffic regulations, and anti-nuisance regulations.

• 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 regular trainings with local law enforcement to clarify federal, state, and local policies on safe access to abortion clinics and discuss safe and fair enforcement of those protections.

- Pass and enforce regulations that address the deceptive practices of AAPCs. Depending on the local context, policy solutions could include prohibiting deceptive advertising, requiring unlicensed facilities to disclose that they are not medical facilities, and/or enforcing existing consumer fraud statutes.

- Understand zoning regulations for abortion clinics and the areas around them. Consider explicitly stating in zoning ordinances that abortion clinics are health care facilities.

- Launch a public awareness campaign to ensure residents know about the safe and legal abortion care they can access in the city and educate residents on how to identify an AAPC.

- Create an online and hard-copy directory of reproductive health care providers, including abortion clinics, and describe the services they provide. Include information on local abortion funds and other financial supports residents can access to help pay for their care.

- Officially recognize March 10 as Abortion Provider Appreciation Day to celebrate the important work of local abortion providers and clinics.

- 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 have an abortion.

- Organize 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.
The city budget reflects the city’s values by providing funding to fully meet the need for high-quality, patient-centered reproductive health care and services, including abortion.

**THE RESEARCH:** For each city, we assessed the following policies for Funding and Coverage for Reproductive Health Care.

**Funding for abortion:**
Funding is allocated to help patients who could not otherwise afford to pay for abortion care or practical support related to abortion care, such as lodging, transportation, or childcare; alternatively, the city has established its own municipal insurance program for residents that covers abortion care.

*In 2019, Austin, TX set an innovative example by funding practical support for abortion care, such as travel and lodging, as state law preempted funding for abortion procedures. Because this demonstrates that cities can allocate funding to facilitate abortion access even if their state has a similar preemption, NIRH changed our guidelines this year and did not mark cities in such states as “preempted,” unless practical support for abortion is also specifically preempted.*

**Funding for STI/STD testing and prevention:**
Funding is allocated for at least one of the following, of any size or for any population: testing, prevention (to any extent), treatment, or expedited partner therapy.

**Municipal insurance coverage of abortion:**
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.

**Funding for contraception:**
Funding is allocated for contraception in any form, including condoms.
THE RESEARCH (CONT.)

Funding to train providers in reproductive health care:
Funding is allocated to train providers in an important element of reproductive health care, such as abortion; long-acting reversible contraception (LARC) insertion or removal; person-centered care; or reproductive health care for LGBTQIA people, young people, or other specific populations.

Funding for community-based organizations to provide comprehensive sexuality education (CSE):
Funding is allocated to at least one community-based organization to provide CSE.

TAKING THE NEXT STEP: How cities can build on their Scorecard metrics toward true reproductive justice for all

In a Model City, the city brings an equity lens to its funding process. This could include ensuring that women- and minority-led community-based organizations and programs are prioritized in funding applications, implementing reproductive justice-informed policies and requirements to its contracting and procurement processes, and establishing a streamlined and clear process for applying for funding and reporting on its use.

THE ROADMAP: Actionable steps for Funding and Coverage for Reproductive Health Care

- Allocate municipal dollars to the city’s local abortion funds, directly to local abortion providers, and/or to practical support funds that help people pay for costs associated with accessing abortion, such as travel, lodging, and childcare.
- Mandate that insurance benefits for municipal employees cover comprehensive reproductive health care benefits, including abortion.
• Require or incentivize companies that contract with the city to offer coverage of comprehensive reproductive health care, including abortion, to all of their employees.

• Offer trainings to reproductive health care providers and staff on how to provide care to populations with unique needs — including LGBTQIA-friendly care, teen-friendly care, and culturally responsive care — and on how to provide person-centered care to all patients.

• Allocate municipal dollars to provide support for people who are pregnant and parenting, including for services like pregnancy tests and prenatal care and supplies like diapers, formula, and baby clothes. This meets an urgent need in the community and ensures that people do not have to seek supplies from an AAPC.

• Provide funding to 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.

• Prohibit funding to AAPCs by requiring that the city contract with or provide health care funding only to entities that offer comprehensive, evidence-based reproductive health care counseling or referrals.

• Develop a public awareness campaign using the city’s health advertising budget to address important local issues related to sexual and reproductive health, such as contraceptive choice or STI/STD prevention. Use a sex-positive, inclusive, and nonjudgmental approach that provides information, connects residents to services, and/or changes the conversation on the issue at hand.
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, families, and futures.

**THE RESEARCH:** For each city, we assessed the following policies for Supporting Young People.

**Support for pregnant and parenting youth:**
At least one supportive – not stigmatizing – policy or program is in place to support pregnant and parenting youth, such as daycare in schools, lactation accommodations, a Pregnant and Parenting Youth Bill of Rights, or flexible leave policies.

**Funding for comprehensive sexuality education (CSE):**
Municipal funding is allocated for CSE in schools, or the city has applied for and received state or federal grants to support CSE.

**Comprehensive sexuality education (CSE):**
A 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.

**Reproductive health care in school-based health centers (SBHCs):**
SBHCs provide reproductive health care in some form, including dispensing of birth control or STI/STD testing and/or treatment.
TAKING THE NEXT STEP: How cities can build on their Scorecard metrics toward true reproductive justice for all

In a Model City, the city is committed to effective implementation of its policies and provision of services and health care in a just and equitable manner. This includes committing to effective implementation of a CSE policy, providing teachers and schools with the support they need to provide students with high-quality and consistent CSE, and evaluating whether the policy is being implemented on a regular basis. It also includes ensuring that the reproductive health care at SBHCs is person-centered and supportive, and that providers and staff are trained in providing health care to young LGBTQIA people.

THE ROADMAP: Actionable steps for Supporting Young People

• 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 lactation, childcare, and a flexible absence policy.

• Allocate municipal dollars to teacher training and support, curriculum development, and monitoring and evaluation to support effective implementation of sexuality education programs.

• Require schools to implement a K-12 CSE program that meets the National Sexuality Education Standards. CSE includes lessons about consent, healthy relationships, and bodily autonomy, in addition to lessons about sexual and reproductive health.
• Pass policies and implement programming to offer the same level of comprehensive sexuality education to young people in juvenile detention and foster care settings.

• Fund SBHCs that offer reproductive health care services, including contraception services and counseling and STI/HIV screening. Train SBHC staff on providing LGBTQIA-friendly reproductive health care.

• Pass policies ensuring that young people in juvenile detention and foster care programs are able to access comprehensive reproductive health care at no cost and with support to overcome other logistical barriers like transportation. Provide training in person-centered and teen-friendly care to staff and providers who work with young people in these settings to guard against coercion.

• If the city is located in a state that requires parental notification or consent for young people to access abortion care, work with local legal programs to help young people navigate the judicial bypass process 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, and/or transportation support.
The city supports every resident’s right to create, raise, and support their families in a healthy, safe, and secure environment.

**THE RESEARCH: For each city, we assessed the following policies for Supporting Families.**

**Supportive lactation policies:**
The city has at least one policy or program in place to support lactation, such as workplace accommodations or education initiatives to destigmatize and facilitate chestfeeding. NIRH has updated our 2021 indicator to use the gender-inclusive terms of “lactation” and “chestfeeding” in alignment with the recommendations of the Academy of Breastfeeding Medicine. “Lactation” and “chestfeeding” are intended to include parents who lactate but do not identify with the gendered term “breastfeeding.”

**Environmental protections for maternal and reproductive health:**
The city has at least one environmental protection in place that is specifically intended 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 lead abatement programs in public housing.

**Paid family leave for municipal employees:**
A paid family leave policy is in place for municipal employees.
THE RESEARCH (CONT.)

Anti-discrimination ordinance for housing — pregnancy and family status:
A policy is in place that prohibits discrimination in housing based on pregnancy and family status.

Anti-discrimination ordinance for employees — pregnancy and family status:
A policy is in place that prohibits discrimination against employees based on pregnancy and family status.

TAKING THE NEXT STEP: How cities can build on their Scorecard metrics toward true reproductive justice for all

In a Model City, the city is committed to effective and clear implementation of its policies. This includes implementing “Know Your Rights” initiatives to ensure that parents and families are aware of existing policies that support them — such as accommodations for chestfeeding that are explicitly inclusive of people of all genders who lactate — and that employers and landlords are aware of their responsibilities. Discrimination based on pregnancy is banned by federal law and in most states, yet those who are pregnant continue to face discrimination with little to no enforcement. When cities pass their own pregnancy discrimination policies, this strengthens federal and state laws, and the city can work to educate employers and landlords about the provision and ensure that people are aware of how and where to report discrimination.

THE ROADMAP: Actionable steps for Supporting Families

- Require government-operated facilities and public spaces to create lactation 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 lactation rooms.

- Require paid family leave for municipal employees, including those who work part time and for contractors working with the city.9
• 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.

• Ensure that pregnant people can keep cool in heat waves by providing air conditioning or energy assistance programs, as maternal and fetal health are threatened by rising temperatures caused by climate change. ¹⁰

• 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. ¹¹

• Provide training in person-centered and trauma-informed care for health care providers and staff who provide obstetric care, as well as training to eradicate bias against Black patients.

• Create a free local doula training program to increase opportunities for low-income people to become doulas, 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 that doulas play during labor and delivery to foster a respectful and supportive working relationship between hospital staff and doulas.

• Pass a nondiscrimination ordinance banning discrimination based on pregnancy and family status.
The city is committed to health, economic security, safety, 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 RESEARCH:** For each city, we assessed the following policies for Building Healthy and Just Communities.

**Positive public awareness campaigns on sexual and reproductive health:**
At least one public awareness campaign is in place that highlights an important local issue related to sexual and reproductive health. The campaign is not stigmatizing and is based on community needs.

**Menstrual equity initiative:**
At least one policy or program is in place that promotes menstrual equity, such as repealing the sales tax on menstrual hygiene products or providing free menstrual products in public buildings, including schools, shelters, and jails.

**“Shield” law for victim reporting:**
A policy is in place ensuring that people engaged in illegal activity are able to safely report a 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).

**Paid sick leave:**
A policy is in place requiring employers to provide paid sick leave.
$15 minimum wage:
A policy is in place requiring employers to provide a $15 or higher minimum wage.

Support for immigrants to access reproductive health care:
At least one policy or program is in place to support immigrants’ access to reproductive health care, such as a sanctuary city policy, municipal ID program, or municipal health insurance program.

Anti-discrimination ordinance for employees — gender identity:
A policy is in place prohibiting discrimination against employees based on gender identity.

Anti-discrimination ordinance for housing — gender identity:
A policy is in place prohibiting discrimination in housing based on gender identity.

Advancing democracy:
At least one policy or program was put in place during the period of review to protect voting rights or advance democratic values, such as voting rights for non-citizens, voting age under 18, voting reminders or education programs, strong campaign finance reform policies, or youth councils to engage minors in democracy.

Because this indicator was a new addition to the Local Index in the 2019 edition of the report, NIRH awarded points for any policy that was in place through December 31, 2018. For the third edition of the report and all subsequent editions, NIRH only awarded cities points for actions taken during the period of review (January 1, 2019 – December 31, 2020). This is a recognition of the many actions that cities can take to advance and protect democracy, an initiative that requires constant vigilance and responsiveness to new challenges.
**TAKING THE NEXT STEP:** How cities can build on their Scorecard metrics toward true reproductive justice for all

In a Model City, the city ensures that policies, including paid sick leave and a living wage, apply to all workers with no exceptions, including part-time, contract, and tipped workers, and to minors; the city provides small businesses with financial support to implement these policies if needed. The city’s paid leave policy includes provisions to ensure that workers can take paid sick leave for themselves, seek well-person and preventive health care, and care for a sick child or family member; the city provides financial support to small businesses to provide paid sick leave if needed. Living wage policies, like setting a $15 minimum wage, apply starting now, rather than several years in the future.

A Model City also ensures that health care providers who serve immigrant communities are trained in providing culturally relevant care and have the resources to meet immigrants’ needs, such as interpreters and materials available in languages appropriate for the patient population. The city conducts direct outreach to immigrant communities, including undocumented people, to ensure they know their rights and where and how they can safely access reproductive health care.

**THE ROADMAP:** Actionable steps for Building Healthy and Just Communities

- Adopt a set of reproductive justice-informed values to guide 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.

- Repeal the local sales tax on items essential to menstrual hygiene, including pads and tampons.
• Allocate municipal dollars for free menstrual hygiene products in all public places, including jails, prisons, juvenile detention centers, government buildings, 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.

• Prohibit law enforcement from relying on the fact that someone is carrying condoms as a basis for an arrest, 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.

• Establish and immediately implement a $15 or higher minimum wage for employees in the city, including tipped and contract employees and people under the age of 18.

• Require that all entities that contract with the city or county provide their employees with a living wage and comprehensive benefits.

• Implement programs and policies to 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.

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

• If a person gives birth while incarcerated, establish a program to ensure that the parent and baby can remain physically together.

• Decriminalize sex work, meaning the removal of criminal penalties for buying and selling sex, often termed “prostitution” in the law, to recognize the essential right of privacy for all while ensuring that sex workers do not face violence and abuse, including from law enforcement, and improve access to essential health services.

• Reallocate municipal dollars from police departments to community services with input from community members themselves, including alternative models of public safety and programs that address poverty and hunger, and provide mental health care and drug treatment.

• 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.
The city establishes its social justice values, including its support for reproductive freedom, through resolutions and public statements. The city speaks out on local-, state-, and federal-level reproductive health, rights, and justice issues that impact its residents.

**THE RESEARCH:** For each city, we assessed the following policies for Proclaiming Local Values.

**Opposition to deceptive practices of AAPCs:**
A resolution is passed stating opposition to AAPCs and/or funding for AAPCs.

**Pro-choice stance on state or federal legislation or ballot initiatives:**
A resolution is passed within the period of review (2019–2020) establishing a pro-choice stance on state or federal legislation. The resolution can be positive, with the city endorsing the legislation or calling for its passage, or negative, with the city opposing it.

**Support for abortion coverage, including the Ensuring Access to Abortion Coverage in Health Care (EACH) Act:**
A resolution is passed in support of insurance coverage of abortion.

**Support for anti-discrimination:**
A resolution is passed within the period of review supporting anti-discrimination on any of a range of issues, including race, ethnicity, religion, sexuality, gender identity, income, immigration status, disability status, or more, or a resolution is passed on related state or federal action. The resolution can be positive, with the city endorsing the action or calling for its passage, or negative, with the city opposing it.
TAKING THE NEXT STEP: How cities can build on their Scorecard metrics toward true reproductive justice for all

In a Model City, the city uses resolutions to inspire action. This could be by encouraging conversation and culture change by engaging and educating the community on when and why they have passed a resolution or proclamation. It could also be by using resolutions as guidance for concrete action, using the values established by the resolution to inform new policies or executive actions.

THE ROADMAP: Actionable steps for Proclaiming Local Values

- Pass a resolution or issue a proclamation opposing the deceptive practices of AAPCs and calling for an end to any state or federal funding they receive.
- 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. This includes calling on the state or federal government to expand insurance coverage of abortion, pass the federal EACH Act and 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.
- Pass a resolution or issue a proclamation declaring the city a safe and welcoming place for all to receive reproductive health care, including 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.
MUNICIPALITIES AND THE FUTURE OF ROE V. WADE

For decades, anti-abortion politicians have passed state-level laws to curtail abortion access, resulting in the patchwork of abortion restrictions that deny access to people across the country, especially people of color, low-income people, people across the South and Midwest, rural communities, and more. With 2021 being the worst year on record for state-level abortion restrictions, Texas effectively banning abortion at six weeks, and the U.S. Supreme Court poised to deal a further blow to the protections of Roe v. Wade, the future of abortion access is the most precarious it has been in more than 40 years. With Roe weakened or overturned, cities will have an important role to play in helping to ensure that people are able to access safe abortion care.

Local leaders in states where abortion is inaccessible or illegal should prioritize providing information and shaping policies that help people access care safely, including information about where and how they can travel to nearby providers. Officials and advocates who are concerned that this could become a reality in their city should start reaching out now to counterparts in nearby cities and states where abortion is likely to remain accessible to brainstorm how to partner to protect access for their constituents. This could include:

- **Providing information on abortion providers in other states**, including guidance on transportation and assistance paying for care;

- **Providing funding to help residents travel to clinics** that are still providing abortion care and pay for their care and lodging when they arrive;

- **Partnering with local businesses like hotels and car companies** in cities where abortion will remain accessible to provide discounted or free and supportive services to constituents.
Local leaders in states where abortion is likely to remain accessible and legal, and especially those who lead municipalities that are home to abortion clinics, should prioritize policies and practices that will make their community as welcoming and safe a place as possible for people from across the country to access abortion care. Officials and advocates interested in making their city a safe harbor for abortion care can start by reaching out now to counterparts in nearby cities where abortion may become inaccessible to learn more about what they might need. City leaders can also review the policies and recommendations throughout this report to consider what is possible for their community and begin acting now.

For instance, the New York City Council allocated funding to the New York Abortion Access Fund to help pay for abortion care for anyone who gets an abortion at a clinic or provider within the city, regardless of where they live. If the Supreme Court gives states further latitude to further restrict or ban abortions, this funding will be critical in helping people travel to New York City to get the care they need.

Ultimately, access to abortion care will still be decided on the state, federal, and judicial levels, and municipalities’ power to protect abortion access may be limited by the method and degree to which those other jurisdictions act against abortion in the future. But by committing to action now, local leaders can develop the innovative policies and political power necessary to create and sustain long-term support for abortion access, regardless of what happens in the courts.
THE LOCAL LANDSCAPE

ESSENTIAL CONTEXT

Here, we provide an explanation of each of the datapoints included in the Local Landscape and, if applicable, how they relate to achieving the vision of the Model City.
Each Local Scorecard contains a Local Landscape to provide context for understanding the impact of the city’s policies and what improvements still need to be made. It includes demographic and other city-level data that should be used as an additional tool for understanding the specific challenges and opportunities each city faces. Here, we provide an explanation of each of the datapoints included in the Local Landscape and, if applicable, how they relate to achieving the vision of the Model City.

**UNDERSTANDING THE INDICATORS**

**Population, 2019:**
Reflects the population of the city per the American Community Survey

**Population breakdown by race:**
Reflects the demographics of the city per the American Community Survey

**Annual costs (family of 4):**
Measures the income a family of two adults and two children needs in order to attain a modest yet adequate standard of living, according to the Economic Policy Institute Family Budget Calculator. This datapoint should be understood in relationship to the median income.

**Median income:**
Reflects the median income of individuals in the city per the American Community Survey. This datapoint should be understood in relationship to the annual costs for a family of four.

**Rates of incarceration:**
Reflects the rate of people from the community who are incarcerated. It is important to understand this rate in relationship to the median income, annual family costs, and racial demographics of a city, given that communities of color and people living in poverty are criminalized at disproportionate rates. NIRH acknowledges the Vera Institute of Justice as an important source of information on rates of incarceration.
Number of Title X clinics:
Reflects the number of Title X clinics in the city. Title X clinics provide comprehensive and confidential family planning services and preventive health services, and they prioritize serving low-income individuals.

A note on Title X clinics: After the Trump-Pence administration implemented the Title X “domestic gag rule” in 2019, many clinics and programs exited the Title X program in order to continue to provide abortion services, leading to a significantly diminished number of Title X clinics in many cities. The Biden administration has reversed these restrictions, but for 2019–2020 — the period covered by this report — NIRH’s research indicates the domestic gag rule had a significant impact on Title X capacity in many of the cities.

- **Portland, OR; Salt Lake City, UT; and Seattle, WA** lost 100% of their Title X capacity; NIRH’s research found that they currently have no Title X clinics.
- **Baltimore, MD; Chicago, IL; Hartford, CT; and New York, NY** had their Title X capacity reduced by 90%-99%; NIRH’s research found a significant decrease in Title X clinics.
- **Boston, MA; Cleveland, OH; Columbus, OH; Los Angeles, CA; Minneapolis, MN; Newark, NJ; San Diego, CA; San Francisco, CA; San José, CA; and St. Paul, MN** had their Title X capacity reduced by 50%-89%; NIRH’s research found a decrease in Title X clinics.
- **Billings, MT; Indianapolis, IN; Philadelphia, PA; Phoenix, AZ; and St. Louis, MO** had their Title X capacity reduced by 25%-49%; NIRH’s research found a slight decrease in Title X clinics.
- **Denver, CO; Jacksonville, FL; and Miami, FL** had their Title X capacity reduced by 1%-24%; NIRH’s research found a slight decrease in Title X clinics.
**Number of Catholic hospitals:**
Reflects the number of Catholic hospitals within the context of all hospitals in the city. Catholic hospitals typically deny patients access to a range of reproductive health care, including appropriate miscarriage management, sterilization, abortion, and some forms of contraception; thus, it is important to know how many hospitals in a city are Catholic. NIRH acknowledges MergerWatch as an important source of information on the number and impact of Catholic hospitals.

**Number of AAPCs:**
Reflects the number of AAPCs in the city. AAPCs are centers that often pose as legitimate reproductive health care facilities and always seek to deceive, misinform, and/or manipulate pregnant people in an effort to prevent them from making their own decisions about abortion. AAPCs typically outnumber abortion clinics and legitimate reproductive health care facilities, resulting in an imbalance in the resources available for information and care. AAPCs are also often home bases for anti-abortion protesters who harass patients and staff at abortion clinics.

**Number of SBHCs:**
Reflects all SBHCs, regardless of whether they offer reproductive health care. SBHCs are an important source of care for young people and should be read as part of the city's safety net and support for young people's health.

**Number of abortion clinics:**
Reflects the number of abortion clinics within the city. This does not include data on the number of private providers who may also offer abortion.

**Maternal mortality rate:**
Reflects the rate of maternal mortality in the city. The term may be defined differently from city to city, and the Local Landscape uses the information for each city provided by that city's local or state health department. It is well established that the overall maternal mortality rate masks significant racial disparities in maternal mortality, with Black women in particular facing much higher rates than white women. Unfortunately, the maternal mortality rate broken down by race is typically not available at the local level. Advocates and officials are encouraged to review their state's maternal mortality rate by race to understand a more accurate picture of maternal mortality and advocate for local-level data collection and publication on maternal mortality by race.
Infant mortality rate breakdown by race:
Reflects the rate of infant mortality by race in the city. The term may be defined differently from city to city, and the Local Landscape uses the information for each city provided by that city's local or state health department. Significant racial disparities are also found in infant mortality rates and, unlike with maternal mortality rates, this data is available in most cities. If the data are not available for a city, advocates and officials are encouraged to review their state's infant mortality rate by race and advocate for local-level data collection and publication on infant mortality by race.

A NEW INDICATOR
Percentage of budget spent on policing:
Reflects the percentage of its overall budget that the city spends on policing. This number may not be complete, as there are often many sources of funding in a budget that feed into police departments and policing.

NIRH chose to add this indicator to the 2021 Local Index in response to the calls to action of the powerful protests in 2020, sparked by the murder of George Floyd and centuries of systemic racism, most specifically anti-Black racism. One result of the 2020 uprisings against racial injustice has been the widespread recognition that cities and counties spend large portions of their budgets on policing, to the detriment of communities of color, while spending significantly less on social services and community resources. Advocates and officials are encouraged to use this information to think about how funding could be reallocated from police departments to reimagine public safety and invest in solutions that align with our values — like those in the “Funding and Coverage for Reproductive Health Care” section of the Local Index. NIRH acknowledges the Vera Institute of Justice as an important source of information on the percentage of city budgets spent on policing, and the Chicago Abortion Fund and the re.ad.just Coalition: Advancing Reproductive Justice as advocates encouraging NIRH to include this indicator.
REMOVING INDICATORS

In this year’s edition of the Local Index, data on teen pregnancy and teen birth rates have been removed. Young people who are pregnant or parenting often face stigma and shame from their families, schools, communities, and government. Data related to teen pregnancies and births are often used to reinforce that stigma, rather than focusing on the resources that families, schools, communities, and governments can provide young people to enable them to make the decisions about their sexual and reproductive lives that are best for them. The indicators in “Supporting Young People” reflect policies and programs that can support young people who wish to prevent pregnancy, who are pregnant, and who are already parents, without stigmatizing their actions or their families. NIRH acknowledges the leadership of the National Latina Institute for Reproductive Justice and Bold Futures New Mexico in changing the framework of this conversation, and the Chicago Abortion Fund and the re.ad.just Coalition: Advancing Reproductive Justice as advocates encouraging NIRH to remove this indicator.
CITIES FEATURED IN THE LOCAL INDEX

Featured Cities in Alphabetical Order:

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ATLANTA

Fulton County, Georgia

$59,948
Median income 2019

$78,717
Annual costs, family of 4 2018

30% of city funds spent on Policing

397 Incarcerations per 100,000 residents, 2018*

PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on deceptive practices of anti-abortion clinics and providers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinance for employees: reproductive health decisions
- Anti-discrimination ordinance 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
- Funding for community-based organizations to provide comprehensive sex education

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

SUPPORTING FAMILIES
- Supportive lactation 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
- Positive public awareness campaigns on sexual and reproductive health
- Menstrual equity initiative
- “Shield” law for victim reporting
- Paid sick leave
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

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

506,811
Population 2019

51% Black or African American
4.3% Latino or Hispanic origin (of any race)
4.4% Asian
1% Some other race
0.3% American Indian and Alaska Native
40.9% White
2.4% Two or more races

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

6.9 Infant mortality per 1,000 live births, 2019*

Infant mortality by race:*
- White 2.6
- Black or African American 10.4

94 Maternal mortality per 100,000 live births, 2014*

KEY:
,Yes Preempted
Limited Data not available
County-level data

50 | National Institute for Reproductive Health | localrepro.nirhealth.org
PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on deceptive practices of anti-abortion clinics and providers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinance for employees: reproductive health decisions
- Anti-discrimination ordinance 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
- Funding for community-based organizations to provide comprehensive sex education

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

SUPPORTING FAMILIES
- Supportive lactation 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
- Positive public awareness campaigns on sexual and reproductive health
- Menstrual equity initiative
- “Shield” law for victim reporting
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KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data
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**Billings**

Yellowstone County, Montana

- ** Median income 2019**: $59,656
- **Annual costs, family of 4 2018**: $88,653
- **64% of city funds spent on Policing**
- **389 Incarcerations per 100,000 residents, 2018**

**Population 2017**: 109,577

- 6.3% Latino or Hispanic origin (of any race)
- 3.5% Two or more races
- 0.1% Native Hawaiian or Other Pacific Islander
- 4.6% American Indian and Alaska Native
- 1% Black or African American
- 0.9% Asian
- 89.1% White

**Infant Mortality**
- Infant mortality per 1,000 live births, 2020: 7.1
- Infant mortality by race: N/A
- Maternal mortality per 1,000 live births: N/A = Data not available

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**KEY:**
- Yes
- Limited
- Preempted
- Data not available
- County-level data
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- Local protections for abortion clinics and providers
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PROCLAIMING LOCAL VALUES
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- Support for abortion coverage, including the EACH Act
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- Support for anti-discrimination
**BOSTON**

Massachusetts

- **$71,115** Median income 2019
- **$113,558** Annual costs, family of 4 2018
- **16%** of city funds spent on Policing
- **271** Incarcerations per 100,000 residents, 2018

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

### FUNDING AND COVERAGE FOR REPRODUCTIVE HEALTH
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### SUPPORTING YOUNG PEOPLE
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- Comprehensive sexuality education
- Reproductive health care in school-based health centers

### SUPPORTING FAMILIES
- Supportive lactation 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
- Positive public awareness campaigns on sexual and reproductive health
- Menstrual equity initiative
- “Shield” law for victim reporting
- Paid sick leave
- $15 minimum wage
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- Advancing democracy
- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

### PROCLAIMING LOCAL VALUES
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**5.4 Infant mortality**

per 1,000 live births, 2015–2017

Infant mortality by race:
- White 1.7
- Black or African American 7.6

**N/A Maternal mortality**

per 1,000 live births

N/A = Data not available
BUFFALO

Erie County, New York

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

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- Pro-choice stance on state or federal legislation or ballot initiatives
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PROTECTING ABORTION ACCESS

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BUILDING HEALTHY AND JUST COMMUNITIES

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PROCLAIMING LOCAL VALUES

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CHARLESTON

Kanawha County, West Virginia

$43,344
Median income 2019

$84,540
Annual costs, family of 4 2018

25% of city funds spent on Policing

404 Incarcerations per 100,000 residents, 2018

46,536
Population 2019

0.3% Some other race
2.1% Asian
3.7% Two or more races
77.9% White
0.3% American Indian and Alaska Native
15.7% Black or African American
1% Latino or Hispanic origin (of any race)

1 Abortion clinics
4 Anti-abortion pregnancy centers
1 Catholic hospitals
5 Non-Catholic hospitals
2 School-based health centers*
6 Title X clinics

5.2 Infant mortality per 1,000 live births, 2015–2017*
Infant mortality by race: N/A

N/A Maternal mortality per 1,000 live births

N/A = Data not available

57 | National Institute for Reproductive Health | localrepro.nirhealth.org
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PROCLAIMING LOCAL VALUES
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data
PROTECTING ABORTION ACCESS
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- Local protections for abortion clinics and providers
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- Menstrual equity initiative
- “Shield” law for victim reporting
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- $15 minimum wage
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PROCLAIMING LOCAL VALUES
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- Support for abortion coverage, including the EACH Act
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- Support for anti-discrimination

CHICAGO
Cook County, Illinois

$58,247
Median income
2015-2019

$88,536
Annual costs, family of 4
2018

37% of city funds spent on Policing

187 Incarcerations per 100,000 residents, 2018*

2,693,976
Population
2019

10.7% Some other race
2.8% Two or more races
0.3% American Indian and Alaska Native
6.6% Asian
29.6% Black or African American
28.8% Latino or Hispanic origin (of any race)
50% White

Abortion clinics
>14
Anti-abortion pregnancy centers
8
Catholic hospitals
7
Non-Catholic hospitals
24
School-based health centers
33
Title X clinics
1

6.6 Infant mortality per 10,000 deliveries, 2016-2017

Infant mortality by race:
White
3.6
Black or African American
11.4

74.1 Maternal mortality per 10,000 deliveries, 2016-2017

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

PUBLIC INTELLIGENCE CENTER
59 | National Institute for Reproductive Health | localrepro.nirhealth.org
**COLUMBUS**

Franklin County, Ohio

- **$53,745** Median income 2019
- **$73,402** Annual costs, family of 4 2018
- **37%** of city funds spent on Policing
- **247** Incarcerations per 100,000 residents, 2018*

### Protecting Abortion Access
- Clinic safety ordinance
- Regulations on deceptive practices of anti-abortion clinics and providers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinance for employees: reproductive health decisions
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### Funding and Coverage for Reproductive Health
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### Supporting Young People
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### Building Healthy and Just Communities
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**Pro-Choice Coverage**

- **2** Abortion clinics
- **11** Anti-abortion pregnancy centers

- **1** Catholic hospitals
- **7** Non-Catholic hospitals
- **17** School-based health centers
- **1** Title X clinics

**Population** 2019: 898,553

**6.6 Infant mortality** per 1,000 live births, 2019

- Infant mortality by race: N/A

**N/A Maternal mortality** per 1,000 live births

- N/A = Data not available

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*Medians calculated based on county-level data

[61] National Institute for Reproductive Health | localepro.nirhealth.org
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**DENVER**

Colorado

- $68,592 Median income 2015–2019
- $98,187 Annual costs, family of 4 2018
- 17% of city funds spent on Policing
- 413 Incarcerations per 100,000 residents, 2018

- Population 2019: 727,211
- 6.1% Some other race
- 3.8% Two or more races
- 76.1% White
- 0.2% Native Hawaiian or Other Pacific Islander
- 0.9% American Indian and Alaska Native
- 3.7% Asian
- 9.2% Black or African American
- 29.9% Latino or Hispanic origin (of any race)

- Abortion clinics: 3
- Anti-abortion pregnancy centers: 6
- Catholic hospitals: 1
- Non-Catholic hospitals: 5
- School-based health centers: 18
- Title X clinics: 14

- Infant mortality per 1,000 live births, 2015–2017: 4.5
- Infant mortality by race:
  - White: 2.8
  - Black or African American: 9.4

- Maternal mortality per 1,000 live births
  - N/A

Data not available

**County-level data**
PROTECTING ABORTION ACCESS
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**EL PASO**
El Paso County, Texas

- **$47,568** Median income 2015-2019
- **$66,634** Annual costs, family of 4 2018
- **32%** of city funds spent on Policing
- **425** Incarcerations per 100,000 residents, 2018

**Population 2019**
- 681,728

**Abortion clinics**
- 0

**Anti-abortion pregnancy centers**
- >4

**Catholic hospitals**
- 0

**Non-Catholic hospitals**
- 8

**School-based health centers**
- 4

**Title X clinics**
- 6

**Infant mortality per 1,000 live births, 2017**
- 4.9

**Infant mortality by race: N/A**

**Maternal mortality per 100,000 live births**
- N/A

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

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65 | National Institute for Reproductive Health | localrepro.nirhealth.org
FARGO ★★★★★
Cass County, North Dakota

$55,551
Median income
2015-2019

$89,192
Annual costs, family of 4
2018

22% of city funds
spent on Policing

224 Incarcerations
per 100,000 residents, 2018*

PROTECTING ABORTION ACCESS
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☐ Regulations on deceptive practices of anti-abortion clinics and providers
☐ Local protections for abortion clinics and providers
☐ Public awareness about access to abortion care
☐ Anti-discrimination ordinance for employees: reproductive health decisions
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☐ Menstrual equity initiative
☐ “Shield” law for victim reporting
☐ Paid sick leave
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☐ Advancing democracy
☐ Anti-discrimination ordinance for employees: gender identity
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PROCLAIMING LOCAL VALUES
☐ Opposition to deceptive practices of anti-abortion pregnancy centers
☐ Support for abortion coverage, including the EACH Act
☐ Pro-choice stance on state or federal legislation or ballot initiatives
☐ Support for anti-discrimination

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124,662
Population 2019

3% Latino or Hispanic origin
(of any race)

7% Black or African American

1.2% American Indian and Alaska Native

84.6% White

3.5% Asian

3.1% Two or more races

6% Some other race

Infant mortality
4.4 per 1,000 live births, 2013–2017*

Infant mortality by race: N/A

Maternal mortality
N/A

---

41% Catholic hospitals

57% Non-Catholic hospitals

2% School-based health centers

1% Title X clinics

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Yes Limited Preempted Data not available

N/A = Data not available

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66 | National Institute for Reproductive Health | localrepro.nirhealth.org
FORT WORTH ★★★★★
Tarrant County, Texas

$62,187
Median income 2015–2019
$77,356
Annual costs, family of 4 2018
35% of city funds spent on Policing
251 Incarcerations per 100,000 residents, 2018*

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6.5 Infant mortality per 1,000 live births, 2015–2017
Infant mortality by race:
- White 4.9
- Black or African American 11.2

N/A Maternal mortality per 1,000 live births
N/A = Data not available

909,585
Population 2019

KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data

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- County-level data
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**Key**
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- Limited
- Preempted
- Data not available
  - County-level data

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**Indianapolis, Marion County, Indiana**

<table>
<thead>
<tr>
<th>Category</th>
<th>Location/Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policing cost</td>
<td>35% of city funds</td>
</tr>
<tr>
<td>Incarcerations</td>
<td>374 per 100,000 residents (2018*)</td>
</tr>
<tr>
<td>Population</td>
<td>876,384 (2019)</td>
</tr>
</tbody>
</table>

**Funding and Coverage Data**

- Abortion clinics: 3
- Anti-abortion pregnancy centers: 7
- Catholic hospitals: 9
- Non-Catholic hospitals: 7
- School-based health centers: 34
- Title X clinics: 5

---

**Infant Mortality**

- Infant mortality per 1,000 live births, 2017*: 7.5
- Infant mortality by race:*
  - White: 4.5
  - Black or African American: 11.6

**Maternal Mortality**

- Maternal mortality per 1,000 live births: N/A
  - N/A = Data not available

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**Population Data**

- Some Other Race: 3.5%
- Asian: 3.4%
- American Indian and Alaska Native: 0.3%
- Black or African American: 28.6%
- Latino or Hispanic origin (of any race): 10.5%
- Two or More Races: 3.3%
- White: 60.9%

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**Economic Data**

- Annual costs, family of 4: $82,285 (2018)
- Police funding: 35% of city funds
- Incarcerations: 374 per 100,000 residents (2018*)

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**Health Data**

- Infant mortality rate: 7.5 (2017*)
- Infant mortality by race:*
  - White: 4.5
  - Black or African American: 11.6
- Maternal mortality rate: N/A

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**Housing Data**

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

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**Community Data**

- Anti-discrimination ordinance for employees: gender identity
- Anti-discrimination ordinance for housing: gender identity

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**Education Data**

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- Menstrual equity initiative
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**Politics Data**

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**Additional Notes**

- Yes
- Limited
- Preempted
- Data not available
  - County-level data

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**Contact Information**

- National Institute for Reproductive Health
  - localrepro.nirhealth.org
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KEY:
Yes  Limited  Preempted  Data not available
County-level data
LAS VEGAS ★★★★★
Clark County, Nevada

$56,354
Median income
2015-2019

$77,068
Annual costs, family of 4
2018

13% of city funds spent on Policing

381 Incarcerations per 100,000 residents, 2018*

651,319 Population
2019

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KEY:
- Yes
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- Data not available
- County-level data

Los Angeles County, California

$62,142
Median income
2015-2019

$92,295
Annual costs, family of 4
2018

33% of city funds
spent on Policing

249 Incarcerations
per 100,000 residents, 2018*

3,979,576
Population
2019

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

White
3.2

Black or African American
10.4

17.9 Maternal mortality
per 100,000 live births, 2016*

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MEMPHIS
Shelby County, Tennessee

- Median income: $41,228
- Annual costs, family of 4: $71,800
- 38% of city funds spent on Policing
- 748 Incarcerations per 100,000 residents, 2018*

Population: 651,073
- 29.2% White
- 64.1% Black or African American
- 1.5% Two or more races
- 1.7% Asian
- 0.2% American Indian and Alaska Native
- 3.3% Some other race
- 7% Latino or Hispanic origin (of any race)

SUPPORTIVE LACTATION POLICIES: 3
PAID FAMILY LEAVE: 10
SCHOOL-BASED HEALTH CENTERS: 3
TITLE X CLINICS: 4
ABORTION CLINICS: 2
ANTI-ABORTION PREGNANCY CENTERS: 4
CATHOLIC HOSPITALS: 1
NON-CATHOLIC HOSPITALS: 10

8.9 Infant mortality per 1,000 live births, 2015–2017*
- Infant mortality by race:*
  - White: 4.2
  - Black or African American: 11.6

N/A Maternal mortality per 1,000 live births
N/A = Data not available

Data not available
- County-level data

77 | National Institute for Reproductive Health | localrepro.nirhealth.org
PROTECTING ABORTION ACCESS
- Clinic safety ordinance
- Regulations on deceptive practices of anti-abortion clinics and providers
- Local protections for abortion clinics and providers
- Public awareness about access to abortion care
- Anti-discrimination ordinance for employees: reproductive health decisions
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- Funding for community-based organizations to provide comprehensive sex education

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SUPPORTING FAMILIES
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BUILDING HEALTHY AND JUST COMMUNITIES
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- Menstrual equity initiative
- “Shield” law for victim reporting
- Paid sick leave
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Anti-discrimination ordinance for employees: gender identity
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PROCLAIMING LOCAL VALUES
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data
MINNEAPOLIS
Hennepin County, Minnesota

PROTECTING ABORTION ACCESS
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PROCLAIMING LOCAL VALUES
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** Median income 2015-2019: $62,583
** Annual costs, family of 4 in 2018: $98,675

35% of city funds spent on Policing
147 Incarcerations per 100,000 residents, 2018*

429,606 Population 2019

- 62.0% White
- 19.2% Black or African American
- 5.9% Asian
- 14% American Indian and Alaska Native
- 5.1% Some other race
- 9.6% Latino or Hispanic origin (of any race)

- 4.8 Infant mortality per 1,000 live births, 2014-2018*

N/A Maternal mortality per 1,000 live births

N/A = Data not available

80 | National Institute for Reproductive Health | localrepro.nirhealth.org
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NASHVILLE
Davidson County, Tennessee

$59,828 Median income 2015-2019
$79,228 Annual costs, family of 4 2018

21% of city funds spent on Policing
516 Incarcerations per 100,000 residents, 2018*

670,820 Population 2019

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

1
3
2
9
3

Infant mortality per 1,000 live births, 2013-2017*
Infant mortality by race:*
White
Black or African American

3.4
12.7

N/A Maternal mortality per 1,000 live births

N/A = Data not available

81 | National Institute for Reproductive Health | localrepro.nirhealth.org
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KEY:
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- County-level data

$63,998 Median income 2015-2019
$124,129 Annual costs, family of 4 2018
8% of city funds spent on Policing
145 Incarcerations per 100,000 residents, 2018

3.9 Infant mortality per 1,000 live births, 2018
18.9 Maternal mortality per 100,000 live births, 2018

83 | National Institute for Reproductive Health | localrepro.nirhealth.org
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- Funding for STD/STI testing and prevention
- Title X clinics
- Catholic hospitals
- Non-Catholic hospitals
- School-based health centers

SUPPORTING YOUNG PEOPLE
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85 | National Institute for Reproductive Health | localrepro.nirhealth.org
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KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data
PHILADELPHIA

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$45,927
Median income
2015-2019

$92,163
Annual costs, family of 4
2018

15% of city funds spent on Policing

573 Incarcerations per 100,000 residents, 2018

1,584,064
1,584,064
Population
2019

87 |
National Institute for Reproductive Health | localrepro.nirhealth.org
PHOENIX
Maricopa County, Arizona

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SUPPORTING FAMILIES

KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data

N/A Maternal mortality per 1,000 live births

5.6 Infant mortality per 1,000 live births, 2015–2017*

Infant mortality by race:
- White
- 4.6
- Black or African American
- 10.6

88 | National Institute for Reproductive Health | localrepro.nirhealth.org
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PORTLAND
Multnomah County, Oregon

$71,005 Median income 2015-2019
$96,047 Annual costs, family of 4 2018
31% of city funds spent on Policing
190 Incarcerations per 100,000 residents, 2018*

654,741 Population 2019

- 77.4% White
- 5.3% Two or more races
- 5.0% Black or African American
- 8.2% Asian
- 0.8% American Indian and Alaska Native
- 1.9% Some other race
- 9.7% Latino or Hispanic origin (of any race)

5.1 Infant mortality per 1,000 live births, 2015-2017*
Infant mortality by race:*
- White: 4.7
- Black or African American: 9.7

N/A Maternal mortality per 1,000 live births
N/A = Data not available

KEY:
- Yes
- Limited
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- County-level data
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**RICHMOND, Virginia**

- Median income 2015-2019: $47,250
- Annual costs, family of 4 2018: $83,370
- City funds spent on Policing: N/A
- Incarcerations per 100,000 residents, 2018: 574

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**Population 2019**

- 230,436 people
- 45.5% White
- 3.4% Two or more races
- 1.7% Some other race
- 0.4% American Indian and Alaska Native
- 6.9% Latino or Hispanic origin (of any race)
- 2.1% Asian
- 46.9% Black or African American

**Abortion clinics:** 4
- Anti-abortion pregnancy centers:** 3
- Catholic hospitals:** 2
- Non-Catholic hospitals:** 8
- School-based health centers:** 0
- Title X clinics:** 9

---

**7.6 Infant mortality**
- per 1,000 live births, 2014-2017
- Infant mortality by race: N/A

**N/A Maternal mortality**
- per 1,000 live births

N/A = Data not available

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**Funding and Coverage**

<table>
<thead>
<tr>
<th>Funding</th>
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<th>Limited</th>
<th>Preempted</th>
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<td>Family of 4</td>
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**Proclamation**

- Data not available
- County-level data

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90 | National Institute for Reproductive Health | localrepro.nirhealth.org
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**SALT LAKE CITY**
Salt Lake County, Utah

- Median income 2015-2019: $60,676
- Annual costs, family of 4: $81,578
- 25% of city funds spent on Policing
- Population: 200,567
- Infant mortality per 1,000 live births, 2015-2019*: 5.8
- Maternal mortality per 1,000 live births: N/A

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

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91 | National Institute for Reproductive Health | localrepro.nirhealth.org
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SUPPORTING YOUNG PEOPLE
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BUILDING HEALTHY AND JUST COMMUNITIES
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- Menstrual equity initiative
- “Shield” law for victim reporting
- Paid sick leave
- $15 minimum wage
- Support for immigrants to access reproductive health care
- Advancing democracy
- Anti-discrimination ordinance for employees: gender identity
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PROCLAIMING LOCAL VALUES
- Opposition to deceptive practices of anti-abortion pregnancy centers
- Support for abortion coverage, including the EACH Act
- Pro-choice stance on state or federal legislation or ballot initiatives
- Support for anti-discrimination

SAN ANTONIO ★★★★★
Bexar County, Texas

$52,455
Median income 2015-2019

$72,291
Annual costs, family of 4 2018

37% of city funds spent on Policing

293 Incarcerations per 100,000 residents, 2018*

6.6 Infant mortality per 1,000 live births, 2015-2017*

N/A Maternal mortality per 1,000 live births

64.2% Latino or Hispanic origin (of any race)

3% Two or more races

6% Some other race

80.3% White

0.8% American Indian and Alaska Native

7% Black or African American

Support for pregnant and parenting youth

Support for abortion coverage, including the EACH Act

Support for anti-discrimination
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KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data

SAN DIEGO
San Diego County, California

$79,673 Median income 2015–2019
$97,547 Annual costs, family of 4 2018
34% of city funds spent on Policing
260 Incarcerations per 100,000 residents, 2018*

1,423,851 Population 2019

93| National Institute for Reproductive Health | localrepro.nirhealth.org
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ST. LOUIS ★★★★★

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ST. LOUIS, Missouri

$43,896 Median income 2015-2019
$79,010 Annual costs, family of 4 2018
27% of city funds spent on Policing
561 Incarcerations per 100,000 residents, 2018

300,576 Population 2019

- 46.5% White
- 2.4% Two or more races
- 0.9% Some other race
- 0.3% American Indian and Alaska Native
- 0.1% Native Hawaiian or Other Pacific Islander
- 3.4% Asian
- 46.4% Black or African American
- 4% Latino or Hispanic origin (of any race)

KEY:
- Yes
- Limited
- Preempted
- Data not available
- County-level data

9.8 Infant mortality per 1,000 live births, 2008-2019
Infant mortality by race:
White 4.4
Black or African American 13.5
N/A = Data not available

N/A Maternal mortality per 100,000 live births

97 | National Institute for Reproductive Health | localepro.nirhealth.org
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METHODOLOGY AND SCORING

NIRH has identified 34 specific policy or programmatic “indicators” by which we evaluate each of the cities and counties. Each indicator is assigned a point value.
The 2021 Local Index covers 50 cities and counties. NIRH has identified 34 specific policy or programmatic “indicators” by which we evaluate each of the cities and counties, all of which fall within six broader issue 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 our partner organizations, and the work of allied social justice movements.

It is important to note that while this report is informed by the reproductive justice framework, the indicators and Model City do not encompass all of the issues that would be 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.

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 whenever possible with partner organizations, other community-based organizations, departments of health, school districts, and city and county officials 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 Local 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 Local Scorecards are based on the sum of this work.
THE INDICATORS

Each indicator is assigned a point value. Most indicators are valued at one point. A small number are valued at two points, reflecting some combination of the following: the impact on abortion access and reproductive health, a degree of rarity among cities, and/or the investment required to pass and implement.

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<table>
<thead>
<tr>
<th>INDICATOR</th>
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<td>Funding for community-based organizations to provide CSE</td>
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A city’s score is determined using an equation that weights 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 or program related to the indicator in place.
- **No**: A city or county does not have a policy or program related to the indicator in place.
- **Limited**: A city has taken some steps toward 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, 2020. 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.
ACKNOWLEDGMENTS

NIRH would like to thank the many staff members who contributed to this report. Special acknowledgments go to Jenny Dodson Mistry, Lorhen Gomez-Alvarez, and Hunter Stewart. NIRH received support from the following organizations in establishing our framework in previous years, and their resources continue to inform this edition of the Local Index: A Better Balance, Advocates for Youth, All* Above All, Bold Futures, CityMatCH, FairVote, the Fight for $15, the National Latina Institute for Reproductive Justice, RepresentWomen, Sex Workers Outreach Project (SWOP) USA, and Sex Workers Outreach Project (SWOP) Behind Bars. Finally, we applaud the achievements of local leaders, advocates, and community members who have worked tirelessly for decades to create the thriving cities we were inspired to learn about throughout the course of this research. That especially includes the following individuals and organizations, who generously provided assistance and expertise in researching this report.

Arizona
• Pro-Choice Arizona

California
• ACCESS Reproductive Justice
• Planned Parenthood Northern California
• Planned Parenthood of Mar Monte

Colorado
• Cobalt
• Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

Connecticut
• Health Equity Solutions
• NARAL Pro-Choice Connecticut
Florida
  • Florida National Organization of Women (NOW)

Georgia
  • Amplify GA

Illinois
  • Chicago Abortion Fund
  • EverThrive Illinois

Kentucky
  • Kentucky Health Justice Network
  • Planned Parenthood Alliance Advocates

Louisiana
  • Lift Louisiana

Maryland
  • NARAL Pro-Choice Maryland
  • Reproductive Justice Inside (RJI)

Massachusetts
  • NARAL Pro-Choice Massachusetts
  • Planned Parenthood League of Massachusetts

Minnesota
  • Whole Woman’s Health Alliance

Mississippi
  • Converge

Missouri
  • NARAL Pro-Choice Missouri

Montana
  • Planned Parenthood of Montana

Nebraska
  • CityMatCH

Nevada
  • Planned Parenthood of the Rocky Mountains
New York
• Caitlin Hogan
• Mary Badame

North Carolina
• NARAL Pro-Choice North Carolina

North Dakota
• Red River Women’s Clinic

Ohio
• NARAL Pro-Choice Ohio

Oregon
• Northwest Abortion Access Fund (NWAAF)

Pennsylvania
• ACLU of Pennsylvania
• Philadelphia/Delaware County Women’s Center

Tennessee
• Healthy and Free Tennessee
• SisterReach

Texas
• ACLU of Texas
• TEA Fund

Utah
• Family Planning Elevated
• Planned Parenthood Association of Utah

Virginia
• Birth in Color RVA
• Shift Stigma

Washington
• Legal Voice
• NARAL Pro-Choice Washington

West Virginia
• WV FREE

Wisconsin
• Planned Parenthood of Wisconsin
• Wisconsin Alliance for Women’s Health
CITATIONS


6 Black and Pacific Islander infants are born prematurely at an exponentially higher rate than white infants, and while Black residents account for only 4% of all San Francisco births, Black birthing people account for half of all maternal deaths and 15% of infant deaths. “Mayor London Breed Announces Launch of Pilot Program to Provide Basic Income to Black and Pacific Islander Women During Pregnancy.” News Releases. Office of the Mayor, September 14, 2020. https://sfmayor.org/article/mayor-london-breed-announces-launch-pilot-program-provide-basic-income-black-and-pacific.


8 For more information on how to address toxic chemicals in skin lightening creams, see The Beautywell Project at https://thebeautywell.org/.


