



#### **LOCAL LANDSCAPE**

Population, 2016: 673,184 Median income, 2015: \$55,777 Annual costs (family of 4), 2014: \$85,793 Number of abortion clinics: ≥ 6 Number of Title X clinics: 8 Number of SBHCs: 6 Number of CPCs: ~ 2

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

## **PROTECTING ABORTION CLINIC ACCESS**



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

## **FUNDING** AND COVERAGE **FOR REPRODUCTIVE HEALTH CARE**



- Funding for sexuality education

### **SUPPORTING YOUNG PEOPLE**



- and parenting youth
- Sexuality education policy: Comprehensive sexuality education
- Reproductive health care in school-based health centers

#### **SUPPORTING FAMILIES**



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

## **ADVANCING INCLUSIVE POLICIES**



Anti-discrimination ordinance for municipal employees on:

- Reproductive health decisions
- Gender identity
- Pregnancy

Anti-discrimination ordinance for all employees on:

- **X** Reproductive health decisions
- ✓ Gender identity
- Pregnancy

### **TAKING A STAND**

Resolution passed on:



- Support for antidiscrimination policies
- Opposition to crisis pregnancy centers
- Support for abortion coverage
- **X** Pro-choice stance on legislation or ballot initiatives
- ▼ Opposition to sex-selective abortion bans

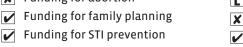
KEY

✓ Yes X No

L Limited

P Preempted

N/A Data not available \* County-level data



Municipal insurance coverage of abortion

# SPOTLIGHT: Youth-Led Advocacy for Sexuality Education

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

