

Priorities for Mayor Bill de Blasio

Planned Parenthood of New York City (PPNYC) works with New Yorkers to ensure that they have the information, tools, and services they need to make the best decisions for themselves and their families when it comes to their sexual and reproductive lives. At a historic moment of transition in our administration, the city can take important steps to address inequities in sexual and reproductive health care access and among women, men, and young people.

Leading for Our Communities

STUDENTS IN PUBLIC SCHOOLS

While New York City has a mandate requiring middle and high schools to offer at least one semester of comprehensive sex education, dedicated efforts are still needed to ensure across-the-board implementation. Currently, whether a student receives sex education is dependent on a principal's interest and the school's capacity to teach a sex education class. In addition to offering sex education, schools serve as key entry points for young people to access health care and services they need to stay in school, particularly if they are pregnant or parenting.¹ The successes of school-based health centers (SBHCs), the Connecting Adolescents to Comprehensive Healthcare (CATCH) Program, the Living for the Young Family through Education (LYFE) Program, and the recently eliminated School-based Treatment and Education Programs for Urban Populations (STEP UP) Program have helped to meet the sexual and reproductive health needs of young people.^{2,3} Without access to comprehensive education and services, young people in New York City do not always get the medically accurate information and support of caring adults they need to make decisions about sexual and reproductive health. PPNYC calls upon the new administration to:

- Ensure continued implementation of the sex education mandate in middle and high schools by augmenting teacher training and incorporating a principal-accountability measure for implementation.
- Increase the number of school-based health centers, supporting initial capital as well as operational costs until they become self-sufficient.
- Expand the Connecting Adolescents to Comprehensive Healthcare (CATCH) Program.
- Increase accessibility of the Living for the Young Family through Education (LYFE) Program for pregnant and parenting young people to continue their education.
- Restore funding for School-based Treatment and Education Programs for Urban Populations (STEP UP) for on-site sexually transmitted infection (STI) screening and treatment.

¹ School-Based Health Centers. (2013). New York City Department of Education. <http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm>

² Laney, K., Giles, D., Bowles, J. (2013). Innovations to Build On. Center for an Urban Future. <http://nycfuture.org/research/publications/innovations-to-build-on/P1>

³ NYC DOE Failing Pregnant, Parenting Students. New York Civil Liberties Union. <http://www.nyclu.org/content/nyc-doe-failing-pregnant-parenting-students>

WOMEN IN THEIR TWENTIES AND UNINTENDED PREGNANCY

Thanks to many years of successful initiatives targeting teen pregnancy and wider availability of contraception, unintended pregnancy among adolescents has dropped 30% in the last decade.⁴ However, unintended pregnancy among women between the ages of 20-29 remains high.⁵ Despite the wider availability of contraception, misconceptions, distrust, and stigma associated with contraception remain. Thanks to the Affordable Care Act (ACA), birth control, including long-acting reversible contraception (LARC) such as IUDs and contraceptive implants, are available with no co-pay. The proven effectiveness, discreet nature and relatively low maintenance of LARC make their use ideal for many individuals. These benefits offer a rationale for encouraging the wider availability of LARC to afford women in New York City an even greater opportunity to decide whether and when to become parents. PPNYC calls upon the administration to:

- Invest in public education and reduce the stigma associated with contraception and increase the availability of LARC to all women, particularly to women in their twenties.
- Coordinate efforts with the New York City IUD Task Force to increase the cadre of trained providers as well as minimize financial and other barriers to improve access.

CUNY STUDENTS

At a time when New York City has the widest income gap of any U.S. city, and when women and people of color continue to earn lower wages and are at higher risk for living in poverty, the role of the City University of New York (CUNY) as a gateway to a quality education and economic security for all New Yorkers could not be more important.⁶ Educating almost 540,000 students in 24 campuses across New York City, CUNY plays a significant role in training the workforce of the five boroughs. Connecting more than half a million New Yorkers not only to a world-class education but also to the support system necessary to complete that education must be a priority for Mayor de Blasio. It has been well documented that both two-year and four-year institutions of higher education play an important role in connecting students to a wide range of services, including health services.⁷ CUNY must expand the sexual and reproductive health services currently provided by individual campuses across the city. The ACA now affords young people increased access with no co-pay to preventive health services, including birth control and other sexual and reproductive health services. PPNYC urges the administration to:

- Ensure that all CUNY students are able to obtain confidential sexual and reproductive health care on-site and/or in close partnerships with external providers.

⁴ New York City Department of Health and Mental Hygiene (2013). Health Department Data Shows Steady Decline In Teen Pregnancy Rate. <http://www.nyc.gov/html/doh/html/pr2013/pr012-13.shtml>

⁵ Zolna M., Lindberg, L. (2012). Unintended Pregnancy: Incidence and Outcomes Among Young Adult Unmarried Women in the United States, 2001 and 2008. Guttmacher Institute. <http://www.guttmacher.org/pubs/unintended-pregnancy-US-2001-2008.pdf>

⁶ Diaz, V. (2013). New York City Has Widest Income Gap According to American Communities Survey. Colorlines Magazine. http://colorlines.com/archives/2013/09/new_york_has_widest_national_income_gap_according_to_american_community_survey.html

⁷ Prentice, M., Storin, C., Robinson, G. (2012). Make it Personal: How Pregnancy Planning and Prevention Helps Students Complete College. American Association of Community Colleges. http://www.aacc.nche.edu/Resources/aaccprograms/horizons/Documents/mipcc_dec2012.pdf

YOUNG PEOPLE IN FOSTER CARE

Young New Yorkers living in foster care and those transitioning out often lack access to comprehensive sex education, counseling, and health services. Youth in foster care face unintended pregnancy and sexually transmitted infections at rates almost double those living outside the system.⁸ Too frequently, child welfare agencies do not have adequate services in place to prevent these outcomes. Young people in foster care whose parents or caregivers are incarcerated, have been deported or are in detention, and/or young people who are LGBTQ, face a range of additional challenges. Starting January 1, 2014, the ACA requires all states to extend Medicaid eligibility up to the age of 26 to foster care youth who received Medicaid by the age of 18 and have “aged out” of care. At least 9,000 New York State residents 18 to 26 years old qualify for this extension.⁹ This change presents an ideal moment to renew a commitment to the health of young people served by the foster care system. PPNYC calls upon the new administration to:

- Ensure that the Administration for Children’s Services (ACS) and its foster care agencies are adequately trained in comprehensive sexual and reproductive health information and are able to connect clients to reproductive health providers.
- Develop a program for young people who are both in and transitioning out of the foster care system. The support system should include comprehensive sex education, access to birth control, and connection to reproductive health care and supportive parenting role models.
- Ensure that young people in foster care who are pregnant have access to stable housing before and after childbirth, and that young mothers are placed in the same foster home as the children who may have been removed from their care.¹⁰
- Prioritize school attendance and graduation for all young people in foster care, including young parents.¹¹

HOMELESS NEW YORKERS

There are more than 52,000 people in homeless shelters in New York City, including about 22,000 children.¹² Women comprise more than one-third the adult sheltered homeless population, though they represent 81% of the adults who become homeless with children.¹³ A census conducted by the Empire State Coalition and released by the New York City Council in 2008 found that every night 3,800 unaccompanied young people between the ages of 16 and 24 were without stable housing and were at risk of homelessness, yet there are fewer than 200 beds for homeless youth.¹⁴ LGBTQ youth are eight times more likely to experience homelessness than heterosexual youth. As Mayor

⁸ Mastin, D, Metzger, S, Golden, J. (2011). Foster Care and Disconnected Youth: A Way Forward for New York. The Children’s Aid Society. http://www.childrensaidsociety.org/files/upload-docs/report_final_April_2.pdf

⁹ Former foster care youth 18-21 were eligible for the Medicaid extension under the Chafee Amendment. They will be converted to this new benefit under the Affordable Care Act. For more information on the Medicaid extension to former foster care youth, visit. (see The Schuyler Center for Analysis and Advocacy at www.scaany.org.)

¹⁰ Center for New York City Affairs. The New School (2010-2011). In Transition: A Better Future for Youth Leaving Foster Care. Child Welfare Watch. Vols 19 & 20. http://www.newschool.edu/milano/nyc affairs/documents/CWW_Vols19and20_In_Transition.pdf

¹¹ *Ibid.*

¹² The New York Times. (2013). Battling Homelessness in New York City. <http://www.nytimes.com/2013/12/14/opinion/battling-homelessness-in-new-york-city.html? r=0>

¹³ The Urban Initiative for Reproductive Health. (2009). Improve Reproductive Health Services for Homeless Women. National Institute for Reproductive Health. <http://www.urbaninitiative.org/SiteContent/Static/Docs/AgendaCh11Homeless.pdf>

¹⁴ Ali Forney Center. (2014). <http://www.aliforneycenter.org/>

de Blasio strives to address homelessness, the next administration must recognize and incorporate sexual, reproductive and maternal health issues. PPNYC calls upon the new administration to:

- Support programs that utilize mobile medical units to reach women and youth who are homeless.¹⁵
- Ensure that quality sexual, reproductive and maternal health care and referrals are incorporated into shelter services.¹⁶
- Ensure that shelter services meet the needs of transgender clients.
- Invest in the needs of homeless youth and especially the needs of homeless LGBTQ young people by expanding youth-specific housing and transitional services.¹⁷

INCARCERATED INDIVIDUALS IN NEW YORK CITY

The New York City Department of Health and Mental Hygiene aims to ensure that incarcerated individuals receive comprehensive, high-quality medical care. However, significant barriers exist in keeping individuals who are incarcerated, including the more than 800 women on Rikers Island, connected to sexual and reproductive health services when they return to their communities. In addition, housing in New York City correctional facilities remains segregated by anatomy rather than by an individual's gender identity, making correctional facilities particularly hostile environments for trans* and gender-non-conforming New Yorkers. PPNYC calls upon the new administration to:

- Ensure that health care providers and educators delivering care and services to individuals who are incarcerated or detained in New York City are well trained in meeting the sexual and reproductive health needs of this population, including their need for post-incarceration services.
- In accordance with directives set out by the Prison Rape Elimination Act (PREA), work with the Department of Corrections (DOC) to create facilities that specifically meet the needs LGBTQ individuals who are incarcerated. Additionally, ensure that decisions about where trans*, intersex, or gender-non-conforming people are housed be made on a case-by-case basis rather than on the basis of a person's anatomy or gender assigned at birth.¹⁸

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ The Ali Forney Center. (2012). The Campaign for Youth Shelter.

<http://www.aliforneycenter.org/index.cfm?fuseaction=cms.page&id=1014>

¹⁸ National Center for Transgender Equality. (2012). LGBT People and the Prison Rape Elimination Act.

<http://www.prearesourcecenter.org/sites/default/files/library/preajuly2012.pdf>

Leading on the Issues

PROTECTING AND STRENGTHENING THE HEALTH CARE SAFETY NET

Despite the vastly expanded coverage that the ACA affords, there will remain significant populations that are either excluded or unable to obtain coverage. Reasons include the need for confidential services, immigration status and lack of affordability. These populations will continue to rely on safety net health care providers, including family planning providers, for access to health care and key preventive services. PPNYC calls upon the new administration to:

- Continue to fund and support safety net providers who serve New Yorkers regardless of their ability to pay.
- Invest in innovative services and models to reduce infant and maternal mortality and illness. These include improved access to prenatal care, community doula programs, and an investment in community-based interventions to address health and wellness for women who choose to become parents.¹⁹
- Ensure that immigrants, whether or not they qualify for health insurance via the Affordable Care Act, are able to access affordable, quality health care in their language and in their communities.

WOMEN AND HIV

More women in New York are living with HIV than in any other state.²⁰ Ninety-three percent of new HIV diagnoses among New York City women among African American and Latina women. Rates of women living with HIV are significantly higher in Brooklyn and the Bronx than in other boroughs.²¹ At the same time, city, state, and federal sources have shifted funding in HIV services away from prevention. While there are many competing needs when it comes to best serving New Yorkers impacted by HIV, more funding is needed for HIV prevention services for HIV-negative individuals at increased risk and for supportive programs for those who are HIV-positive. PPNYC calls upon the new administration to:

- Protect case management and supportive services for women of color living with HIV/AIDS. These services should address the social and environmental factors that are obstacles to obtaining adequate care and treatment for medical issues, mental health, and substance abuse.
- Invest in community-based HIV & STI prevention services for high-risk, HIV-negative individuals, including women and men (beyond men who have sex with men) with substance use, sexual risk-reduction and housing challenges. Services should include STI screening and treatment, evidence-based behavioral interventions and individual-level risk reduction counseling.

¹⁹ Walker, D., Worrell, R. (2008). Promoting Healthy Pregnancies Through Perinatal Groups: A Comparison of CenteringPregnancy® Group Prenatal and Childbirth Education Classes. *Journal of Perinatal Education*. 17(1). 27-34.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430324/>

²⁰ New York State Department of Health. (2011). Nearly 40,000 Women in New York Living with HIV/AIDS, More than Any Other State.
http://www.health.ny.gov/press/releases/2011/2011-03-09_hiv_women_awareness_day.htm

²¹ Mason, C. N., Salas, D., Ebanks, J., Browser, K. (2013). Economic and Security Well-Being Index for Women in New York City. New York Women's Foundation. <http://www.nywf.org/wp-content/uploads/2013/04/New-York-Womens-Foundation-Report.pdf>

END THE USE OF CONDOMS AS EVIDENCE OF PROSTITUTION

PPNYC applauds the work that New York City has done to distribute condoms as an effective and accessible form of contraception and protection from sexually transmitted infections and HIV, setting a public health standard nationally. Despite this progress, individuals carrying condoms, if stopped by the police, can have their condoms confiscated, and these condoms can then be introduced as evidence of prostitution. Individuals who are involved in the sex trades, or are profiled as being so, report that they are more likely to be arrested if they carry condoms. Police officers regularly confiscate condoms from people they allege are engaged in prostitution to justify arrests or to use as evidence in trials.²² Individuals who carry and use condoms to protect themselves from pregnancy, HIV, and sexually transmitted infections should not have to fear that condoms will be used as evidence against them. PPNYC calls upon the new administration to:

- Ensure that the New York Police Department no longer confiscates condoms during an arrest.

Planned Parenthood of New York City looks forward to working with the new administration and other advocates to protect and advance sexual and reproductive health information, care and access. At PPNYC, we say that we provide “Care. No matter what.” We would like to see this ethic writ large throughout the city. At a time when reproductive health is being rolled back across the United States, Mayor Bill de Blasio has a unique and important opportunity to lead for not only the five boroughs of New York City, but for the state and the nation.

²² End the Use of Condoms as Evidence of Prostitution. (2013).
<http://www.nocondomsasevidence.org/>