

# FEDERAL AND STATE RECOMMENDATIONS

Cities and counties have the ability to address reproductive, sexual, and maternal health challenges with innovative local solutions. However, federal funding and complementary policies are needed to improve the ability of urban communities to address their own health challenges. The following section highlights key recommendations for the federal and state governments to improve the reproductive, sexual, and maternal health of urban areas.

## FEDERAL RECOMMENDATIONS

As the population of the United States concentrates more and more in metropolitan areas, federal policy decisions have a growing impact on urban areas. This is particularly true with respect to reproductive health policy; city fertility rates are higher than the national average, and women living in metropolitan areas are more likely to be of reproductive age. Numerous federal laws, programs, and agencies directly and indirectly support and affect the reproductive health of urban residents. However, political ideology plays a significant role in shaping policy decisions regarding reproductive health. During the George W. Bush administration, conservative ideology and religious doctrine drove policy and spending determinations related to reproductive and sexual health. For example, millions of dollars were spent on abstinence-only education despite numerous studies documenting how the programs were not effective in reducing risky sexual behavior among youth. The Obama administration has announced a commitment to promote evidence-based programs as the standard for fiscal support and policy intervention, signaling a return to prioritizing science over politics when it comes to reproductive health. Under President Obama's leadership, there is a new opportunity at the federal level to effect positive change on reproductive, sexual, and maternal health in urban communities.

## WE CALL ON THE OBAMA ADMINISTRATION AND CONGRESS TO:

### **Address reproductive, sexual, and maternal health through the White House Office of Urban Affairs.**

Recognizing that metropolitan areas in the United States continue to grow in both proportion of population and economic output,<sup>1</sup> on February 19, 2009, President Barack Obama signed an Executive Order establishing the first White House Office of Urban Affairs (the Office). The mission of the Office is to create an urban policy agenda and coordinate the efforts of various federal departments affecting urban America,<sup>2</sup> including the Departments of Health and Human Services, Labor, Transportation, and Housing and Urban Development, the Environmental Protection Agency, and the Small Business Administration. In order to realize this mission, the Office will reach out to officials and non-profit organizations at the state and local levels.<sup>3</sup>

- We urge the Office to meet with reproductive, sexual, and maternal health advocates, researchers, and local public health officials for input on how to effectively coordinate executive departments and agencies on urban reproductive health issues.
- We urge the Office to prioritize reproductive, sexual, and maternal health in its national urban policy agenda and when coordinating policy efforts among federal agencies.

**Provide funding directly to urban areas to produce evidence-based models that can benefit communities across the United States.** The federal budget is a critical source of funding for local reproductive, sexual, and maternal health programs and service providers. Without adequate support from federal programs, such as the Title X Family Planning program, many cities are hindered in what they can provide to uninsured and underinsured residents.

Urban areas are home to established and motivated local advocates, elected officials, and public health departments that are either already implementing or are poised to pilot innovative solutions to address current reproductive, sexual, and maternal health challenges. Many of these challenges require immediate action.

Providing direct funding to cities, counties, and local health departments will enable localities to address the disproportionate burden of adverse reproductive, sexual, and maternal health outcomes experienced in urban areas. Funding urban areas to pilot programs will also produce

and add to the pool of evidence-based strategies, which in turn will support the replication of sustainable and effective policies throughout the United States. Creating new funding opportunities for advocates and local officials in urban areas will enhance critical efforts to effect change that are ongoing and already supported by funding streams focused at the regional or state level.

- We urge Congress to authorize new funding available to advocates and cities and counties to support the development and implementation of evidence-based and promising local programs aimed at improving reproductive, sexual, and maternal health in urban areas.
- We urge Congress to work with local officials and advocates in each region representing various metropolitan areas to ensure that the eligibility guidelines for these funds do not exclude urban areas that serve as regional hubs but may not meet traditional urban definitions.

## STATE RECOMMENDATIONS

Every state has at least one metropolitan area, and 83% of the U.S. population lives in one of these metropolitan areas.<sup>4</sup> Even when the bulk of their landmass is rural, states should recognize through their policies and programs the critical role that their metropolitan areas play in the provision of reproductive health services and education.

State policy affects the health of urban residents. For example, decisions regarding the distribution of funds authorized by state health departments impact the ability of localities to address the particular reproductive, sexual, and maternal health challenges unique to their communities. Resources made available through state programs often give localities the discretion to tailor the services they provide to meet unique local needs.

## WE CALL ON STATE GOVERNMENTS TO:

**Prioritize urban reproductive, sexual, and maternal health issues within state health agencies.** Urban centers often act as hubs for a state's reproductive, sexual, and maternal health care services, making urban health policy critical to the overall health of urban and non-urban residents alike. For states with multiple metropolitan areas, coordination on urban health issues across cities is critical to developing consistent priorities and strategies within state borders. In coordinating with local elected officials, public health departments, health care providers, and advocates from multiple urban areas, state agencies can identify and tackle those reproductive, sexual, and maternal health issues that impact the majority of the state's residents.

- We urge states to establish commissions with the purpose of developing recommendations and priorities for addressing urban reproductive, sexual, and maternal health issues at the city, county, and state levels.
- We urge states with fewer urban areas to designate leaders within agencies to coordinate urban reproductive, sexual, and maternal health priorities in state policies and programs.

**Empower localities to formulate solutions to address their local reproductive, sexual, and maternal health challenges by providing funding and flexibility on local governance.** Local governments, health departments, and advocates have particular expertise on the health challenges their communities face. Furthermore, localities respond to the immediate needs of their residents by providing critical safety net services.

While localities clearly play an enormous role in providing reproductive, sexual, and maternal health care to their own and surrounding residents, these responsibilities are particularly challenging given the lack of options for local governments to generate funds and levy taxes.<sup>5</sup>

- We urge states to target funds to support innovative reproductive, sexual, and maternal health solutions in cities and counties that will address disparities and benefit overall state health. These solutions should either be evidence-based or build on best practices that have a strong evaluation plan.
- We urge states to further empower localities to improve the health of their communities and strengthen the urban health infrastructure by authorizing localities to raise revenue to support the provision of reproductive, sexual, and maternal health services.

## POWER TO ENACT LOCAL LEGISLATION

Home rule refers to a delegation of power to enact local laws or policies from the state to subordinate governmental entities, such as counties or cities. Home rule authority in some states is governed by the state constitution and in others by statute. Today, almost every state provides for some form of home rule.

Home rule laws vary widely in the scope of power they delegate to local governments. The focus of home rule power is generally on local issues that primarily or exclusively affect local residents. For example, home rule laws might establish the right of local governments to choose the form of their local government or grant authority to tap into local revenue sources.

The ability of local governments to enact laws or policies pursuant to their home rule authority is not without limits. For example, local governments cannot rely on their home rule power to adopt laws or policies that directly conflict with state or federal law. In addition, in some instances the state's governance of a specific area precludes the exercise of home rule authority in order to ensure uniform regulation of the law throughout the state. In situations in which state and local governments disagree about the boundaries of home rule authority, it is usually up to the state courts to resolve the issue. In those cases, most courts determine that any reasonable doubt over the delegation of a power should be resolved in favor of it being reserved by the state.

Local advocates and officials should consider whether home rule offers opportunities to create and advance progressive policies.

## ENDNOTES

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- 1 Jennifer Bradley, "MetroPolicy for a MetroNation" (Washington, DC: The Brookings Institute, 2008), [http://www.brookings.edu/papers/2008/06\\_metropolicy\\_bradley.aspx](http://www.brookings.edu/papers/2008/06_metropolicy_bradley.aspx) (accessed July 11, 2009).
- 2 The White House, "Executive Order: Establishment of the White House Office of Urban Affairs" (February 19, 2009).
- 3 The White House, "Executive Order: Establishment of the White House Office of Urban Affairs" (February 19, 2009).
- 4 The Brookings Institute, "Blueprint for American Prosperity: What is a Metropolitan Area?" (2009), <http://www.brookings.edu/projects/blueprint/mymetro.aspx> (accessed July 28, 2009).
- 5 National Association of Counties, *Counties' Role in Health Care Delivery and Financing* (Washington, D.C.: National Association of Counties, July 2007), [http://www.naco.org/Template.cfm?Section=New\\_Technical\\_Assistance&template=/ContentManagement/ContentDisplay.cfm&ContentID=24263](http://www.naco.org/Template.cfm?Section=New_Technical_Assistance&template=/ContentManagement/ContentDisplay.cfm&ContentID=24263) (accessed April 12, 2009).



## The Urban Initiative for Reproductive Health is a program of the National Institute for Reproductive Health (National Institute).

The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

[www.UrbanInitiative.org](http://www.UrbanInitiative.org)  
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