We agree with the recent AJPH Perspectives piece by Gubrium et al. in response to Northridge and Coupey’s column on long-acting reversible contraception (LARC) and reproductive health equity. Northridge and Coupey’s recent response acknowledges that they see LARC as one component of a larger social justice agenda. However, both the initial piece and the response to Gubrium et al. fail to locate LARC within the context of sexual and reproductive justice. As Gubrium et al. discuss, the Reproductive Justice framework, created by African American women in 1994, illuminates the history of reproductive coercion experienced by women of color—not only by male partners (as highlighted by Northridge and Coupey), but also by institutions—and centers the right to bodily autonomy in sexual and reproductive health. Reflections on barriers to contraception should thus acknowledge how structural racism and poverty drive health disparities. Omitting this history, even unintentionally, contributes to the silencing of communities that have experienced sexual and reproductive oppression.

In response to these concerns, the DOHMH set forth to engage a diverse array of community stakeholders and reproductive justice advocates and established a community engagement group. The community engagement group provided feedback on the campaign, and the DOHMH made changes to better align it with a Sexual and Reproductive Justice framework (we modified the term to reflect the importance of justice and bodily autonomy across the spectrum of human sexuality). We were successful in articulating this framework in the press coverage the campaign received, making the story about the “Maybe the IUD” campaign a story about increased access to all contraceptive methods and Sexual and Reproductive Justice.5,6

The DOHMH and community partners are now on a journey together—building trust, learning from each other, keeping open minds, and finding common ground. The partnership is driven by our shared commitment to promoting communities’ rights to exercise bodily autonomy and access resources needed to make informed decisions about sexual and reproductive health. We hope our work can inspire others to take a similar approach.

Lynn Roberts, PhD
Deborah Kaplan, DrPH, MPH, R-PA

On behalf of the Sexual and Reproductive Justice Community Engagement Group and the New York City Department of Health and Mental Hygiene

ABOUT THE AUTHORS
The authors, listed in the acknowledgement, are from the NYC Department of Health and Mental Hygiene (DOHMH) and the Sexual and Reproductive Justice Community Engagement Group (CEG). The CEG is comprised of representatives from a diverse group of citywide and community-based agencies including the DOHMH.

CORRESPONDENCE should be sent to Deborah L. Kaplan, Assistant Commissioner, Bureau of Maternal Infant and Reproductive Health, New York City Department of Health and Mental Hygiene, 42-09 28th Street, CN-10, Queens, NY 11101-4132 (e-mail: dkaplan@health.nyc.gov). Reprints can be ordered at http://www.ajph.org by clicking the “Reprints” link.

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CONTRIBUTORS
M. T. Bassett originally conceptualized the idea for this piece. D. L. Kaplan, L. Roberts, S. P. Roberts, and A. B. Steinberg contributed to the design and writing of the piece. A. B. Steinberg was also responsible for outreach to other contributors. F. Diaz-Tello contributed to revision of the piece. The remaining contributors, all of whom have participated in the work reflected in the piece, reviewed the piece and approved the final version.

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Mary T. Bassett is with the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), New York, NY. Deborah L. Kaplan, Sarah P. Roberts, Alyyna B. Steinberg, Alzen Whitten and Jacqueline Quinones-Lugo are with the Bureau of Maternal, Infant, and Reproductive Health, NYC DOHMH. Lynn Roberts is with the Department of Community Health and Social Sciences, City University of New York Graduate School of Public Health and Health Policy, New York. Farah Diaz-Tello is with the National Advocates for Pregnant Women, New York. George Askew and Krystal S. Reyes are with the Division of Family and Child Health, NYC DOHMH. Aletha Maybank and Kshusha Sewastava are with the Center for Health Equity, DOHMH. Vivian Cortes is with New York City Teens Connection, NYCDOHMH. Gabriela S. Betancourt is with the Latino Commission on AIDS, New York. Vicki Breithart is with the Health Advocacy Program, Sarah Lawrence College, Bronxville, NY. Nicole Clark is with Nicole Clark Consulting, LLC, Brooklyn, NY. Cecilia Gustein is with the Violence Intervention Program, New York. Kayhan Irani is with Artivist/Story Lab, New York. Debra Lesane is with Caribbean Women’s Health Association, Brooklyn. Zului Queen Benu Ma’at is with Phoenix Queens of the Nation: Wisdom Born Zului Chapter 29, Bronx, NY. Renee McConney is with The Door—a Center of Alternatives, Inc, New York. Adrienne Mercer is with the Federation of County Networks, New York. Chanel L. Personia-Albert is with Ancient Song Doula Services, Brooklyn. Estelle Raboni is with the Morris Heights Health Center, Bronx. Gabriela Gutierrez, Paloma

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We endorse the “Reproductive Justice” framework that Commissioner Bassett and her colleagues use in their important reproductive health initiatives in New York City, to which we contributed. In fact, we have collaborated with the New York City Department of Health and Mental Hygiene (DOHMH) through our work with the Society for Adolescent Health and Medicine. Moreover, we stand in solidarity with the DOHMH’s desire to advance the health and well-being of the communities we serve.

In our editorial1 and in this response, our aim was to promote reproductive health equity for all adolescents regardless of race/ethnicity and socioeconomic status. Adolescents of all races/ethnicities and income brackets have more barriers to access long-acting methods of contraception compared with adult women.

As we stated in our initial editorial, “All young people deserve every opportunity we can afford them as a society to pursue healthy and meaningful lives.” 1(p1284)

REFERENCES