



**ABORTION PRACTICAL SUPPORT FUND
ANNUAL EVALUATION
JANUARY 2025**

**Prepared by,
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“A healthier California where all receive equitable, affordable, and quality health care”

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Background

Abortion access has been an ongoing battle in the United States. The landmark decision of *Roe v Wade* in 1973 ensured federal protections for the right to abortion before viability across all 50 states. Since *Roe*, however, access to abortion has faced many restrictions at the state and federal levels. The United States Supreme Court's decision in *Dobbs v Jackson Women's Health Organization* overturned *Roe v Wade* in 2022, rescinding federal protection of abortion before viability and enabling states to institute bans and restrictions on abortions.

As a Reproductive Freedom state, California continues to pave the way for reproductive rights. The state has taken steps to safeguard abortion care access, and offer protection for and care compensation to abortion care providers.¹ Abortion access depends not only on abortion care seekers having the resources to pay for abortion care, but also on their ability to find and get to care (e.g., transportation and accommodations) and to navigate the logistics of obtaining care (e.g., missed time at work, childcare). These aspects of abortion access are commonly referred to as practical and logistical needs. Nationally, the majority of people who have abortions are low-income², meaning that many abortion care seekers face significant challenges in meeting their practical and logistical needs related to abortion care.

The 2022-23 California State Budget appropriated funds to establish an Abortion Practical Support Fund (hereafter "Fund") at the Department of Health Care Access and Information (HCAI) to fund new or existing programs providing logistical and practical support to abortion seekers. (Hereafter, we refer to logistical and practical support collectively as "practical support.") The funds available (approximately \$20 million) are allocated for 5 years and granted through a competitive application process. Program support is granted for one year at a time, with the option for renewal. HCAI has partnered with Essential Access (EA) to administer the Fund and the Healthforce Center of the University of California, San Francisco (UCSF) to evaluate the Fund as described in [Health and Safety Code Sections 123451-123453](#) established by Assembly Bill 204 and Senate Bill 1142.

Practical support funds administered by abortion funds, abortion providers, and other community-based organizations have been critical in facilitating access to abortion

¹ Reproductive Rights | OSG. Accessed October 11, 2024. <https://osg.ca.gov/reprorights/>

² Jones RK, Chiu DW. Characteristics of abortion patients in protected and restricted states accessing clinic-based care 12 months prior to the elimination of the federal constitutional right to abortion in the United States. *Perspectives on Sexual and Reproductive Health*. 2023;55(2):80-85. doi:10.1363/psrh.12224

care.³ In the year post-Dobbs, a 39% increase in requests for support to access abortion care was reported among a network of more than 100 abortion funds.⁴ While there was a spike in donations to abortion funds and practical support organizations following the overturn of *Roe v Wade*, donations have waned, while the need has not diminished.⁴ Research is imperative to assess the effectiveness and impact of interventions supported by the Fund to increase access to abortion care in California.

Practical Support Fund Overview

Purpose

The Fund provides practical support to help facilitate access to abortion care. Practical support services include but are not limited to transportation, lodging, meals, abortion care doulas⁵, and child/elder care. The Fund also supports organizations with building or expanding capacity. The purpose is to ensure access and diminish barriers to abortion, abortion-related care, and sexual and reproductive health care.

Eligibility

According to state statute, applicants must be a California non-profit organization with active 501(c)3 status to be eligible for grant funds and assist or plan to assist abortion seekers with logistical and practical support. Organizations awarded funding determine their own client eligibility, if any.

Request for Proposals + Funding History To-Date

The first Request for Proposals (RFP) was released on April 19, 2023, and closed on May 19, 2023. The RFP was informed by a statewide Stakeholder Workgroup Essential Access convened and projects were awarded 12 months of fund support, most from July 1, 2023, through June 30, 2024. Two grantees received off-cycle awards, with their 12-month grants running from October 1, 2023, to September 30, 2024.

³ Section 123453 - Construction of this article to effectuate legislative intent to support access to abortion in California, Cal. Health & Saf. Code § 123453 | Casetext Search + Citator. Accessed September 18, 2024. <https://casetext.com/statute/california-codes/california-health-and-safety-code/division-106-personal-health-care-including-maternal-child-and-adolescent/part-2-maternal-child-and-adolescent-health/chapter-2-maternal-health/article-23-abortion-practical-support-fund/section-123453-construction-of-this-article-to-effectuate-legislative-intent-to-support-access-to-abortion-in-california>

⁴ Kaniper D. Critical Role of Abortion Funds Post-Roe. National Network of Abortion Funds. January 18, 2024. Accessed September 10, 2024. <https://abortionfunds.org/abortion-funds-post-roe/>

⁵ Abortion care doulas are trained individuals who provide physical and emotional support to a patient during their abortion.

Supporting Fund Recipients

As recipient organizations expanded or introduced practical support service provision, they benefited from the insights and experience of organizations with a longer history of providing practical support. Toward this end, Essential Access subcontracted with an organization that is a leading provider of practical support services in California to provide subject matter expertise and technical assistance. The subcontractor helped inform the RFP, reviewed applications, shared feedback on reporting requirements, and provided hands-on support to grantees. In Year 1, the subcontractor held drop-in calls to explain processes, support project implementation, and answer questions from grantees. They also facilitated virtual and in-person panels and discussions at grantee gatherings hosted by Essential Access. In Year 2, the subcontractor plans to hold webinars for grantees that cover specific practical support topics such as transportation, lodging, and childcare. In their end-of-year reports, grantees expressed gratitude for the support received from Essential Access and the subcontractor.

Practical Support Fund End-of-Year Reports

The first-year data covers the contract period from July 1, 2023, to June 30, 2024. As is common in data collection involving abortion seekers, because of the stigmatization of abortion and efforts to criminalize abortion, some data is missing or incomplete. This is typically due to abortion seekers declining to share demographic data or other potentially identifying data, leading to missing and incomplete demographic information. This applies to the client demographic information reported below.

Practical Support Fund Impact At-a-Glance

Overview

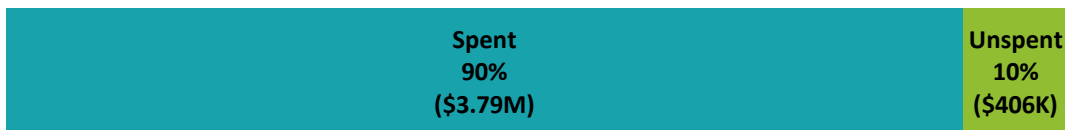
- Sixteen organizations received funds in Year 1 (2023-2024), 15 through the RFP and 1 as a direct subcontract from Essential Access.
- Recipient organizations ranged in size. The number of clients served annually (pre-Fund) ranged from single digits to 63,000.
- Prior to receiving funding and during the funding period, eight recipient organizations provided abortion care services. (four of the eight also received grants through the state's Uncompensated Care mechanism for the provision of abortion care.) The remaining eight solely provided support (practical and/or procedure funding) to abortion care seekers before receiving funds.
- Collectively, recipient organizations' services spanned all 58 California counties, although most served only a subset of counties.
- Eleven (69%) recipient organizations had their contracts renewed for Year 2 (2024-2025).

- Eleven recipient organizations’ funding cycles matched the dates for the Fund’s Year 1. Of the remaining five, one began their funding earlier; two had contract extensions; two started their funding period mid-Fund Year 1. The sections below are based on the end-of-year reports from the 12 recipient organizations that completed their Year 1 funding cycle on June 30, 2024.

Budget Overview

- Funding for the 12 recipient organizations whose funding cycle ended June 30, 2024, was originally budgeted at \$4,195,668.
- In Year 1, \$3,787,857 of the allocated budget was spent down, representing about 90% of the allocated budget (*Figure 1*).
- Breaking out by recipient organization, nine fully spent down their funds or had less than 13% of their granted funds unspent; three had 24% or more of their granted funds unspent at the end of the cycle. Two of the three with 24% or more unspent funds were organizations that were newly launching practical support services. They reported that uptake of these new services was slower than anticipated.
- Any unspent funds from Year 1 grantees will roll over to the Year 2 cycle for those grantees that were re-awarded.

Figure 1. Practical Support Fund Expenditures for Funds Awarded in Year One



Services Provided

- Fund support enabled recipient organizations to increase the number of clients served and the types of services offered. It also enabled some recipient organizations to grow their service area. Five reported that funding allowed them to expand services to clients in counties they did not previously serve.
- Clients received about 6,700 support services from the 12 organizations that completed their funding during Fund Year 1.
- The top three practical support services provided were case management, pharmacy expenses (e.g., prescription pain medications), and transportation (*Table 1*). For all recipient organizations who tracked client receipt of practical support services before receiving Fund support, compared to baseline (7/1/22-6/30/23), there was at least a 100% increase in practical support service provision to clients.
- Caveats regarding the data:
 - The reported counts of practical support services are likely an undercount; one recipient organization noted that they bulk their services and only

count the service they spent the most money on. (This same organization also included counts for support services that were covered through proportionately small funding from other sources, such as individual donors and private grant funding, suggesting a possible overcount of services supported by the Fund.) Another recipient organization reported that funds spent on a companion can be challenging to distinguish from those for the client (e.g., lodging costs), so they are counted as one.

- Clients can be duplicated across different types of services if they received more than one type of practical support service. In other words, these counts of services received do not translate into number of clients served.
- These numbers are for services received, not services requested. Clients who requested a service but did not receive it (whether because they found support elsewhere or they did not get abortion care) are not captured.

Recipient organization quotes related to services provided:

“We now regularly support telemedicine abortion callers with aftercare supplies to make their experience more comfortable at home and offer support towards lost wages with a regularity we were unable to previously. We now consistently and proactively screen callers for food/meal support– something we were also unable to do with regularity before this [funding]. It’s been so impactful to our callers – and to our team providing the support – to be able to offer a deeper, fuller range of services.”

“Prior to receiving this funding, our team was limited in the amount of travel assistance we could provide patients and their emotional support companion, leaving our patients to make difficult decisions around travel and childcare. This was often limiting for us, as we worked with patients who don’t regularly travel or needed to bring their children to access care. This funding allowed us to create an emotionally safer experience for patients already navigating so much.”

“We recently had a patient who was traveling to our [organization for] a 2-day procedure. The patient shared her hours at work had just gotten cut and she was relying on her next check to pay for her hotel, but due to her hours being cut she did not have the funds for the cost of the procedure or hotel. [We] screened this patient for financial assistance to cover the cost of her appointment and booked a hotel for this patient and her support person. With the funding available, our team was able to cover the cost of the procedure and hotel so this patient was able to access safe and legal abortion services despite all the barriers she was facing.”

A grantee described how the grant from the Fund enabled them to offer patients the ability to choose the kind of abortion that would be best for them: “we [began

to] offer rideshare vouchers to patients for use after their medication abortion (MAB) or PAB [procedural abortion] appointments. Because of this offering, [we] transformed how patients choose to receive their abortion care, including sedation options. Without rideshare vouchers, patients would forgo sedation options altogether so that they could drive themselves from their appointments. Rideshare vouchers enabled patients to schedule their PAB care and sedation services without needing to coordinate who would drive them after the appointment. Because of rideshare availability and the support of our patient navigators, patients felt more comfortable choosing the type of care best for them. After being offered a rideshare voucher to use after their PAB appointment, patient Sara (pseudonym) stated: “You don’t understand how helpful that is. As a single mother, I can take all the help I can get. This is a blessing, thank you.”

Several organizations highlighted the importance of the emotional support they were able to offer via case management because of grant support. One wrote, *“Beyond the practical and logistical barriers abortion seeking patients encounter, many patients also must navigate complex or even nonexistent social support systems. Our team connected with a patient travelling for an abortion procedure. The patient, while confident in her decision to complete an abortion, had not told anyone of her decision. The patient knew that her family would try to talk her out of completing the procedure, as they had another family member. In addition to assisting with transportation costs, our team ended up being the first emotional support this patient could access.”*

Client stories (shared by recipient organizations):

A recipient organization offered an example of an extremely grateful client: *“Care Coordination assisted the patient with a hotel accommodation through the funding available through the Practical Support Grant. Ultimately the patient was tearful, and stated they were grateful for the support Care Coordination was offering to assist patient with multiple barriers.”*

One recipient organization shared a note from a client: *“[The care coordinators] have been my guardian angels during one of the most difficult chapters of my life. When I found myself facing the daunting prospect of navigating an abortion procedure while homeless and without a support system, their program became my lifeline. From the moment I reached out, their warmth and compassion enveloped me, easing the burden of uncertainty and fear that weighed heavily on my shoulders... Thanks to their tireless advocacy and dedication, I was able to navigate through a challenging decision with courage and resilience. Their program provided me with the resources and support network I needed to emerge from a dark and uncertain period with newfound strength and determination. I am eternally grateful for their kindness, their generosity, and their unwavering commitment to helping those in need. [They] are not just advocates; they are beacons of hope, shining brightly in the darkest of times. I will forever*

carry their kindness in my heart, knowing that I am not alone thanks to their selfless dedication to helping others. Thank you.”

Another recipient organization shared a note from a client: “There are not sufficient words to thank you all, especially [the care coordinator], for what you gave to me. The work you are doing is so important and I hold you close to my heart. The relief, support, resources, encouragement and joy provided does not go unnoticed or unappreciated. You don't have to reply, I just wanted to provide my feedback and express how amazing you all are.”

A recipient organization shared a client story: “I myself have recently had an abortion procedure done. During the time, I was literally homeless, with no money and going through a lot of abuse from my partner at the time. I was strong because I had to be, however I did find it hard to keep it together at night when I was alone or not surrounded by a lot of people. I got help from the [the organization] [...] Discovering [the organization] not only provided financial support, but they also offered vital emotional support, grief counseling, and aftercare education. The power of support cannot be overstated. It was the compassionate presence of the program’s staff and volunteers that helped me find the strength to wake up every day with a purpose to help others in the same position as me.”

Table 1. Practical Support Services by Number of Clients and Percent of Overall Services

* Note that these are likely undercounts, some services combined and counted as one

Practical Support Service	# Clients Served per Service	Percent of Overall Services
Case management	2668	39.7%
Pharmacy expenses	1343	20.0%
Transportation	1172	17.4%
Lodging	630	9.4%
Meals	465	6.9%
Abortion care doula expenses	200	3.0%
Wage replacement for missed work	79	1.2%
Childcare/elder care	67	1.0%
Travel expenses for support companion	58	0.9%
Language access services	38	0.6%

Staffing

- Recipient organizations were able to hire additional staff, secure existing positions, and build new staffed programs
- This was integral to several recipient organizations. They highlighted that practical support service provision requires adequate staffing and the Fund enabled organizations to build staffing capacity and stability, with staff who had appropriate knowledge and training.
- Likewise, recipient organizations expressed that the combination of high client demand, increases in the complexity of calls/situations, and the urgency of requests can require significant staffing time. Support from the Fund made comprehensive staffing possible.
- It is worth noting that staff spent time on clients who do not always receive practical support services, sometimes because they find support elsewhere, sometimes because they do not get abortion care. As noted above, that is not captured in the report of services provided.
- The majority of recipient organizations allocated funds toward hiring new staff to provide practical support, including program/grant coordinators, peer navigators, doulas, and a bilingual staff member to support Spanish-speaking clients.
- In addition, some recipient organizations noted that the funding enabled them to reduce staffing time on practical support/case management because funds were easier to administer and more comprehensive, in contrast to their pre-funding status where more scarcity required greater staff effort to support clients.

Recipient organization quote related to staffing support:

“We were able to hire two part-time positions with this grant [including an] abortion services coordinator. Receiving this grant gave us a new hope and faith that we would be supported in our work. Being supported with Practical Support has given us the confidence to dream and scale out our support.”

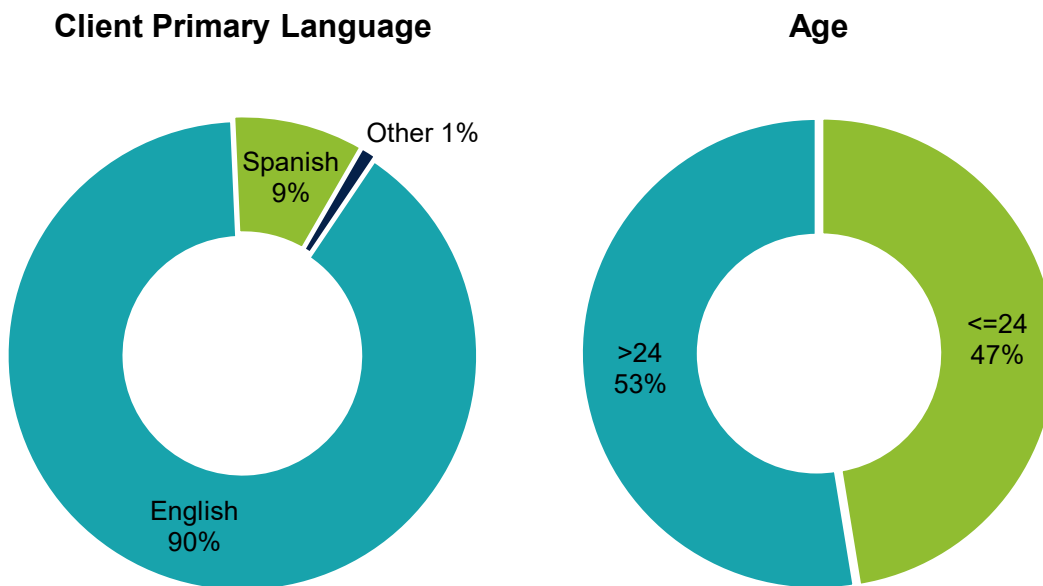
Client Demographics

- The client demographics reporting is partial. In addition to the above-noted limitation of abortion seekers’ commonly declining to share potentially identifying information (like their demographics), one grantee did not collect client age or race/ethnicity information. (Note: this grantee was not awarded funding for year 2, so this will not be an ongoing limitation.)
- While not captured quantitatively, the Fund enabled recipient organizations to support clients—or increase existing support of clients—in vulnerable situations and/or from vulnerable communities. Per open-ended report responses, several

described how the Fund reduced barriers for marginalized abortion seekers, including:

- Communities facing high barriers to abortion care (e.g., rural populations without a local abortion provider, LGBTQ+-identified clients)
- Individuals in vulnerable situations (e.g., housing insecurity, intimate partner violence)
- Communities in emergency situations (e.g., wildfires)
- **Client primary language** (n=11,061) (*Figure 2*)⁶
- **Client age** (n=8,943) (*Figure 2*)⁷
- **Client race/ethnicity** (n=7,692) (*Figure 3*)⁸

Figure 2. Client Demographics: Primary Language and Age

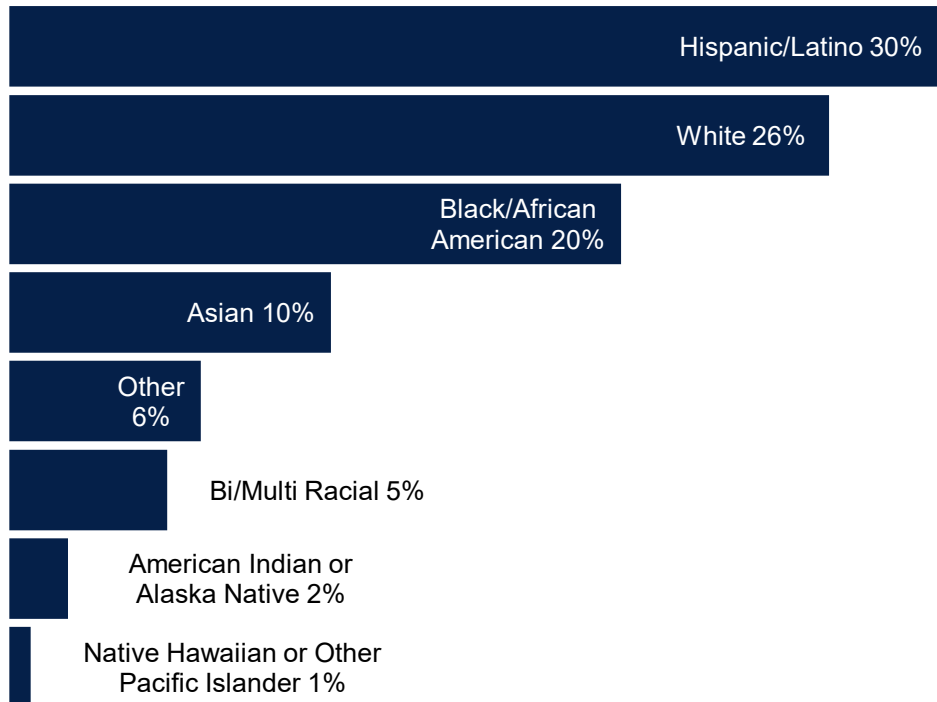


⁶ Primary language was not collected for an additional 537 clients, likely because of incomplete record keeping and/or use of third-party translation services that allow clients to choose their language preference without reporting it to the recipient organization (e.g., for asynchronous communication). Clients had access to communication support in their primary language. Missing data not included in chart.

⁷ An additional 2,656 declined to state their age; missing data not included in chart.

⁸ An additional 6,149 declined to state their race/ethnicity; missing data not included in chart.

Figure 3. Client Demographics: Race/Ethnicity



Bigger Picture

Partnerships

The Fund allowed recipient organizations to form new partnerships and bolster existing ones. Recipient organizations reported partnering with a range of entities, including abortion funds, clinics, hospitals, universities, county systems, and other grantees to support abortion care seekers. Recipient organizations reported that they were able to increase their community outreach, which helped them develop and grow partnerships. Additionally, through these partnerships, they reported that they provided education on practical support services and created referral systems for services (either referrals to other grantees, partners, or both). The development of these partnerships is ongoing.

Recipient organization quotes regarding partnerships:

"[Because of the partnerships we've been able to build with this grant,] more people are aware of the doula training we offer and are aware that abortion care doulas are available to them and their communities before, during, and after abortion healthcare. More clinics and providers are interested in the possibilities of incorporating abortion care doulas into their practice as a service to their patients."

“We worked in close collaboration with the patient and the [abortion provider] to ensure the patient got the care she deserved, a level of collaboration that would not have been possible without the Practical Support Grant.”

Organizational Infrastructure

Funding led to the accomplishment of first-time milestones for recipient organizations – e.g., onboarding a bilingual cohort of support staff/volunteers, hiring full-time employees, or assisting a record-breaking number of abortion care seekers. With the Fund, recipient organizations were able to upgrade communication systems and language support, expand operating hours, coordinate referrals for complex patients, and offer more holistic care (e.g. navigating health care systems, mailing care packages, offering housing assistance). The Fund has allowed recipient organizations to better meet client demand promptly and to build infrastructure to support their work going forward.

Recipient organization quotes:

“This grant strengthens and sustains our patient navigation program and ensures that, despite external challenges and a rapidly increasing patient volume, each patient receives the unique care and support that they need.”

“With this funding, [we were] able to support a record number of individuals in accessing direct financial and logistical support in obtaining their reproductive healthcare. Due to the ever-increasing demand for our services, we were able to support 400 more callers than we did last fiscal year.”

“It strengthened our ability to continue serving the patients that need us most, which include individuals living at or below the poverty line – and the increasing number of patients who must travel for care.”

“Without funding, we would probably only be able to fund a few clients with extreme cases, and we would not be able to build the infrastructure to sustain this program.”

Summary

Without state practical support funding, recipient organizations reported that they would not have been able to serve as many clients or offer as many practical supports for abortion care seekers. Indeed, a few recipient organizations reported that, without this funding, they would have only been able to offer case management support to clients and no other practical support. In addition, per their reports, it has enabled recipient organizations to increase their visibility in their communities, expand their reach, and contribute to de-stigmatizing abortion care.

Looking Ahead

From an evaluation standpoint, the UCSF team along with HCAI and Essential Access, will continue to revise data collection to capture key metrics not currently collected (e.g., the number of unique clients served by practical support funding; number of service requests that are unfulfilled; geographical areas within California with the most demonstrated need for practical support services) and address data discrepancies such as inconsistencies across recipient organizations in how data are tabulated. The UCSF team will continue to provide annual reports. (Reporting from the four off-cycle grantees will be included in the Year 2 annual evaluation.)