

The Abortion Practical Support Workforce

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June 2026

What is practical support?

Access to safe, timely, affordable, and respectful abortion care is integral to comprehensive reproductive healthcare and human rights.¹ Abortion seekers face multiple barriers to care, including restrictive policies,² difficulty finding a provider,³ and stigmatization,⁴ which can reduce the willingness of others to help.⁵ *Practical support* is the term for services that reduce the financial and logistical barriers to abortion care. It is provided directly to the person seeking the abortion, through mutual aid, or through financial assistance.

Over the past five decades, local, regional, and national organizations have provided assistance, including practical support, to abortion seekers. These organizations are staffed by volunteers and, increasingly often, by paid employees, i.e., Practical Support Workers. This marks a shift in how this workforce is made up. Research is essential to understand the needs, well-being, capacity, and integration of this workforce.

What we know

Abortion care in the United States is structured as a negative right. This means that, historically, government was not permitted to infringe on people's right to abortion, but it did not have an obligation to ensure that people could exercise this right.⁶

Obtaining an abortion can be expensive. People from socially marginalized groups disproportionately struggle to pay for abortion care.⁷ This difficulty extends to abortion seekers' practical support needs, such as transportation, lodging, and childcare for existing children making practical support integral to people's ability to access abortion care.

Charitable organizations known as abortion funds have tried to fill the funding gap,⁷ providing procedure subsidies for low-income abortion seekers. The populations served by abortion funds are disproportionately members of socially marginalized groups, often across multiple identity categories including race, class, age, and education, who are already experiencing hardship(s).⁸⁻¹³

Organizations are increasingly attending to abortion seekers' practical support needs, too, serving similar populations to abortion funds. Some states that have protected abortion rights have allocated funding for practical support. The 2022-2023 California State Budget appropriated \$20 million to be distributed to 501(c)3 non-profit organizations across 5 years (2023 to 2028) to fund new or existing programs providing practical support for abortion.¹⁴

The practical support workforce

Practical support provision began as a grassroots, mostly volunteer-led activity. Over time, it has become more formalized, often provided by organizations with paid staff. This is a shift in how practical support is provided—and who provides it—as well as in the relationship between Practical Support Workers and the clinical healthcare workforce.

Practical Support Workers typically work one-on-one with abortion seekers, providing case management and connecting clients with resources such as transportation, lodging, meals, childcare, and doulas. The stigmatization of abortion, resource scarcity, and the complexity of some clients' circumstances makes Practical Support Workers vulnerable to burnout. While burnout among clinicians is an area of attention, less attention has been given to burnout among workers who facilitate access to healthcare.

Practical Support Workers advance health equity

Social and political contention over abortion in the US shows no signs of abating. Barriers to abortion negatively impact the most socially marginalized people. Practical Support Workers have unique insights into the healthcare needs of some of the most underserved populations—and how to meet those needs. Positioned both within and outside of the formal healthcare system, Practical Support Workers may have innovative ways to address barriers to health(care). Understanding how barriers to abortion can be mitigated, including by Practical Support Workers, is fundamental to achieving health equity.

The future of practical support

As practical support work shifts to a more formalized workforce, we need to assess training and workforce needs, worker wellbeing and burnout, and the sustainability, both organizationally and financially, of this workforce. There are important questions about how state policy and funding can contribute to the stability and sustainability of this workforce and practical support for abortion seekers, thereby furthering health equity. There are also important questions about how Practical Support Workers engage with, facilitate, and/or innovate healthcare provision norms. These questions include:

- How are Practical Support Workers trained? Is this training sufficient?
- How is practical support integrated into abortion care provision? What opportunities exist to improve integration?
- How do Practical Support Workers navigate burnout and feelings of overwhelm?
- How does the state policy environment affect Practical Support Workers and the provision of practical support?

Acknowledgements

The evidence synthesized in this report was supported by [The California Endowment](#).

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References

1. Abortion. World Health Organization. December 8, 2025. Accessed May 5, 2026. <https://www.who.int/news-room/factsheets/detail/abortion>
2. Interactive Map: US Abortion Policies and Access After Roe. Guttmacher Institute. Accessed April 23, 2026. <https://states.guttmacher.org/policies/>
3. Cartwright AF, Karunaratne M, Barr-Walker J, Johns NE, Upadhyay UD. Identifying National Availability of Abortion Care and Distance From Major US Cities: Systematic Online Search. *J Med Internet Res*. 2018;20(5):e186. doi:10.2196/jmir.9717
4. Hanschmidt F, Linde K, Hilbert A, Riedel-Heller SG, Kersting A. Abortion Stigma: A Systematic Review. *Perspect Sex Reprod Health*. 2016;48(4):169-177. doi:10.1363/48e8516
5. Cowan SK, Bruce TC, Perry BL, Ritz B, Perrett S, Anderson EM. Discordant benevolence: How and why people help others in the face of conflicting values. *Sci Adv*. 8(7):eabj5851. doi:10.1126/sciadv.abj5851
6. West R. From Choice to Reproductive Justice: De-Constitutionalizing Abortion Rights. *Yale LJ*. 2008;118:1394.
7. Weitz TA. Making sense of the economics of abortion in the United States. *Perspect Sex Reprod Health*. 2024;56(3):199-210. doi:10.1111/psrh.12288
8. Ely GE, Hales T, Jackson DL, Maguin E, Hamilton G. The undue burden of paying for abortion: An exploration of abortion fund cases. *Soc Work Health Care*. 2017;56(2):99-114. doi:10.1080/00981389.2016.1263270
9. Ely GE, Hales TW, Agbemenu K. An Exploration of the Experiences of Florida Abortion Fund Service Recipients. *Health Soc Work*. 2020;45(3):186-194. doi:10.1093/hsw/hlaa012
10. Leyser-Whalen O, Torres L, Gonzales B. Revealing Economic and Racial Injustices: Demographics of Abortion Fund Callers on the U.S.–Mexico Border. *Womens Reprod Health Phila Pa*. 2021;8(3):188-202. doi:10.1080/23293691.2021.1973845

11. Liddell JL, Buscaglia A, Doria CM, Weekley A, Mascarena L. "I Need Help With the Abortion, so I Won't Have to Ever See or Hear From Him Again": Relationship Barriers Faced by Abortion Fund Applicants in the Rocky Mountain West. *Violence Women*. 2025;31(6-7):1557-1579.
doi:10.1177/10778012241236671

12. Rice WS, Labgold K, Peterson QT, Higdon M, Njoku O. Sociodemographic and Service Use Characteristics of Abortion Fund Cases from Six States in the U.S. Southeast. *Int J Environ Res Public Health*. 2021;18(7):3813.
doi:10.3390/ijerph18073813

13. Smith MH, Eggen MB, Prestrud AA, et al. Seeking financial and practical support in an abortion-hostile state: Analysis of abortion fund data in Kentucky, 2014–2021. *Perspect Sex Reprod Health*. 2024;56(3):222-227.
doi:10.1111/psrh.12279

14. Health and Safety Code, Sections 123451-123453. California Legislative Information. Accessed April 23, 2026.
https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=106.&title=&part=2.&chapter=2.&article=2.3.